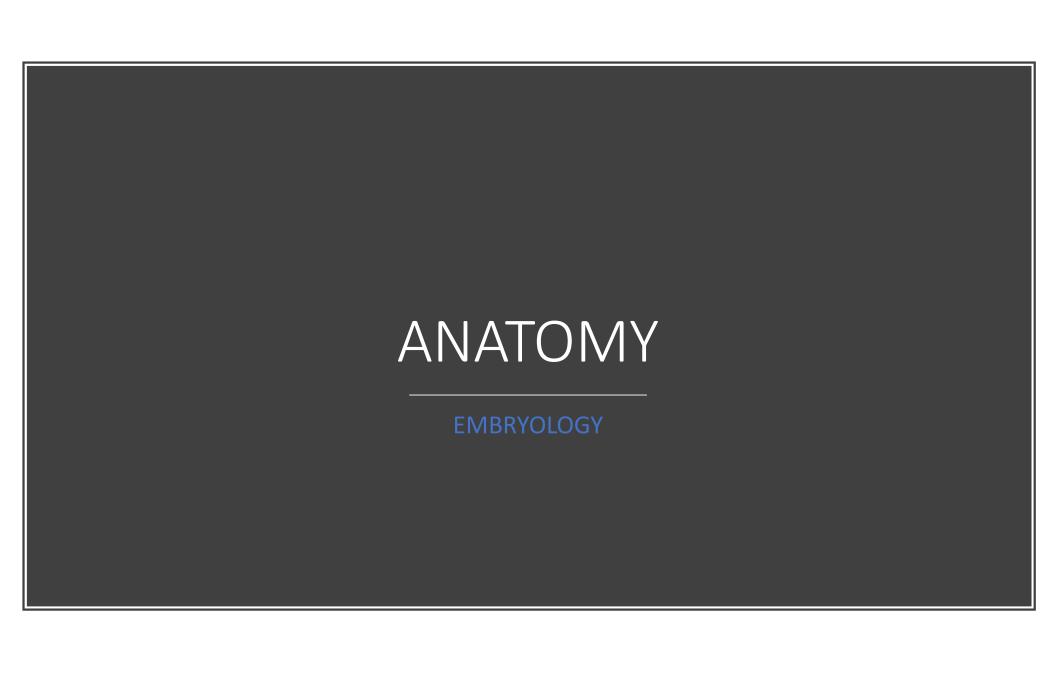
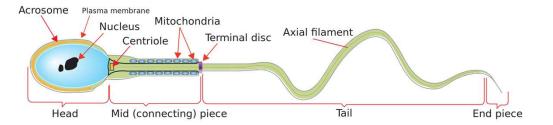
ANATOMY

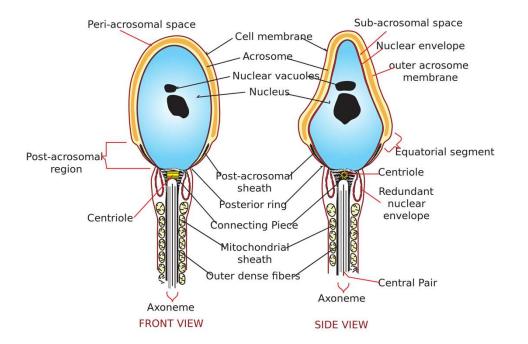


EMBRYOLOGY

- Contents
- <u>1 Development of the Kidneys</u>
 - 1.1 Pronephros
 - 1.2 Mesonephros
 - 1.3 Metanephros
 - 1.4 Clinical Relevance: Horseshoe Kidney
- 2 Development of the Bladder and Urethra

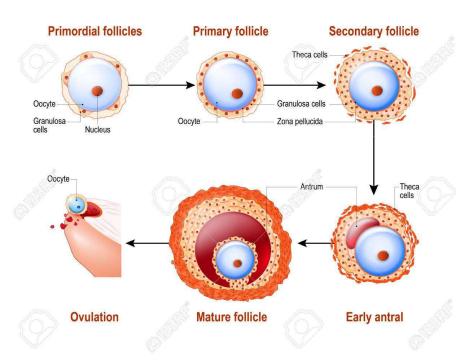
Sperm

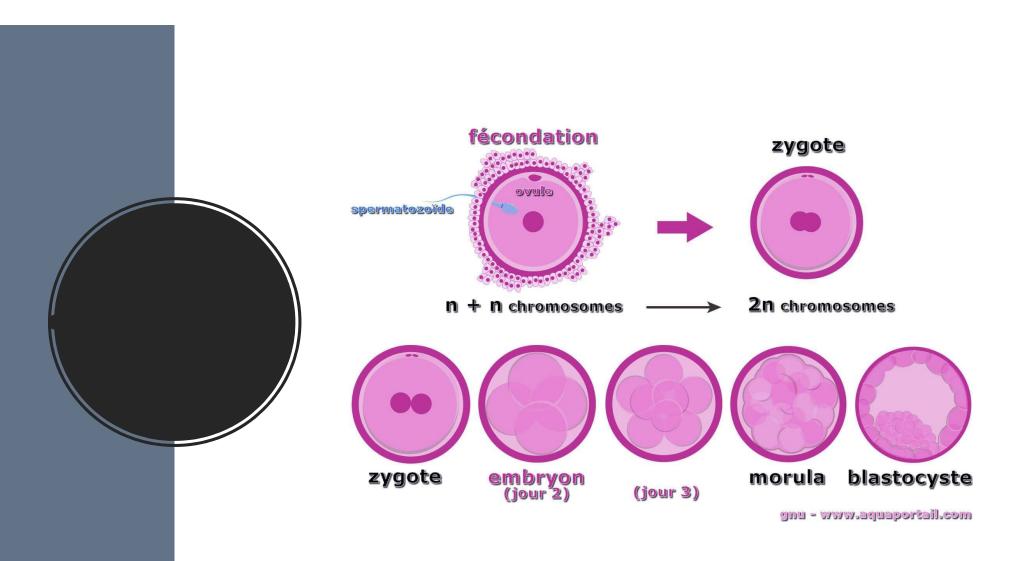




Maturation of Ovum

THE MATURATION OF A FOLLICLE





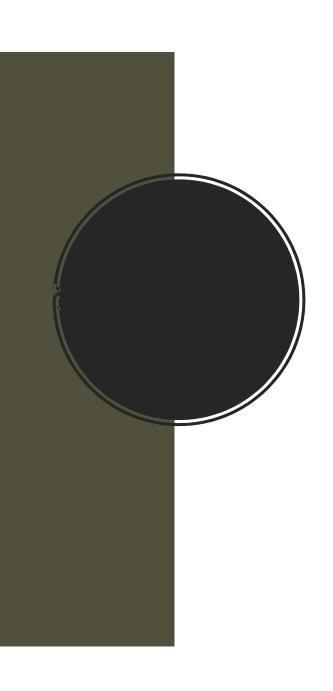
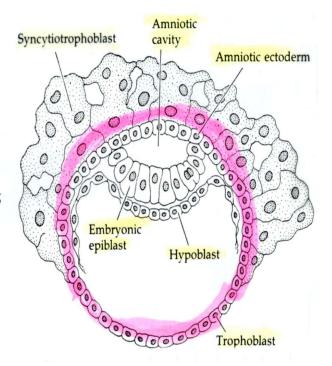


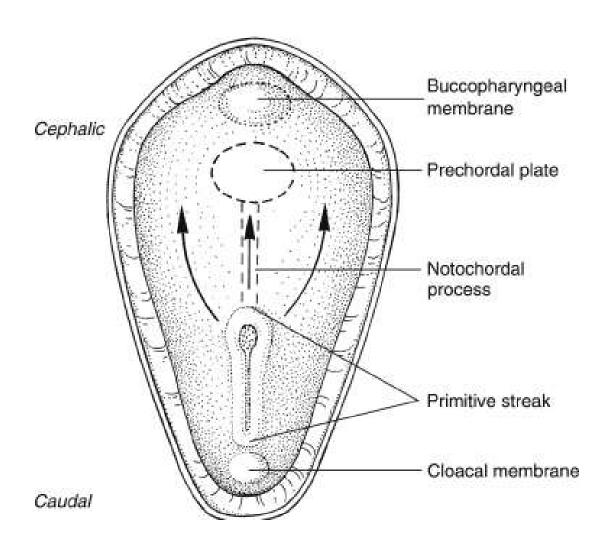
FIGURE 41

Formation of the amnion in human embryos. The hypoblast is complete near the site of the inner cell mass, and the trophoblast cells are dividing to form the syncytiotrophoblast, which will invade the uterus. Meanwhile, the epiblast has split into the amniotic ectoderm and the embryonic epiblast. All subsequent development of the embryo will focus on the embryonic epiblast. (After Carlson, 1981.)

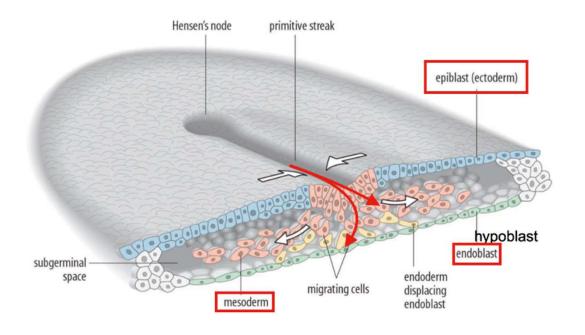


Formation of Bilaminar germ Layer

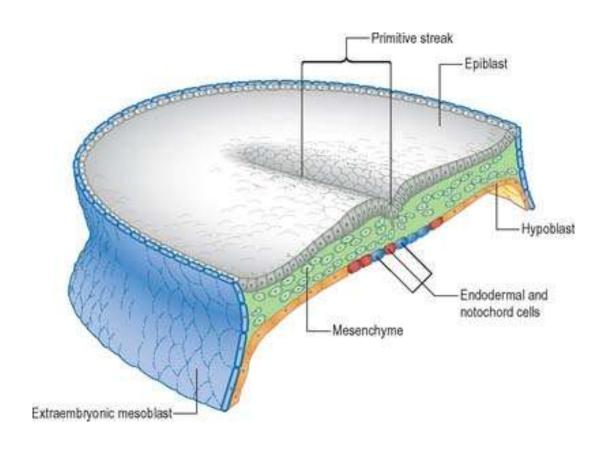
Formation of Bilaminar germ Layer



Trilaminar Disc

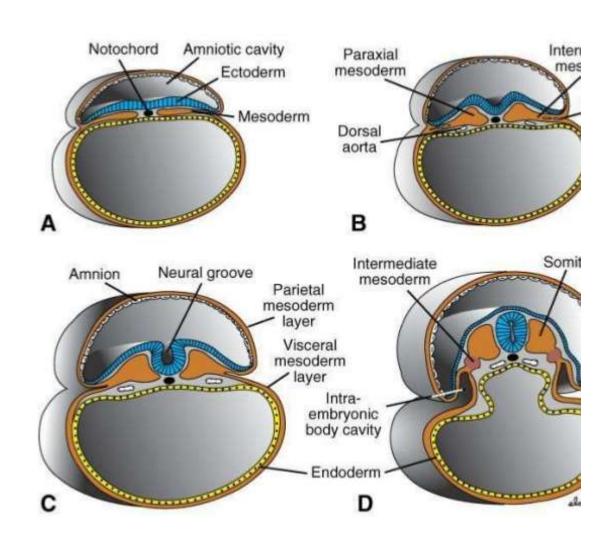


Trilaminar Disc

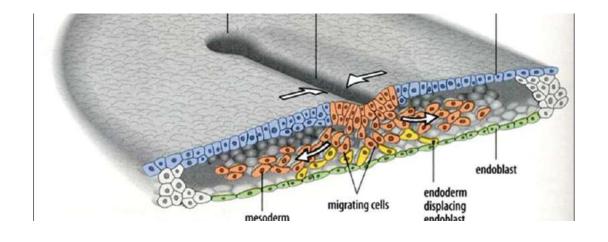


Real Embrology

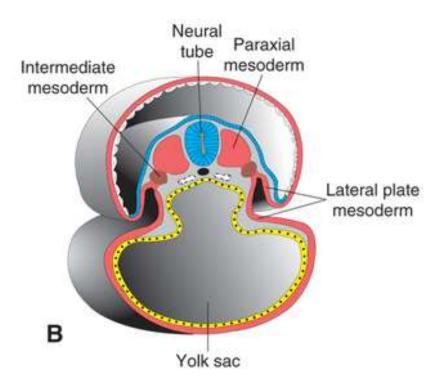
Formation of Bilaminar germ Layer

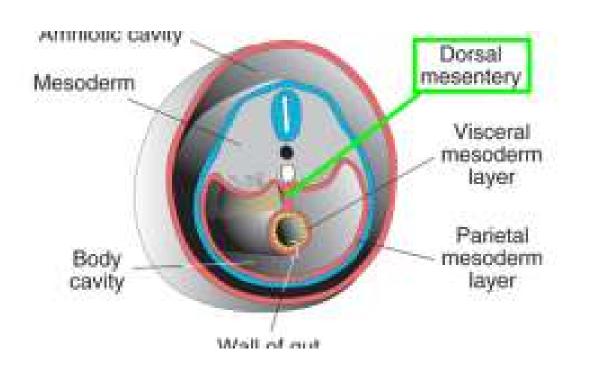


Trilaminar Disc



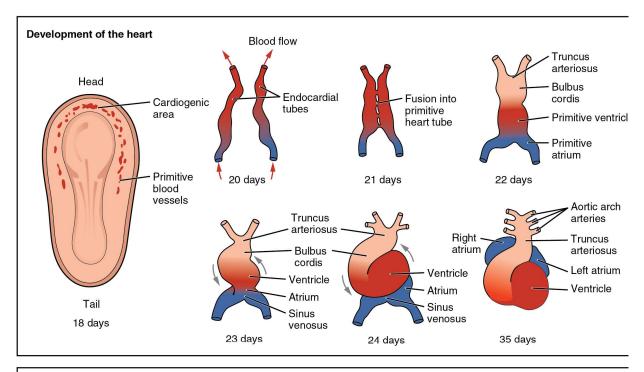
Intermediate Mesoderm

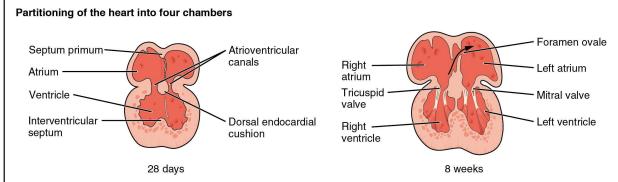




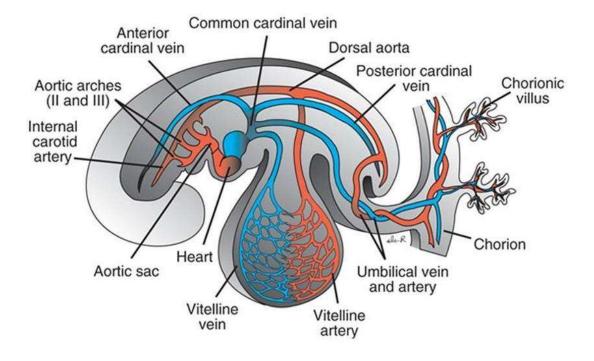
Intermediate Mesoderm

Renal Embryology
On going development of the heart.

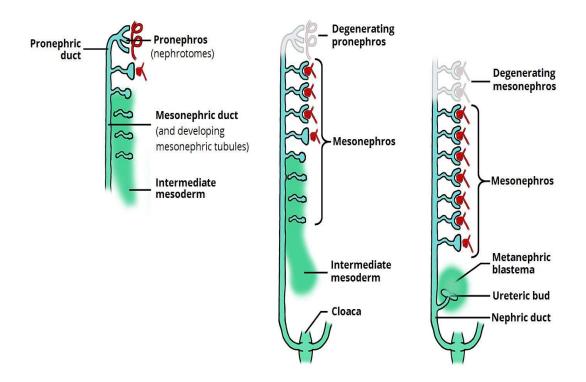




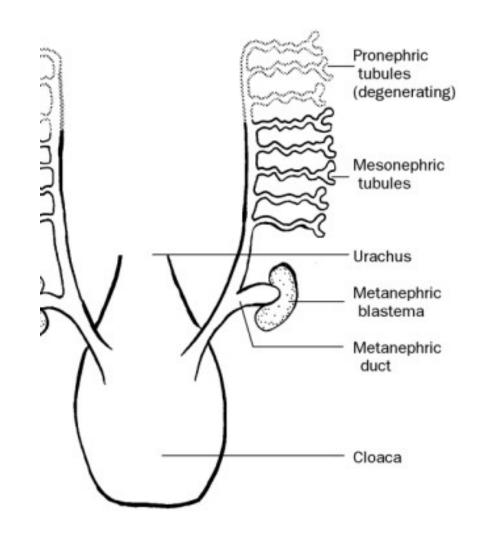
Dorsal Aorta



Pronephros



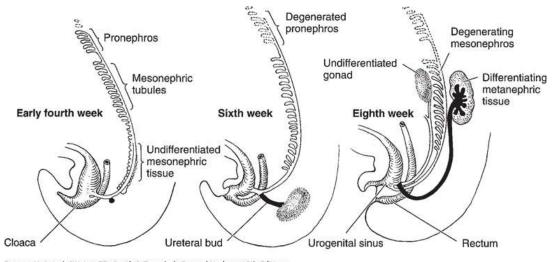
Pronephros



Metanephros

Pronephros Cervical segments Only present early week 4 Nonfunctional; no adult derivatives Mesonephros Thoracic and lumbar segments Forms later in week 4, after pronephros Acts as "interim kidney" until week 9 Gives rise to reproductive structures Metanephros Forms within pelvic region Appears week 5 Definitive kidney at week 10

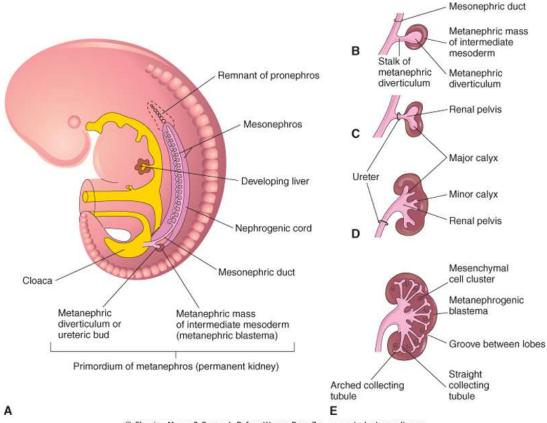
Ureteric Bud



Source: McAninch JW, Lue TF: Smith & Tanagho's General Urology, 18th Edition: www.accessmedicine.com

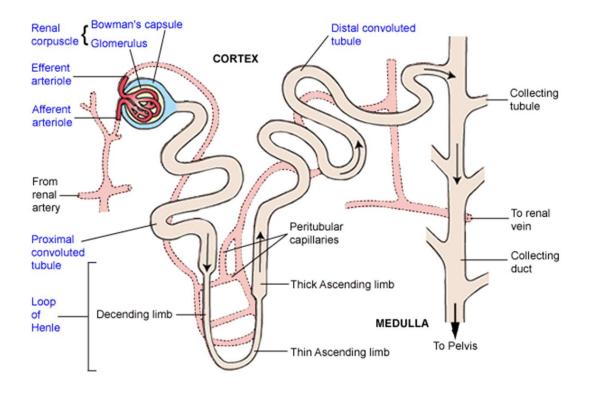
Copyright © The McGraw-Hill Companies, Inc. All rights reserved.

Metanephric Blastema

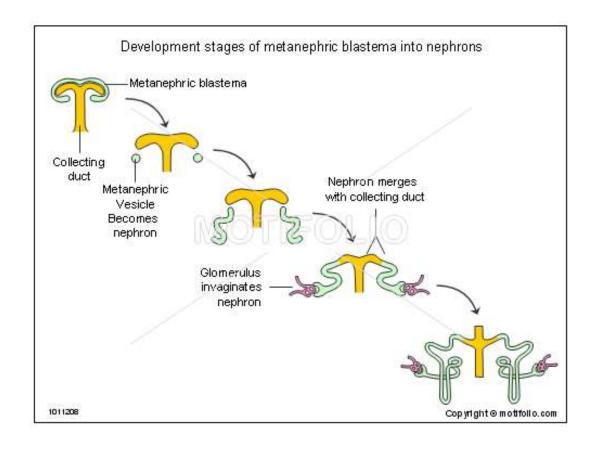


© Elsevier. Moore & Persaud: Before We are Born 7e - www.studentconsult.com

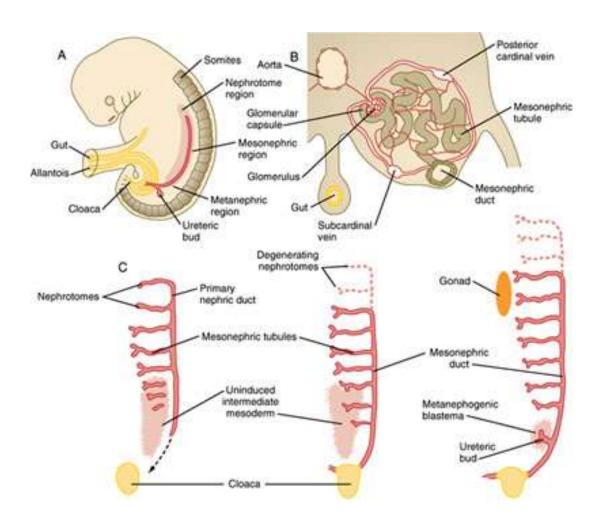
Nephrons



Bowmen's Capsule

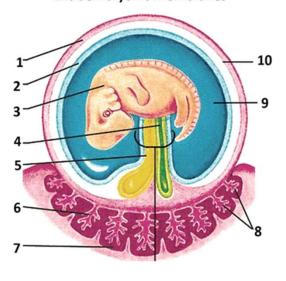


Metanephric Blastema



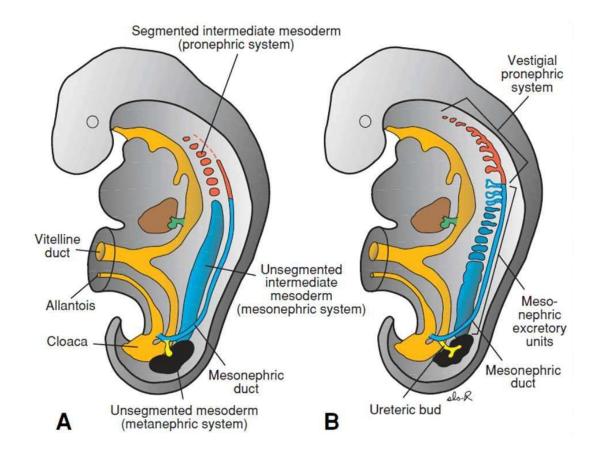
Allantois

Extraembryonic Membranes

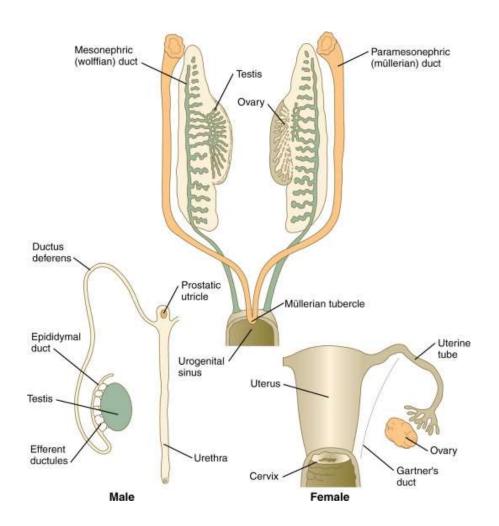


- 1. Chorion
- 2. Amnion
- 3. Embryo
- 4. Allantois
- 5. Yolk sac
- 6. Fetal part of placenta (Chorion frondosum)
- 7. Maternal part of placenta (Decidua basalis)
- 8. Chorionic villi
- 9. Amniotic cavity
- 10.Chorionic cavity

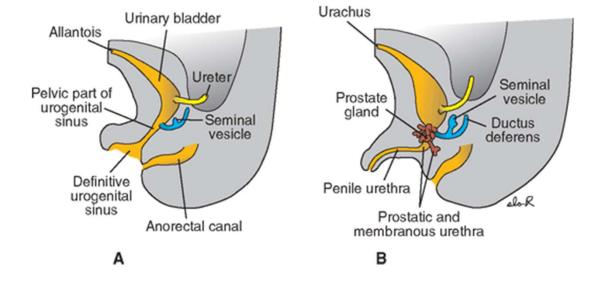
Allantois



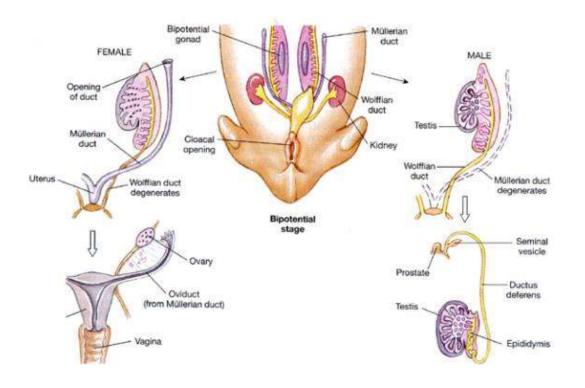
Paramesonephric Duct



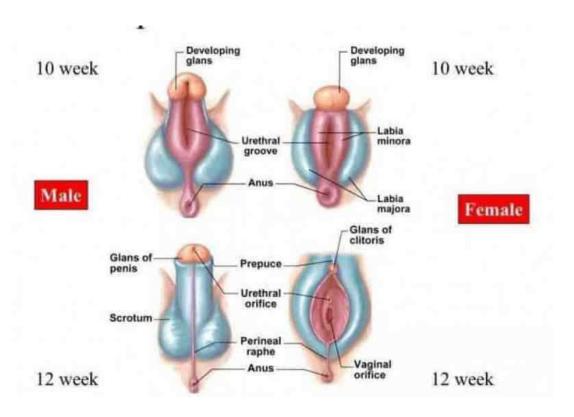
Urogenital Sinus



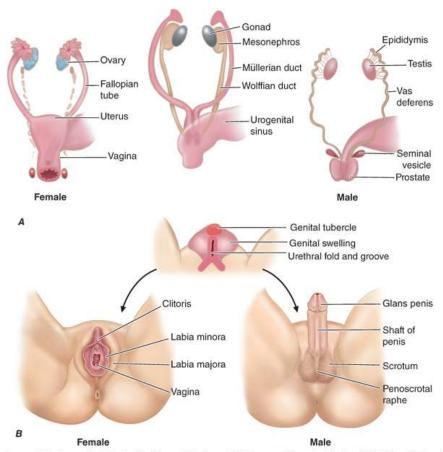
Paramesonephric Duct



External Genitalia

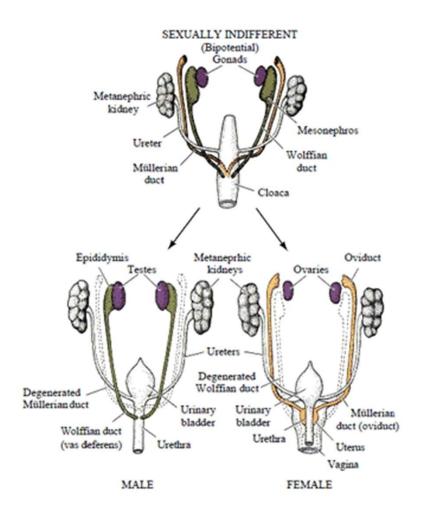


External Genitalia

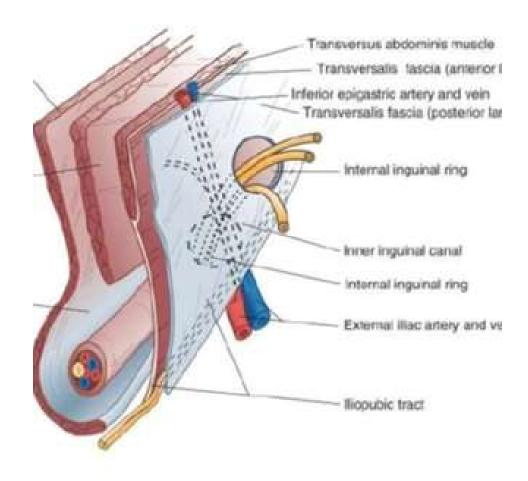


Source: D. L. Kasper, A. S. Fauci, S. L. Hauser, D. L. Longo, J. L. Jameson, J. Loscalzo: Harrison's Principles of Internal Medicine, 19th Edition. www.accessmedicine.com
Copyright © McGraw-Hill Education. All rights reserved.

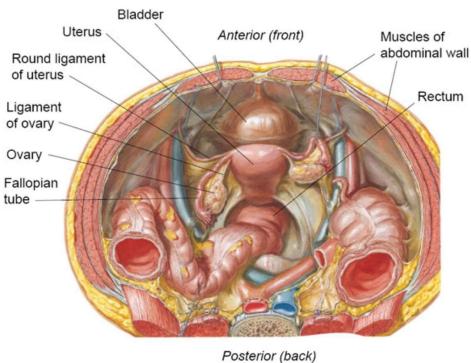
Paramesonephric Duct



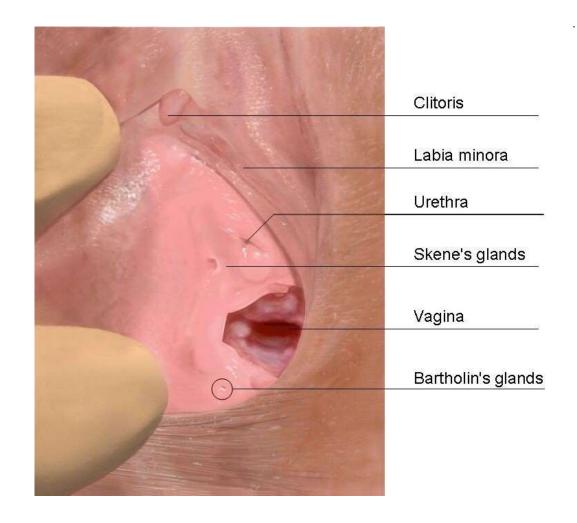
Inguinal canal



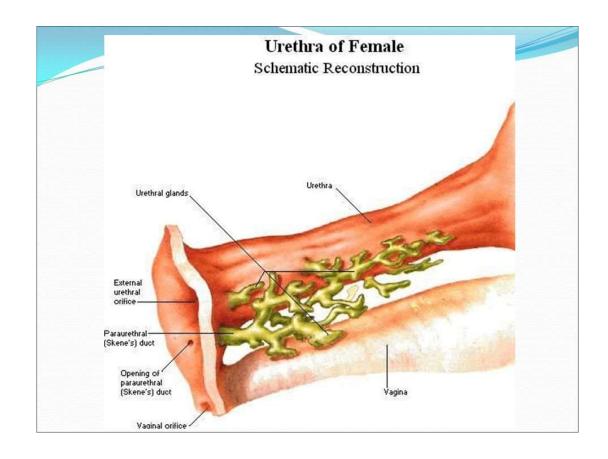
Gubernaculum



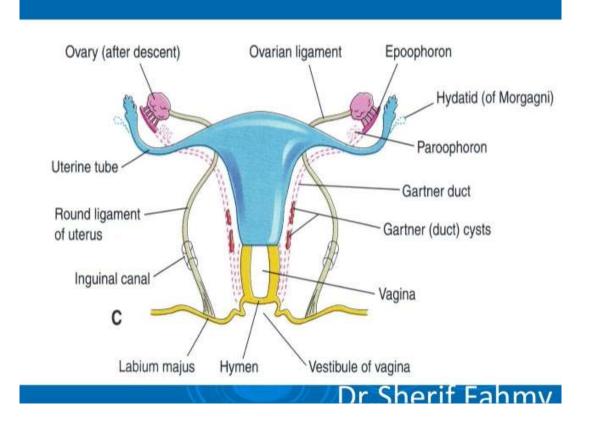
Skene Gland

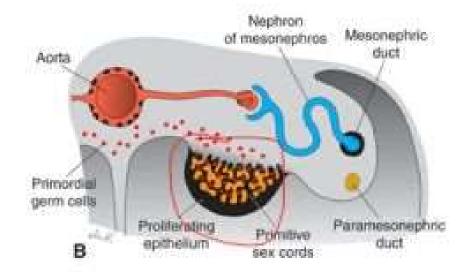


Skene Duct/ Gland



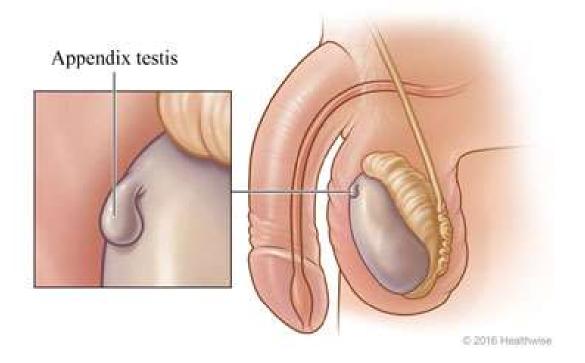
Gartenr's Duct





Development of Gonads

Appendix of testis

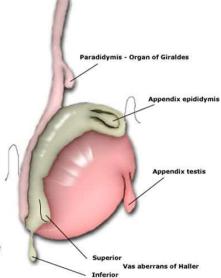


Torsion of Appendicular Testis

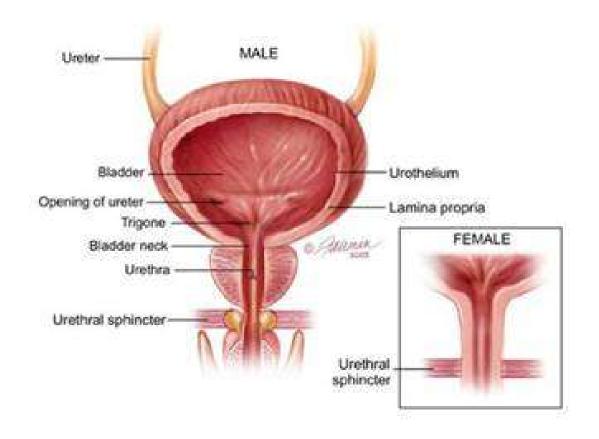


Torsion of Appendix Testis

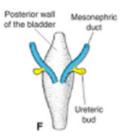
- Appendix testis
 - ☐ Small vestigial structure, remnant of Mullerium duct
 - □ Pedunculated, 0.3cm long
- Other appendix structures
- Prepubertal estrogen may enlarge appendix and cause torsion



Trigone of Bladder

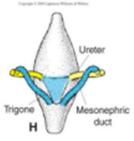


Trigone of Bladder



Incorporation of the Mesonephric Ducts into the Posterior Bladder Wall

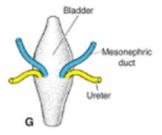
7-SF Stubber formation.



Incorporation of the Mesonephric Ducts into the Posterior Bladder Wall

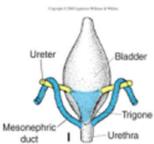
7-91 Walterformine

Copright 1 SHC (polson William X Wille)



Incorporation of the Mesonephric Ducts into the Posterior Bladder Wall

1-9G Worker formation



Incorporation of the Mesonephric Ducts into the Posterior Bladder Wall

3-St Blakky between

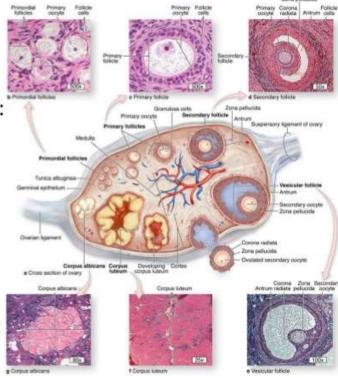
Copylight S SHIT Significant Million & Wilson

Histology of Ovaries

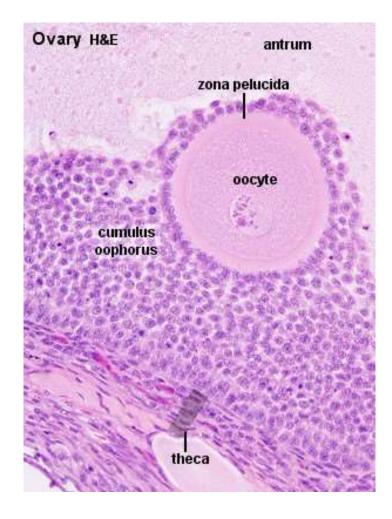
Ovary

Cortex: outer part consists of:

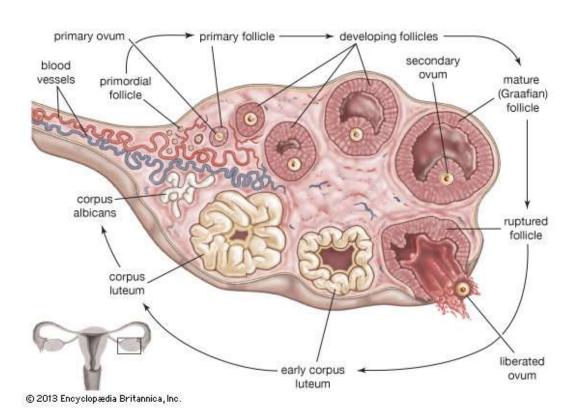
- Stroma: connective tissue & stromal cells
- Paranchyma: different phases of ovarian follicles



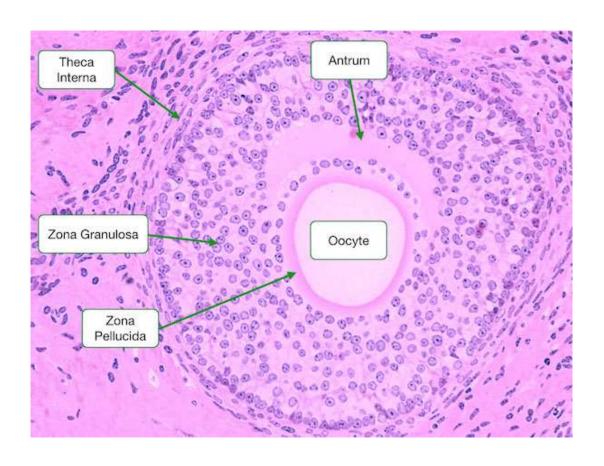
Oocyte



Corpus Luteum



Theca Cell



The main functions of the **urinary system** include:

- Removal of metabolic waste products such as uric acid, urea and creatinine.
- Maintain electrolyte, water and pH balance.
- Regulation of blood pressure, blood volume and erythropoiesis, and vitamin D production.
- Development of the urinary system is closely related to the development of the reproductive system; particularly during the earlier stages – where they develop from the same origin. However, the urinary system develops ahead of the reproductive system.
- The urinary system consists of the kidneys, ureters, bladder and urethra. A region of **intermediate mesoderm**, known as the urogenital ridge, gives rise to these structures.
- In this article, we will look at the **embryology of the urinary system** and its clinical correlations.

Development of the Kidneys

• In the embryo, the kidneys develop from three overlapping sequential systems; the pronephros, the mesonephros, and the metanephros. They are all derived from the **urogenital ridge**.

Pronephros

- The **pronephros** appears in the 4th week of development.
- Its development begins in the **cervical region** of the embryo. Segmented divisions of intermediate mesoderm form tubules, known as nephrotomes. In total, 6-10 pairs of nephrotomes are formed.
- These tubules join into the pronephric duct, which is a duct that extends from the cervical region to the cloaca (distal end) of the embryo. This early system is nonfunctional and regresses completely by the end of week 4.

Mesonephros

- The **mesonephros** develops caudally (inferiorly) to the pronephros. First, the presence of the pronephric duct induces nearby intermediate mesoderm in the thoracolumbar region to form **mesonephric tubules**.
- These tubules receive a tuft of capillaries from the dorsal aorta – allowing for the filtration of blood – and they drain into the **mesonephric duct** (a continuation of the pronephric duct). They act as a primitive excretory system in the embryo, with most tubules regressing by the end of the 2nd month.
- Additionally, the mesonephric duct sprouts the ureteric bud caudally, which induces the development of the definitive kidney.

Metanephros

- The **metanephros** forms the definitive kidney. It appears in the 5th week of development and becomes functional around the 12th week.
- The ureteric bud from the mesonephric duct makes contact with a caudal region of intermediate mesoderm

 the metanephric blastema (Fig 2). Collectively, these blastema form the metanephric system, which has two components:
- **Collecting system** derived from the ureteric bud.
 - It dilates to create the ureter, renal pelvis, major and minor calyces and collecting tubules – terminating at the distal convoluted tubule.
 - If the uretic bud splits too early, two ureters, or two renal pelvices connecting to one ureter may result.

- Excretory system derived from the metanephric blastema. Each collecting tubule from the collecting system is covered by a metanephric tissue cap which gives rise to the excretory tubules.
- These excretory tubules (along with the developing glomeruli) form the kidney's functional units – the nephron.
- The proximal end of the excretory tubule forms the Bowman's capsule around a glomerulus, while the distal end elongates to form the proximal convoluted tubule, loop of Henle and distal convoluted tubule

The definitive kidney initially develops in the **pelvic region** before ascending into the abdomen. In the pelvis, the kidney receives its blood supply from a pelvic branch of the abdominal aorta and as it ascends, new arteries from the abdominal aorta supply the kidney. The pelvic vessels usually regress but can persist as accessory renal arteries.

Clinical Relevance: Horseshoe Kidney

- A horseshoe kidney (also known as a cake kidney or fused kidney) is where the two developing kidneys fuse into a single horseshoe-shaped structure.
- This occurs if the kidneys become too close together during their ascent from the pelvis to the abdomen – they become fused and consequently 'stuck' underneath the inferior mesenteric artery.
- This type of kidney is still drained by two ureters, and is usually asymptomatic, although it can be prone to **obstruction**.

Development of the Bladder and Urethra

 The bladder and urethra of the urinary system are ultimately derived from the cloaca — a hindgut structure that is a common chamber for gastrointestinal and urinary waste.

- In the 4th-7th weeks of development, the cloaca is divided into two parts by the **uro-rectal septum**:
- **Urogenital sinus** (anterior) divided into three parts:
 - The upper part of the urogenital sinus forms the bladder.
 - The pelvic part forms the entire urethra and some of the reproductive tract in females, and the prostatic and membranous urethra in males.
 - The phallic/caudal part forms part of the female reproductive tract, and the spongy urethra in males.

Anal canal (posterior)

- The urinary bladder is initially drained by the allantois.
 However, this is obliterated during fetal development
 and becomes a fibrous cord the urachus. A remnant of
 the urachus can be found in adults; the median umbilical
 ligament, which connects the apex of the bladder to the
 umbilicus.
- As the bladder develops from the urogenital sinus, it absorbs the caudal parts of the mesonephric ducts (also known as the Wolffian ducts), becoming the trigone of the bladder. The ureters, which have formed as outgrowths of the mesonephric ducts, enter the bladder at the base of the trigone. The final structure varies between sexes:

Gender Difference

	<u>Male</u>	<u>Female</u>
Bladder	•As the kidneys ascend into the abdomen, the ureteric openings move cranially. •The mesonephric ducts (Wolffian ducts) move caudally and closer together, entering the prostatic urethra to become the ejaculatory ducts.	•As the kidneys ascend into the abdomen, the ureteric openings move cranially. •The mesonephric ducts degenerate due to a lack of testicular androgens.
Urethra	•The pre-prostatic, prostatic and membranous urethra is formed from the pelvic part of the urogenital sinus. •The spongy urethra is formed from the phallic part of the urogenital sinus.	•Urethra is formed from the pelvic part of the urogenital sinus