

Integumentary system

(Integumentum commune)

=

Skin and accessory structures

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December 2024

Skin - overall composition

Functional unit

Largest body system

16% of body weight

1,5 to 2 m²

**Integumentum
commune**
=
Body coverage

Cutis
=
Skin

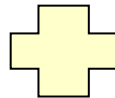
Epidermis = keratinizing stratified squamous epithelium

Dermis = fibrous connective tissue

Tela subcutanea

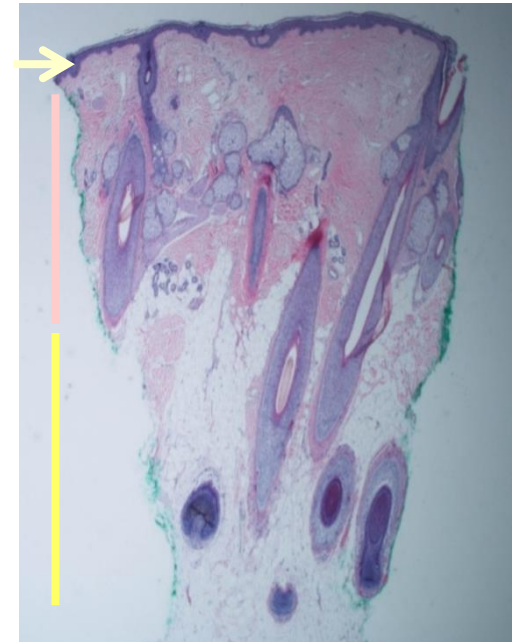
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Subcutis - Hypodermis



Accessory structures

- hairs and nails
- skin glands (sebaceous + sweat)
- mammary gland



Skin = Combination of 4 main tissues

- Epithelial - outer layer
- Connective - underlies dermis
- Smooth Muscle - goose bumps
- Nervous - sensory receptors

Functions of the skin

1. Regulation of body temperature

Cellular metabolism produces heat as a waste product .

High temperature

dilate surface blood vessels

sweating

Low temperature

surface vessels constrict

shivering

2. Protection

physical abrasion

dehydration

ultraviolet radiation

3. Sensation

touch

vibration

pain

temperature

4. Excretion

5. Immunity/ Resistance

6. Blood Reservoir

8-10 % in a resting adult

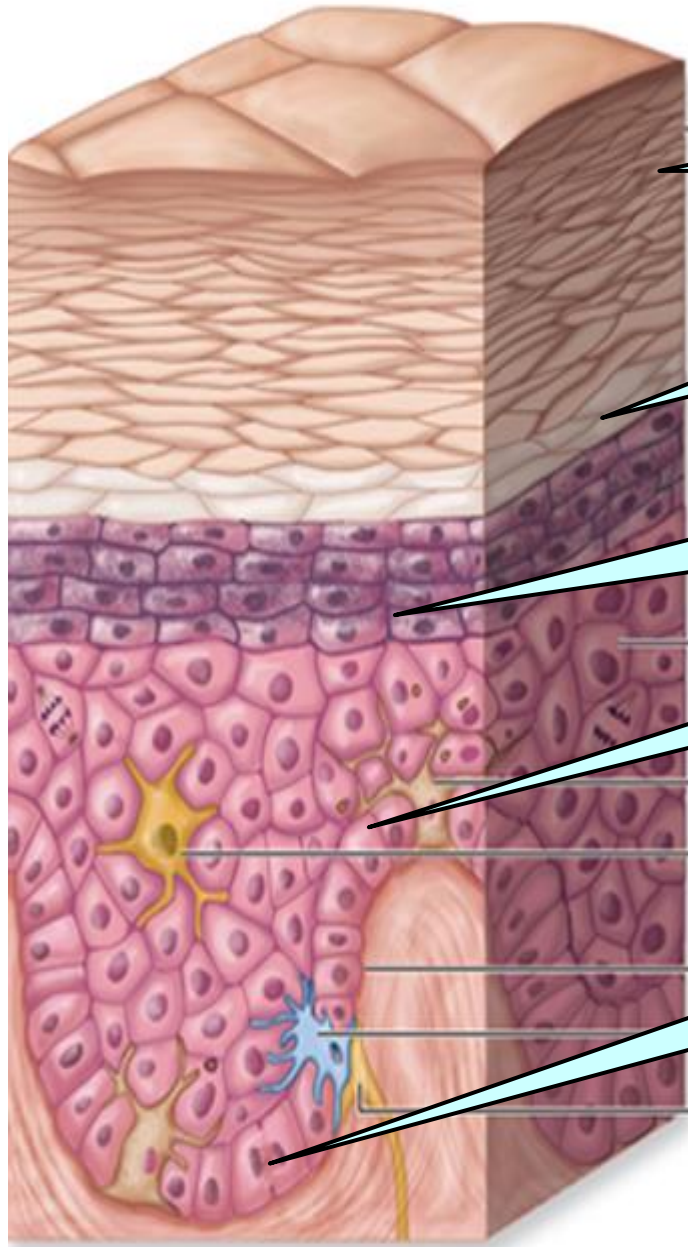
7. Synthesis of vitamin D

uv light

aids absorption of calcium

Epidermis - Layers

Keratinizing squamous stratified epithelium
(keratinocytes - 4 or 5 layers)



5. Stratum corneum

- dead, flat cells full of keratin (25 to 100 layers)
- **corneodesmosomes**
- **polar lipids** - ceramides

4. Stratum lucidum

- more apparent in thick skin
- 3-5 layers of clear cells
- transitional state

3. Stratum granulosum

- 3-5 layers
- **tight junctions** = zonulae accludentes
- keratohyalin found in granules
- cells beginning to die
- keratohyalin and lamellar granules

2. Stratum spinosum

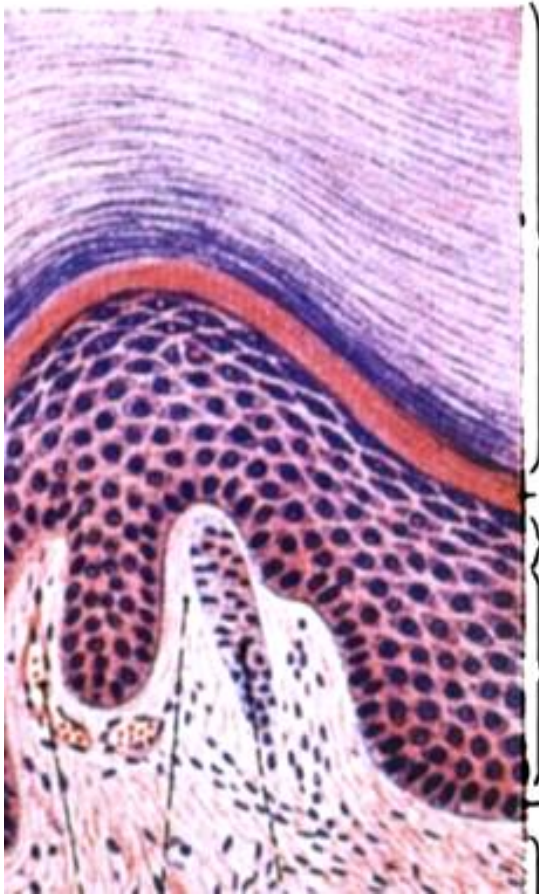
- polygonal cells (keratines 1 and 10)
- 8-10 layers of keratinocytes
- **desmosomes** – shrinkage - spines

1. Stratum basale (germinativum)

- columnar cells – one layer (keratines 5 and 14)
- stratum germinativum
- the only proliferating cells (stem, progenitor)
- **hemidesmosomes**

Desquamation = Maturation (about 25 days)

Easy to remember - Mnemonic



Stratum **C**orneum

Stratum **L**ucidum

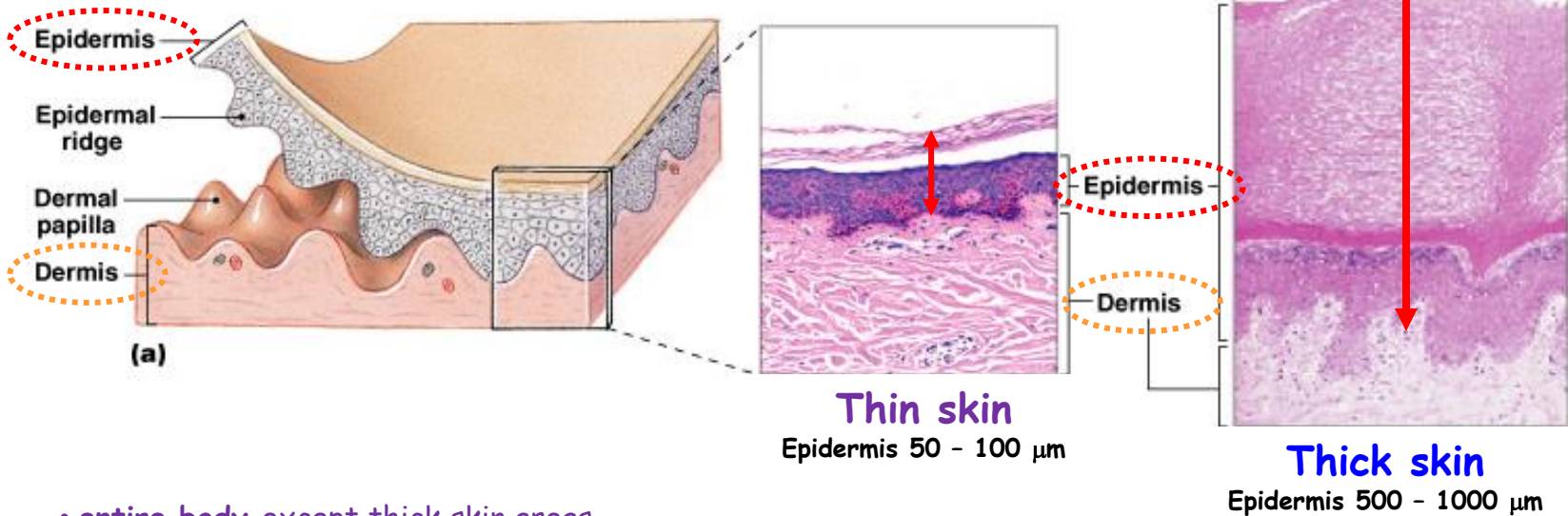
Stratum **G**ranulosum

Stratum **S**pinosum

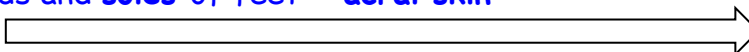
Stratum **B**asale

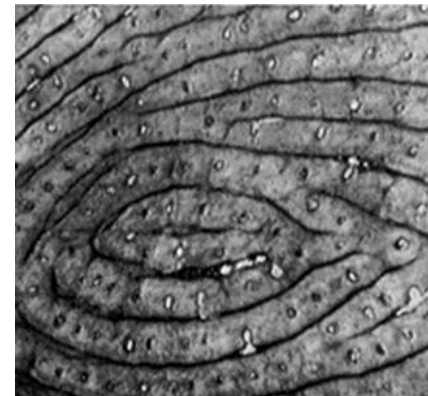
Cancel
Lab !!!
Get
Some
Beer !!!

Epidermis - Thin x Thick skin

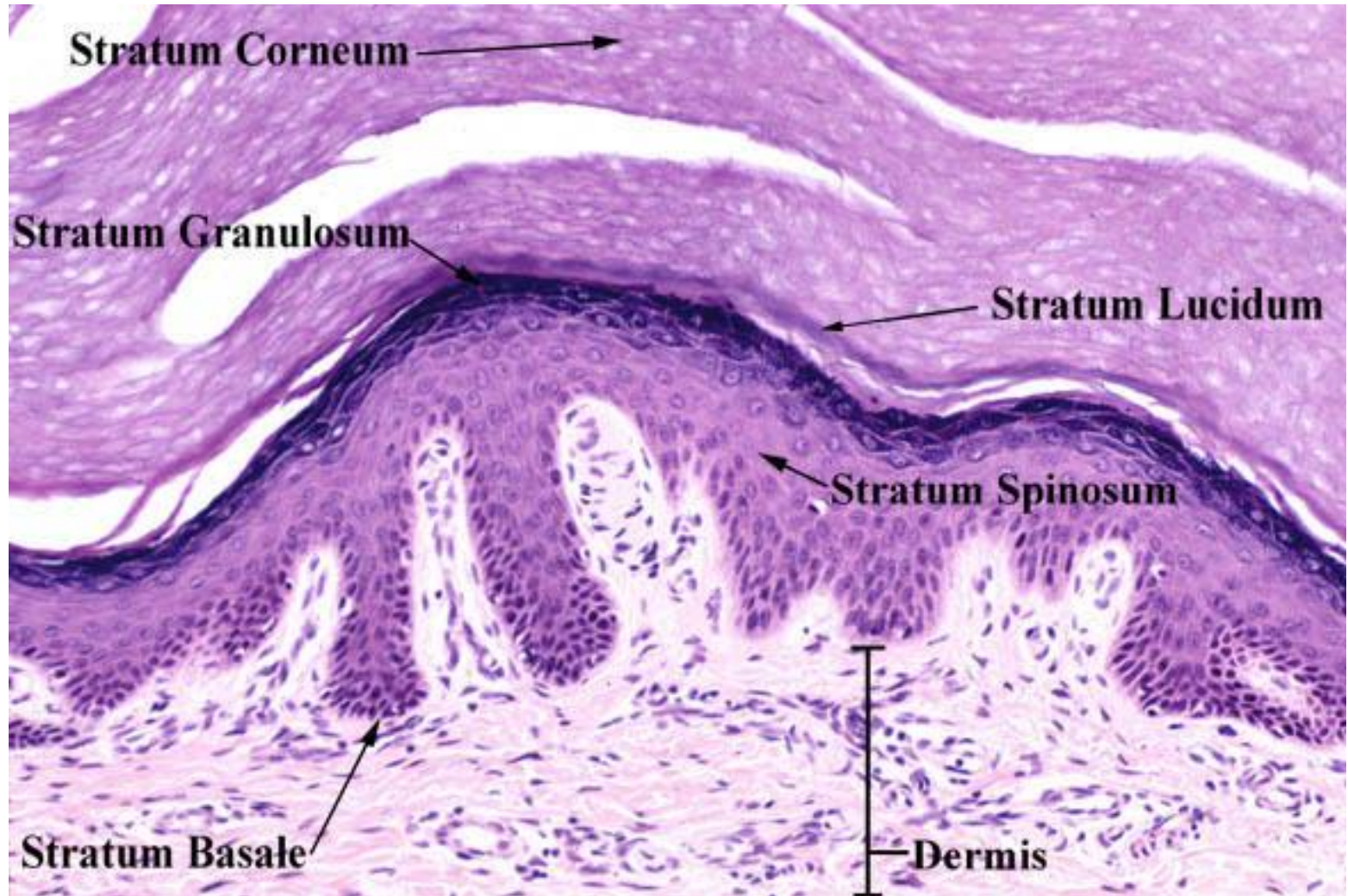


- **entire body** except thick skin areas
- typical **rhomboid** area organization
- **stratum corneum** - less than 25 layers of cells
- **stratum lucidum** is absent
- accessory struct.: sweat gl. + sebaceous gl. + hairs (except on lips, glans penis, labia minora)

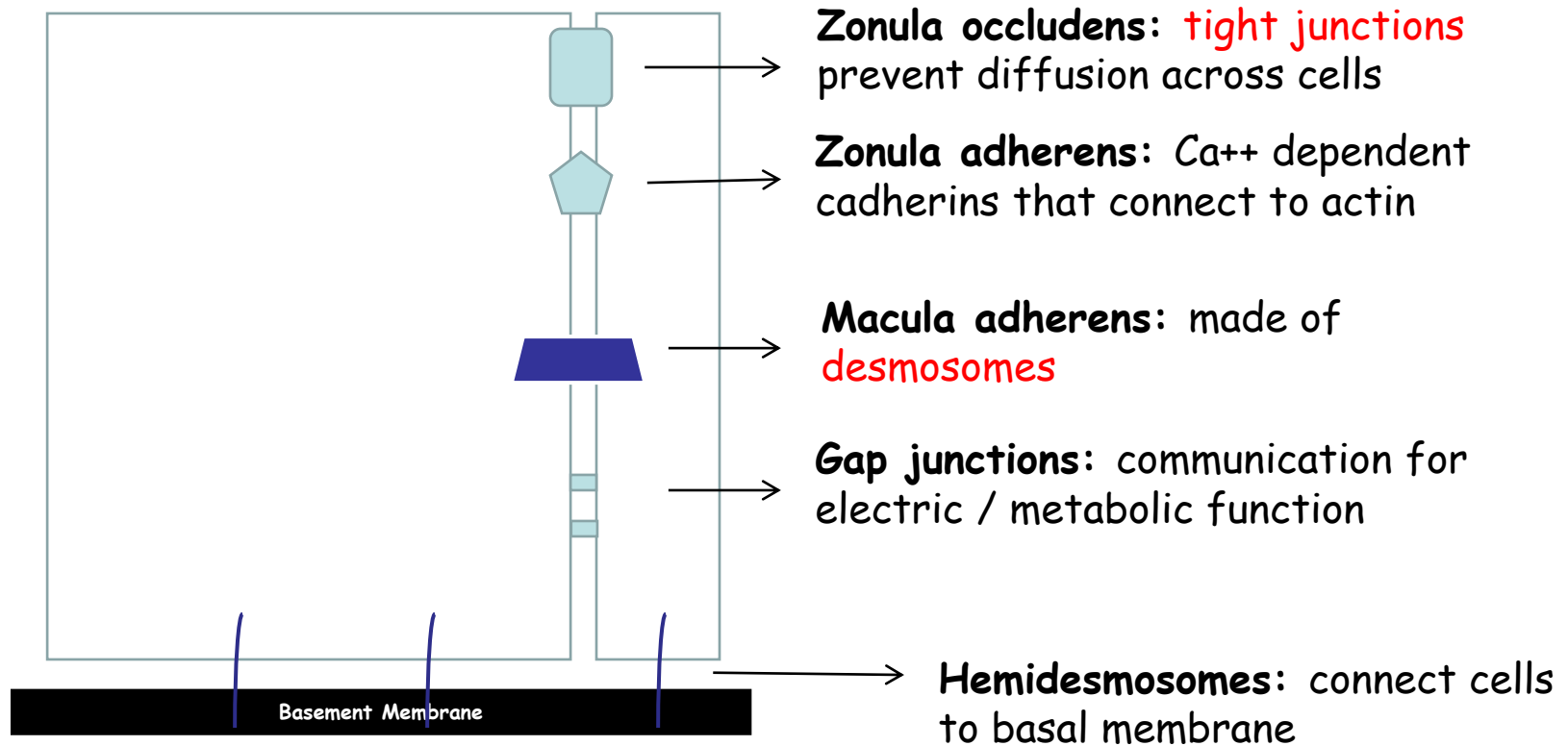
- **palms of hands and soles of feet** = **acral skin**
- skin **ridges** 
- **stratum corneum** - more than 100 layers of cells
- **stratum granulosum** - expanded
- accessory struct.: - eccrine glands only



Epidermis

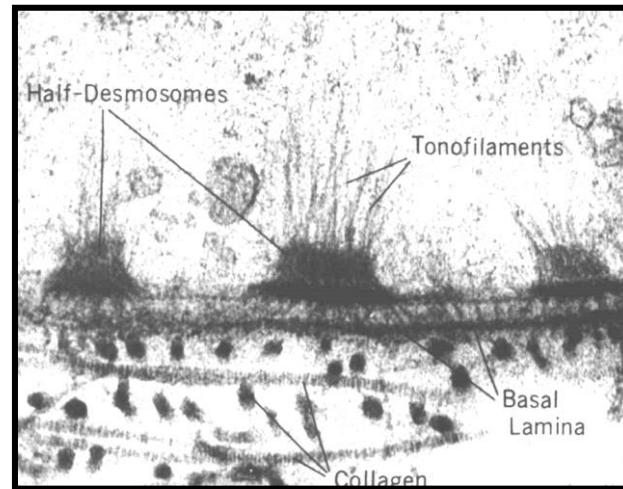
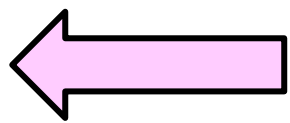
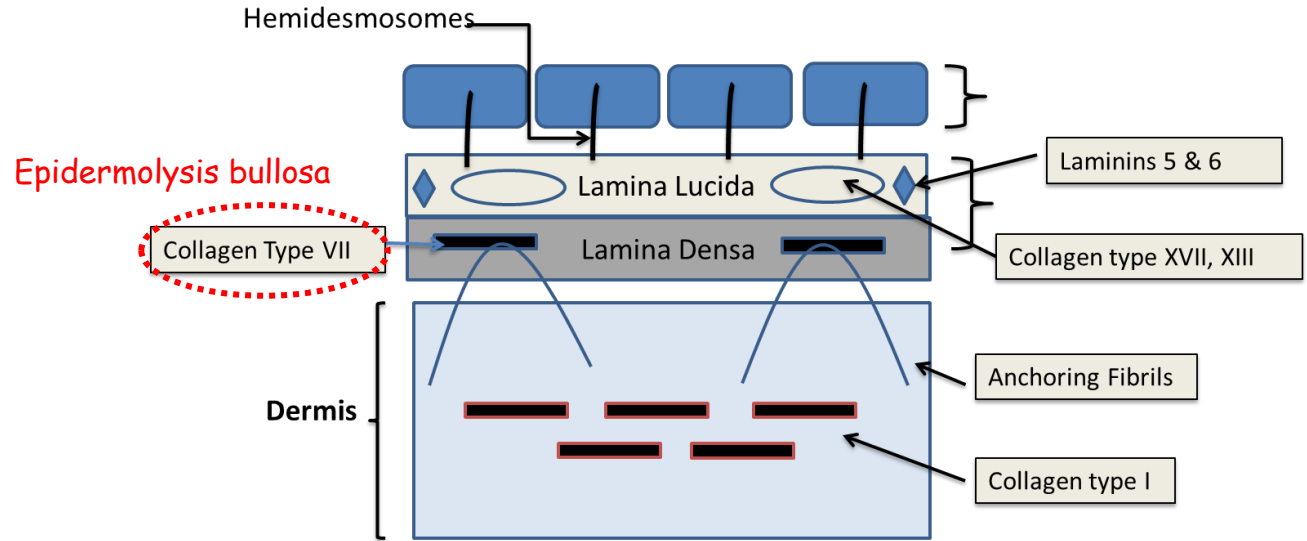
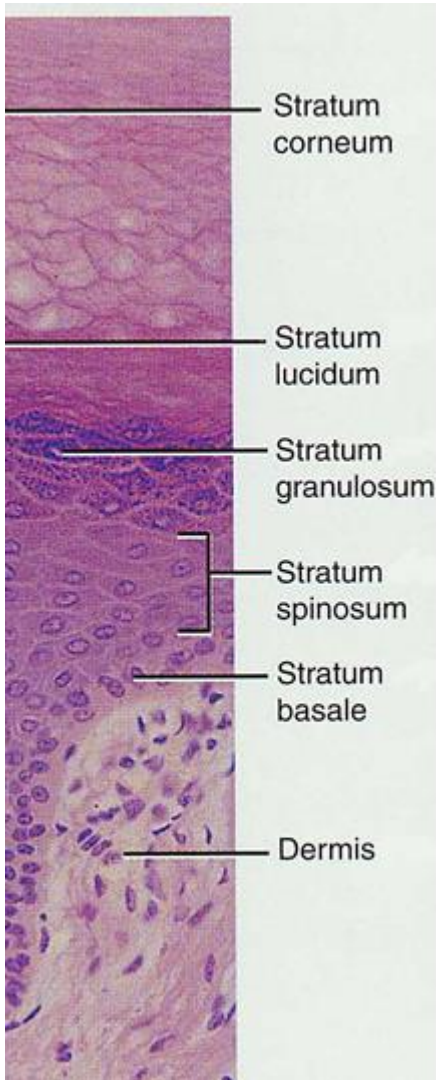


Epidermis - Cell to Cell Adherence

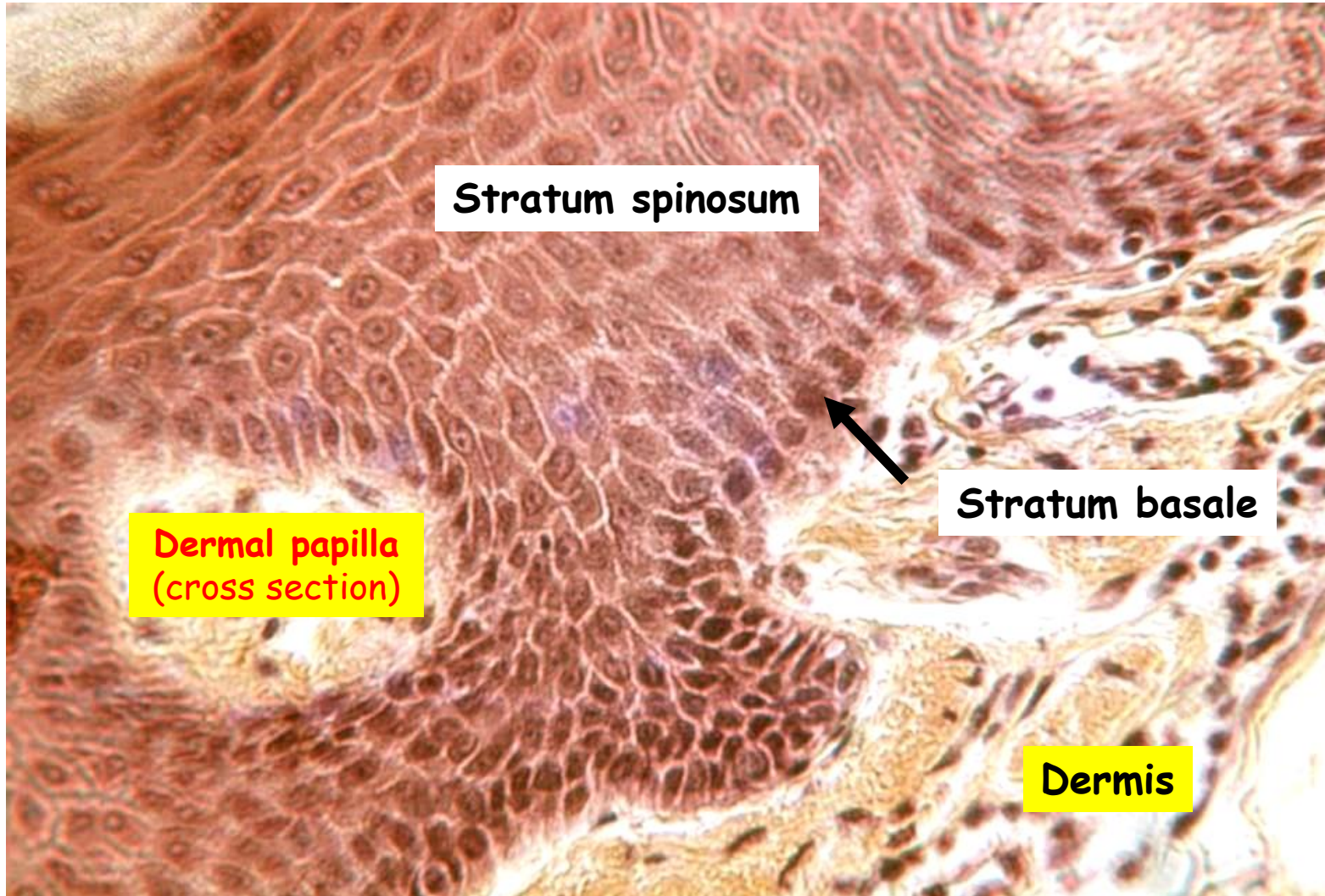


Junction: Dermis - Epidermis

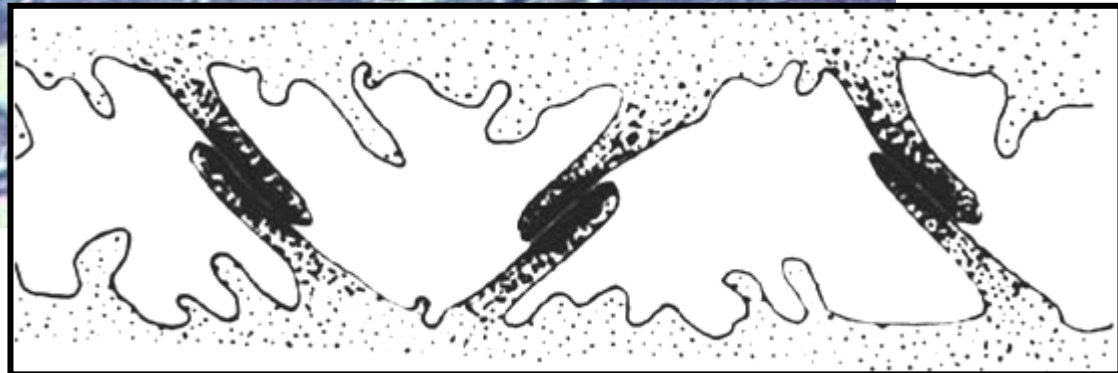
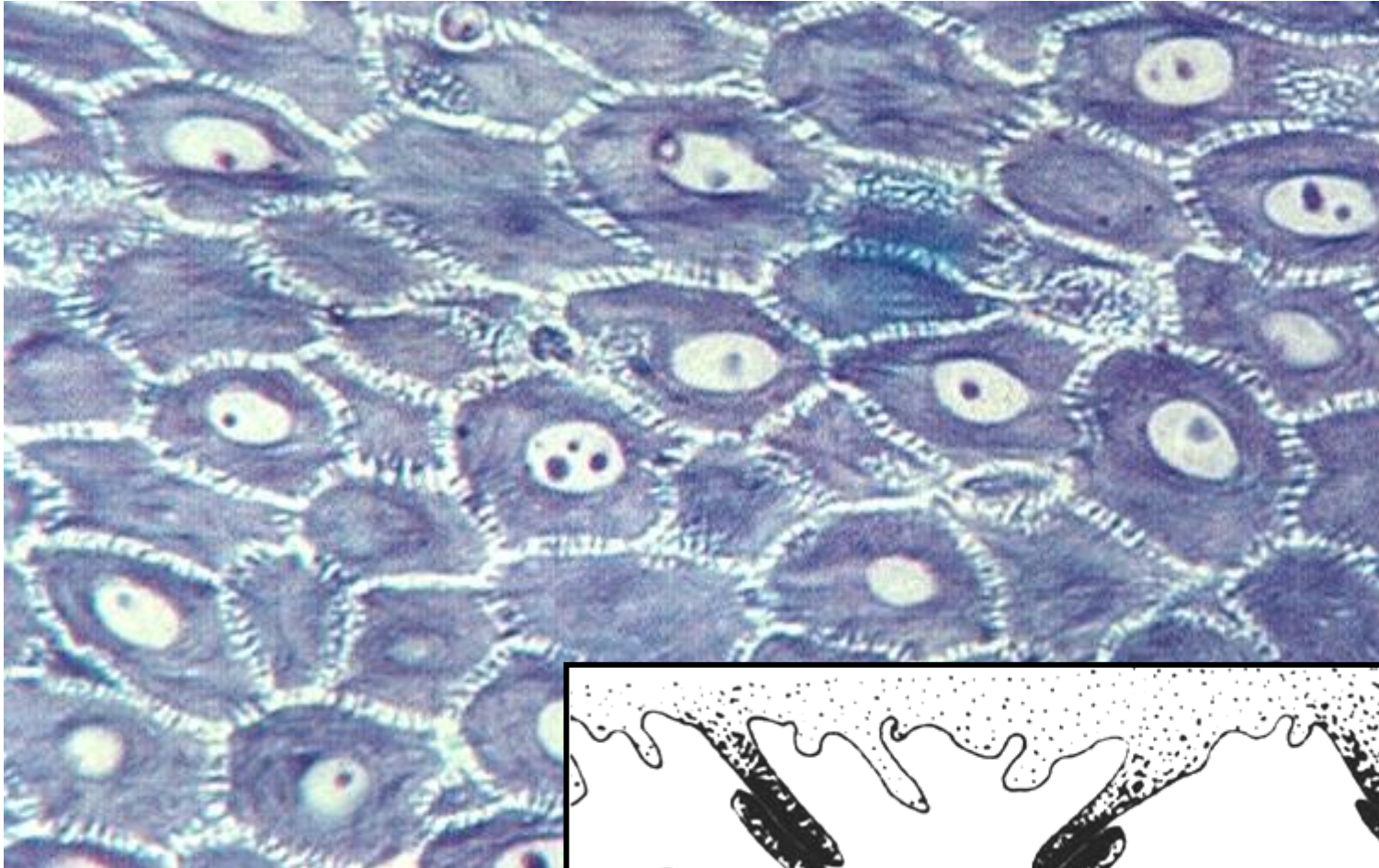
Hemidesmosomes



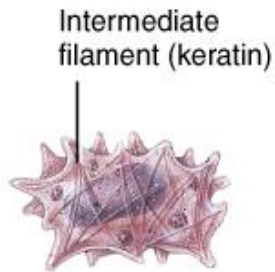
Epidermis - Stratum spinosum - Desmosomes



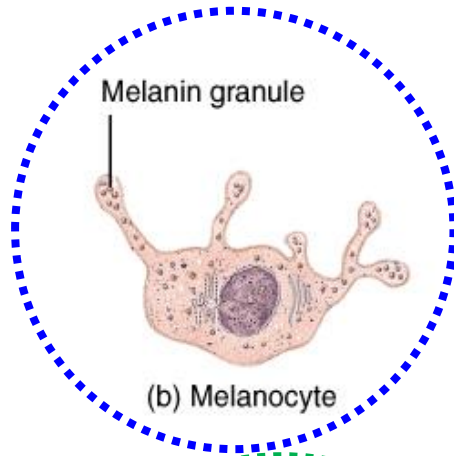
Epidermis - Cell to Cell Adherence



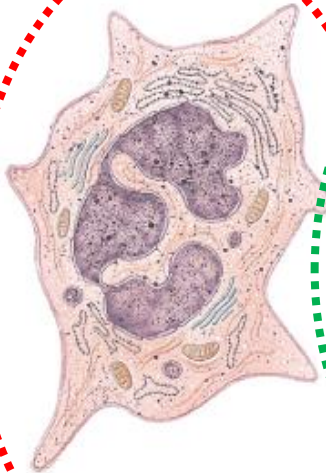
Epidermis - Non-keratinocyte cells



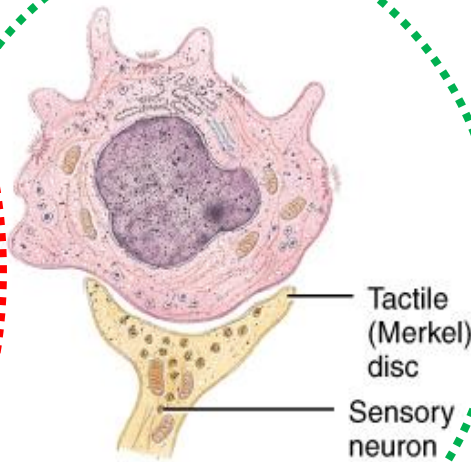
(a) Keratinocyte



(b) Melanocyte



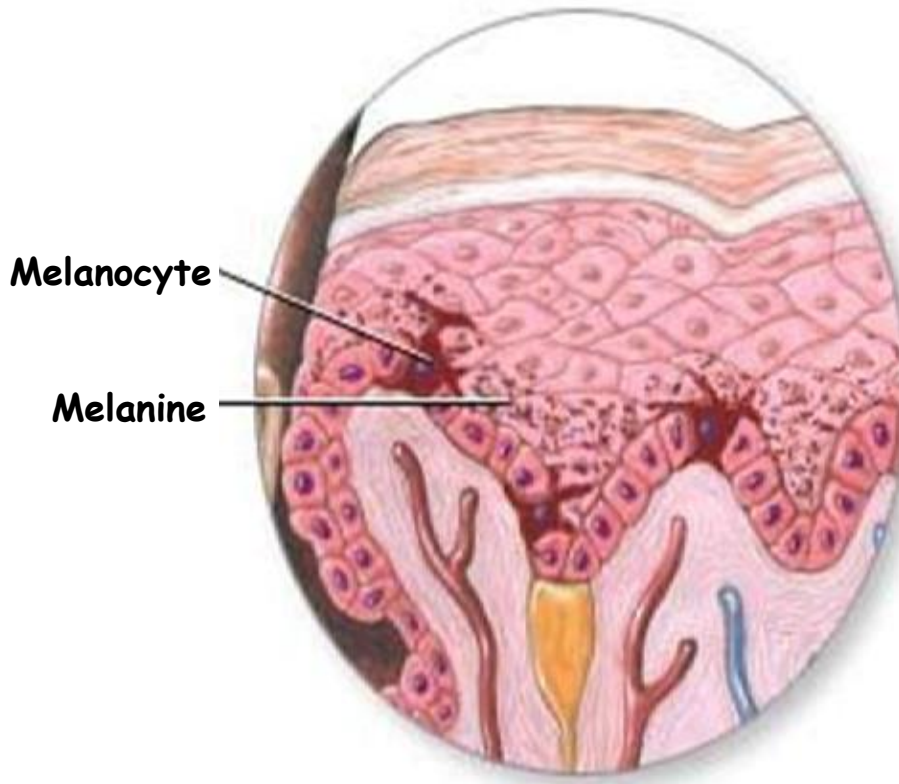
(c) Langerhans cell



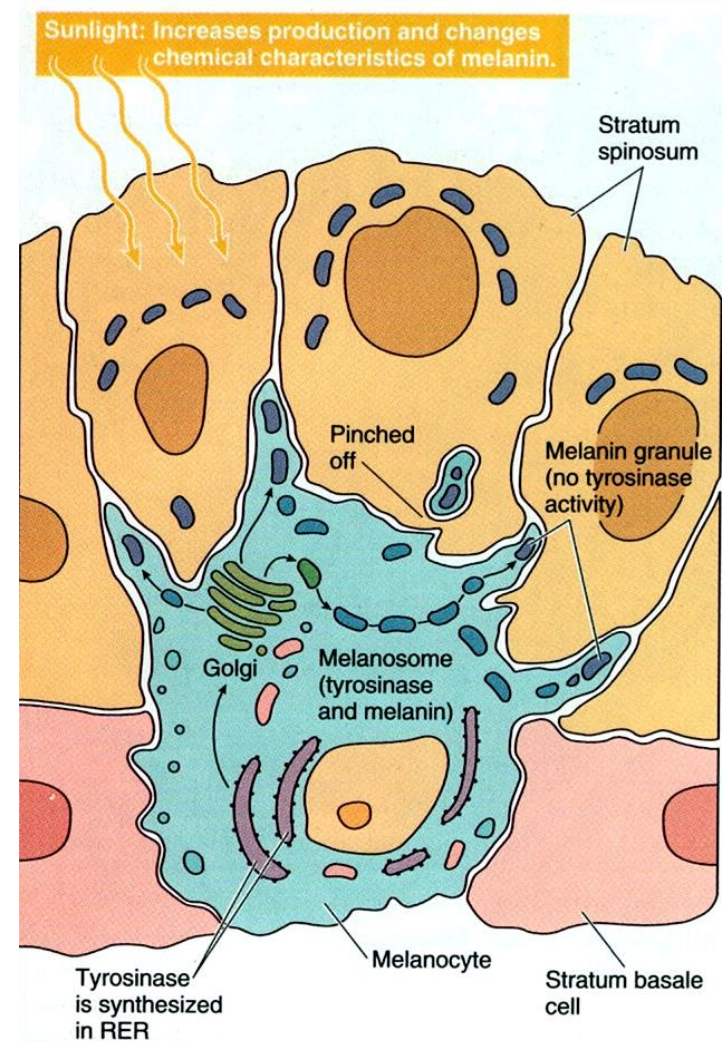
(d) Merkel cell

- **Keratinocytes** - 90%
 - produce keratin
- **Melanocytes** - 8 %
 - produces melanin pigment
 - melanin transferred to other cells with long cell processes
- **Langerhans cells**
 - from bone marrow
 - provide immunity
- **Merkel cells**
 - in deepest layer
 - form touch receptor with sensory neuron

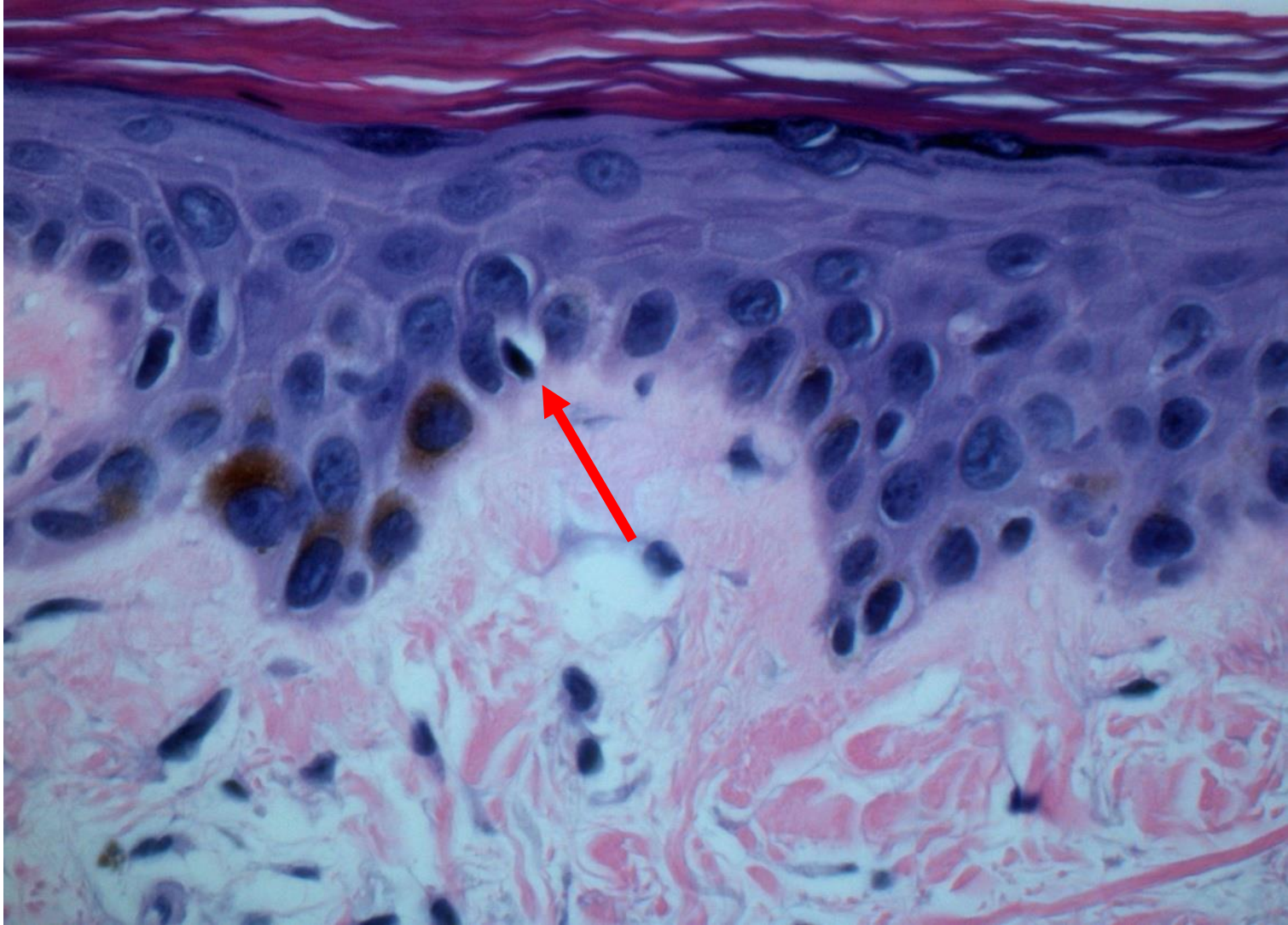
Epidermis - Melanocytes 1



Melanocytes: clearish cells in basal layer with dark nuclei ; ratio of 1 : 40 - epidermal melanin unit.



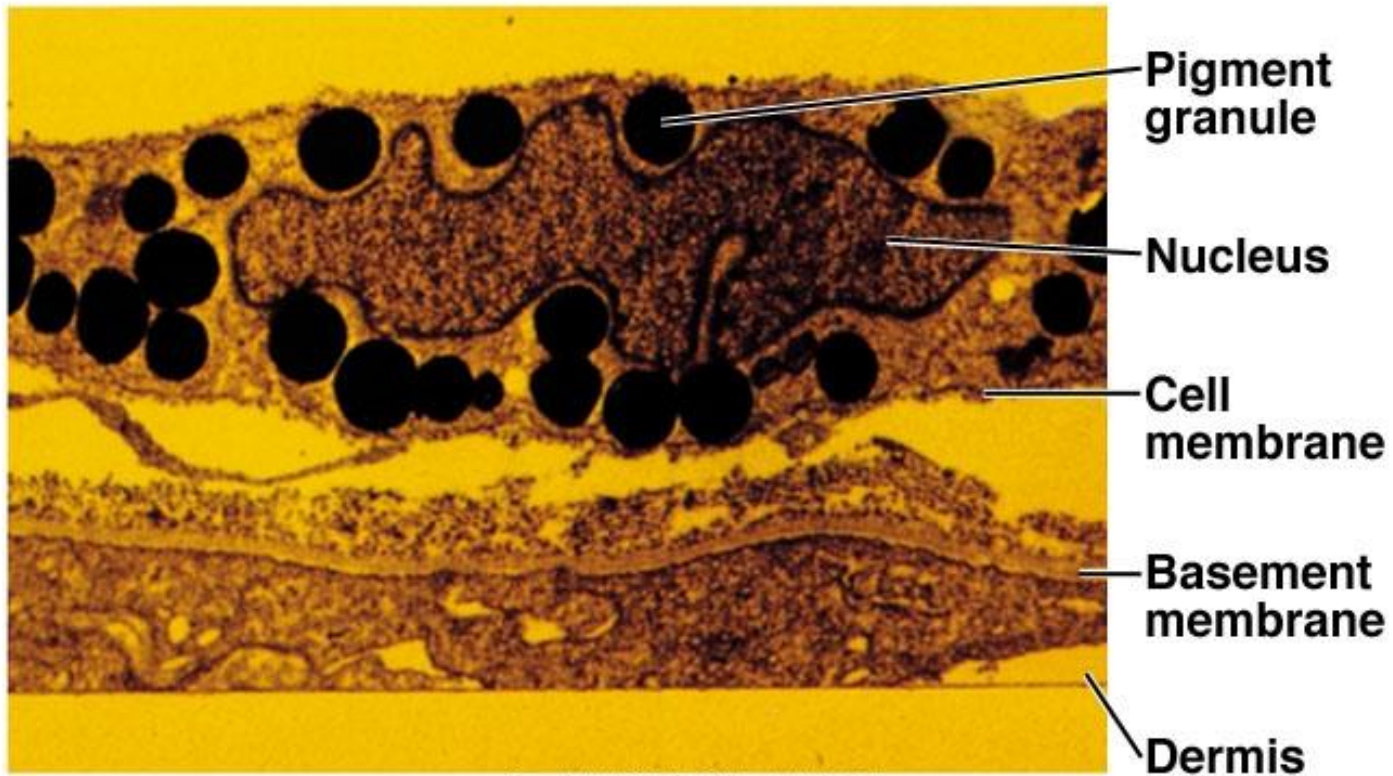
Epidermis - Melanocytes 2



Epidermis - Melanocytes 3

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Melanocyte with Pigment Granules



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Epidermis - Melanocytes 4 - Pigments

Three pigments contribute to skin color

Melanin - yellow to reddish-brown to black pigment, responsible for dark skin colors

(Freckles and pigmented moles - result from local accumulations of melanin)

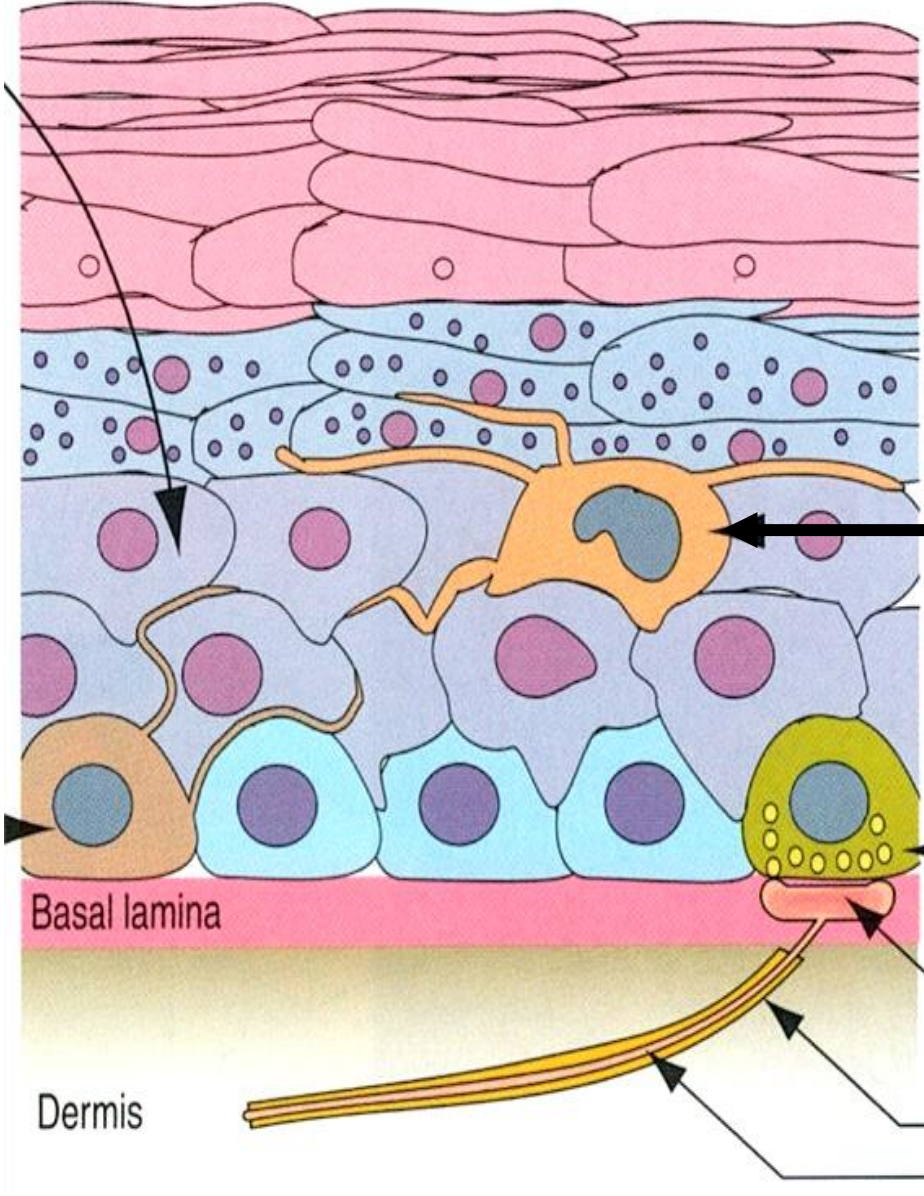
Carotene - yellow to orange pigment, most obvious in the palms and soles of the feet

Hemoglobin - reddish pigment responsible for the pinkish hue of the skin

Do some people have more melanocytes than other people?

NO !!!!

Epidermis - Langerhans cells + Merkel cells



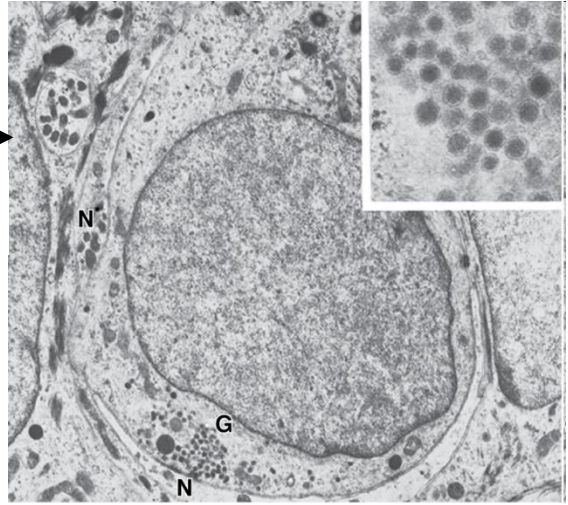
Migrate to lymph nodes

Langerhans cell

immune reaction that effects the skin and may serve defense mechanism for the body

Merkel cell

combines with disclike sensory nerve endings to make Merkel's discs



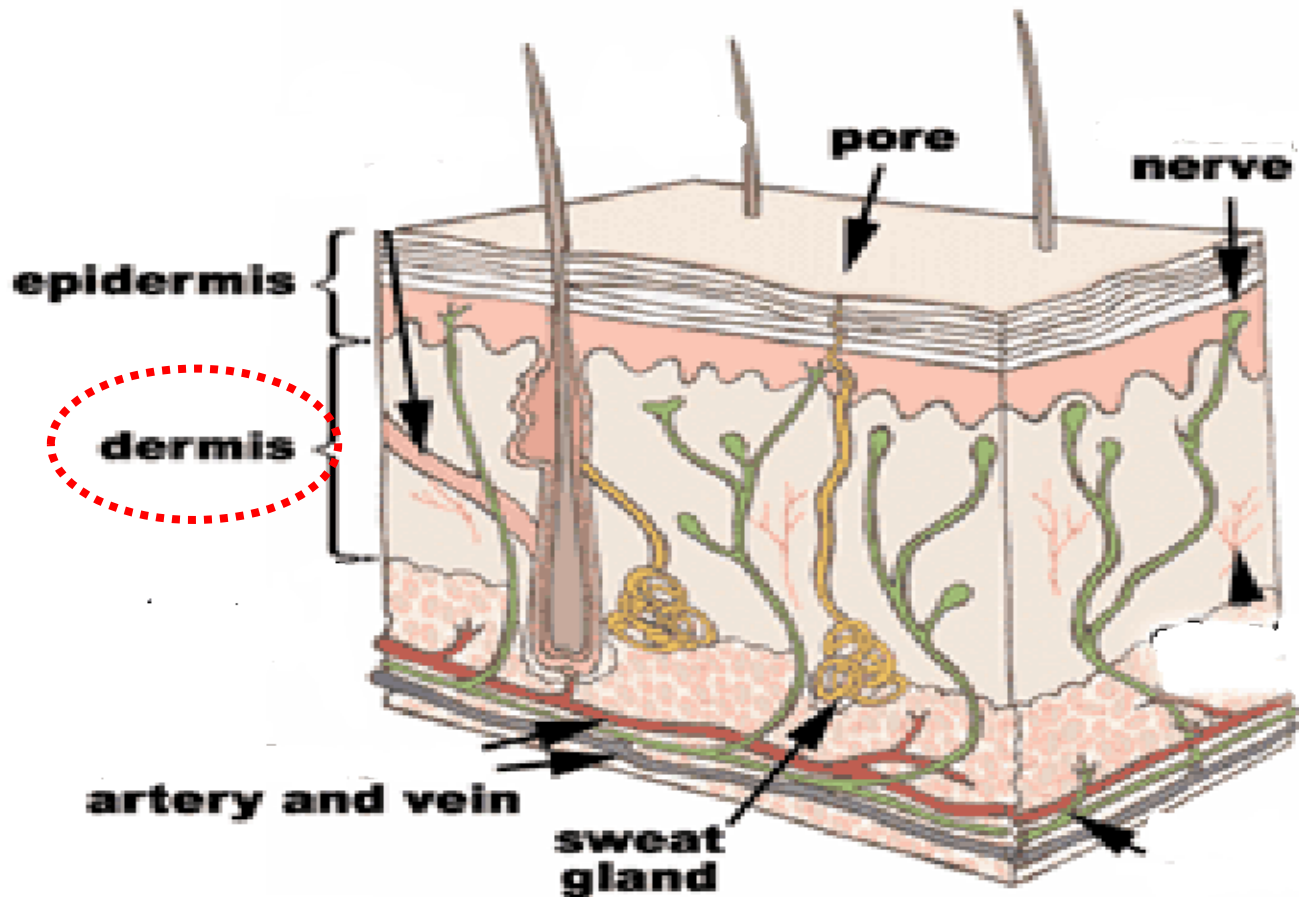
Basal lamina

Dermis

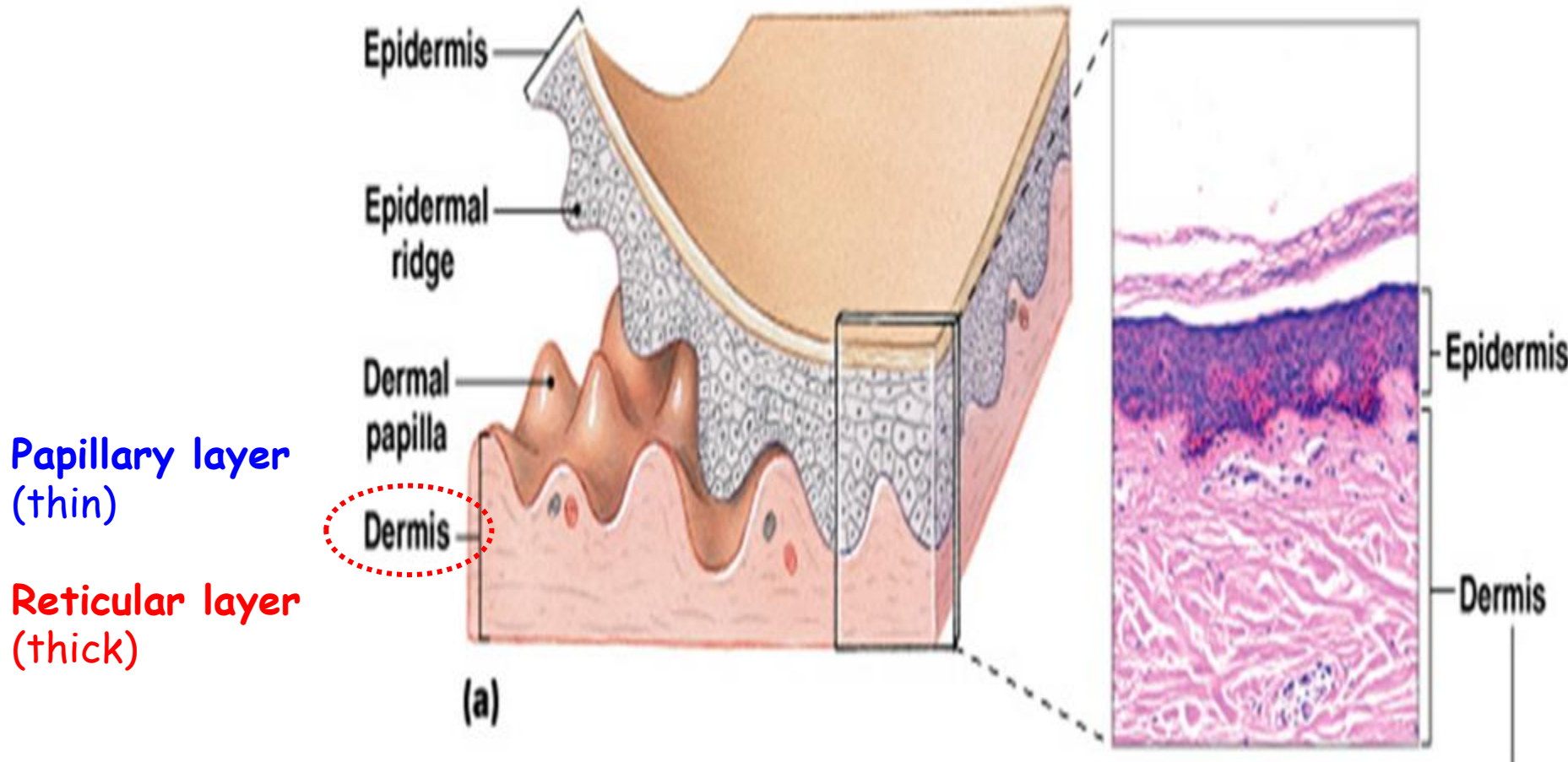
Dermis (Corium) 1

Everything below the dermal-epidermal junction / basement membrane

Connective tissue layer with contains blood vessels, nerves, sensory receptors, adnexal structures

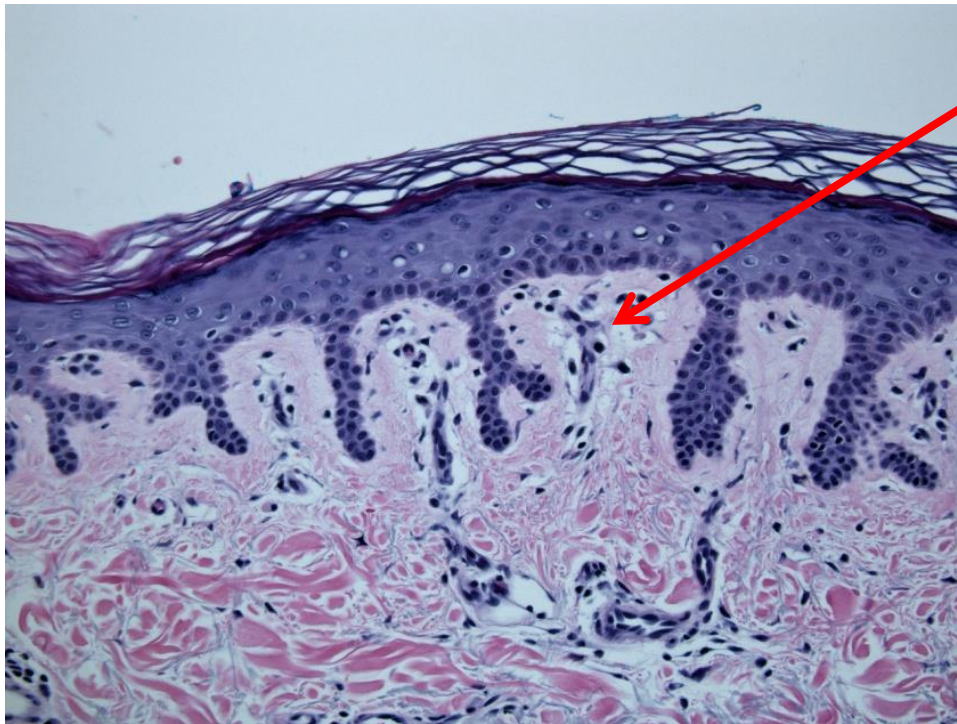


Dermis 2



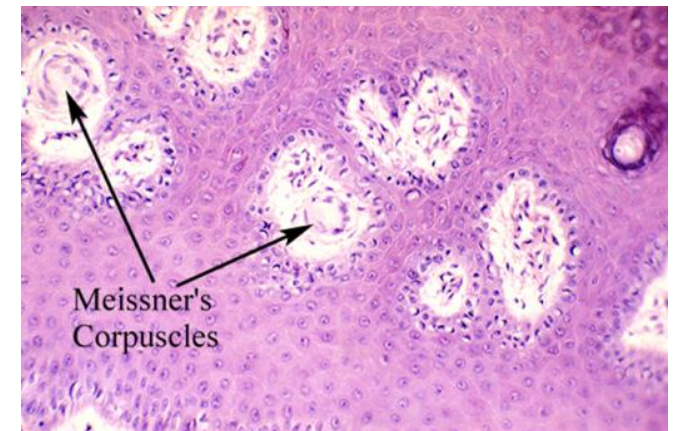
= True skin - up to 4 mm on soles and palms

Papillary dermis 1



Capillaries

Papillary Dermis



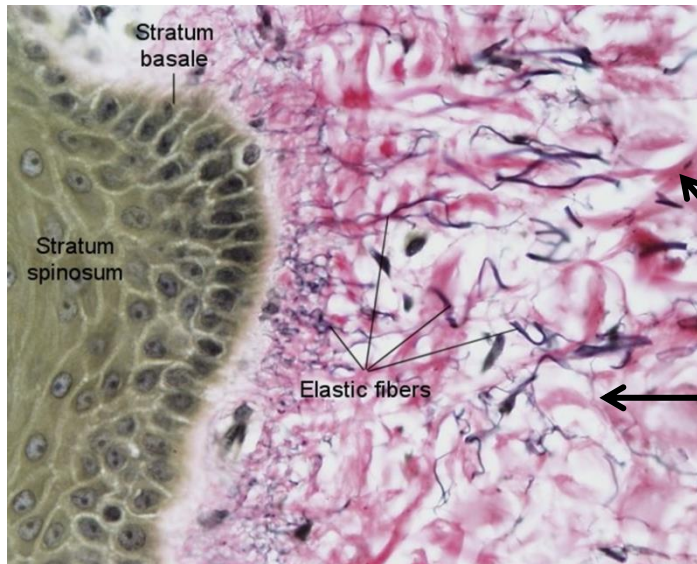
Meissner's
Corpuscles

- **loose connective t.** & elastic fibers
- **dermal papillae** which project into epidermis
- anchors epidermis to dermis
- contains **Meissner's corpuscles** (touch)
& **free nerve endings** (pain&temp)

Papillary dermis 2

Two major types of fibers:

- Type I Collagen
- Elastic fibers: three types based on microfiber and elastin content

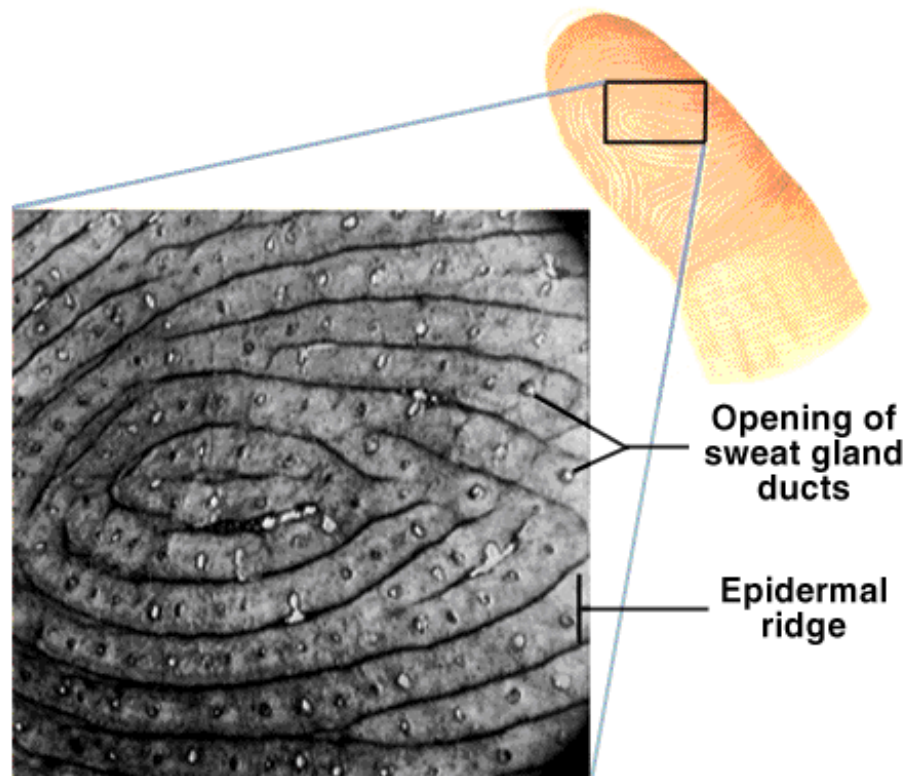


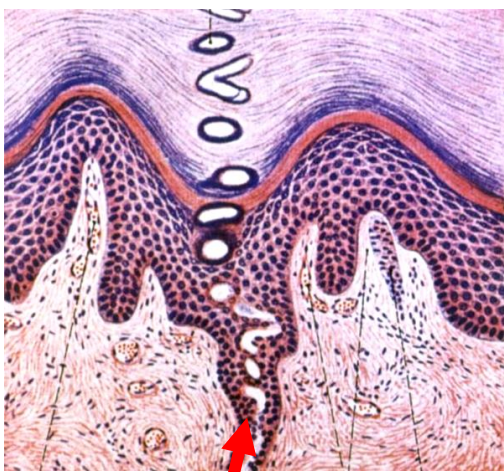
Type I Collagen

Papillary dermis 3

Epidermal ridges (palms + soles)

- reflect contours of the underlying dermal papillae
- form the basis for fingerprints (and footprints)
- increase firmness of grip by increasing friction
- **Dermatoglyphics** - the study of the pattern of epidermal ridges

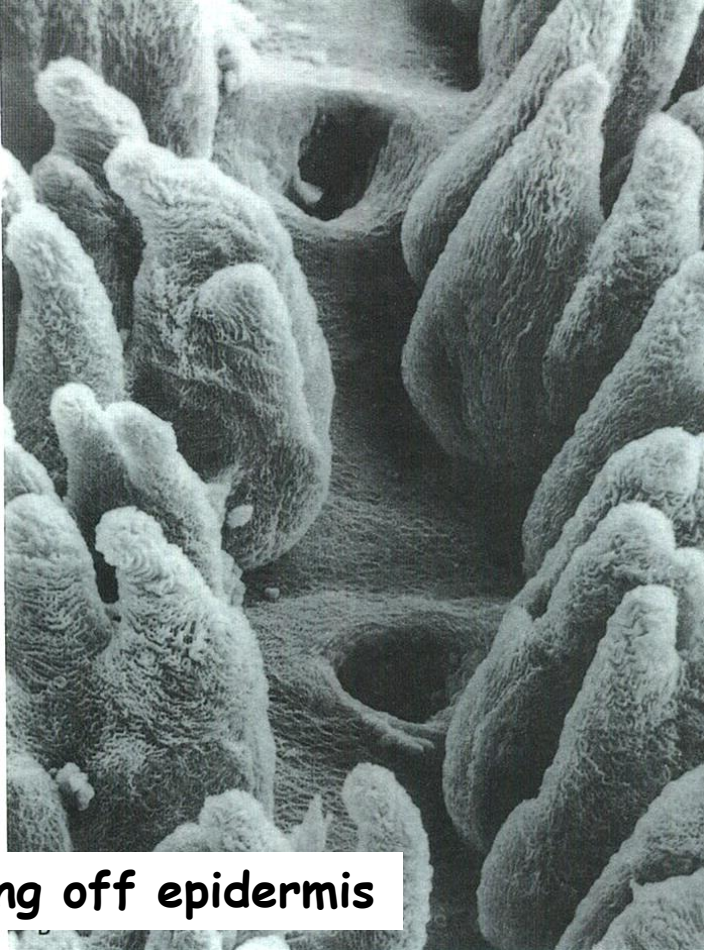
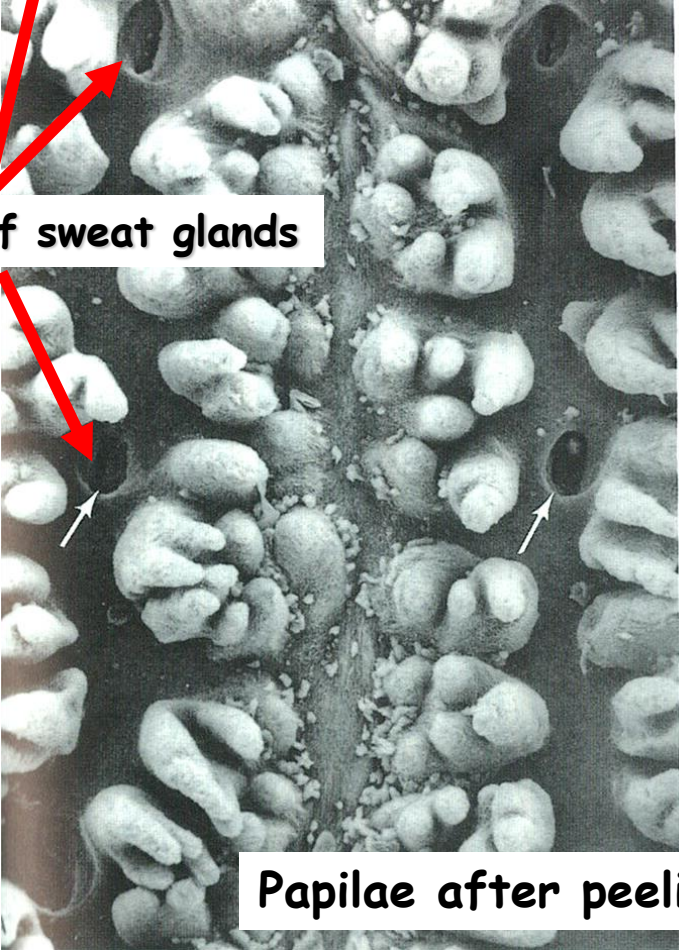




Papillary dermis 4

Epidermal ridges

Openings of sweat glands

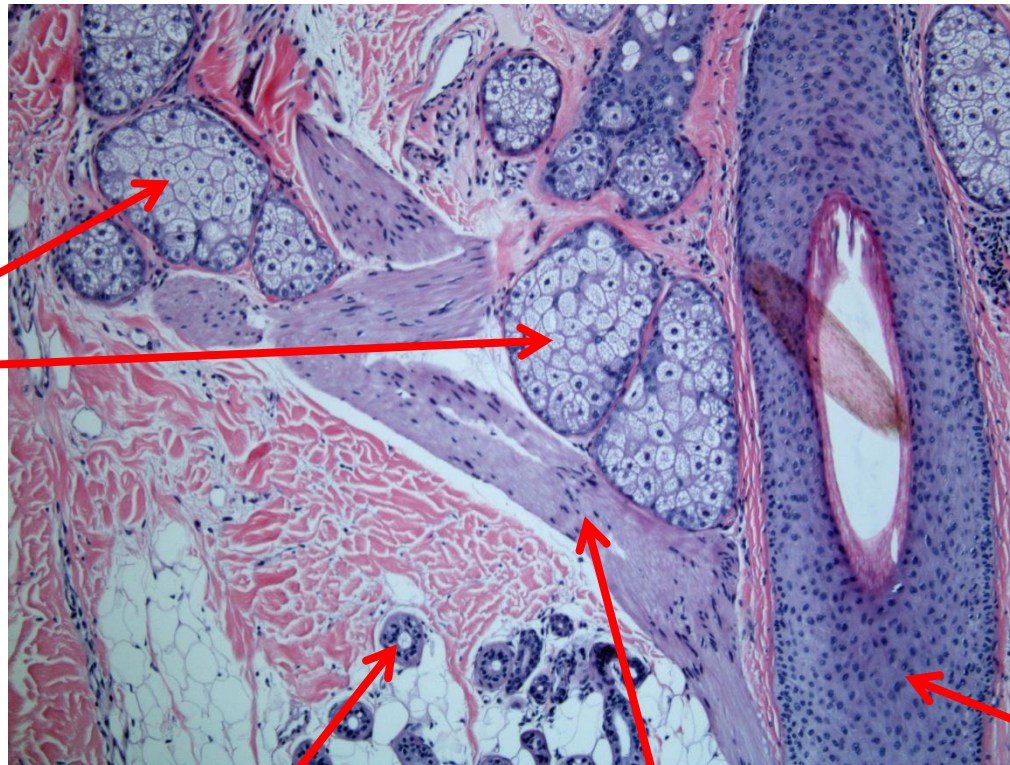


Papillae after peeling off epidermis

Reticular dermis + Accessory structures (Dermal appendages)

- Dense irregular connective tissue
- **Sebaceous** (oil) glands
- **Hair follicles**
- Ducts of **sweat** (sudoriferous) glands
- Striae or stretch marks
- **Meissner's corpuscles** and **Pacinian corpuscles** (on lips, ext. genitalia, nipples)

Sebaceous glands



Eccrine glands

Pilar muscle
M. arrector pili

Hair follicle

Dermal glands

Sweat	Eccrine	Tubular
	Apocrine	Tubular to tuboalveolar
Sebaceous	Holocrine	Branched acinar (alveolar)

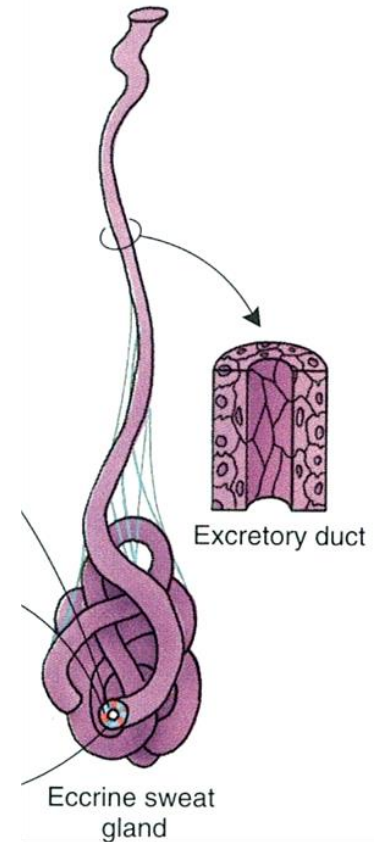
Dermal glands - Eccrine sweat glands

(glandulae sudoriferae eccrinae)

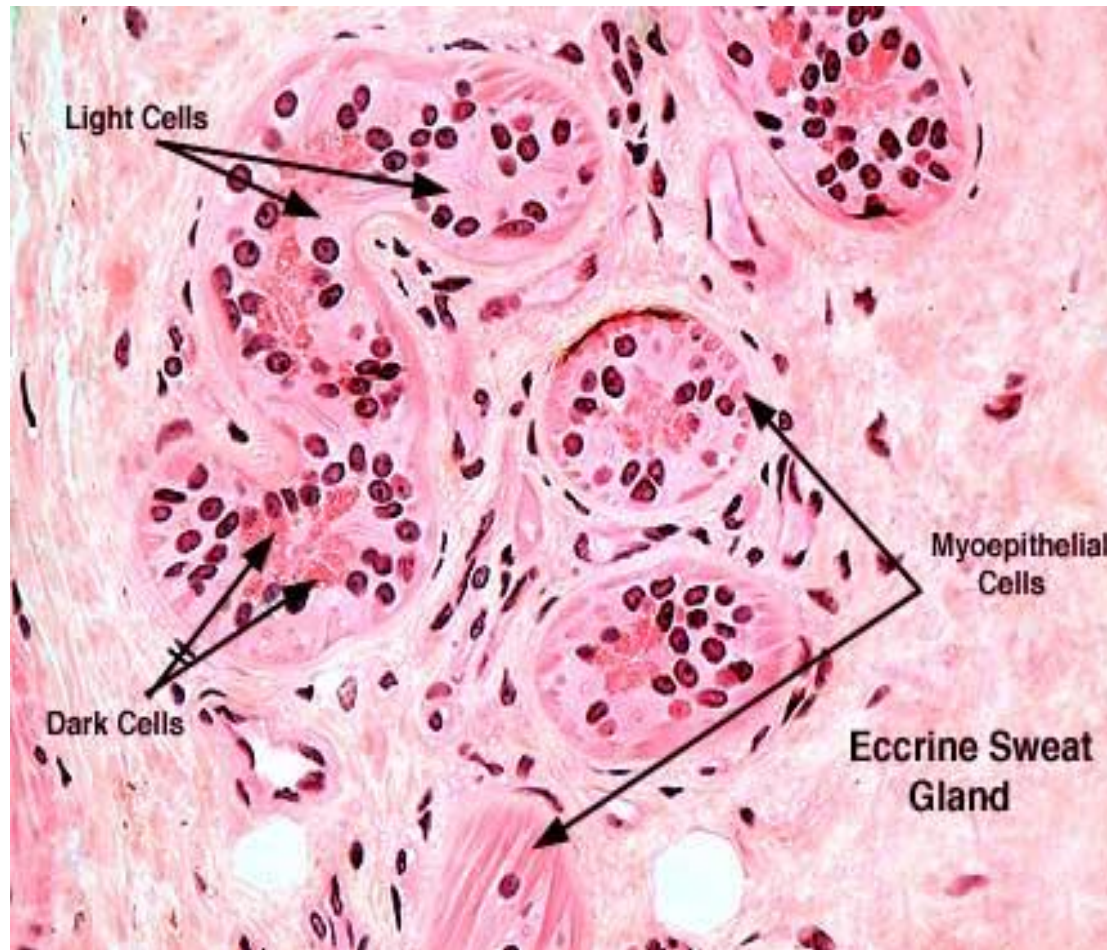
- **Secretory part:**
Simple columnar epithelium + myoepithelial cells
- **Ductular part:**
Two layered cuboidal epithelium

Release to adjust body temperature

Not on: red lips, glans penis, preputium, labia minora



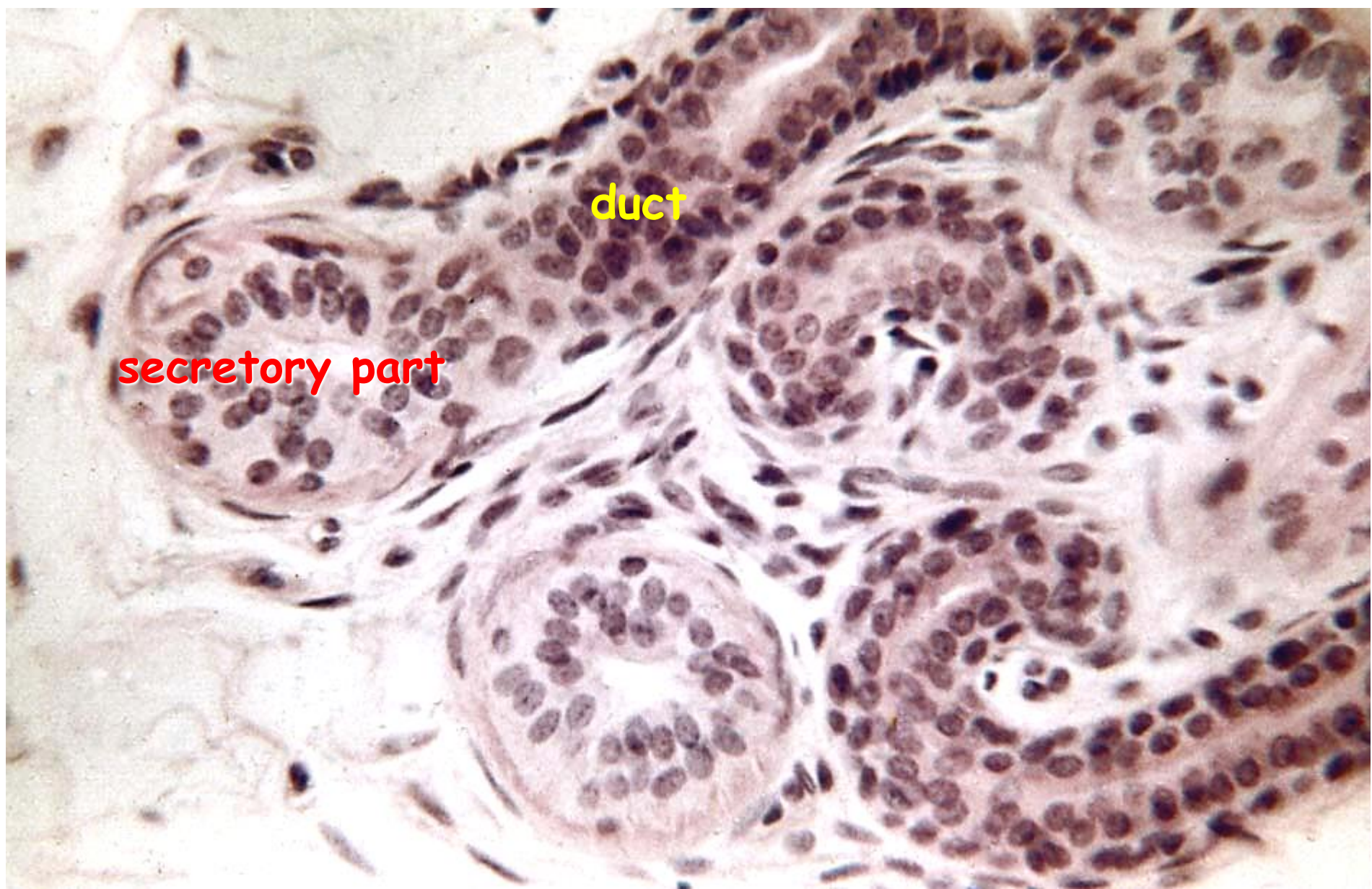
Eccrine sweat glands



Three cell types

- **Dark cells:** pyramid shaped with secretory granules line lumen of tubule
- **Clear cells:** located toward basement membrane - [secrete water and ions](#)
- **Myoepithelial cells:** spindle shaped contractile cells

Eccrine sweat glands



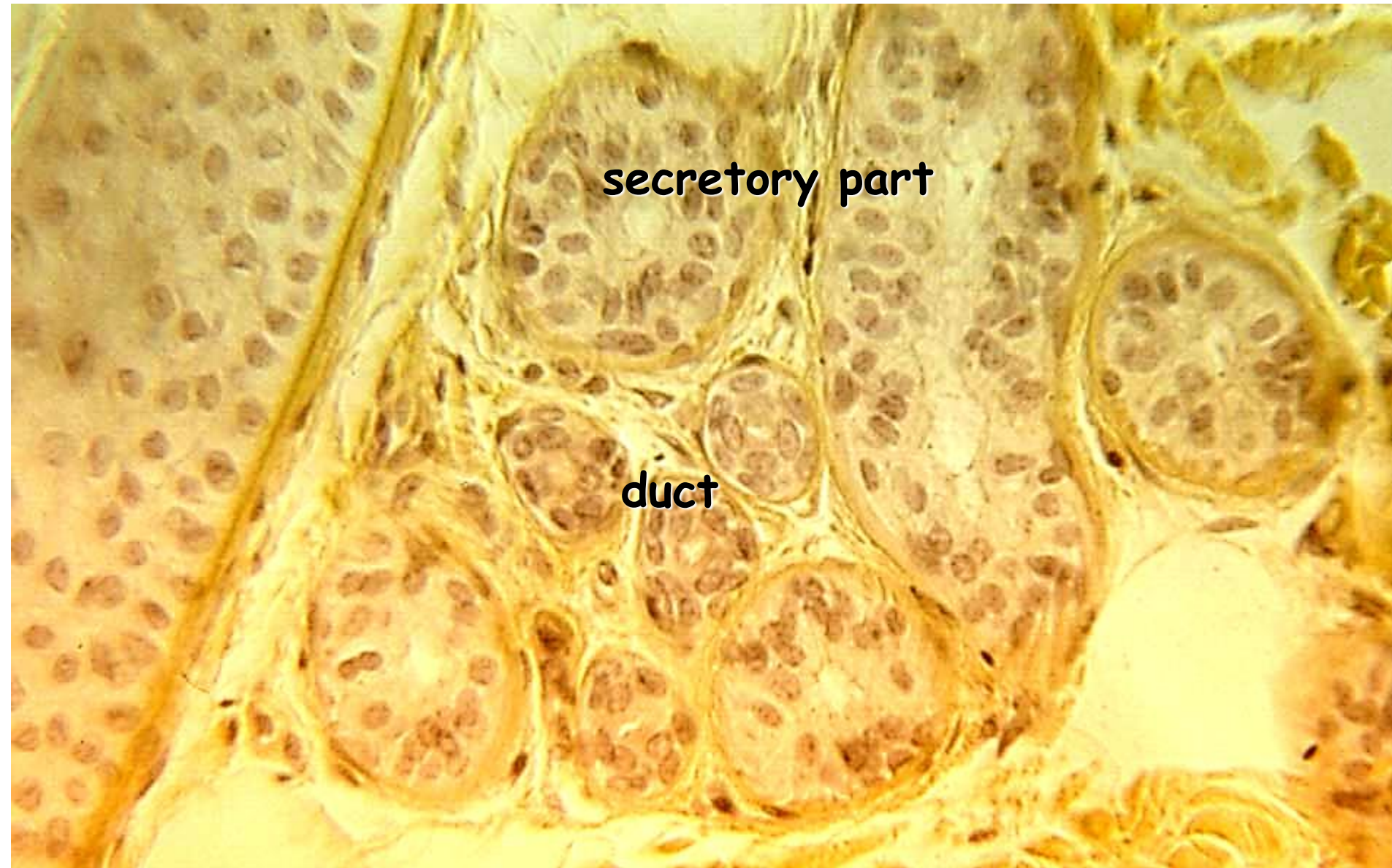
duct

secretory part

Eccrine sweat glands

secretory part

duct



Dermal glands - Apocrine sweat glands

(glandulae sudoriferae apocrinae)

- **Secretory part:**

Simple squamous to columnar epithelium
(depending on the secretoty cycle) + myoepithelial
cells

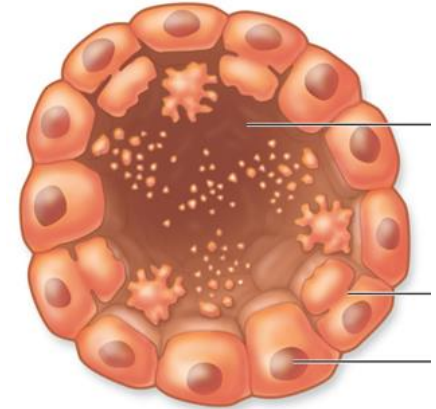
- **Ductular part:**

Two layered cuboidal epithelium

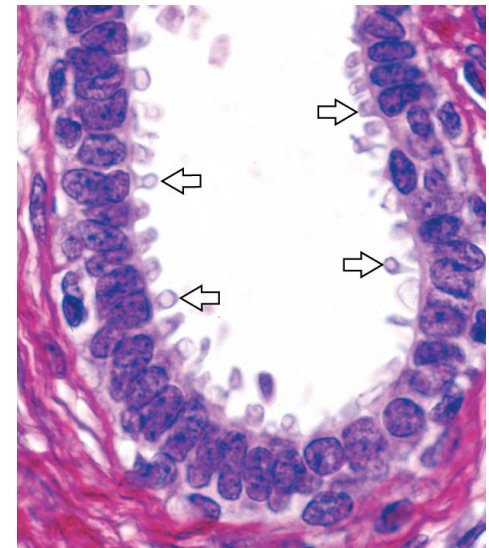
Always associated with hair follicle

Influenced by hormones (sexual scent
glands)

Only on: axilla, areola mammae, scrotum,
labia maiora, mons pubis, perianal area,
meatus acusticus, vestibulum nasi, eye lid



c Apocrine gland



Apocrine sweat glands

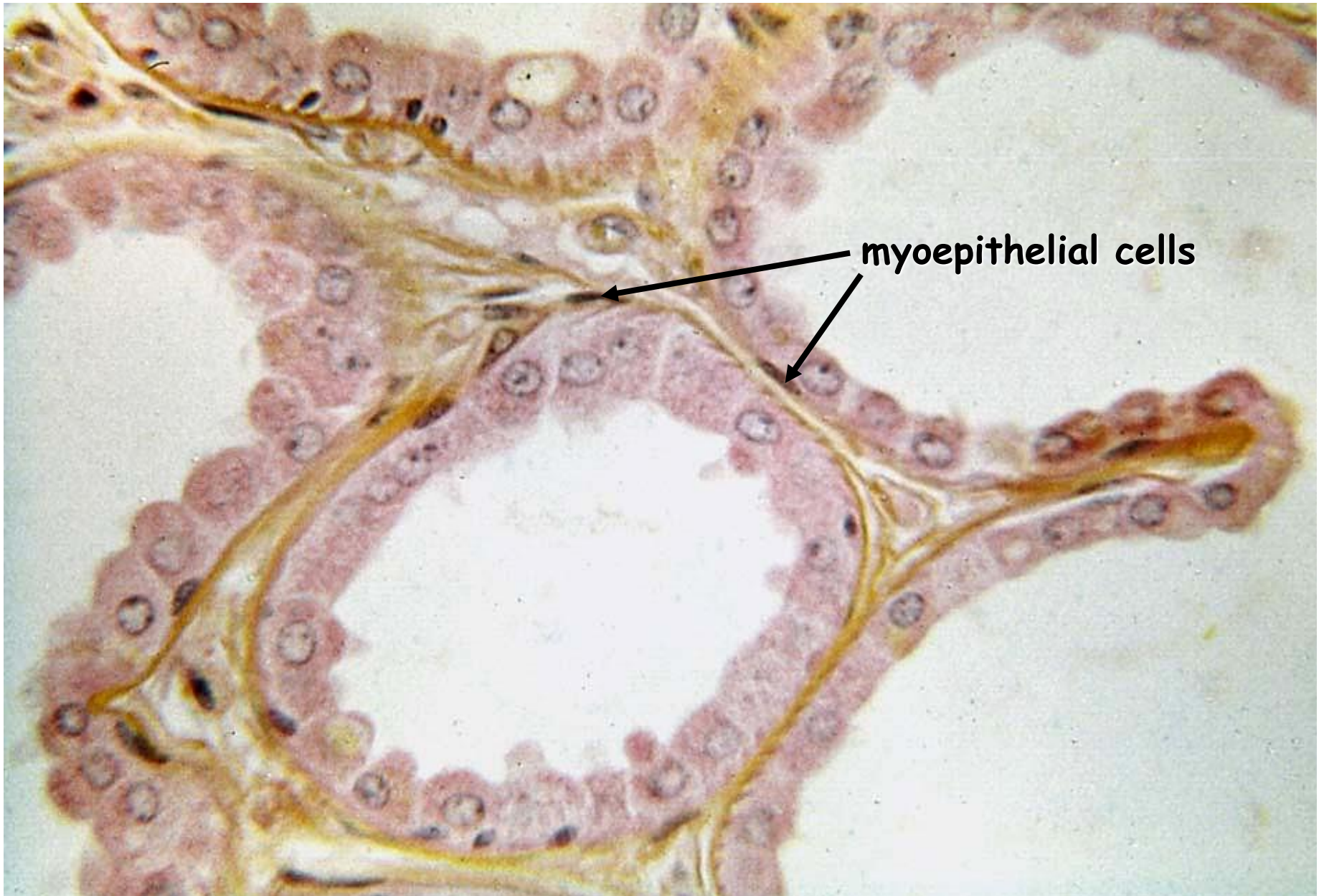
sebaceous gland.

eccrine sweat gl.

apocrine sweat gl.



Apocrine sweat glands



Dermal glands - Sebaceous glands

(glandulae sebaceae)

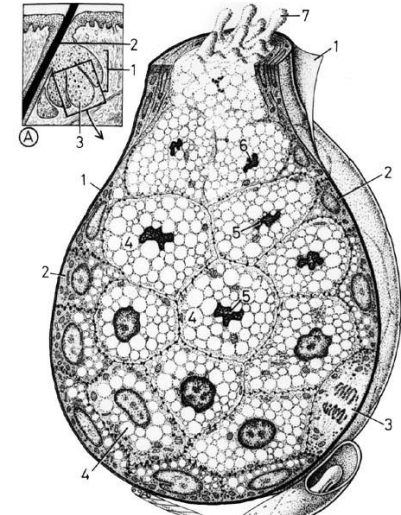
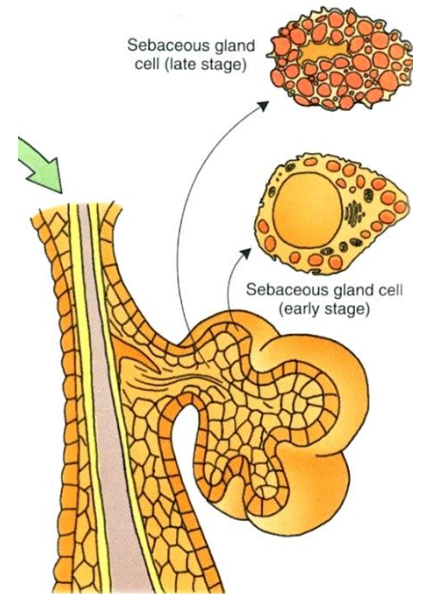
Simple branched acinar glands
Several acini empty into single duct

- **Secretory part:**
multi layered epithelium, slow adipous degeneration
(*holocrine secretion*)
- **Ductular part:**
multi layered squamous epithelium

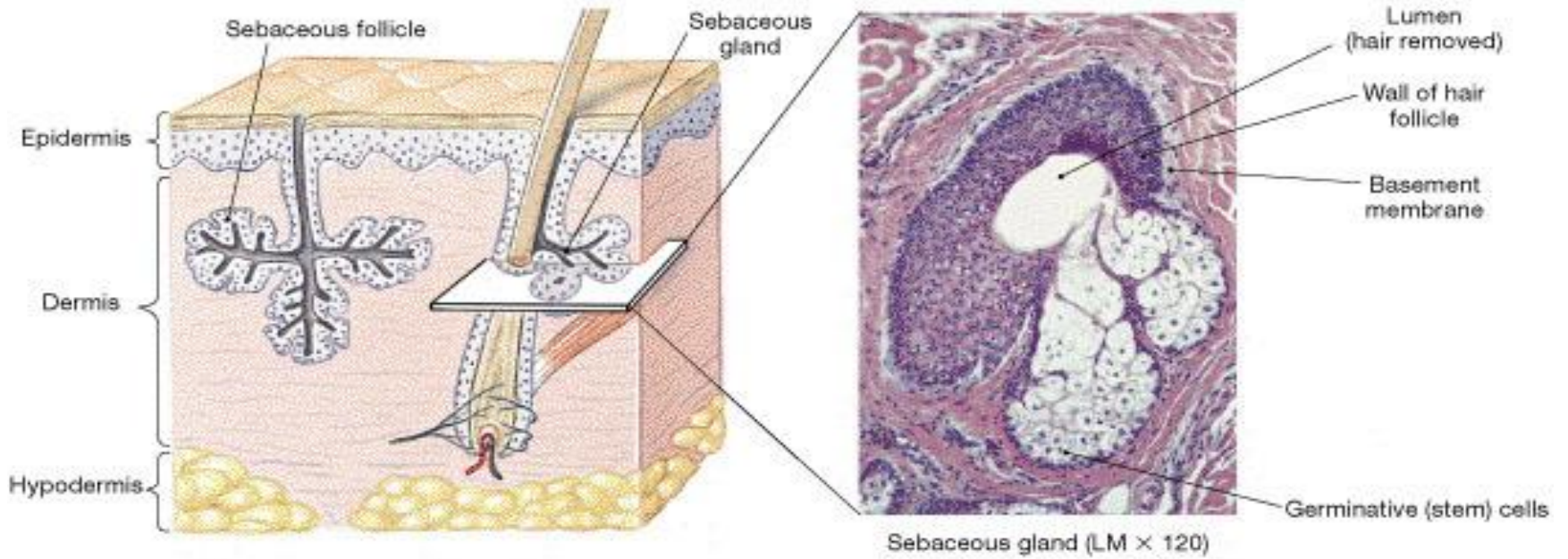
Usually associated with hair follicles

Freely open on: red lips, glans penis, preputium, labia minora, eye lid (Meiboms glands)

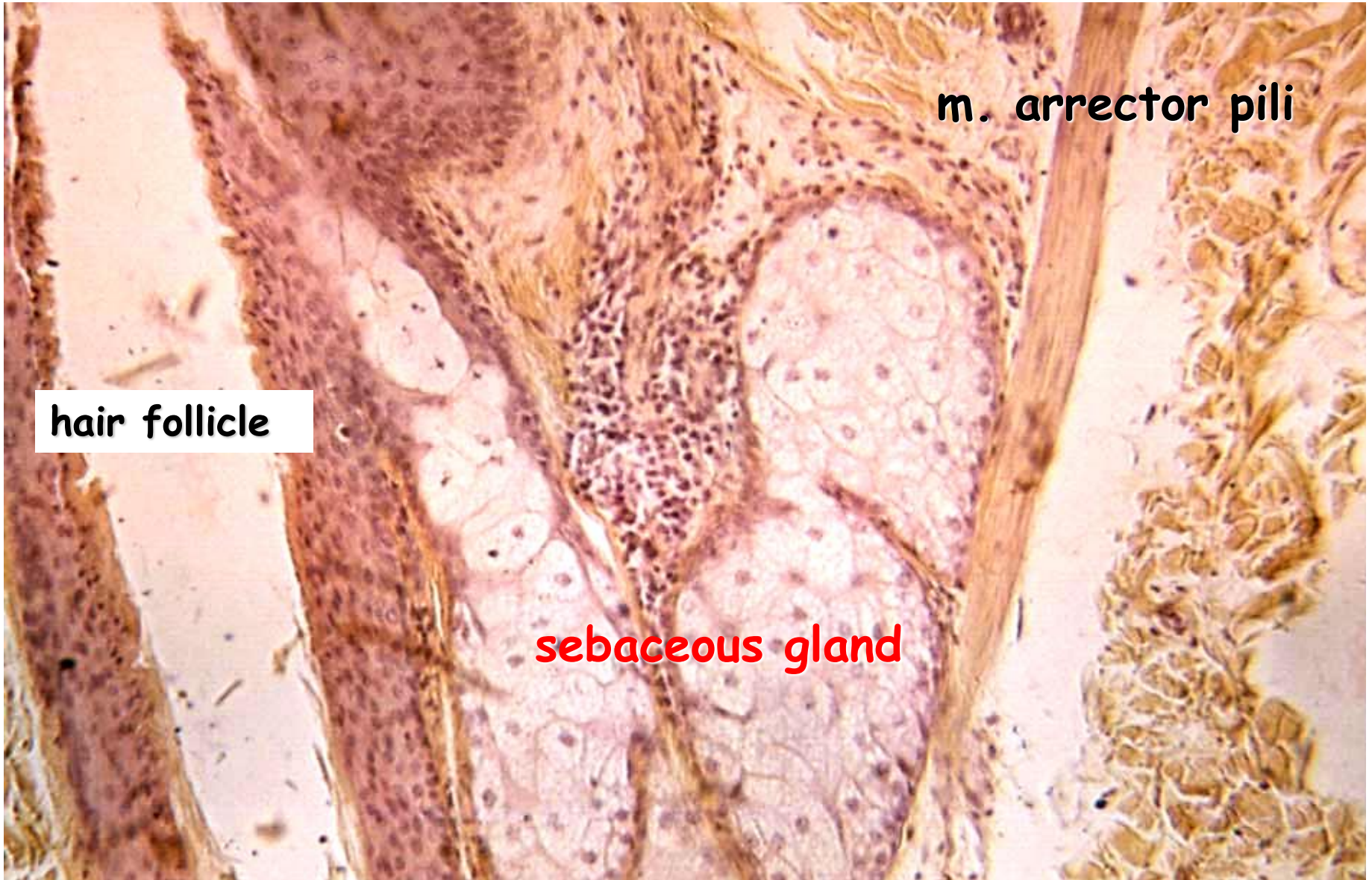
Not on: palms and soles



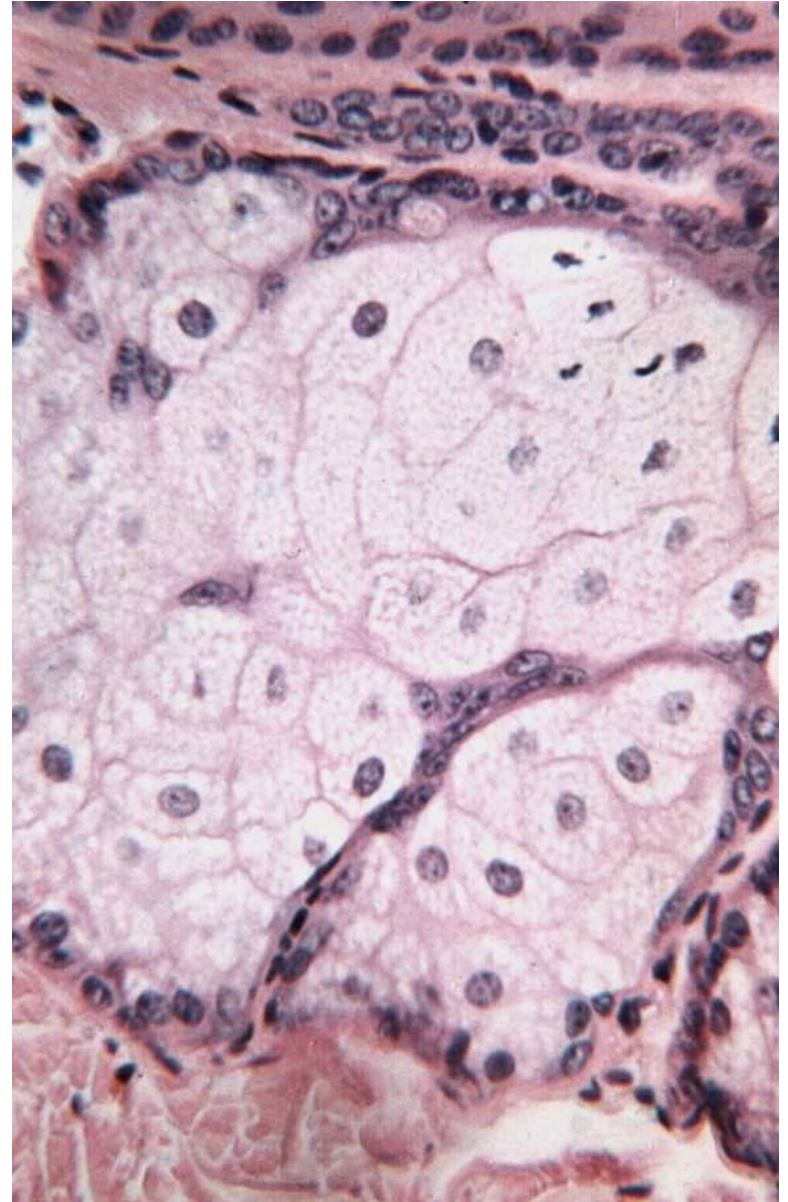
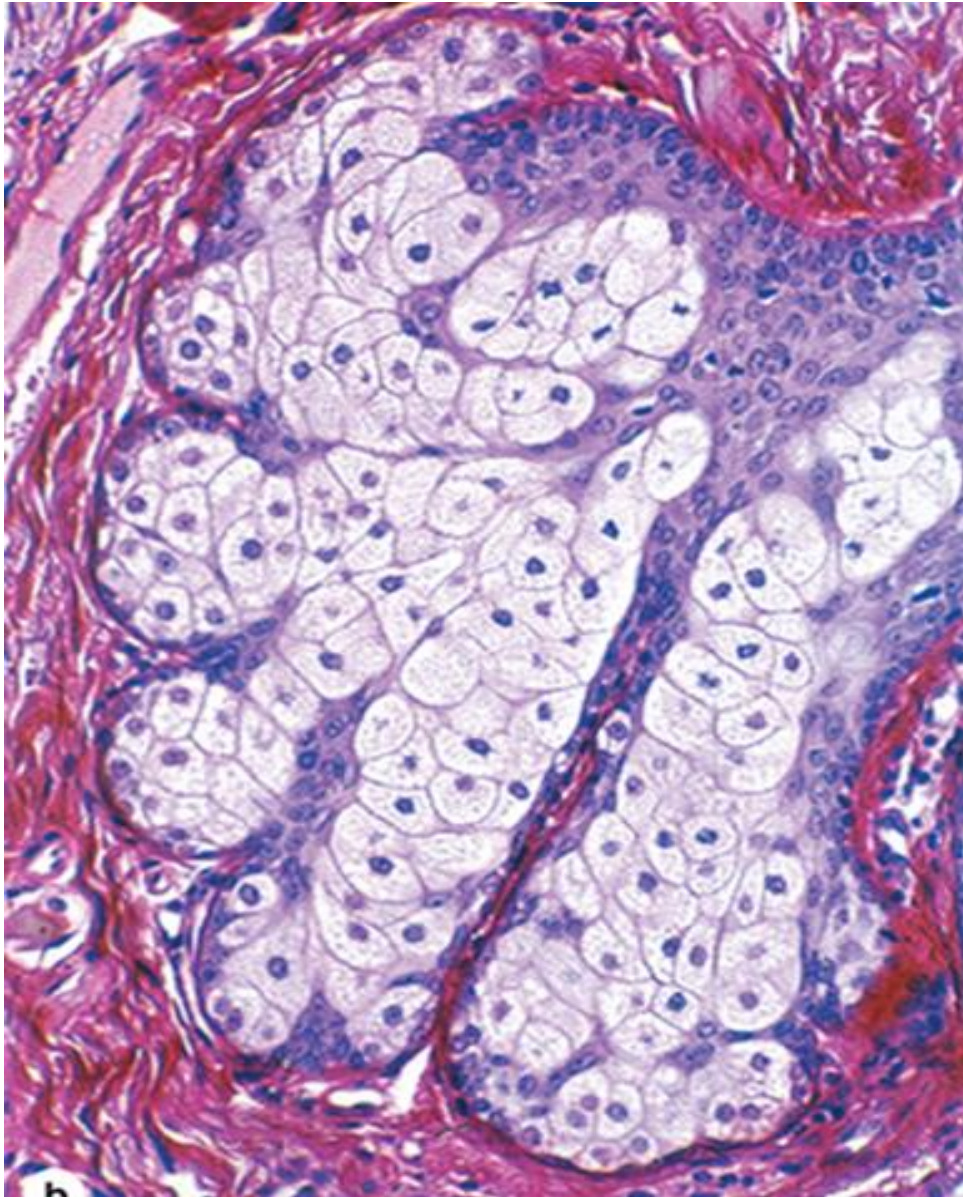
Sebaceous glands



Sebaceous glands



Sebaceous glands



Mammary gland

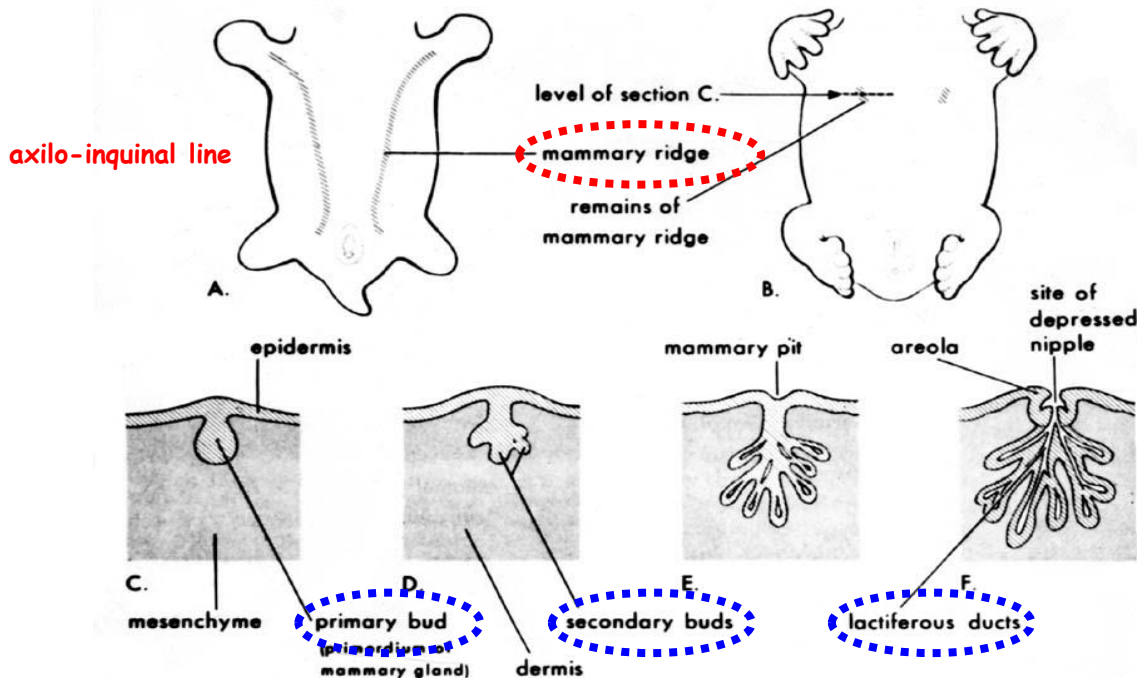
Modified and highly specialized type of apocrine sweat glands.

Parenchyma

- Ducts
- Budding surface ectoderm
- (since week 6)

Stroma

- Connective tissue
- From mesenchyme



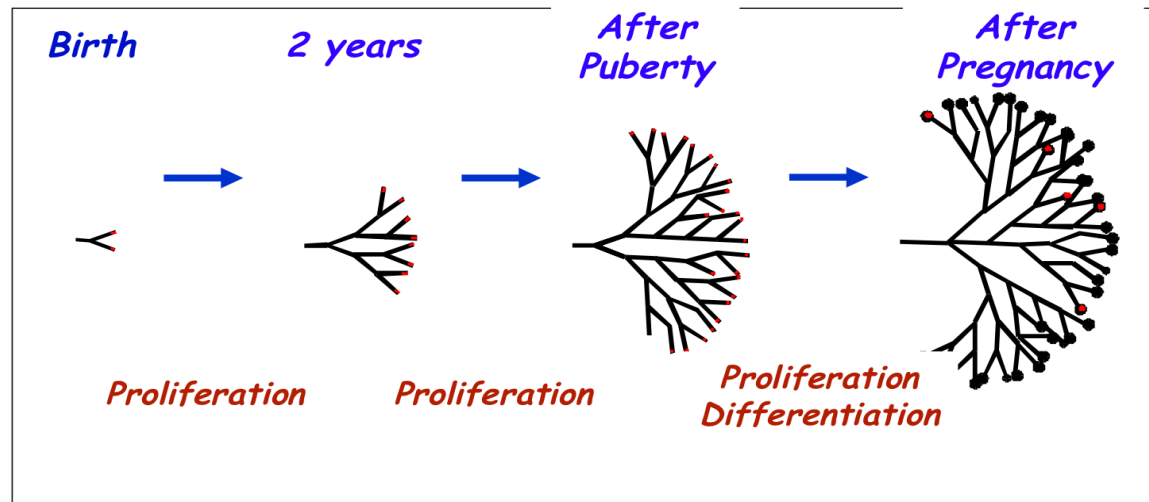
Supernumerary Breasts and Nipples

- An extra breast (**polymastia**) or nipple (**polythelia**) occurs in approximately 1% of the female population - inheritable.
- **Supernumerary nipples** are also relatively common in **males**.
- Less commonly, **supernumerary breasts or nipples** appear in the axillary or abdominal regions of females developing from extra mammary buds that develop along the mammary crests. They become more obvious in women when pregnancy occurs.



Development of the breast ductal tree

Occurs mainly after birth

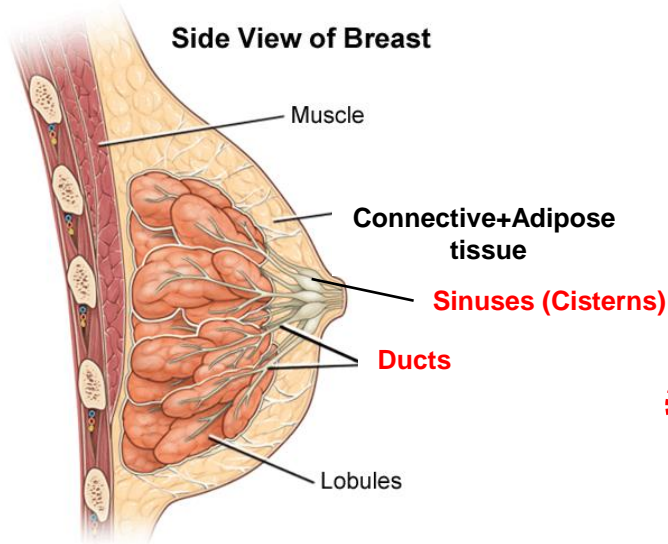


At **puberty** changes in the hormonal secretions in females cause further development and structural changes within the glands.

Secretions of **estrogen and progesterone** from the ovaries (and later from the placenta) and **prolactin** from the acidophils of the anterior pituitary gland initiate development of **lobules and terminal ductules**.

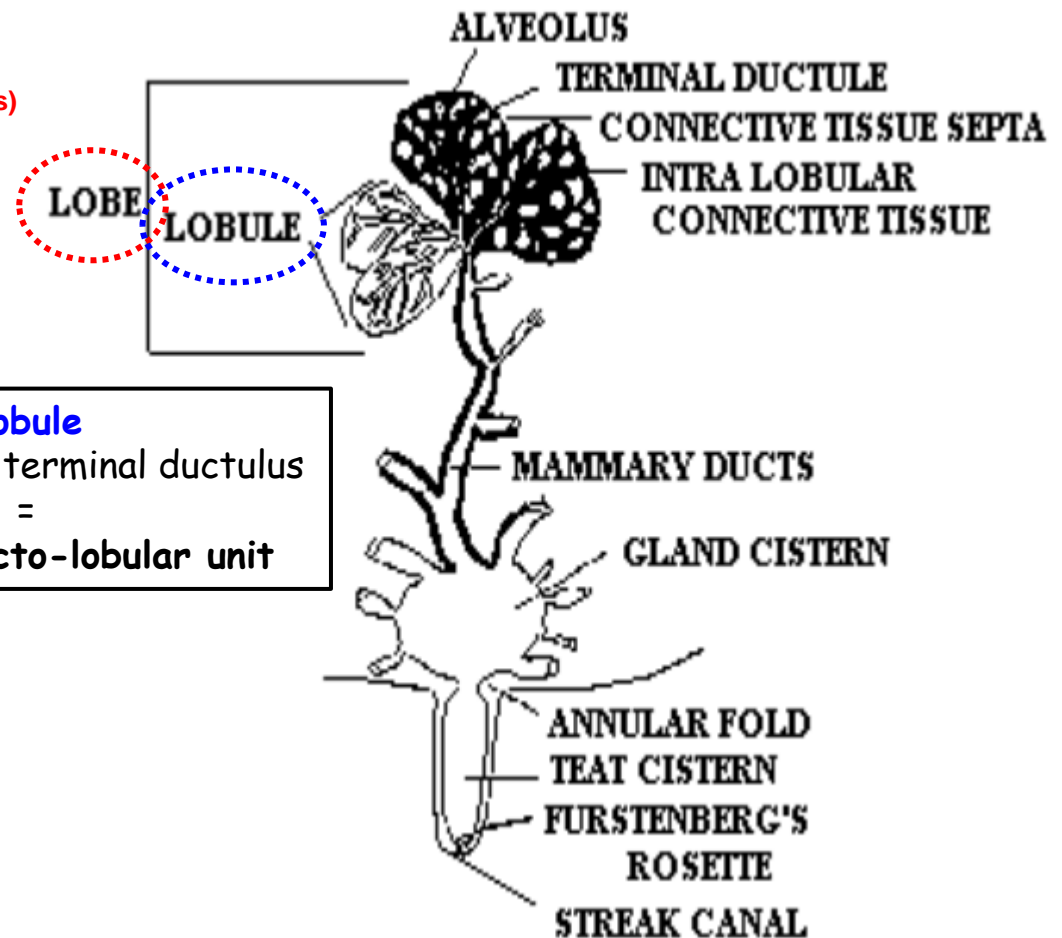
Full development of the ductal portion of the breast requires **glucocorticoids** and further activation by **somatotropin**.

Mammary gland - Anatomical organization



Lobe = 1 gland

- total of 15 to 20 lobes
- 1 lobe drained by 1 lactiferous duct



Lobule

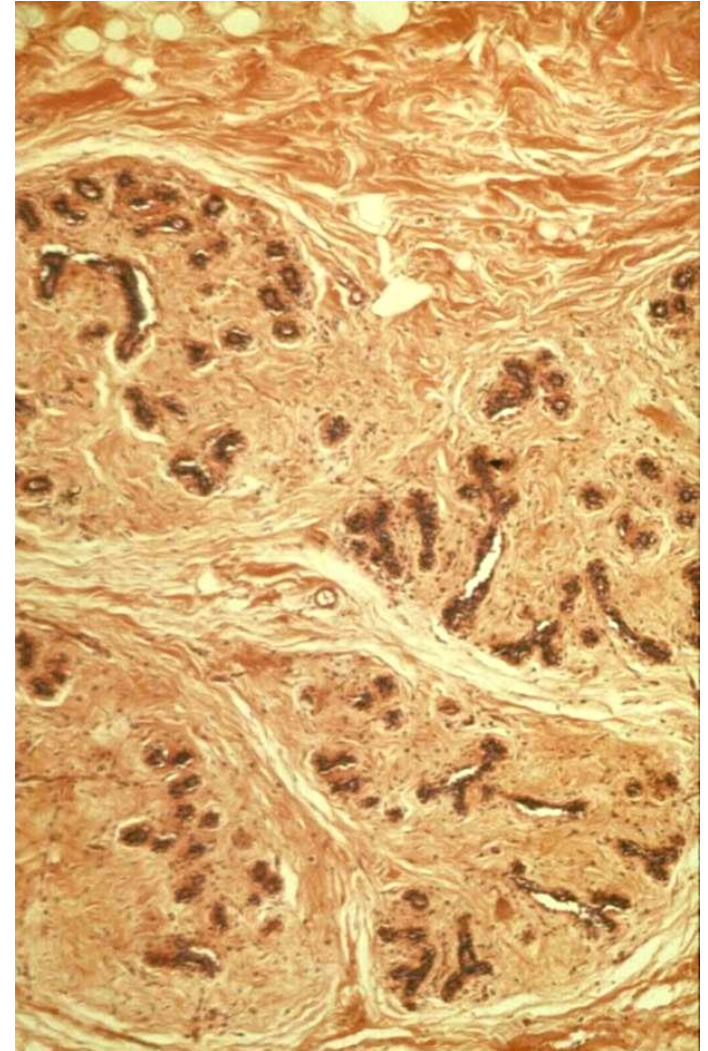
- drained by terminal ductulus = Terminal ducto-lobular unit

Radial organization

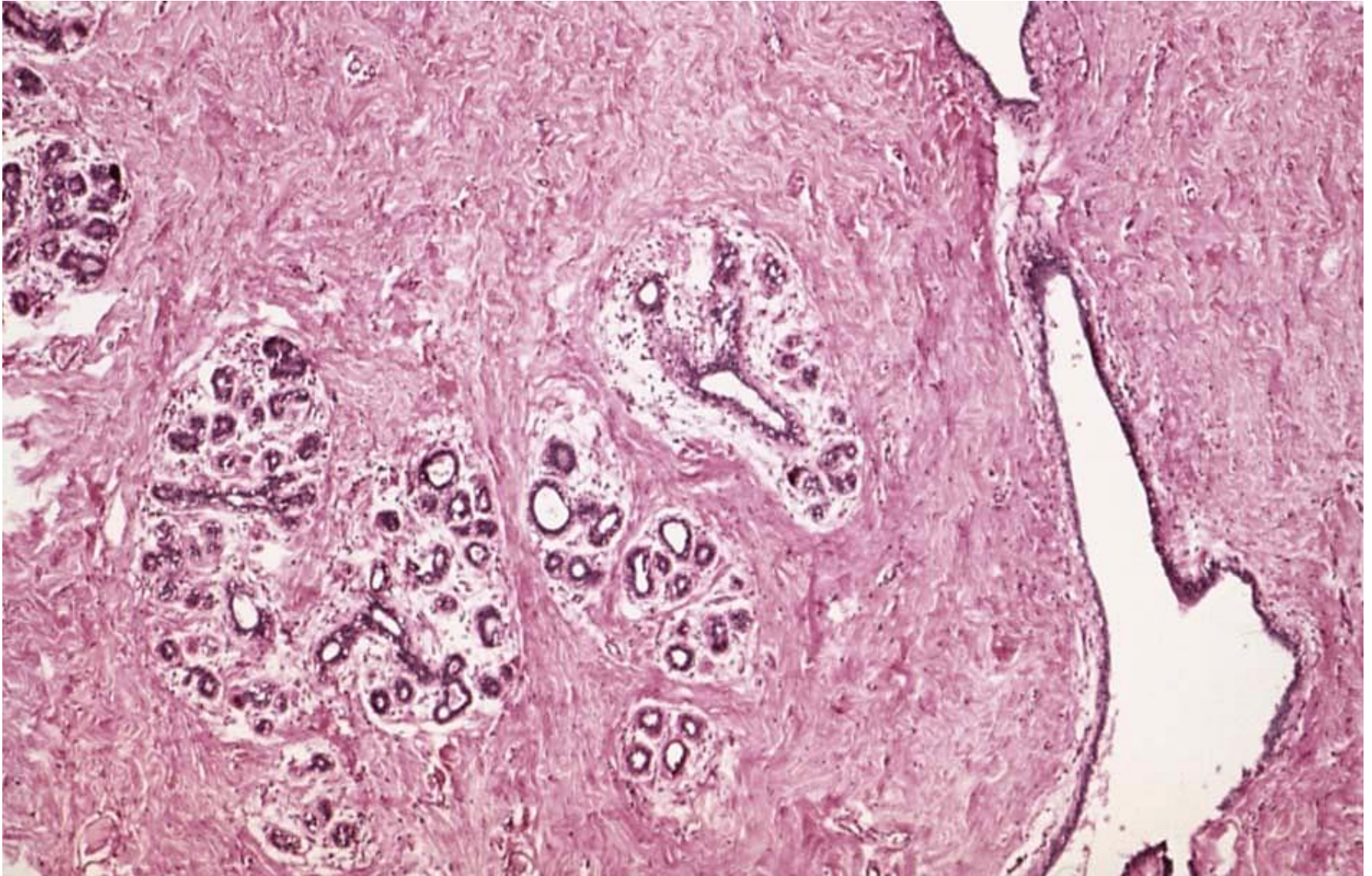


Mammary gland - After puberty - Nonlactating 1

- majority = connective tissue
- the same basic architecture as the lactating (active) mammary gland
- **Secretion parts** - alveoli are not developed, only small groups of cells at the endings of ductuli
- **Passages** - branched + partly luminized

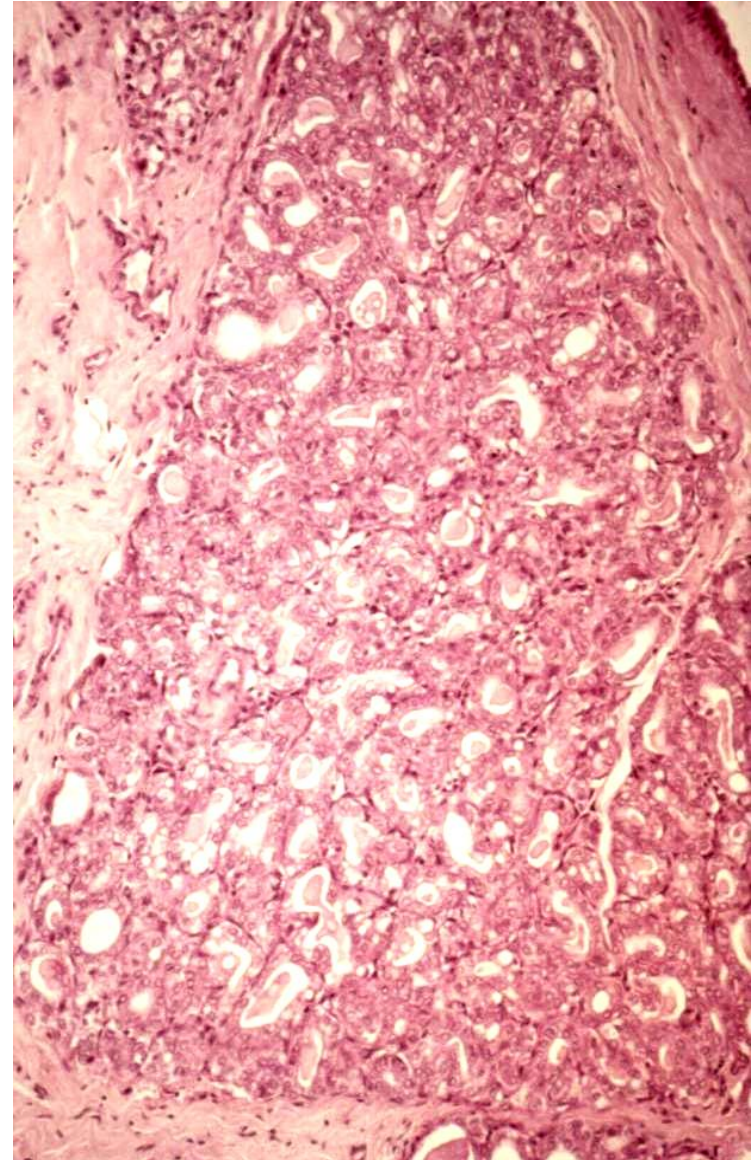
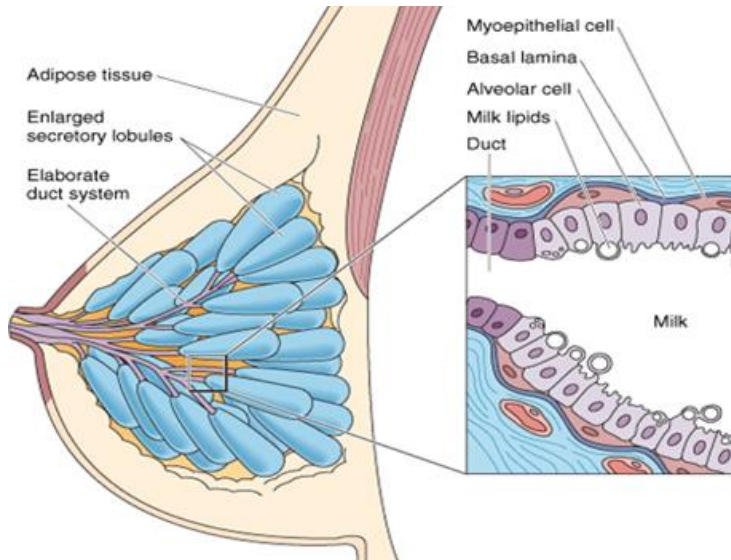


Mammary gland - After puberty - Nonlactating 2



Mammary Gland - Lactating 1

- majority = glands
- **Ductuli:** proliferate, branch, luminize (estrogens)
- **Secreting alveoli:** proliferation, luminization (progesterone, prolactin)
- connective tissue - only thin septa



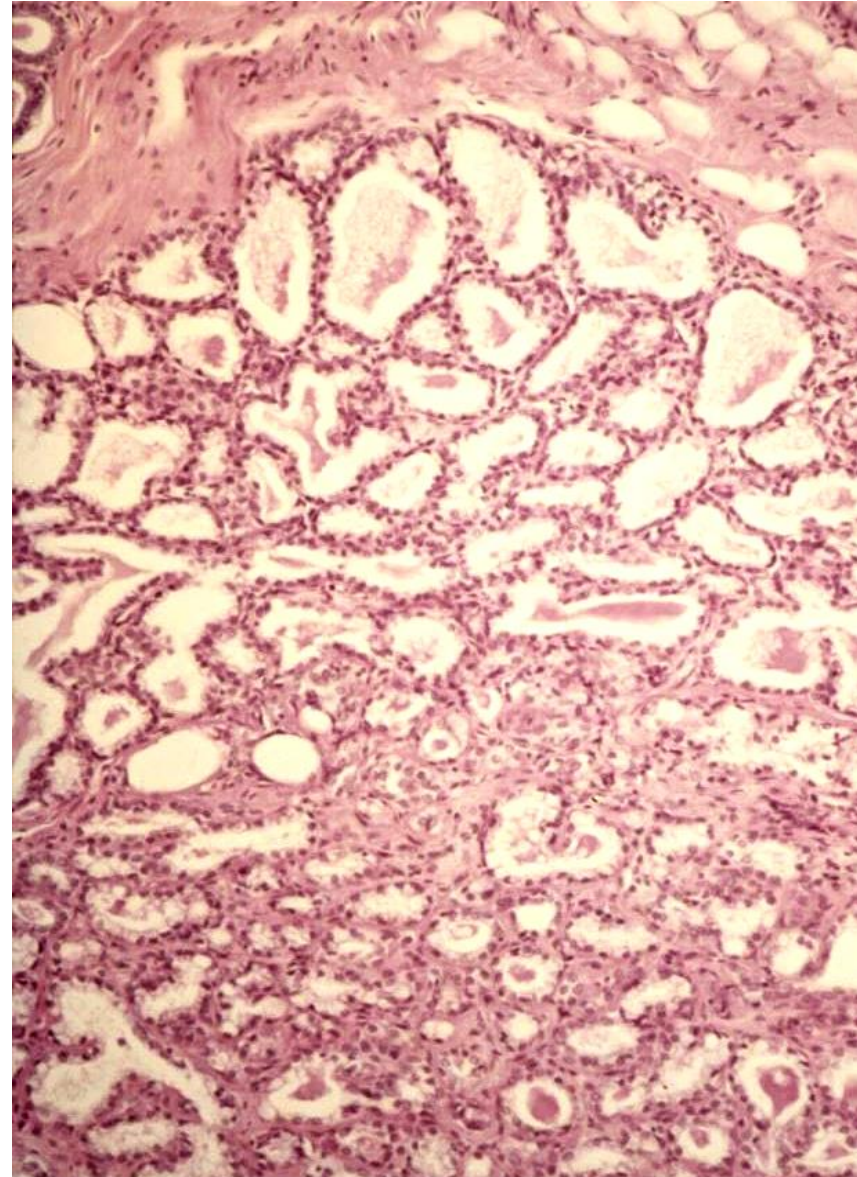
Mammary Gland - Lactating 2

- **Secretion parts:** filled by secretion (lipid droplets = apocrine, proteins = eccrine - exocytosis)
- **Passages:**

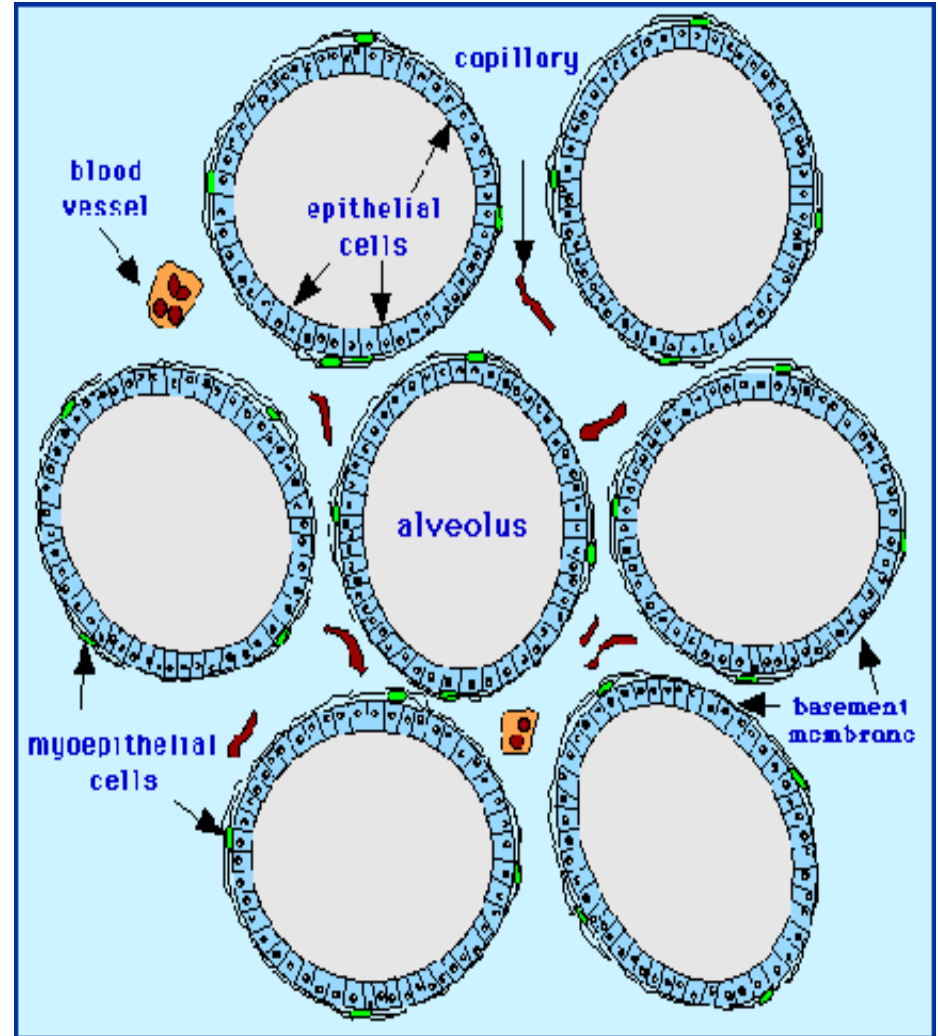
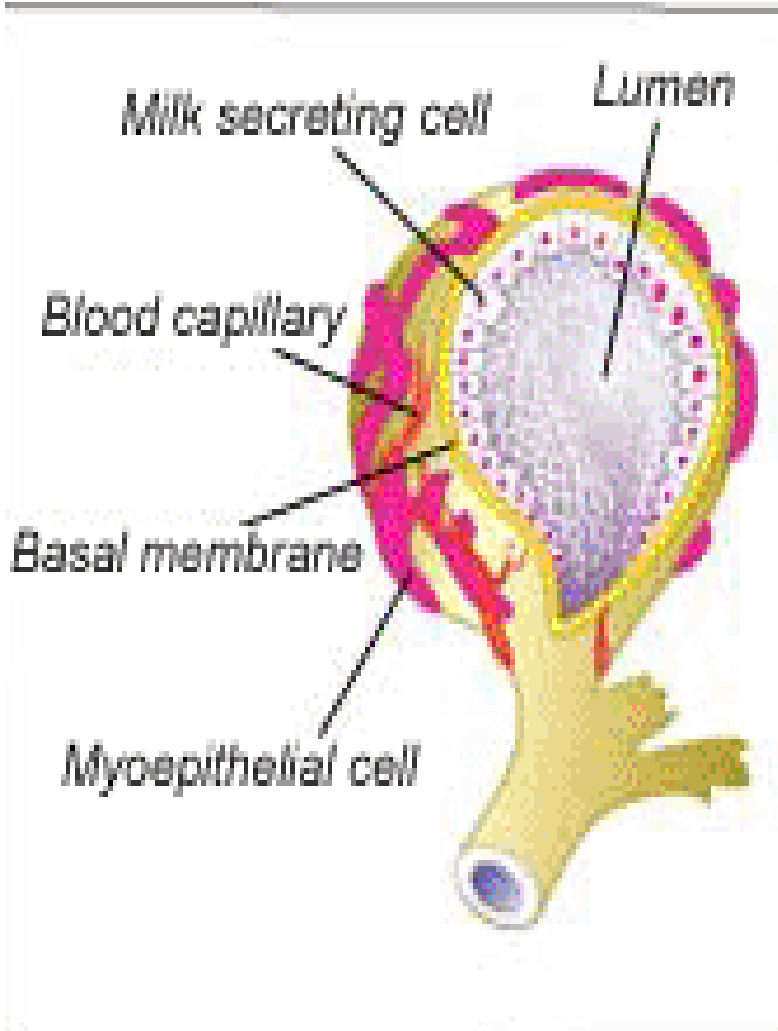
Ducts at the nipple: stratified squamous keratinizing ep.

Lactiferous sinus and the lactiferous ducts: simple/stratified + cuboidal/columnar ep.

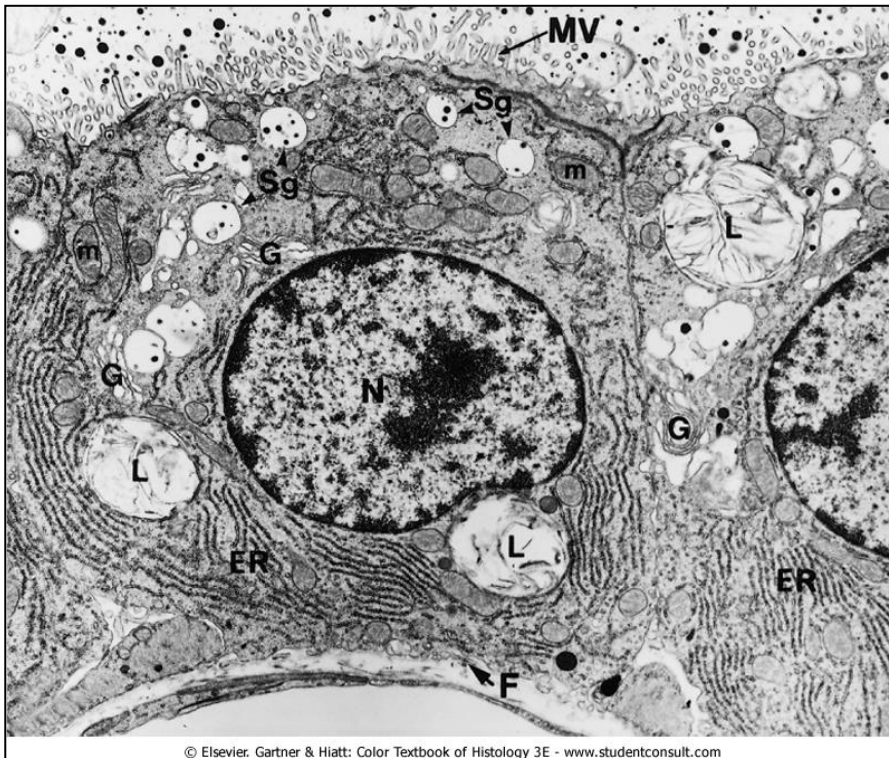
Smaller ducts: simple cuboidal ep.



Mammary Gland - Lactating 3



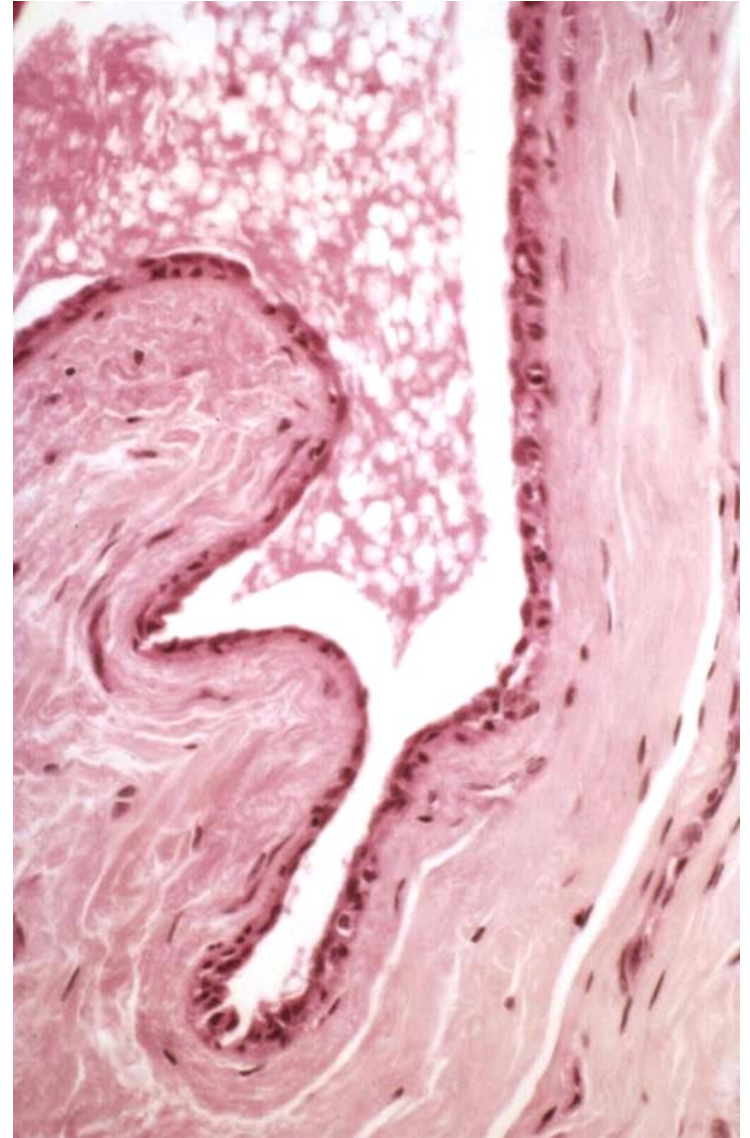
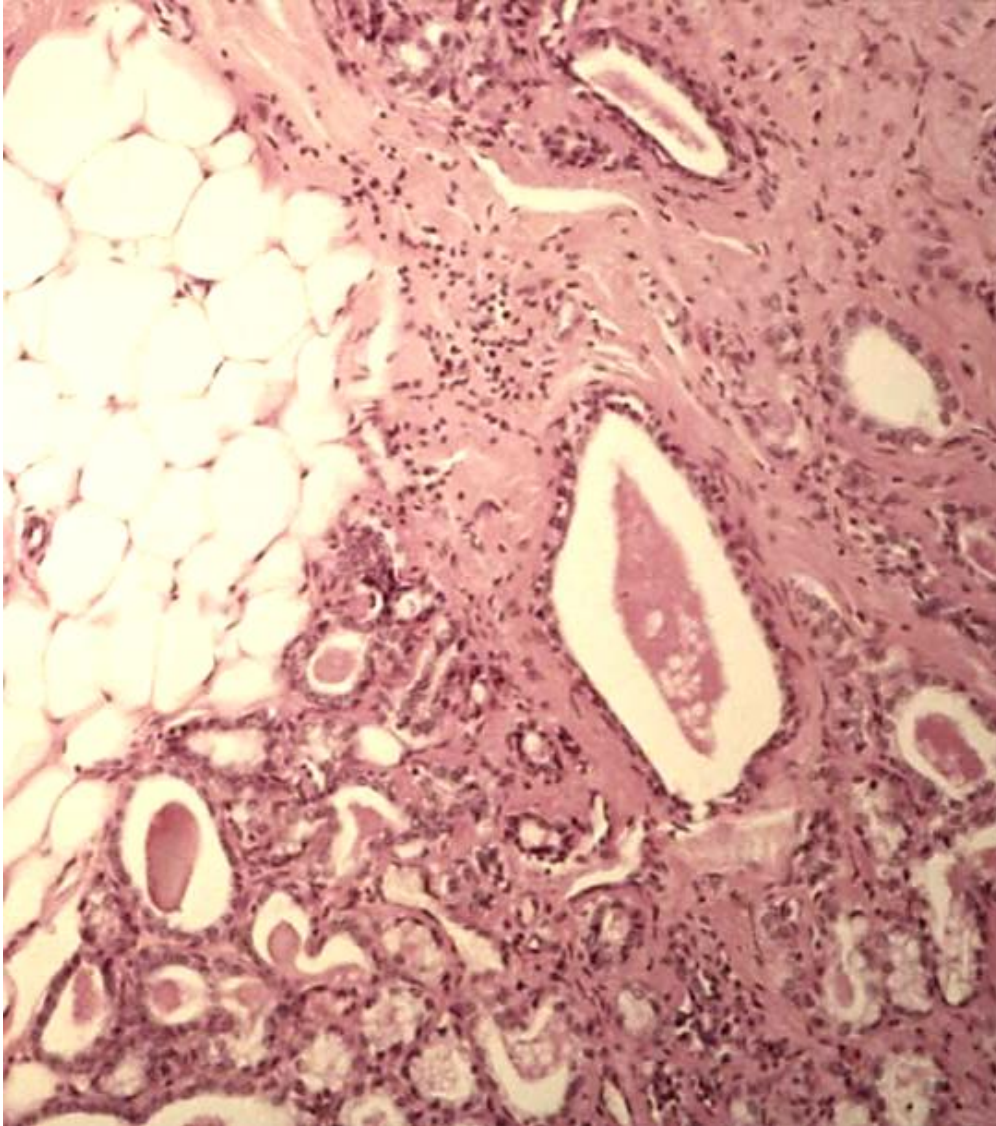
Mammary Gland - Lactating 4



Electron micrograph of an acinar cell

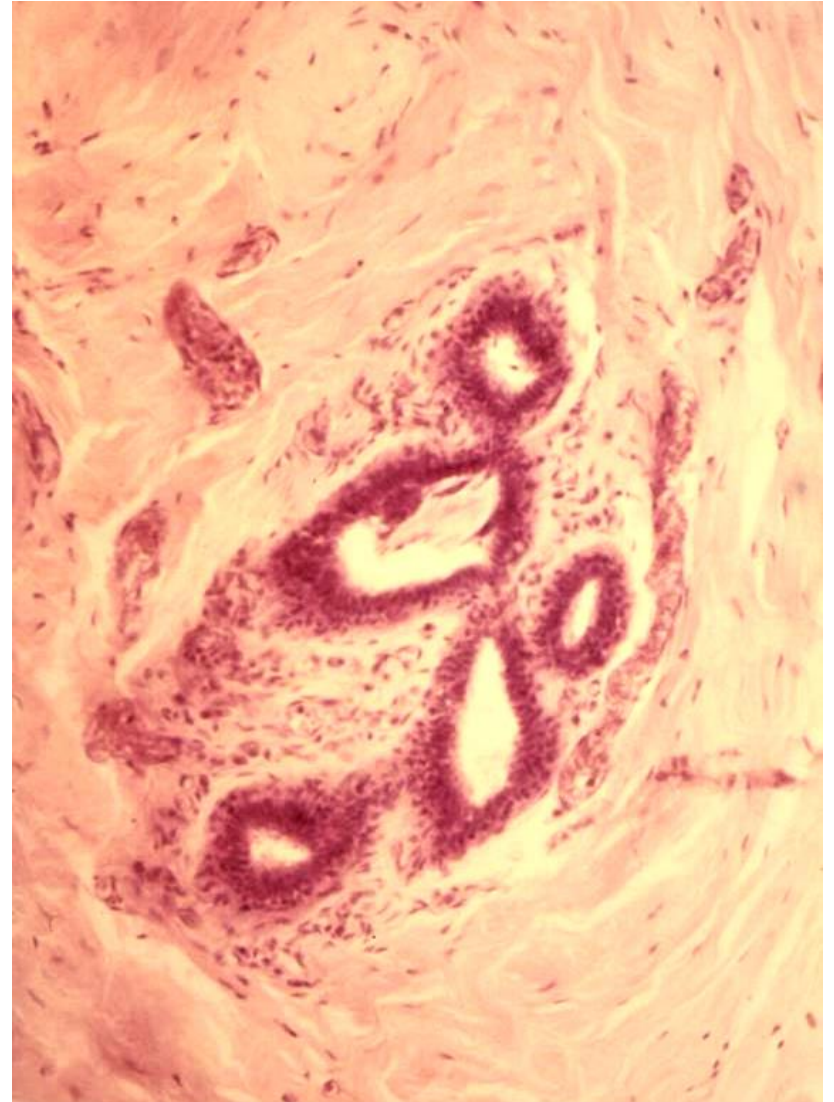
- The **alveoli** are composed of **cuboidal cells** partially surrounded by a meshwork of **myoepithelial cells**.
- These secretory cells possess **abundant RER** and **mitochondria**, several Golgi complexes, many **lipid droplets**, and numerous vesicles containing **caseins** (milk proteins) and **lactose**.
- **Not all regions of the alveolus are in the same stage of production**, because different acini display varying degrees of preparation for synthesis of milk substances.

Mammary Gland - Lactating 5

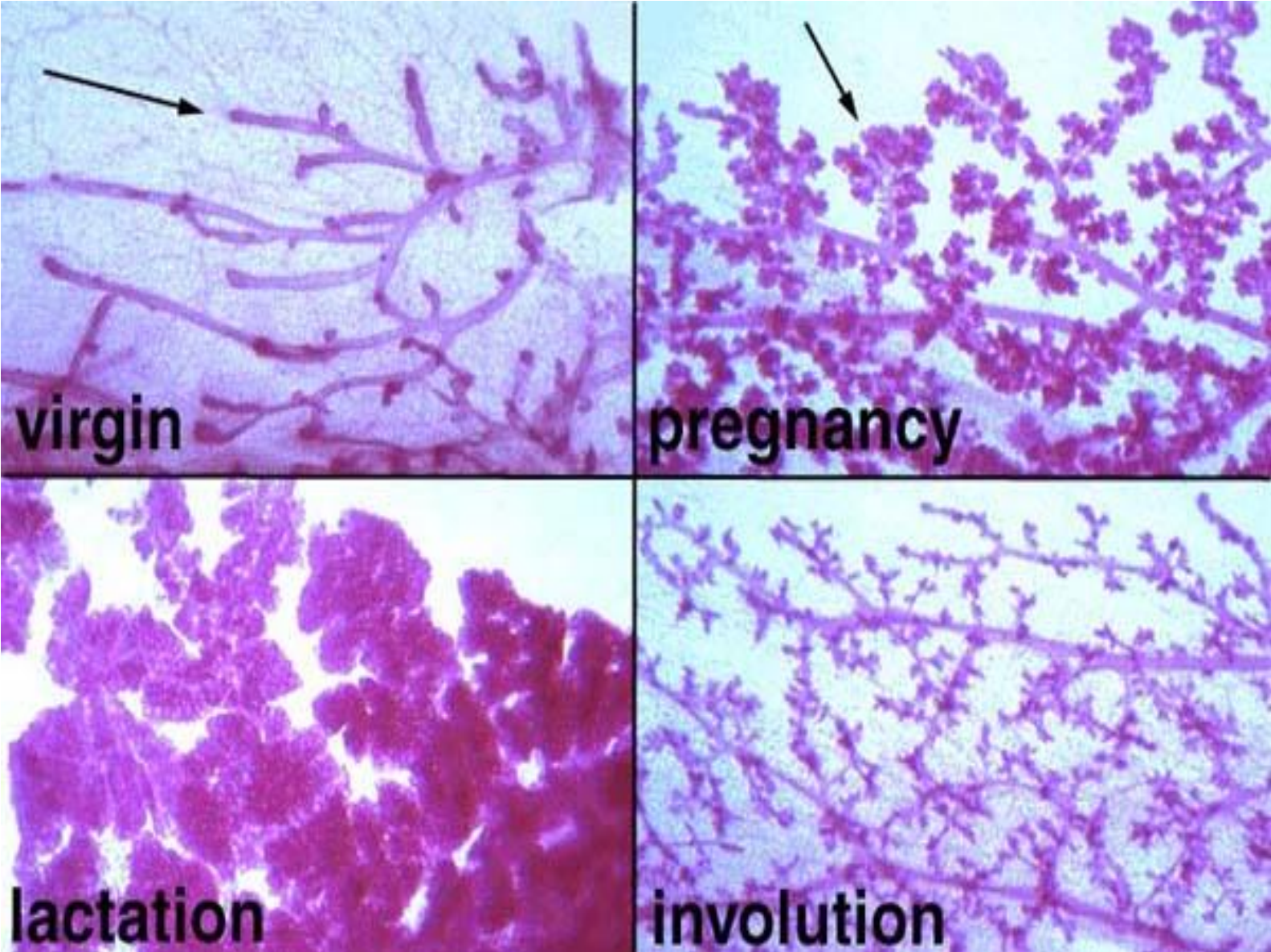


Mammary Gland - Involuting 1

- atrophy and degeneration of the secretory cells
- milk biosynthesis ceases
- adipose cells occupy the empty space
- the duct system remains
- this process continues throughout menopause



Mammary Gland - States of development



Hair - Overall composition

Shaft: portion of hair above surface

Root: portion of hair below surface

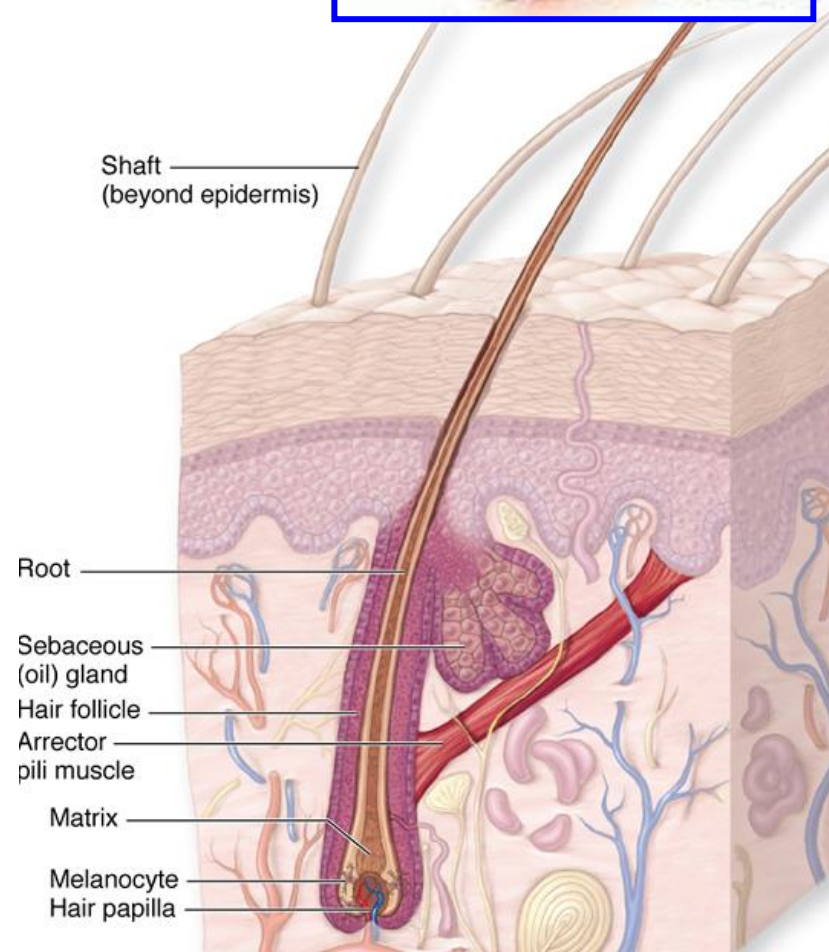
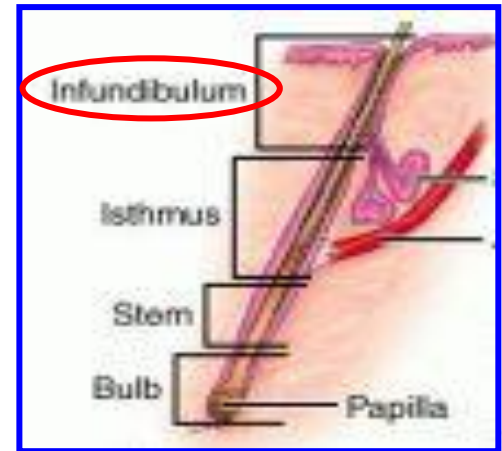
Cuticle: outermost layer of hair

Hair follicle: invagination of epidermis
(to dermis / hypodermis)

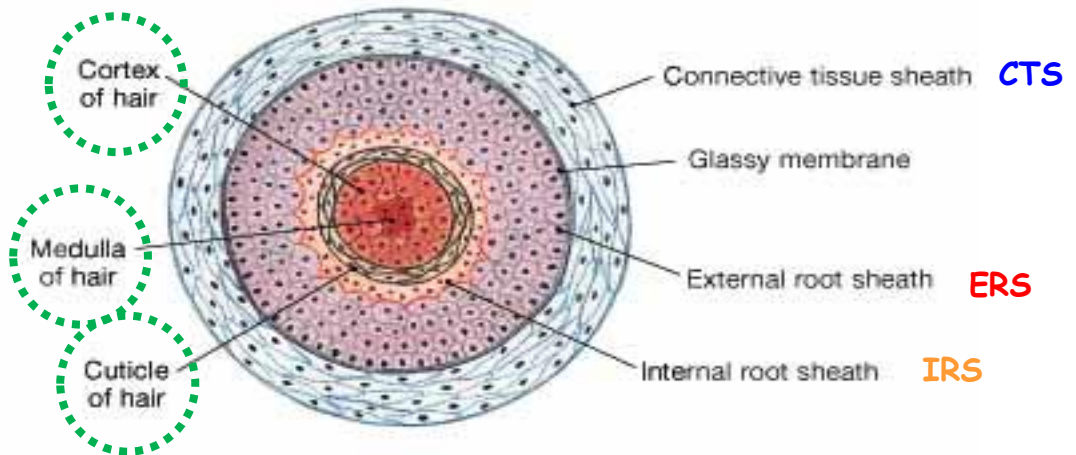
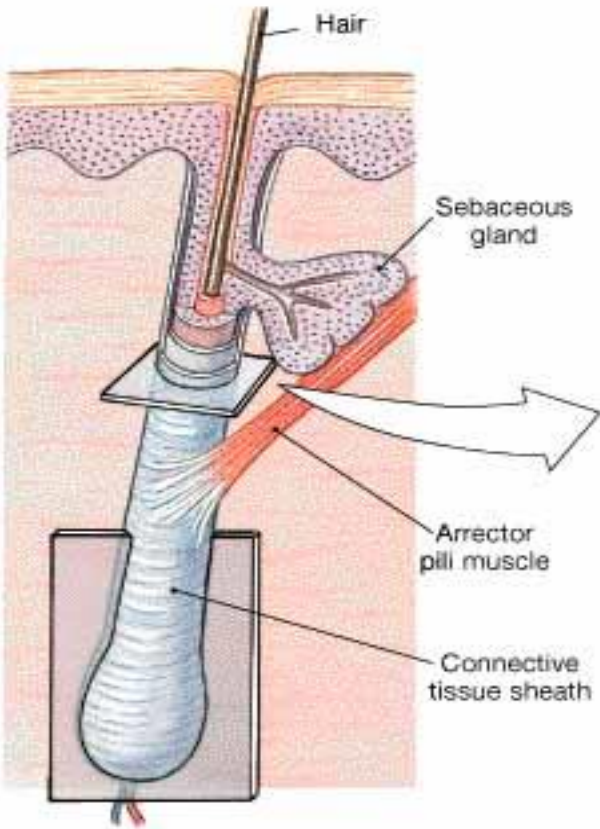
Hair bulb: at the base of the follicle
(matrix - epithelial cells + melanocytes)

Hair papilla: projection of dermal
connective tissue into bulb - contains
blood vessels and nerves

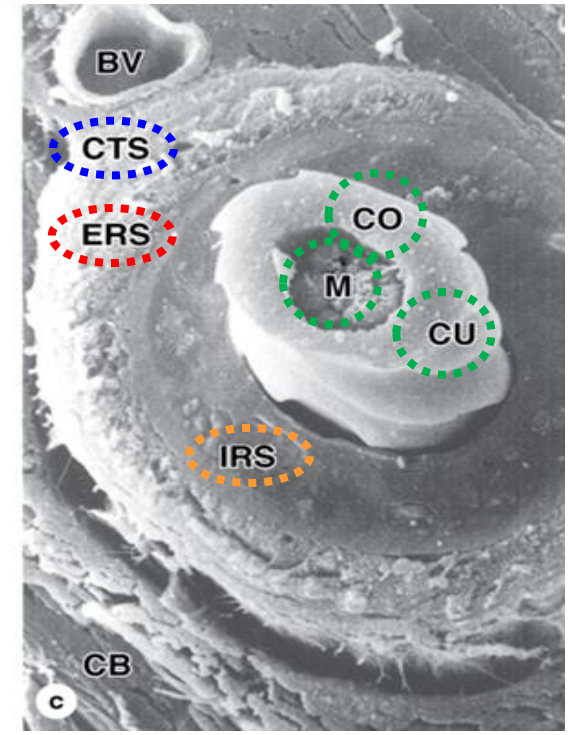
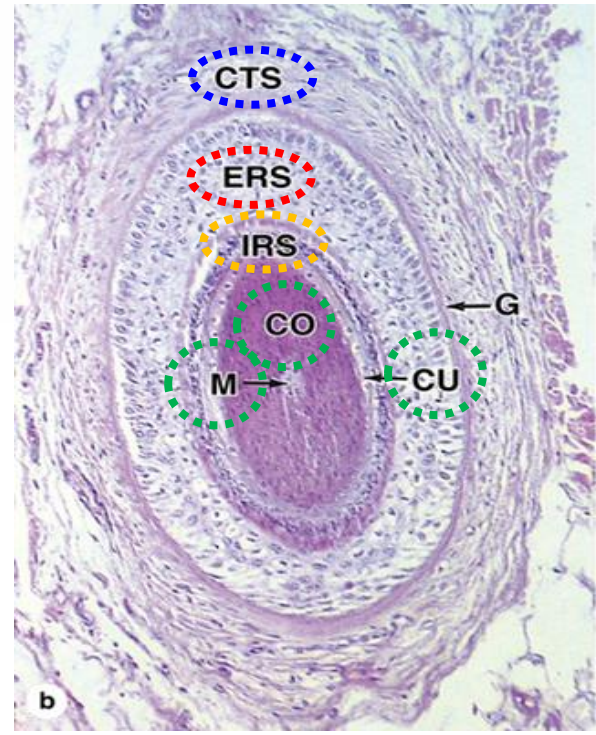
Vellus x Terminal hairs



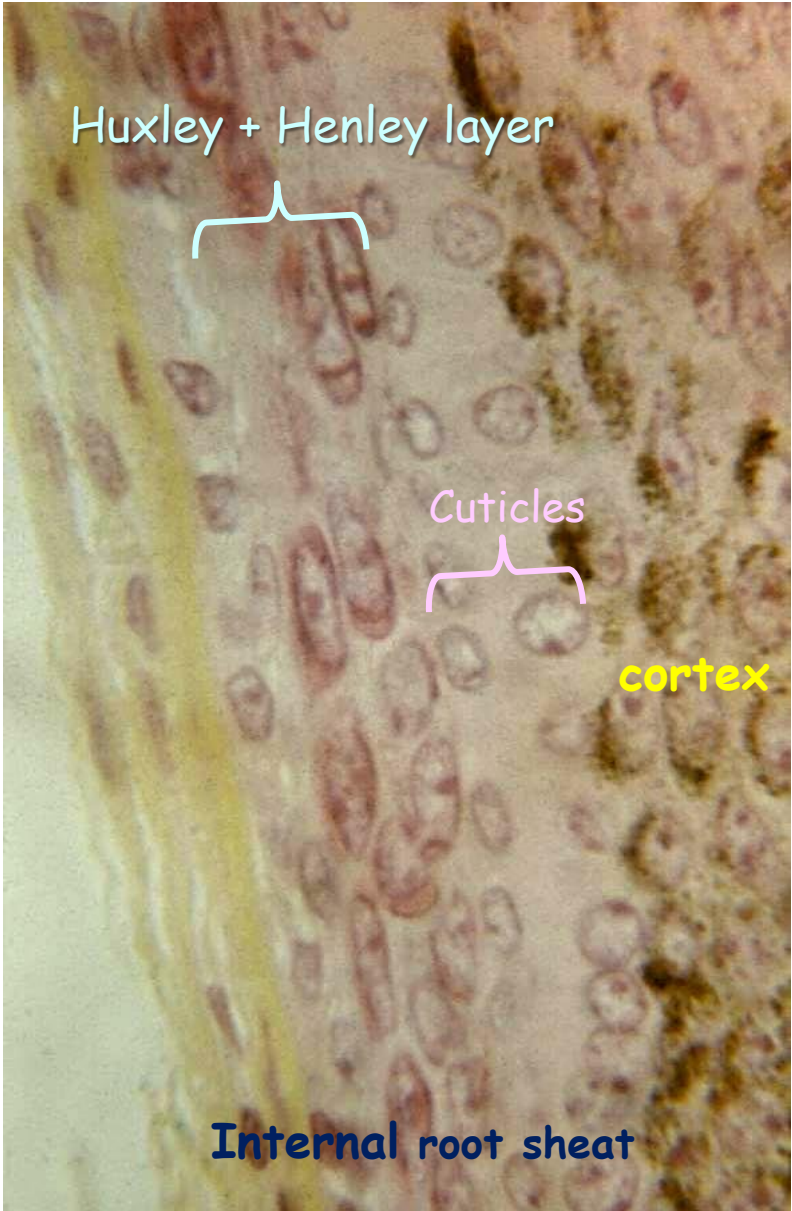
Hair structure 1



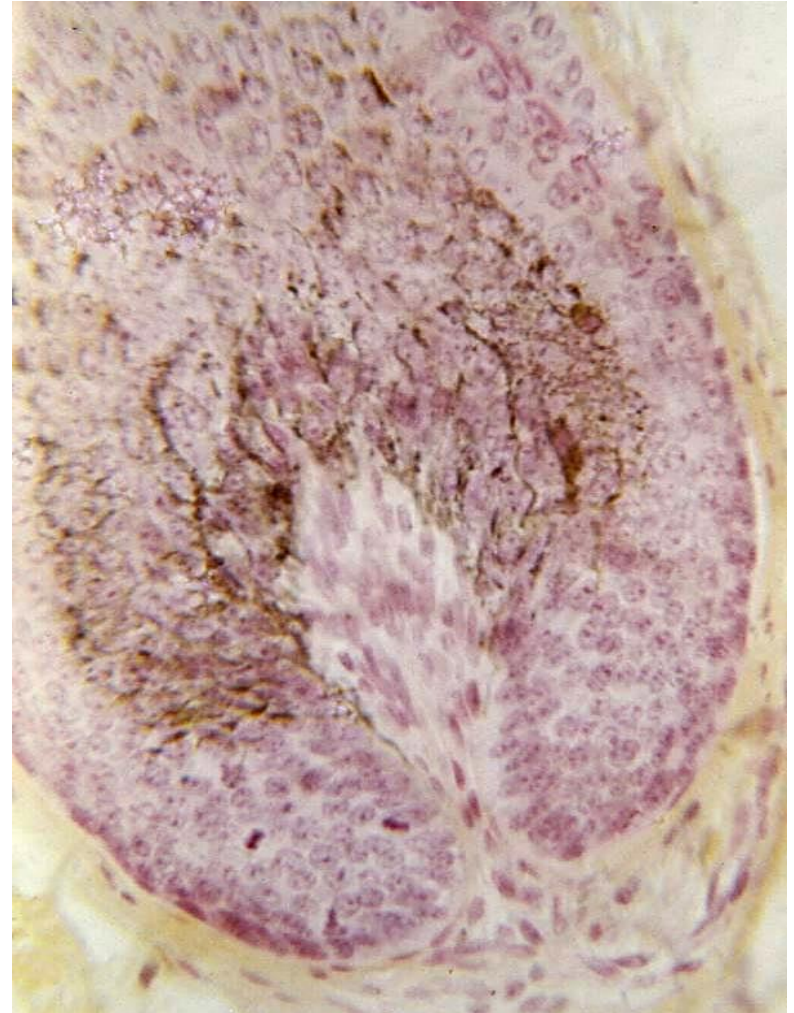
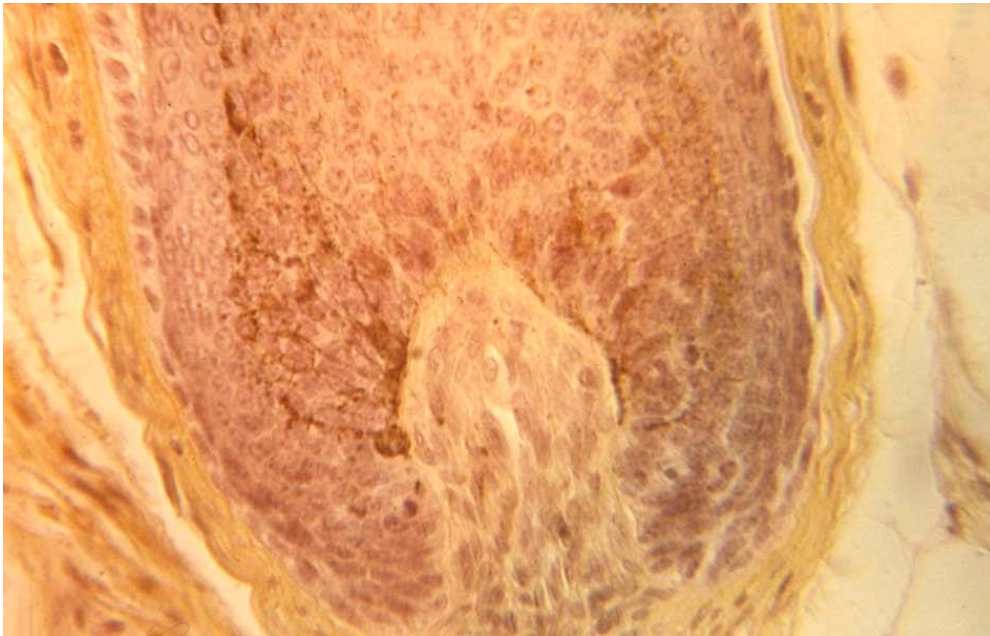
Garther and Hiatt, Color textbook of histology, Elsevier



Hair structure 2



Hair bulb and papilla



Hair - Color and Shape

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(a)



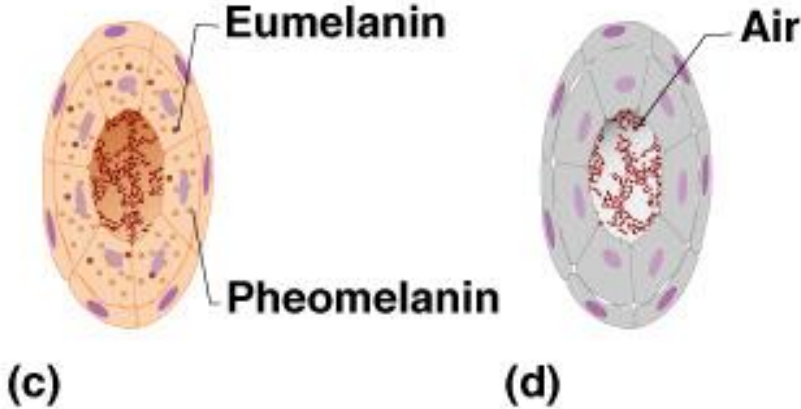
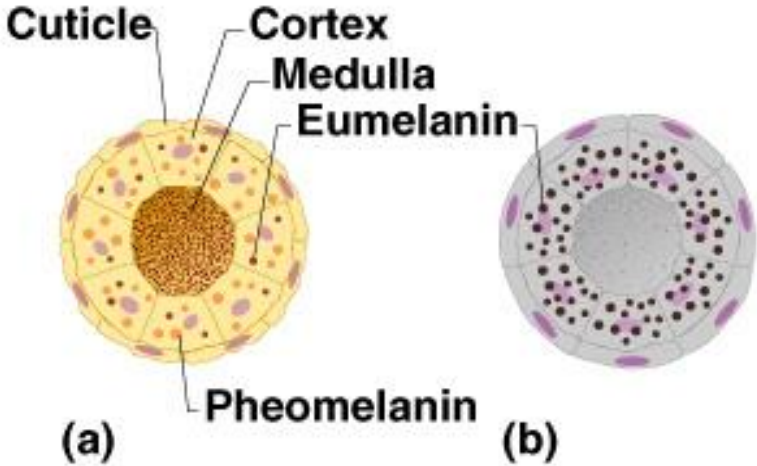
(b)



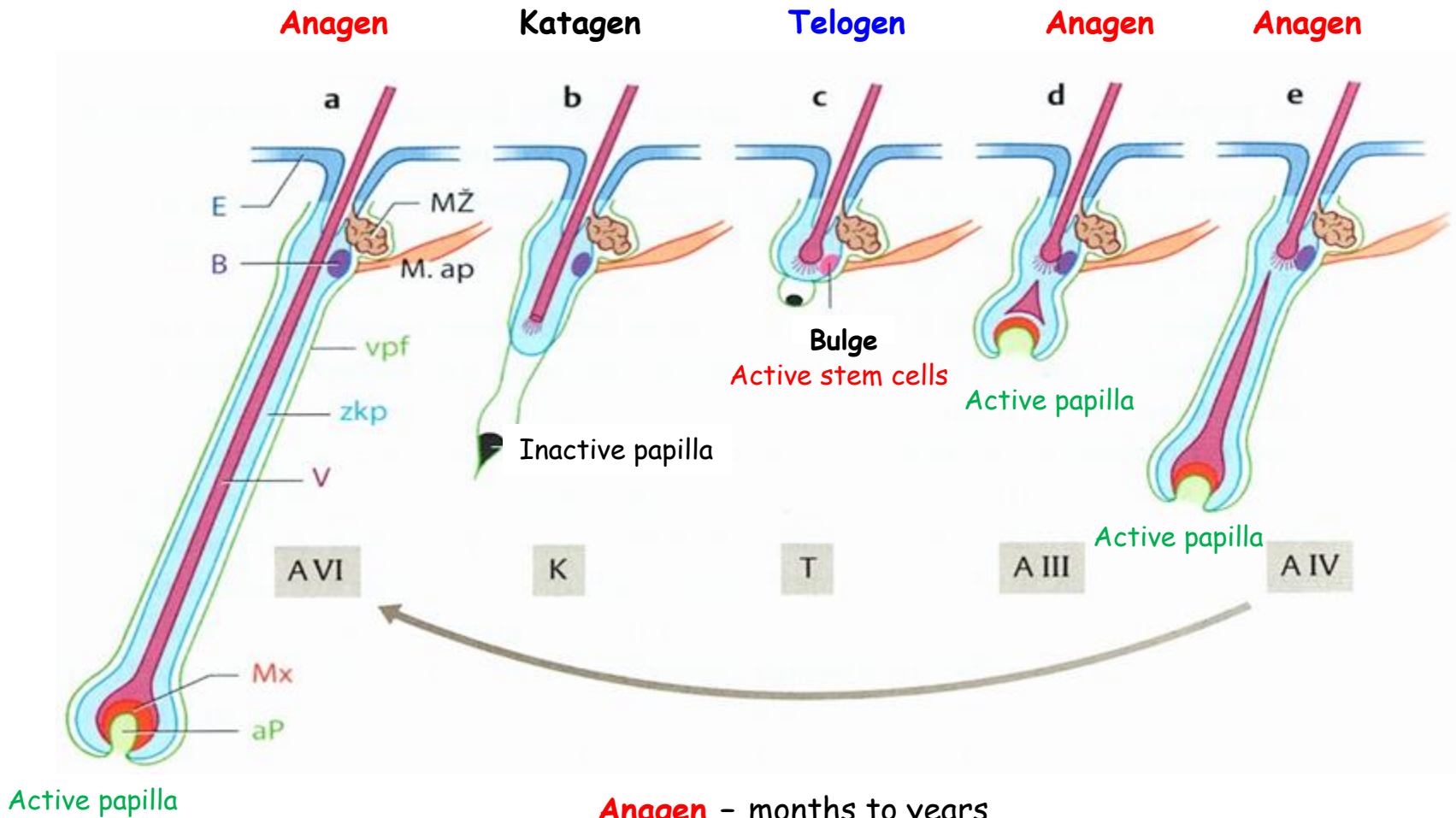
(c)



(d)



Hair growth cycle



Anagen - months to years
Katagen - 3 weeks (involution)
Telogen - 3 months (resting)

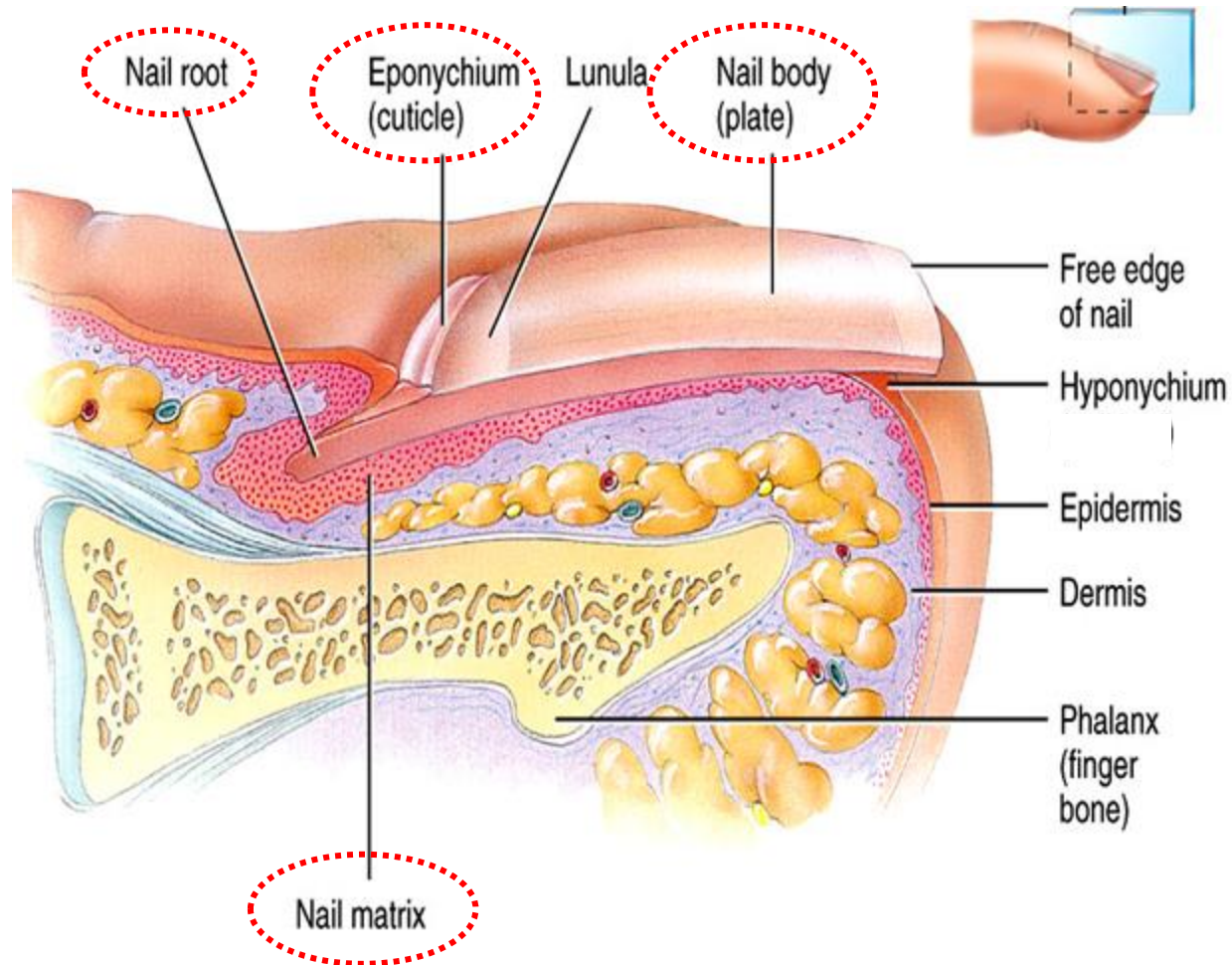
Nail 1

Nail plate (body) - „str. corneum“

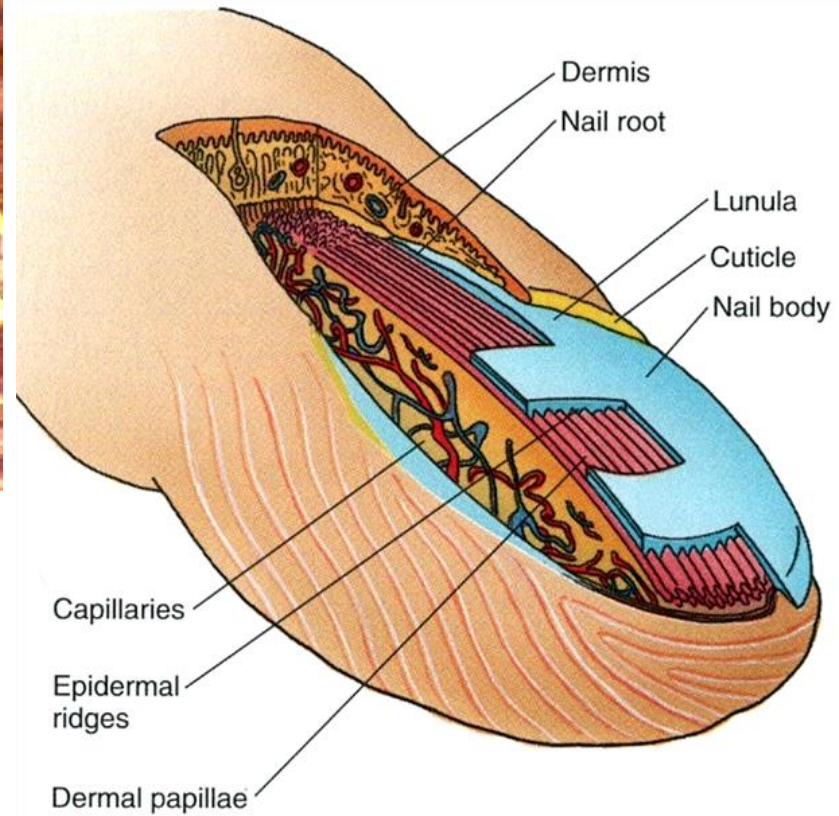
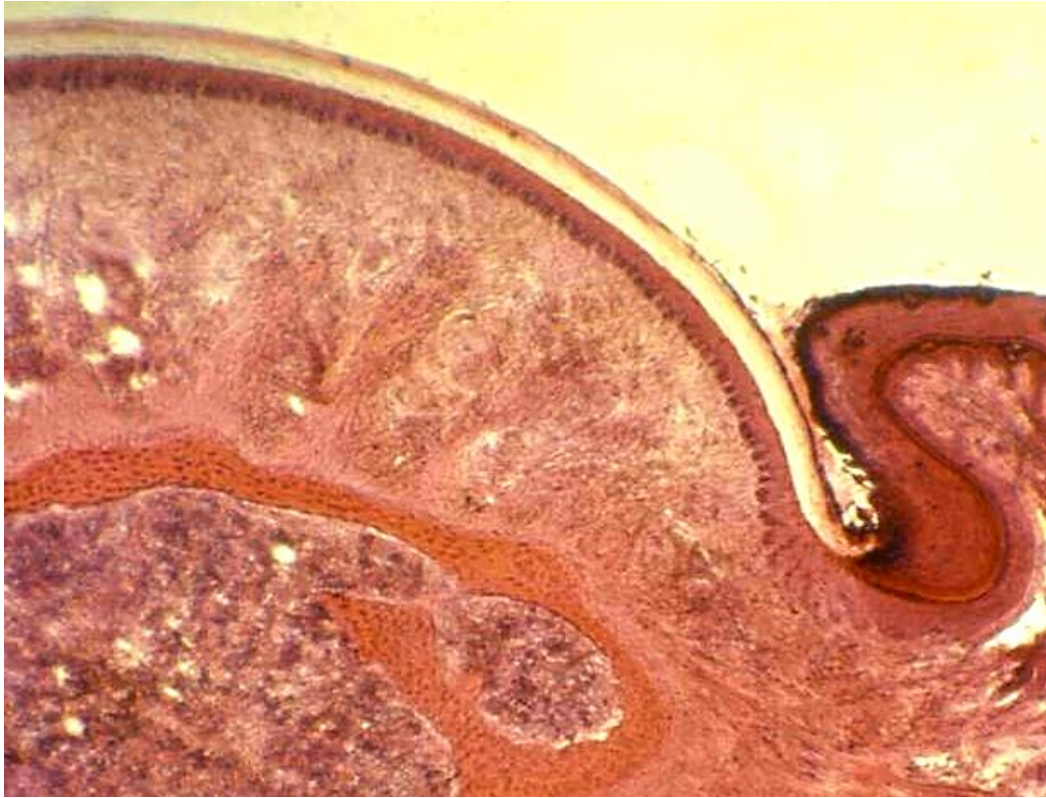
Nail root - proximal part of the nail plate

Nail matrix - str. basale + spinosum (dividing)

Nail bed - str. basale + spinosum



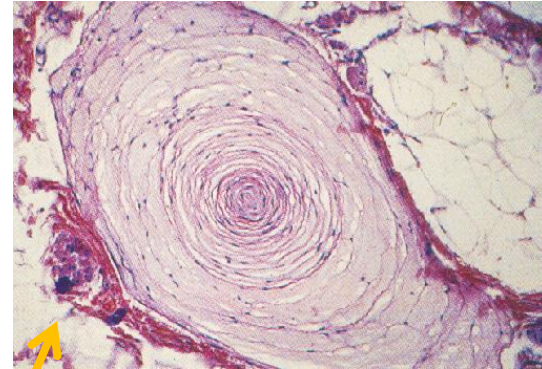
Nail 2



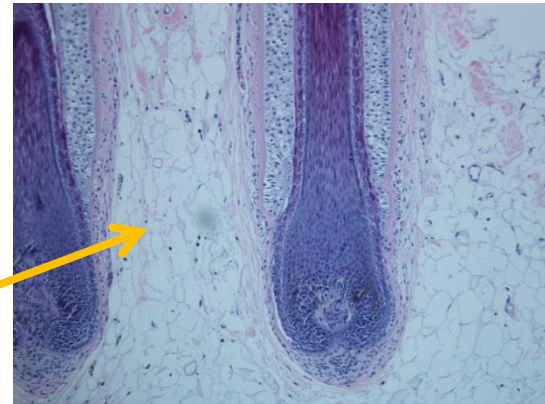
Subcutis - Hypodermis

Area deep to the dermis

- Loose connective tissue containing adipocytes, nerves, sensory receptors, arteries and veins (deep rete cutaneum)
- Provides a flexible attachment to the underlying muscle and fascia



Pacinian Corpuscle



Hair bulb in the subcutis of the scalp

Adipocytes

Skin development

Ectoderm

- Epidermis
- Accessory structures

Mesenchyme

(from mesoderm-dermatomes + unsegmented mesoderm-somatopleura)

- Dermis
- Hypodermis

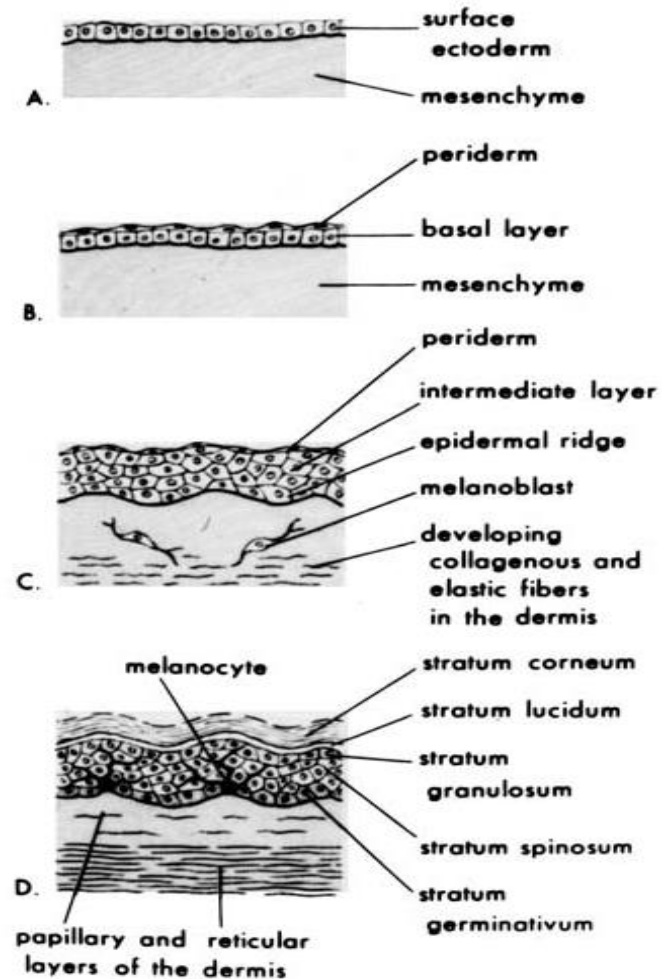
A - Month 1 - simple surface ectoderm

B - Month 2 - two layered epithelium:
basal layer + **periderm** (epitrichium)

C - Month 3 - basal + intermediary +
periderm layers

(week 10-17 - formation of dermal ridges)

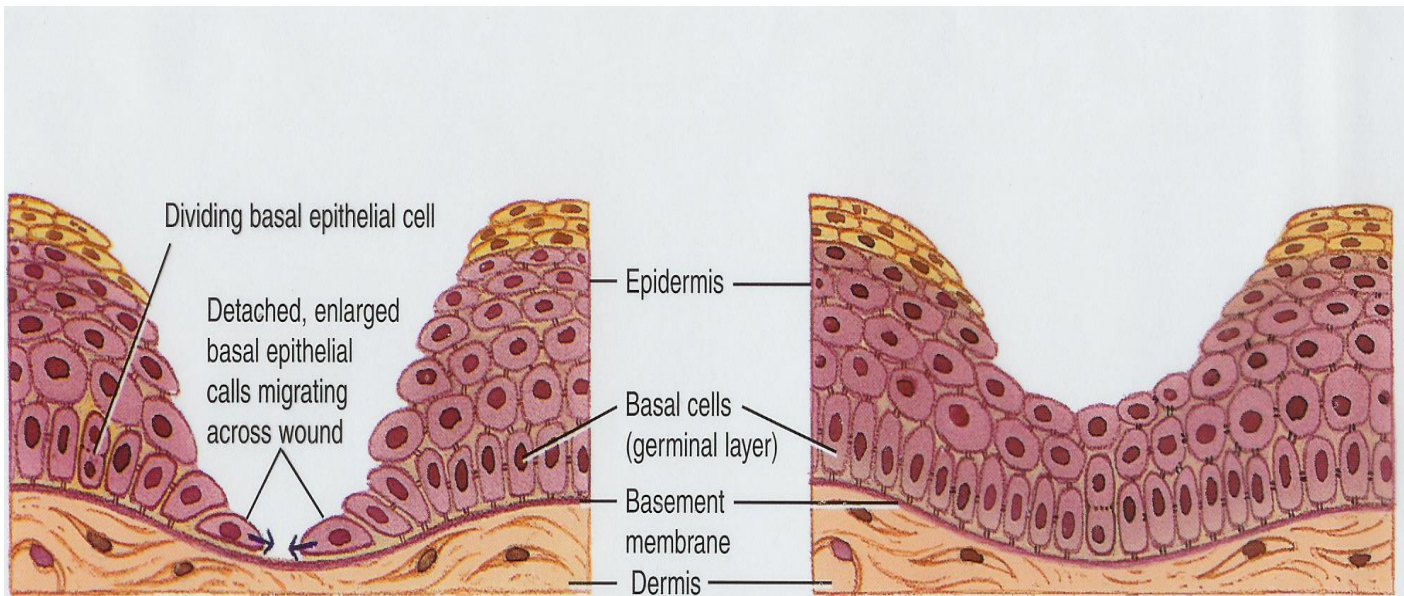
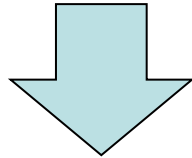
D - Month 5 (end) - periderm replaced
by **stratum corneum**



Skin wound healing 1

Shallow cuts

Deeper wounds



(a) Division of basal cells and migration across wound

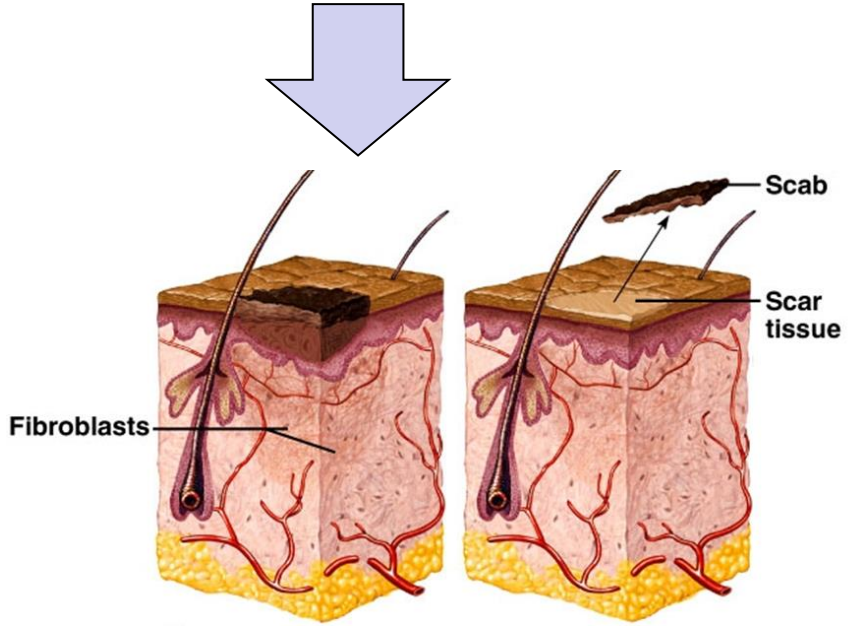
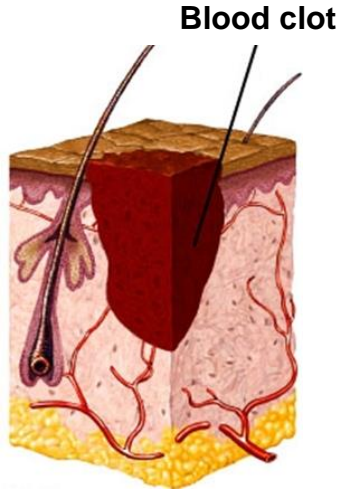
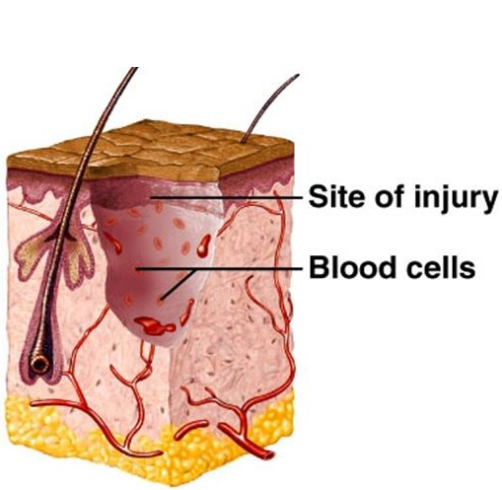
(b) Resurfacing of wound

cell migration → contact inhibition

Skin wound healing 2

Shallow cuts

Deeper wounds



Inflammatory phase

→ Migratory phase → Maturation phase
+ Proliferative phase

Fibrin forms clot

Fibroblasts make granulation tissue

hypertrophic scar = keloid

Thak you for your attention!

Questions and comments at:
ahampl@med.muni.cz