

# Disorders of gonadal and sexual development

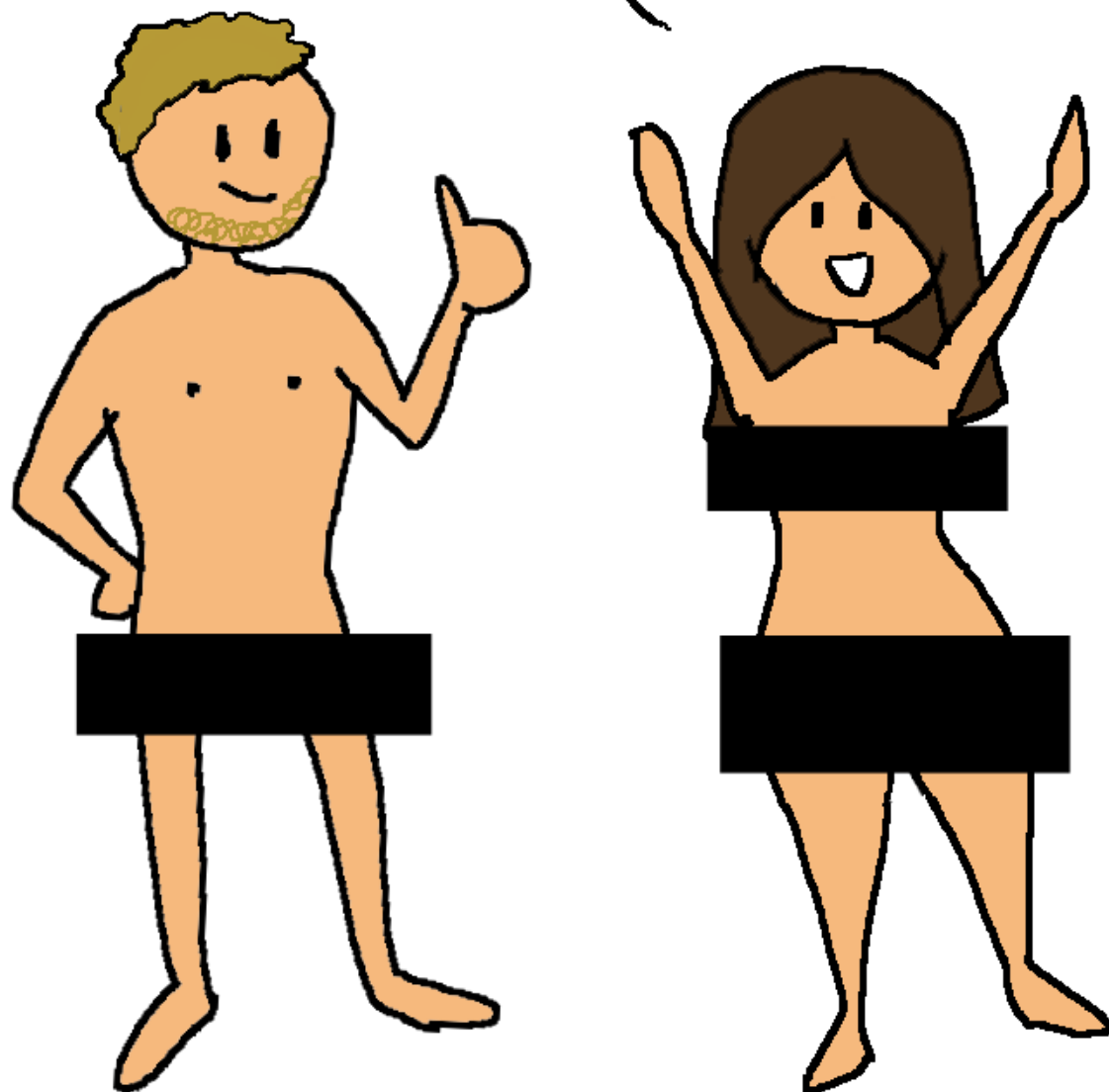
gonadal embryogenesis, cytogenetics/molecular  
abnormalities, and clinical aspects

Pr I.Maystadt

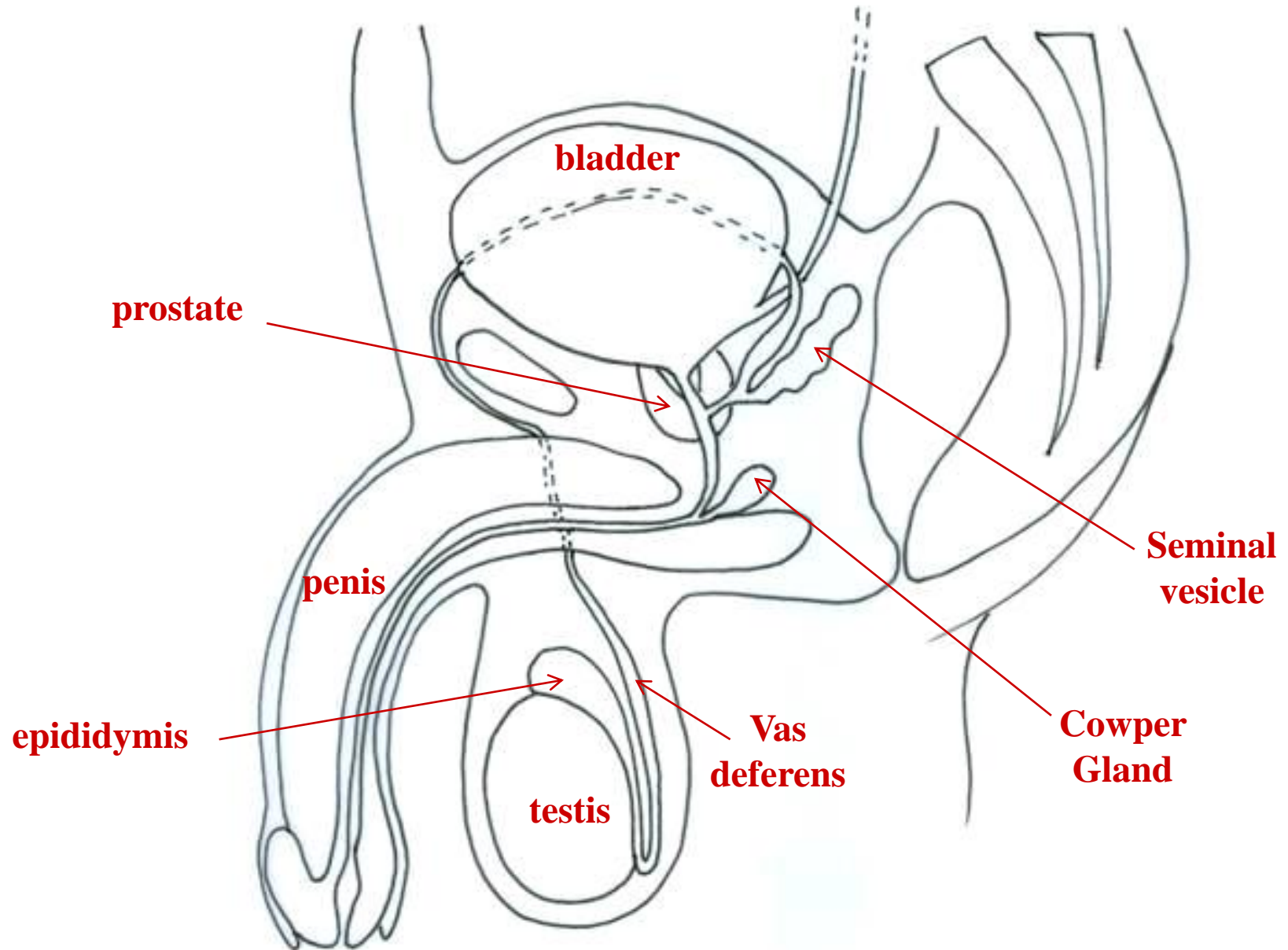
19/01/2024



Let's get naked  
for science!



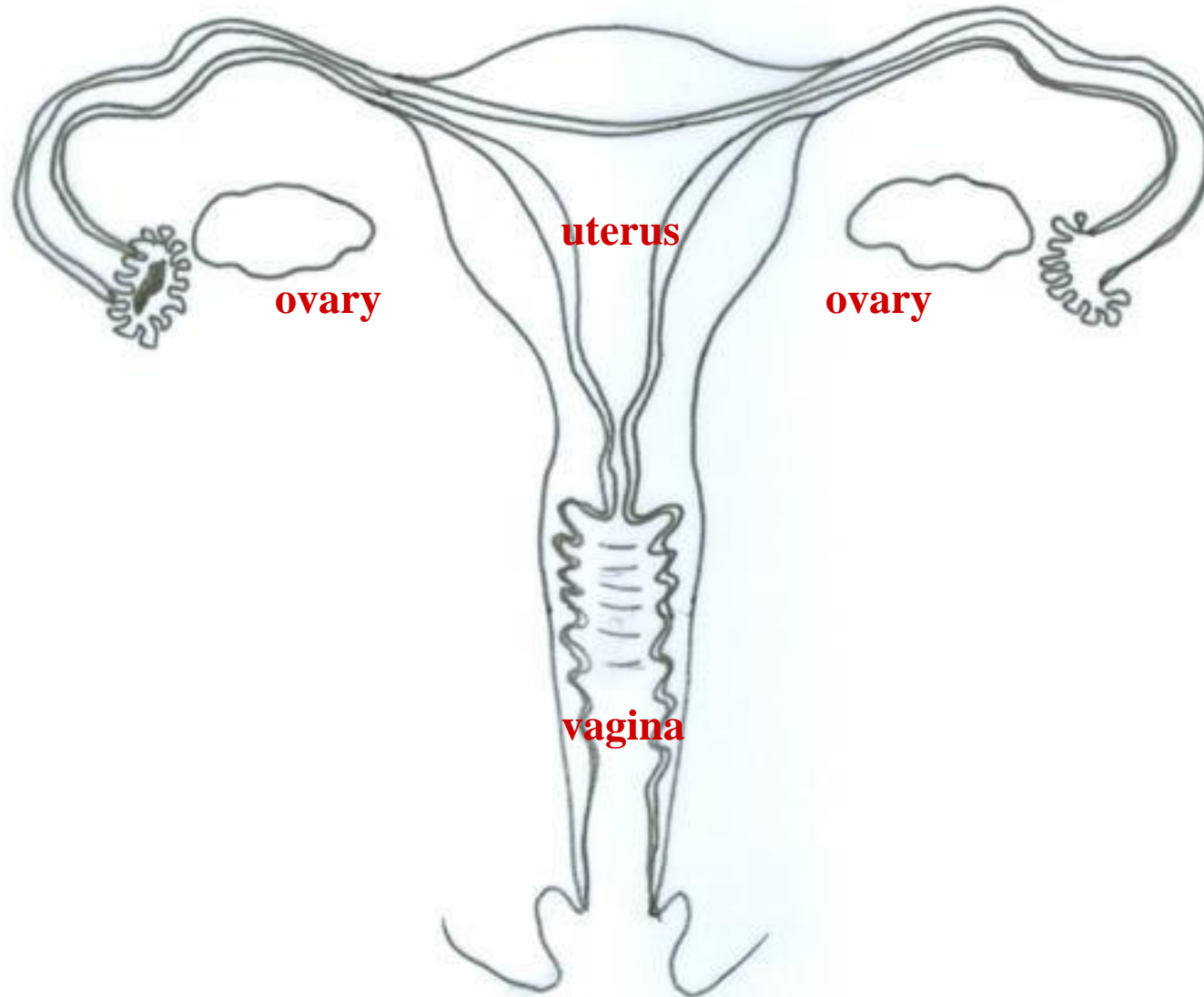
# Male Genitalia



# Female Genitalia

**Fallopian tube**

**Fallopian tube**



**uterus**

**ovary**

**ovary**

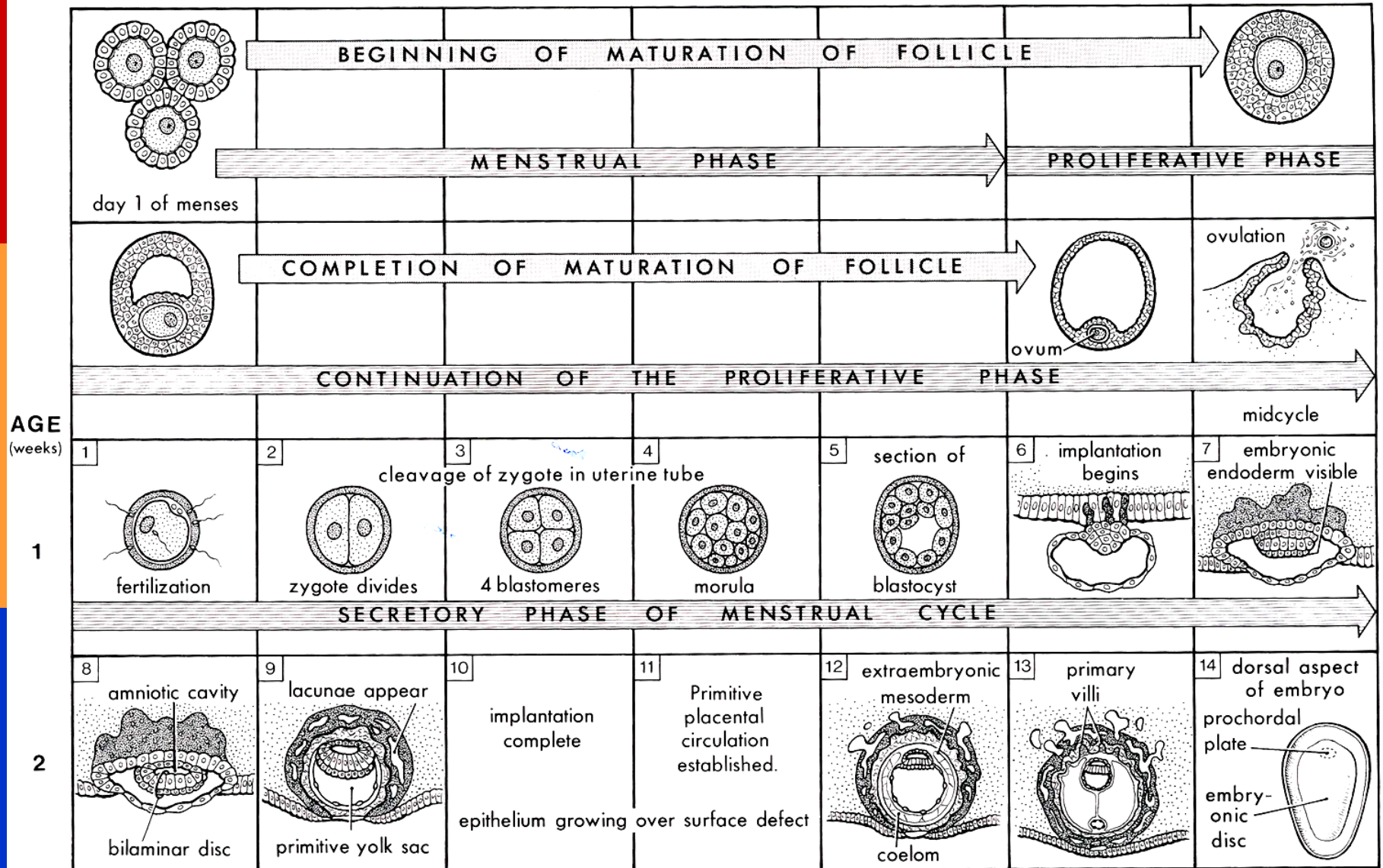
**vagina**



# **GONADAL AND GENITAL EMBRYOGENESIS**

# TIMETABLE OF HUMAN PRENATAL DEVELOPMENT

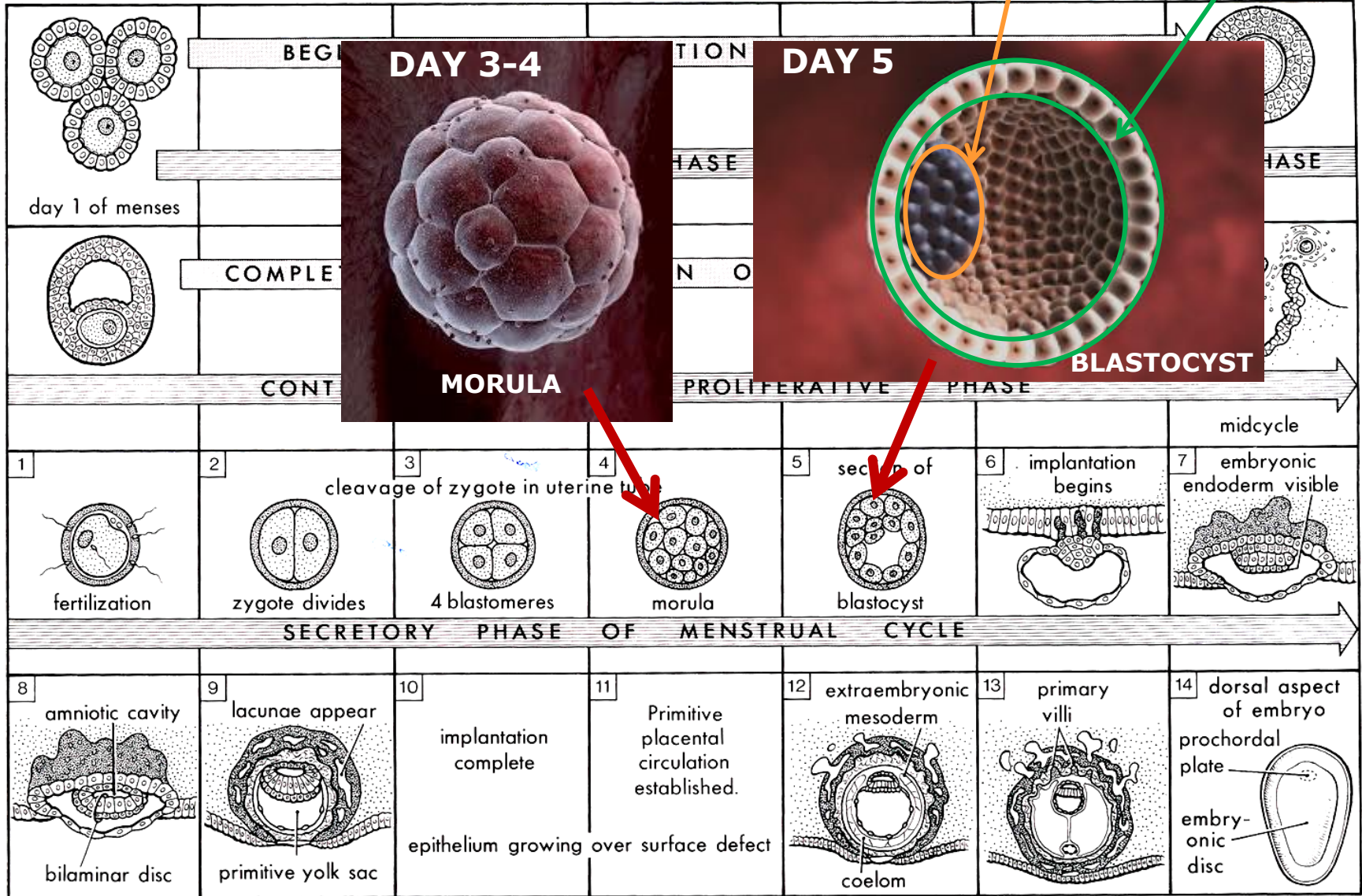
## 1 to 6 weeks





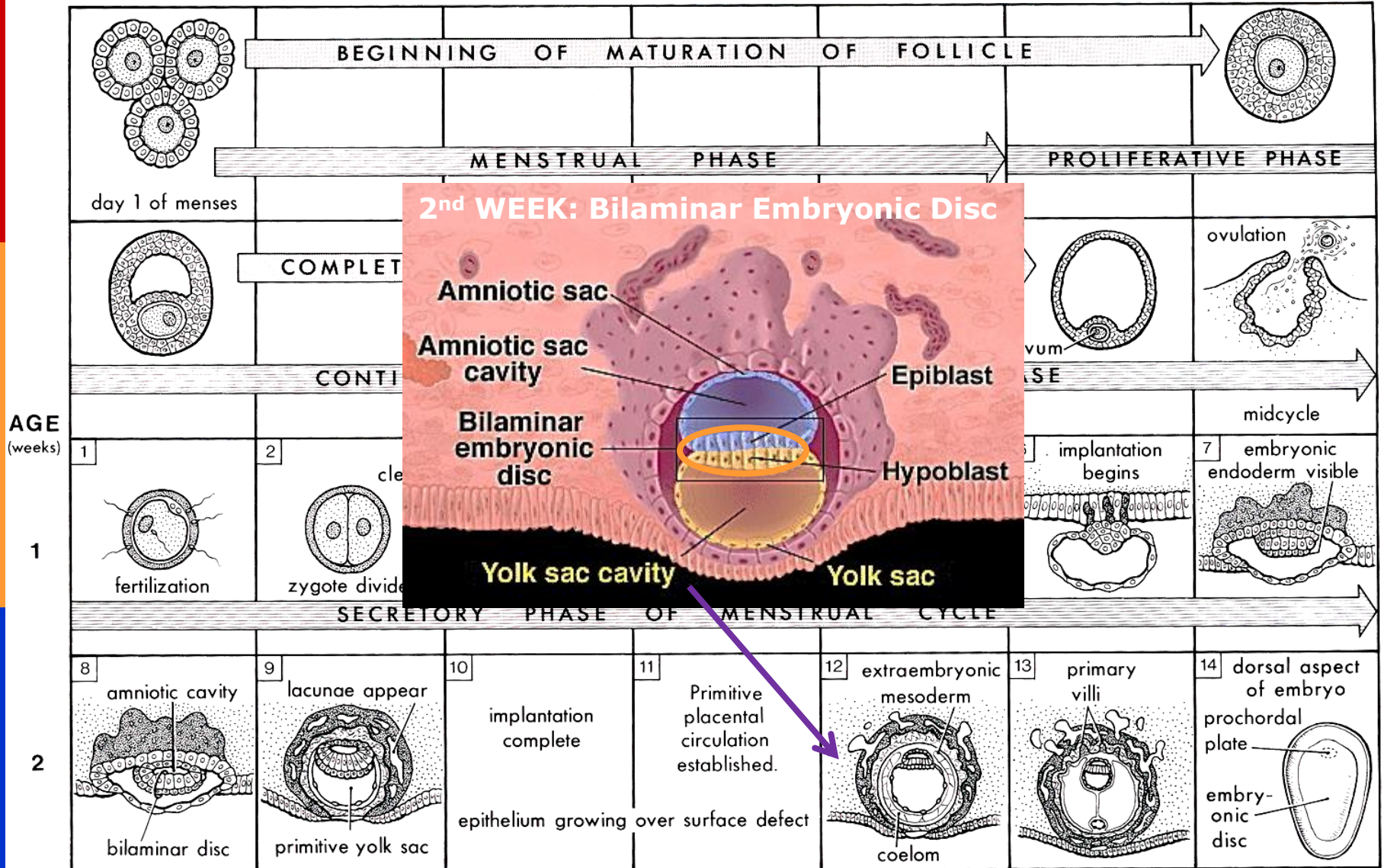
**TIMETABLE OF HUMAN PRENATAL DEVELOPMENT**  
1 to 6 weeks

INNER CELL MASS (> embryo)  
TROPHOBLAST (> placenta)



# TIMETABLE OF HUMAN PRENATAL DEVELOPMENT

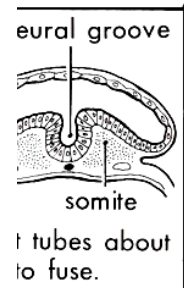
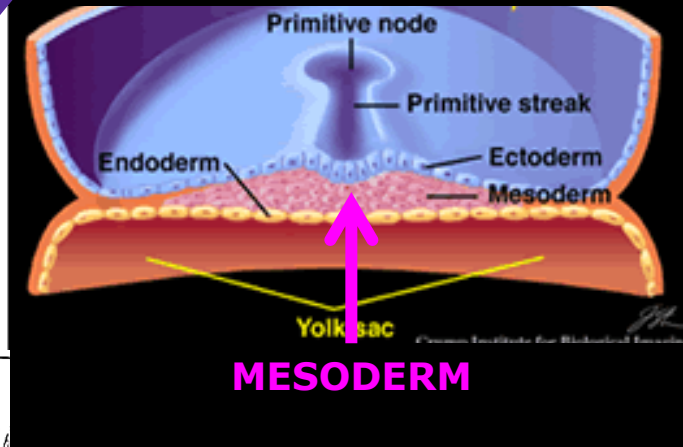
## 1 to 6 weeks



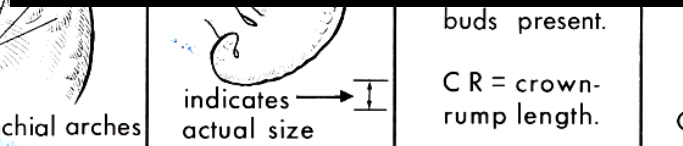


# 3rd WEEK: trilaminar embryonic disc

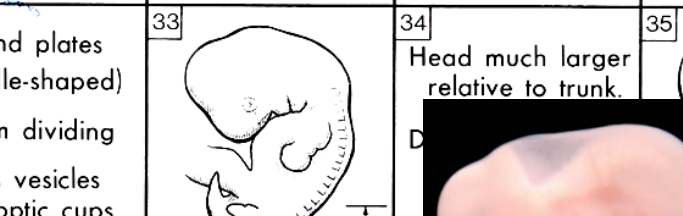
15	16	17	18
first missed menstrual period	primitive knot primitive streak	embryonic mesoderm trilaminar embryo	neural plate primitive streak length



22	23	24	25
Heart begins to beat Neural folds fusing.	anterior neuropore primordia of eye and ear present. posterior neuropore	heart bulge 2 pairs of branchial arches	otic vesicle 3 pairs of branchial arches

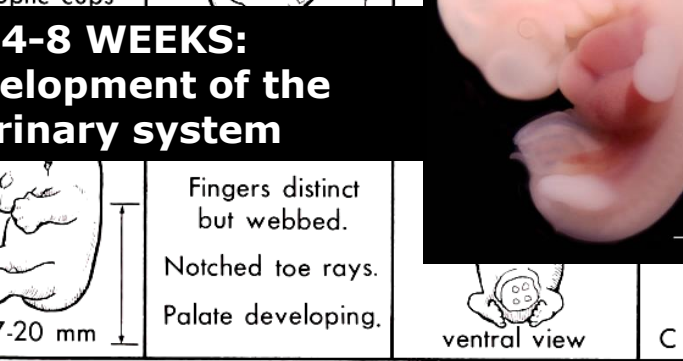


29	30	31	32	33	34	35
CR: 6-7 mm	Lens vesicles, optic cups, nasal pits forming.	developing eye nasal pit primitive mouth	Hand plates (paddle-shaped) Atrium dividing Lens vesicles and optic cups	Head much larger relative to trunk.	CR: 4-5 mm	CR: 6-7 mm



## 4-8 WEEKS: Development of the urinary system

36	37	38	39
Oral & nasal cavities confluent. CR: 14-16 mm	Upper lip formed. CR: 17-20 mm	Fingers distinct but webbed. Notched toe rays. Palate developing. CR: 21-23 mm	ventral view



3





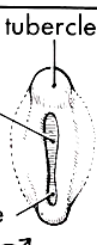



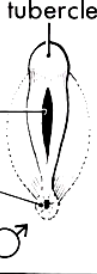


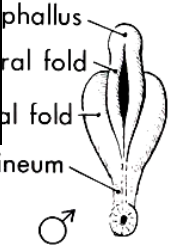


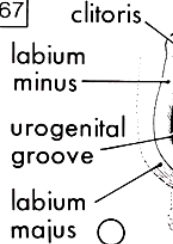
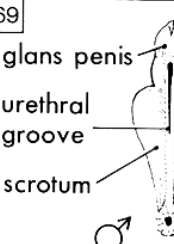

4

5

6

# TIMETABLE OF HUMAN PRENATAL DEVELOPMENT

## 7 to 38 weeks

7	43  CR: 22-24 mm.	44 	45  CR: 25-27 mm	46  Loss of villi Chorion laeve forms.	47 genital tubercle  urogenital membrane anal membrane ♀ or ♂	48 Beginnings of all essential external & internal structures are present.	49  CR: 31 mm	
8	50 beginning of fetal period	51 Anal membrane perforated 	52 	53 External genitalia still in sexless state but have begun to differentiate.	54 genital tubercle  urethral groove anus ♀ or ♂	55 Growth & elaboration of structures occurring.	56  CR: 40 mm	
9	57 Amniotic & chorionic sacs nearly obliterate uterine cavity.	58  5 mm			<b>5-12 WEEKS: Development of the genital system</b>		59  phallus anal fold perineum ♀	63  CR: 50 mm
10	64 Face has human profile. Note growth of chin compared to day 44.	65 	67  clitoris labium minus urogenital groove labium majus ♀	68 Genitalia have ♀ or ♂ characteristics but still not fully formed.	69  glans penis urethral groove scrotum ♂	70  CR: 61 mm		

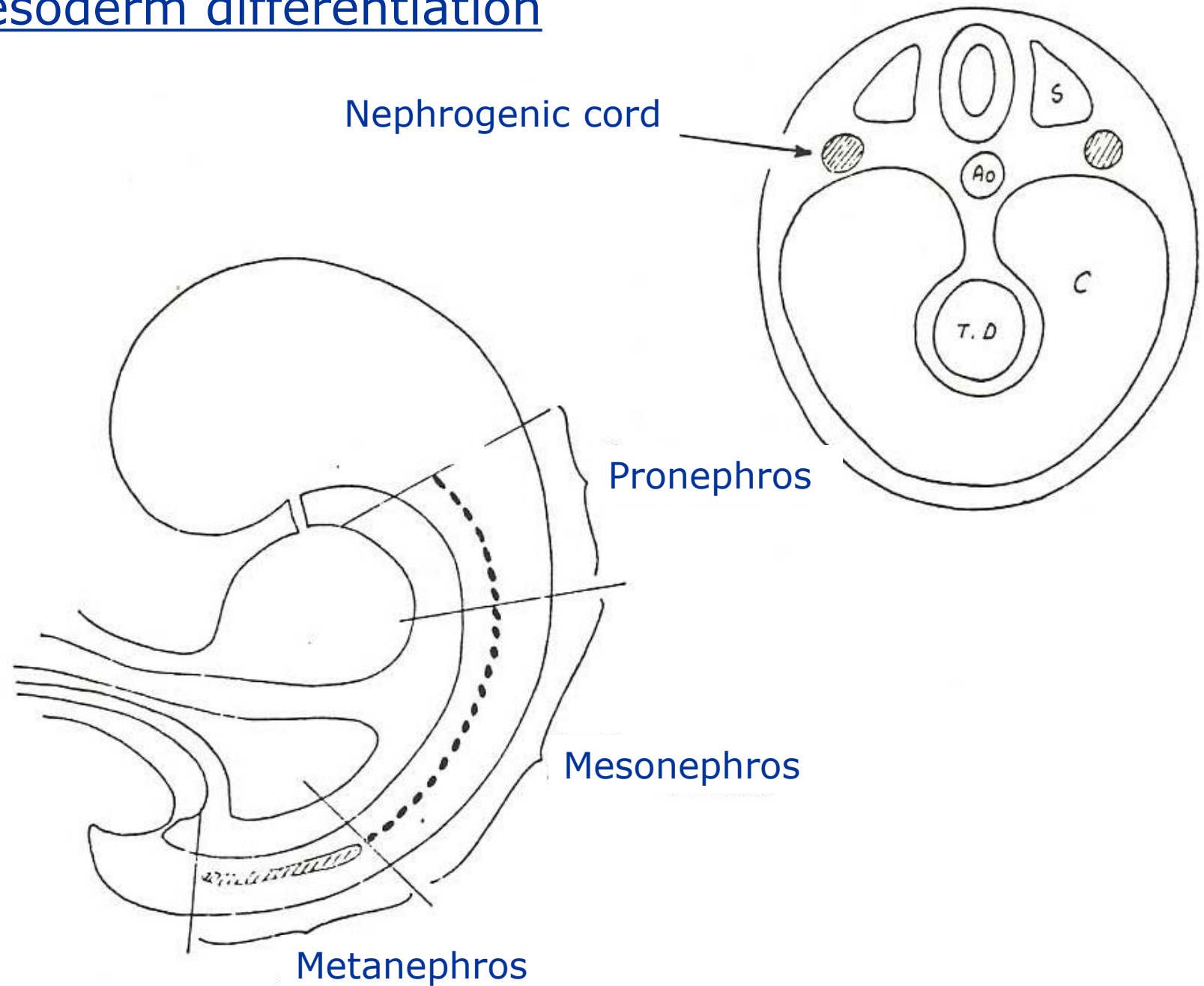


End of the 8th week

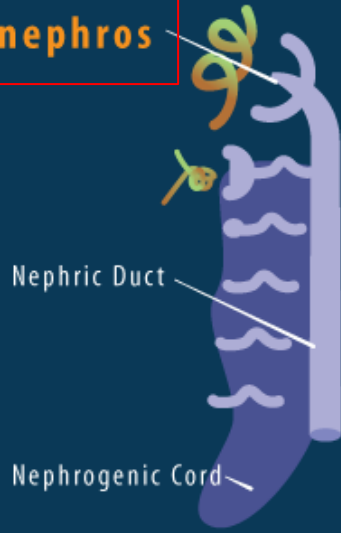
# Mesoderm differentiation



# Mesoderm differentiation

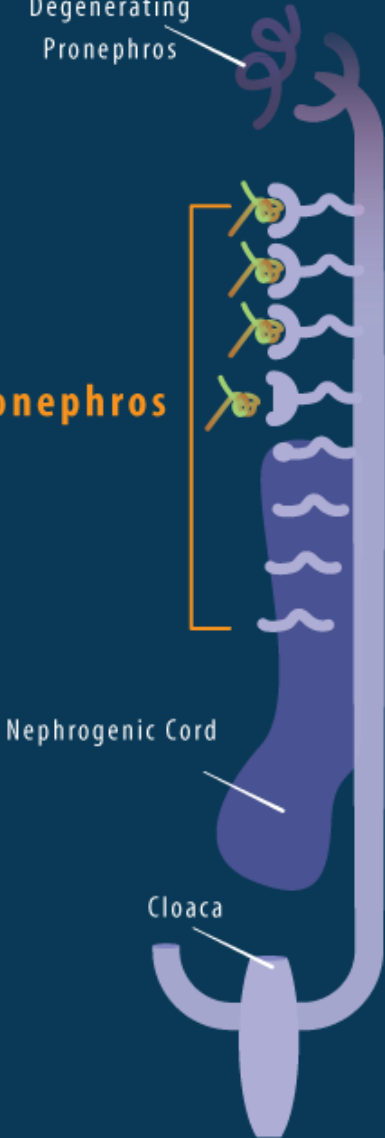


**Pronephros**



Degenerating Pronephros

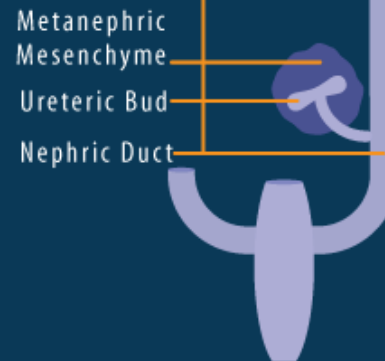
**Mesonephros**



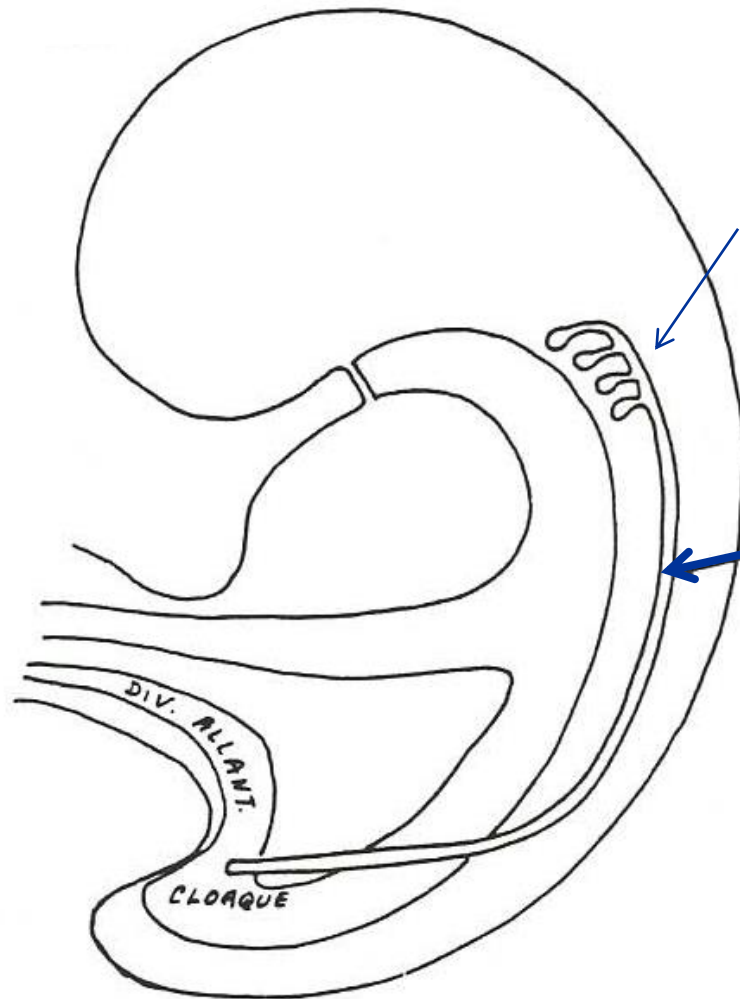
Degenerating Mesonephros

Mesonephros

**Metanephros**



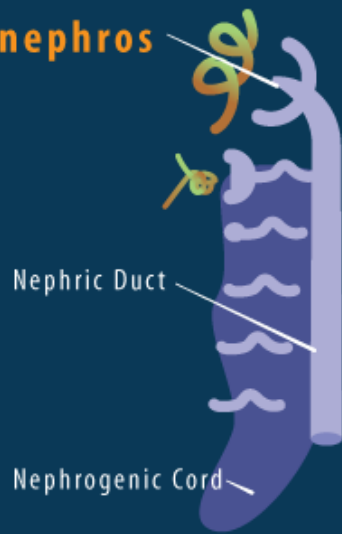
# Pronephros (4th week)



Rudimentary primitive glomerular and tubular structures in the neck region, which quickly degenerate

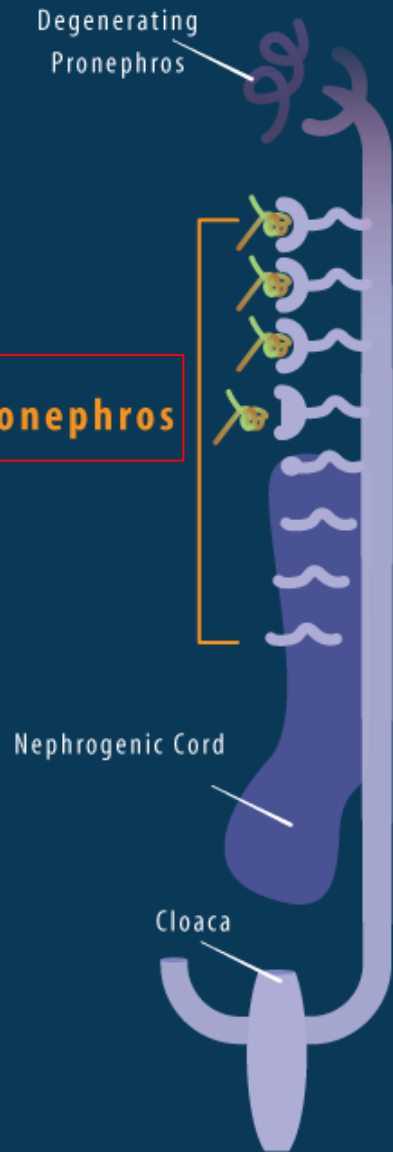
**Wolff duct**

**Pronephros**



Degenerating Pronephros

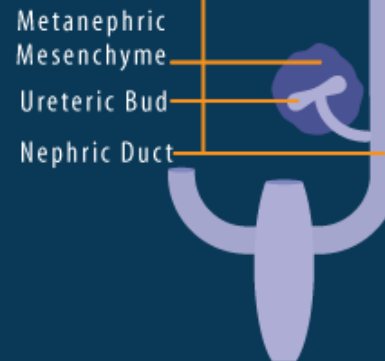
**Mesonephros**



Degenerating Mesonephros

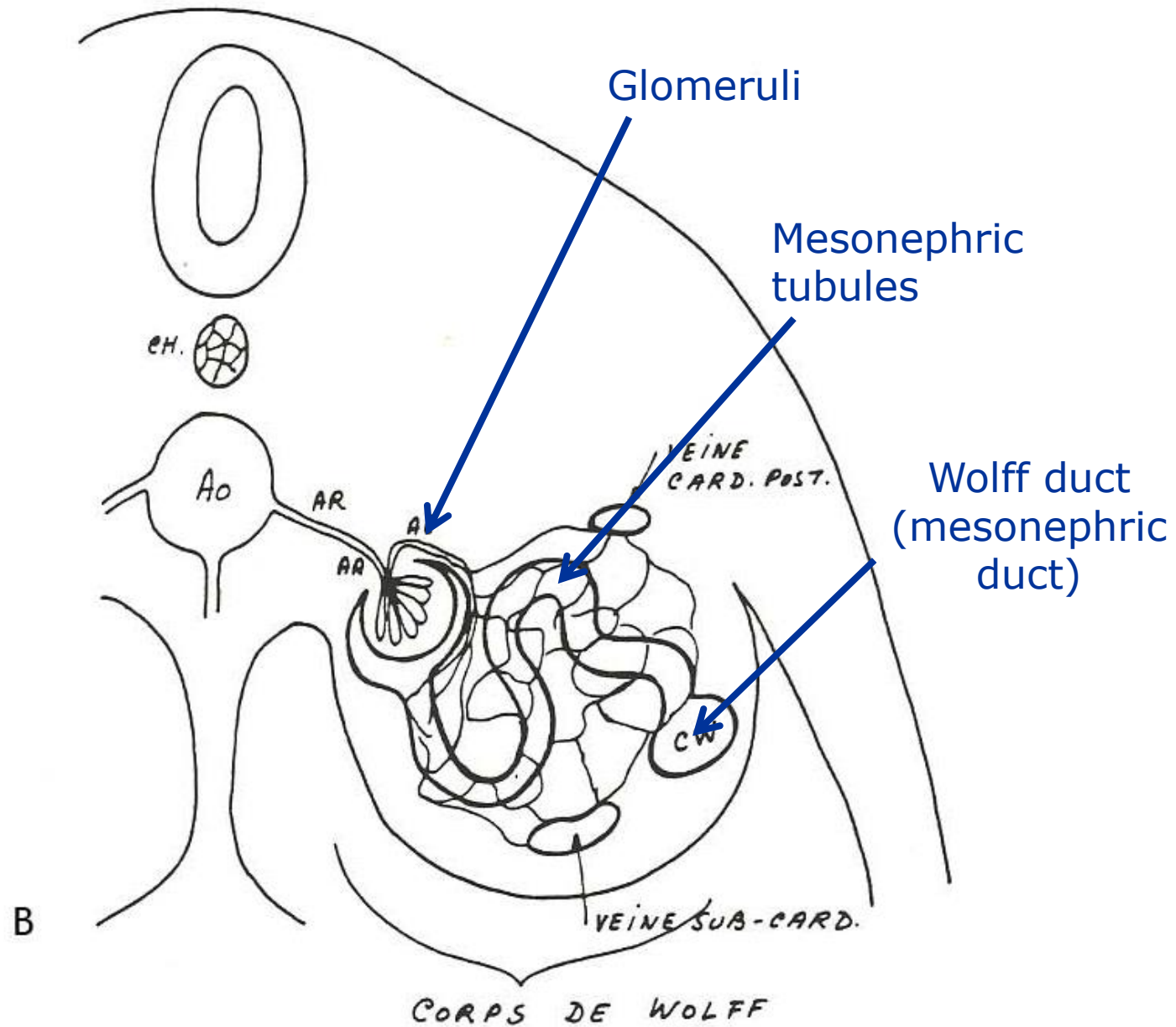
Mesonephros

**Metanephros**

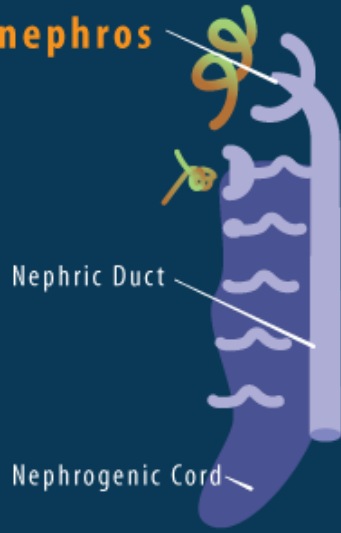




# Mesonephros (4-5th weeks) = interim kidney

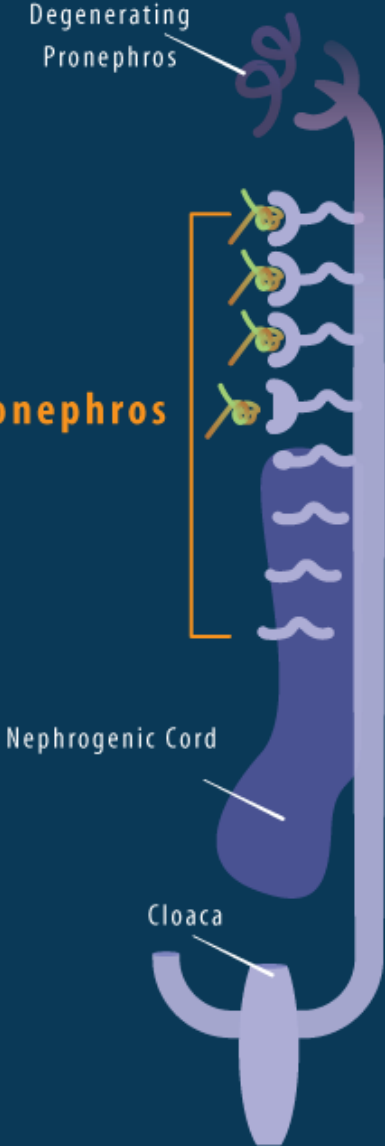


**Pronephros**



Degenerating Pronephros

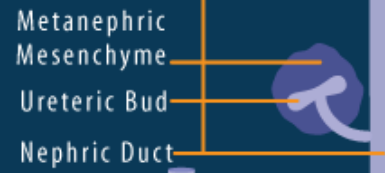
**Mesonephros**



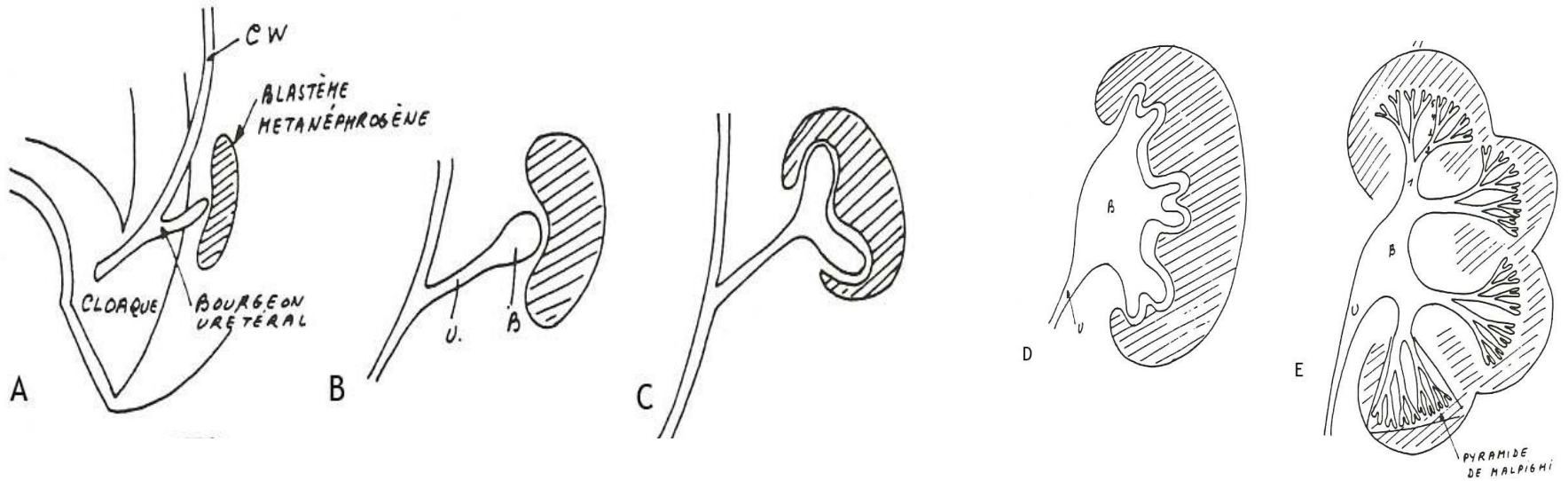
Degenerating Mesonephros

Mesonephros

**Metanephros**



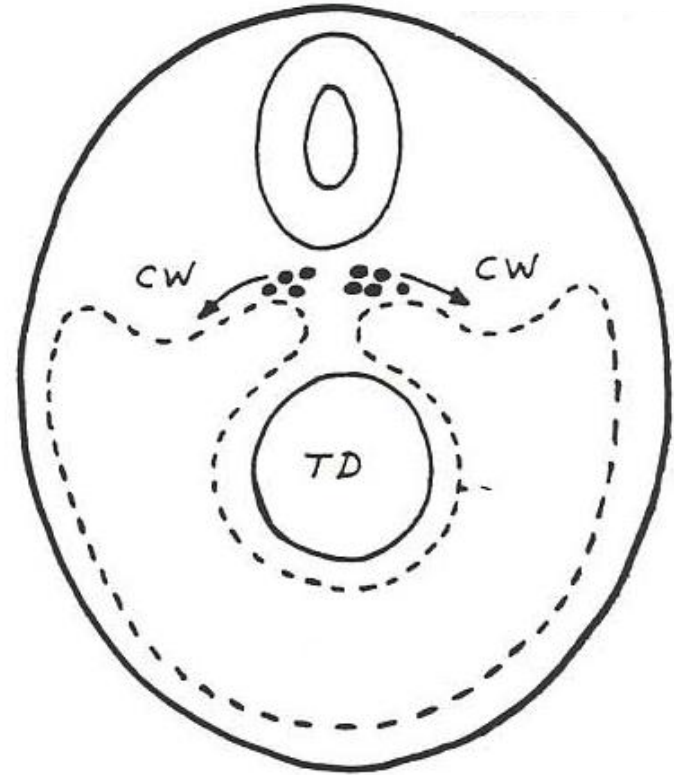
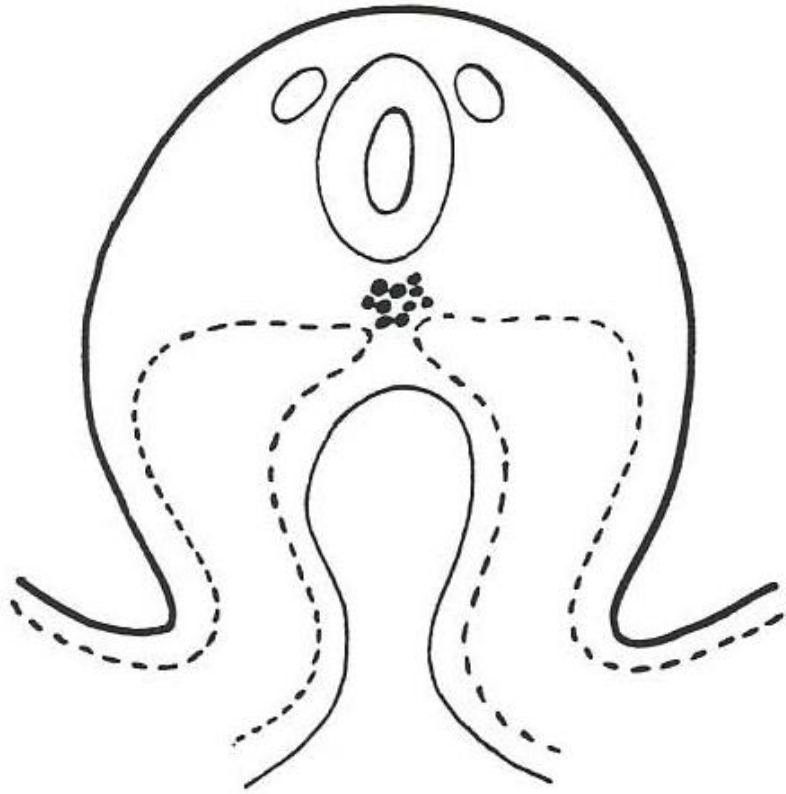
# Metanephros (5-8th weeks) = permanent kidney



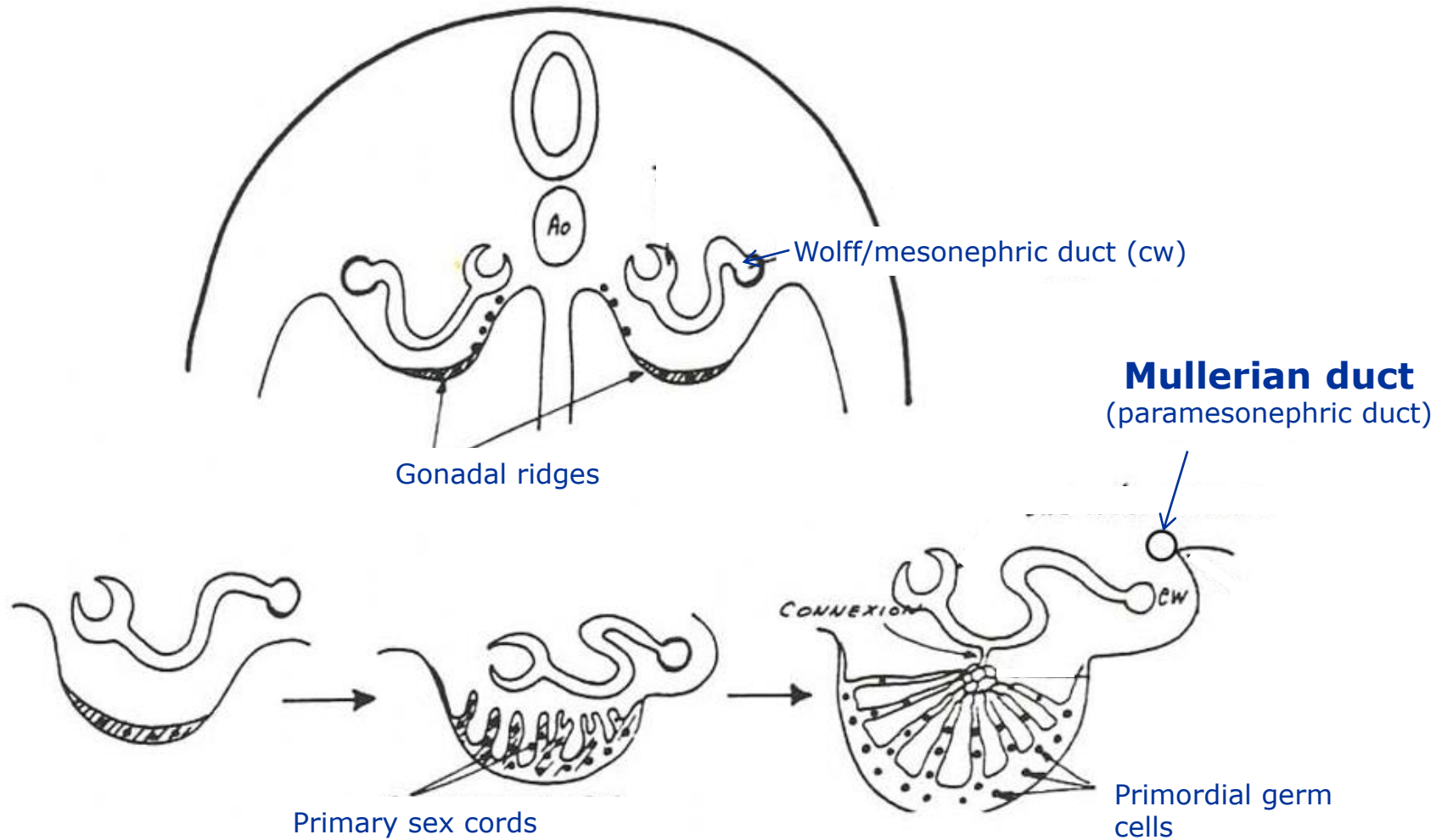
# Gonadal differentiation



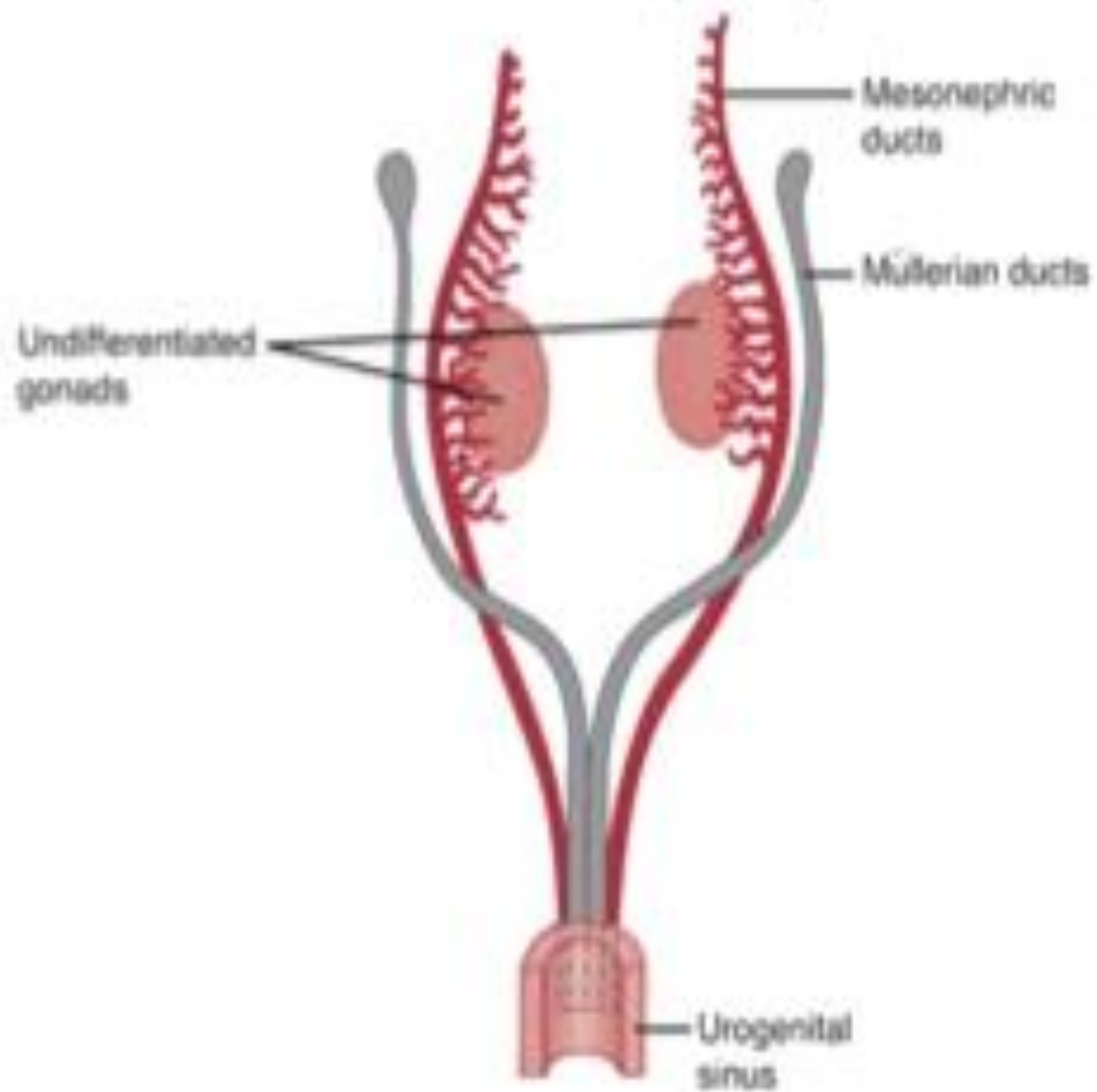
Migration of the primordial germ cells into the **mesonephros** (5th week)



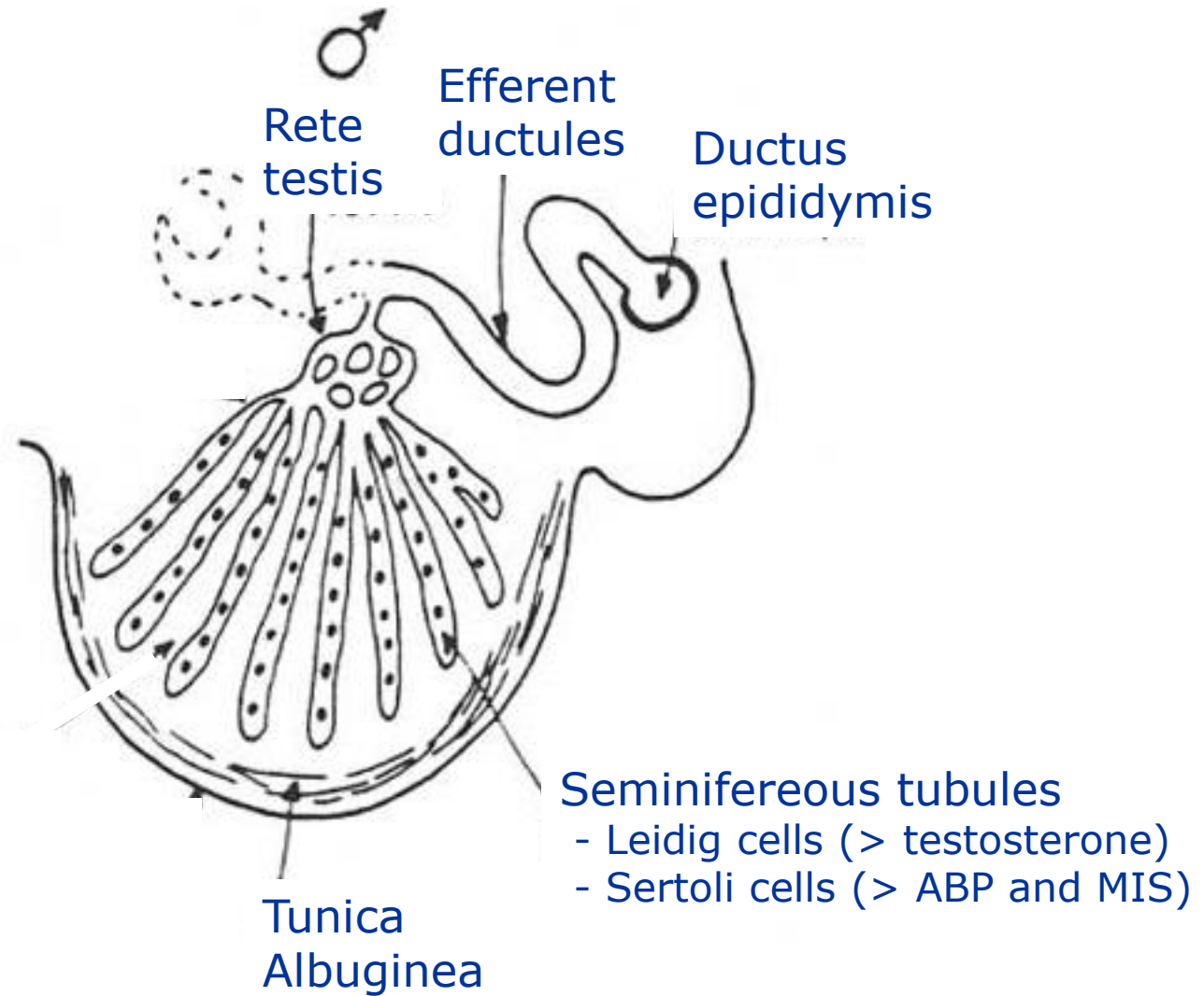
# Indifferent gonads (5th week)



Undifferentiated (8 weeks)



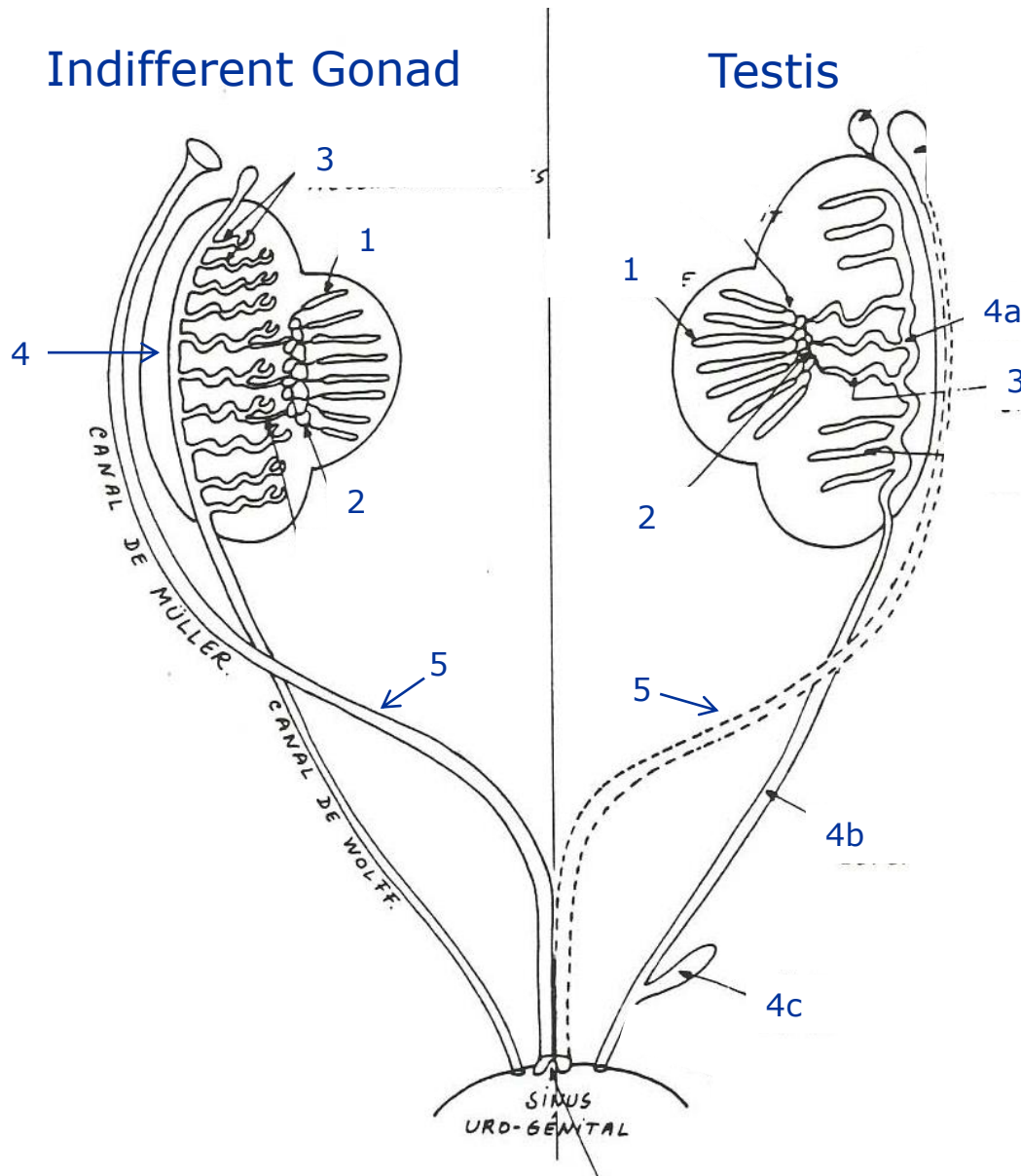
# Development of testes (7th week)



ABP: Androgen Binding Protein  
MIS: Mullerian inhibiting substance



# Development of testes (7th week)



## 1. Primary sex cords

> seminiferous tubules

## 2. Rete > rete testis

## 3. Mesonephric tubules

> efferent ductules

## 4. Wolff/Mesonephric duct

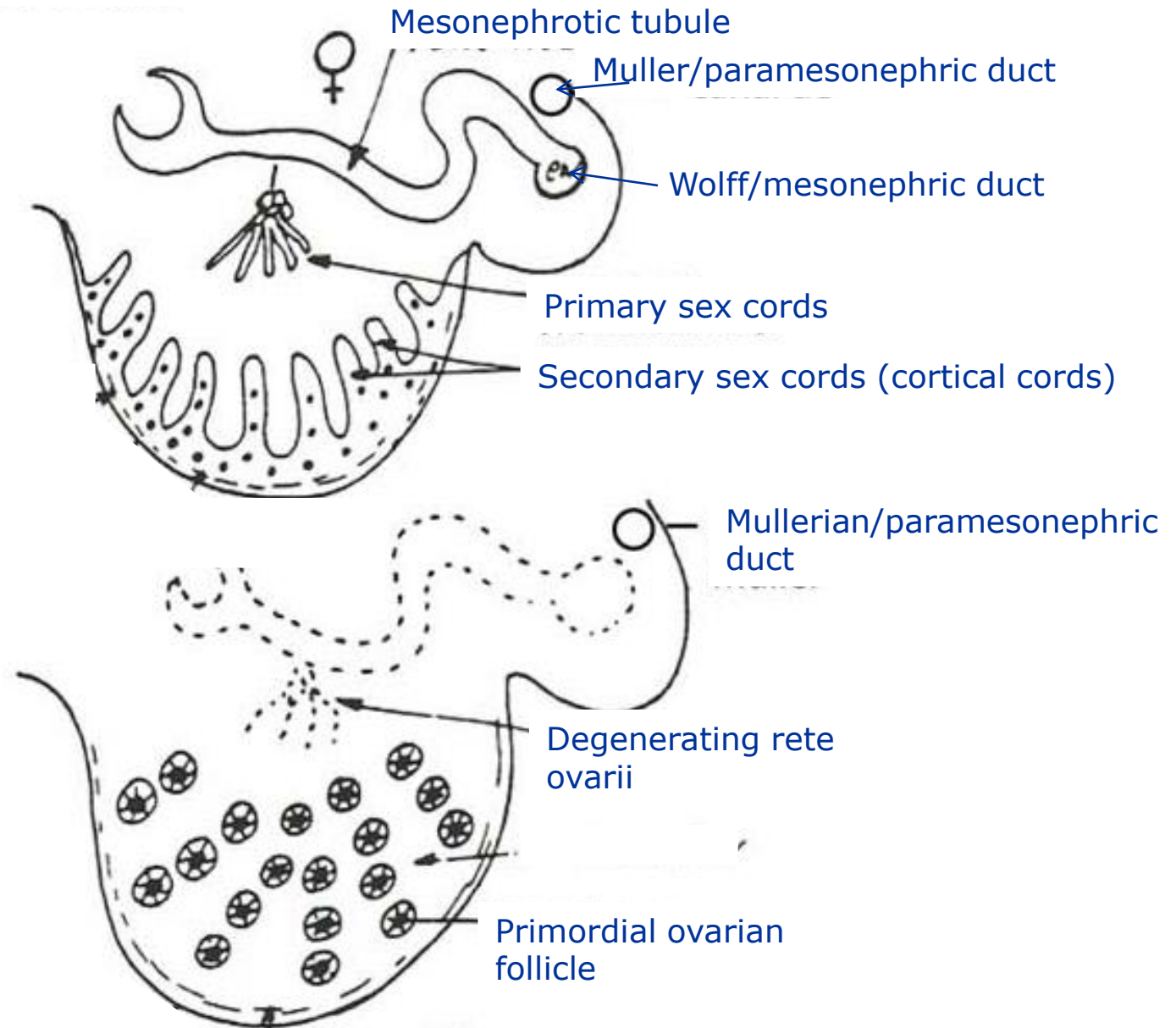
> ductus epididymis (a)

> vas deferens (b)

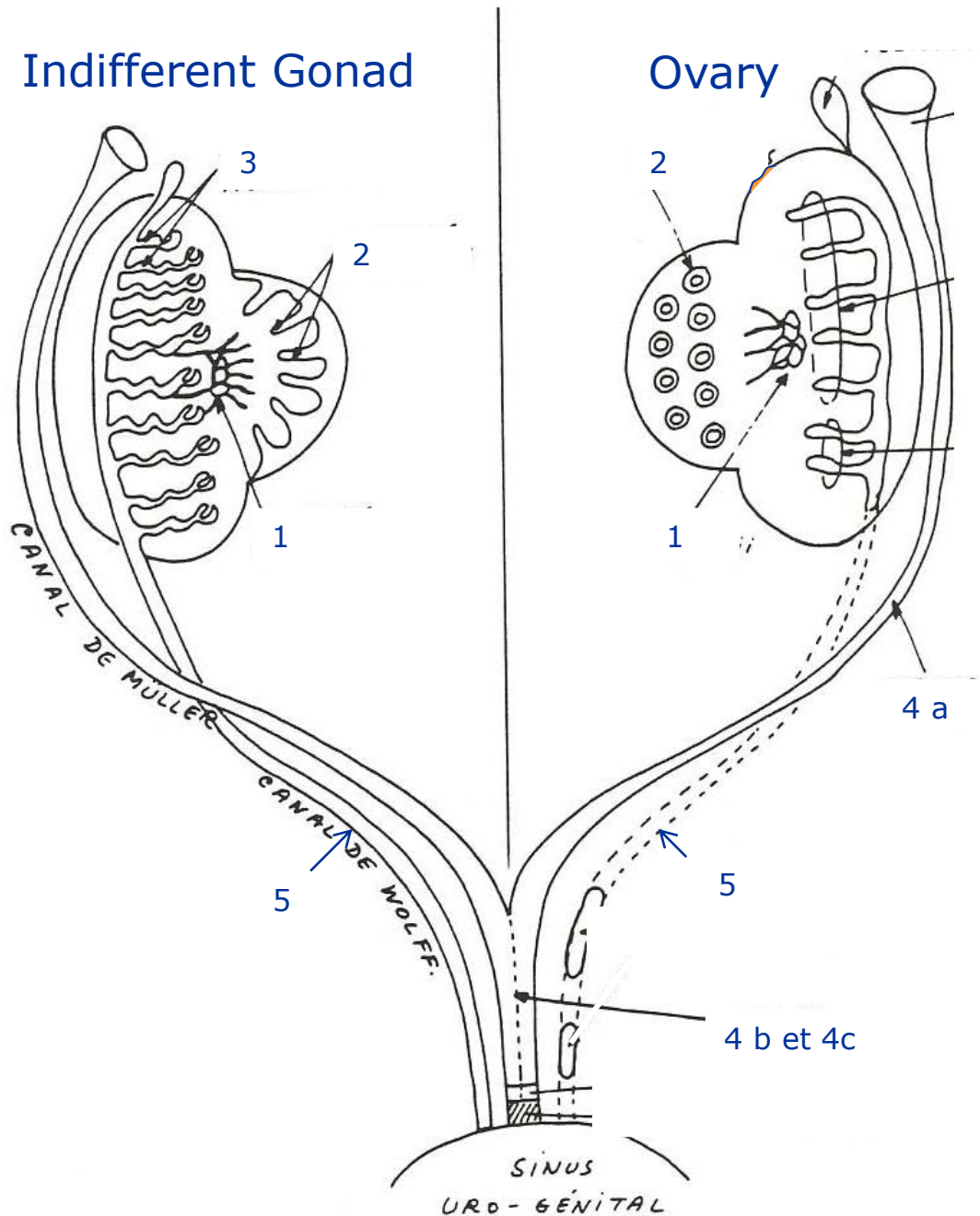
> seminal vesicle (c)

## 5. Mullerian/paramesonephric duct: degenerates (MIS)

# Development of ovaries (10th week)

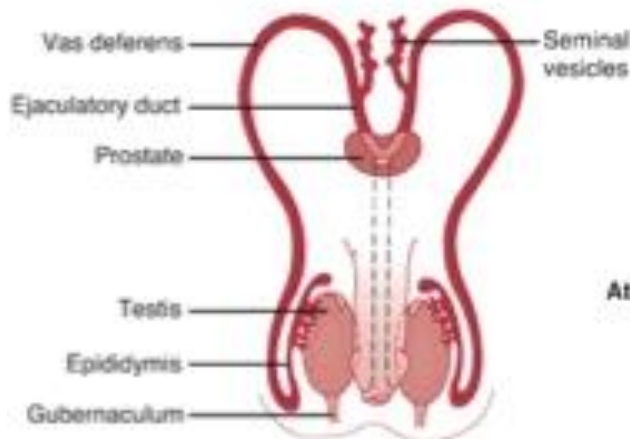
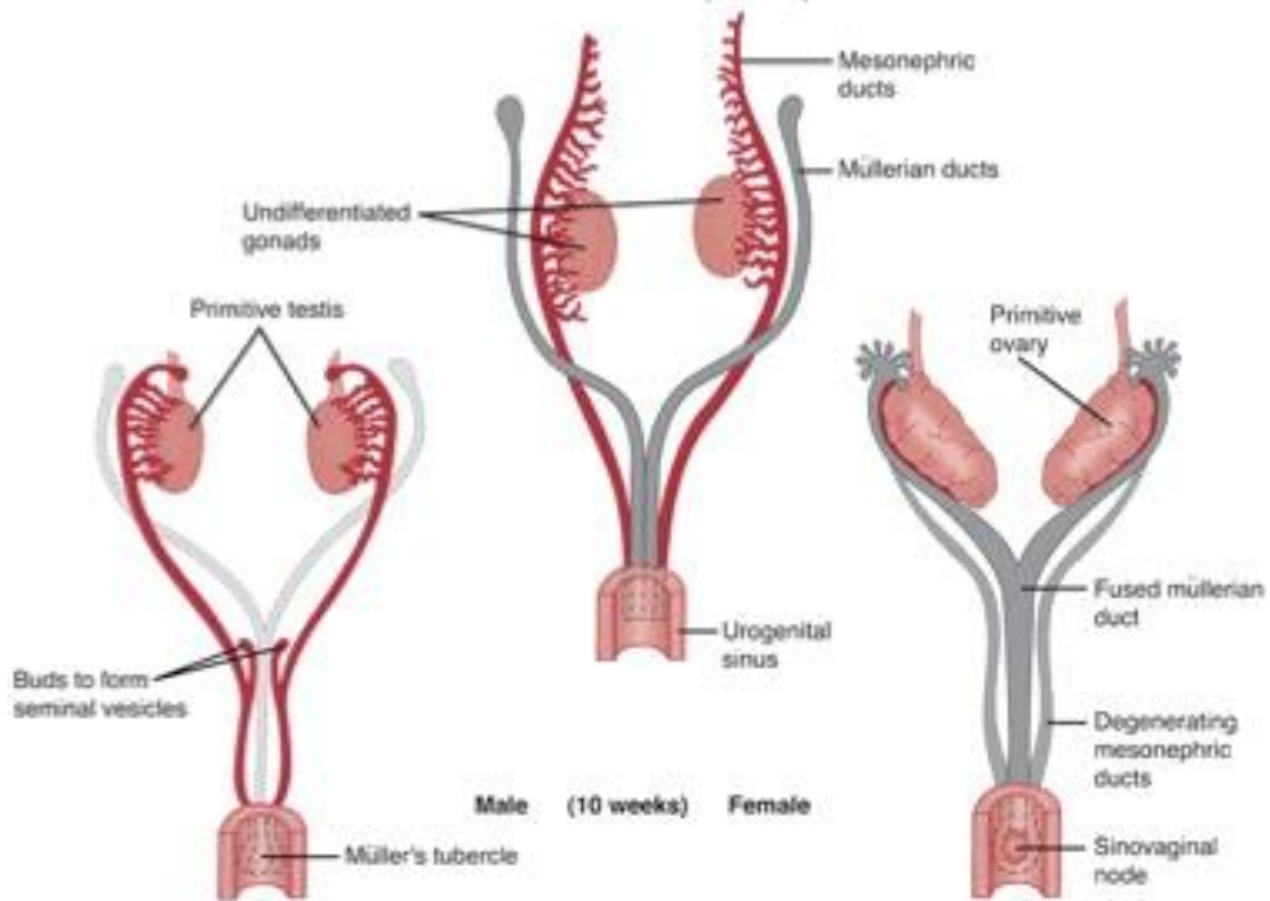


# Development of ovaries (10th week)



- 1. Primary sex cords**  
> rete ovarii
- 2. Secondary sex cords**  
> primordial follicles
- 3. Mesonephric tubules**  
degenerate
- 4. Mullerian/paramesonephric duct**  
> Fallopian tubes (a)  
> uterus (b)  
> upper vagina (c)
- 5. Wolff/mesonephric duct:** degenerates

Undifferentiated (8 weeks)



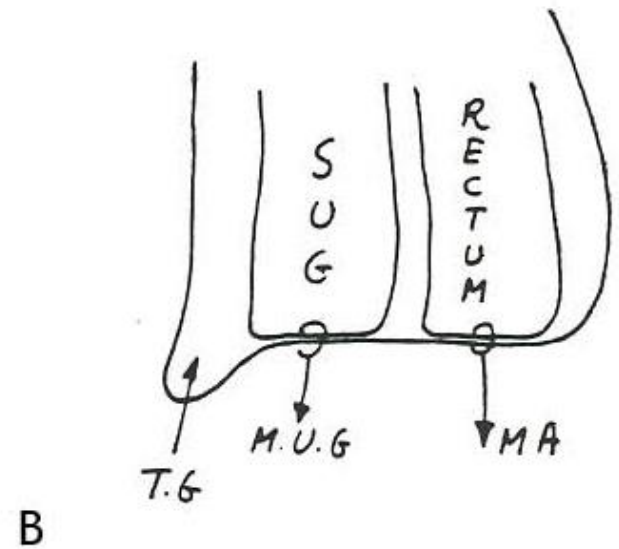
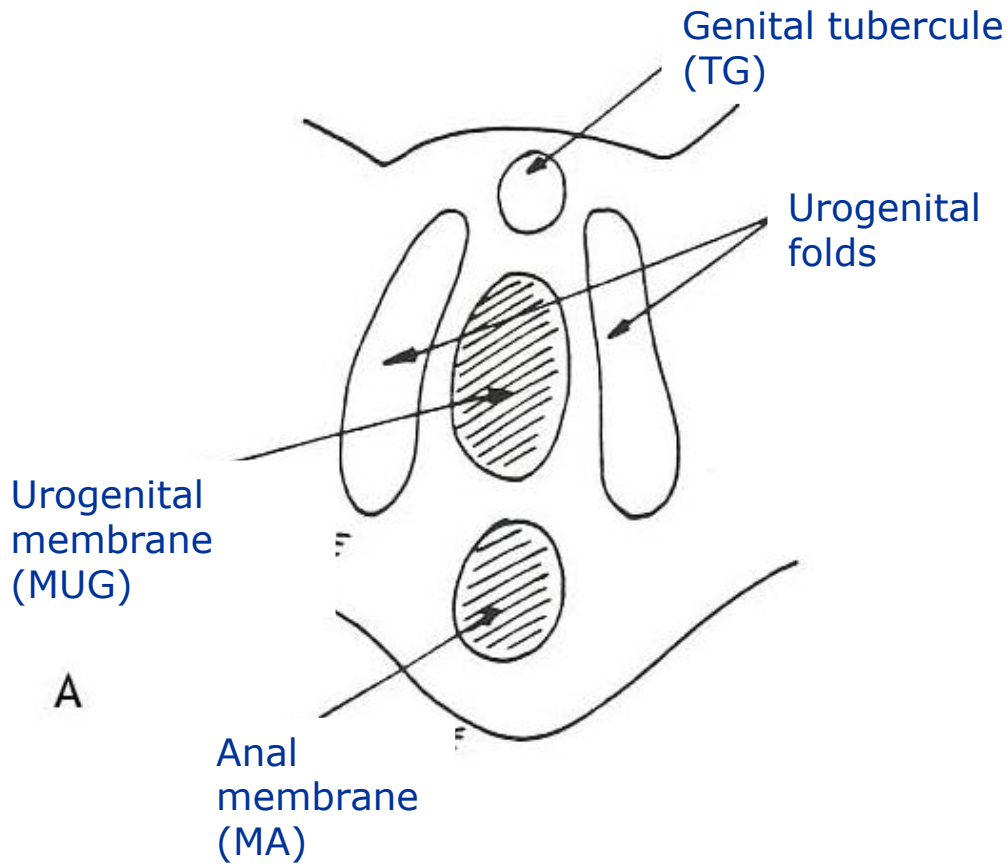
At birth





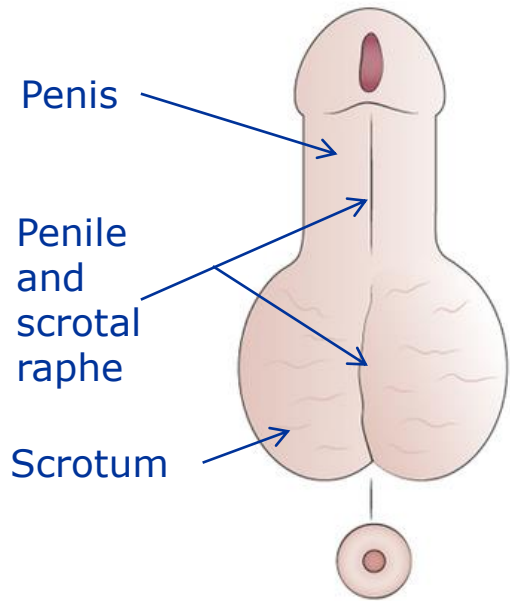
# External Genitalia



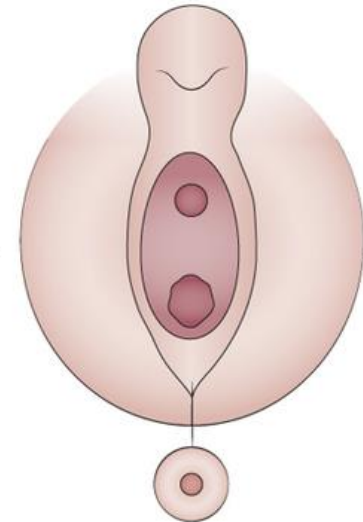
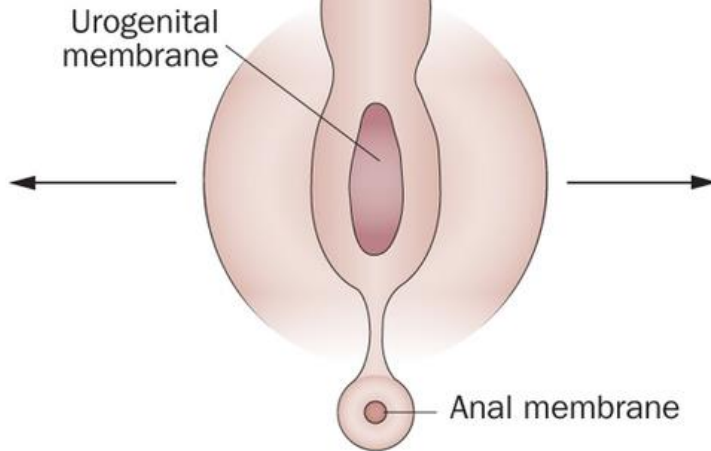
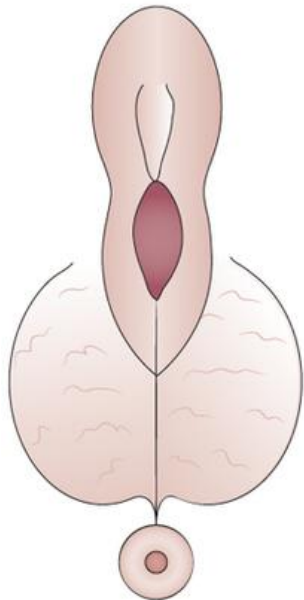
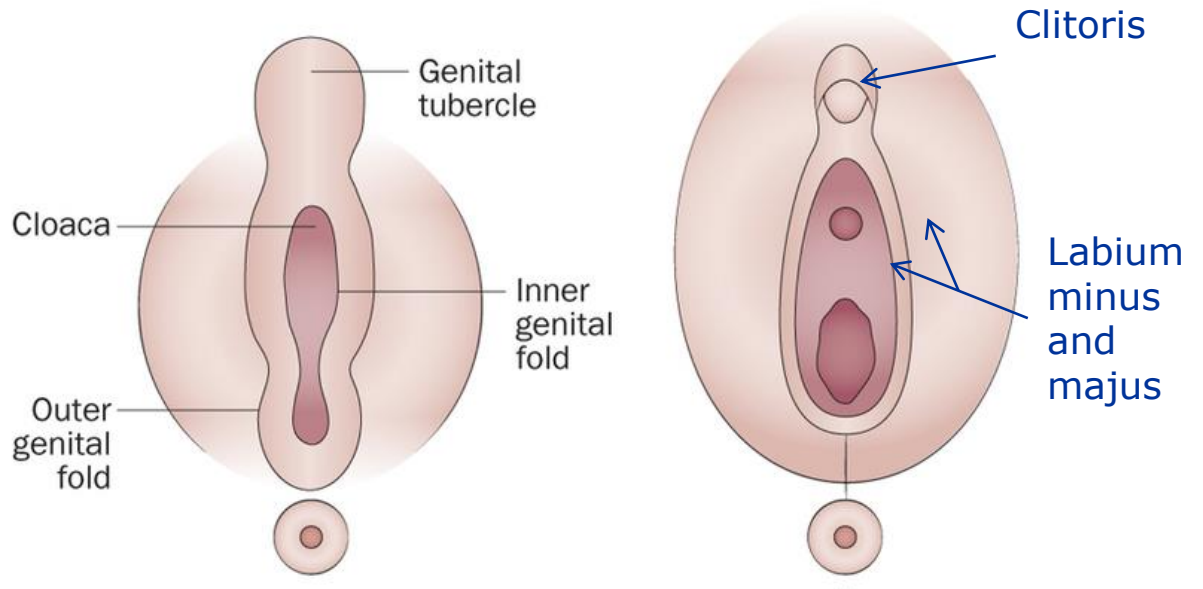


SUG: Urogenital sinus

Male fetus

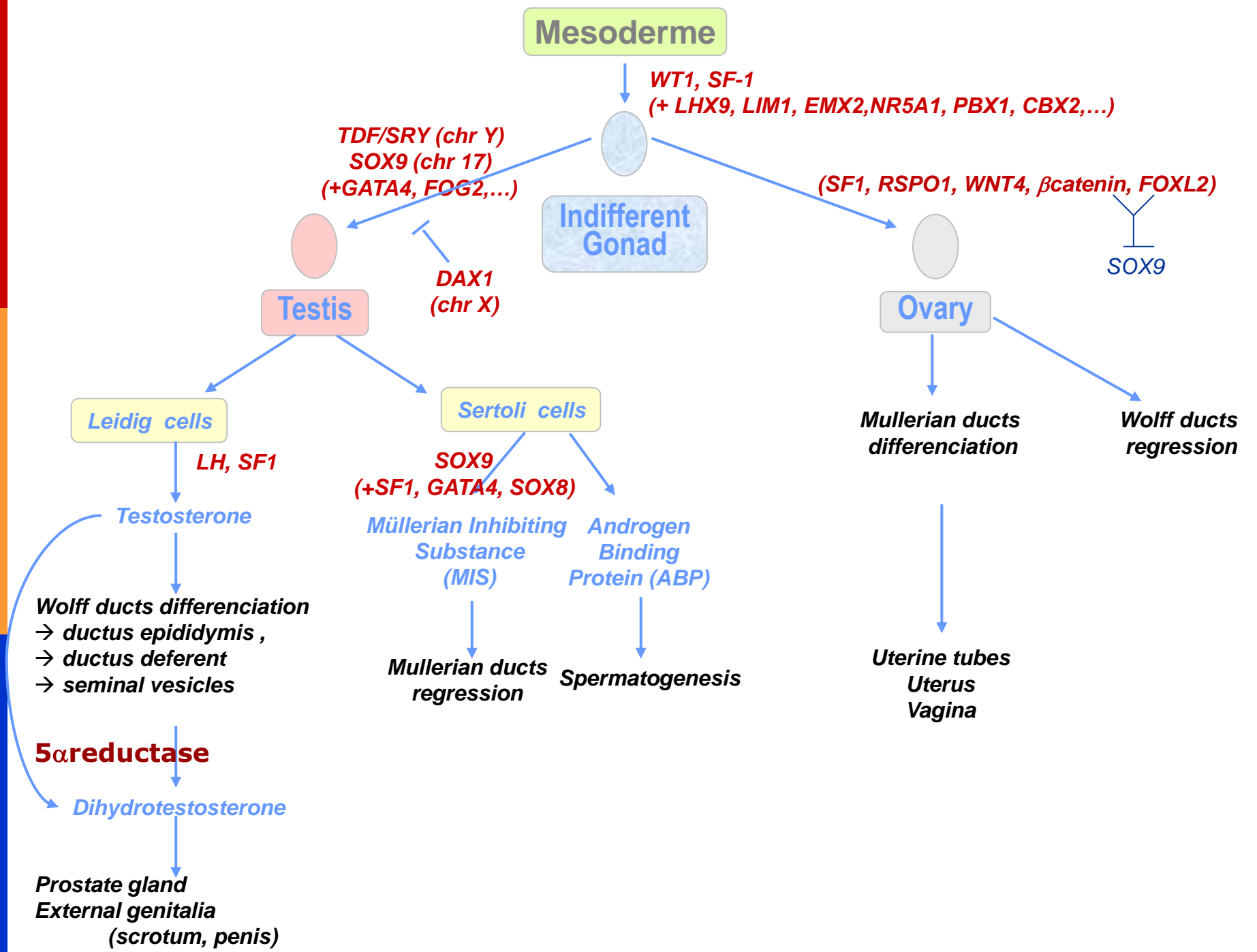


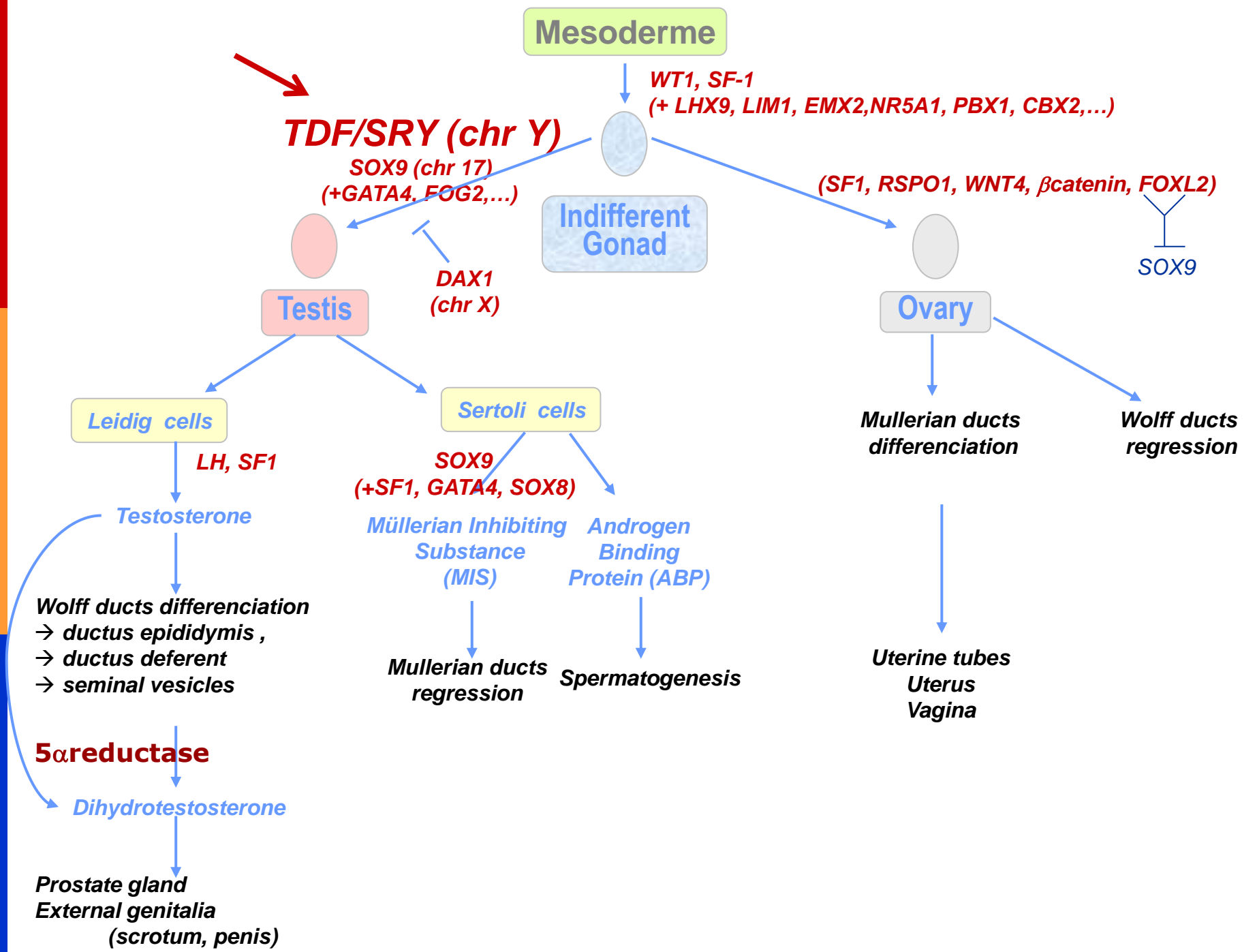
Female fetus





# **BIOLOGY OF GENITAL DIFFERENTIATION**





Mesoderme

WT1, SF-1  
(+ LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2,...)

TDF/SRY (chr Y)

SOX9 (chr 17)  
(+GATA4, FOG2,...)

Indifferent  
Gonad

(SF1, RSPO1, WNT4,  $\beta$ catenin, FOXL2)

SOX9

Testis

DAX1  
(chr X)

Ovary

Leidig cells

Sertoli cells

Mullerian ducts  
differentiation

Wolff ducts  
regression

LH, SF1

SOX9  
(+SF1, GATA4, SOX8)

Müllerian Inhibiting  
Substance  
(MIS)

Androgen  
Binding  
Protein (ABP)

Mullerian ducts  
regression

Spermatogenesis

Uterine tubes  
Uterus  
Vagina

Testosterone

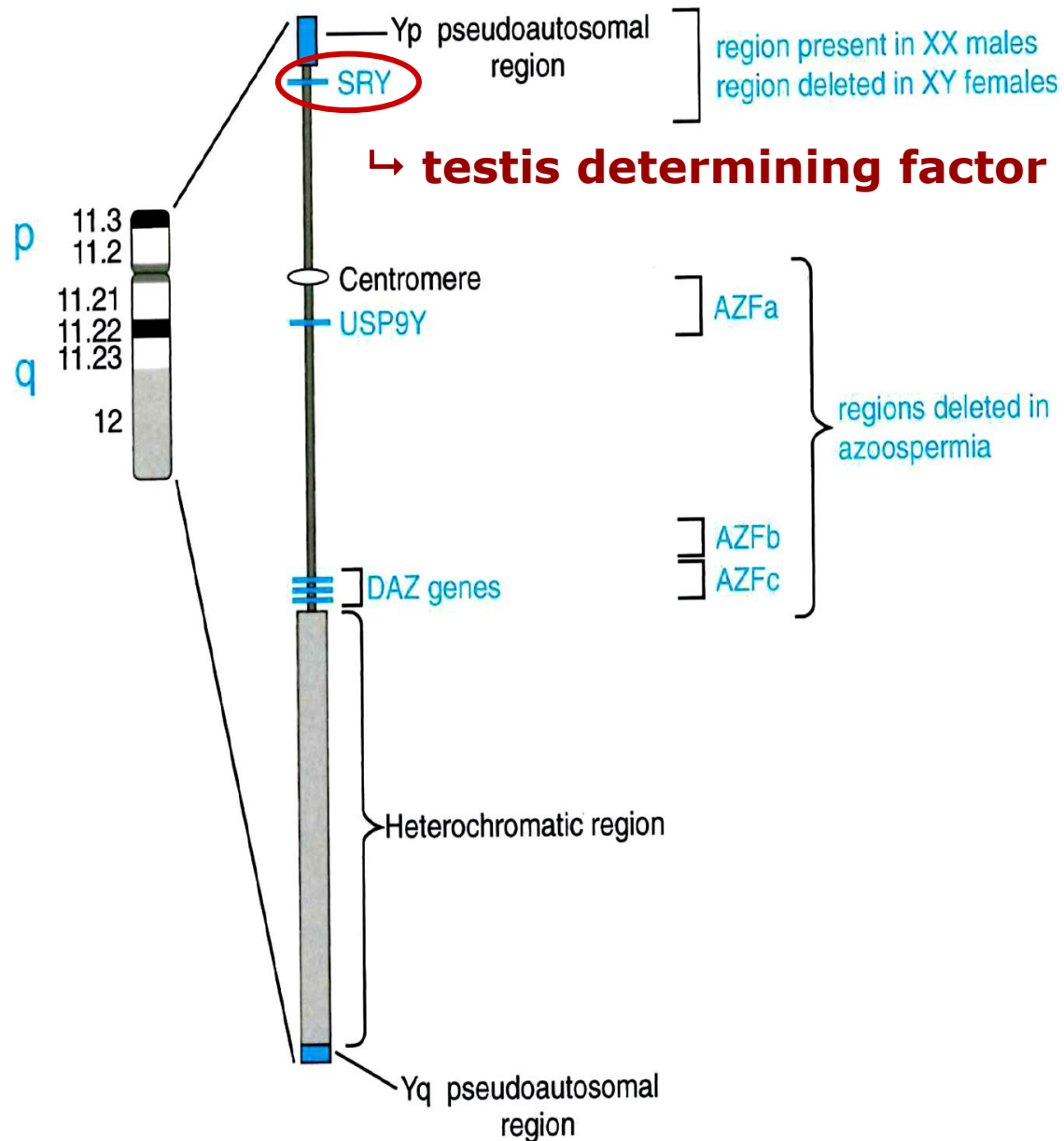
Wolff ducts differentiation  
→ ductus epididymis,  
→ ductus deferent  
→ seminal vesicles

5 $\alpha$ reductase

Dihydrotestosterone

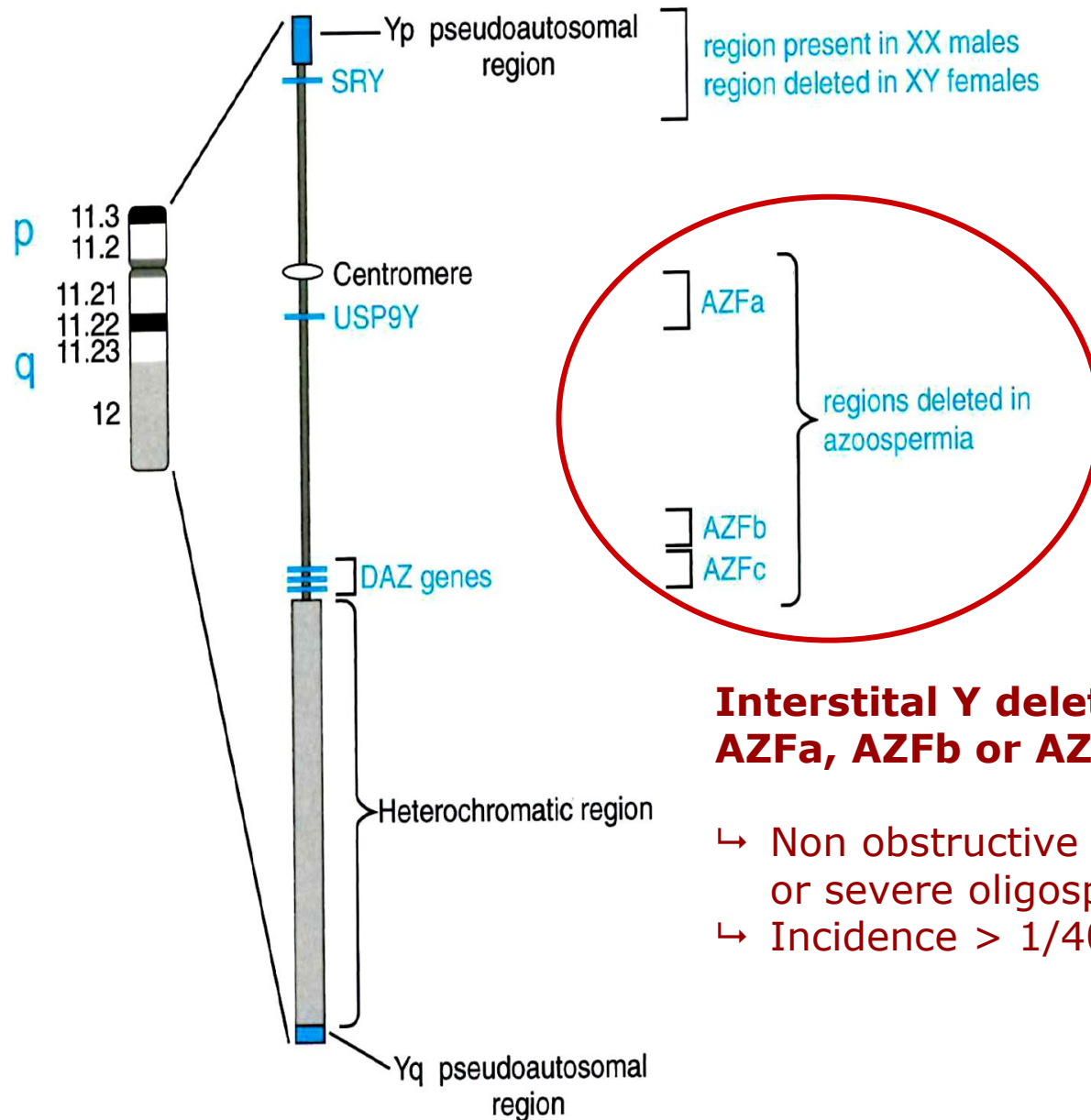
Prostate gland  
External genitalia  
(scrotum, penis)

# The Y chromosome



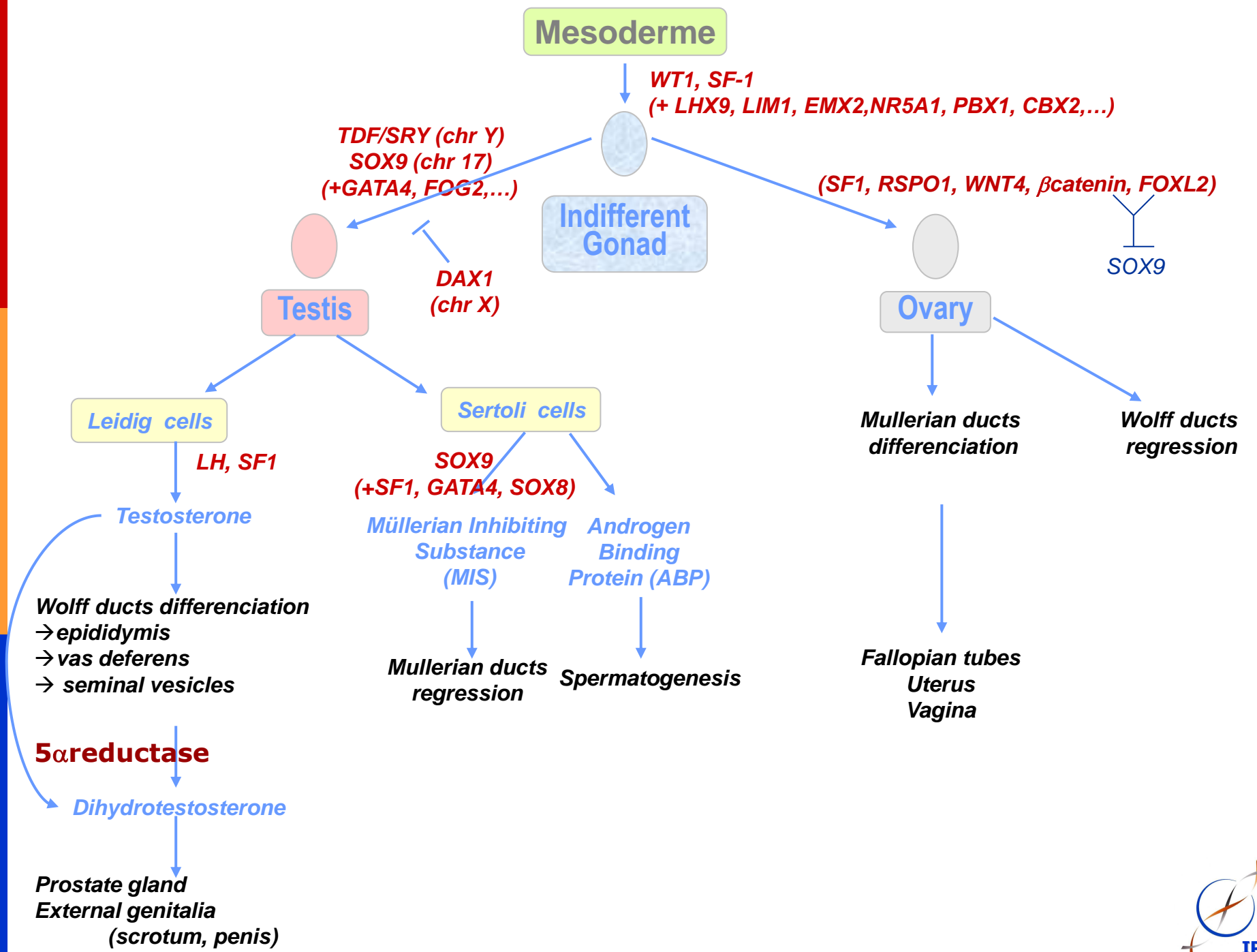


# The Y chromosome



## **Interstitial Y deletion including AZFa, AZFb or AZFc**

- ↳ Non obstructive azoospermia or severe oligospermia
- ↳ Incidence > 1/4000

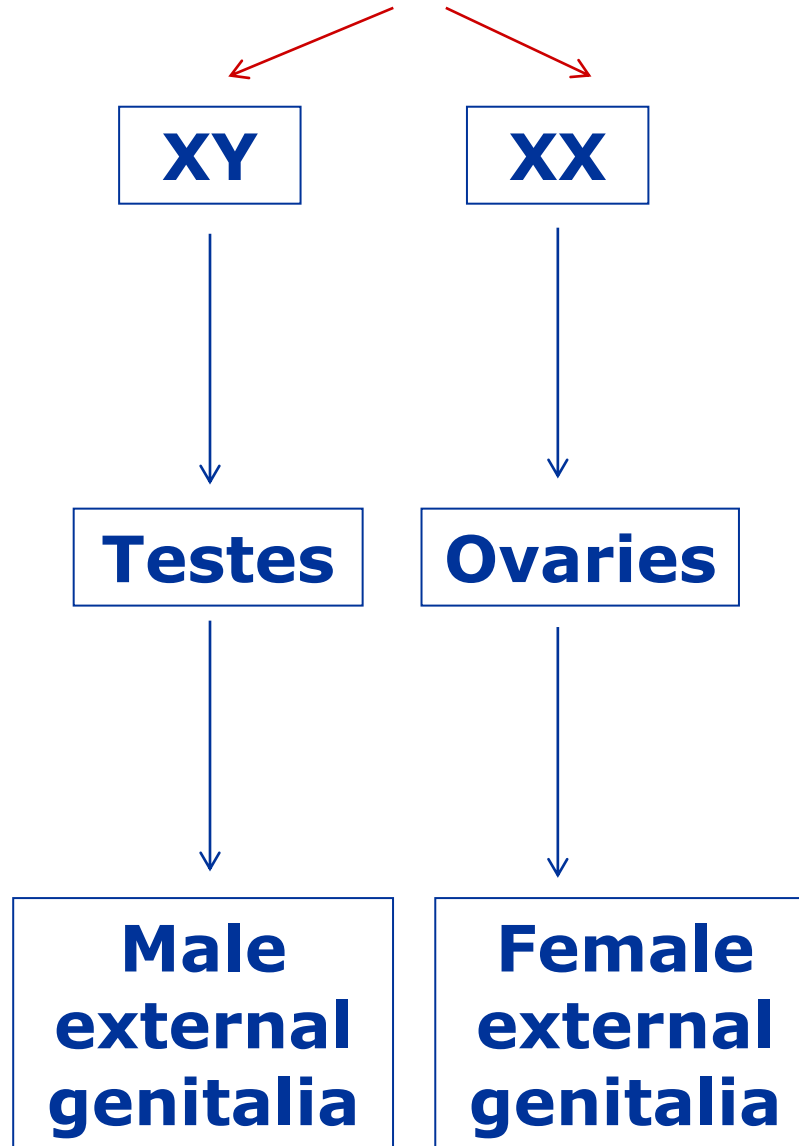


# **DSD: DISORDERS OF SEXUAL DEVELOPMENT**

# **DEFINITIONS:**

- GENETIC SEX: XX or XY
- GONADAL SEX: Ovaries or testes
- PHENOTYPICAL SEX: Male or female external genitalia

# Sex chromosome DSD



# 1. Sex chromosome DSD

1.1. Ovotesticular DSD

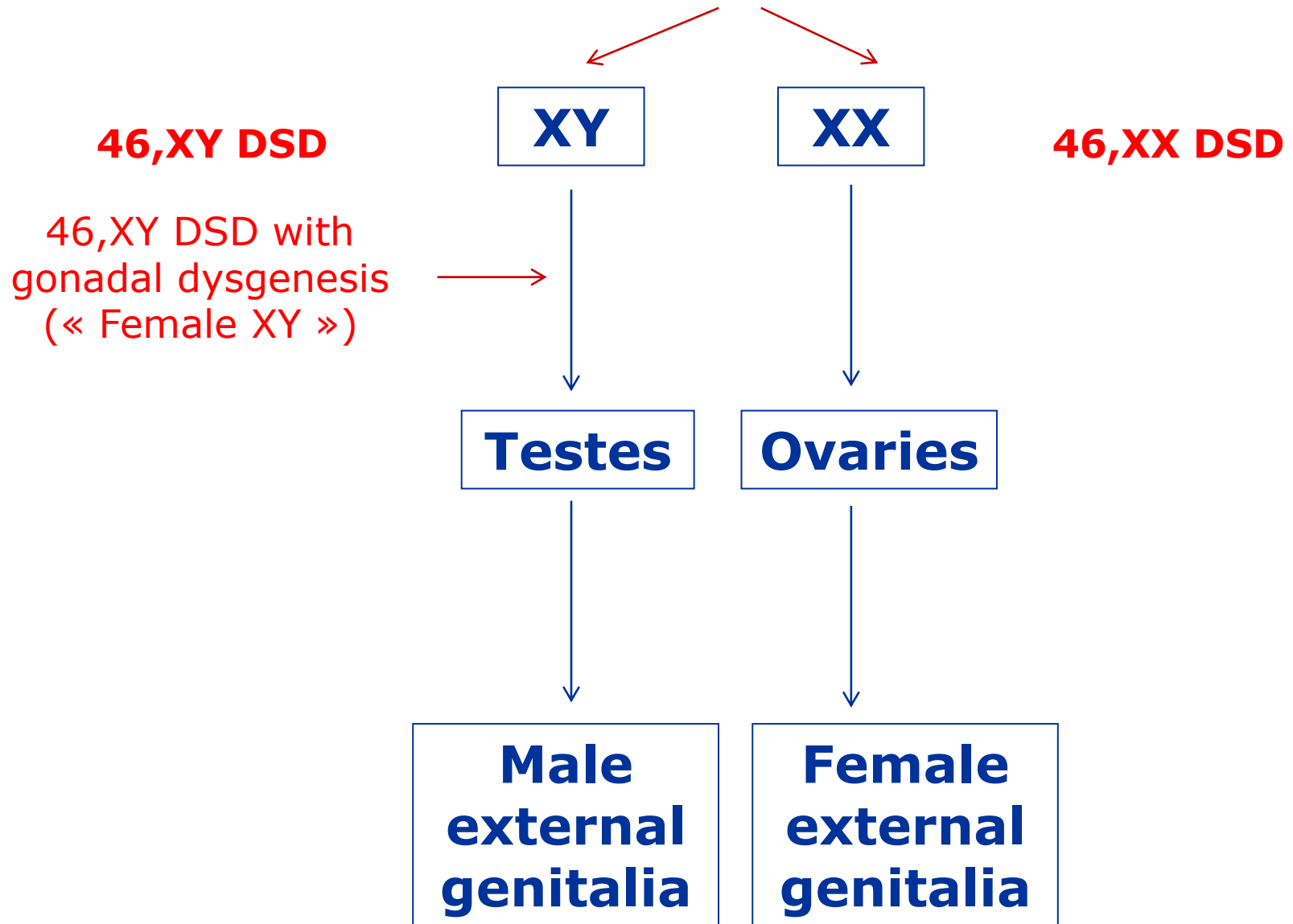
1.2. 45,X and Turner variants

1.3. 47,XXY and Klinefelter variants

1.4. 45,X/46,XY mixed gonadal dysgenesis (MGD)



# Sex chromosome DSD



# Sex chromosome DSD

## 46,XY DSD

46,XY DSD with gonadal dysgenesis (« Female XY »)

XY

XX

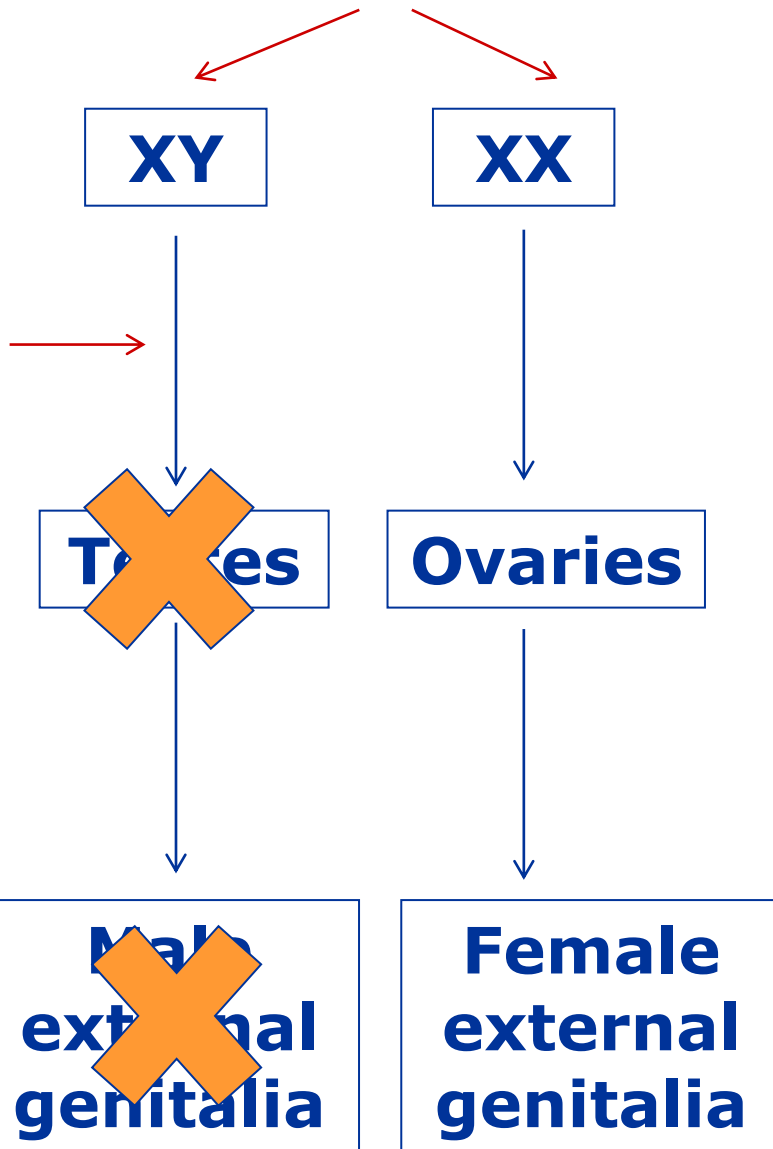
## 46,XX DSD

~~Testes~~

Ovaries

~~Male external genitalia~~

Female external genitalia



# Sex chromosome DSD

**46,XY DSD**

**XY**

**XX**

**46,XX DSD**

46,XX DSD with gonadal dysgenesis (« Male XX »)

**Testes**

**Ovaries**

**Male external genitalia**

**Female external genitalia**

# Sex chromosome DSD

46,XY DSD

XY

XX

46,XX DSD

Testes

Ovaries

46,XY DSD with sexual differentiation abnormality  
(« Male pseudohermaphroditism »)

Male external genitalia

Female external genitalia



# Sex chromosome DSD

46,XY DSD

XY

XX

46,XX DSD

Testes

Ovaries

Male external genitalia

Female external genitalia

46,XX DSD with fetal androgen excess  
(« Female pseudohermaphroditism »)



# 1. **Sex chromosome DSD**

1.1. Ovotesticular DSD

1.2. 45,X and Turner variants

1.3. 47,XXY and Klinefelter variants

1.4. 45,X/46,XY mixed gonadal dysgenesis (MGD)

# 2. **46,XY DSD**

2.1. 46,XY DSD with gonadal dysgenesis

2.2. 46,XY DSD with sexual differentiation abnormality

# 3. **46,XX DSD**

3.1. 46,XX DSD with gonadal dysgenesis

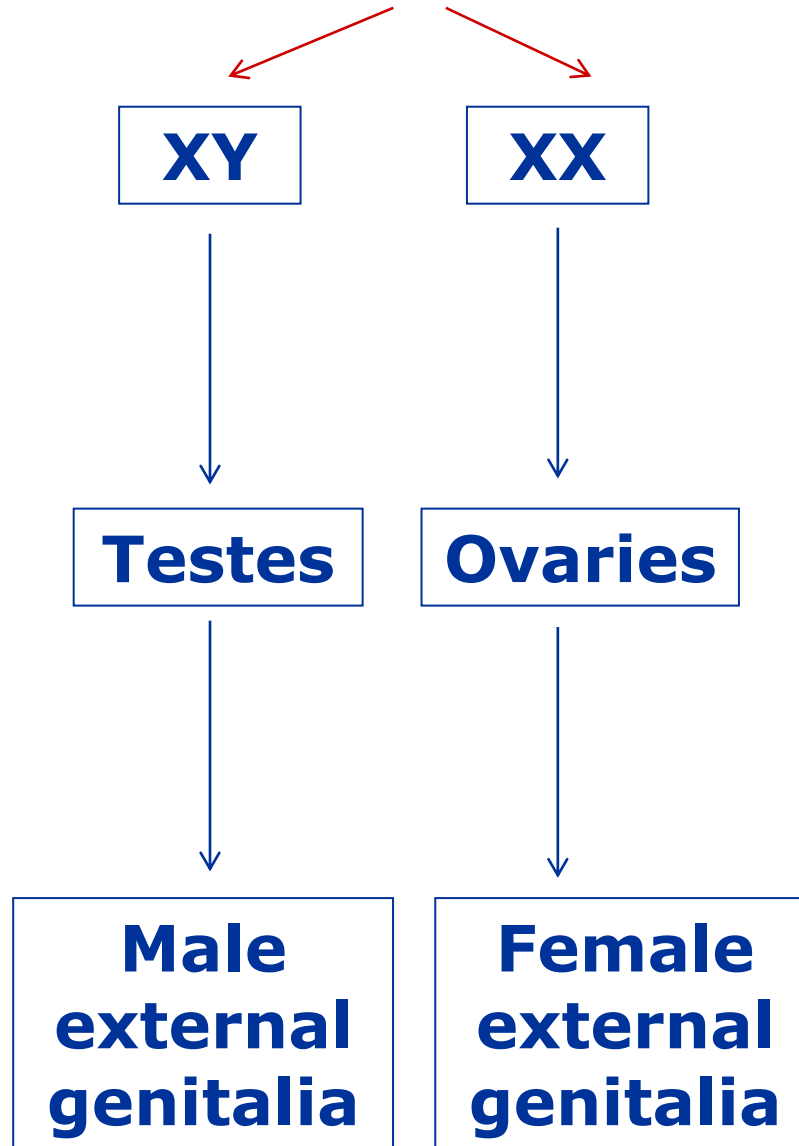
3.2. 46,XX DSD with fetal androgen excess





# **Sex chromosome DSD**

# Sex chromosome DSD



# 1. Ovotesticular DSD

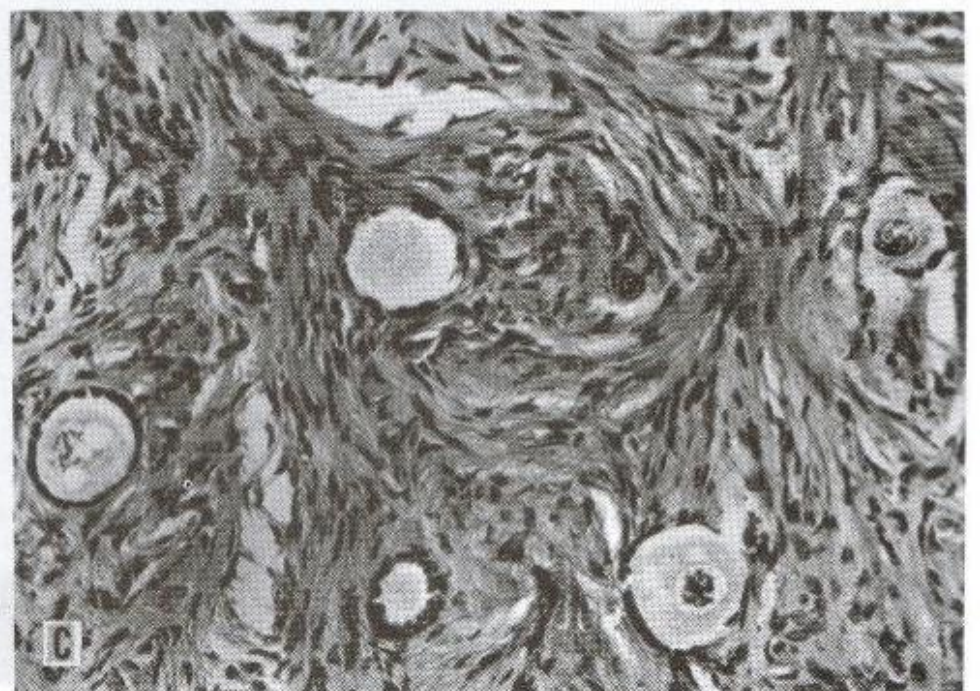
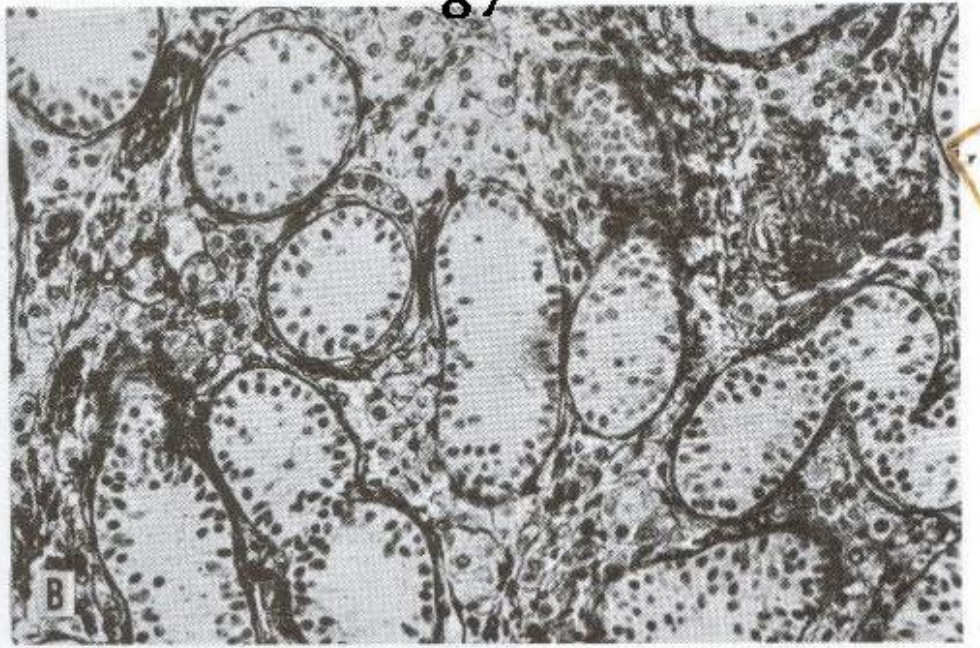
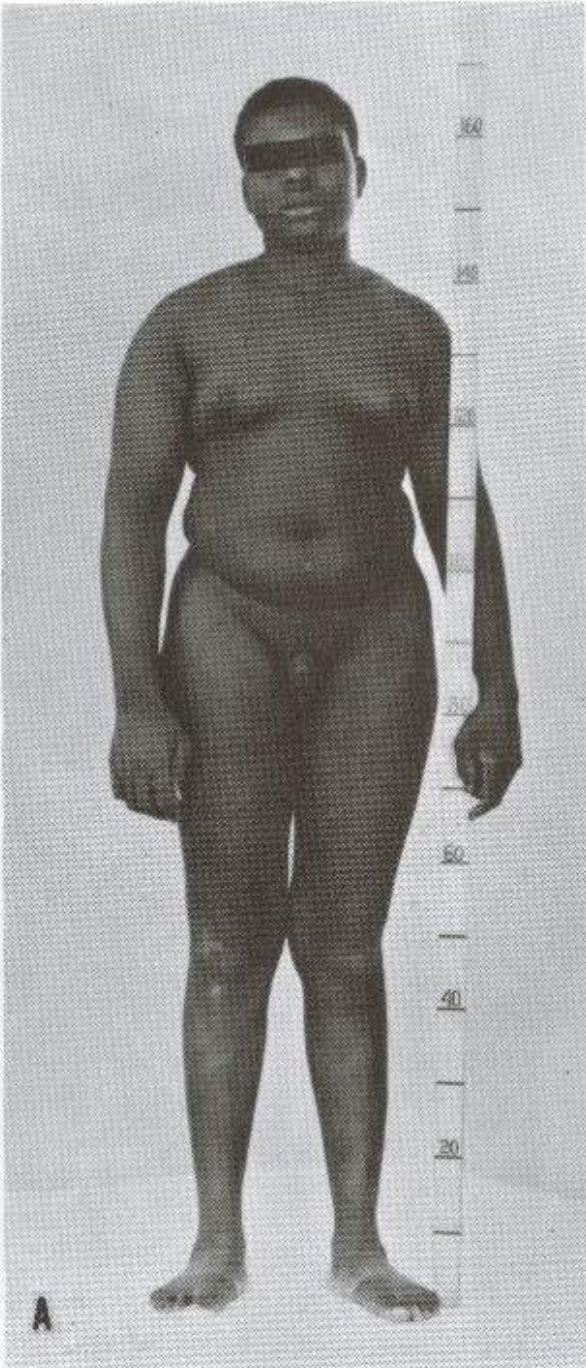
(= true hermaphroditism)

Presence of both ovarian and testicular tissues

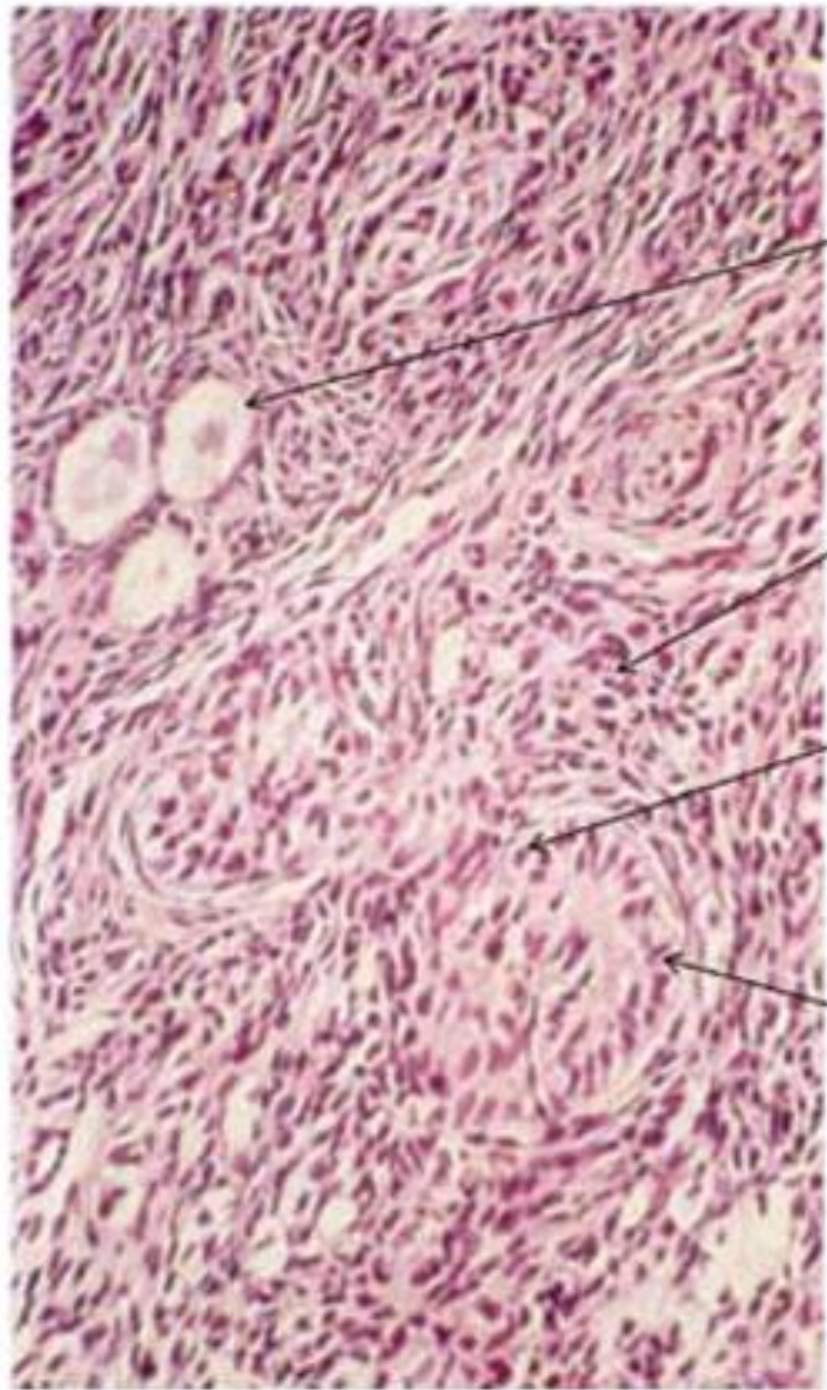
( 1 ovary/1 testis, 2 ovotestes, 1 ovotestis/1ovary or 1 testis)

- 46,XX/46,XY chimerism (30%)
- 46,XX (60%)
- 46, XY (10%)

# Williams Textbook of Endocrinology







Primary follicles

Ovarian stroma

Sertoli cell

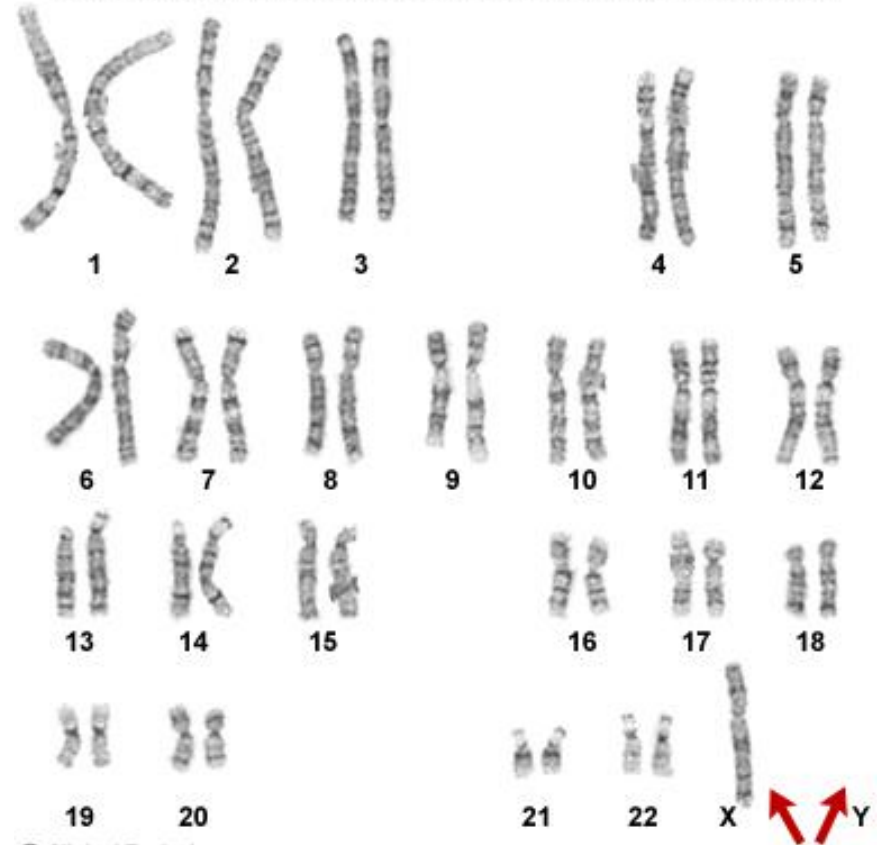
Spermatogonia

ovotestis

## 2. 45,X and Turner variants

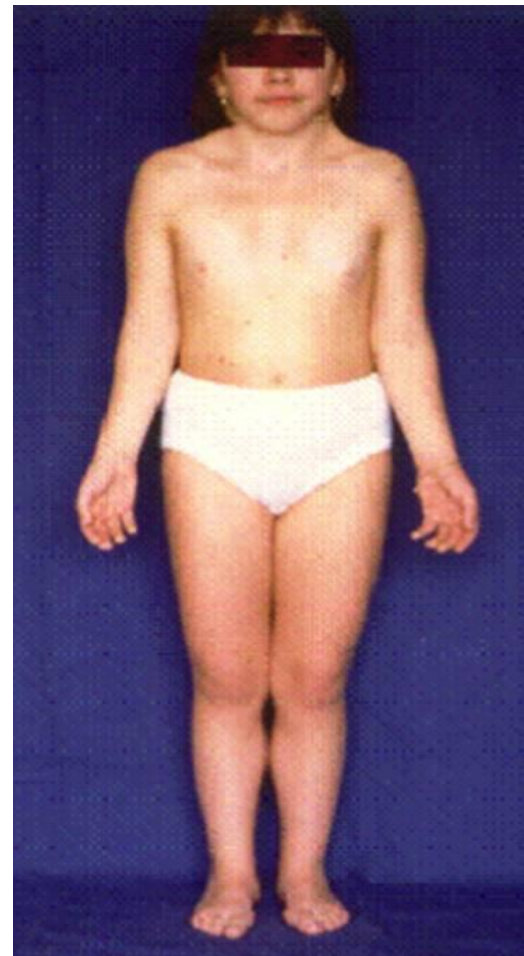
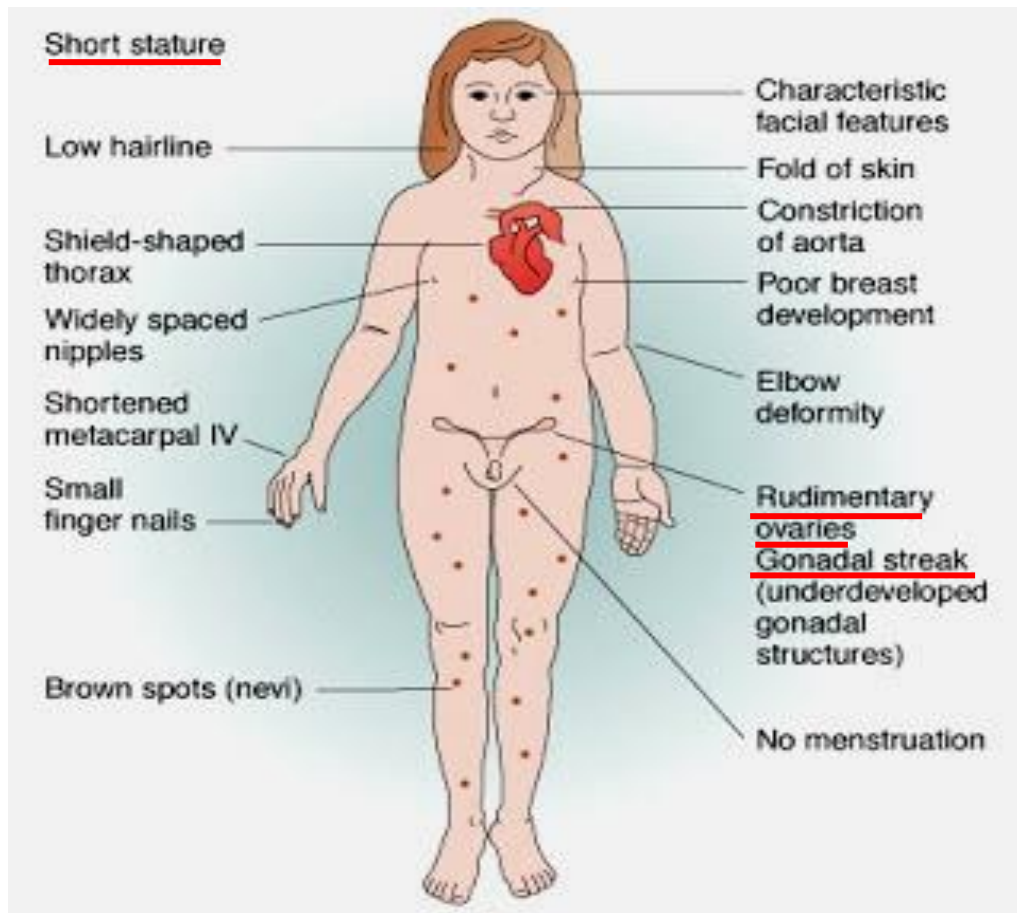


Karyotype From a Female With Turner syndrome (45,X)



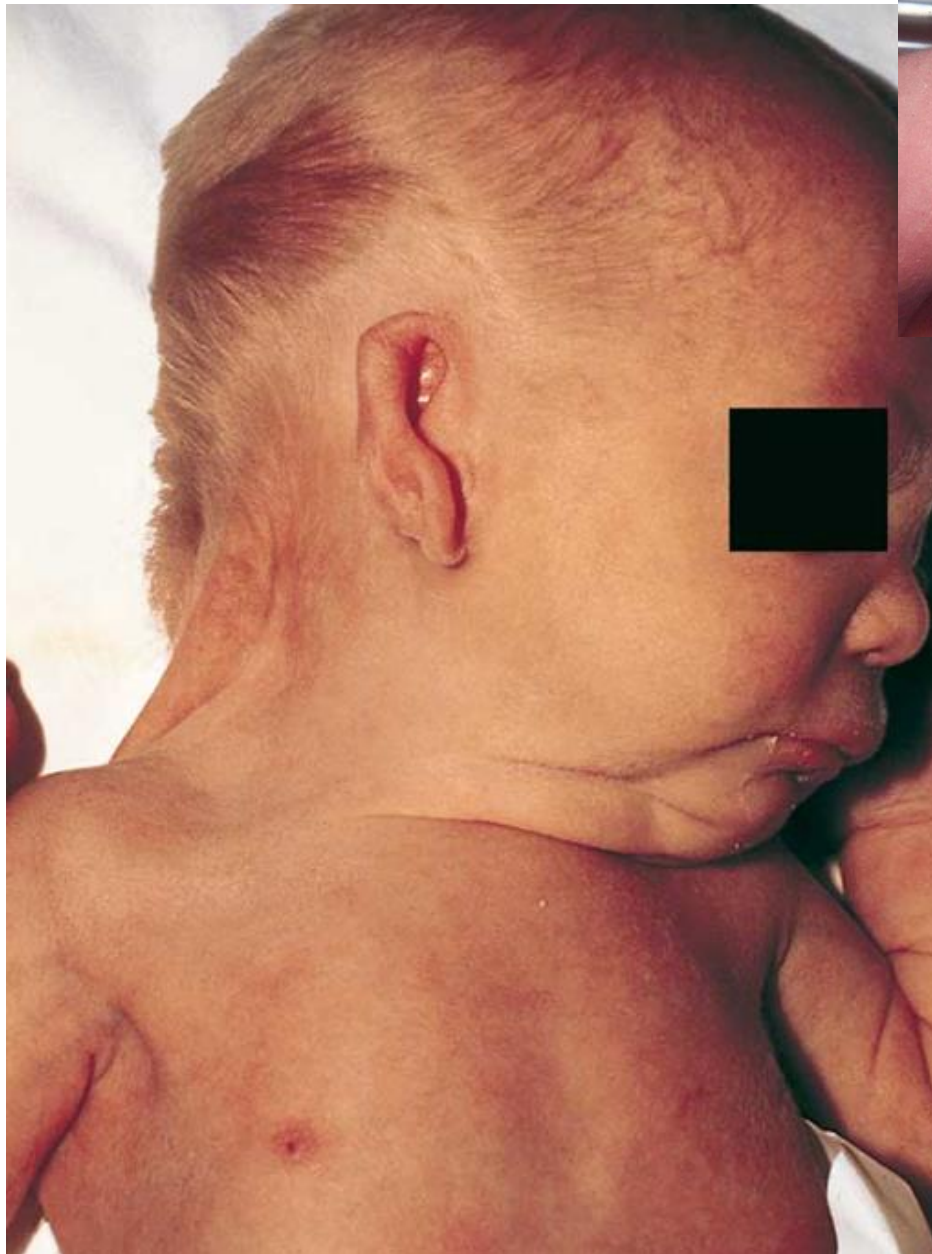
**>99% : spontaneous abortion**

**Incidence at birth: 1/4000 - 1/5000**

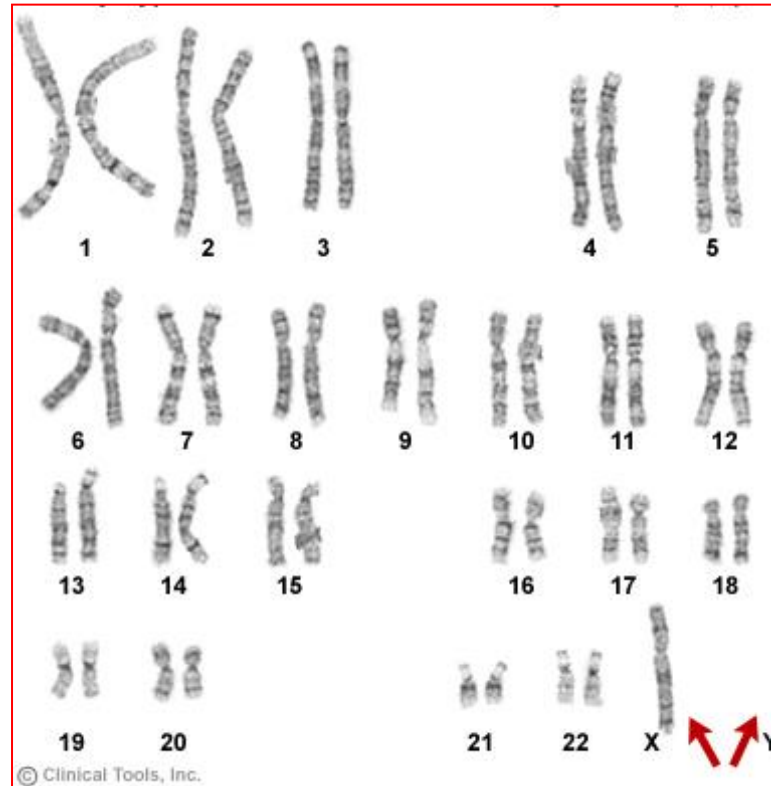


- Delayed sexual maturation (R/ estrogene), amenorrhea, **infertility**
- Short stature (R/growth hormone)
- Pterygium colli, widely spaced nipples, cubitus valgus
- Cardiac malformation, hands and feet lymphedema
- Renal malformation
- No intellectual disability





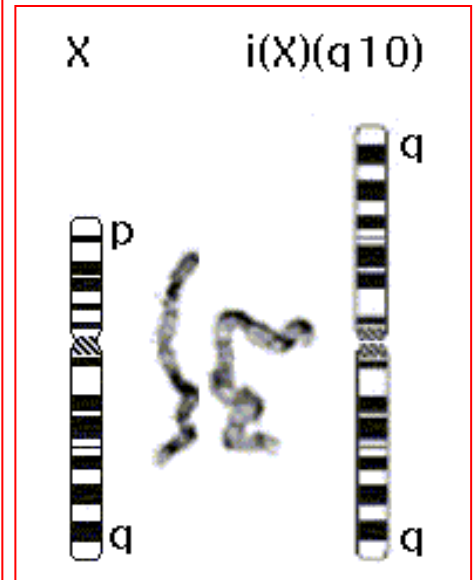
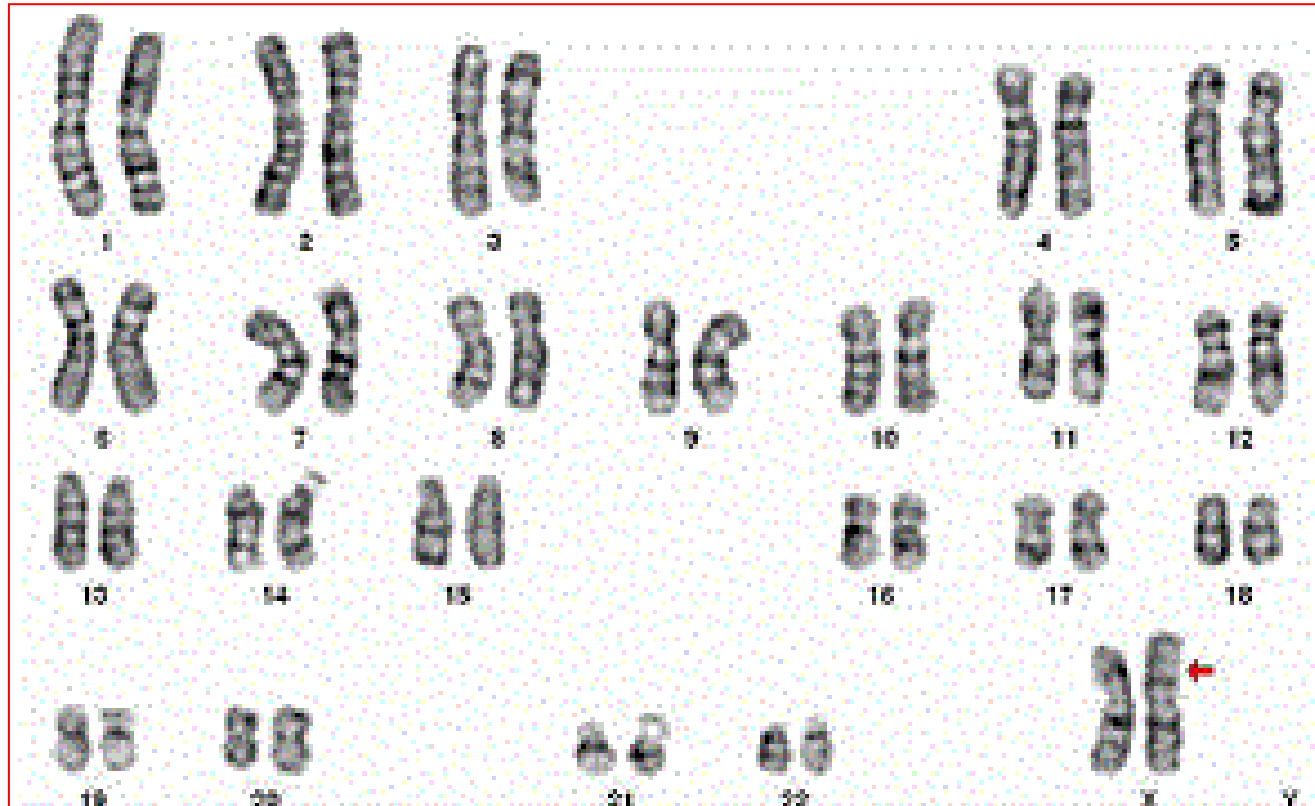
# Turner Syndrome and variants



45, X

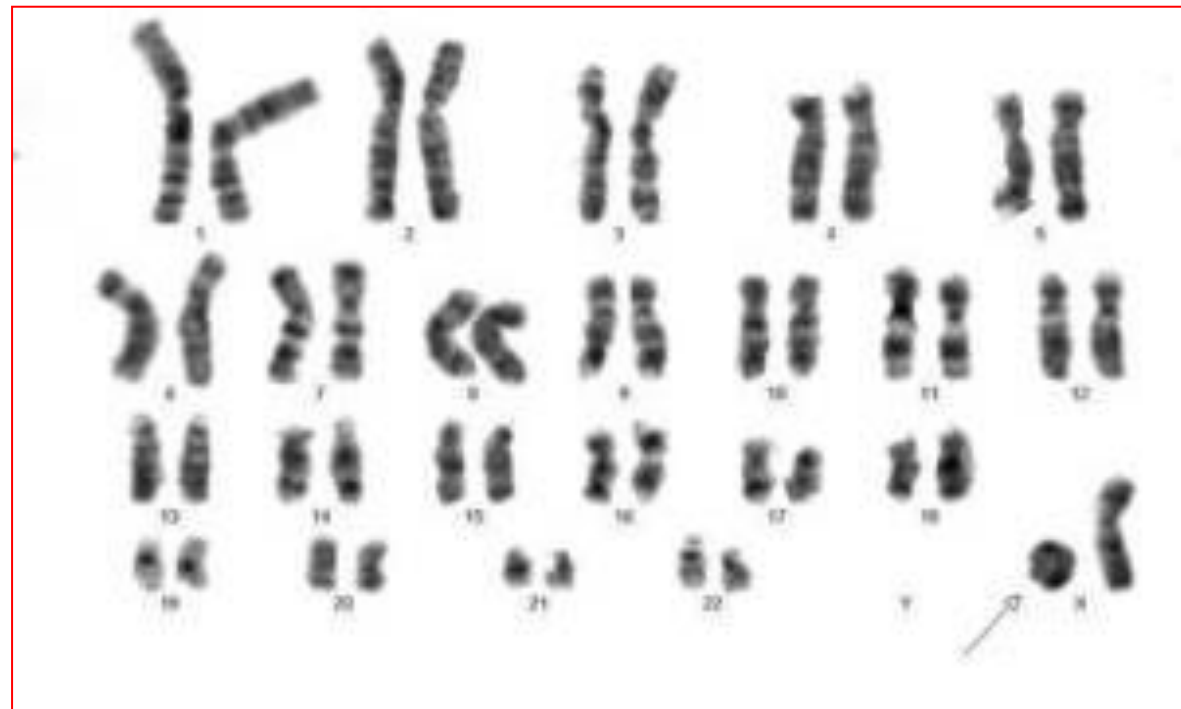
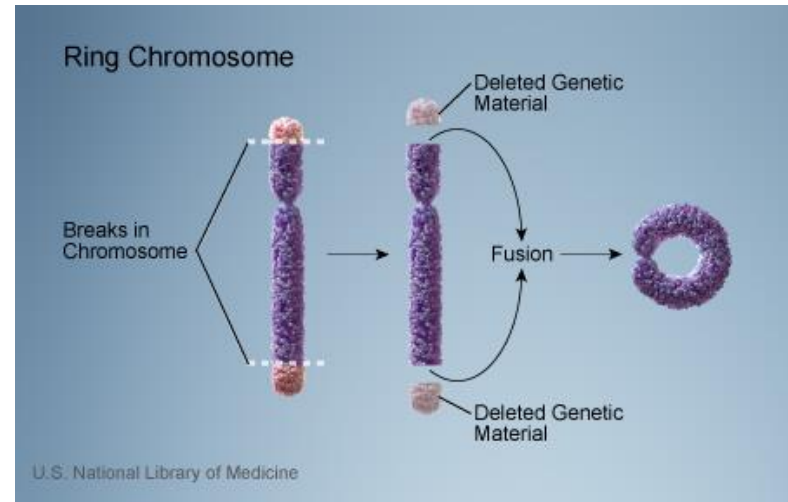
- 45, X : 50%
- 46, X, i(Xq): 15%
- 45,X/46,XX mosaic: 15%
- 45,X/46,X,i(Xq) mosaic: about 5%
- other X abnormalities (ringX,...): about 10%

# Turner Syndrome (variant)



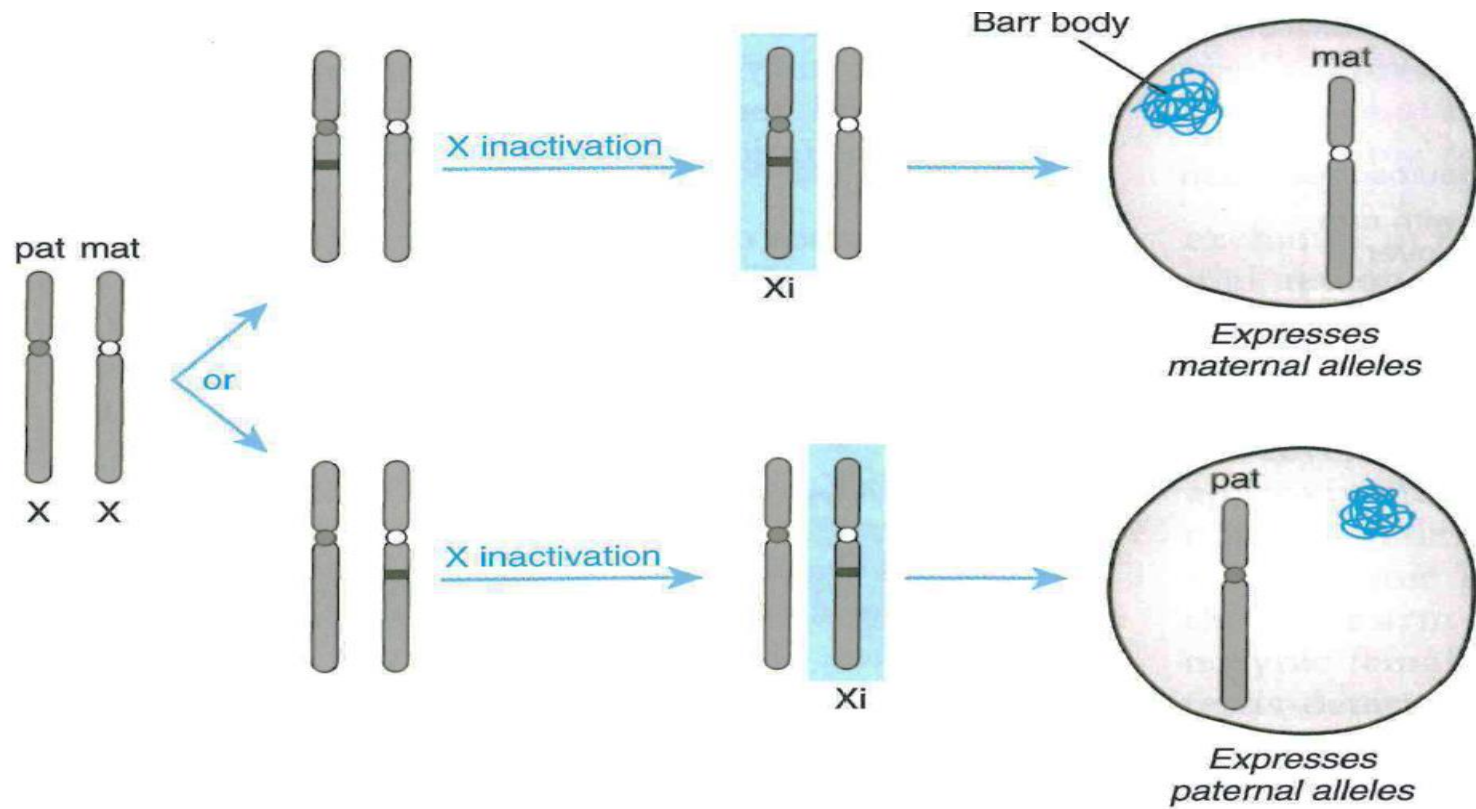
46, X, i(Xq)

# Turner Syndrome (variant)



46, X, r(X)

# The X chromosome

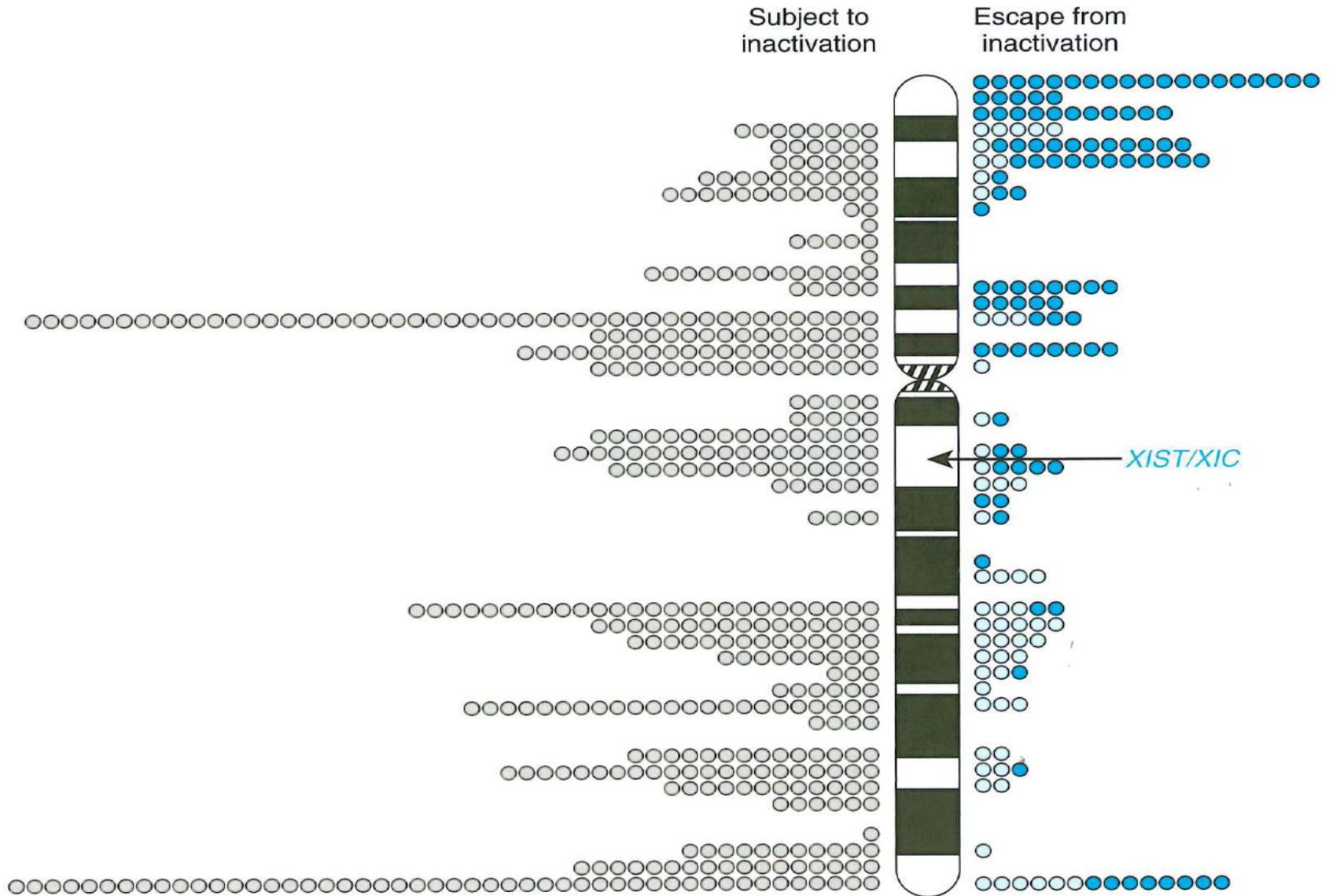


Random X chromosome inactivation early in female development by X inactivating center (XIST/XIC) in Xq13.2 (DNA méthylation, macroH2A histone modifications, ...)

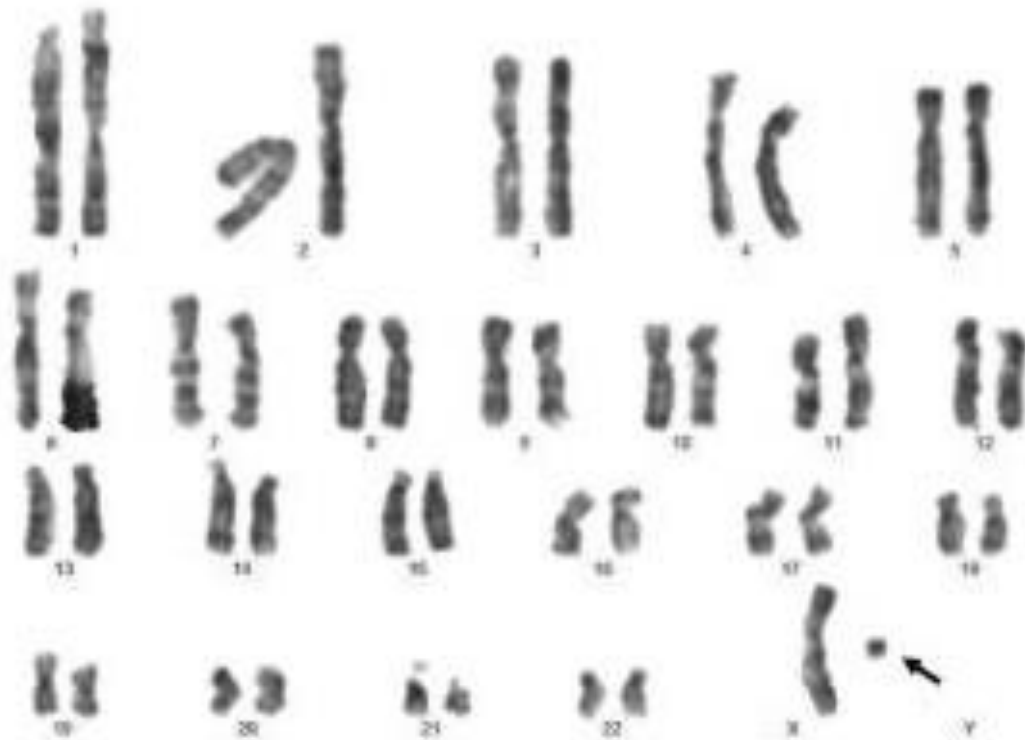
① Not Random if abnormal X chromosome (Skewed X-inactivation)



# The X chromosome



At least 15% of genes escape to X inactivation and are expressed from both active and inactive X chromosomes



### Particular case:

Small ring X chromosome



Loss of the XIST locus  
No X inactivation



Genes overexpression



Intellectual disability

## Rem: 47,XXX (trisomy X)

- Incidence 1/1000 female births
- Normal phenotype (above average stature)
- No infertility
- No intellectual disability but 70% learning problems
- Abnormal behavior?

## Rem: 48,XXXX or 49, XXXXX

- More severe phenotype, intellectual disability



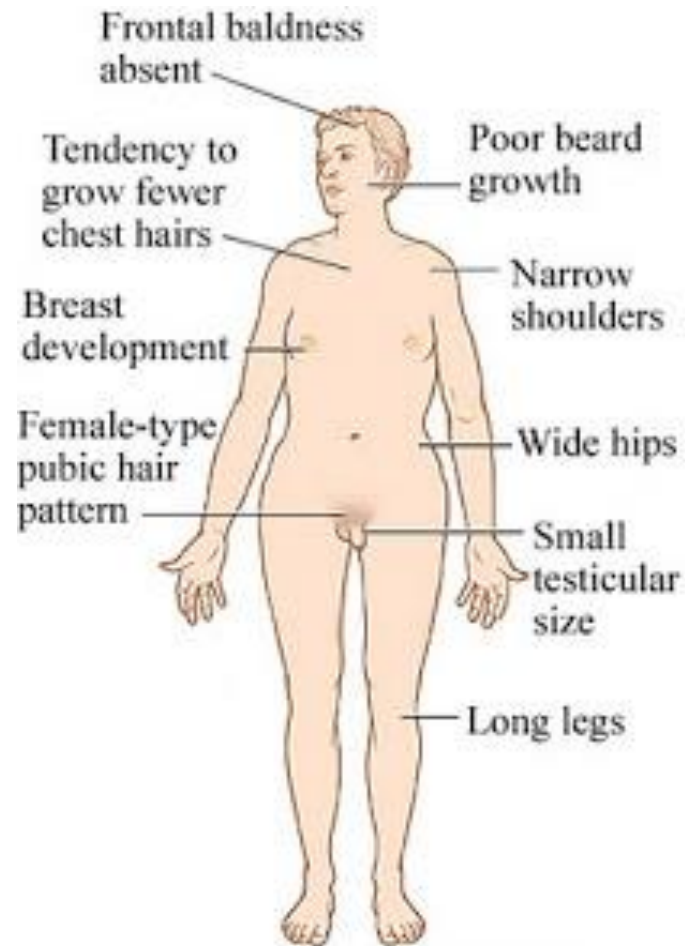
### 3. 47,XXY and Klinefelter variants



47, XXY

Maternal or paternal meiosis non disjunction

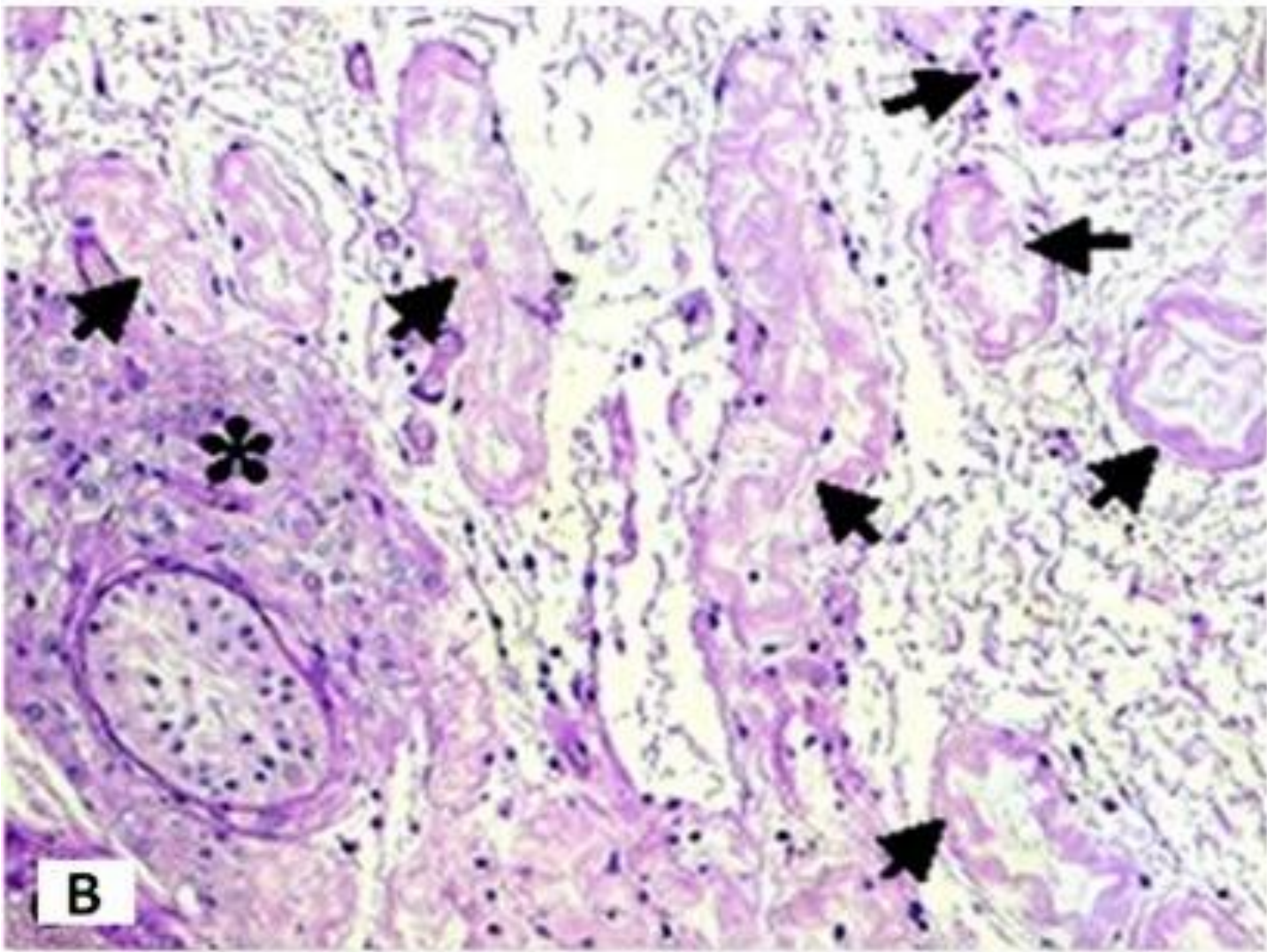
Incidence: 1/1000 male live births



© Healthwise, Incorporated



- Tall, long legs
- Narrow shoulders
- Gynecomastia (risk breast cancer X20 – X50)
- Hypogonadism, small genitalia, decreased muscle tone (R/androgenes)
- **Infertility** by seminiferous tubes hyalinosis (R/ ICSI)
- No intellectual disability (but sometimes learning difficulties and poor psychosocial adjustment)



- Hyalinized seminiferous tubules (→)
- Nodules of Leydig cells (\*)

# Klinefelter Syndrome (variants)



Figure 1: Karyogram showing the 49,XXXXY karyotype.

- 47, XXY : >80%
  - Mosaic karyotype (46,XY/47,XXY): 15%
  - 48,XXYY
  - 48,XXXYY
  - 49,XXXXY
- More severe phenotype  
(defective sexual development,  
dysmorphism, intellectual disability)

# Rem: 47,XYY condition

- Incidence 1/1000 male births
- Normal phenotype (tall stature)
- No infertility
- No intellectual disability (50% language delay)
- Attention deficit? Hyperactivity? Impulsiveness?



# 4. 45,X/46,XY mixed gonadal dysgenesis (MGD)

wide range of abnormalities:

- streak gonads, female phenotype and Turner syndrome
- ambiguous genitalia due to MGD (a streak gonad and a dysgenetic testis or two dysgenetic testes or undifferentiated gonadal tissue)
- ovotesticular DSD
- testes with almost normal histological features and normal male external genitalia

***46,XY DSD***

***46,XX DSD***

**(Sex reversal and  
pseudohermaphroditism)**



46,XY

XX or  
XY?



46,XX



46,XY



# 1. 46,XY DSD with gonadal dysgenesis

-46,XY

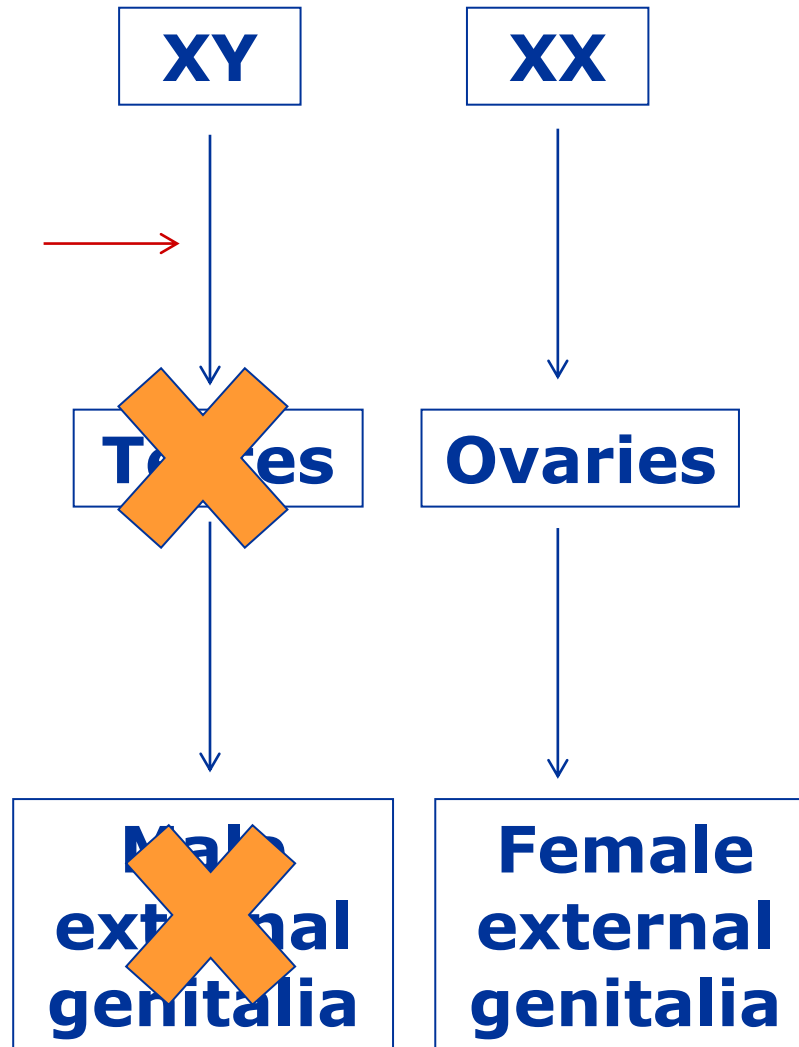
- gonadal dysgenesis

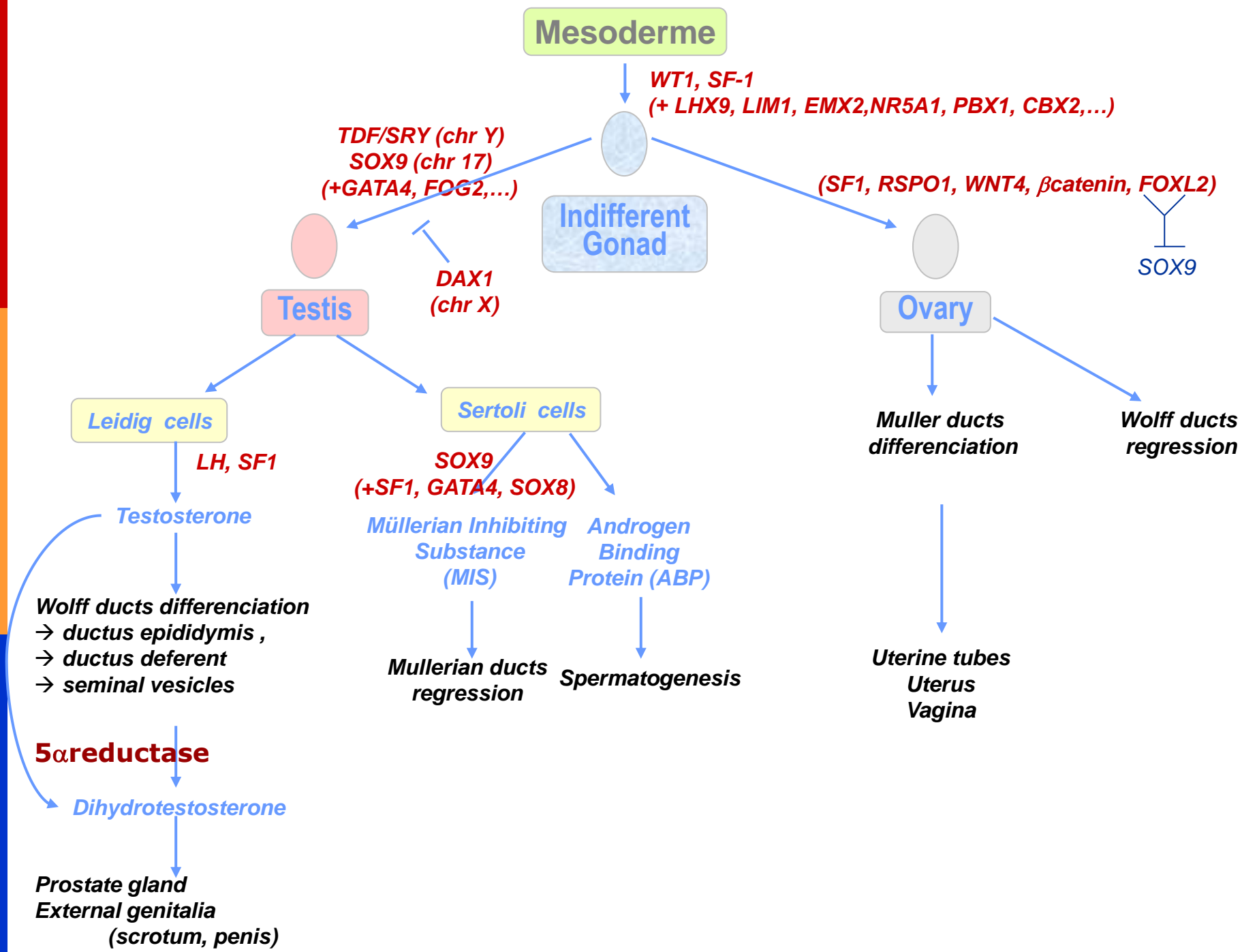
- female external genitalia (or ambiguous)



## 46,XY DSD

46,XY DSD with gonadal dysgenesis (« Female XY »)





**Mesoderme**

*WT1, SF-1 (+ LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2,...)*

**Indifferent Gonad**

*TDF/SRY (chr Y), SOX9 (chr 17) (+GATA4, FOG2,...)*

**Testis**

*DAX1 (chr X)*

*(SF1, RSPO1, WNT4, βcatenin, FOXL2)*

**Ovary**

*SOX9*

**Leidig cells**

*LH, SF1*

**Testosterone**

**Sertoli cells**

*SOX9 (+SF1, GATA4, SOX8)*

*Müllerian Inhibiting Substance (MIS)*

**Mullerian ducts regression**

*Androgen Binding Protein (ABP)*

**Spermatogenesis**

**Muller ducts differentiation**

**Uterine tubes  
Uterus  
Vagina**

**Wolff ducts regression**

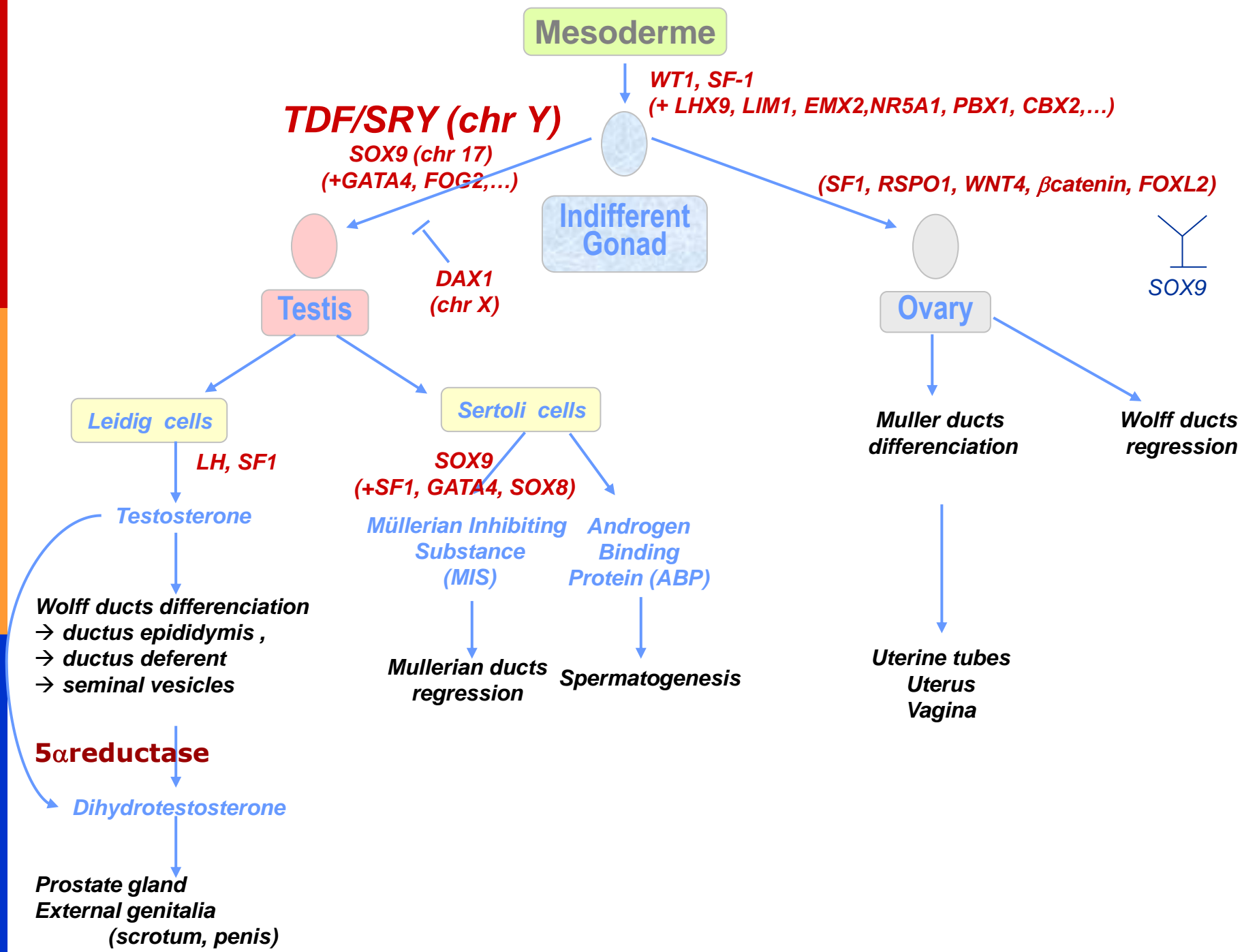
**Wolff ducts differentiation**  
→ *ductus epididymis, ductus deferent, seminal vesicles*

**5αreductase**

**Dihydrotestosterone**

**Prostate gland  
External genitalia (scrotum, penis)**

- SRY Deletion or Mutation (Swyer)
- SOX9 Mutation
- SF1 mutation
- WT1 mutation
- DAX1 Duplication
- WNT4 Duplication



Mesoderme

WT1, SF-1  
(+ LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2, ...)

**TDF/SRY (chr Y)**  
SOX9 (chr 17)  
(+GATA4, FOG2, ...)

Indifferent Gonad

(SF1, RSPO1, WNT4,  $\beta$ catenin, FOXL2)

Testis

Ovary

SOX9

Leidig cells

Sertoli cells

Muller ducts differentiation

Wolff ducts regression

LH, SF1

SOX9  
(+SF1, GATA4, SOX8)

Müllerian Inhibiting Substance (MIS)

Androgen Binding Protein (ABP)

Mullerian ducts regression

Spermatogenesis

Uterine tubes  
Uterus  
Vagina

Testosterone

Wolff ducts differentiation  
→ ductus epididymis,  
→ ductus deferent  
→ seminal vesicles

5 $\alpha$ reductase

Dihydrotestosterone

Prostate gland  
External genitalia  
(scrotum, penis)

# 46,XY and SRY deletion or mutation

## Pure Gonadal (46,XY) Dysgenesis — An XY Female

R. L. CHEIFITZ, M. KATZ

### SUMMARY

One of pure gonadal dysgenesis is reported, the patient having a 46,XY genotype associated with female external genitalia and internal gonads and fallopian tubes. The etiology of this syndrome is discussed, because for not being the syndrome as synonymous with Swyer's syndrome.

(Am J Med 7, 48, 11 (1970))

An chromosomal status here revealed the existence of one of the missing members of the pair of sex chromosomes, constituting 46,XY, an aneuploidy associated with failure of development of secondary sex characteristics. In the absence of the secondary sex primary may have normal, as in the testicular feminizing syndrome, or as in true hermaphroditism, or bilateral streak gonads in pure gonadal dysgenesis. The study of this syndrome was prompted as to report only one. Further, Swyer's syndrome has often been used synonymously with pure gonadal dysgenesis. However, certain aspects of a comparison report that it is not appropriate.

### CASE REPORT

A patient, an 18-year-old Colored female, presented a history of primary amenorrhea and lack of secondary development. There was no history of anastomotic testis scars, but of scars were noted during life.

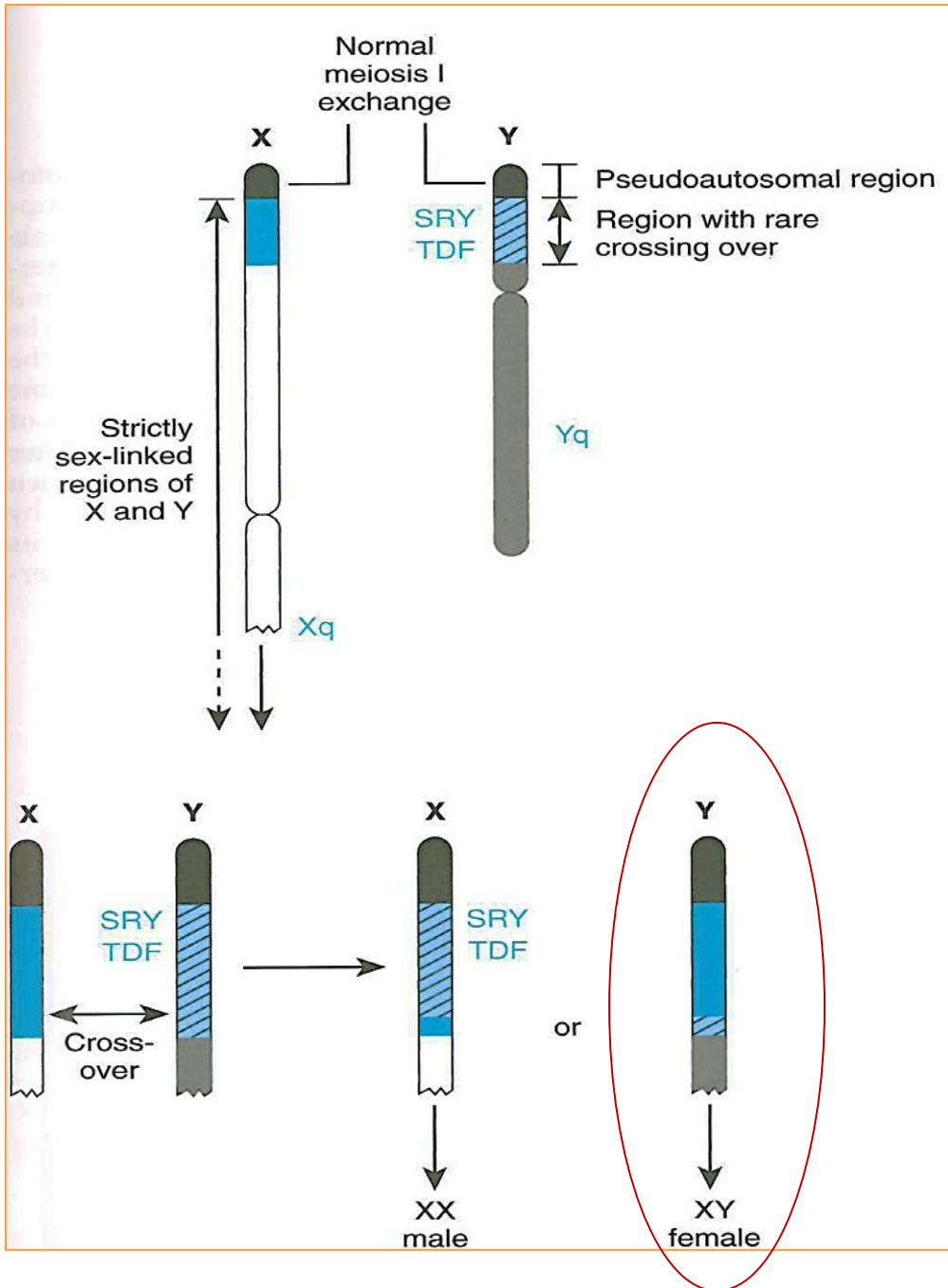
On examination the patient had a eunuchoid habitus (1). Her height was 158.5 cm, and weight 38.1 kg. All other body measurements and the gonads were palpable. The vulva, vagina and cervix were small, but otherwise normal. There was no evidence of fusion of the external genitalia. The internal and external genitalia were not palpable in the abdomen. Any fluid of the chest and pleural spaces were normal. Age was 18 to 19 years. Plasma FSH and LH were 47.5 mIU/ml respectively. Plasma estradiol was



Fig. 1. Eunuchoid habitus, absence of breast and pubic hair development.

- 46,XY
  - gonadal dysgenesis
  - Female external phenotype
- (but amenorrhea and no secondary sexual characters)

= SWYER syndrome

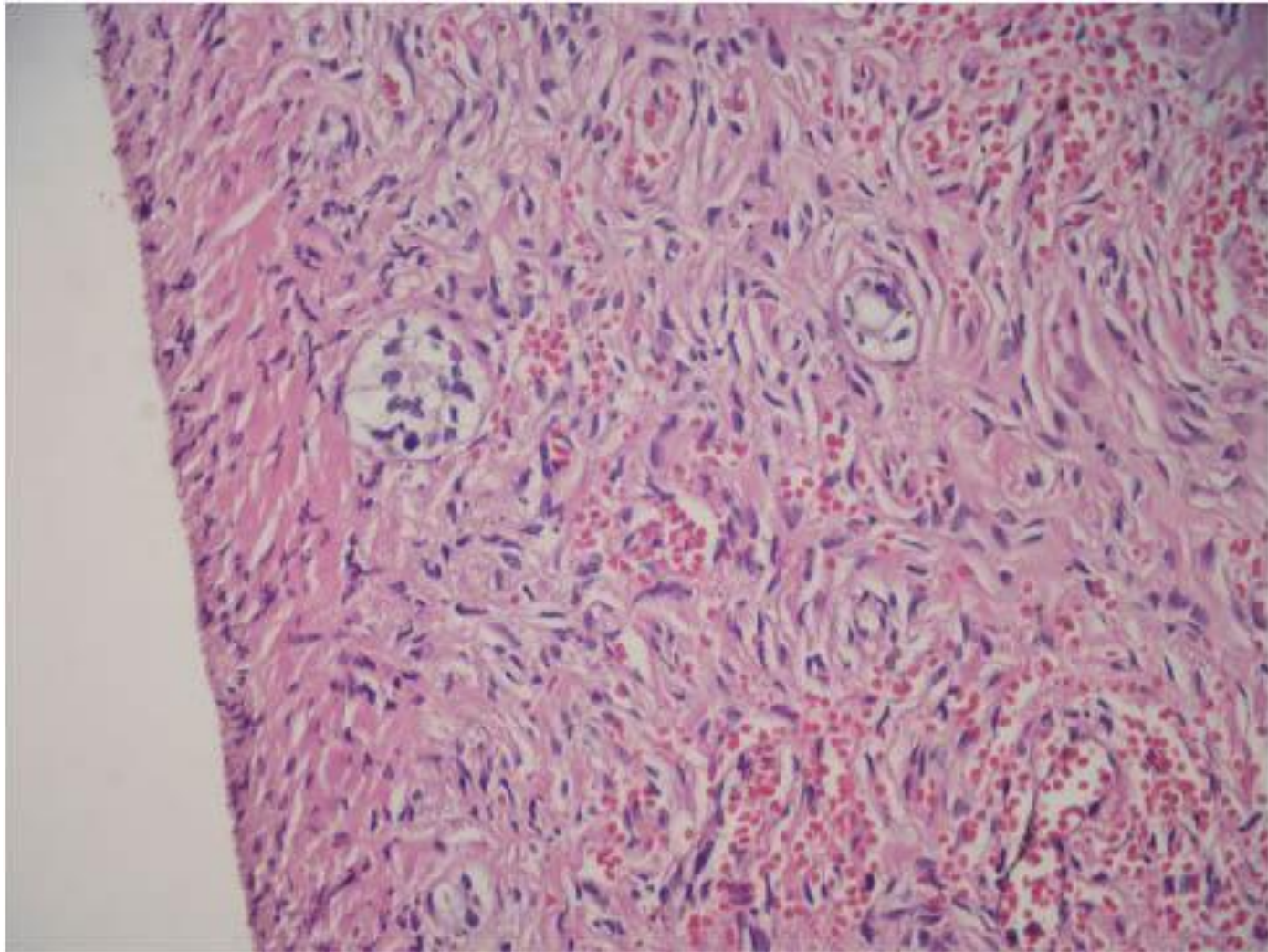


SRY = TDF  
(testis-determining factor)

If genetic recombination outside the pseudoautosomal region (incidence 1/20000):

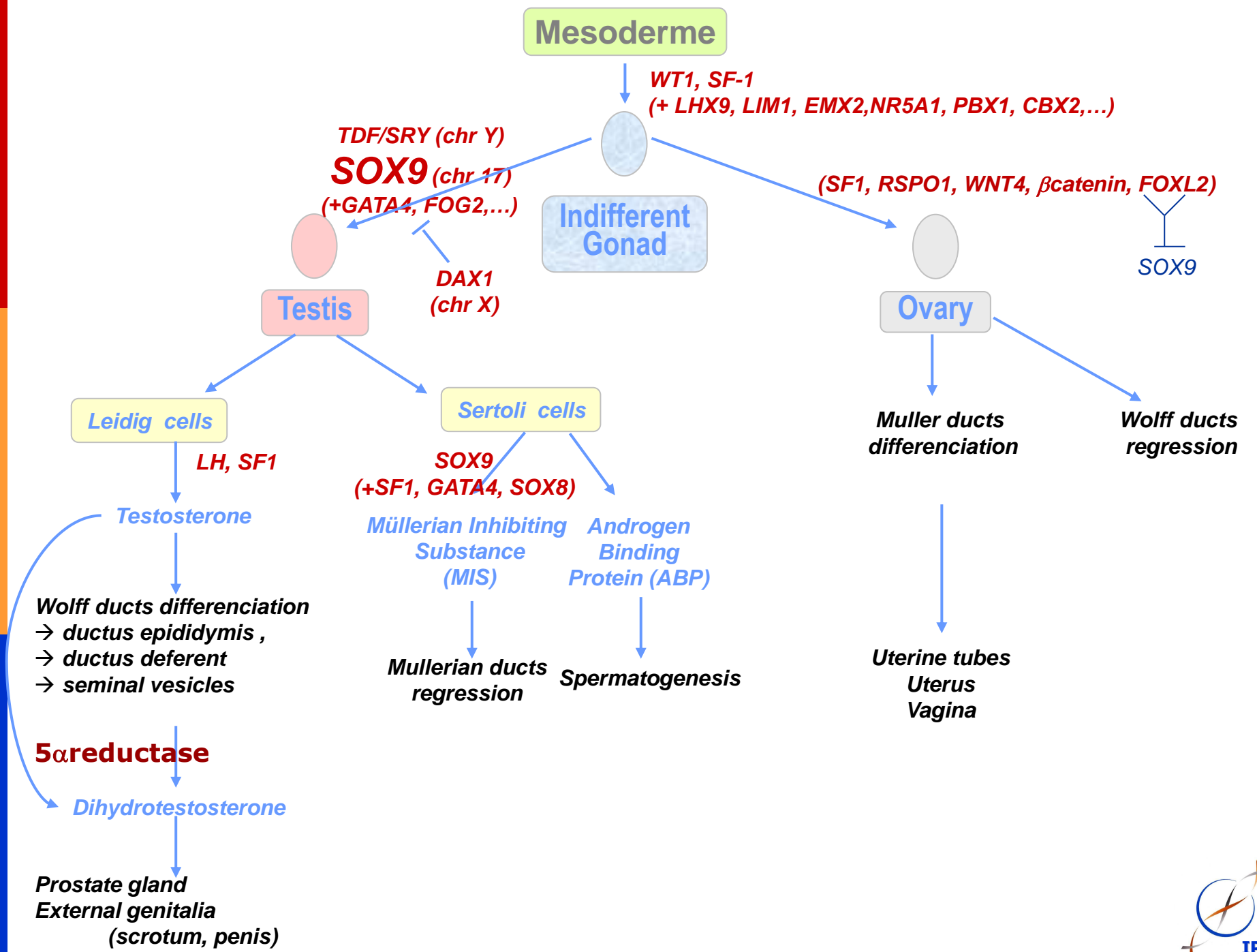
- XX male (with the SRY gene on a X chromosome)
- **XY female (without the SRY gene on the Y chromosome)**





Swyer syndrome: complete gonadal dysgenesis



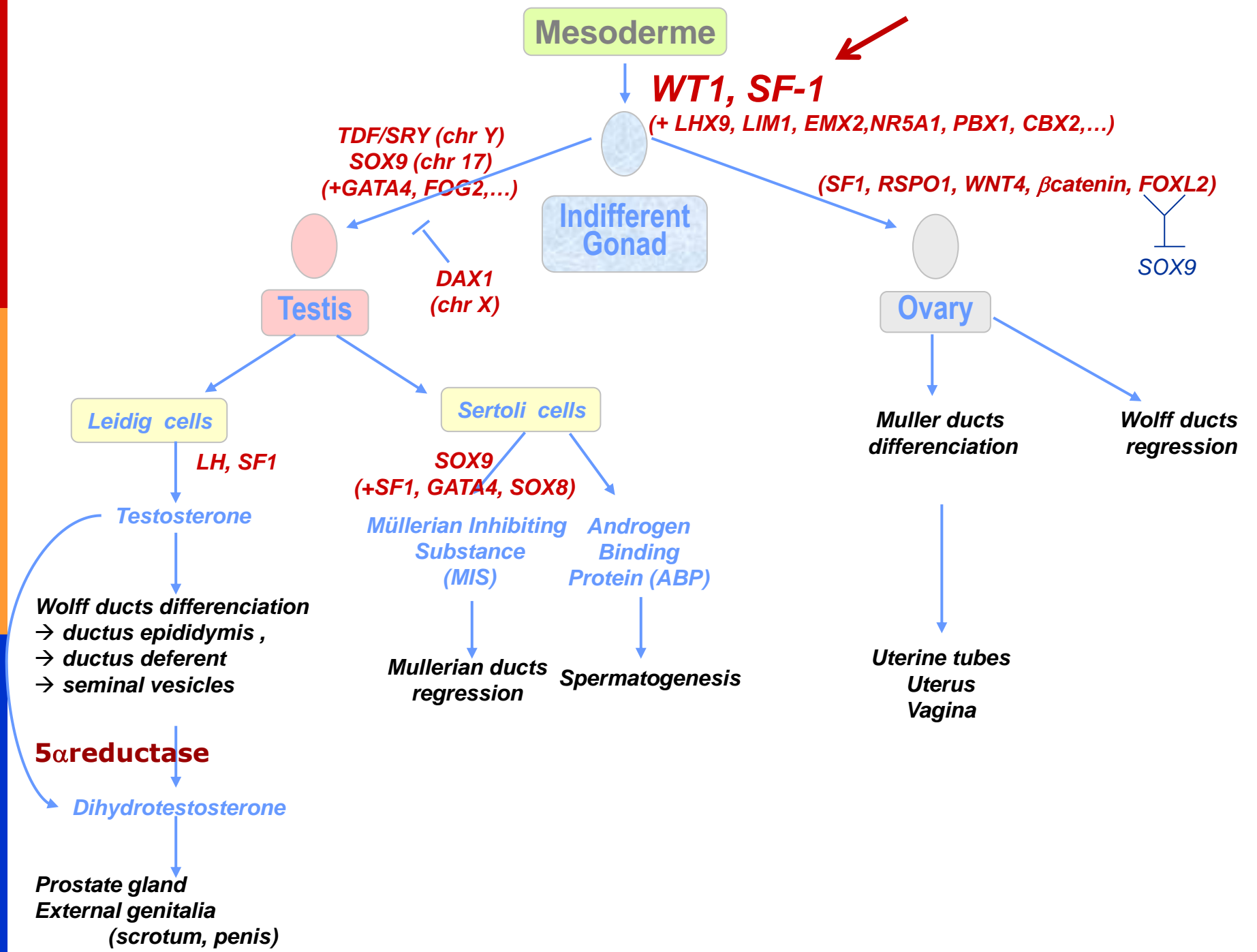


# 46,XY and SOX9 mutation

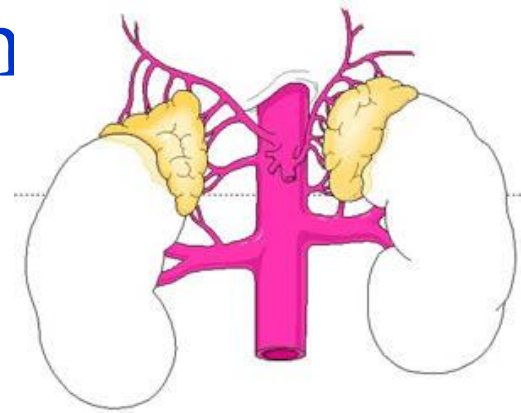
## Female XY with campomelic dysplasia



- 46,XY
- Gonadal dysgenesis
- Female external phenotype
- Campomelic dysplasia



# SF1 (NR5A1) gene mutation



## 46,XY and SF1 mutation:

- gonadal dysgenesis
- female or ambiguous external genitalia
- inconstant uterus
- adrenal insufficiency

## Rem : 46,XX and SF1 mutation :

- Ovarian insufficiency  
(primary amenorrhea or premature ovarian failure)
- female external genitalia, uterus
- adrenal insufficiency

# WT1 gene mutation

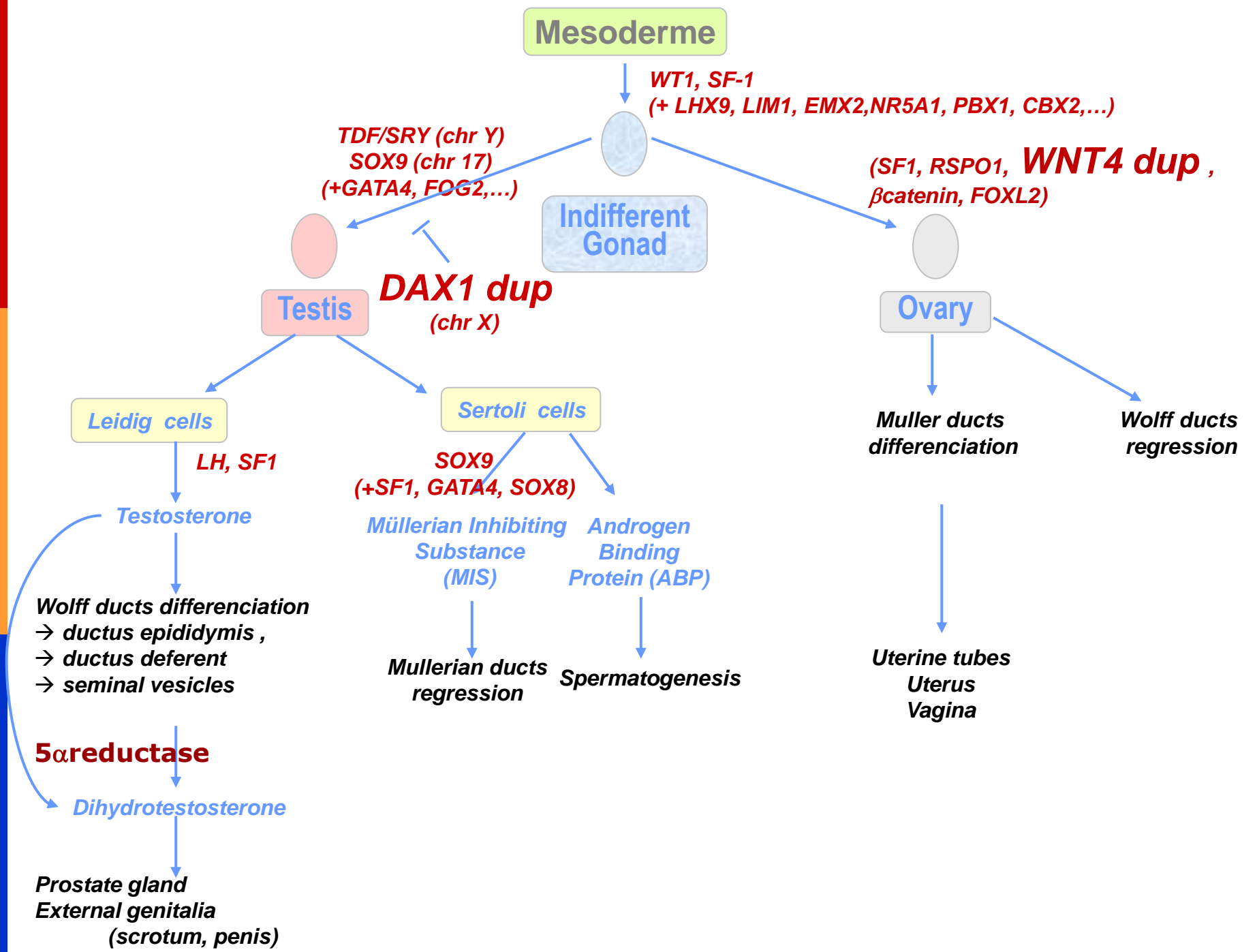
## 46,XY and WT1 mutation:

- gonadal dysgenesis
  - female or ambiguous external genitalia
  - inconstant uterus
  - risk of Wilms tumor, nephropathy, aniridia
- (Denys-Drash, Frasier and WAGR syndromes)

## Rem: 46,XX and WT1 mutation :

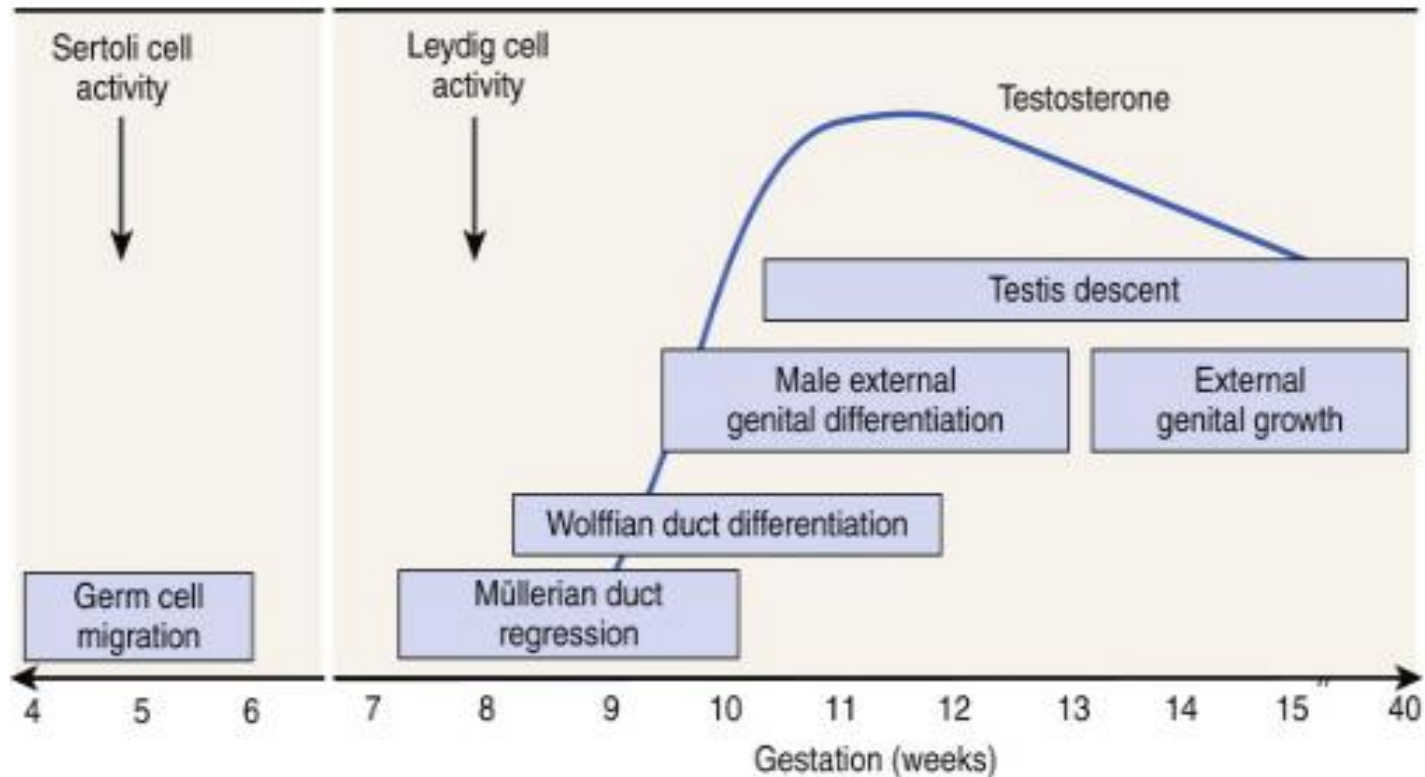
- risk of Wilms tumor, nephropathy





# Rem: XY gonadal agenesis

= embryonic testicular regression syndrome



Variable phenotype, depending of the gestational age at testicular regression



## 2. 46,XY DSD with sexual differentiation abnormality (Male Pseudohermaphroditism)

-46,XY

- Testes

- Female external genitalia (or ambiguous)



# 46,XY DSD

**XY**

**XX**

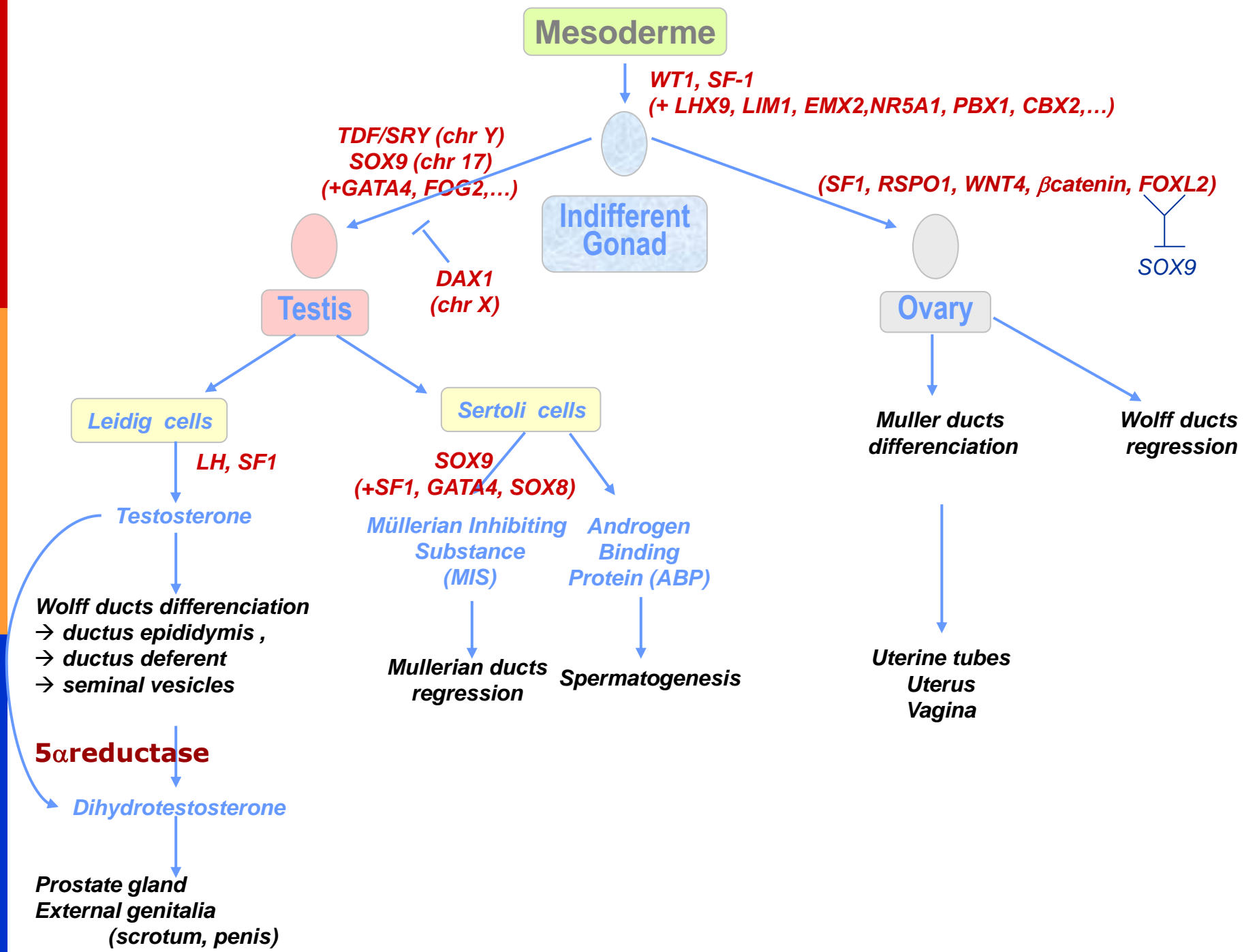
**Testes**

**Ovaries**

46,XY DSD with sexual differentiation abnormality  
(« Male → pseudohermaphroditism »)

~~Male external genitalia~~

**Female external genitalia**



**Mesoderme**

*WT1, SF-1  
(+ LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2,...)*

**Indifferent  
Gonad**

*TDF/SRY (chr Y)  
SOX9 (chr 17)  
(+GATA4, FOG2,...)*

*(SF1, RSPO1, WNT4, βcatenin, FOXL2)*

**Testis**

**Ovary**

*DAX1  
(chr X)*

*SOX9*

**Leidig cells**

**Sertoli cells**

*LH, SF1*

*SOX9  
(+SF1, GATA4, SOX8)*

**Testosterone**

*Müllerian Inhibiting  
Substance  
(MIS)*

*Androgen  
Binding  
Protein (ABP)*

*Wolff ducts differentiation  
→ ductus epididymis,  
→ ductus deferent  
→ seminal vesicles*

**Mullerian ducts  
regression**

**Spermatogenesis**

**Muller ducts  
differentiation**

**Wolff ducts  
regression**

**5αreductase**

**Dihydrotestosterone**

**Prostate gland  
External genitalia  
(scrotum, penis)**

**Uterine tubes  
Uterus  
Vagina**

➤ **Androgen insensitivity syndrome**

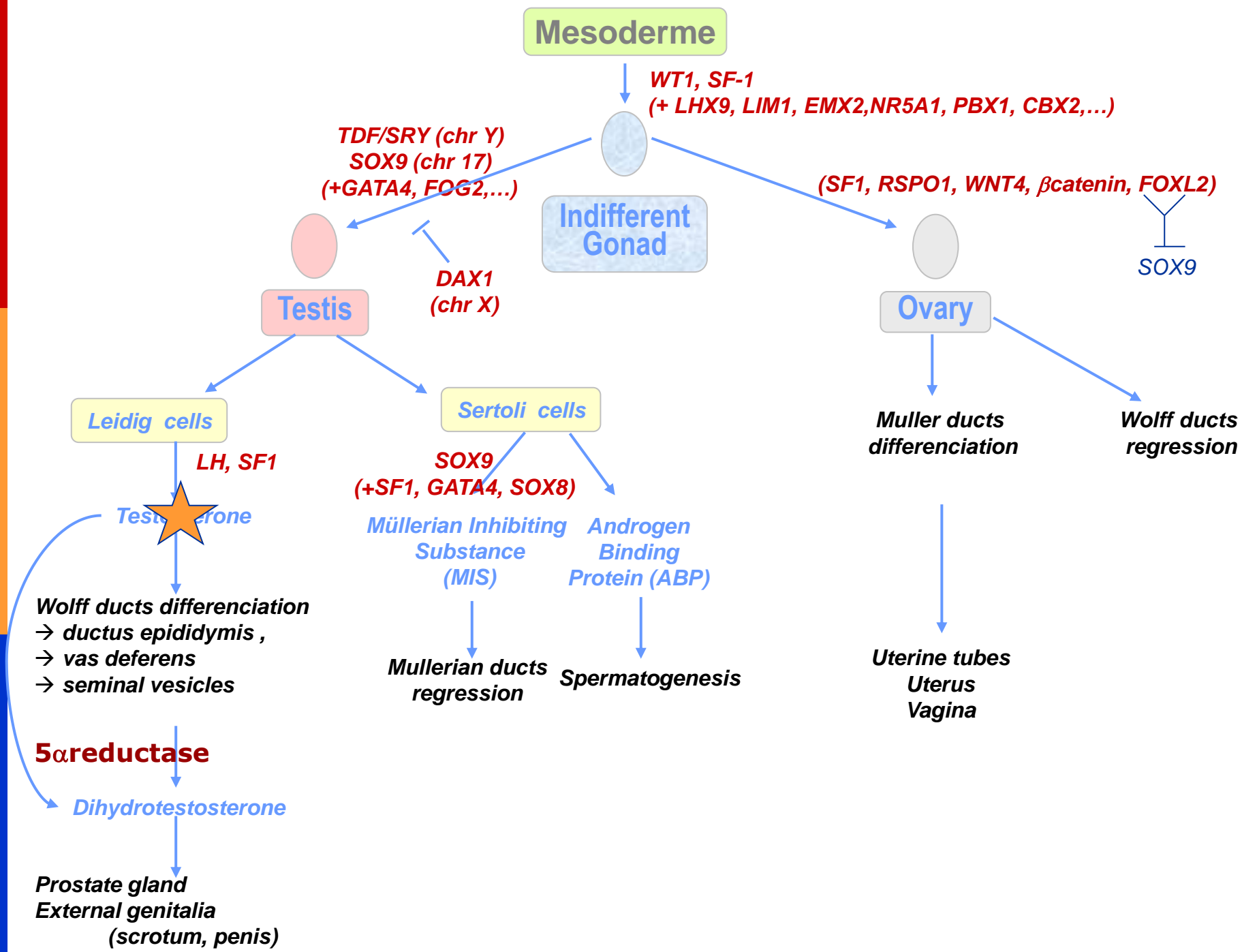
(Mutation of the androgen receptor)

➤ **Testosterone deficiency**

(Mutation of the LH receptor, Smith Lemli Opitz syndrome,...)

➤ **Di-OH-testosterone deficiency**

(Mutation of the 5- $\alpha$ -reductase gene)



**Mesoderme**

*WT1, SF-1*  
(+ *LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2, ...*)

**Indifferent Gonad**

*TDF/SRY (chr Y)*  
*SOX9 (chr 17)*  
(+ *GATA4, FOG2, ...*)

*(SF1, RSPO1, WNT4, βcatenin, FOXL2)*

**Testis**

**Ovary**

*DAX1 (chr X)*

*SOX9*

**Leidig cells**

**Sertoli cells**

*LH, SF1*

*SOX9*  
(+ *SF1, GATA4, SOX8*)

*Testosterone*

*Müllerian Inhibiting Substance (MIS)*

*Androgen Binding Protein (ABP)*

**Mullerian ducts regression**

**Spermatogenesis**

**Muller ducts differentiation**

**Wolff ducts regression**

**Uterine tubes  
Uterus  
Vagina**

**Wolff ducts differentiation**  
→ *ductus epididymis, vas deferens, seminal vesicles*

**5αreductase**  
→ *Dihydrotestosterone*

**Prostate gland  
External genitalia (scrotum, penis)**

# Androgen insensitivity syndrome



- 46,XY
- Testes
- Female external phenotype (blind vagina)

# Androgen insensitivity syndrome



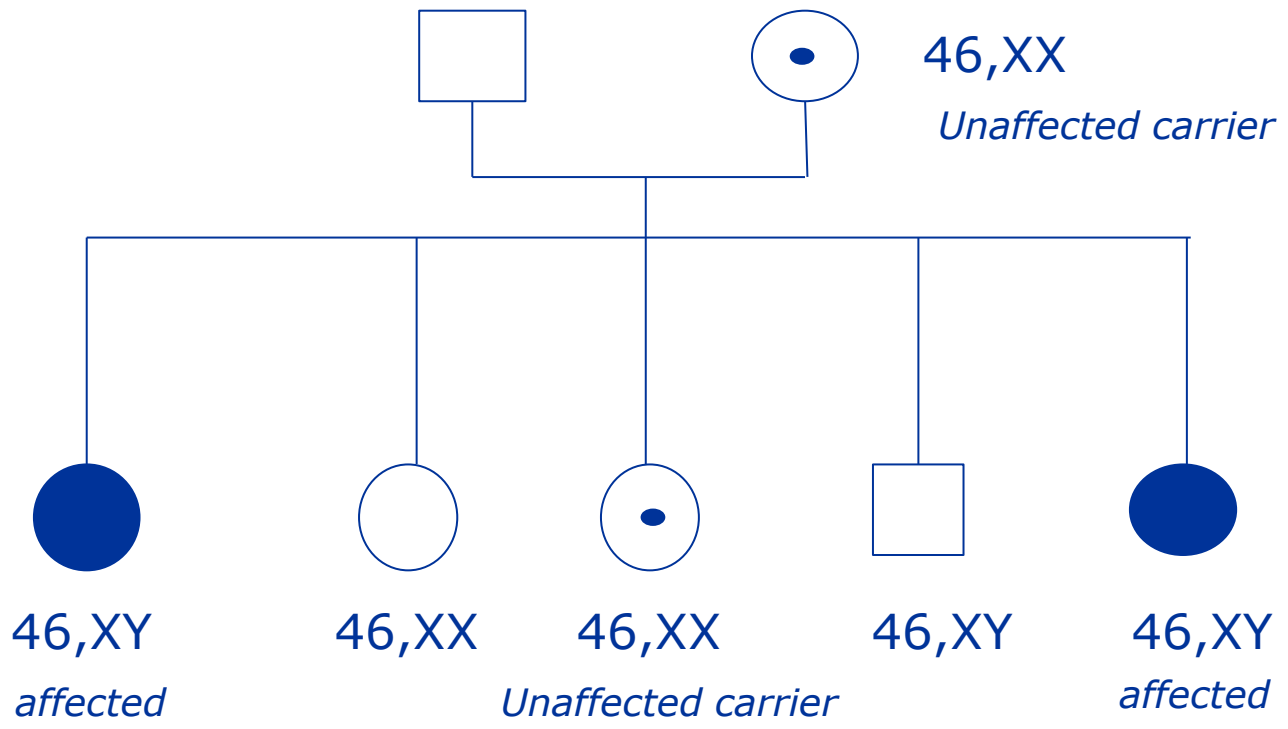
≠



NIPT:  
46, XY

Fetal US:  
female phenotype





AR gene, located on the X chromosome

# Testosterone deficiency

(resistance to LH hormone)



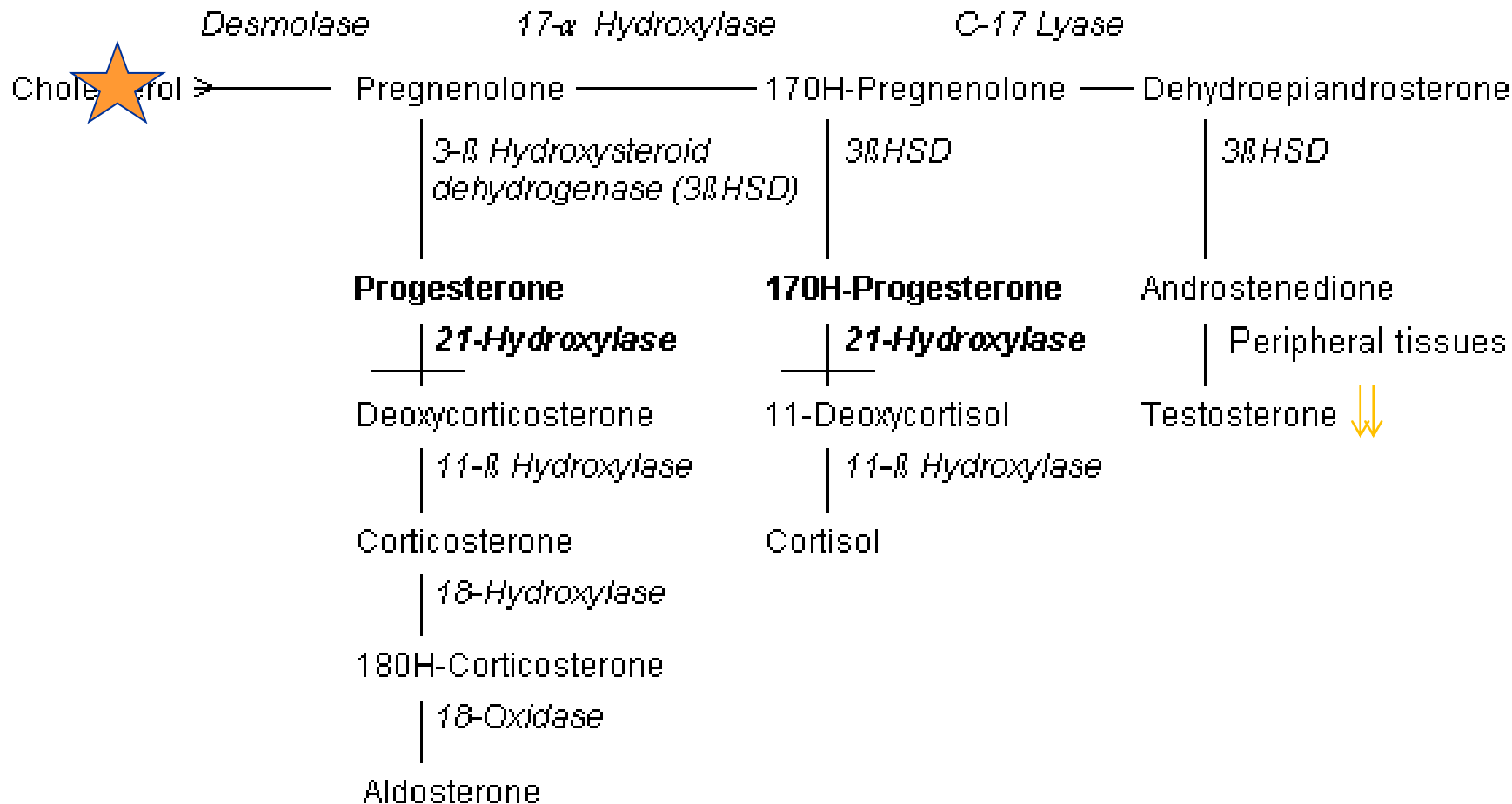
- 46,XY
- Testes
- Female external phenotype (blind vagina)

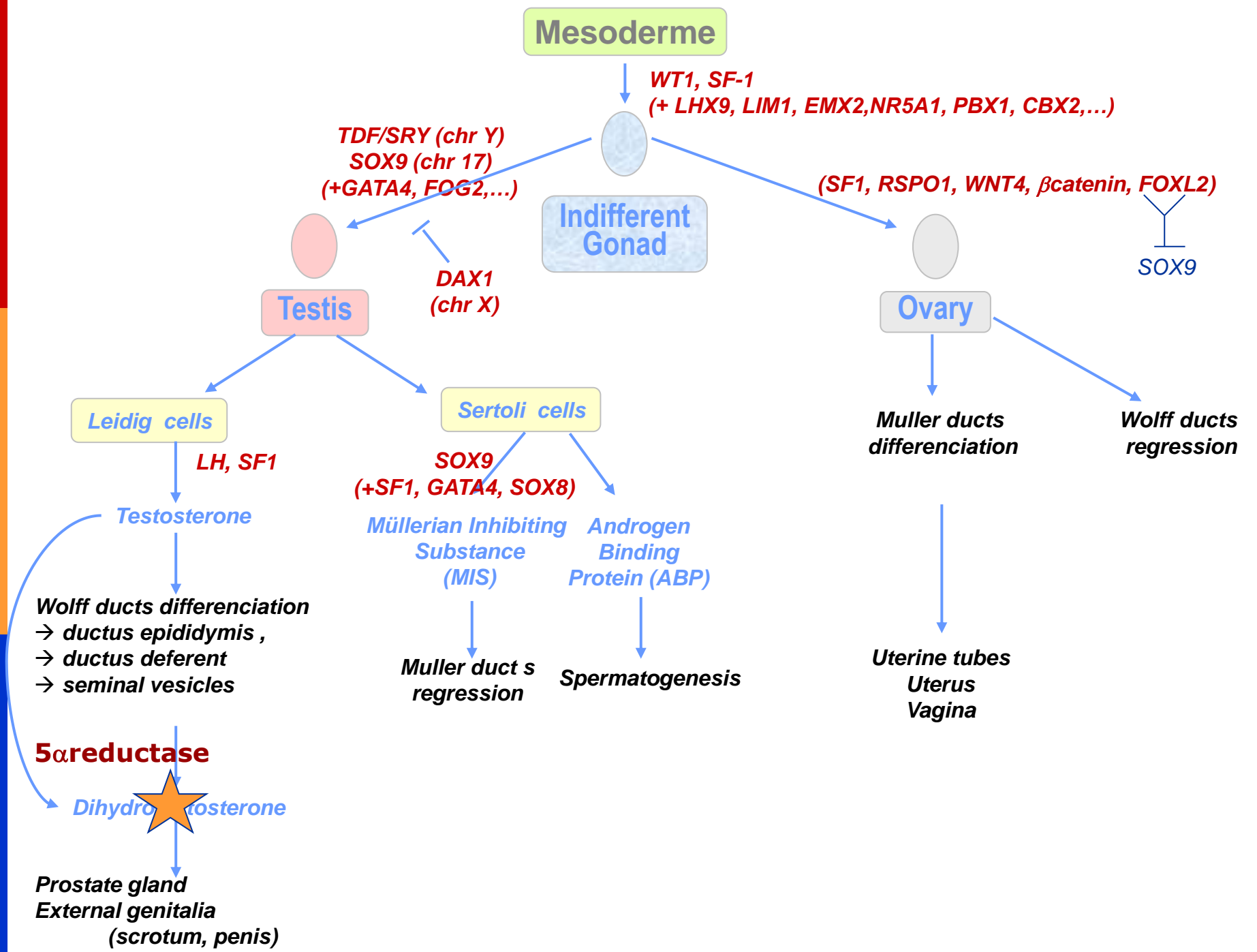
# Testosterone deficiency

(Smith Lemli Opitz syndrome)



- 46,XY
- Testes
- Female external phenotype





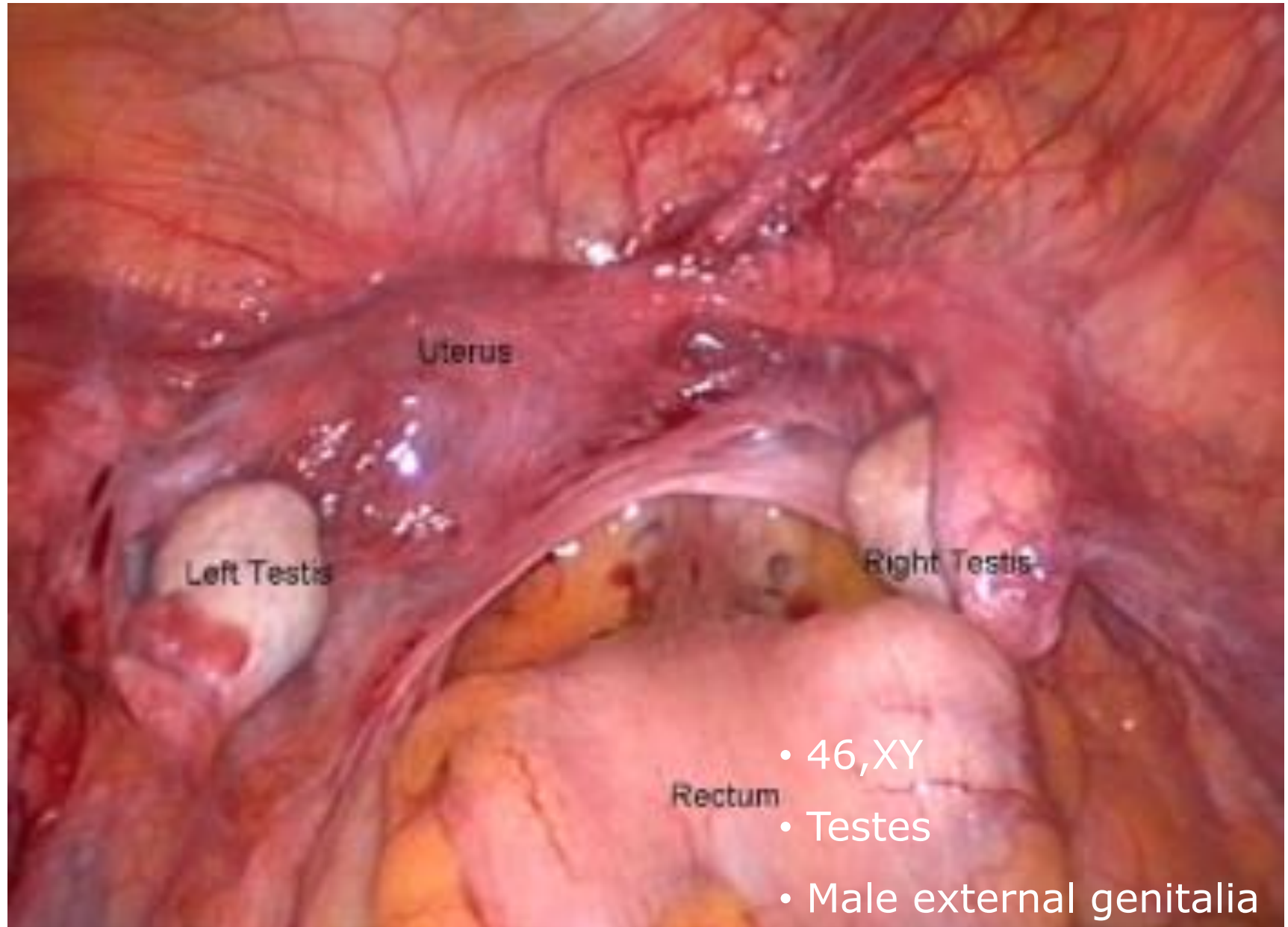
# 5 $\alpha$ Reductase deficiency



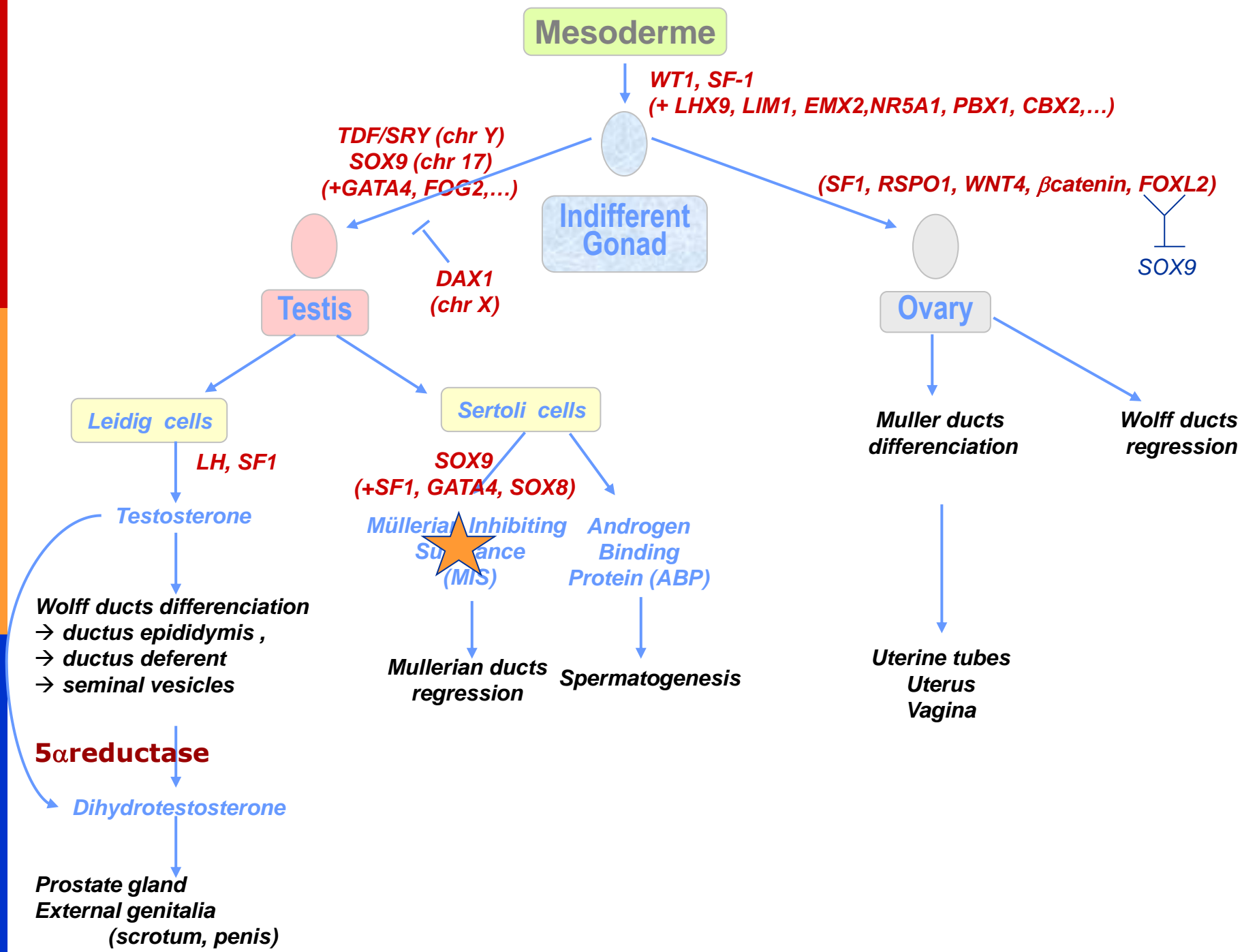
- 46,XY
- Testes
- Presence of ductus epididymitis, vas deferens, seminal vesicles
- Female external phenotype (ambiguous)

*Possibility of spontaneous improvement at puberty*

Rem: MIS deficiency > persistence of Mullerian residues



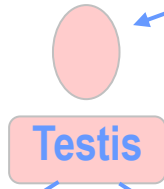




Mesoderme



Indifferent Gonad



Testis



Ovary

Leidig cells

Sertoli cells

Müllerian Inhibiting Substance (MIS)

Androgen Binding Protein (ABP)

Mullerian ducts regression

Spermatogenesis

Muller ducts differentiation

Wolff ducts regression

Uterine tubes  
Uterus  
Vagina

Wolff ducts differentiation  
→ ductus epididymis,  
→ ductus deferent  
→ seminal vesicles

5 $\alpha$ reductase  
Dihydrotestosterone

Prostate gland  
External genitalia  
(scrotum, penis)

WT1, SF-1  
(+ LHX9, LIM1, EMX2, NR5A1, PBX1, CBX2, ...)

TDF/SRY (chr Y)  
SOX9 (chr 17)  
(+GATA4, FOG2, ...)

DAX1  
(chr X)

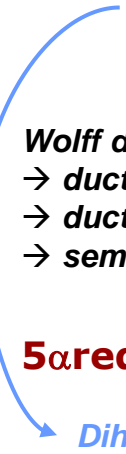
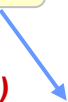
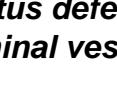
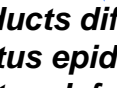
(SF1, RSPO1, WNT4,  $\beta$ catenin, FOXL2)

SOX9

LH, SF1

SOX9  
(+SF1, GATA4, SOX8)

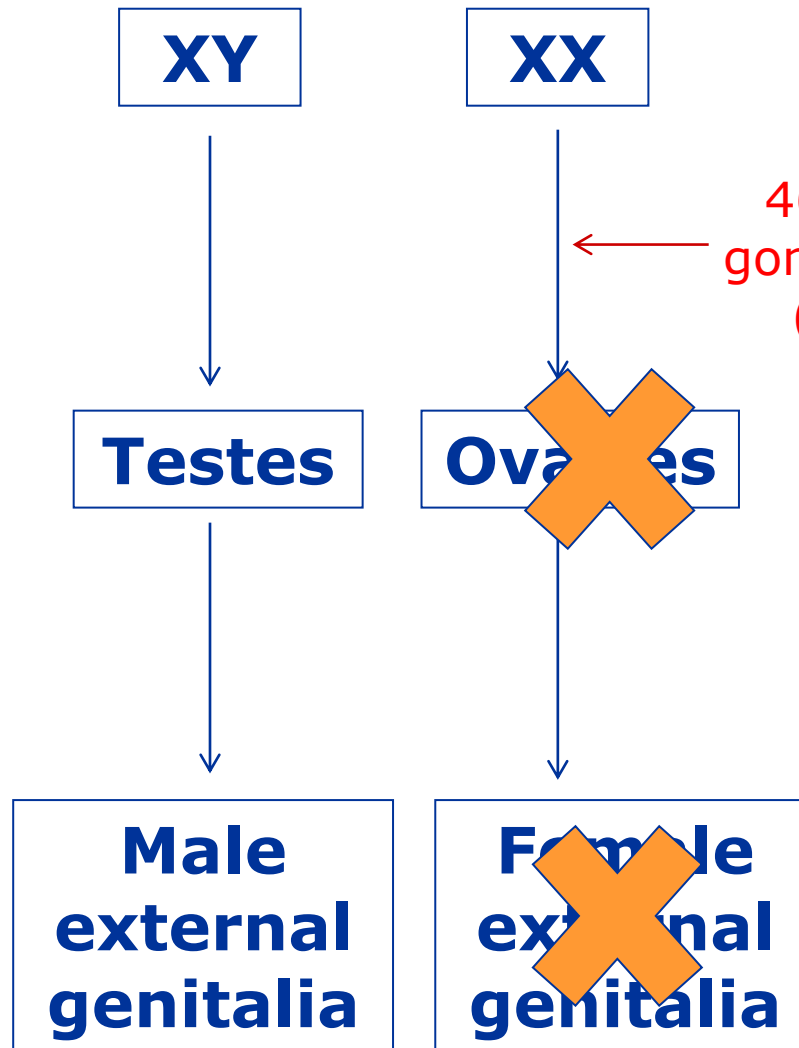
Testosterone



### 3. 46,XX DSD with gonadal dysgenesis (Male XX)

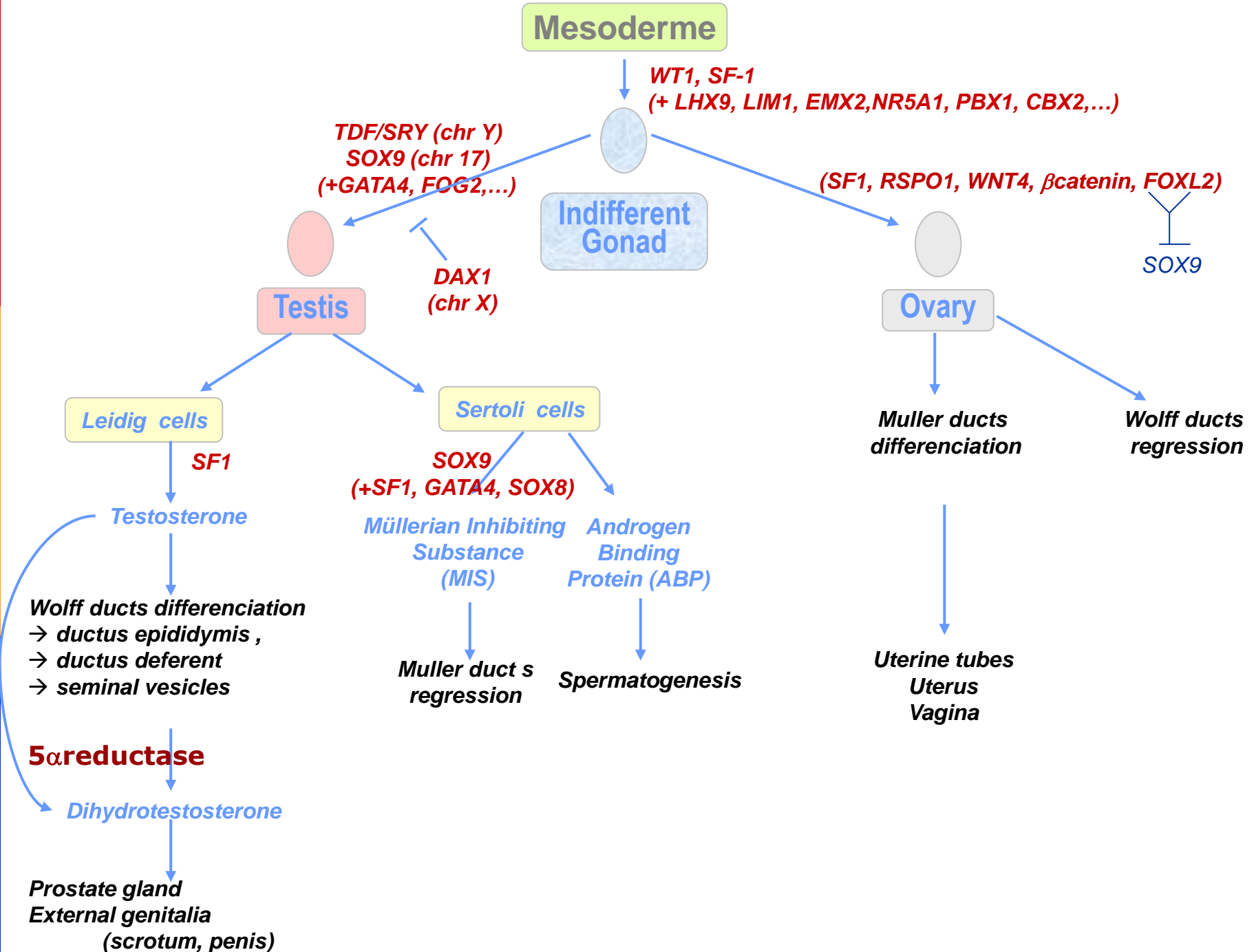
- 46,XX
- Gonadal dysgenesis
- Male external genitalia (or ambiguous)



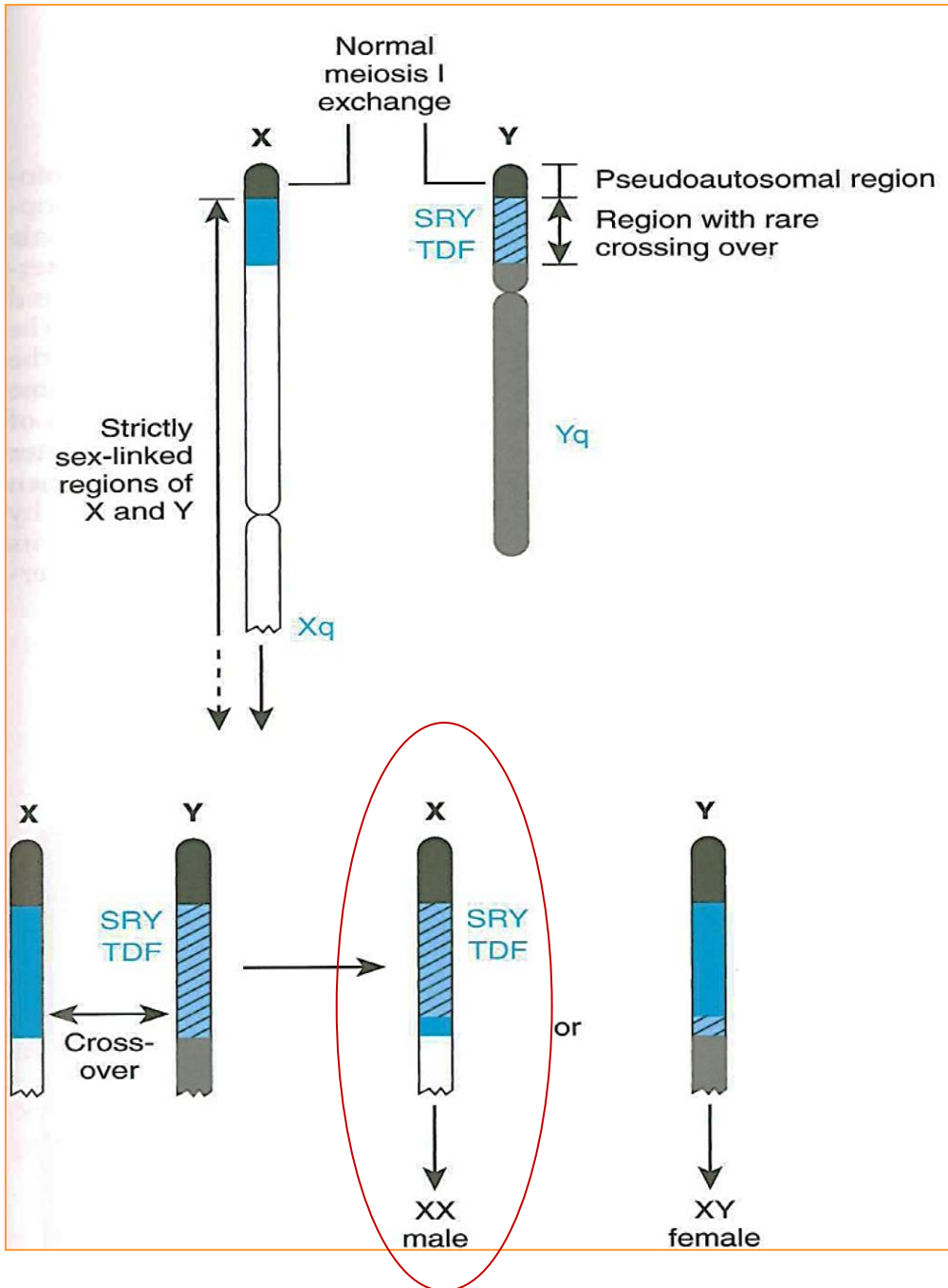


**46,XX DSD**

46,XX DSD with gonadal dysgenesis (« Male XX »)



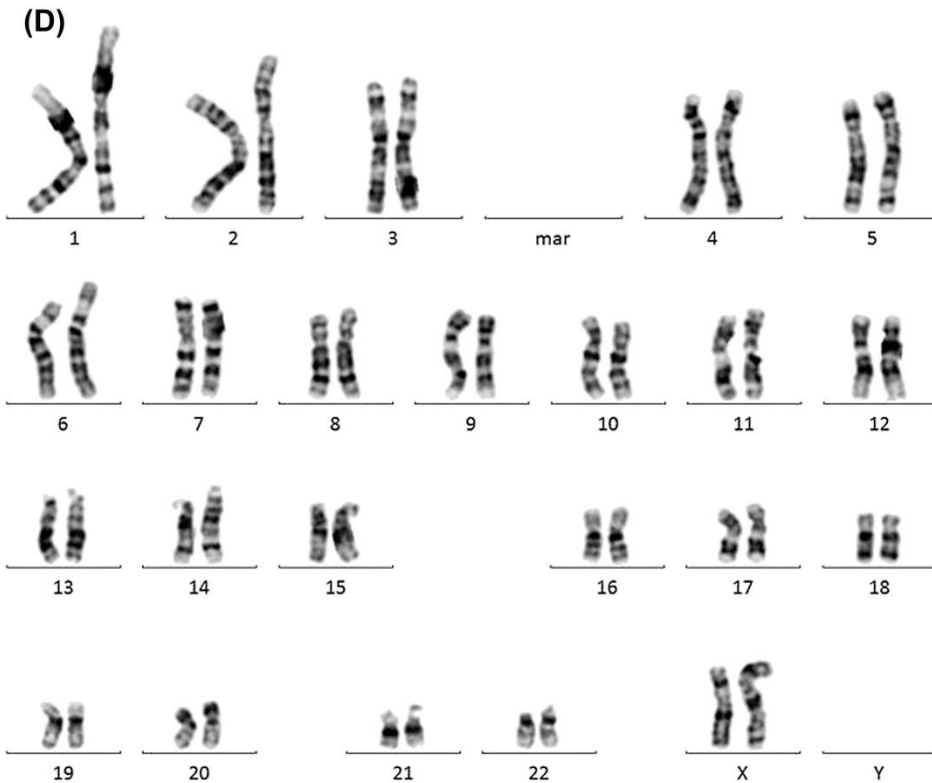
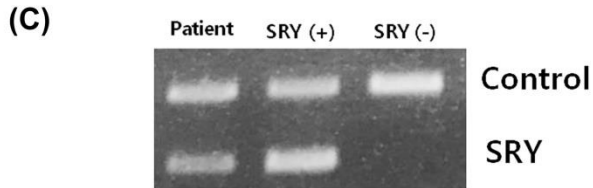
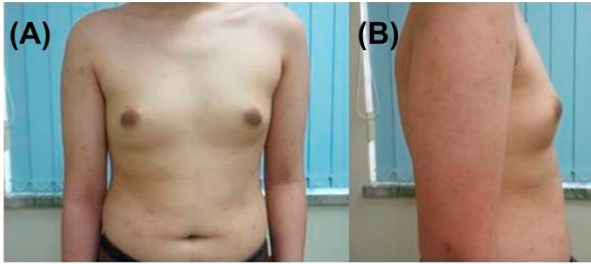
- SRY Translocation on the X chromosome
- SOX9 Duplication



SRY = TDF  
(testis-determining factor)

If genetic recombination outside the pseudoautosomal region (incidence 1/20000):

- **XX male (with the SRY gene on a X chromosome)**
- XY female (without the SRY gene on the Y chromosome)

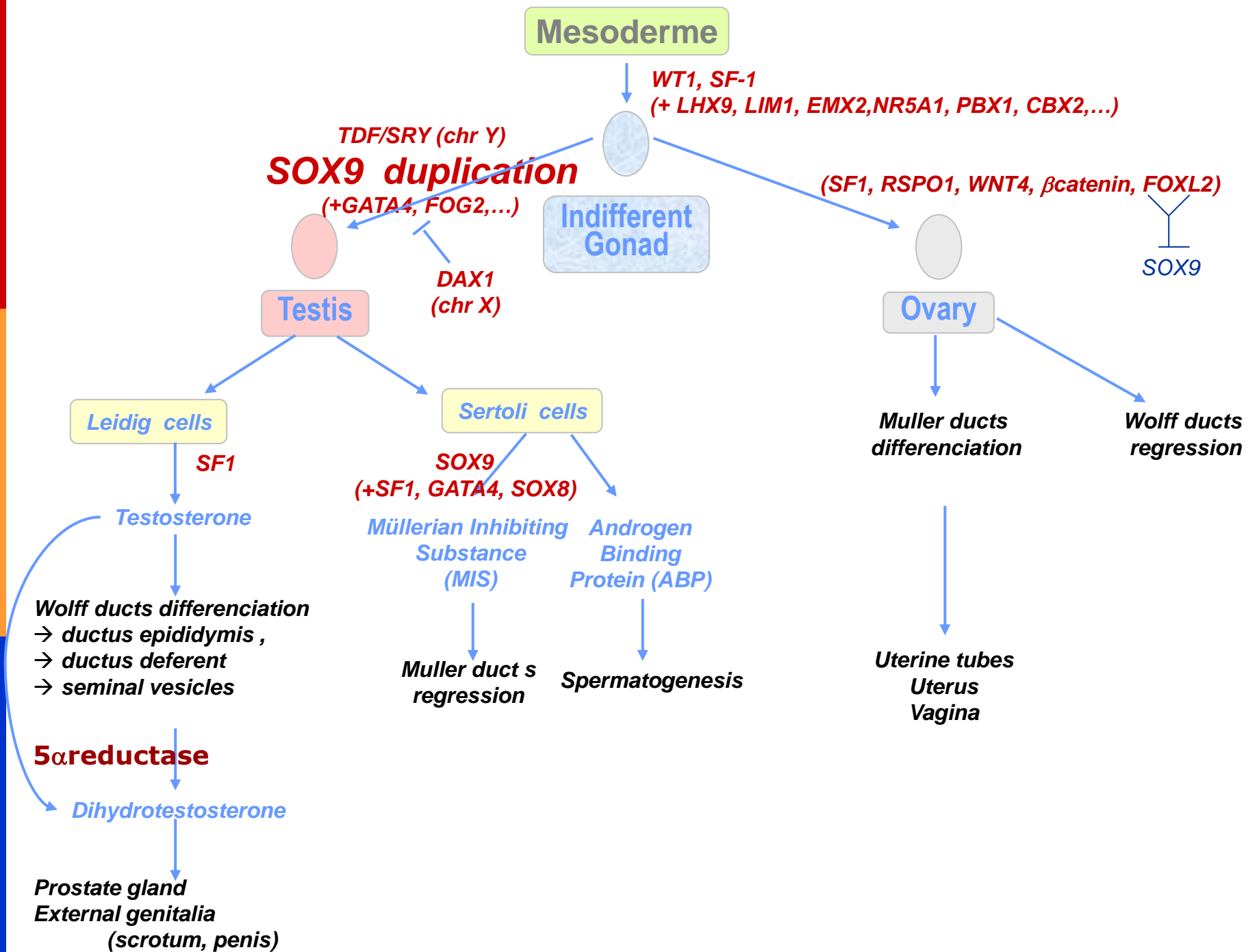


Patient with:

- Gynecomastia
- Hypergonadotropic hypogonadism

Min et al, Pediatrics and Neonatology 2015

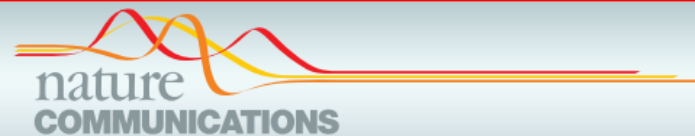




Article

## Duplication of *SOX9* associated with 46,XX ovotesticular disorder of sex development

Berenice López-Hernández <sup>a</sup>, Juan Pablo Méndez <sup>b</sup>,  
Ramón Mauricio Coral-Vázquez <sup>c,d</sup>, Jesús Benítez-Granados <sup>b</sup>,  
Juan Carlos Zenteno <sup>e</sup>, Vanessa Villegas-Ruiz <sup>e</sup>, Raúl Calzada-León <sup>f</sup>,  
Daniela Soderlund <sup>g</sup>, Patricia Canto <sup>b,\*</sup>









ARTICLE

Corrected: Publisher Correction

<https://doi.org/10.1038/s41467-018-07784-9>

OPEN

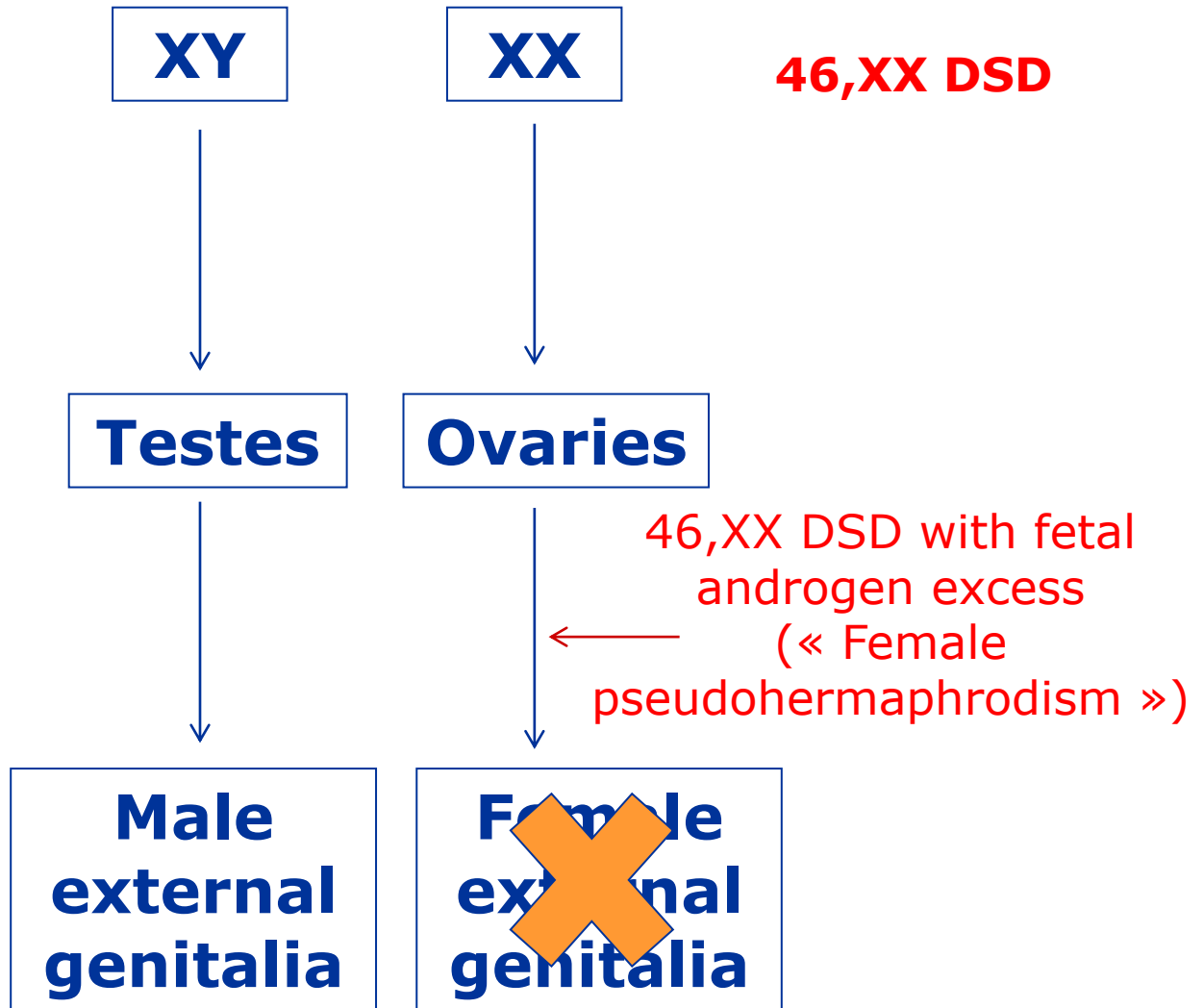
## Human sex reversal is caused by duplication or deletion of core enhancers upstream of *SOX9*

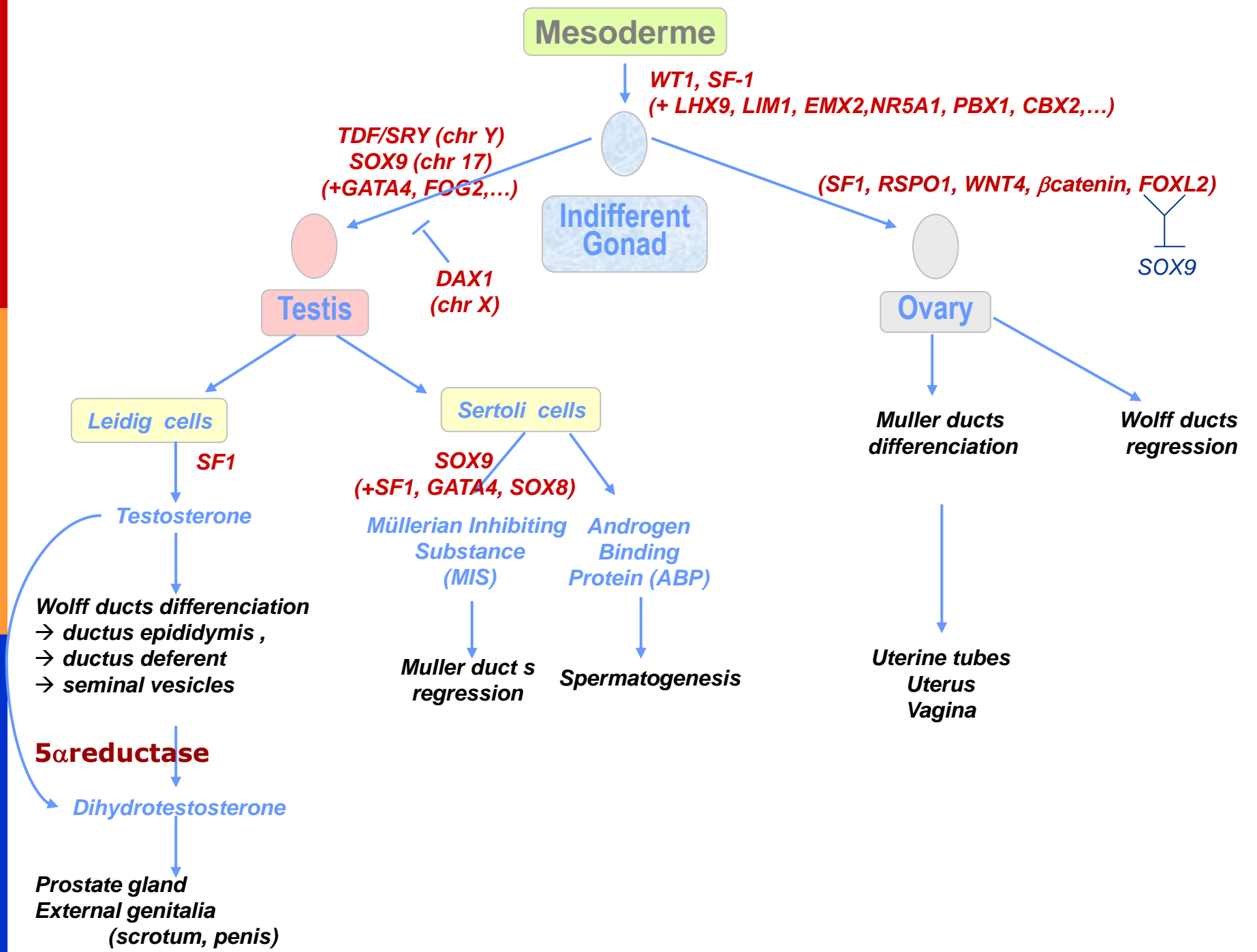
Brittany Croft <sup>1,2</sup>, Thomas Ohnesorg<sup>1,3</sup>, Jacqueline Hewitt<sup>1,4,5</sup>, Josephine Bowles <sup>6,7</sup>, Alexander Quinn <sup>7</sup>,  
Jacqueline Tan<sup>1</sup>, Vincent Corbin <sup>8</sup>, Emanuele Pelosi<sup>7</sup>, Jocelyn van den Bergen<sup>1</sup>, Rajini Sreenivasan <sup>1,9</sup>,  
Ingrid Knarston<sup>1,3</sup>, Gorjana Robevska<sup>1</sup>, Dung Chi Vu<sup>10</sup>, John Hutson<sup>1,3,11</sup>, Vincent Harley <sup>9</sup>, Katie Ayers<sup>1,3</sup>,  
Peter Koopman<sup>7</sup> & Andrew Sinclair<sup>1,3</sup>

## 4. 46,XX DSD with fetal androgen excess (Female Pseudohermaphroditism)

- 46,XX
- Ovaries
- Male external genitalia (or ambiguous)



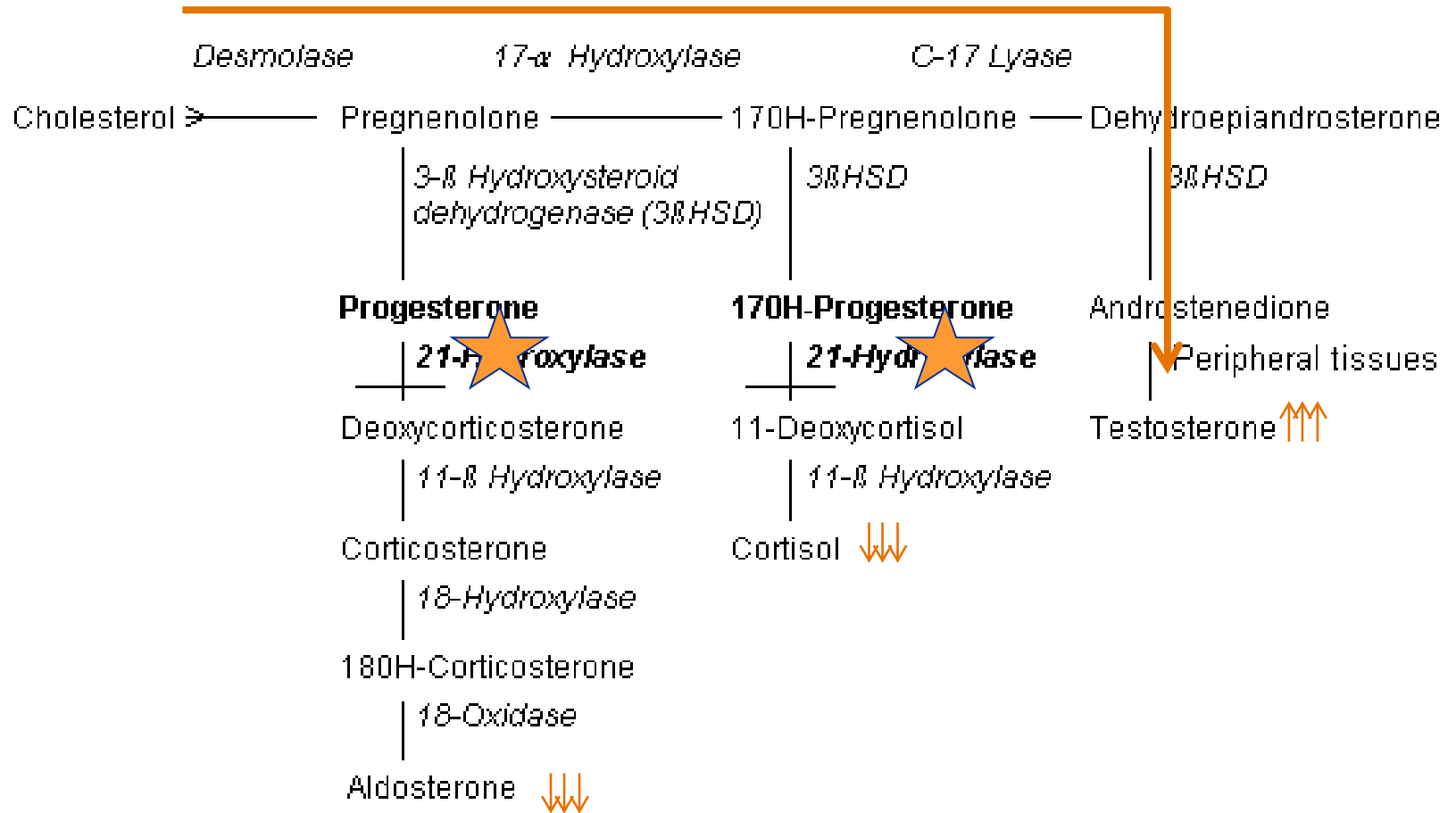




## ➤ Early exposition to androgens

- Congenital adrenal hyperplasia
- Maternal adrenal tumor
- Placental tumor
- Exogenous maternal androgene treatment
- Aromatase deficiency (androgens > estrogens)
- Etc...

# Congenital adrenal hyperplasia (21-hydroxylase deficiency)





# Congenital adrenal hyperplasia (21-hydroxylase deficiency)



- 46,XX
- Ovaries
- Male external phenotype (ambiguous)



# Aromatase deficiency

↑↑ (androgens ★ Estrogens) ↓↓



- 46,XX
- Ovaries
- Male external phenotype (ambiguous)

# Con**clu**sion

A magnifying glass with a black handle and a silver rim is positioned over the word "Conclusion". The lens is centered over the letters "clu", making them appear larger and more prominent than the rest of the word. The background is a plain white surface.

	<b>Etiology</b>	<b>Genotype</b>	<b>Gonades</b>	<b>External genitalia</b>	<b>Other symptoms</b>
<b>Sex chromosome DSD</b>	<b>chimerism XX/XY (true hermaphroditism)</b> <i>or</i> <b>Mosaic sry-/sry+</b> <i>or</i> <b>?</b>	46,XX/46,XY (30%) <i>or</i> 46,XX (60%) <i>or</i> 46, XY (10%)	Ovotestis	Variable (female > ambiguous > male)	
	<b>Turner</b>	45,X <i>Variants:</i> 46,X,i(Xq) 46,X,rX mosaics	Ovarian dysgenesis	Female	Short stature, webbed neck, cubitus valgus, cardiac malformation, infertility <i>With small X ring: intellectual disability</i>
	<b>Klinefelter</b>	47,XXY <i>Variants:</i> 48,XXYY 48,XXXYY 49,XXXXYY mosaics	Testicular dysgenesis (seminiferous cords hyalinosis)	Male	Tall stature, hypogonadism, gynecomastia, infertility <i>With variants: intellectual disability</i>
	<b>Mosaic XY/X</b>	46,XY/45,X	Mixed gonadal dysgenesis	Variable (female > ambiguous > male)	

	<b>Etiology</b>	<b>Genotype</b>	<b>Gonades</b>	<b>External genitalia</b>	<b>Other symptoms</b>
<b>46,XY DSD with gonadal dysgenesis (Female XY)</b>	<b>SRY mut or del (Swyer)</b>	46,XY	Gonadal dysgenesis	Female	
	<b>SOX9 mutation</b>	46,XY	Gonadal dysgenesis	Ambiguous > Female	Skeletal dysplasia
	<b>SF1 Mutation</b>	46,XY <i>rem: 46,XX</i>	Gonadal dysgenesis <i>Ovarian insufficiency</i>	Ambiguous > Female (+/- utérus) <i>Female</i>	+/- adrenal insufficiency <i>+/- adrenal insufficiency</i>
	<b>WT1 Mutation</b>	46,XY <i>rem: 46,XX</i>	Gonadal dysgenesis <i>Ovarian insufficiency?</i>	Ambiguous > Female (+/- utérus) <i>Female</i>	Renal insufficiency and Wilms tumor (Denys-Drash) Glomerular néphropathy (Frasier) Wilms tumor, aniridia, mental retardation (WAGR) <i>idem</i>
	<b>DAX1 duplication</b>	46,XY	Gonadal dysgenesis	Ambiguous > Female	
<b>46,XY DSD with sexual differentiation abnormality (Male pseudo-hermaphroditism)</b>	<b>5<math>\alpha</math>-réductase deficiency (diOHtestosterone deficiency)</b>	46,XY	Testes	Ambiguous (improvement at puberty)	
	<b>LH receptor mutation (testostérone deficiency)</b>	46,XY	Testes	Female (blind vagina) or ambiguous if partial deficiency	
	<b>Androgen receptor mutation (androgen insensitivity syndrome)</b>	46,XY	Testes	Female (blind vagina) or ambiguous if partial insensitivity	

	<b>Etiology</b>	<b>Genotype</b>	<b>Gonades</b>	<b>External genitalia</b>	<b>Other symptoms</b>
<b>46,XX DSD with gonadal dysgenesis (Male XX)</b>	<b>SRY translocation on the X chrom.</b>	46,XX	Gonadal dysgenesis	Ambiguous > Male	
	<b>SOX9 Duplication</b>	46,XX	Gonadal dysgenesis	Ambiguous > Male	
<b>46,XX DSD with fetal androgen excess (Female pseudo-hermaphroditism)</b>	<b>Early exposition to androgens (congenital adrenal hyperplasia, maternal adrenal or placental tumor, exogenous androgene treatment, aromatase deficiency)</b>	46,XX	Ovaries	Ambiguous	

	<b>Etiology</b>	<b>Genotype</b>	<b>Gonades</b>	<b>External genitalia</b>	<b>Other symptoms</b>
<b>Others</b>	<b>Trisomy X</b>	47,XXX	Normal ovaries	Normal female	Normal phenotype (above average stature) No infertility No intellectual disability but 70% learning problems Abnormal behavior?
	<b>Tetrasomy X</b>	48,XXXX	Normal ovaries	Normal female	Intellectual disability
	<b>Pentasomy X</b>	49,XXXXX	Normal ovaries	Normal female	Intellectual disability
	<b>XYY condition</b>	47,XYY	Normal testes	Normal male	Normal phenotype (tall stature) No infertility No intellectual disability but 50% speech delay Attention deficit? Hyperactivity?
	<b>MIS deficiency</b>	46,XY	Normal testes BUT persistence of mullerian residues (uterus, upper vagina)	Normal male	No infertility No intellectual disability
	<b>Interstitial Y deletion including AZFa, AZFb or AZFc</b>	46,XY	Normal testes BUT non obstructive azoospermia (or severe oligospermia)	Normal male	Infertility
	<b>XY gonadal agenesis</b>	46,XY	Embryonic testicular regression	Female > ambiguous > male	Infertility





# CROMOSOMAS

UN ESTUDIO DE CINISMOILUSTRADO.COM



mujer



hombre



egoísta



ninfómana



alcohólico



xmen



narcoléptico



cursi



bromista



maradona



lady gaga



disléxico



chuck norris



muletilla



forever alone

THANK YOU

FOR YOUR

ATTENTION