Inflammation 1

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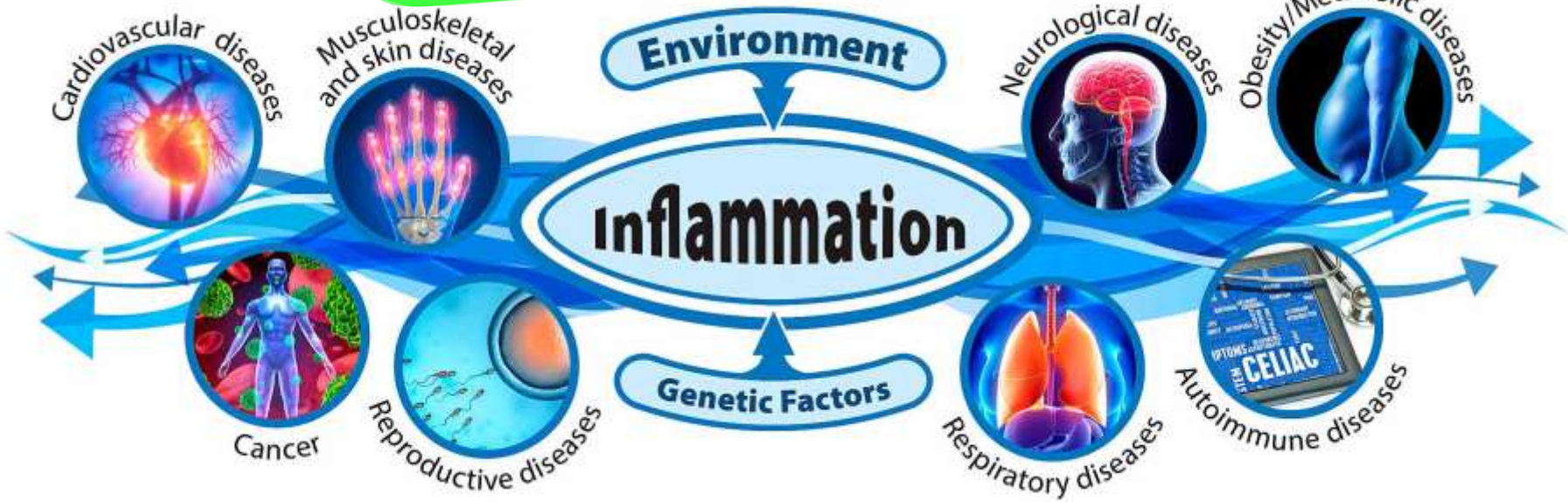
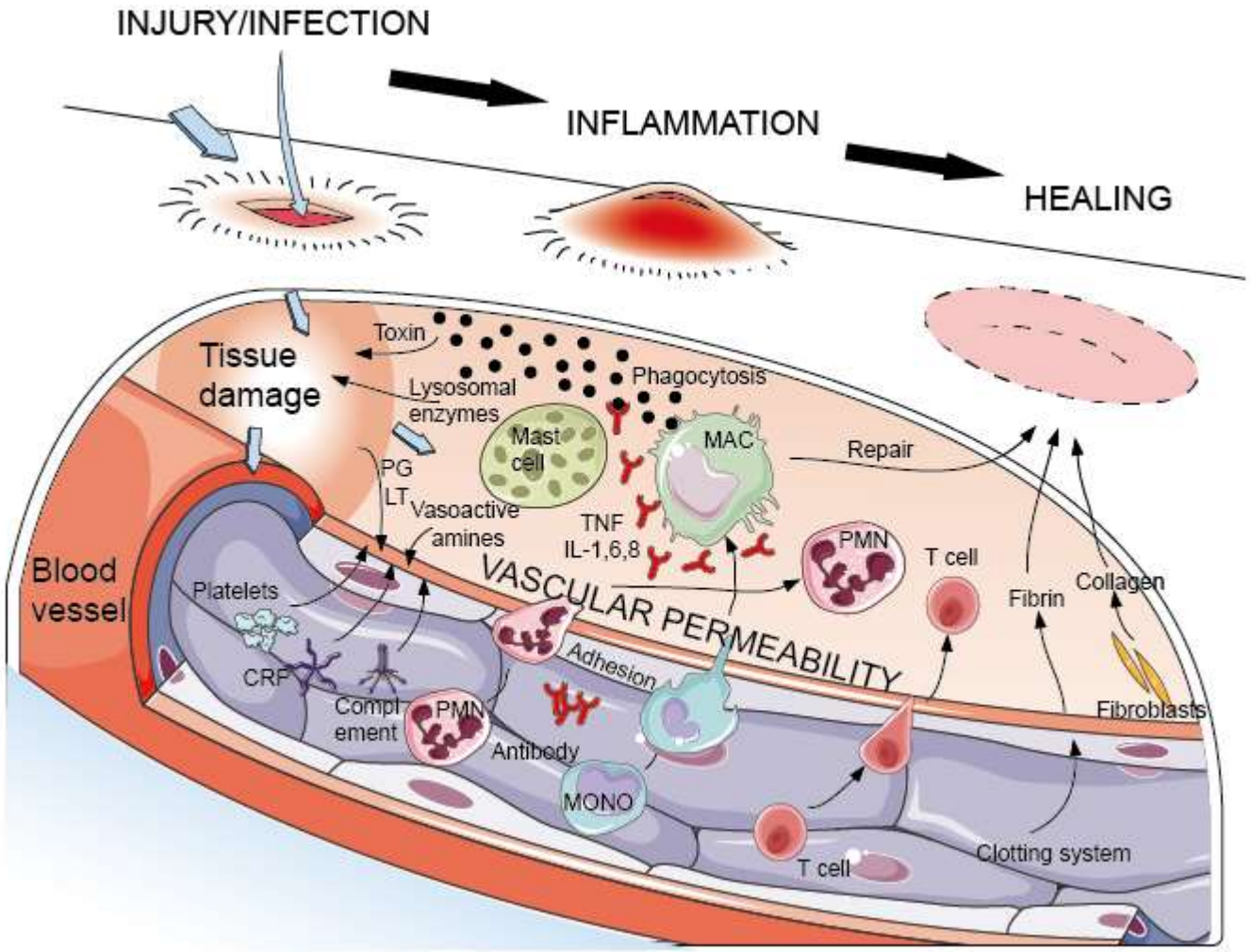


Eman Kreishan, M.D.

20-10-2024


INJURY/INFECTION
INFLAMMATION
HEALING
Tissue damage
Toxin
Lysosomal enzymes
Phagocytosis
Mast cell
MAC
Repair
PG
LT
Vasoactive amines
TNF
IL-1,6,8
PMN
T cell
Blood vessel
Platelets
VASCULAR PERMEABILITY
Fibrin
Collagen
Adhesion
CRP
Compl ement
PMN
Antibody
Fibroblasts
MONO
T cell
Clotting system

INFLAMMATION

- Inflammation is a response of vascularized tissues to infections and trauma and tissue damage that brings cells and molecules of host defense from the circulation to the sites where they are needed, to eliminate the offending agents.

Cells in the site of injury are called (resident cells) are not enough فنروح الـ inflammatory system بنادي الـ other types of cells في الأنسجة المجاورة

1

- It serves to rid the host of both the initial cause of cell injury (e.g., microbes, toxins) and the consequences of such injury (e.g., necrotic cells and tissues)

2

1-microbes
2-Changes in the body ← لازم أتخلص منهم

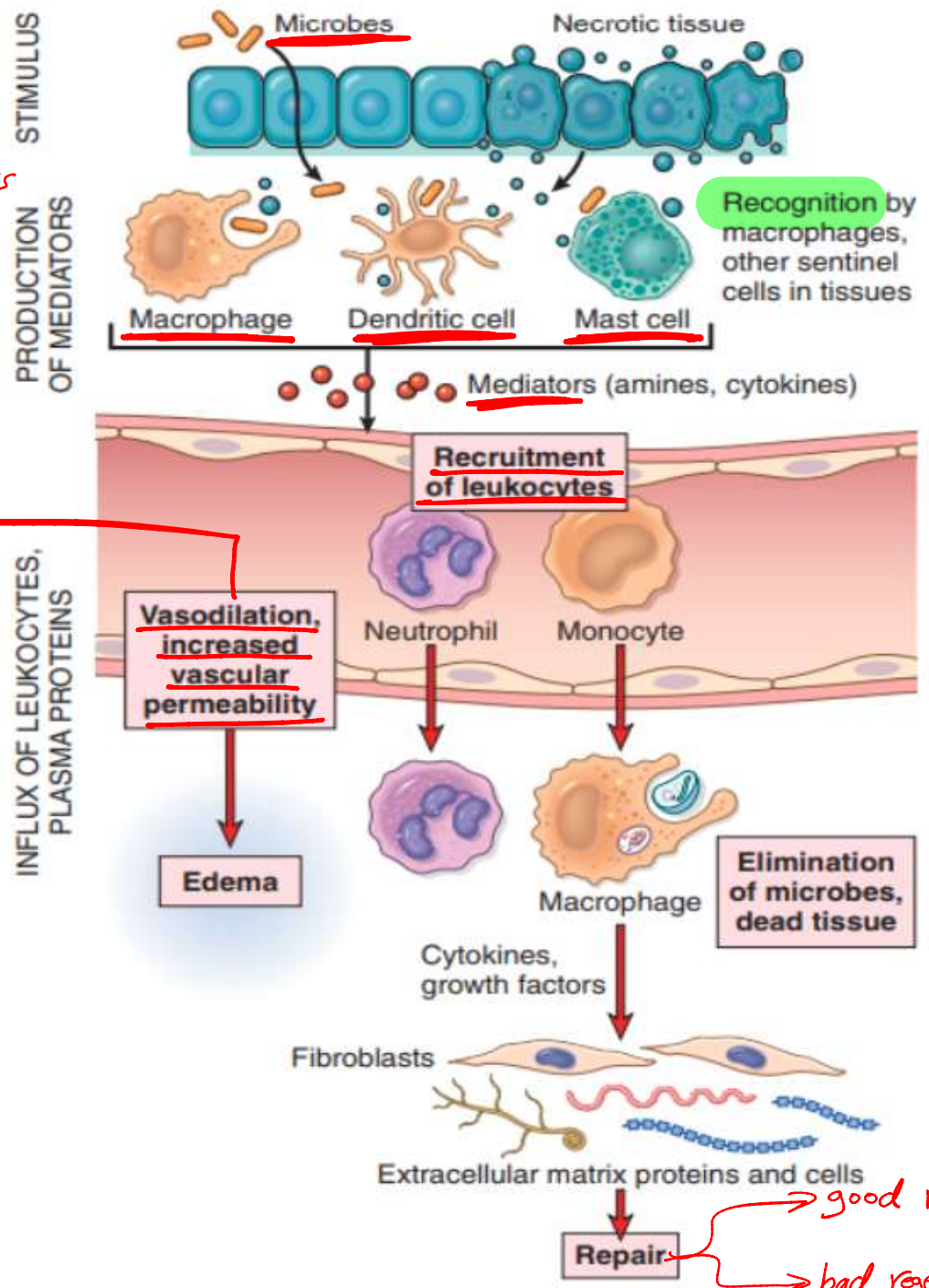
Inflammation

The typical inflammatory reaction develops through a series of sequential steps:

1. Recognition of the offending agent.
2. Recruitment of leukocytes (→ microphage and neutrophils) and plasma proteins from the circulation to the site where the offending agent is located.
3. Activation of the leukocytes and proteins to destroy and eliminate the offending substance.
4. Termination. if not, my body will attack itself
5. Repair.

insult in liver
healing
نفس خلايا الـ liver

insult in brain
healing by fibrosis
بدل خلايا الـ brain fibrous tissue



to increase blood flow
⇓
increase number of cells

good regenerative capacity ⇒ بحط نفس نوع الخلايا

bad regenerative capacity ⇒ fibrous tissue بحط

INFLAMMATION MAY BE OF TWO TYPES, ACUTE AND CHRONIC.

Table 3.1 Features of Acute and Chronic Inflammation

Feature	Acute	Chronic : progressed from acute state or can be from beginning it is chronic disease
Onset	Fast: minutes or hours	Slow: days
Cellular infiltrate	Mainly neutrophils	Monocytes/macrophages and lymphocytes
Tissue injury, fibrosis	Usually mild and self-limited	May be severe and progressive
Local and systemic signs	Prominent	Less

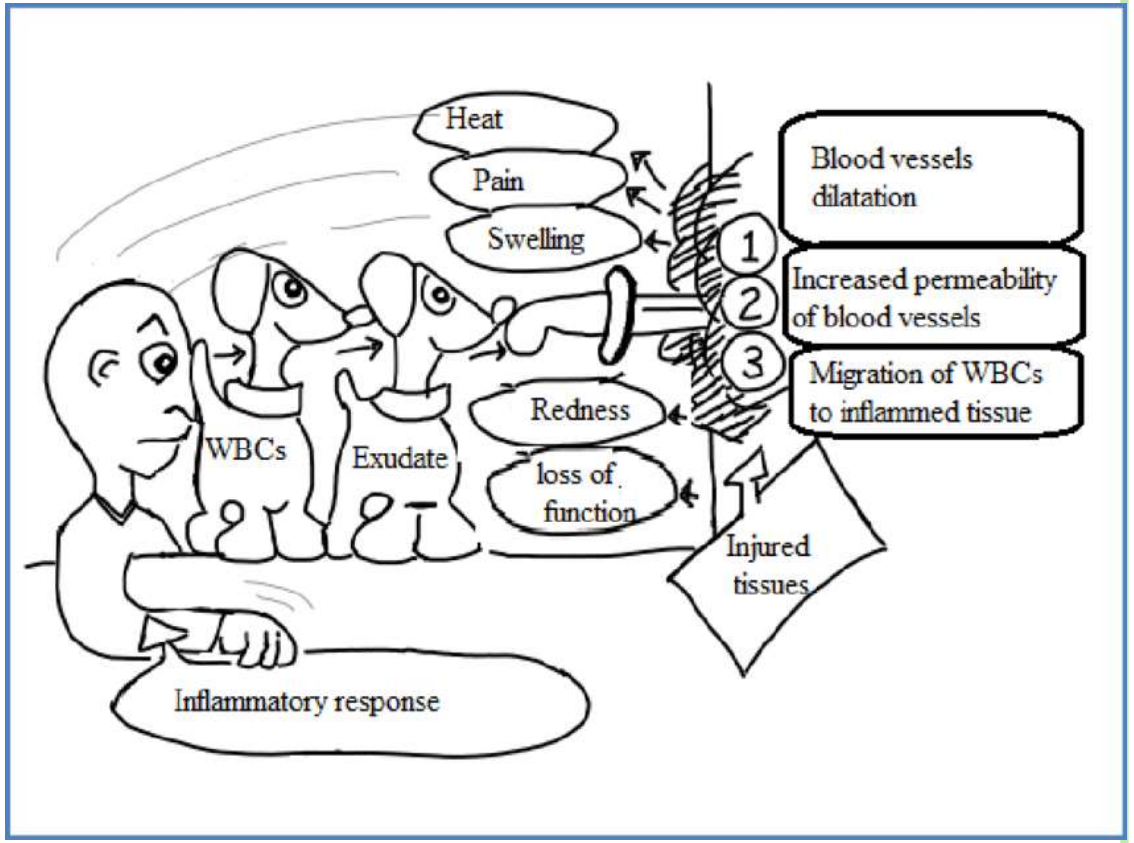
**if the initial response fails to clear the stimulus, the reaction progresses to chronic inflammation

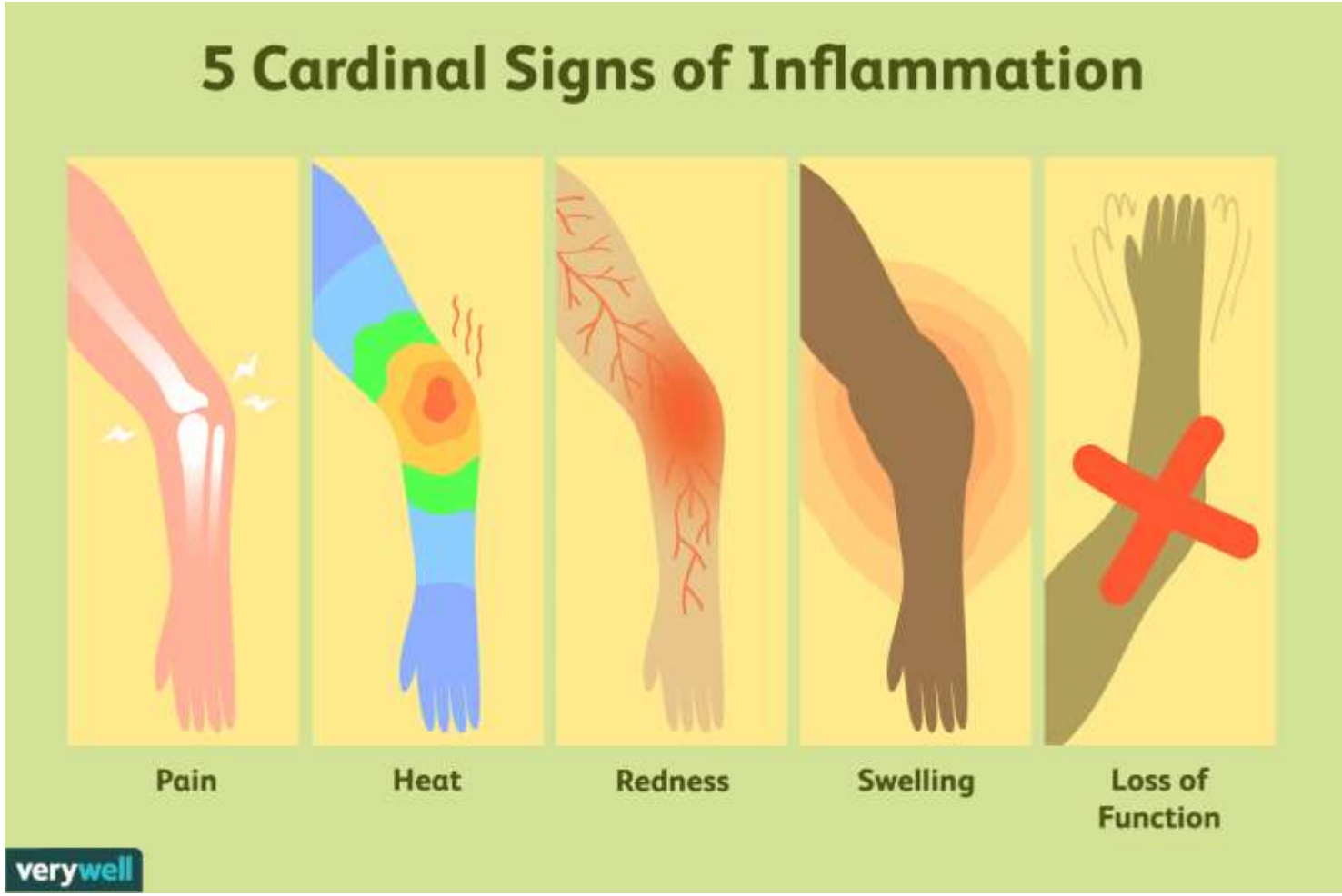
CARDINAL SIGNS

- The external manifestations of inflammation are:

1. heat (calor in Latin). وصل النطقة دم أحمرت الطبيعي
2. redness (rubor)
3. swelling (tumor), inflammation مع fluid في عندي بطلع لبرا
4. pain (dolor), due to the mediators
5. loss of function (functio laesa).

if the inflammation involving a wide range area of organ




5 Cardinal Signs of Inflammation
Pain
Heat
Redness
Swelling
Loss of Function
verywell

Dose the inflammation always good??

- In some situations, the inflammatory reaction becomes the cause of disease, and the damage it produces is its dominant feature e.g:

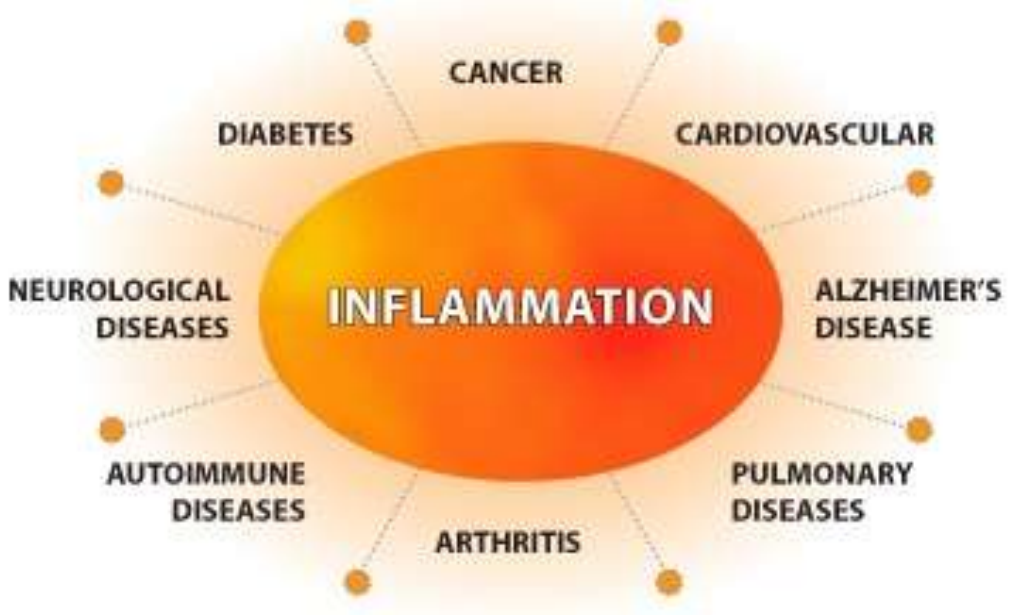
chronic

- 1. autoimmune diseases: inflammatory reaction is misdirected against self tissues.
- 2. allergies: against normally harmless environmental substances that evoke an immune response.
- 3. common chronic diseases.

Table 3.2 Disorders Caused by Inflammatory Reactions

Disorders	Cells and Molecules Involved in Injury
Acute	
Acute respiratory distress syndrome	Neutrophils
Asthma	Eosinophils; IgE antibodies
Glomerulonephritis	Antibodies and complement; neutrophils, monocytes
Septic shock	Cytokines
Chronic	
Arthritis	Lymphocytes, macrophages; antibodies?
Asthma	Eosinophils; IgE antibodies
Atherosclerosis	Macrophages; lymphocytes
Pulmonary fibrosis	Macrophages; fibroblasts

acute and chronic و
and what the dominant cells in every disease



DEFECTIVE INFLAMMATION???

- Defective inflammation is responsible for serious illness.
- Usually caused by a reduced number of leukocytes resulting from replacement of the bone marrow by:

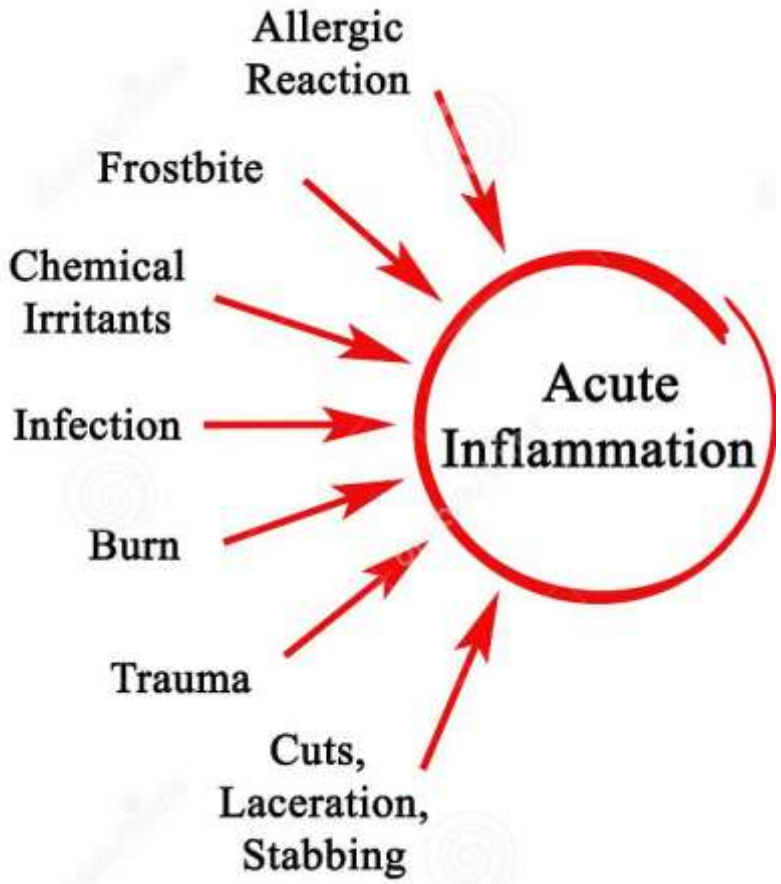
1. cancers.
2. Bone marrow suppression by therapies for cancer and graft rejection

TERMINATION, HOW??????

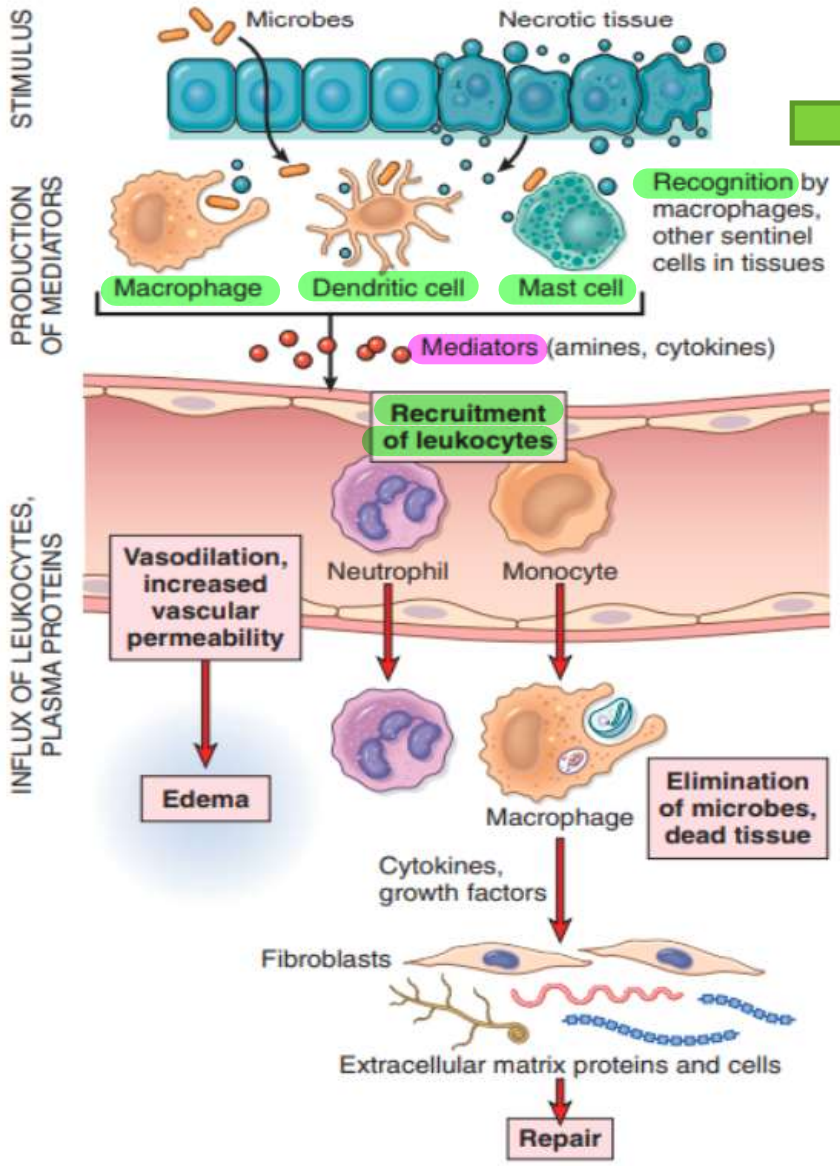
- mediators are broken down .
- leukocytes have short life spans in tissues.
- anti-inflammatory mechanisms are activated, serving to control the response and prevent it from causing excessive damage to the host

- **Tissue repair:**
- Repair consists of a series of events that heal damaged tissue. In this process, the injured tissue is replaced through regeneration of surviving cells and filling of residual defects with connective tissue (scarring). healing by fibrosis

COMMON CAUSES OF INFLAMMATION



Main inflammatory phases



- 1. Recognition: usually mediated by:
- Cellular receptors for microbes.
- Sensors of cell damage.
- Circulating proteins

residnet cells:
1- macrophage
2- dendritic cell
3- mast cell

1. Cellular receptors for microbes

- The best defined of these receptors belong to the family of Toll-like receptors (TLRs).

- Recognition of microbes by these receptors stimulates the production and expression of a number of proteins.

- These proteins include:
  - cytokines that induce inflammation.
  - anti-viral cytokines (interferons).
  - cytokines and membrane proteins that promote lymphocyte activation and even more potent immune responses

2. Sensors of cell damage

- uric acid (a product of DNA breakdown),
- ATP (released from damaged mitochondria),
- reduced intracellular K+ concentrations (reflecting loss of ions because of plasma membrane injury),
- DNA (when it is released into the cytoplasm and not sequestered in nuclei, as it should be normally).

- The receptors activate inflammasome, which induces the production of the cytokine interleukin-1 (IL-1), that recruits leukocytes and thus induces inflammation

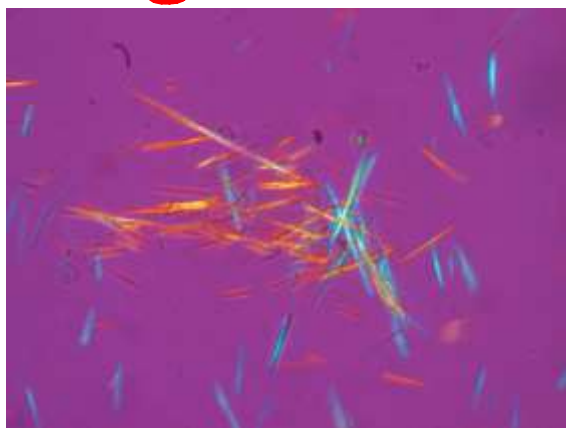
THE INFLAMMASOME ALSO HAS BEEN IMPLICATED IN INFLAMMATORY REACTIONS TO

- urate crystals (the cause of gout, pseudogout)
- cholesterol crystals (in atherosclerosis)
- lipids (in metabolic syndrome and obesity-associated diabetes)
- amyloid deposits in the brain (in Alzheimer disease).

high uric acid

high Calcium pyrophosphate

gout

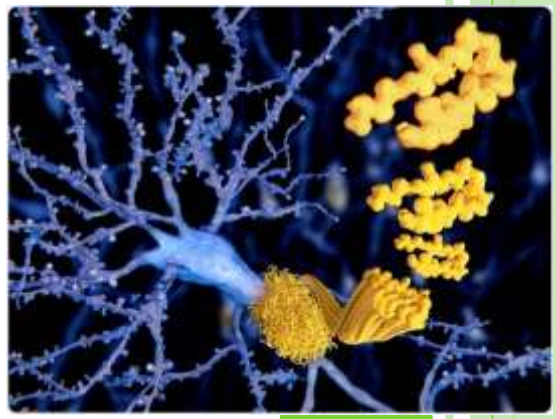


monosodium urate crystals

deposited uric acid

pseudogout

*calcium pyrophosphate dihydrate

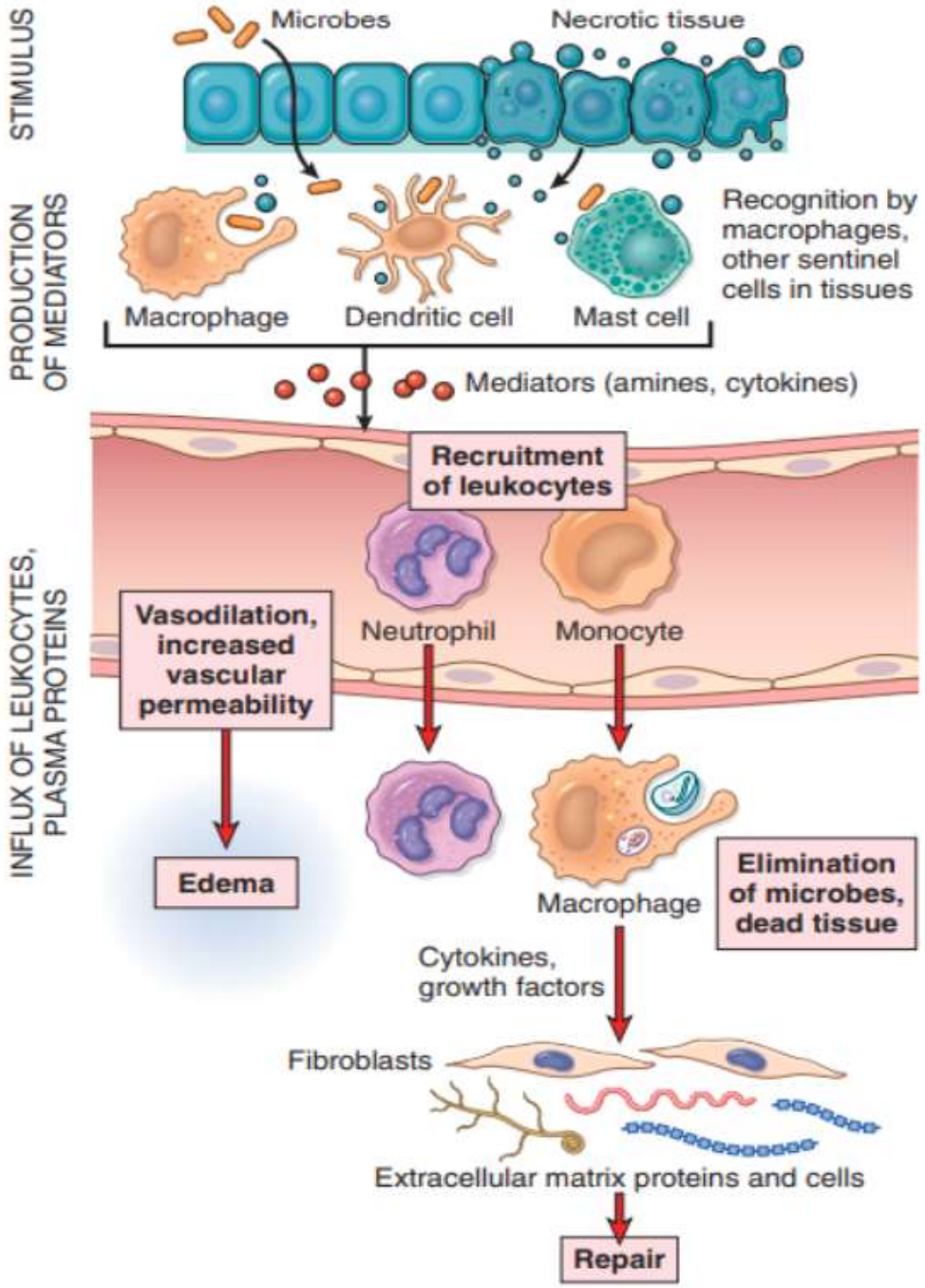


AUTOINFLAMMATORY SYNDROMES

- defined as conditions caused by an exaggerated innate immune system response(Gain-of-function mutations in the cytosolic receptors) resulting in episodes of spontaneous inflammation affecting multiple organs.
- IL-1 antagonists are effective treatments for these disorders.

3. Circulating proteins.

- The complement system reacts against microbes and produces mediators of inflammation
- mannose-binding lectin recognizes microbial sugars and promotes ingestion of microbes and activation of the complement system.
- collectins bind to microbes and promote their phagocytosis.



Reactions of Blood Vessels in Acute Inflammation:

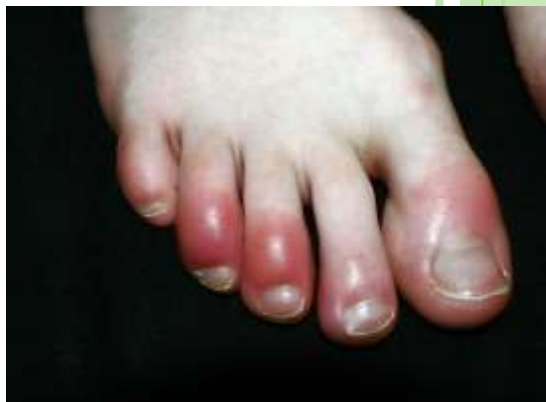
- ✓ vasodilatation. → high blood flow → large number of leukocyte
- ✓ increased permeability.
- ✓ emigration of the leukocytes to the site of injury

Reactions of Blood Vessels in Acute Inflammation

- The vascular reactions of acute inflammation consist of changes in the flow of blood and the permeability of vessels to maximize the movement of plasma proteins and leukocytes out of the circulation .

- Begin early after injury and consist of the following:
- 1. Vasodilation:

  - induced by histamine, acting on vascular smooth muscle
  - first involves the arterioles and then leads to the opening of new capillary beds in the area.
  - The result is increased blood flow, which is the cause of heat and redness (erythema) at the site of inflammation.



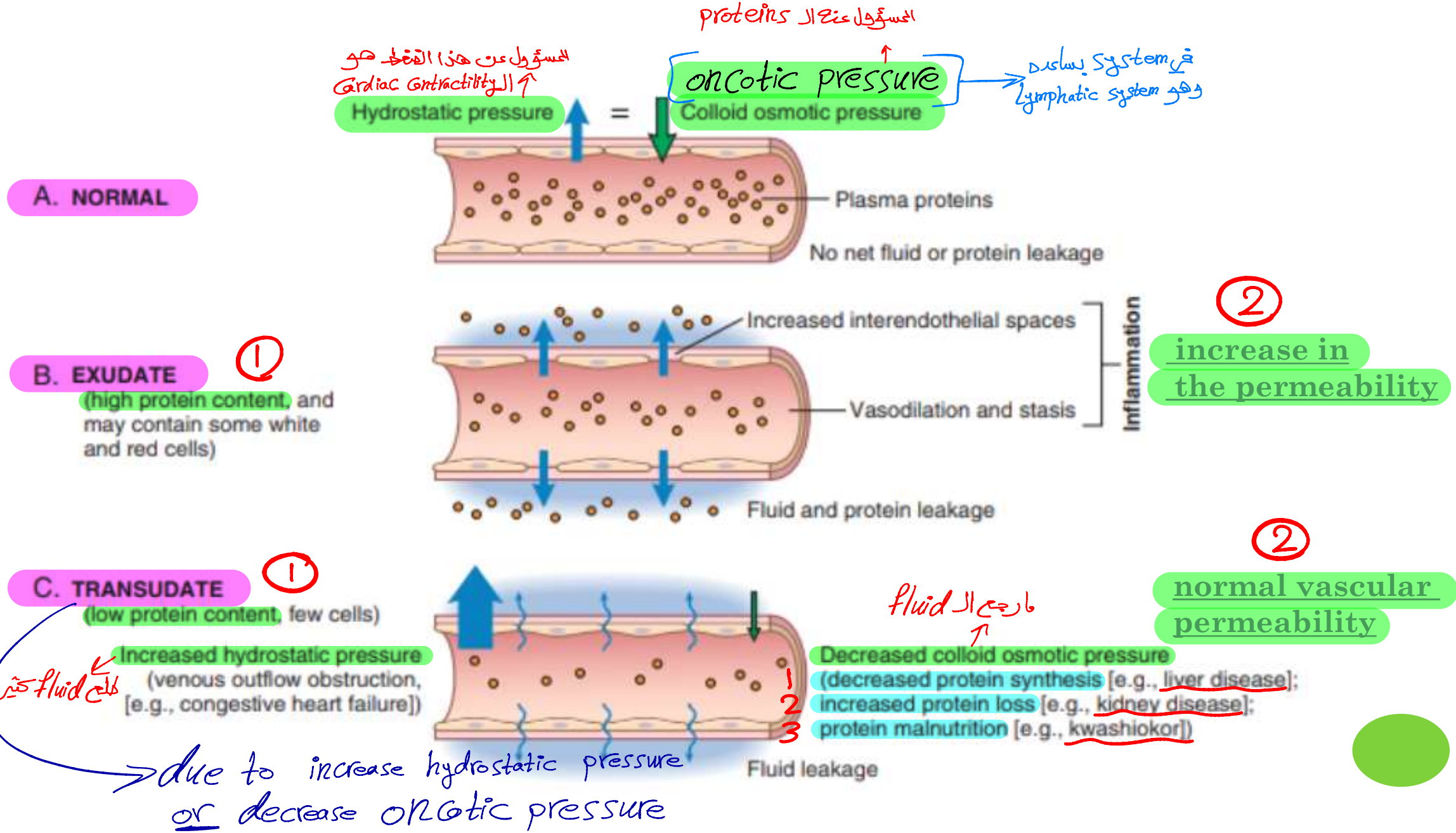
- 2. increased permeability of the microvasculature, with the outpouring of protein-rich fluid (an exudate) into the extravascular tissues.

في فرق بين كمية وسرعة
كمية كبيرة لكن بطيء

- 3. vascular congestion:
  - stasis of blood flow, engorgement of small vessels due to slow blood flow.

blood flow ↑ ⟶ increase the surface area will lead decrease in blood flow
أحتاج ال blood flow سلو حتى تقدر ال leukocyte تقرب من ال wall وتطلع منه

- 4. blood leukocytes, principally neutrophils, accumulate along the vascular endothelium, endothelial cells are activated and leukocytes then migrate through the vascular wall into the interstitial tissue


proteins المسؤول عنه ال
oncotic pressure
Hydrostatic pressure
=
Colloid osmotic pressure
A. NORMAL
Plasma proteins
No net fluid or protein leakage
B. EXUDATE
(high protein content, and may contain some white and red cells)
Increased interendothelial spaces
Vasodilation and stasis
Inflammation
increase in the permeability
C. TRANSUDATE
(low protein content, few cells)
Increased hydrostatic pressure
(venous outflow obstruction, [e.g., congestive heart failure])
Decreased colloid osmotic pressure
(decreased protein synthesis [e.g., liver disease];
increased protein loss [e.g., kidney disease];
protein malnutrition [e.g., kwashiokor])
Fluid leakage
normal vascular permeability
due to increase hydrostatic pressure
or decrease oncotic pressure

heart failure → low pumping
heart pump the blood to the whole body including lower limb, and the blood can't return to the heart [venous pooling] the hydrostatic pressure will increase

decrease amount of blood that go to Kidney, renal hypoperfusion and this will lead to stimulates renin angiotensin system and this stimulation will lead to vasoconstriction, salt and water resetriction and excess volume [volume overload] on blood vessels

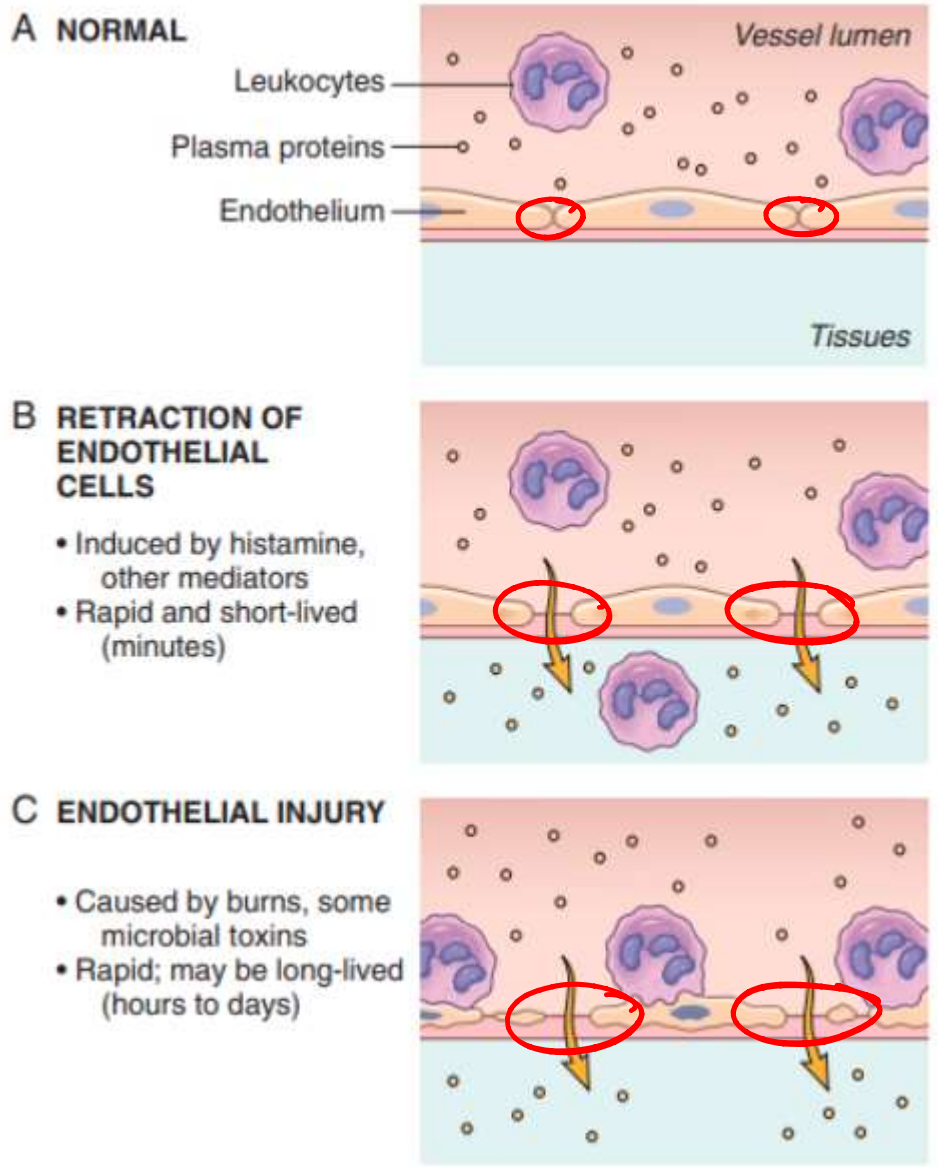
- Clinically:…. Edema
- Edema denotes an excess of fluid in the interstitial tissue or serous cavities; it can be either an exudate or a transudate.
- Pus: a purulent exudate, is an inflammatory exudate rich in leukocytes (mostly neutrophils), the debris of dead cells, and, in many cases, microbes.

How dose the vascular permeability increased?

- 1. Retraction of endothelial cells

(immediate transient response):

- It is elicited by histamine, bradykinin, leukotrienes.
- 2. Endothelial injury: trauma
- 3. transcytosis:
- Increased transport of fluids and proteins



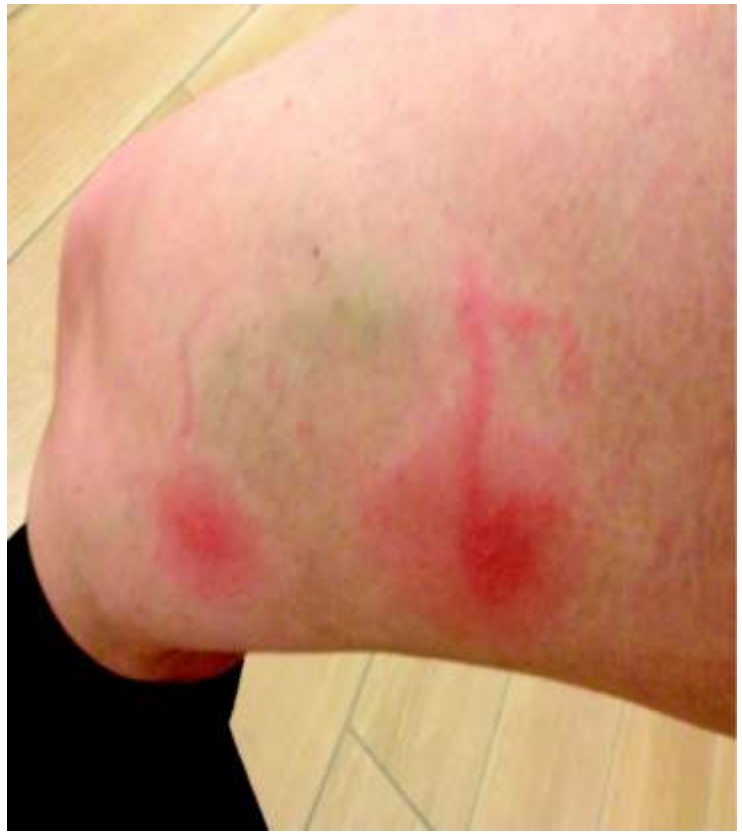
Responses of Lymphatic Vessels and Lymph Nodes

- In inflammation, lymph flow is increased to help drain edema fluid that accumulates because of increased vascular permeability. In addition to fluid, leukocytes and cell debris, as well as microbes, may find their way into lymph.

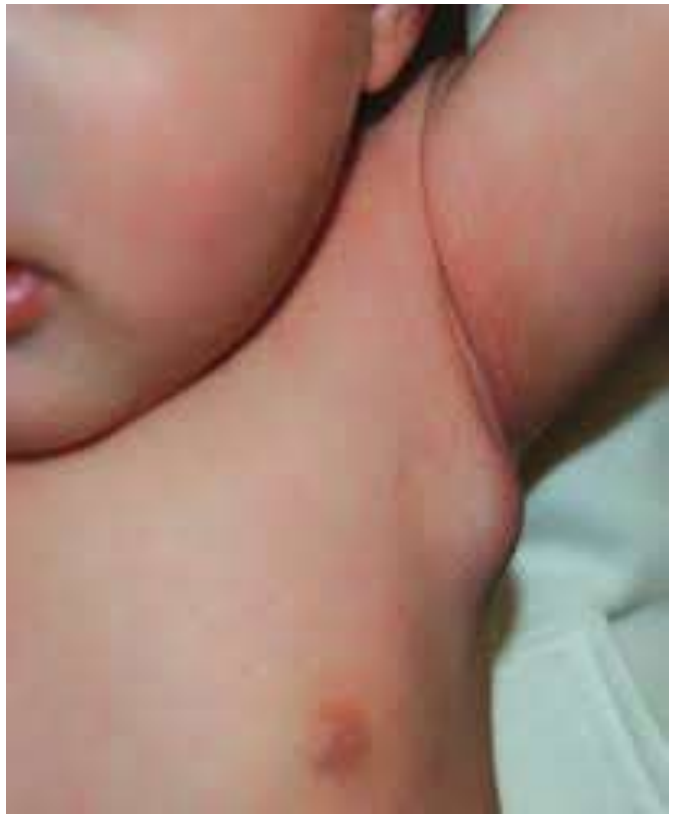
microbes تدخل ← lymphatic vessels

- The lymphatics may become secondarily inflamed (lymphangitis), as may the draining lymph nodes (lymphadenitis).

Lymph node

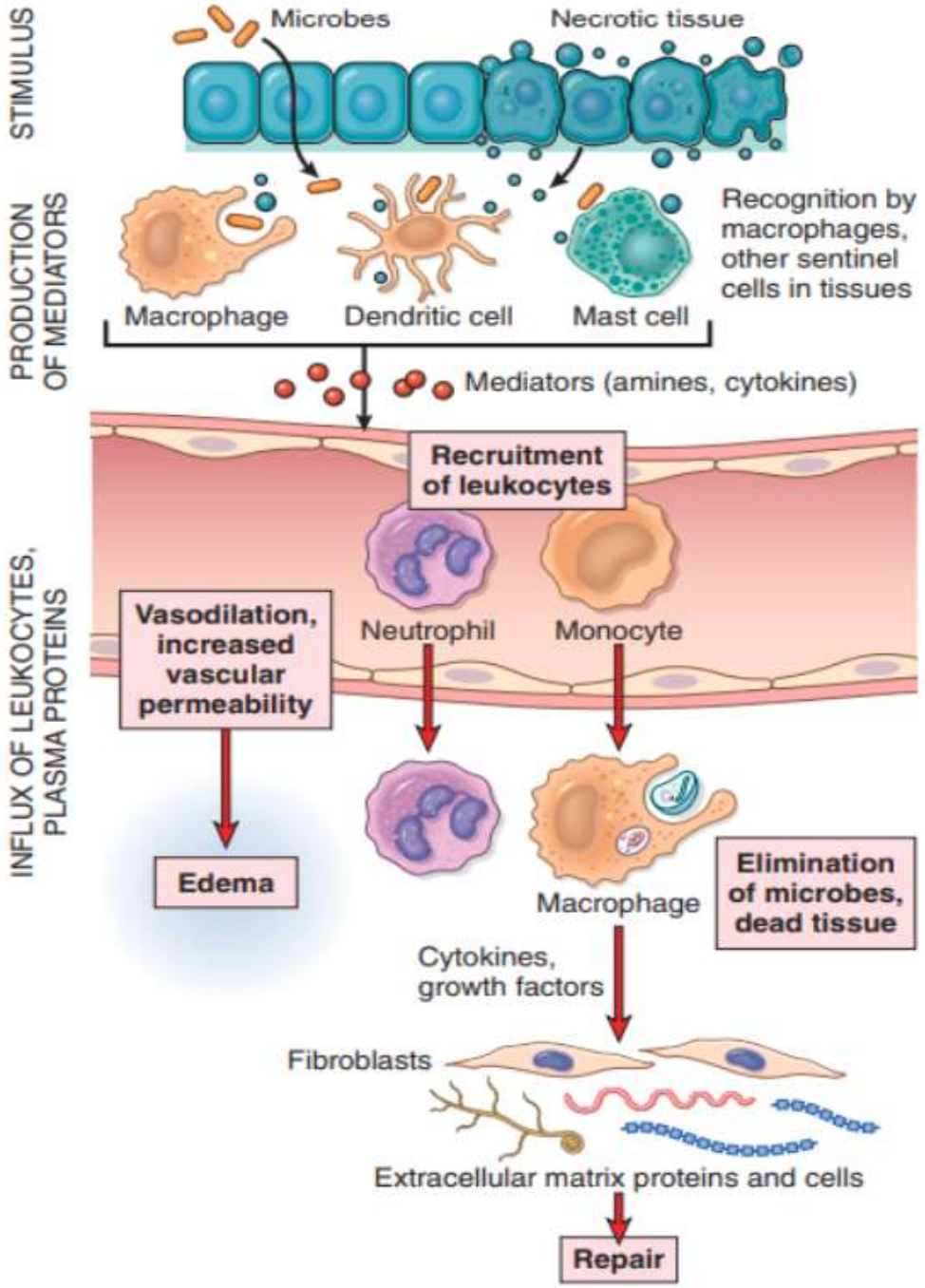


- This streaking follows the course of the lymphatic channels and indicates the presence of lymphangitis



- painful enlargement of the draining lymph nodes, indicating lymphadenitis.

2.Leukocyte Recruitment to Sites of Inflammation



2.Leukocyte Recruitment to Sites of Inflammation

- Leukocytes that are recruited to sites of inflammation perform the key function of eliminating the offending agents.

- The most important leukocytes in typical inflammatory reactions are the ones capable of phagocytosis, namely, neutrophils and macrophages

- These leukocytes ingest and destroy bacteria and other microbes, however, they may induce tissue damage and prolong inflammation.

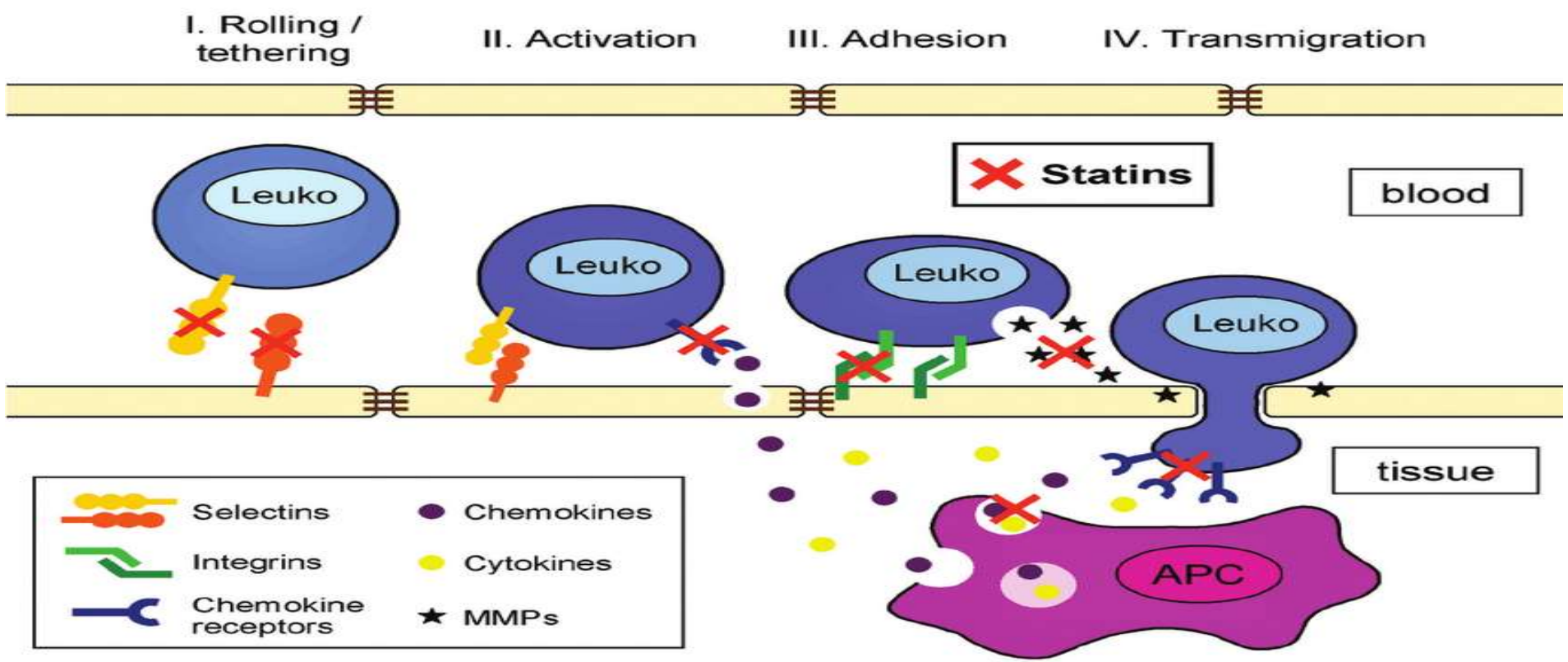
their action must be controlled

very important

Table 3.3 Properties of Neutrophils and Macrophages

	Neutrophils	Macrophages
Origin	HSCs in bone marrow hematopoietic stem cells	• HSCs in bone marrow (in inflammatory reactions) • Many tissue-resident macrophages: stem cells in yolk sac or fetal liver (early in development)
Life span in tissues	1–2 days	Inflammatory macrophages: days or weeks Tissue-resident macrophages: years
Responses to activating stimuli	Rapid, short-lived, mostly degranulation and enzymatic activity	More prolonged, slower, often dependent on new gene transcription
• Reactive oxygen species ROS	Rapidly induced by assembly of phagocyte oxidase (respiratory burst)	Less prominent
• Nitric oxide	Low levels or none	Induced following transcriptional activation of iNOS
• Degranulation	Major response; induced by cytoskeletal rearrangement	Not prominent
• Cytokine production	Low levels or none	Major functional activity, requires transcriptional activation of cytokine genes
• NET formation neutrophil extracellular trap	Rapidly induced, by extrusion of nuclear contents	No
• Secretion of lysosomal enzymes	Prominent	Less

HSC, Hematopoietic stem cells; *iNOS*, inducible nitric oxide synthase; *NET*, neutrophil extracellular traps.
This table lists the major differences between neutrophils and macrophages. The reactions summarized above are described in the text. Note that the two cell types share many features, such as phagocytosis, ability to migrate through blood vessels into tissues, and chemotaxis.



- The journey of leukocytes from the vessel lumen to the tissue is a multistep process that is mediated and controlled by adhesion molecules and cytokines, and consist of three phases:

- 1. Leukocyte Adhesion to Endothelium.
- 2. Leukocyte Migration Through Endothelium.
- 3. movement of the cells toward the offending agent

THANK YOU.