

By Dr. Nour A. Mohammed Associate professor of physiology Faculty of Medicine, Mutah University 2024-2025

A. Granulocytes

- $\square 1. \text{ nucleus: } >1 \text{ lobe}$
- □ 2. granules
- □ 3. life span: few days
- □ 4. neutrophils, eosinophils, basophils

B. A granulocytes

- 1. nucleus: round or horseshoe shape
- 2. no specific granules
- 3. lymphocytes & monocytes

White Blood Cells (Leucocytes) (WBCs)



White Blood Cells (Leucocytes) (WBCs) 4.000-11.000/mm3 in adult man Number increased in children **Origin** The granulocytes and monocytes are formed from the bone marrow only, but the lymphocytes are formed in the lymphatic tissues (lymph node, spleen, thymus, tonsils, and Peyer's patches of GIT) Puc to short life sky in the bone marrow form WBCs, its number is less than RBCs count because it has short life span.

 *Life span:
 In granulocytes
 4-8 hours in the circulation
 4-5 days in the tissue. In infection there is rapid destruction.
 In monocytes

10-20 hours in the circulation then enter the tissue to become tissue macrophages and can live for months.
 In lymphocytes

variable according to the body need. They circulate in between the lymphatic tissue and the blood

*Differential leucocytic count

According to presence or absence of granules in their cytoplasm they are divided into :

I- Granulocytes

(1) Neutrophils (both granules) 40-70% Most Wondent
(2) Eosinophils: (acidophils) 1-4%
(3) Basophils: (basic granules) 0-1%

To be noted comt

II- *Non-granulocytes* (1) Lymphocytes: 20-45%

(2) Monocytes: 2-8%

This typing can be done by staining the blood by leishman stain or by specialized automatic machine

* Types and Functions

□ (1) Neutrophils:

Characters:

40-70% of total number.

They contain small granules of both acidic and basic

Their nucleus are formed of 2-5 lobes connected by thin chromatin filaments

Neutrophils

1. 40-70% of leukocytes

2. nucleus: 2-5 lobes connectedby thin chromatin filaments





They contain small granules of both acidic and basic

Function



The main function is the defensive function when bacteria invade the body Phycostytossis: -first line in tissae - Manuflya. - Calling in blood - Neutrophils.

(2) Margination

The Neutrophils aggregate and stick to the damaged capillary endothelial surface by protein called (Selectins).

Chemotaxis: Calling (attraction Culling RBC's. RBC'S -> Tissues. Some substances released at site of infection (degenerative products, **bacterial toxins & complement system) lead to attraction of leucocytes** from near capillary (<100 µ distance) to migrate towards the inflammed area (positive chemotaxis)

(3) Diapedesis: fenestration fenestration sulley so neutrophils.

- WBCs bind firmly to protein (integrin), then they can squeeze themselves through the pores of the capillaries to outside.
 - In infected area these pores increase in size to facilitate diapedesis

(4) <u>Amoeboid</u> movement: (5) Phagocytosis

WBCs are motile cells and move by ameboid motion by 40 μ/min

This is the power of leucocytes to engulf foreign materials as bacteria, toxins and dead cells

Then ingest these material via proteolytic enzymes of lysosomes

bactericidal agent as hydrogen peroxide (H_2O_2) can kill bacteria. & High Omygen RS.

A neutrophil can phagocytize 5-20 bacteria before the neutrophils die and form pus

which makes the foreign materials more susceptible for

phagocytosis

(6) Opsonization Joly suchwides

Phagocytosis

Lysosomes contain enzymes = degrade biomolecules.

E.g. acid hydrolases, lysozyme, neutral proteases, myeloperoxidase, lactoferrin, & phospholipase A.



Human macrophage engulfing the fungus Candida albicans.









1 The phagocytes pass out through capillary walls and into the infected tissue. 2 They change shape to surround the germs. They produce enzymes to kill and digest them. 3 Phagocytes live for only a short time. Dead phagocytes, dead germs and liquid form **pus** in the infected area.

Eosinophils

eosinophilic granules
 Antiparasitic & modulate
 inflammation









Characters

1-4% of total number

They contain red granules

They have bilobed nucleus

Ag-Ab reaction and attack.

Function

- 1- They are weak phagocytes
- 2- They increase in **parasitic** infections (ascaris) and by diabedesis, amoeboid movement and chemotaxis they attack the parasites and release substances to kill many of them
- 3- They increased in allergic conditions by the release of eosinophil chemotactic factor released from the mast cells and basophiles. Eosinophils phagocytose the antigen-antibody complexes and release substances to neutralize the histamine
 - 4- They may produce profibrinolysin → fibrinolysin which digest fibrin clot

Basophils
1. < 1% of leukocytes
2. basophilic granules









Characters:

0-1% of total number They contain deep blue granules with staining

In the connective tissue, they are called the mast cells

Function

They form heparin as anticoagulant

They release histamine and other allergic mediators as serotonin, bradykinin and lysosomal enzymes to mediate allergic manifestation as vasodilatation and tissue reaction

Monocytes

 nucleus: oval, horseshoe/kidney shaped, eccentric

eccentric Not with 2. become wandering macrophages after diapedesis

- Can live up to months.









Characters

2-8% of total number

They contain agranular cytoplasm but when they enter the tissues they swell and their cytoplasm become filled by large number of lysosomes and then they are called macrophages

They have oval or kidney shaped nucleus

Function

Phagocytosis as in neutrophils but with more powerful effect

Macrophages help the function of T-and B-lymphocytes by presenting the antigen to these cells on the surface

Macrophages release many chemical substances to increase the inflammatory and allergic reactions against organisms



1 historings 2

Lymphocytes

1. nucleus: spherical, intensely stained

2. cytoplasm: scanty





(5) Lymphocytes

Characters

Mostly in hyphic 20-45% of total number tissues not Bh. They are the smallest type of W.B.Cs and contain large rounded nucleus

Function

There are two types of lymphocytes

1) B-lymphocytes:

They are changed to plasma cells and are responsible for humeral immunity or antibody- mediated immunity

Cutalian.

2) T-lymphocytes

They complete their development in the thymus gland and are responsible for cellular immunity or cell-mediated immunity

Leucocytosis

A- Physiological Leucocytosis



- Increase in number of leucocytes above 11.000/mm3. It occurs in

muscular exercise, emotions, cold bath, cold or hot weather, pregnancy, labour, pain, anaesthesia and after meals.

 B- Pathological Leucocytosis each increased refer to certain condition
 Neutrophilia Increase number of neutrophils as in cases of:

Infections of all types as acute or chronic, bacterial, viral or fungal.

Inflammation as rheumatic fever

Tissue damage as trauma, burn

Malignant tumours

Smoking

Eosinophilia

 \square \uparrow eosinophils due to

- Allergic conditions as asthma, hay fever, skin allergy
- Parasites
 - -Leukemia

Basophiles D 1 basophils as in allergy or leukemia

Monocytosis

As in chronic infections as tuberculosis or in leukemia.

Lymphocytosis

As in chronic viral and bacterial infections and in leukemia.

Leukaemia

It is a <u>malignant</u> disease of bone marrow causing marked increase in WBCs may reach 500.000/mm3

decrease in bone marrow area responsible for RBCs and platelet synthesis respectively



It means a decrease in the total leucocytic count below 4.000/mm3

(=H,000

- In this condition the body is not protected against infections and death may occur
- \Box It is caused by

1- Bone marrow depression by radiation, drugs de pression as cancer chemotherapy BM aplasia: وقف كل : مادمامه BM finations بعاسم بر معان مسل حدان ما المراسطين

3- Some viral infections as AIDS, influenza, hepatitis