•	able called T. Leauwander under
*	sen carea integrimetraly system
*	Epidelmis + Dermis are Cutanous
	Hypodermis is subculanous
X	classification: Depidermis: epithelial / keralinized
	2) Dermis :CT
	3) hypodermis: fat/adipose/superfiasial fasia
	* Temp regulation: by duct of sweat gland + culaneous b.v (only cut anoues / subcutanous not Included)
	x sting formen vitamine D (colcideral) which needs up to forme d and this homome
	Let n in Cate about the same way a prove of the new of the same man and the same man and the same the
	nery in ca - absorption
	te la subsection de la vie de la vie de la contraction de la contraction de la contraction de la contraction de
	* dermar papillae -> exension of dermis ¿epidermar ridges -> of epidermis prevent skin separating
	* Epidermis is avascular (Try-s Acgly)
	<u>E-Pidemis layer</u> :
	type: Keratinized stratified squamous epithelium

composed of four or five layers,

from down to up:

(1) stratum basale: deepest/single layer/columner or cuboidal cell/attach to each other by: desmosomes mitotic activity 8 to basment membrane by hemidesmosomes /

(2) stratum spinosum connect by spines (desmosomes) / (8-lo row) / desmosomes attach to keratintonofibril of keratinocytes

(3) stratum granulosm (granule in) * 3-5 layer of flatcell / * keratin granules + lamellar granules

(fillogin bound to keralin tonofibrils)

(4) stratum lucidum

In thick skin only / made by cells without nucleior organelles attach by desmosomes

(5) stratum corneum * cell fill with keratin / lipid rich layer dissorder: pressure make if growthicker (calluses+corns)

psorosis disorder life cycle accelerated

Type of skin Thick (5layer): palm + soles Lothin (ulayer): sebaceous gland secrete (sebum) type of cells 1 (1) keratonocytes (useductive): 9% ofcells / Iceratin/ Jamellar granules /2-4 week to regenerate کان کمخا melano cytes devined from neural crest cells + protrusions transfer melanin synthisis melanin and transfer it to keratonocyte /In basalis [3] langerhanscells : from bM (monocytes) /its the macrophage of skin In spinosum 12-8% ofcells [4] merkel cells: In basale/ In fingertips/ attachto afferent(sensory) unnyelinated Axons

Night touch receptor

dermis

x elasticity + strength of skin * from mesudern 2 layer : weak -> papillaly layer of dermis ((loose cT scollagen I relastic fiber) strong -> Reficular layer of dermis (Dense Irregular CT)

he blood vessels form two major plexuses:	
Subpapillary plexus	
Thermoregulation	
Subdermal plexus	
R Britan D Bhomas 2000	
Hemorrhage from the cutaneous blood	
vessels is called ecchymosis (bruise) Dr. Heba Kalbourge	
ne end	
TI fo	Rebod essels Subpapillary plexus Thermoregulation Subdermal plexus Thermoregulation Thermoregulat



05 مارس, 2022 06:10 م sensory receptor ~~ un encapsulated ~ I merkel disk (light touch) 2 Free nerve ending (In papillary dermis + tactile sensation) 3 Root hair plexues (around hair In reticular dermis + sense hair movement) Capsulated > I messioner corpuscles Indermal papili / light touch / neumones In fingertips & palm and soles / b by aging -> 2 pacinian corpuscles (verligenergeteller): (deep) / need deep pressure to activate it. Buffni corpuscles (fusiform+ stretch &twisting - Reticular layer of dermis)

* Skin appendages: Hair follicle + sweat gland + se baceous gland + Nail (kertanized deadcell + extension of epi)

* Hair 1 lanugo: fetal 2-Down : child 3-Terminal: adult above stin: shaft / below stin: root. / Hair bulb: aretal

* sebaceous gland ~ > lubricate hair shaft & surface of skin * outer Root sheath continuation of epidermis (basale+spinosum) * motinx continuation of (basalis) / generate hair + Internal root sheeth.

* sebaceousgland - secreate sebum (holocine) Kcomedo: Oilgkerating 1/2 most slogell medo * Arrector plimuscle extend from hair follicle to dermal papilla/cause (yoose bumps) /sympatholic (autonomic) has to reduce heat loose

* Depilatory : remove hair

* structure of hair shaft : medulla + cortex + cutide



simple coiled tubuler _ secretion 99% Hzo gland _, cool body phermones Larg+wide - smaller + narrower Nails : --> colorless Lopart : 1)free edge zibodyz) lunula 4) Eponychium 5) Hyponychium 6) Nail bed 7) nail matrix (growth) Lo only(basali+spinosum)

 11-Which of the following is the most abundant sensory receptor of the skin? a. Free nerve endings b. Ruffini's corpuscles c. Pacinian corpuscles d. Krause's end bulbs e. Meissner's corpuscle 21-A 52-year-old woman presents with severe blistering over her buttocks. Analysis of her serum demonstrates the presence of antibodies which by imunohistochemical techniques stain material located at the basement membrane of the epidermis in a biopsy of her skin. The underlying biological mechanism of her skin disorder involves an abnormality in which of the following structures? a. Macula adherens b. Gap junctions c. Hemidesmosomes d. Zonula occludens (tight junctions) 	 15-Which of the following components of the epidermis provides sealant between adjacent cells? a. Keratohyaline granules b. Glycolipids and lipids c. Keratin d. Desmosomes e. Adherent junctions 22-A 64-year-old woman, who has always been proud of her suntanned, healthy look, is referred to a dermatologist with a blue-violet, painless, 1.5-cm lump in the skin of her left shoulder. The lump is firm and cannot be moved, and has grown very rapidly over the past few weeks. The mass is removed surgically and the pathologist diagnoses it as a Merkel cell carcinoma. If the UV radiation to which her skin was exposed affected the Merkel cells, what other cell type sharing the same specific epidermal layer might also be affected? a. Fibroblasts of the papillary layer b. Keratinocytes of the stratum granulosum c. Cells of tactile (Meissner) corpuscles d. Keratinized enithelial cells
e. Zonula adherens	e. Basal stem cells for keratinocytes
24-Which of the following is composed of loose connective tissue? a. Epidermis b. Reticular layer of dermis c. Hypodermis d. Both a and b e. Both b and c	29-Which of the following is composed of connective tissue? a. Epidermis b. Dermis c. Hypodermis d. Both a and b e. Both b and c 30-Which of the following is composed of dense irregular connective tissue? a. Epidermis b. Reticular layer of dermis c. Hypodermis d. Both a and b e. Both b and c
32-Which of the following responds to continuous pressure? a. Free nerve endings b. Ruffini's corpuscles c. Pacinian corpuscles d. Krause's end bulbs e. Meissner's corpuscle	34-Which layer of the epidermis contains star shaped cells? a. Stratum basale b. Stratum spinosum c. Stratum granulosum d. Stratum lucidum e. Stratum corneum
37-Which of the following statements about eccrine sweat glands is true?	
B) They are holocrine glands.	
 C) They have a narrow duct lined by a stratified cuboidal epithelium. D) They secrete an oily material called sebum. E) They empty into hair follicles 	part2



5-Which of the following statement is not true ?

- A) The substance most produced in the hair is melanin
- B) The substance most produced in the epidermis is keratinC) The substance most produced in the dermis is collagen
- D) The substance most produced in the subcutis is fat

6-Which of the followings might be found in this section

A) Apocrine sweat glands B) Eccrine sweat gland C)Hair bulb D) Arrector pili muscle



A

4-Choose the correct statement regarding hair follicles

G

- A) Males have more follicles than females
- B) Females have more follicles than males
- C) Males and females have the same number of follicles
- D) Children have more follicles than adults

partz Histology - Usmlerx

A 5-year-old boy is brought to the physician for a routine check-up. The patient's mother states that she has noticed a dark mole on his abdomen, which first appeared about 6 months ago. Other than the mole, she states that the patient has been in good health, aside from an episode of otitis media 1 year ago. On physical examination, a dark circular lesion on his abdominal region is observed. The lesion is symmetric and circular with well-defined borders and homogeneous color. The mother states that it has not seemed to change in shape or size since she first noticed it 6 months ago.



This patient has a dark spot of his abdomen that is symmetric and homogenous in color with defined borders. This describes a benign nevus. Nevus cells are derived from melanocytes, which are melanin-producing cells located in the basal layer of the epidermis (stratum basalis) (see image below). Melanocytes have a variable distribution, depending on the skin color of the individual, and are interspersed between the columnar cells of the stratum basalis. Within the melanocytes are specialized melanin-containing granules called melanosomes, which are transferred from the cytoplasm of the melanocytes to nearby keratinocytes. The stratum basalis is also the most mitotically active of all the layers of the skin, providing a constant supply of new keratinocytes to all the other layers.

Melanoma is a malignant tumor of melanocytes that may manifest as moles with changing borders, growth in size, or change in color. Since this patient had a dark spot that was symmetric and homogenous with defined borders, melanoma can be ruled out.

A 46-year-old man comes to the dermatologist because of dry, thick, and rough skin on his foot. He has a previous history of allergy to pollen grains but is otherwise healthy and takes no medications. His temperature is 98.5° F (36.9° C), blood pressure is 126/70 mm Hg, pulse is 66/min, and respirations are 16/min. Physical examination findings of the right foot are shown in the image.

A Stratum basale B. Stratum corneum C Stratum granulosum D Stratum lucidum E Stratum spinosum



Answer;

В

This 45-year-old man presents with thick rough skin on his right foot as seen in the image . These findings are consistent with callus, which is an example of hyperkeratosis, or an increased thickness of the stratum corneum.

The stratum corneum is the outermost layer of the epidermis. It is made up of anucleated dead cells and is responsible for providing a mechanical barrier against microbes and mechanical injuries. Mechanical injury in the stratum corneum caused by chronic skin inflammation and irritation leads to the release of local cytokines, which results in proliferation of stratum corneum. Chronic atopic dermatitis or ill-fitting shoes can lead to calluses, which mostly develop on the flexural surfaces.

