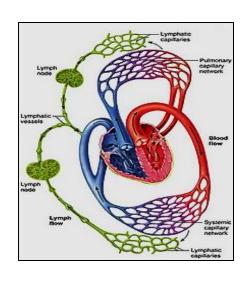
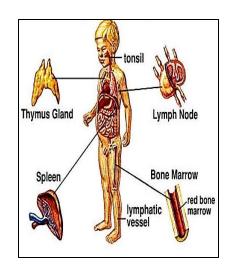


David Vetter Vetter in 1977	
September 21, 1971	
Houston, Texas, U.S.	
Died	February 22, 1984
	(aged 12)
	Dobbin, Texas, U.S.
Cause of death	Lymphoma; complications
Cause of death	Lymphoma; complications from SCID, after an
Cause of death	
Cause of death	
Cause of death Resting place	from SCID, after an unsuccessful bone
	from SCID, after an unsuccessful bone marrow transplant

In his first years of life, he lived mostly at Texas Children's Hospital in Houston, Texas. As he grew older, he lived increasingly at home with his parents and older sister Katherine in Dobbin, Texas. He died in 1984 at the age of 12. Prof Dr hala Elmazar



The lymphatic system



Lymphatic vessels

Lymphatic tissues & organs

Immunity: is body's ability to resist or eliminate potentially harmful foreign materials or abnormal cells

Examples:

- > Defense against invading pathogens (viruses & bacteria)
- > Removal of 'worn-out' cells & tissue debris (e.g. from injury or disease)
- ➤ Identification & destruction of abnormal or mutant cells (primary defense against cancer)
- Rejection of 'foreign' cells (e.g. organ transplant)
- > Other responses:
 - Allergies response to <u>normally harmless</u> substances
 - Autoimmune diseases

The immune system

The immune system has 2 components:

The innate immune system: non-specific, acts rapidly & has no immunological memory

its contents are:

physical: Skin (barrier), mucus membrane

<u>chemical</u>: Complement proteins C1 –C9, Acid in stomach,

cellular: Mast cells, eosinophils, neutrophils,

macrophages, & natural killer cells

The adaptive immune system: specific, last long, able to distinguish self from non-self, has memory

Its contents are: T & B lymphocytes & APCs

2 components communicate with each other through signaling molecules called cytokines & cell surface markers

The Adaptive immune system functions to defend the body by:

- <u>Humoral immunity</u> B cells recognize the antigens → production of antibodies
- Cell mediated immunity T cytotoxic cells → Attack directly tumor cells, transplant cells, virus infected cells

Structure of the Lymphatic tissue & lymphopoiesis

The basic structure of the lymphatic tissue is mainly

lymphocytes (T & B), other cells also found such as plasma cells &

macrophages.

Hemopoietic stem cell (multipotent)

↓

Lymphoid progenitor cell

↓

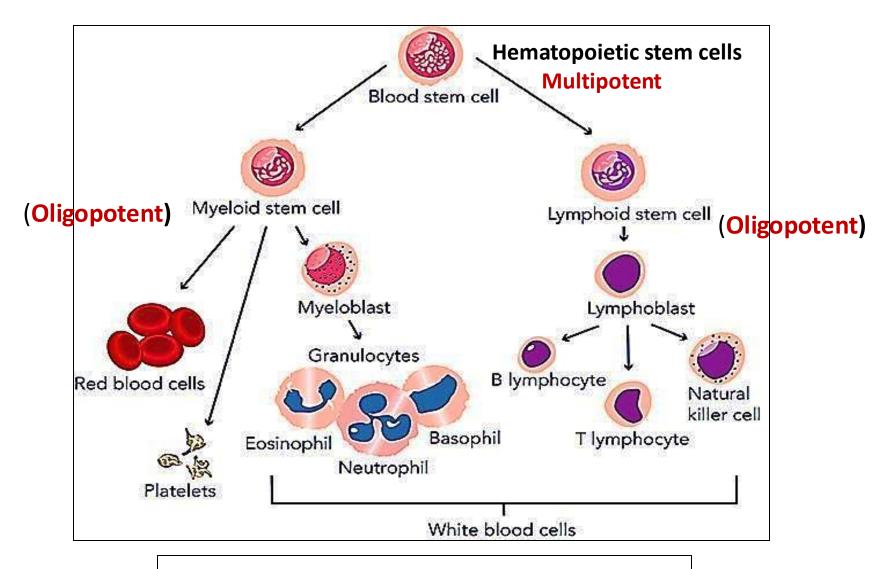
Lymphoblast

Prolymphocytes: have one of three different fates:

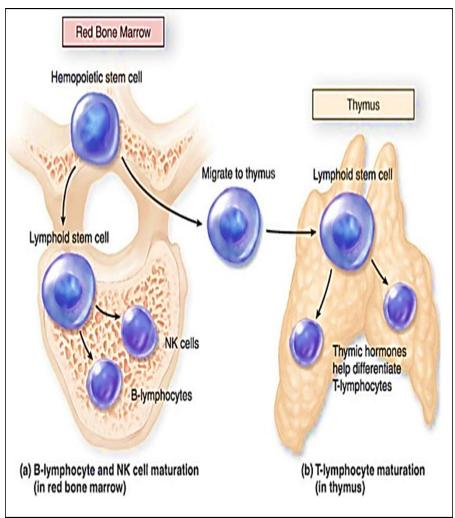
 \downarrow

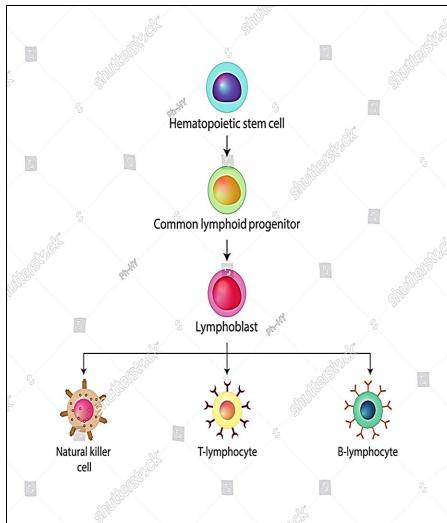
- Remain in bone marrow & give B lymphocytes
- Migrate to thymus and give T lymphocytes
- Give rise to NK cells which enter blood directly

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Myeloid and lymphoid stem cells

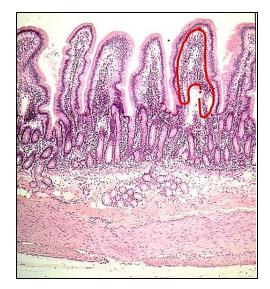




The lymphatic tissue

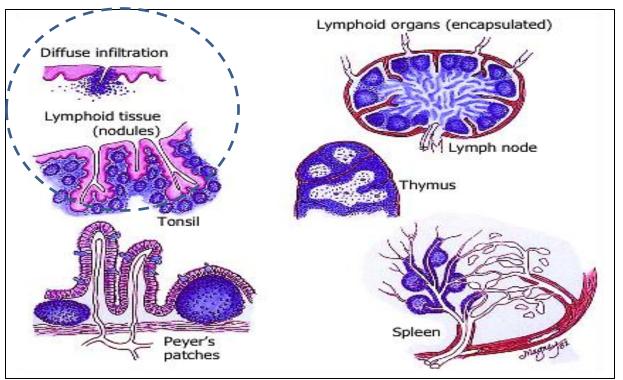
The lymphatic tissue present in 2 forms:

 <u>Diffuse lymphatic tissue</u> scattered lymphocytes
 Found in CT (Lamina propria) of almost all organs



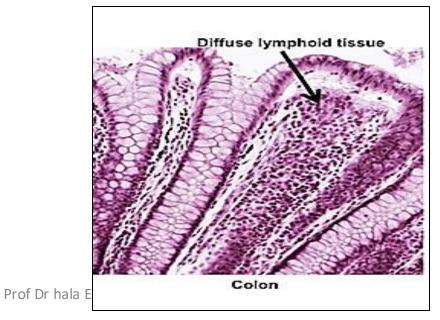
Noduler lymphatic tissue
 No capsule present
 Oval-shaped masses
 Found single or in groups





Diffuse & nodular lymphoid tissue





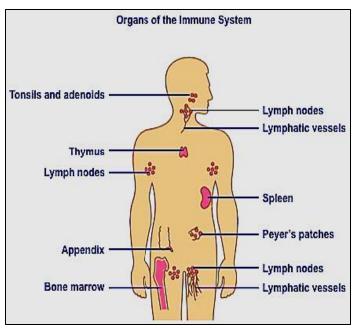
Distribution of The diffuse and /or nodular forms in the

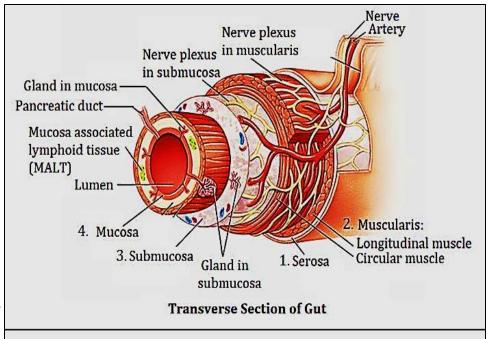
<u>lymphatic organs:</u>

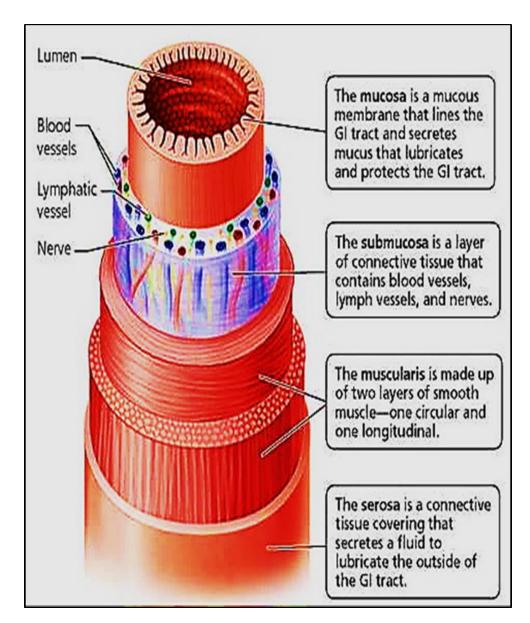
Bone marrow : Diffuse form only

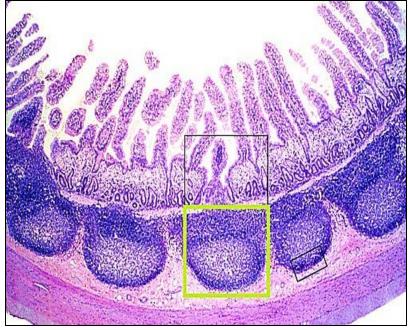
Thymus: Diffuse only

- Lymph node:
- Tonsils
- Spleen
- MALT mucosa associated lymphoid tissue









Mucosa associated lymphoid tissue (MALT)

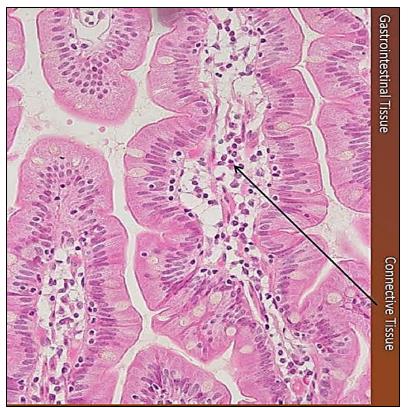
Layers of the gastro-intestinal tract

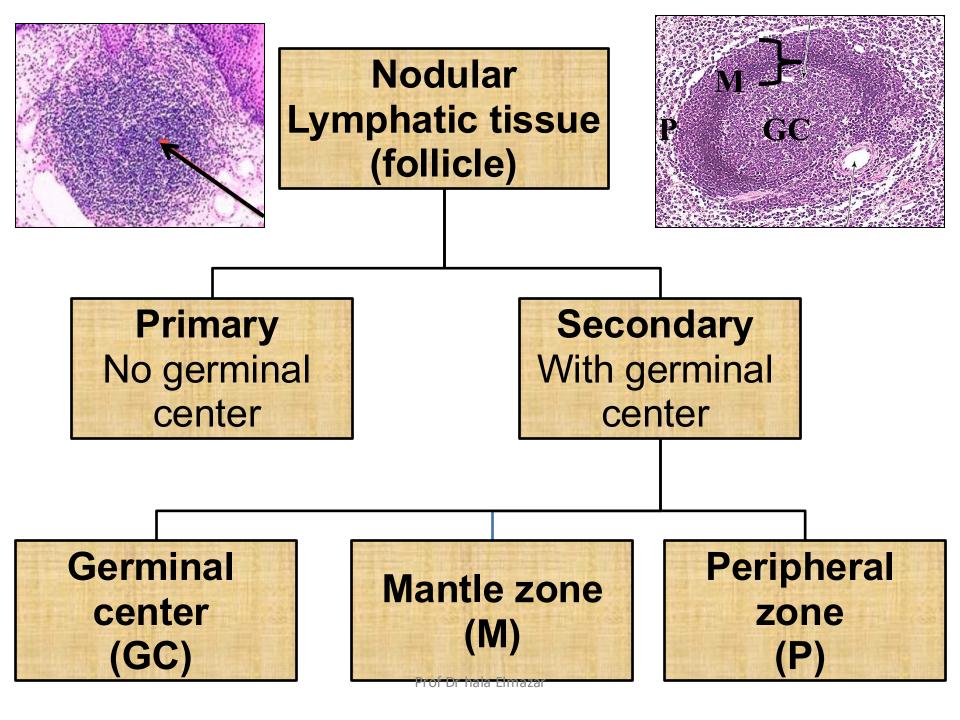
Diffuse lymphatic tissue

 Lymphocytes in mucosa & submucosa of many organs (RS, GIT, UT, RT)

 Also called mucosa associated lymphoid tissue (MALT)

 Appear as scattered dark stained nuclei within C.T.





Primary Lymphatic nodules

- Collection of lymphocytes. Has no capsule
- Found in all lymphoid organs <u>EXCEPT</u> thymus
 & bone marrow.

Primary nodule: Has NO germinal center Only small B lymphocytes (not activated)

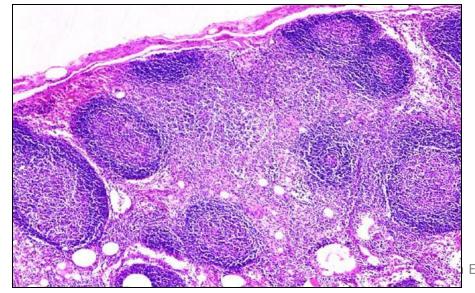


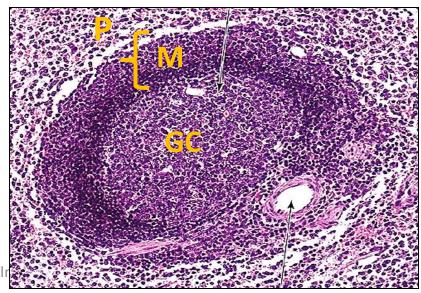
The Secondary lymphatic nodule

contains:

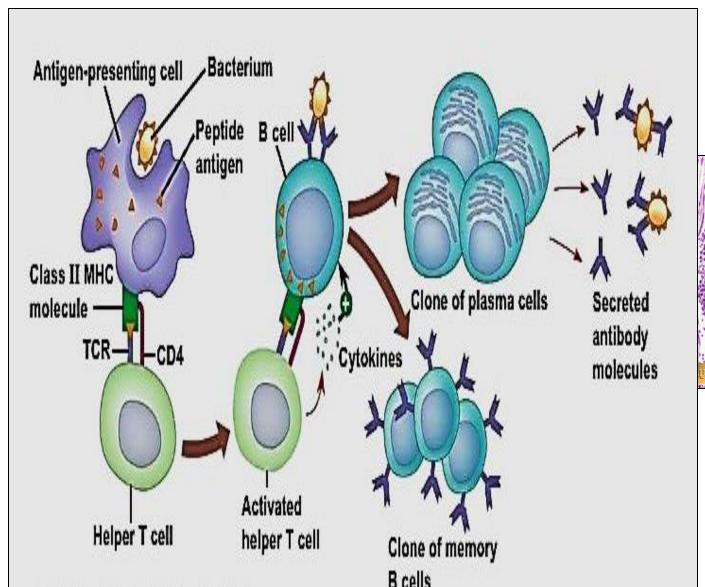
- 1- Pale germinal center: B lymphocytes actively divide as a result of Ag stimulation, plasma cells & dendritic cells
- 2- Mantle zone: formed by dense population of resting (naïve) B lymphocytes (Mantel cell lymphoma)

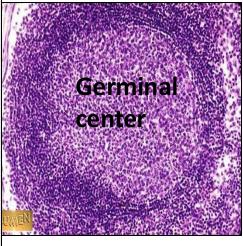
3- Peripheral zone: Memory B lymphocytes

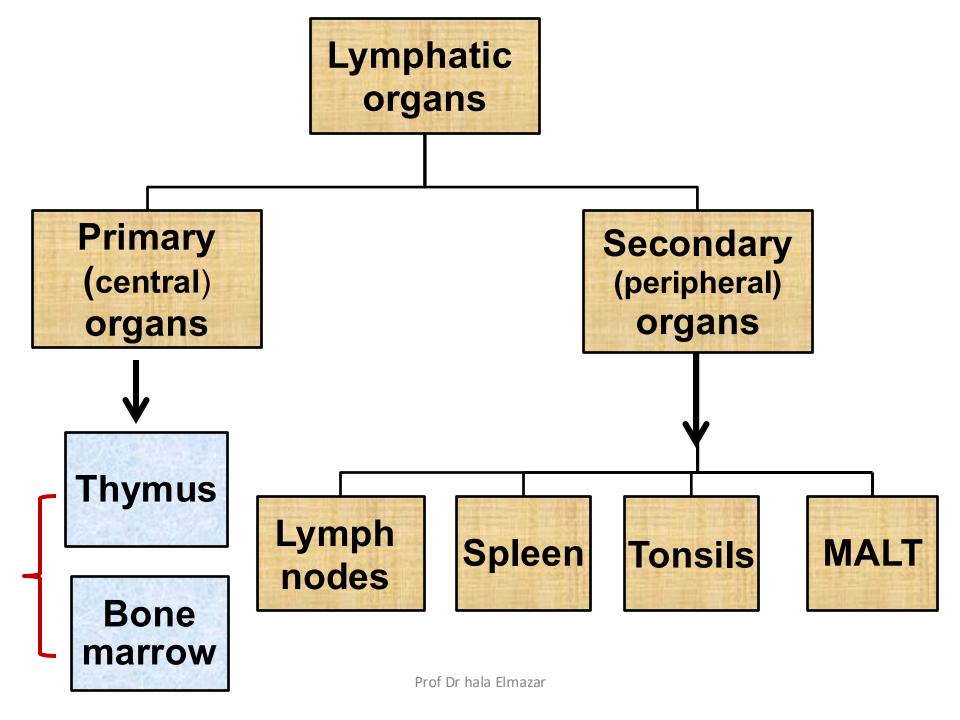




Activation of B cells & development of germinal center:







Primary Lymphoid Organs

B & T lymphocytes arise from same stem cell in bone marrow

- are initial "education centers" of the immune system
- In these organs, lymphocytes (T /thymus, B/bone marrow) differentiate into immunocomptent cells

(i.e. they can recognize "self" vs. "non-self")

- This differentiation is said to be <u>antigen-independent</u>
- The lymphocytes then enter the blood & lymph to reside in the 2nry lymphatic organs

Secondary Lymphoid Organs

The lymph nodes, MALT, tonsils, spleen

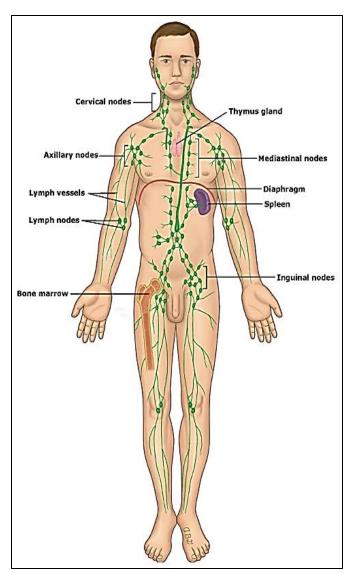
 Are secondary "education centers" of the immune system, where most immune response occurs

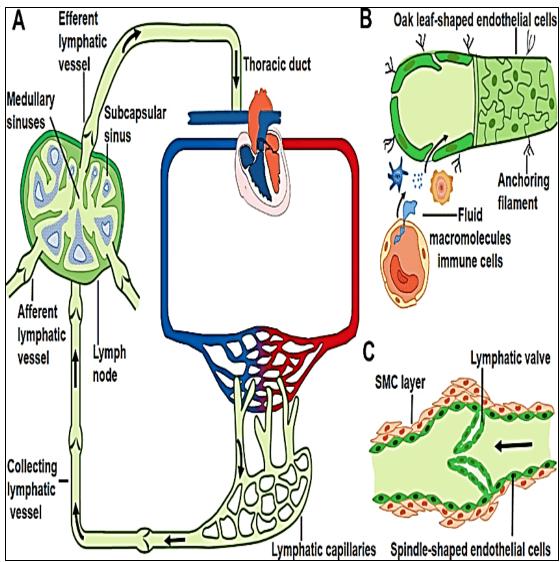
 In these organs, the immuno-competent lymphocytes differentiate into immune effectors & memory cells

(The activation and proliferation is antigen-dependent)

These lymphocytes then carry out their functions

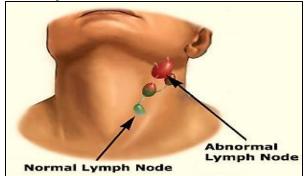
Lymph nodes





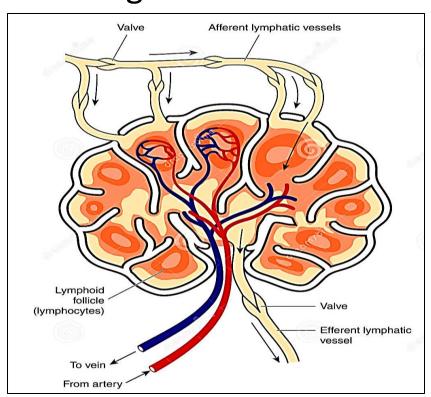
Principal 2ry lymphoid organs of the body

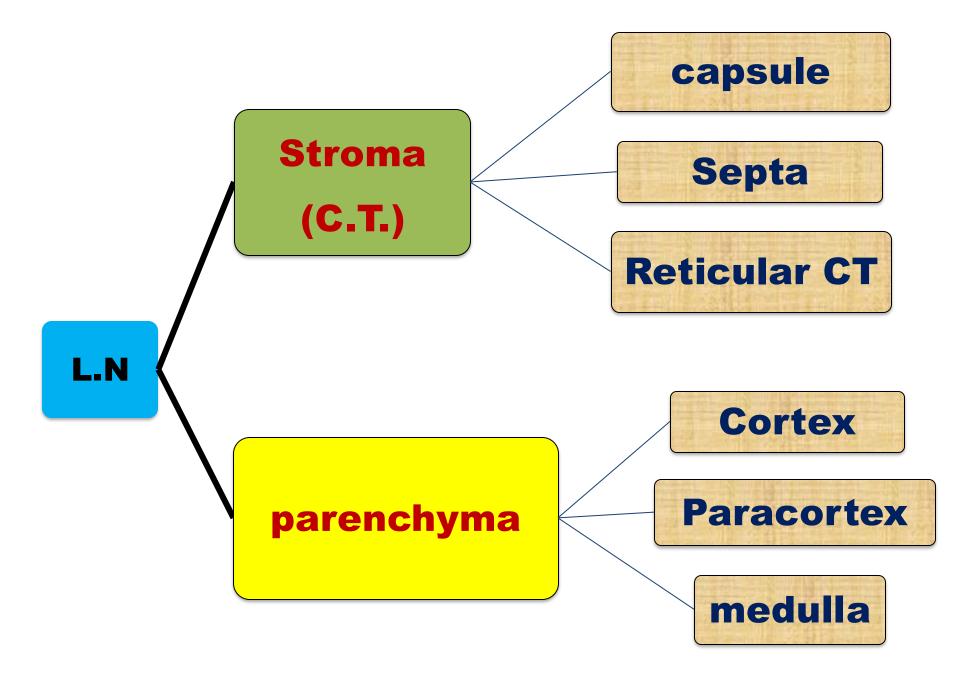
Found along course lymphatic vessels

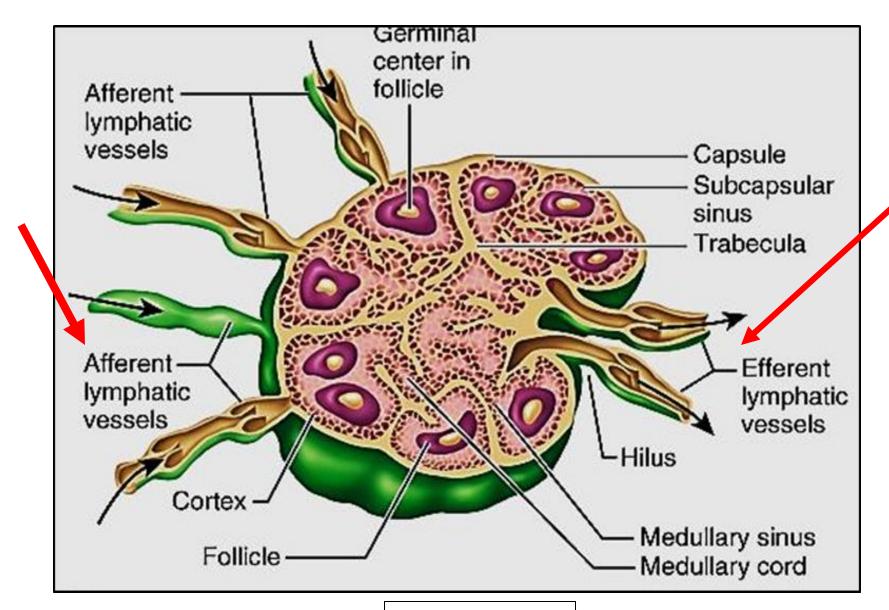


Oval or bean shaped /encapsulated organs

 Have <u>convex</u> surface where afferent lymphatic's enter the node & <u>concave</u> surface Where efferent lymphatic's, arteries &veins exit the node







Lymph node

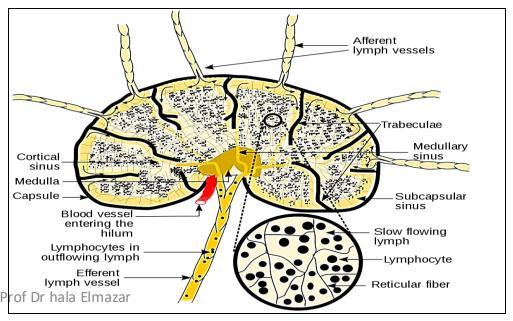
A- Stroma

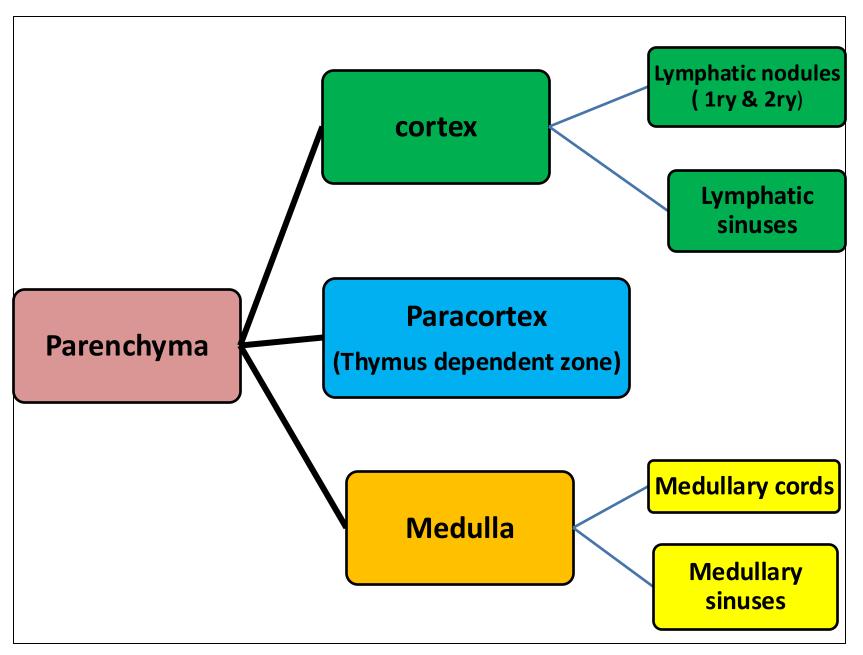
<u>Capsule</u>: may contain smooth ms. & elastic fibers, capsule become thick at the hilum of the node

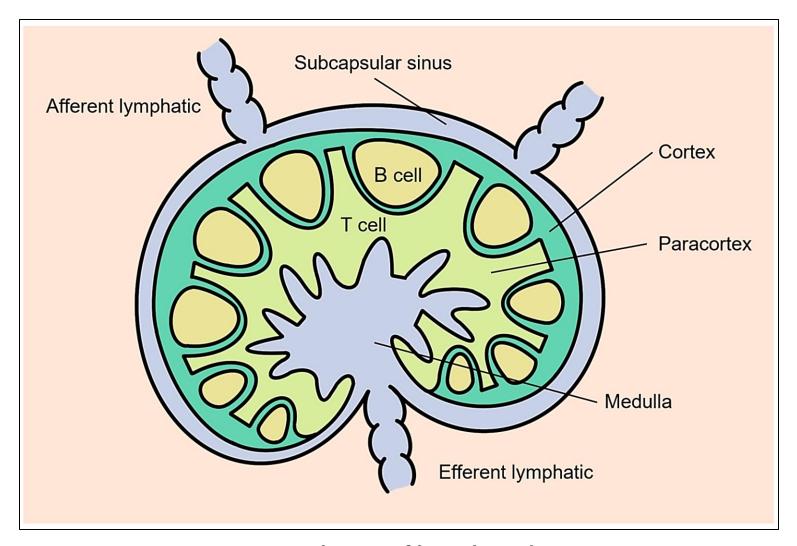
<u>Septa (Trabeulae):</u> extend from capsule and divide cortex into compartments

Reticular network: of reticular fibers form the background

of the organ to support the parenchyma







Parenchyma of lymph node

B- Parenchyma

Is divides into 3 parts:

cortex,

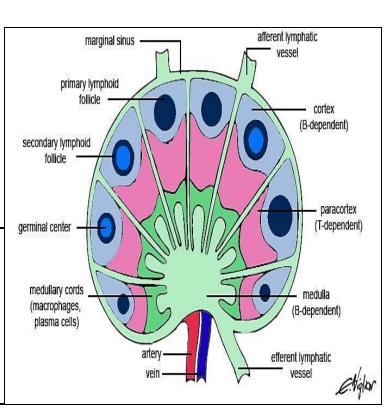
paracortex,

medulla

- **1- Cortex:** outer zone under the capsule contains:
- > A- lymphatic nodules (1ry & 2ry)

1ry: small B cells, reticular cells

2ry: activated B cells, Plasma cells, macrophages



B- lymphatic sinuses (subcapsular & cortical): are spaces contains: lymph, B Lymphocytes, T-lymphocytes, macrophages,
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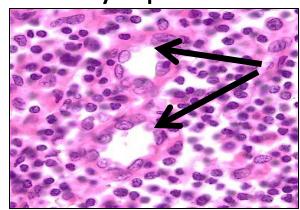
2- Paracortex:

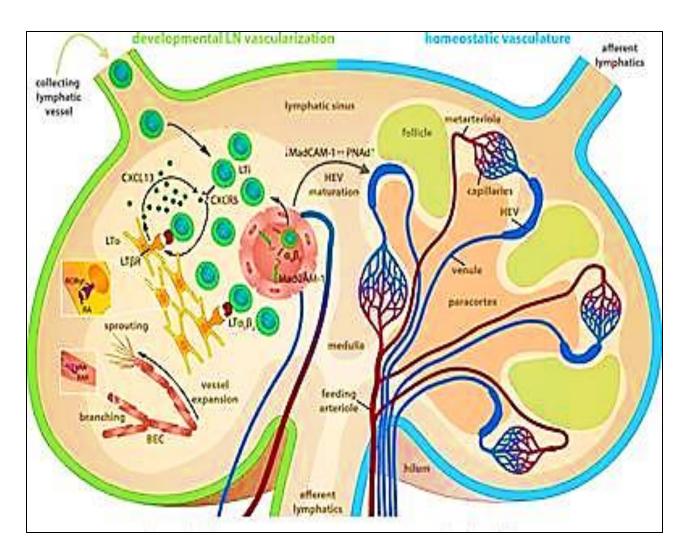
between the cortex and medulla

• Is called the **Thymus dependent zone** of the lymph node, contains **T cells** that have migrated from the thymus **[T lymphocytes + High endothelial venules (HEV)**

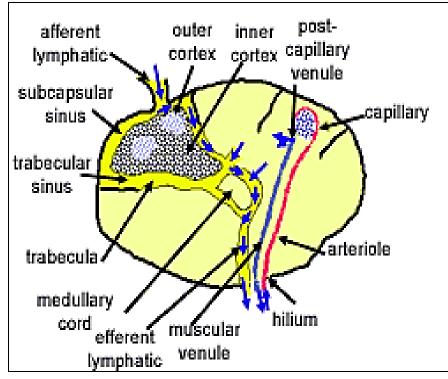
High endothelial venules (HEV): is a post-capillary venule

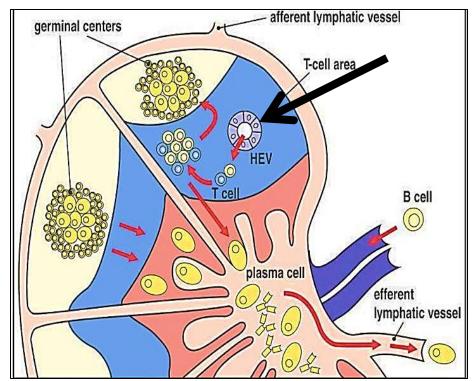
- is the point of entry of T cells from blood to lymph node
- its endothelial lining is unusual
- is cuboidal to facilitate movement of T cells into LN

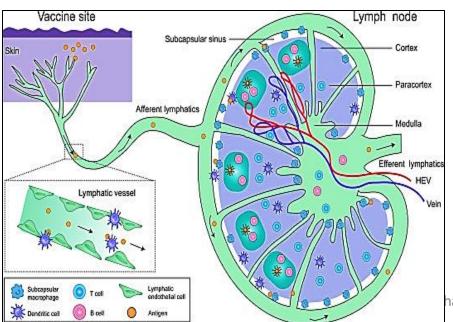


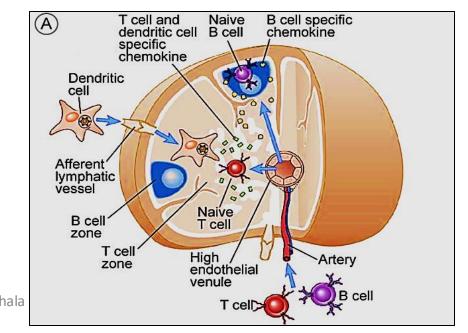


High endothelial venule in Paracortex of lymph node







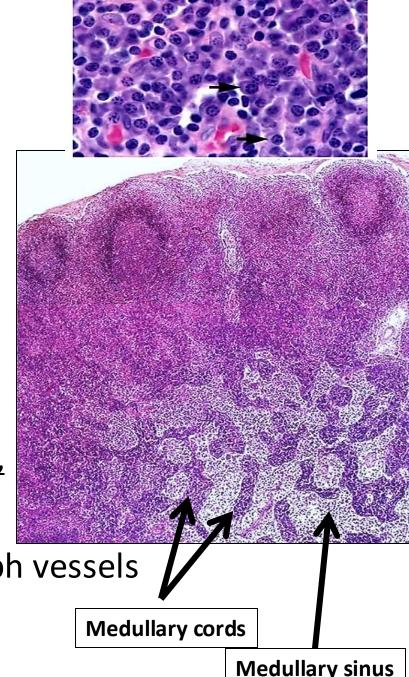


3- Medulla: contains

- ➤ Medullary cords:
 - * Cords of aggregated cells
 - * Contains: B lymphocytes,
 Plasma cells, macrophages

- ➤ Medullary sinuses:
- Dilates spaces, continuous e cortical sinuses, & contains <u>lymph</u>, <u>B cells</u>, <u>macrophages</u>,

they join at hilum \rightarrow efferent lymph vessels

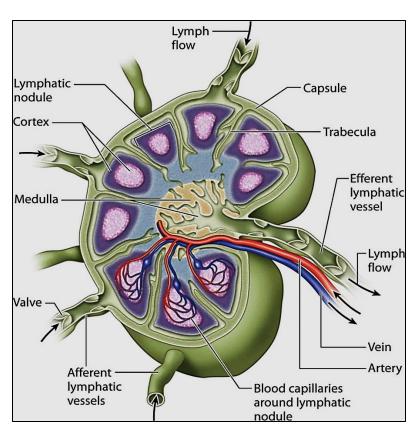


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Flow of lymph:

Flows from Afferent lymphatic (valves) → lymph node

- subcapsular sinus
 (contains B lymphocytes, macrophages & dendritic cells)
- cortical sinuses
 (contains B cells)
- → paracortex
 (contains T cells)
- medullary sinuses
 (B cells & plasma cells)
- → hilum → Efferent lymphatic



Functions of lymph nodes:

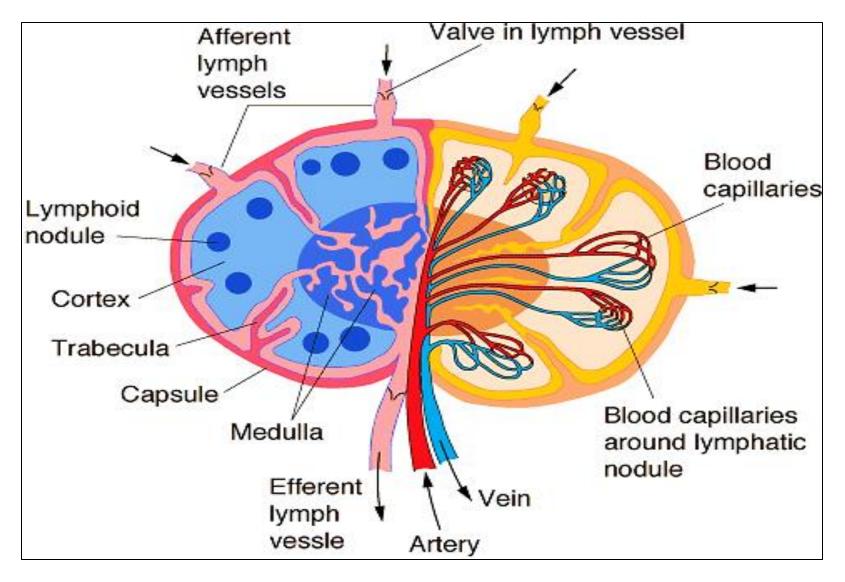
1- Filtration of lymph from microorganisms & particles before it reaches the general circulation.

2-Promote interaction of the circulating antigens in lymph with lymphocytes in nodes to initiate immune response (antigen – dependent differentiation)

3-Activation, proliferation of B lymphocytes and antibody production.

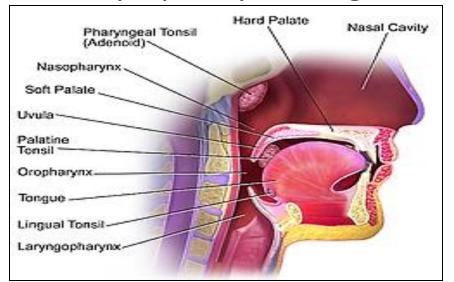
4-ActivationT lymphocytes into cytotoxic T cells

Lymph and blood supply of Lymph Node



Tonsils

Masses of Lymphoid tissue at entrance of digestive and respiratory under oral or respiratory epithelium produce lymphocytes to guard against infections

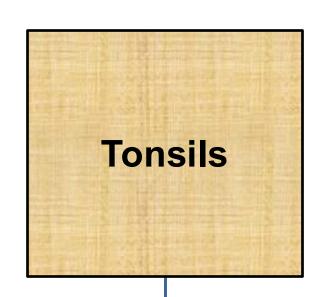


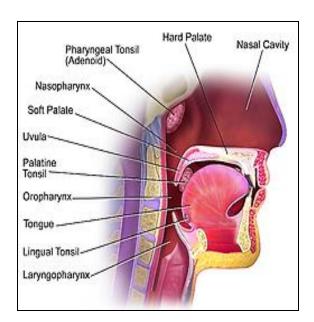


Characteristics of its lymphoid tissue:

- Covered by epithelium.
- Not situated along course of lymphatic vessels







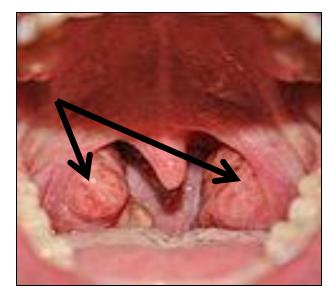
Palatine
Non keratinized
stratified
squamous epi

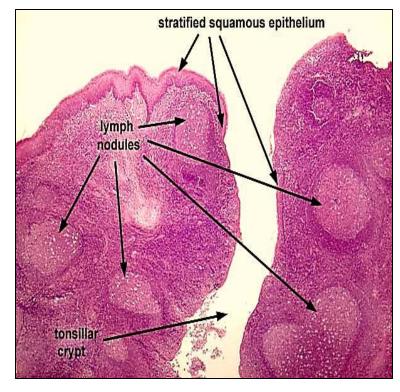
Pharyngeal
Pseudostratified
Col. Ciliated

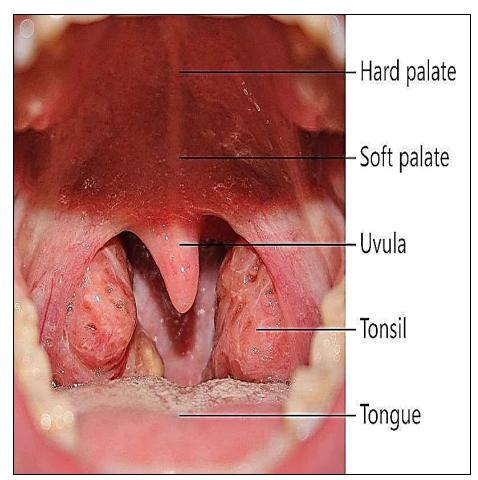
Lingual
Non keratinized
stratified
Squamous

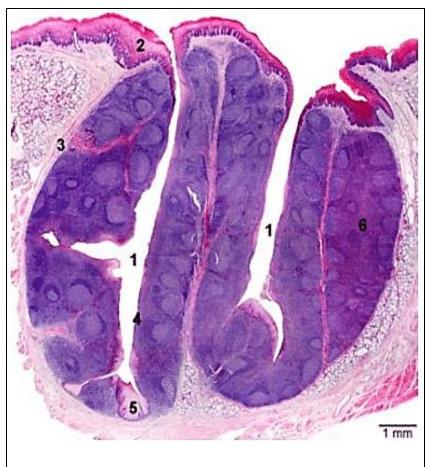
Palatine tonsils

- 2 tonsils located in the oral part of pharynx.
- Stratified squamous epith:
 Covers the free surface of the tonsil and lines the crypts.
- Crypts: Epithelial invaginations into the tonsil substance lined with surface epithelium.
- <u>Lymphoid tissue</u>: diffuse + nodular lymphatic tissue. May contain germinal centers.







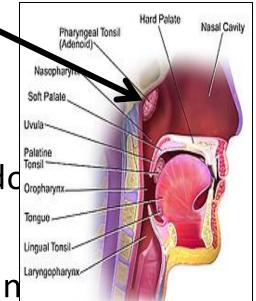


<u>Palatine Tensile</u>
The lumen of the crypts contain lymphocytes, bacteria and desquamated epithelial cells.

Pharyngeal tonsil

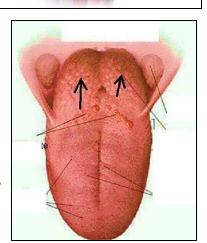
Single mass of lymphoid T. in nasopharynx

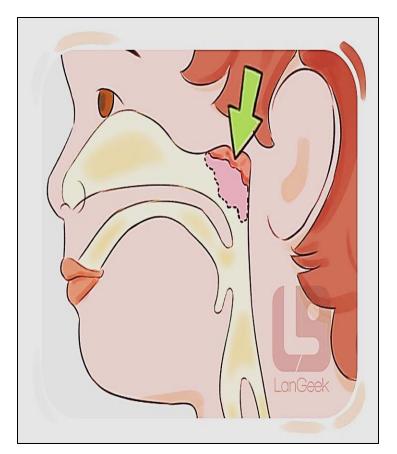
 Covered by <u>(respiratory epithelium)</u> pseudo stratified columnar ciliated e goblet cells
 It has **No crypts**, underlying capsule is thin

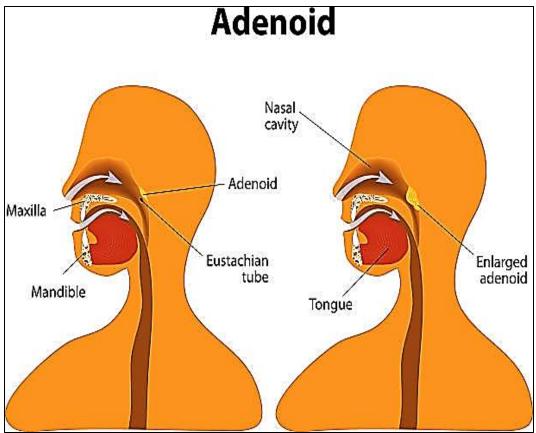


Lingual tonsil

- The posterior 1/3 human tongue
- Covered e non k. stratified squamous epith.
- Contains shallow crypts (depressions),
- thin epith. Over lymphatic nodules
- Tonsil contains lymphoid nodules + diffuse lymphocytes.







Pharyngeal tonsil → Adenoids

Thank you

