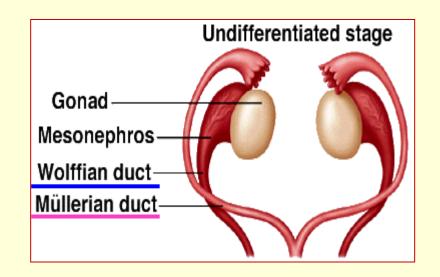
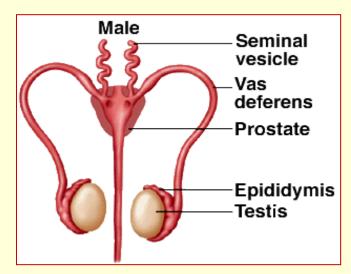
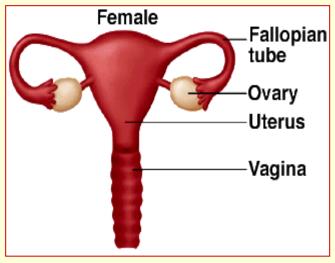
Embryology / organogenesis/

Development and teratology of reproductive system

Male or female <u>sex is determined</u> by spermatozoon Y in the moment of fertilization





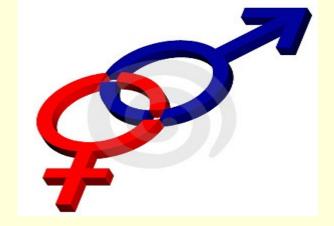


SRY gene, on the short arm of the Y chromosome, initiates <u>male</u> sexual differentiation.

- The SRY initiates transformation of indifferent gonads into testes, which produce hormones supporting development of male reproductive organs.
- Developed testes <u>produce</u>:
- testosterone (T) <u>stimulates</u> Wolffian ducts development (*epididymis with ductuli efferentes* + *ductus epididymidis and deferent ducts*)

and

anti-Müllerian hormone (AMH) - <u>suppresses</u>
 Mullerian ducts development (oviduct, uterus, and upper vagina).



- Indifferent stage until week 7 10
- Differentiated stage

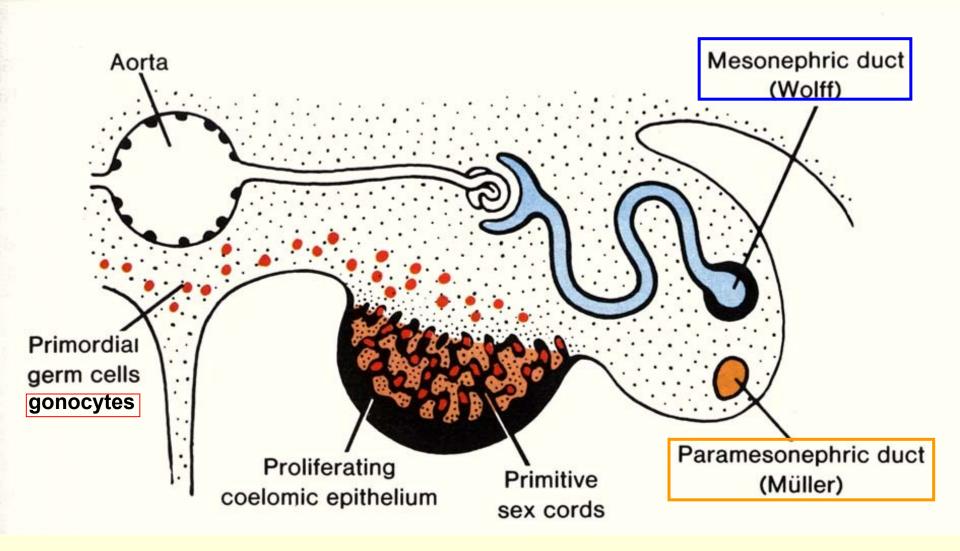
- 1) Development of gonads
- 2) Development of reproductive passages
- 3) Development of external genitalia

Development of gonads

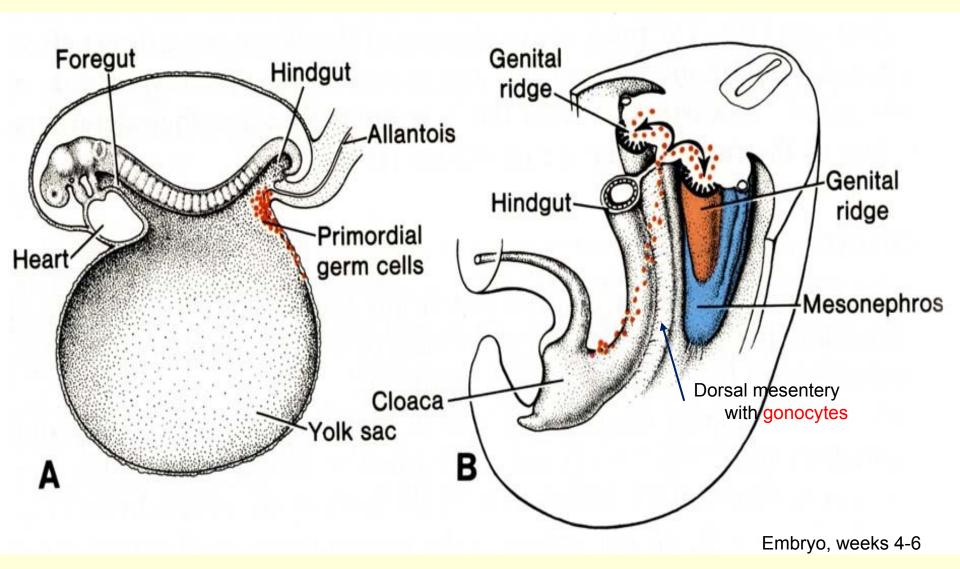
mesonephric ridge (laterally) Dorsal wall of body: urogenital ridge > genital ridge (medially), consisting of mesenchyme and coelomic epithelium Glomerulus Excretory tubule Aorta-Mesonephric Intestinal duct loop -Mesonephros Dorsal mesentery Mesonephric Genital Gonad Mesonephric ridge ridge duct В (Wolffian duct) gonad Embryo, week 5

Three sources of gonad development:

- 1 mesenchyme of gonadal ridges (plica genitalis)
- 2 coelomic epithelium (mesodermal origin)
- 3 gonocytes (primordial cells)

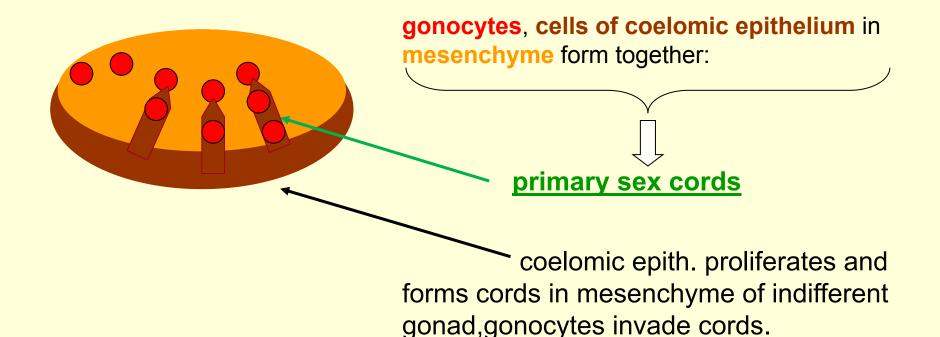


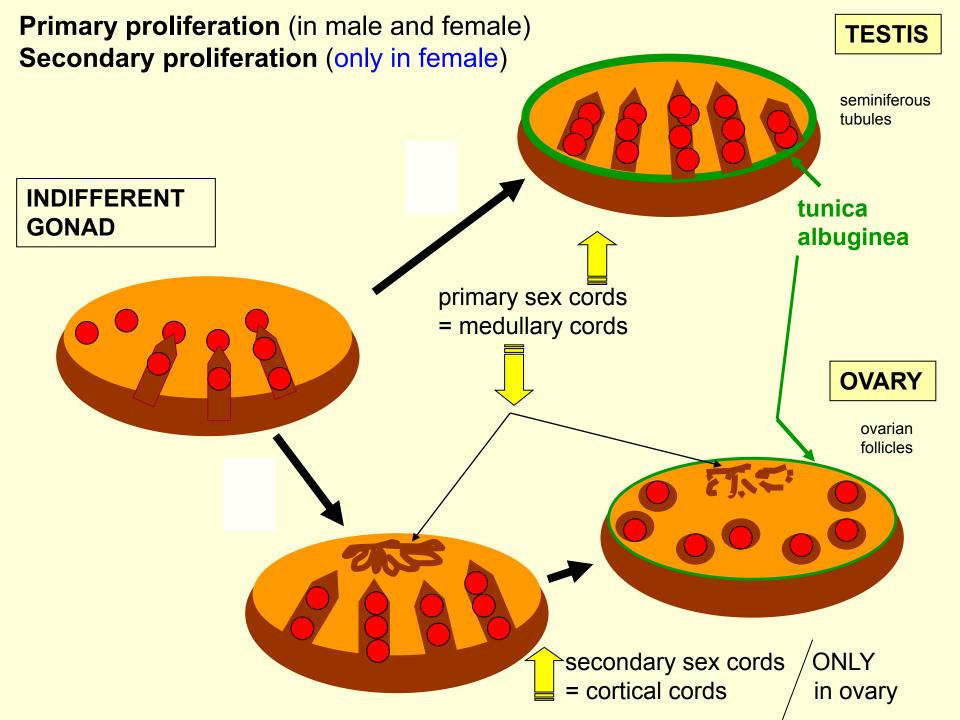
Primordial germ cells – gonocytes – in endoderm of dorsal wall of yolk sac. Gonocytes migrate along dorsal mesentery of hindgut into the gonadal ridges and induce (!) gonad development.



Indifferent gonad development

 Gonocytes induce coelomic epithelium to proliferate - primary proliferation





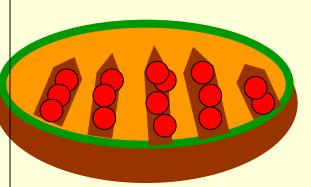
TESTIS:

<u>Primary sex cords</u> ⇒ tubuli semuniferi contorti

Gonocytes ⇒ spermatogonia Coelomic ep. ⇒ Sertoli cells

Mesenchyme ⇒ Leydig cells, interstitial

connective tissue



Mesenchyme ⇒ tunica albuginea

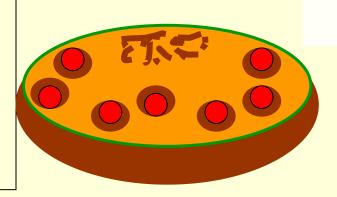
OVARY:

Primary sex cords ⇒ degenerate in ovarian medulla

Gonocytes ⇒ oogonia

Coelomic ep. ⇒ follicular cells

Mesenchyme ⇒ ovarian stroma

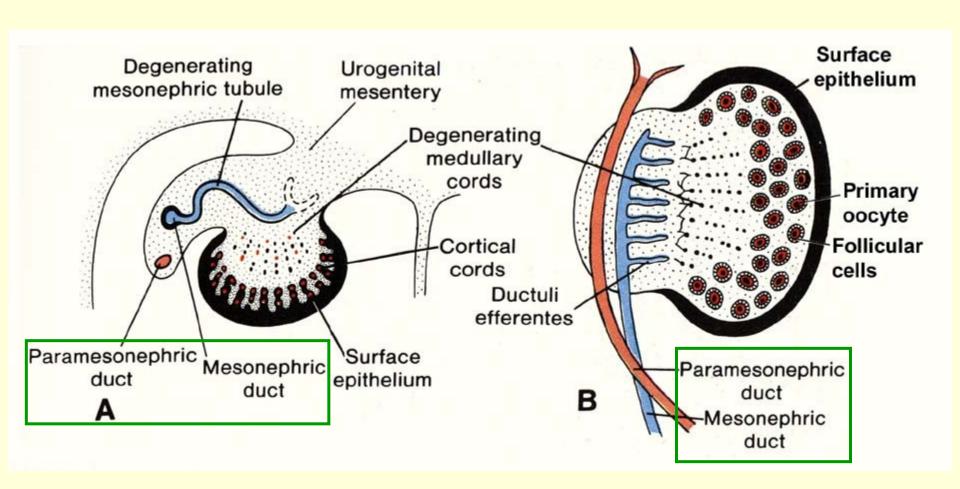


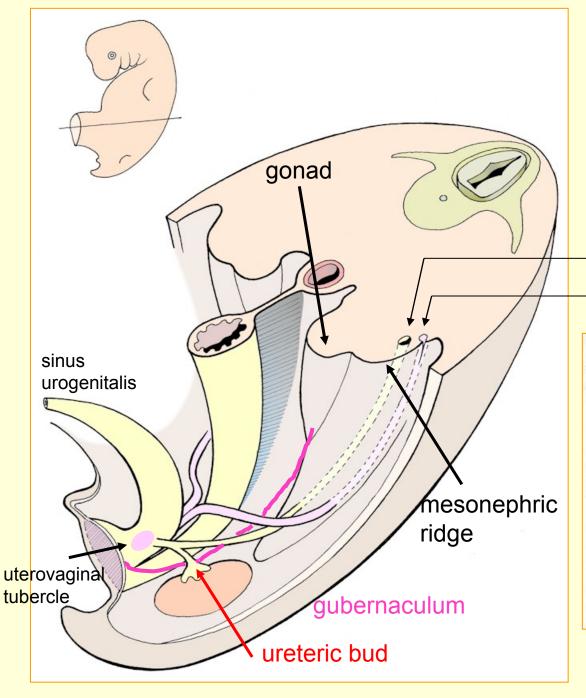
Development of reproductive passages

(indifferent – differentiated stage)

In mesonephric ridge – 2 ducts:
 Ductus mesonephricus (Wolffi)
 Ductus paramesonephricus (Mülleri)

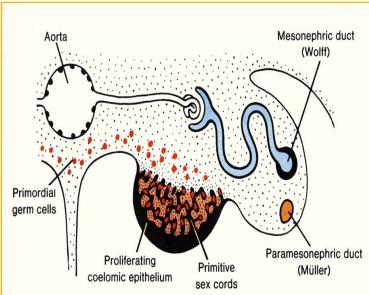
Mesonephric duct Aorta (Wolff) Antimuller. hormone inhibits Primordial germ cells Paramesonephric duct Proliferating Primitive (Müller) coelomic epithelium sex cords





Indifferent stage:

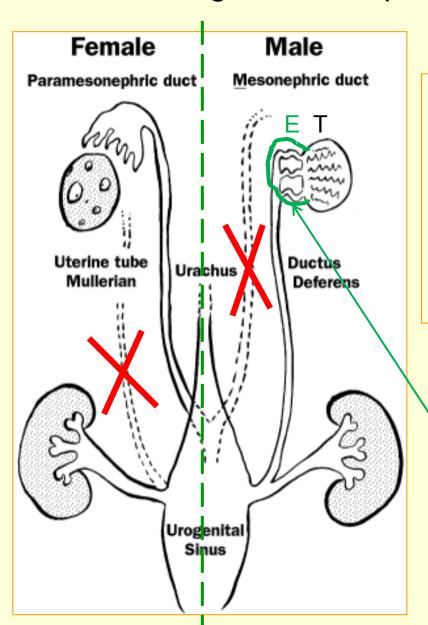
Wolffian duct Müllerian duct



Differentiated stage of development:

Müllerian duct:

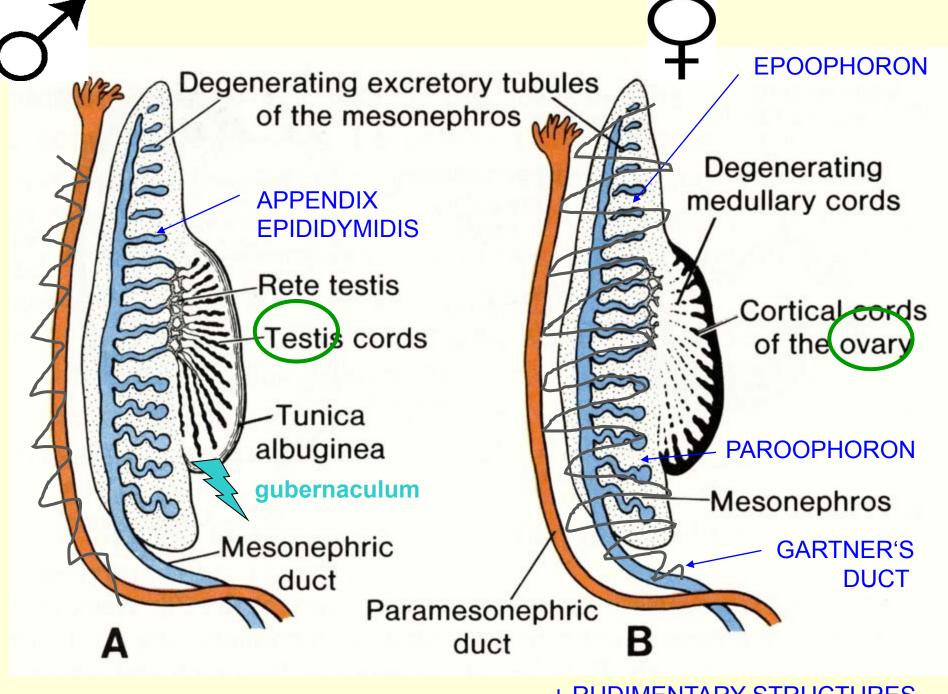
Oviduct
Uterus
Cranial part of vagina

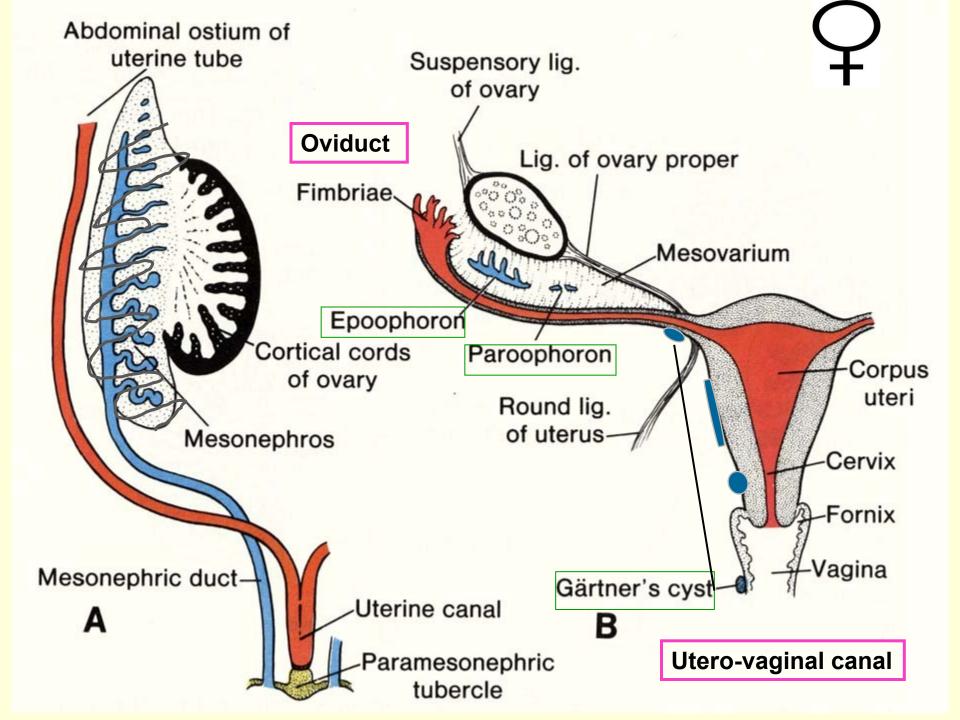


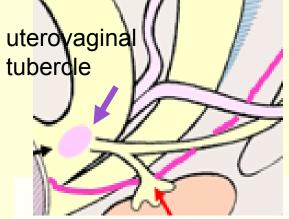
Wolffian duct:

Ductus epididymidis Ductus deferens Ductus ejaculatorius

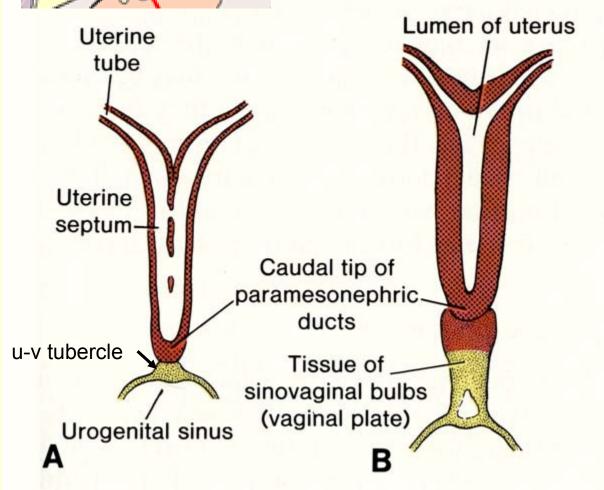
Ductuli efferentes in epididymis and rete testis originate from mesonephric tubules

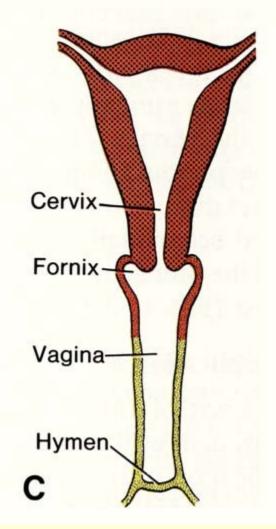


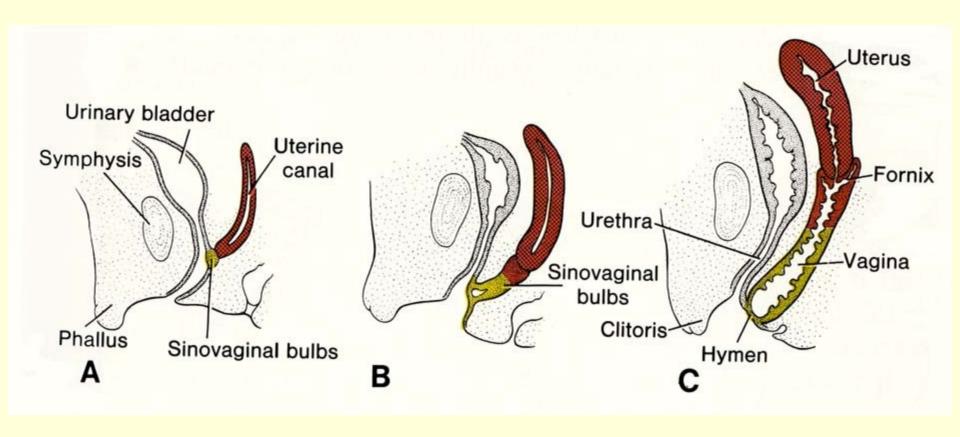




UTEROVAGINAL CANAL







Development of external genatalia

(indifferent – differentiated stage)

Genital tubercle

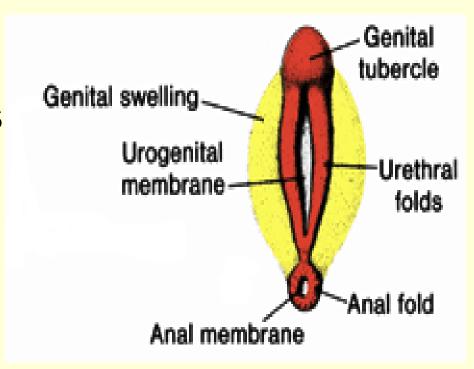
[tuberculum genitale]

*Urethral (cloacal) folds

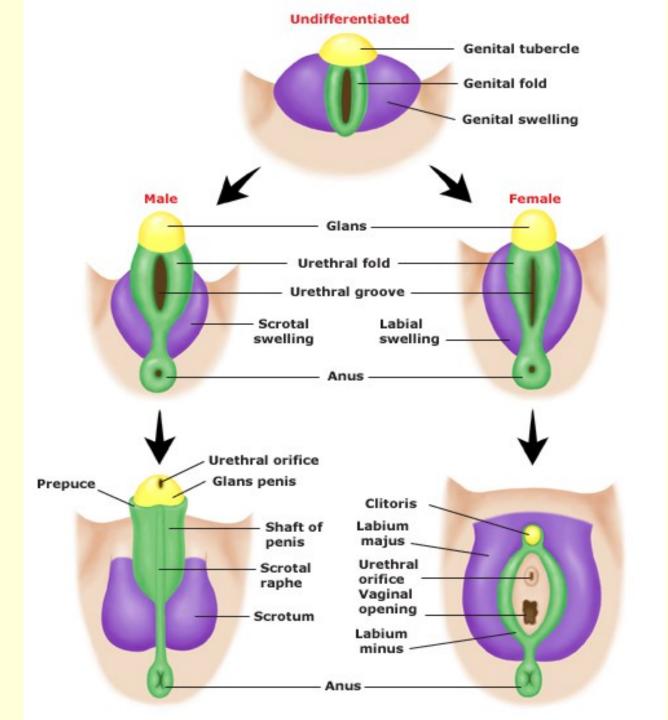
[plicae genitales]

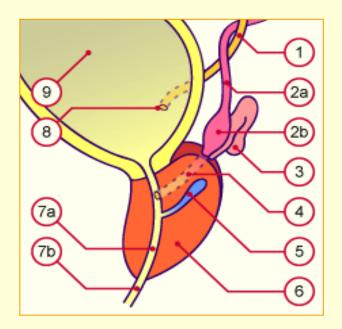
Labio-scrotal swellings

tori genitales



^{*}urogenital folds



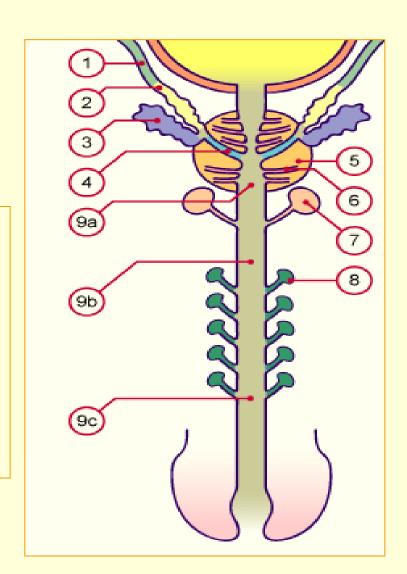


Accessory glands development

Seminal vesicles – develop as diverticles of ductus deferens (from Wolffian duct)

Prostate – develops around urethra as numerous diverticles (from pelvic part of sinus urogenitalis)

Bulbourethral and Litré's glands

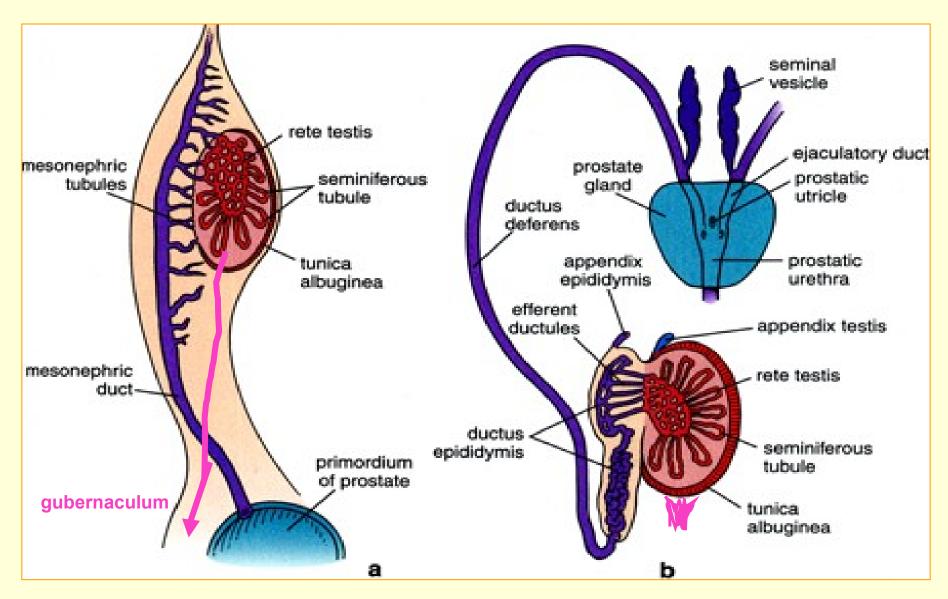


Position of gonads during development

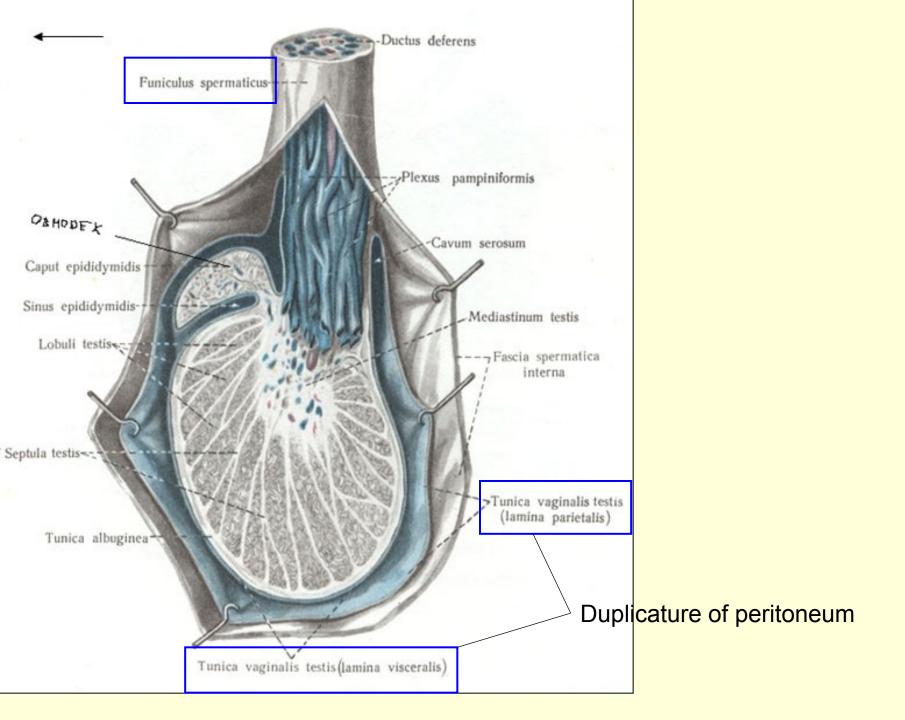
- Gonad develops in only short, <u>lumbal</u> part of genital (gonadal) ridge (Th6 S2)
- Cranial part disappeares
- Caudal part transforms into gubernaculum

- Testes descensus into the scrotum
- Ovaries change also their position due to fusion of Müllerian ducts and formation of broad ligament (lig. latum uteri)

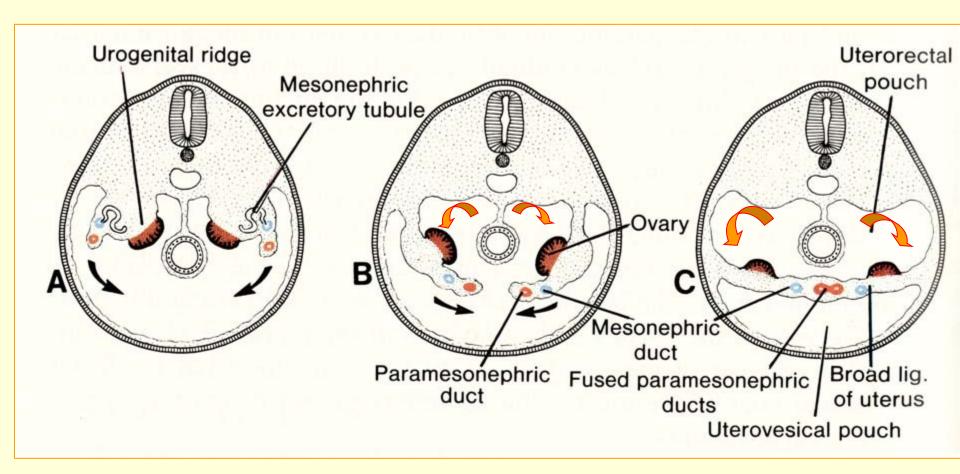
Testis – descens into the scrotum



At the bottom of scrotum (male) or labia majores (female)

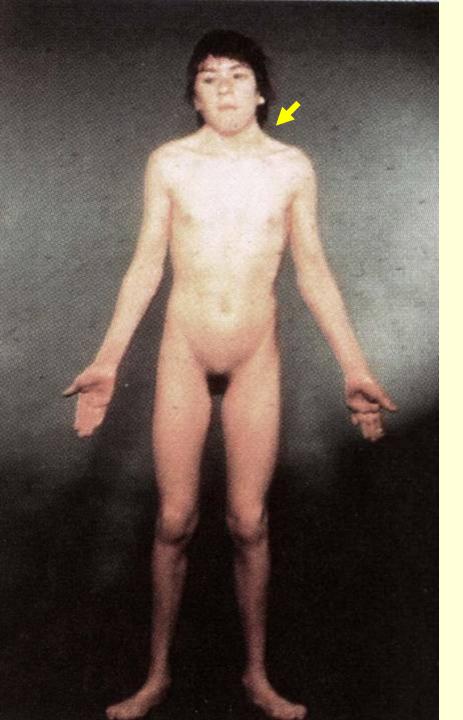


Ovaries – change their position due to fusion of Müllerian ducts and formation of broad ligament



Congenital malformations - 1

- Genetic anomalies: total manifestation
- Gonad(s) agenesis gonocytes did not reach genital ridge
- Hermafroditism (ovotestes, ovary+testis)
 + chromosomal aberations (45X/46XX, 45X/46XY, 47XXY/46X, etc.)
- Pseudohermafroditism karyotype and gonads do not correspond to external genitalia
- Gonadal hypolasia (dysgenesis) Turner sy. (45X0), Klinefelter sy. (47XXY)

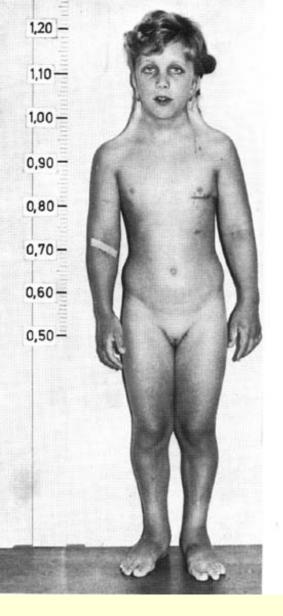


Turner syndrom 45/X0 – absent X chr.

(girl - 15 years, 150 cm)

pterygium coli, hair border is low







Turner syndrom

Before and after hormonal and surgical therapy



Klinefelter syndrom (47/XXY) – X more

19 years, 180 cm

infertility gynekomastia,

HERMAFRODITISMUS

(intersexuality)

chromosomal mosaicisms

- genotype: 45,X/46,XY (70 %)

45,Y/46,XX (20 %)

47,XXY/46,XX (10 %)

- gonads: ovotestis uni- or bilaterally;
- or (**ovary** on one side and **testis** on the other side)
- etiology: deffect in sex chromosomes separation during zygote cleavage



fenotype:

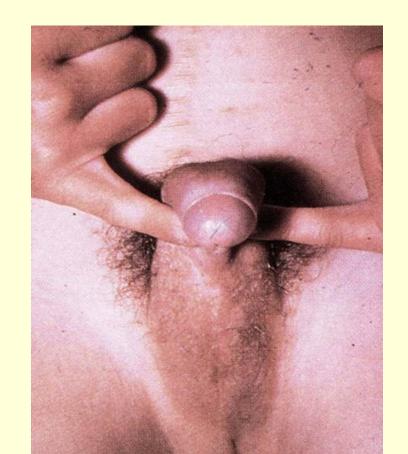
"almost normal woman – almost normalman"



Pseudohermafroditismus femininus

(girl, 12 years)

ovaries, fenotype rather male



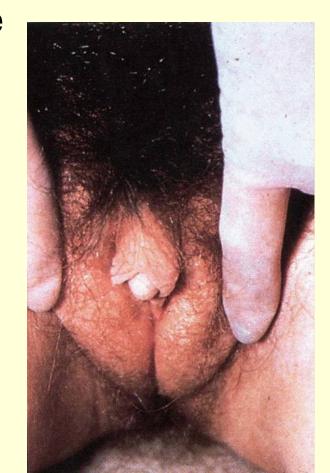


Pseudohermafroditismus masculinus

(17 years)

testes, fenotype rather

female

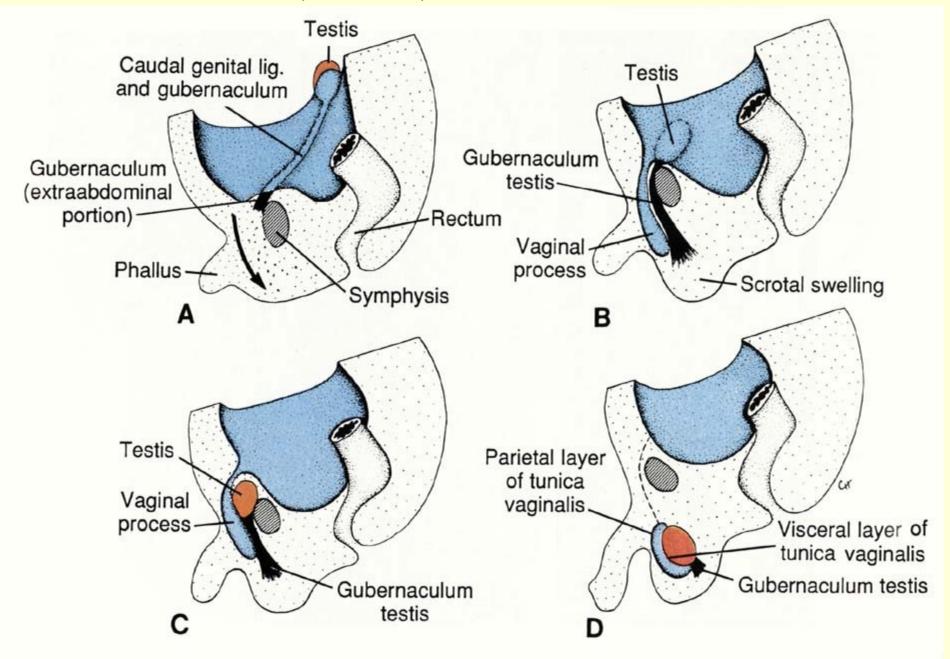


Congenital malformations – 2 defects of growth, position or cleft local manifestation

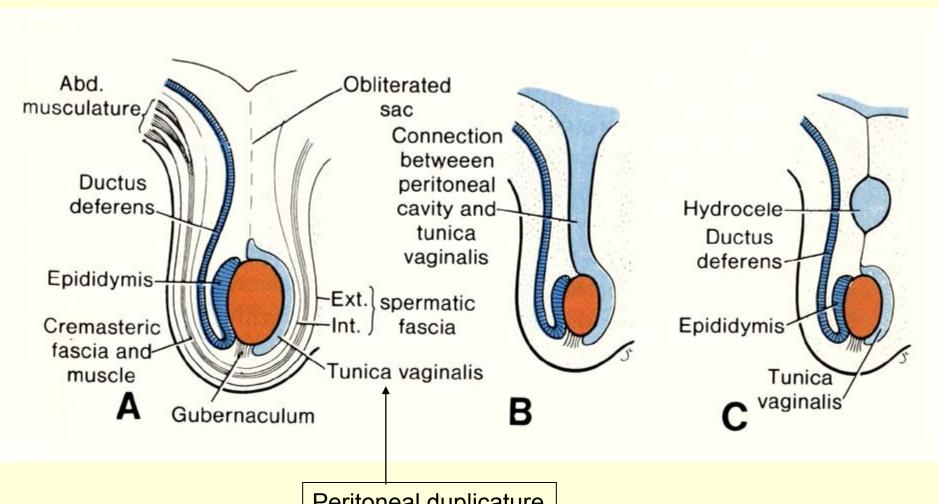
- Kryptorchidism
- Hydrocele testis
- Hypospadias, epispadias

• Developmental defect of uterus (and vagina) uterus et vagina separatus, uterus bicornis, uterus septus or subseptus, uterus unicornis etc.

Relocation of testes (descensus)



Hydrocele testis



Peritoneal duplicature

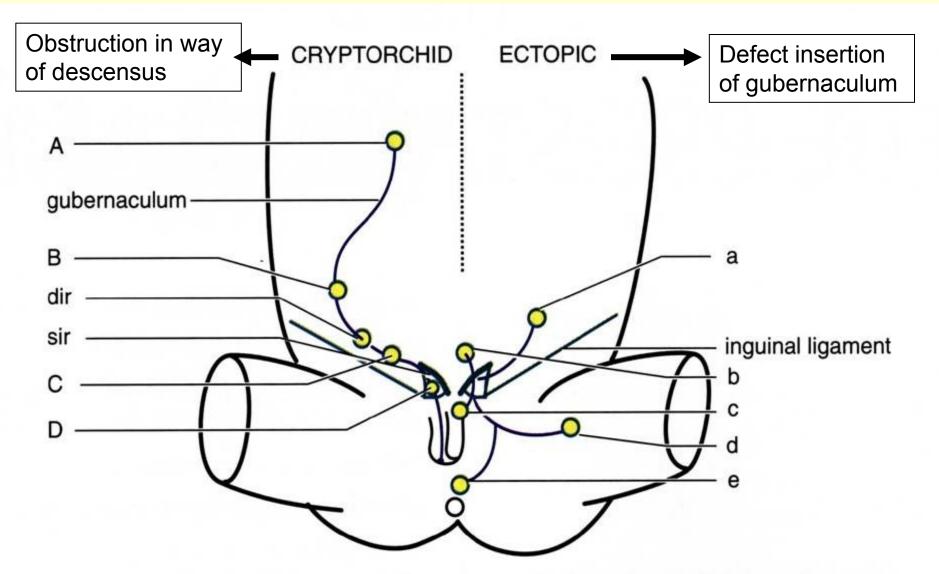


FIGURE 3 Abnormal descent of the testis. On the left, cryptorchid sites of arrest are shown: A, abdominal; B, pelvic; C, inguinal; D, at the superficial inguinal ring. dir, sir, deep and superficial inguinal rings. On the right, ectopic sites are shown: a, supra-inguinal; b, hypogastric; c, pubo-penile; d, femoral; e, perineal.

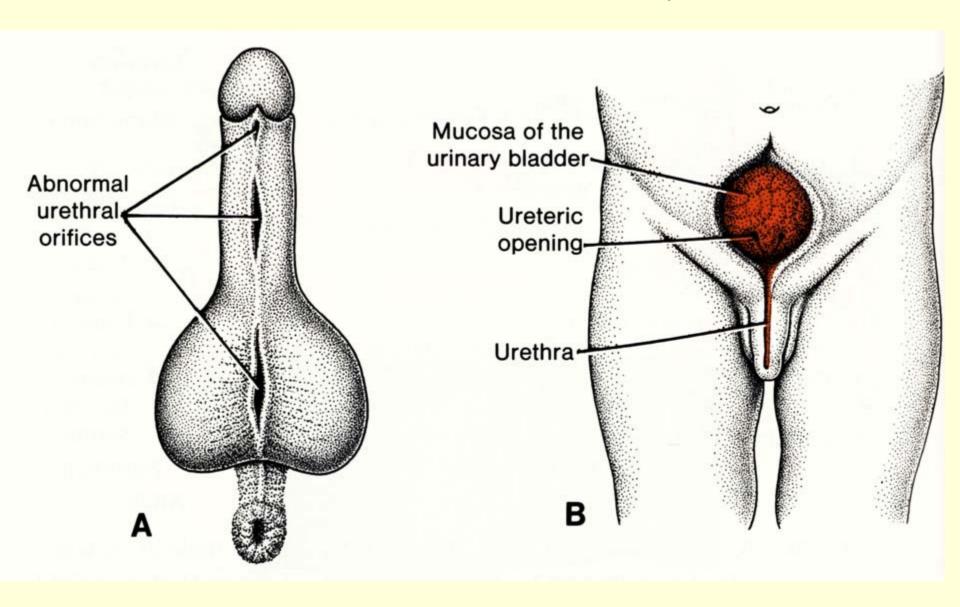


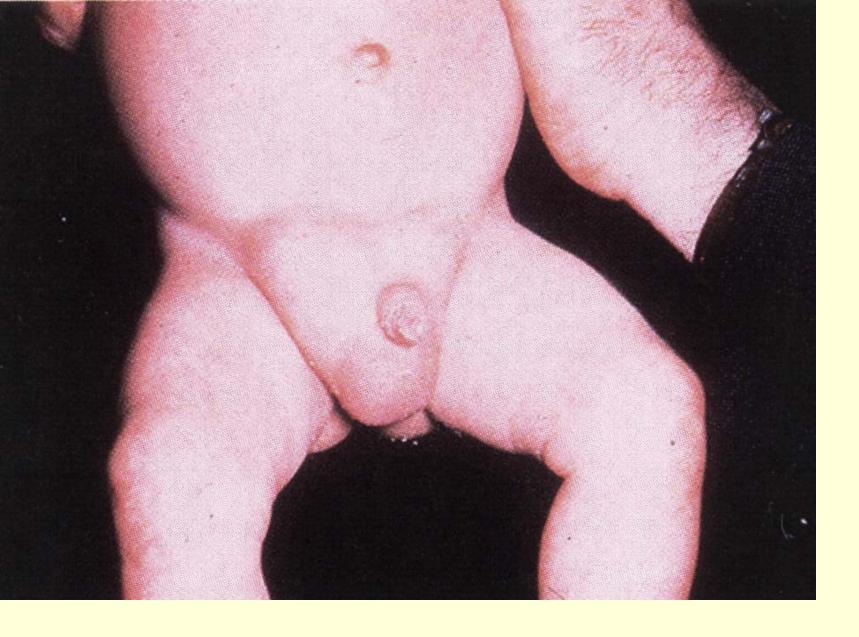
Kryptorchidism

HYPOSPADIAS

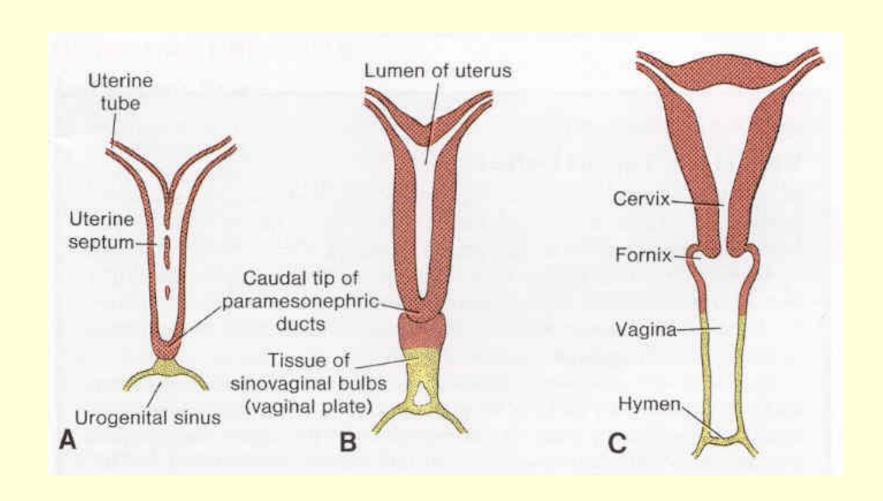
EPISPADIAS

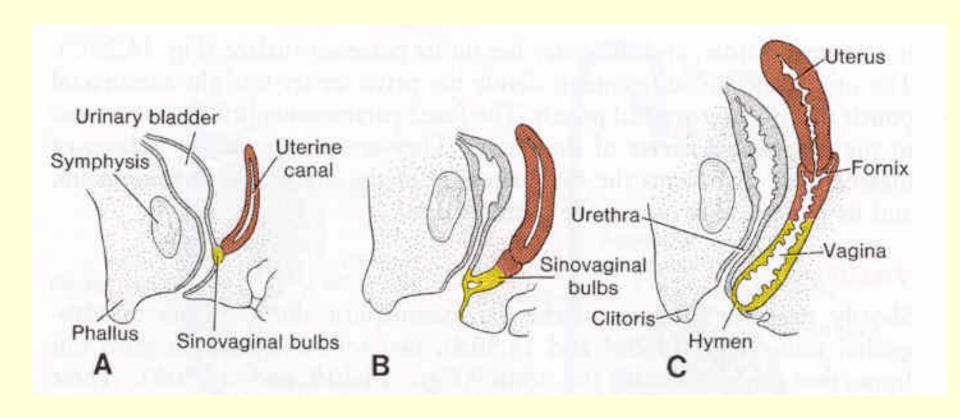
+ extrophia vesicae urinariae

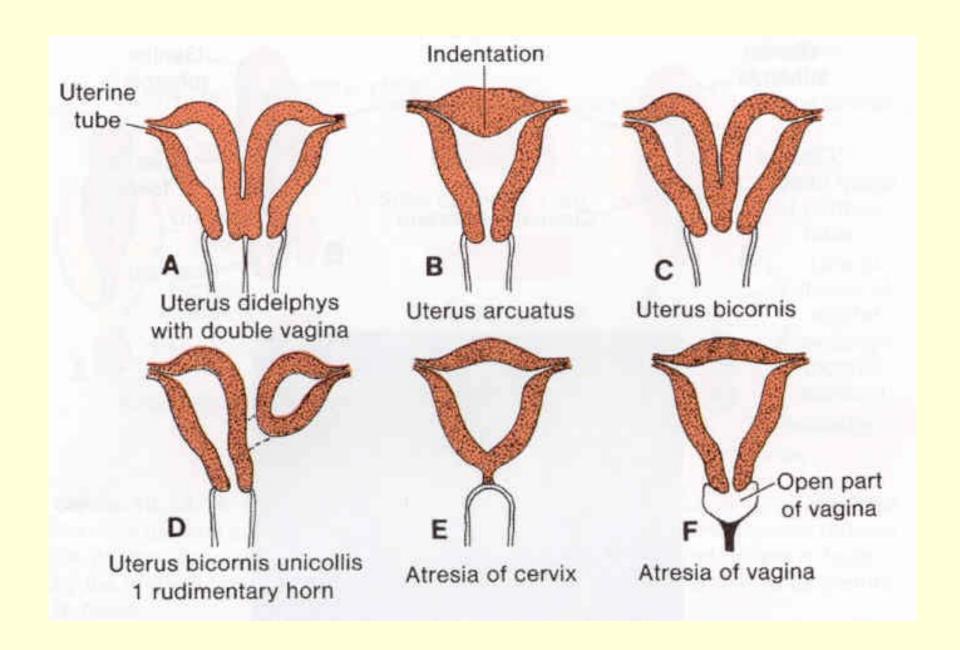




Congnital bilateral inguinal hernia







Thank for your attention

