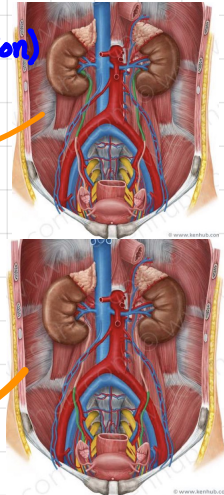


★ Topic 4:- The ureter

• **ureters**:- muscular tubes conveys urine from kidneys to urinary bladder, lies behind & adheres to the parietal peritoneum of posterior abdominal wall, 10 cm (5 abdominal, 5 pelvic).

- **Course**
 - **Abdominal part**:- Lower end on the Renal pelvis (pelvi-ureteric Junction)
 - downward & medially on psoas major → pelvic brim
 - it crosses or
 - End of the Common iliac.
 - Beginning of external iliac.
 - **pelvic part**:- Descends downwards & backwards along anterior margin of greater sciatic foramen → ischial spine → posterior boundary of the ovarian fossa → pelvic floor → Bladder (superolateral angle of trigone).
 - crossed by
 - M:- Vas deferense
 - f:- uterine Artery
 - The oblique termination prevents regurgitation of urine.



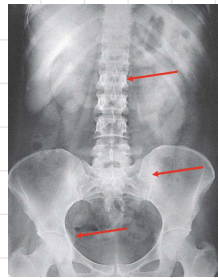
• Relations

- **posterior Relations**
 - Psoas major separating ureter / tips of transverse processes (L₂-L₅).
 - Genitofemoral nerve.
 - Termination of common / bejng of external iliac artery
- **Anterior & medial**

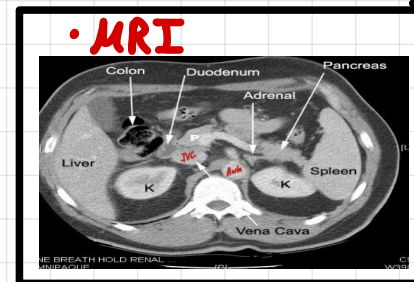
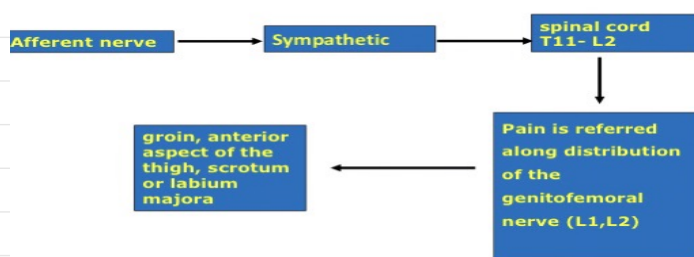
	Right ureter	Left ureter
Anterior relation	1. Third part of the duodenum at its beginning (upper)	1. Sigmoid colon near the pelvic brim
Intestinal structures	2. Terminal ileum near the pelvic brim	
Peritoneal elements	1. Parietal peritoneum of the posterior abdominal wall 2. Root of the mesentery	1. Parietal peritoneum of the posterior abdominal wall 2. Apex of sigmoid mesocolon with its intersigmoid recess
vessels	1. Right gonadal vessels 2. Superior mesenteric vessels 3. Right colic vessels 4. Ilio-colic vessels	1. Left gonadal vessels 2. Left colic vessels 3. Sigmoid vessels
Medial relation	• Inferior vena cava	• Inferior mesenteric vein

• Constrictions

	Site of constriction	Corresponding bony Level
Beginning	At pelvi-ureteric junction	Near the tip of the transverse process of L ₂ vertebra
	At pelvic brim	In front of sacroiliac joint.
End	In the wall of the urinary bladder (it is the narrowest point of the whole ureter)	Just medial to the ischial spine.



• Nerve supply & pain



• **Blood supply**

- Abdominal:- Renal A, abdominal Aorta, gonadal & common iliac.
- pelvic:- vesical, middle rectal & uterine Artries.

• **Lymph drainage**

- Abdominal:- Lateral Aortic LN.
- pelvic:- common iliac LN.

• **Types of x-Ray**

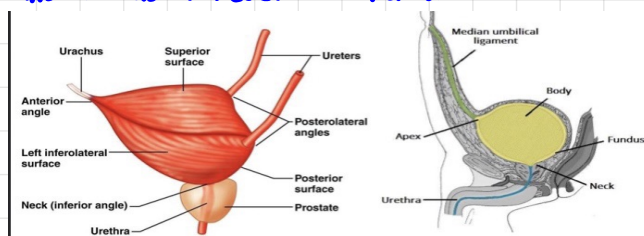
- Intravenous Urogram (IVU)-
- Kidney-ureter-bladder (KUB):- faster, for stones



★ Topic 5:- The urinary Bladder & urethra

• **Urinary Bladder**:- Hallow viscus with strong muscular walls act as a reservoir for urine.

- ↳ **site**
 - ↳ infants:- in abdomen.
 - ↳ by :- enters the enlarging pelvis.
 - ↳ After puberty:- within Lesser pelvis.
 - ↳ Adult
 - ↳ empty:- in Lesser pelvis.
 - ↳ full:- ascends to greater pelvis.

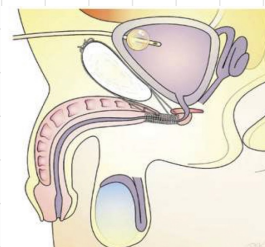


• **Relations**:- Apex, Base, neck, 3 surface (superior, Rt & Lt inferolateral).

- ↳ **Apex**:- median umbilical Ligament (embryonic urachus) → raises median-umbilical fold of peritoneum.
- ↳ **Base**:- directed posteroinferioly, its superolateral receive the ureters.
- ↳ **Superior surface**:- covered by peritoneum
- ↳ **Inferolateral**:- Not covered by peritoneum
 - ↳ Related to
 - ↳ Body of pubis with retro pubic fat in Retro pubic space of Retizus.
 - ↳ Levator ani & obturator internus.
- ↳ **Neck**:- Lowest & most fixed pan of the bladder.
 - ↳ M:- + urethra at internal ureteral meatus & Rest on upper surface of prostate.
 - ↳ f:- + urethra & Rest in pelvic fascia which surrounds the urethra
 - At the Junction of neck+urethra → sphicter vesicae.
- ↳ **Muscular coat**:- 3 Layers of smooth muscles (destrusor muscle).

Male	female
<ul style="list-style-type: none"> ↳ Sigmoid colon, ↳ Loops if ileum 	<ul style="list-style-type: none"> ↳ Vesical surface of uterus, ↳ Supravaginal part of cervix with uterovesical pouch in between

Male	female
<ul style="list-style-type: none"> • Base is related to rectum, but separated from it by <ul style="list-style-type: none"> • Rectovesical pouch • 2 seminal vesicles • Ampullae of the vas deferent 	<ul style="list-style-type: none"> The base is related to upper part of anterior wall of vagina.

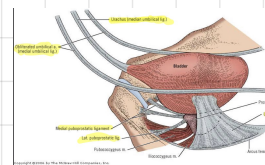


• **peritoneal covering**

- ↳ M:- superior surface & superior part of the Base is covered by peritoneum
- ↳ f:- only superior surface is covered by peritoneum.
- ↳ Leaving the Bladder Loosely attached to suprapubic part of Abdominal wall. (distended → No attach).
- ↳ suprapubic cystostomy:- distended bladder → avoid injury of the peritoneum.

• **Ligaments**

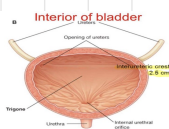
- ↳ Median umbilical:- +apex (embryonic urachus).
- ↳ Medial umbilical:- Between superior surface (distal part of superior vesical A).
- ↳ puboprostatic (M):- Back of pubic → Anterior prostate sheath & neck of bladder.
- ↳ pubovesical (f):- pubic Bone → urethra & neck of Bladder.
- ↳ Lateral:- enclose Arteries & Autonomic nerves.
- ↳ posterior:- Vesical veins in their way to the internal iliac vein.



• **Supravesical fossa**:- Between median umbilical & medial umbilical folds.

• **Trigone**:- smooth small triangular area, Lies between orifices of ureter & internal urethral meatus mesodermal in origin

- ↳ **features**
 - ↳ superior boundary formed by interureteric crest (ridge) connects 2 ureteric orifices.
 - ↳ Smooth mucus membrane & firmly adherent to underlying muscle.
 - ↳ very sensitive & vascular → Red violet color.
 - ↳ M:- overlies the median lobe of prostate (enlarged → elevate mucous membrane behind the internal urethral orifice → uvula vesicae of bladder).



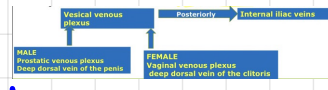
• **Arterial Blood suppl**

- ↳ Male:- superior & inferior vesical Arteries.
- ↳ Female:- superior vesical & Vajinal Arteries.

1 Superior Vesical A (umbilical A) → proximal part: Bladder, ureter & Vas deference (M).
 ↳ Distal part: fibrosed → medial umbilical Ligament (fold).

2 Inferior vesical A (vaginal A (F)) → Bladder, vagina (+ vaginal Branches from uterine A).
 ↳ Bladder, seminal vesicle, prostate, vas (+testicular artery).

• Venous Drainage: vesical venous plexus, embedded in viscreal facia on inferolateral surface
 ↳ inferiorly → M: prostatic venous plexus (← deep dorsal vein of penis).
 ↳ F: vaginal venous plexus (← deep dorsal vein of clitoris).
 ↳ posteriorly: plexus → vesical veins → posterior ligament → internal iliac vein.

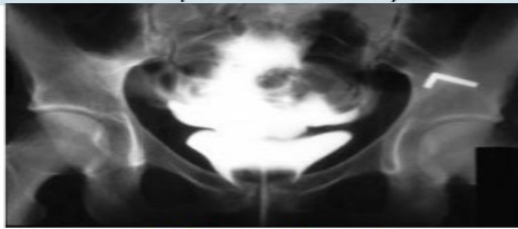


• Lymphatic drainage → internal & external iliac LN.
 ↳ Neck: sacral LN.

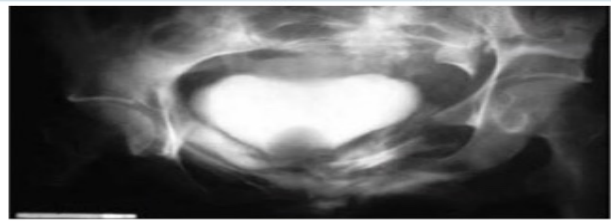
• Nerve supply: Inferior hypogastric plexus → pelvic splanchnic N (S₂, S₃, S₄) (parasympathetic)
 ↳ destrictor muscle, inhibitory to sphincter vesicae.
 ↳ L₁, L₂ (sympathetic): ⊖ to destrictor, ⊕ sphincter vesicae.
 ↳ peliv splanchnic + sympathetic (sensory) = Bladder distension & pain.

Bladder Injuries

Intraperitoneally	Extraperitoneally
Usually involves the superior wall of the bladder	Usually involves the anterior part of the bladder wall below the level of the peritoneal reflection
Most commonly when the bladder is full	it most commonly occurs in fractures of the pelvis
Urine and blood escape freely into the peritoneal cavity	The patient complains of lower abdominal pain and blood in the urine (hematuria)



Cystogram of intraperitoneal bladder rupture. The contrast enters the intraperitoneal cavity and outlines loops of bowel



Cystogram of extraperitoneal bladder rupture. The contrast extravasation into the space of Retzius.

• Male urethra: 20 cm

↳ meatus → Internal urethral: at it's Junction with bladder neck.
 ↳ External urethral: vertical slit, 6mm Long. (narrowest, calculus).
 ↳ 4 parts: the 1st & 2nd in pelvis, 3rd & 4th in perineum (table ↓).
 ↳ sphincters → Internal urethral (vesicae): surround the neck, 1st part of urethra (pre-prostatic).
 ↳ External urethral (urethrae): surround the 3rd part (membranous).

	First part: pre-prostatic part	Second part: prostatic part	Third part: membranous part	Fourth: spongy part or penile.
Length	1-1.5 cm	3 cm	2 cm	15 cm
Site	between neck of the bladder and the base of the prostate	traverses prostate from base to apex	runs in deep perineal pouch	bulb of penis and corpus spongiosum (Superficial Perineal Pouch)
Size		it is the widest part of urethra	it is the least dilatible part	
Special features	It is surrounded by internal sphincter	Urethral crest Seminal colliculus Prostatic sinuses	surrounded by external urethral sphincter	-Dilated at its beginning to form intrabulbar fossa and at termination in glans penis to form the navicular fossa. -The bulbourethral glands open into its beginning

	Internal Urethral sphincter	External Urethral sphincter
Site	It lies in pelvis around neck of the bladder and pre-prostatic part of the urethra.	It lies in the perineum, surrounds the membranous urethra in the deep perineal pouch.
Structures	It is formed of smooth muscle fibers	It is formed of striated muscle fibers
Nerve Supply	Autonomic fibers from the inferior hypogastric plexus	Somatic: from the perineal branch of pudendal nerve of the sacral plexus
Functions	<ul style="list-style-type: none"> It acts Involuntarily. It is well-developed in both male and female. It maintains continence of urine. In the male: it has a genital function, it prevents reflux of semen into the urinary bladder during ejaculation	<ul style="list-style-type: none"> It acts voluntarily. It is well-developed in the male It maintains continence of urine.

Special Features of prostatic part of urethra

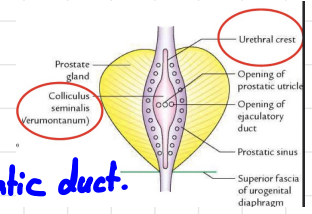
↳ urethral crest: median longitudinal elevation in the mucous membrane of its posterior wall.

→ **Seminal Colliculus (Verumontanum)** :- prominence at the middle of the crest

↳ 3 openings

→ prostatic utricle in the middle :- No function.

→ two openings of ejaculatory ducts on the side



→ **prostatic sinuses** :- shallow depression on the side of urethral crest, 15-20 prostatic duct.

→ **Vessels & Nerves** :- from those of prostate & penis.

→ **Lymphatics** → 2nd & 3rd part :- internal & external iliac LN.

→ 4th part :- Deep & superficial inguinal LN.

→ **Urinary Retention** :- more in Males due to enlargement of prostate or acute urethritis or prostatitis
females :- acute inflammation around the urethra (Herpes).

• **Female urethra** :- 4 cm (↑infection).

↳ **course** → internal urethral meatus at bladder neck → Deep perineal pouch → end at external urethral orifice in the vestibule (anterior to vaginal orifice).

↳ on each side of the urethra, the mucous membrane of the urethra presents a number of small mucus gland called **paraurethral gland** which correspond to prostate.

• **Clinical significant Differences Between Male & Female urethrae** :-

↳ female urethra is distensible → contains Huge elastic tissue & smooth muscle → Easily dilated.

↳ ↑infection → short, distensible, open to the exterior.

★ Topic 6:- male genital system - 1

• **Scrotum**:- Cutaneous pouch, Bag of skin outside the body (Temp).

→ contents:- Testis, epididymis & Lower part of spermatic cord (of Both sides).

→ Layers → Skin:- pigmented, rough & marked by Longitudinal median Raphe.

→ Superficial fascia → No fatty layer (Temp) → subcutaneous involuntary dartos muscle.
 → Deep membranous layer called colle's fascia:- +superiorly Scarpa's fascia

→ Muscles → Dartos:- smooth muscle, sympathetic N (genital branch of genitofemoral N), involuntary.

→ Cremaster:- Lowermost fascicles of internal oblique M, arising from the inguinal Ligament supply by (genital branch of genitofemoral N).

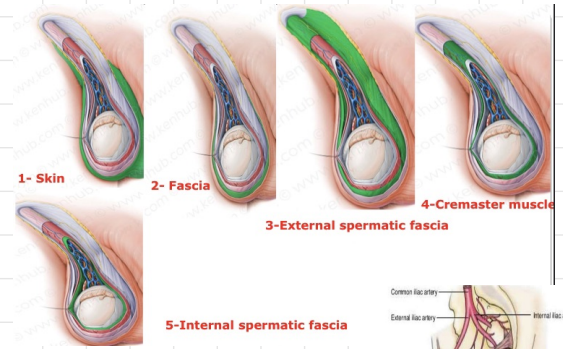
→ function:- cold → draws the testis superiorly in scrotum, warm → testis descends.

→ Cremasteric Reflex:- contraction of the cremaster M is caused by lightly stroking the skin on the medial aspect of superior part of thigh → elevation of testis in the same side (infants).

• **Afferent**:- Ilioinguinal N

• **Efferent**:- genital branch of genitofemoral N.

Layers of the anterior abdominal wall	Layers of the scrotum
Skin	Skin
Superficial fascia	Superficial fascia
Superficial fatty layer	Replaced by Dartos muscle
Deep membranous layer (Scarpa's fascia)	Deep membranous layer (Fascia of Colles)
External oblique muscle	External spermatic fascia
Internal oblique muscle	Cremasteric muscle and fascia
Transversus abdominis	No corresponding layer
Transversus fascia	Internal spermatic fascia
Extraperitoneal tissue	Loose connective tissue
Peritoneum	Tunica vaginalis around the testis visceral & parietal & cavity.



→ Blood supply

→ external iliac → inferior epigastric → cremastic Branch
 → femoral A → Superficial & deep external pudendal.

→ Nerve supply

→ Anterior 1/3 (same as Reflex):- ilioinguinal (L2 dermatome) + genital Branch of genitofemoral
 → posterior 2/3:- Scrotal Branch of pudendal N + posterior Cutaneous N of thigh (S2 dermatome)

→ Lymphatic drainage:- Superficial inguinal LN.

• **Testis**:- male primary sex organ, suspended in the scrotum by spermatic cord. ^{posterior abdominal wall} → Scrotum.

→ 2 poles:- upper & lower.

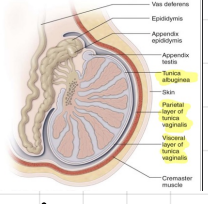
→ 2 borders:- anterior & posterior.

→ 2 surface:- medial & lateral.

→ Epididymis (Long coiled duct):- cap in upper pole → down lateral → posterior border towards lower pole.

→ Coverings (tunica)

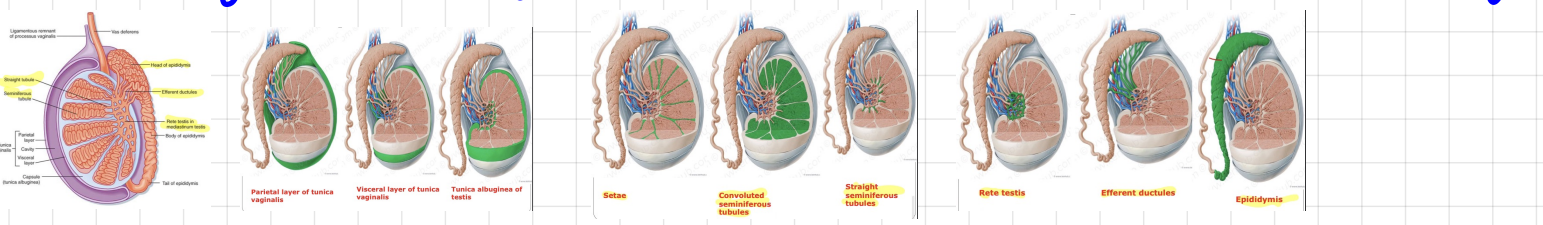
→ Tunica vaginalis → Lower part of processus vaginalis of peritoneum.
 → parietal & visceral layers with a cavity in between.
 → covers the whole testis except its posterior border.
 → Sinus of epididymis:- part of cavity → Between lateral testis/epididymis



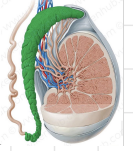
→ Tunica albuginea:- tough white fibrous coat, all around the testis.

→ Tunica vasculosa:- vascularized connective tissue → Between lobules of testis.

→ Structures:- postero-superior tunica albuginea → thickened → mediastinum testis → 200-300 lobules → each lobule contains 2-3 seminiferous tubules (+interstitial cells of Leydig in between → Testosterone) → Join together → 20-30 straight tubules → Rete testis → 12-20 efferent ductules → Head of epididymis.



- **Epididymis**: highly coiled comma shaped tube, attached to posterioleateral testis, reservoir to sperm, 1.5 inches \rightarrow uncoiled \rightarrow 6 meters.
 - parts
 - Head: cap of upper pole of testis, forms by efferent ductules.
 - Body: intermediste part, made up of single coiled tube.
 - Tail: Lower end, continues with vas deference (asends medial to epididymis).



- **Arterial Blood supply of testis & epididymis**

- Abdominal aorta (L_2) \rightarrow Testicular A: descends on posterior abdominal wall \rightarrow deep inguinal ring where it runs in the spermatic cord in the inguinal canal \rightarrow epididymis \rightarrow Testis \rightarrow + cremastic A & artery of vas.
- venous drainage: \rightarrow pampiniform plexus (surrounds & accompaines testicular A \rightarrow superficial inguinal Ring) \rightarrow single testicular vein
 - Rt: IVC.
 - Lt: Lt. Renal vein.
- Varicocele: elongated & dilated pampiniform plexus, common in adolescents & young adults
 - common of Lt side
 - Rt + IVC by acute angle & \downarrow pressure / Lt + Renal v by right angle + \uparrow pressure.
 - Lt suprarenal Adrenaline \rightarrow vasoconstriction of Lt. testicular vein.
 - Lt Renal vein compressed between aorta & superior mesentric A.
 - Lt testicular v may be compressed by Lt. Colon.
 - Lt testis is Lower than right one with elongated Lt. testicular vein.

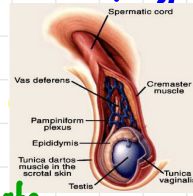
- **Nerve supply**
 - Superior spermatic: Renal & intermeenteric plexus (Abdominal pain)
 - middle spermatic: superior hypogastric plexus (uretic pain).
 - Inferior spermatic: pelvic/inferior hypogastric plexus (duccussion of Nerves).
- **Lymphetic drainage**: Lateral aortic LN.

- **Thermoregulation of the testis**: spermatogenesis need $2-3^\circ C$ below body temp.

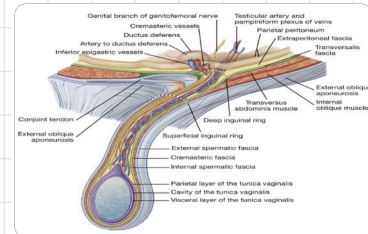
- Cutaneous mechanism: The scrotal skin (vascular, sweat gland, fat is absent).
- Muscular mechanism: 2 muscle (cold: elevation, warm: desends).
- Vascular mechanism: pampiniform aids heat loss by Radiation, so \rightarrow \downarrow Temp.

- **Spermatic cord**: group of structures which meet at deep inguinal ring & transverse the inguinal canal down to posterior border to testis.

- covering
 - internal spermatic fascia.
 - cremastic muscle & fascia.
 - external spermatic fascia.

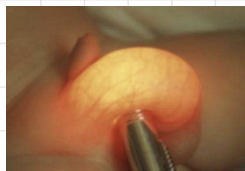


- Constituents
 - Testicular Artery: from aorta.
 - cremastic Artery: from Inferior epigastric Artery.
 - Artery of vas: from Inferior vesical Artery.
 - Vas deferens
 - pampiniform venous plexus.
 - vestige of processus vaginalis.
 - Genital branch of genitofemoral N.
 - lymphetic plexus: around testicular A & Artery of vas.
 - lymphatics of testis & epididymis: ascending to lateral aortic LN & loose areolar tissue.



- **Torsion of testis**: rotation of testis around spermatic cord by \uparrow Large tunica vaginalis \rightarrow severe \rightarrow occluded testicular A \rightarrow necrosis.

- **Hydrocele**: accumulation of fluid within tunica vaginalis
- **Haematocoele**: accumulation of Blood within tunica vaginalis \rightarrow may be congenital

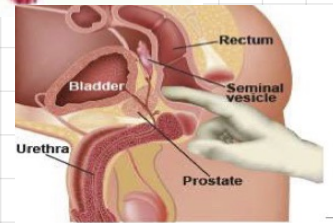
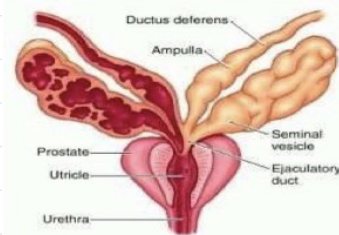


★ Topic 7 :- Male genital system - 2.

- **Vas deferens (ductus Deferens)**:- thick walled muscular tube, Lower end of epididymis → Base of Bladder, by joining the duct of seminal vesicle to form ejaculatory duct.
 - Length:- 45 cm (Thoracic duct, Spinal cord, Adult femur, incisor teeth → cardiac end of stomach).
 - Function:- transmit the spermatazoa from epididymis → ejaculatory duct (open in prostatic urethra).
 - Course
 - Distal part (scrotum & inguinal canal):- tail of epididymis → ascends along the posterior aspect of testis medial to epididymis → posterior spermatic cord → inguinal canal → at deep inguinal canal leaves the cord & curve around lateral inferior epigastric A.
 - proximal part (pelvis):- descends posteriorly external to peritoneum → crossing obliterated umbilical A, obturator N & vessels → Turns medially & cross the ureter near the superolateral of Base of Bladder → superior & medial to seminal vesicle → expand to form ampulla of vas → + seminal vesicle → ejaculatory duct
 - Vessels
 - A:- Artery of Vas (from inferior vesical A):- in spermatic cord + testicular A.
 - V:- Join the vesical venous plexus.
 - Nerve:- Inferior hypogastric plexus → prostatic Nerve plexus → Sympathic - process of ejaculation.
 - Applied Anatomy:- Bilateral vasectomy:- common operation for male sterilization.

- **Seminal Vesicles**:- sacculated tube, 5 cm Long.

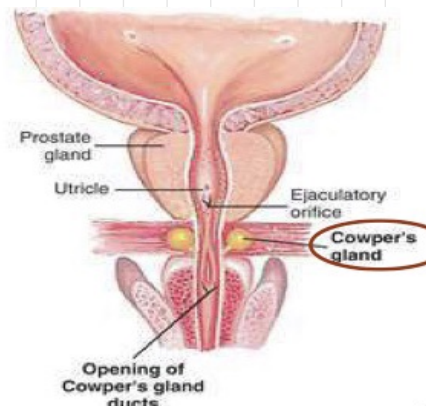
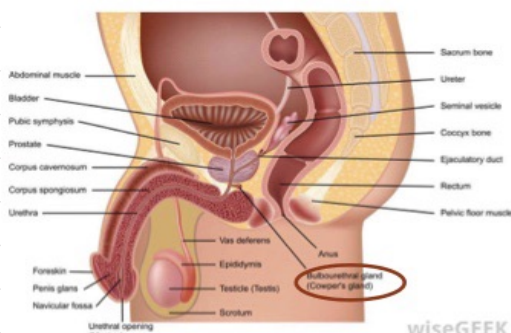
- site:- Behind Base of bladder
- Relations
 - Anteriorly:- Base of Bladder.
 - posteriorly:- Rectum & rectovesical fascia.
 - Medially:- ampulla of vas.
 - Superiorly:- rectovesical pouch & vas deference.
- Termination:- narrow into small duct → + vas → ejaculatory duct.
- Arterial:- inferior vesical & middle rectal A.
- veins:- vesical venous plexus.
- Nerve:- prostatic Nerve plexus (mainly sympathetic).
- function:- produce an alkaline secretion rich in fructose & mucus, ejaculation of sperm.
- Applied Anatomy:- enlarged → felt on Rectal examination, Abscess → rupture into peritoneal cavity.



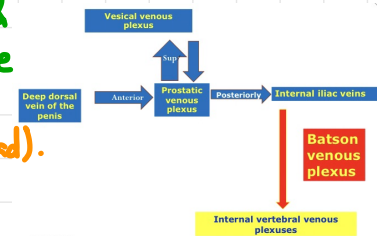
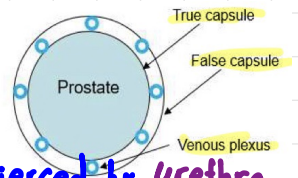
- **Ejaculatory ducts**:- 2 cm, ductus deferens + duct of the seminal vesicle, Run antero-inferior Between medial & posterior lobes of prostate along the side of prostatic utricle to open on the seminal colliculus of the prostatic urethra.

- **Bulbourethral gland**:- Small gland Lie lateral to membranous urethra in the deep perineal pouch, 3cm, pierces the perineal membrane to open on floor of spongy urethra.

- Blood supply:- artery of the bulb of the penis.
- Nerve:- prostatic nerve plexus.
- function:- secrete alkaline mucous known as pre-ejaculate (المذي)



- **Prostate**:- accessory gland of male reproductive system, which surrounds the prostatic urethra.
 - **Site**:- Lower part of lesser pelvis Behind the inferior border of pubic symphysis, front to rectum, Below neck of bladder.
 - **Capsules**
 - inner True :- fibromuscular
 - outer False (prostatic sheath)- condensed visceral pelvic fascia
 - Between 2 capsules → prostatic venous plexus.
 - **Base**:- directed upward (superiorly), separated from the bladder by a groove (plexus), pierced by urethra.
 - **Apex**:- directed downward (inferiorly), rest on perineal membrane (floor of deep perineal pouch), the urethra emerges from prostate anterosuperior to the apex.
 - **Anterior surface**:- Convex, Behind the Lower part of symphysis pubis, upper part + pubic bodies by puboprostatic Ligament, urethra emerges a little above & front of apex of gland.
 - **posterior surface**:- nearly flat, ampulla of Rectum & separated by Rectovesical fascia (Fascia of Denonvillier easily palpated by Rectum, Near upper border → pierced by 2 ejaculatory duct. → Above the floor of retrovesical pouch & Below perineal body.
 - **Rt & Lt inferolateral surfaces**:- Convex, Levator prostate part of Levator ani M.
 - **Structures that transverse the prostate**:- prostatic urethra, 2 ejaculatory duct, gland.
 - **5 Lobes**:- By prostatic urethra & ejaculatory duct.
 - Anterior (isthmus):- front to (Anterior) of prostatic urethra, fibromuscular + glandular tissue.
 - Rt & Lt Lateral:- one on each prostatic urethra, senile enlargement of prostate.
 - posterior:- Behind on prostatic urethra, Below ejaculatory duct, site for cancer.
 - Median:- upper part of prostatic urethra (Anteriorly) & 2 ejaculatory ducts (inferiorly)
 - UVula vesicae :- Lower trigone → senile enlargement (BPH) → obstruct urine flow at internal meatus
 - Tx:- Transurethral resection of the prostate (TURP).
 - **Arteries**:- inferior vesical & middle rectal A (same as seminal vesicle).
 - **venous**:- prostatic venous plexus:- Between 2 capsules, only in front & sides of the gland, superiorly:- + vesical venous plexus, Anteriorly:- Rectal Deep dorsal vein of penis, posterolaterally:- → internal iliac vein → Batson venous plexus → Internal vertebral venous plexus (cancer spread).
 - **Lymphatics**:- internal & external iliac LN's.
 - **Nerve**:- Inferior hypogastric plexus → prostatic Nerve plexus
 - **clinically**:- ↑ Acid phosphatase & prostatic-specific Antigen (PSA) → carcinoma or Inflammation.



- **Penis**
 - **Root (attached)**:- superficial perineal pouch of perineum.
 - Bulb:- Covered by bulbospongiosus M.
 - 2 crura (crus):- + pubic arch, covered by ischiocavernosus M.
 - **shaft (free)**:- 3 cylinders of erectile tissue enclosed in a tubular sheath of fascia (Buck's fascia).
 - 2 corpora cavernosa:- dorsally side by side to shaft, many irregular cavernous spaces (Blood) surrounded by tunica albuginea → median septum, crus → glans penis.
 - corpus spongiosum:- median, ventral surface of 2 cavernosa, tunica albuginea, Bulb → Corona glandis, transversed by penile part of urethra, cavernous tissue → erection.
 - **Skin**:- distally → Loose folds (prepuce or foreskin) covers the glans, Deep Layer + Frenulum + Coronary sulcus of the glans.
 - **fascia**:- No fat, ↑ connective tissue → allows movement of skin over the shaft.
 - **circumcision**:- Remove prepuce or foreskin:- 7-40 → don't (↓ coagulation), take care of Hemophilia (Bleeding coagulation)
 - **Ligaments**
 - Fundiform:- Lower Linea alba → proximal shaft → midline Raphe of scrotum.
 - Suspensory:- Deep in fundiform, symphysis pubis → Blends Below with fascia penis.
 - **Arteries**:- paired, from internal pudendal
 - Dorsal A:- SKin, fascia, glans.
 - Deep A:- Corpus cavernous.
 - Artery of Bulb:- Corpus spongiosum & glans penis

