PHYSIOLOGY

• SHEET NO. 12

🗕 🛛 🖉 🗧 🕹 🕹

• CORRECTOR : Majdoleen Hamed

DOCTOR : Ibaa Zayadneh

Hey guys , long time no see $\wedge \wedge \stackrel{\scriptstyle \wedge}{\simeq}$ Let's start with the first lecture of the reproductive physiology .

MALE REPRODUCTIVE SYSTEM

- The main organ of the male reproductive system is the **Testis** where the process of spermatogenesis takes place

- The **testis** is the gonads of the male
- The testis is **coiled organ** which contains 900 coiled tubules, each 0.5 m long



There are 2 type of cells that support this process :

Sertolí cells

-large with overflowing cytoplasmic envelopes that surround the developing spermatogonia **around the central lumen** of the seminiferous tubules.

- work under the influence of FSH that secreted of anterior pituitary gland
- **Function** : nourish and support

Leydíg cells

-lie within the interstitium between the seminiferous tubules

- Work under the influence of LH that secreted of anterior pituitary gland

-Function : produce Testosterone [the main male sex hormone]

- They are Numerous in the newborn male infants ONLY for the first few months of life **then** they disappear **until** the age of puberty where they become active again and stay active throughout adult life.



As you can see in the images , **spermatogonia** lie in the inner lining of the seminiferous tubules and they are actually originate from the **Primordial germ cell** that migrate into the seminiferous tubules during the 5th week of gestation.

Hormonal factors that stimulate spermatogenesis

1-Testosterone

- **Secreted** by the **genital ridges** in the first 7 weeks of gestation& later by the **fetal testes** by the **Leydig cells** , **& it has 2 functions :**

1-Supporting effects during spermatogenesis : growth and division of the testicular germinal cells.

2-Androgenic effects : growth of male primary sexual organs and development of primary & secondary characteristics of males

- Has *Negative feedback* on the anterior pituitary gland [When there is **increase** in testosterone secretion **S** the FSH , LH , & GnRH secretion **decrease**]

2-Luteinizing hormone [LH]

-Secreted from Anterior pituitary gland -Has receptors in leydig cells -Function: stimulates the Leydig cells to secrete testosterone.

3-Follicle-stimulating hormone [FSH]

-Secreted from Anterior pituitary gland -FSH secretion is stimulated by **GnRH** from the hypothalamus -Function: Stimulates the Sertoli cells & supporting spermatogenesis ; without this, no spermatogenesis [so it's essential for spermatogenesis]

4-Estrogens

-Formed from testosterone by the **Sertoli cells** when they are stimulated by **FSH** hormone

- Are probably also essential

5-Growth hormone [GH]

-Secreted from anterior pituitary gland -Function :metabolic function in testes and promotes early division of the spermatogonia themselves

- \mathbb{R} When there is lack of **pituitary GH** in case of \mathcal{P} *ituítary dwarfs*, the spermatogenesis will be lacking [**no GH**, **no spermatogenesis**]

Hypothalamic-anterior pituitary- gonad's axis

Don't worry , nothing is new here , just follow the diagram to make sure you understand the previous info \mathfrak{S}





so during embryogenesis , primordial germ cells migrate from the abdomen into the testis, and line the seminiferous tubules as spermatogonia

- Spermatogonia are immature cells

-Until puberty , there will be no further Division or development of the Spermatogonion

2 At puberty , GnRH level will be 🕥, then spermatogonia will start proliferating

-This step will take **25 days** to give rise to primary spermatocytes

-Primary spermatocytes are diploid cells [46 chromosomes]

3 Primary spermatocytes will enter the first stage of meiosis giving rise to secondary spermatocytes after 9 days

- Secondary spermatocytes are haploid cells [23 chromosomes]

4 Secondary spermatocytes will enter the second stage of meiosis giving rise to spermatids after 19 days

- Spermatids are haploid cells [23 chromosomes]



Maturation of sperms in the Epididymis

- After their formation in the seminiferous tubules, sperms require several days to pass through the epididymis [**non-motile**]

- After 18 to 24 hrs , sperms develop the **capability** of motility in epididymis **[capable to move but still not motile]**

[**Sperm** inside the epididymis are capable to move but they are inhibited by some inhibitory proteins in the epididymal fluid that prevent final motility **until after ejaculation**]

-After ejaculation, the sperm becomes motile & capable of fertilizing the ovum , so the sperm is mature 👽

- Ejaculated sperm live in the female genital tract for only 1 to 2 days

Storage of sperms

The 2 testes of adult human form up to 120 million sperms each day

- Small amount are stored in the epididymis

– The majority are stored in the vas deferens & life expectancy of mature sperms is only 1 month



Sertoli cells and epithelium of the epididymis secretion

nutrient fluid which contains (testosterone & estrogens), enzymes & nutrients essential for sperm maturation

Seminal Vesicles secretion

PH (7.2 - 8) & Composed of :

1-mucoid material containing fructose : give the viscosity of the semen

- 2- citric acid
- 3-nutrient substances

4-fibrinogen

5-large quantities of prostaglandins :

prostaglandins Help in fertilization in 3 ways

A] by reacting with the female cervical mucus making it more receptive to sperm movement

B] by causing backward reverse peristaltic contractions of the uterus & fallopian tubes to move the ejaculated sperm toward the ovaries

C] by reducing the immune response in the female genital system against sperms

Prostate Gland Secretion

The prostate gland secretes thin milky **alkaline** fluid , composed of :

1-**Ca2+**

- 2-citrate ion
- 3-phosphate ion
- 4-clotting enzyme
- 5-Profibrinolysin

Functions :

A] The alkaline prostatic fluid is important for successful fertilization of the ovum
 B] helps to neutralize the slightly acidic fluid of the vas deferens (due to the presence of citric acid and metabolic product of the sperm which inhibits its fertility)

C] helps to neutralize the acidic vaginal secretions (pH 3.5-4.0) to optimize it for better sperm motility (pH 6.0-6.5)

Bulbourethral glands secretion

Mucous secretion that facilitates and lubricates the movement of the secreted fluid

Capacítatíon of the Spermatozoa

In the female genital tract , **freshly ejaculated semen** undergo a process called capacitation which take place within **1-10 hours**

What happens in this capacitation ?

1. inhibitory factors [that inhibit the sperms motility] are washed out by uterine and fallopian fluids

2. the sperm swims away from cholesterol vesicles (acrosome gets thinner)

3. the membrane of the sperms becomes more permeable to Ca++

This step is important for the fertilization process

Testosterone and other male sex hormones

- **Androgen** : Any steroid hormone that has masculinizing effects [related to male characteristics]

<u>Synthesized</u> From the testes and adrenal glands , either from cholesterol or directly from acetylcoenzyme A

Androgens Types

1-testosterone : the more abundant form secreted mainly from the testis
[small amount can be secreted from the adrenal gland in both sexes]
2- dihydrotestosterone : the more active form [more potent , less abundant]
3-androstenedione



Dihydrotestosterone Figure 81-8. Testosterone and dihydrotestosterone.

The Intracellular mechanism of action of testosterone

- -Testosterone is Anabolic hormone
- It increases the rate of protein synthesis in target cells

1.Testosterone is a steroid hormone , so it can freely **diffuse** through the cell membrane of the target cell

2.Then it will get **converted** to DHT by **5-alpha reductase** enzyme

3.DHT will combine with cytosolic receptors (androgen receptors)

4. the receptor -hormone complex will be **translocated** as a dimer into the **Nucleus**

5. The receptor -hormone complex bind to hormone response element [DNA sequence] as a dimer as well , and induce gene expression & protein synthesis .

T Corregulators VP Corregula

Functions of testosterone

Testosterone is not only secreted after puberty in male to induce spermatogenesis, and enhance male characteristics, but also it is secreted in **fetal** and **neonatal life**

In the middle trimester of gestation, there will be a peak increase in plasma level of testosterone that is induced by HCG - HCG ; has similar effects of LH in stimulating testosterone secretion



In the neonatal life [10 weeks after birth] , testosterone level will be high although there is no spermatogenesis taking place at this stage .

- The high level of testosterone at this stage are responsible for the development of male reproductive organs



t testosterone , will develop gans	
born with undesended testis, njections of testosterone can be nethod of treatment instead of cal approach	
amounts of testosterone cause nt of the penis, scrotum & testis & sexual characteristics	
ne causes growth of hair over the pubis face	
ne decreases the growth of hair on the top	genetic background
	large quantities of androgenic hormones
ertrophy of the laryngeal mucosa, nt of the larynx ult masculine voice)	
the secretion from sebaceous glands	
fect	
n thicker & deposit additional Ca2+	
the total quantity of bone matrix & causes tion	
fect	
ne basal metabolic rate by about 15%	
s a result of the anabolic effect	
red blood cells 15-20%	
eased metabolic rate	
the reabsorption of Na+ & water in the es of the kidneys	

Abnormalíties of spermatogenesis and male sexual function

Fertility depends on :

1-sperm count

The quantity of ejaculated semen during coitus is about 3-5 ml

in each 1ml of semen >>>120 million sperm (normal sperm count 35 - 200 million sperm/ ml).

2-sperm shape

If the Sperm count is normal but infertile , this is due to **abnormal shape** of sperm

3-Motílíty of the sperm

If the Shape of the sperm is normal but relatively non-motile or entirely non-motile , this will cause infertility

Prostate gland and its abnormalities

- Benign prostatic fibroadenoma in older age due to overgrowth of prostate tissue (not caused by testosterone).

- Cancer of the prostate gland caused by stimulation of cancerous cells by testosterone.

Hypogonadísm ín male

- During fetal life when the **testes are nonfunctional**, none of the male sexual characteristics develop in the fetus. Instead female organs are formed.

- If the boy loses his testes before puberty \rightarrow **eunuchism** (the boy infantile sex organs & infantile sexual characteristics is **developed**)

- If a man is castrated after puberty, sexual organ regress in size and voice regress , but the main male secondary characteristics will remain

Adíposogenítal syndrome, Fröhlích syndrome, or hypothalamíc eunuchísm

-Hypogonadism due to **genetic inability** of the hypothalamus to secrete normal amount of **GnRH** & abnormality of the feeding center of the hypothalamus resulting in **obesity with eunuchism**.

Cryptorchídísm

Failure of the testes to descend in the scrotum which normally occurs during fetal life

Testícular tumors and hypergonadísm in male

Interstitial leydig cell tumors (rare), overproduction of testosterone.

In children 👶, causes rapid growth of the musculature and bones and early uniting of the epiphyses and causes excessive development of male sexual organs

In Adult 😨, it might be hard to see the effect of testosterone elevation

SELF STUDY - Stages of male sexual act

1- Penile erection

by parasympathetic impulses.

2- Lubrication

Parasympathetic impulses cause the urethral glands & bulbourethral glands to secrete mucous.

3- Emission and ejaculation

- Function of the sympathetic nerves.

-Contraction of the vas deferens & ampulla to cause expulsion of the sperm in the internal urethra.

-Contraction of the prostate & seminal vesicles to expel their fluid in the urethra. -All these fluid mix in the internal urethra with the mucous secreted by the bulbourethral glands to form the semen. This process at this point is called **emission**

- Filling of the internal urethra with semen causes sensory impulses through pudendal nerves to the sacral region of the cord. Fullness of the internal urethra causes rhythmical contractions of the internal genital organs which increases their pressure to ejaculate the semen to the outside called **ejaculation**



تخيلوا صرنا سنة رابعة ؟

" وَقَالَ رَبِّ أَوْزِعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ الَّتِي أَنْعَمْتَ عَلَيَّ وَعَلَىٰ وَالِدَيَّ وَأَنْ أَعْمَلَ صَالِحًا تَرْضَاهُ وَأَدْخِلْنِي بِرَحْمَتِكَ فِي عِبَادِكَ الصَّالِحِينَ "

