

Chronic Inflammation

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Overview of Chronic Inflammation

- Chronic inflammation represents a failure of the initial response (acute inflammation) to deal with the offending agent
- As the offending agent persists, the adaptative immunity system is initiated
- The causes of chronic inflammation are those that are difficult to eradicate
 - Microbes
 - Self-antigens

Acute vs Chronic Inflammation

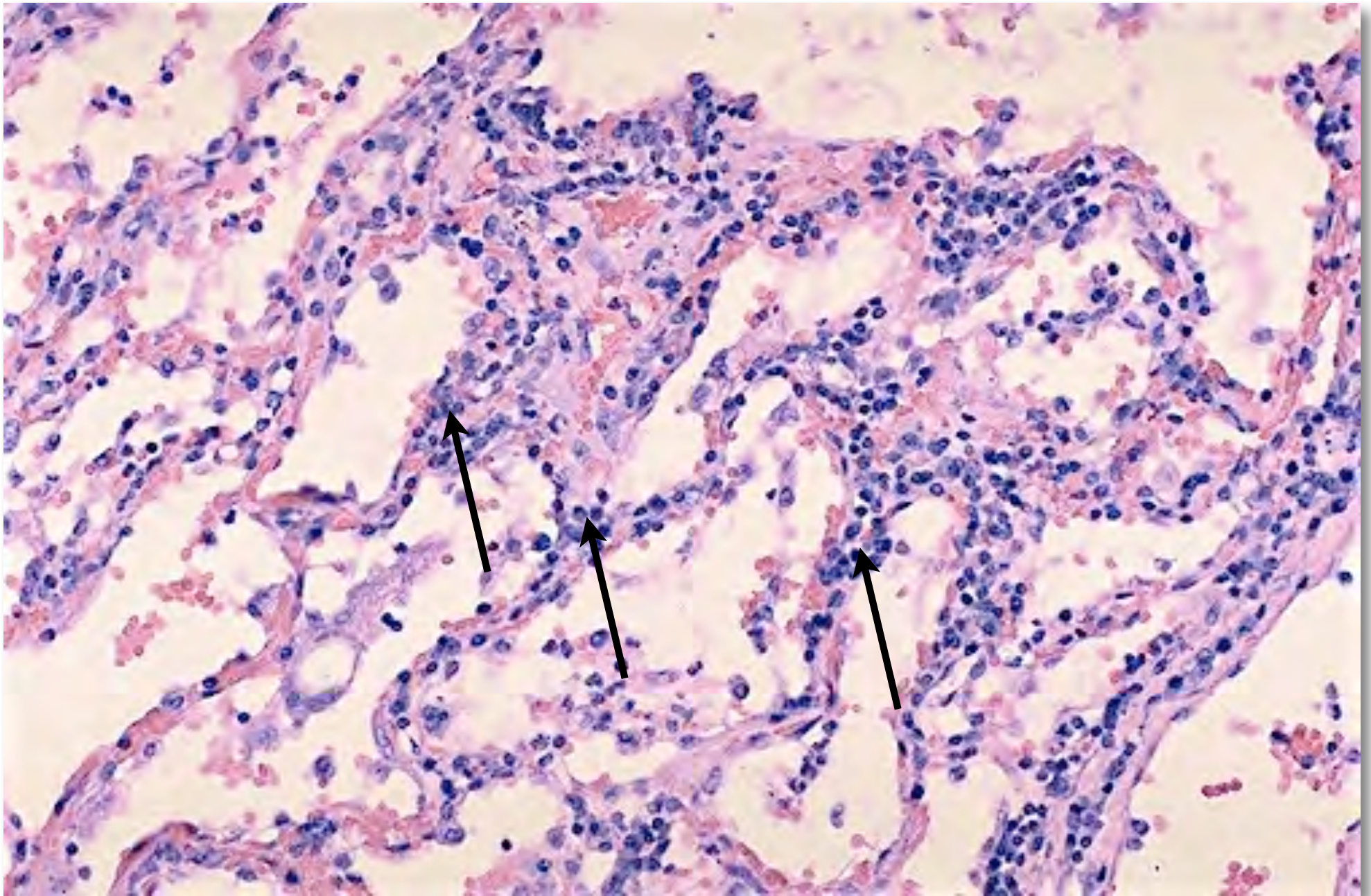
	Onset	Cellular Infiltrate	Cardinal Signs
Acute	Fast (seconds to hours)	Neutrophils	Prominent
Chronic	Slow (days)	Macrophages and Lymphocytes	Less Prominent

Chronic Inflammation

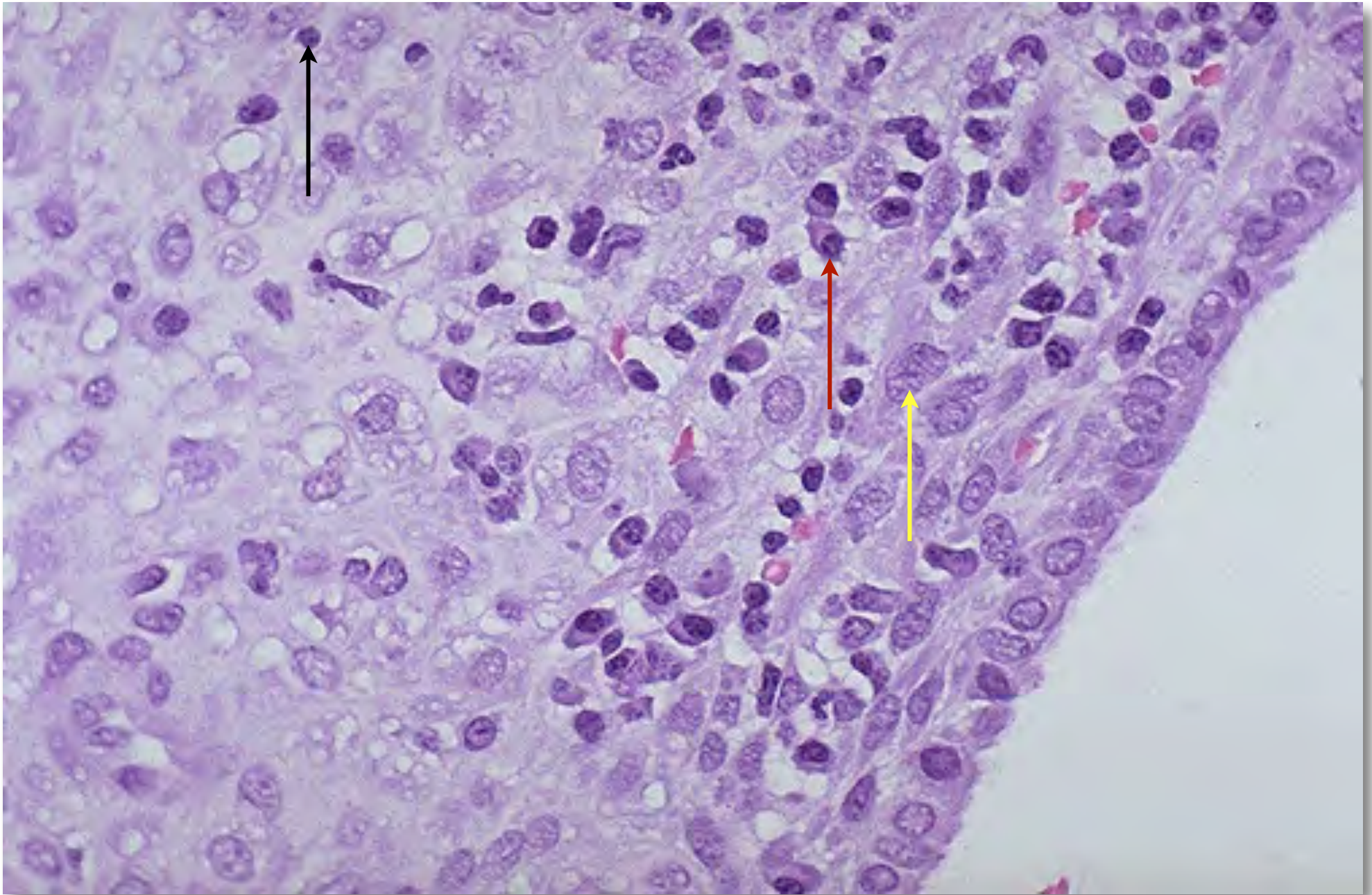
Important cells of chronic inflammation

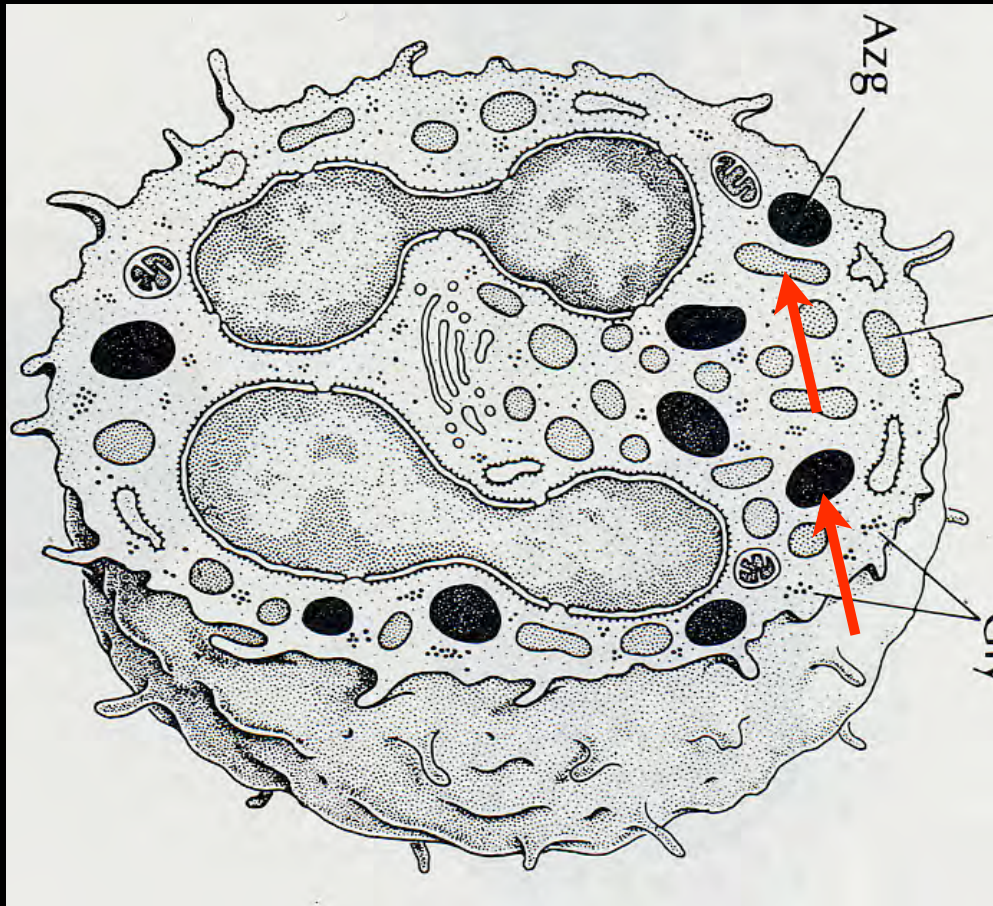
- Monocytes and macrophages
- Lymphocytes
- Plasma cells and T cells
- Eosinophils
- Fibroblasts
- Mast cells
- Endothelial cells

Chronic Interstitial Pneumonia

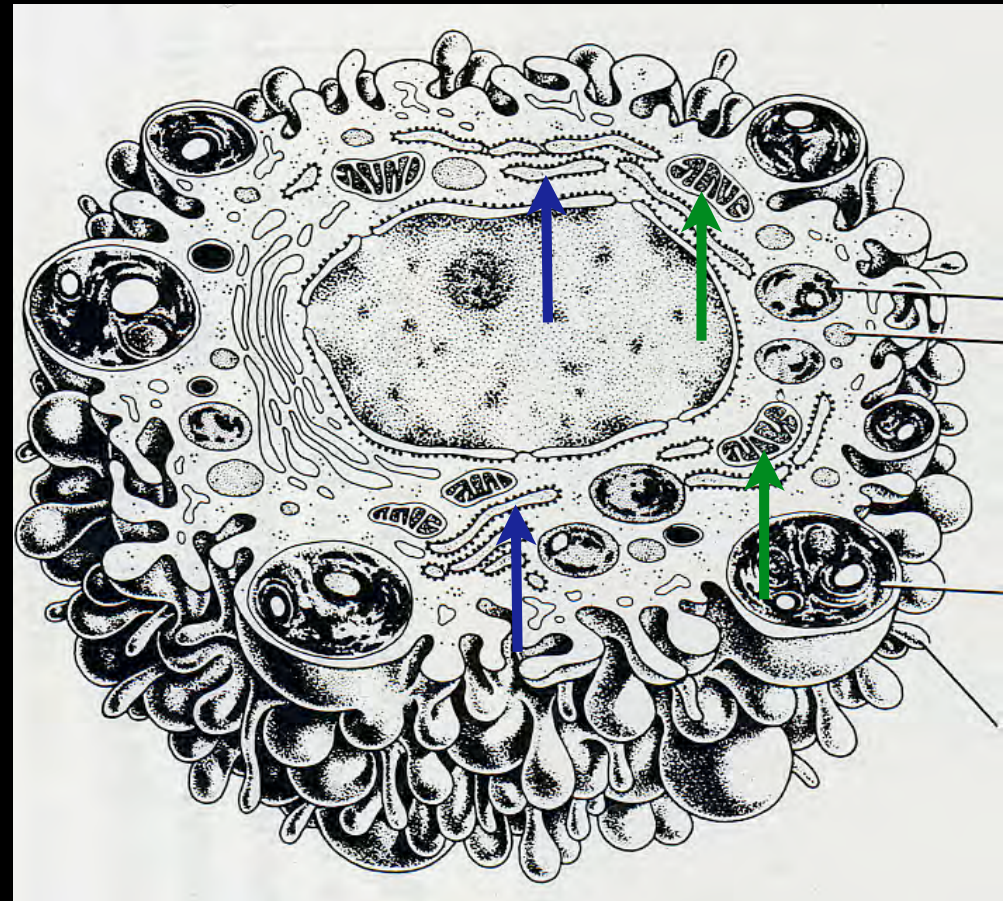


Chronic Inflammatory Cells



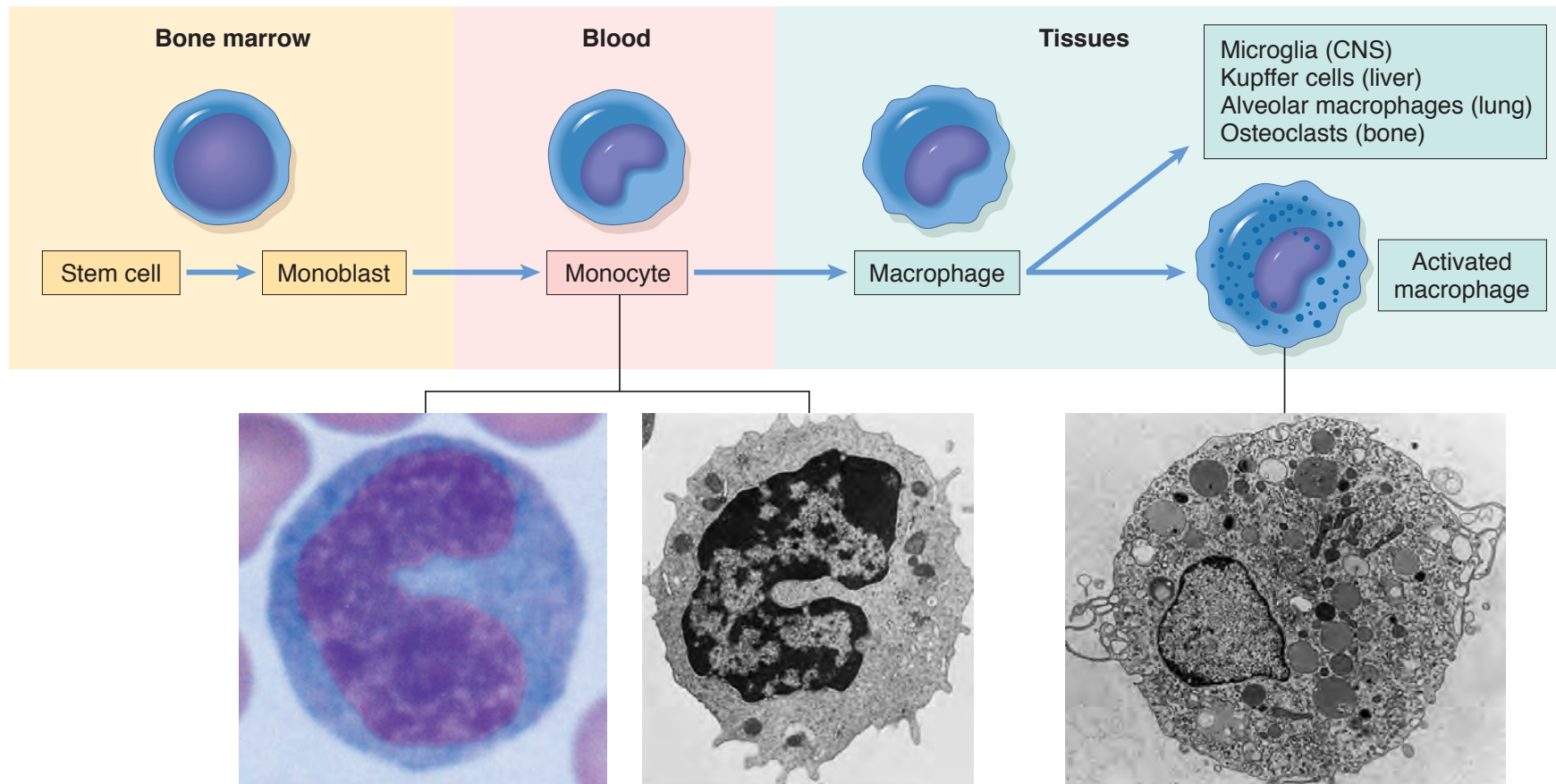


Neutrophil



Macrophage

Maturation of Monocyte to Macrophage



Chronic Inflammation

Macrophages are critical in chronic inflammation

Types of Macrophages

Kupffer cells

Osteoclasts

Pulmonary alveolar

Spleen/lymph nodes -APC

Histiocytes

Microglia

Bone marrow

Langerhans cells

Macrophages of inflammation are mainly derived from circulating monocytes

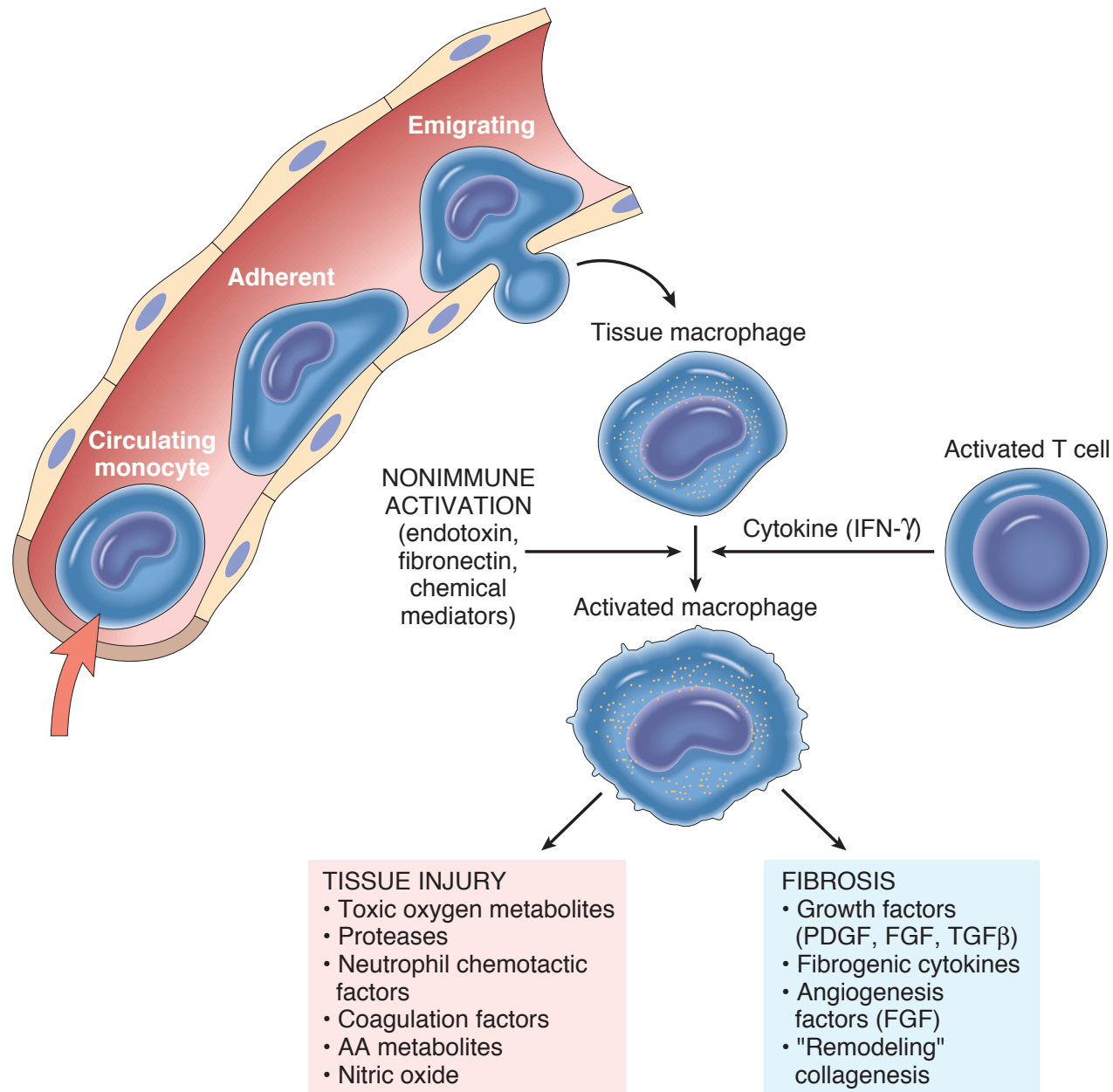
Activated Macrophages

- Size
- Motility
- Metabolic Rate
- Effector Functions:
 - Phagocytosis
 - Secretion
 - Antigen presentation

Signals for Macrophage Activation

- Secreted by injured/distressed cells (e.g. γ -interferon)
- Byproducts of tissue injury, or host response
- Unique microbial molecule(s)

Macrophage Activation



Macrophage Effector Functions:

- Phagocytosis

- Of pathogens, apoptotic cells, debris, etc.

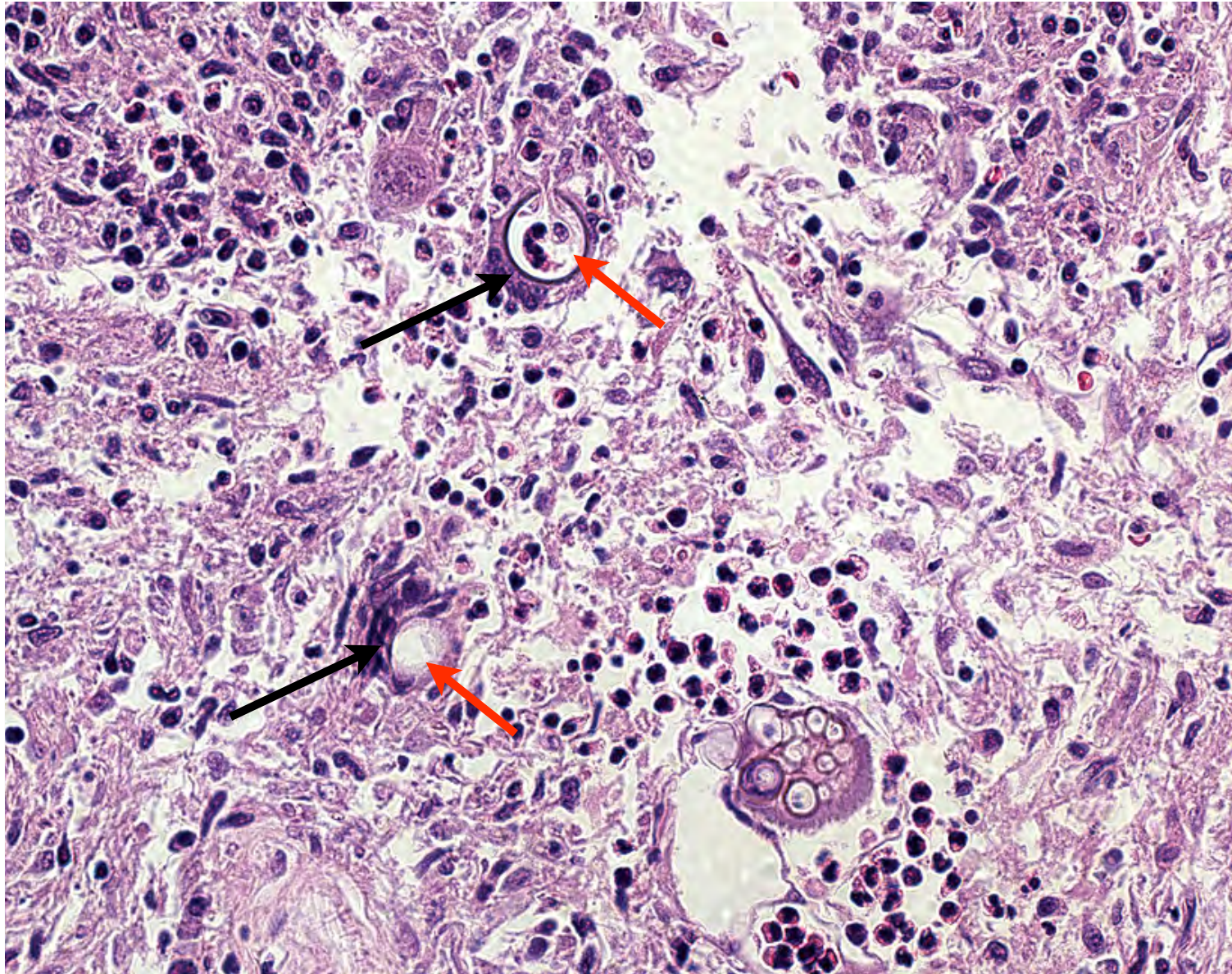
- Broad-specificity receptors:

- Toll-like receptors

- Scavenger receptors

- Opsonin receptors!!!!

Coccidioidomycosis Meningitis



Macrophage Effector Functions:

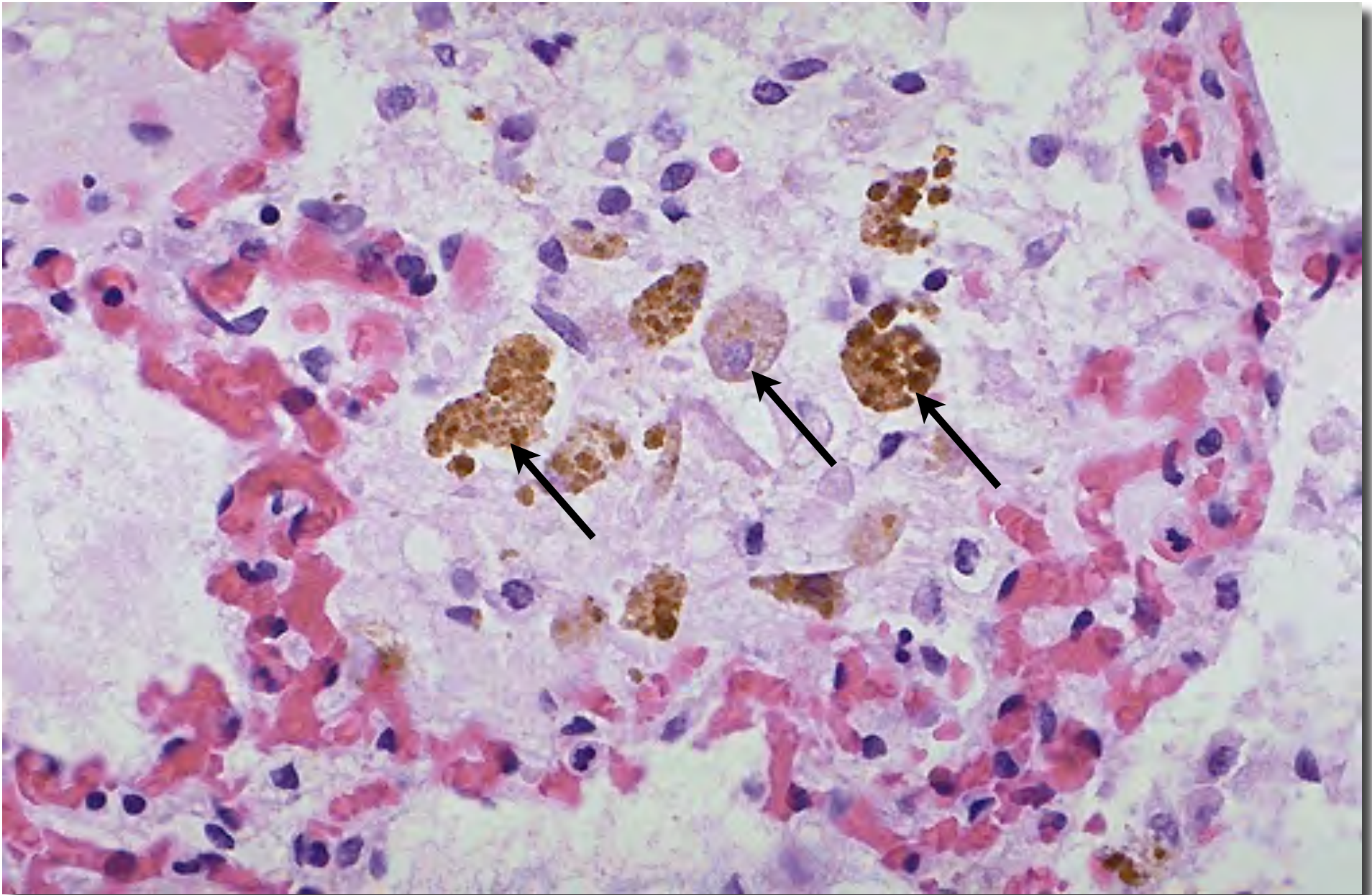
- Phagocytosis

- Same as for neutrophils except:

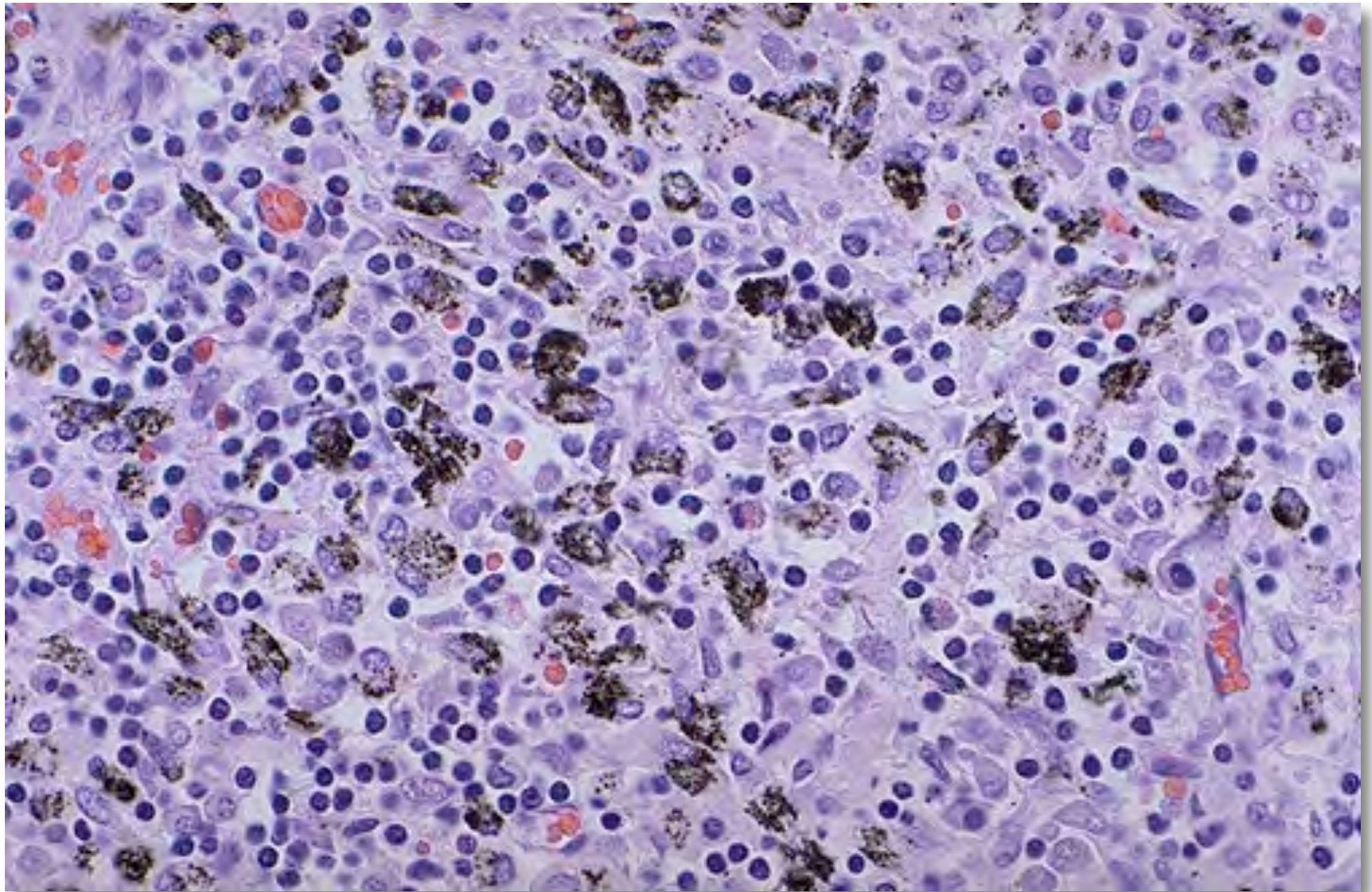
- Digestion is slower, but can continue longer

- Indigestible material can be sequestered

Alveolar Sac: Hemosiderin-laden Macrophages



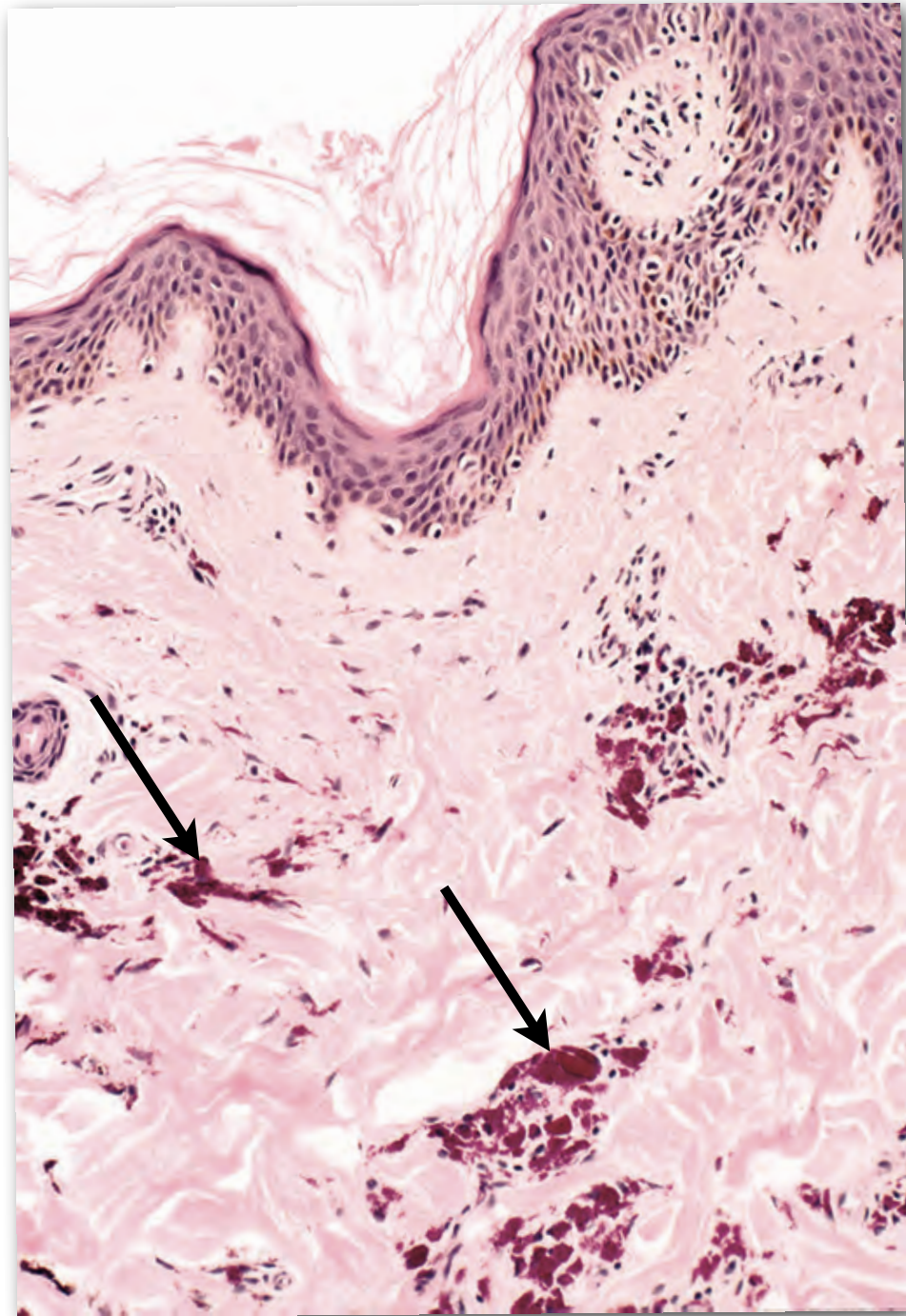
Lymph Node: Anthracosis



GRATEFUL DEAD



Tattoo Pigment





Macrophage Effector Functions:

- Phagocytosis

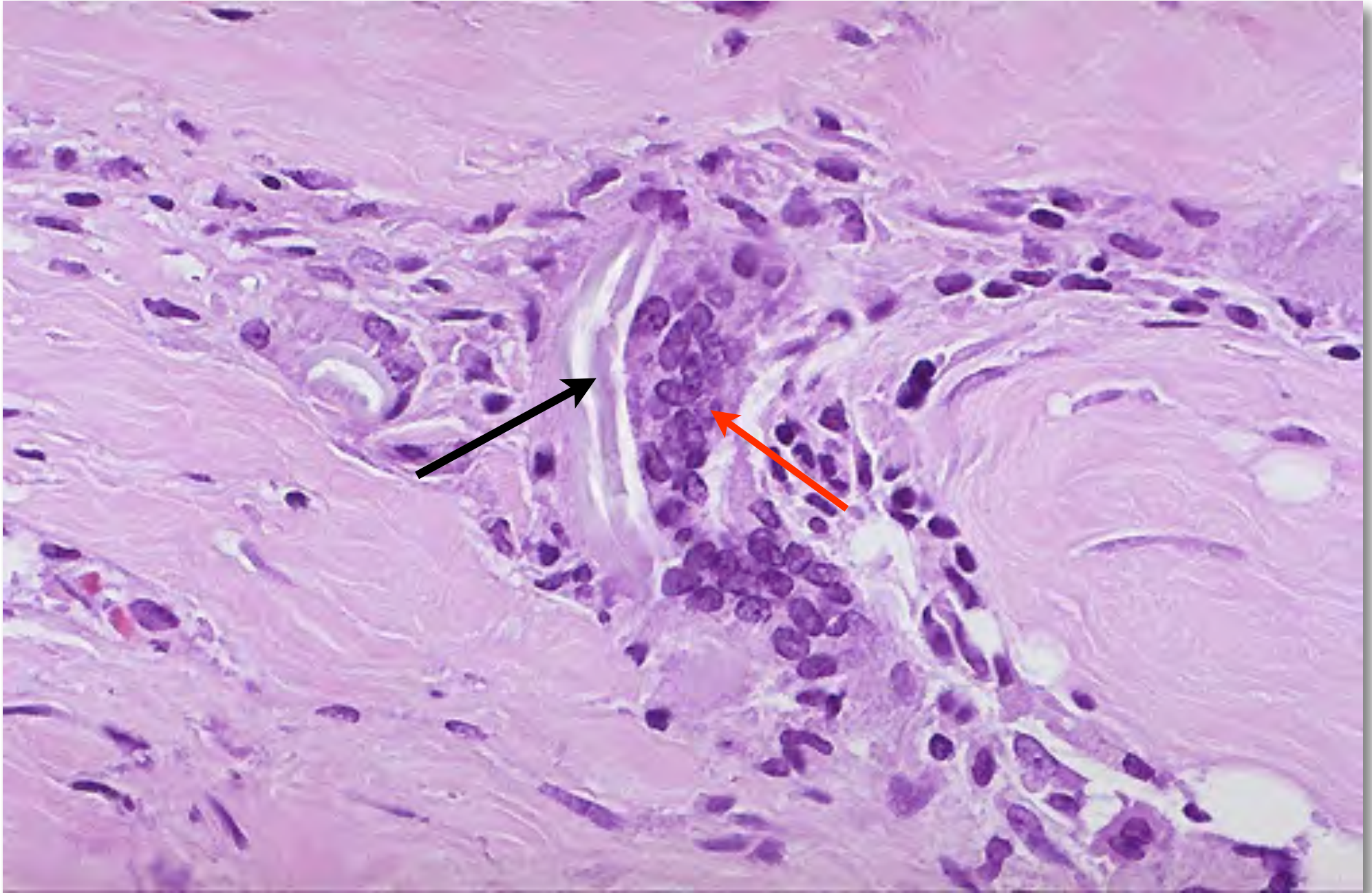
- Same as for neutrophils except:

- Digestion is slower, but can continue longer

- Indigestible material can be sequestered

- Formation of multinucleated-giant cells and epithelioid cells

Foreign-Body Giant Cell Reaction: Suture



Foreign-Body Giant Cell Reaction:Vegetable Material



Macrophage Effector Functions:

- Phagocytosis
- Secretion
 - Antimicrobial enzymes
 - Proteases, other enzymes
 - Reactive oxygen species, nitric oxide, hydrogen peroxide
 - Complement & coagulation proteins

Macrophage Effector Functions:

● Secretion

- Chemokines (e.g. lymphocyte attractants)

- Cytokines

 - Interleukin-1 & -6 resulting in fever

 - Release GM-CSF leads to increased BM neutrophil production and release and prevents apoptosis of neutrophils

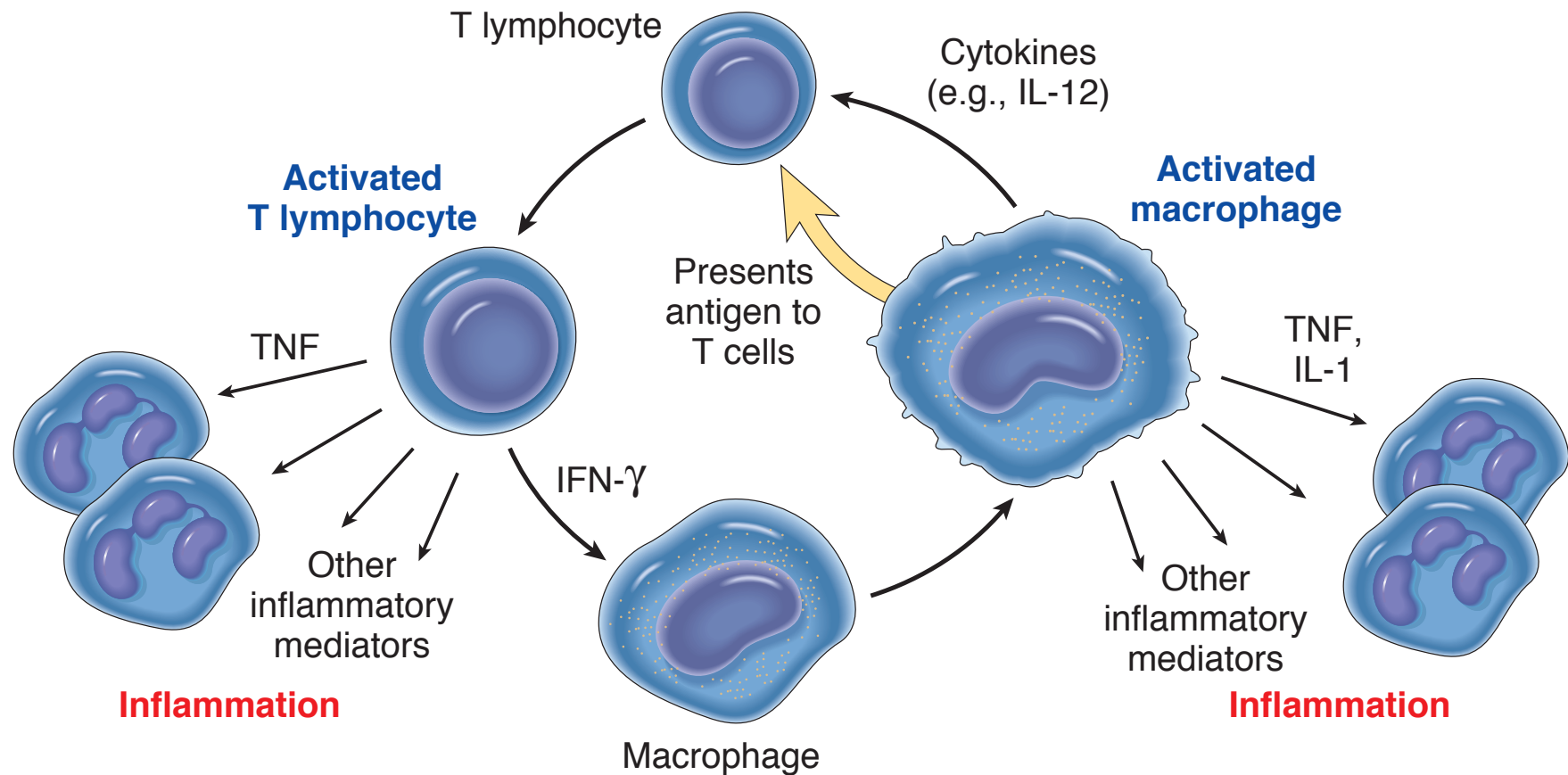
 - Interleukin-12 attracts lymphocytes and controls lymphocyte differentiation

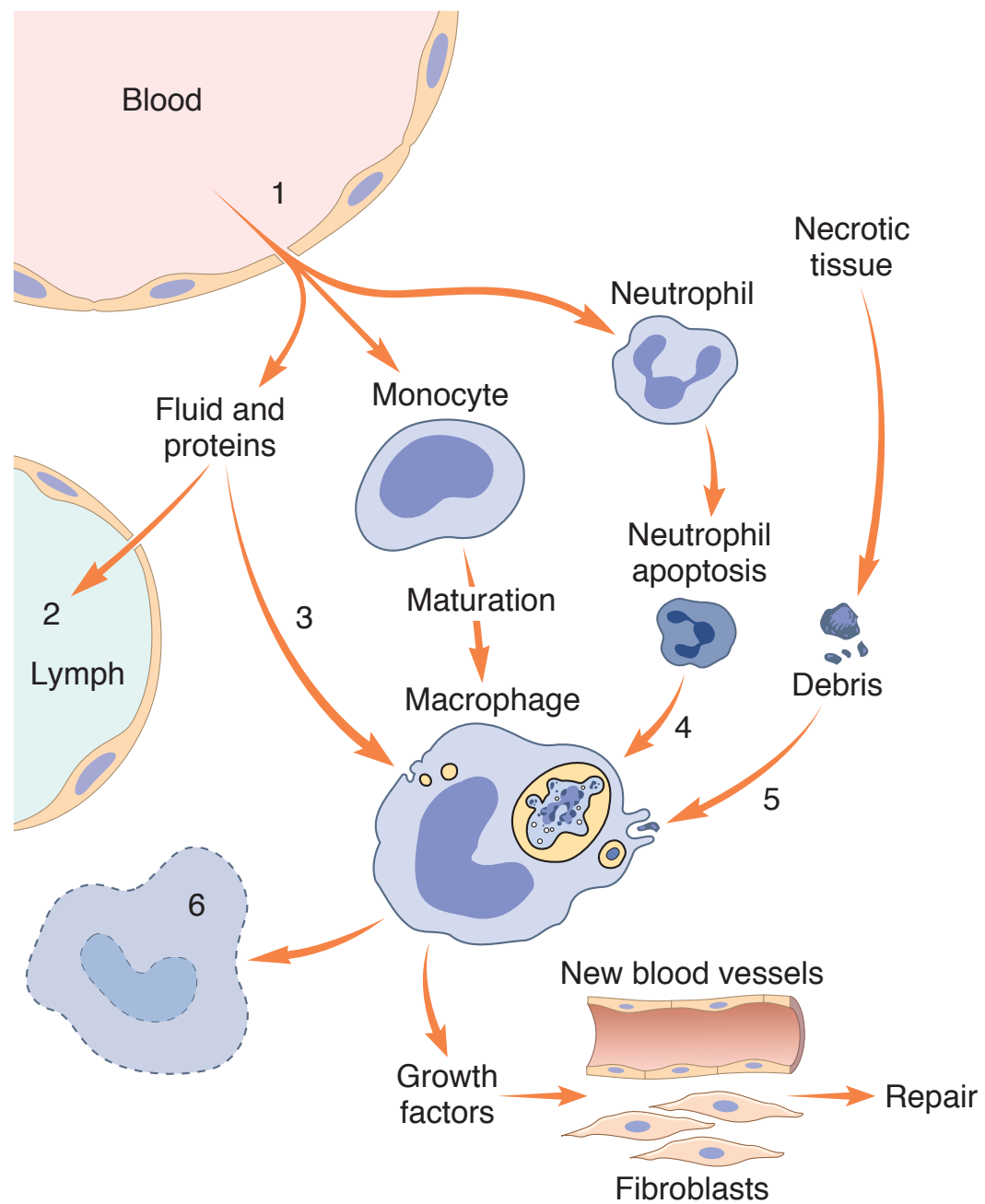
- Other inflammatory mediators (e.g. prostaglandins)

Macrophage Effector Functions:

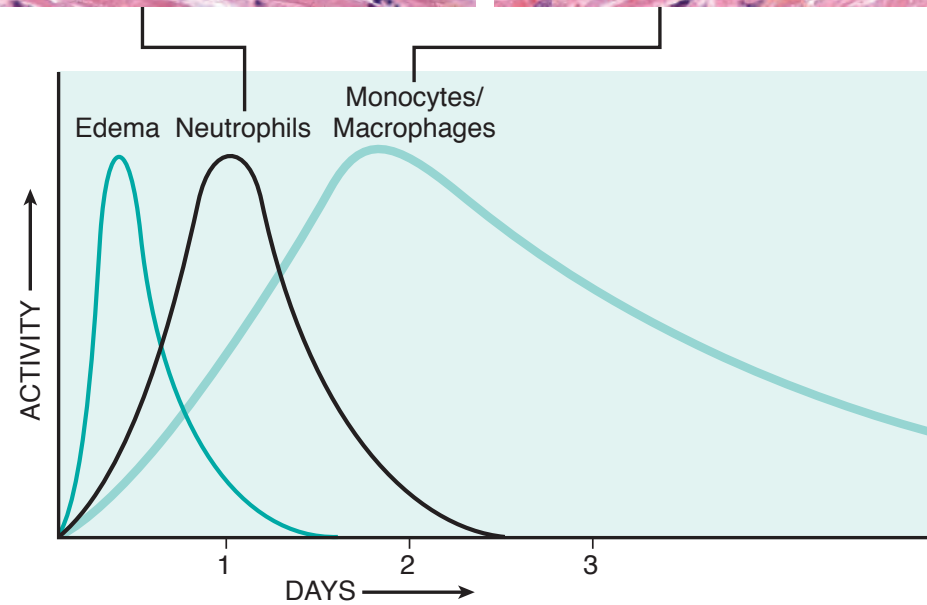
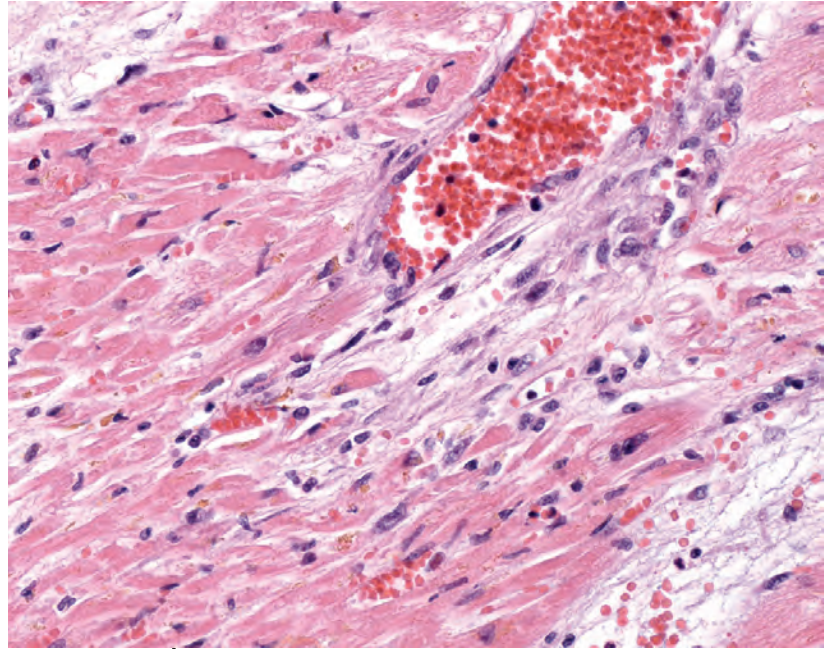
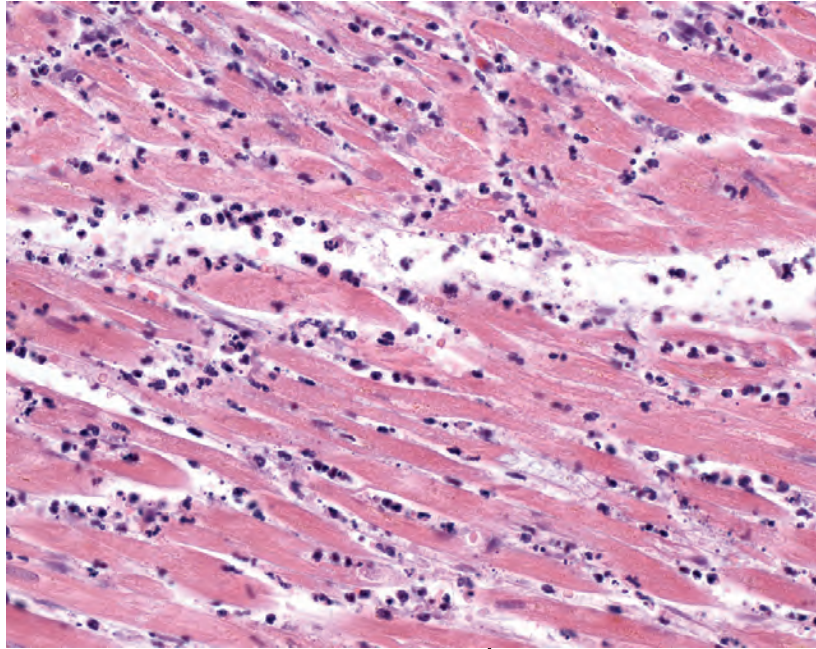
- Phagocytosis
- Secretion
- Antigen presentation!!!
- Macrophage-lymphocyte collaboration

Macrophage-Lymphocyte Interactions in Chronic Inflammation





Acute Myocardial Infarct



Chronic Granulomatous Inflammation

Definition

- Granulomas - collections of modified macrophages (epithelioid cells), usually surrounded by a rim of lymphocytes with scattered fibroblasts

Granulomatous Diseases

Tuberculosis

Silicosis

Leprosy

Beryllium disease

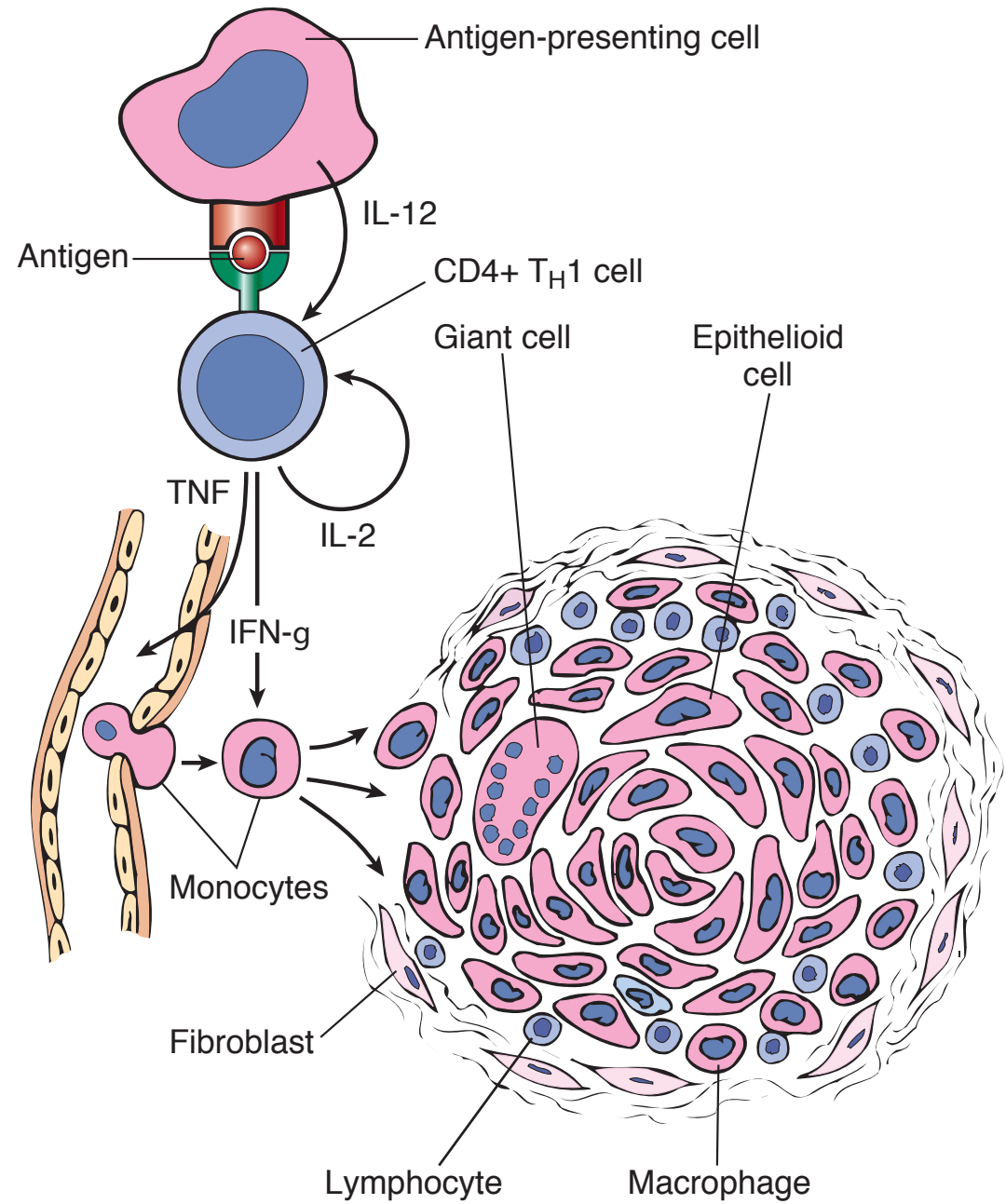
Syphilis

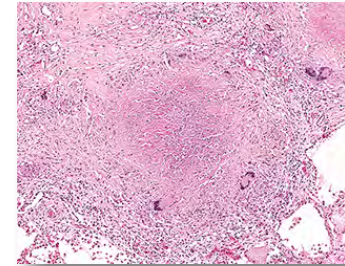
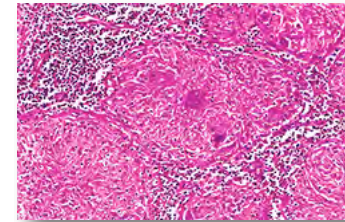
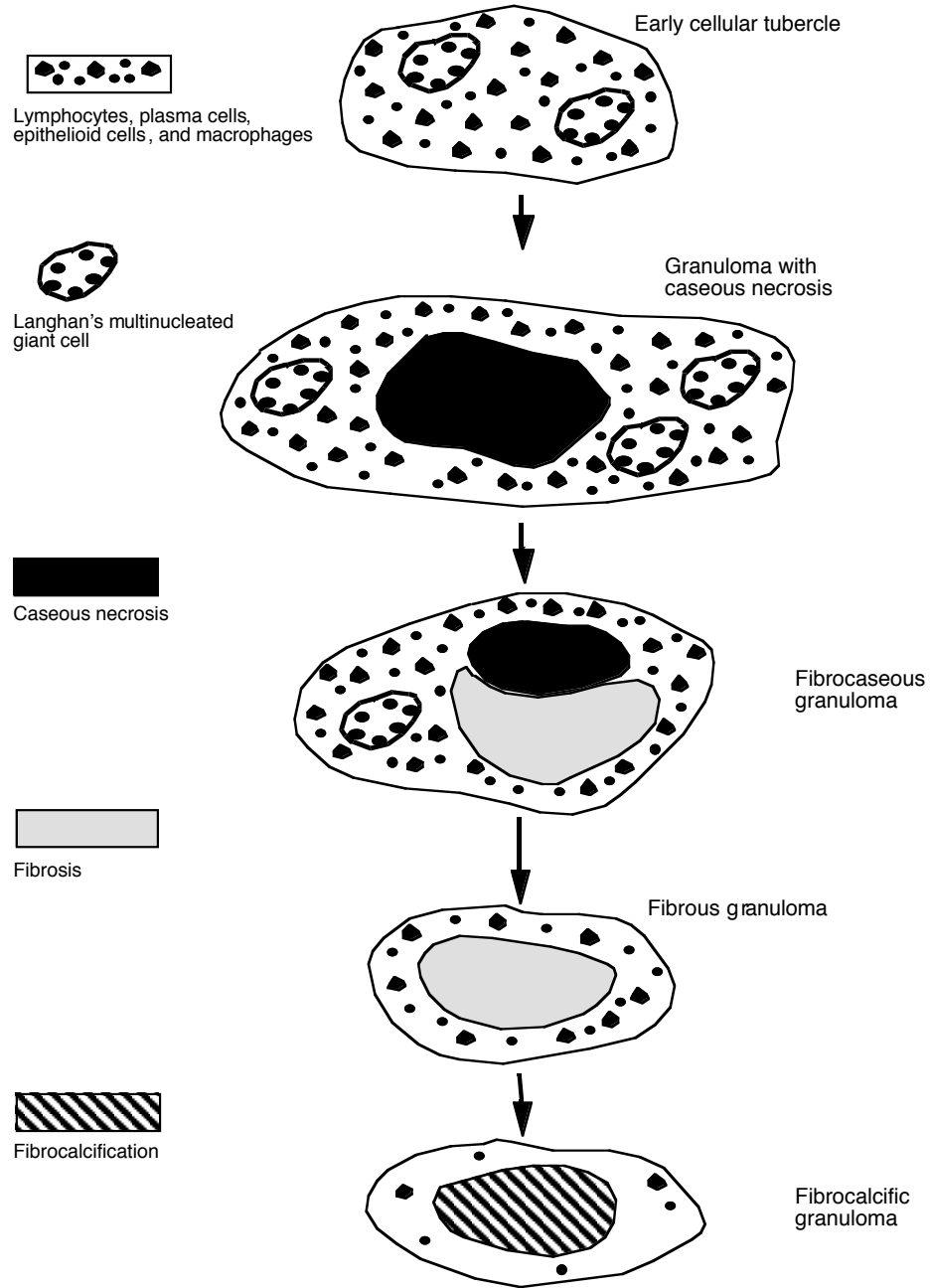
Sarcoidosis

Parasitic and fungal infections

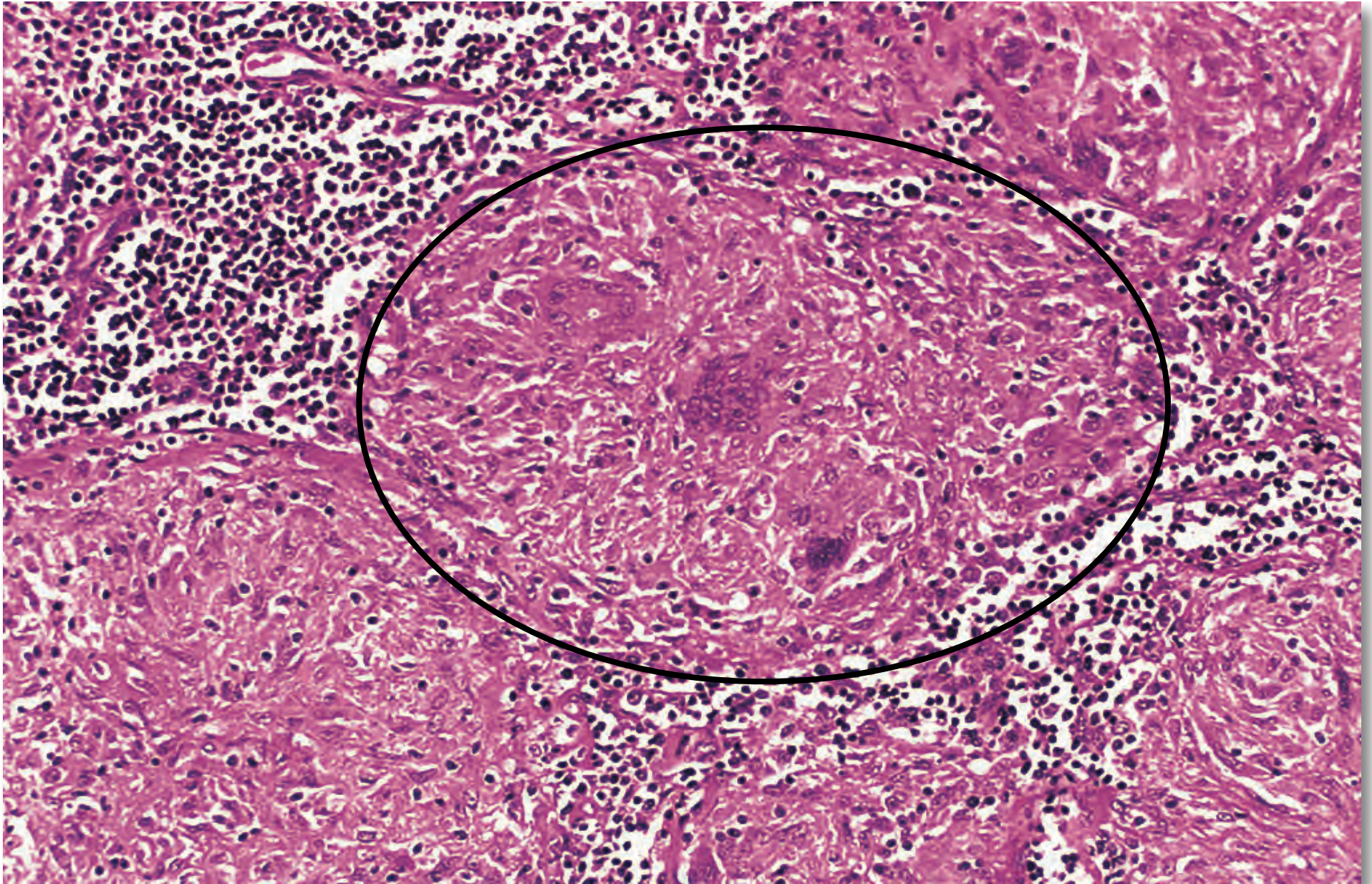
Foreign body

Granuloma Formation





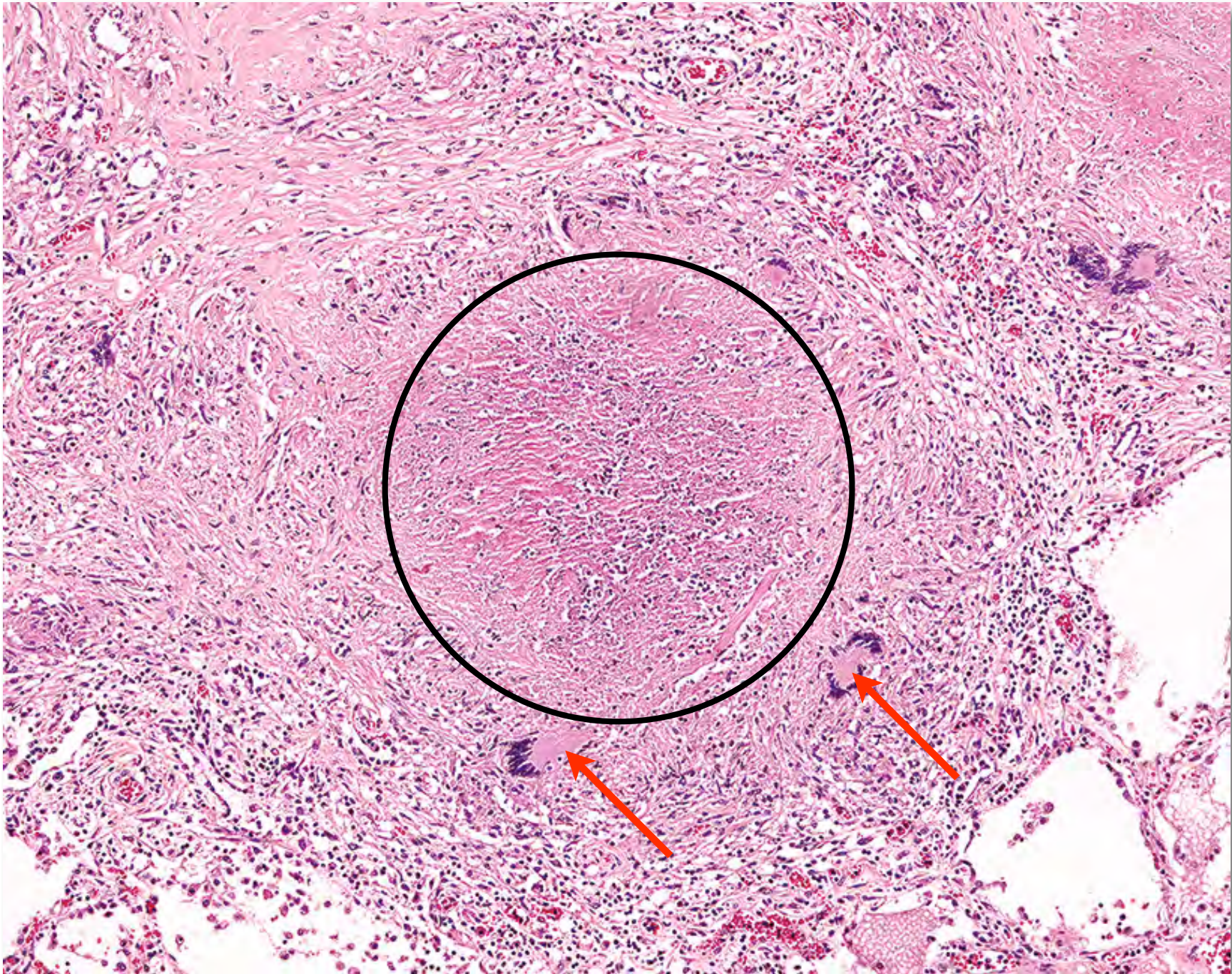
Non-Caseating Granuloma



Caseating Granulomatous Inflammation



Caseating Granuloma



Clinical Correlates

- Macrophages and lymphocytes collaborate
- Macrophages accumulate slowly in inflamed tissues
- Inflammatory infiltrate composed mainly of macrophages and lymphocytes = chronic inflammation
- Cardinal signs and associated clinical features of chronic inflammation - “fever and night sweats” due TNF and IL-1
- Number of monocytes circulating in peripheral blood rarely increases significantly

Inflammation

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graph TD; Inflammation --> Acute; Inflammation --> Chronic; Acute --> AcuteBox[Bacteria<br/>Necrosis]; Chronic --> Granulomas; Chronic --> NonGranuloma[Non-granuloma]; Granulomas --> Caseating; Granulomas --> NonCaseating[Non-caseating]; Caseating --> CaseatingBox[TB, etc]; NonCaseating --> NonCaseatingBox[Foreign body<br/>Sarcoidosis]; NonGranuloma --> NonGranulomaBox[Viruses<br/>Acq Immune];
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The diagram is a hierarchical flowchart starting with 'Inflammation' at the top. It branches into 'Acute' and 'Chronic'. 'Acute' leads to a box containing 'Bacteria' and 'Necrosis'. 'Chronic' branches into 'Granulomas' and 'Non-granuloma'. 'Granulomas' further branches into 'Caseating' (leading to a box with 'TB, etc') and 'Non-caseating' (leading to a box with 'Foreign body' and 'Sarcoidosis'). 'Non-granuloma' leads to a box containing 'Viruses' and 'Acq Immune'. Arrows indicate the flow from parent to child categories.

Acute

Bacteria
Necrosis

Chronic

Granulomas

Caseating

TB, etc

Non-caseating

Foreign body
Sarcoidosis

Non-granuloma

Viruses
Acq Immune