

**Prof. Ahmed Fathalla Ibrahim** 

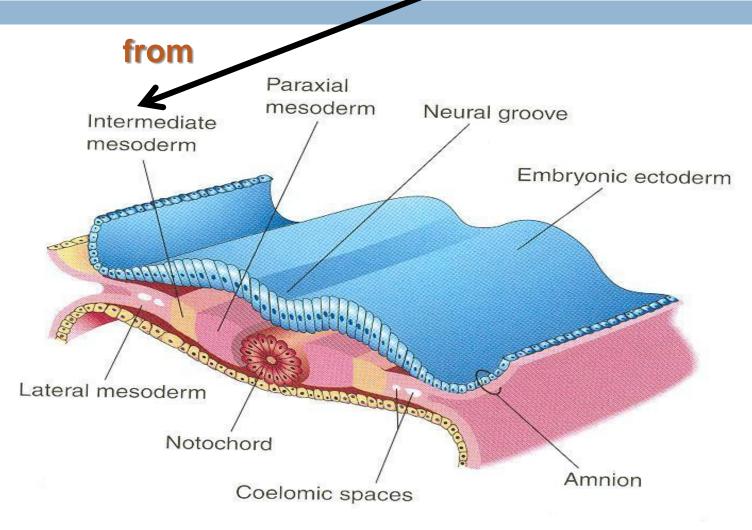
### **OBJECTIVES**

At the end of the lecture, students should be able to:

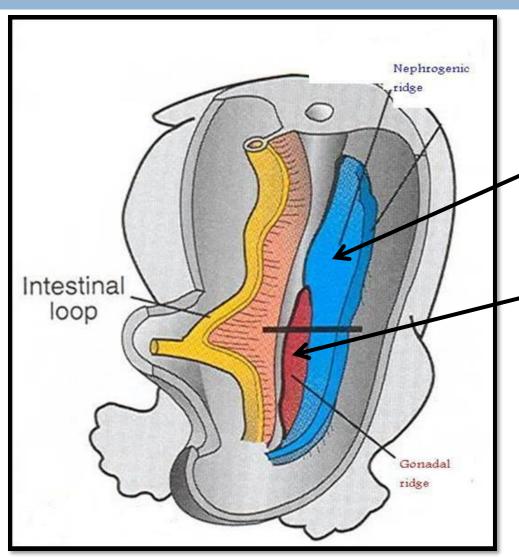
- Identify the embryological origin of kidneys & ureters.
- Differentiate between the 3 systems of kidneys during development.
- Describe the development of collecting & excretory parts of permanent kidney.
- Describe the fetal kidney & identify the pre- and postnatal changes that occur in the kidney.
- Enumerate the most common anomalies of kidneys & ureters.

# **KIDNEYS & URETERS**

### **EMBRYOLOGICAL ORIGIN**



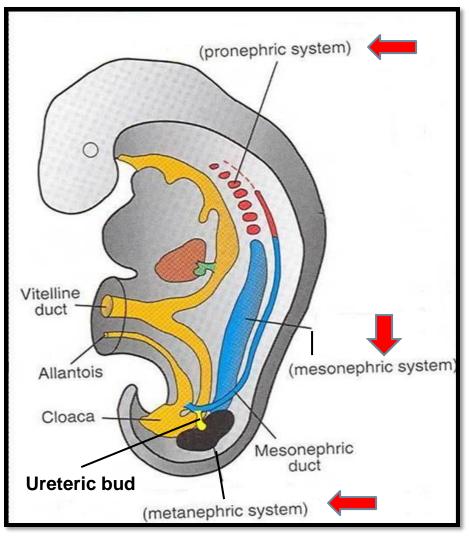
# INTERMEDIATE MESODERM



### **Divides into:**

- 1. Nephrogenic ridge (cord): forms kidneys & ureters
- 2. Gonadal ridge: formsgonads (testes or ovaries)

## **DEVELOPMENT OF KIDNEYS**



### Three systems of kidneys develop:

### 1. Pronephric system:

- appears at beginning of 4<sup>th</sup> week
   in cervical region
- analogous to kidney of fish
- formed of tubules & a duct
- not function in human
- disappears

### 2. Mesonephric system:

- <u>appears at end of 4<sup>th</sup> week</u> in **thoracic & abdominal regions**
- analogous to kidney of amphibians
- formed of tubules & a duct
- function temporarily
- In male: forms genital duct
- In both sexes: forms ureteric bud

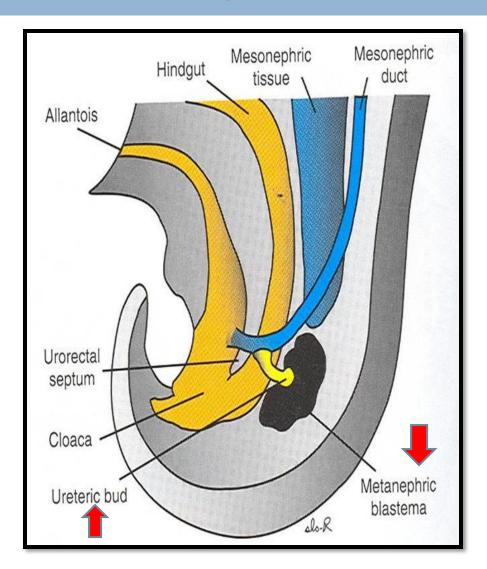
### 3. Metanephric system:

- <u>appears at 5<sup>th</sup> week</u> in pelvis
- starts to function at 9th week

# **METANEPHROS**

# (PERMANENT KIDNEY)

- -Formed of 2 origins:
- 1) Ureteric bud (derived from mesonephric duct): gives collecting part of kidney
- Metanephric blastema (mass): gives excretory part of kidney



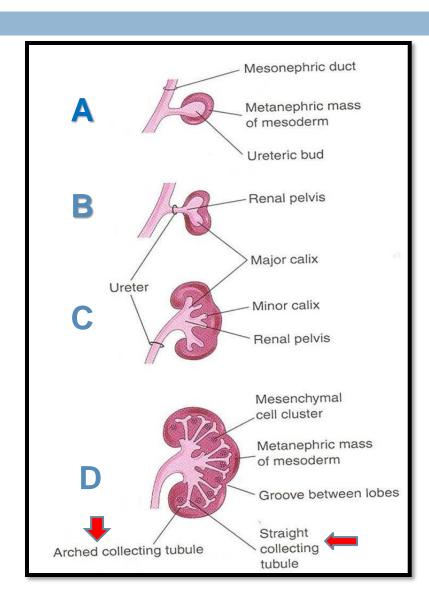
# **COLLECTING PART**

A- Ureteric bud elongates & penetrates metanephric mass.

B- Stalk of ureteric bud forms ureter & cranial end forms renal pelvis.

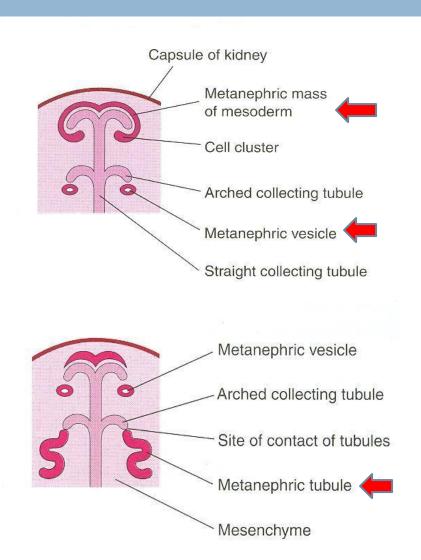
C- Branching of renal pelvis gives 3 major calices. Branching of major calyces gives minor calyces.

D- Continuous branching gives straight then arched collecting tubules



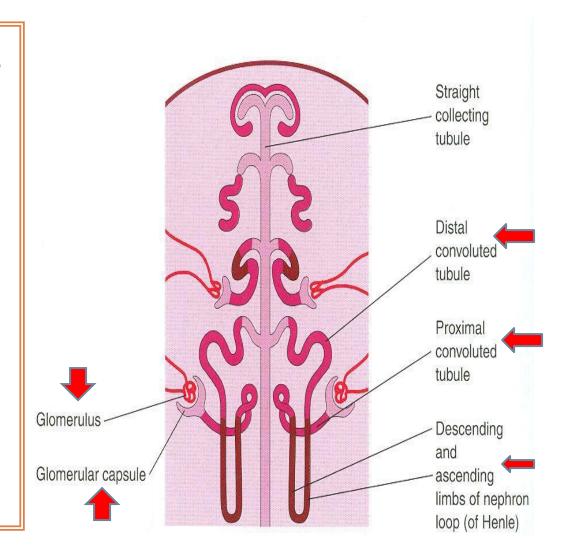
# **EXCRETORY PART**

- Each arched collecting tubule is surrounded by a cap of metanephric mass.
- The metanephric cap forms the metanephric vesicle.
- -The metanephric vesicle elongates to form an S-shaped metanephric tubule.



## **EXCRETORY PART**

- The end of each tubule forms glomerular (Bowman's) capsule.
- Each glomerular capsule is invaginated by capillaries (glomerulus).
- The tubule lengthens to form: proximal & distal convoluted tubules + loop of Henle

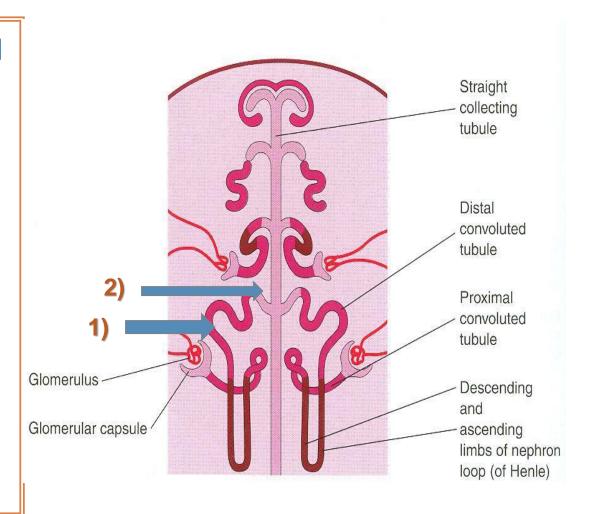


# THE NEPHRON FUNCTIONAL UNIT OF KIDNEY

# The **nephron** is formed by fusion of:

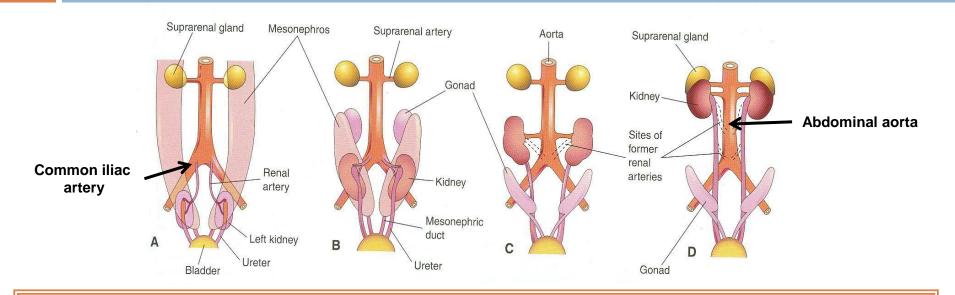
- formed of metanephric mass (cap).
- 2) Arched collecting tubule formed of ureteric bud.

At full term, each kidney contains: 800000 – 1000000 nephrons.



## **CHANGES DURING DEVELOPMENT**

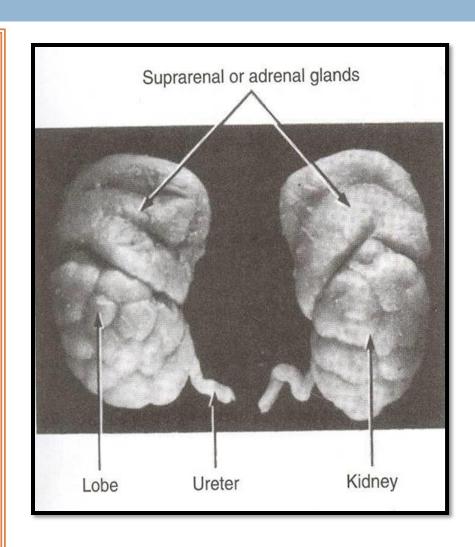
(BY 9<sup>TH</sup> WEEK)



- -Change in position: The kidney ascends from pelvis to abdomen & attains its adult position, caudal to suprarenal gland.
- •Change in blood supply: As the kidney ascends, its blood supply changes from renal branches of common iliac arteries into renal branches of abdominal aorta.
- -Rotation: Initially, hilum (site of entry & exit of vessels & nerves) is ventral then rotates medially about 90° & becomes medial.

# THE FETAL KIDNEY

- •Glomerular filatration begins at 9<sup>th</sup> week.
- •At 9<sup>th</sup> week, kidney attains its adult position & receives its supply from renal artery, its hilum is rotated medially.
- Kidney is subdivided into lobes that are visible externally. Lobulation diminishes at the end of fetal period.
- Nephron formation is complete at birth.

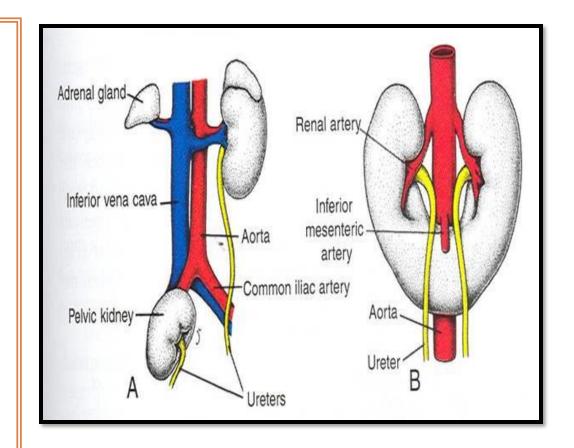


## **CHANGES AFTER BIRTH**

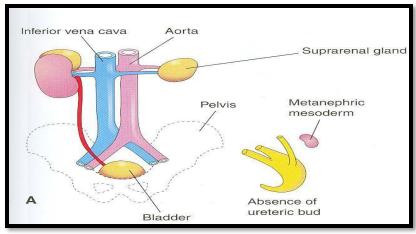
- Increase in size: due to elongation of tubules and increase in connective tissue between tubules (not due to increase in number of nephrons)
- 2) Disappearance of kidney lobulation

# **ANOMALIES**

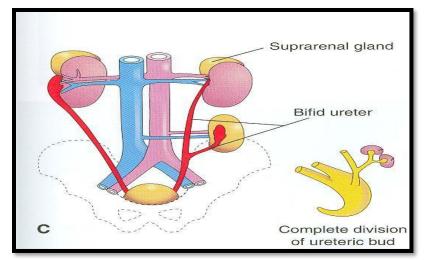
- A. Pelvic kidney:
  failure of ascent of
  one kidney (ureter
  is short)
- the poles of both kidneys (usually the lower poles) fuse: the kidneys have a lower position than normal but have normal function

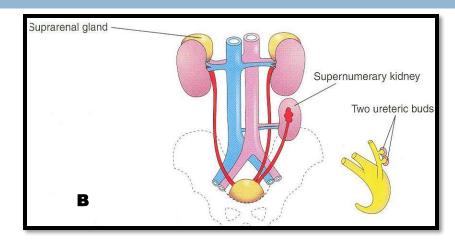


# **ANOMALIES**



A- Unilateral renal agenesis: due to absence of one ureteric bud





B- Supernumerary kidney: due to development of 2 ureteric buds

C- Right side: malrotation of kidney Left side: bifid ureter & supernumerary kidney

# **SUMMARY - 1**

- Kidneys & ureters originates from nephrogenic ridge (cord) of intermediate mesoderm.
- During development, 3 systems appear:
  - 1) Pronephric: in cervical region, not function.
  - 2) Mesonephric: in thorax & abdomen, function temporarily, mesonephric duct gives ureteric bud.
  - 3) Metanephric: in pelvis, permanent kidney.

# **SUMMARY - 2**

- Ureteric bud gives: ureter + collecting part of kidney (calyces, straight & arched collecting tubules).
- Metanephric mass gives: excretory part of kidney (Bowman capsule, proximal & distal convoluted tubules, loop of Henle).
- By 9<sup>th</sup> week:
- 1) Glomerular filtration begins.
- 2) Kidney attains its adult position.
- 3) Kidney receives its arterial supply from aorta.
- 4) Kidney completes rotation.

# **SUMMARY - 3**

### At full term:

- Nephron formation is complete.
- 2) Lobulation of kidney diminishes.
- After birth:
- 1) Lobulation of kidney disappears.
- 2) Kidney increases in size due to elongation of existing tubules not due to increase in number of nephrons.



## **QUESTION 1**

- Which one of the following events happens by 9<sup>th</sup> week?
- Nephron formation is complete
- 2) Disappearance of kidney lobulation
- 3) Kidney attains its adult position —
- 4) Metanephric system appears

# **QUESTION 2**

- Which one of the following structures is a derivative of the ureteric bud?
- Major calyces —



- **Loop of Henle**
- **Glomerulus**
- Proximal convoluted tubule

