CHAPTER 16

ENDOCRINE SYSTEM

GENERAL CONCEPTS

- Endocrine cells release their secretory products, called hormones, into the surrounding extracellular space. Hormones can affect adjacent cells (paracrine secretion) or diffuse into capillaries to be transported in the blood (endocrine secretion). Although exposed to all cells, Hormones act only on selected cells, called target cells, which express specific receptors to mediate the hormone signal.
- II. Endocrine organs are highly vascularized with fenestrated capillaries and, with the major exception of the thyroid gland, their cells do not show polarity. The nervous and endocrine systems combine to coordinate functions of all body systems and are functionally integrated as the neuroendocrine system.

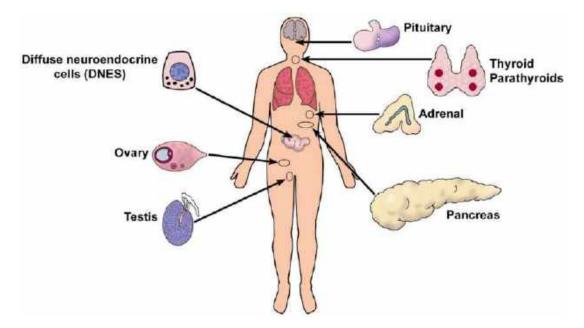


FIGURE 16.1. Components of the endocrine system.

COMPONENTS

- I. Individual cells (enteroendocrine cells) (images)
- II. Clusters of cells
 - A. Islets of Langerhans (pancreas)
 - B. Theca interna (ovary)

- C. Interstitial cells (testis)
- III.Organs
 - A. Pituitary
 - B. Thyroid
 - C. Parathyroid
 - D. Adrenal
 - E. Pineal

HORMONE TYPES

- I. Steroids and fatty acid derivatives (cortisol, testosterone)
- II. Amino acid derivatives (thyroxine, epinephrine)
- III.Peptides and proteins (insulin, growth hormone)

PITUITARY GLAND (HYPOPHYSIS) (images)

ORIGINS OF THE PITUITARY GLAND

I. The pituitary gland consists of two different glands, the adenohypophysis and the neurohypophysis, which are derived embryologically from two distinct tissues.

A. Adenohypophysis

- 1. The adenophypophysis develops from a hollow evagination, **Rathke's pouch**, an outgrowth of ectoderm from the roof of the mouth
- 2. Rathke's pouch loses its connection with the oral cavity and ascends toward the base of the brain where it contacts the neurohypophysis, growing down from the hypothalamus of the brain.
- 3. Subdivisions
 - a. **Pars distalis**. Largest subdivision; forms from the anterior wall of Rathke's pouch, constituting >95% of the adenophypophysis
 - b. Pars tuberalis. Forms a collar of cells around the infundibulum of the

neurohypophysis.

- c. **Cystic remnants of Rathke's pouch**. Small cysts persisting from the original cavity of Rathke's pouch
- d. **Pars intermedia**. Forms from the posterior wall of Rathke's pouch at the interface of the adenohypophysis with the pars nervosa of the neurohypophysis; these cells also surround small cystic remnants of Rathke's pouch; this subdivision is rudimentary in humans.
- B. Neurohypophysis
 - 1. The **neurohypophysis** develops as an outgrowth from the hypothalamus of the diencephalon of the brain, and retains its connection with the brain, abutting the posterior wall of Rathke's pouch.
 - 2. The subdivisions of the neurohypophysis consist of the **infundibulum** and the **pars nervosa**.
- II. Pituitary terminology

Terminology based on embryonic origin	Pituitary subdivisions	Clinical terminology
Adenohypophysis	Pars distalis Pars tuberalis	Anterior lobe of pituitary
	Pars intermedia	Posterior lobe of pituitary
Neurohypophysis	Pars nervosa infundibulum	

ADENOHYPOPHYSIS

I. Cell types

Hormone(s)	General Cell Type	Specific Cell Type
GH	Acidophil	Somatotrope
Prolactin	Acidophil	Mammotrope
TSH	Basophil	Thyrotrope
FSH/LH	Basophil	Gonadotrope
ACTH	Basophil	Adrenocorticotrope

A. Chromophils

- 1. Acidophils. Hormone-containing granules in the cytoplasm stain with acidic dyes, e.g., eosin
 - a. **Somatotropes**. Secrete **somatotropin**, **(growth hormone, GH)** which promotes growth (anabolic)
 - b. Mammotropes. Secrete prolactin which stimulates milk production
- 2. **Basophils**. Hormone-containing granules in the cytoplasm of these cells stain with basic dyes, e.g., hematoxylin
 - a. **Thyrotropes**. Secrete **thyroid stimulating hormone (TSH)** which stimulates thyroid hormone synthesis and release
 - b. Gonadotropes. Secrete luteinizing hormone (LH) and follicle stimulating hormone (FSH) that regulate egg and sperm maturation and sex hormone production. Both hormones are secreted in both males and females. In males LH can be referred to as interstitial cell stimulating hormone (ICSH).
 - c. Adrenocorticotropes. Secrete adrenocorticotropic hormone (ACTH) which regulates glucocorticoid secretion by adrenal gland

B. Chromophobes

- 1. Cells with sparse granule content that do not stain with either hematoxylin or eosin
- 2. May be degranulated cells or reserve, undifferentiated cells
- II. Distribution of cell types in the adenohypophysis
 - A. Pars distalis contains all five cell types
 - B. Pars tuberalis contains gonadotropes only
 - C. Pars intermedia contains basophils; however, their secretions in humans are unclear, although ACTH secretion is a possibility.
- III.Regulation of adenohypophyseal secretion
 - A. Adenohypophyseal hormone secretion is regulated by releasing or inhibitory factors (**neurohormones**) produced by neurons in the hypothalamus. Axons from these neurons terminate on a capillary bed located at the base of the hypothalamus in a region called the median eminence and release their neurohormones into these capillaries.
 - B. The capillaries anastomose into the **hypophyseal portal vessels** which

travel down the infundibulum and end in a second capillary network within the adenohypophysis.

C. Hypothalamic factors exit this second capillary plexus and either stimulate or inhibit the secretion of hormones from their target acidophil or basophil cells.

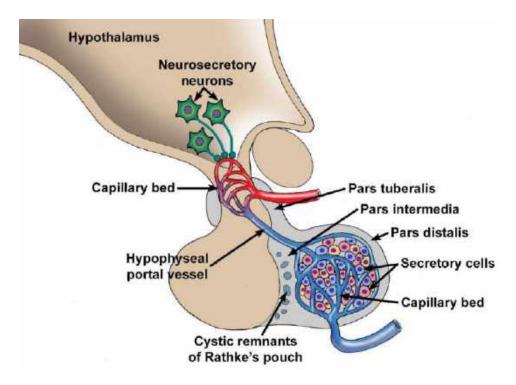


FIGURE 16.2. Structure and regulation of secretion of the adenohypophysis.

NEUROHYPOPHYSIS

I. Components

A. Infundibulum (hypophyseal stalk)

- 1. Extension from the hypothalamus; continuous with the pars nervosa
- Contains the hypothalamo-hypophyseal tract which consists of axons from neurons whose cell bodies are located in the supraoptic and paraventricular nuclei of the hypothalamus

B. Pars nervosa

1. Contains axons and axon terminals of the neurons forming the **hypothalamo-hypophyseal tract**

- 2. **Herring bodies**. Expanded axon terminals which accumulate secretory granules containing oxytocin or antidiuretic hormone (vasopressin)
 - a. **Oxytocin** causes smooth muscle and myoepithelial cell contraction.
 - Antidiuretic hormone (ADH) acts on the kidney tubules to prevent water loss.
- 3. Also contains "astrocyte-like" cells, called **pituicytes**.
- 4. No secretory cells are present.
- II. Regulation of neurohypophyseal secretion
 - A. Oxytocin and vasopressin are synthesized by neurons in the hypothalamus, transported down the axons and stored in axons terminals (Herring bodies) in the pars nervosa.
 - B. Activity in these neurons, in response to physiological signals, causes hormone release (neurosecretion) in a manner similar to release of neurotransmitters.

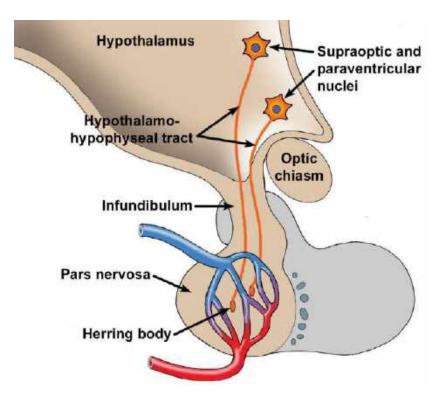


FIGURE 16.3. Structure and regulation of secretion of the neurohypophysis.

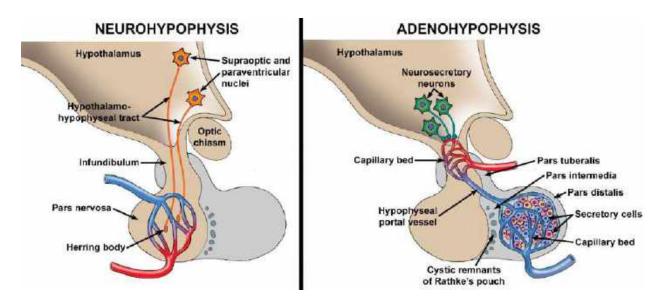


FIGURE 16.4. Comparison of the structure and regulation of secretion of pituitary gland subdivisions.

THYROID GLAND <u>(images)</u>

I. The thyroid gland consists of two unique structural and functional subdivisions, the **thyroid follicles** and **parafollicular cells**.

II. Thyroid follicles

- A. Spherical cysts whose wall is composed of a single layer of follicle cells surrounding a center gel called colloid. Cells have apical and basal surfaces and demonstrate cellular polarity.
- B. Follicle cells secrete **thyroglobulin**, a glycoprotein that is stored as colloid in the center of the follicle. The thyroid gland is the only endocrine organ that stores a hormone. When needed, these same follicular cells take up the stored thyroglobulin, transport it across the epithelium and release thyroid hormones into the capillaries surrounding the follicle.
- C. Thyroglobulin contains modified tyrosine amino acids that constitute the thyroid hormones, thyroxine (tetraiodothyronine, T₄) and triiodothyronine (T₃).
- D. Thyroid hormones regulate the basal metabolic rate.
- E. The secretion of T_3 and T_4 is controlled by TSH released from the adenohypophysis.

III.Parafollicular cells (C cells, clear cells)

- A. Are located within the follicular epithelium and in small clusters between follicles
- B. Possess secretory granules containing the hormone **calcitonin**, which acts to inhibit bone resorption, lowering blood calcium levels.
- C. Belong to the **diffuse neuroendocrine system (DNES)**
- D. The secretion of calcitonin is controlled by calcium levels in the blood.

SYNTHESIS AND RELEASE OF THYROID HORMONES

- I. Follicle cells synthesize and secrete thyroglobulin from their apical surfaces into the follicle lumen where it is stored. The follicle lumen is an extracellular compartment and, thus, secretion of thyroglobulin constitutes the exocrine secretion of the follicle cells and accounts for the polarity of the cells.
- II. The tyrosines of thyroglobulin are iodinated in the follicle lumen and rearranged to form the thyroid hormones (T_3 and T_4), which are modified tyrosines that are retained in the primary structure of thyroglobulin.
- III.The iodinated thyrogobulin is resorbed by pinocytosis into the follicle cells where it is hydrolyzed, liberating T3 and T4.
- IV, T_3 and T_4 are released from the basolateral surfaces of the follicle cell and enter the blood stream.
- V. Active and inactive follicles
 - A. Active follicle. Follicle cells are cuboidal to columnar and are involved with both secretion and resorption of thyroglobulin.
 - B. **Inactive follicle**. Follicle cells are squamous, reflecting the paucity of secretory organelles and the lack of synthetic and uptake activity.

PARATHYROID GLANDS (images)

- I. The **parathyroid glands** are four small, spherical glands that are embedded in the posterior surface of the thyroid gland.
- II. Cell types

A. Chief cell

1. Major cell type, arranged in cords or clumps

- 2. Small polyhedron-shaped cells with secretory granules visible only with electron microscope
- 3. Secrete **parathyroid hormone (PTH)** which increases blood calcium levels, through increased osteoclast activity
- 4. The secretion of PTH is controlled by calcium levels in the blood.

B. Oxyphil cell

- 1. Large cell may appear singly or in clumps
- 2. Heterochromatic nucleus and abundant eosinophilic cytoplasm, due to numerous mitochondria
- 3. No secretory granules
- 4. Function is unclear.

ADRENAL GLANDS (images)

- I. Structure
 - A. Paired glands, each located at the superior pole of a kidney; consist of two distinct subdivisions with different embryological origins
 - B. Subdivisions
 - 1. **Cortex**. Derived from mesoderm and constitutes the major steroidproducing gland
 - 2. **Medulla**. Derived from neural crest and is a major source of epinephrine and norepinephrine neurohormones
 - *C.* Surrounded by a dense **capsule**
- II. Cortex
 - A. Composed of steroid-secreting cells, whose features include:
 - 1. Abundant smooth endoplasmic reticulum
 - 2. Mitochondria with **tubular cristae** in the zona fasciculata and the zona reticularis; **shelf-like cristae** in the zona glomerulosa
 - 3. Numerous lipid droplets filled with cholesterol, precursor for steroid hormones

- 4. Secretion is by diffusion with no hormone storage.
- B. Zonation

1. Zona glomerulosa

- a. Located immediately beneath the capsule
- b. Cells arranged in round clusters
- c. Secretes mineralocorticoids, e.g., aldosterone

2. Zona fasciculata

- a. Middle layer, largest cortical zone
- b. Cells arranged in rows perpendicular to the capsule alternating with wide-diameter, fenestrated capillaries
- c. Secretes glucocorticoids and androgens
- d. The secretion of glucocorticoids is controlled by ACTH released from the adenohypophysis.

3. Zona reticularis

- a. Forms deepest layer of the cortex
- b. Cells arranged as anastomosing cords
- c. Same secretions as zona fasciculata, glucocorticoids and androgens

III.Medulla

- A. Composed of chromaffin cells
 - 1. Modified adrenergic neurons without axons or dendrites; represent sympathetic ganglion cells
 - 2. Polyhedral cells containing abundant dense-core, secretory granules
- B. Chromaffin cells synthesize and release epinephrine and norepinephrine, which are routinely released in small quantities. Under stress, the autonomic nervous system stimulates greater production and release.

PINEAL GLAND (EPIPHYSIS CEREBRI) (images)

- I. Structure
 - A. Small conical-shaped gland; develops from the roof of the diencephalon and remains attached by a short pineal stalk
 - B. Surrounded by a **capsule** composed of **pia mater**
 - 1. Connective tissue septa derived from the pia mater penetrate the gland and subdivide it into indistinct lobules.
 - 2. Sympathetic axons and blood vessels enter the gland with the septa.
 - C. Cells
 - 1. Pinealocytes
 - a. Major cell type, represent modified neurons
 - b. Euchromatic nucleus, spherical to ovoid, with a prominent nucleolus
 - c. Cytoplasm not evident with conventional stains; however, silver staining reveals that the cell generally has two or more extensions similar to neuronal processes.
 - d. Processes end in association with capillaries.
 - e. Secrete **melatonin**, an indoleamine hormone

2. Interstitial cells

- a. Minor cell type, similar to astrocytes in the brain
- b. Nucleus is elongated and more heterochromatic than that of pinealocytes.
- c. Possess long processes with intermediate filaments
- d. Located among groups of pinealocytes and in the connective tissue septae

D. Corpora araneacea ("brain sand")

- 1. Globular, basophilic accumulations of calcium phosphates and carbonates in the interstitial space
- 2. Radio-opaque in X-ray images and, thus, often used as indicators of

midline deflection of the brain resulting from pathological conditions

- II. Secretion
 - A. Major hormone secreted is melatonin which regulates diurnal (circadian) light-dark cycles and seasonal rhythms.
 - B. Melatonin is secreted during darkness; secretion is inhibited by light.
 - C. Retinal stimulation by light is relayed to the pineal via sympathetic innervation from the superior cervical ganglion.

CHAPTER 19

EYE

GENERAL CONCEPTS

- I. The eyes are complex photoreceptive organs located in the bony orbits of the skull. Movement of the eye is accomplished by a set of extrinsic ocular muscles, which insert on the outer surface of the globe.
- II. Each eye consists of image-forming structures, a photoreceptive retina, and a fibrous globe to provide support.
- III.The eye is protected by an eyelid, a moveable fold of skin that covers the anterior surface of the globe.

EYELID <u>(images)</u>

- I. Protective covering of the eye.
- II. Components
 - A. Covered on its outer surface by thin skin that possesses eyelashes at the margin of the eyelid
 - B. **Tarsal plate**. Region of dense fibrous and elastic connective tissues within the eyelid that provide support
 - C. Contains the obicularis oculi muscle
 - D. **Meibomian glands**. Specialized sebaceous glands embedded in the tarsal plate, whose secretions add to the tear film to reduce evaporation
 - E. **Palpebral conjunctiva**. Lines the inner surface, consisting of a stratified columnar epithelium with goblet cells; the conjunctiva is reflected onto the globe as the bulbar conjunctiva, which is continuous with the **corneal epithelium**.

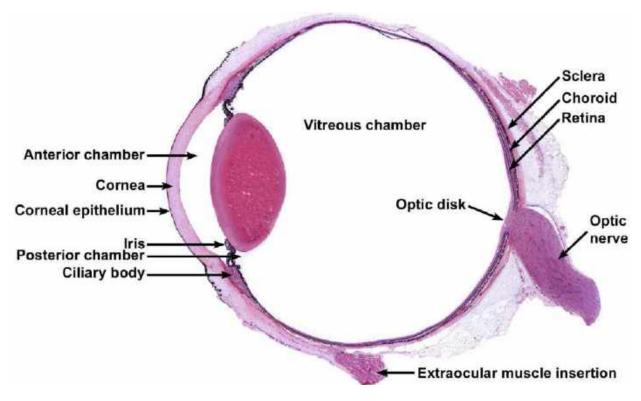


FIGURE 19.1. Midsagittal section of the eyeball.

EYEBALL (GLOBE) (images)

- I. Composed of three layers or tunics
 - A. Fibrous tunic consisting of the sclera and cornea
 - B. Vascular tunic or uveal tract consisting of the iris, ciliary body, and choroid
 - C. Neural tunic consisting of the retina
- II. Contains three chambers
 - A. **Anterior chamber** is the space between the cornea and the iris, filled with *aqueous humor* fluid.
 - B. **Posterior chamber** lies between the iris anteriorly and the lens, ciliary body, and zonule fibers posteriorly; filled with aqueous humor
 - C. **Vitreous chamber** is located behind the lens and is filled with a gelatinous substance called the **vitreous body**.

FIBROUS TUNIC OF THE EYE (OUTER TUNIC)

I. Sclera

- A. Opaque layer composed of dense, irregular connective tissue; forms the outer layer of the posterior four-fifths of the globe
- B. Gives shape and provides support for the globe
- C. Provides insertion points for extraocular muscles

II. Cornea

- A. Anterior continuation of the sclera, covering the anterior one-fifth of the eye
- B. Transparent and avascular; transparency results from the ordered arrangement of its collagen fibers and low state of tissue hydration.
- C. Convex curvature aids in focusing light (refraction).
- D. Layers (anterior to posterior)
 - 1. **Corneal epithelium**. Covers the anterior surface of the cornea; composed of a moist, stratified squamous epithelium that is continuous with the bulbar conjunctiva at the *limbus*
 - 2. **Bowman's membrane**. Acellular collagenous layer beneath the corneal epithelium
 - 3. **Stroma**. Multiple layers of parallel collagen fibers constitute the majority of the cornea. The collagen fibers in each layer are arranged at about right angles to adjacent layers. The highly ordered arrangement of these fibers contributes to the transparency of the cornea.
 - 4. **Descemet's membrane**. Thickened basal lamina of the corneal endothelium
 - 5. **Corneal endothelium**. Simple squamous epithelium covering the posterior surface of the cornea; regulates the hydration state of the stroma

III.Corneo-scleral junction (limbus)

- A. Transition zone between the cornea and the sclera
- B. Bowman's membrane ends and the corneal epithelium thickens at this junction.

C. **Trabecular meshwork**. Irregular channels in the stroma that are lined by endothelium. Drains the aqueous humor from the anterior chamber to maintain proper intraocular pressure. The channels of the trabecular meshwork merge to form the **canal of Schlemm**, a ring-like sinus that encircles the limbus and drains into the venous system.

VASCULAR TUNIC (UVEAL TRACT) OF THE EYE (MIDDLE TUNIC)

I. Choroid

- A. Highly vascular, cellular layer lying inside the sclera; this layer is richly pigmented due to its large number of **melanocytes**. Its inner portion is the **choriocapillary layer**, which contains large numbers of small vessels and capillaries and serves a nutritive function for the retina.
- B. **Bruch's membrane**. A thin layer separating the retina from the choriocapillary layer; represents the combined basal laminae of the capillary endothelium and the pigment epithelium of the retina and an intervening network of elastic and collagen fibers

II. Ciliary body

- A. Anterior expansion of the choroid forming a ring that encircles the lens; appears triangular in cross-section
- B. Composed of a core of connective tissue and muscle; lined on its vitreal surface by two layers of columnar cells, an inner pigmented epithelium and an outer layer of non-pigmented cells. These two layers of columnar cells form the non-sensory retina and represent the attenuated anterior part of the sensory layer of the retina.

C. Ciliary processes

- 1. Ridge-like extensions from the ciliary body
- 2. **Zonule fibers**. Emerge from between the processes and attach to the lens capsule
- 3. The aqueous humor is produced by the epithelium of the ciliary processes.
- D. Ciliary muscles. Smooth muscle fibers that insert on the sclera and ciliary body; contraction of circularly arranged fibers releases tension on the zonule fibers, allowing the lens to assume a more spherical shape, thus providing for focusing on near objects (accommodation). Contraction of radially oriented smooth muscle fibers results in flattening of the lens, thus providing for focusing on far objects.

III.Iris

- A. Disc-shaped structure that arises from the anterior margin of the ciliary body; separates anterior and posterior chambers and partially covers the lens
- B. Composed of loose connective tissue that is covered on its anterior surface by an incomplete layer of pigment cells and fibroblasts. Its posterior surface is covered by a double layer of pigmented epithelial cells.
- C. **Pupil**. Central opening in the iris; its diameter is regulated by contraction of two sets of intrinsic smooth muscle in the iris.
 - 1. **Dilator pupillae muscle**. Derived from the more anterior, pigmented epithelial layer; consists of radially oriented cells whose contraction widens the aperture of the pupil
 - 2. **Constrictor pupillae muscle**. Consists of circularly oriented smooth muscle fibers surrounding the pupil; contraction of these fibers decreases the diameter of the pupil.

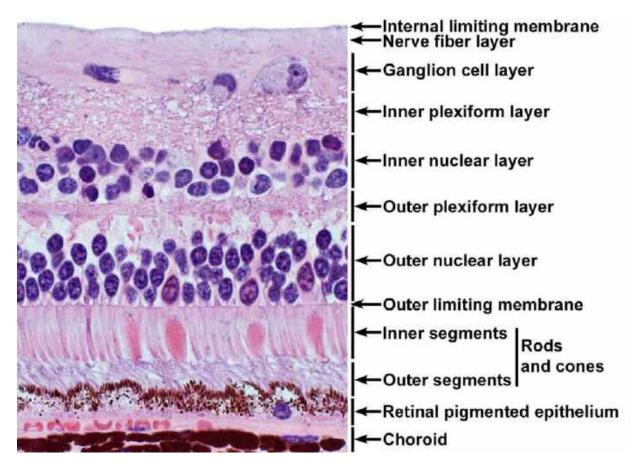


FIGURE 19.2. Layer of the retina

RETINA - INNER TUNIC (*images*)

- I. Inner-most of the three layers, forming a cup-shaped structure. The posterior portion is photosensitive and extends forward to the ciliary body, terminating as the **ora serrata**. The nonphotosensitive anterior portion is reduced in thickness and number of layers and forms the posterior lining of the ciliary body and the posterior lining of the iris.
- II. The photosensitive portion contains the photoreceptors, which transduce light into nervous impulses, and neurons, which perform the initial integration of the visual signals.
- III.Overview of retinal cytoarchitecture
 - A. Basic plan of the **retina** consists of a three-cell pathway
 - 1. Rods and cones. Photoreceptors that transduce light energy into neural activity and form the **photoreceptor layer**; their nuclei are located in the **outer nuclear layer**.
 - 2. **Bipolar cells**. Synapse with rods and cones; nuclei are located in the inner nuclear layer.
 - Ganglion cells. Synapse with bipolar cells; cell bodies are located in the ganglion cell layer; axons from these cells form the optic nerve fiber layer as they pass toward the optic disc, head of the optic nerve.
 - B. Regions of synaptic integration
 - 1. **Outer plexiform layer**. Location of synapses of rods and cones with bipolar cells
 - 2. **Inner plexiform layer.** Location of synapses of bipolar cells and ganglion cells
- IV. Layers of the retina-from outer to inner
 - A. Composed of 10 layers. The naming of the layers is based on their position relative to the path of neural conduction (from outer to inner), not the path of light (from inner to outer).

B. Pigment epithelium

- 1. Cytoplasm contains numerous **melanin granules** to absorb light and reduce reflection
- 2. Columnar epithelial cells with apical microvilli whose bases are adherent to

Bruch's membrane

3. Cells form a cylindrical sheath that surrounds the apical tips of the photoreceptors; these sheaths aid in phagocytosis and digestion of membranous discs shed by the photoreceptors.

C. Photoreceptor layer

- 1. Composed of rods and cones
- 2. Rods are sensitive to low light intensity, outnumber cones and are located throughout the retina
- 3. Cones are less numerous than rods, sensitive to high intensity light and respond to color. Cones provide greater visual acuity and are concentrated in the **fovea centralis**.
- 4. **Outer segment**. Contains flattened, membranous discs that contain the visual pigments rhodopsin (rods) and iodopsins (cones).
- 5. **Inner segment**. Separated from the outer segment by a constriction, contains the major synthetic and energy-producing organelles.
- D. **External limiting membrane**. Not a true membrane; formed by adherent junctions of Mueller cells, modified astrocytes, with the photoreceptors
- E. **Outer nuclear layer**. Location of the nuclei of rods and cones
- F. **Outer plexiform layer**. Region of synaptic contacts between photoreceptor axons and bipolar cell dendrites
- G. **Inner nuclear layer**. Location of cell bodies of bipolar cells. Also present are additional neurons, amacrine and horizontal cells.
- H. **Inner plexiform layer**. Location of synaptic contacts between bipolar cell axons and ganglion cell dendrites.
- I. Ganglion cell layer. Location of cell bodies of ganglion cells
- J. **Optic nerve fiber layer**. Layer formed by the unmyelinated axons of the ganglion cell axons that pass toward the **optic disc**, the head of the optic nerve, where they exit to form the **optic nerve** (cranial nerve II).
- K. Internal limiting membrane. Formed by the basal portions of Mueller cells
- V. **Fovea centralis**. Region of the retina providing greatest visual acuity, consists entirely of cones; other retinal layers are displaced centrifugally to allow for an unimpeded path for the light to reach the photoreceptors.

VI. **Optic disc** ("blind spot"). Region composed only of axons from retinal ganglion cells as they exit from the retina through the sclera to form the optic nerve

LENS <u>(images)</u>

- I. Biconcave, transparent, and elastic
- II. Suspended by radially oriented zonule fibers that extend from the ciliay body to insert into the lens capsule
- III.Structure of the lens
 - A. **Lens capsule**. A thickened basal lamina, produced by the subcapsular epithelium, surrounds the entire lens.
 - B. **Subcapsular epithelium**. Simple cuboidal epithelium, present only on the anterior surface of the lens; apical surfaces of the cells are directed toward the center of the lens.
 - C. **Lens fibers**. Derived from cells of the subcapsular epithelium primarily in the equatorial region of the lens; lens fibers are highly differentiated cells that lose their organelles and become filled with crystallin proteins.
- IV. Contraction of the circularly arranged ciliary muscle releases tension on the zonule fibers, allowing the lens to assume a more spherical shape which provides for focusing on near objects (accommodation). Contraction of the radially oriented ciliary muscles causes the lens to flatten for focusing on distant objects.

CHAPTER 20

EAR

COMPONENTS (images)

- I. **External ear**. Receives sound waves, transmitting them to the tympanic membrane
- II. **Middle ear**. Transmits movement of the tympanic membrane by three ear ossicles to fluid in the inner ear
- III.**Inner ear**. Contains a receptor that responds to these fluid vibrations for the perception of sound. Additional receptors in the inner ear respond to the effects of gravity and motion of the head to maintain equilibrium.

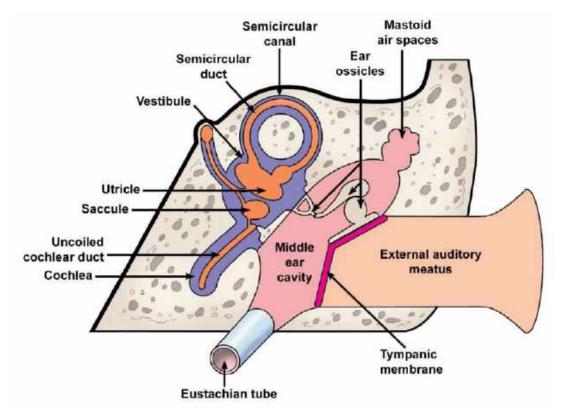


FIGURE 20.1. Schematic illustration of the three subdivisions of the ear embedded in the temporal bone.

EXTERNAL EAR (images)

I. Auricle or pinna. Shallow appendage on the lateral surfaces of the head that is

formed by thin skin covering a framework of elastic cartilage

- II. **External auditory meatus**. Short tube leading to the tympanic membrane
 - A. The thin skin, lining the meatus, possesses ceruminous glands. Their secretions combine with those of adjacent sebaceous glands to form cerumen, a thick, waxy product.
 - B. Support provided by:
 - 1. Elastic cartilage in the outer portion
 - 2. Temporal bone in the inner portion
- III.**Tympanic membrane** (ear drum) separates external from the middle ear.
 - A. Composition (from exterior to interior). Thin skin, two layers of collagen and elastic fibers with radial then circular arrangements, and a mucous membrane that is continuous with that lining the middle ear
 - B. Attachment of the malleus, an ear ossicle, to the inner surface pulls the tympanic membrane into a flattened, cone shape.

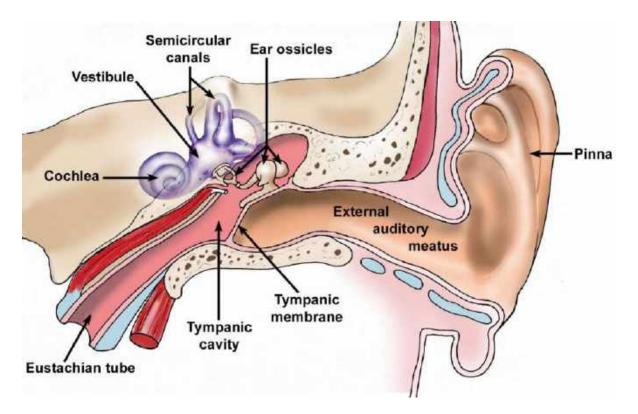


FIGURE 20.2. Coronal section through the skull showing the three subdivisions of the ear in the temporal bone.

MIDDLE EAR (TYMPANIC CAVITY) (images)

- I. The **middle ear** or **tympanic cavity** is a cavity within the temporal bone that is bounded by the tympanic membrane laterally and the bony wall of the inner ear medially. It communicates with the mastoid air cells posteriorly, and with the nasopharynx, via the Eustachian tube, anteriorly.
- II. Structure
 - A. Lined by a mucous membrane whose epithelium is predominately simple squamous
 - B. Ear ossicles, small bones, transmit vibrations from the tympanic membrane to the inner ear.
 - 1. Components
 - a. Malleus. Attached to the tympanic membrane
 - b. Incus. Interconnects malleus with stapes
 - c. **Stapes**. Footplate of the stapes fits into the oval window of the inner ear
 - 2. Ossicles are connected to each other by ligaments and are covered with mucosa.
 - 3. Small muscles attached to malleus (**tensor tympani**) and stapes (**stapedius**) modulate vibrations of these ossicles.
 - C. Eustachian tube (auditory tube)
 - 1. Connects middle ear with the nasopharynx
 - 2. Is lined by a mucous membrane whose epithelium becomes pseudostratified near the nasopharynx. Cilia associated with this epithelium beat toward the pharynx.
 - 3. Is supported first by bone and then by cartilage and fibrous tissue as it nears the nasopharynx
 - 4. Is usually collapsed but opens during swallowing to equilibrate air pressure

D. Oval window and round window

1. Openings in the petrous portion of the temporal bone that forms the medial wall of the middle ear

- 2. The oval window is occupied by the footplate of the stapes.
- 3. The round window is covered by a membrane that bulges to relieve pressure in the cochlea that originates from motion of the stapes at the oval window.
- E. **Mastoid air spaces**, located in the mastoid process of the temporal bone, communicate posteriorly with the middle ear.

INNER EAR <u>(images)</u>

- I. The inner ear is located in the petrous portion of the temporal bone.
- II. Components
 - A. **Osseous labyrinth**. Series of interconnected tubular and cavernous spaces in the petrous portion of the temporal bone that are lined with periosteum and filled with perilymph fluid
 - 1. **Vestibule**. Centrally located chamber; communicates with middle ear via the oval window
 - 2. Semicircular canals
 - a. Are three tubular spaces that communicate with and lie posterolaterally to the vestibule
 - b. Are oriented in three mutually perpendicular planes
 - c. An enlargement at one end of each canal, adjacent to the vestibule, houses the ampulla of the semicircular ducts.
 - 3. **Cochlea**. An osseous tube that connects with and lies anteromedially to the vestibule
 - a. Tube is coiled into a spiral shape with 2.5 turns, resembling a snail shell.
 - b. The tube's spiraling in the temporal bone results in the formation of a central, bony axis for the cochlea called the **modiolus**, which resembles a screw. The threads of the screw project into the cochlea and are called the **osseous spiral lamina**.
 - *c.* The modiolus houses the cochlear division of **cranial nerve VIII** and its sensory ganglion, the **spiral ganglion**.

- B. Membranous labyrinth. Series of interconnected ducts and chambers that are suspended within the osseous labyrinth. Contain the fluid, endolymph. These ducts and chambers contain receptors for hearing and for static and kinetic senses.
 - 1. Utricle and saccule. Suspended within the vestibule. A receptor, the macula, in each of these two chambers responds to stimuli of linear acceleration and gravitational forces.
 - Semicircular ducts (three). One duct is suspended in each of the semicircular canals; both ends of each duct connect with the utricle. An enlargement, the ampulla, at one end of each duct is located in the enlargement of each semicircular canal and contains a receptor, the crista ampullaris, for angular acceleration.
 - 3. **Cochlear duct**. Located in the center of the cochlea. The cochlear duct communicates indirectly with the saccule. The receptor in the cochlear duct, the **organ of Corti**, responds to sound vibrations.
 - 4. **Endolymphatic duct**. Formed by union of small ducts from the utricle and saccule; extends toward the brain where it terminates as an enlargement, the endolymphatic sac, between layers of the meninges. Probably functions to absorb **endolymph**.
- C. Sensory innervation is provided by **cranial nerve VIII, the vestibulocochlear nerve**.

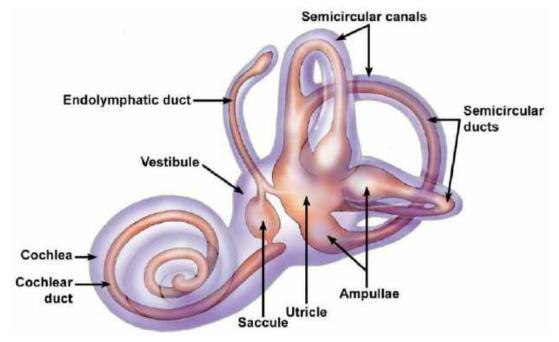


FIGURE 20.3. Inner ear: the membranous labyrinth is suspended in the osseous labyrinth.

III.Utricle and saccule

- A. Portions of the membranous labyrinth that are connected to each other and are suspended in the osseous vestibule
- B. Macula. Receptor in both the utricle and saccule
 - 1. Thickening in the wall of the utricle and saccule composed of:
 - a. Supporting cells
 - b. **Hair cells** with stereocilia and a cilium (**kinocilium**) that are embedded in the gelatinous layer
 - c. **Gelatinous layer** is produced by supporting cells and covers both these and the hair cells.
 - d. **Otoliths** (**otoconia**). Calcium carbonate crystals that are suspended at the top of the gel
 - 2. Linear acceleration and the force of gravity displace the otoliths, stimulating the stereocilia and kinocilia and initiating a neural, sensory impulse in the vestibular division of cranial nerve VIII.

IV. Semicircular ducts (three)

- A. Portions of the membranous labyrinth suspended in the osseous semicircular canals; both ends of each semicircular duct connect to the utricle.
- B. **Crista ampullaris**. Receptor in the ampullary enlargement of each semicircular duct
 - 1. Ridge-like structure that lies perpendicular to the long axis of each duct. Internal cell structure is similar to that of a macula except:
 - a. Gelatinous layer, called the **cupula**, is shaped like a cone and extends across the ampulla to the opposite wall, thus spanning the duct.
 - b. Otoliths are absent.
 - 2. Angular acceleration displaces the cupula that deflects the stereocilia and kinocilia and initiates a neural, sensory impulse in the vestibular division of cranial nerve VIII.
 - 3. Orientation in three distinct planes allows for complex detection of motion.

V. Cochlear duct

- A. Wedge-shaped duct of the membranous labyrinth suspended in the middle of the tubular, osseous cochlea. Position of the cochlear duct separates the bony cochlea into three subdivisions.
 - 1. **Scala vestibuli**. This subdivision of the cochlea is continuous with the vestibule and lies above the cochlear duct, separated from it by the vestibular membrane.
 - 2. **Cochlear duct**. Contains the receptor for sound. The cochlear duct is located in the middle of the cochlea and is continuous with the saccule through a small duct. Its roof is the vestibular membrane separating it from the osseous scala vestibuli. Its floor is formed by the basilar membrane that is continuous with the osseous spiral lamina; both separate the cochlear duct from the scala tympani.
 - 3. **Scala tympani**. Subdivision of the bony cochlea lying beneath the cochlear duct. The scala tympani is continuous with the scala vestibuli at the **helicotrema**, located at the tip of the cochlea. The scala tympani terminates at the round window where pressure on the perilymph in this scala, initiated at the oval window and transported through scala vestibuli to scala tympani, is released.
- B. **Organ of Corti**. Receptor for sound in the cochlear duct; positioned on the floor of the cochlear duct, resting on the basilar membrane
 - 1. Structure
 - a. **Supporting cells**. Several varieties, including pillar cells that form the boundary of a triangular space called the inner tunnel. Provide support for the hair cells, among other functions.
 - b. Inner and **outer hair cells**. Receptor cells located on either side of the inner tunnel possess stereocilia that are embedded in the tectorial membrane.
 - c. **Tectorial membrane**. This gelatinous membrane extends over the hair cells and is secreted by the cells of the spiral limbus, resting on the osseous spiral lamina. Stereocilia of the hair cells are embedded in the tectorial membrane.

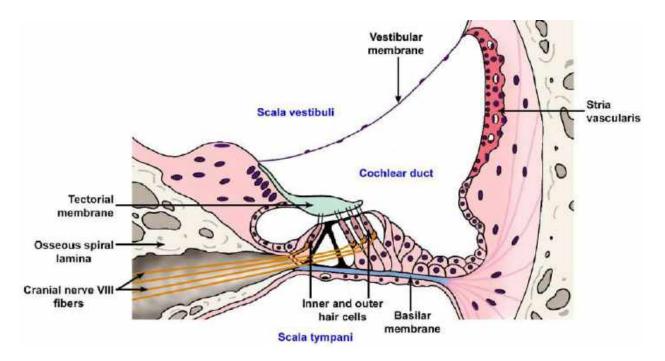
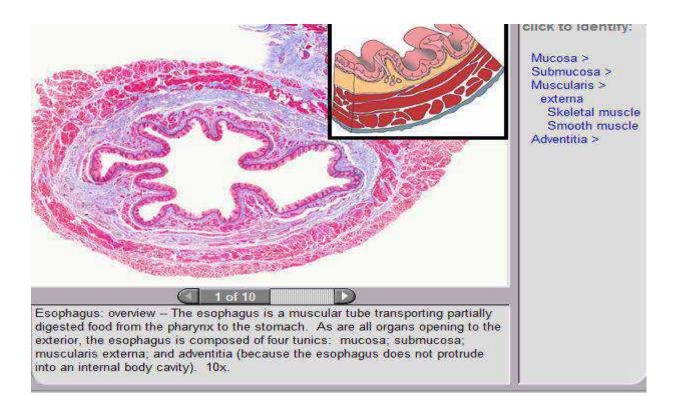
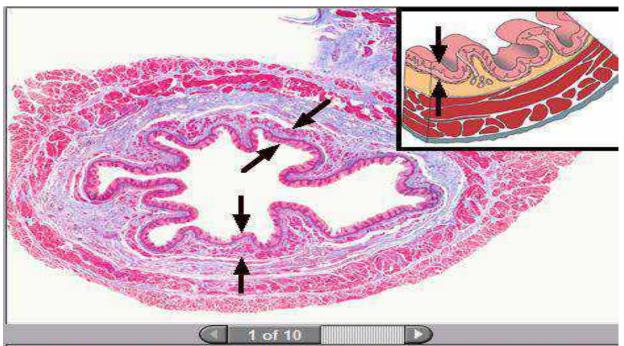


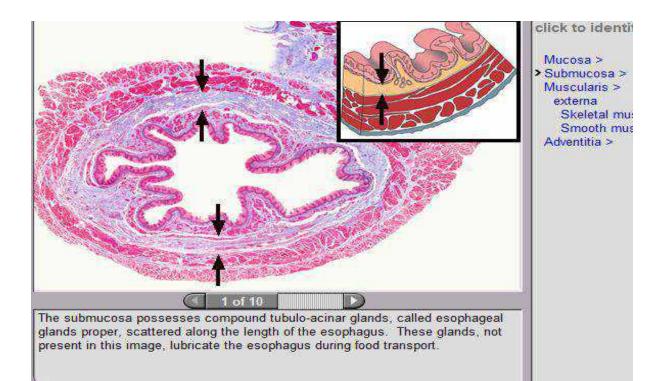
FIGURE 20.4. Cochlear duct, the receptor for sound, is a part of the membranous labyrinth in the inner ear.

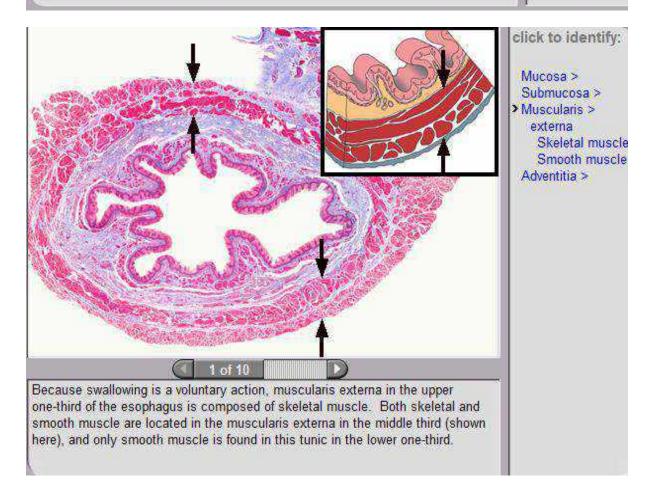
- 2. Functions to discriminate sound
 - a. Inward movement of the stapes at the oval window generates pressure on the perilymph in the vestibule that is transmitted into the scala vestibuli.
 - b. From the scala vestibuli, pressure is conducted, by deflection of the vestibular membrane, to the endolymph of the cochlear duct and to the basilar membrane. Movement of the basilar membrane into scala tympani and away from the tectorial membrane causes a shearing force on the stereocilia embedded in this membrane and initiates a neural, sensory response in the cochlear division of cranial nerve VIII.
 - c. Sound vibrations in the scala vestibuli also continue into the scala tympani at their junction at the **helicotrema**.
 - d. Sound vibrations in scala tympani are relieved by the bulging of the round window into the middle ear.
- 3. **Stria vascularis** is a vascularized epithelium located on the outer wall of the cochlear duct that produces endolymph.

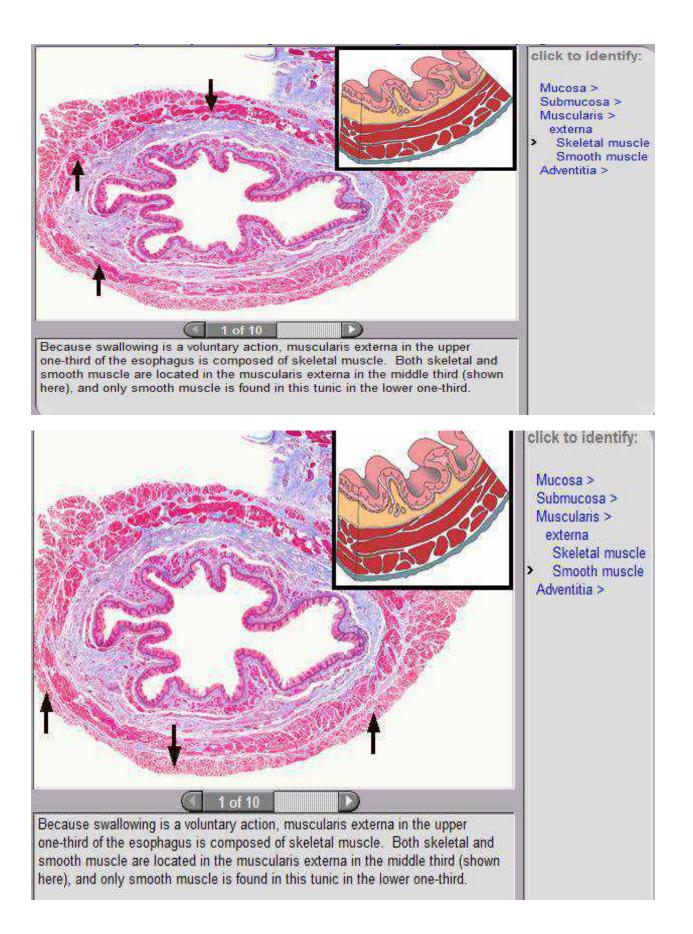


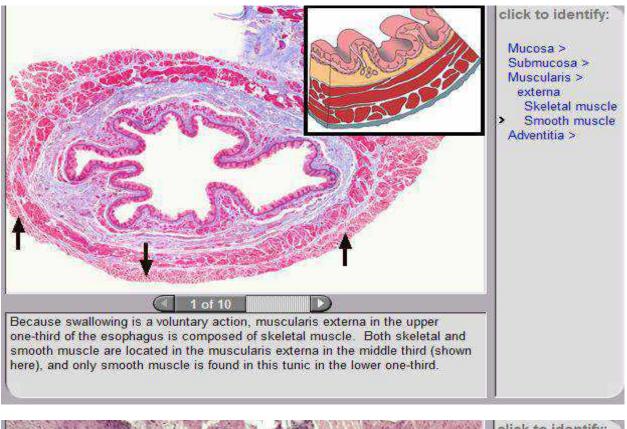


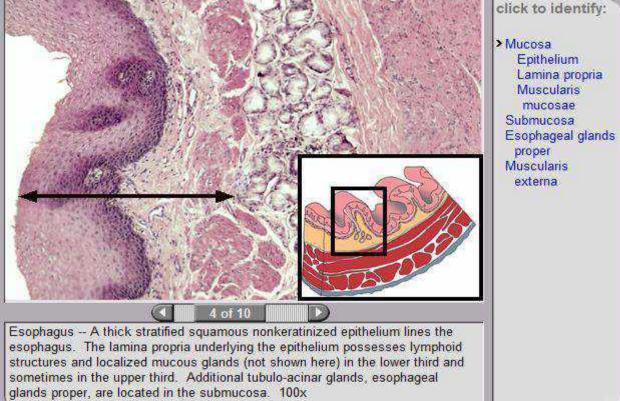
The mucosa of the esophagus is lined with stratified squamous moist epithelium to protect the organ from the partially digested food. Mucous glands are located in the lamina propria in some regions, particularly near the gastro-esophageal junction and sometimes in the upper third.

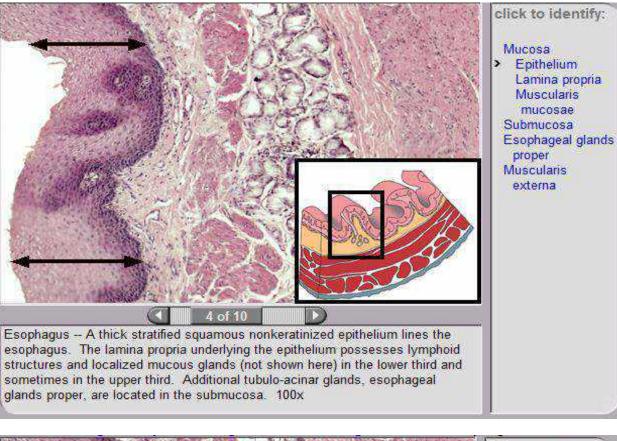


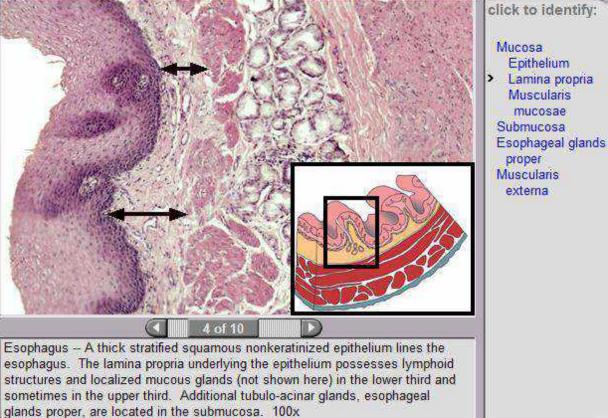










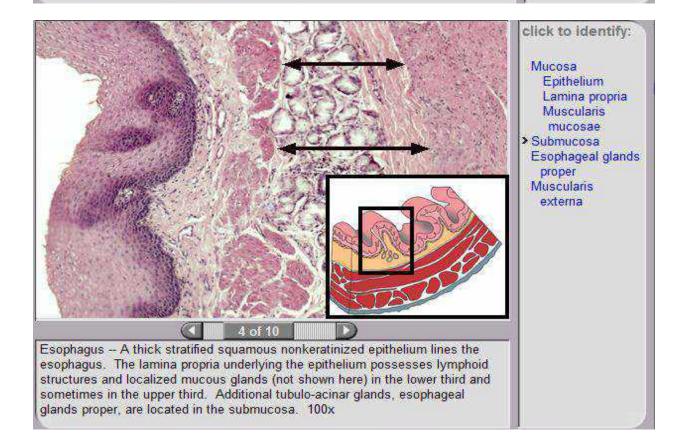


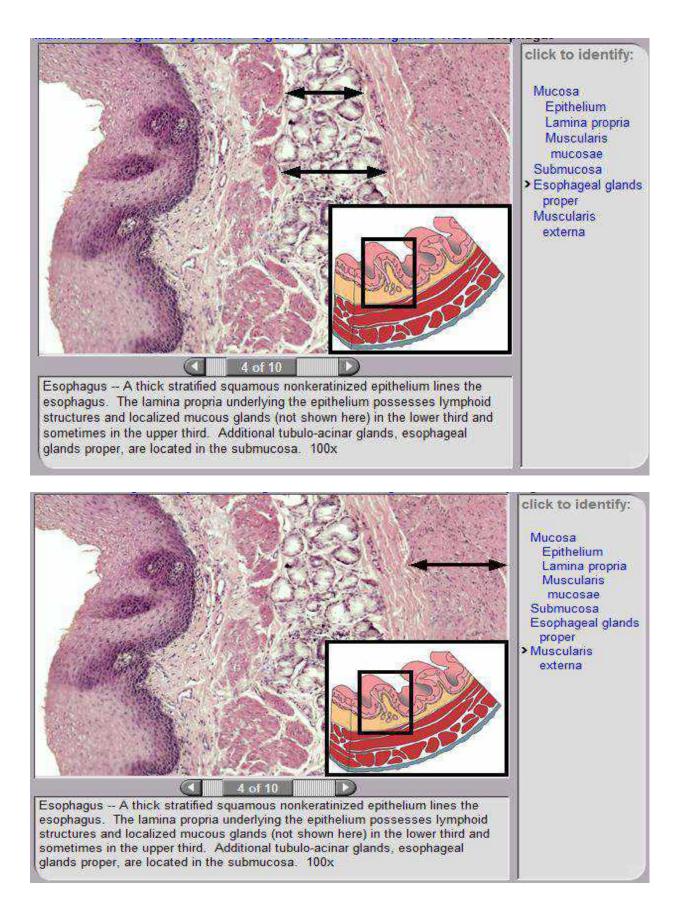


click to identify:

Mucosa Epithelium Lamina propria Muscularis mucosae Submucosa Esophageal glands proper Muscularis externa

Esophagus -- A thick stratified squamous nonkeratinized epithelium lines the esophagus. The lamina propria underlying the epithelium possesses lymphoid structures and localized mucous glands (not shown here) in the lower third and sometimes in the upper third. Additional tubulo-acinar glands, esophageal glands proper, are located in the submucosa. 100x



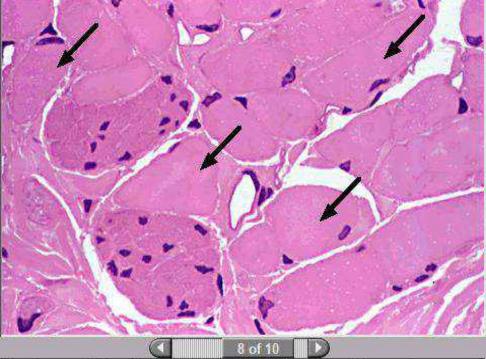




click to identify:

 Smooth muscle fibers
 Skeletal muscle fibers
 Skeletal muscle nuclei
 Smooth muscle nuclei
 Capillary
 Connective tissue

Esophagus -- In the middle part of the muscularis externa of the esophagus, smooth muscle fibers and skeletal muscle fibers occur together. In this field, compare the size of the fibers and location of the nuclei of these two muscle types. 1000x

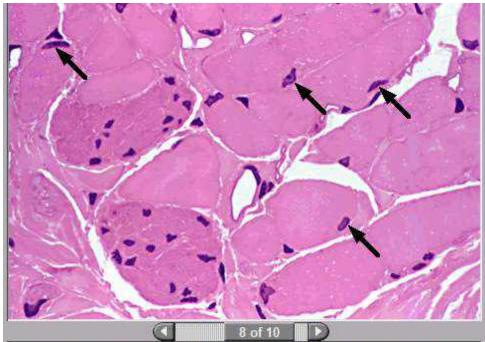


click to identify:

Smooth muscle fibers

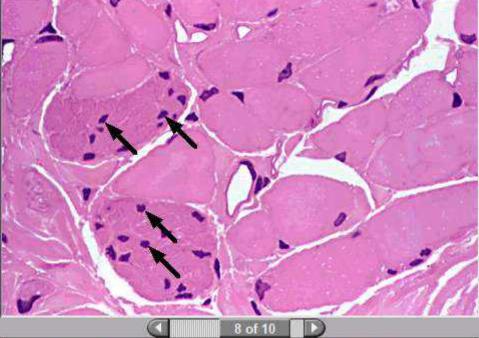
 Skeletal muscle fibers
 Skeletal muscle nuclei
 Smooth muscle nuclei
 Capillary
 Connective tissue

Esophagus -- In the middle part of the muscularis externa of the esophagus, smooth muscle fibers and skeletal muscle fibers occur together. In this field, compare the size of the fibers and location of the nuclei of these two muscle types. 1000x



- Smooth muscle fibers Skeletal muscle fibers
- Skeletal muscle nuclei
 Smooth muscle nuclei
 Capillary
 Connective tissue

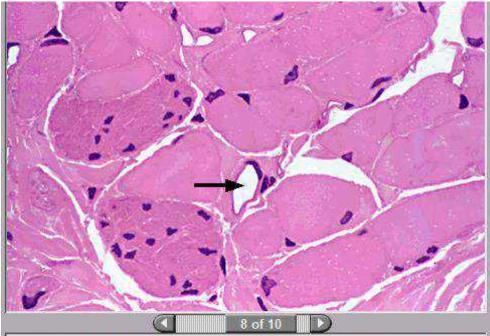
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click to identify:

- Smooth muscle fibers Skeletal muscle fibers Skeletal muscle nuclei > Smooth muscle
- nuclei Capillary Connective tissue



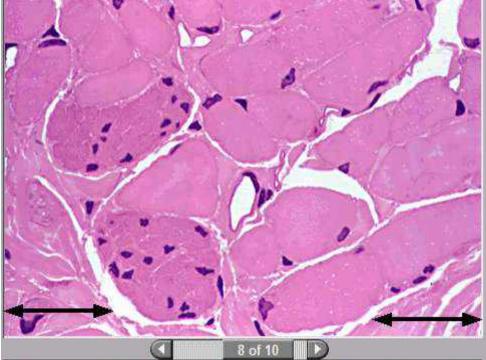
Smooth muscle fibers Skeletal muscle fibers

Skeletal muscle nuclei

Smooth muscle nuclei

 Capillary Connective tissue

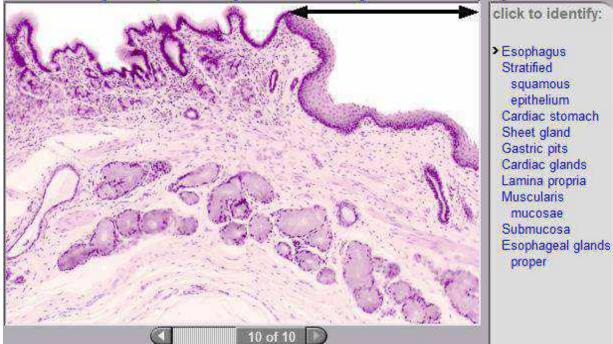
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click to identify:

Smooth muscle fibers Skeletal muscle fibers Skeletal muscle nuclei Smooth muscle nuclei Capillary > Connective tissue

Esophagus -- In the middle part of the muscularis externa of the esophagus, smooth muscle fibers and skeletal muscle fibers occur together. In this field, compare the size of the fibers and location of the nuclei of these two muscle types. 1000x

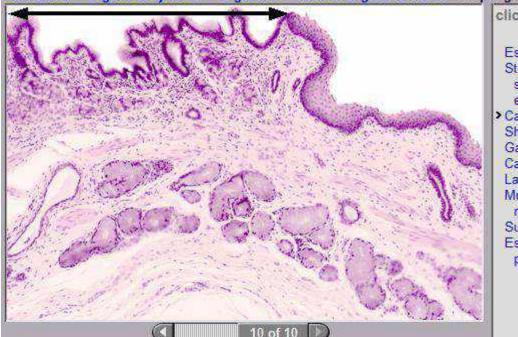


Gastro-esophageal junction -- Stratified squamous moist epithelium (esophagus) changes abruptly to a simple columnar epithelium (sheet gland) of the stomach. Esophageal glands proper, tubulo-acinar glands in the submucosa, continue into the stomach in this section. 100x



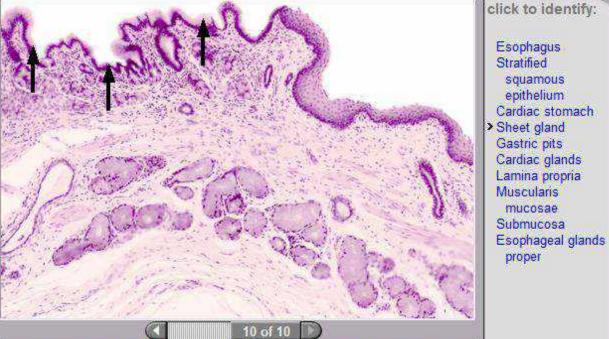
Esophagus > Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa Esophageal glands proper

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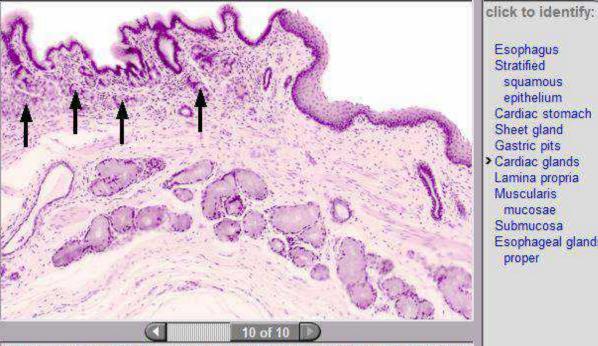
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click to identify:

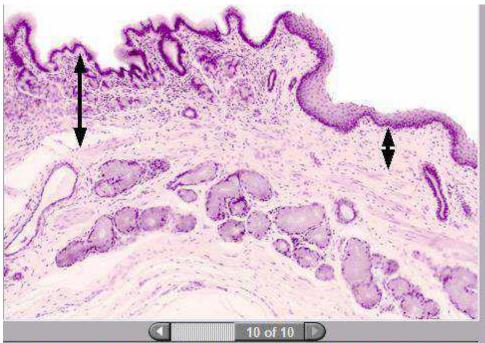
Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa Esophageal glands proper



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Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis

mucosae Submucosa Esophageal glands proper

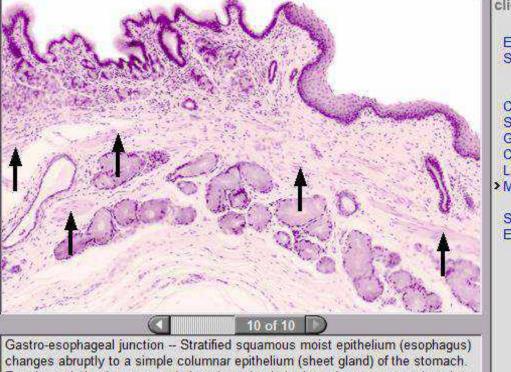


Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa

Esophageal glands

proper

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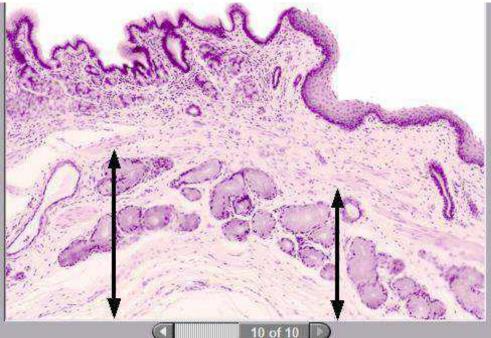


Esophageal glands proper, tubulo-acinar glands in the submucosa, continue into the stomach in this section. 100x

click to identify:

Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa

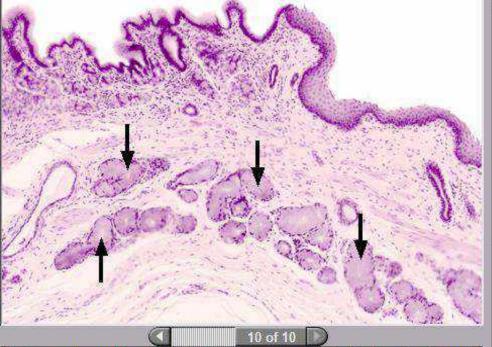
Esophageal glands proper



Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa

Esophageal glands proper

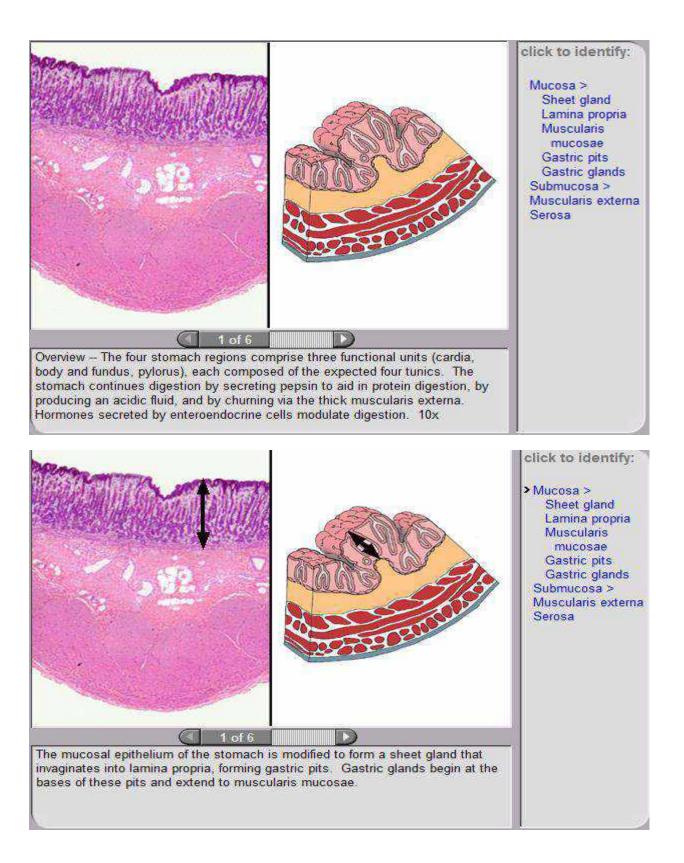
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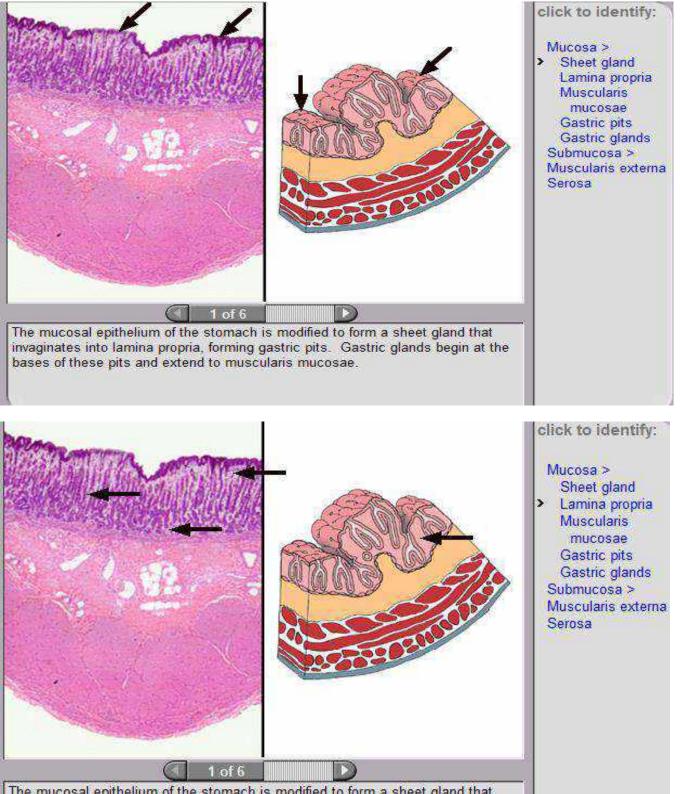


Esophagus Stratified squamous epithelium Cardiac stomach Sheet gland Gastric pits Cardiac glands Lamina propria Muscularis mucosae Submucosa > Esophageal glands proper

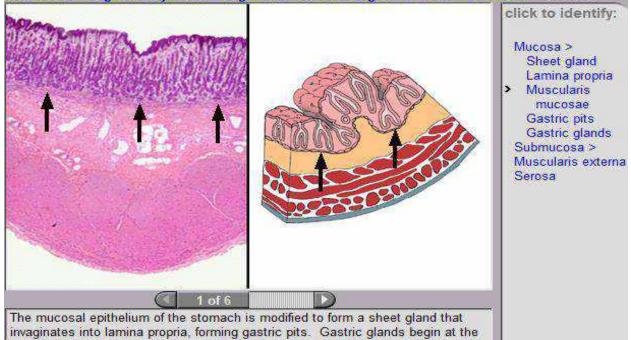
click to identify:

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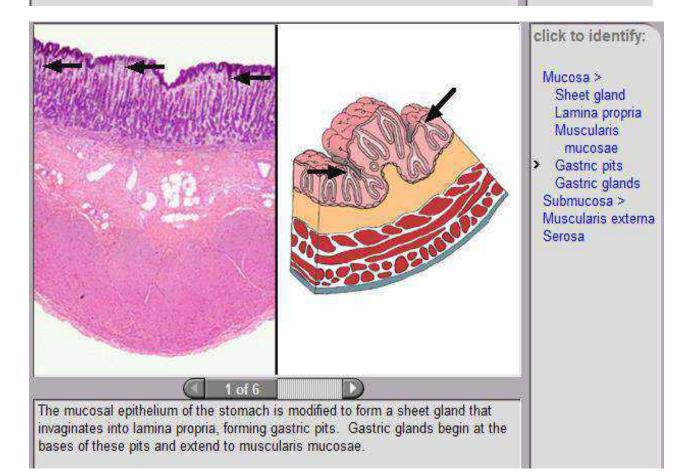


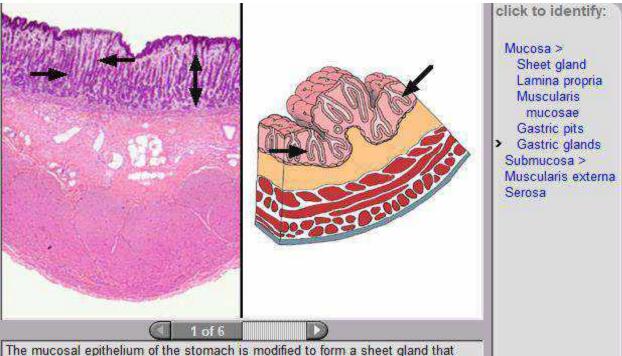


The mucosal epithelium of the stomach is modified to form a sheet gland that invaginates into lamina propria, forming gastric pits. Gastric glands begin at the bases of these pits and extend to muscularis mucosae.

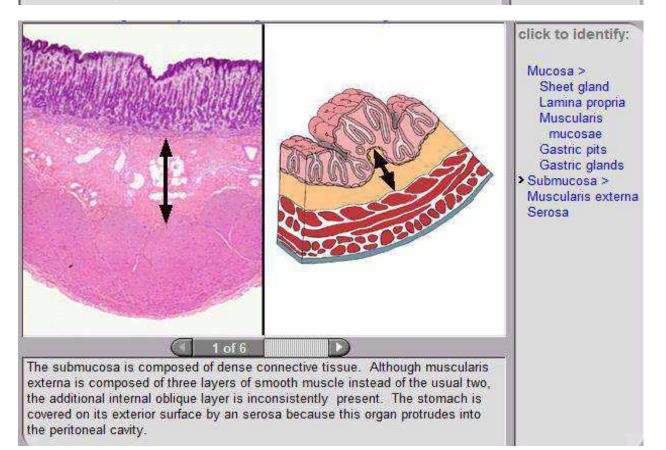


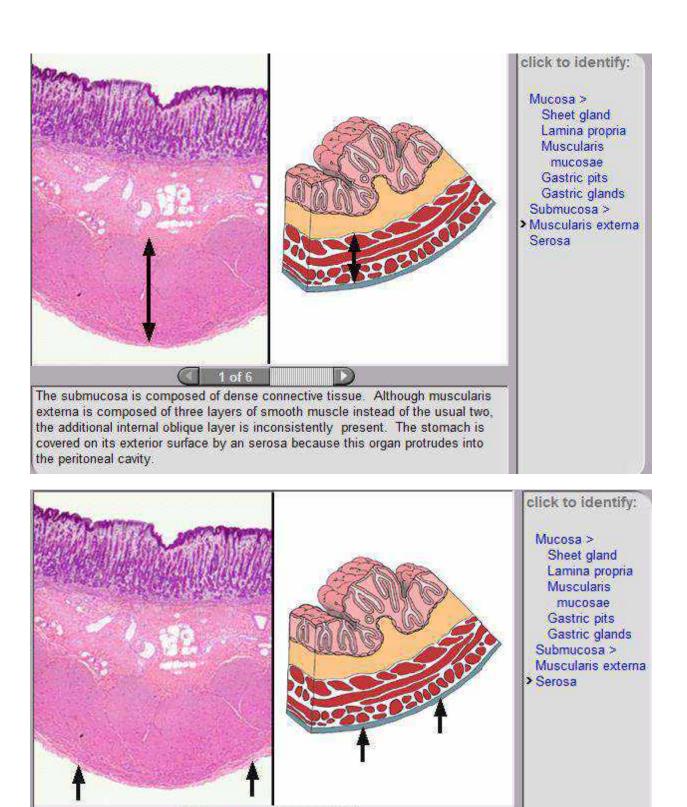
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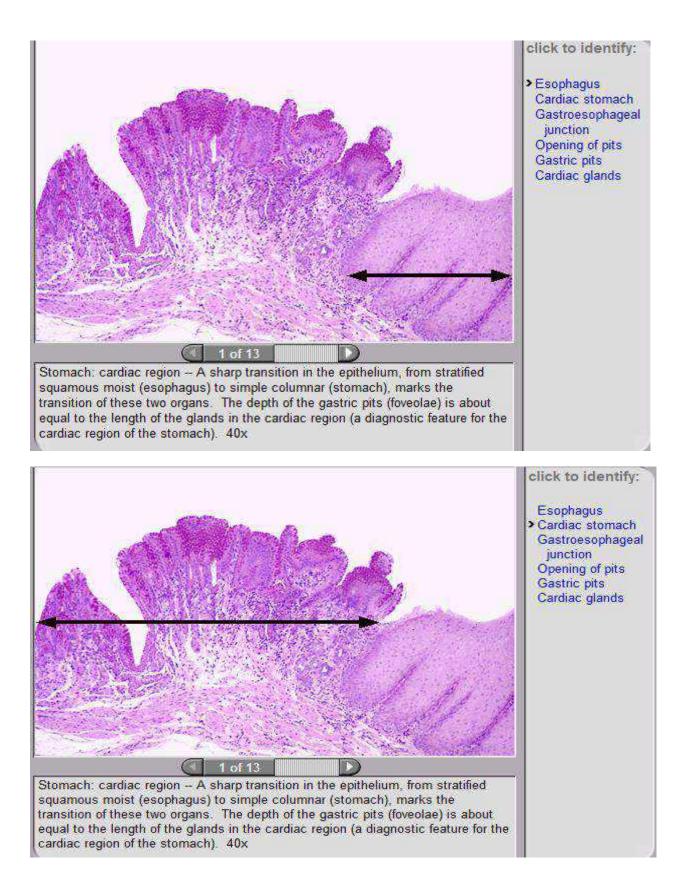
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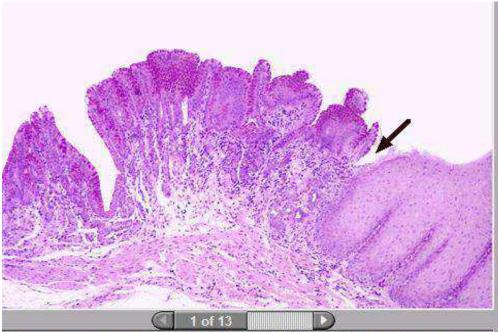




The submucosa is composed of dense connective tissue. Although muscularis externa is composed of three layers of smooth muscle instead of the usual two, the additional internal oblique layer is inconsistently present. The stomach is covered on its exterior surface by an serosa because this organ protrudes into the peritoneal cavity.

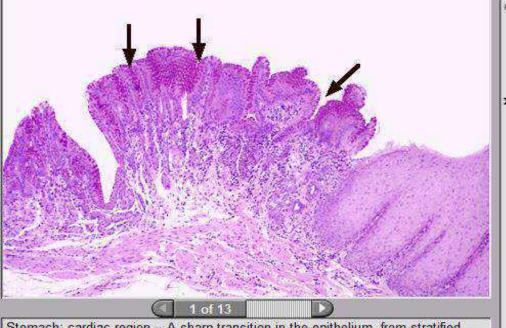
1 of 6





Esophagus Cardiac stomach > Gastroesophageal junction Opening of pits Gastric pits Cardiac glands

Stomach: cardiac region -- A sharp transition in the epithelium, from stratified squamous moist (esophagus) to simple columnar (stomach), marks the transition of these two organs. The depth of the gastric pits (foveolae) is about equal to the length of the glands in the cardiac region (a diagnostic feature for the cardiac region of the stomach). 40x

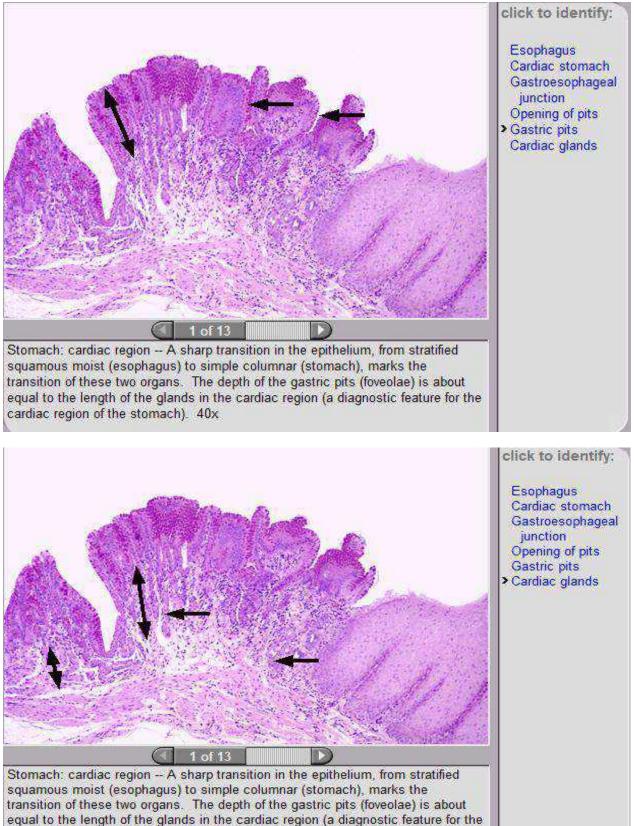


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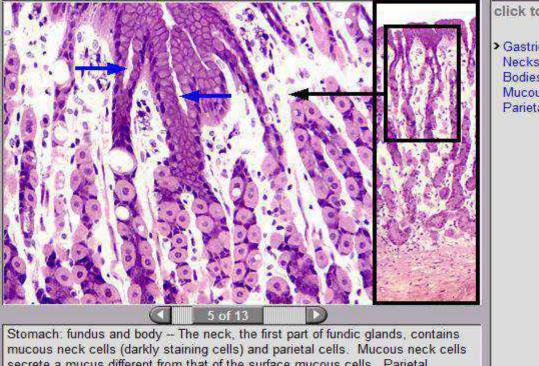
Esophagus Cardiac stomach Gastroesophageal junction > Opening of pits Gastric pits

Cardiac glands

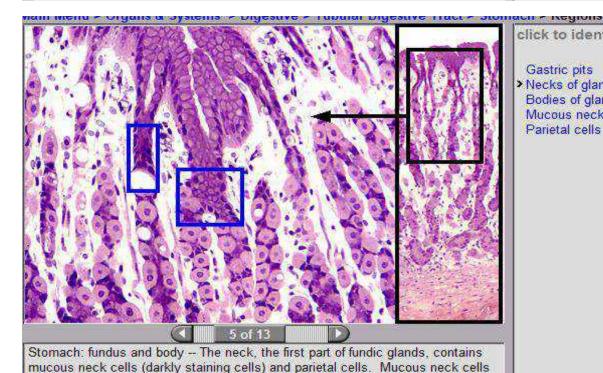
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cardiac region of the stomach). 40x



secrete a mucus different from that of the surface mucous cells. Parietal (oxyntic) cells, large, spherical and eosinophilic, are responsible for the HCI production in the stomach and also secrete gastric intrinsic factor. 200x, 100x



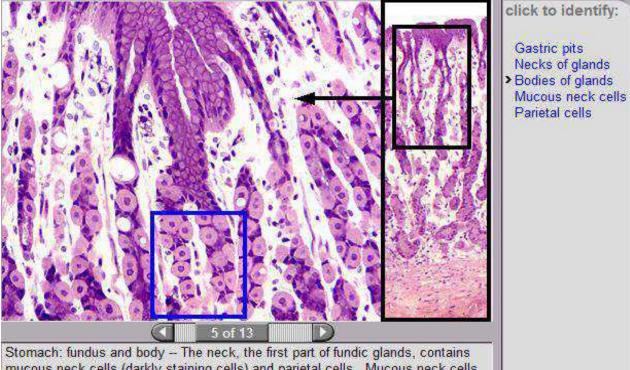
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click to identify:

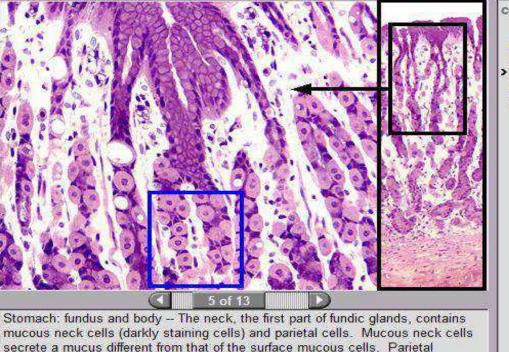
Gastric pits > Necks of glands Bodies of glands Mucous neck cells Parietal cells

click to identify:

> Gastric pits Necks of glands Bodies of glands Mucous neck cells Parietal cells



mucous neck cells (darkly staining cells) and parietal cells. Mucous neck cells secrete a mucus different from that of the surface mucous cells. Parietal (oxyntic) cells, large, spherical and eosinophilic, are responsible for the HCI production in the stomach and also secrete gastric intrinsic factor. 200x, 100x



(oxyntic) cells, large, spherical and eosinophilic, are responsible for the HCI production in the stomach and also secrete gastric intrinsic factor. 200x, 100x

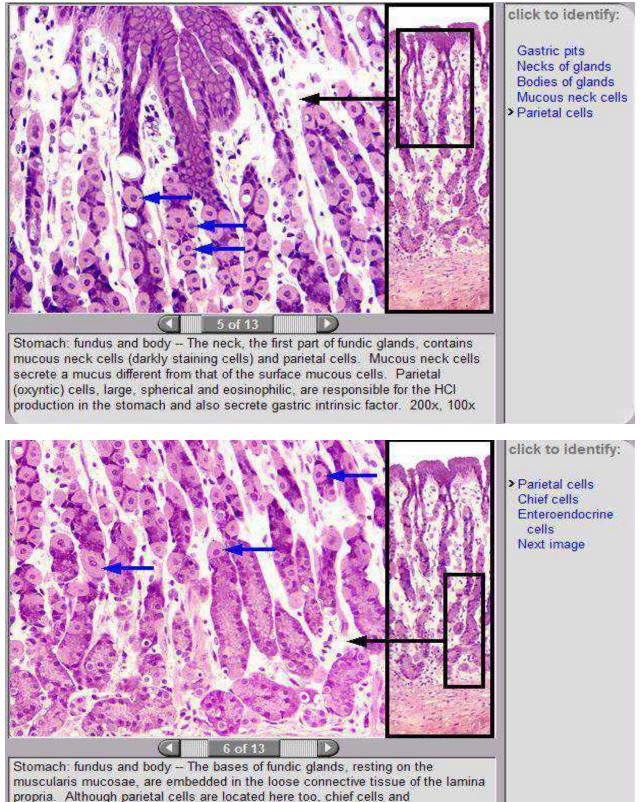
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Gastric pits

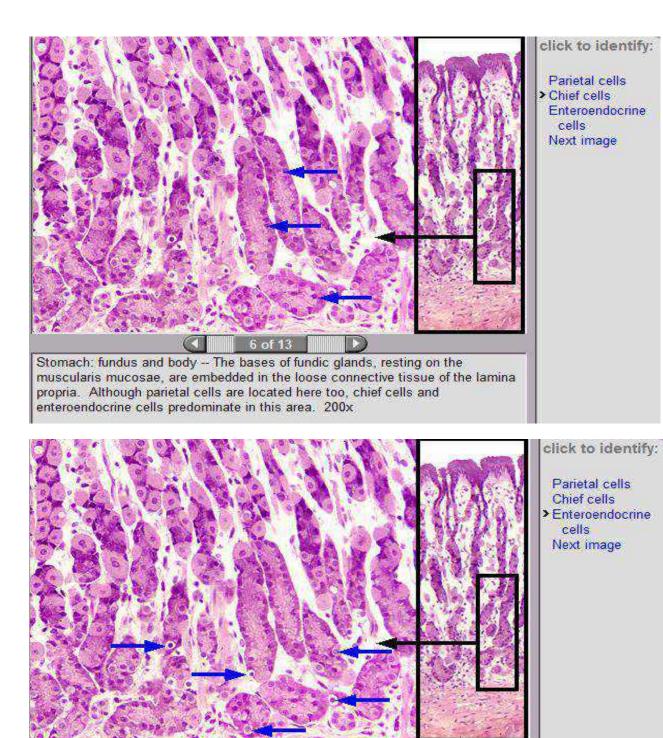
Bodies of glands Mucous neck cells

Necks of glands

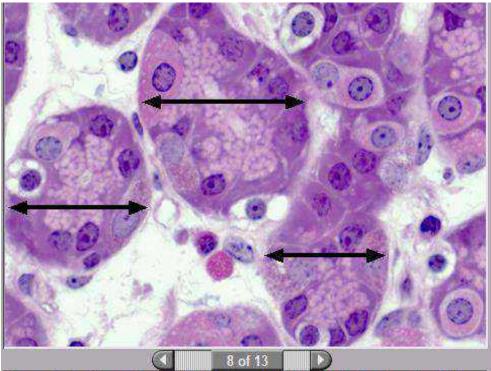
Parietal cells



enteroendocrine cells predominate in this area. 200x

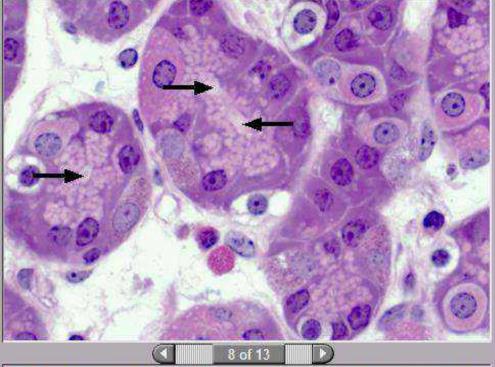


6 of 13 Stomach: fundus and body -- The bases of fundic glands, resting on the muscularis mucosae, are embedded in the loose connective tissue of the lamina propria. Although parietal cells are located here too, chief cells and enteroendocrine cells predominate in this area. 200x



Fundic glands Lumens of glands Lamina propria Parietal cell > Chief cells > DNES cells > Secretory > granules

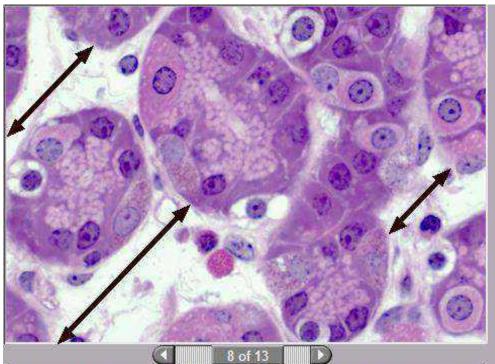
Stomach: fundus and body -- Bases of gastric glands in the fundic region of the stomach demonstrate several cell types. 1000x



click to identify:

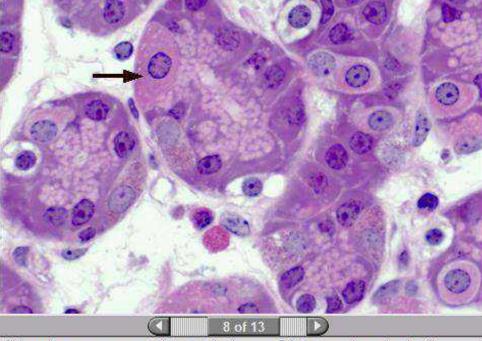
Fundic glands
Lumens of glands
Lamina propria
Parietal cell >
Chief cells >
DNES cells >
Secretory >
granules

Stomach: fundus and body -- Bases of gastric glands in the fundic region of the stomach demonstrate several cell types. 1000x



Fundic glands Lumens of glands > Lamina propria Parietal cell > Chief cells > DNES cells > Secretory > granules

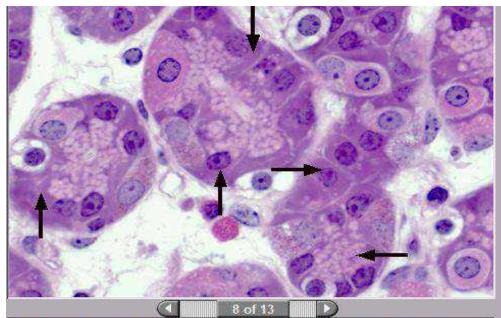
Stomach: fundus and body -- Bases of gastric glands in the fundic region of the stomach demonstrate several cell types. 1000x



Although more numerous closer to the lumen of the stomach, parietal cells are also seen deep in the glands. They secrete HCI, which aids in digestion, converts pepsinogen into the active pepsin, and is bacteriostatic. Parietal cells resemble fried eggs, with abundant eosinophilic cytoplasm and a centrally located nucleus.

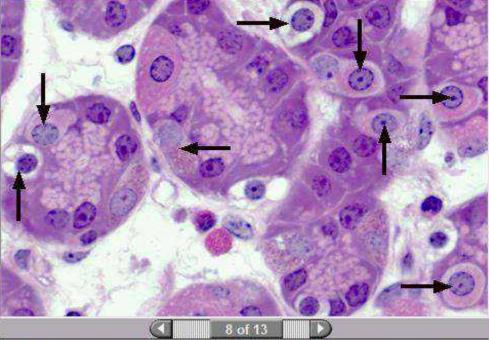
click to identify:

Fundic glands Lumens of glands Lamina propria Parietal cell > Chief cells > DNES cells > Secretory > granules



Fundic glands Lumens of glands Lamina propria Parietal cell > Chief cells > DNES cells > Secretory > granules

Chief cells secrete the enzyme precursor pepsinogen and, therefore, as protein-secreting exocrine cells, have basally located RER and apically located secretory granules. These cells are most numerous in the bases of the fundic glands, as seen here.

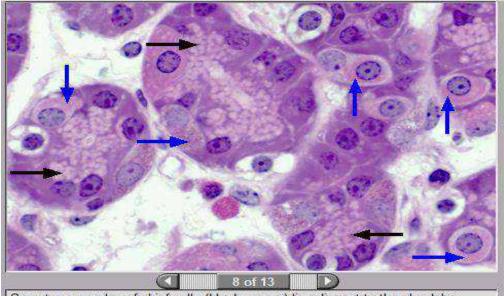


click to identify:

Fundic glands Lumens of glands Lamina propria Parietal cell > Chief cells >

DNES cells > Secretory > granules

DNES (diffuse neuroendocrine system) cells are called enteroendocrine cells in the digestive system. They do not secrete their hormones into the lumens of the glands but into the surrounding connective tissue. Therefore, these cells are located at the periphery of the glands with their granules positioned away from the lumen and adjacent to the basement membrane.



Fundic glands Lumens of glands Lamina propria Parietal cell > Chief cells > DNES cells > Secretory > granules

Secretory granules of chief cells (black arrows) lie adjacent to the glandular lumens into which they are released (exocrine secretion). Conversely, the secretory granules (blue arrows) of enteroendocrine cells are located adjacent to the basement membrane of fundic glands because their secretory product is released into the lamina propria (endocrine or paracrine secretion).

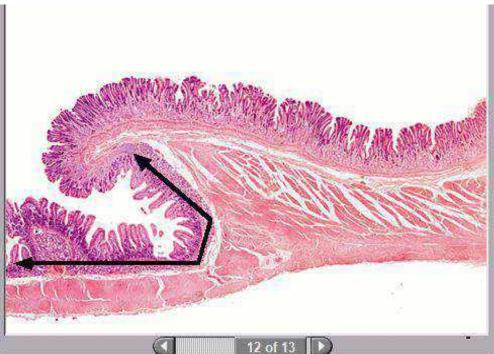
click to identify:

12 of 13 🕨

Gastro-duodenal junction -- Several criteria differentiate the transition of pyloric stomach to duodenum of the small intestine . As denoted by their names, gastric pits and gastric glands occur only in stomach. Villi, intestinal glands and Brunner's glands are present in the duodenum. The inner circular layer of muscularis externa in stomach is modified to form the pyloric sphincter. 10x

67

 Pyloric stomach Duodenum Gastric pits Pyloric glands Villi Intestinal glands Brunner's glands Muscularis externa Pyloric sphincter



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click to identify:

Pyloric stomach > Duodenum Gastric pits Pyloric glands Villi Intestinal glands Brunner's glands Muscularis externa Pyloric sphincter

click to identify:

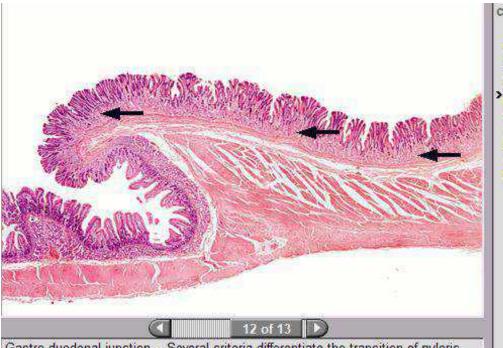
Pyloric stomach Duodenum

Gastric pits
 Pyloric glands
 Villi

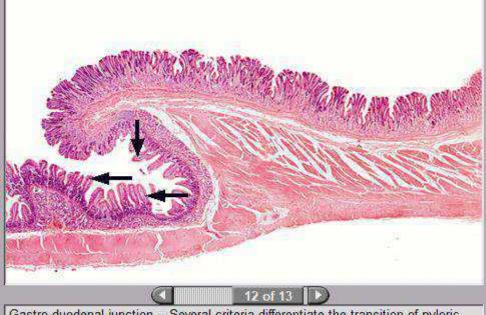
Intestinal glands Brunner's glands Muscularis externa Pyloric sphincter

Image: Control of the second secon

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click to identify:

Pyloric stomach Duodenum Gastric pits

Pyloric glands
 Villi
 Intestinal glands
 Brunner's glands
 Muscularis externa
 Pyloric sphincter

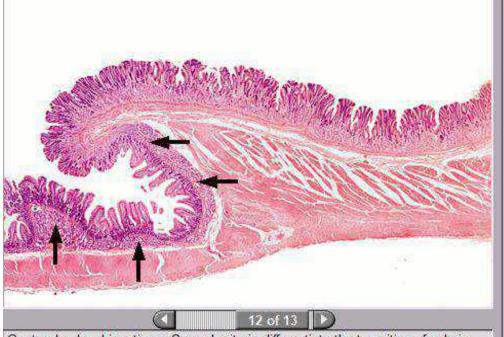
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click to identify:

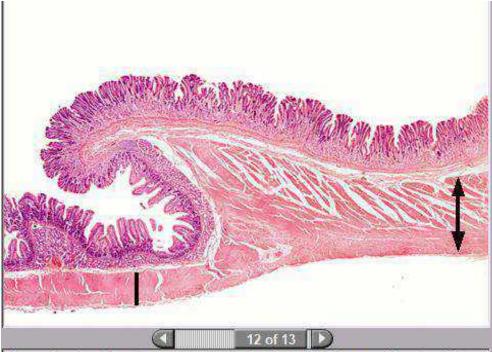
Pyloric stomach Duodenum Gastric pits Pyloric glands Villi

 Intestinal glands Brunner's glands Muscularis externa Pyloric sphincter

click to identify:

Pyloric stomach Duodenum Gastric pits Pyloric glands Villi Intestinal glands

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click to identify:

Pyloric stomach Duodenum Gastric pits Pyloric glands Villi Intestinal glands Brunner's glands

Muscularis externa Pyloric sphincter

click to identify:

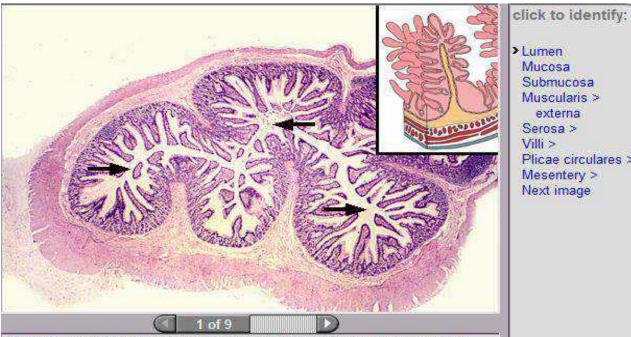
Pyloric stomach Duodenum Gastric pits Pyloric glands Villi

Intestinal glands Brunner's glands Muscularis externa

Pyloric sphincter

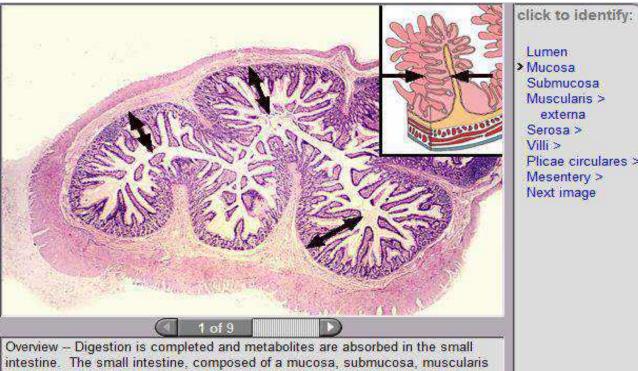
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12 of 13



Submucosa Muscularis > externa Serosa > Plicae circulares > Mesentery > Next image

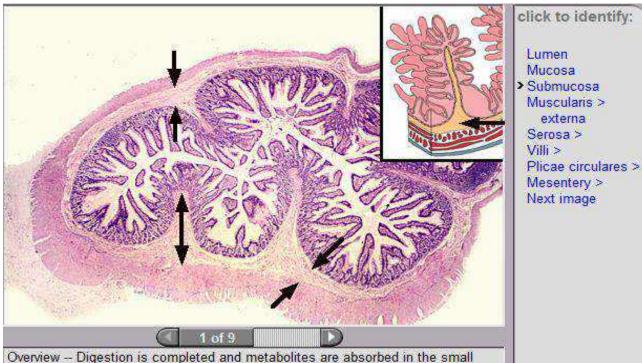
Overview -- Digestion is completed and metabolites are absorbed in the small intestine. The small intestine, composed of a mucosa, submucosa, muscularis externa and usually a serosa, is subdivided into duodenum, jejunum and ileum. The exocrine secretions of the pancreas and liver are released into the duodenum. 10x



Lumen > Mucosa Submucosa Muscularis > externa Serosa > Villi > Plicae circulares > Mesentery >

Next image

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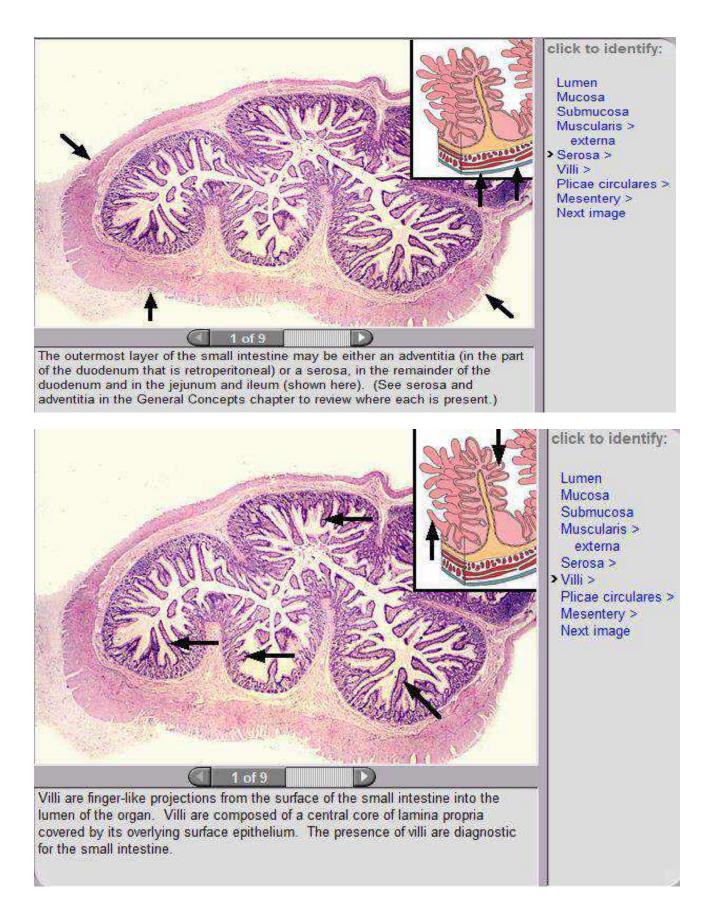


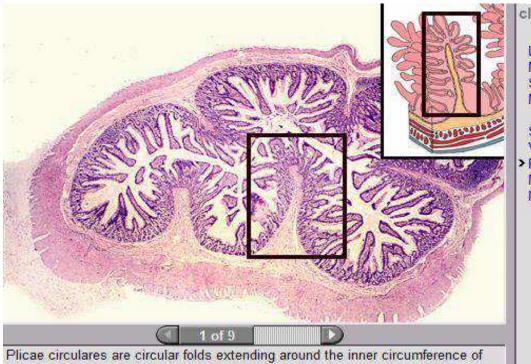
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click to identify:

- Lumen Mucosa Submucosa
- Muscularis > externa Serosa > Villi > Plicae circulares > Mesentery > Next image

The muscularis externa of the small intestine is composed of inner circular and outer longitudinal layers of smooth muscle.



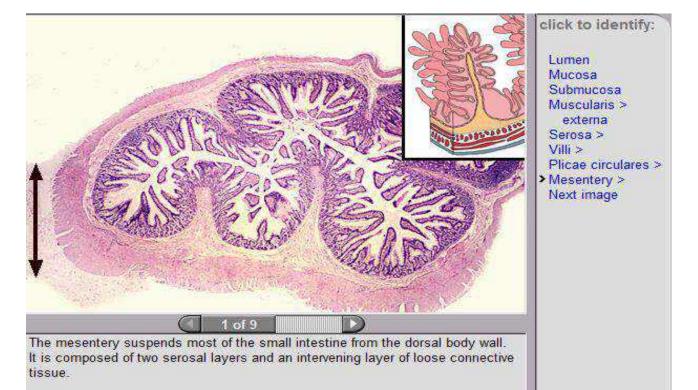


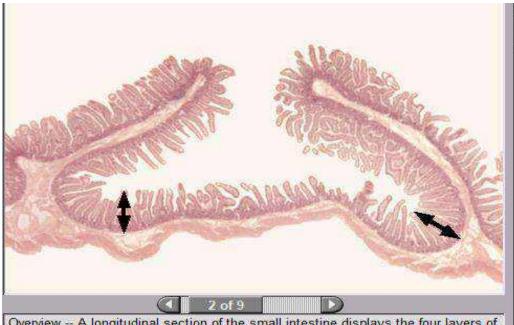
Plicae circulares are circular folds extending around the inner circumference of the small intestine. The central core of each plica, formed by the submucosa, pushes up all the overlying layers. Therefore, the entire mucosa (including villi and glands) overlying the submucosal core is included in each plica.

click to identify:

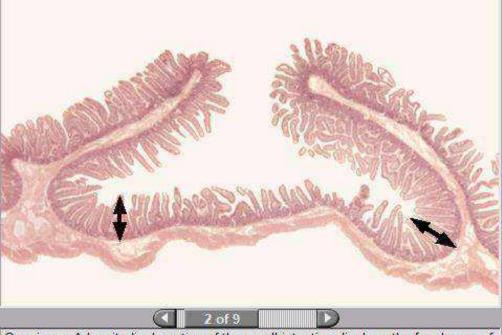
Lumen Mucosa Submucosa Muscularis > externa Serosa > Villi >

Plicae circulares > Mesentery > Next image





Overview -- A longitudinal section of the small intestine displays the four layers of this organ as well as structures that aid to increase surface area, plicae circulares and villi. Each plica has a core of submucosa that is overlain by all mucosal layers, including villi. Villi have a core of lamina propria covered by the intestinal epithelium, including microvilli. 10x



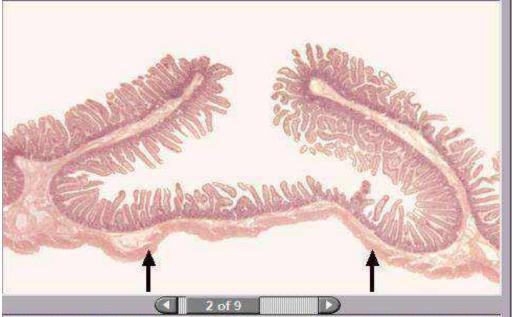
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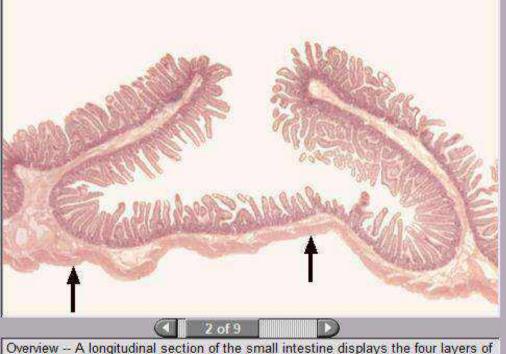
- Mucosa
 Submucosa
 Muscularis externa
 Serosa
 Villi
 Intestinal glands
 Plicae circulares
 - Next image

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Mucosa
 Submucosa
 Muscularis externa
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 Next image



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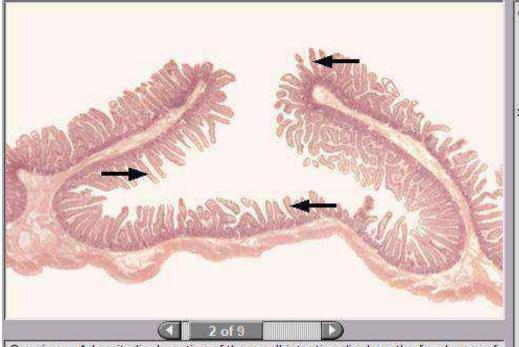
Mucosa Submucosa > Muscularis externa Serosa Villi Intestinal glands Plicae circulares Next image

click to identify:

Mucosa Submucosa Muscularis externa Serosa Villi Intestinal glands Plicae circulares

Next image

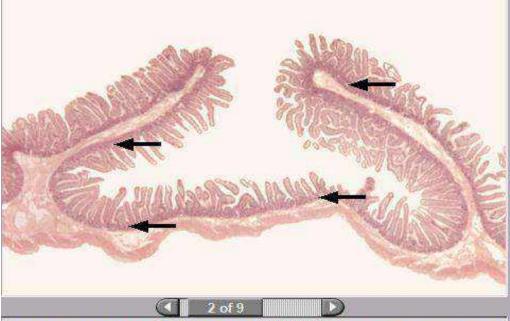
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Mucosa Submucosa Muscularis externa Serosa

 Villi Intestinal glands Plicae circulares Next image

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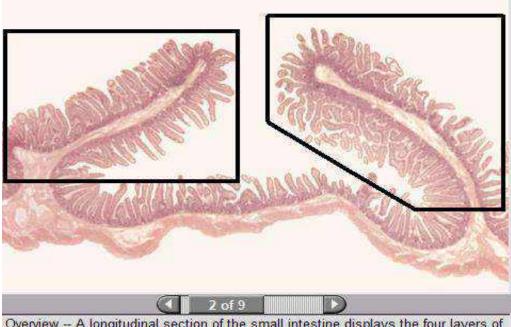
Submucosa Muscularis externa Serosa

Mucosa

Villi Intestinal glands Plicae circulares Next image

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Mucosa Submucosa Muscularis externa Serosa Villi Intestinal glands

 Plicae circulares Next image

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click to identify:

Epithelium
 Enterocytes >
 Microvilli
 Glycocalyx
 Goblet cells >
 Lamina propria >

Overview -- The small intestine is lined by a simple columnar epithelium with microvilli and goblet cells. The majority of these epithelial cells are absorptive cells (enterocytes) involved with the uptake of nutrients from ingested food. 1000x, 10,000x



The luminal surfaces of enterocytes, the simple columnar cells of this epithelium, are covered by microvilli that increase the surface area for absorption. A glycocalyx, also located at the extracellular surface, sequesters enzymes important in digestion and in the transport of nutrients.



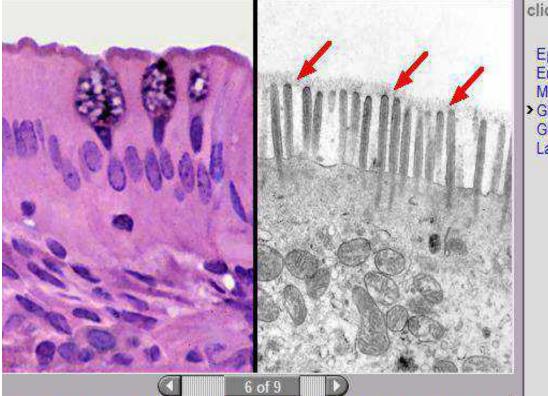
click to identify:

Epithelium Enterocytes > Microvilli Glycocalyx Goblet cells > Lamina propria >

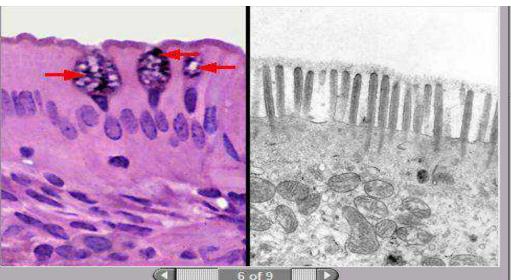
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click to identify:

Epithelium Enterocytes > Microvilli Glycocalyx

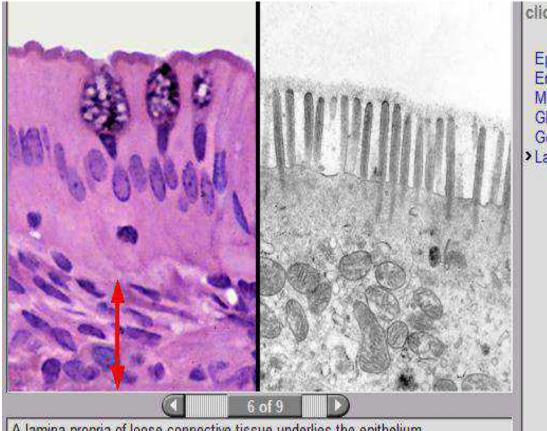
Goblet cells > Lamina propria >

Goblet cells are the second cell type in the epithelium. Mucin droplets produced by these cells accumulate in the bulging apex, while the nucleus and remaining cytoplasm form the "stem" of the each goblet. Goblet cells, found throughout the small and large intestines, produce mucus that lubricates the surface of the intestines.

click to identify:

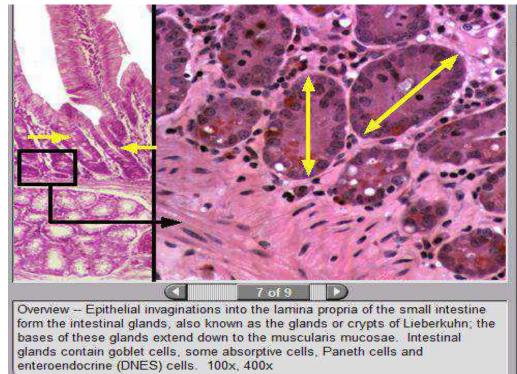
Epithelium Enterocytes > Microvilli

> Glycocalyx Goblet cells > Lamina propria >



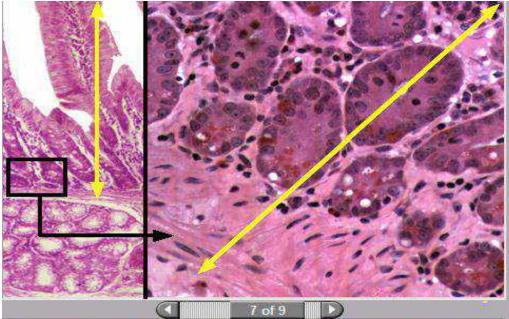
- Epithelium Enterocytes > Microvilli Glycocalyx Goblet cells >
- >Lamina propria >

A lamina propria of loose connective tissue underlies the epithelium.



click to identify:

> Intestinal glands Mucosa Lamina propria Muscularis mucosae Submucosa Next image

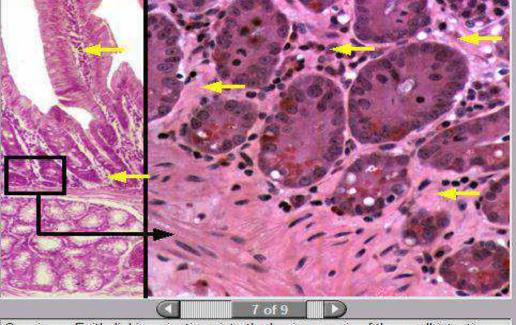


Intestinal glands Mucosa Lamina propria Muscularis mucosae Submucosa Next image

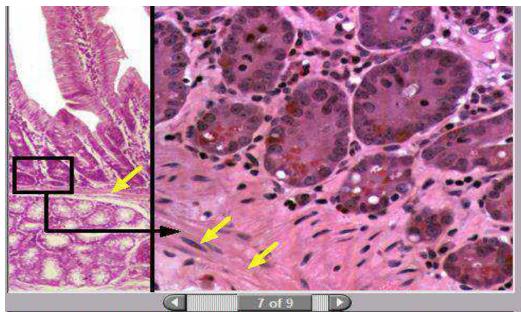
Overview -- Epithelial invaginations into the lamina propria of the small intestine form the intestinal glands, also known as the glands or crypts of Lieberkuhn; the bases of these glands extend down to the muscularis mucosae. Intestinal glands contain goblet cells, some absorptive cells, Paneth cells and enteroendocrine (DNES) cells. 100x, 400x



- Intestinal glands Mucosa
- Lamina propria Muscularis mucosae Submucosa Next image



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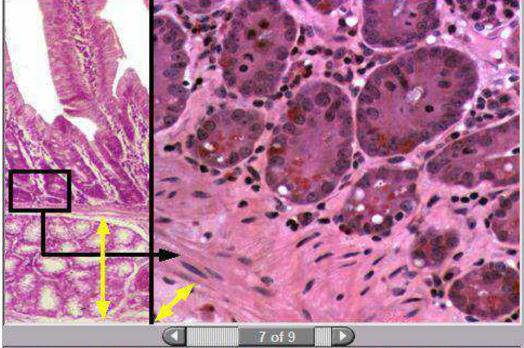


Intestinal glands Mucosa Lamina propria Muscularis mucosae Submucosa Next image

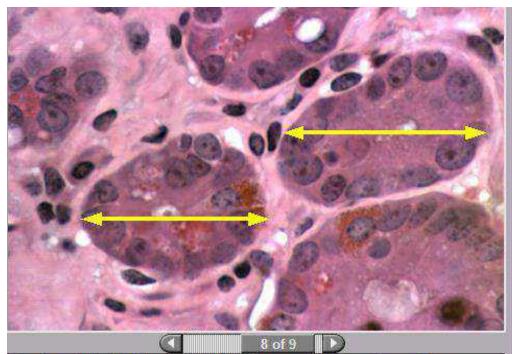
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click to identify:

Intestinal glands Mucosa Lamina propria Muscularis mucosae Submucosa Next image

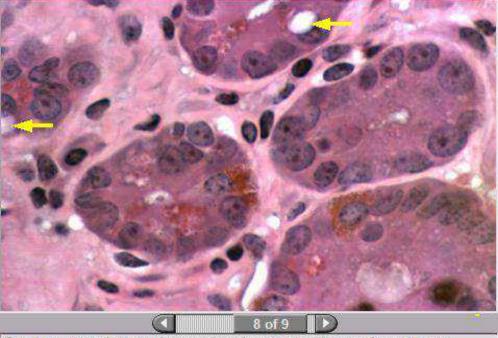


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 Intestinal glands Goblet cells
 Precursor cells >
 Paneth cells >
 Enteroendocrine >
 cells
 Lamina propria >
 Plasma cell

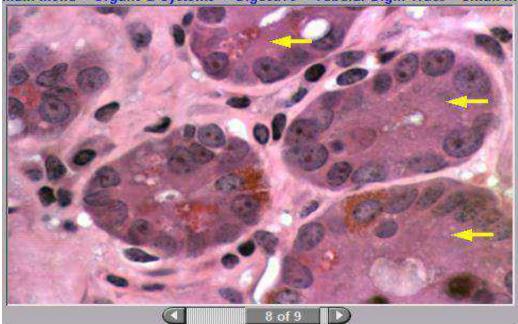
Overview -- Intestinal glands, seen here in cross section, are formed by an epithelium composed of absorptive cells, goblet cells, Paneth cells, precursor cells and enteroendocrine (DNES) cells. 1000x



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click to identify:

Intestinal glands > Goblet cells Precursor cells > Paneth cells > Enteroendocrine > cells Lamina propria > Plasma cell



The crypts of Lieberkuhn house precursor cells (stem and intermediate cells) that replenish the supply of both the absorptive and goblet cells. When formed, these differentiated cells migrate up the intestinal glands and villi to be shed from the tips of the villi.

click to identify:

Intestinal glands Goblet cells

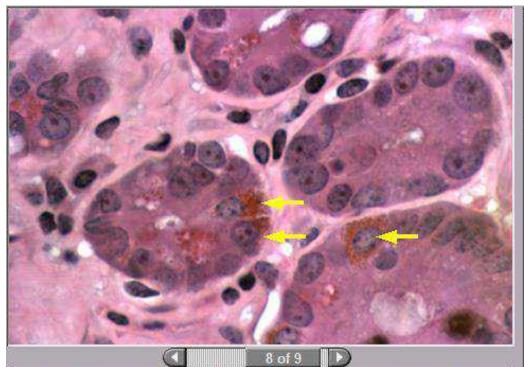
 Precursor cells > Paneth cells > Enteroendocrine > cells
 Lamina propria > Plasma cell



click to identify:

Intestinal glands Goblet cells Precursor cells > Paneth cells > Enteroendocrine > cells Lamina propria > Plasma cell

Paneth cells have prominent, eosinophilic granules that face the lumens of the glands. They produce lysozyme, an enzyme that digests bacterial cell walls, and also probably aids in maintenance of healthy intestinal flora.



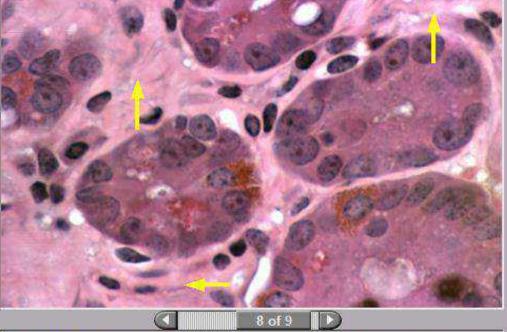
Intestinal glands Goblet cells Precursor cells > Paneth cells > Enteroendocrine > cells Lamina propria > Plasma cell

Solitary endocrine cells, enteroendocrine, are also found in the intestinal glands. Because these cells are secreting into the lamina propria, their granules face the basement membrane of the gland rather than the lumen.

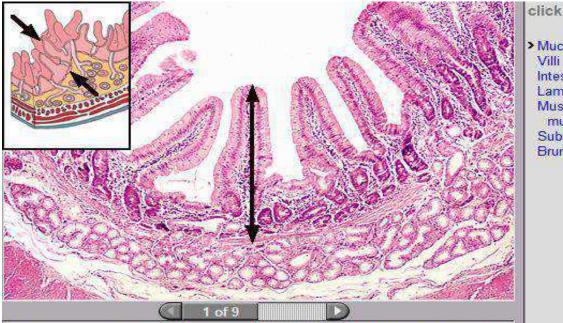
click to identify:

Intestinal glands Goblet cells Precursor cells > Paneth cells > Enteroendocrine > cells

Lamina propria > Plasma cell

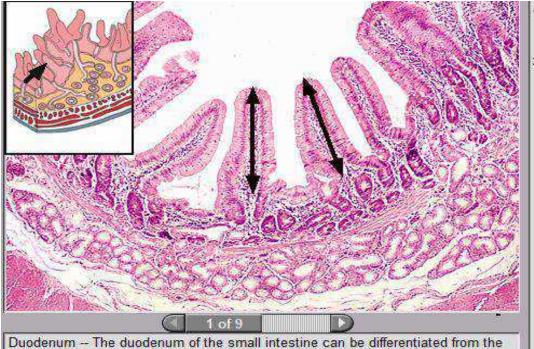


The lamina propria of loose connective tissue surrounds the intestinal glands and possesses a wide variety of cells, such as the immunoresponsive plasma cell seen here.



Mucosa Villi Intestinal glands Lamina propria Muscularis mucosae Submucosa Brunner's glands

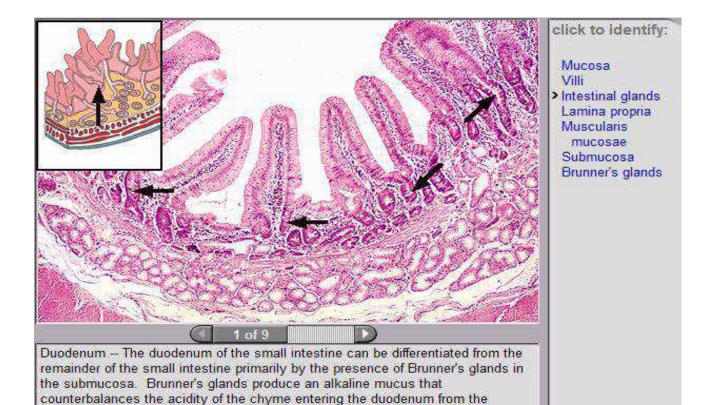
Duodenum -- The duodenum of the small intestine can be differentiated from the remainder of the small intestine primarily by the presence of Brunner's glands in the submucosa. Brunner's glands produce an alkaline mucus that counterbalances the acidity of the chyme entering the duodenum from the stomach. 100x



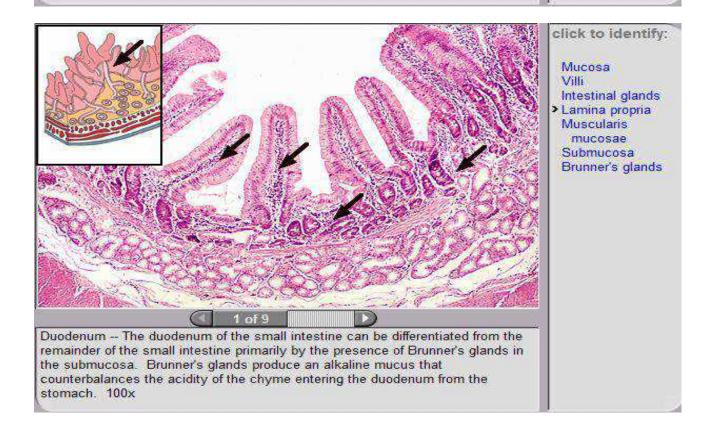
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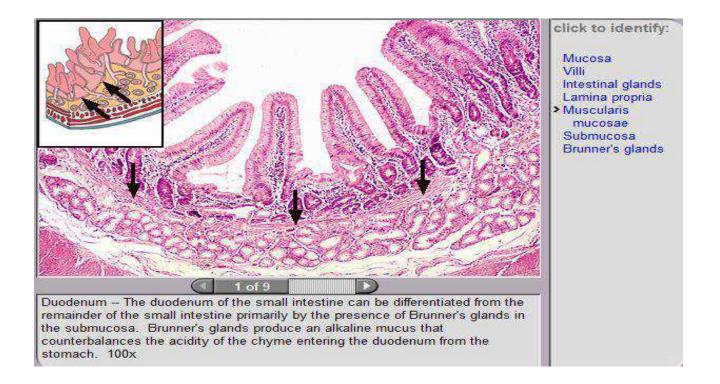
Mucosa > Villi Intestinal glands Lamina propria Muscularis mucosae Submucosa Brunner's glands

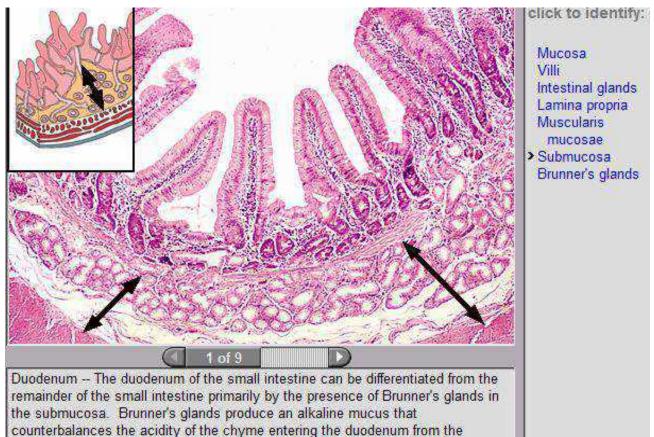
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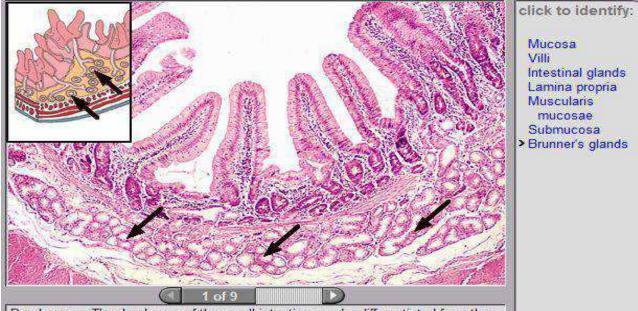
stomach. 100x



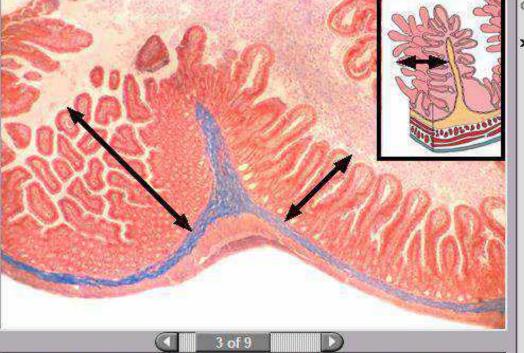




stomach. 100x



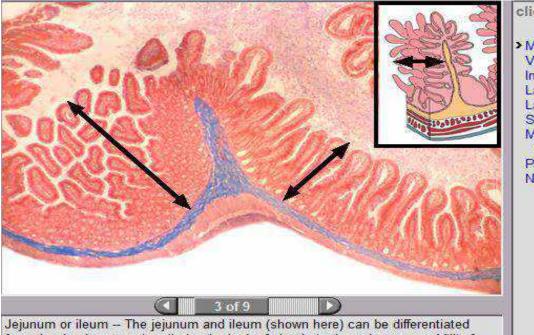
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Jejunum or ileum -- The jejunum and ileum (shown here) can be differentiated from the duodenum, primarily by the lack of glands in the submucosa. Villi of the small intestine possess a lacteal that transports absorbed lipids to lymphatic vessels in the submucosa. A plica circularis, a circular fold of submucosa and its overlying mucosa, is centrally located in the image. 40x

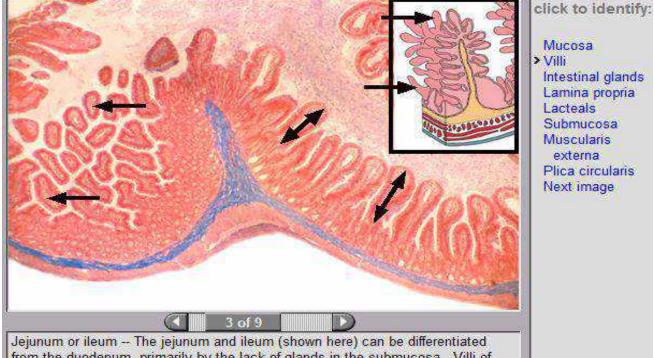
click to identify:

Mucosa
 Villi
 Intestinal glands
 Lamina propria
 Lacteals
 Submucosa
 Muscularis
 externa
 Plica circularis
 Next image

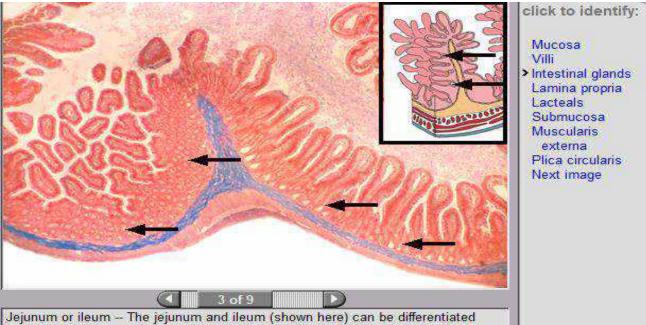


Mucosa
 Villi
 Intestinal glands
 Lamina propria
 Lacteals
 Submucosa
 Muscularis
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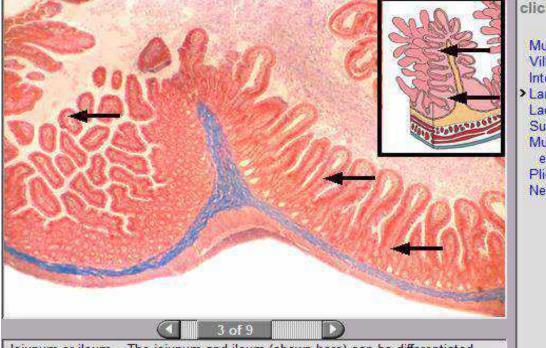
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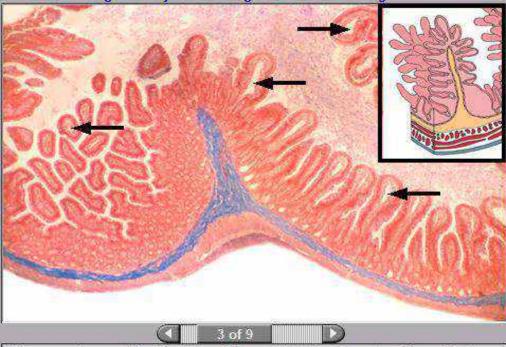
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click to identify:

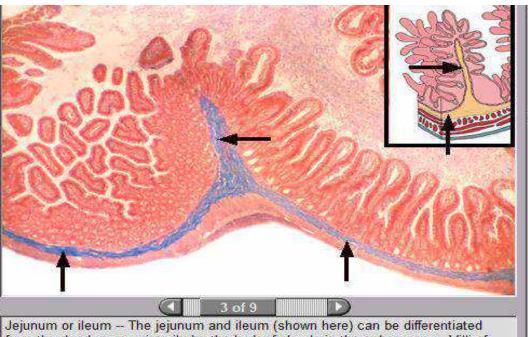
Mucosa Villi Intestinal glands Lamina propria Lacteals Submucosa Muscularis externa Plica circularis Next image



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Lacteals
 Submucosa
 Muscularis
 externa
 Plica circularis
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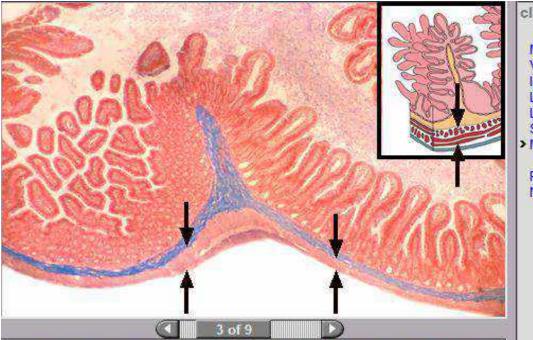


click to identify:

Mucosa Villi Intestinal glands Lamina propria Lacteals

 Submucosa Muscularis externa Plica circularis Next image

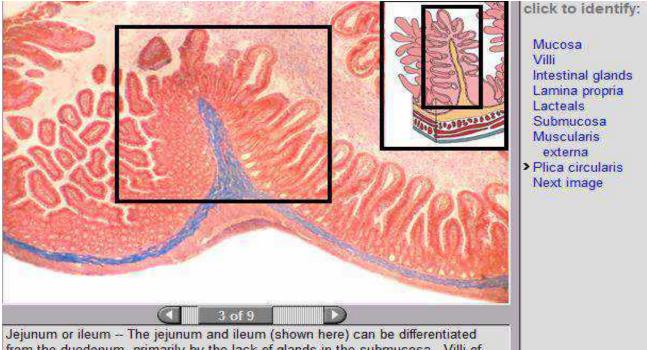
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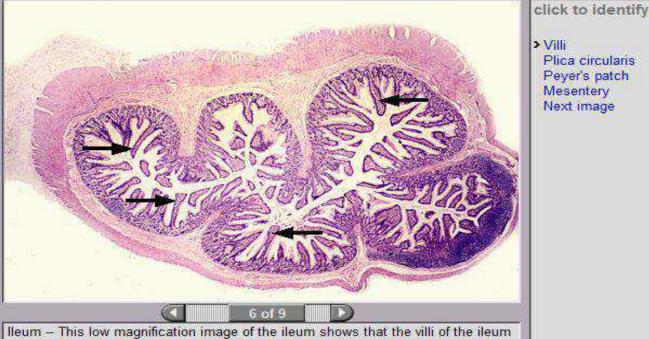
- Mucosa Villi Intestinal glands Lamina propria Lacteals Submucosa > Muscularis
- externa Plica circularis Next image

externa

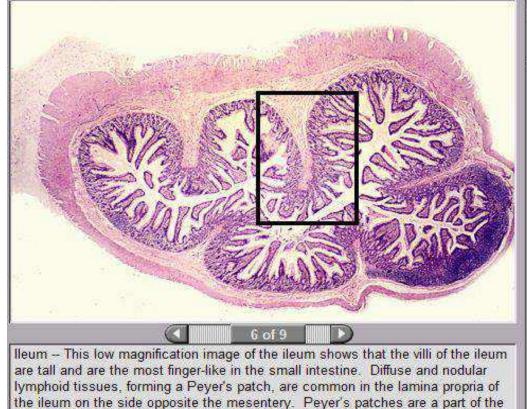
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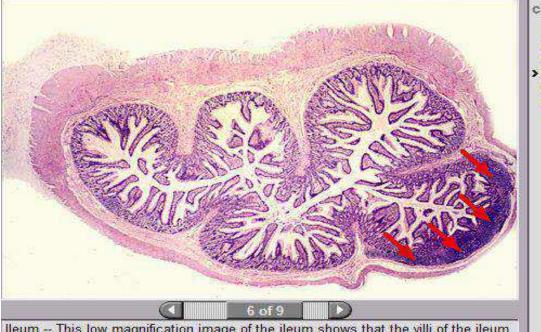
Ileum – This low magnification image of the ileum shows that the villi of the ileum are tall and are the most finger-like in the small intestine. Diffuse and nodular lymphoid tissues, forming a Peyer's patch, are common in the lamina propria of the ileum on the side opposite the mesentery. Peyer's patches are a part of the mucosa-associated lymphoid tissue (MALT). 10x



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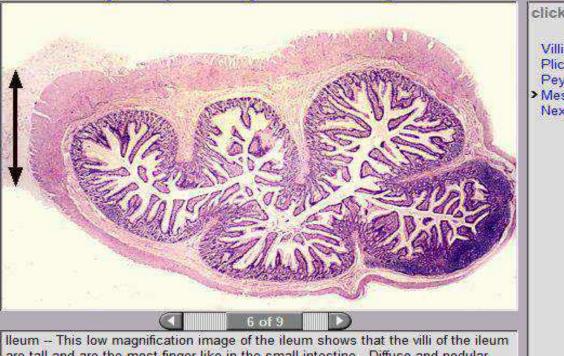
click to identify:

Villi Plica circularis Peyer's patch Mesentery Next image



Villi Plica circularis > Peyer's patch Mesentery Next image

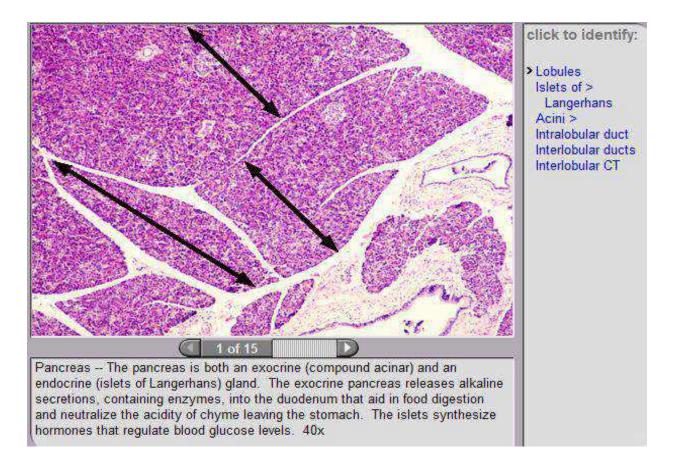
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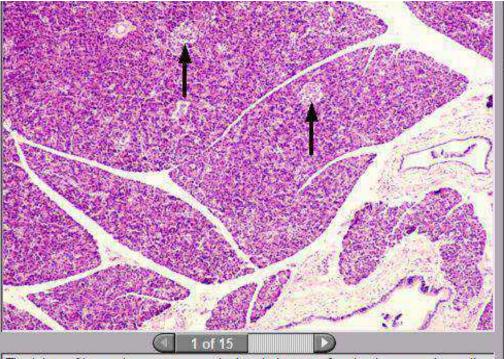


click to identify

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- Next image

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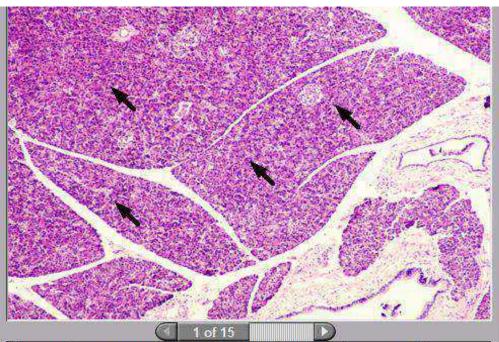


Lobules

click to identify:

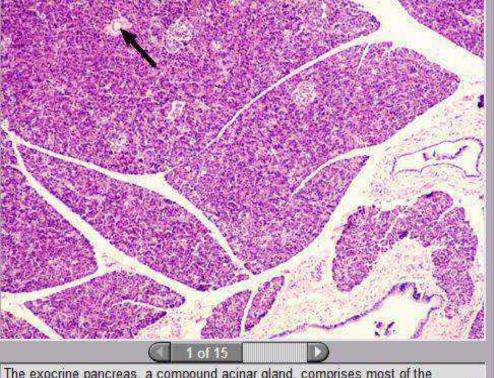
Islets of > Langerhans Acini > Intralobular duct Interlobular ducts Interlobular CT

The islets of Langerhans appear as isolated clusters of endocrine-secreting cells surrounded by the exocrine acini. The major secretions of islet cells are insulin and glucagon that regulate blood glucose levels.



Lobules Islets of > Langerhans Acini > Intralobular duct Interlobular ducts Interlobular CT

The exocrine pancreas, a compound acinar gland, comprises most of the pancreas. The pancreas has fewer intralobular and interlobular ducts than would be expected for a gland of its size and composition.

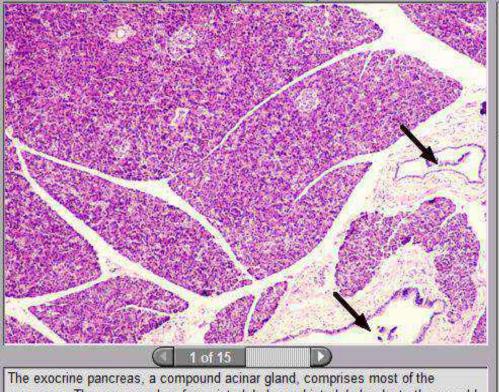


click to identify:

Lobules Islets of > Langerhans Acini >

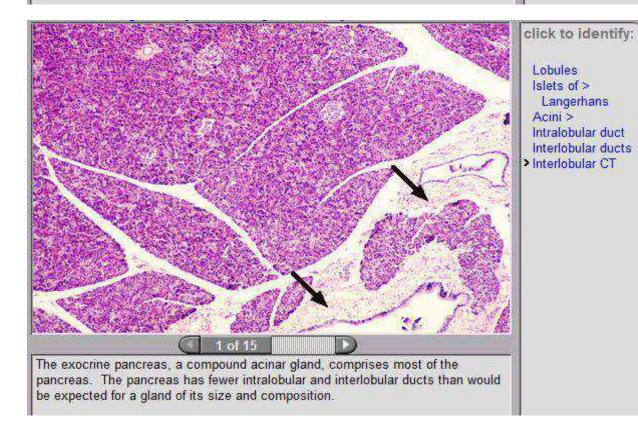
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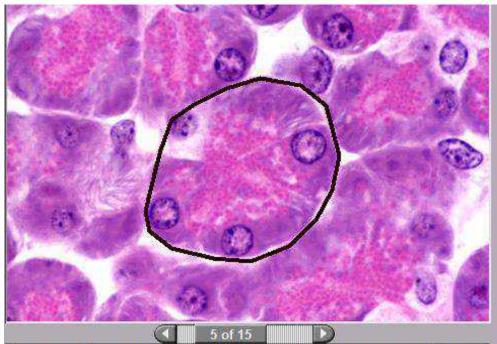
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Acinus Acinar cell RER Golgi Secretory granules Centroacinar cells

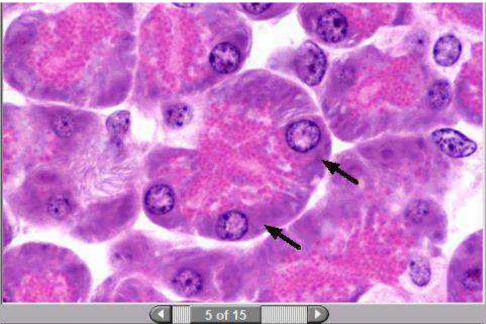
Pancreas -- The enzymes produced by the exocrine pancreas are manufactured in the RER located in the bases of the acinar cells. The product is transported as secretory granules to the apex for release into the acinar lumen. The pancreas is unique in that the duct system begins with centroacinar cells within the acinus. 1000x



click to identify:

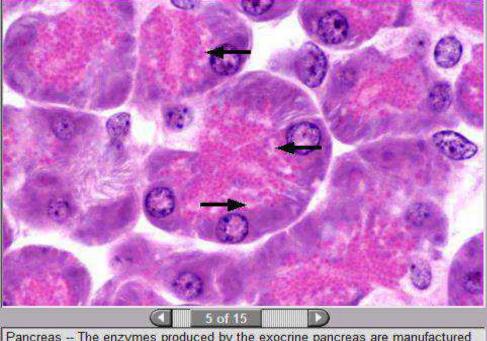
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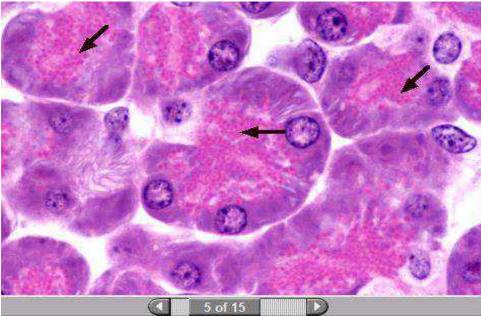


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click to identify:

Acinus Acinar cell RER > Golgi Secretory granules

Centroacinar cells



Acinus Acinar cell RER Golgi > Secretory granules Centroacinar cells

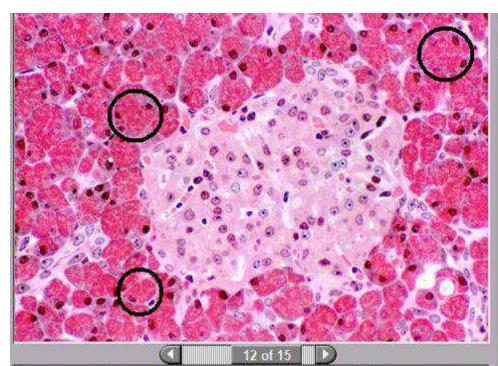
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 Image: State Stat

click to identify:

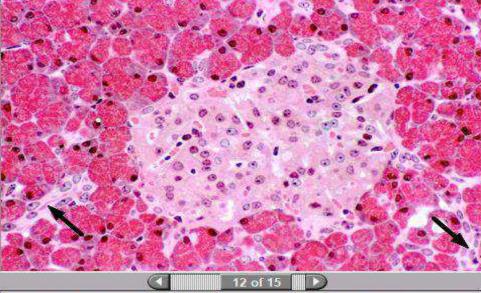
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 Serous acini Intercalated ducts Islet of Langerhans Endocrine cells Capillaries

Pancreas -- An islet of Langerhans, the endocrine portion of the pancreas, is surrounded by serous acini and intercalated ducts of the exocrine portion. Although individual endocrine cell types cannot be differentiated with this stain, numerous capillaries and the lack of an organized arrangement of the endocrine cells reflect the endocrine characteristics of the islet. 400x



click to identify:

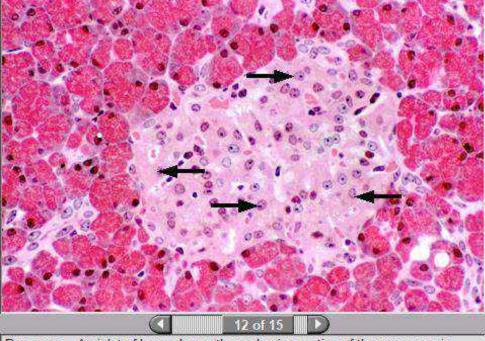
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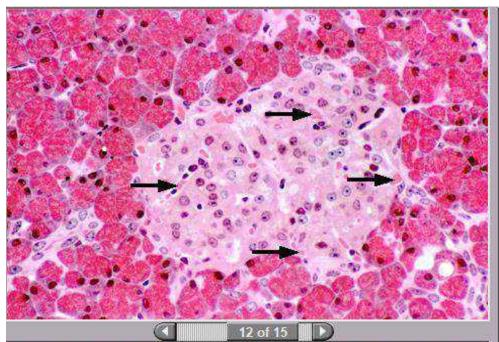
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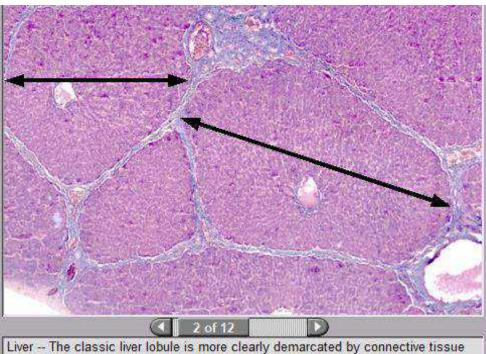
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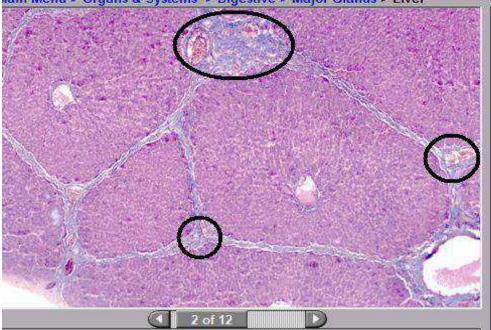
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Liver lobules Portal canals Sinusoids

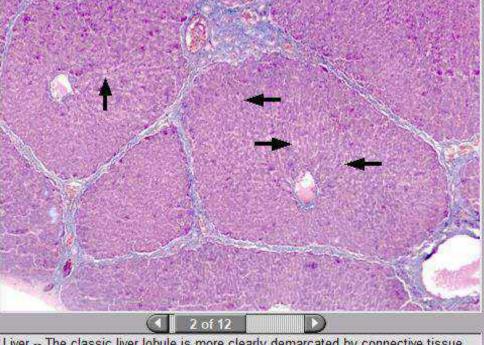
click to identify:

Central veins Hepatocytes Connective tissue Direction of blood flow



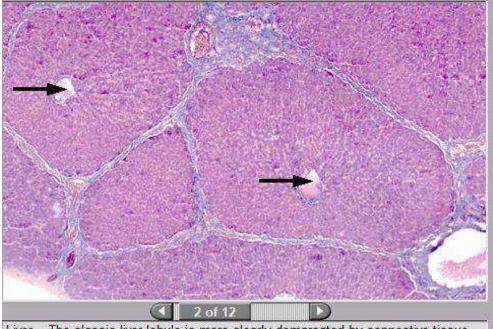
Liver lobules > Portal canals Sinusoids Central veins Hepatocytes Connective tissue Direction of blood flow

Liver -- The classic liver lobule is more clearly demarcated by connective tissue in a pig than in the human. Blood enters the liver in the hepatic portal vein or hepatic artery; branches of both vessels are located in a portal canal. From these branches, blood enters hepatic sinusoids between plates of hepatocytes and is carried into the central vein. 80x



click to identify:

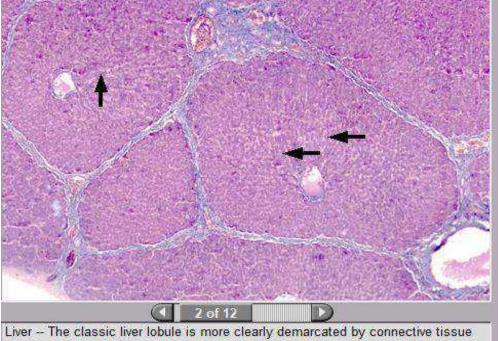
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Liver lobules Portal canals Sinusoids

 Central veins Hepatocytes Connective tissue Direction of blood flow

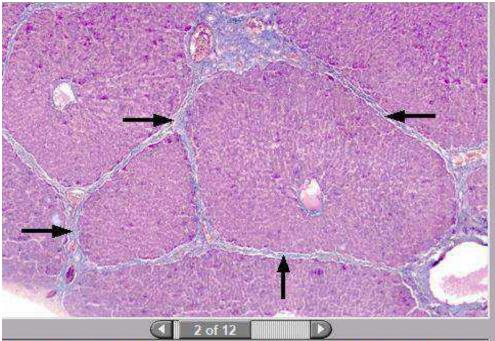
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click to identify:

Liver lobules Portal canals Sinusoids Central veins

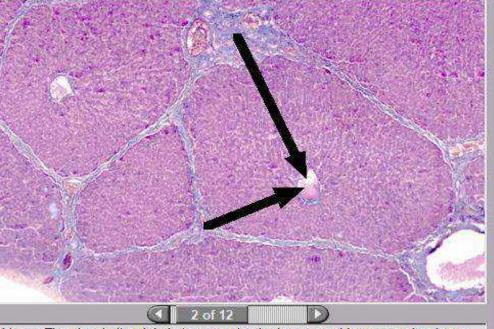
 Hepatocytes Connective tissue Direction of blood flow



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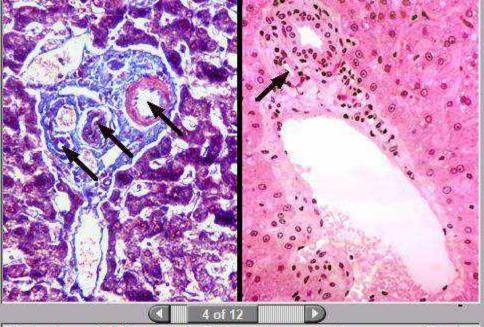
click to identify:

Liver lobules Portal canals Sinusoids Central veins Hepatocytes Connective tissue Direction of blood flow



Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels Hepatocytes > Liver sinusoids >

Liver -- Portal canals, located in the interlobular connective tissue surrounding classic lobules, contain the portal triad (branches of the hepatic portal vein, hepatic artery and bile duct) and lymphatic vessels. The left image (pig liver) has been stained with a trichrome stain to differentiate connective tissue from liver parenchyma. 200x, 400x



click to identify:

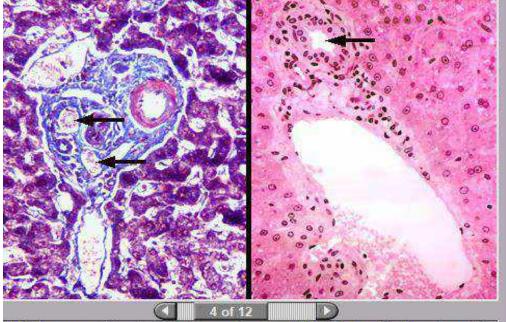
Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels Hepatocytes > Liver sinusoids >

The liver has a dual blood supply. The hepatic artery carries oxygenated blood. The larger hepatic portal vein supplies a much greater volume of blood that is low in oxygen but high in nutrients; this blood comes directly from capillary beds located primarily in digestive organs. Blood flows from branches of these two vessels in the portal canal into liver sinusoids and into the central vein.



Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels Hepatocytes > Liver sinusoids >

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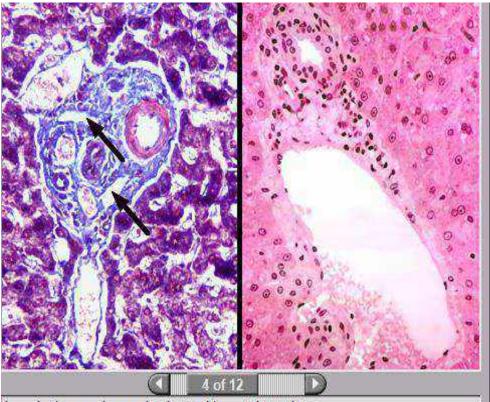


click to identify:

Portal canals Hepatic arteries > Hepatic portal veins

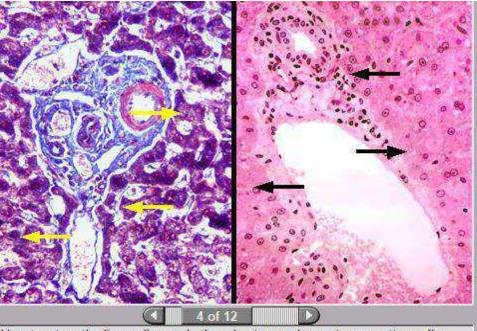
 > Bile ducts > Lymphatic > vessels
 Hepatocytes > Liver sinusoids >

Bile ducts carry bile, the exocrine product, away from the liver lobule to the gall bladder and duodenum. Bile is produced by hepatocytes and released into minute channels, bile canaliculi, located between hepatocytes. Bile canaliculi anastomose and enter the portal canals as bile ducts, formed by simple cuboidal epithelium. Bile flow, therefore, is toward the periphery of the liver lobule.



Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels Hepatocytes > Liver sinusoids >

Lymphatic vessels are also located in portal canals.

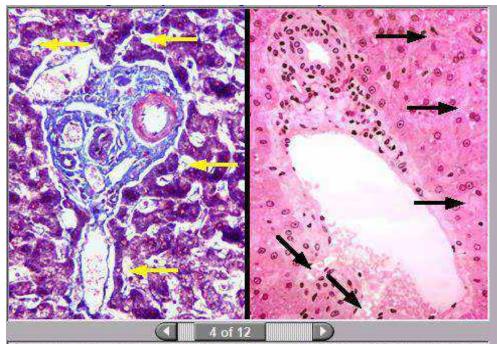


click to identify:

Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels

Hepatocytes > Liver sinusoids >

Hepatocytes, the liver cells, are both endocrine- and exocrine-secreting cells. Their exocrine function is the production of bile, that aids in the digestion of lipids. Their endocrine function is the release of plasma proteins and glucose into the blood stream. Hepatocytes are also involved in a myriad of other functions, including storing metabolites and degrading toxic substances.



Portal canals Hepatic arteries > Hepatic portal veins Bile ducts > Lymphatic > vessels Hepatocytes > Liver sinusoids >

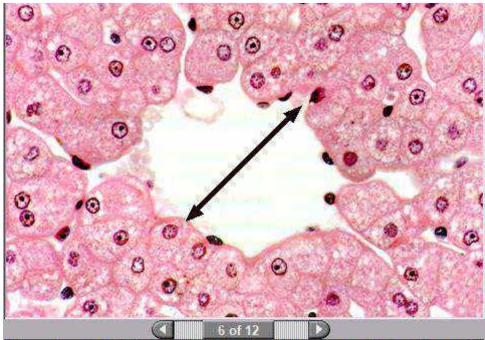
Sinusoids, discontinuous capillaries, are located between cords of hepatocytes. Appearing as clear spaces in the left image, sinusoids are filled with blood in the right and, thus, are difficult to distinguish. Two sinusoids are seen exiting from an hepatic portal vein. Sinusoids receive blood from the hepatic artery and hepatic portal vein and drain into the central vein of the lobule.



click to identify:

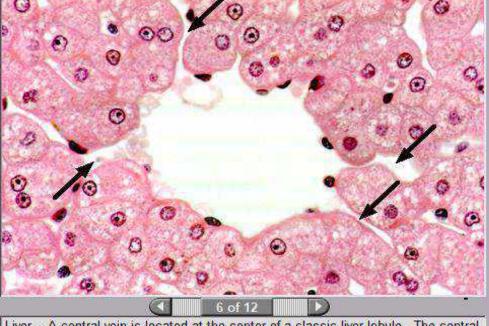
Central vein Liver sinusoids Hepatocytes Blood cells > Endothelial cells

Liver -- A central vein is located at the center of a classic liver lobule. The central vein receives blood from the hepatic sinusoids separating plates of hepatocytes. These plates form anastomosing rows that radiate out from the central vein. Central veins anastomose to form three hepatic veins that drain into the inferior vena cava. 1000x



Central vein
 Liver sinusoids
 Hepatocytes
 Blood cells
 Endothelial cells

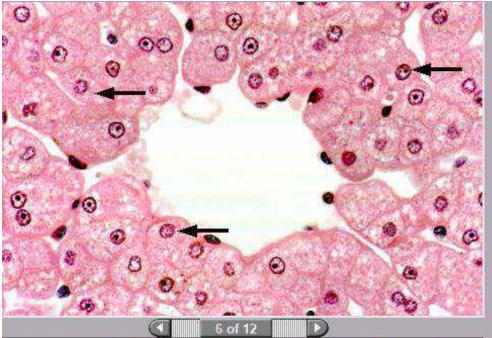
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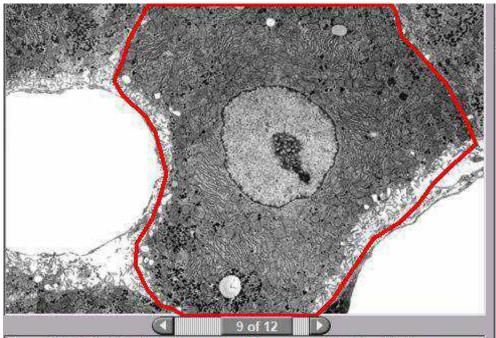
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Central vein Liver sinusoids Hepatocytes

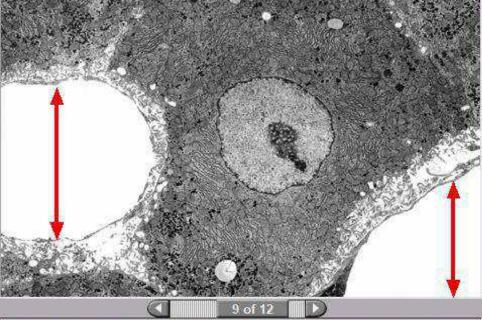
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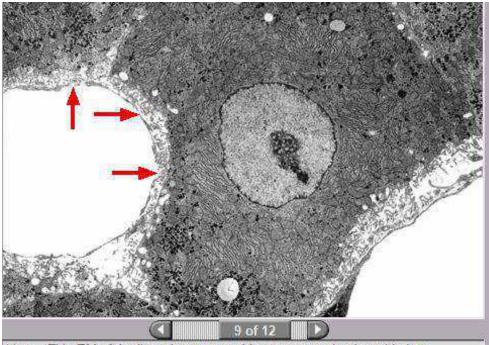
 Hepatocyte Sinusoids
 Fenestrations and discontinuities
 Nucleus > RER
 Glycogen granules
 Microvilli >
 Space of Disse

Liver -- This EM of the liver shows several hepatocytes abutting wide-bore, discontinuous capillaries, or sinusoids. Plates of hepatocytes, located between the sinusoids, are separated from them by the space of Disse. Plates of hepatocytes are arranged as a single row of cells, as seen here, or in plates two cells wide. 5000x



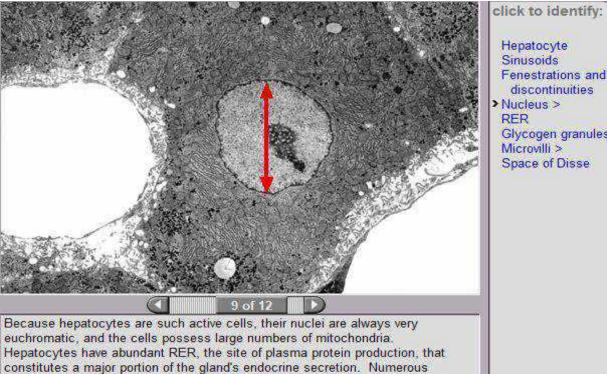
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 Sinusoids
 Fenestrations and discontinuities
 Nucleus > RER
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 Microvilli >
 Space of Disse



Hepatocyte Sinusoids > Fenestrations and discontinuities Nucleus > RER Glycogen granules Microvilli > Space of Disse

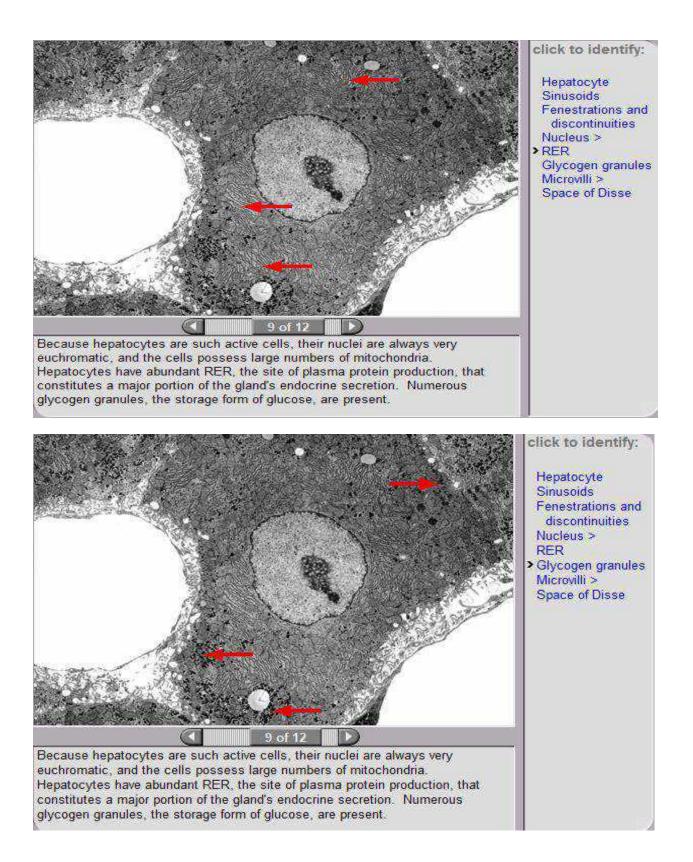
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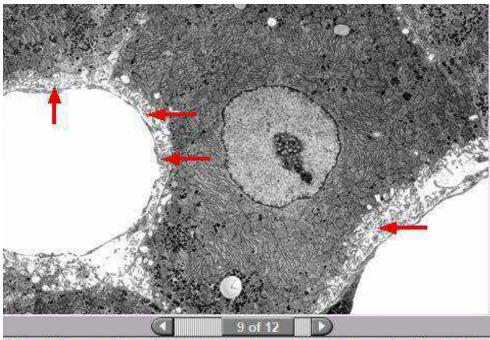


glycogen granules, the storage form of glucose, are present.

Hepatocyte Sinusoids Fenestrations and discontinuities

Nucleus > RER Glycogen granules Microvilli > Space of Disse

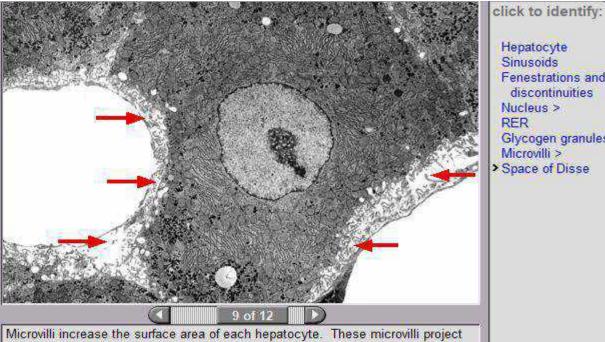




Hepatocyte Sinusoids Fenestrations and discontinuities Nucleus > RER Glycogen granules Microvilli >

Space of Disse

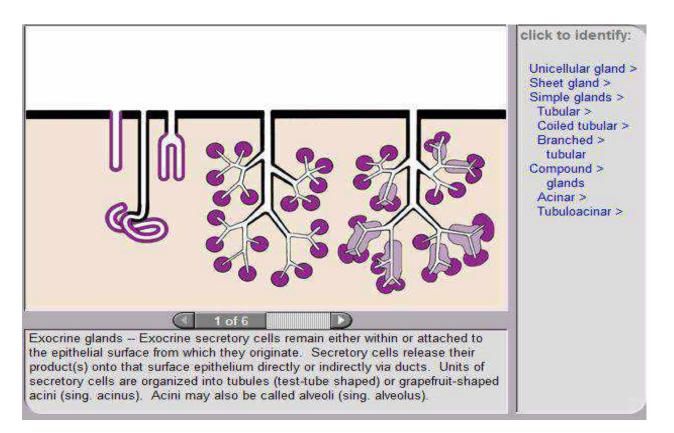
Microvilli increase the surface area of each hepatocyte. These microvilli project into the space of Disse, a perisinusoidal space between the hepatocytes and the sinusoids. Blood plasma escapes through endothelial fenestrations and gaps between endothelial cells to enter the space of Disse, thereby directly contacting the hepatocytes and their microvilli.

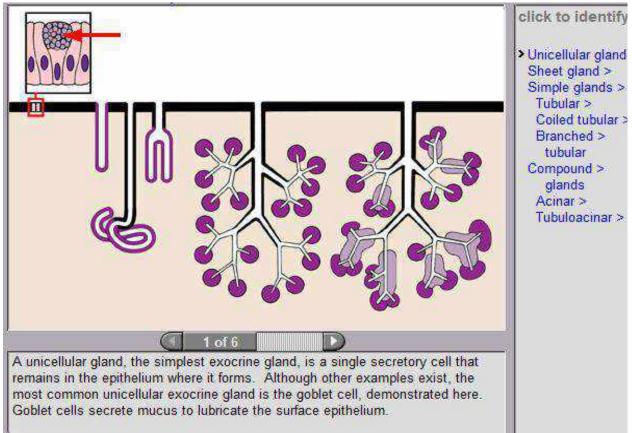


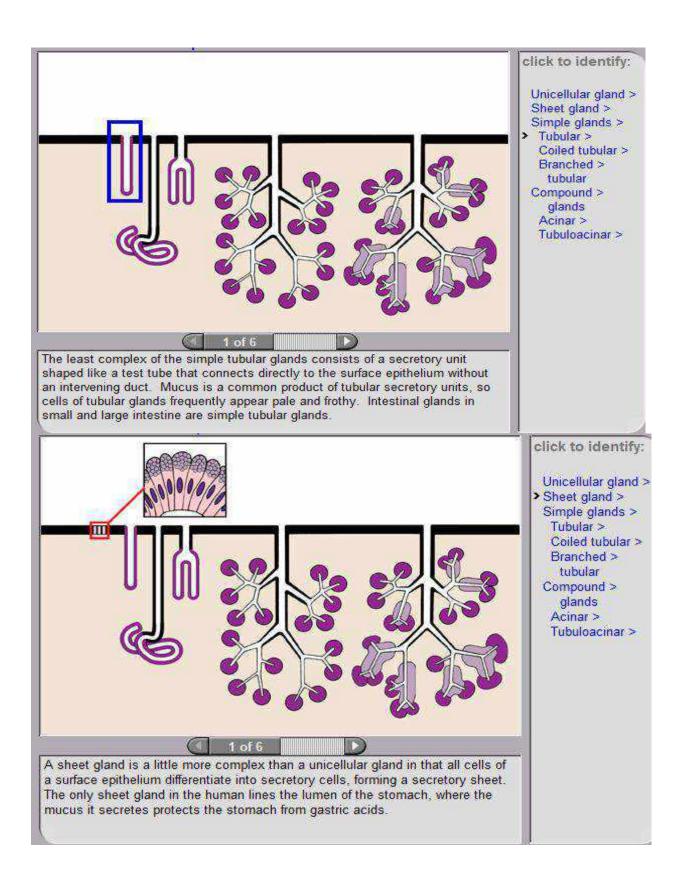
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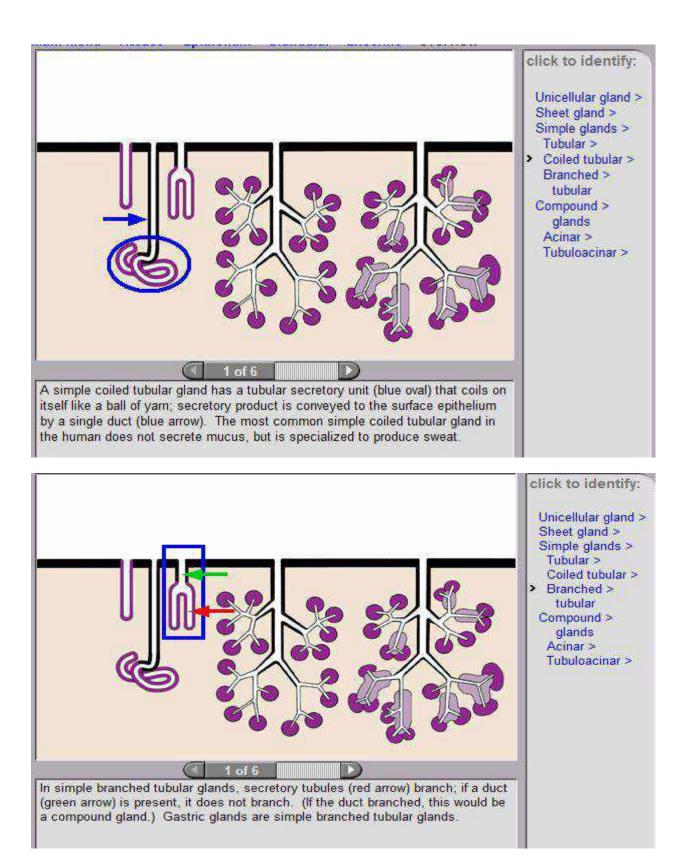
> Space of Disse

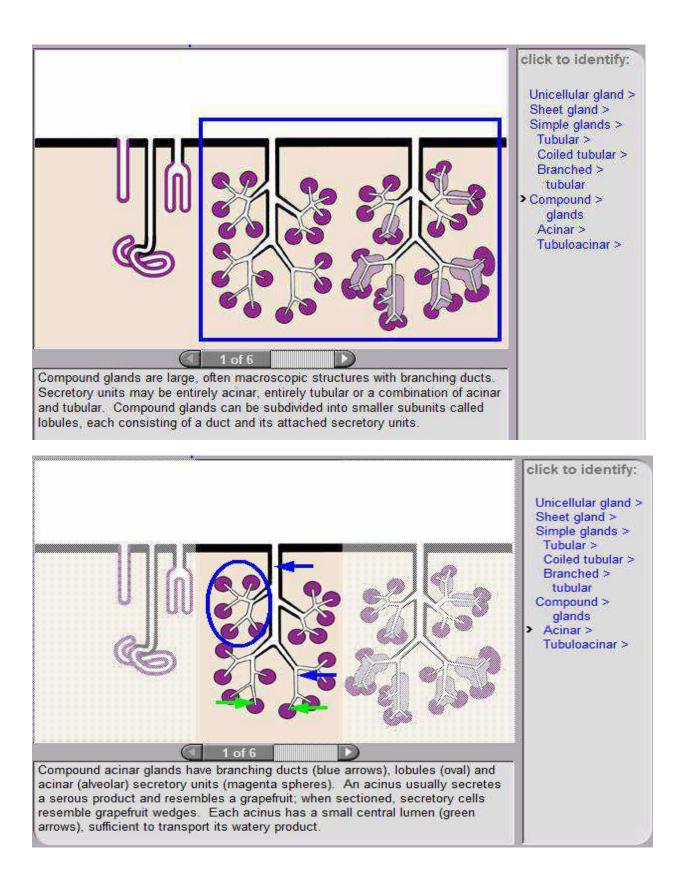
into the space of Disse, a perisinusoidal space between the hepatocytes and the sinusoids. Blood plasma escapes through endothelial fenestrations and gaps between endothelial cells to enter the space of Disse, thereby directly contacting the hepatocytes and their microvilli.

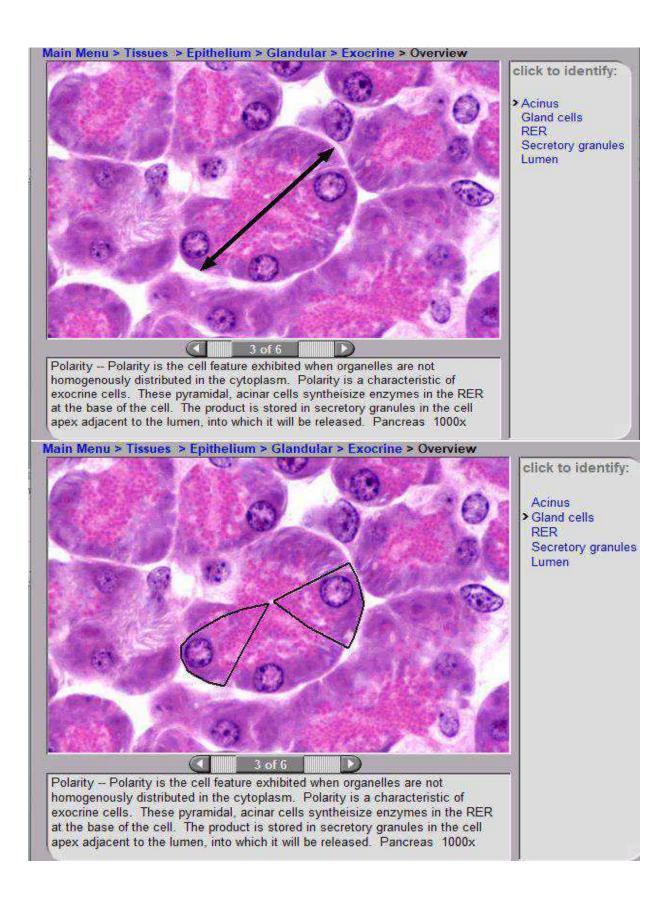


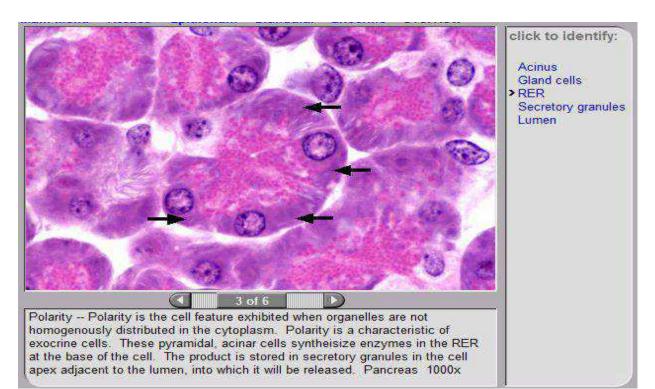


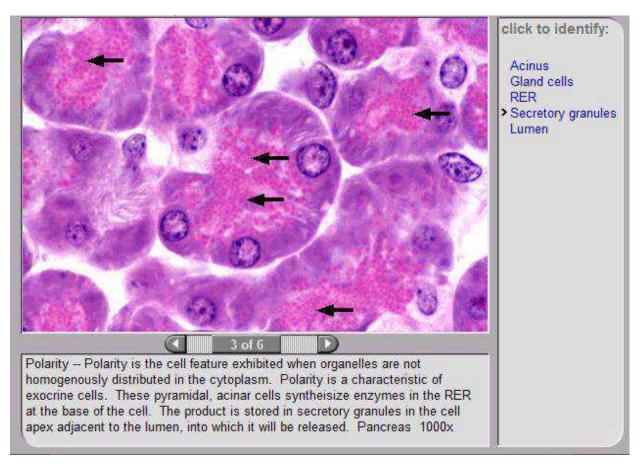


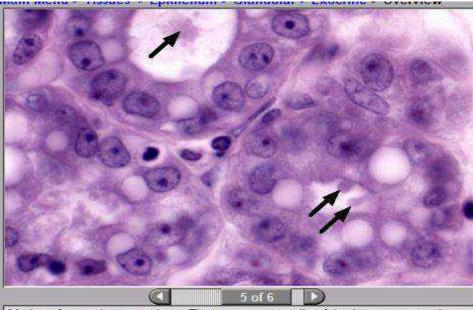












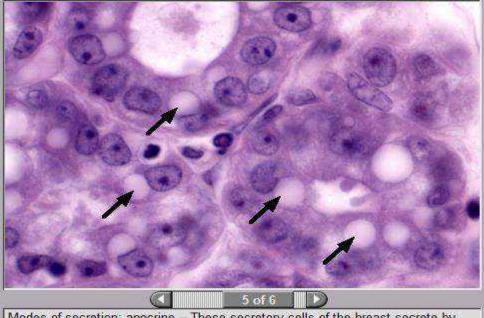
 Secretory product Lipid droplet

Modes of secretion: apocrine – These secretory cells of the breast secrete by both merocrine (protein) and apocrine (lipid) modes of secretion. Very few glands secrete by the apocrine mode, which involves the loss of surface plasma membrane and a small amount of cytoplasm along with the secretory product. Note the secretory product being released in the lower right of the image. 1000x

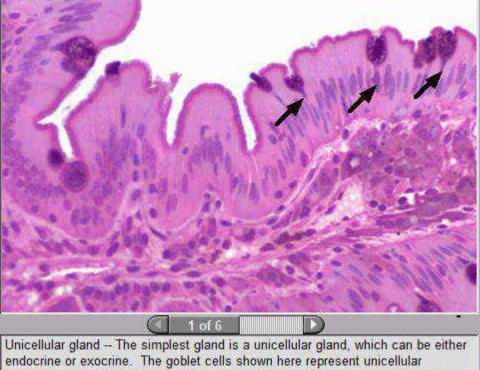


Unicellular gland -- The simplest gland is a unicellular gland, which can be either endocrine or exocrine. The goblet cells shown here represent unicellular exocrine glands that remain in the epithelium from which they originated. These cells secrete mucus and are prominent in the lining epithelium of the gastrointestinal and respiratory systems. Small intestine 400x click to identify:

 Goblet cell Goblet cell nuclei Mucin Absorptive cells Brush border Loose CT



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click to identify:

Secretory product
Lipid droplet

click to identify:

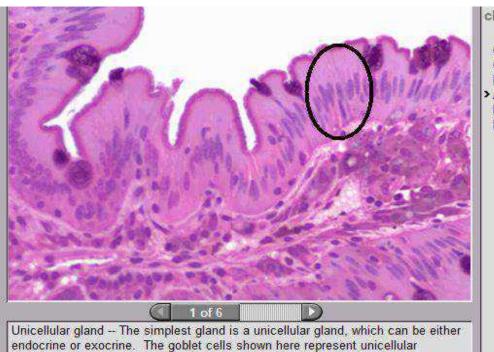
Goblet cell Goblet cell nuclei Mucin Absorptive cells Brush border Loose CT

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- Goblet cell Goblet cell nuclei > Mucin
- Absorptive cells Brush border Loose CT

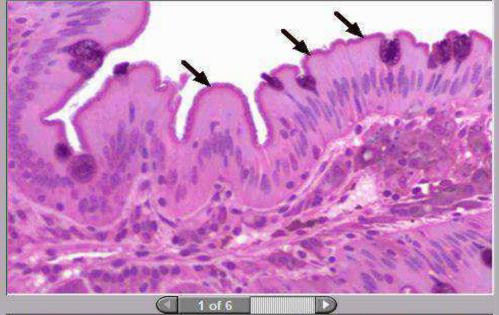
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click to identify:

- Goblet cell Goblet cell nuclei Mucin Absorptive cells
- Brush border Loose CT

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Goblet cell Goblet cell nuclei Mucin

- Absorptive cells
- Brush border Loose CT

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click to identify:

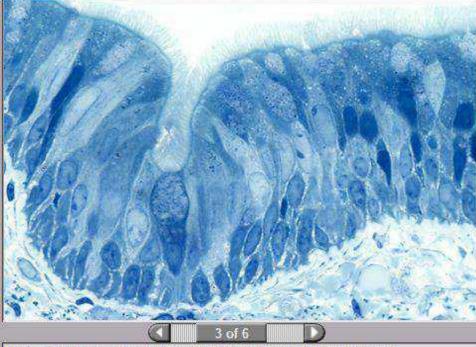
Goblet cell Goblet cell nuclei Mucin Absorptive cells Brush border > Loose CT

Unicellular gland -- The simplest gland is a unicellular gland, which can be either endocrine or exocrine. The goblet cells shown here represent unicellular exocrine glands that remain in the epithelium from which they originated. These cells secrete mucus and are prominent in the lining epithelium of the gastrointestinal and respiratory systems. Small intestine 400x



Goblet cell nuclei Mucin Absorptive cells Brush border

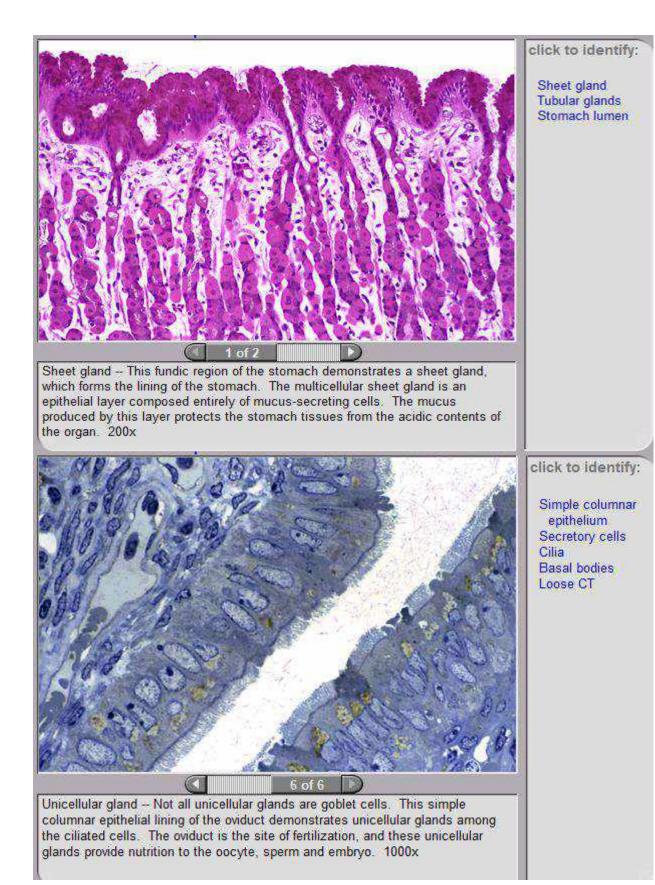
Unicellular gland – The mucin in these goblet cells is located in the apex of the cell, with the nucleus and remaining cytoplasm located beneath it, creating the goblet-like shape. Goblet cells release mucin proteins which become hydrated, thereby forming mucus. Goblet cells are commonly found in simple columnar epithelia, such as this lining of the small intestine. 1000x



click to identify:

Pseudostratified epithelium Cilia Basal bodies Goblet cell Loose CT

Unicellular gland -- This lining epithelium of the monkey trachea is a pseudostratified epithelium with cilia and goblet cells. Goblet cells release mucin proteins which become hydrated, thereby forming mucus. The mucus traps inhaled particles and the entire mucous sheet is moved upward by the beating action of associated cilia. 1000x



Click Sing gla Gobi Absc Glan Intes Muse mu

click to identify:

 Simple tubular gland
 Goblet cells
 Absorptive cells
 Gland lumens
 Intestinal lumen
 Muscularis
 mucosae

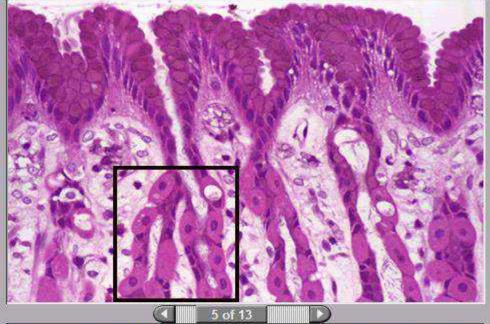
Simple tubular gland -- In this section of the large intestine, the simple tubular glands are slightly longer than the mucosal layer in which they are located. Note that the bases of the glands curve as they reach the muscularis muscosae. These glands are composed primarily of goblet and absorptive cells. 200x



click to identify:

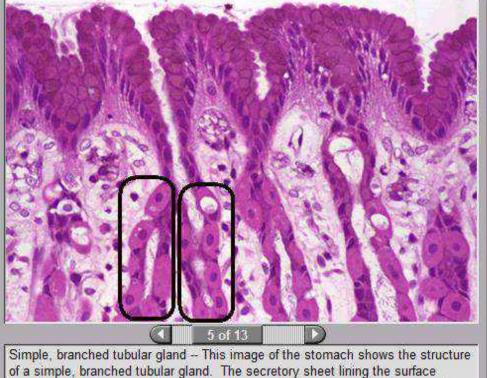
- Simple branched tubular gland
- Gastric pit Secretory tubules Sheet gland

Simple, branched tubular gland -- This image of the stomach shows the structure of a simple, branched tubular gland. The secretory sheet lining the surface invaginates to form a gastric pit that acts as a duct for the gland. The secretory portions of the gland branch at their junction with the gastric pit. 400x



 Simple branched tubular gland Gastric pit Secretory tubules Sheet gland

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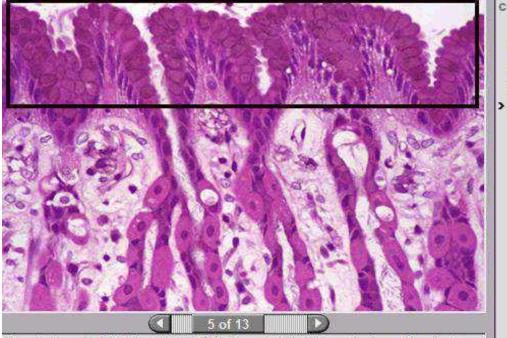


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click to identify:

- Simple branched tubular gland
- Gastric pit
- Secretory tubules Sheet gland



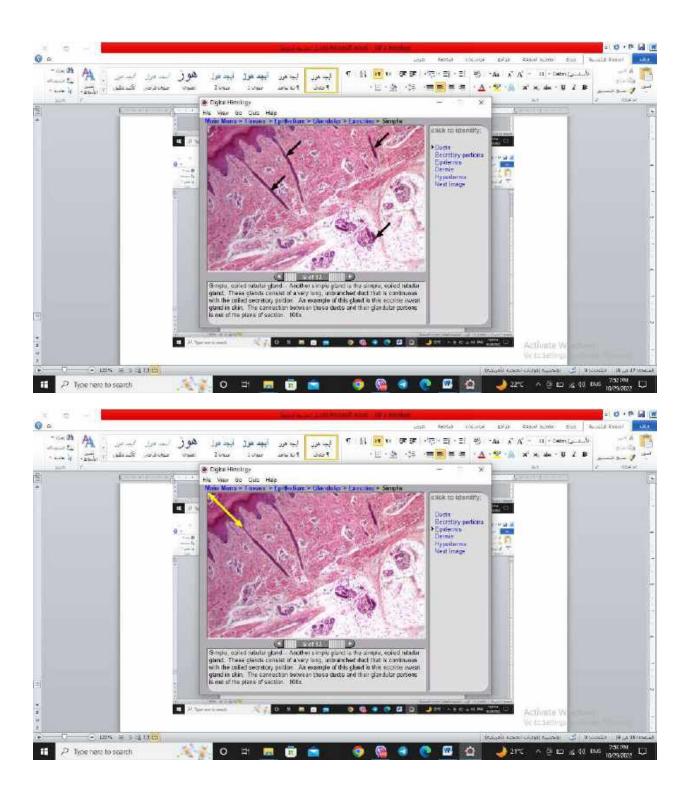
Simple branched tubular gland Gastric pit Secretory tubules Sheet gland

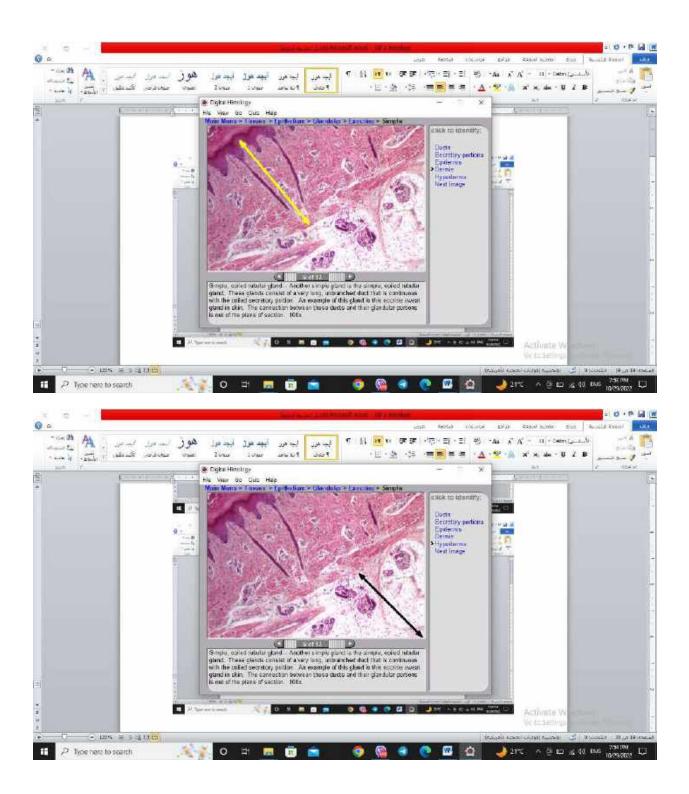
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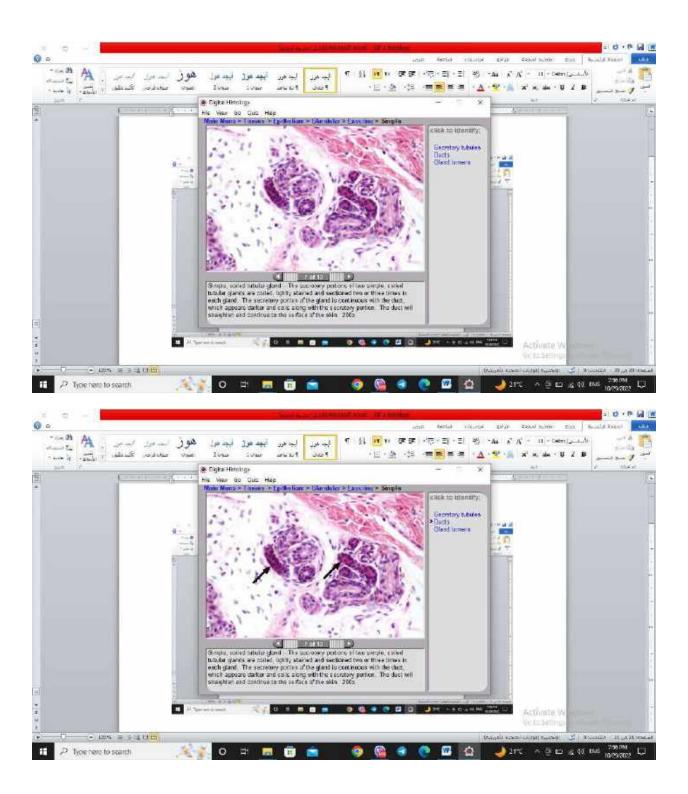


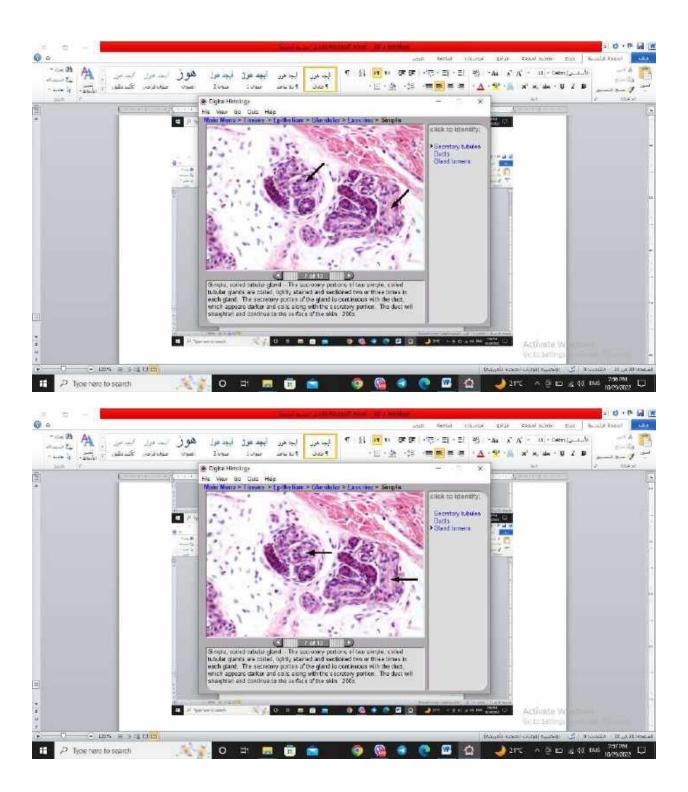
> Ducts Secretory portions Epidermis Dermis Hypodermis Next image

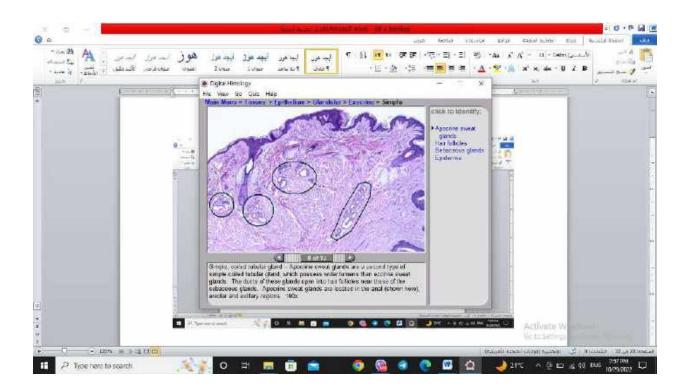
Simple, coiled tubular gland -- Another simple gland is the simple, coiled tubular gland. These glands consist of a very long, unbranched duct that is continuous with the coiled secretory portion. An example of this gland is this eccrine sweat gland in skin. The connection between these ducts and their glandular portions is out of the plane of section. 100x

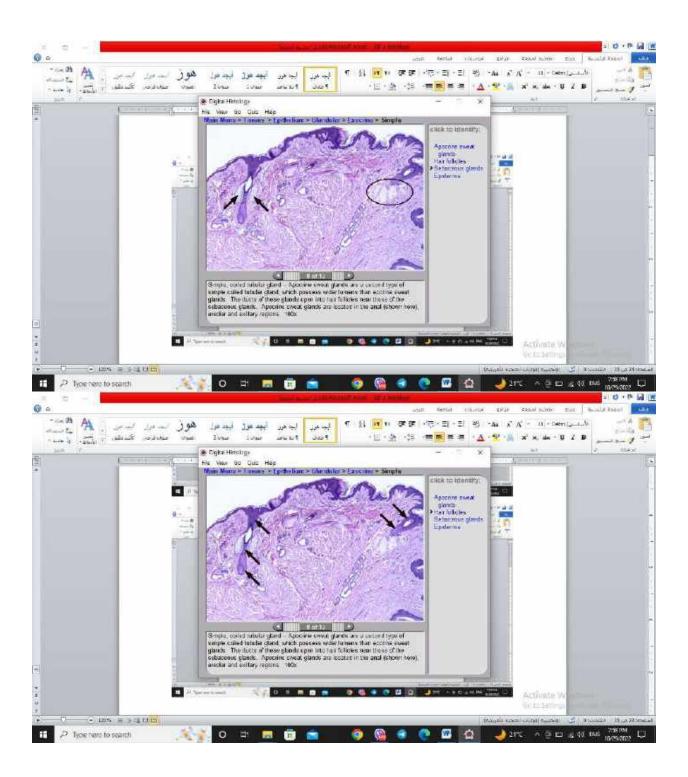


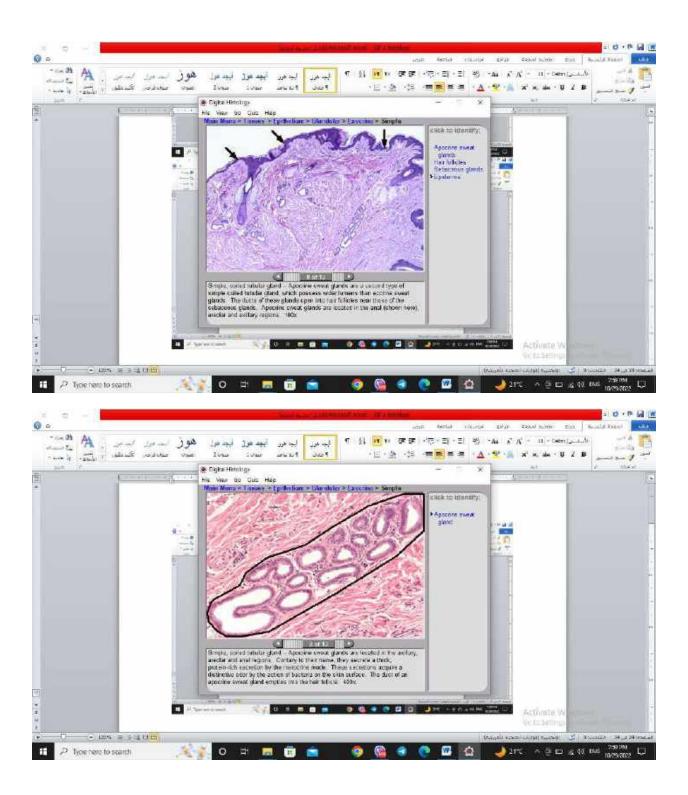


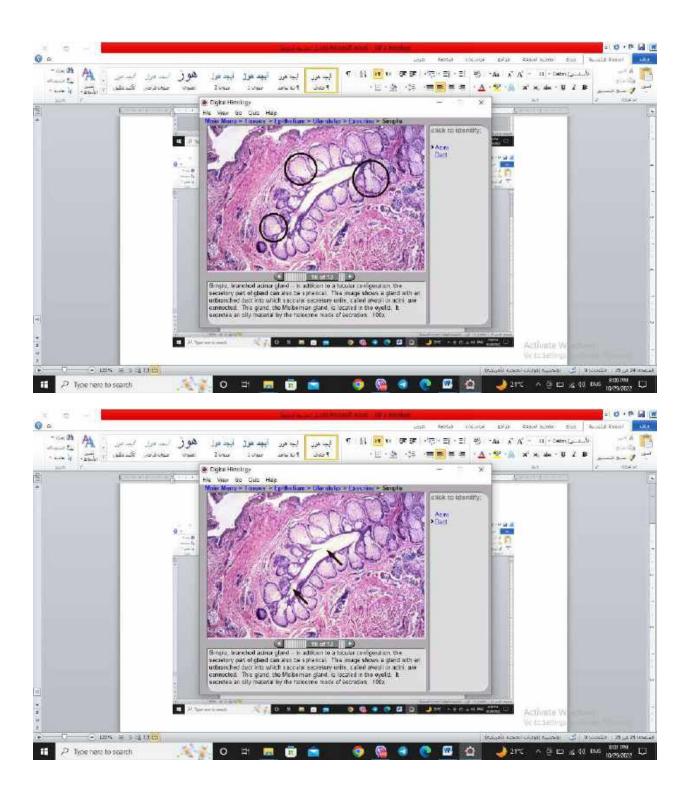


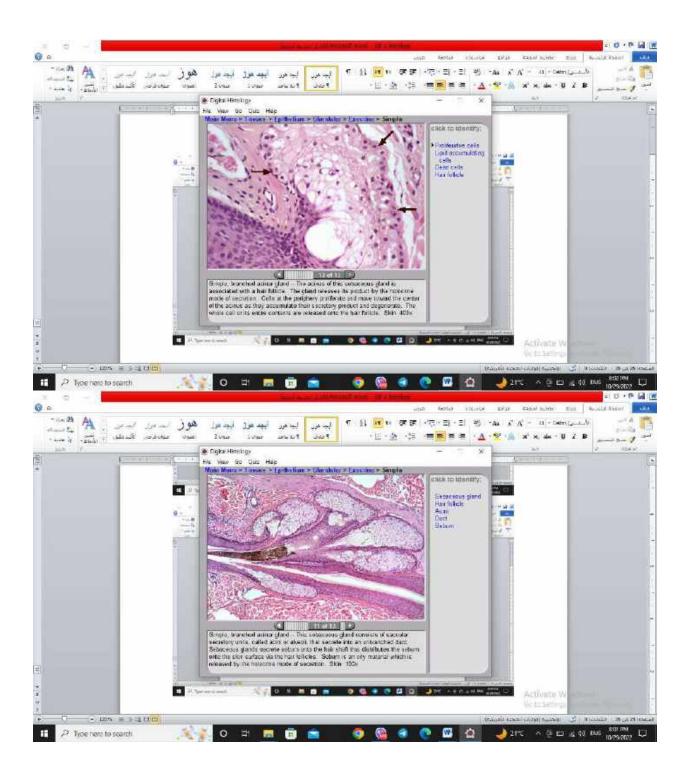


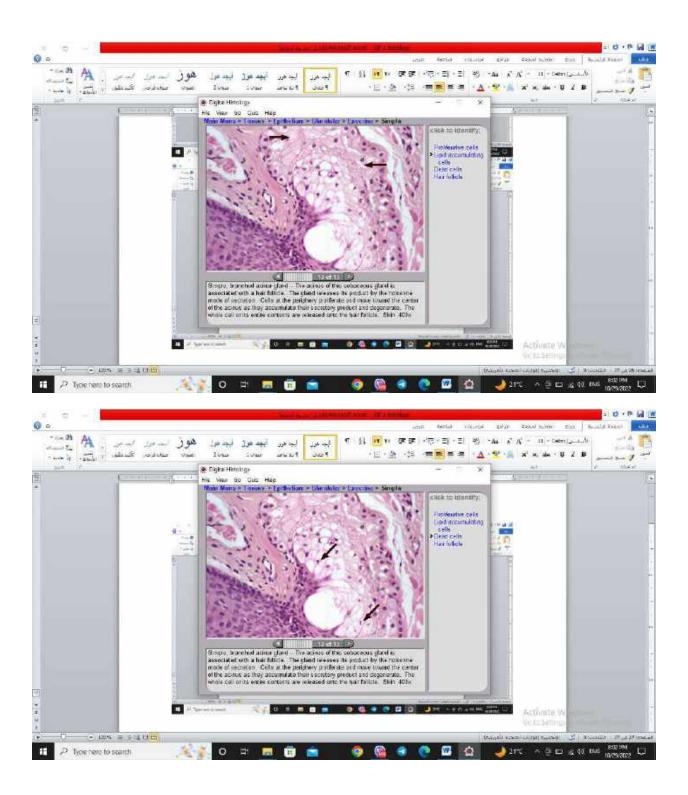


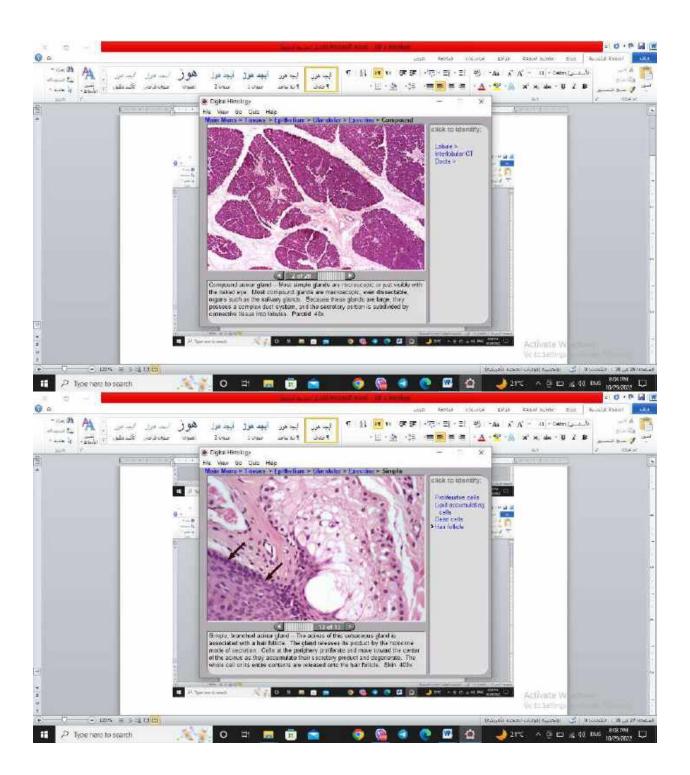


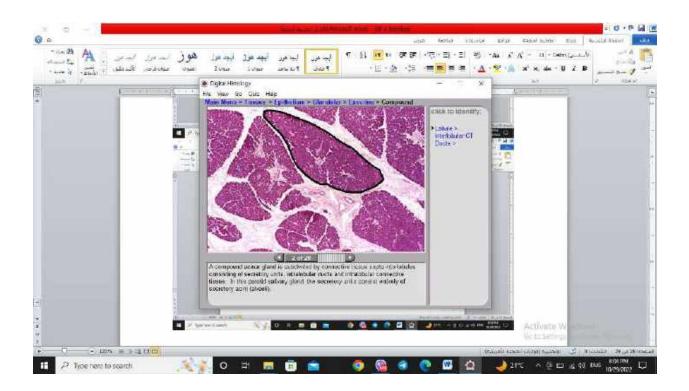


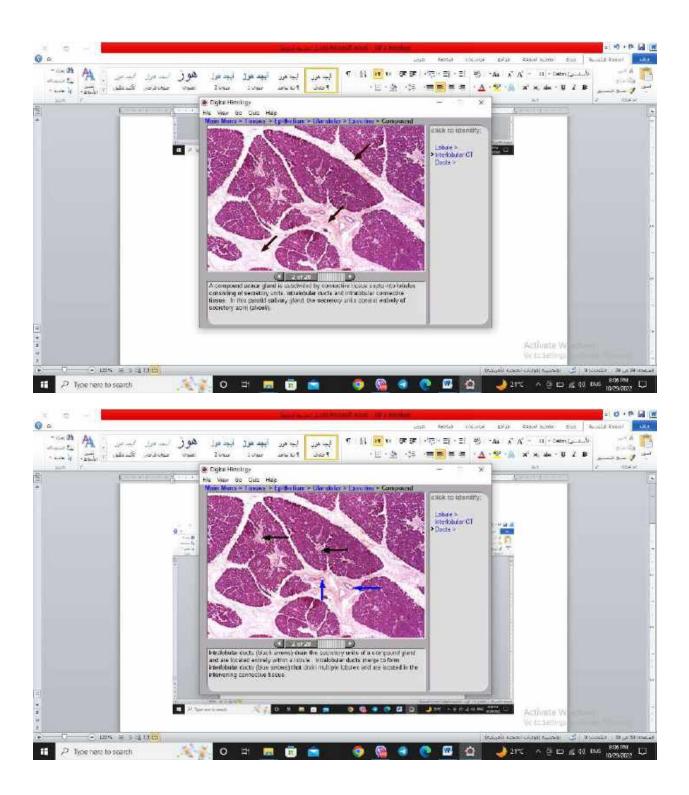


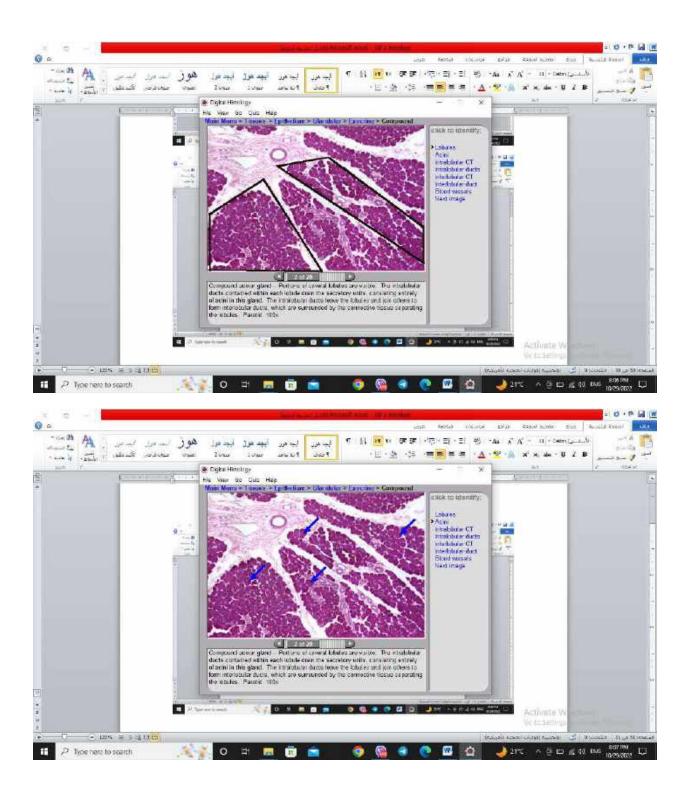


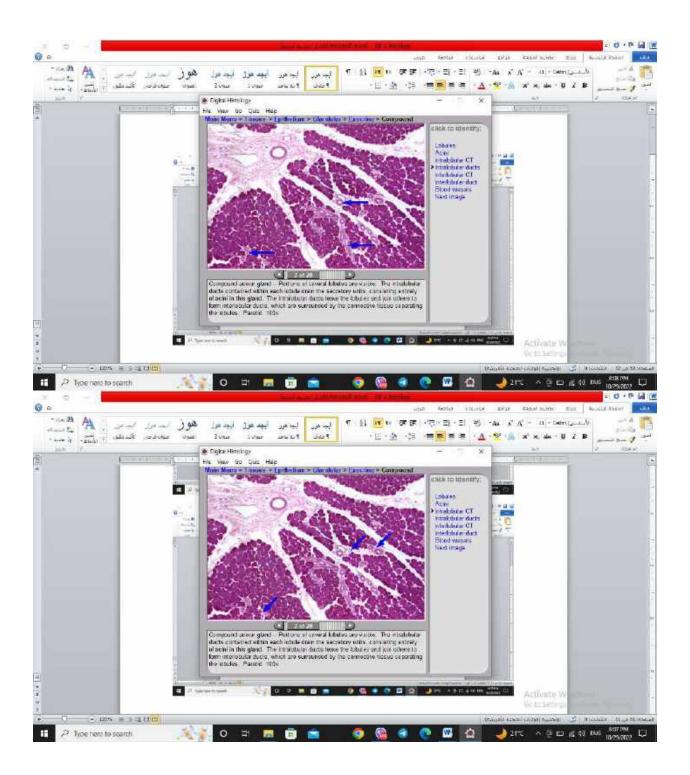


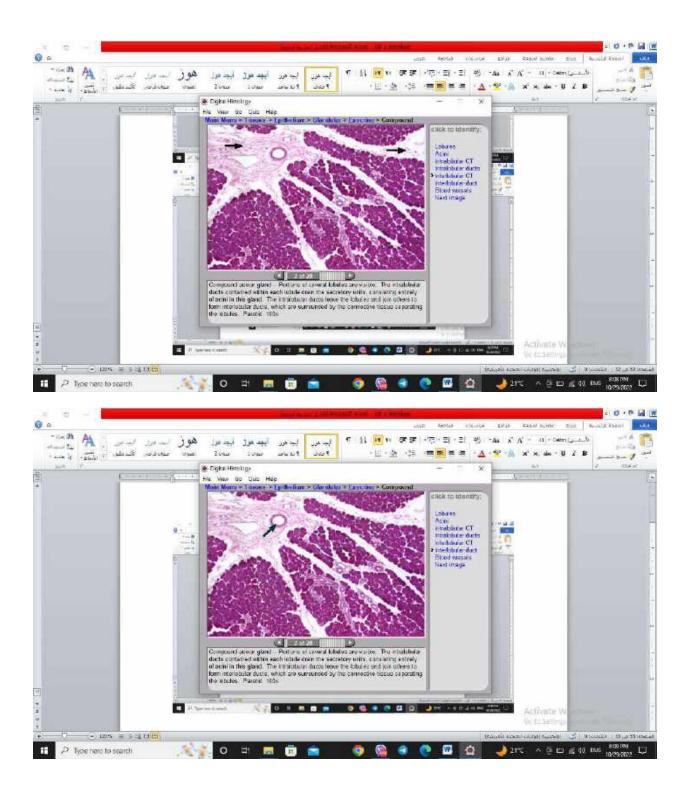


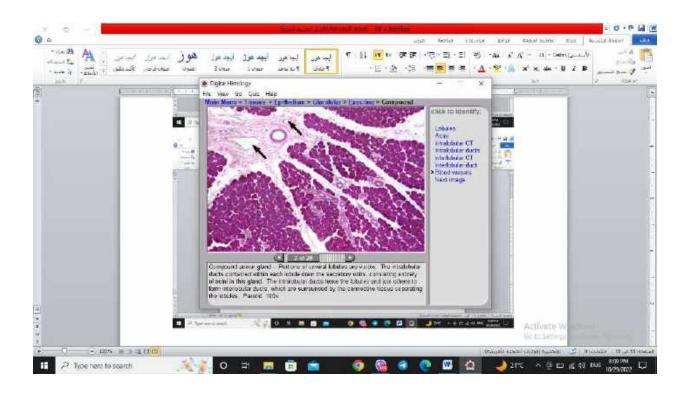


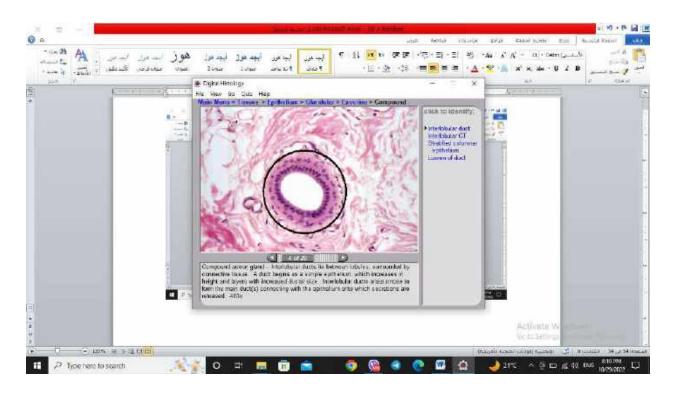


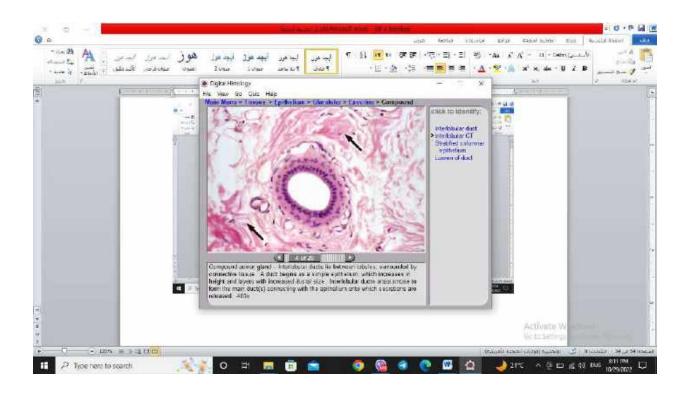


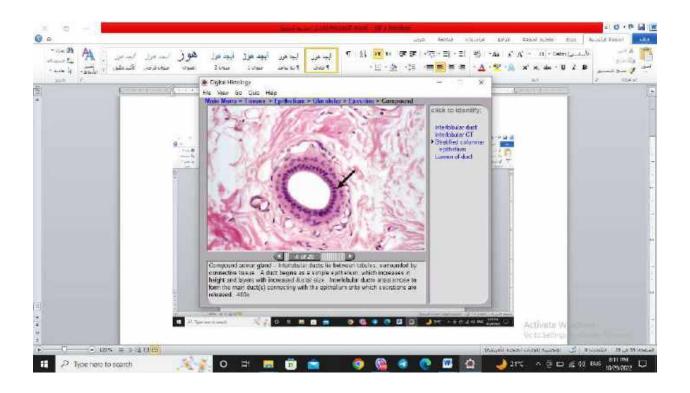


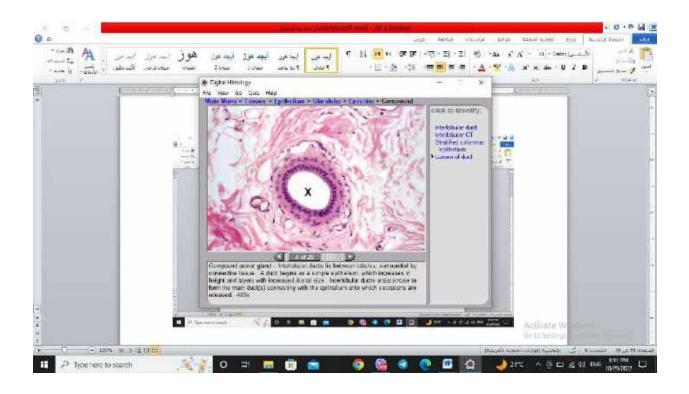


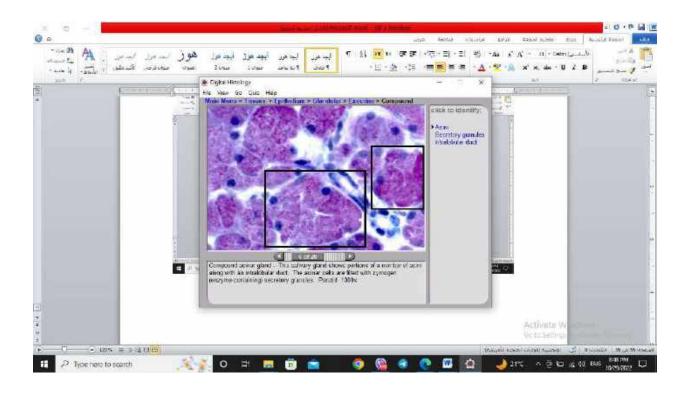


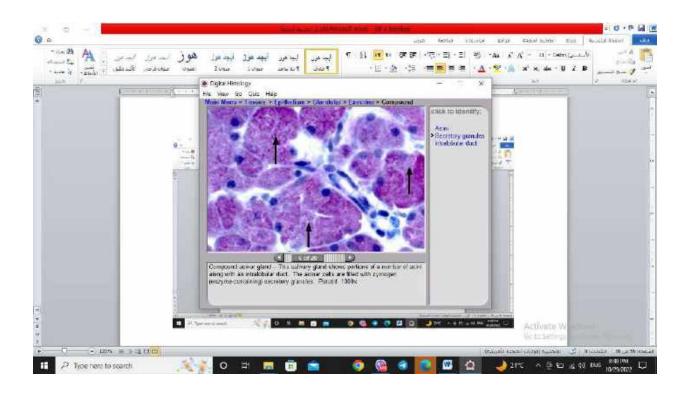


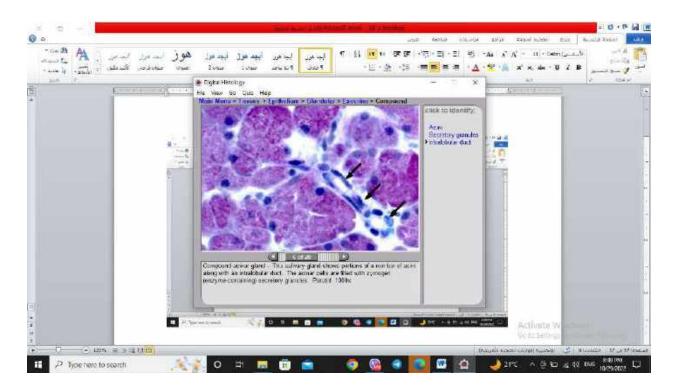


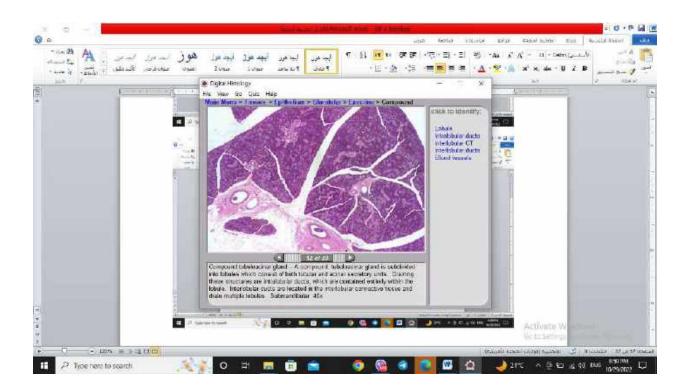


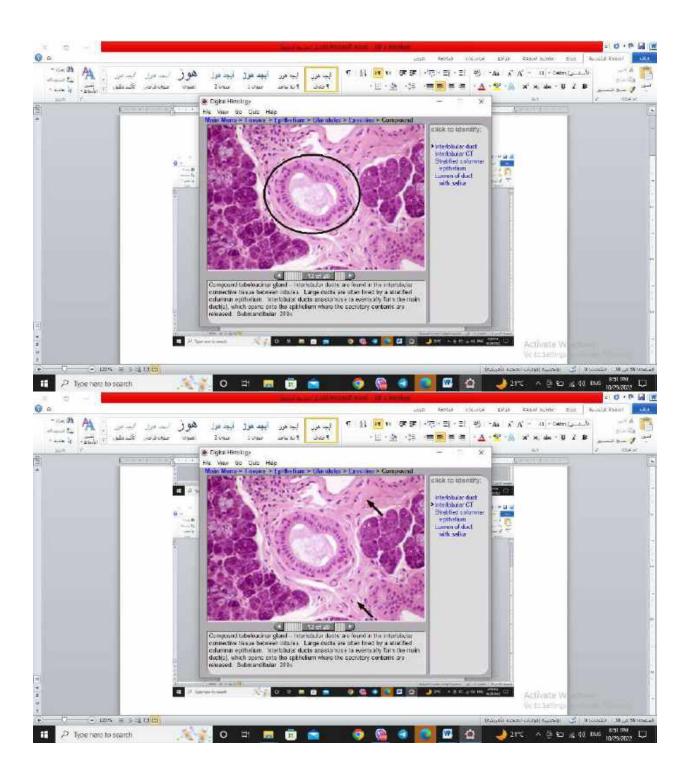


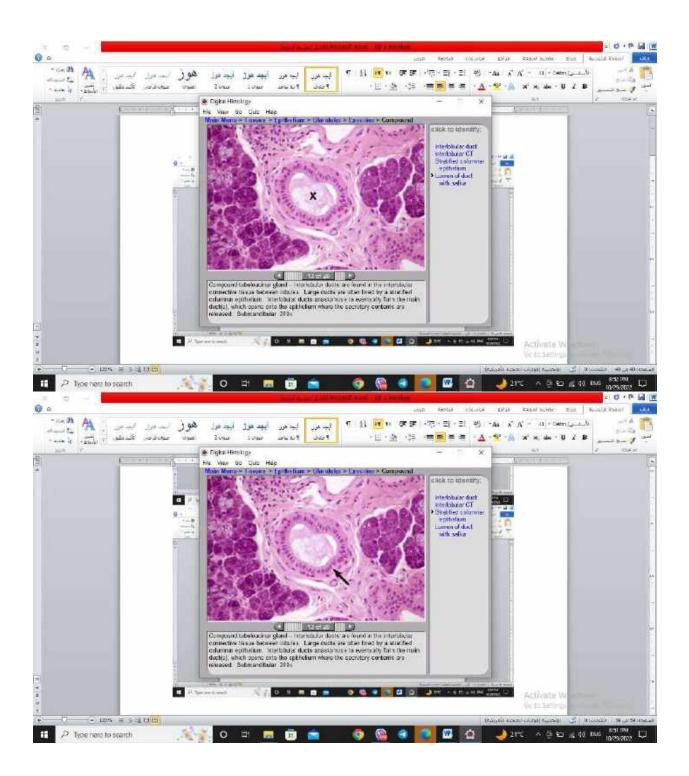


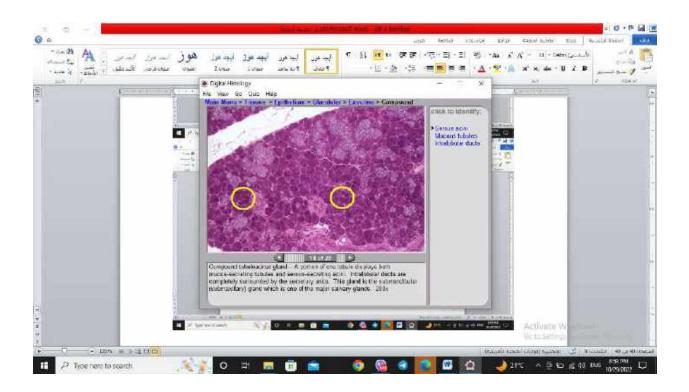


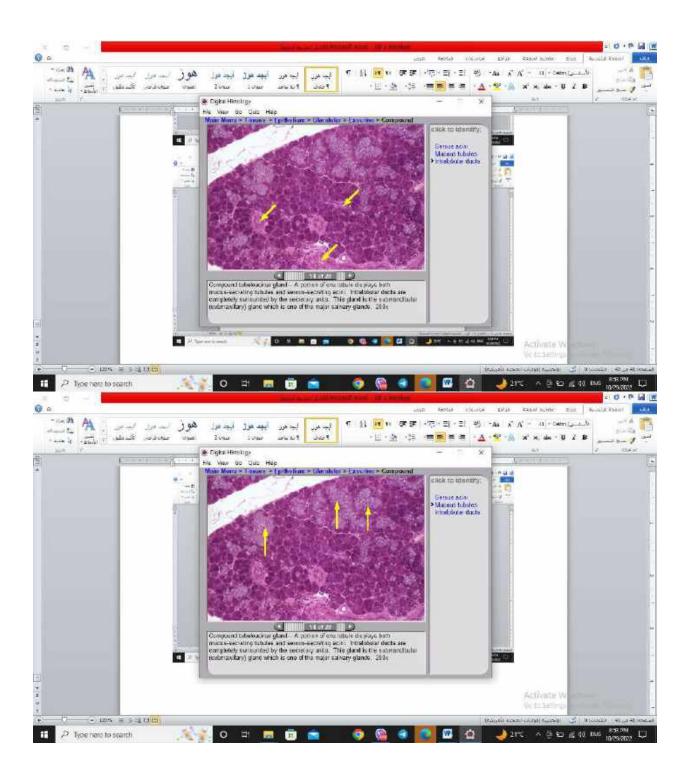


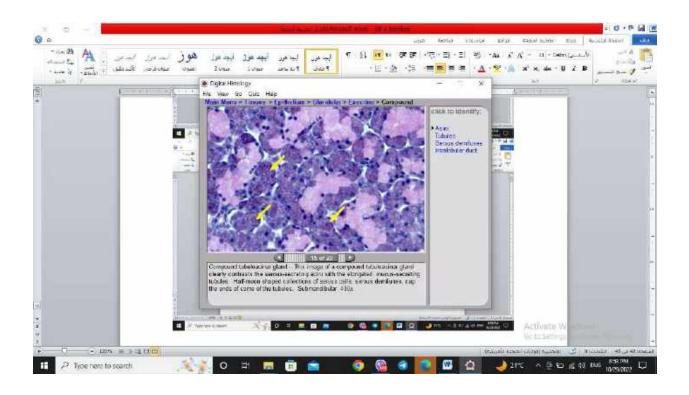


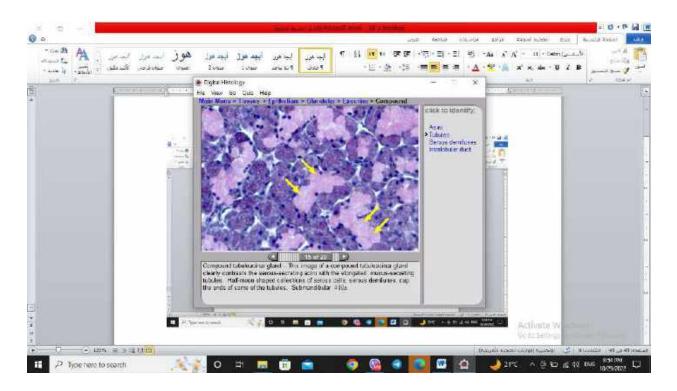


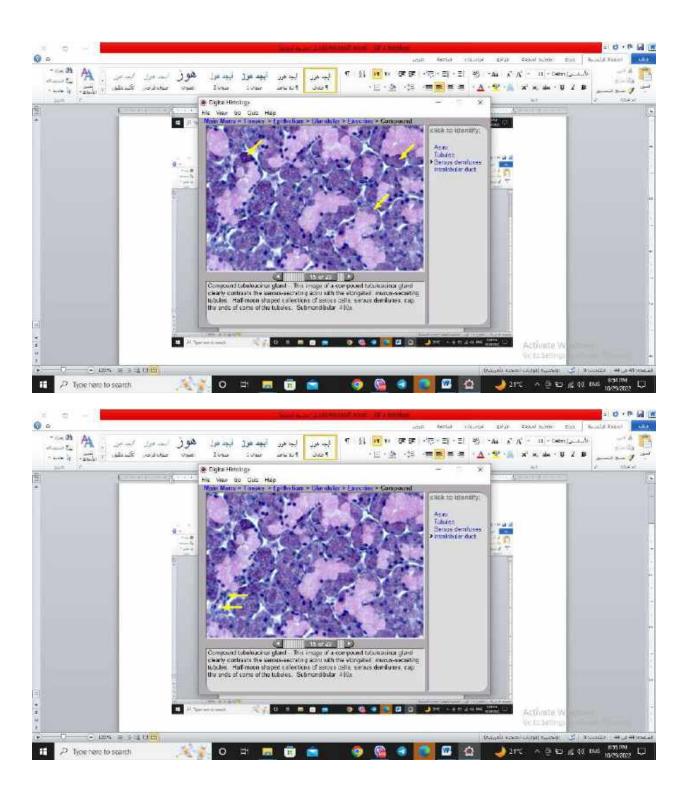


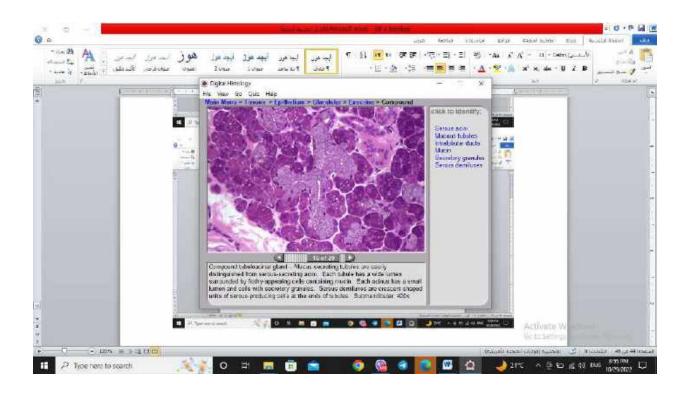


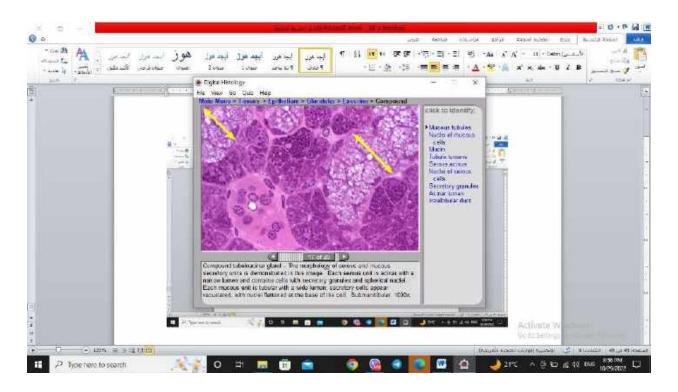


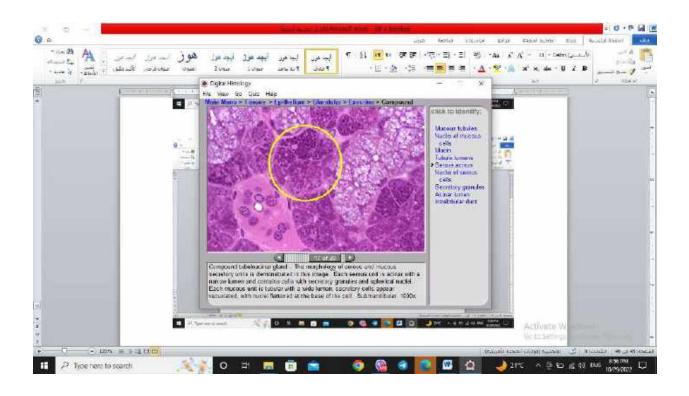


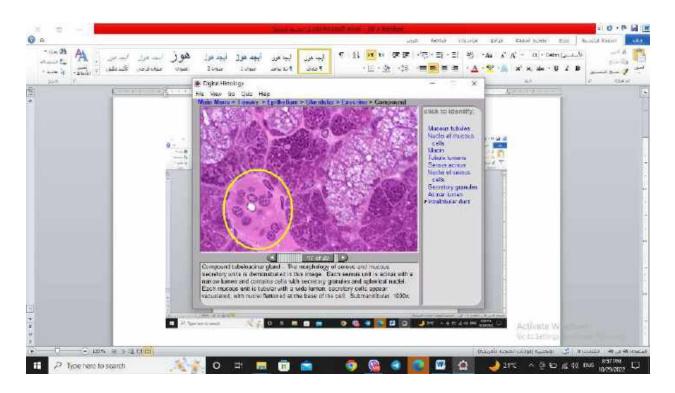


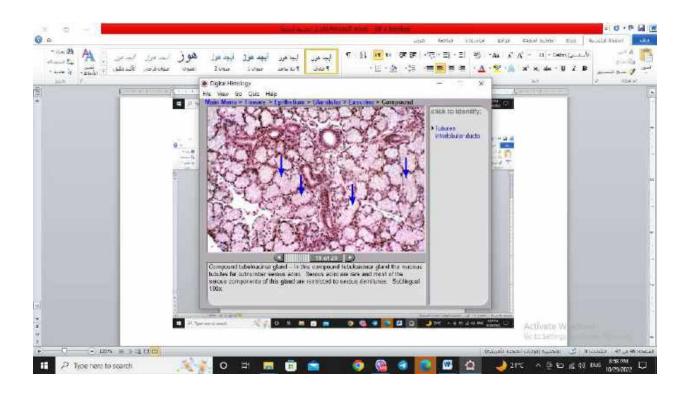


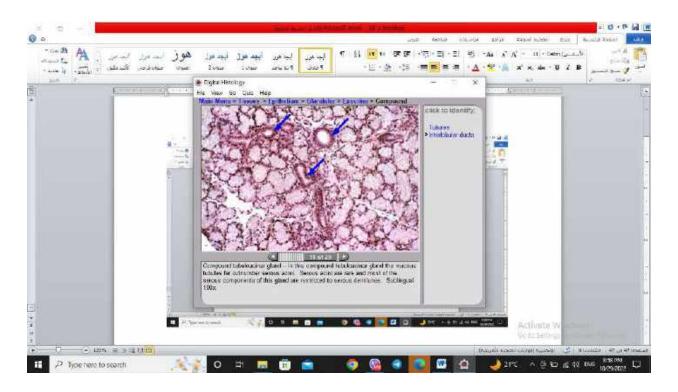


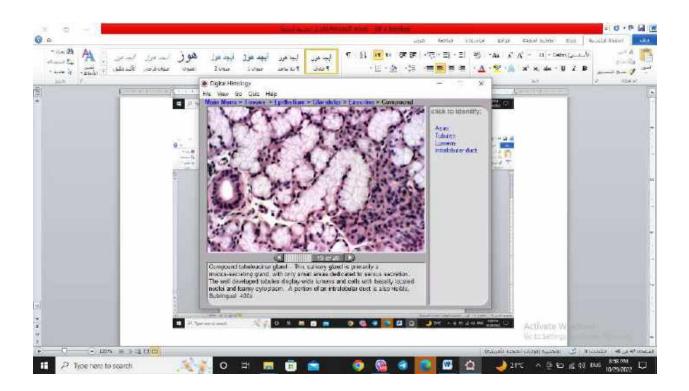


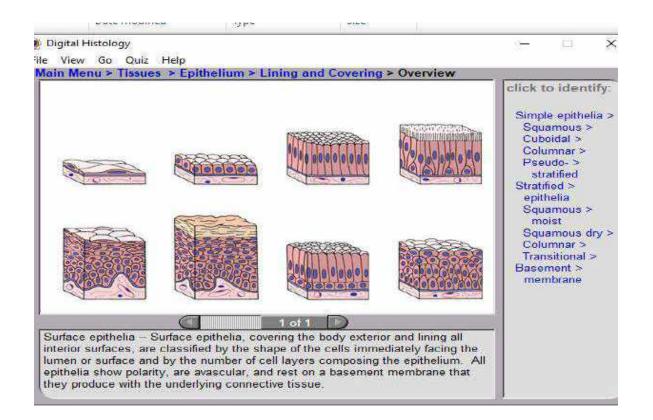


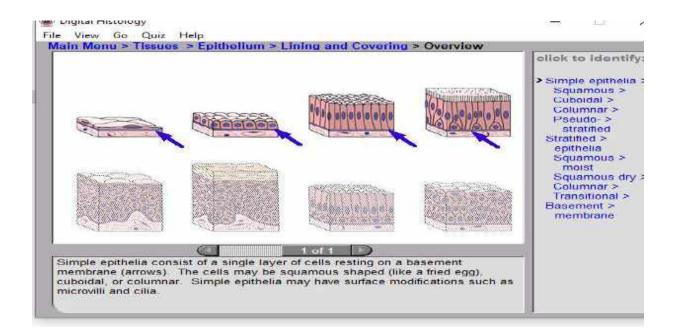


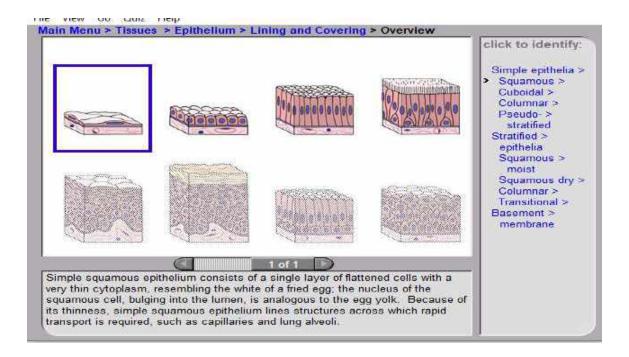


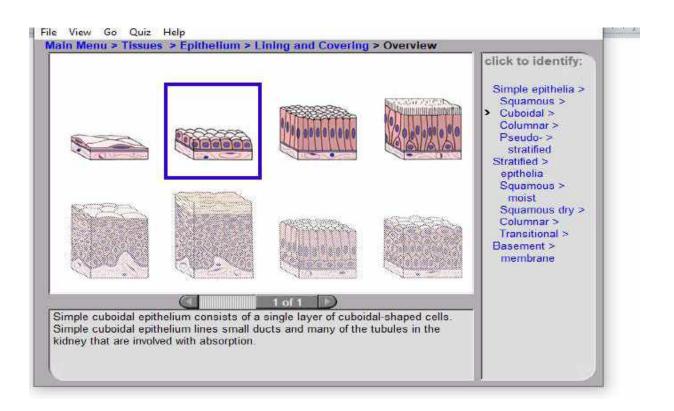


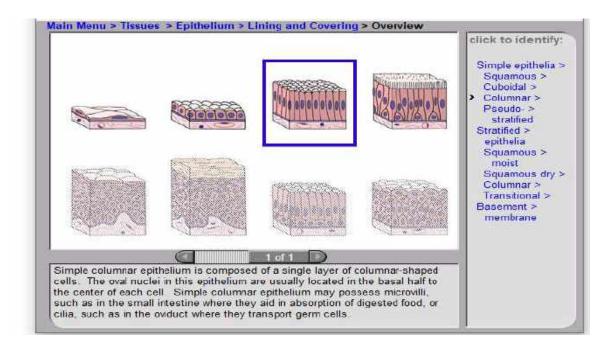


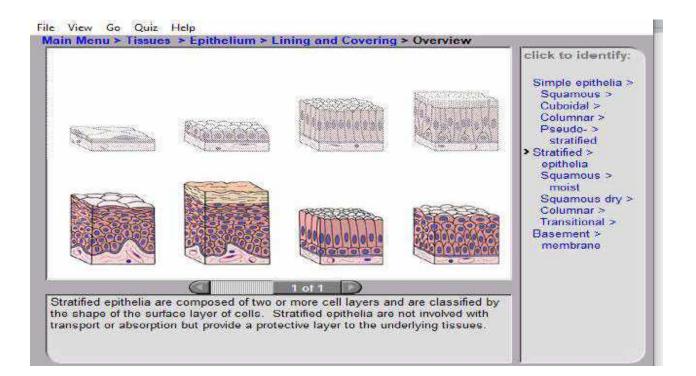


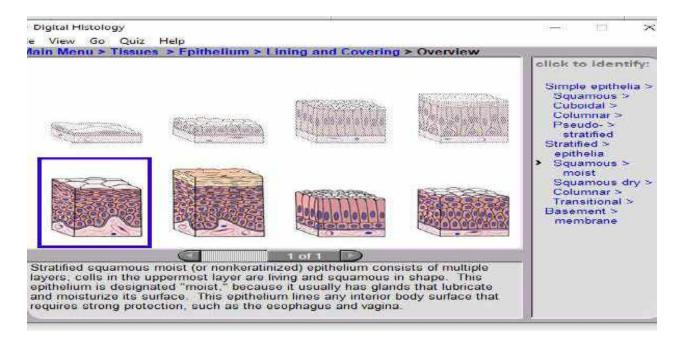


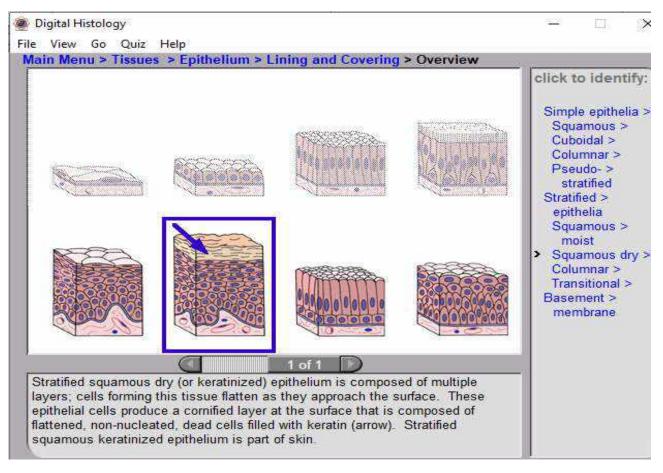


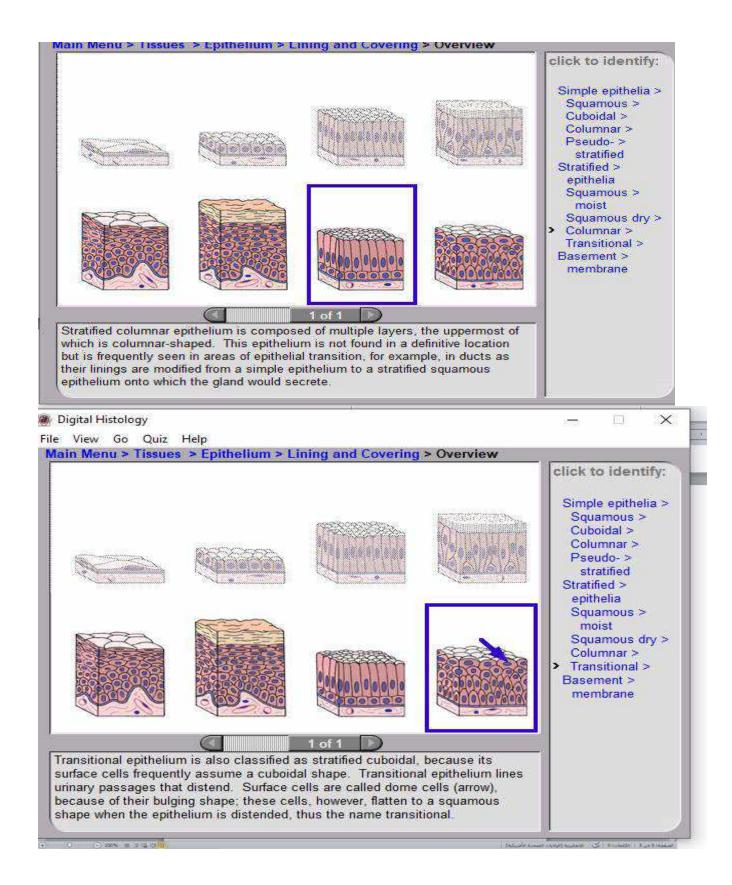


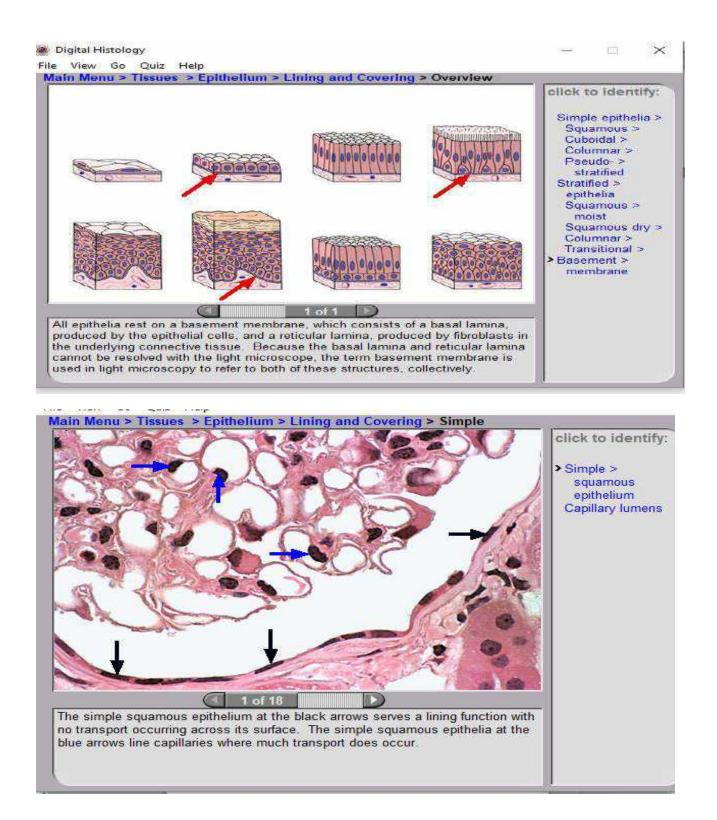


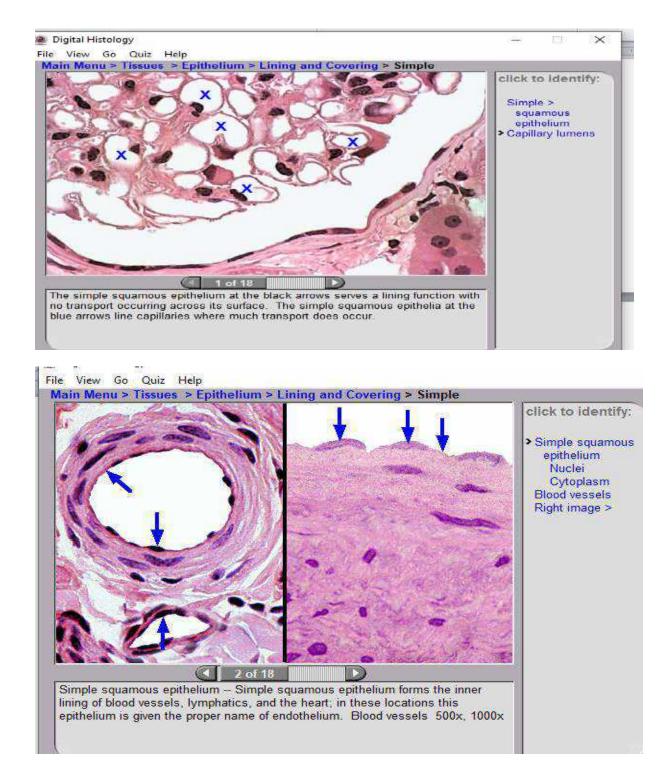


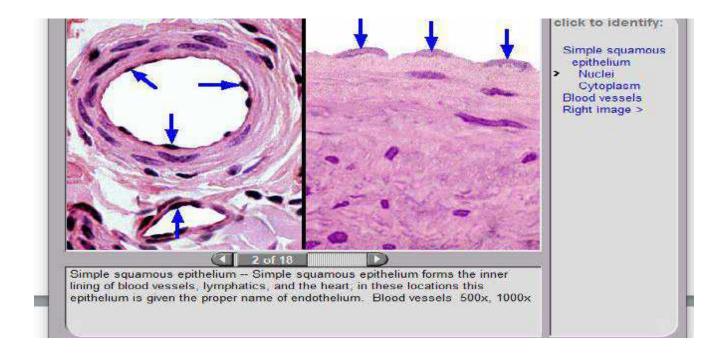


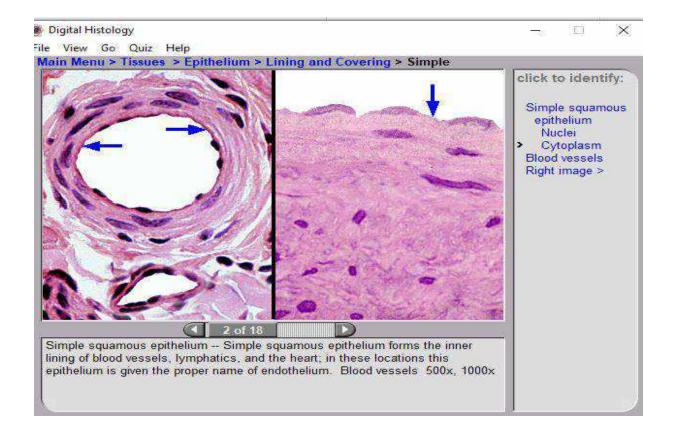


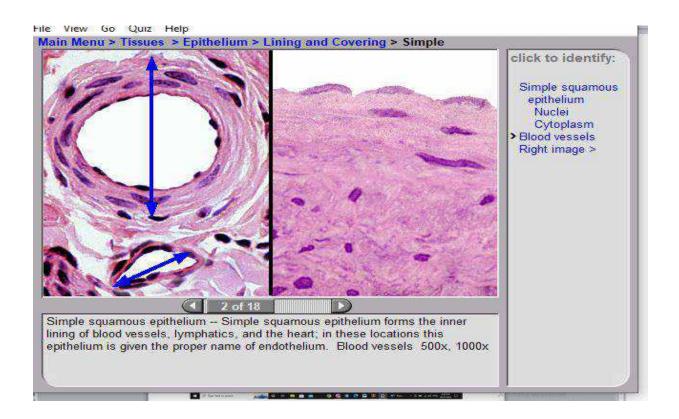


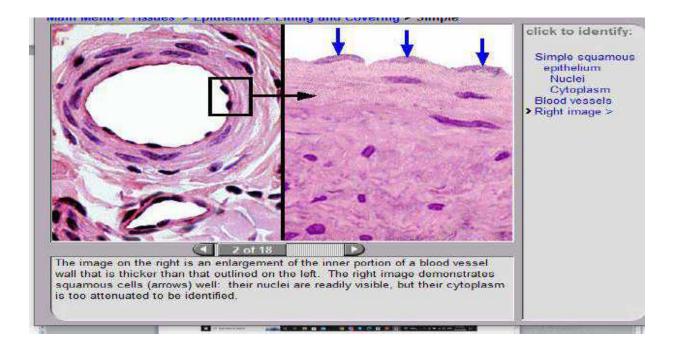


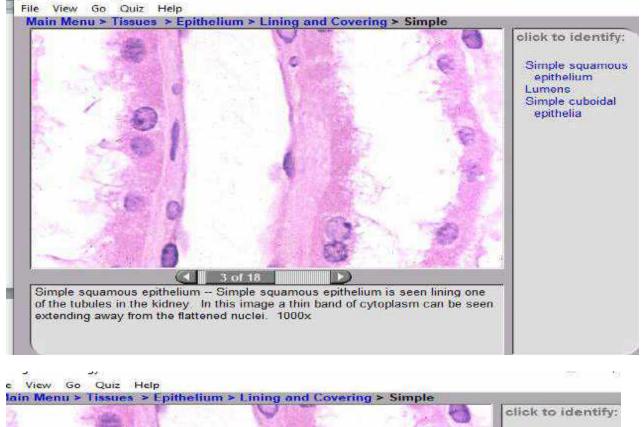


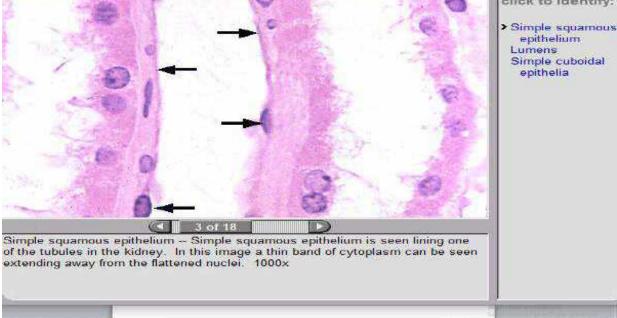


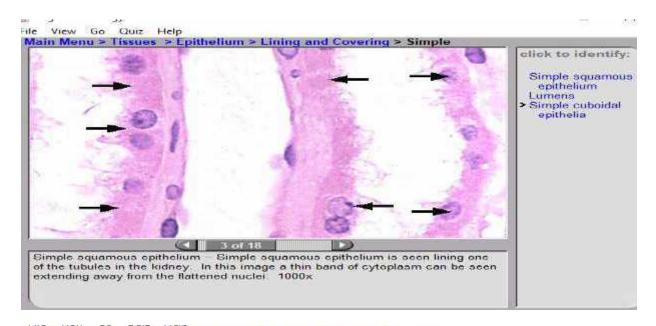


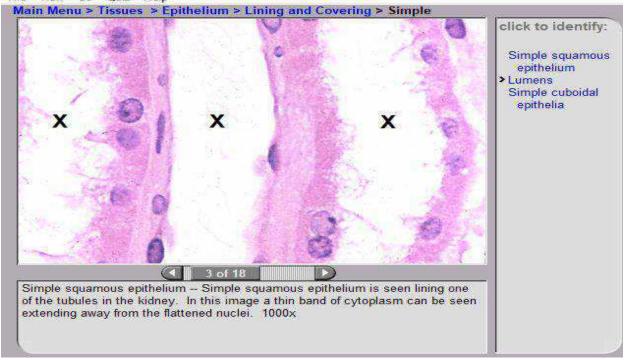


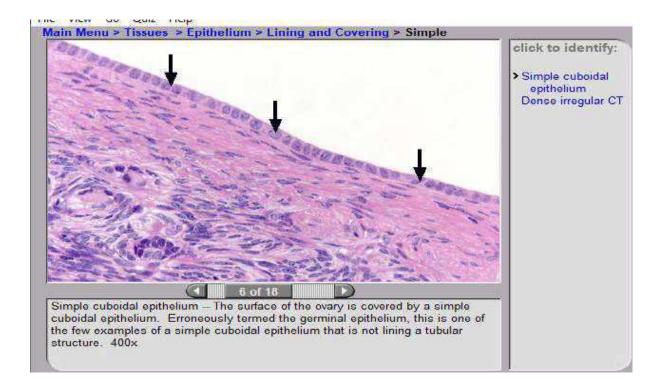


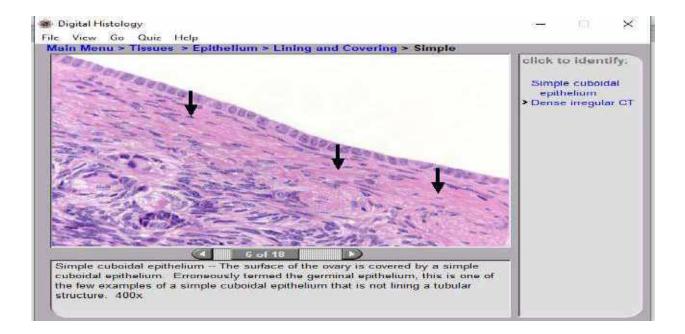


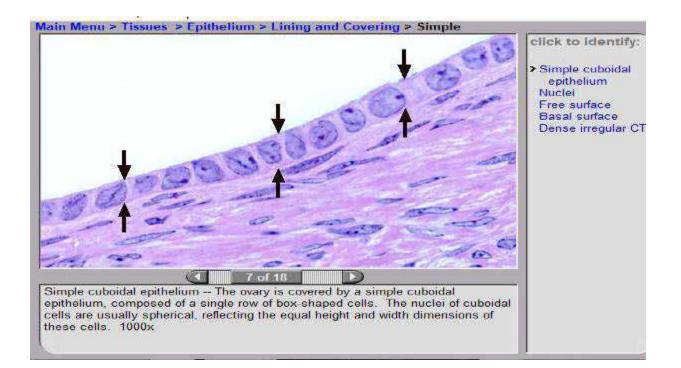


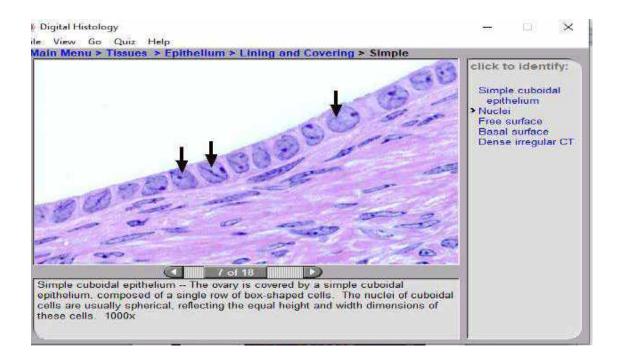


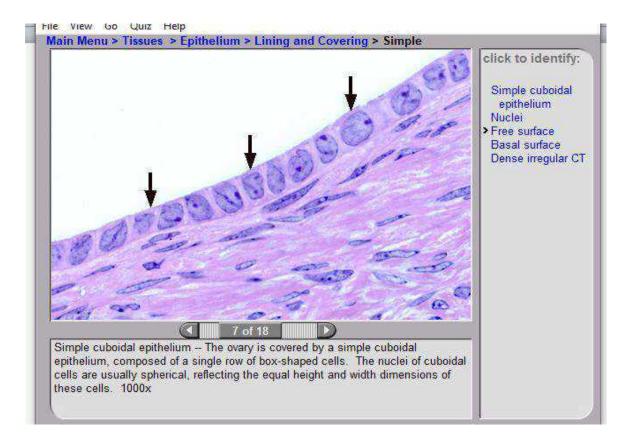


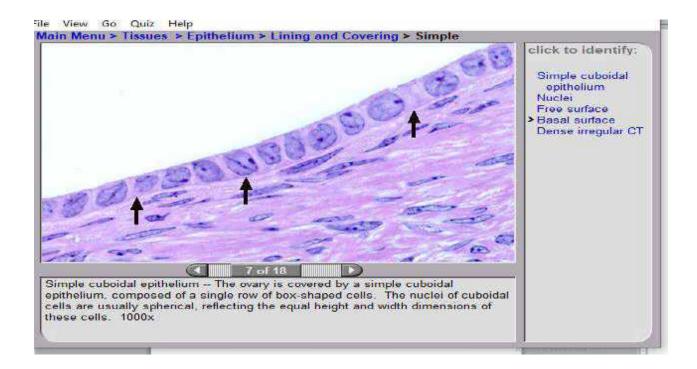


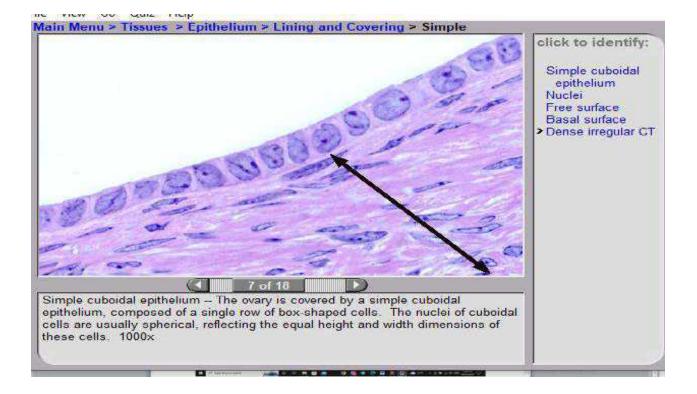


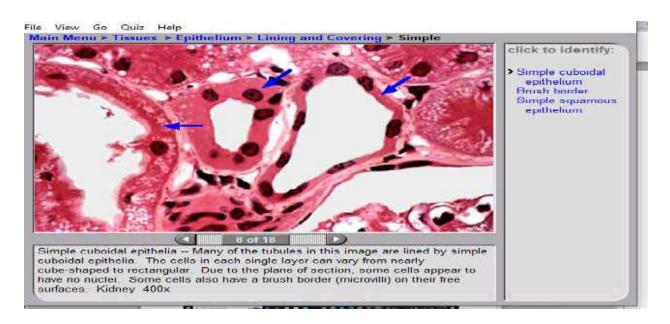




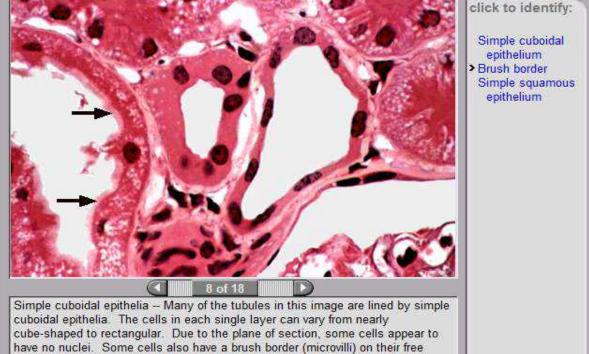




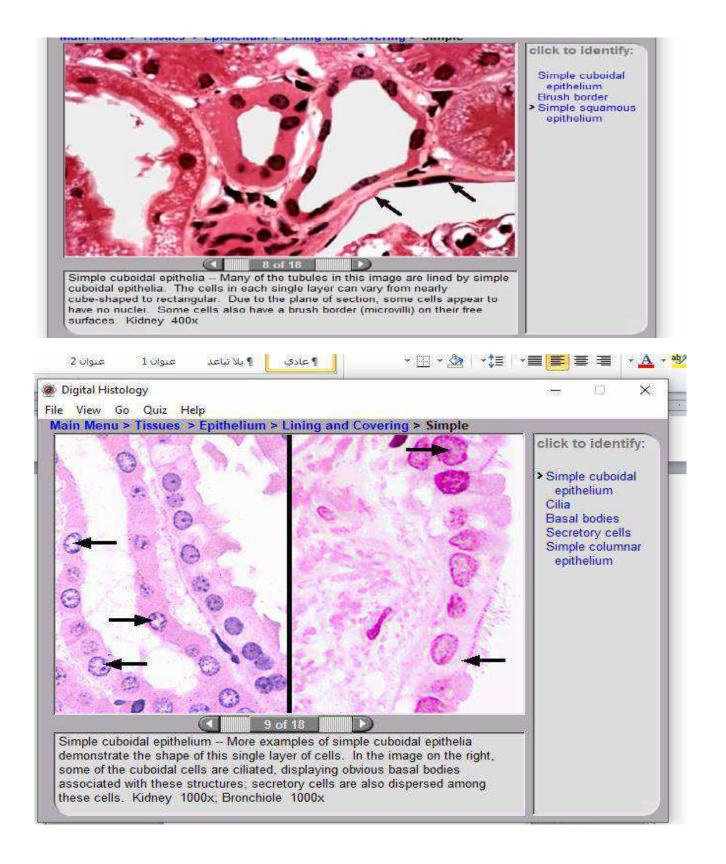


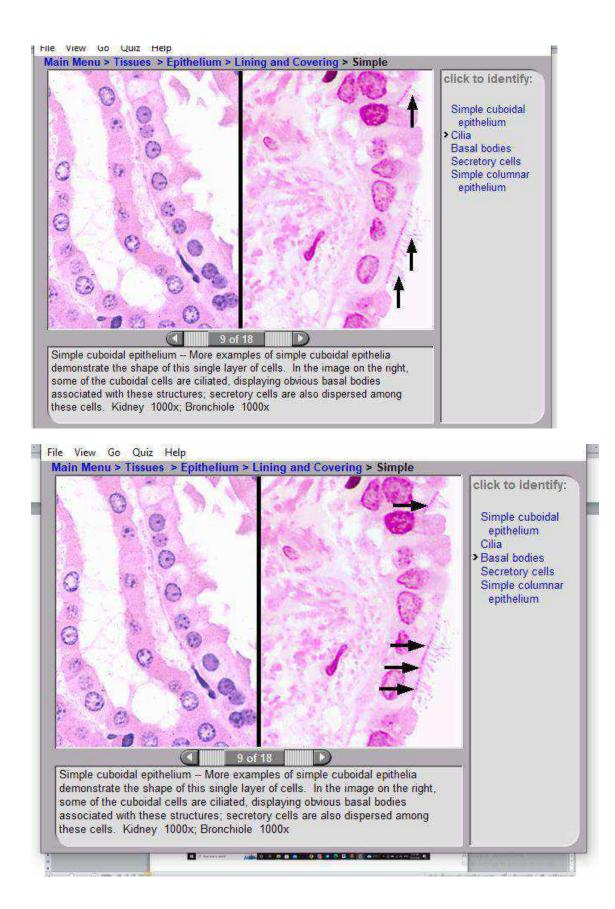


Main Menu > Tissues > Epithelium > Lining and Covering > Simple



surfaces. Kidney 400x

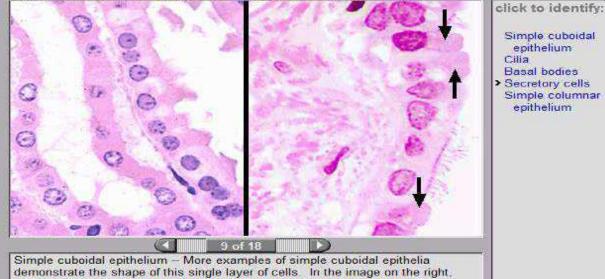




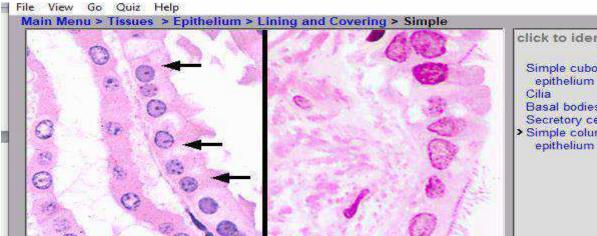
Digital Histology

File View Go Quiz Help

Main Menu > Tissues > Epithelium > Lining and Coverin Simple



some of the cuboidal cells are ciliated, displaying obvious basal bodies associated with these structures, secretory cells are also dispersed among these cells. Kidney 1000x; Bronchiole 1000x



click to identify:

×

Simple cuboidal epithelium Cilia

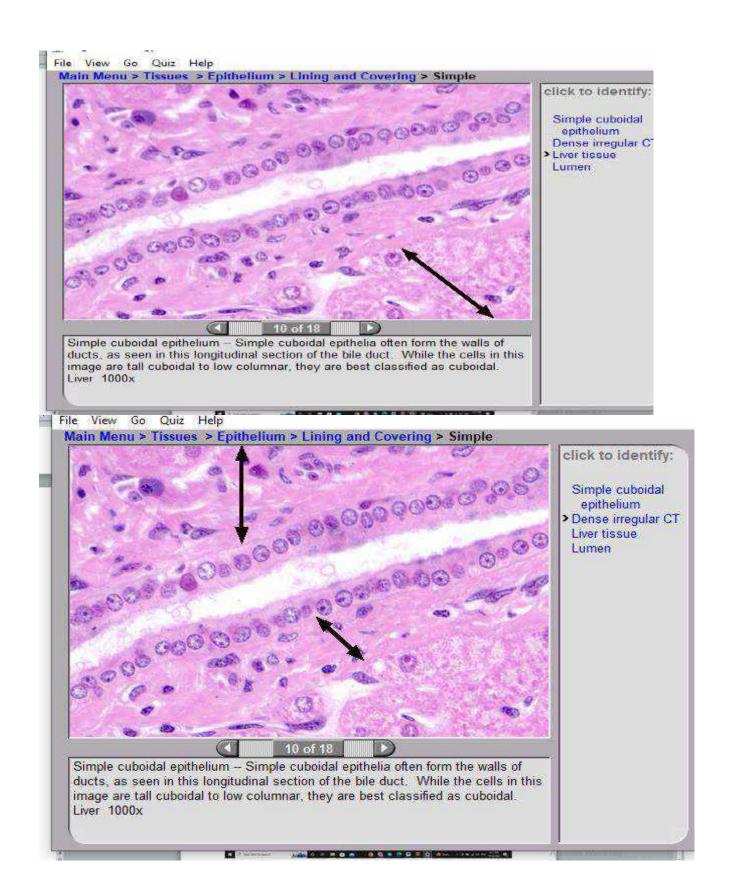
Basal bodies

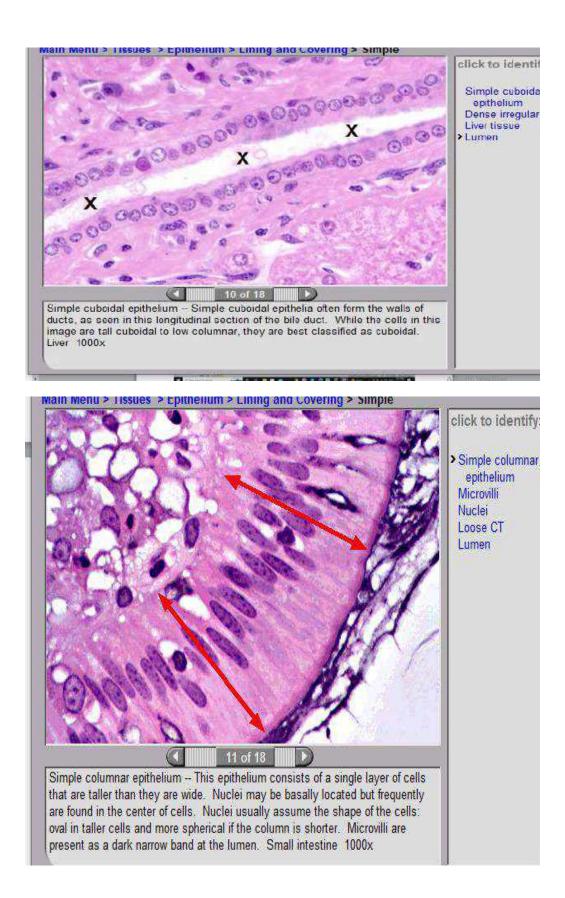
Secretory cells
Simple columnar

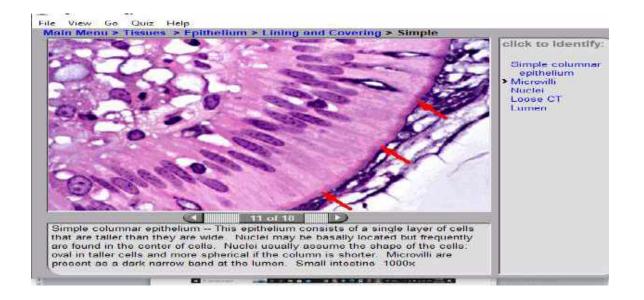
9 of 18 Simple cuboidal epithelium -- More examples of simple cuboidal epithelia demonstrate the shape of this single layer of cells. In the image on the right, some of the cuboidal cells are ciliated, displaying obvious basal bodies associated with these structures; secretory cells are also dispersed among these cells. Kidney 1000x; Bronchiole 1000x

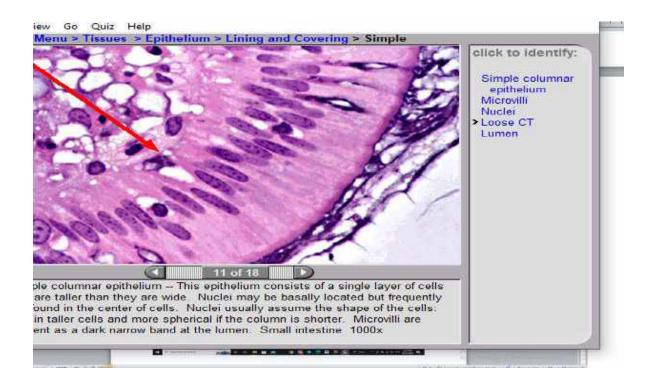
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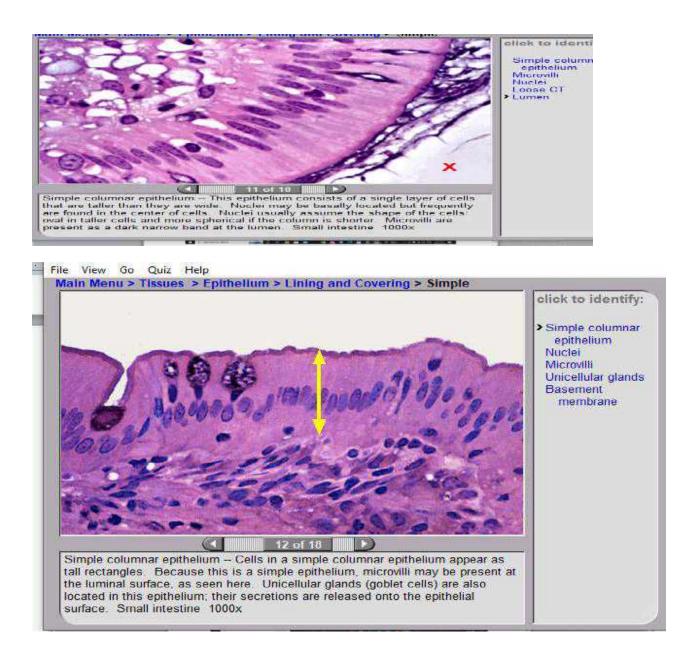
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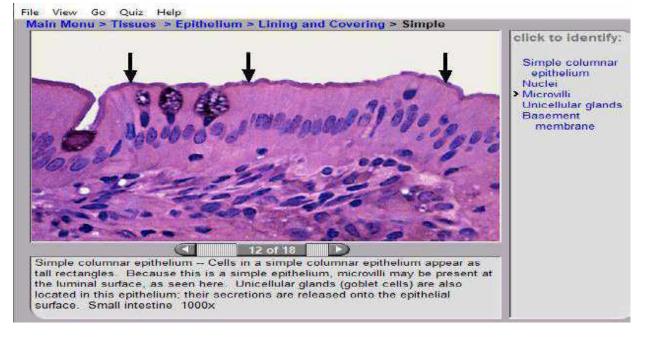




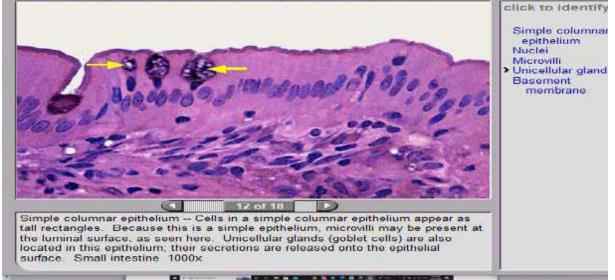


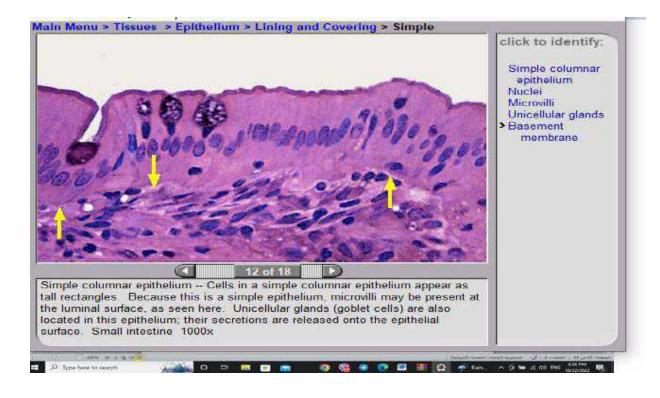


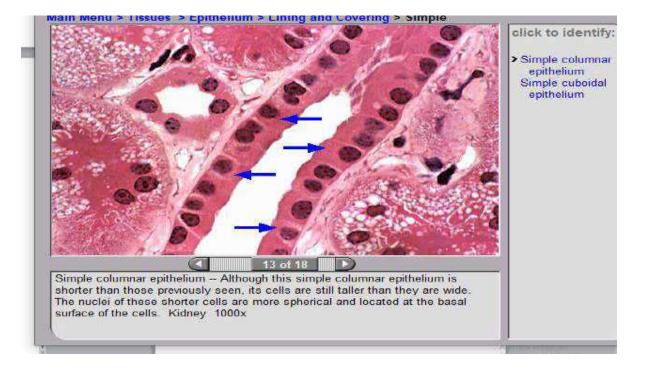


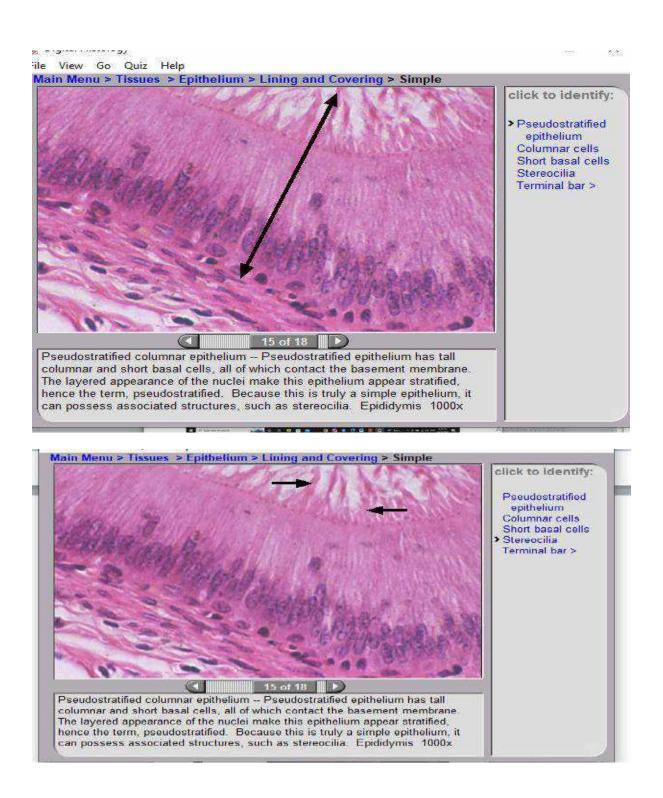


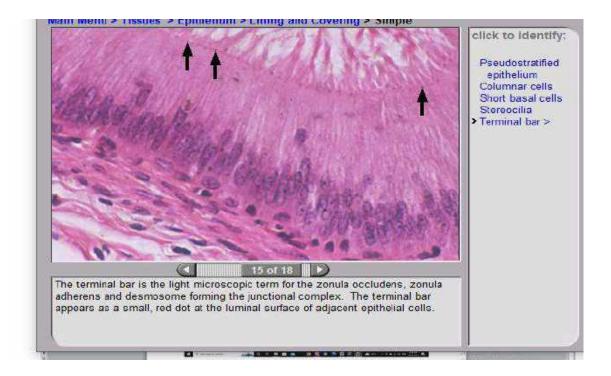
Main Menu > Tissues > Epithelium > Lining and Covering > Simple

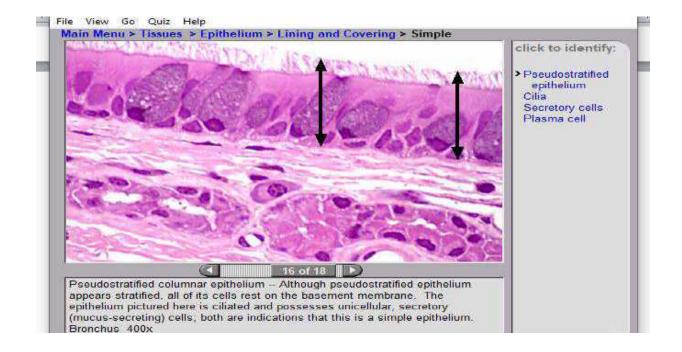


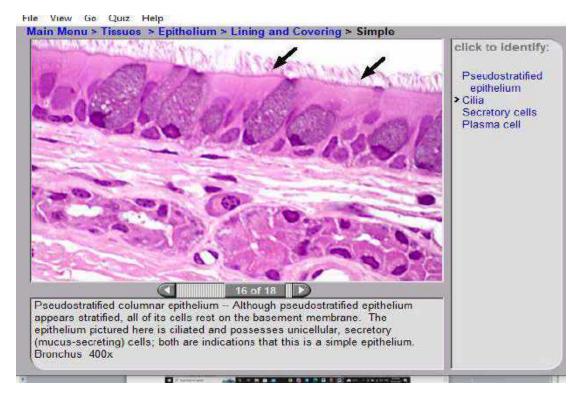




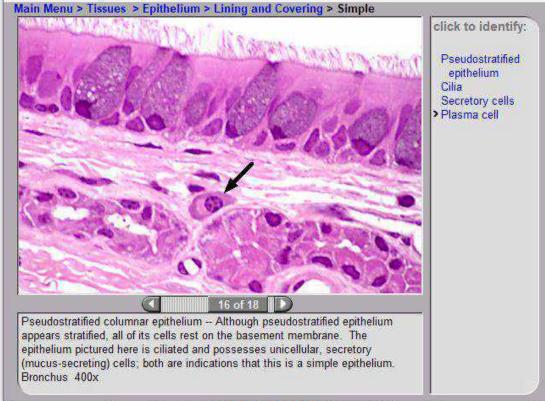


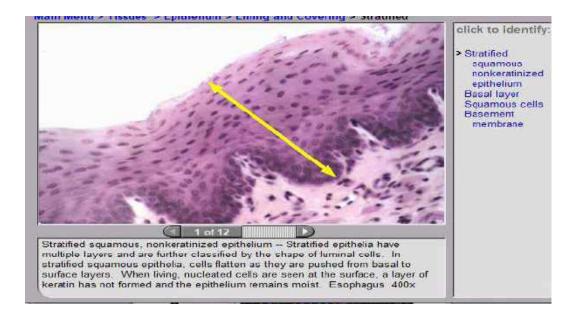


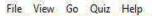


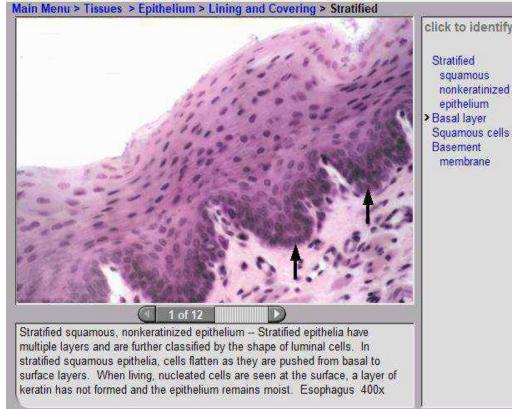


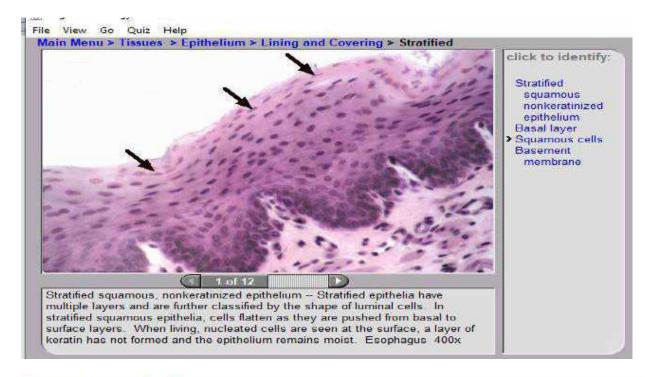
Hile View Go Quiz Help



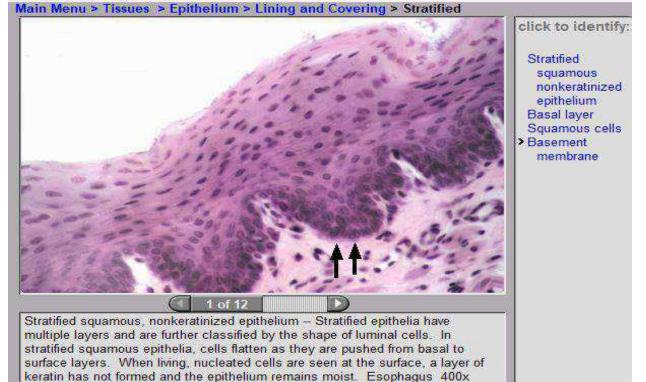


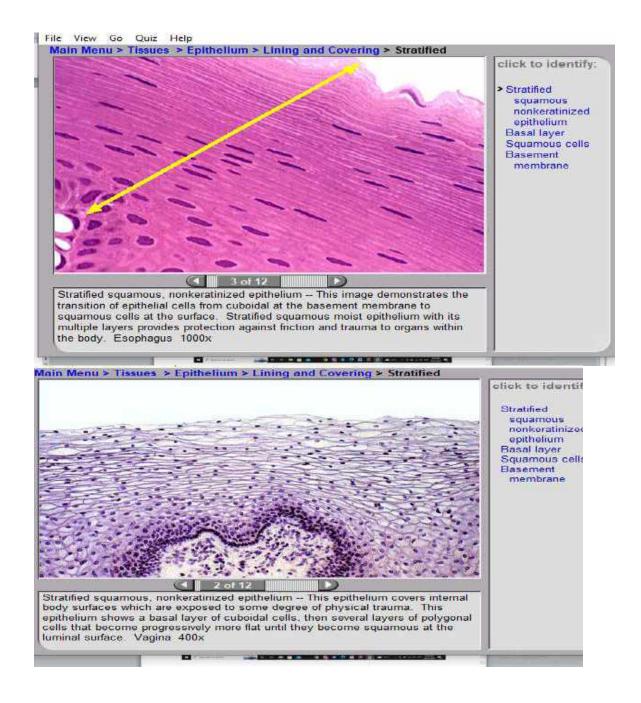


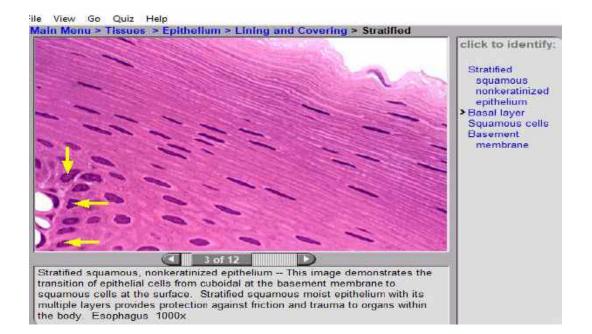


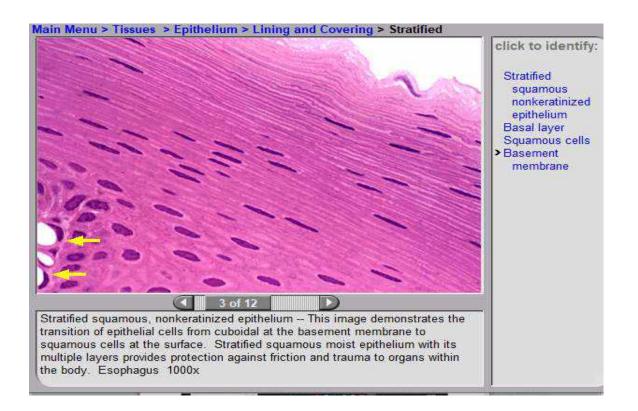


File View Go Quiz Help







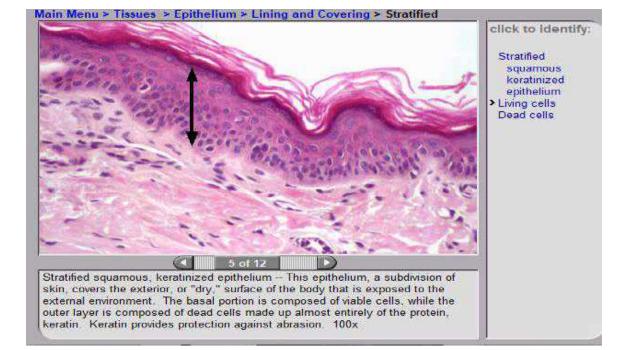


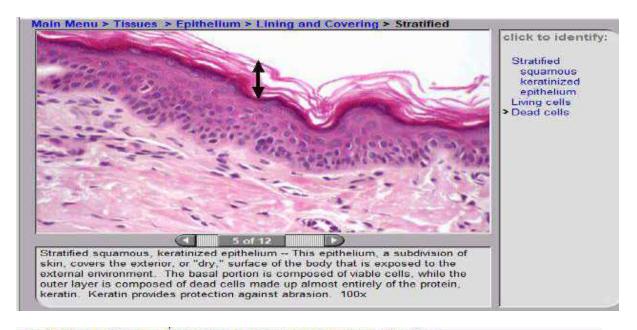


click to identify

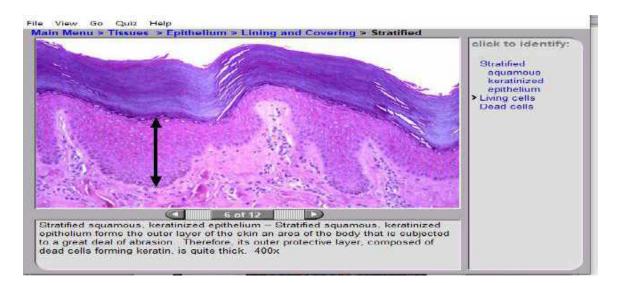
 Stratified squamous keratinized epithelium Living cells Dood collc

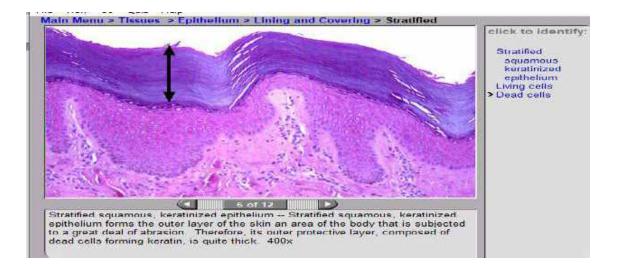
Stratified squamous, keratinized epithelium – This epithelium, a subdivision of skin, covers the exterior, or "dry," surface of the body that is exposed to the external environment. The basal portion is composed of viable cells, while the outer layer is composed of dead cells made up almost entirely of the protein, keratin. Keratin provides protection against abrasion. 100x

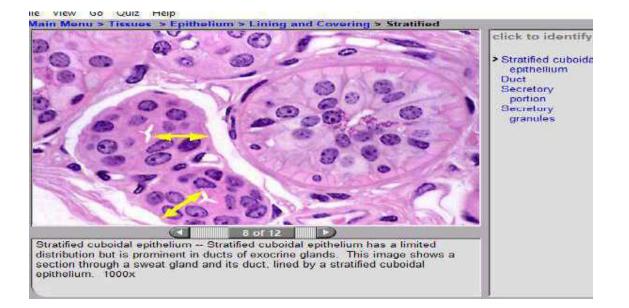


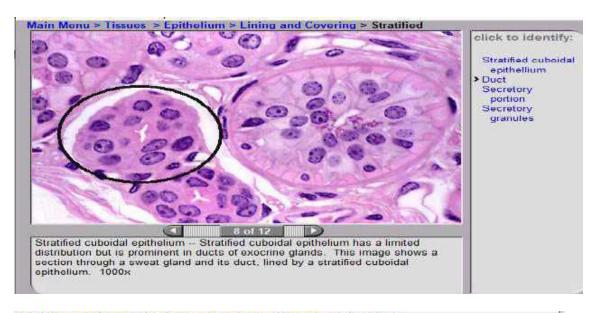




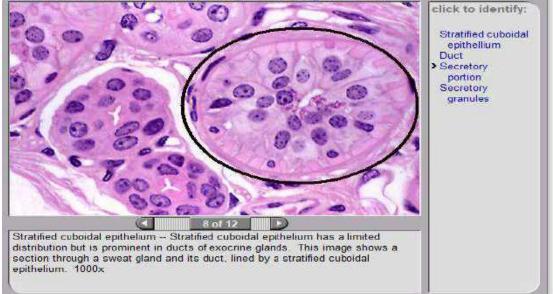


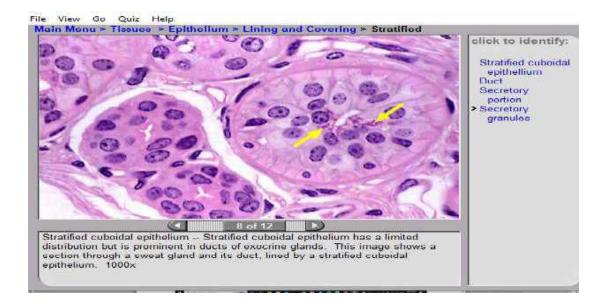


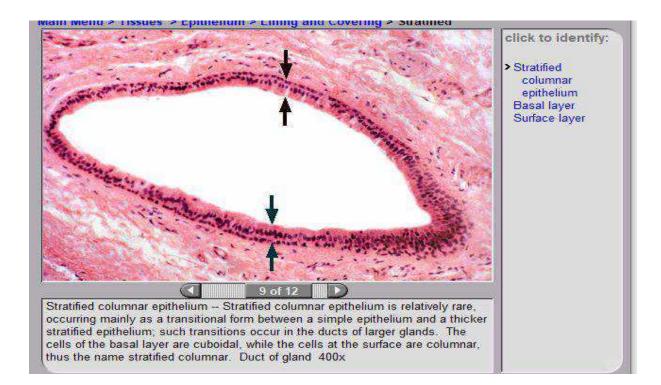


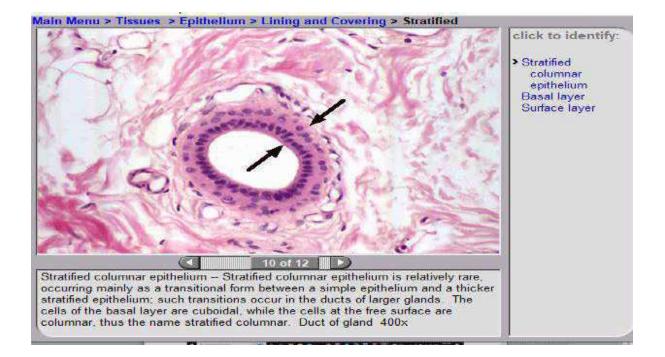


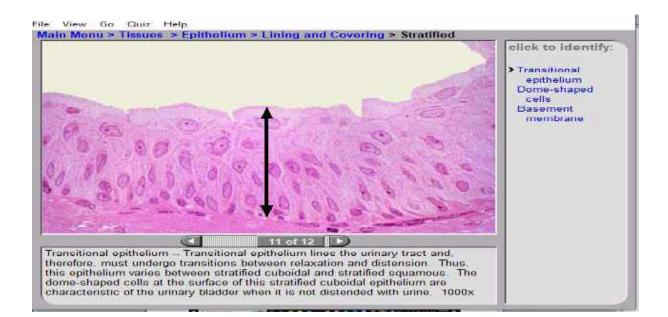
Main Menu > Tissues > Epithelium > Lining and Covering > Stratified

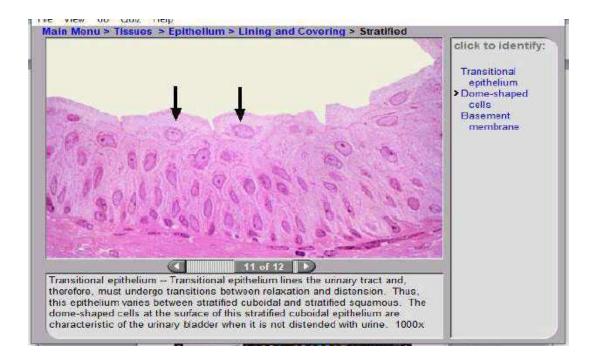


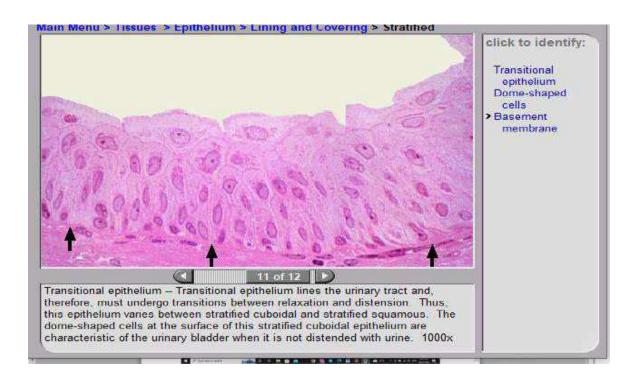


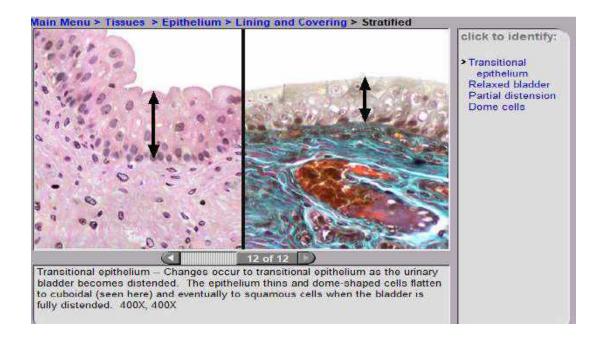


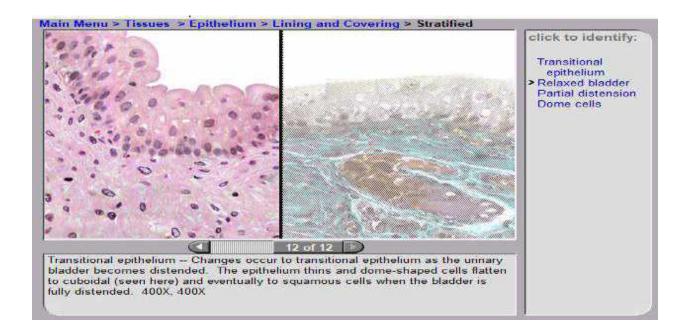


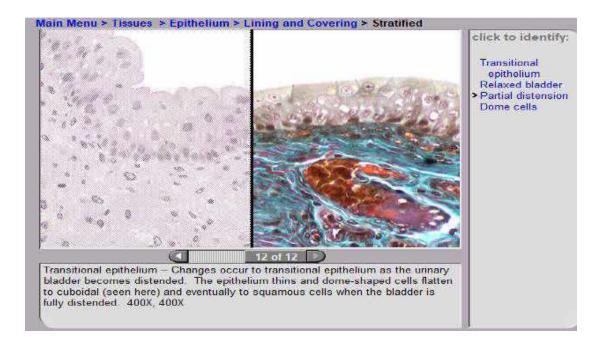


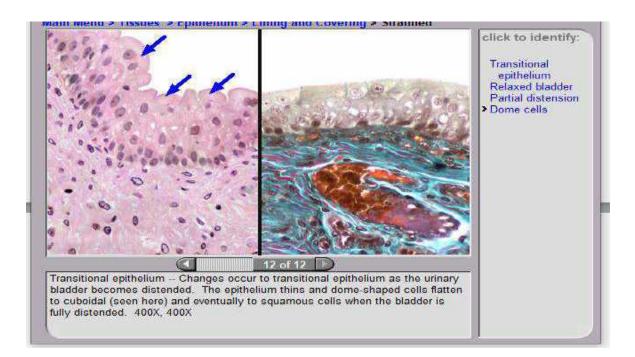


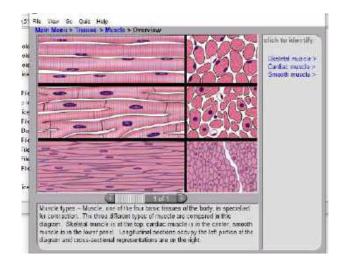


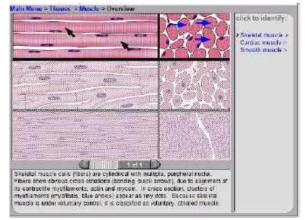


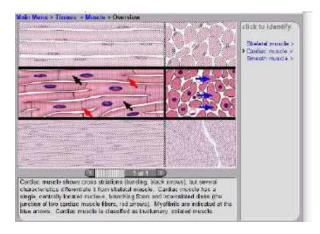


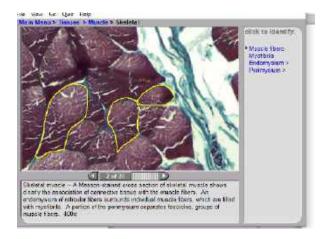


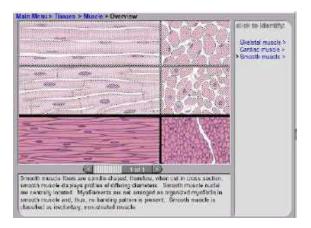


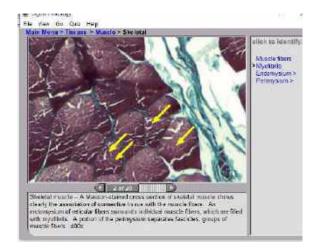


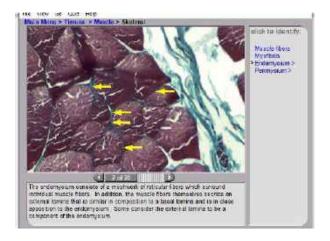




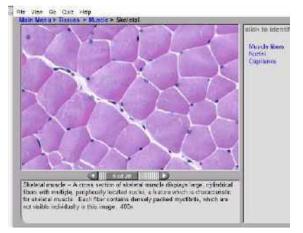


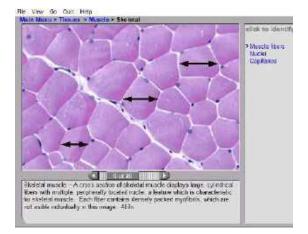


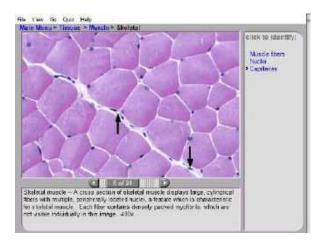


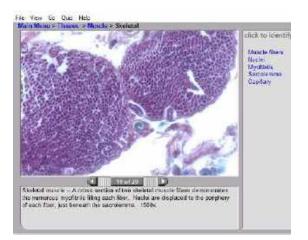


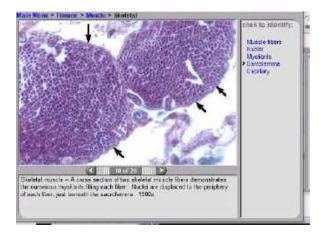


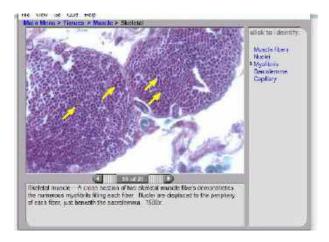




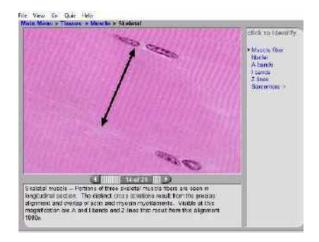


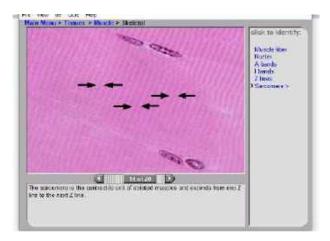


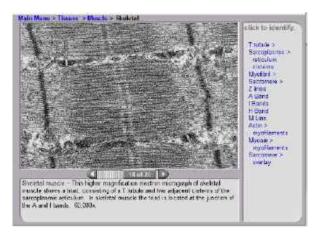


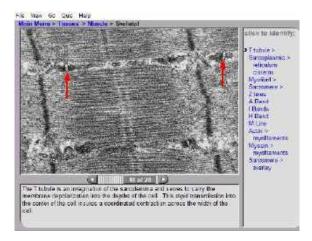


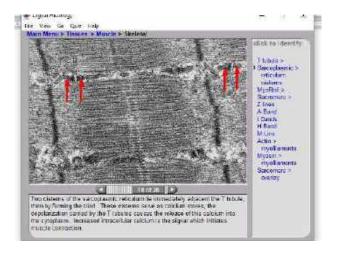


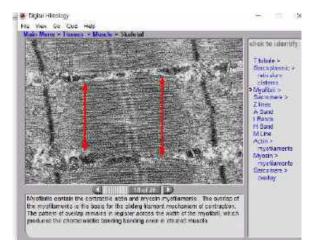


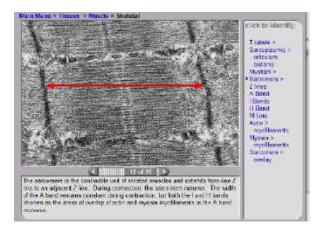


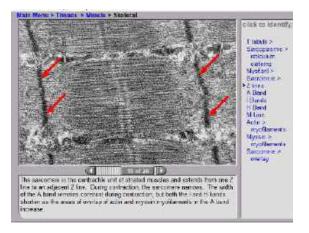


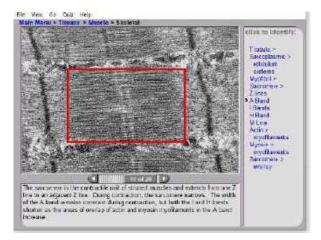


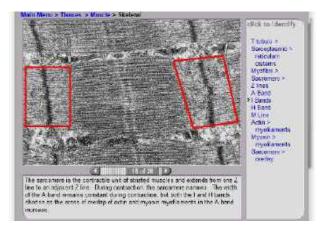


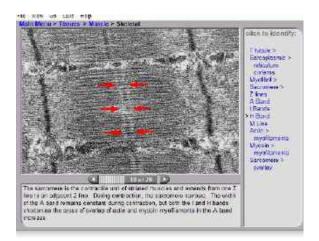


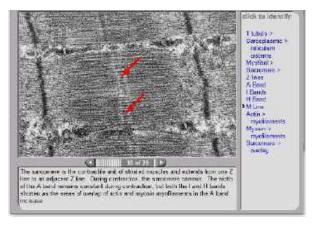


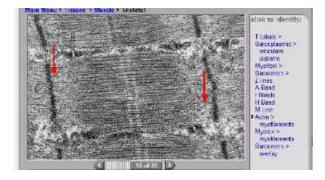


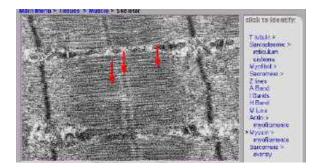


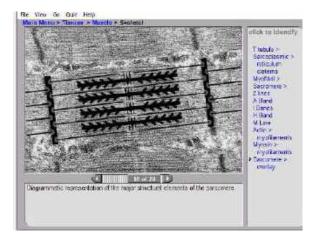


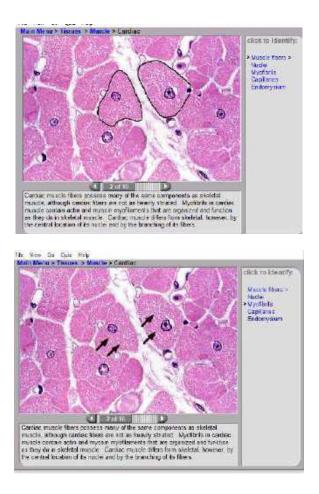


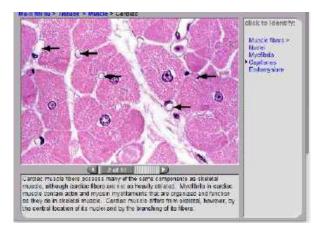


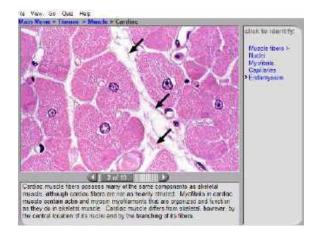


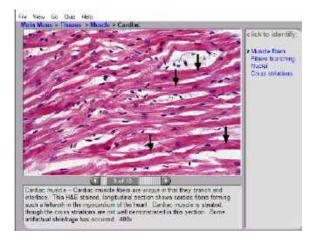








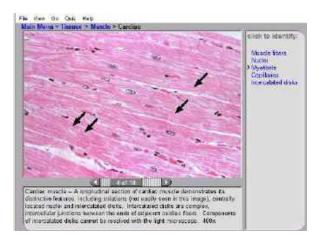




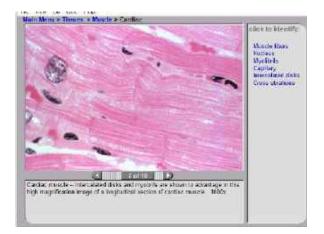


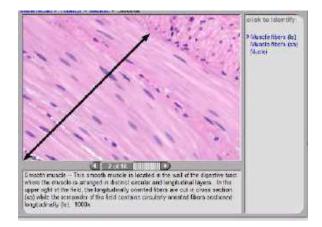


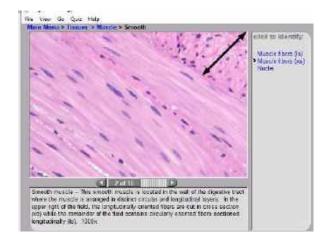






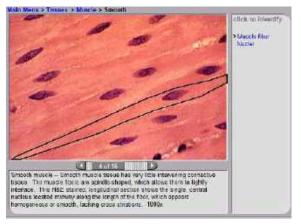


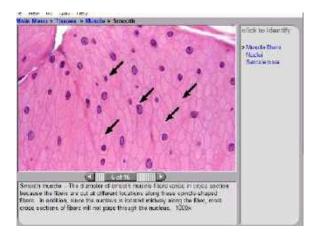


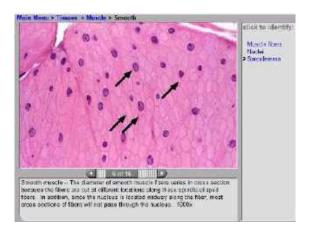


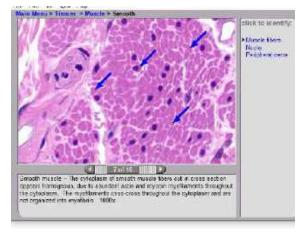


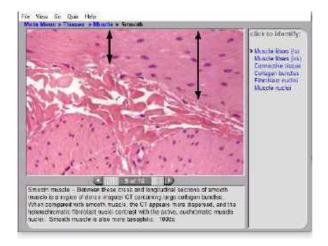


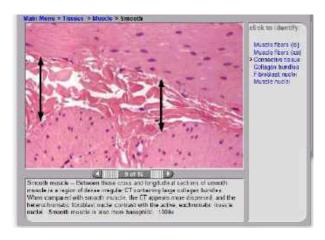


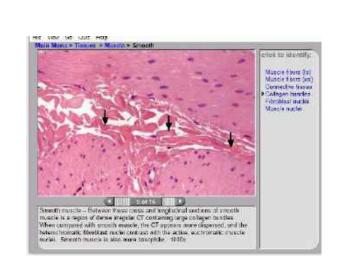






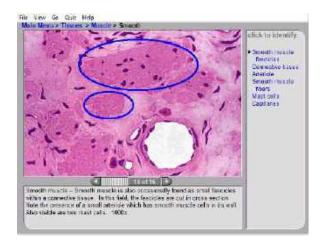


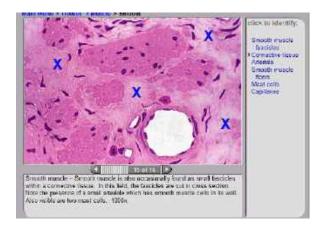


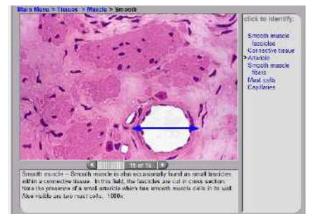


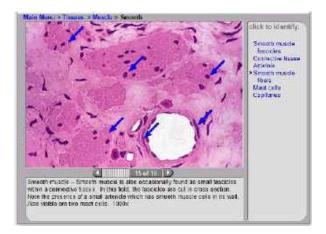




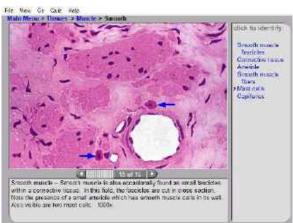


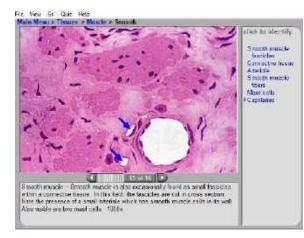


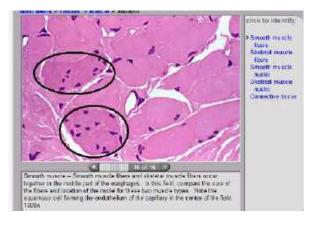


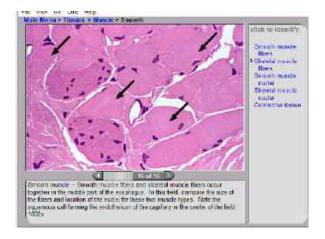


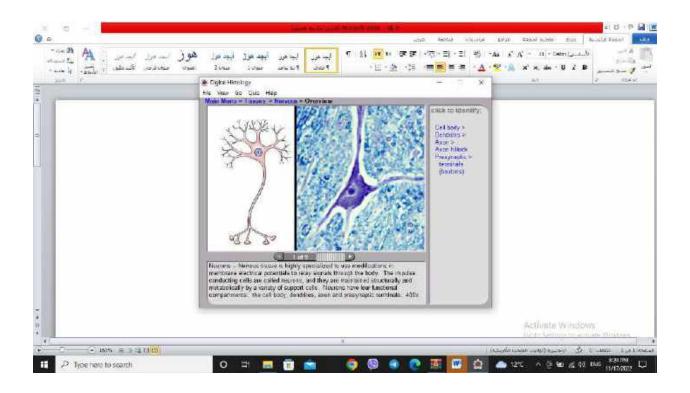


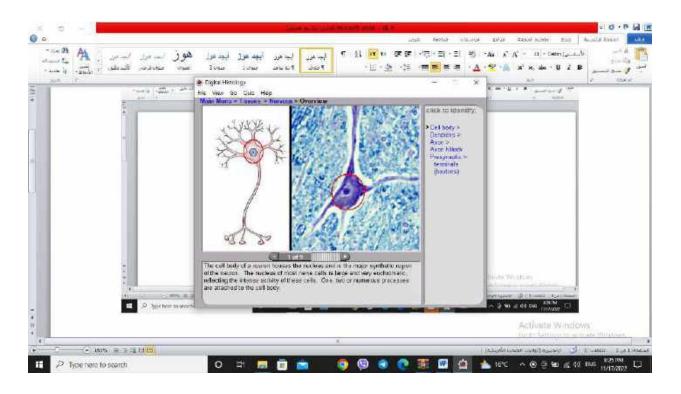


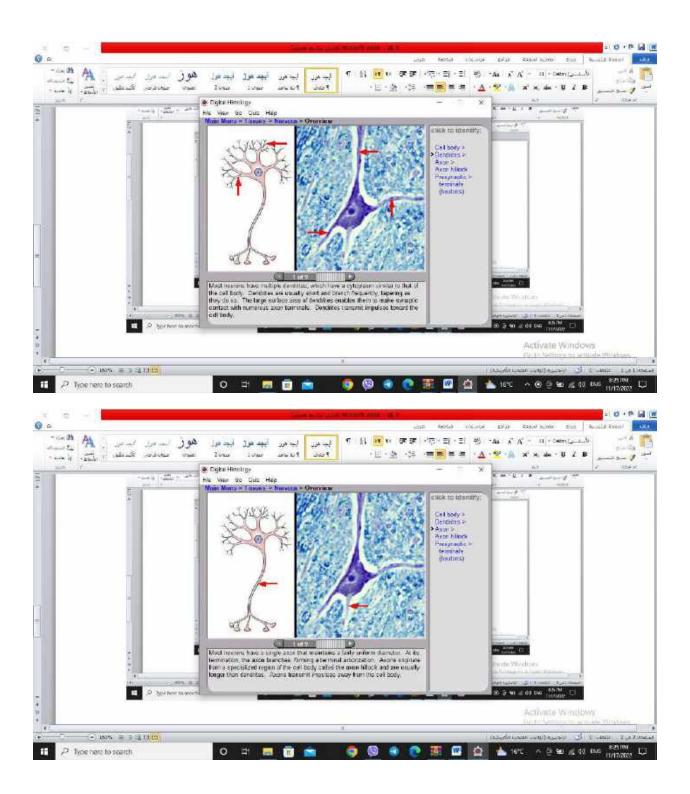


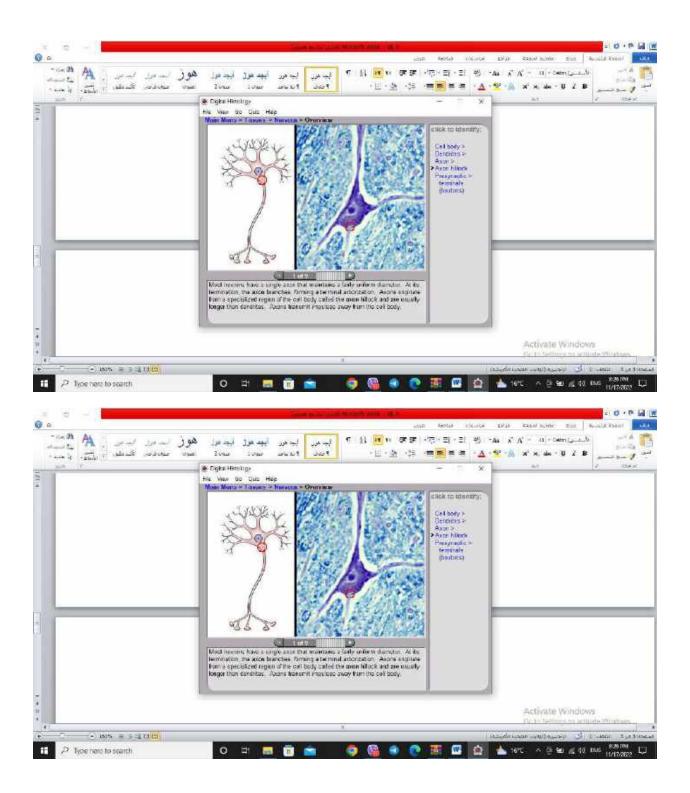


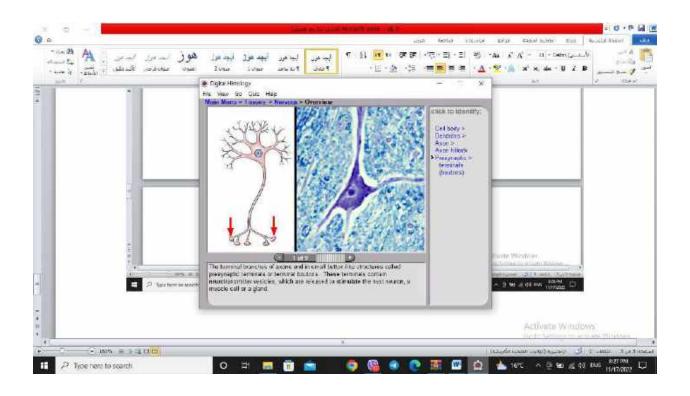


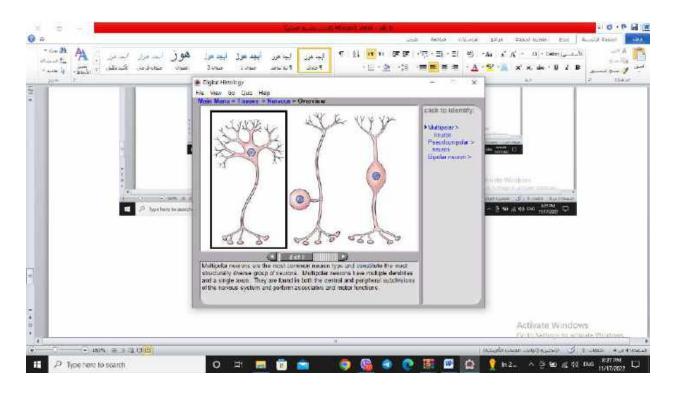


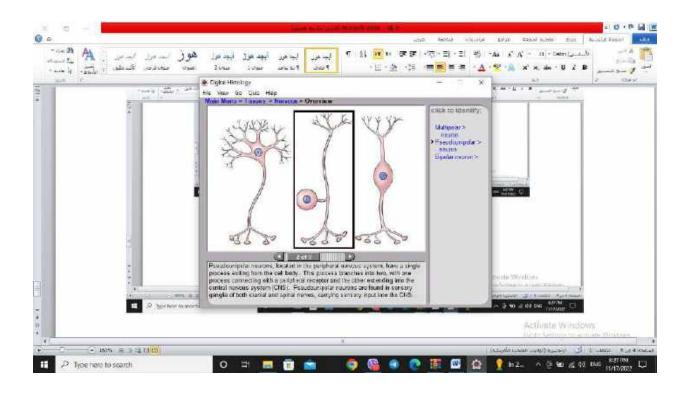


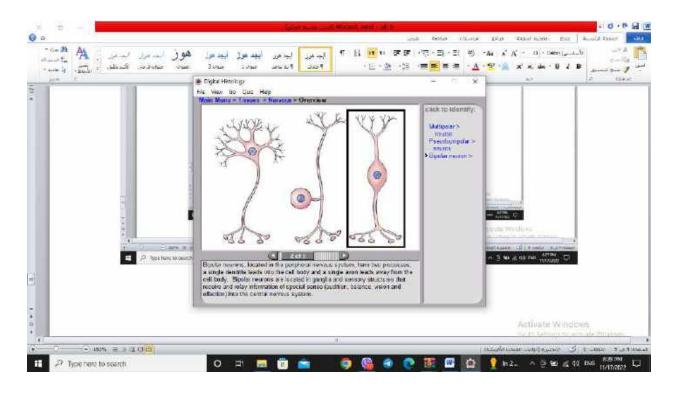


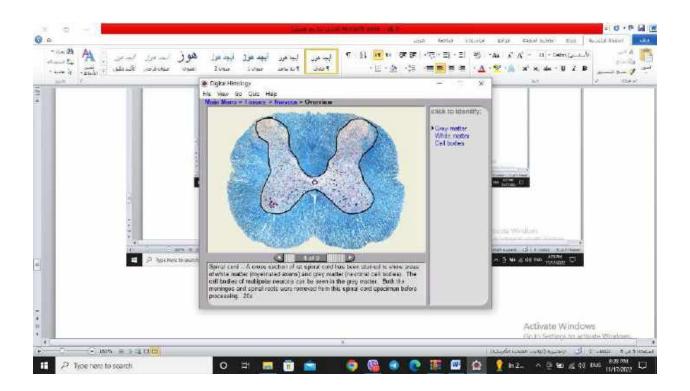


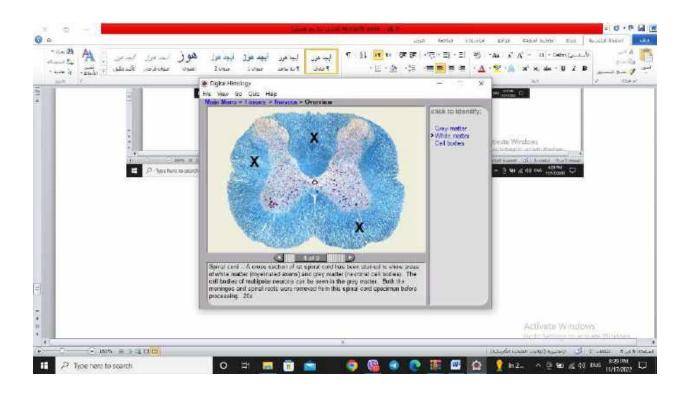


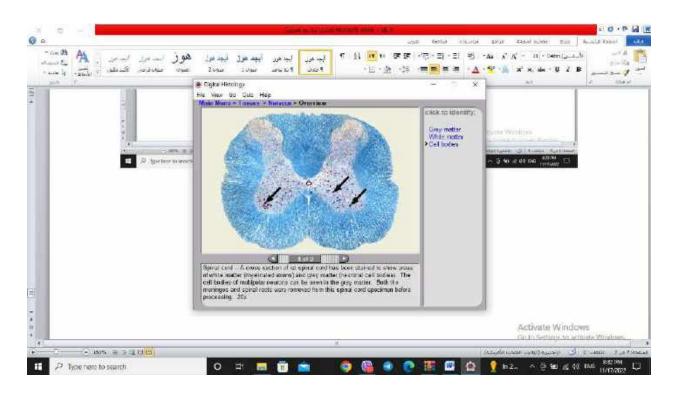


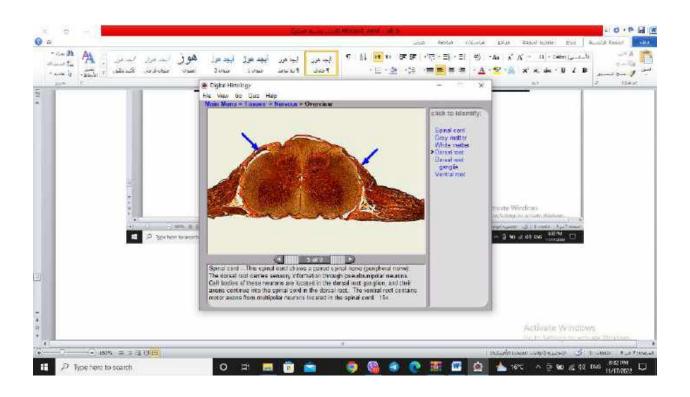


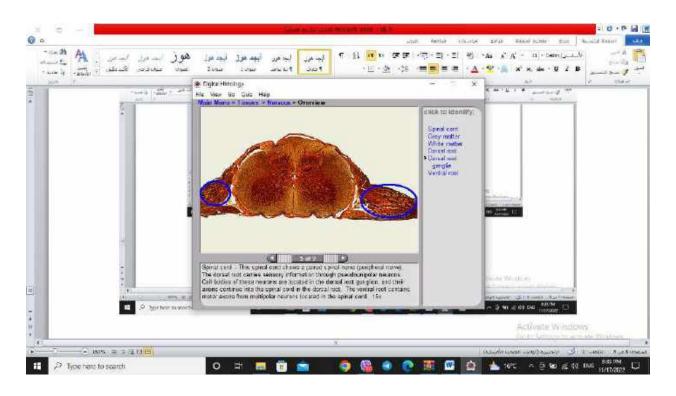


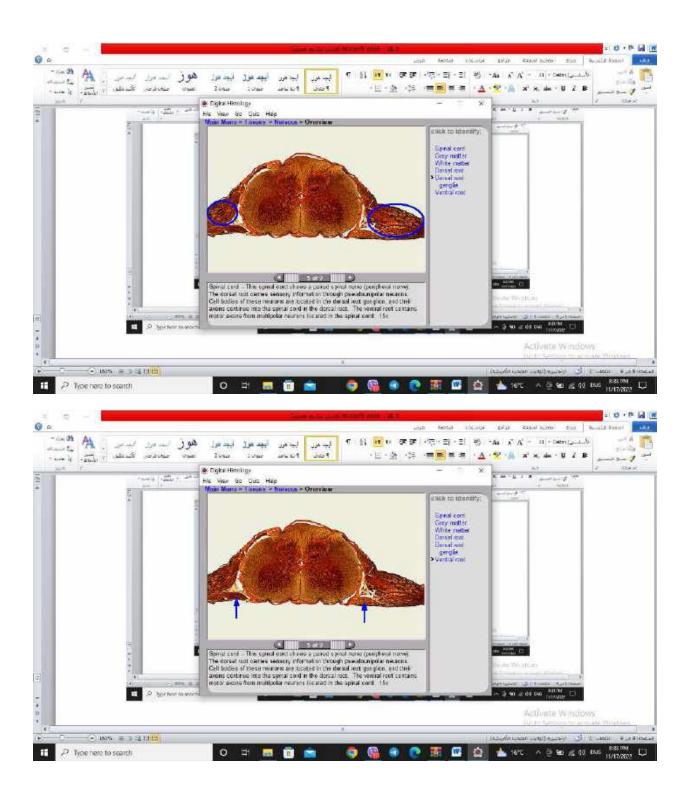


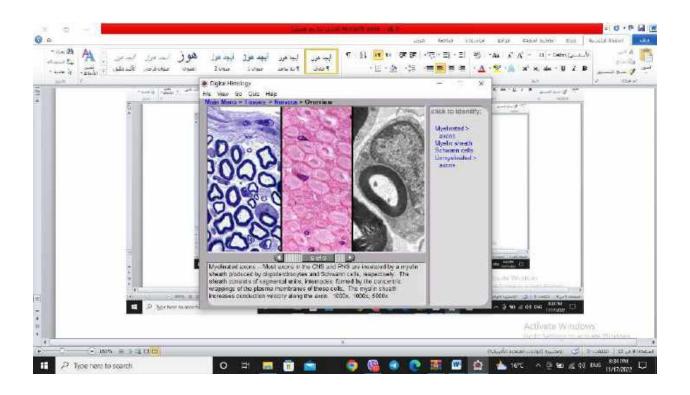


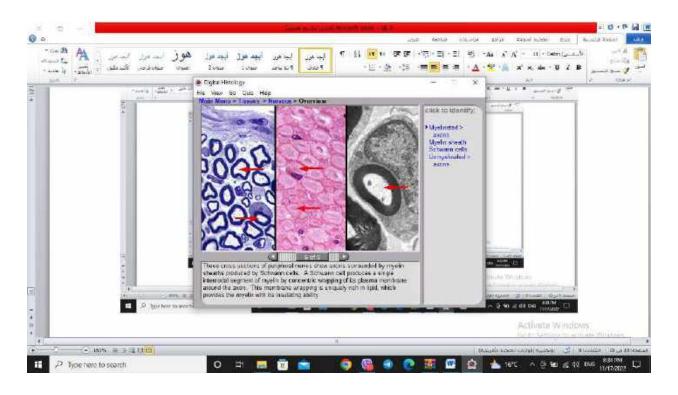


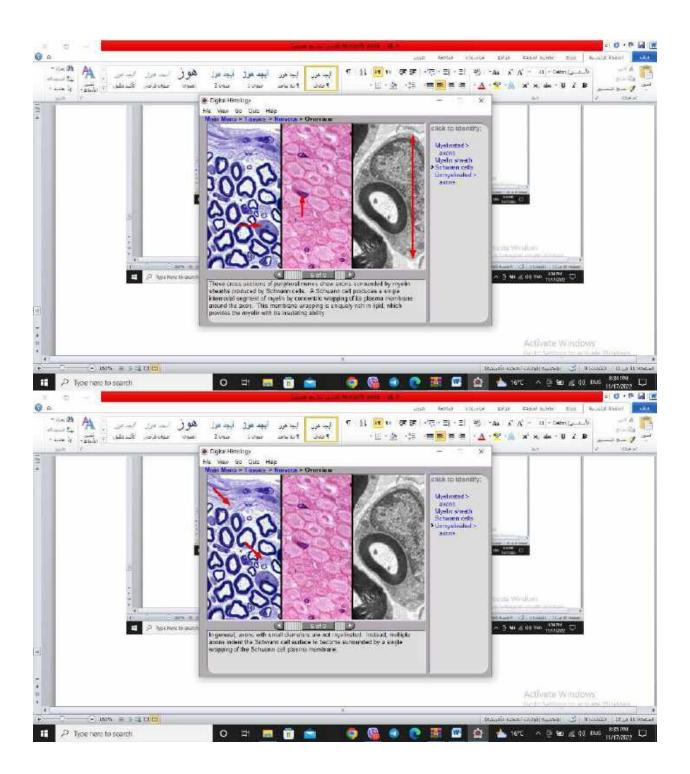


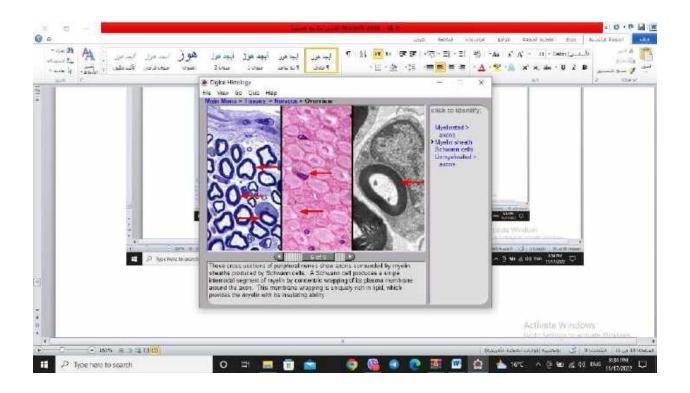


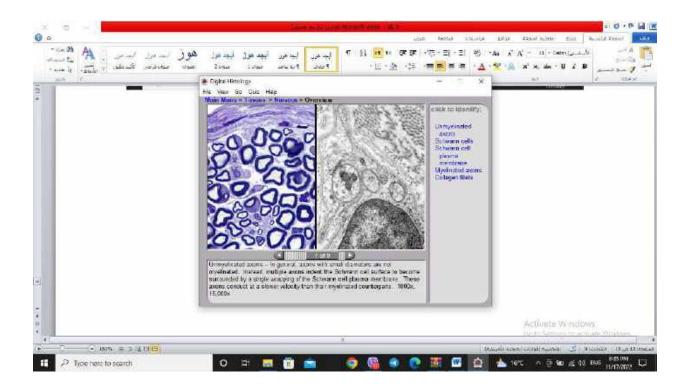


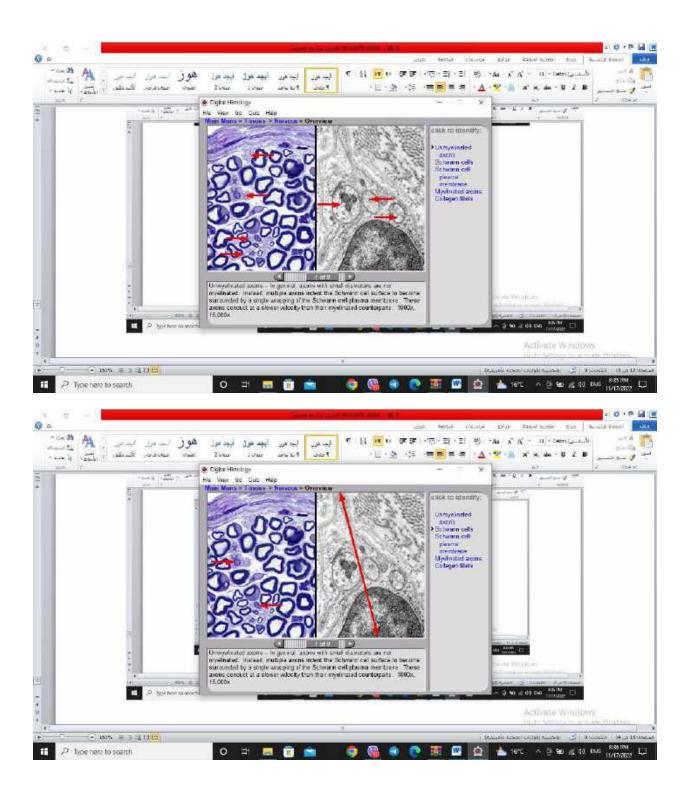


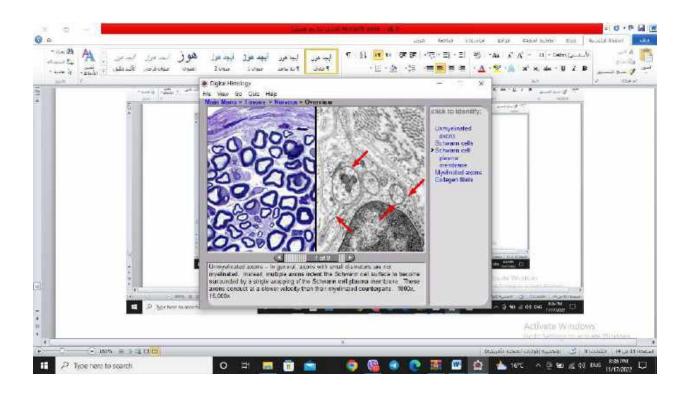


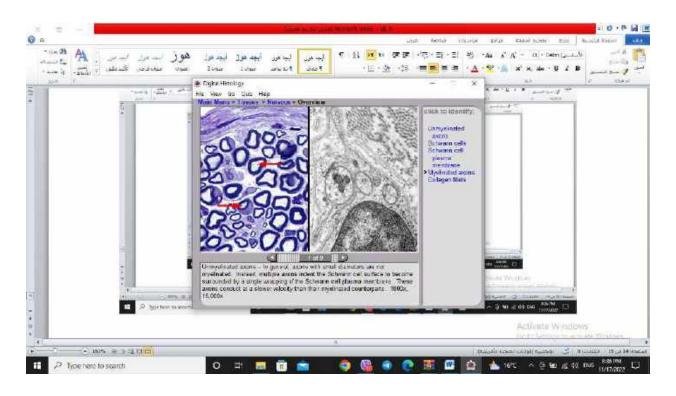


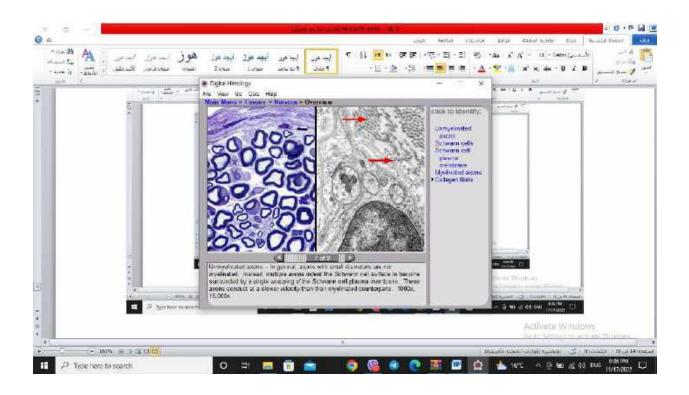


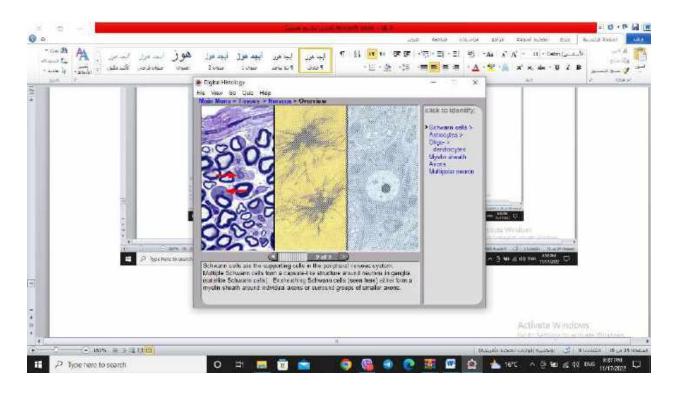


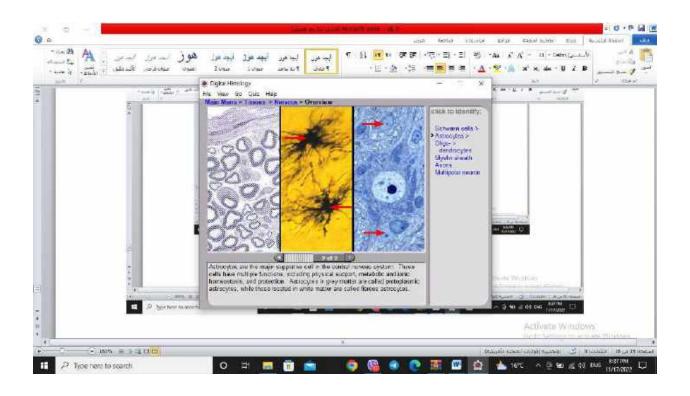


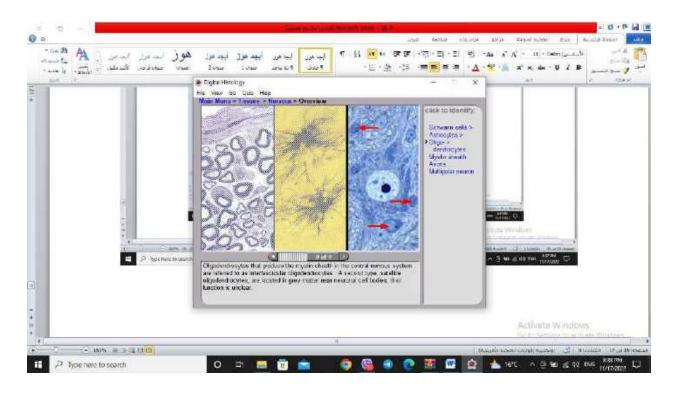


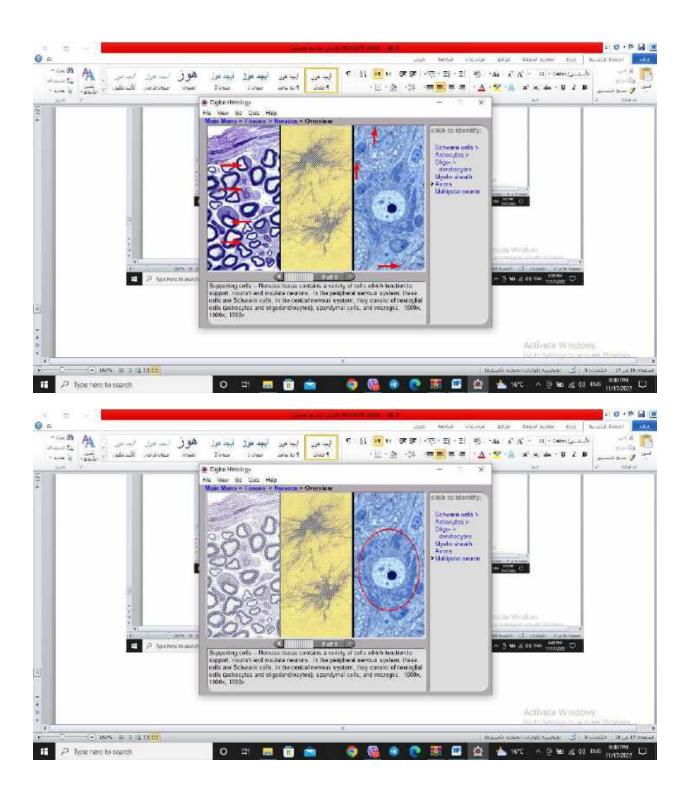


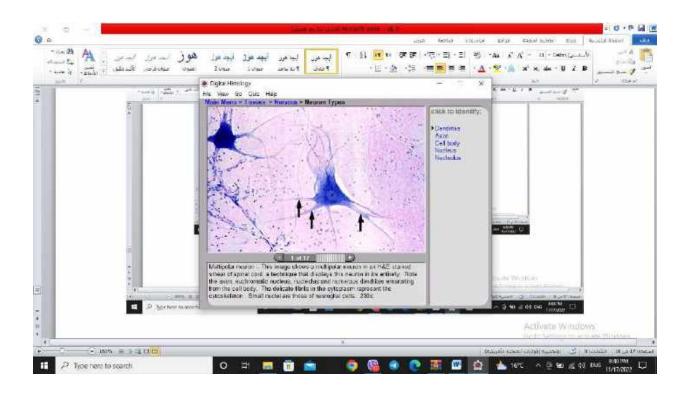


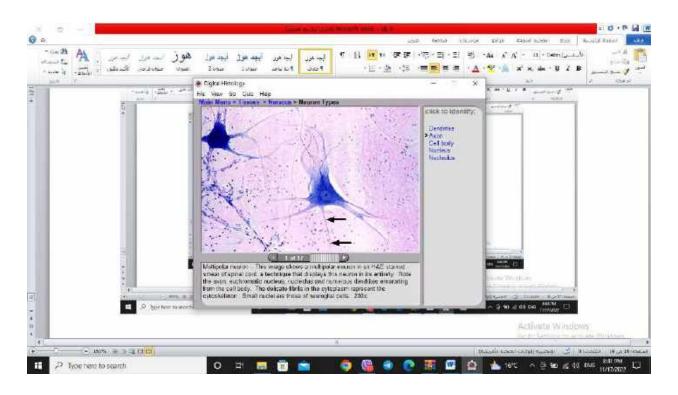


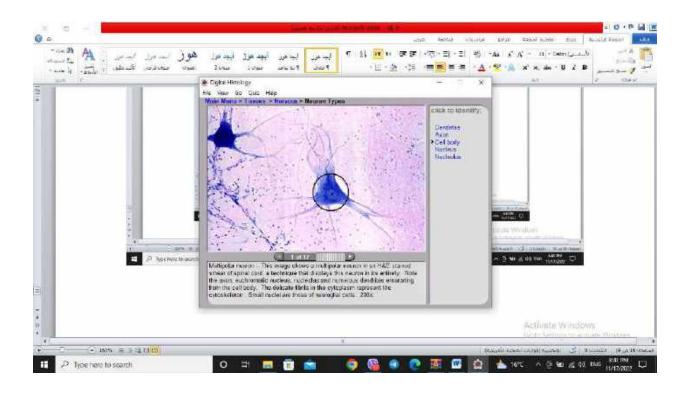


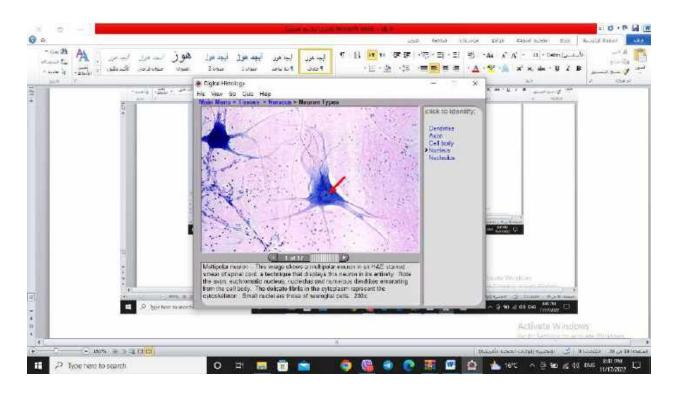


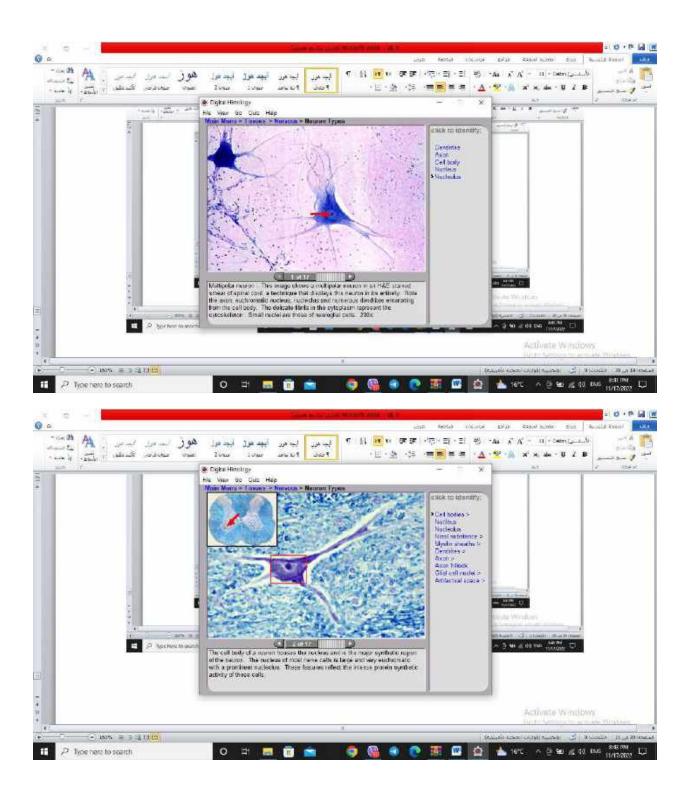


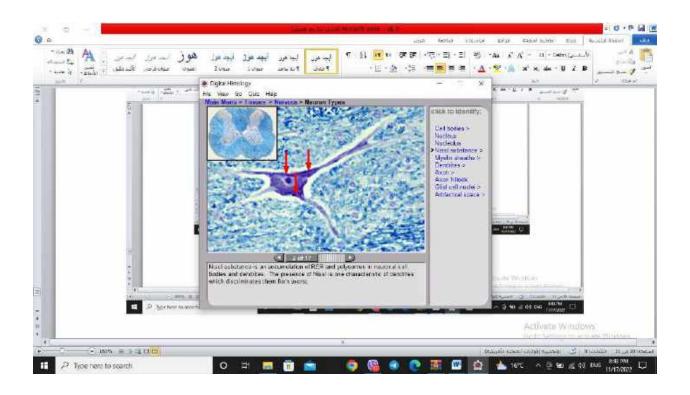


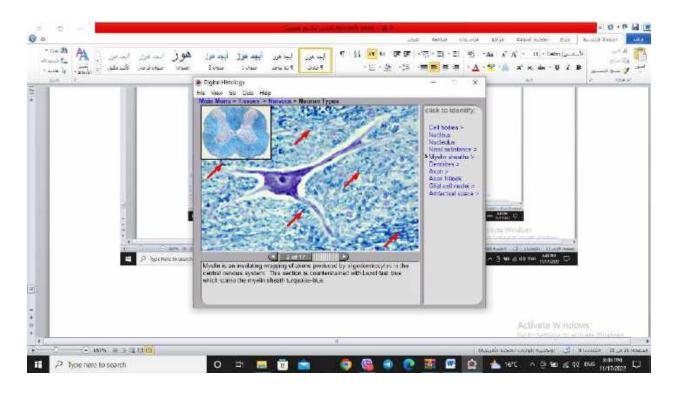


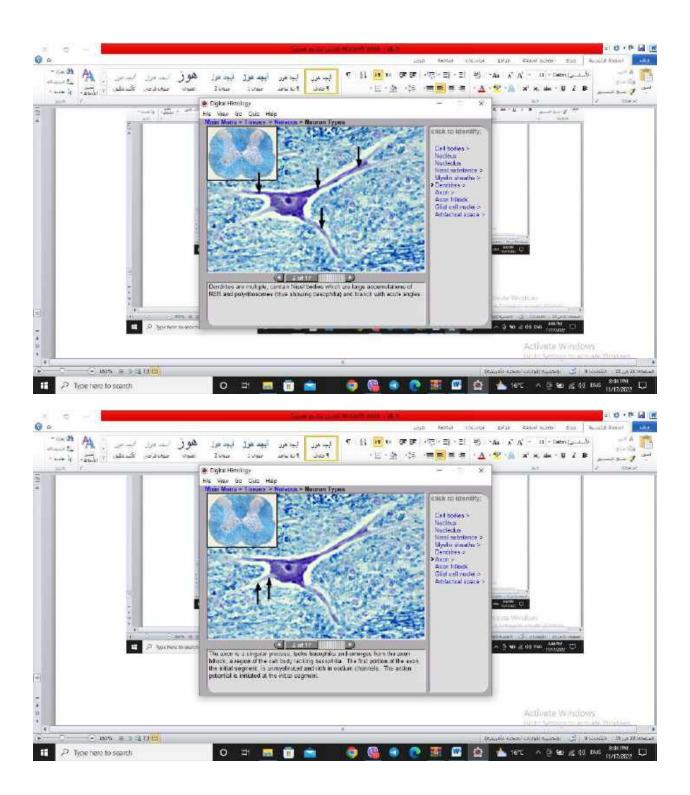


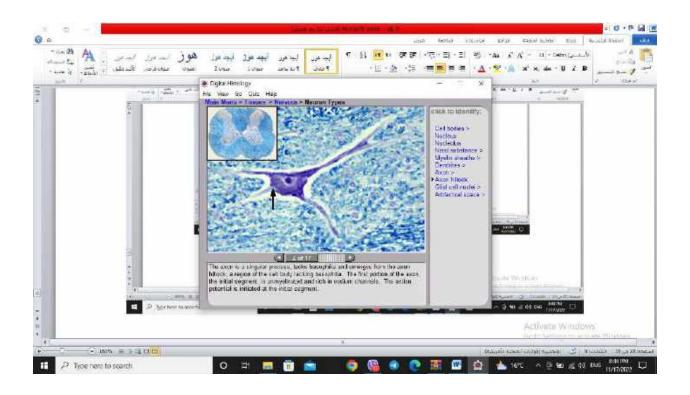


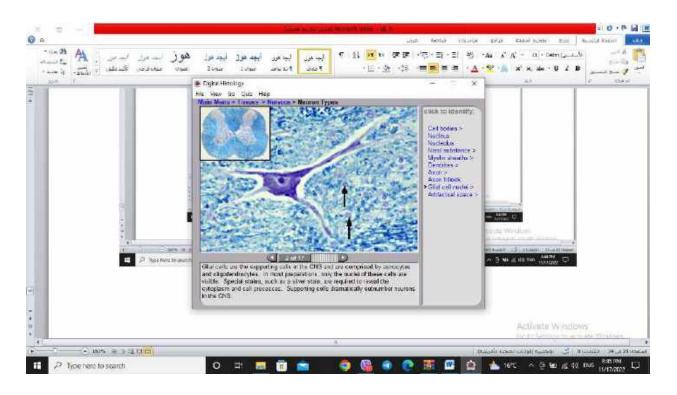


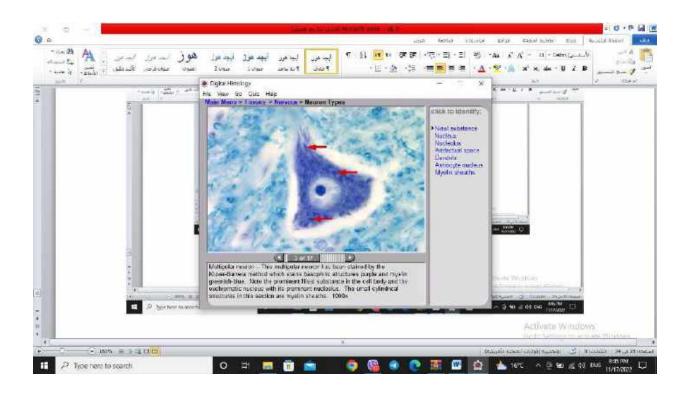


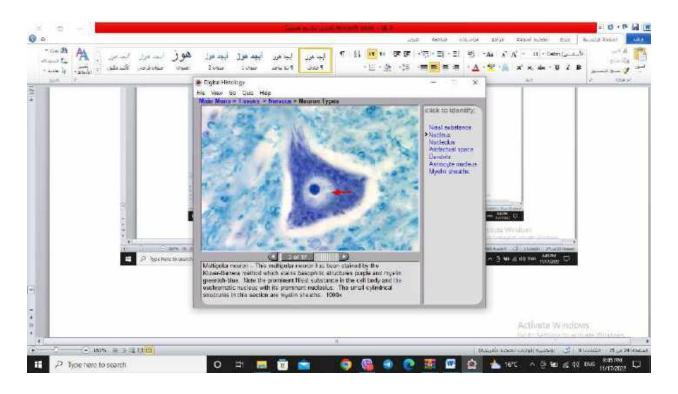


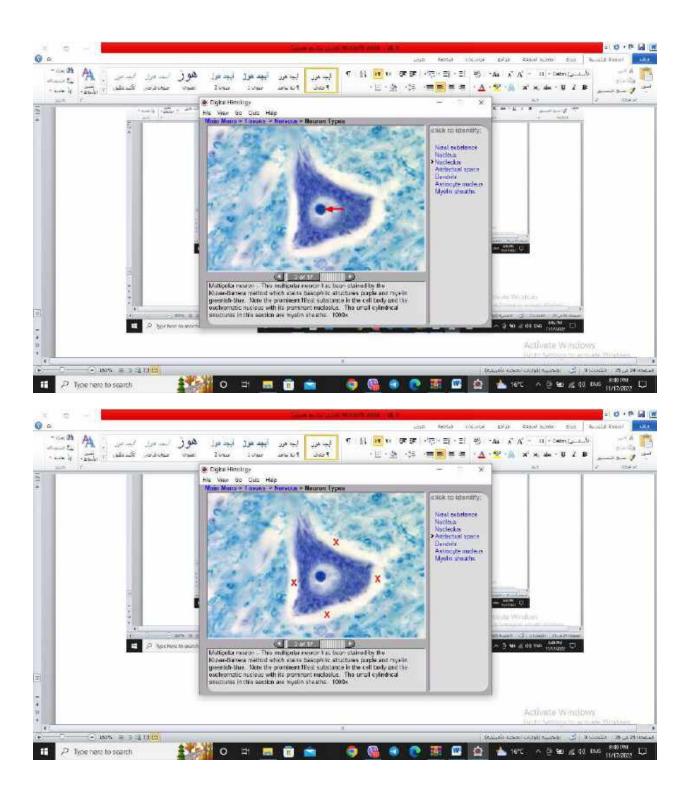


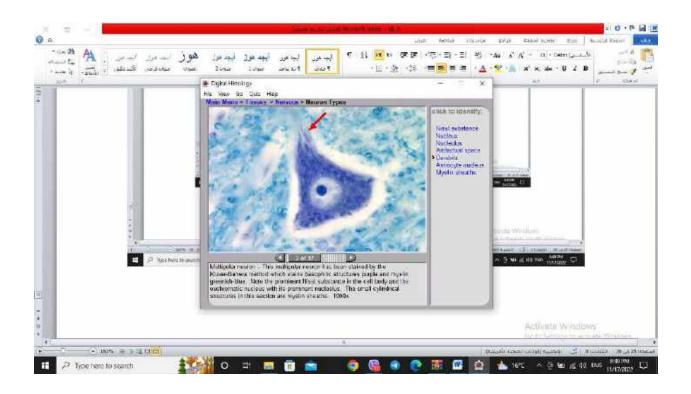


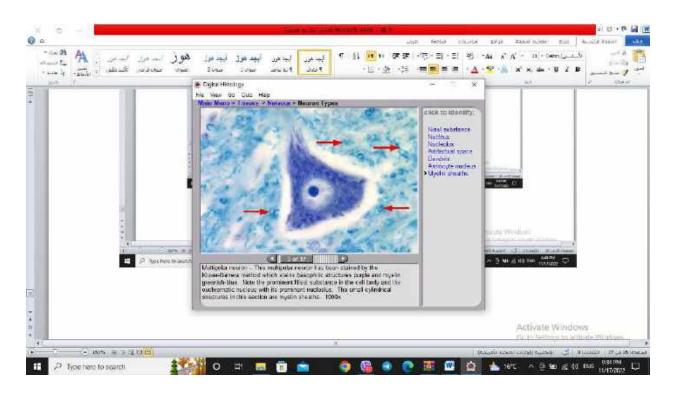


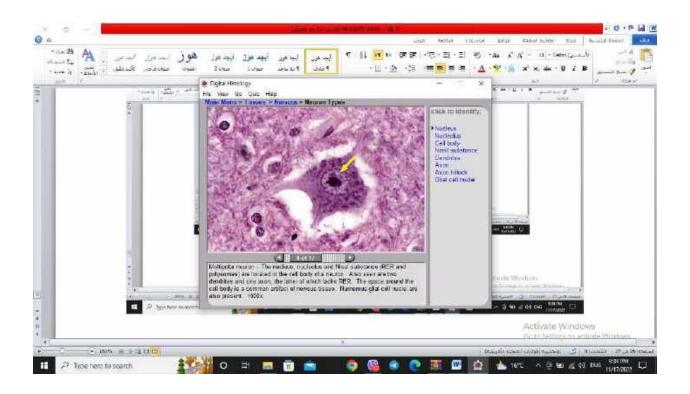


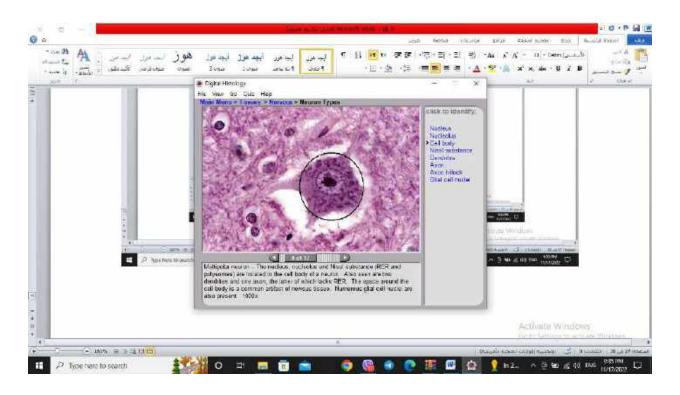


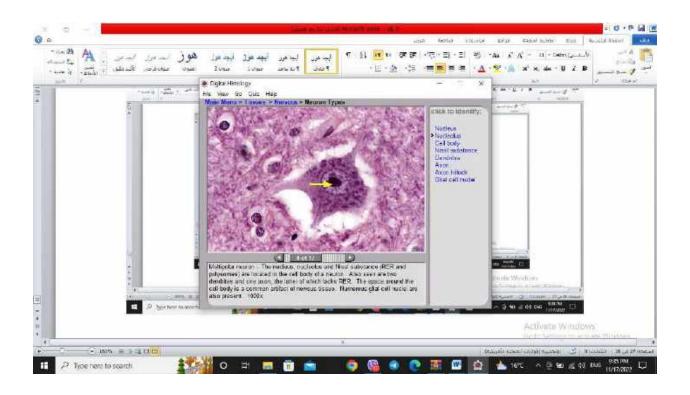


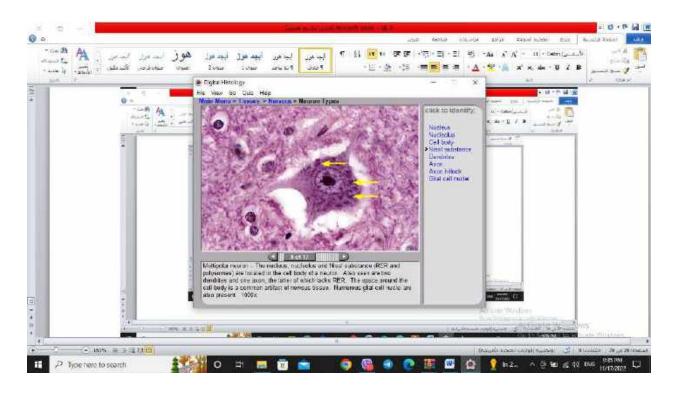


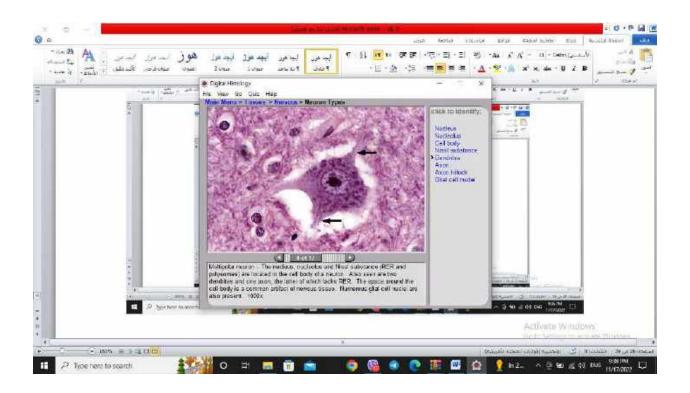


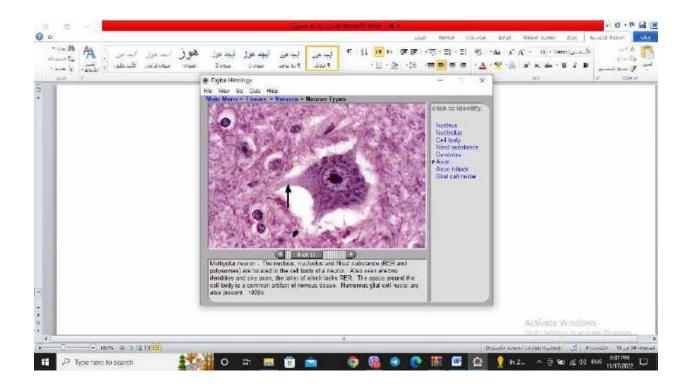


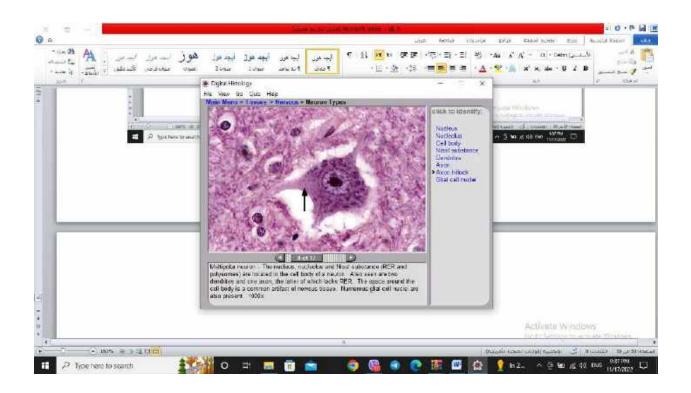


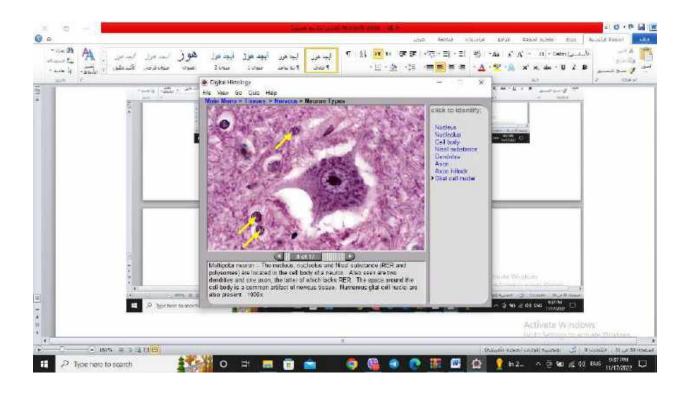


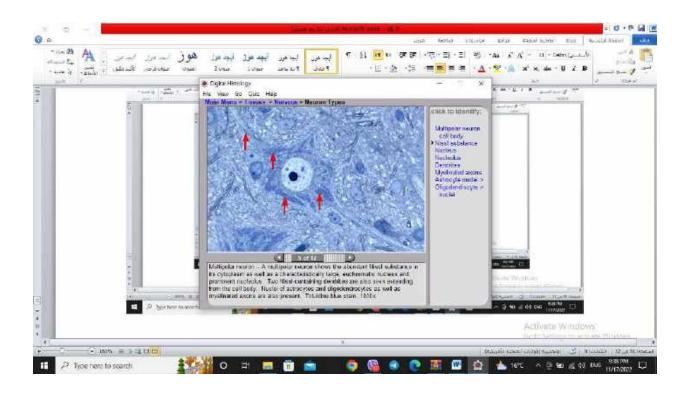


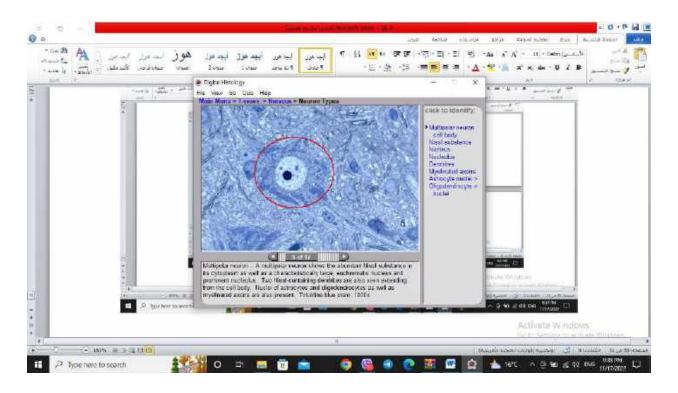


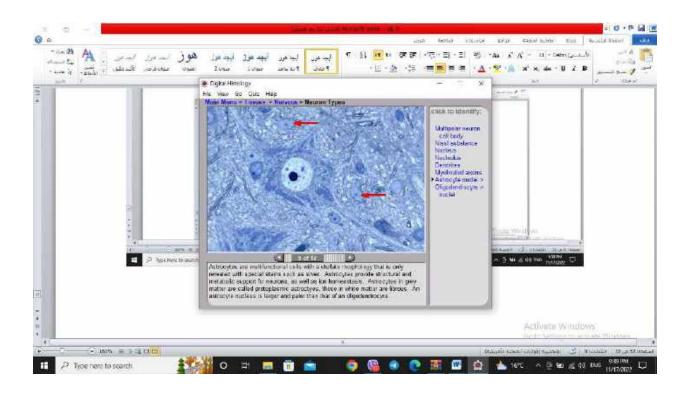


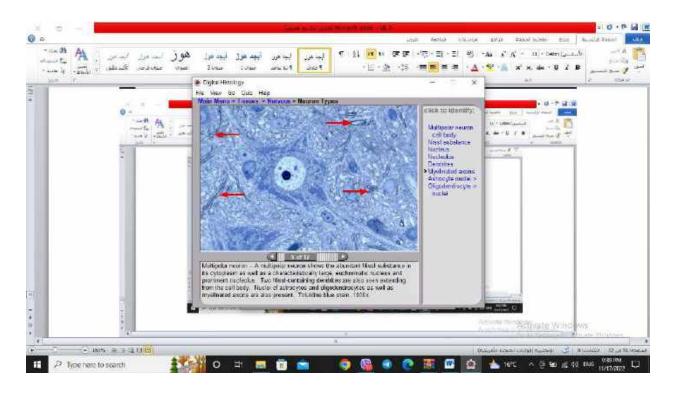


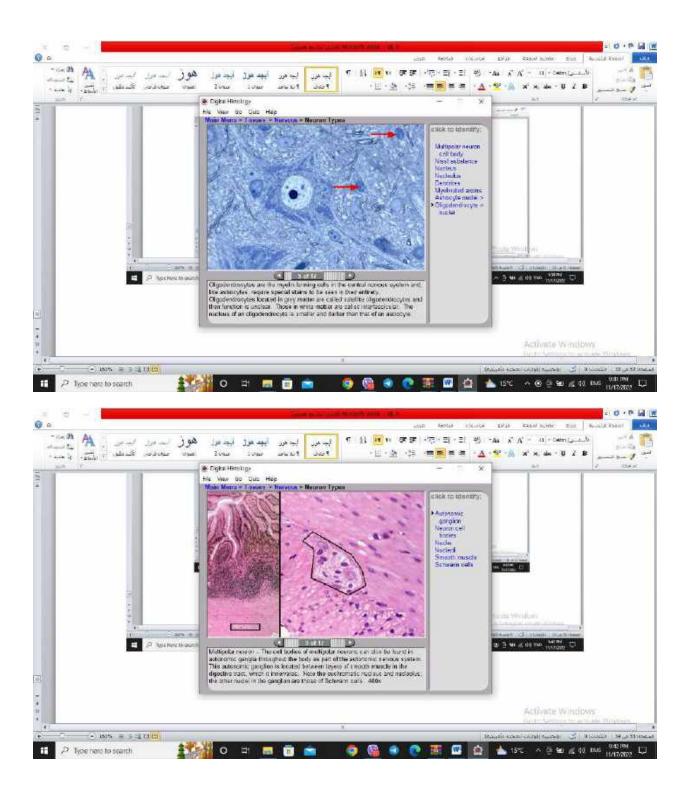


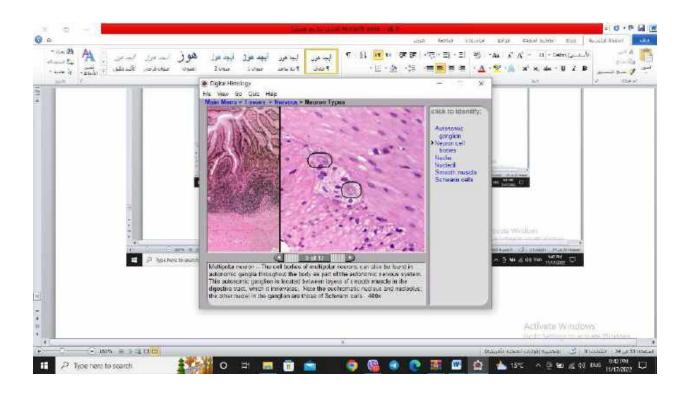


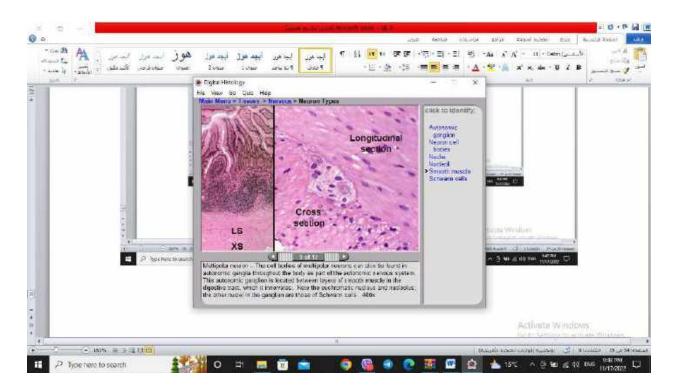


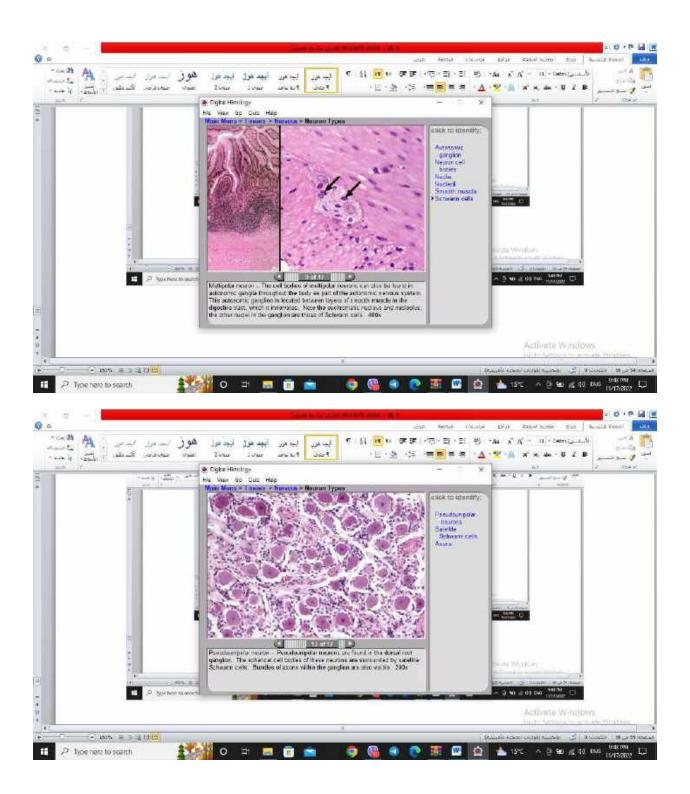


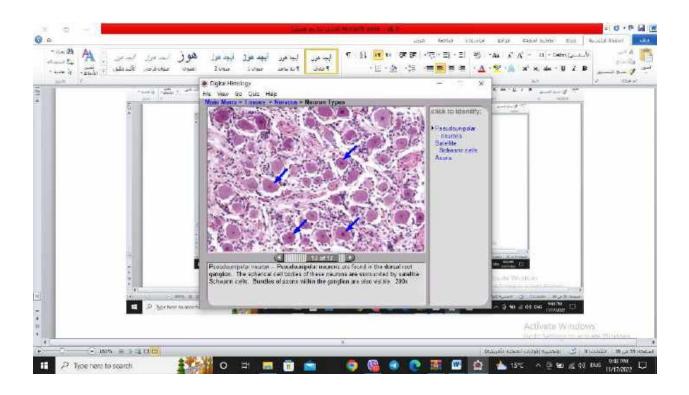


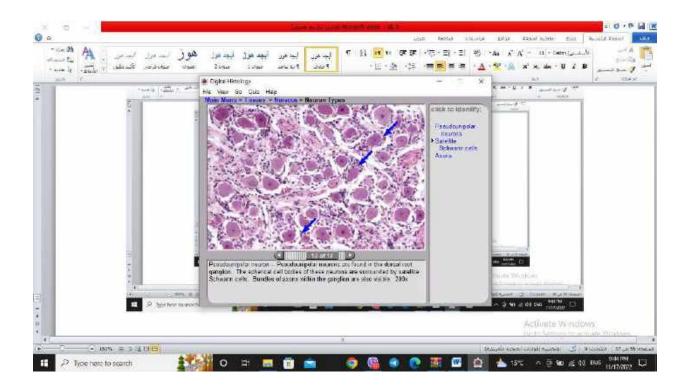


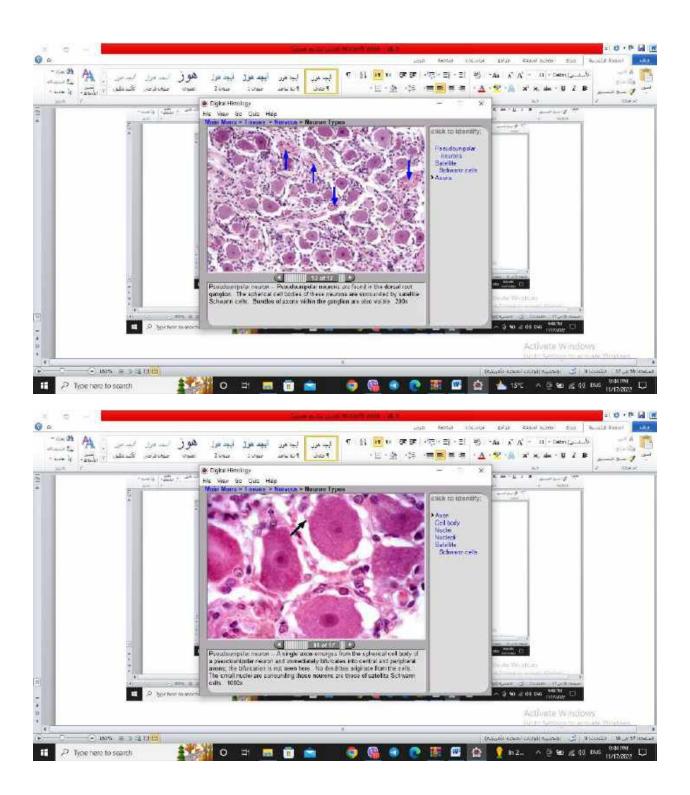


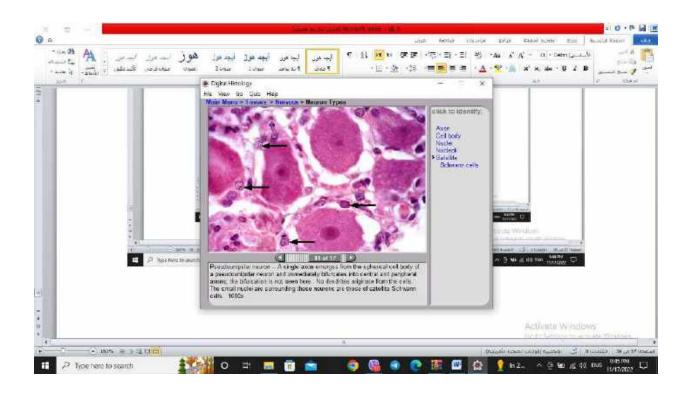


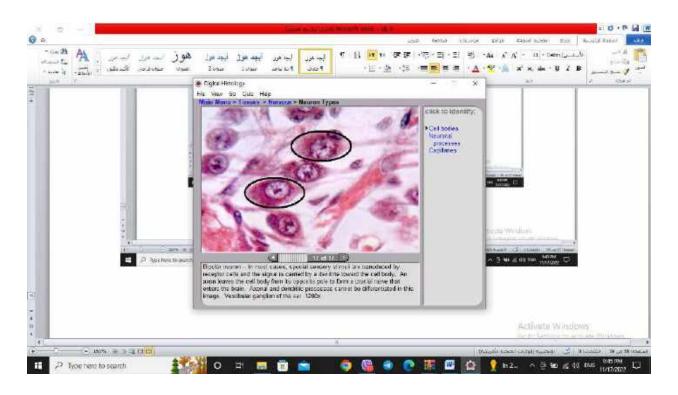


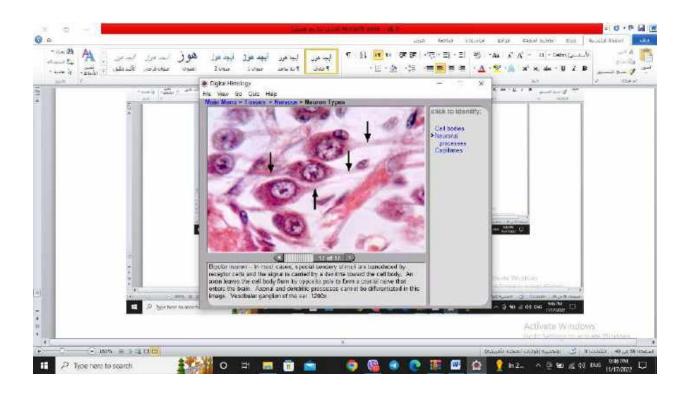


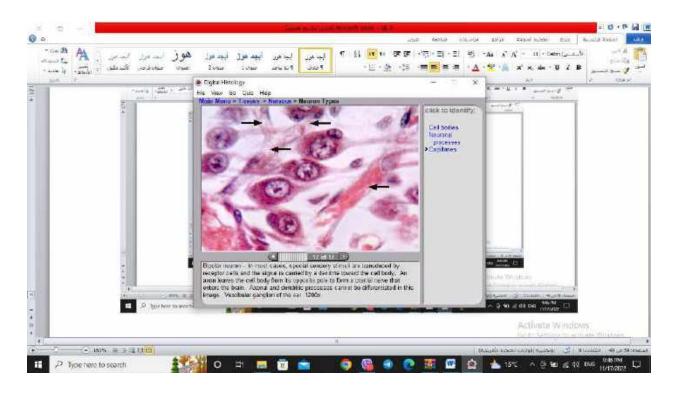


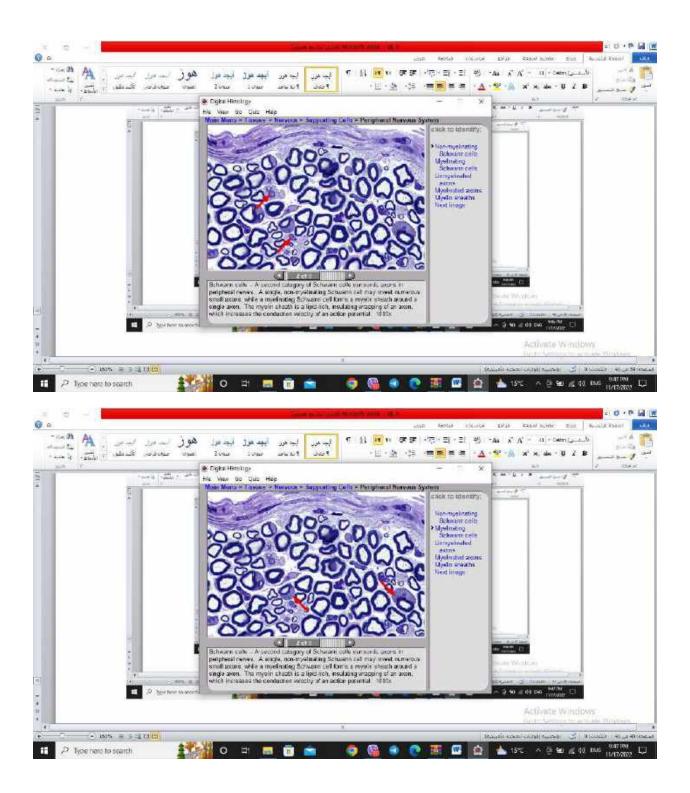


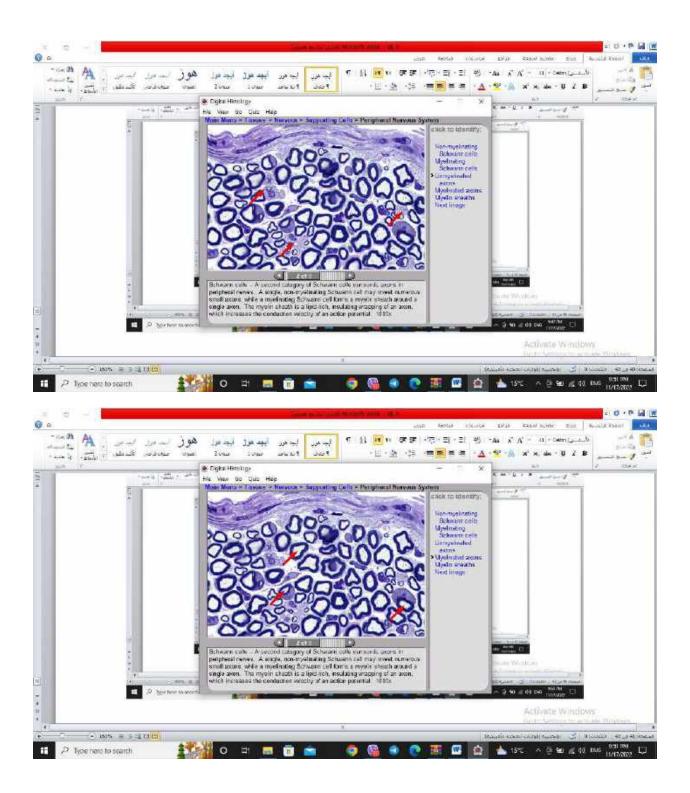


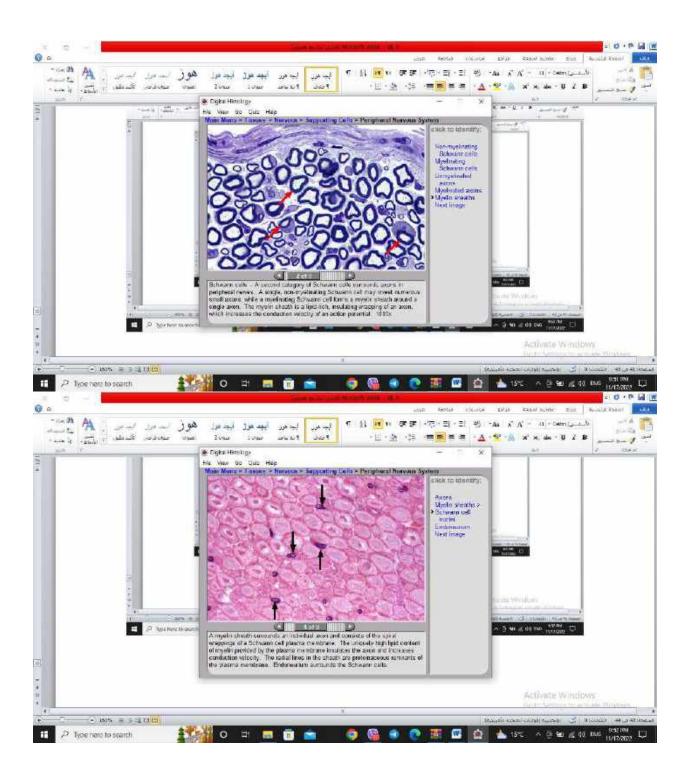


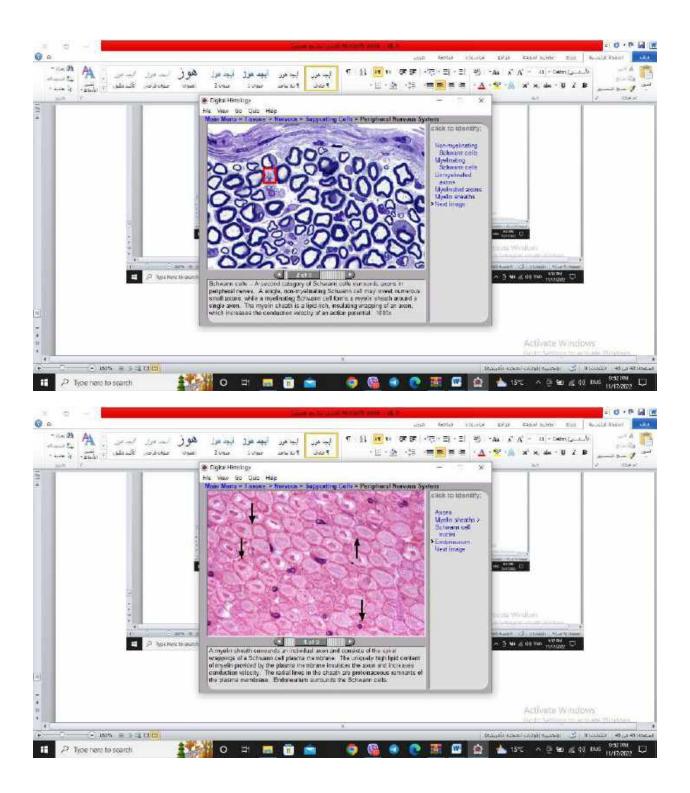


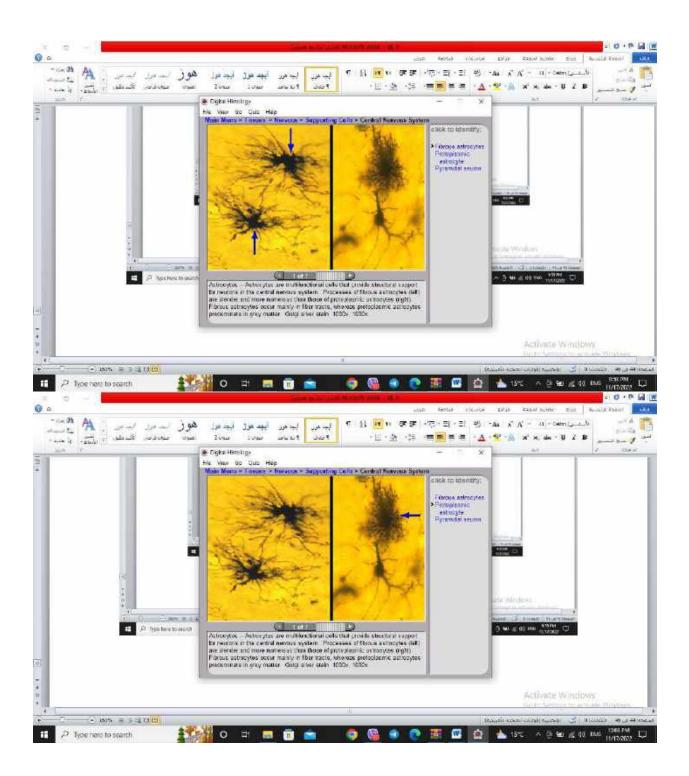


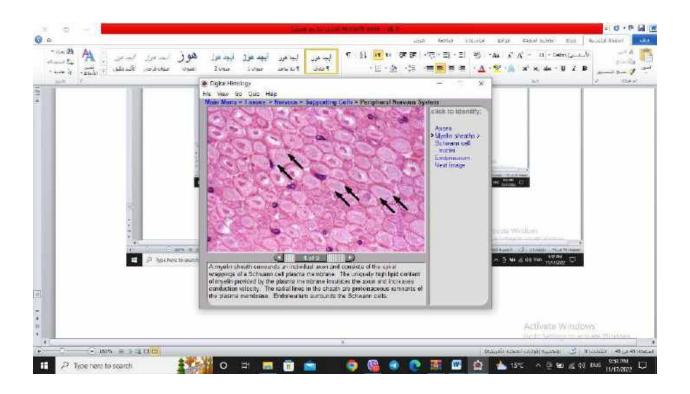


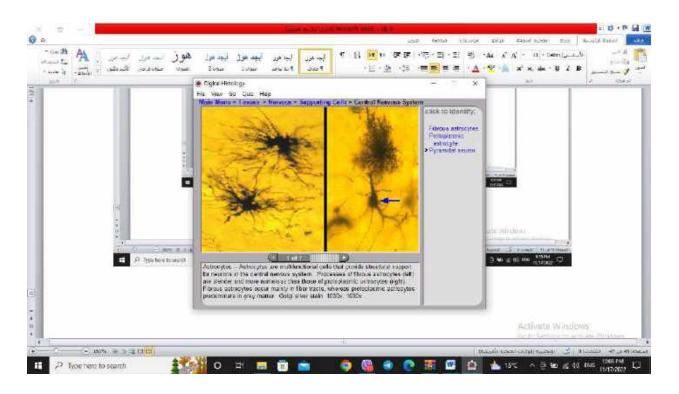


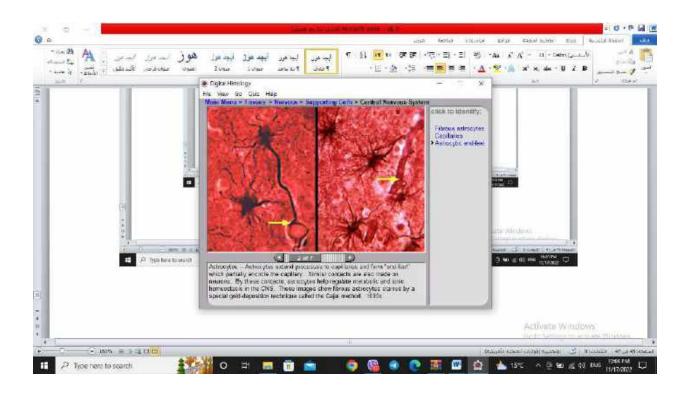


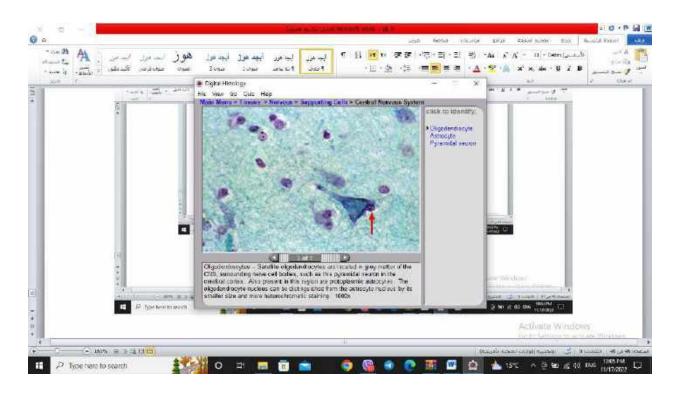


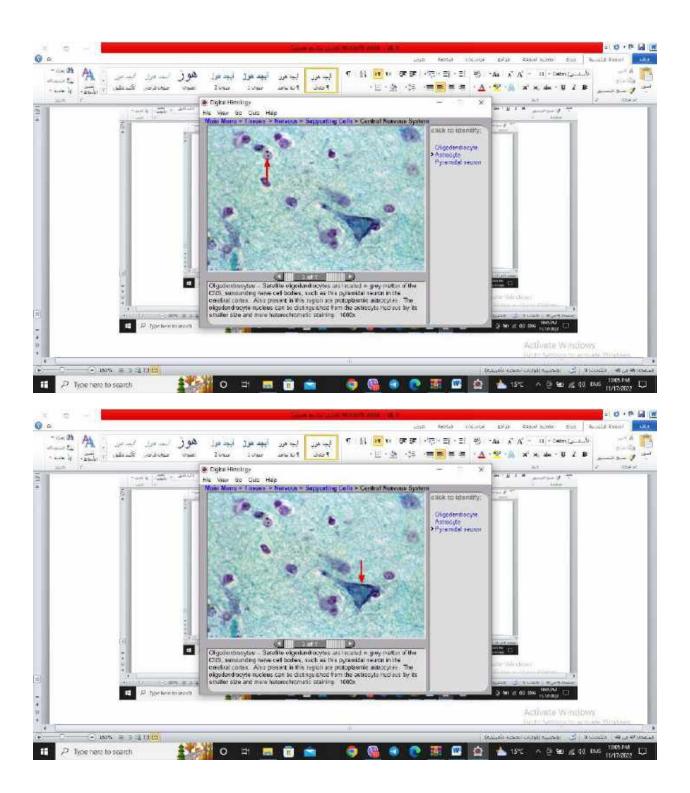


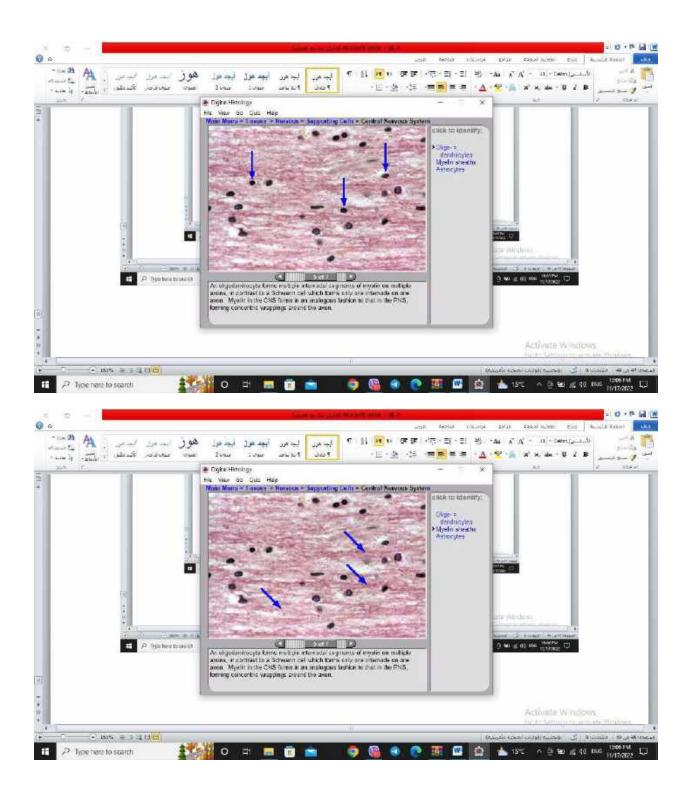


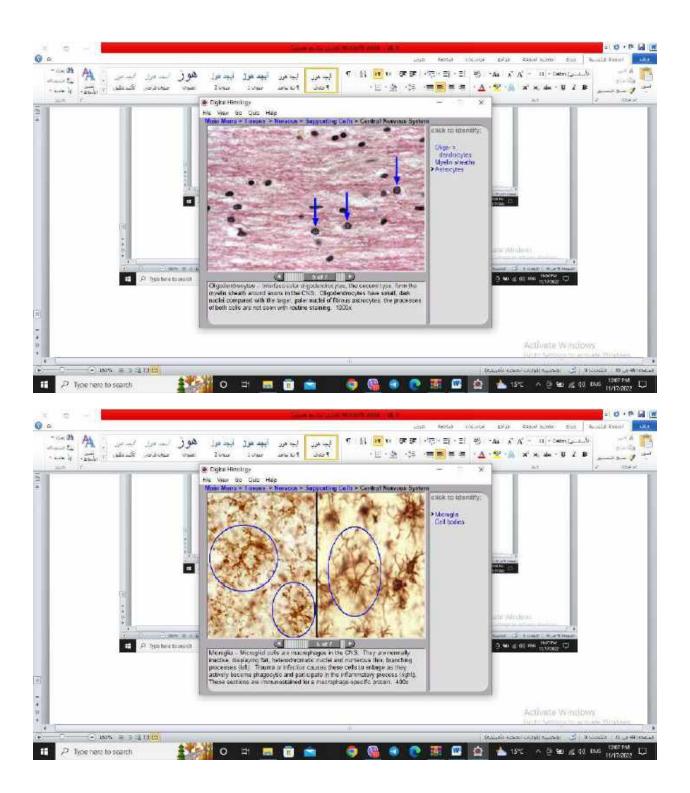


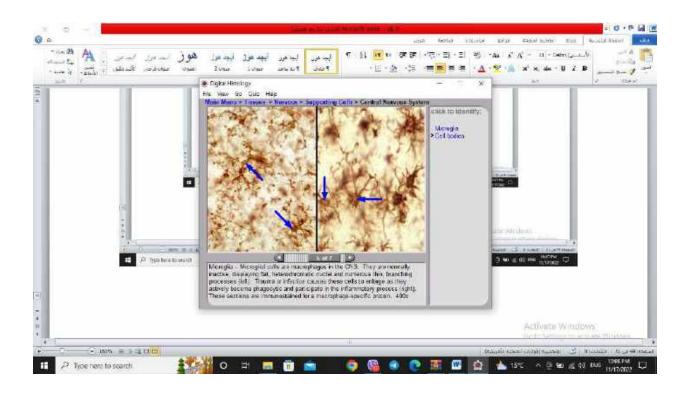


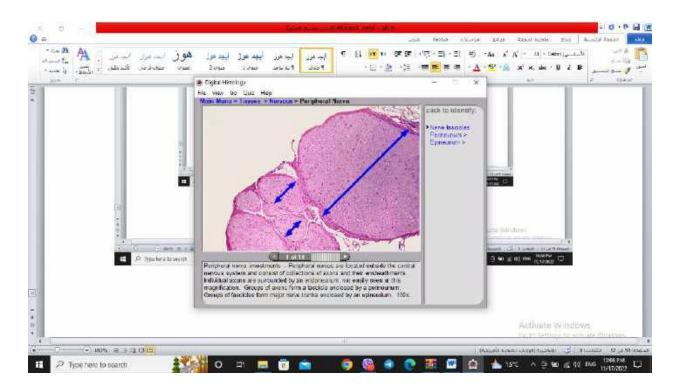


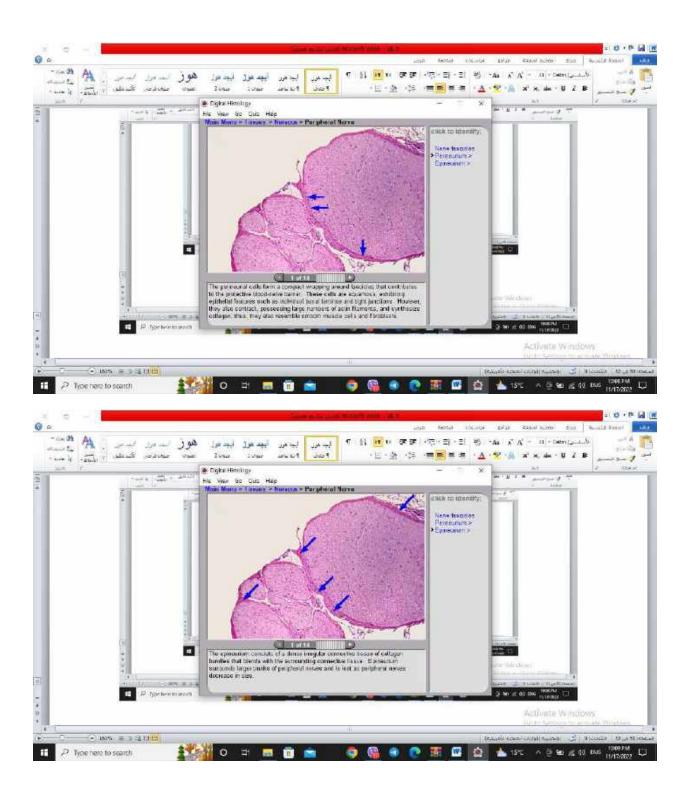


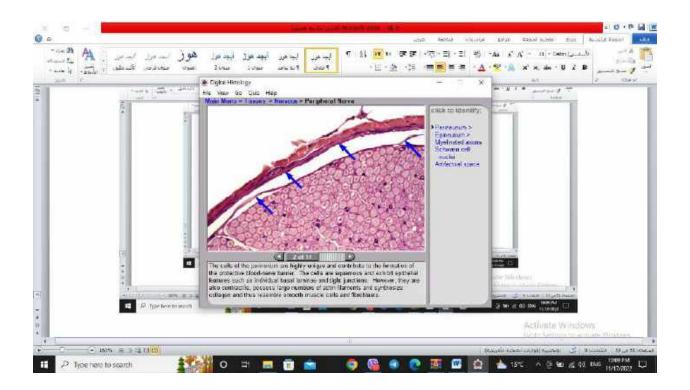


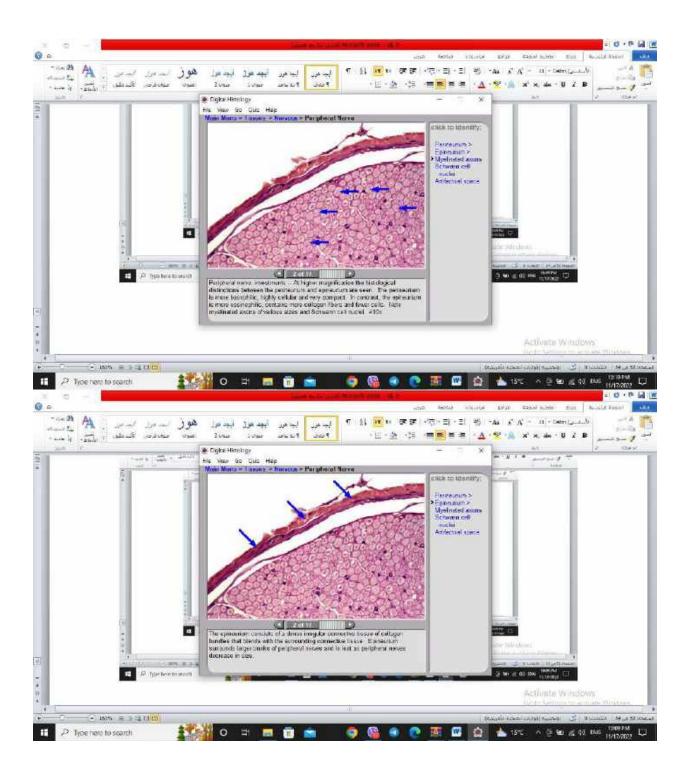


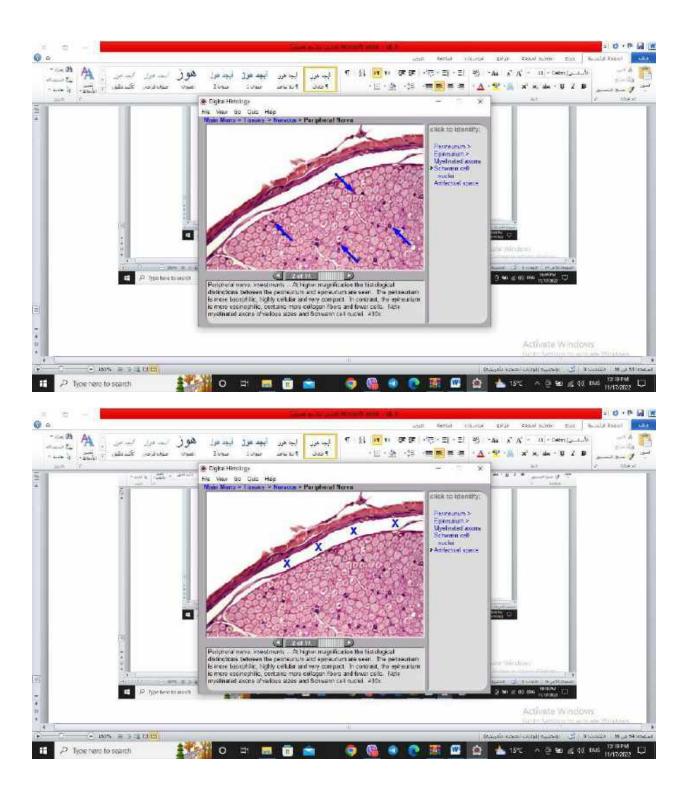


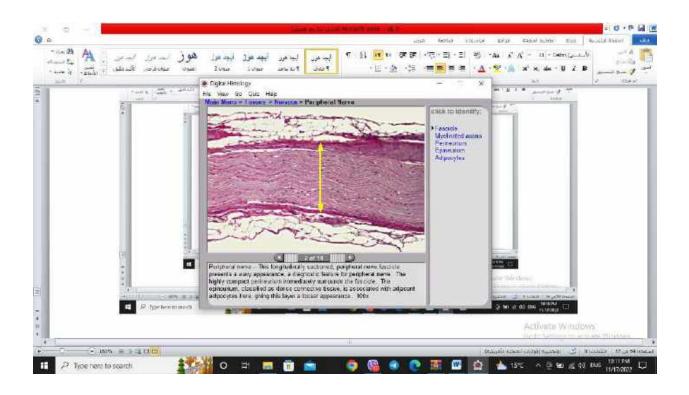


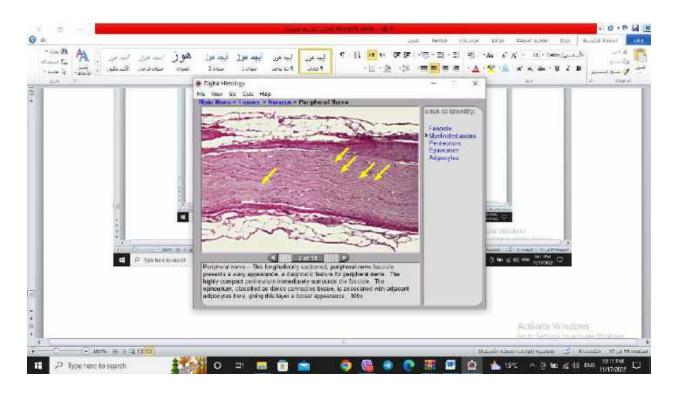


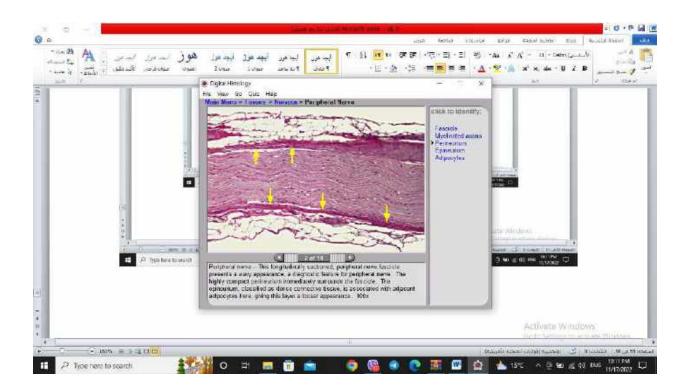


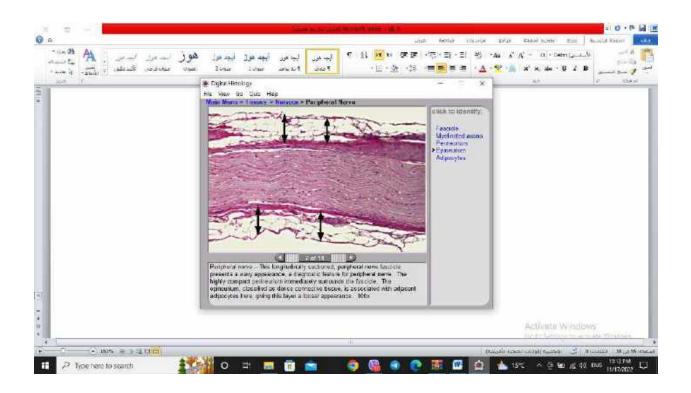


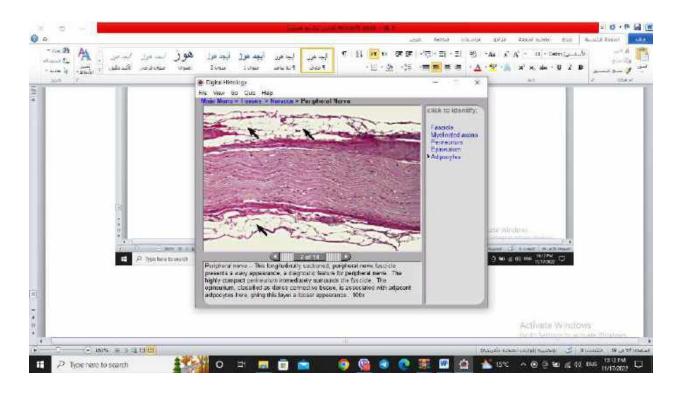


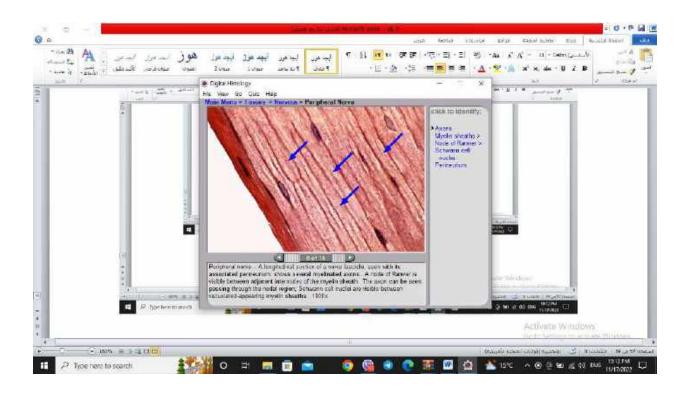


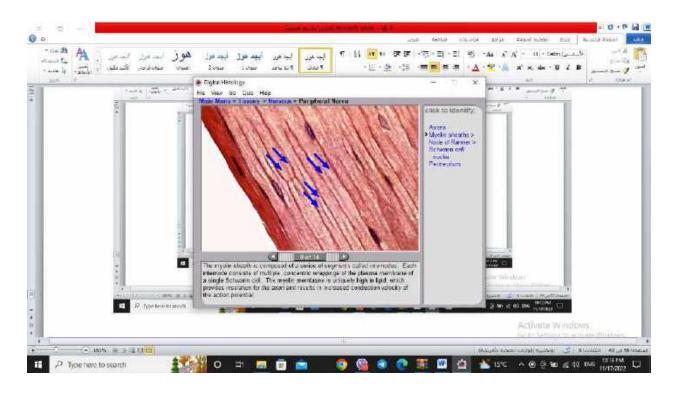


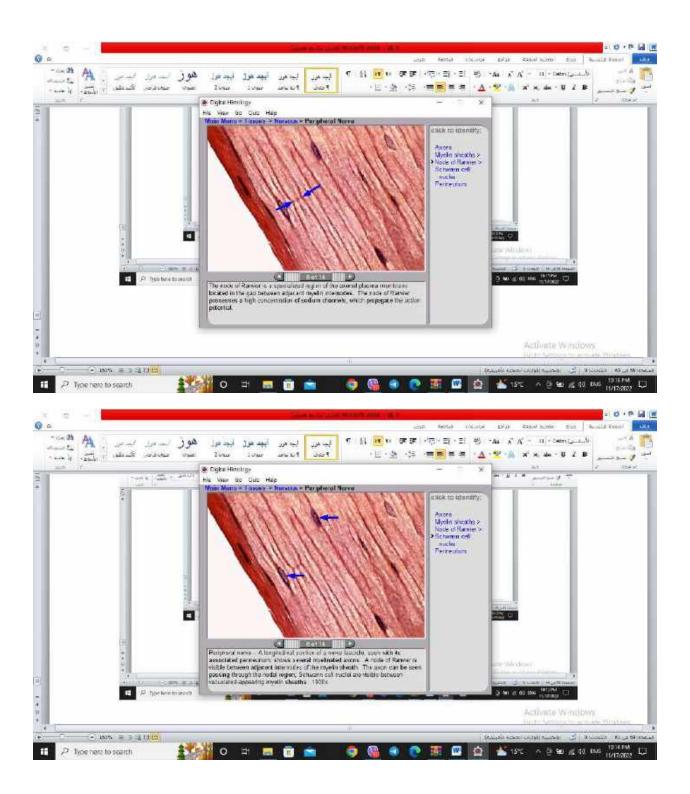


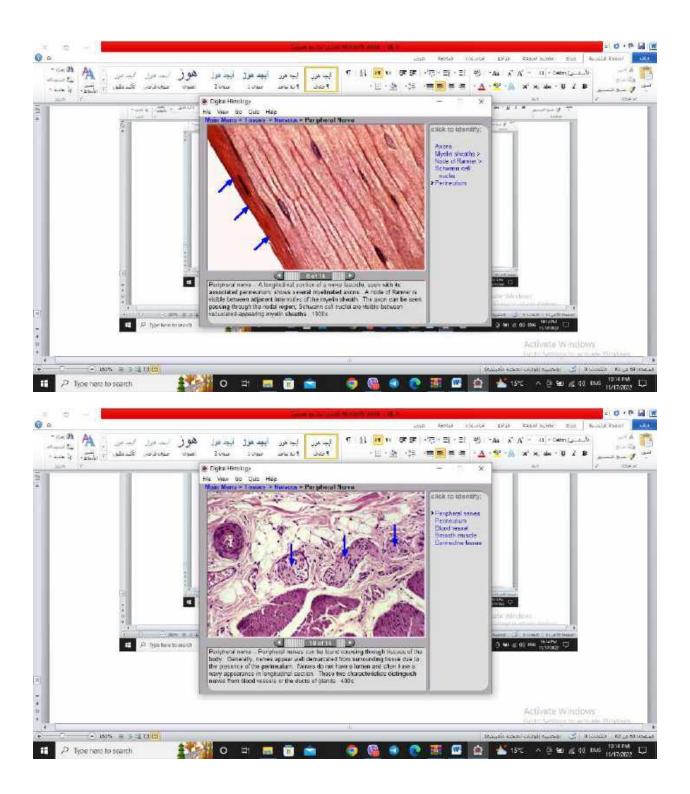


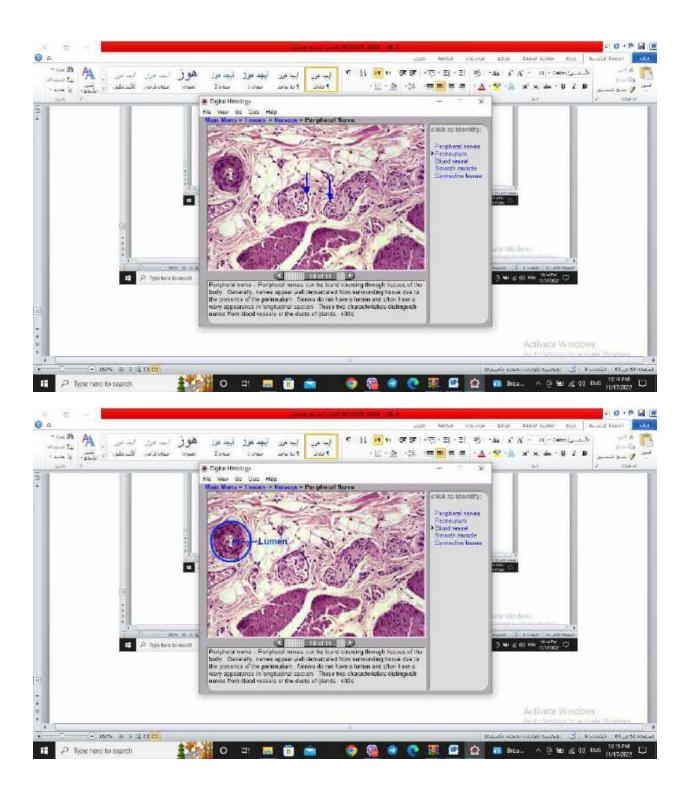


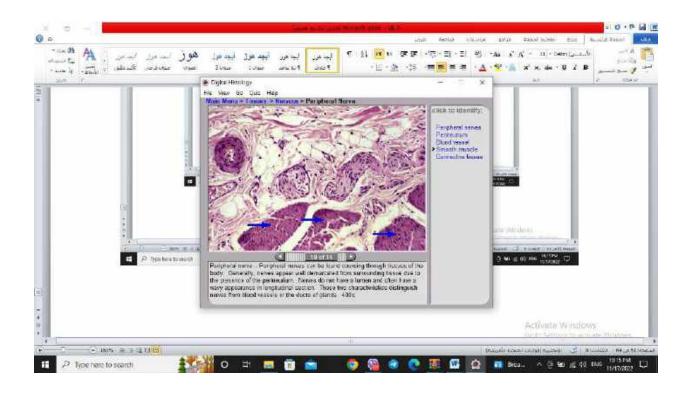


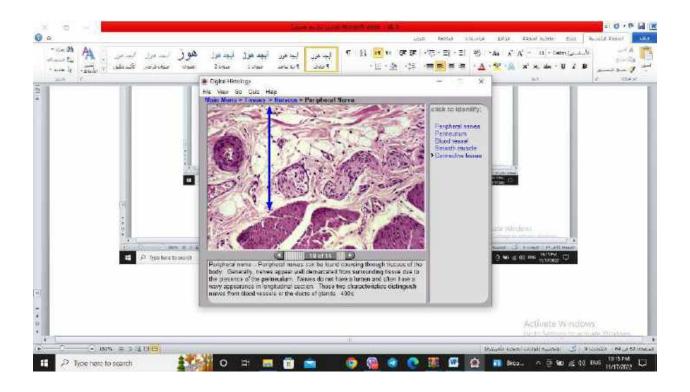


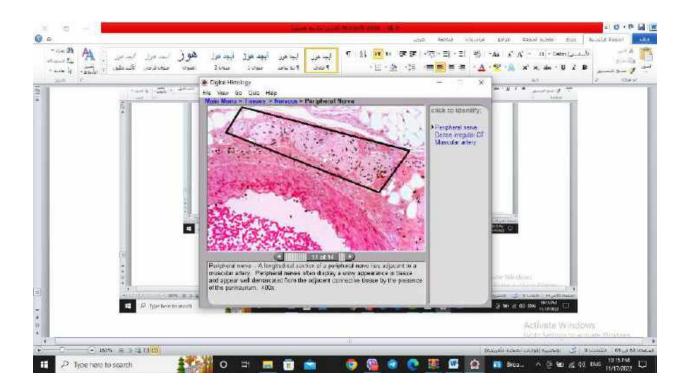


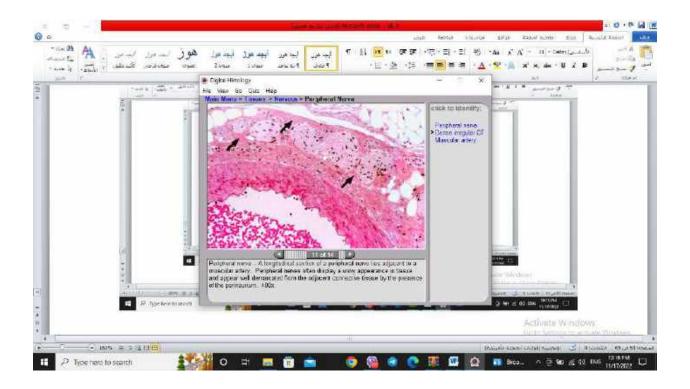


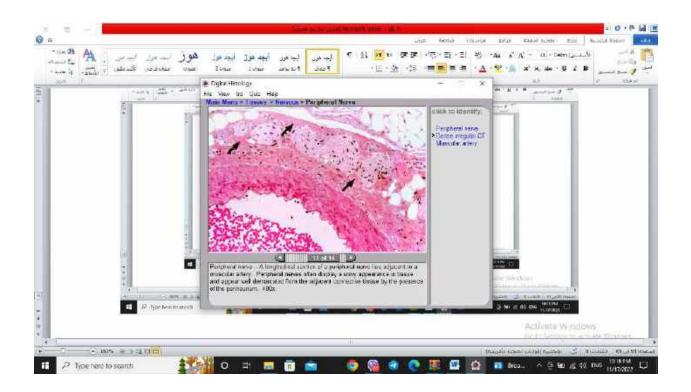


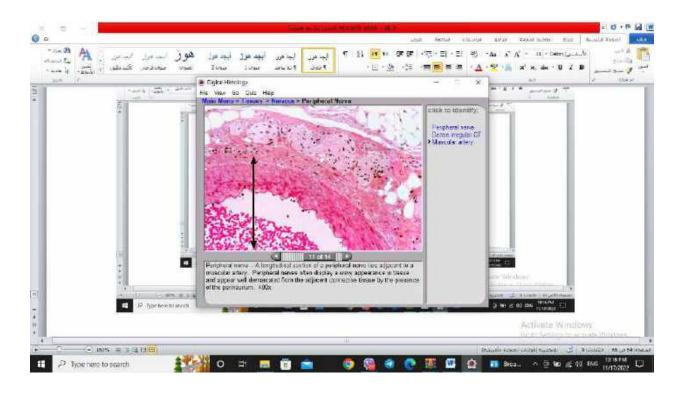


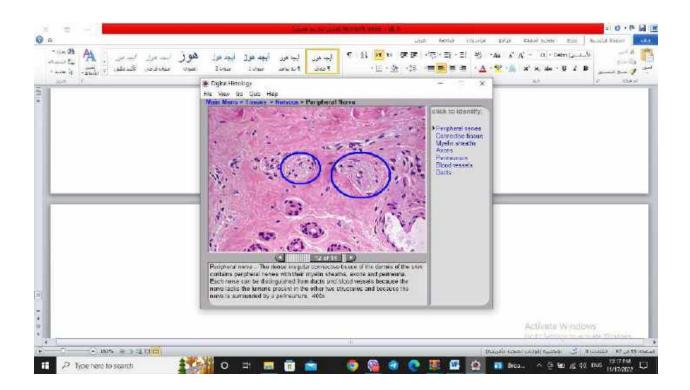


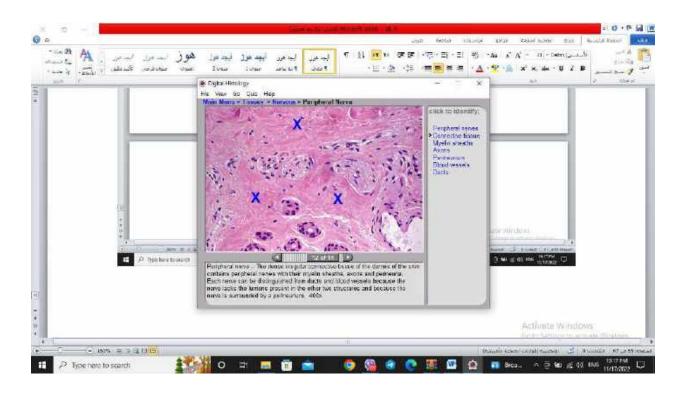


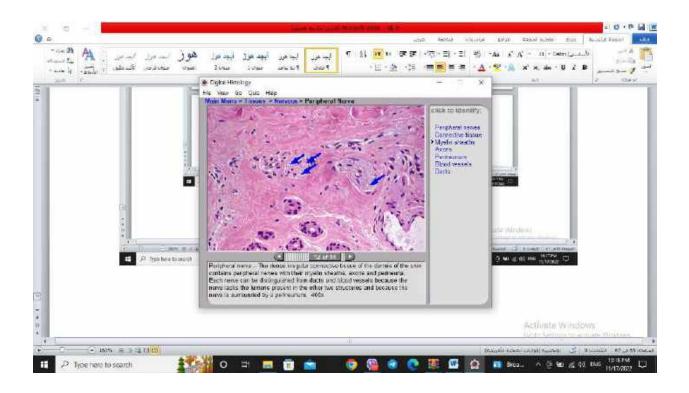


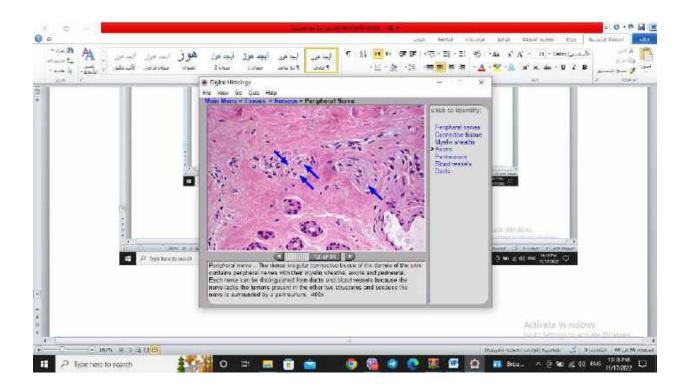


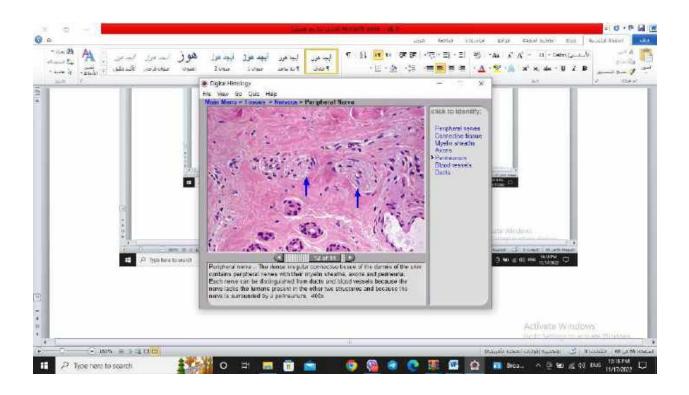


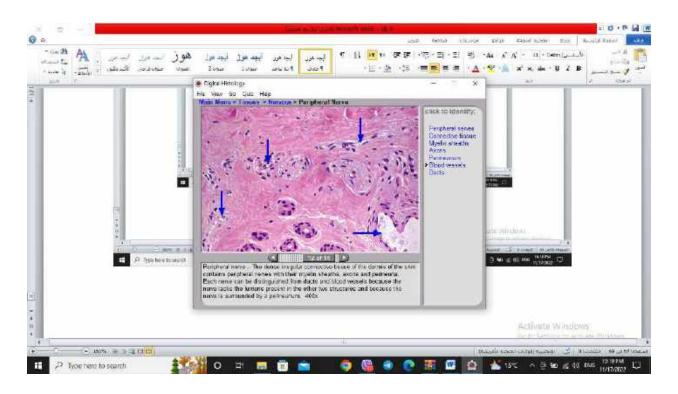


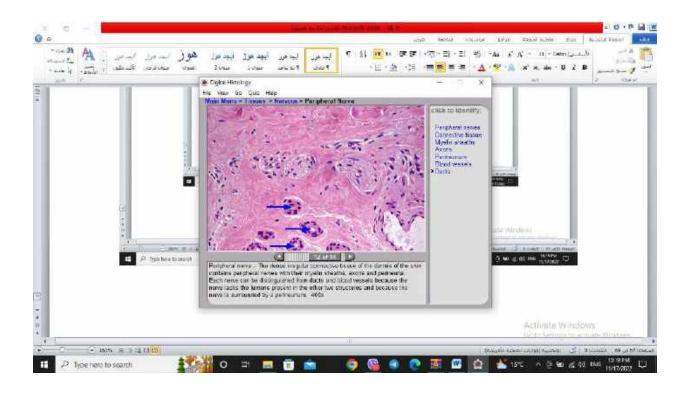


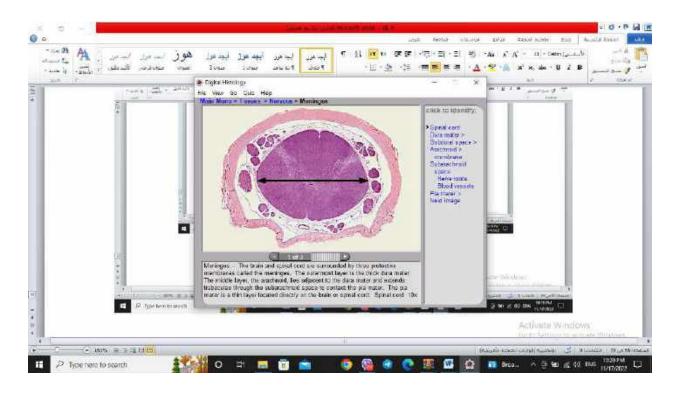


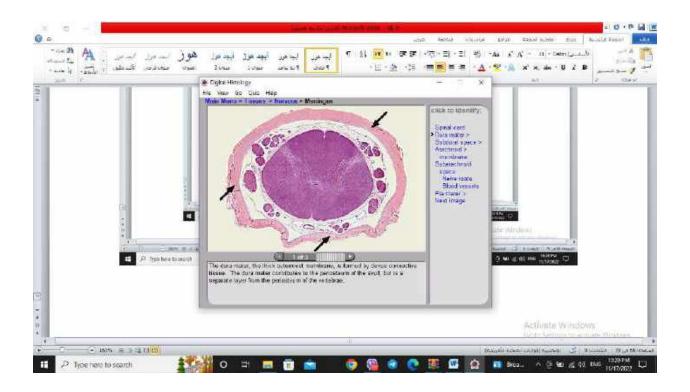


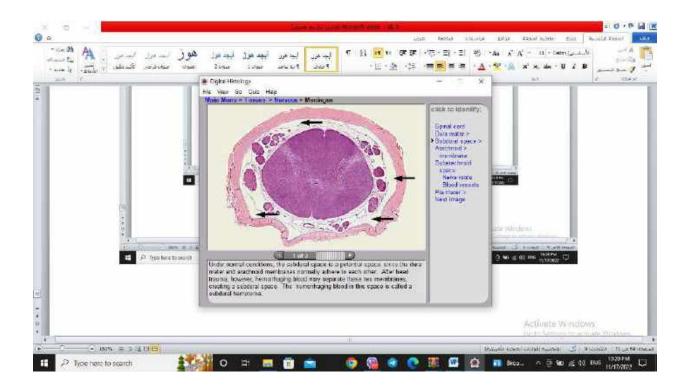


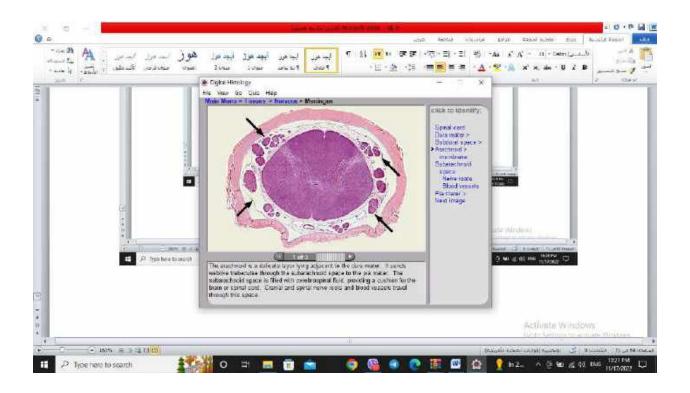


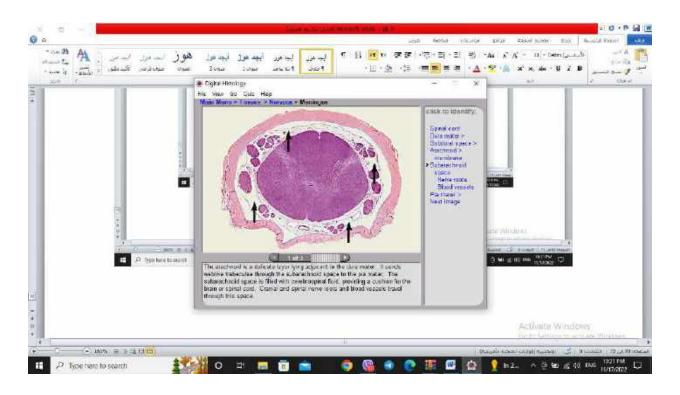


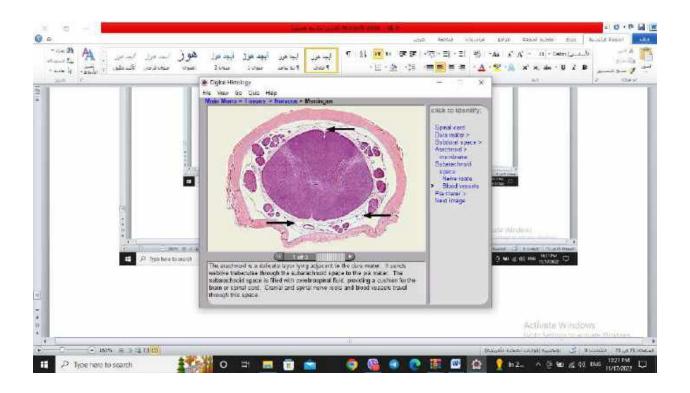


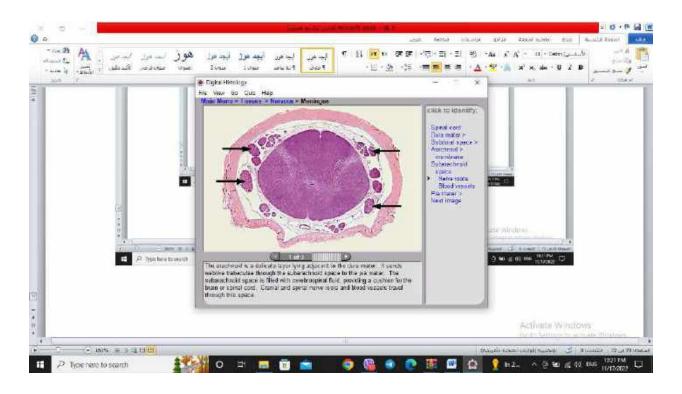


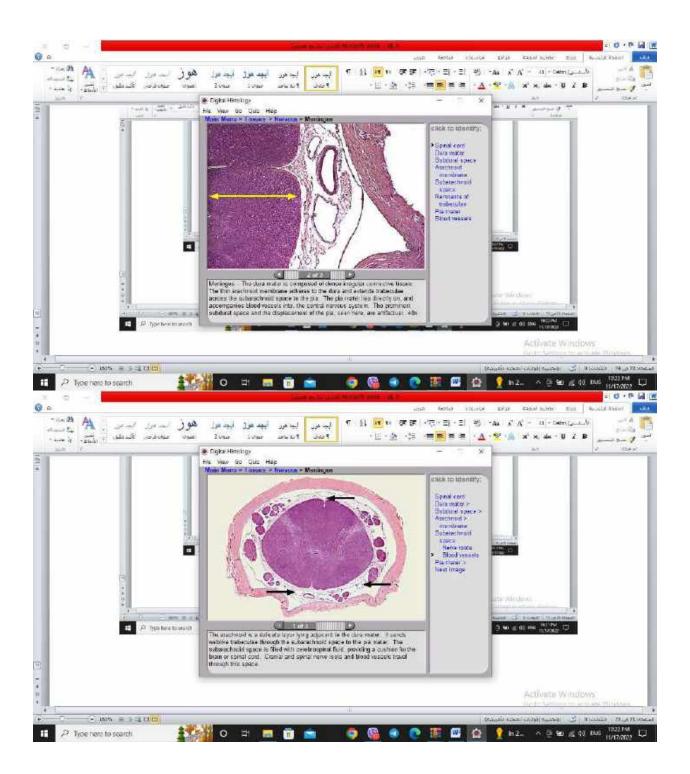


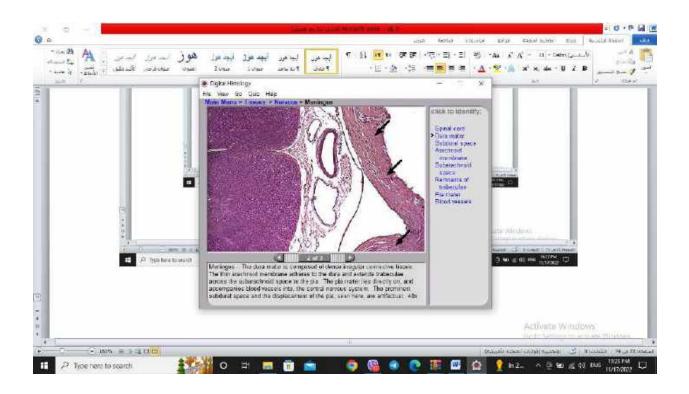


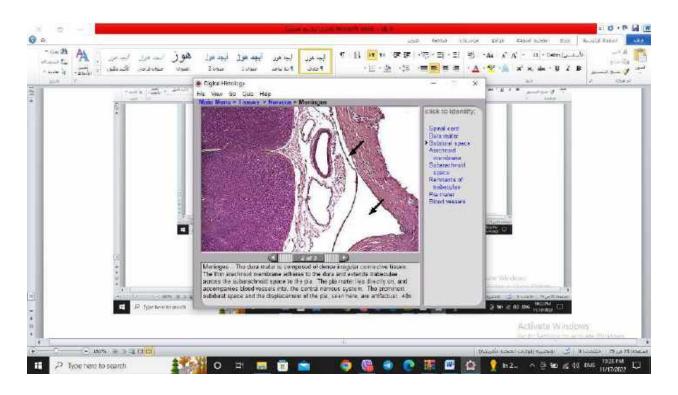


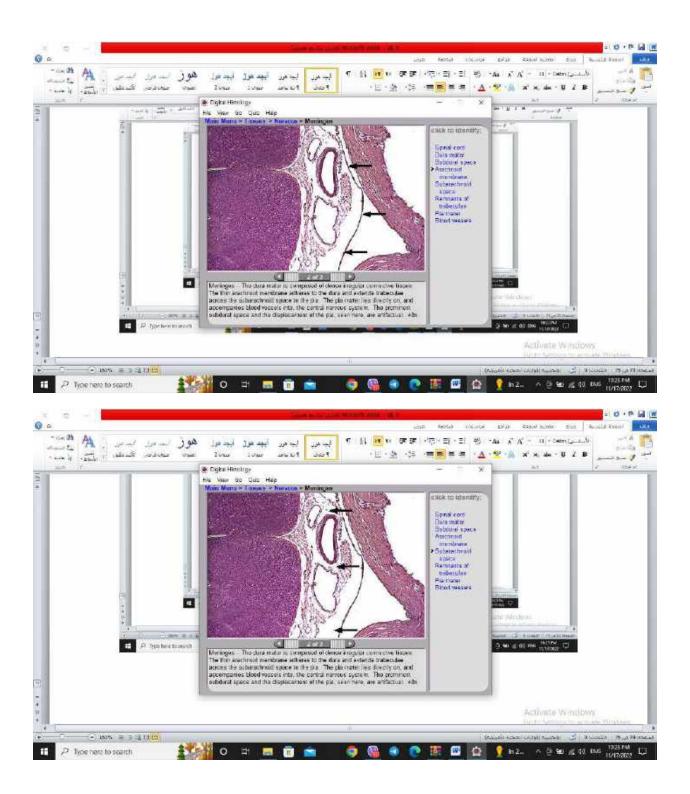


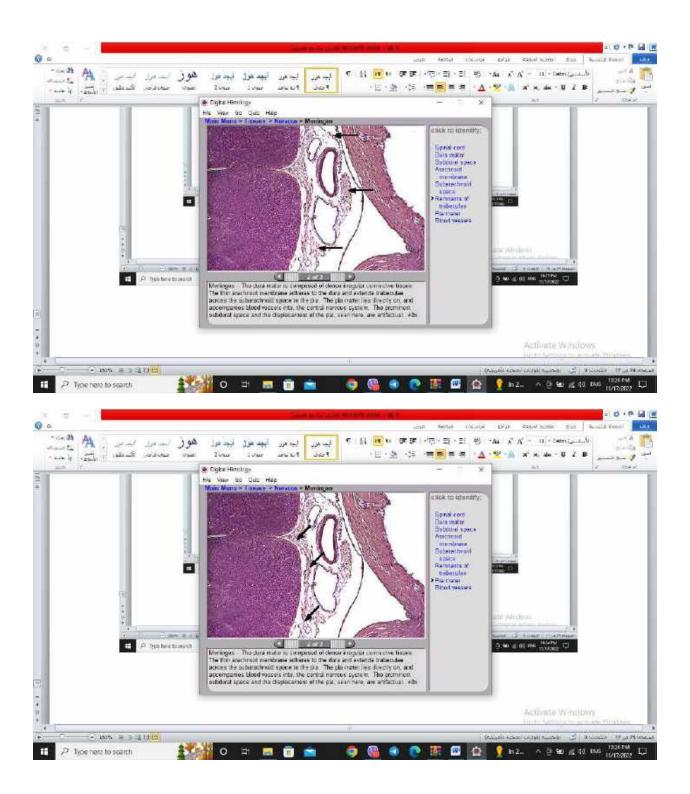


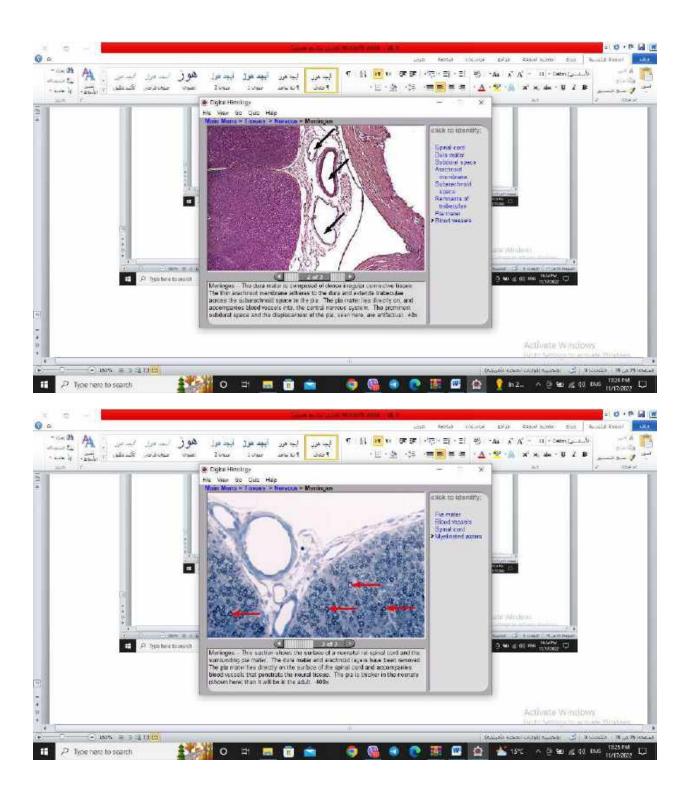












Chapter 14

The Respiratory System

The respiratory system consists of:

- **D** Respiratory part that includes the lungs
- Conducting part that includes the nasal cavities, the pharynx, the trachea, the bronchi and their intrapulmonary continuations.

The conducting part is responsible for providing passage of air and conditioning the inspired air. The respiratory part is involved in the exchange of oxygen and carbon dioxide between blood and inspired air.

COMMON FEATURES OF AIR PASSAGES

The passages in the conducting part have some features in common. Their walls have a skeletal basis made up variably of bone, cartilage, and connective tissue. The skeletal basis keeps the passages always patent. Smooth muscle present in the walls of the trachea and bronchi enables some alterations in the size of the lumen. The interior of the passages is lined over most of its extent by pseudostratified, ciliated and columnar epithelium. The epithelium is kept moist by the secretions of numerous serous glands. Numerous goblet cells and mucous glands cover the epithelium with a protective mucoid secretion that serves to trap dust particles present in inhaled air. This mucous (along with the dust particles in it) is constantly moved towards the pharynx by action of cilia. When excessive mucous accumulates it is brought out by coughing, or is swallowed. Deep to the mucosa there are numerous blood vessels that serve to warm the inspired air.

THE NASAL CAVITIES

The nasal cavity is the beginning of the respiratory system. These are paired chambers separated by septum. It extends from the nostrils in front to the posterior nasal apertures behind. Each nasal cavity is a hollow organ composed of bone, cartilage and connective tissue covered by mucous membrane.

- Histologically, the wall of each half of the nasal cavity is divisible into three distinct regions.
- Vestibule
- Olfactory mucosa
- Respiratory mucosa

Vestibule

It is the anterior dilated part of the nasal cavity. The *vestibule* is lined by skin continuous with that on the exterior of the nose. Hair and sebaceous glands are present.

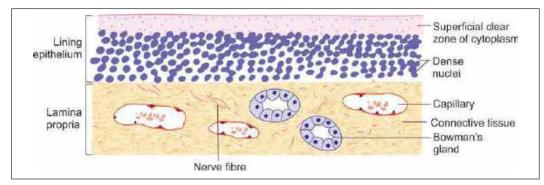


Fig. 14.1: Olfactory mucosa seen in section stained by routine methods (Schematic representation)

Olfactory Mucosa

Apart from their respiratory function the nasal cavities serve as end organs for smell. Receptors for smell are located in the *olfactory mucosa* which is confined to a relatively small area on the superior nasal concha, and on the adjoining part of the nasal septum.

Olfactory mucosa is yellow in colour, in contrast to the pink colour of the respiratory mucosa. It is responsible for the sense of smell. It consists of a lining epithelium and a lamina propria.

Olfactory Epithelium

The *olfactory epithelium* is pseudostratified. It is much thicker than the epithelium lining the respiratory mucosa (about 100 μ m). Within the epithelium there is a superficial zone of clear cytoplasm below which there are several rows of nuclei (Fig. 14.1). Using special methods three types of cells can be recognised in the epithelium (Fig. 14.2).

The *olfactory cells* are modified neurons. Each cell has a central part containing a rounded nucleus. Two processes, distal and proximal, arise from this central part. The distal process (representing the dendrite) passes towards the surface of the olfactory epithelium. It ends in a thickening (called the *rod* or *knob*) from which a number of non-motile olfactory cilia

arise and project into a layer of fluid covering the epithelium. (Some of them pass laterally in between the microvilli of adjacent sustentacular cells). The proximal process of each olfactory represents cell the axon. It passes into the subjacent connective tissue where it forms one fibre of the olfactory nerve. The nuclei of olfactory cells lie at various levels in the basal two-third of the epithelium.

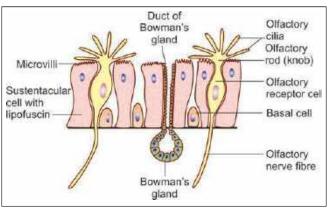


Fig. 14.2: Cells to be seen in olfactory epithelium (Schematic representation)

- □ The *sustentacular cells* support the olfactory cells. Their nuclei are oval, and lie near the free surface of the epithelium. The free surface of each cell bears numerous microvilli (embedded in overlying mucous). The cytoplasm contains yellow pigment (lipofuscin) that gives olfactory mucosa its yellow colour. In addition to their supporting function sustentacular cells may be phagocytic, and the pigment in them may represent remnants of phagocytosed olfactory cells.
- The *basal cells* lie deep in the epithelium and do not reach the luminal surface. They divide to form new olfactory cells to replace those that die. Some basal cells have a supporting function.

Added Information

- In vertebrates, olfactory cells are unique in being the only neurons that have cell bodies located in an epithelium.
- Olfactory cells are believed to have a short life. Dead olfactory cells are replaced by new cells produced by division of basal cells. This is the only example of regeneration of neurons in mammals.

Lamina Propria

The lamina propria, lying deep to the olfactory epithelium consists of connective tissue within which blood capillaries, lymphatic capillaries and olfactory nerve bundles are present. It also contains serous glands (of Bowman) the secretions of which constantly 'wash' the surface of the olfactory epithelium. This fluid may help in transferring smell carrying substances from air to receptors on olfactory cells. The fluid may also offer protection against bacteria.

Respiratory Mucosa

The rest of the wall of each half of the nasal cavity is covered by *respiratory mucosa* lined by pseudostratified ciliated columnar epithelium.

This mucosa is lined by a pseudostratified ciliated columnar epithelium resting on a basal lamina. In the epithelium, the following cells are present (Fig. 14.3):

- Ciliated cells are the columnar cells with cilia on their free surfaces and are the most abundant cell type.
- *Goblet cells* (flask-shaped cells) scattered in the epithelium produce mucous.
- □ *Non-ciliated columnar cells* with microvilli on the free surface probably secrete a serous fluid that keeps the mucosa moist.
- □ **Basal cells** lying near the basal lamina probably give rise to ciliated cells to replace those lost.

At places the respiratory mucosa may be lined by a simple ciliated columnar epithelium, or even a cuboidal epithelium.

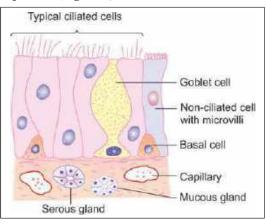


Fig. 14.3: Structure of respiratory part of nasal mucosa (Schematic representation)

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Deep to the basal lamina supporting the epithelium lining, the mucosa contains a layer of fibrous tissue, through which the mucosa is firmly connected to underlying periosteum or perichondrium. The fibrous tissue may contain numerous lymphocytes. It also contains mucous and serous glands that open on to the mucosal surface. Some serous cells contain basophilic granules, and probably secrete amylase. Others with eosinophilic granules produce lysozyme.

The deeper parts of the mucosa contain a rich capillary network that constitutes a *cavernous tissue*. Blood flowing through the network warms inspired air. Variations in blood flow can cause swelling or shrinkage of the mucosa.

Respiratory mucosa also lines the paranasal air sinuses. Here it is closely bound to underlying periosteum forming a *mucoperiosteum*.

Lamina Propria

The lamina propria of nasal mucosa contains lymphocytes, plasma cells, macrophages, a few neutrophils and eosinophils. Eosinophils increase greatly in number in persons suffering from allergic rhinitis.

Clinical Correlation

- Acute Rhinitis (Common Cold): Acute rhinitis or common cold is the common inflammatory disorder of the nasal cavities that may extend into the nasal sinuses. It begins with rhinorrhoea, nasal obstruction and sneezing. Initially, the nasal discharge is watery, but later it becomes thick and purulent.
- Nasal Polyps: Nasal polyps are common and are pedunculated grape-like masses of tissue. They are the end-result of prolonged chronic inflammation causing polypoid thickening of the mucosa. They may be allergic or inflammatory. They are frequently bilateral and the middle turbinate is the common site.

THE PHARYNX

The pharynx consists of nasal, oral and laryngeal parts. The nasal part is purely respiratory in function, but the oral and laryngeal parts are more intimately concerned with the alimentary system. The wall of the pharynx is fibromuscular.

Epithelium

In the nasopharynx the epithelial lining is ciliated columnar, or pseudostratified ciliated columnar. Over the inferior surface of the soft palate, and over the oropharynx and laryngo-pharynx the epithelium is stratified squamous (as these parts come in contact with food during swallowing).

Lymphoid Tissue

Subepithelial aggregations of lymphoid tissue are present specially on the posterior wall of the nasopharynx, and around the orifices of the auditory tubes, forming the nasopharyngeal and tubal tonsils. The palatine tonsils are present in relation to the oropharynx.

Submucosa

Numerous mucous glands are present in the submucosa, including that of the soft palate.

Clinical Correlation

- Ludwig's Angina: This is a severe, acute streptococcal cellulitis involving the neck, tongue and back of the throat. The condition was more common in the pre-antibiotic era as a complication of compound fracture of the mandible and periapical infection of the molars. The condition often proves fatal due to glottic oedema, asphyxia and severe toxaemia.
- Diphtheria: Diphtheria is an acute communicable disease caused by Corynebacterium diphtheriae. It usually occurs in children and results in the formation of a yellowish-grey pseudomembrane in the mucosa of nasopharynx, oropharynx, tonsils, larynx and trachea.
- Tonsillitis: Tonsillitis caused by staphylococci or streptococci may be acute or chronic. Acute tonsillitis is characterised by enlargement, redness and inflammation. Acute tonsillitis may progress to acute follicular tonsillitis in which crypts are filled with debris and pus giving it follicular appearance. Chronic tonsillitis is caused by repeated attacks of acute tonsillitis in which case the tonsils are small and fibrosed. Acute tonsillitis may pass on to tissues adjacent to tonsils to form peritonsillar abscess or quinsy.

THE LARYNX

Larynx is a specialised organ responsible for production of voice. It houses the vocal cords. The wall of the larynx has a complex structure made up of a number of cartilages, membranes and muscles.

Mucous Membrane

The epithelium lining the mucous membrane of the larynx is predominantly pseudostratified ciliated columnar. However, over some parts that come in contact with swallowed food the epithelium is stratified squamous. These parts include the epiglottis (anterior surface and upper part of the posterior surface), and the upper parts of the aryepiglottic folds. The vocal folds do not come in contact with swallowed food, but their lining epithelium is exposed to considerable stress during vibration of the folds. These folds are also covered with stratified squamous epithelium.

Numerous goblet cells and subepithelial mucous glands provide a mucous covering to the epithelium. Mucous glands are specially numerous over the epiglottis; in the lower part of the aryepiglottic folds (where they are called *arytenoid glands*); and in the saccule. The glands in the saccule provide lubrication to the vocal folds. Serous glands and lymphoid tissue are also present.

EM studies have shown that epithelial cells lining the vocal folds bear microvilli and ridgelike foldings of the surface plasma membrane (called *microplicae*). It is believed that these help to retain fluid on the surface of the cells keeping them moist.

Added Information

The connective tissue subjacent to the epithelial lining of vocal folds is devoid of lymph vessels. This factor slows down lymphatic spread of cancer arising in the epithelium of the vocal folds.

Cartilages of the Larynx

The larynx has a cartilaginous framework which is made of nine cartilages (3 paired and 3 unpaired) that are connected to each other by membranes and ligaments (Fig. 14.4). The cartilages are either hyaline or elastic in nature. These are:

Hyaline cartilages

- Thyroid (unpaired)
- Cricoid (unpaired)
- Arytenoid (paired)

• Elastic cartilages

- Epiglottis (unpaired)
- Cuneiform (paired)
- Corniculate (paired)

With advancing age, calcification may occur in hyaline cartilage, but not in elastic cartilage.

Chapter 14 The Respiratory System

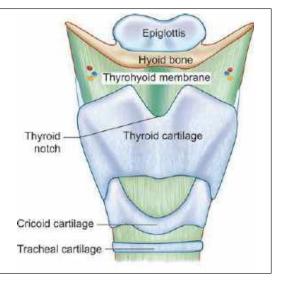


Fig. 14.4: Anterior view of the larynx (Schematic representation)

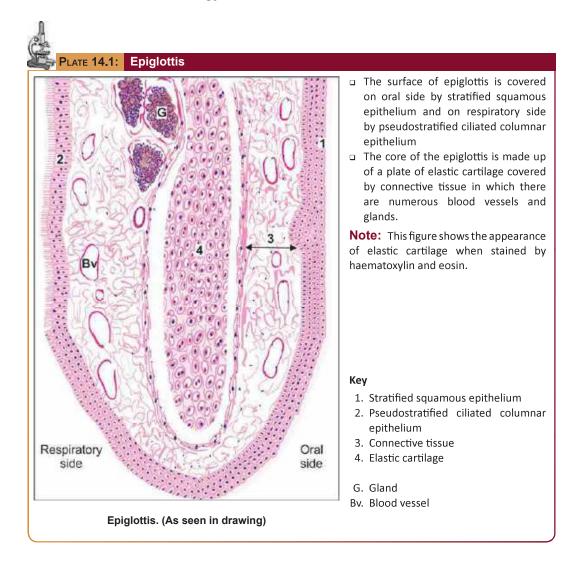
The Epiglottis

The epiglottis is considered separately because sections through it are usually included in sets of class slides. The epiglottis has a central core of elastic cartilage. Overlying the cartilage there is mucous membrane. The greater part of the mucous membrane is lined by stratified squamous epithelium (non-keratinising). The mucous membrane over the lower part of the posterior surface of the epiglottis is lined by pseudostratified ciliated columnar epithelium (Plate 14.1). This part of the epiglottis does not come in contact with swallowed food as it is overlapped by the aryepiglottic folds. Some taste buds are present in the epithelium of the epiglottis. (A few taste buds may be seen in the epithelium elsewhere in the larynx).

Numerous glands, predominantly mucous, are present in the mucosa deep to the epithelium. Some of them lie in depressions present on the epiglottic cartilage.

Clinical Correlation

- Acute Laryngitis: This may occur as a part of the upper or lower respiratory tract infection. Atmospheric pollutants like cigarette smoke, exhaust fumes, industrial and domestic smoke, etc, predispose the larynx to acute bacterial and viral infections. Streptococci and *H. influenzae* cause acute epiglottitis which may be life-threatening.
- Chronic Laryngitis: Chronic laryngitis may occur from repeated attacks of acute inflammation, excessive smoking, chronic alcoholism or vocal abuse. The surface is granular due to swollen mucous glands. There may be extensive squamous metaplasia due to heavy smoking, chronic bronchitis and atmospheric pollution.



THE TRACHEA AND PRINCIPAL BRONCHI

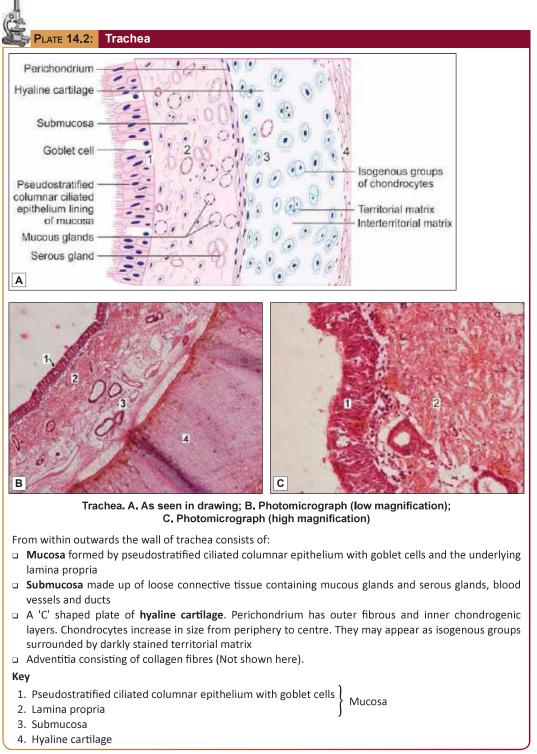
Trachea

The trachea is a fibroelastic cartilaginous tube. It extends from the lower border of cricoid cartilage (C_6) to its level of bifurcation (T_4) into right and left bronchi. The trachea consists of four layers (Plate 14.2).

Mucosa

The lumen of the trachea is lined by mucous membrane that consists of a lining epithelium and an underlying layer of connective tissue. The lining epithelium is pseudostratified ciliated columnar. It contains numerous goblet cells, and basal cells that lie next to the basement

230 membrane. Numerous lymphocytes are seen in deeper parts of the epithelium.



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Submucosa

The subepithelial connective tissue contains numerous elastic fibres. It contains serous glands that keep the epithelium moist; and mucous glands that provide a covering of mucous in which dust particles get caught. The mucous is continuously moved towards the larynx by ciliary action. Numerous aggregations of lymphoid tissue are present in the subepithelial connective tissue. Eosinophil leucocytes are also present.

Cartilage and Smooth Muscle Layer

The skeletal basis of the trachea is made up of 16 to 20 tracheal cartilages. Each of these is a C-shaped mass of hyaline cartilage. The open end of the 'C' is directed posteriorly. Occasionally, adjoining cartilages may partly fuse with each other or may have Y-shaped ends. The intervals between the cartilages are filled by fibrous tissue that becomes continuous with the perichondrium covering the cartilages. The gaps between the cartilage ends, present on the posterior aspect, are filled in by smooth muscle and fibrous tissue. The connective tissue in the wall of the trachea contains many elastic fibres.

Adventitia

It is made of fibroelastic connective tissue containing blood vessels and nerves.

Principal Bronchi

The trachea divides at the level of T_4 into right and left principal bronchi (primary or main bronchi). They have a structure similar to that of the trachea.

THE LUNGS

The lungs are the principal respiratory organs that are situated one on either side of mediastinum in the thoracic cavity. They are covered by visceral pleura (Plate 14.3).

The structure of the lungs has to be understood keeping in mind their function of oxygenation of blood. The following features are essential for this purpose.

- A surface at which air (containing oxygen) can be brought into close contact with circulating blood. The barrier between air and blood has to be very thin to allow oxygen (and carbon dioxide) to pass through it. The surface has to be extensive enough to meet the oxygen requirements of the body.
- □ A system of tubes to convey air to and away from the surface at which exchanges take place.
- A rich network of blood capillaries present in intimate relationship to the surface at which exchanges take place.

Intrapulmonary Passages

On entering the lung the principal bronchus divides into secondary, or *lobar bronchi* (one for each lobe). Each lobar bronchus divides into tertiary, or *segmental bronchi* (one for each segment of the lobe). The segmental bronchi divide into smaller and smaller bronchi, which ultimately end in *bronchioles*.

The lung substance is divided into numerous lobules each of which receives a *lobular bronchiole*. The lobular bronchiole gives off a number of *terminal bronchioles* (Fig. 14.5).

As indicated by their name the terminal bronchioles represent the most distal parts of the conducting passage.

Each terminal bronchiole ends by dividing into *respiratory bronchioles*. These are so called because they are partly respiratory in function as some air sacs (see below) arise from them.

Each respiratory bronchiole ends by dividing into a few *alveolar ducts*. Each alveolar duct ends in a passage, the *atrium*, which leads into a number of rounded *alveolar sacs*. Each alveolar sac is studded with a number of air sacs or *alveoli*.

The alveoli are blind sacs having very thin walls through which oxygen passes from air into blood, and carbon dioxide passes from blood into air.

The structure of the larger intrapulmonary bronchi is similar to that of the trachea. As these bronchi divide into smaller ones the following changes in structure are observed.

□ The cartilages in the walls of the bronchi become irregular in

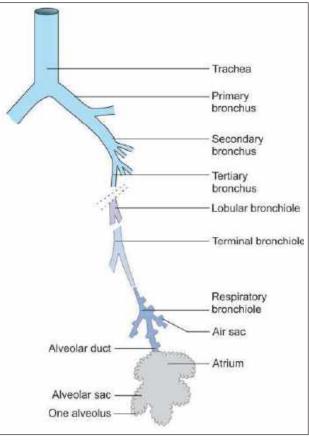
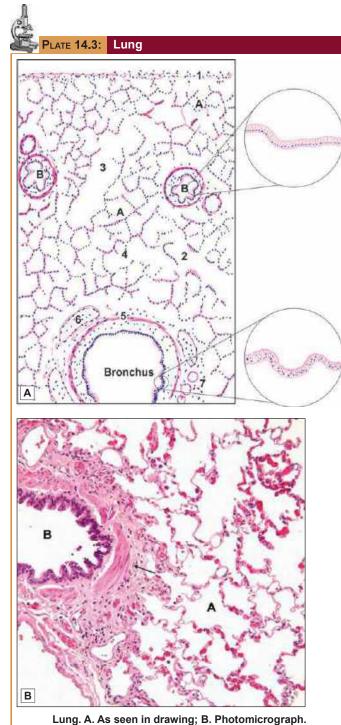


Fig. 14.5: Some terms used to describe the terminal ramifications of the bronchial tree (Schematic representation)

shape, and are progressively smaller. Cartilage is absent in the walls of bronchioles: this is the criterion that distinguishes a bronchiole from a bronchus.

- The amount of muscle in the bronchial wall increases as the bronchi become smaller. The presence of muscle in the walls of bronchi is of considerable clinical significance. Spasm of this muscle constricts the bronchi and can cause difficulty in breathing.
- □ Subepithelial lymphoid tissue increases in quantity as bronchi become smaller. Glands become fewer, and are absent in the walls of bronchioles.
- The trachea and larger bronchi are lined by pseudostratified ciliated columnar epithelium. As the bronchi become smaller the epithelium first becomes simple ciliated columnar, then non-ciliated columnar, and finally cuboidal (in respiratory bronchioles). The cells contain lysosomes and numerous mitochondria. Plate 14.3 illustrates the salient microscopic features of the lung parenchyma.

EM studies have shown that apart from typical ciliated columnar cells, various other types of cells are to be seen in the epithelium lining the air passages. Some of the cells encountered are as follows (Fig. 14.6):



- The lung surface is covered by pleura. It consists of a lining of mesothelium resting on a layer of connective tissue
- The lung parenchyma is made up of numerous thin-walled spaces or alveoli
- The alveoli give a honey comb appearance and are lined by flattened squamous cells. They are filled with air
- The intrapulmonary bronchus is lined by pseudostratified ciliated columnar epithelium with few goblet cells. Its structure is similar to trachea i.e. it has smooth muscles, cartilage and glands present in its wall
- The bronchiole is lined by simple columnar or cuboidal epithelium surrounded by bundles of smooth muscle cells (see arrow in photomicrograph)
- Bronchioles subdivide and when their diameter is approximately 1 mm or less, they are called terminal bronchiole.
- Arteries are seen near the bronchioles
- Respiratory bronchiole, alveolar duct and atrium are also present
- This slide shows a medium size bronchiole surrounded by alveoli

Кеу

- 1. Mesothelium resting on connective tissue
- 2. Respiratory bronchiole
- 3. Alveolar duct
- 4. Atrium
- 5. Smooth muscle
- 6. Plates of cartilage
- 7. Glands
- A. Alveoli
- B. Bronchus bronchiole

Courtesy: Atlas of Histopathology, 1st Edition. Ivan Damjanov. Jaypee Brothers. 2012. p37

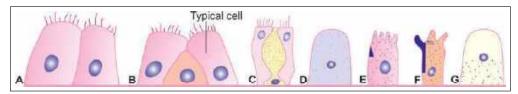


Fig. 14.6: Various types of cells to be seen lining the respiratory passages. A-Typical ciliated columnar, B-Basal, C-Goblet, D-Serous, E-Brush, F-Clara, G-Argyrophil (Schematic representation)

- Goblet cells are numerous. They provide mucous which helps to trap dust entering the passages and is moved by ciliary action towards the larynx and pharynx.
- Non-ciliated serous cells secrete fluid that keeps the epithelium moist.
- Basal cells multiply and transform into other cell types to replace those that are lost.
- Some non-ciliated cells present predominantly in terminal bronchioles (see below) produce a secretion that spreads over the alveolar cells forming a film that reduces surface tension. These include the *cells of Clara*.
- Cells similar to diffuse endocrine cells of the gut, and containing argyrophil granules are present. They secrete hormones and active peptides including serotonin and bombesin.
- Lymphocytes and other leucocytes may be present in the epithelium. They migrate into the epithelium from surrounding tissues.

The differences between bronchus and bronchioles are given in Table 14.1.

Added Information

- Some other functions attributed to cells of Clara include:
- □ Protection against harmful substances that are inhaled.
- Protection against development of emphysema by opposing the action of substances (proteases) that tend to destroy walls of lung alveoli.
- Stem cell function.

Alveoli

There are about 200 million alveoli in a normal lung. The total area of the alveolar surface of each lung is extensive. It has been estimated to be about 75 square meters. The total capillary surface area available for gaseous exchanges is about 125 square meters.

Structure of Alveolar Wall

Each alveolus has a very thin wall. The wall is lined by an epithelium consisting mainly of flattened squamous cells. The epithelium rests on a basement membrane. Deep to the basement membrane there is a layer of delicate connective tissue through which pulmonary capillaries run. These capillaries have the usual endothelial lining that rests on a basement membrane.

The barrier between air and blood is made up of the epithelial cells and their basement membrane; by endothelial cells and their basement membrane; and by intervening connective tissue. At many places the two basement membranes fuse greatly reducing the thickness of the barrier.

The endothelial cells lining the alveolar capillaries are remarkable for their extreme thinness. With the EM they are seen to have numerous projections extending into the capillary lumen. **235**

Table 14.1: Differences between Bronchus and Bronchiole		
Characteristics	Bronchus	Bronchiole
Diameter	Larger diameter (more than 1 mm)	Smaller diameter (less than 1 mm)
Lining epithelium	Pseudostratified ciliated columnar epithelium with goblet cells	 Large size bronchioles: simple columnar cells with few cilia and few goblet cells Small size bronchioles: simple columnar or simple cuboidal cells with no cilia or no goblet cells
Smooth muscle layer	Present between mucosa and cartilage layer	Smooth muscles and elastic fibres form a well-defined layer beneath mucosa
Cartilage	Present in irregular patches	Absent
Glands in submucosa	Both serous and mucous acini present between cartilage and muscle layer	Absent

These projections greatly increase the surface of the cell membrane that is exposed to blood and is, therefore, available for exchange of gases. At many places the basement membrane of the endothelium fuses with that of the alveolar epithelium greatly reducing the thickness of the barrier between blood and air in alveoli.

Pneumocytes

EM studies have shown that the cells forming the lining epithelium of alveoli (*pneumocytes*) are of various types (Fig. 14.7).

- The most numerous cells are the squamous cells already referred to. They are called *type I alveolar epithelial cells*. Except in the region of the nucleus, these cells are reduced to a very thin layer (0.05 to 0.2 μm). The edges of adjoining cells overlap and are united by tight junctions (preventing leakage of blood from capillaries into the alveolar lumen). They form the lining of 90% of the alveolar surface.
- Scattered in the epithelial lining there are rounded secretory cells bearing microvilli on their free surfaces. These are designated *type II alveolar epithelial cells* (Figs 14.7 and 14.8). Their cytoplasm contains secretory granules that appear to be made up of several layers (and are, therefore, called *multilamellar bodies*). These cells are believed to produce a secretion that forms a film over the alveolar epithelium. This film or *pulmonary surfactant* reduces surface tension

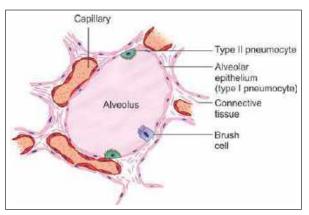
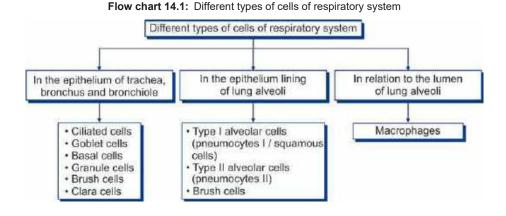


Fig. 14.7: Some cells to be seen in relation to an alveolus (Schematic representation)



and prevents collapse of the alveolus during expiration.

Surfactant contains phospholipids, proteins and glycosaminoglycans produced in type II cells (A similar fluid is believed to be produced by the cells of Clara present in bronchial passages).

Type II cells may multiply to replace damaged type I cells.

□ *Type III alveolar cells*, or *brush cells*, of doubtful function, have also been described. Different types of cells present in the respiratory system are summarised in Flow chart 14.1.

Connective Tissue

The connective tissue in the wall of the alveolus contains collagen fibres and numerous elastic fibres continuous with those of bronchioles. Fibroblasts, histiocytes, mast cells, lymphocytes and plasma cells may be present. Pericytes are present in relation to capillaries.

Some macrophages enter the connective tissue from blood and pass through the alveolar epithelium to reach its luminal surface. Dust particles phagocytosed by them are seen in their cytoplasm. They are therefore called *dust cells*. These dust cells are expelled to the outside through the respiratory passages. In congestive heart failure (in which pulmonary

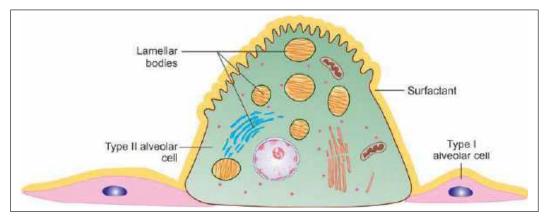


Fig. 14.8: Type II pneumocytes (Schematic representation)

capillaries become overloaded with blood) these macrophages phagocytose erythrocytes that escape from capillaries. The cells, therefore, acquire a brick red colour and are then called *heart failure cells*. Macrophages also remove excessive surfactant, and secrete several enzymes.

Connective Tissue Basis of the Lung

The greater part of the surface of the lung is covered by a serous membrane, the visceral pleura. This membrane consists of a layer of flattened mesothelial cells, supported on a layer of connective tissue.

Deep to the pleura there is a layer of subserous connective tissue. This connective tissue extends into the lung substance along bronchi and their accompanying blood vessels, and divides the lung into lobules. Each lobule has a lobular bronchiole and its ramifications, blood vessels, lymphatics and nerves.

The epithelial lining of air passages is supported by a basal lamina deep to which there is the connective tissue of the lamina propria. Both in the basal lamina and in the lamina propria there are numerous elastic fibres. These fibres run along the length of respiratory passages and ultimately become continuous with elastic fibres present in the walls of air sacs. This elastic tissue plays a very important role by providing the physical basis for elastic recoil of lung tissue. This recoil is an important factor in expelling air from the lungs during expiration. Elastic fibres passing between lung parenchyma and pleura prevent collapse of alveoli and small bronchi during expiration.

Pleura

The pleura is lined by flat mesothelial cells that are supported by loose connective tissue rich in elastic fibres, blood vessels, nerves and lymphatics. There is considerable adipose tissue under parietal pleura.

Blood Supply of Lungs

The lungs receive deoxygenated blood from the right ventricle of the heart through pulmonary arteries. Within the lung the arteries end in an extensive capillary network in the walls of alveoli. Blood oxygenated here is returned to the left atrium of the heart through pulmonary veins.

Oxygenated blood required for nutrition of the lung itself reaches the lungs through bronchial arteries. They are distributed to the walls of bronchi as far as the respiratory bronchioles. Blood reaching the lung through these arteries is returned to the heart partly through bronchial veins, and partly through the pulmonary veins.

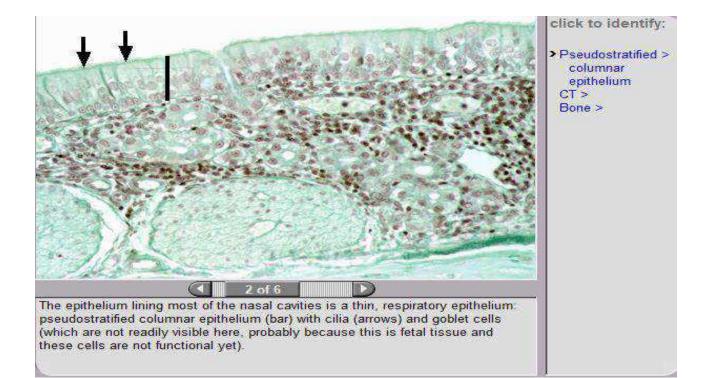
Plexuses of lymph vessels are present just deep to the pleura and in the walls of bronchi.

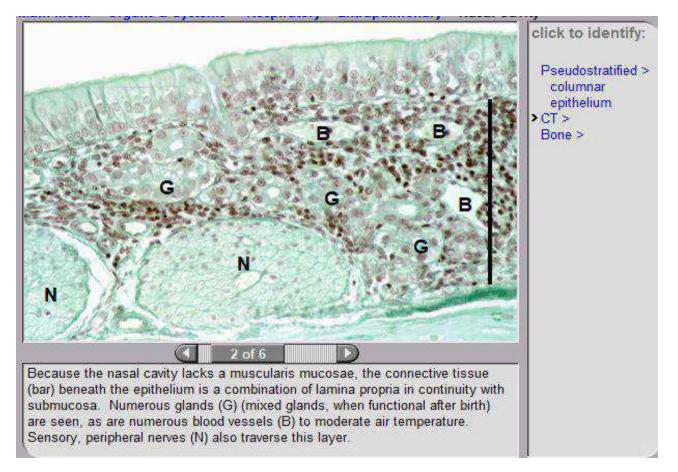
Nerve Supply of Lungs

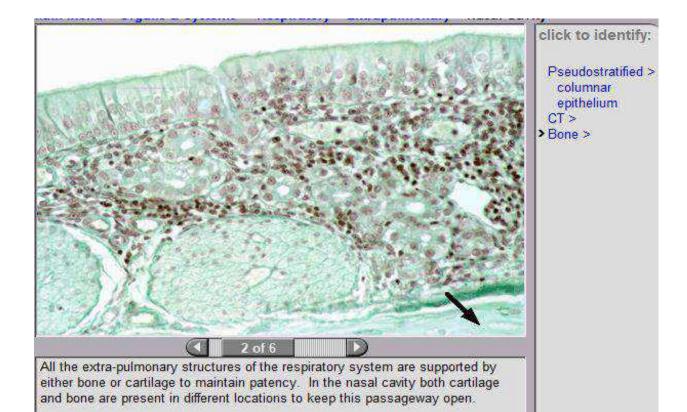
The lungs receive autonomic nerves, both sympathetic and parasympathetic, and including both afferent and efferent fibres. Efferent fibres supply the bronchial musculature. Vagal stimulation produces bronchoconstriction. Efferent fibres also innervate bronchial glands. Afferent fibres are distributed to the walls of bronchi and of alveoli. Afferent impulses from the lungs play an important role in control of respiration through respiratory reflexes.

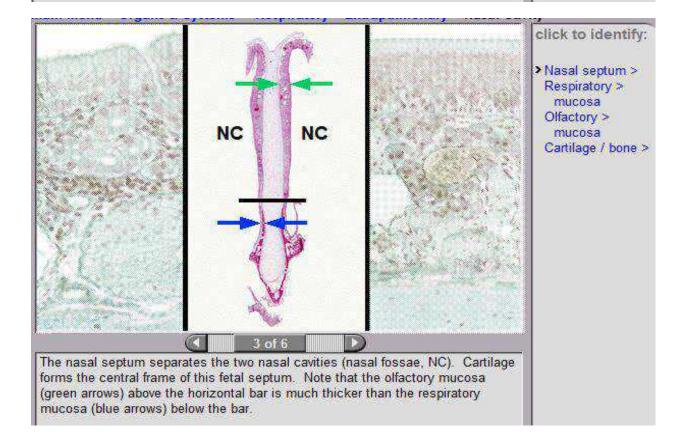
Clinical Correlation

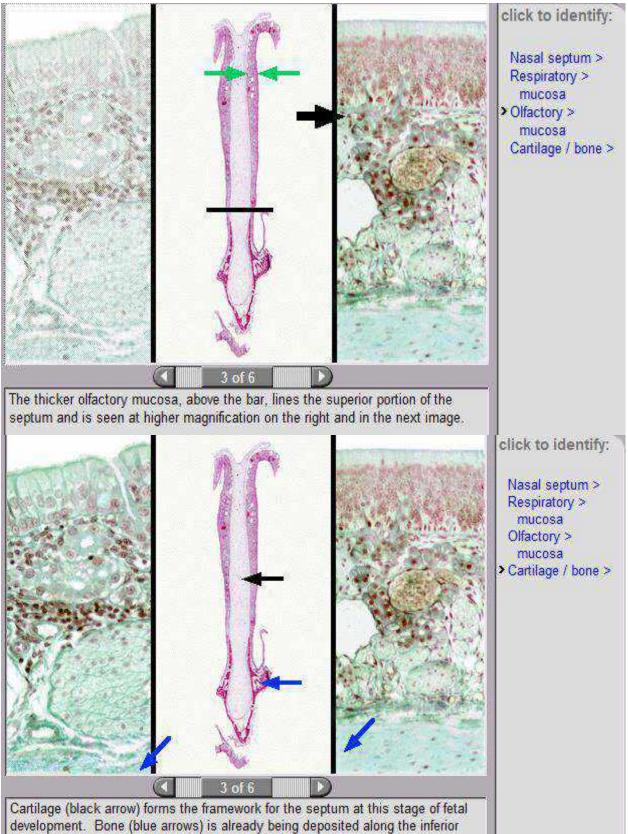
- Acute respiratory distress syndrome (ARDS) is a severe, at times life-threatening, form of progressive respiratory insufficiency which involves pulmonary tissues diffusely, i.e. involvement of the alveolar epithelium, alveolar lumina and interstitial tissue. ARDS exists in 2 forms: neonatal and adult type. Both have the common morphological feature of formation of hyaline membrane in the alveoli, and hence, is also termed as hyaline membrane disease (HMD).
- Bacterial pneumonia: Bacterial infection of the lung parenchyma is the most common cause of pneumonia or consolidation of one or both the lungs. Two types of acute bacterial pneumonias are distinguished lobar pneumonia and broncho-(lobular-) pneumonia, each with distinct aetiologic agent and morphologic changes.
- Chronic bronchitis is a common condition defined clinically as persistent cough with expectoration on most days for at least three months of the year for two or more consecutive years. The cough is caused by oversecretion of mucous. In spite of its name, chronic inflammation of the bronchi is not a prominent feature. The condition is more common in middle-aged males than females.
- Asthma is a disease of airways that is characterised by increased responsiveness of the tracheobronchial tree to a variety of stimuli resulting in widespread spasmodic narrowing of the air passages which may be relieved spontaneously or by therapy. Asthma is an episodic disease manifested clinically by paroxysms of dyspnoea, cough and wheezing. However, a severe and unremitting form of the disease termed status asthmaticus may prove fatal.
- □ **Immotile cilia syndrome** that includes Kartagener's syndrome (bronchiectasis, situs inversus and sinusitis) is characterised by ultrastructural changes in the microtubules causing immotility of cilia of the respiratory tract epithelium, sperms and other cells. Males in this syndrome are often infertile.



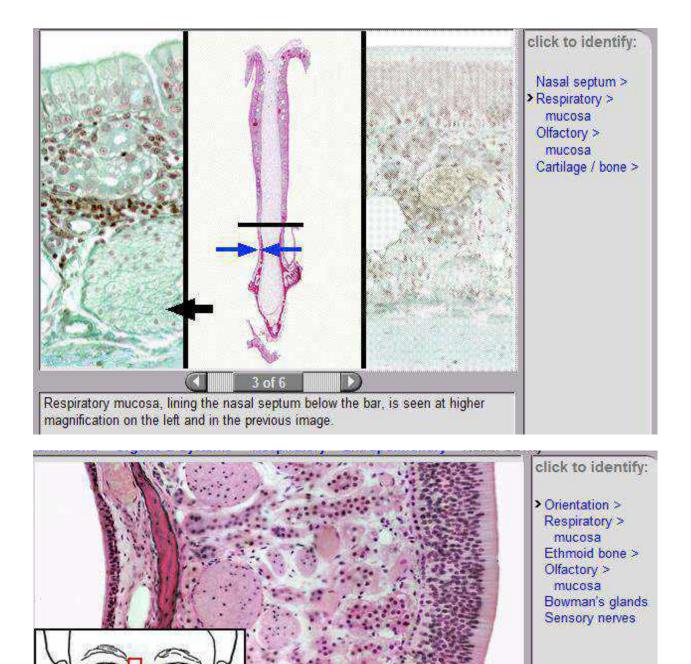




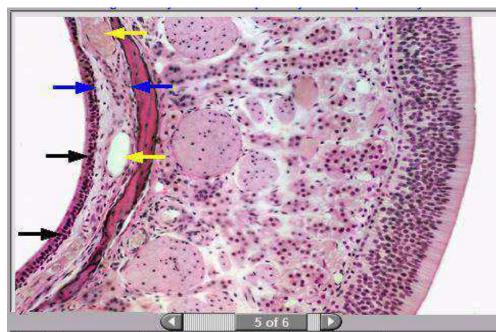




border of the septum and will replace the cartilage over time.



The outline in the inset shows the location from which this section was taken, including the superior concha (arrow) extending into the superior region of the nasal cavity. The location of the olfactory epithelium covering the medial surface of this concha is colored purple; non-olfactory epithelium lines the lateral surface of the concha.



click to identify:

Orientation >
Respiratory >
mucosa
Ethmoid bone >
Olfactory >
mucosa
Bowman's glands
Sensory nerves

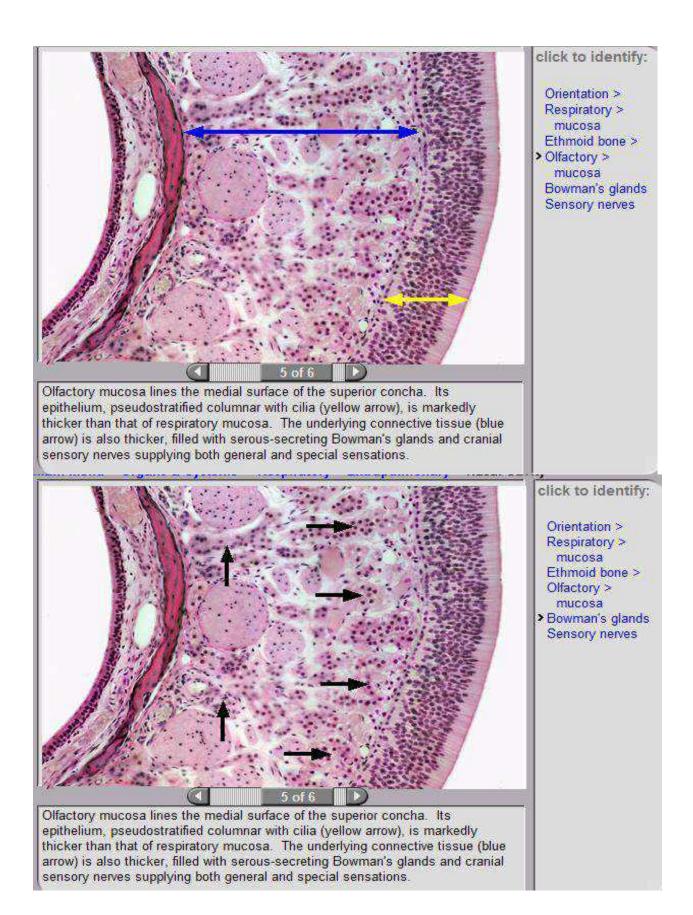
Respiratory mucosa lines the non-olfactory region of the nasal fossae, represented here by the lateral surface of a superior concha. This mucosa possesses a pseudostratified columnar epithelium (black arrows) with cilia and goblet cells. The underlying connective tissue (between blue arrows) is rich in blood vessels (yellow arrows) to moderate air temperature.

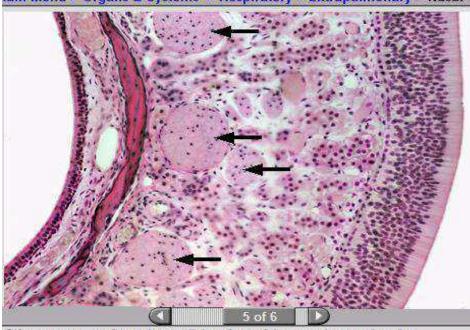
click to identify:

Orientation > Respiratory > mucosa

Ethmoid bone > Olfactory > mucosa Bowman's glands Sensory nerves

An extension of the ethmoid bone, the superior concha, provides internal support.





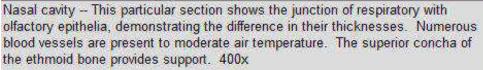
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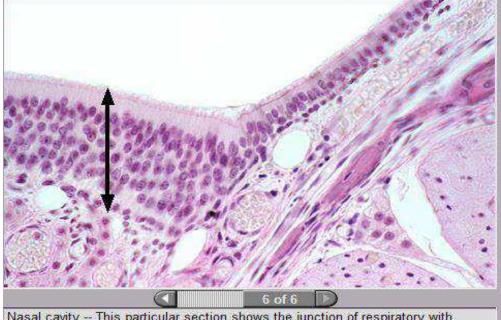
Orientation > Respiratory > mucosa Ethmoid bone > Olfactory > mucosa Bowman's glands > Sensory nerves

Olfactory mucosa lines the medial surface of the superior concha. Its epithelium, pseudostratified columnar with cilia (yellow arrow), is markedly thicker than that of respiratory mucosa. The underlying connective tissue (blue arrow) is also thicker, filled with serous-secreting Bowman's glands and cranial sensory nerves supplying both general and special sensations.

click to identify:

 Respiratory epithelium Olfactory epithelium Blood vessels Bone Basal bodies



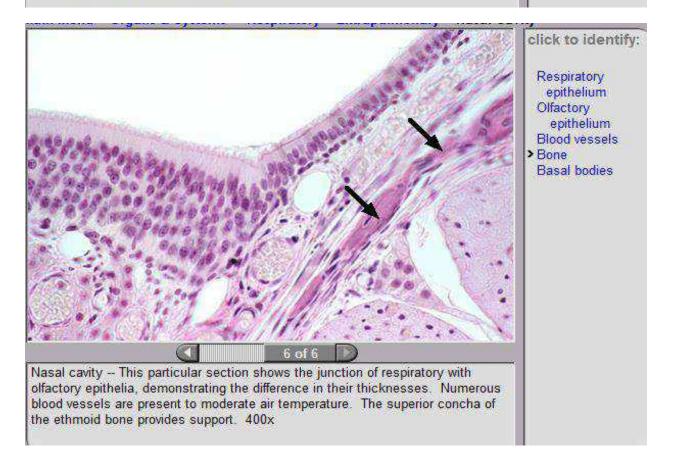


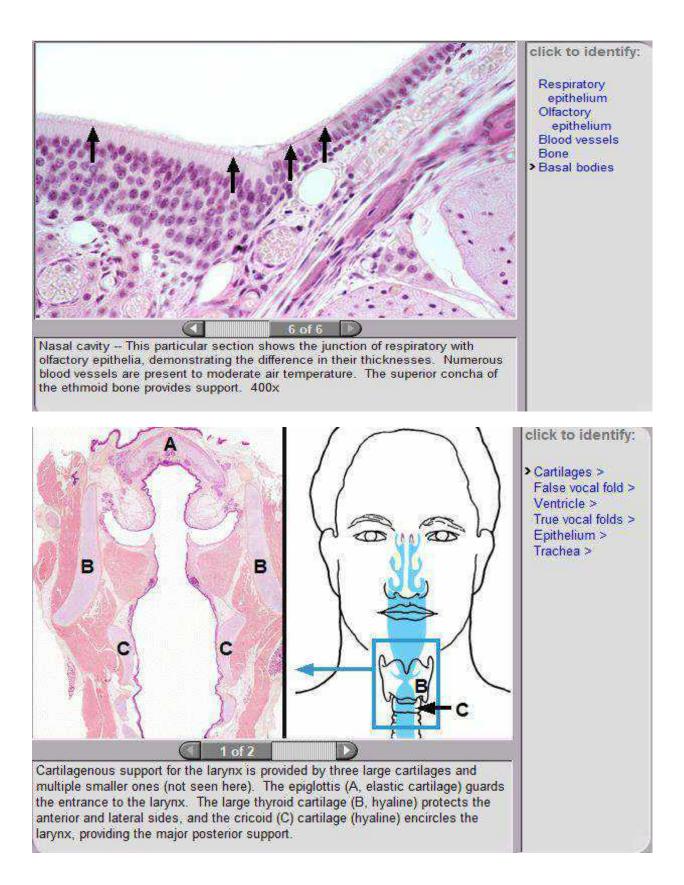
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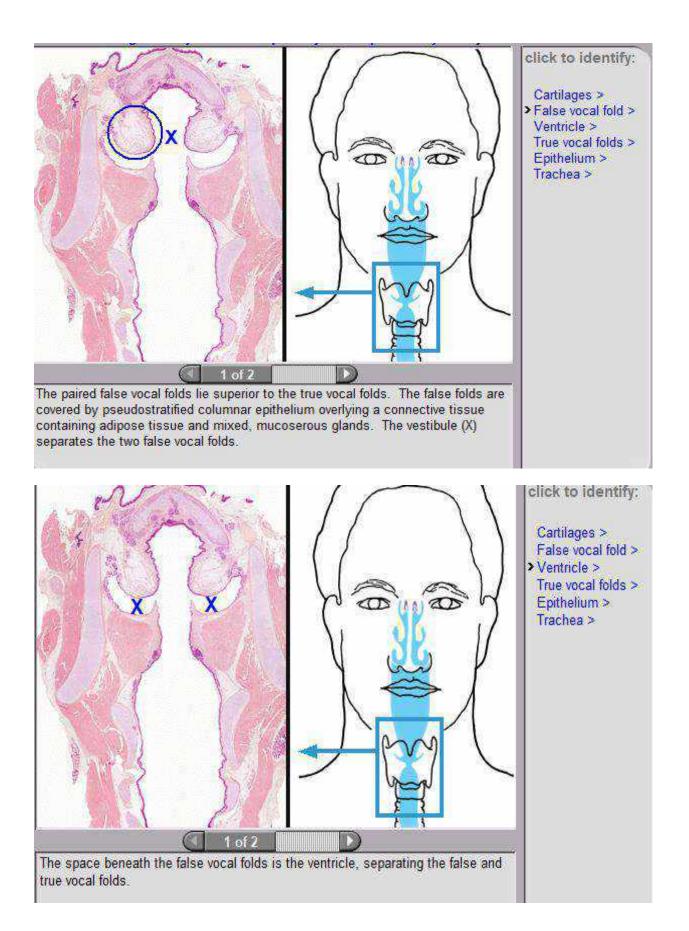
Respiratory epithelium

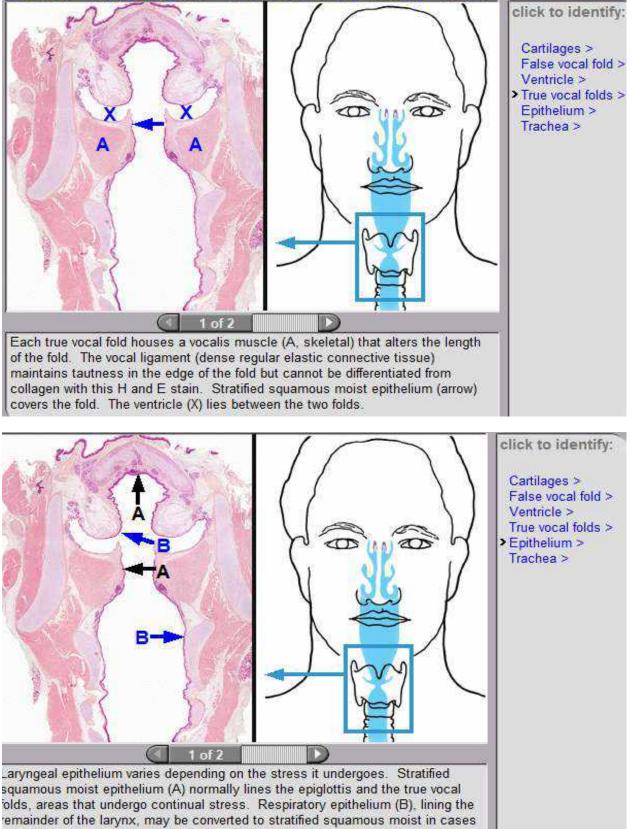
 Olfactory epithelium Blood vessels Bone Basal bodies

Nasal cavity -- This particular section shows the junction of respiratory with olfactory epithelia, demonstrating the difference in their thicknesses. Numerous blood vessels are present to moderate air temperature. The superior concha of the ethmoid bone provides support. 400x

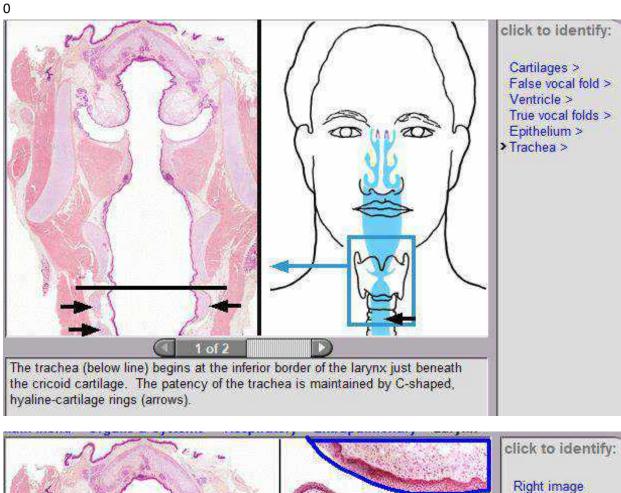








of irritation, such as in the larynx of a smoker.

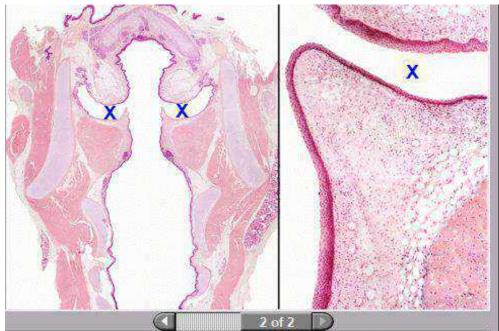




> False vocal fold >

Ventricle > True vocal folds > Epithelium >

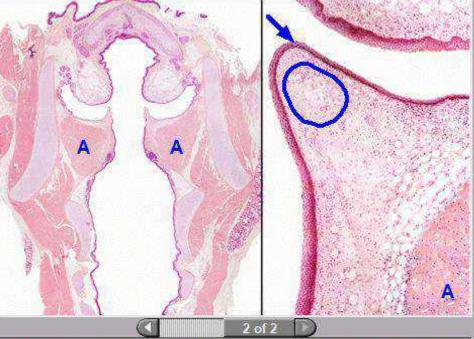
The paired false vocal folds lie superior to the true vocal folds. The false folds are covered by pseudostratified columnar epithelium overlying a connective tissue layer containing adipose tissue and mixed, mucoserous glands. A muscularis mucosae is lacking. The vestibule (X) separates the two false vocal folds.



click to identify:

Right image False vocal fold > Ventricle > True vocal folds > Epithelium >

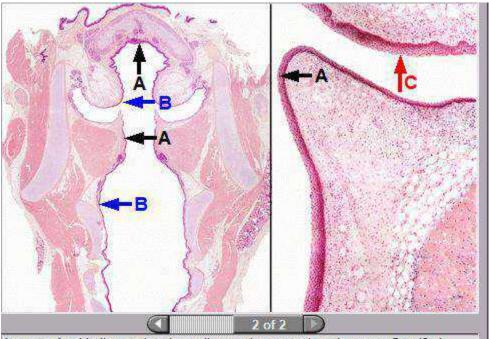
The space beneath the false vocal folds is the ventricle, separating the false and true vocal folds.



click to identify:

Right image False vocal fold > Ventricle > True vocal folds > Epithelium >

ach true vocal fold houses a vocalis muscle (A, skeletal) that alters the length f the fold. The vocal ligament (circle, dense regular elastic connective tissue) naintains tautness, but is hard to distinguish because elastic fibers stain imilarly to collagen with H and E. Stratified squamous moist epithelium (blue rrow) covers the fold; a muscularis mucosae is lacking.

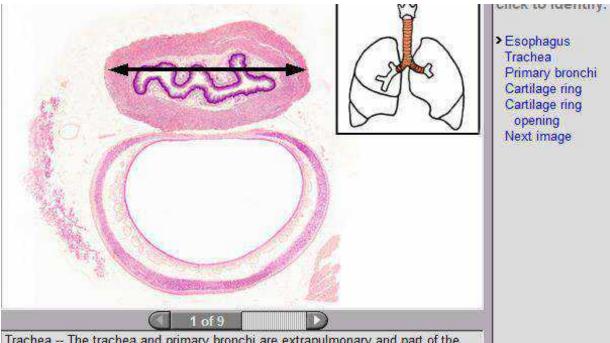


click to identify:

Right image False vocal fold > Ventricle > True vocal folds >

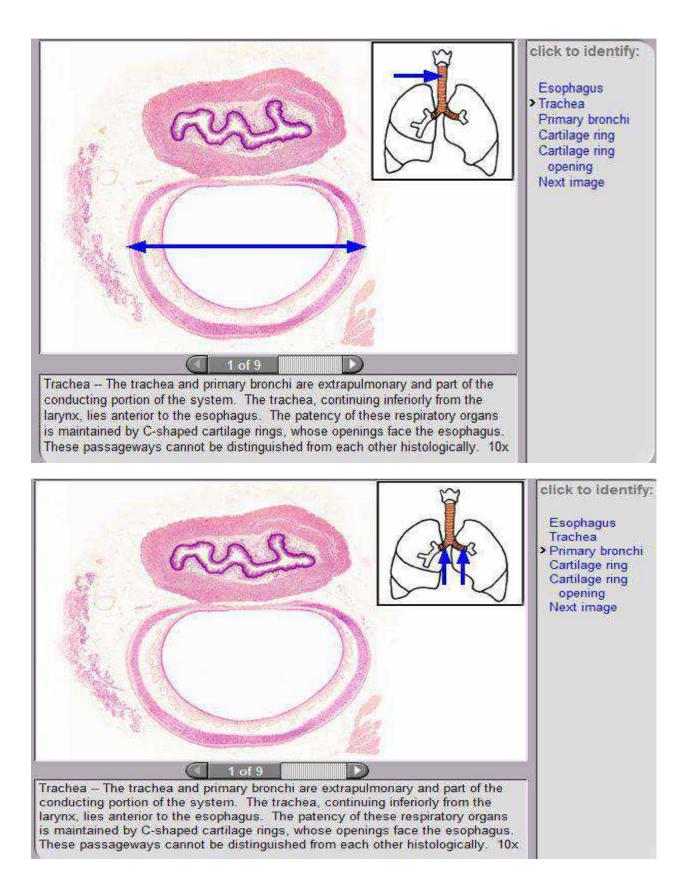
> Epithelium >

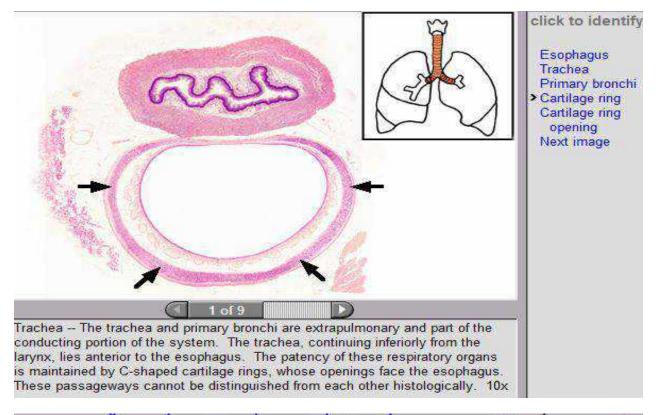
Laryngeal epithelium varies depending on the stress it undergoes. Stratified squamous moist epithelium (A) normally lines the epiglottis and the true vocal folds, areas that undergo continual stress. Respiratory epithelium (B), lining the remainder of the larynx, may be converted to stratified squamous moist epithelium (C) in cases of irritation, such as in the larynx of a smoker.

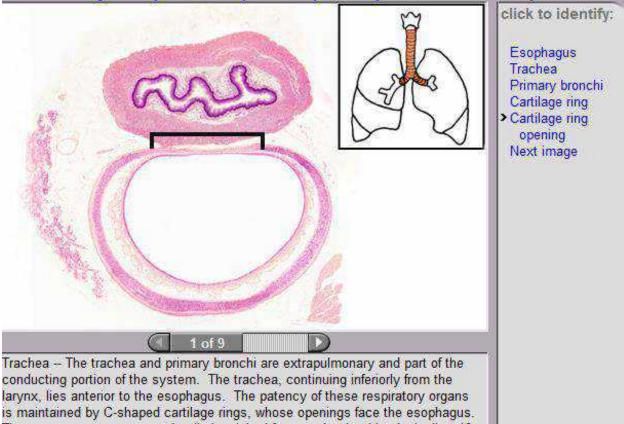


> Esophagus Trachea Primary bronchi Cartilage ring Cartilage ring opening Next image

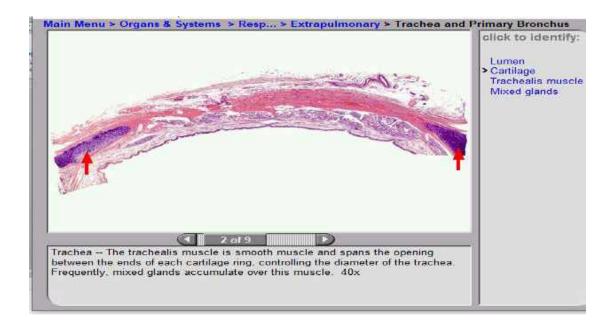
Trachea -- The trachea and primary bronchi are extrapulmonary and part of the conducting portion of the system. The trachea, continuing inferiorly from the larynx, lies anterior to the esophagus. The patency of these respiratory organs is maintained by C-shaped cartilage rings, whose openings face the esophagus. These passageways cannot be distinguished from each other histologically. 10x

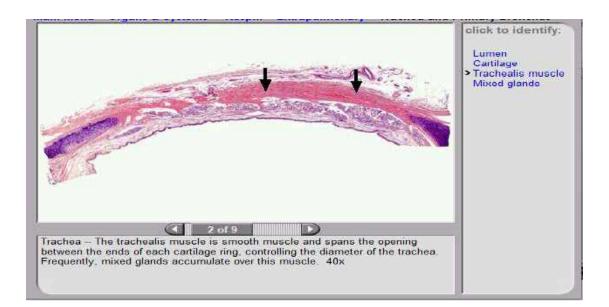


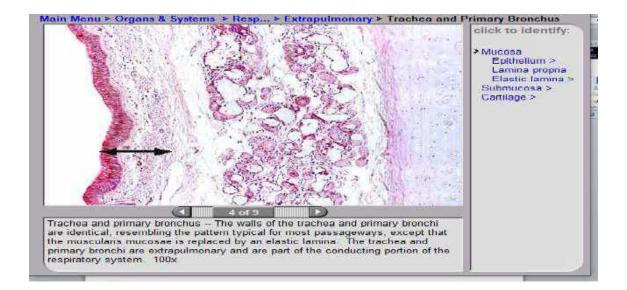


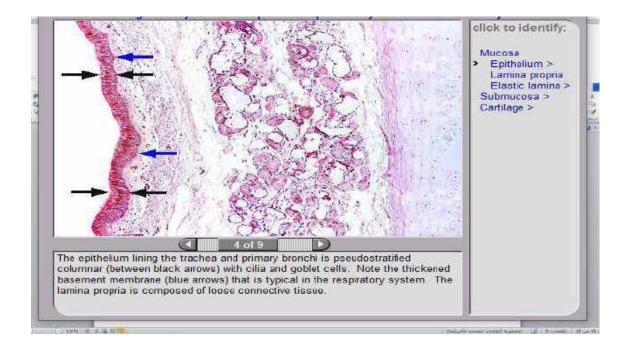


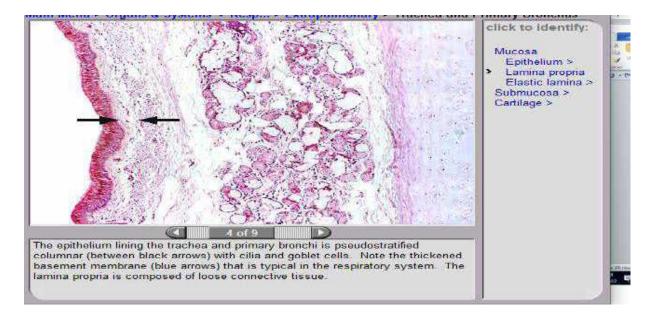
These passageways cannot be distinguished from each other histologically. 10x

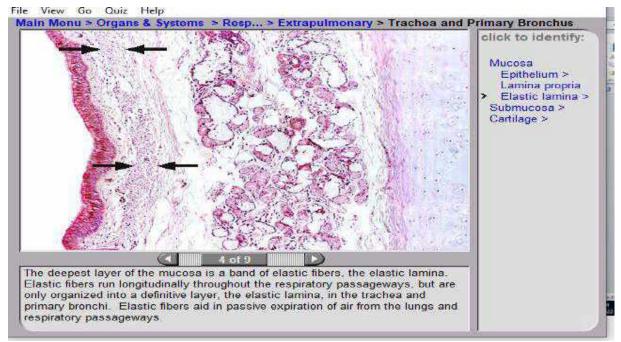


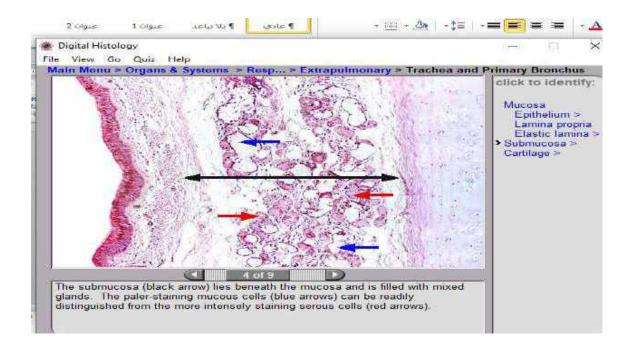


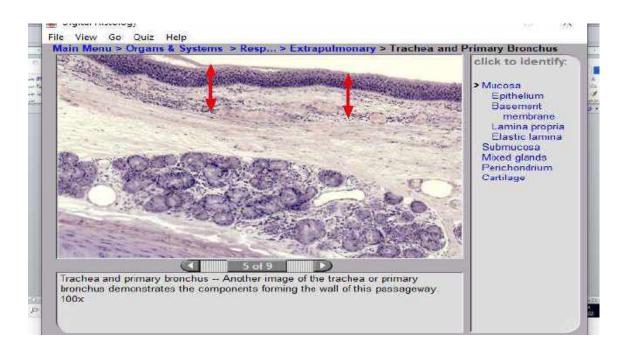


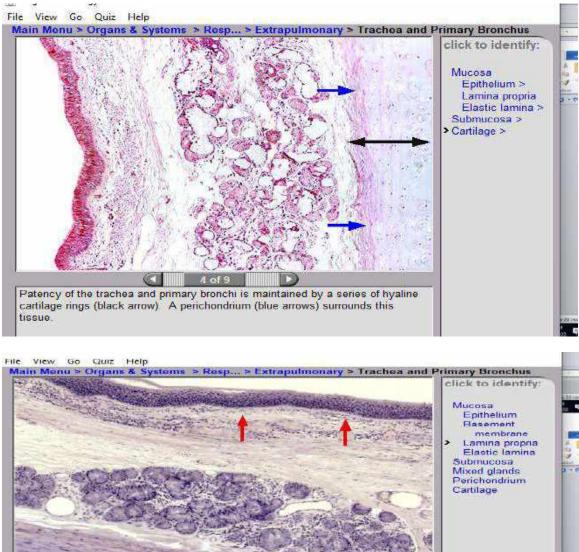






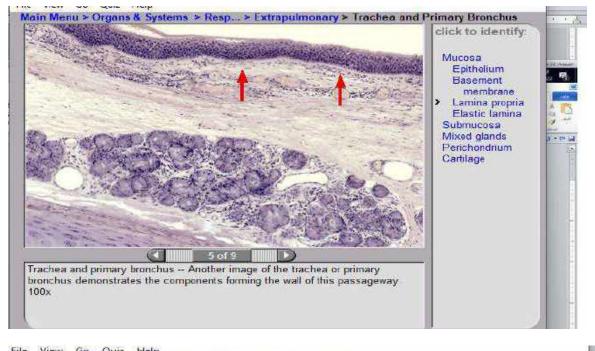


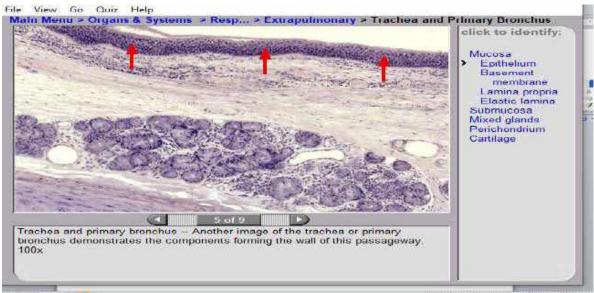


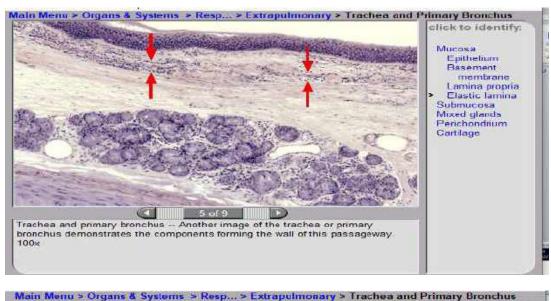


Trachea and primary bronchus – Another image of the trachea or primary bronchus demonstrates the components forming the wall of this passageway. 100×

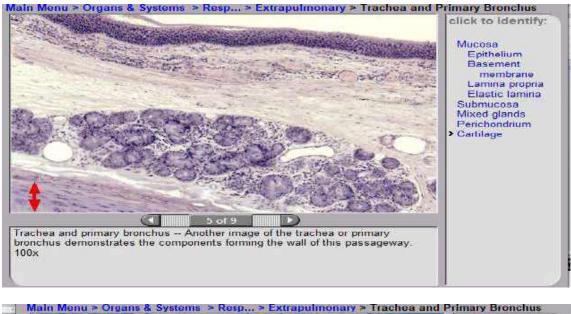
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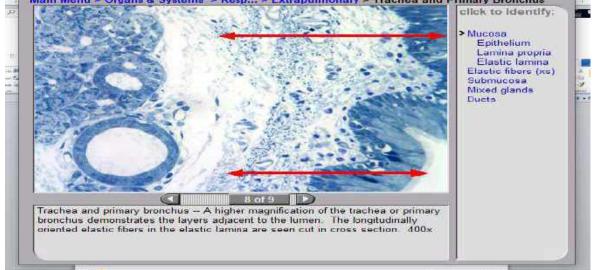


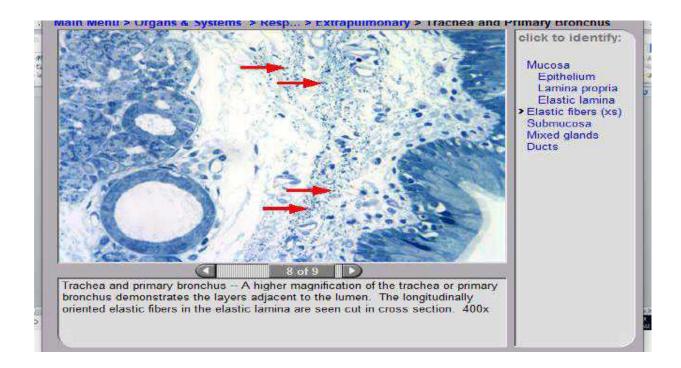


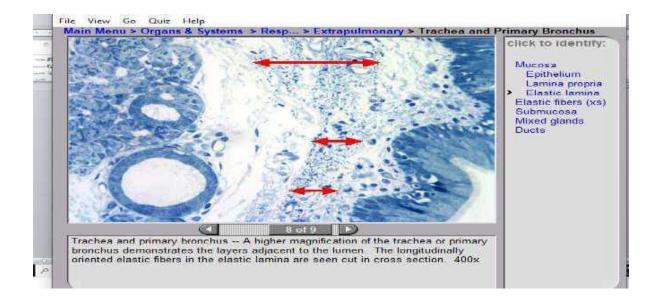


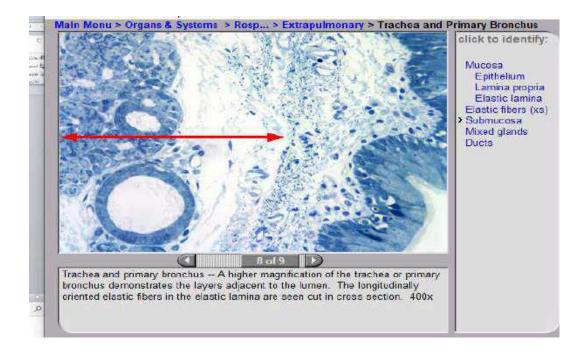


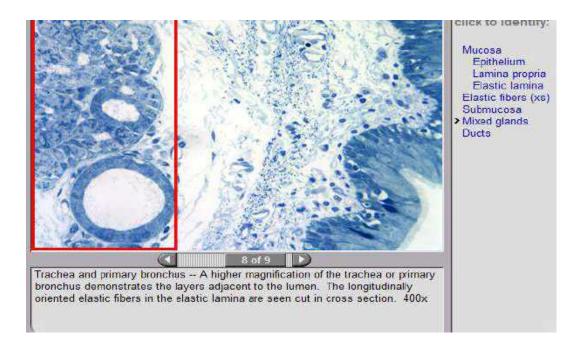


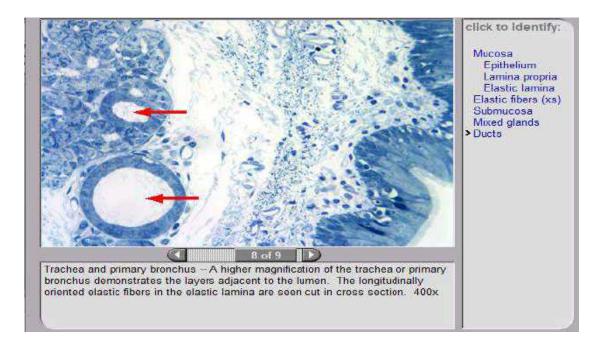


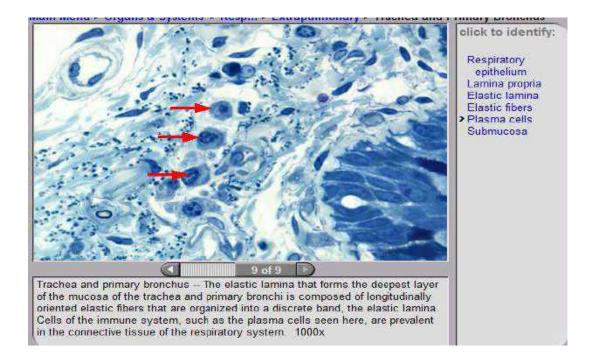


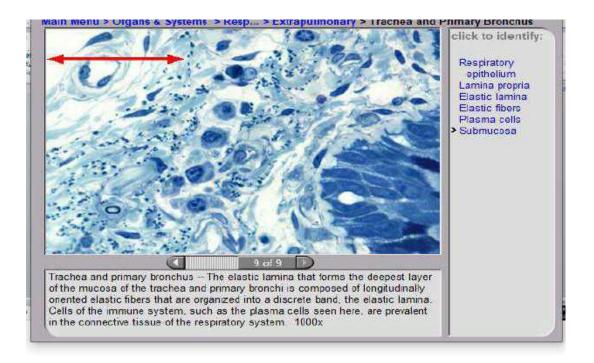




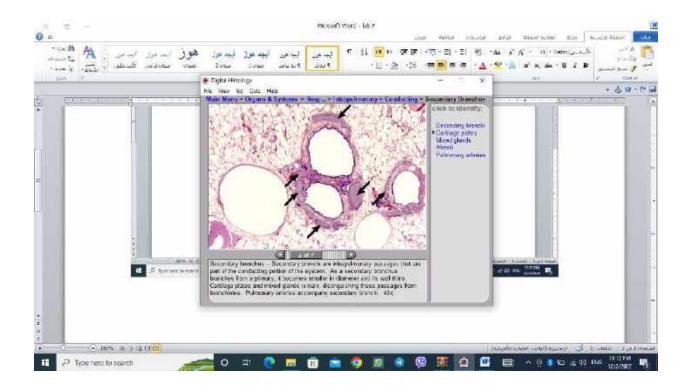


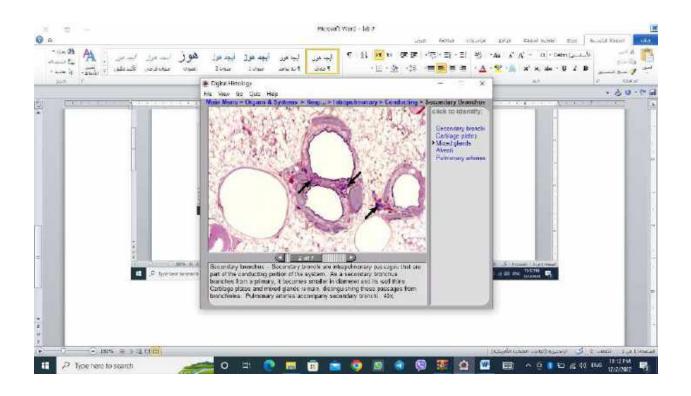


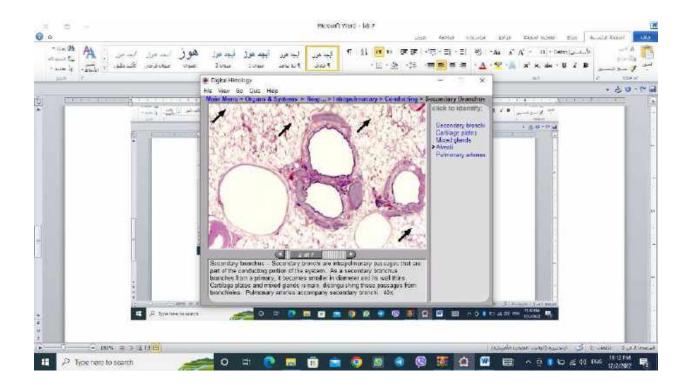


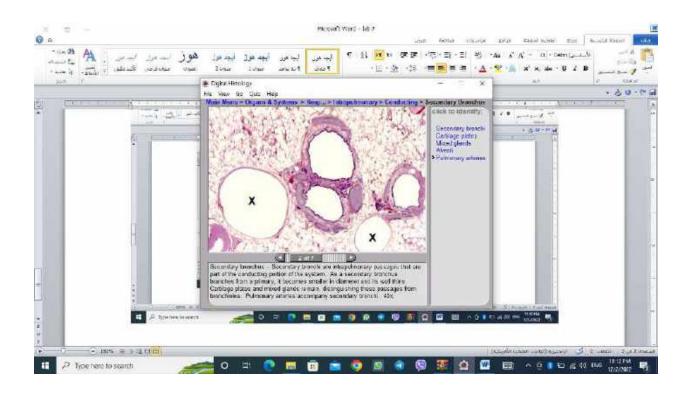


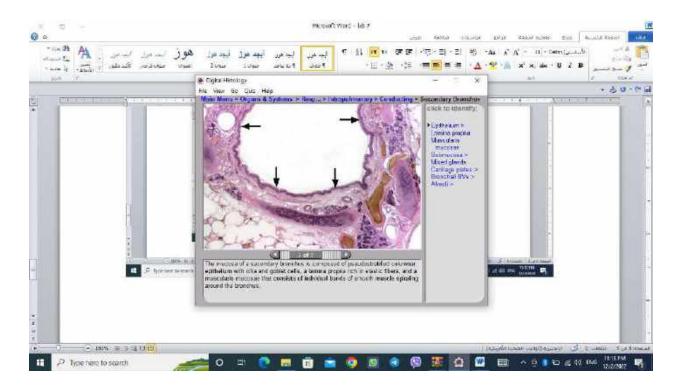
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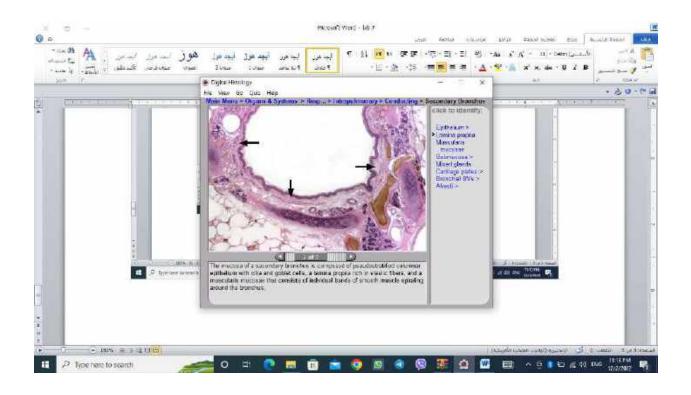


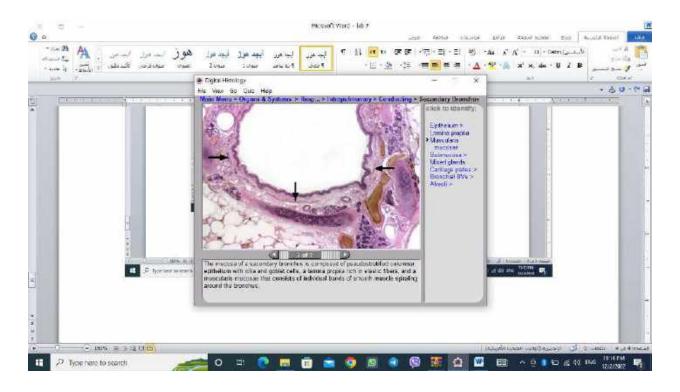


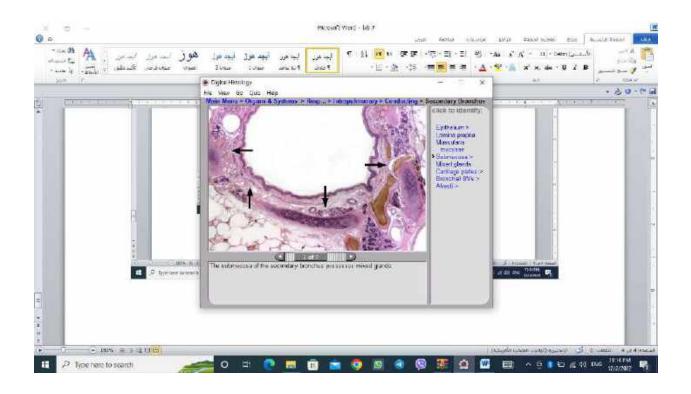


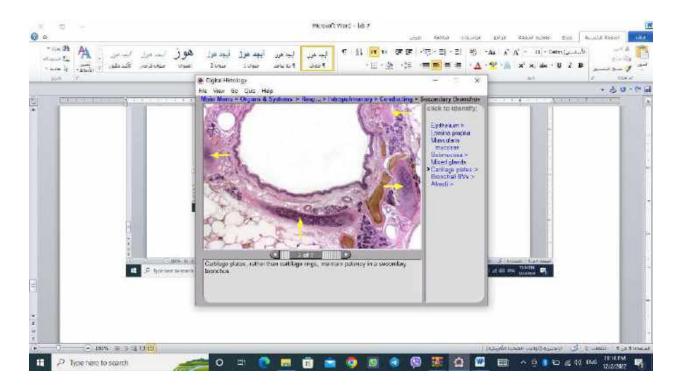


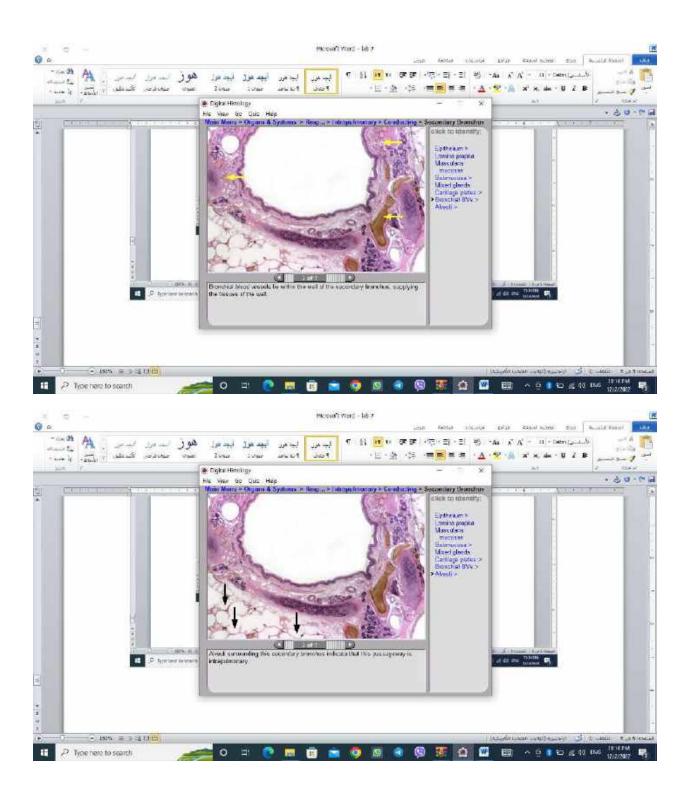


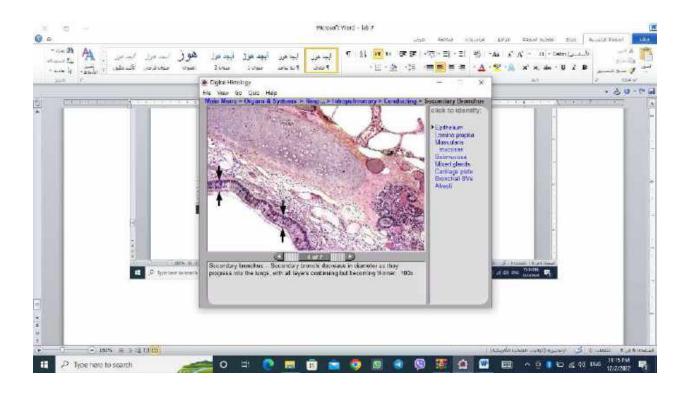


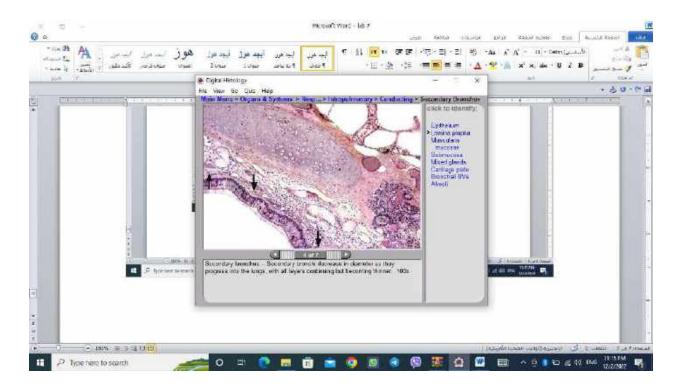


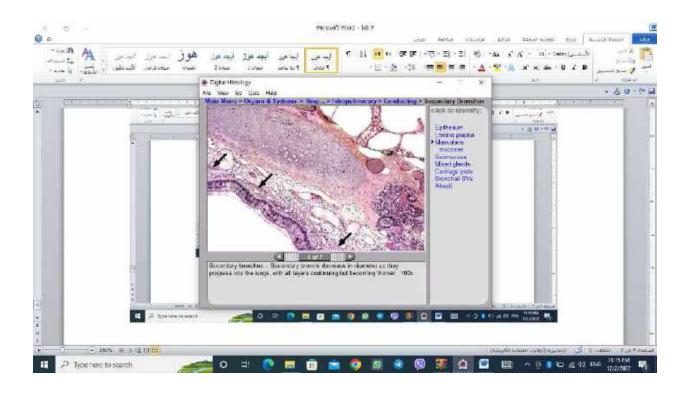


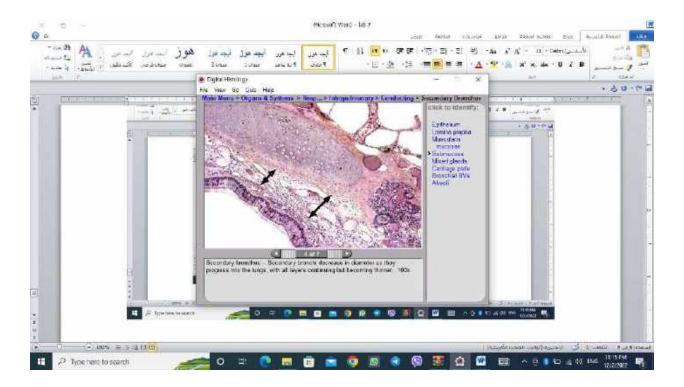


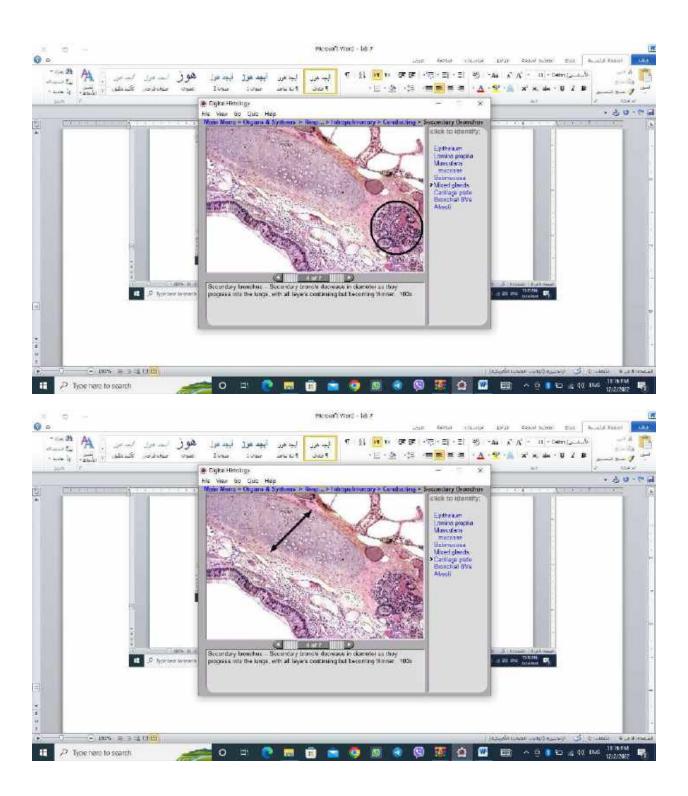


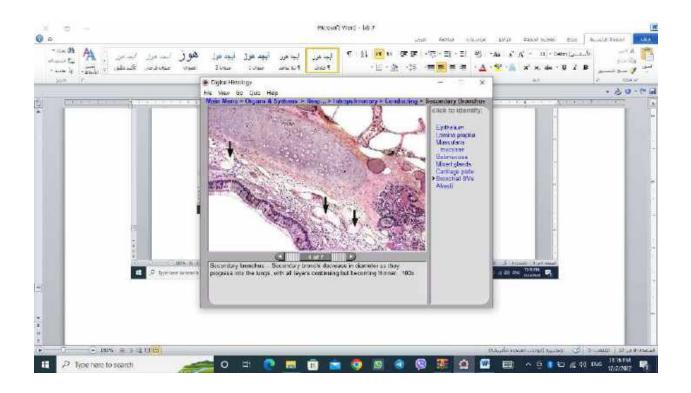


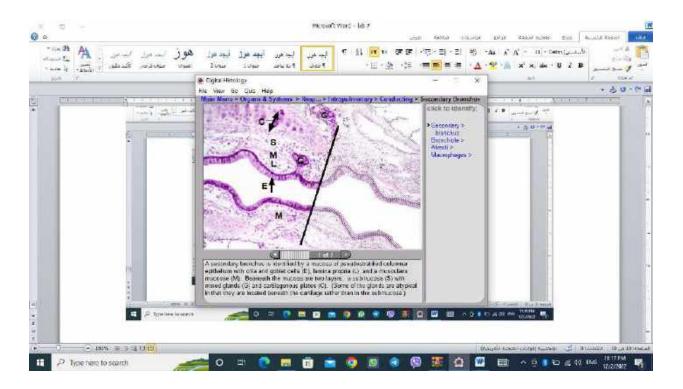


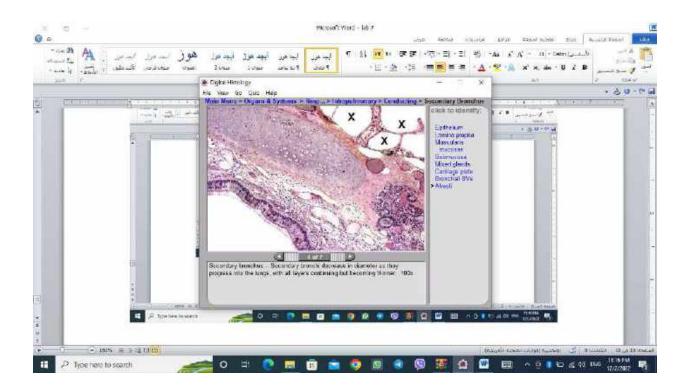


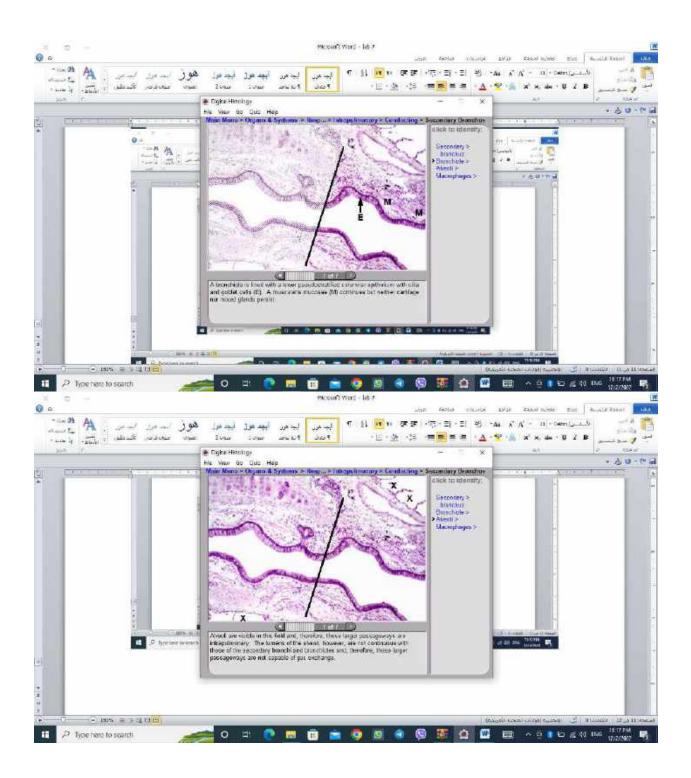


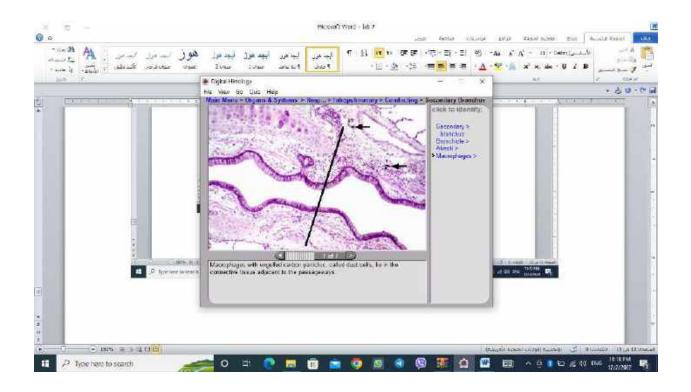


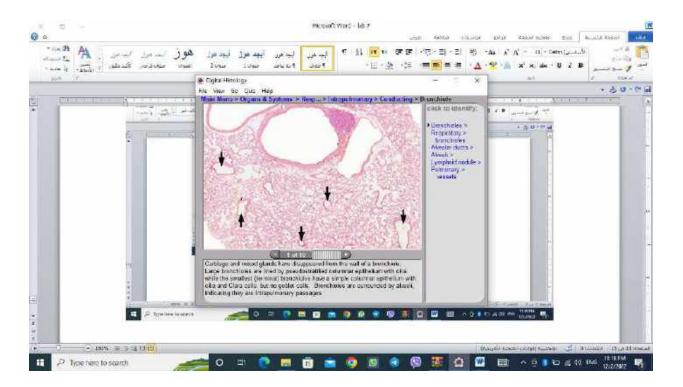


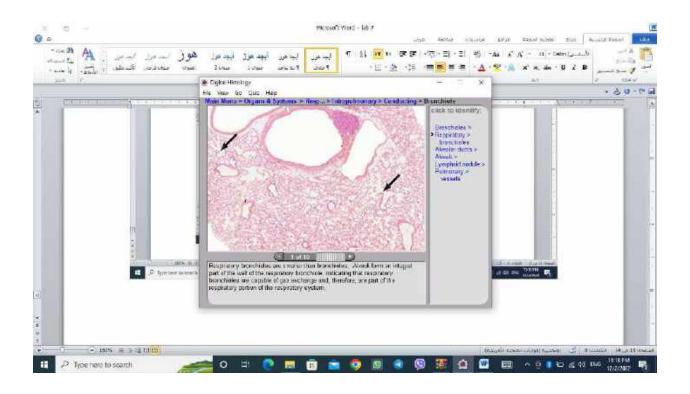


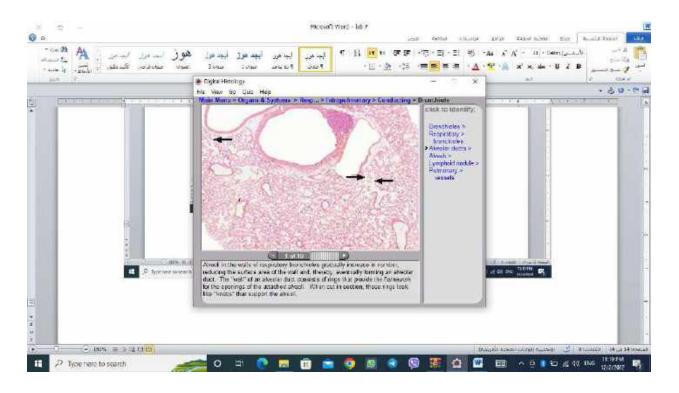


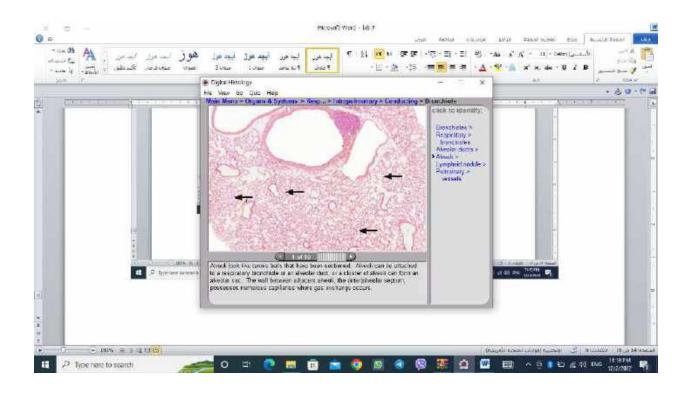


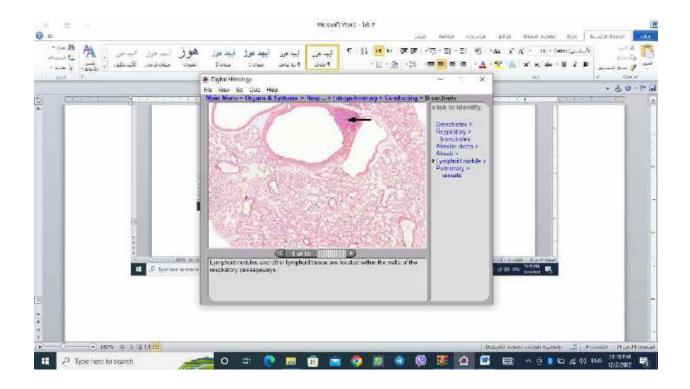


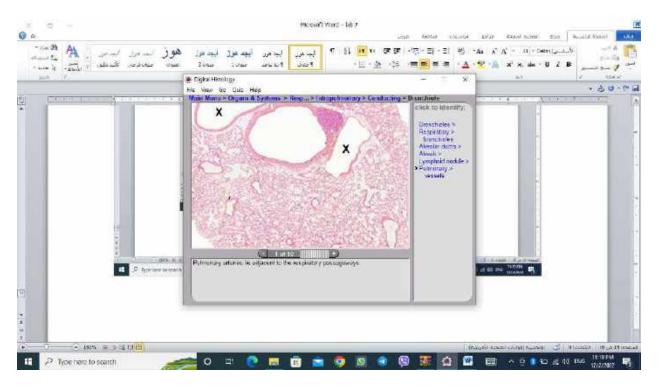


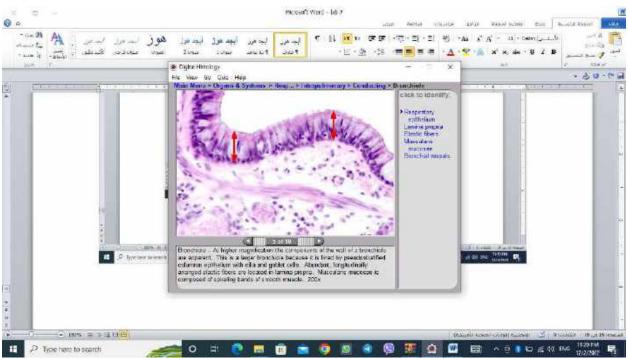


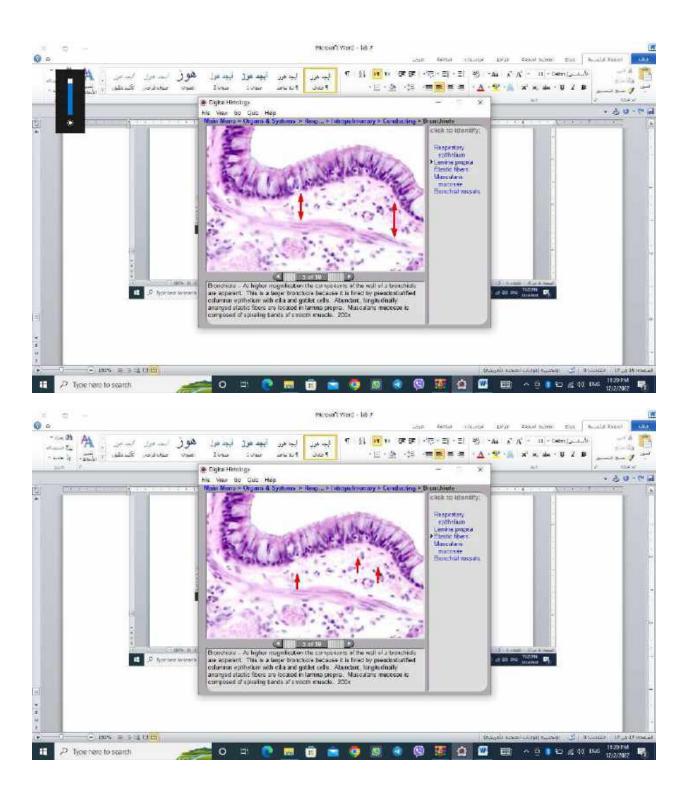


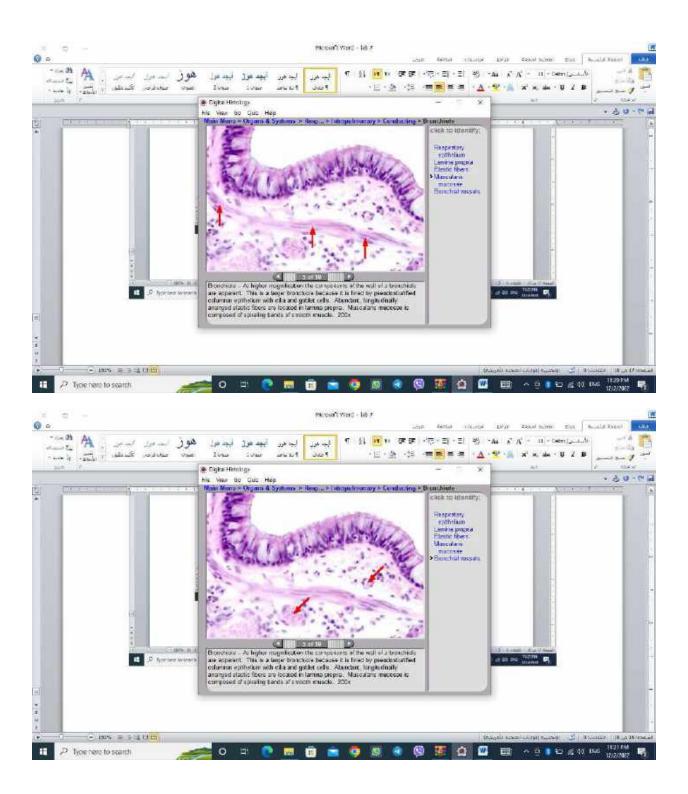


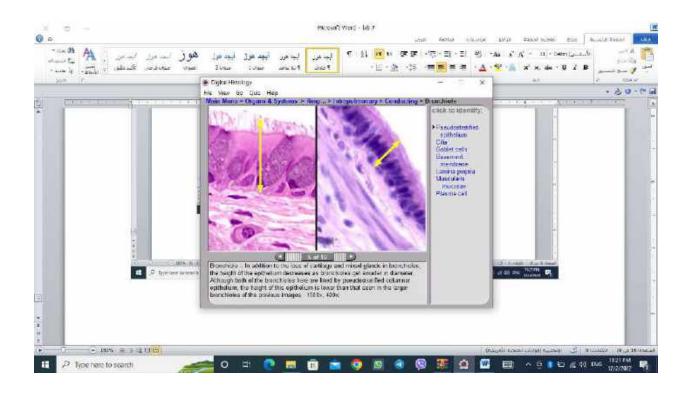


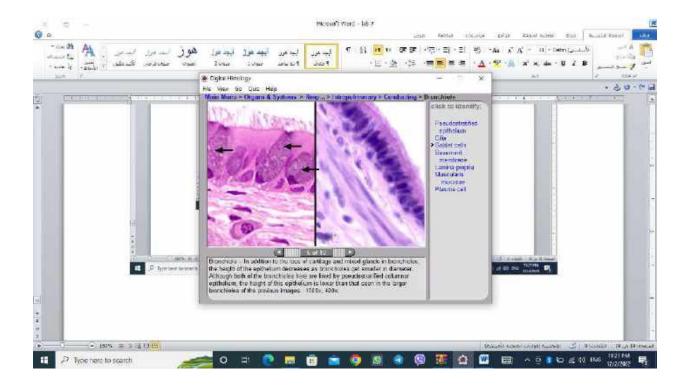


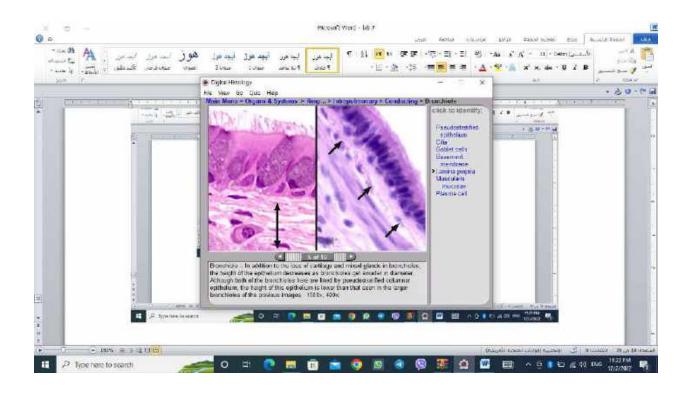


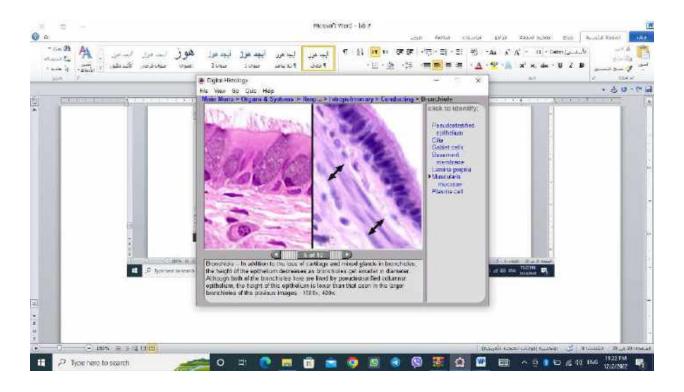


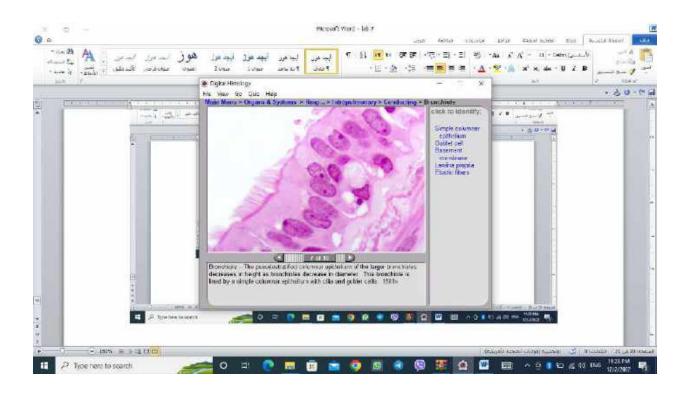


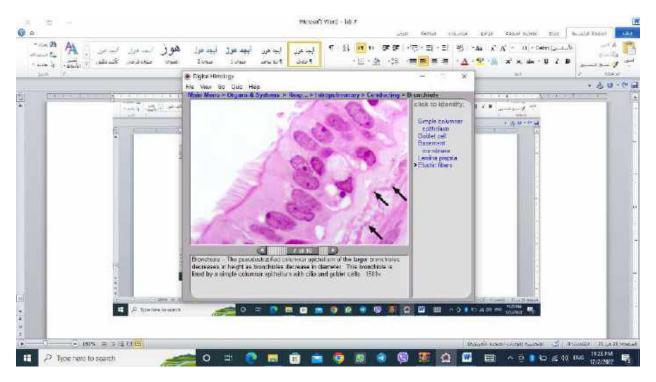




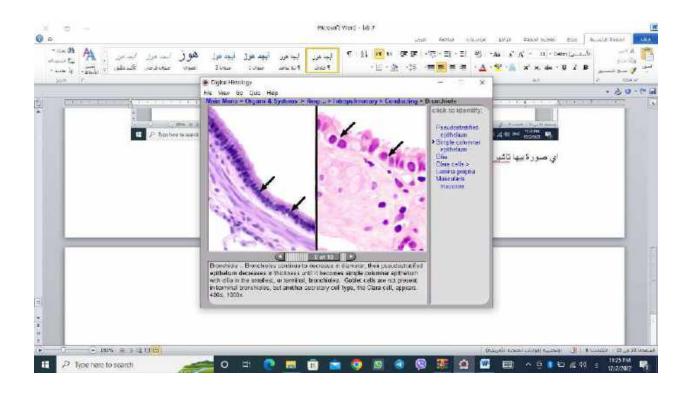


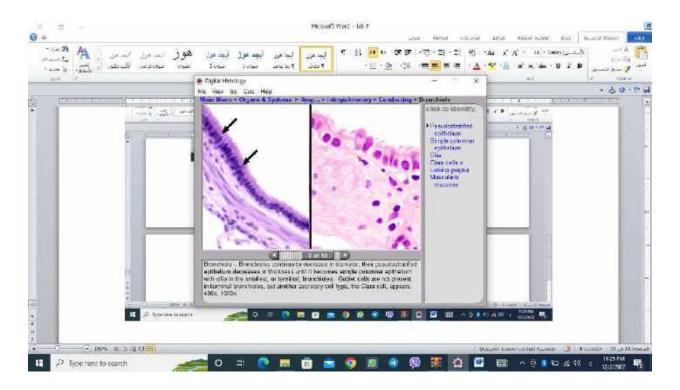


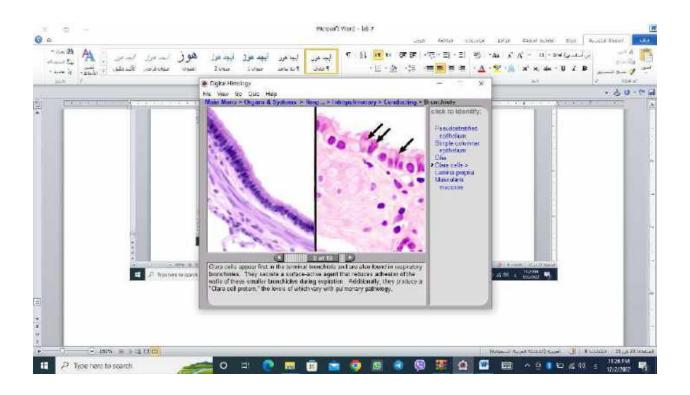


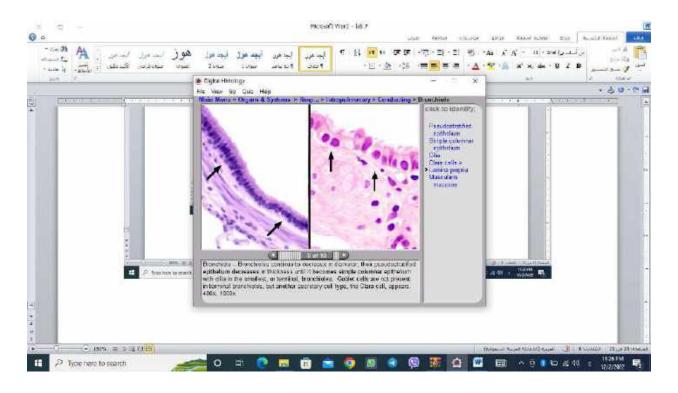


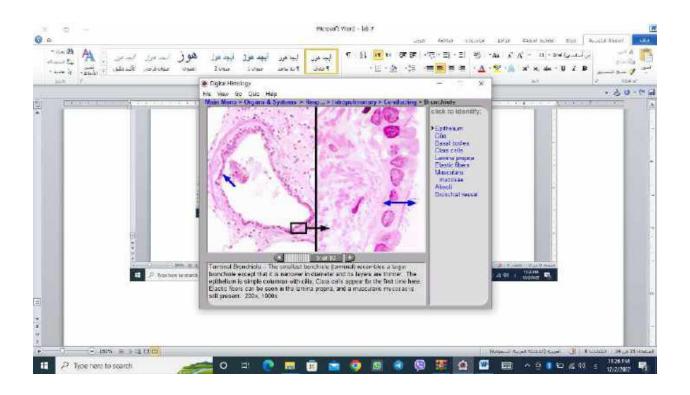
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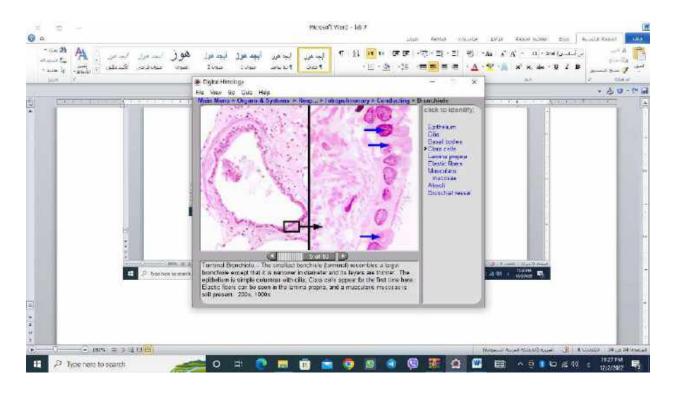


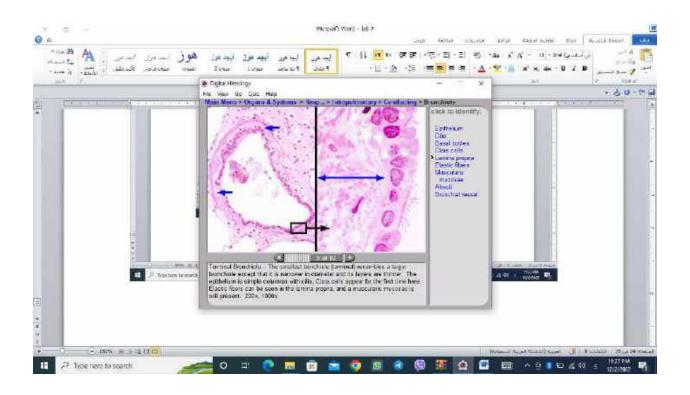


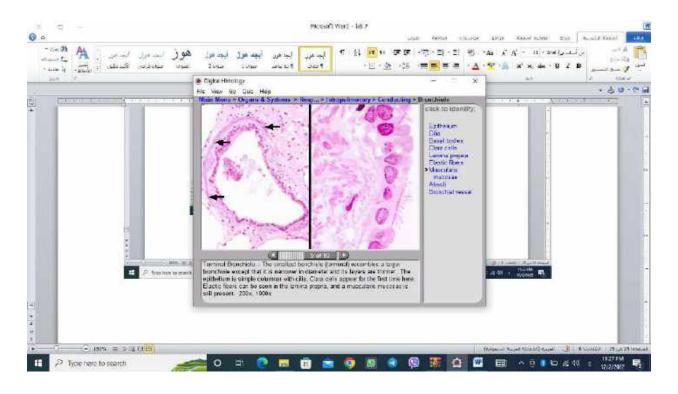


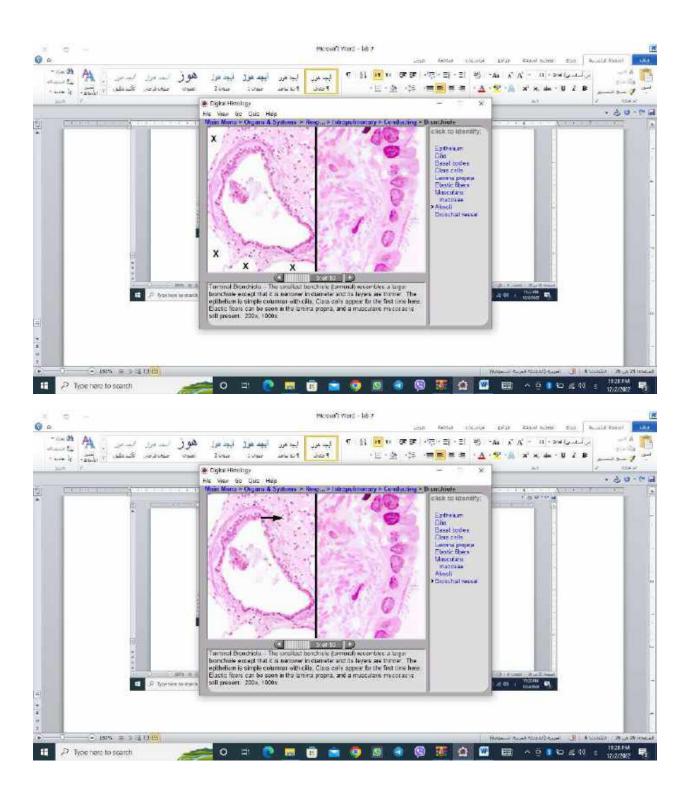


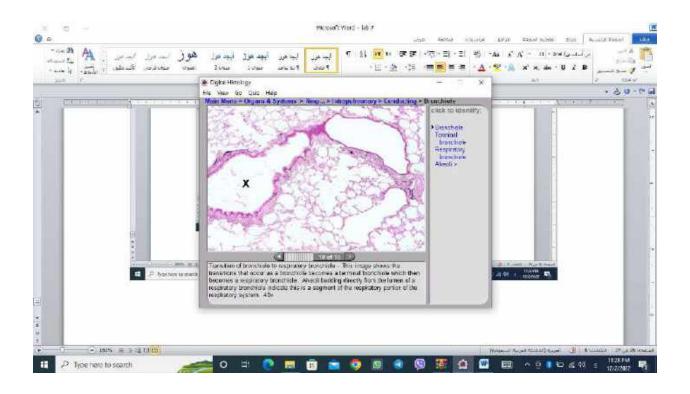


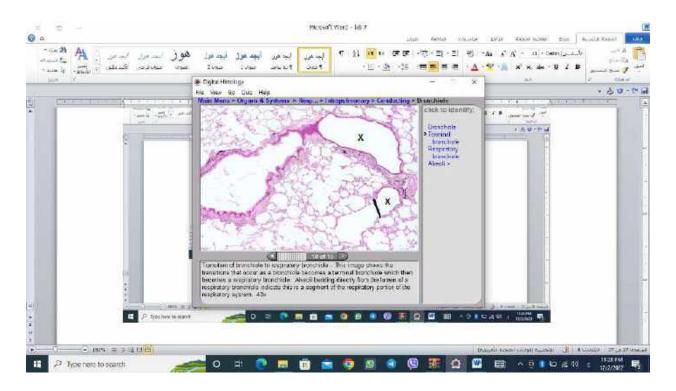


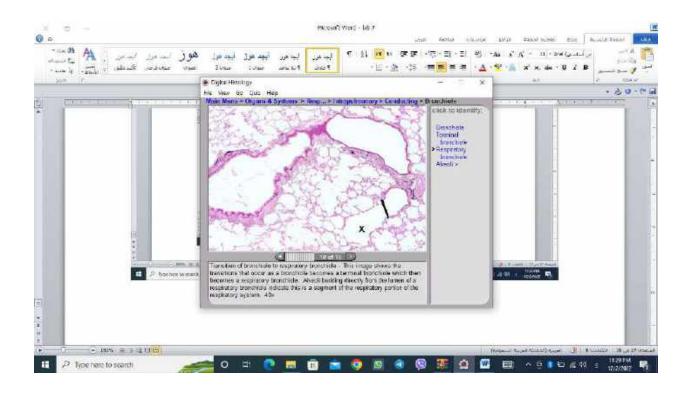


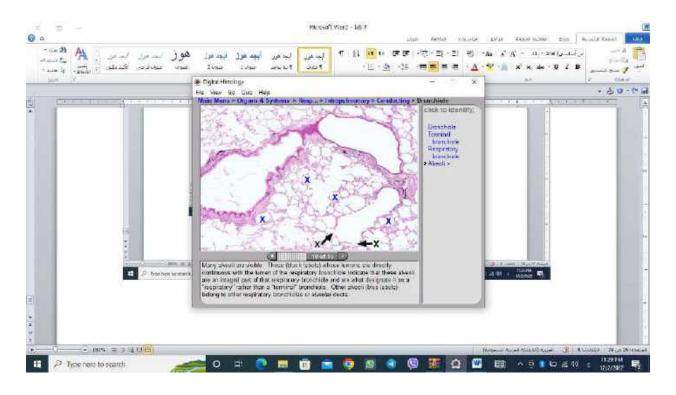


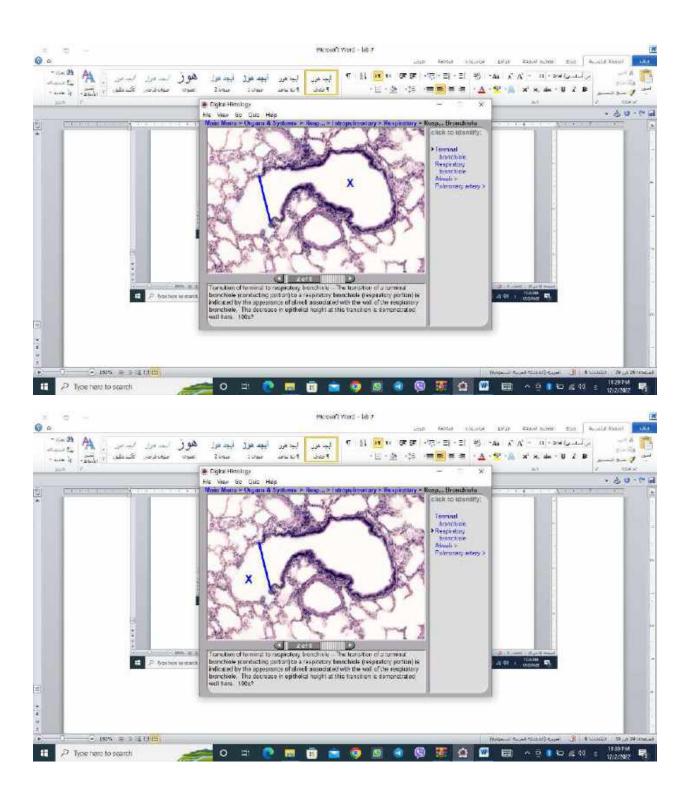


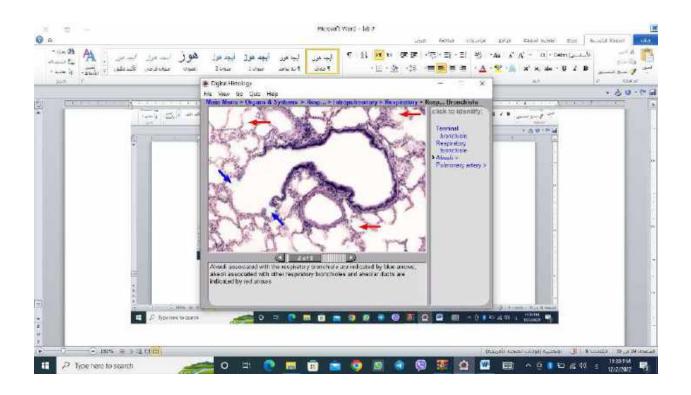


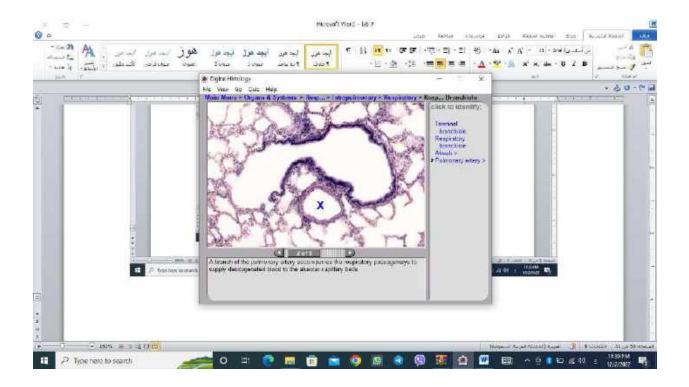


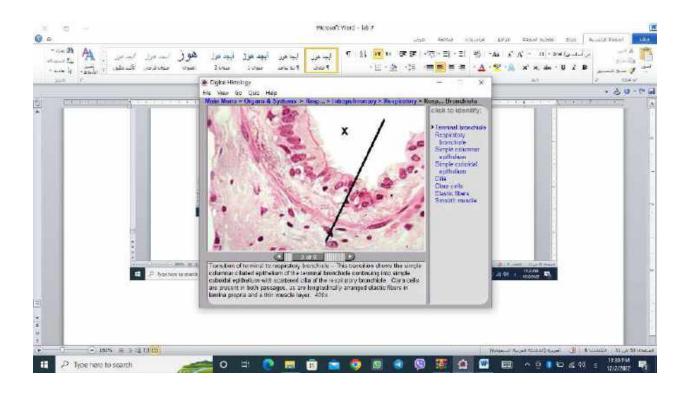


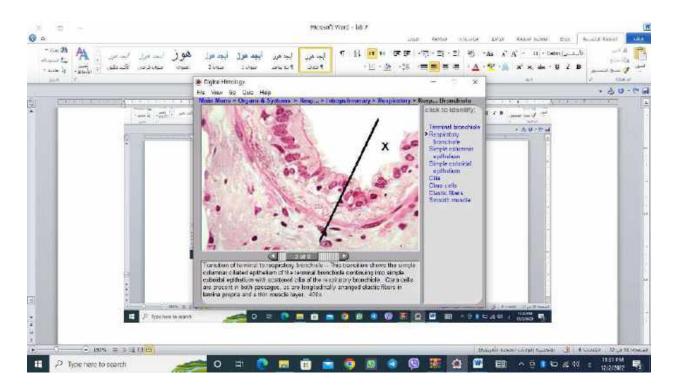


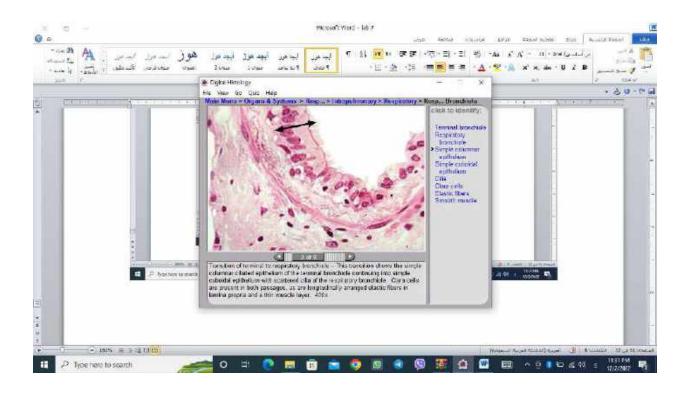


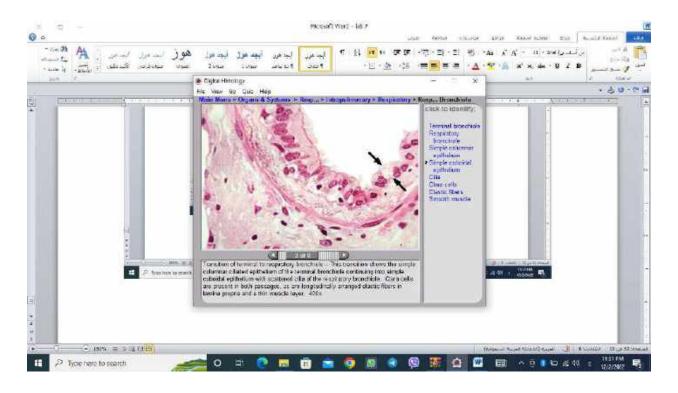


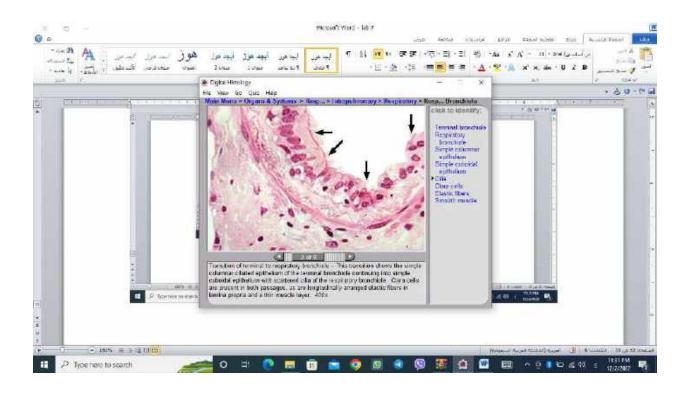


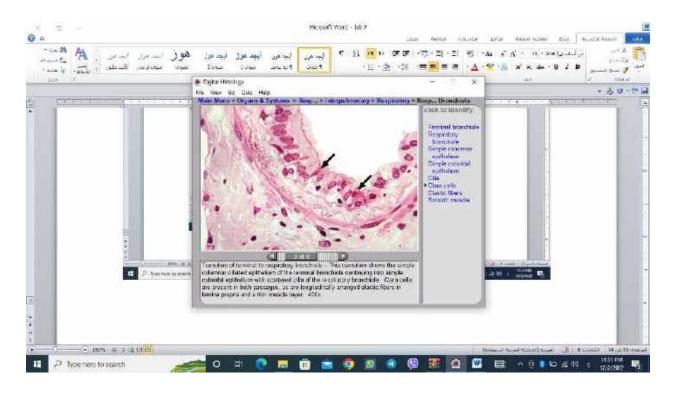


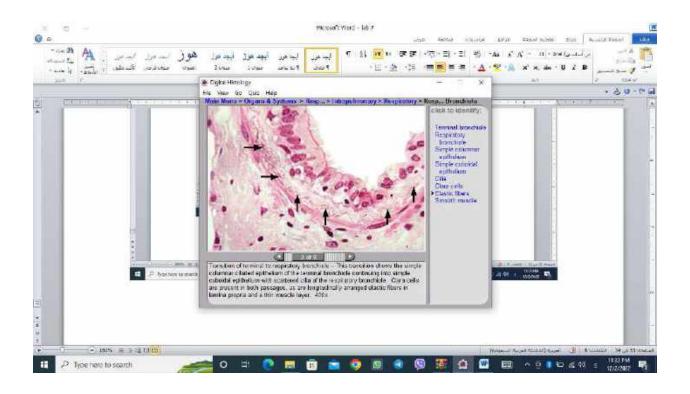


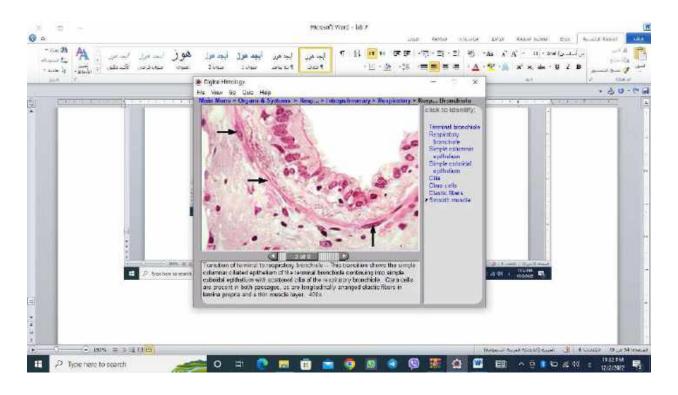


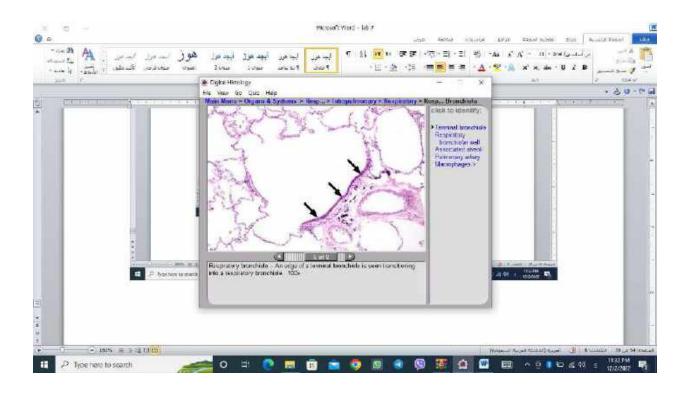


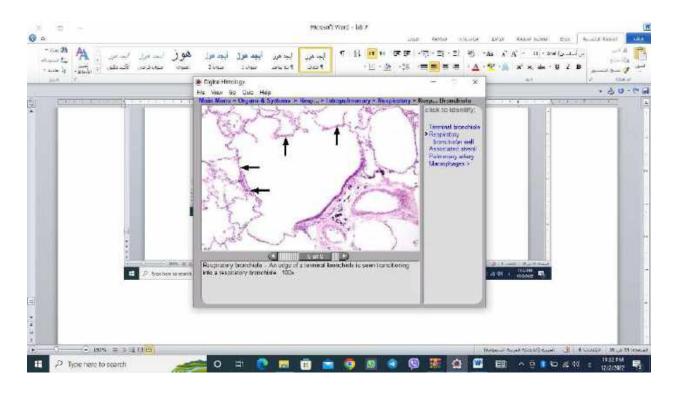


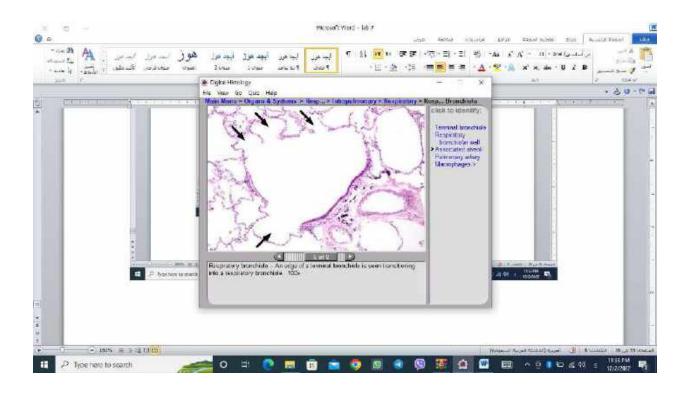


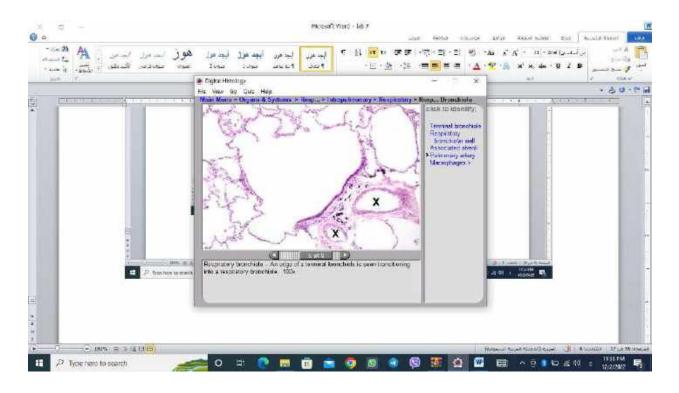


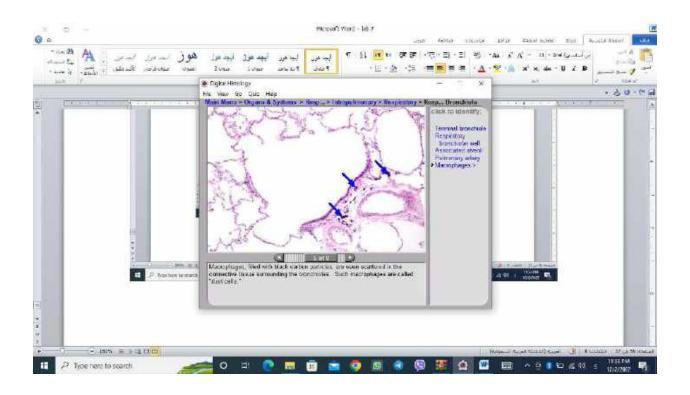


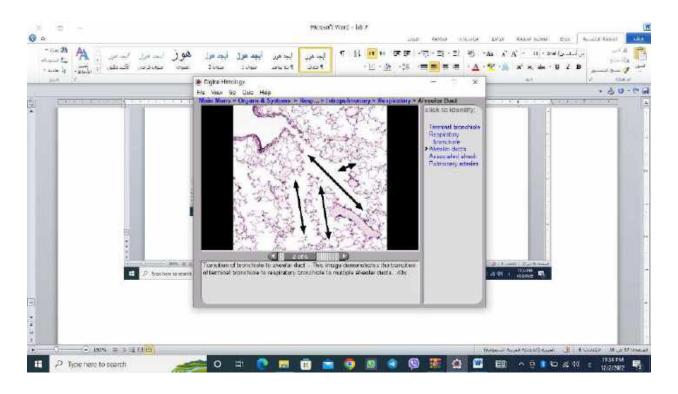


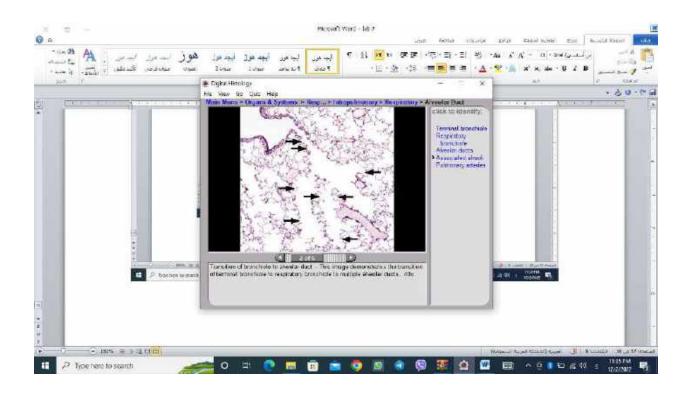


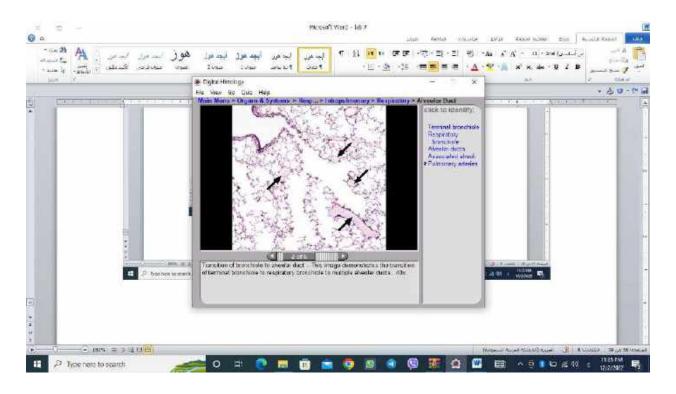


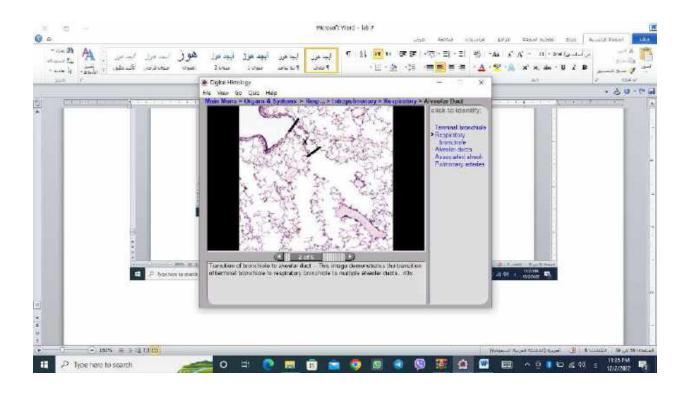


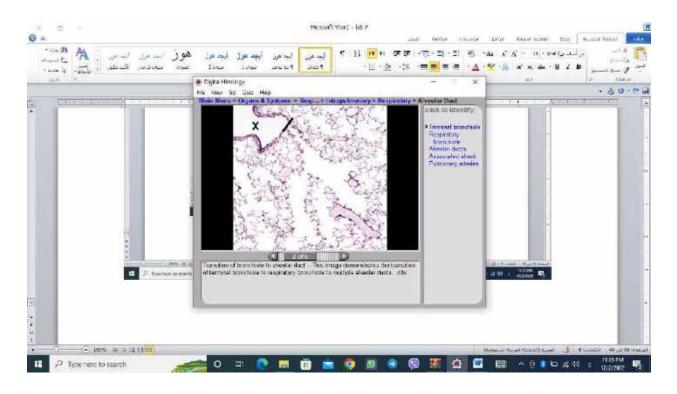


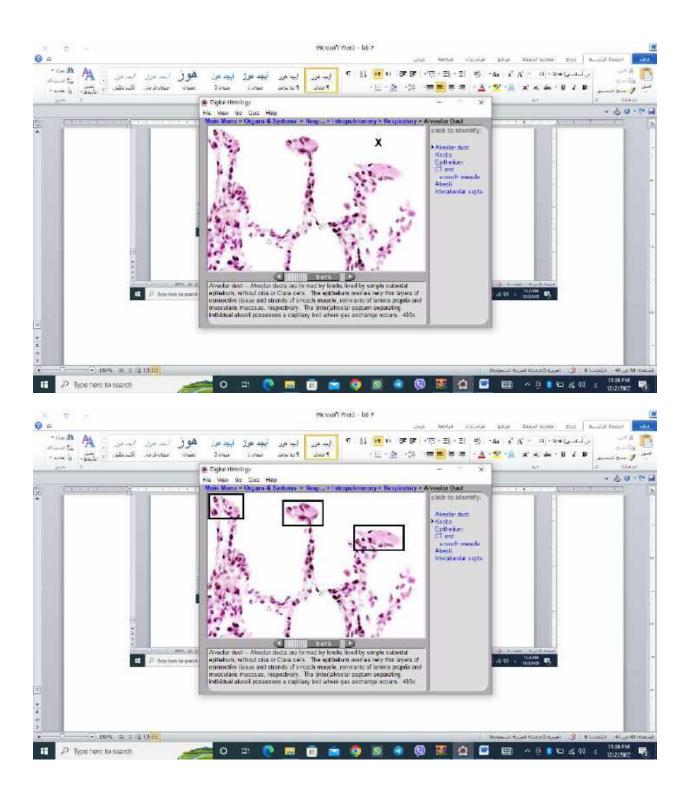


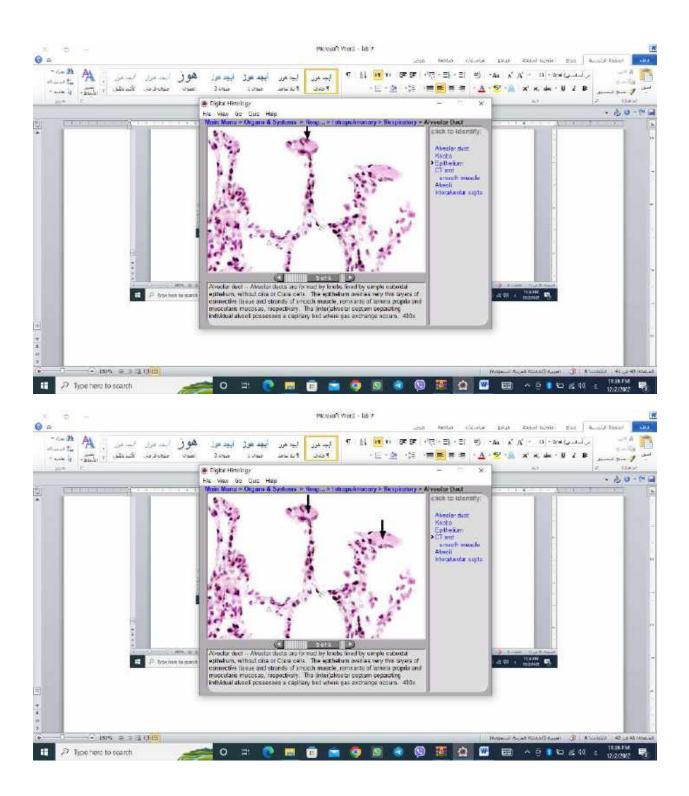


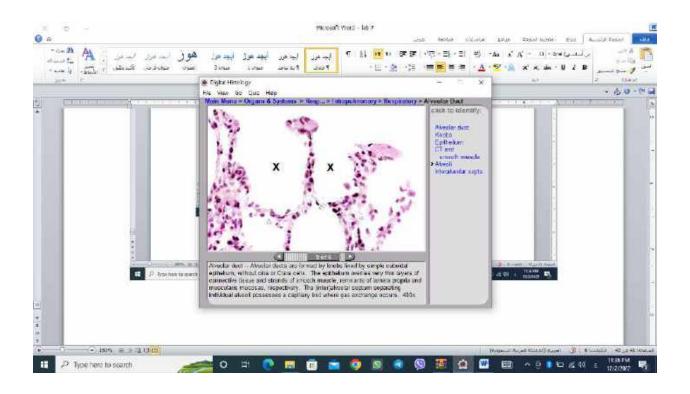


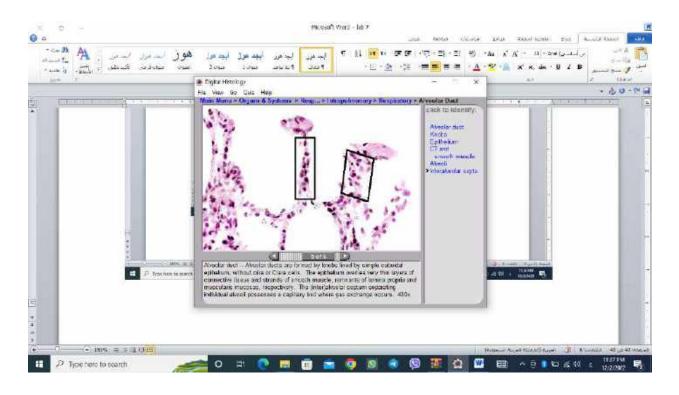


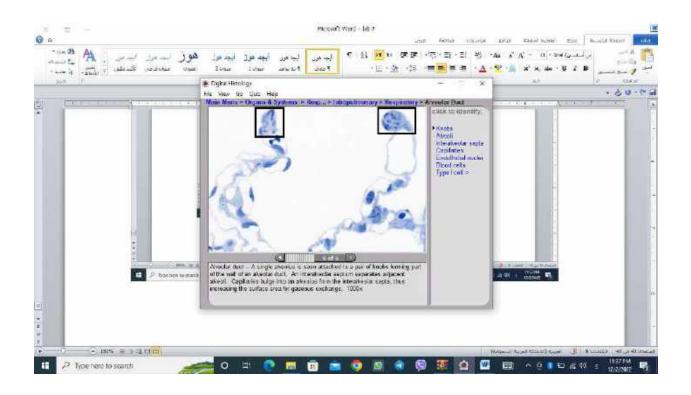


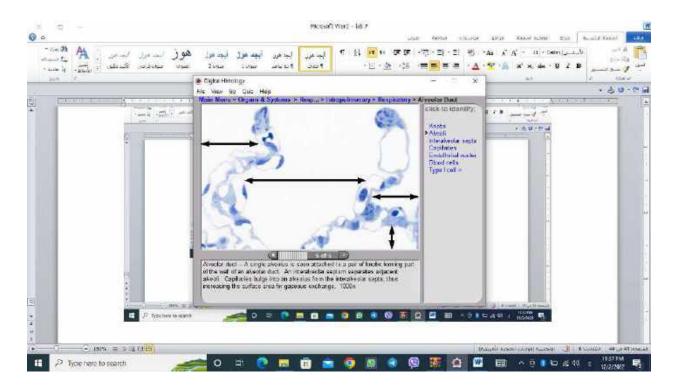


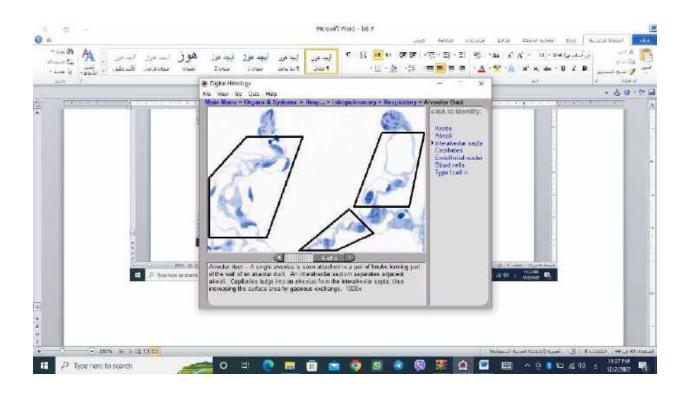


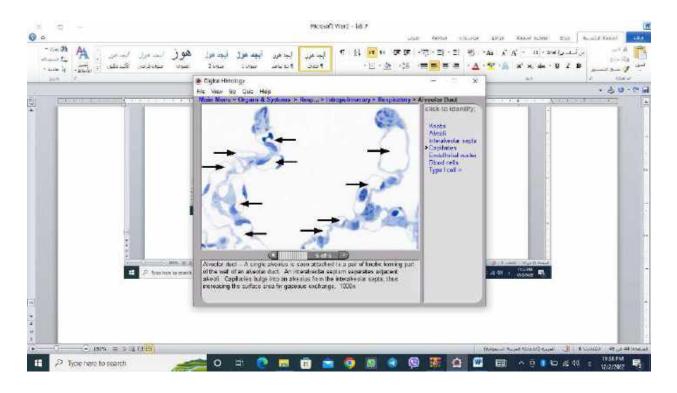


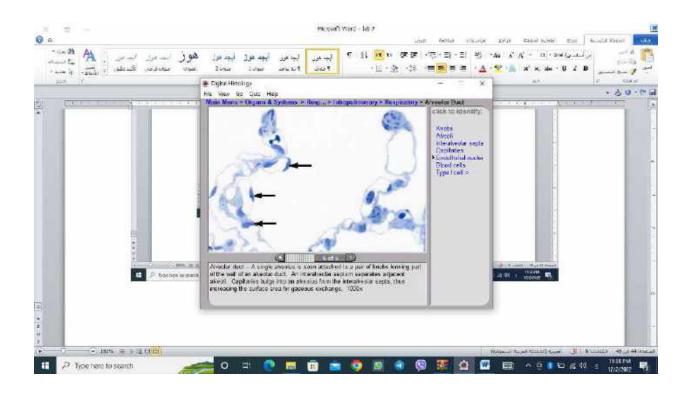


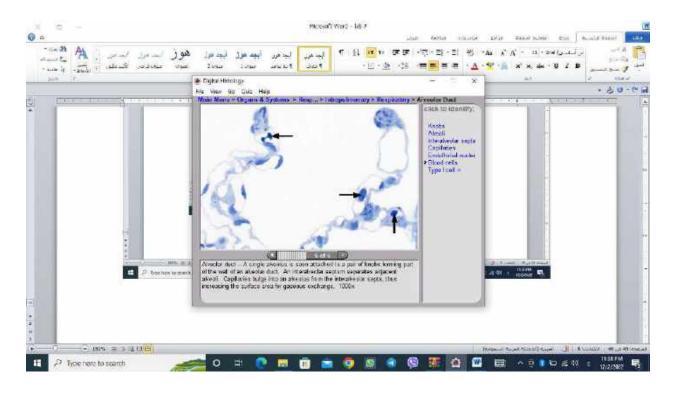


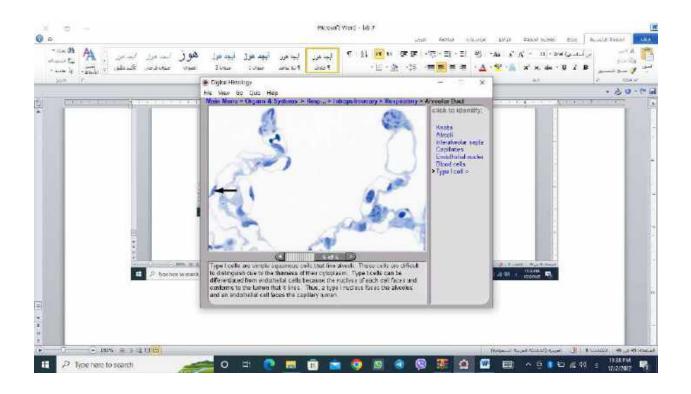


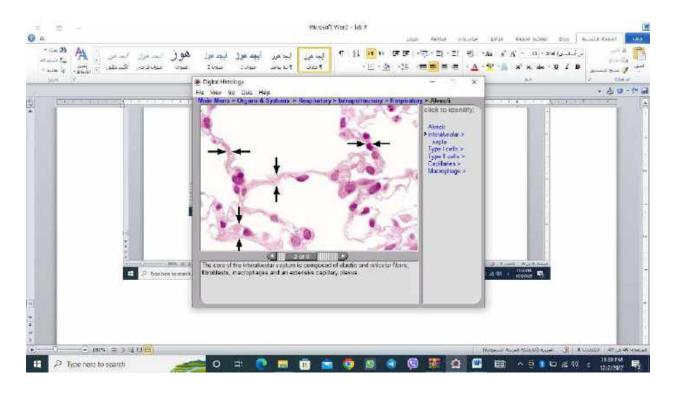


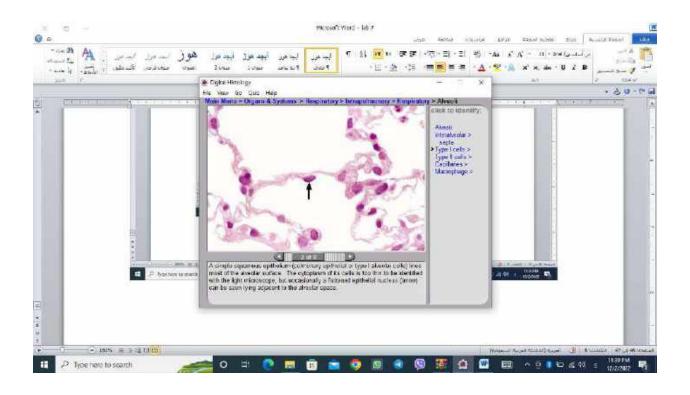


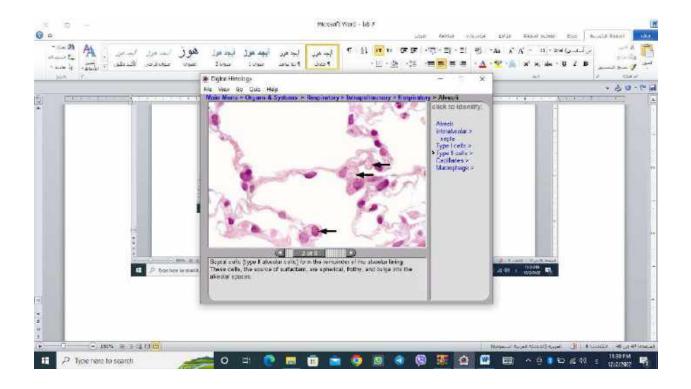


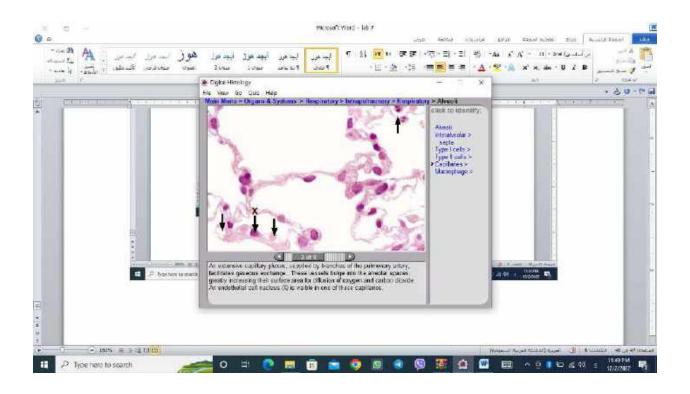


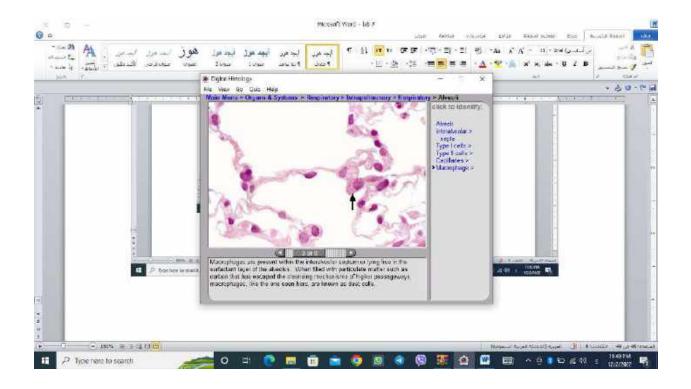


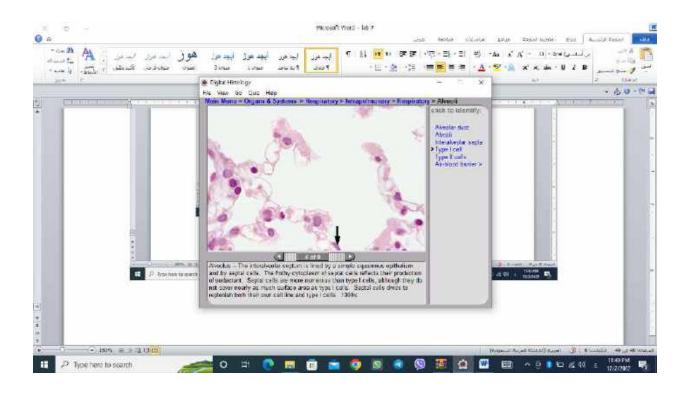


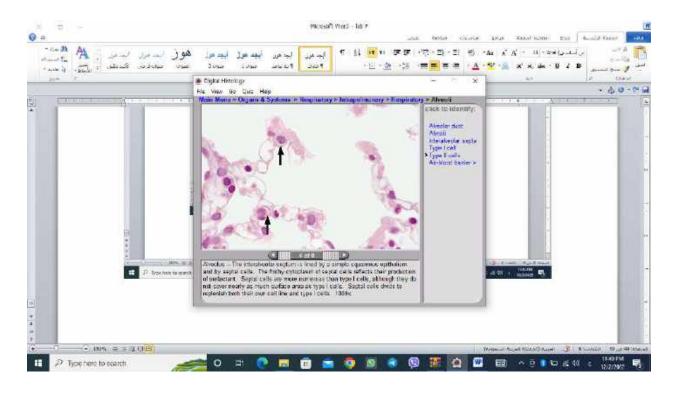


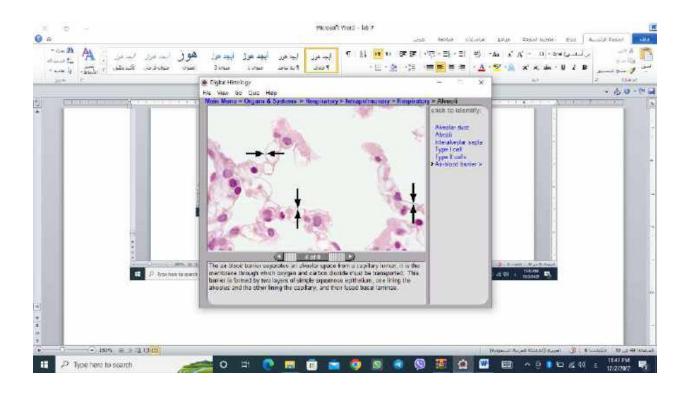


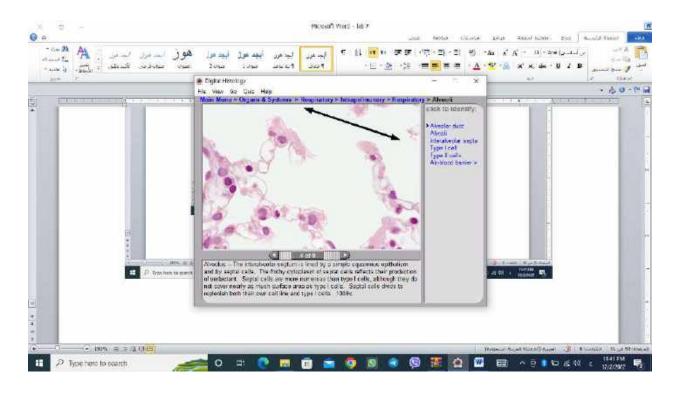


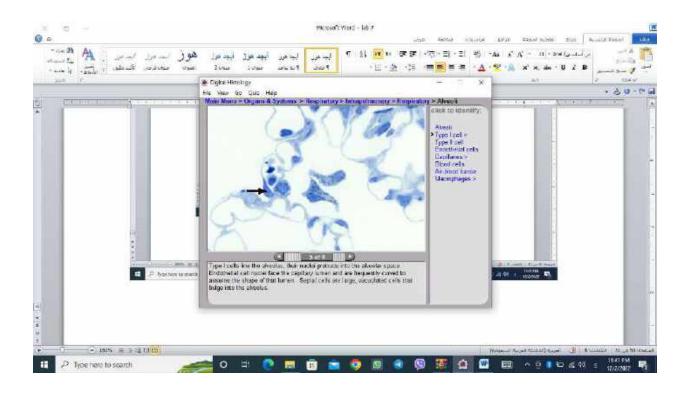


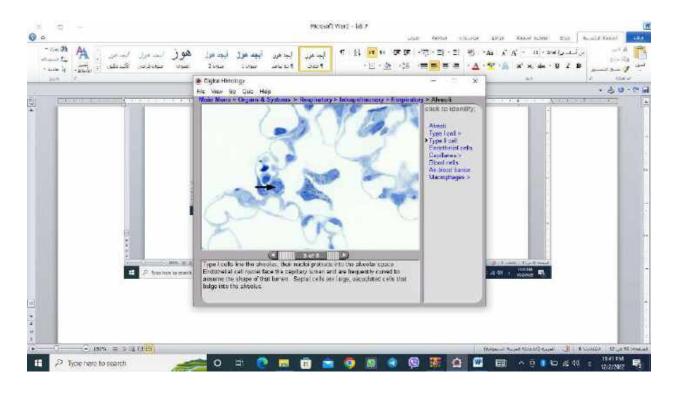


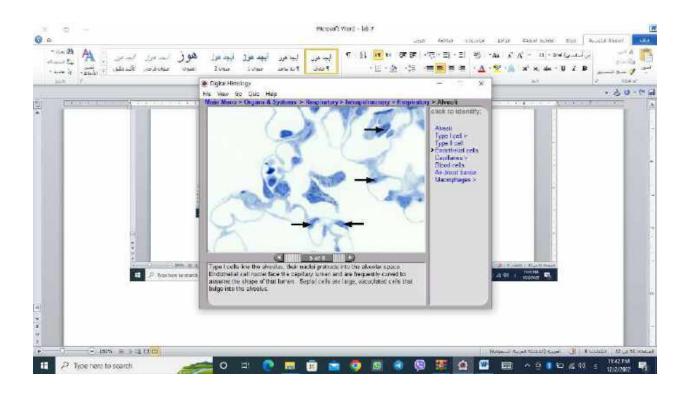


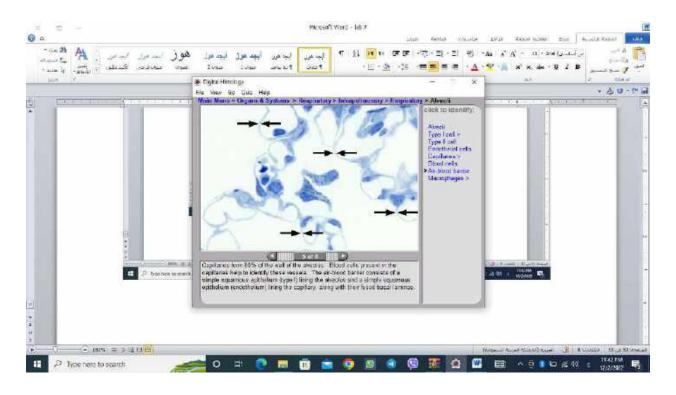


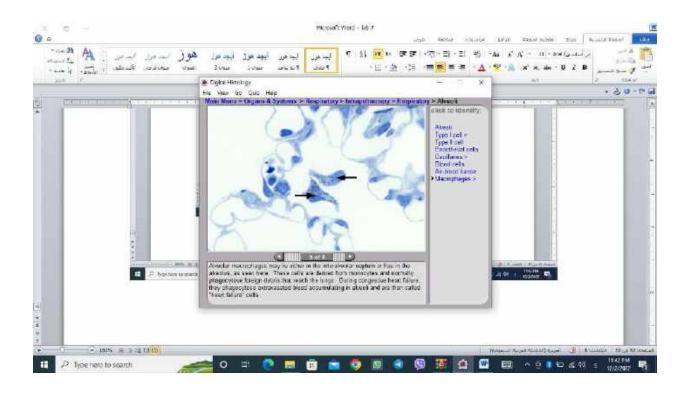


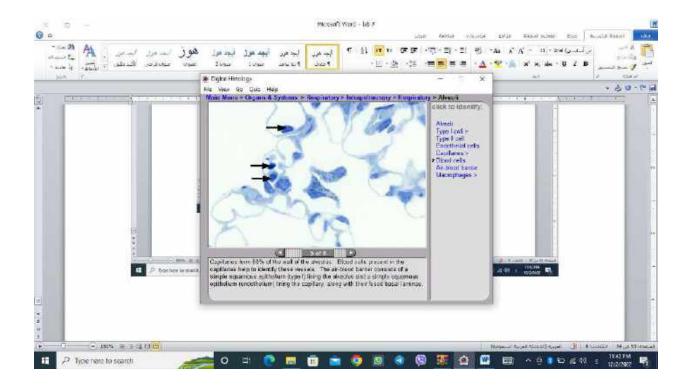


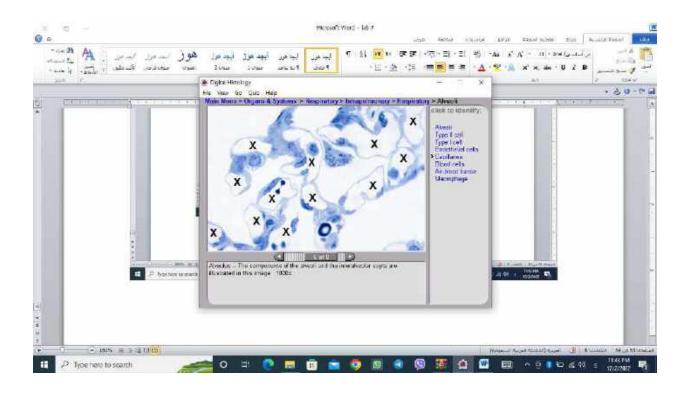


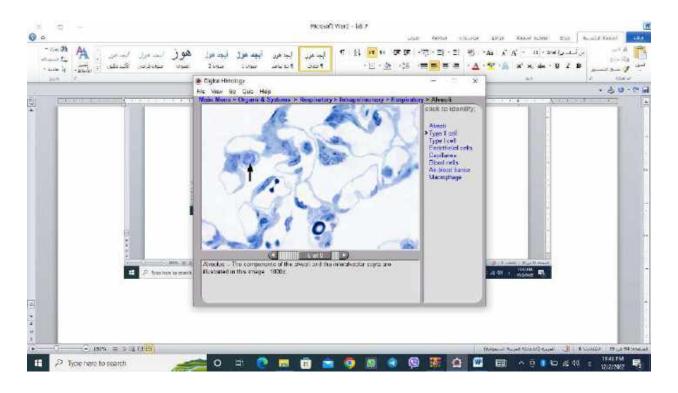


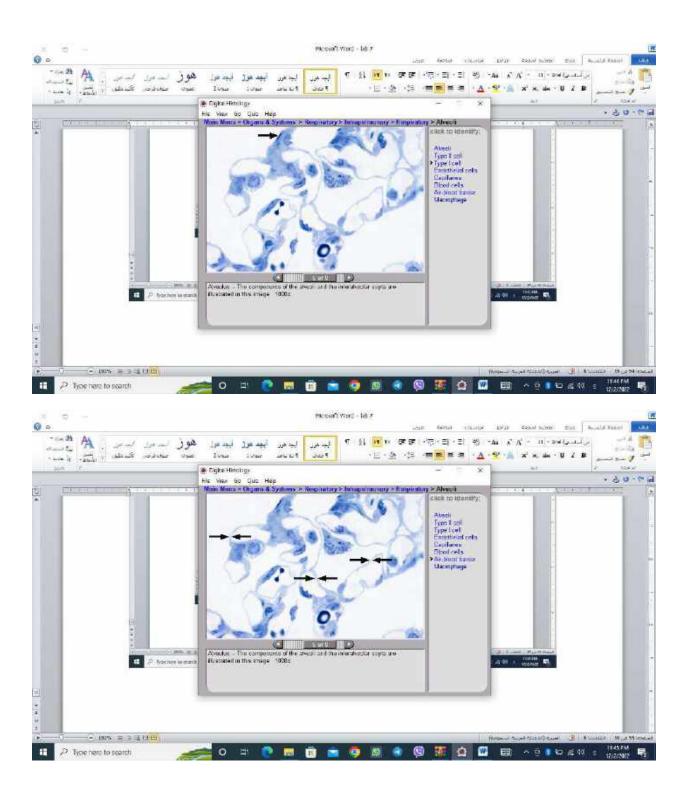


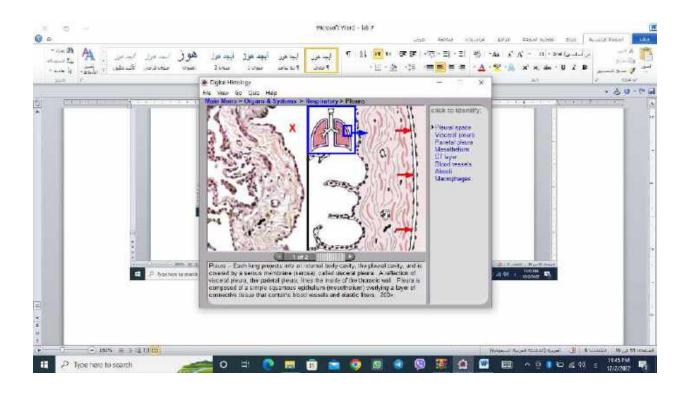


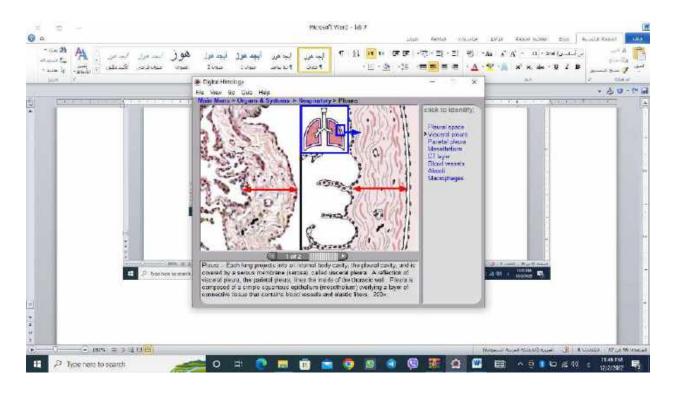


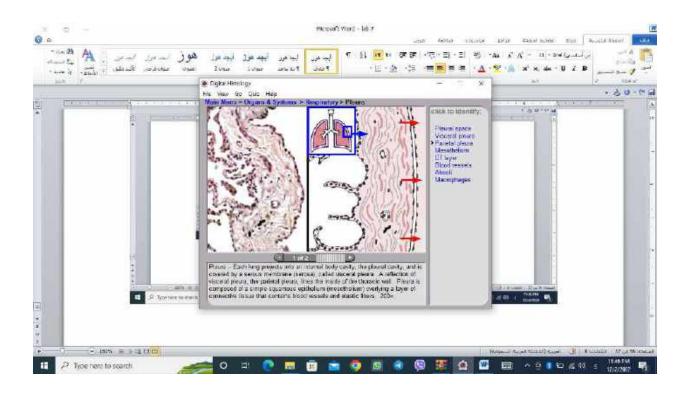


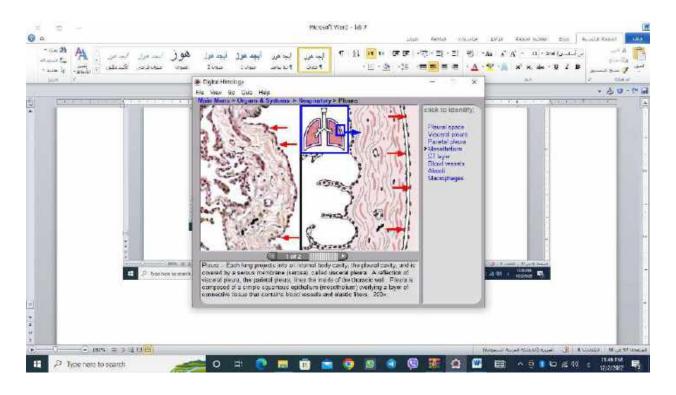


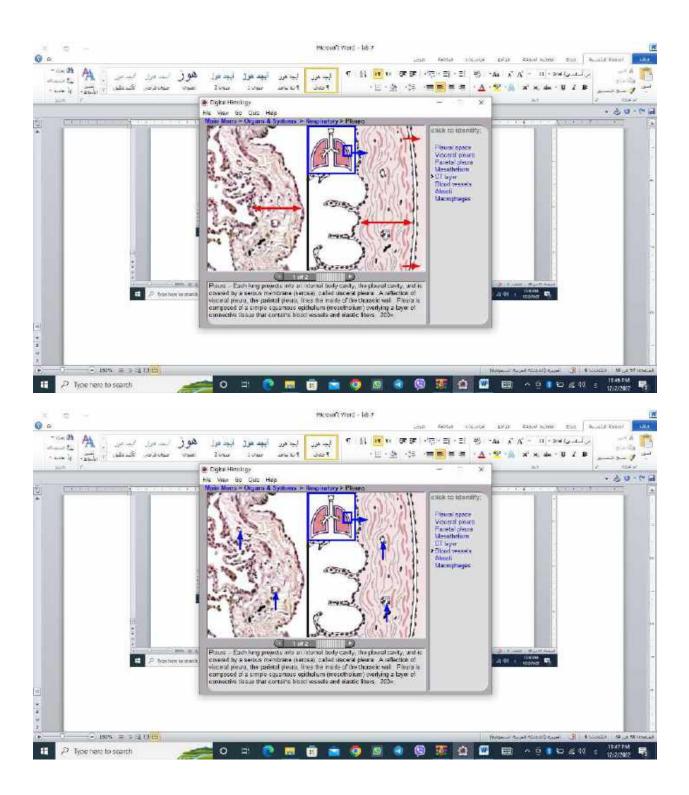


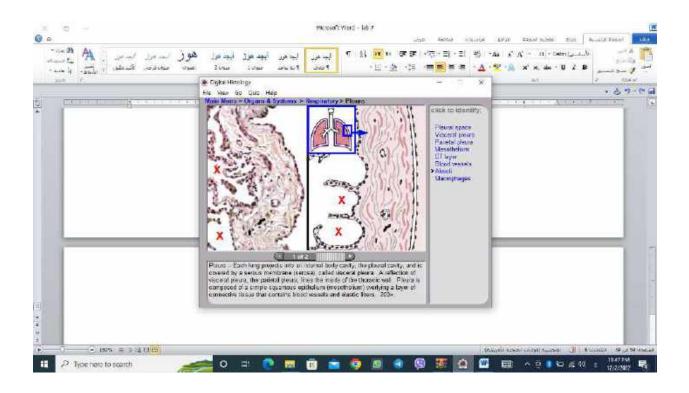


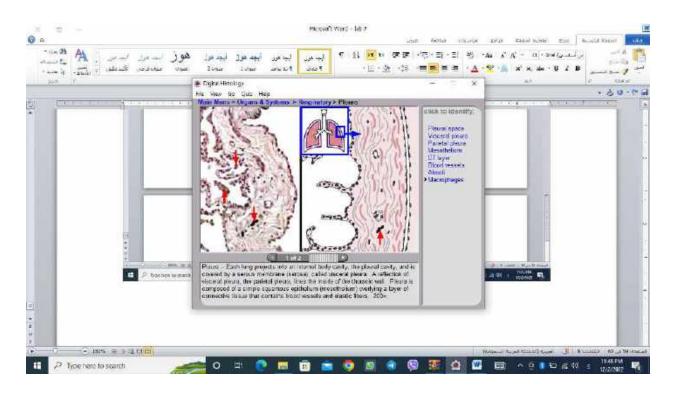


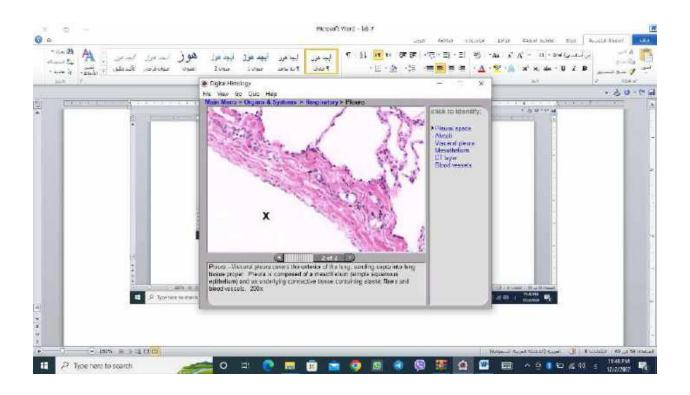


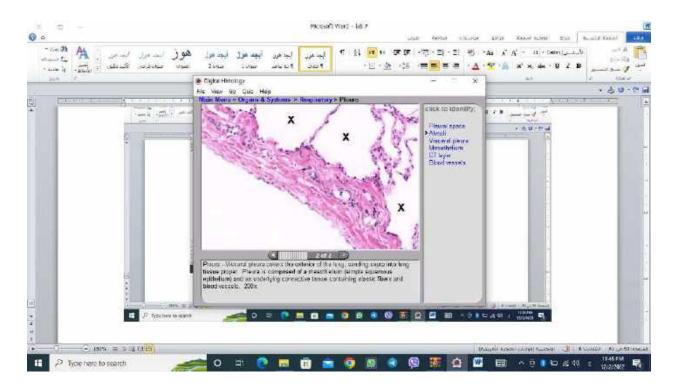


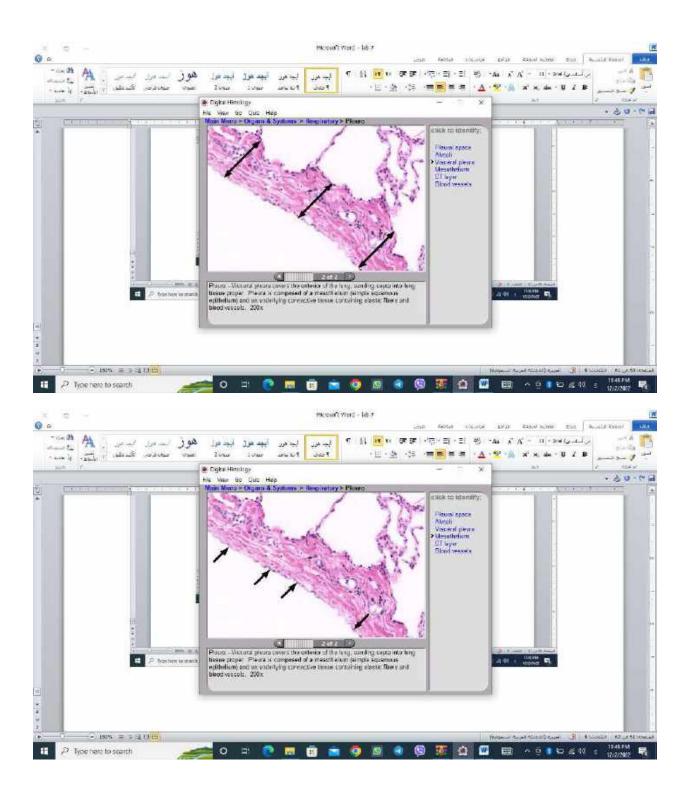


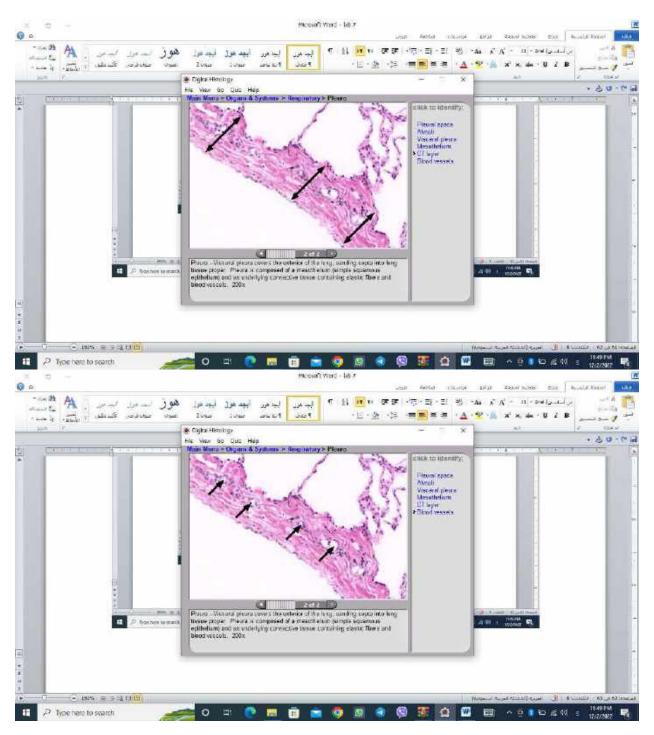




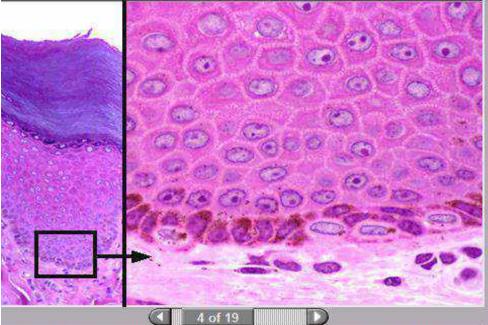








كل التاشيرات مطلوبة

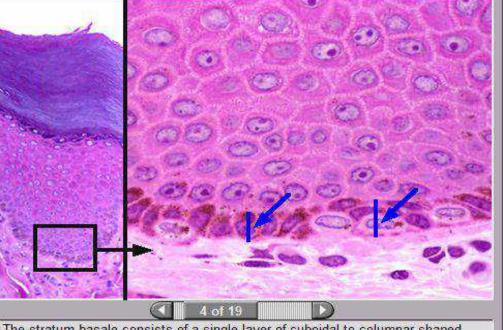


Stratum basale > Melanocytes > Melanin granules Stratum >

spinosum

click to identify:

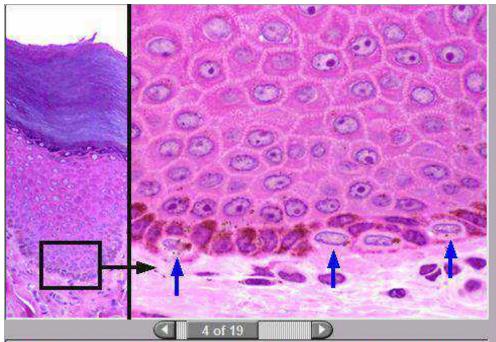
Stratum basale – Stratum basale (germinativum) is the deepest layer of the epidermis and rests directly on the basal lamina. Cell division occurs primarily in the stratum basale, forming daughter cells which undergo keratinization while moving up to form the more superficial layers. Stratum basale is composed primarily of keratinocytes. 200x, 1000x



click to identify:

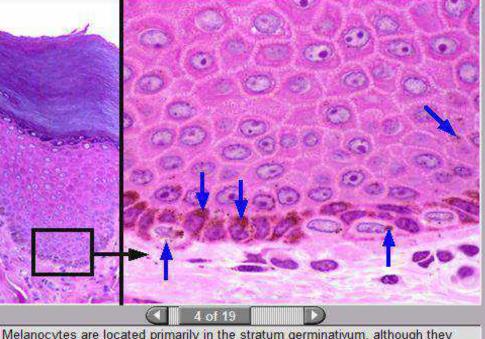
 Stratum basale > Melanocytes > Melanin granules Stratum > spinosum

The stratum basale consists of a single layer of cuboidal to columnar shaped cells and rests on the basement of the epidermis. These cells accumulate melanin granules which are synthesized by neighboring melanocytes. The majority of keratinocyte proliferation occurs in stratum basale.



Stratum basale > Melanocytes > Melanin granules Stratum > spinosum

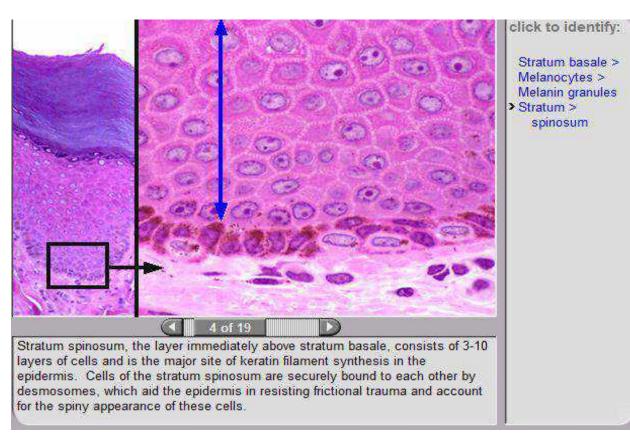
Melanocytes are located primarily in the stratum germinativum, although they can also be found in the stratum spinosum. Melanocytes synthesize melanin pigment, which they package into melanosomes (melanin granules) that are transferred to neighboring keratinocytes. Melanin protects nuclear DNA in keratinocytes against ultraviolet light.



click to identify:

Stratum basale > Melanocytes > Melanin granules Stratum > spinosum

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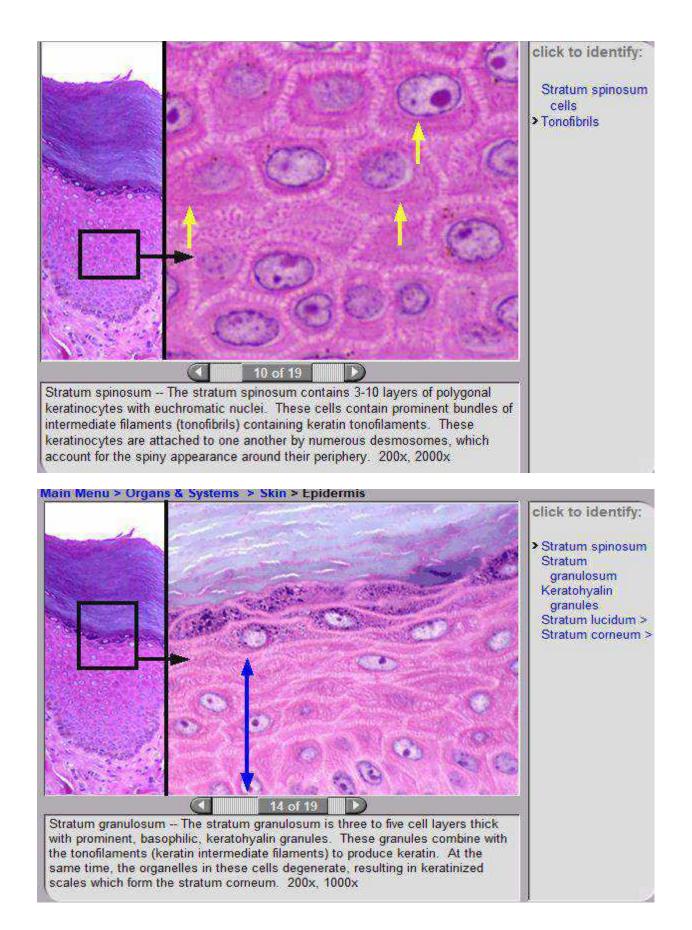


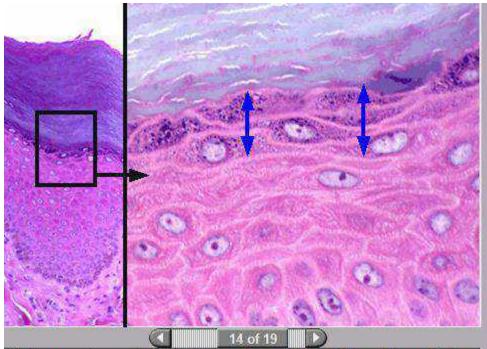
clic Stratum spinosum – The stratum spinosum contains 3-10 layers of polygonal keratinocytes with euchromatic nuclei. These cells contain prominent bundles of intermediate filaments (tonofibrils) containing keratin tonofilaments. These

keratinocytes are attached to one another by numerous desmosomes, which account for the spiny appearance around their periphery. 200x, 200x

click to identify:

 Stratum spinosum cells
 Tonofibrils





- Stratum spinosum > Stratum granulosum Keratohyalin granules Stratum lucidum >
- Stratum corneum >

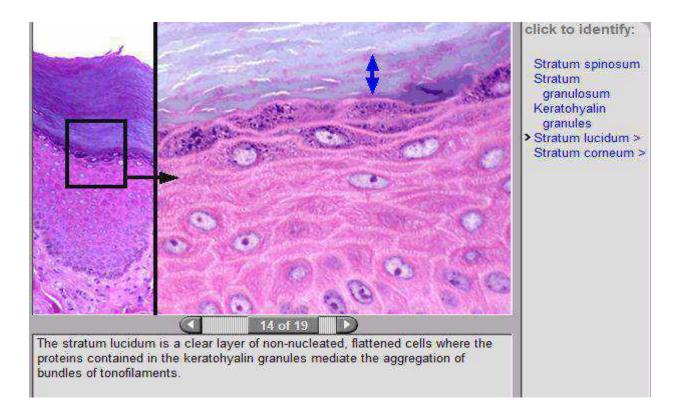
Stratum granulosum -- The stratum granulosum is three to five cell layers thick with prominent, basophilic, keratohyalin granules. These granules combine with the tonofilaments (keratin intermediate filaments) to produce keratin. At the same time, the organelles in these cells degenerate, resulting in keratinized scales which form the stratum corneum. 200x, 1000x

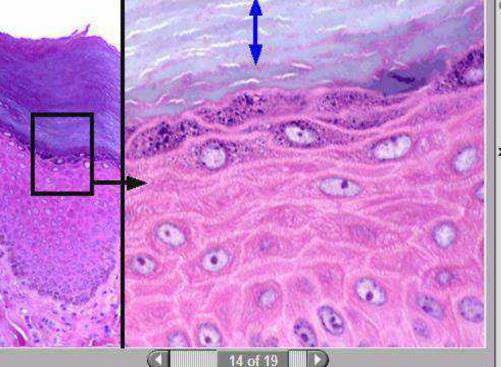


Stratum spinosum Stratum granulosum

>Keratohyalin granules Stratum lucidum > Stratum corneum >

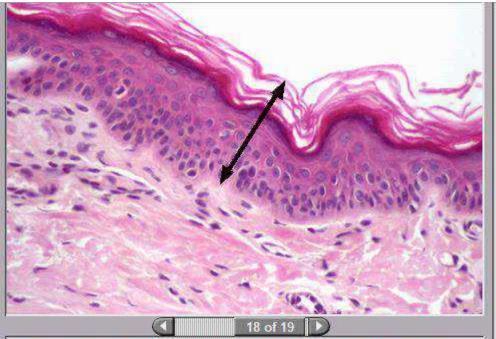
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Stratum spinosum Stratum granulosum Keratohyalin granules Stratum lucidum > > Stratum corneum >

As the keratohyalin granules combine with the tonofilaments, the nuclei and organelles in the cells degenerate, resulting in keratinized scales which form the stratum corneum.



Stratum corneum – Stratum corneum consists of squamous cells containing keratin protein surrounded by a thickened plasma membrane. These cells are continuously shed from the surface of the epidermis and are replenished through the upward migration and ongoing keratinization of epidermal keratinocytes. Stratum lucidum does not form a discrete layer in thin skin, as seen here. 400x

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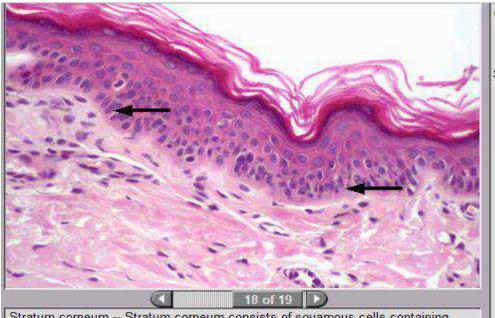
click to identify:

Epidermis
 Dermis
 Stratum basale
 Stratum spinosum
 Stratum
 granulosum
 Stratum corneum

click to identify:

Epidermis

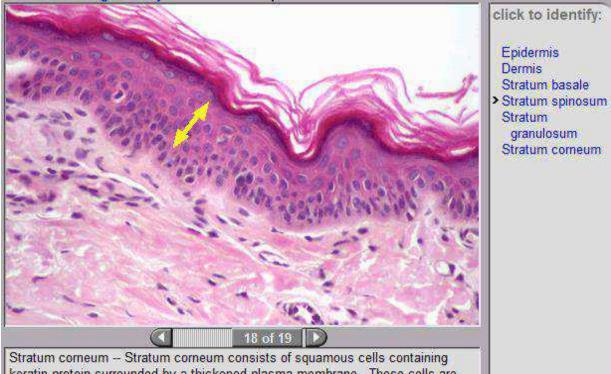
- > Dermis
- Stratum basale Stratum spinosum
- Stratum
- granulosum Stratum corneum



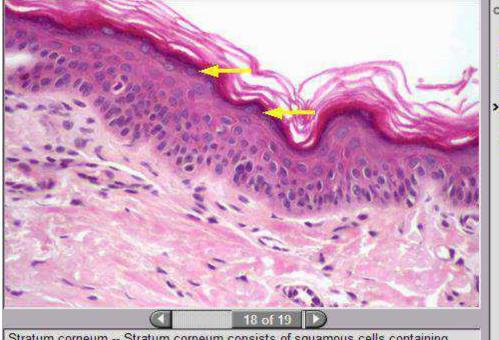
Epidermis Dermis

- Stratum basale
 Stratum spinosum
 Stratum
 granulosum
- Stratum corneum

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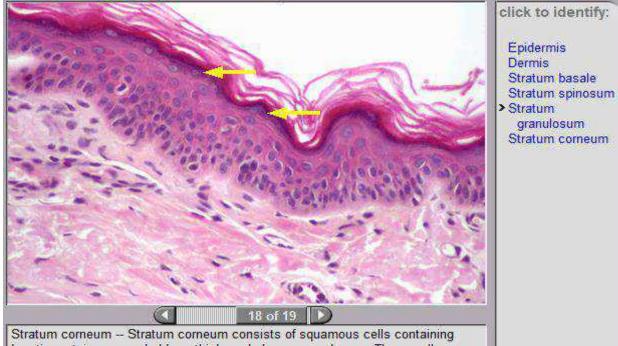
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Epidermis Dermis Stratum basale

- Stratum spinosum
 Stratum
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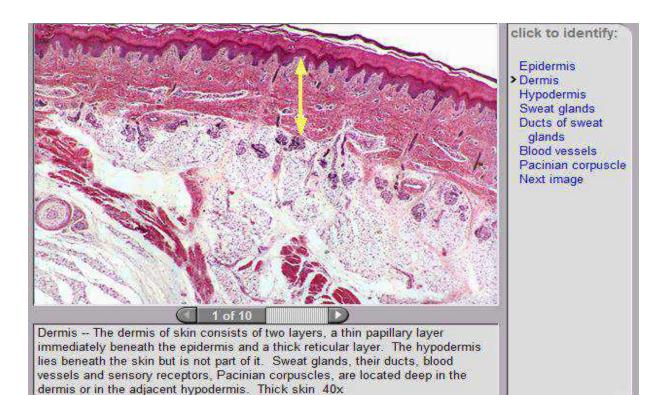
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Epidermis

 Dermis
 Hypodermis
 Sweat glands
 Ducts of sweat
 glands
 Blood vessels
 Pacinian corpuscle
 Next image

Dermis -- The dermis of skin consists of two layers, a thin papillary layer immediately beneath the epidermis and a thick reticular layer. The hypodermis lies beneath the skin but is not part of it. Sweat glands, their ducts, blood vessels and sensory receptors, Pacinian corpuscles, are located deep in the dermis or in the adjacent hypodermis. Thick skin 40x



click to identify:

Epidermis

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 Hypodermis
 Sweat glands
 Ducts of sweat
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 Next image

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click to identify:

Epidermis Dermis

Hypodermis Sweat glands

Ducts of sweat glands Blood vessels Pacinian corpuscle Next image



Epidermis

Dermis Hypodermis Sweat glands Ducts of sweat glands Blood vessels Pacinian corpuscle Next image

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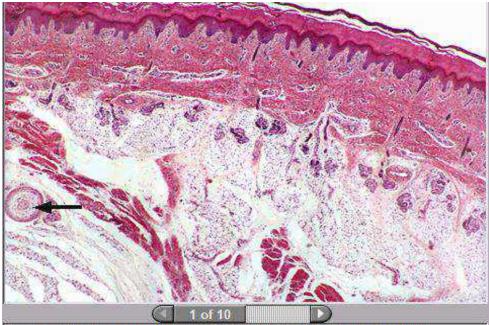


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Epidermis Dermis Hypodermis Sweat glands Ducts of sweat glands

HOL TO DECITATION

Blood vessels
 Pacinian corpuscle
 Next image



Epidermis Dermis

Hypodermis

Sweat glands Ducts of sweat

- glands Blood vessels
- Pacinian corpuscle
- Next image

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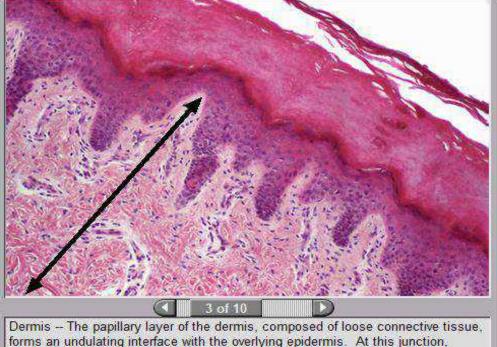
click to identify:

Epidermis
 Epidermal pegs
 Dermis
 Papillary layer
 Dermal papillae
 Reticular layer

Dermis -- The papillary layer of the dermis, composed of loose connective tissue, forms an undulating interface with the overlying epidermis. At this junction, dermal papillae alternate with epidermal pegs projecting downward from the epidermis. The thicker reticular layer of dermis is composed of dense irregular connective tissue. 200x



Dermis -- The papillary layer of the dermis, composed of loose connective tissue, forms an undulating interface with the overlying epidermis. At this junction, dermal papillae alternate with epidermal pegs projecting downward from the epidermis. The thicker reticular layer of dermis is composed of dense irregular connective tissue. 200x



click to identify:

Epidermis Epidermal pegs Dermis Papillary layer Dermal papillae Reticular layer

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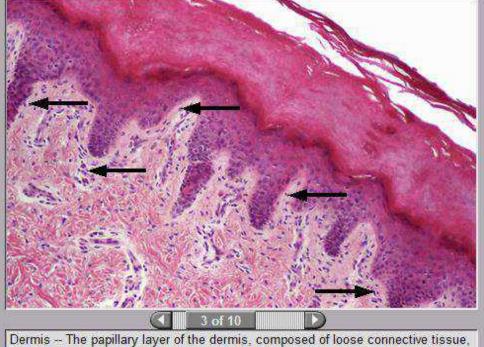
CHCK TO IDENTIFY.

Epidermis Epidermal pegs Dermis

Papillary layer
 Dermal papillae
 Reticular layer

<u>3 of 10</u> Dermis – The papillary layer of the dermis, composed of loose connective tissue, forms an undulating interface with the overlying epidermis. At this junction, dermal papillae alternate with epidermal pegs projecting downward from the epidermis. The thicker reticular layer of dermis is composed of dense irregular

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click to identify:

Epidermis Epidermal pegs Dermis

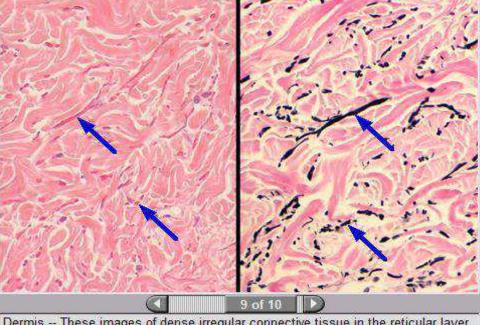
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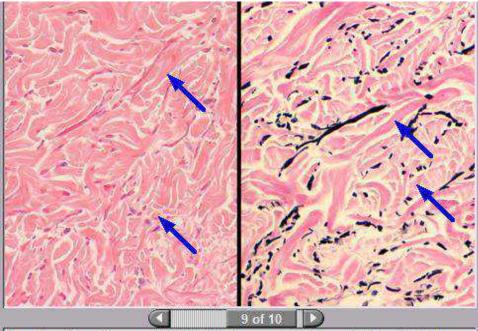
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click to identify:

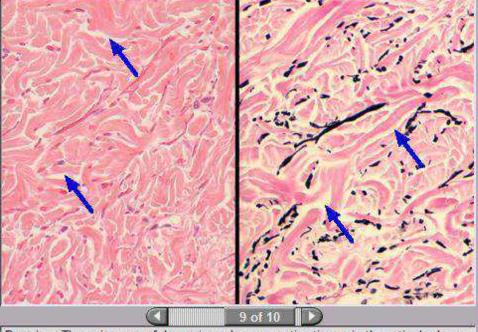
Elastic fibers
 Collagen fibers
 Ground substance
 Hematoxylin and
 eosin stain
 Elastin stain

Dermis -- These images of dense irregular connective tissue in the reticular layer compare the appearance of elastic fibers stained with eosin and with a special elastin stain. In some preparations elastic fibers can be demonstrated with eosin, as shown here. In most cases however, a special elastin stain is required. 200x, 200x



Elastic fibers Collagen fibers Ground substance Hematoxylin and eosin stain Elastin stain

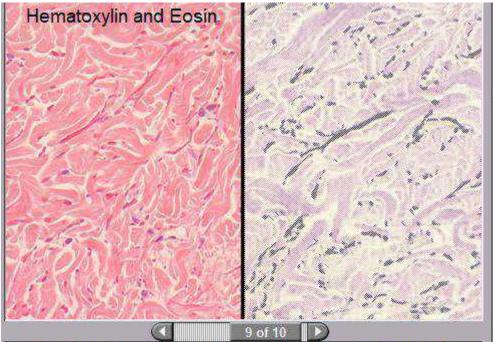
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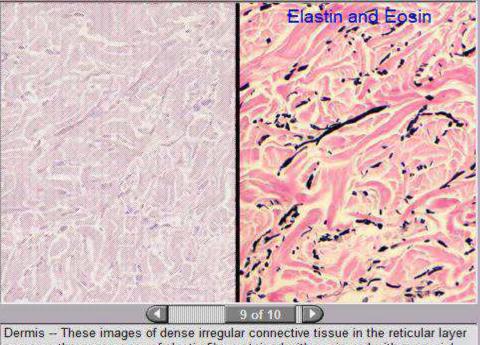
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