

CHRONIC INFLAMMATION

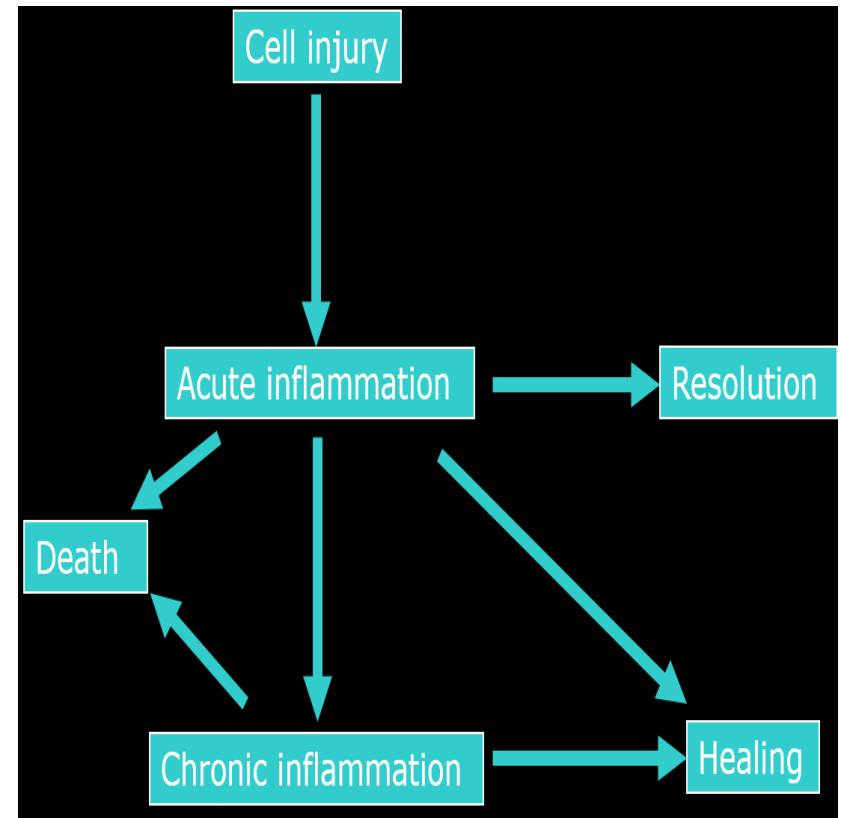
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Learning Objectives

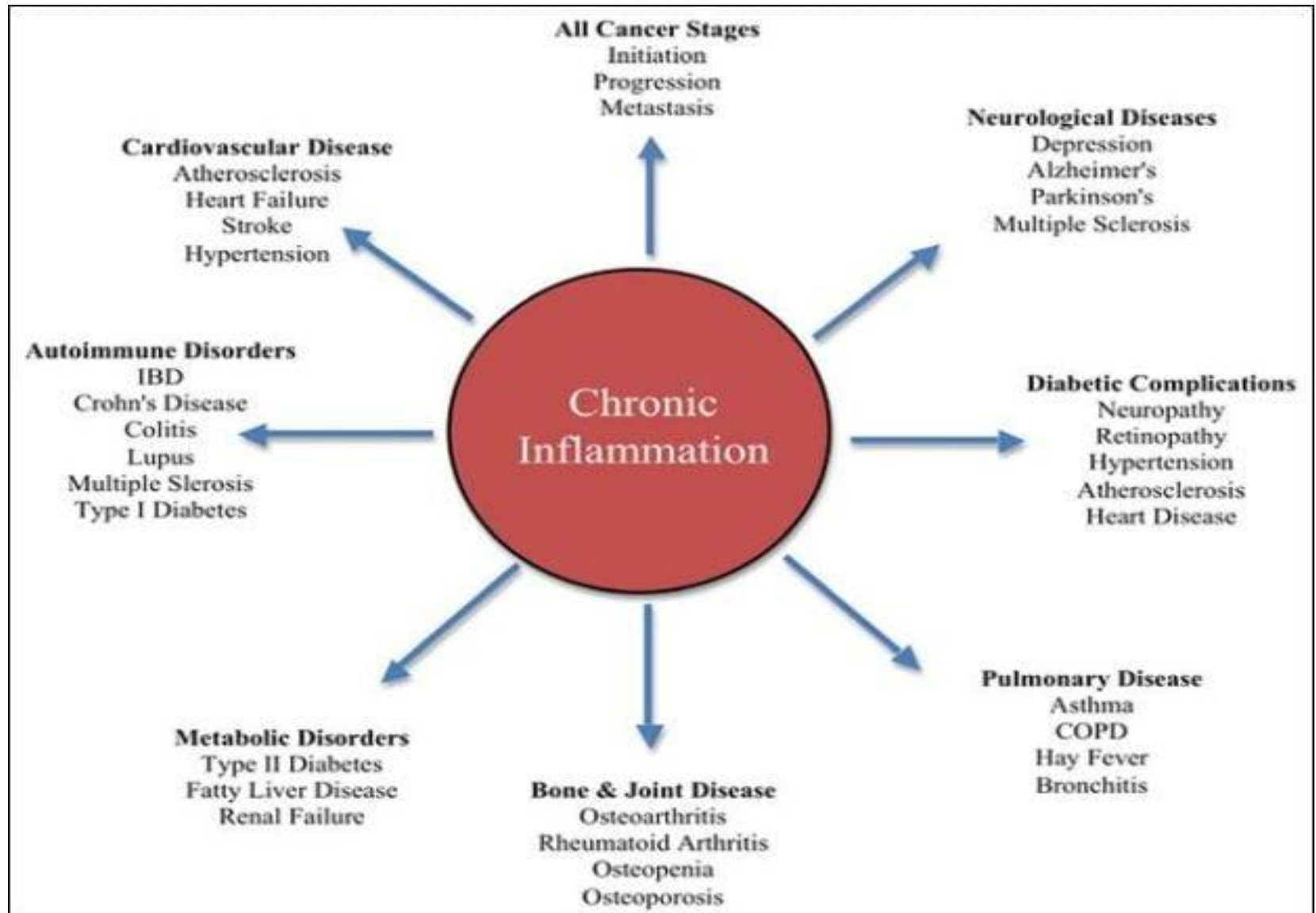
- By the end of this session, students are expected to be able to:
 - Define chronic inflammation
 - Explain general features of chronic inflammation
 - Mention types of chronic inflammation
 - Describe sequels of chronic inflammation
 - Describe systemic effects of chronic inflammation

Definition and causes of Chronic Inflammation

- **Def:** Inflammation of prolonged duration (weeks to months to years)
- Followed simultaneously by
 - active inflammation,
 - tissue injury,
 - Healing
 - Death

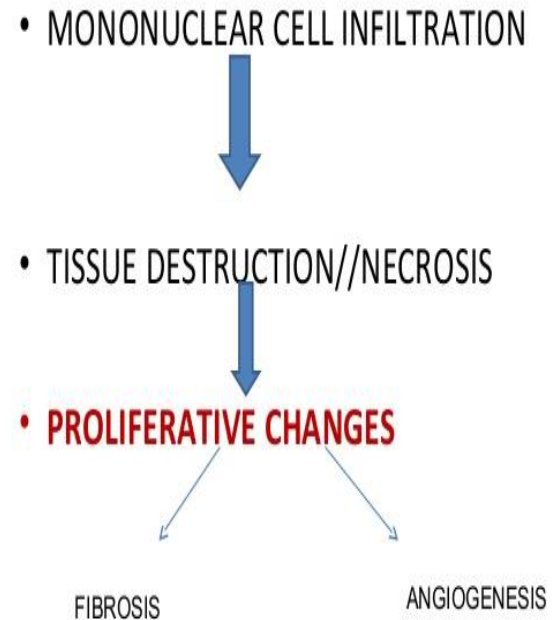


Causes of Chronic Inflammation



General Features of Chronic Inflammation

- Mononuclear cell infiltration
 - phagocytes and lymphoid cells
- Tissue destruction or necrosis
- Proliferative changes



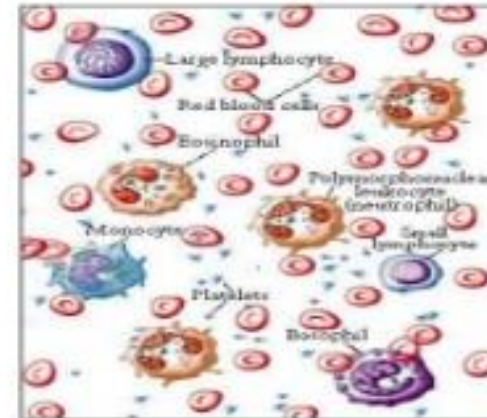
General features of chronic inflammation

1. Mononuclear cell infiltration-

phagocytes, circulating monocytes, macrophages & giant cells.

2. Tissue destruction or *necrosis*.

3. Proliferative changes- small blood vessels & fibroblasts



Necrotising (gangrenous) inflammation

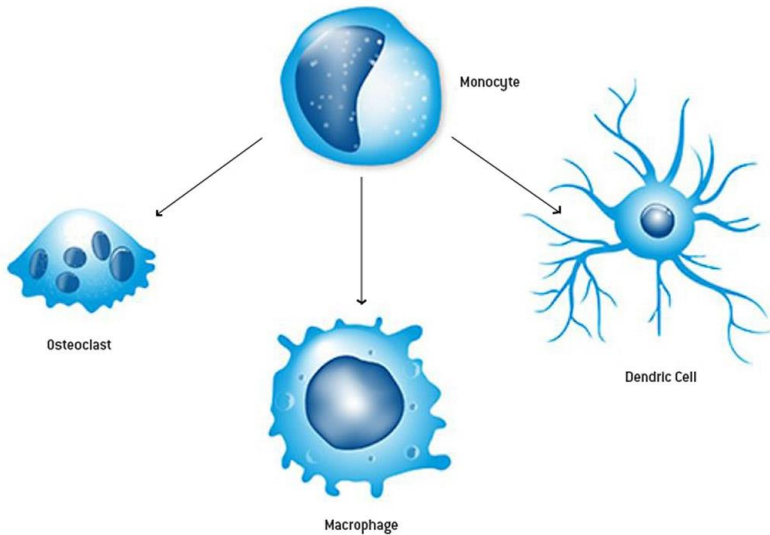


CHRONIC INFLAMMATORY CELLS AND MEDIATORS

- Macrophages
- Lymphocytes
- Plasma cells
- Eosinophils
- Mast cells

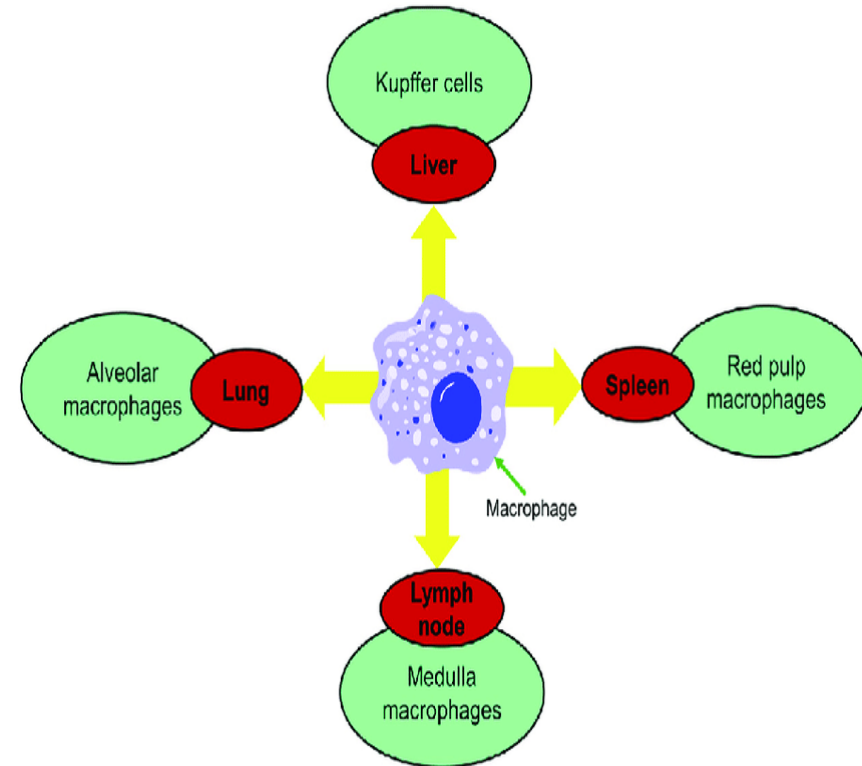
a) Macrophages

- The dominant cells of chronic inflammation
- Tissue cells derived from circulating **blood monocytes** after their emigration from the bloodstream.

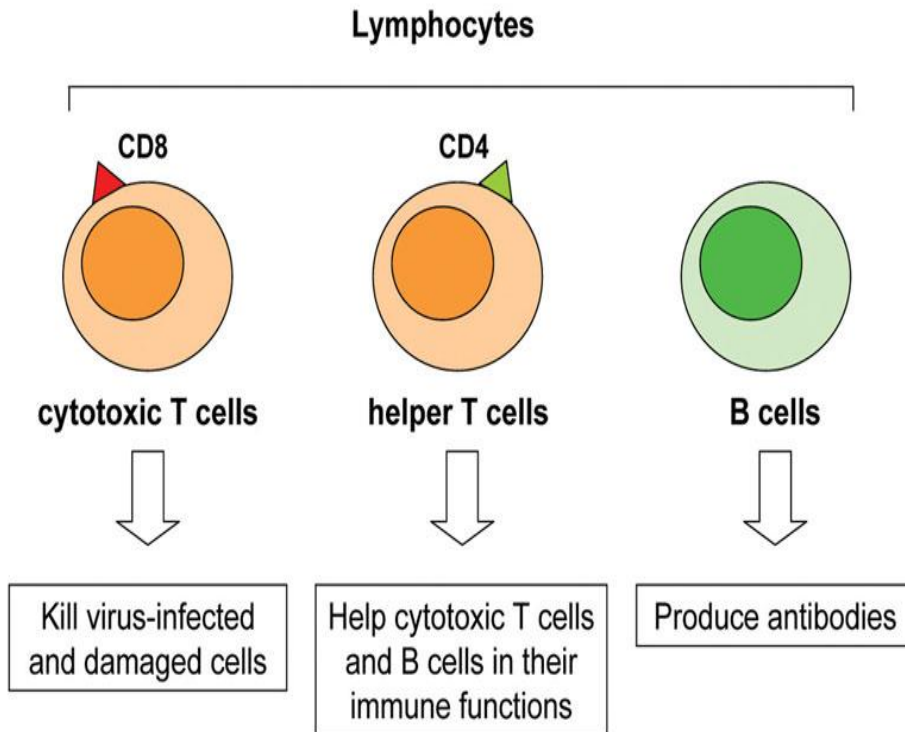


Types of macrophages

- Mononuclear phagocyte system/
reticulo-endothelial system
secrete these cells which act as;
 - **filters** for particulate matter,
microbes, and senescent cells
 - **sentinels** to alert the specific
components of the adaptive
immune system (T and B
lymphocytes) to injurious stimuli:
 - Chemotactic factors and adhesion
molecule
 - Local proliferation of macrophages



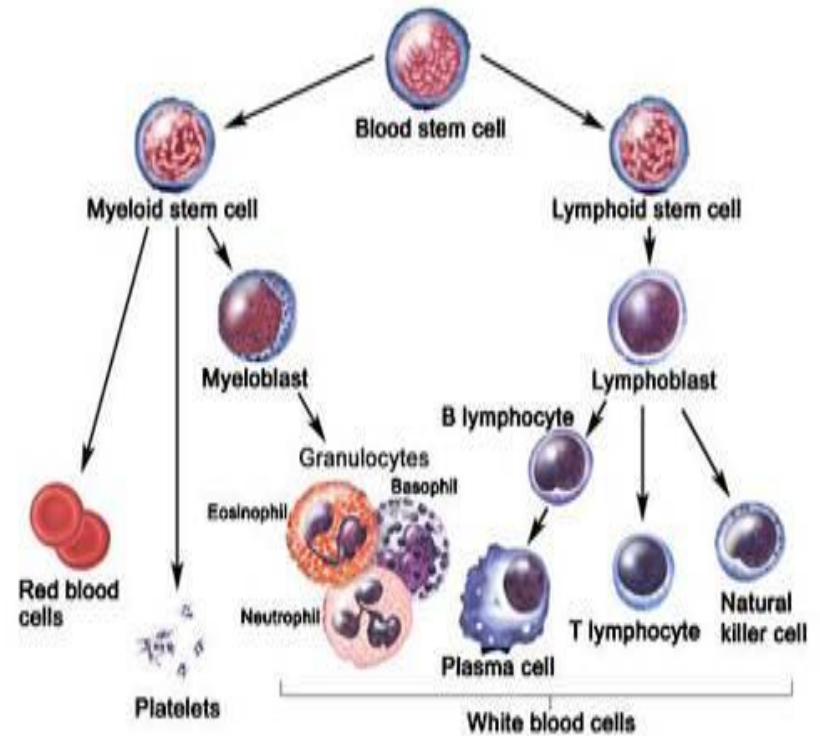
b) Lymphocytes



- lymphocytes and eosinophils influence each other and release **mediators** of inflammation.

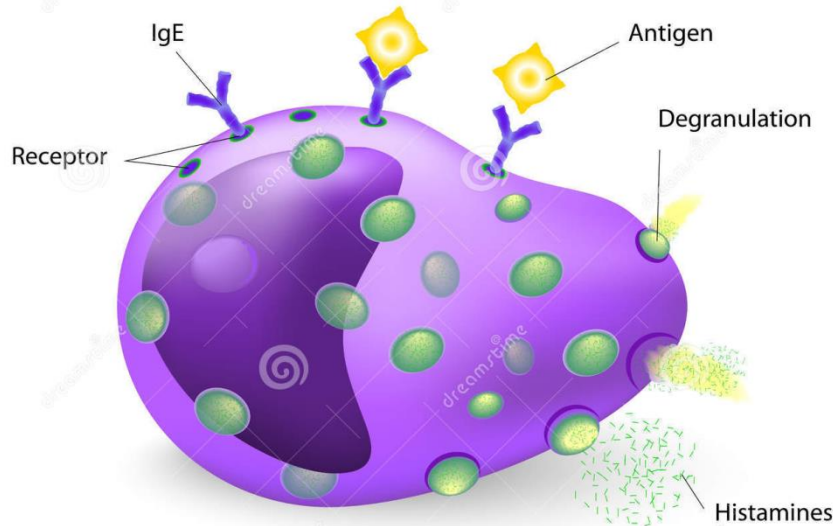
c) Plasma Cells

- Plasma cells, also called **plasma B** cells, are white blood cells that originate in the bone marrow and secrete large quantities of proteins called **antibodies** in response to specific substances called **antigens**



d) Mast Cell

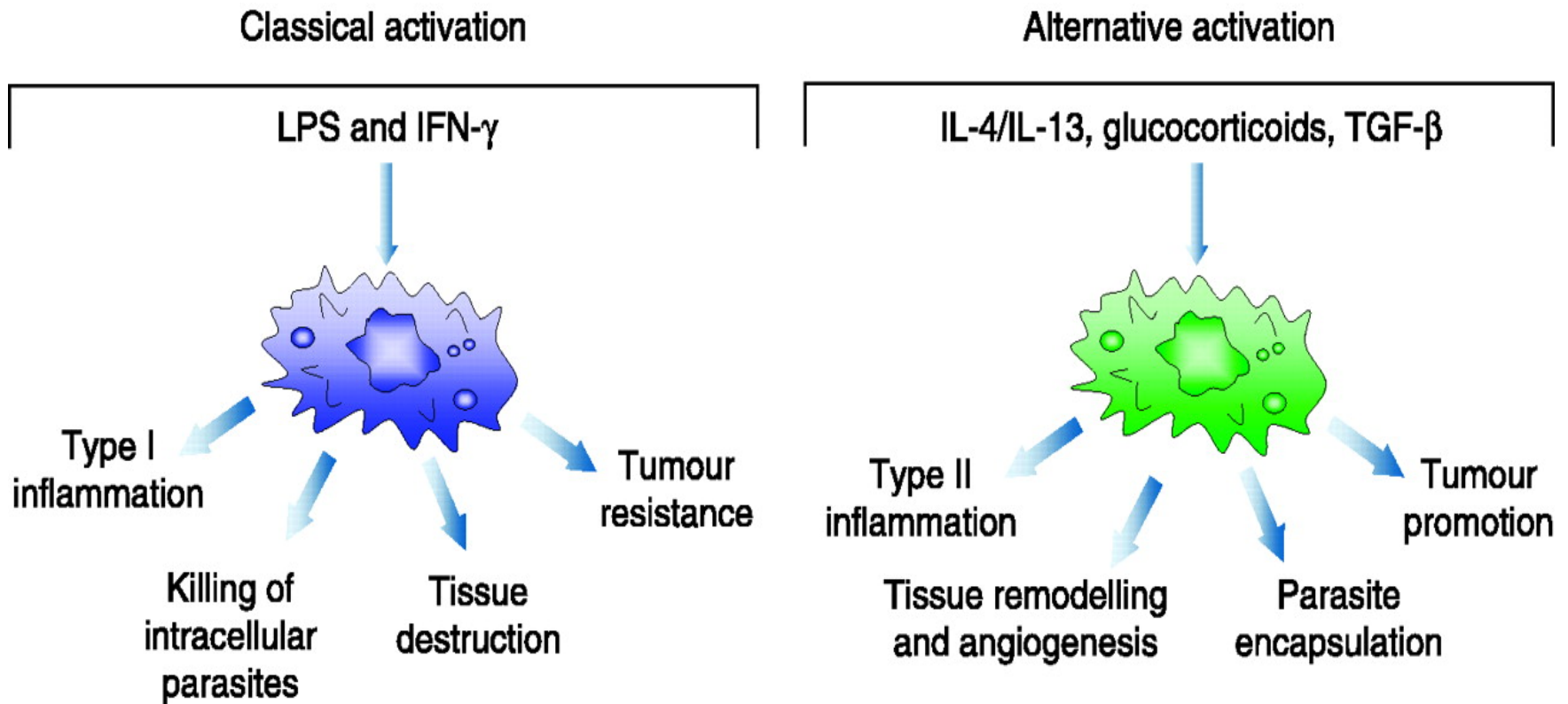
MAST CELL



- They are sentinel cells widely distributed in connective tissues throughout the body, and
- They can participate in both acute and chronic inflammatory responses.

Tissue Destruction or Necrosis

- These are the central features of most forms of chronic inflammatory lesions.

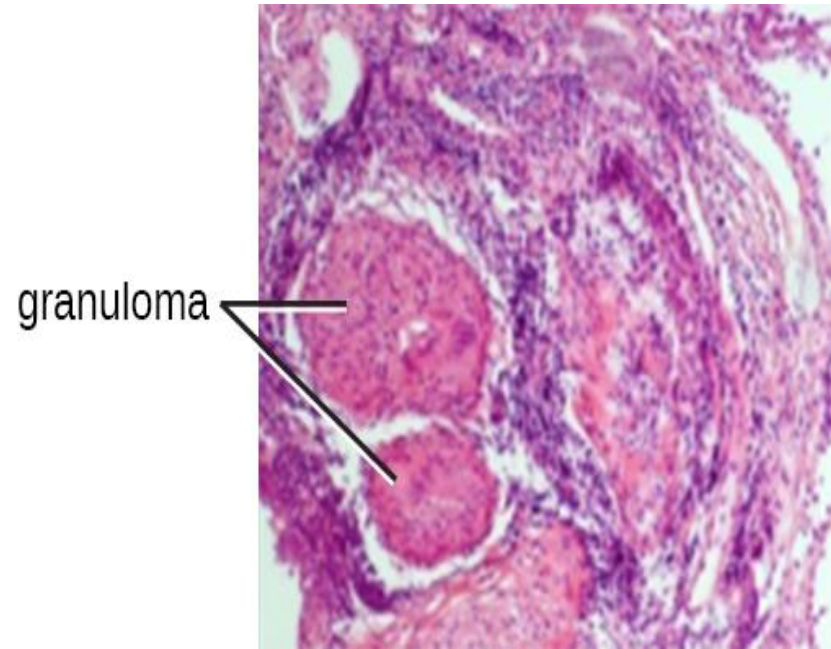


Tissue Destruction & Necrosis

- Brought about by **activated macrophages** which release a variety of biologically active substances e.g.
 - + protease,
 - + elastase,
 - + collagenase,
 - + lipase,
 - + reactive oxygen radicals,
 - + cytokines (Interleukin[IL]-1,
 - + Interleukin [IL]-8,
 - + Tumour Necrosis Factor [TNF]),
 - + Nitric oxide,
 - + angiogenesis
 - + growth factor

Types of Chronic Inflammation

- **Chronic non-specific inflammation**
 - Presence of non-specific inflammatory cell infiltration such as chronic osteomyelitis and lung abscess
- **Chronic granulomatous Inflammation**
 - aggregates of activated macrophages that assume an epithelioid appearance.



Sequels of Chronic Inflammation

- Granulomatous inflammation/ or formation of **granulomas**
- **Factors that Favours Granuloma Formation**
 - Presence of poorly digestible irritant which may be organisms like MTB
 - Presence of cell mediated immunity to the irritant,
- **Examples of Diseases with Granulomatous Inflammation**
 - **Tuberculosis** (causative organisms - Mycobacterium tuberculae)
 - **Leprosy** (causative organisms - Mycobacterium leprae)
 - **Syphilis** (causative organism - Treponema pallidum)
 - **Cat-scratch disease** (Gram-negative bacillus)

- **Sarcoidosis** (Unknown aetiology)
- **Crohn's disease or inflammatory bowel disease**
(Immune reaction against intestinal bacterial, self-antigens)
- Schistosomiasis
- Histoplasmosis
- Cryptococcal
- Foreign bodies such as sutures

Outcomes of Chronic Inflammation

- **Scarring healing with fibrosis** (e.g. pyloric stenosis in peptic ulcer disease, valvular heart damage in rheumatic heart disease and contractures in burn wounds).
- **Chronic discharging sinus** commonly seen in chronic osteomyelitis.
- **Pathological fractures**

Systemic Effects of Chronic Inflammation

- **Fever**
 - Invariably there is mild fever, often with loss of weight and weakness.
- **Anaemia**
 - Chronic inflammation is accompanied by anaemia of varying degree.
- **Leucocytosis**
 - There is an increase in white blood cells (leucocytes)
- **Elevated Erythrocytes Sedimentation Rate (ESR)**
 - ESR is elevated in all cases of chronic inflammation.
- **Amyloidosis**
 - chronic suppurative inflammation may develop secondary to systemic amyloidosis.

END
