Cartilages types according to ECM				
	Hyaline cartilage	Elastic cartilage	Fibrocartilage	
Fresh cartilage color	Bluish-white	•3 Yellow	-	
ECM rich in	Collagen fibers But, the ground substance rich in Hyaluronic acid	Elastic fibers	Collagen fibers	
How chondrocytes arranged	Round or oval	_	Axialy in the lacunae	
Perichondrium			NO PERICHONDRIUM	
Location	-Articular surfaces in some joints -Airway passages (nose,cricoid and thyroid cartilages of LARYNX & trachea) -Costal cartilages -Epiphyseal growth plate	-Auricle of ear -Wall of external auditory canal -Auditory tube -Epiglottis & cuneiform cartilages of LARYNX	-Intervertebral discs -Pubic symphysis -Menisci of the knee joint	
	THE MOST COMMON TYPE			

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	TYPES OF BONE CELLS
	*Responsible for formation of organic matrix of bone and. Subsequent deposition of minerals
	#form single layers of cell on the surface
Osteoblasts	#active cell are cuboidal or low columnar with basophils cytoplasm .
	#Inactive cells are flattened and less basophilc.
	#Secrete organic matrix from its surface in contact with old bone ,creating an
	area of yet unmineralized bone called osteoid.
	#later ,will deposit the inorganic component to
	form the bone matrix .
	#osteoblast will eventually be surrounded by the matrix it produced and it will convert into an
	osteocytes
Osteocytes	#osteocytes :flattened ,almond shaped featuring cytoplasmic processes with reduced
	rough endoplasmic reticulum and golgi complex and darker nuclei
	#involve in the maintenance of the bony matrix
	#Each osteocytes is located within a lacuna .its processes are located in bony canals
	called canaliculi
	<pre>#processes of osteocytes are connected with each other by gab</pre>
	junction ,allowing transport of nutrient between cells .this is vital(main)cause
	the passage of nutrients through calcified matrix is difficult
	#large /motile /multinucleated cells .
	#formed by the union of several bone_marrow
Osteoclasts	derived mononucleated
	#Responsible for the resorption of bone

Process of resorption

- 1.osteoclast woks in a specified depression called :resorption bay(howship`s lacuna)
- 2.their cell membrane facing the matrix is thrown into folds called the ruffled border (to increase surface area.

3.around the ruffled border the cytoplasm is rich in actin filaments which help in adhering the cell to the matrix (this area is called circumferential dhesion /clear zone.

4.into the subcellular space thus formed ,H+ ions are pumped and lysosome fuse with the cell membrane and release their secretions(including collagenases)to the outside .in this way,the collagenand hydroxyapatite of the matrix are dissolved





Disease	Pathology	Notes	
Osteitis	Increased level of PTH causes excessive stimulation of osteoclasts that	 Bones are decalcified and liable for fracture. 	NIC-
fibrosa cystica	leads to increased resorption. Cysts are formed within the bone.	 High Ca²⁺ level in blood increases risk of renal stones. 	
Osteopetrosis (Marble bone disease)	Genetic disorder in which there's abnormality in osteoclasts that leads to decreased resorption.	 Bones are thicker and appear denser on X-rays. The bone marrow cavity is narrowed → anemia and increased risk of 	

BONE MATRIX

A) #inorganic components:(50%of dry weight of bone) #Mainly hydroxyapatite crystal #various ions and compounds

B)

Organic components:

#Fibers:collagen #Ground substance :proteoglycans and multiadhesive glycoproteins #ca+2 binding proteins #alkaline phsophatase in matrix vesicles (which increase po4 concentration)

Note *

#in the matrix ,association of minerals with collagen fibers is responsible for 1.hardness..2.resistance of bone # if ca+2 removed ,the bone will maintain its shape and become flexible as a tendon #if collagen is removed ,the bone maintains its shape but become fragile and easily broken .



ACCORDING TO GROSS MORPHOLOGY	ACCORDING TO SHAPE
 #in a section ,a part of the bone appers As a dense area with generally no cavities .this called compact bone #Another part has several inter connected Cavities .this called spongy (cancellous)bone #Histoogically ,both the compact Bone and the trabeclae of the spongy bone have the same Features . 	<pre>#long bones: *Have a tubular shaft ,the diaphysis and an expanded at each end. *the shaft has a central cavity for the bone marrow(marrow or medullary cavity) *the shaft is mostly composed of compact bone with a thin layer of spongy bone surrounding</pre>

ACCORDING TO HISTOLIGICAL FEATURES		
Primary (woven)bone	Secondary (lamellar) bone	
 *characterized by the irregular arrangement of its collagen fibers *osteocytes are more abundant and its appears Less dense on x-rays due to less mineral content *it is 1st type of bone to appear during embryonic development and in fracture repair *it replaced by secondary bone ,except in areas of tendon attachment ,tooth sockets and near the Suture of the skull bones 	*Characterized by the arrangement of the matrix into multiple layer called lamellae *the osteocytes are located inside lacunae found Between the lamellae	



the central canals are connected to the periosteum,the bone marrow cavity , and to each Other by transverse (or oblique) perforating





canals.

Ossification

- 1.intramembranous : the formation of bone from a group (membrane) Of mesenchymal cell(خلايا جذعيه).process by which most of the flat bone are formed
 - 2.endochondral :is the formation of bone matrix of a pre -existing hyaline cartilage model of the bone .long and short bone are mostly formed by this method

Intramembranous ossification	Endochondral ossification
 a) in ossification center some mesenchymal cells differentiate into osteoblasts b)the osteoblast will form osteoid which will later become calcified *some osteoblasts will be surrounded by the bone matrix forming osteocytes in lacunae C)woven bone is formed at first .several centers will fuse forming trabeculae surrounding cavities containing blood forming and mesenchymal cells 	 1) a hyaline cartilage model of the bone is formed .cells in the perichondrium will differentiate to osteoblasts that will form a bone collar around the diaphysis of the model. #This will prevent passage of nutrients from the perichondrium to the chondrocytes 2) chondrocytes will hypertrophy ,enlarging their lacunae and compressing the cartilage matrix between them #The compressed matrix will be calcified and the chondrocytes will die forming a porous structure
	3)osteoclasts will dig tunnels (تحفر انفاق)through the calciified matrix Through these tunnels ,blood vessels and osteoprogenitor cells from the perichondrium (now called periosteum)will reach the matrix
D)lamellar bone replaces the woven bone as compact bone surrounds the spongy bone	4)the osteoprogenitor cells will form osteoblasts that line the cavities of the porous structure. osteoblasts will produce primary bone which will later cover into secondary bone.
E) the remaining non-calcified mesenchymal Tissue will form the periosteum and endosteum	 5)ossification in the diaphysis is called primary ossification center.later in life secondary ossification centers appear in the epiphyses by a similar process 6)cavities will be formed during this process and this will be filled with bone marrow
Ep	physeal plate The hyaline cartilage remains in 2 are:

 Articular cartilage :this persists throughout life
 2.epiphyseal plate : disappears during adulthood



Bone remodeling (remodeling cone)

*It's occurs through life

*osteoclasts resob old bone forming a tunnel (cutting cone)

*The tunnel is invaded by osteoprogenitor cells and sprouting loops of capillaries from the endosteum or periosteum *Osteoblasts develop, line the wall of the tunnel, and begin to secrete osteoid in a cyclic manner, forming a new lamella to the inside of the older ones trapping osteocytes inside lacunae (closing cone)

*The tunnel becomes constricted with multiple concentric layers of matrix, and its lumen finally becomes as the central canal of a mature osteon.



Fig.22: Bone remodeling cone. The process begins by osteoclasts (green cells) digging a tunnel (section d). Osteoblasts (purple cells) will line the tunnel and produce osteoid (orange) that will later mineralize (sections c and b). More layers are formed until a mature osteon is formed (section a) with a central canal lined by endosteal cells (pink cells).



Increase in length of bones occur at site of epiphyseal plate before they're closed. After closure of the plates during adulthood, no further increase in bone length can occur. The time of closure of the plate is specific for the bone. This can be used to determine the age of the person

Tetracycline binds with great affinity with Ca2+ in recently deposited bone matrix. Based on this interaction, a method was developed to measure the rate of bone apposition, an important parameter in the study of bone growth and the diagnosis of bone growth diseases.





Tetracycline is administered twice to a patient, with an interval of 5 days between injections.

A bone biopsy is then performed and the sections are studied by means of fluorescence microscopy. The distance between the two fluorescent layers is proportional to the rate of bone apposition.

