Development and teratology of the endocrine and nervous system

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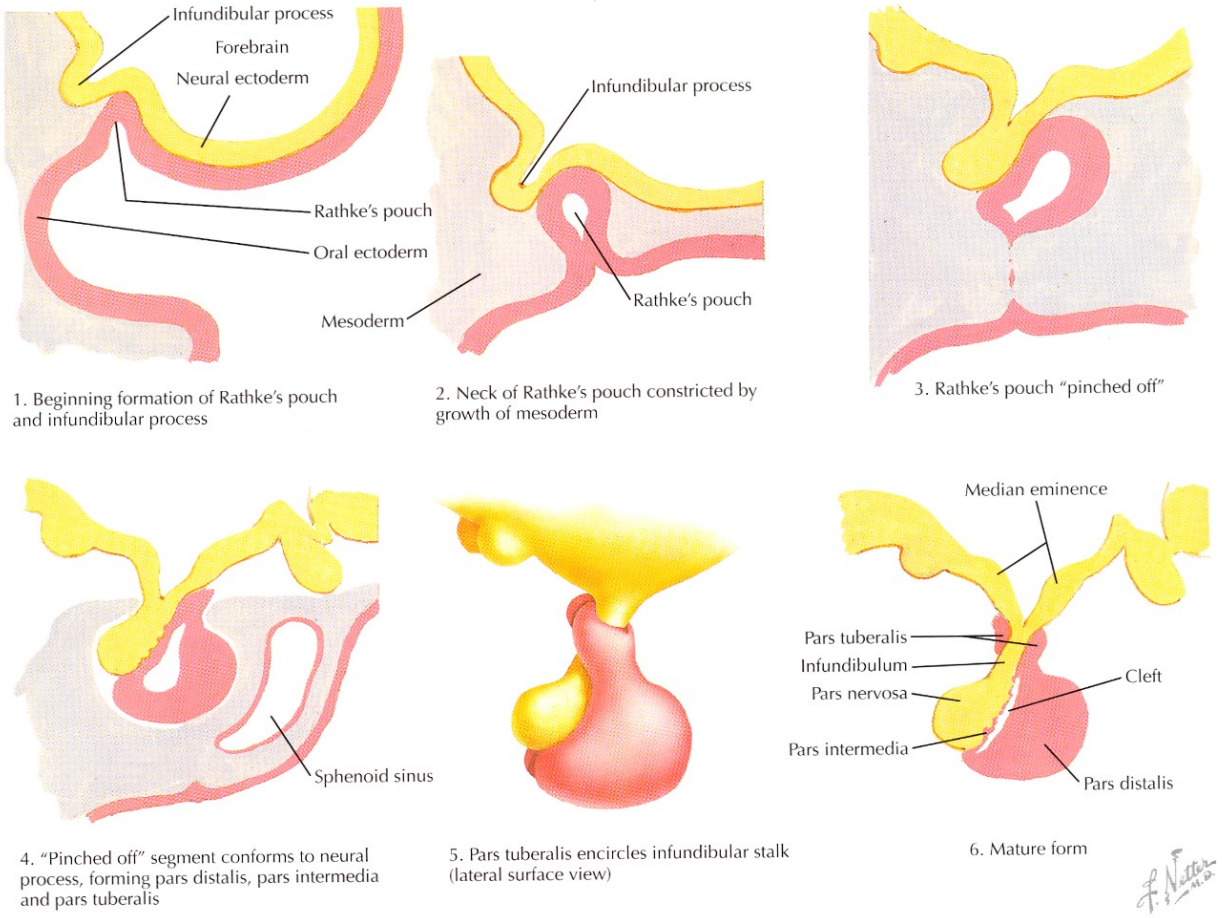
Pituitary gland

- Ectoderm (Rathke's pouch)
- Neuroectoderm of ventral wall of diencephalon



Development of the Hypophysis

Craniopharyngeal canal

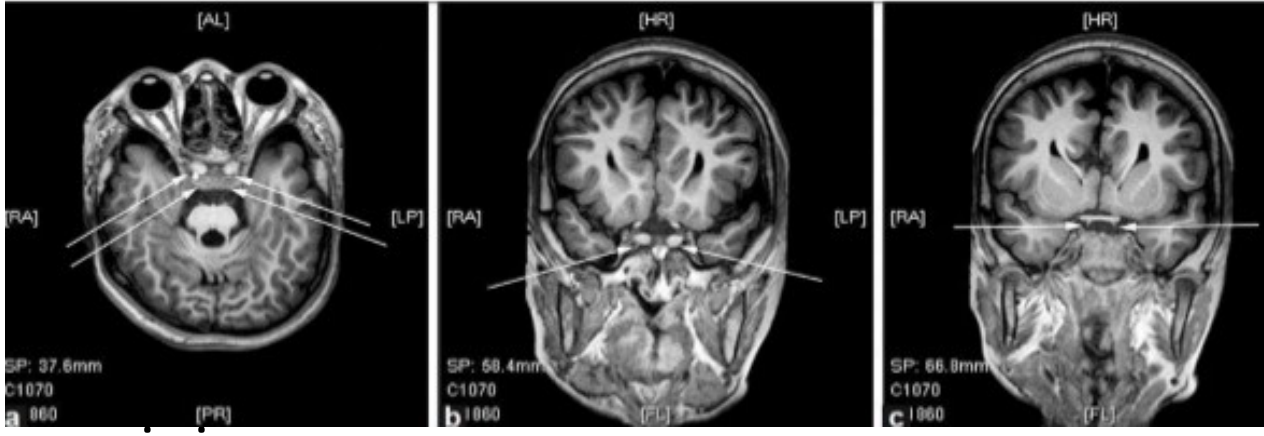
Pharyngeal hypophysis

Agenesis/hypoplasia - agenesis is incompatible with life; panhypopituitarism

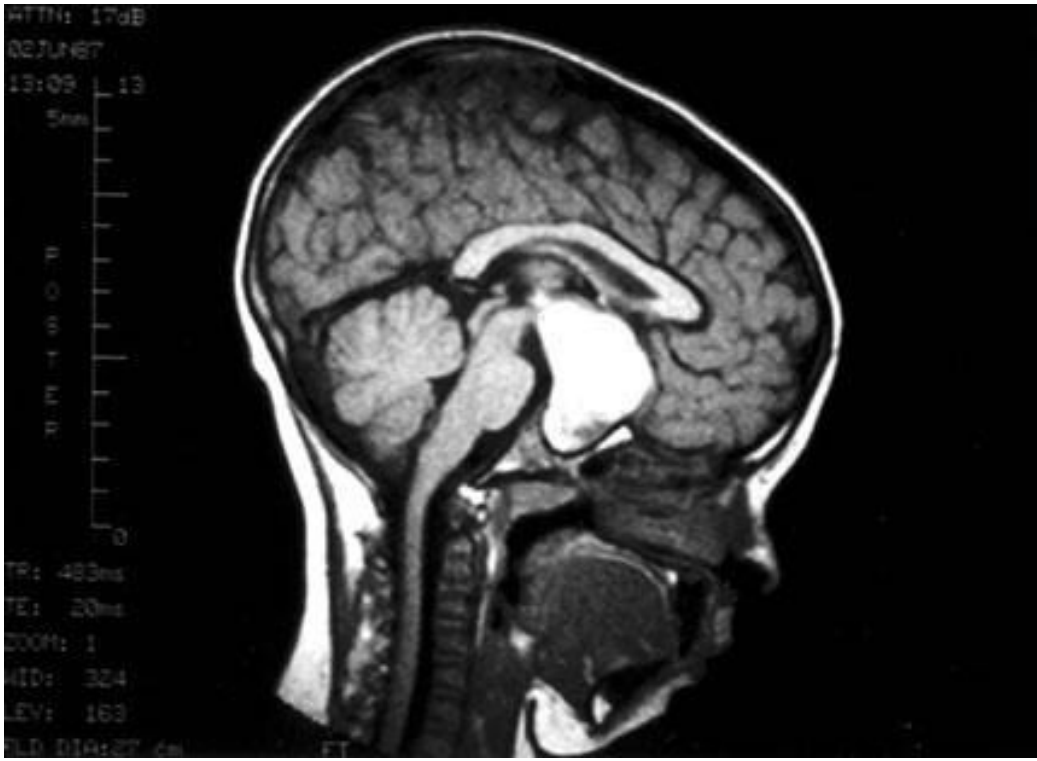
Duplication of the gland – very rare

Ectopic posterior pituitary – pituitary dwarfism

Craniopharyngiomas – usually lie above the sella; cause hydrocephalus, growth failure, diabetes insipidus, lose of peripheral vision



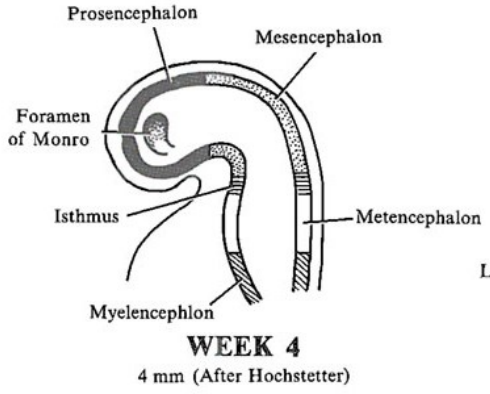
Duplication of the pituitary gland associated with multiple blastogenesis defects: Duplication of the pituitary gland (DPG)-plus syndrome. Case report and review of literature - Surgical Neurology International

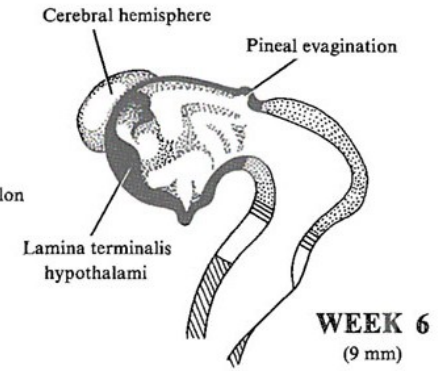


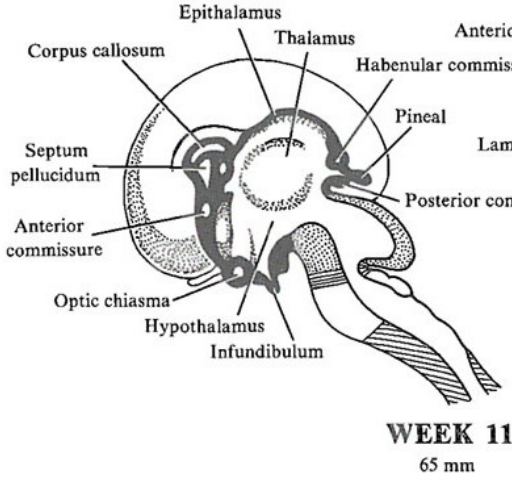
Pediatric Craniopharyngioma: Background, Pathophysiology, Epidemiology (medscape.com)

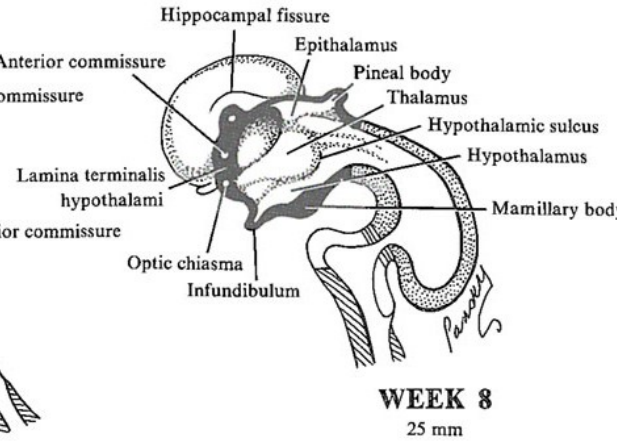
Epiphysis

- thickening of caudal part of ependyma that does not contribute to development of choroid plexus at the roof of diencephalon
- neuroectoderm









Pineal gland agenesis – mutations PAX6 (paired box gene 6)

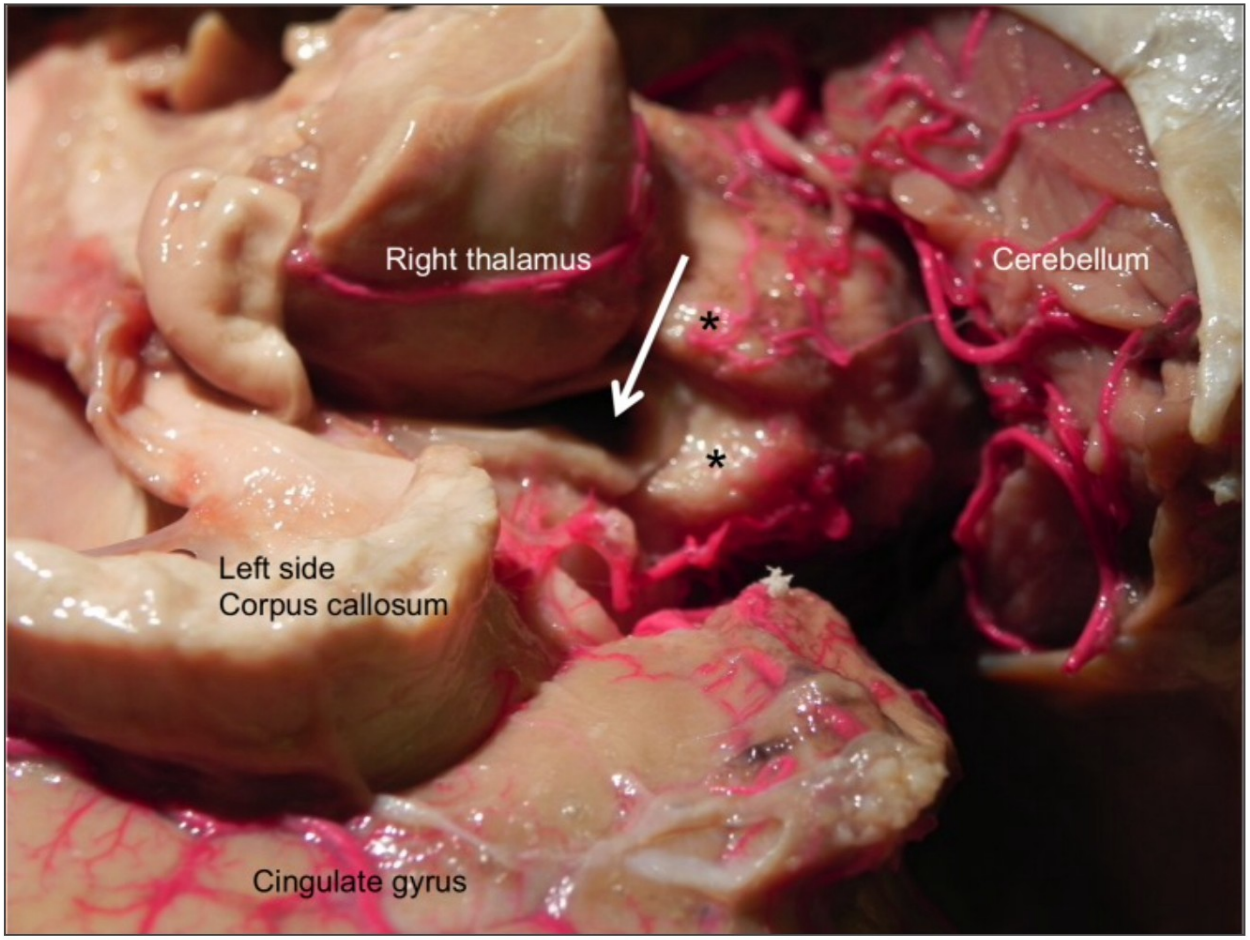


Figure 1

Absent Pineal Gland

Cureus | Pineal Gland Agenesis: Review and Case Illustration

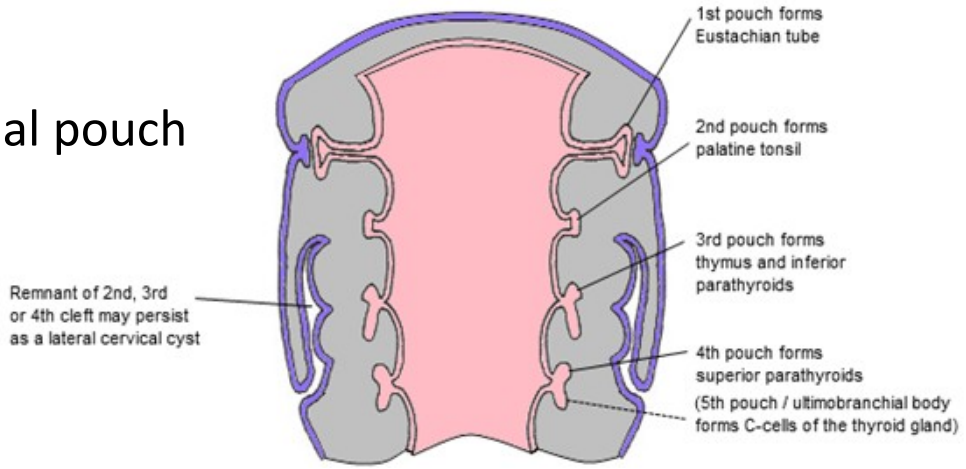
Thyroid gland

- endodermal proliferation of pharyngeal floor between tuberculum impar and copula

- obliterating ductus thyreoglossus
- foramen caecum

- bilobed diverticulum
- lobus pyramidalis

- C-cells
- neural crest origin
- ultimobranchial body of 5th pharyngeal pouch



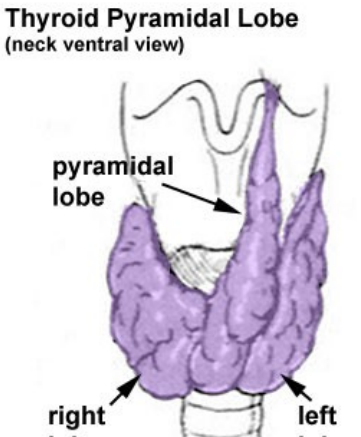
Pyramidal lobe – in 50 % of population

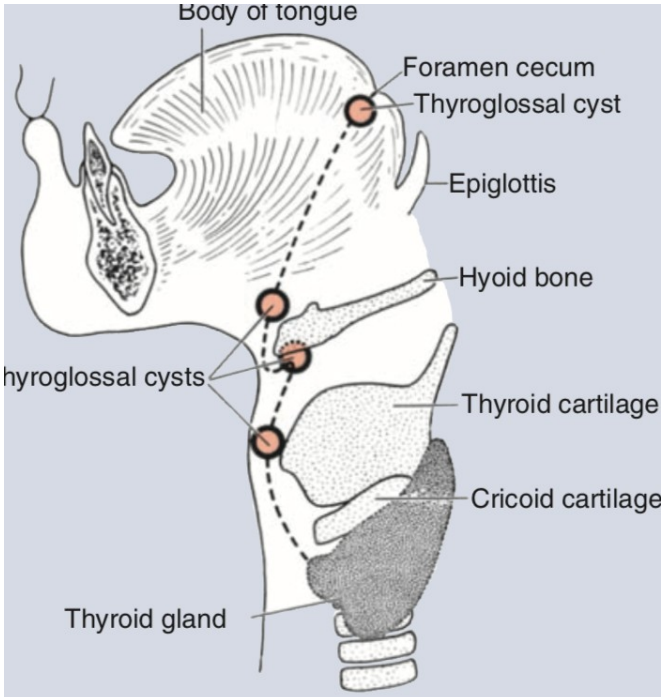
Congenital hypothyroidism (1/3000)

Ectopic thyroid gland – in 90 % cases it is lingual thyroid gland; sublingual thyroid gland

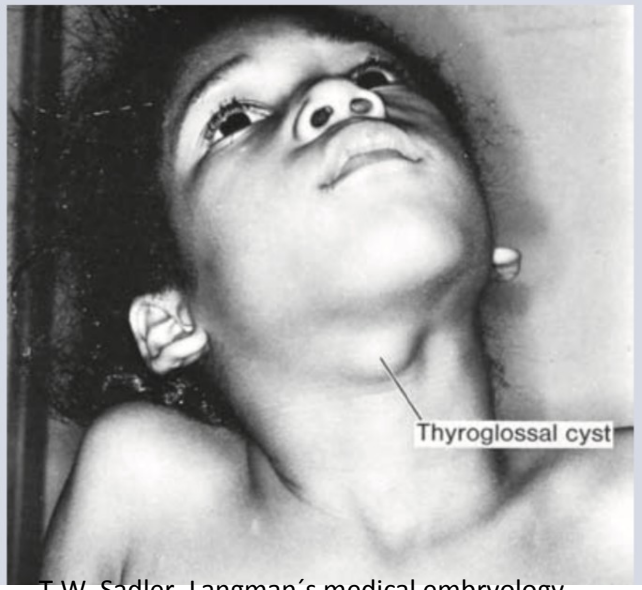
Thyroglossal duct cyst – clinically important to distinguish from ectopic thyroid gland!

Thyroglossal fistula





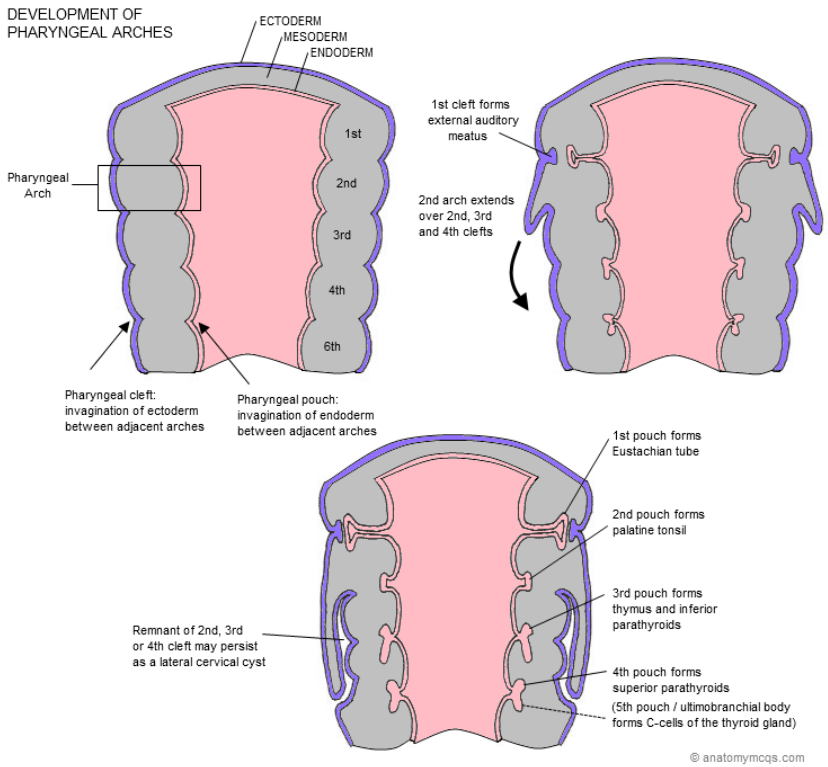
ysts. These cysts, most frequently found in the hyoid region, a



T.W. Sadler, Langman´s medical embryology, 12th edition

Embryonic development of parathyroid gland

- glandulae parathyroideae superiores from endoderm of 4th pharyngeal pouch
- glandulae parathyroideae inferiores from dorsal process of 3rd pharyngeal pouch
- together with thymus descend to lower poles of thyroid



Ectopic parathyroid tissue – the inferior parathyroids are more variable in their position

Supranumerary parathyroid glands

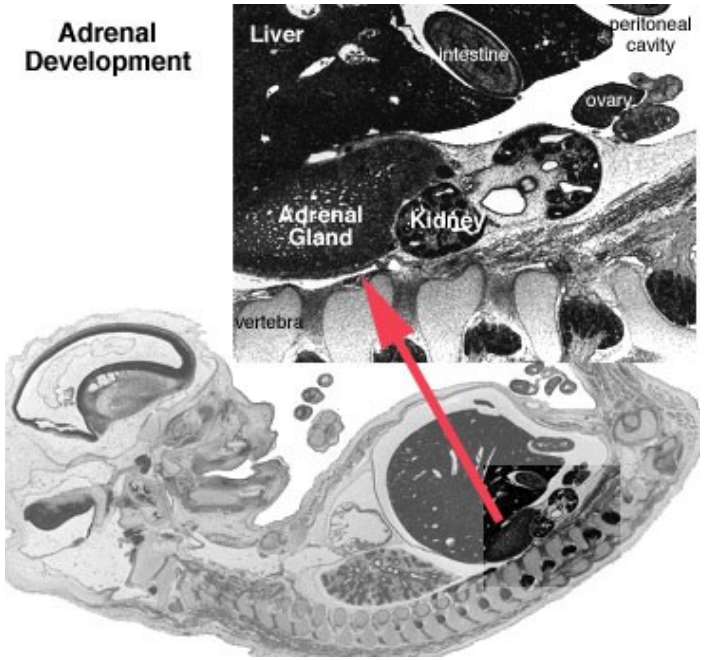
Suprarenal gland

Cortex

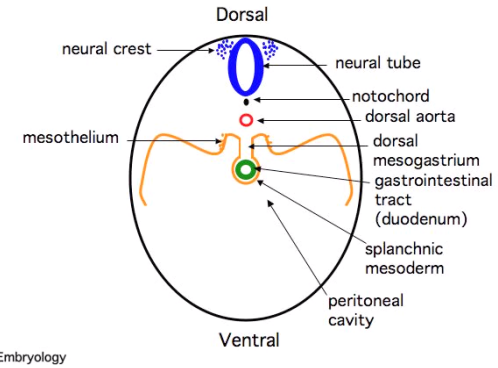
- mesoderm
- mesothelium, coelomic epithelium
- primitive fetal cortex 5-6th week
- fetoplacental unit
- definitive cortex
- zona reticularis fully differentiates within 3 years

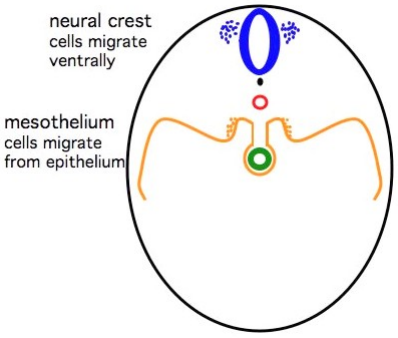
Medulla

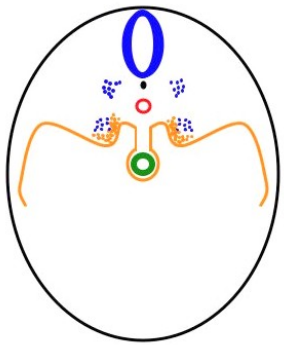
- neural crest

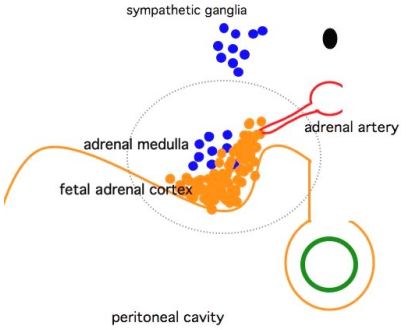


[Week10 adrenal - Endocrine - Adrenal Development - Embryology (unsw.edu.au)]



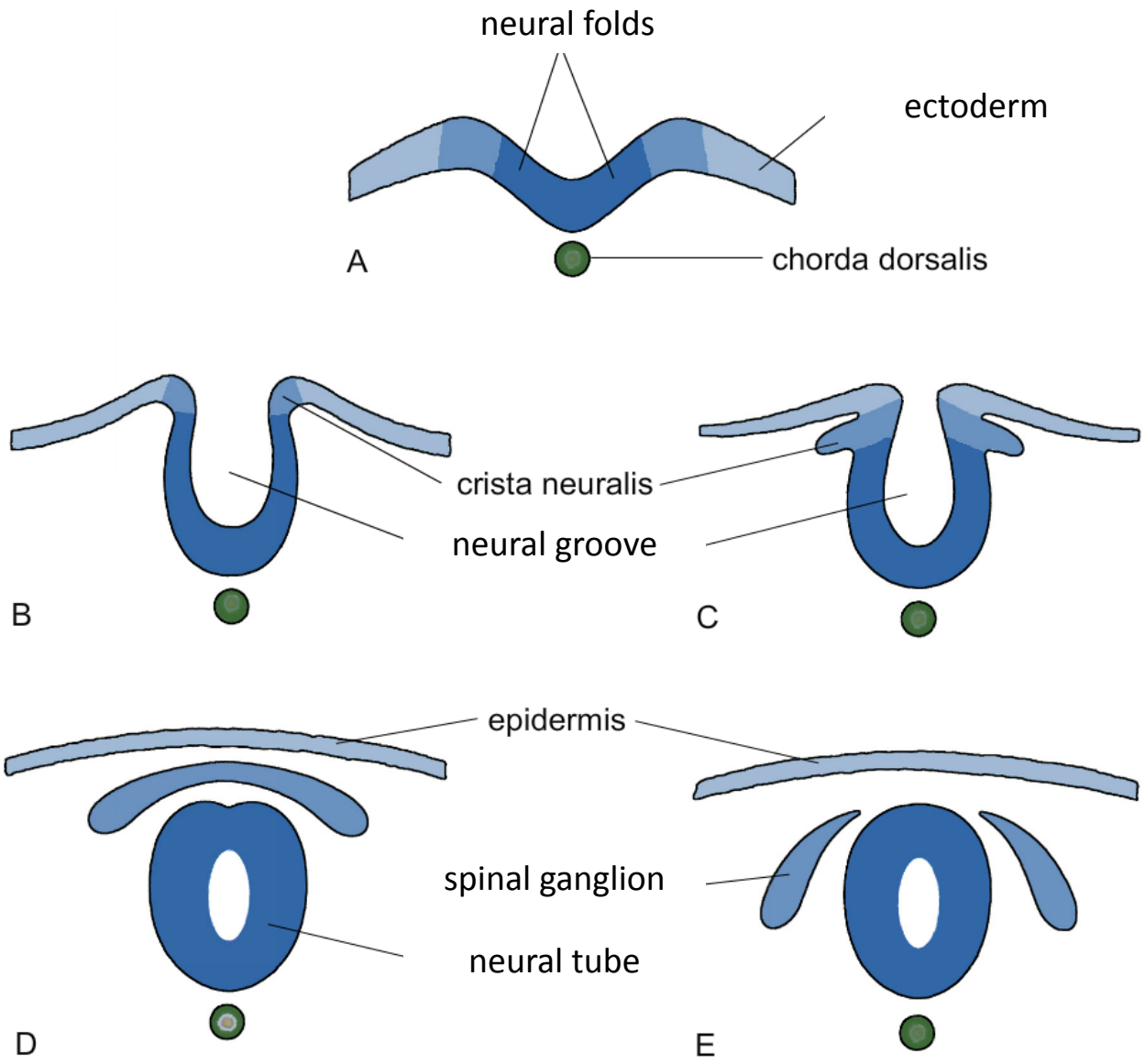




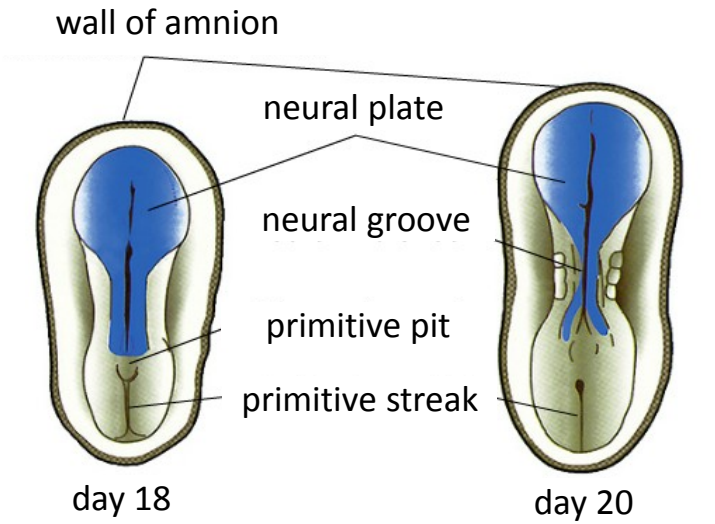


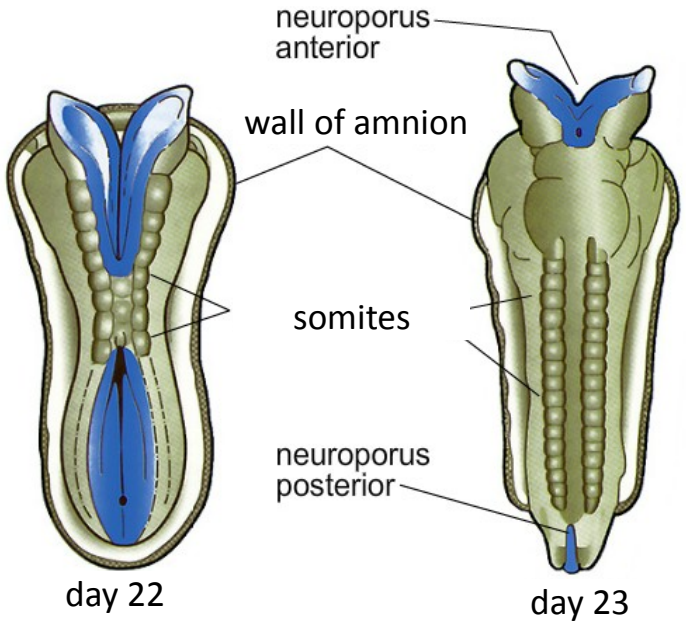
Congenital adrenal hyperplasia – group of autosomal recessive disorders – excessive production of androgenes: causes rapid growth and accelerated sceletal maturation in both sexes

Development of neural tube

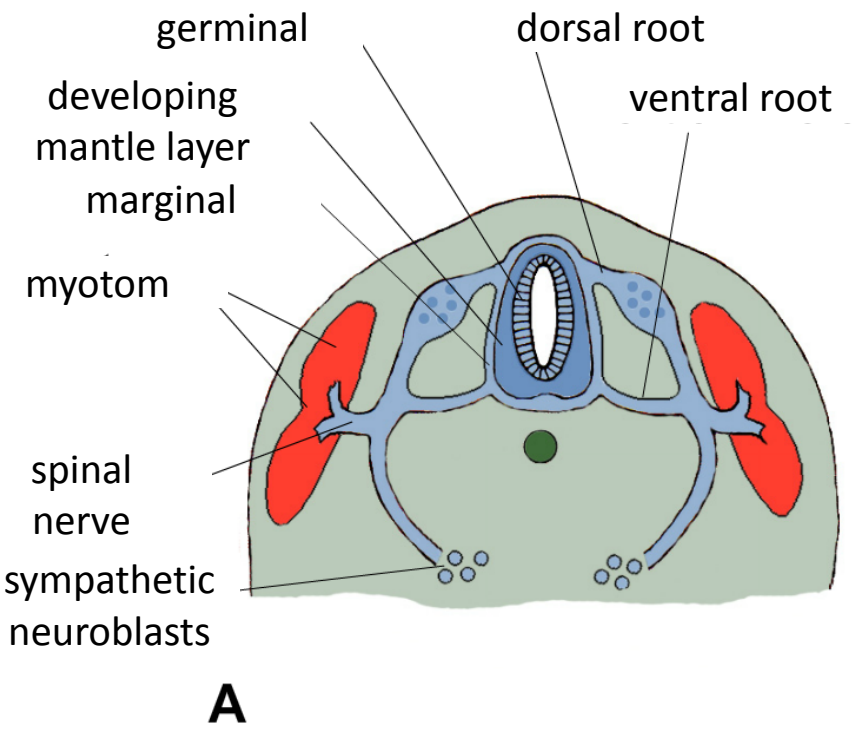


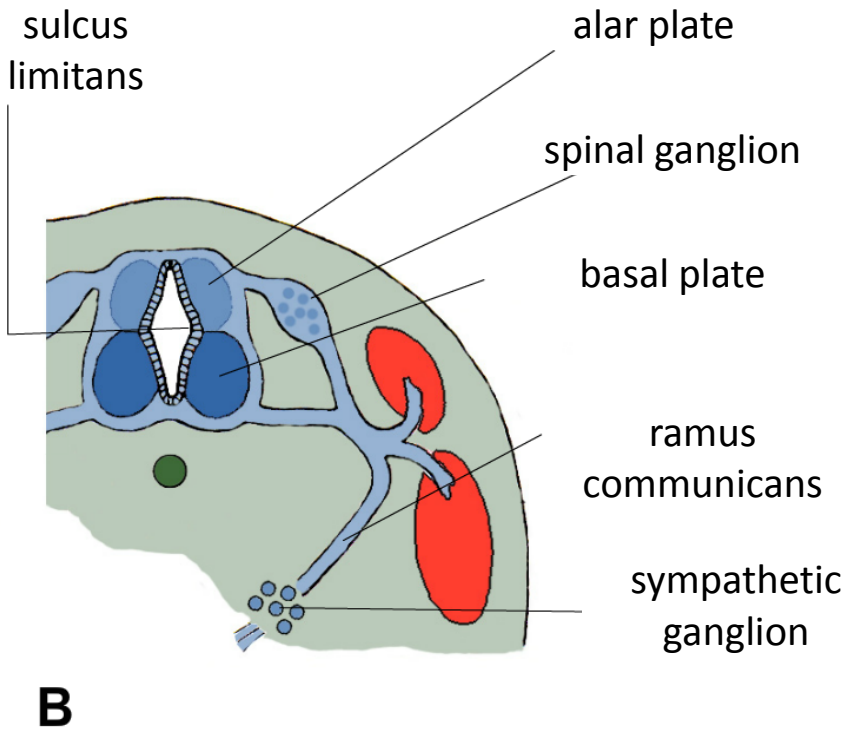
Closing of neural tube



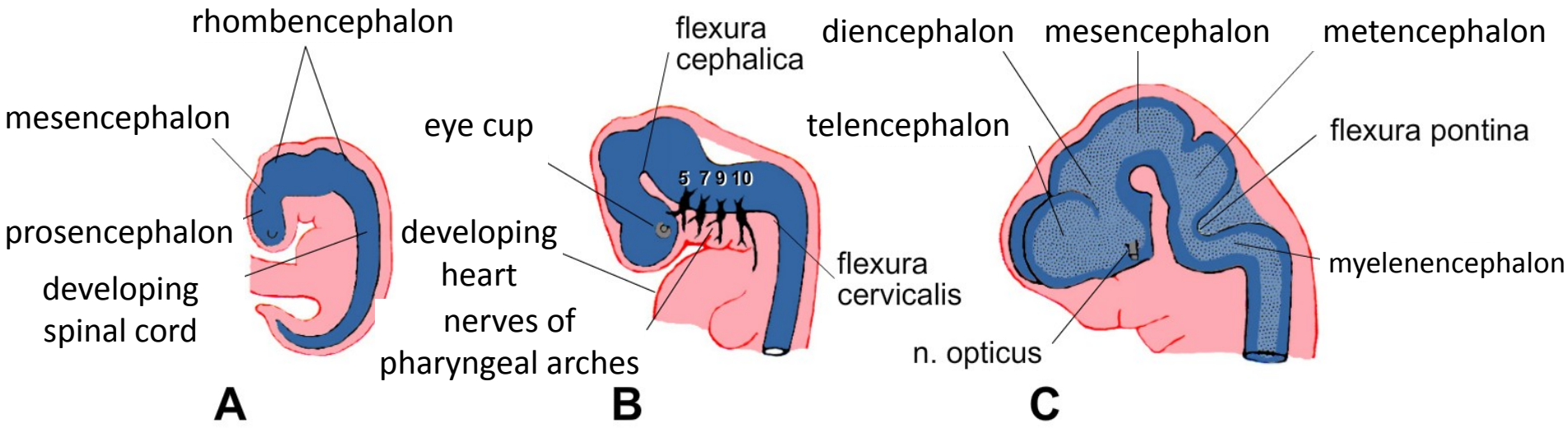


Development of spinal cord

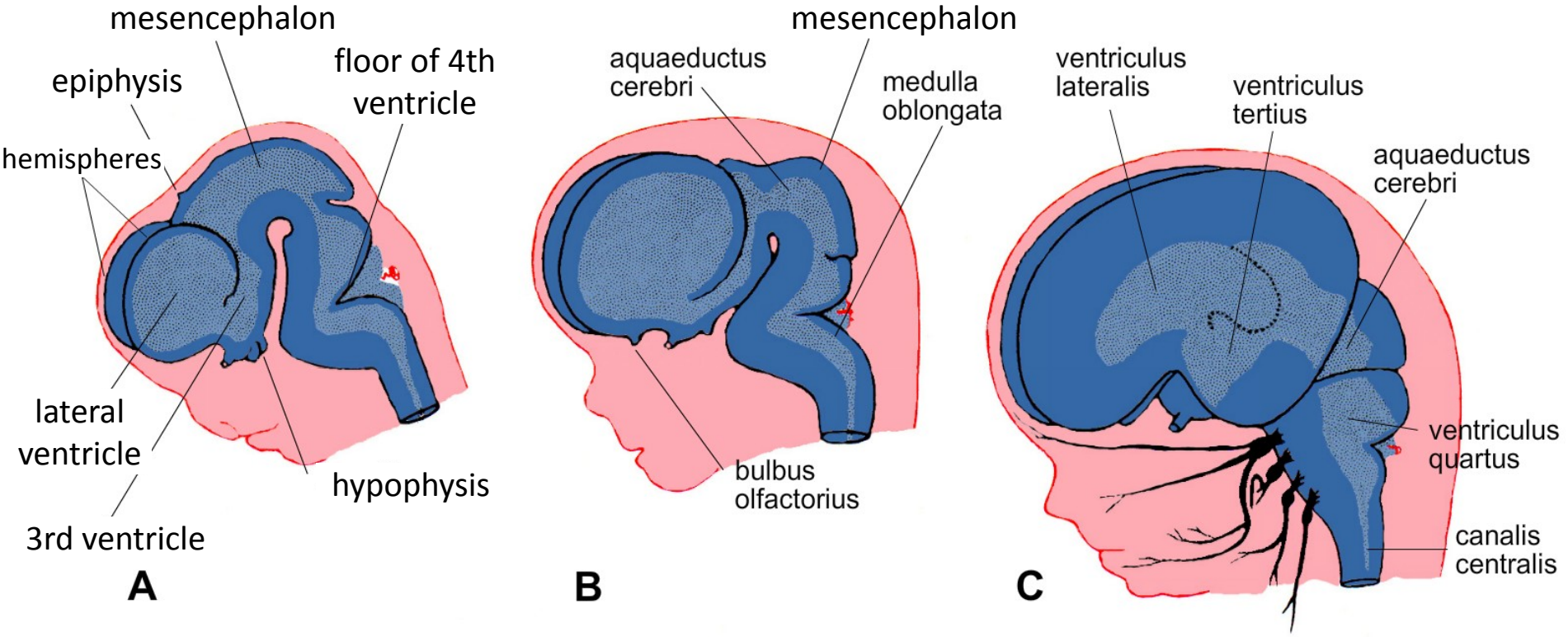




Development of brain



Development of brain ventricles



Neural tube defects (NTDs)

- Spina bifida: spina bifida occulta – defect of vertebral arches covedr with skin and usually does not affect the neural tissue – 10 % of population; meningocele; meningomyelocele
- Rachischisis
- Hydrocephaly

Cranial defects

- Holoprosencephaly (HPE) – 1 in 15000 (1 in 250 early miscarriage)
- Schisencephaly
- Meningocele, meningoencephalocele, meningohydroencepahlocele – 1 in 12000
- Exencephaly: anencephaly (=meroencaphaly – 2-4 times more common in female foetuses), craniorachischisis – polyhydramnios
- Hydrocephaly – in most cases due to obstruction of the aqeduct of Sylvius (aqueductal stenosis)
- Microcephaly

The leading cause of intellectual disability is maternal alcohol abuse!