

Development of the male Reproductive system

9







Objectives



List the causes of differentiation of genitalia into the male type.



Describe the origin of each part of the male internal & external genitalia.



List the causes & describe the events of descent of testis.



List the common anomalies of male genital system & describe the causes of each of them.

This lecture was presented by : DR.Ahmed Fathallah & DR.Sanaa Al Shaarawi



Color index : Main text (black) Female Slides (Pink) Male Slides (Blue) Important (Red) Dr's note (Green) Extra Info (Grey)



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- A. Embryo genetically male → gene expression in Sex-determining Region in Y chromosome (SRY) promoted
- B. SRY-region genes promote testis- determining factor production \rightarrow testis-determining factor acts on undifferentiated gonads \rightarrow gonadal transformation into testes
- C. Gonadal ridge becomes seminiferous tubules, rete testis, straight tubules
- D. The testes contain :

Remember Medulla = Male

- germ cells that will produce spermatogonia (endodermal)
- Sertoli cells that was derived from surface epithelium of testis (mesothelial)
- Leydig cells : From mesenchyme surrounding the tubules (W8)
- 1. In Female : cortex gives ovaries & medulla regress
- 2. In males : medulla gives Testes & cortex regress

Week 7

Step 6 WOLFFIAN DUCT > MALE REPRODUCTIVE A.Sertoli cells: synthesize, secrete SYSTEM anti- Müllerian hormone; AKA Müllerian inhibiting substance: NULLERIAN DUCT Promotes Müllerian/paramesonephric > FEMALE REPRODUCTIVE duct atrophy SYSTEM Remember that Müllerian duct was the CLOACA one to give female system : uterus, fallopians URDGENITAL SINUS tubes, vagina B.Leydig cells: synthesize, secrete testosterone URINARY EXTERNAL TRACT GENITALIA \rightarrow become internal male genitalia Promote Wolffian / mesonephric duct growth & differentiation Week 7







Phase 1 (Internal): 12th W

Descent of testis from posterior abdominal wall to deep inguinal ring. Because of resulting from elongation of cranial part of abdomen away from its caudal part **Phase 2 (External): 7th month and takes 2 to 3 days**

Descent of testis from deep inguinal ring, to scrotum.

Guided by gubernaculum & Facilitated by processus vaginalis.

Controlled by androgens thus lack of androgens during fetal life causes Cryptorchidism

Development of gonads

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Male genital system is made of:

Gonad: Testis. Genital Duct: Epididymis, Vas deferens and Urethra. Genital glands: Seminal vesicle , Prostate and Bulbourethral glands.

Development of Gonads:





Until 7th week gonads are similar in both sexes and called indifferent gonads . (Neither male or female)

Gonads are derived from 3 sources:

1)Primordial germ cells

2) underlying mesenchyme

3)Mesothelium(mesodermal epithelium lining the coelomic cavity)

من جراً ، و mesenchyme من جراً ، و mesothelium كيس primordial germ cells are from the yolk sac (endodermal in origin)









Primordial germ cells

Gonadal

(primary sex)

cords

Endodermal cells of the yolk sac migrate along dorsal mesentery of hind gut to gonadal ridges and become incorporated into gonadal cords.

The proliferating mesothelial cells fuse

and penetrate the underlying

mesenchyme the medulla to form primitive

sex cords.

gem cels d.c. Proliferating body epithelum gonadal cords is made up of mesothelium proliferation

(the layer in black)





Glands	Origin	
1-Seminal	Mesodermal outgrowth from mesonephric duct	Prostatic utricle Prostatic utr
2-Prostate	Endodermal outgrowth from <u>prostatic urethra.</u>	
3-Bulbourethral	Endodermal outgrowth from spongy(penile) urethra	

Stroma & smooth muscles in 2 & 3 are derived from surrounding mesenchyme



Internal Genitalia

	Structure	Origin	
Mesodermal structure	Testis	From medulla of genital ridge	
	Seminiferous tubules	From medullary cords of ridge	
	Sertoli cells	From mesothelial cells of ridge	
	Leydig cells	From mesenchyme surrounding the tubules	
	Epididymis, vas deferens, seminal glands, ejaculatory duct	From mesonephric duct	
	Spermotogonia:	from primordial germ cells of yolk sac	
Endodermal structure	Prostate gland	from prostatic urethra	
	Bulbourethral gland	from spongy urethra	

Development of External Genitalia

(from **4th to 7th** week)

IMPORTANT Indifferent Stage

Genital tubercle	Produced from mesenchyme at the cranial end of <u>cloacal membrane</u> . It elongates to form a primordial phallus. which will later form the penis.	General Marcin General Marcin Ungeneral Int
Urogenital folds	Develop on each side of cloacal membrane.	Lipitera neritare
Labioscrotal swellings	Develop on each side of urogenital folds.which will later form the scrotum.	Urogenital sinus Mesonephros Mesonephric duct Metanephric diverticulum Urorectal septum Cloacal membrane
Note	"The yellow tube is the hind gut , its last part enlarge and gives us CLOACA, then the cloaca will close, and gets separated from the middle by URORECTAL SEPTUM. the urorectal septum divides the cloaca into two parts , ventral and dorsal parts. the dorsal part will give rise to the anorectal canal, and the ventral part will give rise to urogenital sinus (which contains urinary bladder and urethra). Just above the cloaca, a small protrusion will happen which is called Genital tubercle."	Vesical part Pelvic part Phalic part Phalic part Genital tubercle Rectum Unary bladder Unary bladder Urorectal septum

(Begins at **9th** week)

IMPORTANT Different Stage

Stimulated by:	testosterone secreted by leydig cells.
Complete differentiation	at 12th week: 1. The phallus enlarges to form the glans penis & pulls forward the urogenital folds. 2.The urogenital folds fuse to enclose the spongy (penile) urethra & form the shaft of the penis. 3. The labioscrotal folds (swellings) fuse to form the scrotum.



Descent of Testis

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The testes are initially located on the posterior abdominal wall, to descend it needs <u>3</u> things:

Gubernaculum: a mesenchymal band extending from inferior pole of gonad to labioscrotal fold. a fibrous cord that connects the fetal testis with the bottom of the scrotum and by failing to elongate in proportion to the rest of the fetus causes the descent of the testis.

Inguinal canal: a pathway formed by gubernaculum passing through layers of anterior abdominal wall.

Processus vaginalis: a peritoneal fold passing through inguinal canal before testis, to facilitate its descent.(it's very smooth)

Descent of testis occurs in 2 steps:

Types	1. Internal	2. External	
Definition	Descent of testis from posterior abdominal wall to deep inguinal ring.	Descent of testis from deep inguinal ring, through inguinal canal, to scrotum.	
Time	During 12th week	Begins in <mark>7th month</mark> and takes 2 to 3 days	
Causes	A relative movement (حركة) resulting from elongation of cranial part of abdomen away from its caudal part (future pelvic cavity). no hormones or anything.	 Controlled by androgens. (Testosterone) Guided by gubernaculum. Facilitated by processus vaginalis. after descending processus vaginalis form Tunica vaginalis. Helped by increased intra-abdominal pressure resulting from growth of abdominal viscera. 	
Pictures	A Tests Performan Ves ouknow Ves ouknow Recent as seguine Prozena se	C External descent Tests decends its the scotum is to 7th mont Vis deferms Defenses signals Defenses signals	





Congenital Deformities

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IMPORTANT Cryptorchidism (Undescended testis)	 Incidence: is up to 30% of premature & 3-4% of full term males. Most common congenital anomaly of the male reproductive system. Cause: deficiency of androgens. testosterone Common sites: look at the figure. Dr. Sanaa verbally mentioned DEEP INGUINAL RING. Complications: Sterility, if bilateral. Testicular cancer (20-44%). 	Deep ring of inguinal canal
Congenital inguinal hernia Check this video for better understanding	Definition: Herniation of a loop of intestine through a non-obliterated processus vaginalis. A: incomplete B: complete (in scrotum) Cause: The processus vaginalis does not obliterate & remains in open communication with the peritoneal cavity.	Instantial foro Dracks softenst Turker A Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Observations Obs
Hydrocele of spermatic cord	Accumulation of fluid in spermatic cord due to a non-obliterated portion of stalk of processus vaginalis.	Oblinerated portions of processus naginalis Hydrocele tunica vaginalis
IMPORTANT Hydrocele of testis	Accumulation of fluid in tunica vaginalis (in scrotum surrounding the testis) due to non-obliteration of the whole stalk of Processus vaginalis.	Peritoneum Unclosed processus vaginalis Hydrocele



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Embryology Team

