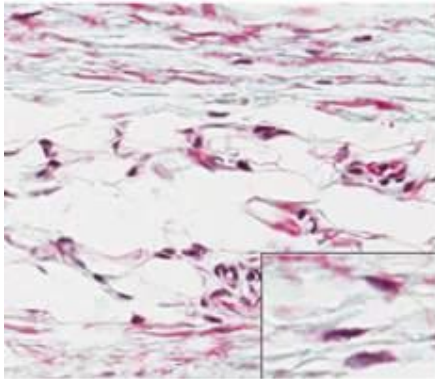
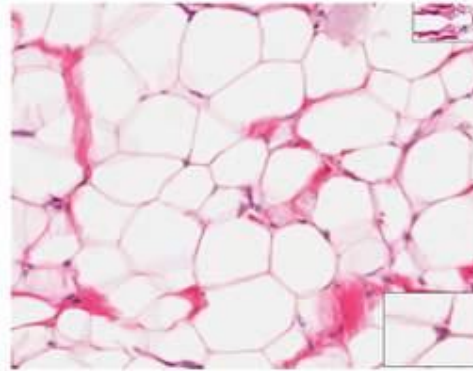


CONNECTIVE TISSUE PROPER

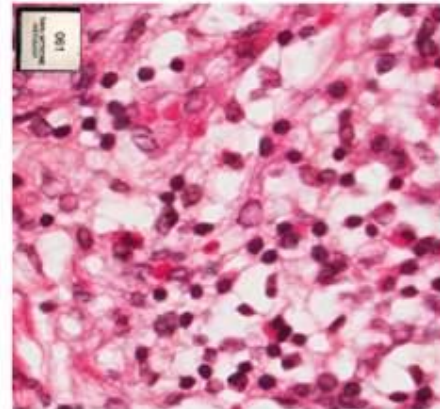
Dr. Larry Johnson



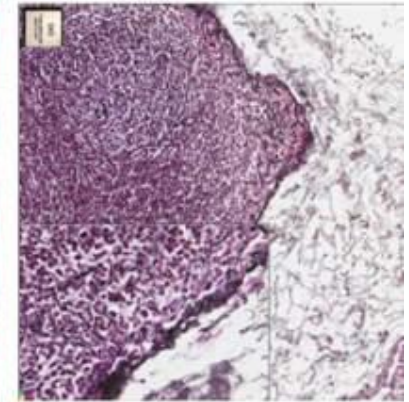
Mesenchyme connective tissue
[Slide 39](#)



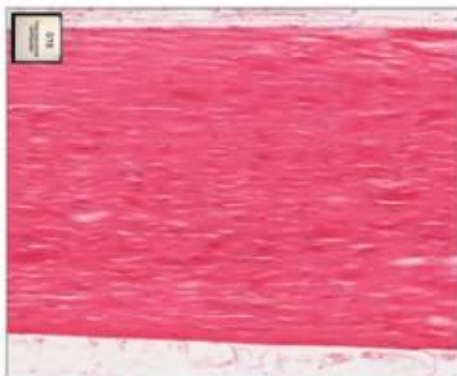
Adipose connective tissue
[Slide 38b](#)



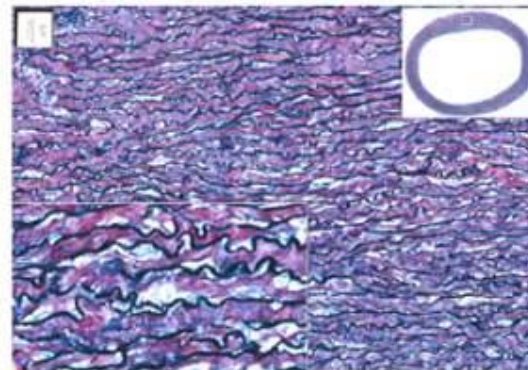
Loose connective tissue
[Slide 61](#) [Alternative slide 250](#)



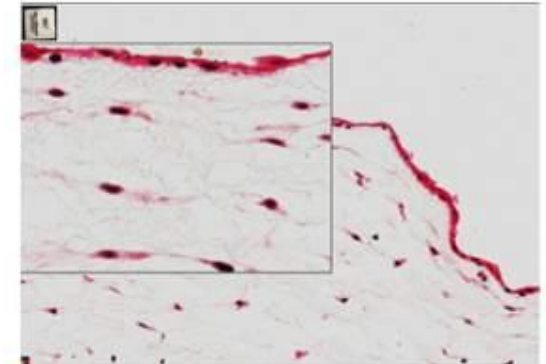
Reticular connective tissue
[Slide 45](#)



Dense connective tissue
[Slide 15](#)



Elastic connective tissue
[Slide 28](#)



Mucus connective tissue
[Slide 87](#)

Objectives

- Describe each type of connective tissue (CT) and explain where they are found.
- List the types of cells, fibers, and other extracellular matrix components found in connective tissues.
- Relate the functions of each connective tissue to their structural organization.

FUNCTION OF CT



MECHANICAL SUPPORT –

STROMA BELOW EPITHELIUM

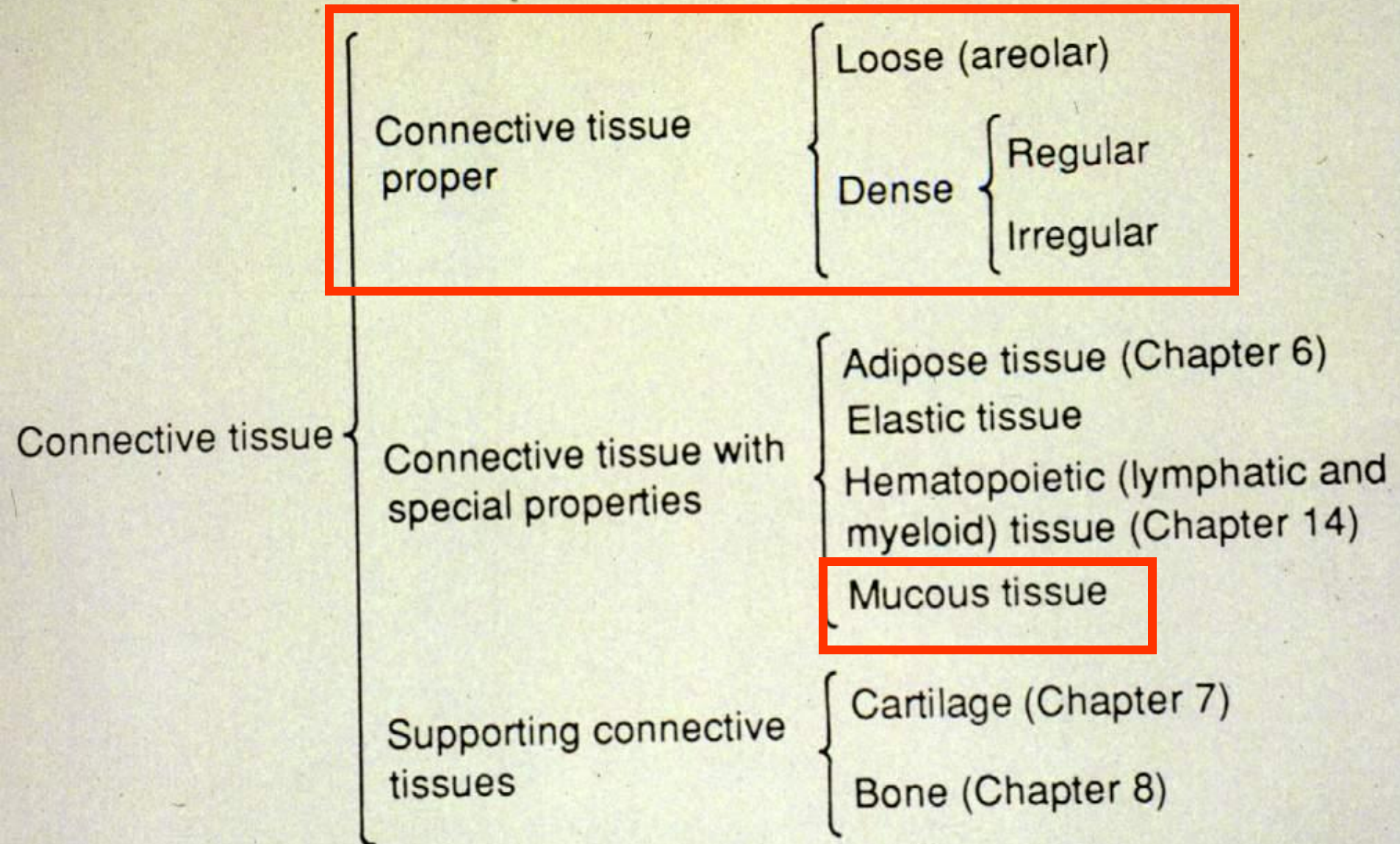
METABOLITE EXCHANGE - VASCULAR BEDS

ENERGY STORAGE - ADIPOSE TISSUE

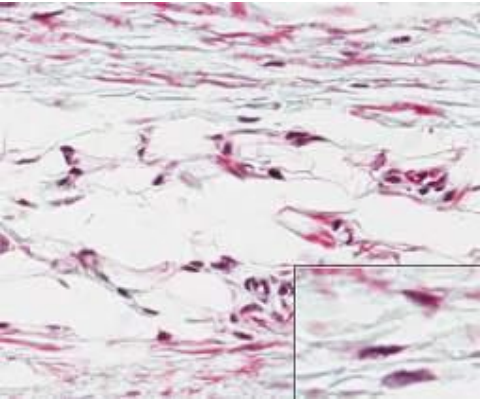
INFLAMMATION - SITE OF ACTION FOR BLOOD BORNE IMMUNE CELLS

FIBROSIS - WOUND HEALING - OVER-PRODUCTION OF COLLAGEN

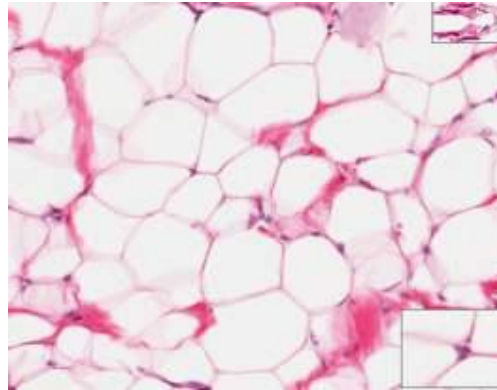
CONNECTIVE TISSUE



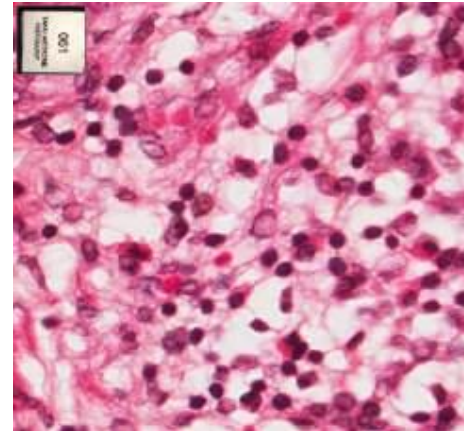
Types of connective tissue



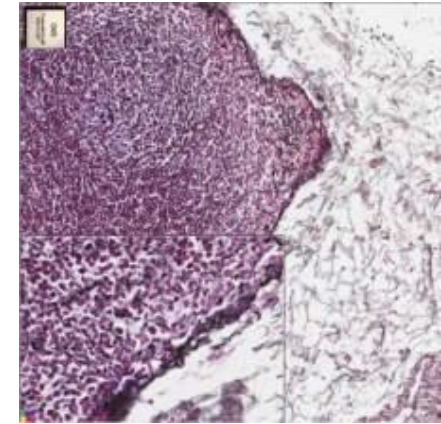
Mesenchyme connective tissue
[Slide 39](#)



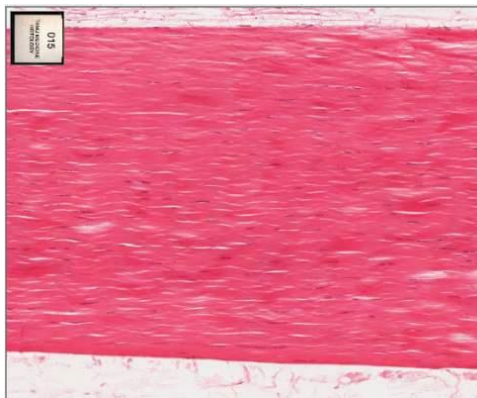
Adipose connective tissue
[Slide 38b](#)



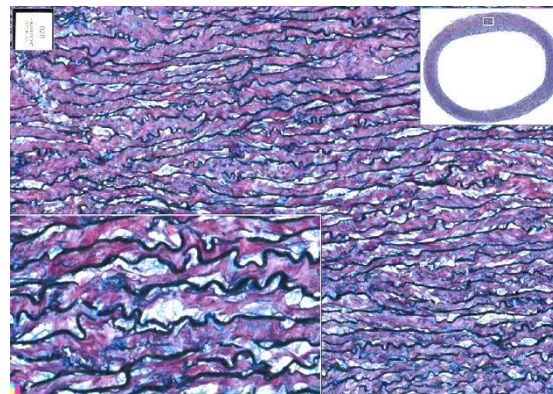
Loose connective tissue
[Slide 61](#) [Alternative slide 250](#)



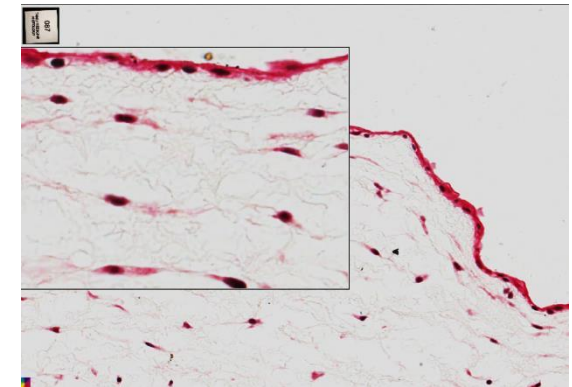
Reticular connective tissue
[Slide 45](#)



Dense connective tissue
[Slide 15](#)

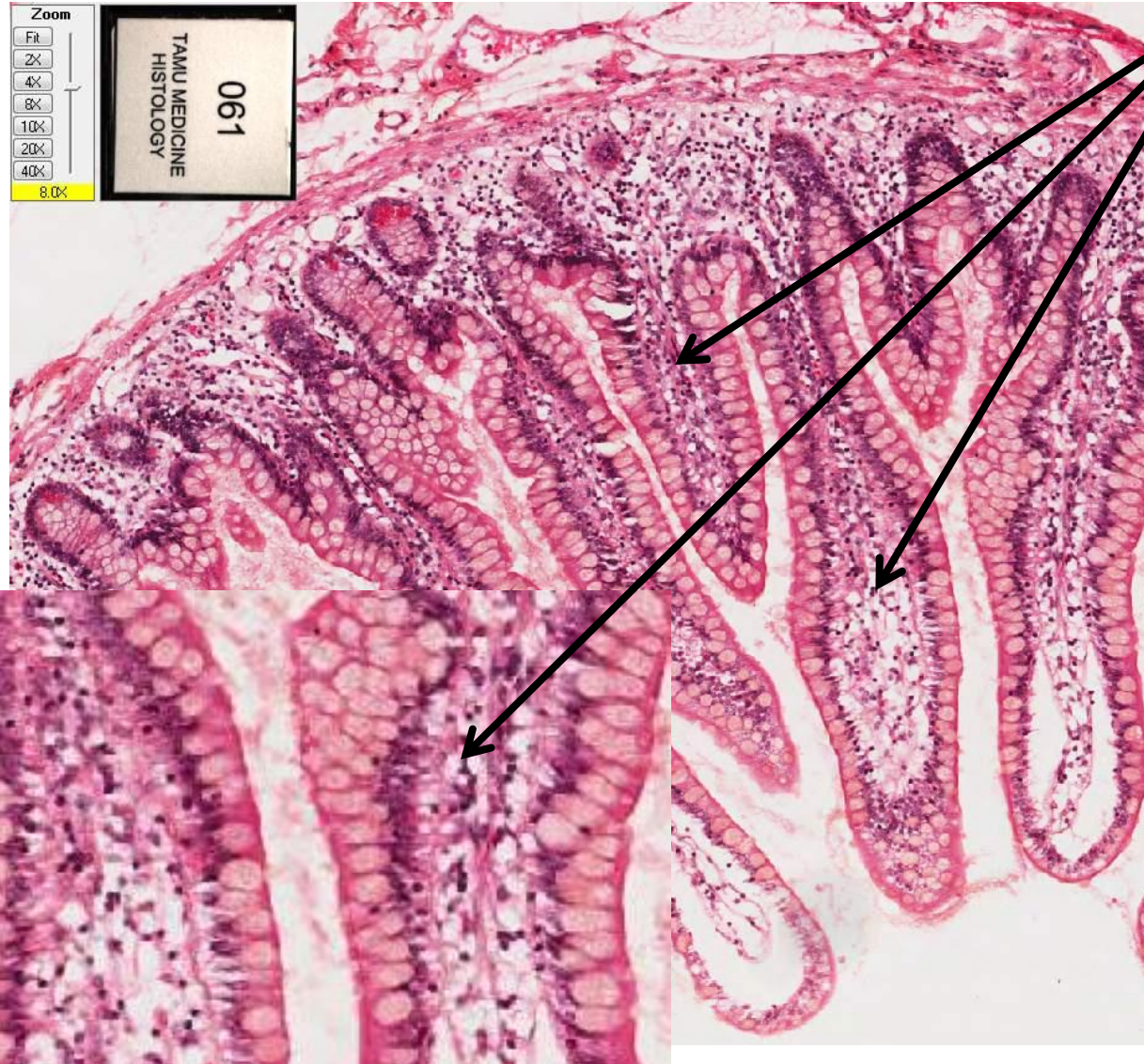


Elastic connective tissue
[Slide 28](#)



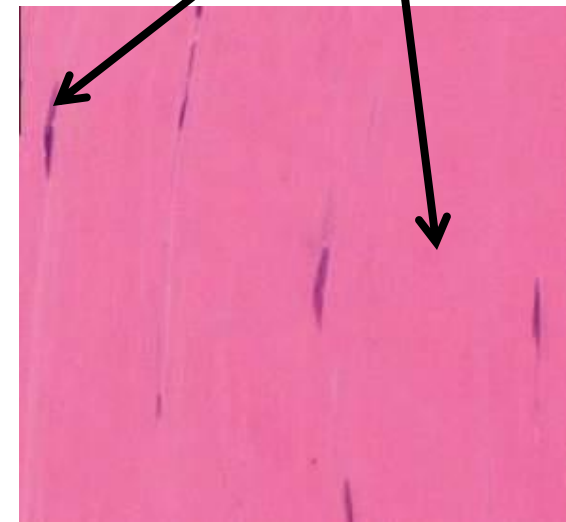
Mucus connective tissue
[Slide 87](#)

Slide 61: Terminal Ileum



Lamina propria consisting of loose connective tissue (more cells and less fibers)

Note the abundance of cells and low density of fibers in the lamina propria compared to this tendon (dense regular CT) which is mostly fibers and few cells.



CELLS OF CT (all from mesoderm)

FIBROBLASTS

MESENCHYMAL

CELLS

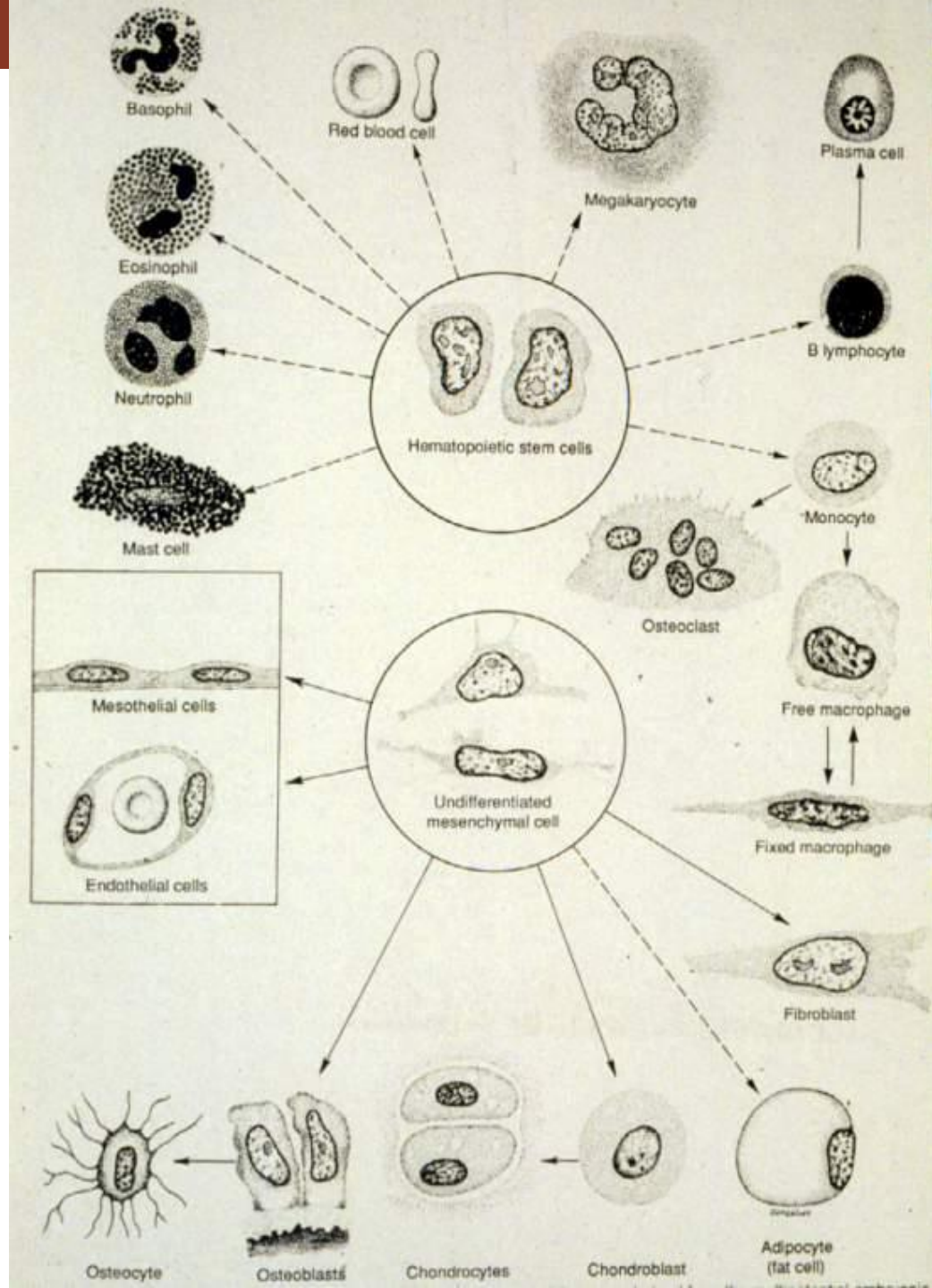
ADIPOSE CELLS

MACROPHAGE

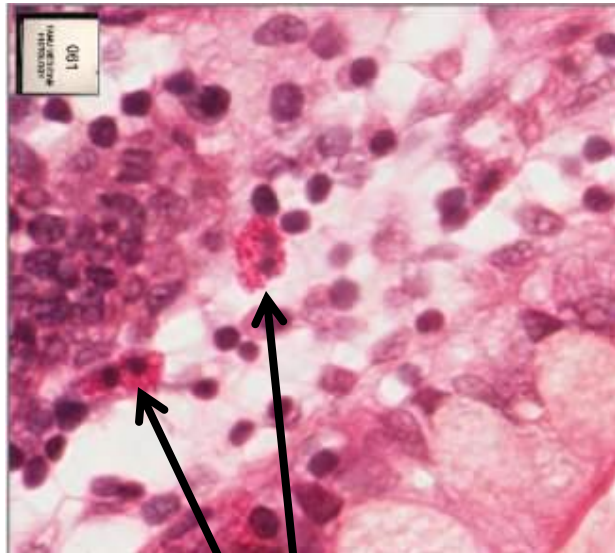
PLASMA CELLS

MAST CELLS

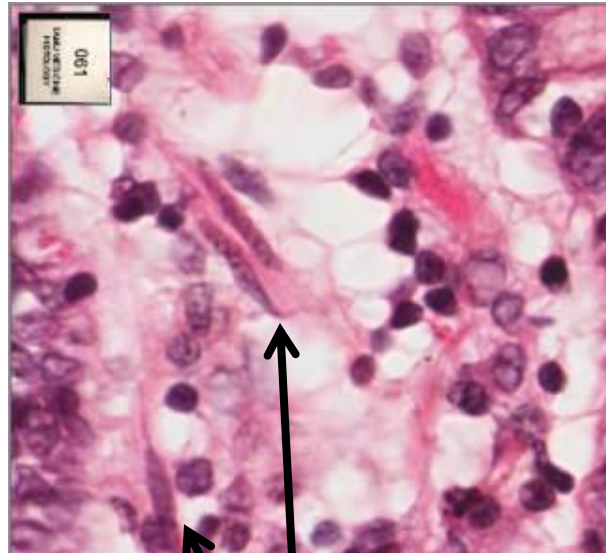
OTHERS



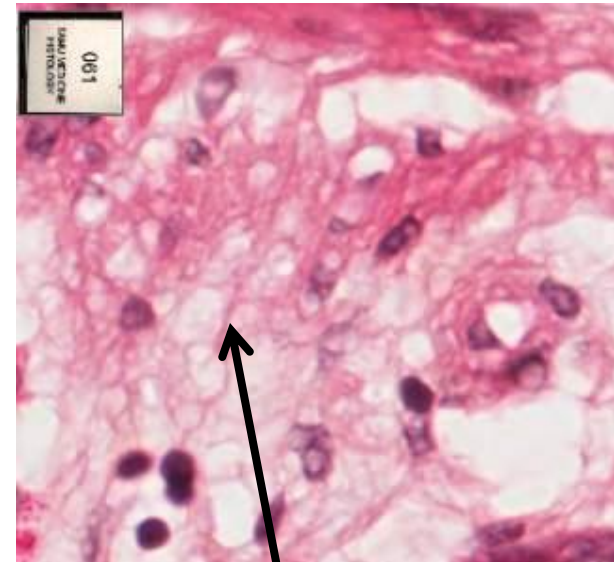
Slide 61: Terminal Ileum



Eosinophils

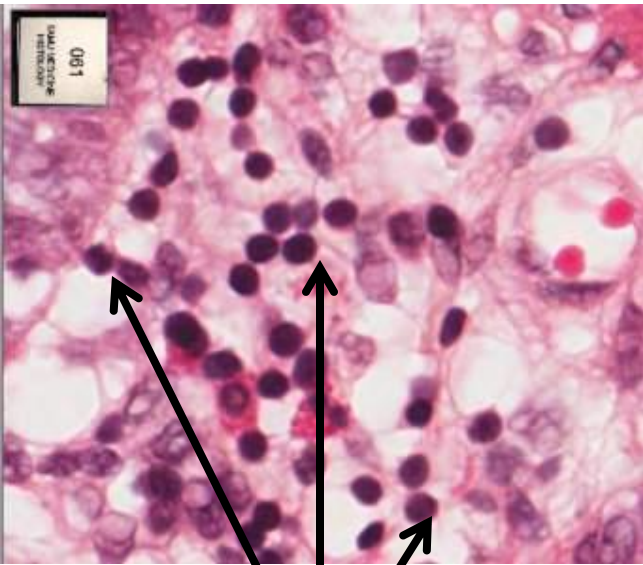


Fibroblasts

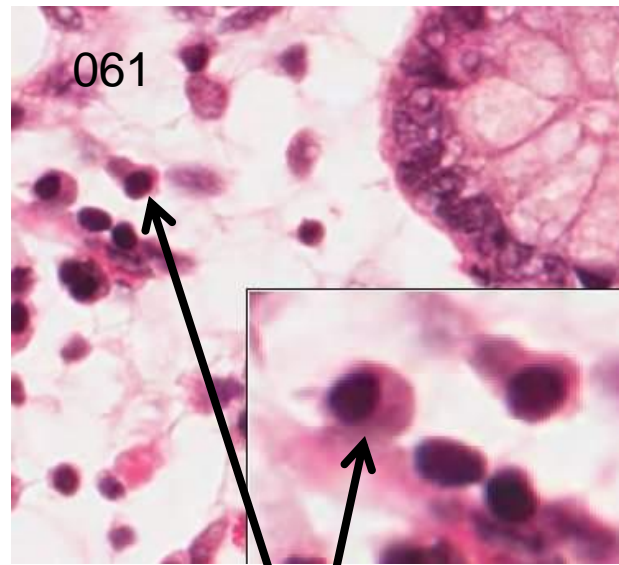


Collagen Type I
bundles

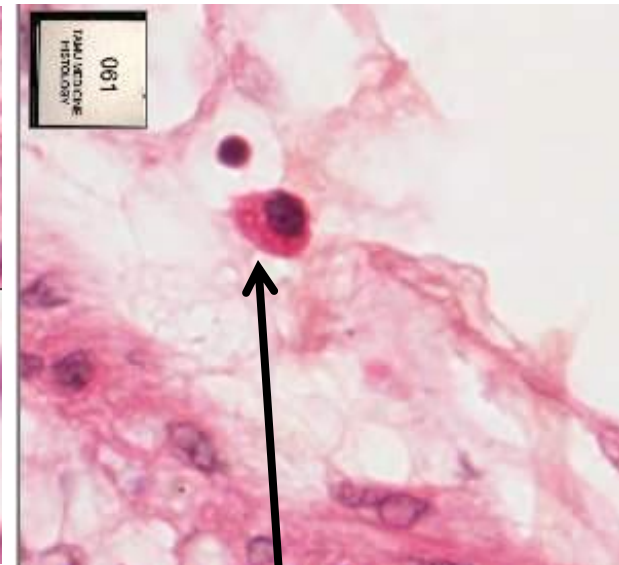
Slide 61: Terminal Ileum



Lymphocytes

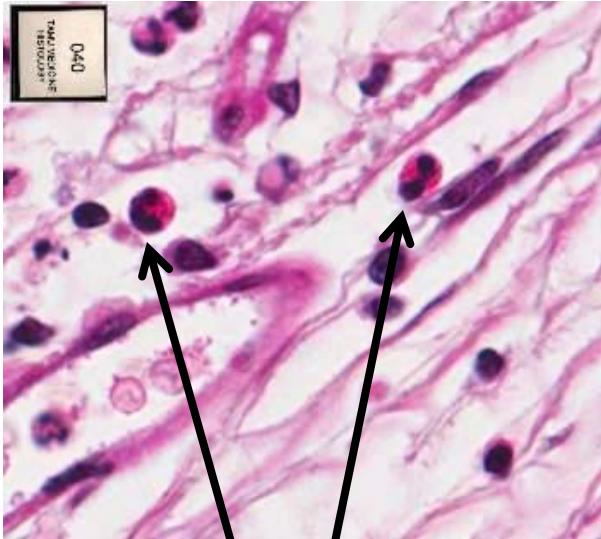


Plasma cells

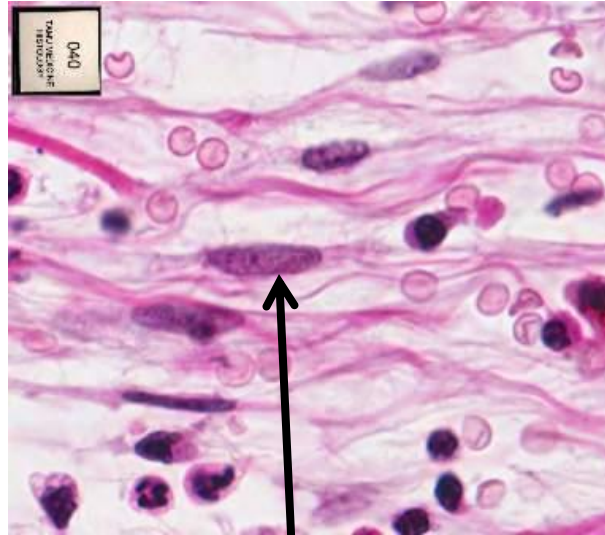


Mast cell

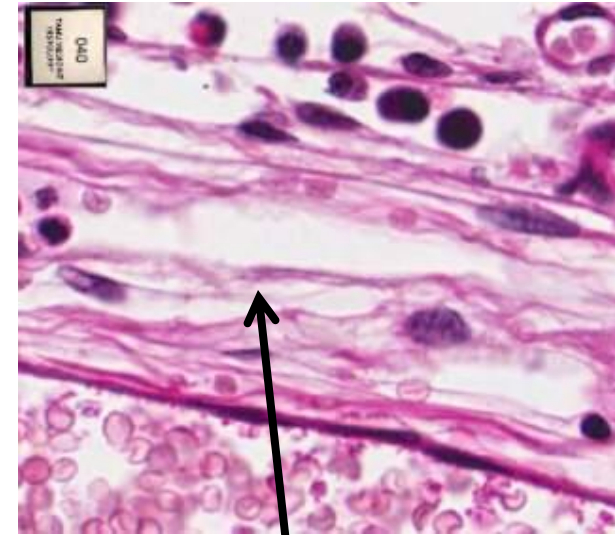
Slide 40: Trachea



Eosinophils

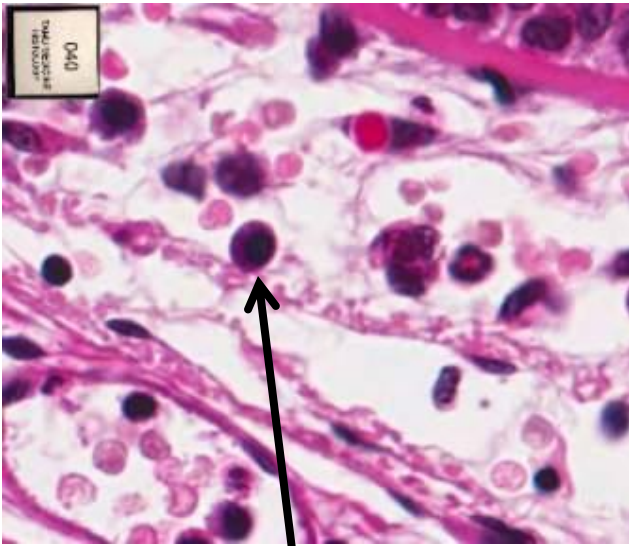


Fibroblast

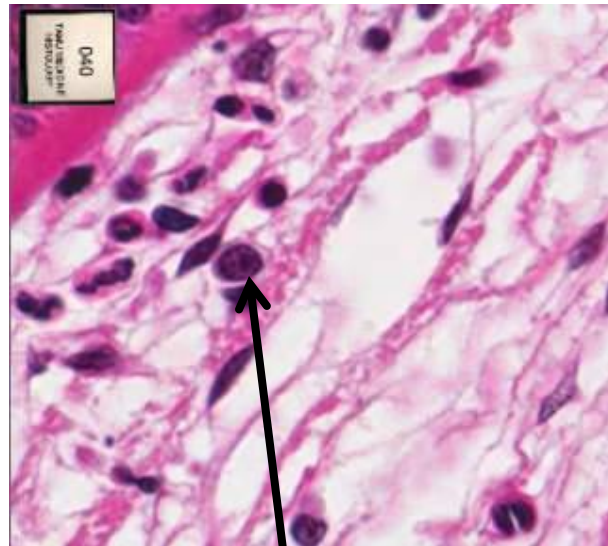


Collagen Type I
bundles

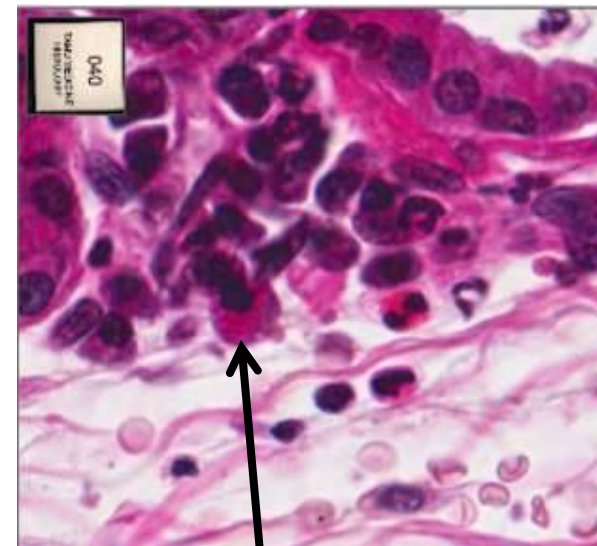
Slide 40: Trachea



Lymphocyte



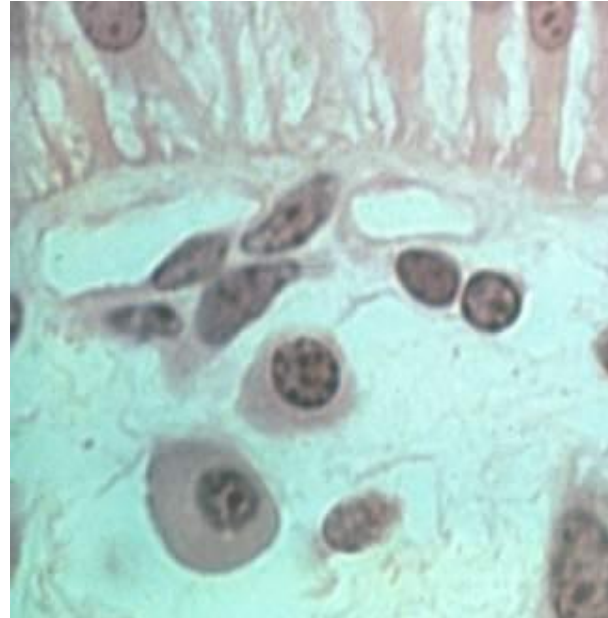
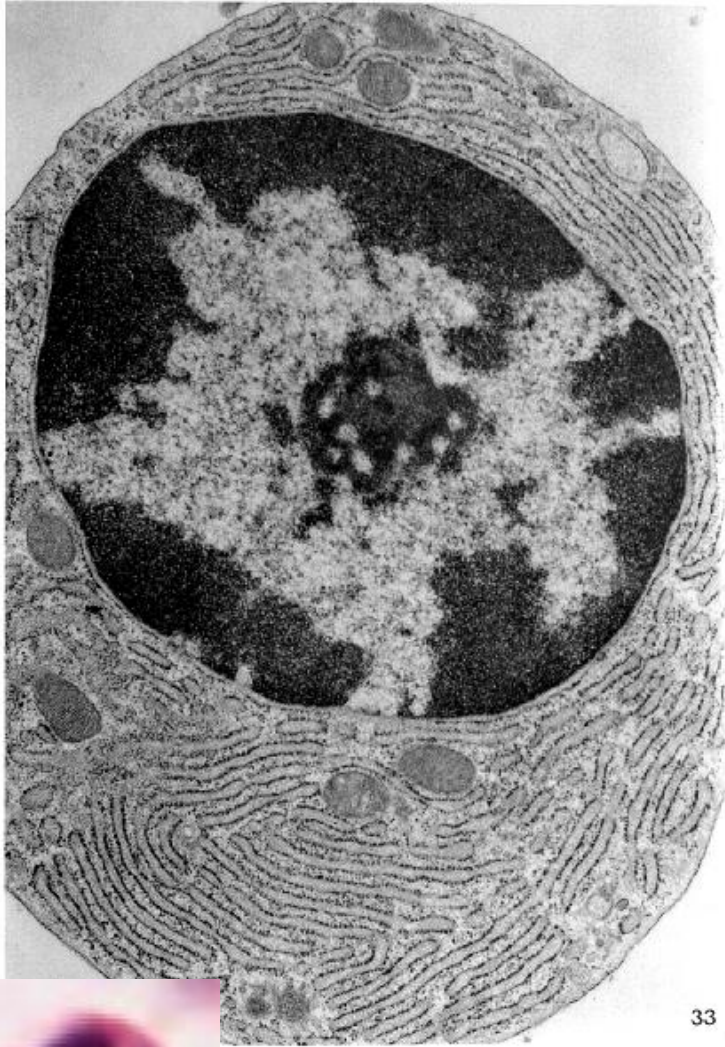
Plasma cell



Mast cell

EM 33

PLASMA CELL

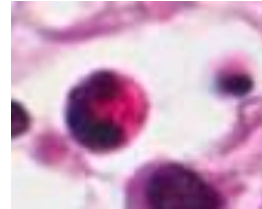
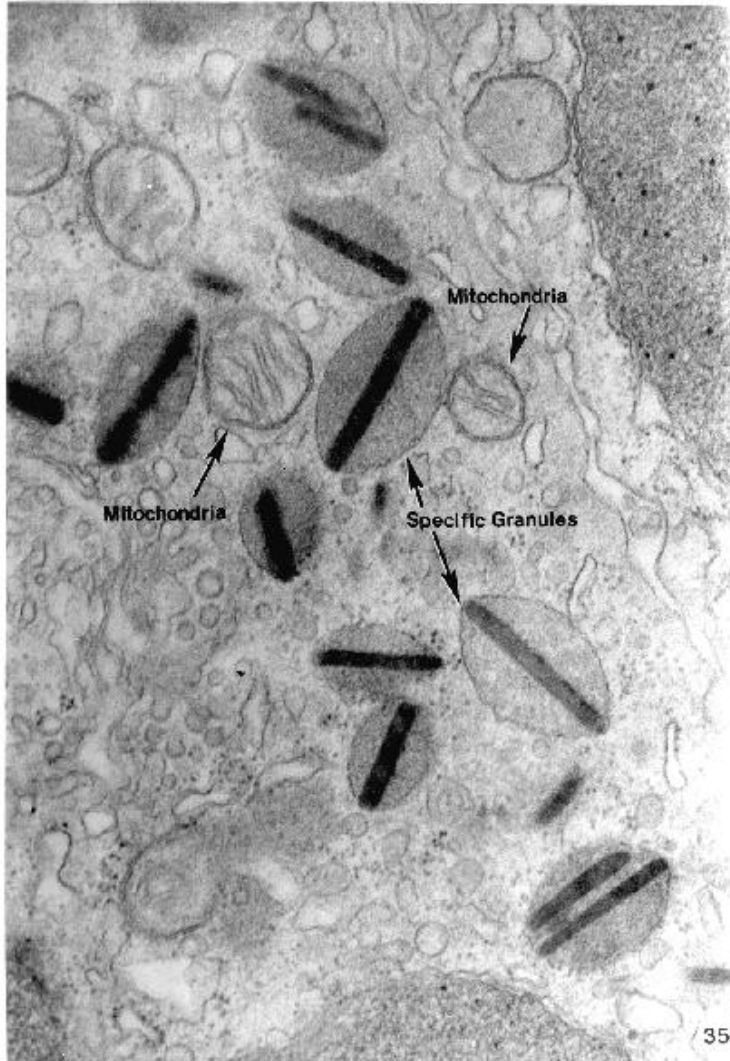


Plasma cells are identified by their small, eccentrically placed nucleus with condensed, coarse chromatin clumps distributed peripherally in a characteristic radial pattern and one central mass. A prominent, clear area in the cytoplasm is adjacent to the nucleus.

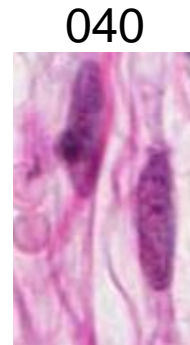


EM 35 & 56

EOSINOPHIL



040



040

Fibroblasts & Collagen

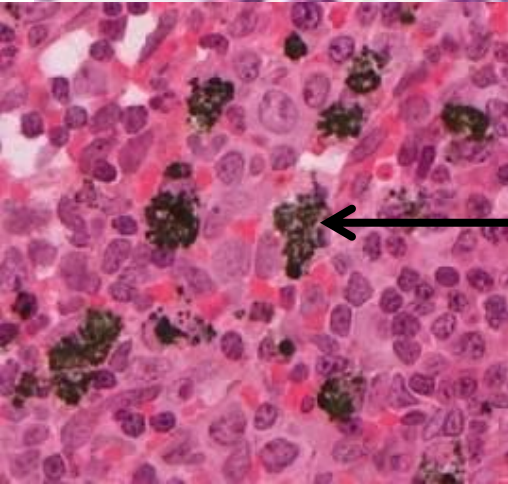
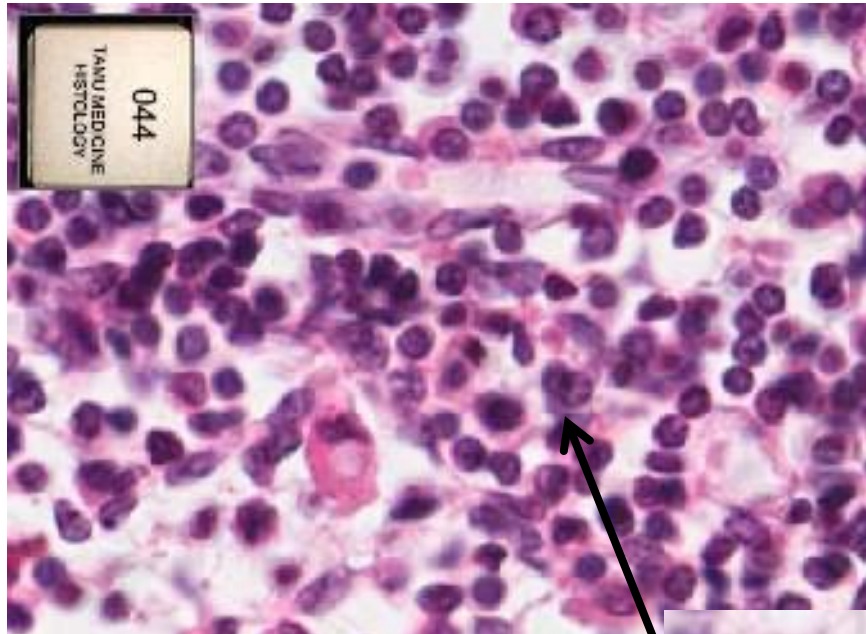


F-Fibroblast
 N-Nucleus
 P-Processes
 G-Golgi Apparatus
 M-Mitochondria
 rER-Rough ER

Cf-Bundles of Collagen fibrils
 *-Transverse section
 **-Longitudinal section
 arrows-Banding

Slide 44: Lymph node

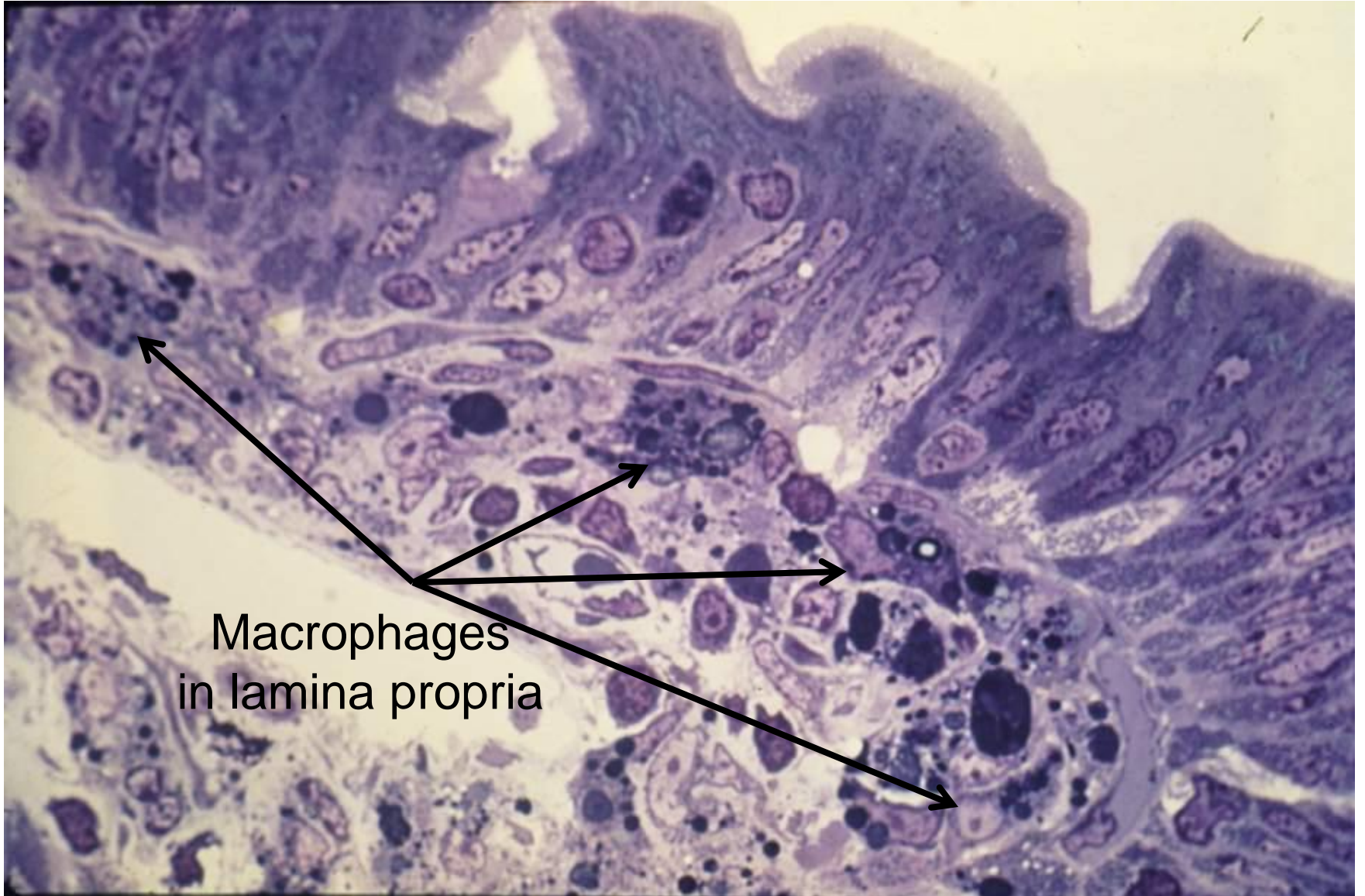
Lamina propria



Macrophage

Spleen

Small intestinal villus



Function of macrophages

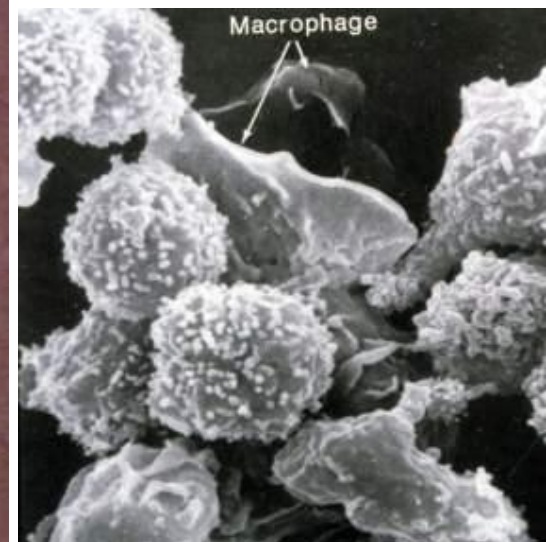
Macrophages are attracted to inflammation sites. They function to ingest bacteria, dead cells, cell debris, and other foreign matter. Macrophages also enhance the immunologic activities of lymphocytes by acting as antigen-presenting cells.

CELLS OF CT

MACROPHAGE – MONOCYTE LINKAGE

ALVEOLAR
MACROPHAGE

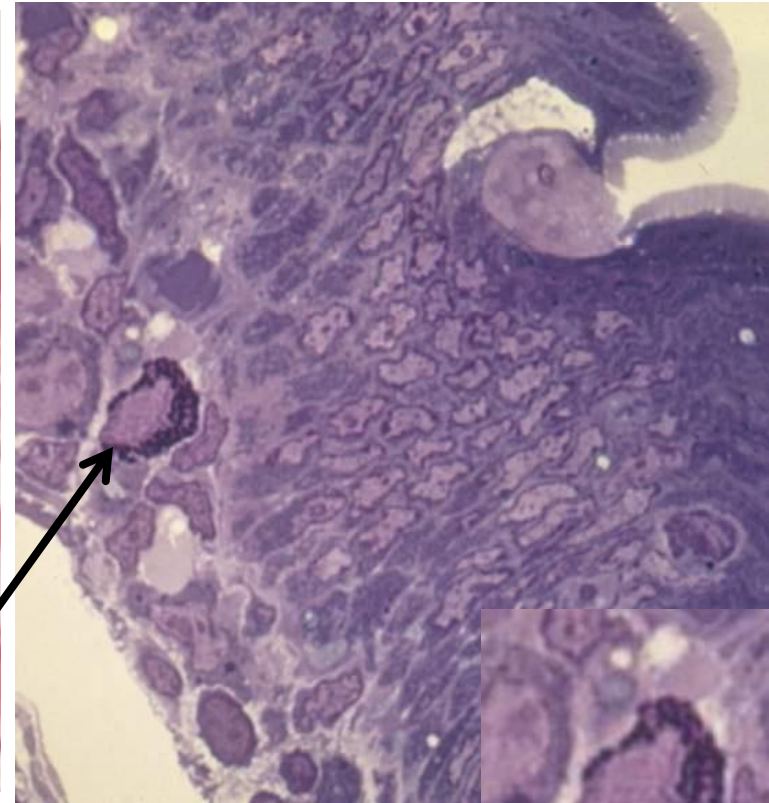
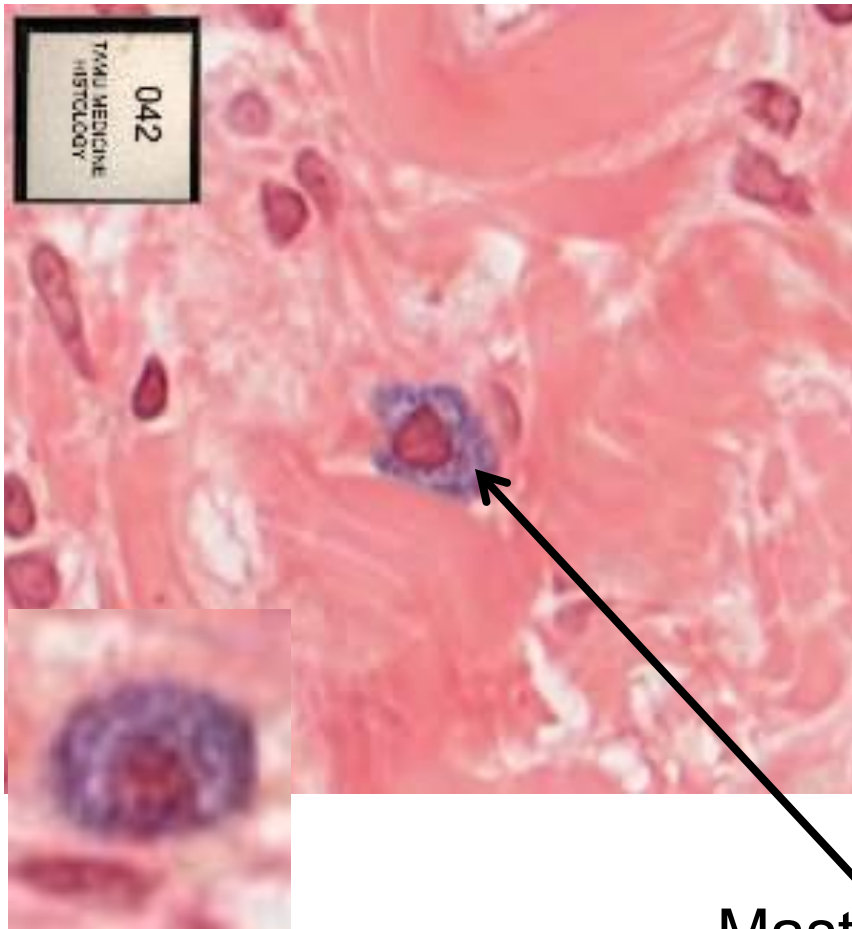
Alveolus of lung



Slide 42: Lung (Cannon-Sampson stain for mast cells)

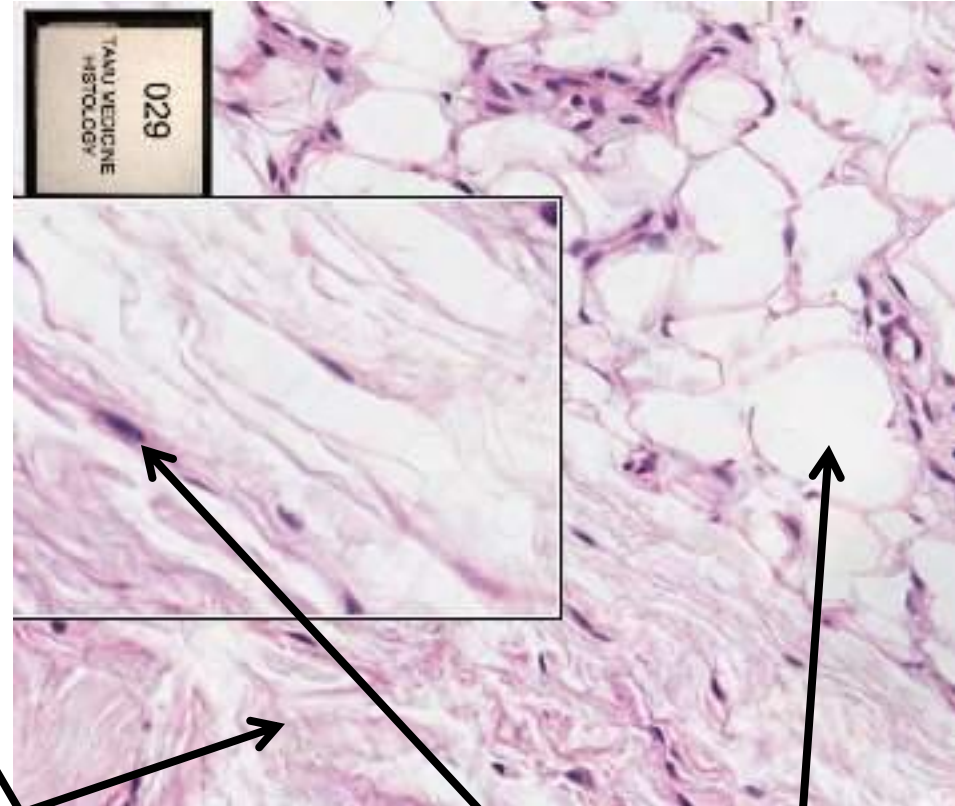
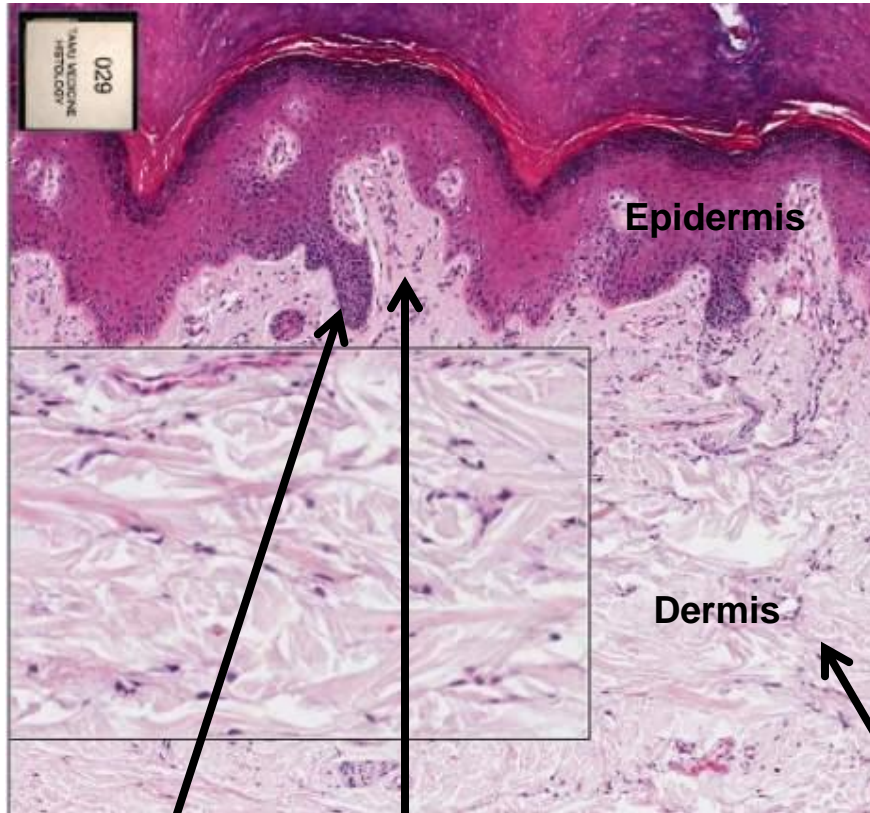
lung

intestine



Mast cells

Slide 29: Skin



Rete pegs

Dermal papilla

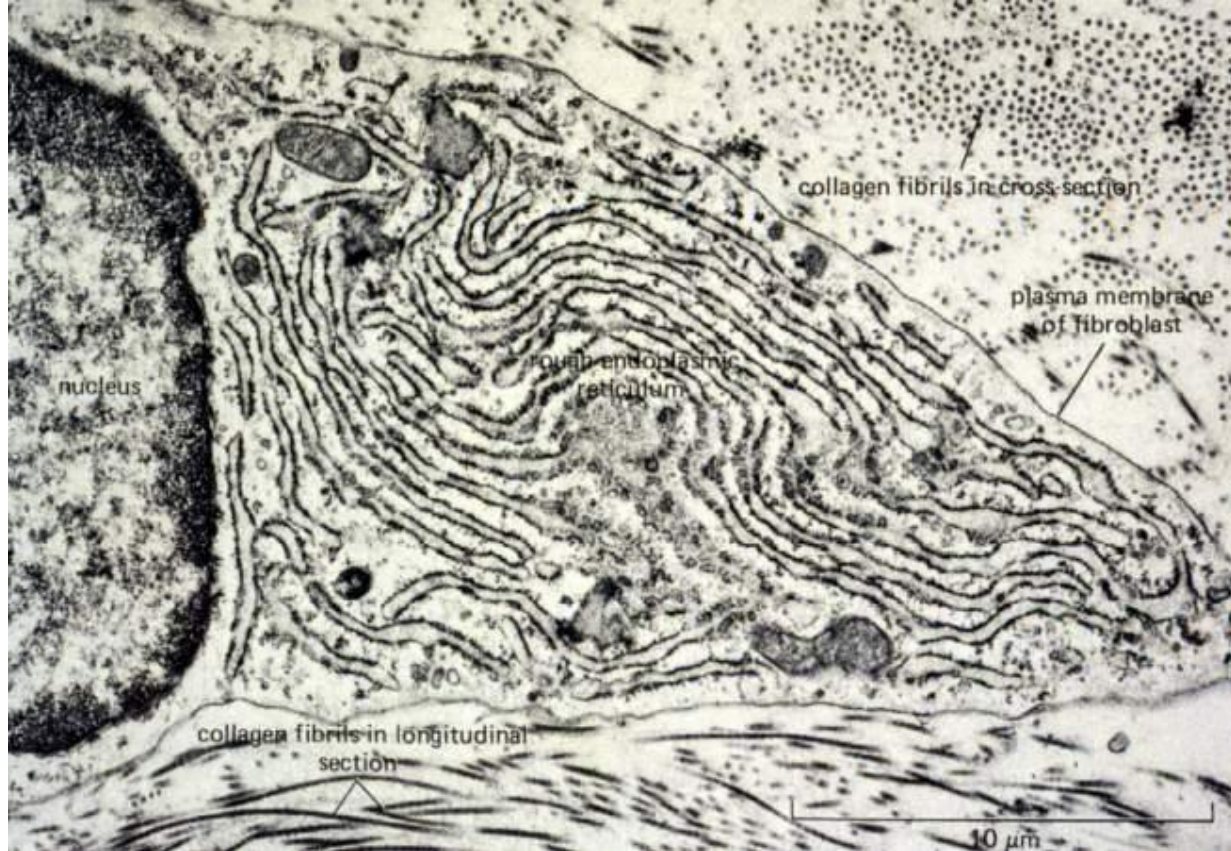
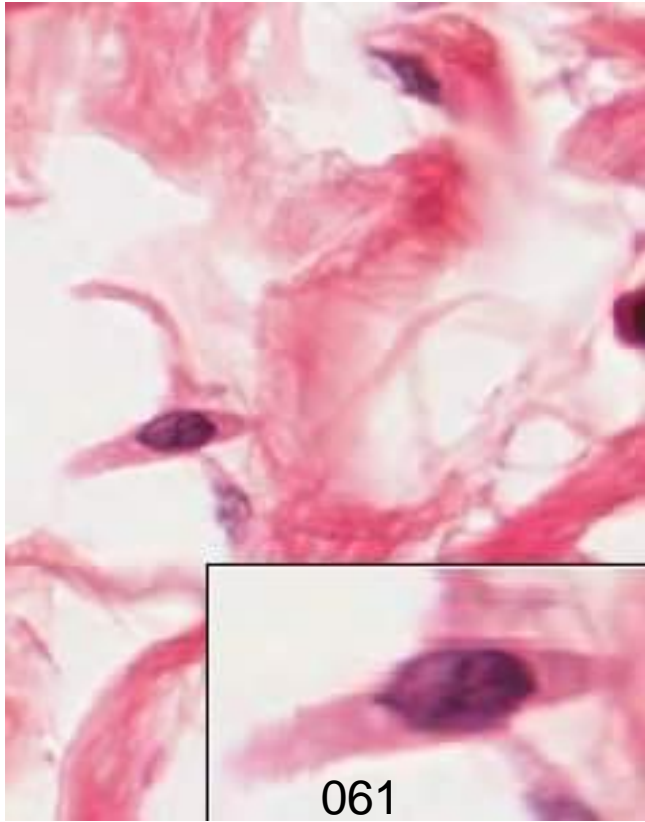
Type I collagen fiber bundles composing dense irregular connective tissue

Fibroblasts & Adipocytes

Epithelium is avascular and must get its nourishment (oxygen, nutrients, and metabolites) from that diffused through the blood capillaries located in the underlying connective tissue.

EXTRACELLULAR MATRIX - COLLAGEN

SYNTHESIS BY FIBROBLASTS



EXTRACELLULAR MATRIX - TYPES OF COLLAGEN

FIBROUS

TYPE I - FIBER
FORMING - MOST CT

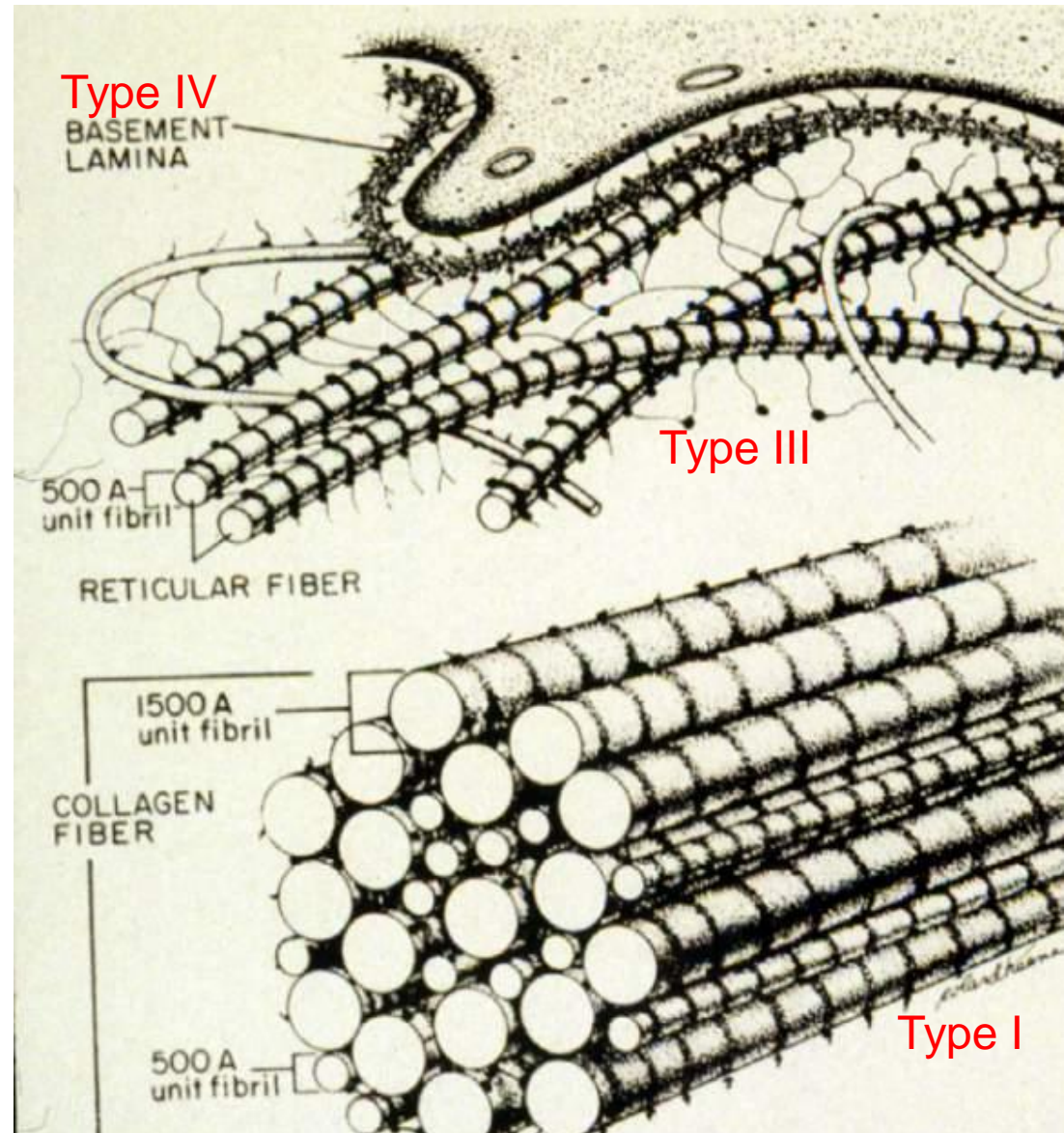
TYPE II - FIBRIL
FORMING

HYALINE CARTILAGE AND
VITREOUS BODY OF EYE

TYPE III - RETICULAR

NETWORK

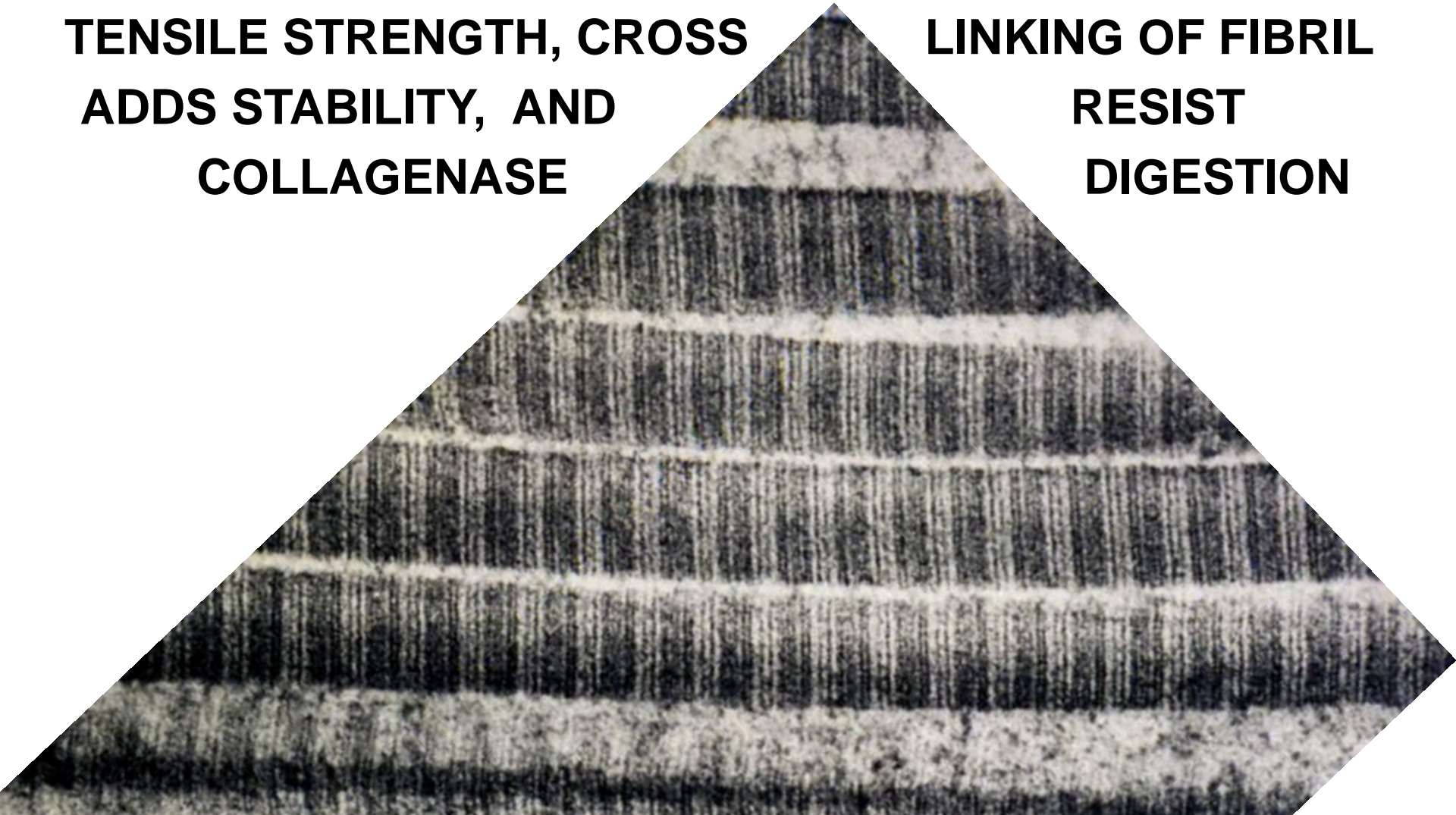
BRANCHING



EXTRACELLULAR MATRIX – COLLAGEN (Type I)

**GENERAL CHARACTERISTICS – FLEXIBLE WITH HIGH
TENSILE STRENGTH, CROSS
ADDS STABILITY, AND
COLLAGENASE**

**LINKING OF FIBRIL
RESIST
DIGESTION**

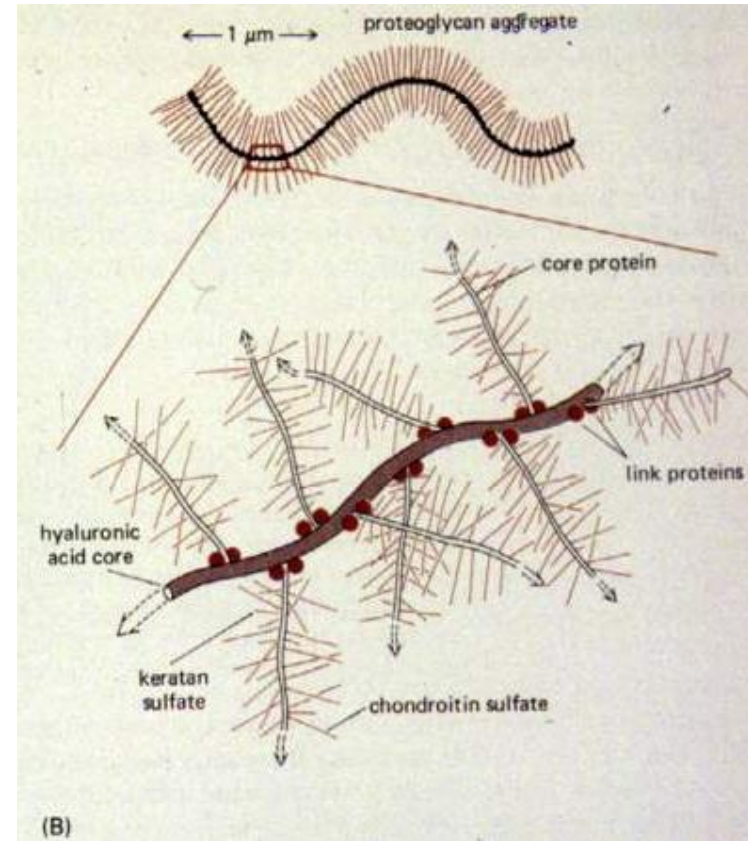


EXTRACELLULAR MATRIX - GROUND SUBSTANCE

PROTEOGLYCANS - GROUND SUBSTANCES

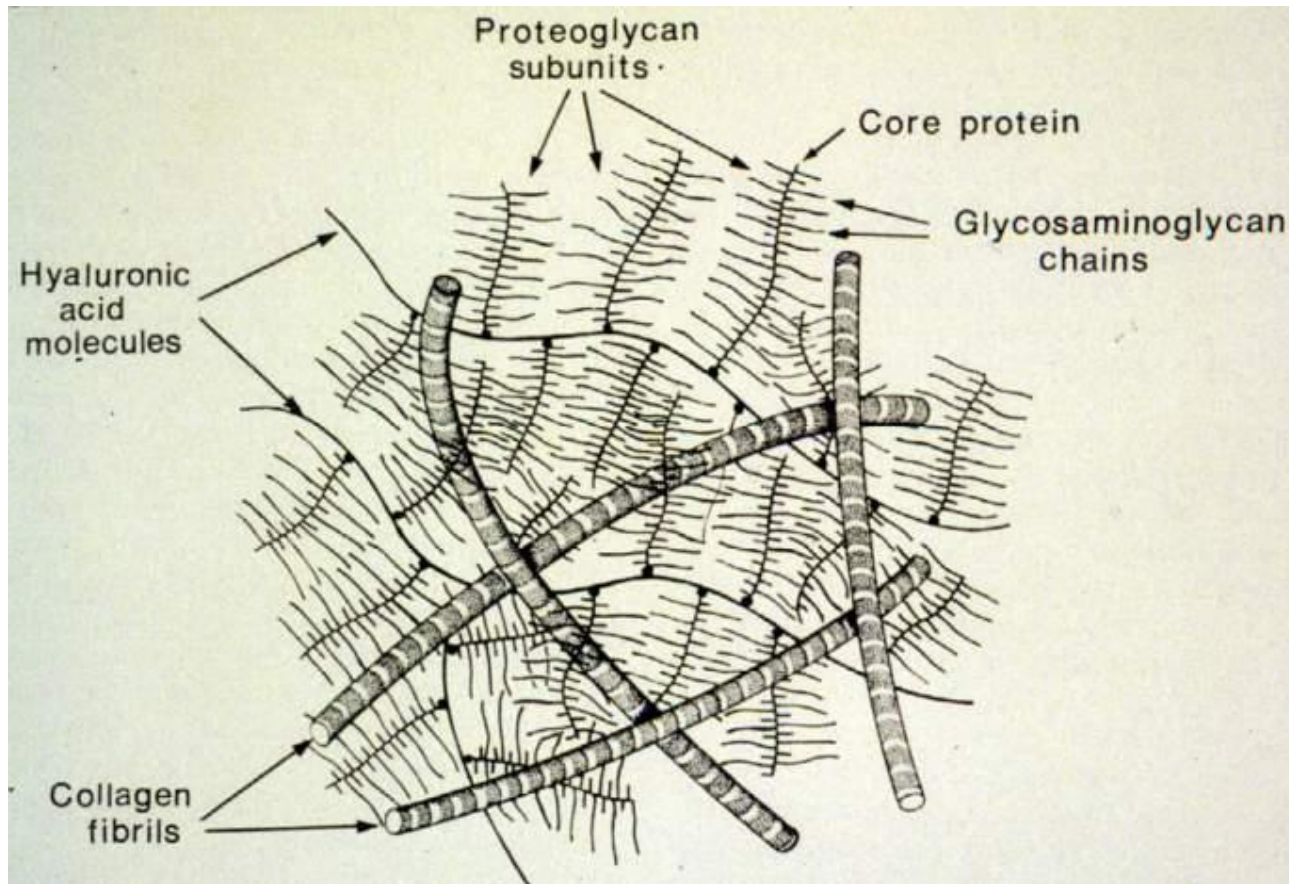
HYALURONIC ACID

GLYCOSAMINOGLYCANS



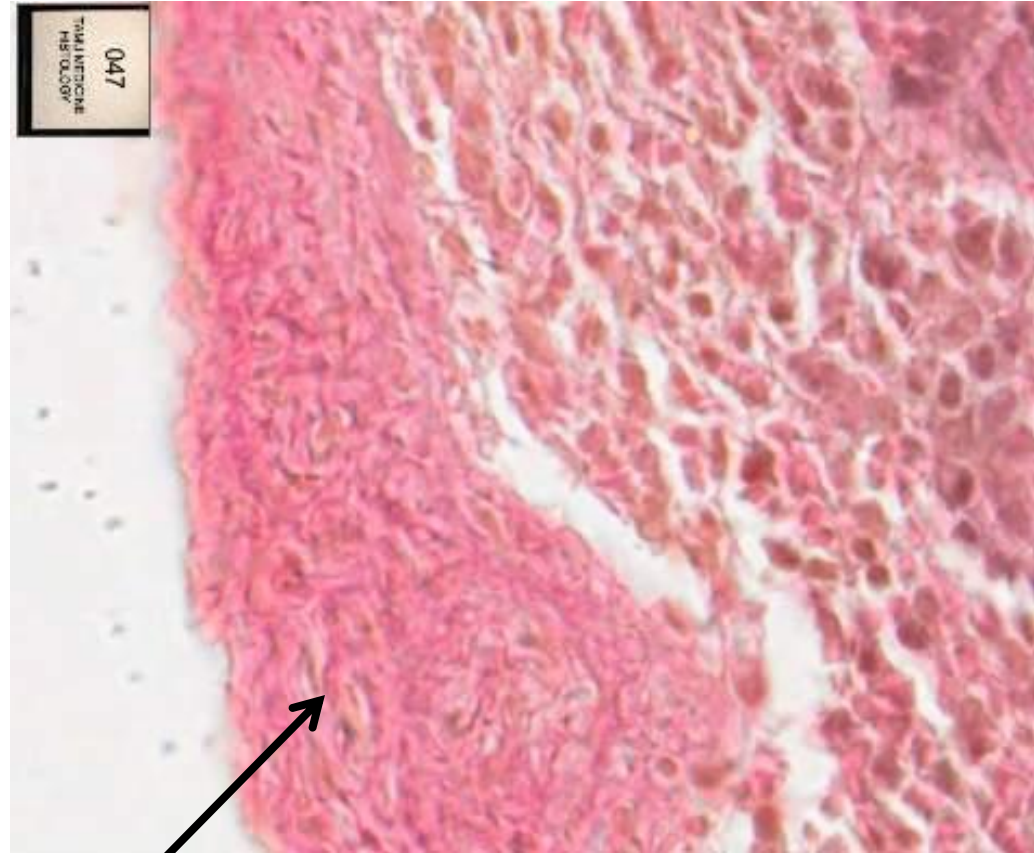
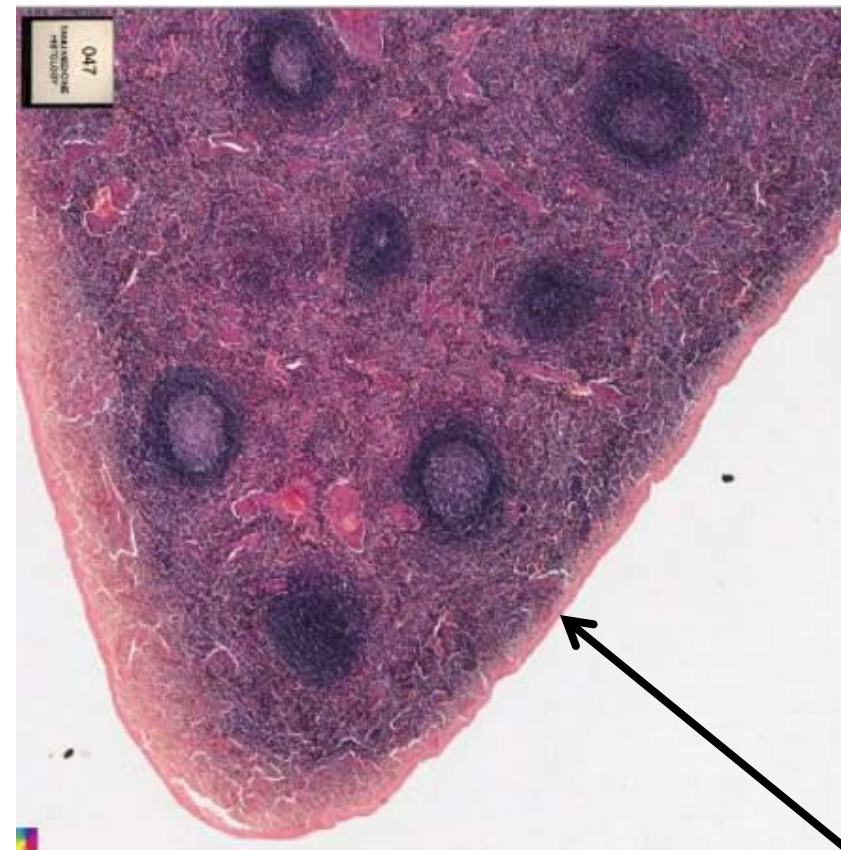
Ground substance is rich in Hyaluronic acid, sulfated glycosaminoglycans, proteoglycans, glycoproteins, water, ions, metabolites, and regularity molecules.

EXTRACELLULAR MATRIX - GROUND SUBSTANCE



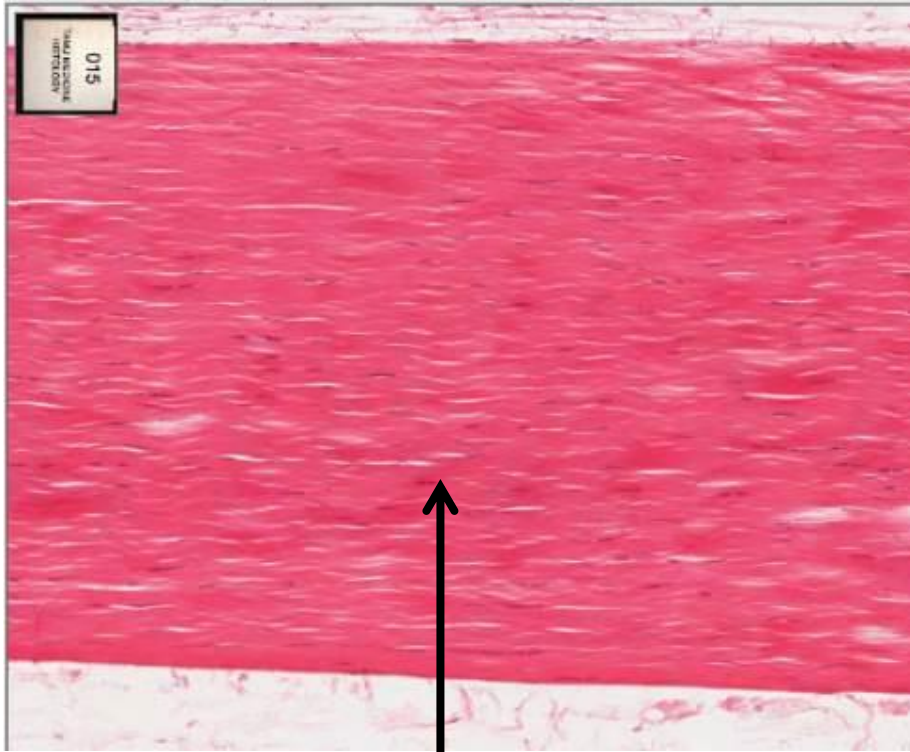
The ground substance supports, surrounds, and binds all connective tissue cells and fibers. It facilitates the diffusion of oxygen, electrolytes, nutrients, fluids, metabolites, waste, and other water soluble molecules between connective tissue cells and blood vessels. The ground substance also acts as a barrier from pathogen invasion of the connective tissue.

Slide 47: Spleen

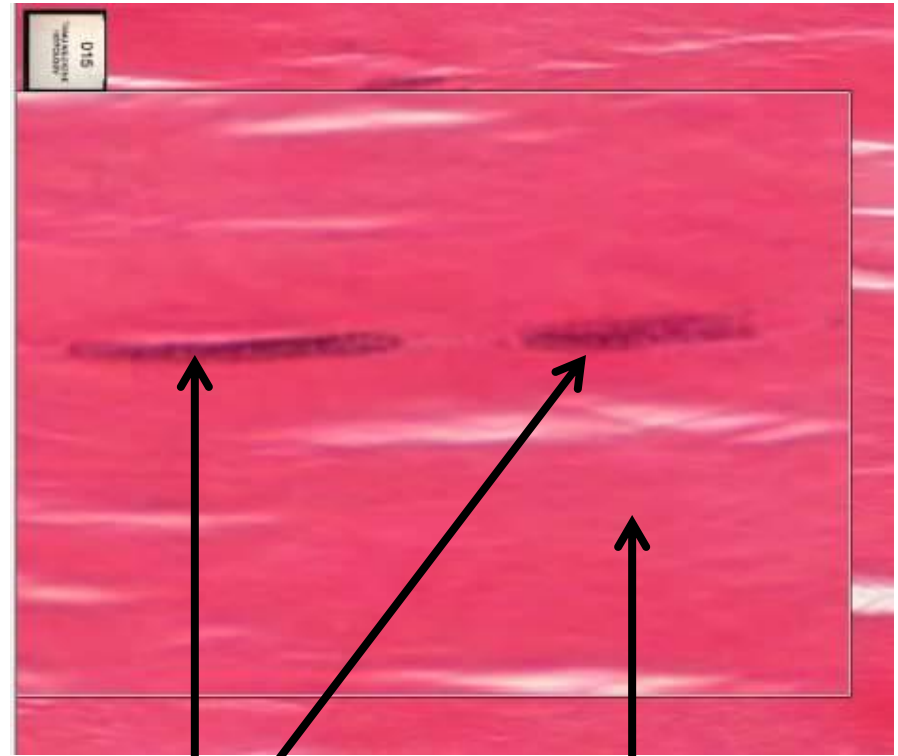


Dense irregular connective tissue capsule

Slide 15: Tendon



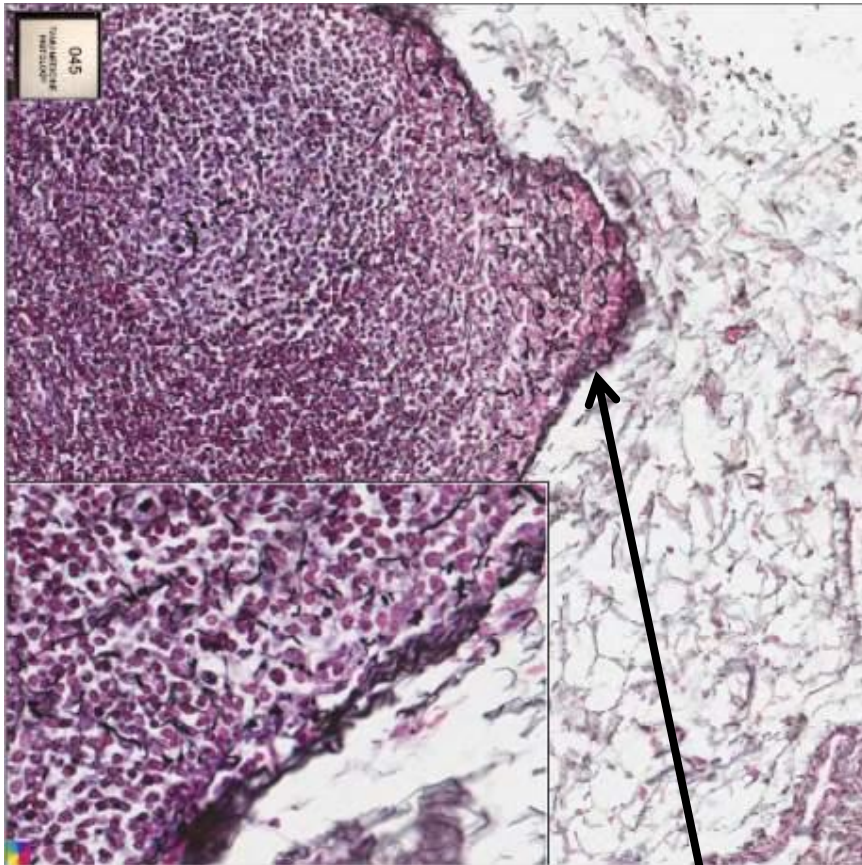
Dense regular connective tissue



Fibroblasts

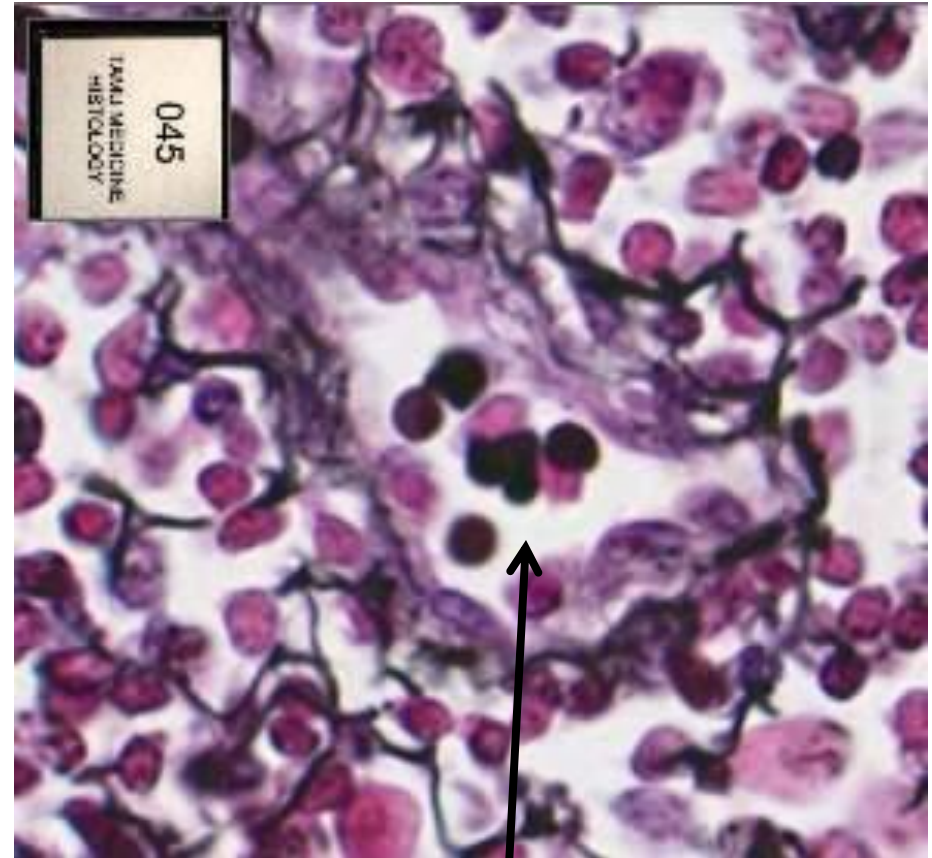
Collagen

Slide 45: Lymph node (reticular fiber stain)



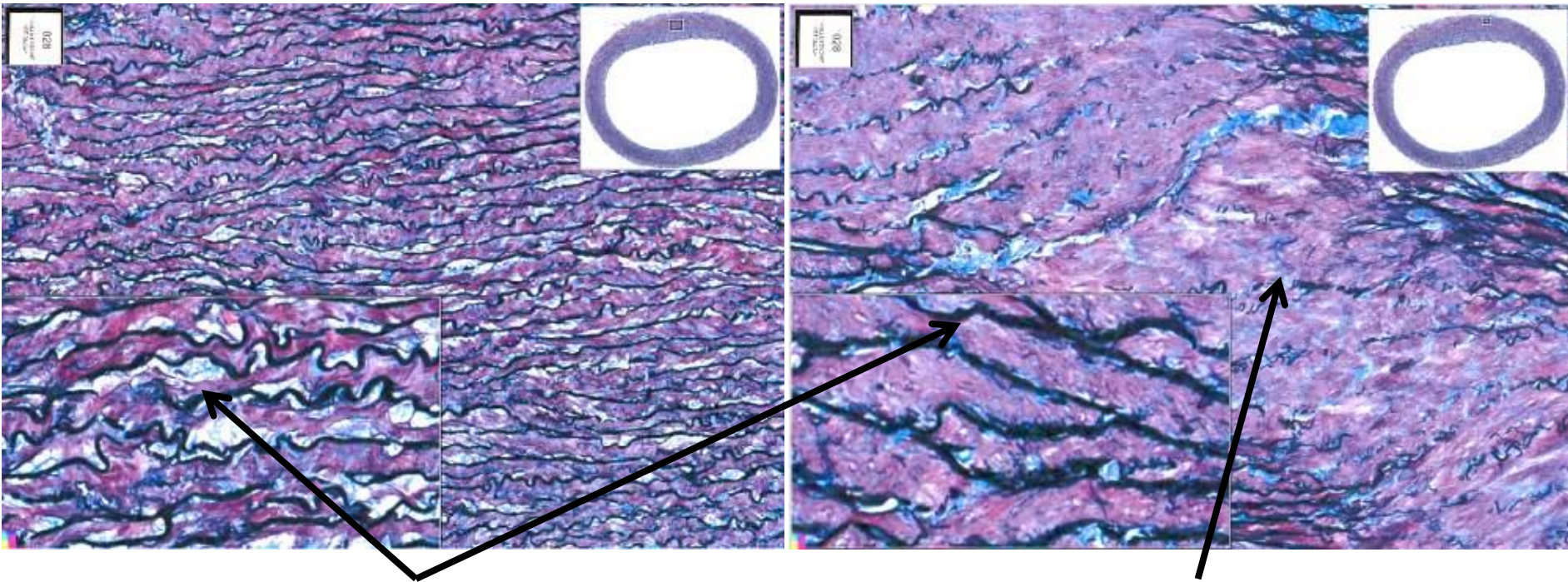
Reticular fibers

Connective tissue capsule



Lymphocyte cluster

Slide 28: Aorta (Verhoff's / Gomori trichrome stain)

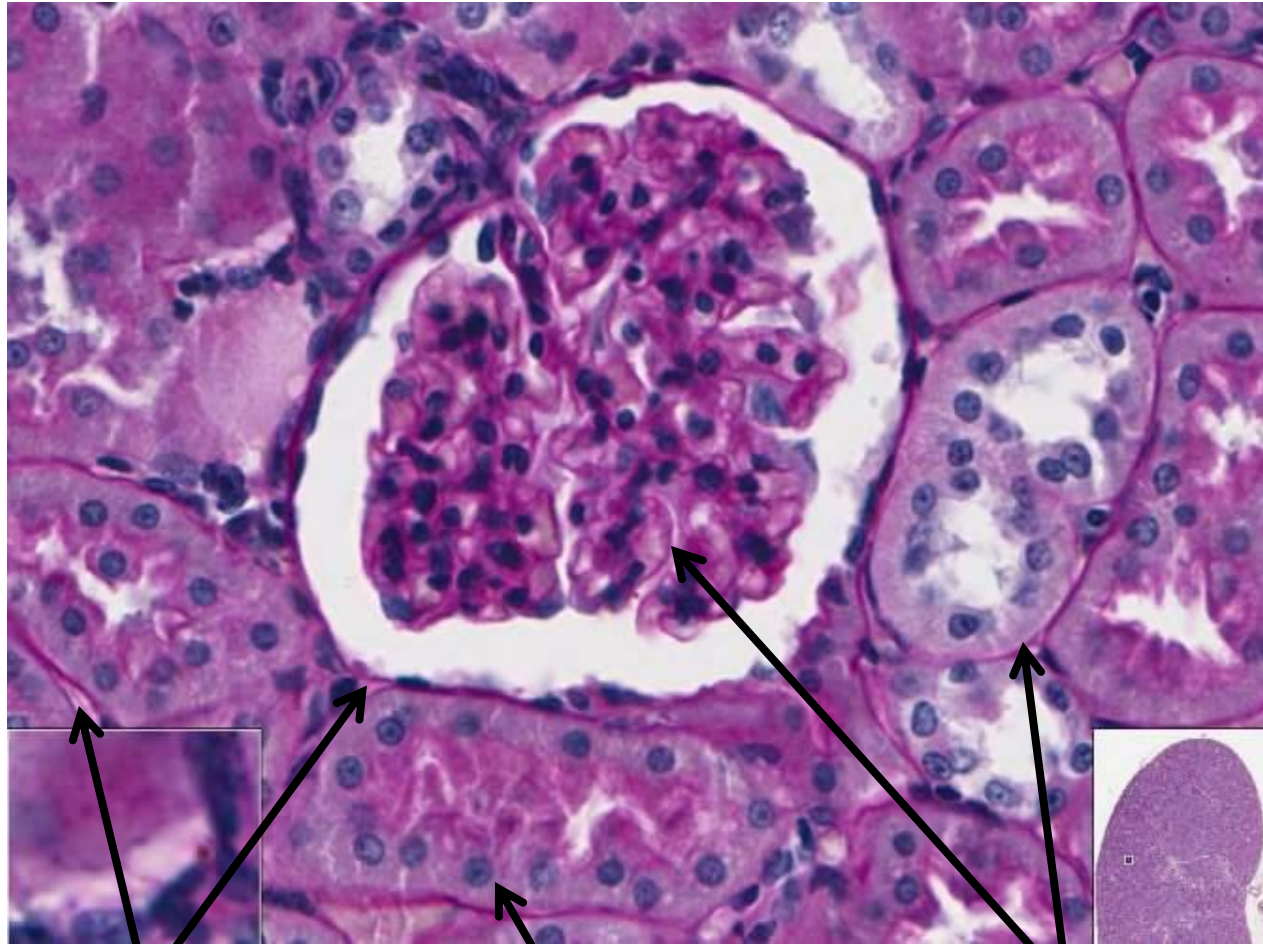


Elastic fibers

Smooth muscle

The presence of elastic fibers in the aorta (and other large arteries) allows for stretching and recoiling of these vessels during powerful blood ejections from the heart ventricles.

Slide 33: Kidney (PAS stain)



Ground substance

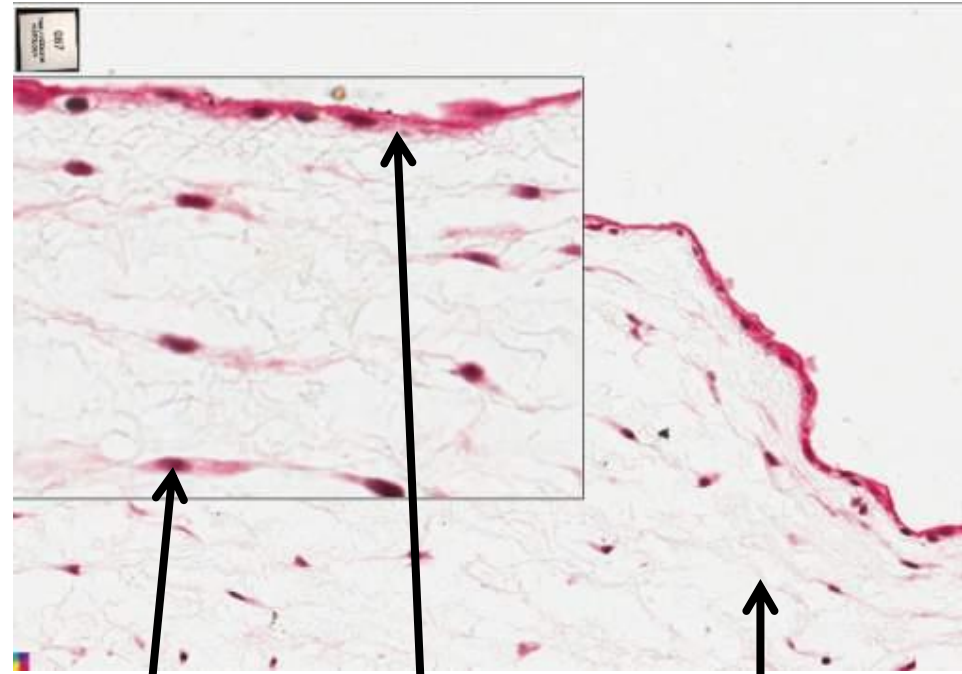
Epithelial cells of tubules

Basement membrane

Slide 87: Umbilical cord (Gomori Trichrome)



Umbilical arteries and vein



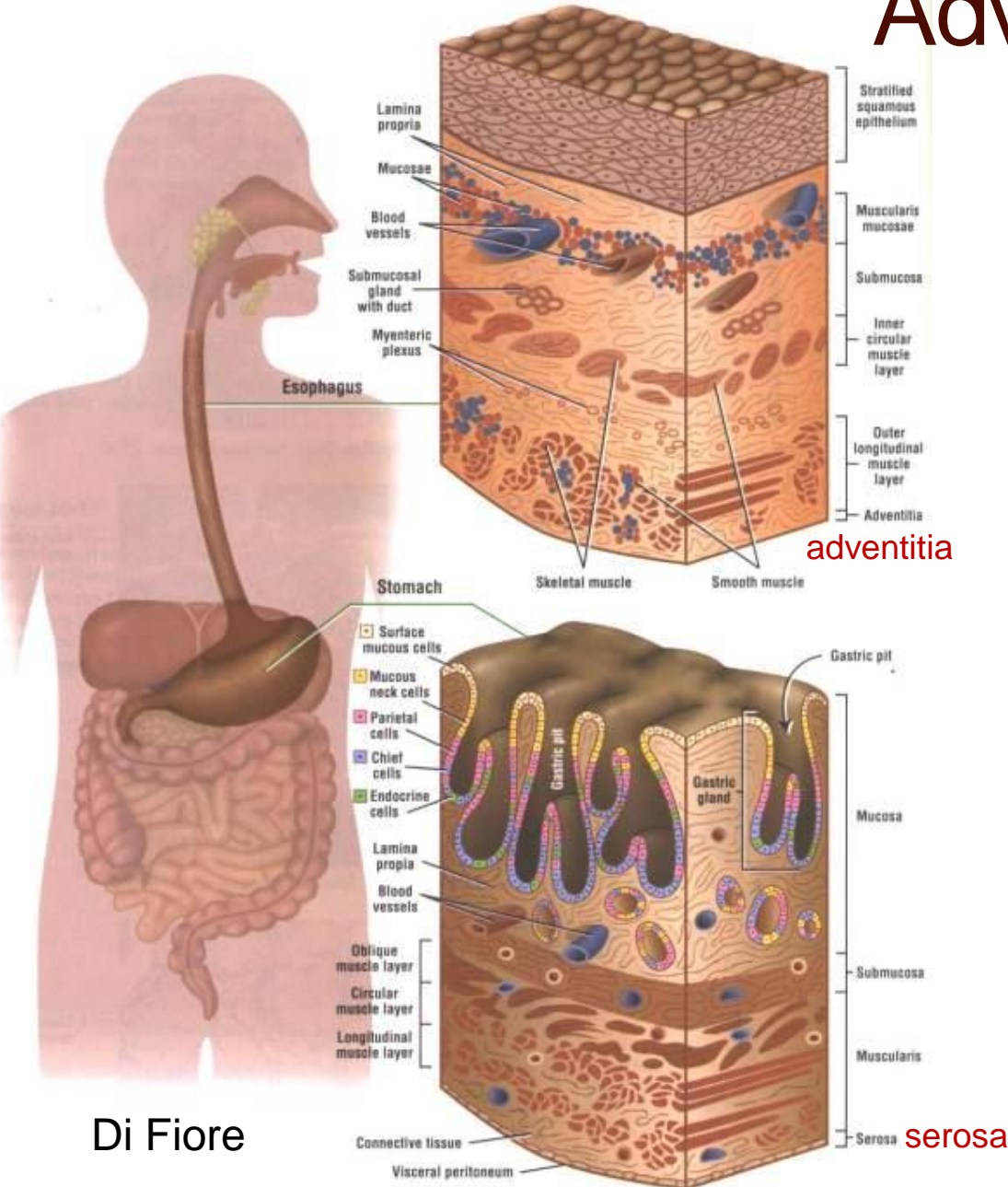
Fibroblasts

Serosa lining

Mucus tissue with fine collagen fibers

Umbilical arteries and vein are more similar in wall structure than is typical because the pressure is low compared to an adult. In this absence of high pressure, arteries lack the thick walls seen in adults and resemble veins.

Adventitia or Serosa



Digestive organs (oral cavity or upper esophagus) that lie outside the peritoneal cavity are covered by adventitia. The serosa covers organs that are located within the peritoneal cavity.

The adventitia provides direct, firm attachment to the body surrounding tissues/structures. The serosa is a serous membrane that consists of slick simple squamous epithelium and thin layers of underlying loose connective tissue.

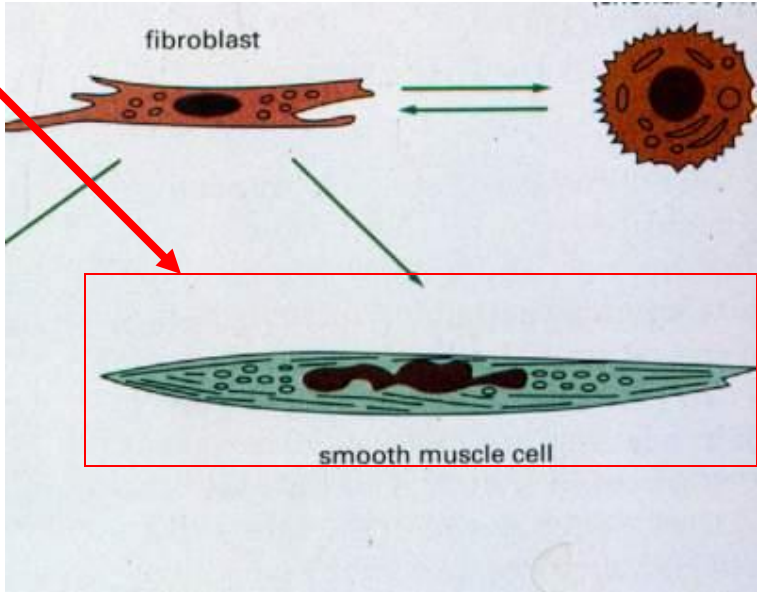
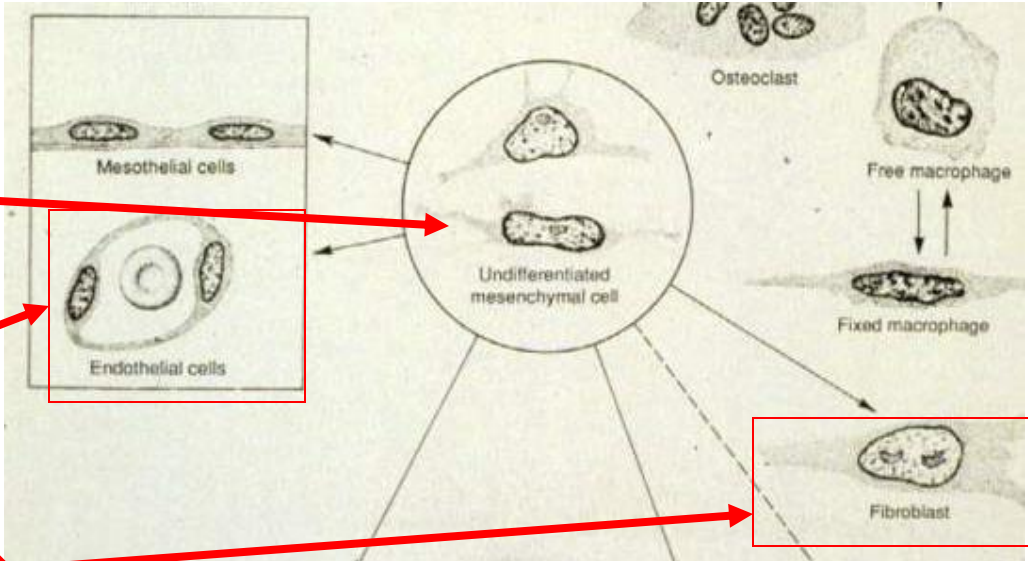
The adventitia facilitates a firmer attachment while the serosa allows more movement of the organs it covers by providing a slippery surface coating.

MESENCHYMAL CELLS

Endothelial cells

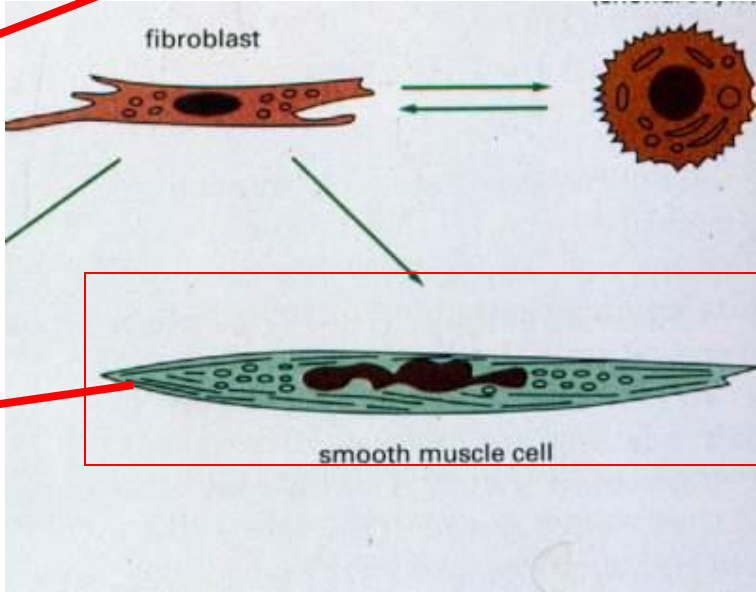
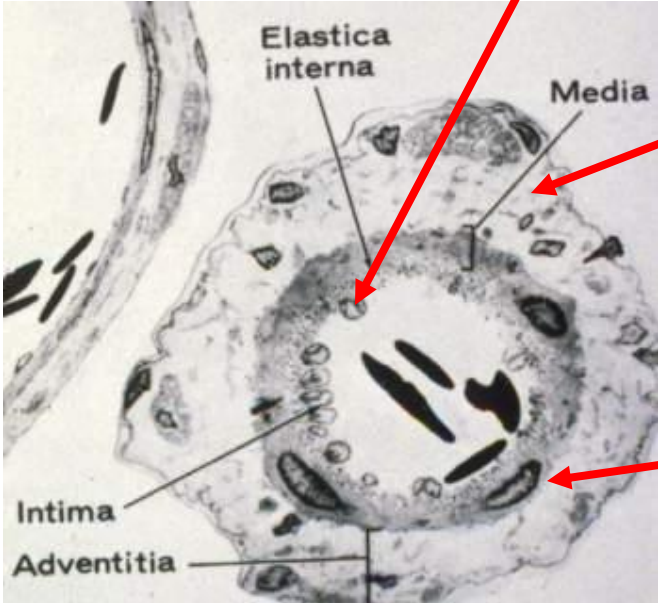
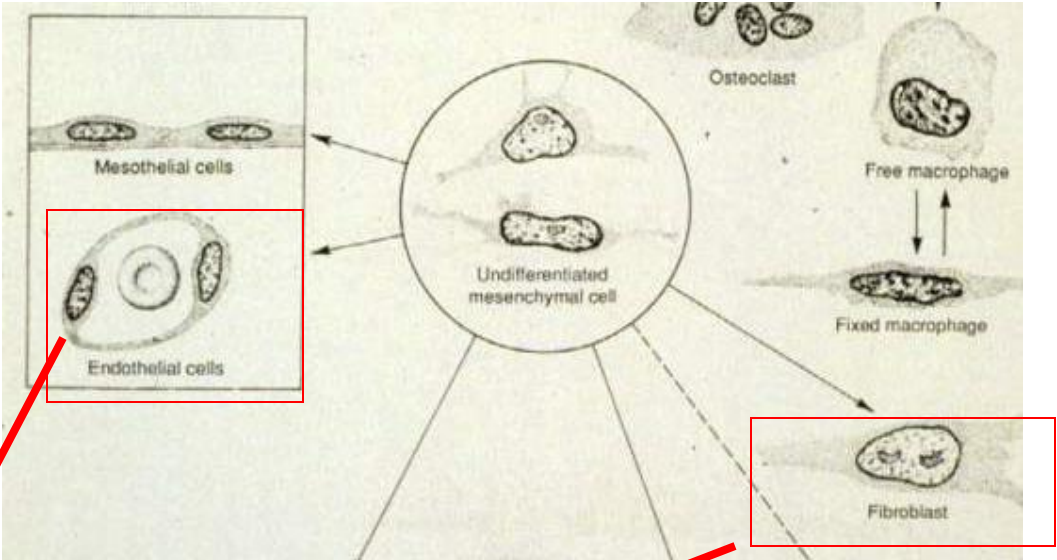
Smooth muscle cells

Fibroblasts



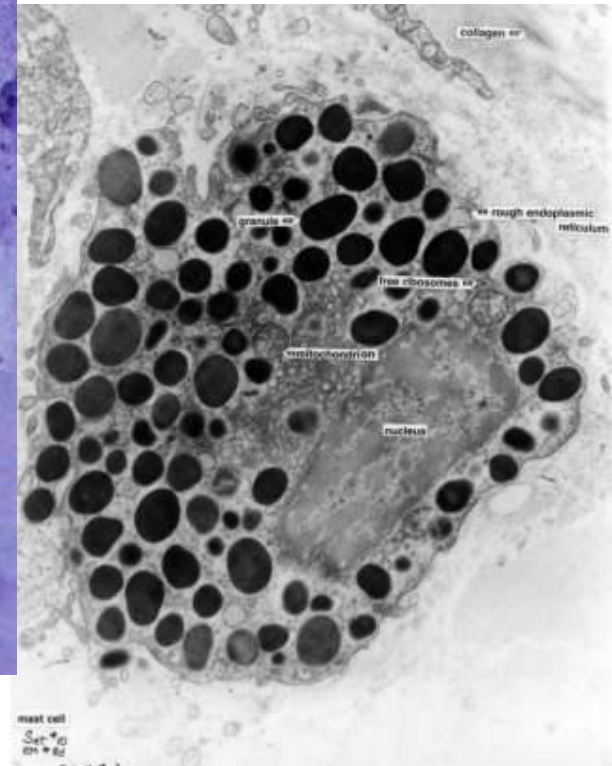
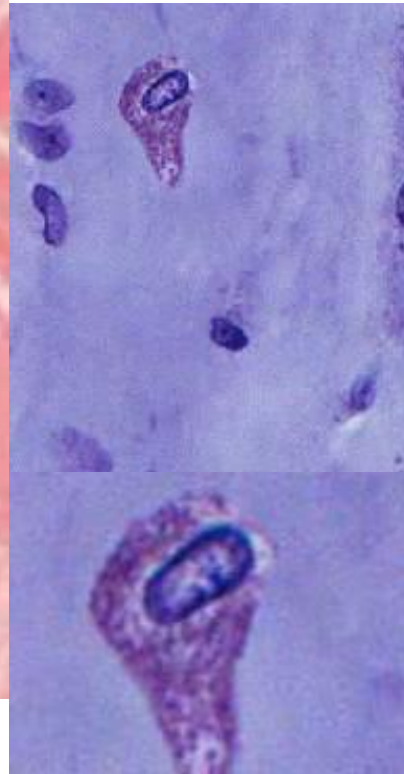
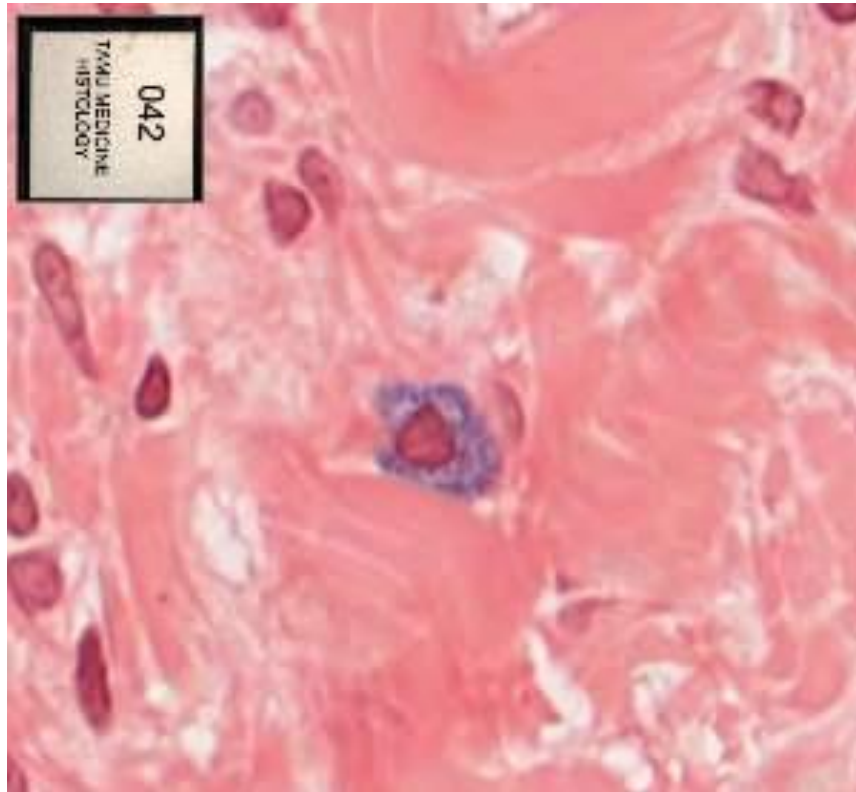
MESENCHYMAL CELLS

Endothelial cells
Smooth muscle cells
Fibroblasts



Clinical Correlation

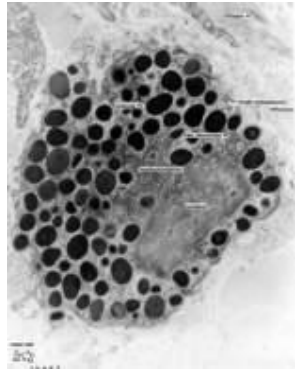
Mast cells are connective tissue cells that release granules that contain chemicals like histamine and heparin which act in immediate hypersensitivity reactions.



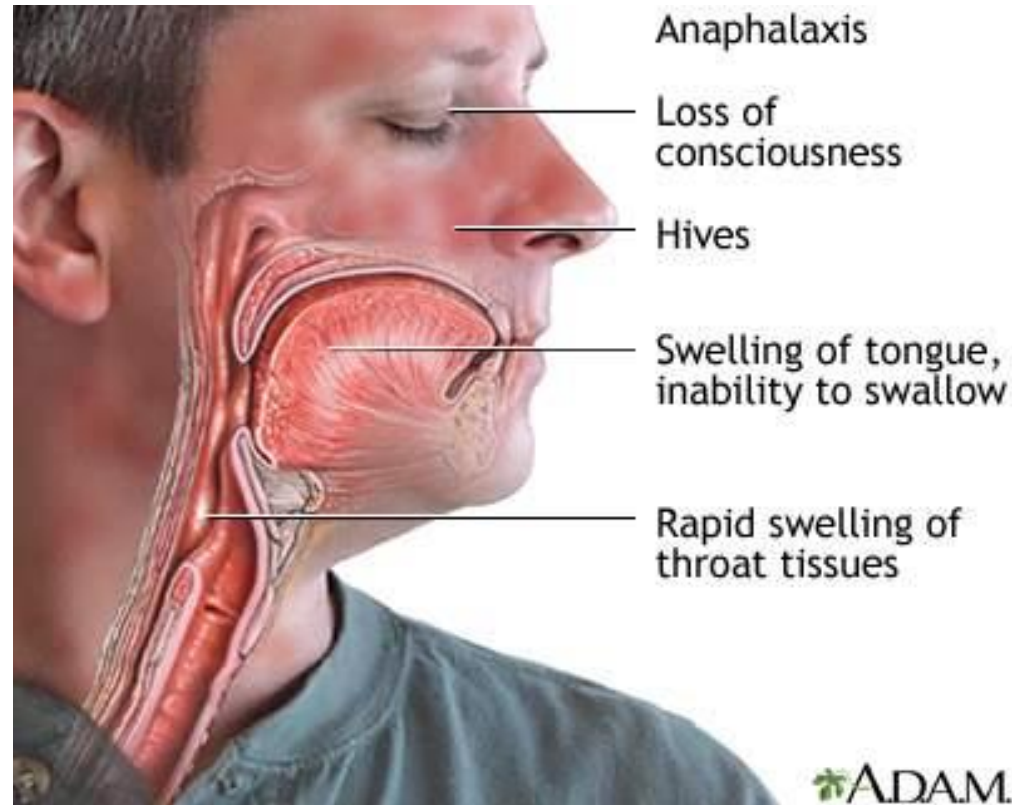
Mast cells and anaphylactic shock

Clinical Correlation

Mast cells and anaphylactic shock



In a highly sensitized individual, a potentially fatal, dramatic immediate hypersensitivity reaction (anaphylactic shock) may occur. The reaction may be fatal because the chemicals released during anaphylactic shock may swell airways shut and cardiac effects may also occur.



ADAM.

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- Bruce Alberts, et al. 1983. Molecular Biology of the Cell. Garland Publishing, Inc., New York, NY.
- Bruce Alberts, et al. 1994. Molecular Biology of the Cell. Garland Publishing, Inc., New York, NY.
- William J. Banks, 1981. Applied Veterinary Histology. Williams and Wilkins, Los Angeles, CA.
- Hans Elias, et al. 1978. Histology and Human Microanatomy. John Wiley and Sons, New York, NY.
- Don W. Fawcett. 1986. Bloom and Fawcett. A textbook of histology. W. B. Saunders Company, Philadelphia, PA.
- Don W. Fawcett. 1994. Bloom and Fawcett. A textbook of histology. Chapman and Hall, New York, NY.
- Arthur W. Ham and David H. Cormack. 1979. Histology. J. S. Lippincott Company, Philadelphia, PA.
- Luis C. Junqueira, et al. 1983. Basic Histology. Lange Medical Publications, Los Altos, CA.
- L. Carlos Junqueira, et al. 1995. Basic Histology. Appleton and Lange, Norwalk, CT.
- L.L. Langley, et al. 1974. Dynamic Anatomy and Physiology. McGraw-Hill Book Company, New York, NY.
- W.W. Tuttle and Byron A. Schottelius. 1969. Textbook of Physiology. The C. V. Mosby Company, St. Louis, MO.
- Leon Weiss. 1977. Histology Cell and Tissue Biology. Elsevier Biomedical, New York, NY.
- Leon Weiss and Roy O. Greep. 1977. Histology. McGraw-Hill Book Company, New York, NY.
- Nature (<http://www.nature.com>), Vol. 414:88,2001.
- A.L. Mescher 2013 Junqueira's Basis Histology text and atlas, 13th ed. McGraw
- Douglas P. Dohrman and TAMHSC Faculty 2012 Structure and Function of Human Organ Systems, Histology Laboratory Manual - Slide selections were largely based on this manual for first year medical students at TAMHSC

The End!

