

HISTOLOGY SHEET

Doctor 2021 -mercy- | medicine | MU

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Agranular leukocytes

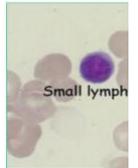
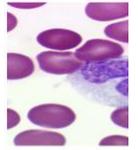
Monocytes

As we said that when the cell doesn't have a specific granules we called Agranular but, if it has a granules becomes granular , so the granules word related with specific granules.

- **Differential count: 3 - 8%**
- **Size : 20 microns**
- **Shape : rounded**

LM:

- **Largest in blood film**
- **Nucleus: Large, eccentric , Kidney- shaped (deep Indented)**
- **Cytoplasm: Abundant, Pale basophilic,**
- **Finely granular= non specific azurophilic granules**



WBCs have amoebic movement : they can leave bloodstream or blood circulation and enter to the tissue in normal condition (not abnormal conditions)

EM:

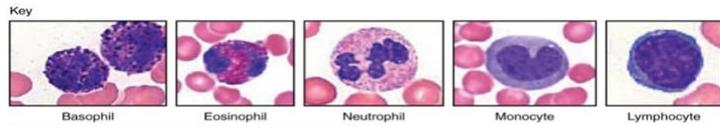
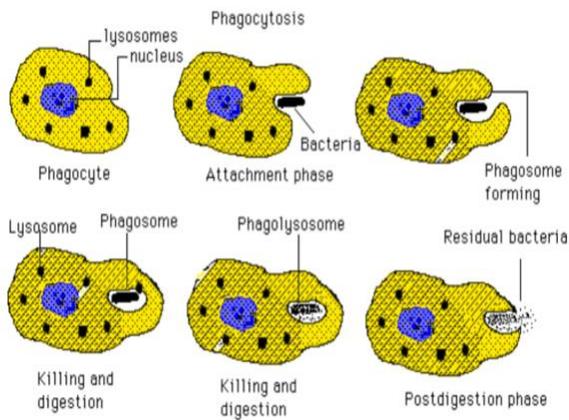
- **Irregular = Pseudopodia**
- **Nucleus: Large, eccentric kidney- shaped (Indented)**
- **The cytoplasm contains a moderate amount of organelles.**
- **Non specific (Azurophilic granules) containing lysosomal h enzymes.**



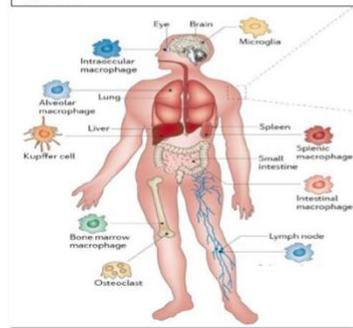
Life span : 1-2 days circulation in the blood, then enter the CT >>> macrophages

Functions :

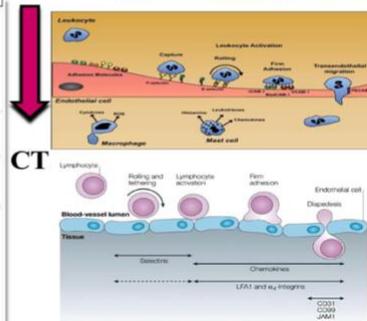
- **Trans- migration & differentiation to tissue (macrophages)**
- they can leave bloodstream or blood circulation and enter to the tissue via transcytosis
- **Immunologic function:**
 - **Phagocytosis and intracellular digestion of bacteria, virus**
 - **Ag-presenting cell**



Diffuse mononuclear phagocytic system



Circulate from region to another & Function in CT= **Immunological function**



****Diffuse mononuclear phagocytic system** :is cells originated from monocyte blood cell; it take different name according to part of body

It transmitted by transcytosis: it attach to endothelium and travel from lumen to CT does not inter endothelium

Abnormal Monocytes count:

- **Monocytosis= increase number**

Causes:

1. Malaria
 2. Chronic infections (glandular fever , syphilis, T.B.)
 3. Lymphomas & Leukemia.
- **Decrease in number of Monocyte**

Bone marrow depression

1. drugs
2. Irradiation
3. Severe chronic diseases

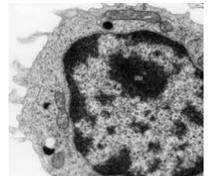
Lymphocyte

- **Differential count: 20-30%**
- **Size : 9-12** microns **second most numerous**
- **According to the sizes:**
 - 1- large lymphocytes.
 - 2- Medium-sized lymphocytes.
 - 3- **Small lymphocytes:**
 - **Diameter = RBC.**
 - **Most numerous.**
- **Functionally mature.**
- **It enters the circulation to reaches the lymphatic organs to become active and then be maturity and turns into the first two types**

3 functional types:

1) T lymphocytes:

- *Start development in bone marrow.(immature)*
- *Differentiate in thymus(site of maturation).*
- *Cell-mediated IR.*
- *T cell can't distinguish antigen but antigen presenting cell help be distinguish it when T cell distinguish antigen be active and distracted antigen by 3 type of T cell (T helper ;T toxic ; T suppressor) after that it storage in body as memory cell and the lifespans be from months to year*



2) B-lymphocytes:

- *Develop & differentiate in bone marrow.*
- *Humoral immune response.*
- *In activation be B cell and plasma cell*
- *Plasma cell come from activation of B lymphocytes (cartwheel nucleus ,v- charge because it have Golgi apparatus, basophilic because it produces antibodies which is protein in nature*

3) Natural killer cells: does not have AG markers like B,T

- Develop in bone marrow.
- Lack CDs of B or T.
- Are null cells(non B, nonT).
- They don't enter the thymus to be competent.
- They act nonspecifically to kill virally infected cells & tumor cell

the 3 type is morphological same we can distinguishable by AG marker

LM:

- Shape = rounded
- Nucleus: large
- Cytoplasmic: thin rim

No stained granules in the cytoplasm (except small Azurophilic granules)

- Small most common 90%
- Types: B-and T-lymphocytes (morphologically not distinguishable)
- Null-cells (somewhat smaller size). Non B Non T

EM:

- Nucleus: dense clumps.
- Cytoplasmic: thin rim

Many free ribosomes & few mitochondria + centrioles

- No specific granules
- Azurophilic granules = lysosomal hydrolytic enzymes.
- ▲▲ The cell coat = antigenic markers.

****Centrioles need for division (active cell)

Antigenic markers of lymphocyte

The cell coat : Large no. of cell receptors.

1. Major histocompatibility complex (MHC)

Glycoprotein + specific a.a. sequence.

- Tissue typing & antigenic recognition.
- 2 subclasses: MHC I & MHC II.

2. The cluster of differentiation antigens (CDs):

- Cell- surface glycoprotein + specific a.a. sequence.
- Expressed on different types of lymphocytes.
- Marker proteins upon which Functional **types** of lymphocytes(B,T SUB TYPE).

Major histocompatibility complex

MHC I: (RBC don't have MHC I)

- On all nucleated cells.
- Glycoprotein + specific a.a. sequence.
- Tissue typing.
- **Endogenous** antigenic recognition:
 - virus- infected cells.
 - malignant cells

1,2 is important for organ transplantation

MHC II:

- Expressed on antigen-presenting cells.
- Glycoprotein + specific a.a. sequence.
- Tissue typing.
- **Exogenous** antigenic recognition:
- Phagocytosed foreign Ags.

Function of Lymphocytes :

- After stimulation T-cells and B-cells become :
Memory cells and Effector cells
- **B cells** form **plasma cells**, function in humoral immunity via immunoglobulins (Antibody-mediated).(antibodies react with antigen)
- **T cells** function in cell-mediated immunity
 - **Effector T-cells:** T helper cells, T suppressor cells, cytotoxic T cells
 - Some T cells with “memory” of antigen exposure survive long periods; immunization
- **Null Cells** are composed of: stem cells and Natural killer cells

Life span:months---Years

plasma cells :

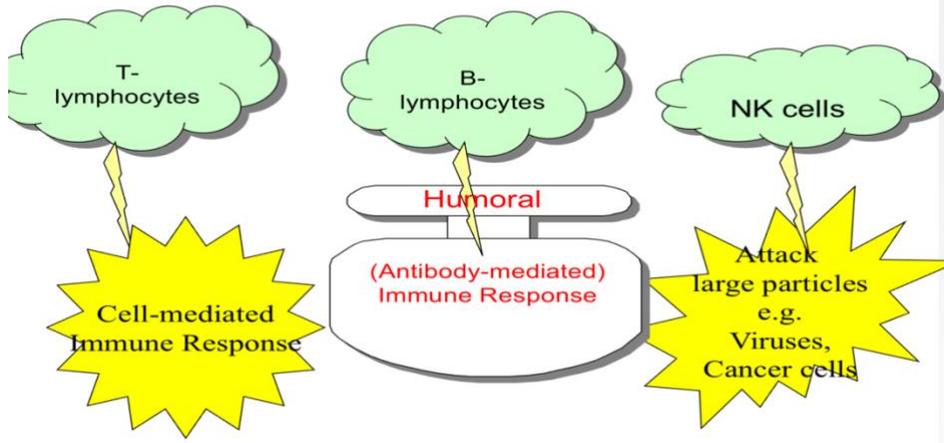
- Origin: from activated B lymphocytes .
- Have cartwheel nucleus
- Have large negative golgi image
- Cytoplasm : basophilic
- Form antibodies

NK cells kill some foreign and virally alerted cells

Attack large particles e.g. Viruses, Cancer cells

Immune system: 1* skin and mucus secretion ---- 2* first line of defense (neutrophils cell+ macrophage +natural killing cell +complementary systems (doesn't leave memory)-----3* B,T cell (keep memory)

Functions of Lymphocytes



Abnormal

Lymphocyte count:

1. Lymphocytosis:

Causes:

Physiological: in children

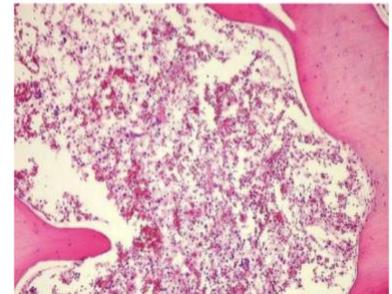
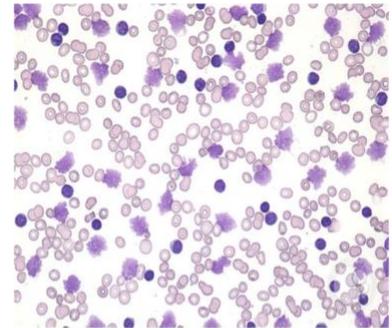
Pathological:

- 1- chronic infections tuberculosis, syphilis,
- 2- leukemia, Lymphoma.

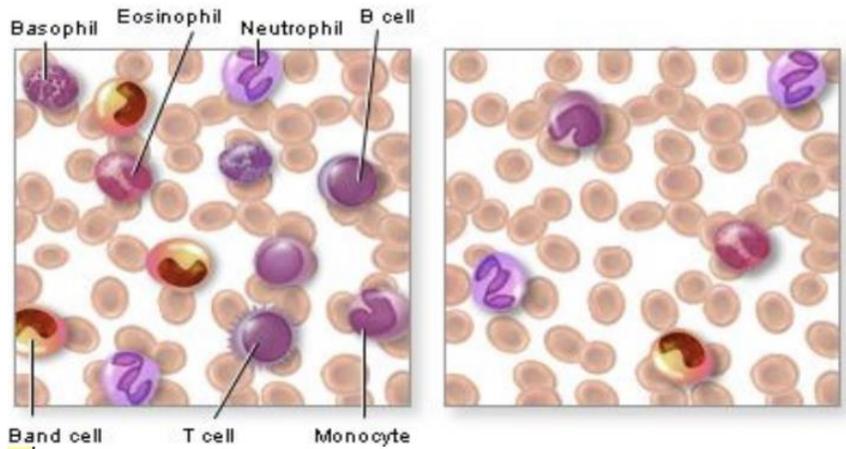
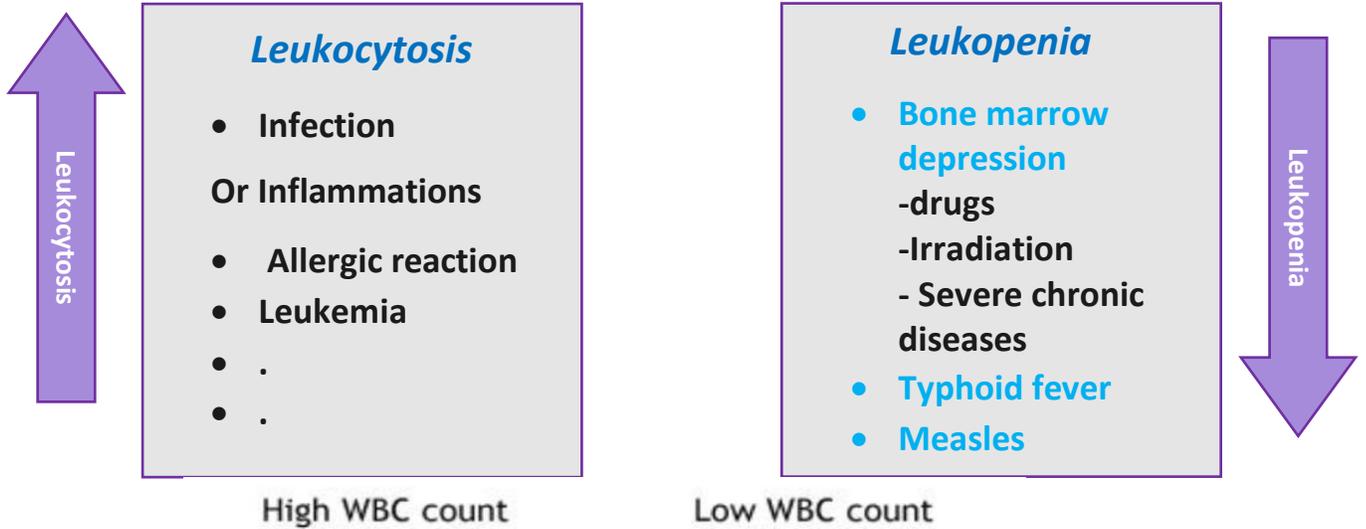
2. Lymphopenia:

Bone marrow depression.

- Drugs
- Irradiation
- Severe chronic diseases



Abnormal in Leukocytic count:



Acquired Causes of decrease in number

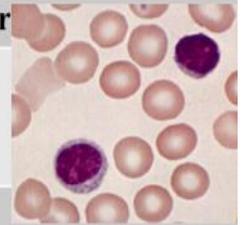
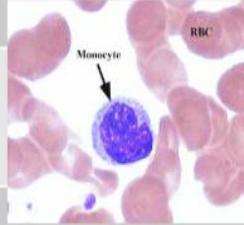
Decreased Production	Increased Destruction	Shift to Marginating Pool
Bone marrow	Peripheral circulation	Move from the circulating pool to attach along the vessel wall
Medication: Chemotherapy Antibiotics, etc	Autoimmune diseases (Rheumatoid arthritis, SLE, etc)	Severe infection Endotoxin release Hemodialysis Cardiopulmonary bypass

Monocyte

Lymphocyte

Subsets T, B, natural killer

Number	3-8% of WBCs	20-30 % of WBCs Next most common after
Size	12-20 μm diameter	9-11 μm diameter Small , medium , large
Shape	Spherical	Spherical
Structure	Spherical , Nucleus kidney-shaped No obvious granules	Spherical , Nucleus indented No obvious granules
Life span	Circulate for 3-4 days before enter into tissues and organs	variable life spans Month – years (memory cell)
Function	Precursor of <u>macrophages</u> in tissues Macro = “big”; phage = “eat” Phagocytic function	B Cells involved in <u>humoral immunity</u> T Cells involved in cell-mediated immunity <ul style="list-style-type: none"> • T helper cells, • T suppressor cells, • cytotoxic T c & memory cell
Abnormality	<u>Monocytosis</u> : is an abnormal increase in the number of blood monocytes. It occurs in diseases like malaria, typhus, viral infections	Lymphocytosis: It is an abnormal increase in the number of lymphocytes as in: -lymphatic <u>leukaemia</u> - chronic infections e.g. tuberculosis, syphilis, whooping cough.



البحر أضيق من مطامح همتي

والشمس بعض توقيدي و يقيني