

Tables of Histology MID

2023/2024

TABLE 4-1**Main characteristics of the four basic types of tissues.**

Tissue	Cells	Extracellular Matrix	Main Functions
Epithelial	Aggregated polyhedral cells	Small amount	Lining of surface or body cavities; glandular secretion
Connective	Several types of fixed and wandering cells	Abundant amount	Support and protection of tissues/organs
Muscle	Elongated contractile cells	Moderate amount	Strong contraction; body movements
Nervous	Elongated cells with extremely fine processes	Very small amount	Transmission of nerve impulses

Good for general comparison between types of tissues

TABLE 4-2

Epithelial cell junctions, their major structural features and functions, and medical significance.

Junction	Tight Junction (Zonula Occludens)	Adherent Junction (Zonula Adherens)	Desmosome (Macula Adherens)	Hemidesmosome	Gap Junction (Nexus)
Major transmembrane link proteins	Occludins, claudins, ZO proteins	E-cadherin, catenin complexes	Cadherin family proteins (desmogleins, desmocollin)	Integrins	Connexin
Cytoskeletal components	Actin filaments	Actin filaments	Intermediate filaments (keratins)	Intermediate filaments	None
Major functions	Seals adjacent cells to one another, controlling passage of molecules between them; separates apical and basolateral membrane domains	Provides points linking the cytoskeletons of adjacent cells; strengthens and stabilizes nearby tight junctions	Provides points of strong intermediate filament coupling between adjacent cells, strengthening the tissue	Anchors cytoskeleton to the basal lamina	Allows direct transfer of small molecules and ions from one cell to another
Medical significance	Defects in occludins may compromise the fetal blood-brain barrier, leading to severe neurologic disorders	Loss of E-cadherin in epithelial cell tumors (carcinomas) promotes tumor invasion and the shift to malignancy	Autoimmunity against desmoglein I leads to dyshesive skin disorders characterized by reduced cohesion of epidermal cells	Mutations in the integrin- β 4 gene are linked to some types of epidermolysis bullosa, a skin blistering disorder	Mutations in various connexin genes have been linked to certain types of deafness and peripheral neuropathy

Memorize all

TABLE 4-3

Common types of covering epithelia.

Major Feature	Cell Form	Examples of Distribution	Main Function
Simple (one layer of cells)	Squamous	Lining of vessels (endothelium); Serous lining of cavities: pericardium, pleura, peritoneum (mesothelium)	Facilitates the movement of the viscera (mesothelium), active transport by pinocytosis (mesothelium and endothelium), secretion of biologically active molecules (mesothelium)
	Cuboidal	Covering the ovary, thyroid	Covering, secretion
	Columnar	Lining of intestine, gallbladder	Protection, lubrication, absorption, secretion
Stratified (two or more layers of cells)	Squamous keratinized (dry)	Epidermis	Protection; prevents water loss
	Squamous nonkeratinized (moist)	Mouth, esophagus, larynx, vagina, anal canal	Protection, secretion; prevents water loss
	Cuboidal	Sweat glands, developing ovarian follicles	Protection, secretion
	Transitional	Bladder, ureters, renal calyces	Protection, distensibility
	Columnar	Conjunctiva	Protection
Pseudostratified (layers of cells with nuclei at different levels; not all cells reach surface but all adhere to basal lamina)		Lining of trachea, bronchi, nasal cavity	Protection, secretion; cilia- mediated transport of particles trapped in mucus out of the air passages

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TABLE 4-4

Structural classes of exocrine glands, features of each class, and examples.

SIMPLE Glands (Ducts Do Not Branch)

Class	Simple Tubular	Branched Tubular	Coiled Tubular	Acinar (or Alveolar)	Branched Acinar
Features	Elongated secretory portion; duct usually short or absent	Several long secretory parts joining to drain into 1 duct	Secretory portion is very long and coiled	Rounded, saclike secretory portion	Multiple saclike secretory parts entering the same duct
Examples	Mucous glands of colon; intestinal glands or crypts (of Lieberkühn)	Glands in the uterus and stomach	Sweat glands	Small mucous glands along the urethra	Sebaceous glands of the skin

COMPOUND Glands (Ducts from Several Secretory Units Converge into Larger Ducts)

Class	Tubular	Acinar (Alveolar)	Tubuloacinar
Features	Several <i>elongated</i> coiled secretory units and their ducts converge to form larger ducts	Several <i>saclike</i> secretory units with small ducts converge at a larger duct	Ducts of both tubular and acinar secretory units converge at larger ducts
Examples	Submucosal mucous glands (of Brunner) in the duodenum	Exocrine pancreas	Salivary glands

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TABLE 5-1**Functions of cells in connective tissue proper.**

Cell Type	Major Product or Activity
Fibroblasts (fibrocytes)	Extracellular fibers and ground substance
Plasma cells	Antibodies
Lymphocytes (several types)	Various immune/defense functions
Eosinophilic leukocytes	Modulate allergic/vasoactive reactions and defense against parasites
Neutrophilic leukocytes	Phagocytosis of bacteria
Macrophages	Phagocytosis of ECM components and debris; antigen processing and presentation to immune cells; secretion of growth factors, cytokines, and other agents
Mast cells and basophilic leukocytes	Pharmacologically active molecules (eg, histamine)
Adipocytes	Storage of neutral fats

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TABLE 5-2**Distribution and main functions of the cells of the mononuclear phagocyte system.**

Cell Type	Major Location	Main Function
Monocyte	Blood	Precursor of macrophages
Macrophage	Connective tissue, lymphoid organs, lungs, bone marrow, pleural and peritoneal cavities	Production of cytokines, chemotactic factors, and several other molecules that participate in inflammation (defense), antigen processing, and presentation
Kupffer cell	Liver (perisinusoidal)	Same as macrophages
Microglial cell	Central nervous system	Same as macrophages
Langerhans cell	Epidermis of skin	Antigen processing and presentation
Dendritic cell	Lymph nodes, spleen	Antigen processing and presentation
Osteoclast (from fusion of several macrophages)	Bone	Localized digestion of bone matrix
Multinuclear giant cell (several fused macrophages)	In connective tissue under various pathological conditions	Segregation and digestion of foreign bodies

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TABLE 5-3

Collagen types.

Type	α -Chain Composition	Structure	Optical Microscopy	Major Location	Main Function
Fibril-Forming Collagens					
I	$[\alpha 1 (I)]_2[\alpha 2 (I)]$	300-nm molecule, 67-nm banded fibrils	Thick, highly picrosirius birefringent, fibers	Skin, tendon, bone, dentin	Resistance to tension
II	$[\alpha 1 (II)]_3$	300-nm molecule, 67-nm banded fibrils	Loose aggregates of fibrils, birefringent	Cartilage, vitreous body	Resistance to pressure
III	$[\alpha 1 (III)]_3$	67-nm banded fibrils	Thin, weakly birefringent, argyrophilic (silver-binding) fibers	Skin, muscle, blood vessels, frequently together with type I	Structural maintenance in expansible organs
V	$[\alpha 1 (V)]_3$	390-nm molecule, N-terminal globular domain	Frequently forms fiber together with type I	Fetal tissues, skin, bone, placenta, most interstitial tissues	Participates in type I collagen function
XI	$[\alpha 1 (XI)] [\alpha 2 (XI)] [\alpha 3 (XI)]$	300-nm molecule	Small fibers	Cartilage	Participates in type II collagen function
Network-Forming Collagens					
IV	$[\alpha 1 (IV)]_2 [\alpha 2 (IV)]$	2-dimensional cross-linked network	Detected by immunocytochemistry	All basal and external laminae	Support of epithelial cells; filtration
X	$[\alpha 1 (X)]_3$	Hexagonal lattices	Detected by immunocytochemistry	Hypertrophic cartilage involved in endochondral bone formation	Increases density of the matrix
Linking/Anchoring Collagens					
VII	$[\alpha 1 (VII)]_3$	450 nm, globular domain at each end	Detected by immunocytochemistry	Epithelial basement membranes	Anchors basal laminae to underlying reticular lamina
IX	$[\alpha 1 (IX)] [\alpha 2 (IX)] [\alpha 3 (IX)]$	200-nm molecule	Detected by immunocytochemistry	Cartilage, vitreous body	Binds various proteoglycans; associated with type II collagen
XII	$[\alpha 1 (XII)]_3$	Large N-terminal domain	Detected by immunocytochemistry	Placenta, skin, tendons	Interacts with type I collagen
XIV	$[\alpha 1 (XIV)]_3$	Large N-terminal domain; cross-shaped molecule	Detected by immunocytochemistry	Placenta, bone	Binds type I collagen fibrils, with types V and XII, strengthening fiber formation

Check types:
I,II,III,IV,VII,IX

TABLE 5–4**Examples of clinical disorders resulting from defects in collagen synthesis.**

Disorder	Defect	Symptoms
Ehlers-Danlos type IV	Faulty transcription or translation of collagen type III	Aortic and/or intestinal rupture
Ehlers-Danlos type VI	Faulty lysine hydroxylation	Increased skin elasticity, rupture of eyeball
Ehlers-Danlos type VII	Decrease in procollagen peptidase activity	Increased articular mobility, frequent luxation
Scurvy	Lack of vitamin C, a required cofactor for prolyl hydroxylase	Ulceration of gums, hemorrhages
Osteogenesis imperfecta	Change of 1 nucleotide in genes for collagen type I	Spontaneous fractures, cardiac insufficiency

Read – Just in case

TABLE 5-5

Composition and distribution of glycosaminoglycans in connective tissue and their interactions with collagen fibers.

Glycosaminoglycan	Repeating Disaccharides		Distribution	Electrostatic Interaction with Collagen
	Hexuronic Acid	Hexosamine		
Hyaluronic acid	D-glucuronic acid	D-glucosamine	Umbilical cord, synovial fluid, vitreous humor, cartilage	
Chondroitin 4-sulfate	D-glucuronic acid	D-galactosamine	Cartilage, bone, cornea, skin, notochord, aorta	High levels of interaction, mainly with collagen type II
Chondroitin 6-sulfate	D-glucuronic acid	D-galactosamine	Cartilage, umbilical cord, skin, aorta (media)	High levels of interaction, mainly with collagen type II
Dermatan sulfate	L-iduronic acid or D-glucuronic acid	D-galactosamine	Skin, tendon, aorta (adventitia)	Low levels of interaction, mainly with collagen type I
Heparan sulfate	D-glucuronic acid or L-iduronic acid	D-galactosamine	Aorta, lung, liver, basal laminae	Intermediate levels of interaction, mainly with collagen types III and IV
Keratan sulfate	D-galactose	D-glucosamine	Cartilage, nucleus pulposus, annulus fibrosus	None

Memorize (name of GAG + distribution)

TABLE 5-6

Classification of connective or supporting tissues.

	General Organization	Major Functions	Examples
Connective Tissue Proper			
Loose (areolar) connective tissue	Much ground substance; many cells and little collagen, randomly distributed	Supports microvasculature, nerves, and immune defense cells	Lamina propria beneath epithelial lining of digestive tract
Dense irregular connective tissue	Little ground substance; few cells (mostly fibroblasts); much collagen in randomly arranged fibers	Protects and supports organs; resists tearing	Dermis of skin, organ capsules, submucosa layer of digestive tract
Dense regular connective tissue	Almost completely filled with parallel bundles of collagen; few fibroblasts, aligned with collagen	Provide strong connections within musculoskeletal system; strong resistance to force	Ligaments, tendons, aponeuroses, corneal stroma
Embryonic Connective Tissues			
Mesenchyme	Sparse, undifferentiated cells, uniformly distributed in matrix with sparse collagen fibers	Contains stem/progenitor cells for all adult connective tissue cells	Mesodermal layer of early embryo
Mucoid (mucous) connective tissue	Random fibroblasts and collagen fibers in viscous matrix	Supports and cushions large blood vessels	Matrix of the fetal umbilical cord
Specialized Connective Tissues			
Reticular connective tissue (see Chapter 14)	Delicate network of reticulin/collagen III with attached fibroblasts (reticular cells)	Supports blood-forming cells, many secretory cells, and lymphocytes in most lymphoid organs	Bone marrow, liver, pancreas, adrenal glands, all lymphoid organs except the thymus
Adipose Tissue (Chapter 6)			
Cartilage (Chapter 7)			
Bone (Chapter 8)			
Blood (Chapter 12)			

Memorize all