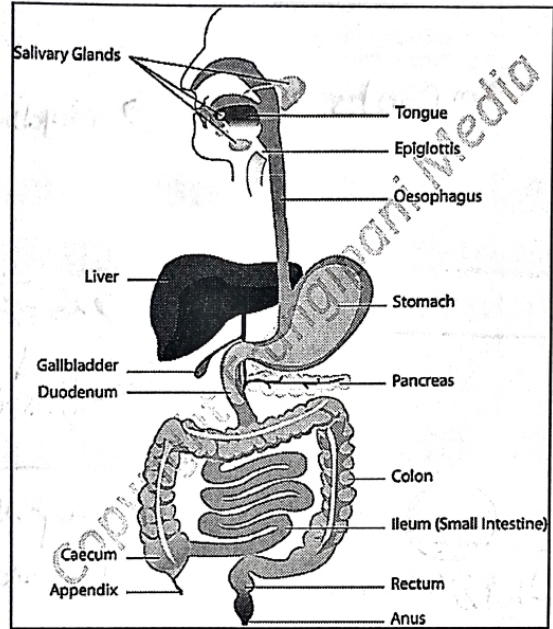


Digestive system III

Organs associated with digestive tract

- **Liver**
- **Pancreas**
- **Gall bladder**

*UPPER Right quadrant
Intra Abdominal organ*

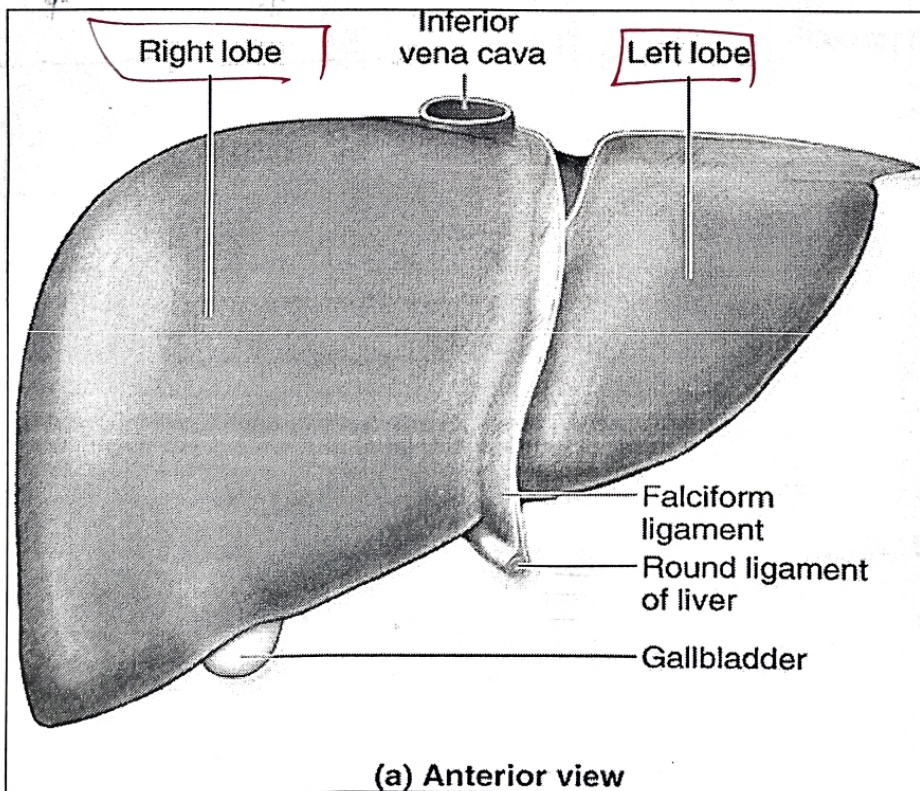


Pro. Dr Hala El- mazar

1

Anatomically

Liver



* Caudate lobe
between right and left lobe

* quadrate lobe
related to right lobe on inferior surface of it

لحمية كبد الالتهاب لتفسير و
 وظائفه بتفسير و تقوية الجسم بالحمية
 Functions

Liver

وزنه

The Liver is the largest gland in the body (1.5 Kg)

2.5% of total body weight

1. Processing & metabolism of nutrients

كل ال nutrients التي صار لها مشاكل في الامعاء الدقيقة
 لازم تروح على الكبد يعالجه
 processing / metabolism

2. Detoxification: modifying potentially dangerous chemicals & removal of old RBCs

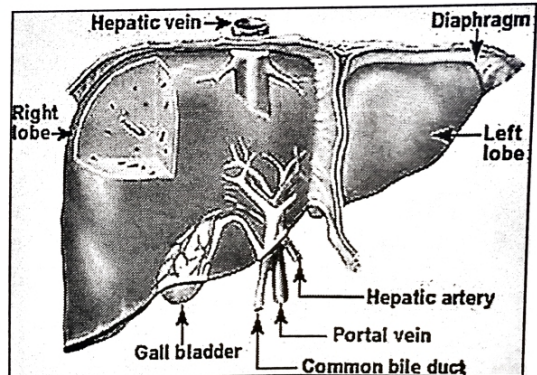
Remnants of RBCs → recycling
 [modifications for drugs]

3. Endocrine: synthesize and secrete plasma proteins (albumin, prothrombin, fibrinogen), glucose & lipids into blood via blood sinusoids

تعمل على الدم صباغته عند قلبية خاصة في
 الكبد الشرايين / blood sinusoid

4. Exocrine: synthesize and secretion of bile

ال عابثه ياروع للدم صباغته لازم
 تصير من Canals ليعينه ducts ليعينه تنزلي ال duodenum
 في



5. Storage of: glucose, fat, vit. A, B, D, K

Emulsification of fat so proper digest For food.
 glycogen

Blood supply of liver

condensation of fat so proper digest for food.

جزء الغلوكوز في صورة glycogen

Blood supply of liver

Portal vein: 70 - 80%

ما هي النواتج
بكتيريا / دواء
medications ↑

ما هي
remnants RBC ↑

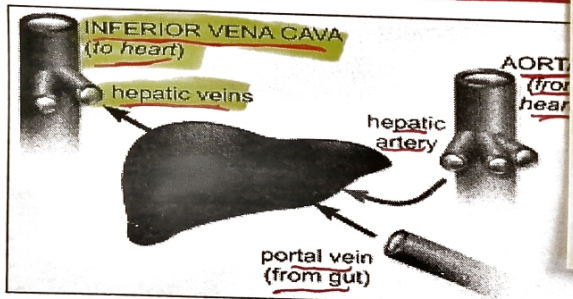
ما هي الهرمونات
glucagon
and many
other's hormones

- Main drainage of blood from GIT, spleen, pancreas
- Brings nutrient rich, toxin loaded, oxygen poor blood

Hepatic artery: 30 - 20%

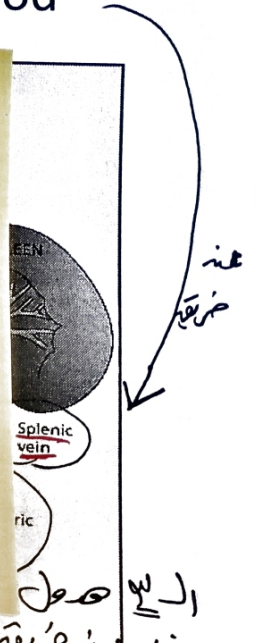
Aorta → hepatic artery

- Brings oxygen rich blood



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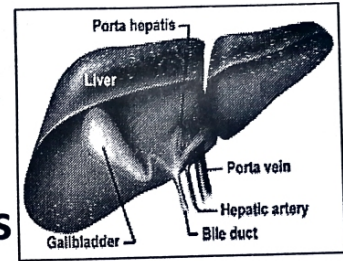
Venous drainage of liver
كيف يطلع؟؟ كينز
تجمع ما به الدم
central veins
تفرعها في
sub hepatic bbules
vein
تجمع لفرع
hepatic vein
تجمع لفرع
inferior vena cava vein



الدم في
البنية كينز
portal vein to liver

Structure of liver

Stroma & parenchyma



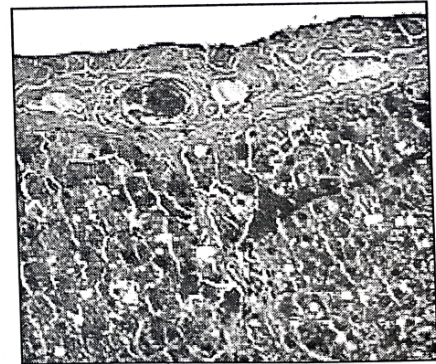
A) Stroma: capsule → septa → reticular fibers

- Capsule of Glisson: thin fibrous C.T. sheet, covers the liver. Thick at hilum ^{on pos. surface} to form porta hepatis which gives rise to C.T. septa divide the liver into lobes and lobules → parenchyma
- septa: surround lobules. Thick and easy to identify in pig's liver.. Lobulation are not clear in humans unless?? ^{dissect}

- Portal tracts: triangular masses of C.T. at angles between hepatic lobules

المنطقة
portal area
or
hepatic
brand

- Reticular fibers: delicate network surround and support liver cells



والمساحة
تكون
المنطقة
التي
تحتوي
على
الخلايا
الكبدية
وتكون
محمية
من
العدوى

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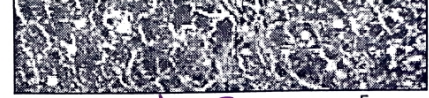
الخلايا الكبدية
Pigs / diseased
lives



هذا هو
[Hilum] →
منطقة التي
تحتوي على
الخلايا الكبدية
وتكون محمية
من العدوى
Septa.

surrounding support liver cells

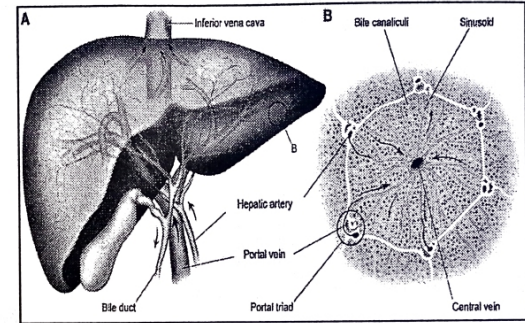
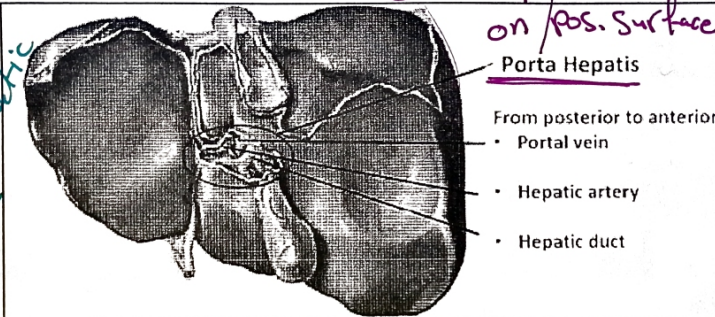
Pro. Dr Hala El-mazar



والله
كنا
ال

5
Pigs / diseased
livers

الصفحة الثانية
الصفحة الأولى
الصفحة الثالثة
الصفحة الرابعة
الصفحة الخامسة
الصفحة السادسة
الصفحة السابعة
الصفحة الثامنة
الصفحة التاسعة
الصفحة العاشرة
الصفحة الحادية عشر
الصفحة الثانية عشر
الصفحة الثالثة عشر
الصفحة الرابعة عشر
الصفحة الخامسة عشر
الصفحة السادسة عشر
الصفحة السابعة عشر
الصفحة الثامنة عشر
الصفحة التاسعة عشر
الصفحة العشرون



portal tracts :- لا يدخل blood vessel

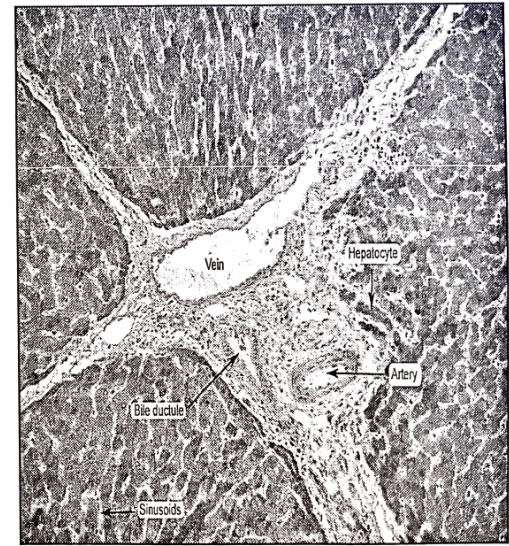
portal vein/hepatic artery

break/divides into branches inside liver

come out ← كويبي كس كس
hepatic lobule

- * branch from vein ← كويبي كس
- * branch from artery ← كويبي كس
- * branch from bile duct ← كويبي كس

الصفحة الأولى
الصفحة الثانية
الصفحة الثالثة
الصفحة الرابعة
الصفحة الخامسة
الصفحة السادسة
الصفحة السابعة
الصفحة الثامنة
الصفحة التاسعة
الصفحة العاشرة
الصفحة الحادية عشر
الصفحة الثانية عشر
الصفحة الثالثة عشر
الصفحة الرابعة عشر
الصفحة الخامسة عشر
الصفحة السادسة عشر
الصفحة السابعة عشر
الصفحة الثامنة عشر
الصفحة التاسعة عشر
الصفحة العشرون



Septa are thick & the lobulation is clear in pig's liver (similar lobulation only seen in human's in liver cirrhosis)

Pro. Dr Hala El-mazar

الصفحة الأولى
الصفحة الثانية
الصفحة الثالثة
الصفحة الرابعة
الصفحة الخامسة
الصفحة السادسة
الصفحة السابعة
الصفحة الثامنة
الصفحة التاسعة
الصفحة العاشرة
الصفحة الحادية عشر
الصفحة الثانية عشر
الصفحة الثالثة عشر
الصفحة الرابعة عشر
الصفحة الخامسة عشر
الصفحة السادسة عشر
الصفحة السابعة عشر
الصفحة الثامنة عشر
الصفحة التاسعة عشر
الصفحة العشرون

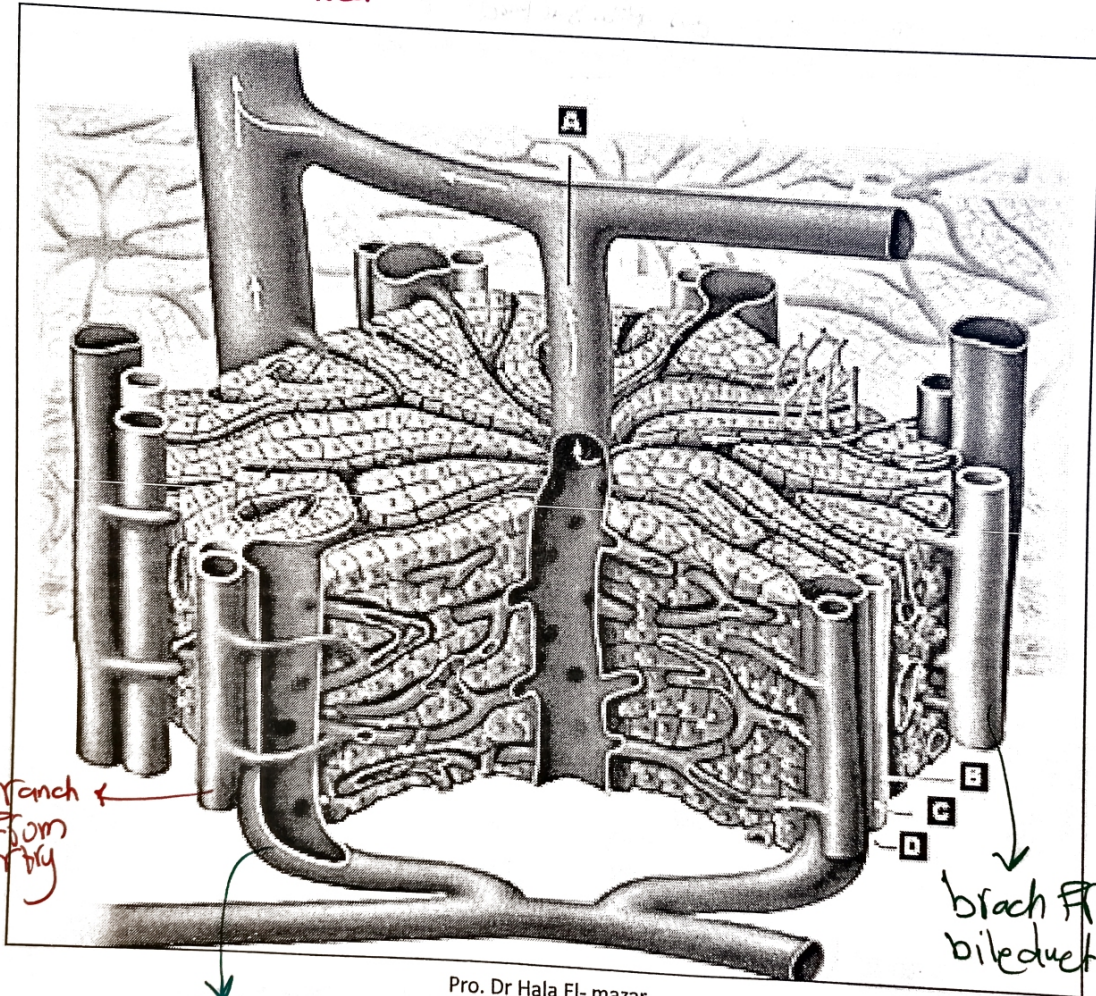
portal area

ile branch
from
lymphatic
vessels

branch
from
artery

branch from vein

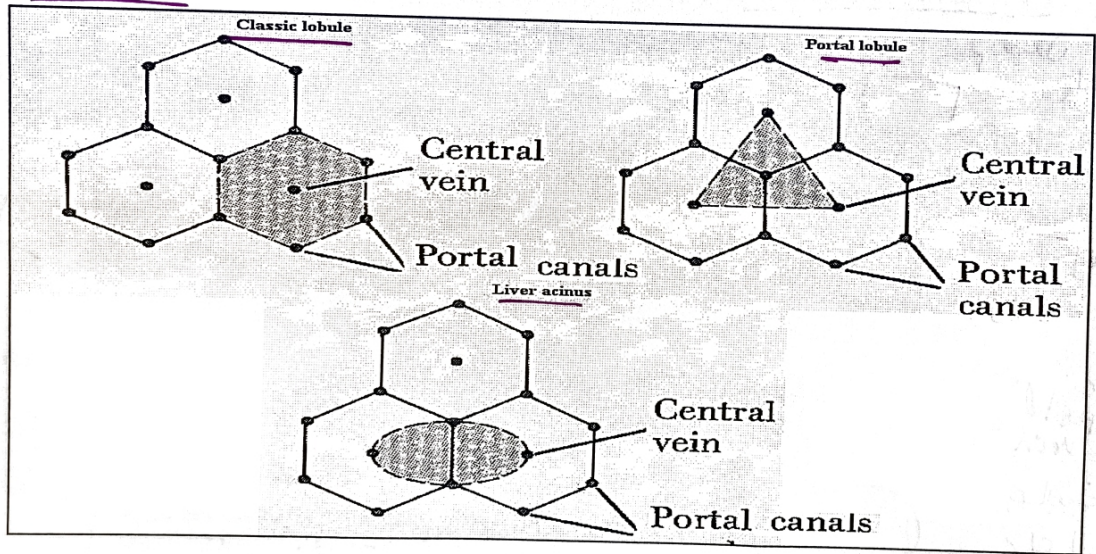
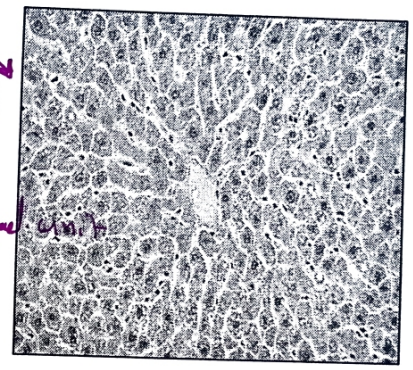
branch from
bile duct



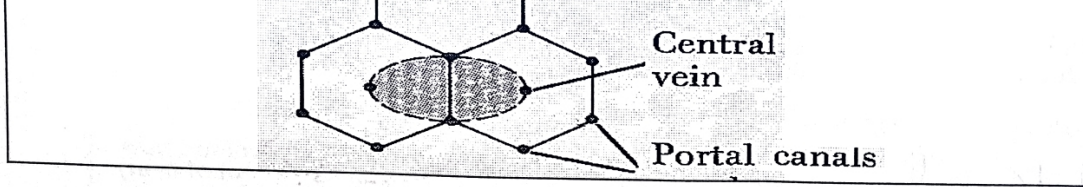
B) Parenchyma: liver cells (hepatocytes) →

They are arranged to form either :

- 1- Classic hepatic lobules *Anatomical / Functional unit*
- 2- Portal lobules *Pathological / Functional*
- 3- Liver acini

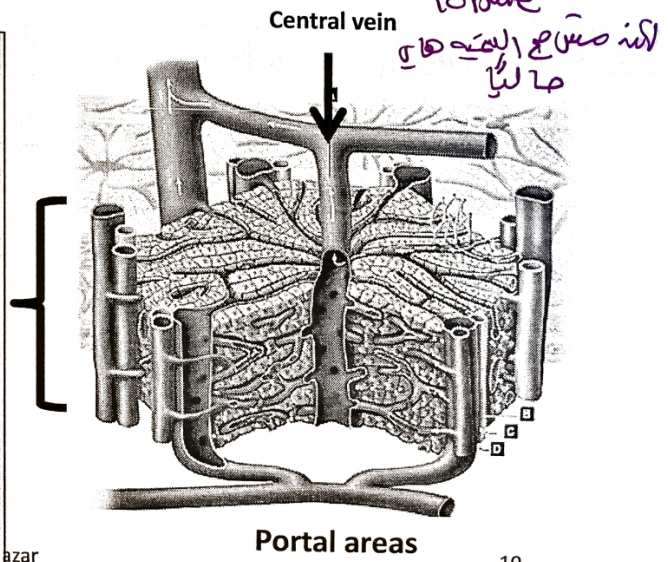
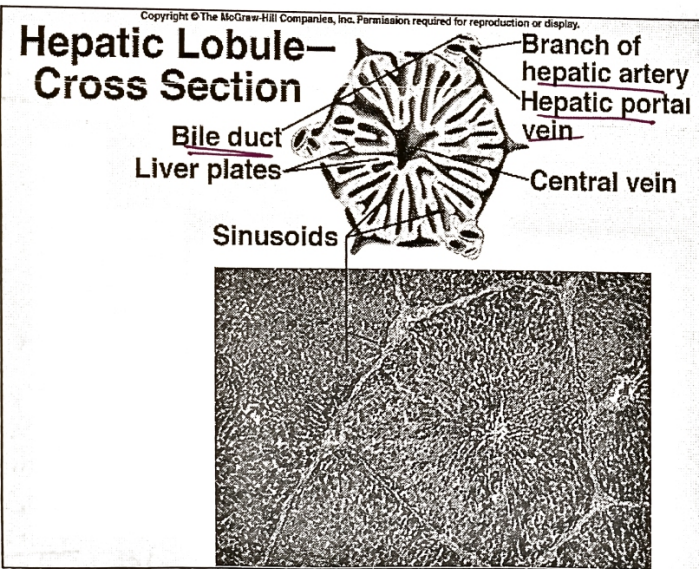


1- Classic hepatic lobule

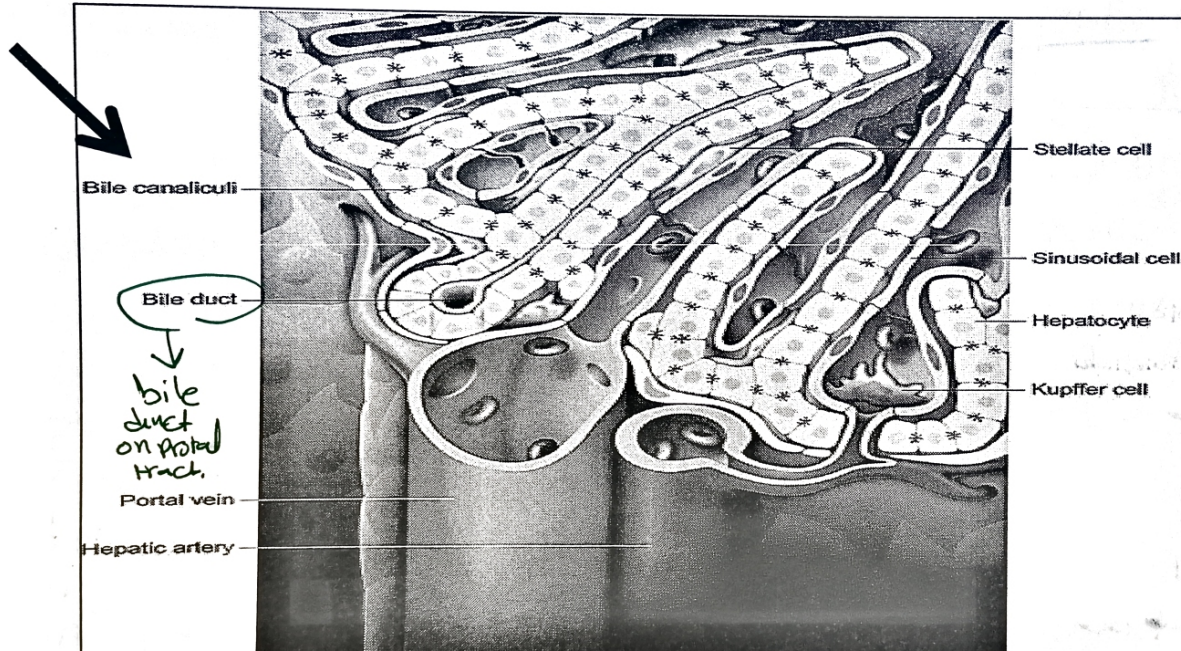


1- Classic hepatic lobule

- Hexagonal or polygonal in shape (cross section)
- Surrounded with thick C.T. septa in pig's liver / sick liver
- Each lobule has 3-6 portal areas (portal triads) at its periphery, and central vein (CV) at its center → at corner of lobule



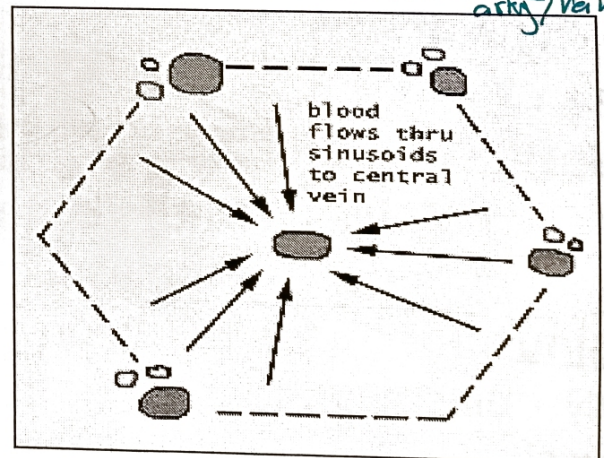
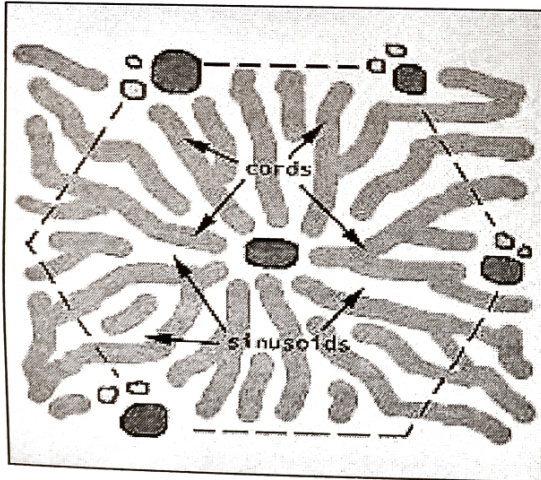
- hepatocytes & canaliculi*
hepatocyte
- **Bile canaliculi** present within the plates in-between adjacent hepatocytes, they drain bile into the bile ducts in portal areas



Liver sinusoids and space of Disse

A Liver sinusoids

- Minute blood channels present between plates /cords of liver cells
- Transport blood from branches of portal vein & hepatic artery in portal area toward central veins (mixed blood)



The flow of blood is centripetal

Space / liver

• Lining of blood sinusoids consists of:

منه
 وند
 عت
 يع
 لير
 حابة
 من
 طلاء
~~ف~~
 ف

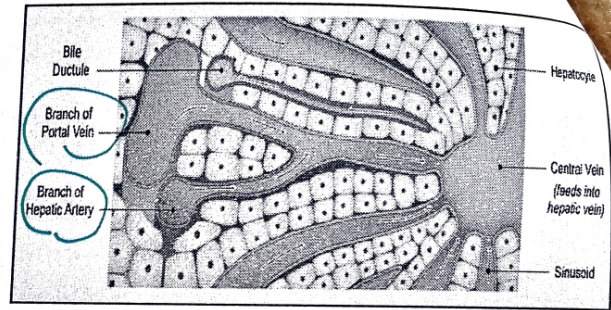
✓ fenestrated endothelial cells

✓ Discontinuous basal lamina

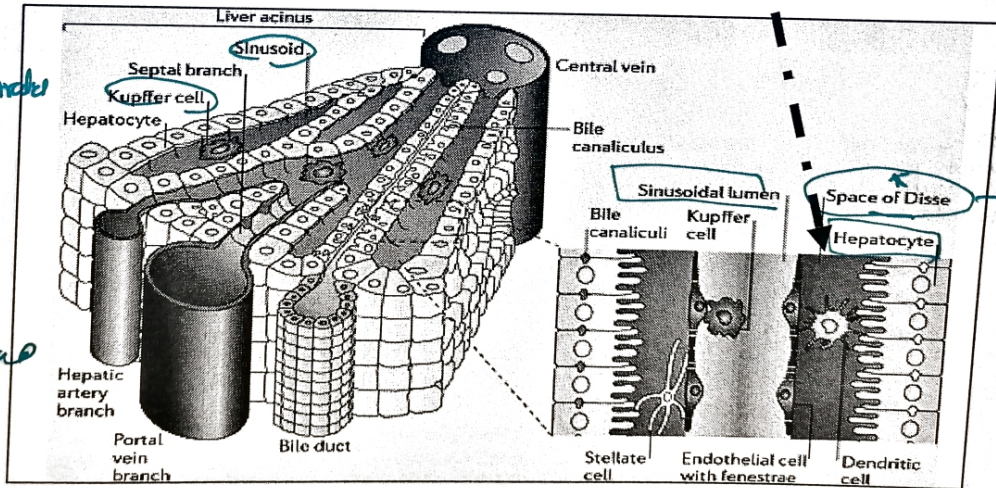
✓ Kupffer cells

✓ Pit cells NK cell

• The wall of the sinusoids is separated from the hepatocytes by a space called **space of Disse**



liver sinusoids
 fenestrated
 من خلاها
 لاها
 لروية (العب)
 لوج لل
 حده
 RBC

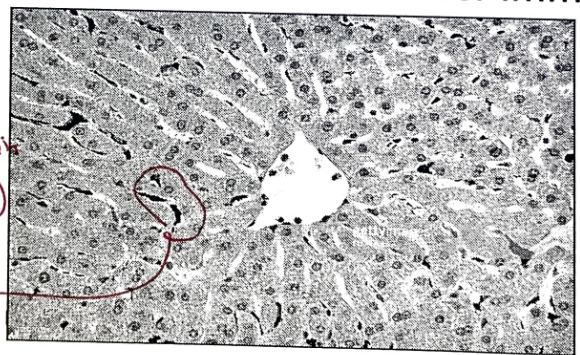


between
 liver sinusoids
 and hepatog

- Pit cells:** are liver-specific natural killer (NK) cells and belong to the group of sinusoidal cells. They are morphologically and functionally modified form of peripheral blood NK cells. Localized inside the lumen of the sinusoid, closely adhering to the endothelial cells and Kupffer cells, and often extending well-developed pseudopodia suggestive of migration along the sinusoidal wall. Multivesicular dense granules are frequently found in the cytoplasm of pit cells which exert antitumor functions by exocytosis of perforin/granzyme-containing granules, which cause death of target cells through receptor-mediated apoptosis, and production of various cytokines that augment the activities of other immune cells

نسيان
 ↳
 Receptor
 ↳
 tumor cell
 ↳
 Apoptosis

Kupffer cells seen in liver lobules as black cells with special stains (India ink). Found more near portal areas

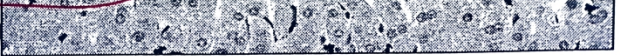


Kupffer cell ← Pro.

هنا كيان قبل ما يت في كين India Ink ← ويطرف في الكين ← Kupffer cell ←

Space of Disse

- EM:** space separate between the endothelial cells lining

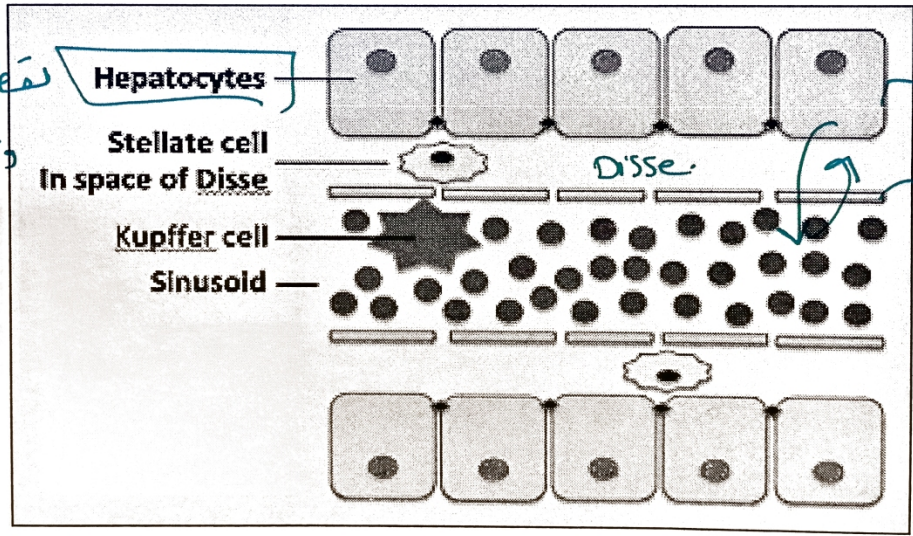


Kupffer cell كل الخلية
cel

هنا كيان قبل ما يت في كين india و صولة لقا في الكب ← Kupffer cell
engle Leptokupfle
cel

Space of Disse

- **EM:** space separate between the endothelial cells lining of the sinusoids and hepatocytes
- Through out the space exchange of metabolites between blood and hepatocytes takes place [Trade]

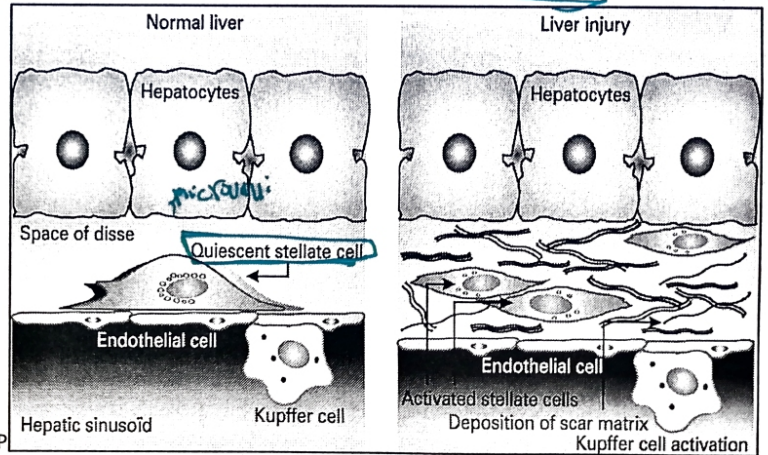
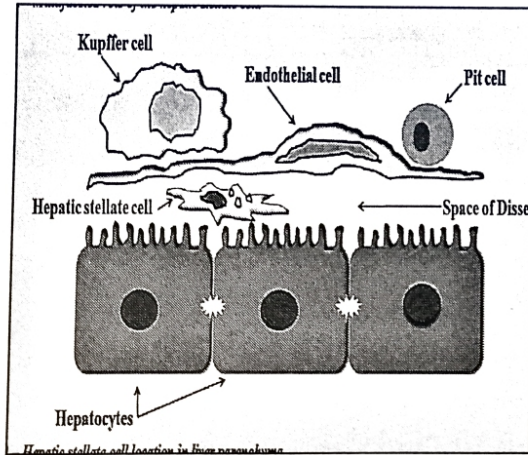


لحمي الدم العنقور / ال
Albumin
وتلفه صفة الدم كل اتي
جايه
[Trade]
تبادل

→ hepatocyte
→ endothelial cell of sinusoid.

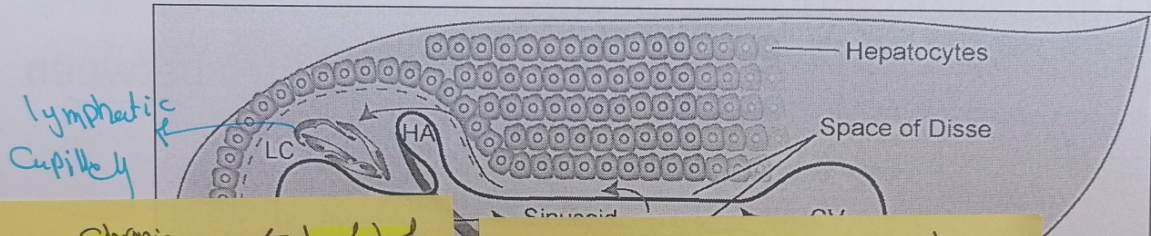
Space of Disse contains:

- ❑ Fat storing cells (Ito cells, stellate cells). They store Vit. A in small lipid droplets in their cytoplasm, and maintain the extracellular matrix of the space
- ❑ Long microvilli of hepatocytes project in the space (↑)
- ❑ Blood plasma → *to increase surface area → زيادة المساحة السطحية*
- ❑ Reticular fibers that support the wall of the sinusoids → *collapse*



The peri sinusoidal spaces of Disse is the beginning

The peri-sinusoidal spaces of Disse is the beginning of the lymphatic system of the liver



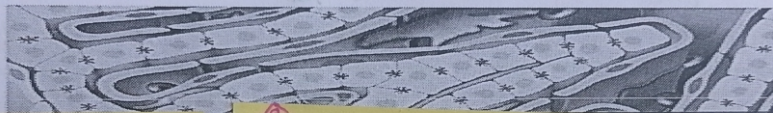
الكاماتة التي
 صارت مع الدم
 ولا تصحح
 hepatocyte
 صارت تغل
 بال
 Disse
 لانواع بصرفها
 drain of lymphatic

لما كسل ← Chronic inflammation in liver
 ← chemical mediators or chronic mediators
 استاءت inflammasome تغل كتمتة بال
 → Ito cell [stellate cells]
 aggregate cell → بالتصريف
 Fibrosis كولايتين + رتيل
 → so changes in space of disse → + liver sinusoid will shrink
 رتيل

بالنهاية مع بصرفها liver fibrosis
 * اجزاء اصغر الكبد فيها poor blood supply
 microsis نسيج
 في صغار فيها
 * اجزاء ثانية ← poor blood supply
 وهادي مع رتيل module
 Fibrotic liver [Fibrosis]

Bile canaliculi and bile ducts

- Minute canals present within hepatic plates, in-between adjacent hepatocytes.
- They are bounded by the cell membrane of adjacent hepatocytes



Stellate cell

Sinusoidal cell

Hepatocyte

Kupffer cell

① ال hepatocyte مرتبط و ليقع عن
 → tight junctions
 ما يخلي حاجه
 تقوي مش من امكنه اعز و يحميه

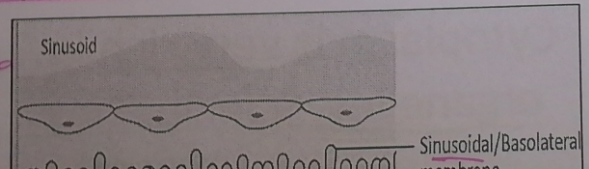
② * Iron → go to bone marrow
 by transferrin
 another RBC recycle elements

* bilirubin → blood in sinusoid
 Space of Disse
 upper surface of hepatocyte

transferred proteins
 live cells

* RBC تتكسر و يتبع عن
 heme + globin
 ↓
 recycling
 [iron + biliverdin] [Amino Acids]

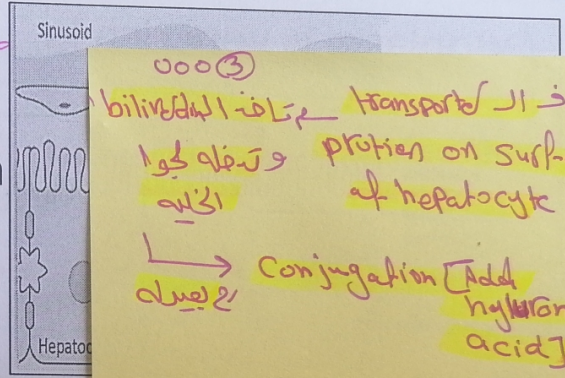
- Small microvilli project from hepatocytes into the canaliculi and tight junctions hold the cell membranes of



[iron + bilirubin] [Amino Acids]

proteins
live cells
موت الخلايا
موت الخلايا

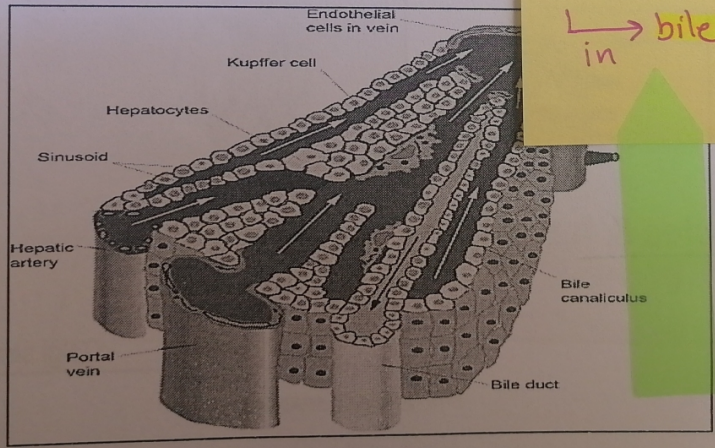
- Small microvilli project from hepatocytes into the canaliculi and tight junctions hold the cell membranes of hepatocytes around the lumen of the canaliculus (hepatocyte polarization)



③
 biliverdin transporter
 proteins on surface of hepatocyte
 → conjugation [Add hydroxylonic acid]
 conjugated bile
 → bile canaliculi → circulate in duct

- Bile secreted by hepatocytes drains

blood vessels
 drain to ward central vein.



Hepatocytes

- LM: large polygonal cells with 1 or 2 nuclei (bi-nucleated)
Common, normal.

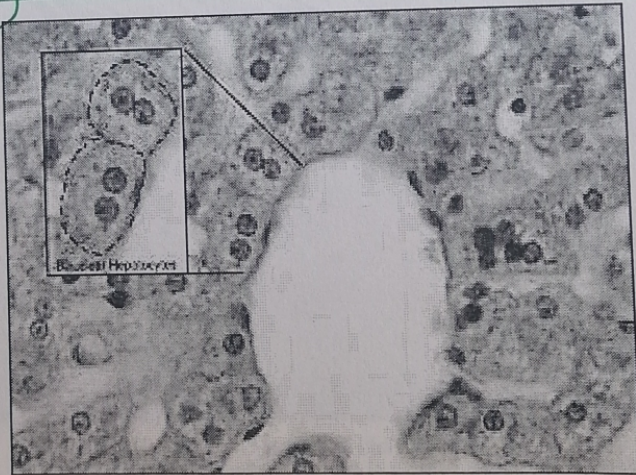
- Nuclei: central, rounded, e prominent nucleoli

[*لاستاتو ريبوسوماتي* RER *لينا*]

لاستاتو → *detoxification
*lipoproteins
synthesis

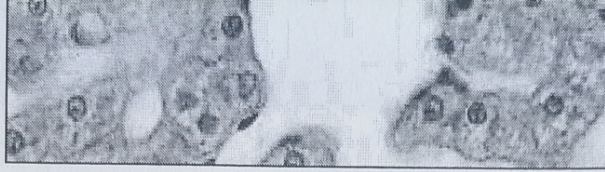
- Acidophilic cytoplasm (rich in mitochondria & SER), it also appear vacuolated due to dissolved glycogen and fat

لاستاتو ←
~~*لاستاتو*~~



E/M:

Cytoplasm is very rich in



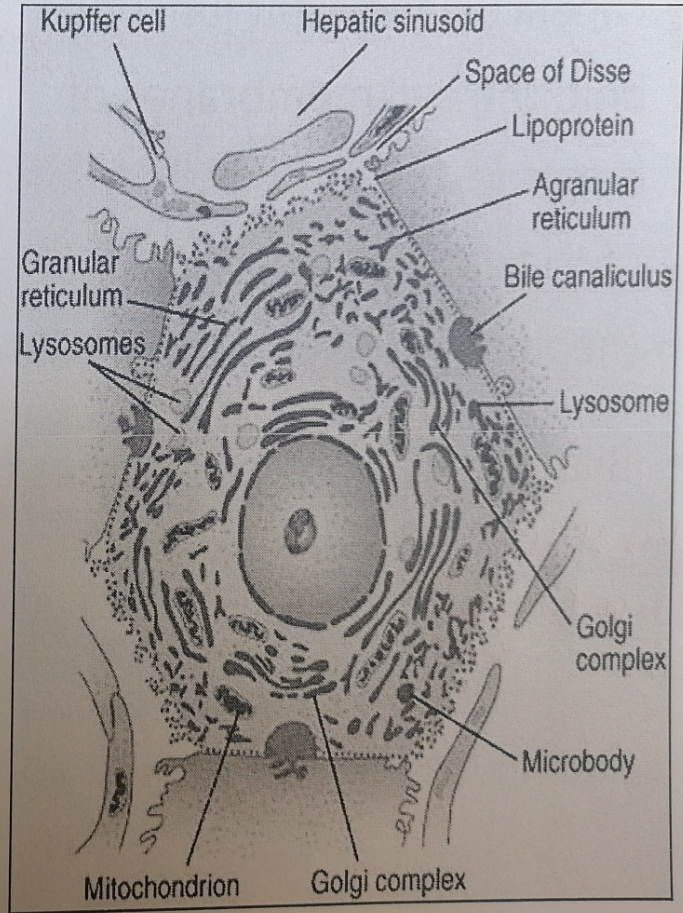
E/M:

Cytoplasm is very rich in organelles & inclusions

*glycogenel
+ Fat droplets.*

- Organelles:
mitochondria, rER, ribosome,
sER, Golgi complex,
lysosomes & peroxisomes.

- Inclusions:
glycogen granules & fat
droplets



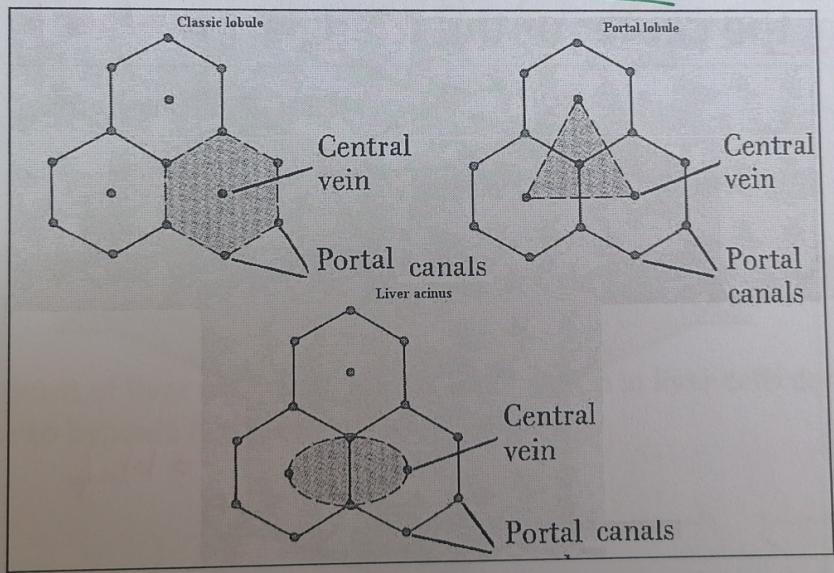
دالة كترزها hepatocyte نترز لا
 liver sinusoid ← كترز لا
 Central vein

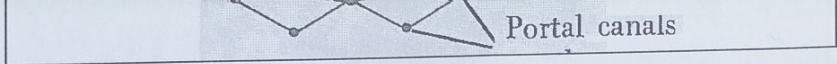
Organization of liver parenchyma/function:

- Classic hepatic lobule → endocrine function
- Portal lobule → exocrine function
- Liver acinus → oxygen/ nutrients supply

Anatomical / Functional lobule

Functional / Pathological

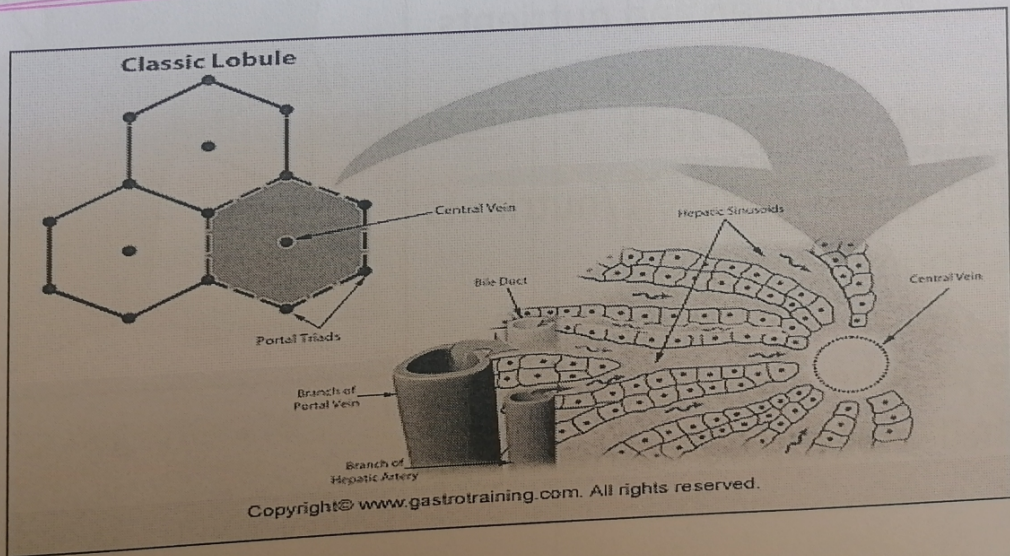




Classic hepatic lobule: *endocrine function.*

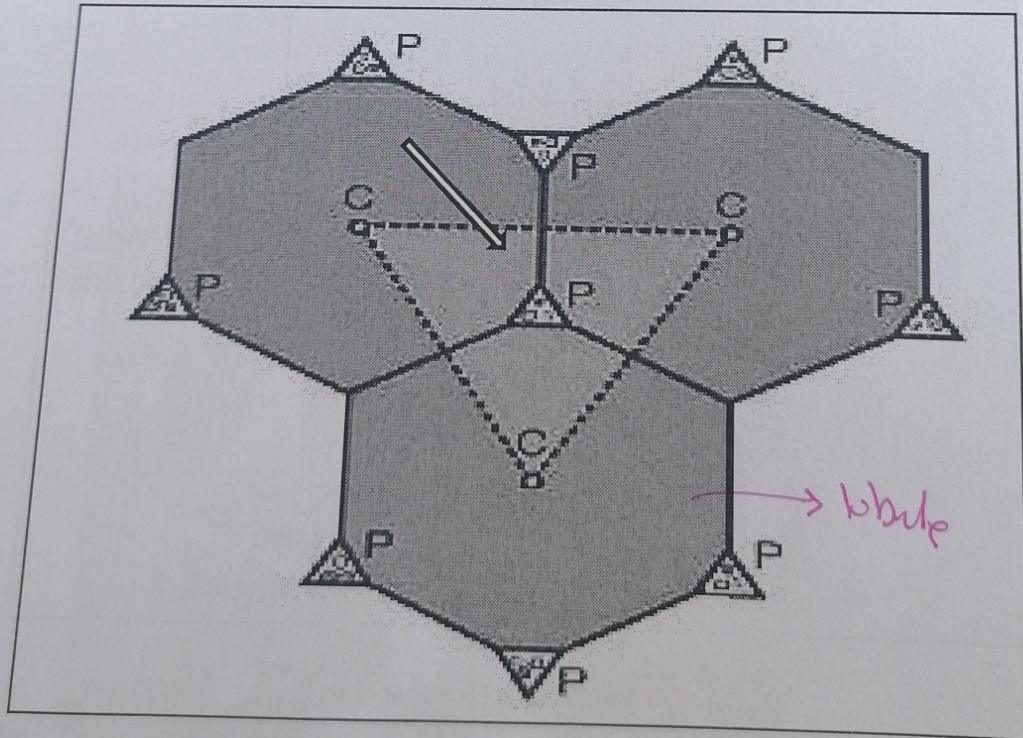
Hexagonal in shape with central vein in the center, surrounded with 3 – 6 portal tracts at the its corners

Proteins, glucose secreted by liver cells released directly into blood sinusoids *to central vein.*



Portal lobule:

- Triangular in shape, centered on portal area (tract) apices of the triangle are formed by 3 central veins.
- Hepatocytes of this lobule drain their bile to a bile duct in the center of the triangle [portal area]



→ 2 hepatic lobule so 2 central veins + 2 portal areas

Liver acinus: is the most important classification

Diamond shaped mass of liver cells surrounding a central vasculature

→ 2 hepatic lobule so 2 central veins + 2 portal veins

Liver acinus: is the most **important classification**

Diamond shaped mass of liver cells surrounding a central vascular core

It is divided into 3 zones:

Zone 1: portal vein / hepatic artery

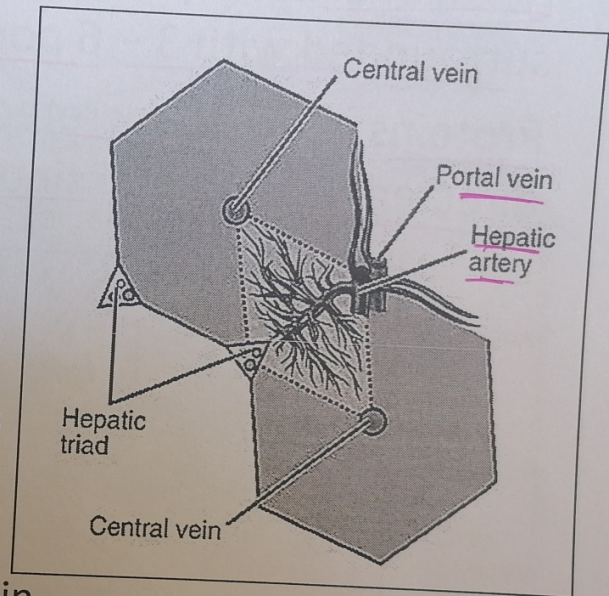
- Close to the vascular core
- Get the most oxygen and nutrients

Zone 2:

- Surrounds zone 1
- Get intermediate oxygen / nutrients

Zone 3:

- At the periphery near the central vein
- Get the least oxygen / nutrient supply



في منطقة تتفرق لانها لا تملك الا كسيرة جارية من الدم
في منطقة كسيرة في بيوتها

necrosis in 3 zone more than 1/2

Centri lobule/necrosis in zone 3 → يعني
Central vein

zone 1

Cells close to the distributing vessels

- **higher** in : oxygen, nutrient & toxin levels
- Least susceptible to ischemia
- **first** to show changes following bile duct occlusion
لا تو الاقربا لل duct
- last to die due to circulatory impairment
- first to regenerate

zone 3

Cells far from the distributing vessels

- **first to show ischemic necrosis** (death due to reduced circulation (centri-lobular necrosis))
- **first cells to show fatty accumulation** (alcoholic liver disease) because these cells important for glycolysis
في منطقة التمثيل الغذائي
- last to respond to toxins

Pancreas

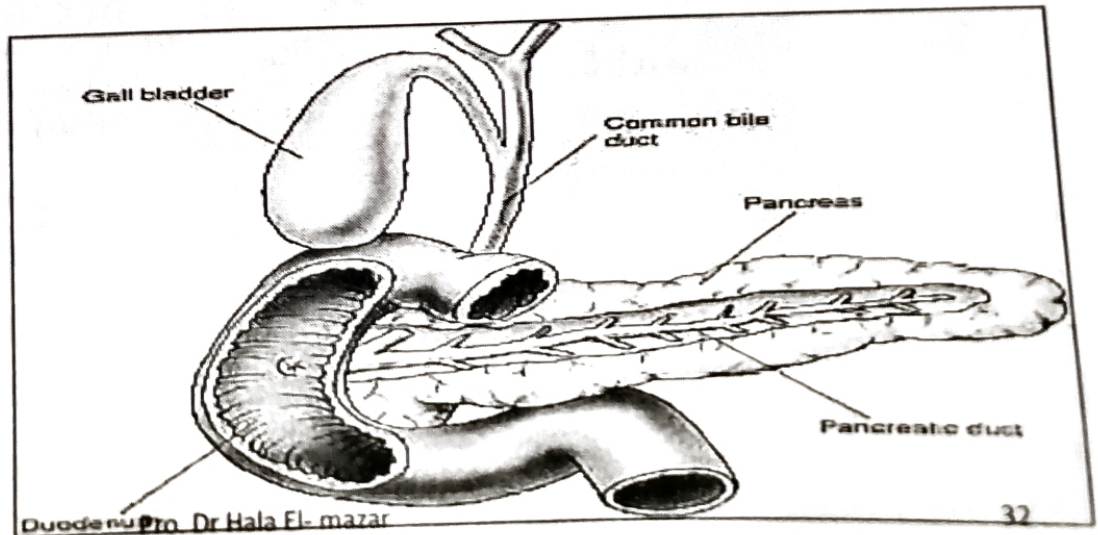
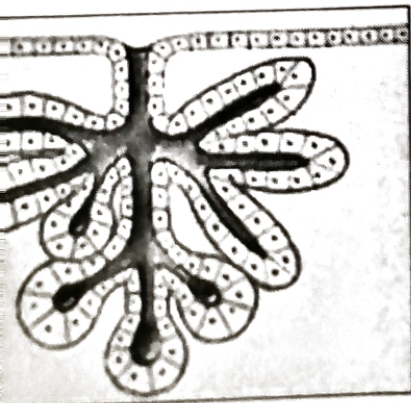
Mixed exocrine + endocrine gland produce both digestive enzymes and hormones

The exocrine part: compound tubulo-alveolar gland secretes pancreatic enzymes & bicarbonate

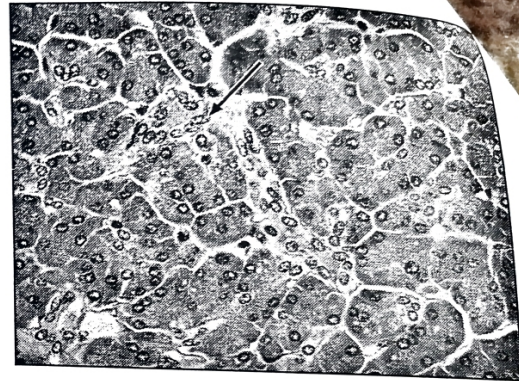
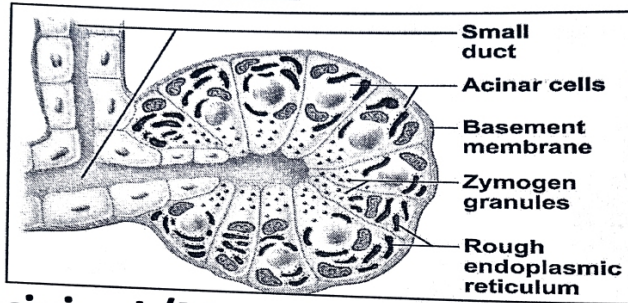
The endocrine part: Islets of Langerhans secrete hormones: insulin, glucagon, somatostatin..etc

يقوي ال ↓
2nd part duodenum
→ so will neutralize
acidic that
come from
stomach.

tubulo-alveolar gland



A- Exocrine part: formed of acini & duct system



Acini: L/M

- Composed of serous producing cells (enzymes)
- The pancreatic acini has very small lumen
- Cells are pyramidal with rounded basal nuclei
- Cells are protein secreting cells → (exocytosis)
- Cytoplasm shows basal basophilia (rER) & apical acidophilia (zymogen granules)

Pyramidية

Secretions [enzymes]
 ←
 ←
 ←

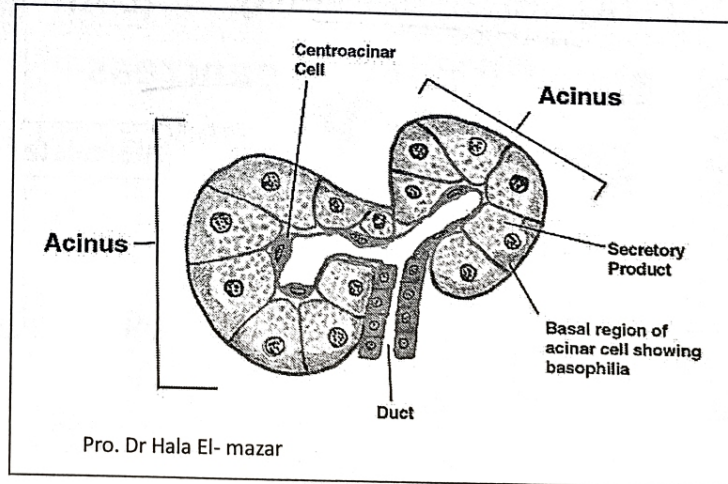
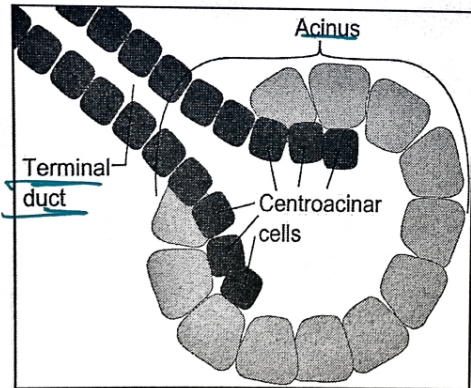
Pro. Dr Hala El-mazar

↓
 لا شائبة
 لبروتينات

Centroacinar cells:

دورة
started duct in pancreas

- Flat squamous cells found lining the lumen of the acini
- They represent the beginning of the cells of intercalated duct into intercalated duct *
intercalated duct
- They secrete bicarbonate rich fluid in response to secretin



Centroacinar cells
duct in pancreas

Duct system

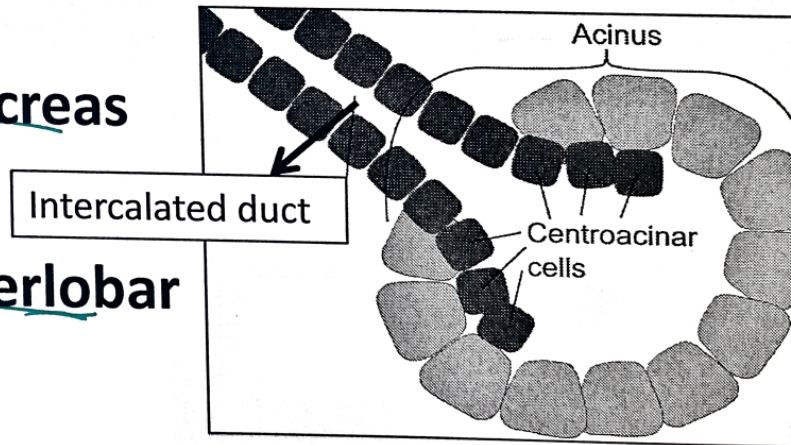
Intercalated ducts:

- Thin ducts arise from within the acini
- Lined with simple squamous cells.
- The initial cells called centroacinar cells (secrete HCO_3^- rich fluid which hydrate and alkalinizes the enzymatic secretion of acinar cells)

Alkaline

No striated ducts in the pancreas

There are interlobular & interlobar ducts



B-Endocrine part:

Islets of Langerhans

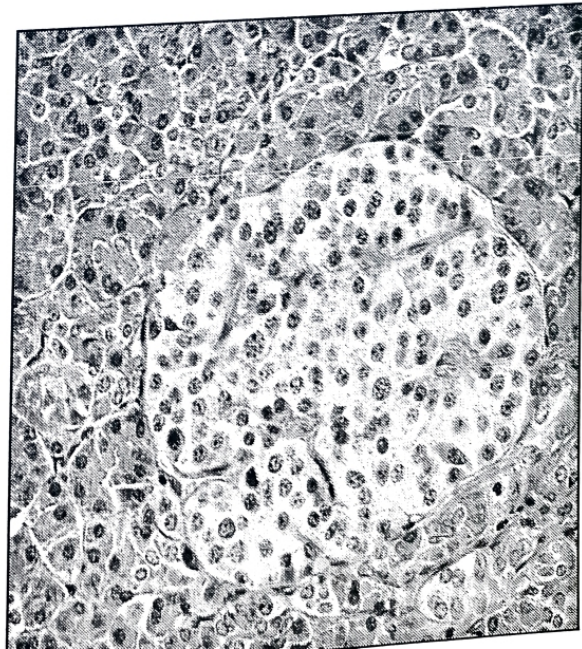
Masses of pale staining cells scattered between the pancreatic acini
between exocrine pancreas

They are more in the tail than head of pancreas

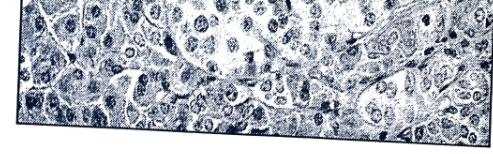
The cells are separated by fenestrated capillaries (highly vascularized)

Nerve supply autonomic nerve fibers

Cells of islets of Langerhans are
Beta, Delta, Ganglion, PP cells



↓
non essential
polypeptide
Pro. Dr Hala El- mazar



Beta (B) cells (70%): (ب) ٧٠٪

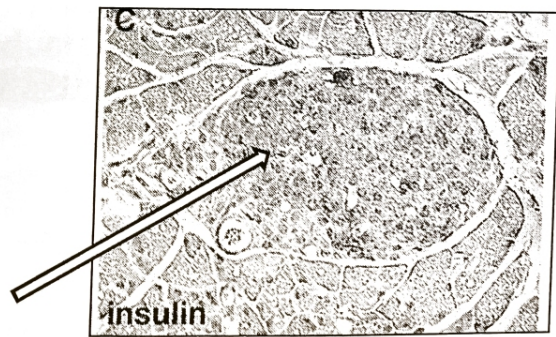
- Produce insulin which lower blood sugar
- Cells are small in size, most numerous cell type, central in location in the islets
- Stain blue
- EM: appear in two functional stages active & resting
- When active synthesize insulin. When resting packed with granules storing insulin
- Cells divide at very slow rate

1) 2)

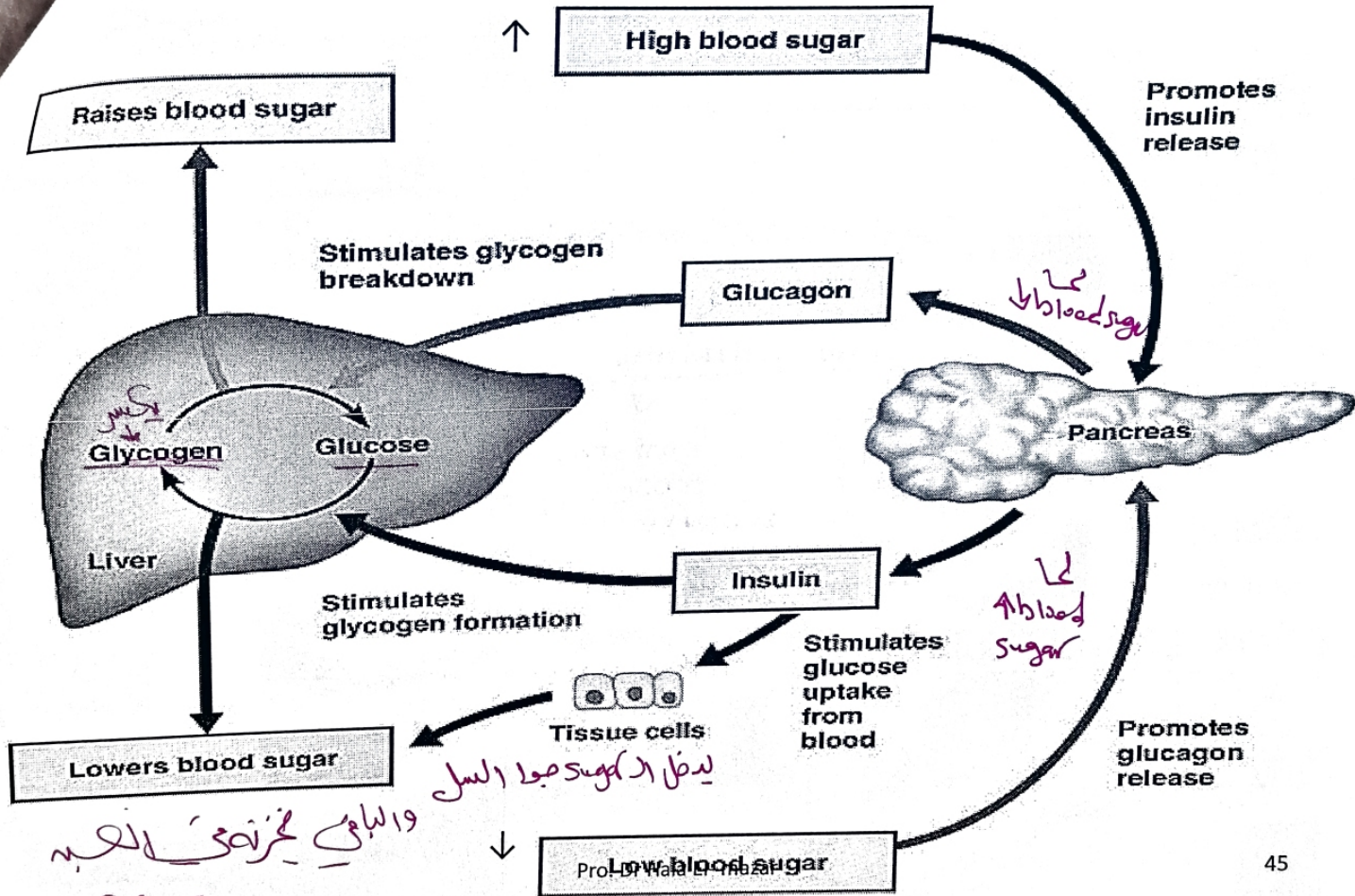
لبنان صا اعززة

damage لمرض السكري
↳ Diabetes.
مرض

Beta cells



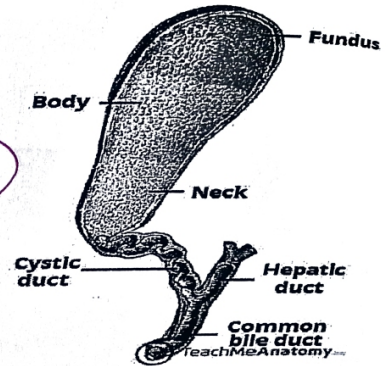
Regulation of blood glucose level



Pancreas vs. Parotid

Gall bladder & biliary tract

- Hollow pear shaped organ
- Attach to the lower surface of liver
- It stores and concentrate bile secreted by liver
- Wall of gall bladder consists of: هو ربيع البلي



Mucosa: (highly folded)

epithelium: simple columnar with microvilli

No muscularis mucosa

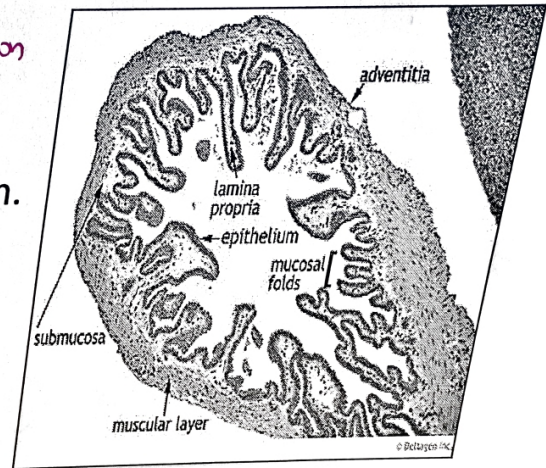
Contraction
القبالة

Musculosa

Bundles of irregularly arranged smooth m.

Fibers, elastic & collagenous fibers

تقلص
العضلات
الساكنة



Serosa