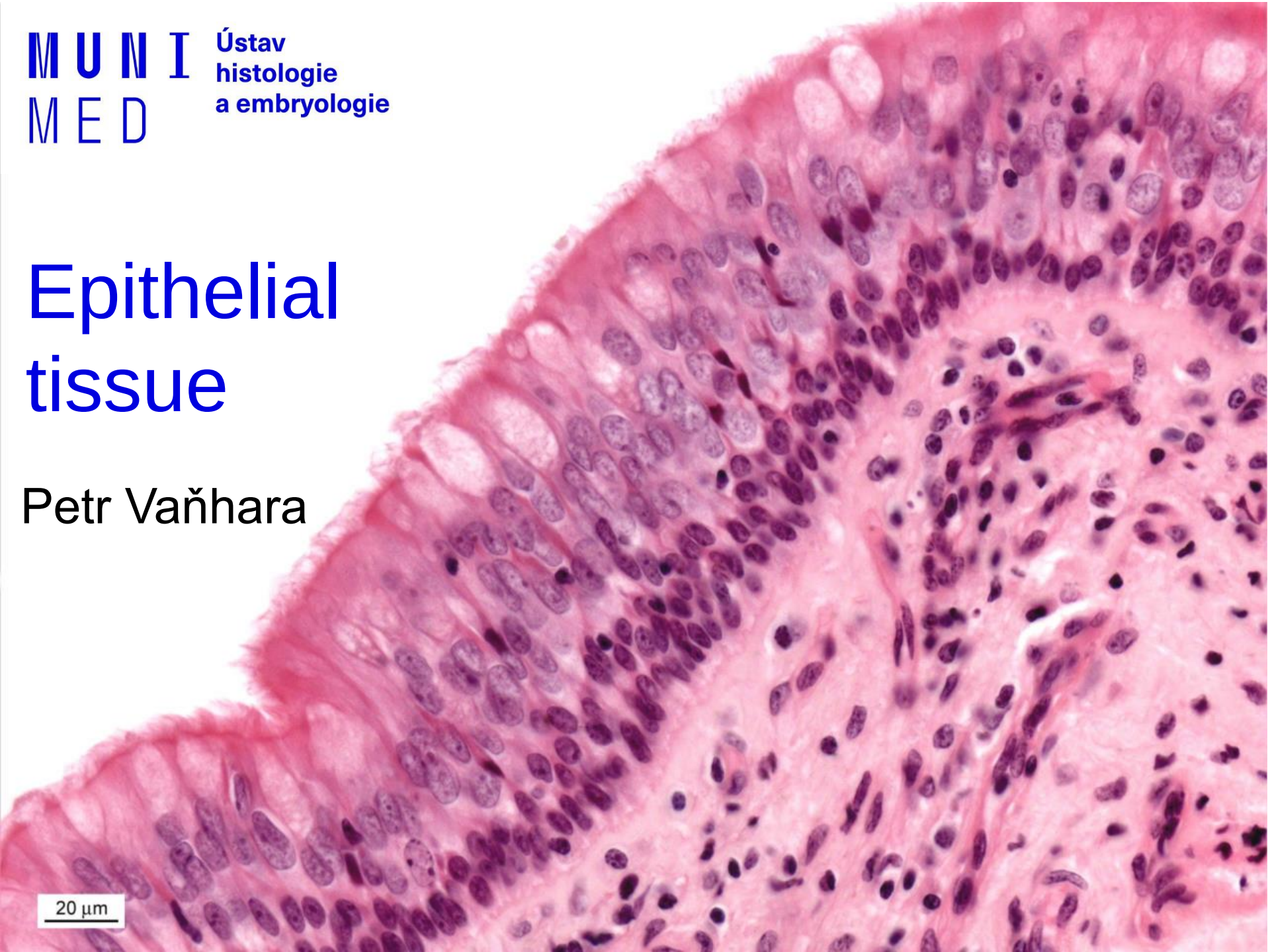
MUNI MED
Ústav histologie a embryologie

Epithelial tissue

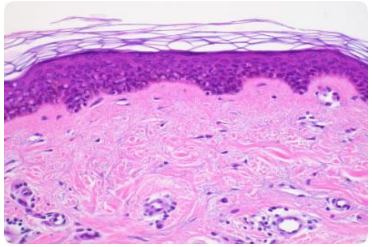
Petr Vaňhara



CONTEMPORARY TISSUE CLASSIFICATION

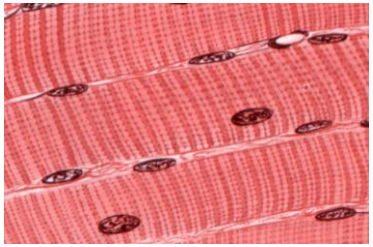
Based on morphology and function:

Epithelium



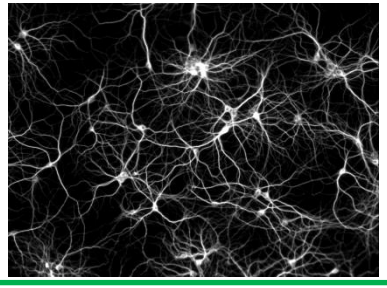
Continual, avascular layers of cells with different function, oriented to open space, with specific junctions and minimum of ECM and intercellular space.
Derivates of all three germ layers

Muscle



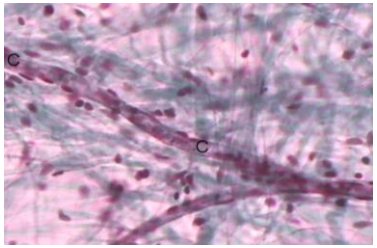
Myofibrils → contraction
Mesoderm – skeletal muscle, myocard, mesenchyme – smooth muscles
Rarely ectoderm (eg. m. sphincter a m. dilatator pupillae)

Nerve



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

Connective

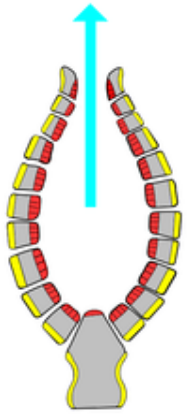


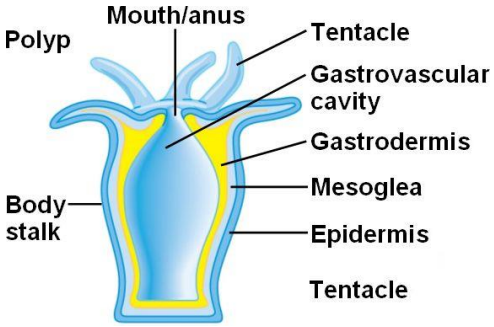
Dominant extracellular matrix
Connective tissue, cartilage, bone…
Mesenchyme

General characteristics

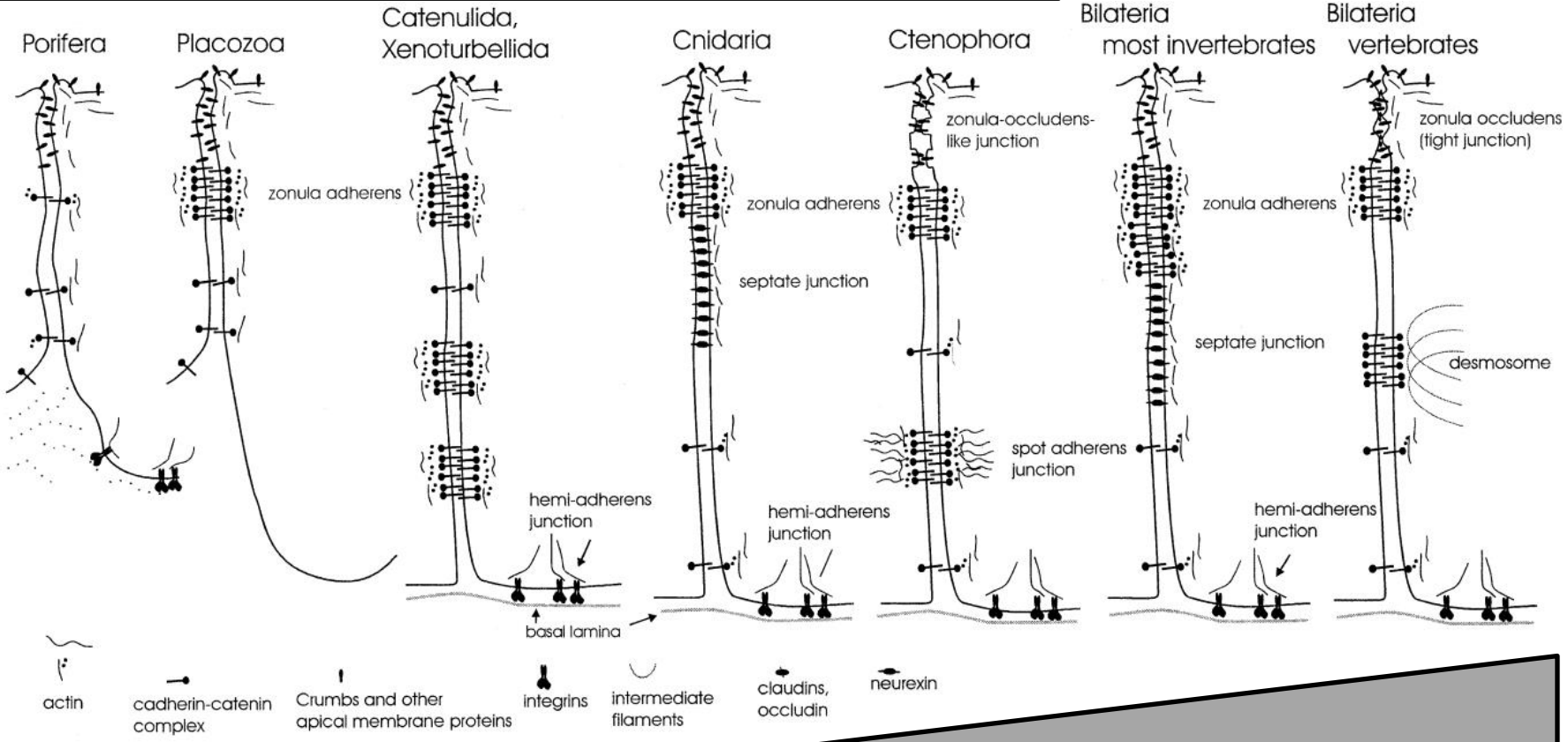
What can sea sponges and hydras teach us?

- Very early event and very novel innovation in Metazoa evolution
- From simple colonies of cells to highly specialized tissue structures
- Boundaries and interfaces
- Dividing of the body into separated compartments → separating individual milieu
- Lining of cavities or interfaces of open space
- Attachment and adhesion
- Basal membrane



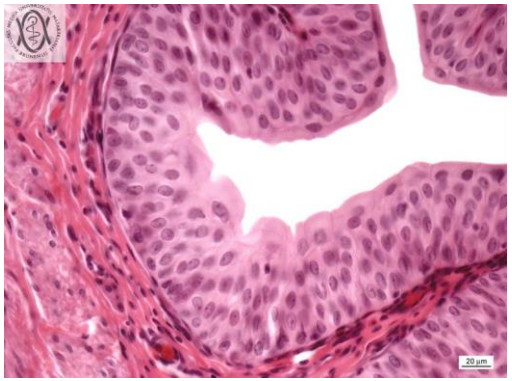


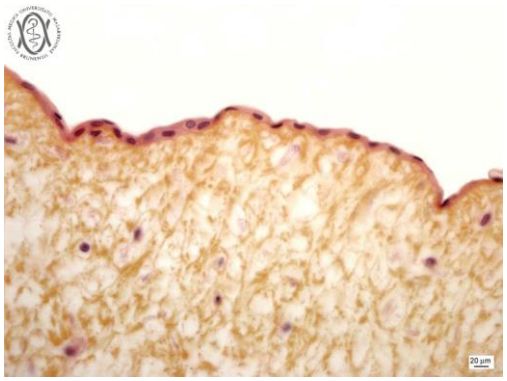
Evolution of epithelia

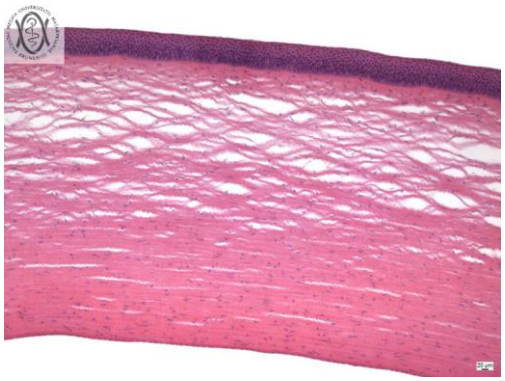


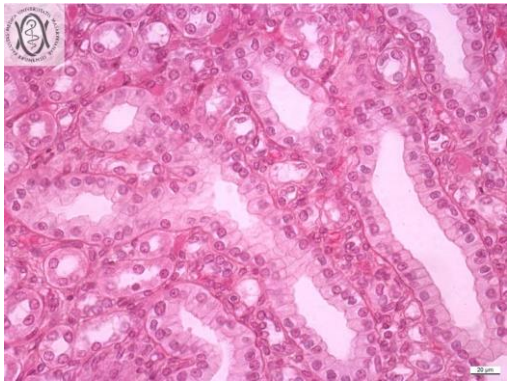
Complexity of cell-cell junctions

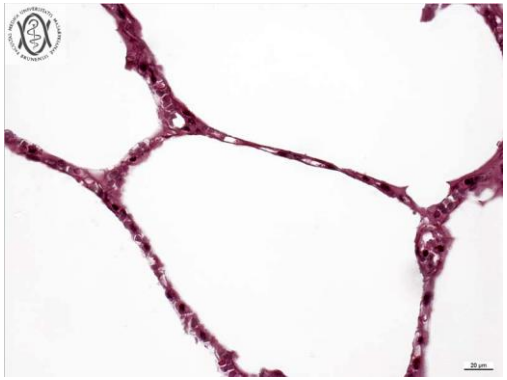
EPITHELIAL VARIABILITY IN HUMANS

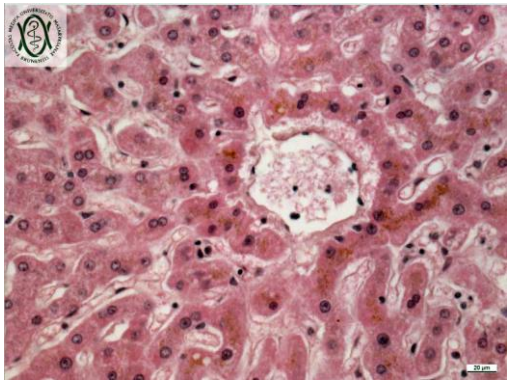


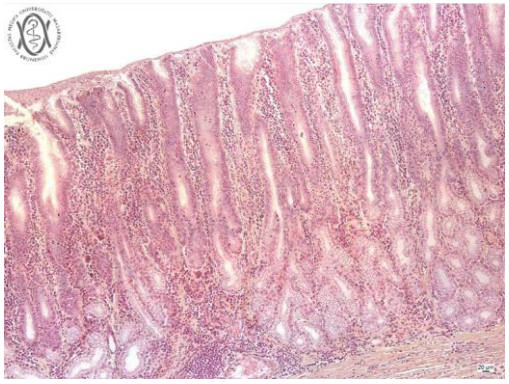


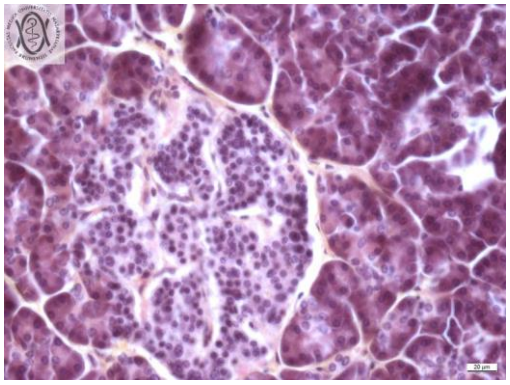










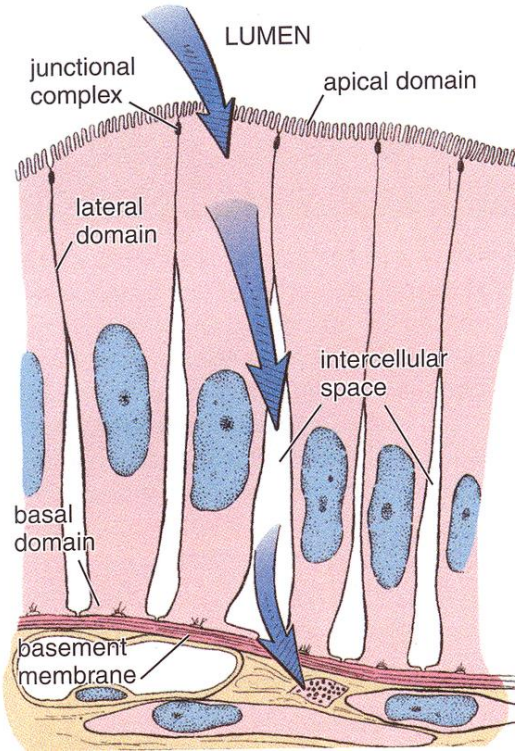


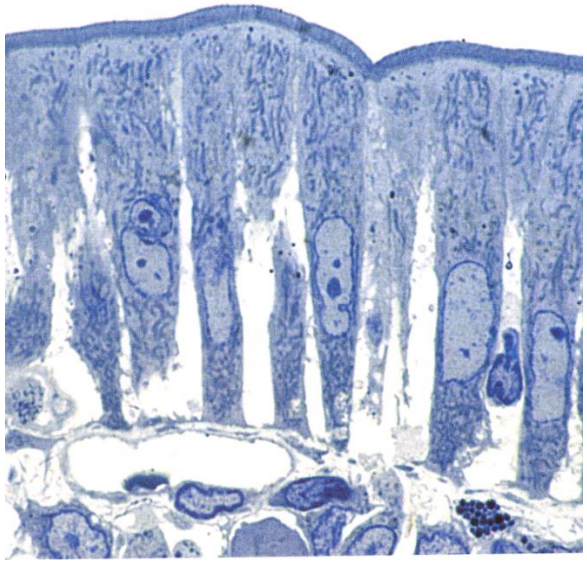
GENERAL CHARACTERISTICS OF EPITHELIAL TISSUE

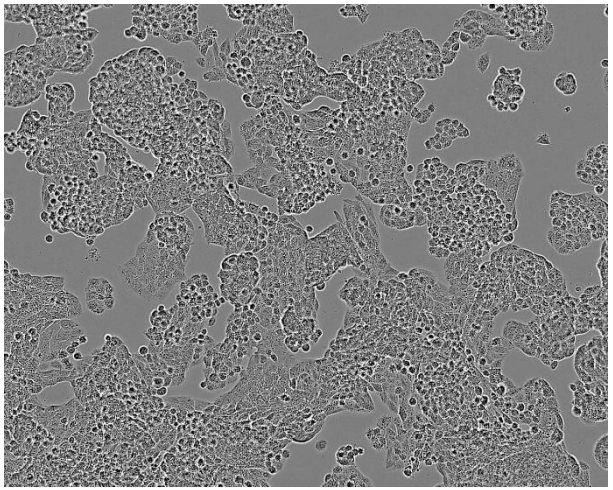
- **Avascular** (without blood supply) – nutrition by diffusion from a highly vascular and innervated area of loose connective tissue (*lamina propria*) just below the basement membrane

- **Highly cellular** – cohesive sheet or groups of cells with no or little extracellular matrix

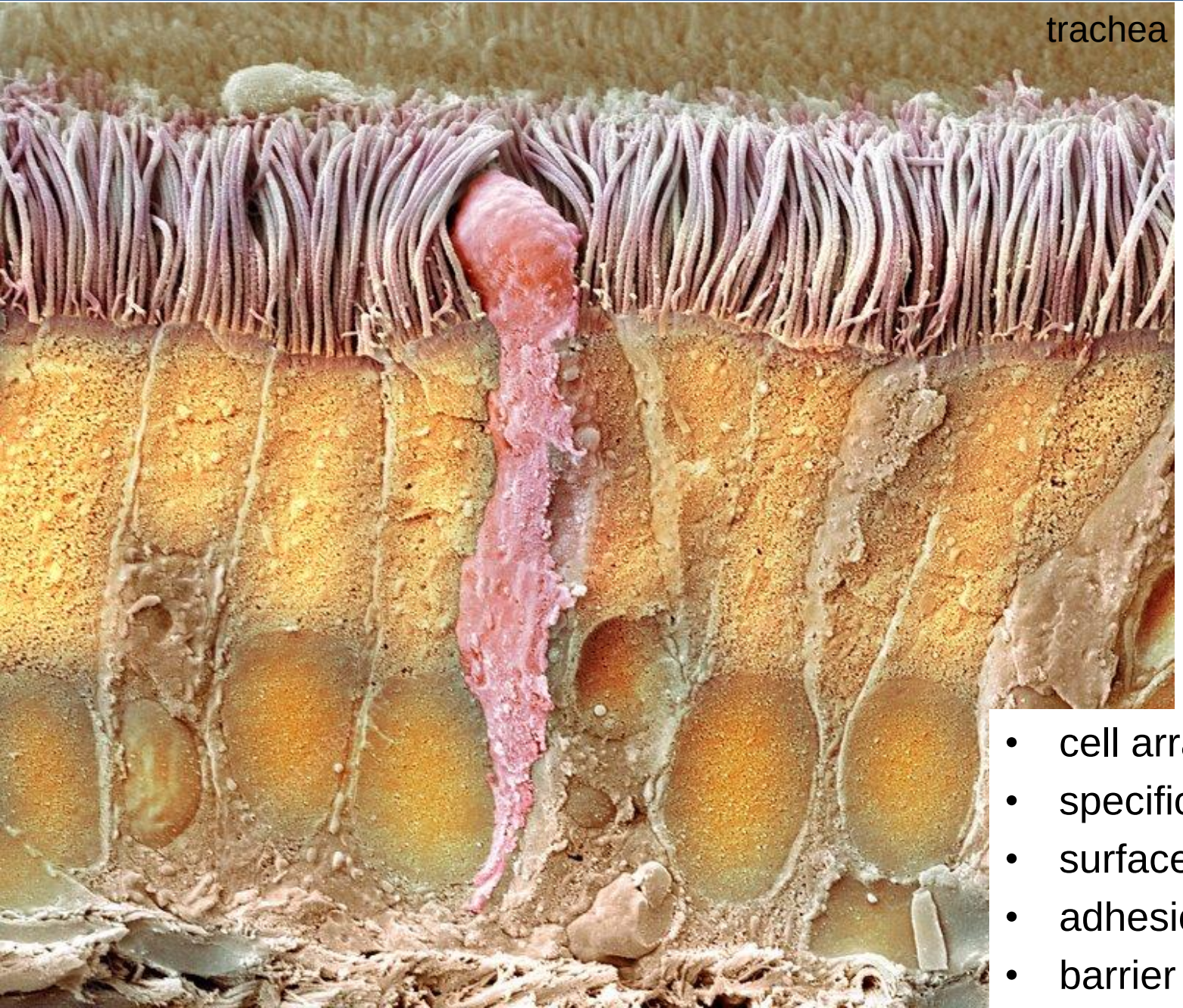
- Typical **morphology** and **cell connections**





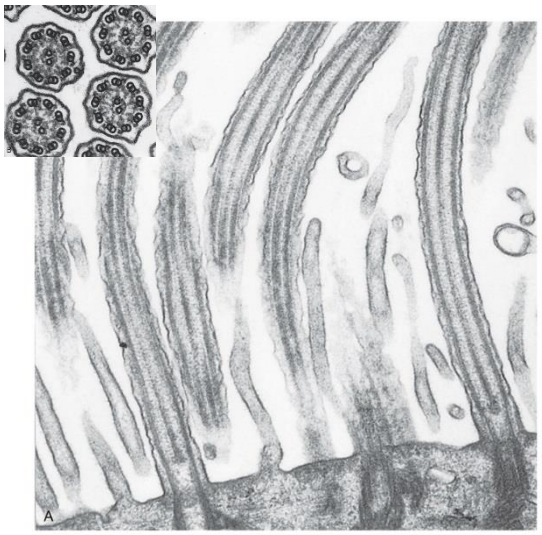


GENERAL CHARACTERISTICS OF EPITHELIAL TISSUE

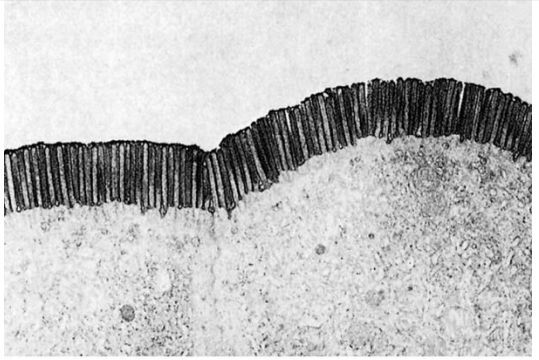


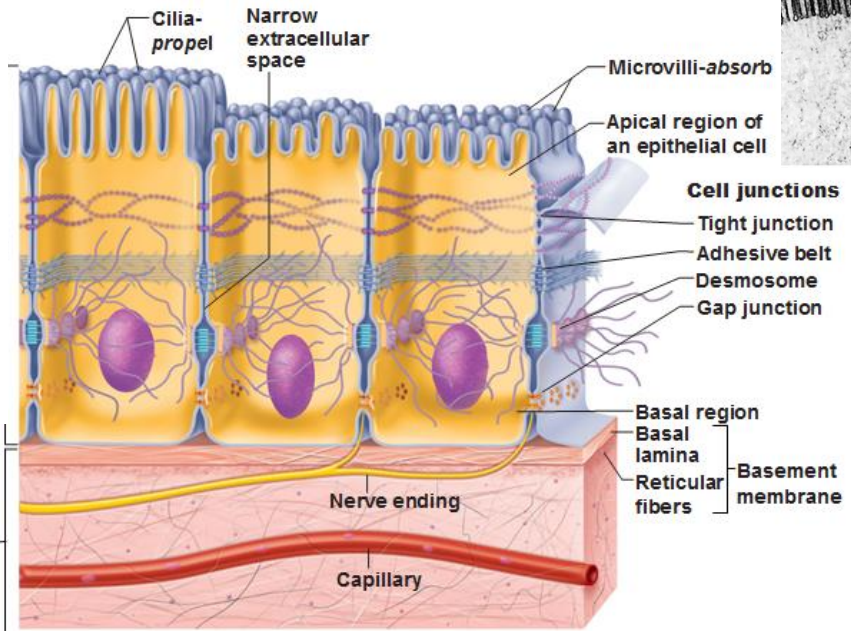
- cell arrangement
- specific morphology
- surface modifications
- adhesion
- barrier functions

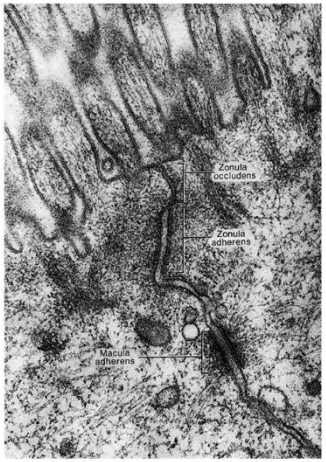
HALLMARKS OF A TYPICAL EPITHELIAL CELL

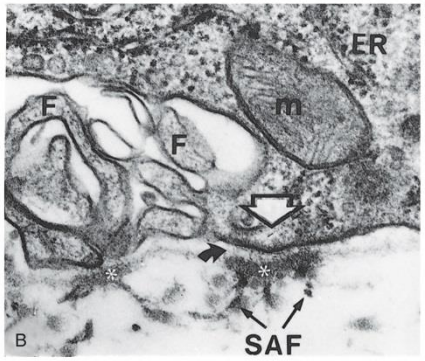


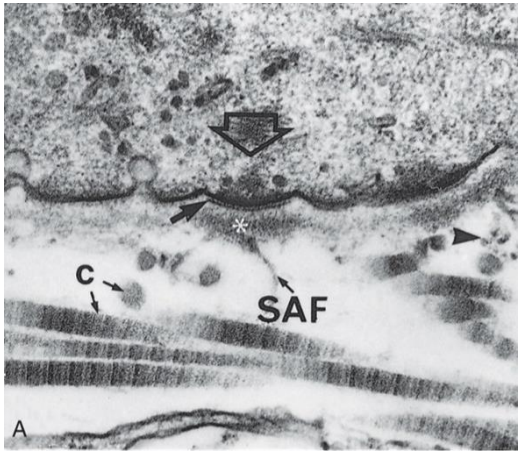
From Leeson TS, Leeson CR, Paparo AA. *Text/Atlas of Histology*. Philadelphia: WB Saunders; 1988.





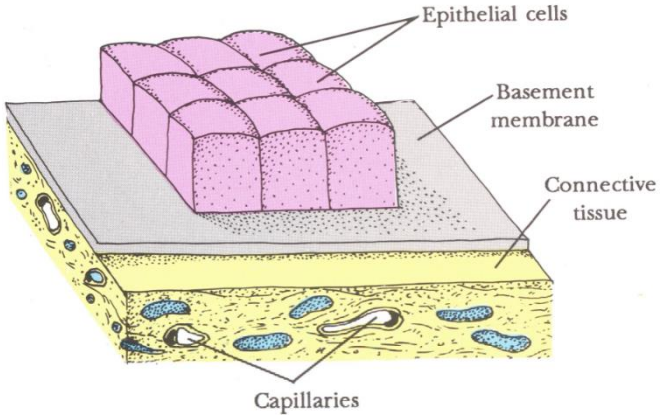


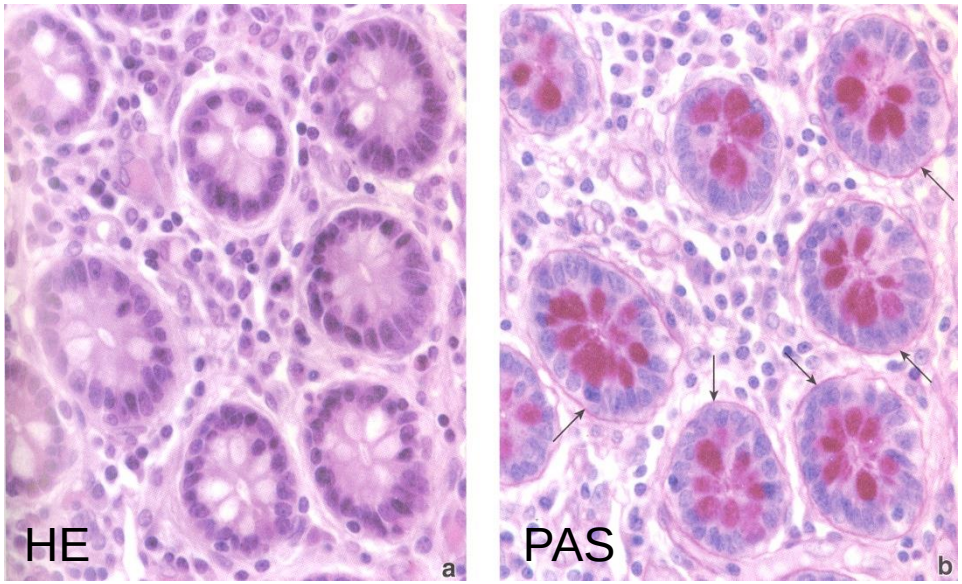


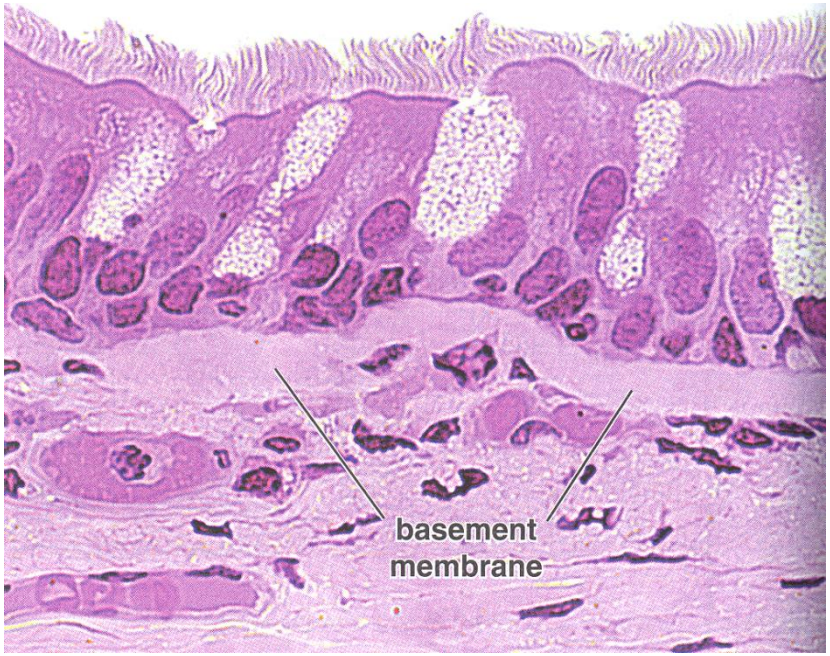


BASEMENT MEMBRANE

- Attachment of epithelium to underlying tissues
- Selective filter barrier between epithelial and connective tissue
- Communication, differentiation

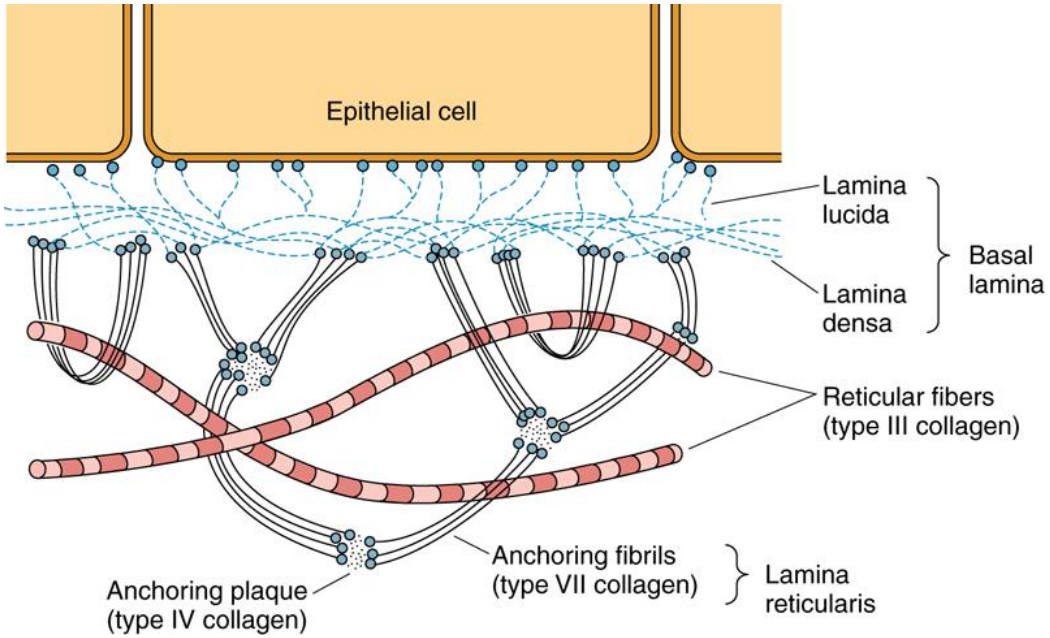


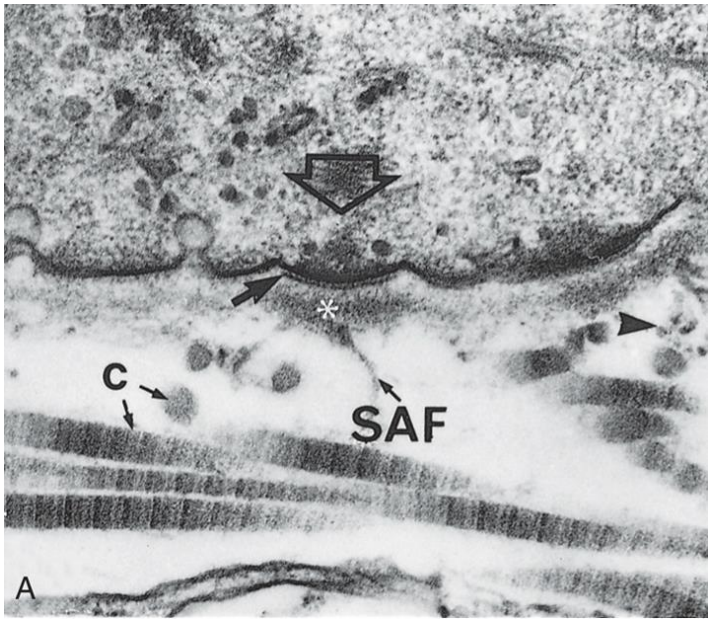




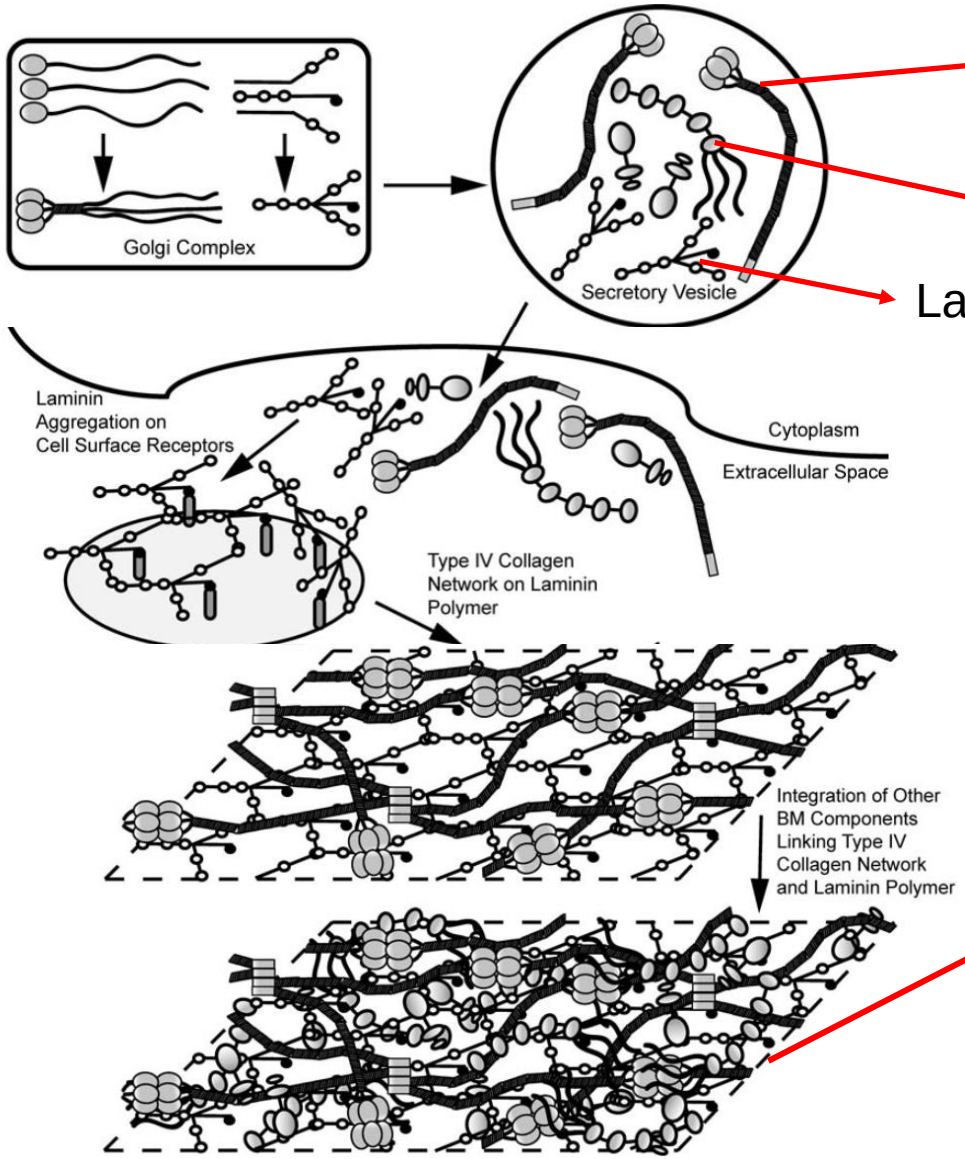
BASAL LAMINA vs. BASEMENT MEMBRANE

- 50-100nm
- Glycosaminoglycans – heparansulfate
- Laminin, collagen III, IV, VI,
- Nidogen/entactin
- Perlecan
- Proteoglycans





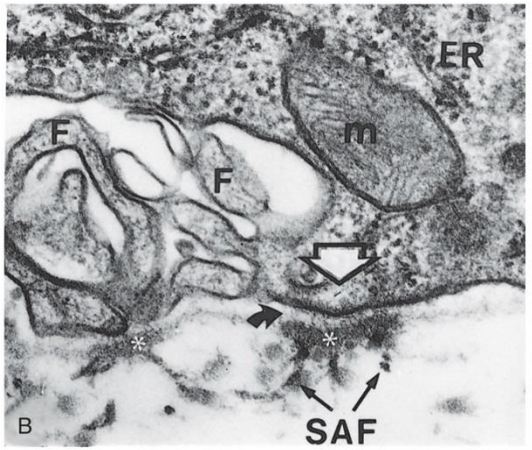
BASEMENT MEMBRANE

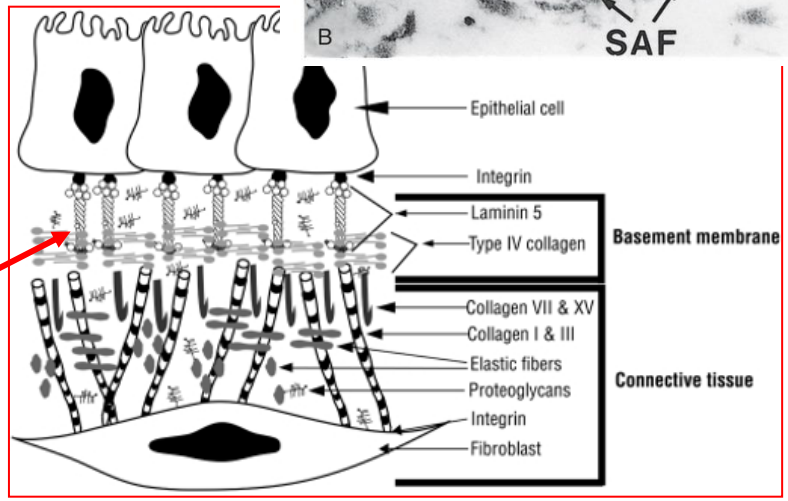


Kolagen IV

Perlecan,
Nidogen/Entactin

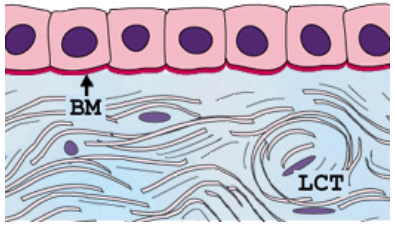
Laminin



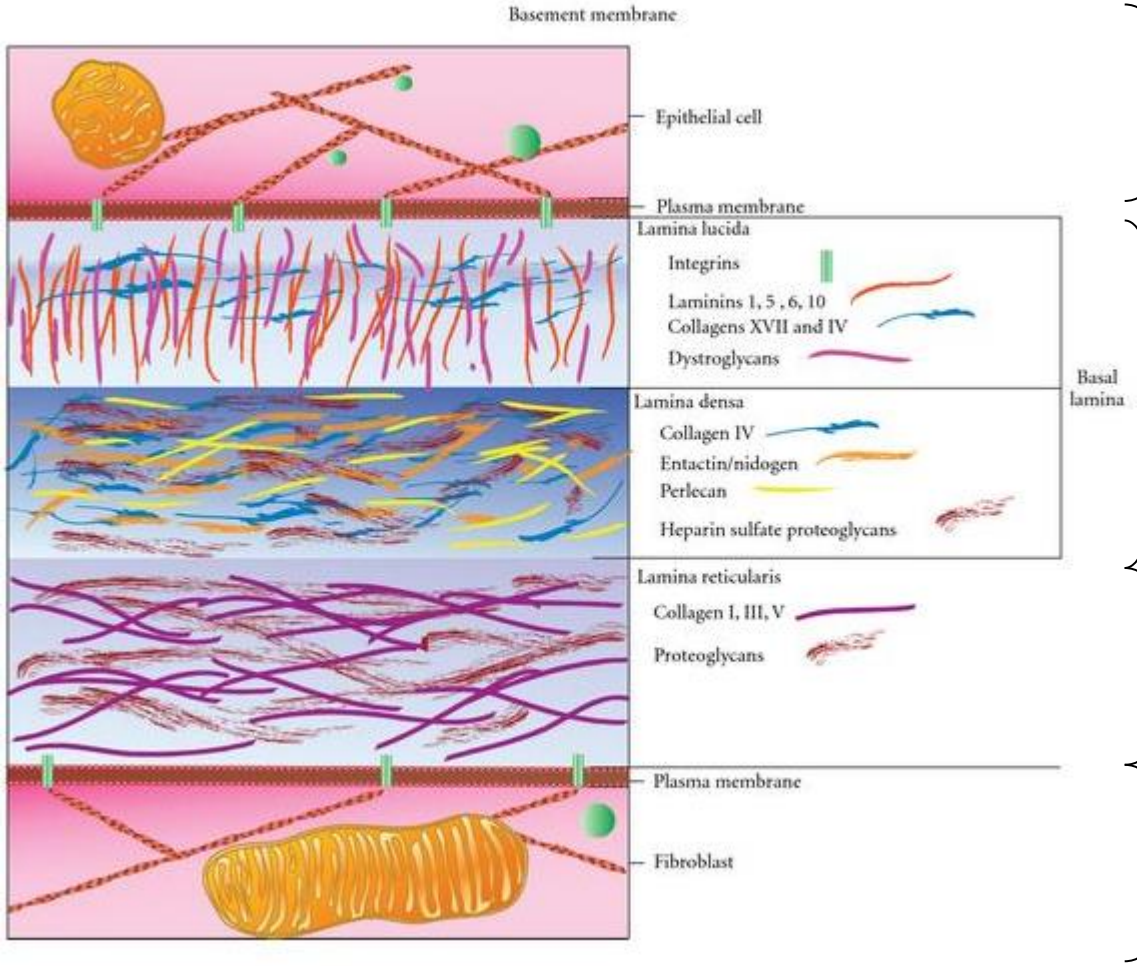


Dunsmore SE, Chambers RC, Laurent GJ. 2003. Matrix Proteins. Figure 2.1.2. In: Respiratory Medicine, 3rd ed. London. Saunders, p. 83; Dunsmore SE, Laurent GJ. 2007. Lung Connective Tissue. Figure 40.1. In: Chronic Obstructive Pulmonary Disease: A Practical Guide to Management, 1st ed. Oxford. Wiley-Blackwell,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

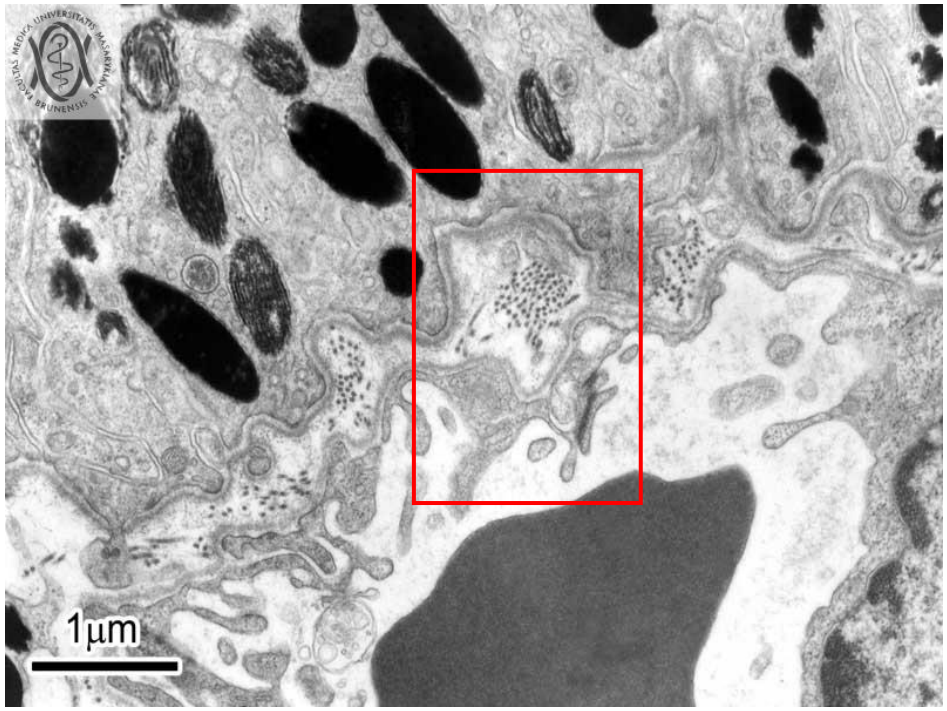
ARCHITECTURE OF BASEMENT MEMBRANE

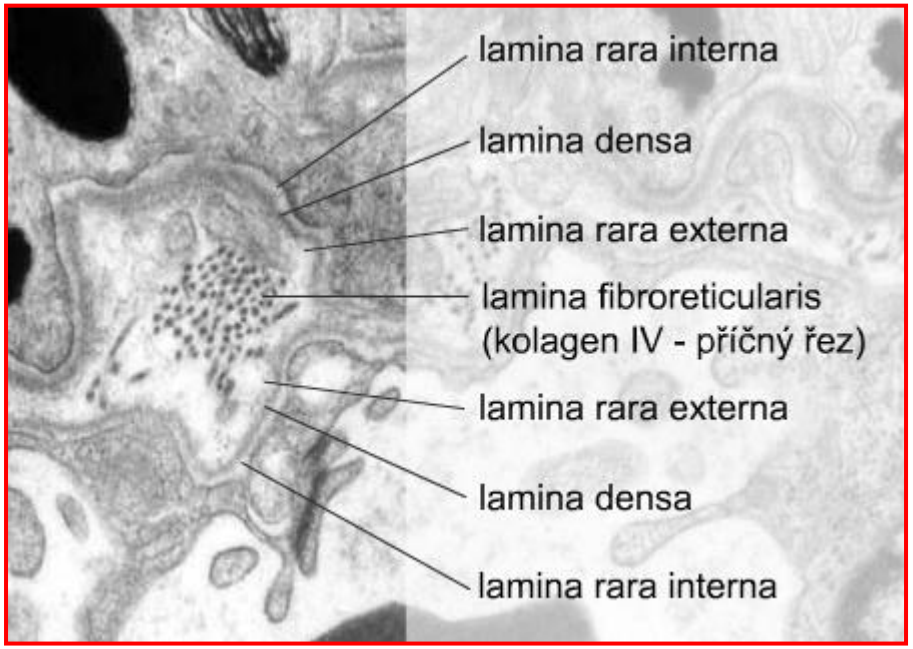


BM



MODIFICATIONS OF BASEMENT MEMBRANE





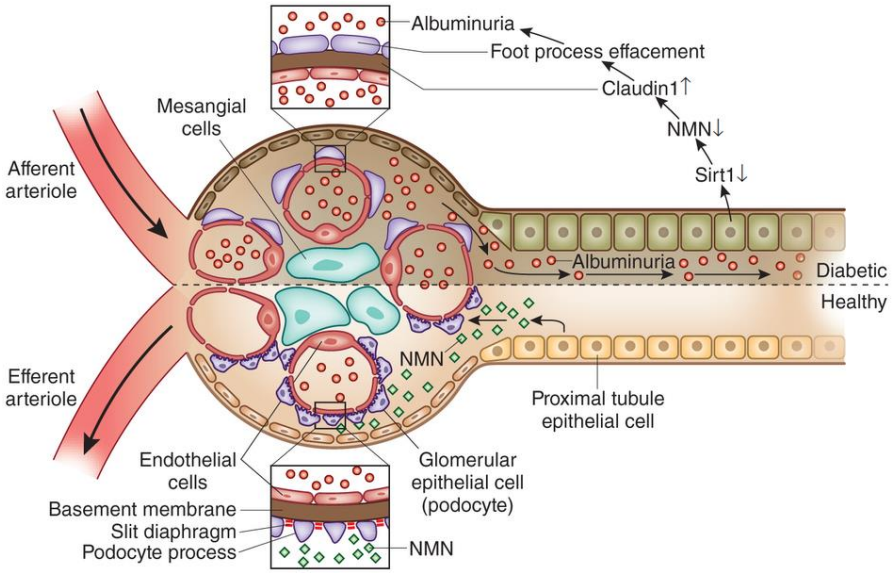
- **Two basic layers of basement membrane**
  - lamina basalis
  - lamina fibroreticularis

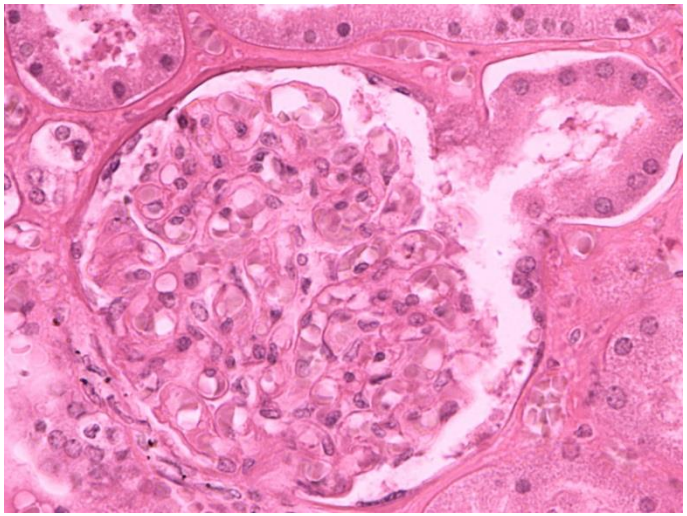
- **Contact of two epithelia (or with endothelium)**
  - fusion of laminae basales
    - lamina densa
    - lamina rara (lucida) ext. et int.

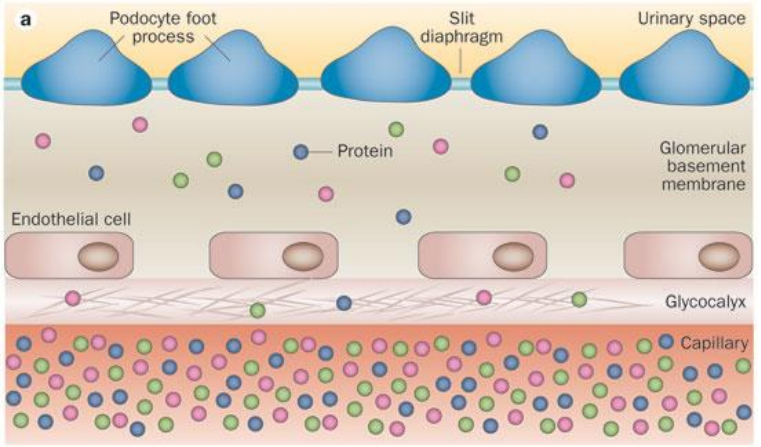
- **Tissue specific modifications**
- Descemet membrane (cornea)
- Glomerular BM (Bowman's capsule)
- Part of Bruch's membran of retina

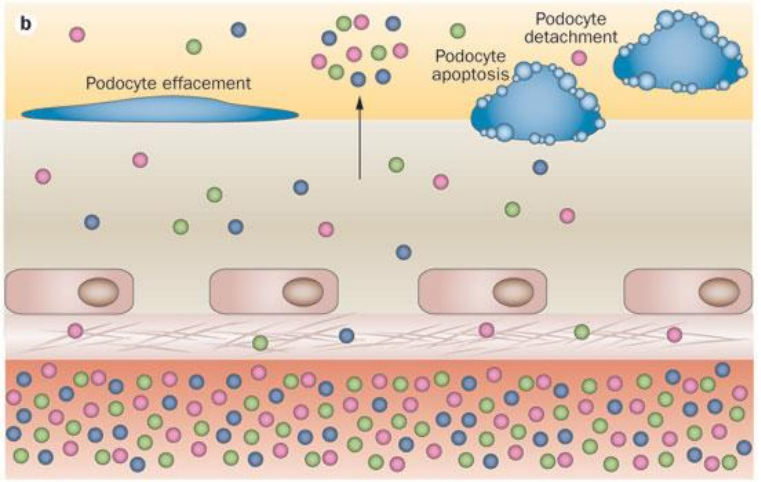
…

BASEMENT MEMBRANE IN CORPUSCULUM RENIS





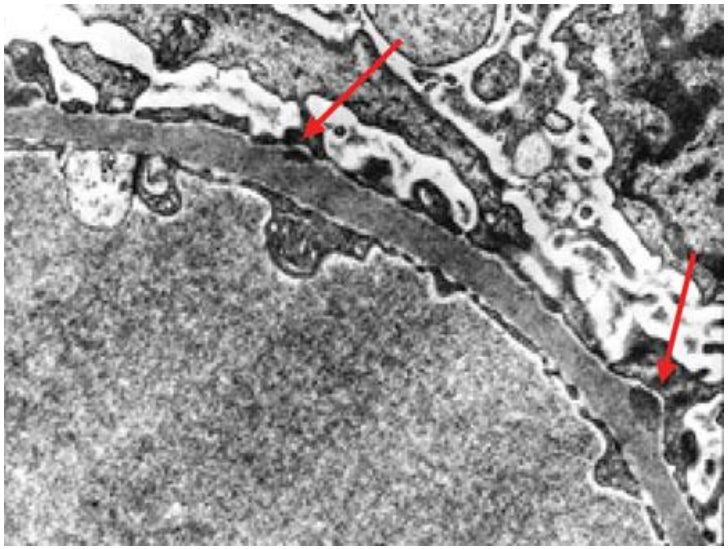


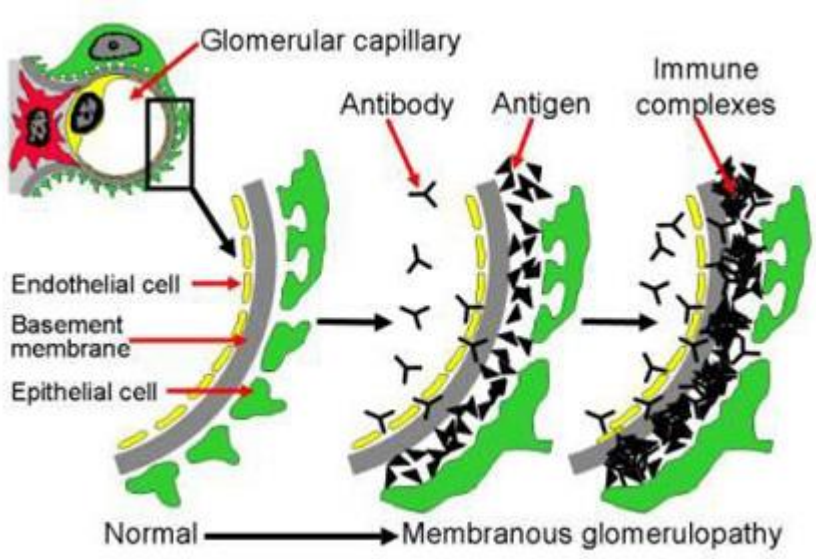


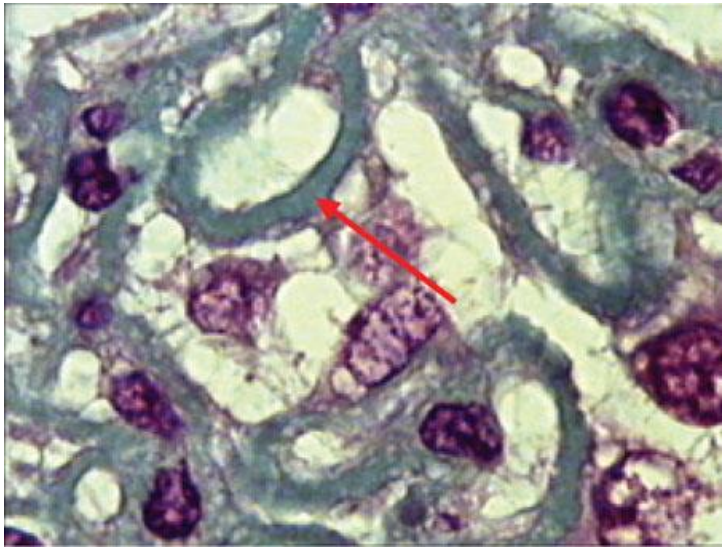
BASEMENT MEMBRANE IN CORPUSCULUM RENIS

- **Clinical correlations – *membranous glomerulonefritis***

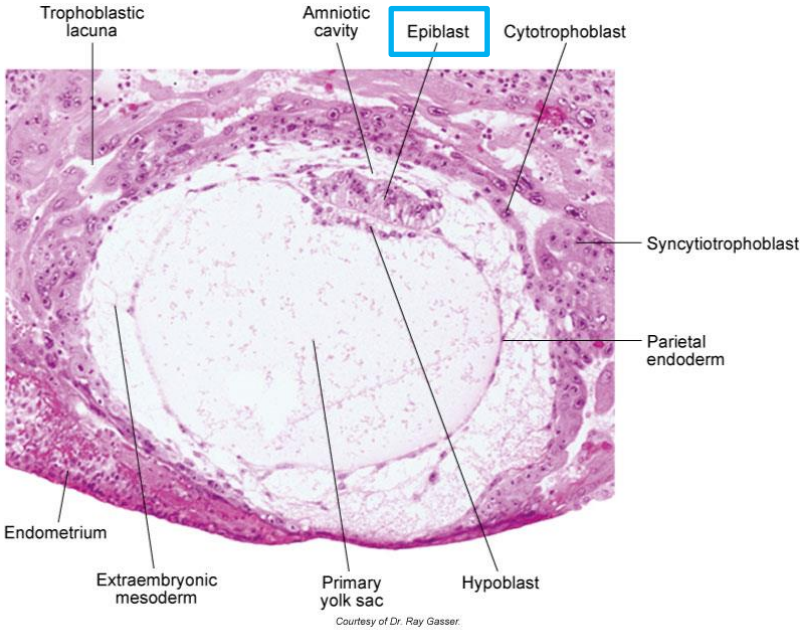
- circulationg Abs bind to BM of capillary wall
- complement (C5b-C9) attacks glomerular endothelial cells
- filtation barrier compromised
- proteinuria, edema, hematouria, renal failure







EMBRYONIC ORIGIN OF EPITHELIAL TISSUE



Courtesy of Dr. Ray Gasser.

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

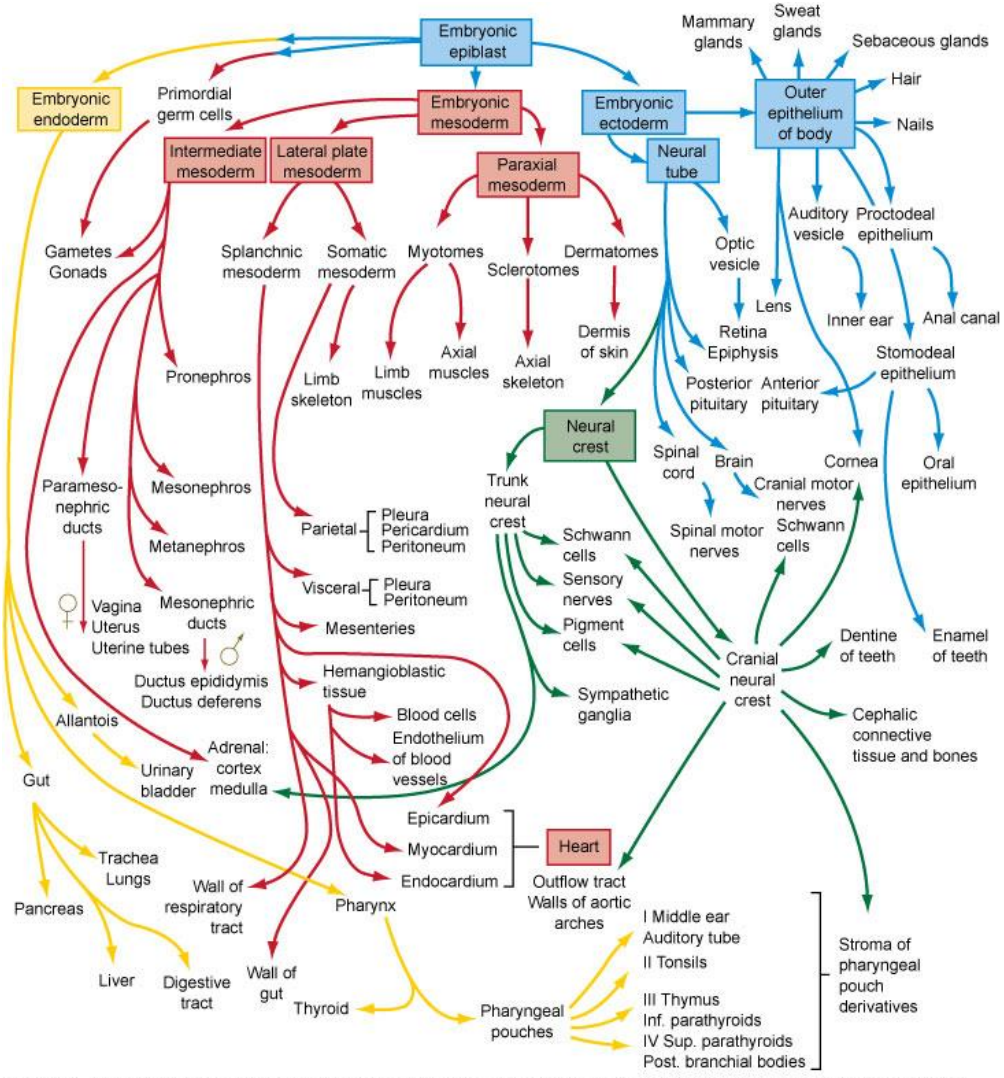


Fig. 6-27. **Flow chart showing the formation of the organs and tissues of the embryo from the fundamental germ layers.** The *arrows* are color-coded according to the germ layer of origin of the structure (see Fig. 4-1 for color code).

EMBRYONIC ORIGIN OF EPITHELIAL TISSUE

- **derived from all three germ layers**

Germ layer	Epithelial derivatives
Ectoderm	1. Epidermis (stratified squamous keratinized epithelium) 2. Sweat glands and ducts (simple and stratified cuboidal epithelium) 3. Oral cavity, vagina, anal canal (stratified squamous non-keratinized epithelium)
Mesoderm	1. Endothelium of blood vessels (simple squamous epithelium) 2. Mesothelium of body cavities (simple squamous epithelium) 3. Urinary and reproductive passages (transitional, pseudostratified and stratified columnar epithelium, simple cuboidal and columnar epithelium)
Endoderm	1. Esophagus (stratified squamous non-keratinized epithelium) 2. GIT (simple columnar epithelium) 3. Gall bladder (simple columnar epithelium) 4. Solid glands (liver, pankreas) 5. Respiratory passages (ciliated pseudostratified columnar epithelium, ciliated simple columnar epithelium, cuboidal, squamous epithelium) 6. Part of urinary system (cloaca-derived)

CLASSIFICATION OF EPITHELIAL TISSUE

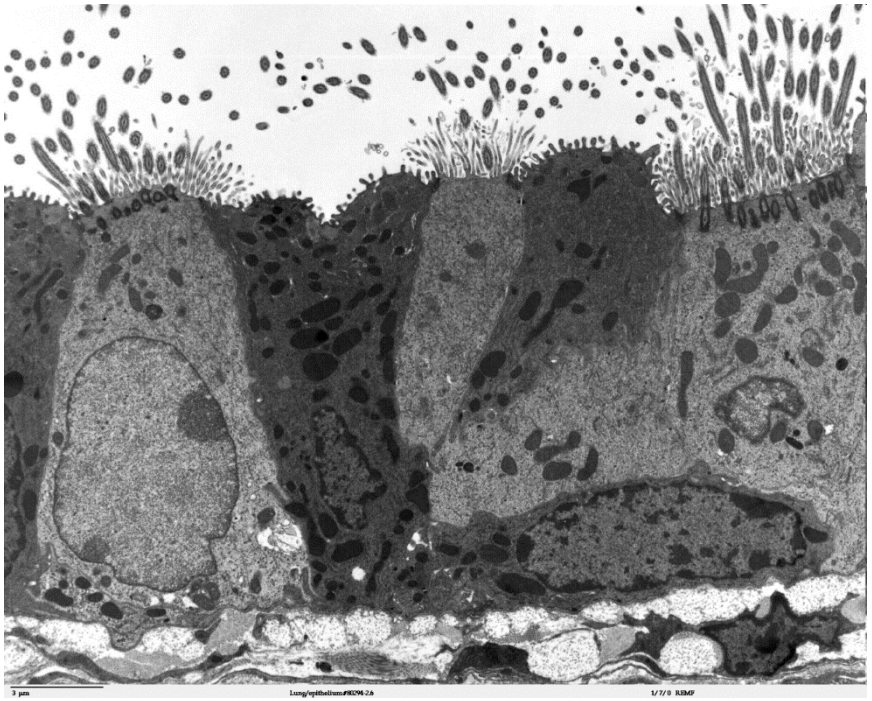
According to

1) morphology

- Covering (sheet) epithelium
- Trabecular epithelium
- Reticular epithelium

2) function

- Covering
- Glandular
- Resorption
- Sensory
- Respiratory
- Alveolar
- Germinal
- ...

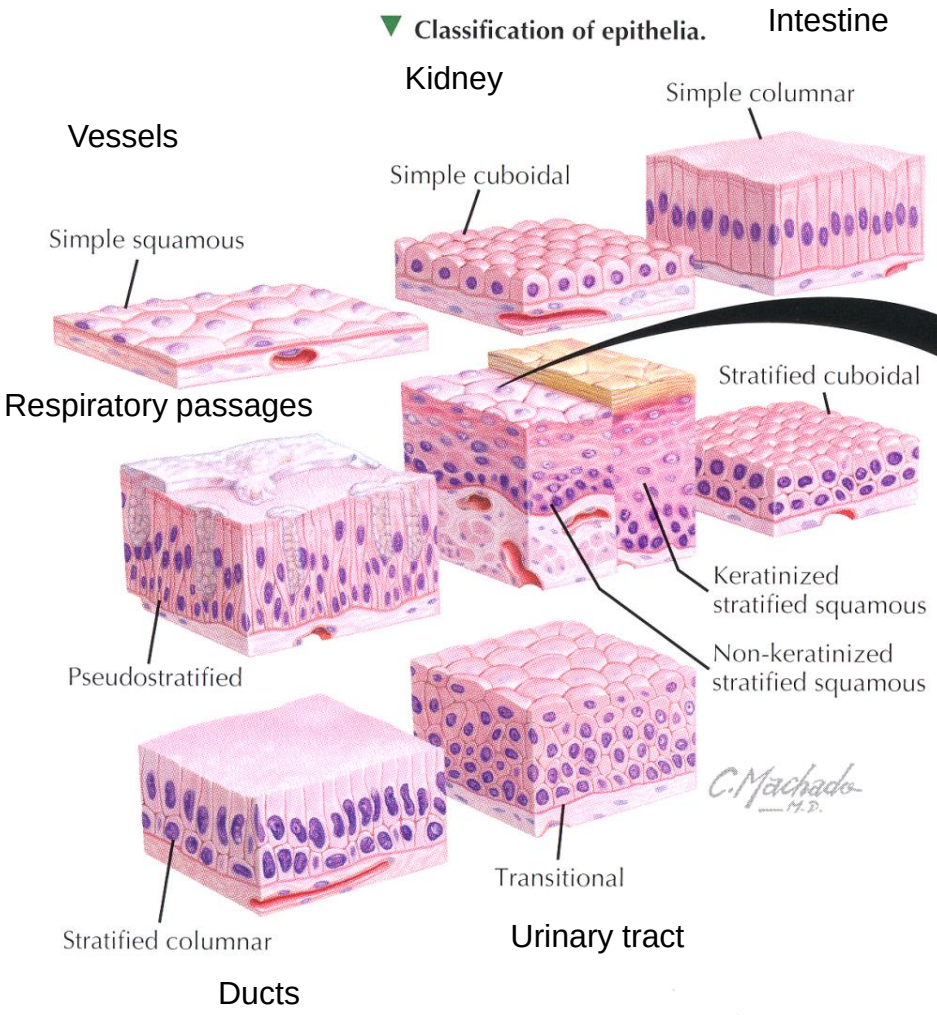


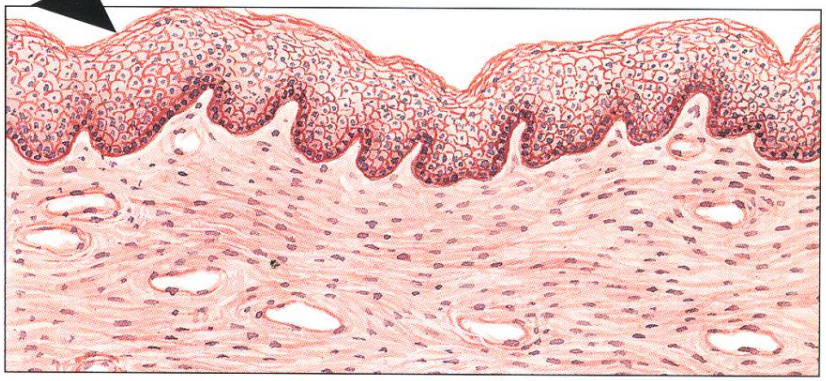
CLASSIFICATION OF EPITHELIAL TISSUE

Classification by morphology

CLASSIFICATION OF EPITHELIAL TISSUE

1) Covering (sheet) epithelia

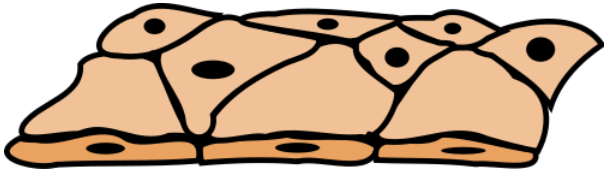




▲ **Schematic of nonkeratinized stratified squamous epithelium as seen with the light microscope.** The epithelium acts as a protective barrier and is typical of wet surfaces—linings of the oral cavity, esophagus, anal canal, part of the urethra, and vagina. It also covers the cornea.

CLASSIFICATION OF EPITHELIAL TISSUE

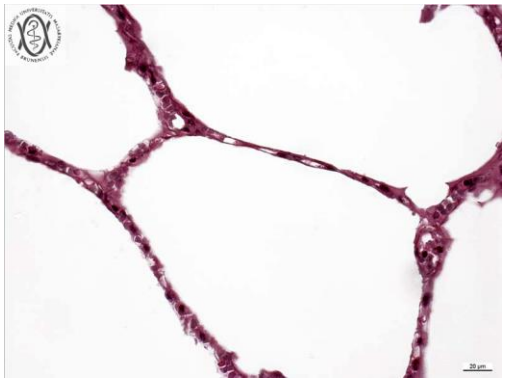
▪ Simple squamous epithelium



– Single layer of flat cells with central flat nuclei

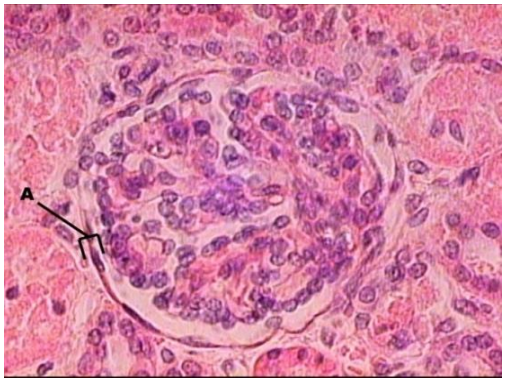
– Capillaries
– Lung alveolus
– Glomerulus in renal corpuscle

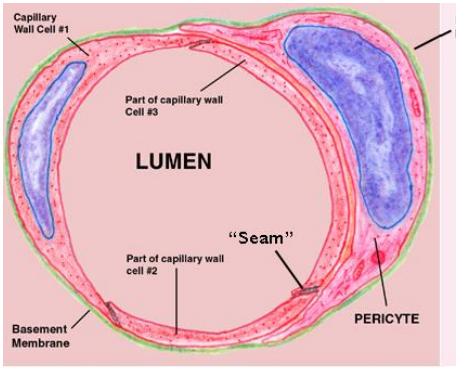
Selective permeabilty



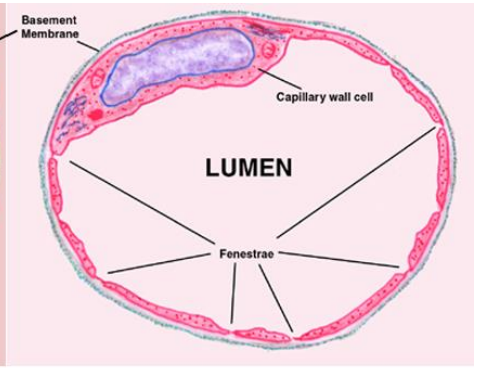
Endothelium
heart, blood, and lymphatic vessels.

Mesothelium
serous membranes - body cavities





Closed or Continuous Capillary



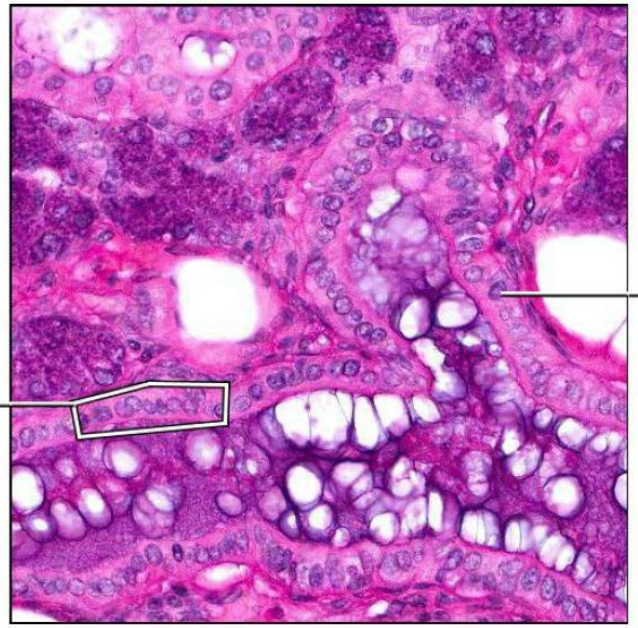
Fenestrated Capillary

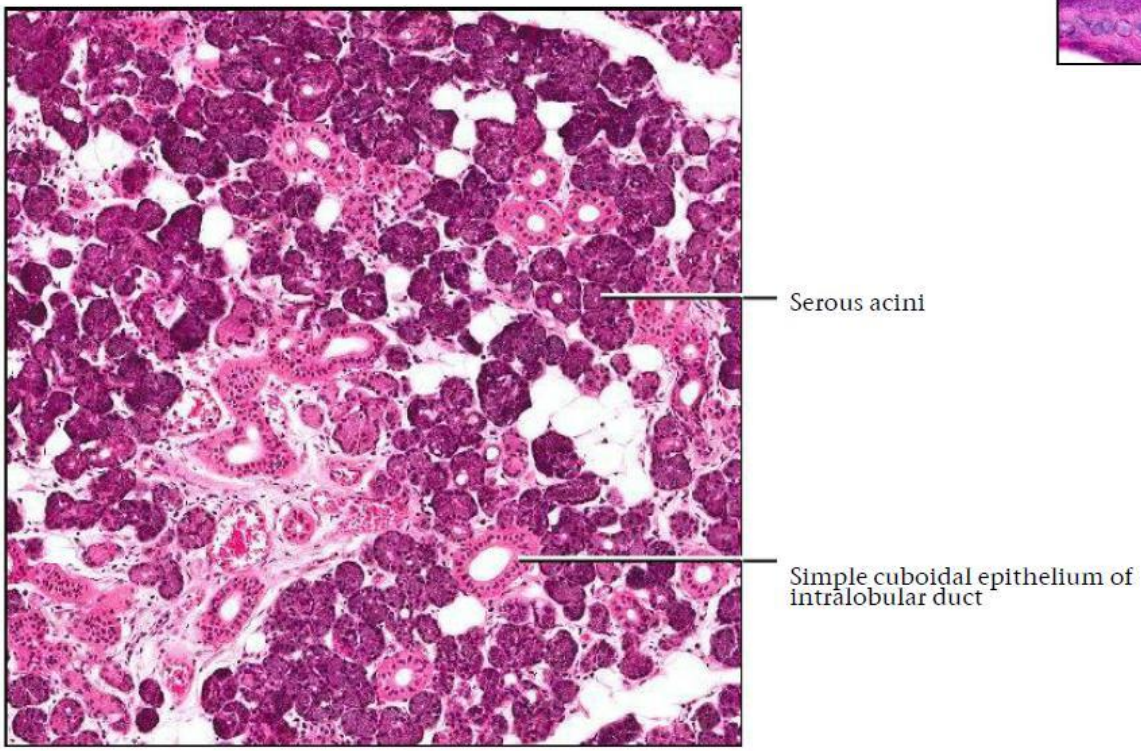
CLASSIFICATION OF EPITHELIAL TISSUE

CLASSIFICATION OF EPITHELIAL TISSUE

Simple cuboidal epithelium

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



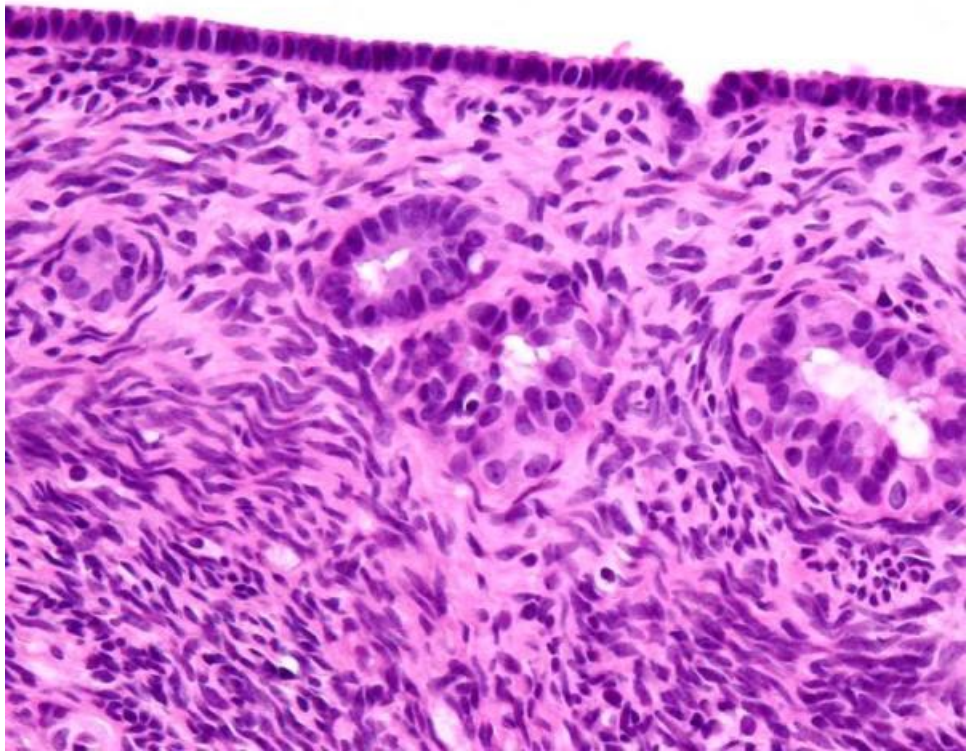


Examples:

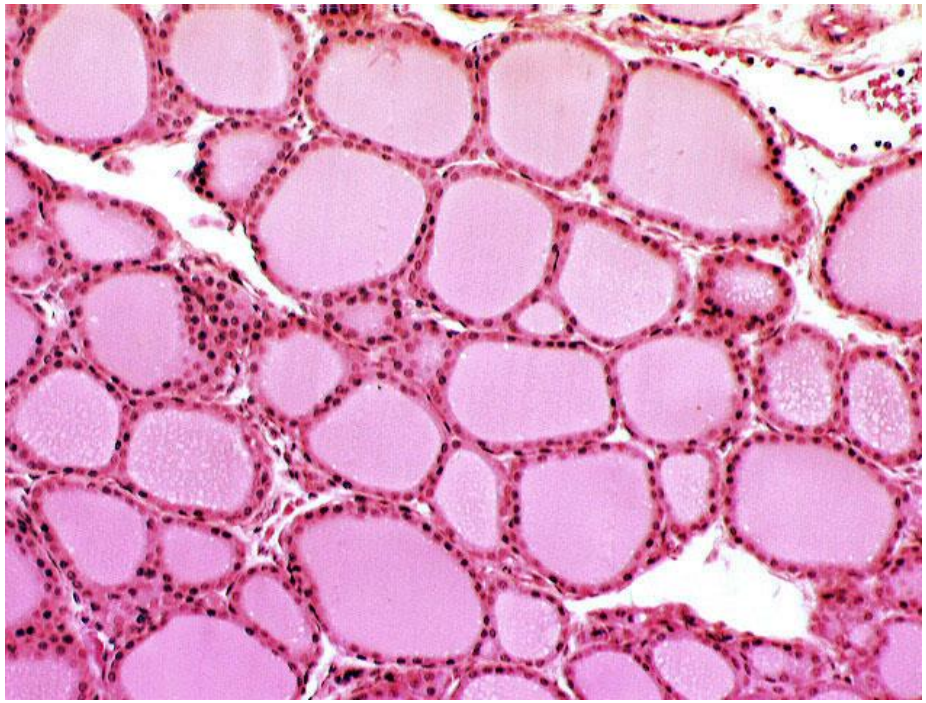
- Ovarian surface epithelium
- Renal tubules
- Thyroid
- Secretion acini

CLASSIFICATION OF EPITHELIAL TISSUE

Ovarian surface epithelium

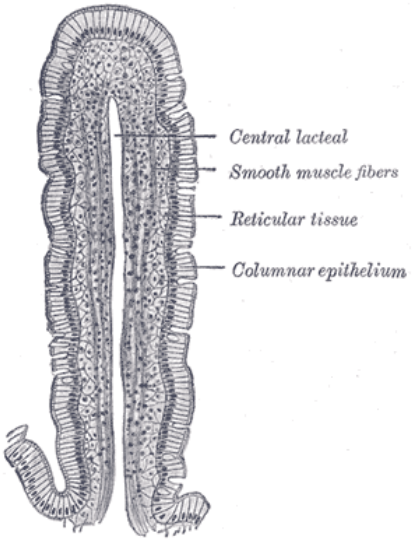


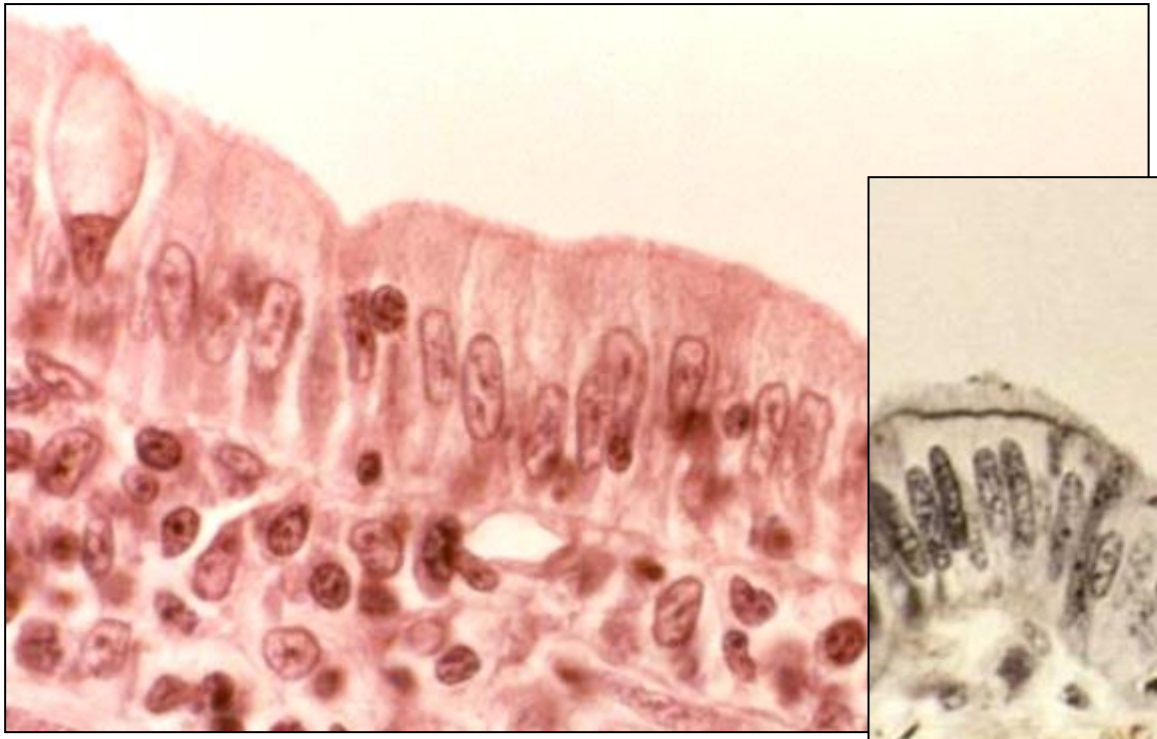
Thyroid follicles



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

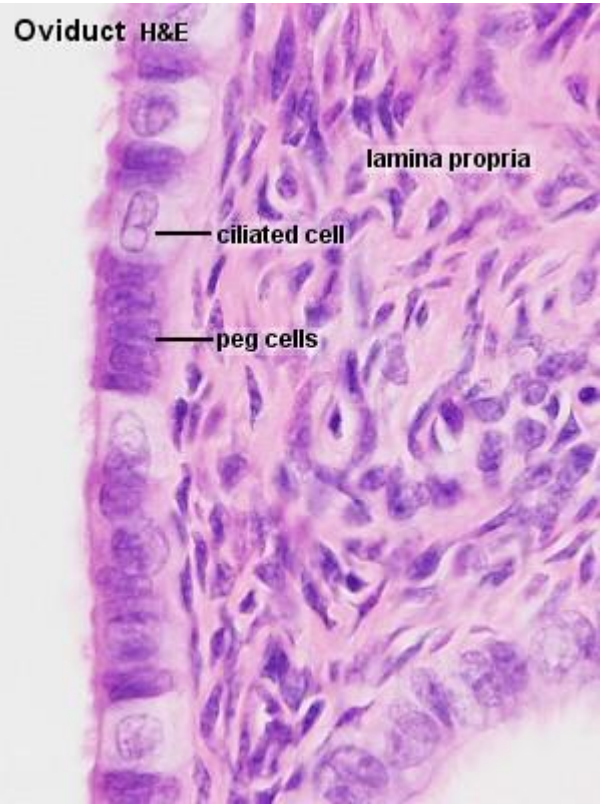




- **Simple columnar epithelium with kinocilia**

Uterine tube

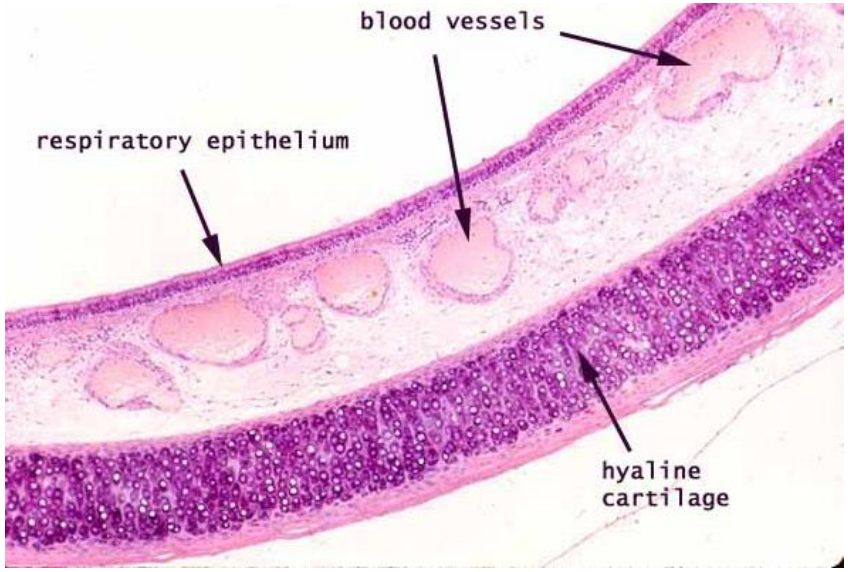
– flow of the oocyte towards the uterus

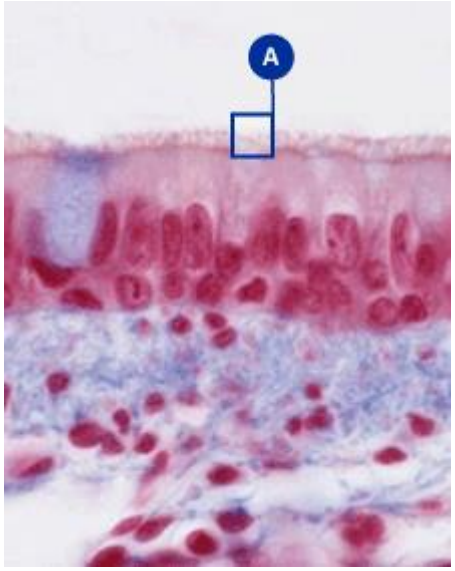


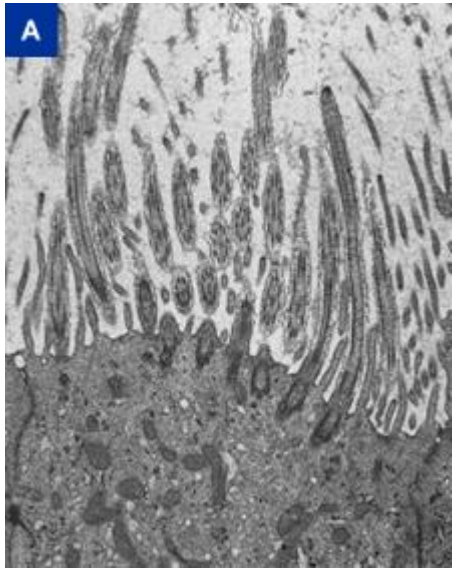
- **Pseudostratified columnar epithelium with kinocilia**

Upper respiratory passages

– Removal of mucus produced by epithelial glands





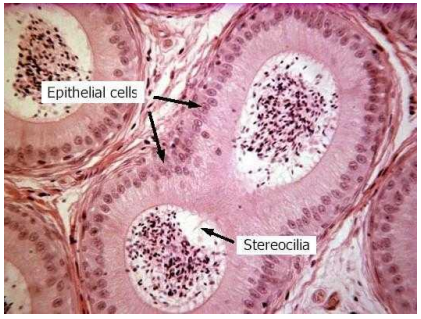


- **Pseudostratified columnar epithelium with stereocilia**

Male reproductive passages

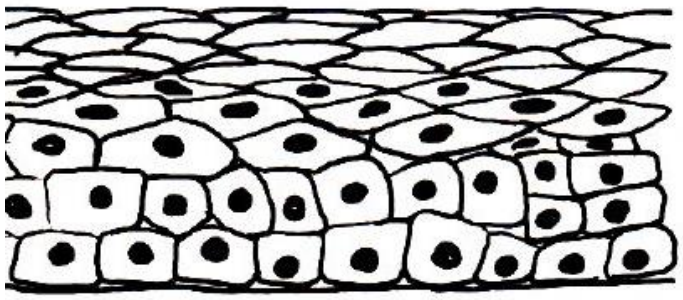
– Epididymis

– Ductus deferens



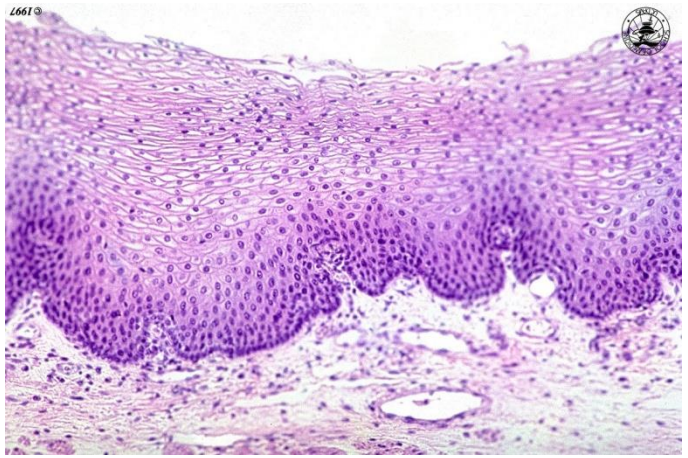
CLASSIFICATION OF EPITHELIAL TISSUE

▪ 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

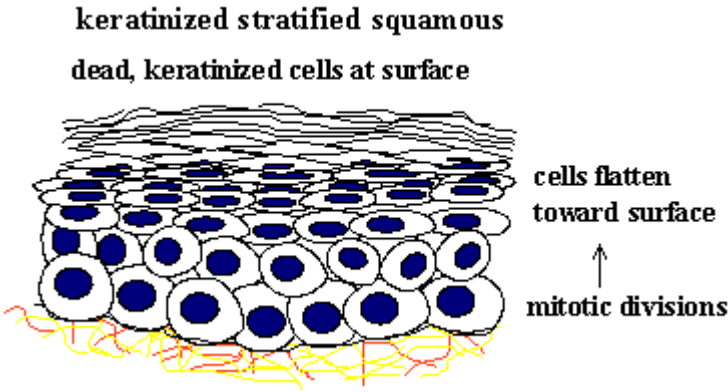
Keratinized vs. non-keratinized

Examples:

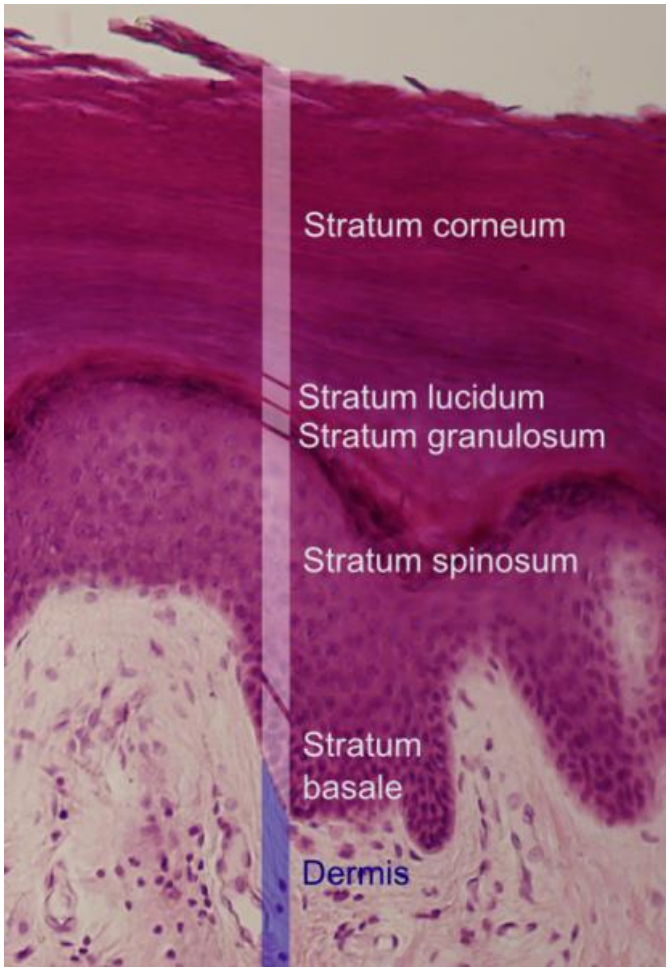
– Cornea
– Oral cavity and lips
– Esophagus
– Anal canal
– Vagina

CLASSIFICATION OF EPITHELIAL TISSUE

- **Stratified squamous epithelium**

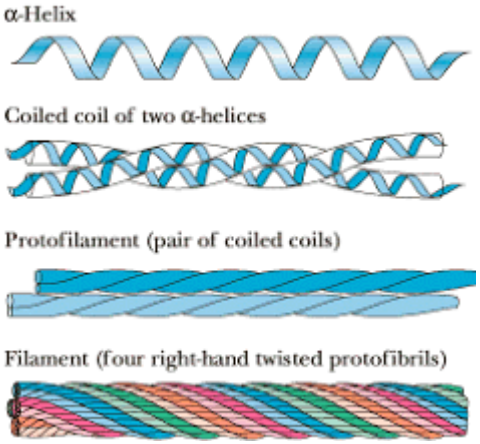


Keratinized



Skin (epidermis)

Nail



Keratins

Fibrous proteins, ~ 40 types

Very stable, multimeric

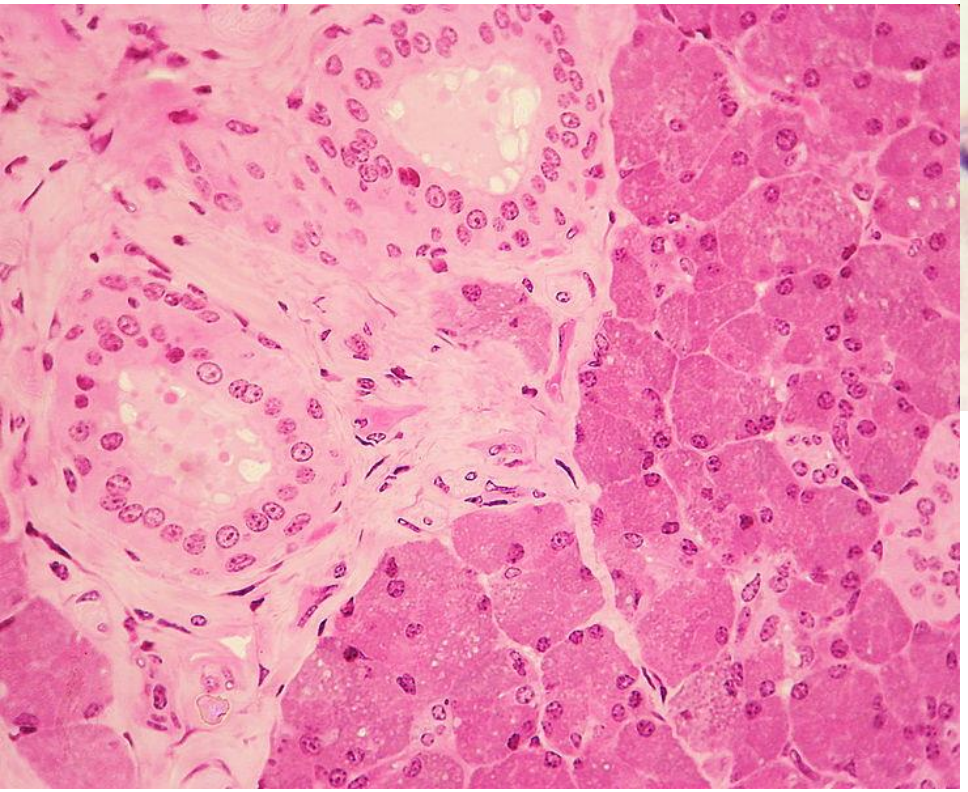
Disorders of keratin expression – variety of clinical symptoms

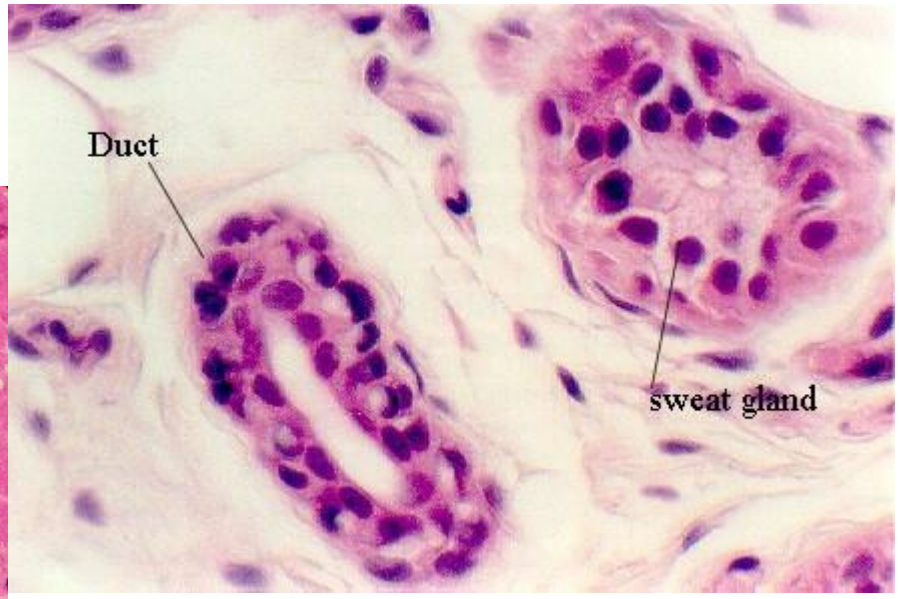
e.g. Epidermolysis bullosa simplex

- **Stratified cuboidal epithelium**

Large ducts of:

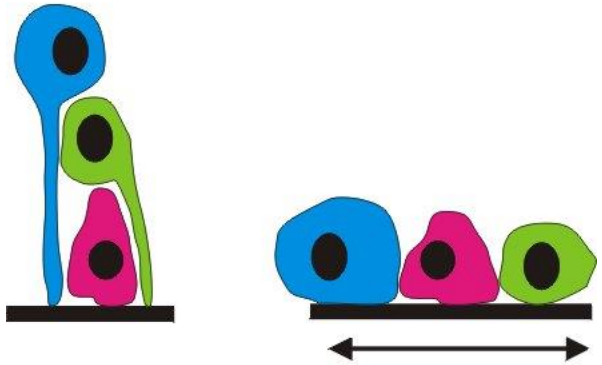
– sweat glands
– mammary glands
– salivary glands





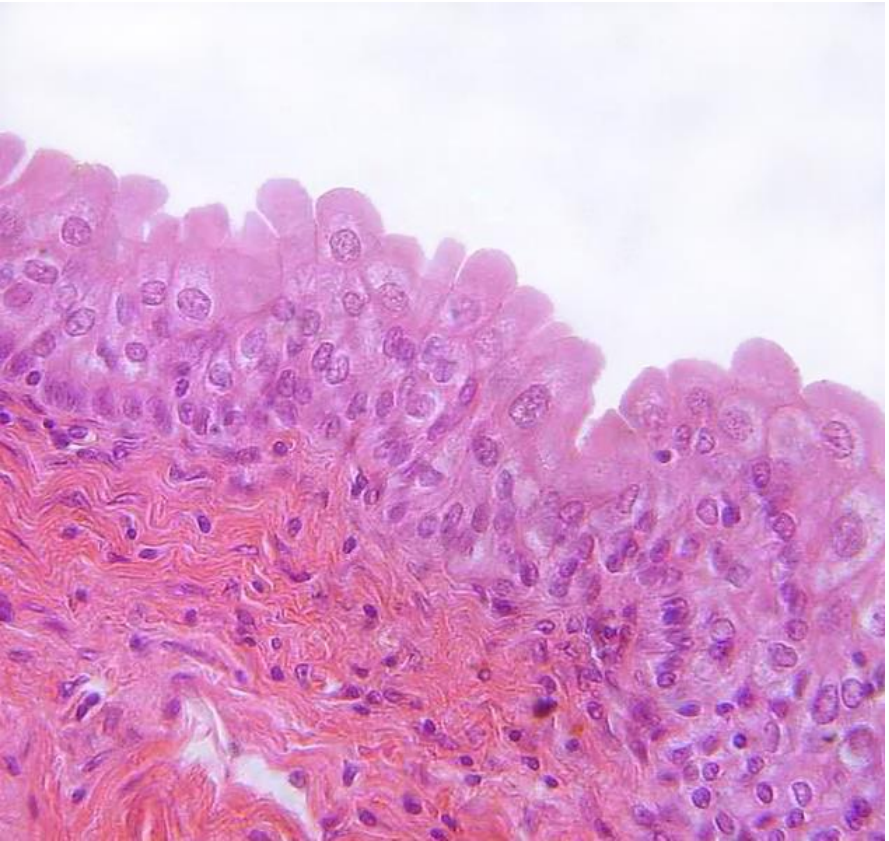
Transitional epithelium (urothelium)

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



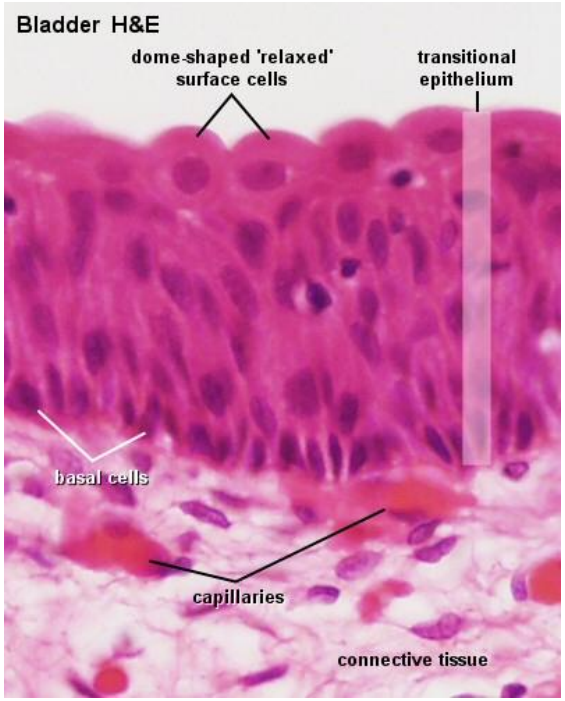
Urinary system

- urinary bladder, kidneys, ureters



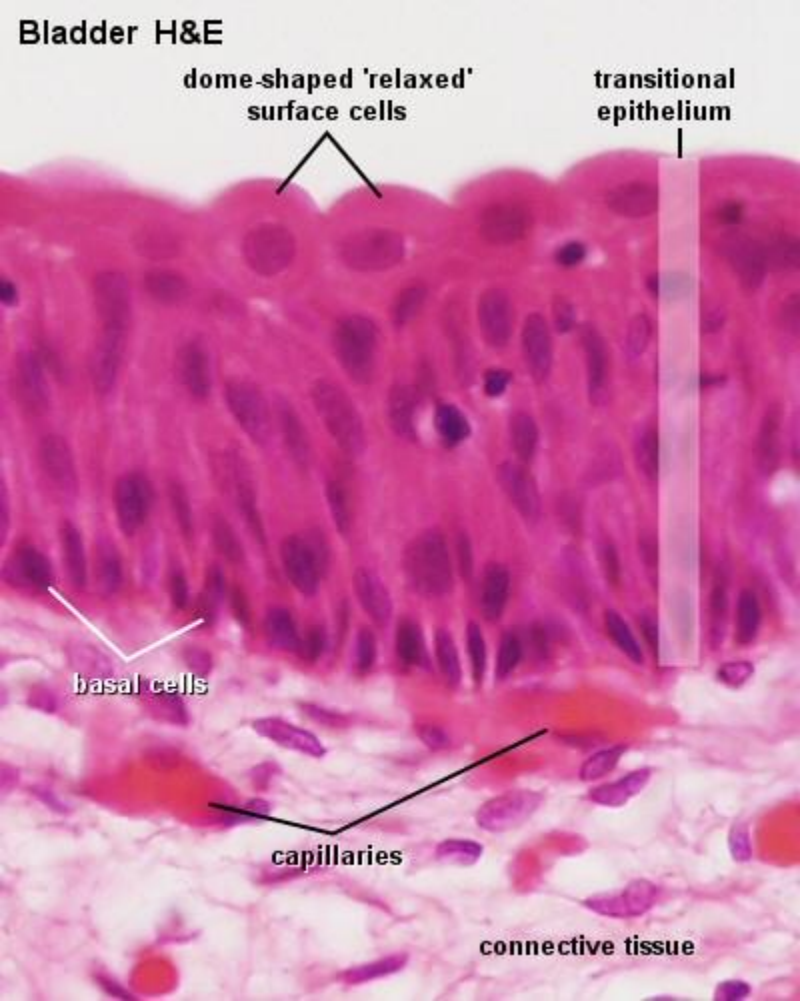
Empty: rather cuboidal with a domed apex
Relaxed: flat,stretched

Basal cells
Intermediate layer
Surface cells



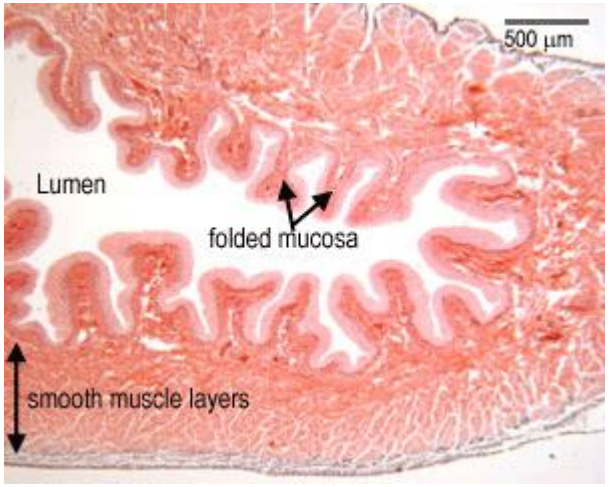
Transitional epithelium (urothelium)

- 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

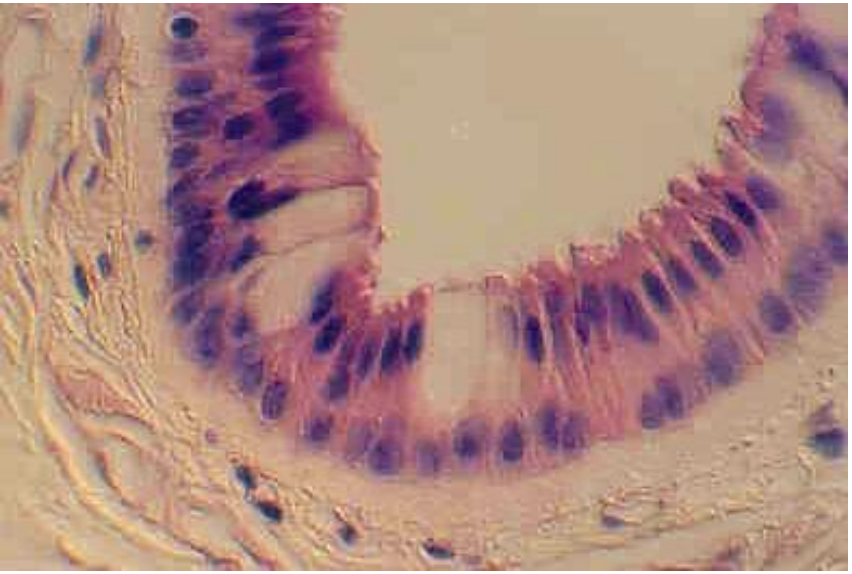


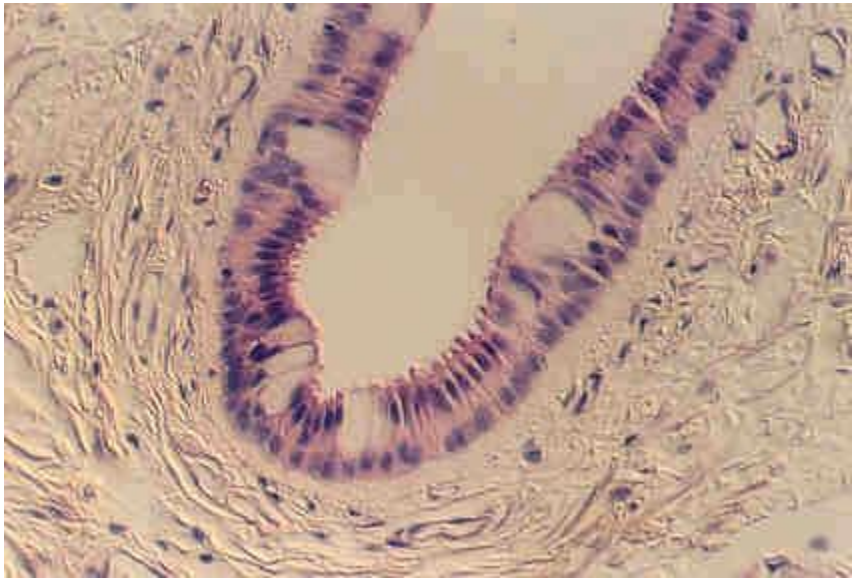
CLASSIFICATION OF EPITHELIAL TISSUE

Stratified columnar epithelia

- several layers of columnar cells
- secretion / protection

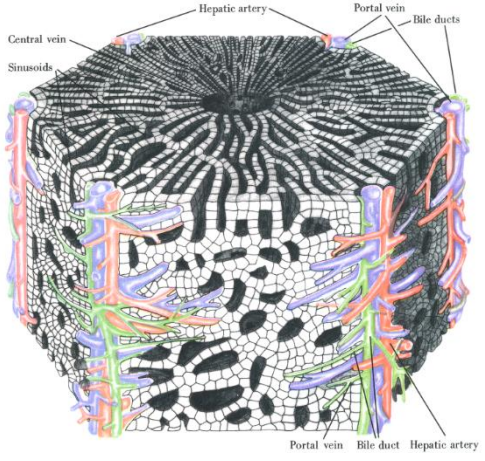
- ocular conjunctiva
- pharynx, anus – transitions
- uterus, male urethra, vas deferens
- intralobular ducts of salivary glands

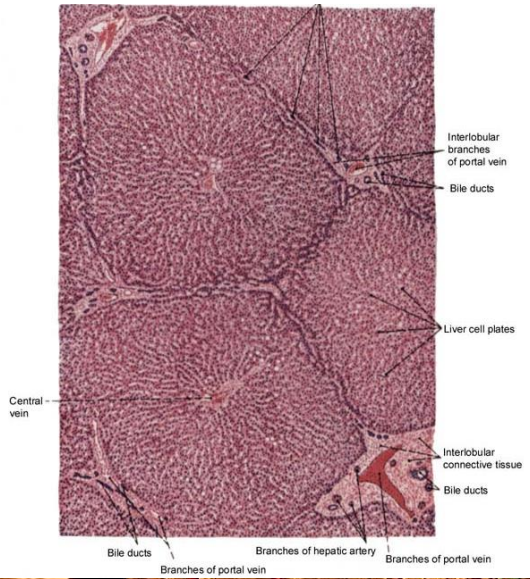


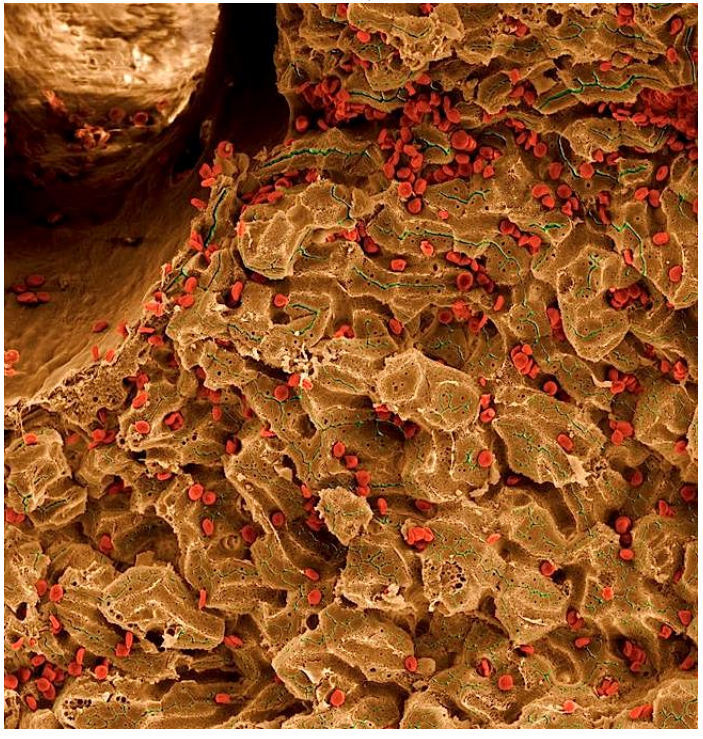


©http://www.cytochemistry.net/microanatomy/epithelia/salivary7.jpg

2) Trabecular epithelium



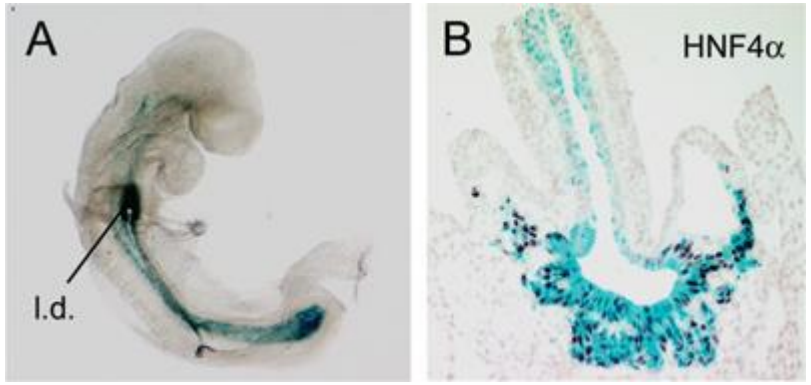


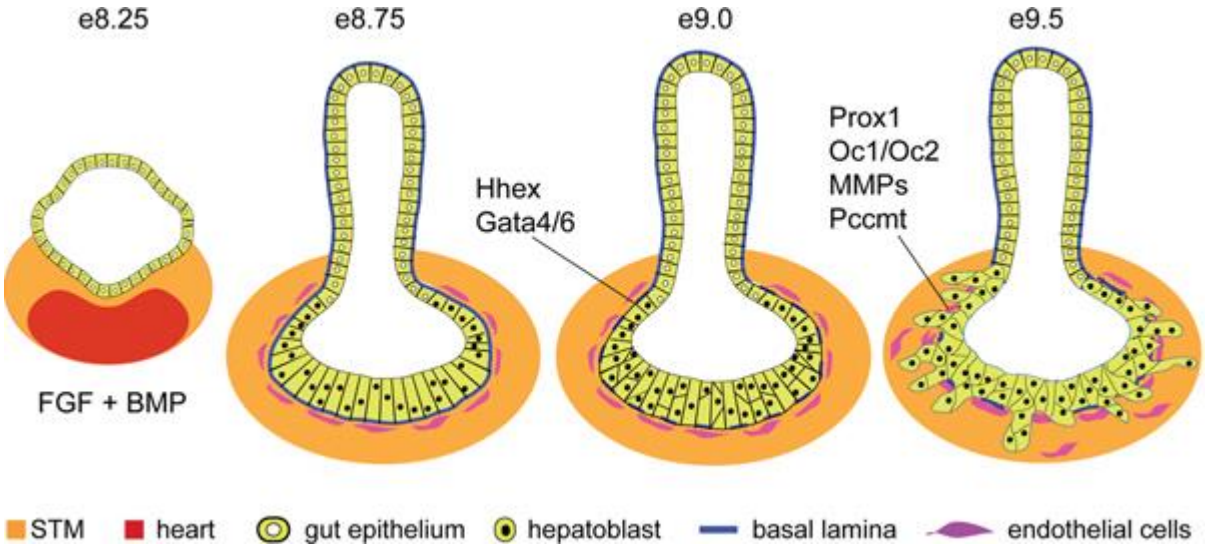


CLASSIFICATION OF EPITHELIAL TISSUE

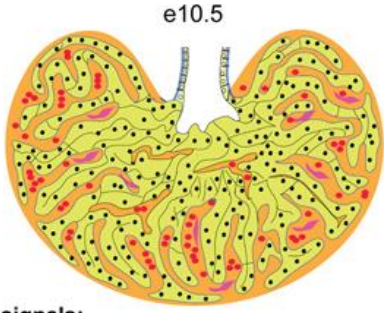
- **Liver**

  Cords of hepatocytes





hepatoblasts:
BMPR, FGFR, c-Met, TGFR,
Pi3K, Sek1/JNK, Elf5, Arf6, Raf1
Smad2/3, β-catenin, c-jun, Tbx3, NFκβ
Foxm1b, Xbp1, Mtf-1



mesenchyme signals:
BMP, FGF, HGF, Wnt, TGFβ, RA
Gata4, WT1, N-myc, Hlx, Lhx2

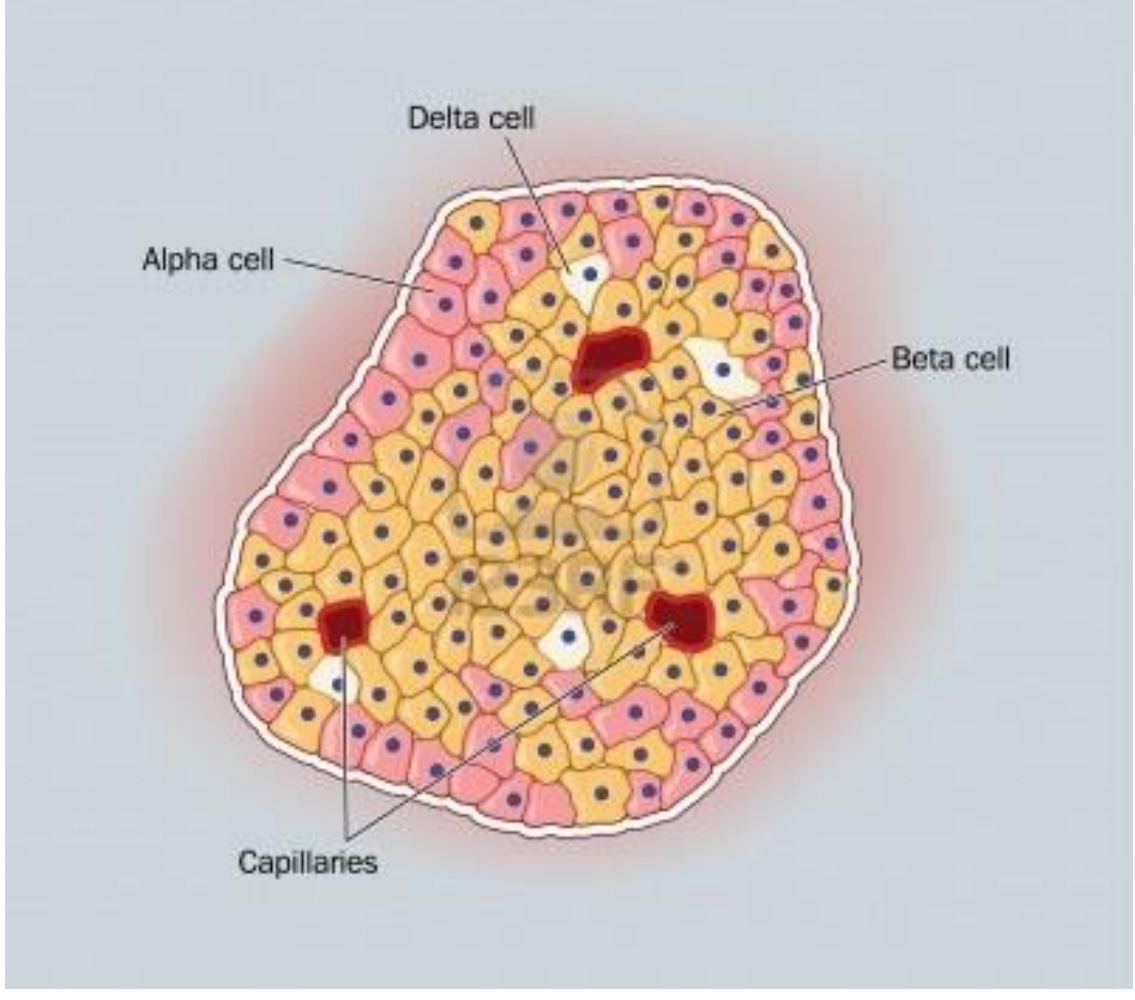
STM hepatoblast blood cells endothelial cells

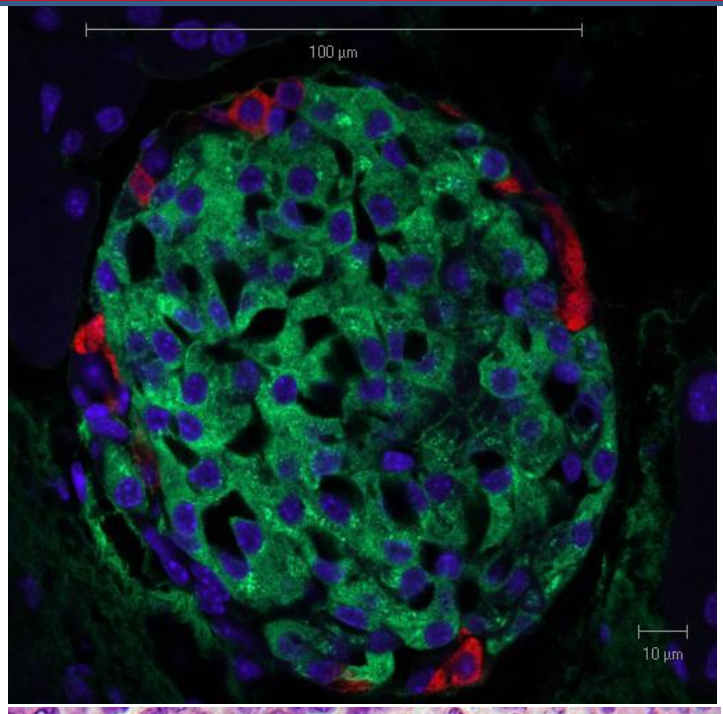
CLASSIFICATION OF EPITHELIAL TISSUE

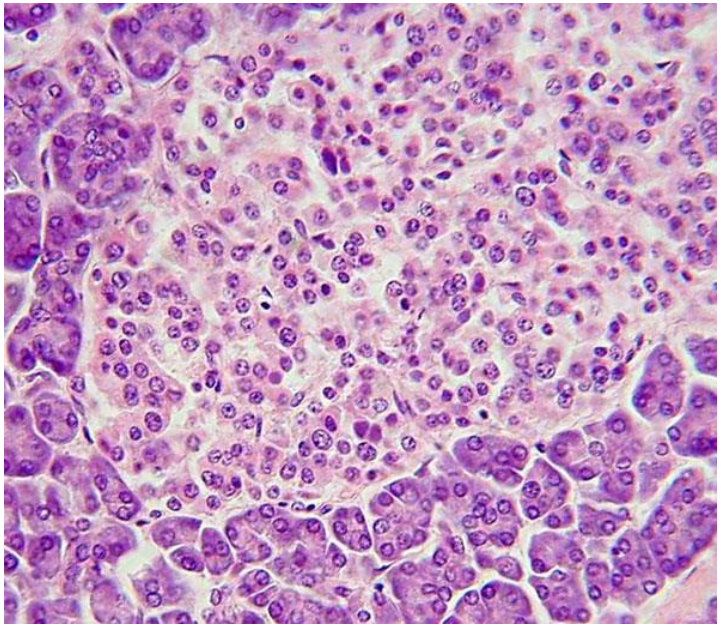
- **Endocrine glands**

  Islets of Langerhans

  Cords of endocrine active cells





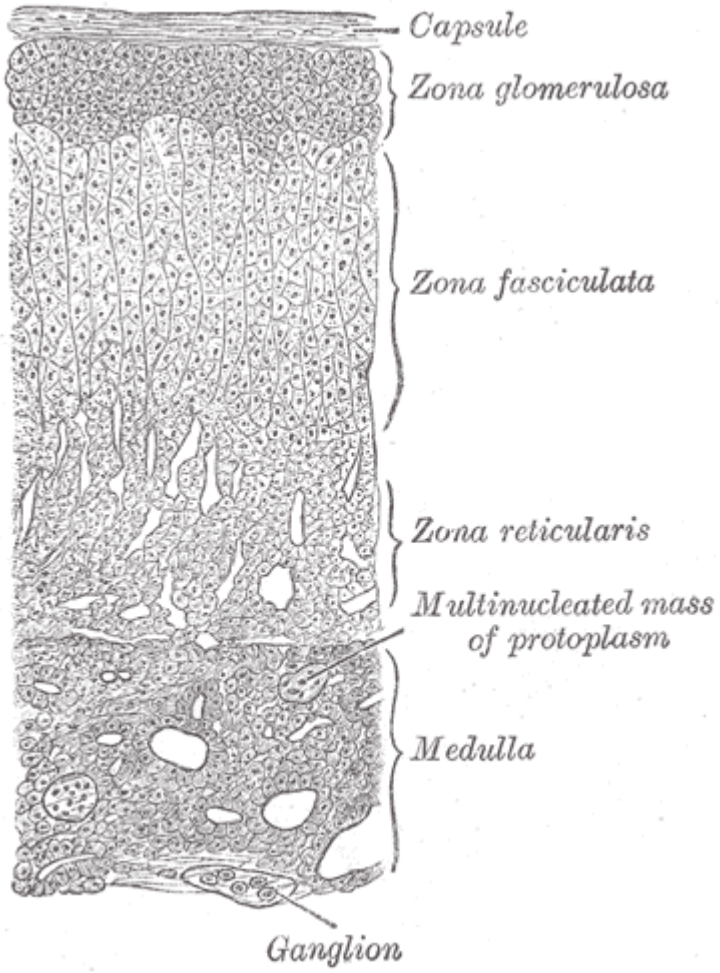


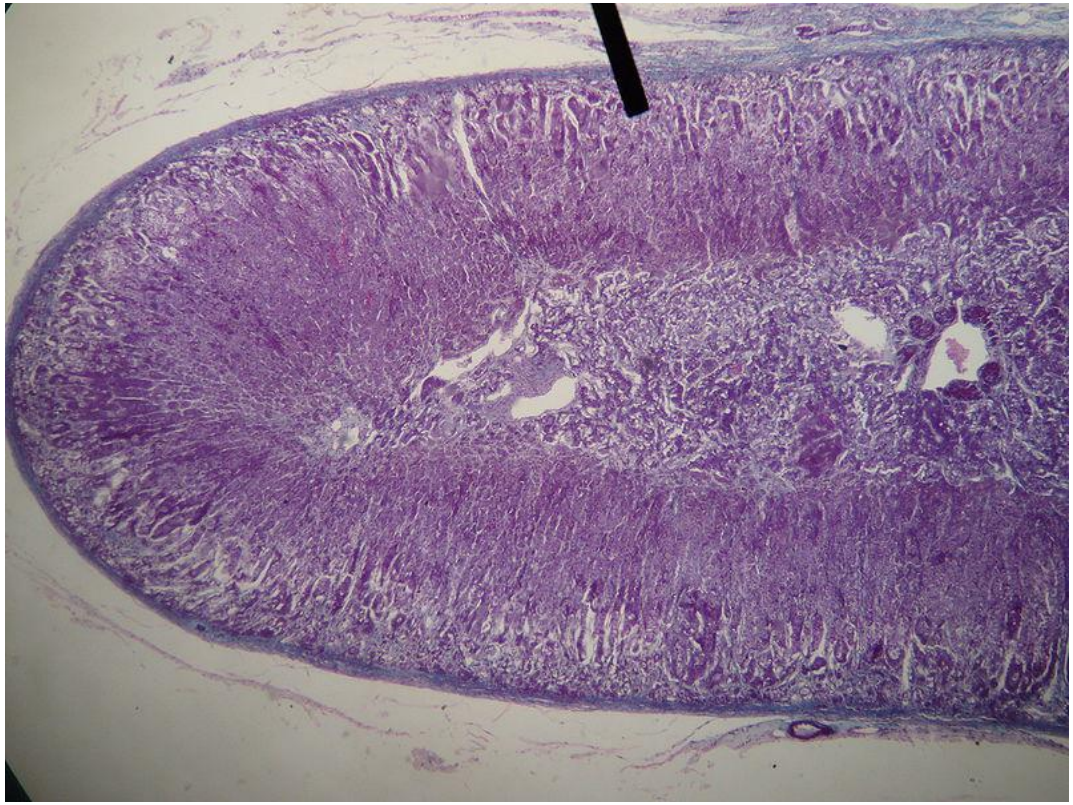
CLASSIFICATION OF EPITHELIAL TISSUE

- **Endocrine glands**

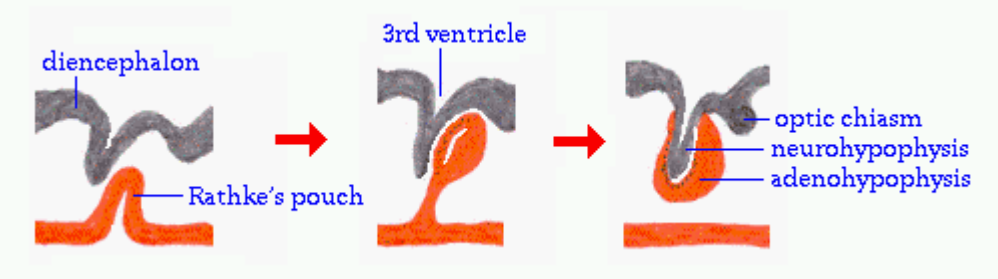
Adrenal cortex

Cortex of adrenal gland – epithelial cells in cords secreting corticoid



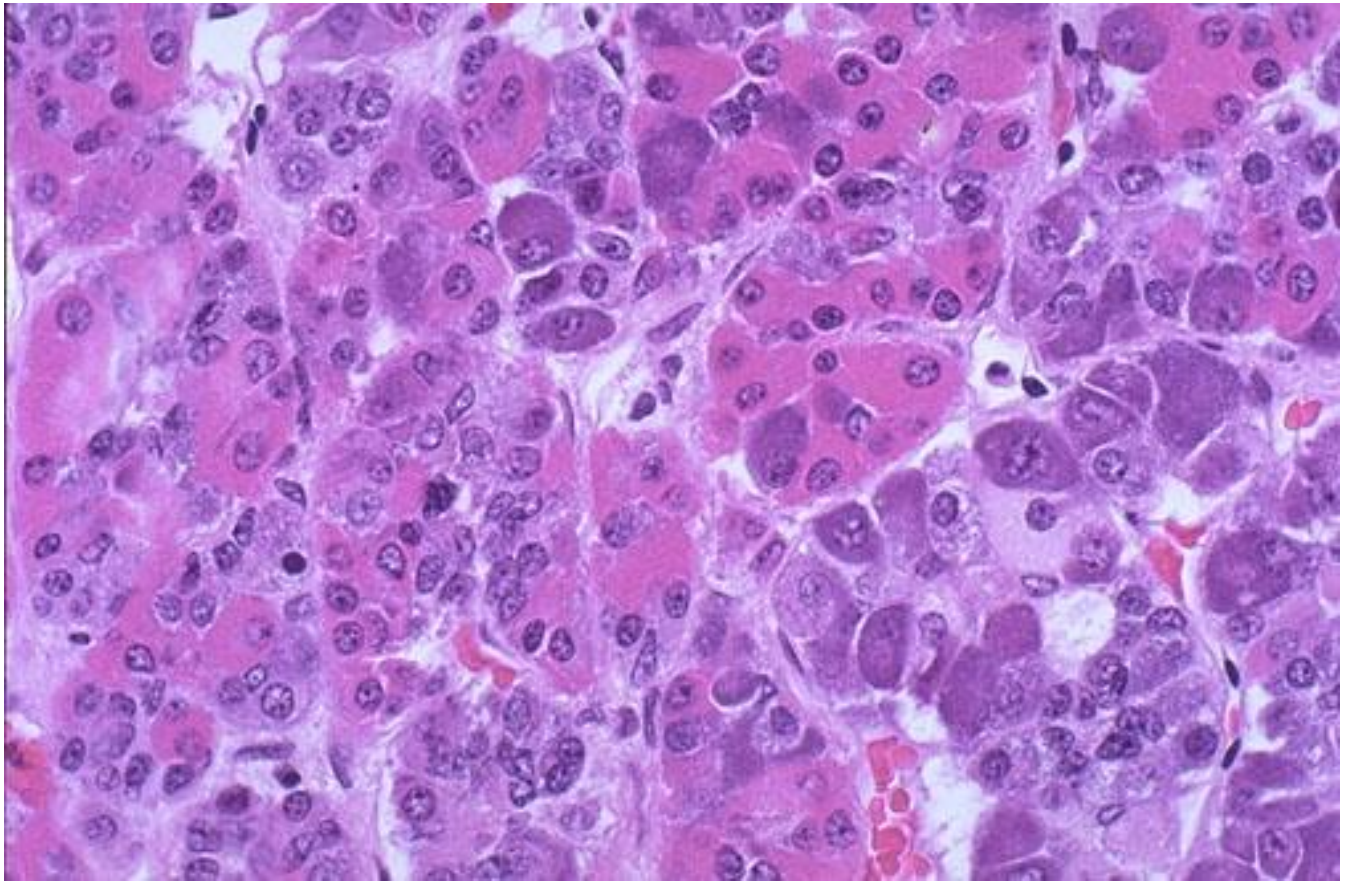


CLASSIFICATION OF EPITHELIAL TISSUE



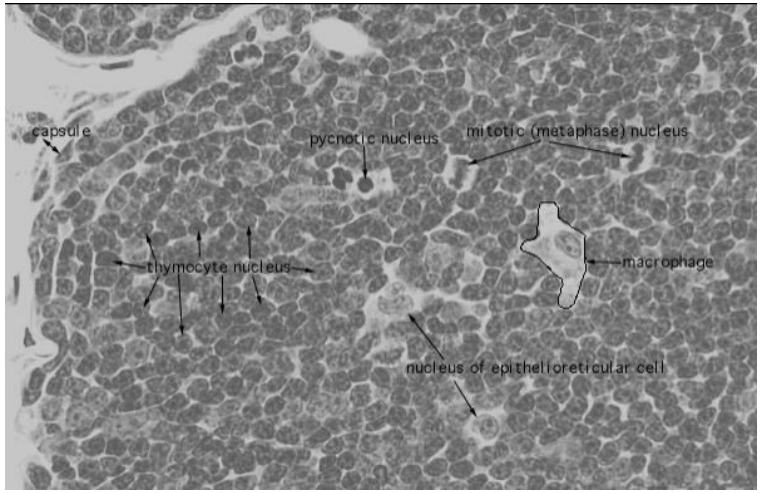
- **Endocrine glands**

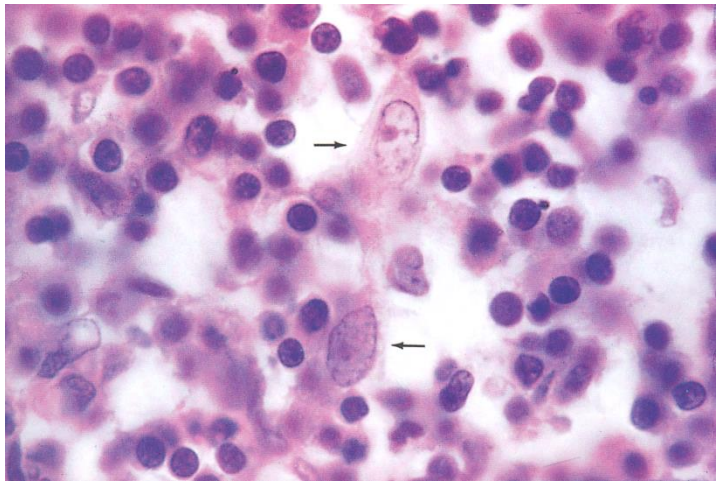
Adenohypophysis – anterior pituitary

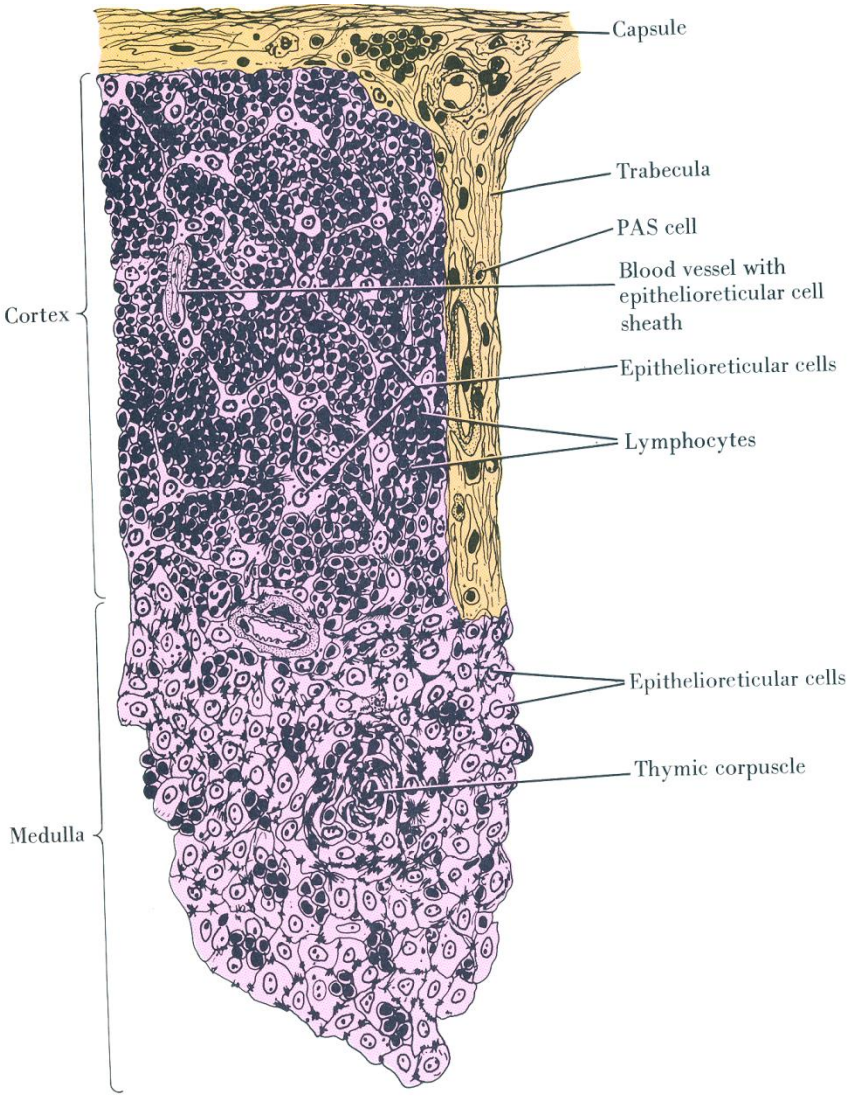


3) Reticular epithelium

Thymus



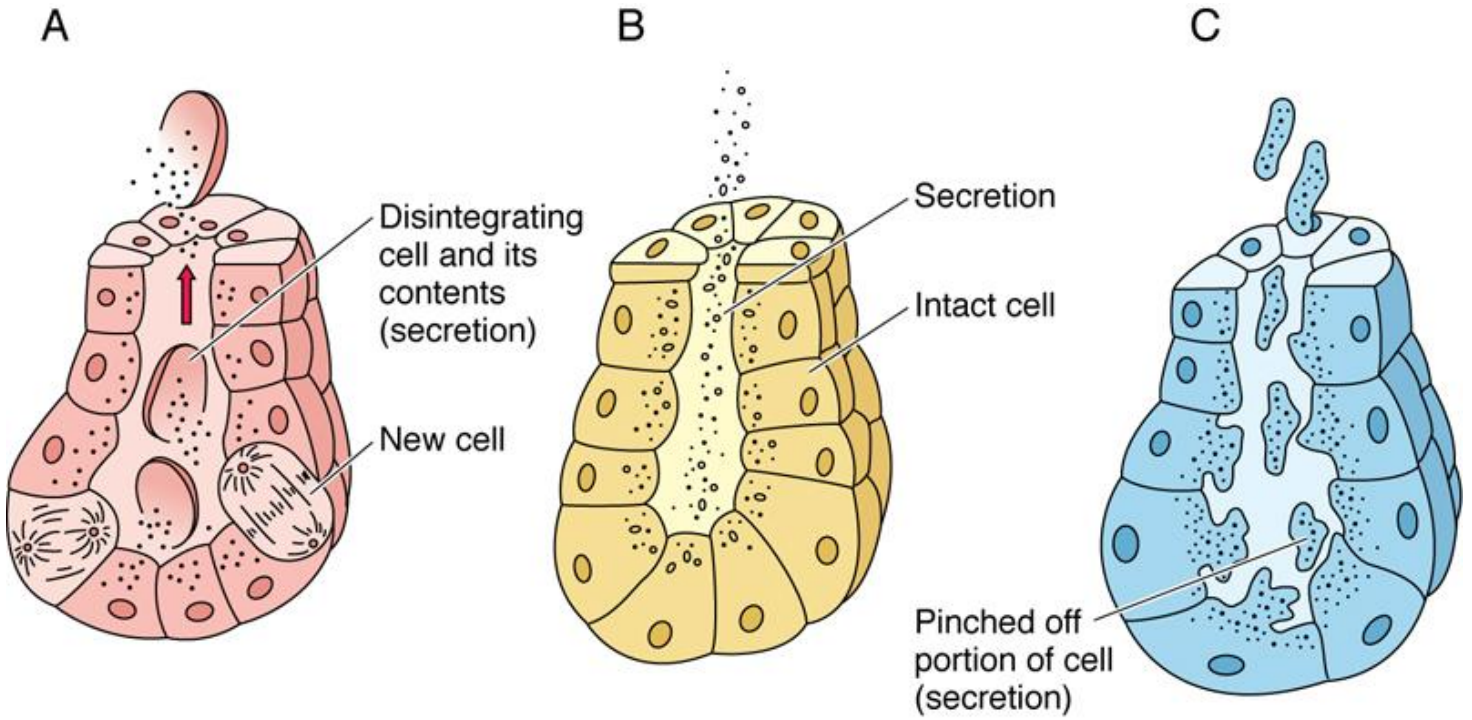




Classification by function

Glandular epithelium

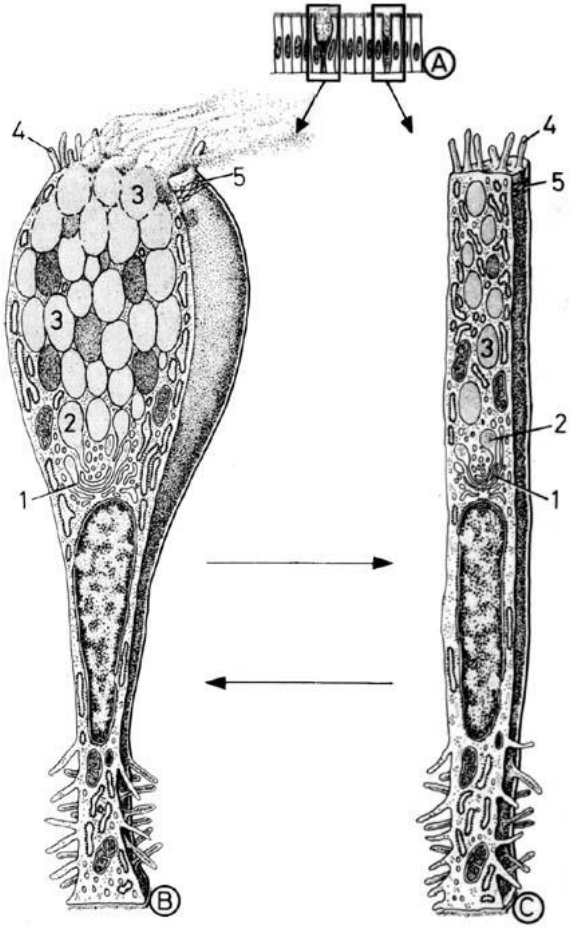
- Secret ↔ excret
- Process of secretion:



Holocrine × Merocrine × Apocrine

GLANDULAR EPITHELIUM

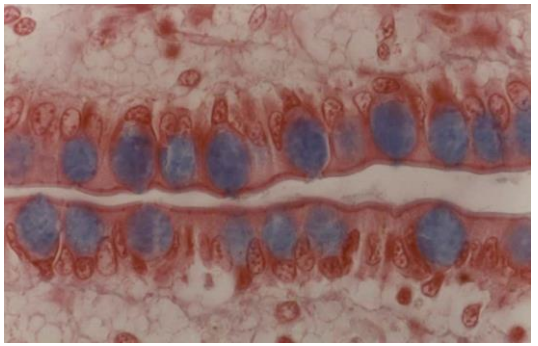
- **Single cell glands**
  - Goblet
  - Enteroendocrine

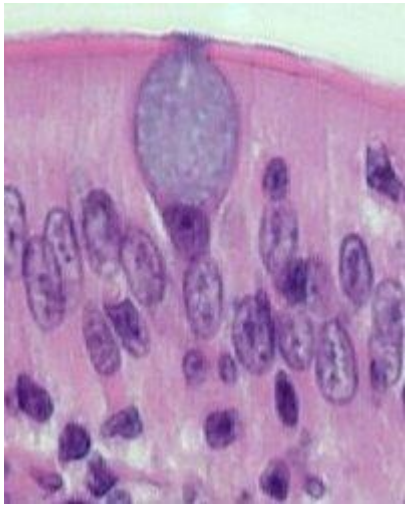


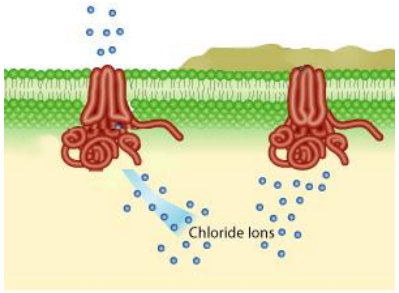
GLANDULAR EPITHELIUM

Goblet cells

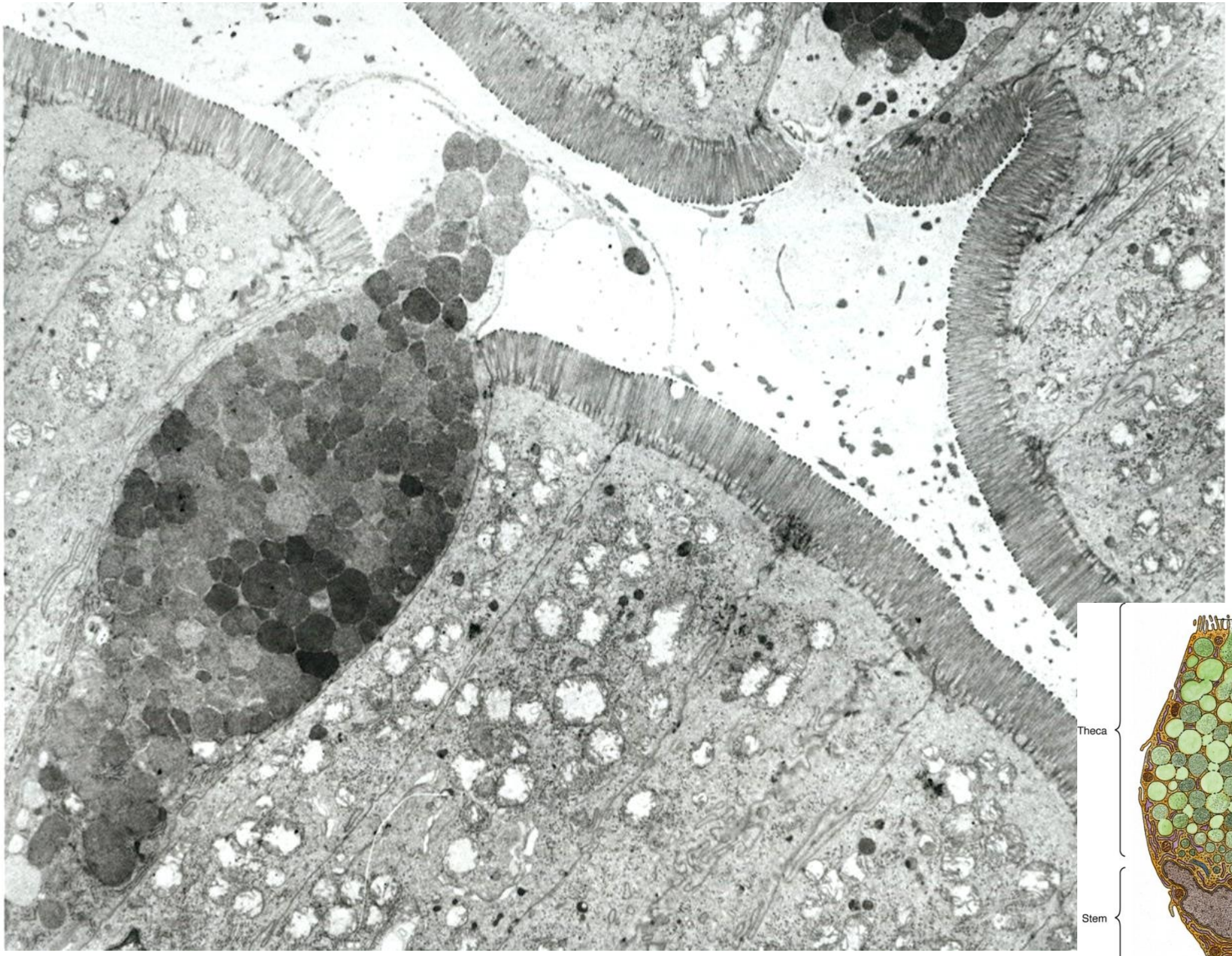
- Mainly respiratory and intestinal tract
- Produce mucus = viscous fluid composed of electrolytes and highly glycosylated glycoproteins (mucins)
- Protection against mechanic shear or chemical damage
- Trapping and elimination of particular matter
- Secretion by secretory granules constitutive or stimulated
- 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

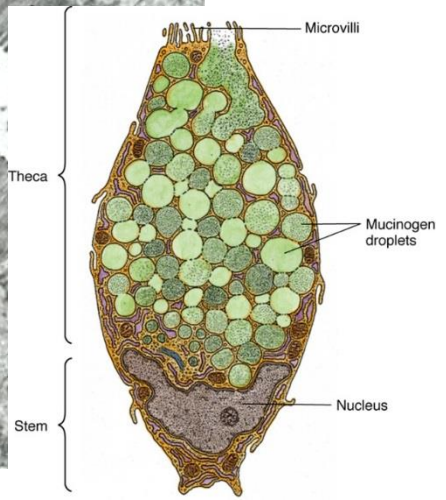






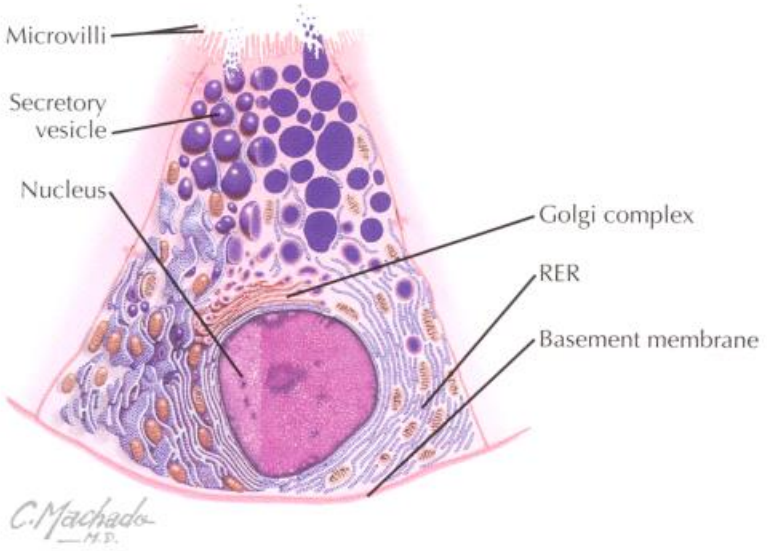
GOBLET CELL



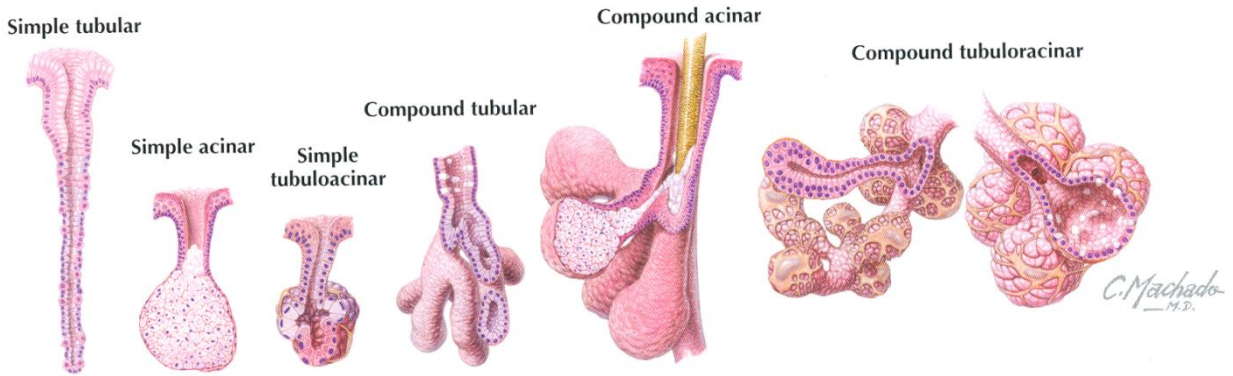


GLANDULAR EPITHELIUM

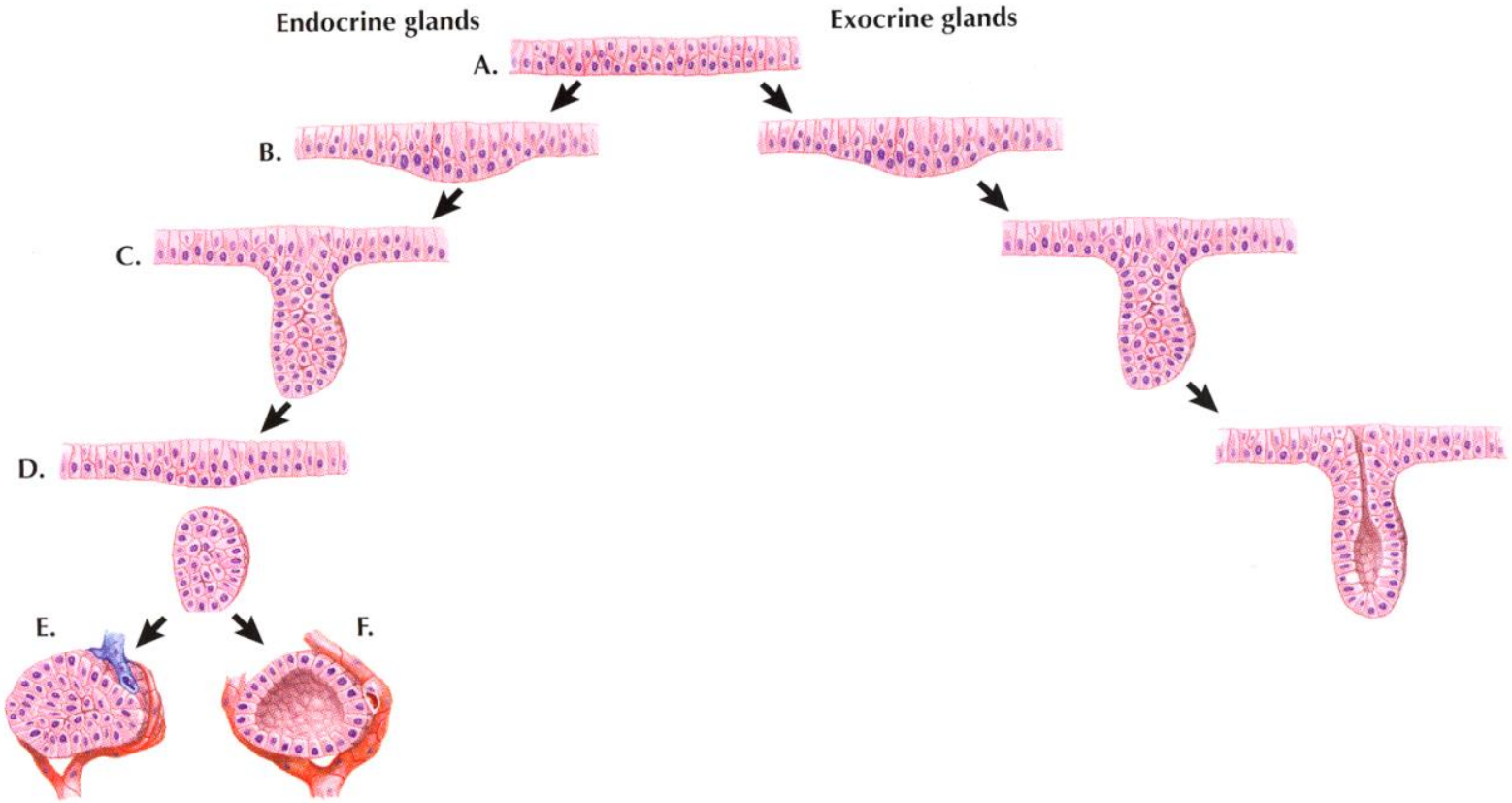
Multicellular glands



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

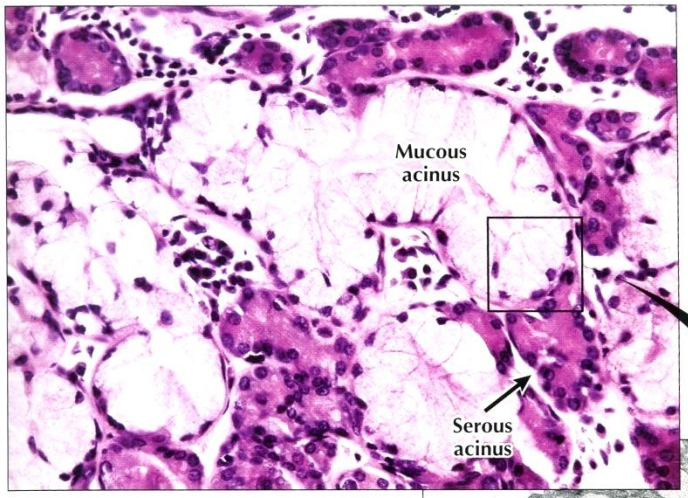


- **Development of multicellular glands**
  - Endocrine vs. endocrine

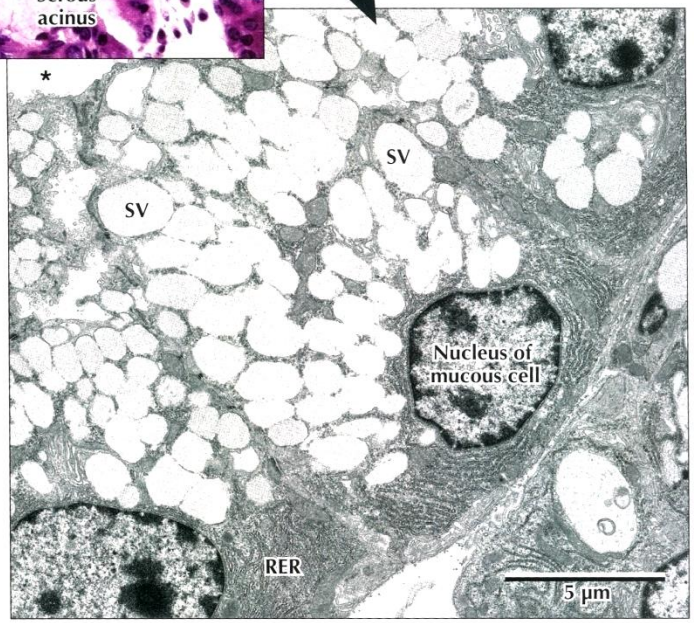


GLANDULAR EPITHELIUM

- **Mucous glands**



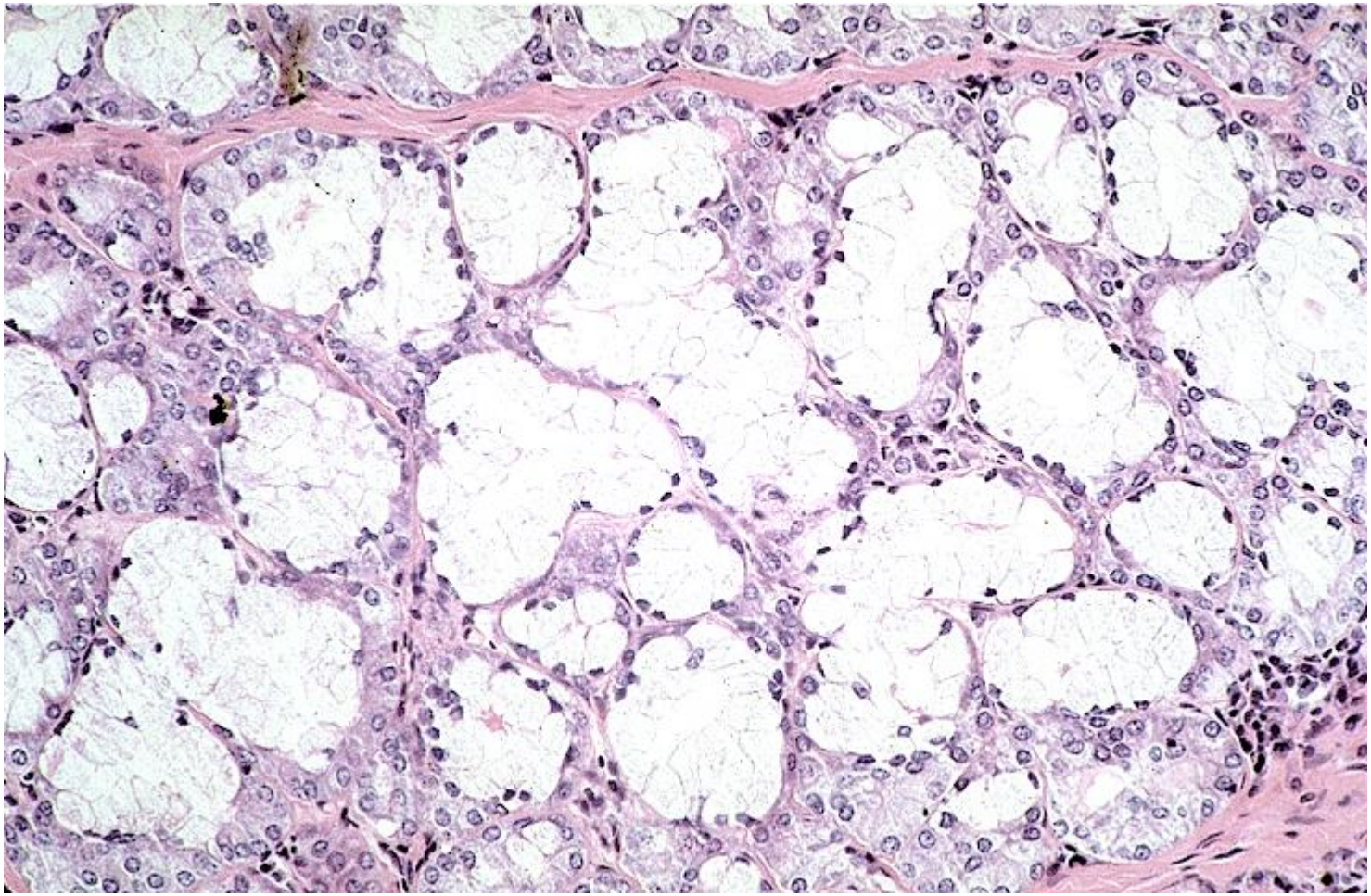
◀ **LM of part of a mixed seromucous gland in the trachea.** Several mucous acini with pale-stained mucous cells are seen. The basal nuclei are flat, and cells appear washed out because mucous droplets dissolved during specimen preparation. Darker stained serous cells in adjacent acini have more rounded basal nuclei. Serous cells are smaller than mucous cells. The square outlines the area of interest seen in the EM below. 295×. *H&E.*



▶ **EM of part of a mucous acinus in a mixed salivary gland.** Parts of three mucous cells line the acinus lumen (*). Euchromatic basal nuclei have prominent nucleoli. Basal cytoplasm contains many profiles of rough endoplasmic reticulum (**RER**). Many large, electron-lucent secretory vesicles (**SV**) dominating the remaining cytoplasm are discharged by exocytosis into the acinus lumen. 5400×.

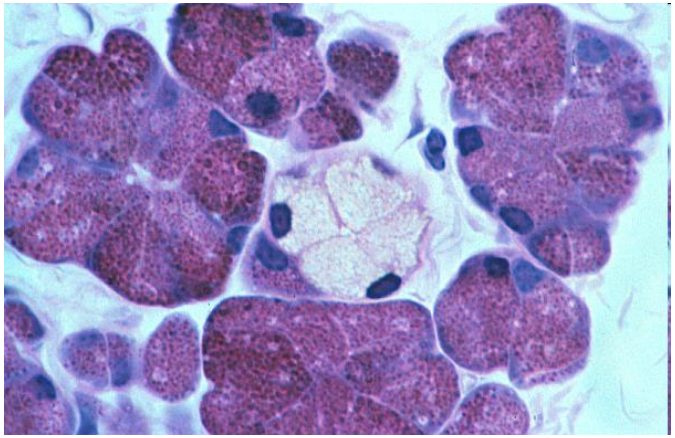
GLANDULAR EPITHELIUM

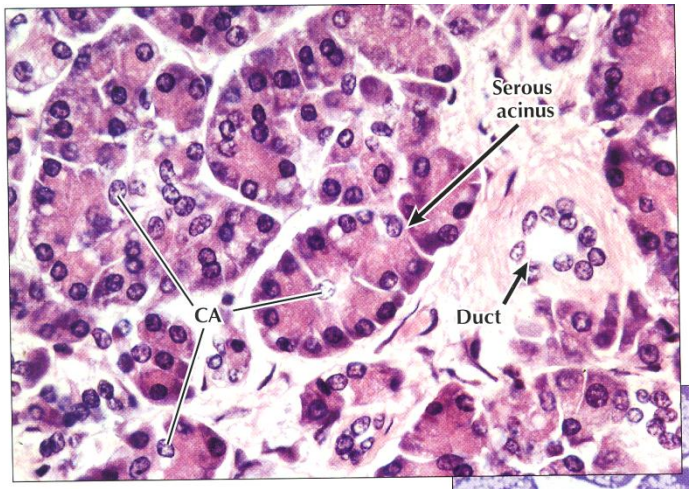
- **Mucous glands**



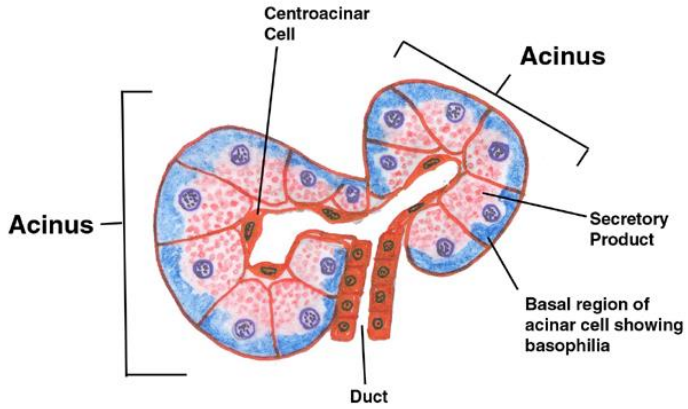
GLANDULAR EPITHELIUM

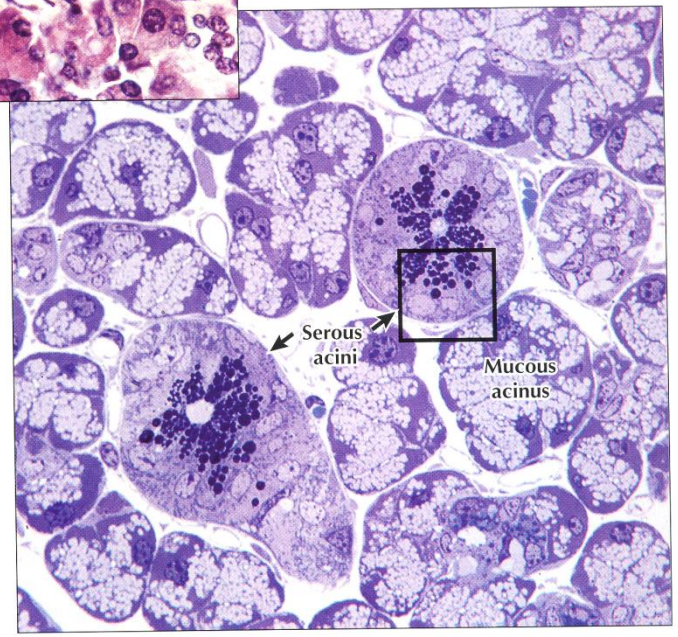
- **Serous glands**





◀ **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.*



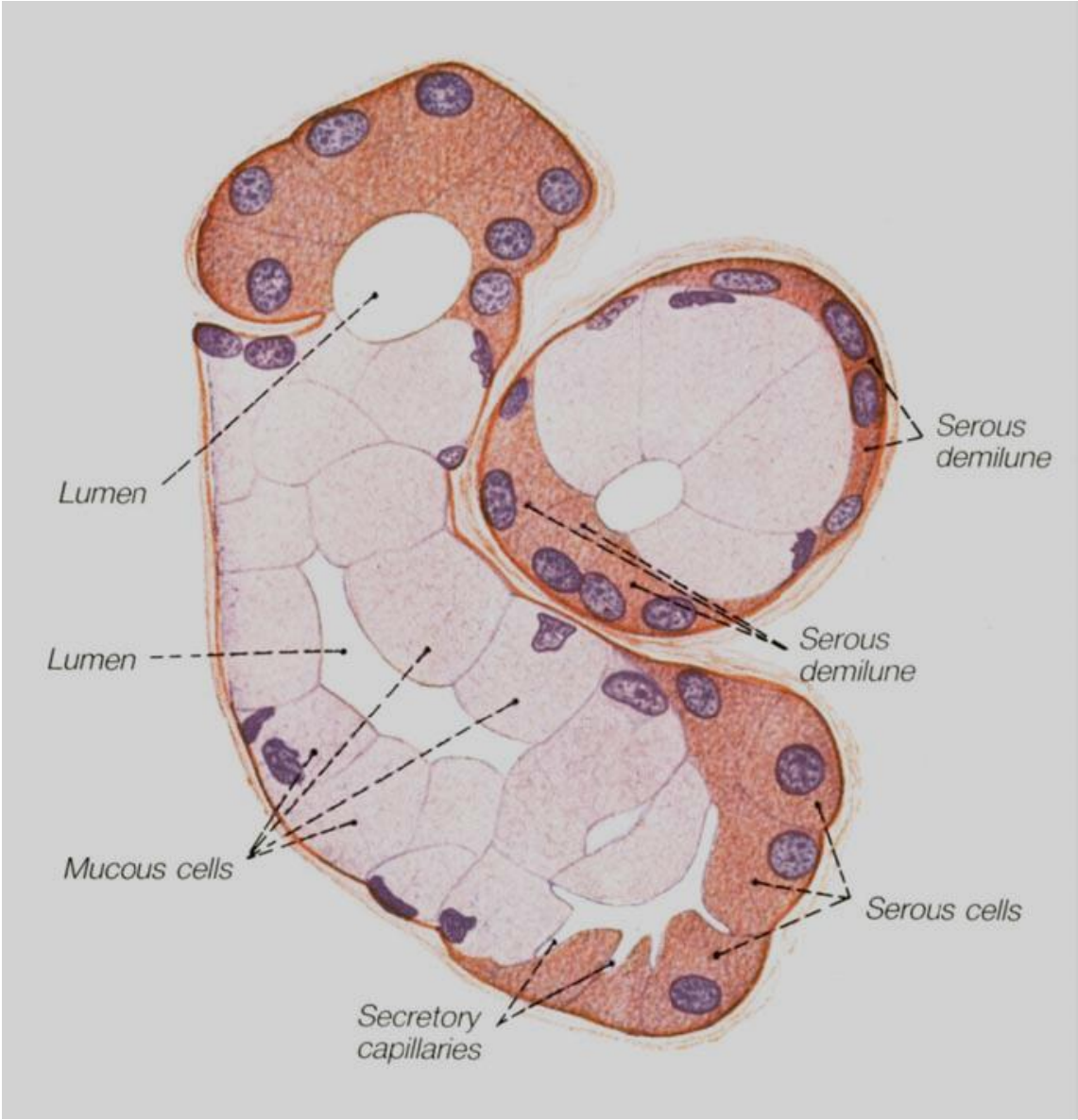


▶ **LM of part of a mixed salivary gland.** Several pale **mucous acini** surround two round **serous acini**. Serous cells have conspicuous, dark-stained secretory vesicles; mucous cells look vacuolated and washed out. EM in 2.15 shows the area in the square in detail. 600×. *Toluidine blue, plastic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

GLANDULAR EPITHELIUM

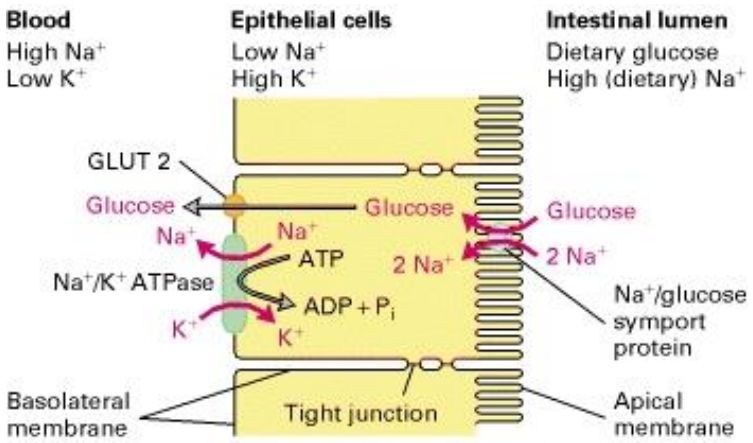
- **Compound glands**

  - combined serous and mucous secretion

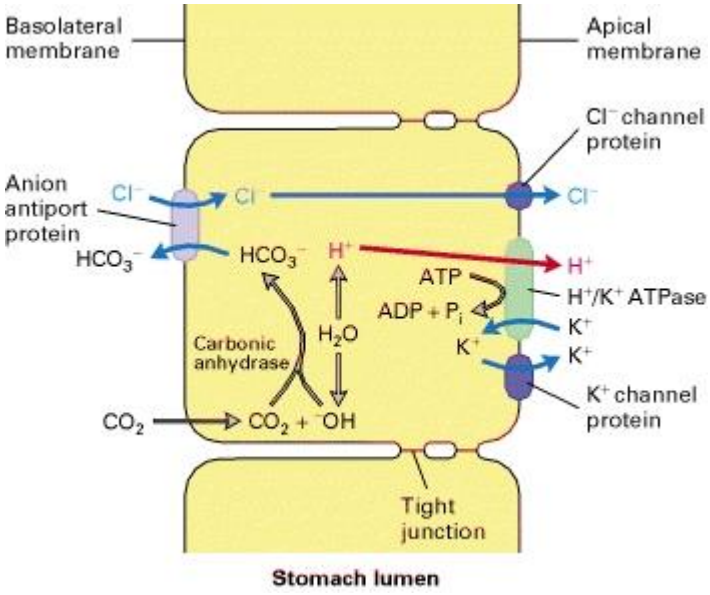


GLANDULAR EPITHELIUM

Transcellular transport through epithelial cells is driven by concentration and/or charge gradients



Glucose transport



HCl secretion in stomach

http://www.ncbi.nlm.nih.gov/books/NBK21502/

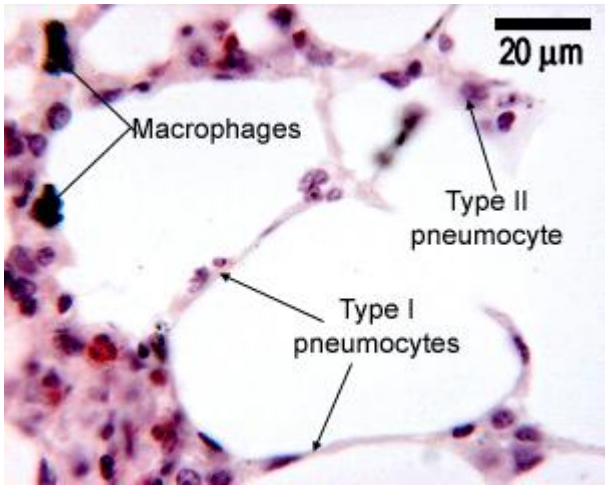
Respiratory epithelium

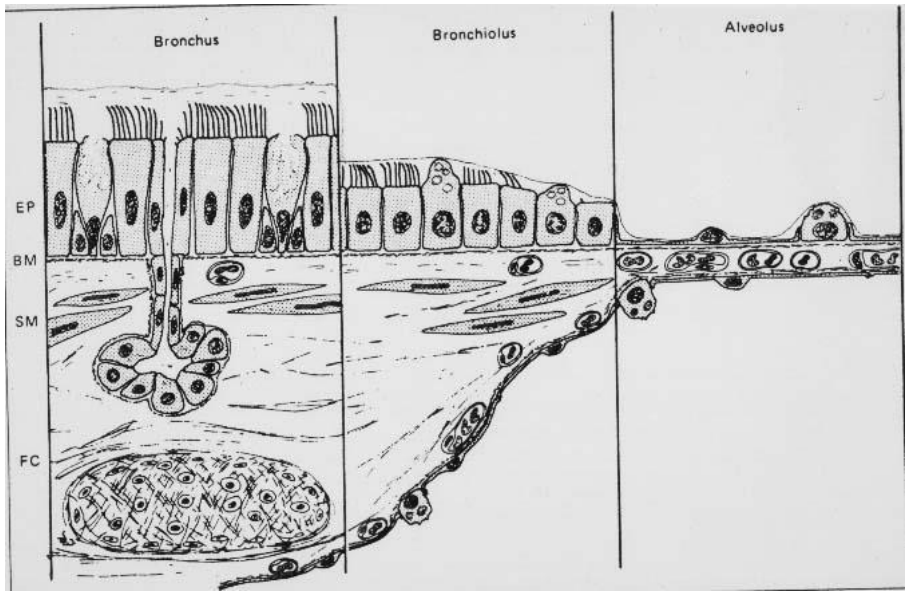
Epithelium of respiratory passages

- Moistening and protection against injury and pathogens
- Remove particles by „mucociliary escalator“
- Pseudostratified columnar epithelium with cilia
- Basal cells → epithelium renewal

Alveolar epithelium

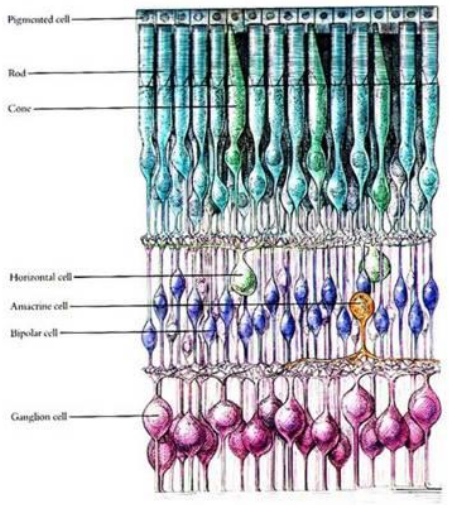
- Gas exchange
- Respiratory bronchiols, alveolar passages and alveoli
- Type I and II pneumocytes





Sensory epithelium

– Supportive and sensory cells

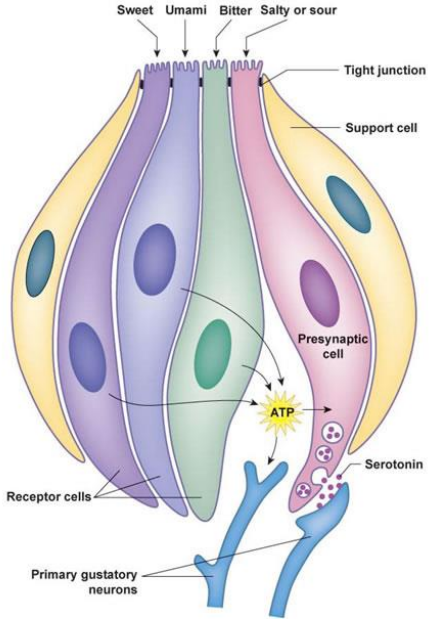


Primary sensory cells

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

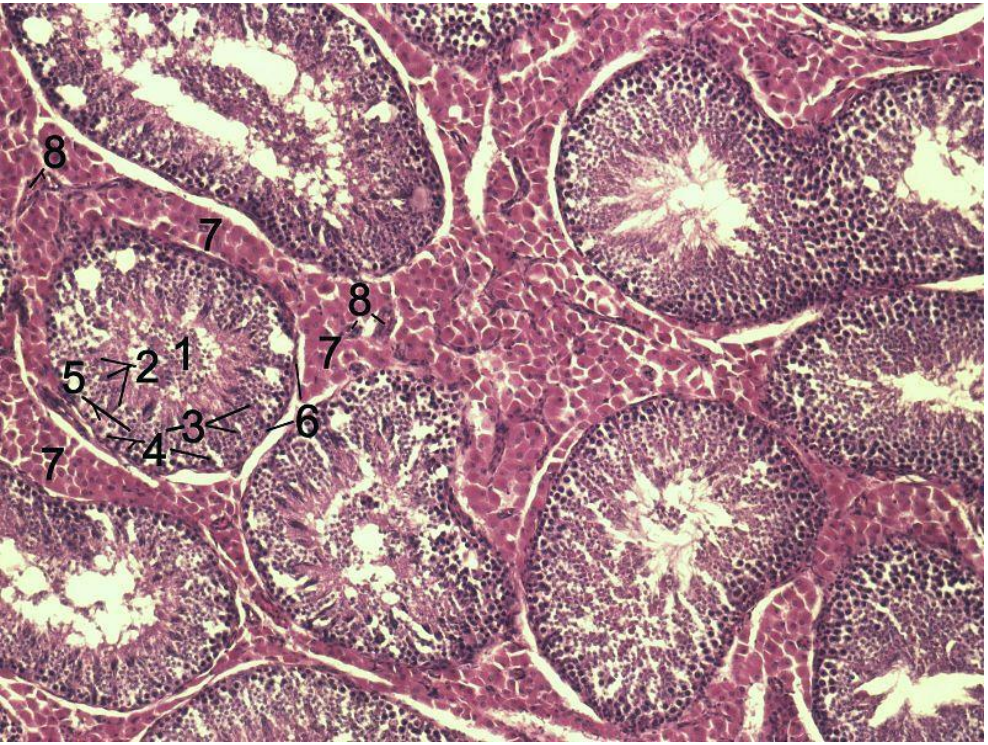
Secondary sensory cells

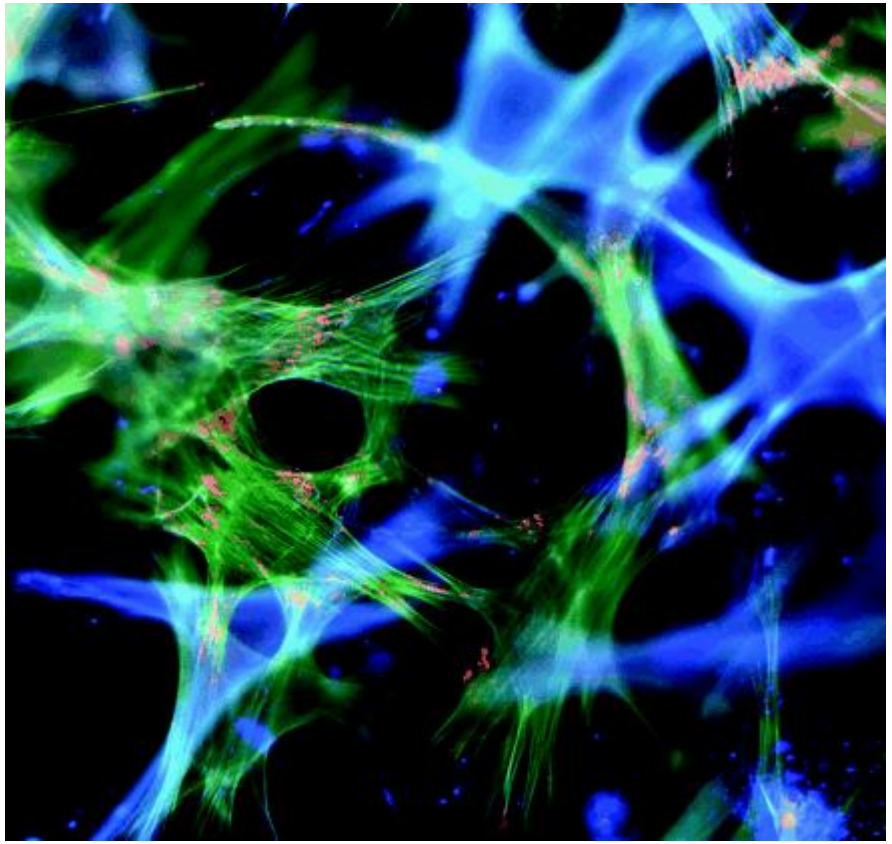
– receptor region and the cell body
– signal is transmitted by adjacent neurons terminating on secondary sensory cell
– taste buds, vestibulocochlear apparatus



Myoepithelium

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

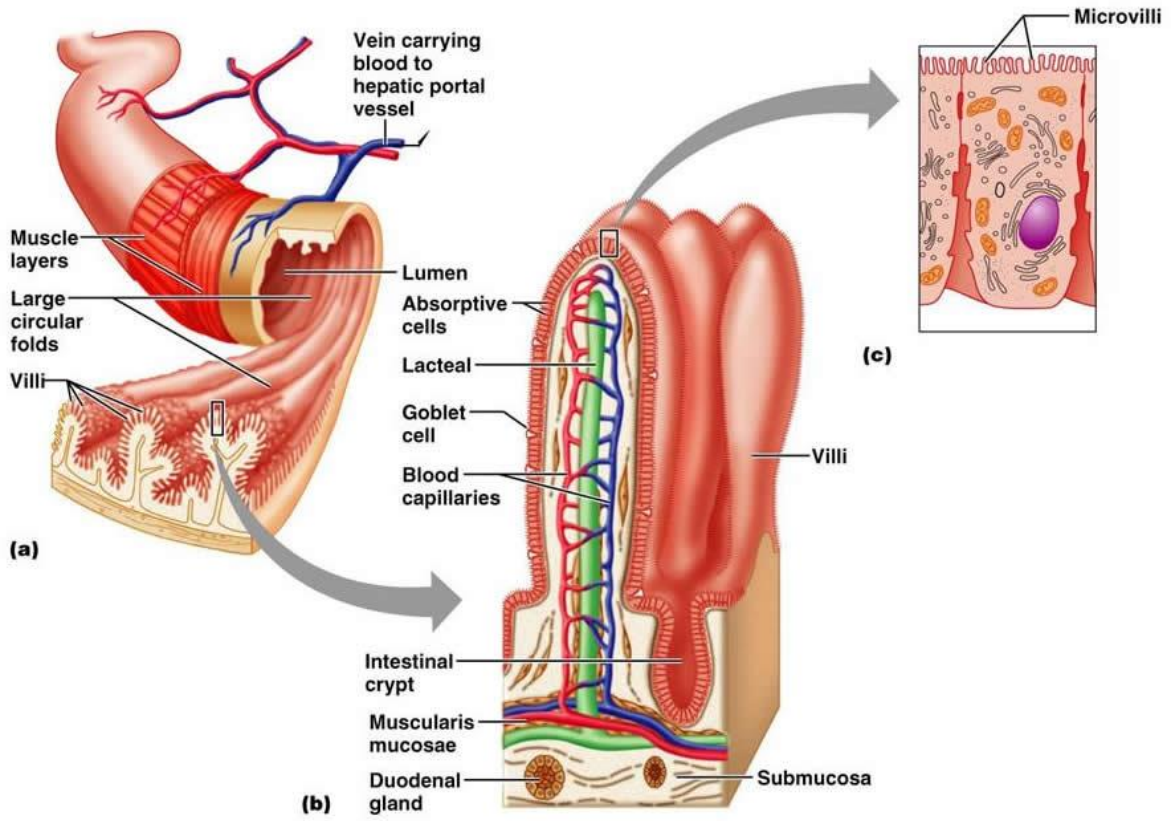




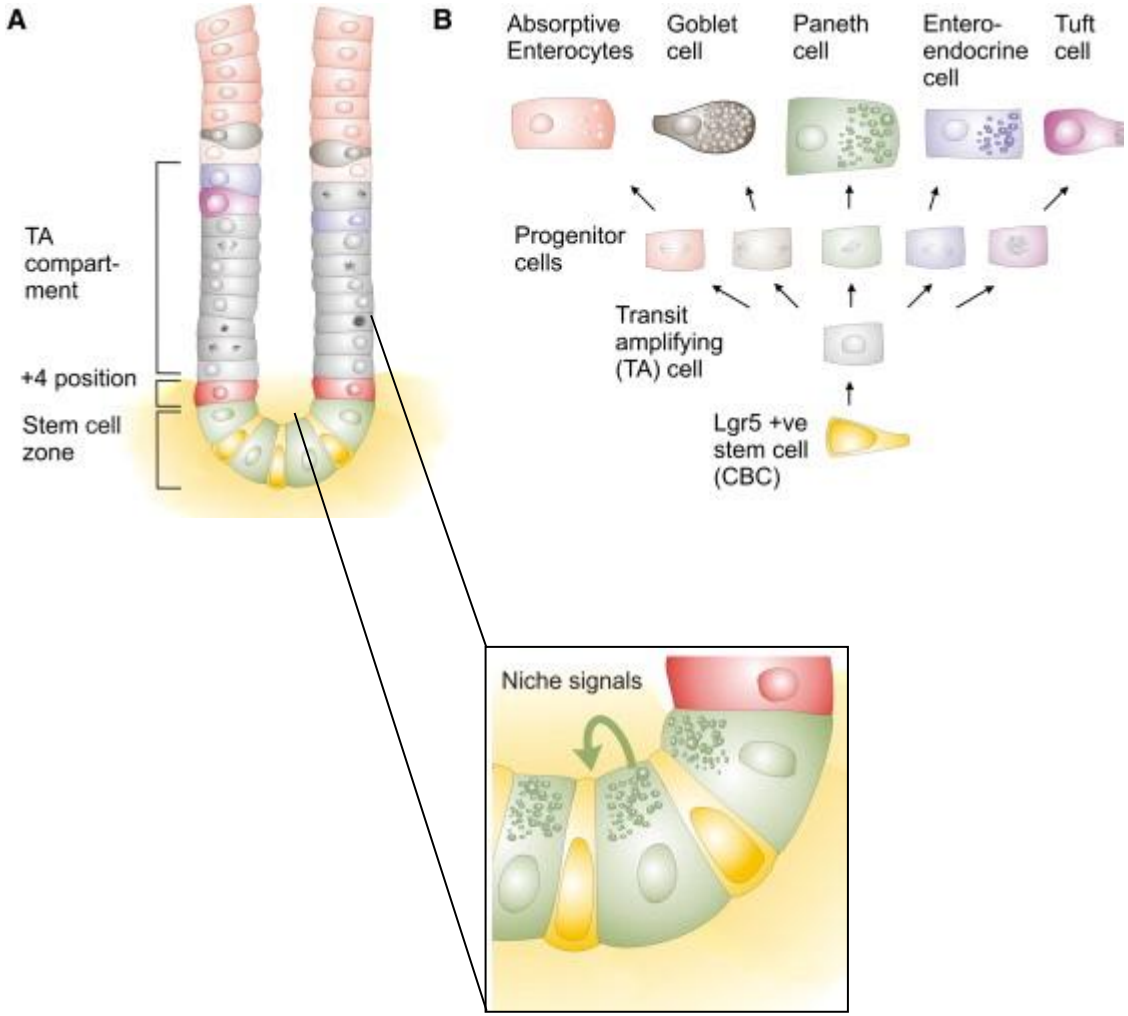
Renewal of epithelium

- different regenerative potential (epidermis × sensory epithelium of inner ear)
- multi- a oligopotent stem cells
- microenvironment – *stem cell niche*

Example: Regeneration of intestine epit



Example: Regeneration of intestine epithelium

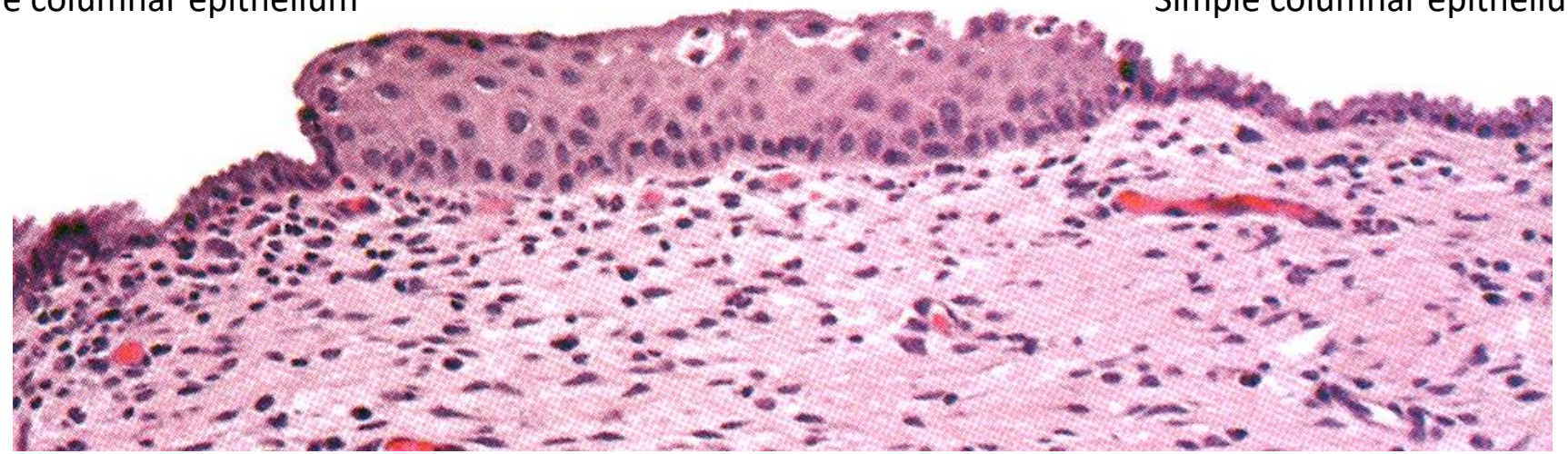


Abnormal renewal: metaplasia

Stratified squamous epithelium

Simple columnar epithelium

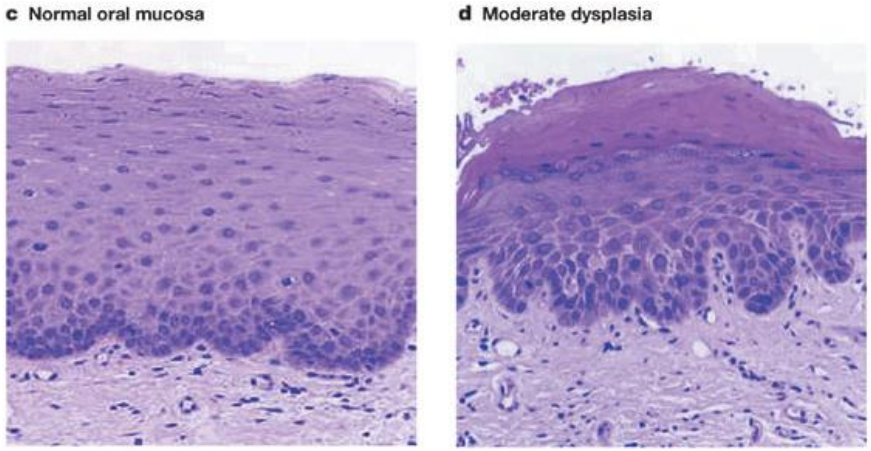
Simple columnar epithelium

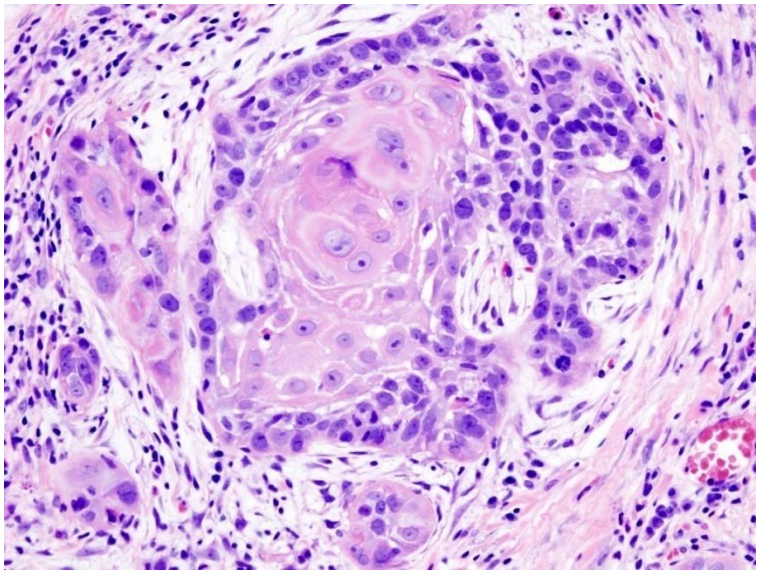


- squamous metaplasia of cervix uteri
- respiratory passages

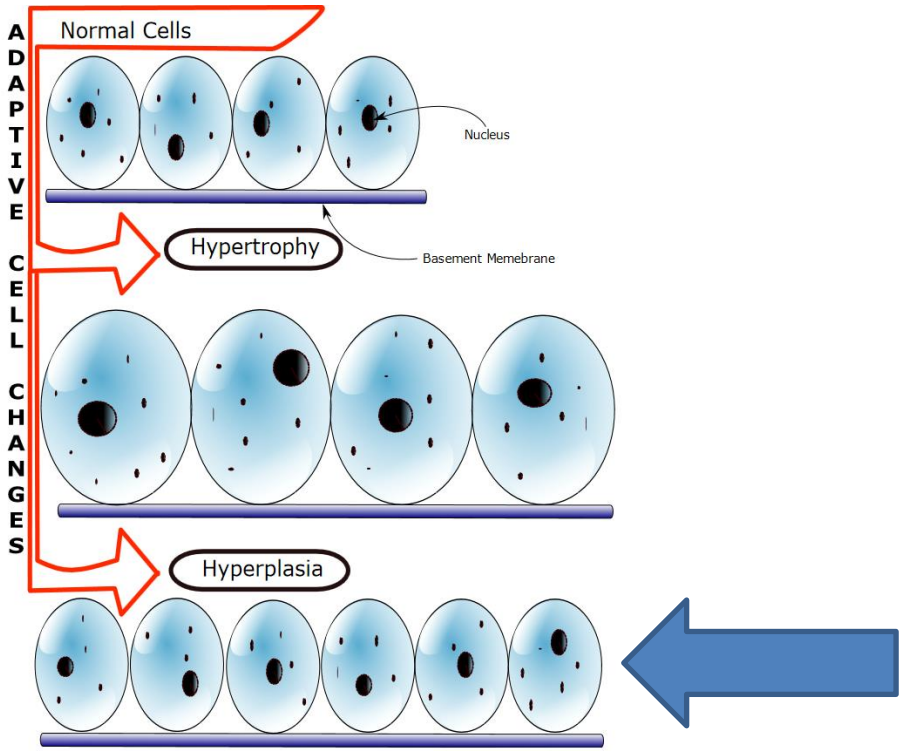
Abnormal renewal: metaplasia

- risk of development of precancerous lesions

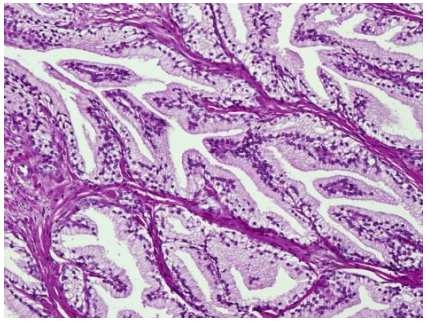




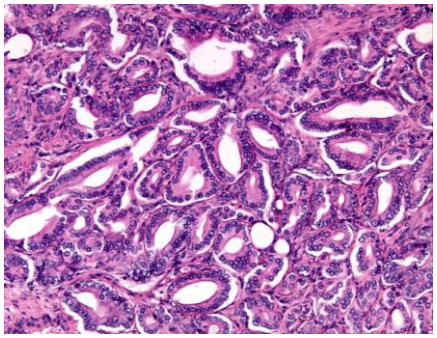
Abnormal renewal: hyperplasia



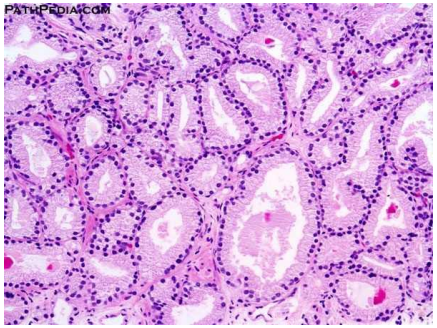
Normal prostate



Hyperplasia of prostate glandular epithelium



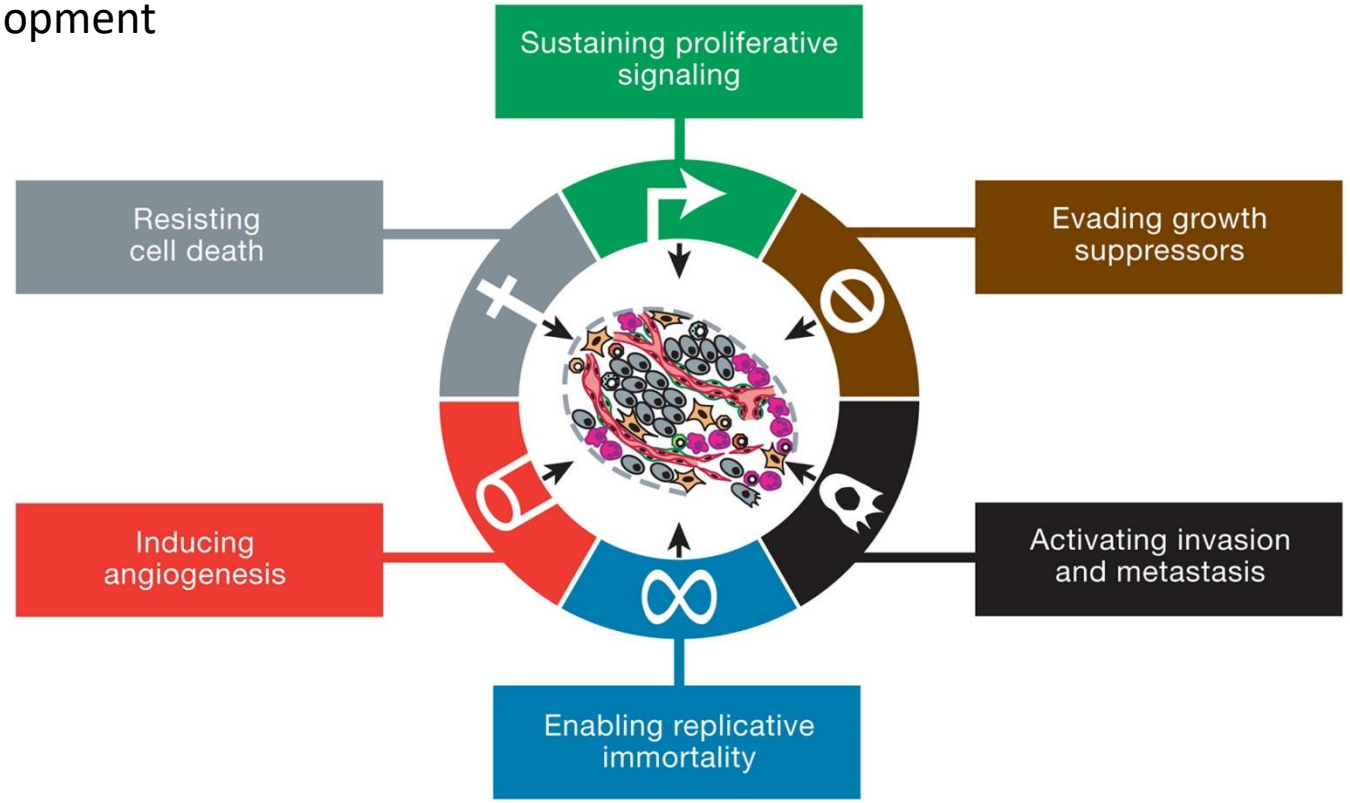
Prostate adenocarcinoma



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

Abnormal renewal: dysplasia and neoplasia

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

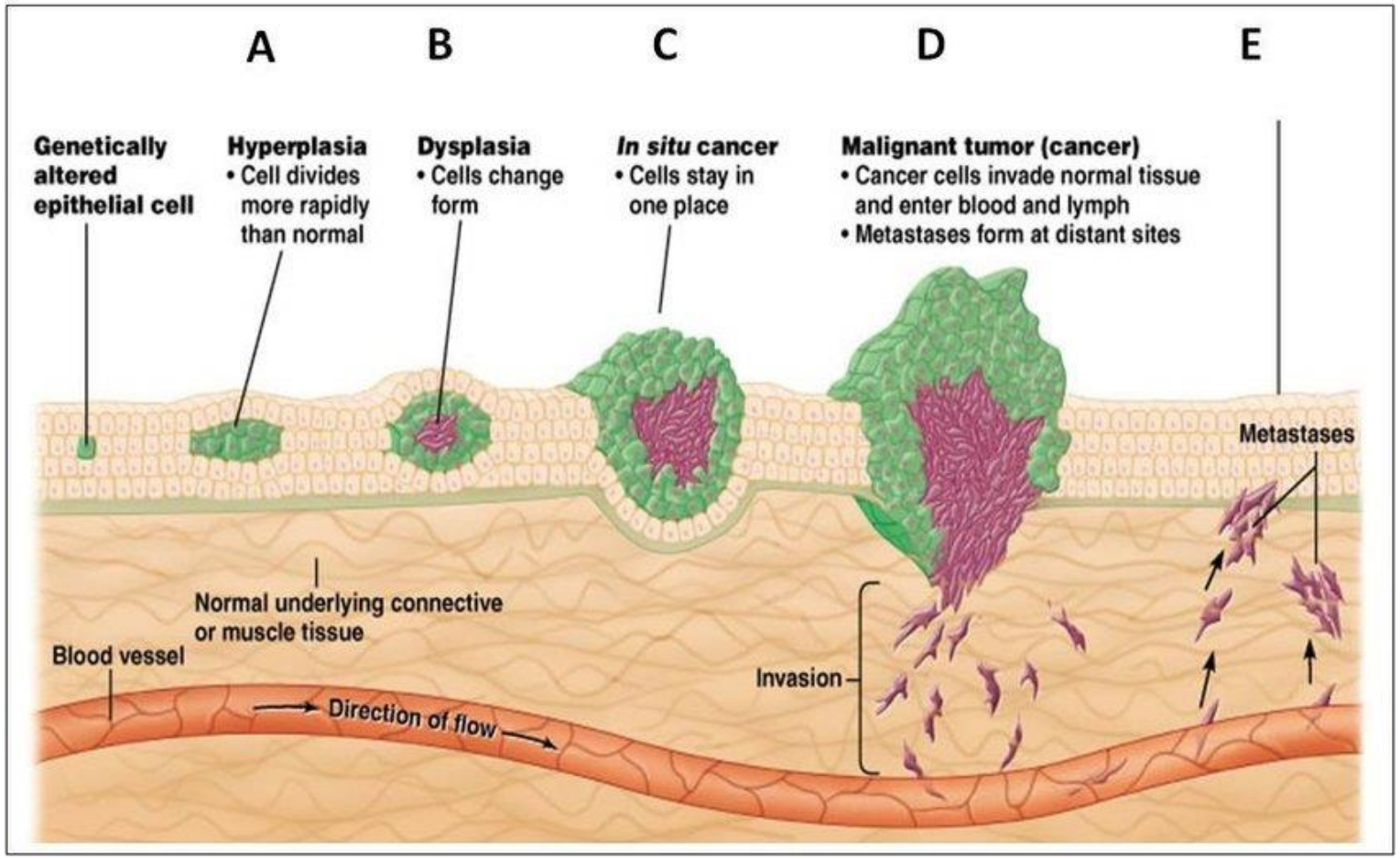


Hanahan & Weinberg, Cell 2011. The six hallmarks of cancer.

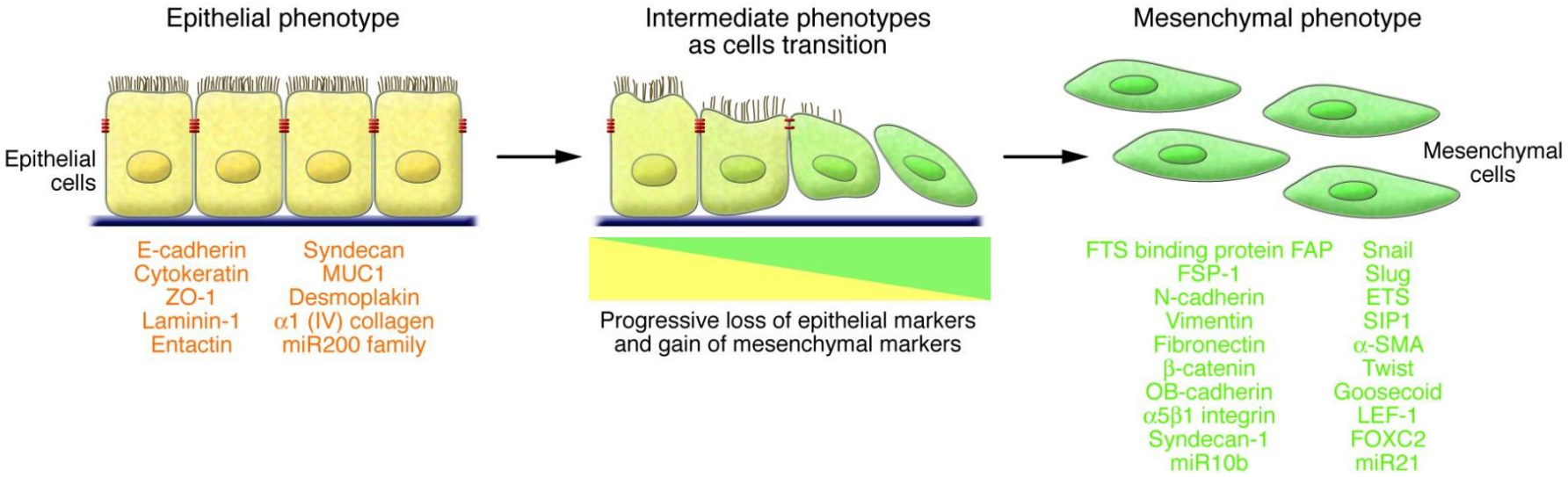
https://doi.org/10.1016/j.cell.2011.02.013

Abnormal renewal: neoplasia

- uncoupling from regualtory mechanisms
- tumor development

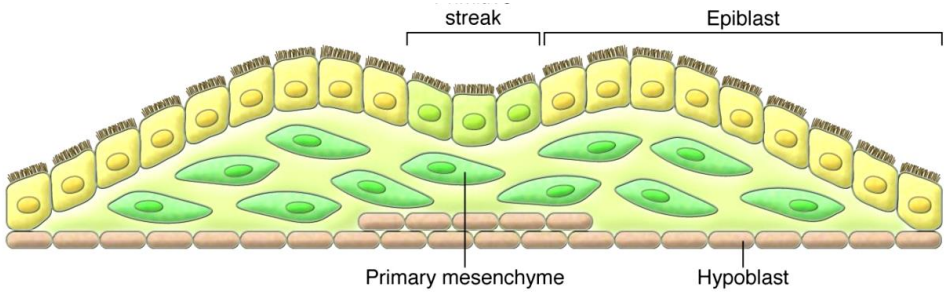


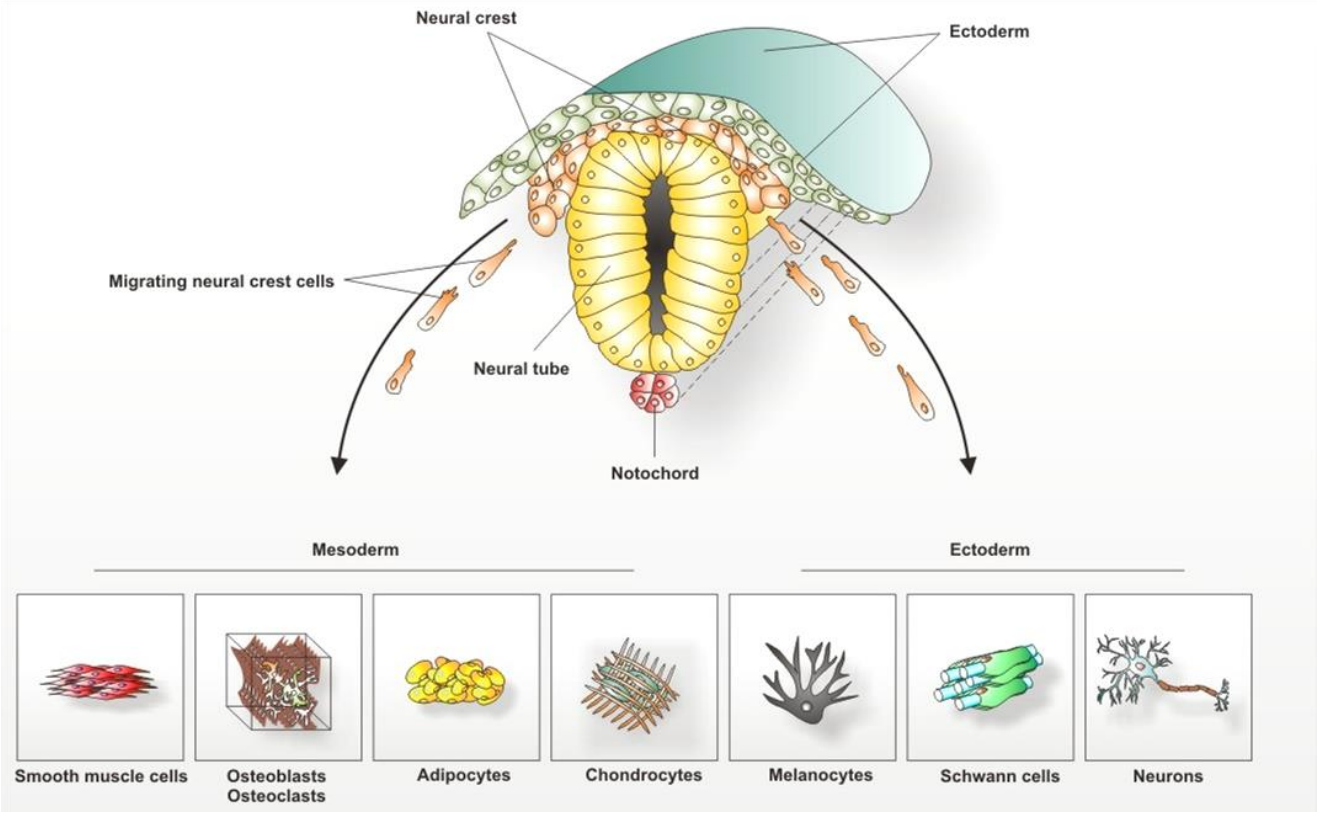
Epithelial to mesenchymal transition (EMT)



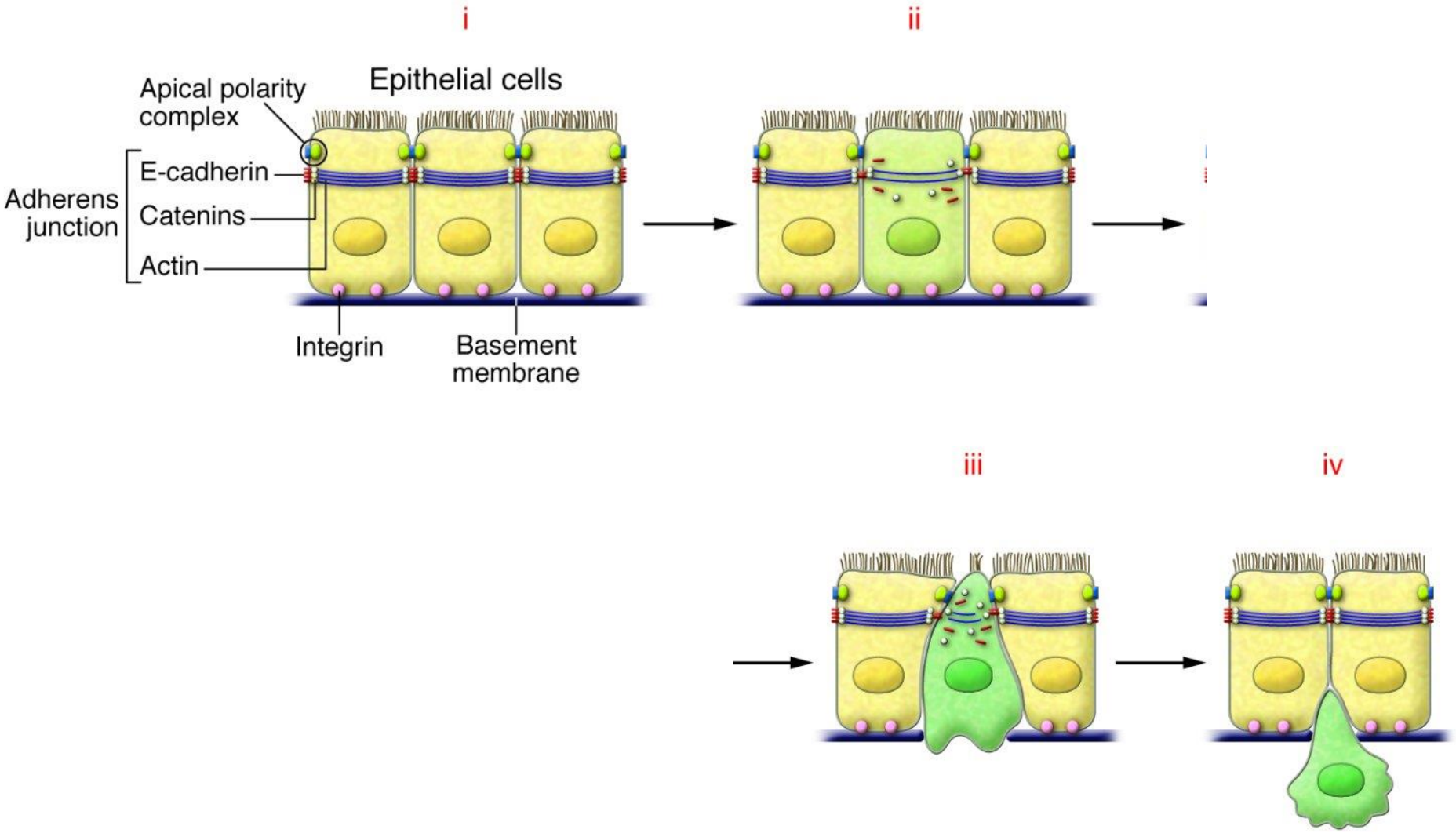
J Clin Invest. 2009;119(6):1420–1428. doi:10.1172/JCI39104.

- **EMT in embryonic development**

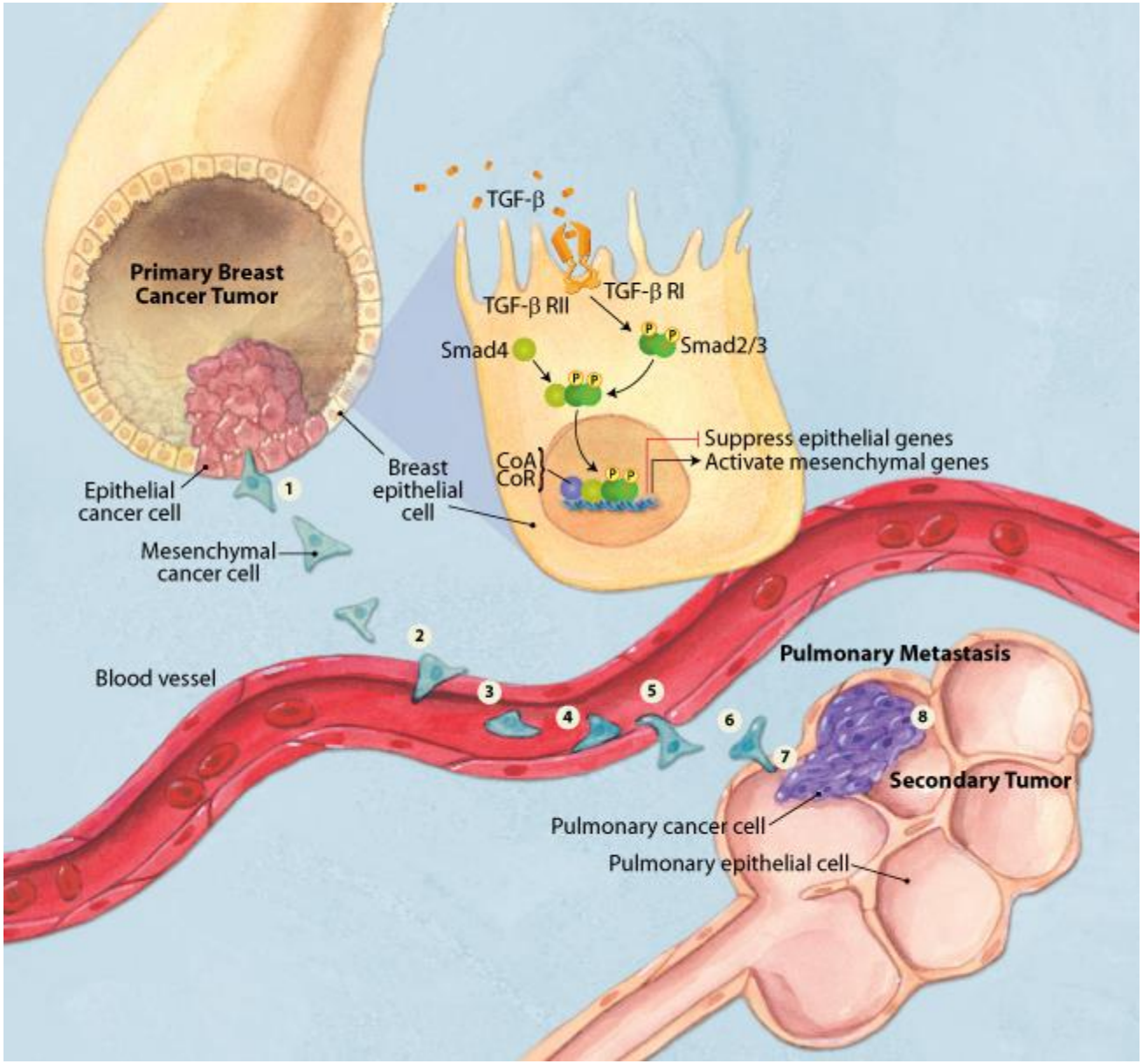




- **EMT in tumor dissemination**

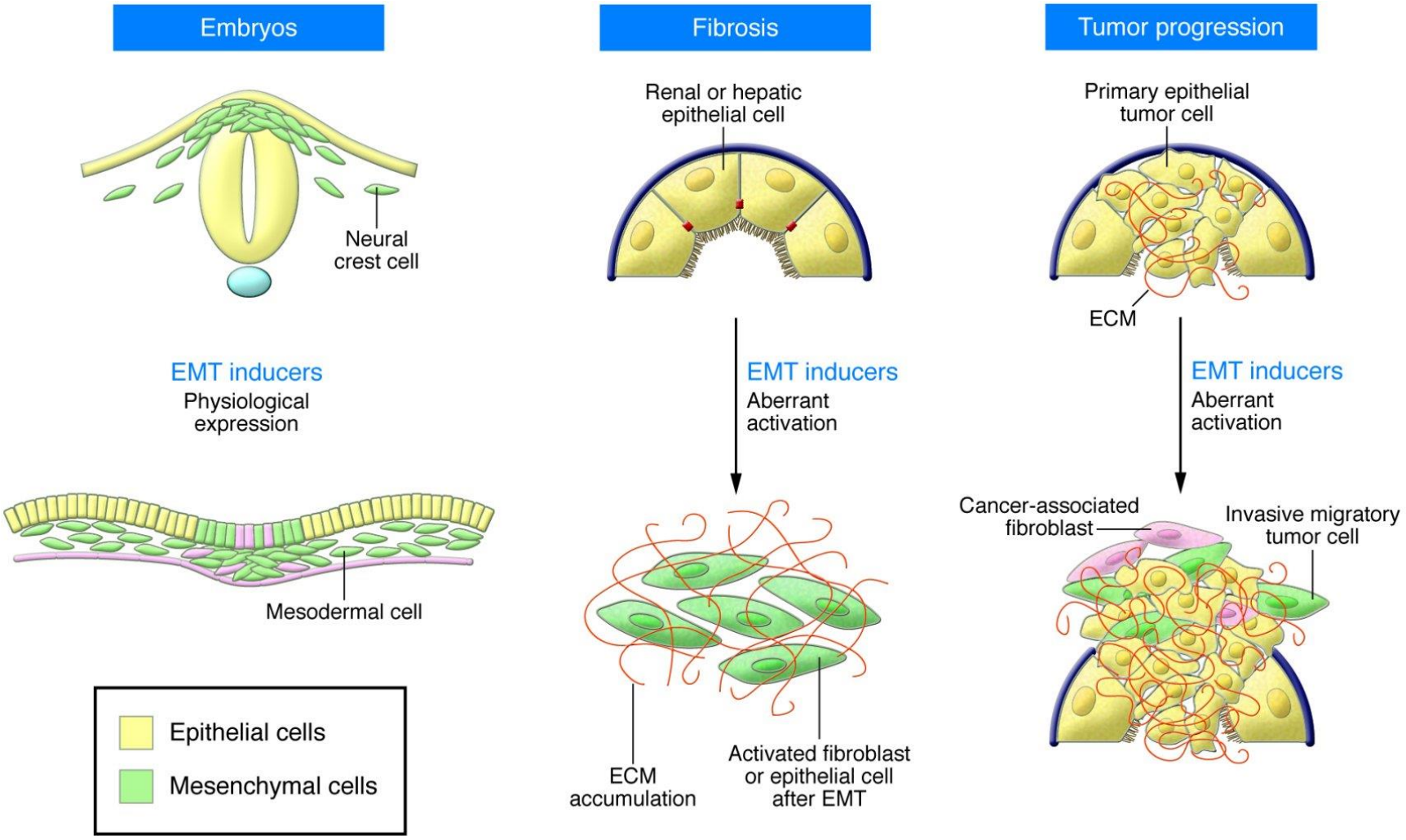


PLASTICITY OF EPITHELIAL TISSUES



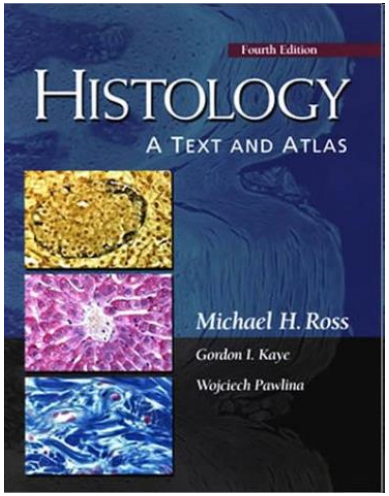
PLASTICITY OF EPITHELIAL TISSUES

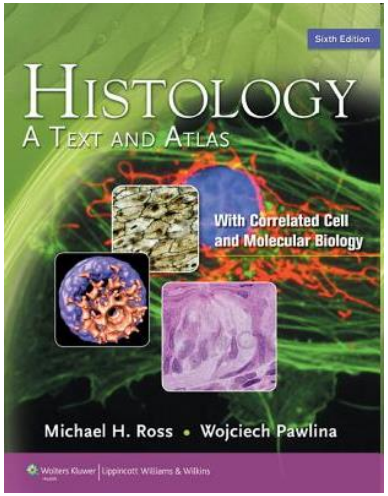
- **EMT**

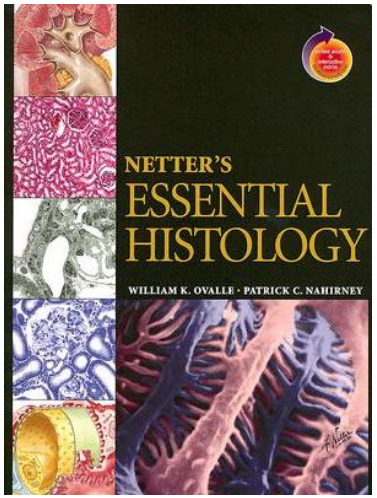


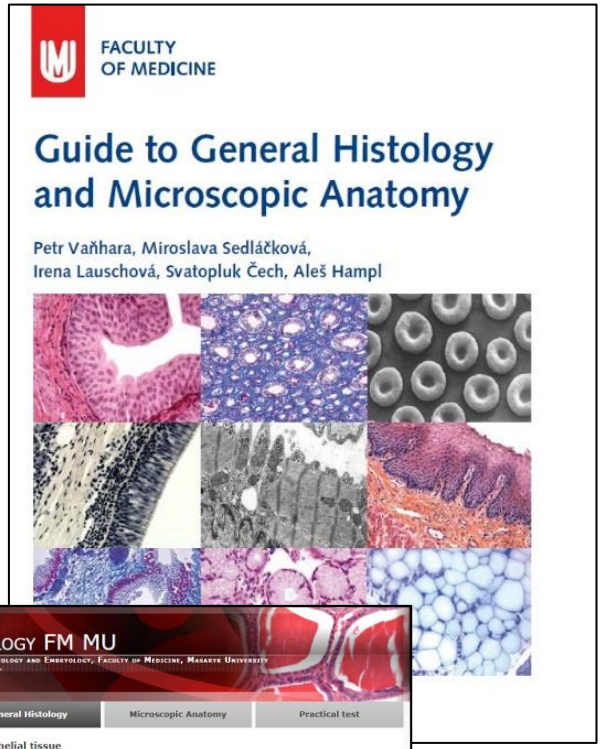
J Clin Invest. 2009;119(6):1438–1449. doi:10.1172/JCI38019.

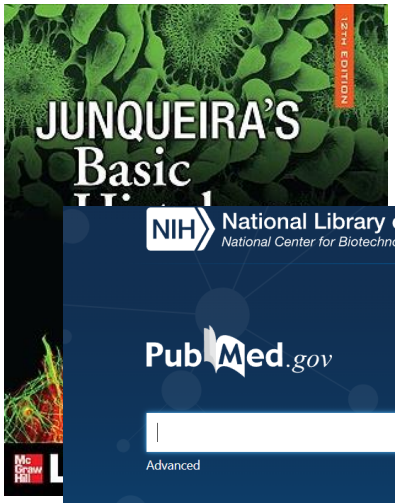
FURTHER STUDY

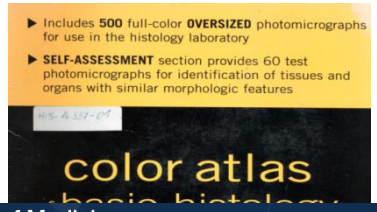


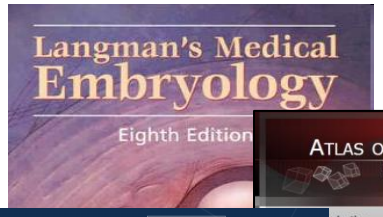








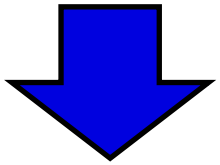




http://www.histology.med.muni.cz/

Thank you for attention

Questions? Comments?



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