## GRANULOMA

DR ANJUM

## **GRANULOMA..... DEFINATION**

- A **granuloma**, is a focal aggregate of immune cells that forms in response to a **persistent** (chronic) inflammatory stimulus.
- It characteristically shows the compact organization of mature macrophages, which may or may not be associated with other inflammatory cell types.
- In <a href="Pathology">Pathology</a>.....a granuloma is an organized collection of macrophages

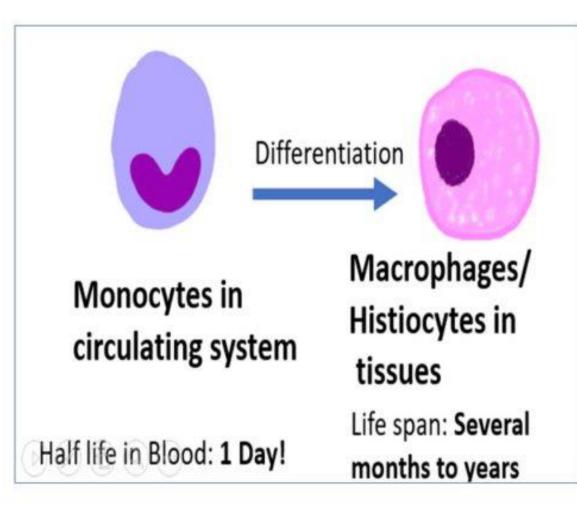
## **GRANULOMA.....INTRODUCTION**

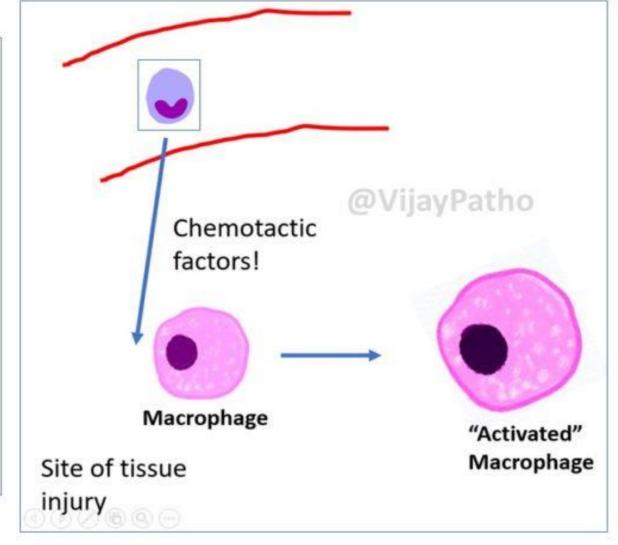
- A **granuloma** is an aggregation of **macrophages** that forms in response to chronic **inflammation**.
- This occurs when the <u>immune system</u> attempts to isolate foreign substances that it is otherwise unable to eliminate.
- Granulomas are made up of specialized immune cells including <u>lymphocytes</u>, <u>histiocytes</u>, and <u>multi-nucleated giant cells</u>.

Pathologists use the word granulomatous to describe the microscopic look of granulomas inside tissue.

## **MACROPHAGES**

- The dominant cells in most chronic inflammatory reactions.
- These are derived from **hematopoietic stem cells** in the bone marrow in postnatal life.
- They are monocytes in the circulating system. The half life of these monocytes is **one day**.
- These monocytes differentiates into macrophages/histiocytes in the tissues.
- The half life of macrophages can vary from **several months to years**. These are diffusely scattered in various connective tissues.



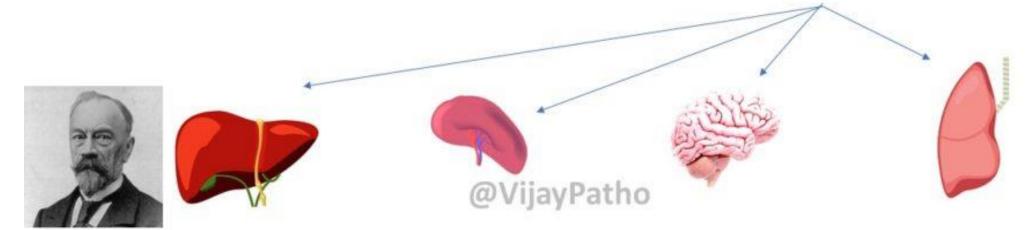


#### **MACROPHAGES**

Special names in different locations

Arise from progenitors in the yolk sac or fetal liver very early in embryogenesis

Migrate and persists for life!



Karl Wilhelm Ritter von Kupffer

**Kupffer cells** 

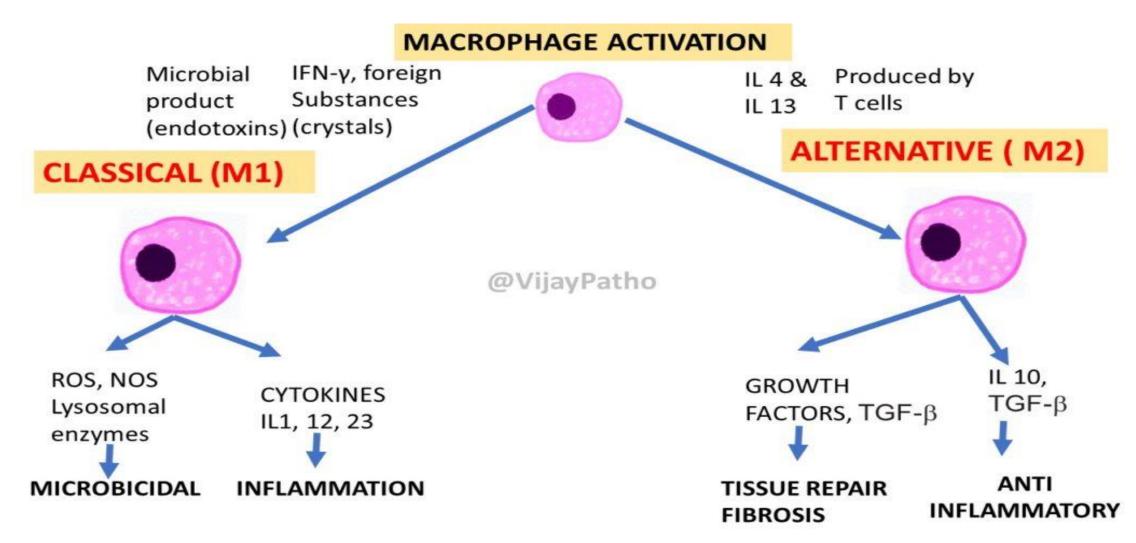
Sinus histiocytes

Microglial cells

Alveolar macrophages

 The monocytes in circulation reach the site of injury due to the presence of various chemotactic factors and differentiate into macrophages.

These macrophages have to be "activated" for them to be fully functional.



Inflammatory cells



Infective agent



agent

Elimination /eradication of the infective/offending Infective agent
Unable to eradicate/
eliminate



CONTAIN!

GRANULQMA!



#### GRANULOMATOUS INFLAMMATION

Form of chronic inflammation

characterized by collections of

"Activated"

Macrophages

T lymphocytes

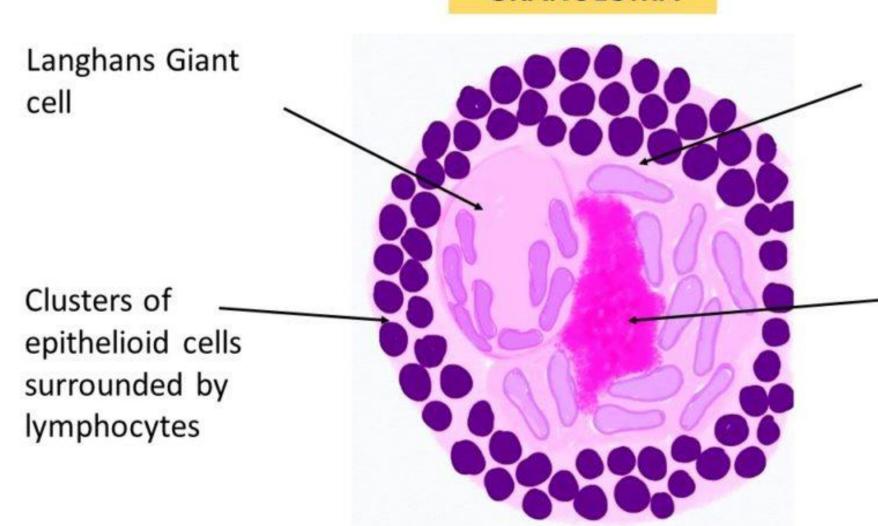
sometimes with necrosis

## INTRODUCTION

**GRANULOMA**.....circumscribed lesion of 1 mm in diameter composed predominantly of :

- Modified Macrophages...... "Epithelioid cells"..... Are large, polygonal and have an oval/elongated pale staining nuclei and they look like epithelial cells. Ultra structurally, Epitheloid cells also found to have "tight junctions" (like epithelial cells) and hence they can aggregate to form granulomas. The nucleus of these cells can be elongated and resemble the shape of sole/slipper and hence it is also referred to as "Slipper shaped" nuclei
- Rimmed at the periphery by Lymphoid cells.
- With a collar of Fibroblast proliferation

#### **GRANULOMA**

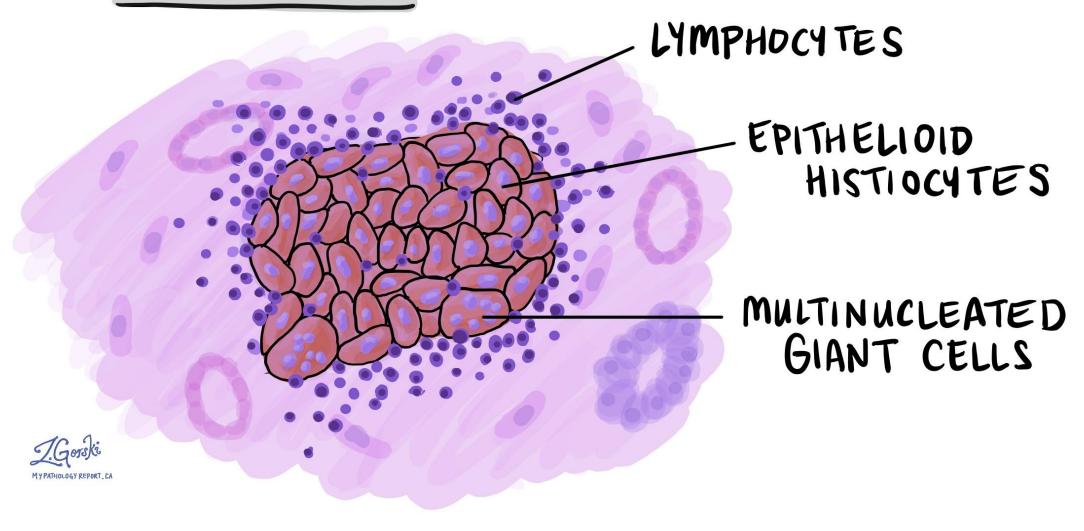


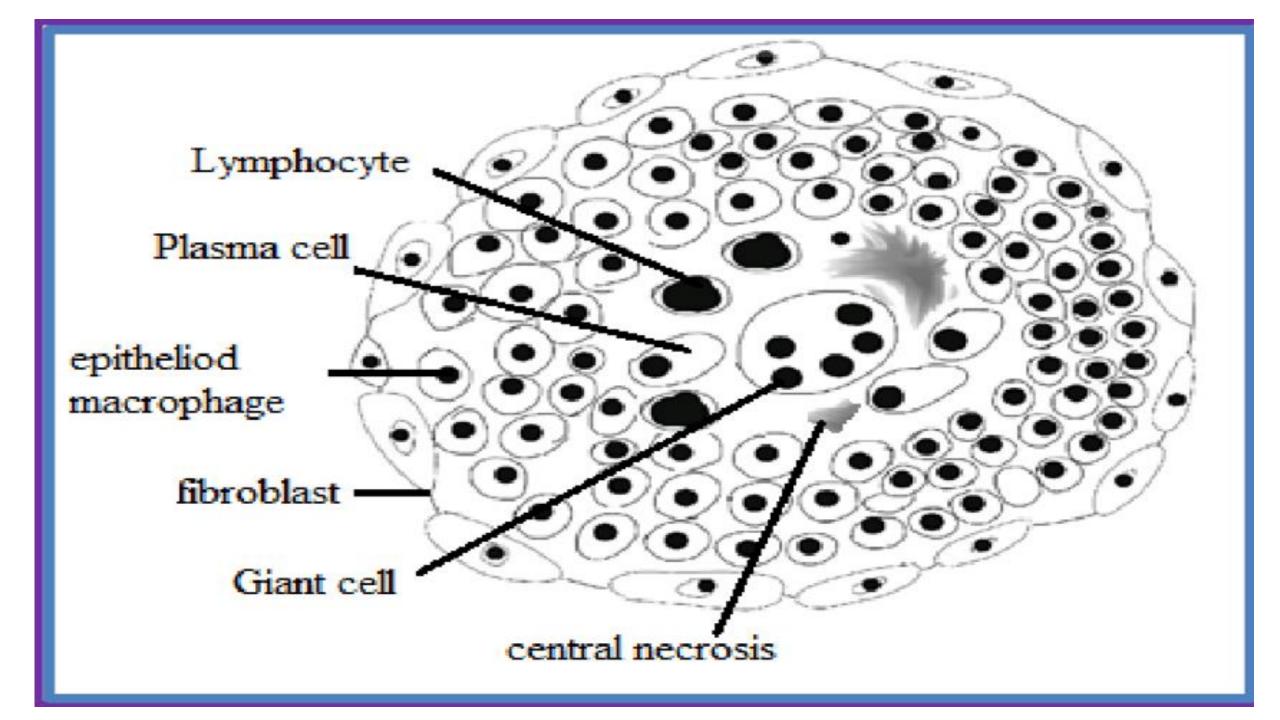
Epithelioid cells with pale elongated nuclei

Amorphous, eosinophilic granular debritic material with complete loss of cellular details

CASEOUS NECROSIS on gross examination

## GRANULOMA





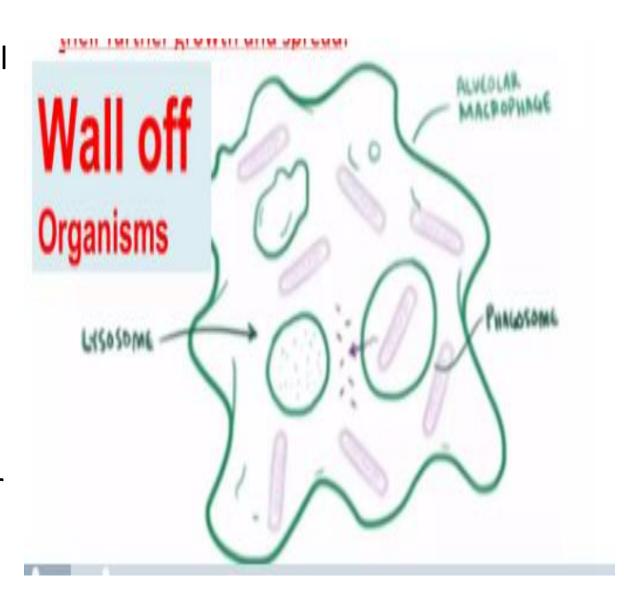
# Granuloma

is NOT

a Granulation
Tissue

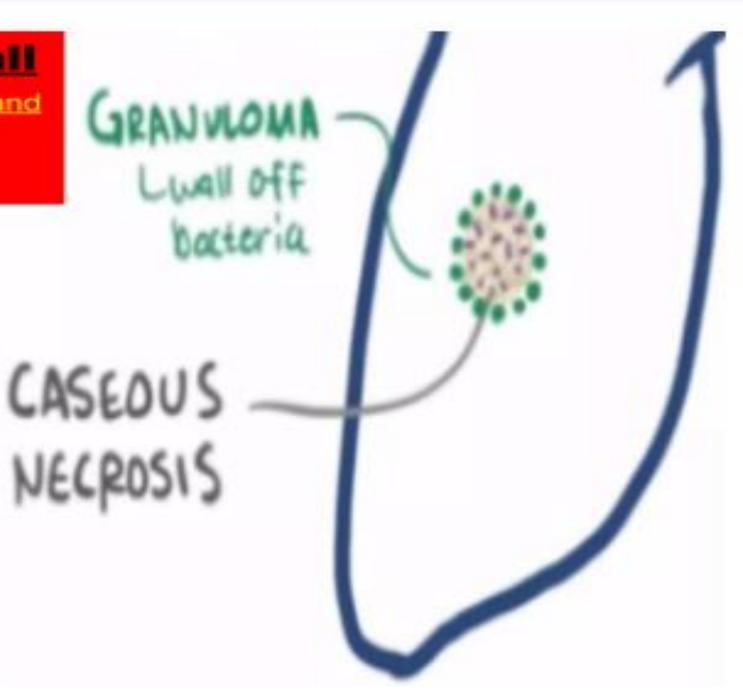
## MECHANISM OF GRANULOMA FORMATION

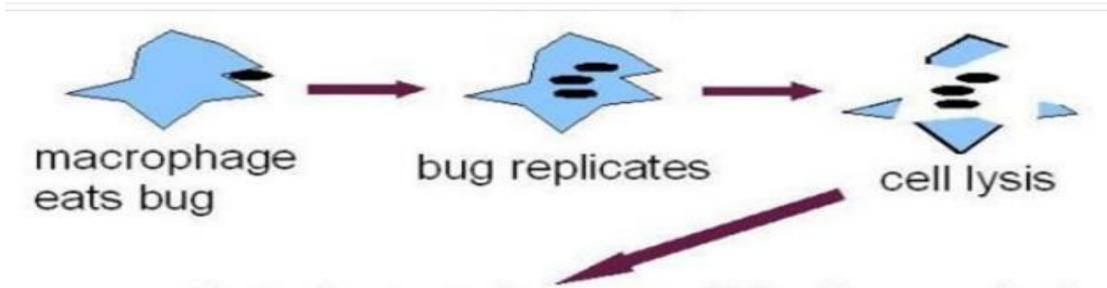
- GRANULOMA FORMATION.....to deal with those pathogens that have escape the HOST IMMUNE SYSTEM by various means.....like resisting phagocytosis and killing within the macrophages.
- Granuloma try to wall off... these organisms and prevent their further growth and spread.



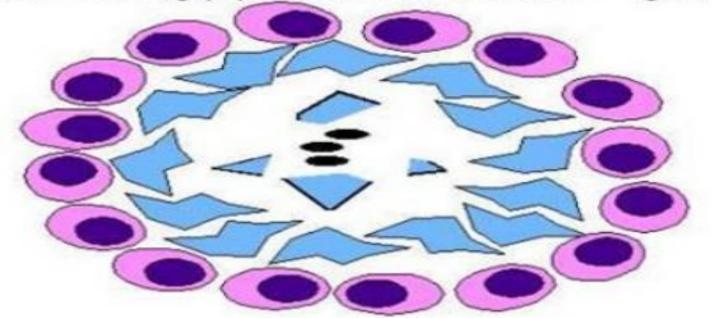
Granulomas try to wall these organisms and prevent their further growth and spread.







activated macrophages and T cells recruited walling off of bug(s) and cell debris -> granuloma



## MAIN CAUSES OF GRANULOMATOUS INFLAMMATION

- Mildly irritant 'foreign' material
- Mycobacteria: Tuberculosis, leprosy
- Syphilis
- Other rare infections e.g. some fungi
- Unknown causes: Sarcoid

Wegener's granulomatosis

Crohn's disease

# DIFFERENCE BETWEEN A NECROTIZING AND A NON-NECROTIZING GRANULOMA?

Two groups: based on how the granulomas look when viewed under the microscope

- 1. **Necrotizing** and
- 2. Non-necrotizing
- <u>Necrosis</u> is a type of cell death and necrotizing granulomas contain dead cells at their center.
- <u>Necrotizing granulomas</u> are important because they are more likely to be related to
  infections such as tuberculosis. As a result, your pathologist may order additional <u>special</u>
  <u>stains</u> such as a <u>silver stain or acid-fast stain</u> to look for infectious organisms
- In contrast, <u>non-necrotizing granulomas</u> are made up entirely of immune cells.

## **MORPHOLOGY**

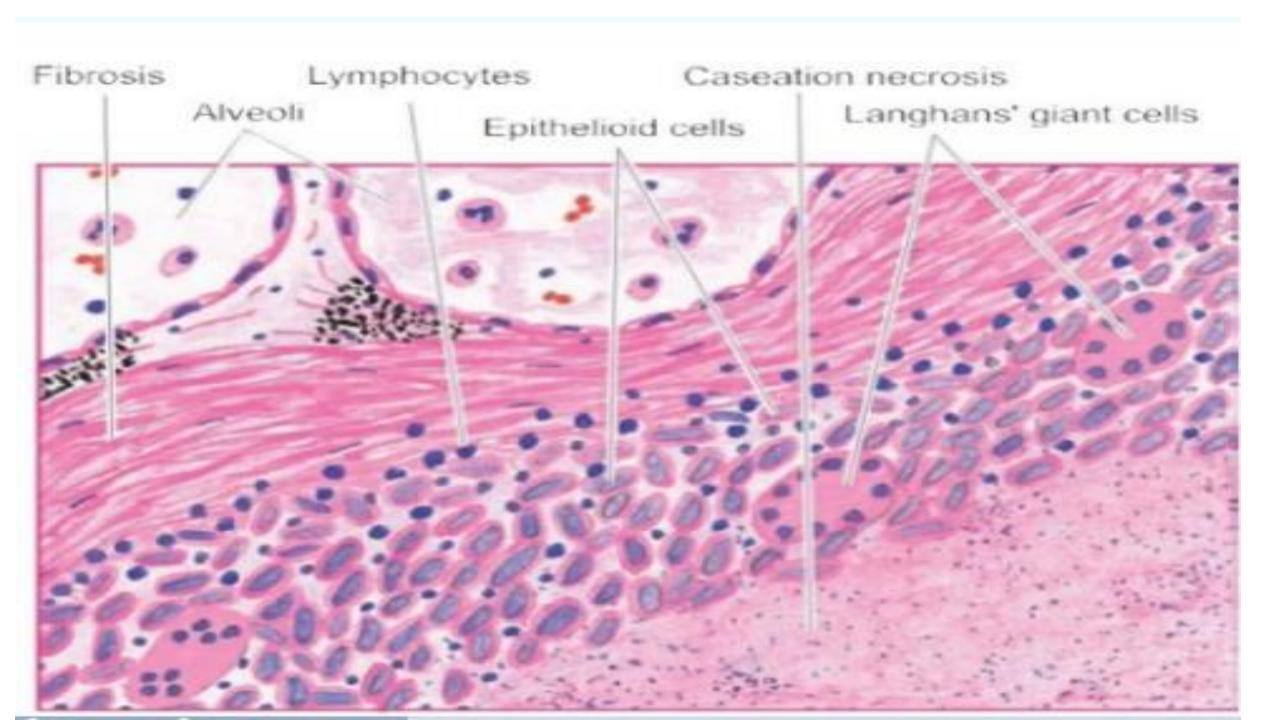
#### **CONCENTRIC LAYERS OF GRANULOMA:**

- 4 concentric layers in a granuloma, from inside to out:
- 1. Necrosis +/-
- 2. Foamy bubbly cytoplasm, abundant.
- **3. Giant cells, Epitheloid cells and Macrophages....** Especially prominent in immune granulomas. Lymphocytes secrete mediators that activate and alter macrophages and macrophage-derived cells located centrally.
- 4. Lymphocytes
- 5. Fibroblasts......Walls off the lesion.

### EPITHELOID CELLS

- Epithelioid histiocytes (Epithelioid cells) are activated macrophages resembling epithelial cells:
- elongated, with finely granular, pale eosinophilic (pink) cytoplasm and
- central, ovoid nucleus (oval or elongate), which is less dense than that of a lymphocyte.
- They have <u>indistinct shape contour</u>, often appear to merge into one another and can form aggregates

known as giant cells.



## **GIANT CELLS**

- A giant cell is a mass formed by the union of several distinct cells (usually macrophages), often forming a granuloma.
- It can arise in response to an infection, such as from tuberculosis, herpes, or HIV, or foreign body.

## TYPES OF GIANT CELLS

- 1. Langhans giant cell
- 2. Foreign-body giant cell
- Touton giant cells
- 4. Giant-cell arteritis
- Reed-sternberg cell

Also as in subependymal giant cell astrocytoma



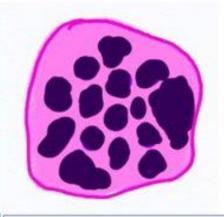
Cells with nuclei are arranged in 'HORSESHOE' shaped pattern. Can be seen in one or both the poles

Langhans
NOT Langerhans!

#### **GIANT CELLS**



Contain regular nuclei scattered throughout cytoplasm Ring of nuclei surrounding central cytoplasm. peripheral cytoplasm is vacuolated



Contain
hyperchromatic
pleomorphic
nuclei scattered
throughout
cytoplasm

Foreign body

**Touton** 

Tumor

## CASEOUS NECROSIS

- Combination of coagulative and liquefactive necrosis.
- Encounter principally in the center of tuberculous necrosis.
- Appear as soft, friable, whitish gray debris resembling cheesy material.

### **MORPHOLOGY**

### **GROSSLY:**

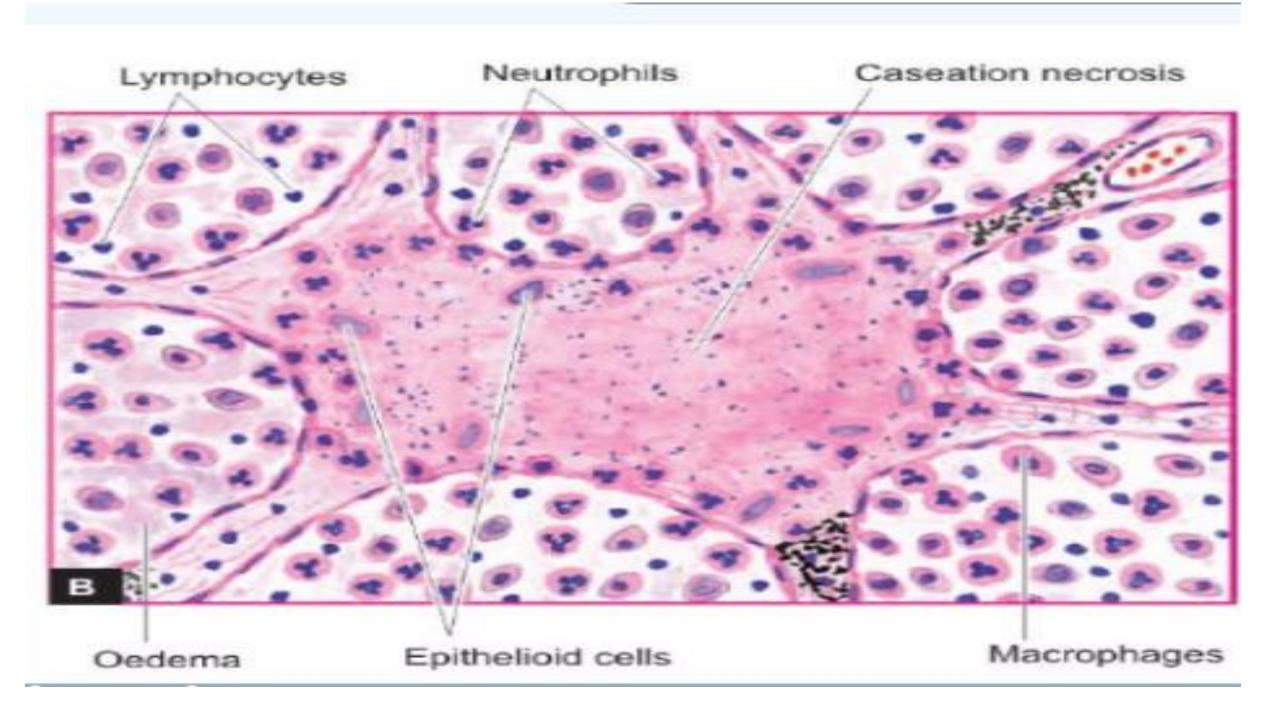
• Foci of Caseous necrosis.....due to effects of

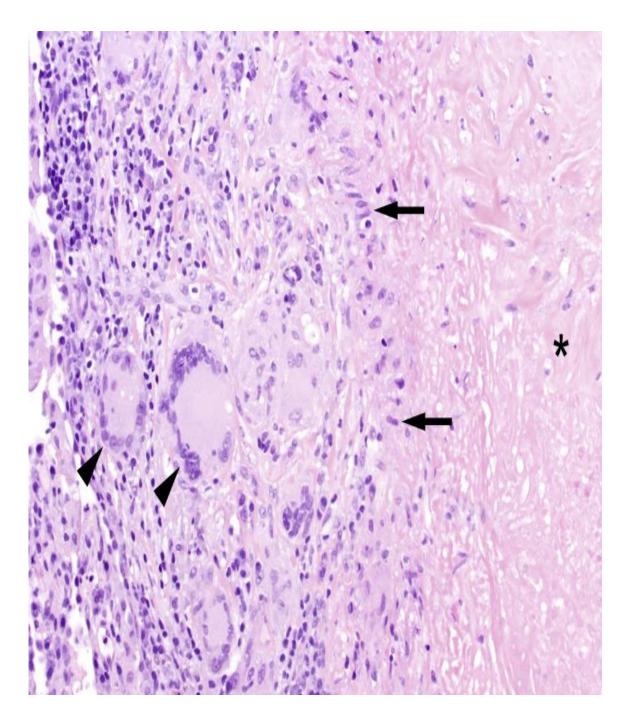
lipopolysaccharides present in the capsule of the tubercle

bacilli , Mycobacterium tuberculosis.

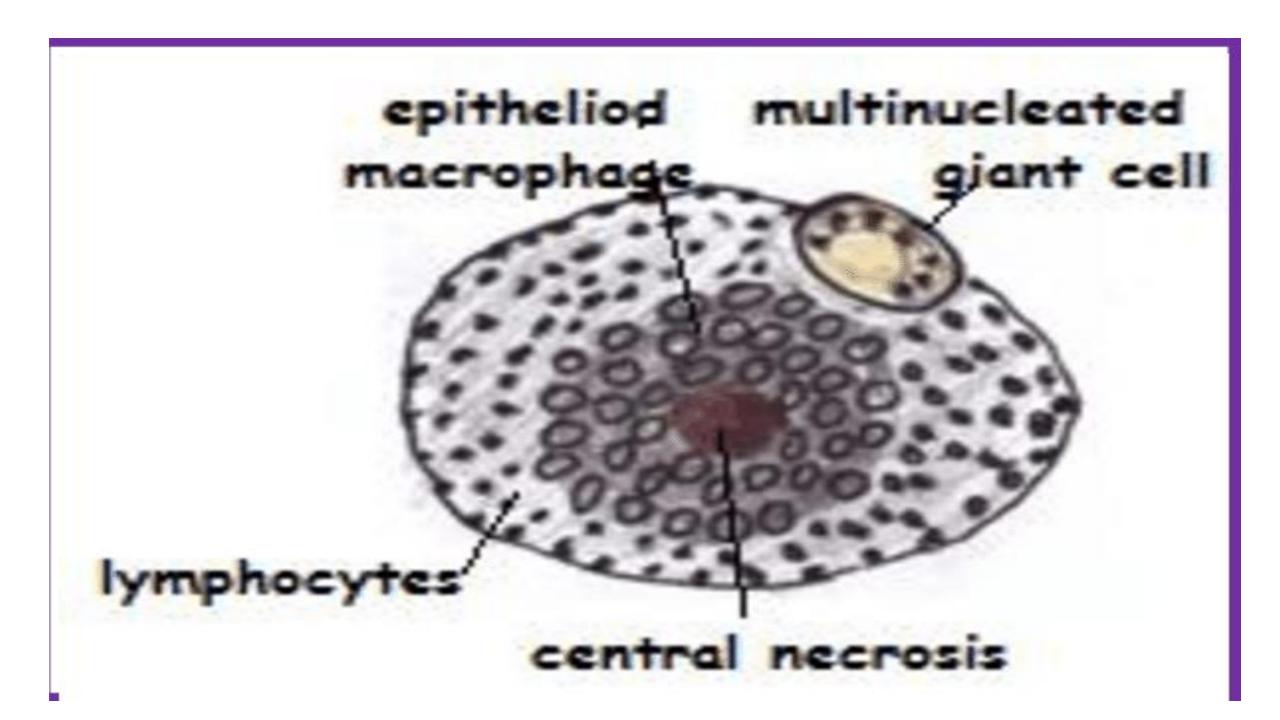
### **MICROSCOPICALLY**

- the necrosed foci are structureless, eosinophilic, and contain granular debris.
- 2. The surrounding tissue shows characteristic granulomatous inflammatory reaction consisting of epithelioid cells with
- interspersed giant cells of Langhans' or foreign body type and
- 4. peripheral mantle (layer, covering, Ring, collar) of lymphocytes.
- Fibrous cup.





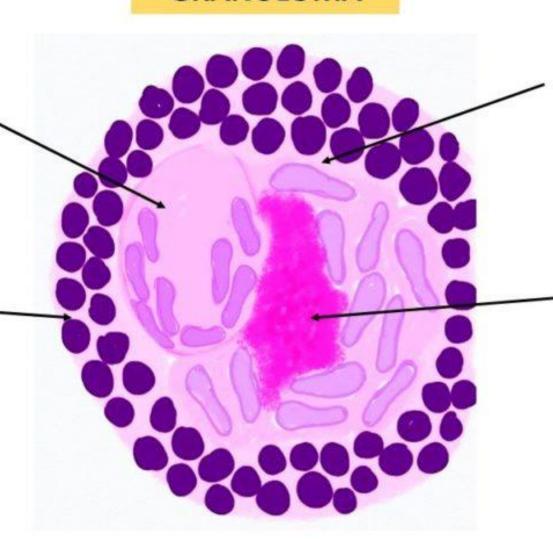
- Necrotizing granuloma seen in mycobacterial tuberculosis showing ......
- A peripheral rim of Epithelioid histiocytes (arrows) surrounding the central necrotic region (asterisk)
- )Some Histiocytes are also forming multinucleated giant cells (arrow heads).
- External to the rim of histiocytes is an outer rim of lymphocytes and plasma cells.



#### **GRANULOMA**

Langhans Giant cell

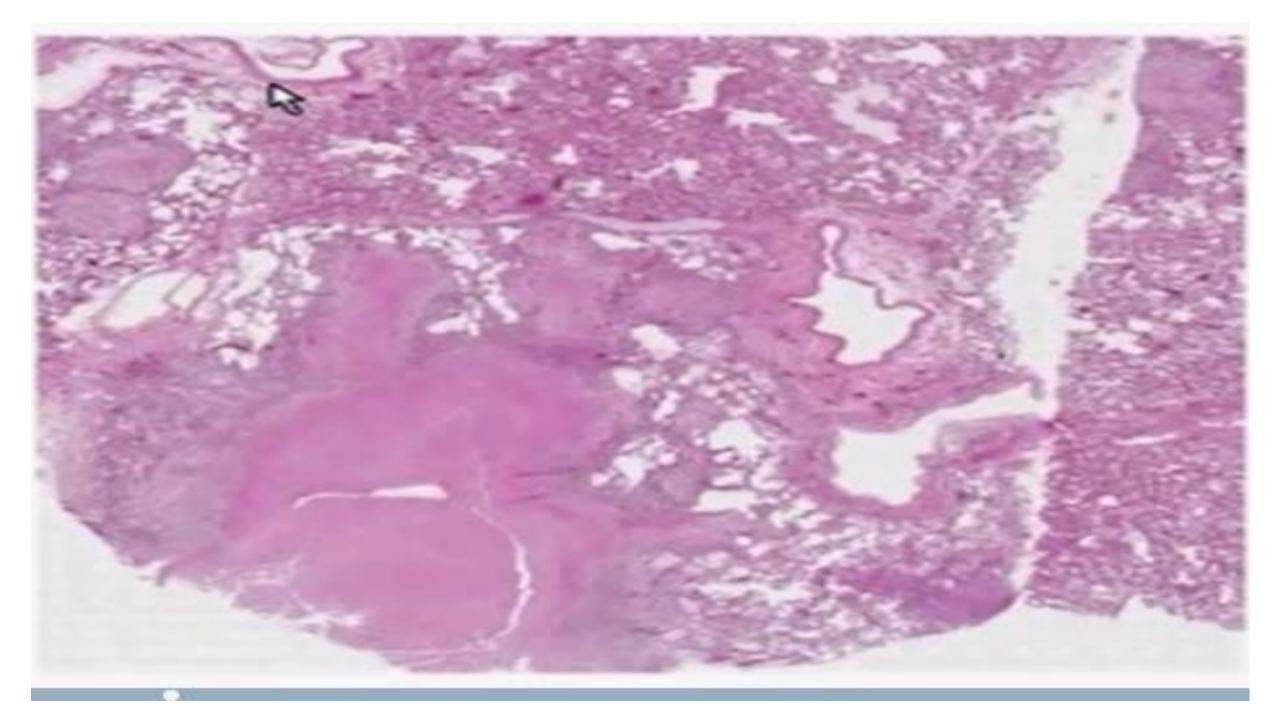
Clusters of epithelioid cells surrounded by lymphocytes

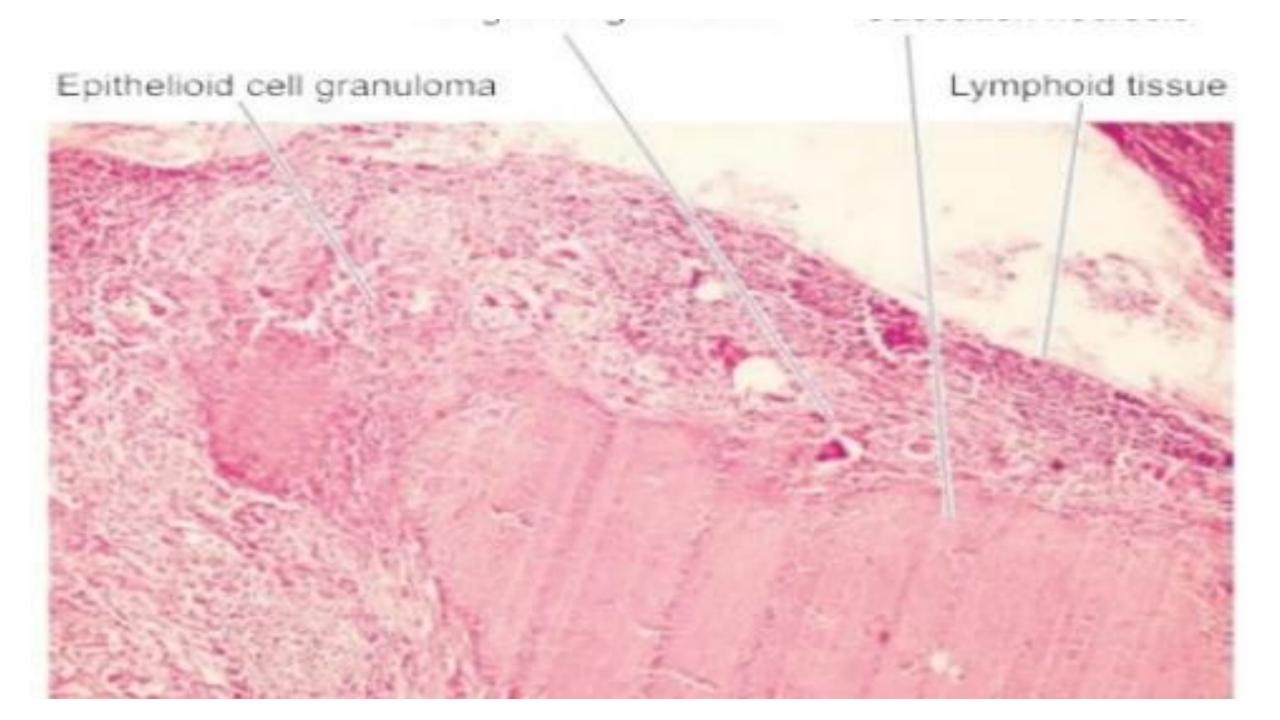


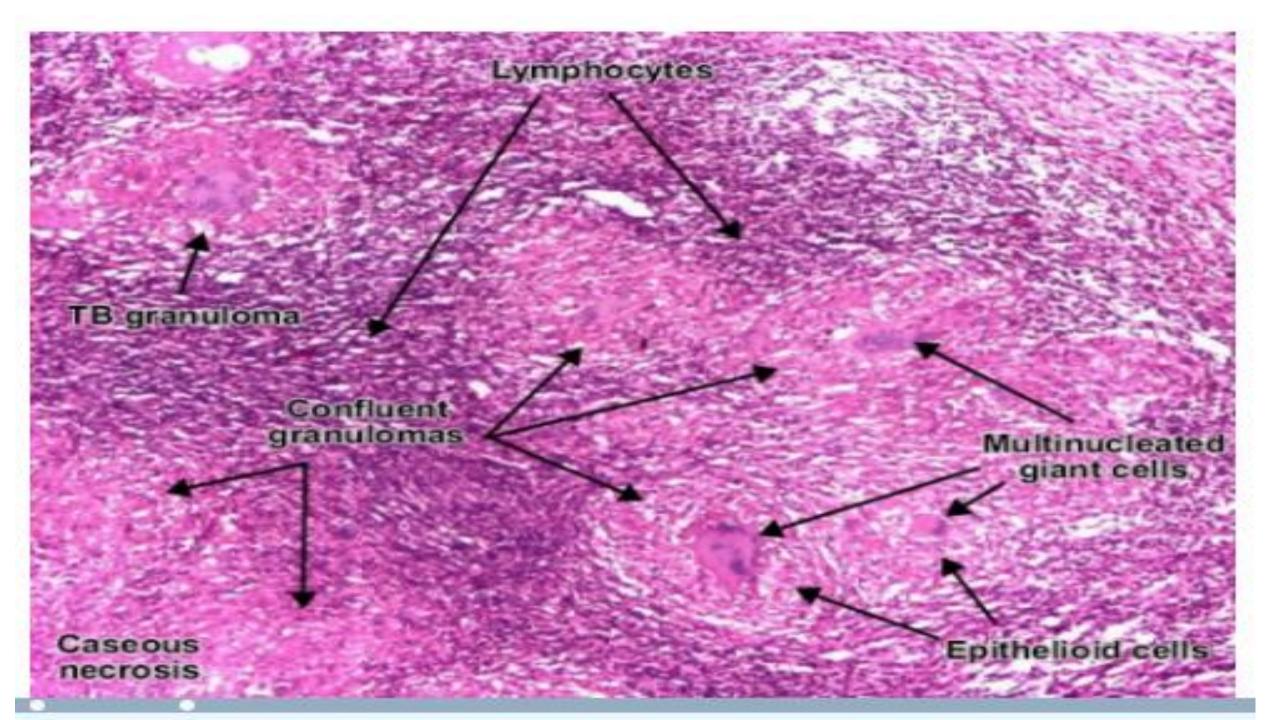
Epithelioid cells with pale elongated nuclei

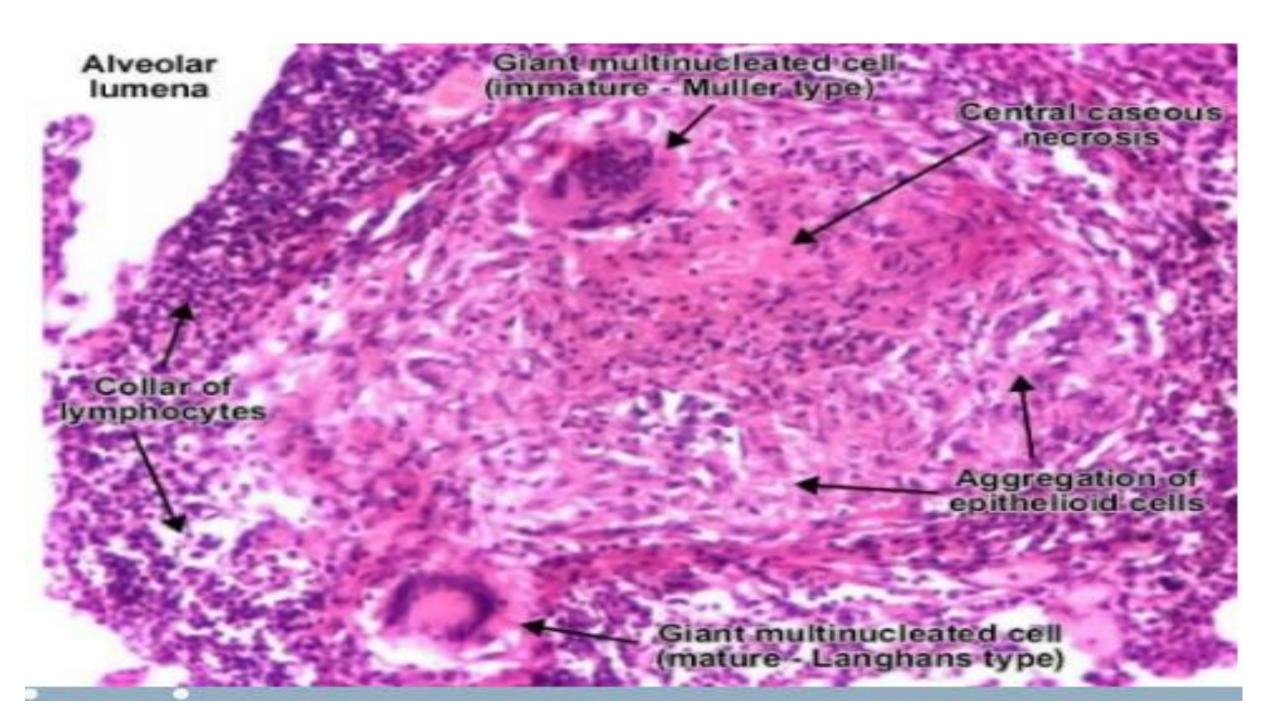
Amorphous, eosinophilic granular debritic material with complete loss of cellular details

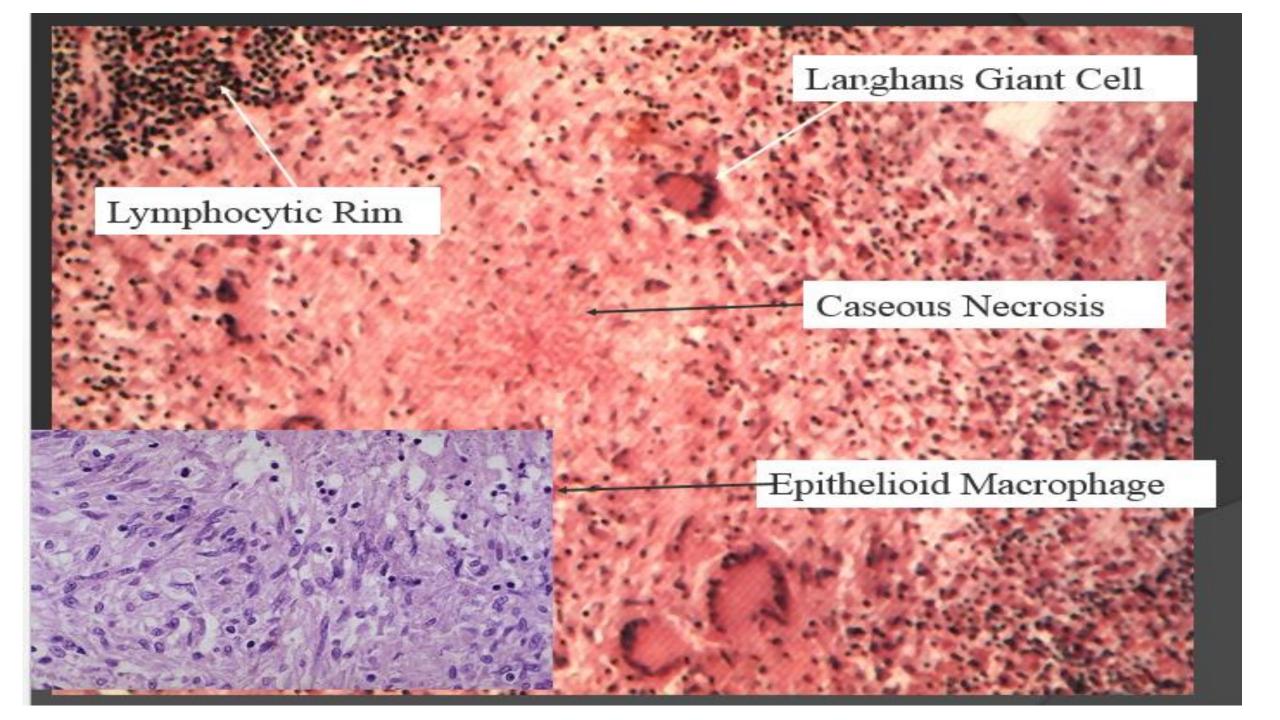
CASEOUS NECROSIS on gross examination

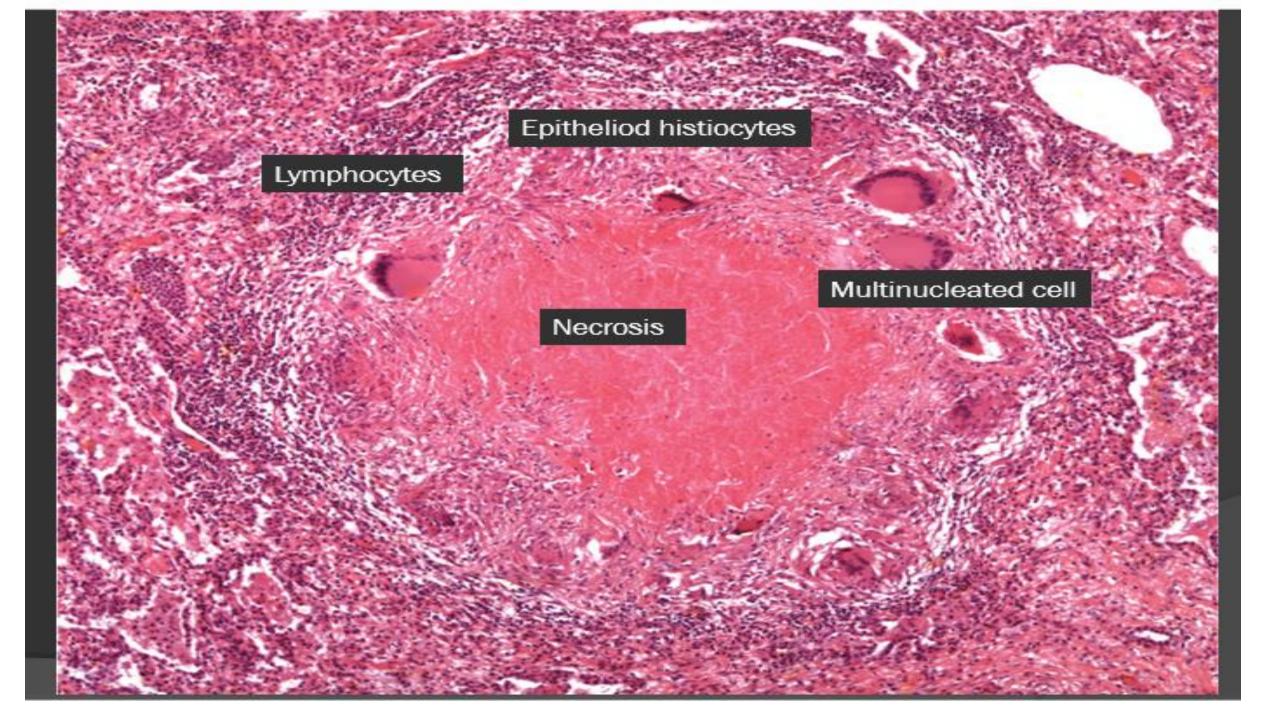




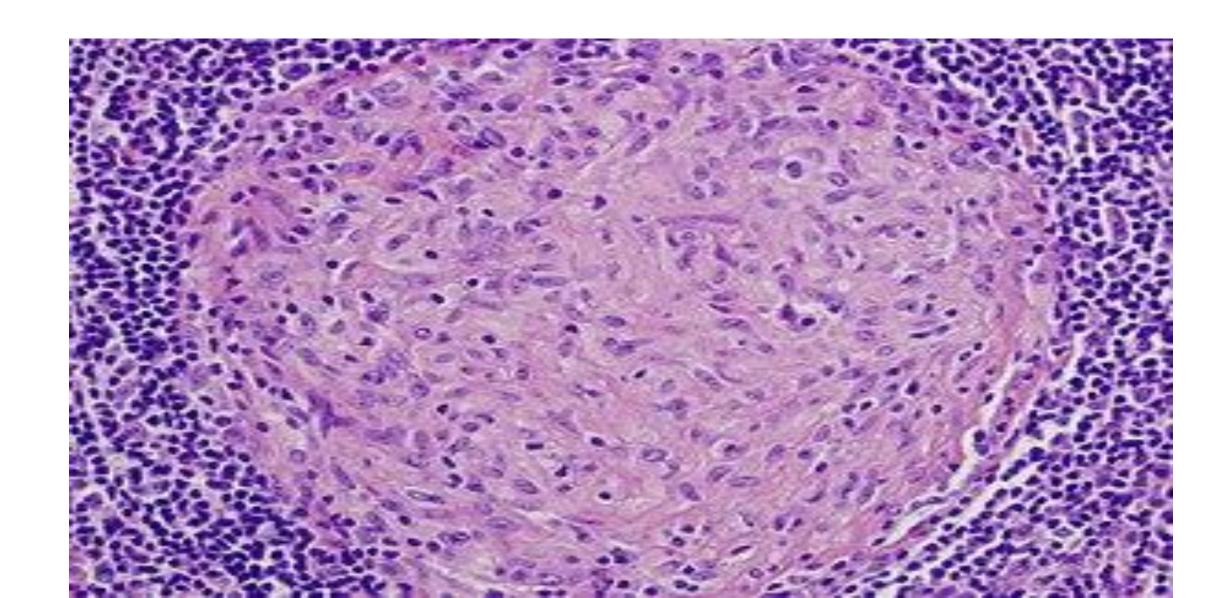




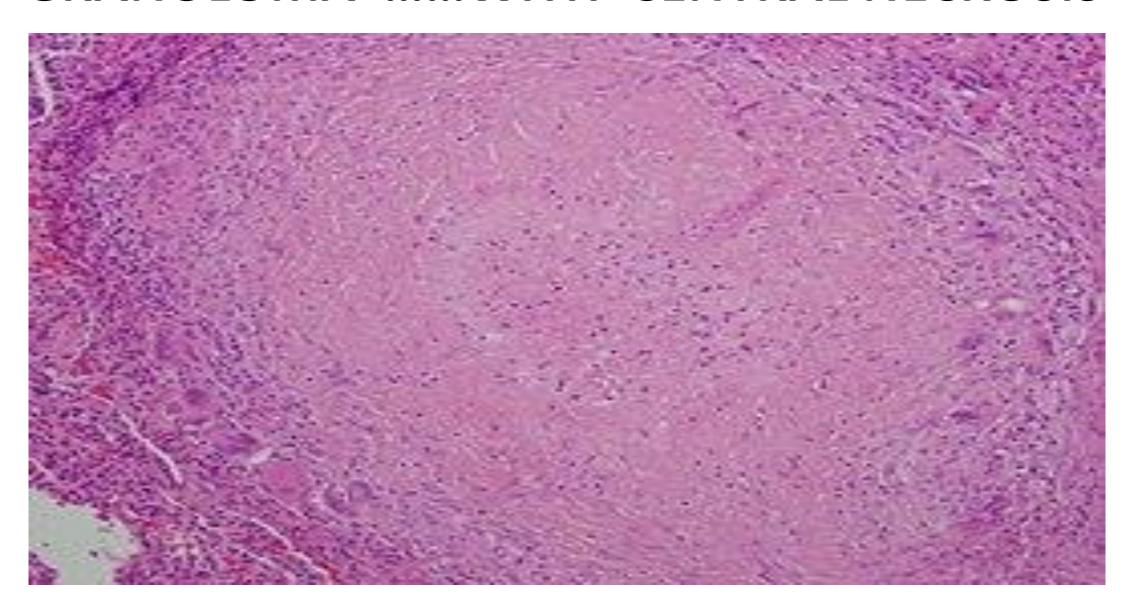




## **GRANULOMA .....WITHOUT NECROSIS**



## GRANULOMA .....WITH CENTRAL NECROSIS



#### **EXAMPLES OF GRANULOMATOUS INFLAMMATION**

#### **BACTERIAL**

- 1. Tuberculosis
- 2. Leprosy
- 3. Syphilis
- 4. Brucellosis
- 5. Listeriosis

#### **EXAMPLES OF GRANULOMATOUS INFLAMMATION**

#### **FUNGAL**:

- 1. Histoplasmosis
- 2. Blastomycosis
- 3. Hypersensitivity Pneumonitis

#### **HELMINTHIC:**

- 1. Schistosomiosis
- 2. Trichinosis

#### **EXAMPLES OF GRANULOMATOUS INFLAMMATION**

#### FOREIGN BODY TYPE:

- 1. Silica granulomatosis
- 2. Foreign body pneumonitis

#### **VIRAL:**

- 1. Cat-scratch disease
- 2. Lymphogranuloma venerum

## DIFFERENCE BETWEEN GRANULATION TISSUE AND GRANULOMA

The key difference between granulation tissue and granuloma is
that..... granulation tissue refers to new connective tissue and tiny blood
vessels that form on the surface of a wound during the healing process while
granuloma is an organized collection of macrophages that forms in response

to persistent inflammation.

#### **Granulation Tissue vs Granuloma**

More Information Online WWW.DIFFERENCEBETWEEN.COM

Granulation Tissue

Granuloma

DEFINITION

Granulation tissue is a highly vascularized, newly formed connective tissue on the surface of a wound Granuloma is an organized collection of macrophages formed in response to chronic inflammation

A RESULT OF

Wound healing process Inflammation

CONTENT

Connective tissue having fibroblasts, mononuclear cells and numerous tiny blood vessels

Aggregate of macrophages surrounded by lymphocytes

FUNCTION

Replaces dead or necrotic tissue, fills the wound and protects the wound surface from microbes

Surround and destruct antigens

APPEARANCE

Light red or dark pink in color

Cheese-like

