

MSS & Skin Tumors

Pathology 2022

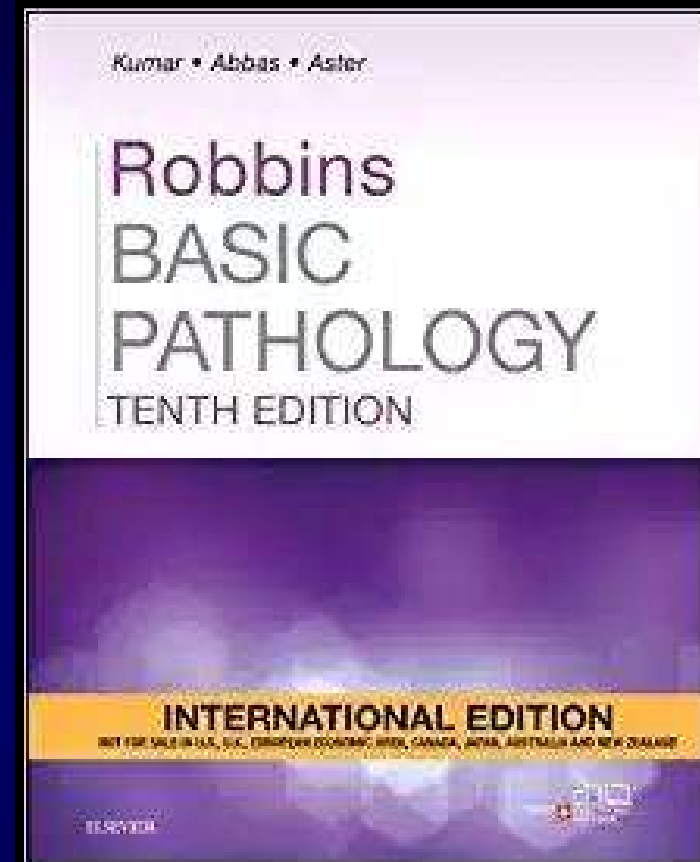
Lecture 1

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MY DUTIES

- 10 lectures
- Simplify
- Short Videos



YOUR DUTIES

- Understand the concepts
- Help U all Understand...understand...
understand X 10...only then memorize
- Answer questions (exception) & inquiries
- Respect the whole process...I paid my
dues...it is your future
- No inquiries about the nature
of the exam...I don't answer questions of
the exam...don't even try

PLEASE DON'T ASK THESE QUESTIONS AT ALL

- **How many questions on my material?**
- **What should we concentrate on?**
- **Are the slides enough?**
- **Should we memorize this or that?**
- **Is this or that required?**

[YOU SHOULD NOT ONLY
STUDY FOR THE EXAM]
[YOU ARE NOT STUDYING
FOR ME EITHER]
[YOU ARE LEARNING SO
THAT YOU WILL BE A GOOD
CARING & THOROUGH
PHYSICIAN WHO WILL
APPLY THE STANDARD OF
CARE]

OUTLINE & OBJECTIVES

- ✓• **Remember the basic structure & function of bone**
- ✓• **Congenital diseases of bone and cartilage**
 - **Metabolic disorders of bone**
 - **Paget disease of bone**
 - **Fractures**
 - **Osteonecrosis**
 - **Osteomyelitis**
 - **Bone tumors and tumor-like conditions**

CONTINUE...OUTLINE AND OBJECTIVES

- **Arthritis:**
 - **Osteoarthritis; RA; Juvenile Idiop A**
 - **Seronegative Spondyloarthropathies**
 - **Infectious arthritis; Lyme arthritis**
 - **Crystal-induced arthritis**
 - **Joint tumors & tumorlike conditions**
 - **Soft tissue tumors:**
 - **Adipose tissue; fibrous tissue; skeletal muscle**
 - **Smooth muscle; tumors of uncertain origin**
- Skin neoplasms**

E learning (will be sent to you too)

Bone development	https://www.youtube.com/watch?v=xXgZap0AvL0&ab_channel=INTELECOM
Osteoporosis	https://youtu.be/eT_G9NHlyV0 https://youtu.be/VwCkyf0lQwo
Osteoarthritis	https://youtu.be/BBqjltHNOrc https://youtu.be/pnKaBMvVUs0
Rheumatoid arthritis	https://youtu.be/Yc-9dfem3IM https://youtu.be/ld8PhyAHov8
Osteoarthritis vs rheumatoid arthritis	https://youtu.be/6lx_774GuTw
Osteomyelitis	https://youtu.be/mpUq6Ui6yew
Gout	https://youtu.be/bznoU5bke4U
Bone tumors	https://youtu.be/wezFzUX-UWY
Bone and soft tissue tumors	https://youtu.be/gPCzAdD6mIw
Soft tissue tumors	https://youtu.be/qpkPKk3HxUQ
Ossifications	https://youtu.be/Vwethe4jt7U https://youtu.be/vOKLfdP4pjE
Skin neoplasms	https://www.youtube.com/watch?v=Too2MtxEFoQ&ab_channel=MedFlix https://www.youtube.com/watch?v=-uf1mOu98V8

✂✂ **BONE FUNCTIONS**

- ✂ • **Mechanical support**
- ✂ • **Forces transmission**
- ✂ • **Protection**
- ✂ • **Mineral homeostasis** especially Ca^{++}
 PO_4^{-3}
- ✂ • **Hematopoiesis** → formation of blood cells

* so any disease will effect
on these functions

BONE STRUCTURE

- Matrix (osteoid 35% and minerals 65%):

- Osteoid: organic type I collagen and glycosaminoglycans & other proteins
- Inorganic hydroxyapatite $[Ca_{10}(PO_4)_6(OH)_2]$

← Woven vs lamellar bone

- Cells:

- Osteoblasts: forms bone
- Osteoclasts: resorbs bone
- Osteocytes: mature bone cells

(differentiated)

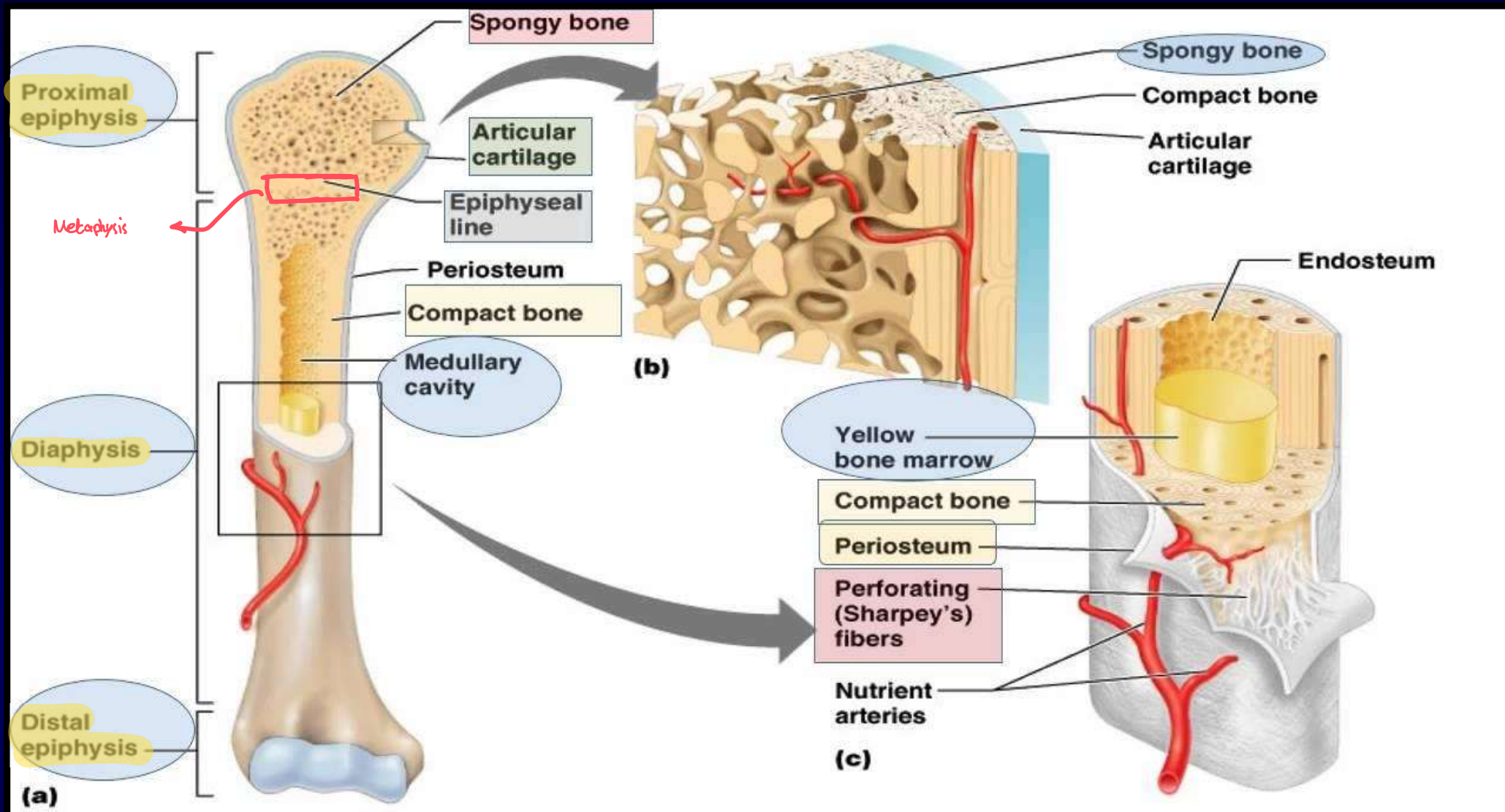
Types of bone :- based on ECM

وظيفة تكوين
داعية

very strong collagen

in small amount

mean



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Structure of a Typical Long Bone

but it's not specific for any particular disease

* abnormal in shape

* Mature bone * organized (collagen fibers are parallel)

WOVEN VS LAMELLAR BONE

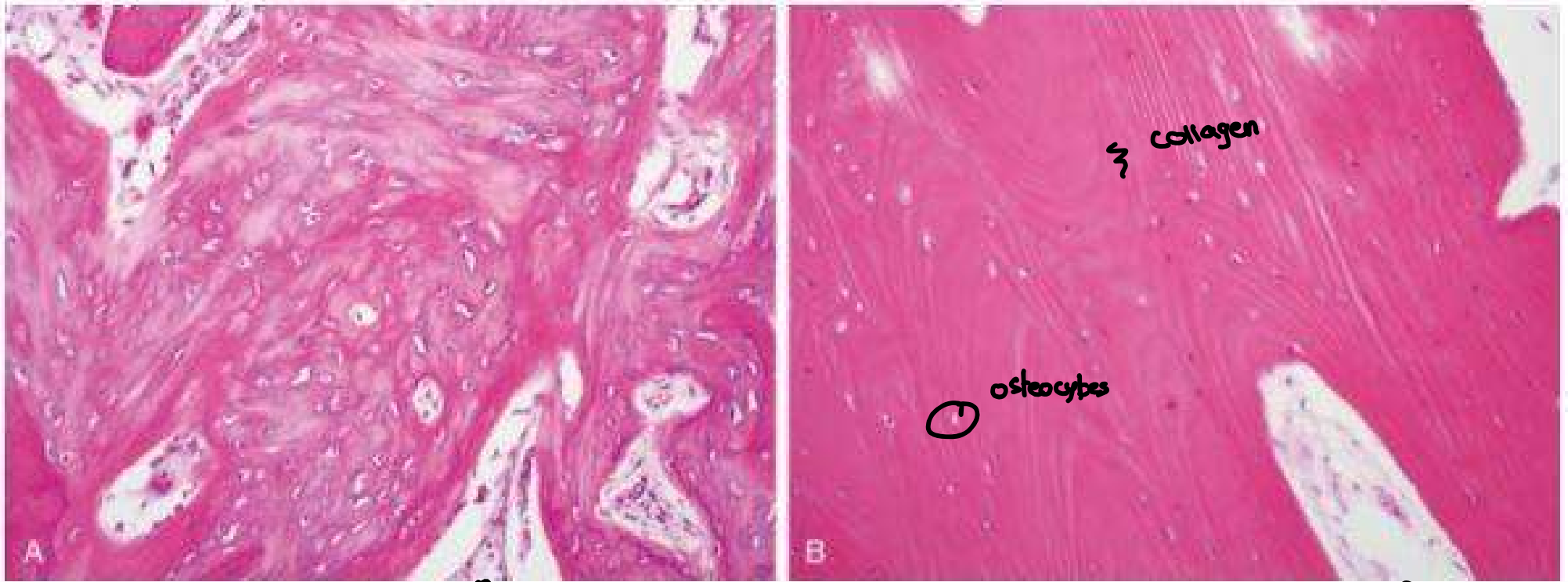


FIG. 21.1 Woven bone (A) is more cellular and disorganized than lamellar bone (B)

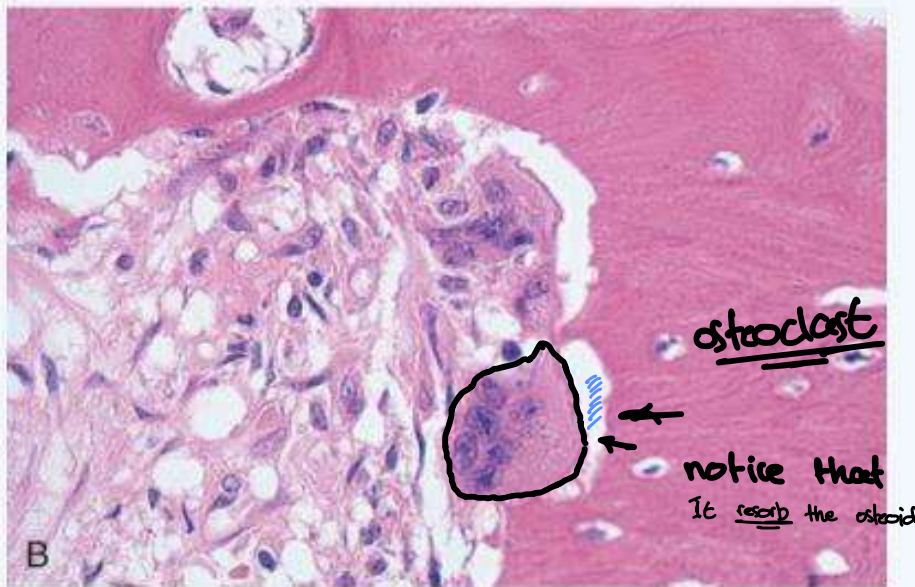
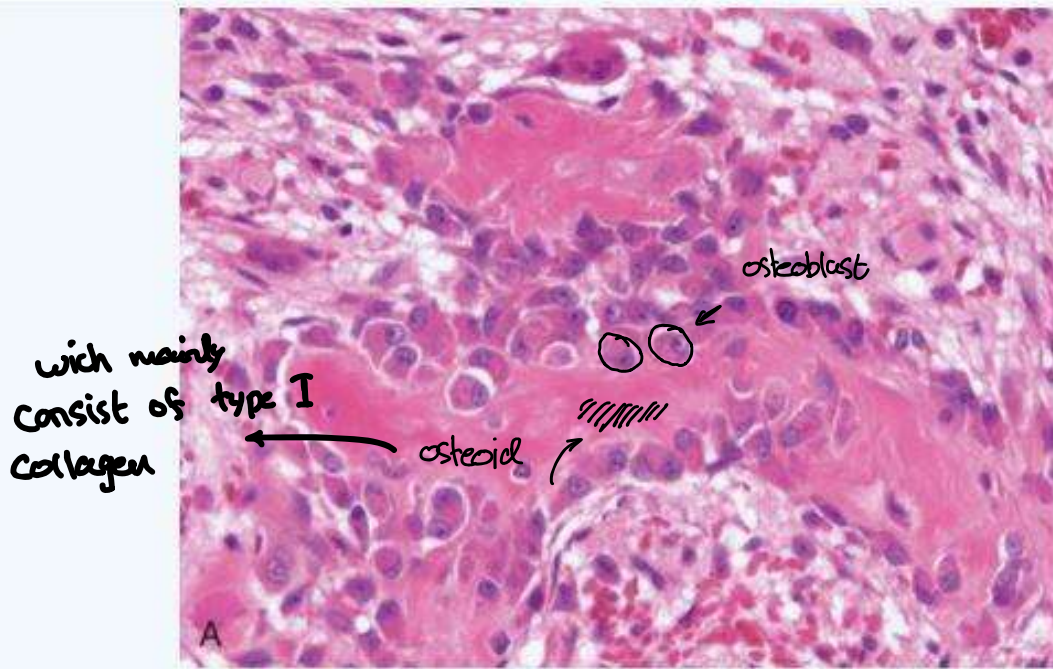


FIG. 21.2 (A) Active osteoblasts synthesizing bone matrix. The surrounding spindle c...

✦ OSTEObLASTS

↳ form the bone mainly here we mean the osteoid
 $\frac{n}{c}$ ratio is small

✦ OSTEOCLASTS

↳ resorb bone (osteoid)
 * multinucleated cell
 * derived from circulating monocytes

DEVELOPMENT

LONG BONES

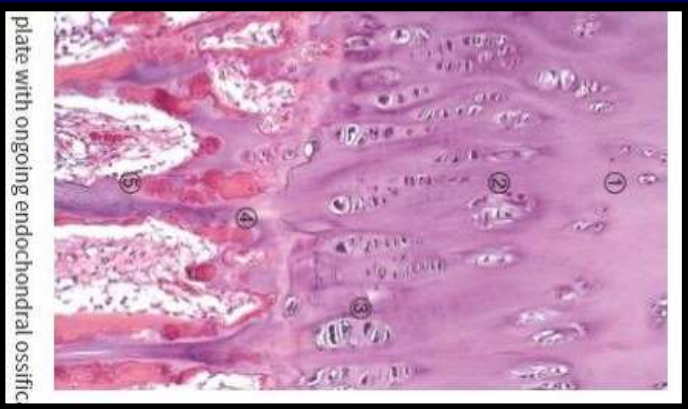
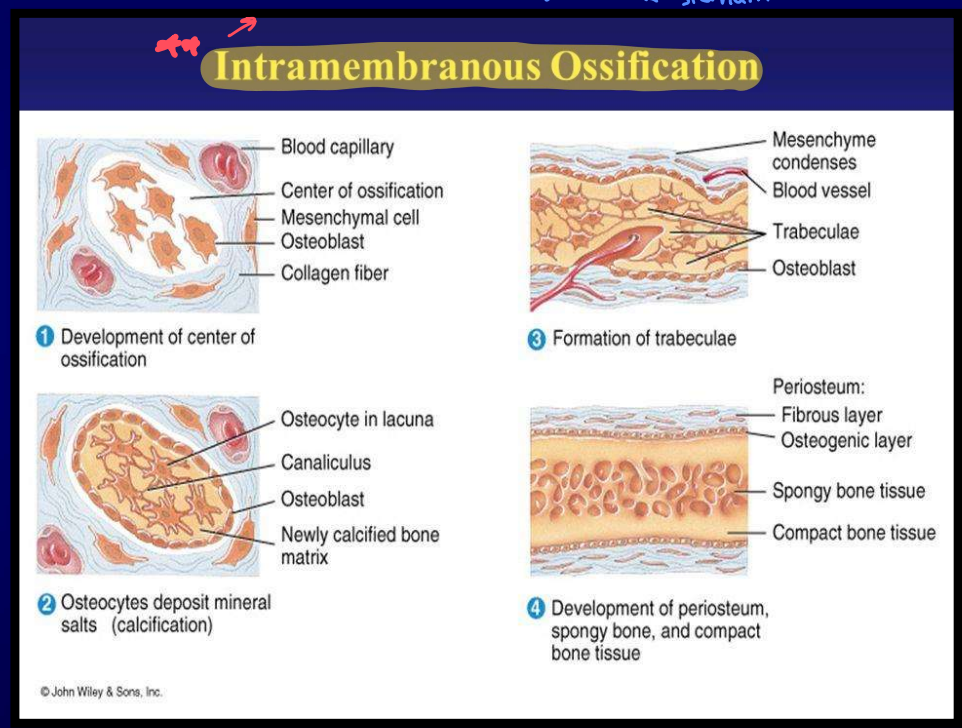
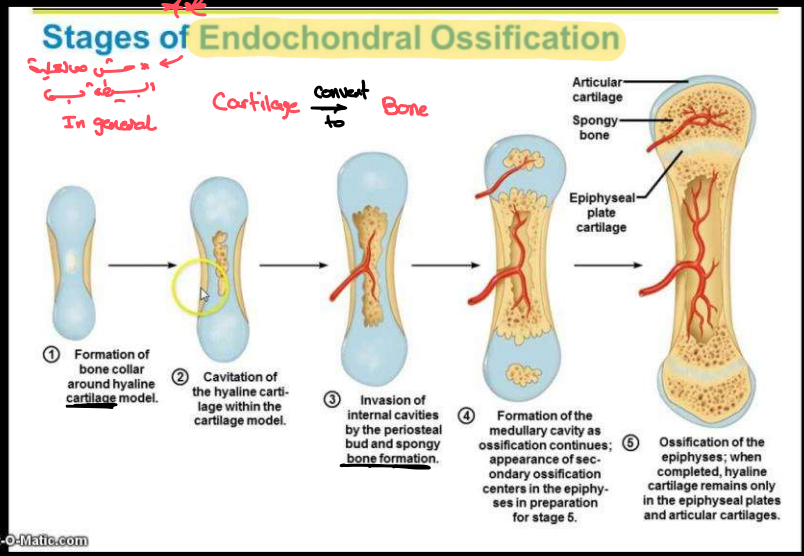
FLAT BONES

develop through??

Ex: - femur
- humerus

no cartilage here

Ex: - clavical
- sternum



✿✿ HOMEOSTASIS & REMODELING

- ✿ • Continuous and dynamic complex process even in adult mature skeleton (microscopic level)
- ✿ • Peak bone mass is reached in early adulthood after completion of skeletal growth
- ✿ • Resorption > bone formation on 4th decade

osteoclast >> osteoblast

Activation

inhibition

+ Osteoclast differentiation

- Osteoclast differentiation

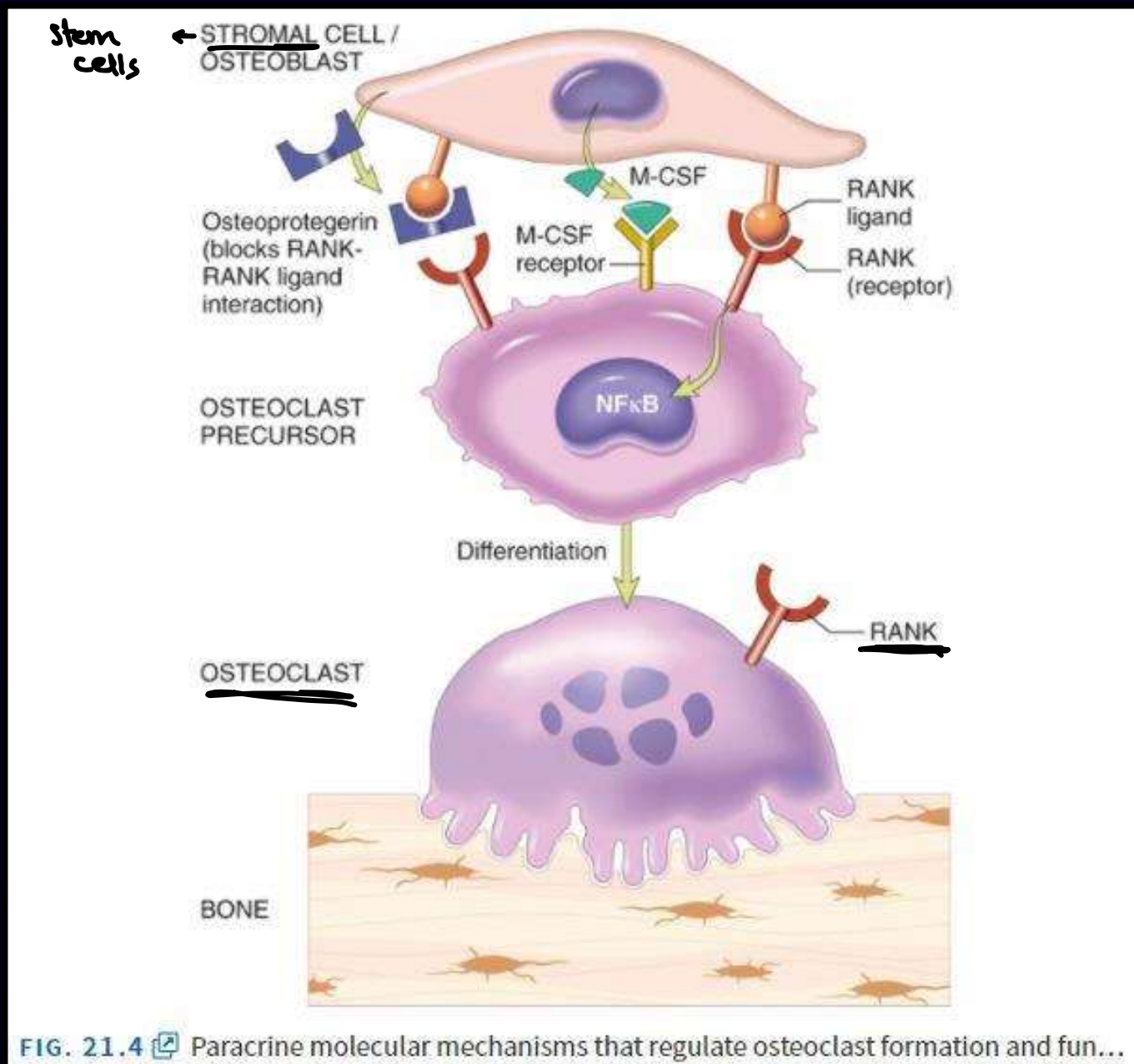
PTH *para thyroid hormone*

IL-1

Steroids

BMPs (bone morphogenic proteins)

Sex hormones (estrogen & test.)



Handwritten purple scribbles at the bottom of the page.

** CONGENITAL

DISORDERS

→ classified into 2 groups ??

① DYSOSTOSIS

② DYSPLASIA

- Abnormal condensation & migration of mesenchyme
- Genetic abnormalities of homeobox genes, cytokines and its receptors

no Formation
– Aplasia نقص الأصابع

– Supernumerary digit زيادة الأصابع

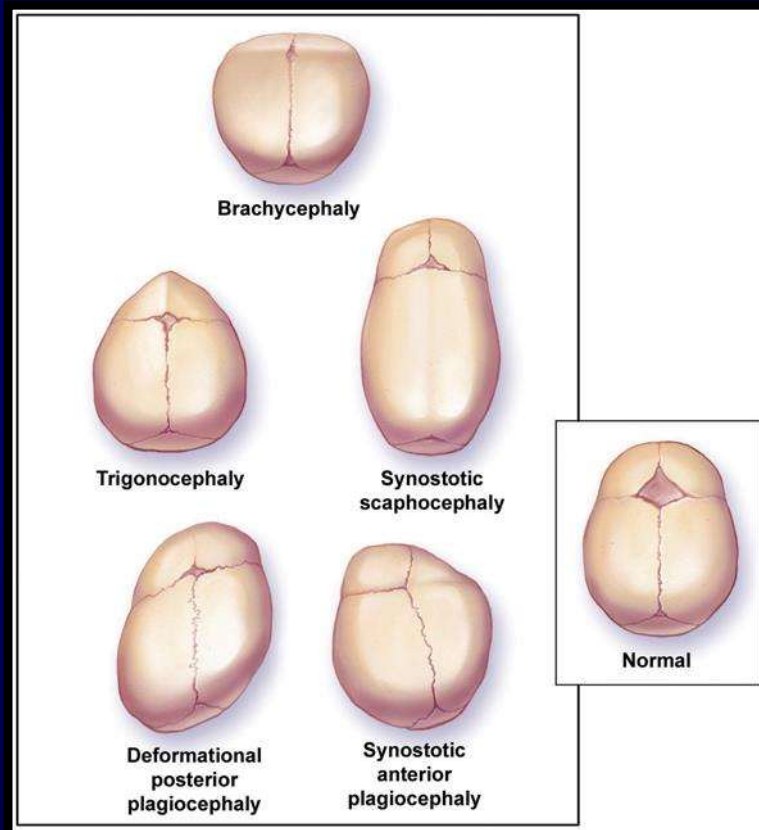
– Syndactyly & cranosynostosis →

صاكن
صاكن
skull

- Disorganized bone & cartilage
- Gene mutations that control development and remodeling
- Dysplasia here: not premalignant

Ex

DYSOSTOSIS



* Craniosynostosis



↳ Aplasia



↳ * Supernumerary digit
* Syndactyl



* Syndactyl

Lecture

2

Ex of disordered related to it ??

DYSPLASIAS

usually because of point mutation

A

- Achondroplasia (dwarfism): **most common**

- Mutations in FGFR3

Growth Receptor
 ↓ Factor
 Fibroblast


- No impact on longevity, intelligence or reproductive status

* life expectancy

Achondroplasia

- Caused by a gene mutation
- Shown to be associated with advanced paternal age.
- Gene mutation affects bone formation

* big head/body ratio
 * short limbs



Large head with prominent forehead

Normal-sized torso with short arms and legs

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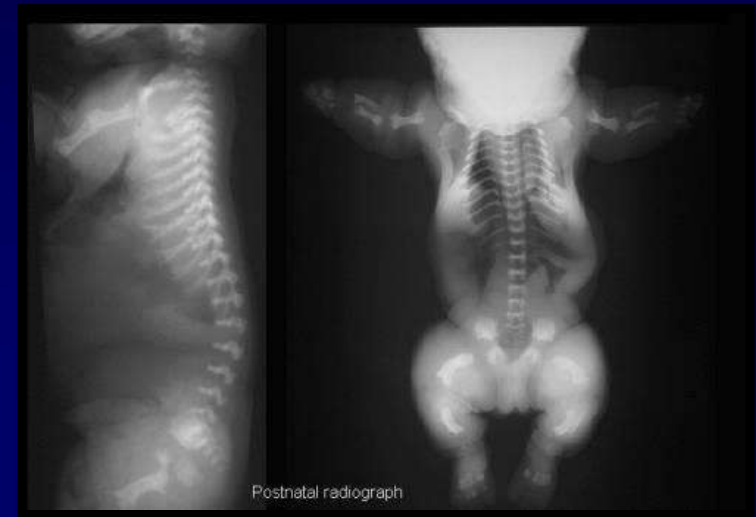
Peter Dinklage: 48-years-old, married with 2 children from USA, New Jersey
 “Game of thrones”



THANATOPHORIC DYSPLASIA

3

- Most common lethal form of dwarfism
- FGFR3 mutations (different from Achondroplasia)
- Die at birth or shortly after (small chest leading to resp. insufficiency)



Focus on this pic → →

©

Function of bone

(OI) disease

OSTEOGENESIS

IMPERFECTA

← deficiency

• Most common inherited disorders of connective tissue

Autosomal Dominant

Brittle bone disease

Osteogenesis imperfecta, a genetic disorder that results from a lack of the protein collagen, causes brittle bones that break easily.

Signs of the disorder

Symptoms vary and can range from mild to severe

Curved spine

Hearing loss (often starts in 20s or 30s)

Bowing of the back

Can cause spinal curvature called kyphosis, which can lead to a hunchback



Kyphotic spine

Treatment

No cure; treatment involves managing symptoms

- Treating broken bones, brittle teeth
- Pain medications, physical therapy, use of assistive tools, such as braces, wheelchairs
- Good diet, exercise, no smoking or drinking alcohol, caffeine



Triangular-shaped face with broad forehead

Whites of eyes look blue, purple or gray

Brittle teeth

Barrel-shaped rib cage

Short, small body; deformed bones

complete or partial →

• Group of disorders; AD: deficiency of type I collagen synthesis

• Too little bone; fragility

• Blue sclera; hearing loss; teeth abnormalities

• **Type 2 (lethal) and type I (relatively normal life)**

most lethal type

most benign type

OSTEOPETROSIS

- **Marble bone disease**
“stone bone” (group of disorders); **rare**

~~***~~ Impaired osteoclast function: **reduced bone resorption** leading to diffuse sclerosis

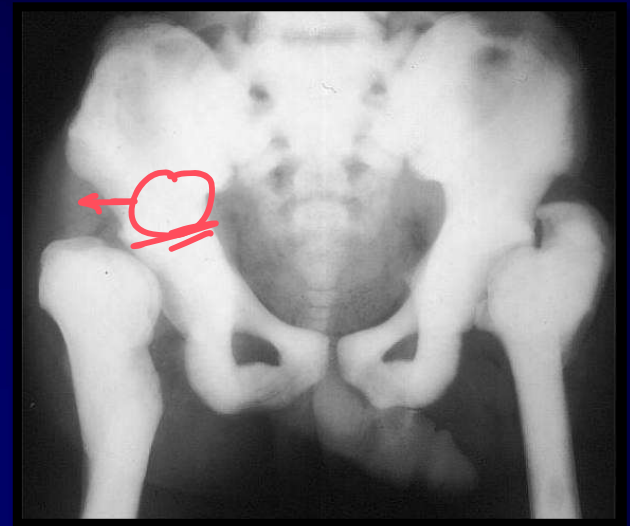
- Dx: X-ray →
- Fractures and leukopenia in severe forms

* can cause →

her →
x so we
get fractures

In normal bone there is an ability to absorb shocks

very whitish color





Summary

Congenital Disorders of Bone and Cartilage

Abnormalities in a single bone or a localized group of bones are called **dysostoses** and arise from defects in the migration and condensation of mesenchyme. They manifest as absent, supernumerary, or abnormally fused bones. Global disorganizations of bone and/or cartilage are called **dysplasias**. Developmental abnormalities can be categorized by the associated genetic defect.

- FGFR3 mutations are responsible for achondroplasia and thanatophoric dysplasia, both of which manifest as dwarfism.
- Mutations in the genes for type I collagen underlie most types of osteogenesis imperfecta (brittle bone disease), characterized by defective bone formation and skeletal fragility.
- Mutations in *CA2* and *TCIRG1* result in osteopetrosis (in which bones are hard but brittle) and renal tubular acidosis.