

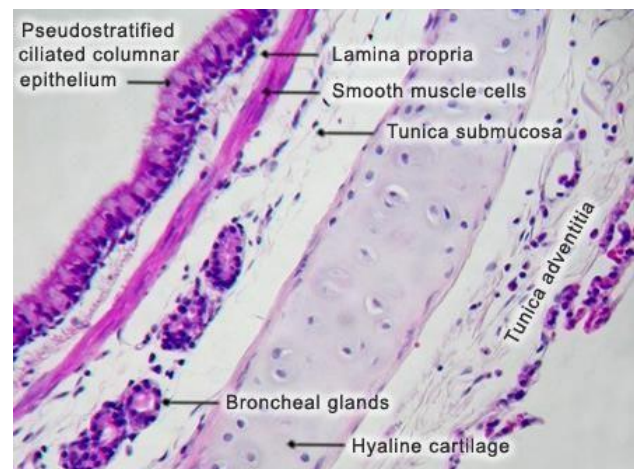
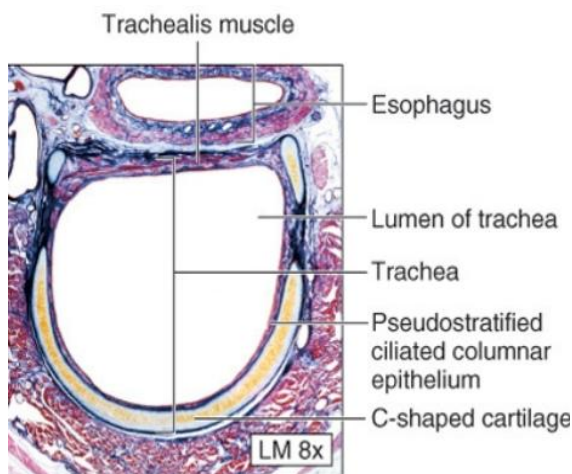
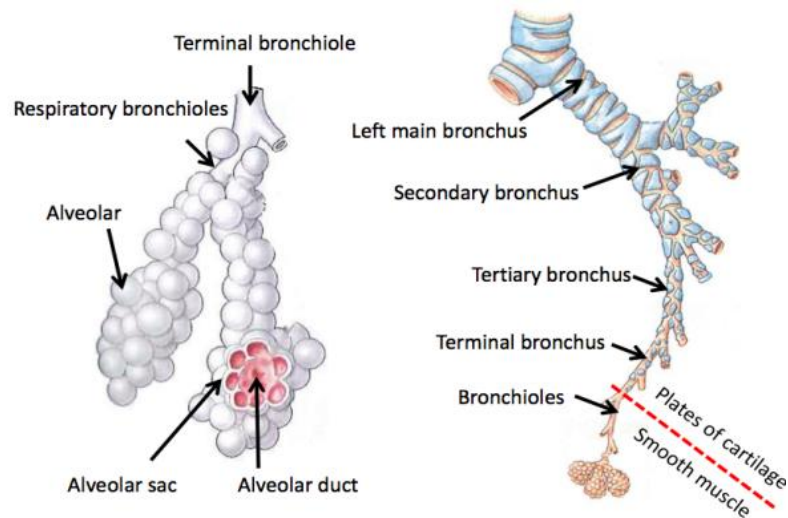
Unit II – Problem 4 – Histology: Tracheobronchial Tree



- **NOTICE THAT ANATOMY OF TRACHEOBRONCHIAL TREE HAS BEEN EXPLAINED IN ANOTHER NOTE PREVIOUSLY. IN THIS NOTE ONLY HISTOLOGY OF TRACHEOBRONCHIAL TREE WILL BE DISCUSSED.**

- **Trachea:**

- It is a hollow tube, 10 cm in length and 2 cm in diameter.
- It extends from the lower part of the larynx to its bifurcation to form a primary bronchus for each lung.
- Most striking structure is the C-shaped hyaline cartilage rings (they develop at the anterior part of the trachea).
- The free posterior ends of the C-shaped cartilages are interconnected by smooth muscle cells.
- The epithelium is pseudo-stratified columnar ciliated epithelium with goblet cells.
- Under the epithelial cells, there are basal cells which function as stem cells for the ciliated and goblet cells.
- **Tracheal epithelial cell types:**
 - ✓ Columnar cells: extend from the basal membrane to the luminal surface. These cells contain cilli (important to move the mucus) and microvilli.
 - ✓ Goblet cells: they secrete a polysaccharide mucus material into the lumen of the trachea, supplemented by secretions of the submucosal mixed glands → aiming to provide a mucosal layer.
 - ✓ Basal cells: stem cells for the ciliated and goblet cells and they give the pseudo-stratified appearance.
 - ✓ Pulmonary neuroendocrine cells: which produce hormones.



- **Clinical correlates:**

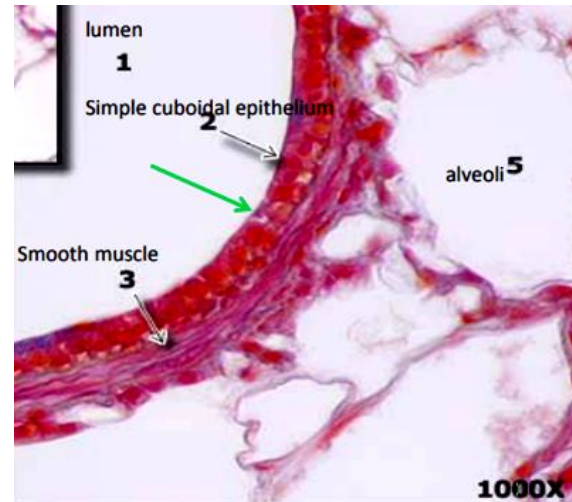
- ✓ If mucosal clearance is ineffective or the mechanism overwhelmed, infection (pathogenic bacteria) or pneumoconiosis may follow.
- ✓ In cystic fibrosis there is a defect in the chloride transport mechanism resulting in a thick secreted mucus → cilia will have difficulty in moving it toward the pharynx, Patients with this disease have frequent infections of the respiratory tract.



- **Columnar and goblet cells are sensitive to irritation:**
 - ✓ The ciliated cells become taller and there is an increase in the number of goblet cells submucosal glands. Intensive irritation from smoking leads to a squamous metaplasia where the ciliated epithelium becomes a squamous epithelium (this process is reversible).
- Bronchial metastatic tumors arise from neuroendocrine cells.
- Bronchi have irregular plates of cartilage surrounded by ciliated epithelium and lamina propria still has submucosal glands.

- **Bronchioles:**

- The wall of a bronchial has no more cartilage or sero-mucus glands.
- The smooth muscle fascicles are bound together by elastic fibers (surrounding the bronchiole).
- The epithelium is still ciliated, but is a simple cuboidal or columnar epithelium rather than pseudostratified.
- **The epithelial lining of the airway is composed of ciliated cells (goblet and basal cells are absent in the bronchioles) and additional type called Clara cell (mainly in terminal bronchioles):**



- ✓ They are non-ciliated and secrete serous solution similar to surfactant.
 - ✓ They aid in the detoxification of airborne toxins and serve as stem cells for the ciliated cells and for themselves.
 - ✓ The number of Clara cells increase in response to increased levels of pollutants like cigarettes.
 - ✓ They are most abundant in the terminal bronchioles (where they make up about 80% of the epithelial cells lining). They are also involved in Cl-transport into the lumen of the terminal bronchioles.
 - ✓ At the end of terminal bronchioles, respiratory bronchioles start (also with cuboidal epithelium).
- **Clinical correlates:**
 - ✓ Cystic fibrosis results in abnormally thick mucus due to defective Cl-transport by Clara cells.
 - ✓ COPD affects the bronchioles and includes emphysema and asthma. Emphysema is caused by loss of elastic fibers and results in chronic airflow obstruction. Asthma is a chronic process characterized by a reversible narrowing of airways. Asthma is reversible while emphysema is not.

- **Terminal bronchioles:**

- Last conducting bronchiole.
- Followed by respiratory bronchiole which is interrupted by alveoli in its wall.
- Goblet cells are absent from the epithelial linings of respiratory bronchioles but they are still lined with a sparse ciliated cuboidal epithelium that prevents the movement of mucus into alveoli.
- After the respiratory bronchiole, the wall of the airway disappears and air enters alveoli.

