Prostate embryology, anatomy and physiology

Embryology

5 paired epithelial buds project posteriorly from urethra into USM at 13-16 weeks under the influence of DHT Top pairs derived from mesoderm – form TZ/periurethral zones Low secretory activity Apoptosis

Lower pairs derived from endoderm – PZ Outer duct - high mitosis, low secretion Mid duct – less mitosis, high secretion Inner duct – no mitosis, no secretion, apoptosis



Stromal-epithelial interaction

Prostate development requires presence of surrounding stroma Determined by classic work by Jerry Cunha 1983

Urogenital sinus mesenchyme (USM) induces prostate epithelial differentiation from adult bladder epithelium Absolute requirement for USM androgen receptor (not present in testicular feminisation)

Further growth of prostatic epithelium regulated by interaction with basement membrane and stromal cells - ? defect in stromal component responsible for inhibition of cell proliferation and development of BPH



T fm = Testicular feminization syndrome (mice with androgen receptor deficiency)

Anatomy

70% glandular (simple columnar or cuboidal epithelium); 30% fibromuscular stroma. Glandular elements:

70%	nerinheral	zone
10/0	periprierar	ZUHE

25% central zone

5-10% transitional zone lateral lobes

1% periurethral zone middle lobe

(70% cancers) (5-10% cancers) (20% cancers)

NB. urethral angle (typically 35') divides periurethral zone from TZ (see below) Central zone - Wolffian structures – under influence of T

Remaining prostate - urogenital sinus mesenchyme - under influence of DHT





Pre-prostatic sphincter

Signet ring, deficient posteriorly (remember anterior fibromuscular stroma) Innervation of sphincter predominantly

adrenergic and chlolinergic, with others (NANC):

epithelial secretion

Adrenergic

98% in stroma, not epithelium 90% α1 (60% α1a) 10% α2 smooth muscle contraction

Neuroendocrine cells

Serotonin, calcitonin, TSH, somatostatin regulation of secretion & cell growth

NANC

Substance P, neuropeptide Y, encephalins, VIP Function unknown



Fig. 2. Semi-diagrammatic representation of fibres of preprostatic sphincter passing round the urethra to interdigitate with the muscle fibres on the deep aspect of the striated muscle of the urethra.

Bladder Neck v Preprostatic Sphincter Bladder Neck Preprostatic sphincter Both sexes Males At bladder neck Supraverumontanal Cholinergic innervation Adrenergic innervation Continence mechanism Genital sphincter



Endocrinology and physiology

Prostate function unknown - secretory Testosterone required for normal function Permissive role for growth; androgen withdrawal = prostate involution Majority of serum testosterone from testis – unbound T bioavailable form DHT formed within prostate epithelial cells – 40x more active vs. T DHT diffuses to stroma (most of the androgen receptors; paracrine effect) Stromal nuclei produce growth factors Growth factors drive epithelial cells Stimulatory bFGF, KGF (FGF-7) and EGF* and IGF (80%) TGFα (20%)

Inhibitory

TGFβ

* EGF believed to be dominant factor regulating prostate epithelial growth



<u>Prostatic secretion</u> Proteins and non-proteins (see below) Zinc maintains quaternary structure of sperm chromatin PSA aids liquefaction of seminal fluid

Citrate thought to act as buffer for seminal fluid (~750x conc. vs. other tissues)

Prostatic Secretion			
Proteins	Non proteins		
Acid phosphatase PSA Leucine aminopeptidase Diamine oxidase B Glucuronidase Plasminogen activator Complement C3 and C4 Transferrin, transferritin Growth factors	Citrate Spermine Spermidine Putrescine Zinc Myoinositol Cholesterol		