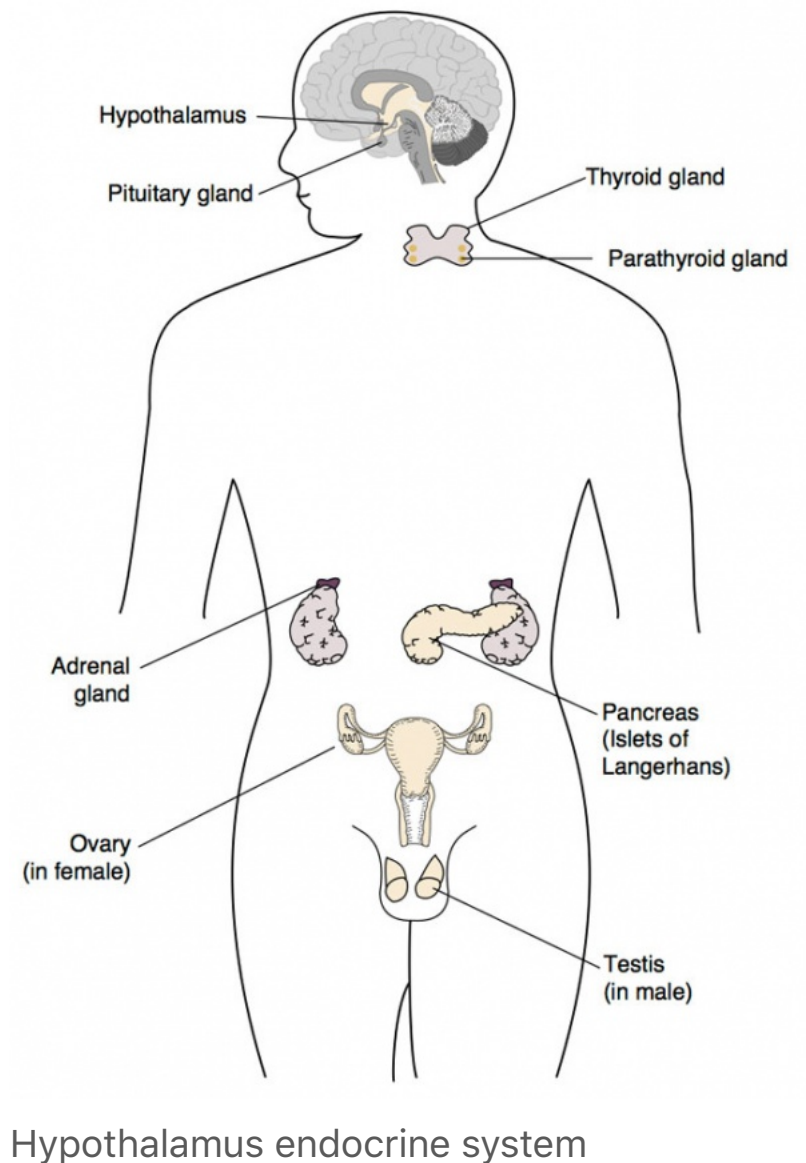


# BGD Lecture - Endocrine Development

## Introduction

BGDB has 2 endocrine related lectures. The first is on endocrine histology (mainly of the HPA axis), the second is endocrine embryology (on this current page).

This lecture covers endocrine development, note that a better understanding can be made if you understand the adult function of each endocrine organ (though this will not be covered in the Lecture). Endocrine development is sometimes divided into neuroendocrine and endocrine and is also generally covered piecemeal in all embryology textbooks, so you may have to look in several different chapters to find supporting textbook information.



The endocrine system resides within specific endocrine organs and both organs and tissues with other specific functions. Epithelia (ectoderm and endoderm) form the majority of the “ductless” endocrine glands like gastrointestinal and skin associated “ducted” glands. Differentiation of several organs also involves a epithelial/mesenchyme interaction, seen in repeated in many differentiation of many different tissues. The endocrine glands produce hormones, which are distributed by the vascular system to the many body tissues, subsequently these organs are richly vascularized.

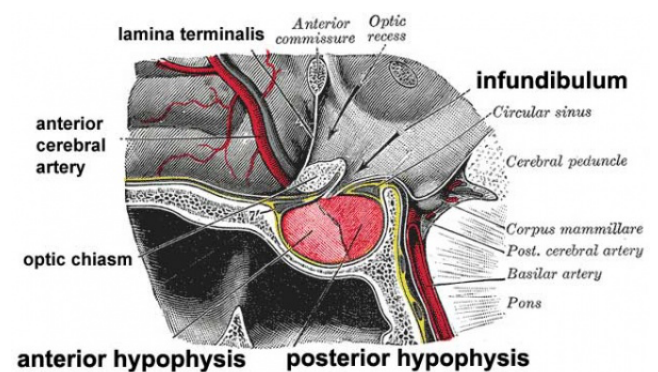
Hormones “orchestrate” responses in other tissues, including other endocrine organs, and these overall effects can be similar or different in different tissues. These signaling pathways are often described as "axes" the two major types are the: **HPA (Hyo**thalamus-**P**ituitary-**A**drenal) and **HPG (H**ypothalamus-**P**ituitary-**G**onad). These hormone levels and effects (like music) can be rapid, slow, brief, diurnal, or long-term. Hormone effects can be mimicked, stimulated, and blocked by therapeutic drugs, nutritional and environmental chemicals. Importantly, fetal endocrine development is required for normal fetal growth and differentiation.

[2018 Lecture](#) (link to be added)

**Endocrine in the News**      [\[Expand\]](#)

## Lecture Objectives

- Understanding of hormone types
- Understanding of endocrine gland development
- Understanding of endocrine developmental functions
- Brief understanding of endocrine abnormalities



**Lecture Archive**      [\[Expand\]](#)

**Textbooks**      [\[Expand\]](#)

## Endocrine Origins

- **Epithelia** - ([ectoderm](#)) covering embryo, ([endoderm](#)) lining gastrointestinal tract, ([mesoderm](#)) lining coelomic cavity
- **Mesenchyme** - ([mesoderm](#)) contribution, connective tissue, blood vessels

## Hormones

## Hormone Types

<b>Amino acid derivatives</b>	noradrenaline (norepinephrine), adrenalin (epinephrine) , thyroid hormone
<b>Proteins, peptides</b>	thyroid stimulating hormone, leutenising hormone, follicle stimulating hormone
<b>Steroids (from cholesterol)</b>	androgens, glucocorticoids, mineralocorticoids
<b>Signaling Pathways</b>	<a href="#">[Expand]</a>

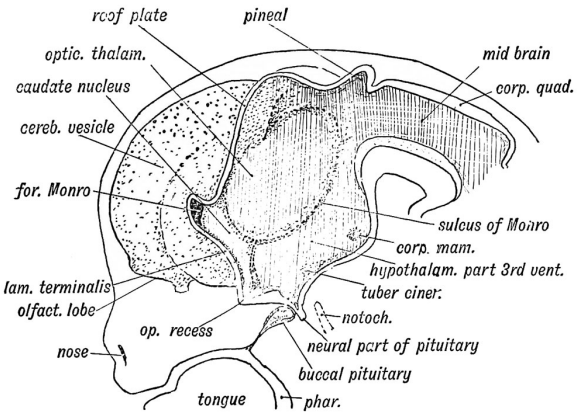
## Hormone Actions

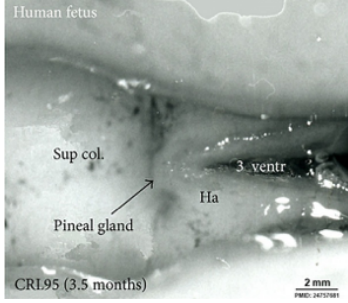
- **Autocrine** - acts on self (extracellular fluid)
- **Paracrine** - acts locally (extracellular fluid)
- **Endocrine** - acts by secretion into blood stream (endocrine organs are richly vascularized)

## Hormone Receptors

- **Cell surface receptors** - modified amino acids, peptides, proteins
- **Cytoplasmic/Nuclear Receptors** - steroids

## Pineal Gland

	<div>Pineal Development</div> <ul style="list-style-type: none"> <li>• Neuroectoderm - prosencephalon then diencephalon (evagination of neuroepithelium located at roof of the third ventricle)</li> <li>• caudal roof, median diverticulum, epiphysis</li> <li>• Initially a hollow diverticulum, cell proliferation to solid, pinealocytes (neuroglia), cone-shaped gland innervated by epithalamus</li> </ul>
	<div>Fetal Pineal Anatomy<sup>[2]</sup></div> <ul style="list-style-type: none"> <li>• Human fetus (3.5 month) superior (dorsal) view diencephalic-mesencephalic area.</li> <li>• Third ventricle (3 ventr) without pial covering is seen to the right.</li> <li>• Pineal gland is a small protuberance (arrow) and</li> </ul>

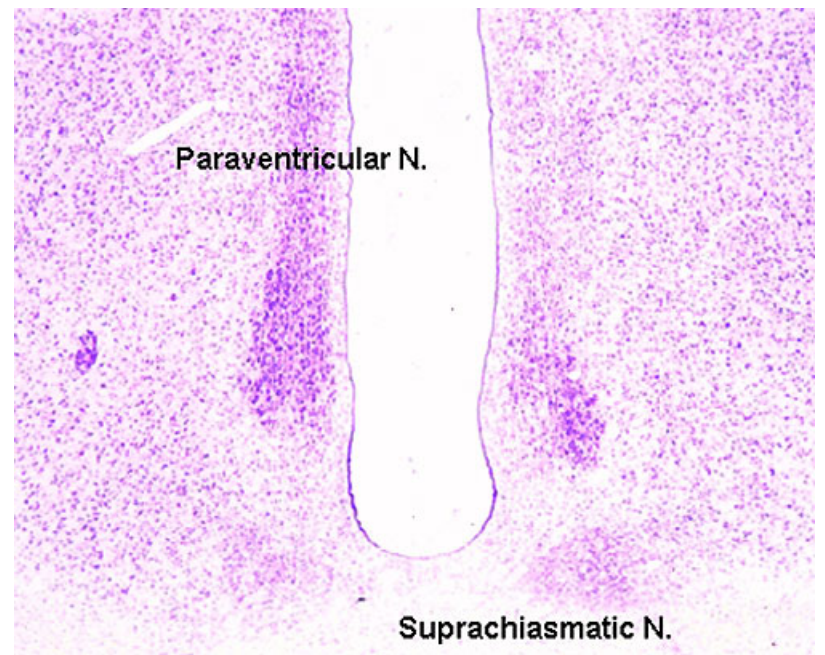


merging via the broad stalk with the habenula (Ha).  
Superior colliculus (Sup col.)

**Links:** [pineal](#) | [Endocrinology](#)

## Hypothalamus

**Hormones** - Corticotrophin releasing hormone (CRH), Thyrotrophin releasing hormone (TRH), Arginine vasopressin (AVP), Gonadotrophin releasing hormone (GnRH), Growth hormone releasing hormone (GHRH), Somatostatin, Prolactin relasing factor (PRF), Dopamine



## Hypothalamus Development

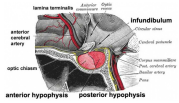

- Neuroectoderm - prosencephalon then **diencephalon**
- ventro-lateral wall intermediate zone proliferation
- Mamillary bodies - form pea-sized swellings ventral wall of hypothalamus
- Human Embryo Brain (week 4.5 exterior view)
- Human Embryo Brain (week 5 exterior view)
- Human Embryo Brain (week 5 interior view)



- Human Fetal Brain  
(3 months)
- Human Fetal Brain  
(4 months)

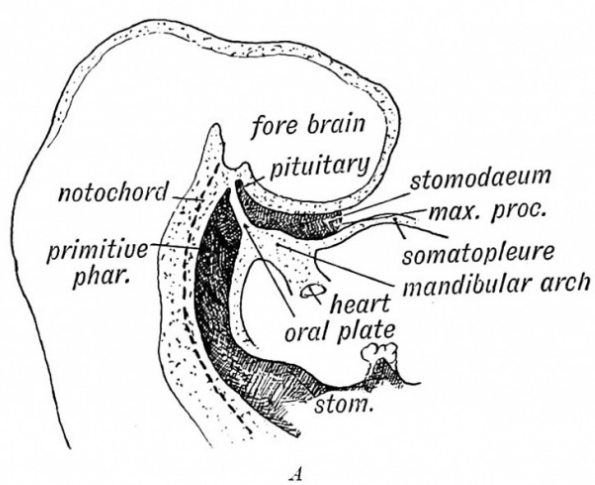
**Links:** [Endocrine - Hypothalamus Development](#)

Pituitary

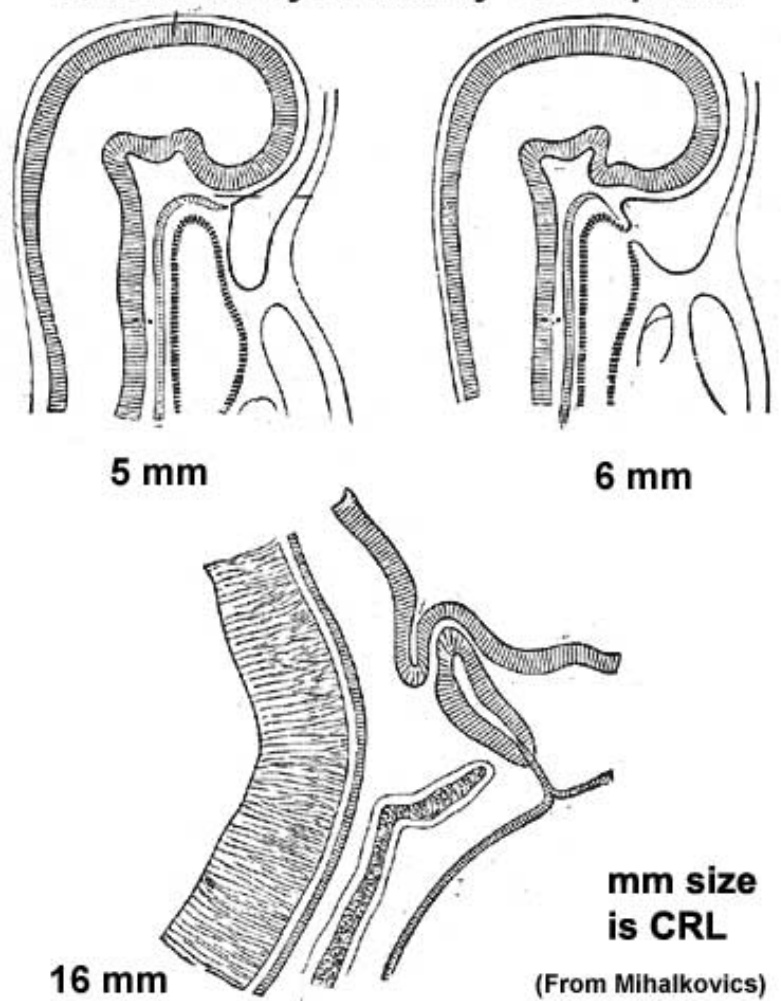
	<div> <p>The pituitary (hypophysis) sits anatomically within the sella turcica, a space within the sphenoid bone.</p> <p><b>Anterior pituitary hormones</b> - Thyroid-stimulating hormone (TSH), Adrenocorticotrophic hormone (ACTH), Luteinizing hormone (LH), Follicle-stimulating hormone (FSH), Somatotrophin/growth hormone (GH), Prolactin (PRL), Melanocyte-stimulating hormone (MSH)</p> <p><b>Posterior pituitary hormones</b> - Oxytocin, Arginine vasopressin</p> </div> 
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Pituitary Development

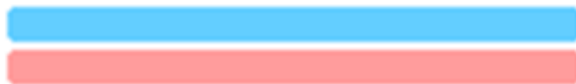
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## Rabbit Embryo Pituitary Development



## Development of the Hypophysis



**Blue** - neural tube ectoderm

**Red** - surface ectoderm

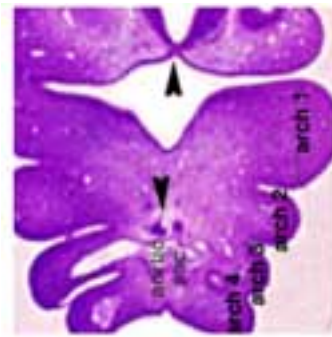
- Dual ectoderm origins
  - **Ectoderm** - ectoderm roof of stomodeum, Rathke's pouch, adenohypophysis
  - **Neuroectoderm** - prosencephalon then diencephalon, neurohypophysis

## Adenohypophysis

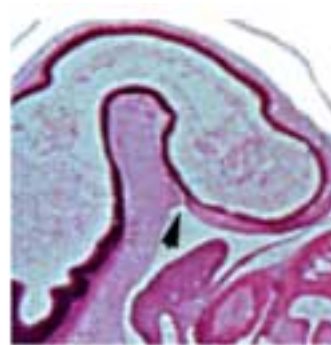
- Anterior wall proliferates - pars distalis
- Posterior wall little growth – pars intermedia
- Rostral growth around infundibular stem – pars tuberalis

## Neurohypophysis

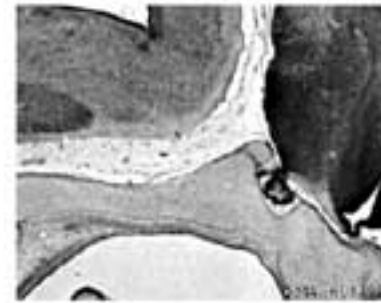
- Infundibulum – median eminence, infundibulum, pars nervosa



Rathke's Pouch  
And Thyroid cells



Rathke's Pouch

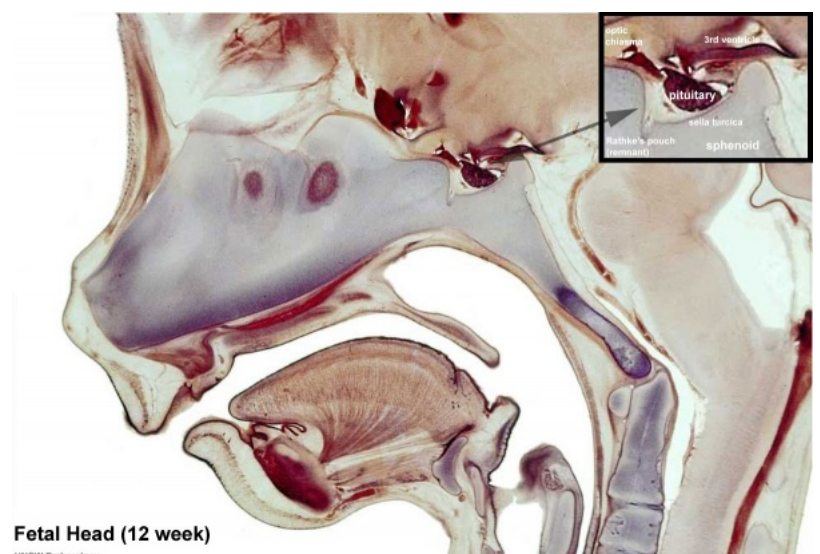


Fetal Pituitary



## Pituitary Timeline

- **Week 4** - hypophysial pouch, Rathke's pouch, diverticulum from roof
- **Week 5** - elongation, contacts infundibulum, diverticulum of diencephalon
- **Week 6** - connecting stalk between pouch and oral cavity degenerates





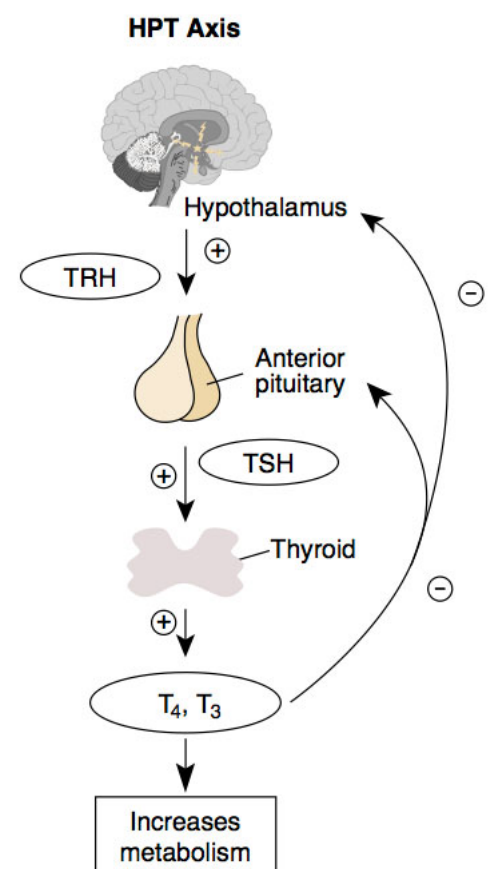
- **Week 8** - basophilic staining cells appear
- **Week 9** - acidophilic staining cells appear
- **Week 10** - growth hormone and ACTH detectable
- **Week 16** - adenohypophysis fully differentiated and TSH increases to peak at 22 weeks
- **Week 20 to 24** - growth hormone levels peak, then decline
- **Birth** - second TSH surge and decreases postnatally

**Links:** [Endocrine - Pituitary Development](#) | [Embryo Images - Pituitary](#) | [Endocrinology](#)

## Thyroid

- **Maternal thyroid hormone**
  - required for early stages of brain development
- **Fetal thyroid** - begins function from week 10, ([GA](#) week 12) required for neural development, stimulates metabolism (protein, carbohydrate, lipid), reduced/absence = cretinism (see abnormalities)

**Hormones** - TH (amino acid derivatives) Thyroxine (T<sub>4</sub>), Triiodothyronine (T<sub>3</sub>)



Hypothalamus - Pituitary - Thyroid Axis

## Thyroid Development

- thyroid median endodermal thickening in the floor of pharynx, outpouch – **thyroid diverticulum**.
- tongue grows, cells descend in neck.
- thyroglossal duct - proximal end at the foramen caecum of tongue.
- thyroid diverticulum - hollow then solid, right and left lobes, central



isthmus.

## Thyroid Timeline

- **24 days** - thyroid median endodermal thickening in the floor of pharynx, outpouch – thyroid diverticulum
- **Week 11** - colloid appearance in thyroid follicles, iodine and thyroid hormone (TH) synthesis. Growth factors (insulin-like, epidermal) stimulates follicular growth.
- **Week 16 - 18** - ([GA](#) 18-20 weeks) fully functional

**Links:** [Box 3.21 Embryology of the thyroid and parathyroid glands](#)

## Fetal Thyroid Hormone

- Initial secreted biologically inactivated by modification
  - serum thyroid hormone levels are relatively low and tissue concentration of thyroid hormone is modified by iodothyronine deiodinases
- Iodine deficiency - during this period, leads to neurological defects (cretinism)
- Late fetal secretion - develops brown fat
- Birth - TSH levels increase, thyroxine (T<sub>3</sub>) and T<sub>4</sub> levels increase to 24 h, then 5-7 days postnatal decline to normal levels
- Post-natal - TH required for bone development

**Maternal TH** - iodine/thyroid status can affect development.

- recent studies show that both high and low maternal thyroid hormone impact on neural development (PMID 26497402)

**Links:** [Endocrine - Thyroid Development](#) | [Endocrinology](#) |

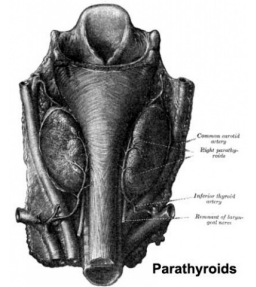
## Parathyroid

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Parathyroid Hormone - Increase calcium ions [Ca<sup>2+</sup>],</li></ul> |  |
|--|--|

stimulates osteoclasts, increase Ca GIT absorption (opposite effect to calcitonin)

- Adult Calcium and Phosphate - Daily turnover in human with dietary intake of 1000 mg/day
- secreted by chief cells

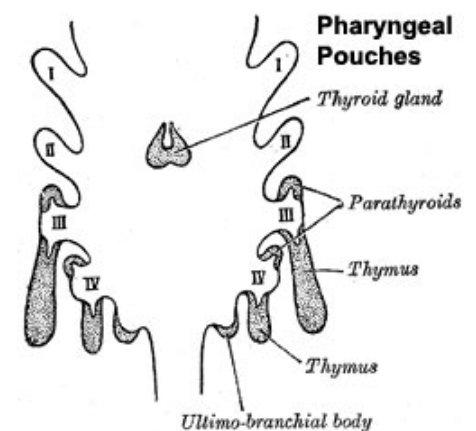
Principal cells cords of cells



Adult  
Parathyroid

## Parathyroid Development

- Endoderm - third and fourth pharyngeal pouches, could also have ectoderm and neural crest
  - 3rd Pharyngeal Pouch - inferior parathyroid, initially descends with thymus
  - 4th Pharyngeal Pouch - superior parathyroid
- **Week 6** - diverticulum elongate, hollow then solid, dorsal cell proliferation
- Fetal parathyroids - respond to calcium levels, fetal calcium levels higher than maternal
- parathyroid hormone - (PTH, parathormone or parathyrin)



Pharyngeal pouches

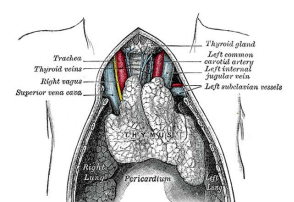
**Links:** [Endocrine - Parathyroid Development](#) | [Endocrinology](#)

## Thymus

- Thymus - bone-marrow lymphocyte precursors become thymocytes, and subsequently mature into T lymphocytes (T cells)
- Thymus hormones - thymosins stimulate the development and differentiation of T lymphocytes

## Thymus Development

- Endoderm - third pharyngeal pouch
- **Week 6** - diverticulum elongates, hollow then solid, ventral cell proliferation
- **third pharyngeal pouch** - transient bilateral endodermal structures that generate both the thymus and parathyroid glands (some species also fourth pharyngeal pouch)
- **Thymic primordia** - surrounded by neural crest mesenchyme, epithelia/mesenchyme interaction



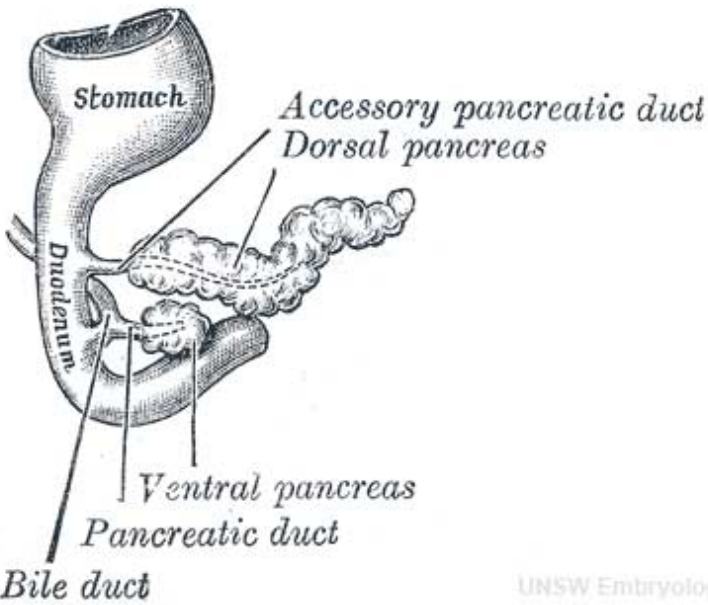
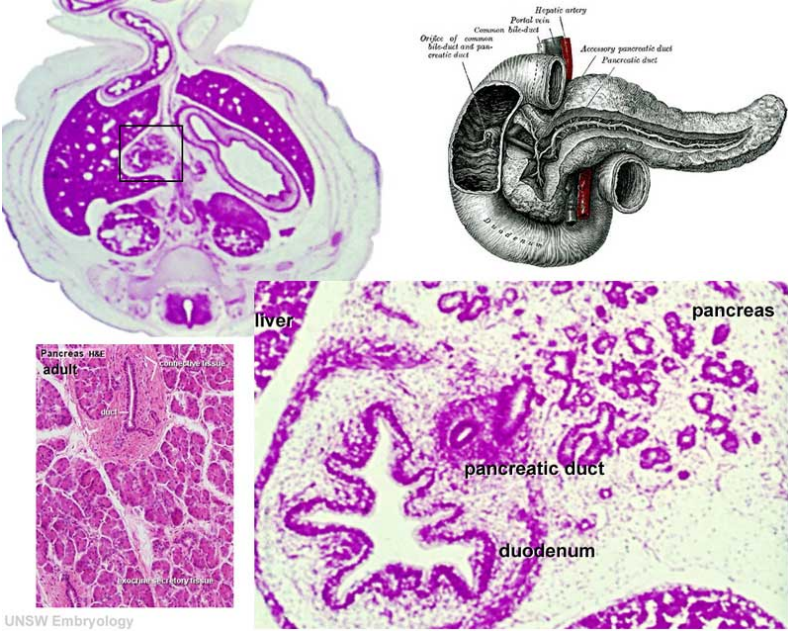
<ul style="list-style-type: none"> <li>• <b>Week 7</b> (Carnegie stage 18-19) thymic component migrates ventrally</li> <li>• <b>Week 8</b> (CS20-21) differentiation of the cortical and medullary thymic epithelial cells (TEC).</li> </ul>	Fetal Thymus
--	--------------

Links: [Endocrine - Thymus Development](#)

Pancreas

Pancreas Development

- Pancreatic buds - duodenal level endoderm, splanchnic mesoderm forms dorsal and ventral mesentery, dorsal bud (larger, first), ventral bud (smaller, later)
- Pancreas Endoderm - pancreas may be opposite of liver
  - Heart cells promote/notochord prevents liver formation
  - Notochord may promote pancreas formation
  - Heart may block pancreas formation

	
Pancreatic buds and duct developing	Pancreas week 8 (Stage 22)

- Duodenum growth/rotation - brings ventral and dorsal buds together, fusion of buds [See Figure 2.32](#)
- Pancreatic duct - ventral bud duct and distal part of dorsal bud, exocrine function
- Islet cells - cords of **endodermal cells** form ducts, from which cells bud off to form islets



## Pancreatic Islets

- Islets of Langerhans - 4 endocrine cell types
- **Alpha** - glucagon, mobilizes lipid
- **Beta** - insulin, increase glucose uptake
  - Beta cells, stimulate fetal growth, continue to proliferate to postnatal, in infancy most abundant
- **Delta** - somatostatin, inhibits glucagon, insulin secretion
- **F-cells** - pancreatic polypeptide

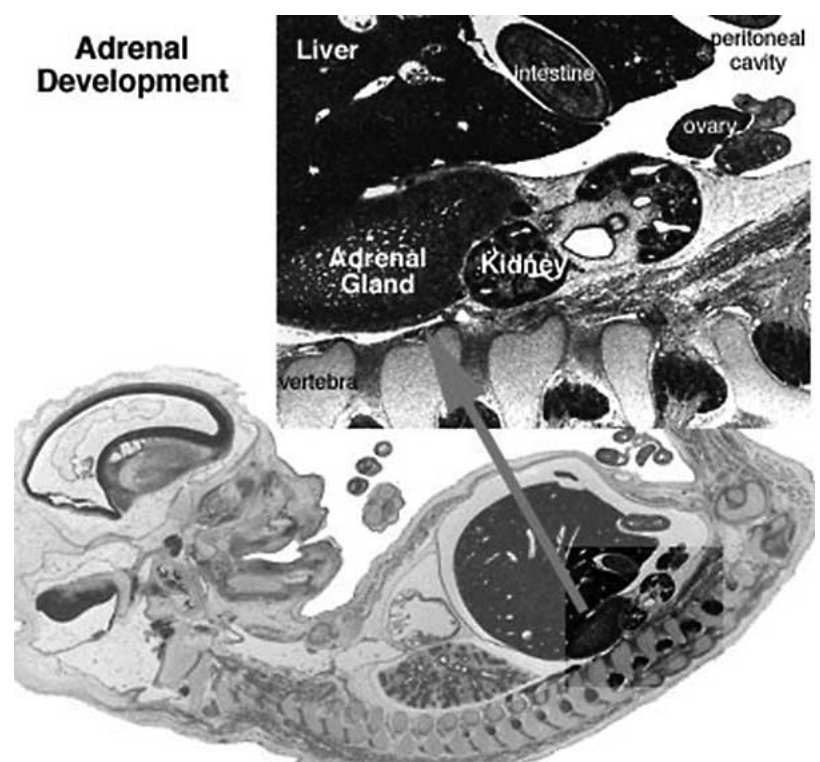
## Pancreas Timeline

- **Week 7 to 20** - pancreatic hormones secretion increases, small amount maternal insulin
- **Week 10** - glucagon (alpha) differentiate first, somatostatin (delta), insulin (beta) cells differentiate, insulin secretion begins
- **Week 15** - glucagon detectable in fetal plasma

**Links:** [[Pancreas}} | [Gastrointestinal Tract - Pancreas Development](#) | [Endocrinology](#)

## Adrenal

- Richly vascularized - arterioles passing through cortex, capillaries from cortex to medulla, portal-like circulation
- Fetal Cortex - produces a steroid precursor (DHEAS), converted by liver and then placenta into estrogen
- Adult Medulla - produces adrenalin (epinephrine), noradrenaline



(norepinephrine)

Fetal adrenal gland (Week 10, [GA](#) week 12)

- Fetal adrenal hormones - influence lung maturation

**Adrenal cortical hormones** - (steroids) Cortisol, Aldosterone, Dehydroepiandrosterone

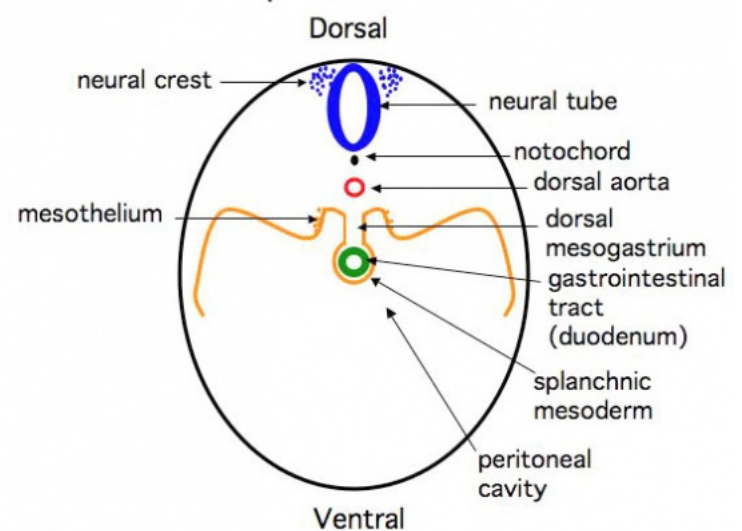
- zona glomerulosa - regulated by renin-angiotensin-aldosterone system controlled by the juxtaglomerular apparatus of the kidney.
- zona fasciculata - regulated by hypothalamo-pituitary axis with the release of CRH and ACTH respectively.

**Adrenal medullary hormones** - (amino acid derivatives) epinephrine, norepinephrine

## Adrenal Development

- **Week 6** - fetal cortex, from mesothelium adjacent to dorsal mesentery; Medulla, neural crest cells from adjacent sympathetic ganglia
- Fetal Adrenals - fetal cortex later replaced by adult cortex
- Adult cortex - mesothelium mesenchyme encloses fetal cortex

Adrenal Gland Development



UNSW Embryology  
<http://phd.med.unsw.edu.au/embryology>

## Adrenal Cortex

- Late Fetal Period - differentiates to form cortical zones
- Birth - zona glomerulosa, zona fasciculata present
- Year 3 - zona reticularis present

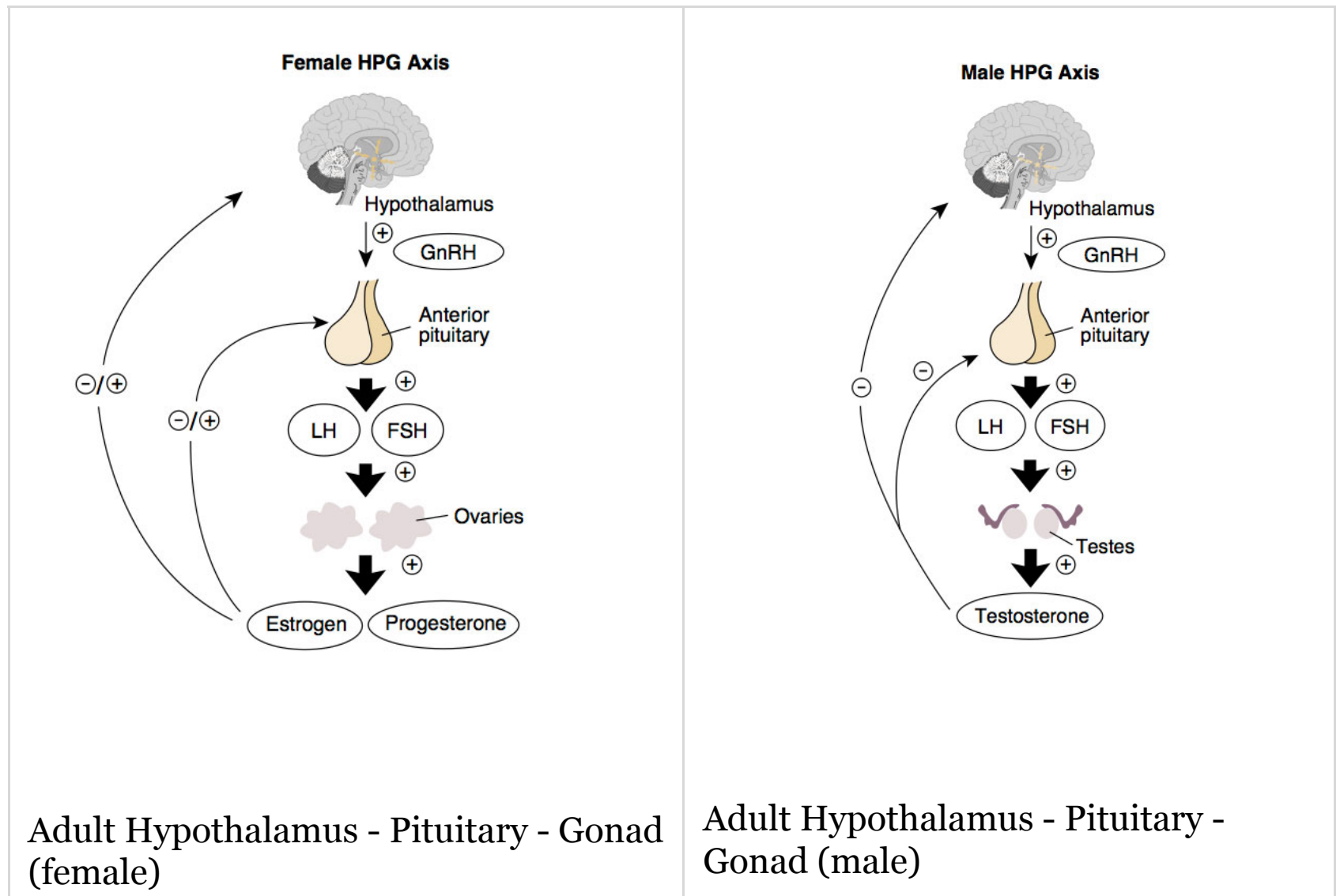
## Adrenal Medulla

- neural crest origin, migrate adjacent to coelomic cavity, initially uncapsulated and not surrounded by fetal cortex, cells have neuron-like morphology

- 2 cell types - secrete epinephrine (adrenaline) 80%; secrete norepinephrine (noradrenaline) 20%

**Links:** [Endocrine - Adrenal Development](#) | [Endocrinology - Adrenal Cortex Development](#) | [Endocrinology](#)

## Gonad



HPG Axis - [Endocrinology - Simplified diagram of the actions of gonadotrophins](#)

## Gonad Development

- **mesoderm** - mesothelium and underlying mesenchyme
- **Gonadal ridge** - mesothelium thickening, medial mesonephros
- **Primordial Germ cells** - yolk sac, to mesentery of hindgut, to genital ridge of developing kidney

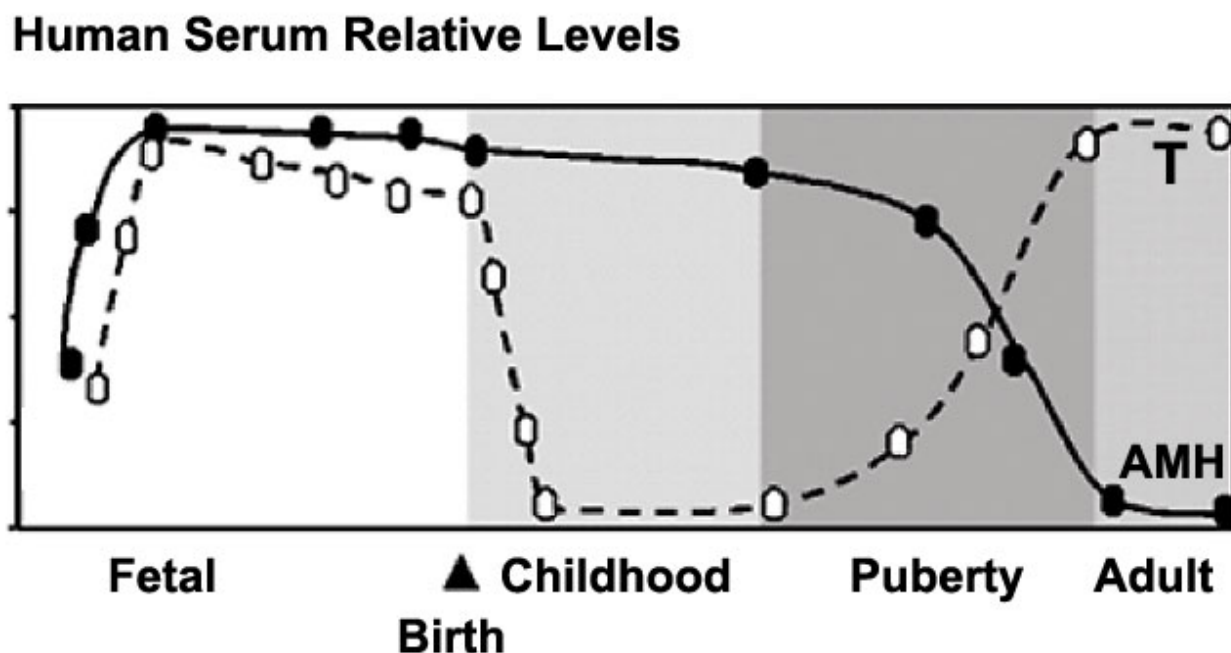
Differentiation



- testis-determining factor (TDF) from Y chromosome: presence (testes), absence (ovaries)

## Testis

- **8 Weeks** - mesenchyme, interstitial cells (of Leydig) secrete testosterone, androstenedione.
- **8 to 12 Weeks** - hCG stimulates testosterone production.
- Sustentacular (Sertoli) cells - produce anti-müllerian hormone (AMH) to puberty.
  - **AMH** - anti-Müllerian hormone (Müllerian inhibiting factor (MIF), Müllerian-inhibiting hormone (MIH), and Müllerian-inhibiting substance (MIS)).

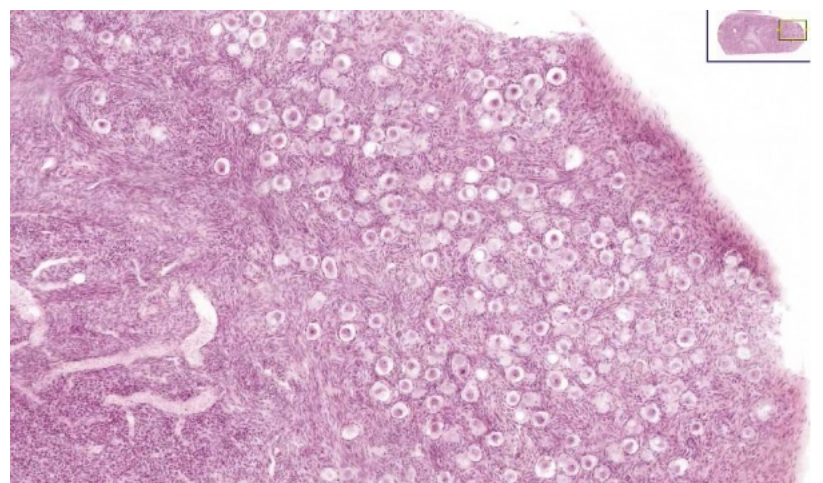


## Ovary

- X chromosome genes regulate ovary development
- Hormone levels increase at puberty with follicle development.

I will cover this topic in detail again in sexual differentiation

[lecture/practical](#).



# Placenta

The [corpus luteum](#) provides initial support, when it degenerates in the embryonic period, placental estrogen and progesterone production increases exponentially to term.

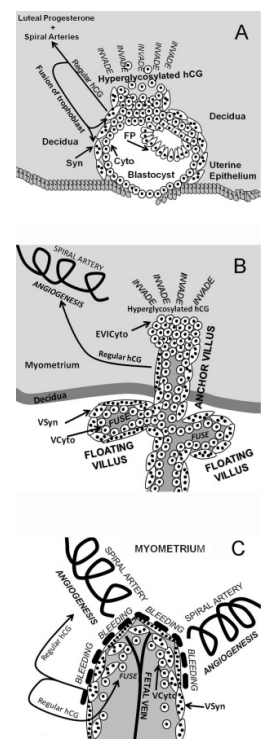
- progesterone and estrogens - support maternal endometrium
- Human chorionic gonadotrophin (hCG) - like leutenizing hormone, supports corpus luteum in ovary, pregnant state rather than menstrual, maternal urine in some pregnancy testing
- Human chorionic somatommotropin (hCS) - or placental lactogen stimulate (maternal) mammary development
- Human chorionic thyrotropin (hCT)
- Human chorionic corticotropin (hCACTH)
- Relaxin

Placenta - Maternal (decidua) and Fetal (trophoblastic cells, extraembryonic mesoderm) components

- Endocrine function - maternal and fetal precursors, synthesis and secretion
- Protein Hormones - chorionic gonadotropin (hCG), chorionic somatomammotropin (hCS) or placental lactogen (hPL), chorionic thyrotropin (hCT), chorionic corticotropin (hCACTH)
  - hCG - up to 20 weeks, fetal adrenal cortex growth and maintenance
  - hCS – rise through pregnancy, stimulates maternal metabolic processes, breast growth
- Steroid Hormones - progesterone (maintains pregnancy), estrogens (fetal adrenal/placenta)

**Placental Estrogen?** [\[Expand\]](#)

Links: [endocrine placenta](#)



Trophoblast  
hCG  
function

## Other Endocrine

## Endocrine Heart

- Atrial natriuretic peptide (ANP) - Increase Filtration rate / decrease

Na<sup>+</sup> reabsorption

- Endothelins - ET-1, ET-2, ET-3, Vasoconstriction / Increase NO
- Nitric oxide (NO) - Vasodilatation

## Endocrine Kidney

- Renin - Increase Angiotensin-aldosterone system
- Prostaglandins - decrease Na<sup>+</sup> reabsorption
- Erythropoietin - Increase Erythrocyte (rbc) production
- 1,25 (OH)<sub>2</sub> vitamin D - calcium homeostasis
- Prekallikreins - Increase Kinin production

## GIT Endocrine

Enteric control of digestive function

- Gastrin - Secreted from stomach (G cells), role in control of gastric acid secretion
- Cholecystokinin - small intestine hormone, stimulates secretion of pancreatic enzymes and bile
- Secretin - small intestine hormone (epithelial cells), stimulates secretion of bicarbonate-rich fluids from pancreas and liver

## Adipose Tissue

- Leptin - polypeptide hormone produced in adipose and many other tissues with also many different roles
- Adiponectin - regulation of energy homeostasis and glucose and lipid metabolism, as well as acting as an anti-inflammatory on the cellular vascular wall
- Resistin - (for resistance to insulin, RETN) a 108 amino acid polypeptide and the related resistin-like protein-beta (Resistin-like molecule-beta, RELMbeta) stimulate endogenous glucose production

**Links:** [Endocrine - Other Tissues](#)



# Endocrine Functional Changes

- **Puberty** - Increased activity.
- **Menopause** - Decreased activity.
- **Disease** - (diabetes, thyroid, kidney) suggested trends that genetics, health, nutrition, lifestyle may influence time that these events occur.
- **Pharmaceutical impact** - birth control, steroids, Hormone Replacement Therapy (HRT).

## Abnormalities

NIH Genes & Disease [Glands and Hormones](#)

### Pineal

- hypoplasia - associated with retinal disease.
- tumours - in children are associated with abnormal puberty development.

### Pituitary

- craniopharyngeal canal - Rathke's pouch abnormality, from the anterior part of the fossa hypophyseos of the sphenoid bone to the under surface of the skull.
- pituitary tumours (adenomas) - several abnormalities associated with abnormal levels of the hormonal output of the pituitary.
  - Growth hormone (GH) adenomas - benign pituitary tumors lead to chronic high GH output levels, that may lead to acromegaly.
- **Cushing's disease** - caused either by a pituitary adenoma produces excess adrenocorticotrophic hormone (ACTH, corticotropin) or due to ectopic tumors secreting ACTH or corticotropin-releasing hormone (CRH).

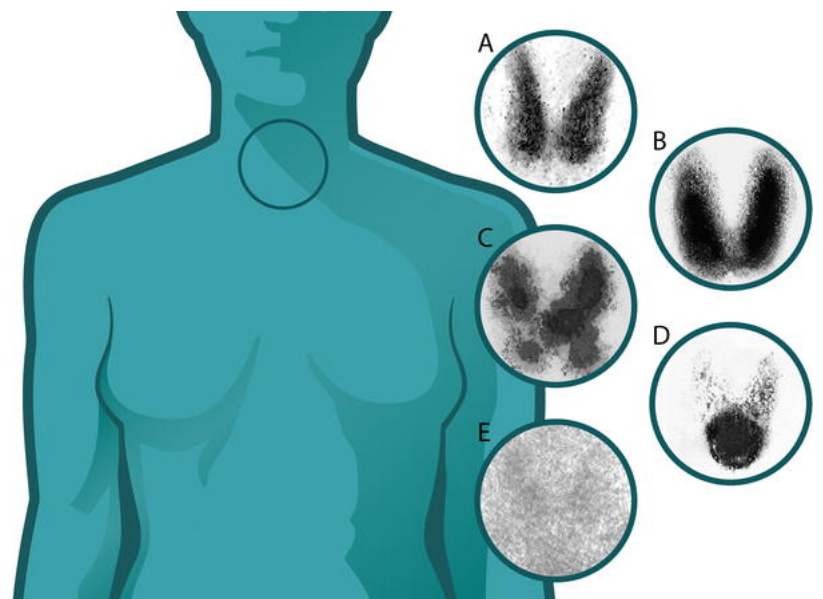
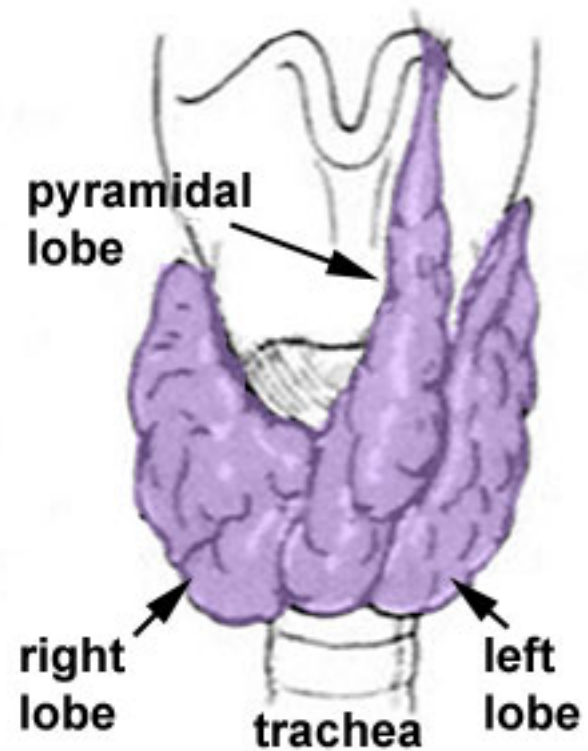
### Thyroid

- Pyramidal lobe - from isthmus (50% of people) attached to hyoid bone

distal end of thyroglossal duct.

- Congenital hypothyroidism - approximately 1 in 3000 births, associated with neurological abnormalities.
- Lingual thyroid gland - failure of thyroid descent.
- Thyroglossal cyst - persistence of thyroglossal duct. [Image - thyroglossal duct](#)
- Thyroglossal fistula - partial degeneration of the thyroglossal duct.
- Abnormal development of the thyroid - incomplete or excessive descent.
- Childhood hypothyroidism delays ossification and bone mineralization.

**Thyroid Pyramidal Lobe**  
(neck ventral view)



## Iodine Deficiency

- A teaspoon of iodine, total lifetime requirement, cannot be stored for long periods by our body, tiny amounts are needed regularly
- Areas of endemic iodine deficiency, where soil and therefore crops and grazing animals do not provide sufficient dietary iodine to the populace
- food fortification and supplementation - Iodized salt programs and iodized oil supplements are the most common tools in fight against IDD

## Parathyroid

- Usually four glands are present (2 on each side), but three to six glands have been found in human.

- Can have displaced parathyroid development with thymus.
- Lower parathyroid glands arise from the third pharyngeal pouch and descend with the thymus. Variable descent can lead to a range of adult locations, from just beneath the mandible to the anterior mediastinum.

## **Pancreas**

- Type 1 Diabetes - juvenile onset diabetes, more severe form of illness, increases risk of blindness, heart disease, kidney failure, neurological disease, T-lymphocyte-dependent autoimmune disease, infiltration and destruction of the islets of Langerhans, Approx 16 million Americans
- Type 2 Diabetes - loosely defined as "adult onset" diabetes, becoming more common cases of type 2 diabetes seen in younger people
- Risk of developing diabetes - environmental factors (food intake and exercise play an important role, either overweight or obese), Inherited factors (genes involved remain poorly defined)

## **Adrenal**

- Congenital Adrenal Hyperplasia (CAH) - family of inherited disorders of adrenal steroidogenesis enzymes which impairs cortisol production by the adrenal cortex. Androgen excess leads newborn females with external genital ambiguity and postnatal progressive virilization in both sexes.
  - Enzymes most commonly affected: 21-hydroxylase (21-OH), 11beta-hydroxylase, 3beta-hydroxysteroid dehydrogenase.
  - Enzymes less commonly affected: 17alpha-hydroxylase/17,20-lyase and cholesterol desmolase.
- Pheochromocytomas (PCC) - Catecholamine-producing (neuro)endocrine tumor located in the adrenal medulla. Similar catecholamine-producing tumors outside the adrenal gland are called paragangliomas (PGL).



# Endocrine Disruptors

Exogenous chemicals that interfere with the function of hormones. There are 3 main mechanisms: mimic, block or interfere.

**Mimic** - effects of natural hormones by binding receptors

- Diethylstilbestrol - (DES or diethylstilbetrol) a drug prescribed to women from 1938-1971 to prevent miscarriage in high-risk pregnancies. Acts as a potent estrogen (mimics natural hormone) and therefore a potential endocrine disruptor. Female fetus, increased risk abnormal reproductive tract and cancer. Male fetus, abnormal genitalia. Banned by USA FDA in 1979 as a teratogen, previously used as livestock growth promoter.

**Block** - binding of a hormone to receptor or hormone synthesis

- Finasteride - chemical used to prevent male pattern baldness and enlargement of prostate glands. An anti-androgen (blocks synthesis of dihydrotestosterone) and therefore a potential endocrine disruptor, exposed pregnant women can impact on male fetus genital development.
- Vinclozolin - a dicarboximide fungicide, perinatal exposure in rats inhibits morphological sex differentiation. In adult rats, shown to cause gonad tumours (Leydig cell) and atrophy. Chemical has androgen-antagonist (antiandrogenic) activity, metabolites compete with natural androgen

**Interfere** - with hormone transport or elimination

- Polychlorinated biphenyl pollutants - (PCBs) Rats exposed to PCBs have low levels of thyroid hormone. Compete for binding sites of thyroid hormone transport protein. Without being bound to this protein, thyroid hormones are excreted from the body (McKinney et al. 1985; Morse et al. 1996)

Links: [Endocrine Disruptors](#)

# References

1. ↑ Griekspoor A, Zwart W, Neefjes J & Michalides R. (2007). Visualizing the action of steroid hormone receptors in living cells. *Nucl Recept Signal* , 5, e003. PMID: [17464358](#) [DOI](#).
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- **Endocrinology: An Integrated Approach** Nussey, S.S. and Whitehead, S.A. London:Taylor & Francis; c2001 [Major hormone types](#)
  - **Genes and Disease**, Bethesda (MD): National Library of Medicine (US), NCBI [Glands and Hormones](#)

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## Embryonic




- Stage 22 - Pancreatic duct
- Stage 22 - Adrenal gland
- Week 10 - Adrenal gland

# Terms

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# Textbooks

	<p>Moore, K.L. &amp; Persuad, T.V.N. (2008). <i>The Developing Human: clinically oriented embryology</i> (8<sup>th</sup> ed.). Philadelphia: Saunders.</p> <p>This textbook does not have a specific chapter on endocrine development (look at head development, neural development, neural crest development, genital development chapters). <a href="#">UNSW Library connection</a>.</p>
	<p>Stephen Nussey, S. and Whitehead S. (2001) <i>Endocrinology - An Integrated Approach</i> London, UK Oxford: BIOS Scientific Publishers.</p> <p>This textbook covers each endocrine organ in separate chapters with variable amounts of embryology. There is no coverage of placenta as an endocrine organ. <a href="#">NCBI Bookshelf</a>   <a href="#">Contents</a></p>
	<p>Hill, M.A. (2018). <i>UNSW Embryology</i> (18th ed.) Retrieved May 21, 2018, from <a href="https://embryology.med.unsw.edu.au">https://embryology.med.unsw.edu.au</a></p> <div><a href="#">Endocrine Links: Introduction</a>   <a href="#">BGD Lecture</a>   <a href="#">Science Lecture</a>   <a href="#">Lecture Movie</a>   <a href="#">pineal</a>   <a href="#">hypothalamus</a>   <a href="#">pituitary</a>   <a href="#">thyroid</a>   <a href="#">parathyroid</a>   <a href="#">thymus</a>   <a href="#">pancreas</a>   <a href="#">adrenal</a>   <a href="#">gonad</a>   <a href="#">endocrine placenta</a>   <a href="#">other tissues</a>   <a href="#">Stage 22</a>   <a href="#">endocrine abnormalities</a>   <a href="#">Hormones</a>   <a href="#">Category:Endocrine</a></div> <div><a href="#">Historic Embryology - Endocrine</a> <a href="#">[Expand]</a></div>



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