

AG		
	CORTEX	MEDULLA
Origin	Mesoderm	Ectoderm
Develops from	Celomic epithelium (mesothelium) of P abdominal wall	Neural crest (symp. ganglion)
Starter	6 <sup>th</sup> week	
MOA	By agg of mesenchymal cells btw <u>P mesentery</u> & <u>gonads</u>	By forming a mass M. to fetal cortex
Permanent changes	A second wave of mesenchymal cells arise from the mesothelium, and agg around fetal cortex (encloses it)	
Permanent changes seen by	-zona glomerulosa (Latest fetal period) -zona fasciculata (at birth) -zona reticularis (at 3 yo)	

Clinical notes regarding AG	
Adv	-the separation of AG from the kidney by the fat fascia makes it easier to excise.
size	-Is 20 times larger once born (cuz of cortex massiveness, the medulla is almost the same size forever) -significantly reduced in size within <u>3 weeks</u> of birth, and almost normal by the end of the first year
Risk	-due to the large size of cortex, its highly susceptible to insult, and can lead to serious hemorrhage
Path	<b>Cong. AG hyperplasia</b> -hyperplasia (more cells), leading to excessive blood androgens -effects start while in embryo (fetal period) -females: causes <u>musculization of external genitals</u> & <u>enlarged clitoris</u> (the upper end of the vagina-mimics a penis) -males: undetectable till birth -childhood: (of both sexes), causes rapid growth of the whole body, specially skeletal muscles (effect of excessive androgen)