

Histology of the Lymphatic System

Lymphatic System

- Consists of lymphatic organs, tissue, cells, lymph, and lymph vessels
- It is a part of the immune system
- Organs include:

Thymus

Tissues in the form of MALT → mucosa associated
Lymphatic tissue
like RS

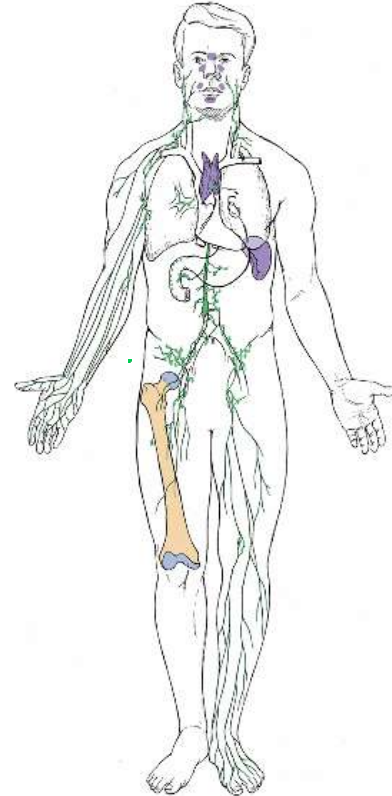
Tonsils

Peyer patches → in ileum

Appendix →

Lymph nodes

Spleen



Thymus Gland

- Location
- Development and Growth
- Structure

1. Capsule and lobules

2. Cortex (T-Cell precursor (lymphoblast),

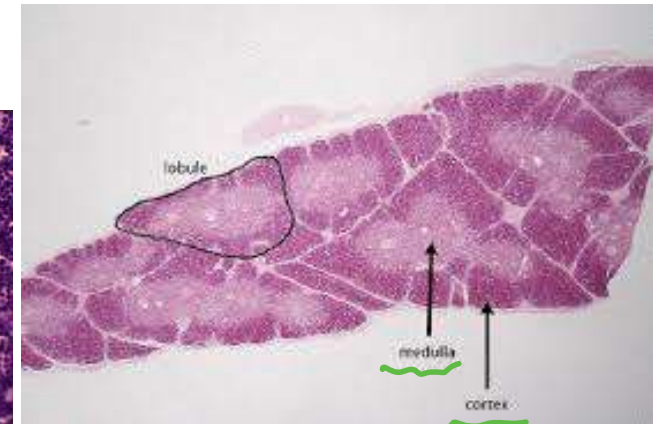
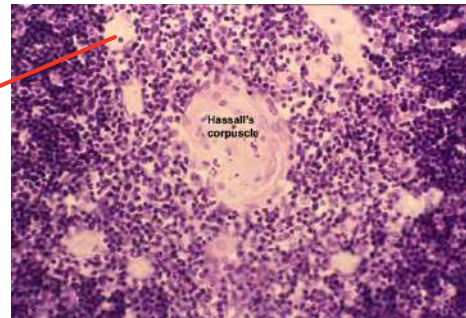
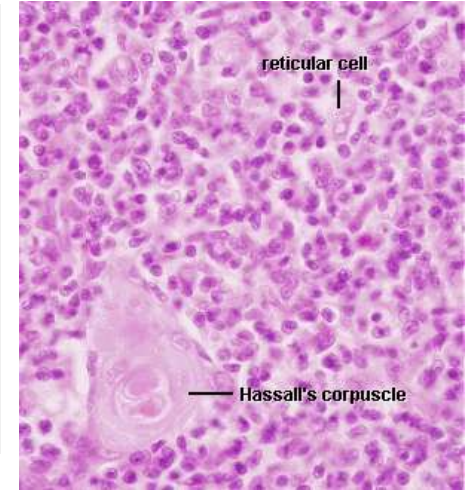
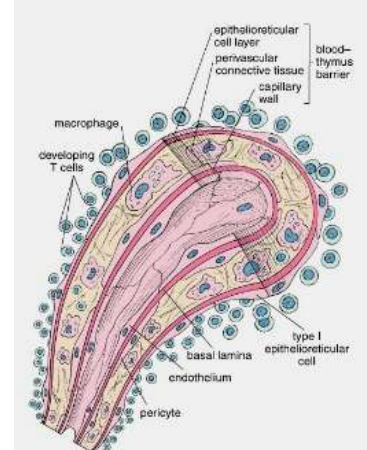
Reticuoepithelial cells, abundant Macrophages)

3. Medulla (T-Cells, Hassall corpuscles)

4. Thymic blood barrier

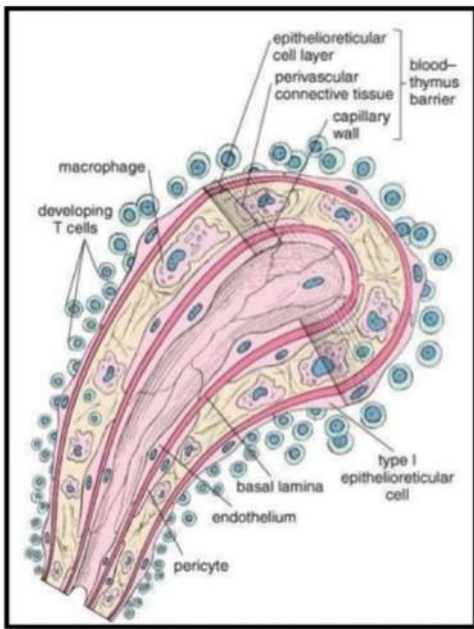
*This wight color
because of
reticuloepithelial
cells*

*cause the dark
color of the cortex*



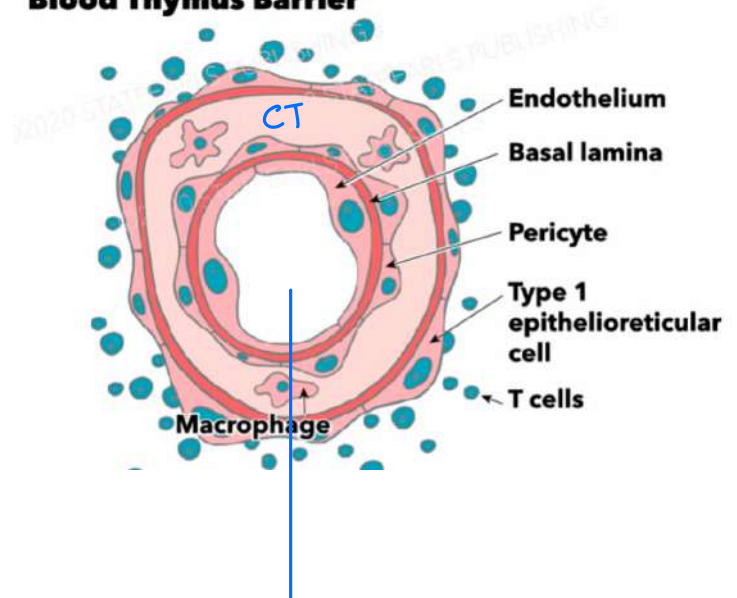
- Location : in the mediastinum , retrosternally
- Development : from the third pharyngeal pouch
- growth :
 - grows rapidly during childhood and reaches maximum size during puberty
 - After puberty, the thymus gradually replaced by adipose tissue
- structure :
 - bilobed, each lobe is covered by a CT capsule
 - each capsule separated by trabecula
 - each parenchyma contain dark ^{cortex} and lighter ^{medulla} area
 - blood supply reach through the septa (trabeculae) between each lobules
- cortex is darker because of T-cell precursor and (nucleus of lymphoblast)
- when T-cells become mature (just 2% will reach maturity) they will enter medulla (98% will die) → the medulla color is lighter
- Hassall's corpuscles : unique structures found in the medulla, These structures are composed of concentric layers of epithelial cells and are involved in the maturation and selection of T-lymphocytes within thymus

longitudinal section



cross section

Blood Thymus Barrier



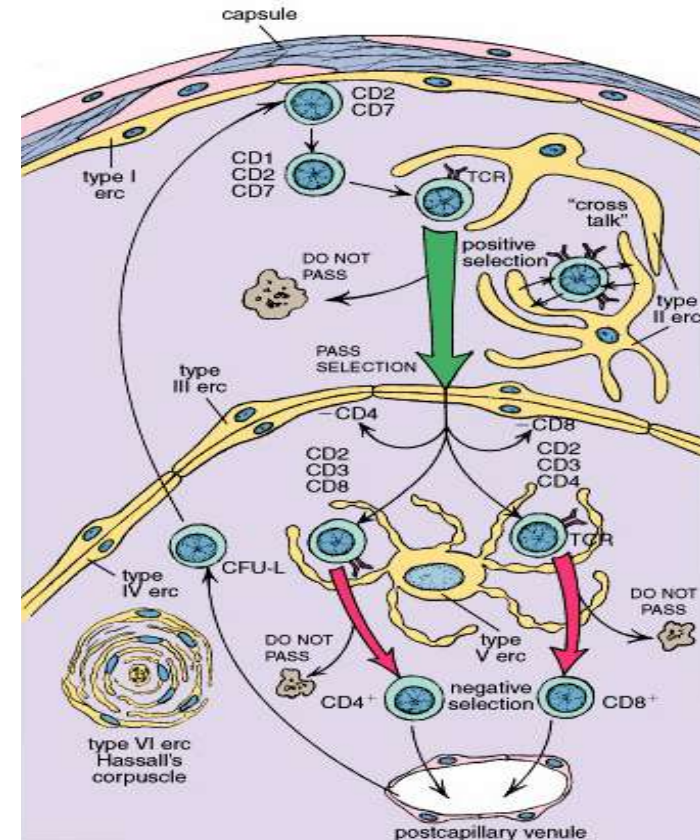
• immature T-cells come from this capillary and enter the thymic parenchyma

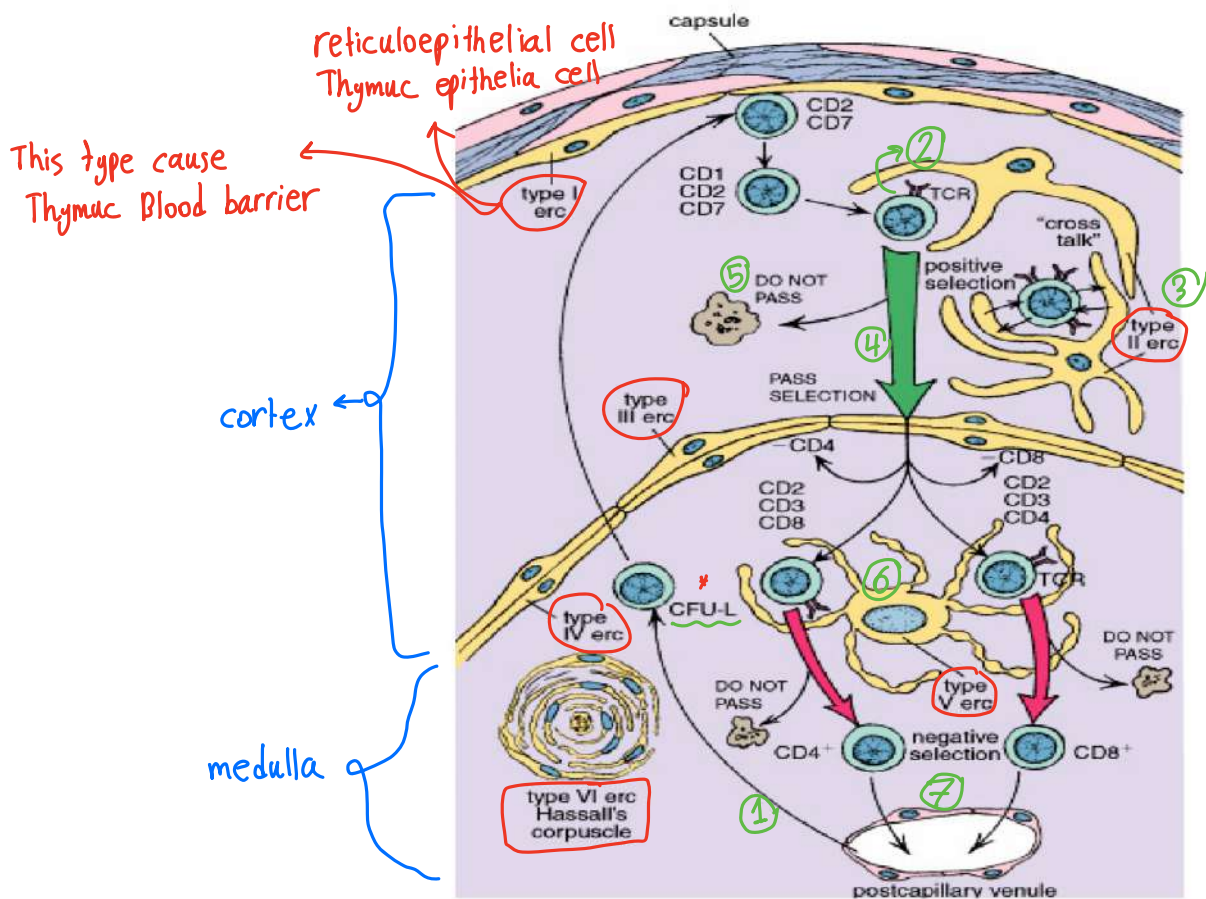
- 1) pass from the endothelial lining of the capillary
- 2) then through basement membrane of the capillary
- 3) then the cytoplasm of pericytes outside the capillary
- 4) then the CT of the thymus
- 5) then cytoplasm of reticuloepithelial cells
- 6) then the parenchyma of thymus

• It leaves the capillary through post-capillary venule

T-Cells Differentiation

- It is the site of terminal differentiation, maturation, and selection of T-lymphocytes
- No receptors on the cell surface of precursor cells
- In the cortex, they divide by mitosis and present to MHC molecules on thymic epithelial cells (TECs).
- Cells that interact with MHC molecules will survive (+ve selection) and pass to the medulla, others will die by apoptosis and will be eliminated by macrophages





① entrance of the immature T-cell
 CFU-L → coloni forming unit-Lymphocyte,
 this is resources of T-cell from bone marrow
 .These cells don't carry any type of receptors

② T-cells start requiring receptors (TCR = T cell receptor)

③ Thymic epithelial cells type ② have Major histocompatibility molecule (MHC), so T-cells that possess receptors will interact with those molecules

④ Those cells that possess receptors will pass to medulla to continue differentiation
 ⑤ Those who don't possess receptors will not pass and will be eliminated

This process called positive selection

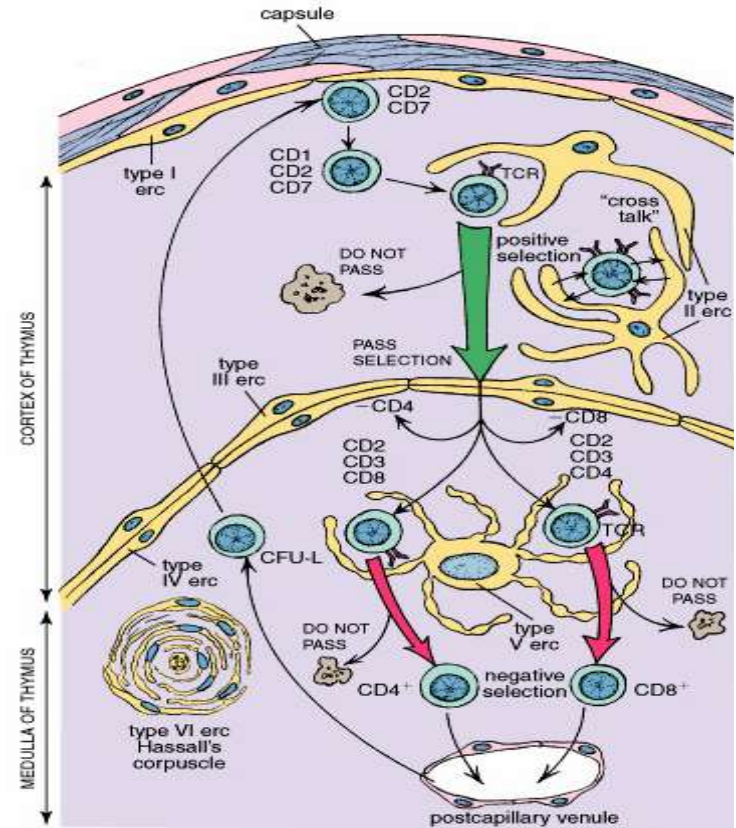
⑥ The (TECs) type V have also (MHC) but with self antigens
 . if CD4, CD8 cells recognise the self antigens that mean that those cells recognise the self-antigen as non-self, and that is wrong, so they will get eliminated ☹️

negative selection

⑦ mature cells will leaves to circulation

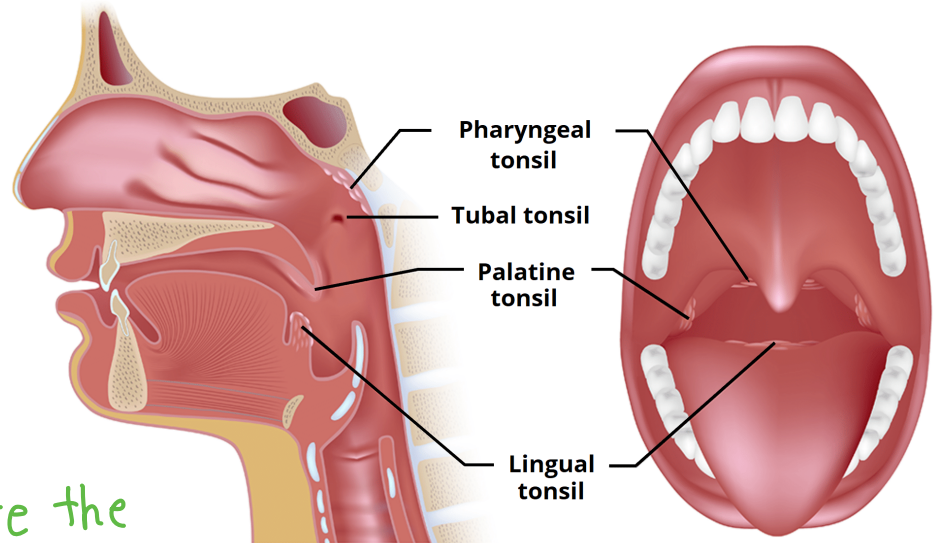
T-Cells Differentiation Cont.,

- In the medulla, cells are attached to self-antigens bound to class I and II MHC on the surface of TECs, dendritic cells, and macrophages, if accepted they will die (-ve selection) and other cells will continue the maturation
- Positive and negative selections
- Mature T-cells with receptors leave the thymus via capillaries or efferent lymphatic



Tonsils

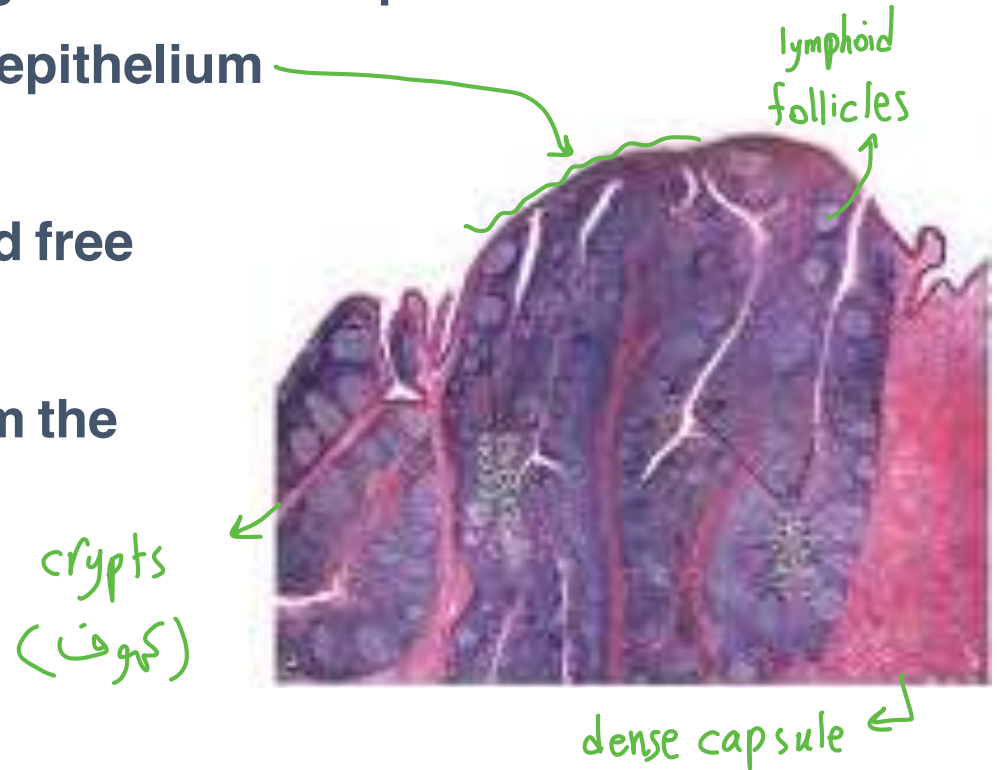
- They belong to MALT but considered organs because they are partially encapsulated
- Tonsils are covered by epithelium → stratified or pseudo stratified
- They include:
 1. Palatine tonsils
 2. Pharyngeal tonsils
 3. Lingual tonsils
 4. Tubal tonsils
- Waldeyer's ring



↳ The cycle of those tonsils, they are the first line

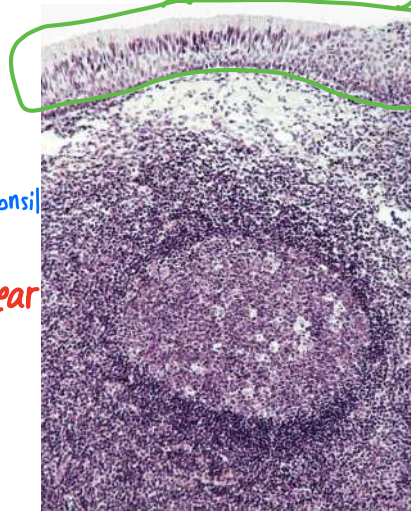
Palatine Tonsils

- A pair of them located in the oropharynx lodged between the palatoglossus and palatopharyngeus and the superior constrictor
- Covered by stratified squamous epithelium
- 10-20 crypts in each one
- A Sheet of lymphatic nodules and free lymphocytes below the mucosa
- A dense capsule separates it from the subjacent tissues



Pharyngeal Tonsil

- One in the nasopharynx covered by pseudostratified columnar epithelium
- Form a thin sheet of lymphoid nodules and diffuse lymphocytes
- No crypts → as we see, the epithelial membrane still continuous (not separated)
- Very thin capsule
- Adenoid → inflamed pharyngeal tonsil



- in adult → atrophy and disappear
- in infants → some times maybe get hypertrophy lead to issues like congestion

• if infection still and cause hypertrophy (like staphylococcus infection) it is recommended to remove it

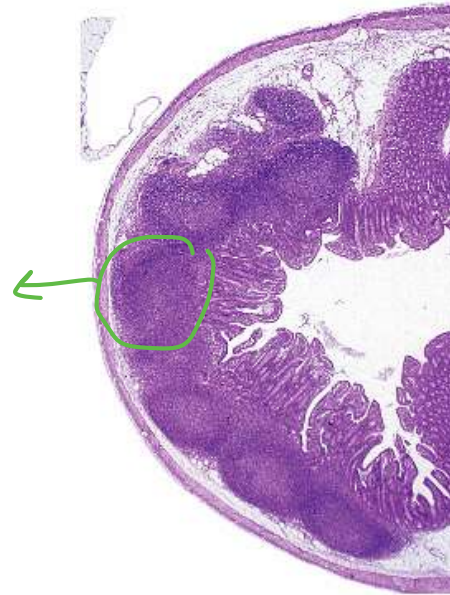
Lingual Tonsils

- They are multiple small ones at the base on the tongue
- Covered by stratified epithelium
- One crypt for each tonsil
- *separated by dense connective tissue*



Appendix

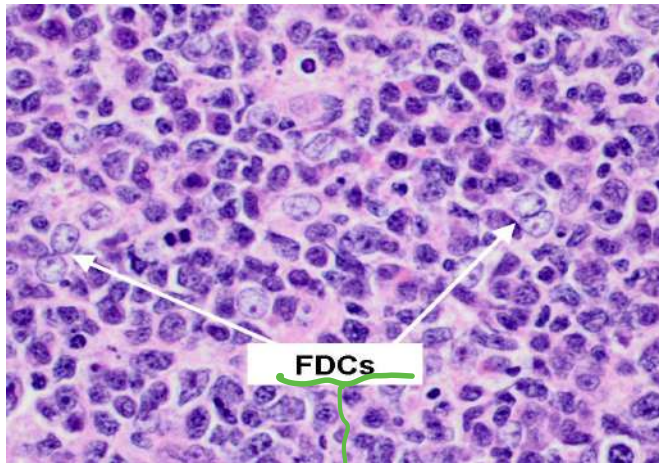
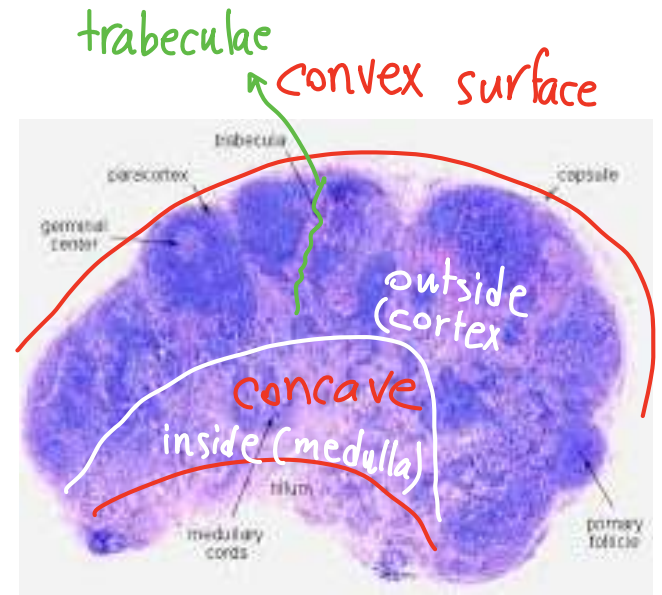
lymphoid
follicles



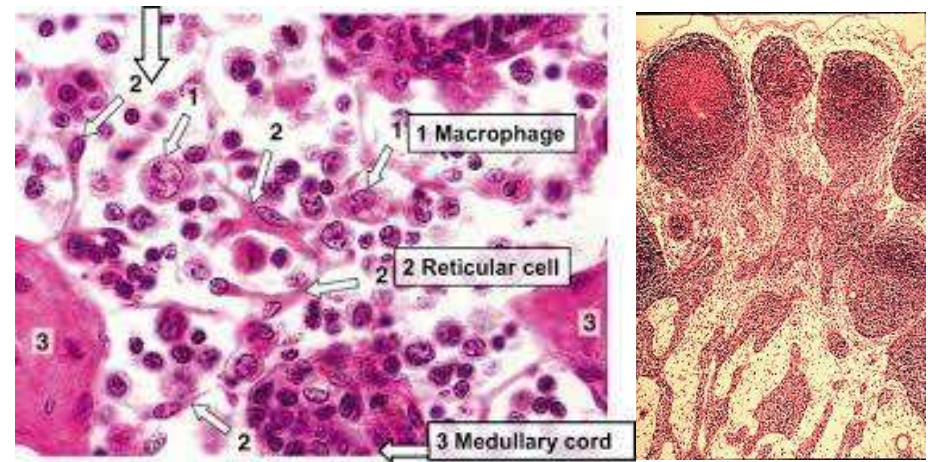
Lymph Node

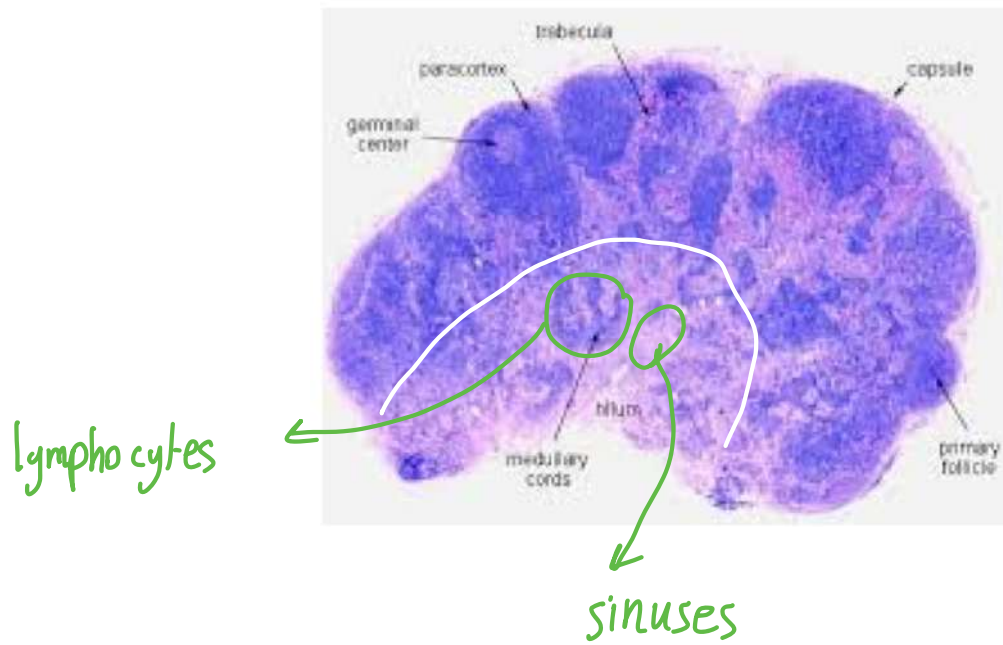
- Shape
- Structure
- Cortex
- Medulla
- Cells

• there is dense connective tissue capsule that send trabeculae, those trabeculae divide it to outside and inside parts, outside has collection of lymphoid follicles, inside has two parts: lymphocytes (dark), sinuses (light area)

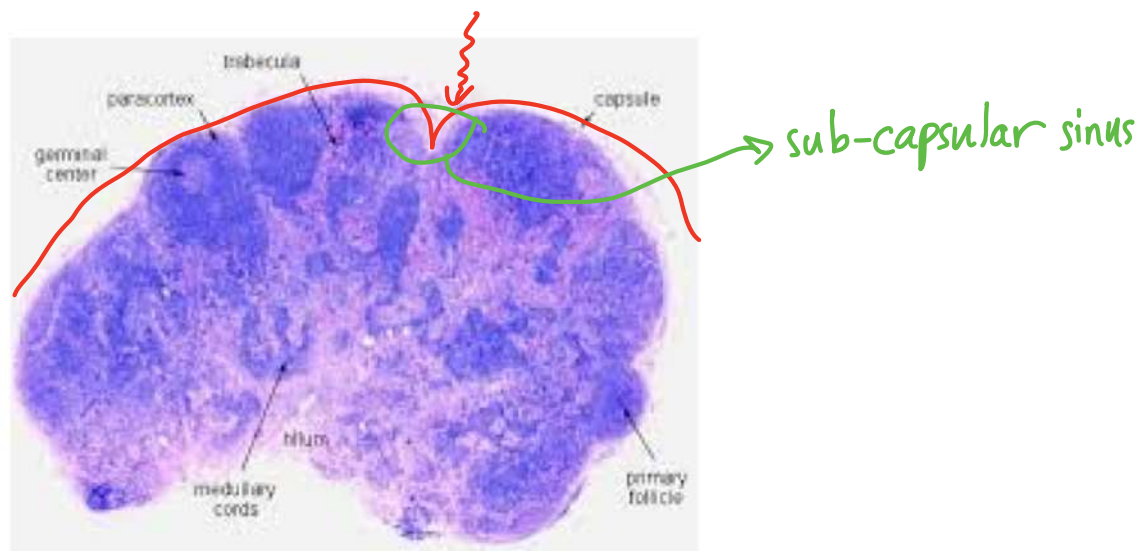


Follicular dendritic cells





The convex surface of the lymph node receive afferent lymphatic vessel and that make other sinus under the capsule (sub-capsular sinus) and continue as trabecular sinuses, and they aggregate together to give medullary sinuses

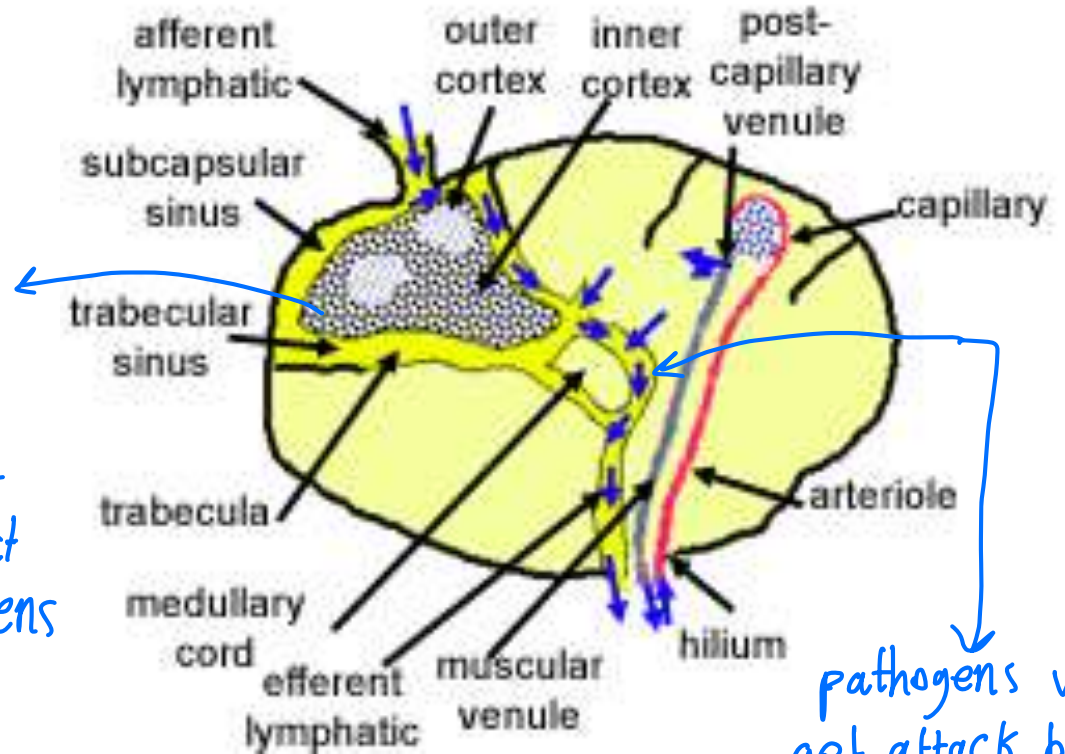


the paramedullary zone or juxtamedullary zone \Rightarrow the region where cortex transition to medulla, it is also called T-dependent zone because of its important in the maturation and activation of T-cells

Lymph Node Cont.,

- Lymph circulation

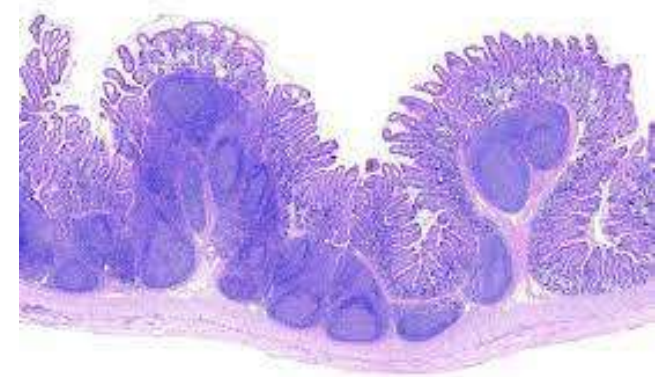
B-cells will react with antigen when intact with pathogens



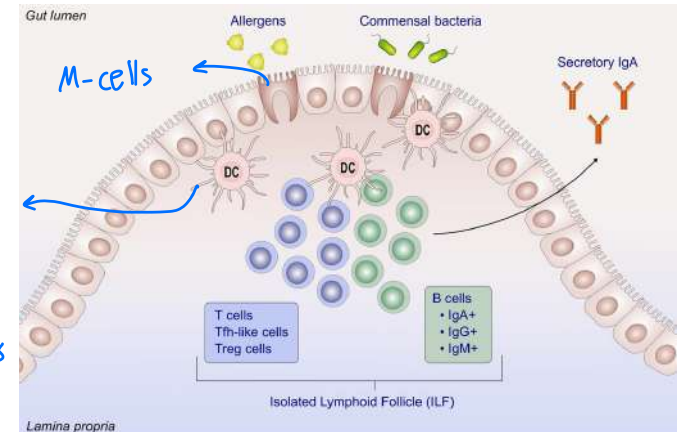
pathogens will get attack by T-cells in paramedullary zone

Peyer Patches

- A collection of lymphoid follicles in the lamina propria of the ileum
- It made of a collection of B lymphocyte
- It has a role in immunity by attacking antigens or other particles
- **M-cells** between the columnar enterocytes has a role in this process



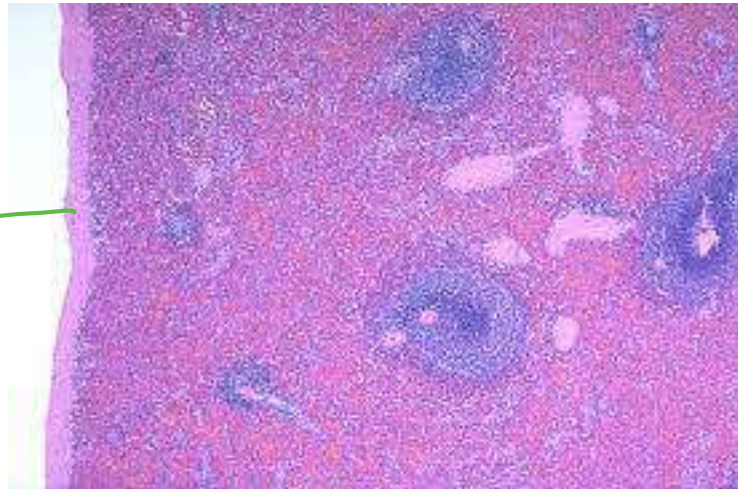
dendritic cells take some pathogen from M-cells and expose it to lymphocytes, this process will transform lymphocytes into plasma cells and make it release IgA that go to lumen and attack pathogens



The Spleen

- Largest lymphoid organ
- Contains of large number macrophages
- It is a blood filter
- Structure: capsule, trabeculae, splenic pulp
- no afferent

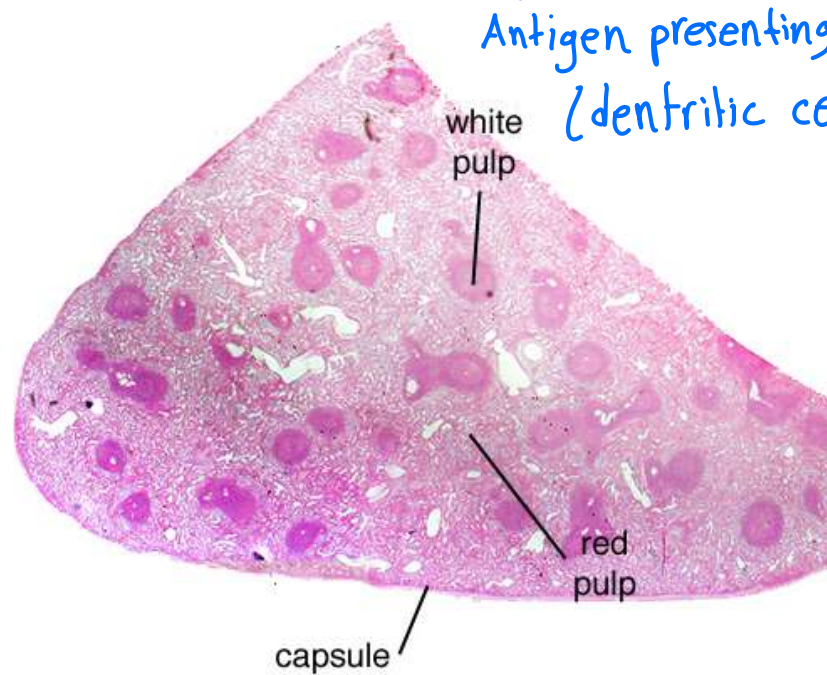
dense CT
capsule ←



in median side
of spleen the
hilum exist

Splenic pulp

- Spleen composed of a network of reticular tissue with reticular cells, lymphocytes, other blood cells, macrophages and **APCs**
- White pulp
- Red pulp



White Pulp

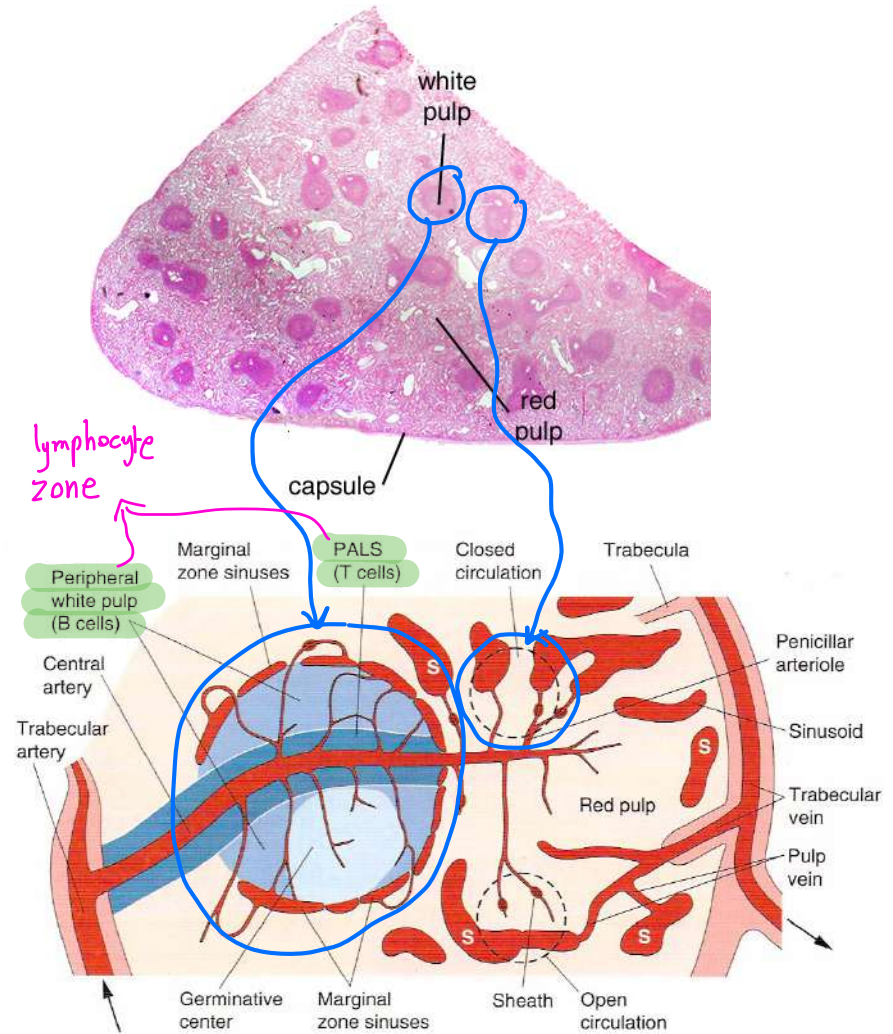
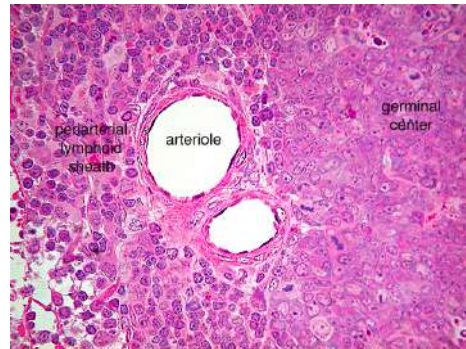
Blood supply

Periarterial lymphatic sheath (PALS)

Lymphoid nodule

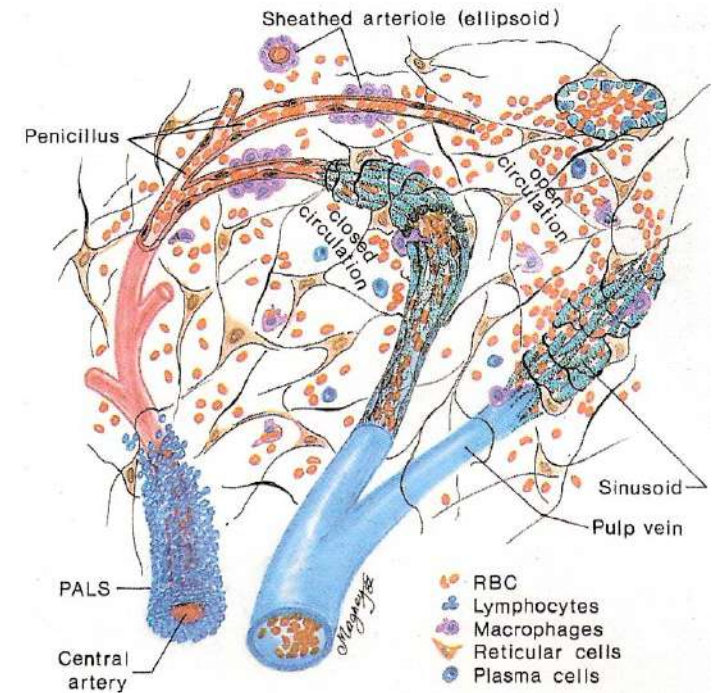
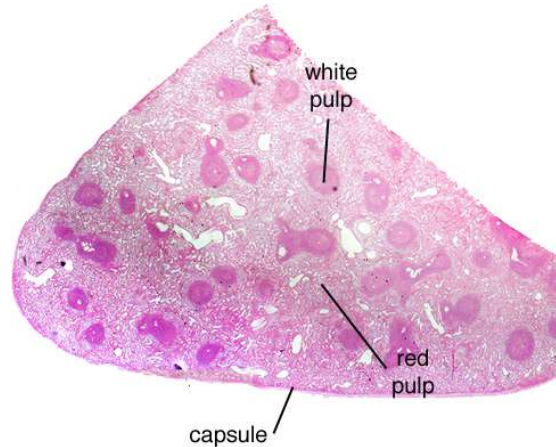
Marginal zone

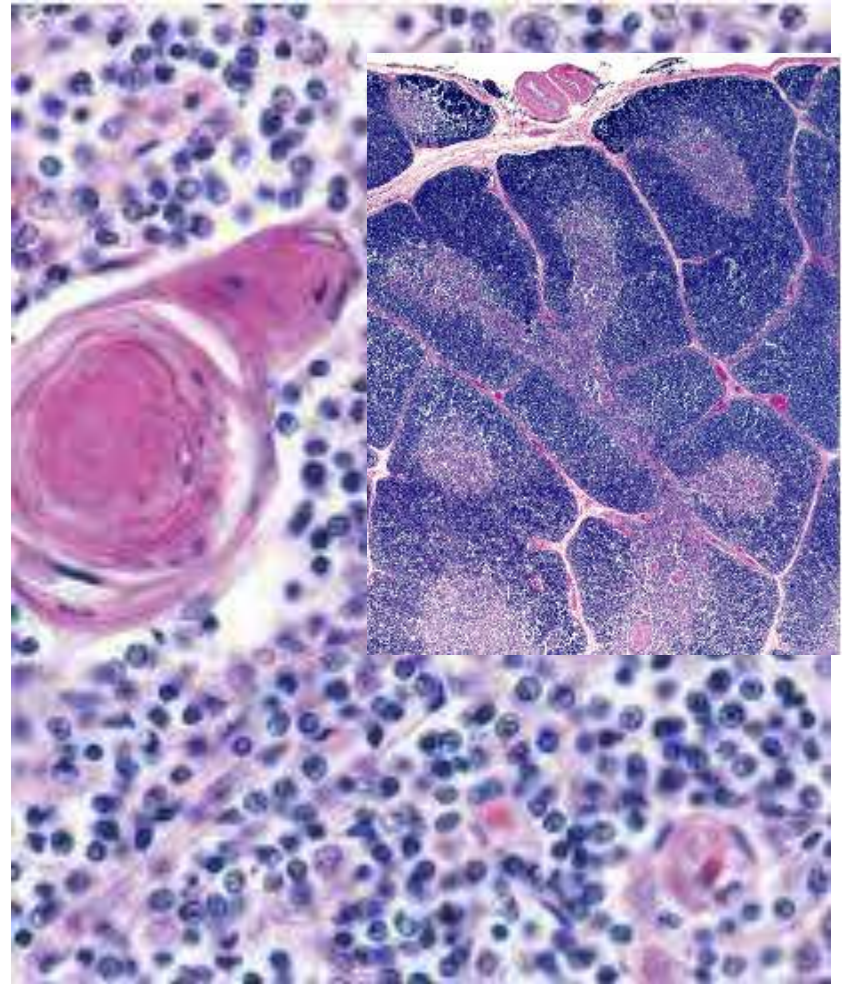
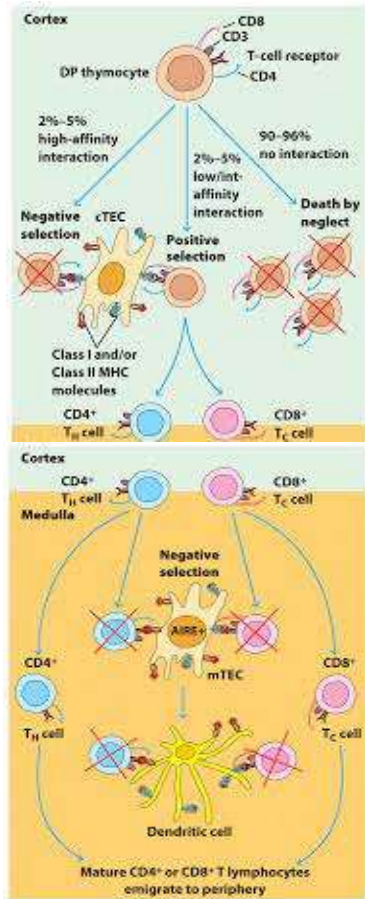
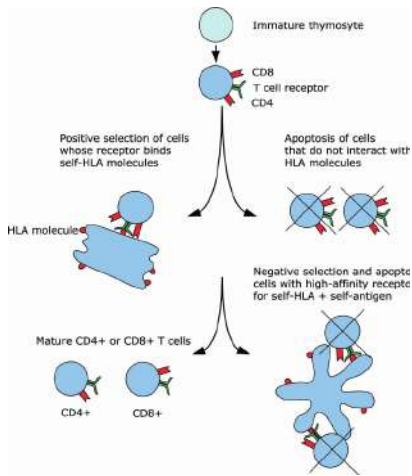
Penicillar arteries

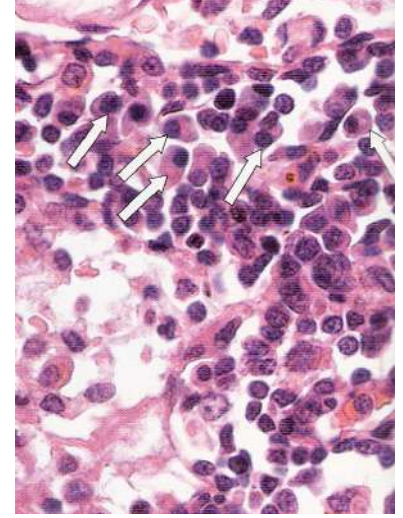
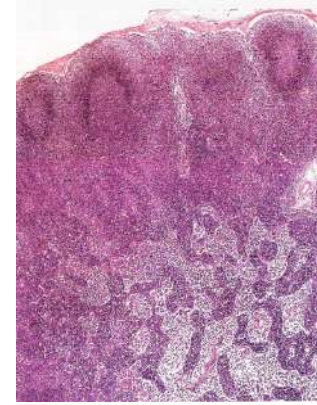
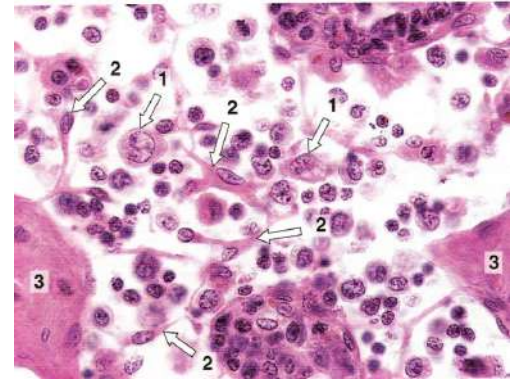
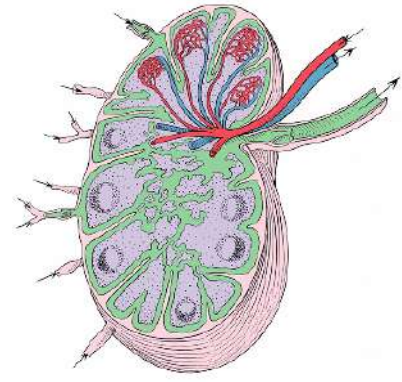
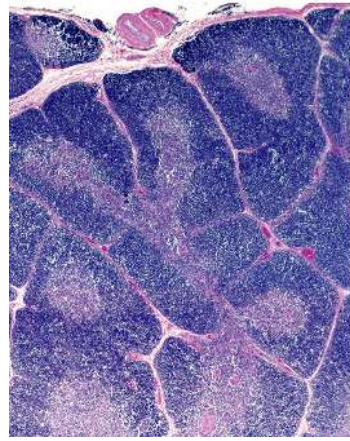


Red Pulp

- Splenic cords are supported by reticular fibers and contain T-cells, B-cells, macrophages, plasma cells, and many blood cells.
- Splenic sinusoids (**Sava cells**)
- Closed circulation
- Open circulation







* note from doctor :

Lymphoid organs with Both Afferent and Efferent lymphatic vessels:

ans: lymph node

Lymphoid organs with just Efferent

ans: spleen, thymus