

Cell injury

- It can occur as a result of an **adverse stimulus** which disrupts the normal **homeostasis** of affected cells.

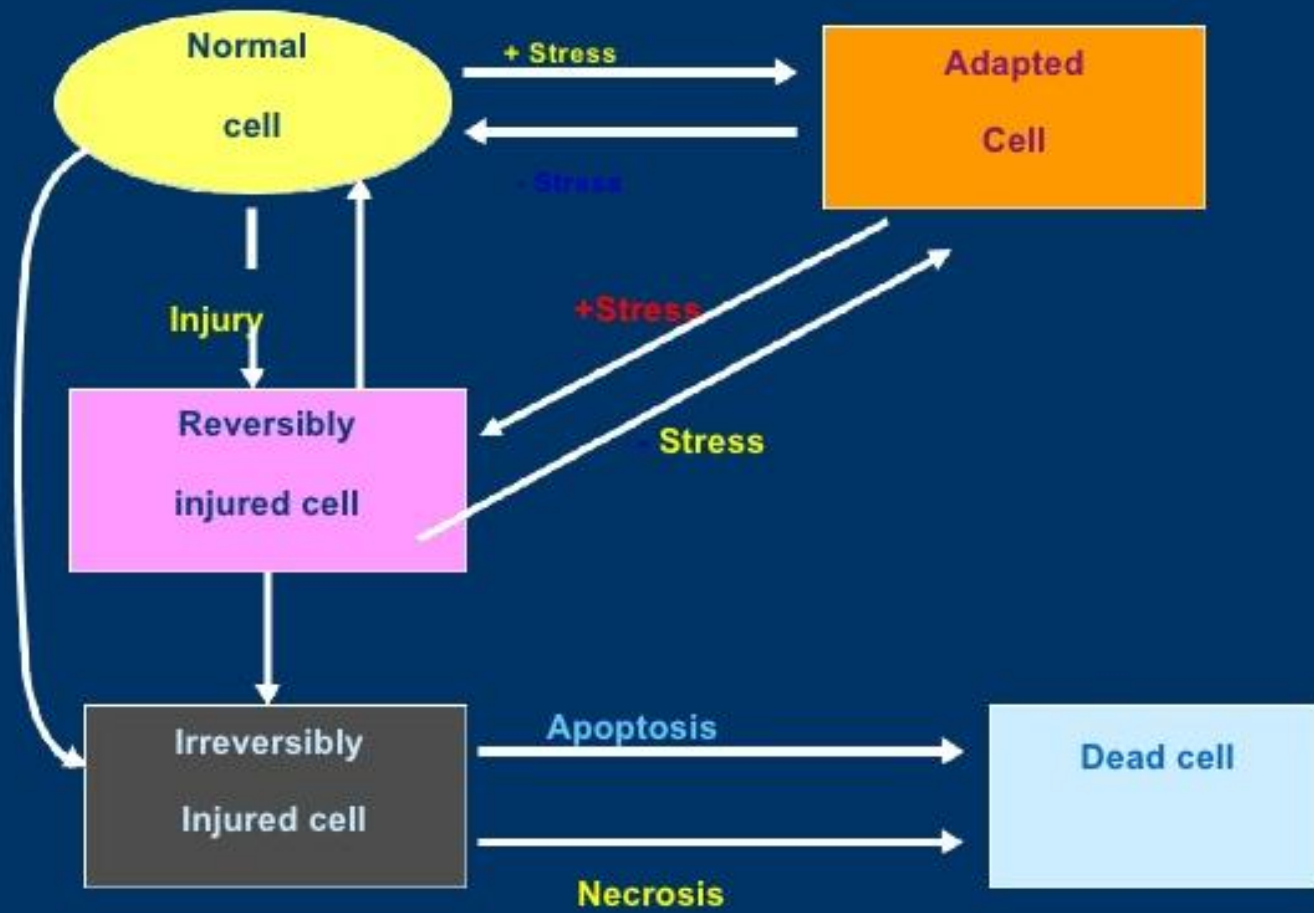
- Normal cell is in a steady state
- **“Homeostasis”**
- Change in Homeostasis due to stimuli - Injury
- Injury - Reversible / Irreversible
- Adaptation / cell death

- Cell **injury** can be **reversible or irreversible**.
- Depending on the **extent of injury**, the cellular response may be **adaptive** and where possible, **homeostasis is restored**.
- **Cell death** occurs when the **severity** of the injury **exceeds** the **cell's ability to repair itself**. Cell death is relative to both the length of exposure to a harmful stimulus and the severity of the damage caused. Cell death may occur by **necrosis or apoptosis**.

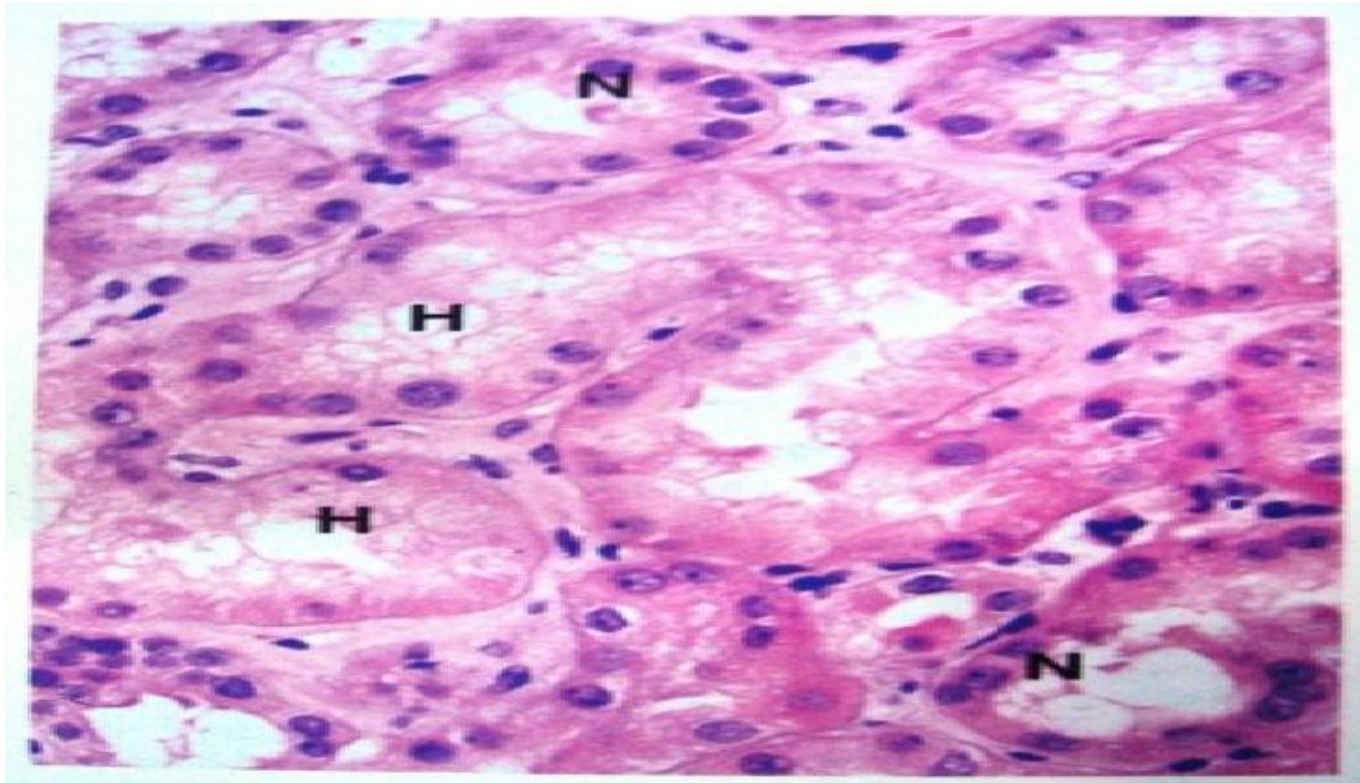
Types of damage

- **Sub-lethal (reversible)**
 - Cellular swelling
 - Fatty change
 -etc
- **Lethal (irreversible)**
 - Necrosis
 - Apoptosis

Overview



Reversible cell injury



Hydropic degeneration: kidney

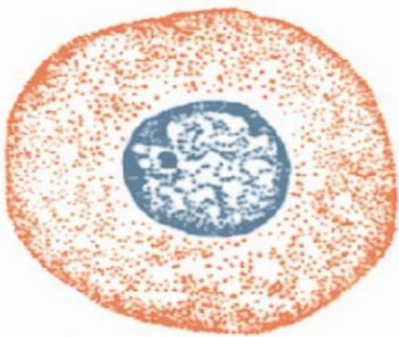
Cloudy swelling & hydropic change reflect failure of membrane ion pumps, due to lack of ATP, allowing cells to accumulate fluid

We shall study:

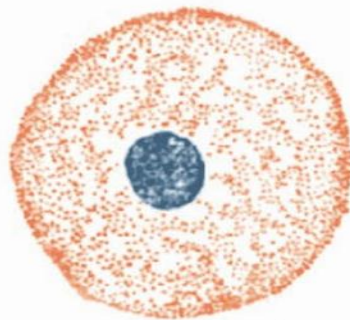
- **Cell death**
- **Necrosis**
 - **Types**
- **Fate of necrosis**
- **Gangrene**
 - **types**
- **Apoptosis**
 - **types**
- **Difference between apoptosis and necrosis**

Changes in the nucleus

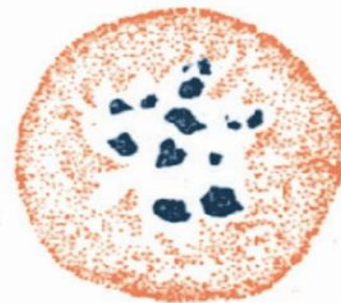
- **Pyknosis**: **condensation** of chromatin of chromatin and shrinkage of the nucleus.
- **Karyorrhexis**: **fragmentation** of the nucleus.
- **Karyolysis**: **dissolution** of the nucleus.



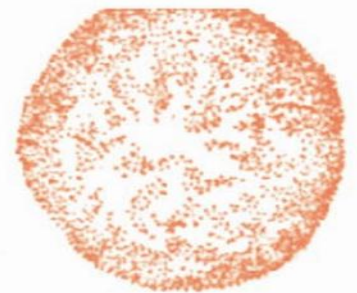
Normal



Pyknosis



Karyorrhexis



Karyolysis

Changes in cytoplasm staining

- **Opacification**: denaturation of proteins lead to aggregation with resultant opacification of the cytoplasm.

Forms of cell death

Two forms:

- **Necrosis** - killing - decay and destruction
- **Apoptosis** - suicide - programmed cell death

Necrosis

Definition: Localized death of cell or tissue occurring in the living body

Necrosis

- **Morphologic changes that follow cell death in living tissue**
- **Localized death of cell or tissue occurring in the living body**

Necrosis

- 1- Poisons:** **Chemical poisons** (induce necrosis of the cell by coagulation of the cytoplasmic protein, **vegetable poisons, bacterial toxins** and **parasitic toxins**)
- 2- Disturbances of circulation:**
- 3- Traumatic injury:**
- 4- Physical agents:** Heat ,Cold, Electricity and Irradiation
- 5- Hypersensitivity:** (antigen-antibody complexes).
- 6- Lack of nerve supply:** improper nutrition of the tissue
- 7- Nutritional deficiency:** functional disturbances within the cell

Necrosis

- Morphologic appearance of necrosis is the result of

enzyme digestion & denaturation of proteins

Histologically: increased **eosinophilia**, **karyolysis** (nuclear pallor), **pyknosis** (nuclear shrinkage), **karyorrhexis** (nuclear fragmentation).

Types:

1. **Coagulative**: e.g. myocardial infarct
2. **Liquefactive**: e.g. bacterial or fungal infections, CNS hypoxia
3. **Gangrenous**: e.g. limb ischemia (usually a combination of coagulative and liquefactive necrosis), surgical term
4. **Caseous**: e.g. tuberculosis. characterized by granular debris w/obliteration of tissue architecture (gross: white & cheesy)
5. **Fat necrosis**

Morphological changes occur due to

- **1) denaturation of protein**
- **2) Enzymatic digestion**

Denaturation of protein



Enzymatic digestion

- **Self digestion (autolysis)**
- **Heterolysis (by other cells)**

② enzymatic digestion

- ▶ autolysis* (self digestion) = endogenous enzymes derived from the lysosomes of the dead cells themselves.
- ▶ heterolysis = lysosomes of immigrant leukocytes.

Indicators of Necrosis

- **Necrosis is recognized by:**

- 1) Changes in the nucleus**

- a) Swelling and clumping of **chromatin**
- b) **Pyknosis**: condensation of chromatin and shrinkage of the nucleus
- c) **Karyorrhexis** - fragmentation of the nucleus
- d) **Karyolysis** - dissolution of the nucleus by the action of deoxyribonuclease

- 2) Changes in cytoplasmic staining**

- a) **Positive staining** with vital **dyes** reflecting abnormal membrane permeability
- b) **Opacification** due to denaturation of proteins in the cytoplasm
- c) **Eosinophilia** due to increased affinity to **acidic dyes**

Necrosis

Local death of tissue within the living body

Necrotic changes of the cell

Nuclear changes

Pyknosis

Karyorrhexis

Karyolysis

Cytoplasmic changes

Degenerative changes ending with total disappearance of the cell

Types of tissue necrosis

1- Coagulative

3- Liquefactive

2- Caseous

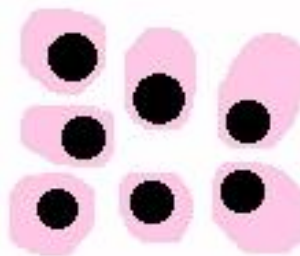
4- Fat necrosis

The nuclei tell you WHETHER cells have died.

Alive



Dead



Pyknosis



Karyorrhexis



Karyolysis

**Alive
cells**



**Coagulative
necrosis**



Coagulative Necrosis

Local death of cells with the preservation of the general architecture of the tissue

Cause:

Local ischaemia (infarction)

Bacterial toxins

Locally acting poisons (mercuric chloride)

Vit E + Selenium deficiency (white muscle disease)

Mild burns

Occurrence:

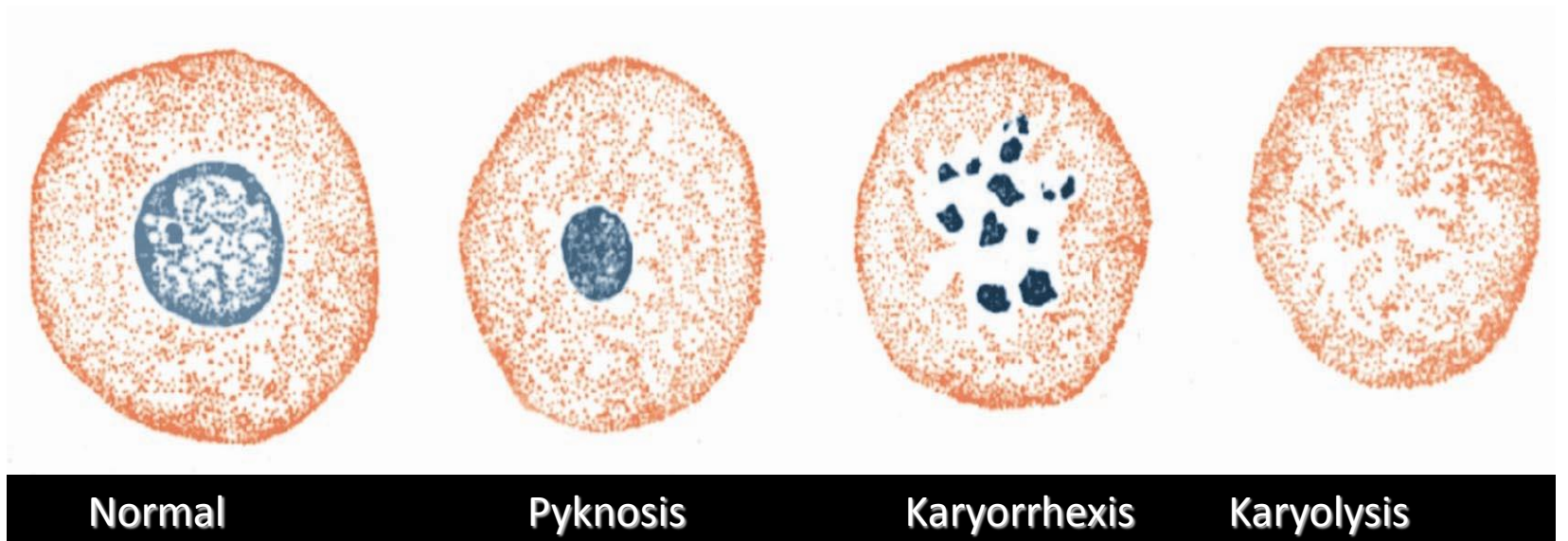
Diphtheretic inflammation of the intestine

Infarction of the kidney and heart

White muscle disease in lambs and calves

Zenker's necrosis

is coagulative necrosis of skeletal and cardiac muscles



Types:

① Coagulative necrosis:

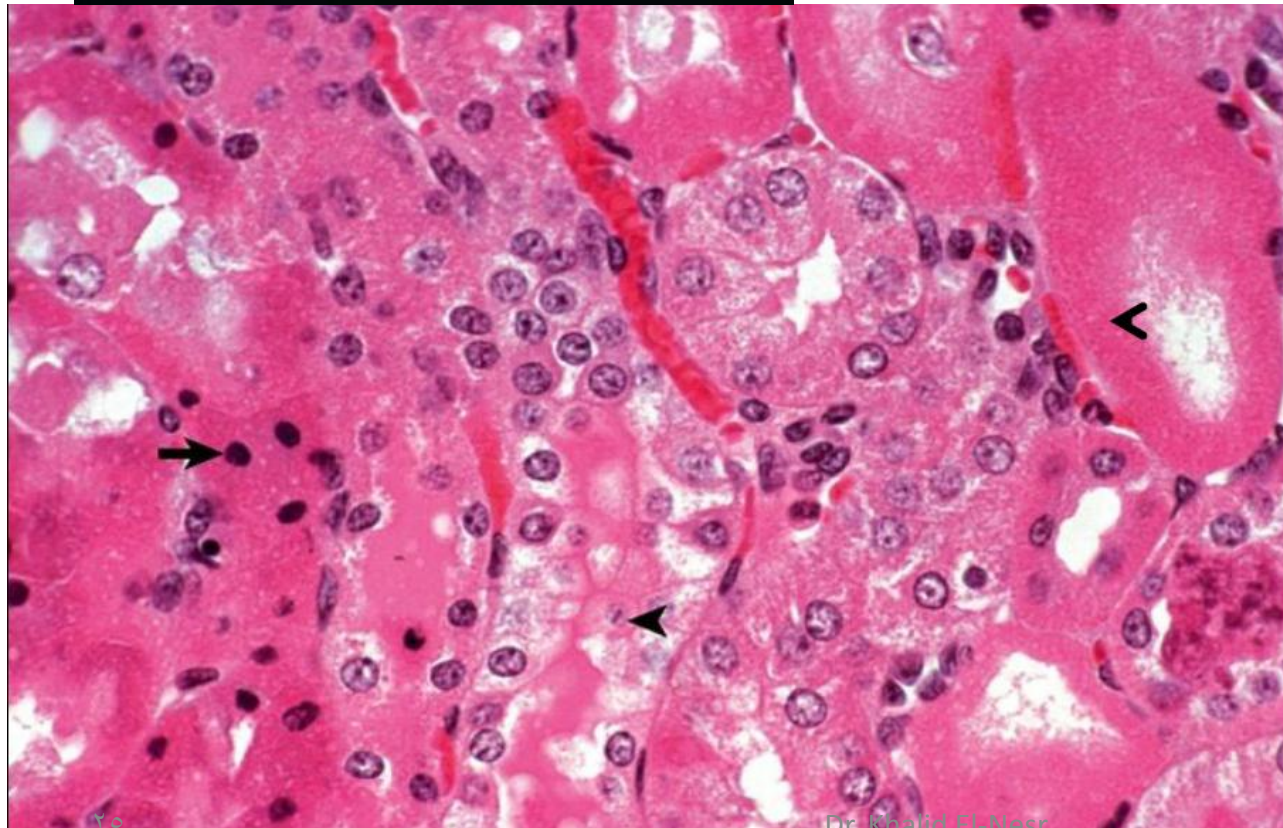
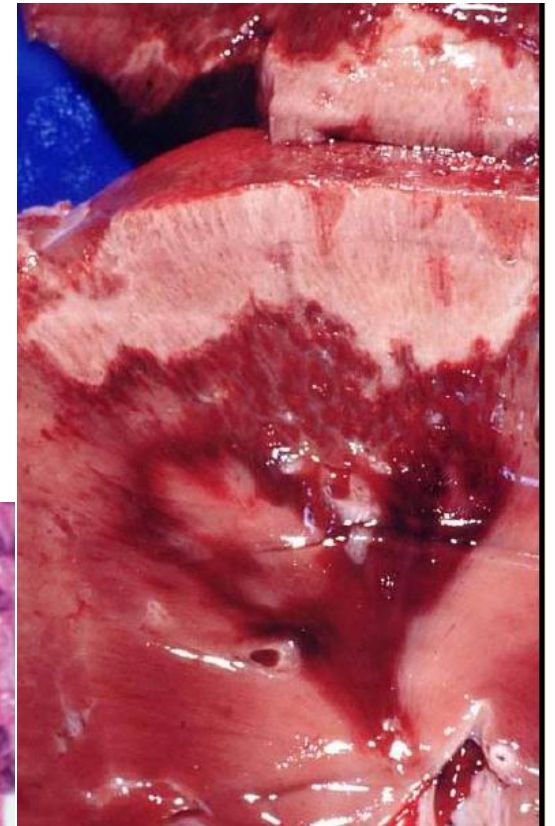
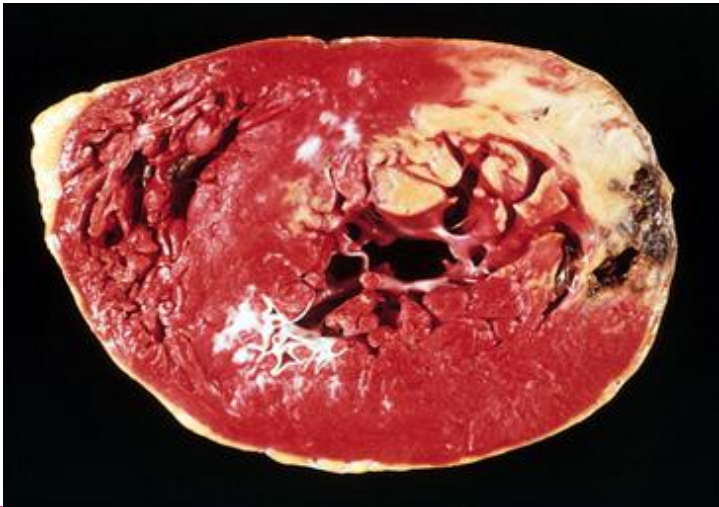
It's ch. by losing of **cellular details** and **preservation of architecture**

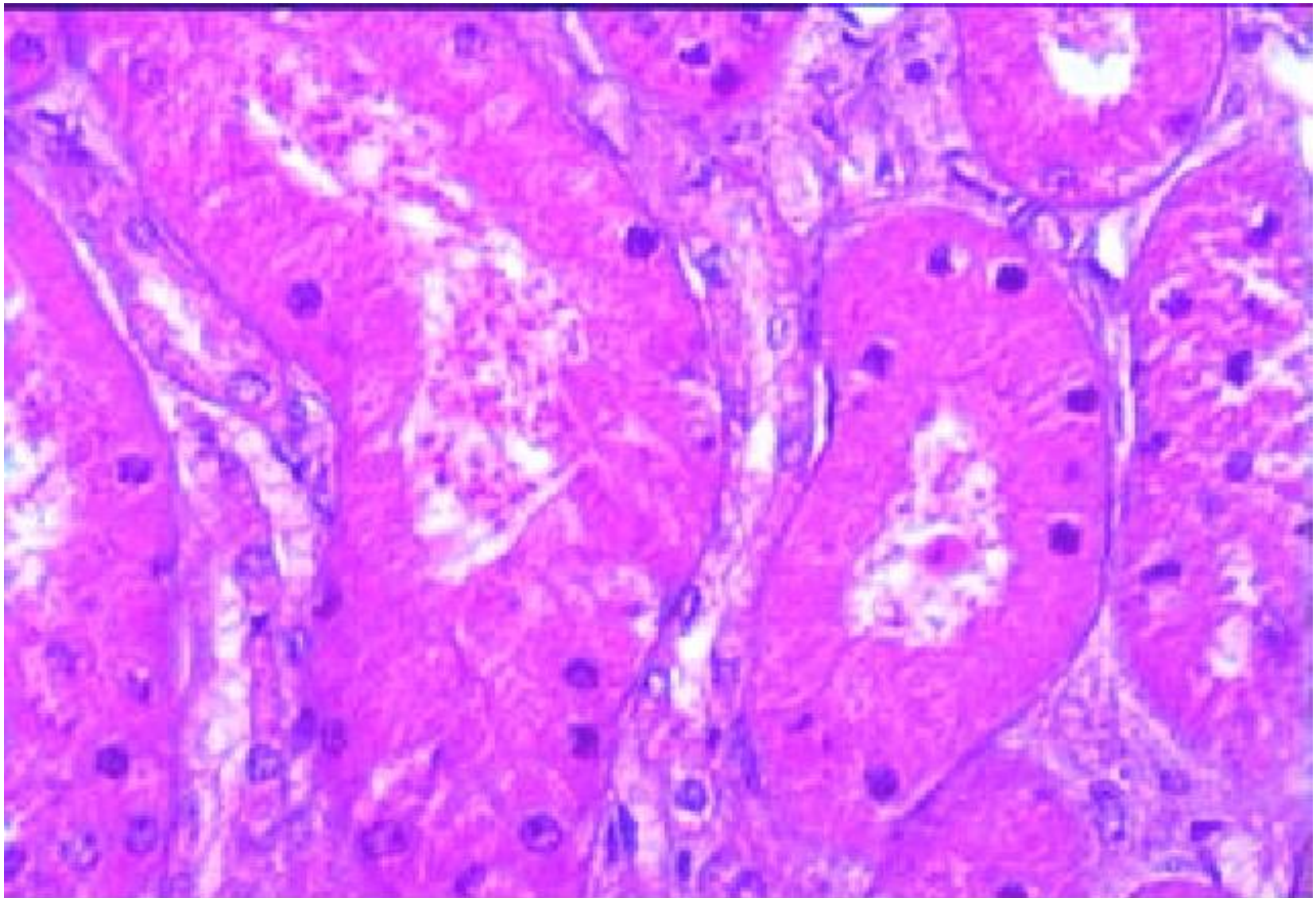
It's hypoxic or ischemic cell death in all tissues **except brain (why?)**

Gross features: The necrosis area is **swollen, firm and pale.**

microscopic features: cell detail is **lost**, but **architecture preserved**. The dead cells retain **their outline**.

This type of necrosis is frequently caused by **lack of blood supply** as in case of **infarction**.



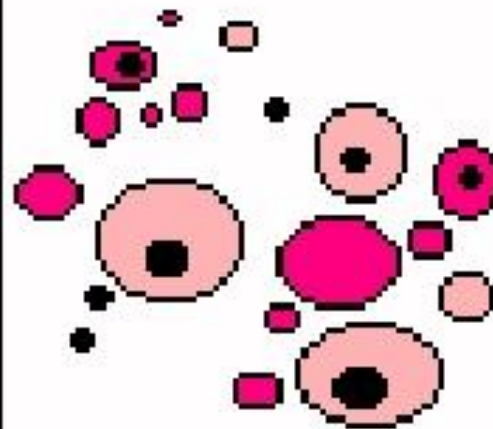


Kidney - Coagulative necrosis

**Alive
cells**



**Caseous
necrosis**



Caseous Necrosis

Local death of the cells and disintegration and loss of architecture

Cause:

Long acting bacterial toxins (tuberculosis, corynebacterium ovis)

Occurrence:

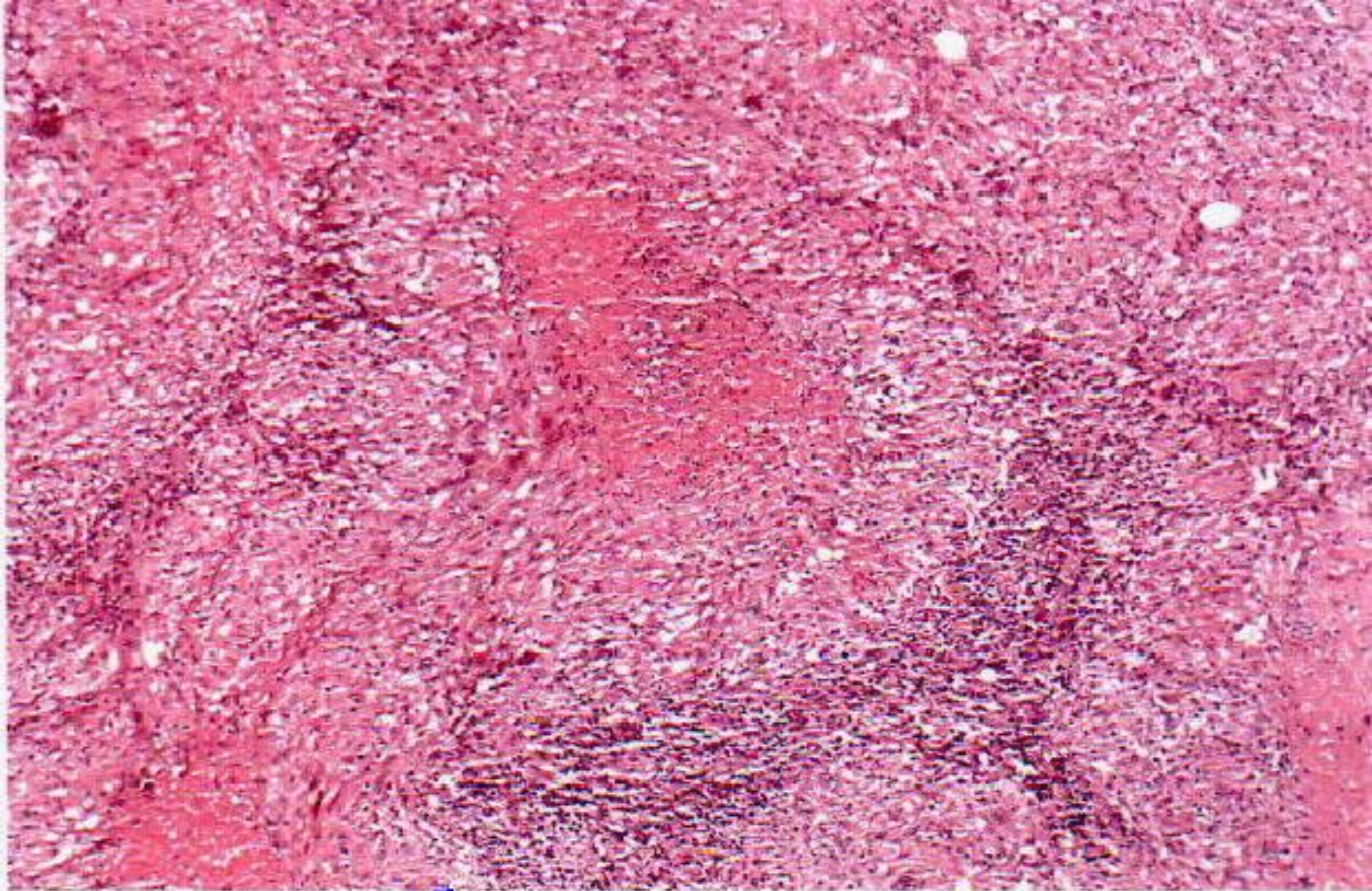
**Tuberculous nodules
Lesions in caseous lymphadenitis**

Characters:

- **Don't retain cellular details (without dissolution) nor tissue architecture.**
- **Caseous = cheese like**



Lymph node
Caseous necrosis



Caseous necrosis

**Fragmentation and disintegration of cells and
loss of architecture**

Liquefactive necrosis:

Soft and liquid grossly. Enzymes digest the cell and convert it to a formless proteinaceous mass. Ultimately, discharge of the contents forms a cystic space. i. e. central nervous system after ischemic injury; abscesses.

Liquefactive Necrosis

Local death and liquefaction of tissue

Cause

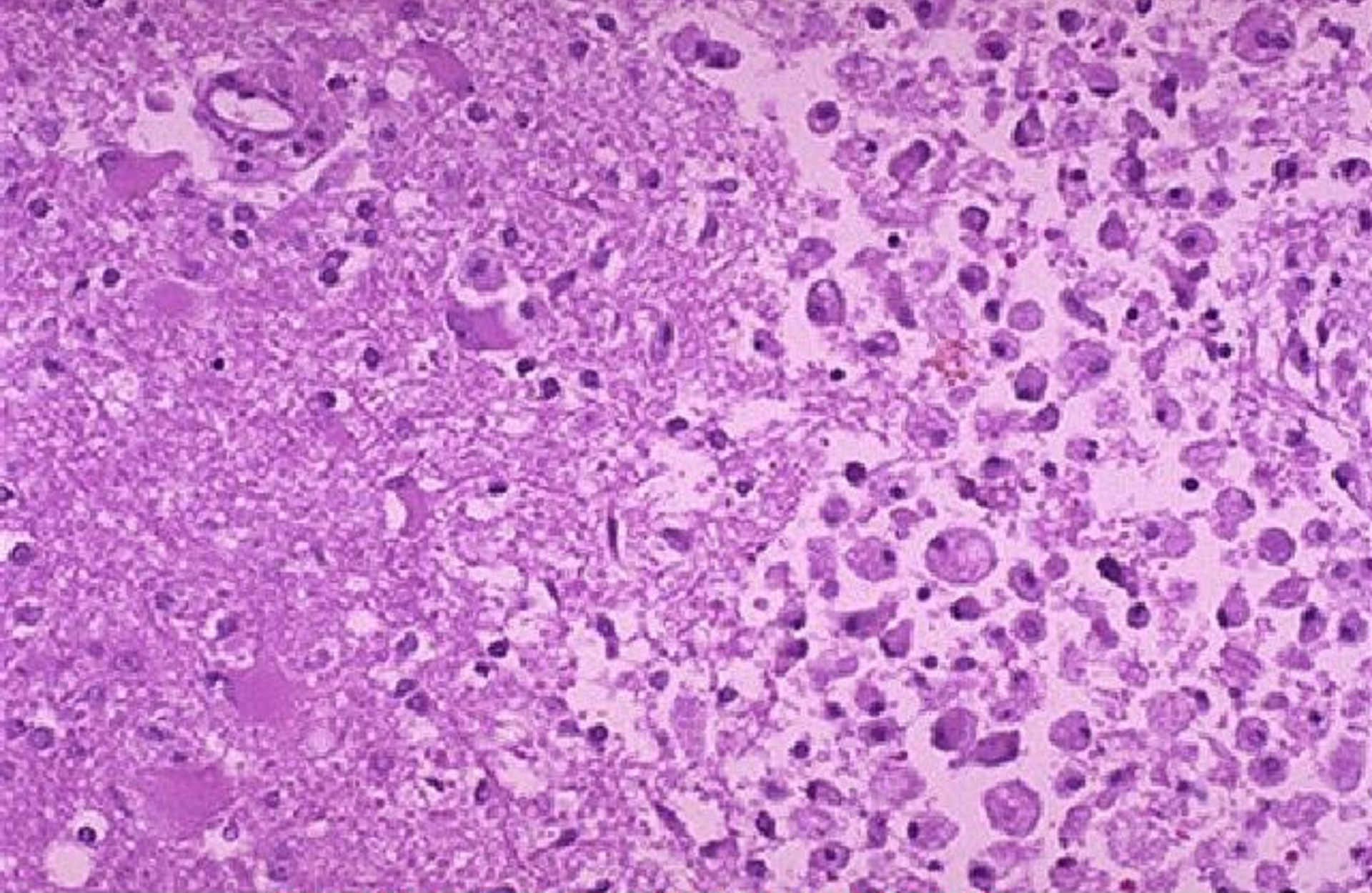
- Hypoxia
- Nutritional deficiency (vitamin E deficiency)
- Aflatoxins
- Pyogenic infection (lysozymes from neutrophils)
- Cyanides

Occurrence

Brain and spinal cord (low amount of coagulable protein)

Abscesses

Tuberculous nodules



Brain: Encephalomalacia

Many macrophages (foam cells) at the right

Fat necrosis:

Grossly:

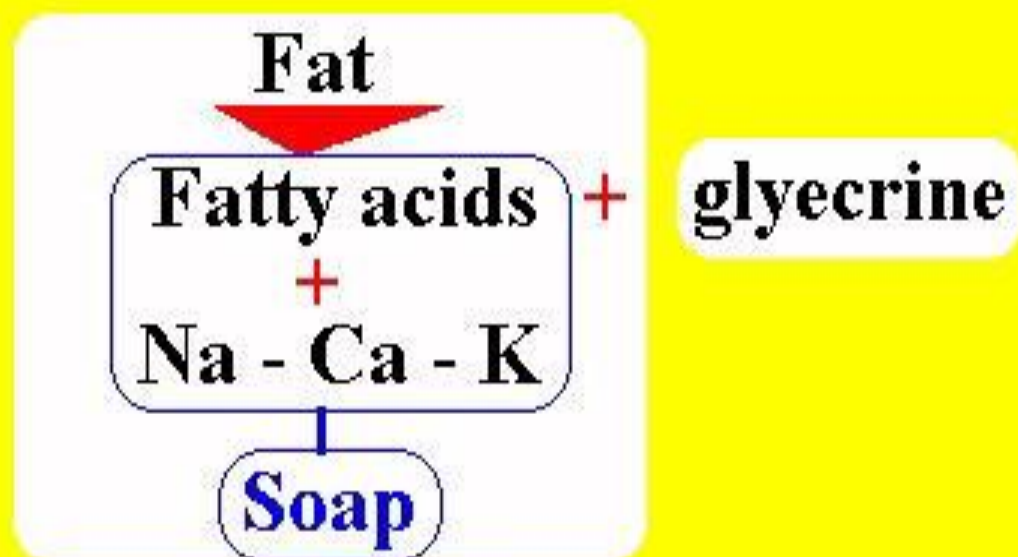
Opaque and chalky

histopathology:

outline of necrotic fat cells filled with amorphous basophilic material (calcium soaps). i. e. Digestion of peritoneal fat by pancreatic enzymes in pancreatic inflammation.

Fat Necrosis

Necrosis of adipose tissue and decomposition of fat



Cause and occurrence

Pancreatitis (abdominal fat due to effect of lipase)

Trauma (subcutaneous and perivaginal fat)

Starvation (incompletely utilized fat)

Fat necrosis:

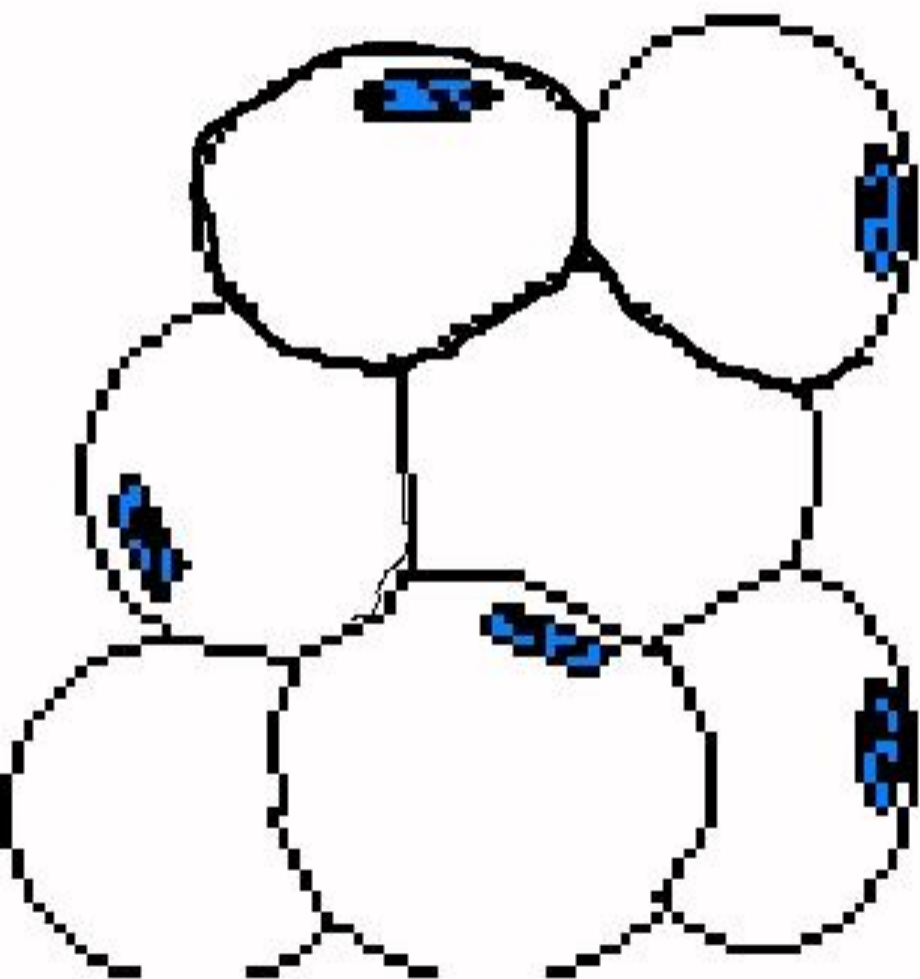
Grossly:

Opaque and chalky

histopathology:

outline of necrotic fat cells filled with amorphous basophilic material (calcium soaps). i. e. Digestion of peritoneal fat by pancreatic enzymes in pancreatic inflammation.

**Healthy
fat**

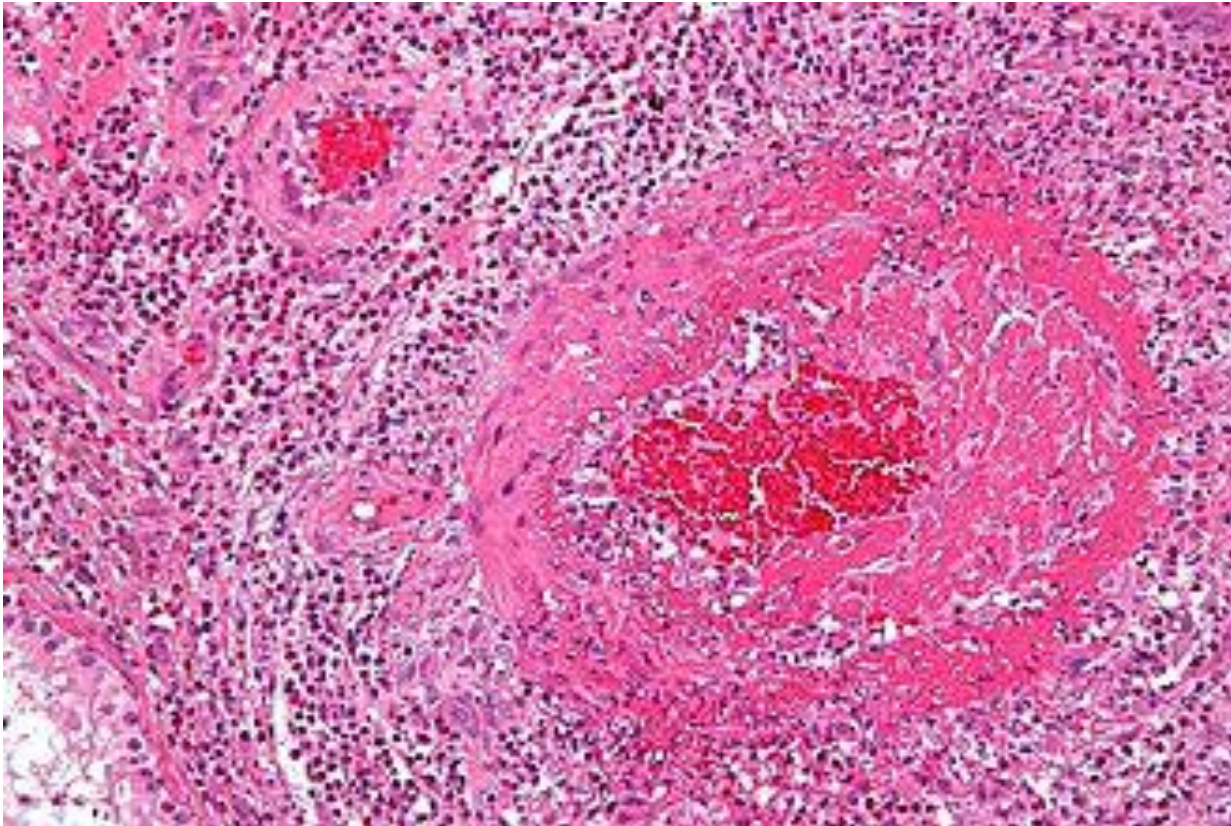


**Fat
necrosis**



Fibrinoid necrosis

- **Definition:** This is not a true degeneration but a strongly eosinophilic stain like fibrin.
- **Location:** interstitial collagen and blood vessels (small artery and arteriole)
- **Nature:** one kind of necrosis.
- **e. g. in allergic reactive diseases:** active rheumatism, polyarteritis nodose.
- **in non-allergic reactive diseases:** malignant hypertension.



Consequences of necrosis

- ① **Acute or chronic inflammation**
- ② **shock or gangrene .**
- ③ **lysis and absorption**

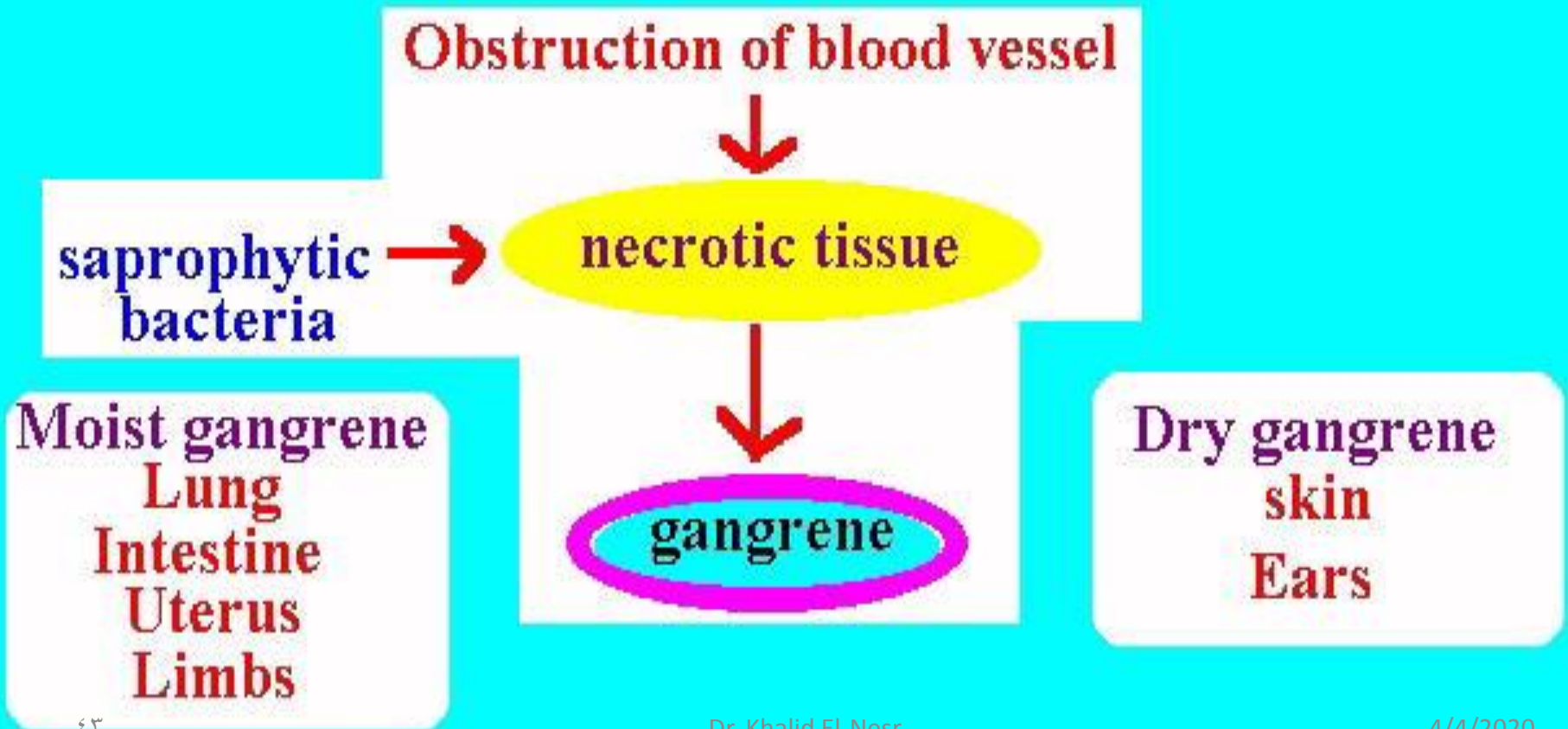
④ **dissolution** and discharge:
ulceration and cavity
formation

⑤ **Organization**

⑥ **Encapsulation,
calcification.**

Gangrene

**Putrefaction of necrotic tissue due to invasion
with saprophytic bacteria
(clostridia - anaerobic streptococci) :**





Moist gangrene

Apoptosis

**Cell death controlled by genetic factors
(physiologically programmed cell death)**

Microscopical Picture

It is a physiological process characterized by

- * Death of scattered single cells
- * Absence of inflammatory reaction
- * Chromatin condensation - rounding of nucleus
and shrinkage of cell
- * Dead cells are eventually phagocytosed by
surrounded normal cells

genes involved in apoptosis

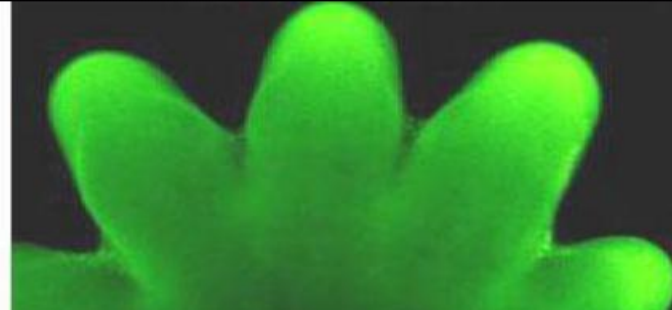
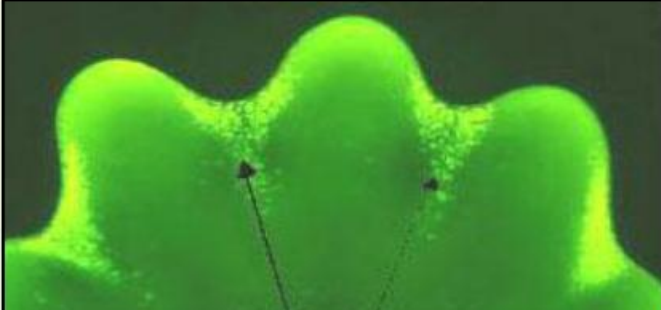
c-myc

p53

bcl-2

Definition:

- The term apoptosis was first used by Kerr *et al.* (1972) and it was used as *shrinkage necrosis*
- Apoptosis (from a Greek word meaning the **dropping of leaves from a tree**) is a term referring to the cytologically observable changes associated with a process of **cellular self-destruction** observed in all **eukaryotes**



A



B

Causes

- During embryogenesis
- Cells undergoing normal **turnover** (uterine involution -skin)
- **Immune** system(cell death by cytotoxic cells)
- **Neoplasms**
- **Pathologically** (some viruses – radiation – drug damaging DNA)

Morphology of Apoptosis

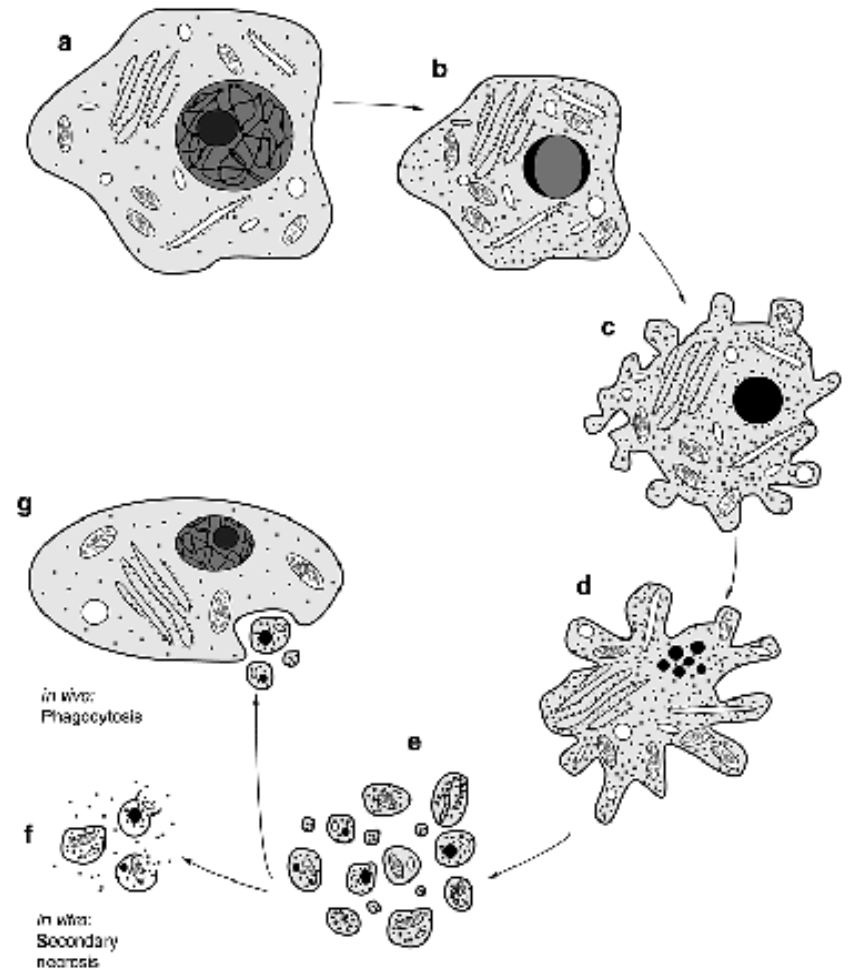
Morphological changes that occur during apoptosis.

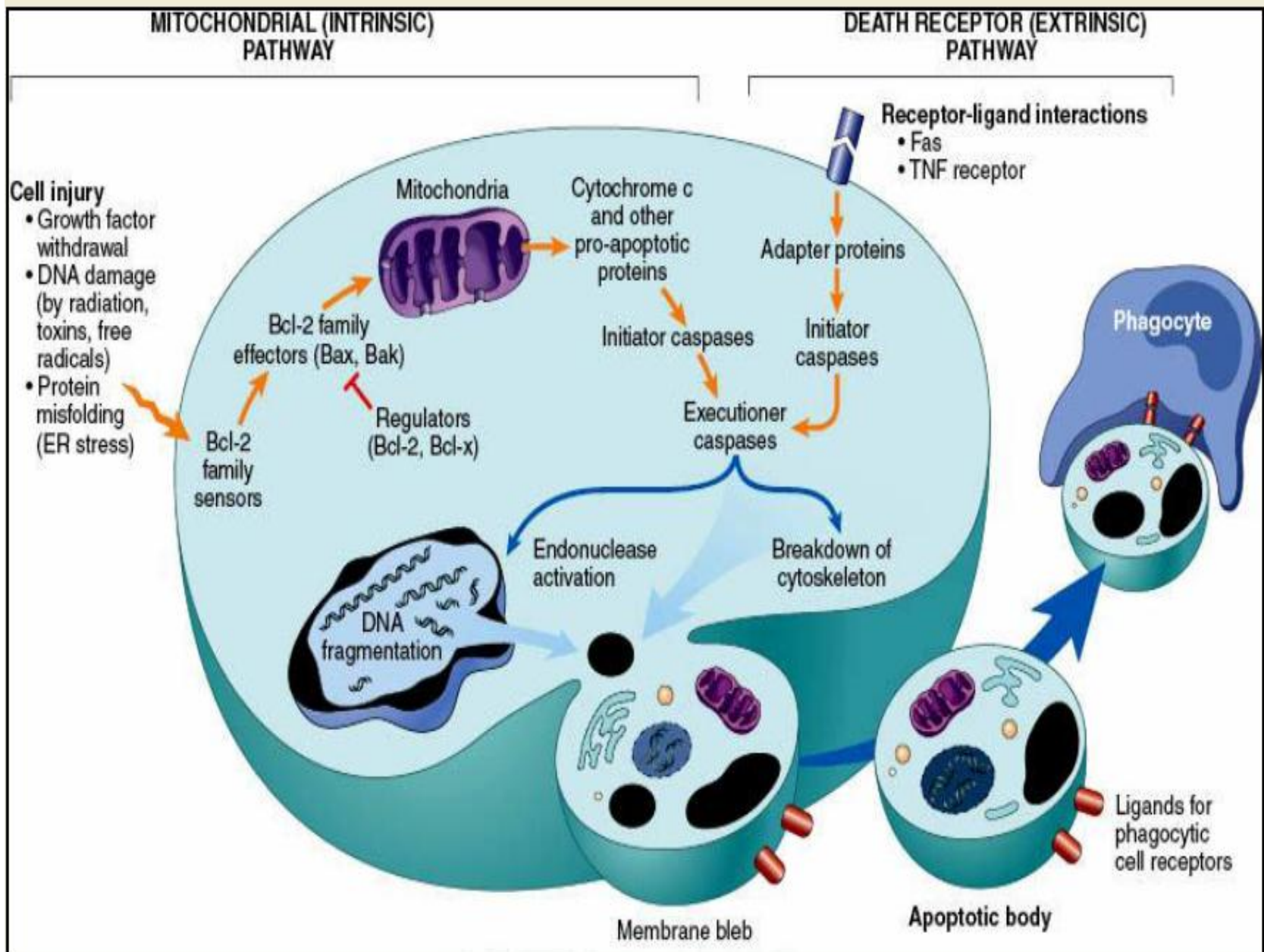
First, (a) the normal cell (b) shrinks and the condensed chromatin collapses into crescents around the nuclear envelope

(c) the membrane begins to bulge and bleb

(d) the blebbing increases and the cell finally breaks into a number of apoptotic bodies (e) which lyse in vitro

(f) and are phagocytosed in vivo.





APOPTOSIS INFO



U.S. National Library of Medicine

Morphology

- considerable apoptosis may occur in tissues before it is evident on histology

❶ Cell shrinkage

- cytoplasm has packed organelles

❷ Chromatin condensation

- dense aggregates of chromatin fragmentation

❸ Formation of cytoplasmic blebs then apoptotic bodies

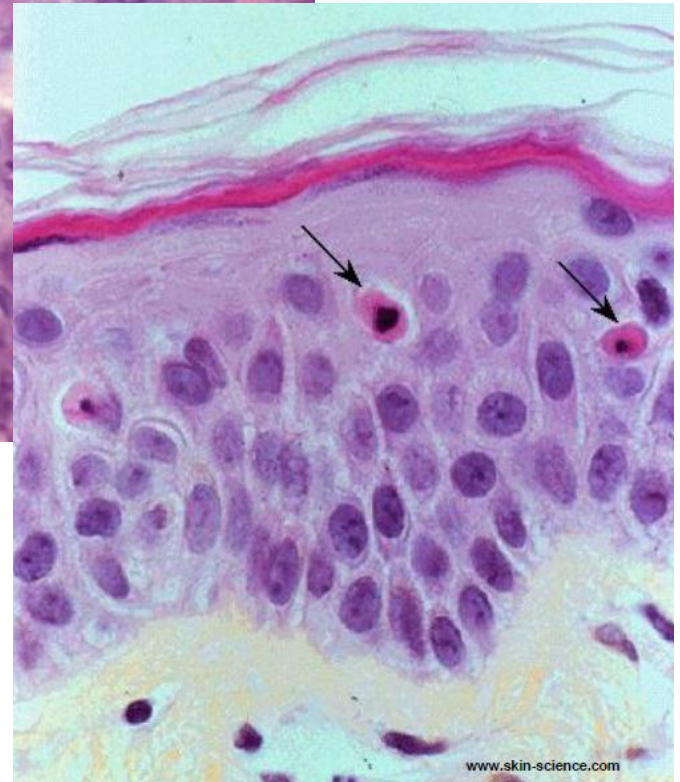
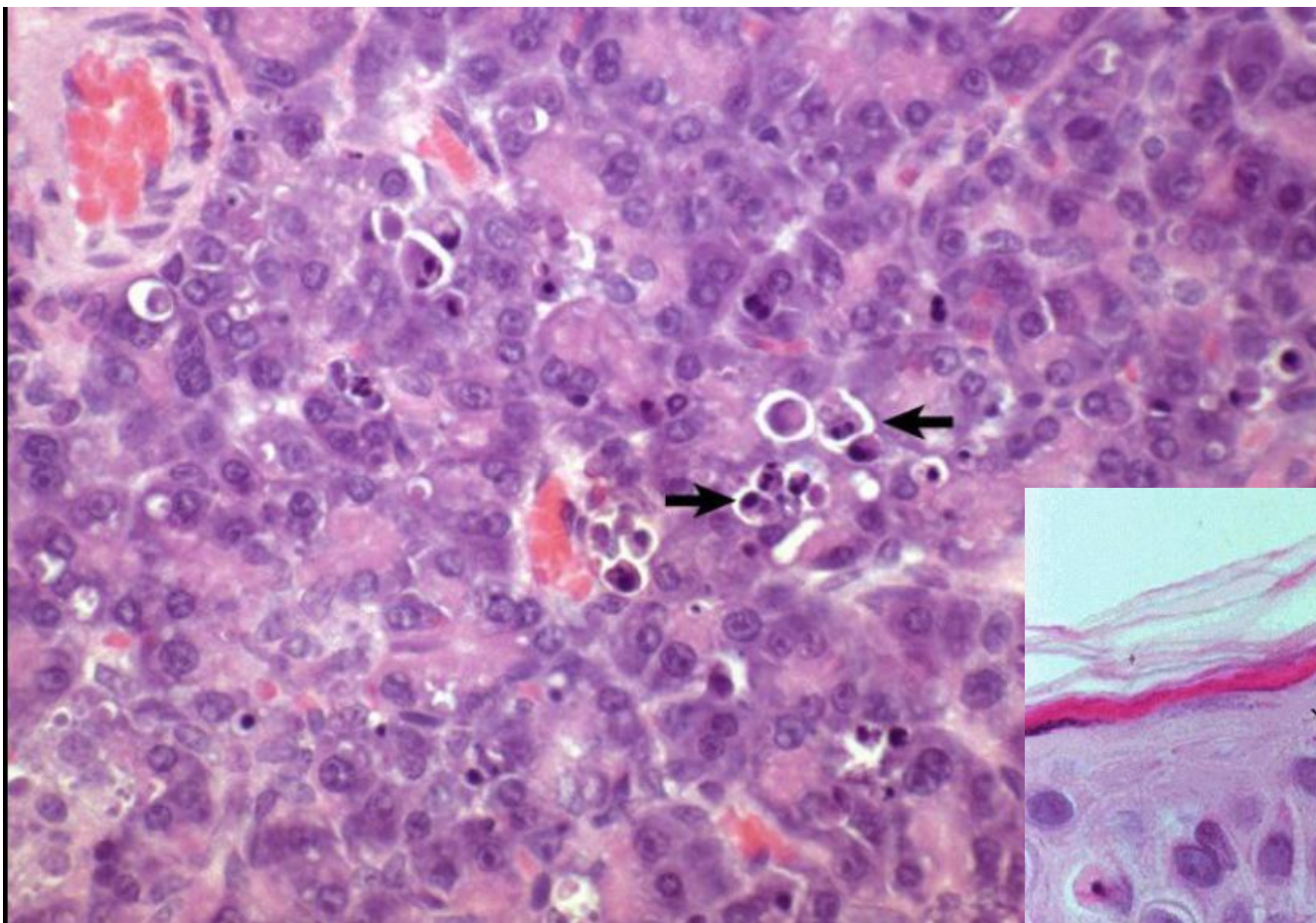
- ± nuclear fragments

❹ Phagocytosis of apoptotic cells / bodies

- usually by macrophages with no inflammation

Microscopical appearance:

- 1- Death of scattered **single cells**
- 2- Dead cells form rounded, membrane bounded **bodies** which are eventually phagocytosed by adjacent normal cells
- 3- There is chromatin **condensation** and margination
- 4- Rounding of the nucleus
- 5- Shrinkage and reduction of the cell volume
- 6- Abnormal **mitosis**
- 7- **Absence** of inflammatory response in the adjacent area.



Apoptosis in embryological development:

There are **3** type of apoptosis occurring in embryos;

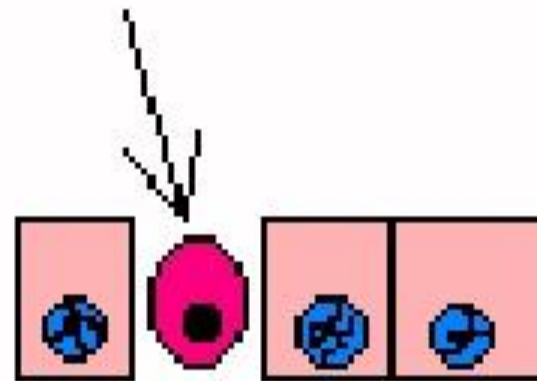
a- Morphogenetic apoptosis: which is involved in alteration of tissue form, e.g., **death of interdigital cells** for separation of the fingers , *During embryonic development, apoptosis is involved in elimination of transitory organs and tissues, and tissue remodeling*

b- Histogenic apoptosis: occurs in differentiation of tissue and organs as seen in **hormonally-controlled differentiation of the accessory sex organs** from Mullerian and Wolffian ducts.

**Alive
cells**



**Apoptotic
cell**

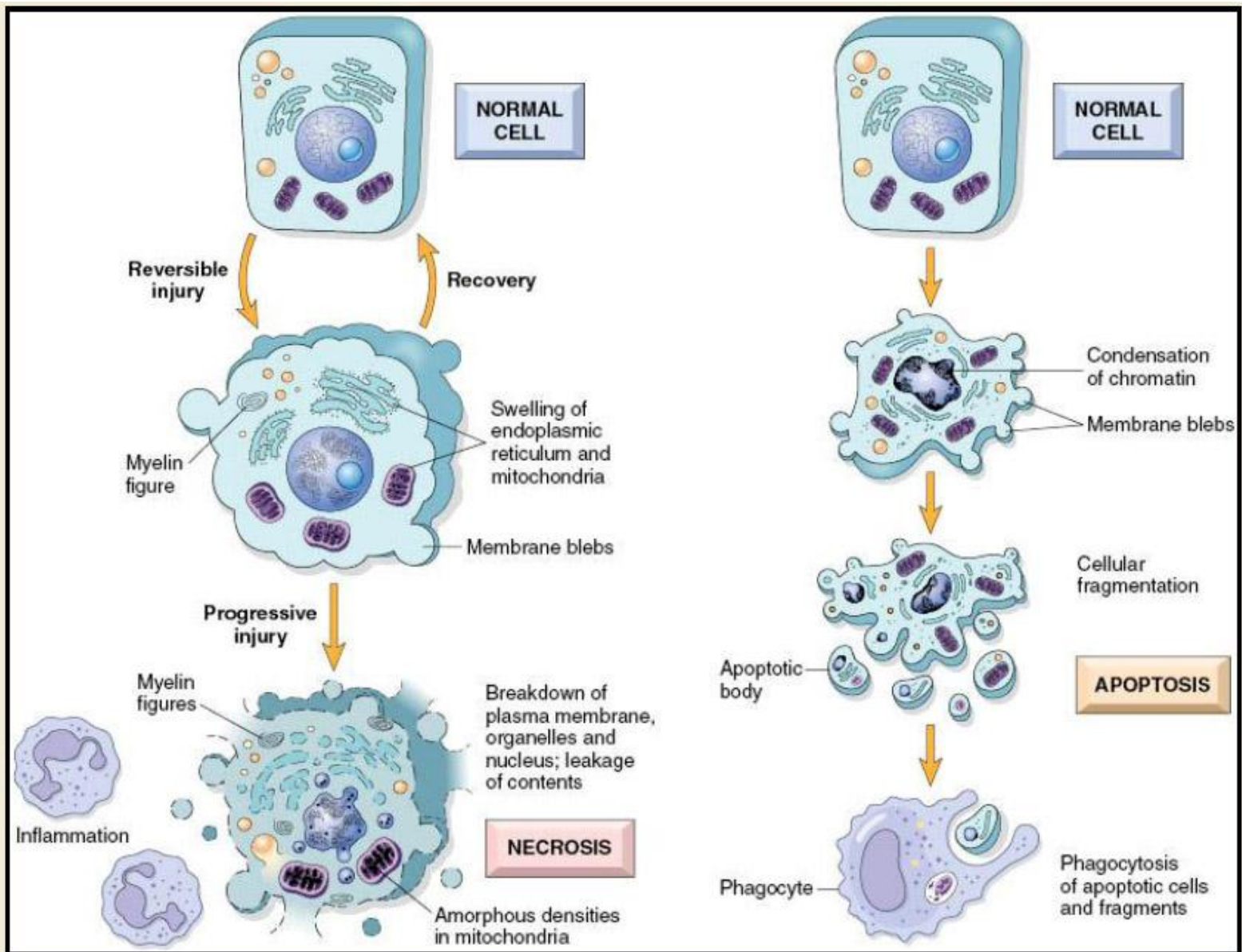


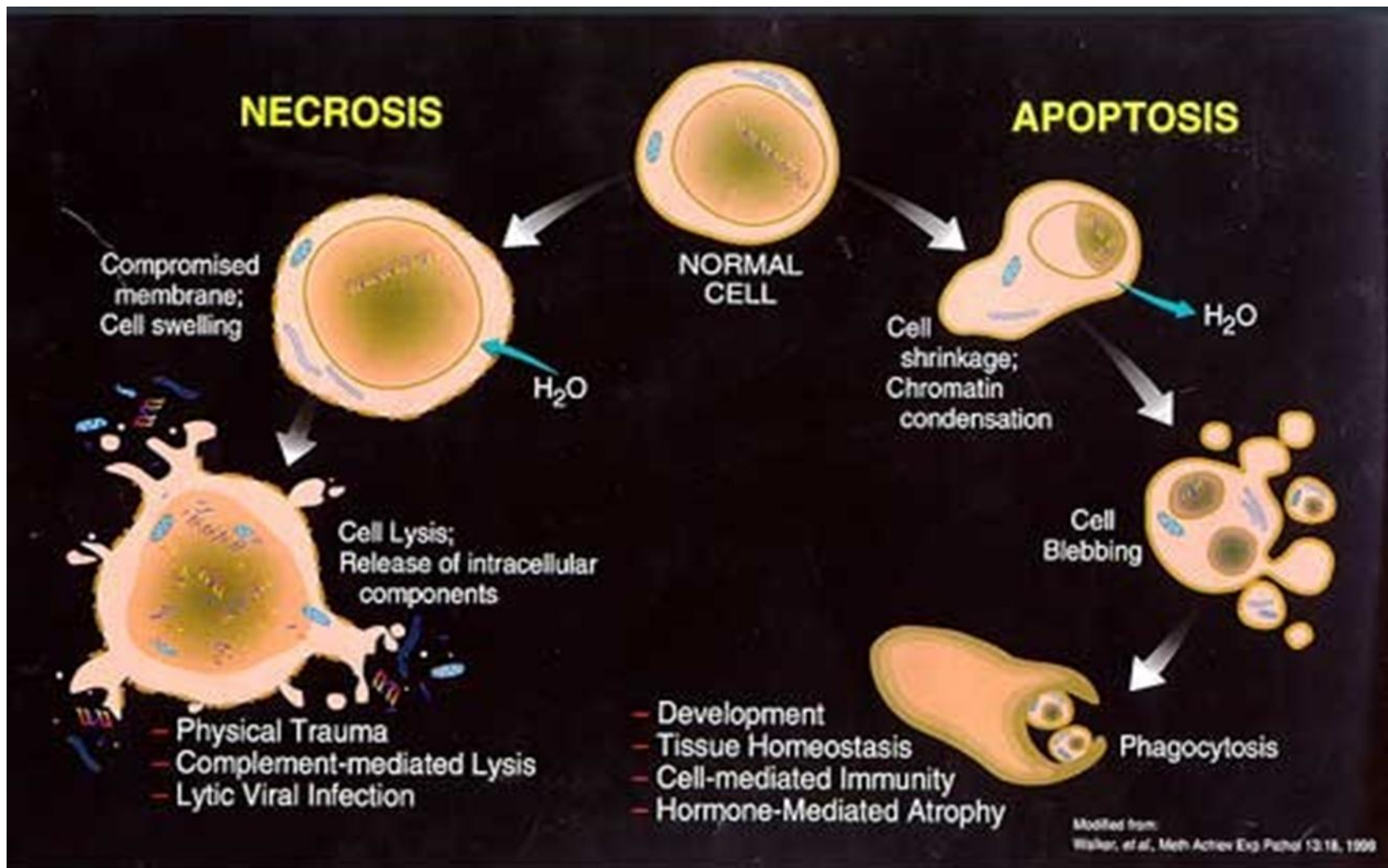
Compare ?

Necrosis

apoptosis

items	Necrosis	apoptosis
Cell size	Swelling	shrinkage
Nucleus	Pyknosis - karyorrhexis - karyolysis	Fragmentation into nucleosome size fragments
Plasma membrane	Disrupted	Intact - (blebbing)
Cellular contents	Enzymatic digestion; may leak out of cell	Intact; may be released in apoptotic bodies
inflammation	Frequently occurred	No
Physiologic or pathologic role	pathologic	Often physiologic, means of eliminating unwanted cells; may be pathologic after some forms of cell injury, especially DNA damage





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