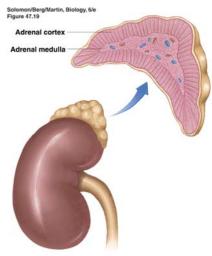


#### **Endocrine Physiology**

# The Adrenal Gland 1





COPYRIGHT © 2002 Thomson Learning, Inc. Thomson Learning<sup>166</sup> is a trademark used her

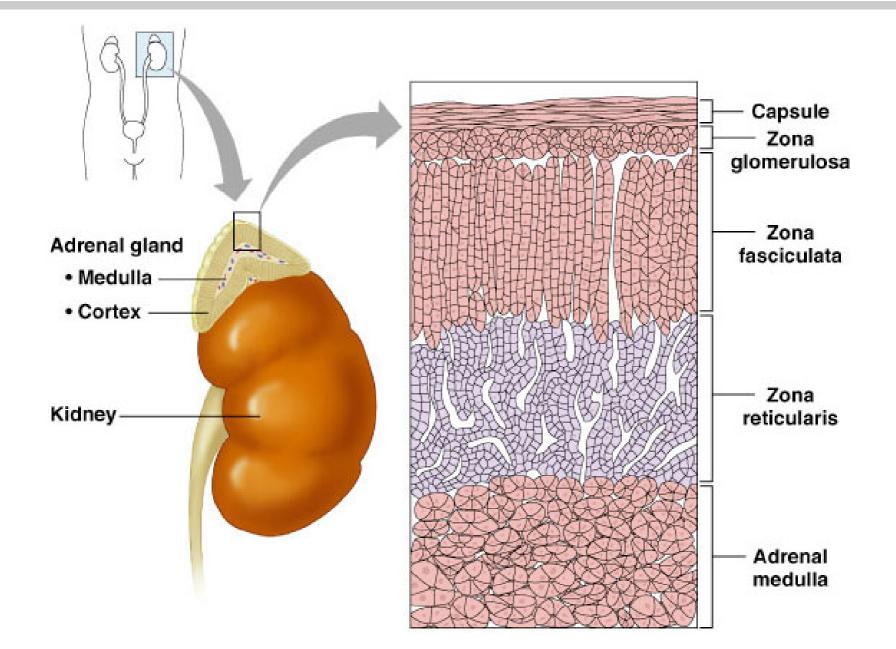
## **Adrenal (Suprarenal) Glands**

- Adrenal glands paired, pyramid-shaped organs atop the kidneys
- Weigh 6-10 g.
- Structurally and functionally, they are two glands in one
  - Adrenal cortex (80-90%)– glandular tissue derived from embryonic mesoderm
  - Adrenal medulla (10-20%)– formed from neural ectoderm, can be considered a modified sympathetic ganglion

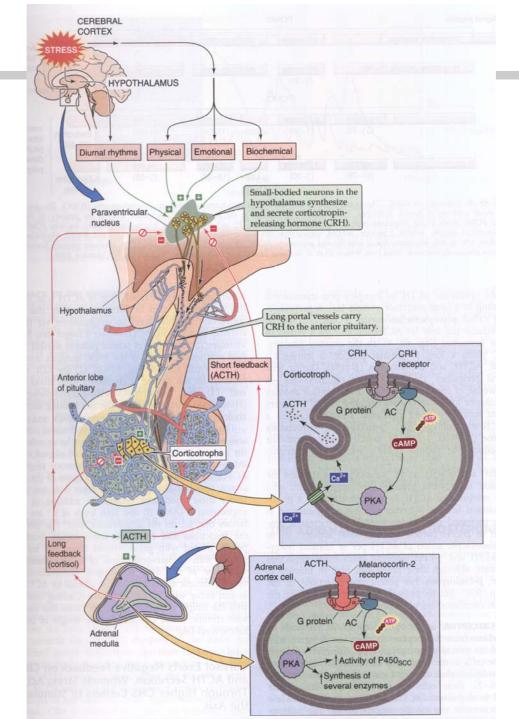
## **Adrenal Cortex**

- Synthesizes and releases steroid hormones (corticosteroids)
- Different corticosteroids are produced in each of the **three layers**:
  - Zona glomerulosa mineralocorticoids (mainly aldosterone)
  - Zona fasciculata glucocorticoids +Androgens (mainly cortisol and corticosterone)
  - Zona reticularis gonadocorticoids + glucocorticoids (mainly dehydroepiandrosterone DHEA)

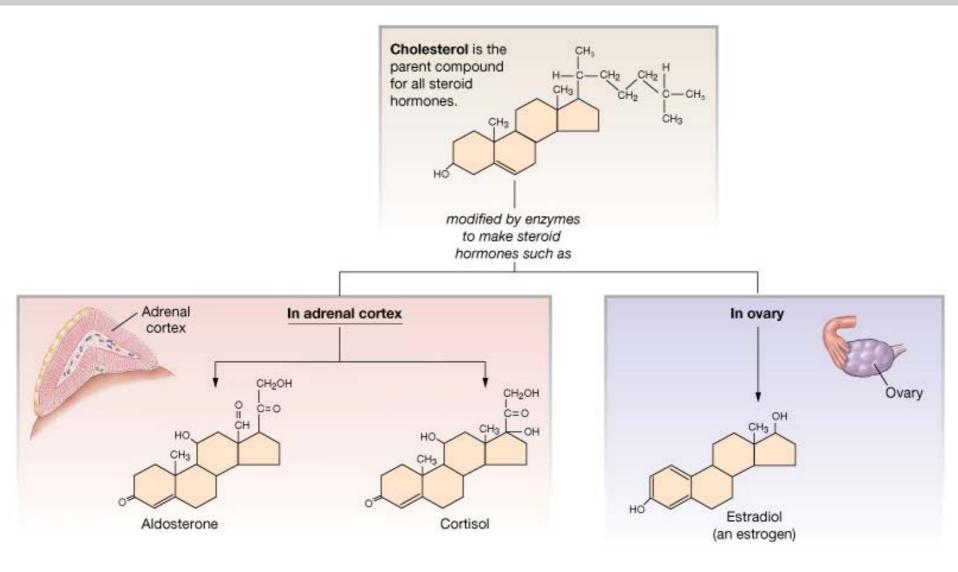
#### **Adrenal Cortex**



## **HPA Axis**



#### **Steroid Hormones: Structure**



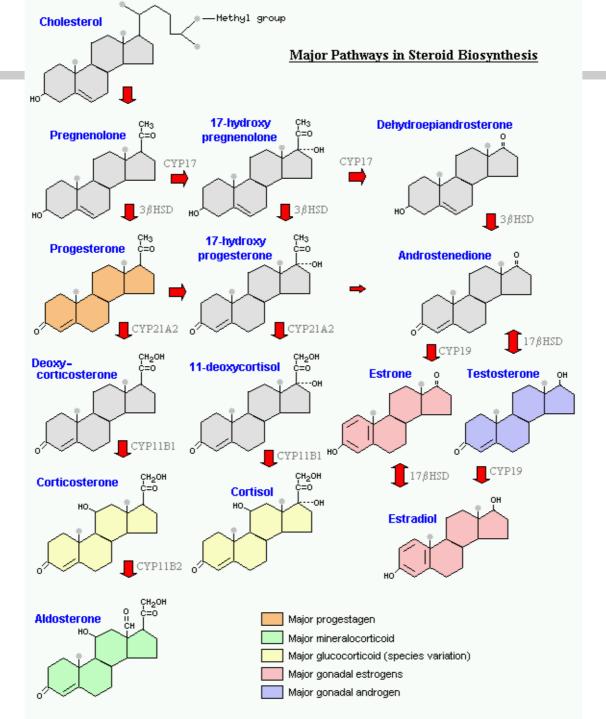
- Steroids are derivatives of cholesterol
- Cholesterol is from the lipid droplets in cortical cells (cholesterol esters in LDL)
- Removed cholesterol is replenished by cholesterol in LDL in blood or synthesized from acetate

## **Steroid Hormones Synthesis (Cont.)**

- Steroid hormones are synthesized and secreted on demand (not stored)
- The first and rate-limiting step in the synthesis of all steroid hormones is conversion of cholesterol to pregnenolone by the enzyme cholesterol dismolase (aka cholesterol side chain cleavage (SCC) enzyme
- Newly synthesized steroid hormones are rapidly secreted from the cell
- Following secretion, all steroids bind to some extent to plasma proteins: CBG and albumin

## **Enzymes in Steroid Biosynthesis**

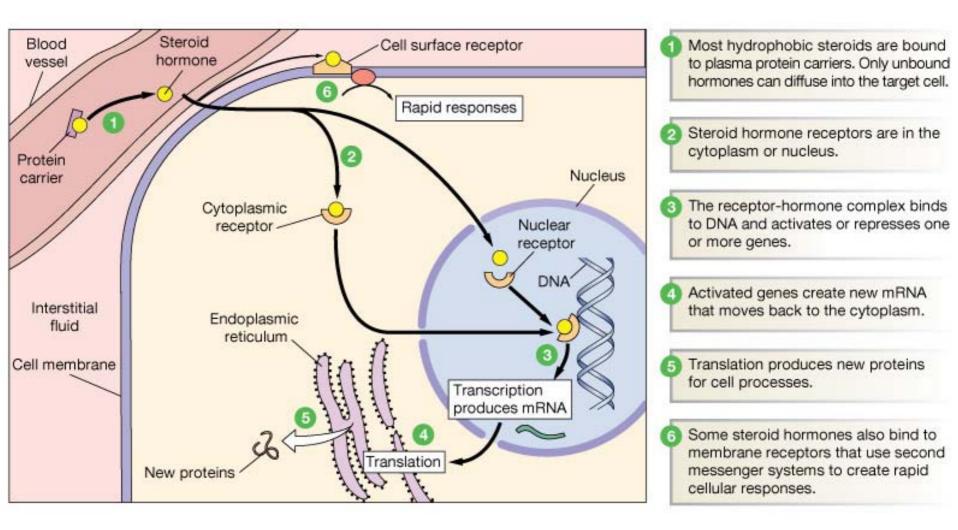
- Side-chain cleavage enzyme; desmolase (P450scc)
- 3 β-hydroxysteroid dehydrogenase (3 β HSD)
- <u>17 α-hydroxy</u>lase/17,20 lyase (P450 c17):
  Adrenarche
  - \* not present in glumerulosa cells
- 21-hydroxylase (P450c21)
- 11 beta-hydroxylase (P450c11)
- Aldosterone synthase



#### **Genetic Defects in Adrenal Steroidogenesis**

- Congenital adrenal hyperplasia cortisol  $ACTH^{1} \longrightarrow Adrenal hyperplasia$
- 21-hydroxylase (P450c21) deficiency: cortisol, corticosterone, and aldosterone deficiency
   \*ACTH ↑ → Adrenal hypertrophy and high amounts of androgen
  - \* Virilization of female (masculanization)

## **Steroid Hormones: Action**



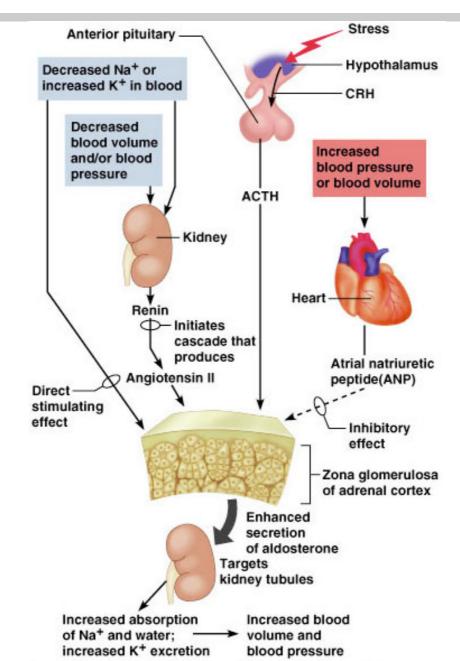
- Synthesized in zona glomerulosa
- Regulate the electrolyte concentrations of extracellular fluids
- Aldosterone most important mineralocorticoid
  - Maintains Na<sup>+</sup> balance by reducing excretion of sodium from the body
  - Stimulates reabsorption of Na<sup>+</sup> by the kidneys and K+ excretion

- Aldosterone secretion is stimulated by:
  - Decreasing blood volume or pressure (reninangeotensin system) is the major stimulant
  - Low blood Na<sup>+</sup>
  - Rising blood levels of K<sup>+</sup>
  - ACTH

## **The Four Mechanisms of Aldosterone Secretion**

- Renin-angiotensin mechanism kidneys release renin, which is converted into **angiotensin II** that in turn stimulates aldosterone release
- Plasma concentration of sodium and potassium directly influences the zona glomerulosa cells
- ACTH causes small increases of aldosterone during stress
- Atrial natriuretic peptide (ANP) inhibits activity of the zona glomerulosa

#### **The Four Mechanisms of Aldosterone Secretion**



Stimulates sodium reabsorption by distal tubule and collecting duct of the nephron and promotes potassium and hydrogen ion excretion

- Increases transcription of Na/K pump
- Increases the expression of apical Na channels and an Na/K/Cl cotransporter

• Expands ECF volume

• Complete failure to secrete aldosterone leads to death (dehydration, low blood volume).

• Hyperalsdosterone states: Contribute to hypertension associated with increased blood volume.

## **Overproduction of aldosterone**

- primary causes, ie. Conn's syndrome
  - adenoma, nodular hyperplasia of zona glomerulosa
- secondary
  - cirrhosis, ascites, nephrotic syndrome
- symptoms, signs
  - headache, hypokalemia causing muscle weakness, hypernatremia, hypervolemia, nocturnal polyuria, hand cramping

#### **Overproduction of aldosterone**

- treatment
  - surgical for adenoma
  - medical for hyperplasia with Spironolactone