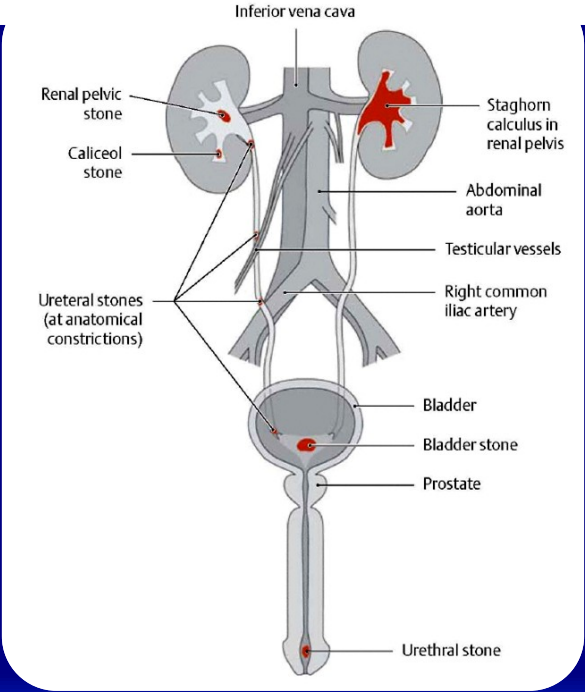
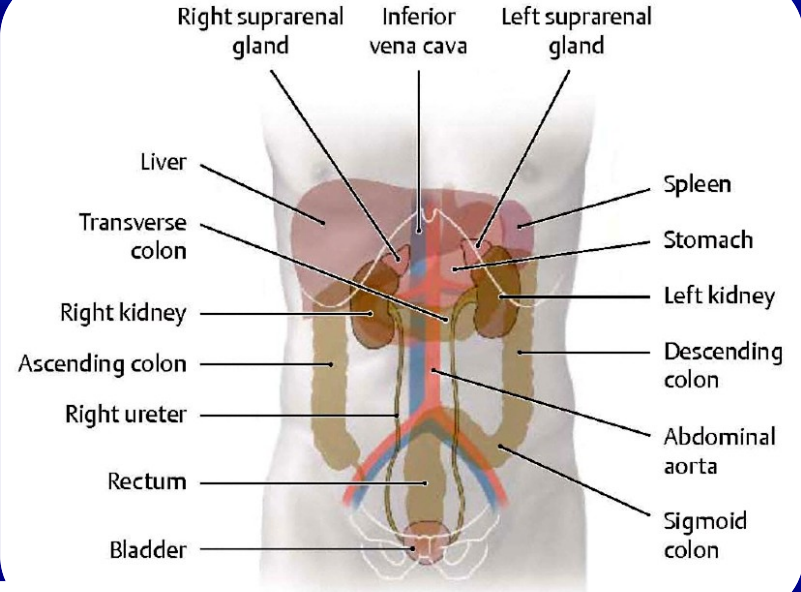
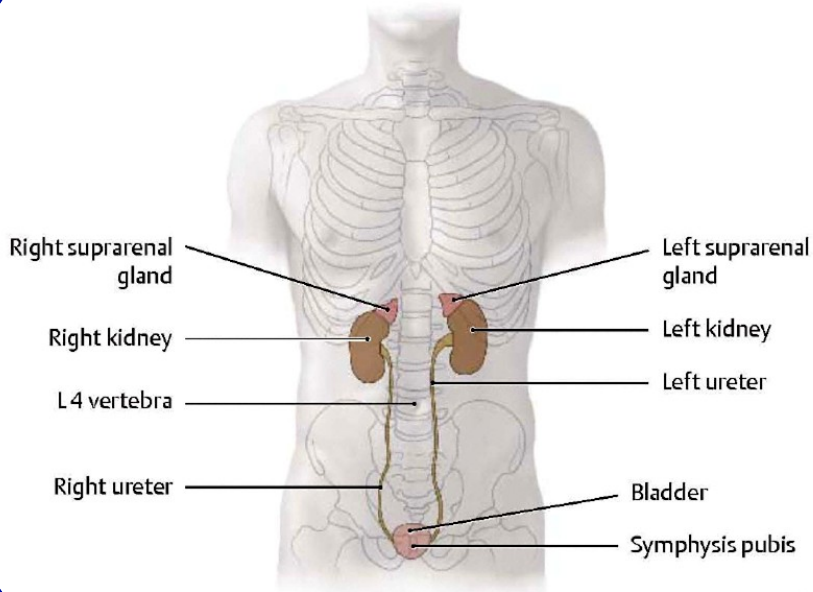
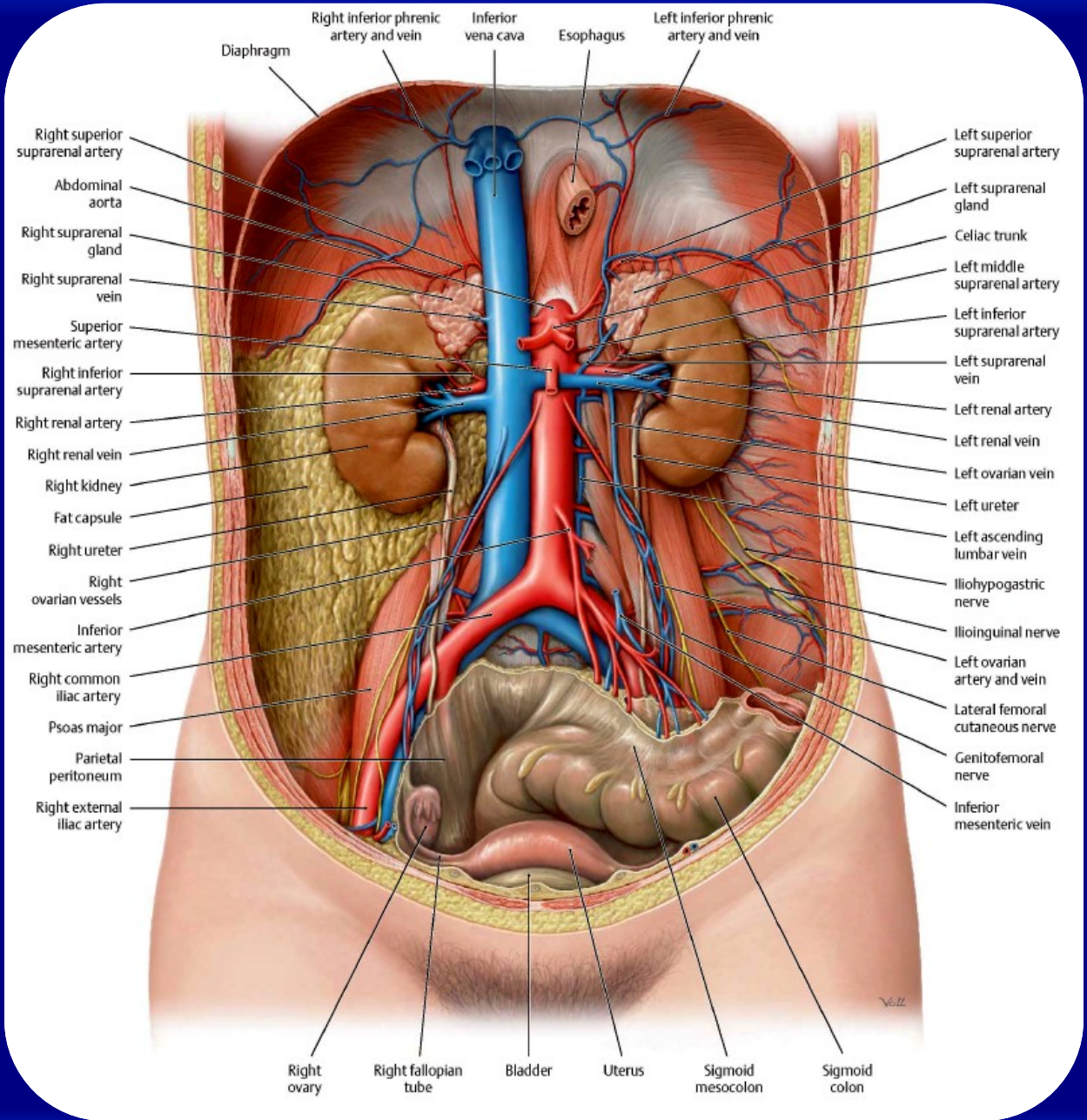
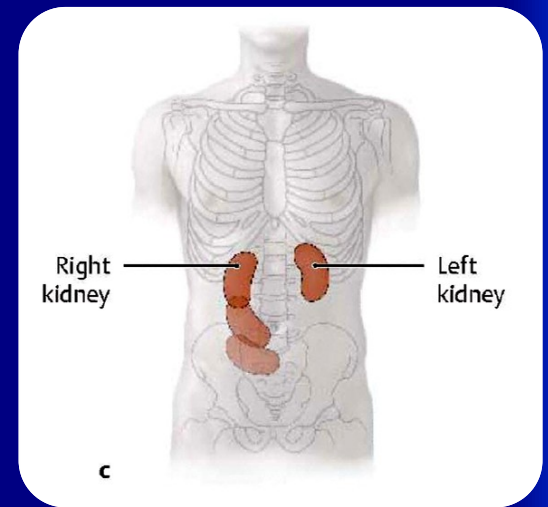
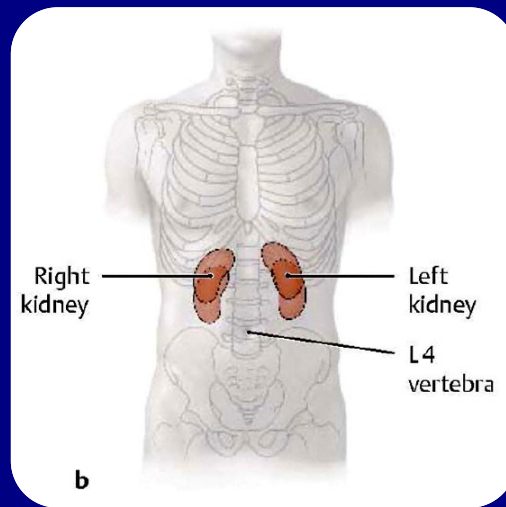
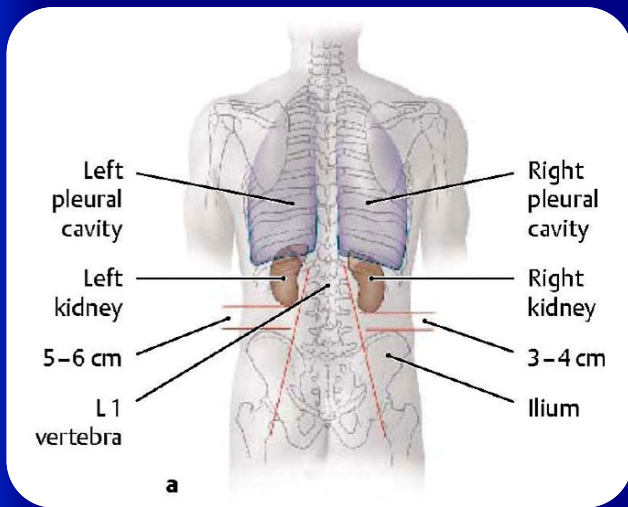
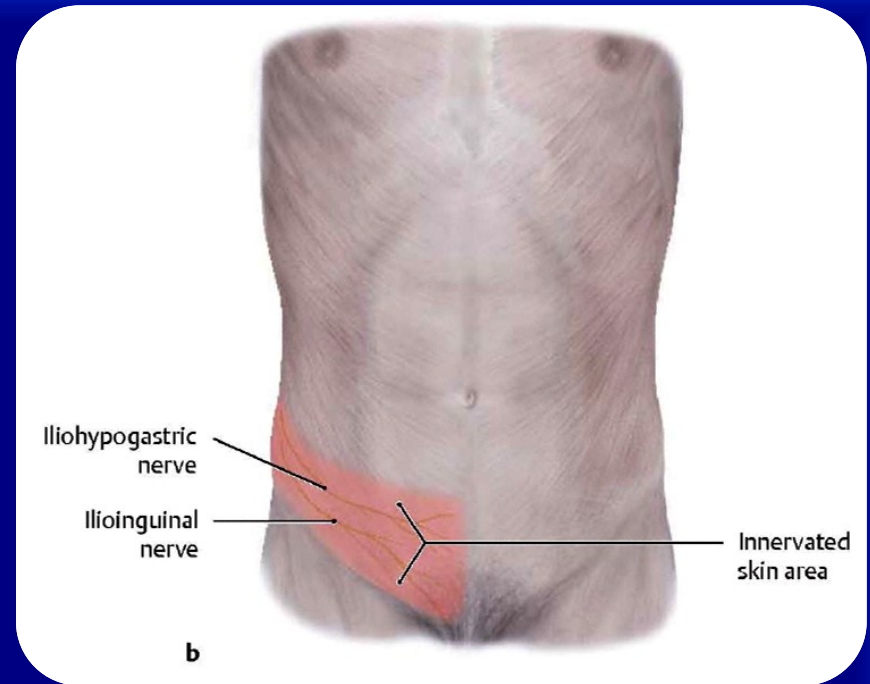
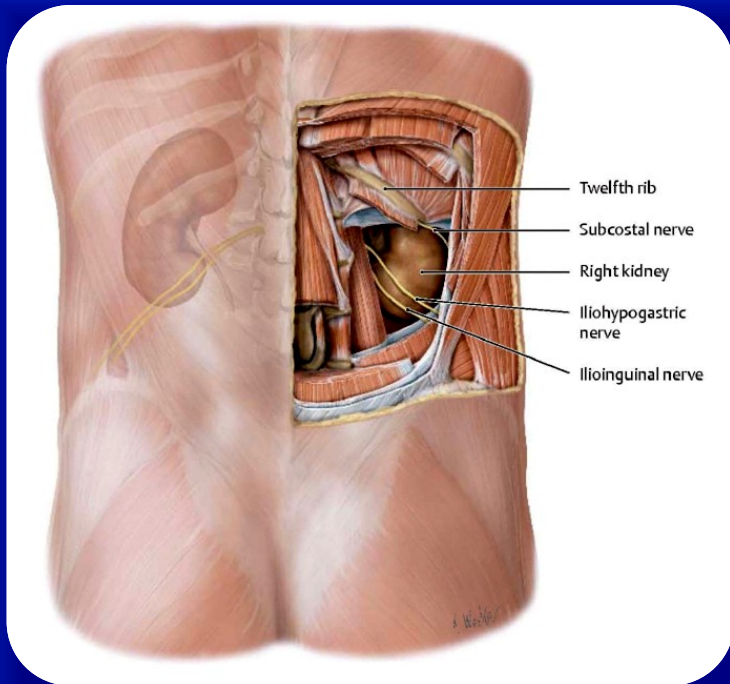
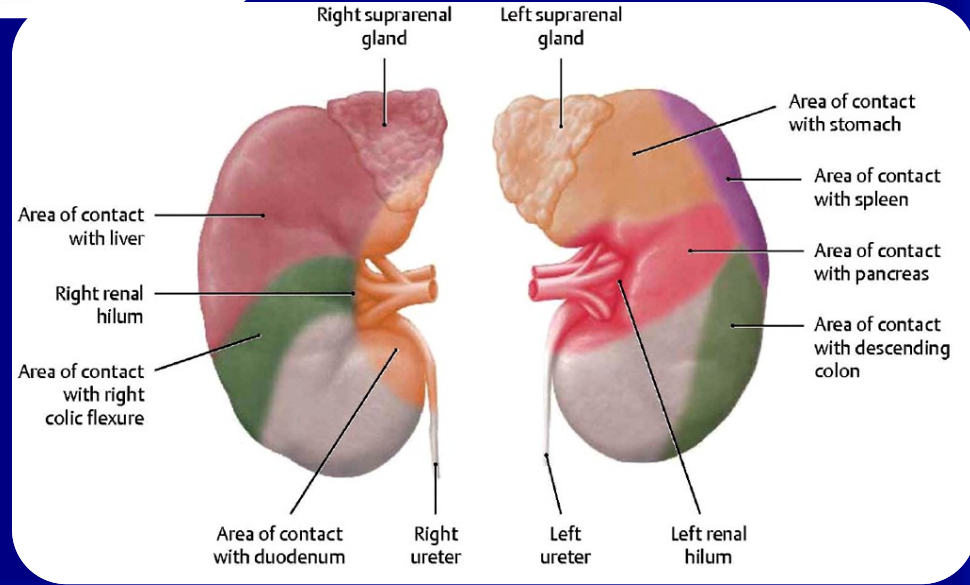
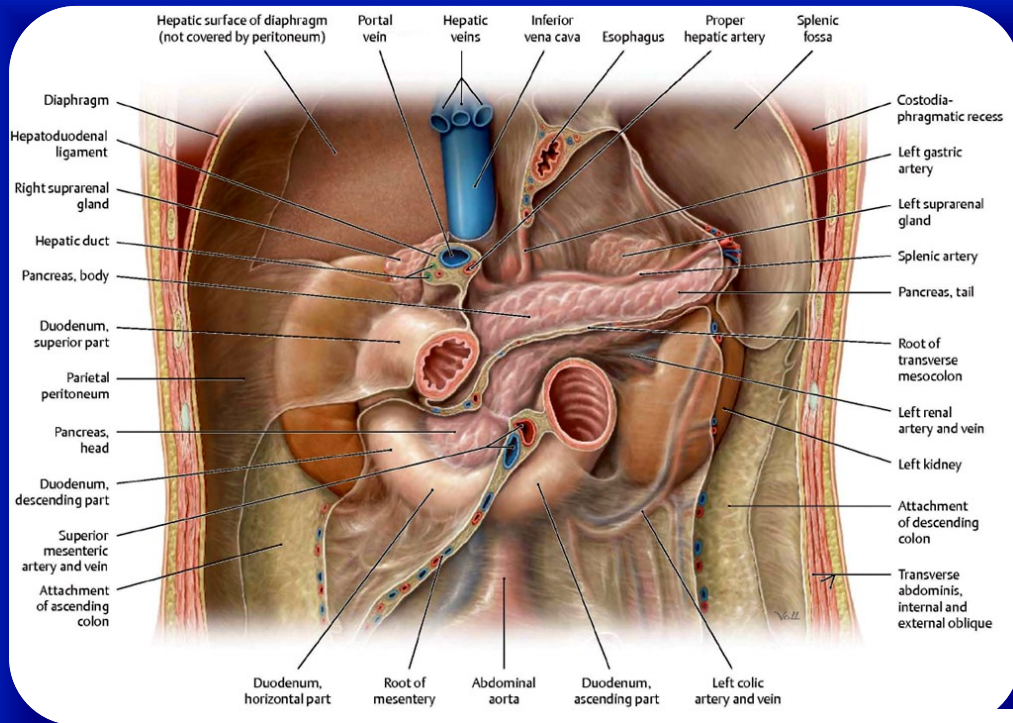


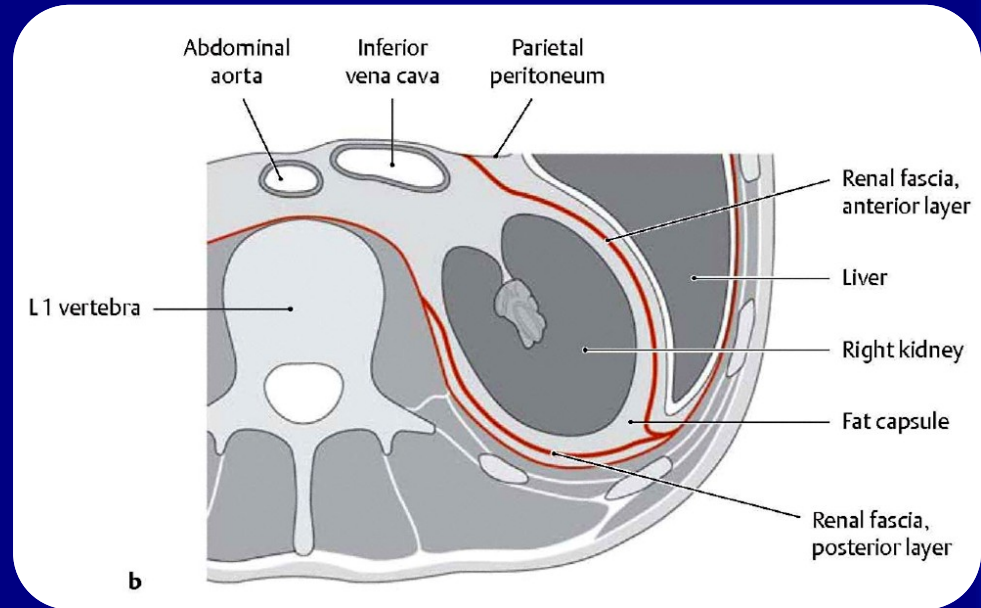
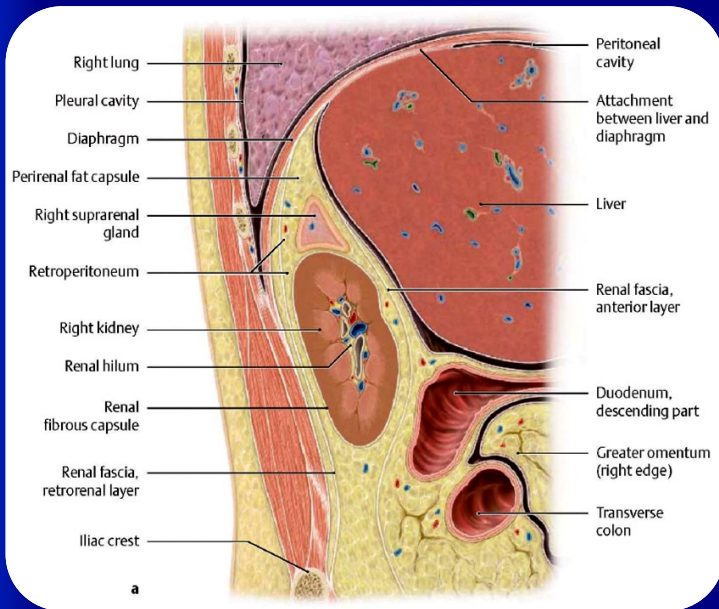
Rozwój układu moczowego





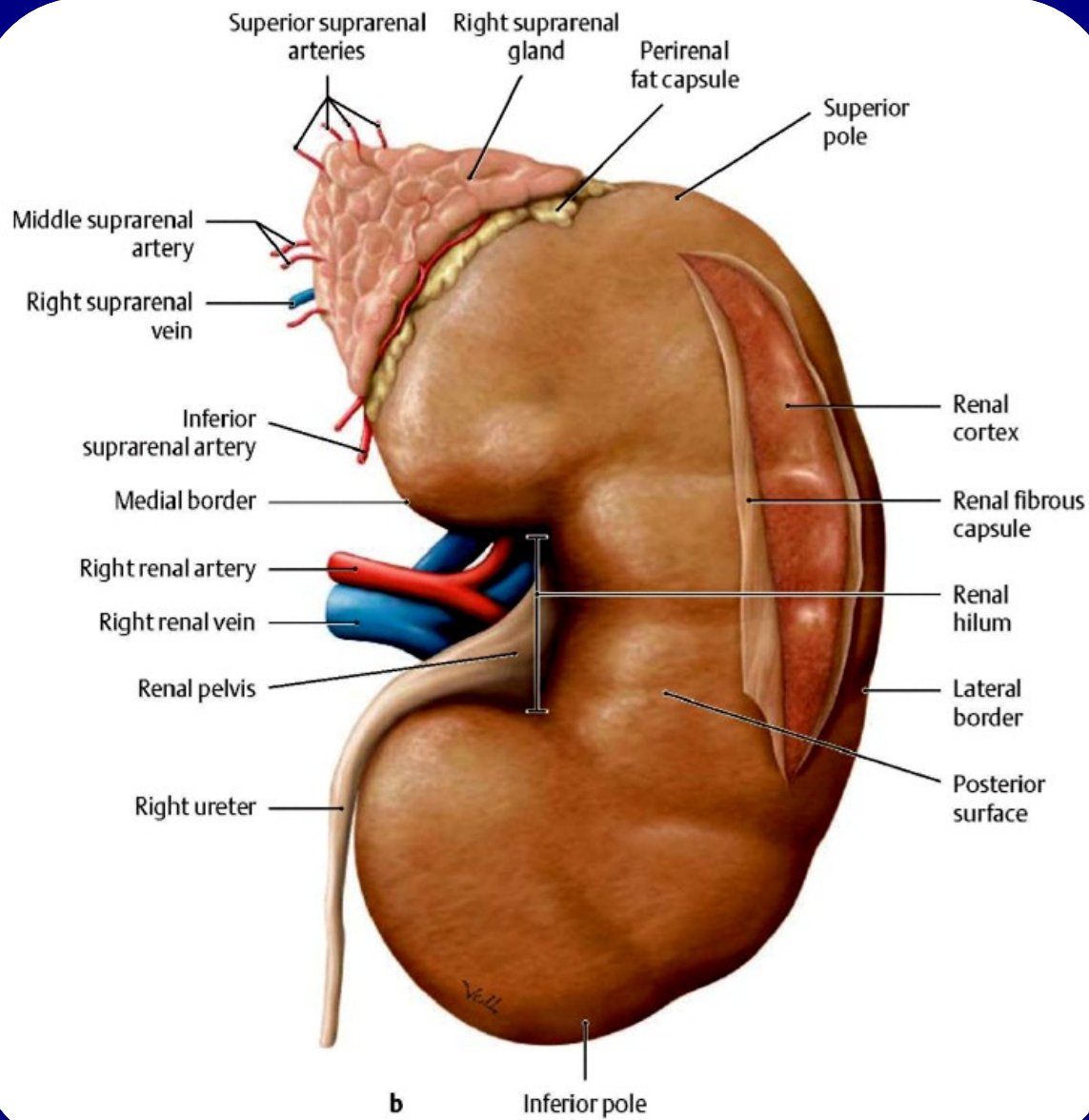


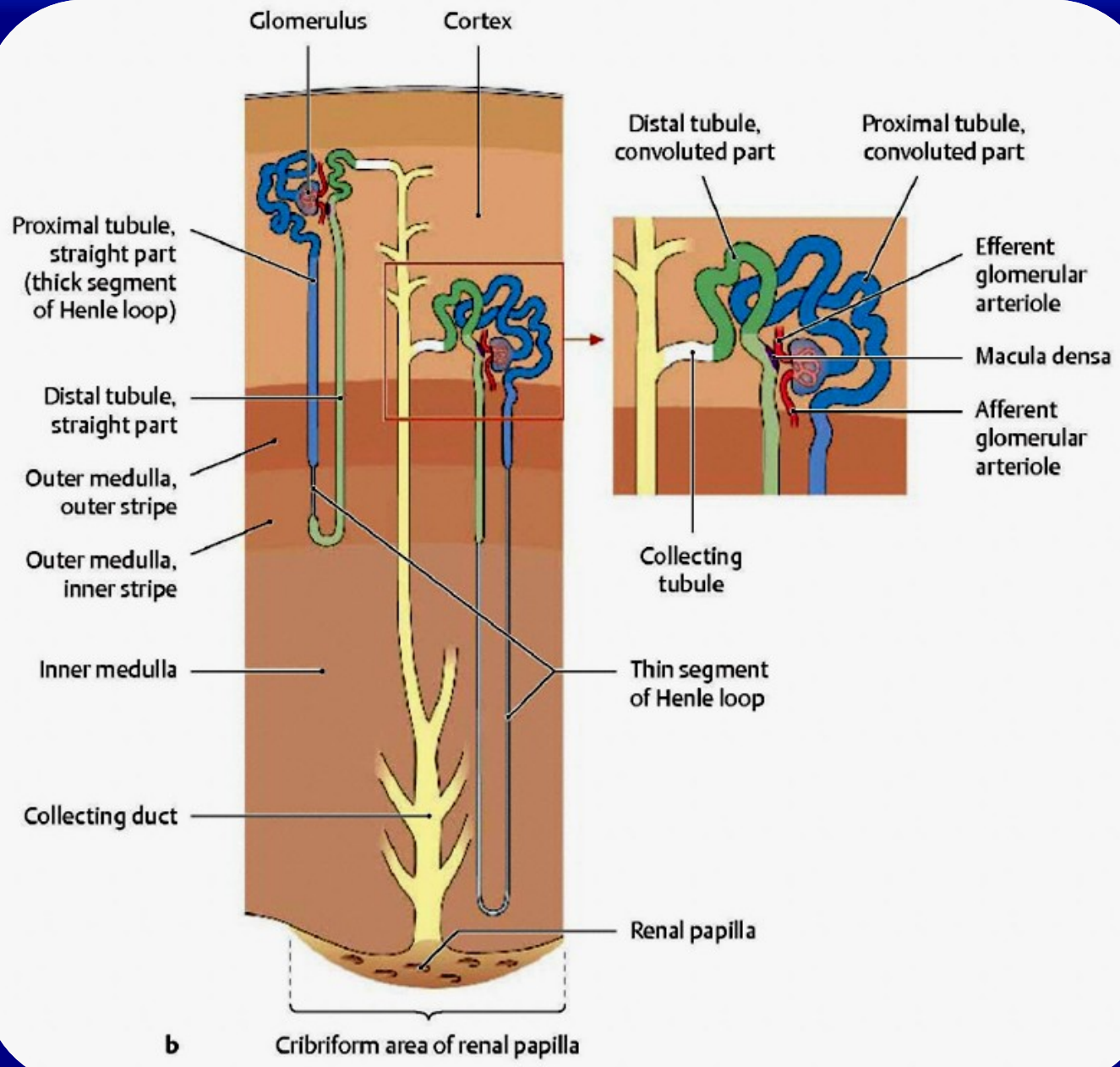


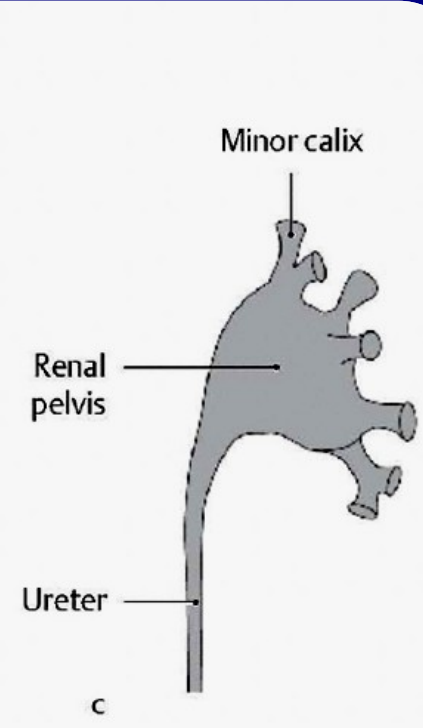
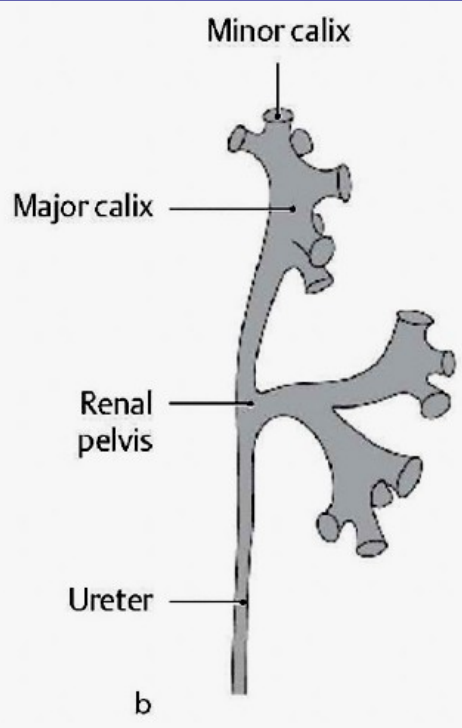
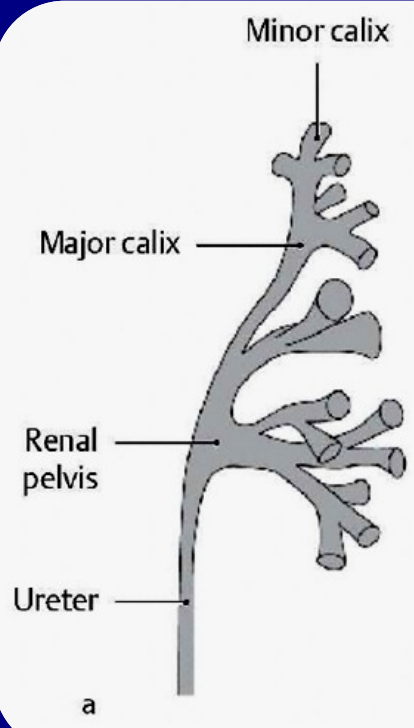


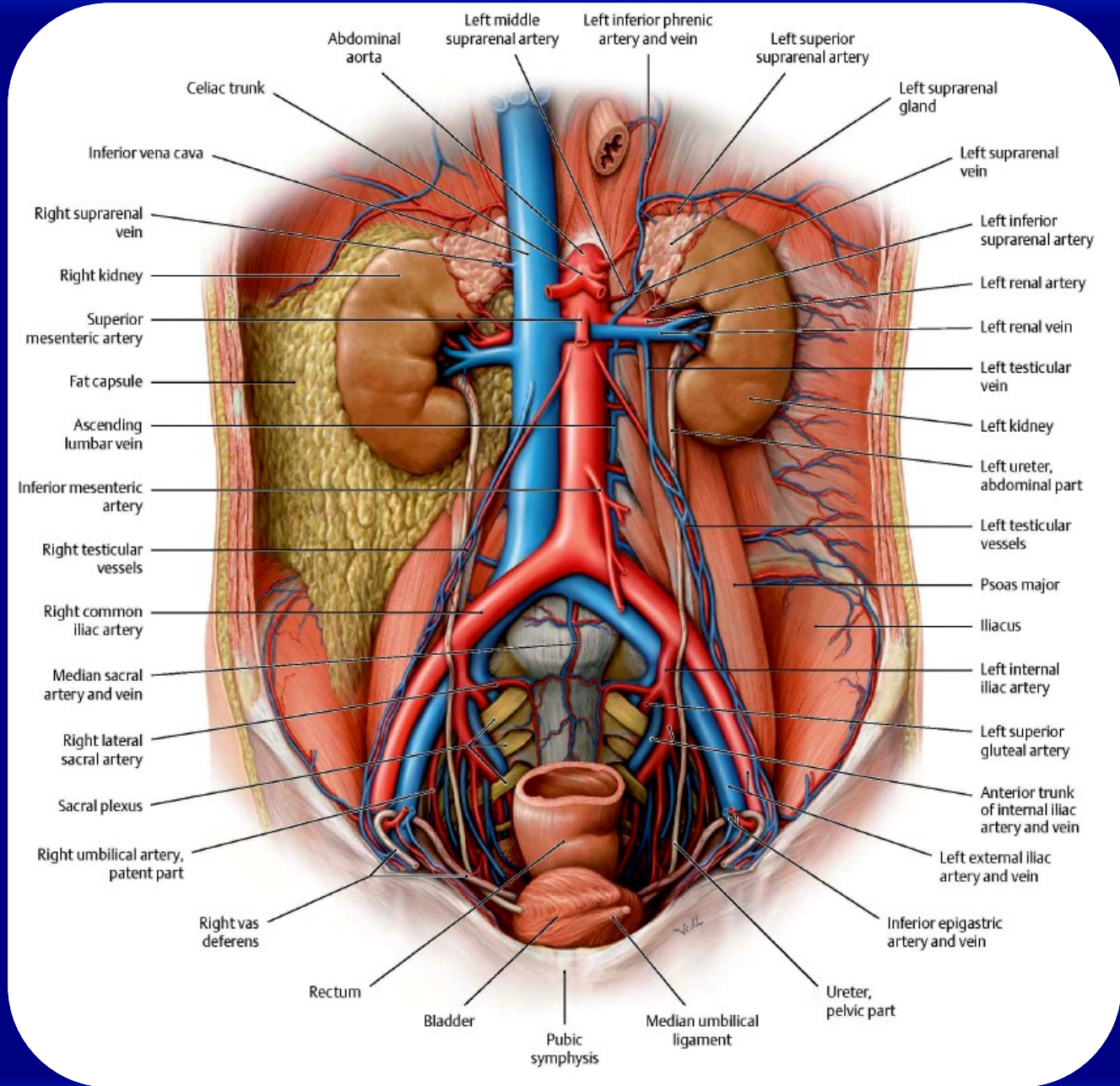
Renal bed: fasciae and capsules of the kidneys

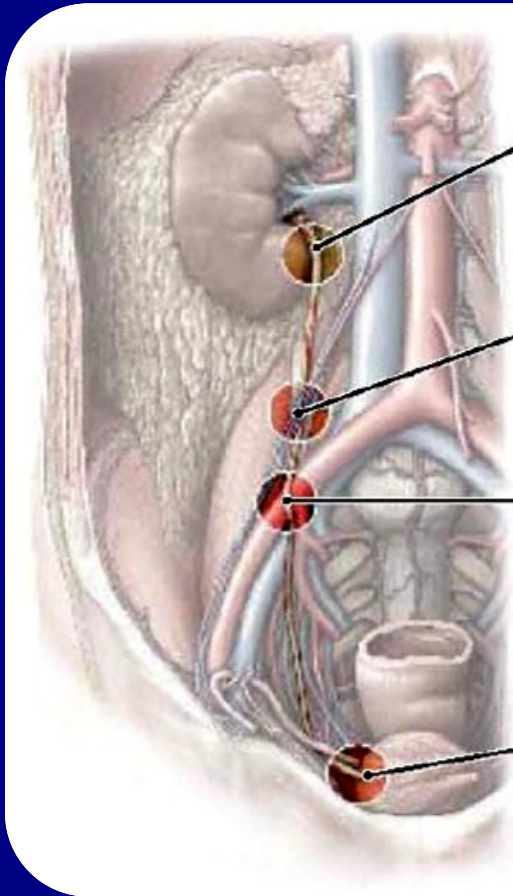
Renal fibrous capsule	Thin, firm connective-tissue capsule that closely invests each kidney
Fat capsule	Mass of fat that surrounds the kidneys and adrenal glands <i>and</i> completely occupies the renal bed; it is thickest lateral and posterior to the kidneys
Renal fascia	Connective-tissue fascial sac that encloses the fat capsule, portions of the abdominal aorta and inferior vena cava close to the kidney (see Ab), and the proximal ureter; subdivided into a thin prerenal layer and a thick retrorenal layer (see Aa)









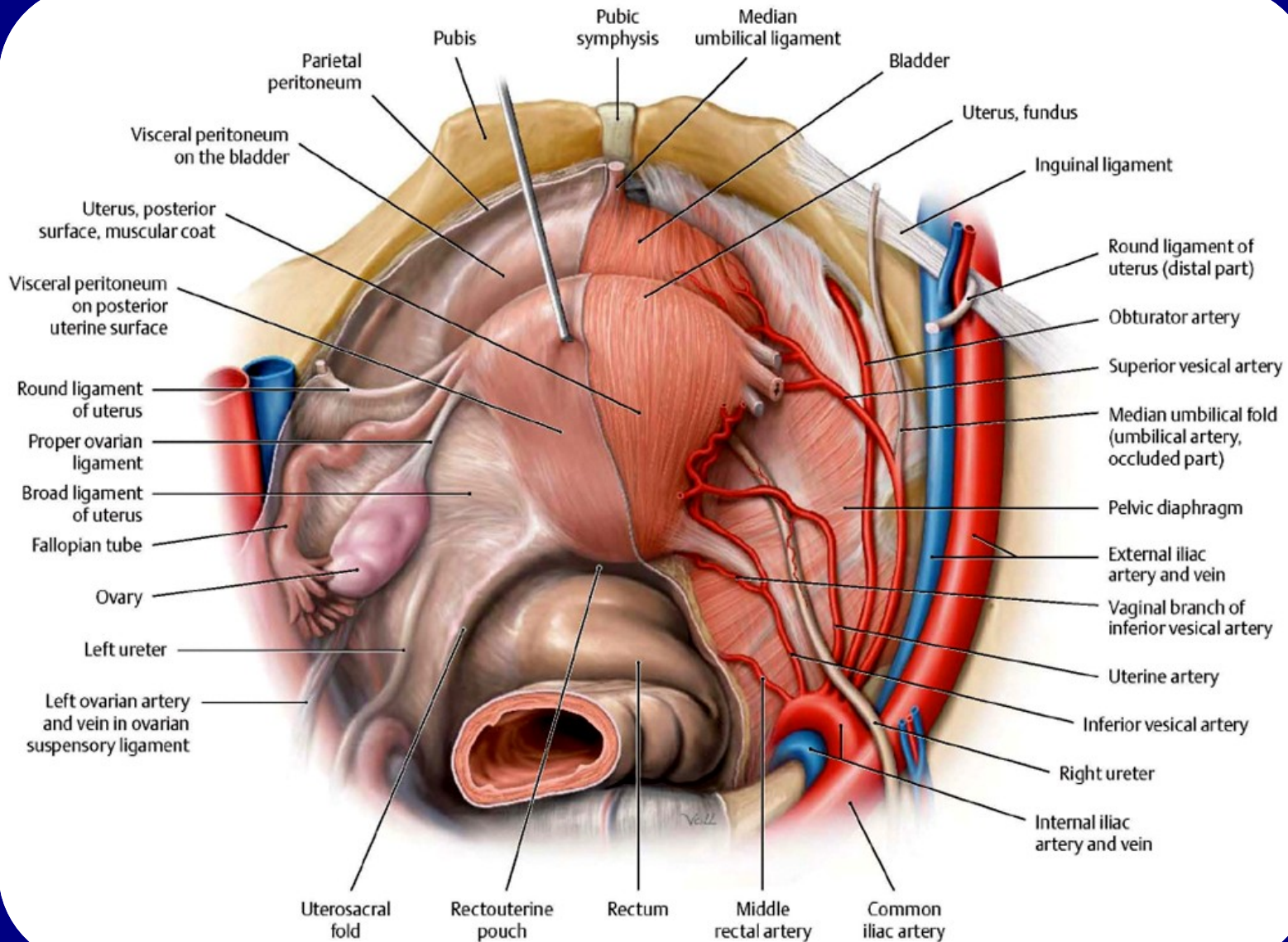


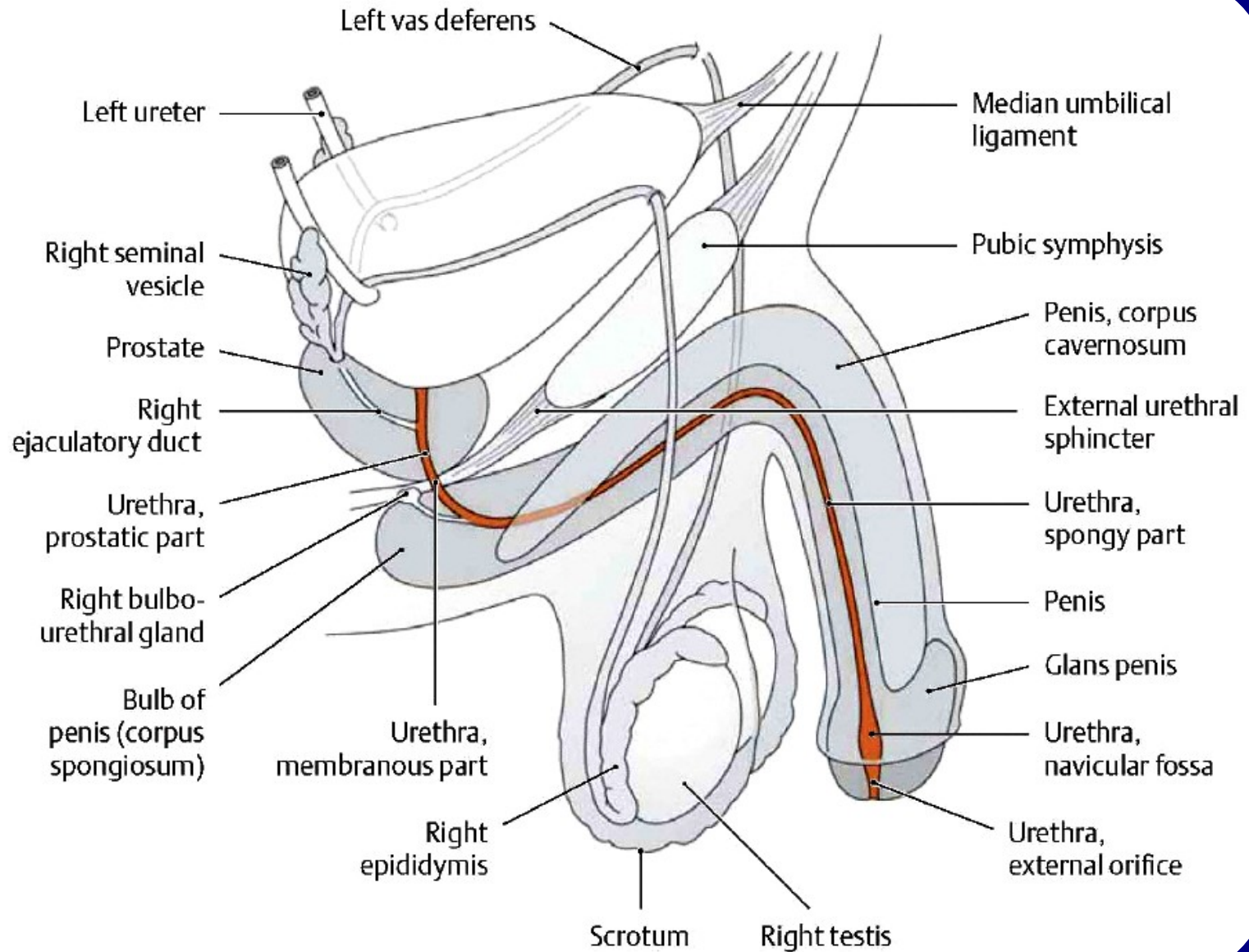
First constriction:
ureter passes over inferior renal pole (abdominal part)

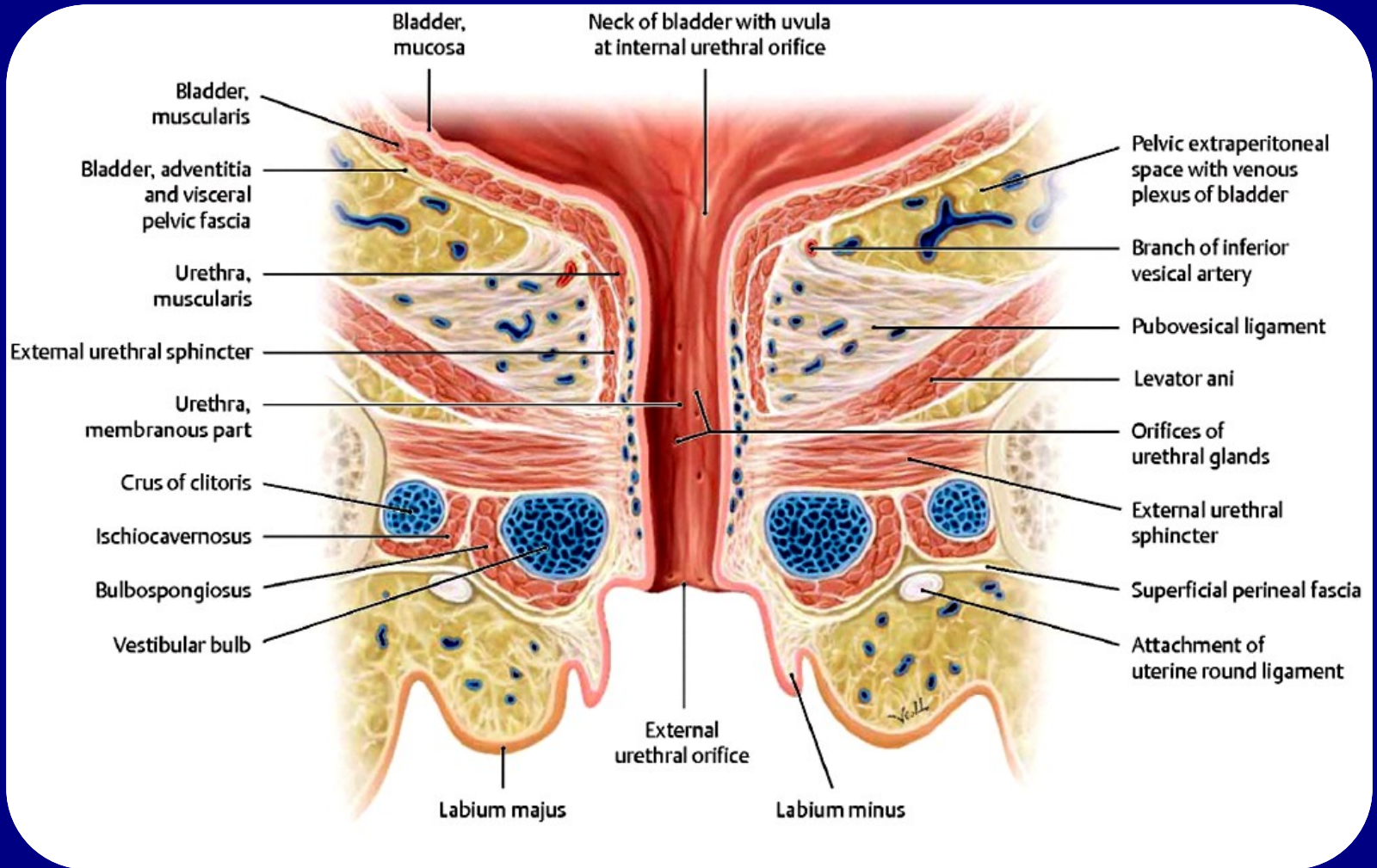
Possible constriction where ureter passes behind testicular or ovarian vessels

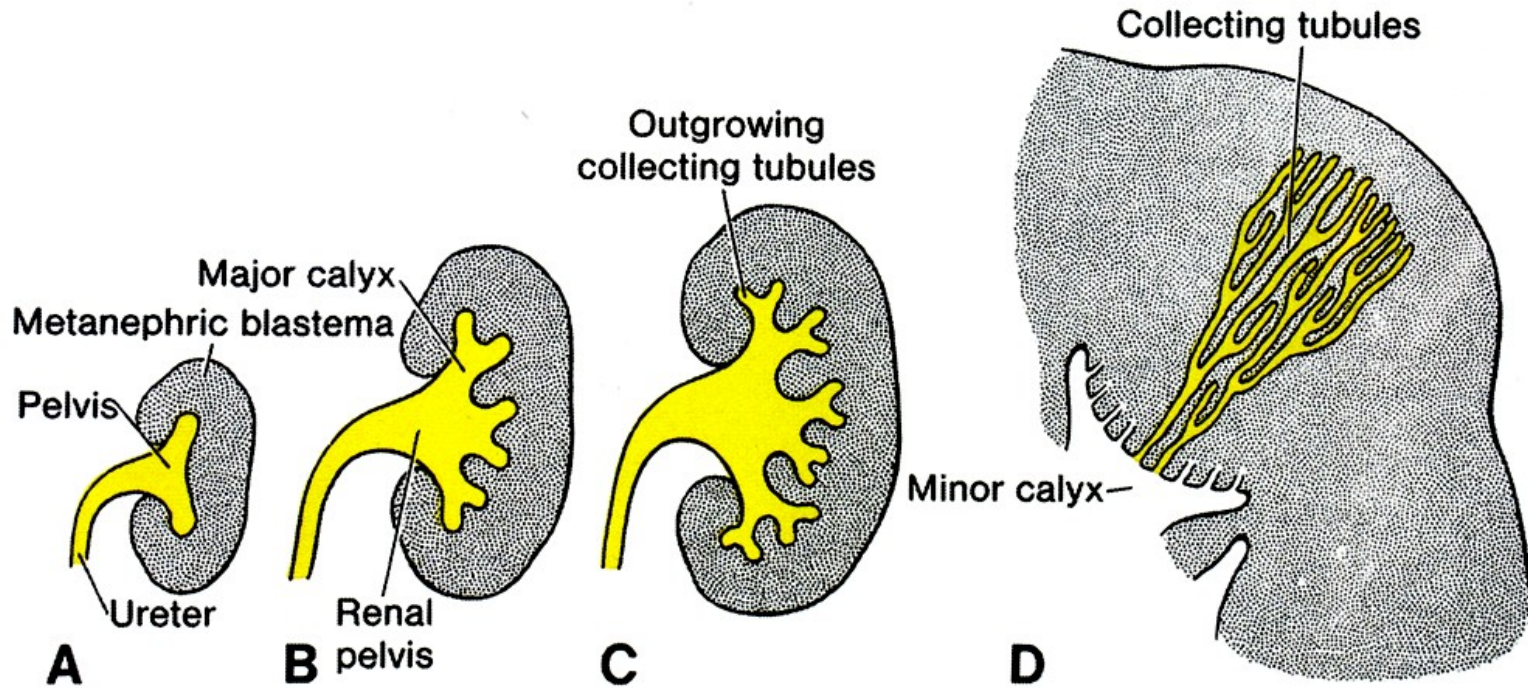
Second constriction:
ureter crosses over external iliac vessels (pelvic part)

Third constriction:
ureter traverses the bladder wall (intramural part)



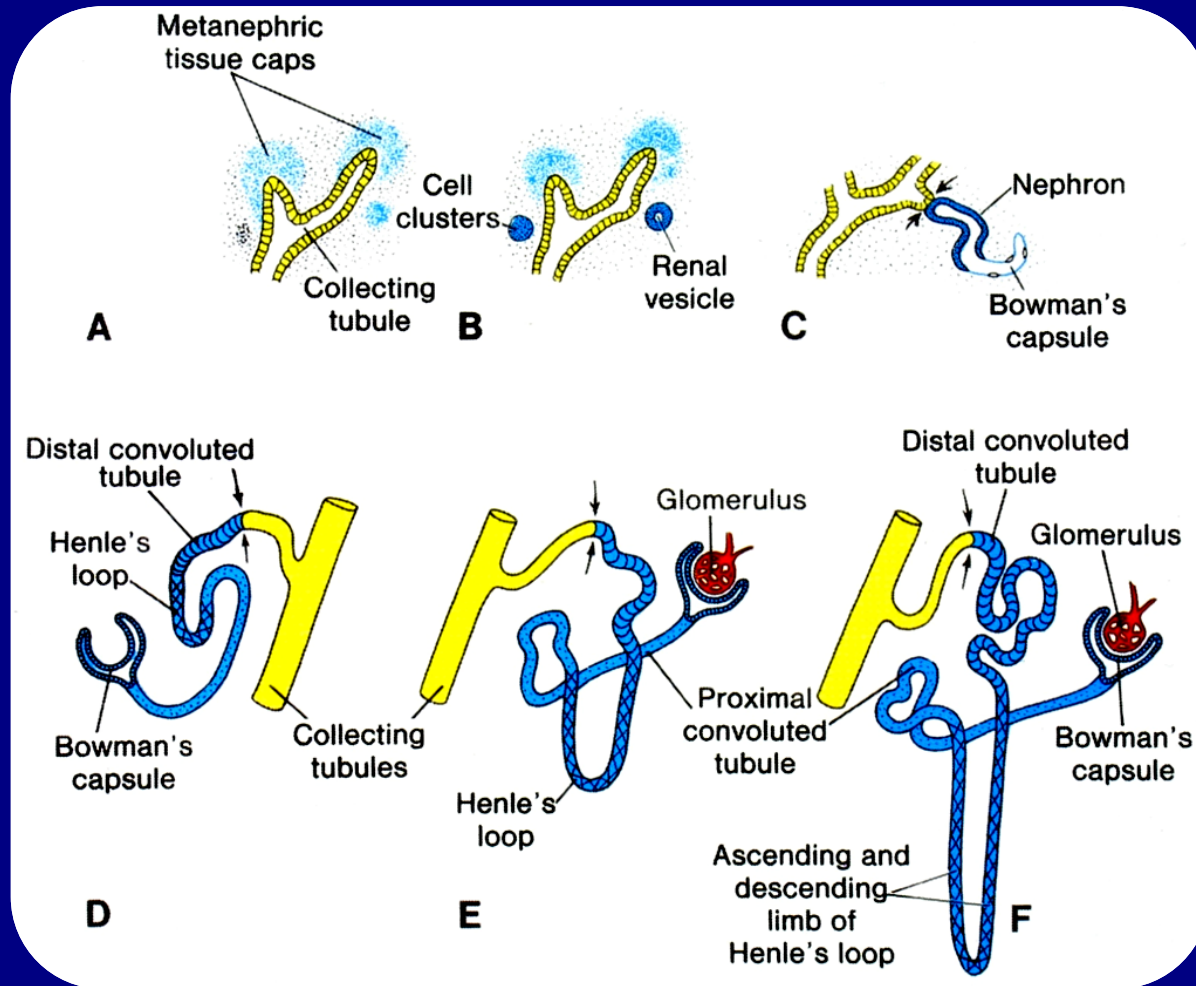




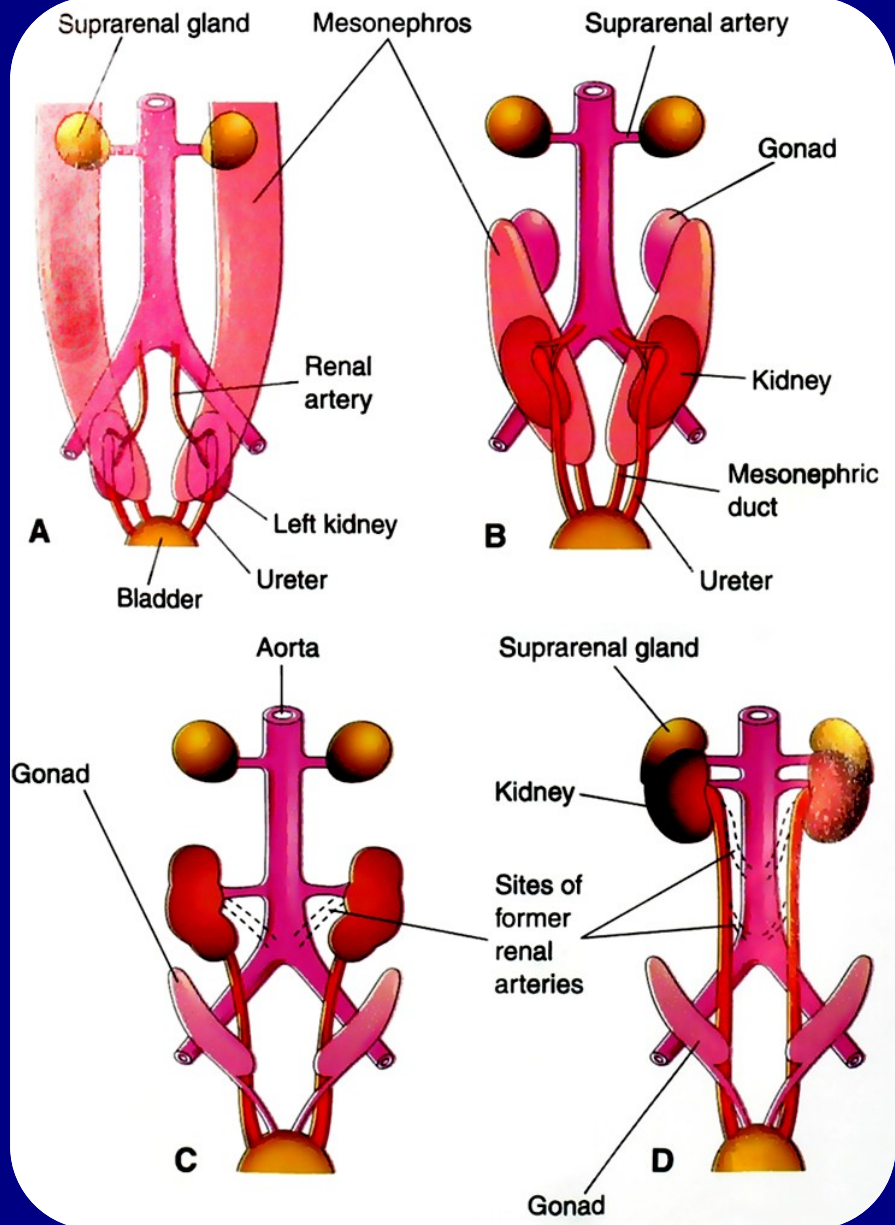


Development of the renal pelvis, calyces, and collecting tubules of the metanephros.

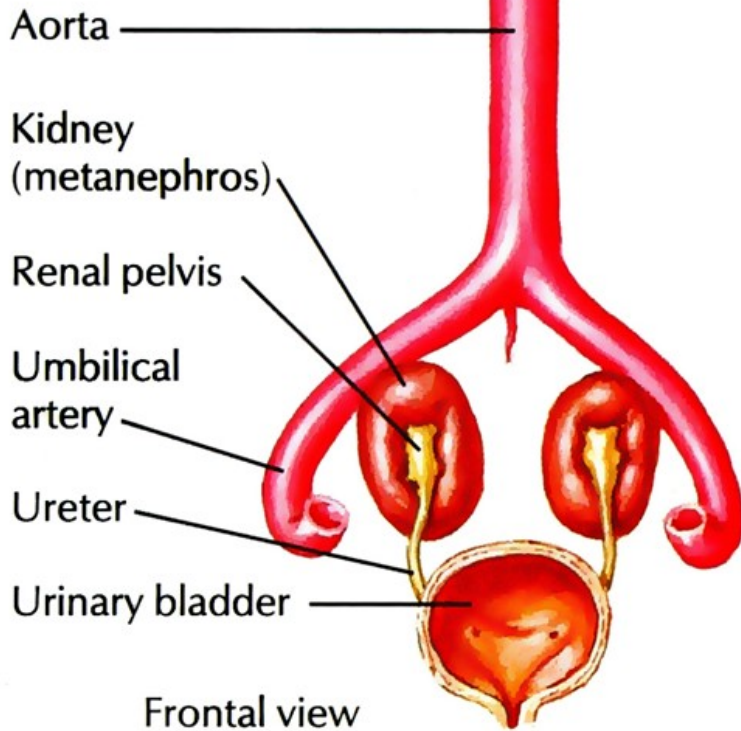
A – 6 weeks. B – At the end of the sixth week. C – 7 weeks. D – Newborn. Note the pyramid form of the collecting tubules entering the minor calyx.



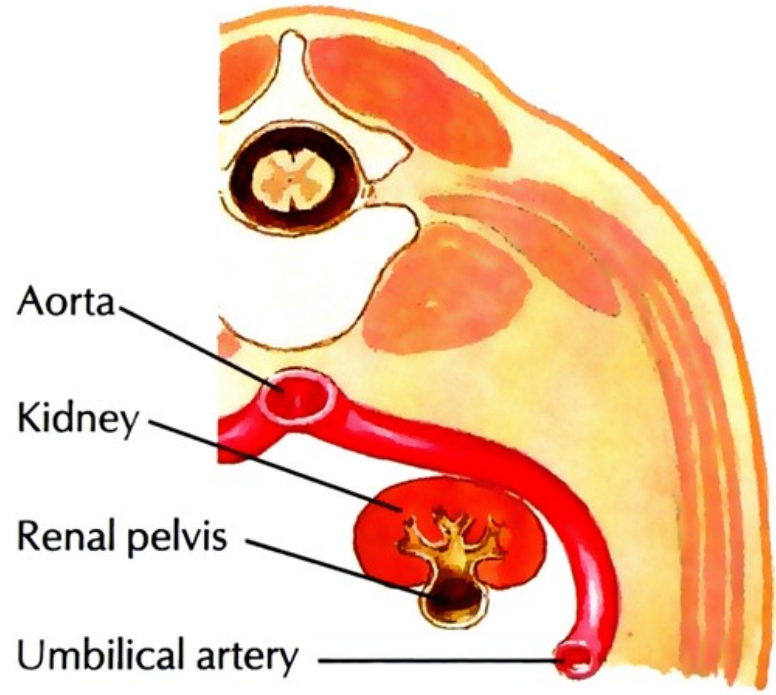
Development of a metanephric excretory unit. Arrows, the place where the excretory unit (blue) establishes an open communication with the collecting system (yellow), allowing flow of urine from the glomerulus into collecting ducts.



6 weeks

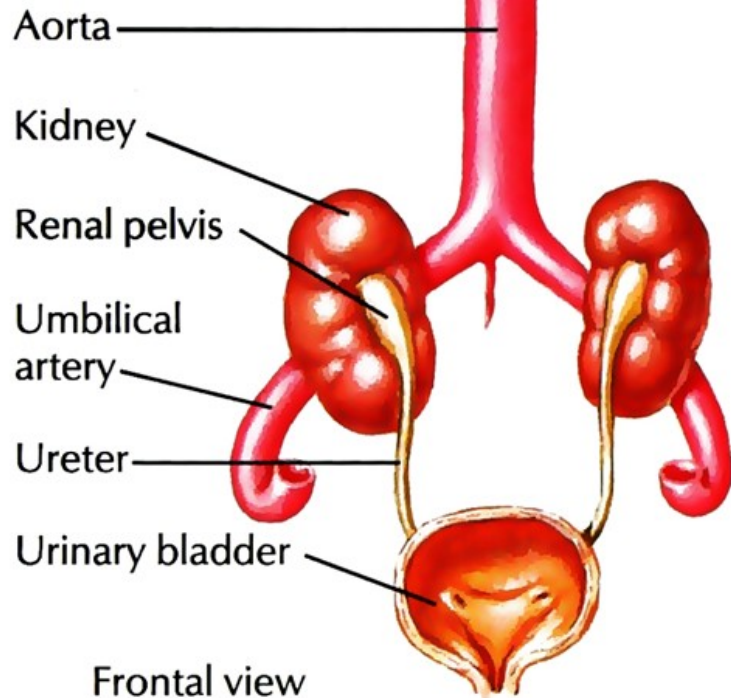


Frontal view

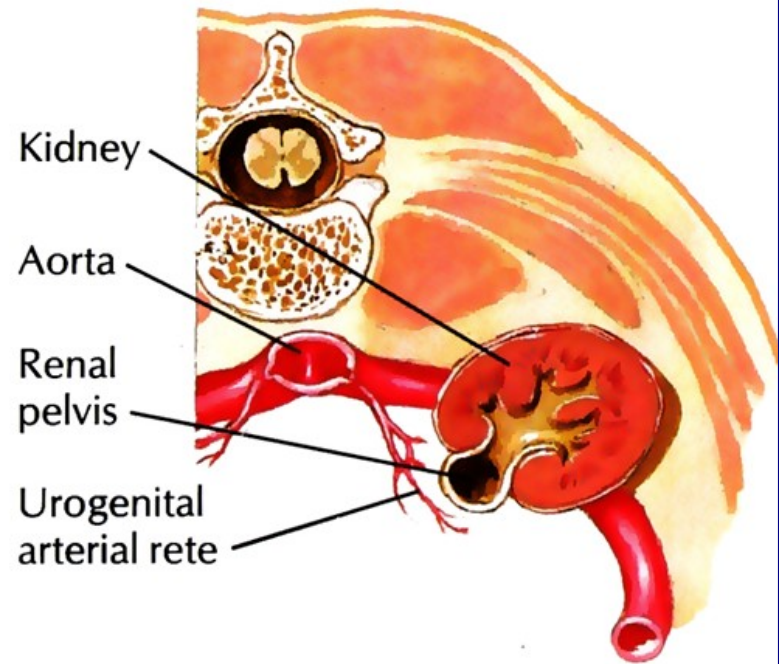


Cross section

7 weeks

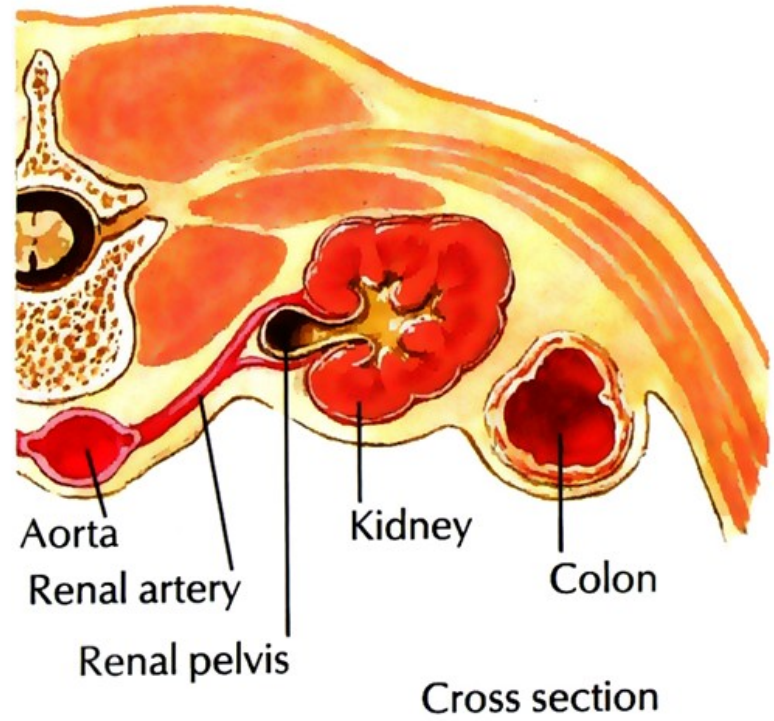
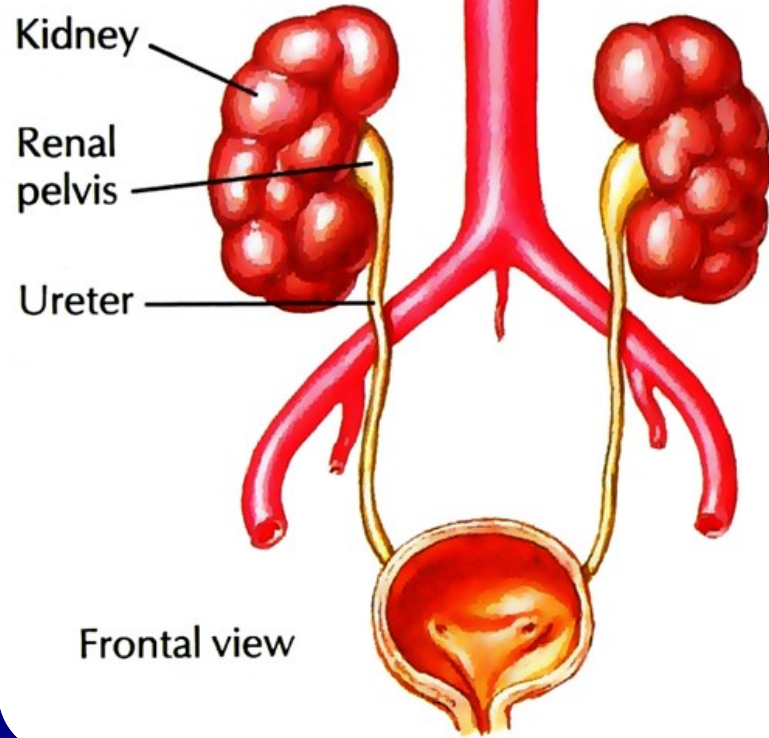


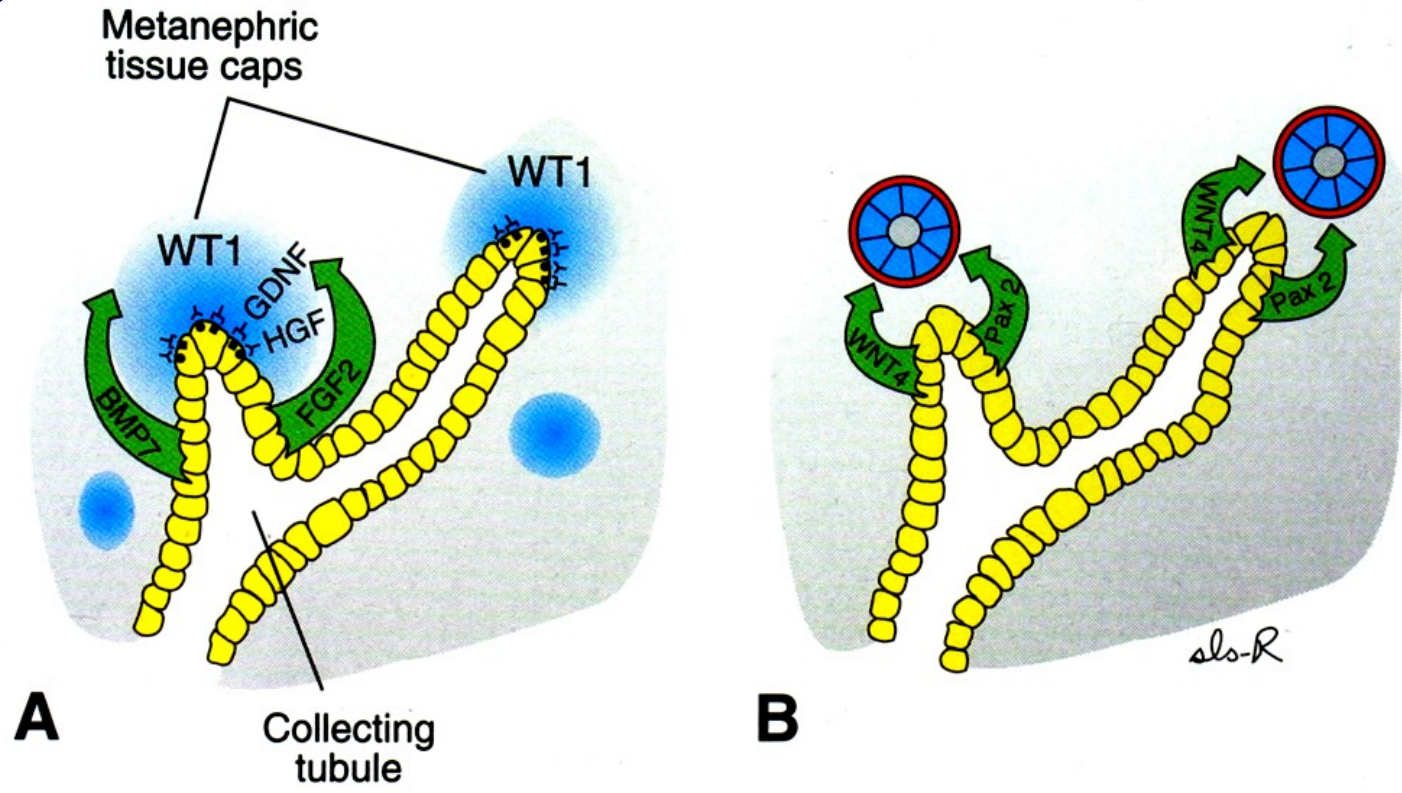
Frontal view



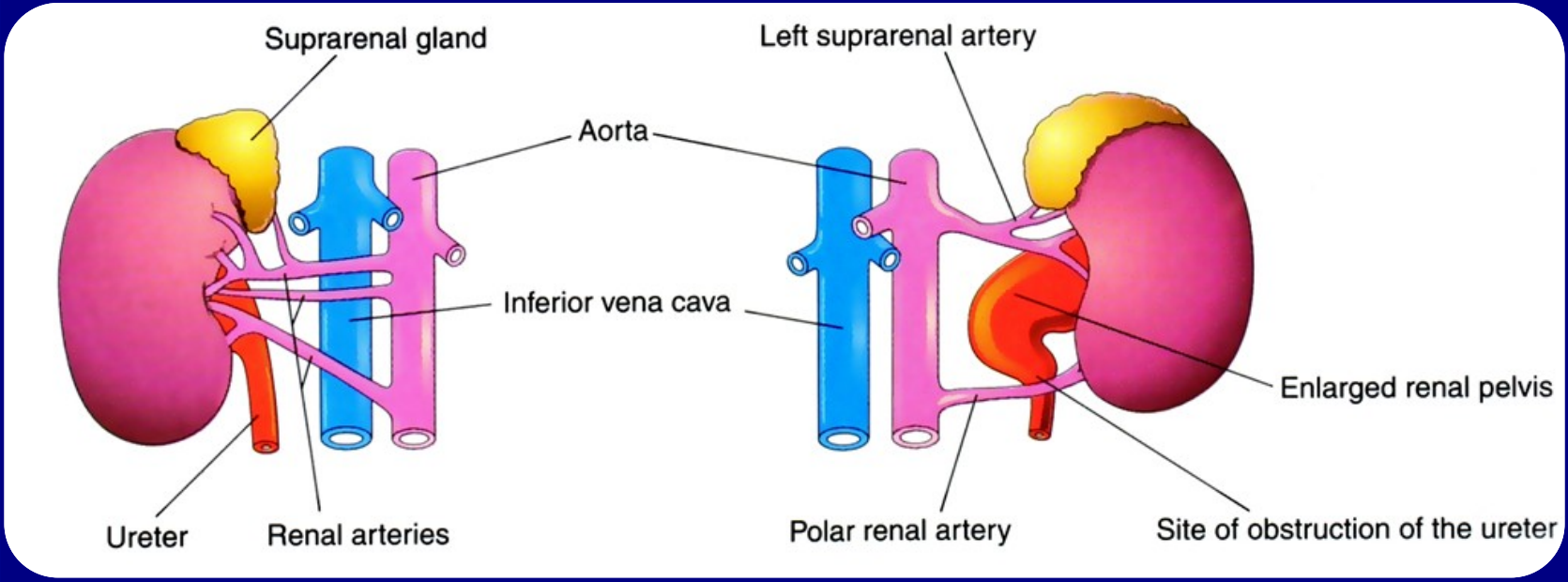
Cross section

9 weeks

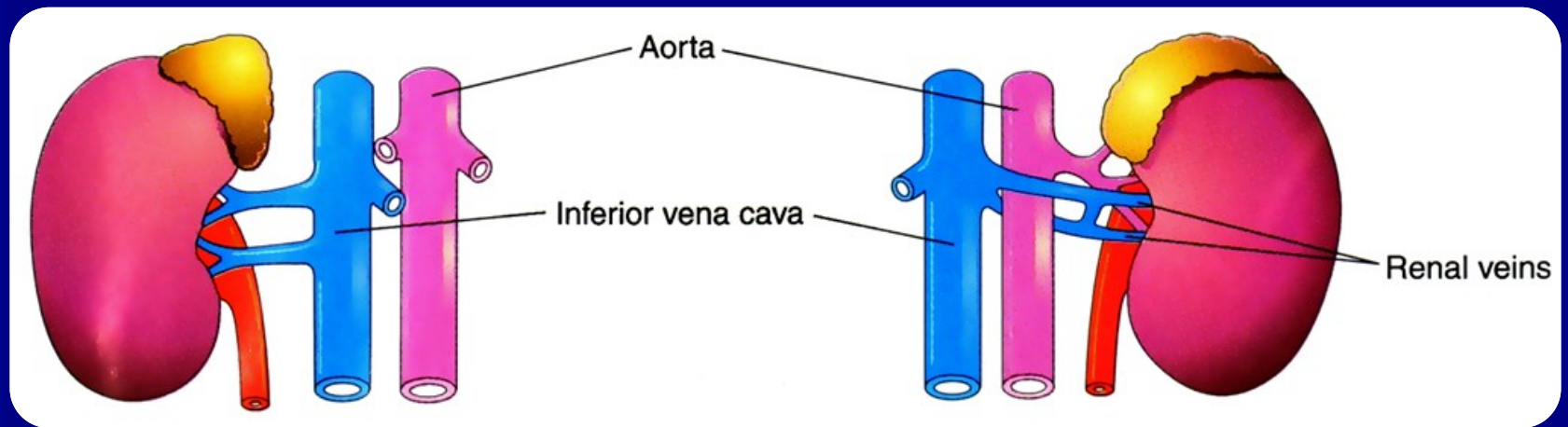




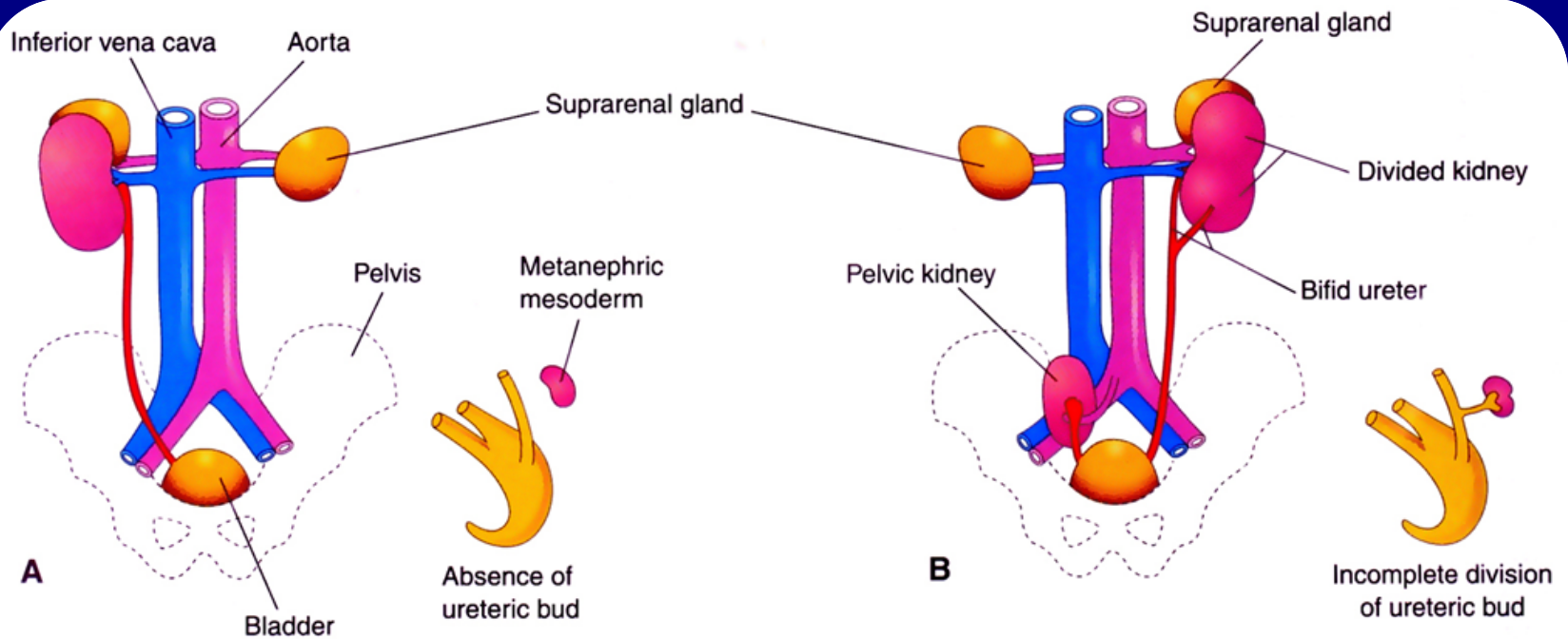
Genes involved in differentiation of the kidney. **A.** *WT1*, expressed by the mesenchyme, enables this tissue to respond to induction by the ureteric bud. GDNF and HGF, also produced by the mesenchyme, interact through their receptors, RET and MET, respectively, in the ureteric bud epithelium, to stimulate growth of the bud and maintain the interactions. The growth factors FGF2 and BMP7 stimulate proliferation of the mesenchyme and maintain *WT1* expression. **B.** PAX2 and WNT4, produced by the ureteric bud, cause the mesenchyme to epithelialize in preparation for excretory tubule differentiation. Laminin and type IV collagen form a basement membrane for the epithelial cells.



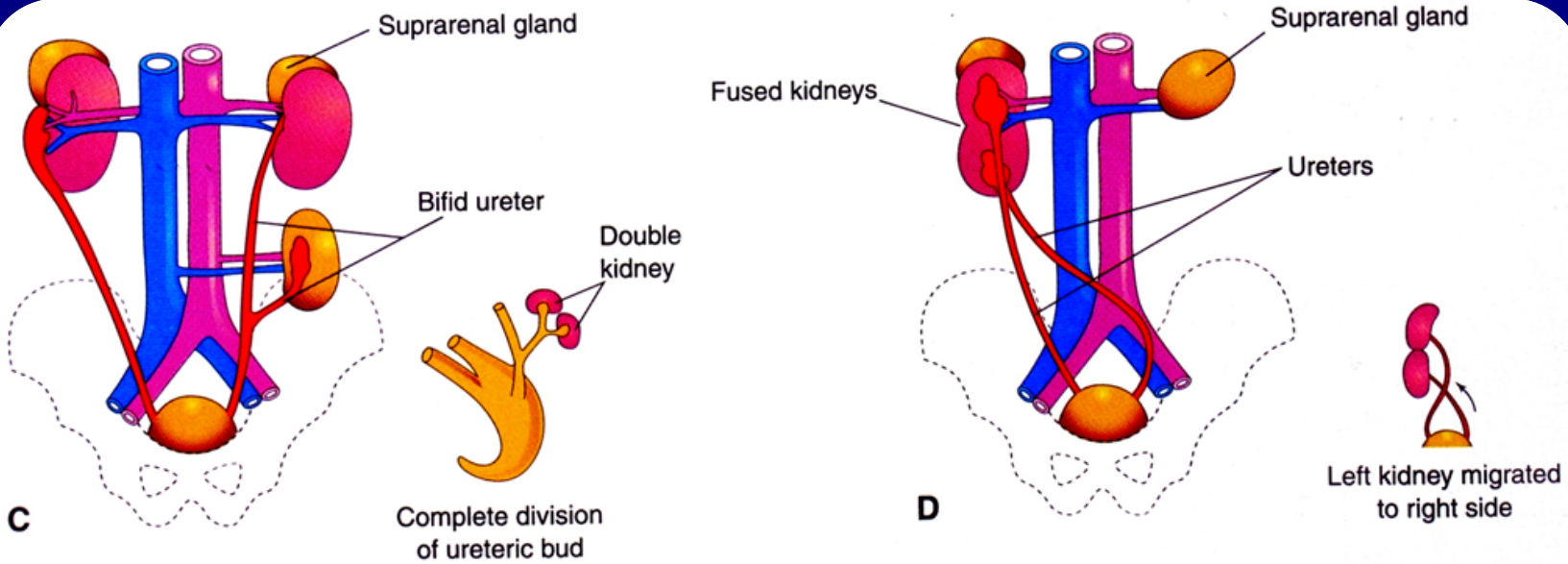
Multiple renal arteries.



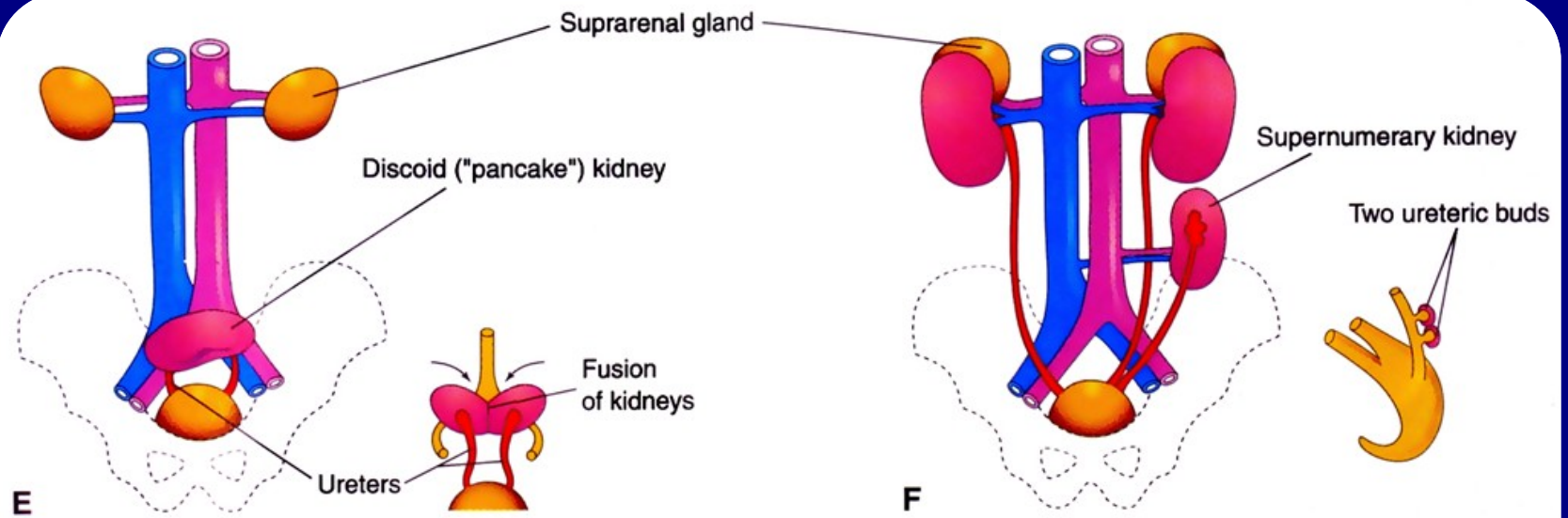
Multiple renal veins.



Drawings illustrating various anomalies of the urinary system. The small sketch to the lower right of each drawing illustrates the probable embryological basis of the anomaly. *A*, Unilateral renal agenesis. *B*, Right side, pelvic kidney; left side, divided kidney with a bifid ureter. *C*, Right side, malrotation of the kidney; left side, bifid ureter and supernumerary kidney. *D*, Crossed renal ectopia. The left kidney crossed to the right side and fused with the right kidney. *E*, Discoid kidney resulting from fusion of the kidneys while they were in the pelvis. *F*, Supernumerary left kidney resulting from the development of two ureteric buds.

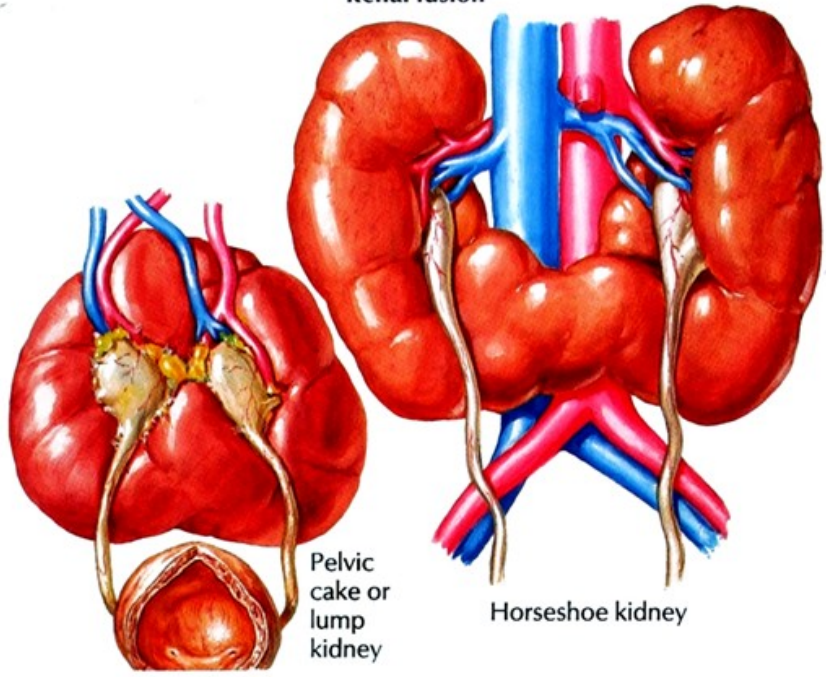


Drawings illustrating various anomalies of the urinary system. The small sketch to the lower right of each drawing illustrates the probable embryological basis of the anomaly. *A*, Unilateral renal agenesis. *B*, Right side, pelvic kidney; left side, divided kidney with a bifid ureter. *C*, Right side, malrotation of the kidney; left side, bifid ureter and supernumerary kidney. *D*, Crossed renal ectopia. The left kidney crossed to the right side and fused with the right kidney. *E*, Discoid kidney resulting from fusion of the kidneys while they were in the pelvis. *F*, Supernumerary left kidney resulting from the development of two ureteric buds.



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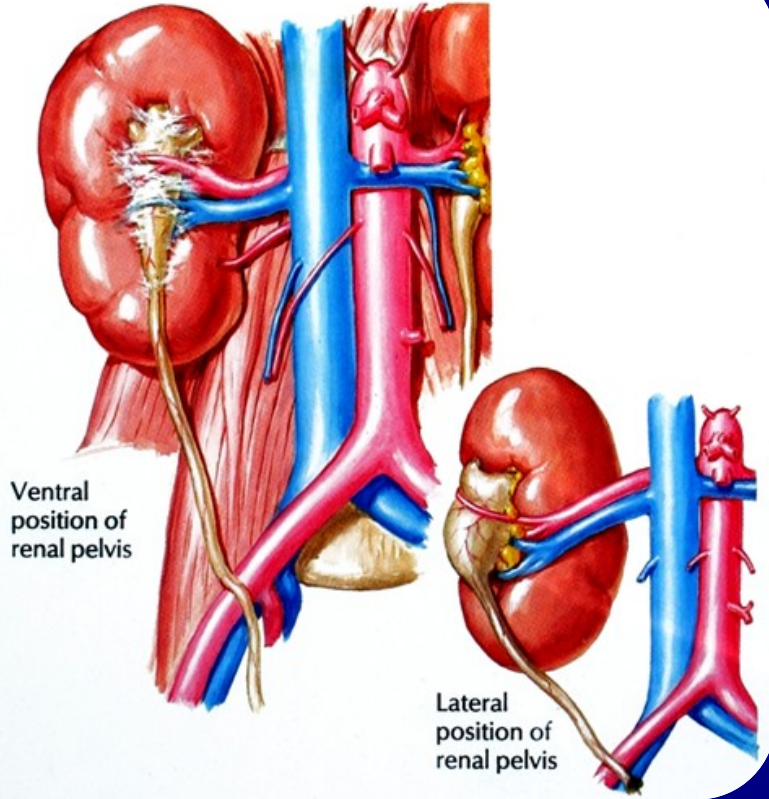
Renal fusion



Pelvic
cake or
lump
kidney

Horseshoe kidney

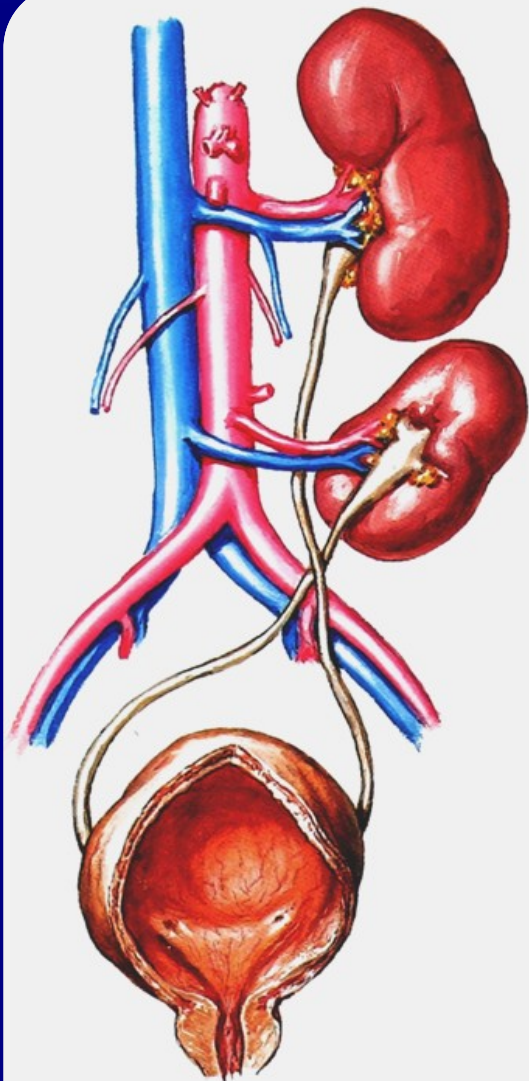
Anomalies of renal rotation



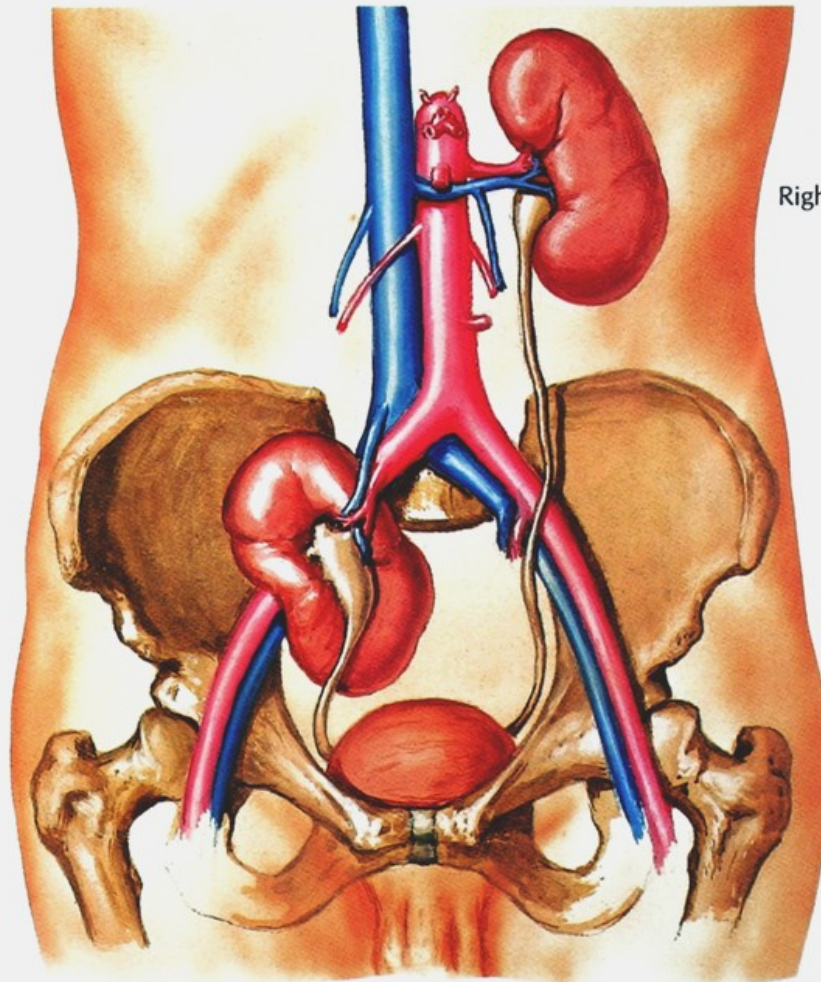
Ventral
position of
renal pelvis

Lateral
position of
renal pelvis

Kidney rotation anomalies and renal fusion.



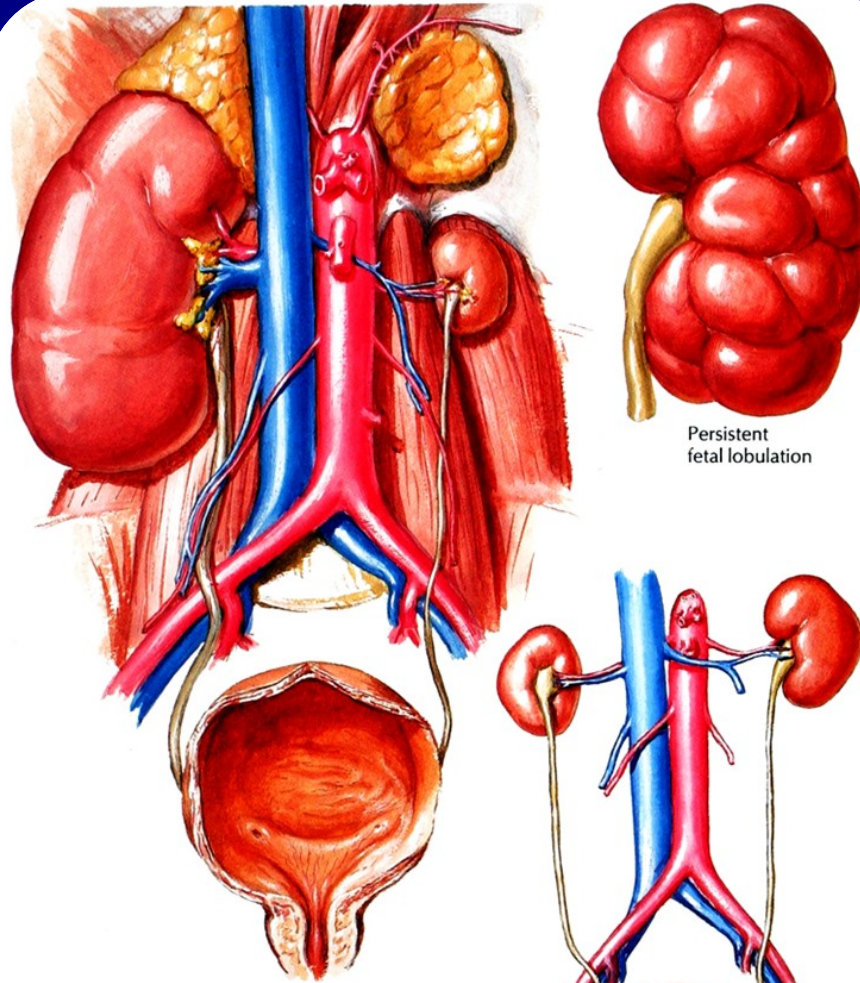
Crossed ectopia of the right kidney



Right pelvic kidney

Kidney migration anomalies and blood vessel formation.

Hypoplasia

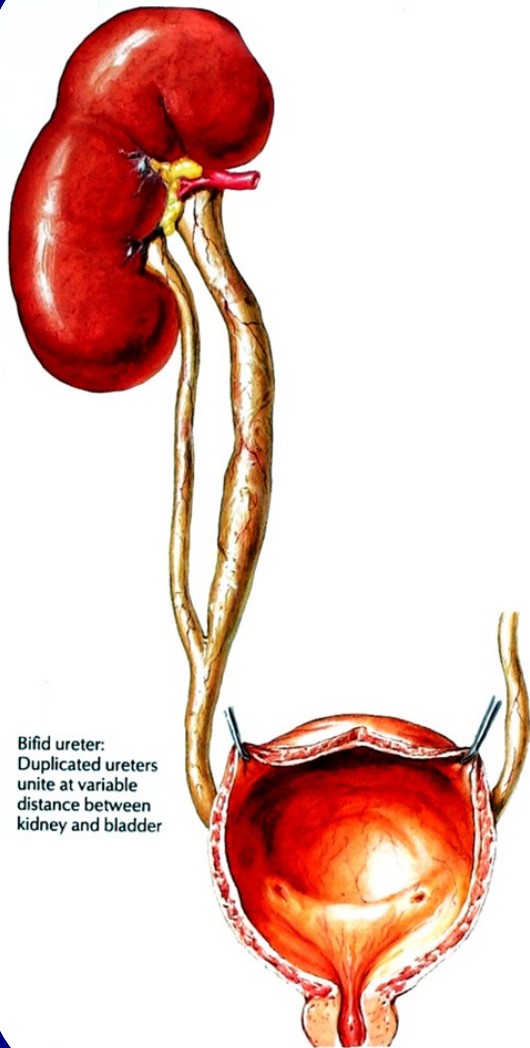


Persistent fetal lobulation

Left unilateral hypoplasia of the kidney with narrow but patent ureter; both suprarenal glands present

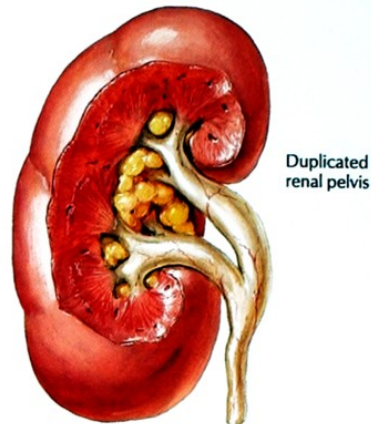
Bilateral renal hypoplasia

Incomplete duplication of ureter



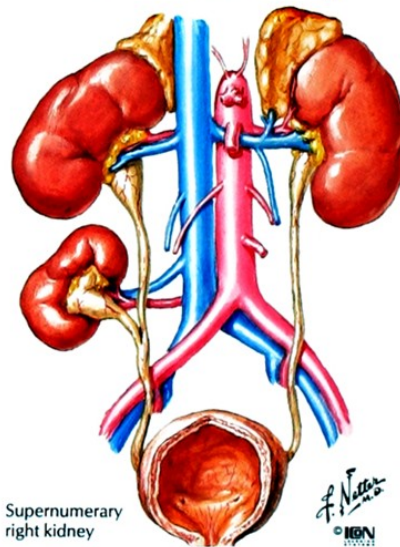
Bifid ureter:
Duplicated ureters
unite at variable
distance between
kidney and bladder

Anomalies of renal pelvis and calyces



Duplicated
renal pelvis

Anomalies in number of kidneys

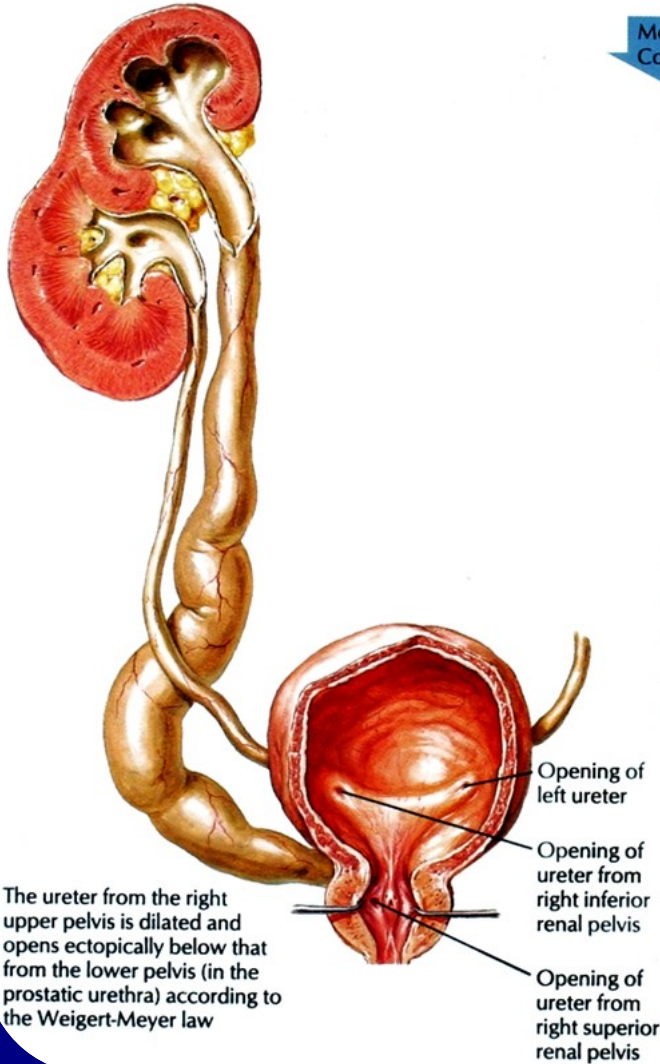


Supernumerary
right kidney

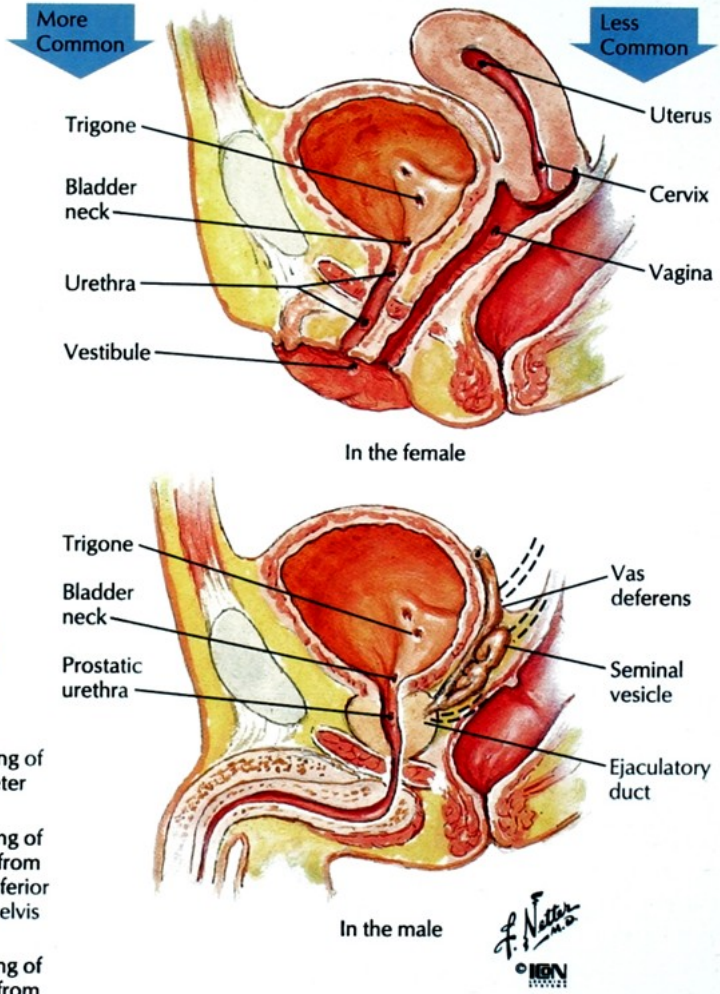
F. Netter
© MBN

Ureteric bud duplication

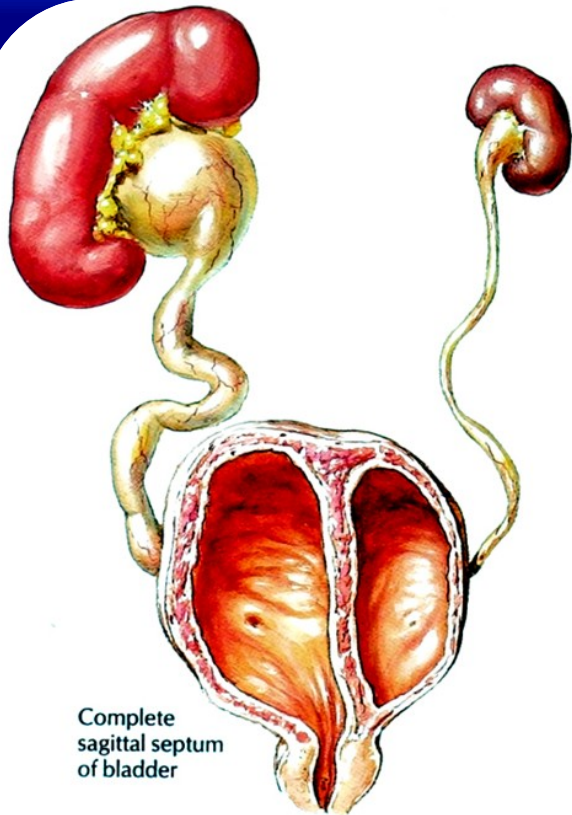
Complete duplication of the ureter



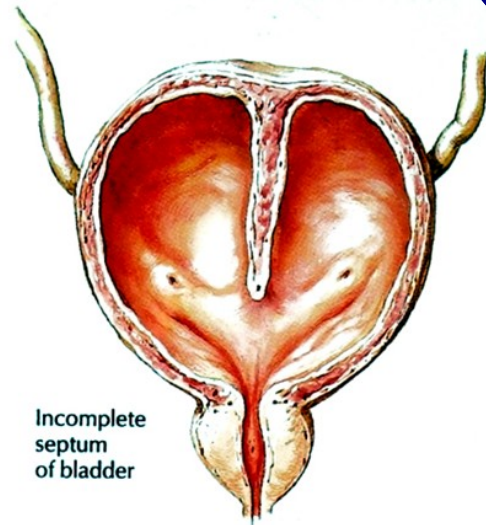
Observed sites of ectopic ureteral orifices



Ectopic ureters



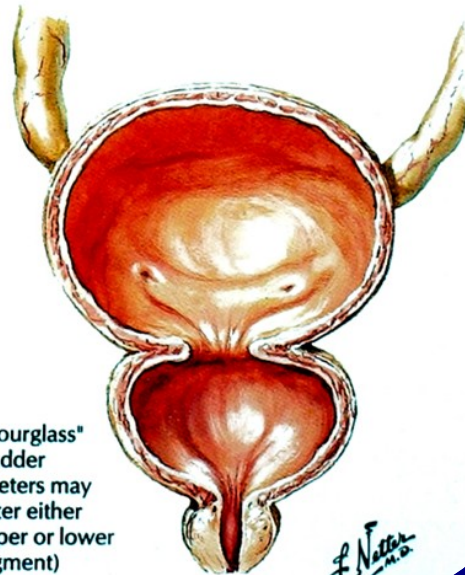
Complete sagittal septum of bladder



Incomplete septum of bladder



Incomplete duplication of bladder

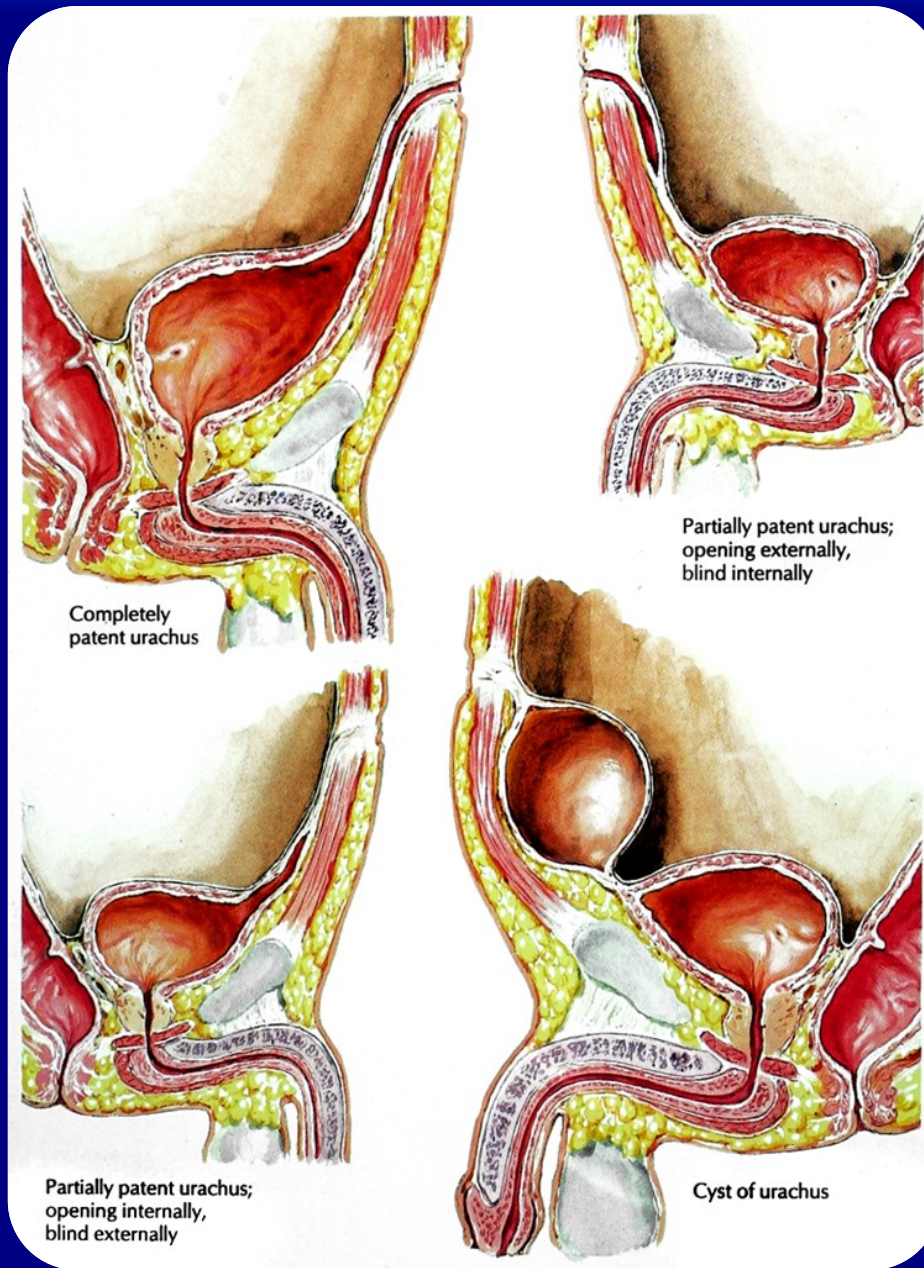


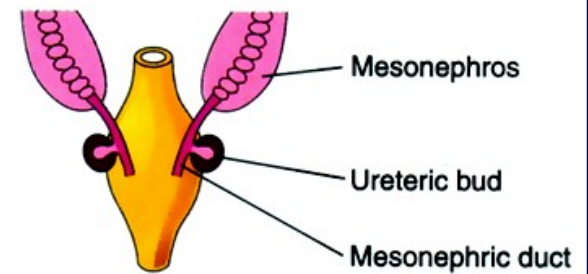
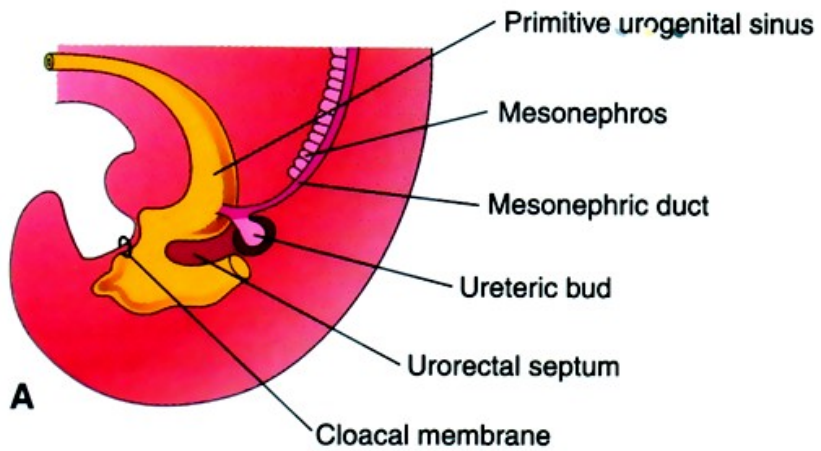
"Hourglass" bladder (ureters may enter either upper or lower segment)

F. Netter M.D.

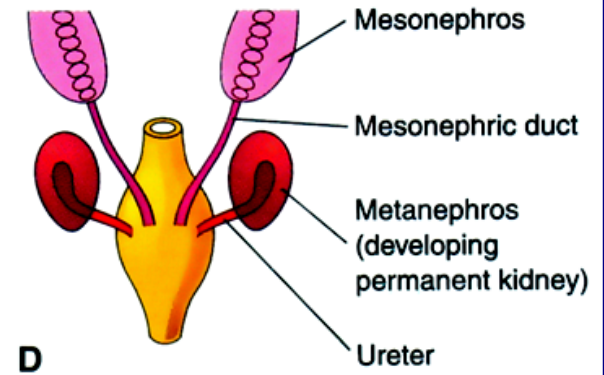
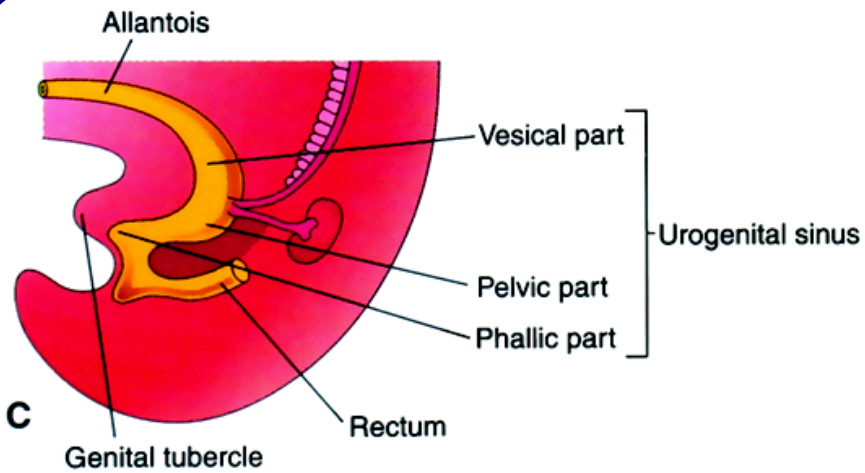
Bladder anomalies

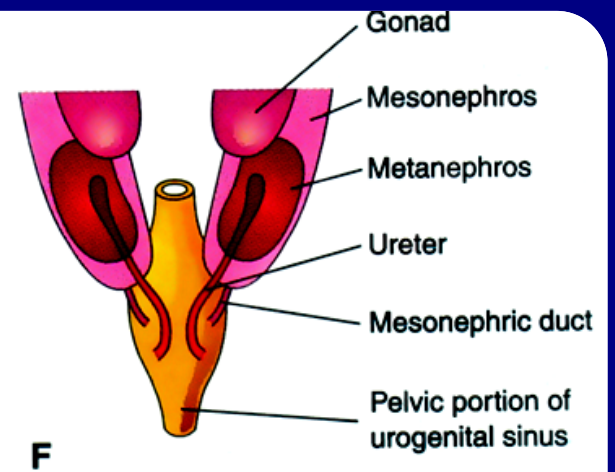
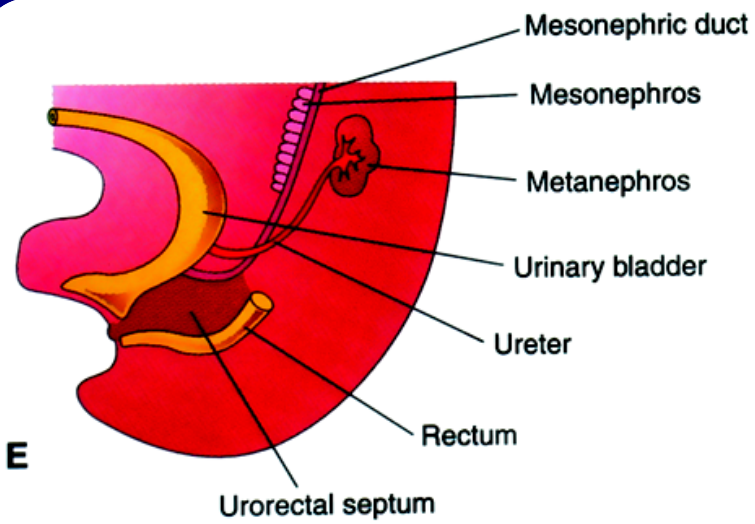
Allantois / Urachus anomalies.

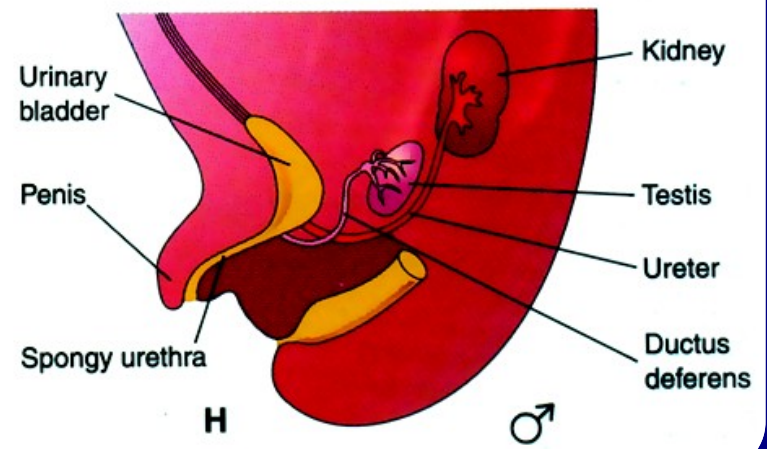
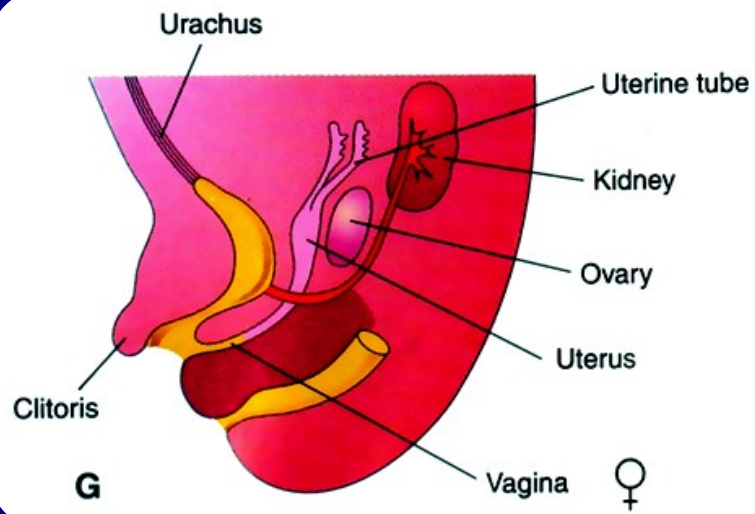




Division of the cloaca into the urogenital sinus and rectum.

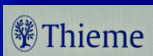


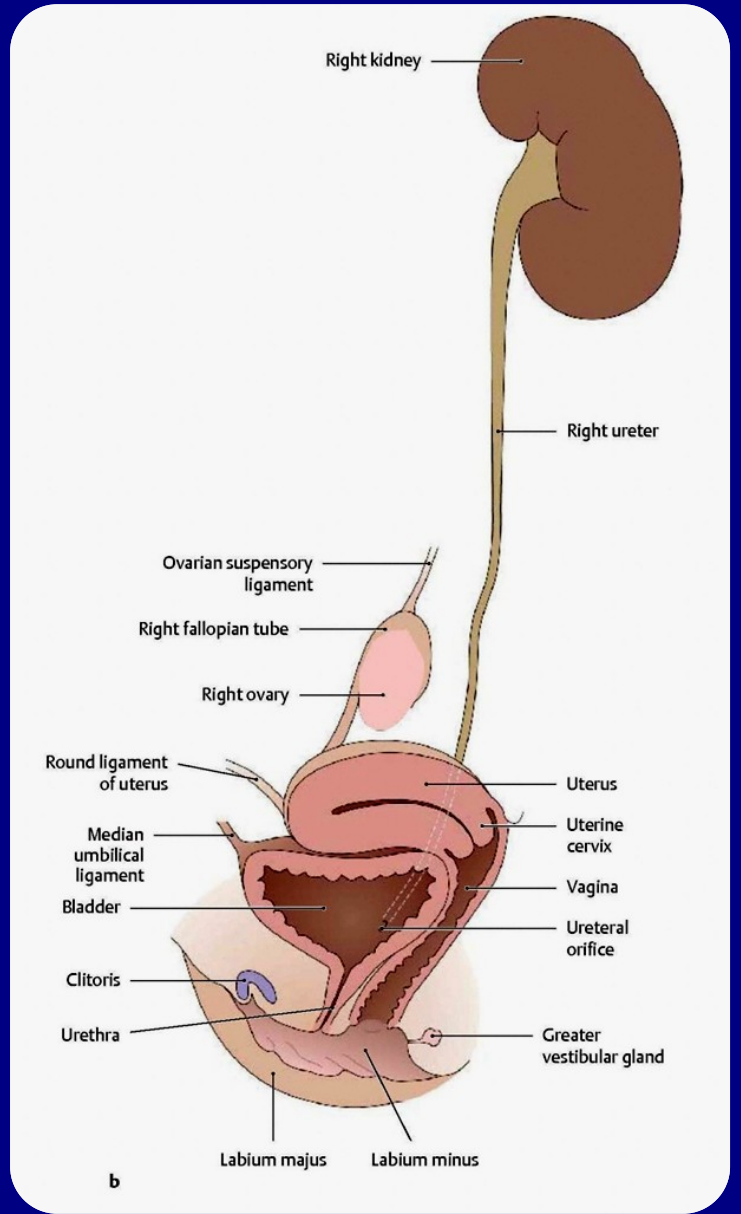
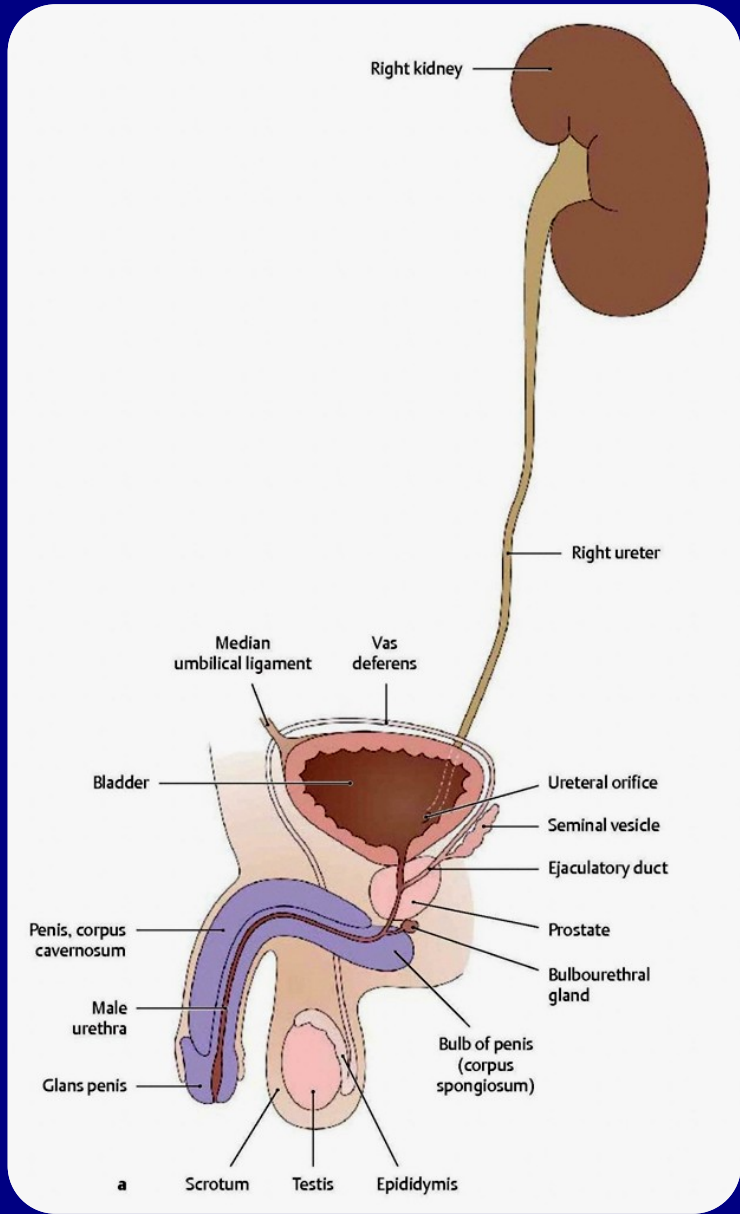


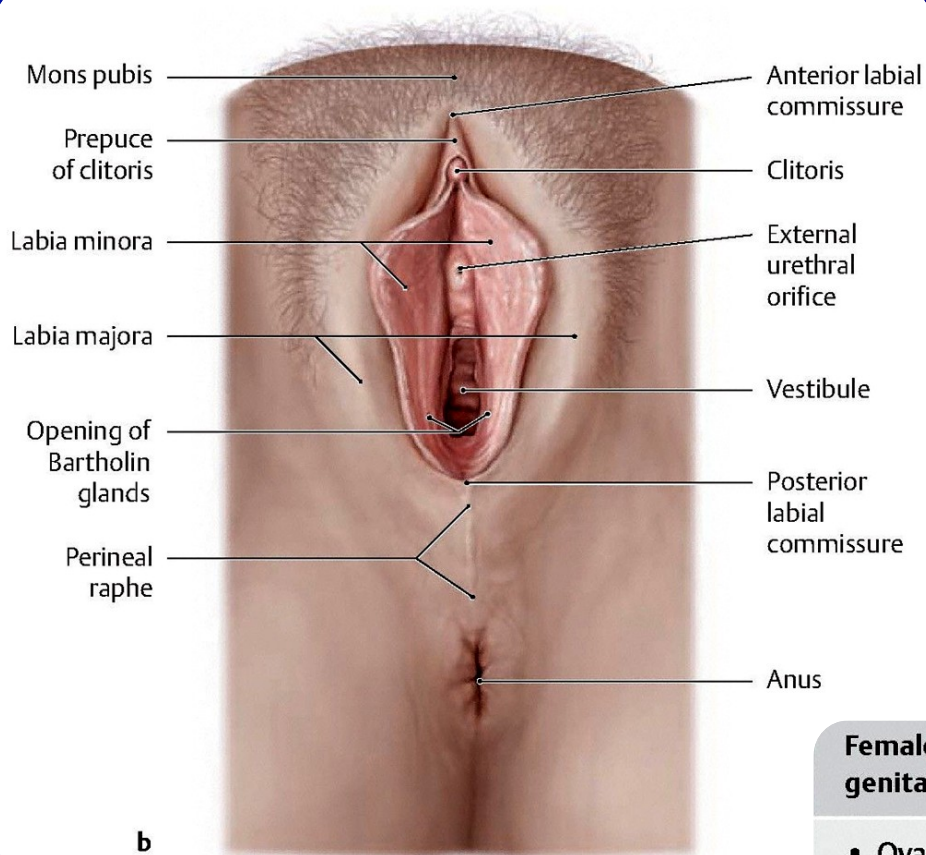




Rozwój układu płciowego żeńskiego





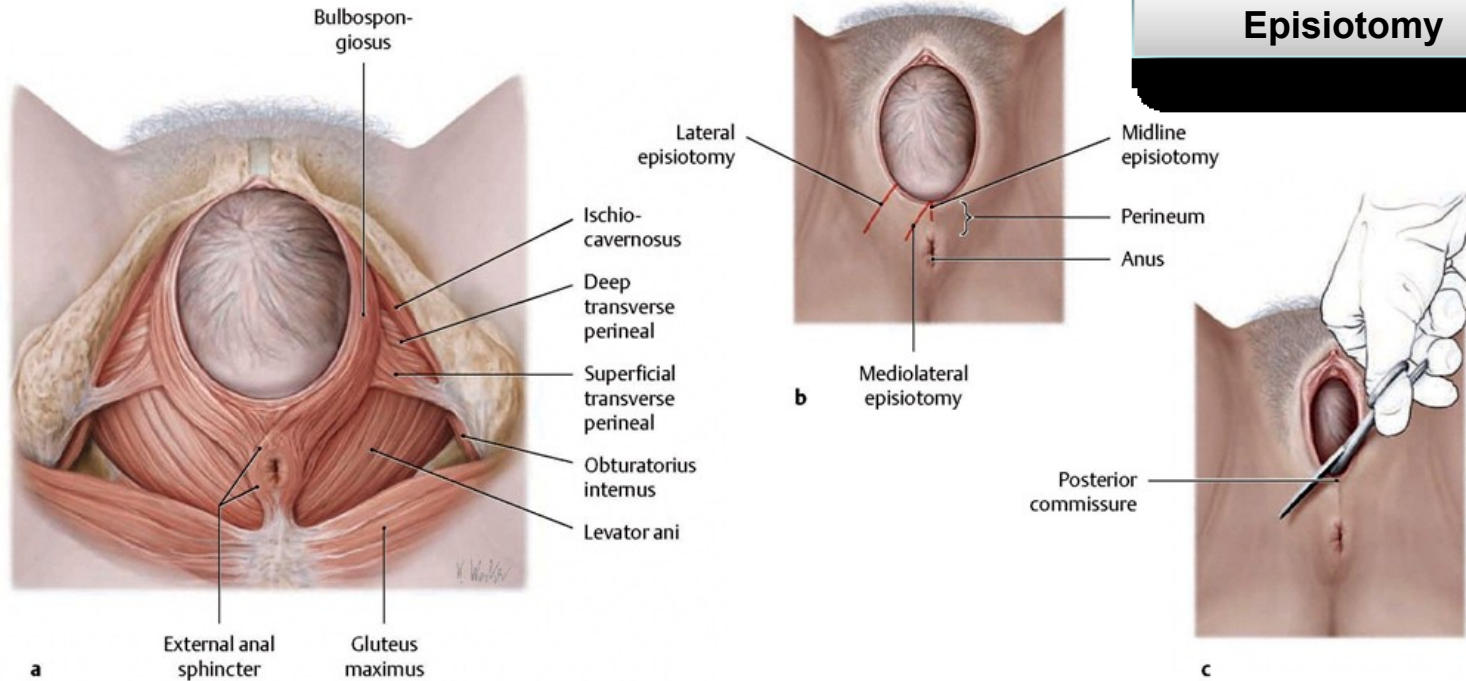


b

Overview of the female genital organs

Female internal genital organs	Female external genital organs (vulva)
<ul style="list-style-type: none"> • Ovary • Fallopian tube • Uterus • Vagina 	<ul style="list-style-type: none"> • Mons pubis • Labia majora • Labia minora • Vestibule of vagina • Vestibular bulb • Clitoris • Vestibular glands <ul style="list-style-type: none"> – Greater vestibular glands (Bartholin glands) – Lesser vestibular glands

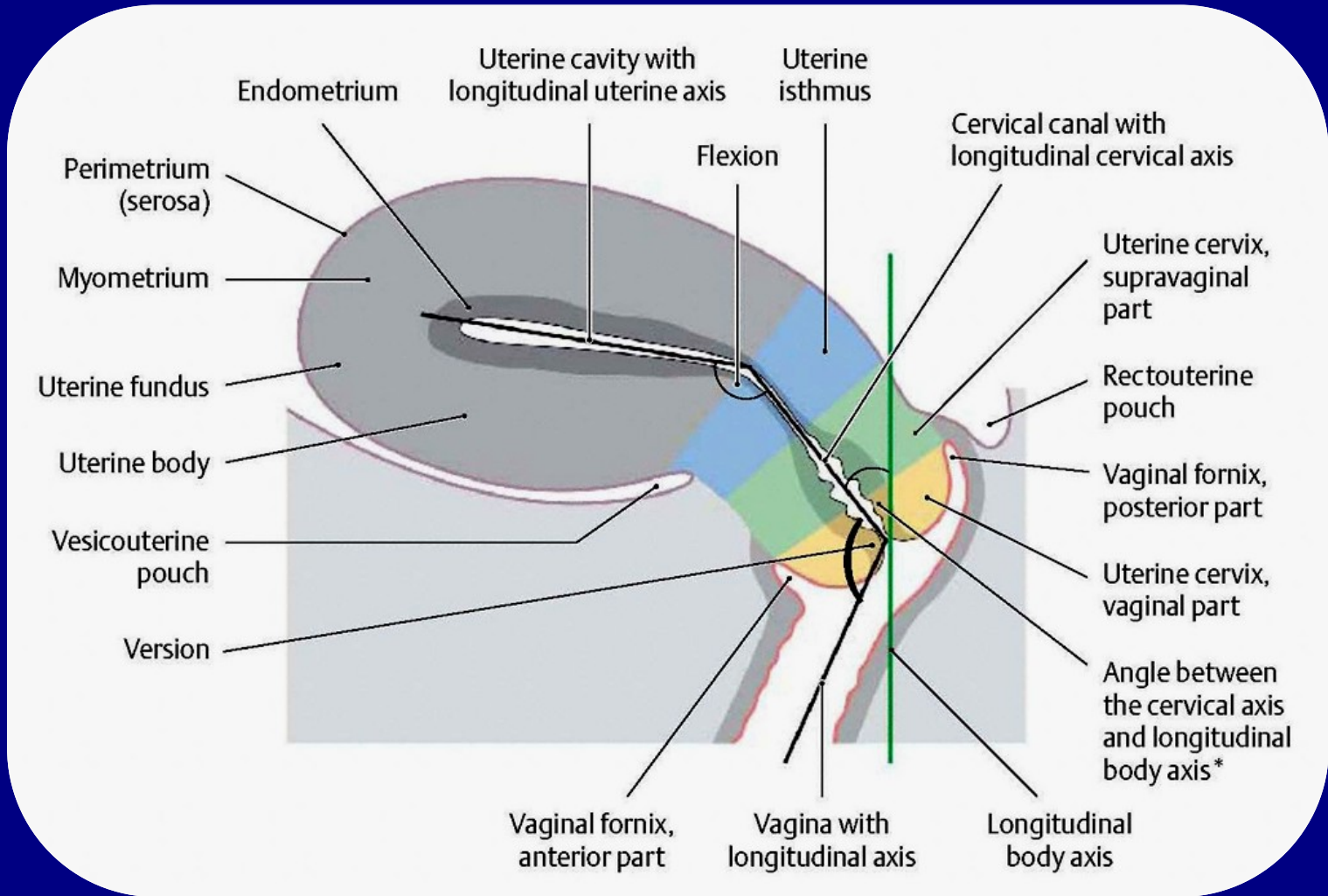
Episiotomy



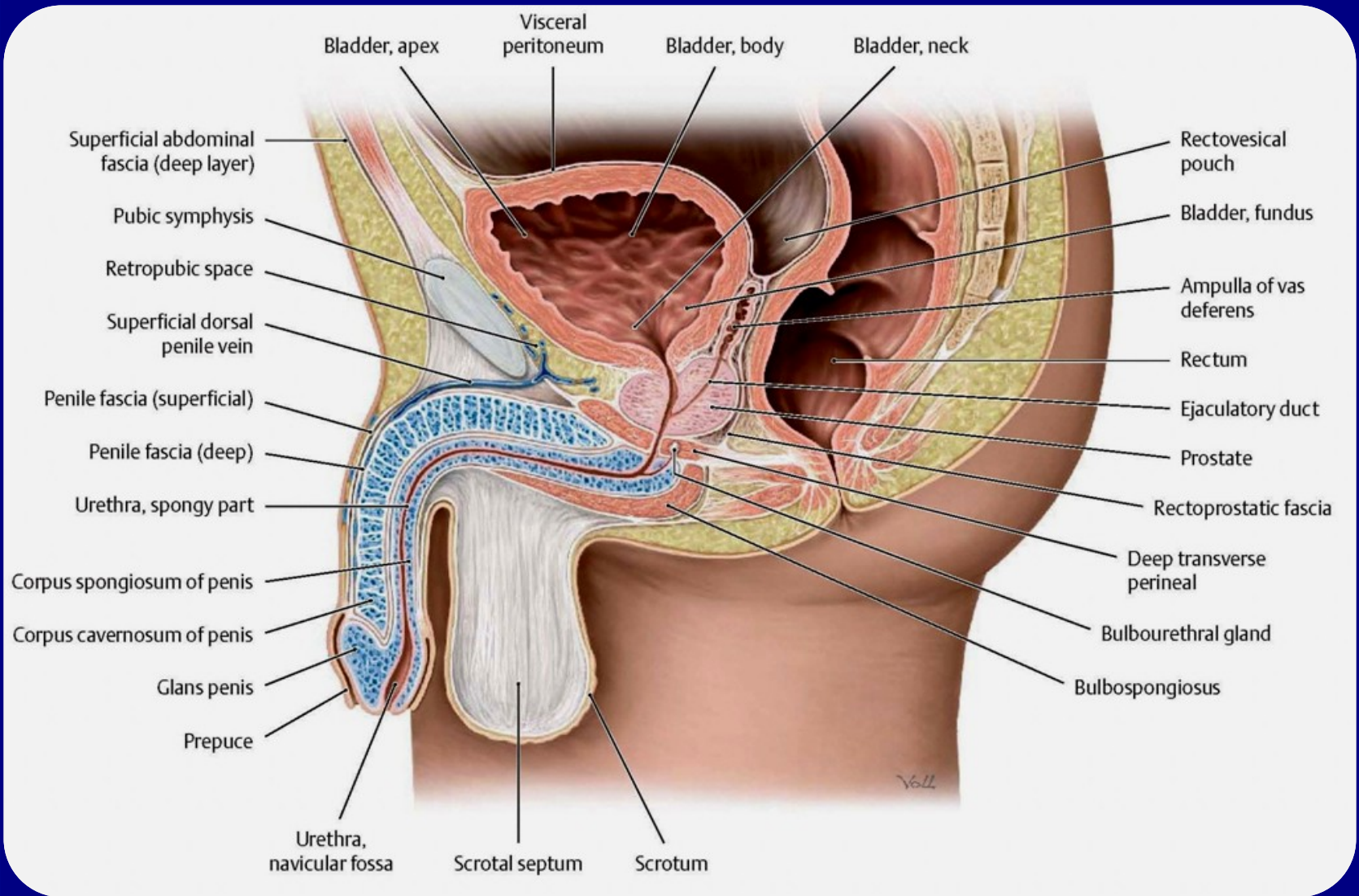
Advantages and disadvantages of the different types of episiotomy

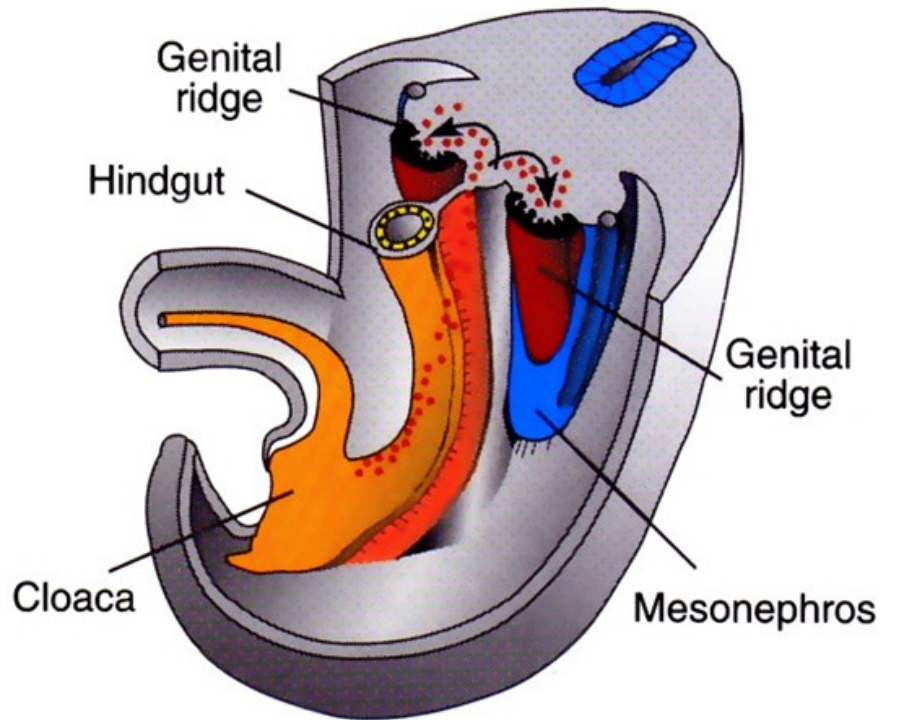
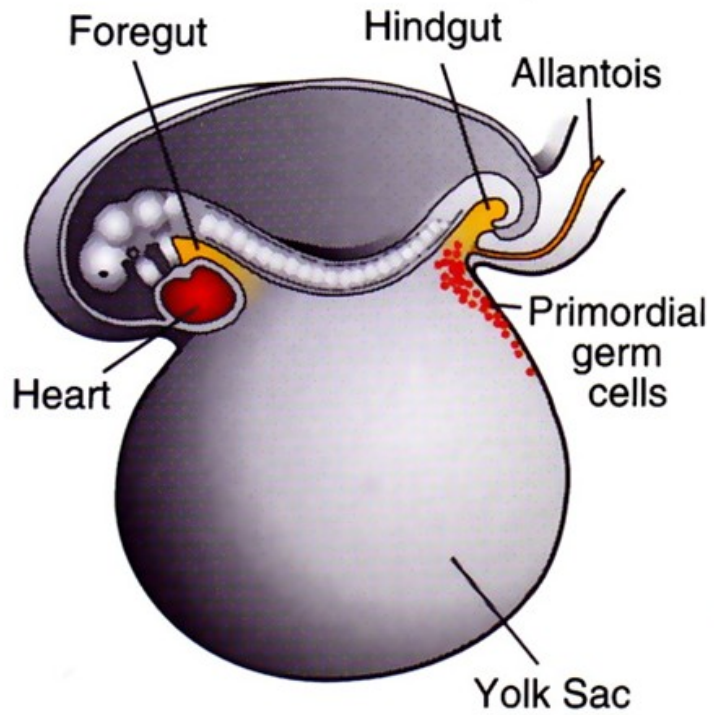
Episiotomy	Divided muscles	Advantages	Disadvantages
• Midline	• None	<ul style="list-style-type: none"> • Easy to repair • Heals well 	<ul style="list-style-type: none"> • May lengthen to a grade III perineal laceration
• Medio-lateral	<ul style="list-style-type: none"> • Bulbospongiosus • Superficial transverse perineal 	<ul style="list-style-type: none"> • Gains more room • Low risk of laceration 	<ul style="list-style-type: none"> • Heavier bleeding • More difficult to repair • More difficult healing
• Lateral*	<ul style="list-style-type: none"> • Bulbospongiosus • Superficial transverse perineal • Levator ani (puborectalis) 	<ul style="list-style-type: none"> • Gains the most room 	<ul style="list-style-type: none"> • Heaviest bleeding • Potential complications (e.g., anal incontinence) • Greatest postpartum complaints

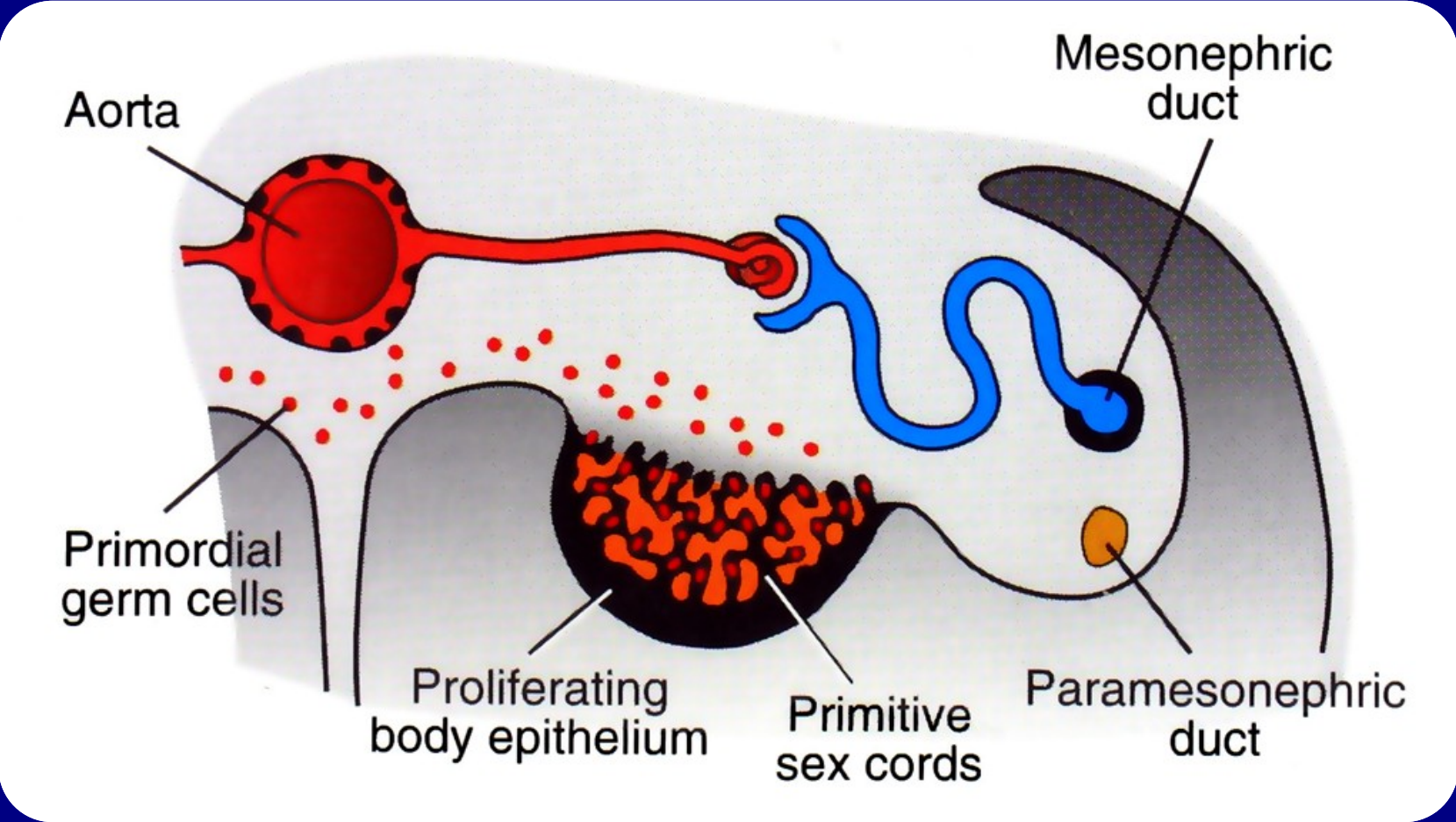
* Very rarely used

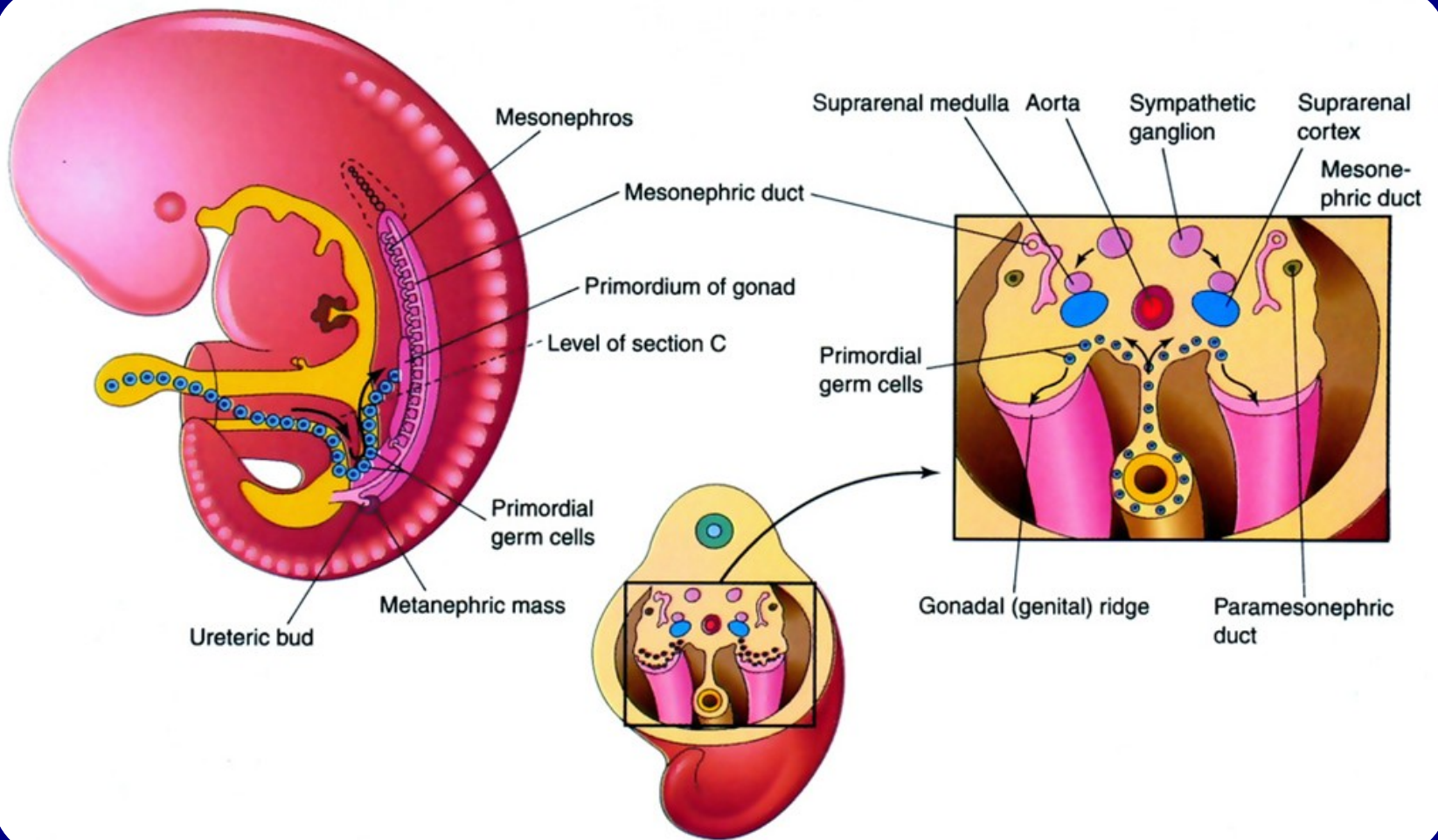


Curvature and position of the uterus

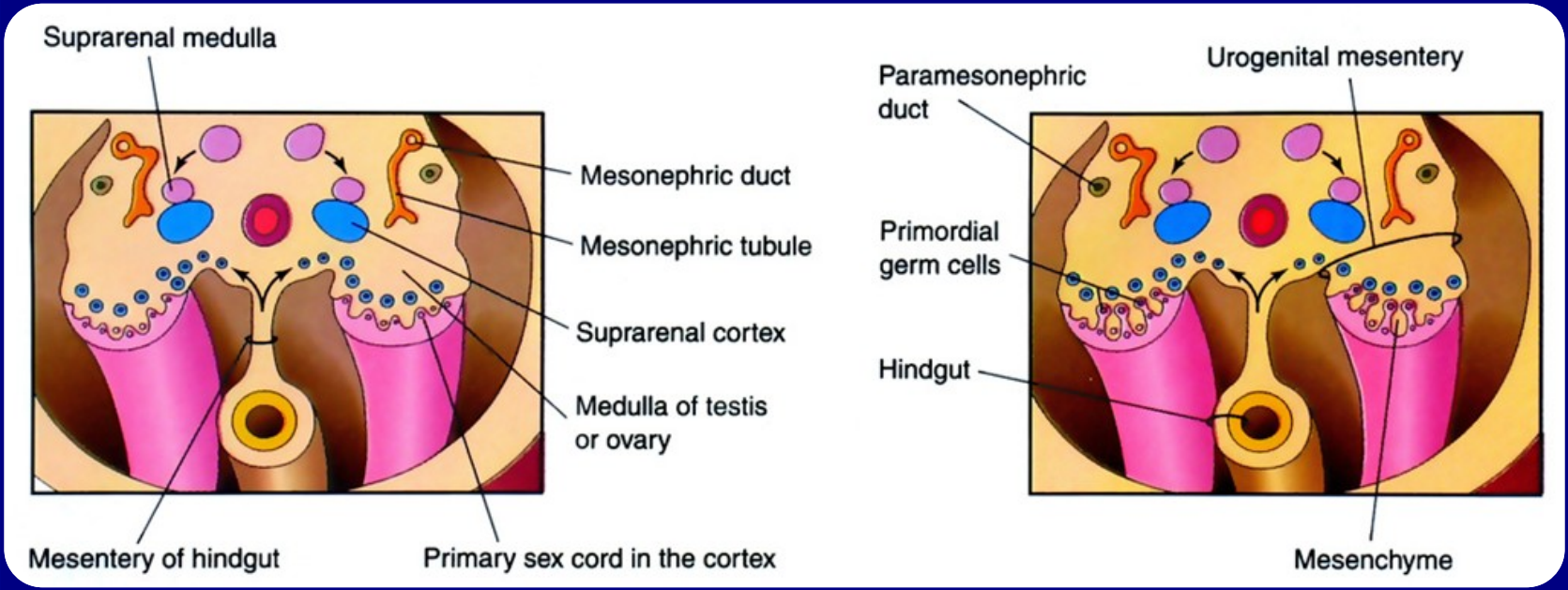




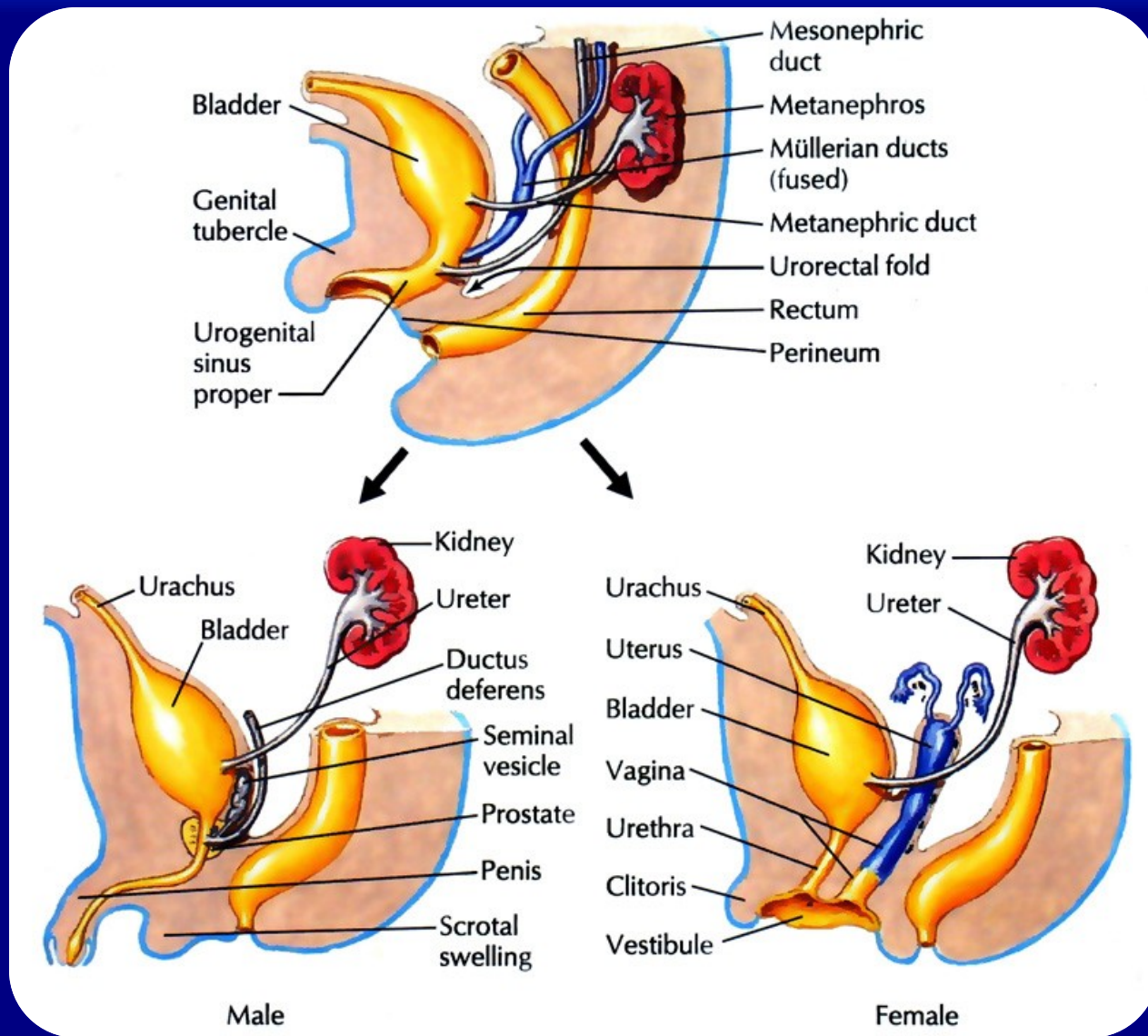




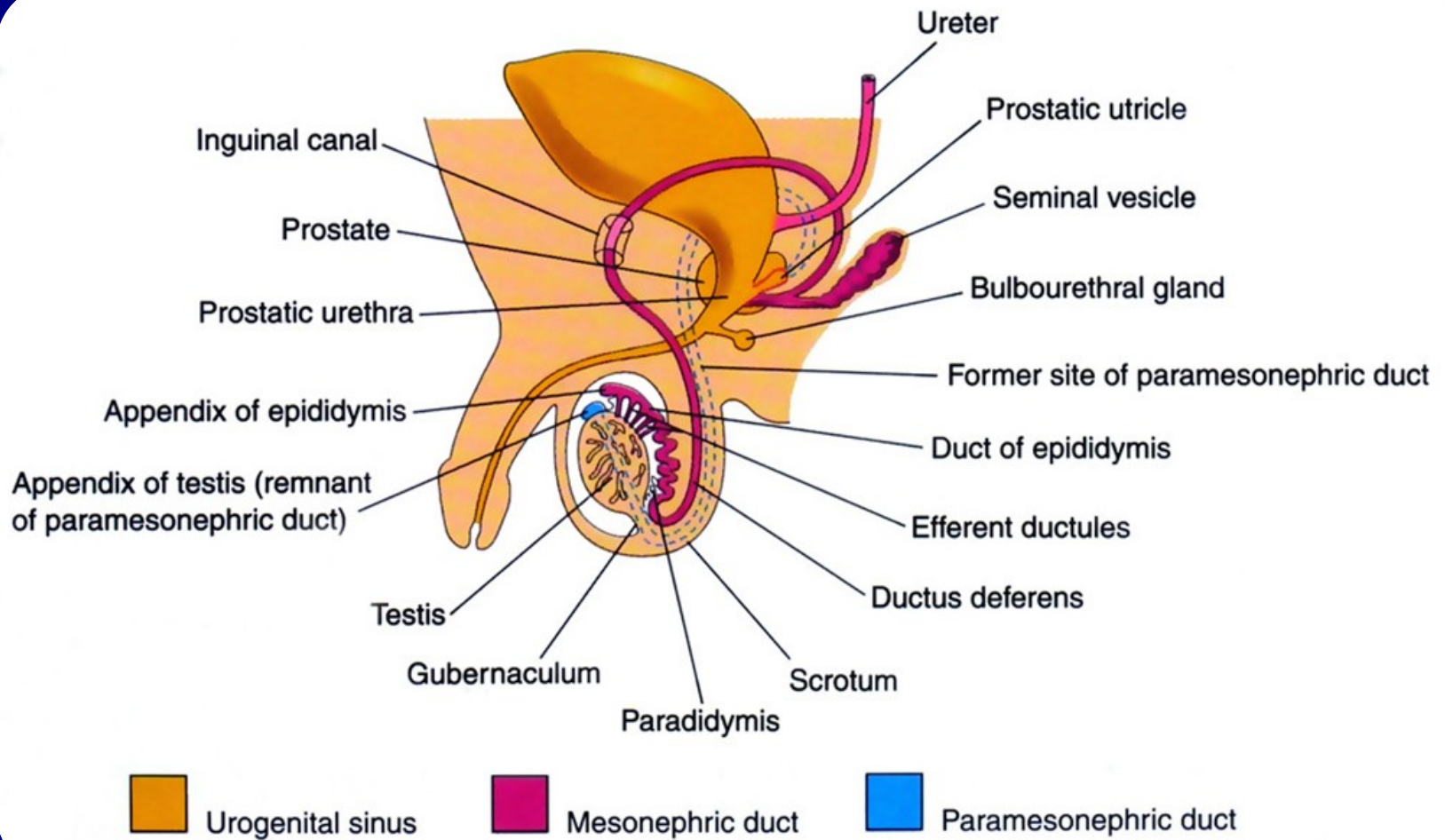
5-week embryo



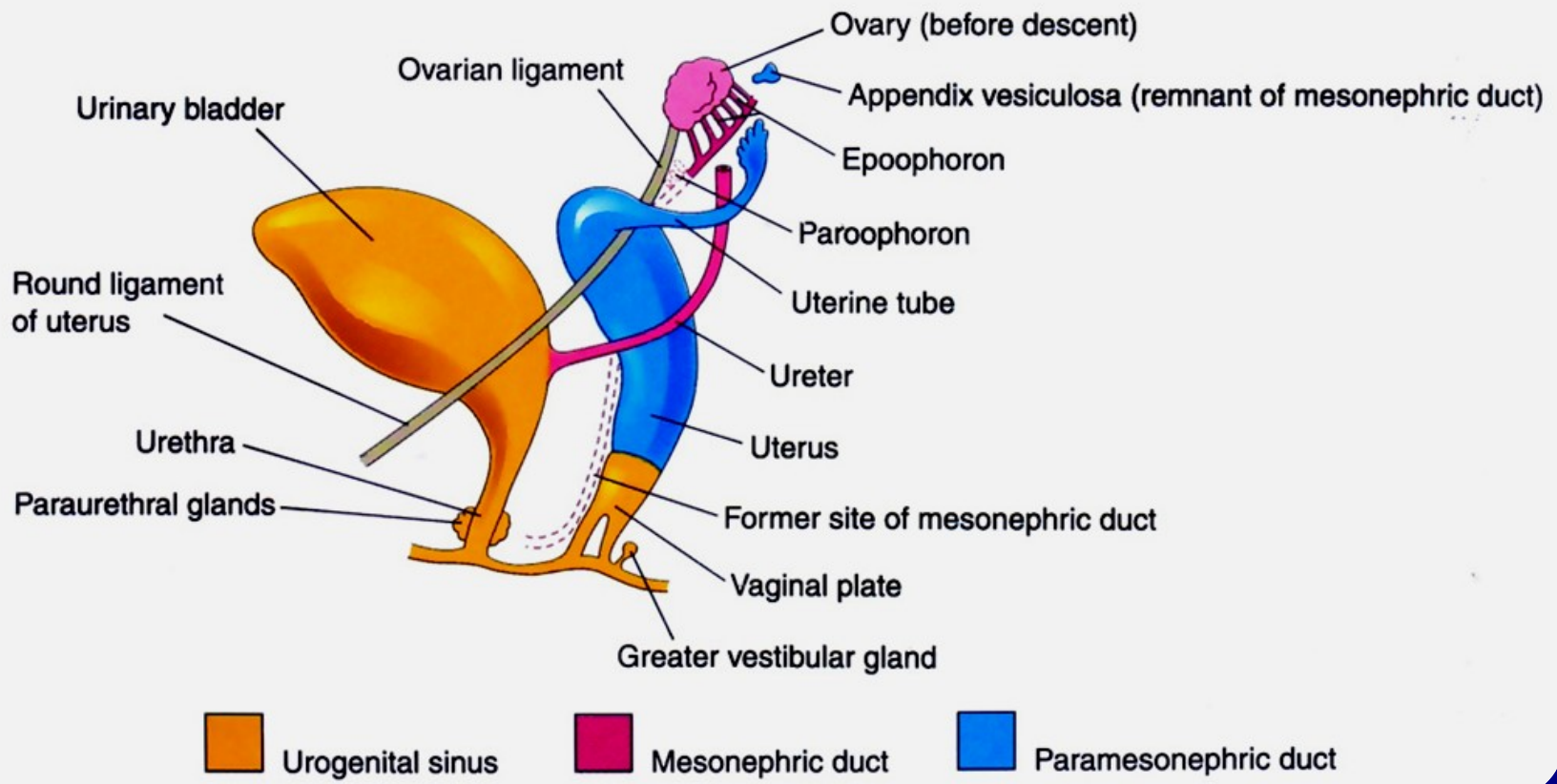
6-week embryo



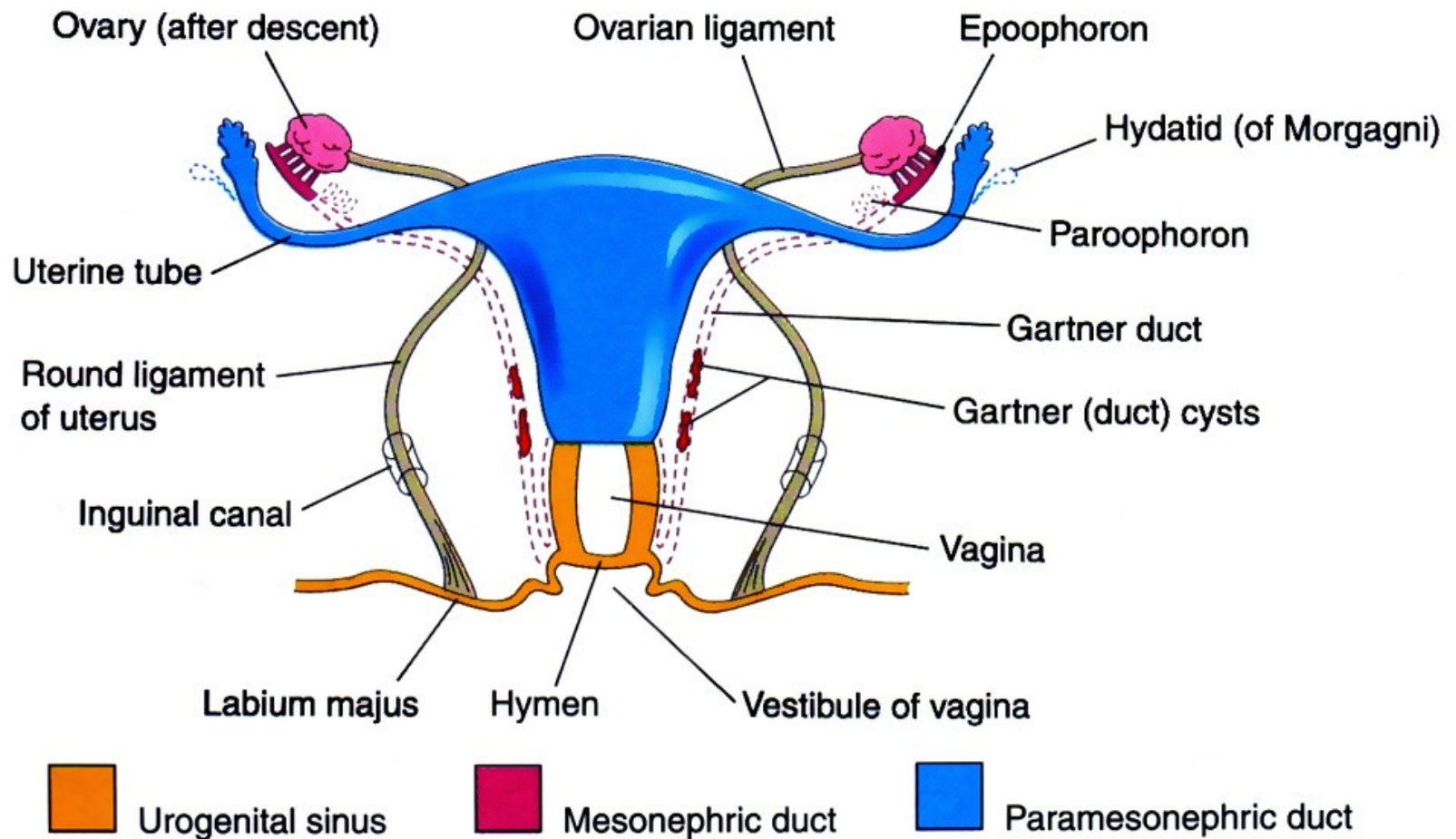
Lateral view (both sexes have identical primordia).



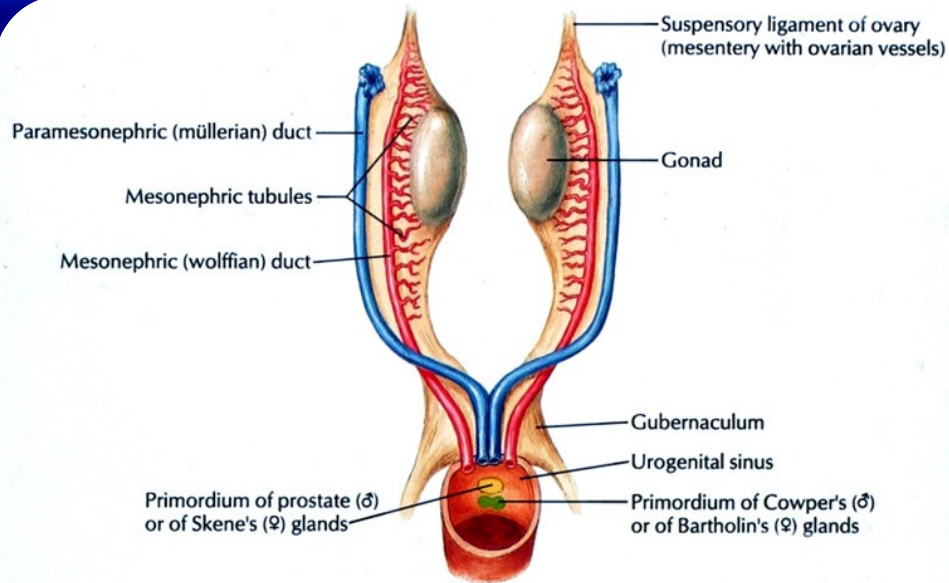
Reproductive system in a newborn male.



Female reproductive system in a 12-week fetus.

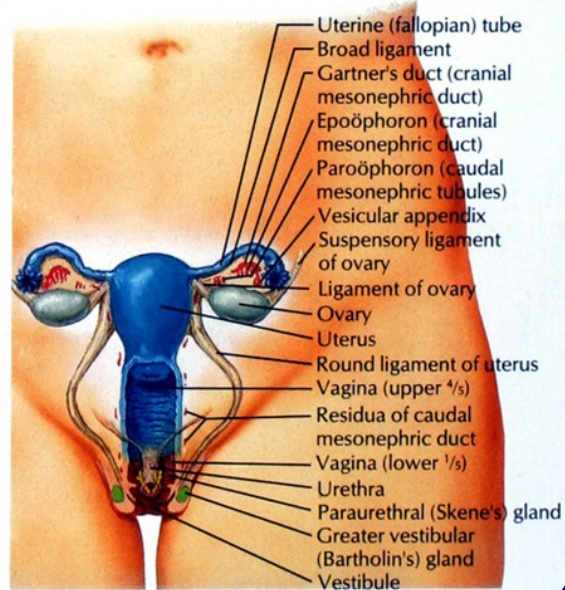
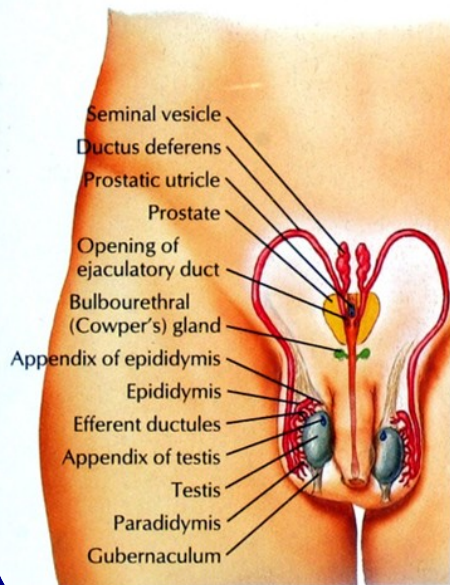


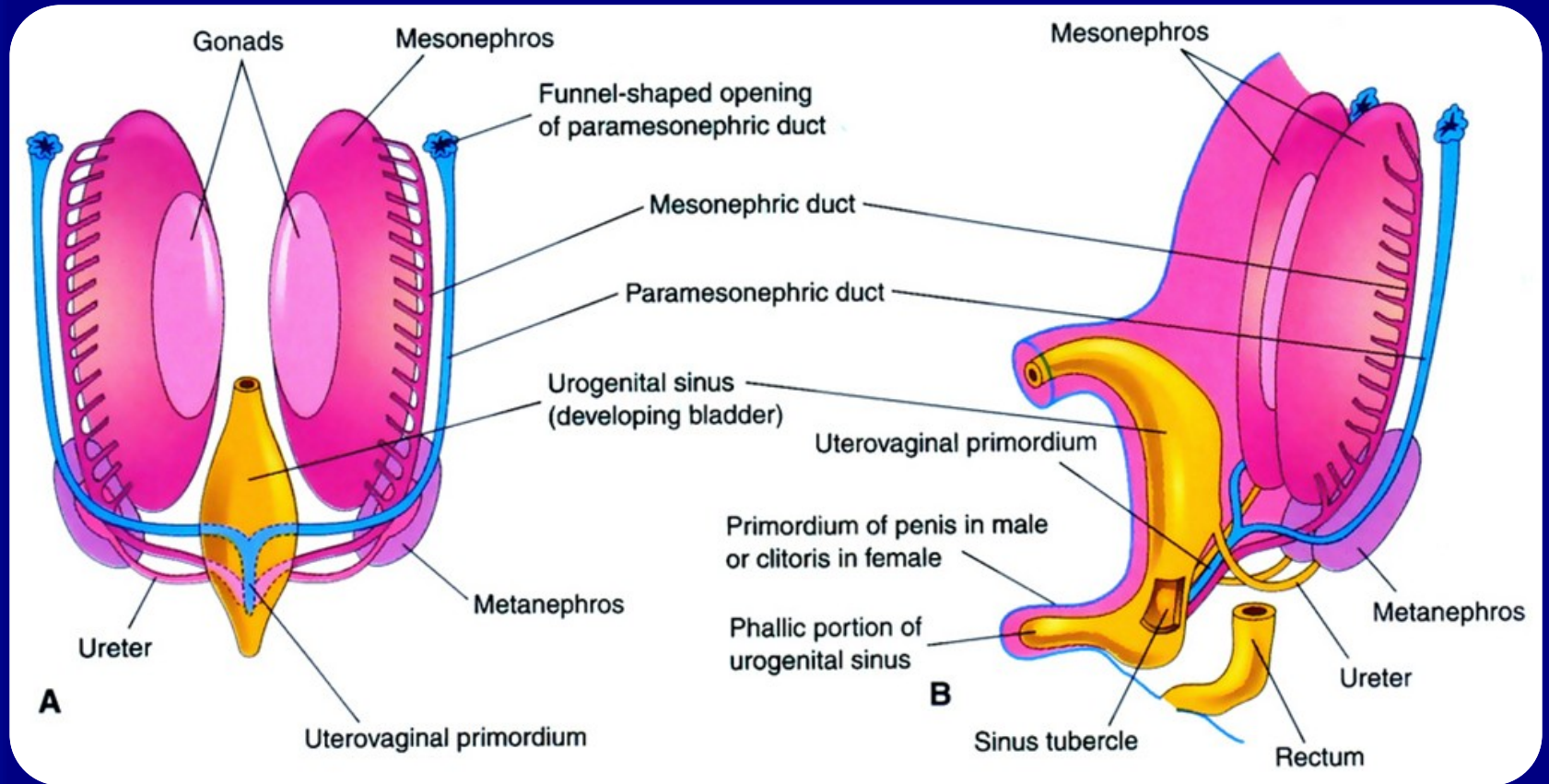
Reproductive system in a newborn female.



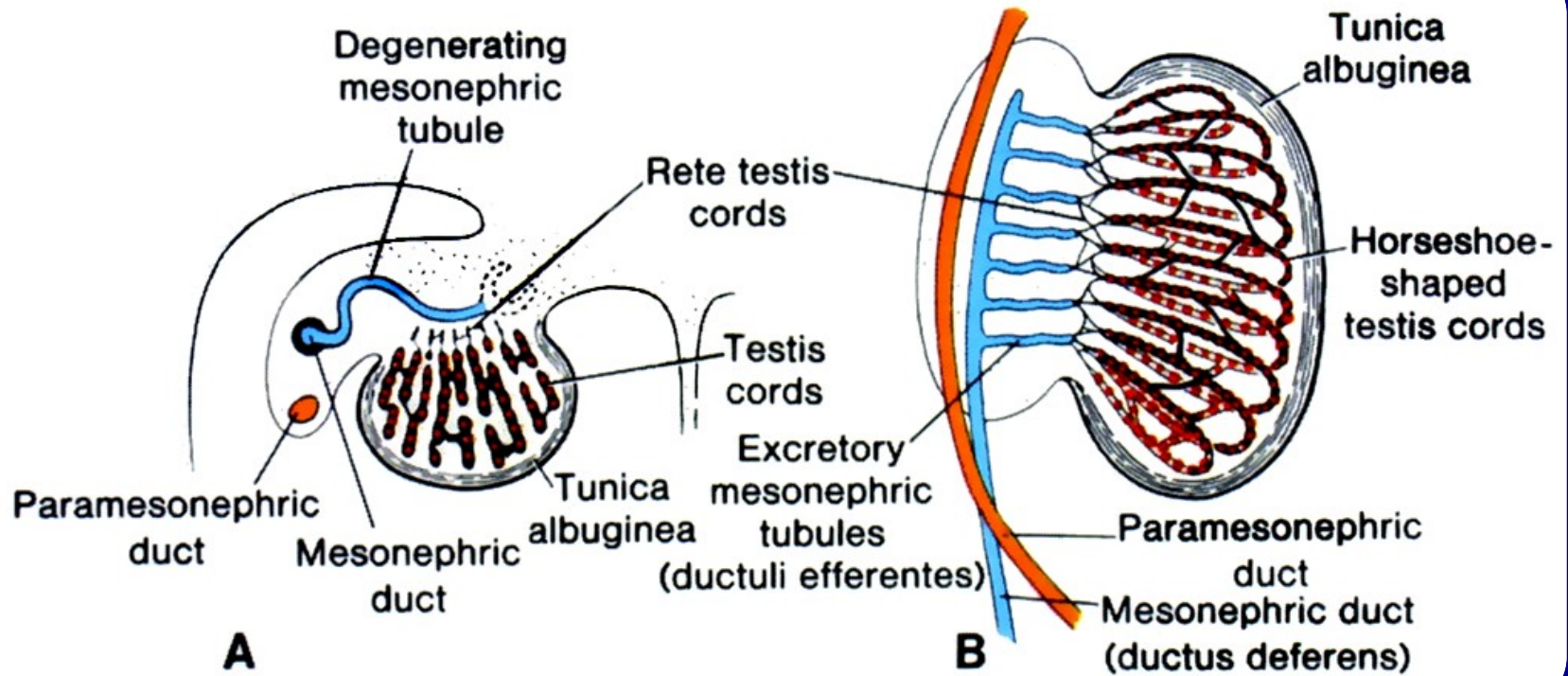
Undifferentiated

Male
Female





A – 7 week embryo. B – 9 week embryo.



A – Section through the testis in the eight week. B – Testis and genital duct in the fourth month.

44 + XY

Y influence

44 + XX

Absence of Y

Indifferent gonad

Testis

Ovary

Medullary cords develop

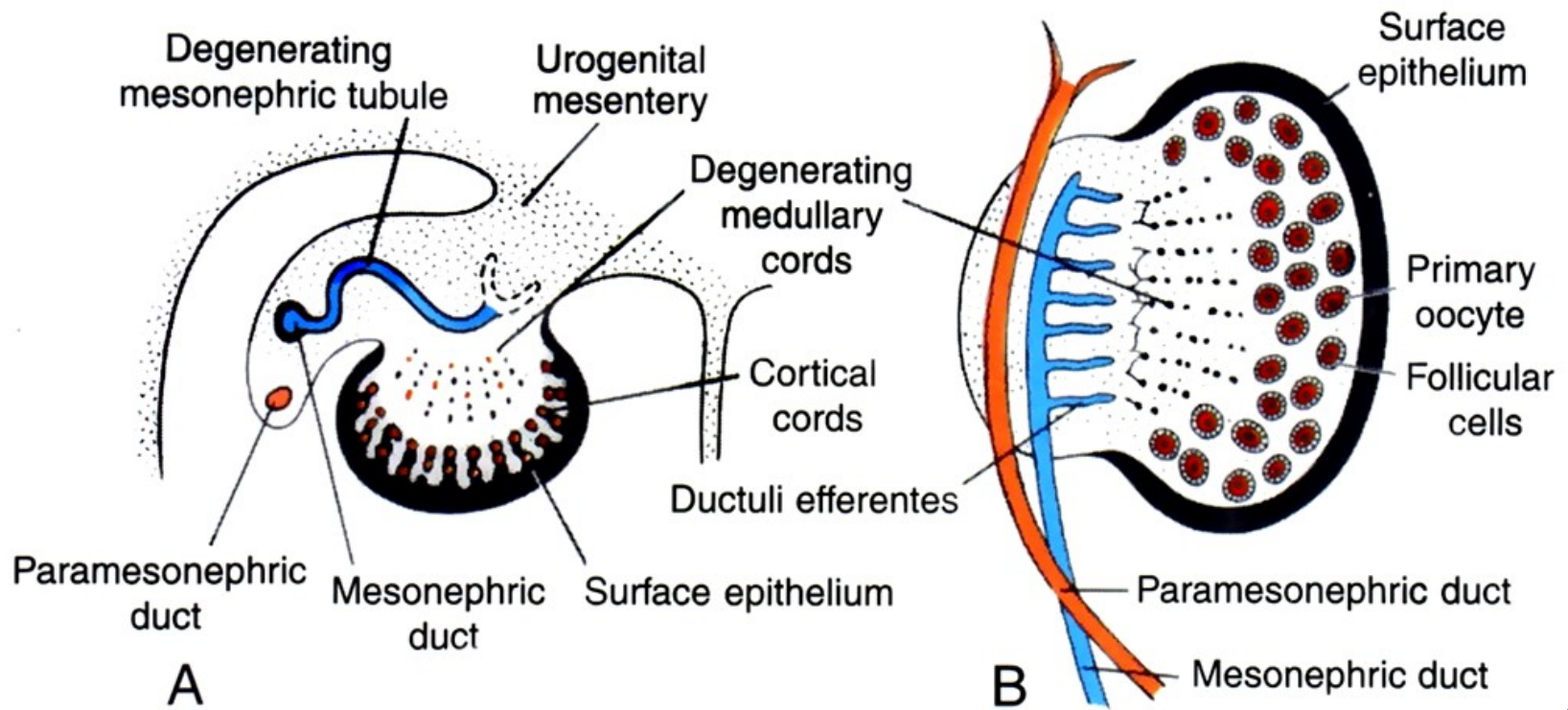
No cortical cords

Thick tunica albuginea

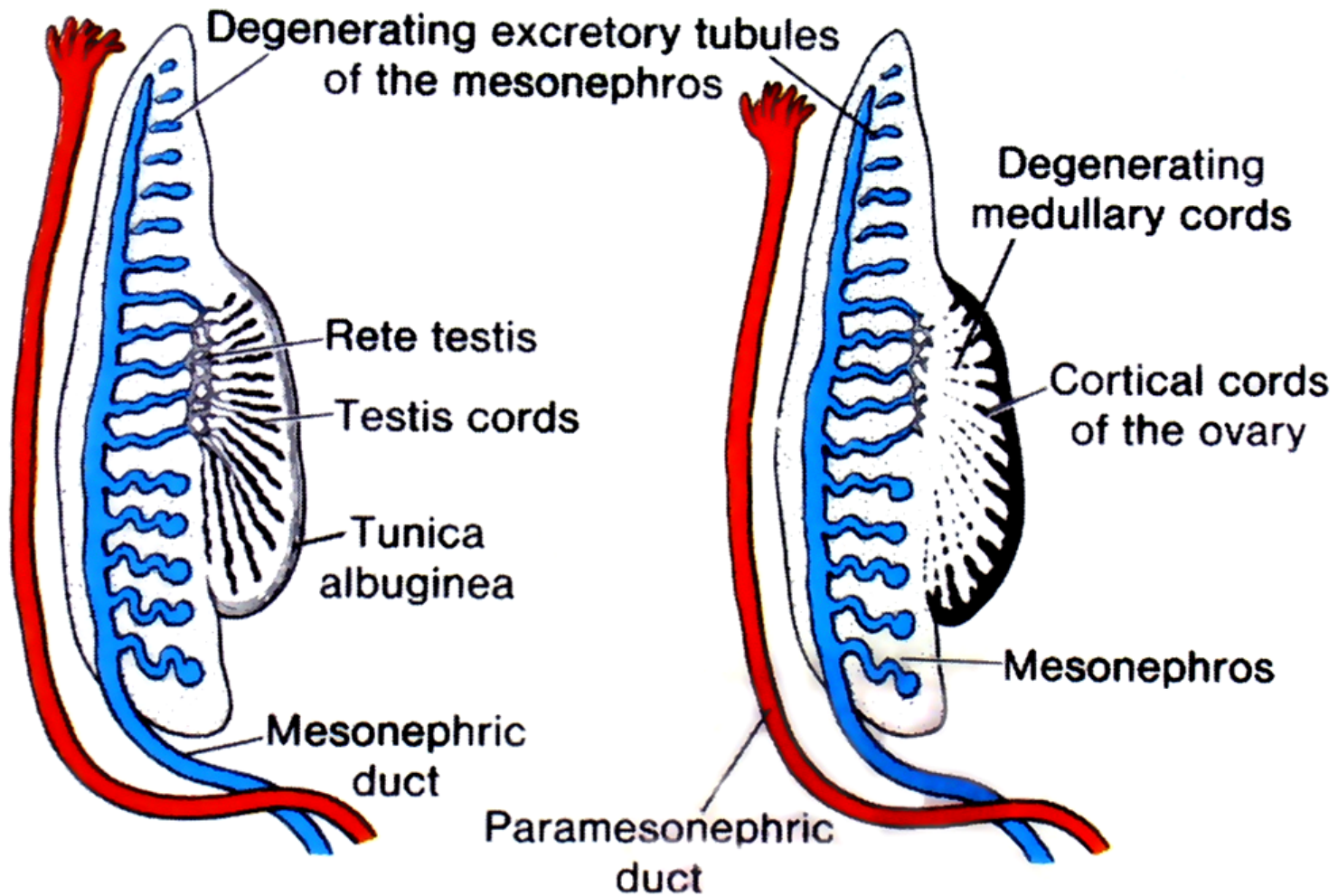
Medullary cords degenerate

Cortical cords develop

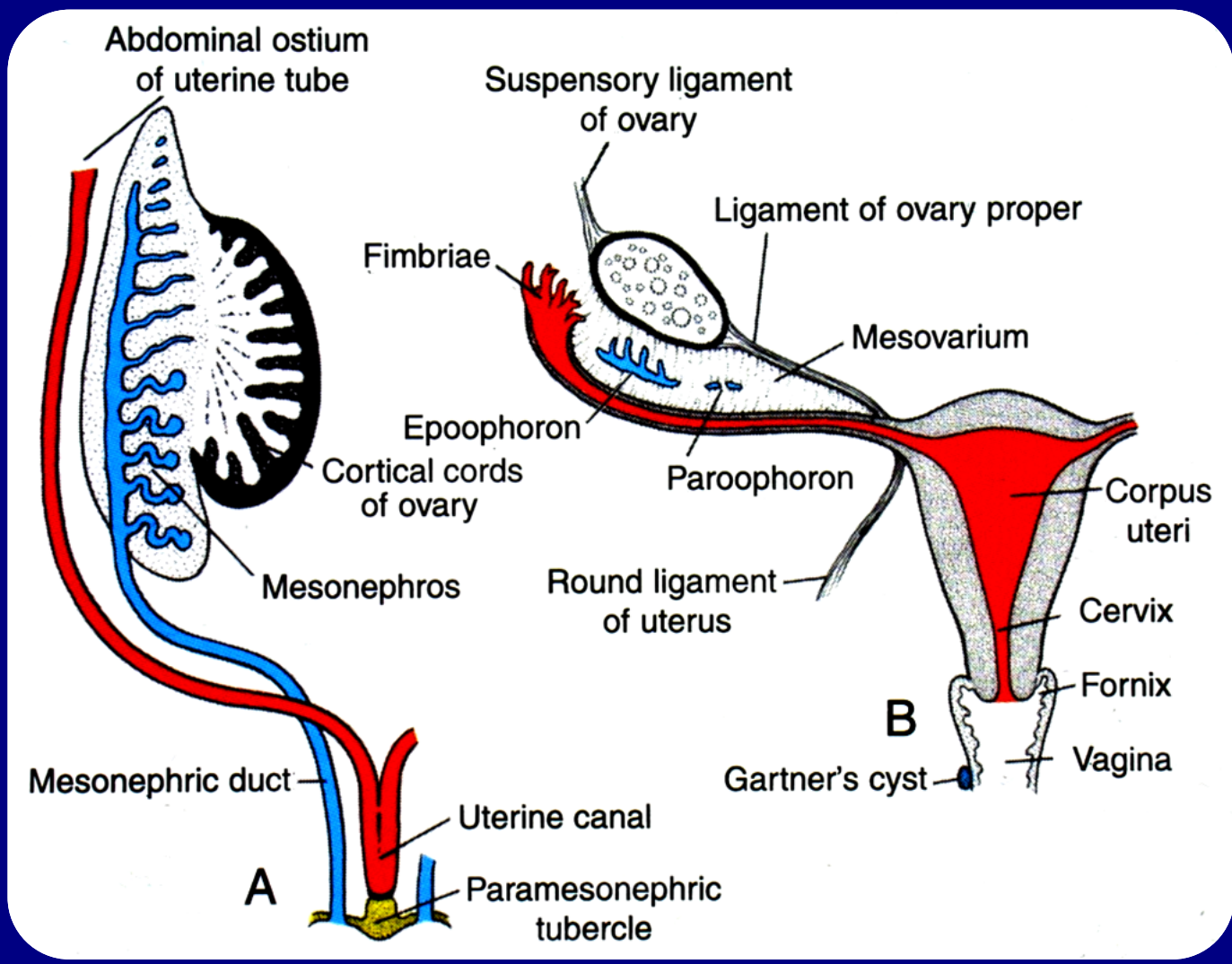
No tunica albuginea



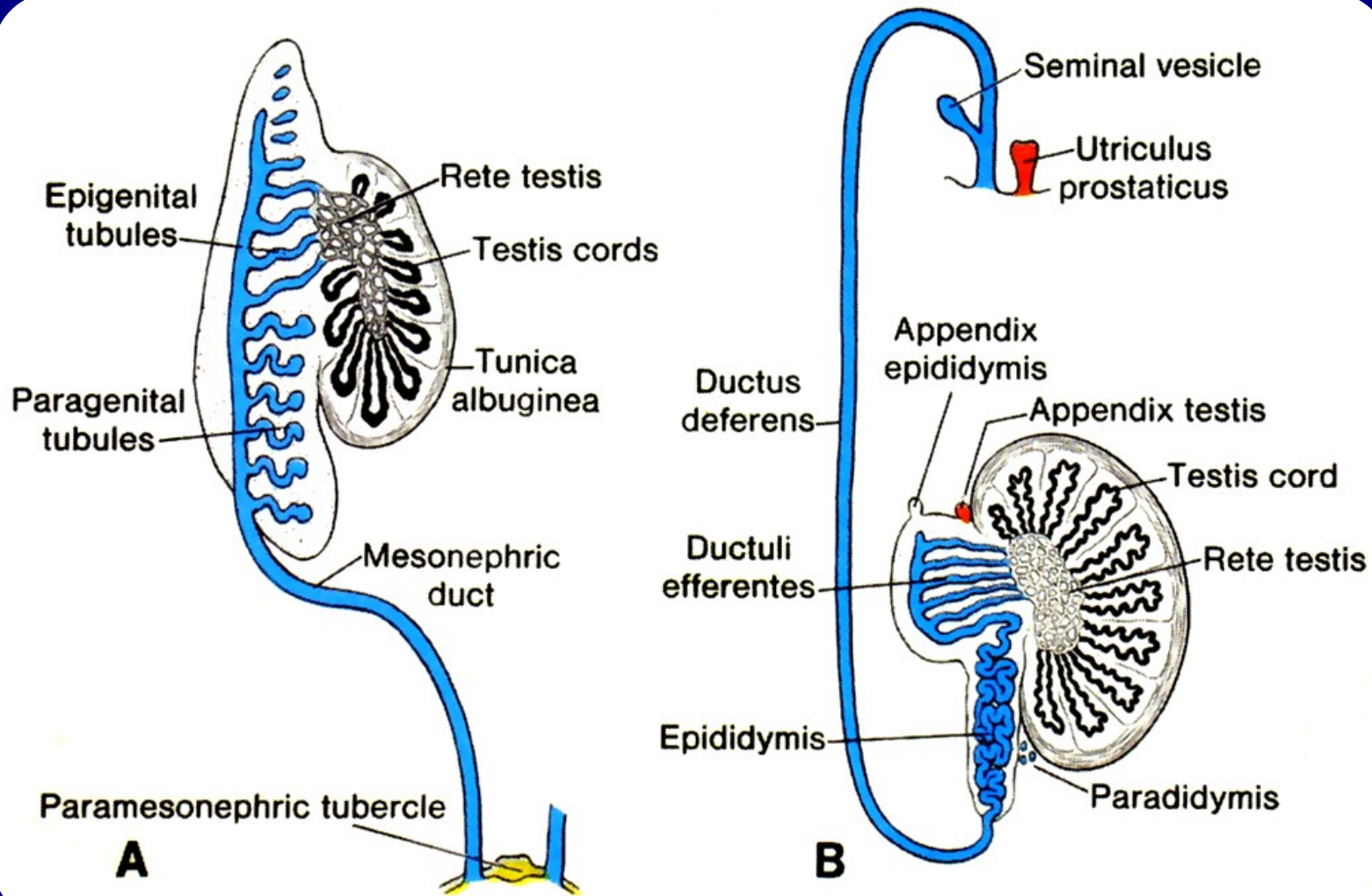
A – 7 week embryo. B – Fifth month.



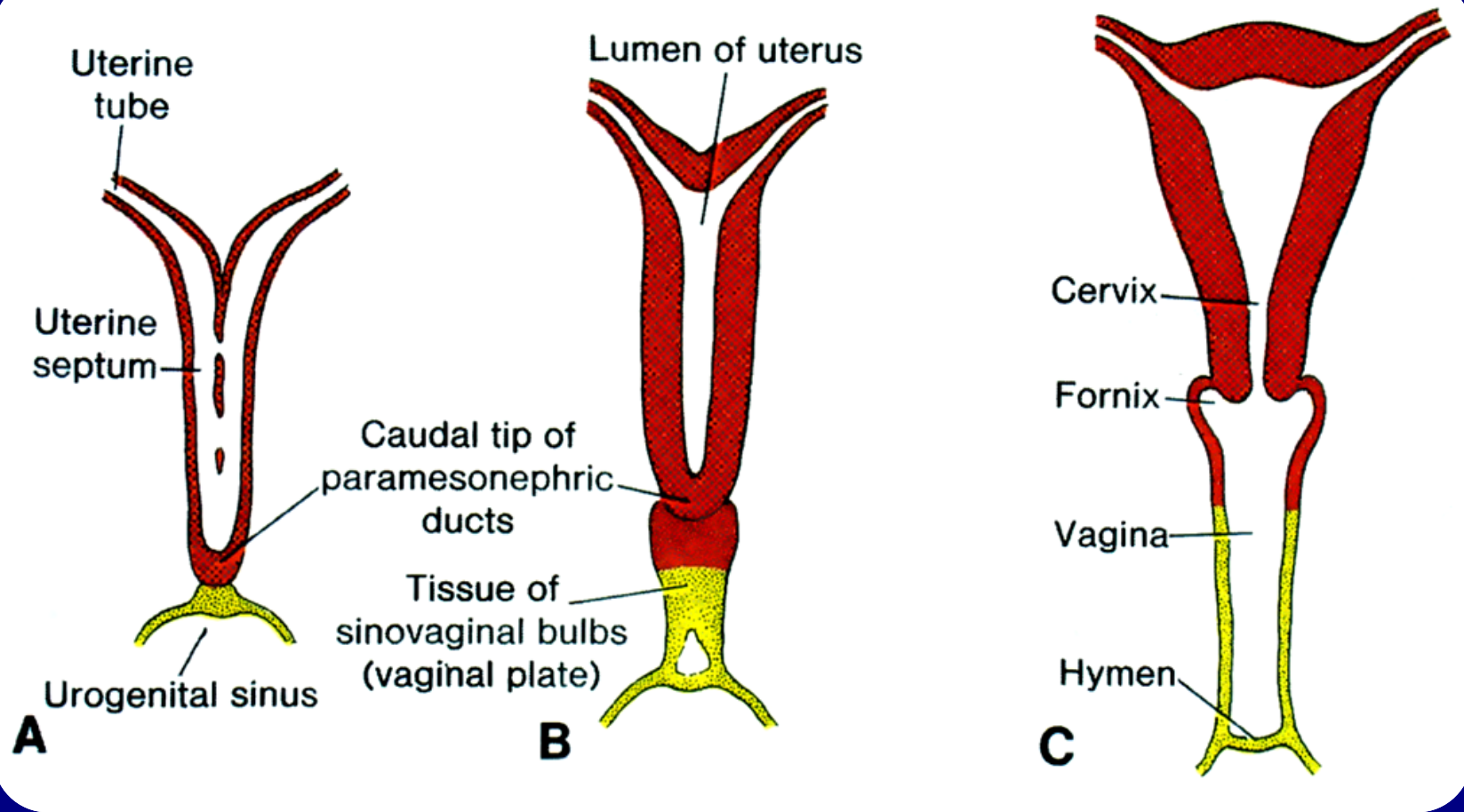
Genital ducts in the sixth week in the male and female.



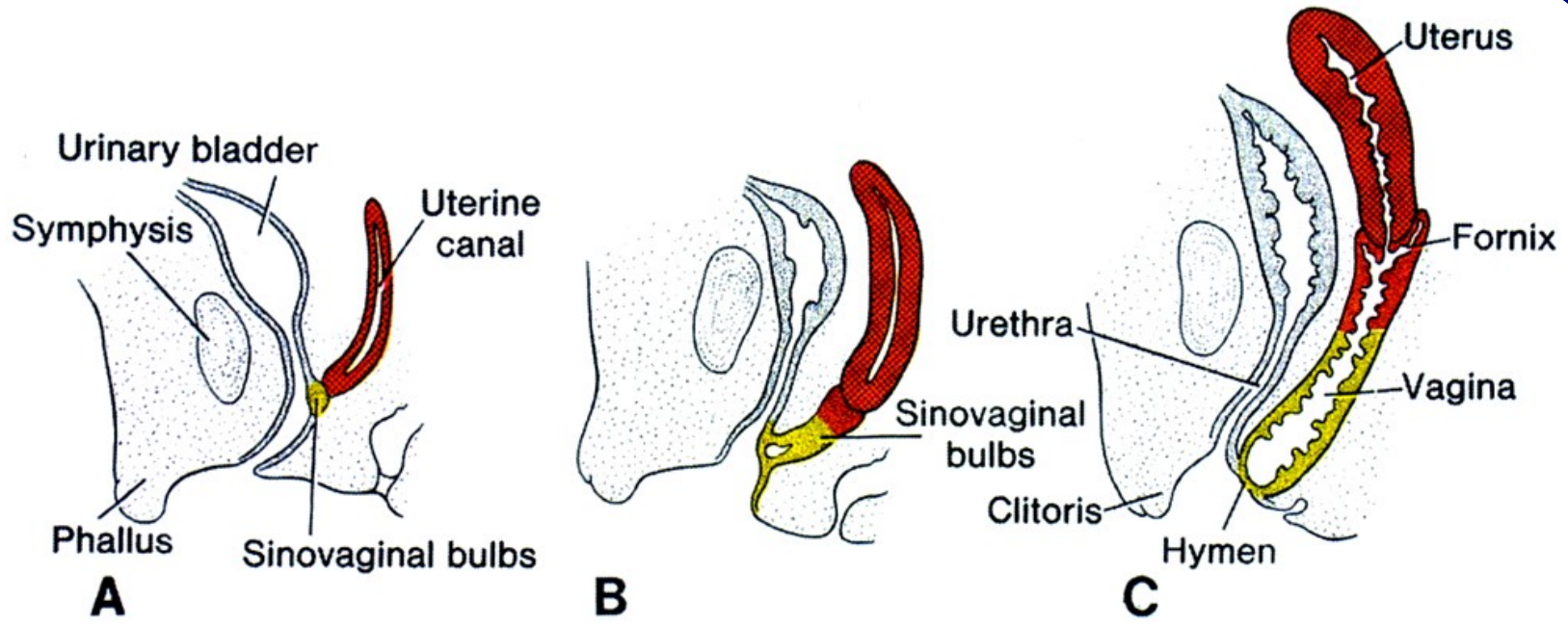
Genital ducts in the female (A) end of second month, (B) after descent of the ovary.



A – Genital ducts in the male in the fourth month. B – Genital ducts after descent of testis.



Formation of the uterus and vagina. A – 9 weeks. B – 3 months. C – Newborn.



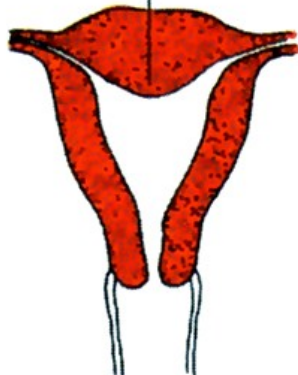
Formation of the uterus and vagina. A – 9 weeks. B – 3 months. C – Newborn.

Uterine tube



Uterus didelphys with double vagina

Indentation



Uterus arcuatus



Uterus bicornis



Uterus bicornis unicollis 1 rudimentary horn



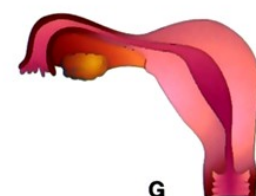
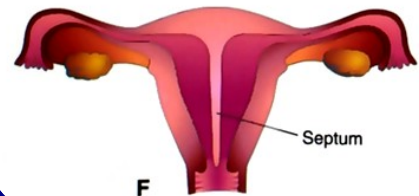
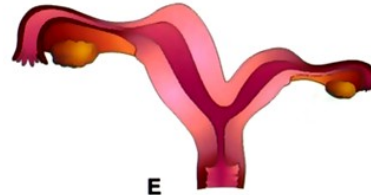
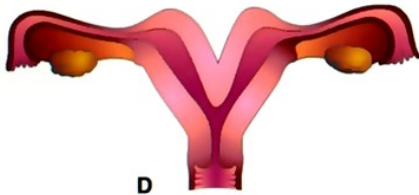
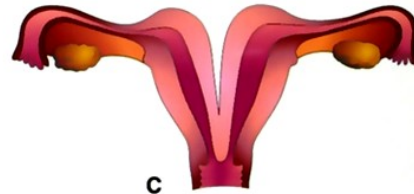
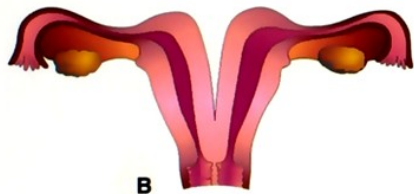
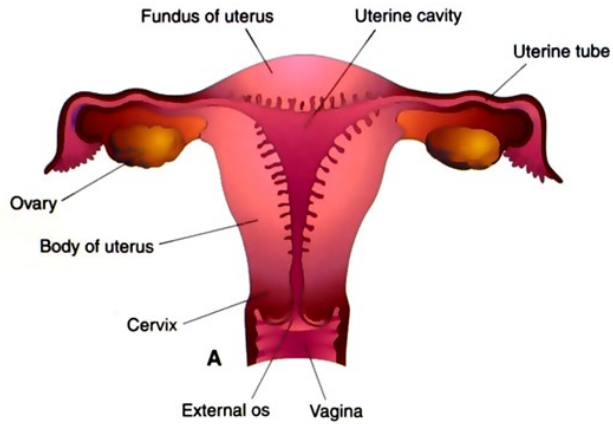
Atresia of cervix



Atresia of vagina

Open part of vagina

Main abnormalities of the uterus and vagina.



A – Normal uterus and vagina.

B – Double uterus and double vagina.

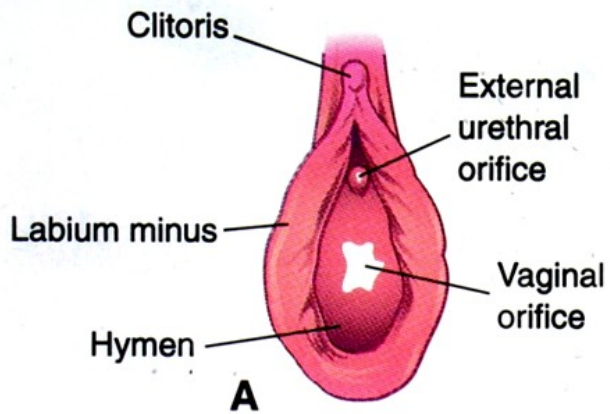
C – Double uterus with single vagina.

D – Bicornuate uterus.

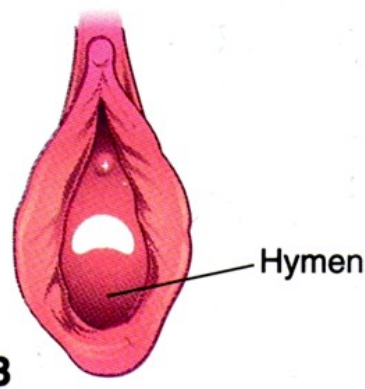
E – Bicornuate uterus with a rudimentary left horn.

F – Septate uterus.

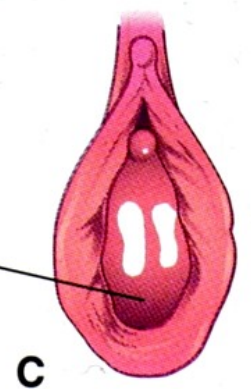
G – Unicornuate uterus.



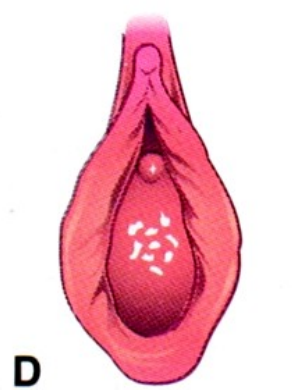
A
Normal hymen



B
Incomplete perforation of hymen



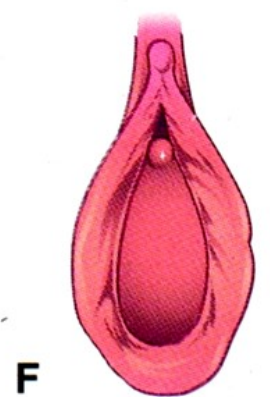
C
Septate hymen



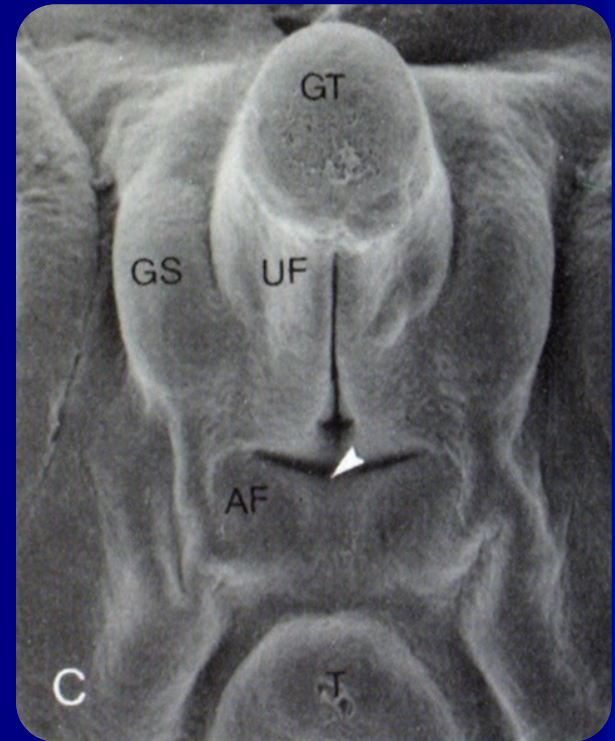
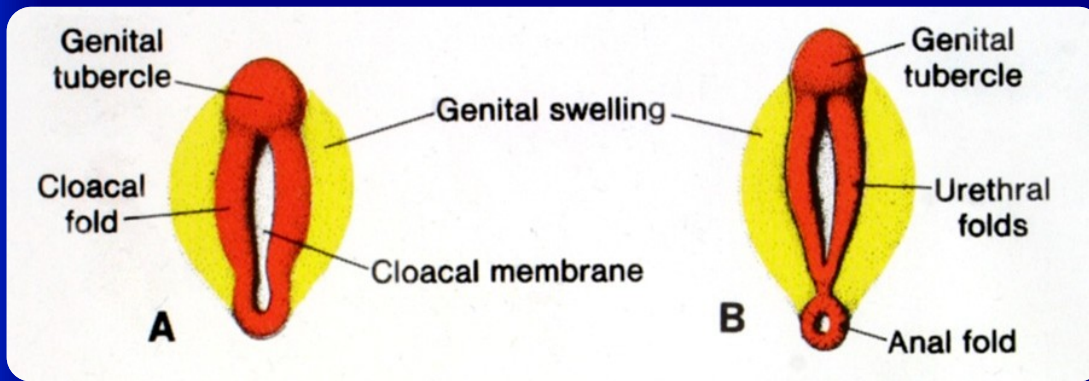
D
Cribriform hymen



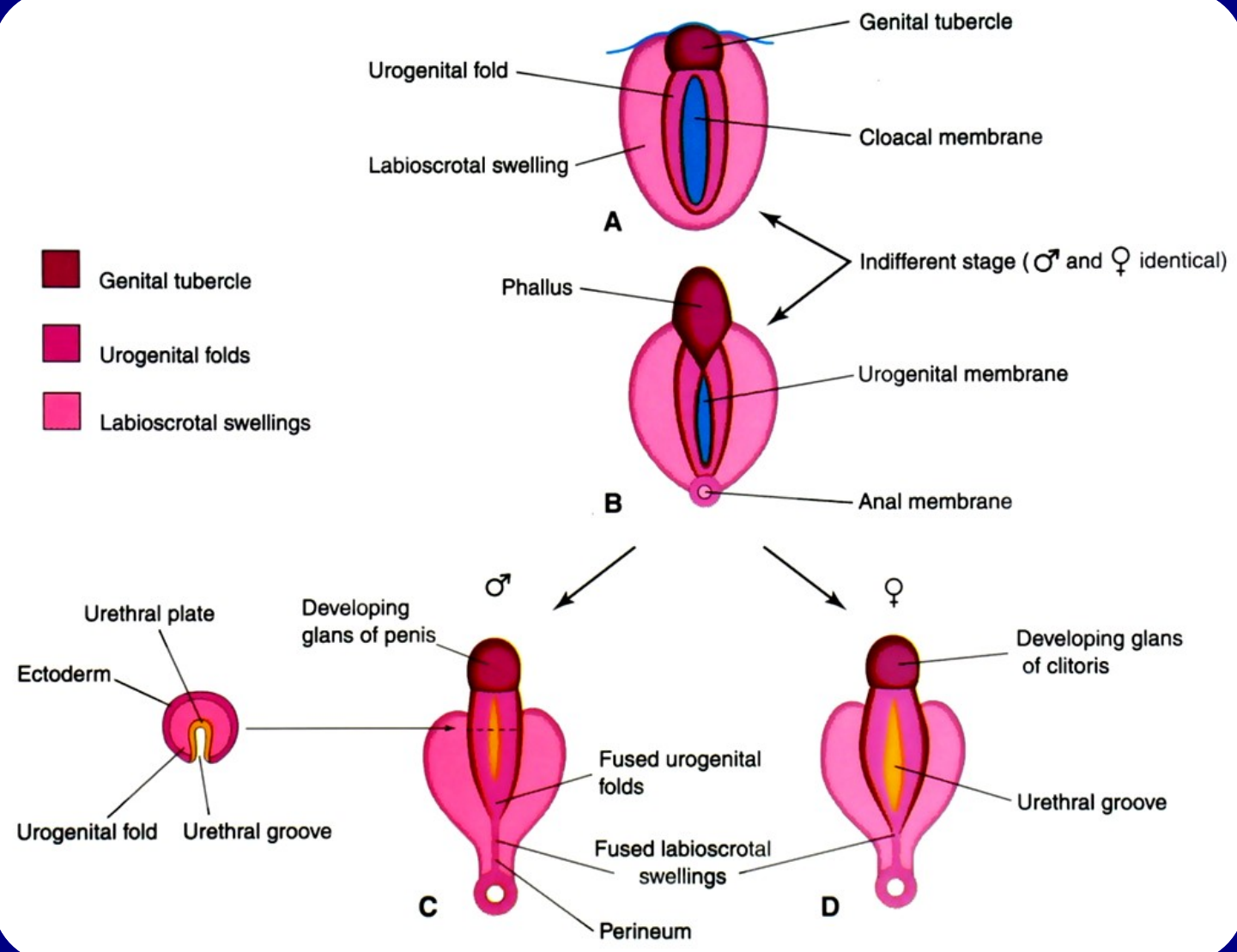
E
Stenotic hymen

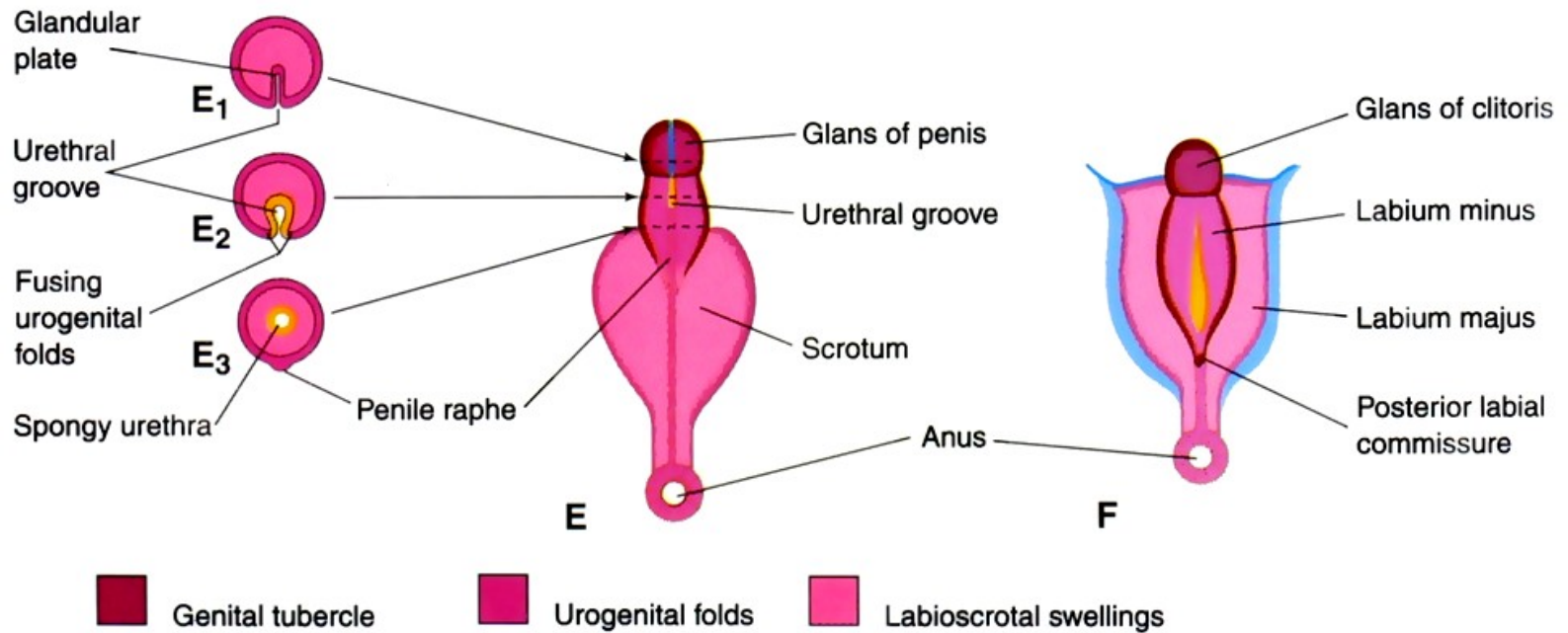


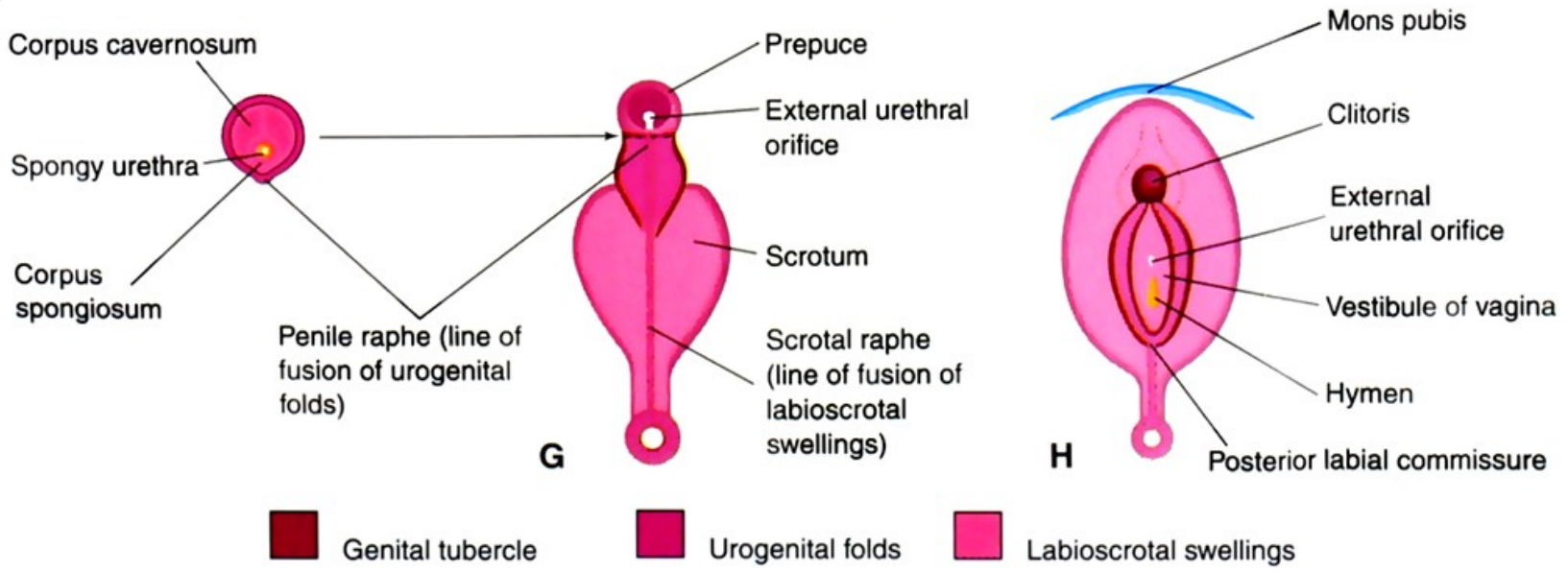
F
Imperforate hymen



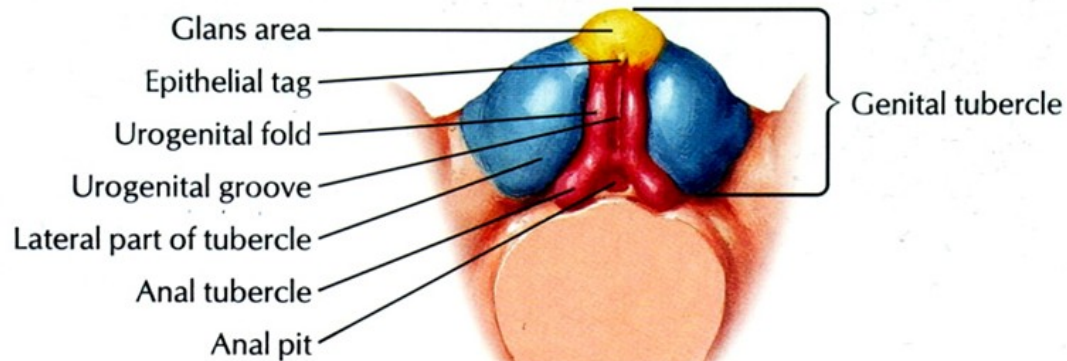
Indifferent stages of the external genitalia. A – 4 weeks. B – 6 weeks.





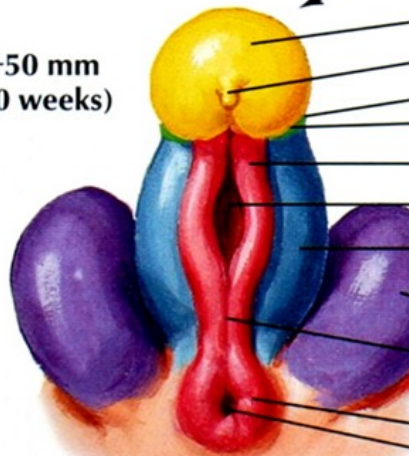


Undifferentiated



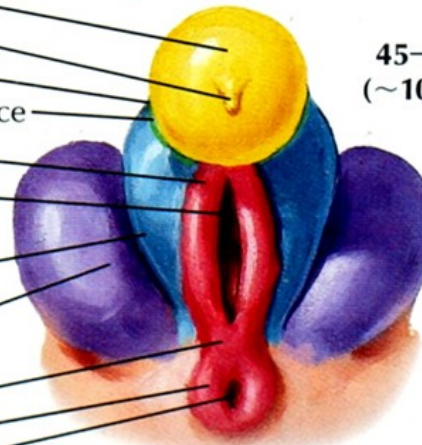
Male

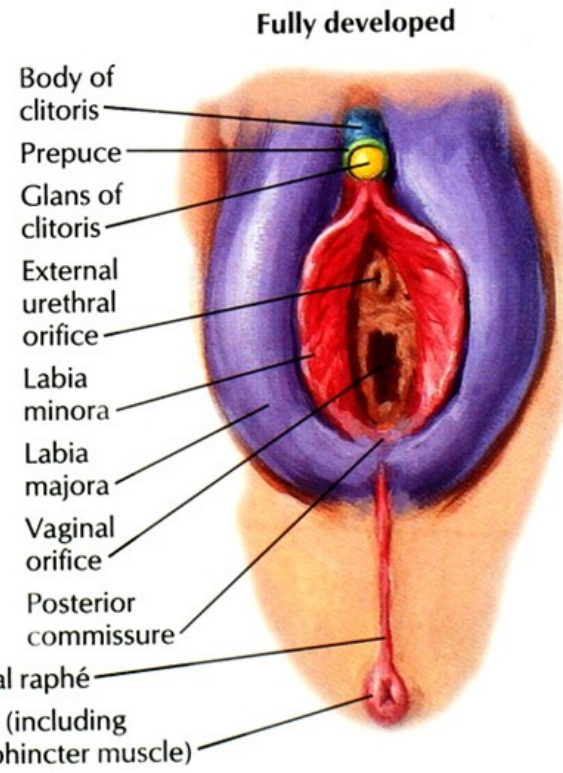
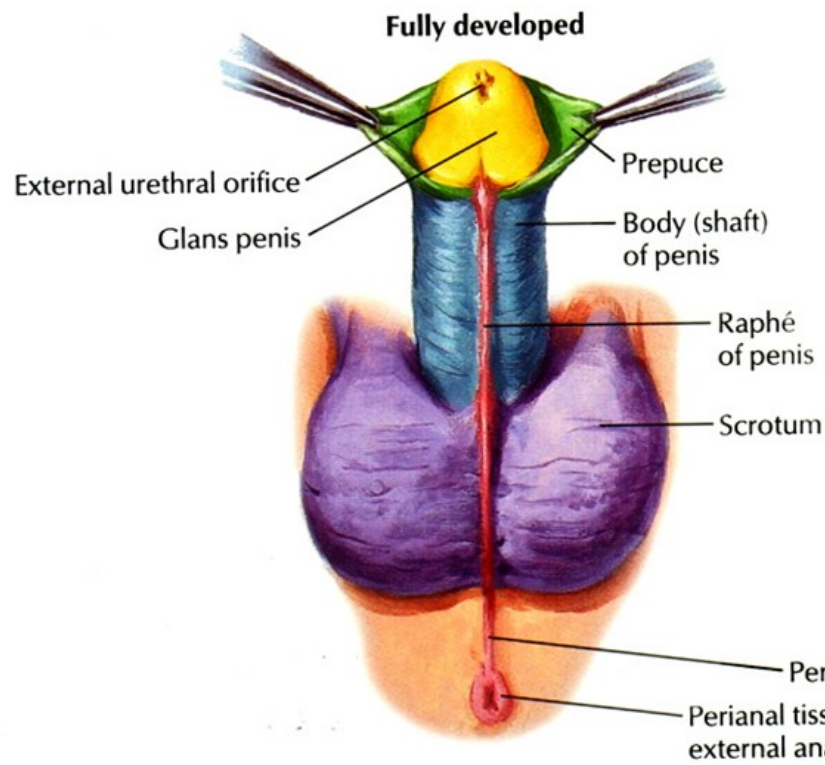
45-50 mm
(~10 weeks)



Female

45-50 mm
(~10 weeks)



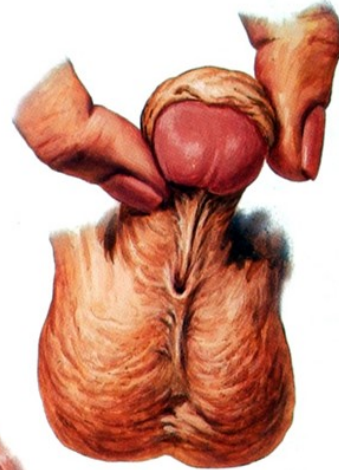




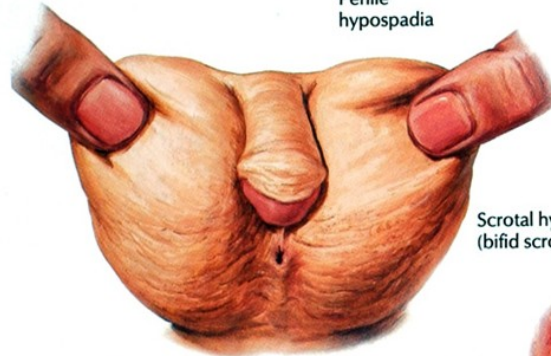
Glanular hypospadias



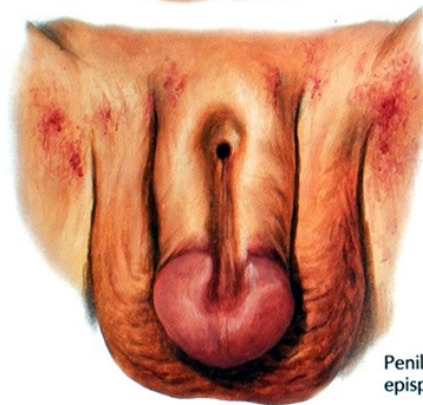
Penile hypospadias



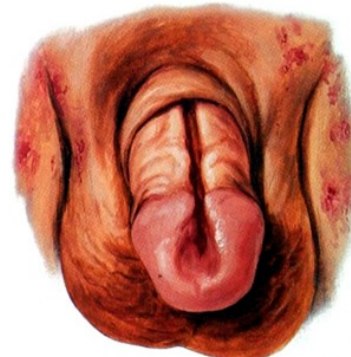
Penoscrotal hypospadias (with chordee)



Scrotal hypospadias (bifid scrotum, chordee)



Penile epispadias



Complete epispadias

UROGENITAL PRIMORDIA AND DERIVATIVES

Female	Male
From the Urogenital Sinus	
Urinary bladder Urethra Lower vagina (and vaginal epithelium) Vestibule Greater vestibular/urethral glands	Urinary bladder Urethra (except navicular fossa) Prostate gland Bulbourethral glands
	Vestigial: prostatic utricle
From the Mesonephric Duct and Tubules	
Ureteric bud from mesonephric duct forms: Ureter Renal pelvis Major and minor calices Collecting tubules	Efferent ductules Duct of epididymis Ductus deferens Ejaculatory duct Seminal vesicles Ureter, renal pelvis, calices, and collecting tubules
Vestigial: epoophoron, paroophoron, appendix vesiculosa, Gartner's duct	Vestigial: appendix of epididymis
From the Paramesonephric Duct	
Uterine tubes, uterus, upper vagina	Vestigial: appendix of testis
Vestigial: hydatid	

GENITAL PRIMORDIA AND DERIVATIVES

Female	Male
From the Genital Tubercle/Phallus	
Clitoris: Glans clitoridis Corpora cavernosa clitoridis Bulb of the vestibule	Penis: Glans penis (and navicular fossa) Corpora cavernosum penis Corpus spongiosum penis
From the Urogenital Folds	
Labia minora Perineal raphé Perianal tissue (and external anal sphincter)	Ventral aspect of penis Most of the penile urethra Perineal raphé Perianal tissue (and external sphincter)
From the Labioscrotal Folds	
Labia majora	Scrotum
From the Indifferent Gonad	
Ovary: follicles from secondary sex cords in cortex	Testis: seminiferous tubules from primary sex cords
Vestigial: rete ovarii in medulla	Rete testis in medulla
From the Gubernaculum	
Ovarian ligament Round ligament of the uterus	Gubernaculum testis

Developing muscles in anterior abdominal wall

