





Male reproductive system

Lecture (4)

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هذا العمل مبني بشكل أساسي على عمل دفعة ٤٣٦ مع المراجعة والتدقيق وإضافة الملاحظات ولا يغني عن المصدر الأساسي للمذاكرة

- Important
- Doctors Notes
- Notes/Extra explanation

{وَمَنْ يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ}

Objectives

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

- ✓ List the <u>different components</u> of the male reproductive system.
- ✓ Describe the anatomy of the **primary** and the **secondary sex organs** regarding: (**location**, **function**, **structure**, **blood supply** & **lymphatic drainage**).
- ✓ Describe the anatomy of the male external genital organs







Components of male reproductive system:

1. Primary Sex Organ:

Testis.

2. Reproductive Tract:

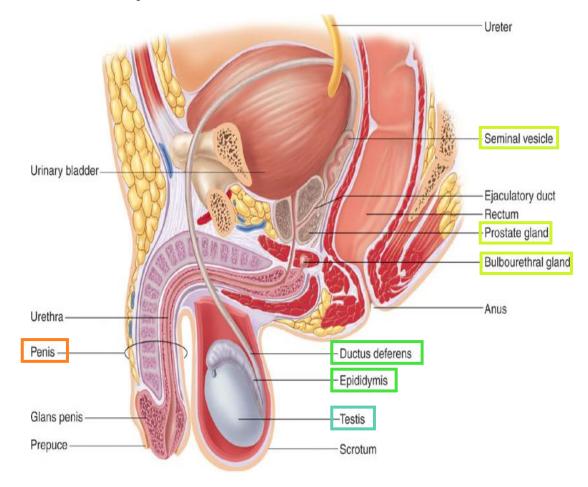
- Epididymis.
- Vas Deferens also called Ductus Deferens.
- Spermatic cord (vas deferens passes through it).
- Urethra

3. Accessory Sex Glands:

- Seminal vesicles.
- Prostate gland. biggest
- Bulbourethral glands (cowper's glands).

4. External Genitalia:

Penis



You should know that:

- Ejaculation is stimulated by the sympathetic
- Erection is stimulated by the parasympathetic branch of the sacral plexus

Scrotum

- An out pouching of loose skin & superficial fascia.
- The left scrotum is slightly lower than the right*.
- o **Function**:
 - Houses and protects the testis.
 - Regulates testicular temperature (no superficial fat) → so the heat loss is fast.
 - It has thin skin with sparse hairs and sweat glands.
 - The <u>Dartos muscle</u> (regulates temperature of sperms) lies within the **superficial** fascia and replaces Scarp's fascia of the anterior abdominal wall.

 External view of scrotum

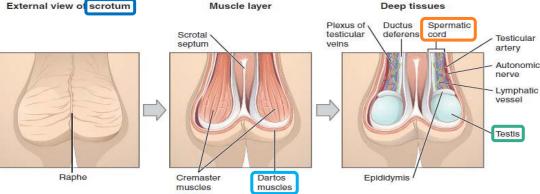
 Muscle layer

Testes

- o Testis or Testicle (singular), Testes (plural).
- Paired almond-shape gonads that suspended in the scrotum by the <u>spermatic cord</u>.
- Volume: about 20-25 ml / Length: 4 5 cm long / Weigh (10.5 14 g.).
- o **Function**: exocrine & endocrine
 - Spermatogenesis (primary sex organ).
 - Hormone production: (Androgens "testosterone").

*Two reasons why the left testis is lower than the right one:

- Because veins of left testicle drain into the left renal vein (which is small) and this will lead to engorgement, while veins of the right testicle drain into IVC (which is big) and this will make the drainage much easier.
- Sigmoid colon is located in the left side (it contains feces) and therefore this disturbs the venous drainage.



Contents of spermatic cord:

- Vas deferens
- Genital branch of genitofemoral nerve
- 3 arteries (testicular artery, cremasteric artery and artery of the vas)
- Vein (pampiniform plexus)
- Sympathetic fibers
- lymphatics
- Cremasteric muscle
- vestige of process vaginalis



Factors that allow the testes to descend:

- The upper half of the body grows faster than the lower half, which will help with the descending
- The growing viscera (liver, intestine) increases the abdominal pressure and helps with the descending
- Fibrous band connecting the skin of the scrotum and the lower pool of the testis (it shrinks, and the shrinkage pulls the testis downward (gubernaculum)
- tunica vaginalis

Covering	1. Tunica Vaginalis	Peri It su It al	toneal covering, formed of parietal and visceral layers. Irrounds testis & epididymis. lows free movement of testis within the scrotum.	2. Tunica albuginea:	It is a whitish fibrous capsule.		
Internal structure	-Each -Semin -They -They -In bet	-Fibrous septae extend from the capsule, dividing the testis into (200-300) lobules (average 250). -Each lobule contains, (1-3) seminiferous tubules. -Seminiferous tubules: (Each is a 60 cm coiled tubule). -They are the site of spermatogenesis. -They form the bulk of testicular tissue. -In between the seminiferous tubules lies the Interstitial cells of Leydig which secret Testosterone. -Rete testis: A network of tubules. It is the site of merging of the Seminiferous tubules.					
	Arter supp		Testicular artery (arises from the abdominal aorta at the level of L3)				
Aiddily	Venc drain		Pampiniform plexus of veins: About dozen veins which forms a network within the spermatic cord. They become larger as they approached the inguinal canal and converge (join) to form the Testicular vein: Right Vein drains into IVC Left Vein drains into left renal vein.				
	Lymph draina		Testicular Lymphatics: follow arteries and veins of the testis, End in <u>Lumbar (par aortic) nodes.</u> Scrotum, Penis and Prepuce الجلاه اللي يقطعونها في الختان Terminate in Superficial inguinal nodes.				

Epididymis

•		Head of epididymis	
Shape	It is a single coiled tubule (6 Meters long)	Vas deferens Seminiferous	
Location	superior and posterior margins of the testis	Body of epididymis	
Parts	 Head receives efferent ductules from the testis (rete testis) Body (It's posterior with respect to Testis) Tail is continuous with Vas Deferens 	Tall of epididymist my	
Functions	 Secretes and absorbs the nourishing fluid Recycles damaged spermatozoa Stores spermatozoa up to 2 weeks to allow for physiological maturation of sperms 		

Vas Deferens

Shape	It is a muscular tube (45 cm long)		
Function	Carries sperms from the epididymis to the pelvis (ejaculatory duct)		
Course	 Passes through the inguinal canal as one of the contents of the spermatic cord It crosses the lower end of the ureter Its terminal part is dilated to form the Ampulla of the vas deferens on the base of the urinary bladder. It joins the duct of the seminal vesicle to form ejaculatory duct which opens into the prostatic urethra. (the posterior aspect) 	left as defer	

Ejaculatory Duct

- Formed by the union of the lower end of the vas deferens and the duct of the seminal vesicle.
- Its length is about 2.5cm.
- The 2 ejaculatory ducts open into the prostatic urethra on both sides of the seminal colliculus.
- They <u>drain</u> the **seminal fluid** <u>into</u> the **prostatic urethra**.

Accessory Glands

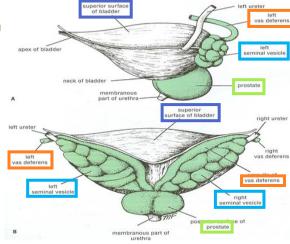
- Seminal vesicle | Bulbourethral or Cooper's glands | Prostate
- o Function:
 - Secretion of the seminal fluid.
 - Nourishing, activation & Protection of the sperms.

Remember: parts of male urethra

Prostatic → 3cm

Membranous → 1cm

Penile (spongy) → 16cm



	Seminal Vesicles	Bulbourethral or Cooper's glands
Shape	Paired elongated glands (SV).	Small paired glands
Location	 posterior & inferior to the urinary bladder Lies lateral to the vas deference 	At the base of the penis
Functions	Secrete (60% of seminal fluid)	Secrete alkaline mucus for Neutralization of urinary acids & Lubrication

Accessory Glands

	Prostate Gland			
Definition	The Large	The Largest male accessory gland, fibromuscular glandular tissue & walnut (عين الجمل) size		
	Base	(superior): Attached to neck of urinary bladder		
Shape CONICAL	Apex	(Inferior): rests on the Urogenital diaphragm		
CONTEXE	Surfaces	Anterior, posterior and 2 lateral (right & left)		
Location	Located a	at the neck of bladder Houses prostatic urethra		
Functions	 It secretes (20-30% of seminal fluid) remember Seminal Vesicles Secrete (60% of seminal to lit secretes enzymes (acid phosphatase) which has the following functions: Aid in activating sperm motility Mucus degradation Antibiotic Neutralize the acidity of urine & female reproductive tract (Alkaline fluid) 			
Capsule	 Internally → it has a dense fibrous capsule (prostatic capsule) Externally → surrounded by a fibrous prostatic sheath The later (sheath) is continuous with the puboprostatic part of the levator ani muscle, (levator prostate). In between the prostatic capsule and the prostatic facial sheath lies the prostatic venous plexus (goes to internal vertebral venous plexus, cancers of prostate may metastasize to vertebrae, spinal cord and brain) 			

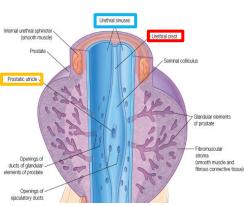
Accessory Glands

	Prostate Gland	
Relations	Anterior → Symphysis pubis Posterior → Rectum (important for per rectal examination) Superior → Neck of the bladder Inferior → Urogenital diaphragm Lateral → Medial margins of levator ani muscles (levator prostate)	
Lobes (related to urethra)	Anterior lobe without secretion (isthmus) → Lies anterior to the urethra (fibromuscular) Posterior lobe → Posterior to the urethra and inferior to the ejaculatory ducts Lateral lobes (2) → On each side of the urethra Middle (median) → Between the urethra and ejaculatory ducts & closely related to neck of urinary bladder. Usually it projects into lumen of the bladder it elevates fold of mucous membrane (uvulae vesicae) distorting the internal urethral sphincter, after the age of 40 years. *The median & the 2 lateral lobes are rich in glandular tissue.	
Urologists & Sonographers	 They <u>divide</u> the prostate into Peripheral and Central (Internal) zones. The Central zone is represented by the Middle lobe. Within each lobe are four lobules, which are defined by the ducts and connective tissue 	

Accessory Glands

	Prostate Gland			
	Arterial supply	Inferior vesical artery from Internal Iliac Artery		
SUPPLY	Venous plexus	 Lies between the prostatic fibrous capsule and the prostatic sheath. It drains into the internal iliac veins. It is continuous superiorly with the vesical venous plexus (VVS) of the urinary bladder and posteriorly to the internal vertebral venous plexus (IVVP). 		
	Lymphatic drainage	Internal iliac lymph nodes		
*	<u>Urethral crest</u>	longitudinal elevated ridge		
Urethra	Prostatic sinus (Urethral sinus)	 Groove on <u>each side</u> of the crest The <u>prostatic gland opens into</u> the <u>prostatic sinus</u> 		
Prostatic U	Prostatic utricle	 A depression on the summit of the urethral crest The ejaculatory ducts open on the sides of the utricle Seminal colliculus: rounded eminence that opens into the prostatic utricle 		

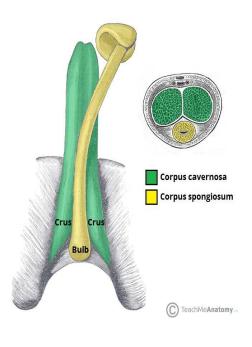
^{*}Structures seen on the **posterior wall** of the **prostatic urethra**



Penis

Copulatory		Has (3) cylindrical masses of erectile tissue • Two Corpora Cavernosa • One Corpus spongiosum
Excretory		Penile urethra transmits urine & seminal fluid
le tissue	<u>Corpora</u> <u>cavernosua</u>	 Two <u>superior</u> (right & left) masses of (Primary erectile tissue) They <u>Provide</u> the majority of rigidity & length of penis Their <u>posterior</u> expansions, forms the <u>2 Crurae</u> (anchor tissue) against pelvic bone
Erectile	Corpus spongiosum	 The single <u>inferior</u> mass (Secondary erectile tissue) It is <u>traversed by</u> the penile urethra Its <u>Anterior</u> expansion forms the <u>Glans</u> penis Its <u>posterior</u> expansion forms the <u>bulb of the penis</u>

(a) Circumcised penis



Body (shaft) of penis

External

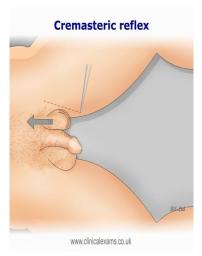


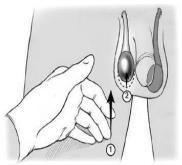
(b) Uncircumcised penis

Cremasteric reflex

Indication	Evaluation of testicular pain in case of (Testicular Torsion).		
Technique	Examiner strokes OR pinches the skin in the upper medial thigh. It causes contraction of the cremasteric muscle		
Observation	Rise of the Testicle on same side (normal)		
	NORMAL: It is present with Epididymitis .		
Interpretation	ABSENT: (no Testicle rise), Is Suggestive of TESTICULAR TORSION. (Also ABSENT in 50% of boys under age 30 months)		
Efficacy	Test Sensitivity for Testicular Torsion: 99% Assumes age over 30 months		
Nerve	Genitofemoral (G	FN), (L1,2)	
involved	Sensory: Femoral branch of (GFN) & Ilioinguinal	Motor: Genital branch of (GFN).	

^{*}Do not use this test under age of 30 months (as the muscle has not fully developed yet).



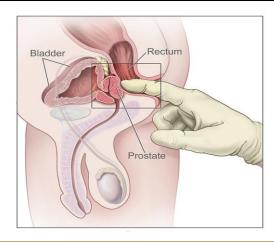


The reflex is elicited by (1) stroking the ipsilateral inner thigh with a tongue depressor or gloved hand, resulting in (2) the elevation of the testicle through contraction of the cremasteric muscle.



Hypertrophy of the Prostate

	Benign	Malignant (prostatic carcinoma)
Age	Common after middle age	common after the age of 55
Metastasis	Does not metastasize	 Lymphatic spread: metastasize <u>first to</u> internal iliac & sacral lymph nodes Venous spread: <u>Later to</u> distant nodes , bone & brain through (IVVP)
Relation to urethra	An enlarged prostate <u>projects into</u> the urinary bladder and distorts the prostatic urethra	It can cause obstruction to urine flow because of its close relationship to the prostatic urethra
Notes	The middle lobe often enlarges and obstructs the internal urethral orifice, this <u>leads to</u> Nocturia, Dysuria, Frequency and Urgency	The malignant prostate is felt hard & irregular in Per- rectal examination (PR)





1. The lymphatic drainage of the scrotum is?

- A- Superficial inguinal nodes
- B- Deep inguinal nodes
- C- Paraaortic nodes
- D- Testicular nodes

2. What is the male primary sex organ?

- A- Vas deference
- **B- Penis**
- C- Testes
- **D- Prostate**

3. Of the epididymis receives efferent ductules from the testis?

A- Head B- Body

D- Vas deferens C- Tail

4. Which of the following lies lateral to the vas deferens?

- A- Cowper's glands
- **B- Prostate**
- C- Seminal vesicle
- D- Rectum



5. Which of the following related anteriorly to the prostate gland?

- A- Neck of the bladder
- B- Symphysis pubis (sp).
- C- Urogenital diaphragm
- D- Rectum

6. The ejaculatory duct drained into which of the following?

- A- Prostatic utricle
- B- Prostatic cleft
- C- Prostatic sinus
- D- Urethral cleft

7. Testicular artery arises from?

- A- Ascending aorta
- B- Arch of aorta
- C- Abdominal aorta at the level of 13
- D- Abdominal aorta at the level of I5

8. Cremasteric reflex is used to diagnose?

- A- Testicular torsion
- **B- Seminoma**
- C- Prostatitis
- D- Benign prostatic hyperplasia





Good luck Special thank for team436 ♥

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