

## Objectives

- 1. Define the term Reticuloendothelial system (RES).
- 2. Describe the cellular components of RES.
- 3. Describe the functions of the RES.
- 4. Define the structural function of the spleen.
- 5. Describe the functions of the spleen.
- 6. Understand the basic concept of the indication and risks of spleenectomy.

# Reticuloendothelial system (RES)

- Or mononuclear phagocyte system "the new term"
- It is a network of connective tissue fibers inhabited by phagocytic cells such as macrophages ready to attack and ingest microbes.
- Most endothelial cells are not macrophages.
- RES is an essential component of the immune system.

# Cellular components of RES

- 1) Monocytes: located in the blood.
- 2) Endothelial cells: located in bone marrow, spleen, lymph node.
- 3) Macrophage: Located in all tissues such as skin, liver, spleen, bone marrow, lymph nodes and lung.

#### **Fixed Macrophages**

more common

filter and destroy objects which are foreign to the body such as bacteria, viruses

#### **Mobile Macrophages**

Less common

can group together to become one big phagocytic cell in order to ingest larger foreign particles

# **Types of Macrophages**

Macrophage differ depending on the organs in which they reside .

liver	Kupffer cells
brain	Microglia
lymph nodes, bone marrow, spleen	Reticular cells
subcutaneous tissues	Tissue histiocytes
lungs	Alveolar cells

<sup>\*</sup> All types of macrophages are derived from monocyte except kidney macrophage, derived from mesangial cell.

# Transformation of monocytes to macrophage Characterized by an increase in: -Cell size -Number and complexity of intracellular organelles. "Golgi, mitochondria, lysosomes" -Intracellular digestive enzymes.

# Formation of Macrophages

- Begin by Stem cell in Bone Marrow:
   monoblast → promonocyte → mature monocytes released into blood.
- II. Stay for 10-20 hours in circulation. "monocytes life span"
- III. Then leave blood to tissues transforming into larger cells macrophage.
- IV. Macrophage life span is longer up to few months in tissues.

## **General Functions of RES**

- Phagocytosis: Bacterial, dead cells, foreign particles (direct)
- Immune function: processing antigen and antibodies production (indirect)
- Breakdown of aging RBC.
- Storage and circulation of iron.

## **Phagocytosis**

- Phagocytosis is part of the natural or innate immune process.
- Macrophages are a powerful phagocytic cells because it capable of :
  - Ingest up to 100 bacteria.
  - Ingest larger particles such as old RBC.
  - Get rid of waste products.



## **Lymphoid Organs**

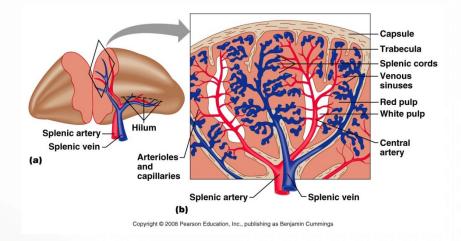
- > Thymus: site of T-cell maturation. high rate of growth and activity until puberty.
- > Lymph nodes: small, encapsulated, bean-shaped organs stationed along lymphatic channels and large blood vessels of the thoracic and abdominal cavities.
- > Spleen: structurally similar to lymph node, it filters circulating blood to remove worn out RBCs and pathogens.

## Spleen

- Is soft purple gray in color located in the left upper quadrant of the abdomen.
- It is a highly vascular lymphoid organ.
- It plays an important roles in: red blood cells integrity and has immune function.
- It holds a reserve of blood in case of hemorrhagic shock.
- It is one of the centers of activity of the RES and its absence leads to a predisposition toward certain infections.
- Despite its importance, there are no tests specific to splenic function.

# **Structural Function of Spleen**

- White pulp: Thick sleeves of lymphoid tissue, that provides the immune function of the spleen.
- Red pulp: surrounds white pulp, composed of Venous sinuses filled with whole blood and Splenic cords of reticular connective tissue rich in macrophages.



# **Functions of Spleen**

- ✓ Haematopoiesis (Hemopoiesis): fetal life.
- ✓ Spleen is a main site for destruction of RBCs specially old and abnormal .
- ✓ Blood is filtered through the spleen.
- ✓ Reservoir of thrombocytes and immature erythrocytes.
- ✓ Recycles of iron.

# **Immune Functions of Spleen**

- 1. Because the organ is directly connected to blood circulation, it responds faster than other lymph nodes to blood-borne antigens.
- 2. Destruction and processing of antigens.
- 3. Reservoir of lymphocytes in white pulp.
- 4. Site for **Phagocytosis** of bacteria and worn-out blood cells (Slow blood flow in the red pulp cords allows foreign particles to be phagocytosed)
- 9. Site of **B cell maturation** into plasma cells, which synthesize antibodies in its white pulp and initiates humoral response.
- 10. Removes antibody-coated bacteria along with antibody-coated blood cells.
- 11. It contains (in its blood reserve) half of the body monocytes within the red pulp, upon moving to injured tissue turn into dendritic cells and macrophages that promoting tissue healing.

# Spleenectomy

#### **Indications**

- 1. Hypersplenism: enlargement of the spleen (splenomegaly) with defects in the blood cells count.
- 2. Primary spleen cancers.
- 3. Haemolytic anaemias: Sickle cell anaemia, Thalassemia, hereditary spherocytosis (HS) and elliptocytosis.
- 4. Idiopathic thrombocytopenic purpura (ITP).
- 5. Trauma.
- 6. Hodgkin's disease.
- 7. Autoimmune hemolytic disorders.

#### **Risks & complications**

- I. Overwhelming bacterial infection or post splenectomy sepsis.
- II. Patient prone to malaria.
- III. Inflammation of the pancreas and collapse of the lungs.
- IV. Excessive post-operative bleeding (surgical) because of the spleen is a highly vascular organ.
- V. \* Post-operative thrombocytosis and thrombosis.

\* لانه الطحال يعد مخزن للصفائح الدمويه فإذا تمت ازالته, الصفائح الدمويه لاتجد مكان تخزن فيه فيزيد عددها في الدم وهذا يسبب جلطات.





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