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**COURSE:** ANA 212- GROSS ANATOMY OF PELVIS AND PERINEUM.

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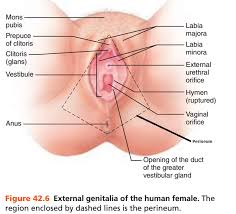
**DEPERTMENT:** ANATOMY.

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ASSIGNMENT.

With the aid of diagram, discuss the gross anatomy of the female external genitalia.

ANSWER.



The [female external genitalia include the](https://www.kenhub.com/en/library/anatomy/female-reproductive-organs)  mons pubis, labia majora {enclosing the pudendal cleft}, labia minora {enclosing the vestibule of the vagina}, clitoris, hymen, vestibular bulb and greater and lesser vestibular glands. The external female genitalia occupy a large part of the female perineum and together they are called the **vulva**. The functions of the external female genitalia are many, such as reproduction and sexual pleasure, parturition and the protection of the internal genital organs.

Mons pubis; The mons pubis consists of a mass of subcutaneous adipose tissue anterior to the pubic symphysis, pubic tubercle and superior to the pubic rami. The amount of fat in the mons pubis increases at puberty and decreases after menopause. The mons pubis also bears most of the pubic hair.

Labia majora; The labia majora singular is labium majus. They are a pair of thick folds of [skin](https://www.kenhub.com/en/library/anatomy/anatomy-of-the-skin) and adipose tissue found inferior to the mons pubis. The fissure between the folds is called the pudendal cleft. Pubic hair can be found on the lateral surfaces of the labia majora once puberty hits, while the medial/internal surfaces will remain hairless. The round [ligament of the uterus](https://www.kenhub.com/en/library/anatomy/ligaments-of-the-uterus) passes through the [inguinal canal](https://www.kenhub.com/en/library/anatomy/inguinal-canal) and continues into the labia majora, where the nerve fibers spread and mix with the tissue of the mons pubis. The labia majora are thicker in the front where they form by joining the anterior commisure, and is found below the mons pubis. The posterior commisure of the labia majora overlies the perineal body and the posterior limit of the vulva. This commisure usually disappears after the first vaginal birth.

Labia minora; It is found medial to the labia majora. Singular is labium minus. They are much thinner devoid of fat and entirely hairless. They have a core spongy connective tissue containing erectile tissue at their base and many small blood vessels. The frontal ends are split to form upper and lower layers. The upper layer goes superior to the clitoris and forms a fold called prepuce{foreskin} of the clitoris. The lower layer passes inferior to clitoris and forms the frenulum of the clitoris, which is common in virgins.

Clitoris; The clitoris is richly supplied with autonomic efferent motor nerve endings through the cavernosal nerve of the clitoris and is highly sensitive to sexual stimulation. The clitoris has a pair of corpora cavernosa which consist of erectile tissue enclosed in dense fibrous tissue. Each corpus (body) passes internally, and is attached to the ischiopubic ramus by a crus. The suspensory ligament and two small muscles {ischiocavernosi} are attached to the crura. The glans (head) of the clitoris is a small tubercle, which protrudes slightly from the prepuce. In contrast to the penis, the clitoris is not functionally related to the urethra or to urination.

Vestibule; The labia minora enclose an area called the vestibule, which contains the urinary and vaginal orifices along with the openings of the greater and lesser vestibular glands. The prepuce is found at the anterior margin of the vestibule.

Hymen; Most females but not all are born with a hymen, which is generally in the form of an elliptical/oval-shaped membranous ring around the vaginal orifice. The remnants of this membranous ring in adult females in known as hymenal caruncles, which appear as small thin elevations of mucous membrane around the vaginal opening. When the hymen completely covers the vaginal orifice, it is known as an imperforate hymen.

Vestibular bulbs; It is located on each side of the vestibule. They consist of a pair of subcutaneous erectile tissues approximately 3cm in length. Both bulbs join in front of urethral orifices. The bulbs are deep to the labia minora, immediately inferior to the perineal membrane. Each bulb is covered with [bulbospongiosus muscles](https://www.kenhub.com/en/library/anatomy/bulbospongiosus-muscle).

Vestibular glands; Bartholin’s {greater vestibular} glands are pea-sized with a short duct that opens into the vestibule or lower vagina. It is approximately 0.5cm in diameter. They lie on each side of the vestibule of the vagina. The gland functions to keep the vulva moist, providing lubrication for sexual intercourse during sexual excitement. They are in the superficial perineal pouch. The lesser vestibular glands are small glands on each side of the vagina that open into it between the urethral and vaginal orifices. This gland secrete mucus into the vestibule, which moistens the labia and vestibule.

Blood supply

The vasculature of the external female genitalia is primarily supplied by the internal pudendal arteries, which are branches of the anterior division of the internal iliac artery.

Lymphatic drainage

Lymphatic drainage of the external female genitalia is through the superficial and deep inguinal lymph nodes. Lymph from the clitoris, vestibular bulb and anterior labia minora can alternatively drain into the internal iliac lymph nodes.

Innervation

The vulva is innervated from a variety of sources. The mons pubis and anterior labia is innervated through the anterior labial nerves, which derive from the lumbar plexus. The posterior aspect of the vulva is innervated through the pudendal nerve and its branches {posterior labial nerves}, together with branches from the posterior cutaneous nerve of the thigh. Sensitive innervation to the clitoris is provided by the dorsal nerve of the clitoris.

Clinical significance

Infection of Bartholin’s Glands; This gland can become infected and inflamed which is known as bartholinitis. This is initially treated with antibiotics, but occasionally can be complicated by the formation of a cyst. In case of an infected cyst, the only effective treatment is surgical drainage or excision of the lesion.