Physiology of Bone

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- At the end of this lecture the student should be able to:-
- Define bone & differentiate between types of bone (cortical & trabecular)
- State Ca^{++} concentration and its forms in the ECF; its relation to PO_4
- Differentiate between the types of bone cells & appreciate their functions.
- Describe bone formation & remodeling
- Understand what is osteoporosis
- Appreciate the effects of different hormones on bone

Functions of bone

- Bone is a living, growing tissue which has several functions:
- ✓ Protects vital organs
- ✓ Provides support for soft tissues
- ✓ Allows & facilitates movement
- ✓ Contains bone marrow
- ✓ Reservoir for Calcium & Phosphate

Structure of Bone •

- (1) 30% of bone \rightarrow is organic matrix (made mainly of collagen).
- ✓ It is called <u>osteoid</u>,
- (2) 70% of bone \rightarrow is inorganic (mineral) bone, made mainly of $\underline{\text{CaPO}_{4}}$ crystals (with some calcium carbonate crystals, in addition).
- ✓ It is called <u>Hydroxyapatite</u>

Bone Cells

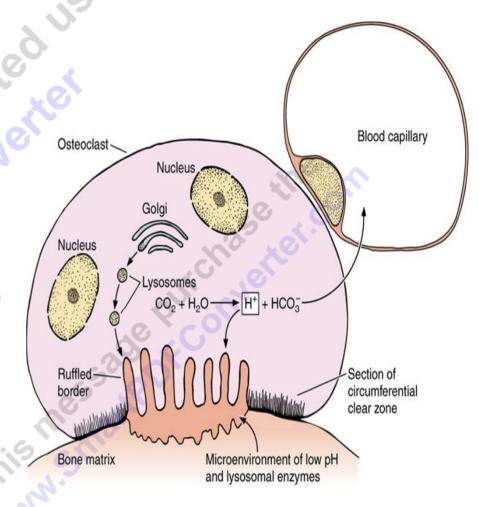
Are 3 types:

(1) Osteoblasts:

- Bone-forming cells that are responsible for →
- (1) production of a bone matrix (osteoid)
- (2) Mineralization of this matrix: by depositing on it CaPO_4 (calcium phosphate) and calcium carbonate crystals
- N.B.: Hydroxyapatite \rightarrow is the CaPO₄ (calcium phosphate) and calcium carbonate that are precipitated/deposited on the osteoid.

(2) Osteoclasts (Bone-Res orbing cells):

- Remove bone tissue.
- This process is called Bone Resorption
- This process involves removal of both →
- (1) osteoid matrix, &
- (2) minerals (hydroxyapatite)
- Thus, bone resorption by osteoclasts does not merely extract calcium, but it destroys the matrix & demineralizes bone → thereby diminishes total bone mass.



Parathyroid hormone (PTH) promotes (encourages) bone resorption

(3) Osteocytes:

 When Osteoblasts secrete collagen (osteoid matrix), they become trapped in their own secretion

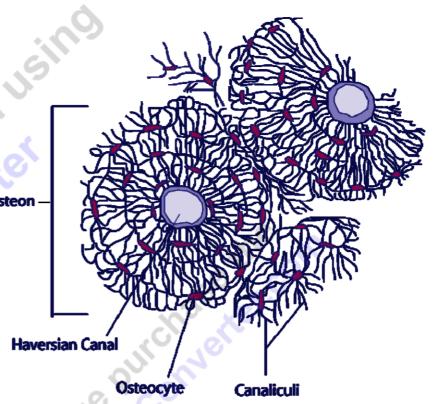
When they become trapped in the osteonytes
 & become embedded into small holes
 called Lacunae (singular: Lacuna)

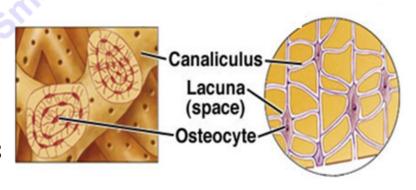
• Osteocyte is the most abundant cell in compact bone .

• Each osteocyte sends, from its cell-body, long cytoplasmic extensions that connect it to other osteocytes.

 These cytoplasmic extensions extend into & occupy tiny canals called <u>canaliculi</u>

 Canaliculi are used for exchange of minerals (Calcium & Phosphate), nutrients and waste products through gap junctions



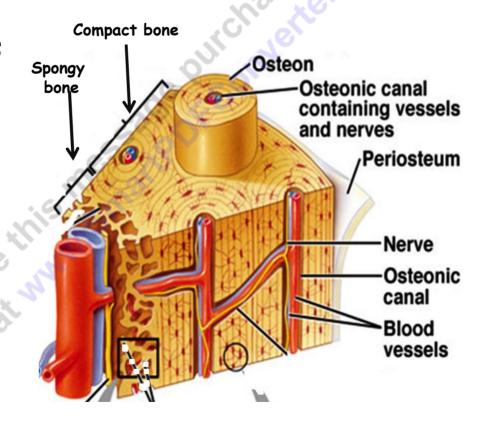


- Many recent studies suggest that Osteocytes >
- (1) Have mechanosensory mechanisms → i.e., acts as receptors for mechanical stresses & strain.
- (2) Regulate amounts of calcium & phosphate being transported in either direction (from ECF to bone; or from bone to ECF),
- (3) Act as regulators of osteogenesis (bone formation)
 & osteolysis (bone resorption) → by translating the degree & type of mechanical strain into biochemical signals.
- Depending on the degree & type of strain, the bidchemical signals can result
 in
- (I) increased rate of osteogenesis (bone formation) by \rightarrow
 - (1) stimulating osteoblasts, &
- (2) increasing rate of transfer of calcium & phosphate from ECF to bone, \rightarrow or
 - (II) increased rate of osteolysis (bone resorption) by \rightarrow
 - (1) stimulating osteclasts, &
 - (2) increasing rate of transfer of calcium & phosphate from bone to ECF

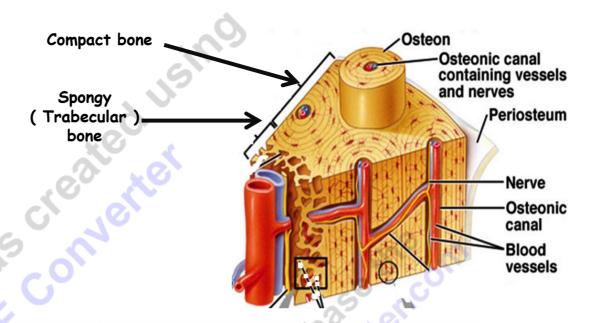
Types of Bone (According to Macroscopic Structure)

- (1) Compct (Cortical) bone
- The part of a bone where bone substance to bone space relation is a bigger quantity is called compact bone.
- This means that there is more bone tissue and less empty space.
- Made of dense, concentric layers, & present on the exterior of bones, constituting their outer protective layer
- Has high resistance to bending and torsion & therefore it provides strength in areas where bending would be undesirable, such as in the middle of long bones.

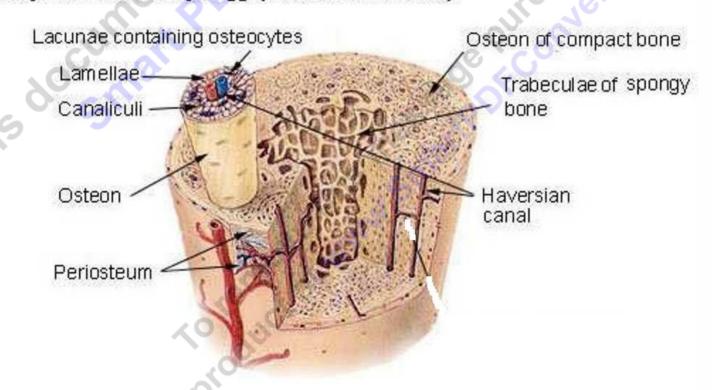
- Constitutes 80 % of total body bone mass
- Has a slow turnover rate
- It has a series of adjacent circular formations called Harvesian Systems or Osteons

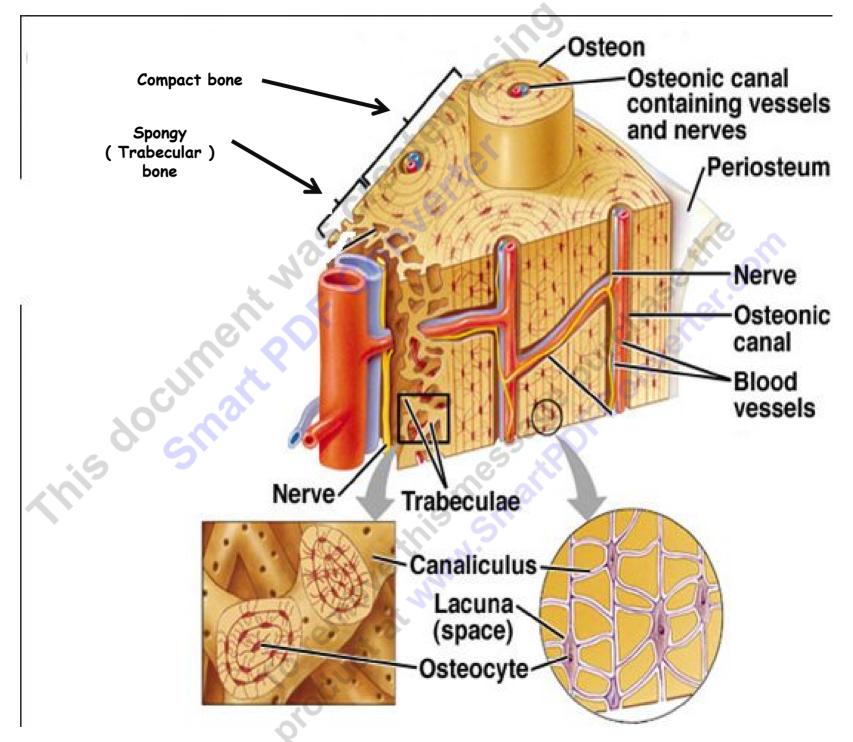


- Each osteon has a central "osteogenic canal "containing blood vessels & nerves.
- Between the osteons are concentric layers of bone called Lamellae.



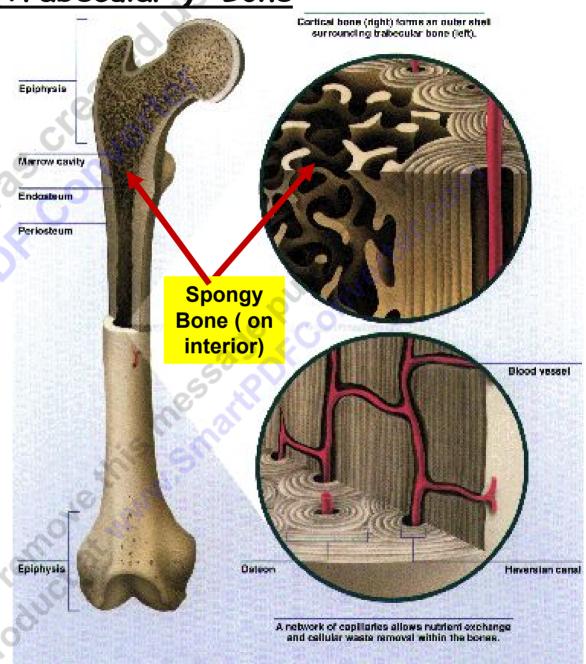
Compact Bone & Spongy (Cancellous Bone)





(2) Spongy (Trabecular) Bone

- The part of a bone where bone substance to bone space ratio is a smaller quantity.
- This means that there is more empty space and less bone tissue.
- Present in the <u>interior</u> bones
- Comprises 20% of total bone mass
- Compared to cortical bone, it is:
- (1) less dense,
- (2) more elastic and
- (3) has a higher turnover rate than compact bone.



Calcium

- Bone serves as a major reservoir for Ca⁺⁺ storage
- However, very little Ca²⁺ can be released from it.
- Most of the Calcium in our bodies is found as hydroxyapatite crystals.

Extracellular Fluid (ECF) Calcium

- Ca⁺⁺ level in plasma is 8.5-10 mg/dL.
- It exists in 3 fractions:
- (1) Ionized calcium → 50% of total ECF calcium
- (2) Protein-bound calcium → 40% of total ECF calcium (most of it is bound to albumin, & a much smaller frcation is bound to globulins)
- (3) Calcium bound to serum citrate & phosphate → 10%
- Only the free, ionized Ca²⁺ { (1) above } is biologically active.

- Binding of calcium to albumin is pH-dependent
- Alkalosis increases calcium binding to protein

 thereby decreases ionized calcium level
- Calcium is tightly regulated with Phosphorous in the body.
- Phosphorous is an essential mineral necessary for ATP, cAMP second messenger systems, and other roles

- During growth , the rate of bone formation exceeds its resorption > hence skeletal mass increases.
- Increase in bone length (longitudinal or linear growth) occurs at the epiphyseal plates, &
- Increase in bone width occurs at periosteum
- Once adult bone mass is achieved equal rates of formation and resorption maintain bone mass until age of about 30 years
- After that , the rate of resportion begins to exceed formation and bone mass slowly decreases.

Phosphate

- PO₄ plasma concentration is 3.0-4.5 mg/dL.
- Most of it is diffusible and much less of it is non-diffusible (protein-bound),
- Diffusible PO₄:
- 52% is ionized & the rest is combined to different ions
- Non-iffusible PO₄:
- This is protein-bound to proteins.
- Most of the bond phosphate is present in bone, & the rest of it is present in ATP, cAMP, and other compounds

Bone formation (Osteogenesis)

- Mainly 2 stages →
- (1) Osteoblasts synthesize collagen fibers that form the organic matrix called osetoid)
- (2) Mineralization (deposition of calcium & phosphate on the osteoid matrix)
- Mineralization requires adequate calcium and phosphate, & is dependent on Vitamin D
- Plasma levels of Osteocalcin (produced by osteoblasts) is indicators of level of osteoblastic activity.

- Osteogenesis imperfecta (brittle bone disease)
- is a genetic bone disorder where there is defective osteoid formation.
- Thus they have weak bones, that are susceptible to repeated fractures.
- Patients have short stature
- blue sclera,
- bowed legs ,
- kyphosos or scolipsis

Bone remodeling

- Q: What is the meaning of bone remodeling?
- Answer: it means the continuous & lifelong processes of bone absorption (by osteoclasts) & then its deposition (by osteoblasts).
- Osteoclasts digest and resorb and area of mineralized bone & then local macrophages clean up debris. Thereafter, osteoblasts are recruited to site and deposit new matrix which will be mineralized. In this way new bone replaces previously resorbed bone
- Remodeling responds to functional demands of the mechanical loading. It depends, in addition, on complex signaling pathways.
- These signaling pathways include the action of several hormones such as Parathyroid Hormone (PTH), Vitamin D , Growth hormone , and Calcitonin
- The process of bone remodelling also controls the reshaping or replacement of bone following injuries such as fractures and microdamage which occurs during normal activity.
- In the first year of life, almost 100% of the skeleton is replaced. In adults, remodeling proceeds at about 10% per year.
- An imbalance in the regulation of bone remodeling's two sub-processes, bone resorption and bone formation, results in many metabolic bone diseases, such as osteoporosis

هشاشة العظام Osteoporosis

- Osteoporosis means → Reduced bone density and mass
- The total bone mass of humans peaks at 25-35 years of age.
- Men have more bone mass than women.
- A gradual decline occurs in both genders with aging, but women undergo an accelerated loss of bone due to increased resorption during perimenopause.
- Bone resorption exceeds formation → osteoporosis
- This leads to increased susceptibility to fracture.
- It occurs earlier in life for women than men but eventually both genders succumb to it
- Cause → loss of anabolic steroids as estrogen & testosterone which stimulate osteoblastic activity
 - → as a result: bone becomes weak & ca⁺⁺ is lost from skeleton
- How to reduced its risk:
 - Calcium-roch diet & calcium suuplements in diet
 - habitual exercise
 - avoidance of smoking and alcohol intake
 - avoid drinking carbonated soft drinks

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