

Development of the gonads



Dr. Ahmed Salman

Associate professor of anatomy & embryology

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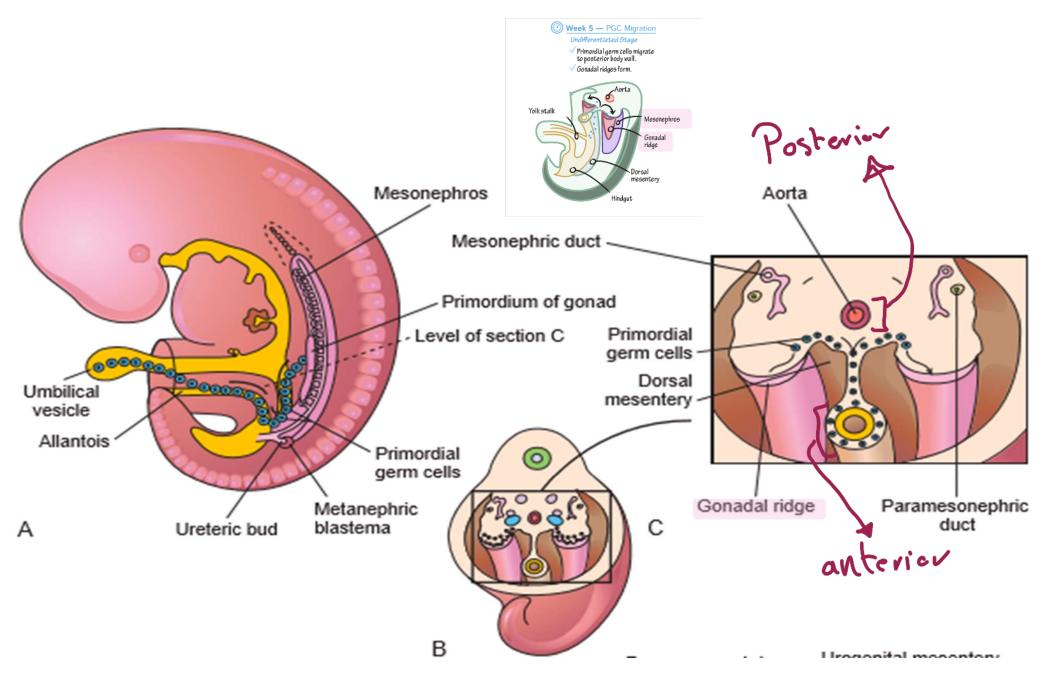
youtube.com

The gonads develop form **three** sources (the first two are mesodermal, the third one is endodermal).

- **1.Proliferating coelomic epithelium** on the medial side of the mesonephros.
- 2. Adjacent mesenchyme dorsal to the proliferating coelomic epithelium.
- **3. Primordial germ cells** (endodermal), which develop in the wall of the yolk sac and migrate along the dorsal mesentery to reach the developing gonad.

The indifferent stage of the developing gonads

- The coelomic epithelium (on either side of the aorta) proliferates and becomes multi layered and forms a longitudinal projection into the coelomic cavity called the **genital ridge**.
- The genital ridge forms a number of epithelial cords called the primary sex cords that invade the underlying mesenchyme, which separate the cords from each other.
- Up to the 6th or 7th week, the developing gonad cannot be differentiated into testis or ovary.

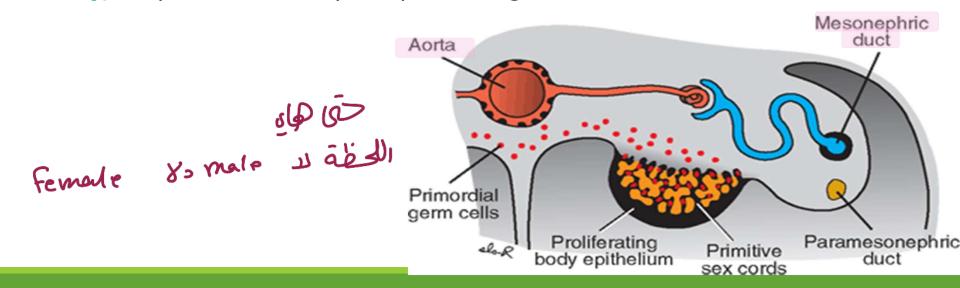


Development of the testis and its descent

Under the effect of the **testis determining factor (T.D.F)** present on the short arm of Y - chromosome, the undifferentiated gonad is switched to form a testis.

1. The coelomic epithelium.

- The primary sex cords elongate to form testis cords (future seminiferous tubules) which undergo **three** important events:
 - **Ventrally**, they lose contact with the surface epithelium by the developing tunica albuginae.
 - Dorsally, they communicate with each other to form rete testis.
 - Internally, they are invaded by the primitive germ cells.



The testis cords become lined by two types of cells:

A. Sertoli supporting cells (mesoderml) from the coelomic epithelium.

They synthesize **mullarian inhibitory factor (M.I.F),** which affects the development of the genital ducts.

B. Primitive germ cells (endodermal) from the wall of the yolk sac, they give rise to spermatogonia

2-The subjacent mesenchyme.

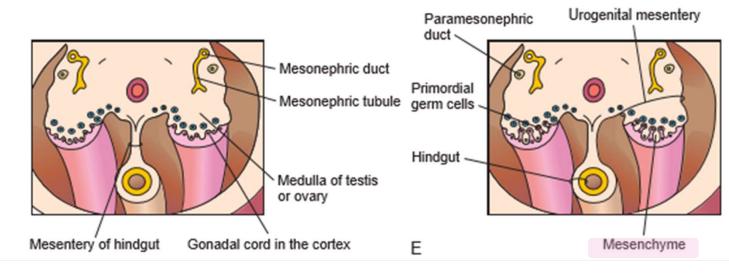
It forms tunica albuginae that surrounds the testis.

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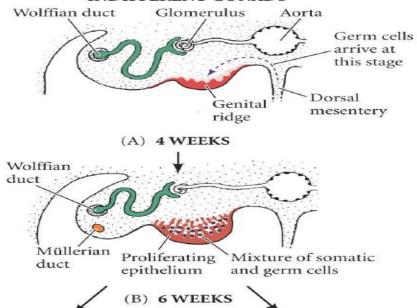
It forms the interstitial cells of Leydig, which secrete testosterone.

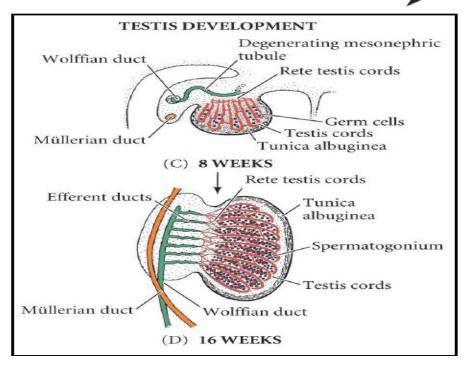
3. The primitive germ cells.

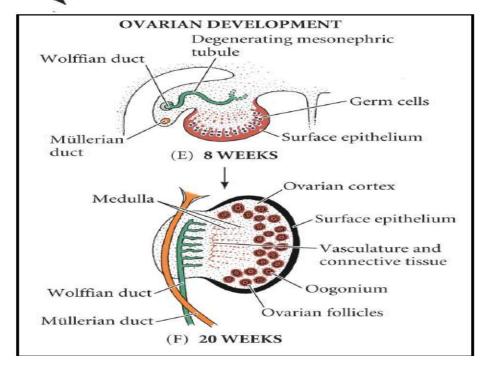
They reach the genital ridge and give rise to spermatogonia, which (at puberty) differentiate to form spermatozoa.



INDIFFERENT GONADS

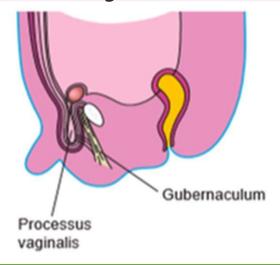


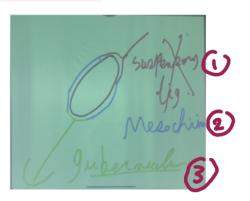


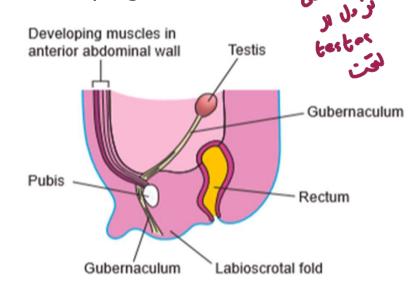


Descent of the testis:

- The testis develops in the posterior abdominal wall opposite the 2nd lumbar vertebra. Here, it receives its testicular artery from the abdominal aorta.
- The genital mesentery of the testis is divided into **three** parts:
- Its **cranial part** forms the **suspensory ligament of the testis**. It soon degenerates.
- Its **middle part** forms the **mesorchium**, which forms the site at which blood vessels, and lymphatics enter and leave the testis.
- Its **caudal part** is transformed into a fibromuscular structure called **gubernaculum** of the testis.
- It extends between the caudal end of the testis to the developing scrotum.
- It is aiding its descent into the scrotum.







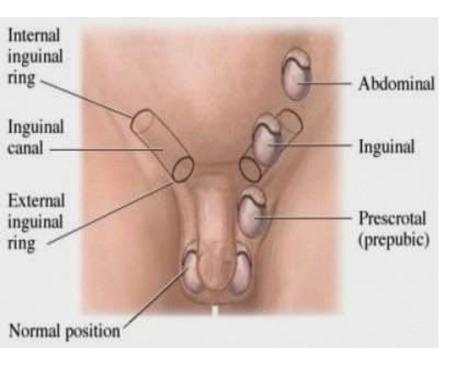
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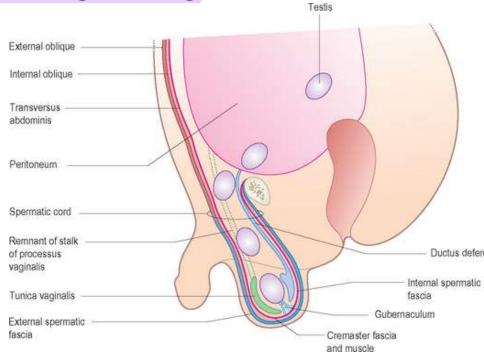
The testis undergoes **two** steps of descent:

1.Internal descent: occurs from the 4th to the 6th month of development. The testis descends into the iliac fossa close to the deep inguinal ring.

2.External descent: occurs from the 7th to the 9th month of development

- At 7th month, it traverses the deep inguinal ring.
- At 8th month, it traverses the inguinal canal.
- At 9th month, it begins to traverse the superficial inguinal ring.





ه بالامبرير العلم بن بكري به بن بهكر Before descent of the testis, a peritoneal diverticulum called *processus vaginalis* creates and traverses the inguinal canal down to the scrotum.

After descent of the testis the tunica vaginalis is divided into three parts:

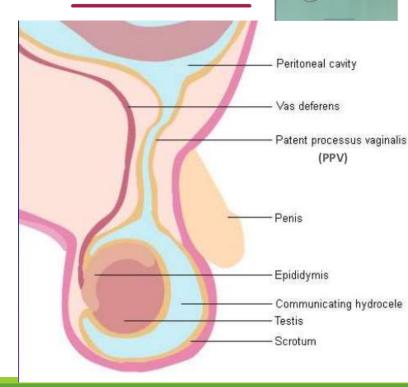
• Proximal part forms the vestige of processus vaginalis at the deep inguinal ring.

• Intermediate part is obliterated .

• Distal part (in the scrotum) persists and forms the tunica vaginalis

Factors helping descent of the testis:

- 1. Shortening of the gubernaculum.
- 2. Hormones as androgens and gonadotrophins.
- 3. Increased intra abdominal pressure.



Congenital anomalies:

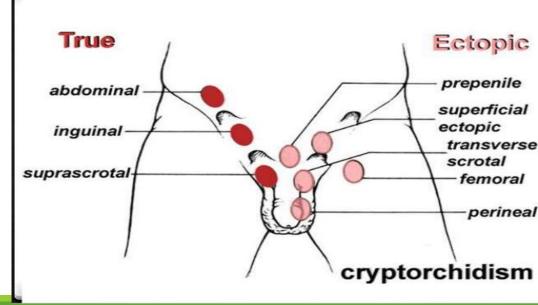
1. Cryptorchidism (undescended testis): in which the testis may remain in the iliac fossa or in any part of the inguinal canal.

Undescended testis is susceptible to damage of the process of spermatogenesis and occurrence of malignancy .

2. Ectopic testis (maldescended testis) in which, the testis descends in the inguinal canal but is located *outside* the scrotum at root of penis or in the upper part in the front of the thigh .

3.Congenital oblique inguinal hernia, in which a loop of intestine descends via

unobliterated tunica vaginalis.

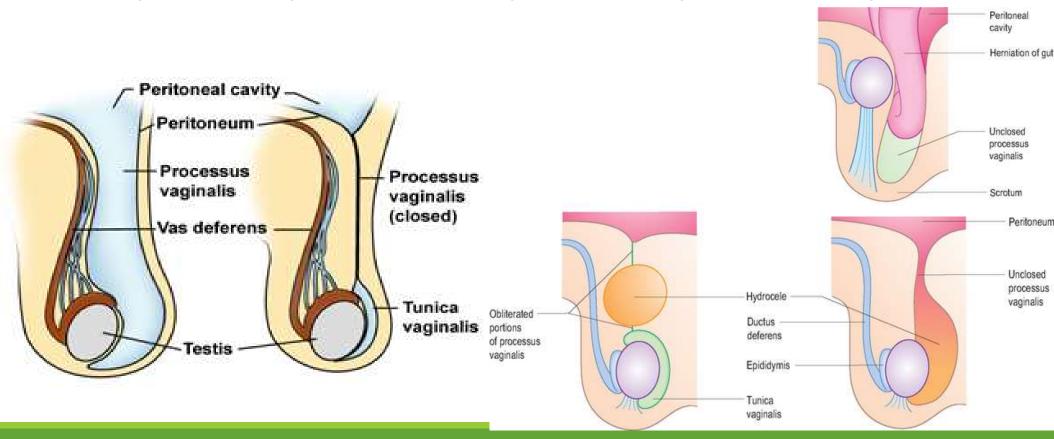


4-Hydrocele: the abdominal end of the processus vaginalis remains open but is too small to permit herniation of intestine.

Peritoneal fluid passes into the patent processus vaginalis and forms a scrotal hydrocele.

If only the middle part of the processus vaginalis

remains open, fluid may accumulate and give rise to a hydrocele of the spermatic cord



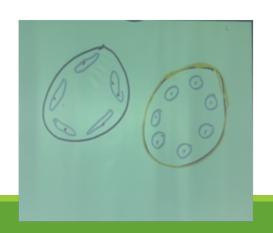
Sex Coved in medulla -> Sex Coved in Cortex -> follicle

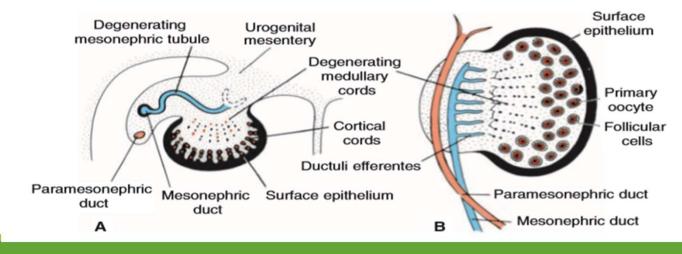
Development of the ovary

- In the absence of **T.D.F.**, the undifferentiated gonad is switched on to form an ovary.

1. Coelomic epithelium:

- The primary sex cords invade into the subjacent mesenchyme to form **medullary** sex cords.
- It replaced by fibromuscular stroma, forming the medulla of the ovary.
- The coelomic epithelium proliferates to form a second generation of sex cords called the secondary (cortical) sex cords, which remain near the coelomic epithelium, forming the cortex of the ovary.
- The cortical sex cords break down to form cell clusters which form perimordial ovarian follicles





2. Subjacent mesenchyme: it forms:

- The stroma of the ovary.
- Very thin tunica albuginae, which intervenes between the ovary and the surface epithelium.

3. Primitive germ cells:

- They invade the primordial follicles and proliferate by *mitosis* to form Primary oocytes.
- At 12^{lh} week of the intrauterine life, the primary oocytes enter the first meiotic division and are arrested (at 20th week) in its prophase till puberty.

Descent of the ovary:

- The ovary developed (like the testis) in the posterior abdominal wall opposite at 2nd lumbar vertebra, where it is suspended by a genital mesentery.
- It reaches the greater pelvis at 3rd month of gestation
- Then reach the lesser pelvis shortly after birth

The genital mesentery of the ovary is divided into **three** parts:

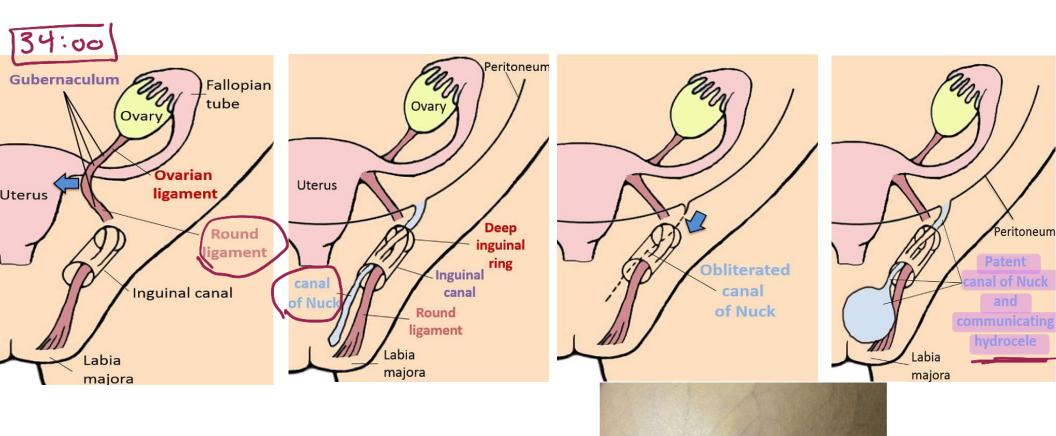
- Cranial part forms the suspensory ligament of the ovary
- Middle part forms the mesovarium.
- Caudal part is transformed into the *gubernaculum of the ovary*, which extends between the lower end of the ovary and the developing labium majora.
- The middle of: **the gubernaculum** is attached to the lateral angle of the developing uterus and thus gives rise to **two** ligaments.
- Ligament of the ovary, between the ovary and uterus.
- Round ligament of the uterus, between the uterus and labium majora.

Persistence of small processus vaginalis, gives rise to canal of Nuck.

Congenital anomalies

- مانتین جی. Ovarian agenesis.
- 2. Congenital inguinal hernia -> rore

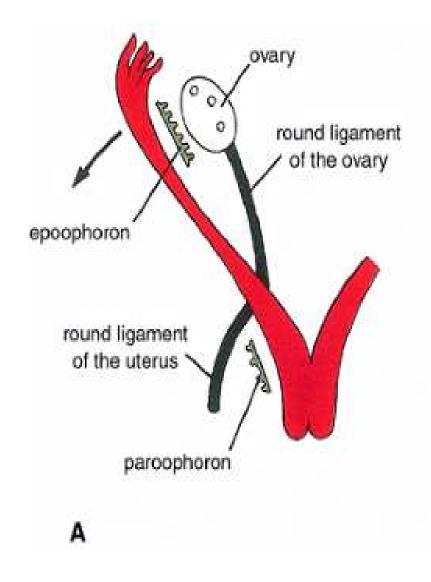
The ovary may undergo external descent via the inguinal canal when the gubernaculum is not attached to the angle of the developing uterus may occur in a persistent canal of Nuck

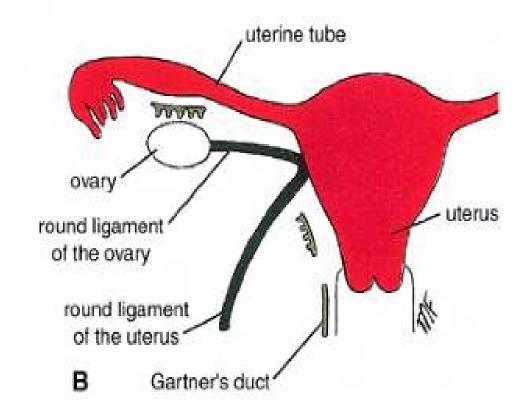


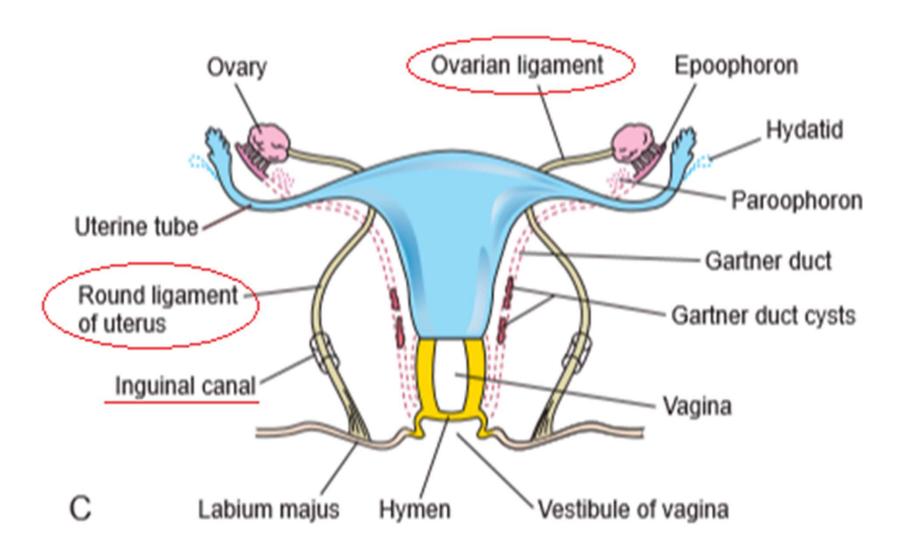
bilateral labial fullness in a 4-monthold girl

Swelling of Canal of Nuck
سعرت









Development of the genital ducts

Dr Ahmed Salman

- In either the male or female, there are two genital ducts on each side:
- Mesonephric (Wollfian) duct and a laterally located paramesonephric (Mullerian) duct

All are *mesodermal* in origin.

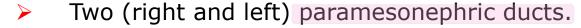
- In the male, under the effect of antimullerian factor (A.M.F) synthesized by Sertoli cells of the testis, mesonephric ducts will develop.
- Paramesonephric ducts will regress, leaving **vestigial** structures.
- In the female, in the absence of A.M.F, paramesonephric ducts will develop.
- The mesonephric ducts will regress leaving **vestigial** structures.

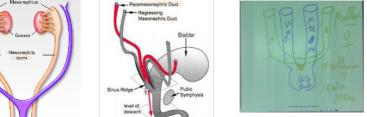
1-Indifferent stage of genital ducts

- Up to the 6th week of development, male or female embryos have two pairs of

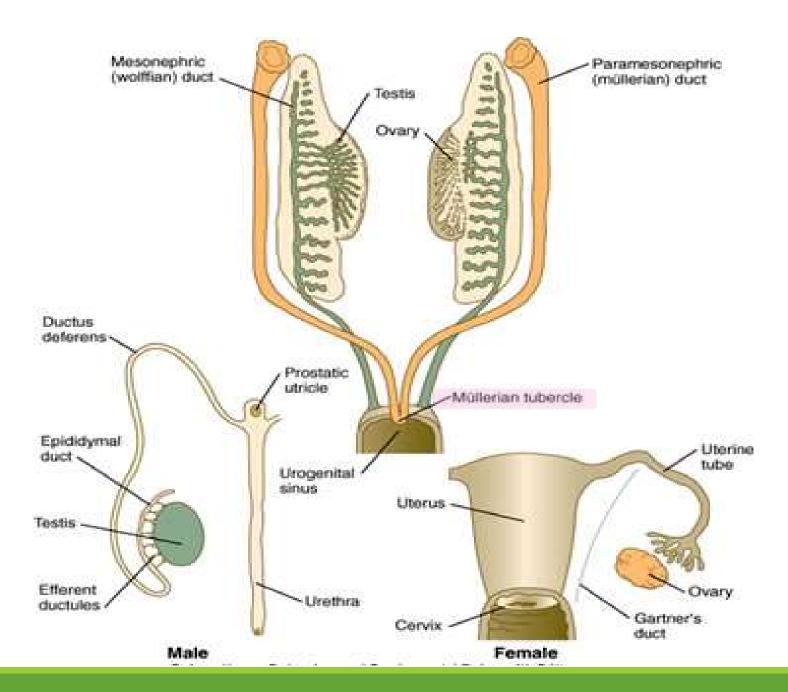
genital ducts.

Two (right and left) mesonephric ducts.



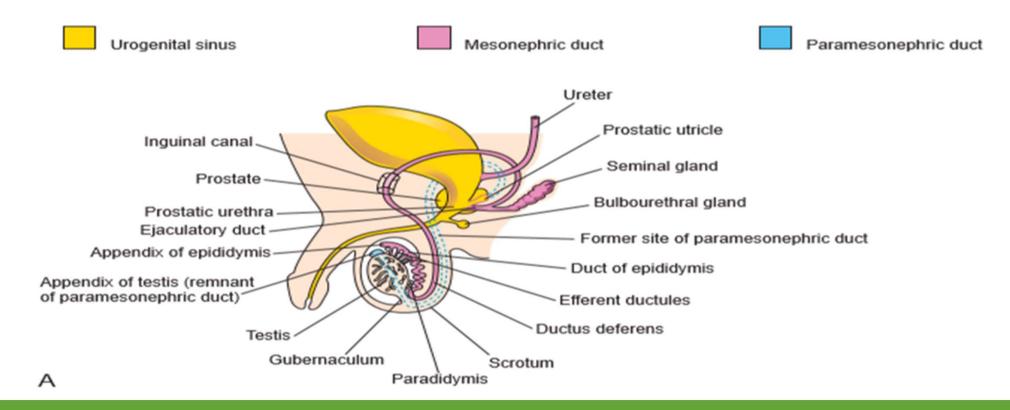


- The paramesonephric duct develops in the coelomic epithelium *lateral* to the cranial end of the mesonephric duct and continues to grow caudally lateral to that duct
- Then crosses ventral to it and then descends **medial** to it.
- The upper end of each paramesonephric duct opens by an abdominal ostium into the coelomic cavity (future peritoneal cavity).
- Their lower parts fuse to form a Y shaped **uterovaginal canal** project into dorsal wall of the urogenital sinus to induce formation of **Mullerian tubercle**.



A. Paramesonephric ducts in the male

- They regress under the effect of M.I.F synthesized by Sertoli cells of the testis.
- ➤ Its cranial end forms appendix of the testis.
- > Their caudal fused parts form utricle inside the prostate.
- Mullarien tubercle gives rise to seminal colliculus in the posterior wall of the prostatic urethra



A. Paramesonephric ducts in the female

- The **cranial and middle** parts of each duct form the **uterine tube**, which opens in the coelomic cavity close to the ovary
- Their caudal vertical parts (utrovaginal canal) form the uterus and upper 3/5 of the vagina (mesodermal).
- The Mullerian tubercle form two solid invaginations called sino-vaginal bulbs which unite to form a single vaginal plate.
- The vaginal plate is canalized to form the lower 2/5 of the vagina.
- ✓ At the lower end of the vagina, the vaginal plate form a thin membrane which form the hymen .
- ✓ The vaginal vestibule is formed from definitive urogenital sinus
- So, the vagina is formed as follows:
- Upper 3/5 (mesodemral) develops from the lower part of the utrovaginal canal.
- Lower 2/5 (endodermal) develops from the vaginal plate derived from the Mullerian tubercle
- > The vaginal vestibule (endodermal) develops from definitive urogenital sinus.

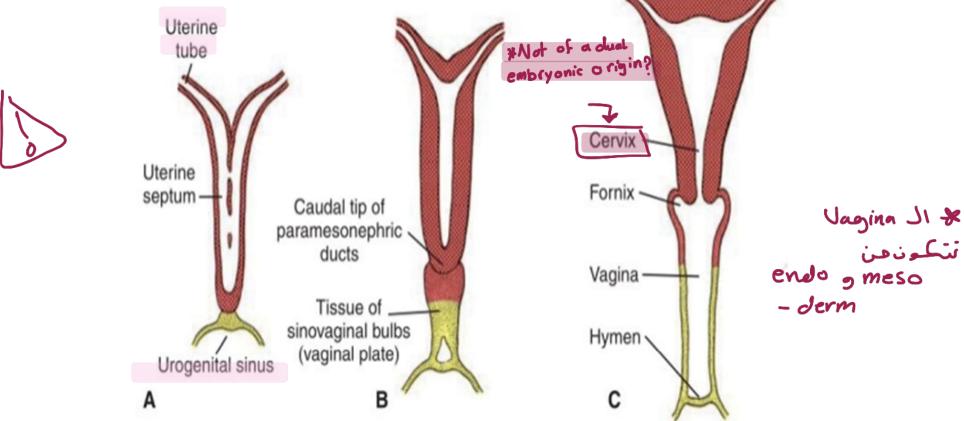
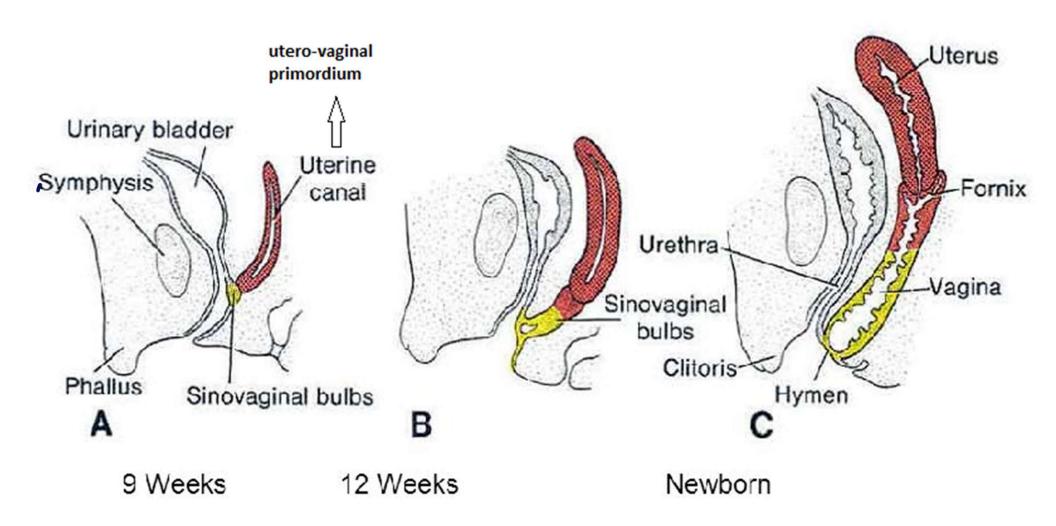
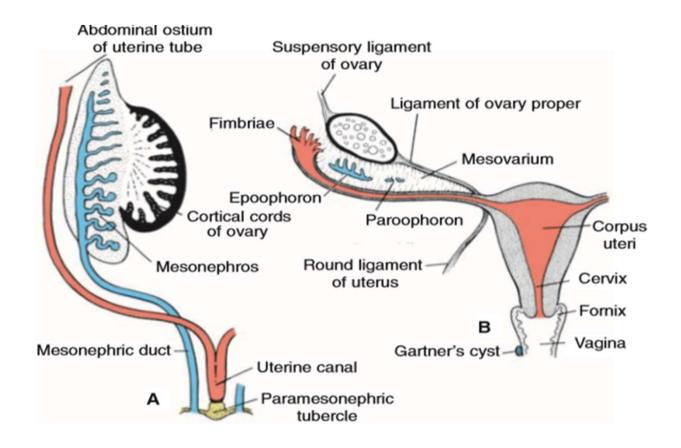


Figure 16.29 Formation of the uterus and vagina. A. 9 weeks. Note the disappearance of the uterine septum. B. At the end of the third month. Note the tissue of the sinovaginal bulbs. C. Newborn. The fornices and the upper portion of the vagina are formed by vacuolization of the paramesonephric tissue, and the lower portion of the vagina is formed by vacuolization of the sinovaginal bulbs.





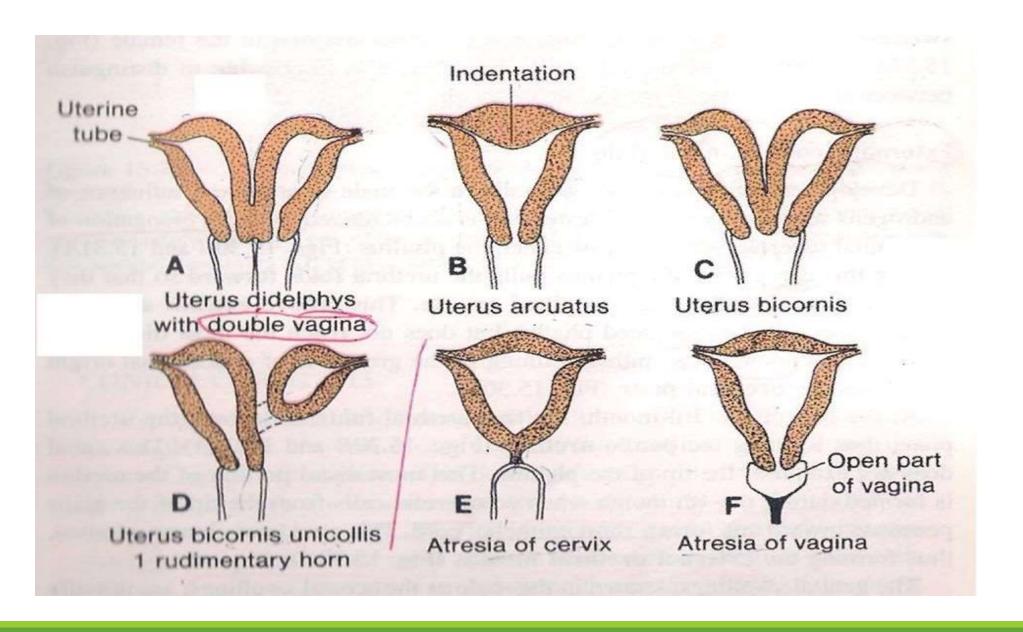
As the middle parts of the paramesonephric ducts cross medially to reach the midline, they drag with them transverse folds of peritoneum, which will form the broad ligaments of the uterus





Congenital anomalies

- 1. Uterus **bicornis unicollis** (collis = cervix), the uterus has two horns, which open into a **single** vagina.
- 2. Uterus **bicornis bicollis**, the uterus is divided completely into two horns and each has a **separate** cervix.
- 3. Uterus **unicornis unicollis**, the uterus is formed only of a single horn and the other horn is rudimentary.
- 4. **Septate vagina**, in which **only** the vagina is divided into two parts by a median septum.
- 5. Atresia of the vagina due to failure of canalization of the vaginal plate.
- 6. Imperforate hymen.
- 9. **Congenital rectovaginal fistula** due to incomplete development of urorectal septum.

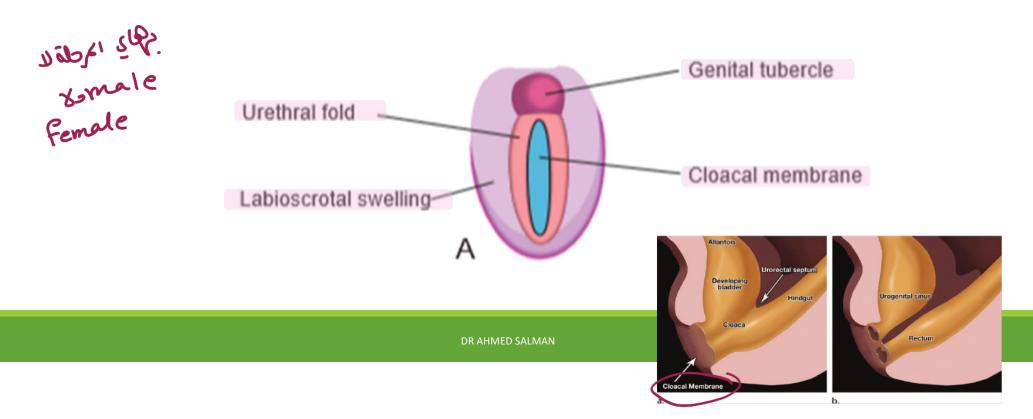


Development of external genitalia

Dr Ahmed Salman

Indifferent stage of the external genitalla

- From the 4th to the 7th week of development, the external genitalia can not be differentiated into male or female.
- In the 4th week, the mesenchyme around the urogenital membrane proliferates to produce five elevations, all are covered by ectoderm.
- 1- A single **genital tubercle** at the cranial end of the urogenital membrane elongates to form the phallus.
- 2-Right and left **genital** (**urethral**) **folds** on the sides of the urogenital membrane.
- 3-Right and left genital (labio scrotal) swellings on the sides of the genital folds.



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Development of the male external genitalia

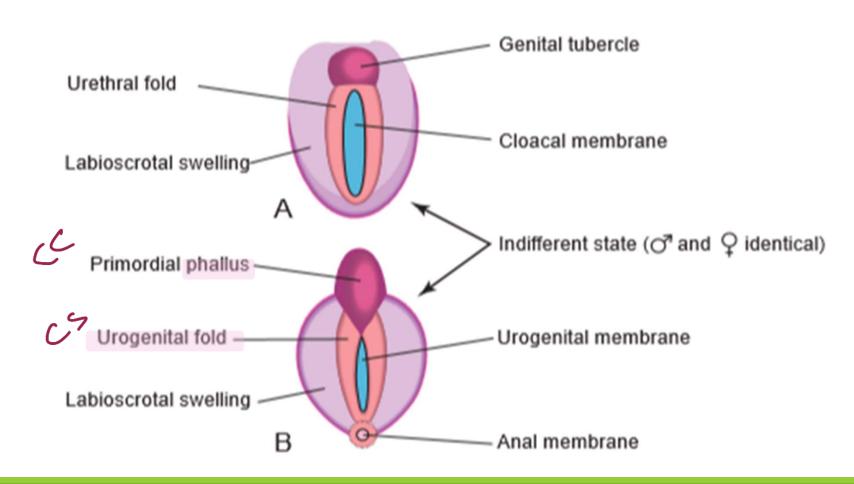
- Due to the secretion of **testosterone** by the developing testis, the undifferentiated external genitalia are switched to form male type external genitalia.
- 1. Genital tubercle: it elongates to form the phallus, whose mesenchyme forms two corpora cavernosa.

2. The genital (urethral folds):

- Rupture of the urogenital membrane
- A longitudinal *urethral groove* appears on the ventral aspect of the developing penis. The sides of that groove are bordered by the urethral folds.
- The floor and sides of the *urethral groove* become lined with an **endodermal** *urethral plate*.
- The edges of that plate are continuous with those of the urethral folds.
- The edges of the **endodermal** urethral plate are fused with each other to form the penile urethra **except** its terminal part within the glands penis.

• The edges of the mesenchyme within the urethral folds fuse around the penile urethra and form the single corpus spongiosum.

The two **genital swellings**: fuse in the midline to form the scrotum



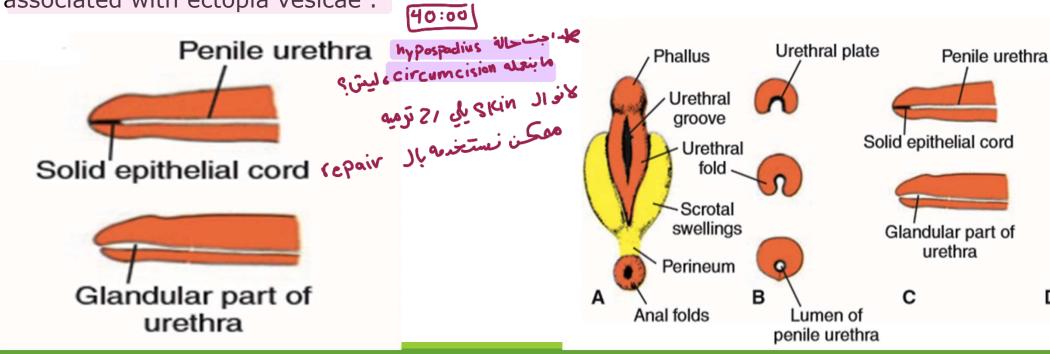
Development of the penis:

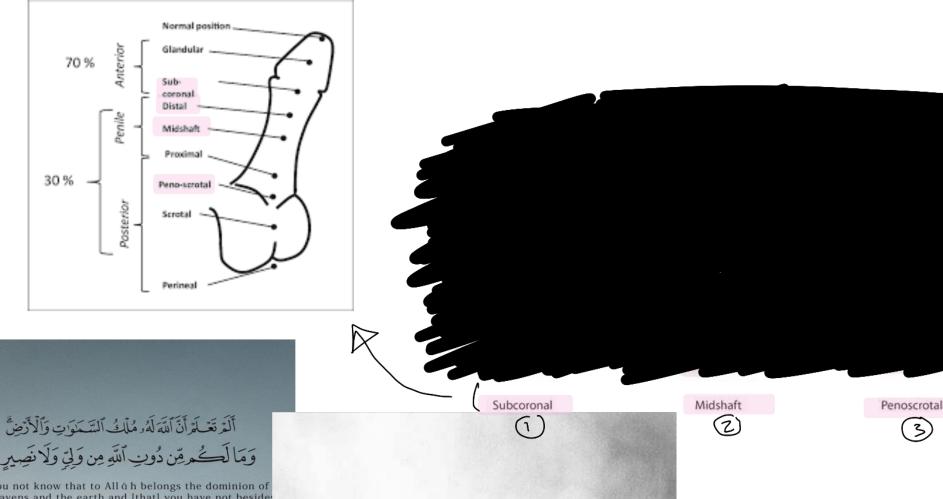
- ➤ Its dorsal and lateral aspects are formed by the mesenchyme of the phallus, whose mesenchyme forms the two corpora cavernosa.
- ➤ Its **ventral aspect** is formed by the **mesenchyme of the urethral folds**, whose mesenchyme forms the single corpus spongiosum.

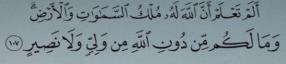
Congenital anomalies:

1) Hypospadius: the urethral orifice is present in the **ventral** aspect of the penis due to incomplete fusion of the two urethral folds.

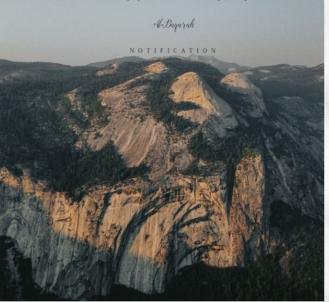
2. Epispadius: an abnormal orifice is present on the **dorsal** aspect of the penis, usually associated with ectopia vesicae.







Do you not know that to All a h belongs the dominion of the heavens and the earth and [that] you have not beside: All ā h any protector or any helper?

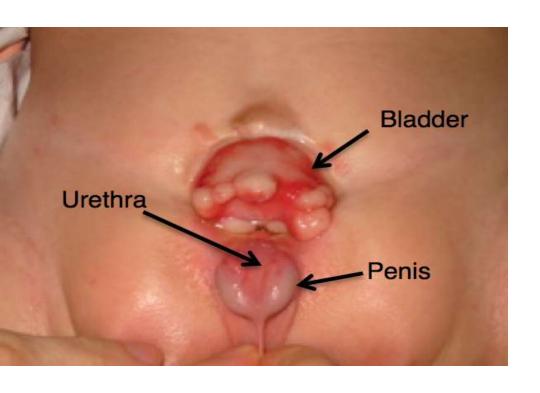


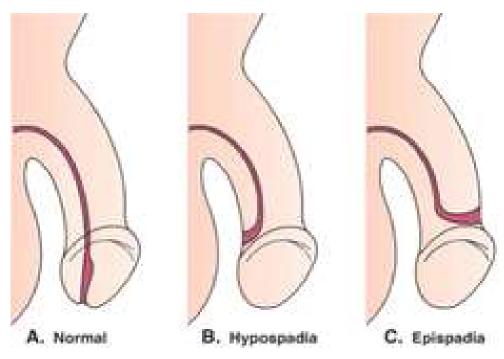
ويحدث أن تغادرك نفسك ، وتتركك جسداً في مهبّ الرّيح. «ويحدث أن تغادرك نفسك ، وتتركك جسداً في مهبّ الرّيح.



Hypospadius

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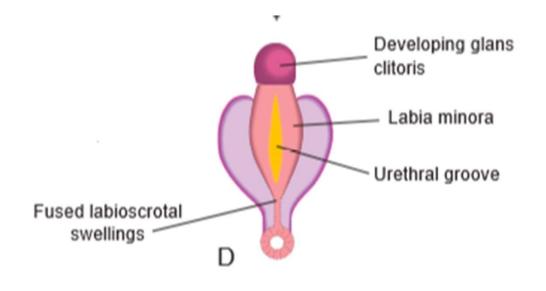


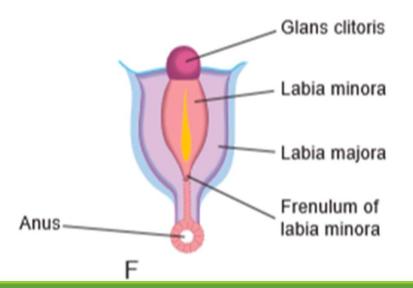
Epispadius

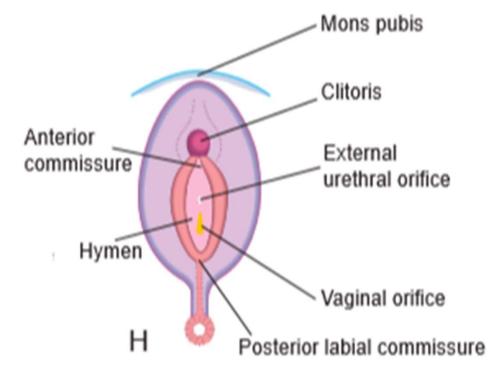
Development of the female external genttalla

- Under the affects of the maternal and placental oestrogen, the external genitalia are switched to Form Female type of genitalia.
- 1. Genital tubercle: it elongates to form the clitoris, whose mesenchymef Forms its two corpora cavernosa (note that, the clitoris has **no** corpus spongiosum).
- 2. Genital (urethral folds): they remain separate to form the two labia minora.
- 3. Genital swellings: they remain separate to form the two labia majora.
- 4. The vaginal vestibule: is formed when primitive urogenital sinus are shortened to form the vestibule between the two labia minora.











خُذِ الأمورَ بالعقيدةِ تَهُونِ!

تخيَّلْ شُىهداء غزوة أحد، حمزة قد بُقِرَ بطنه، ومُثِّلَ به، وها هو مطروحٌ على الأرضِ وقد غطًى التُّرابُ وجهه، يا له من مشهدٍ أليمٍ لو رأيته هكذا معزولاً عن الحكاية كلِّها! ولكنَّكَ الآن تعرفُ أنَّه سيِّد الشهداء، وأنه لو قيلَ له في ذلك اليوم: أتُحِبُّ أن ترجعَ إلى الدُّنيا؟!

لقال: وما يفعلُ المرءُ في الدُّنيا وقد حطَّ رحاله في الجنَّةِ أخيراً؟!

تخيَّلْ فتى قُريشٍ الوسيم المدلَّل مصعب بن عمير، ذاكَ الذي كانت ثيابه تُغسلُ بماءِ الورد، ويُجلَبُ له الطِّيبُ من شتَّى أصقاع الأرض، فإنَّ مُرَّ في الطرَّيقِ بعدَ مروره منها يُقال: مرَّ من هنا مصعب!

ها قد انتهى به المطافُ صريعاً على الأرض، قُطعَ ذراعاه اللذان كان يحملُ بهما اللواء، والنَّبيُّ ﷺ ينظرُ إليه فيذرفُ دمعاً عليه ويقولُ: كنتُ أعرفه، كان ألينَ فتى في قريش! ولم يُجدوا له كفناً يستره في ذاك اليوم!

وإنَّكَ لو قرأتَ هذه الصَّفحة من كتاب حياة مصعب فقط لربما قُلتَ: يا للنهاية البائسة! ولكنَّكَ اليومَ تعرِفُ مضمون الكتاب كلَّه، وتعرفُ أنَّ ذاك اليوم كان أسعد أيام مصعب بن

الآن، والآن فقط، أنتَ تعلمُ أن بعض القتلة مهزومون على أيدي ضحاياهم، فإنَّ النَّصرَ ليس في البقاء على قيد الحياة، وإنما في الثبات على العقيدة والمبدأ! ولَّكَ أَن تتخيَّلَ فقط أَن نبيَّ اللَّهِ زكريا قد نُشرَ بالمنشار، وأنَّ رأس السَّيِّدِ الحَصُورِ يحيى قد قَدِّمَ مهراً لبغيًّ!

أمَّا الآن وقد أسدِلتِ السَّتارة، وانفضَّ الجمعُ فاسمعها منِّي: حتى وإنْ تمزّقتِ الأجسادُ، فالأرواحُ في أجواف طيرٍ خُضرٍ، تسرحُ في الجنّةِ حيث شاءتْ، ثم تأوي إلى قناديل معلقة بالعرش! فلا تبكِ عليهم، ابكِ على نفسكَ، ما يريدُ الشَّهيدُ السَّاجدُ من دُنيايَ ودُنياكَ؟ ولأيَّ شيءٍ ترجعُ امرأةٌ كان آخر عهدها بالدُّنيا أنَّها نامت بثوب صلاتها كي لا تظهر عورتها إذا ما انتشلوها من تحت الأنقاض؟!

وما الجميلُ في دُنيايَ ودُنياكَ حتى يتركَ أطفال غزَّة إبراهيم عليه السّلام وسارة ويرجعون

لا تبكِ عليهم يا صاحبي، ابكِ على نفسكَ، فإنَّه لو قيل الآن لشهداء رفح تمنُّوا، لقالوا: اللهُمَّ شهادةً كلُّ يوم، فإنما يوم سَغدِ الحُرِّ حين يغتسلُ بدمىه!

> حاب أكتب نصيحة بسيطة بما إنكم في بداية الطريق الجامعي احنا بندرس علم جليل ألا وهو علم الطب

وممكن يمر عليناً في دراستنا أمور هي محرمة في الأصل، ولكن بنضطر نعملها القاعدة في التعامل ّمع هالشغلات: الضّرورة تقدر بَقدرها

فما بنتجاوز الضرورة

مثلًا: الاختلاط بالصّورة الموجود فيها في مؤسسات التّعليم محرّم، ولكن بما إنه في ضرورة، ما بصير الشَّخص يتجاوز قدر الحاجة مثل: إطلاق البصر، الكلام للتَّسلية أوَّ المزح (ولو على وسائل التواصلُ)، التواجد في الأماكن المختلطة بدون حاجة عمومًا لا شكّ إنه هاد باب شرّ عظیم.

مثال آخر: أحيانًا ممكن يعرض فى دراستنا صور فى الأصل لا يجوز النَّظر إلها (بغضَّ النَّظر عن مشاعر النّاظر)، هون في حال عدم توافر غيرها ينظر إلها بقدر الحاجة التّعليمية فقط،

وكذلك جسم الجثّة مثلًا وهكذا في كلّ أمور الحياة

ولا يبيح مّا سبق حجج مثل إنها هيك هيك خربانة، أو بحجة إنه الكل بعمل هيك

الله يوفقكم في دراستكم ويهديكم لما يحبّ ويرضى

وجزاكم الله خيرًا



11. The origin of corpora cavernosa in females is:

- A. Urethral fold
- B. Genital tubercle (ans)
- C. Urogenital sinus

2) Which of the following structures is endodermal in origin?

- A. Seminal vesicle
- B. The whole dorsal wall of the female urethra
- C. Gartner's duct
- D. Lower 2/5 of the vagina
- E. Uterine tube

Answer: D

3) A remnant of gubernaculum seen in adult females:

- A. Round ligament of uterus
- B. Suspensory ligament of the ovary
- C. Mesovarium
- D. Tunica albuginea

Answer: A

4) Failure of fusion of the urethral folds leads to:

- A. Uterine anomalies
- B. Hypospadius
- C. Vaginal vestibule anomalies
- D. Epispadius

Answer: B

5) Failure of fusion of the paramesonephric ducts mostly leads to:

- A. Uterine anomalies
- B. Hypospadius
- C. Vaginal vestibule anomalies
- D. Epispadius

Answer: A

6) All of the following originate from mesonephric duct except:

- A. Appendix of the testis
- B. Appendix of the epididymis
- C. Vas deferens
- D. Ejaculatory duct

Answer: A

7) Which of the following is not a derivative of urogenital sinus in females?

- A. Vaginal vestibule
- B. Ventral part of urethra
- C. Urinary bladder
- D. Labia minora

Answer: D

8) Regarding development of genital system; Choose the WRONG match:

- A. Hypospadius.....the urethral orifice opens in the ventral aspect of the penis
- B. The caudal part of paramesonephric ducts.....forms the uterus and upper3/5 of the vagina.
- C. Mullarien tubercle.... forms seminal colliculus .
- D. Corpus spongiosum.....mesenchyme of the urethral folds .
- E. The Caudal part of genital mesentery.....forms suspensory ligament of the ovary.

Answer: E

9) The part of the prostatic urethra inferior to seminal colliculus is developed from:

- A. Mesonephric tubules
- B. Vesico-urethral part of the urogenital sinus
- C. Phallic part of the urogenital sinus
- D. Mesonephric ducts
- E. Pelvic part of the urogenital sinus.

Answer: E

- 10) Wrong statement both Testis & epididymis possess an appendix that is derived from mesonephric duct
- 11) A remnant of gubernaculum seen in adult females round ligament of uterus
- 12) Not a derivative of UG sinus in females labia minora
- 13) Not of a dual embryonic origin cervix
- 14) Not of a mesonephric duct origin appendix of testis
- 15) Most common uterine and vaginal developmental anomaly uterus bicornes ***
- 16) Cryptorchidism happens when: the testes don't descend properly to the scrotum.

2. The glandular urethra is ectodermal in origin?

A. True

B. False

Answer: A

- 3. This photo is for a 3-month old female baby. What is the cause of this swelling of the pointed structure?
 - A. Congenitalingunial hernia
 - B. Undescended ovary
 - C. Persistent canal of neck
 - D. Direct inguinal hernia

Answer: C