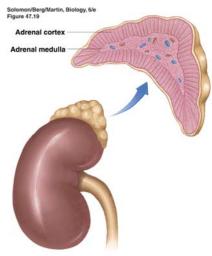


Endocrine Physiology

The Adrenal Gland 1





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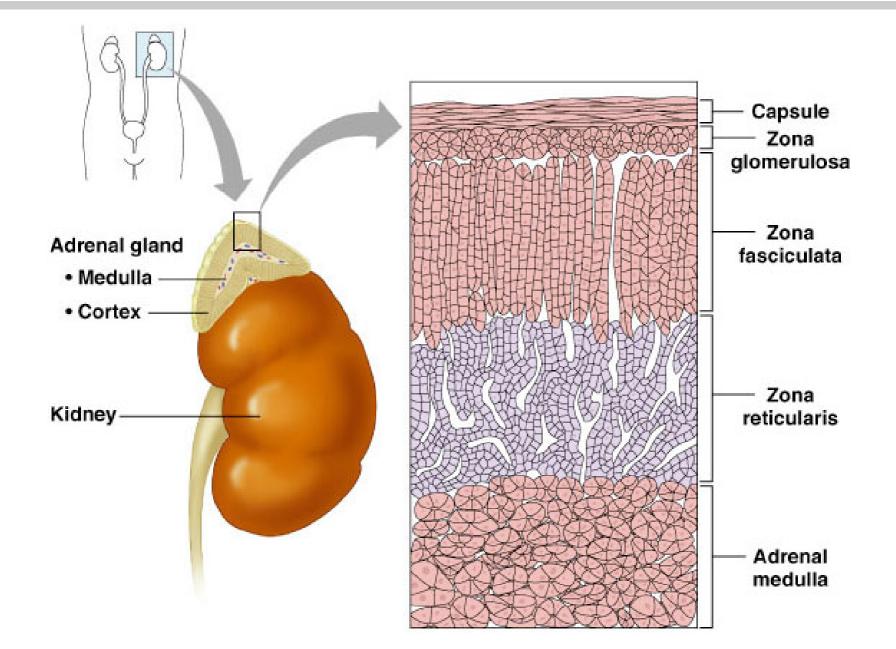
Adrenal (Suprarenal) Glands

- 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

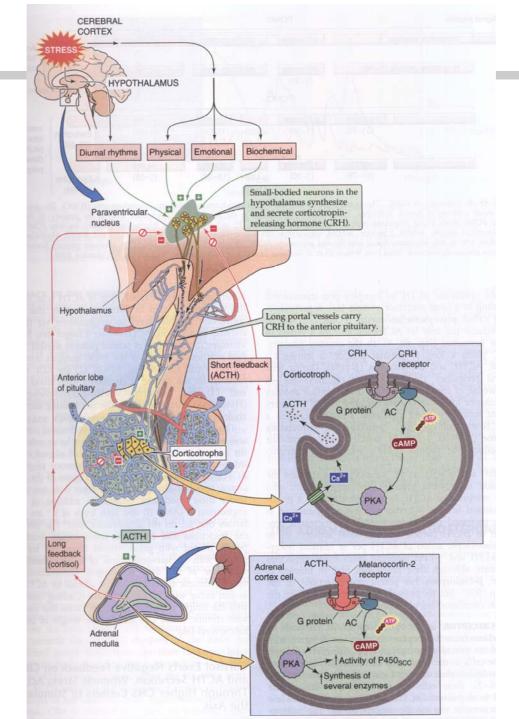
Adrenal Cortex

- 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)

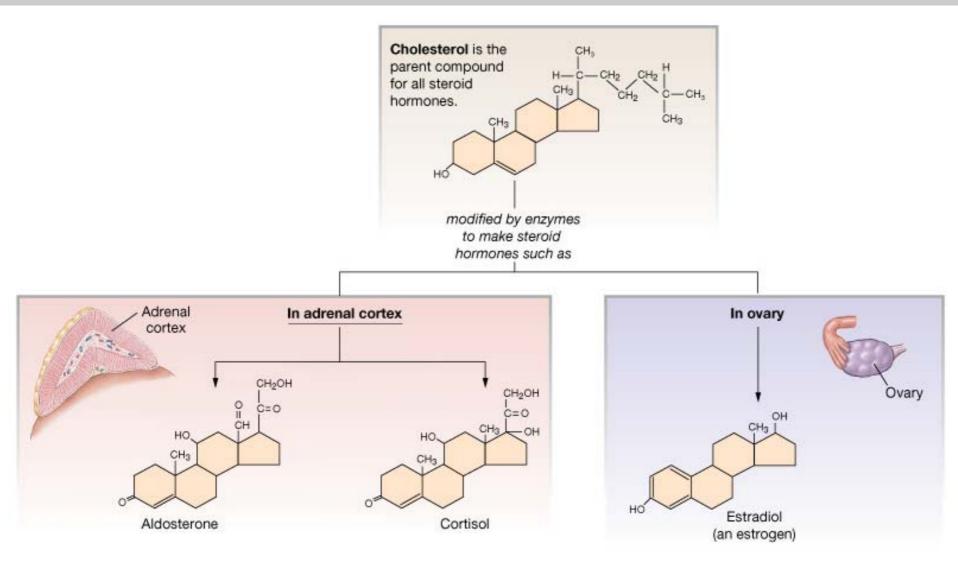
Adrenal Cortex



HPA Axis



Steroid Hormones: Structure



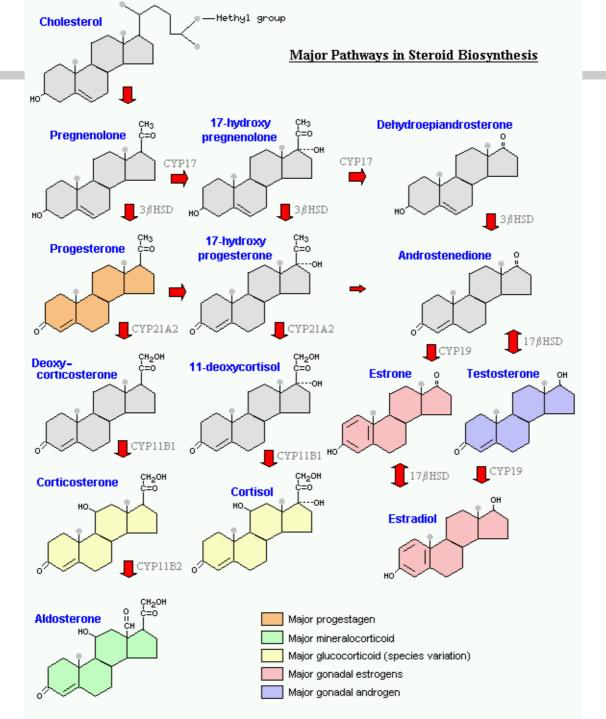
- Steroids are derivatives of cholesterol
- Cholesterol is from the lipid droplets in cortical cells (cholesterol esters in LDL)
- Removed cholesterol is replenished by cholesterol in LDL in blood or synthesized from acetate

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

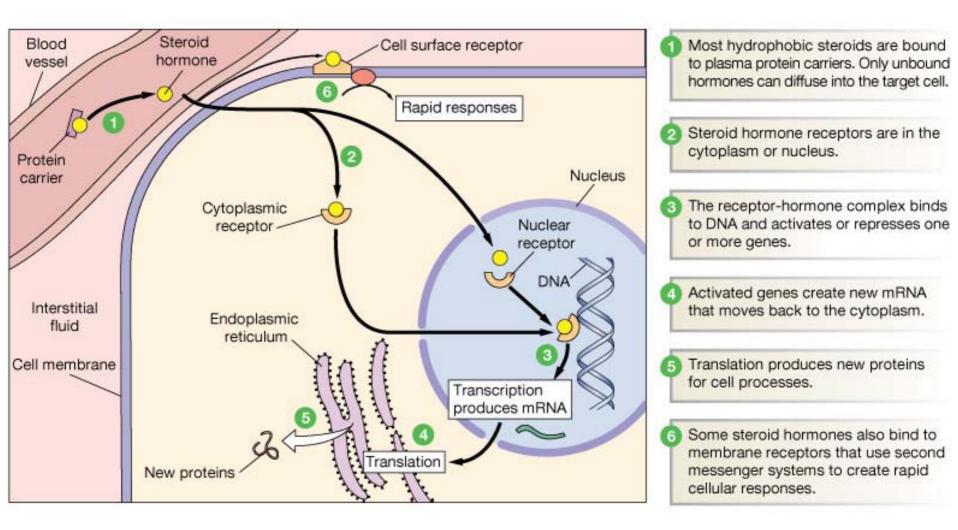
- Side-chain cleavage enzyme; desmolase (P450scc)
- 3 β-hydroxysteroid dehydrogenase (3 β HSD)
- <u>17 α-hydroxy</u>lase/17,20 lyase (P450 c17):
 Adrenarche
 - * not present in glumerulosa cells
- 21-hydroxylase (P450c21)
- 11 beta-hydroxylase (P450c11)
- Aldosterone synthase



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



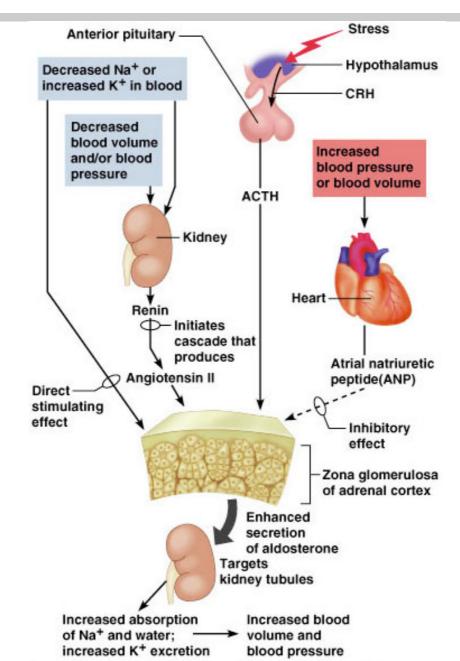
- Synthesized in zona glomerulosa
- Regulate the electrolyte concentrations of extracellular fluids
- Aldosterone most important mineralocorticoid
 - Maintains Na⁺ balance by reducing excretion of sodium from the body
 - Stimulates reabsorption of Na⁺ by the kidneys and K+ excretion

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