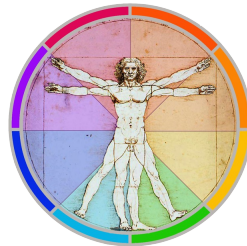


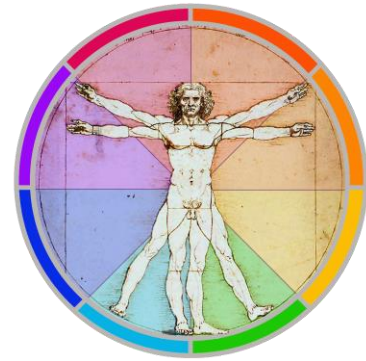
HUBS191 Lecture Material

This pre-lecture material is to help you prepare for the lecture and to assist your note-taking within the lecture, it is NOT a substitute for the lecture !



Please note that although every effort is made to ensure this pre-lecture material corresponds to the live-lecture there may be differences / additions.

Human Body Systems (HUBS) 191



Bone Tissue and its Microscopic Structure

Dr Charlotte King

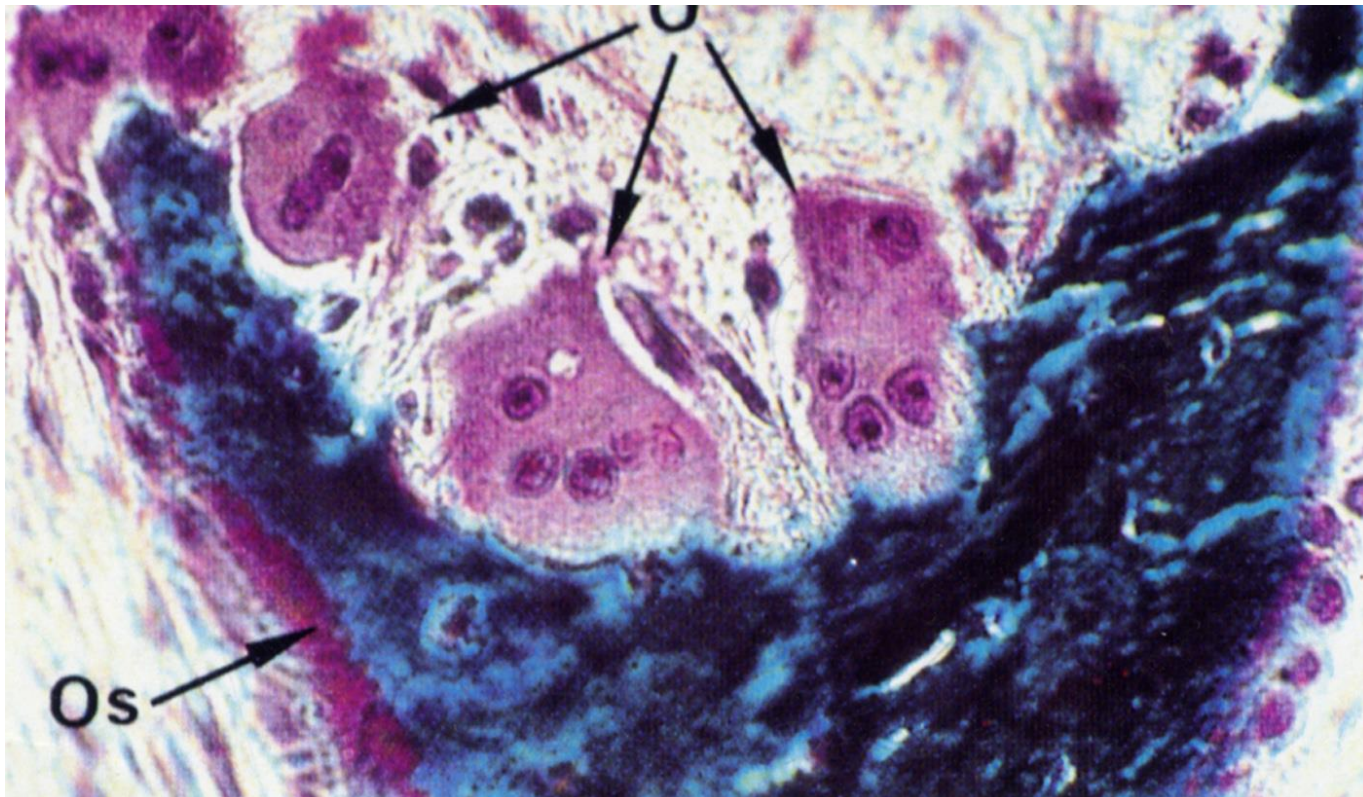
Department of Anatomy

Objectives

- By the end of this lecture you should be able to:
- Describe the microscopic structure of bones
- Describe how bone maintains homeostasis
- Describe a bone pathology relating to lack of homeostasis (osteoporosis)

Bone is a living tissue!

- Bone has cells as well as a calcified extracellular matrix



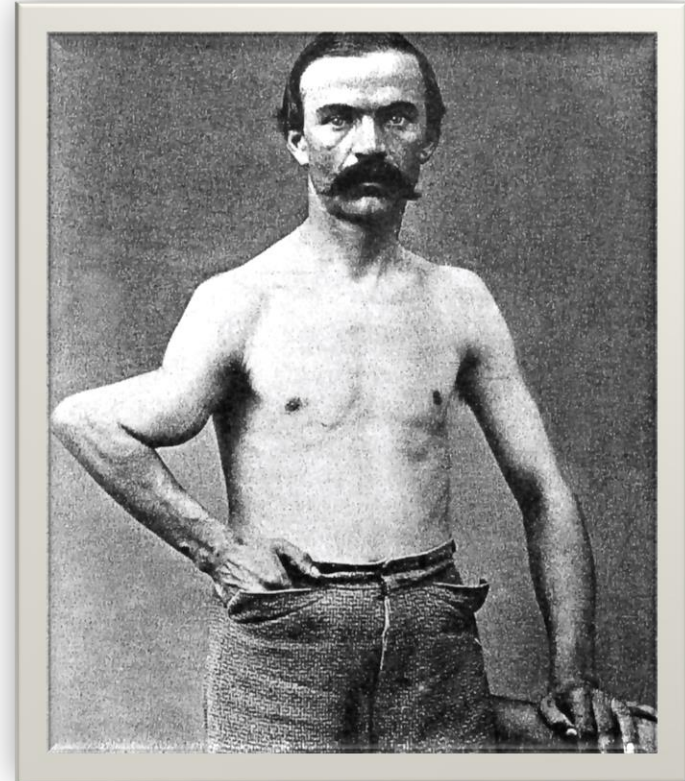
Bone changes depending on how you use your body!

- Bone cells respond to external forces
- Bone remodels and can change shape through your life to reflect how you are using your skeleton!



Bone can repair itself

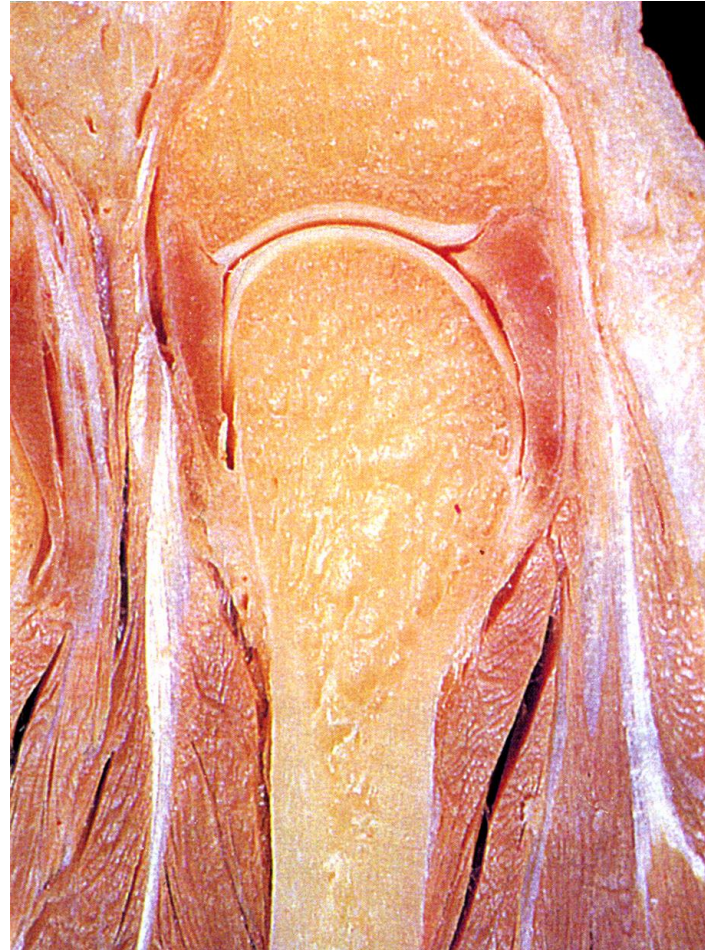
- Bone cells also respond to trauma to unite broken parts



Anatomy Resource Collection, University of Otago, 2020

Bone tissue composition

- Connective tissue
 - Supports other tissues/organs
 - Maintains form
- Bone has two extracellular components:
 - Organic
 - Inorganic



Extracellular components – the organic bit

33% of bone ECM is organic

- **Collagen** (protein)
- Ground substance (proteoglycans)
- Function = **resists tension**



- This fibula with its collagen removed is brittle/breaks easily

Extracellular components – the inorganic bit

67% of bone ECM is inorganic

- Hydroxyapatite + other Ca minerals (**mineral salts**)

Mineral component makes bone hard & resistant to compression.

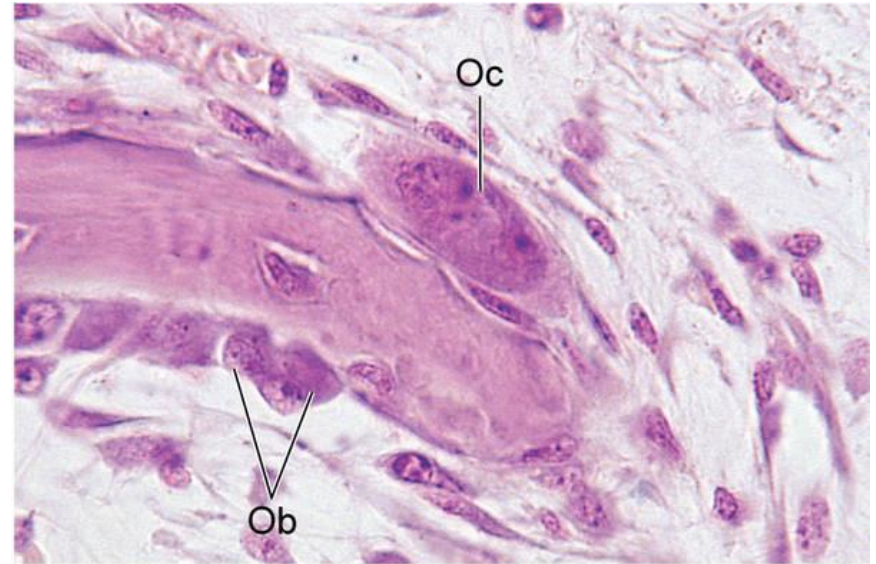
- This bone has had its inorganic components removed making it too flexible!



Martini et al, Visual Anatomy & Physiology, 3rd Edn, 2018, p.259

The cellular component of bone

- Makes up just 2% of bone by weight
- Four types of cells
 - Osteogenic cells
 - Osteoblasts
 - Osteocytes
 - Mature bone cells
 - Osteoclasts
- Together these cells maintain bone homeostasis
 - Balance of bone destruction and formation that means amount of bone stays the same



From Williams P. Gray's anatomy, ed 38, Philadelphia, 1996, Churchill Livingstone.

What do bone cells do?

- Osteogenic cells
 - Stem cells that produce osteoblasts
- Osteoblasts
 - MAKERS - Produce new bone matrix
- Osteocytes
 - MAINTAINERS - Recycle protein and minerals from matrix
- Osteoclasts
 - DESTROYERS - remove bone matrix

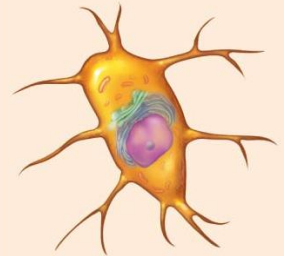
(b) Osteoblast

Matrix-synthesizing cell responsible for bone growth



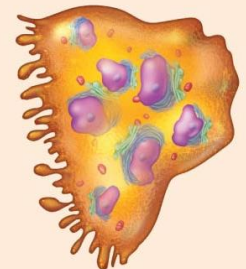
(c) Osteocyte

Mature bone cell that monitors and maintains the mineralized bone matrix



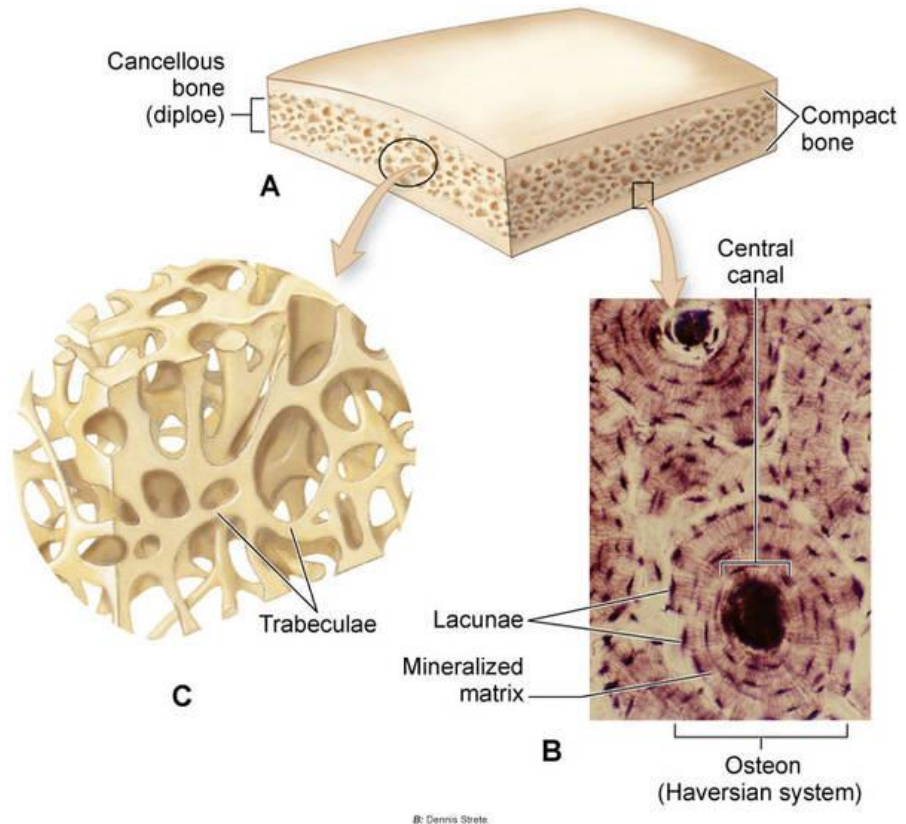
(d) Osteoclast

Bone-resorbing cell



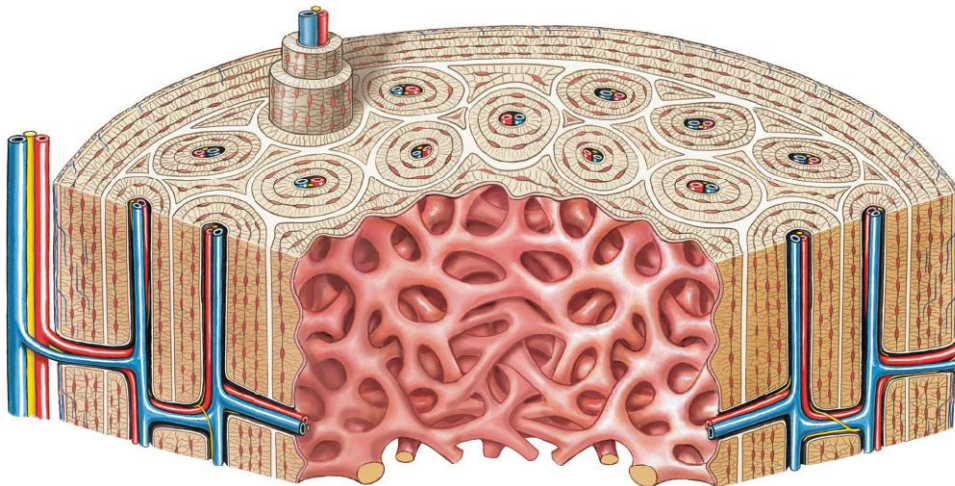
Gross structure of bones

- *Reminder:* there are two types of bone tissue
 - Compact
 - Cancellous
- Made of the same things but structured differently
 - Osteon structure (compact)
 - Trabecular structure (cancellous)

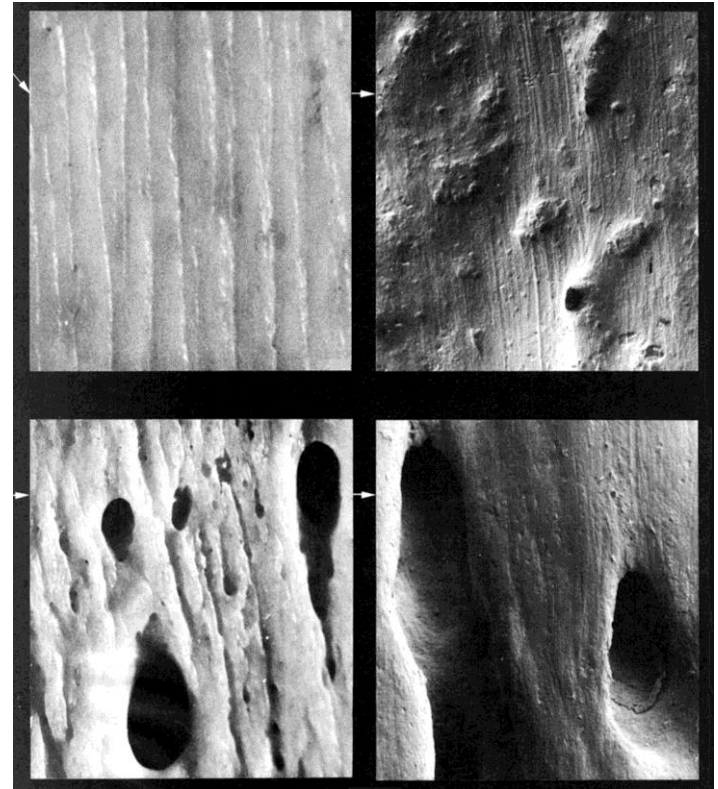


Compact bone

- Macroscopically:
 - Outer surfaces seem dense and impenetrable (periosteum)
 - Foramina/holes for blood supply
- Microscopically:
 - Made up of circumferential lamellae and units called **osteons**



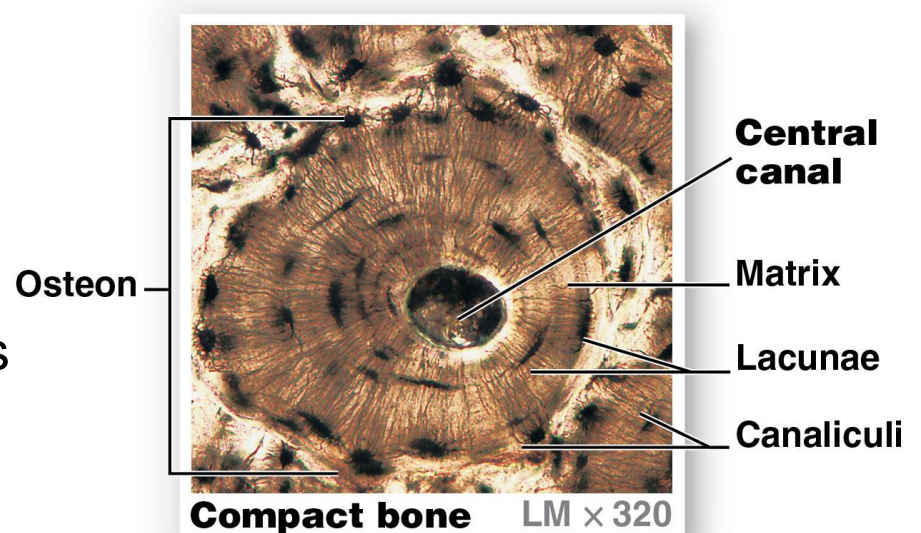
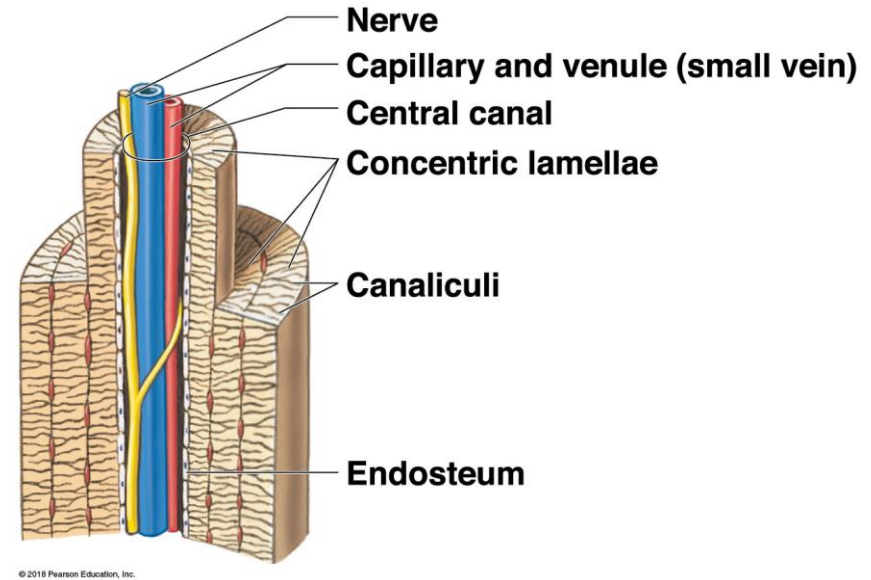
Martini et al, *Visual Anatomy & Physiology*, 3rd Edn, 2018, p.260



Surface of a femur (top = midshaft, bottom = distal). Anatomy Resource Collection, University of Otago, 2018

Osteons

- **Osteon**= longitudinal (lengthwise) unit within compact bone.
 - provide a pathway for nutrients to get to cells in the ECM
- **Central canal** - contains blood vessel and nerves
- **Lamellae** - a series of cylinders formed of ECM around the central canal.
 - Form the shape of the osteon
 - Collagen fibres within lamellae resist forces
- **Lacunae**= 'lakes' for osteocytes
- **Canaliculi** = channels for nutrients to travel to osteocytes through the ECM

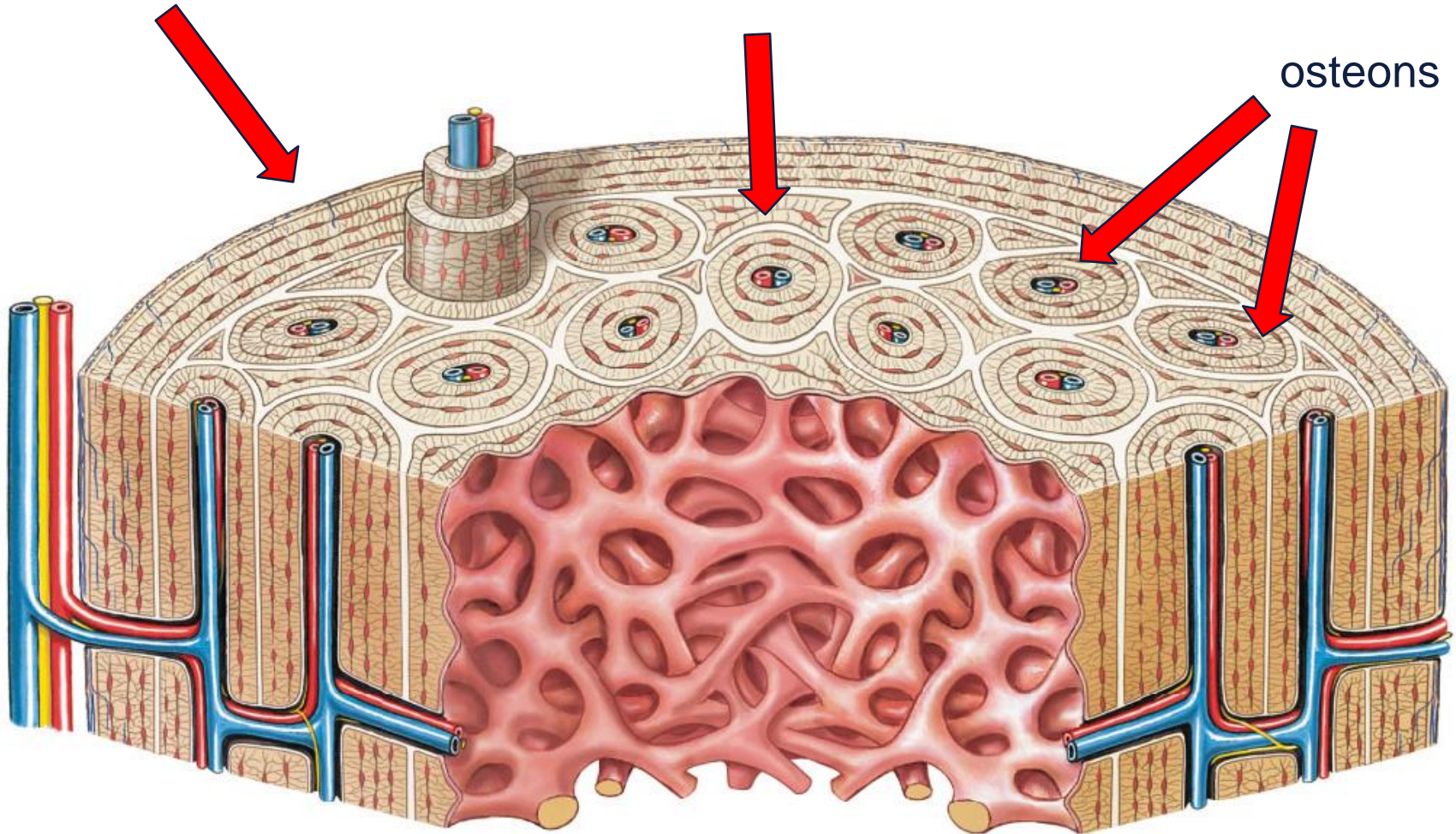


Zooming out a bit...

Circumferential
lamellae

Interstitial lamellae

osteons



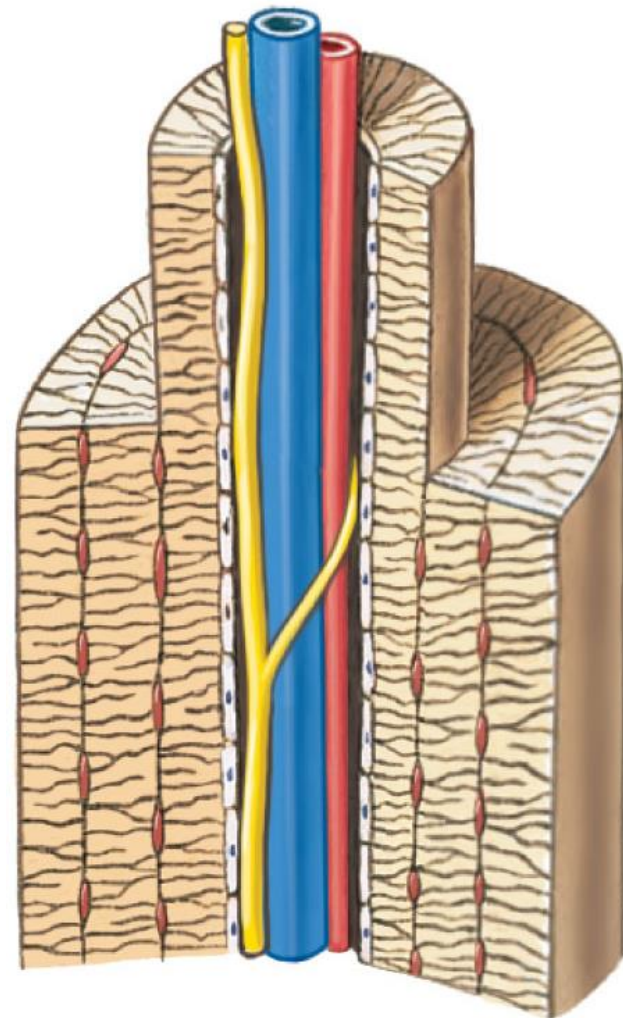
Osteon

Central canal

Lamellae

Lacunae

Canaliculi

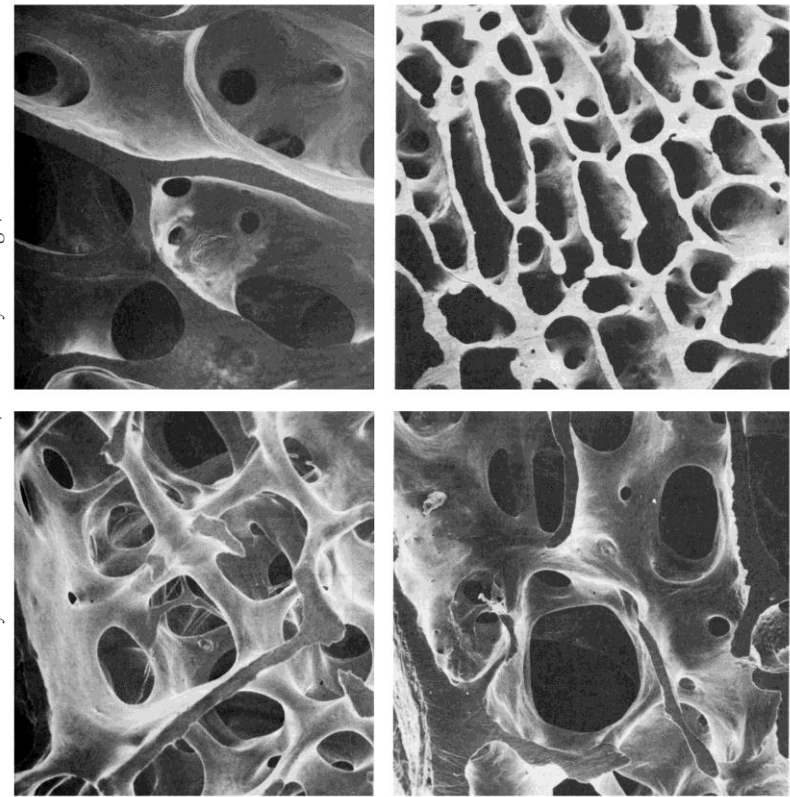


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Cancellous bone

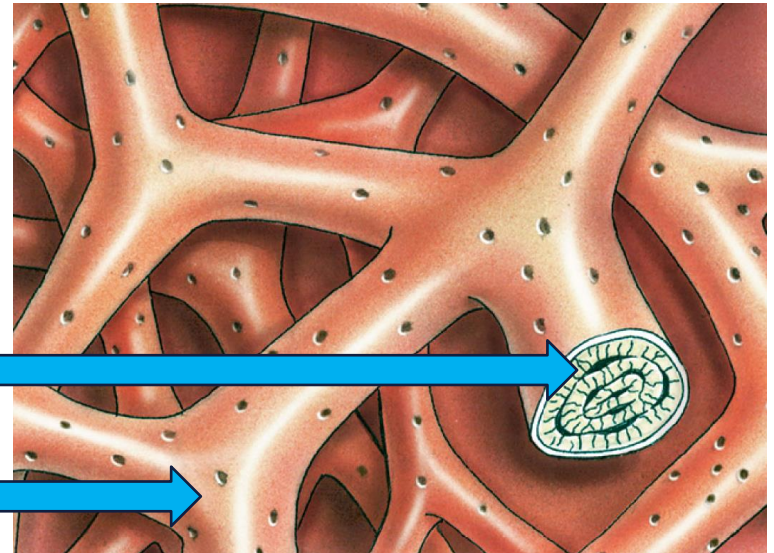
- Trabeculae
 - Struts of lamella bone
- Marrow fills the cavities between trabeculae
- Osteocytes housed in lacuna in between lamellae/on surface.

Anatomy Resource Collection, University of Otago, 2018



Lacuna and osteocyte

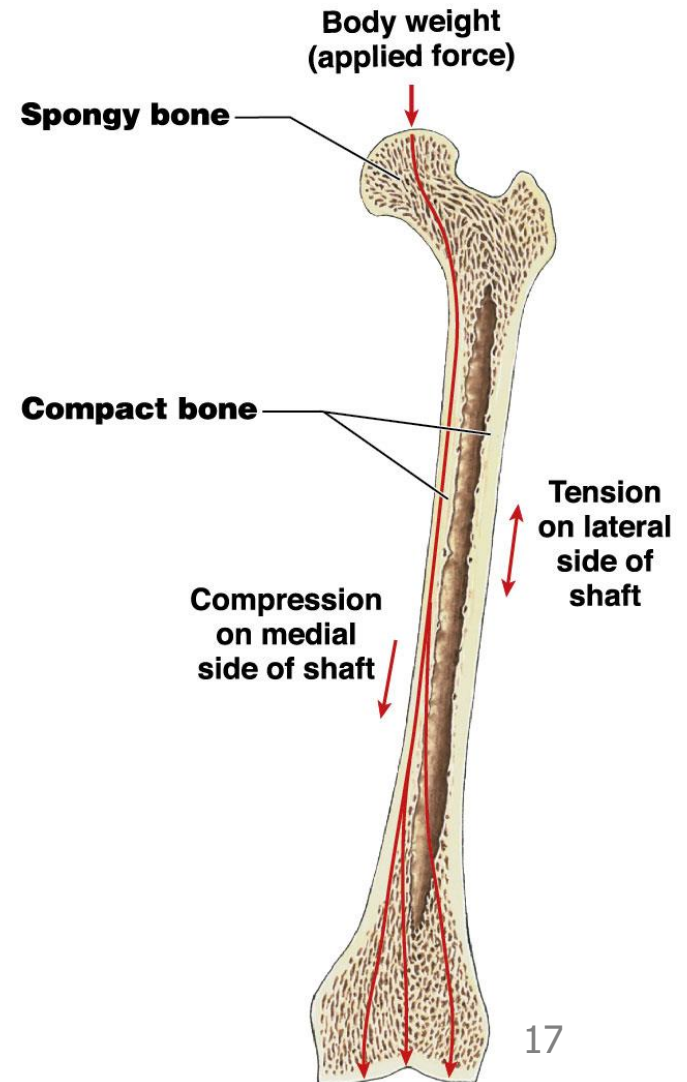
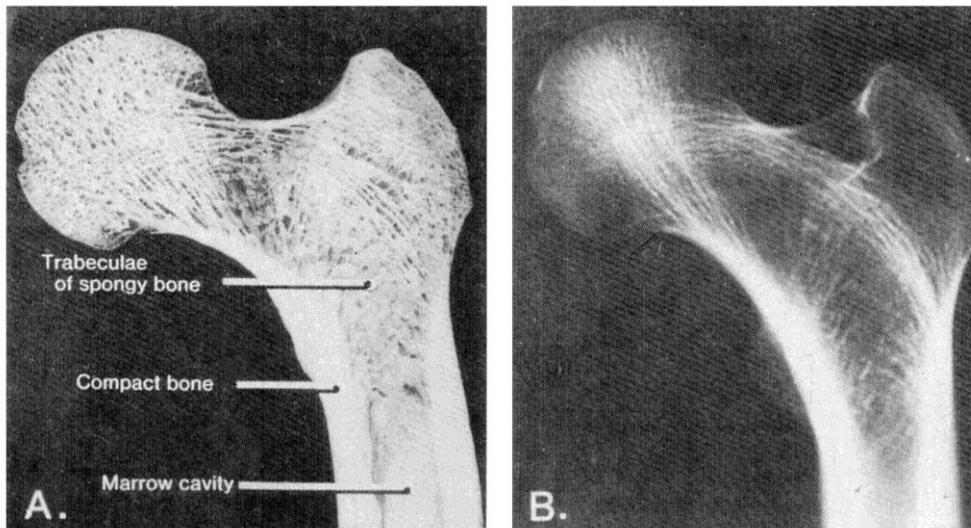
Canaliculi



Martini et al, *Visual Anatomy & Physiology*, 3rd Edn, 2018, p.261

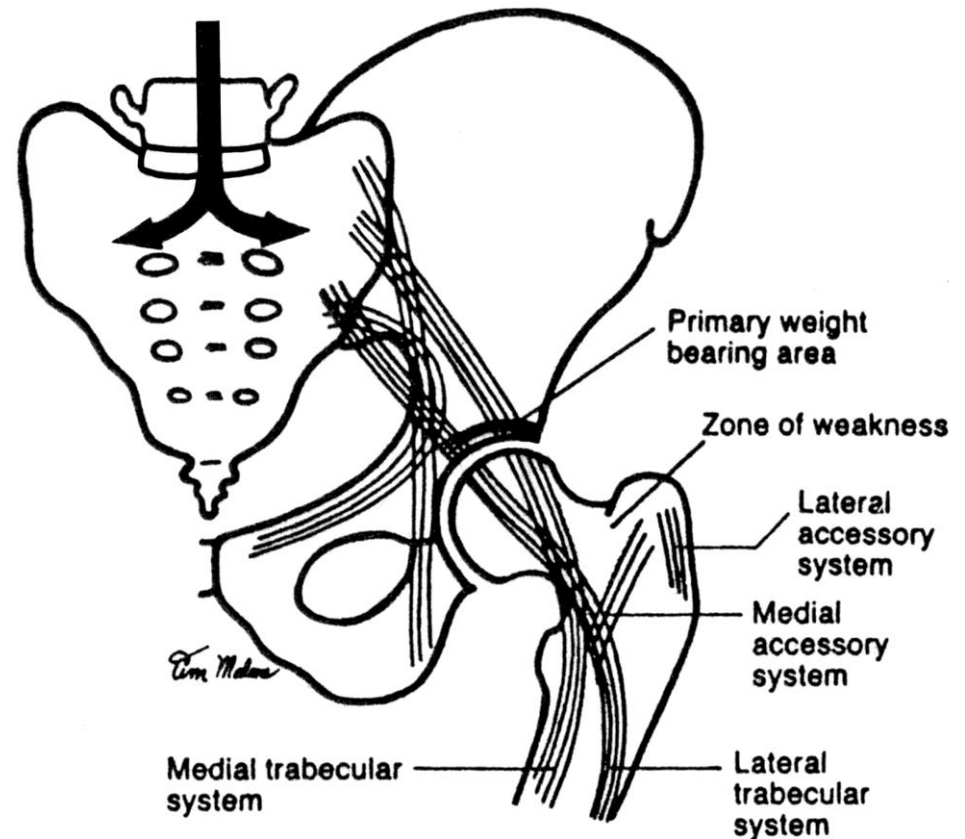
Why trabecular bone?

- Organisation of trabeculae resists force from multiple directions
- Directs force from body weight in single direction down shaft
- Spreads force distally



Weight transmission upper – lower body

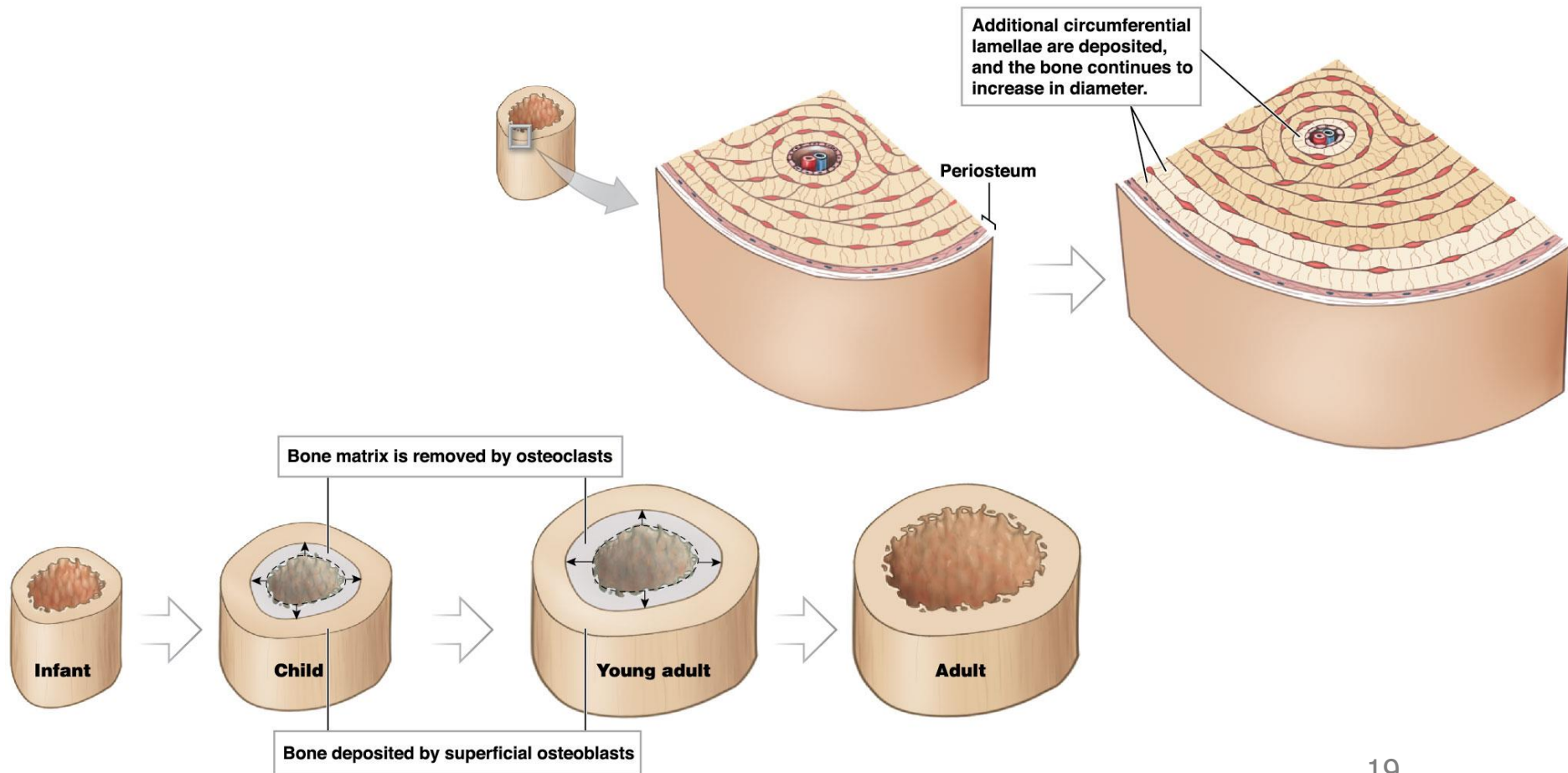
- Trabeculae channel weight around the ilia into femora



Palastanga et al, *Anatomy and Human Movement*, 1992

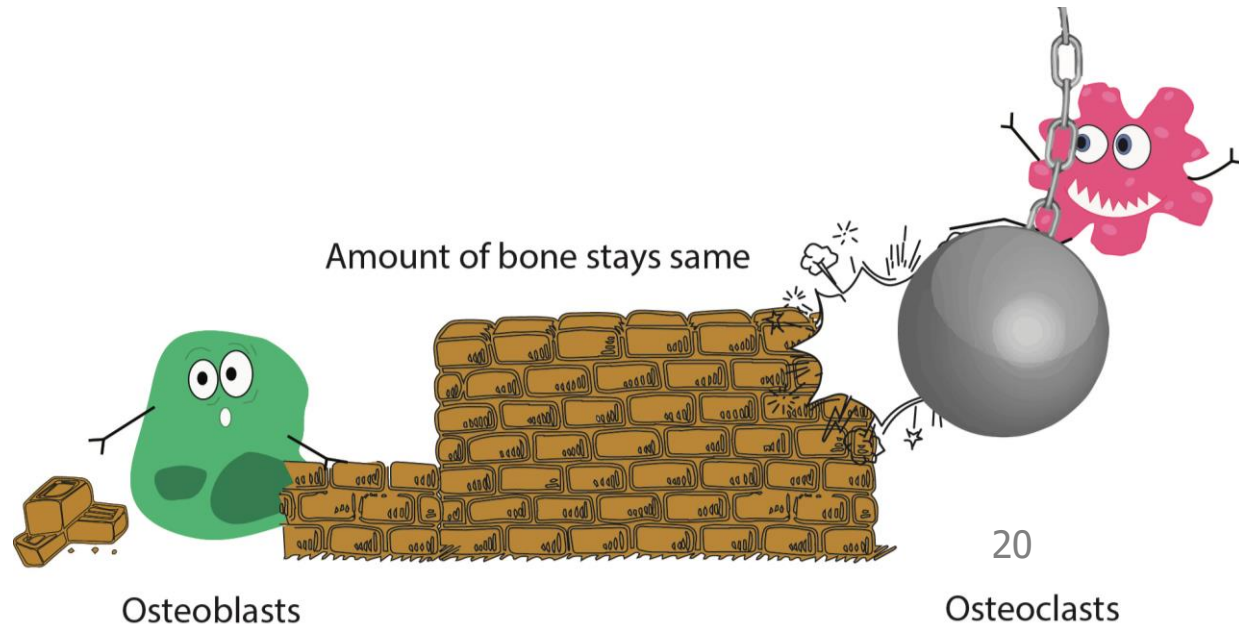
Bone Remodelling

- Allows bones to grow - appositional growth
 - Osteoblasts add bone matrix in lamellae to bone surface
 - Osteoclasts remove bone from the medullary cavity.



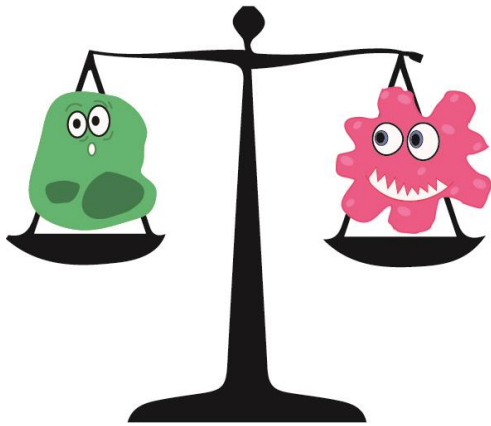
Bone homeostasis

- Balance of OB and OC activity.
- Bone is constantly being formed/destroyed
 - Allows body to mobilise calcium, phosphate and other minerals from the bone matrix
- Process called REMODELLING
 - Allows bone to respond plastically
 - Shape change possible through life to resist strain etc.

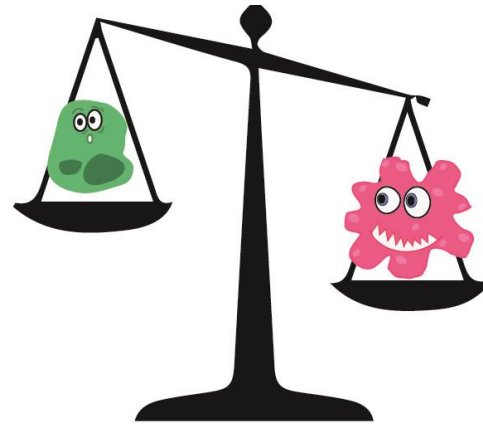


What happens if bone homeostasis isn't maintained?

- Body has requirements to maintain homeostasis
 - E.g. adequate calcium in diet, moderate exercise.
- Without these can get an imbalance in osteoblastic/osteoclastic activity.



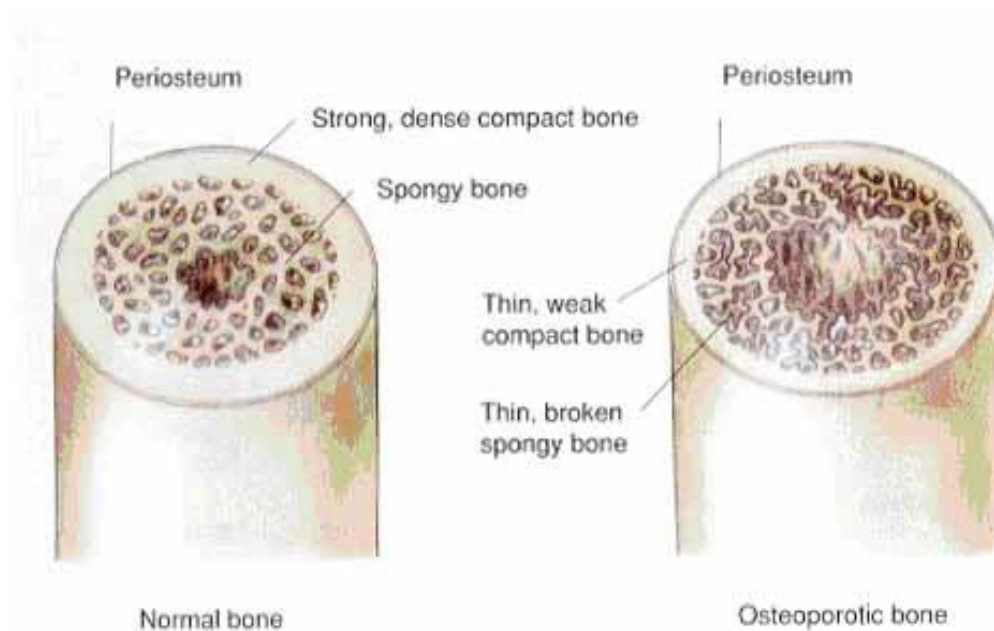
Homeostasis



Osteopenia

Imbalance in OB/OC activity

- Osteoporosis and osteopenia = $OC > OB$ activity
- Osteoporosis = clinically significant version



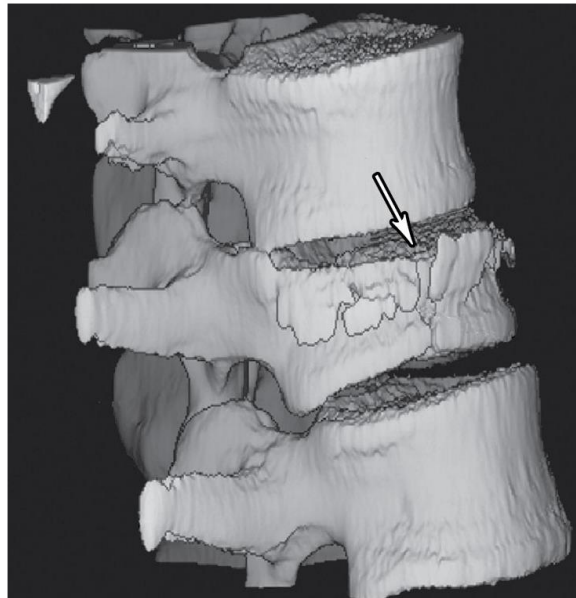
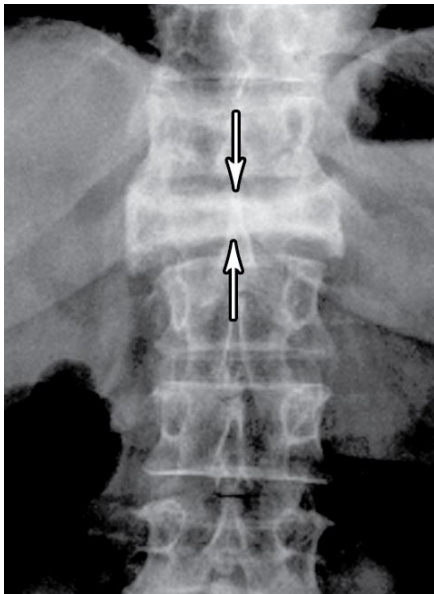
Osteoporosis

- Loss of cortical bone
- In cancellous bone trabeculae become thinner
- Compression fractures of vertebrae



(a) Normal bone

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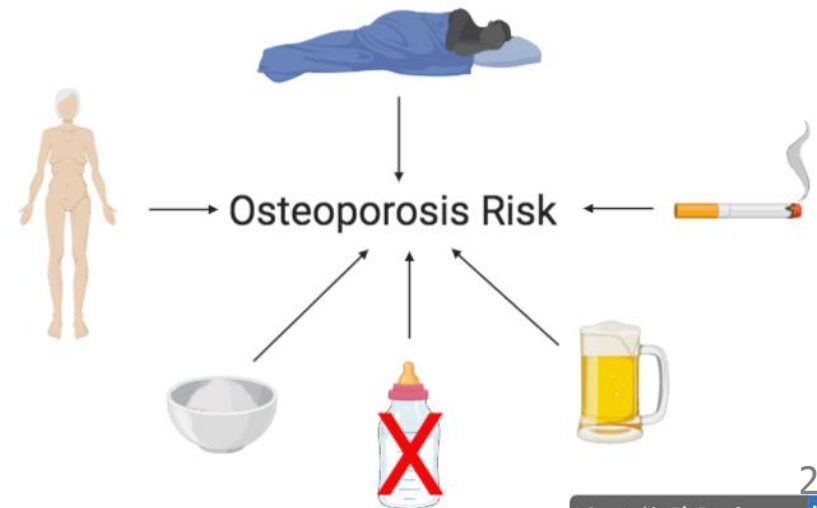
(b) Osteoporotic bone

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Why do only some people get osteoporosis?

- Biological females more at risk
 - Loss of estrogen post-menopause
- Lifestyle factors
 - Lack of exercise
 - Nutritional factors
- Depends on your start point
 - Peak bone mass in your 20s
 - If this is already low then more likely to get osteoporotic

This is adulthood



I need to revise this stuff...

Module 6.3 – 6.6 in Martini et al. 2018. *Visual Anatomy and Physiology*

Shout out (again) to this video that has a really nice explanation of osteon structure and bone cell types from 5:07-6:25 <https://www.youtube.com/watch?v=rDGqkMHPDqE>

Practice: Complete these sentences!

Compact bone is composed of units called _____

The _____ found in the centre of each osteon provide a pathway for blood vessels and nerves.

The cells in bone are called _____ and sit within structures called _____.

What is the extracellular component of bone made of?

- A. Osteoblasts, osteoclasts and osteocytes
- B. Hydroxyapatite (mineral) and collagen (organic)
- C. Osteons
- D. Trabeculae

How do bones grow wider (appositionally)?

- A. Osteocytes secrete bone and widen the osteons.
- B. Osteoclasts hollow out bone from the medullary cavity
- C. Osteoblasts add bone to the outer surface
- D. A combination of B and C.

What is bone homeostasis?

- A. When OB and OC activity are balanced and net bone mass stays the same
- B. When osteocytes are functioning properly
- C. When normal growth allows an increase in bone mass.
- D. The process by which bones stay the same once they've finished growing.

HUBS191

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