

# Anatomy & Embryology of adrenal gland

**Endocrine block** 









Describe the location, shape and relations of the right and left adrenal glands.



Describe the Blood supply, lymphatic drainage and nerve supply of right and left adrenal glands.



Identify the parts of adrenal glands and function of each part.



Describe the development of adrenal gland and common anomalies.



يهنئكم فريق عمل الأناتومي بقرب حلول شهر رمضان المبارك، جعلنا الله وإياكم من صوامه وقوامه. ونذكركم؛ بألّا تلهيكم دراستكم عن الطاعات.

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# Adrenal (Suprarenal) gland



#### Overview

- The suprarenal (adrenal) gland is a component of the **hypothalamicpituitary-suprarenal axis** that is responsible for coordinating **stress response** and **metabolism**.
- Suprarenal gland consist of the cortex and medulla, and represent two developmentally and functionally independent endocrine glands within the same anatomical structure.
- They are **yellowish retroperitoneal** organs that cap the upper poles of each kidney and lie against the crura of the diaphragm.
- ► Each gland weighs 3-4 gm.
- → At the level of the last thoracic vertebra (T12).
- They are surrounded by **renal fascia** (but are separated from the kidneys by the **perirenal fat**).
- Each gland has an outer yellow cortex and an inner dark brown medulla.

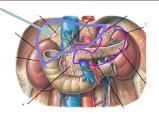


#### Right Adrenal glands



It's **pyramidal** in shape. Caps the upper pole of the kidney.

Relations				
Anterior	<ul><li>Right lobe of the liver</li><li>Inferior vena cava</li></ul>			
Posterior	• Diaphragm			
Medial	Celiac plexus     and ganglia			



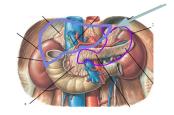


#### Left Adrenal glands



It's crescentic in shape. Extends along the medial border of the left kidney from the upper pole to the hilus.

Relations		
Anterior	<ul><li>Pancreas</li><li>Lesser sac</li><li>Stomach</li></ul>	
Posterior	Diaphragm (left crus)	
Medial	<ul> <li>Celiac plexus and ganglia</li> </ul>	



# Supply of the adrenal gland

## **Arterial Supply**

#### Three arteries supplying each gland:

**⇒** Superior Suprarenal -

Aries from Aries from

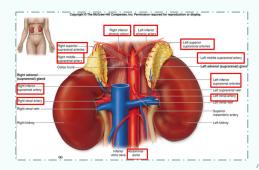
Inferior phrenic artery

**►** Middle Suprarenal **►** Inferior Suprarenal

Aries from

Abdominal aorta

Renal artery



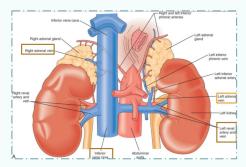
#### Venous Drainage

Unlike arterial supply, A single vein emerges from the hilum of each gland draining into:

Right Adrenal vein Drains into Inferior vena cava

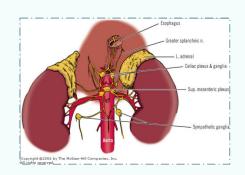
➡ Left Adrenal vein

Drains into Left renal vein



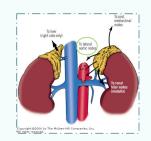
#### **Nerve Supply**

Preganglionic sympathetic fibers derived from the splanchnic nerves supply the gland, especially the greater splanchnic pass via the coeliac plexus to end by synapsing with cells in the suprarenal medulla. Most of the nerves end in the medulla of the gland.



## Lymphatic drainage

The lymph drains into the lateral aortic lymph nodes.



# Functions of the adrenal gland

## Function of Adrenal Gland

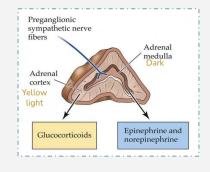
#### Cortex

Cortex is essential to life and produce three types of steroid hormones (secrete hormones) that include:

- 1-Mineralocorticoids, which are concerned with the control of fluid and electrolyte balance. Zona glomerulosa
- **⇒** 2-Glucocorticoids, which are concerned with the control of the metabolism of carbohydrates, fats, and proteins. Zona fasciculata
- → 3-Small amounts of sex hormones, which probably play a role in the prepubertal development of the sex organs. Zona reticularis

#### Medulla

Secretes the catecholamines: epinephrine and norepinephrine

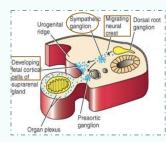


# Development of adrenal gland

The two parts of the adrenal gland, i.e. the (cortex and the medulla) develop from two different origins:

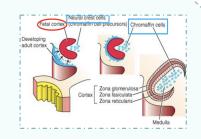
## Cortex

- Mesodermal in origin.
- Develops from the celomic epithelium (mesothelium or mesenchymal cells) of the posterior abdominal wall.
- During the 6th week of development (fetal cortex), by aggregation of the mesenchymal cells.
- Begin to proliferate and penetrate the underlying mesenchyme.
- Between the root of the dorsal mesentery and the developing gonads.
- Differentiate into large acidophilic organs, which form the fetal cortex, primitive cortex.



#### Medulla

- Ectodermal in origin.
- Develops from the neural crest cells.
- It forms a mass medial to the fetal cortex, which is derived from the adjacent sympathetic ganglion; from neural crest cells.
- As they are surrounded by the cortex, the cells differentiate into the secretory cells of the suprarenal medulla.



# Development of adrenal gland

#### Permanent cortex

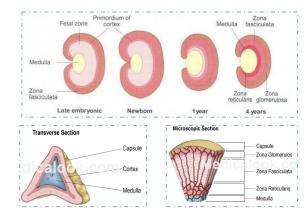
- A second wave of mesenchymal cells arise from the mesothelium, surrounds the primitive cortex/ enclose the fetal cortex.
- ▶ forms a thinner definitive (permanent) cortex.

  medulla will never change once it invade the cortex, but Fetal cortex will covered by new layer of mesenchymal cells which will form permanent cortex, the primary or fetal cortex gradually degenerate.



#### Differentiation

- Differentiation of the characteristic suprarenal cortical zone begins during the late fetal period.
- Zona glomerulosa & Zona fasciculata are present at birth, but, Zona reticularis (deeper layer) is not recognizable until the end of third year. (so, its full development at the end of the 3rd year).



# suprarenal gland

The suprarenal gland of the fetus is 10-20 times larger than the adult glands relative to the body weight, and are large compared with the kidneys, this is because of the extensive size of the fetal cortex.

The medulla remains relatively small until after birth.

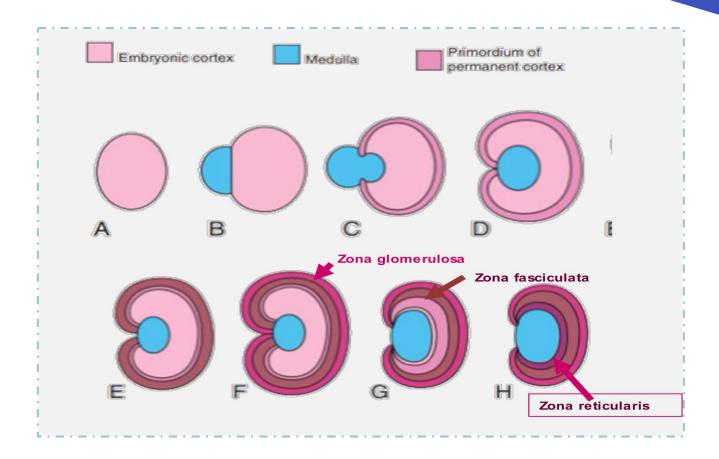
The suprarenal glands due to the rapid regression of the fetal cortex, become smaller; it loses about 1/3 of its weight, during the first 2-3 weeks after birth.

They regain their original weight about the end of the second year.

During the process of involution, the cortex is friable and susceptible to trauma at birth leading to severe hemorrhage.

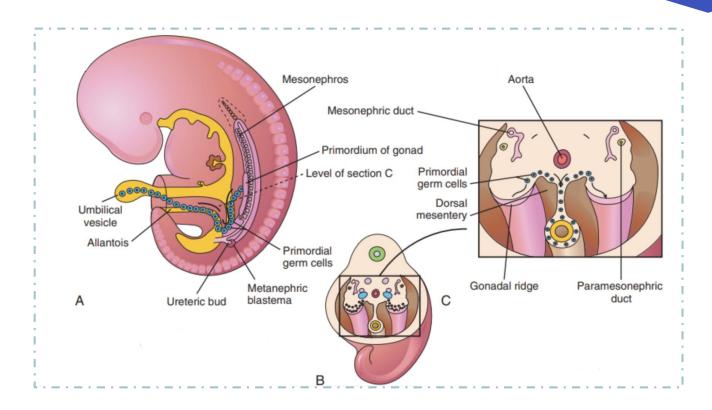
The involution process is largely completed in the first year of life.

# Development of adrenal gland



- (A): At 6 weeks, showing the mesodermal primordium of the embryonic cortex.
- (B) At 7 weeks, showing the addition of neural crest cells.
- (C) At 8 weeks, showing the fetal cortex and early permanent cortex beginning to encapsulate the medulla.
- (D)and (E), Later stages of encapsulation of the medulla by the cortex.
- (F) Gland of a neonate showing the fetal cortex and two zones of the permanent cortex.
- (G) At 1 year, the cortex has almost disappeared.
- (H) At 4 years, showing the adult pattern of cortical zones.
- (I) Note that the cortex has disappeared and the gland is much smaller than it was at birth (F).

## Development of adrenal gland



- Fig. A, 5-week embryo, note the migration of primordial germ cells from the umbilical vesicle into the embryo.
- Fig. B, 3D of the caudal region of a 5-week embryo showing the location and extent of the gonadal ridges.
- Fig. C, TS showing the primordium of the suprarenal glands, the gonadal ridges, and the migration of primordial germ cells into the developing gonads.

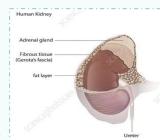
## To Summarize from slides

- ▶ The cortex forms as a result of two waves of mesoderm proliferation.
  - a. The first wave of the coelomic mesothelial cells forms the fetal cortex.
  - b. The second wave of cells surrounds the fetal cortex and forms the adult cortex.
- ▶ The medulla forms from neural crest cells, which migrate to the fetal cortex and differentiate into chromaffin cells.

## Clinical notes



• The suprarenal gland is enclosed within the renal fascia with the kidney but in a separate compartment that allow the two organs to be separated easily during surgery.



- ▶ In adrenalectomy, the veins are ligated before the arteries.
- The glands must be handled as little as possible before venous ligation.
- ▶ The stubby right suprarenal vein, coming directly from the inferior vena cava, presents the most dangerous feature in performing an adrenal ectomy.

## **Cushing's syndrome**

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Suprarenal cortical hyperplasia, manifested by:

moon shaped face, truncal obesity, hirsutism, hypertension

#### Addison's Disease



Adrenocortical insufficiency, characterized by:

increase pigmentation, muscular weakness, weight loss, hypotension.

## Pheochromocytoma



A tumor of the medulla, produces paroxysm and sustain hypertension. The signs and symptoms are produced by large amount of catecholamine.

## Congenital adrenal hyperplasia (CAH)

An abnormal increase in the cortical cells results in excessive androgen production; during the fetal period.

<u>In females</u>, it may lead to musculization, and enlargement of clitoris. <u>In males</u>, have normal external genitalia and it may remain undetected in early infancy.



Later in childhood, in both sexes, androgen excess may lead to rapid growth and accelerated skeletal maturation.

Summary of Adrenal gland Extra -They are yellowish retroperitoneal organs located at the upper poles of each kidney at the level of **T12.** -They are surrounded by renal fascia with kidney and separated from the kidney by perirenal fat. Structure Structure -Each gland is composed of an outer yellow cortex and an inner dark brown medulla. -The suprarenal gland is enclosed within the renal fascia with the kidney but in a separate compartment that allow the two organs to be separated easily during surgery. -It is a component of the hypothalamic-pituitary-suprarenal axis that is responsible for coordinating stress response and -The cortex secretes hormones that include: Function → mineralocorticoids: concerned in fluid and electrolyte balance. → <u>glucocorticoids</u>: concerned in <u>metabolism</u> of carbohydrates, fats and proteins. → sex hormones: Small amounts, play a role in the prepubertal development of the sex organs. -The medulla secretes the catecholamines: epinephrine and norepinephrine. Lymph drainage Arterial supply Venous drainage Nerve supply -Superior suprarenal A Preganglionic sympathetic -Inferior Vena Cava Origin: Inferior phrenic fibers Supply (on right side) Drains Into: -Middle suprarenal A Derivatives of the Lateral Aortic Lymph nodes Origin: Abdominal aorta -Left Renal Vein Splanchnic nerves to supply -Inferior suprarenal A (on left side) the glands Origin: Renal artery Right Adrenal gland Left Adrenal gland -Shape: crescentic or semilunar -Shape: Pyramidal or triangular -Location: Extends along the medial border of the left -Location: caps the upper pole of the right kidney kidney from the upper pole to the hilum -Relations: -Relations: Anterior → right lobe of the liver and IVC Posterior → diaphragm Anterior → pancreas, stomach and lesser sac Posterior → diaphragm Medial → celiac plexus and ganglia Medial → celiac plexus and ganglia Origin of adrenal gland (Start to develop at the 6th week & rapidly become smaller during the first 2-3 weeks after birth) Adrenal medulla -Is **mesodermal** in origin -Is ectodermal in origin -Develops from coelomic epithelium (mesothelium) from the posterior -Develops from the neural crest cells (chromaffin cells) abdominal wall Differentiation Medulla Cortex (6 letters=6th week) Permanent cortex Differentiation begins mainly during the late fetal period the cortex differentiate -During 6th week of development, -A second wave of into 2 zones: -Derived from the neural mesenchymal cells arise mesenchymal tissue aggregate forming -Zona glomerulosa (begin to appear during the late fetal period) the fetal cortex. crest cells of the adjacent from the mesothelium sympathetic ganglia. -Zona fasciculata -The fetal cortex is derived from -This encloses the fetal These 2 zones are presented at birth while a 3rd zone appears at the end of the mesothelium tissue between the -it forms a mass medial to the cortex forming a thinner developing gonads (gonadal ridge) and fetal cortex. permanent (definitive) third year called: -Zona reticularis (develops after birth) the dorsal mesentery. cortex. Diseases and abnormalities Congenital adrenal Addison's disease Cushing's syndrome Pheochromocytoma hyperplasia (CAH) -Adrenocortical -A tumor of the medulla, An abnormal increase in the -Suprarenal cortical hyperplasia. cortical cells results in excessive insufficiency. produces paroxysm and -manifested by; moon shaped face, truncal obesity, -characterized by: increase pigmentation, androgen production; during sustain hypertension. hirsutism, hypertension. muscular weakness, weight loss, the fetal period. -The signs and symptoms are produced -In females, it may lead to musculization, and enlargement of clitoris.
-In males, it may remain undetected in early infancy.
-Later in childhood, in both sexes, androgen excess may lead to rapid hypotension. by large amount of catecholamine.



Q1- Which of the following receives venous blood from the left suprarenal vein?				
A- Inferior vena cava	B- Left inferior phrenic Vein	C- Left gonadal vein	D- Left renal vein	
Q2- Superior suprarenal artery is a branch of?				
A- Inferior phrenic A.	B- Abdominal Aorta	C- Renal A.	D- Superior phrenic A.	
Q3- Which of the following structures lies anterior to the right adrenal gland?				
A- Celiac plexus	B- Diaphragm	C- Lesser sac	D- Inferior vena cava	
Q4- When does the adrenal cortex start to develop?				
A- 4th week	B- 5th week	C- 6th week	D- 7th week	
Q5- Which of the following ganglia gives rise to the Adrenal Medulla?				
A- Spinal	B- Sympathetic	C- Parasympathetic	D- Enteric	
Q6- Zona reticularis is formed at which of the following periods?				
A- 1 year after birth	B- 3 years after birth	C- Late fetal period	D- Soon after birth	
Q7- Which of the following is the origin of the Adrenal Cortex?				
A- Neural crest	B- Mesoderm	C- Endoderm	D- Ectoderm	

Answers: 1-D 2-A 3-D 4-C 5-B 6-B 7-B



## Team leaders







# **Team Members**

- Remaz Almahmoud
- Moath Alhudaif
- Aljoharah Alkhalifah
- → Mohammed Alarfaj
- Noura Alateeq
- Faisal Alshowier
- Bayan Abdullah
- Khalid Alsobei
- Wajd Almutairi
- Amira Abdulaziz