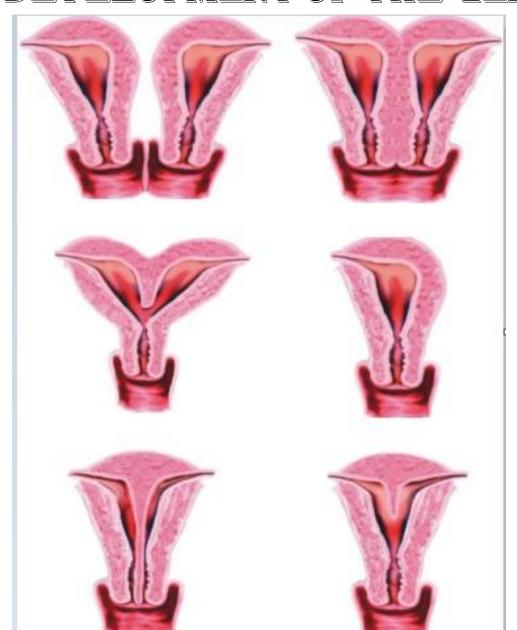
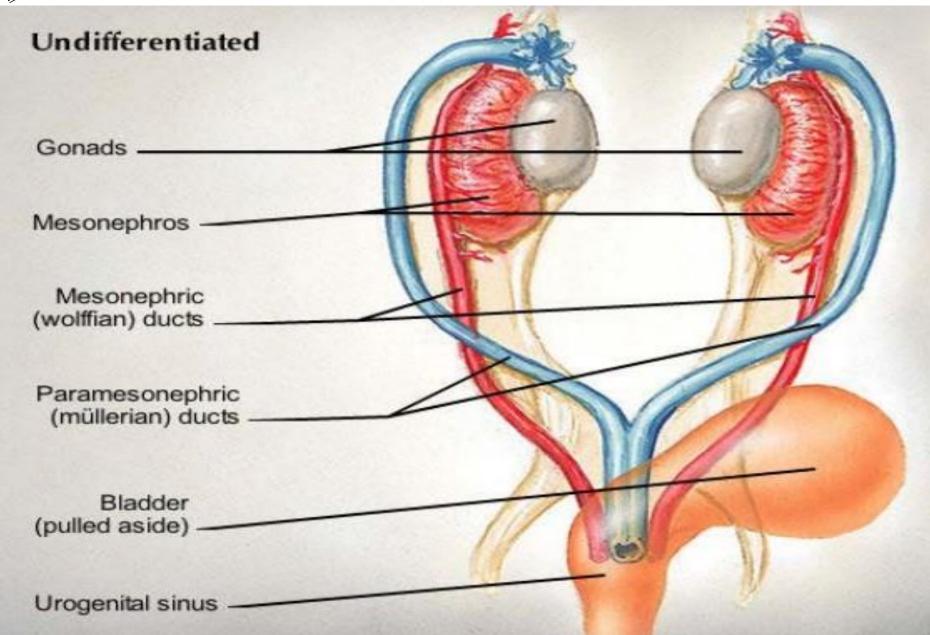
DEVELOPMENT OF THE GENITAL SYSTEM 2



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DEVELOPMENT OF MESONEPHRIC TUBULES & DUCTS

IN MALES

1- The mesonephric tubules

degenerate **except** middle ones that related to testis to form

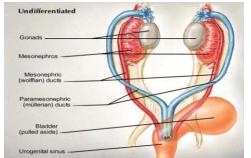
efferent ductules

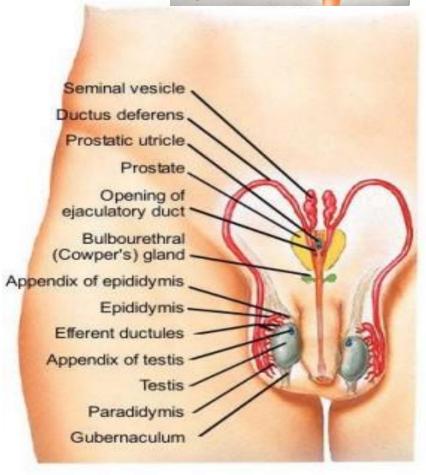
that connect rete testis with mesonephric duct.

2- The mesonephric duct

Immediately below the entrance of efferent ductules the mesonephric duct gives

- 1- epididymis.
- 2-vas deferens.
- 3-seminal vesicle
- 4- ejaculatory duct.





DEVELOPMENT OF MESONEPHRIC TUBULES & DUCTS

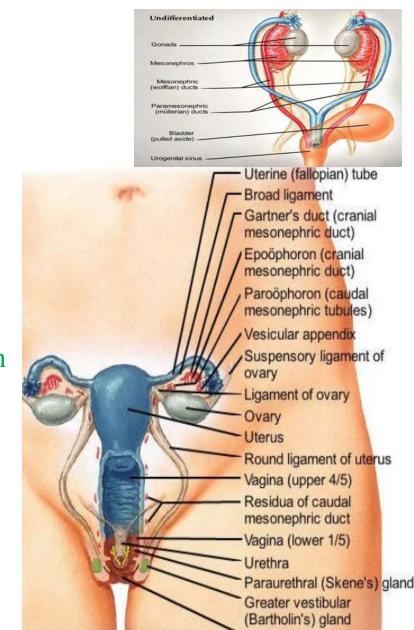
IN FEMALES

1- The mesonephric tubule

- -the most cephalic group of mesonephric tubules degenerate leaving a vestigial structure, the epoophoron
- -while the caudal ones degenerate leaving the paroophron

2- The mesonephric duct

- degenerates, leaving only
- -its most cephalic part, the duct of epoophoron
- -its most caudal part, the Gartner duct.



Vestibule

DEVELOPMENT OF PARAMESONEPHRIC DUCT

DEVELOPMENT

develop by invagination of dorsal wall of intraembnyonic coelom (mesodermal)

3 parts:

-cranial vertical part: lateral to mesonephric duct

-middle horizontal part: cross in front mesonephric duct

-caudal vertical part: medial to mesonephric duct,

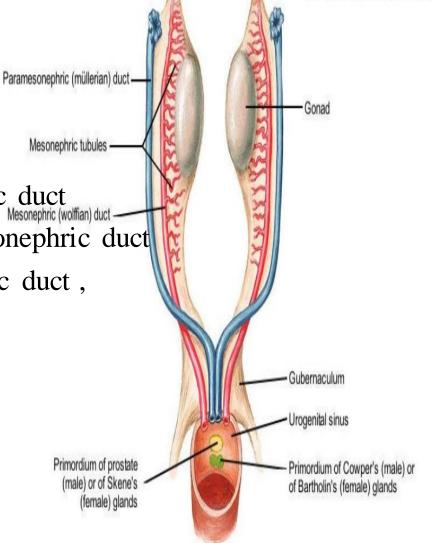
in close contact with the other paramesonephric duct

2ends

-cranial end:

open in intraembnyonic coelom with a funnel like structure

-caudal end: blind & press on post wall of definitive urogenital sinus forming Mullerian tubercle inside it.



DEVELOPMENT OF PARAMESONEPHRIC DUCT

FATE

In male:

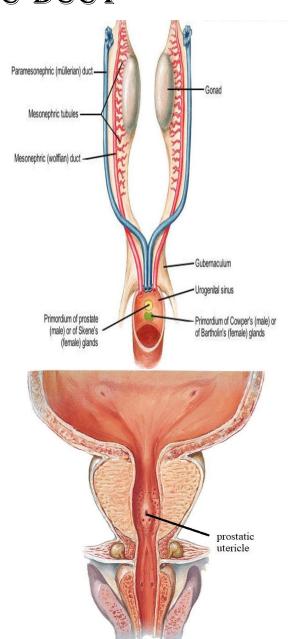
degenerate except cranial end that form

- -appendix of testis
- -prostatic utricle

In female:

develop into the main genital ducts

- -uterine tubes
- -uterus
- -upper 3/4 of vagina



DEVELOPMENT OF UTERUS

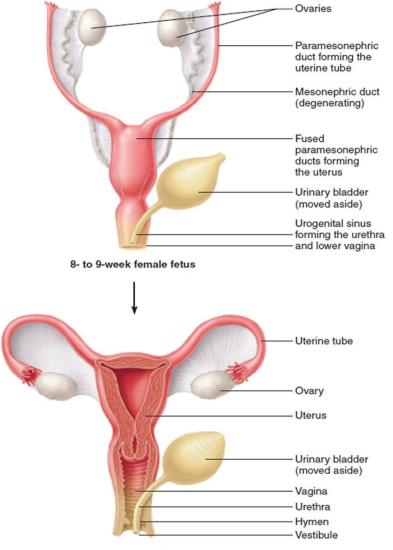
DEVELOPMENTAL SOURCE: mullerian ducts (mesodermal)

DEVELOPMENT

Cranial vertical parts of ducts gives the uterine tubes that open in intraembnyonic coelom

Middle horizontal parts of ducts fuse together & septum in () disappear giving the fundus

Caudal vertical parts of ducts fuse together & septum in () disappear giving uterovaginal canal giving body & cervix of uterus(and most of vagina)



At birth: female development

DEVELOPMENT OF UTERUS

CONGENITAL ANOMALIES

duplication of uterus:

due to lack of fusion of Mullerian ducts in a local area or completely

1-uterus didelphys:

double uterus, double cervix, double vagina

2-uterus bicornis bicollis:

double uterus, double cervix, one vagina

3-uterus bicornis unicollis(bicornate uterus):

double uterus with one cervix

4-septate uterus(bipartite uterus): with incomplete septum inside it

5-uterus unicornis :uterus with one normal horn and the other is rudimentary

others:

- 1-abscent one or both uterine tubes
- 2-infantile uterus
- 3-atresia of cervix



DEVELOPMENT OF VAGINA

DEVELOPMENTAL SOURCES

upper 3/4: from uterovaginal canal (mesodermal)

lower 1/4: from definitive urogenital sinus (endodermal)

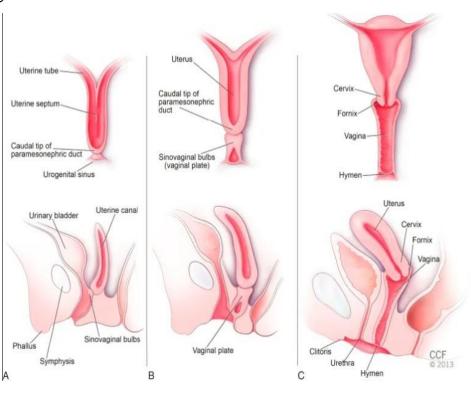
the lower 1/4 of vagina is separated from upper 3/4 (from uterovaginal canal) by thin membrane, the hymen that acquire

an opening in perinatal period for passage of future menstruation

CONGENITAL ANOMALIES:

1-Atresia of vagina

2-Imperforate hymen (cryptmenorrhea)



DEVELOPMENT

INDIFFERENT STAGE

CLOACAL FOLDS:-

2 mesodermal elevations one on each side of cloacal membrane

Cranially:

fuse forming genital tubercle

Caudally:

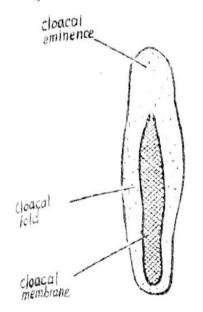
form uretharal (genital)folds anteriorly

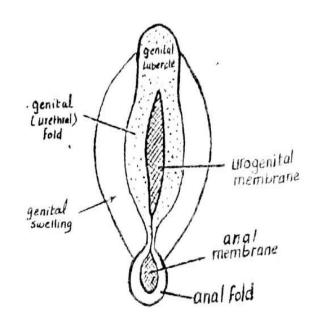
anal folds

posteriorly

GENITAL SWELLINGS:-

2 elevations one on each side of uretharal folds





DEVELOPMENT

DIFFERENT STAGE:

in male: by androgens from testis

genital tubercle & genital folds form

phallus then penis containing penile urethra

genital (scrotal) swellings: they arise in inguinal region,

then move caudally forming the scrotum.

They are separated by scrotal septum

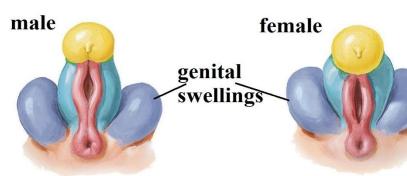
in female: by estrogen

genital tubercle slightly elongate forming clitoris

genital folds not fuse as in male but form labia minora

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genital swellings enlarge greatly forming labia majora





CONGENITAL ANOMALIES

IN MALE

- 1- micro penis: due to low androgens level
- 2- bifid or double penis: due to splitting of genital tubercle
- 3- male pseudo hermaphrodite:

Internal genitalia are testes

& ext. genitalia look like female

as scrotal swelling don't fuse

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CONGENITAL ANOMALIES

.IN FEMALE

- 1- absent clitoris: due to low estrogen level
- 2- bifid clitoris: due to splitting of genital tubercle
- 3- female pseudo hermaphroidte:
- Internal genitalia are ovaries & ext.
- genitalia look like male as clitoris is
- very large as penis or may be almost
- male genitalia
- 4-imperforate hymen or widely
 - perforated elastic hymen

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