

# Epithelial tissue

## Petr Vaňhara, PhD

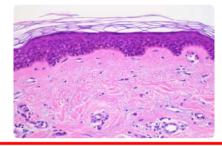
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#### CONTEMPORARY TISSUE CLASSIFICATION

#### Based on morphology and function:

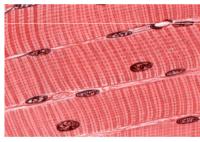
# **Epithelium**



Continual, avascular layers of cells with different function, oriented to open space, with specific junctions and minimum of ECM and intercellular space.

Derivates of all three germ layers

## Muscle



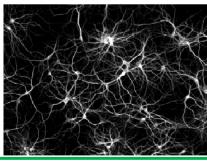
Myofibrils  $\rightarrow$  contraction

Mesoderm – skeletal muscle, myocard, mesenchyme

- smooth muscles

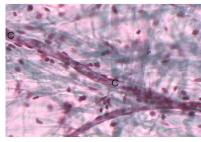
Rarely ectoderm (eg. m. sphincter a m. dilatator pupillae)

## Nerve

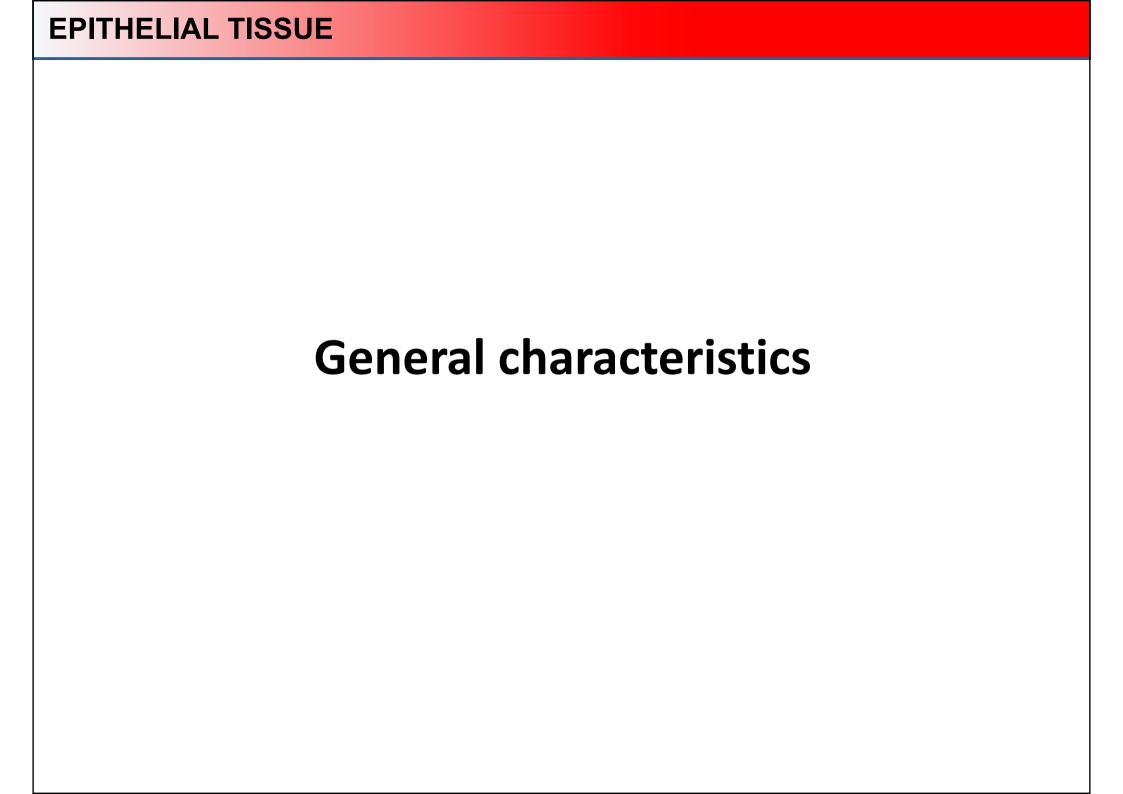


Neurons and neuroglia Reception and transmission of electric signals Ectoderm, rarely mesoderm (microglia)

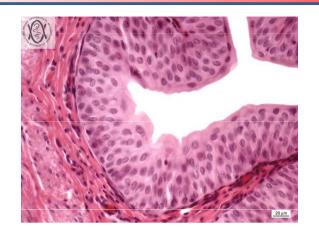
## Connective



Dominant extracellular matrix Connective tissue, cartilage, bone... Mesenchyme

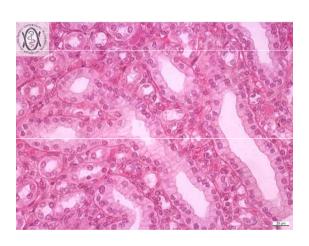


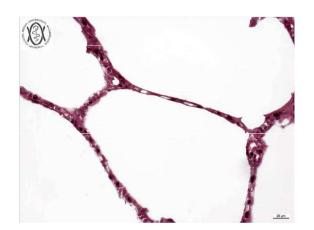
## **EPITHELIAL VARIABILITY IN HUMANS**

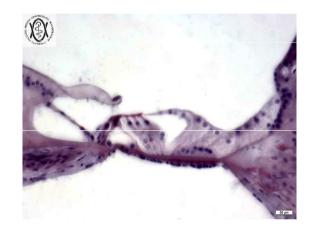


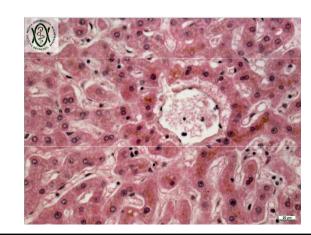


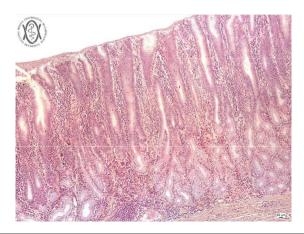


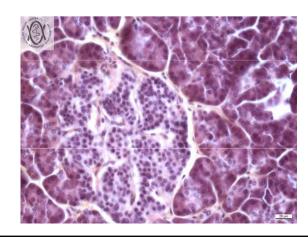






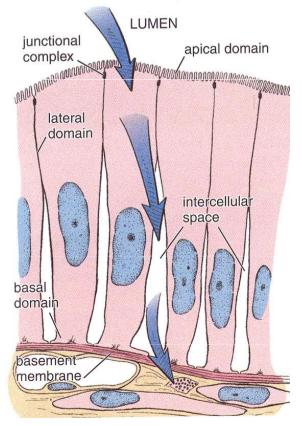


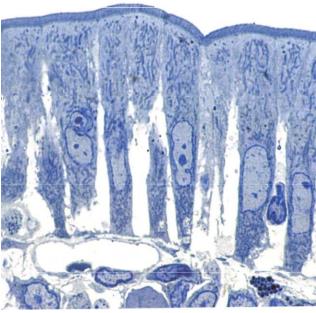


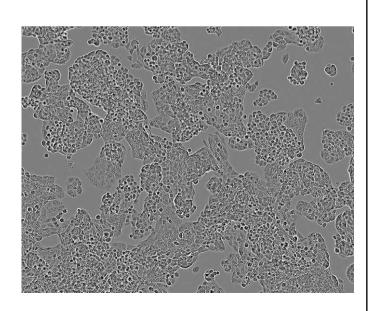


#### GENERAL CHARACTERISTICS OF EPITHELIAL TISSUE

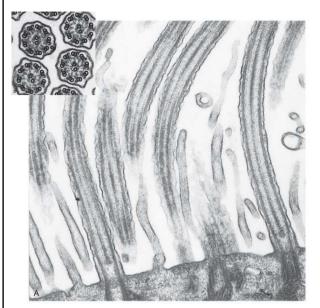
- **Avascular** (without blood supply) in covering epithelia, nutrition by diffusion from a highly vascular and innervated area of loose connective tissue (*lamina propria*) just below the basement membrane
- **Highly cellular** cohesive sheet or groups of cells with no or little extracellular matrix
- Typical morphology and cell connections





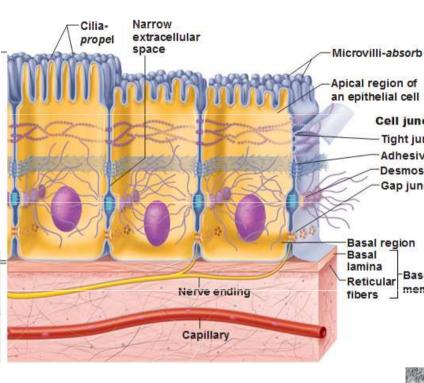


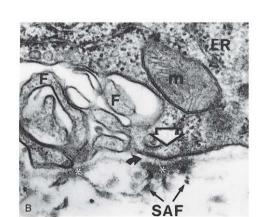
#### HALLMARKS OF A TYPICAL EPITHELIAL CELL

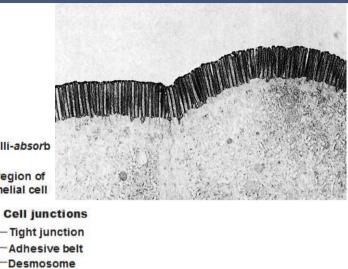




Connectivetissue



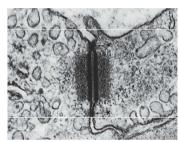


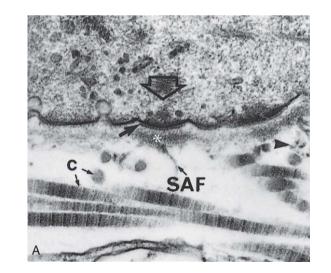


Gap junction

Basement

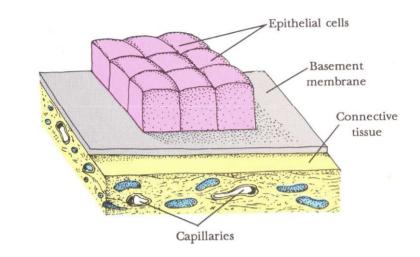
membrane

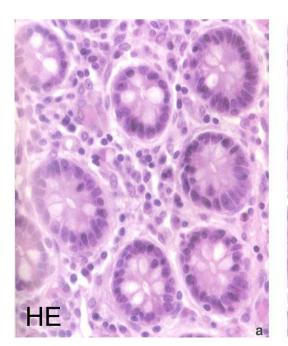


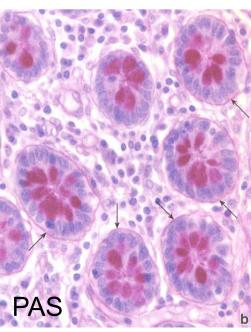


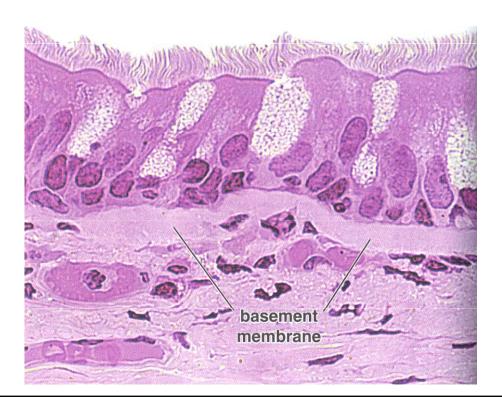
#### **BASEMENT MEMBRANE**

- Attachment of epithelium to underlying tissues
- Selective filter barrier between epithelial and connective tissue
- Communication, differentiation
- Term from light microscopy
- Basement membrane = lamina basalis + lamina (fibro)reticularis



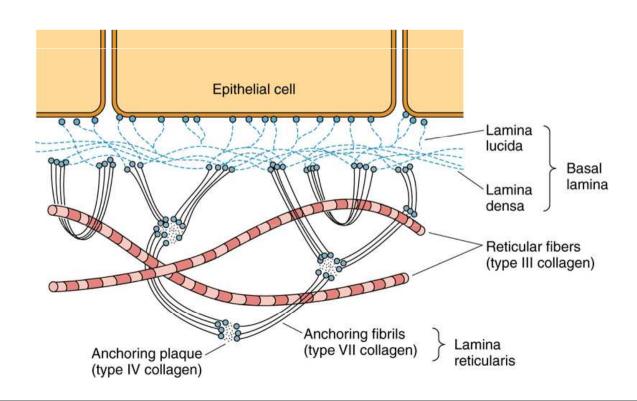






#### BASAL LAMINA vs. BASEMENT MEMBRANE

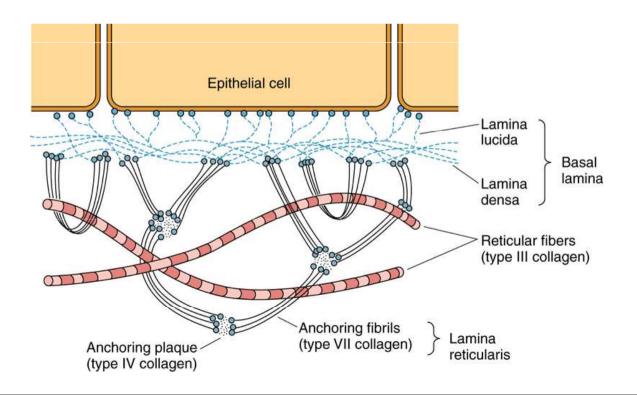
- Basal lamina (lamina basalis)
- term of electron microscopy
- two layers: lamina densa and lamina rara
  - lamina rara (lucida) GAGs (visualized by PAS reaction) attachment of hemidesmosomes, light
  - lamina densa collagens (IV), dark
- product of epithelial cells
- 50 100nm



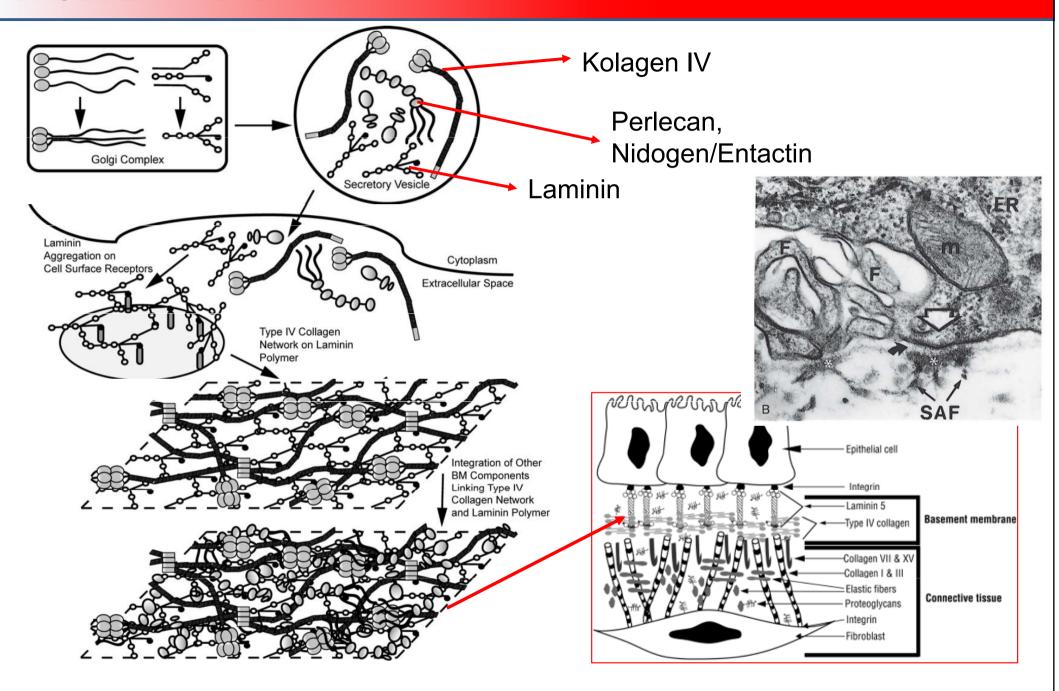
#### BASAL LAMINA vs. BASEMENT MEMBRANE

#### Lamina (fibro)reticularis

- term of electron microscopy
- collagen III and other collagens (IV, VI)
- fibrilin
- product of connective tissue cells

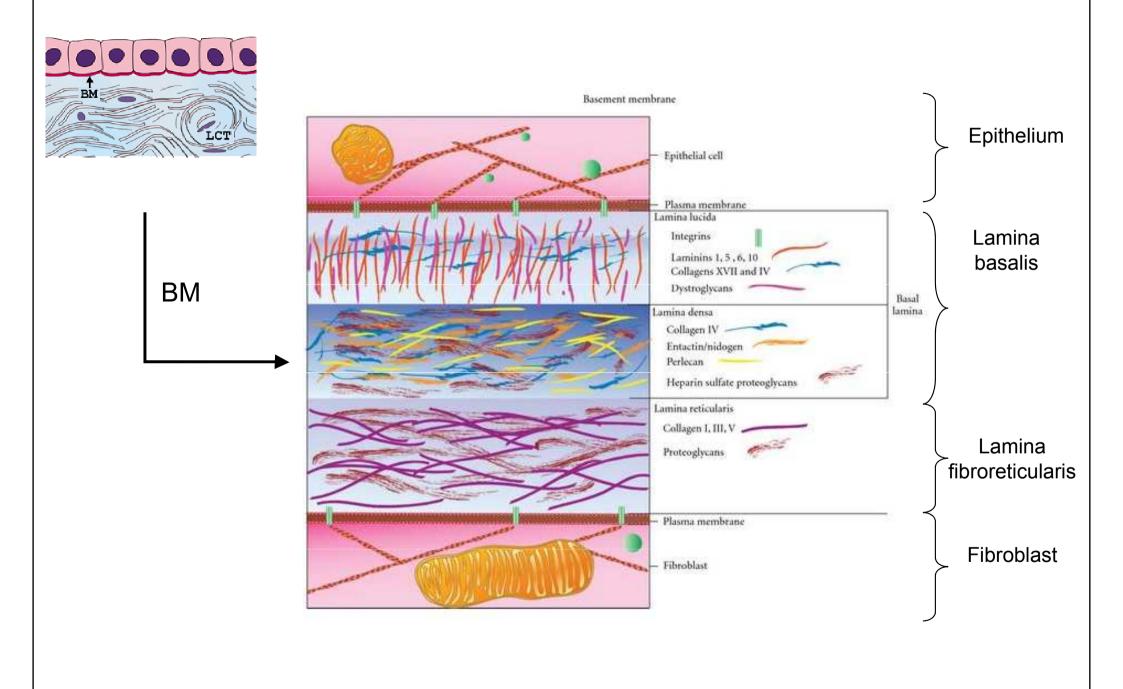


#### **BASEMENT MEMBRANE**

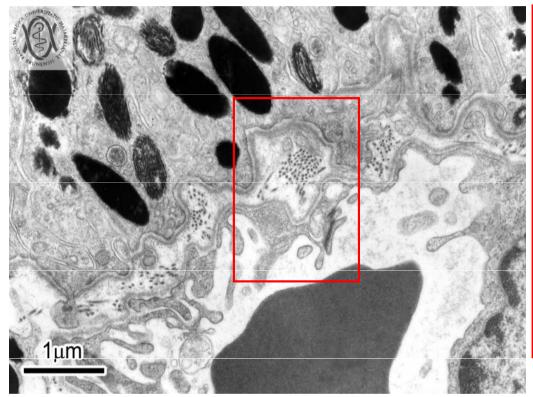


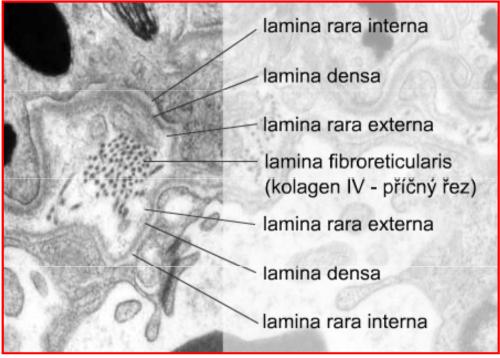
Dunsmore SE, Chambers RC, Laurent GJ. 2003. Matrix Proteins. Figure 2.1.2. In: Respiratory Medicine, 3rd ed. London. Saunders, p. 83; Dunsmore SE, Laurent GJ. 2007. Lung Connective Tissue. Figure 40.1. In: Chronic Obstructive Pulmonary Disease: A Practical Guide to Management, 1st ed. Oxford. Wiley-Blackwell, p. 467.

#### ARCHITECTURE OF BASEMENT MEMBRANE



#### MODIFICATIONS OF BASEMENT MEMBRANE





#### Two basic layers

- lamina basalis
  - lamina densa,
  - lamina rara

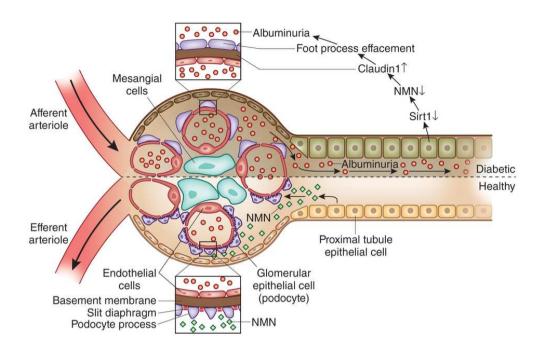
if two epithelium and endothelium meet, laminae basalis may fuse. Then there is common lamina densa and lamina rara ext. and int.

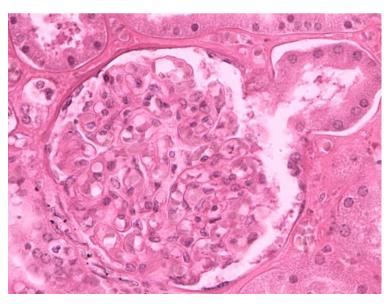
lamina fibroreticularis

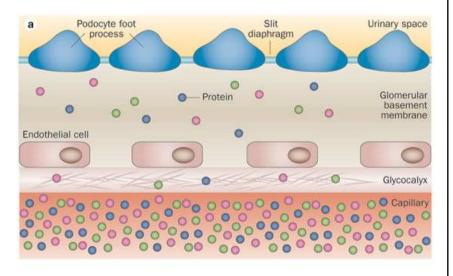
- Tissue specific modifications
- Descemet membrane (cornea)
- Glomerular BM (Bowman's capsule)
- Part of Bruch's membran of retina

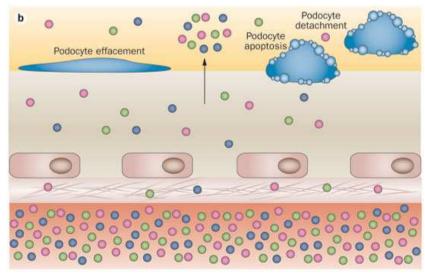
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#### **BASEMENT MEMBRANE IN CORPUSCULUM RENIS**





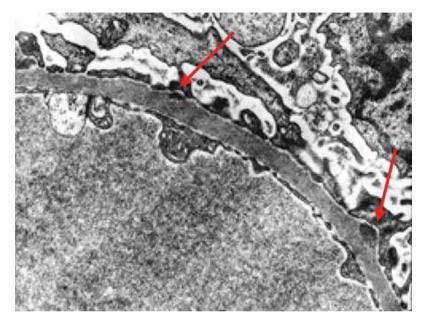


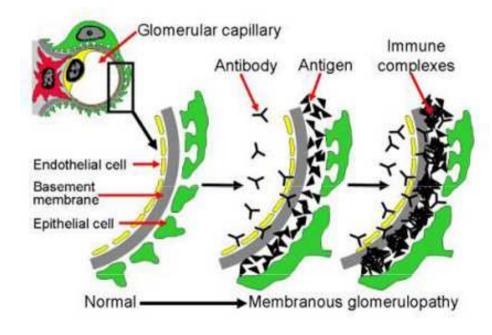


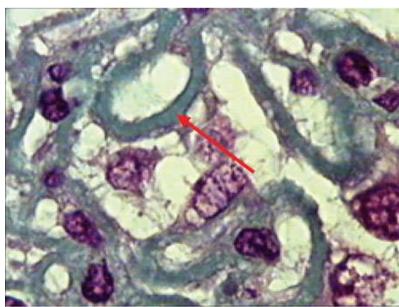
#### **BASEMENT MEMBRANE IN CORPUSCULUM RENIS**

#### Clinical correlations – membranous glomerulonefritis

- circulationg Abs bind to BM of capillary wall
- complement (C5b-C9) attacks glomerular endothelial cells
- filtation barrier compromised
- proteinuria, edema, hematouria, renal failure







#### **EMBRYONIC ORIGIN OF EPITHELIAL TISSUE**

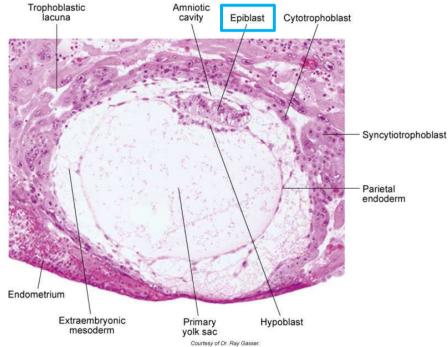


Fig. 5-3. Digital photomicrograph of a 12-day human embryo (Carnegie No. 7700) taken just as implantation within the endometrium is completed.

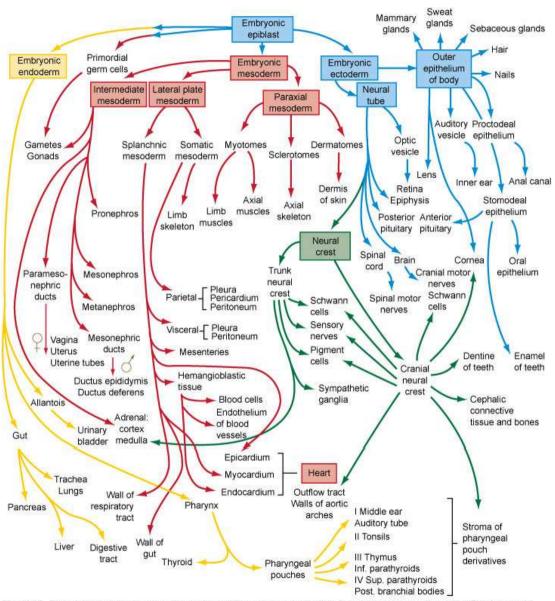


Fig. 6-27. Flow chart showing the formation of the organs and tissues of the embryo from the fundamental germ layers. The *arrows* are color-coded according to the germ layer of origin of the structure (see Fig. 4-1 for color code).

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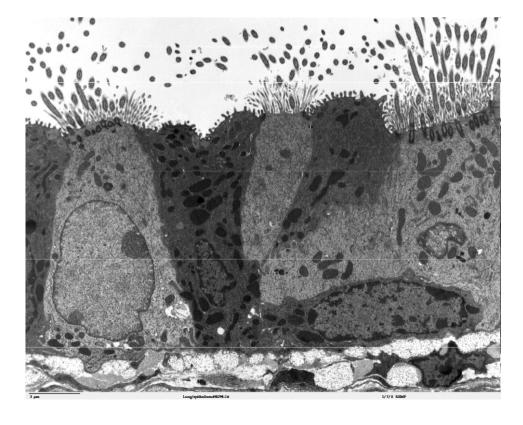
## **EMBRYONIC ORIGIN OF EPITHELIAL TISSUE**

## derived from all three germ layers

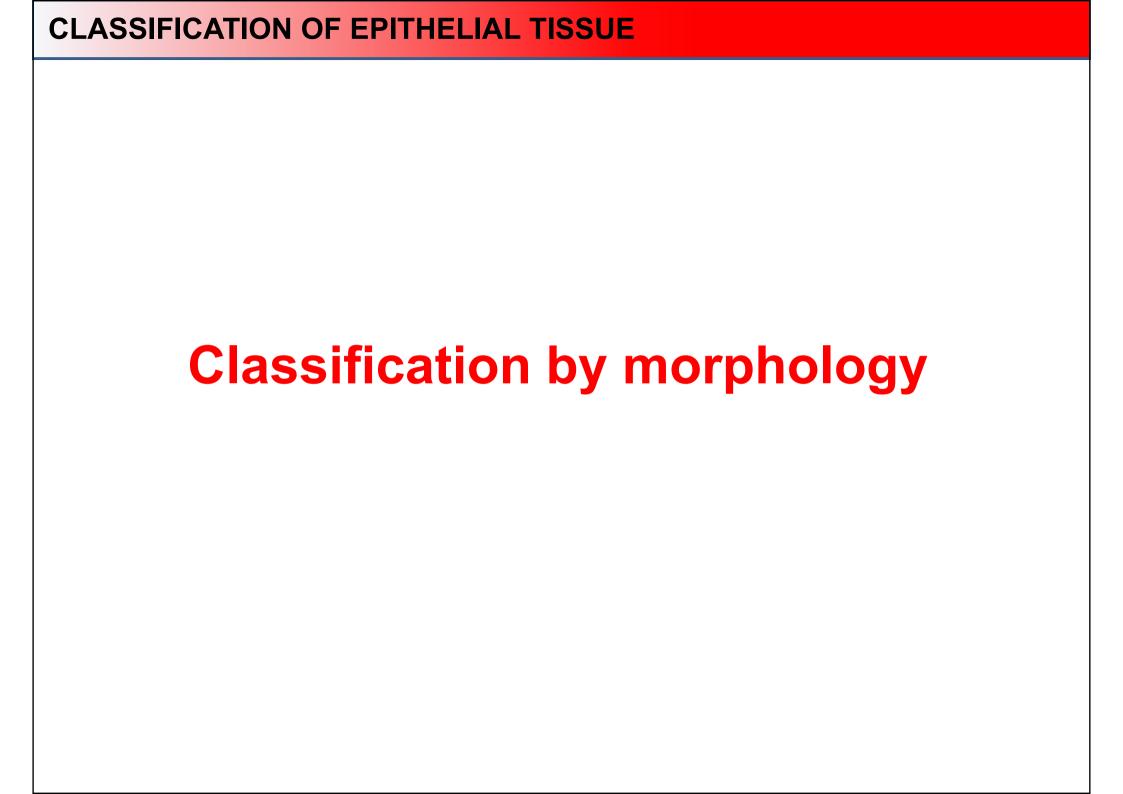
Germ layer	Epithelial derivatives
Ectoderm	<ol> <li>Epidermis (stratified squamous keratinized epithelium)</li> <li>Sweat glands and ducts (simple and stratified cuboidal epithelium)</li> <li>Oral cavity, vagina, anal canal (stratified squamous non-keratinized epithelium)</li> </ol>
Mesoderm	<ol> <li>Endothelium of blood vessels (simple squamous epithelium)</li> <li>Mesothelium of body cavities (simple squamous epithelium)</li> <li>Urinary and reproductive passages (transitional, pseudostratified and stratified columnar epithelium, simple cuboidal and columnar epithelium)</li> </ol>
Endoderm	<ol> <li>Esophagus (stratified squamous non-keratinized epithelium)</li> <li>GIT (simple columnar epithelium)</li> <li>Gall bladder (simple columnar epithelium)</li> <li>Solid glands (liver, pankreas)</li> <li>Respiratory passages (ciliated pseudostratified columnar epithelium, ciliated simple columnar epithelium, cuboidal, squamous epithelium)</li> </ol>

**According to** 

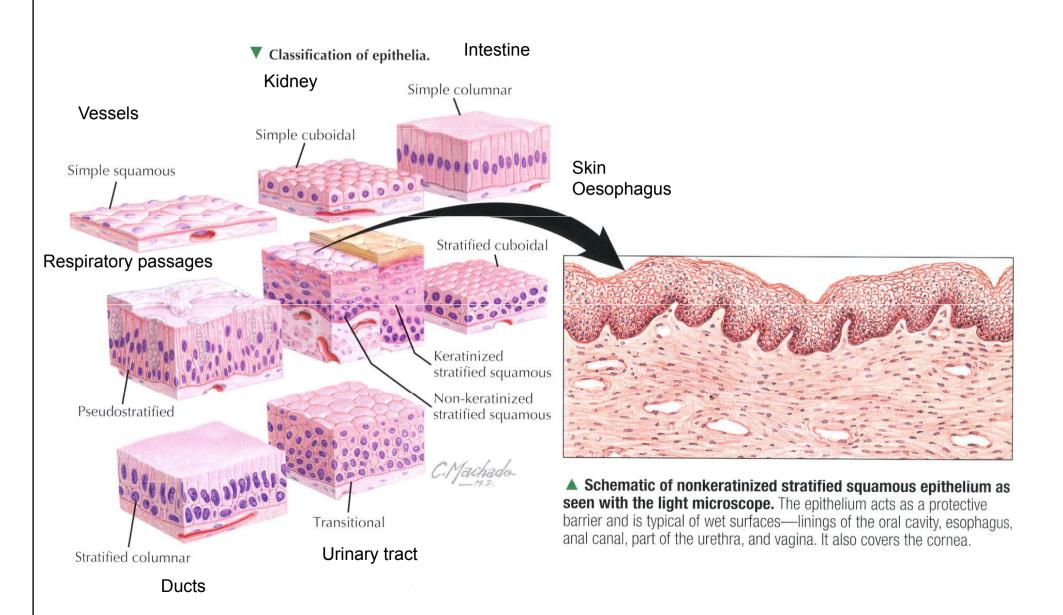
- 1) morphology
- 2) function



- Covering (sheet) epithelium
- Trabecular epithelium
- Reticular epithelium
- Covering
- Glandular
- Resorptive
- Sensory
- Respiratory
- Alveolar
- Germinal



# 1) Covering (sheet) epithelia

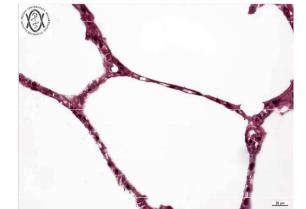


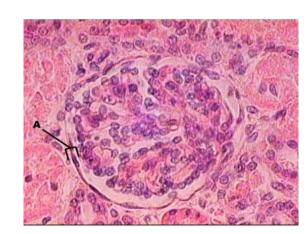
## Simple squamous epithelium

- Single layer of flat cells with central flat nuclei
- Capillaries
- Lung alveolus
- Glomerulus in renal corpuscle







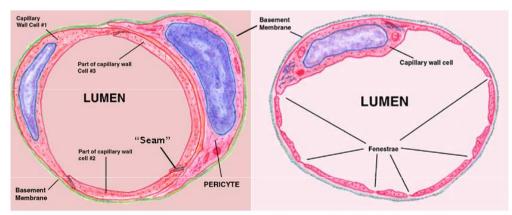


#### **Endothelium**

heart, blood, and lymphatic vessels.

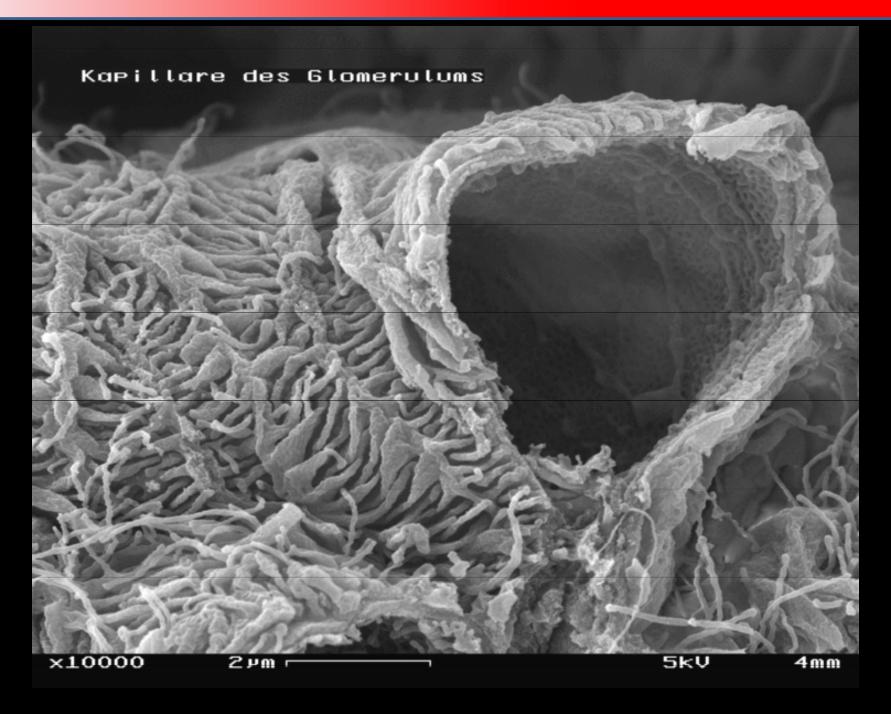
#### Mesothelium

serous membranes - body cavities



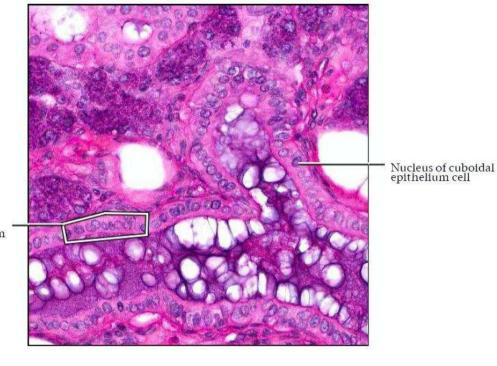
Closed or Continuous Capillary

**Fenestrated Capillary** 

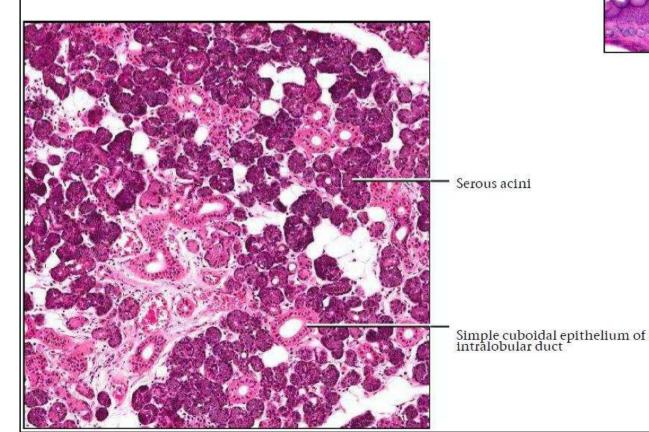


## Simple cuboidal epithelium

- Single layer of cubic cells with large, spherical central nuclei
- Secretion or resorption



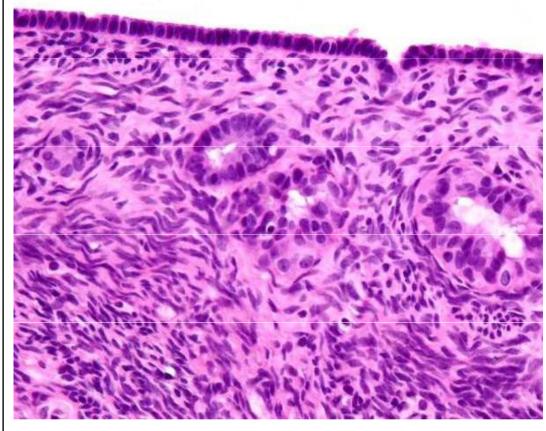
Simple cuboidal epithelium



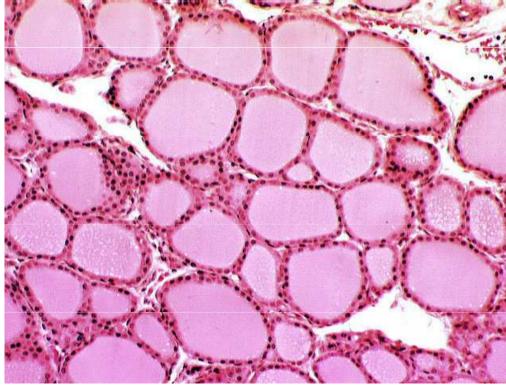
#### **Examples**:

- Ovarian surface epithelium
- Renal tubules
- Thyroid
- Secretion acini

Ovarian surface epithelium

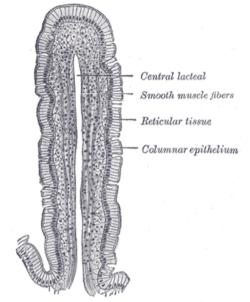


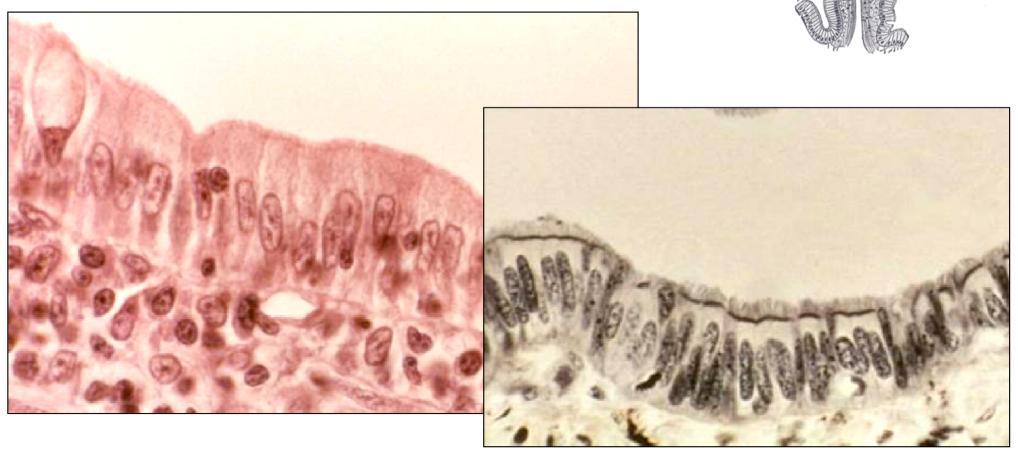
Thyroid follicles



# Simple columnar epithelium

- Single layer of columnar cells with large, oval, basally located nucleus
- Typicall epithelium of GIT
  - stomach
  - small and large intestine
  - gall bladder

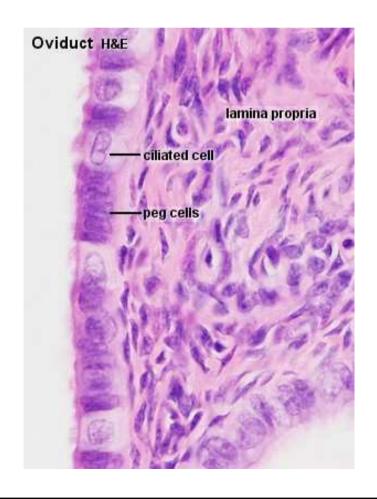


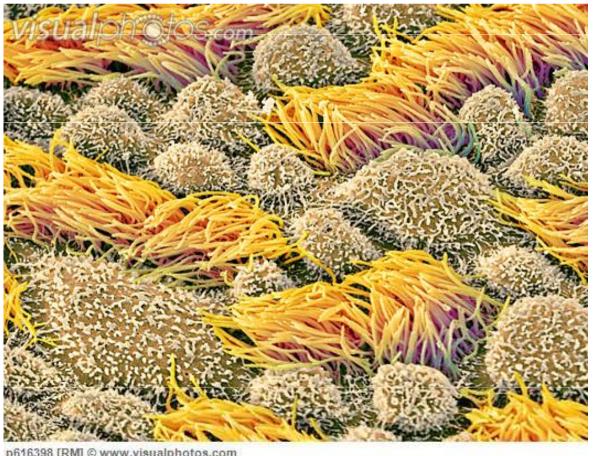


## Simple columnar epithelium with kinocilia

#### **Uterine tube**

flow of the oocyte towards the uterus



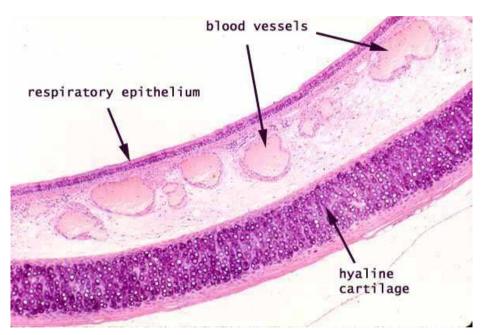


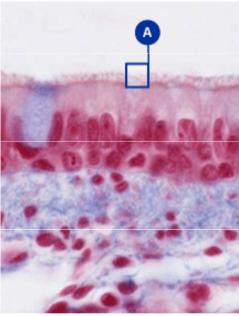
p616398 [RM] © www.visualphotos.com

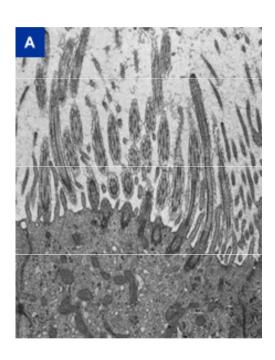
## Pseudostratified columnar epithelium with kinocilia

#### **Upper respiratory passages**

Removal of mucus produced by epithelial glands



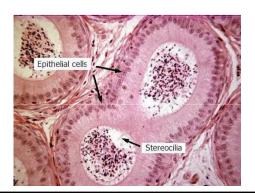




## Pseudostratified columnar epithelium with stereocilia

#### Male reproductive passages

- Epididymis
- Ductus deferens



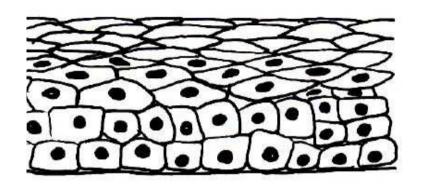
## Stratified squamous epithelium

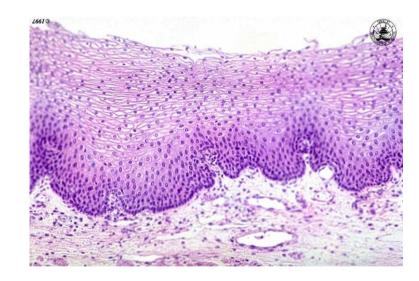
- Multiple layers of cubic cells with central nuclei, flattening towards surface
- First layer in contact with BM, last layer flat
- Constant abrasion
- Mechanical resilience
- Protection from drying
- Rapid renewal

#### Keratinized vs. non-keratinized

#### **Examples**:

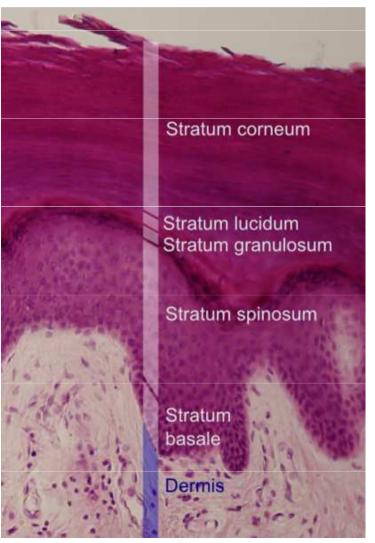
- Cornea
- Oral cavity and lips
- Esophagus
- Anal canal
- Vagina





## Stratified squamous epithelium

#### Keratinized



Skin (epidermis) Nail

Keratins

Fibrous proteins, ~ 40 types

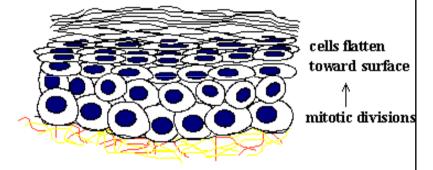
Very stable, multimeric

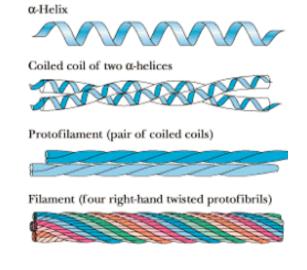
Disorders of keratin expression

– variety of clinical symptoms

e.g. Epidermolysis bullosa simplex

keratinized stratified squamous dead, keratinized cells at surface





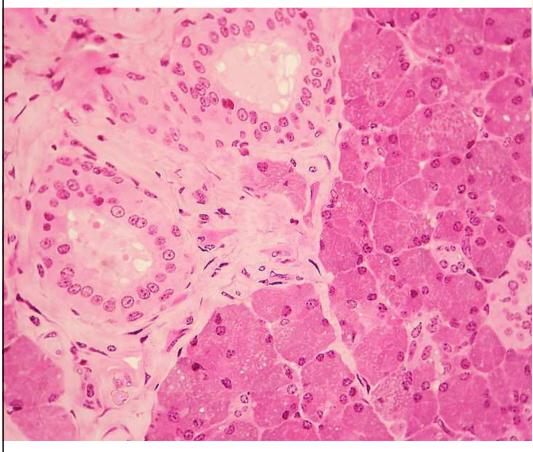
## Stratified cuboidal epithelium

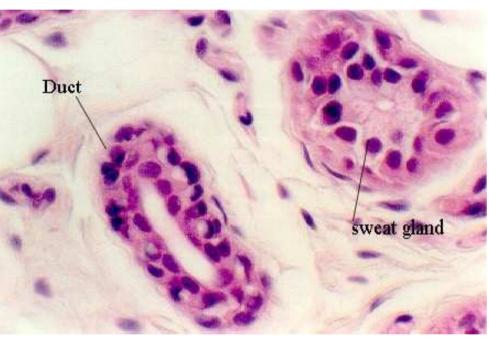
#### **Large ducts** of :

sweat glands

mammary glands

salivary glands



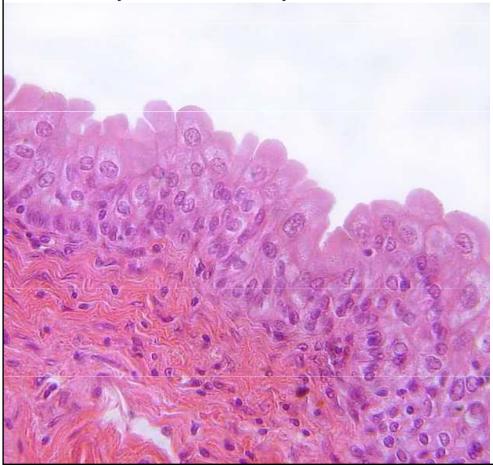


# Transitional epithelium (urothelium)

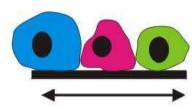
- fluctuation of volume
- organization of epithelial layers
- membrane reserve
- protection against hyperosmotic urine

#### **Urinary system**

urinary bladder, kidneys, ureters



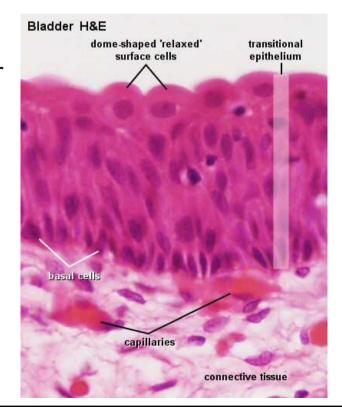




Empty: rather cuboidal with a domed apex

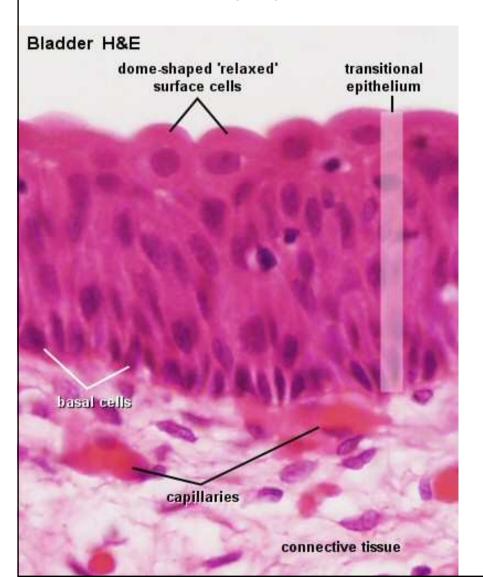
Relaxed: flat, stretched

Basal cells Intermediate layer Surface cells



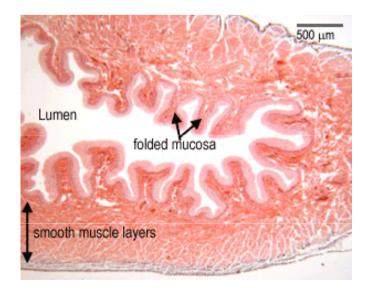
# Transitional epithelium (urothelium)

- glycosaminoglycan layer (GAG) on the surface
- osmotic barrier
- antimicrobial properties



#### Barrier architecture:

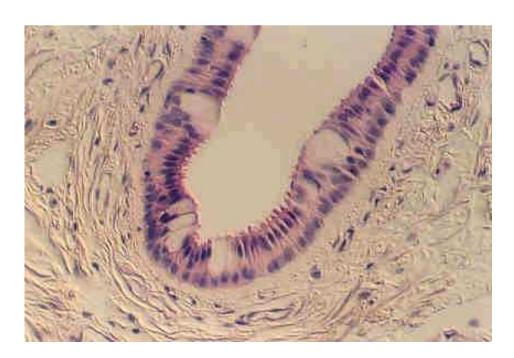
- GAG-layer
- surface cells (tight junctions), uroplakin proteins in the apical cell membrane
- capillary plexus in the submucosa



# Stratified columnar epithelia

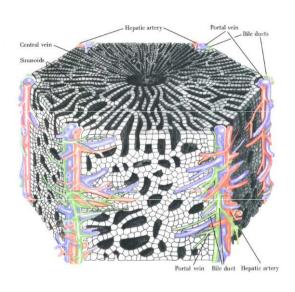
- several layers of columnar cells
- secretion / protection
- ocular conjunctiva
- pharynx, anus transitions
- uterus, male urethra, vas deferens
- intralobular ducts of salivary glands



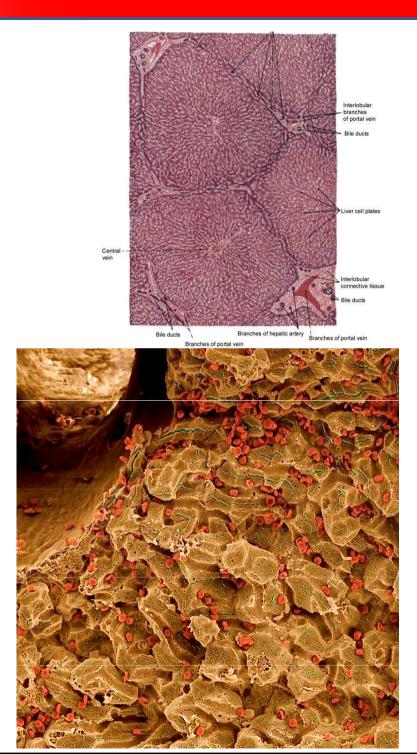


©http://www.cytochemistry.net/microanatomy/epithelia/salivary7.jpg

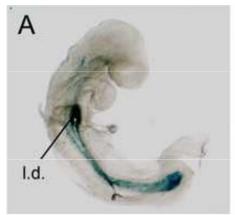
# 2) Trabecular epithelium

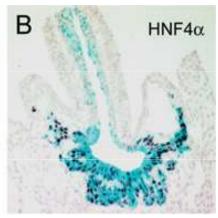


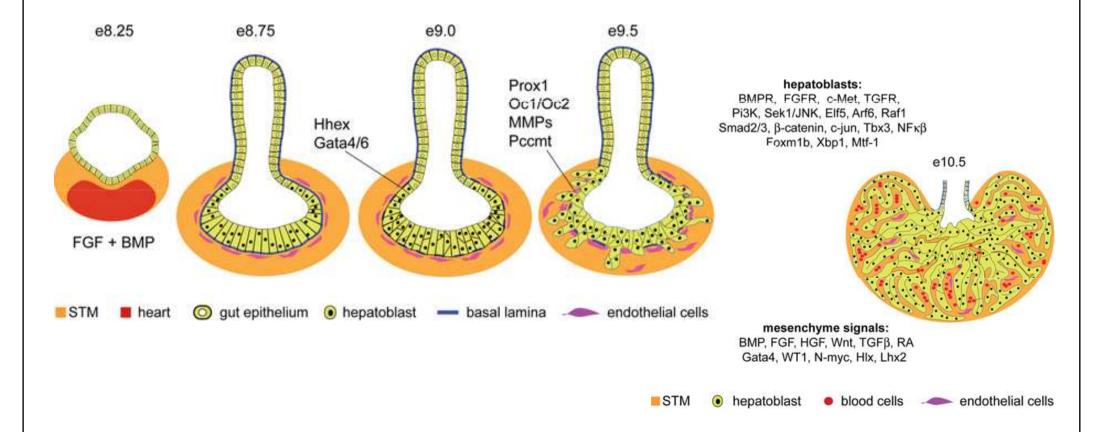




LiverCords of hepatocytes



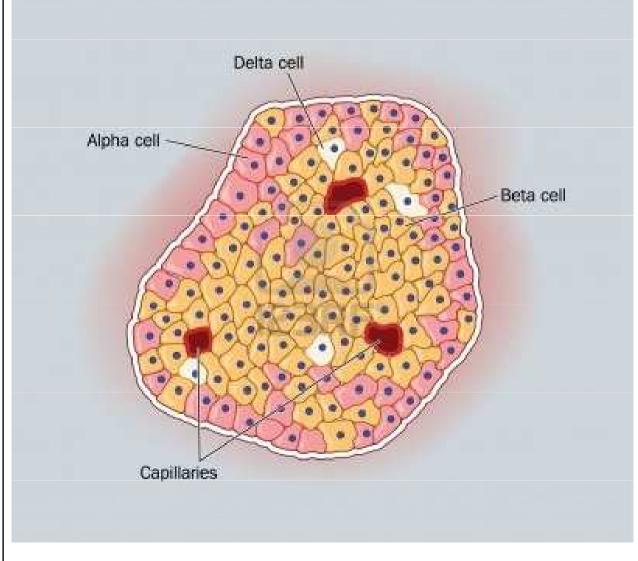


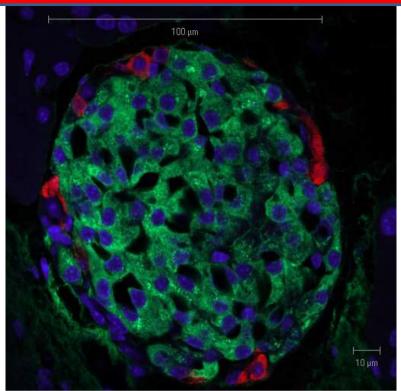


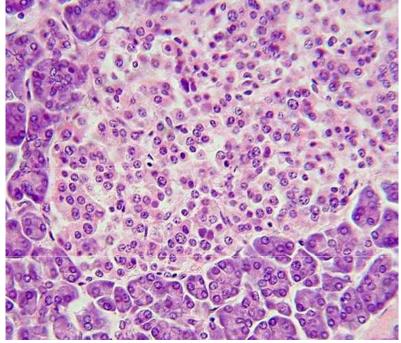
## Endocrine glands

Islets of Langerhans

Cords of endocrine active cells



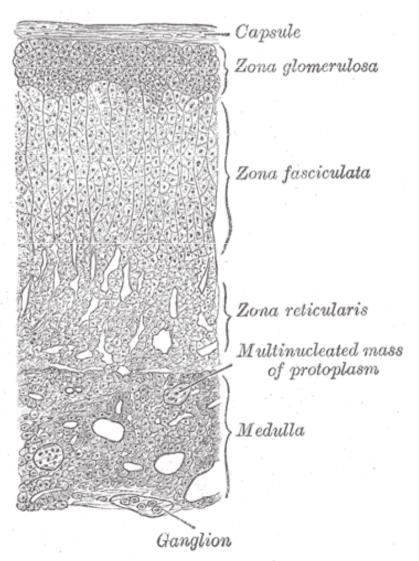


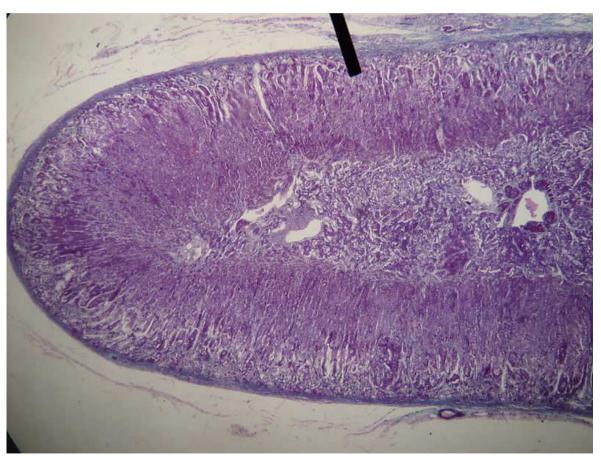


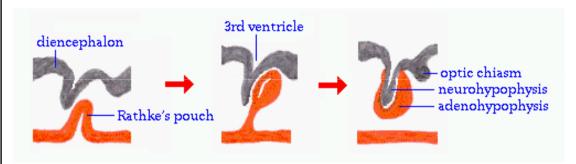
#### Endocrine glands

Adrenal cortex

Cortex of adrenal gland – epithelial cells in cords secreting corticoid

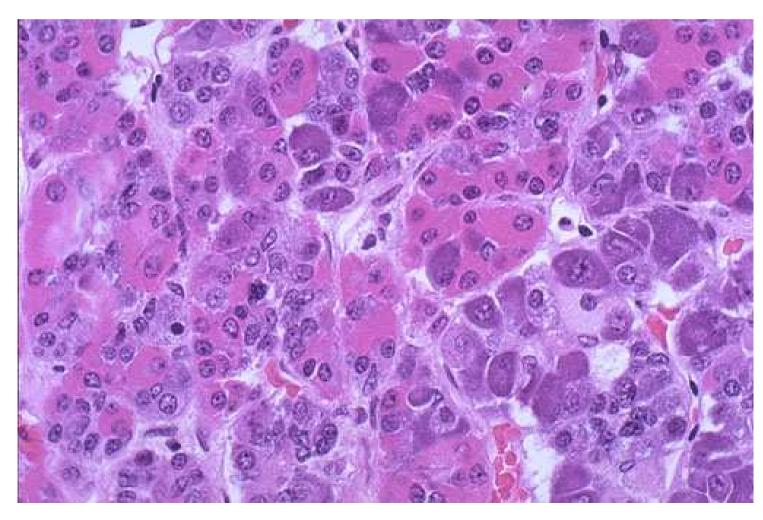






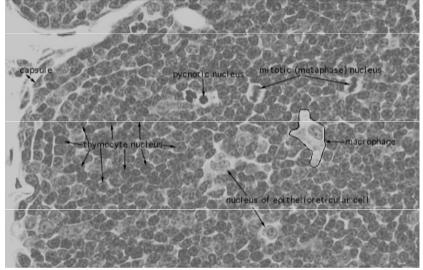
#### Endocrine glands

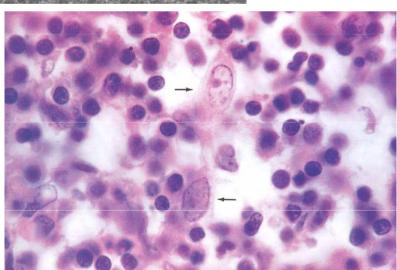
Adenohypophysis – anterior pituitary

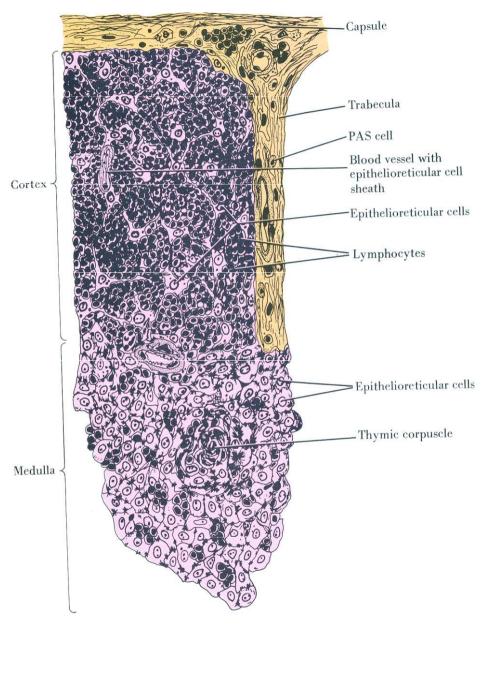


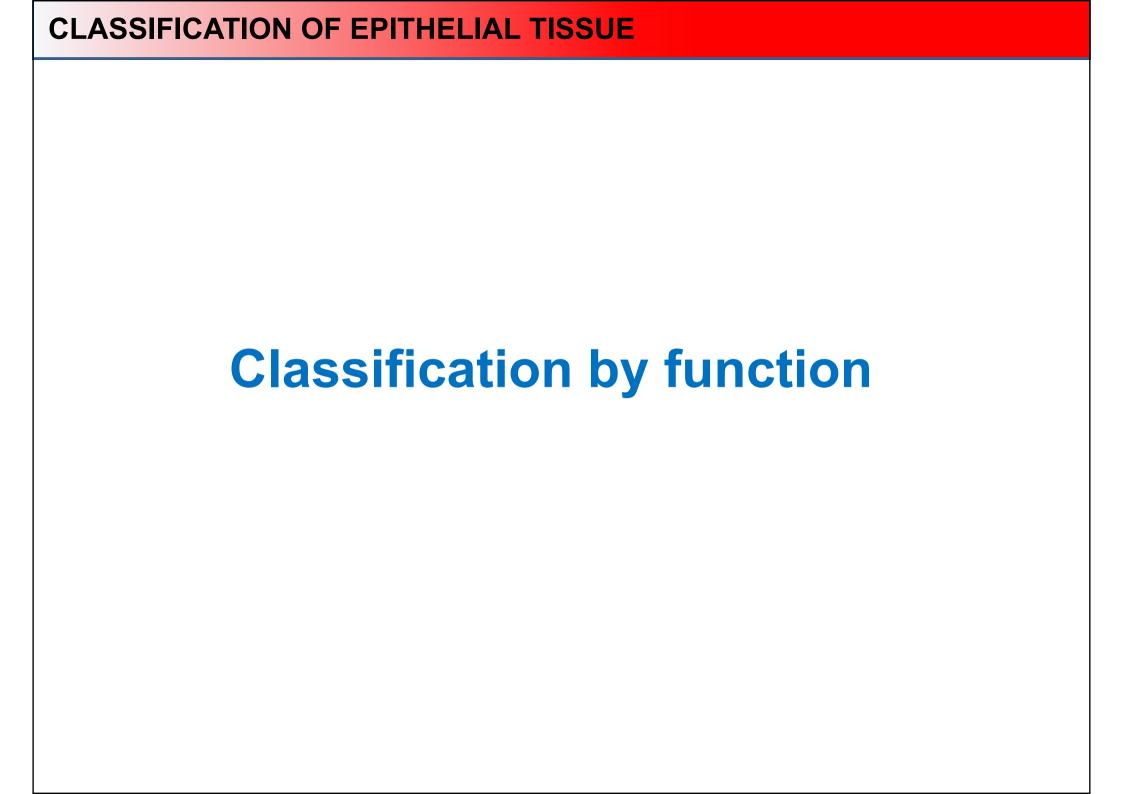
# 3) Reticular epithelium

#### **Thymus**



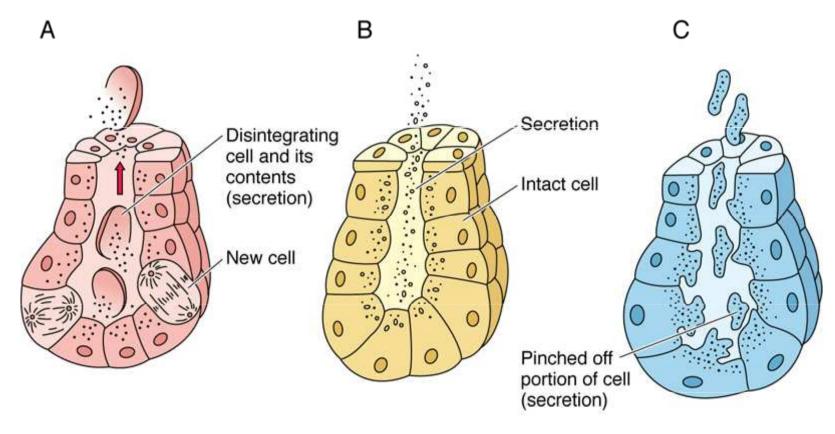






### **Glandular epithelium**

- Secret ↔ excret
- Process of secretion:

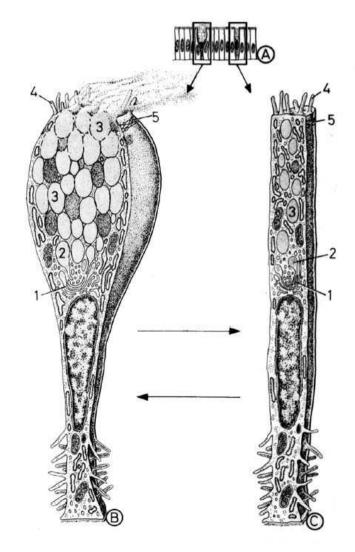


**Holocrine** × **Merocrine** × **Apocrine** 

## Single cell glands

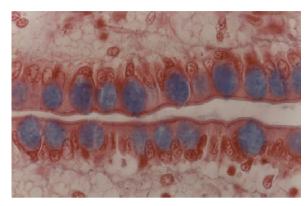
- Goblet
- Enteroendocrine



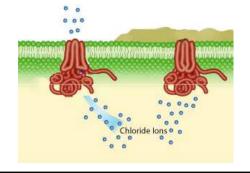


### Goblet cells

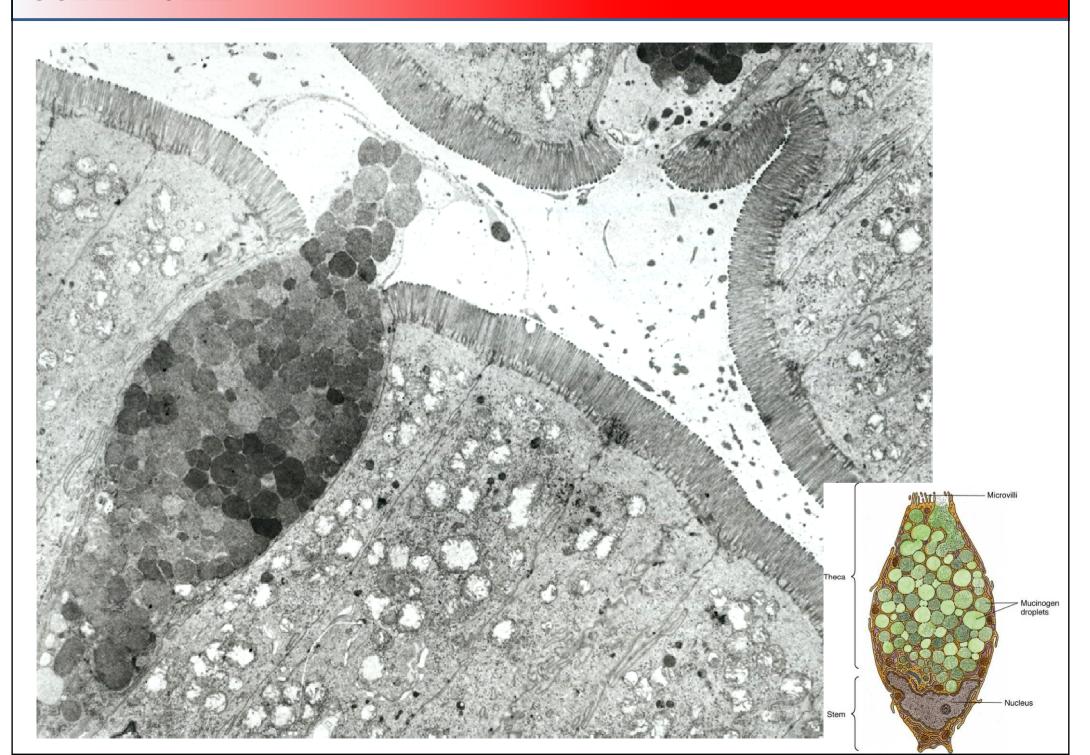
- Mainly respiratory and intestinal tract
- Produce mucus = viscous fluid composed of electrolytes and highly glycosylated glycoproteins (mucins)
- Protection against mechanic shear or chemical damage
- Trapping and elimination of particular matter
- Secretion by secretory granules constitutive or stimulated
- After secretion mucus expands extremely more than 500-fold in 20ms
- Dramatic changes in hydration and ionic charge
- Chronic bronchitis or cystic fibrosis hyperplasia or metaplasia of goblet cells





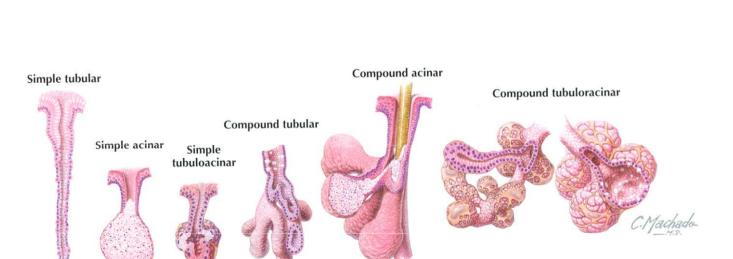


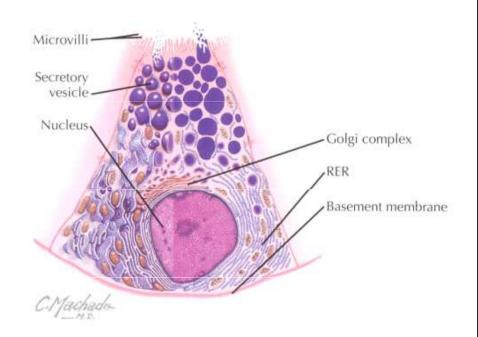
### **GOBLET CELL**



## Multicellular glands

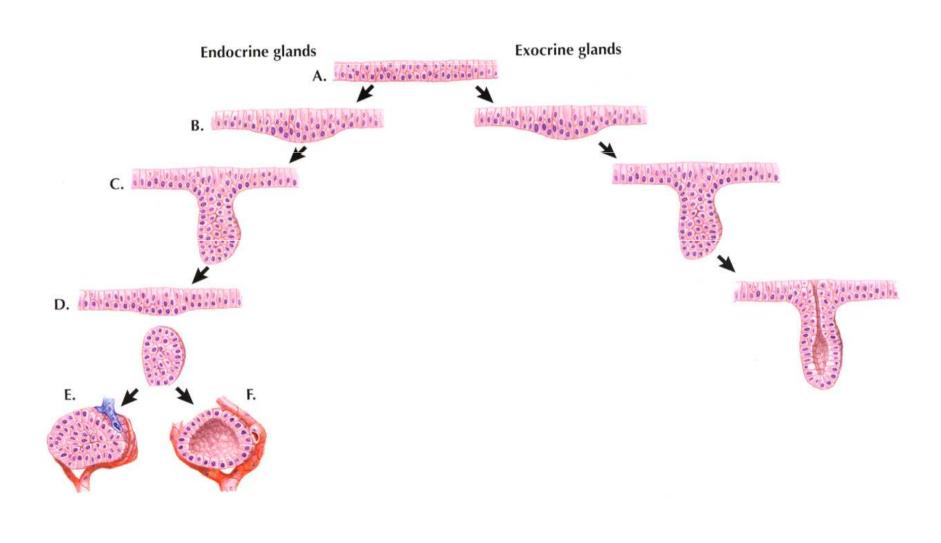
- Shape of secretion part
  - Alveolar (acinar)
  - Tubular
  - Tubuloalveolar (tubuloacinar)
- Branching
  - Simple
  - Branched
  - Compound
- Secretion
  - Mucous
  - Serous
  - Compound



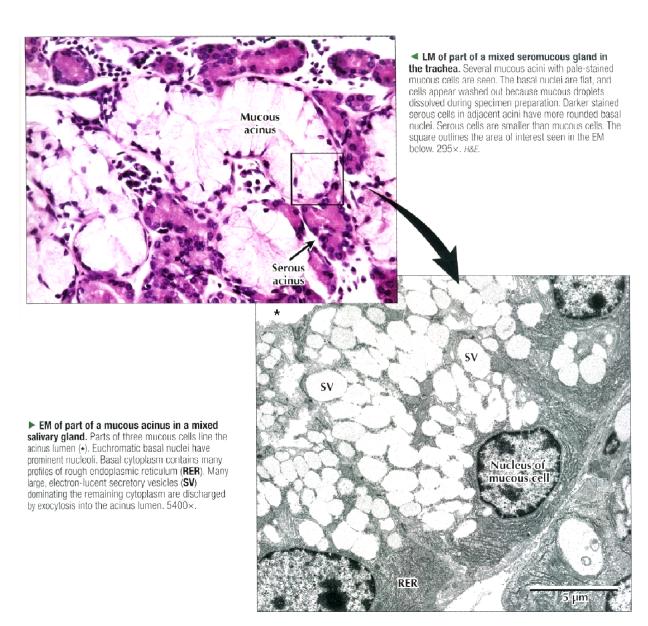


## Multicellular glands

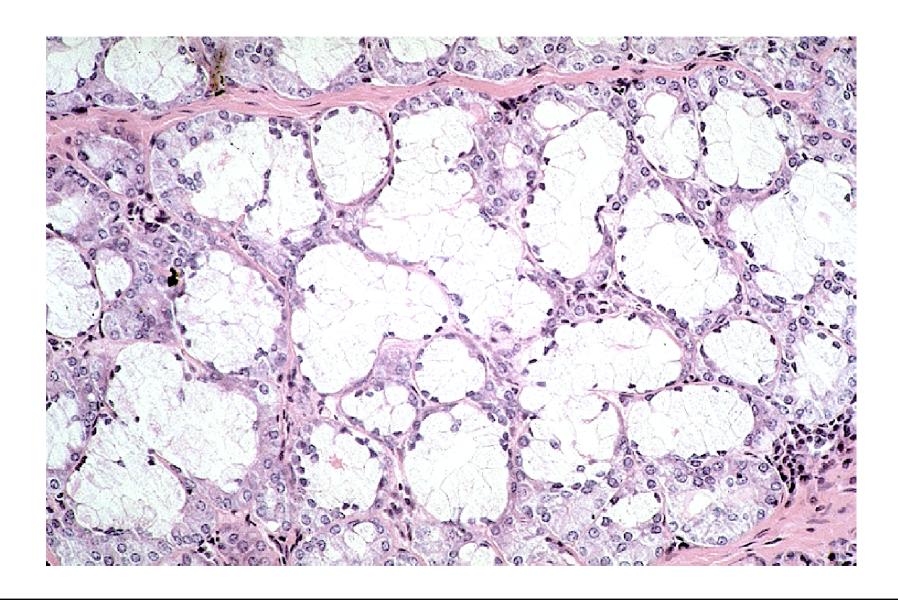
Endocrine vs. endocrine



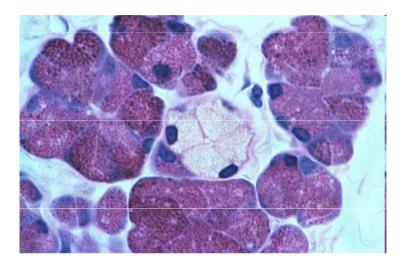
### Mucous glands

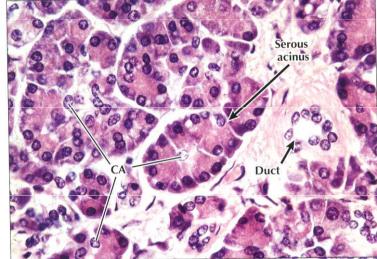


## Mucous glands

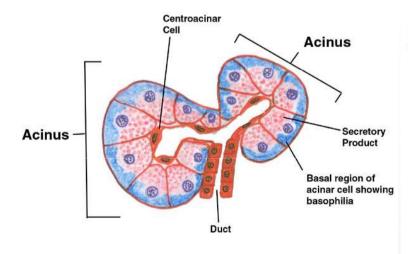


### Serous glands

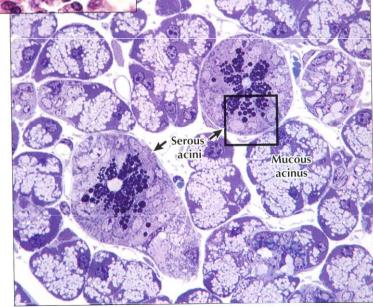




▲ LM of part of the exocrine pancreas. The exocrine part of the gland consists of closely packed spherical or pear-shaped serous acini. Several columnar to pyramidal acinar cells, with round basal nuclei, face a small central lumen in each serous acinus. Basal cytoplasm is basophilic; apical cytoplasm is more eosinophilic. Small clear centroacinar cells (CA) in acini centers help distinguish this purely serous gland from others, such as the parotid salivary gland. A small duct, in the connective tissue stroma, conveys secretions from acini to larger pancreatic ducts. 385×. H&E.

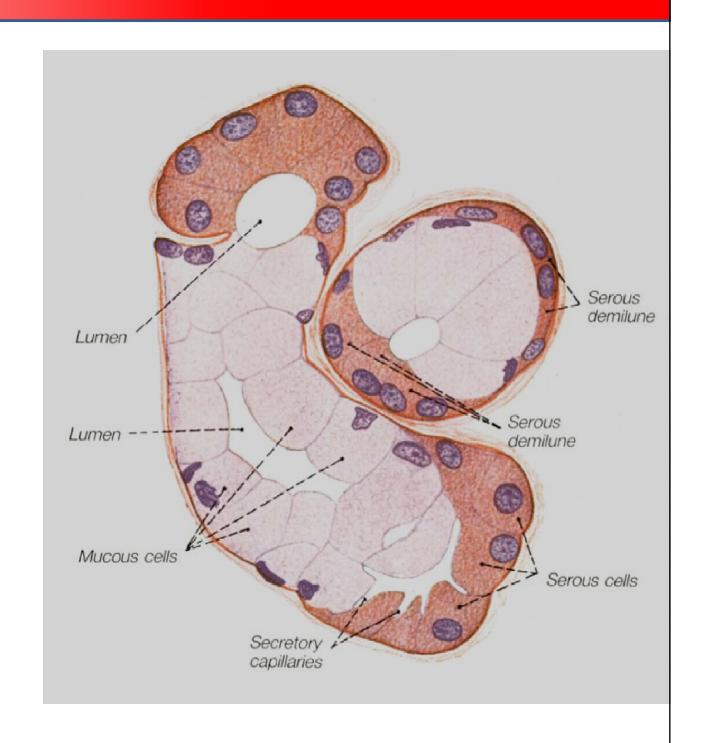


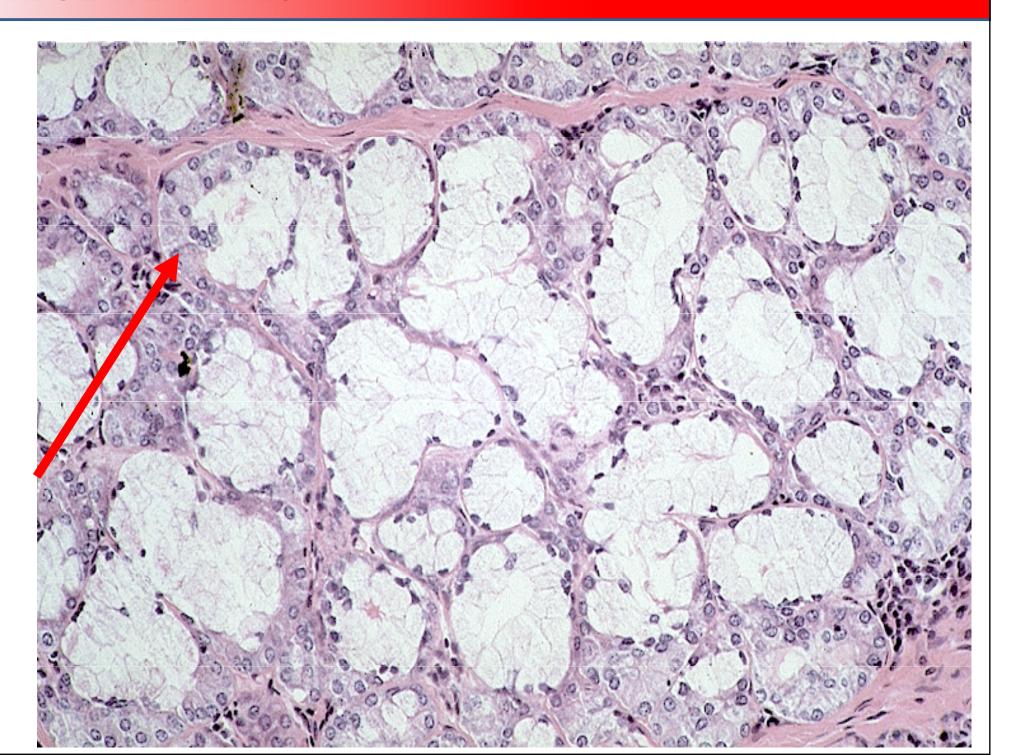
▶ LM of part of a mixed salivary gland. Several pale mucous acini surround two round serous acini. Serous cells have conspicuous, dark-stained secretory vesicles; mucous cells look vacuolated and washed out. EM in 2.15 shows the area in the square in detail. 600×. Toluidine blue, plastic section.



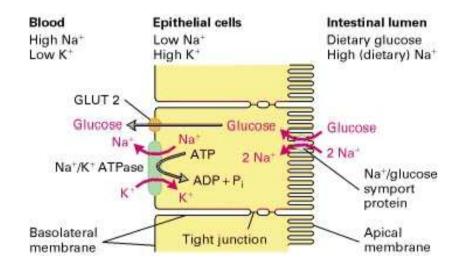
### Compound glands

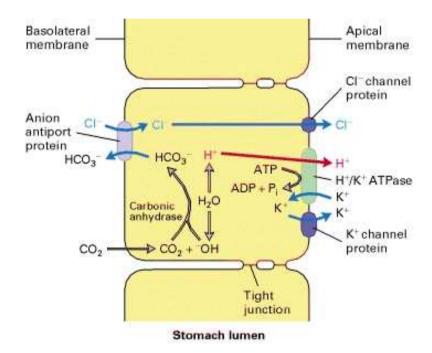
- both serous and mucous





### **Absorptive epithelium**





Glucose transport

**HCI** secretion in stomach

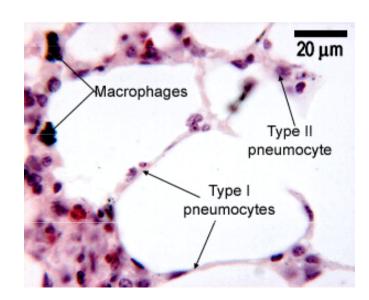
### Respiratory epithelium

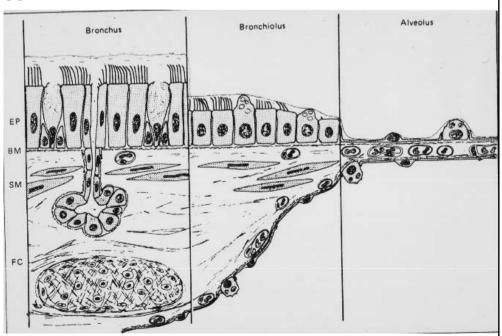
#### **Epithelium of respiratory passages**

- Moisten, protection against injury and pathogen
- Remove particles by "mucociliary escalator"
- Pseudostratified columnar epithelium with cilia
- Basal cells → epithelium renewal

#### Alveolar epithelium

- Gas exchange
- Respiratory bronchiols, alveolar passages and alveoli
- Type I and II pneumocytes





### Sensory epithelium

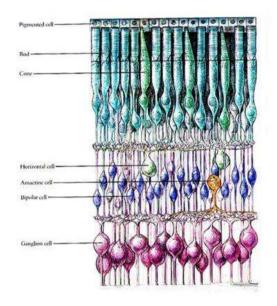
Supportive and sensory cells

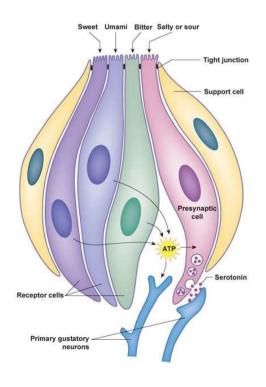
#### **Primary sensory cells**

- directly convert stimuli to membrane potential
- receptory region, body, axonal process
- olfactory epithelium (regio olfactoria nasi), rods and cones

#### **Secondary sensory cells**

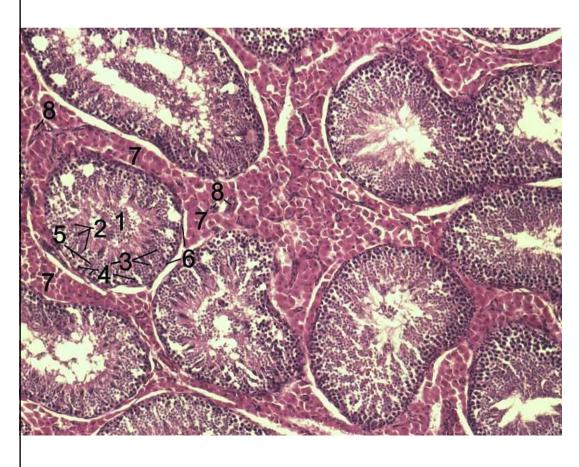
- receptory region and body
- signal is trasmitted by adjacent neurons terminating on secondary sensory cell
- taste buds, vestibulocochlear appratus

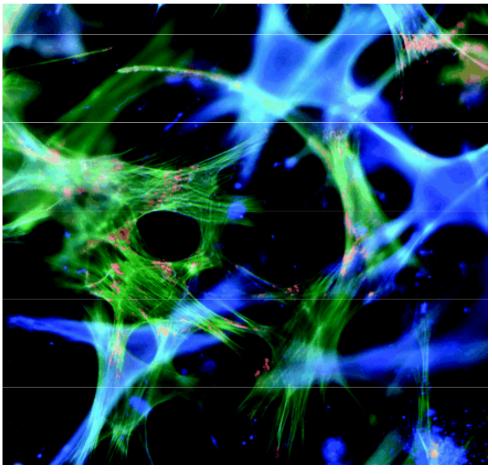




## Myoepithelium

- star-like or spindle cells
- connected by nexus and desmosomes
- actin microfilaments, myosin and tropomyosin
- contraction
- sweat and salivary glands enhancing secretion



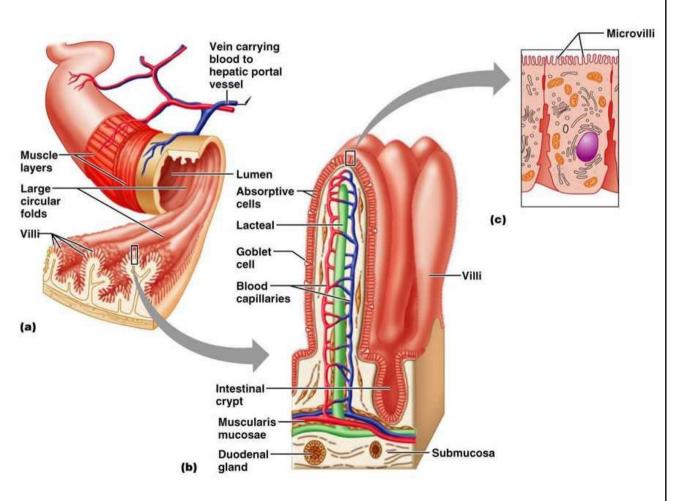


#### REGENERATION OF EPITHELIAL TISSUE

### Renewal of epithelium

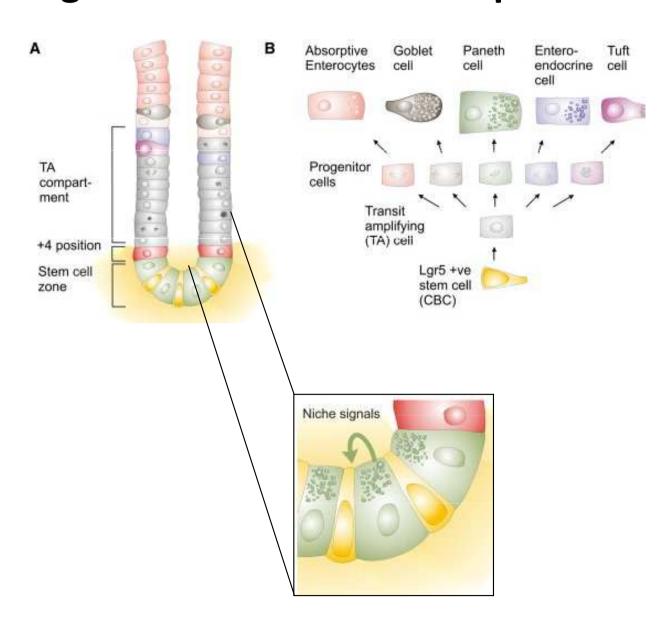
- different regenerative potential (epidermis  $\times$  sensory epithelium of inner ear)
- multi- a oligopotent stem cells
- microenvironment stem cell niche

#### **Example: Regeneration of intestine epithelium**



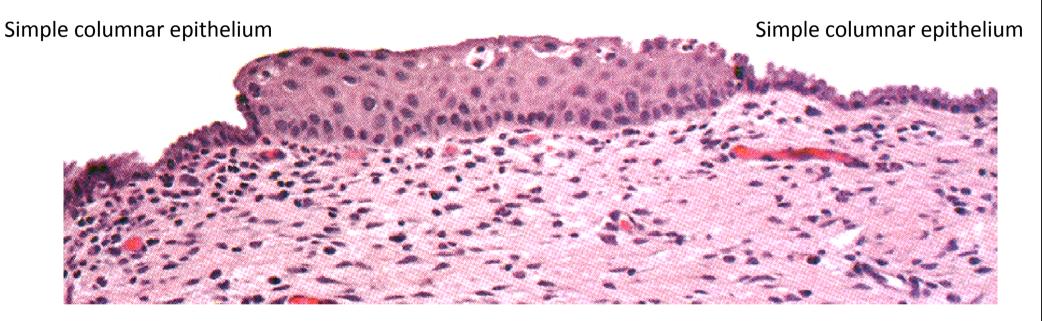
#### REGENERATION OF EPITHELIAL TISSUE

### **Example: Regeneration of intestine epithelium**



## Abnormal renewal: metaplasia

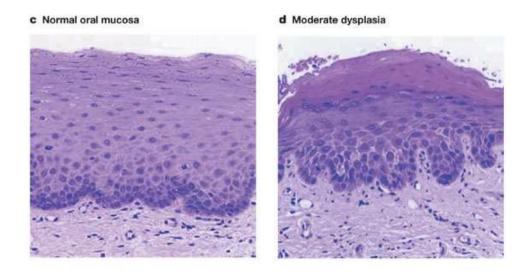
#### Stratified squamous epithelium

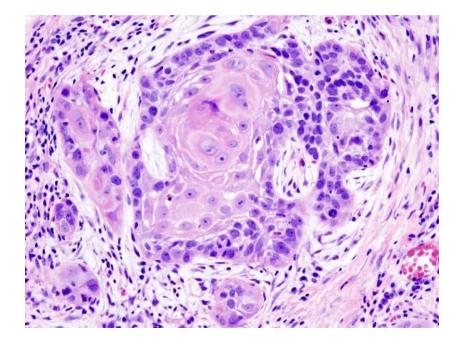


- squamous metaplasia of cervix uteri
- respiratory passages

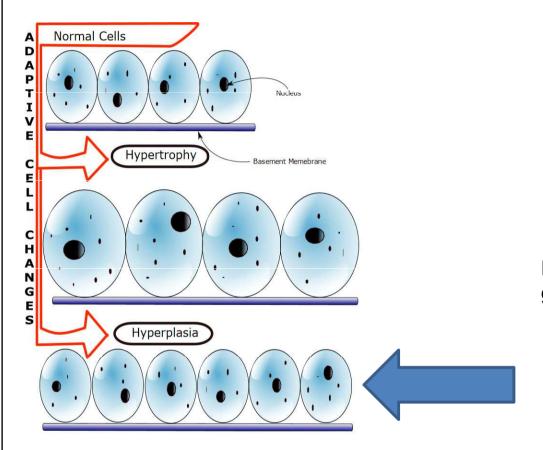
## Abnormal renewal: metaplasia

• risk of development of precancerous lesions

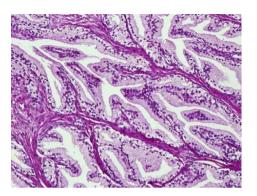




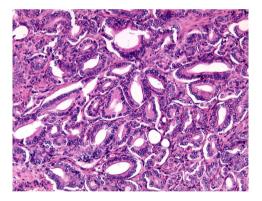
## Abnormal renewal: hyperplasia



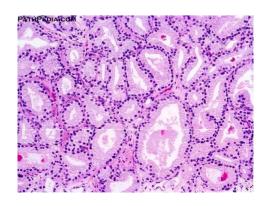
Normal prostate



Hyperplasia of prostate glandular epithelium



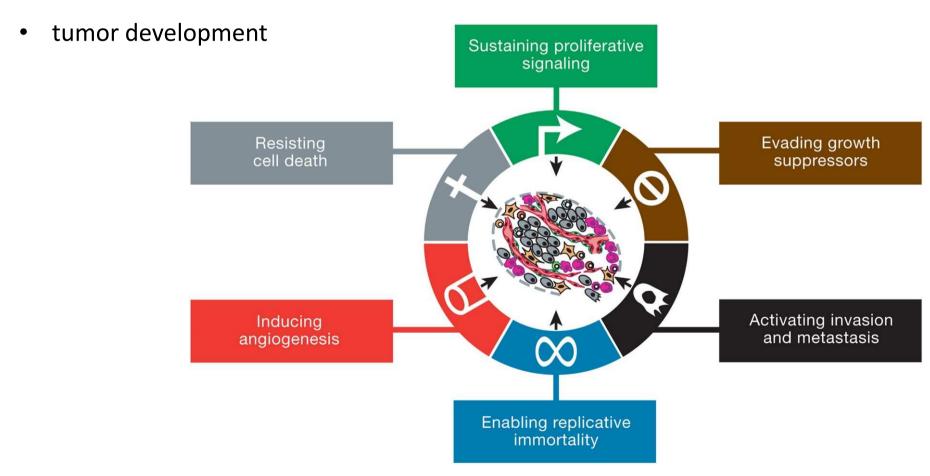
Prostate adenocarcinoma



Wikipedia.org; http://radiology.uchc.edu

### Abnormal renewal: dysplasia and neoplasia

- uncoupling from regulatory mechanisms
- change in morphology and acqusition of new biological properties

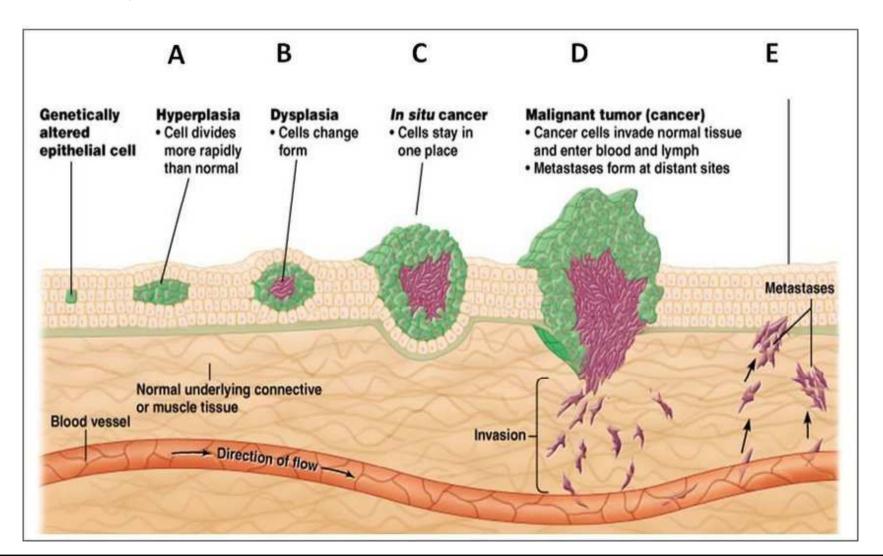


Hanahan & Weinberg, Cell 2011. The six hallmarks of cancer.

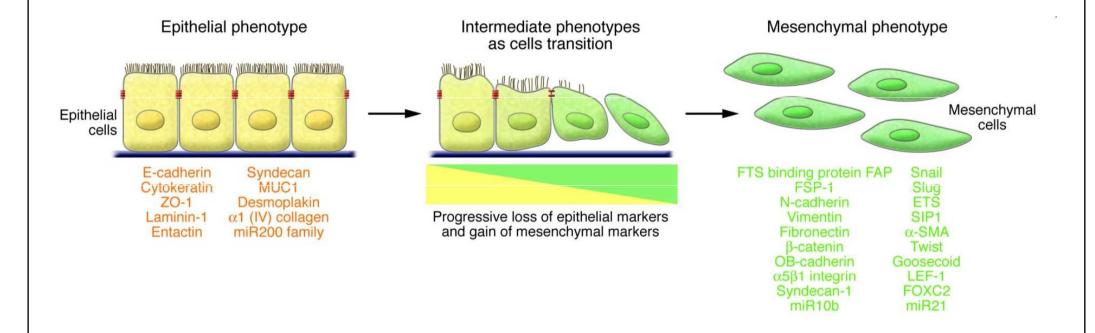
https://doi.org/10.1016/j.cell.2011.02.013

### Abnormal renewal: neoplasia

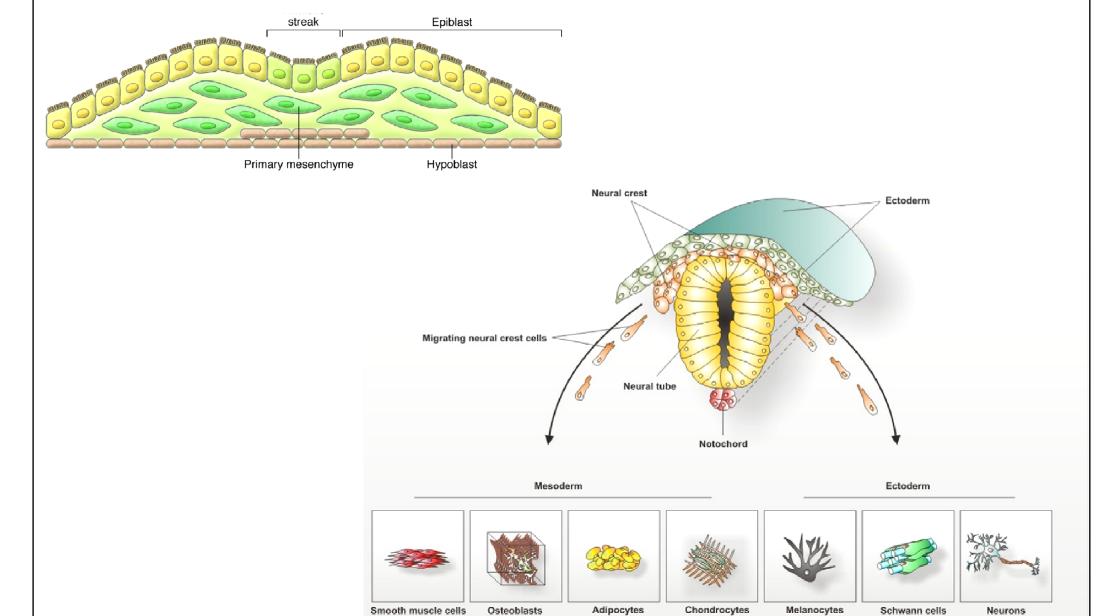
- uncoupling from regualtory mechanisms
- tumor development



### **Epithelial to mesenchymal transition (EMT)**

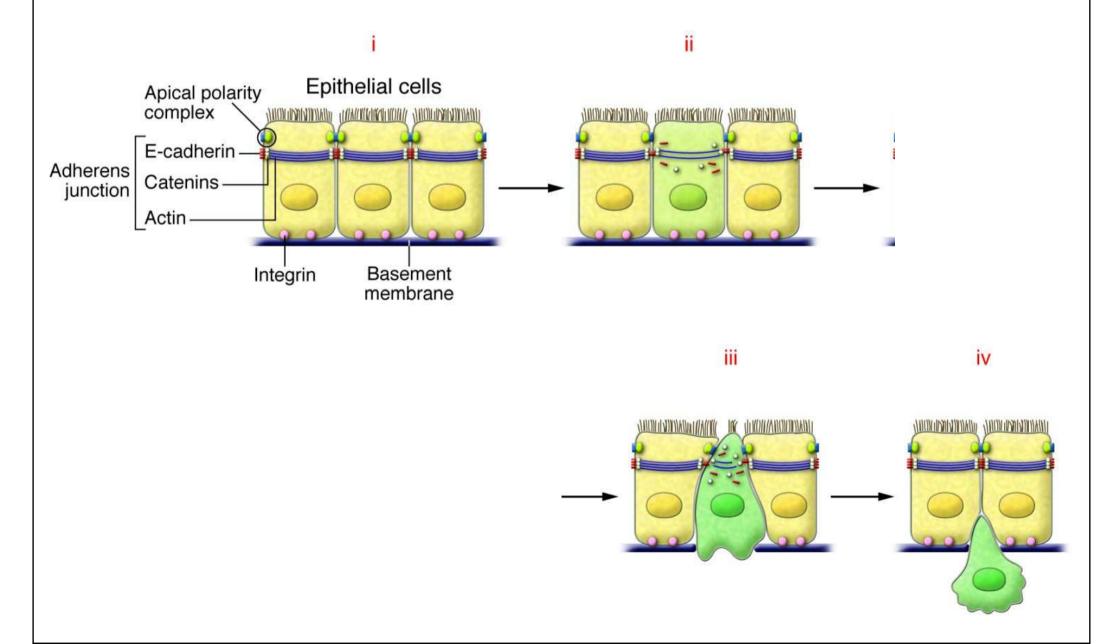


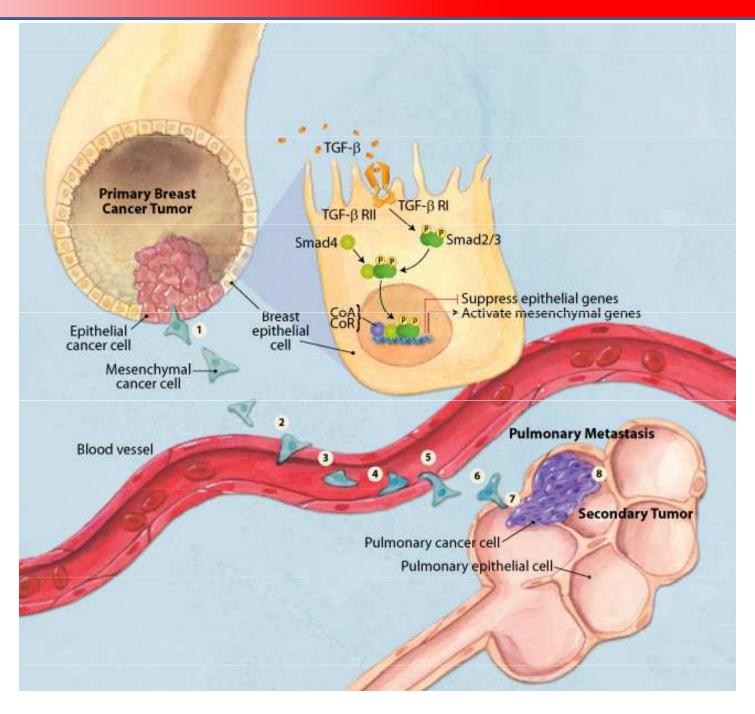
## EMT in embryonic development



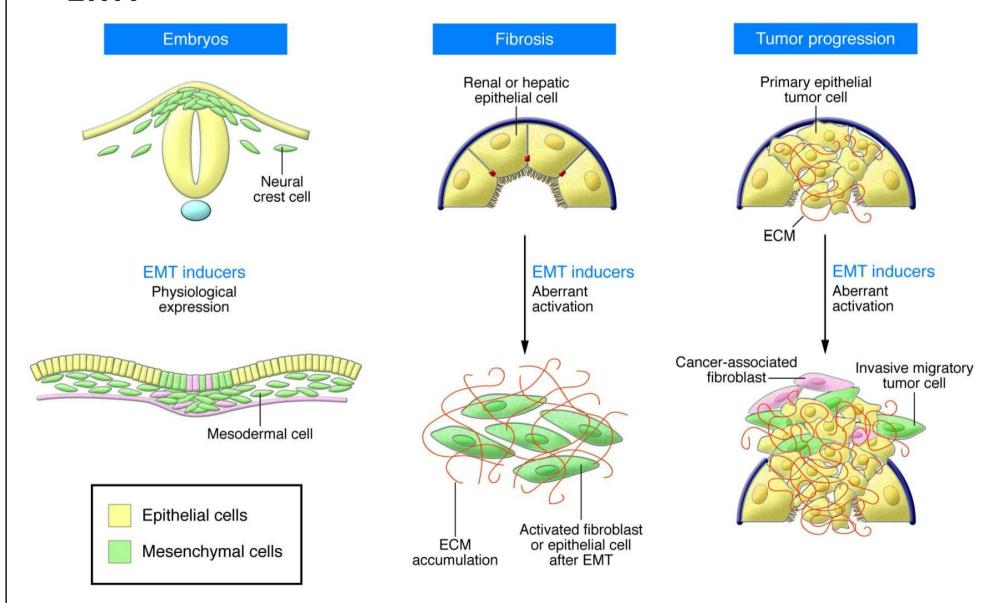
Osteoclasts

### EMT in tumor dissemination

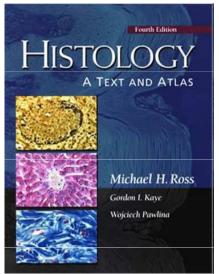


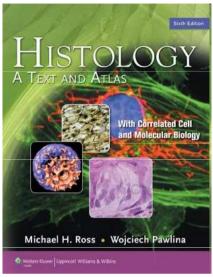


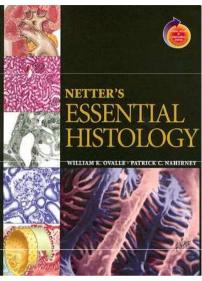
### EMT

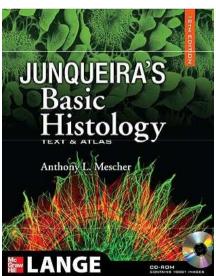


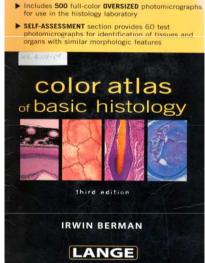
#### **FURTHER STUDY**

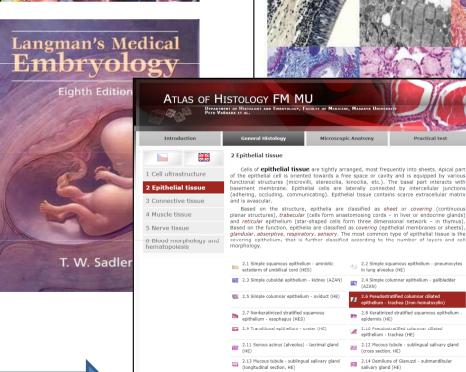












2.15 Trabecular epithelium - liver parenchyma

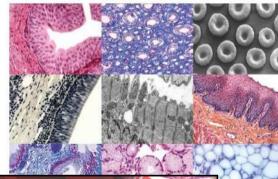






# Guide to General Histology and Microscopic Anatomy

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# Thank you for attention

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