

Inflammation

Lecture: 5

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Faculty of Applied Science Physiotherapy Department Fall Semester Systemic Pathology Second Grade

Objectives:

- 1. To define inflammation and explain types and causes of inflammation
- 2. To explain nomenclature of inflammation
- 3. To study mechanism of inflammation

Introduction

Inflammation:

Is the response of vascularized living tissue to injury.

- ► Functions to:
 - Dilute toxins
 - Destroy and Isolate offending agent.
 - ► Initiate repair of tissue

Inflammation is divided into two patterns:

1. Acute inflammation

(is an immediate response to injury)
Short duration minutes, hours to 2 days
characterized by exudation of fluid & plasma
protein, edema and emigration of leukocytes
predominately neutrophils.

2. Chronic inflammation:

Longer duration with presence of lymphocytes, macrophages, proliferation of blood vessels and connective tissue.

Causes of Acute inflammation:

- Infections (bacterial, viral, parasitic)
- Trauma
- Physical and chemical agents (thermal injury, e.g., burns or frostbite; irradiation; some environmental chemicals)
- Tissue necrosis (from any cause)
- Foreign bodies (splinter, dirt, sutures)
- Immune reactions (also called hypersensitivity reactions)



Cardinal signs of acute inflammation

- Rubor = redness
- ► Tumor = swelling
- Calor = heat
- ▶ Dolor = pain
- Functio laesa = loss of function



Nomenclature

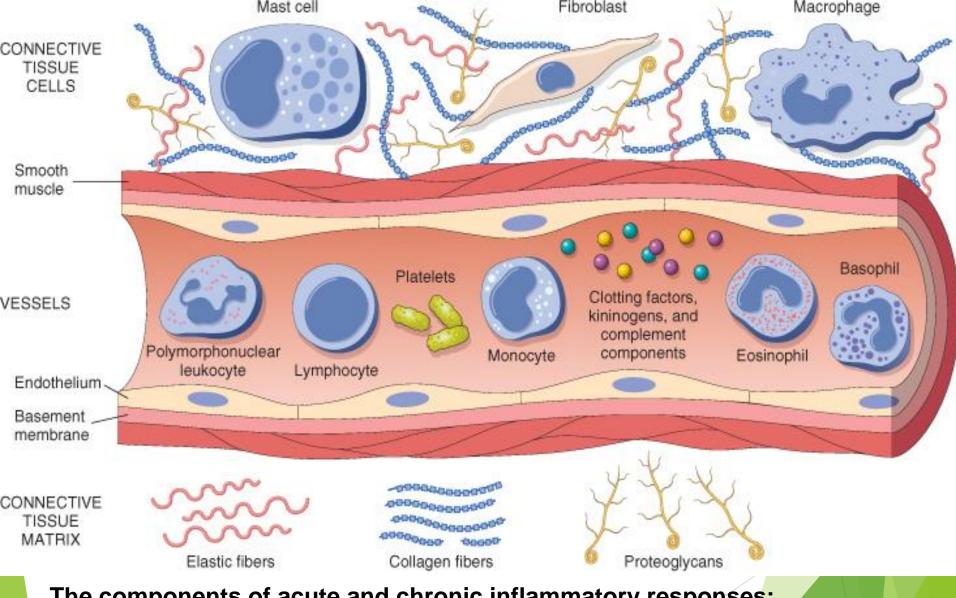
The nomenclature used to describe inflammation in different tissues employs the tissue name and the suffix "-itis" e.g. pancreatitis meningitis

arthritis

pericarditis

Acute inflammation involves:

- Alteration of vascular caliber (vasodilation leads to increased blood flow)
- Changes of microvasculature (increased permeability for plasma proteins and cells)
- Emigration of leukocytes from microcirculation (leukocyte activation leads to elimination of offending agent)



The components of acute and chronic inflammatory responses: circulating cells and proteins, cells of blood vessels, and cells and proteins of the extracellular matrix.

Vascular changes and fluid leakage during acute inflammation lead to **Edema** in a process called **Exudation**

Edema: excess fluid in interstitial tissue or body cavities, either:

1. Exudate:

- result of inflammation
- high protein and cell debris
- specific gravity >1.020

2. Transudate:

- result of hydrostatic or osmotic imbalance
- ultrafiltrate of plasma,
- no increased vascular permeability
- low protein content
- specific gravity < 1.012

Pus: inflammatory exudate rich in neutrophils, debris of dead cells and microbes.

Two Major Changes in Acute Inflammation:

- 1. Vascular changes.
- 2. Cellular changes.

These two changes result in three of five classic local sign (heat, redness & swelling)

The other two cardinal features of acute inflammation (pain & loss of function) occur as a consequence of mediator elaboration.

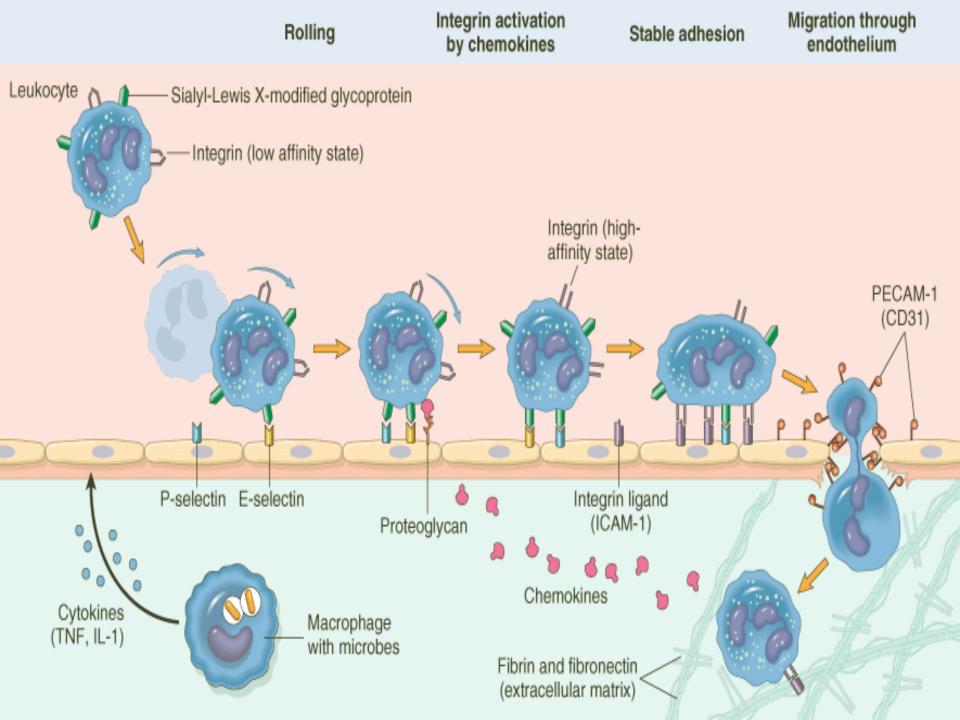
Vascular Changes:

- 1. Transient momentary vasoconstriction (5 sec.)
- 2. Followed by vasodilatation result in increase blood flow & engorgement of blood vessels.
- 3. Increase Vessel permeability & movement of protein rich fluid to extravascular system.

Increased vessel permeability manifest clinically as edema which occur in microcirculation (small arterioles, capillary & venules)

Cellular Changes

- Leukocytes leave the vasculature routinely through the following sequence of events:
 - Margination and rolling
 - Adhesion and transmigration
 - Chemotaxis and activation
- They are then free to participate in:
 - Phagocytosis and degranulation
 - Leukocyte-induced tissue injury



Phagocytosis and Degranulation

- Once at site of injury, leukocytes:
 - Recognize and attach to the particle.
 - Engulfment (form phagocytic vacuole)
 - Killing (degradation) of ingested material.

THANK YOU