

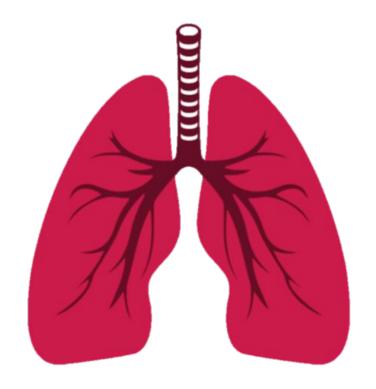




Development of respiratory system

Respiratory block-Anatomy-Lecture 5

Editing file

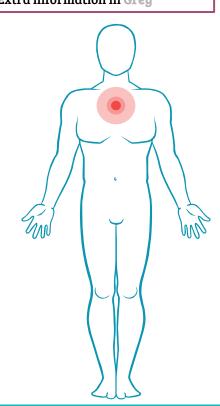


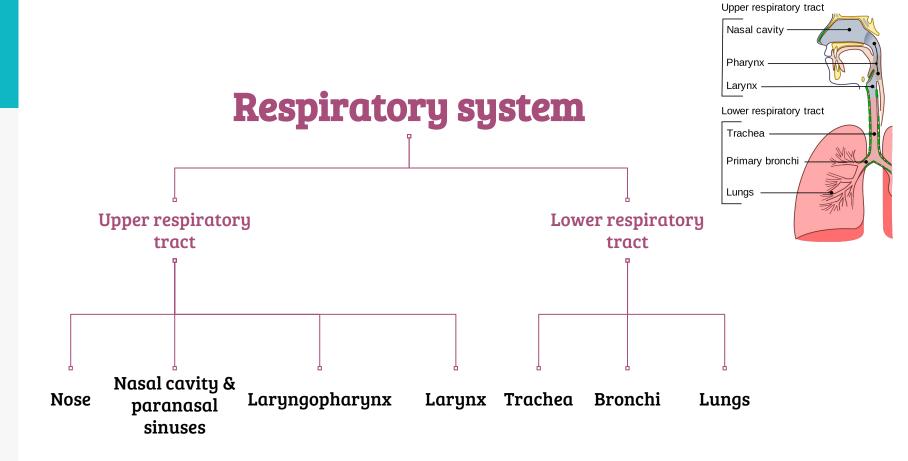
Objectives

- → Identify the development of the laryngotracheal (respiratory) diverticulum.
- → Identify the development of the larynx.
- → Identify the development of the trachea.
- → Identify the development of the bronchi & Lungs.
- → Describe the periods of the maturation of the lung.
- → Identify the most congenital anomaly

Color guide:

Only in boys slides in Green
Only in girls slides in Purple
important in Red
Doctor note in Blue
Extra information in Greu





Development of the respiratory tract

Begins during the **4**th week of development

Development of longitudinal tracheoesophageal septum

Proximal & **distal** parts of the respiratory diverticulum

The endoderm & surrounding splanchnic mesoderm

- Begins as a median outgrowth (laryngotracheal groove) from the caudal part of the ventral wall of the primitive pharynx (foregut).
- The groove <u>invaginates</u> (fold within itself) and **forms**laryngotracheal
 (respiratory) diverticulum.

Respiratory diverticulum

Hindgut

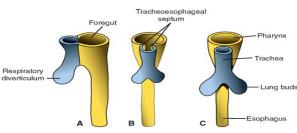
Heart Vitelline duct

Divides the diverticulum into:

- primordium (in the earliest stage of development) of the oropharynx & esophagus.
- ventral portion*:

 primordium (=give
 rise) of larynx,
 trachea, bronchi &
 lungs.
- *Remember that the larynx, trachea, bronchi & lungs lie anteriorly while the oropharynx & esophagus lie posteriorly. Hence, the ventral and dorsal portions.

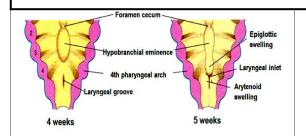
- The proximal part of the respiratory diverticulum remains tubular and forms larynx & trachea.
- The distal end of the diverticulum dilates to form lung bud, which divides to give rise to 2 lung buds (primary bronchial buds).
- The **endoderm** lining the laryngotracheal diverticulum (respiratory diverticulum) gives rise to the:
 - Epithelium & glands of the respiratory tract.
- The **surrounding splanchnic mesoderm** gives rise to the:
 - Connective tissue, cartilage & smooth muscles of the respiratory tract.

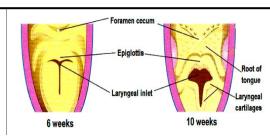


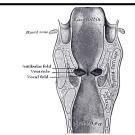
Development of the larynx

Epiglottis Development of the larynx Recanalization of larynx - It develops from the caudal The **opening** of the laryngotracheal diverticulum - The laryngeal epithelium part of the hypopharyngeal into the primitive foregut becomes the laryngeal proliferates rapidly resulting in eminence, a swelling formed orifice (opening). temporary occlusion (انسداد) of the by the proliferation of laryngeal lumen. - The epithelium & glands are derived from mesoderm in the floor of the endoderm. pharynx. - Recanalization of larynx normally occurs by the 10th week. - Laryngeal muscles & the cartilages of the larynx (except epiglottis) develop from the mesoderm of 4th - Laryngeal **ventricles**, **vocal folds** and & 6th pairs of pharyngeal arches. **vestibular folds** are formed during All laryngeal muscles supplied by (Vagus nerve) recanalization. • The superior laryngeal > 4th Ph. arch derivatives. • The recurrent laryngeal > 6th Ph. arch derivative

Growth of the larynx and epiglottis is <u>rapid</u> during the <u>first three years after birth</u>. By this time the epiglottis has reached its adult form.

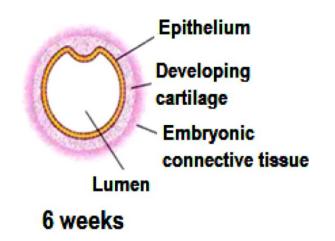


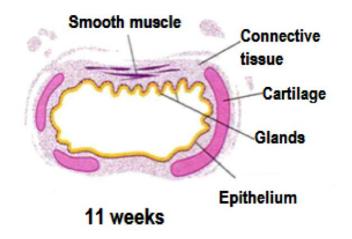




Development of the trachea

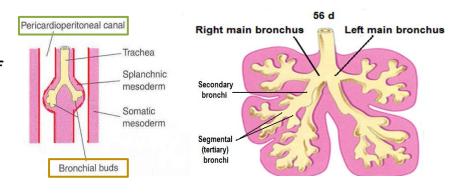
- → The endodermal lining of the laryngotracheal tube (distal to the larynx) differentiates into the epithelium and glands of the trachea and pulmonary epithelium.
- → The cartilages, connective tissue, and muscles of the trachea are derived from the mesoderm.

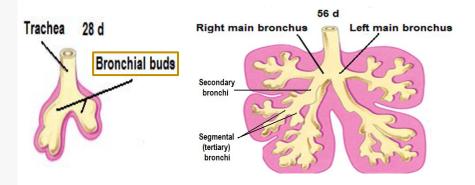




Development of the Bronchi & Lungs

- The 2 primary bronchial buds grow <u>laterally</u> into the <u>pericardio-peritoneal canals</u> (part of intra-embryonic celome), which is the primordia of pleural cavities.
- Bronchial buds divide and re-divide to give the bronchial tree.





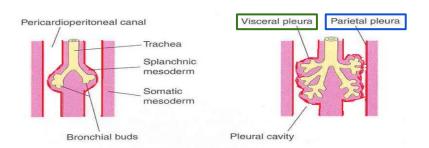
- The right main bronchus is slightly larger (wider) than the left one and is oriented more vertically.
- This embryonic relationship **persists** in the adult.
- The main bronchi subdivide into secondary & tertiary (segmental) bronchi which give rise to further branches.

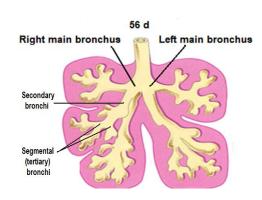
Development of the Bronchi & Lungs

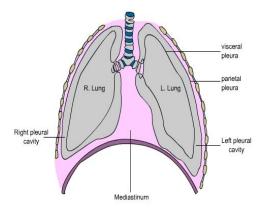
- The segmental bronchi, <u>10</u> in the <u>right</u> lung and <u>8 or 9</u> in the <u>left</u> lung, begin to form by the <u>7th</u> week.
- ▶ The surrounding mesenchyme also divides.
- Each segmental bronchus with its surrounding mass of mesenchyme is the primordium of a bronchopulmonary segment.

Development of the pleura

- As the lungs develop they acquire a <u>layer</u> of visceral pleura from the <u>splanchnic mesenchyme</u>.
- The thoracic body wall becomes lined by a <u>layer</u> of <u>parietal pleura</u> derived from the <u>somatic mesoderm</u>.



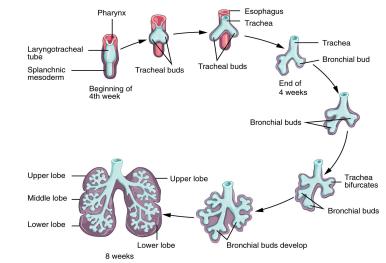




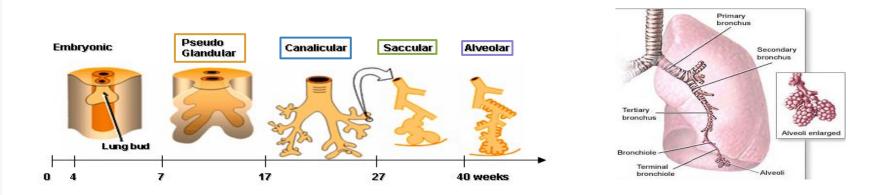
Maturation of the Lungs

Maturation of lung is divided into 4 periods:

- Pseudoglandular (6 16 weeks).
- Canalicular (16 26 weeks).
- Terminal sac (26 weeks birth).
- Alveolar (late fetal period childhood) (32w to 8y)

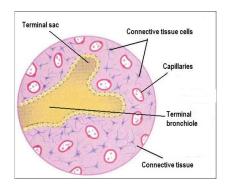


These periods <u>overlap</u> each other because the <u>cranial</u> segments of the lungs mature <u>faster</u> than the <u>caudal</u> ones.



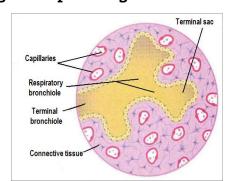
Pseudoglandular Period (5-16 weeks)

- Developing lungs <u>somewhat</u> <u>resembles</u> an exocrine gland during this period.
- By 16 weeks all major elements of the lung have formed except those involved with gas exchange (alveoli).
- ☐ Respiration is NOT possible.
- Fetuses born during this period are unable to survive.



Canalicular Period(16-26 weeks)

- Lung tissue becomes highly vascular.
- Lumina of bronchi and terminal bronchioles become larger.
- By 24 weeks each terminal bronchiole has given rise to two or more respiratory bronchioles.
- The respiratory bronchioles divide into 3 to 6 tubular passages called alveolar ducts.
- Some thin-walled terminal sacs (primordial alveoli) develop at the end of respiratory bronchioles.
- **Respiration** is **possible** at the end of this period.
- **Fetus** born at the end of this period <u>may survive</u> if given intensive care (but usually die because of the immaturity of respiratory as well as other systems).

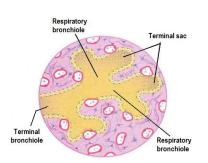


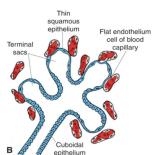
Terminal Sac Period (26 weeks - birth)

alveolus

type I alveolar cells

- Many more terminal sacs develop.
- ▶ Their epithelium becomes <u>very thin</u>.
- Capillaries begin to bulge into developing alveoli.
- The epithelial cells of the alveoli and the endothelial cells of the capillaries come in intimate contact and establish the blood-air barrier.
- Adequate gas exchange can occur which allows the prematurely born <u>fetus to</u> <u>survive</u>.





- By 26 weeks, the terminal sacs are lined by: squamous type I pneumocytes and & rounded secretory type II pneumocytes, that secrete a mixture of phospholipids called surfactant.
- Surfactant production begins by 20 weeks and increases during the terminal stages of pregnancy.
- Sufficient terminal sacs, pulmonary vasculature & surfactant are present to permit survival of a prematurely born infants.
 - Fetuses born prematurely at 24-26 weeks may suffer from **respiratory distress** due to surfactant deficiency but may survive if given intensive care.

Alveolar Period (32 weeks – 8 years)

- At the beginning of the alveolar period, each respiratory bronchiole terminates in a cluster of thin-walled terminal saccules separated from one another by loose connective tissue.
- These terminal saccules represent future alveolar sacs.
- Characteristic mature alveoli do not form until after birth, so; 95% of alveoli develop postnatally.
- About *50 million* alveoli, one <u>sixth of the adult number</u> are present in the lungs of a <u>full-term</u> newborn infant.
- From **3-8 year** or so, the number of alveoli continues to <u>increase</u>, forming additional primordial alveoli. By about the <u>eighth</u> year, the <u>adult</u> complement of *300 million* alveoli is present.

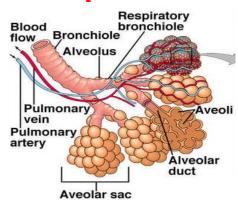
PRETERM LUNGS



32 WEEKS GESTATIONAL AGE

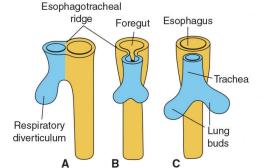
FULL-TERM LUNGS

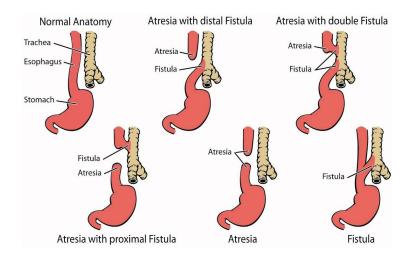
40 WEEKS GESTATIONAL AGE



Developmental anomalies: Tracheo-esophageal Fistula

- An abnormal passage between the trachea and esophagus.
- Results from <u>incomplete</u> division of the cranial part of the foregut into respiratory and esophageal parts by the tracheo-esophageal septum.
- Occurs once in 3000 to 4500 live births.
- Most affected infants are males.
- In more than 85% of cases, the fistula is associated with **esophageal atresia** (esophagus ends in a blind-ended pouch rather than connecting normally to the stomach).





MCQs

Question 1: The vestibular folds develop during which phase?

A. recanalization of the larynx

B. proliferation of the mesoderm in the floor of the pharynx

C. development of the trachea

D. differentiation of the endodermal lining of the laryngotracheal tube

Question 2: Which one of the following is derived from the endoderm?

A. connective tissue of the trachea

B. glands of the trachea

C. cartilage of the trachea

D. laryngeal muscles

Question 3: Which portion of the respiratory diverticulum the larynx

arises from?

A. cranial

B. caudal

C. ventral

D. dorsal

Question 4: At which week does the development of the respiratory tract

begins?

A. 10th

B. 4th

C. 5th

D. 7th

Question 5: By 17 weeks all major elements of the lung have formed except:

A. alveoli

B. bronchioles

C. trachea

D. esophagus

Question 6: The parietal pleura is derived from:

A. thoracic body wall

B. somatic mesoderm

C. visceral pleura

D. splanchnic mesenchyme

Question 7: segments of the lungs mature faster than the ones.

A. cranial, caudal

B. caudal, cranial

C. dorsal, ventral

D. ventral, dorsal

Question 8: Surfactant production begins by:

A. 22 weeks

B. 20 weeks

C. 18 weeks

D. 21 weeks

Best wishes



Don't forget to leave your feedback:





Team members

Boys team:

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- Naif Al-Dossari
- Faisal Algifari
- Salman Alagla
- Ziyad Al-jofan
- Suhail Basuhail
- Ali Aldawood
- Khalid Nagshabandi
- Mohammed Al-huqbani
- Jehad Alorainy
- Khalid AlKhani
- Omar Alammari

Team leaders

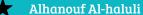
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 - Ateen Almutairi

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- Taif Alotaibi
- Noura Al Turki



Amirah Al-Zahrani



- Sara Al-Abdulkarem
- Rawan Al Zayed
- Renad Al Haqbani
- Nouf Al Humaidhi
- Jude Al Khalifah
- Nouf Al Hussaini
- Alwateen Al Balawi
- Rahaf Al Shabri



Danah Al Halees

- Rema Al Mutawa
- Amirah Al Dakhilallah
- Maha Al Nahdi
- Ghaida Al Braithen