

### Principles of Anatomy and Physiology

14th Edition

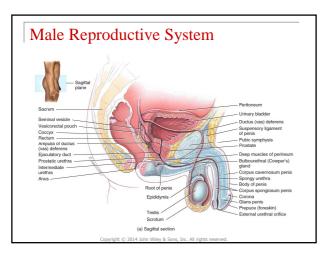
### **CHAPTER 28**

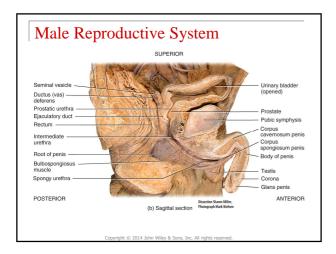
The Reproductive System

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### Male Reproductive System

Organs include: testes, ductus deferens, epididymis, ejaculatory ducts, urethra, seminal vesicles, prostate, bulbourethral glands, scrotum and penis.



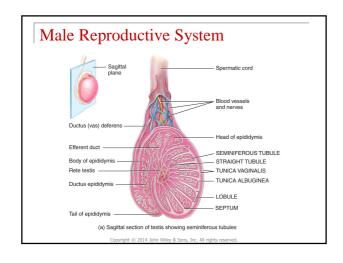


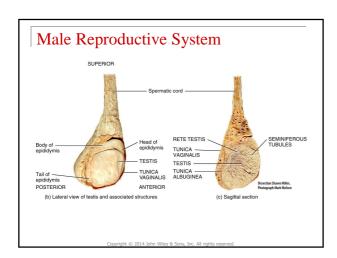
- Functions of the parts of the system:
- Scrotum: a sac of loose skin and underlying subcutaneous tissue that contains the testes.
   Internally, it is separated into two compartments by the dartos muscle and a subcutaneous layer.

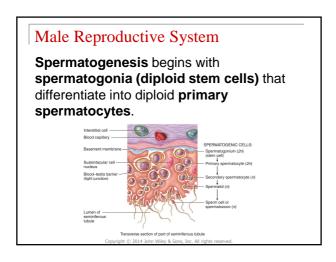


### Male Reproductive System

- Testes: paired, oval glands in the scrotum partially covered by the tunica vaginalis.
- Internal to the tunica vaginalis is a connective tissue capsule, the tunica albuginea that extends inward to form septa that create compartments.
- Seminiferous tubules carry sperm produced within them (spermatogenesis) out of the testes.



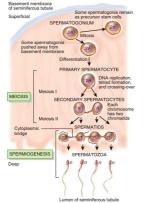




- The primary spermatocyte undergoes meiosis I to become two secondary spermatocytes (haploid).
- Meiosis II takes place and the secondary spermatocytes become four spermatids.

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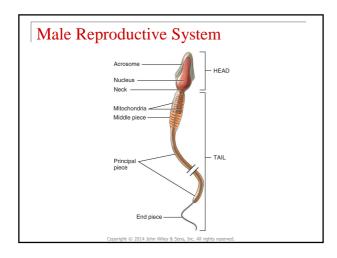
### Male Reproductive System



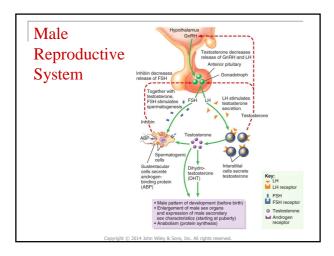
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### Male Reproductive System

- Sperm: designed to reach and penetrate the secondary oocyte in order to achieve fertilization and create a zygote.
- The **head** contains a **nucleus** with 23 chromosomes.
- The acrosome covers the head and contains enzymes to help with penetration.
- The neck contains centrioles that form the microtubules that make up the rest of the tail.
- The middle piece contains mitochondria that make ATP for locomotion of the sperm.
- The principal piece and end piece make up the tail used for movement.



- Hormones control testicular function. At puberty gonadotropin releasing hormone (GnRH) stimulates cells in the anterior pituitary gland to produce luteinizing hormone (LH) and follicle stimulating hormone (FSH).
- LH stimulates cells in the testes to produce testosterone.
- FSH stimulates spermatogenesis.



**Testosterone** and **dihydrotestosterone** produce several effects:

- Prenatal development
- Development of male sexual characteristics
- Development of sexual function
- Stimulation of anabolism

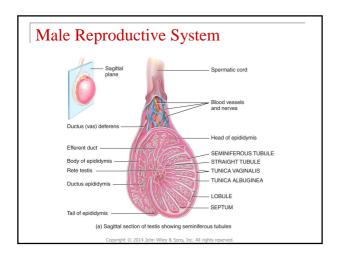
A negative feedback system controls the blood level of testosterone.

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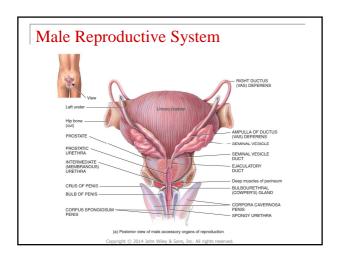
### Male Reproductive System Continue Certors System Continue Certors Continue Certors Continue Certors Inputation Continue Certors Incurrented Life Inputation Continue Certors Incurrented Life Inputation Continue Certors Incurrented Life Continue Certors Incurrented Li

### Male Reproductive System

- There is a system of ducts in the male reproductive system. Sperm and fluid travel from the seminiferous tubules to straight tubules and then to a network of ducts, the rete testis.
- Efferent ducts carry the sperm to the epididymis. Sperm mature here and degenerated sperm are reabsorbed.
- The epididymis propels sperm into the ductus (vas) deferens.



The ductus (vas) deferens exits the tail of the epididymis and ascends through the spermatic cord into the into the pelvis. It loops over the ureter and passes over the side and down the posterior surface of the urinary bladder.



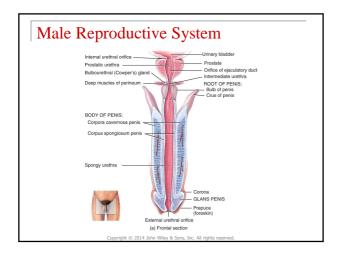
- The spermatic cord ascends out of the scrotum and contains the ductus deferens, testicular artery, veins draining the testes, autonomic nerves, lymphatic vessels and the cremaster muscle.
- The spermatic cord and ilioinguinal nerve pass through the inguinal canal which originates at the deep inguinal ring and ends at the superficial inguinal ring.

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### Male Reproductive System Internal oblique muscle Aponeurosis of external oblique muscle (cut) Superficial inguinal ring Fundiform ligament of penis Suspensory ligament of penis Transverse section of peni Corpora cavernosa penis - Ductus (vas) deferens Spongy urethra -Testicular artery Corpus spongiosum penis -Lymphatic vessel SCROTAL SEPTUM -Pampiniform plexus of testicular veins Cremaster muscle Epididymis - Tunica albuginea of testis - Tunica vaginalis (peritoneum) External spermatic fascia DARTOS MUSCLE nternal spermatic fascia Skin of SCROTUM Anterior view of scrotum and testes and transverse section of penis

### Male Reproductive System

- The ejaculatory ducts arise from the junction of the duct from the seminal vesicle and the ampulla of the ductus deferens.
- The urethra is the duct shared by the reproductive and urinary systems. Both semen and urine pass through it. It passes through the prostate gland (prostatic urethra), deep muscles of the perineum (intermediate or membranous urethra) and the penis (spongy urethra).



- Accessory glands include:
  - Seminal vesicles (glands)—secrete an alkaline, viscous fluid containing fructose, prostaglandins and clotting proteins.
  - Prostate: a single, donut-shaped gland that secretes a milky, slightly acidic fluid containing citric acid, proteolytic enzymes, acid phosphatase and seminalplasmin.

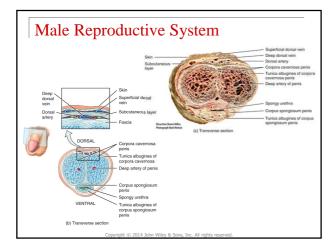
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### Male Reproductive System

**Bulbourethral (Cowper's) glands**: secrete an alkaline fluid during sexual arousal that neutralizes acids from urine and mucus for lubrication.

- Semen: a mixture of sperm and seminal fluid.
- The volume of an average ejaculate is 2.5-5 ml. with 50–150 million sperm per ml.
- The pH is 7.2–7.7
- Penis: containing the urethra it is a passageway for semen and urine.
- Composed of 3 cylindrical masses: 2 corpora cavernosa, 1 corpus spongiosum (all erectile tissues)
- Glans: Head of penis covered by the prepuce (foreskin).

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### Male Reproductive System

- The penis is supported by the fundiform and suspensory ligaments.
- An erection is brought about by parasympathetic innervation leading to vasodilation of arterioles in erectile tissue.
- Large amounts of blood enter the tissue into dilated blood sinuses.
- Ejaculation is the powerful release of semen due to sympathetic stimulation. The bulbospongiosus, ischiocavernosus and superficial transverse perineal muscles contract to force the semen out.

Male F	Reprod	luctive	System
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### Interactions Animation:

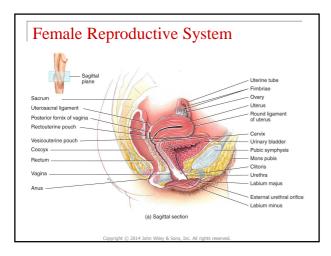
 Hormonal Control of Male Reproductive Function

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### Female Reproductive System

Organs include: **ovaries**, **uterine** (fallopian) **tubes** (**oviducts**), the **uterus**, the **vagina** and **external organs**.



- Ovaries: paired glands homologous to the testes. They produce gametes (mature into ova) and hormones (progesterone, estrogens, inhibin, relaxin).
- They are supported by the broad ligament, ovarian ligament and suspensory ligament.

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# Female Reproductive System ANTERIOR Rectus abdominis muscle Ulfrairy bladder Ulfrairy bla

### Female Reproductive System

- Histologically, ovaries consist of:
- The germinal epithelium—covers the surface
- The tunica albuginea—capsule of dense irregular connective tissue below the germinal epithelium
- The ovarian cortex—below the tunica albuginea. Consists of ovarian follicles and stromal cells.
- The ovarian medulla—connective tissue, blood vessels, lymphatic vessels and nerves.

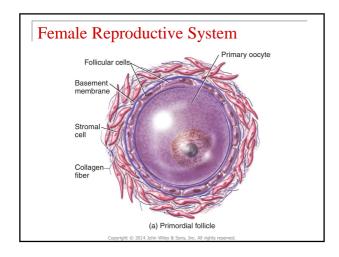
- Ovarian follicles—contain oocytes in various stages of development, follicular cells and granulosa cells.
- A mature (graafian) follicle is ready to rupture and expel the secondary oocyte.
- A corpus luteum develops after ovulation when the empty follicle produces progesterone, estrogens, inhibin and relaxin.

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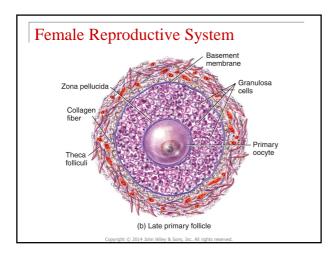
# Female Reproductive System Secondary Germinal folicle Primary folicle Primary folicle Frontal plane Frontal plane Frontal plane Primary folicle Primary folicle Frontal plane Frontal p

### Female Reproductive System

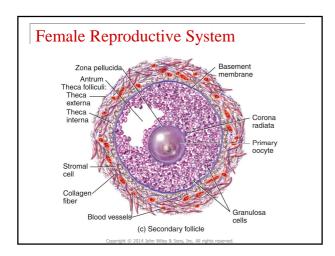
- Formation of gametes in the ovaries is oogenesis. It begins before a female is born with the process of meiosis.
- When primordial germ cells migrate from the yolk sac to the ovaries during fetal development, they differentiate into oogonia.
- Oogonia divide into germ cells, some of which become primary oocytes. Each is surrounded by follicular cells forming a primordial follicle.

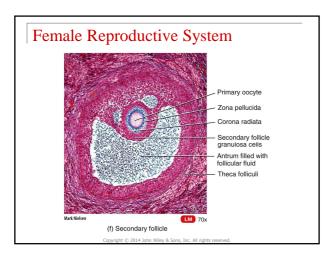


Each month after puberty, FSH and LH stimulate the development of the primordial follicles. Only one usually reaches maturity. A few start to grow, developing into **primary follicles**.

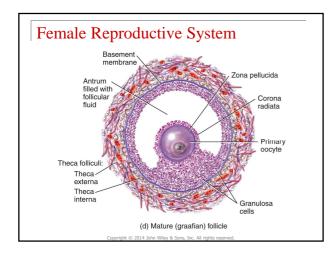


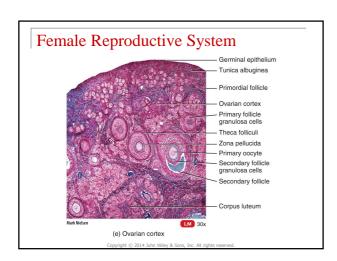
- In later stages of development, the primary oocyte is surrounded by several layers of cuboidal and low-columnar cells (granulosa cells).
- The glycoprotein zona pellucida forms between the primary oocyte and the granulosa cells.
- As maturation continues, the primary follicle develops into a secondary follicle.
- The theca folliculi forms from stromal cells.



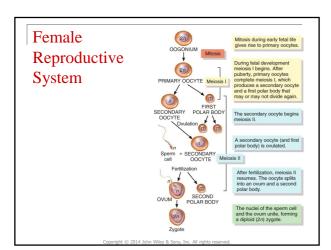


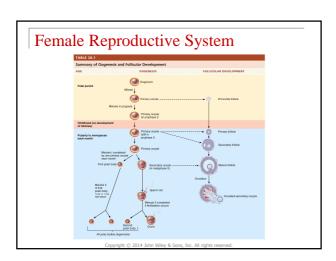
- In a secondary follicle the theca differentiates into the theca interna and theca externa.
- The innermost layer of granulosa cells becomes the corona radiata.
- The secondary follicle becomes a mature (graafian) follicle.





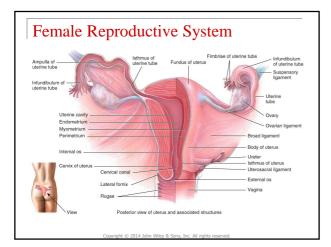
- While in the mature follicle, the diploid primary oocyte completes meiosis I producing a haploid secondary oocyte (with the majority of the cytoplasm) and a haploid first polar body.
- At ovulation, both cells and the corona radiata enter the uterine tube. If sperm are present and fertilization takes place, the secondary oocyte continues into meiosis II.
- An ovum and a second polar body form. The ovum becomes a zygote when it unites with the sperm.





- Females have two uterine (fallopian) tubes (oviducts) that extend from the uterus.
- The tubes are the pathway for the sperm to reach the ovum and for the secondary oocytes and fertilized ova to travel to the uterus.
- The end of the tube is the infundibulum.
- Fimbriae project from it.
- The **ampulla** is the widest protion of the tube.

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### Female Reproductive System

- The uterine tubes have 3 layers: mucosa, muscularis and serosa.
- The simple ciliated columnar epithelium of the mucosa contains cilia that move the fertilized ovum or secondary oocyte towards the uterus.
- Peg cells in the tube secrete a fluid providing nourishment for the ovum.

# Female Reproductive System Transverse plane Uterine tube Prog cell (nonciliated) with microvilil (nonciliated) with microvilil (nonciliated) with microvilil (a) Details of epithelium in surface view Copyright © 2014 John Wiley & Sons, Inc. All rights reserved.

### Female Reproductive System

- The uterus is part of the pathway for sperm deposited in the vagina to reach the uterine tube.
- It is the site of implantation of the fertilized ovum, development of the fetus during pregnancy and labor.
- The top of the uterus is the fundus.
- The central portion is the **body**.
- The inferior extension into the vagina is the **cervix**.
- The **isthmus** is between the body and the cervix.

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### Female Reproductive System

- The interior of the body is the uterine cavity.
- The interior of the cervix is the cervical canal.
- The opening of the canal into the uterus is the internal os.
- The opening of the canal into the vagina is the external os.

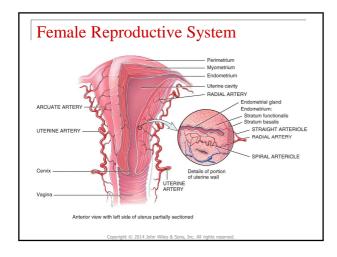
- Histologically, there are three layers to the uterus.
- The **perimetrium (serosa)** is the outermost layer.
- The middle layer is the myometrium consisting of three layers of smooth muscle.
- The endometrium is the inner layer. Its stratum functionalis layer is shed each month during menstruation.
- The stratum basalis layer is permanent and gives rise to a new stratum functionalis after each menstruation.

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# Female Reproductive System Lumen of uterus Simple columnar epithelium Stratum functionals Stratum basals All rights reserved. Stratum basals Copyright (9 2014 John Wiley & Sons, Inc. All rights reserved.

### Female Reproductive System

- Branches of the internal iliac artery called uterine arterioles supply blood to the uterus.
- Uterine arteries give rise to arcuate arteries that feed the myometrium.
- These branch into radial arteries that go deep into the myometrium.
- Straight arterioles supply the stratum basalis.



- Secretory cells of the cervix produce cervical mucus which is chemically more hospitable to sperm during ovulation because it is less viscous and more alkaline.
- It helps nourish sperm
- It may aid in capacitation—functional changes in sperm that allow them to fertilize a secondary oocyte.

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### Female Reproductive System

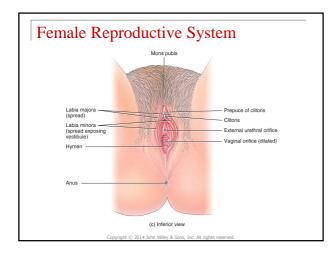
The **vagina**: a fibromuscular canal lined with mucous that extends from the body's exterior to the cervix.



### Female Reproductive System The mucosa of the vagina is continuous with that of the uterus. Lumen of vagina Lumen of vagina

### Female Reproductive System

- The epithelium and areolar connective tissue of the vagina lie in a series of transverse folds called rugae.
- The muscularis is composed of an outer circular layer and inner longitudinal layer of smooth muscle.
- This allows the vagina to stretch during intercourse and childbirth.
- The hymen is a thin fold of vascularized mucous membrane that partially closes the inferior end of the vagina.



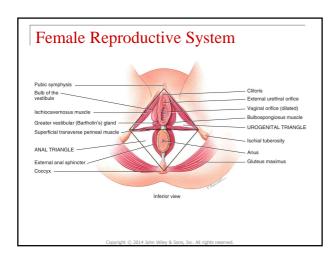
The **vulva (pudendum)** refers to the external genitalia of the female. It includes:

- The mons pubis
- Labia minora
- Labia majora
- Clitoris
- Vestibule (hymen, vaginal orifice, external urethral orifice, openings of ducts of several glands)

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### Female Reproductive System

- Paraurethral (Skene's) glands secrete mucous and are embedded in the wall of the urethra. They are homologous to the prostate.
- Greater vestibular (Bartholin's) glands produce mucous during sexual arousal to provide lubrication. They are homologous to the bulbourethral gland.
- The bulb of the vestibule has two masses of erectile tissue that engorges during sexual arousal to narrow the vaginal orifice applying pressure to the penis during intercourse. It is homologous to the erectile tissues of the penis.

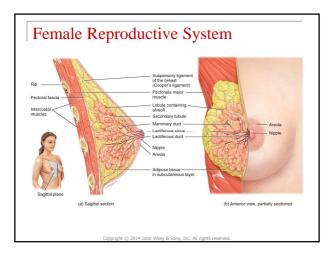


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### Female Reproductive System **TABLE 28.2** Summary of Homologous Structures of the Female and Male Reproductive Systems FEMALE STRUCTURES MALE STRUCTURES Ovaries Testes Labia majora Scrotum Labia minora Spongy urethra Vestibule Intermediate urethra Bulb of vestibule Corpus spongiosum penis and bulb of penis Clitoris Glans penis and corpora cavernosa Paraurethral glands Prostate Greater vestibular glands Bulbourethral glands

### Female Reproductive System

- The mammary glands are located in each of the two breasts. They are modified sudoriferous (sweat) glands that produce milk.
- Mammary glands contain 15-30 lobes.
- Each lobe has lobules containing milk secreting glands called alveoli.
- Each breast has a nipple containing lactiferous ducts where milk emerges.
- The skin around the nipple is the **areola**.



### The Female Reproductive Cycle

- Nonpregnant females experience cyclical changes in the ovaries and uterus. Each cycle takes approximately one month.
- The cycle involves oogenesis and preparation by the uterus to receive a fertilized ovum.
- The ovarian cycle includes changes that occur during and after maturation of the oocyte.
- The uterine cycle involves changes in the endometrium that prepare it for implantation of the developing embryo.

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### The Female Reproductive Cycle

Gonadotropin-releasing hormone (GnRH) from the hypothalamus controls both the ovarian and uterine cycles.

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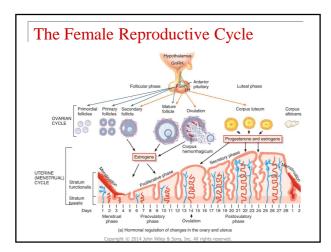
# The Female Reproductive Cycle Graph Hypothalamus Anterior pituitary gland FSH stimulates release of FSH and LH FSH attimulates Ovaries Ovarie

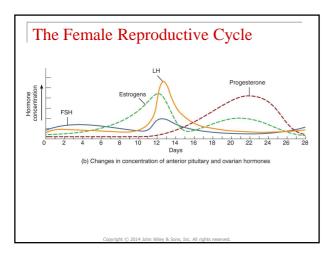
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### The Female Reproductive Cycle

**Phases**: The cycle generally ranges from **24–36 days**. It is divided into 4 phases:

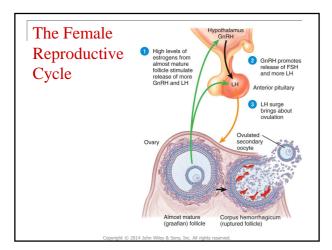
- 1. Menstrual
- 2. Preovulatory
- 3. Ovulation
- 4. Postovulatory

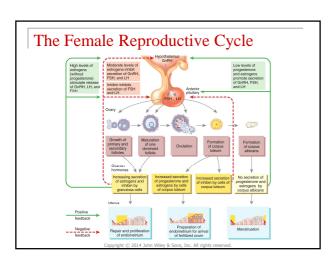




### The Female Reproductive Cycle

- Feedback is important in regulating hormonally controlled cycles.
- The high levels of estrogens during the last part of the preovulatory phase have a positive feedback effect on cells secreting LH and GnRH thus bringing about ovulation.
- There are many hormonal interactions between the ovarian and uterine cycles.





The Fema	ıle Re	product	tive S	ystem
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### Interactions Animation:

■ Phases of the Female Reproductive Cycle

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### Birth Control Methods and Abortion

- Birth control methods are designed to limit the number of children produced by preventing conception.
- Complete abstinence is the only 100% reliable method.
- Other methods include: Surgical sterilization
- Hormonal methods
- Periodic abstinence
- Other than complete abstinence, all methods have different failure rates.

### Birth Control Methods and Abortion TABLE 28.3 FAILURE RATES\* (%) PERFECT USE\* TYPICAL USE METHOD Complete abstinence Surgical sterilization Vasectomy Tubal ligation Non-incisional sterilizat (Essure®) Ion-incisional sterilization (Essure") formonal methods Oral contraceptives Combined pill (Yasmin") Extended cycle birth contro pill (Seasonale") Minipill (Micronar") Non-oral contraceptives kin pate (Incisional Contraceptive skin pate (Incisiona

28

### Birth Control Methods and Abortion Failure Rates for Several Birth Control Methods METHOD PERFECT USE\* TYPICAL USE 0.6 Spermicides (alone) 15 Male condom Vaginal pouch 21 Cervical cap (with spermicide) Periodic abstinence Rhythm method Sympto-thermal method (STM) No method Defined as percentage of women having an u use. 'Failure rate when the method is used correctly and consistently.

### Birth Control Methods and Abortion

- Surgical sterilization: surgical intervention to render an individual incapable of reproduction.
- Vasectomy is used in males by removing a portion of the vas deferens.
- Tubal ligation is used in females to tie closed and then cut the uterine (fallopian) tubes.
- Non-incisional sterilization employs the insertion of a coil made of plastic and metal into each uterine tube. Scar tissue grows and blocks the tubes.

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### Birth Control Methods and Abortion

- Hormonal methods include oral contraceptives that are designed to prevent pregnancy by inhibiting ovulation.
- There are several types of oral hormonal methods of contraception.
- Combined oral contraceptives (COC) contain progestin and estrogens.

### Birth Control Methods and Abortion

- Extended cycle birth control pills contain progestin and estrogen.
   Menstruation occurs every 13 weeks.
- Minipills contain progestin only.
- Progestin thickens cervical mucous.

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### Birth Control Methods and Abortion

### Non-oral methods include:

- Contraceptive skin patch
- Vaginal contraceptive ring
- Emergency contraception (EC) (oral method, but only 2 pills are taken—one within 72 hours of unprotected intercourse; the x = second is taken 12 hours after the first).

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### Birth Control Methods and Abortion

**Barrier methods** employ a physical barrier to block sperm from gaining access to the uterine cavity and tubes. These include:

- Male condom
- Vaginal pouch (female condom)
- Diaphragm
- Cervical cap

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P	lirth	Control ( )	Metl	hode	and A	<b>۱</b>	ortion
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- Periodic abstinence is employed when the couple has knowledge of the physiological changes that take place during the female cycle.
- The first method used was the rhythm method. The couple abstains from intercourse when ovulation is likely to occur.
- The sympto-thermal method may be used to avoid or achieve pregnancy. It uses normally fluctuating physiological markers such as temperature and the production of clear, sticky cervical mucous that is produced at ovulation.

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### Birth Control Methods and Abortion

- Abortion is the premature expulsion of the products of conception from the uterus.
   There are several methods employed.
- Mifepristone (RU 486) is a hormone used in pregnancies 9 weeks or less. It blocks progestin thus blocking the action of progesterone. Menstruation occurs.
- Vacuum aspiration (suction) uses suction to remove the embryo or fetus, placenta and uterine lining.

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### Birth Control Methods and Abortion

- Dilation and evacuation are used together to dilate the cervix and employ suction and a forceps to remove the fetus, placenta and uterine lining.
- Late-stage abortion employs similar methods to dilation and evacuation or uses a saline solution or surgical methods to induce abortion.

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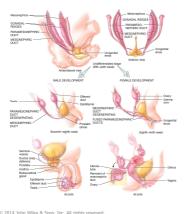
### Development of the Reproductive Systems

The reproductive systems develop from several structures and require several chemical substances.

- Gonads develop from intermediate mesoderm that gives rise to gonadal ridges.
- Mesonephric (Wolffian) ducts develop into the male reproductive system.
- Paramesonephric (Mullerian) ducts develop into the female reproductive system.

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Development of the Reproductive Systems



### Development of the Reproductive Systems

- Mullerian-inhibiting substance (MIS) causes apoptosis of cells in the Mullerian ducts in developing males. So, no structures develop from the ducts in male reproductive systems.
- Testosterone in developing males secreted by interstitial cells in the testes stimulates the development of the mesonephric ducts into the epididymis, vas deferens, ejaculatory duct and seminal vesicles.

### Development of the Reproductive Systems

Before differentiation, all embryos have:

- Urethral (urogenital) folds
- Urethral groove
- Genital tubercle
- Labioscrotal swelling

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### Development of the Reproductive Systems GENTAL TUBERCLE UNETHAL FOLDS WE LANGEGROFAL SWELLING UNCORTAL SINUS PRINCIPLE LANGEGROFAL SWELLING UNCORTAL SINUS PRINCIPLE LANGEGROFAL SWELLING UNCORTAL SINUS PRINCIPLE LANGEGROFAL SWELLING UNCORTAL SWELLING UNCORTAL SINUS PRINCIPLE LANGEGROFAL SWELLING PRINCIPLE LANGEGROFAL SWELLING UNCORTAL SWELLING UNCORTAL SWELLING UNCORTAL SWELLING UNCORTAL SWELLING PRINCIPLE SWELLING PRINCIPLE SWELLING PRINCIPLE SWELLING PRINCIPLE SWELLING UNCORTAL SWELLING

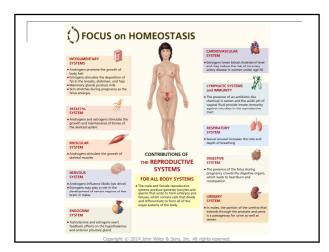
### Aging and the Reproductive Systems

- The first decade: reproductive system in juvenile state
- Age 10: hormone-directed changes leading to puberty
- Puberty: males begin to produce sperm, females enter menarche (beginning of menstruation).
- With age, fertility declines. Between 30–40, ovarian follicles become exhausted. Estrogen levels decline.

### Aging and the Reproductive Systems

- In males, reproduction is still possible into the eighties or nineties.
- At around age 55, testosterone levels decline, sperm levels drop, sexual desire wanes.
- Most males over 60 experience benign prostatic hypertrophy where the prostate enlarges to two to four times its normal size.

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### End of Chapter 28

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