Introduction to tissue biology and epithelial tissues

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"First, I am your professor, not your teacher. There is a difference. Up to now your instruction has been in the hands of teachers, and <u>a teacher's job is to make sure that you learn</u>... However, things are very different for a university professor. It is no part of my job to make you learn. At university, learning is your job — and yours alone. My job is to lead you to the fountain of knowledge. Whether you drink deeply or only gargle is entirely up to you."

Keith Parsons, Ph.D.

Professor of Philosophy, College of Human Sciences and Humanities University of Houston – Clear Lake

What is tissue?

Tissue: Fr. tissu, woven; L. texo, to weave; Tr. doku

Types

- Epithelium (epithelial tissue)
- Connective tissue

Cartilage

milective tissue

• Bone

- Muscle tissue
- Nerve tissue

- Adipose tissue
- Blood

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Epithelial Tissue

- is avascular
- covers body surfaces, lines body cavities and tubes
- constitutes glands
- works as receptors for the special senses (smell, taste etc.)

What are their functions?

- Protection
- Secretion
- Absorption
- Transportation (on the surface or transepithelial)
- Receptor/Sensory



Fill in the blanks

Shapes of the cells	Squamous	Cuboidal	Columnar	Pseudostratified	Transitional (Tr. Değişici)	
Layer (one or more)	(Tr. Yassı)	(Tr. Kübik)	(Tr. Prizmatik, silindirik)	(Tr. Yalancı çok katlı)		
Simple (Tr. Basit)						
Stratified (Tr. Çok katlı)				-		

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Epithelioid Tissue

Cells are closely apposed to one another but lack a free surface.

Ex: Leydig cells, islets of Langerhans, anterior lobe of pituitary gland







Microvilli (Sing. Microvillus)

Striated border Brush border

 Villin
 Fimbrin

 Myosin I
 Actin

 Espin
 Spectrin

 Myosin I
 Intermediate

 Myosin I
 Tropomyosin

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1	nstitutes of Health Format: Abstract - Send to - JMed Genet, 2004 Aug;41(8):591-5.	Full text links		
	Vutations of ESPN cause autosomal recessive deatness and vestibular dysfunction. Vaz S ¹ , Griffith AJ, Riazuddin S, Hampton LL, Battey JF Jr, Khan SN, Riazuddin S, Wilcox ER, Friedman TB. Ø Author information Abstract	Save items		
	nherited deafness and vestibular areflexia. This phenotype co-segregates with either of two frameshift mutations, 1988delAGAG and 2469delGTCA, in ESPN, which encodes a calcium-insensitive actin-bundling protein called espin. A accessive mutation of ESPN is known to cause hearing loss and vestibular dysfunction in the jerker mouse. Our results stabilish espin as an essential protein for hearing and vestibular function in humans. The abnormal vestibular phenotype associated with ESPN mutations will be a useful clinical marker for refining the differential diagnosis of non-syndromic deafness.	Similar articles Espin gene (ESPN) mutations associated with autosomal domin (J Med Genet, 2006) The deaf jerker mouse has a mutation in the gene encoding the espin ak [Cell, 2000]		
1	PMID: 15286153 PMCID: PMC1735855 DOI: 10.1136/jmg.2004.018523	A novel mutation in the Espin gene causes autosomal rece [Am J Med Genet A. 2008] Review Deafness genes and their		

Cilia (sing. Cilium)

 Pseudostratified columnar epithelium of the trachea, formed by long and short cells. As some cells do not reach the surface of the epithelium their nuclei are present in different heights of the epithelial layer. Mucus-secreting cells, called goblet cells (arrow), intermingle with ciliated lining cells. (Courtesy of PA Abrahamsohn.)







The Lateral Domain and Intercellular Junctions



















Communicating (Gap) Junction (Nexus)



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Table 1 Genetics	lisorders caused	by huma	n connexis mutations.	
Gene	Chromosome	Protein	Disorder(s)	OMIM
GA1	6q22.31	Cr43	Craninmetaphyseal dysplasia,	218400
			Erythrokeratodernija variabilis et	133200
			progressiva Oculodentodigital dysplasia	164200
			Oculodentodigital dysplasia, autosomal recessive	257850
			Palmoplantar keratoderma with congenital alopecia	104100
GAJ	13q12.11	Cx46	Syndactyly, type III Cataract	186100 601885
CJA4	1p34.3	Cx37		
GA5	1g21.2	Cc40	Atrial fibrillation, familial, 11 Atrial standstill, digenic (GJA5/SCN5A)	614049 108770
GIAB	1q21.2	0:50	Cataract	116200
GA10	1p34.3 6q15	Cx62		
G/B1	Xq13.1	Cx32	Charcot-Marie-Tooth neuropathy,	302800
GJBQ	13q12.11	Cx26	Bart-Pumphrey syndrome	149200
			Deafness, autosomal dominant 3A	601544
			Hystric-like ichthyosis with deafness	602540
			Keratitis-ichthyosis-deafness syndrome	148210
			deafness	146330
			Vohwinkel syndrome	124500
			Porokeratotic eccrine ostial and dermal duct nevus	
GB3	1p34.3	031	Deafness, autosomal dominant 28	612644
			Erythrokeratodermia variabilis et	133200
	10243	0-202	progressiva Footbookar stod armis warishilir et	133200
- signet	11343	5,30,3	progressiva	133200
CJ85	1p34.3	0313	Destinants and transmission of TB	617647
ciao.	sodie in	LLIN	Deafneis, autosomal recessive 18	612645
			Deafness, digenic (GJB2/GJB6)	220290
G#7	6q14.3-q15	Cx25	ecrocernian cyspassa 2, Clouston type	129500
GCI	17q21.31	Co45		TORNE A
U/C2	1982.13	1,3017	Spastic paraplegia 44, autosumal	613206
			recessive	612.400
GCI	7q22.1	Cx302	cympieciena, nereditary, k.	013460
GID2	15q14	036		
GID3 GID4	1/q21.2 10p11.21	Cc40.1		
GHI	6q24.1	0.23		

Basal domain and cell to ECM adhesions



Cell to ECM adhesions: focal adhesion and hemidesmosome





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	Clin J Am	Soc Nephrol.	2017 Jul 7;12(7)	:1162-	1172. doi: 1	0.2215/CJN.01380	217. Epub 2017 M	ay 17.		Final Version FREE		
	Anti-Gl	omerular Ba	ular Basement Membrane Disease.							The second secon		
	McAdoo \$	SP ¹ , Pusey CD							Saue Hame	(A)		
	Author information								the Addie Franker			
	Abstract									# Add to Favorites	1.2.1	
	Anti-giomerular basement membrane (anti-GBM) disease is a rare small vessel vasculitis that affects the capillary beds of the											
	kidneys a	neys and lungs. It is an archetypic autoimmune disease, caused by the development of directly pathor				ly pathogenic au	toantibodies	Similar articles				
	targeting	ting a well characterized autoantigen expressed in the basement membranes of these organs, although the inciting event					inciting events	Predictors of renal and patient outcomes in anti-GBN [Nephrol Dial Transplant. 2015]				
	that induc	nat induce the autoimmune response are not fully understood. The recent confirmation of spatial and temporal clustering of ases suggests that environmental factors, including infection, may trigger disease in genetically susceptible individuals. The najority of patients develop widespread glomerular crescent formation, presenting with features of rapidly progressive GN, and 0%-60% will have concurrent alveolar hemorrhage. Treatment aims to rapidly remove pathogenic autoantibody, typically with euse of disease exchance, along with steries and evidence therewert ponging autoantibody production and fissue									lustering of	
	cases sug							viduals. The	Review Goodpasture's disease: a report			
	majority o							ssive GN, and	of ten cases and a [Autoimmun Rev. 2013]			
	the use of							on and tissue	Review Cutting edge issues in Goodpast [Clin Rev Allergy Immunol. 2011]			
	inflammat	flammation. Retrospective cohort studies suggest that when this combination of treatment is started early, the majority of										najority of
	patients v	vill have good r	enal outcome, a	re, although presentation with oligoanuria, a high proportion of glomerular crescents, or MPO-ANCA-positive					MPO-ANCA-positive anti-	glomerular		
	kidney fai	idney failure requiring dialysis augur badly for renal prognosis. Relapse and recurrent disease after kidney transplantation are							plantation are	basement membrane antit [Ren Fail. 2011]		
	both unco	ommon, althoug	h <i>de novo</i> anti-	GBM d	sease after	transplantation for	Alport syndrome i	s a recognized p	henomenon.	Effectiveness of Plasmapl	heresis in a	
	Copresen	presentation with other kidney diseases such as ANCA-associated vasculitis and membranous nephropathy seems to occur							eems to occur	Patient with Anti-glomer [Intern Med. 2017]		
	at a highe	er frequency that	in would be exp	ected t	y chance a	e alone, and in addition atypical presentations of anti-GBM disease are See revie					See reviews	
	machania	gly reported. Th	ese observation	ns nigh	ight the nee	and improve track	o turtner delineate	the immunopath	ogenic enting with		See all	
	meenanis	ans or anti-OBN	ruisease, and i	1011 10	Jetter renne	and improve treat	mente, particulariy	ior patients pres	enung with		500 an	















