

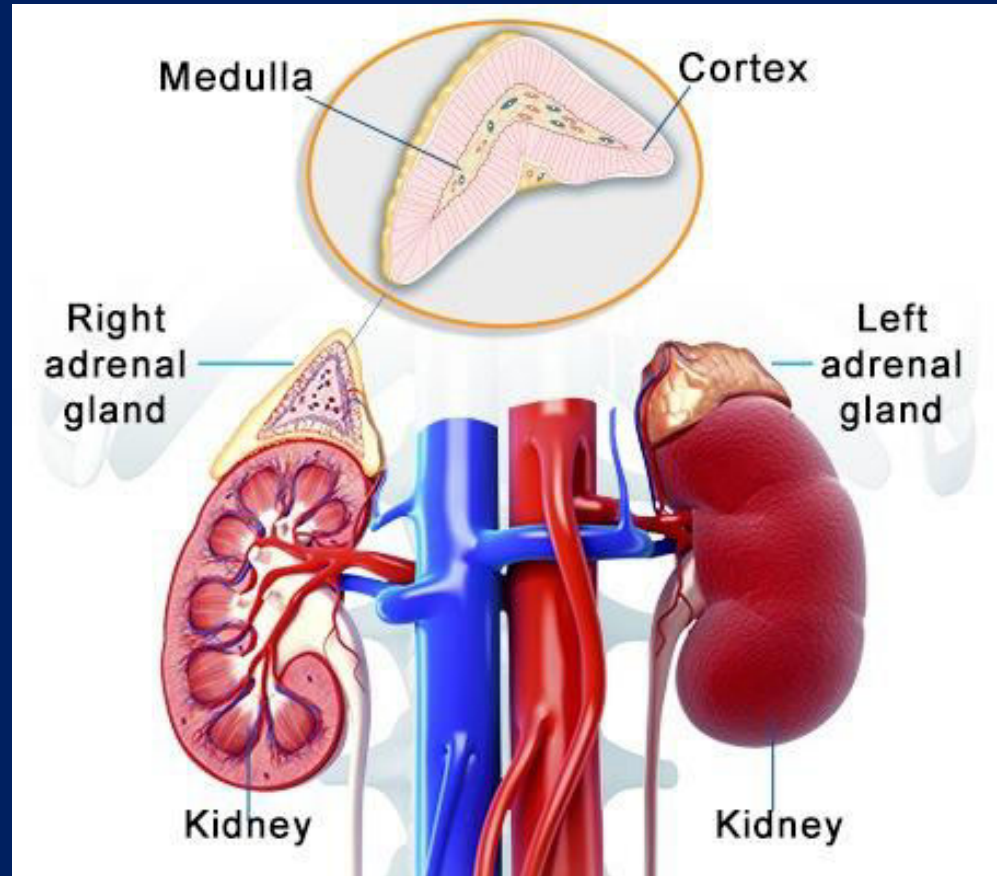
The Adrenal gland (Supra renal gland)

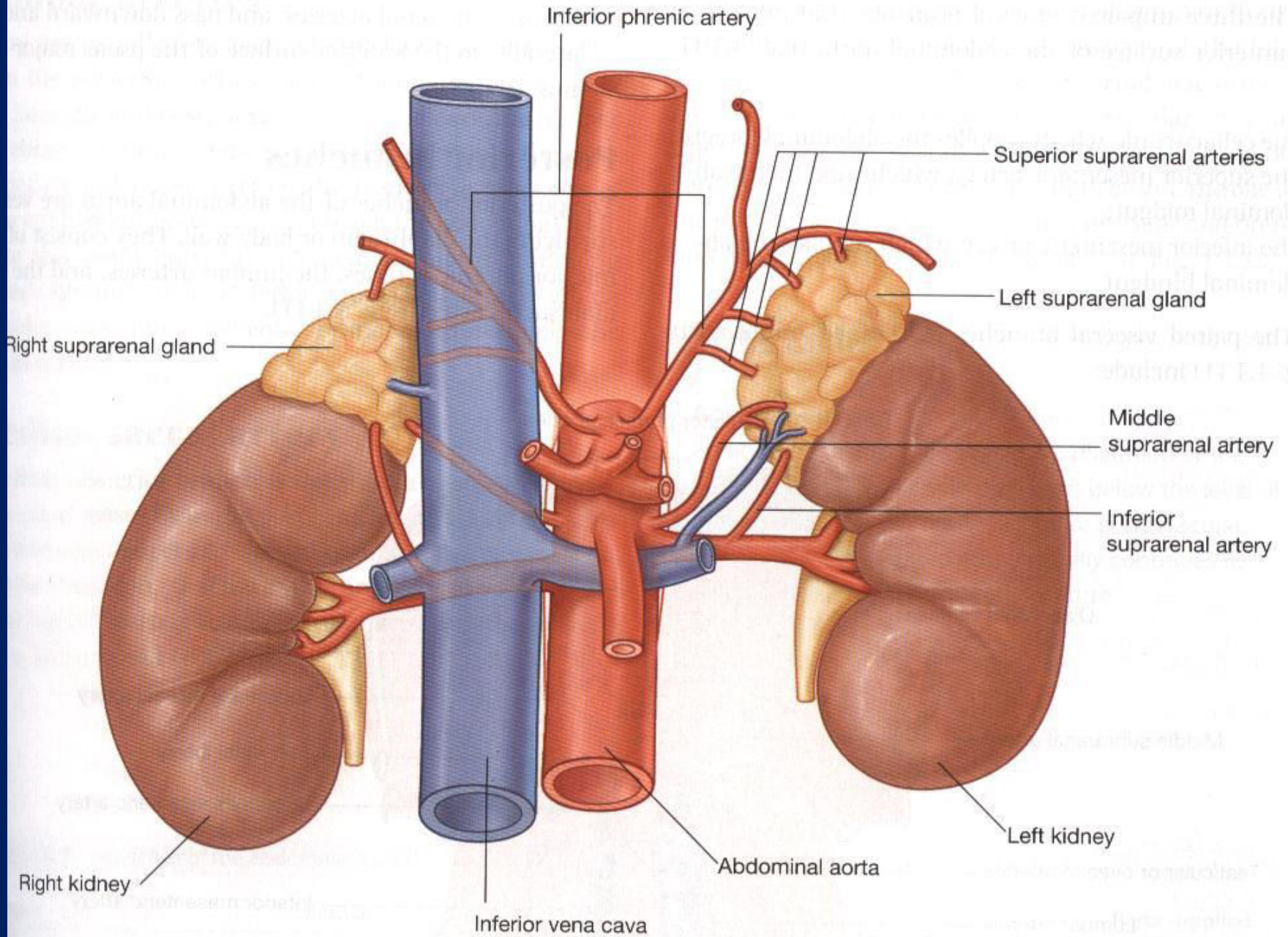
Learning outcomes

- State the anatomical location of the adrenal gland.
- State the morphological features (size, shape) immediate relations of the right and left glands.
- State the differences between the two glands.
- Describe the microscopic structure of the gland.
- State the hormones secreted by the gland.
- State the blood supply and nerve supply of the gland


Anatomical location

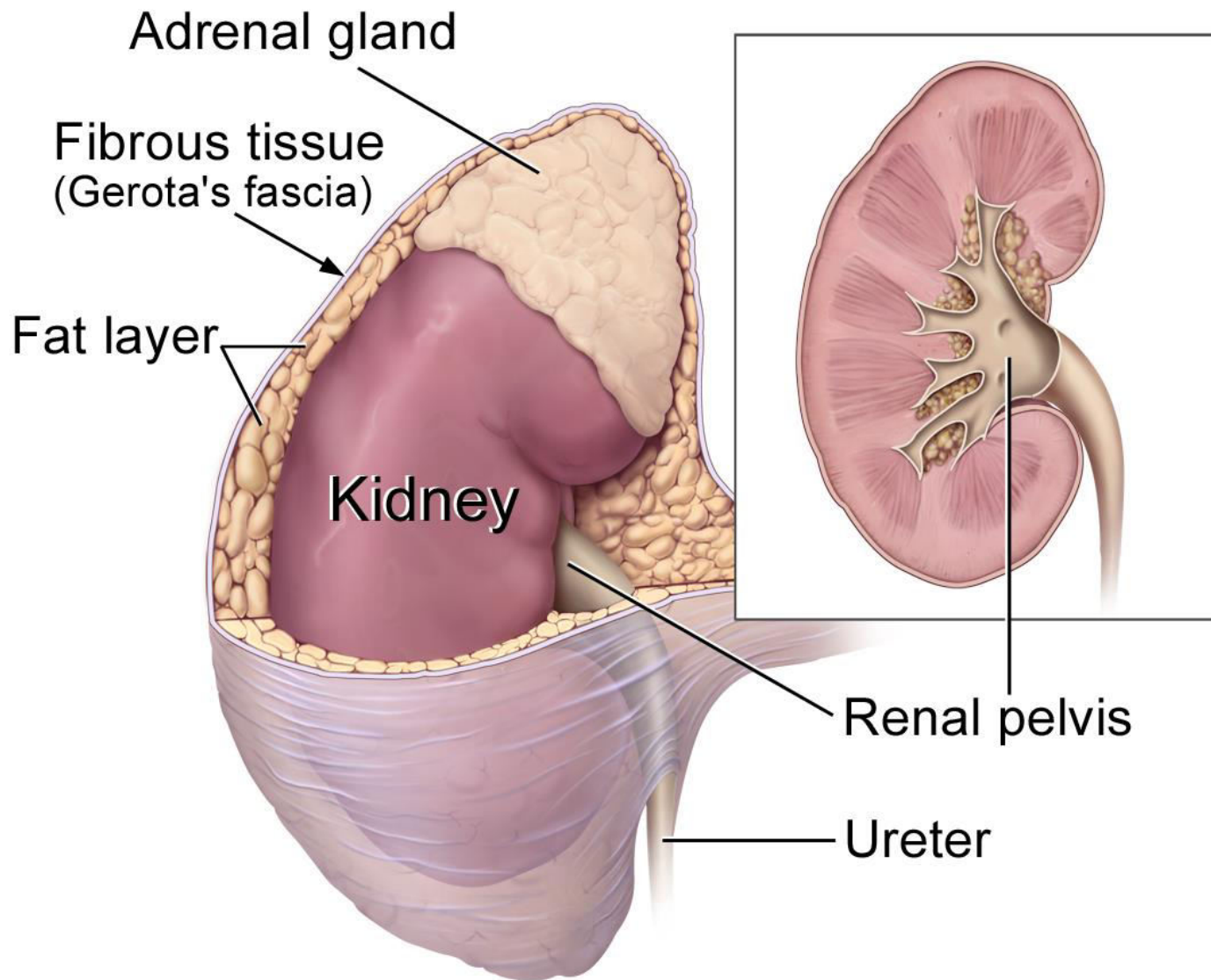
- Paired asymmetrical glands
- Situated in the posterior abdominal wall (retroperitoneal)
- Upper pole of the kidneys in front of the crus of the diaphragm
- Opposite the vertebral end of the 11th ICS and the 12th rib
- Lies within own compartment of renal fascia and perinephric fat





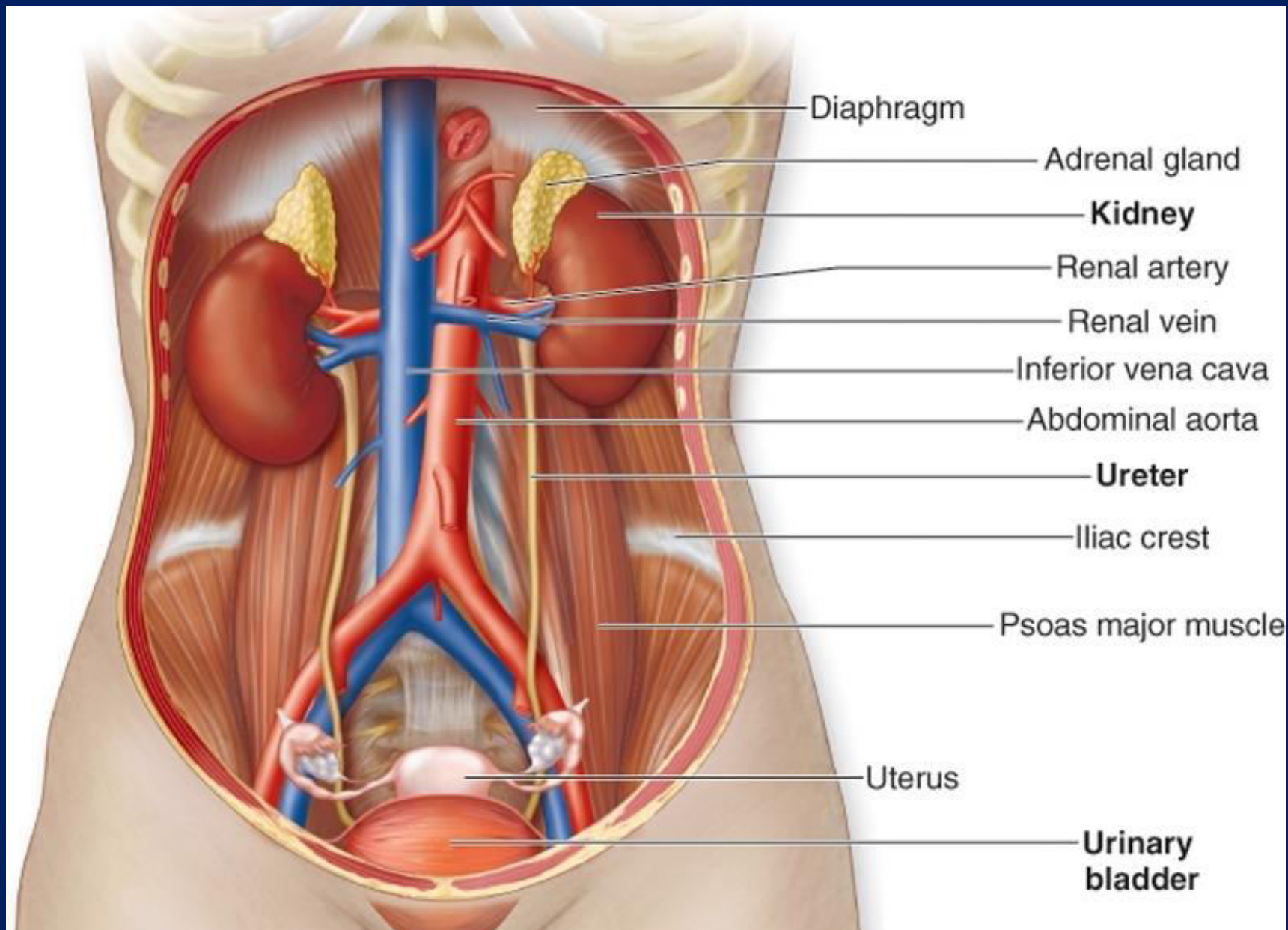
Common features

- At superior poles of the kidneys as a retroperitoneal structure
- Each gland measured- 50x30x10mm
- 1/3 of size of kidney
at birth  1/30 of it in an adult
- Wt – 3- 4g
- Cortex/medulla
- Three arterial supply and single vein drainage
- Immediately covered by areolar tissue and fat and outside it perirenal fascia. – Gerota's fascia
- Perirenal fascia is a two layered sheath encroach the gland.
The two layers are not fused above the gland



Right adrenal gland

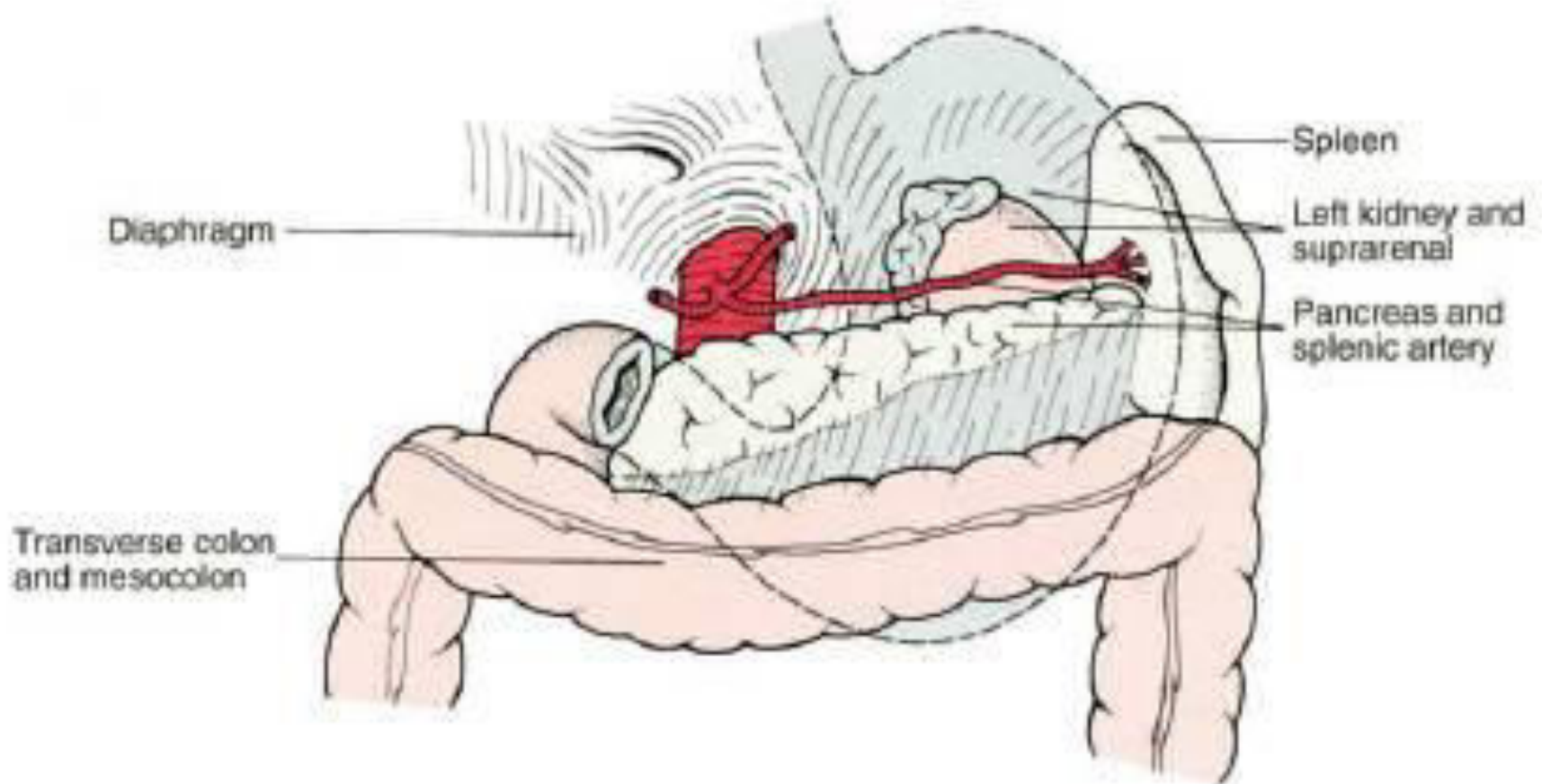
- Triangular/pyramidal shape
- Has
 - Apex
 - A base
 - Two surfaces- anterior and posterior
 - Three borders- anterior, medial and lateral
- Relations:
 - Apex- bare area of the liver
 - Base- upper pole of right kidney
 - **Anterior surface- IVC, right lobe of the liver**
 - Posterior surface- right crus of diaphragm
 - Anterior border- hilum and short and wide right supra renal vein emerging from here
 - Medial border- Coeliac ganglion
 - Lateral border- Liver



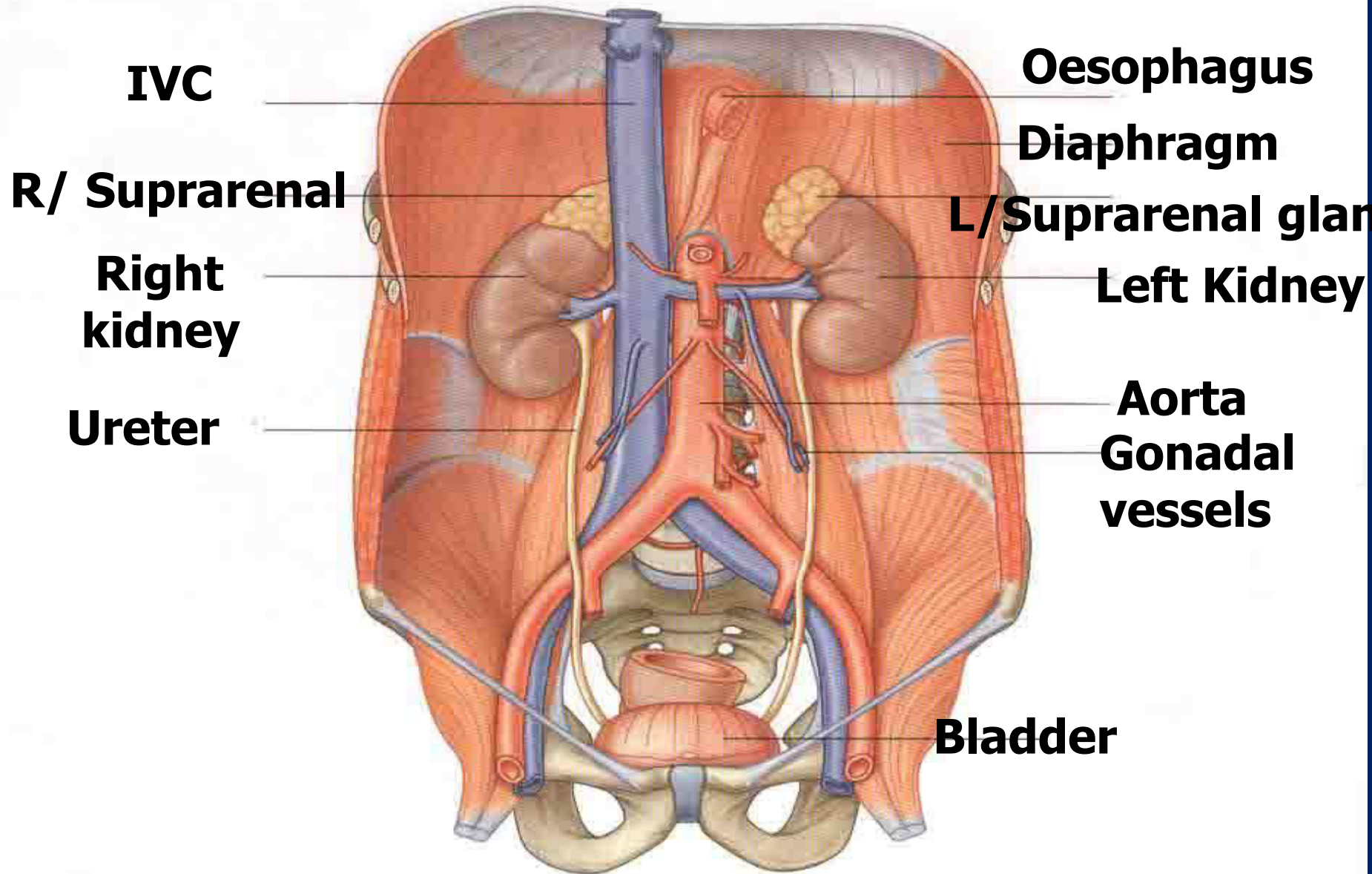
Left adrenal gland

- Semilunar shape
- Has
 - Two ends- upper(narrow) and lower(rounded)
 - Two surfaces- anterior and posterior
 - Two borders- medial convex and lateral concave
- Relations:
 - Upper end- close to spleen
 - Lower end- hilum and left supra renal vein emerging from here
 - **Anterior surface- cardiac end of stomach across the lesser sac, pancreas with splenic artery**
 - Posterior surface- left crus of diaphragm, left kidney
 - Medial border- Coeliac ganglion
 - Lateral border- Stomach

Stomach Bed



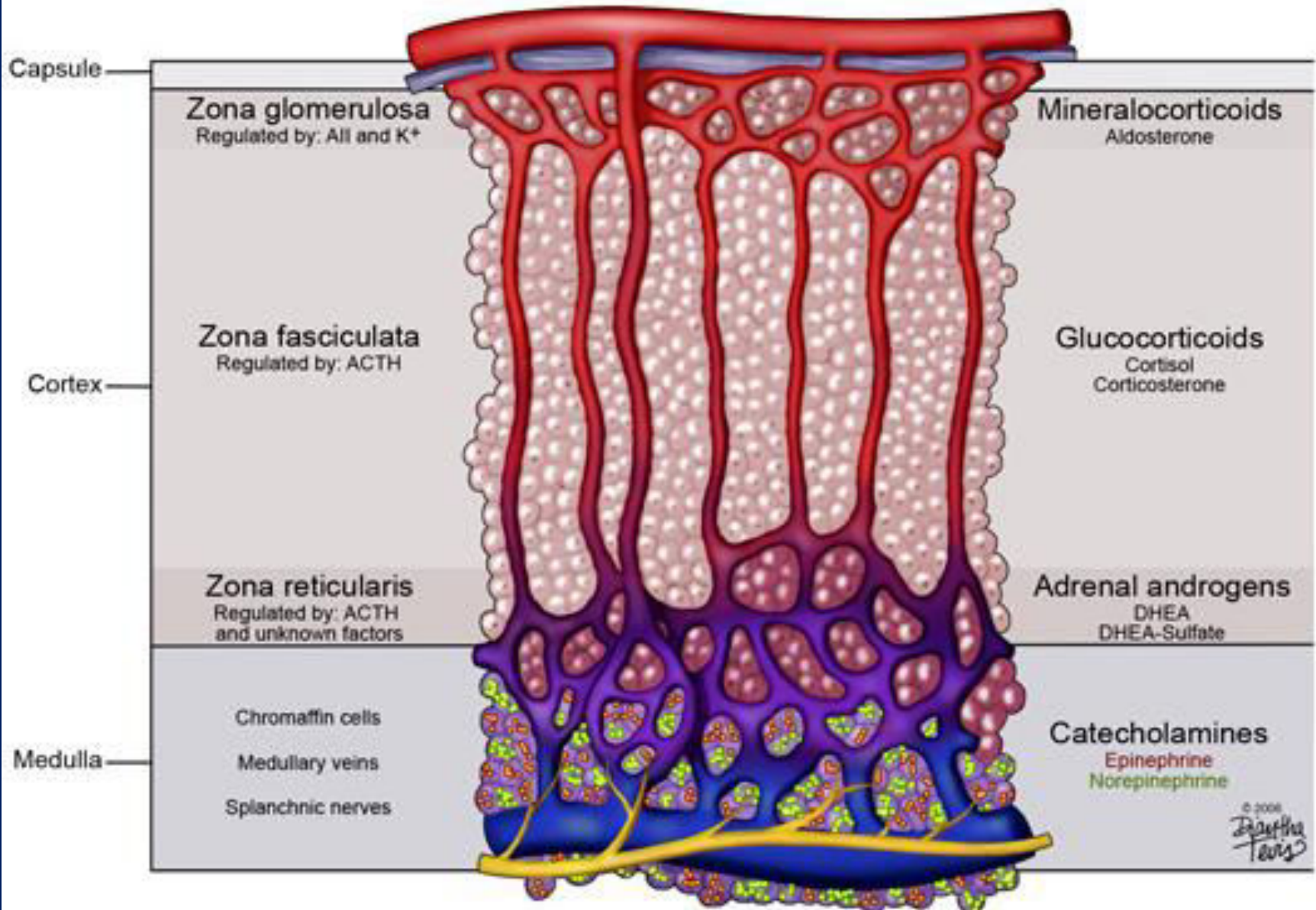
Posterior Abdominal wall in relation to supra-renal



Microscopic structure of the gland

- Cross section has outer *cortex* and inner *medulla*
- Two parts differ from each other from *structurally*, *functionally* and *developmentally* (Cortex-intermediate mesoderm, Medulla- neural crest cells)
 - Cortex:
 - Zona glomerulosa(outer)- **mineralocorticoids**
 - Zona fasciculate (middle)- **glucocorticoids**
 - Zona reticularis (inner)- **sex hormones**
 - Medulla: c/o chromaffin cells
 - secrete adrenalin and noradrenaline
 - lots of capillaries

Structure of the gland



Blood supply of the gland

Arterial

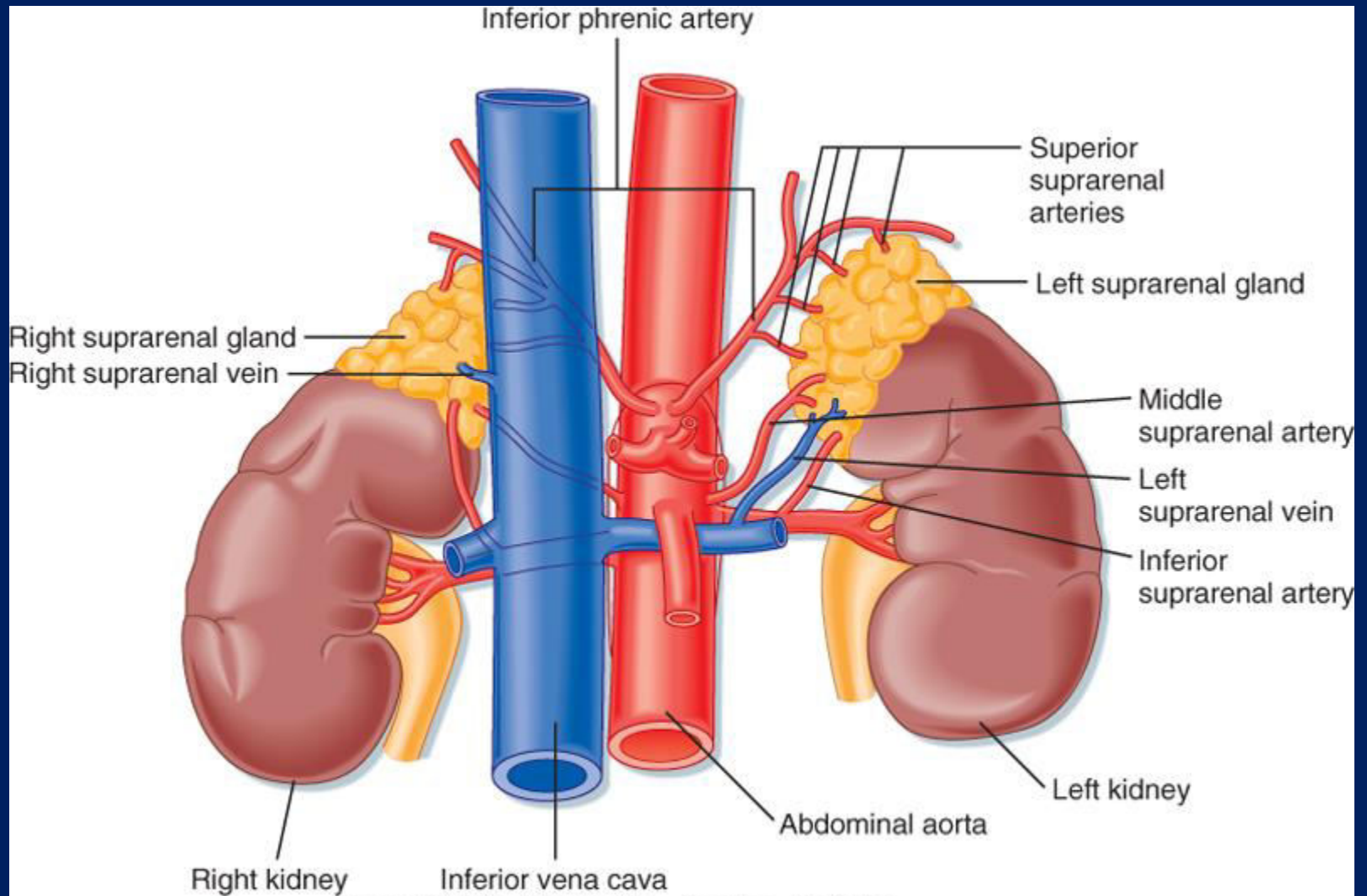
Three main groups

- Superior suprarenal ← Inferior phrenic A.
- Middle suprarenal ← Aorta
- Inferior suprarenal ← Renal A.
- Enter at various points around the periphery(branches can be divided into three groups)

• Venous

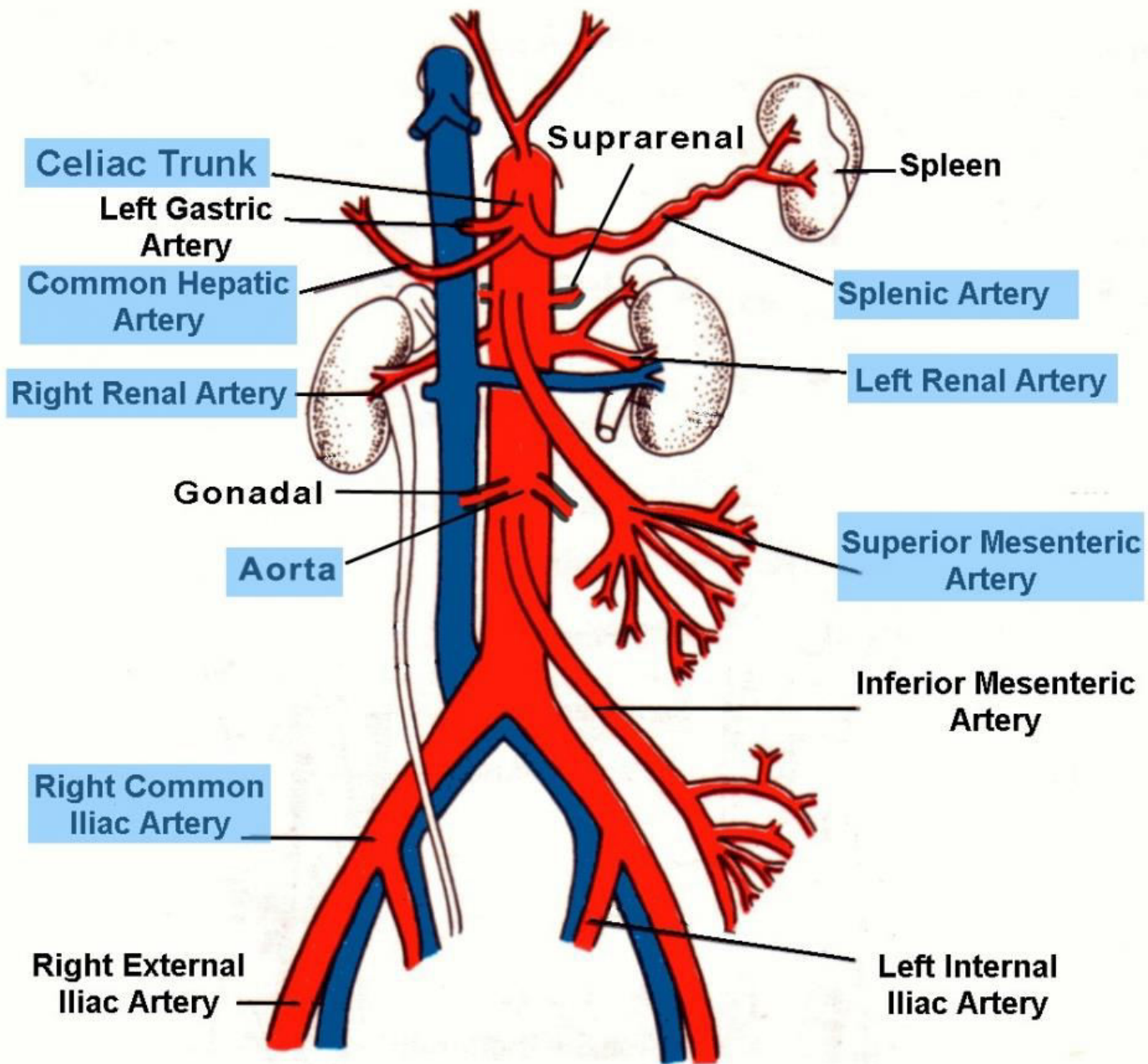
- Each gland is drained by one vein
- Right suprarenal (stubby) - IVC
- Left suprarenal- left renal vein

Blood supply of the gland



Koeppen & Stanton: Berne and Levy Physiology, 6th Edition.

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Blood supply of the gland

Arterial branches -3 groups

- *arteries to capsule*
- *Arteries/arterioles to cortex* branching into a capillaries and sinusoids, irrigate the adrenal cortical cells, eventually drain into the medulla
- *Arteries/arterioles to medulla-* penetrate directly to medulla and form a network of fenestrated sinusoids
- Cells of medulla are bathed with arterial blood from medullary arteries and venous blood originating from capillaries of the cortex

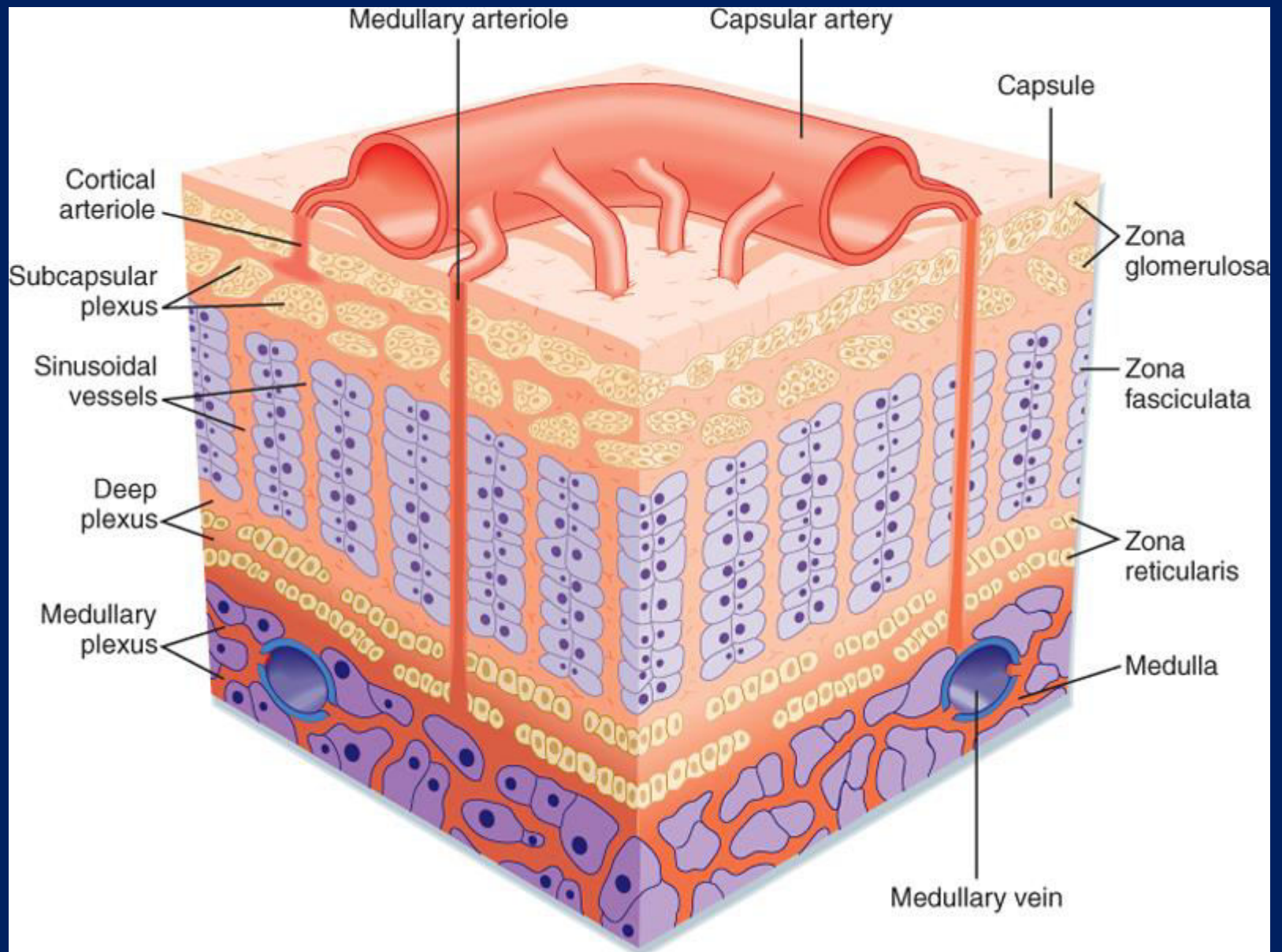


- Therefore medulla has a dual supply

Blood supply of the gland

- Capillaries of the medulla and capillaries that supply the cortex form the medullary veins
- Medullary veins joins to form the suprarenal vein

Blood supply of the gland



Nerve supply and lymphatics

- **Nerve supply:**

- Medulla- through myelinated preganglionic sympathetic fibres
- Chromaffin cells are considered homologous with postganglionic neurons

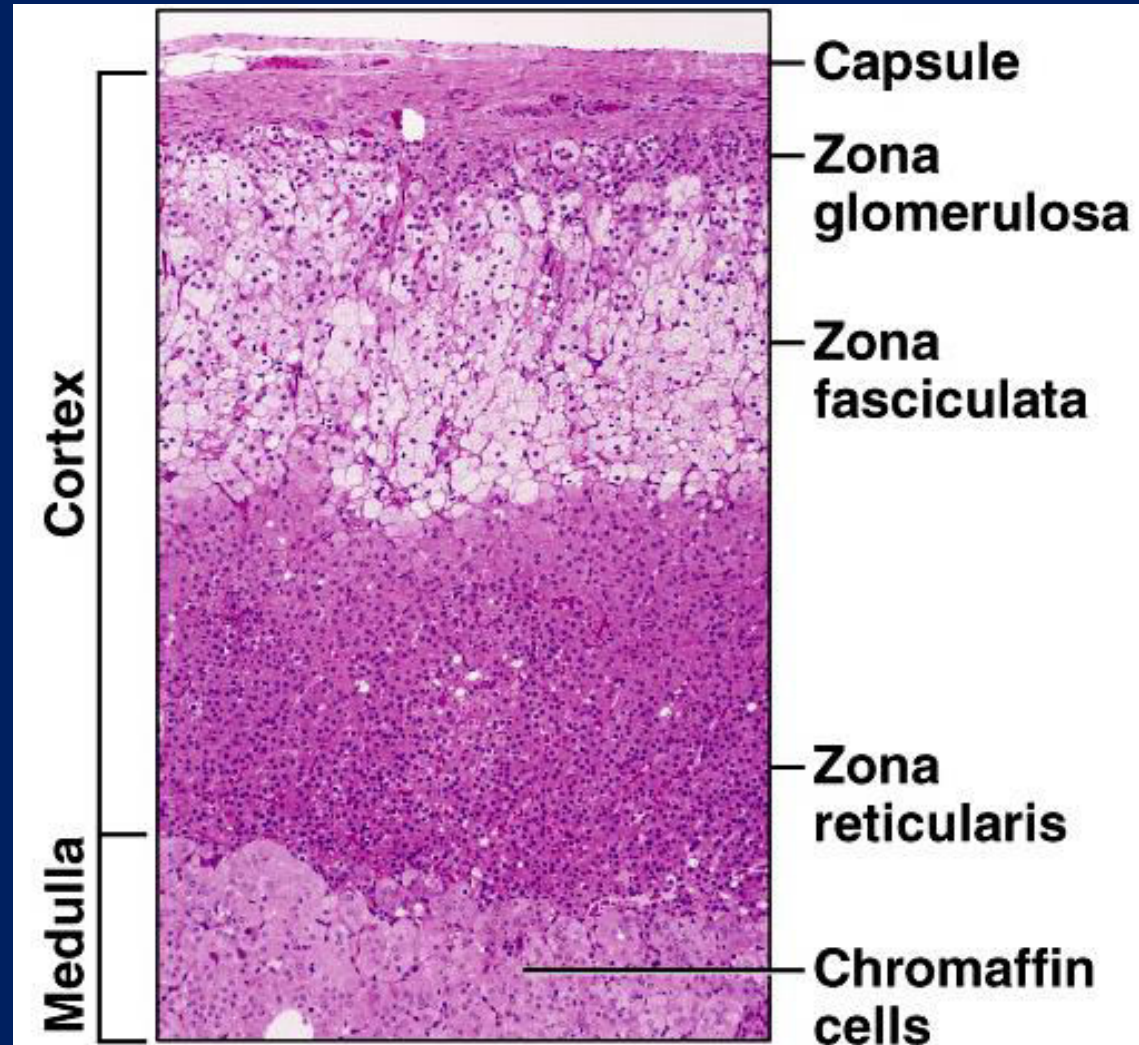
- **Lymphatics :**

- Drains into the lateral aortic nodes

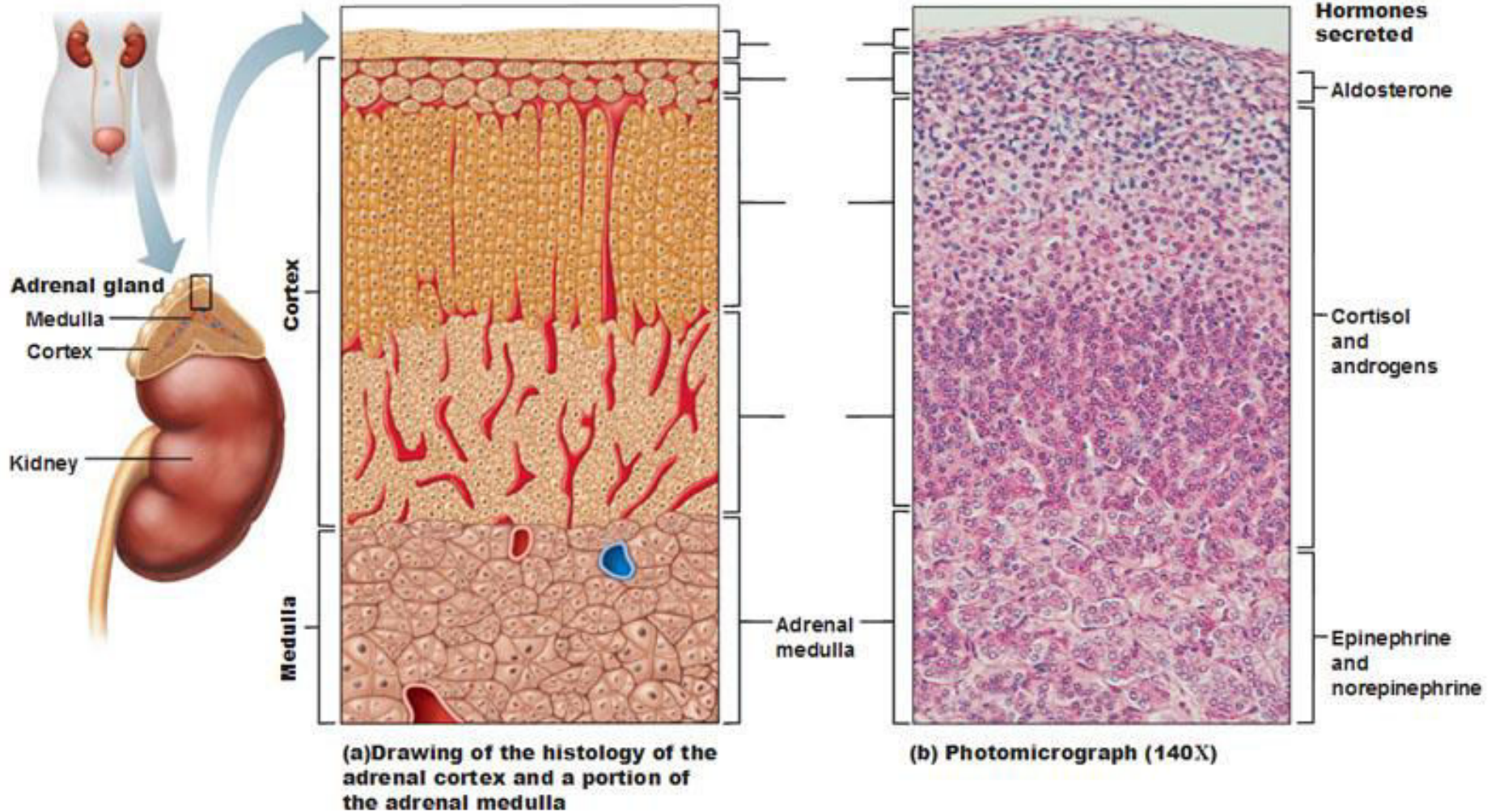
Microscopic structure

• Cortex

- Based on disposition and appearance of cells - 3 concentric layers –
- Zona glomerulosa -15%
- Zona fasciculata – 65-80%%
- Zona reticularis - 10%
- Cells arranged in cords along capillaries



The Adrenal Gland—Gross and Microscopic



Cells – adrenal cortex

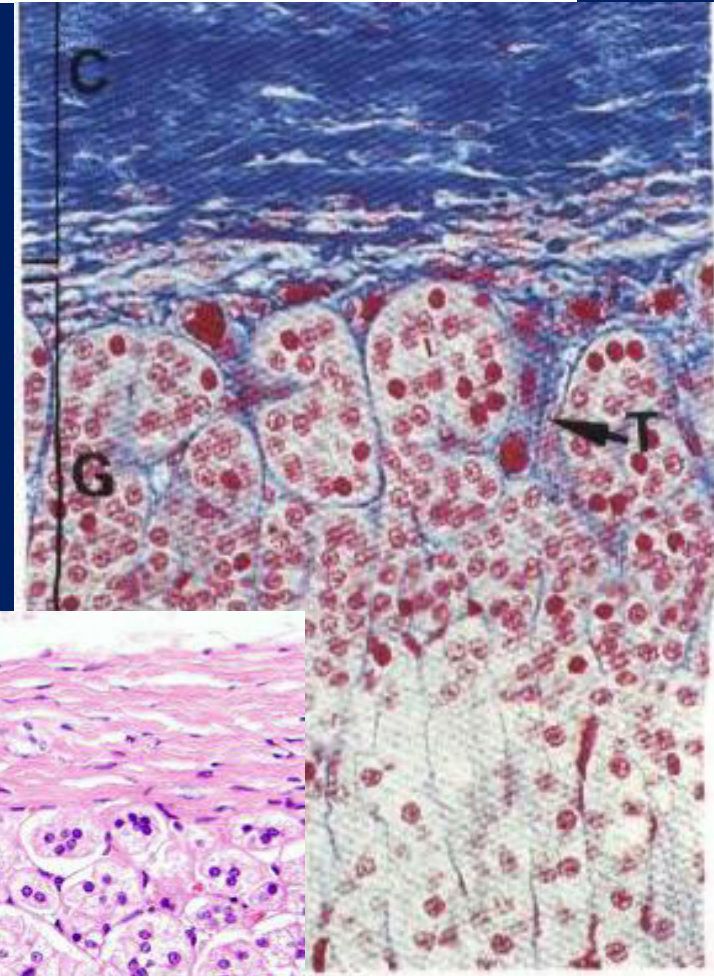
- Do not store secretory products in granules
- Synthesize steroids, and diffuse freely from plasma membrane on demand
- Typical steroid secreting cells-
 - Acidophilic
 - Central nucleus
 - Cytoplasm rich in lipid droplets
 - Exceptionally rich SER(for steroid synthesis)
 - Elongated spherical mitochondria- tubular cristae (not shelflike) and there is a close collaboration with SER

Zona glomerulosa

- Columnar or pyramidal cells
- Arranged in closely packed rounded /ovoid clusters
- Surrounded by capillaries
- Secretes mineralocorticoids



Aldosterone

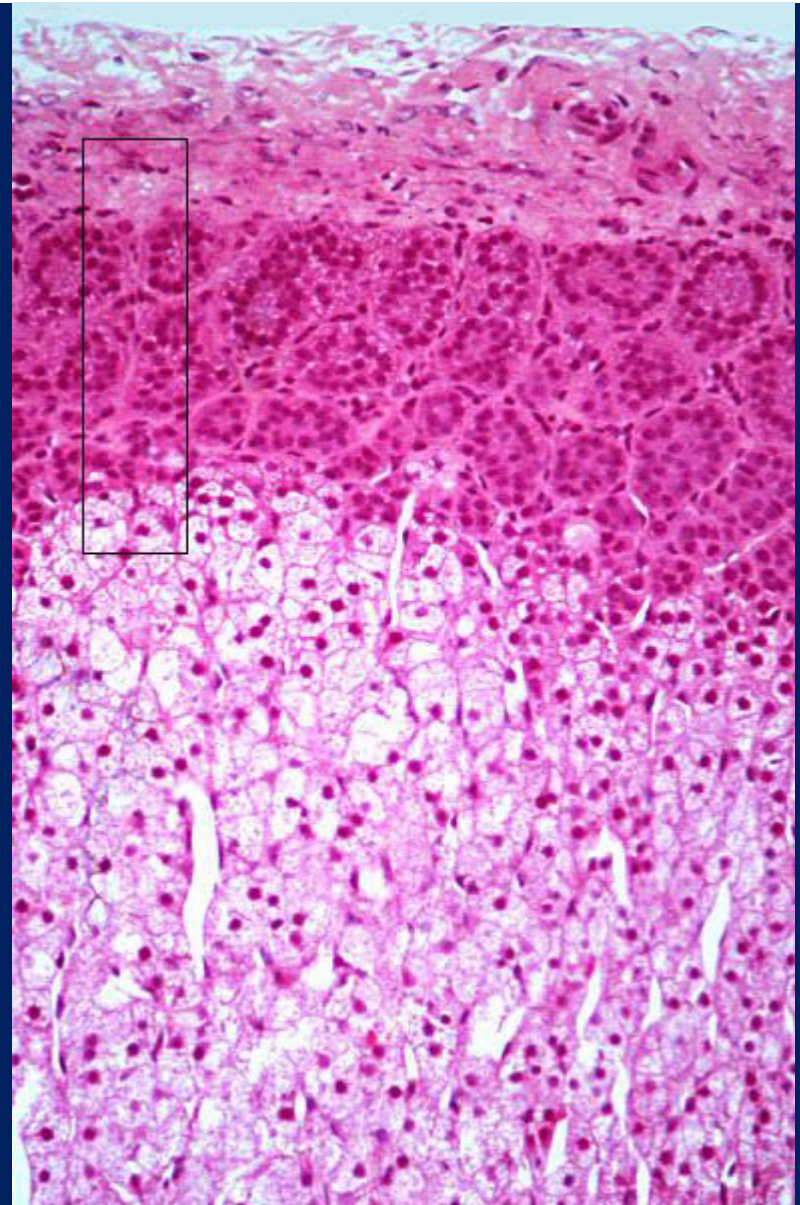


Zona fasciculata

- Straight cell cords
- One or two cell thick
- Run at angles to the surface
- Fenestrated sinusoidal capillaries run in between them
- Cells – polyhedral
- Lipid droplets in the cytoplasm
- Secrete Glucocorticoids

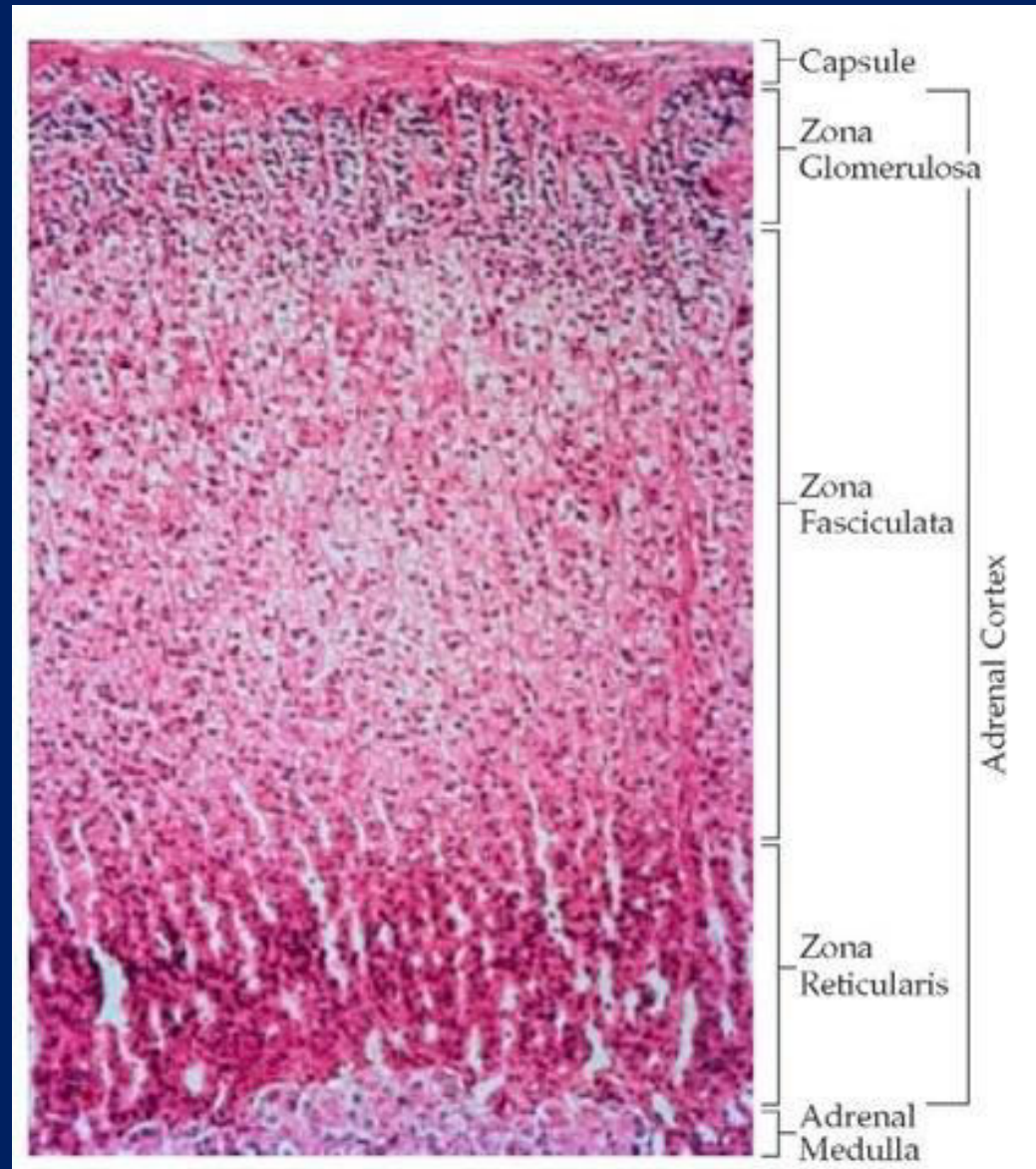


Cortisol



Zona reticularis

- Inner most
- Cells in irregular cords that form a net work
- Cells smaller than other two layers
- cells are interspersed with sinusoidal capillaries
- Usually more heavily stained than other zones (less fat)
- Secrete androgens

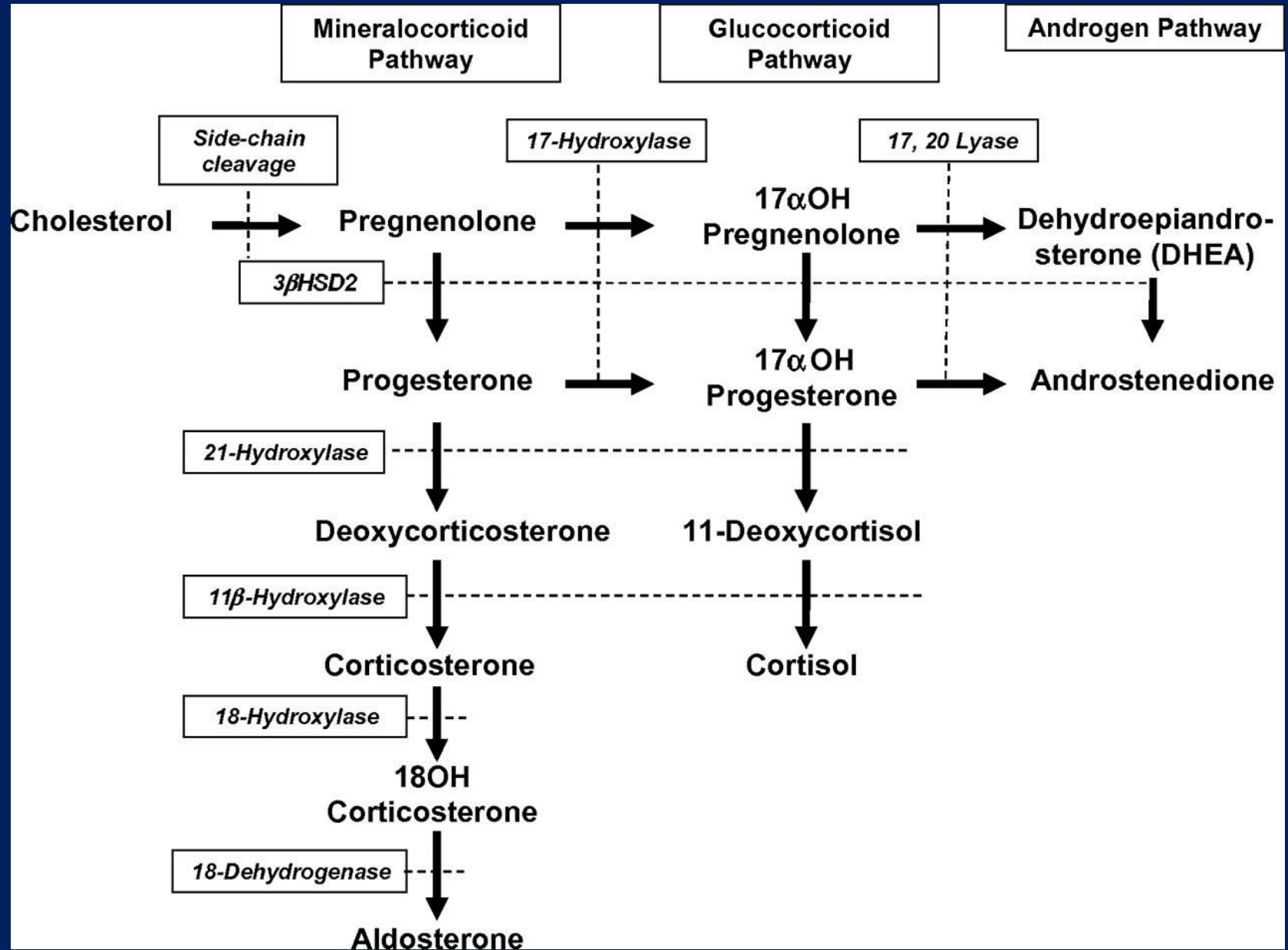


Clinical significance

- Medical

- Ambiguous genitalia with or without salt wasting in the newborn (CAH)
- *Cushing syndrome* -glucocorticoid excess
- *Addison Disease* - deficiency of aldosterone
- *Conn syndrome* – Mineralocorticoid/aldosterone excess

Congenital adrenal hyperplasia

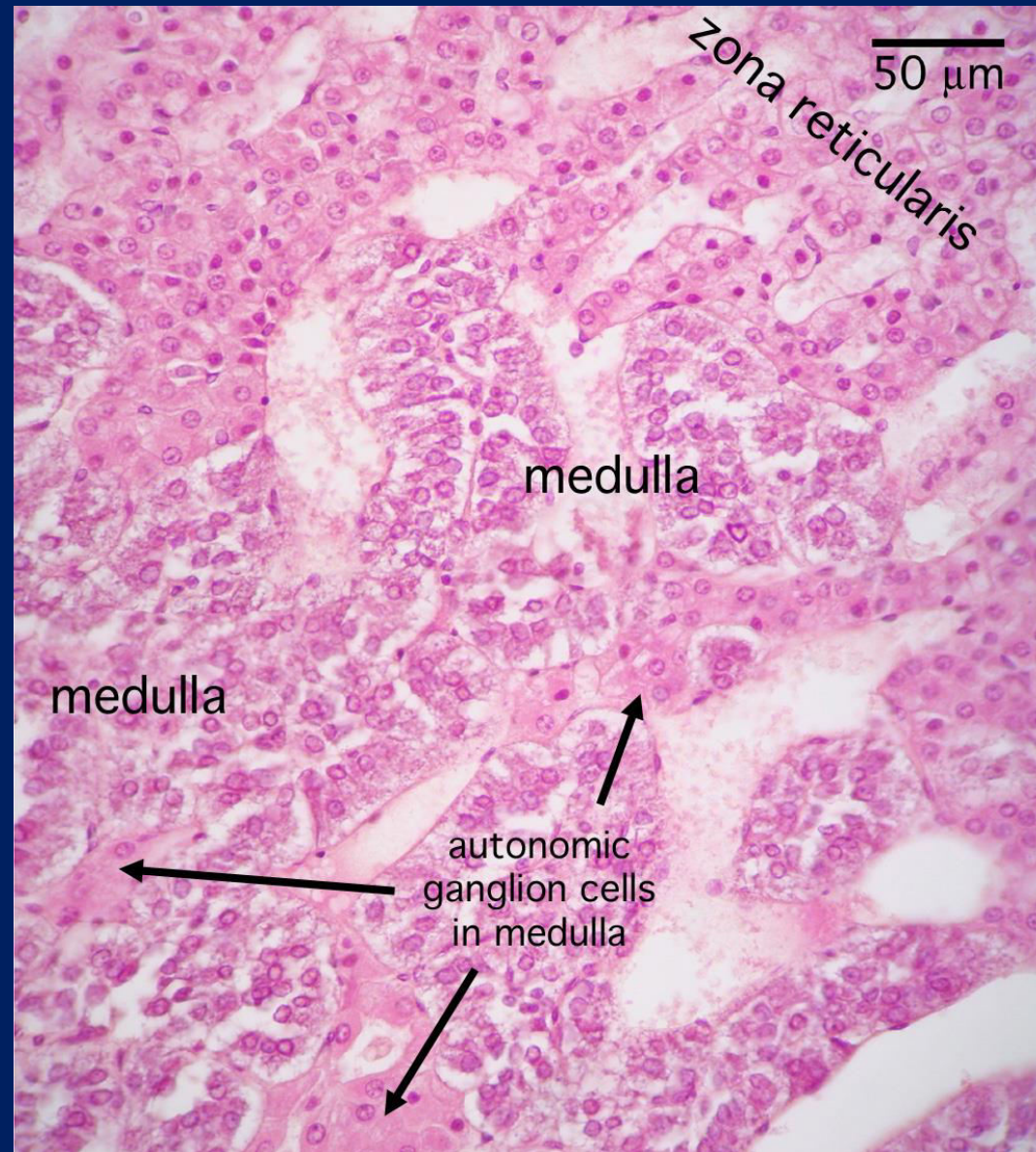


Clinical significance

- Surgical
- Tumors
 - Palpable abdominal mass
 - Adrenal medullary tumors: pheochromocytoma and neuroblastoma
 - Tumors > 10cm- laparotomy
 - Tumors < 10cm- laparoscopy

Adrenal medulla

- Polyhedral parenchymal cells- **chromaffin cells**
- Arranged in cords or clumps
- Supported by a reticular fibre network
- Rich sinusoidal capillary supply
- Few parasympathetic ganglion cells
- Arise from neural crest cells- as do the post ganglionic neurons of sympathetic/parasympathetic ganglia

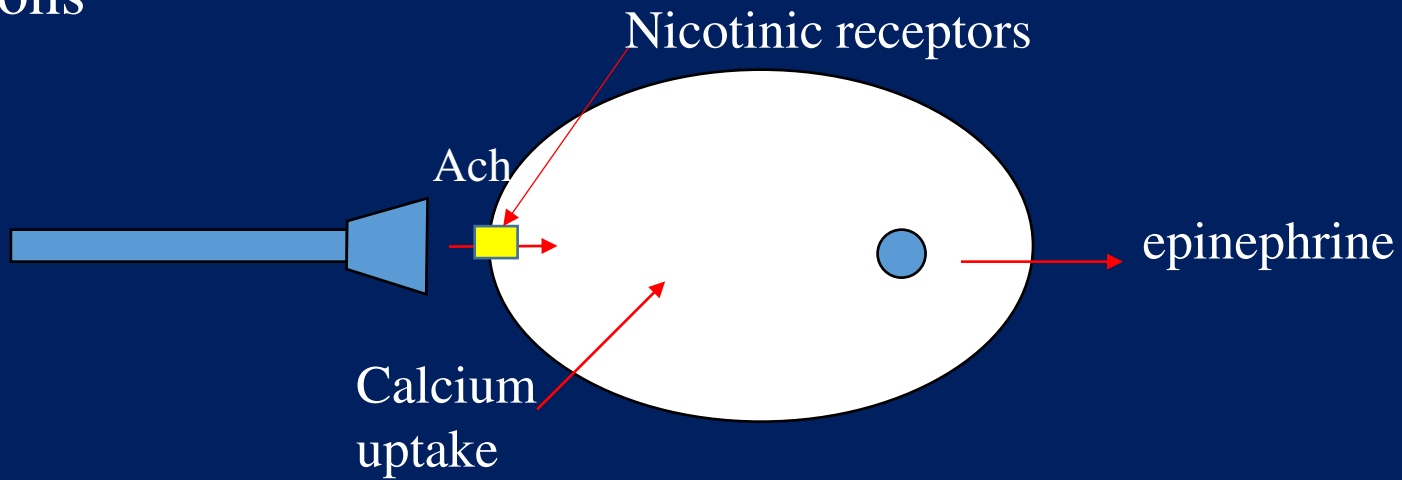


Adrenal medulla

- Cells regarded as modified sympathetic post ganglionic neurons (chromaffin cells/ Pheochromocytes)
- Cells have abundant membrane bound electron dense secretory granules (for storage and secretion of catecholamines)
- granules contain -
 - Epinephrin -80%
 - Norepinephrin
 - ATP
 - Protein- chromogranins
 - Dopamine β hydroxylase
- Under normal conditions - very small amount of hormones is released
- Under stressful condition- output is increased

Adrenal medulla

- Epinephrin and nor- epinephrin are secreted by two different cells types
 - **Epinephrin secretory granules – small**
less electron dense
 - **Norepinephrin secretory granules –large**
more electron dense
- Innervated by cholinergic endings of preganglionic sympathetic neurons



Adrenal medulla

- Cortex- cells do not store hormones
- Medulla store their hormones
- Hormones are secreted in large quantities in response to intense emotional stress
- **Typical responses (“fight or flight”):**
 - **iris dilatation**
 - **increased heart rate**
 - **bronchodilatation**
 - **intestinal relaxation**
 - **glycogenolysis**
 - **lypolysis**

Pheochromocytoma is a tumor of adrenal medulla