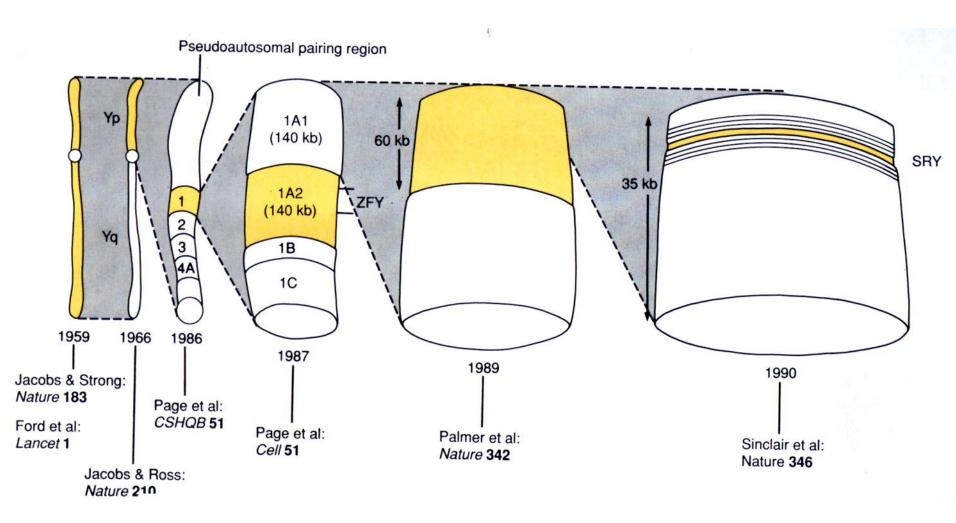
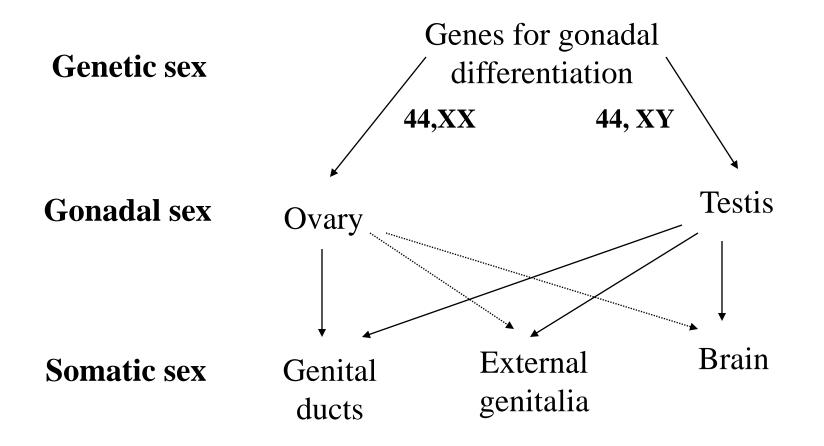
Development of the Genital System

- 1. Sexual differentiation
- 2. Differentiation of the gonads
 - a. Germ cells *extragonadal* in origin
 - b. Genital ridge intermediate mesoderm consisting of <u>bipotential cell</u> types to differentiate into testis/ovary
- Differentiation of genital ducts <u>two</u> <u>independent duct systems</u> (male & female) and two patterns of morphogenesis

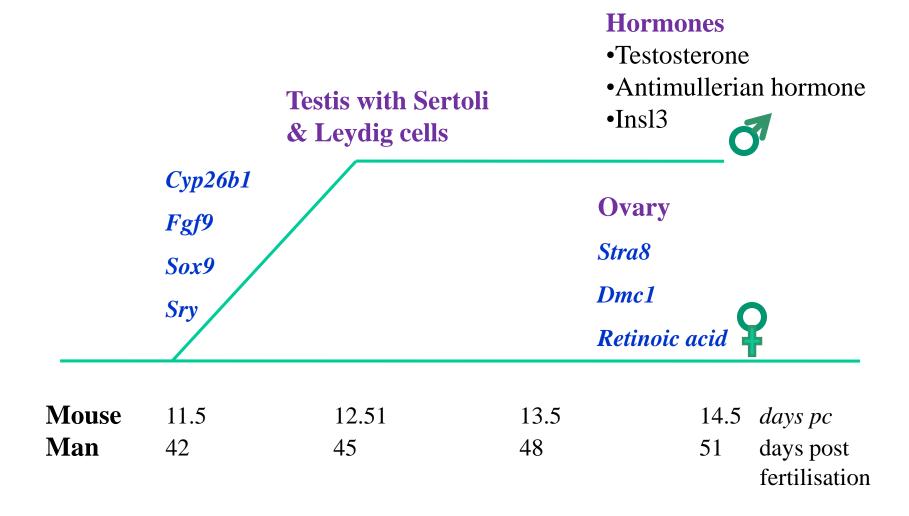


The history of the search for the sex-determining region of the Y chromosome

SEXUAL DIFFERENTIATION

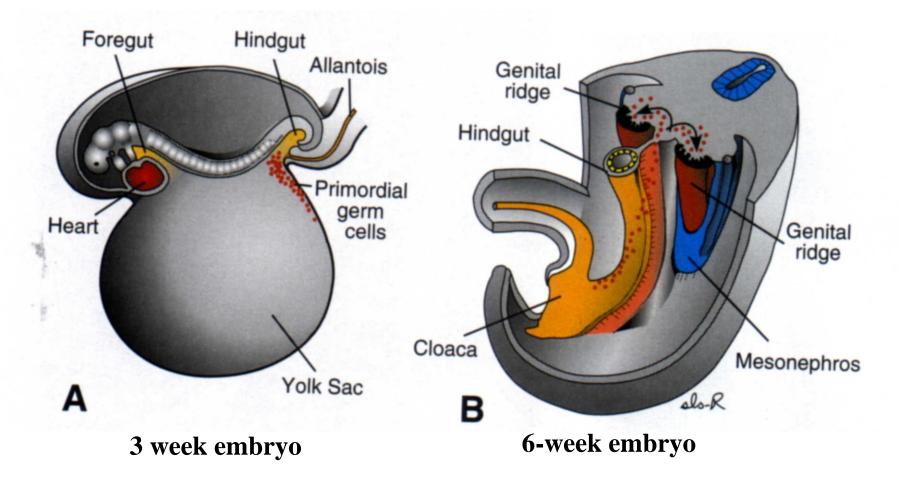


Gonadal Sexual differentiation

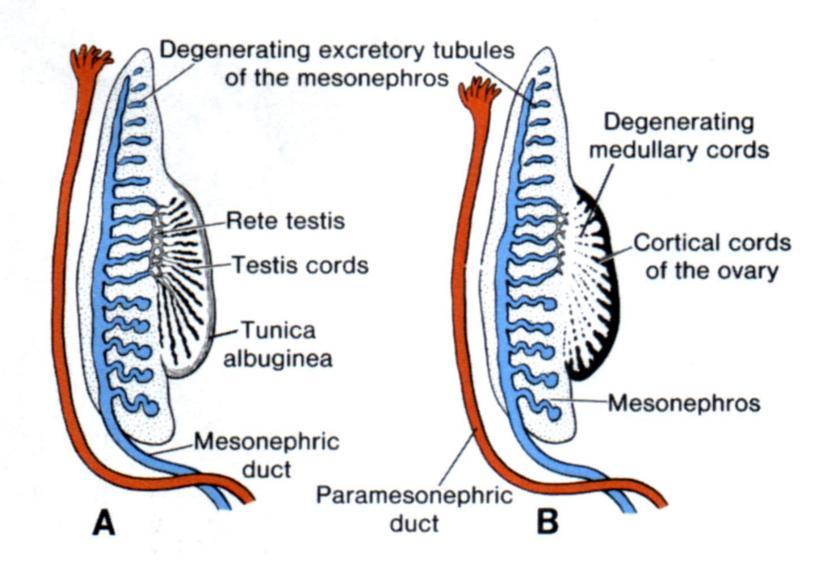


R. Lovell-Badge personal communication

Germ cells originate from the epiblast during early gastrulation



Migration of primordial germ cells during development



Genital ducts in the sixth week in the male (A) and female (B)

Testis in the male:

• Germ cells: 44,XY

```
mitosis 3<sup>rd</sup>-12<sup>th</sup> week
```

Genital ridge

Mesenchyme form cords enclosing germ cells

Medullary cords proliferates(6th week)

Ovary in the <u>female</u>:

• Germ cells: 44,XX

mitosis 3rd – 8th week

meiosis 8^{th} week – 4^{th} month

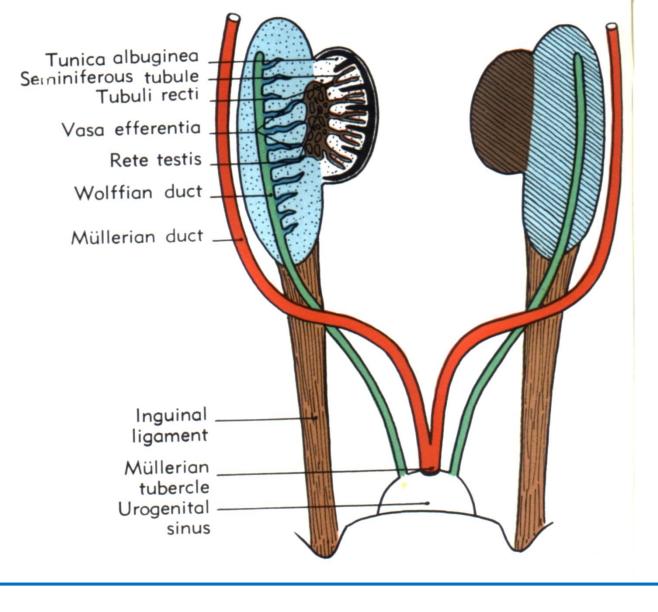
Genital ridge

Mesenchyme form cords enclosing germ cells Cortical cords proliferate (7th week) Cords break up into segments Germ cells separated individually (primordial follicles)

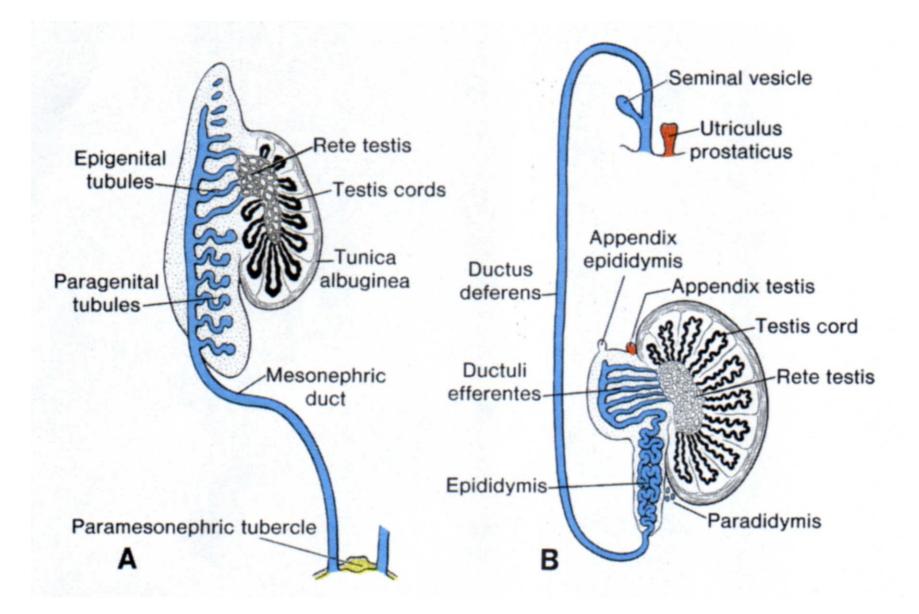
Genital ducts:

Indifferent stage: 2 sets of ducts

Wolffian ducts (mesonephric ducts) Mullerian ducts (paramesonephric ducts)



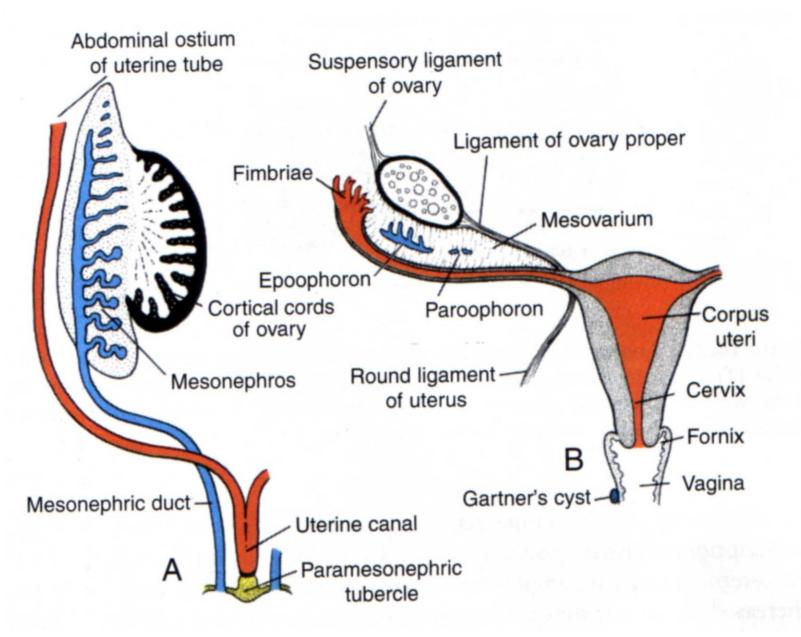
Undifferentiated urogenital system



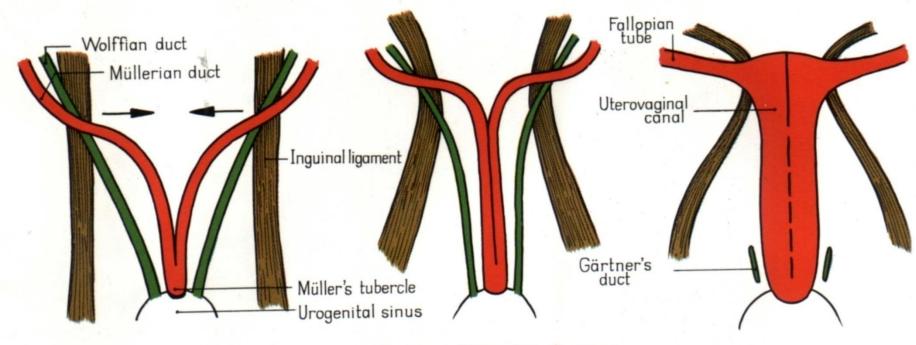
Development of the male genital ducts

Male reproductive ducts:

- Wolffian duct → Ducti efferentus, epididymis, ducti deferens, seminal vesicle Mesonephros remains → appendix epididymis, paradidymis Mullerian remains → appendix testis, prostatic utricle



Development of the female genital ducts

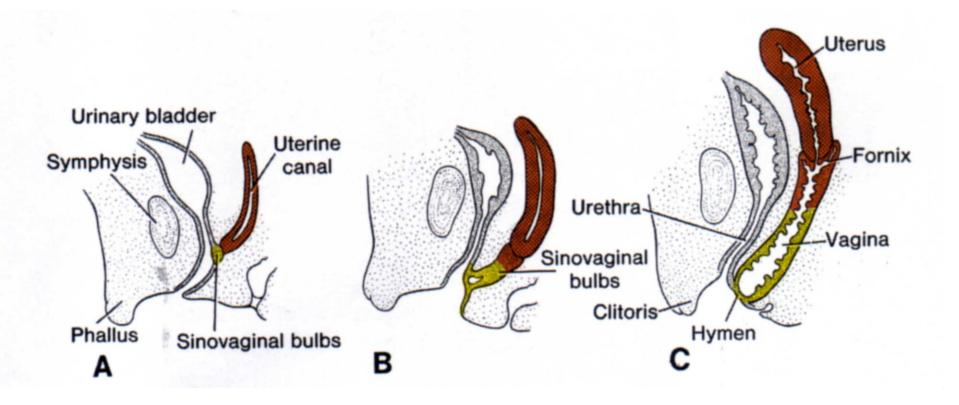




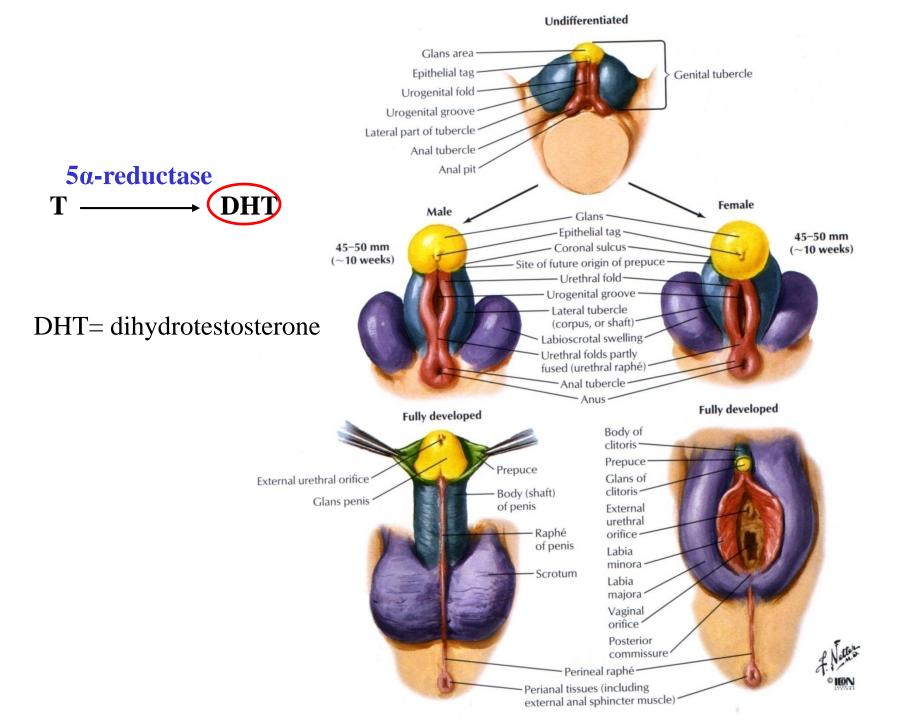
Female reproductive ducts:

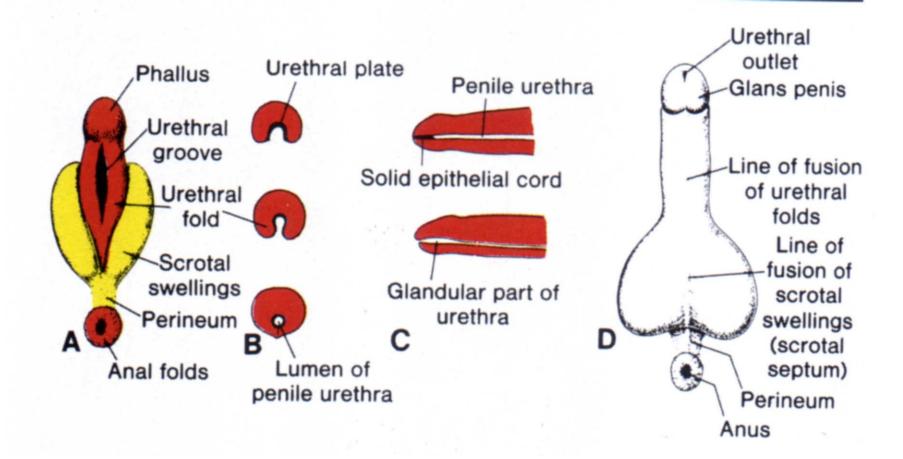
<u>No MIF</u> → Mullerian ducts develop <u>No testosterone</u> → Wolffian ducts <u>do not</u> develop

Distal part of → fuse to form uterus Mullerian ducts (uterine septum degenerates) Proximal part of → oviduct Mullerian duct Distal end of → vagina Mullerian duct (with urogenital sinus) Mesonephros remains - epoophoron; Gartner's duct (paraoophoron)



Formation of vagina





Development of the penile urethra

Summary of External Genitalia Sexual Differentiation The differentiation is directed by Dihydrotestosterone (DHT)

Indifferent state	Male with DHT	Female with no DHT
Cloacal folds (urethral/genital folds)	Penile urethra	Labial minora
Genital tubercle	Penis	Clitoris
Genital swelling	Scrotum	Labial majora

Descent of testis

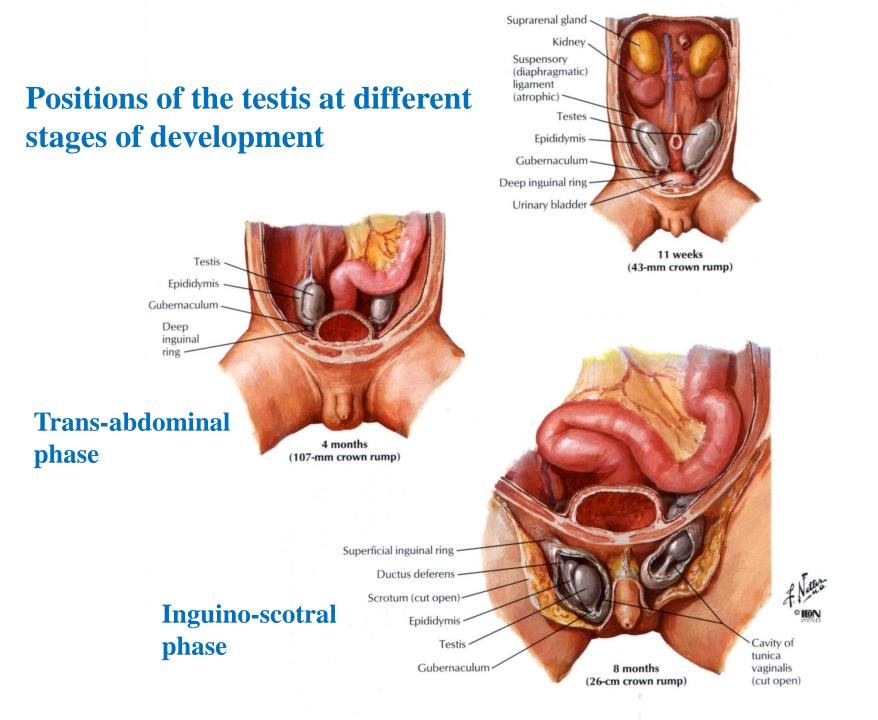
Chronology of descent

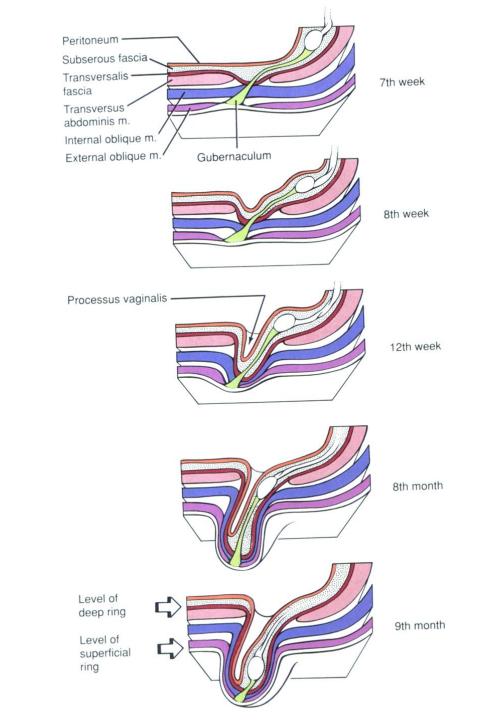
- 3rd month descend to iliac fossa
- 4th-7th month at internal inguinal ring
- 7th month travels through inguinal canal
- 8th month at external inguinal ring
- 9th month enter scrotum

Cryptorchidism

No descent 1 year after birth

- 4% in full term births
- **33% undescended testis in premature** births
- (0.7% remain undescended in 3 months)





Testicular descent

Mechanism of testicular descent:

Testicular descent occurs in two distinct and sequential phases:

- The *transabdominal phase* the gubernaculum develops and grows pulling the testis toward the base of the abdomen.
- The *inguinal scrotal phase* development of the cranial suspensory ligament is blocked leading to its regression. Involution of the gubernaculum allows the testis to go through the inguinal canal into the scrotum.

Muscle cell of the fetal gubernaculum

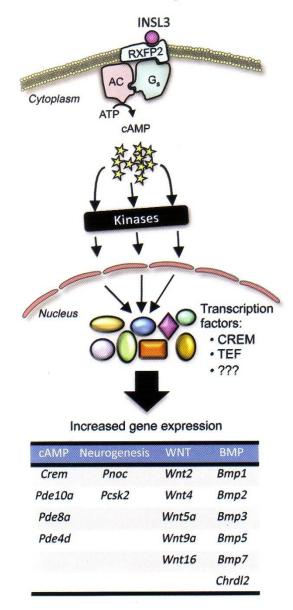
Each of the two phases of testicular descent is regulated by a hormone secreted by the Leydig cells: •INSL3 regulates the transabdominal phase;

•Testosterone controls the inguinoscrotal phase.

Other factors:

•Direct effect of testosterone also cause lengthening of vas deferens and testicular vessels

•Maternal hormones (e.g. LHRH, lutenizing hormone releasing hormone; LH, lutenizing hormone) stimulate testosterone production.



Tremblay J. 2010 Biol Reprod 83:687-9

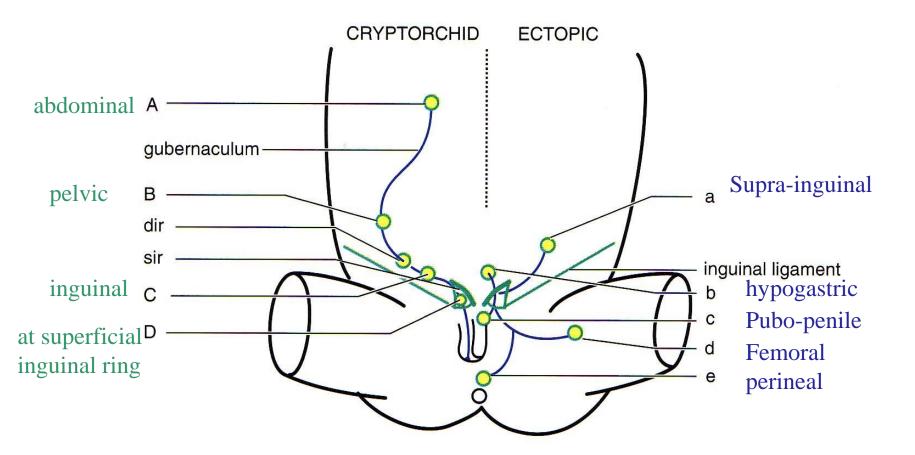
Fate of processus vaginalis:

Processus vaginalis occludes at 2 points soon after birth:

- Internal inguinal ring
- Above the testis

Anomalous development

- Indirect inguinal hernia
- Congenital hydrocoele
- Ectopic testis
- Cryptorchidism



Abnormal descent of the testis

Congenital anomalies: 1. Hermaphroditism

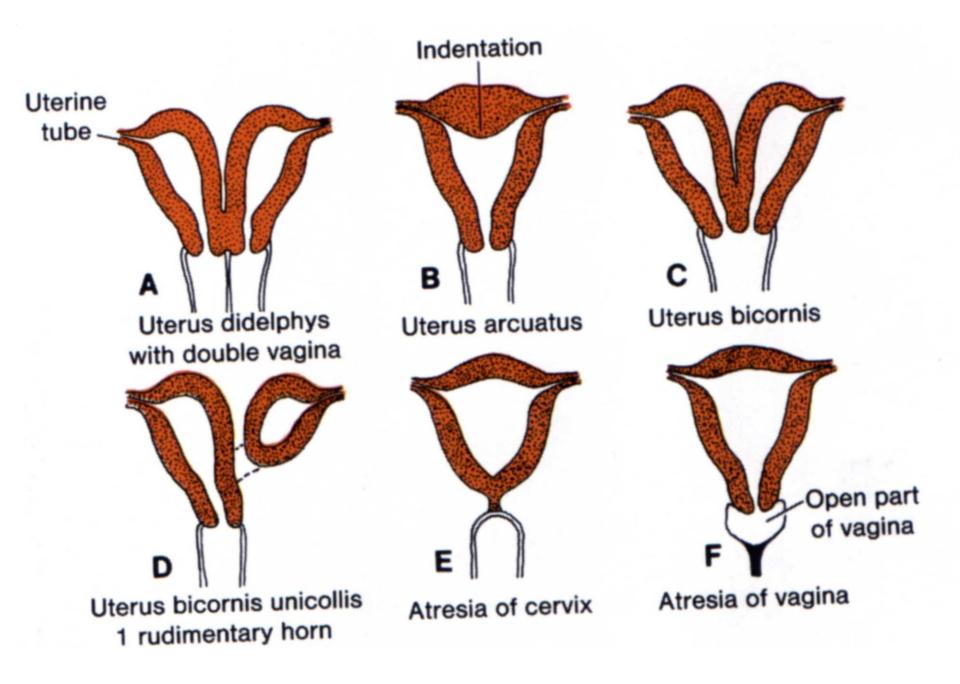
- True hermaphrodite (presence in one individual of both testicular and ovarian tissues)
- Pseudohermaphrodites (external genitalia are characteristic of one sex and gonads are of the other sex) e.g. androgen insenstivity, congenital adrenal hyperplasia.

2. Uterovaginal malformation

- Uterus didelphys
- bicornuate uterus
- Uterus bicornuate unicollis
- vaginal atresia

3. Testicular dysgenesis syndrome

- Cryptorchidism
- Hypospadias
- Infertility due to widespread Sertoli cell-only areas in the testis (results from germ cells fail to colonize)



References:

- Cochard LR (2002) Netter's Atlas of Human Embryology.
- Sadler TW (2005) Langman's Essential Medical Embryology. 9th edition Lippincott Williams & Wilkins

