



General Pathology

Immunopathology

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Fundamentals

Immunity:

It is protection against infections. The immune system is the collection of cells and molecules that are responsible for:

- 1- **Defending** our body against pathogenic microbes in our environment.
- 2- **Prevent** the proliferation of cancer cells.
- 3- **Mediate** the healing of damaged tissue.

Innate: Always present, immediate (Barriers, Phagocytes, Natural Killer cells, Complement system).

Innate immune response



Epithelial barriers



Chemical barriers



Body temperature



Mast cell



Macrophage

Phagocytes



Neutrophil



NK cell



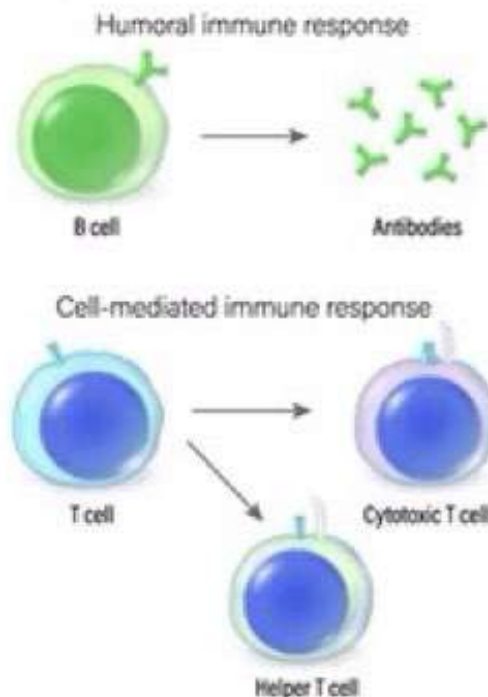
Dendritic cell

Adaptive: Specific, "adapts" (Lymphocytes).

Humoral: B cells \ Antibodies (Extracellular).

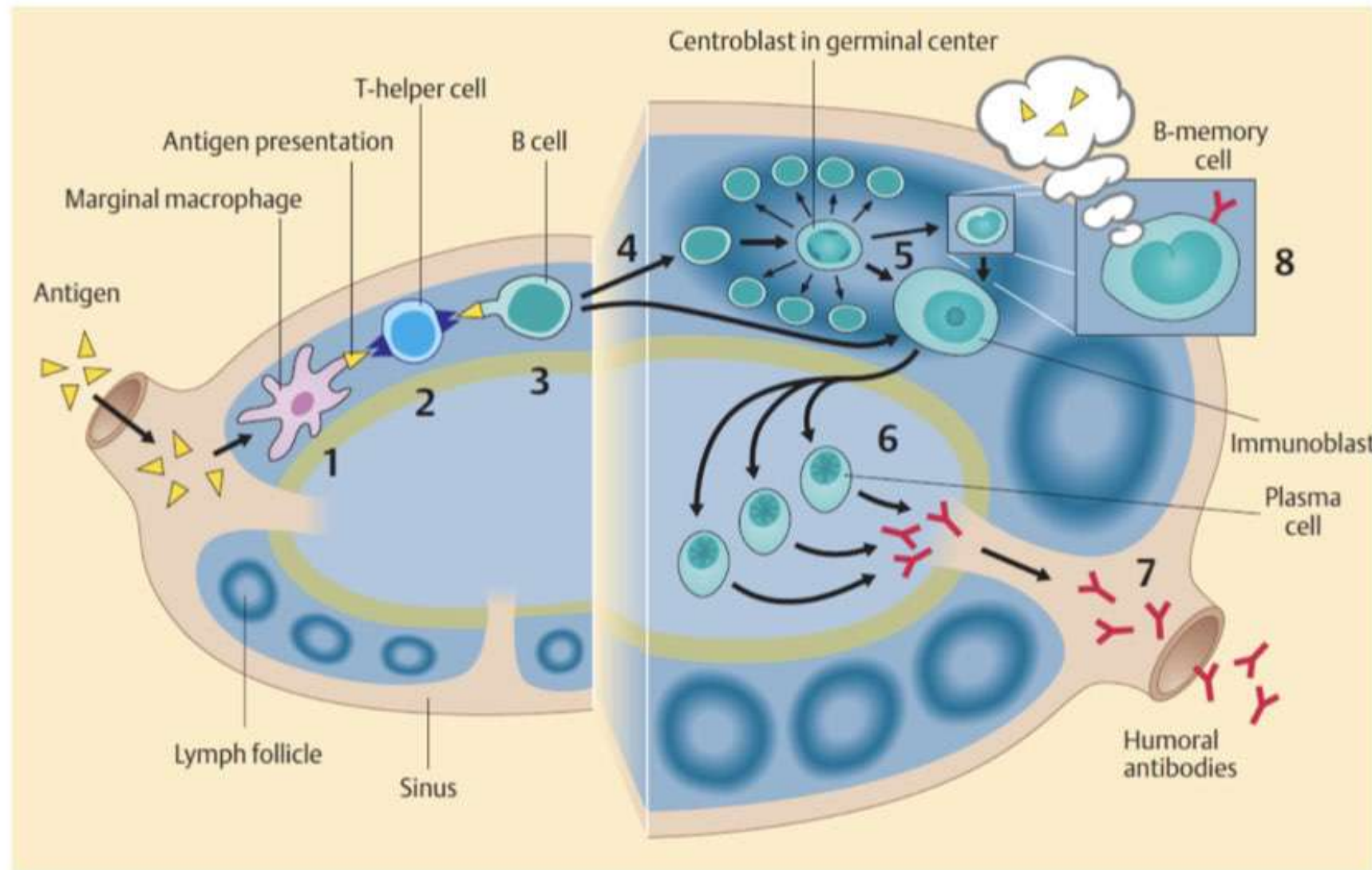
Cell-Mediated: T cells (Cytotoxic T-Lymphocytes kill, Helper T cells activate phagocytes) (Intracellular).

Adaptive immune response



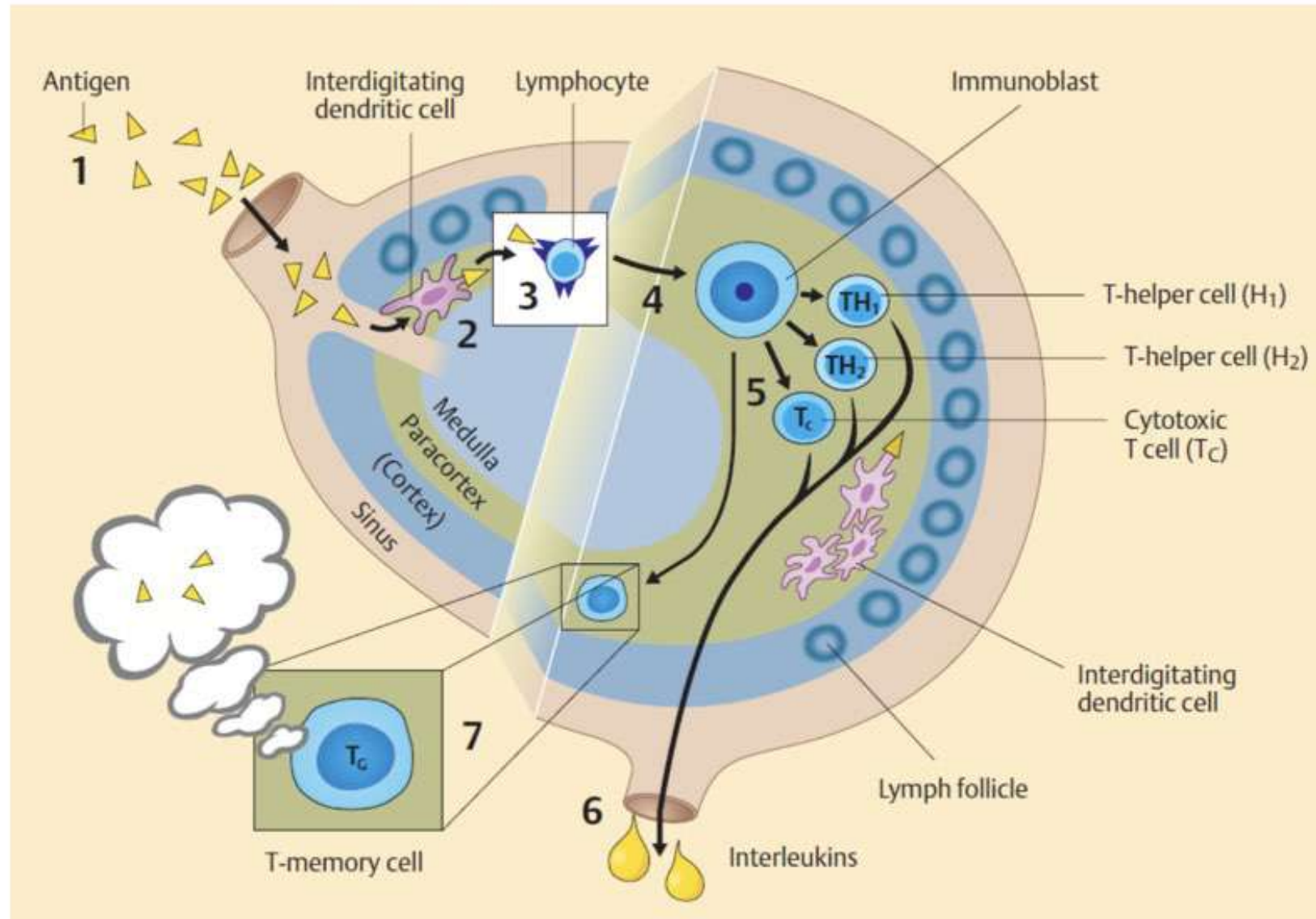
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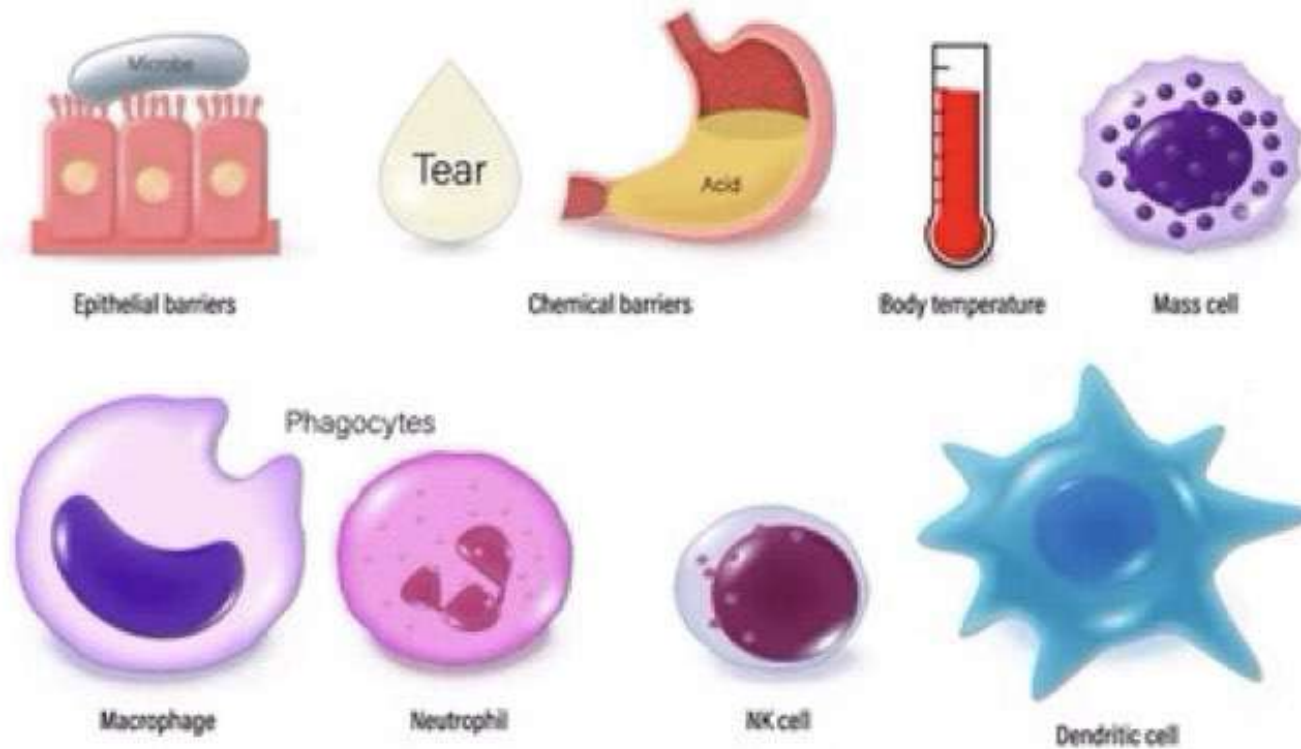
Key Cells:

Lymphocytes (T/B): Adaptive immunity mediators.

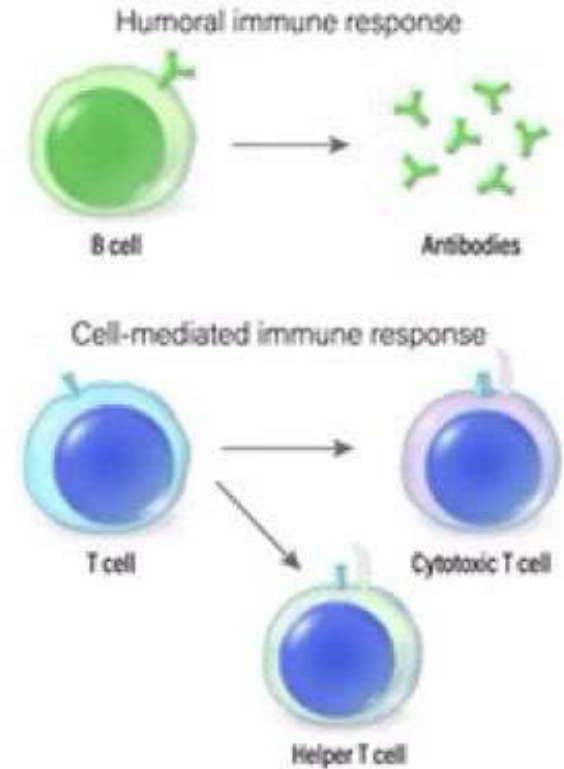
NK (natural killer) Cells: Innate, kill stressed/infected cells.

Antigen presenting cells (Dendritic cells/Macrophages): Capture and display antigens.

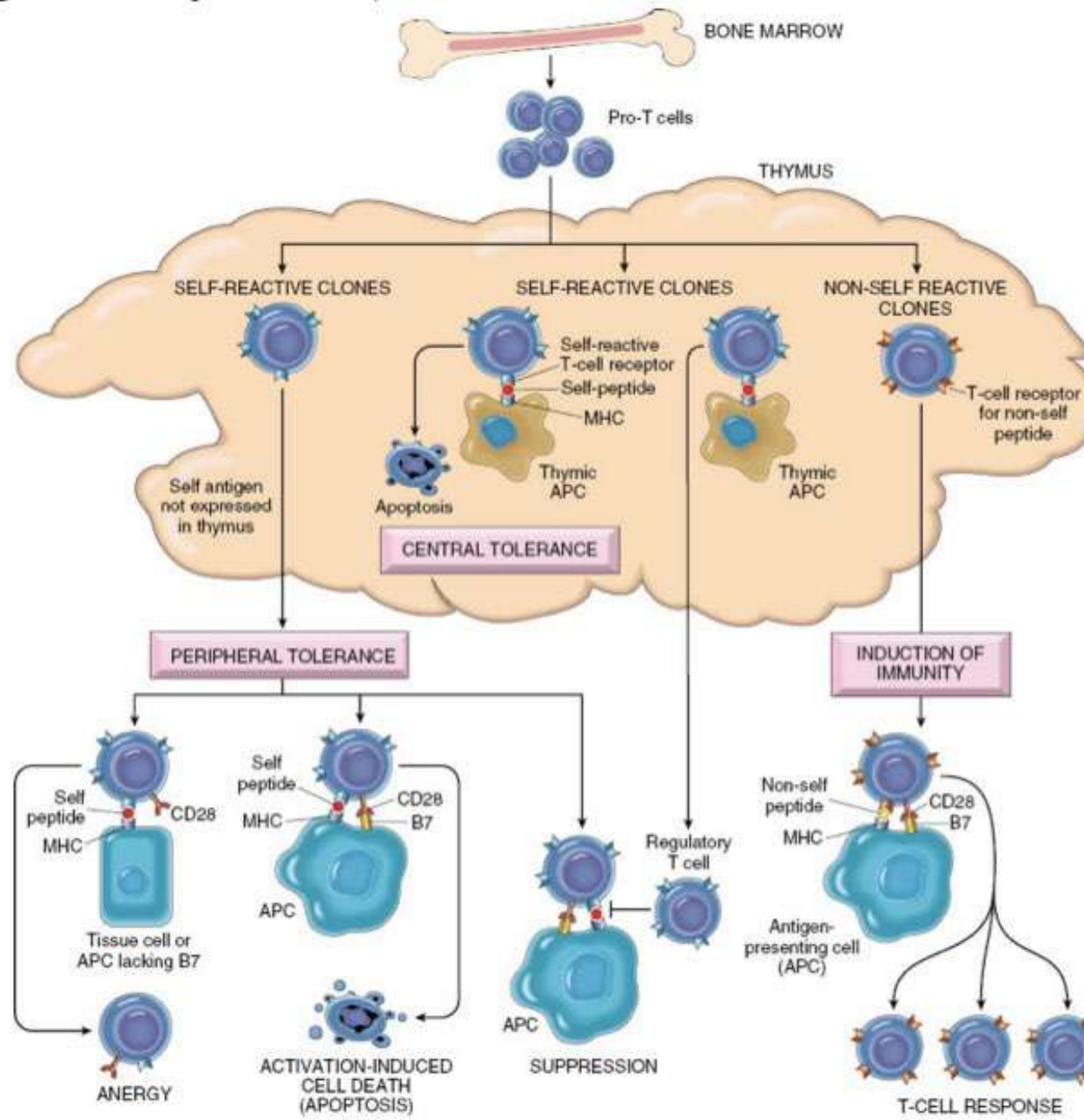
Innate immune response



Adaptive immune response



Immune tolerance: Central tolerance (Thymus/Bone Marrow deletion) & Peripheral tolerance (Anergy, T-regulatory cells).



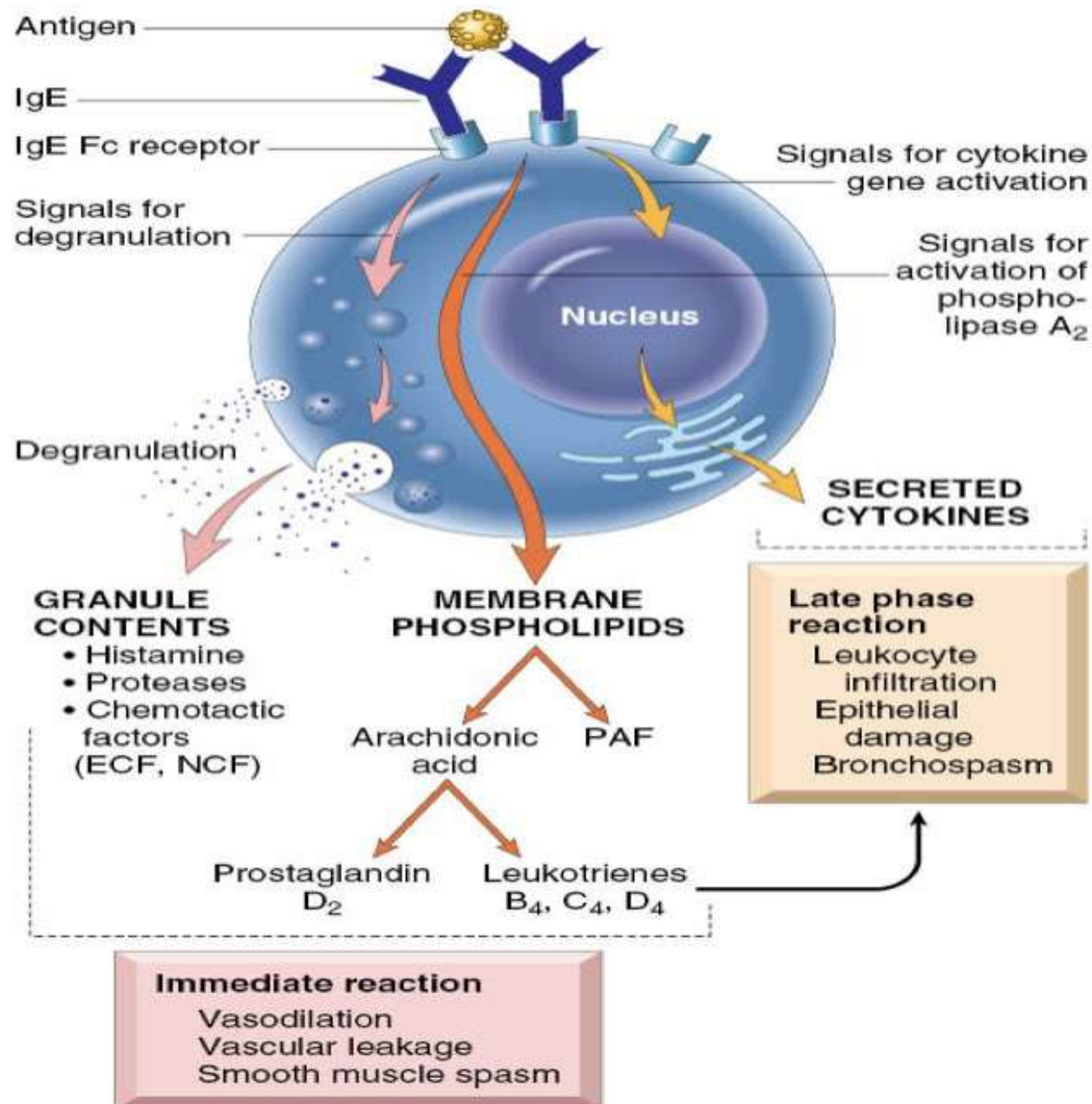
Immune System Diseases

Hypersensitivity

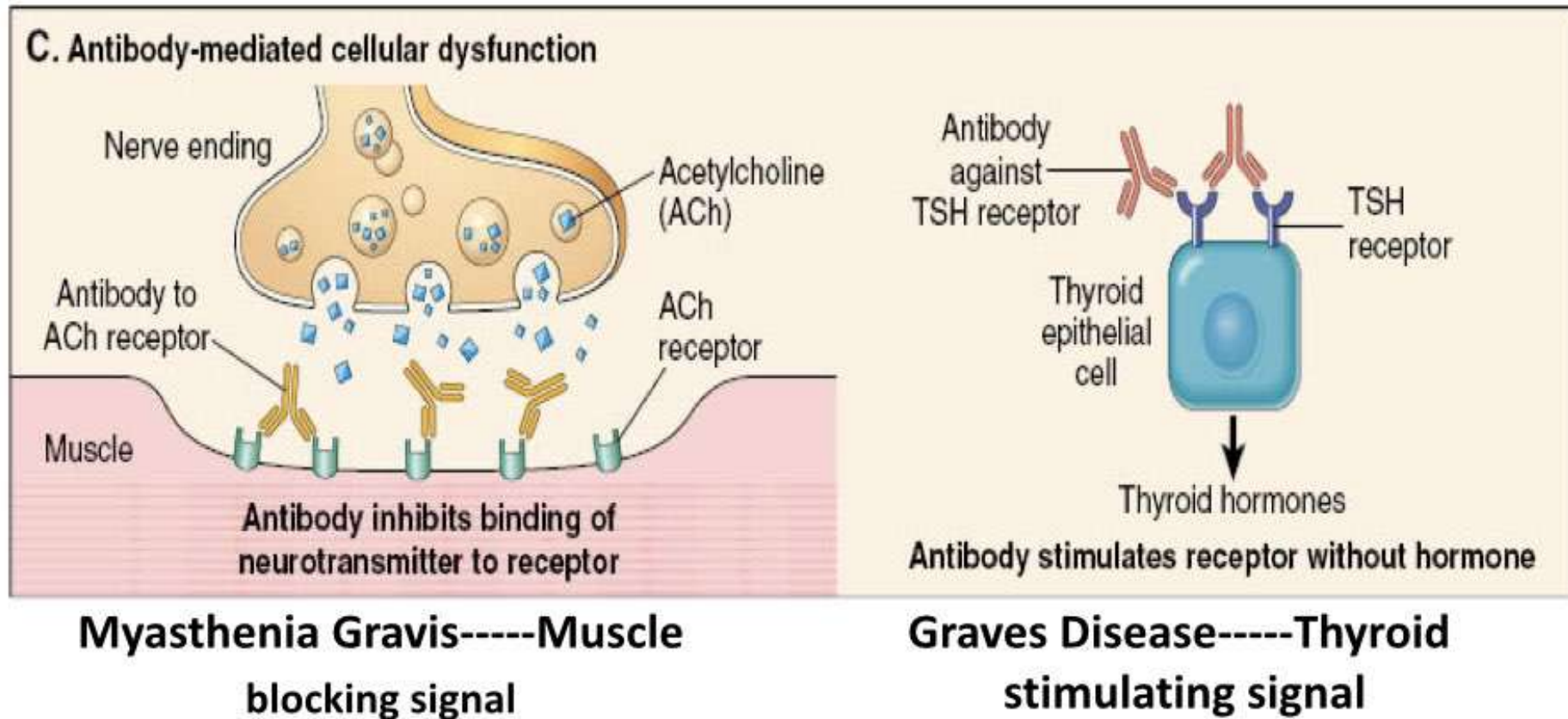
Hypersensitivity (Allergy) - **Exaggerated** Response

Type	Mediator	Key Mechanism	Examples
I (Immediate)	IgE, Mast cells	Degranulation (Histamine release)	Anaphylaxis, Hay Fever
II (Cytotoxic)	IgG, IgM	Antibody binding → Cell lysis/damage	Transfusion reactions, Hemolytic Anemia
III (Immune- Complex)	Ag-Ab Complexes	Deposition → Complement activation → Inflammation	SLE, Glomerulonephritis
IV (Cell-Mediated)	T cells	Delayed cytokine/CTL damage (no antibody)	Tuberculin test, Contact Dermatitis

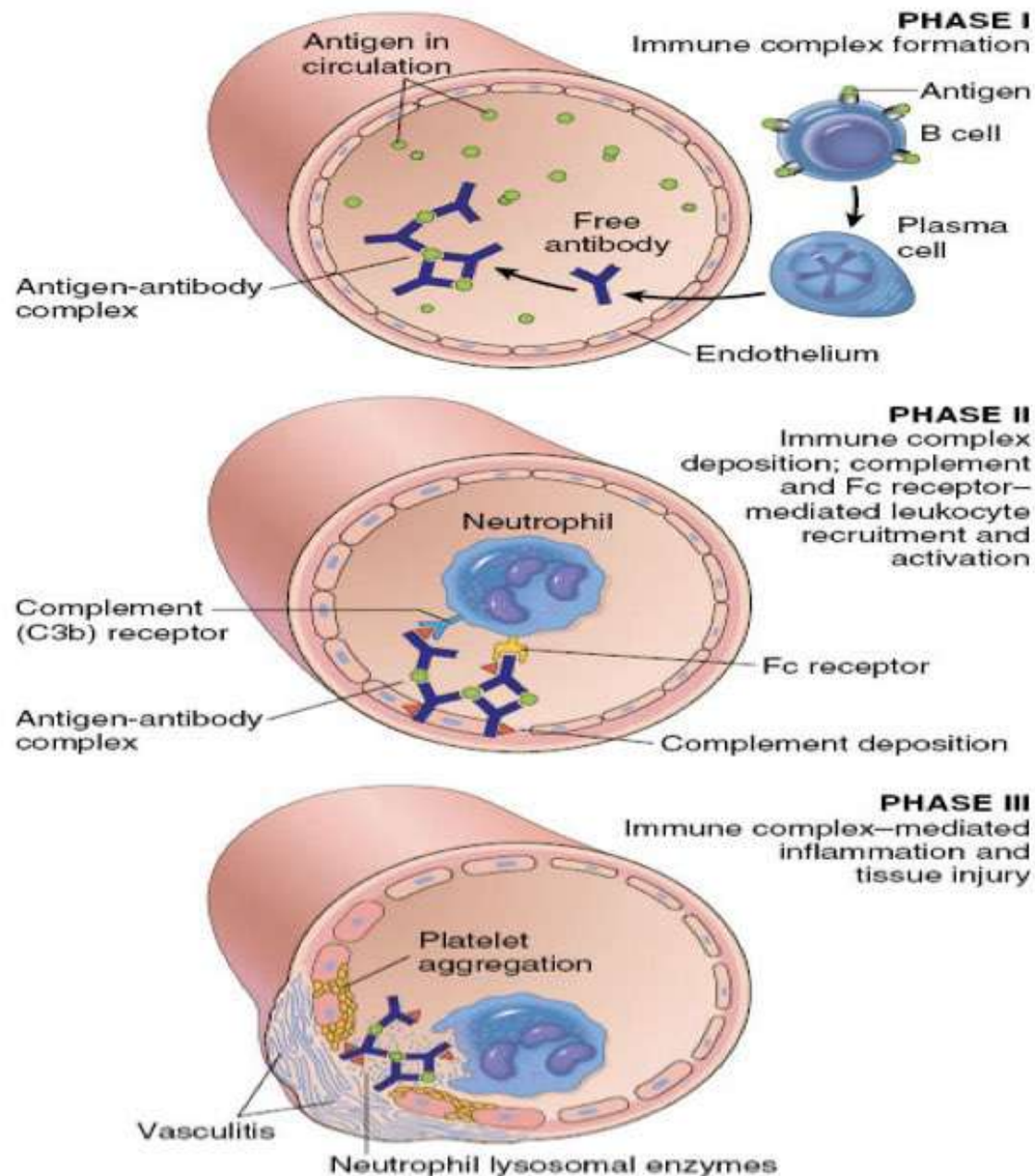
Type-I (Immediate) Hypersensitivity Reaction— IgE antibody+Mast cells.



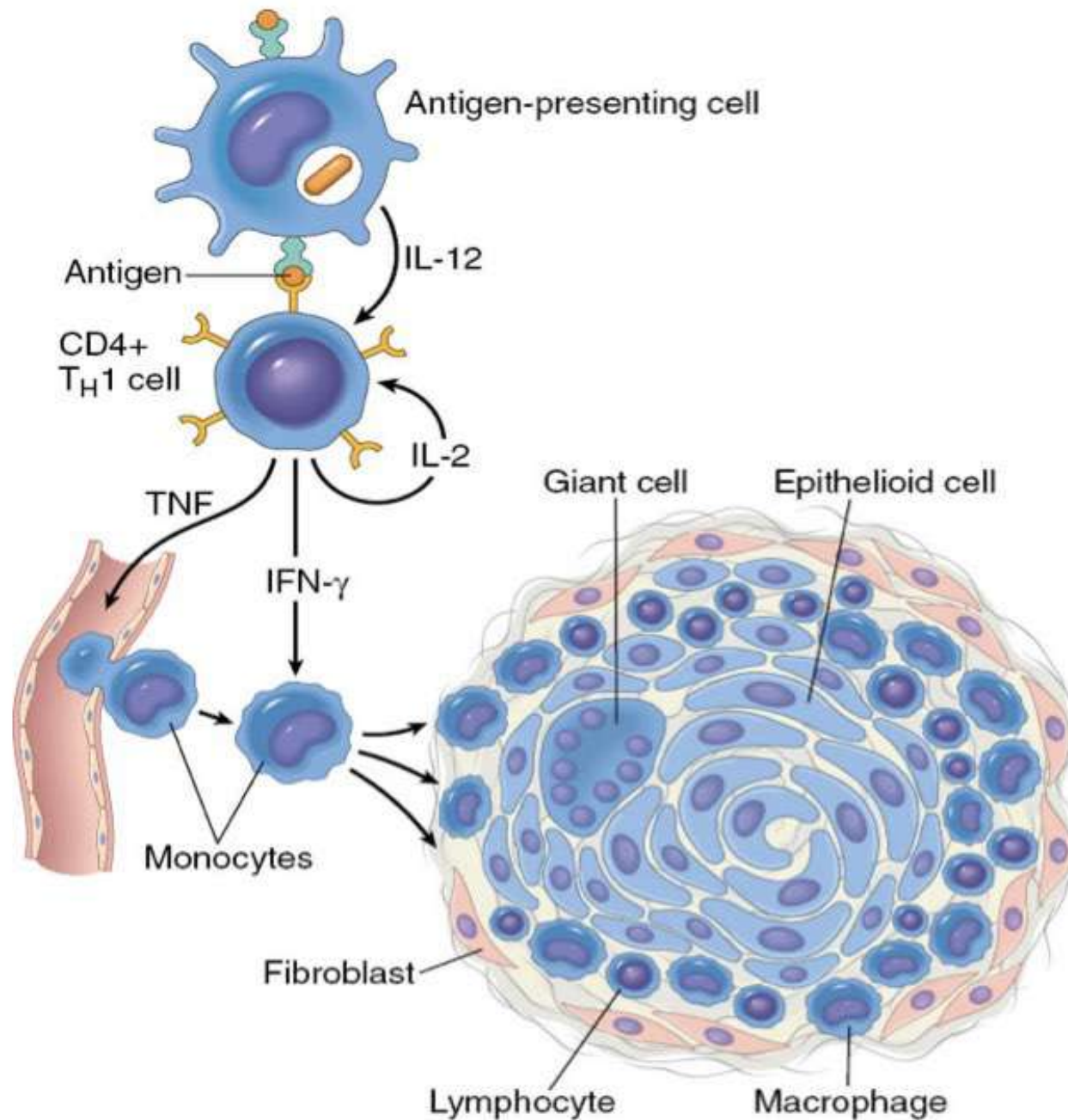
Type-II (Cytotoxic) Hypersensitivity Reaction—Ab-mediated.



Type-III (Immune complex) Hypersensitivity Reaction—Ag+Ab—inflammation.



Type-IV (Delayed) Hypersensitivity Reaction—T-cell mediated.



Autoimmune Disease

Autoimmune Disorders

Cause: Loss of Self-Tolerance (failure to distinguish self/non-self).

Triggers: Genetics human leukocyte antigen (HLA), Infection (Molecular Mimicry).

Examples: Systemic lupus erythematosus (SLE), Rheumatoid Arthritis (RA), Sjögren Syndrome (dry eyes/mouth).

Sjogren's syndrome



Dry eyes damage to eye surface

Dry mouth increase tooth decay

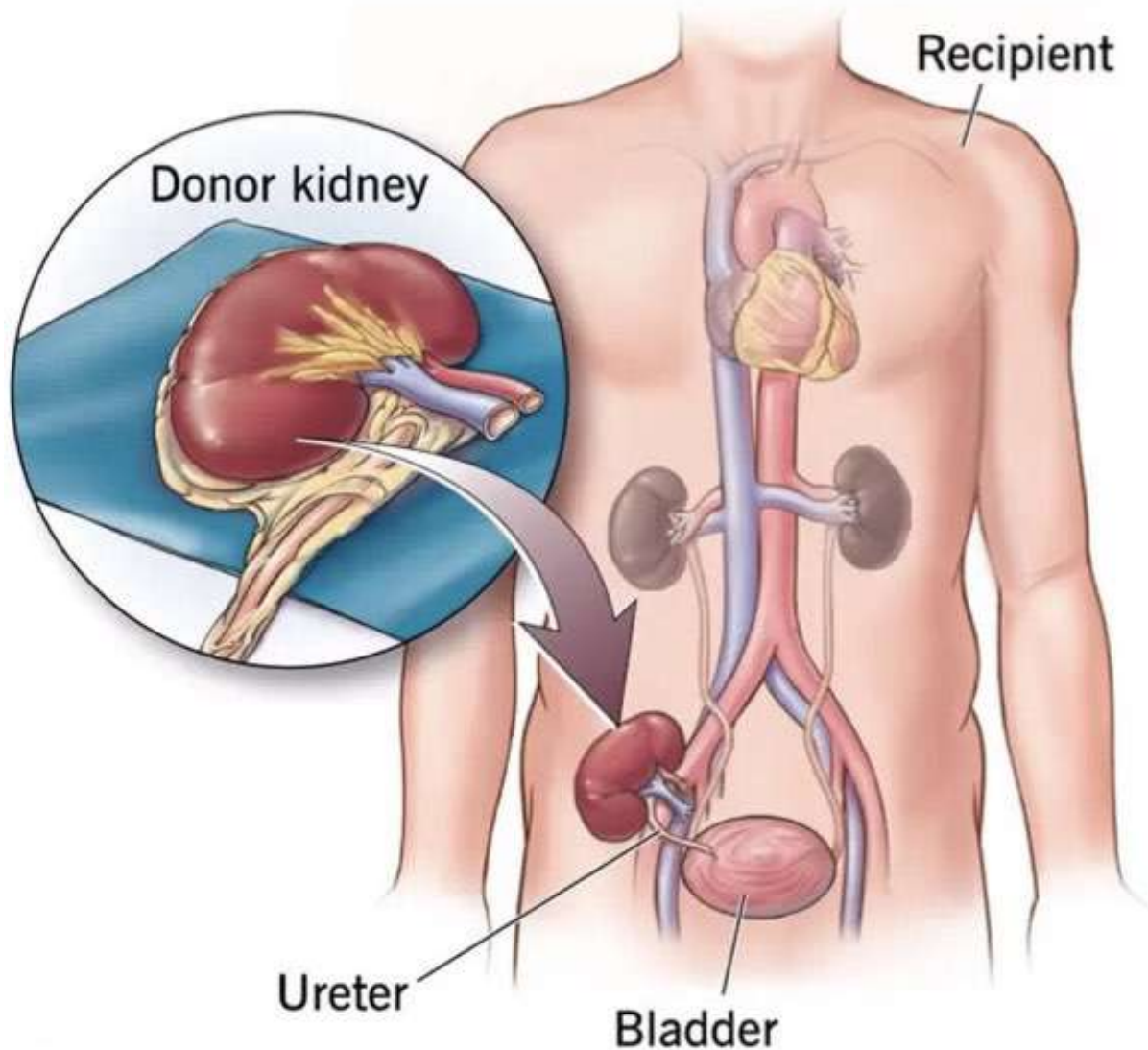
Transplant Pathology

Types of tissue transplants

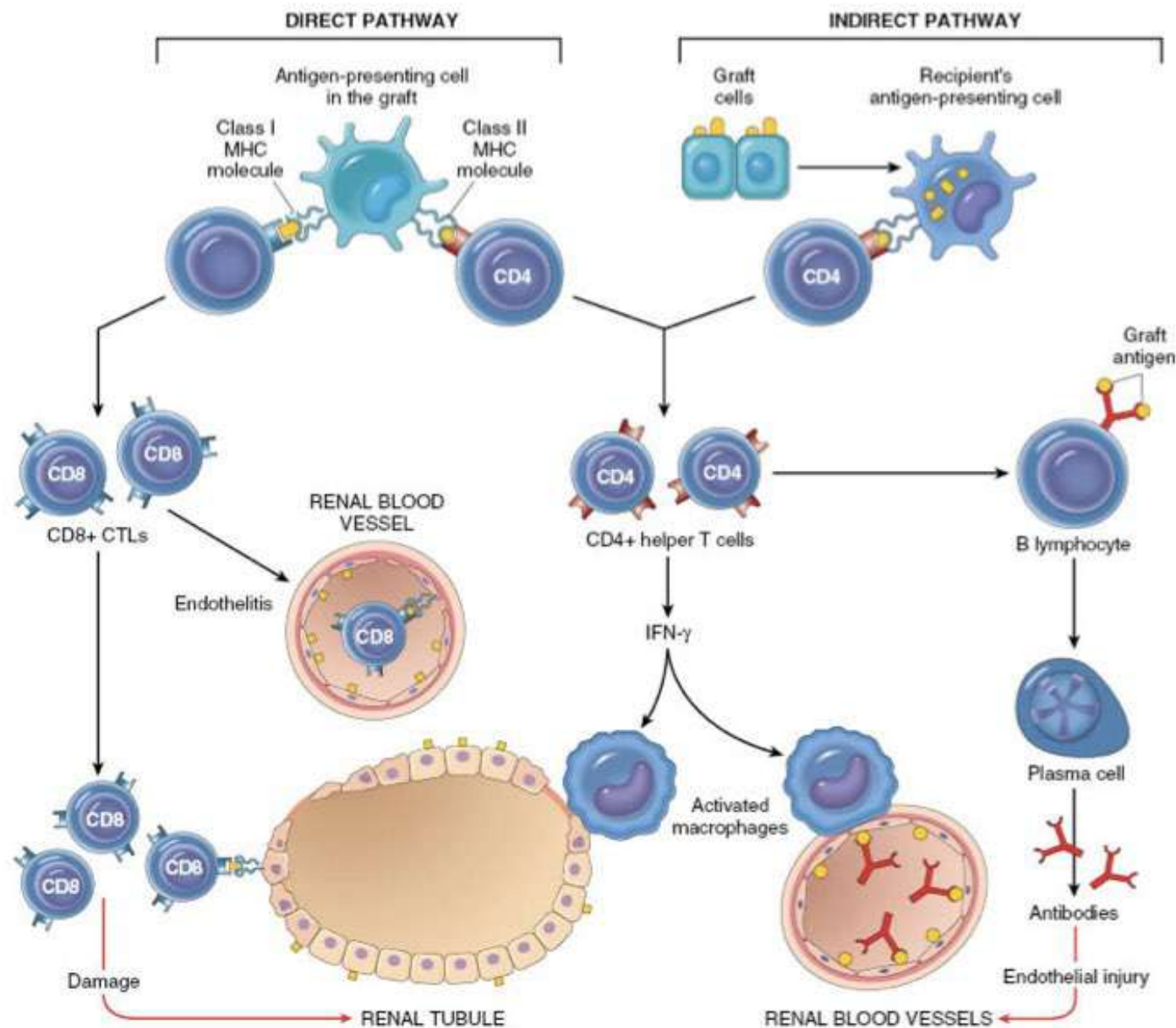
- **Autograft:** The transplant consists of the individual's own tissue (such as a skin graft).
- **Isograft:** The transplant consists of tissue transferred between genetically identical individuals (a graft from an **identical twin**).
- **Allograft:** The transplant consists of tissue transferred between genetically dissimilar individuals of the **same species** (such as a human heart transplant).
- **Xenograft:** The transplant consists of tissue transferred between **different species** (such as a porcine heart valve implanted in a human heart).

Transplant Rejection: Immune response against donor MHC (major histocompatibility complex) /HLA (human leukocyte antigen).

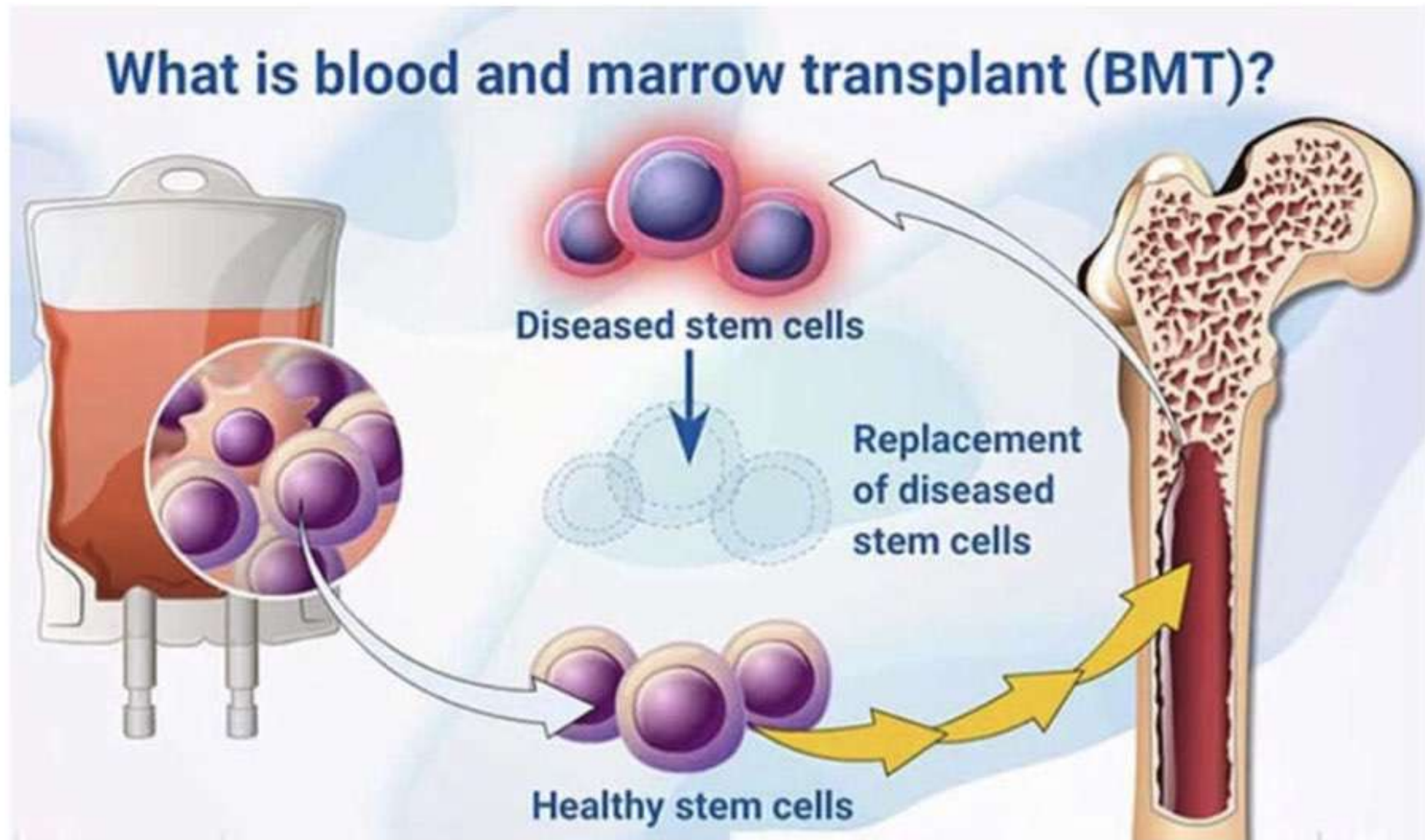
Kidney Transplant



HVGD (host versus graft disease): Host attacks Graft (Hyperacute, Acute, Chronic) e.g., kidney transplant rejection.



GVHD (graft versus host disease): Donor T cells attack Host (e.g., Bone Marrow Transplant).



Immunodeficiency

Result: Increased infection/cancer risk.

Primary: Genetic defects.

Secondary: Acquired (e.g., malnutrition, HIV/AIDS).

AIDS (HIV): Depletes \CD4+T cells, leading to profound immunosuppression.

The most common cause of immune suppression is the use of steroids.