CELL INJURY

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Introduction to pathology

- By end of this session; you should be able to:
 - Define cell injury and identify its etiology
 - Identify main types of cell injury with examples.
 - Mention etiology, mechanism and describe morphology and fate of fatty change of liver.
 - Identify types and pathological changes of necrosis
 - Define apoptosis and identify its types
 - Describe differences between necrosis and apoptosis

- **Definition:** Cell injury is damage of the cells due to exposure to insult (injurious agents)
- Causes:
 - 1. <u>Hypoxia</u>: the main cause of cell injury is decrease oxygen supply to the cells.
 - 2. <u>Infectious agents</u>: Bacteria, viruses, rickettsia, fungi and parasites.
 - 3.Physical agents: Trauma, heat, cold and radiation.
 4.Chemical agents: Acids, alkalies and poisons
 5.Immunologic reactions as allergy
 6.Nutritional deficiencies.
 7. Genetic defects

Effect of cell injury:

Based on **type of injured cells**, **nature of injurious agents** and **severity of injurious agents**; cell injury is classified **into two main types**:



Reversible (Degeneration)

Induced by: mild injury or injury of short duration with no damage of nucleus. *Affects:* commonly active cells with high rate of metabolism. *Examples:*

 Cell swelling (cloudy and hydropic swelling).
 Fatty change.

Irreversible (Cell death)

Induced by: severe injury or injury of long duration results in damage of nucleus Affects: commonly active cells with high rate of metabolism. Examples: 1. Necrosis 2. Apoptosis



Cell swelling (cloudy and hydropic swelling)
 Fatty change

Fatty change:

- *Definition:* intracellular accumulation of neutral fat within parenchymal cells
- *Sites*: Mainly affect <u>liver</u> and less commonly involve <u>cardiac muscle</u> and <u>kidney</u>.

- Etiology: Fatty change of liver occurs through two main pathways:
 - 1. Excess fat transport to liver that exceed capacity of the liver to metabolise fat.
 - 2. Liver cell damage; so hepatocytes can`t metabolise fat

Fatty change:

- Etiology:
 - 1. Excess fat transport to liver: occurs in cases of obesity, diabetes mellitus and congenital hyperlipidaemia
 - 2. Liver cell damage; so hepatocytes can't metabolise fat: occurs in
 - Chronic hepatitis (common in Egypt)
 - Alcoholic liver disease (most common in Western societies)
 - Drug-induced liver cell injury: long standing administration of methotrexate, steroids and other drugs

Fatty change:

- Morphology: *Grossly*: The liver has
 - Larger size
 - Rounded borders
 - Soft consistency.
 - Pulging cut surface
 - Pale-yellow color.



Fatty change:

- Morphology: Microscopically:
 - A characteristic feature is presence of numerous lipid vacuoles in the cytoplasm
 - Firstly; the vacuoles are small (micro-vesicular).
 - With disease progression, the vacuoles become larger pushing nucleus to periphery of the cells (macro-vesicular).
- Fate: Usually regress after removal of causative factor but may lead chronic hepatitis in long standing cases

Fatty change:

- Fatty liver:

- Morphology: Microscopically:



Micro-vesicular fat vacuoles N



Macro-vesicular fat vacuoles



Necrosis

- Definition
- Main features
- Morphology (gross and microscopic changes)
- Types and examples

Necrosis

□*Definition:* Local death of large number of adjacent cells or tissue within living body.

□*Main pathogenic features:*

- Loss of membrane integrity
- Damage of the nucleus
- Destruction of organelles especially lysosomes
- Release of lysosomal enzymes from injured cells.
- Local inflammation around necrosis.

Necrosis

□*Morphology*:

Grossly:

- Necrotic tissue appears opaque and pale white or yellow in color.
- The surrounding tissue appears red due to inflammatory hyperemia.



Necrosis

Morphology:

Microscopic: Cytoplasmic and nuclear changes

Cytoplasmic changes

- Cell swelling
- Loss of cell membrane

Nuclear changes

- **Pyknosis**: The nucleus shrinks and has dense and dark stain.
- Karyorrhxis: The nucleus breaks down into multiple small fragments.
- Karyolysis: The nucleus dissolves.

Necrosis

Morphology:

Microscopic: Cytoplasmic and nuclear changes



Necrosis

□Types of necrosis:

- 1. Coagulative necrosis
- 2. Liquifactive necrosis
- 3. Caseation necrosis
- 4. Fat necrosis

Necrosis

1. Coagulative necrosis:

Main features:

- A type of necrosis in which necrotic area appear firm and opaque white.
- It is the most common type of necrosis
- Commonly affected organs are: heart, kidney and spleen
- Caused mainly by sudden cut of blood supply

Necrosis

1. Coagulative necrosis:

Gross

• Early stage: necrotic area is pale, opaque, and slightly swollen.

• Late stage; the affected area becomes yellowish, soft, and shrunken.



Necrosis

2. Liquifactive necrosis:

Main features:

- A type of necrosis in which the necrotic area liquefies rapidly.
- It is a common type of necrosis
- Commonly affected organs are:
 - a. <u>Infarction of brain and spinal cord</u>: liquefaction is due to high fluid contents.
 - b. Pyogenic abscess
 - c. Amebic abscess

Necrosis

3. Caseation necrosis:

Main features:

- A type of necrosis in which the necrotic area showed partial liquefaction
- The necrotic tissue has a caseation or cheese-like appearance.
- It is a common type of necrosis
- Commonly occurs in tuberculosis

Necrosis

3. Caseation necrosis:

Gross

• Necrotic tissue appears dry, pale yellow and resembles creamy cheese or casein.



Necrosis

4. Fat necrosis:

Two main types:

• *Enzymatic fat necrosis:* occurs in pancreatitis. The pancreatic enzyme lipase escapes from ruptured pancreatic ducts and leads to liquefaction of omental and mesenteric fat.

• *Traumatic fat necrosis:* occurs as a result of trauma to the fatty tissue of breast and subcutaneous fat.

Necrosis

Generate of necrosis

1. Small area of necrosis:

• The necrotic tissue is removed by macrophages.

2. Large areas of necrosis

- The necrotic tissue is surrounded by a fibrous capsule.
- They may show dystrophic calcification later on.

Apoptosis

- Definition
- Morphology (gross and microscopic changes)
- Examples
- Apoptosis versus necrosis

Apoptosis

□*Definition:* A programmed cell death affecting <u>one cell</u> or <u>small group</u> <u>of cells</u>.

Morphology

Gross NO change

Microscopic

- Shrinkage of the cell.
- Loss of nuclear membrane
- Fragmentation of cell to form apoptotic bodies.
- Phagocytosis of apoptotic bodies by macrophages
- NO inflammation in surrounding tissues.



Apoptosis

DExamples of apoptosis.

<u>NOTE</u>

Apoptosis:

- IS an energy-dependent programmed cell death
- FOR removal of unwanted individual cells.
- SO occurs in both physiological and pathological conditions.

Apoptosis

DExamples of apoptosis.

Physiological apoptosis (apoptosis in normal tissue)

- In normal cell turnover: new cells replace aging (senescent) cells.
- Programmed cell destruction during embryonic development as shrinkage of thymus gland in adult life

• Endocrine dependent apoptosis:

- a. Monthly shedding of endometrium during the menstrual cycle. b.Regression of breast after weaning.
- c.Regression of breast size after menopause.
- d.Regression of size of uterus after menopause.

Apoptosis

DExamples of apoptosis.

Apoptosis in pathological conditions (due to diseases) a. Viral infection: as chronic hepatitis b.Exposure to irradiation (radiation cell injury). c. Drugs: as chemotherapy in cancer treatment d.In degenerative disease: as Alzheimer's disease

	Apoptosis	Necrosis
• Induction	 Physiological and 	• Only pathological (Hypoxia,
	pathological.	toxins & chemical agents)
Cells affected	Single cell or small group	• Large group or part of an organ.
	of cells	
• Nuclei	 Condensation and 	• Pyknosis, karyorrhexis and
	fragmentation of	karyolysis.
	chromatin.	
• Cytoplasm	• Shrinkage of cells.	• Cytomegaly (cell swelling).
• Cell membrane	• Maintained.	• Lost
• Tissue reaction	• No inflammation.	• NO inflammation in surrounding
		tissue.
• Fate of dead	• Ingested (phagocytosed)	• Small lesions: phagocytosed by
cells	by macrophages.	PML and macrophages and large

PML and macrophages and large lesions heal by fibrosis

Homework:

- Mention causes of cell injury.
- Mention etiology of causes of fatty liver.
- Mention types of necrosis.
- Give examples for physiological and pathological apoptosis.
- Compare between apoptosis and necrosis.

