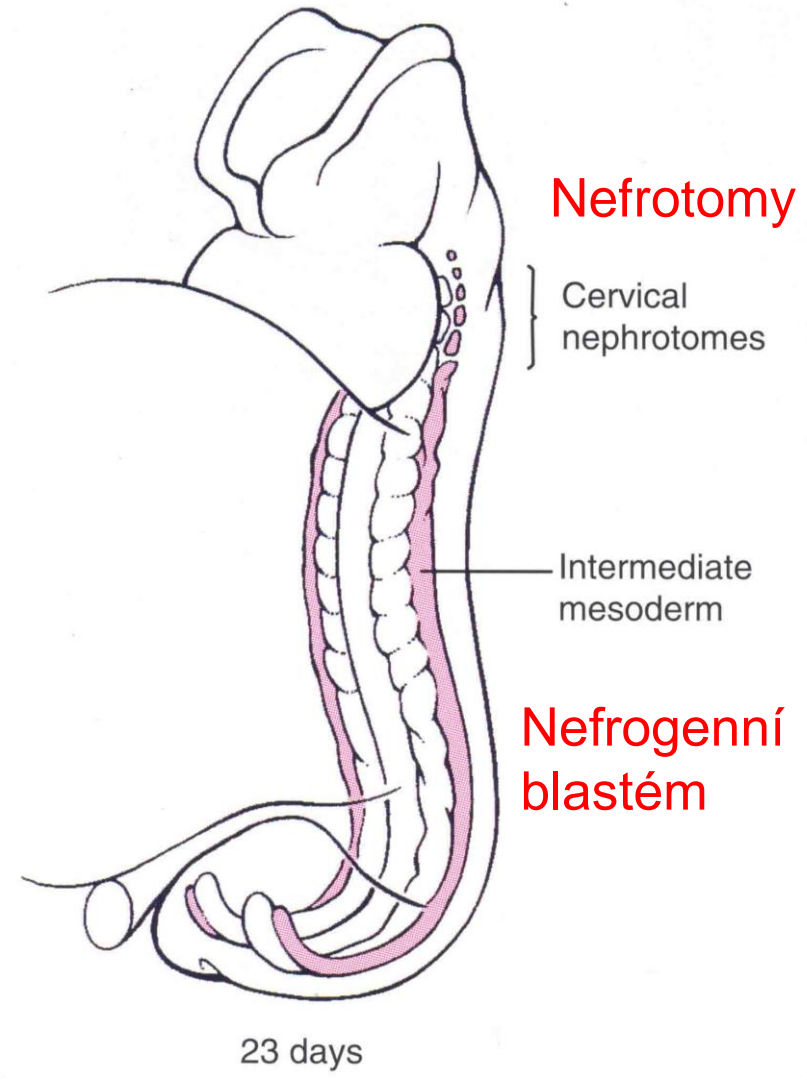
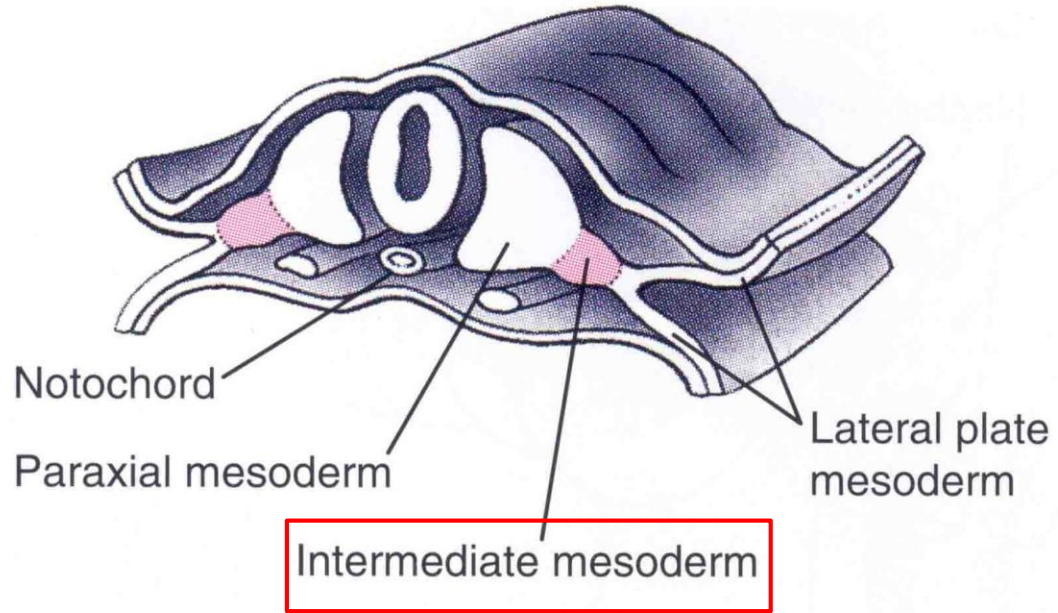


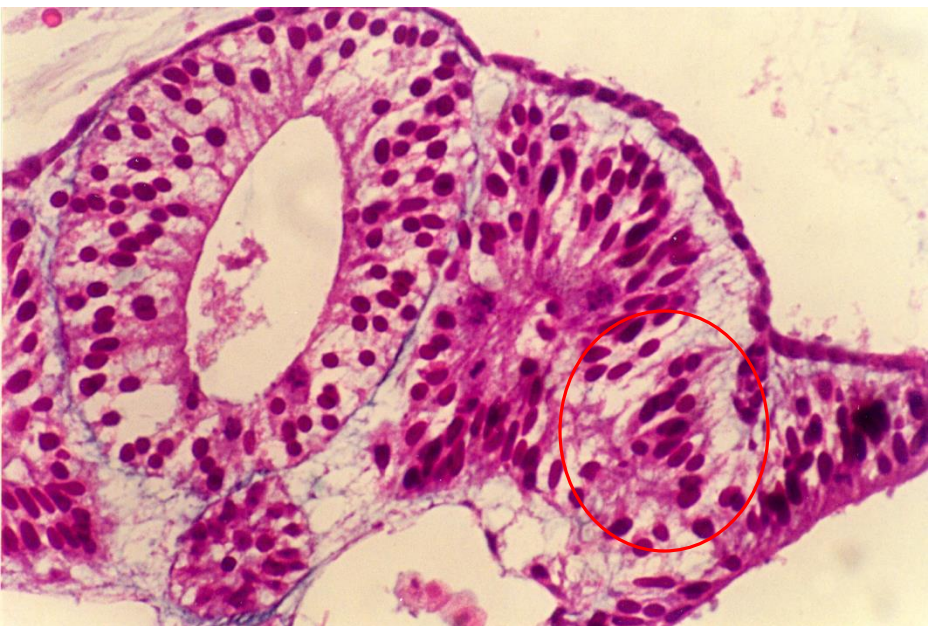
ORGANOGENESE MOČOVÉHO A POHLAVNÍHO SYSTÉMU

BRACE YOURSELF



EMBRYOLOGY STILL HAUNT YOU



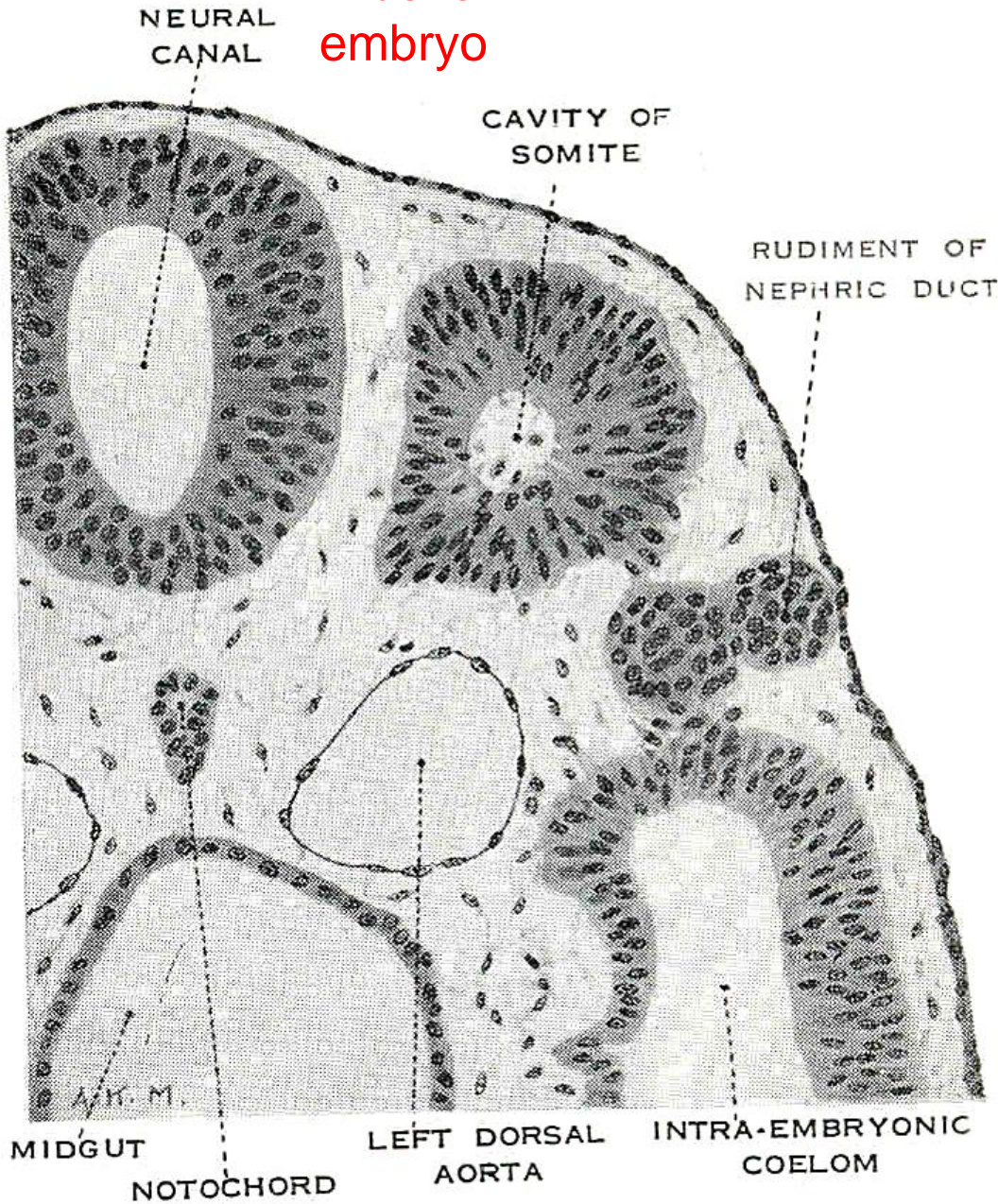


VÝVOJ LEDVIN

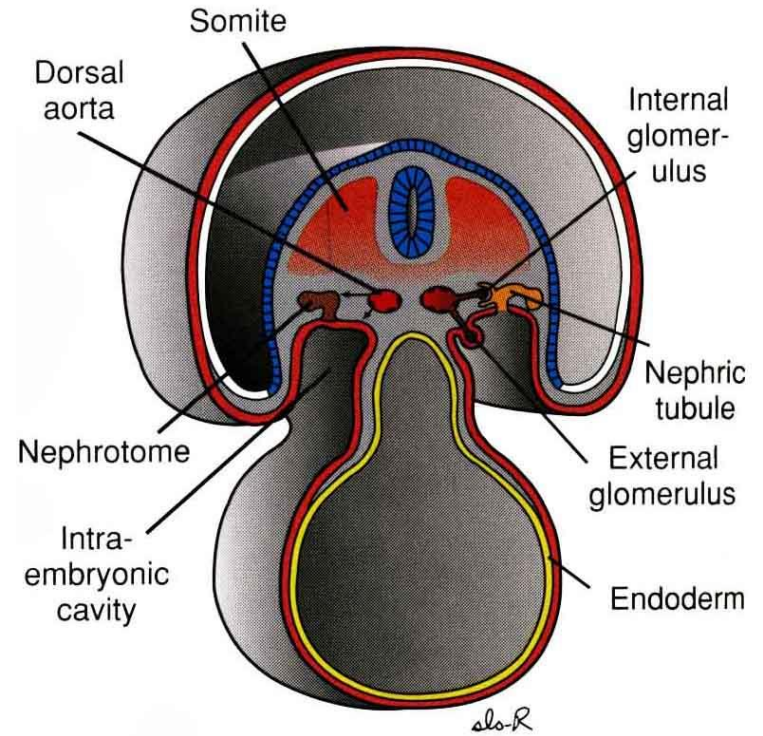
Orgány	Charakteristika	Lokalizace	Týden
Pronephros	<p>Segmentované shluky buněk nefrotomů, někdy luminizované (5-7)</p> <p>Formování primárního močovodu (pronefrického vývodu)</p>	<p>C2,3 – Th1</p> <p>C5 – Th1</p>	<p>začátek 4. – konec 4.</p>
Mesonephros	<p>Mesonefrické nefrony (tvoří se 2-3 v každém segmentu)</p> <p>Celkem se jich vyvíjí kolem 40 na každé straně, kraniální brzy zanikají, v 5. týdnu 32-34 nefronů, funkčních 20 kaudálních.</p> <p>Mesonefrický (Wolffův) vývod - ureterový pupen</p>	<p>Th2 – L3</p>	<p>vývoj od 4.</p> <p>funkční 6. – 10.</p>
Metanephros (definitivní LEDVINA)	<p>Metanefrogenní blastém</p> <p>Metanefrické nefrony</p>	<p>L 4,5</p>	<p>vývoj od 5.</p> <p>funkční od 10.</p>

Pronephros

Lidské
embryo

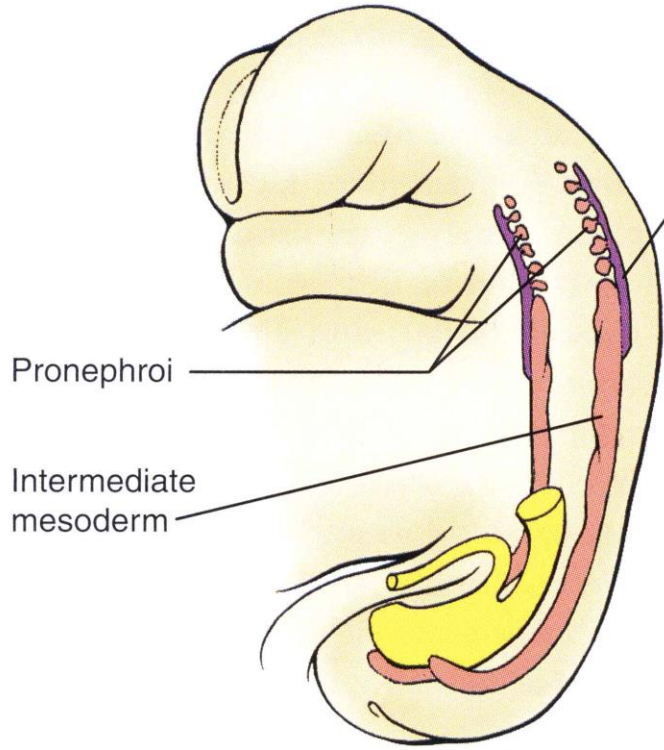


pouze u nižších obratlovců

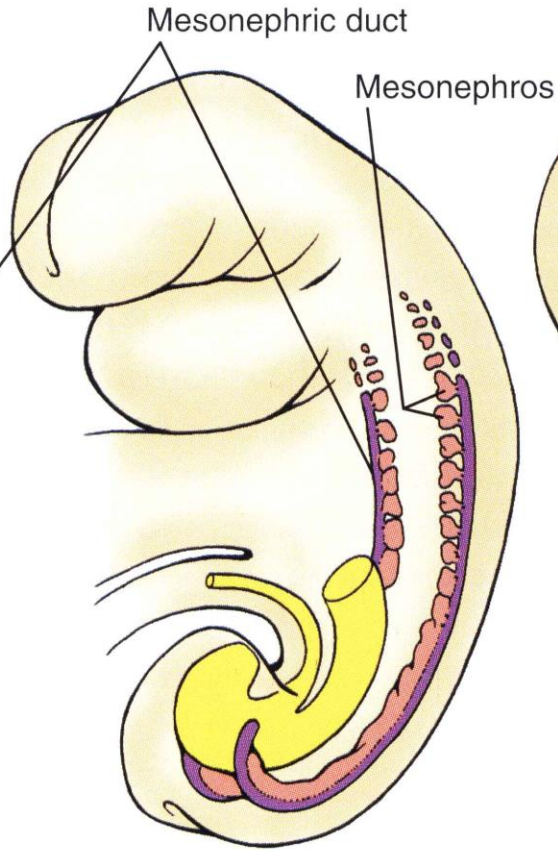


Ductus pronephricus

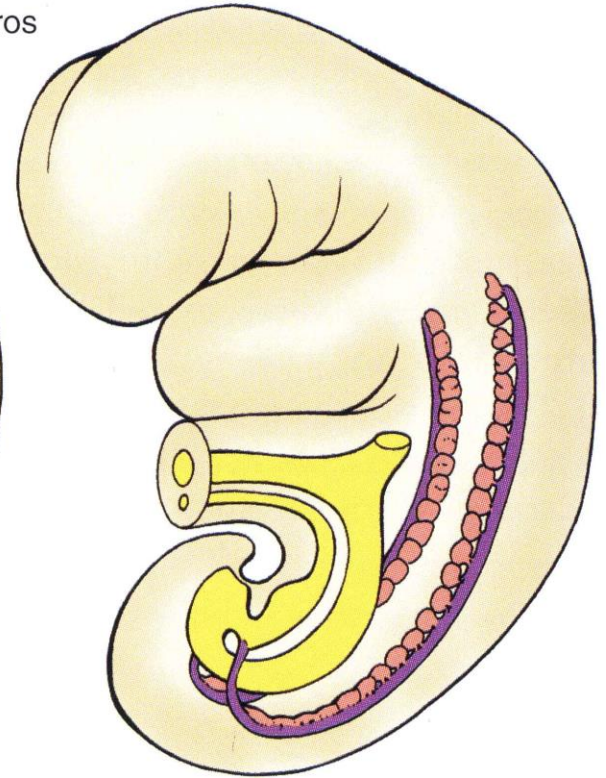
Ductus mesonephricus



A 24 days



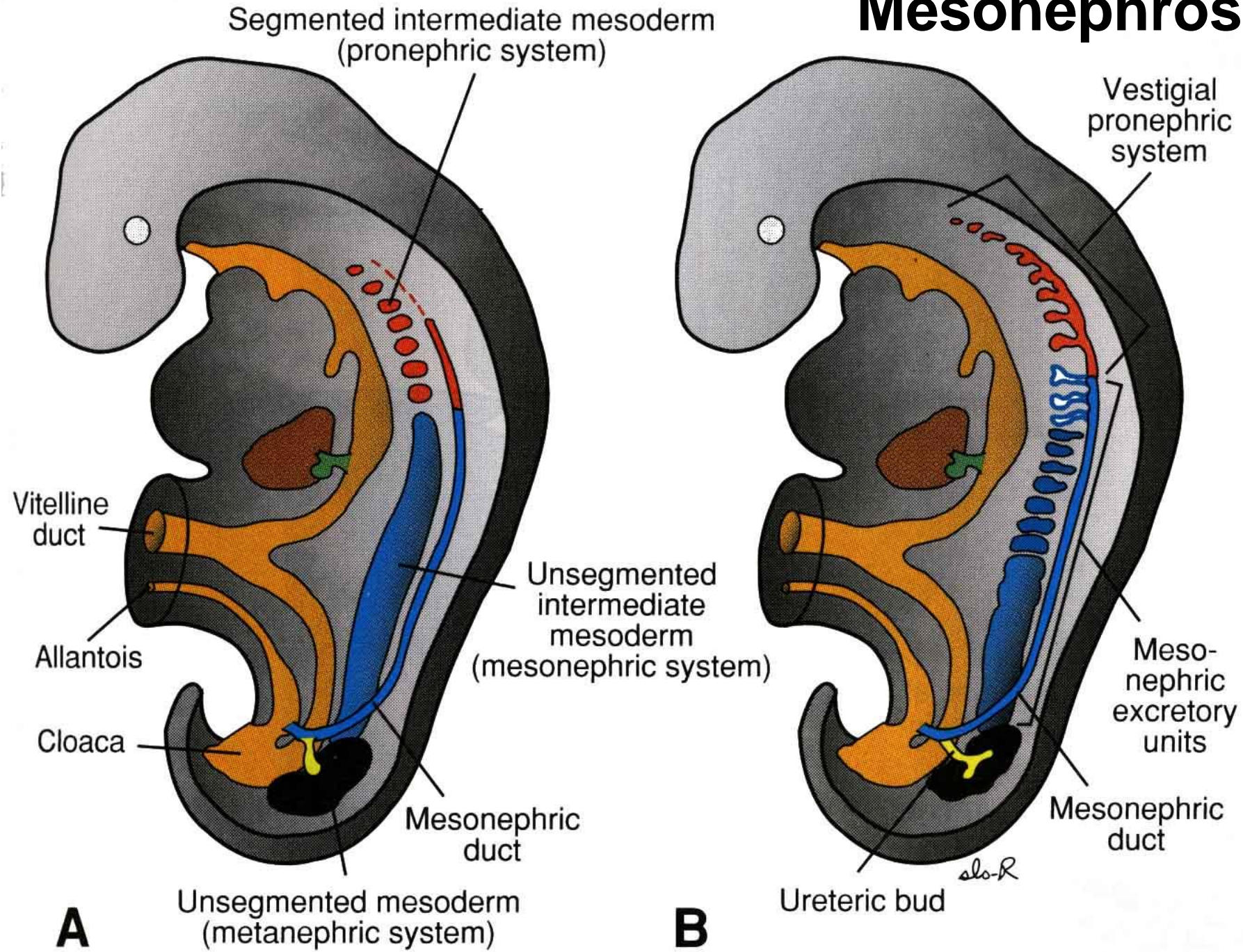
B 25 days

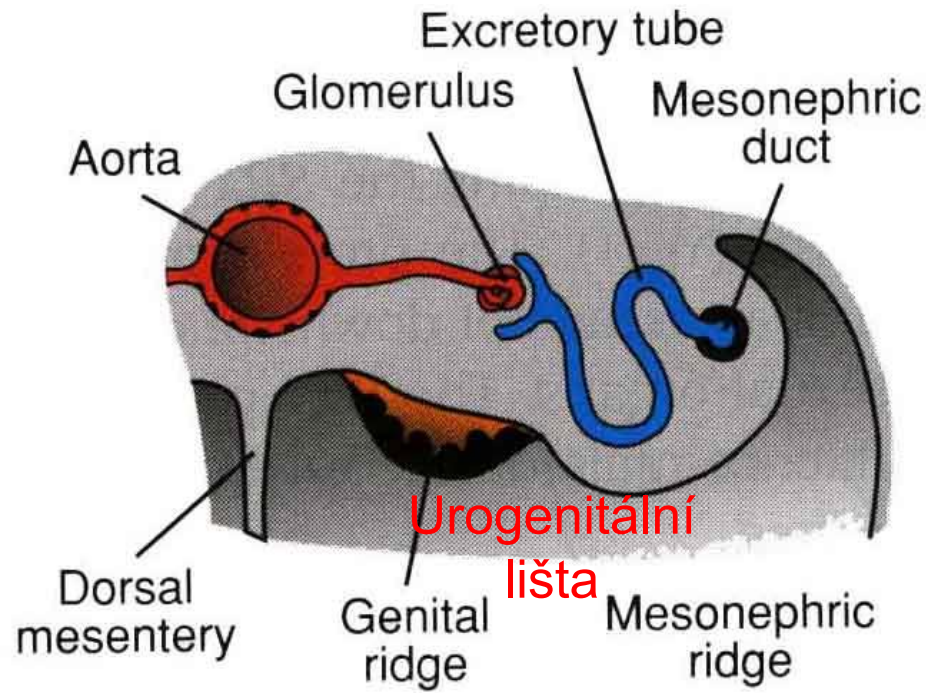
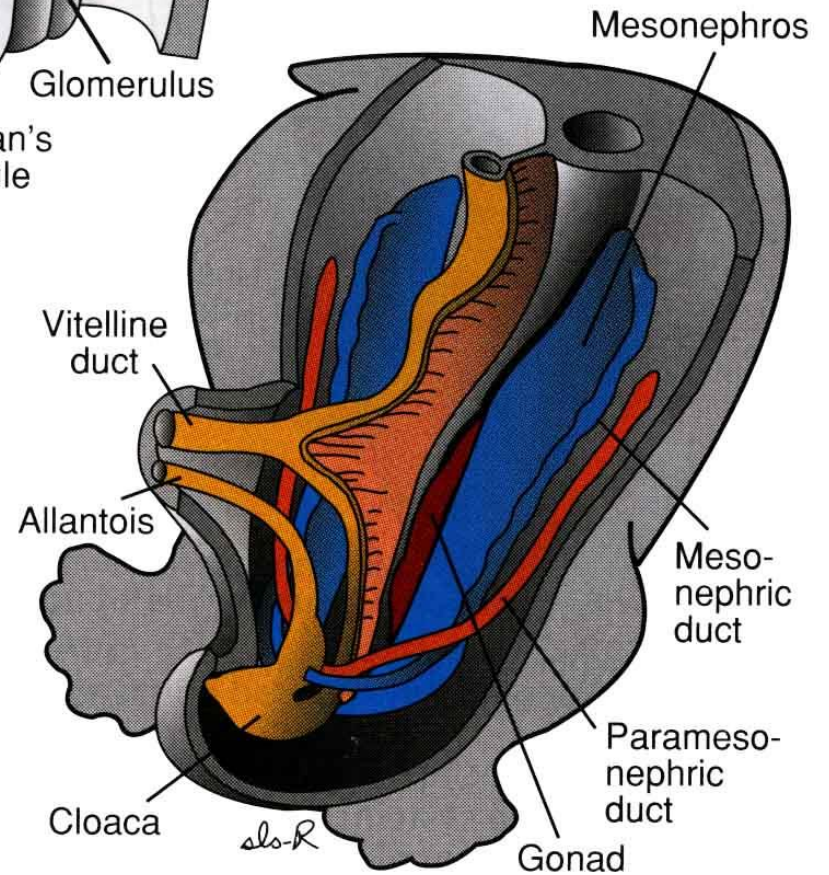
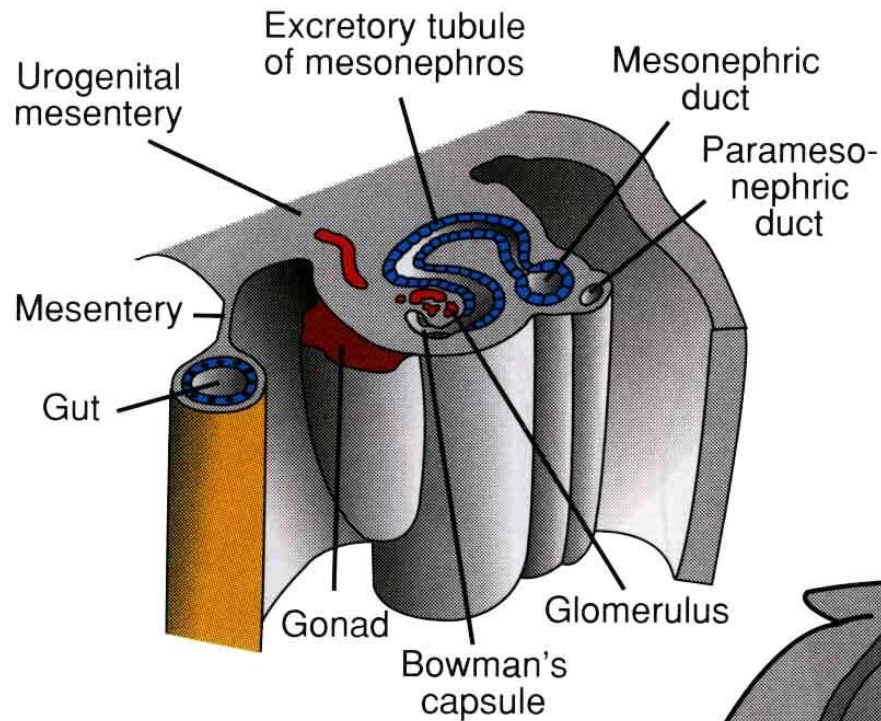


C 26 days

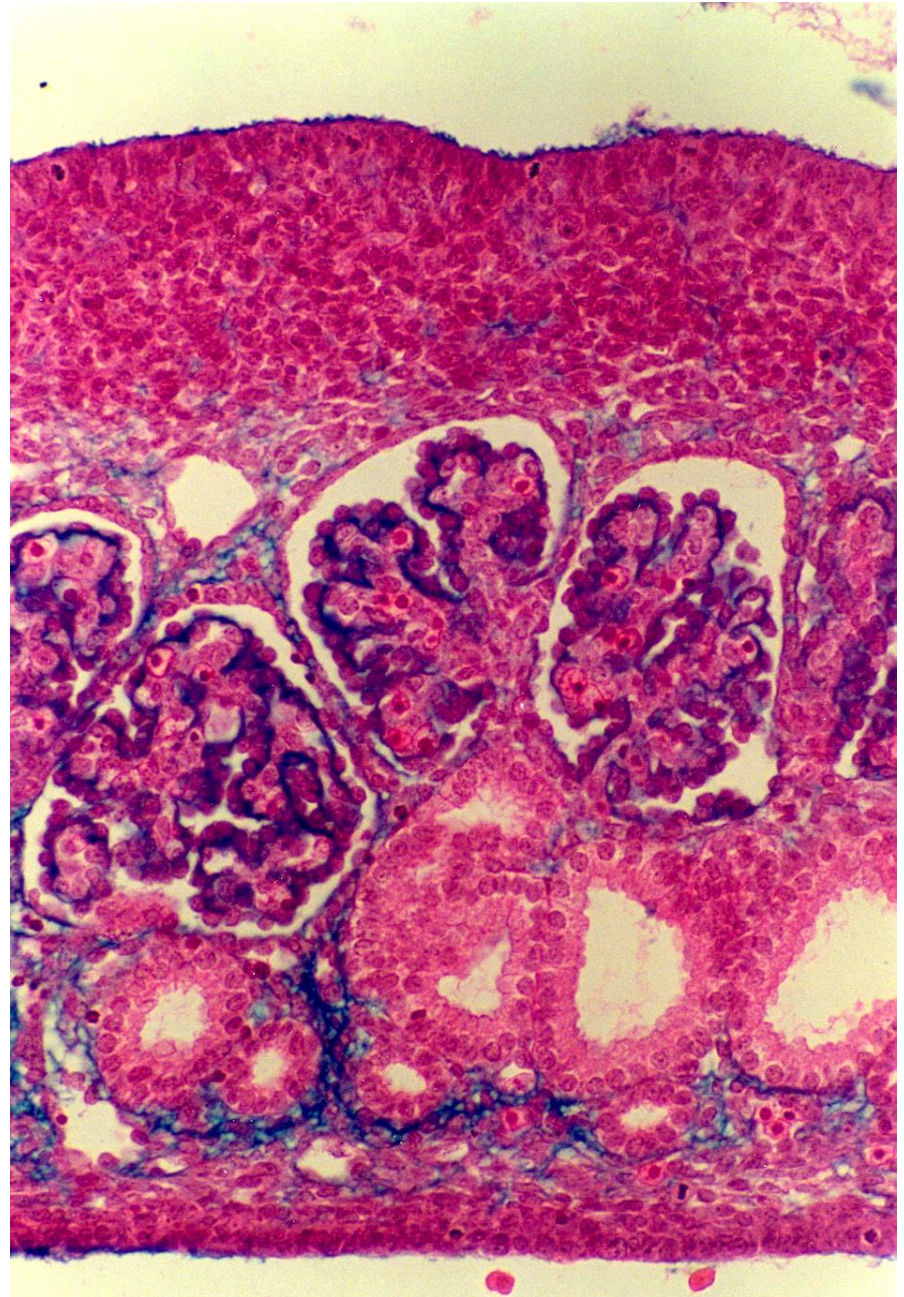
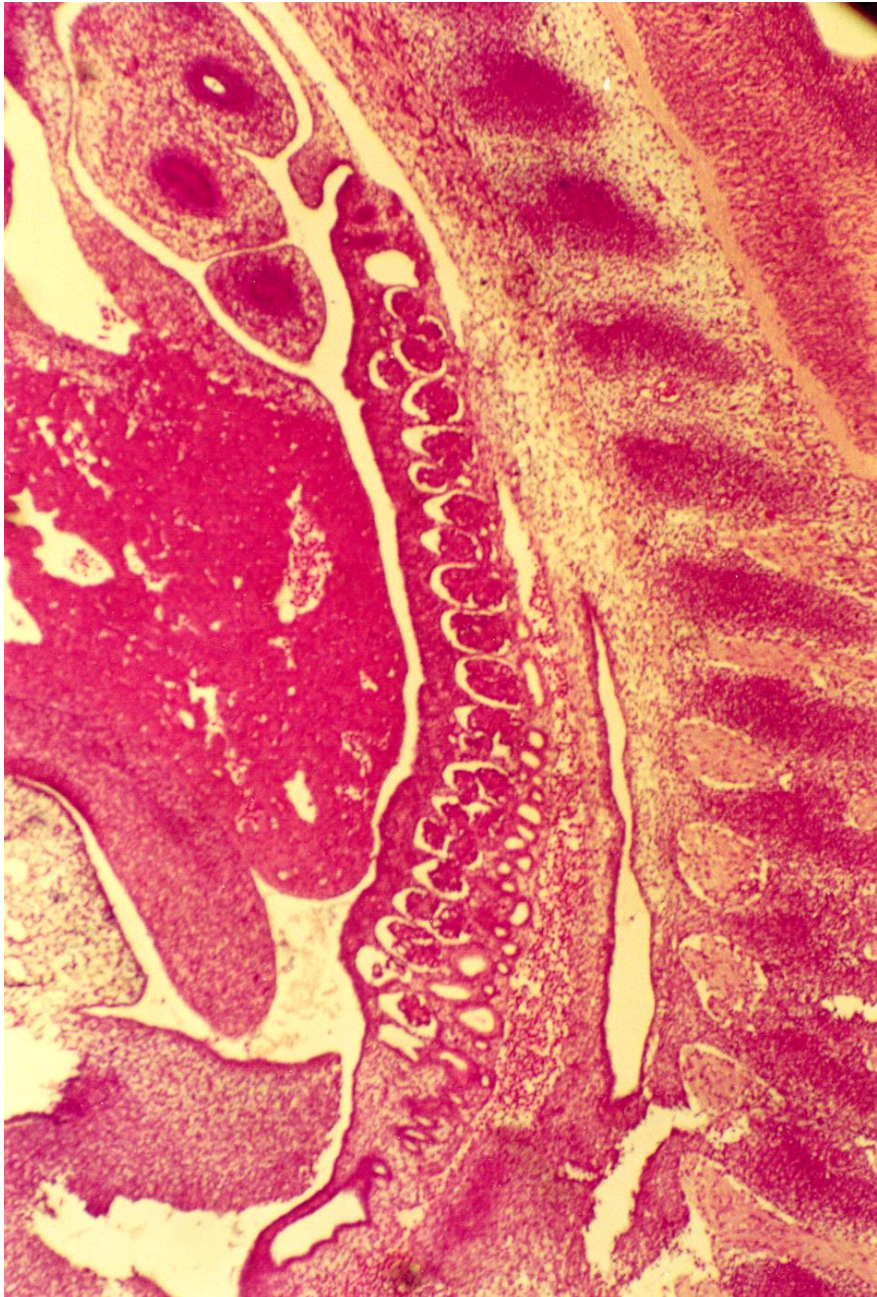
Orgány	Charakteristika	Lokalizace	Týden
Pronephros	<p>Segmentované shluky buněk nefrotomů, někdy luminizované (5-7)</p> <p>Formování primárního močovodu (pronefrického vývodu)</p>	<p>C2,3 – Th1</p> <p>C5 – Th1</p>	<p>začátek 4. – konec 4.</p>
Mesonephros	<p>Mesonefrické nefrony (tvoří se 2-3 v každém segmentu)</p> <p>Celkem se jich vyvíjí kolem 40 na každé straně, kraniální brzy zanikají, v 5. týdnu 32-34 nefronů, funkčních 20 kaudálních.</p> <p>Mesonefrický (Wolffův) vývod - ureterový pupen</p>	<p>Th2 – L3</p>	<p>vývoj od 4.</p> <p>funkční 6. – 10.</p>
Metanephros (definitivní LEDVINA)	<p>Metanefrogenní blastém</p> <p>Metanefrické nefrony</p>	<p>L 4,5</p>	<p>vývoj od 5.</p> <p>funkční od 10.</p>

Mesonephros



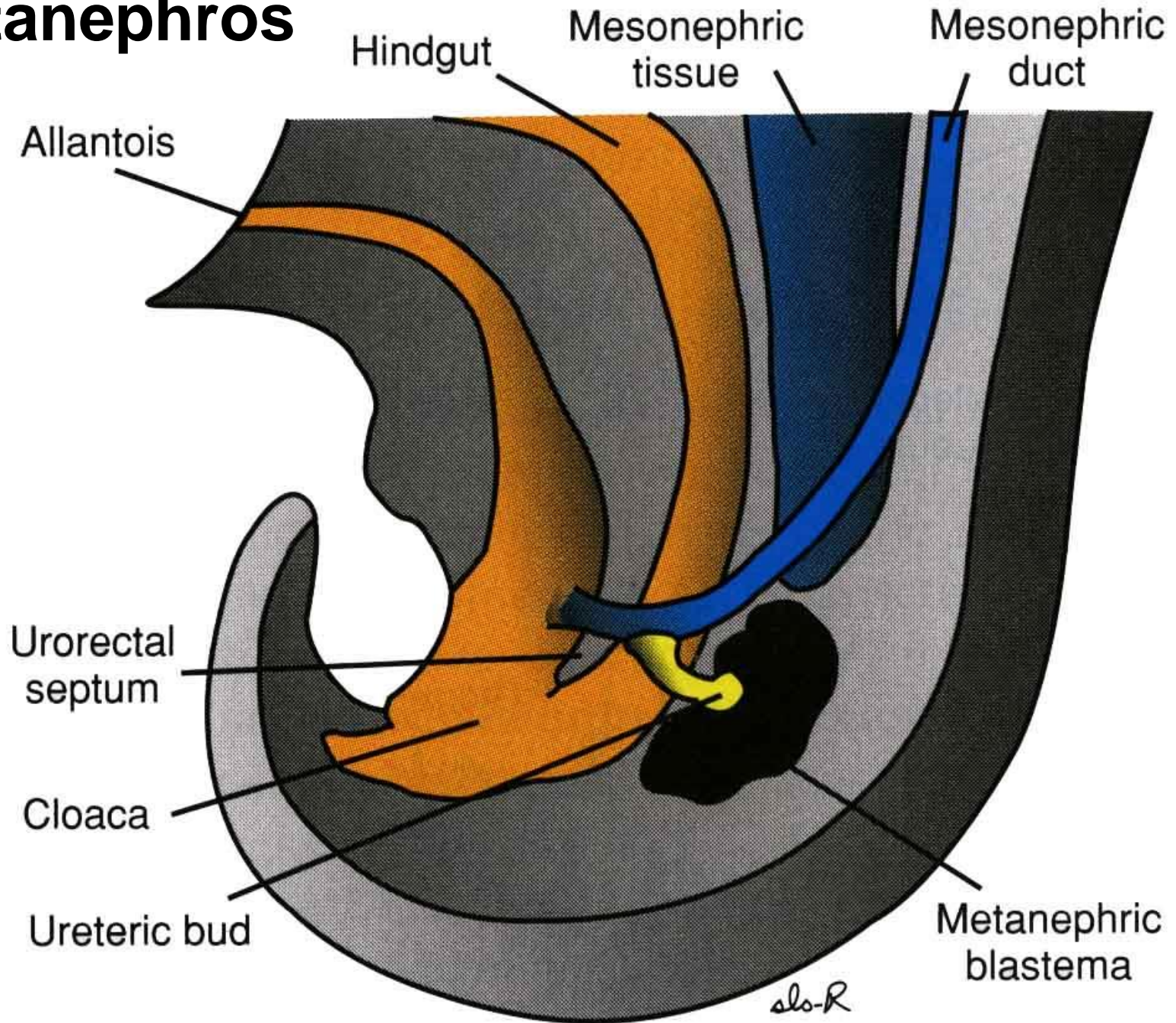


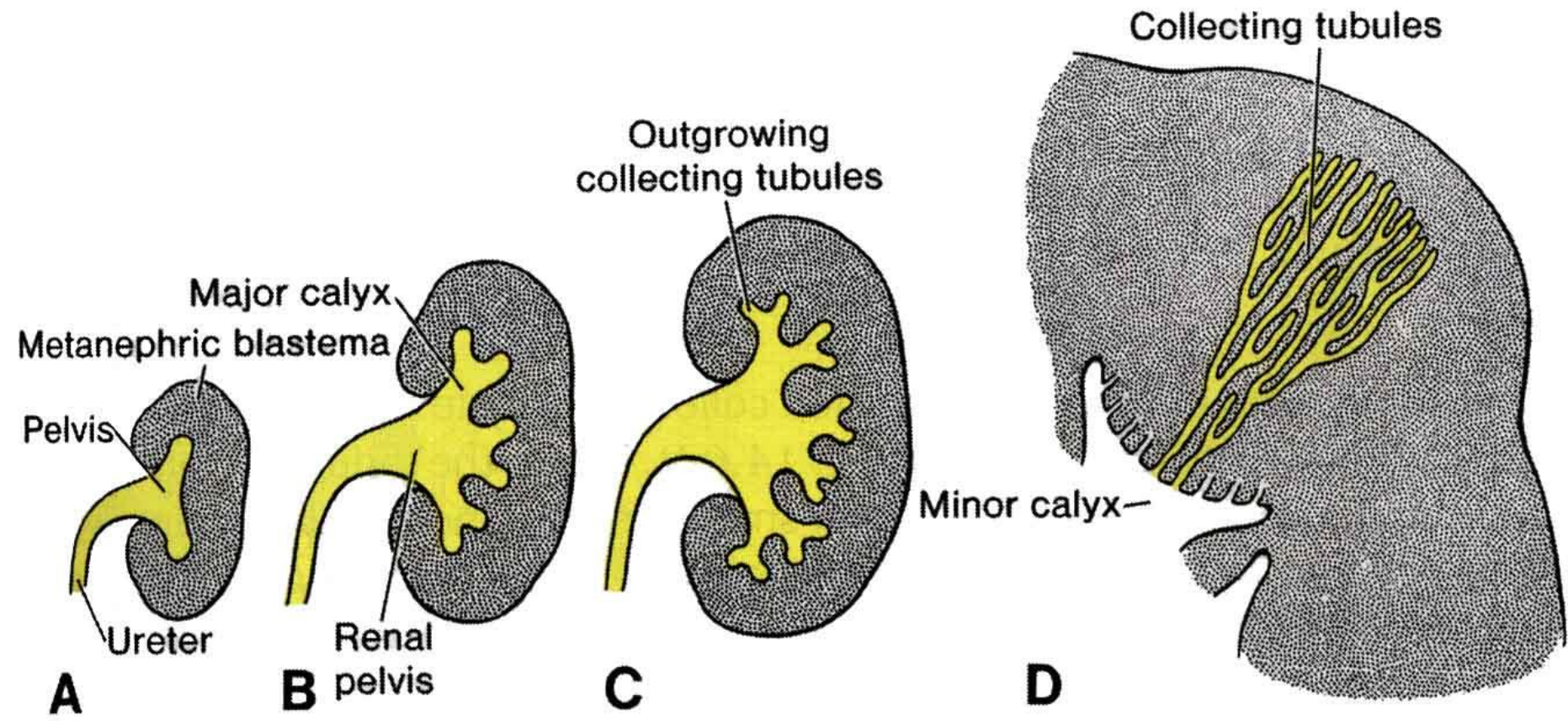


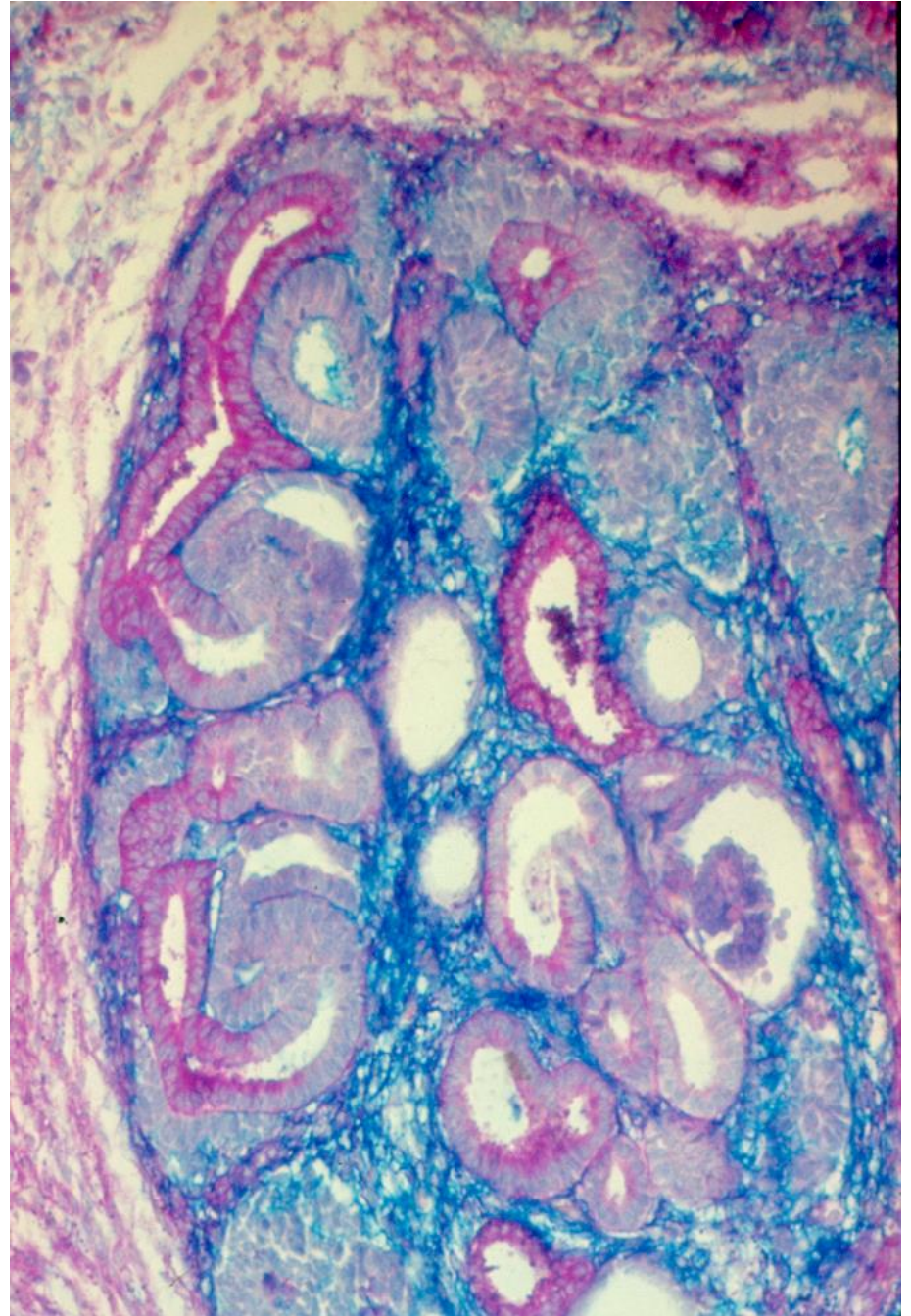
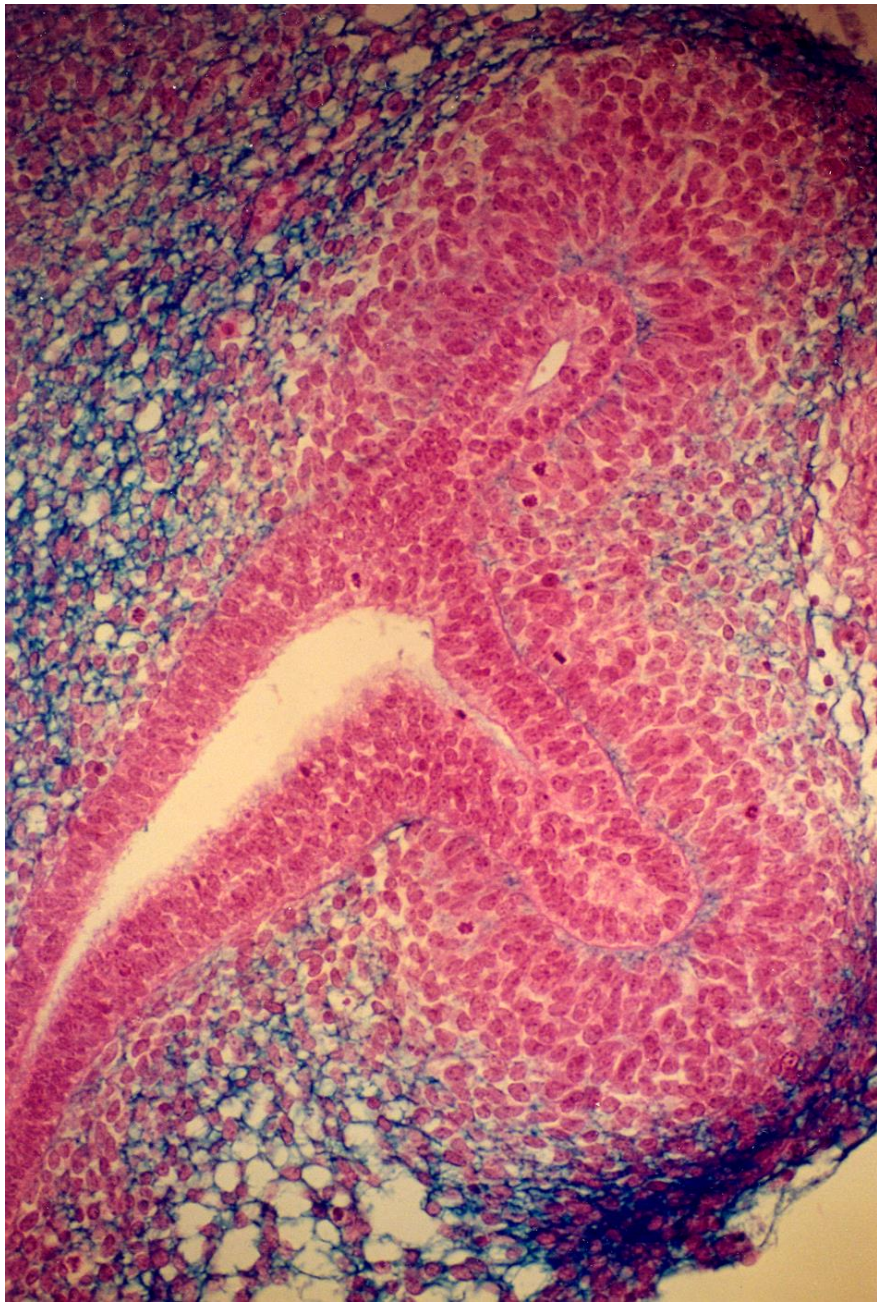


Orgány	Charakteristika	Lokalizace	Týden
Pronephros	<p>Segmentované shluky buněk nefrotomů, někdy luminizované (5-7)</p> <p>Formování primárního močovodu (pronefrického vývodu)</p>	<p>C2,3 – Th1</p> <p>C5 – Th1</p>	<p>začátek 4. – konec 4.</p>
Mesonephros	<p>Mesonefrické nefrony (tvoří se 2-3 v každém segmentu)</p> <p>Celkem se jich vyvíjí kolem 40 na každé straně, kraniální brzy zanikají, v 5. týdnu 32-34 nefronů, funkčních 20 kaudálních.</p> <p>Mesonefrický (Wolffův) vývod - ureterový pupen</p>	<p>Th2 – L3</p>	<p>vývoj od 4.</p> <p>funkční 6. – 10.</p>
Metanephros (definitivní LEDVINA)	<p>Metanefrogenní blastém</p> <p>Metanefrické nefrony</p>	<p>L 4,5</p>	<p>vývoj od 5.</p> <p>funkční od 10.</p>

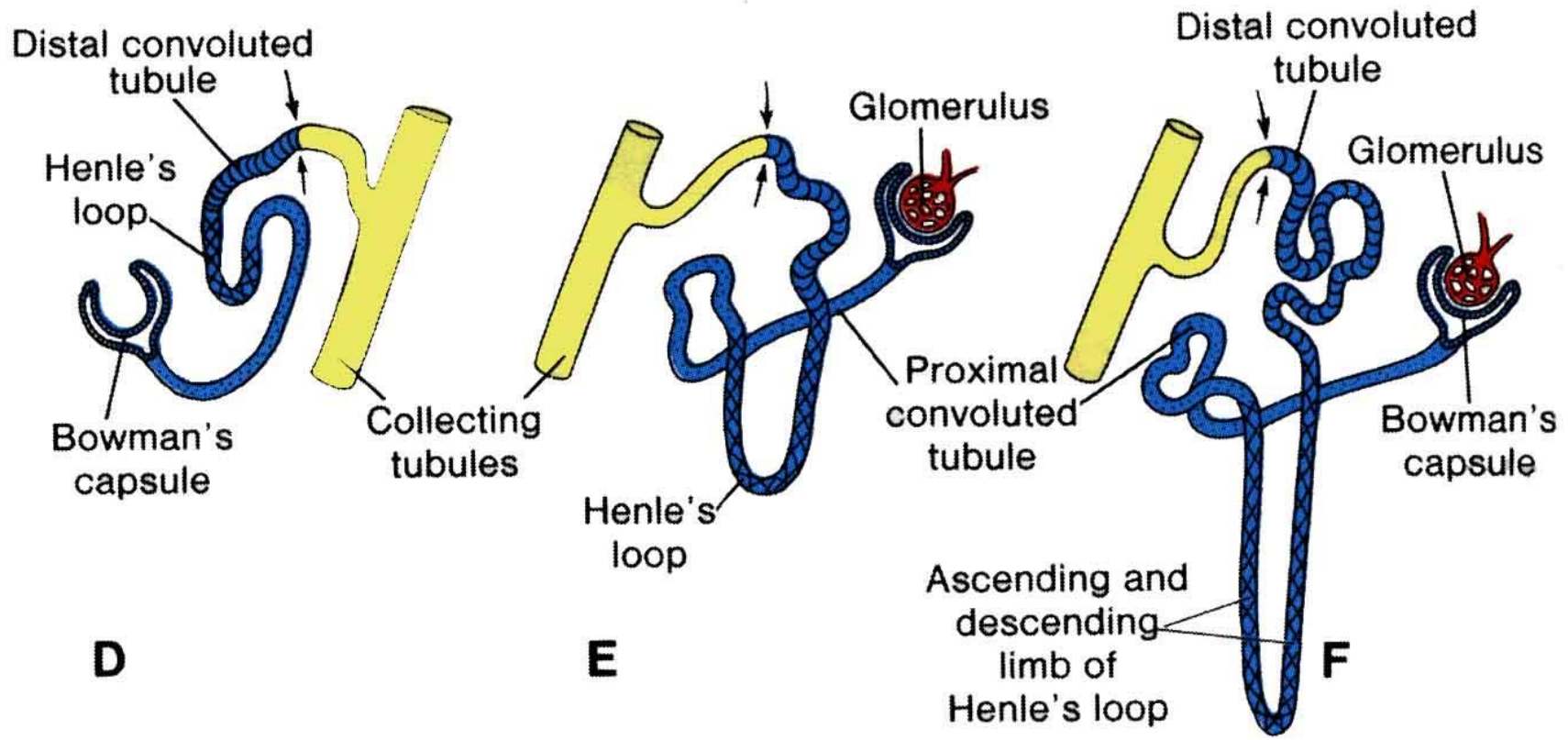
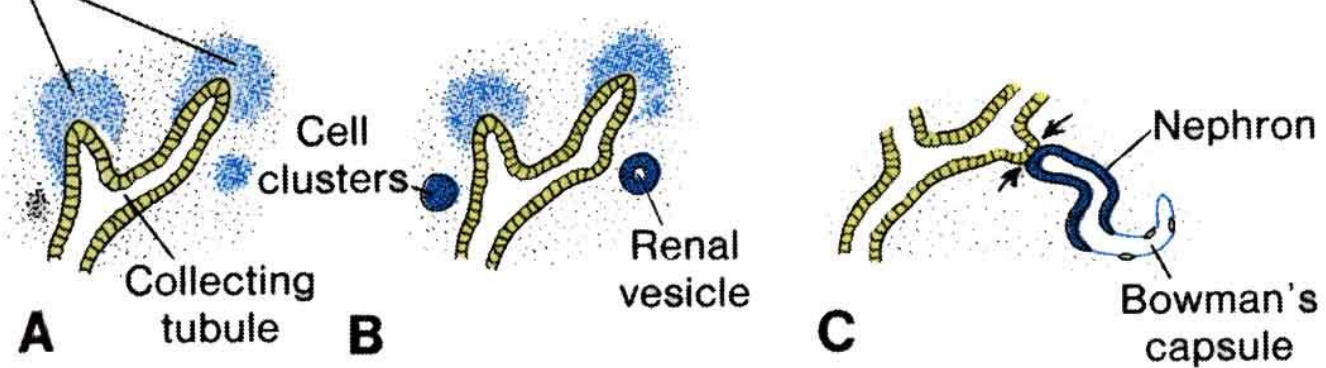
Metanephros



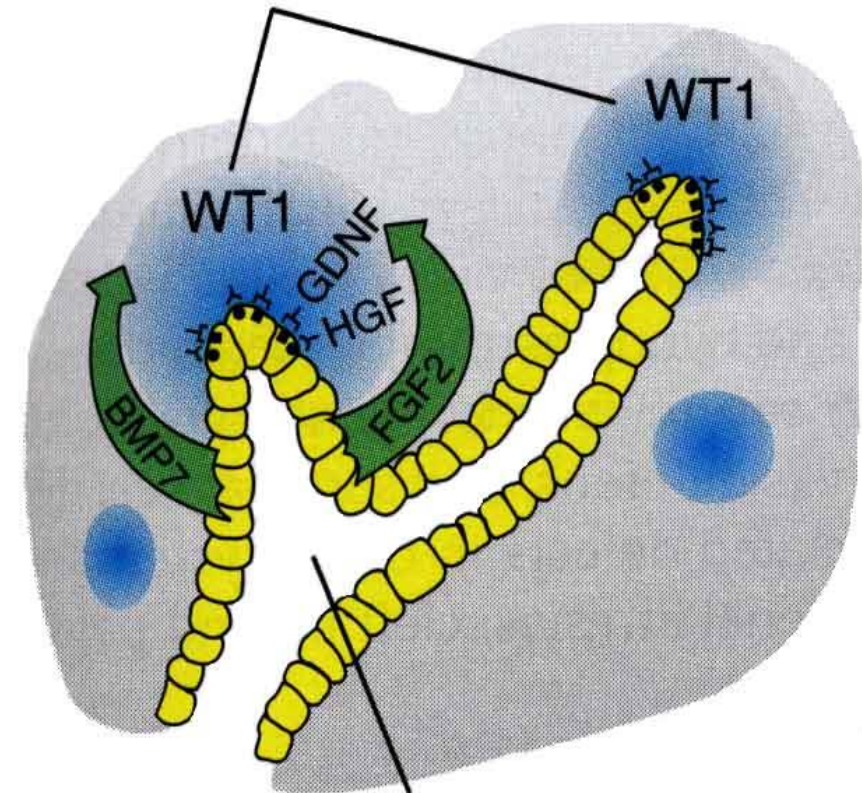




Metanephric tissue caps

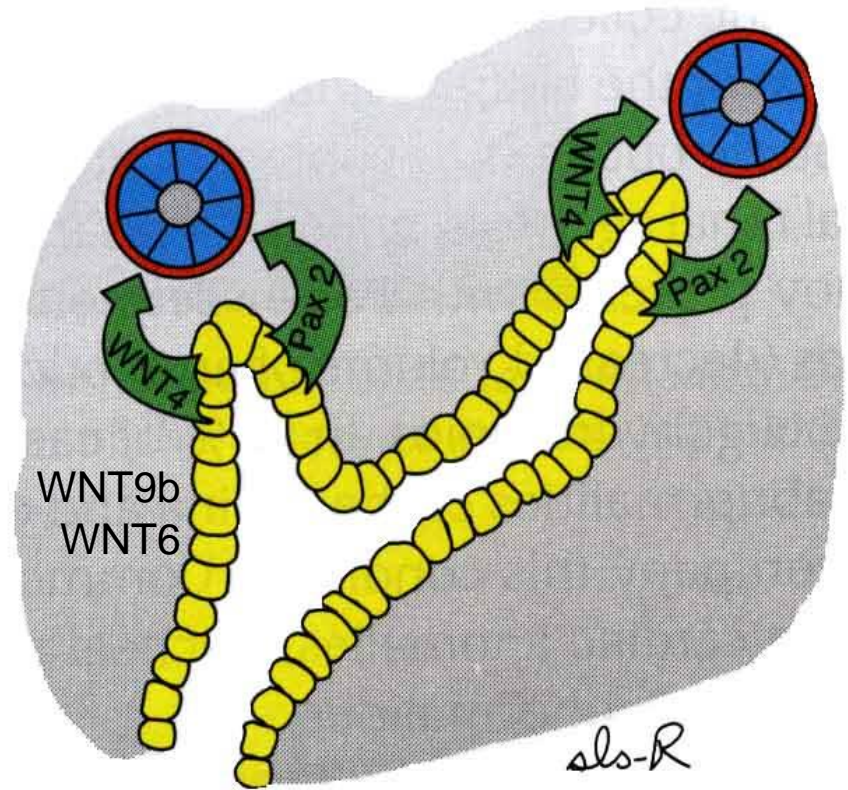


Metanephric
tissue caps



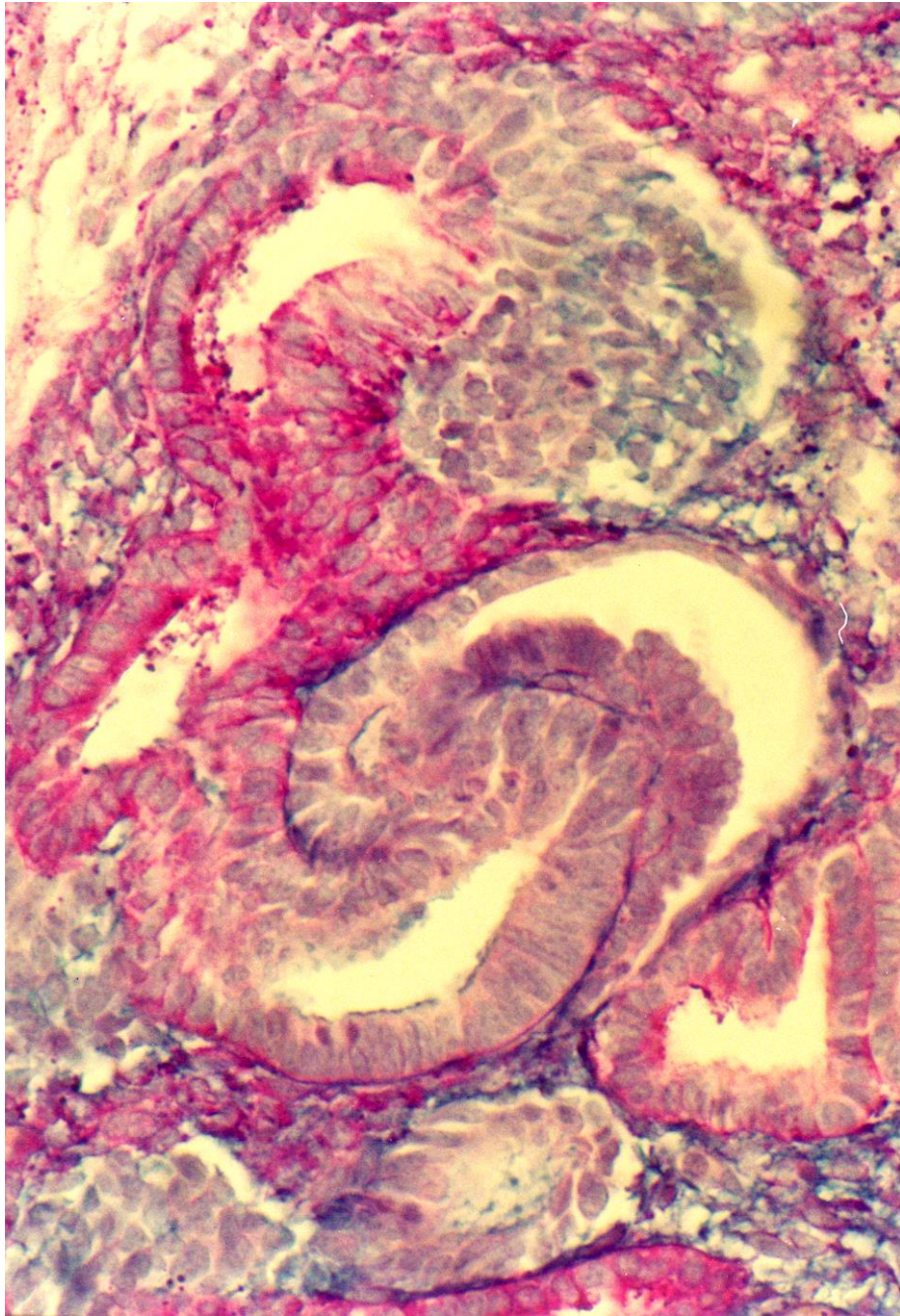
A

Collecting
tubule

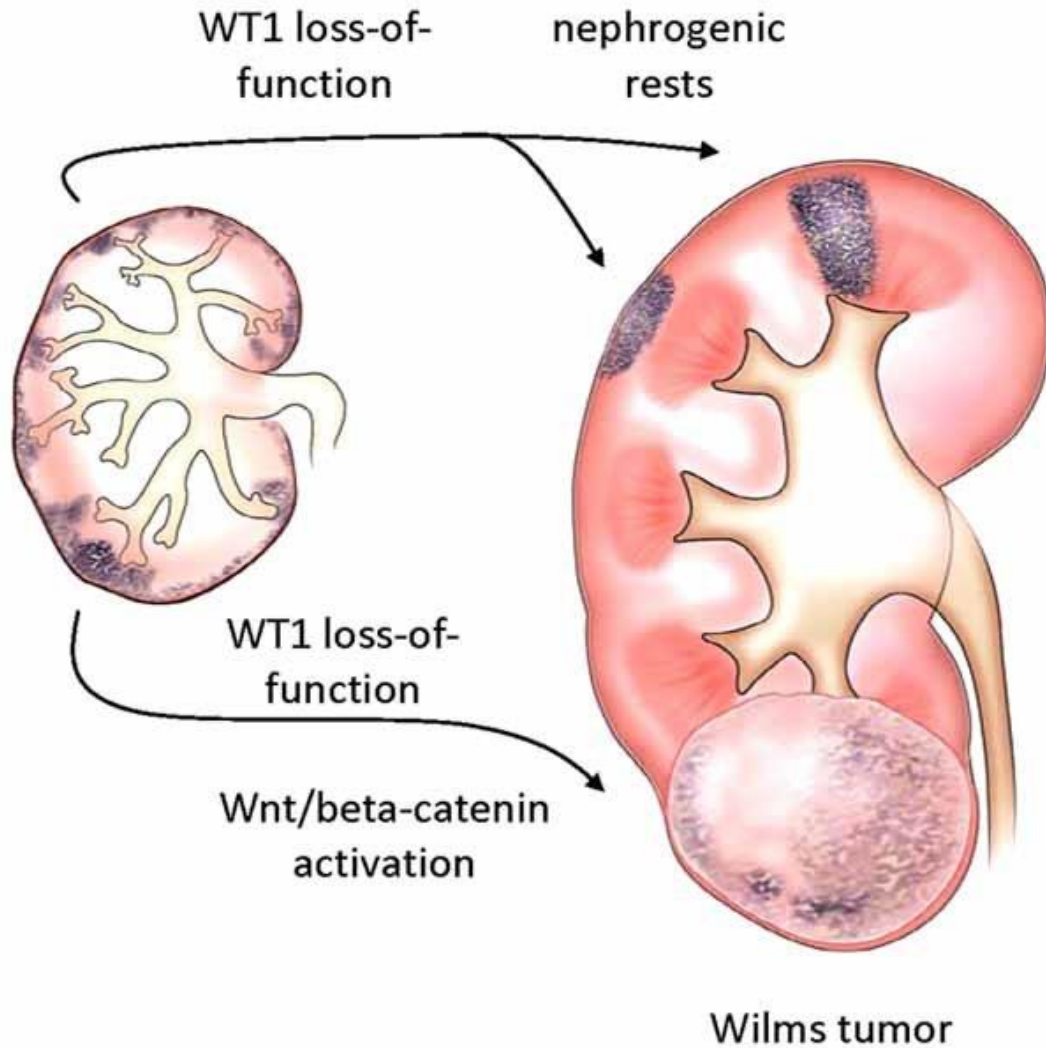


B

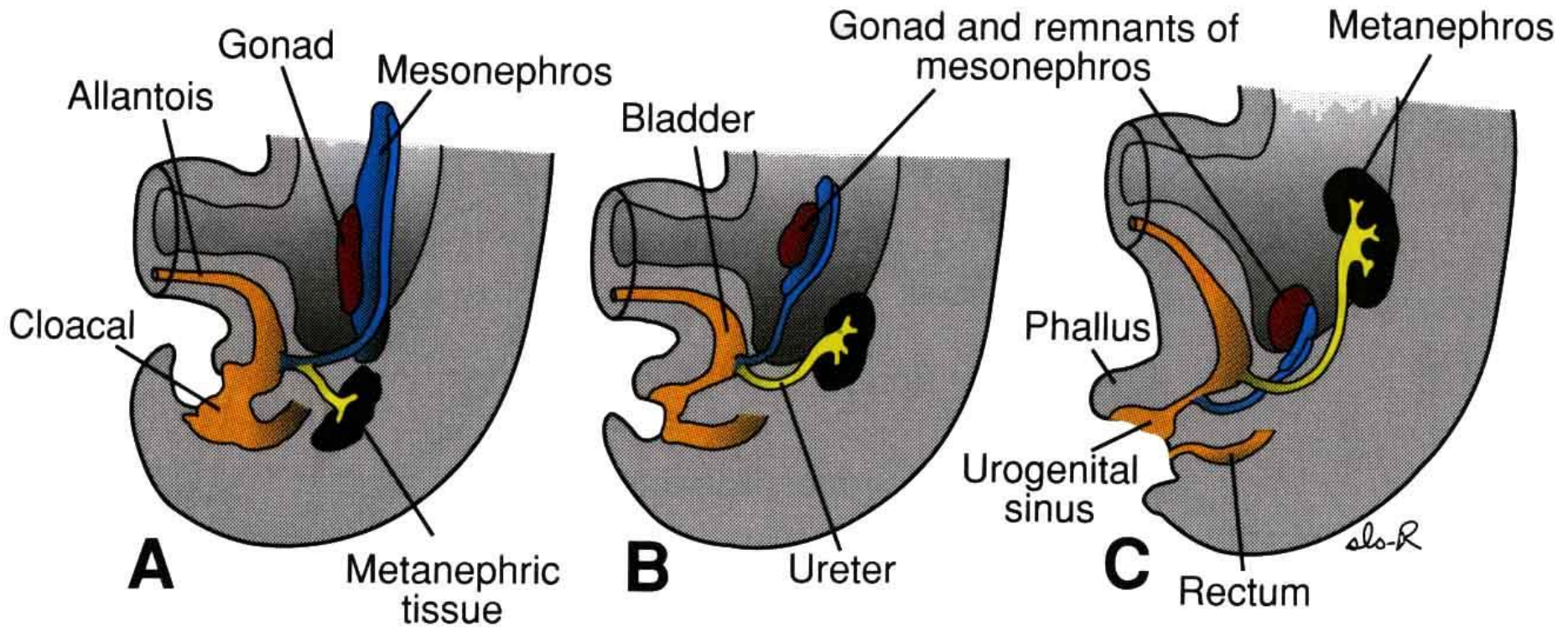
sls-R

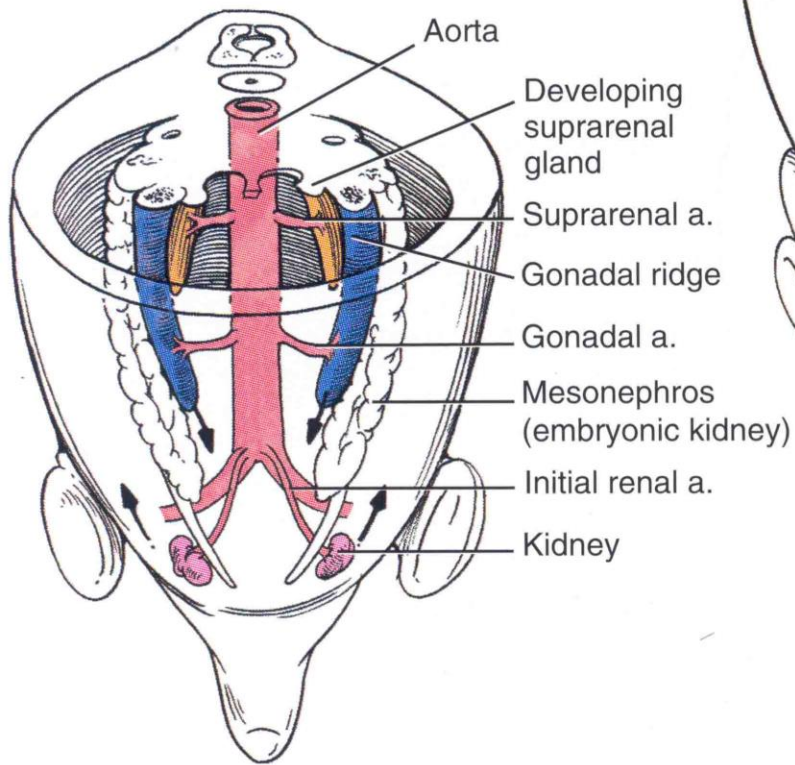


Mutace genu WT1- Wilmsův tumor (nefroblastom)

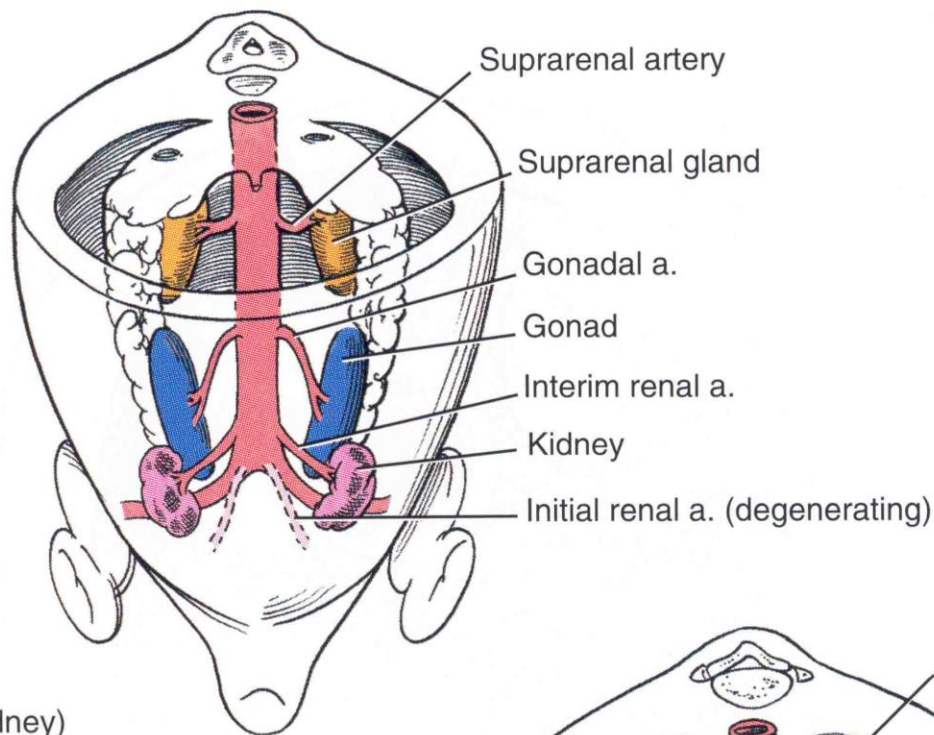


Vzestup ledvin

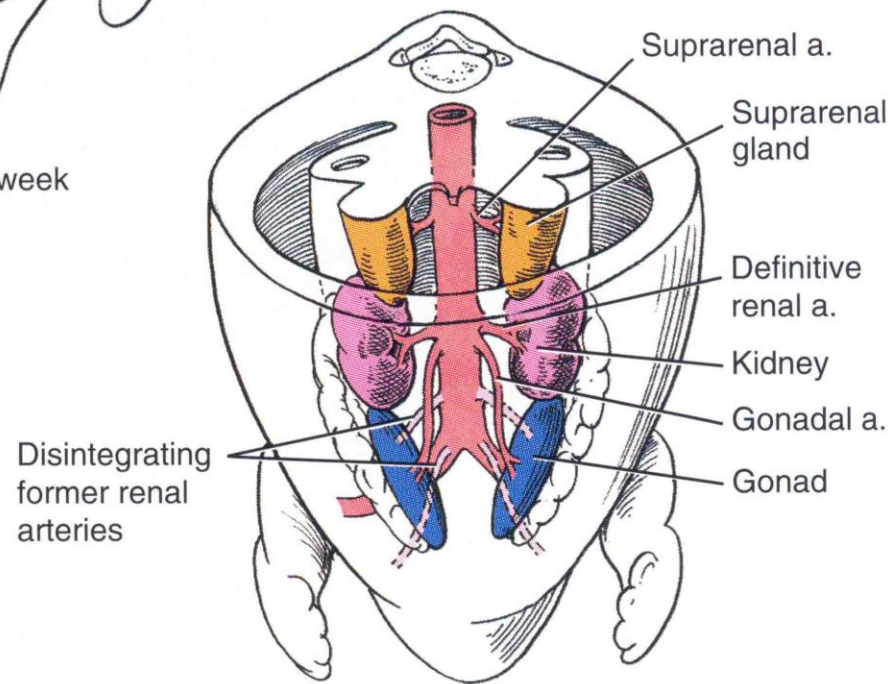




A Late 5th week



B Mid-6th week



C 7th week

VVV ledvin: ageneze ledviny, podkovovitá ledvina



Syndrom (sekvence) Potterové

Potter sequence

Urinary tract anomaly
(eg, bilateral renal
agenesis) or PPRM
at <26 weeks

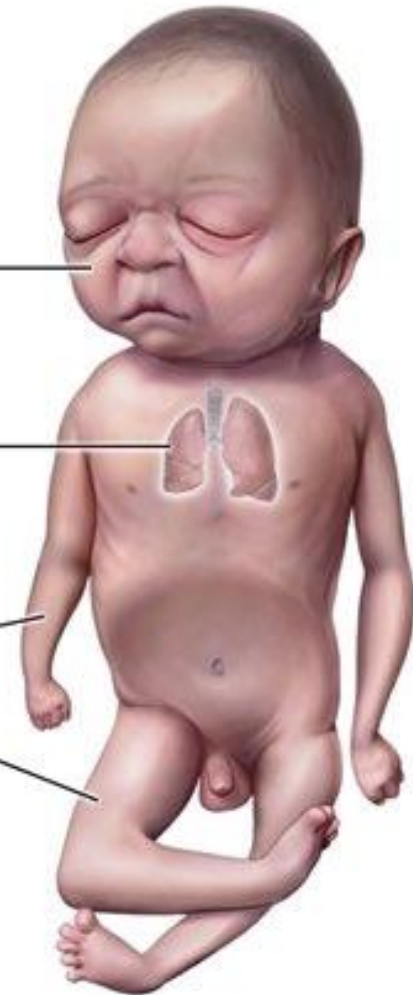
Anuria/oliguria in utero

Severe
oligohydramnios
(↑ fetal compression)

→ Flat facies

→ Pulmonary hypoplasia

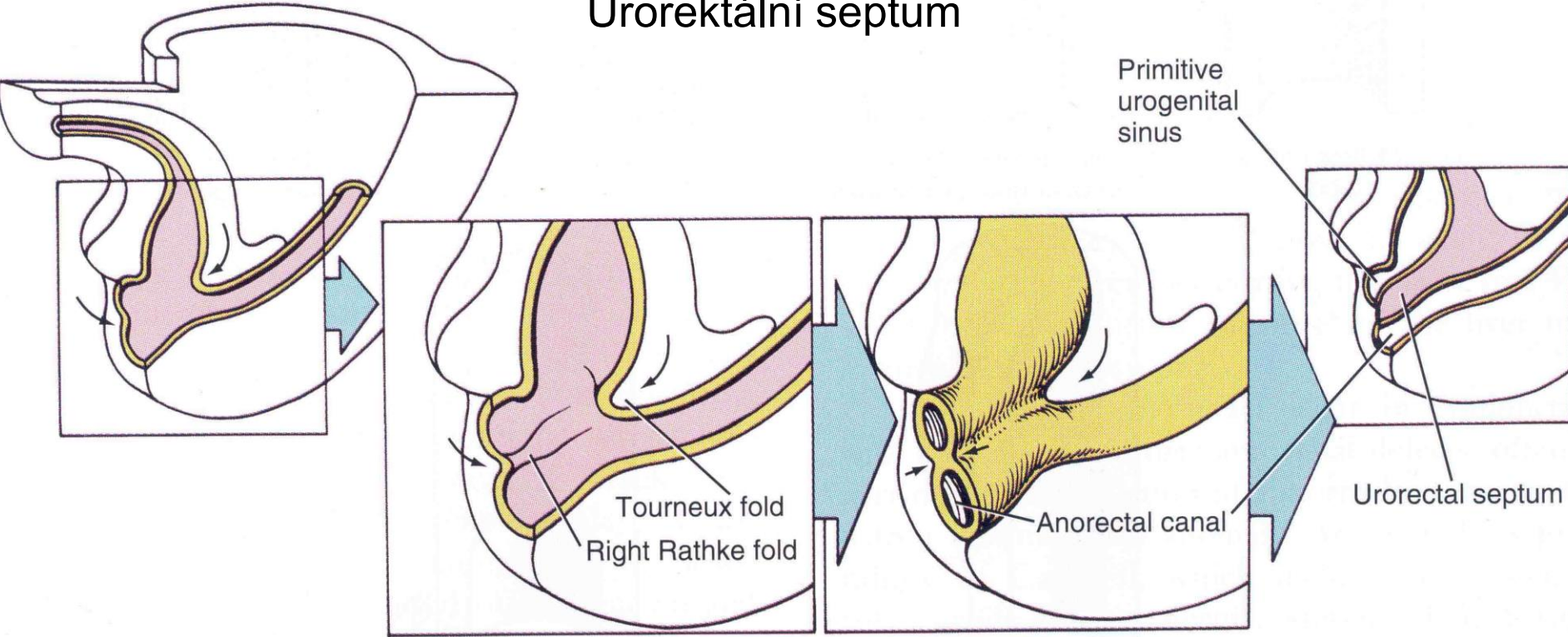
→ Limb deformities



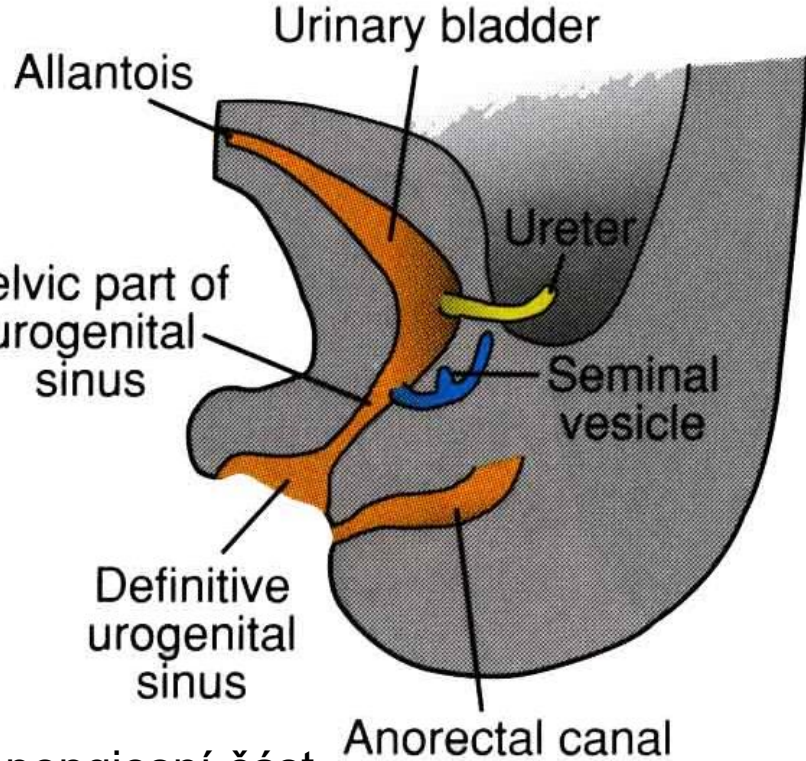
definitivní ledvina je funkční
kolem **12.týdne**, moč se
odvádí do amniové dutiny

KLOAKA, VÝVOJ MOČOVÉHO MĚCHÝŘE A MOČOVÉ TRUBICE

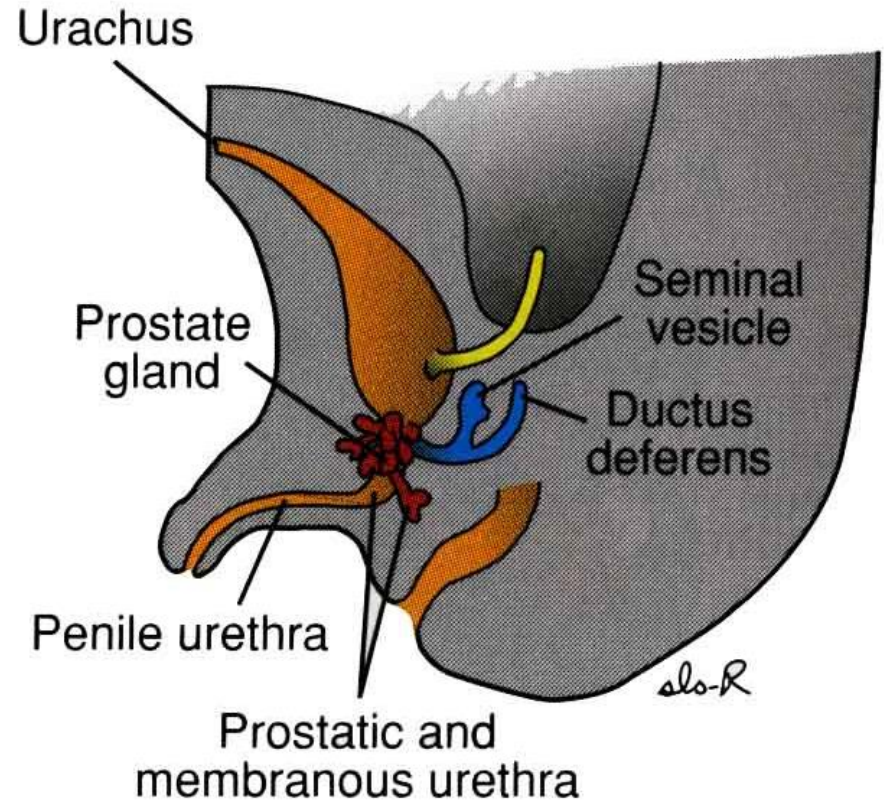
Urorektální septum



(vesikální část
UG sinu)



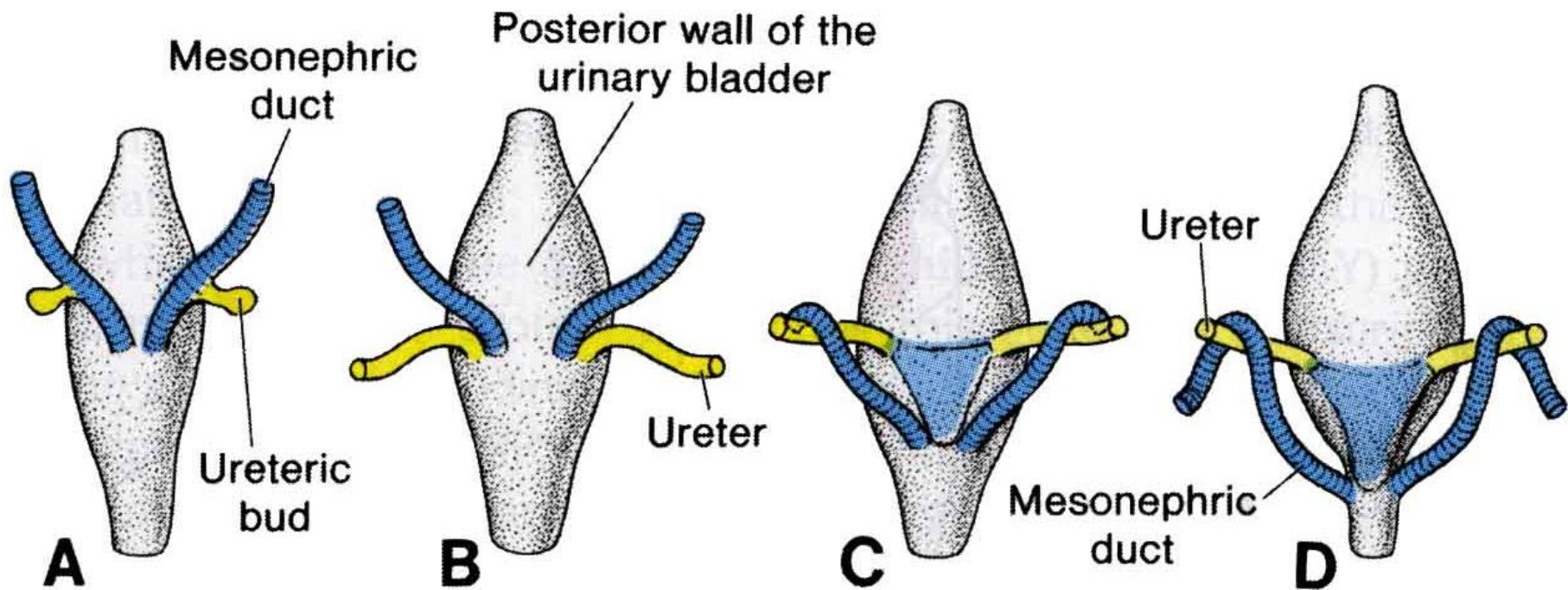
(spongiosní část
UG sinu)



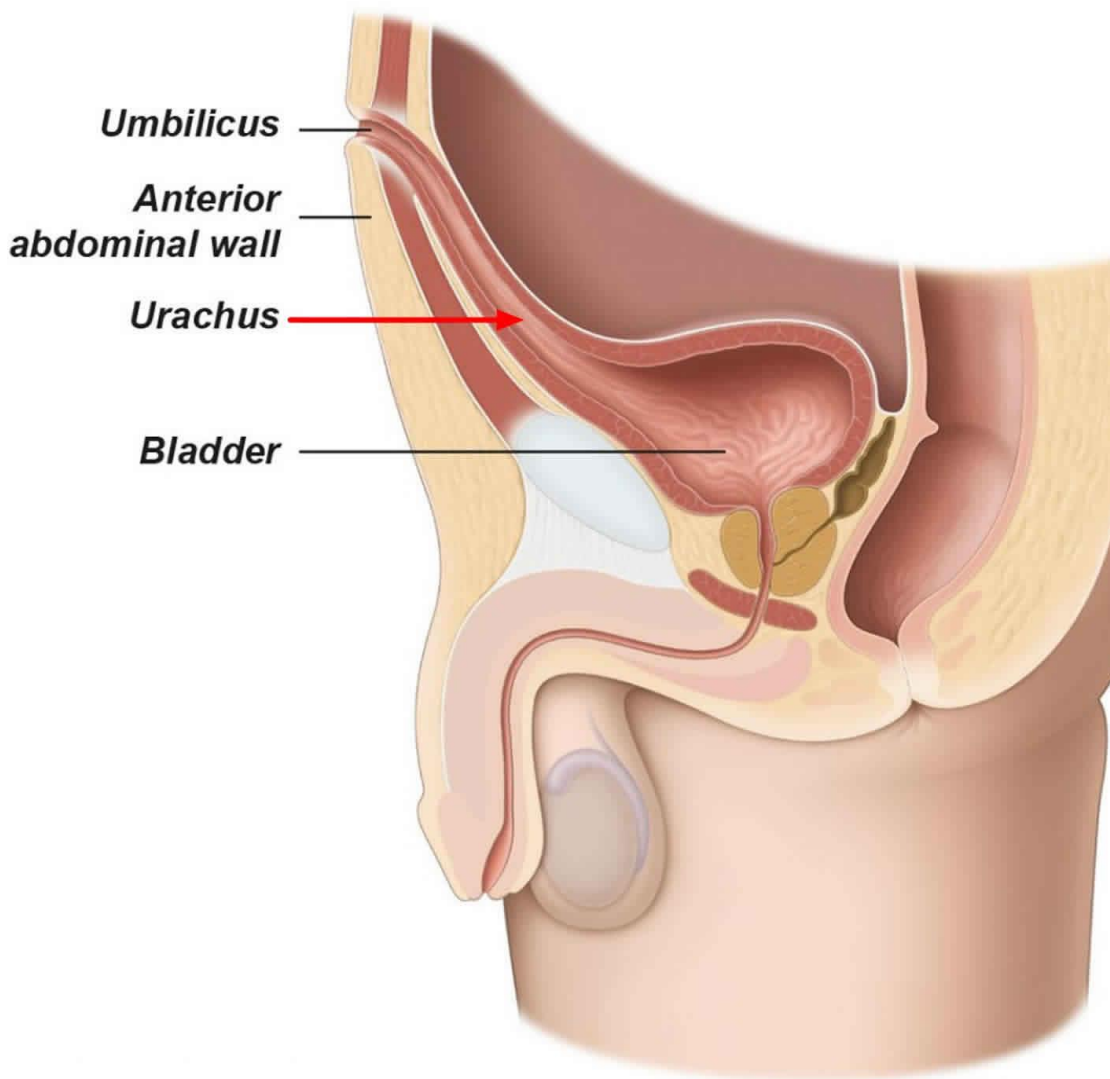
1. vesikální část

2. pánevní část: prostatická a membranózní část urethry,
u ženy celá urethra

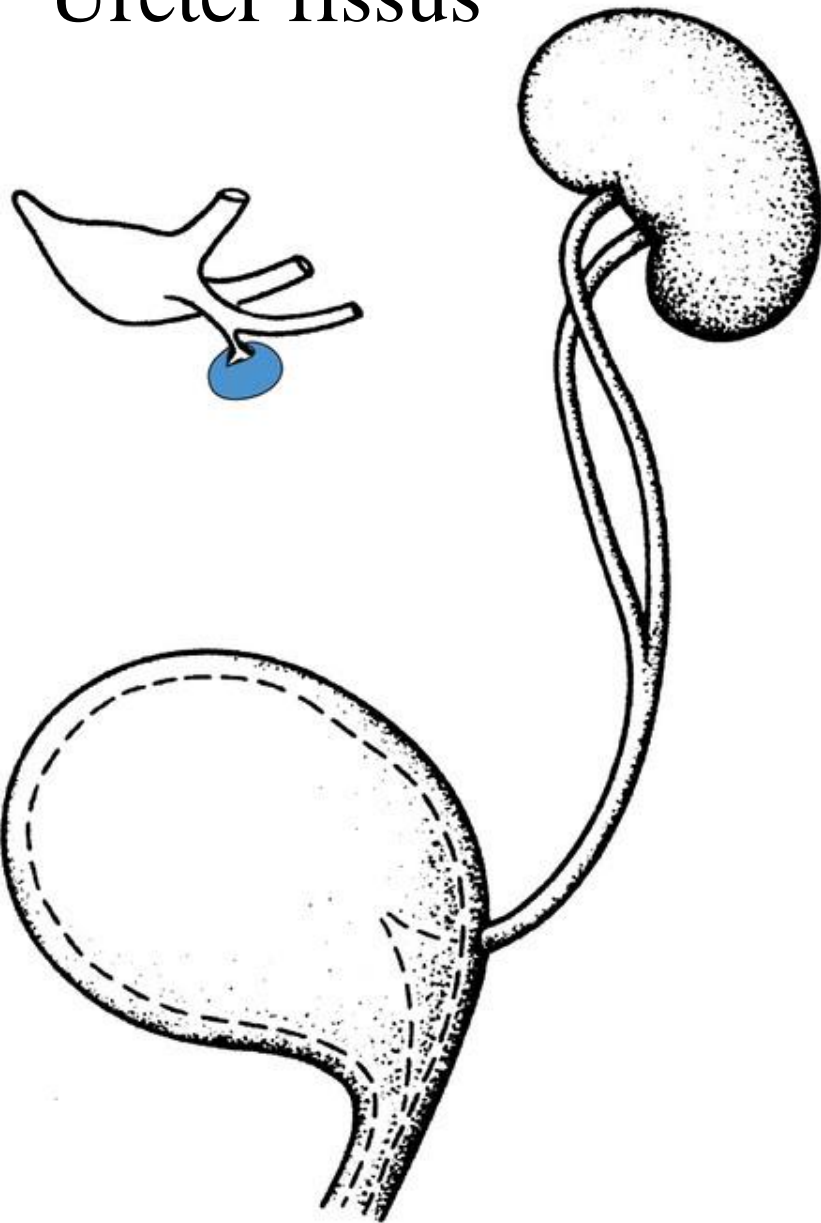
3. spongiosní část: spongiosní část urethry u muže, u ženy vestibulum vagina



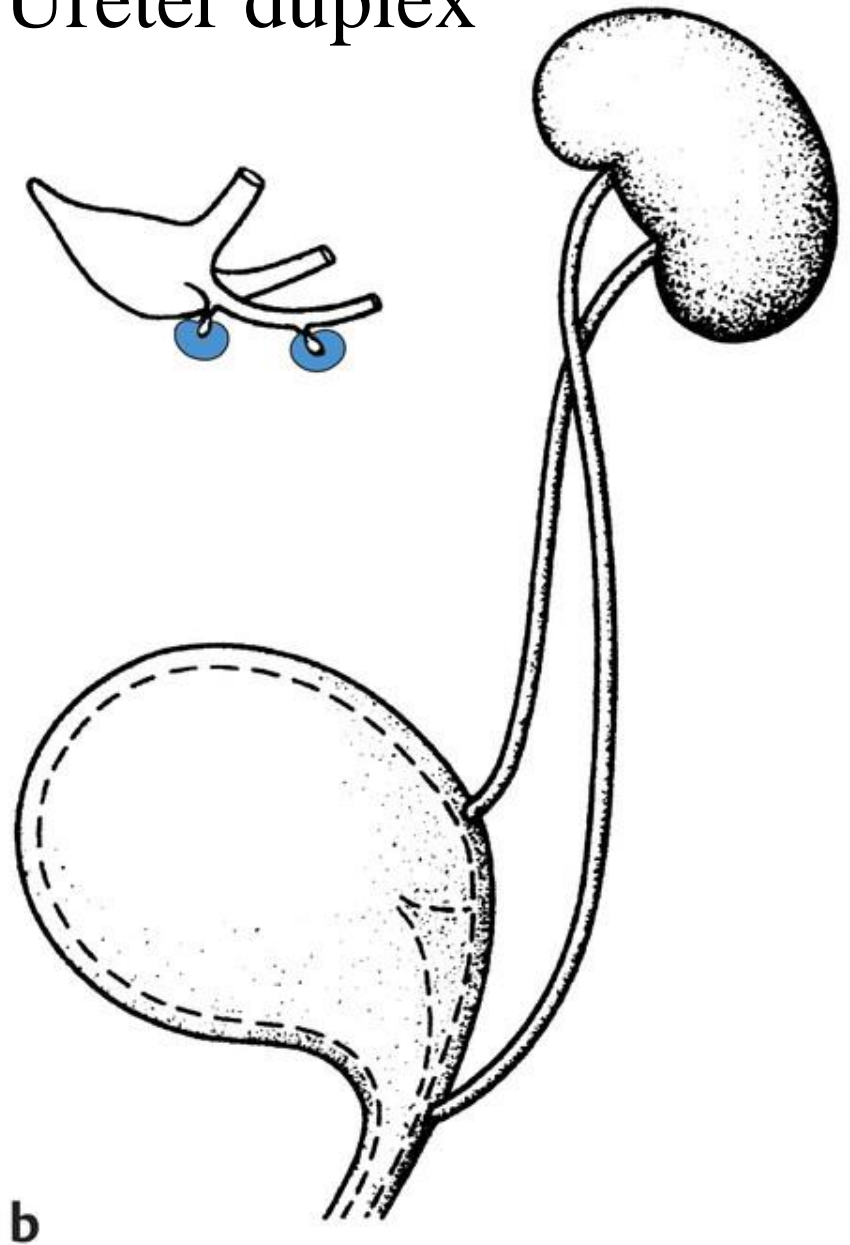
VVV močový měchýř: píštěl urachu, extrofie měchýře



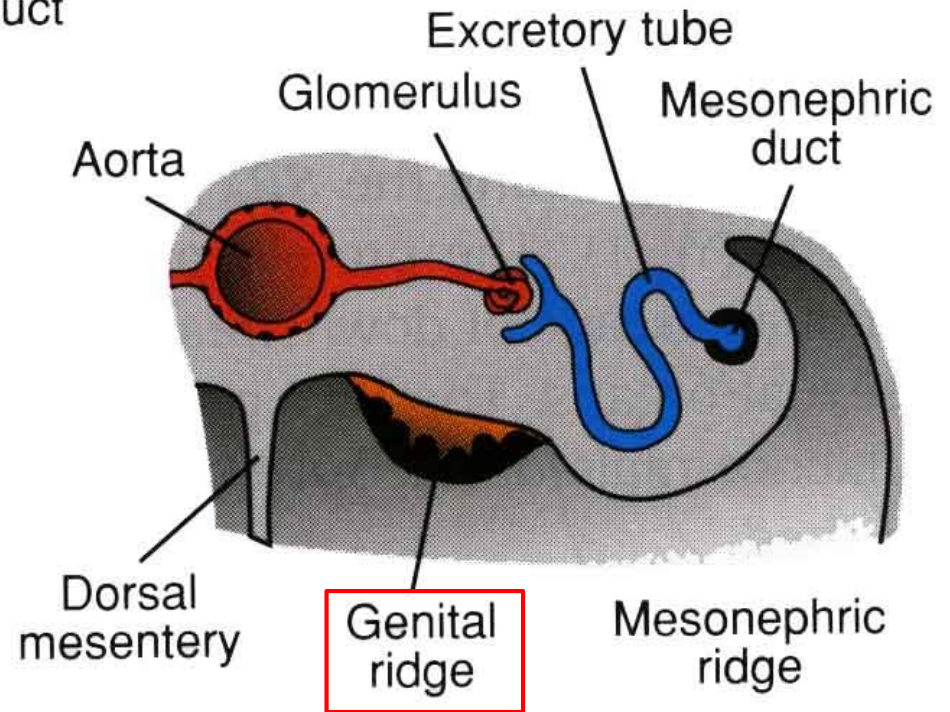
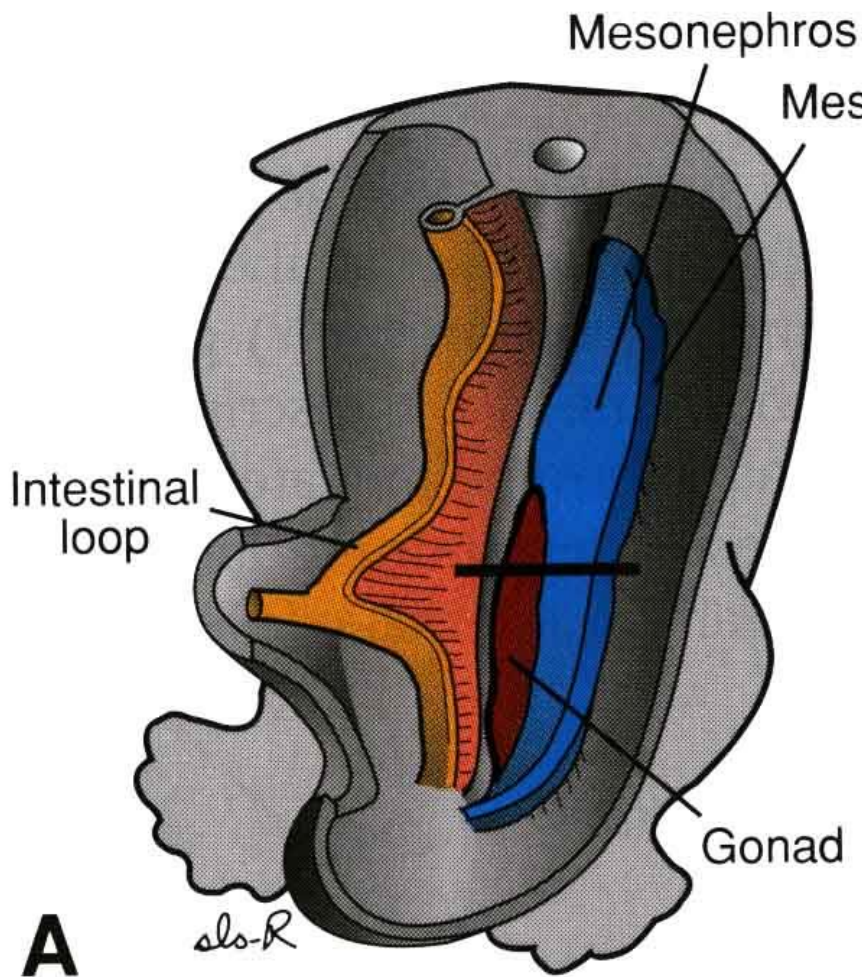
Ureter fissus



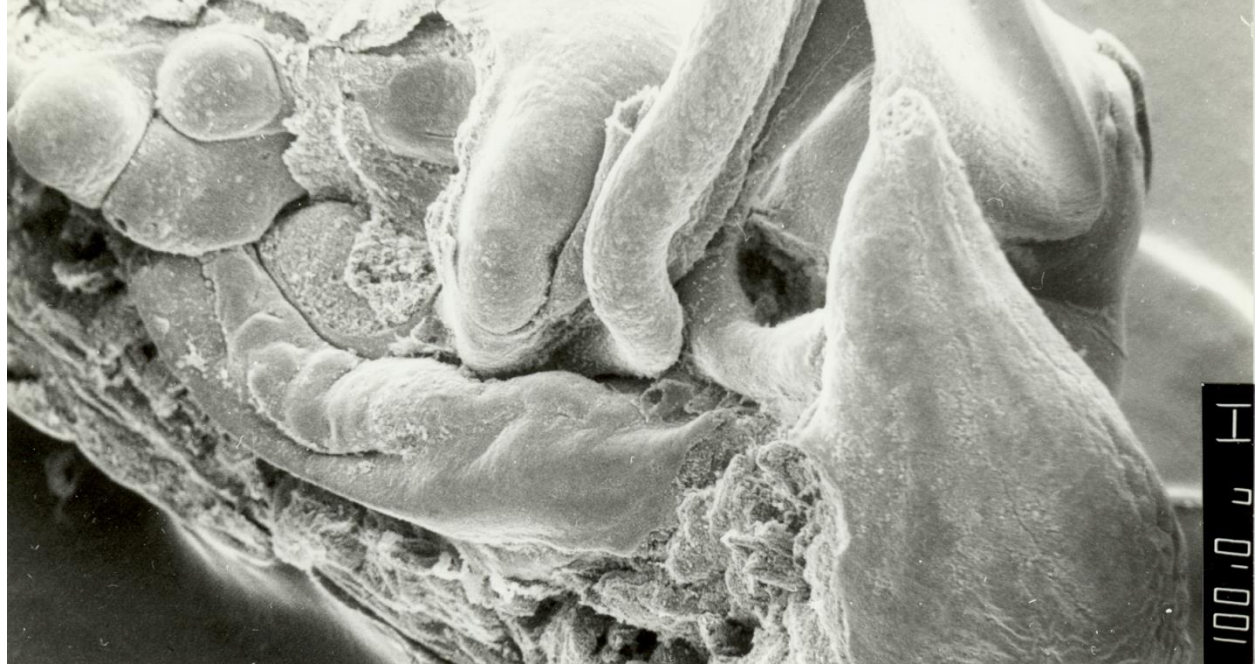
Ureter duplex

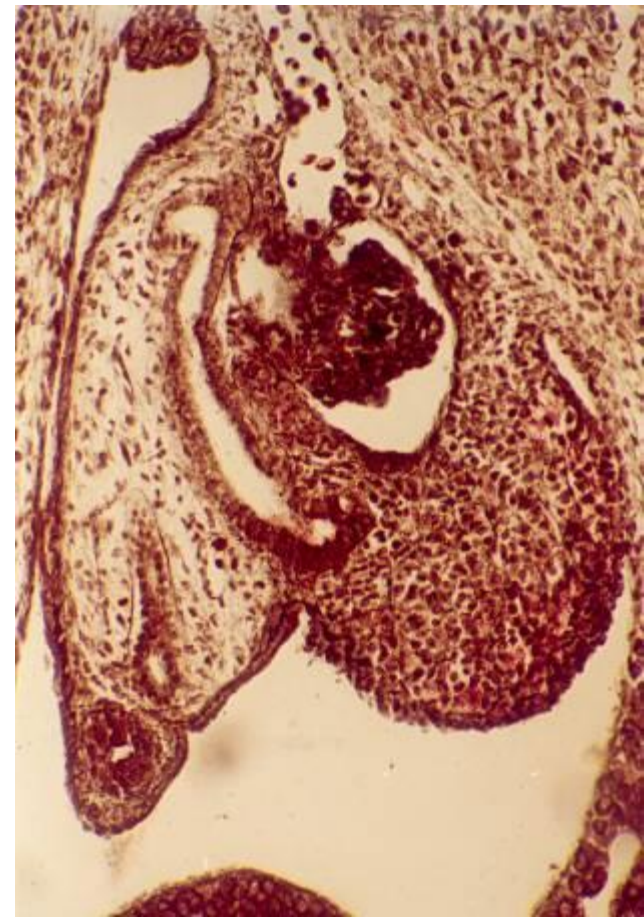
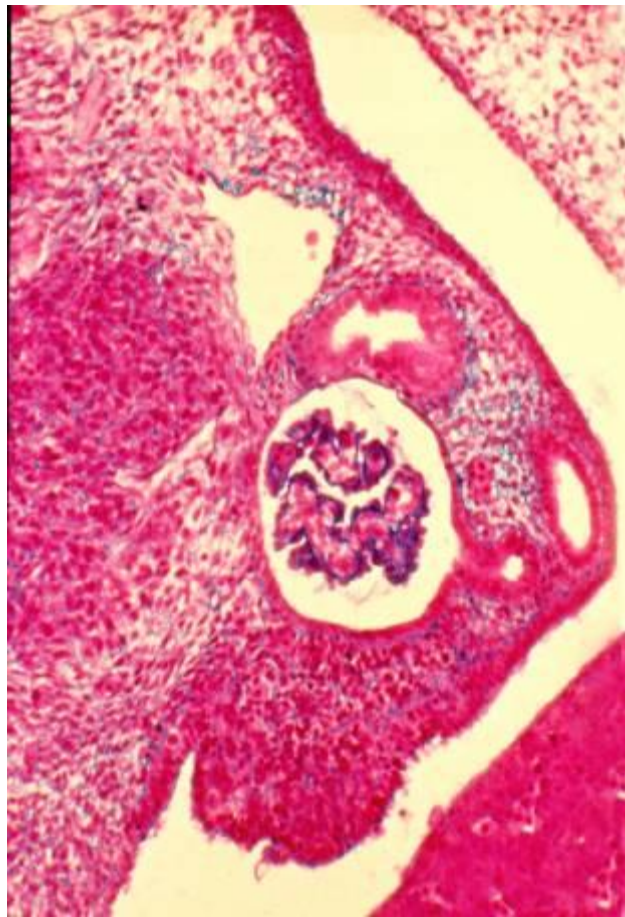
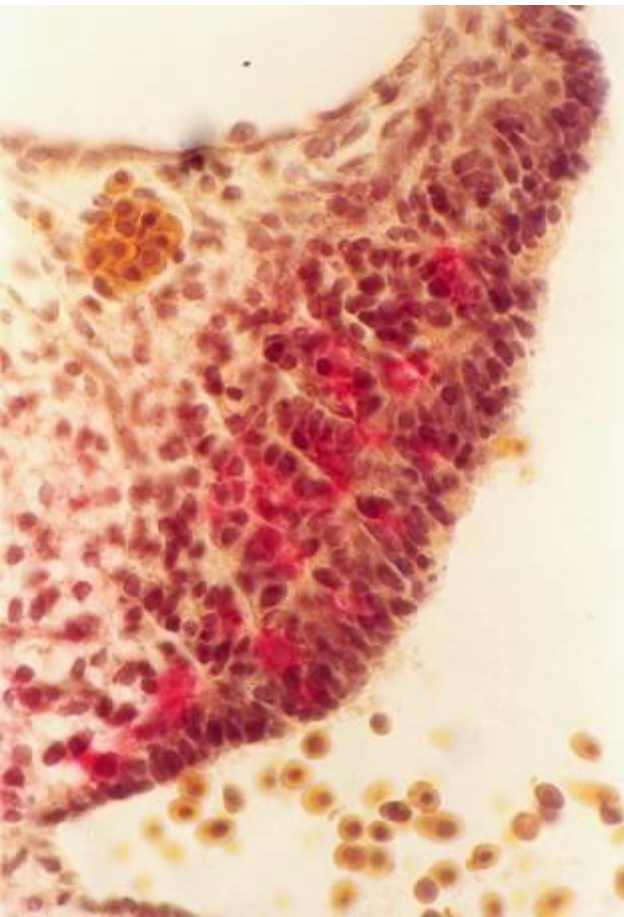


VÝVOJ GONÁD, DETERMINACE POHLAVÍ

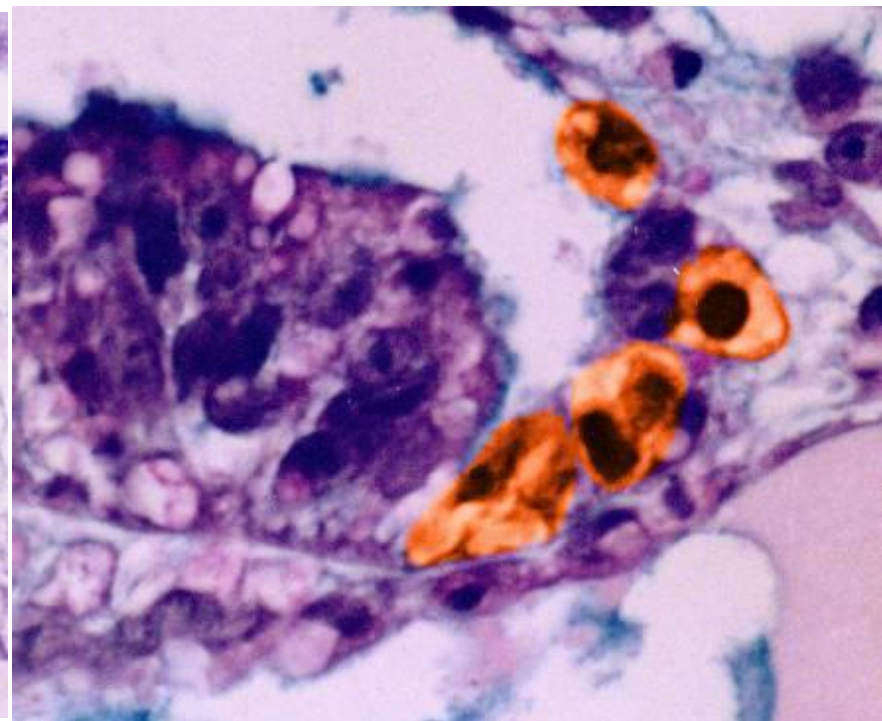
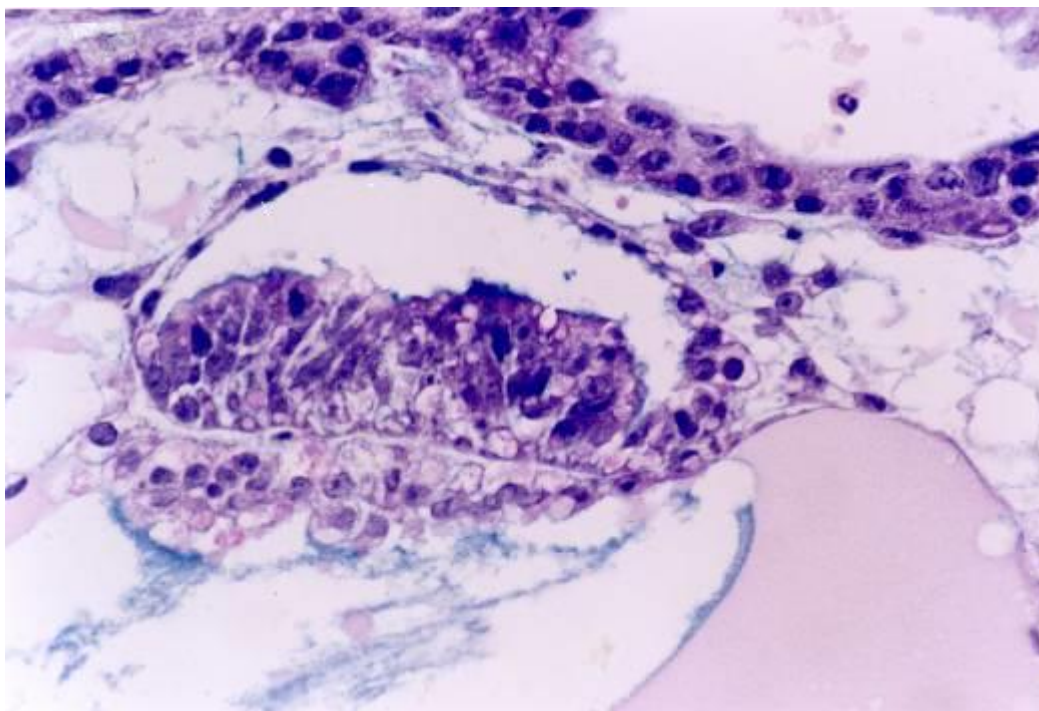


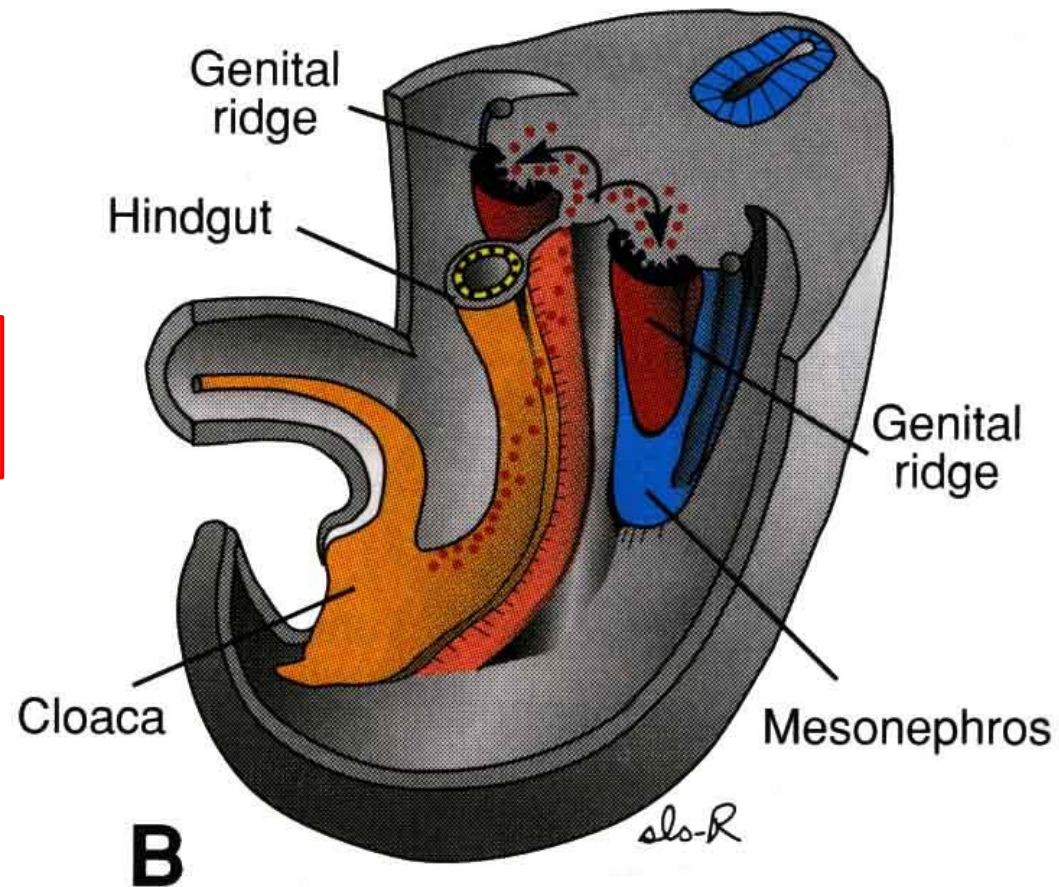
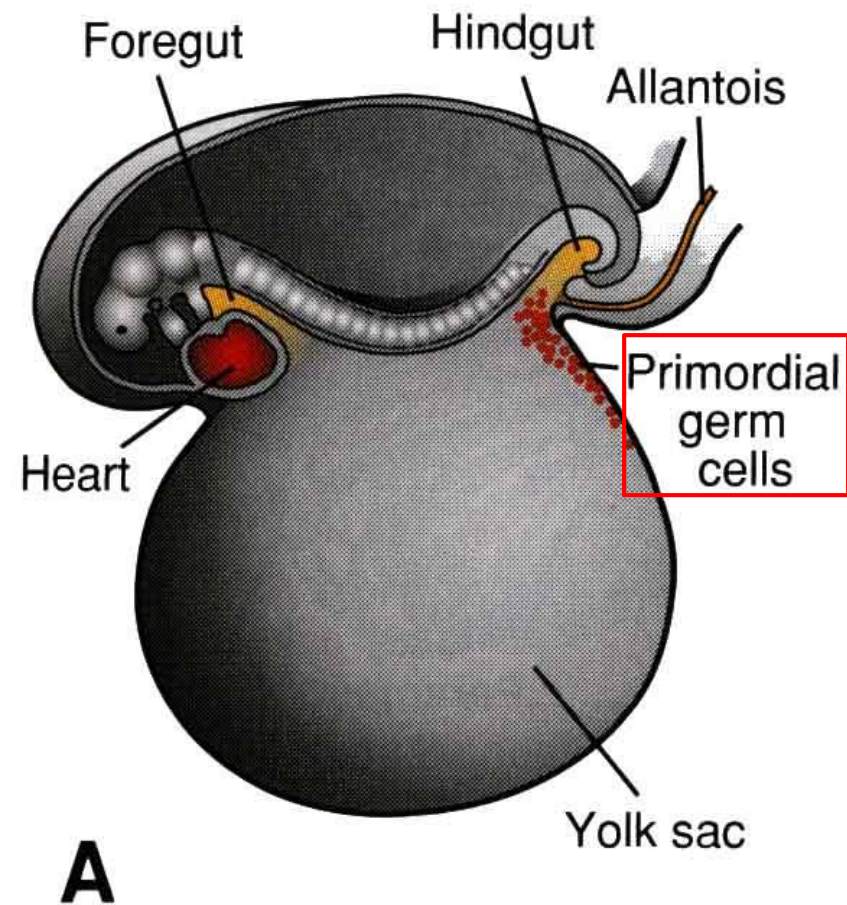
B proliferace coelomového
epitelu + kondenzace
mesenchymu pod ním



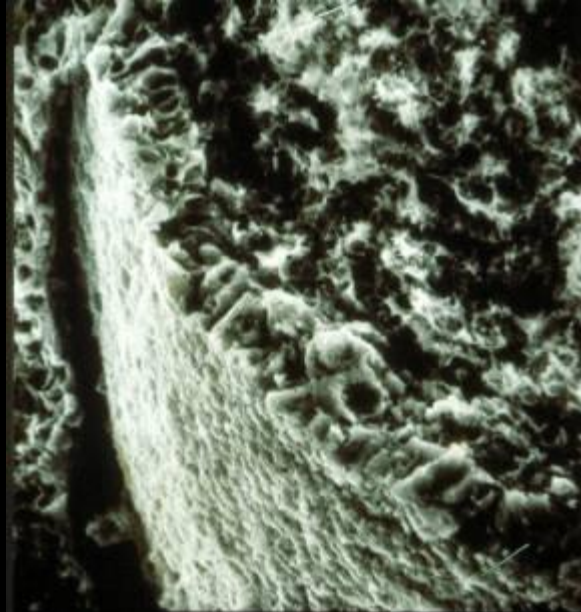
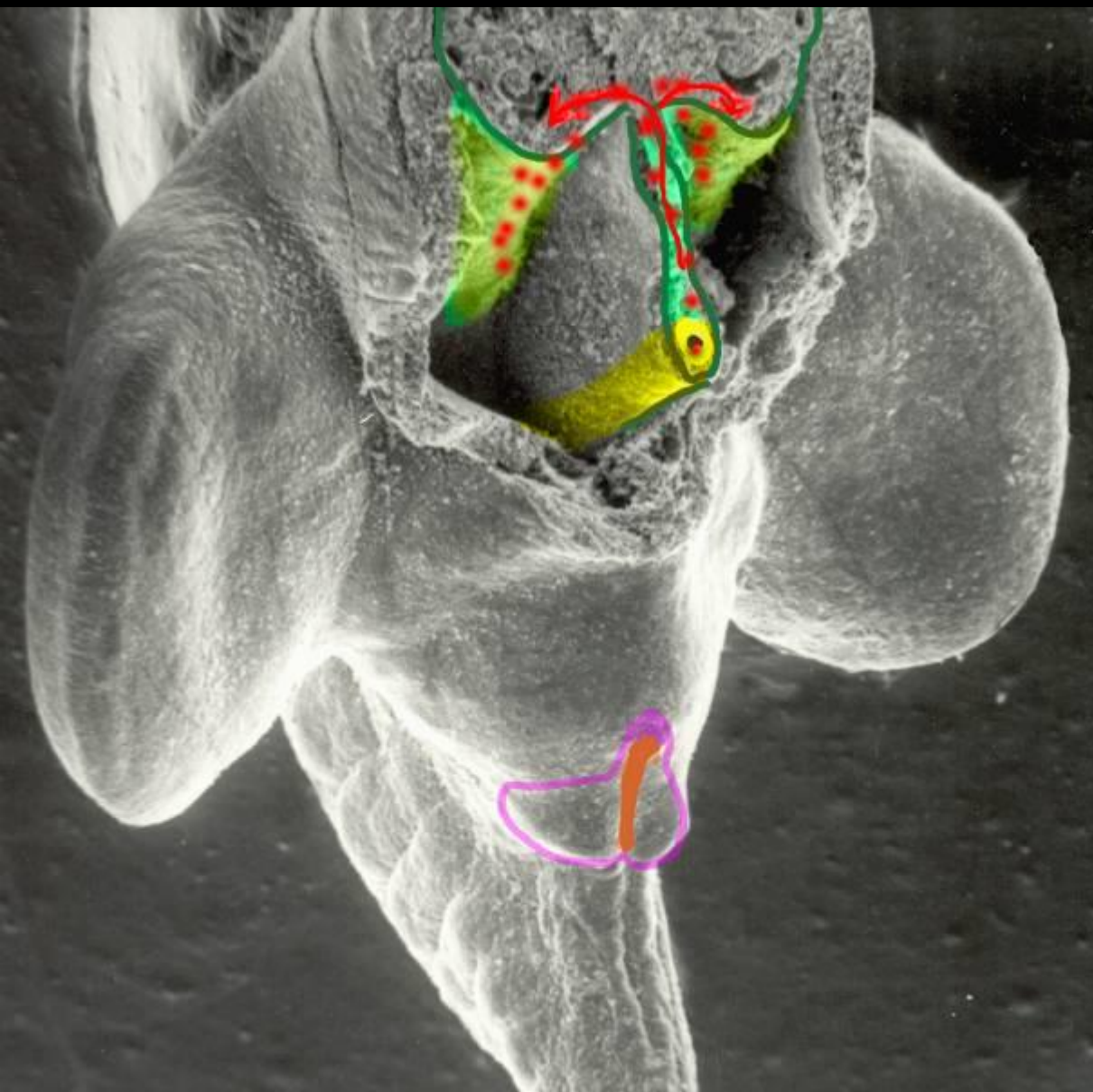


Prvopohlavní buňky

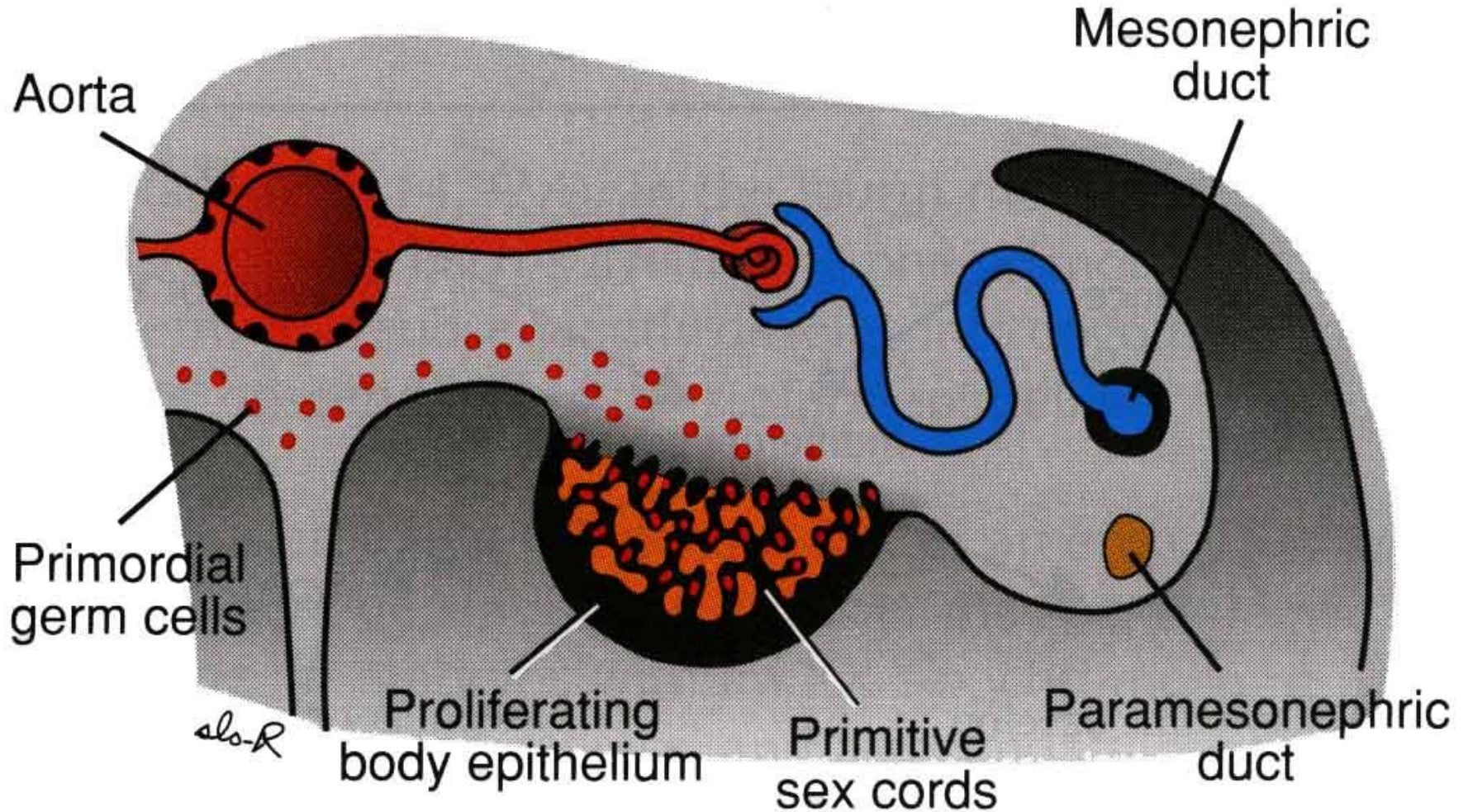




osídlení gonád: **6.týden** vývoje
 - migrace dorsálním mesenteriem



Indiferentní gonáda



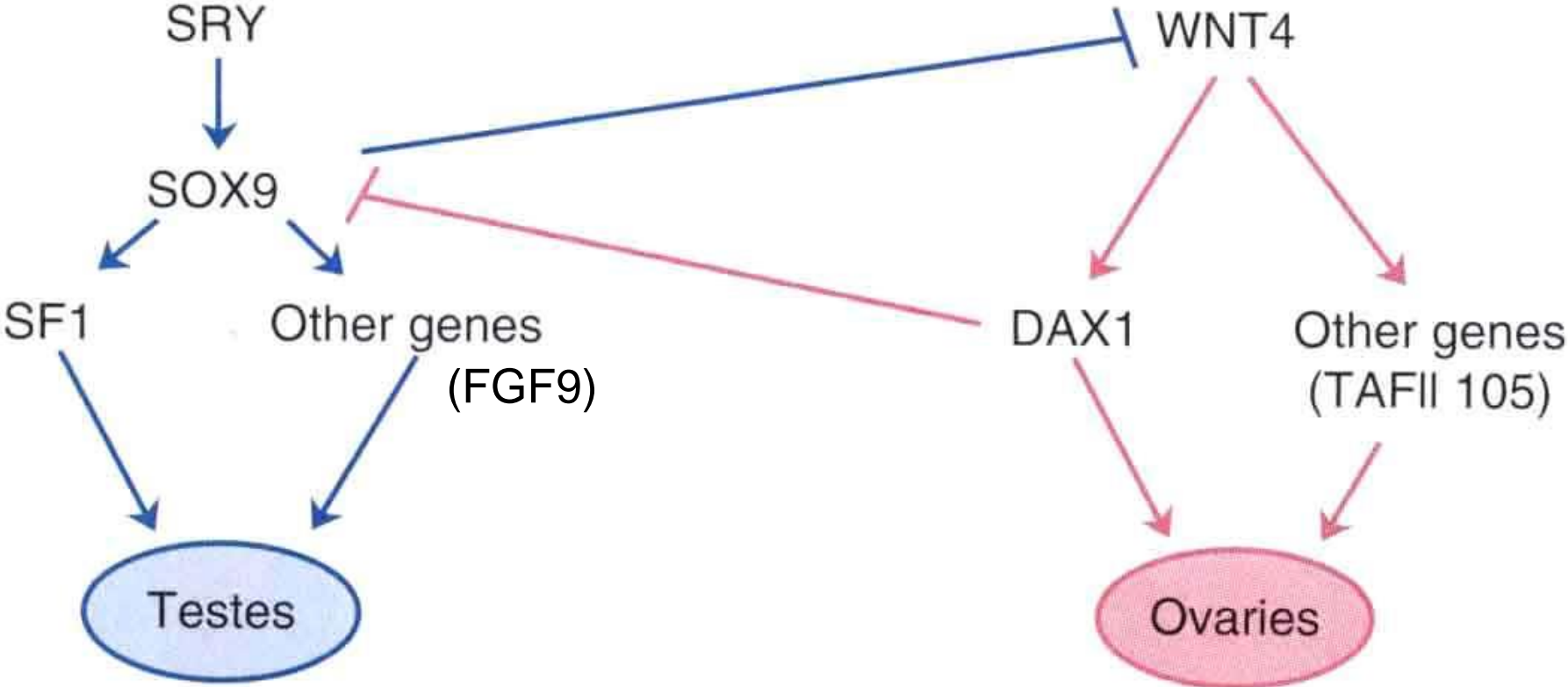


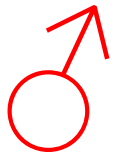
**Did you
want a boy
or girl?**

**I wanted him
to pull out but
here I am.**

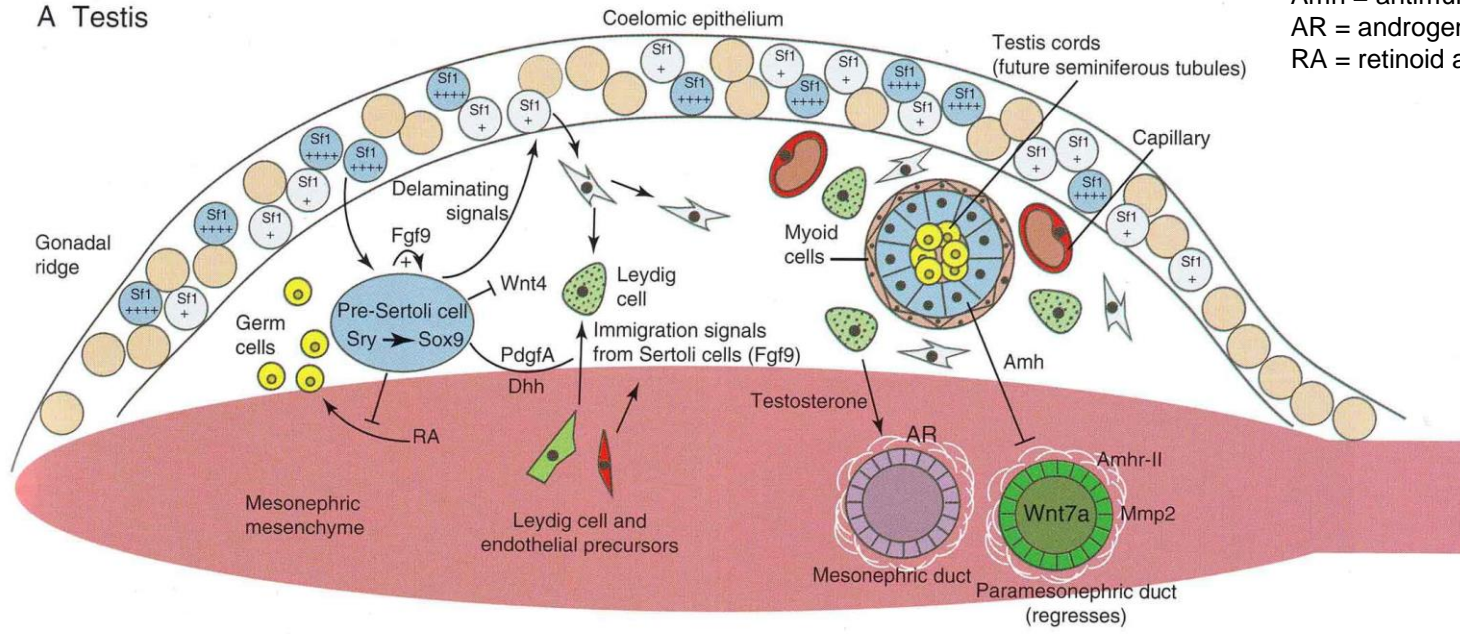
MALES (XY)

FEMALES (XX)



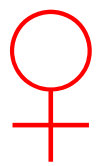


A Testis

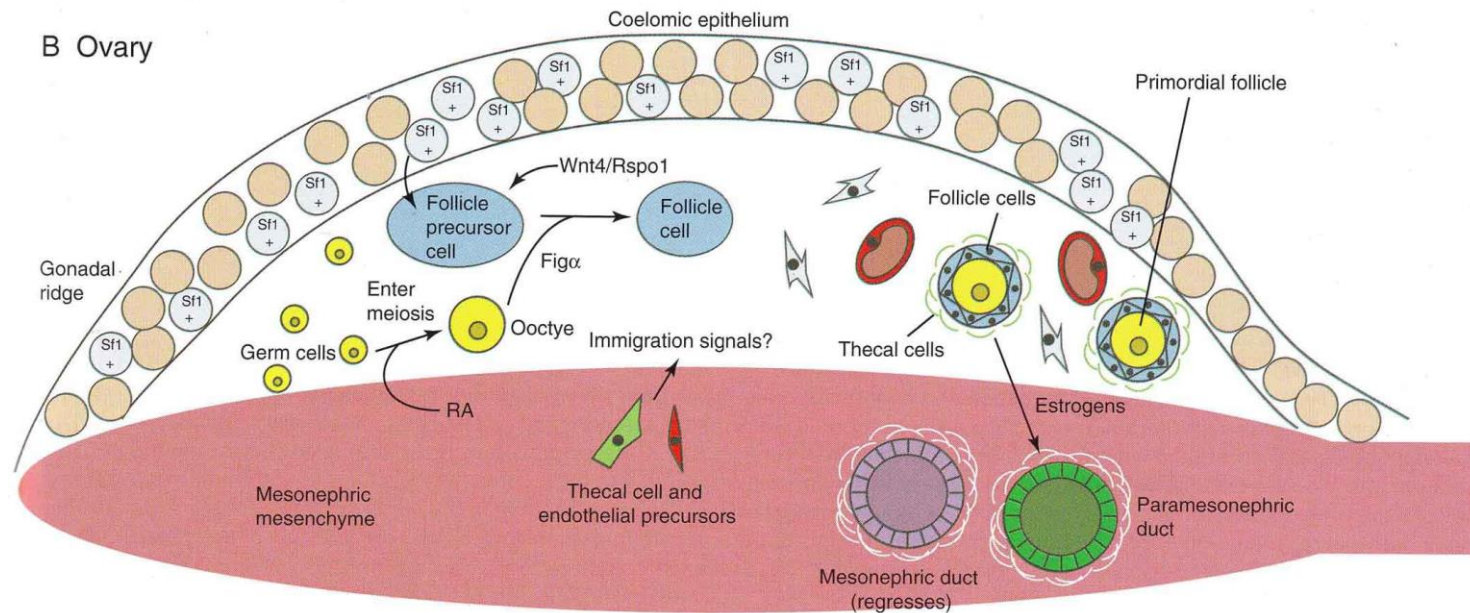


Sf1 = steroidogenic factor-1
Amh = antimullerian hormone
AR = androgen receptor
RA = retinoid acid

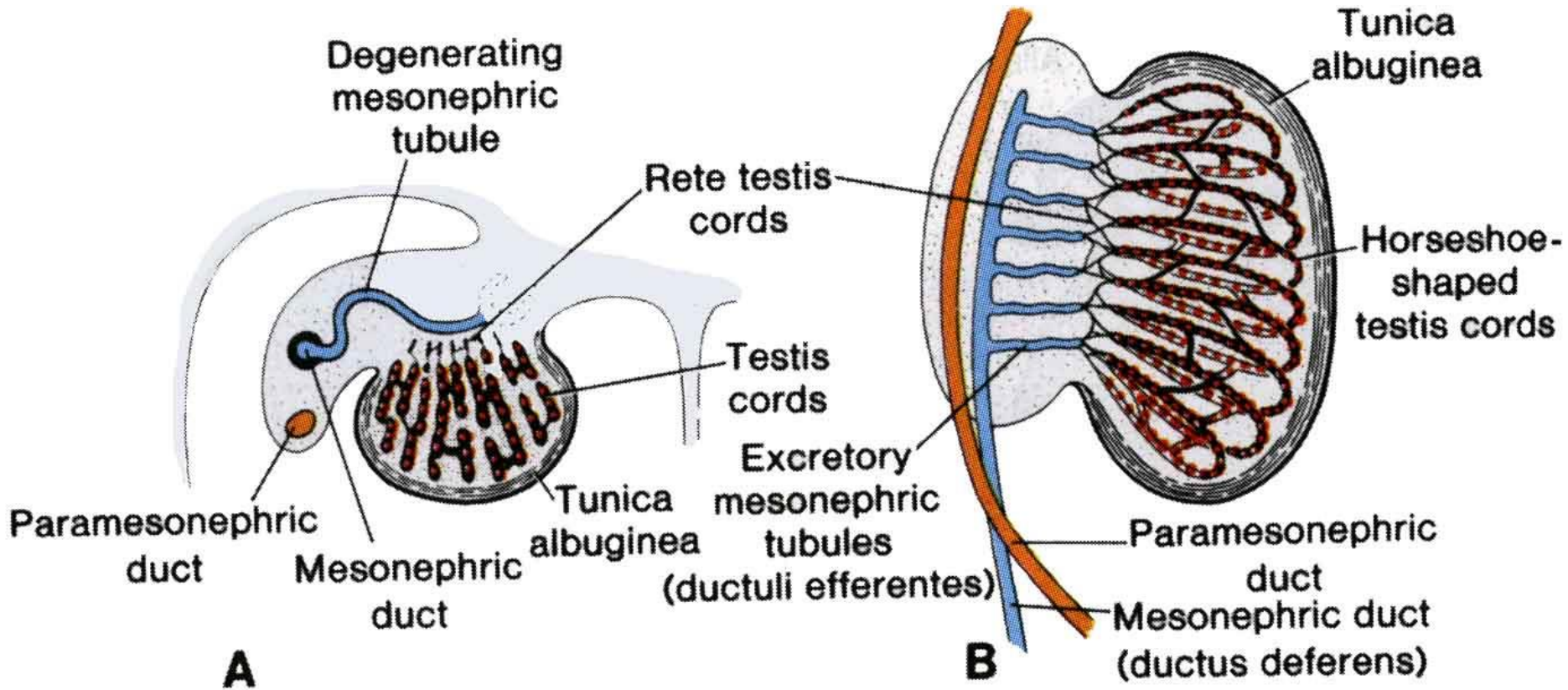
Schoenwolf, G.C. et al.: Larsen's Human Embryology, 5th Ed., Churchill Livingstone, 2015.

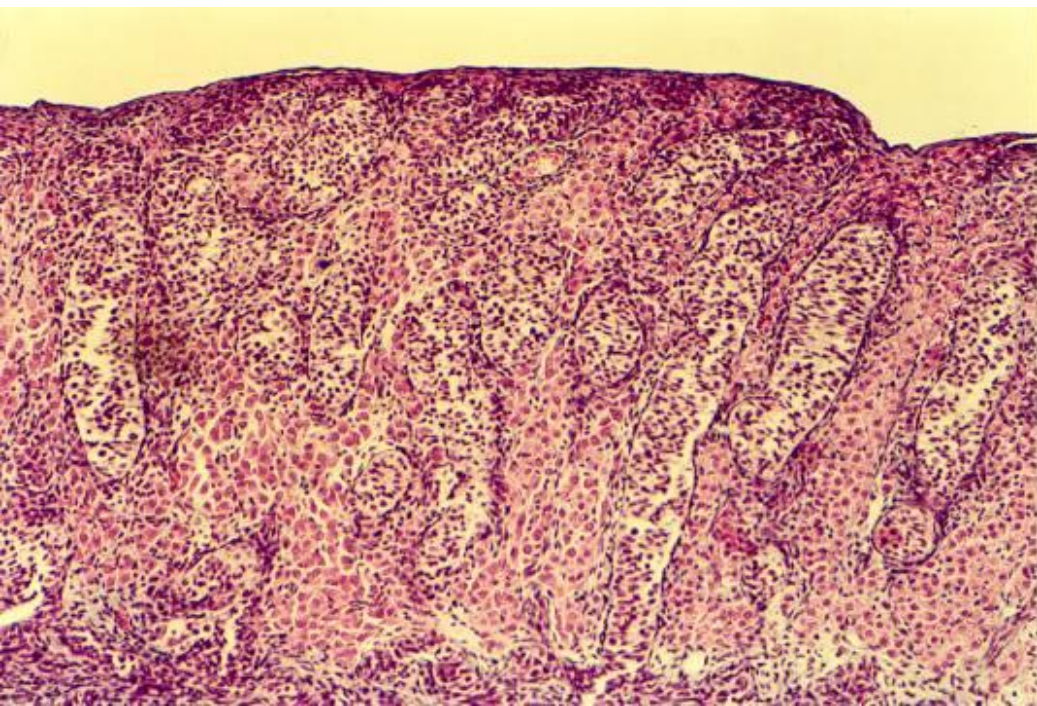
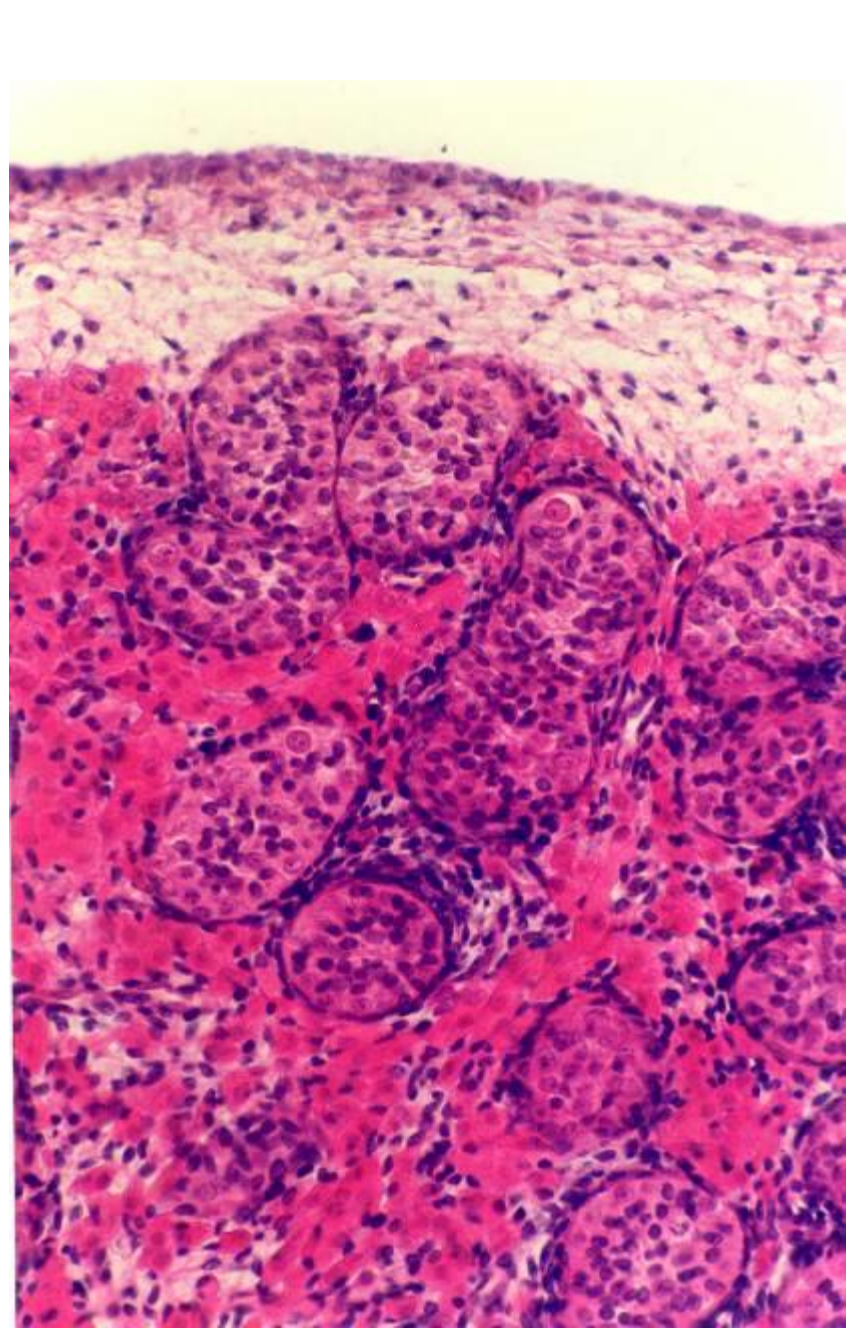
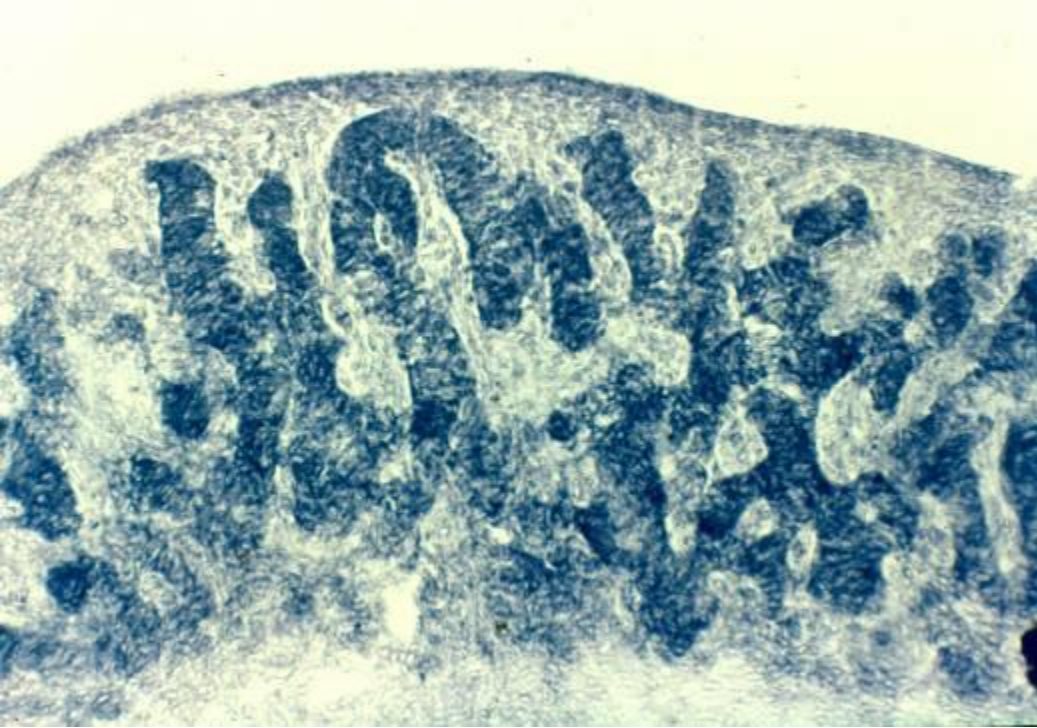


B Ovary

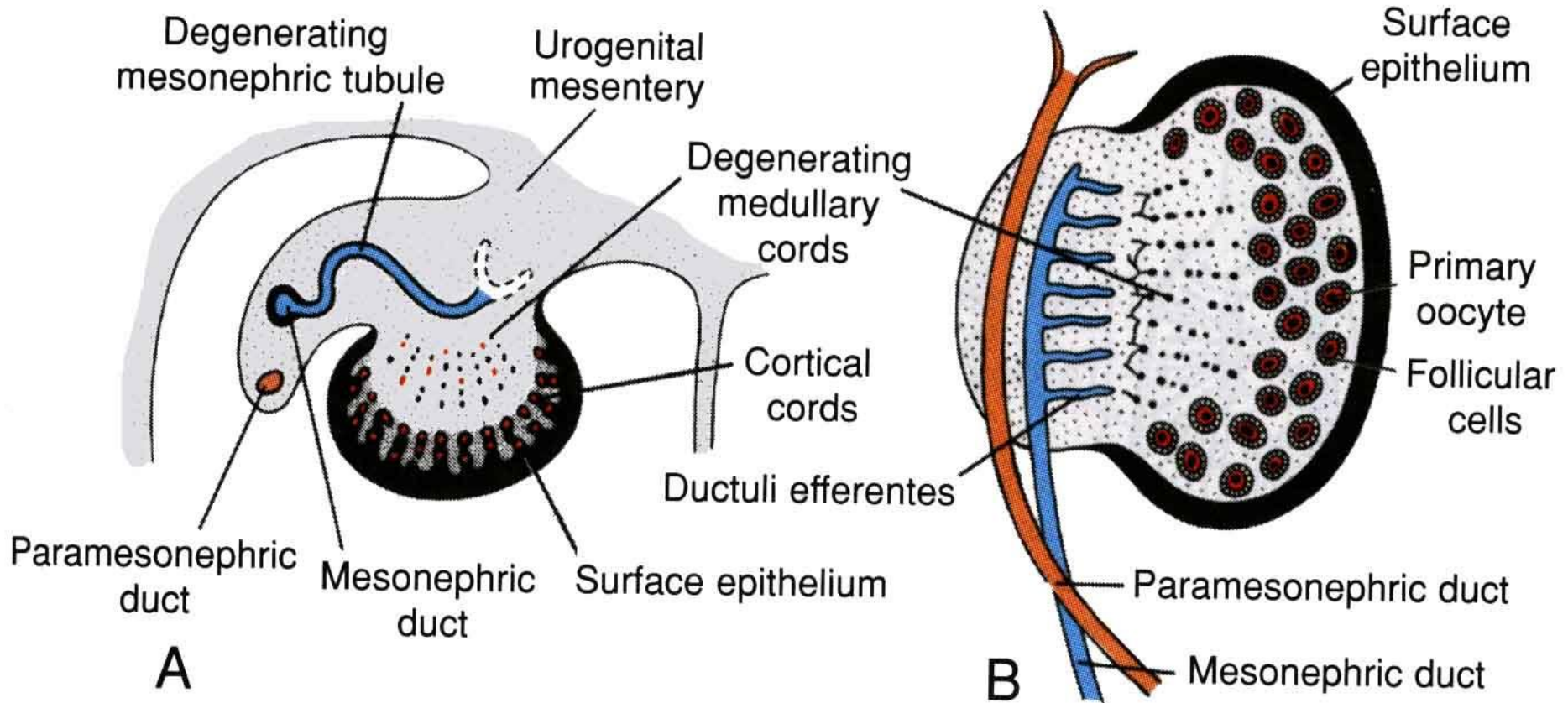


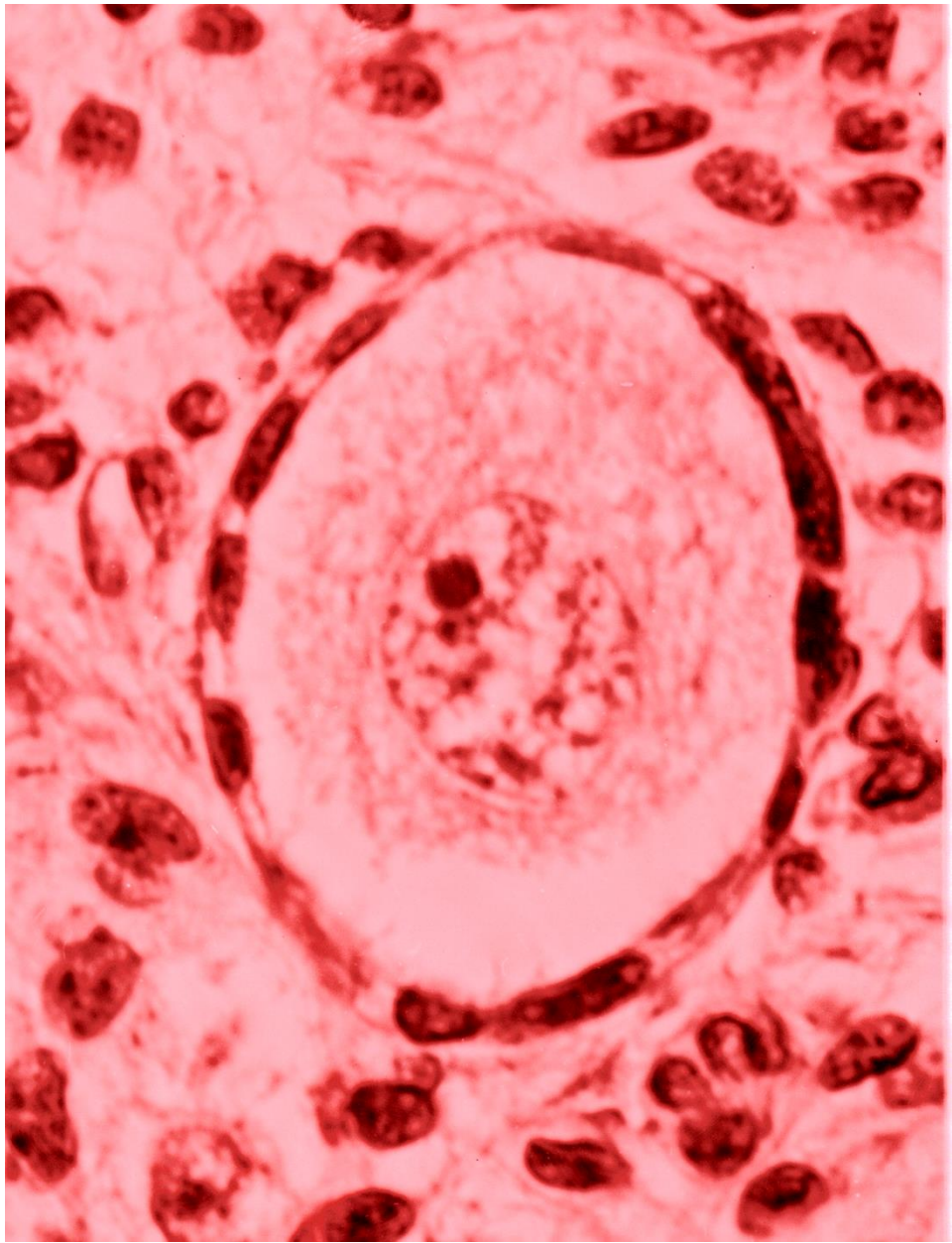
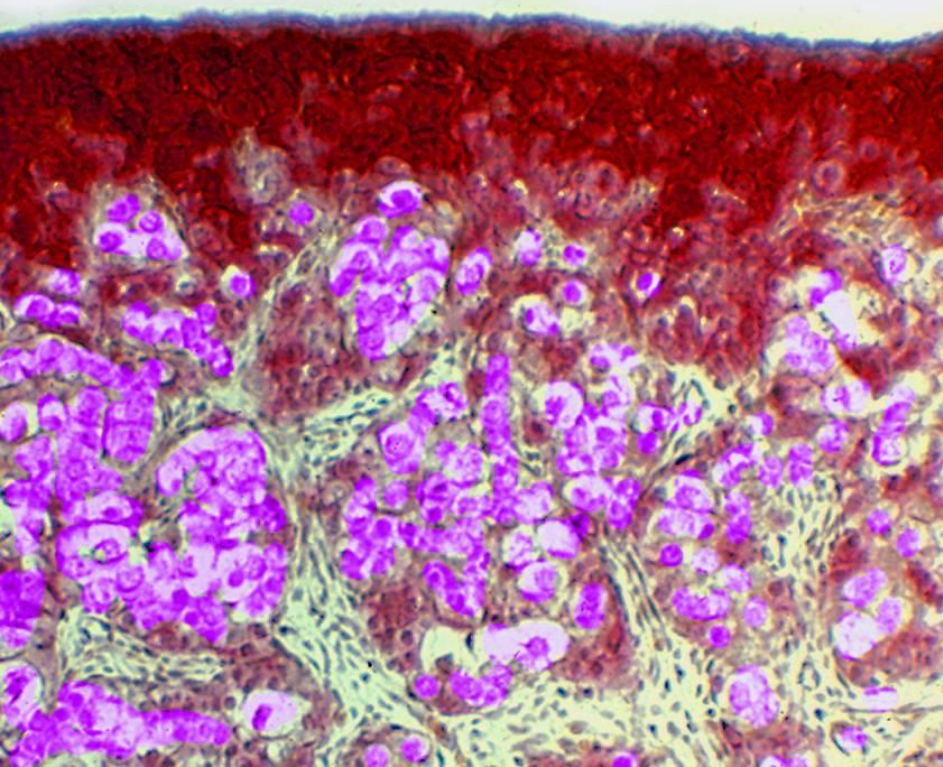
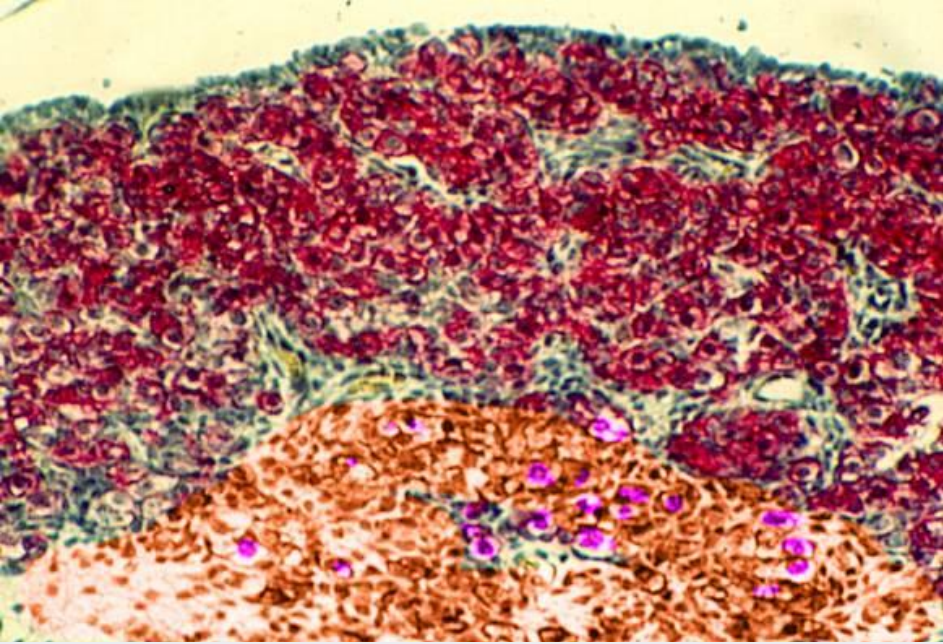
Formování varlete

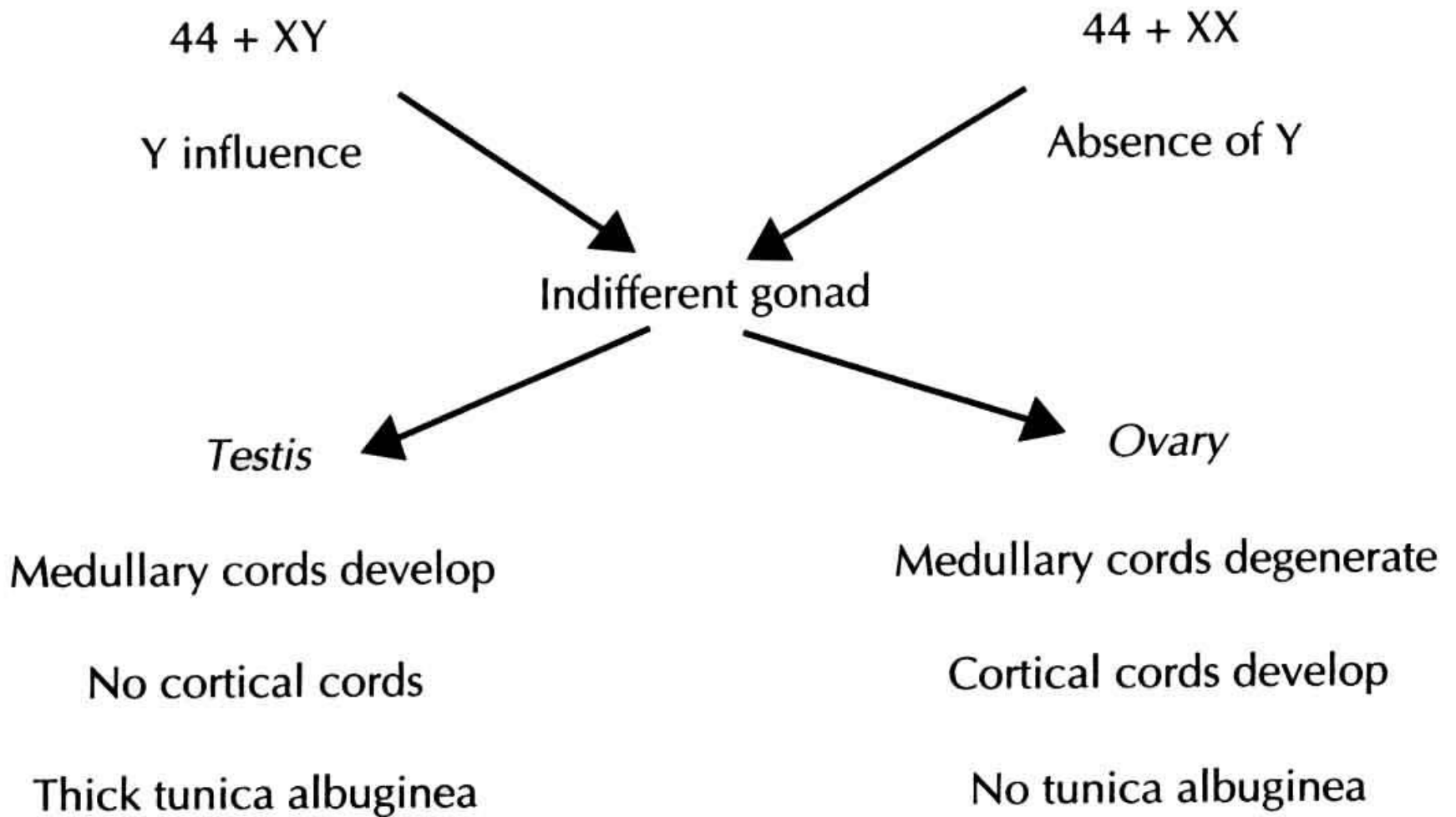




Formování vaječníku







VÝVOJ VÝVODNÝCH CEST POHLAVNÍCH

Wolffüv

Mesonephric duct

Aorta

Primordial germ cells

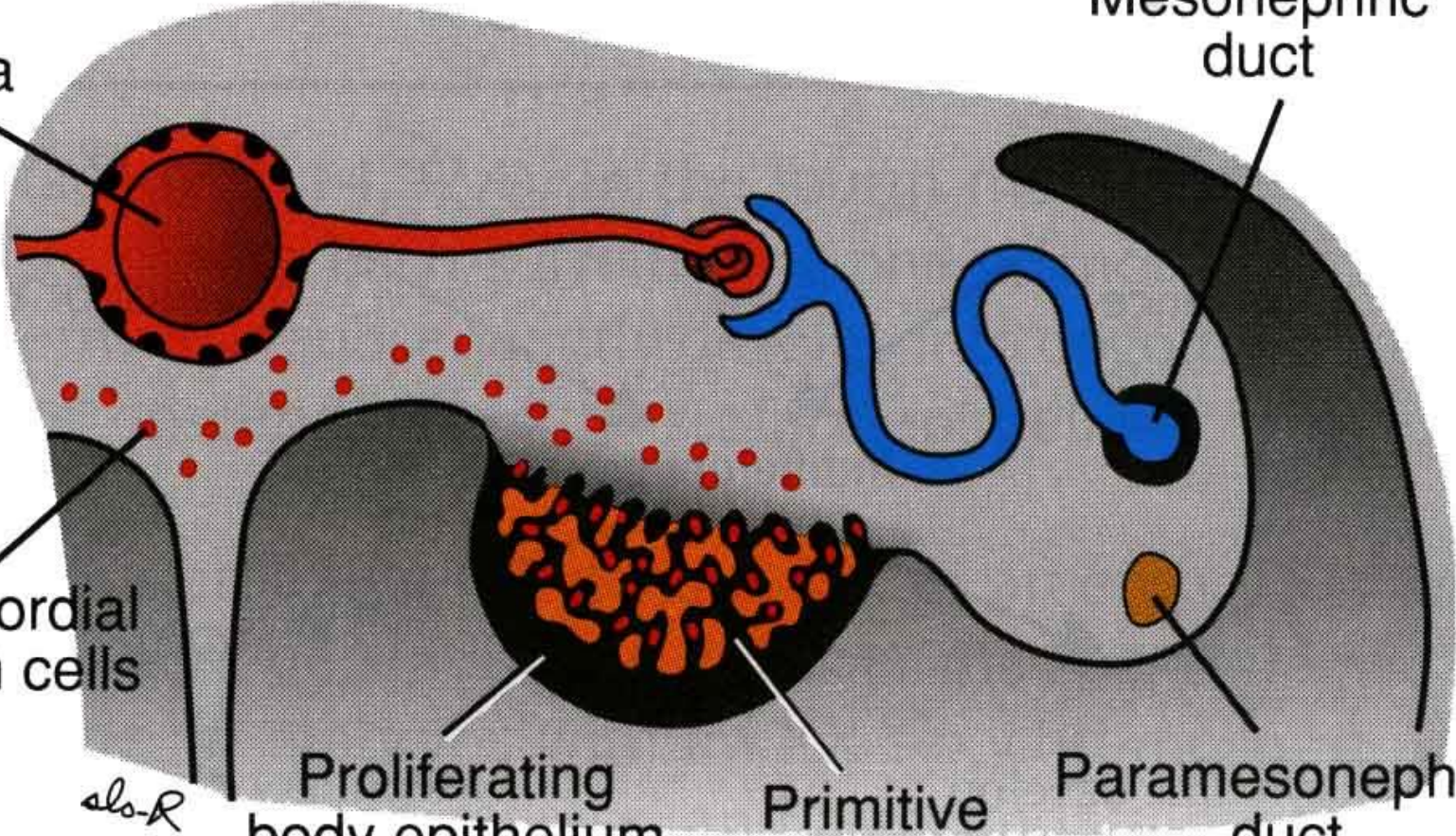
sls-R

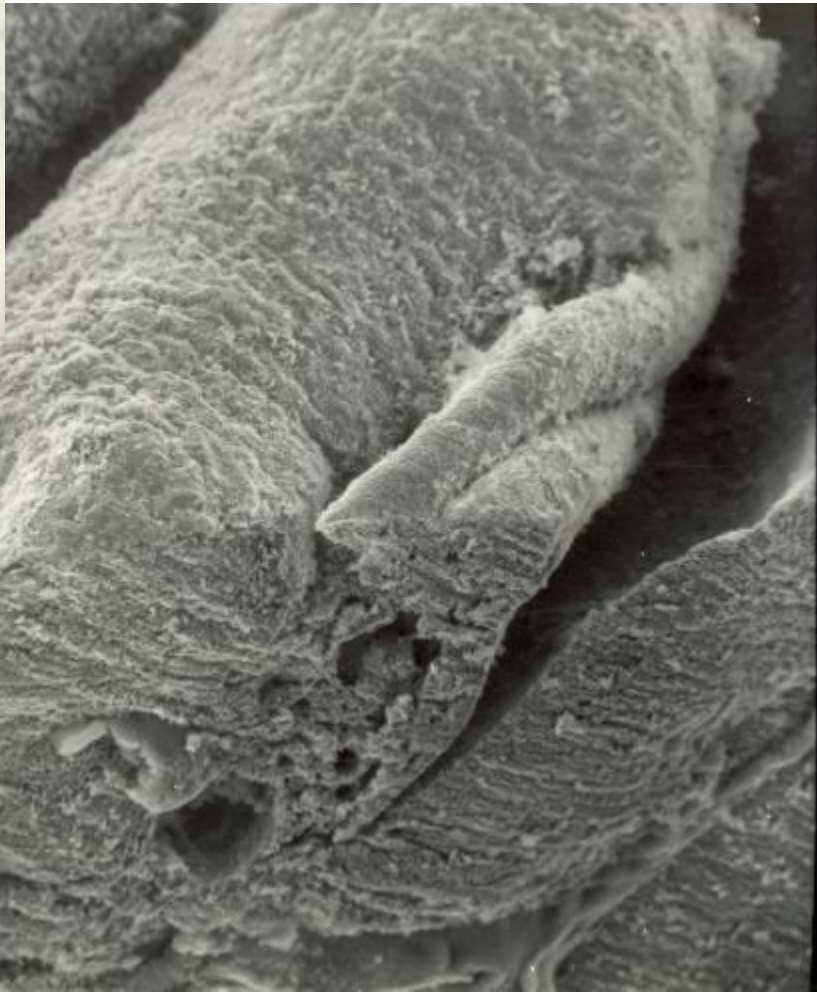
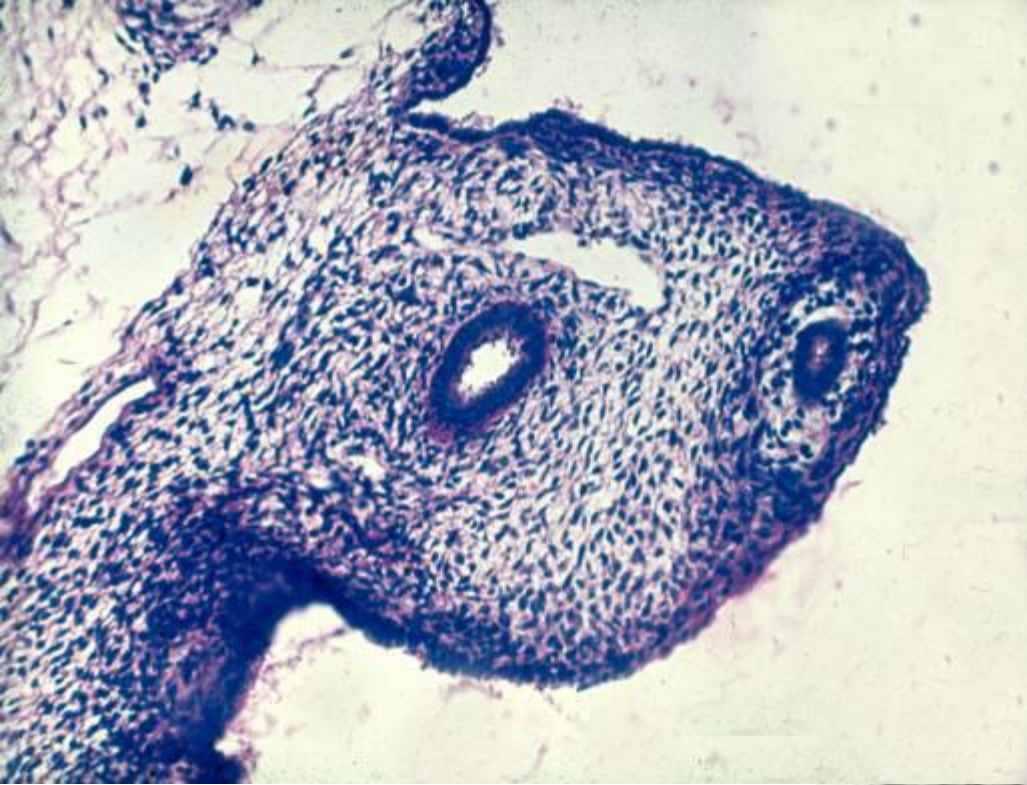
Proliferating body epithelium

Primitive sex cords

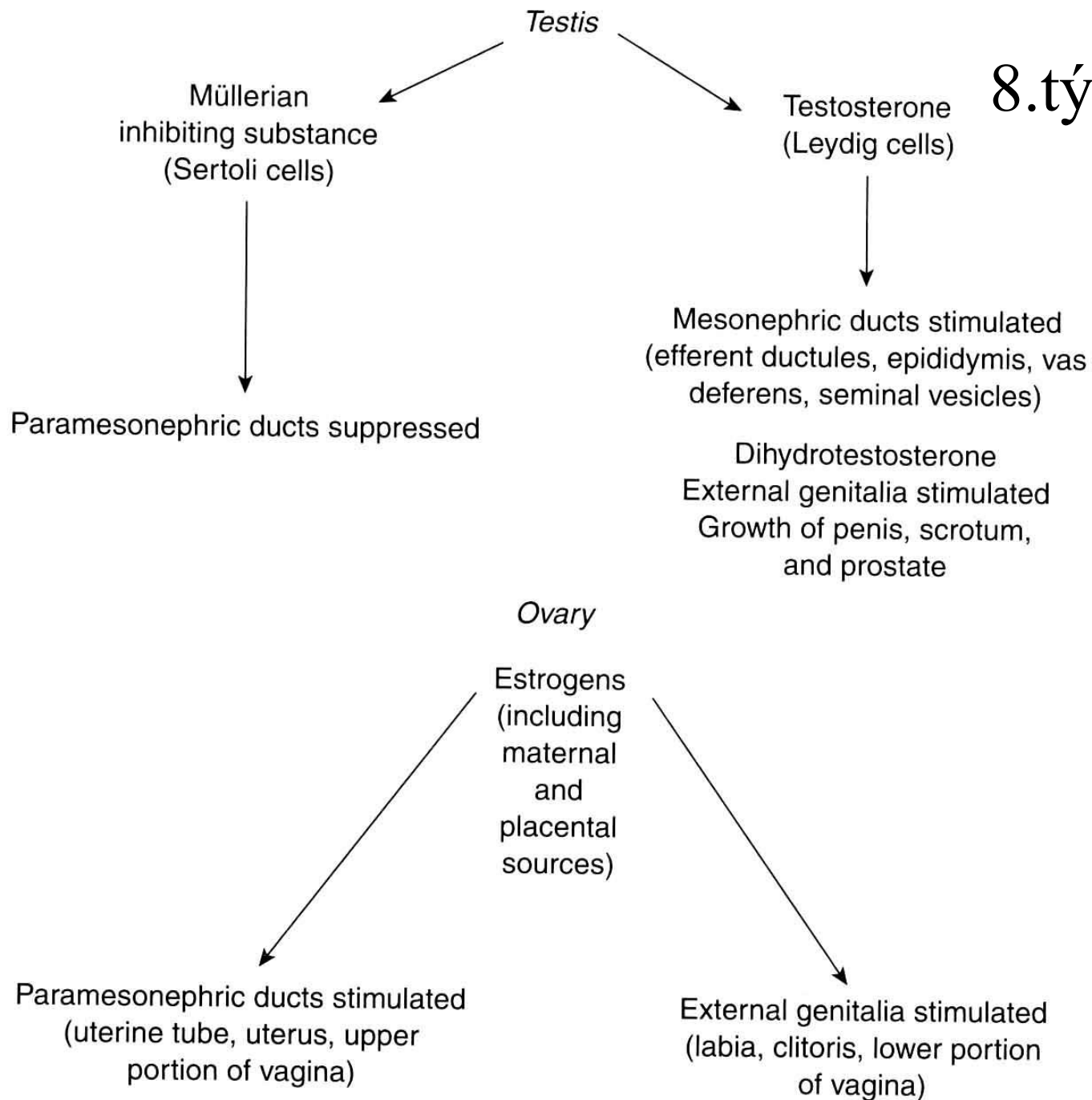
Paramesonephric duct

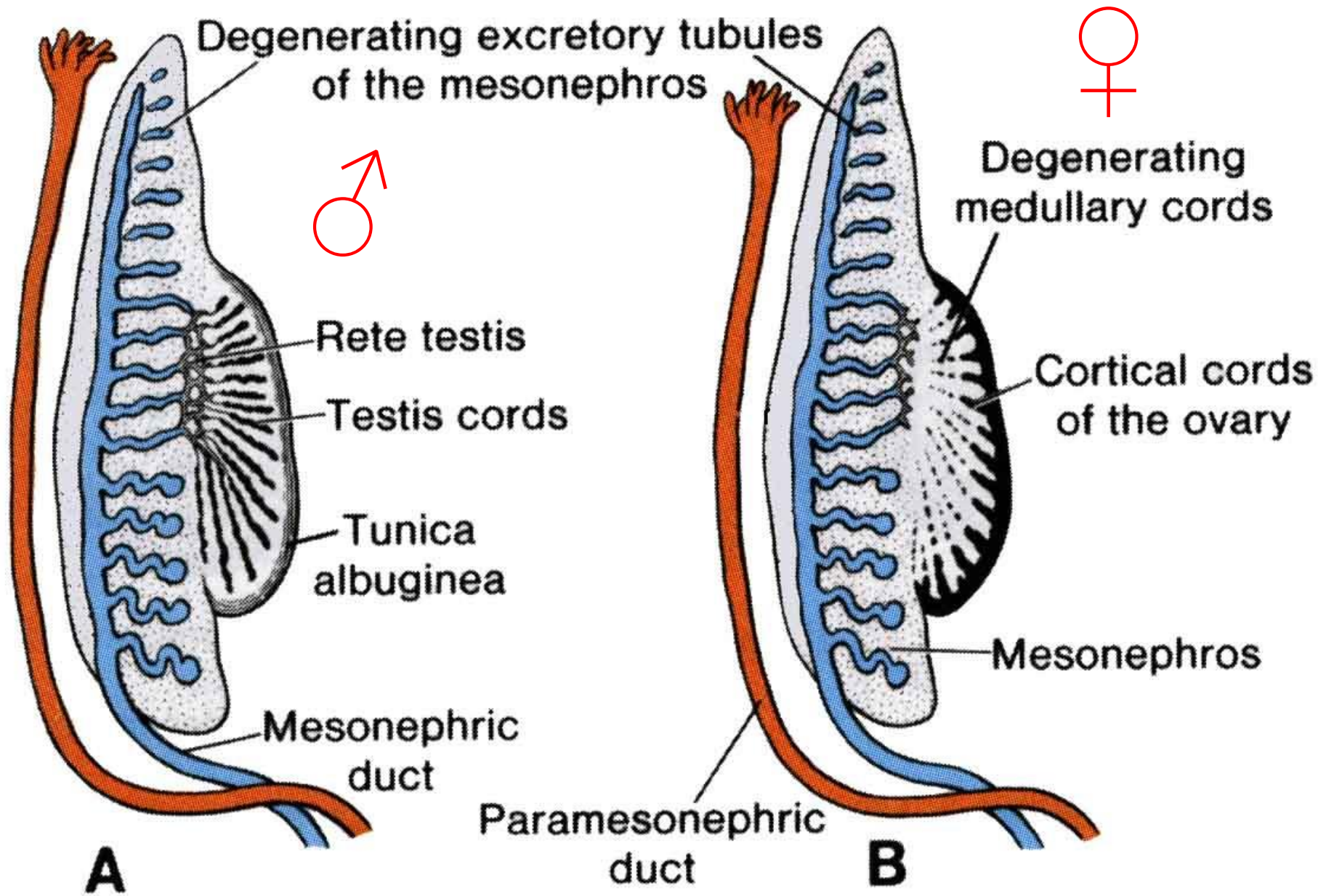
Müllerüv

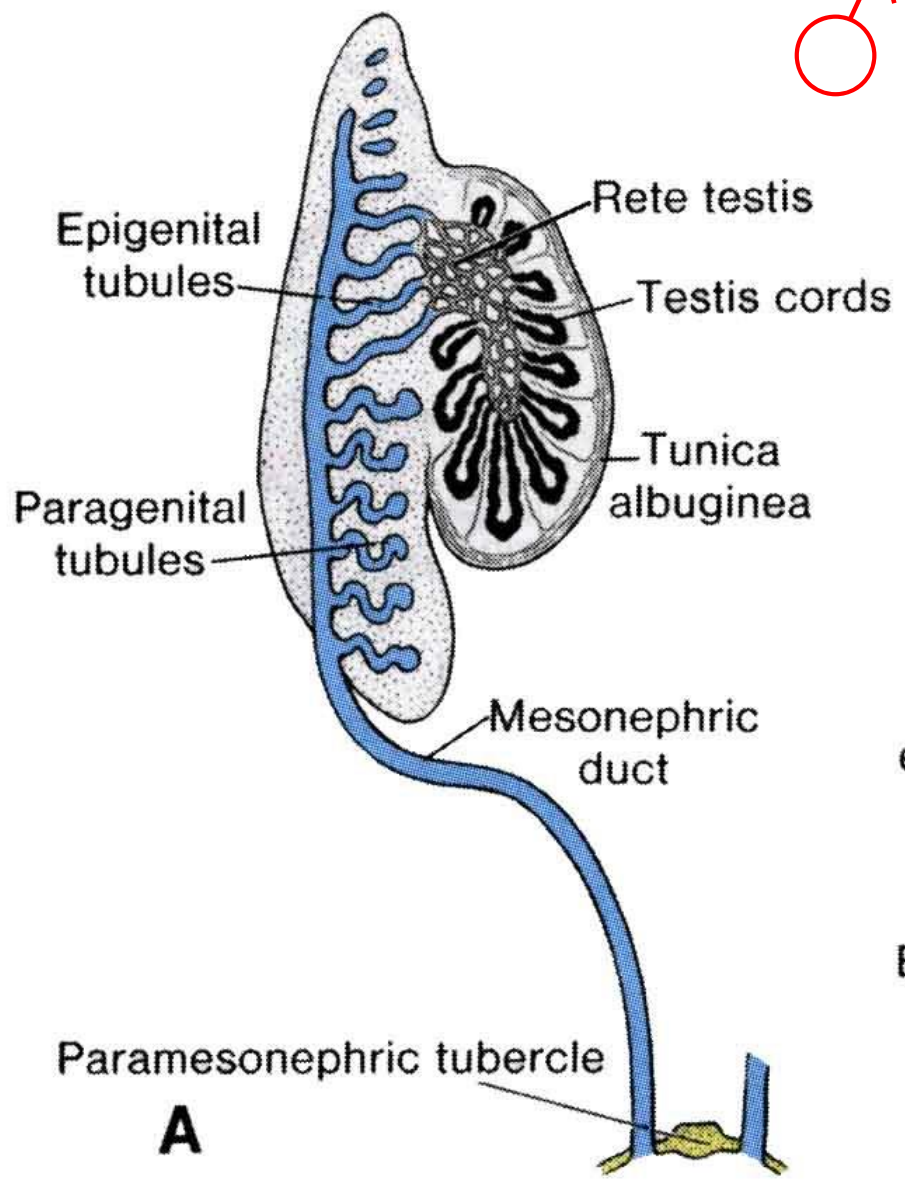
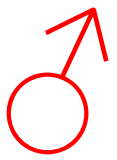




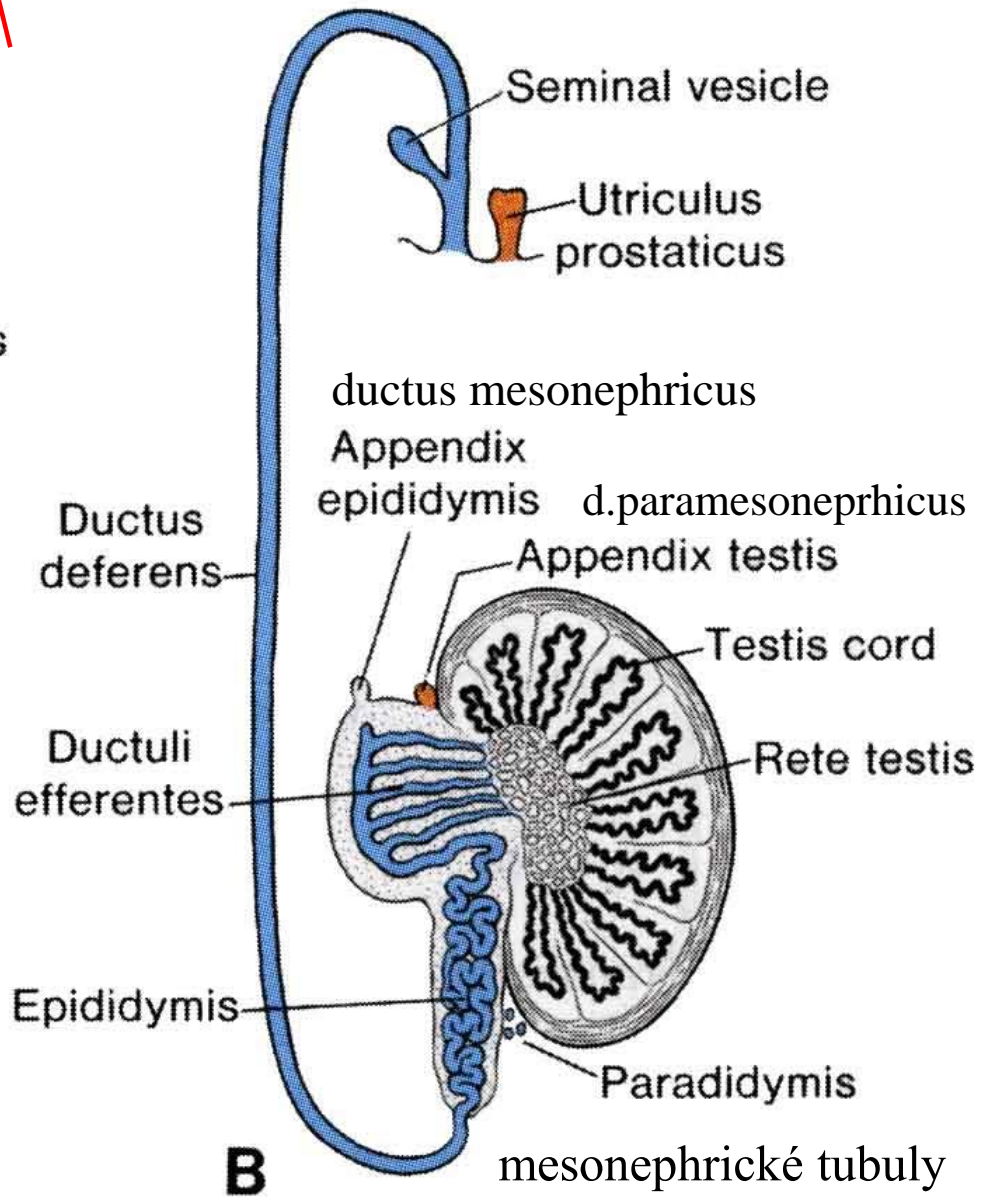
8.týden



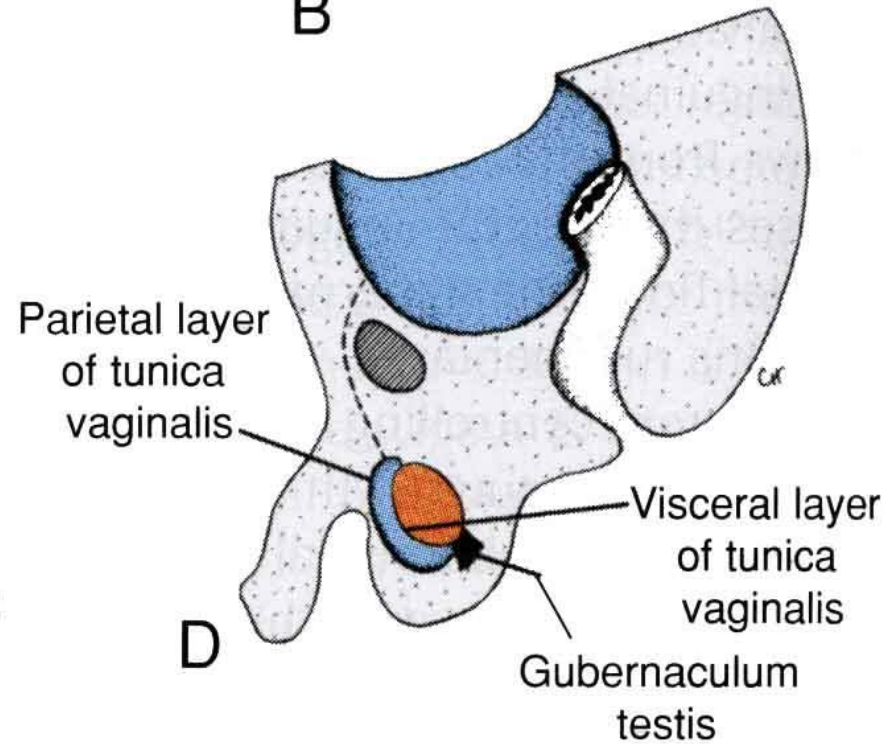
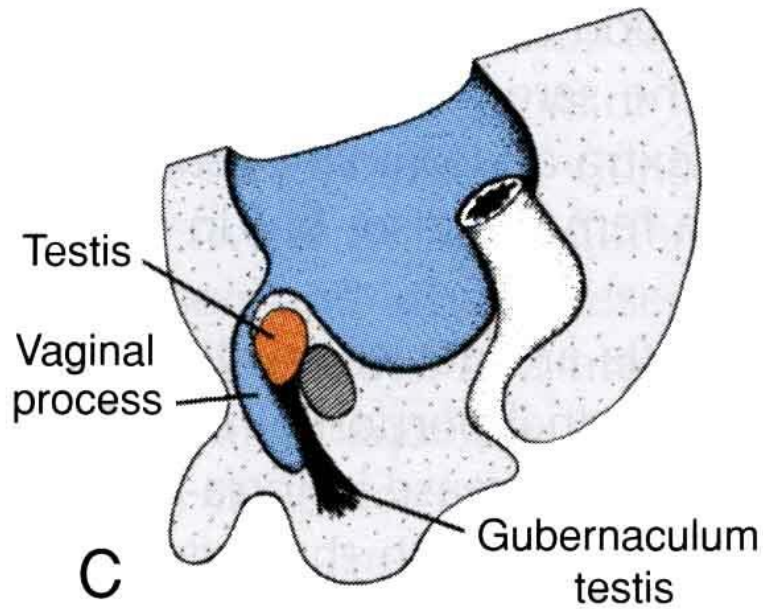
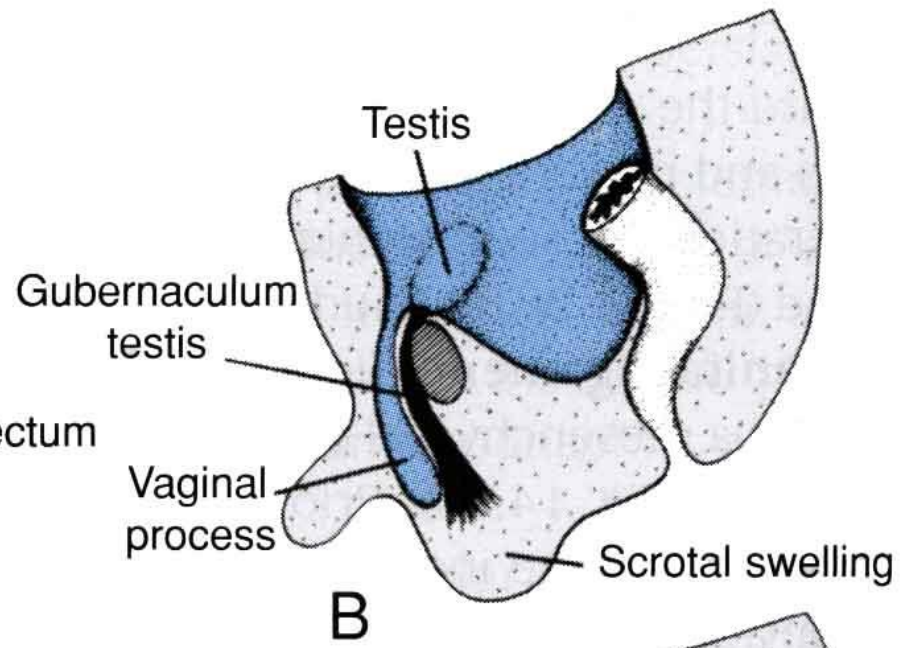
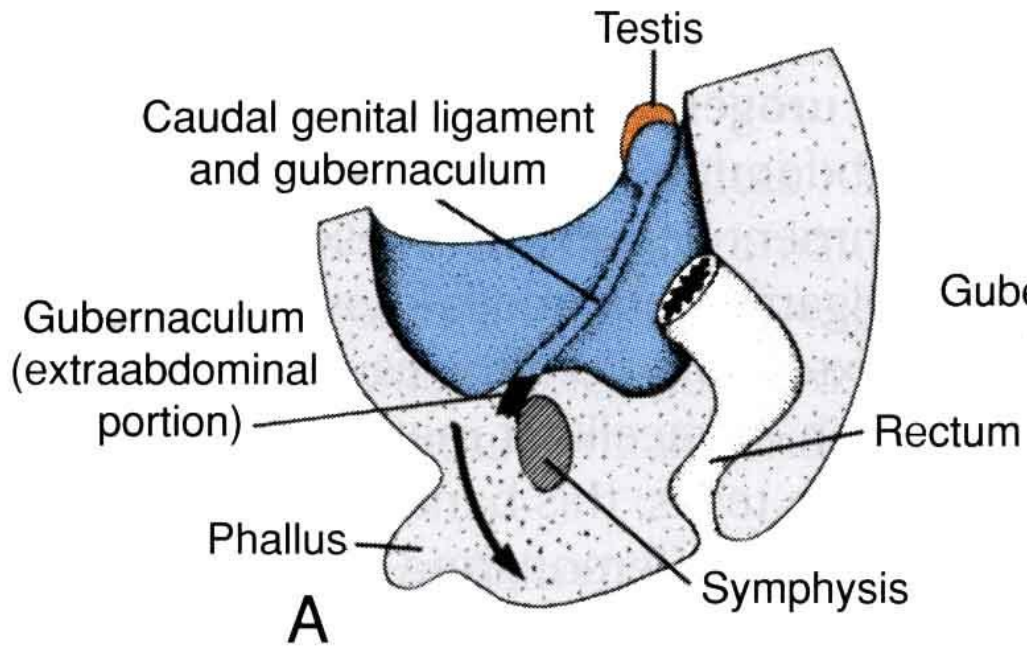




A

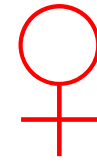


B



Abdominal ostium
of uterine tube

Suspensory ligament
of ovary



Ligament of ovary proper

1.

Fimbriae

Mesovarium

Epoophoron

Paroophoron

Cortical cords
of ovary

Corpus
uteri

Mesonephros

Round ligament
of uterus

Cervix

2.

Mesonephric duct

B

Fornix

3.

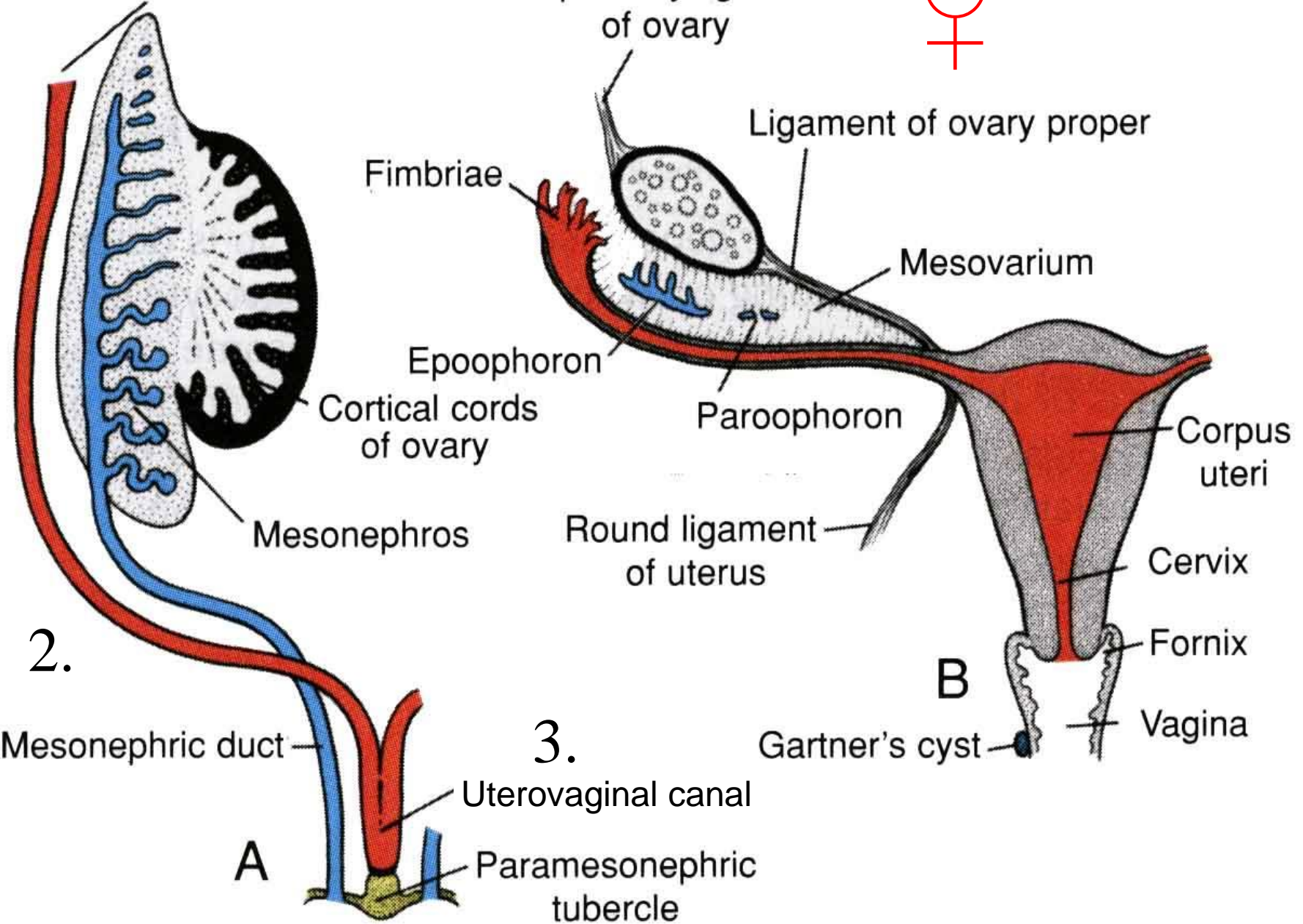
Gartner's cyst

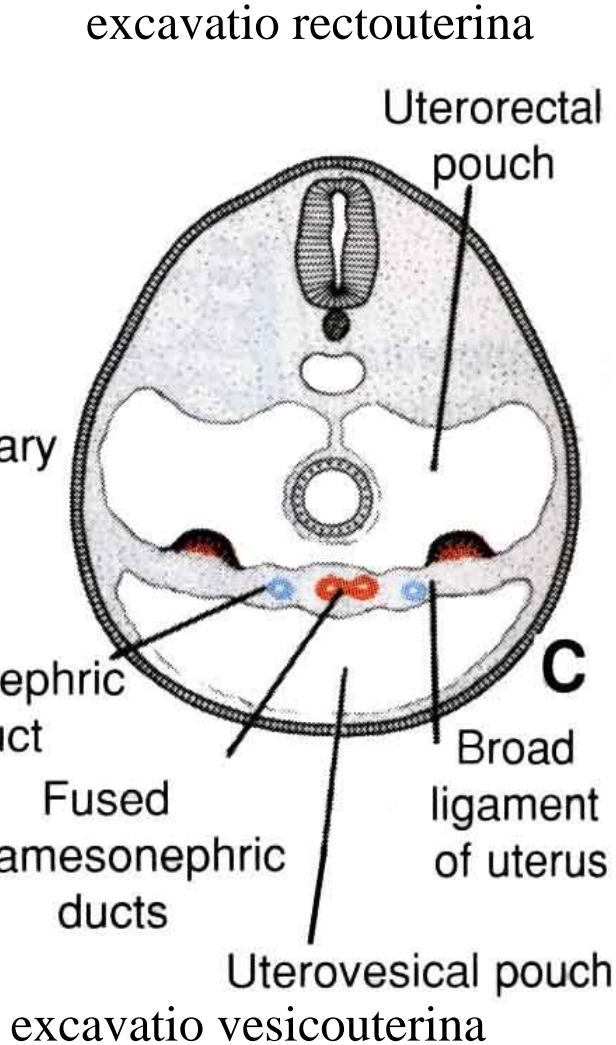
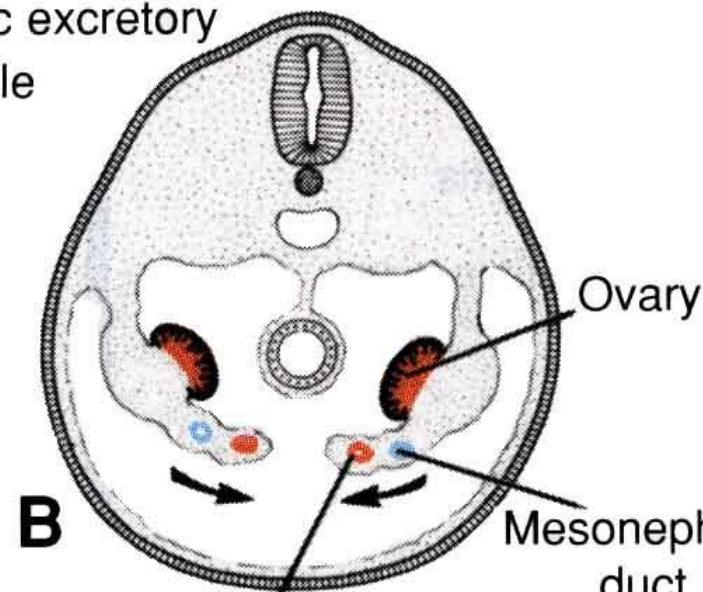
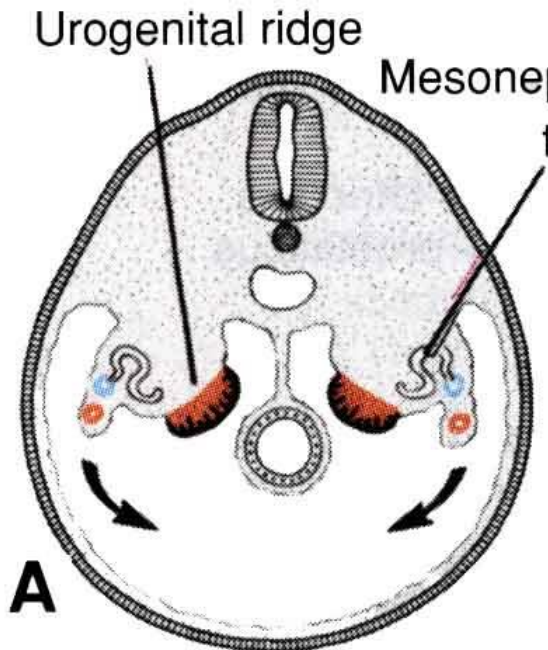
Vagina

Uterovaginal canal

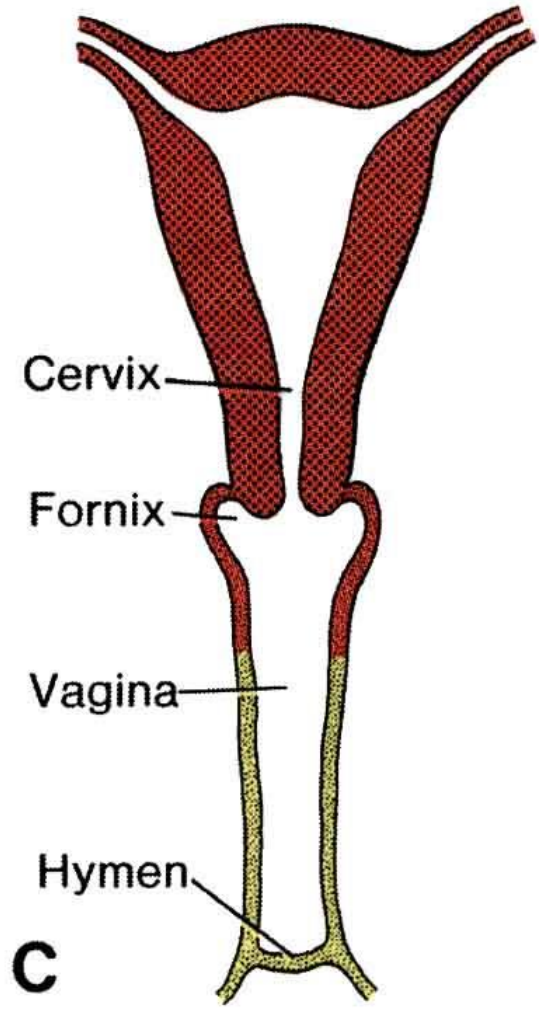
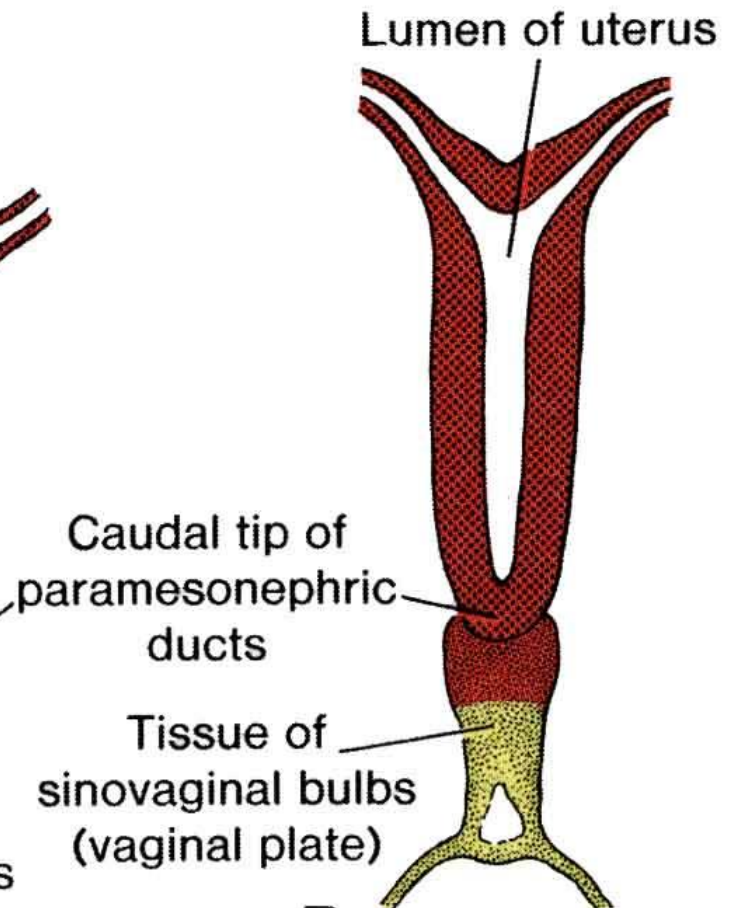
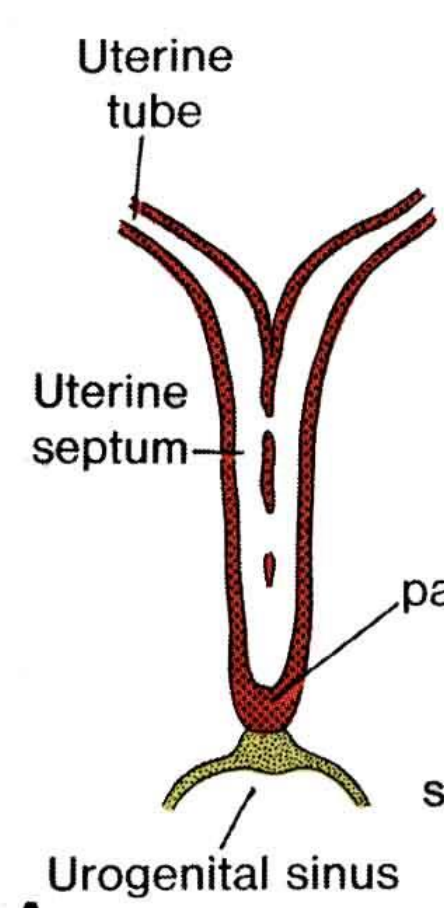
A

Paramesonephric
tubercle





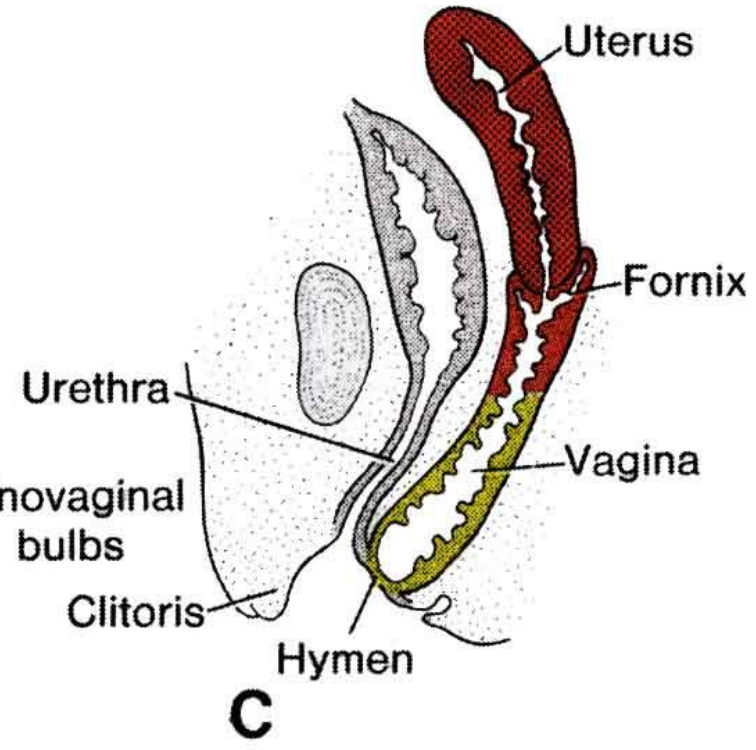
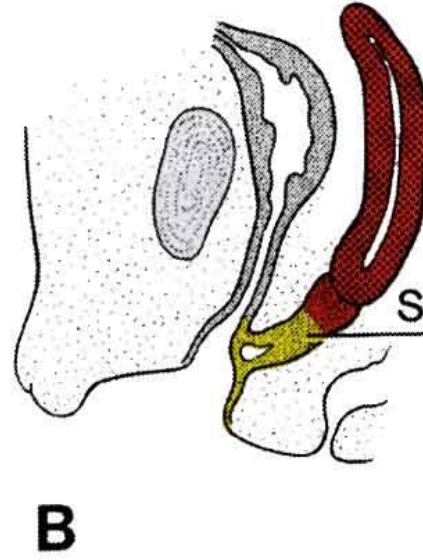
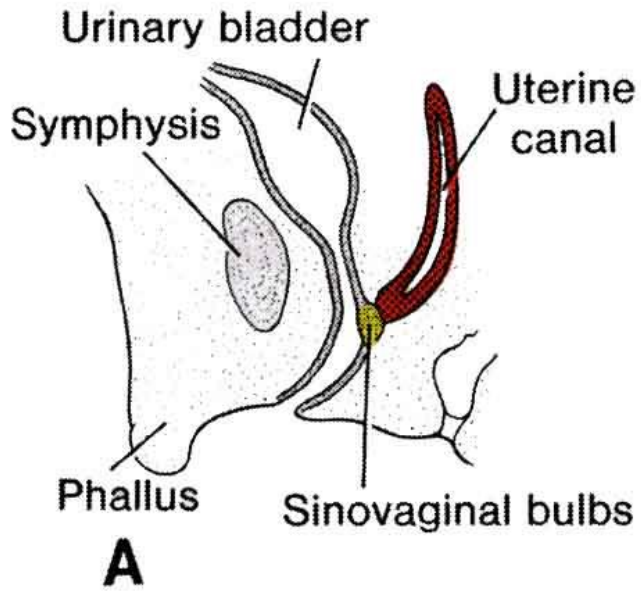
plica lata uteri



A

B

C



hymen: odděluje dutinu vaginy od urogenitálního sinu

VVV dělohy

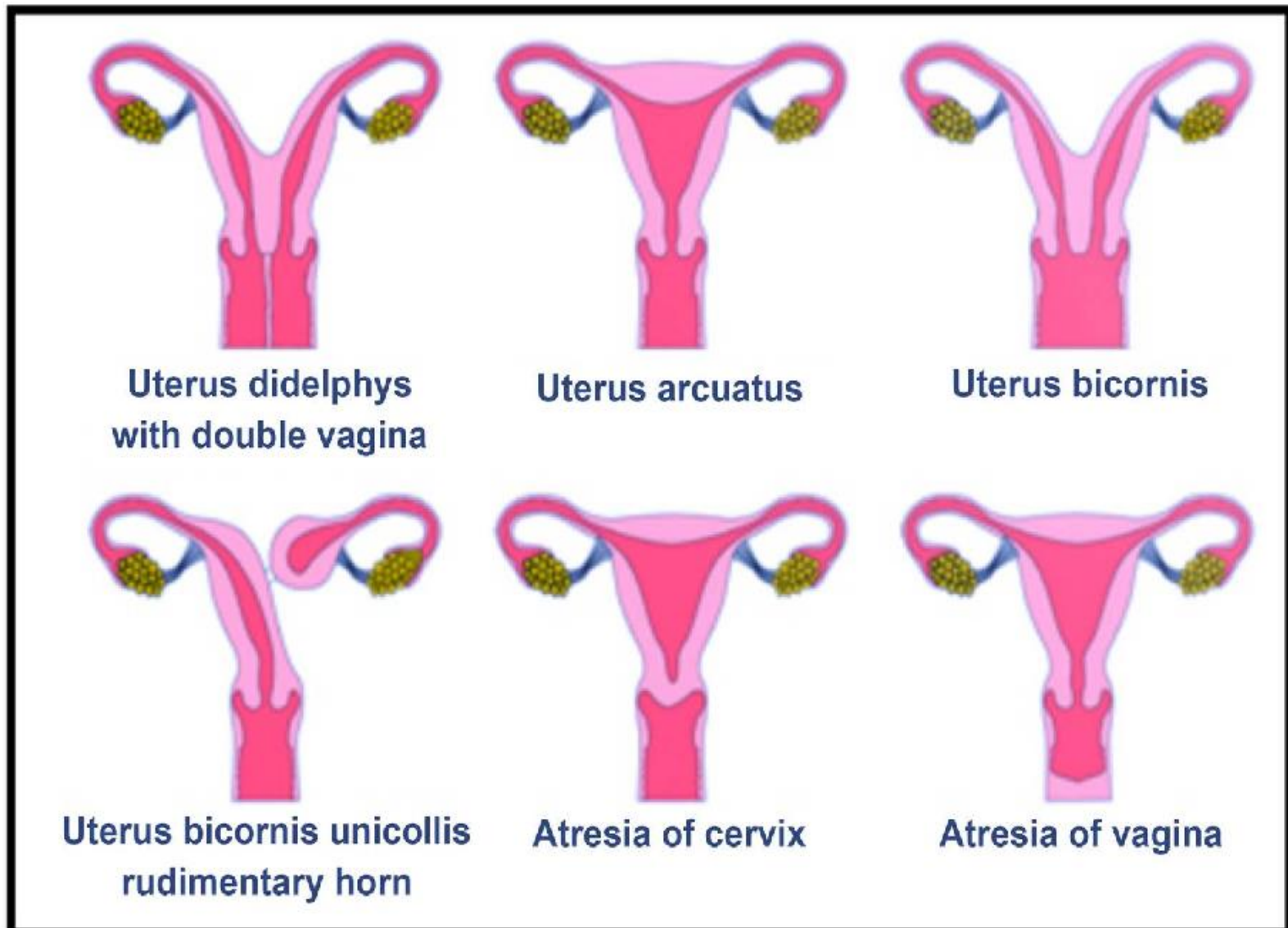
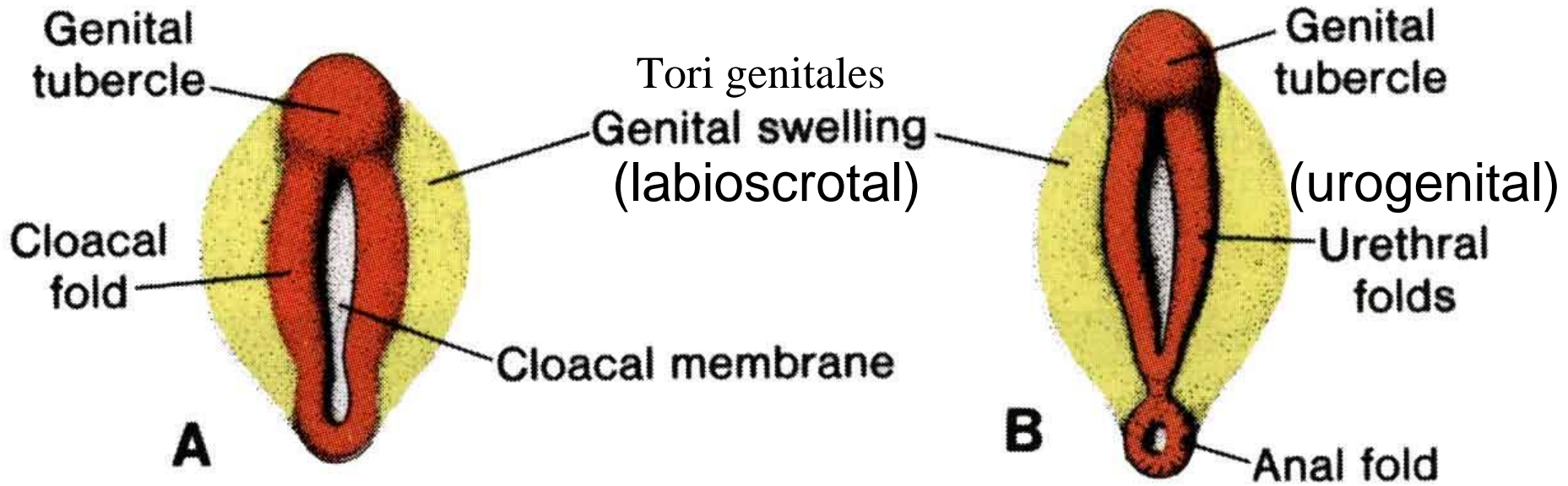
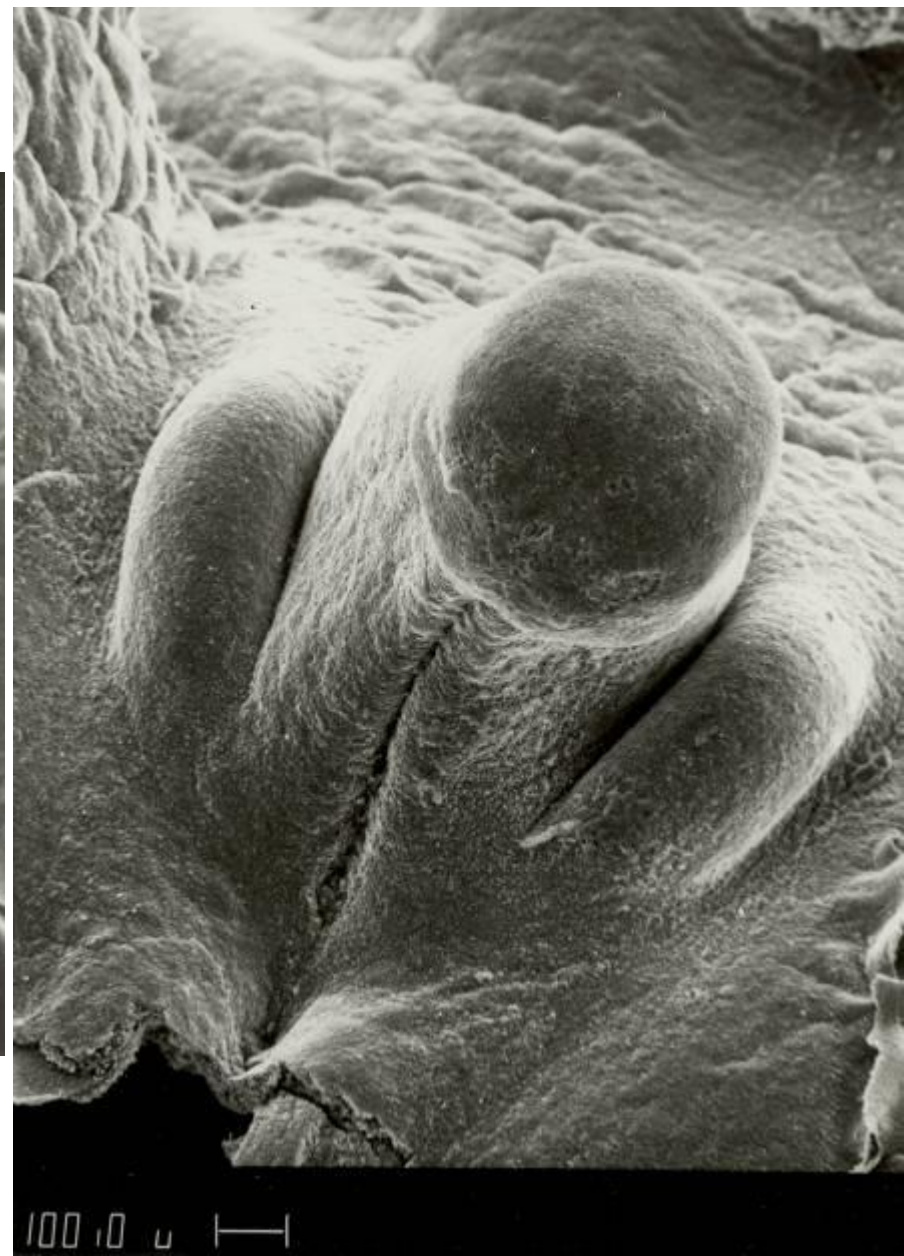


Figure 1 This figure shows that failure of fusion of the Mullerian ducts can subse

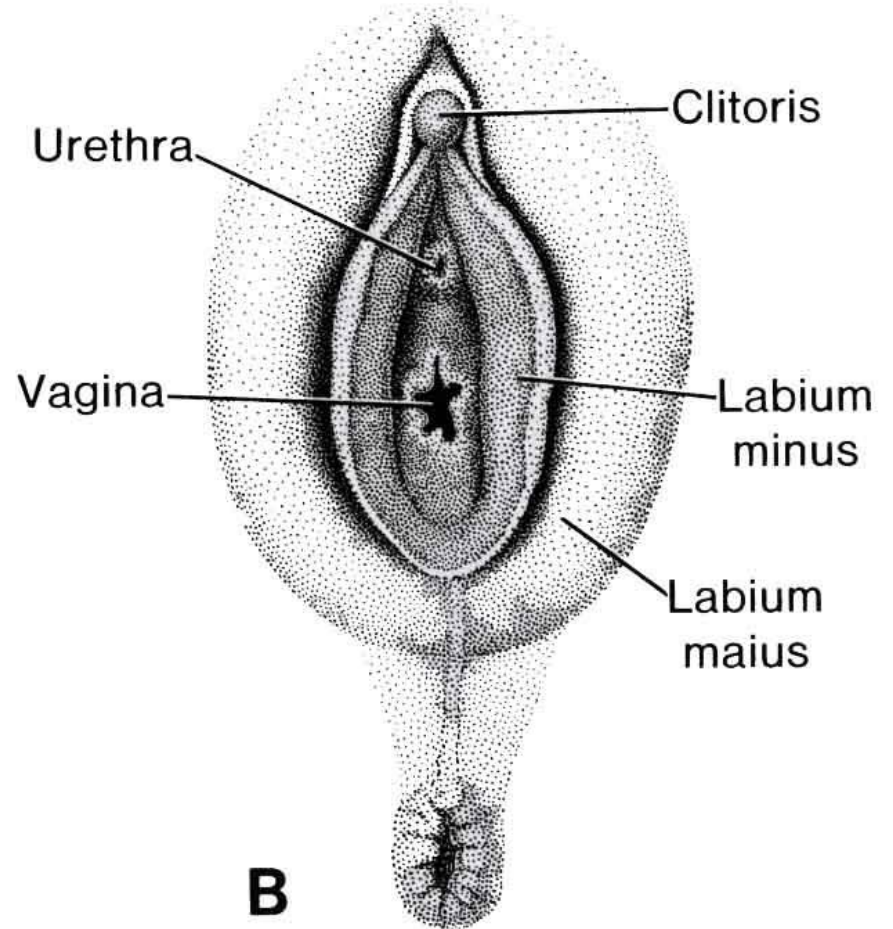
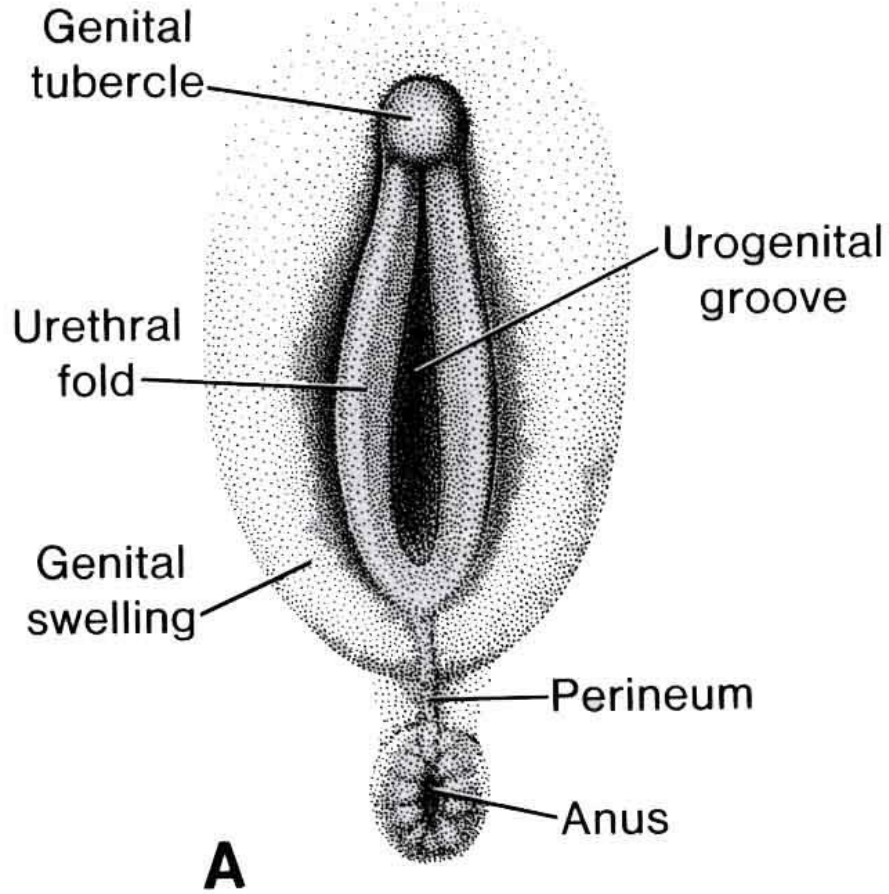
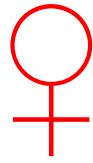
VÝVOJ ZEVNÍHO GENITÁLU

Indiferentní stádium

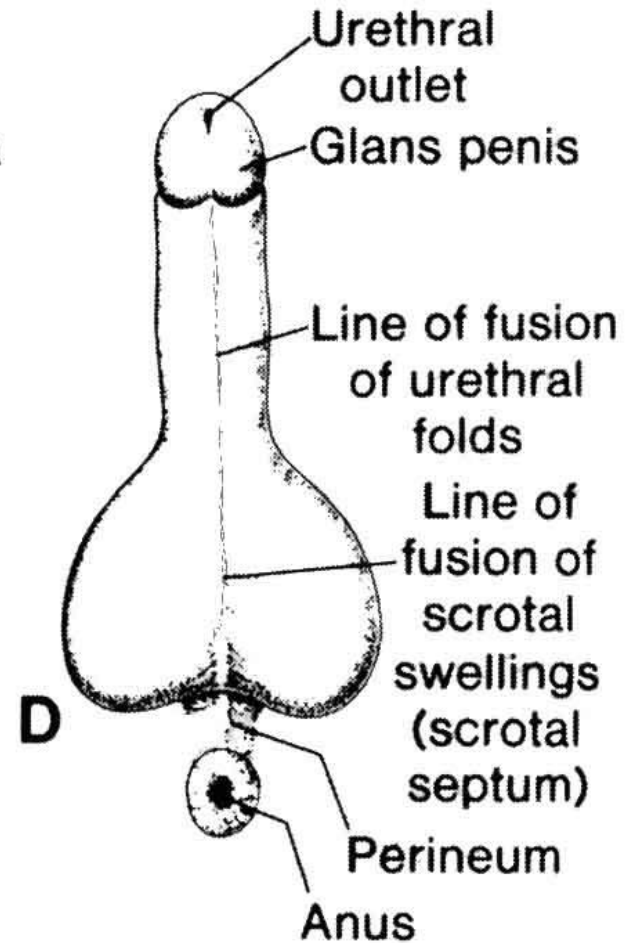
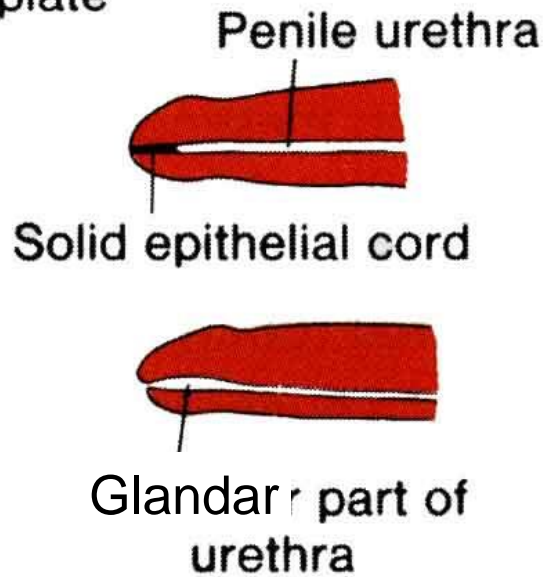
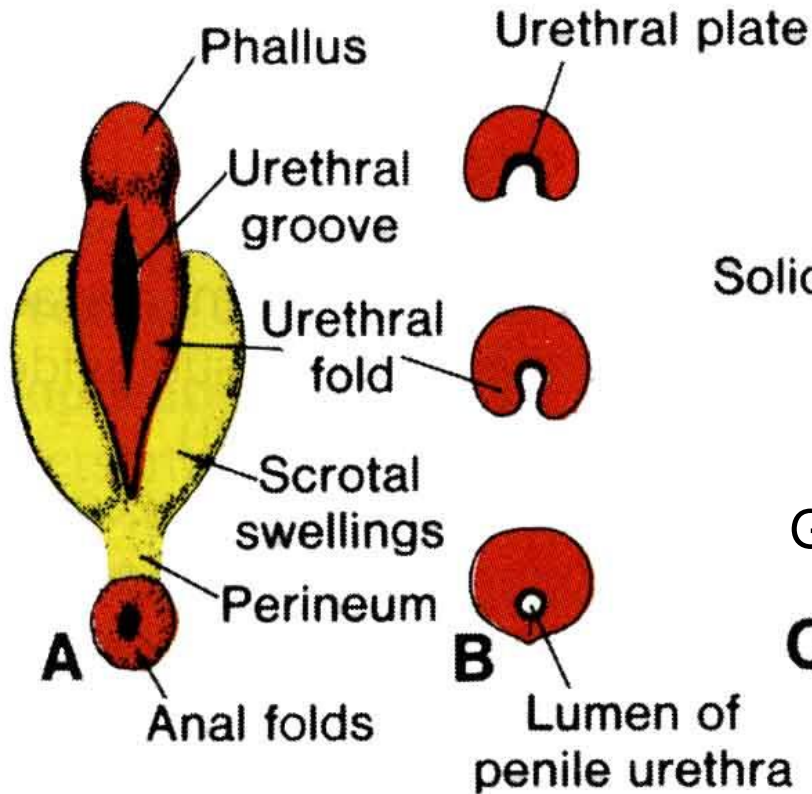


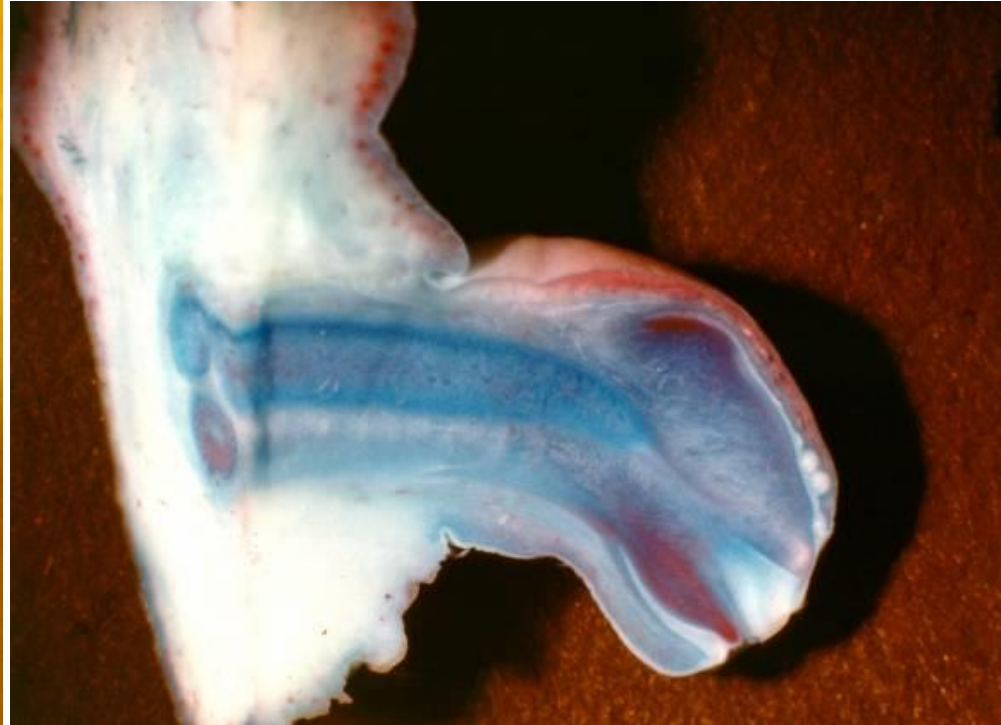




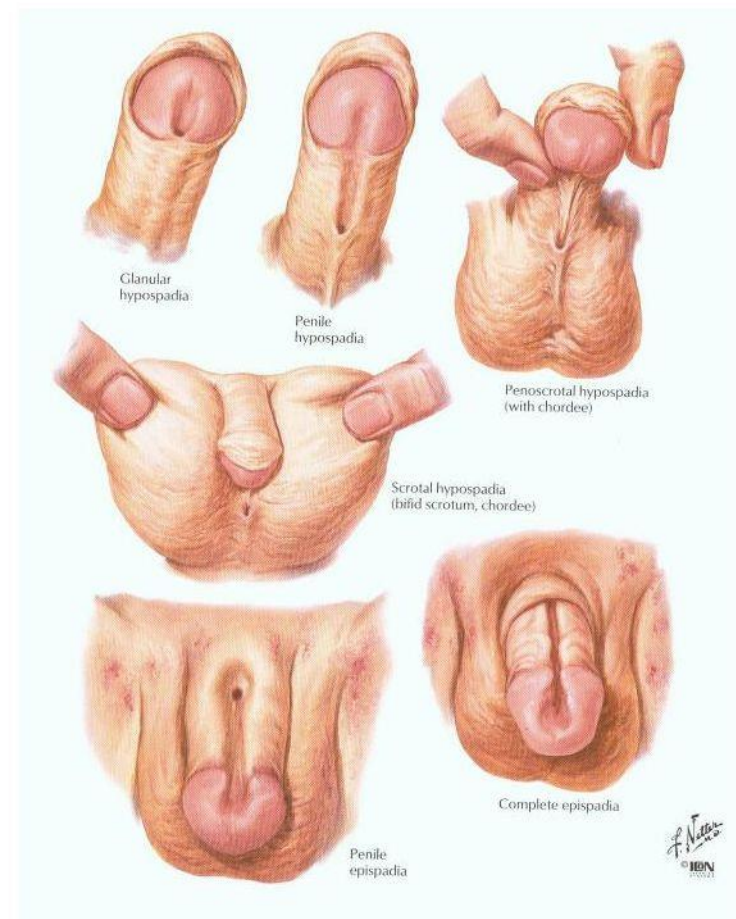
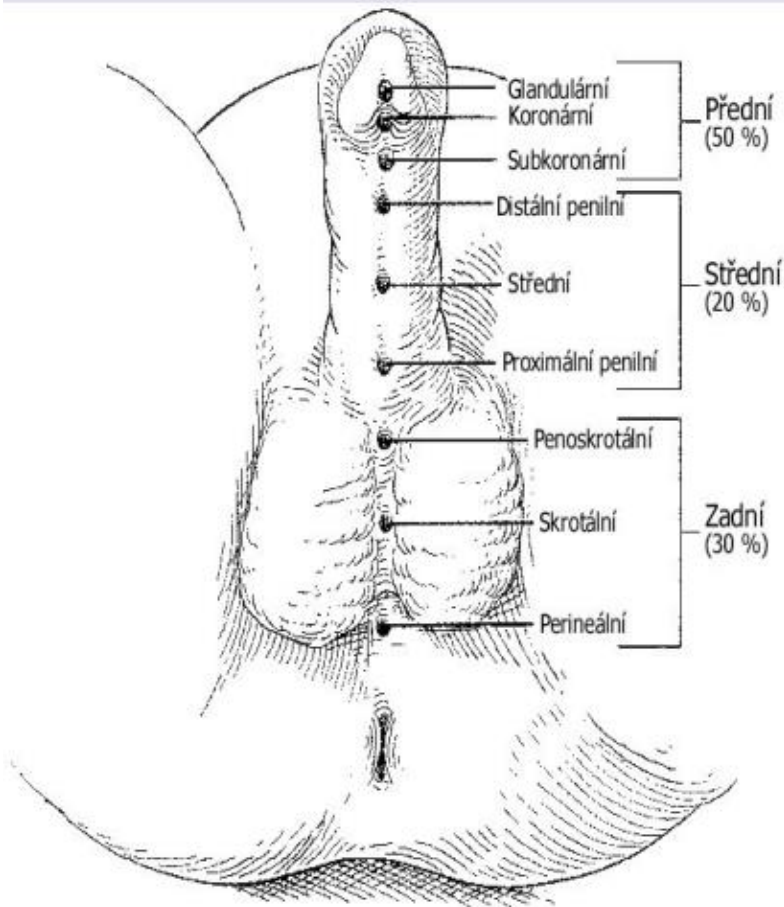








VVV mužských pohlavních orgánů: hypospadiie, epispadie, micropenis, penis bifidus



Thank you for your attention

