DEVELOPMENT OF MALE GENITAL SYSTEM

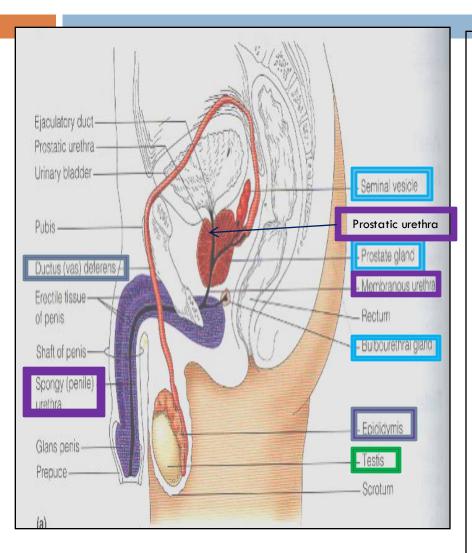
Prof. Ahmed Fathalla
Dr.Sanaa Alshaarawy

OBJECTIVES

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

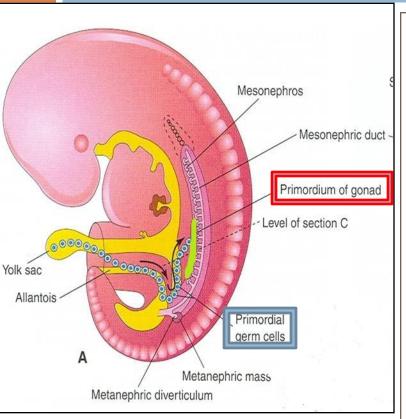
- List the <u>causes of differentiation</u> of genitalia into the <u>male type</u>.
- Describe the <u>origin of each part of the male</u> <u>internal & external genitalia.</u>
- List the <u>causes</u> & describe the <u>events</u> of <u>descent of testis</u>.
- List the <u>common anomalies</u> of male genital system & describe the <u>causes</u> of each of them.

MALE GENITAL SYSTEM



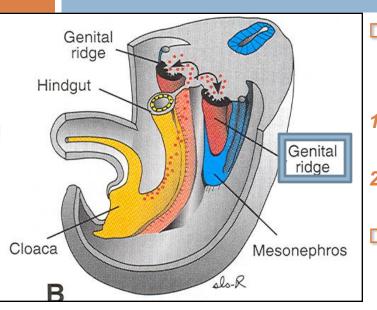
- □ Gonad :
- □ Testis.
- □ Genital Ducts:
- Epididymis.
- □ Vas deferens.
- □ Urethra.
- □ Genital Glands:
- □ Seminale vesicle.
- □ Prostate.
- Bulbourethral Glands.

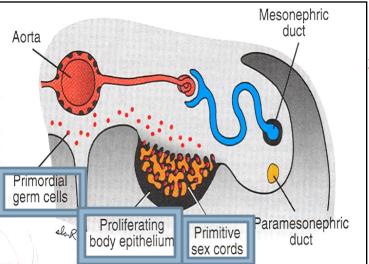
DEVELOPMENT OF GONADS



- During 5th week: gonadal development occurs.
- Until 7th week: gonads are similar in both sexes
 - Gonads are <u>derived from</u> 3 sources:
- 1. Mesothelium (epithelium lining the coelomic cavity)
- 2. Underlying mesenchyme
- 3. Primordial germ cells

INDIFFERENT GONADS





Gonadal ridge: a bulge on the medial side of mesonephros produced by:

Proliferation of mesothelium (cortex)

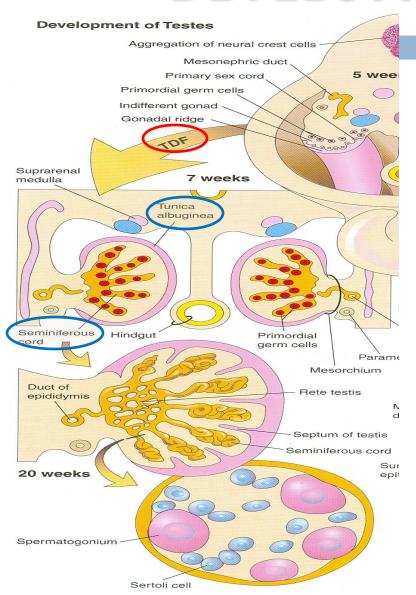
Proliferation of mesenchyme (medulla)

Gonadal (primary sex) cords:

The proliferating mesothelial cells fuse and penetrate the underlying mesenchyme to form primitive gonadal cords.

Primordial germ cells: endodermal cells of the yolk sac migrate along dorsal mesentery of hindgut to gonadal ridges & become incorporated into gonadal cords.

DEVELOPMENT OF TESTIS



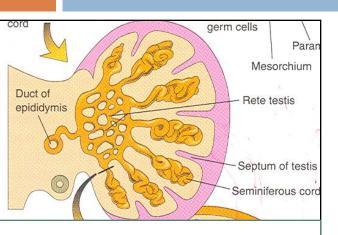
The Y chromosome has a testisdetermining factor (TDF) that differentiates gonad into testis.

At 7th week:

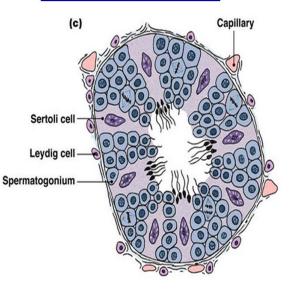
- Regression of cortex & differentiation of medulla into testis... How ?
- Gonadal cords condense & extend into medulla (Medullary cords) to form Seminiferous cords.
- The characteristic feature is the development of a thick fibrous capsule (tunica albuginea) that separates the enlarging testis from mesonephros.

Section of seminiferous tubule

DEVELOPMENT OF TESTIS



The Seminiferous Tubule



- Seminiferous cords develop into: Semineferous tubules
- Semineferous tubules <u>remain</u> <u>solid</u> <u>until</u> <u>puberty</u>. Its walls are <u>composed of:</u>
- 1. Sertoli cells: derived from surface epithelium of testis (mesothelial cells)
- 2. Spermatogonia: derived from primordial germ cells
- By eighth week, <u>mesenchyme</u> surrounding semineferous cords gives rise to interstitial cells (of Leydig) secreting testosterone.

DEVELOPMENT OF MALE GENITAL DUCTS

Leydig's cells



Testosterone (8th week)



- 1) Masculine differentiation of mesonephric duct:

 epididymis,

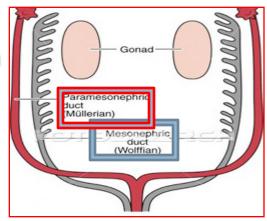
 vas deferens, seminal glands,
 ejaculatory duct.
- 2) Masculine differentiation of external genitalia

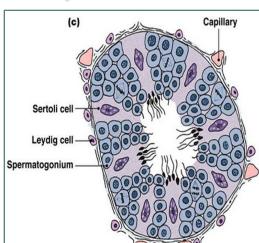
Sertoli cells

secretes

Müllerian inhibiting substance (Anti-Müllerian hormone) (7th week)

Suppression of development of paramesonephric (Müllerian) duct

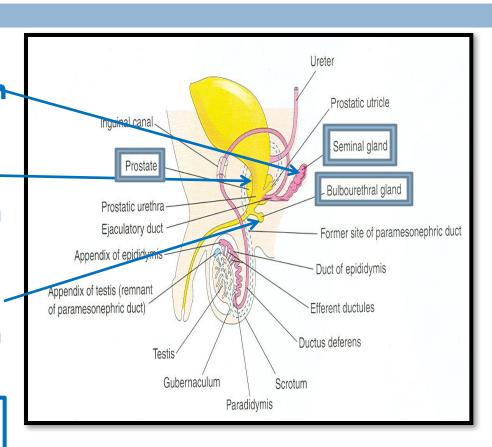




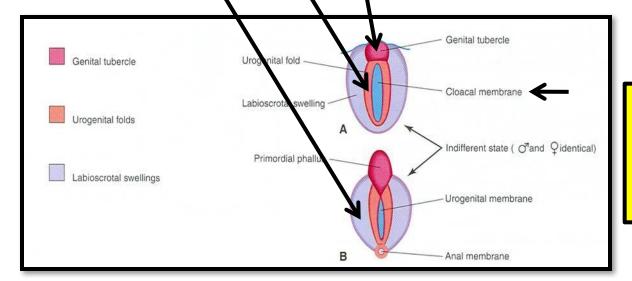
DEVELOPMENT OF MALE GENITAL GLANDS

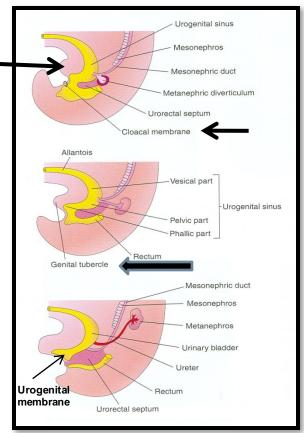
- SEMINAL GLAND: <u>mesodermal</u> outgrowth from mesonephric duct.
- 2. PROSTATE GLAND: endodermal outgrowth from prostatic urethra.
- 3. BULBOURETHRAL GLAND: endodermal outgrowth from spongy urethra.

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



□Genital tubercle: produced from mesenchyme at the cranial end of cloacal membrane. It elongates to form a primordial phallus □Urogenital folds: develop on each side of cloacal membrane □Labioscrotal swellings: develop on each side of urogenital folds

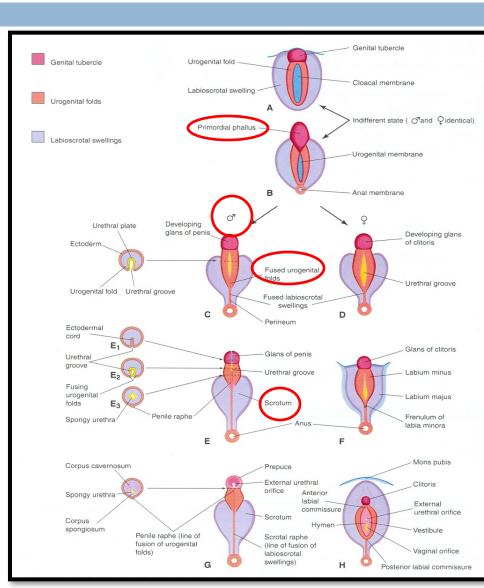




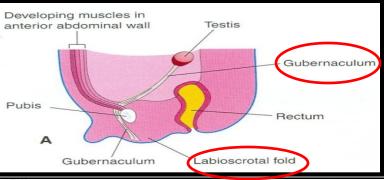
OF
EXTERNAL GENITALIA
(from 4th to 7th week)

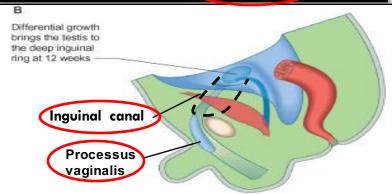
DEVELOPMENT OF MALE EXTERNAL GENITALIA (stimulated by testosterone)

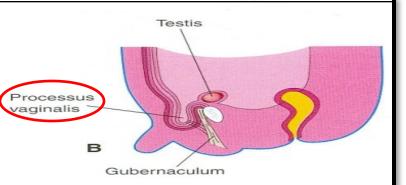
- Begins at 9th week
- Complete differentiation at 12th week:
- The phallus enlarges to form the penis
- 2. The urogenital folds fuse to form the spongy (penile) urethra
- 3. The labioscrotal folds (swellings) fuse to form the scrotum



DESCENT OF TESTIS



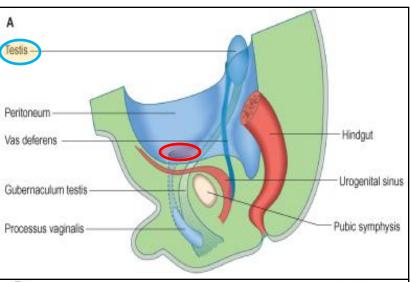


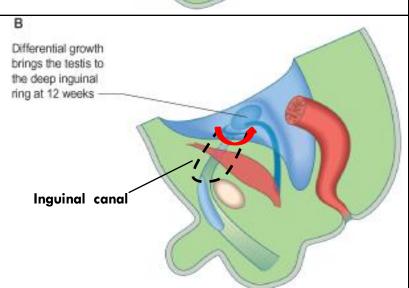


- Gubernaculum:

 a mesenchymal band
 extending from inferior pole
 of gonad to labioscrotal fold.
- Inguinal canal: a pathway formed by gubernaculum through layers of anterior abdominal wall.
- Processus vaginalis: a peritoneal fold passing through inguinal canal before testis, to facilitate its descent.

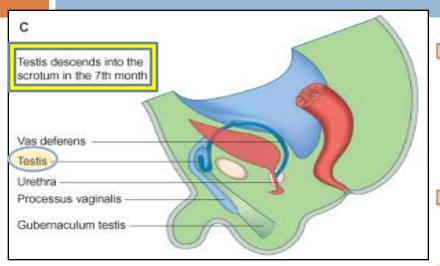
INTERNAL DESCENT OF TESTIS

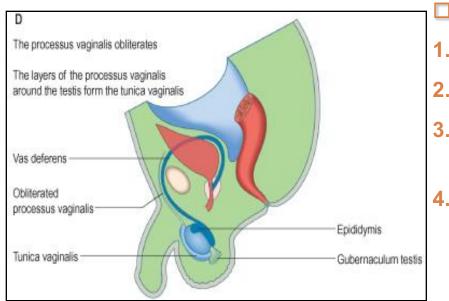




- Definition: Descent of testis from posterior abdominal wall to deep inguinal ring.
- □ Time: During 12th week
- Cause: a relative movement resulting from elongation of cranial part of abdomen away from its caudal part (future pelvic cavity).

EXTERNAL DESCENT OF TESTIS





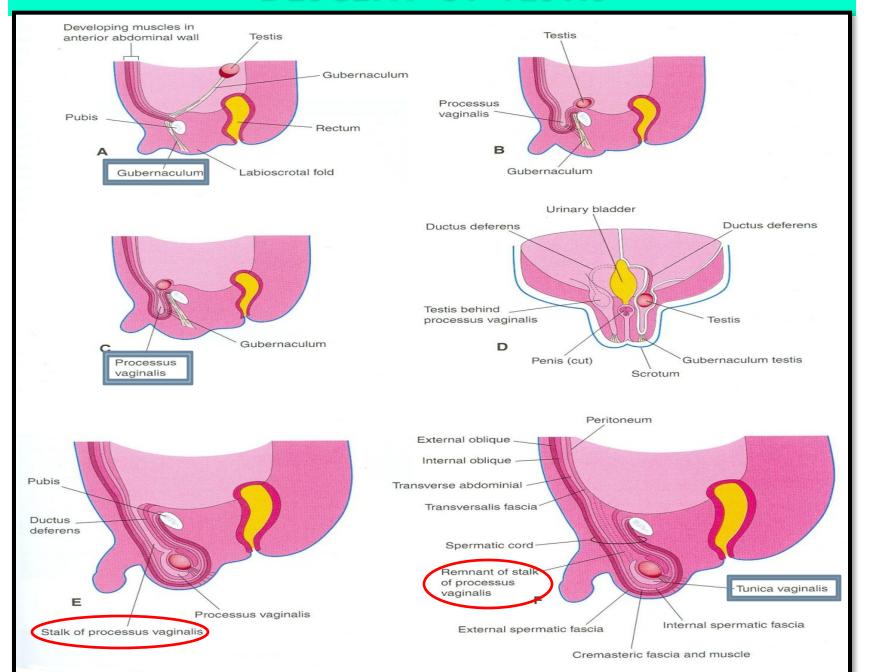
Definition: Descent of testis from deep inguinal ring, through inguinal canal, to scrotum

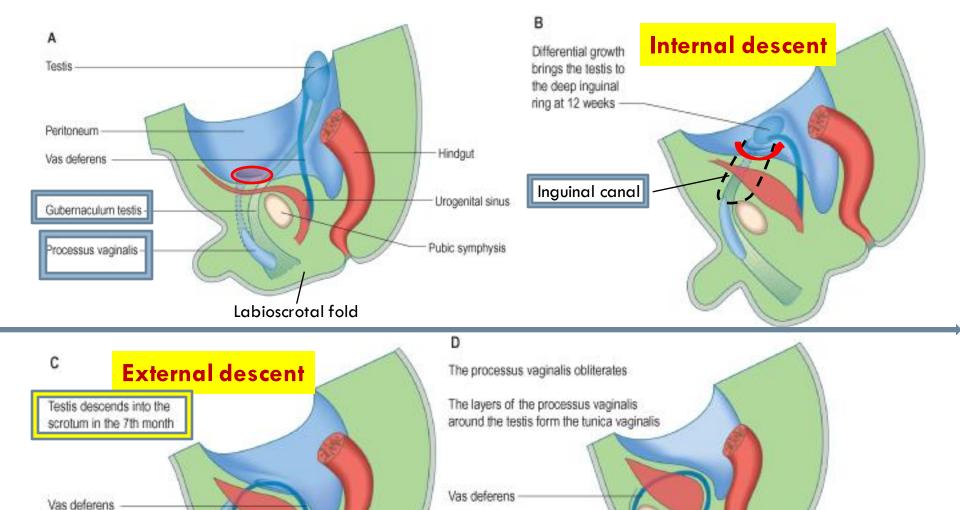
Time: Begins in 7th month and takes 2 to 3 days

Causes:

- Controlled by androgens.
- Guided by gubernaculum.
- Facilitated by processus vaginalis.
 - Helped by increased intra-abdominal pressure resulting from growth of abdominal viscera.

DESCENT OF TESTIS





Obliterated

processus vaginalis-

Tunica vaginalis

Epididymis

Scrotum

Gubernaculum testis

Testis

Urethra

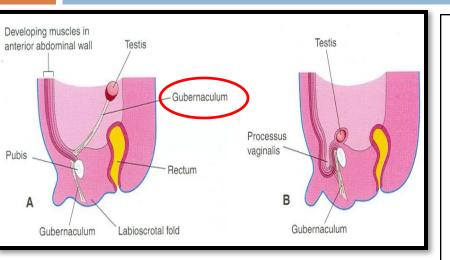
Processus vaginalis -

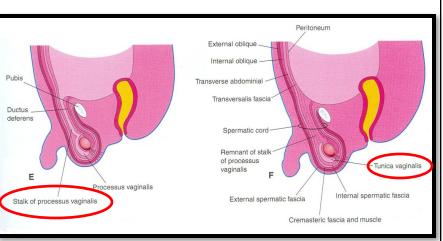
Gubernaculum testis

EXTERNAL DESCENT OF TESTIS

- More than 97% of full-term
 new born males have both testes
 in scrotum.
- 2. <u>During first 3 months</u> <u>after birth</u>, most undescended testes <u>descend into scrotum</u>.
- 3. No spontaneous descent occurs after the age of 1 year.

EXTERNAL DESCENT OF TESTIS



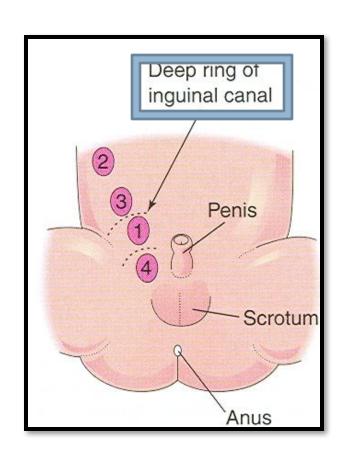


Complete descent of testis is associated by:

- Degeneration of gubernaculum.
- Obliteration of stalk of processus vaginalis.
- Persistence of part of processus vaginalis surrounding the testis in the scrotum to form "tunica vaginalis"

CRYPTORCHIDISM (UNDESCENDED TESTIS)

- Incidence: is up to 30% of premature & 3-4% of <u>full term</u> males
- Cause: deficiency of androgens.
- Common sites: look to figure
- Complications:
- 1. Sterility, if bilateral.
- 2. Testicular cancer (20-44%).



CONGENITAL INGUINAL HERNIA

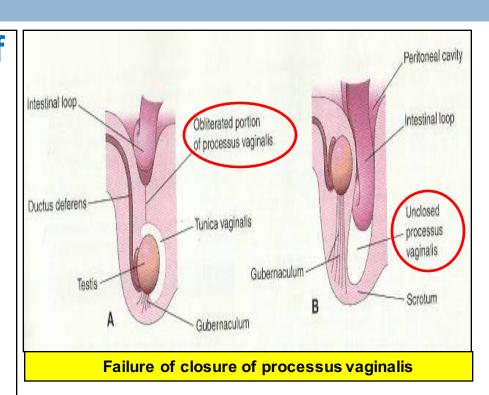
 Definition: Herniation of a loop of intestine through a nonobliterated processus vaginalis.

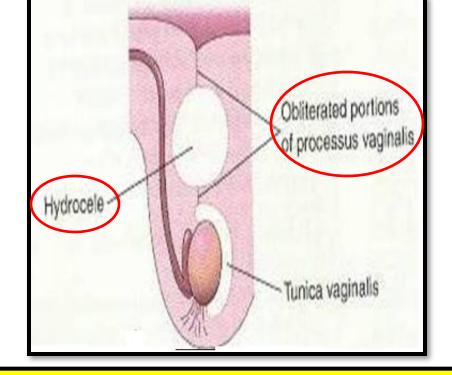
A: incomplete

B: complete (in

scrotum)

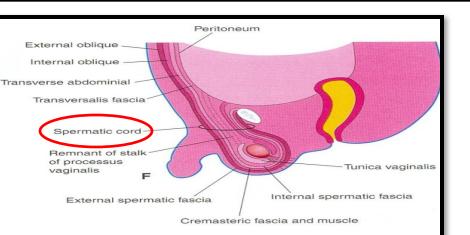
 Cause: The processus vaginalis does not obliterate & remains in open communication with the peritoneal cavity.

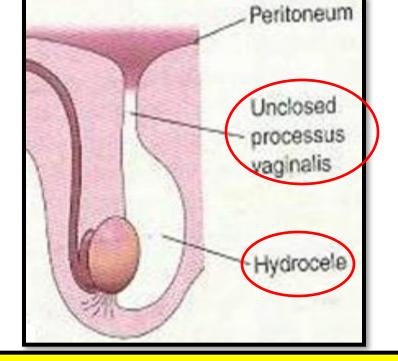




HYDROCELE OF SPERMATIC CORD

Accumulation of fluid in spermatic cord due to a non-obliterated portion of stalk of processus vaginalis





HYDROCELE OF TESTIS

Accumulation of fluid in tunica vaginalis (in scrotum) due to non-obliteration of the whole stalk of Processus vaginalis

THANK YOU