

Pathology

Inflammation

Third and Fourth Lectures

Microbial Killing and Degradation

Two mechanisms

1. Oxygen- dependent mechanism by formation of H_2O_2 , superoxide $\mathbf{\ddot{O}}_2$ and Nitric Oxide (NO) which are <u>Powerful Bactericidal</u> <u>Agents</u>. They can cause cell injury if they leaks out of phagolysosome. Glutathione peroxidase – cytoplasmic enzyme protect the cell by destroying H_2O_2 and $\mathbf{\ddot{O}}_2$ that leak out of phagolysosome.

In gout \rightarrow urate crystals are phagocytized by neutrophil exert toxic effect on lysosomal membranes \rightarrow release of lysosomal enzymes which cause Acute Inflammation of the joint with destruction of joint.

2. Oxygen - Independent Mechanism – mediated by Lysozyme & others.

Five Cardinal Clinical Signs of Acute Inflammation

- 1. Redness (Erythema)(Rubor): Due to vasodilation and congestion.
- 2. Heat (Warmth) (Calor): Due to vasodilation and increased blood flow.
- 3. Swelling (Edema)(Tumor): Due to fluid exudation.
- 4. Pain (Dolor): Due to irritation of nerve endings and chemical mediators.
- 5. Loss of function(Functio laesa):Reflex immobilization due to pain & edema.

(PRISH)

Microscopic appearance of acute inflammation

- Dilation and Engorgement of blood vessels.
- ✤ Exudation of fluid.
- ◆ Infiltration of tissue by acute inflammatory cells mainly <u>Neutrophils.</u>

(Monomorphic Infiltrate)

Morphologic Patterns of Acute Inflammation

- 1. Catarrhal
- 2. Serous
- 3. Suppurative (Purulent)
- 5. Fibrinous
- 6. Pseudomembranous
- 7. Gangrenous

4. Hemorrhagic

8. Ulceration

1. Catarrhal Inflammation :

- \checkmark Mild acute inflammation of the <u>mucous membrane</u>.
- ✓ Excessive mucous fluid secretion and little necrosis of tissue.
- ✓ E.g. Common cold = coryza \rightarrow nasal obstruction + congestion.
- ✓ Commonest type of acute inflammation.

2. Serous inflammation :

- ✓ Moderate acute inflammation of <u>serous membrane</u>, characterized by clear watery fluid in serous cavity (pleural, peritoneal, pericardial and synovial cavities) which is called <u>Effusion</u>.
- \checkmark <u>Effusion</u> = accumulation of fluid in any serous cavity.
- \checkmark <u>Ascites</u> = accumulation of fluid in peritoneal cavity.
- ✓ Serous Exudates (clear watery fluid).
- ✓ Other examples: Skin Blisters caused by Burns or Viral Infection.

3. Fibrinous inflammation :

- ✓ Severe acute inflammation of <u>serous membrane</u> with excessive deposition of Fibrin in serous cavity (Fibrinous Exudate)
 E.g. Fibrinous Pericarditis.
- ✓ Fluid is removed by lymphatic.
- ✓ Both visceral and parietal layers of cavity are stuck by fibrin meshwork giving Bread and Butter appearance when separated from each other.
- ✓ Fibrinous exudates may be degraded by fibrinolysis and removed by macrophage with clearance of cellular debris resulting in Resolution.
- ✓ Incomplete removal of excessive fibrin resulting in organization and fibrous adhesion of pleura or pericardium. Organization is replacement of fibrinous exudate by the ingrowth of fibroblasts and blood vessels, leading to form fibrous tissue (fibrosis) in body cavity.

4. Suppurative inflammation :

- ✓ It is characterized by large amount of **Purulent Exudate** (Pus).
- ✓ Caused by **pyo**genic bacteria (<u>Staph. Aureus and Strepto. Pyogenes</u>).
- ✓ Boil = Furuncle = Abscess of hair follicles
- ✓ Empyema: collection of pus in a body cavity or a hollow organ
 E.g. Gall Bladder. (Pyogenic bacteria = Pus-forming bacteria)

Pus:

- ✤ It is a thick creamy viscous yellowish-greenish fluid.
- ✤ It consists of :
 - Dead and dying neutrophils
 - Fluid
 - Exudate
 - Bacteria
 - Necrotic tissue or cellular debris

Pus is a Purulent Inflammatory Exudates rich in neutrophils and cellular debris.

Abscess :

It is a localized collection of Pus, has central necrotic cavity (liquefactive necrosis), surrounding by a layer of inflamed granulation tissue, which is called (Pyogenic Membrane).

Outcomes of abscess:

- **4** Burst by itself.
- 4 Surgical drainage.
- **4** Healing by Fibrosis (Scarring).

5. Pseudomembranous Inflammation :

- ✓ Very severe ulcerative inflammation of <u>mucous membranes</u> with extensive necrosis of surface epithelium or mucosa.
- ✓ Formation of pseudomembrane consisting of exudate, fibrin, neutrophils, RBC, bacteria and tissue debris.
- \checkmark Whitish dirty membrane.
- ✓ E.g. Diphtheria → Larynx (<u>Corynebacterium diphtheriae</u>)
 - Pseudomembranous Colitis → <u>Clostridium difficile</u>

(Antibiotic-associated colitis = Lincomycin and Clindomycin).

6. Gangrenous Inflammation :

- ✓ Gangrene: Tissue Necrosis + Putrefaction due to invasion with digestion of tissue by Saprophytic Bacteria – like putrefaction of meat in a hot weather.
- \checkmark Black discoloration of tissue with Bad odor (Foul smell).

✓ E.g. ● Diabetic Foot – Atherosclerosis

Ischemia of leg + Loss of Sensation

• Gangrenous Bowel (Volvulus).

7. Ulceration :

- ✓ Ulcer is a loss of continuity (Local Defect) of the surface epithelium such as skin or any mucosa in the body such as GIT mucosa or Genito-urinary tract mucosa (GUT).
- ✓ Ulcer is associated with acute and chronic inflammations which induce Necrosis of cells with sloughing (shedding) of inflamednecrotic tissue of surface epithelium or mucosa of involved organ leading to the formation of ulcer.
- ✓ E.g. Gastric (Peptic) Ulcer and Ulcerative Colitis.