

ADAPTATION

→ Reversible changes in the number, size, phenotype metabolic activity, function of cell in response to changes in their environment.

HYPERTROPHY

- ↑ in the size of cell → ↑ size of organ
- cells have limited capacity to divide.
- no new cell, just ↑ amount of ptn + organelles

□ physiologic g-

A ↓ stimulation

- * estrogen stimulated smooth muscles
- (enlargement of the uterus during preg...)

B ↘ ↑ Demand

- in response to ↑ work load the striated muscle
- Adult muscles have limited capacity to divide

② pathologic g-

- ↳ hypertension or aortic valve disease
- = only hyper trophy (limited capacity to divide)

* signal

- ↳ mechanical triggers
- ↳ soluble mediator (Growth factor)

* mechanisms

- ↳ signal transduction pathway → gene
- synthesis cellular ptn ← stimulate

- ↳ switch of contractile ptn from adult → fetal, myosin → fetal β-myosin
- adult → fetal, myosin → fetal β-myosin
- slower, more economic

HYPERPLASIA

- ↑ in the number
- cell capable of proliferation
- may occur with hypertrophy

□ physiologic

- Hormonal: proliferation of the glandular epithelium of the female breast at pregnancy & puberty.
- compensatory: residual tissue grows after damage or resection of part of an organ
- stimuli → polypipptide growth factor
- liver eventually restoring to its normal size

ADAPTATION

- ATROPHY**
- shrinkage in the size of the cell
- diminished function (not dead)
- causes of Atrophy:
 - decreased workload, aging
 - loss of innervation, ↓ blood supply
 - inadequate nutrition, ↓ endocrine stimulation.
- physiologic cause:
 - loss of hormone stimulation in menopause
- pathologic cause:
 - demyelination.
 - ↓ blood supply → brain (narrow the gyri + widens the sulci)

- The process of Atrophy result from
- ↳ decrease ptn synthesis
 - ↳ increase ptn degradation by ubiquitin-proteasome



METAPLASIA

- cell type
- one adult cell type is replaced by another adult
 - induce by the reprogramming of stem cells
 - RS (SMOKING) → PSCE → squamous cell
 - important protective mechanism are lost
 - GI (GERD) → columnar epithelium.
 - SQUAMOUS → persistent.
 - If the metaplastic persists malignant transformation may predispose malignant squamous cell
 - ↳ LUNG CANCER malignant squamous cell
 - ↳ ESOPHAGEAL CANCER columnar epithelium

INTRACELLULAR ACCUMULATION

- the main pathway of abnormal intracellular accumulation
- ① inadequate removal & degradation
- ② excessive production endogenous
- ③ deposition of exogenous material.

FATTY CHANGE (steatosis)

- accumulate triglycerides.
- most seen liver

- heart, kidney, skeletal muscles
- caused by toxins, D.M., obesity
- anoxia, ptin malnutrition.

- most common cause (in liver)

Alcohol abuse & D.M.



GLYCOGEN

- cause: abnormalities in the metabolism of glucose or glycogen.

- * poorly controlled D.M.

- glycogen accumulated in

- renal tubular

- cardiac myocytes

- B cell of islet of Langerhans.

- glycogen storage diseases

glycogen accumulated within

cell is genetic disorder.

CHOLESTEROL

- cause: ↑ intake lipids ↓ metabolism of lipid

- Atherosclerosis (the most impo.)

PIGMENTS

Hemosiderin (Lentiginous)

- brownish-yellow granular accumulation in liver, heart, brain.

- produced by free radical-catalyzed peroxidation of polyunsaturated lipid

- marker of past free radical injury.

- Brown atrophy → large amount.

Melanin (endogenous)

- brown-black by melanocyte in epidermis.

- screen against harmful UV radiation.

- Other sources: adjacent basal keratinocyte + dermal macrophage.

Hemosiderin

- excessive deposition of Hemosiderin

- hemochromatosis more extensive accumulation of iron

- small amount of this pigment are normally

- Bone marrow, spleen, liver