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# Histology of the Respiratory Tract

M1 – Cardiovascular/Respiratory  
Sequence

Michael Hortsch, Ph.D.

Fall 2008



# Objectives Respiratory Tract Histology:

- Know the general functions of the respiratory system and the overall organization of the respiratory tree
- Identify the histological features of the nasal cavity, the vocal cords and the trachea
- Know the cellular components of the respiratory epithelium and their functional importance
- Be able to recognize olfactory epithelium and know how it differs from regular respiratory epithelium
- Identify bronchi, bronchiole, terminal bronchiole, respiratory bronchiole, alveolar ducts and sacs and know their distinct histological features
- Be able to recognize Clara cells and know their functional significance
- Understand the structural organization of alveoli, including the air-blood barrier and alveolar pores
- Know the cellular components of the alveolar tissue and their individual functions and be able to recognize them
- Understand the organization of the intrapulmonary blood circulation and recognize its different parts

## **Major Functions of the Respiratory System:**

1. Air conditioning (air warming, humidifying and filtering)
2. Oxygen/carbon dioxide exchange

## **Minor Functions of the Respiratory System:**

1. Perception of smell
2. Phonation
3. Endocrine functions, conversion of Angiotensin I into II



# Cast of a human bronchial tree

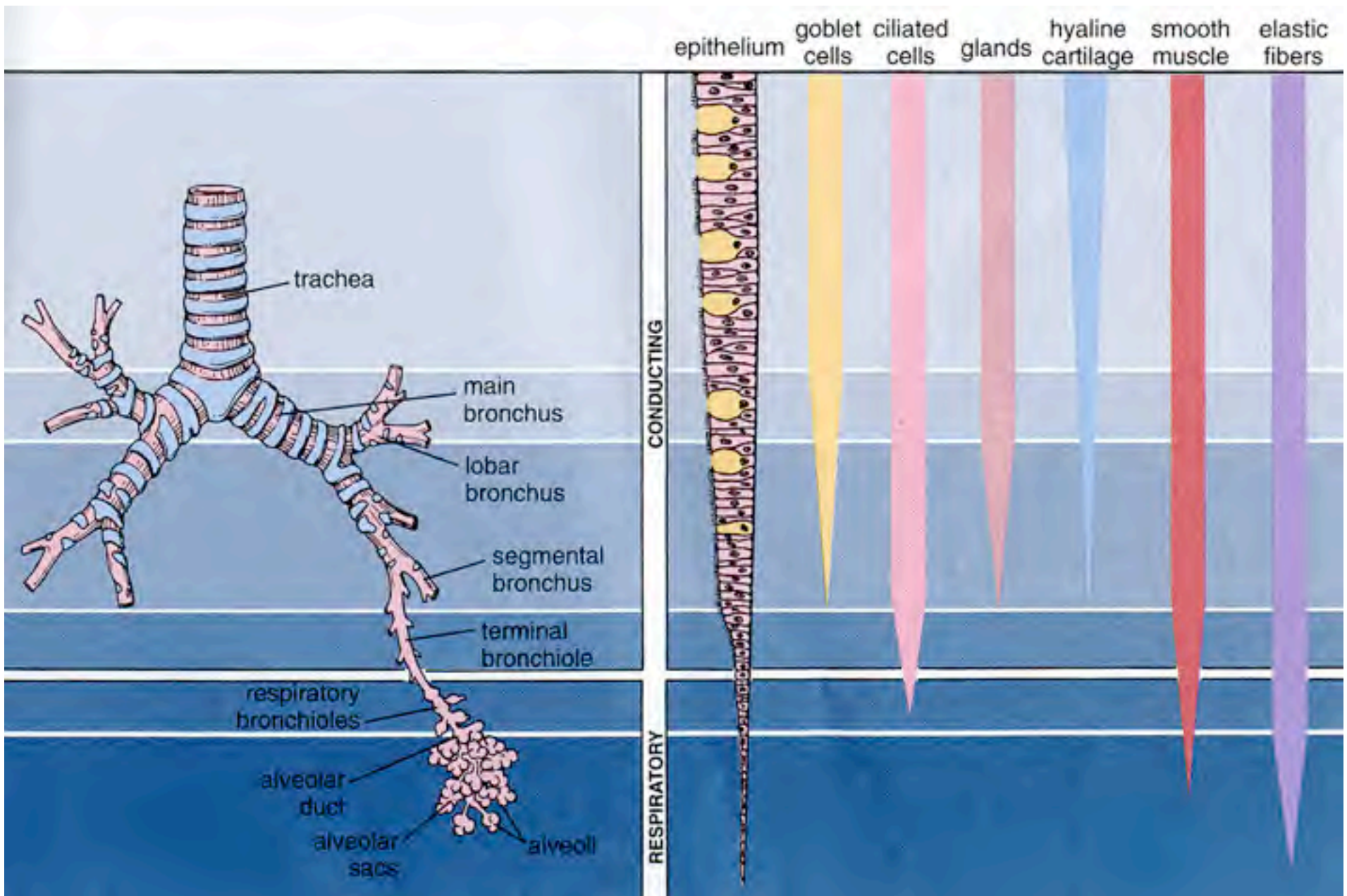
Cell and Tissue Biology – A Textbook of Histology; 6<sup>th</sup> edition; 1988;  
Weiss, Urban & Schwarzenberg Fig. 25-14



# Arborization of respiratory tree

Image of  
respiratory tree  
arborization  
removed

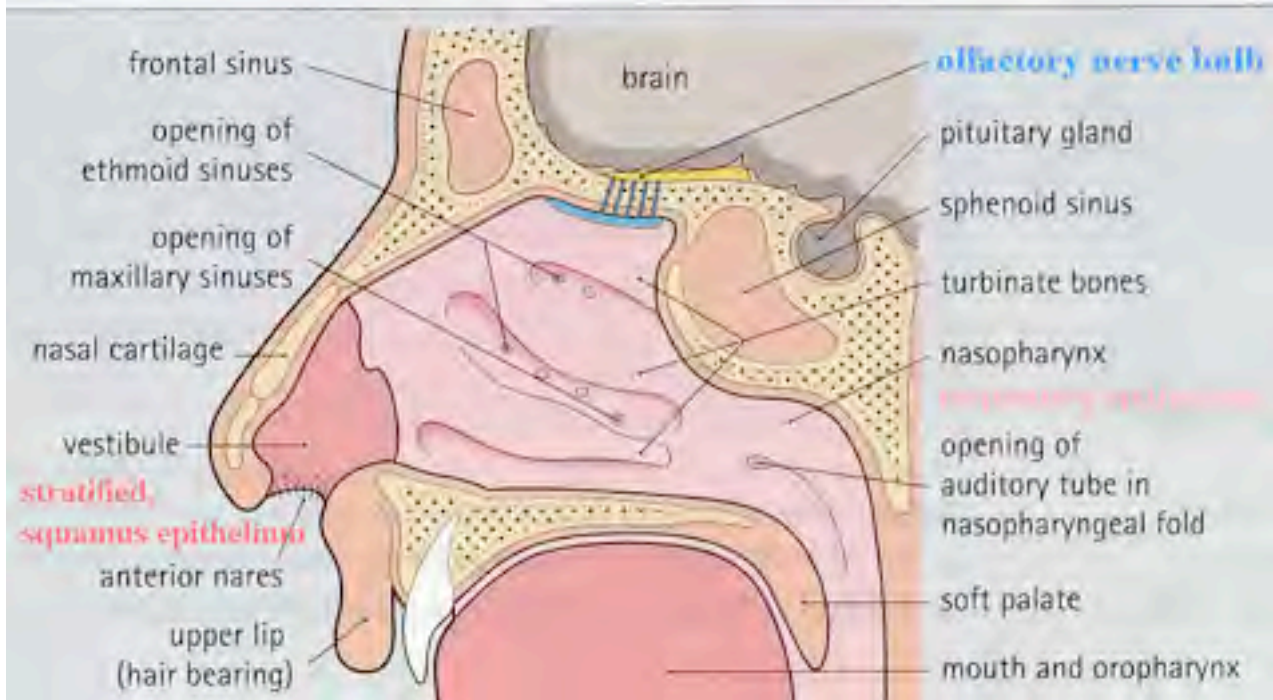
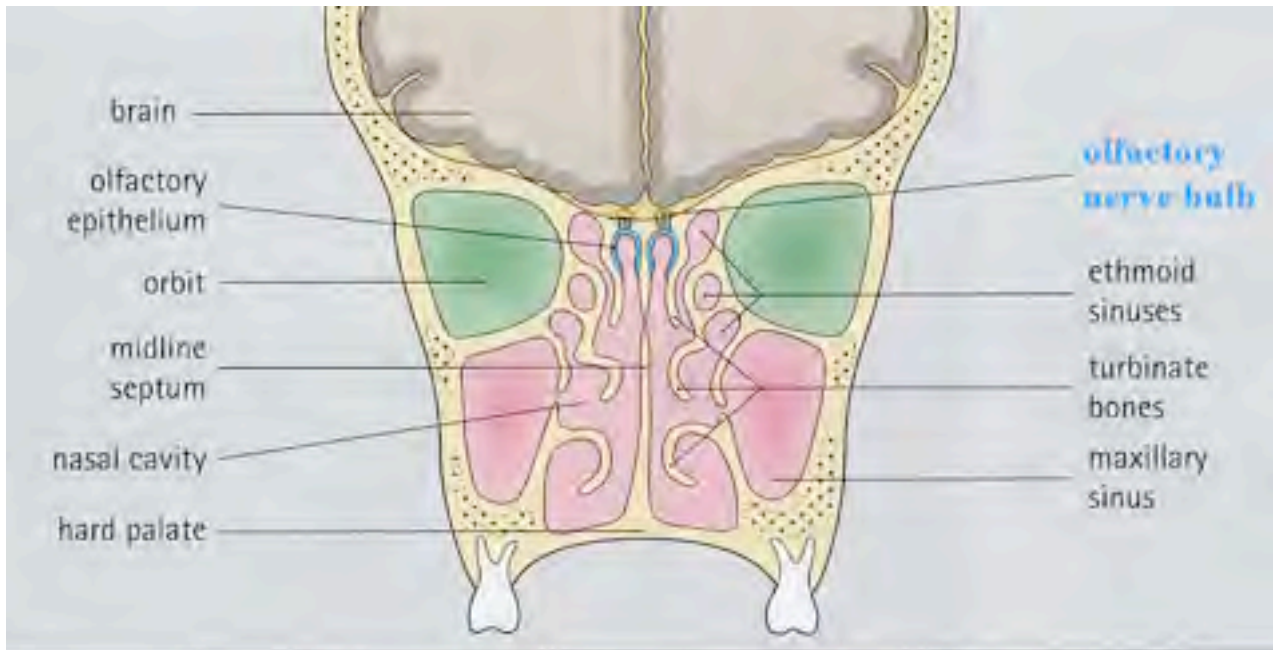
Original Image: Wheater's Functional  
Histology; 5<sup>th</sup> edition, 2006, Young, Lowe,  
Stevens and Heath; Churchill Livingstone  
Elsevier Fig. 12.1



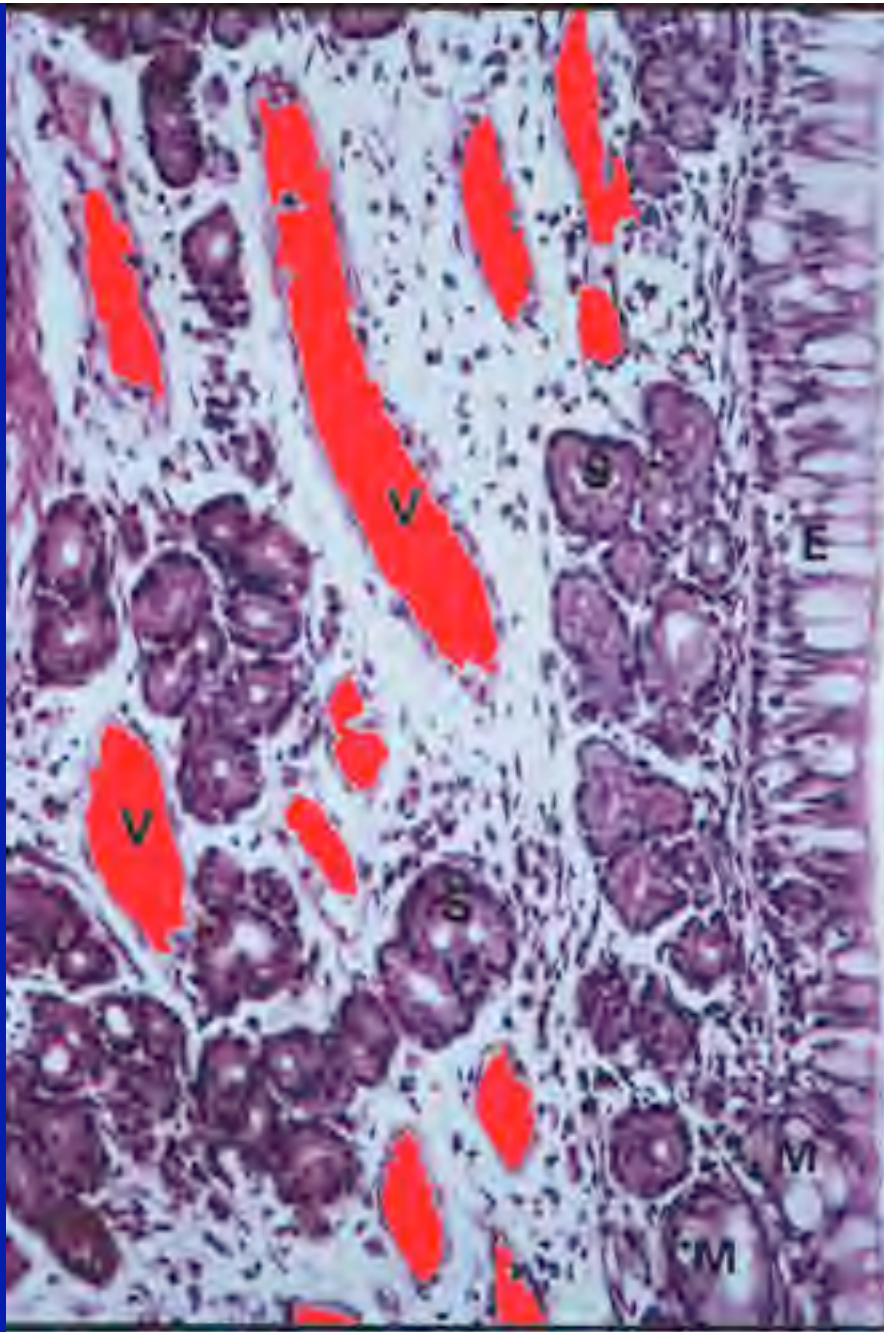
© PD-INEL Histology – A Text and Atlas; 5<sup>th</sup> edition, 2006, Ross and Pawlina, Lippincott Williams and Wilkins Fig 19.1

# Histological changes along the respiratory tree





# Histological features of the nasal cavity

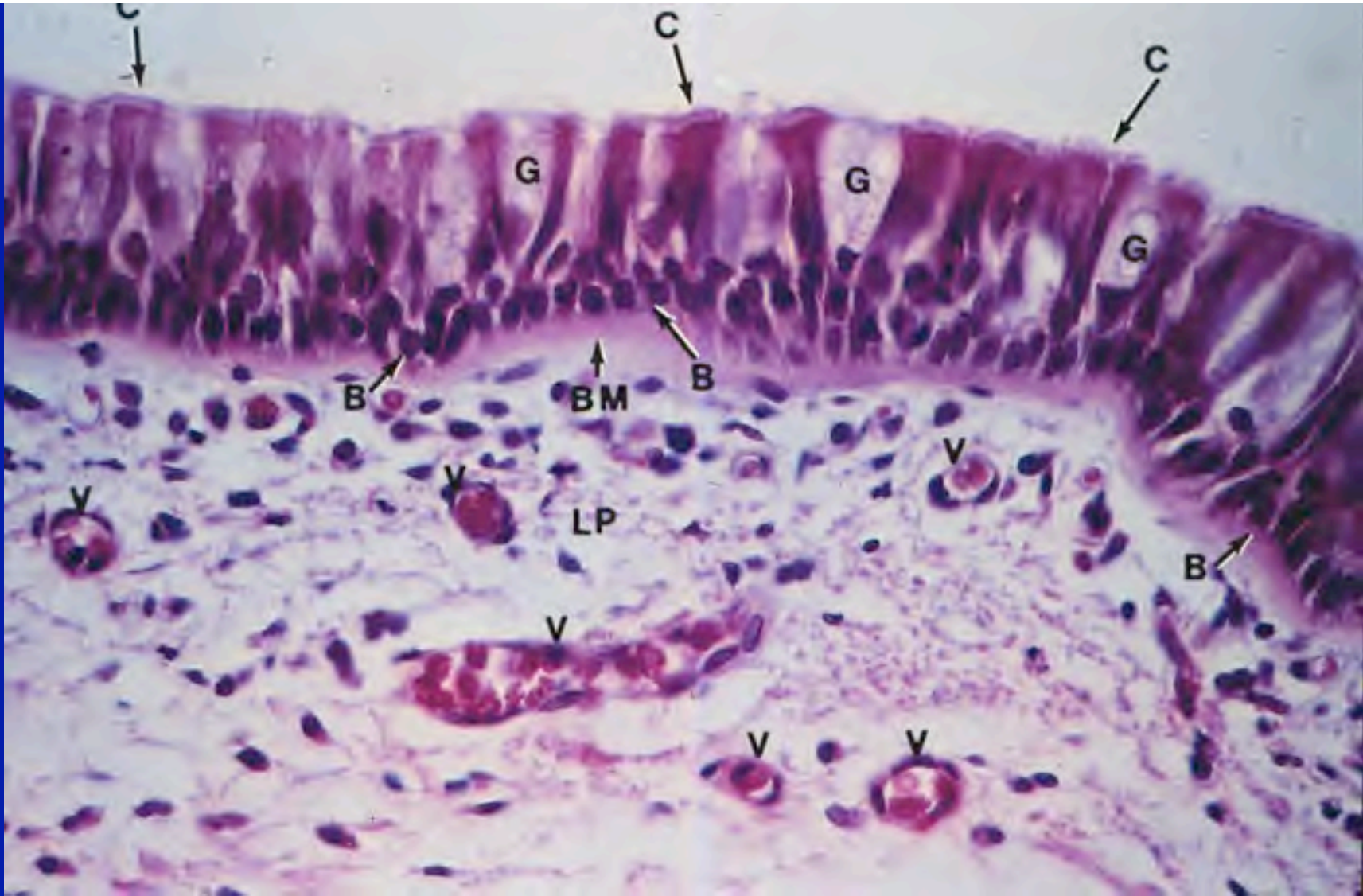


Nasal venous  
sinuses warm  
the incoming air

Transition from stratified squamous epithelium to the respiratory epithelium at the laryngeal ventricle

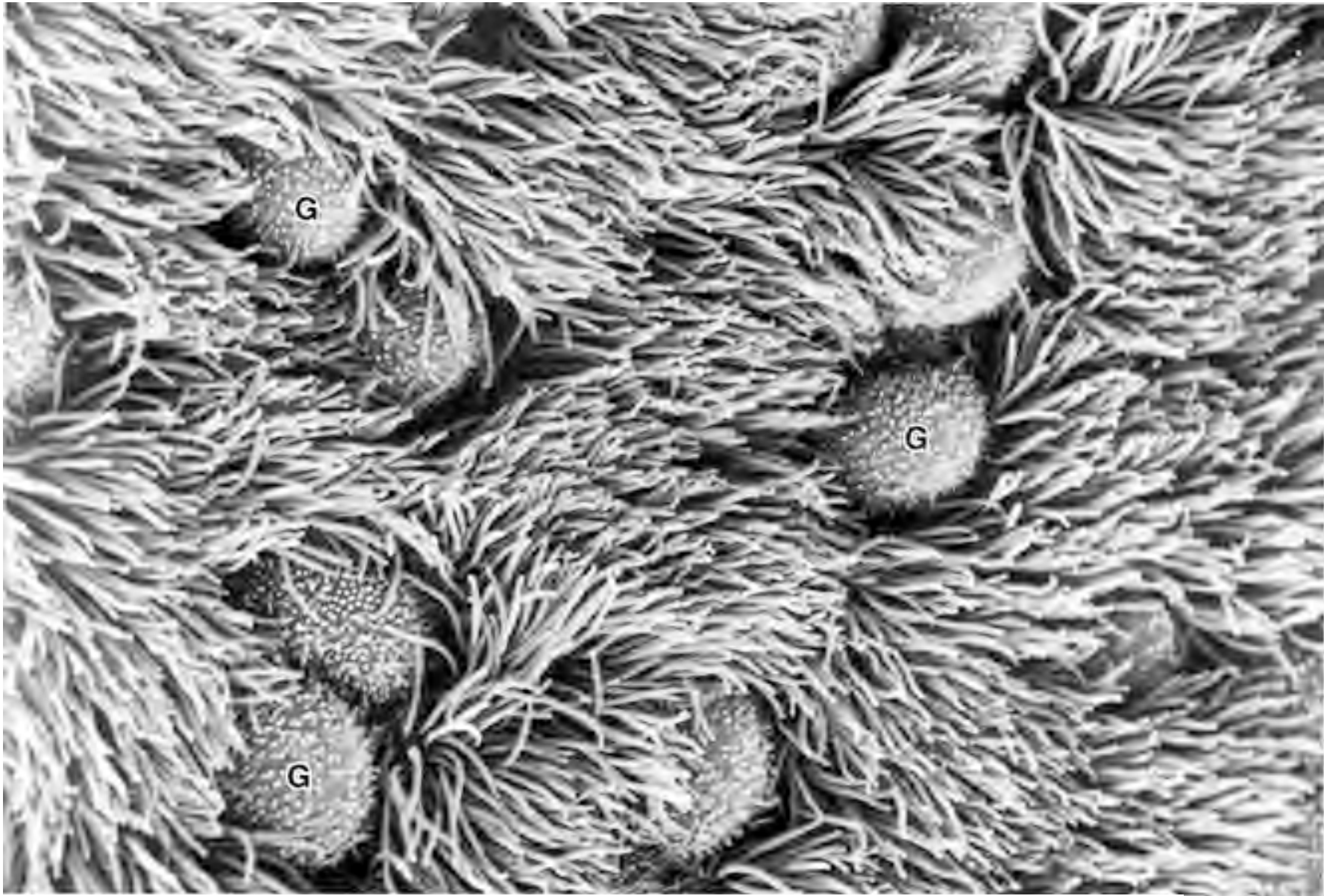


Resident cells of the respiratory epithelium



© PD-INEL Color Atlas of Basic Histology; 1993; Berman; Appelton and Lange; Fig 14-8

## Light micrograph of the respiratory epithelium/mucosa

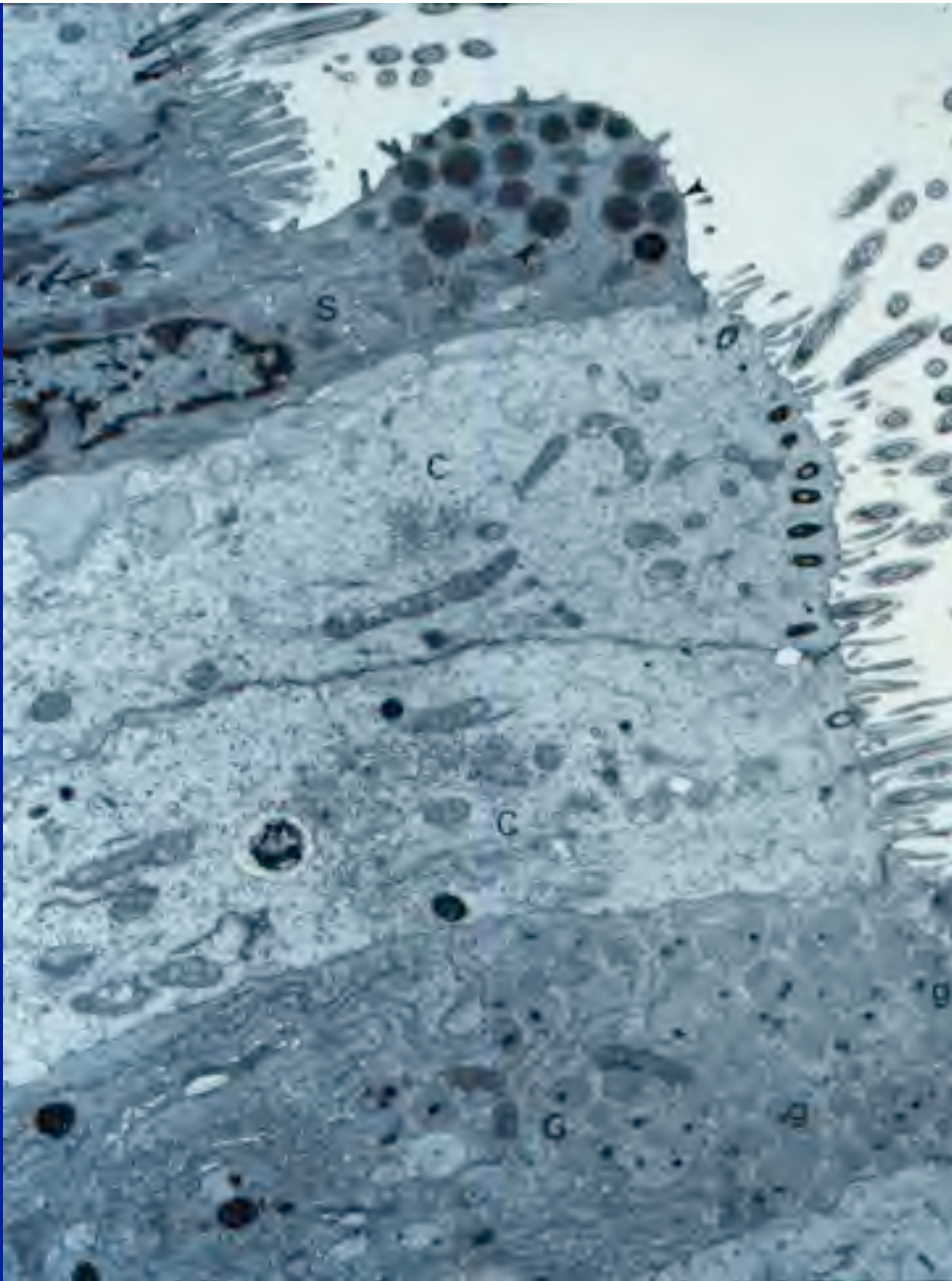


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Basic Histology – Text & Atlas; 10<sup>th</sup> edition, 2003; Junqueira and Carneiro, Lange McGraw-Hill; Fig. 17-4 top

## Scanning EM of the respiratory epithelium

G = goblet cell



# Transmission EM of a respiratory epithelium

Cell and Tissue Ultrastructure – A Functional Perspective; 1993; Cross and Mercer, Freeman and Co.; page 305

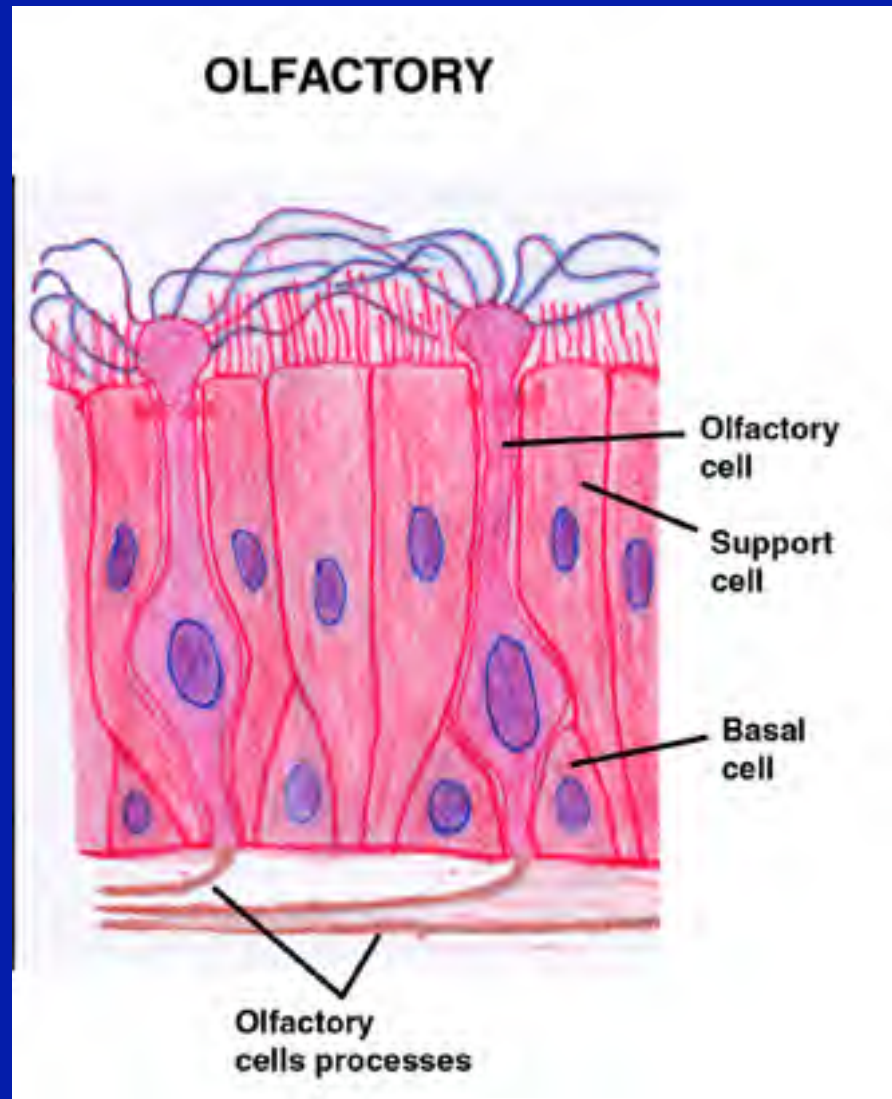


# Diagram of the olfactory epithelium



Sir William Bowman (1816-1892)

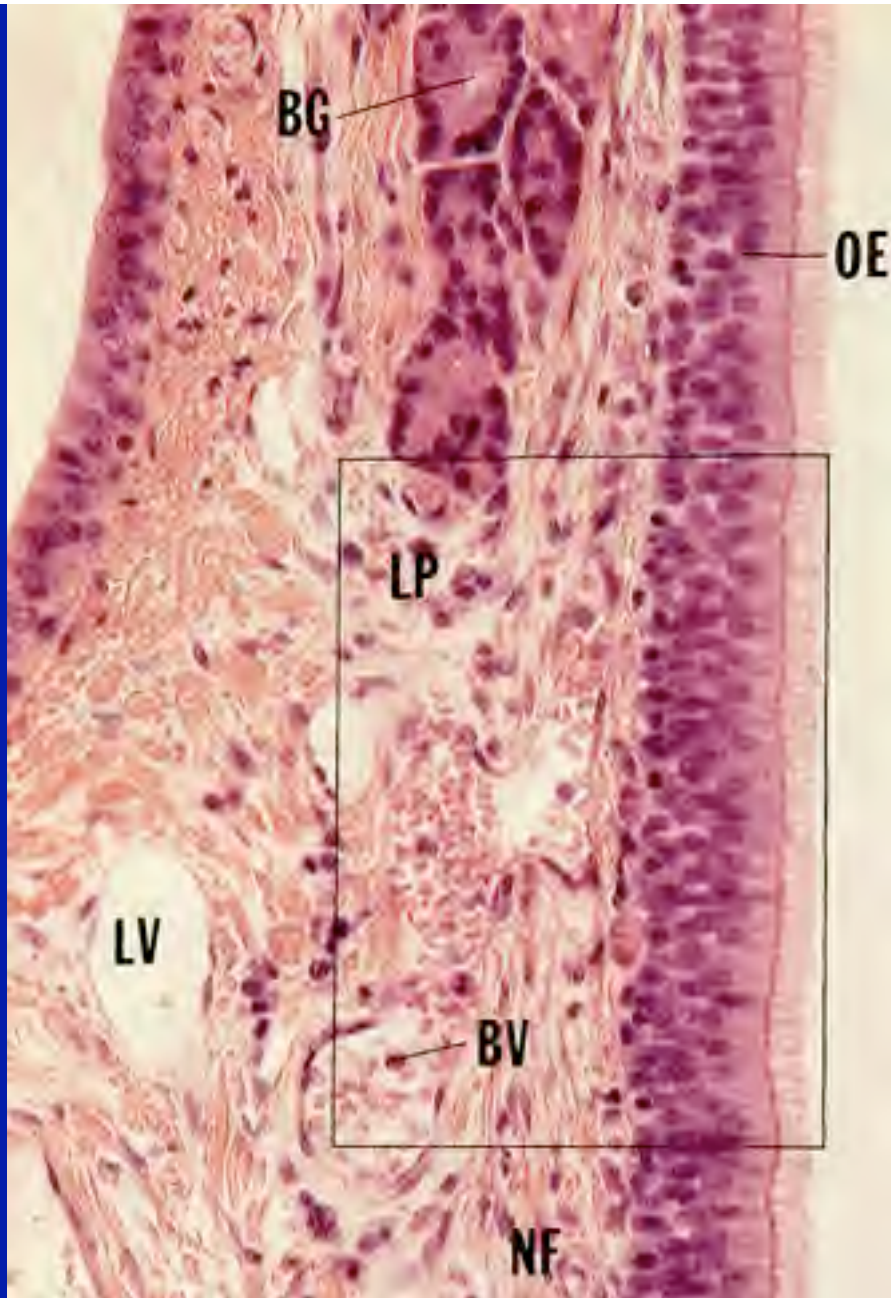
 [Wikipedia](#)



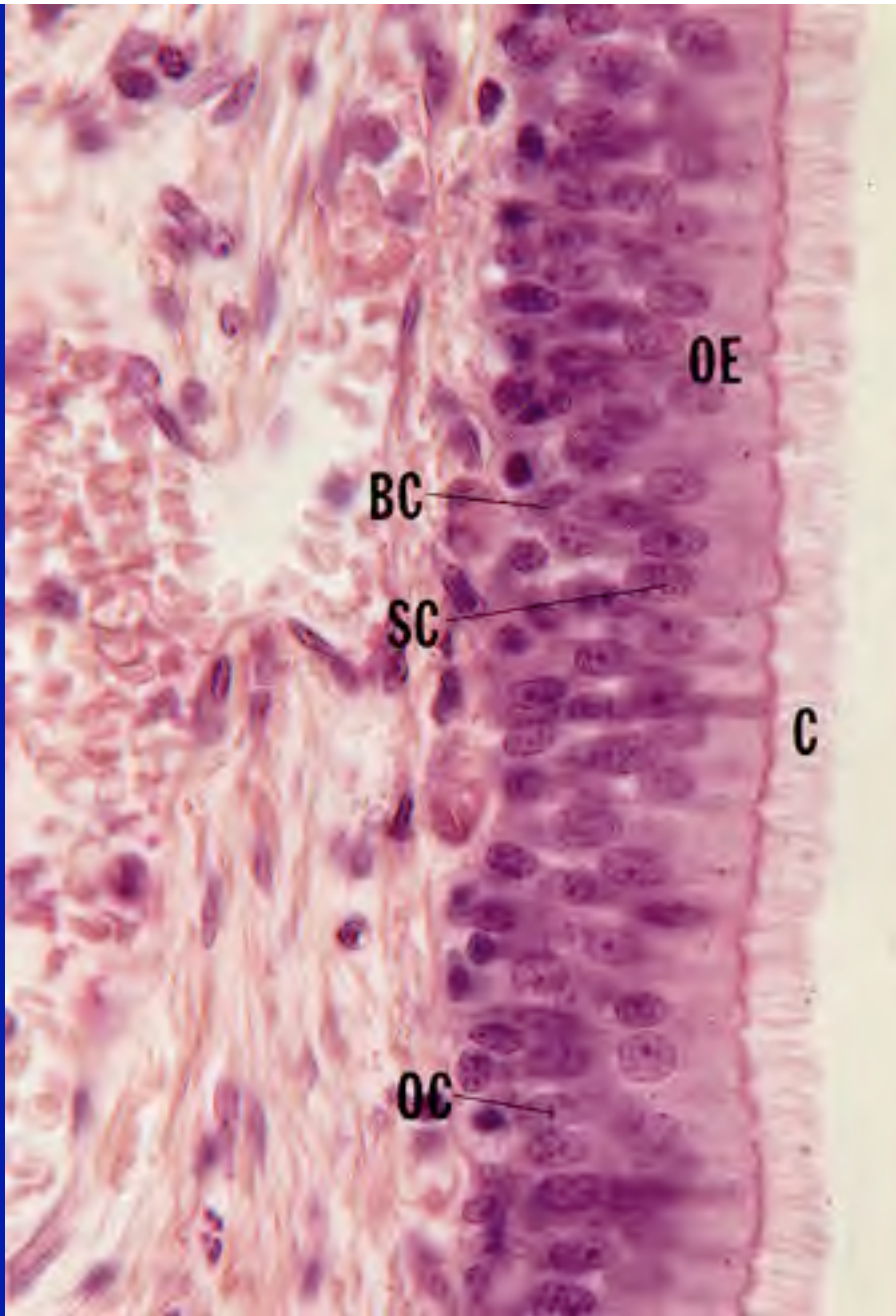
 Dr. Thomas Caceci,

Original Image: Human Histology, 1<sup>st</sup> edition, 1992, Stevens and Lowe, Grower Medical Publishing , Fig. 9.5

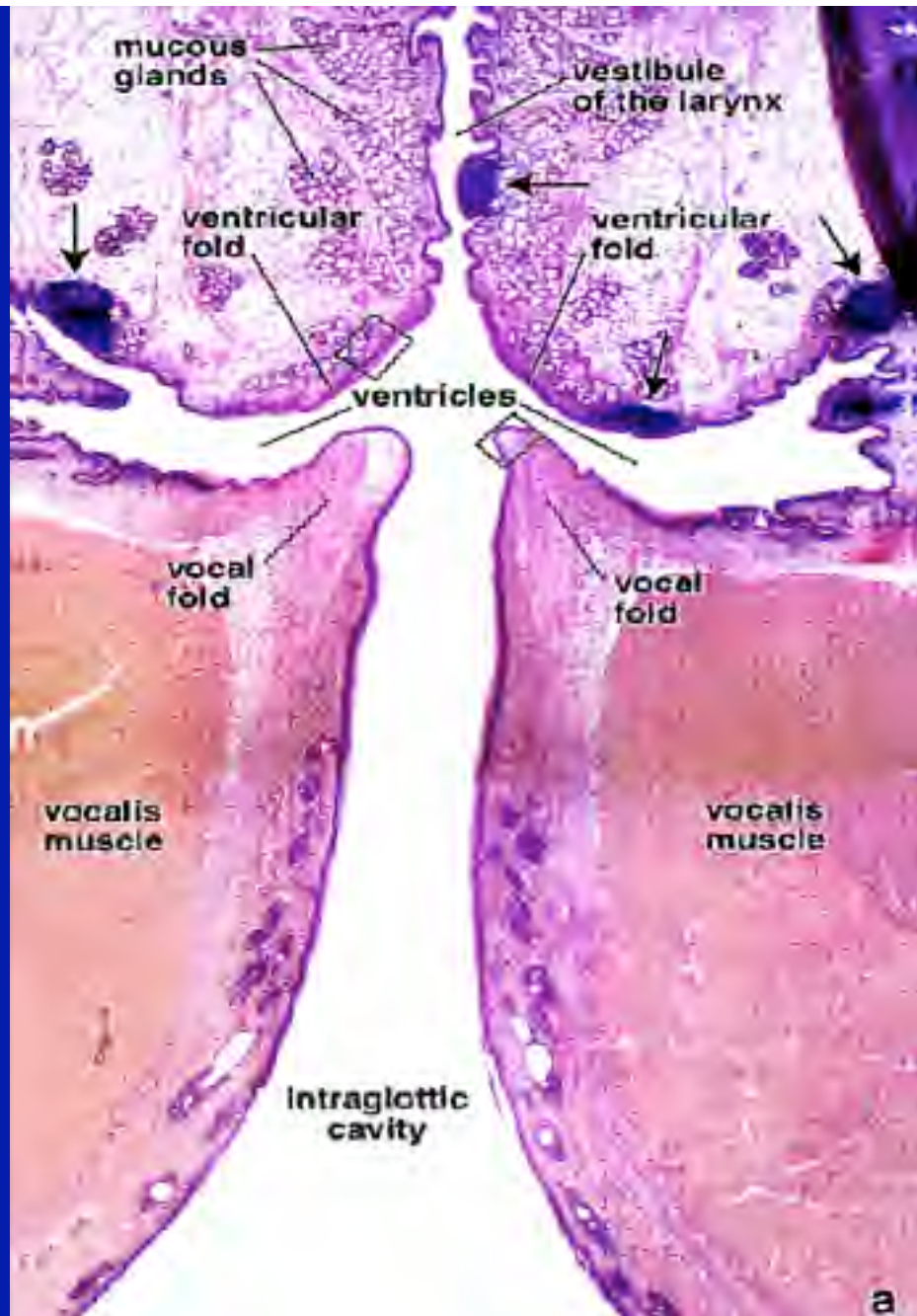




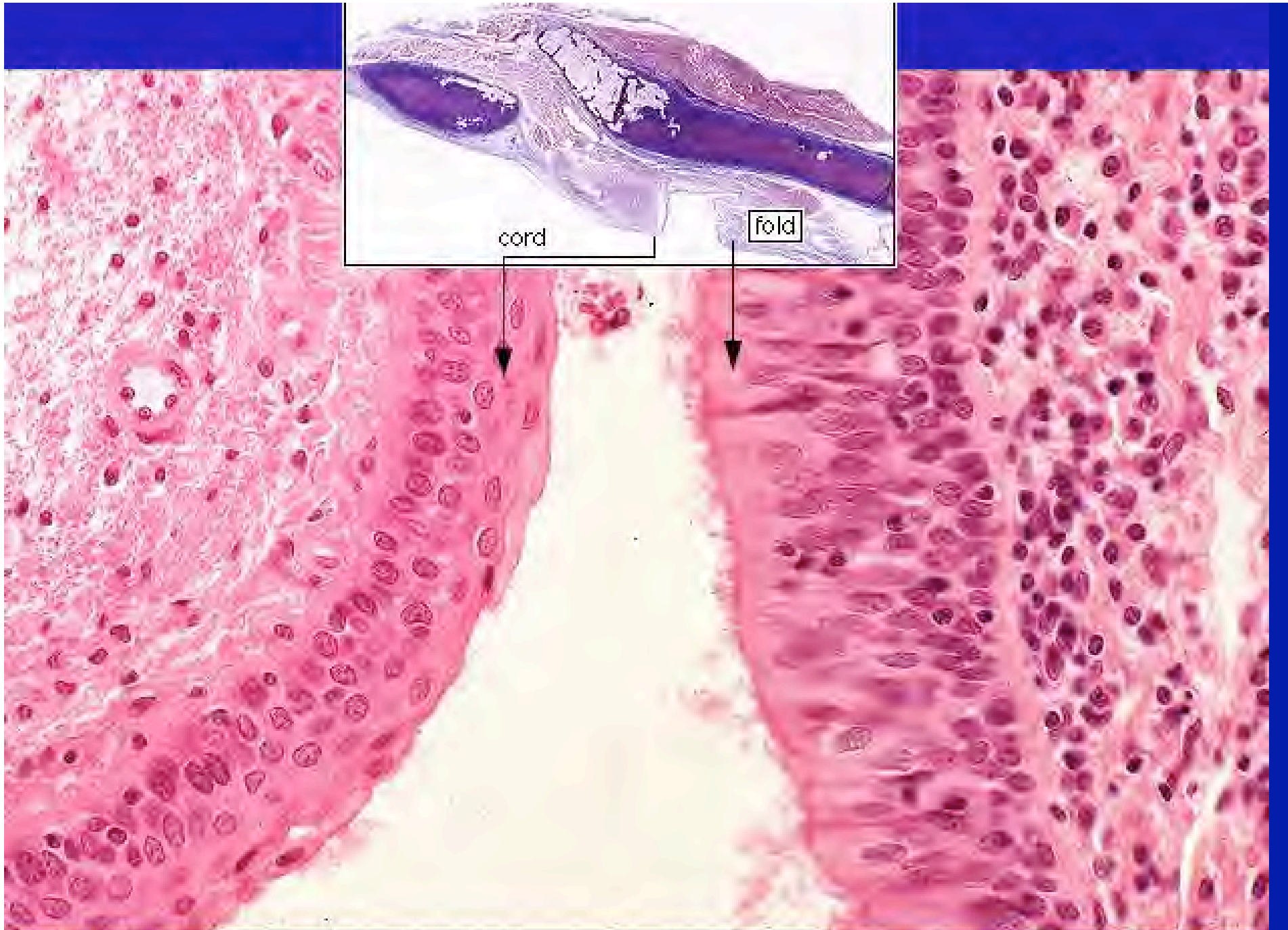
Light micrograph  
of olfactory  
epithelium  
(note the absence  
of goblet cells)



Light micrograph  
of olfactory  
epithelium  
(note the absence  
of goblet cells)



True vocal cords are not lined by a respiratory epithelium, but rather by a stratified non-keratinized squamous epithelium.





© PD-INEL Color Atlas of Basic Histology; 1993; Berman; Appelton and Lange, Fig 14-2

Two types of glands are found in the lamina propria of the laryngeal and tracheal respiratory epithelium: Serous and mucus producing glands



Trachealis muscle (smooth muscle)

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Human Histology, 1<sup>st</sup> edition, 1992, Stevens and Lowe, Grower Medical Publishing , Fig 9.8

Trachea with C-shaped hyaline cartilage ring

# Light micrograph of a smaller bronchus



Color Atlas of Basic Histology;  
1993; Berman; Appelton and  
Lange Fig 14-10





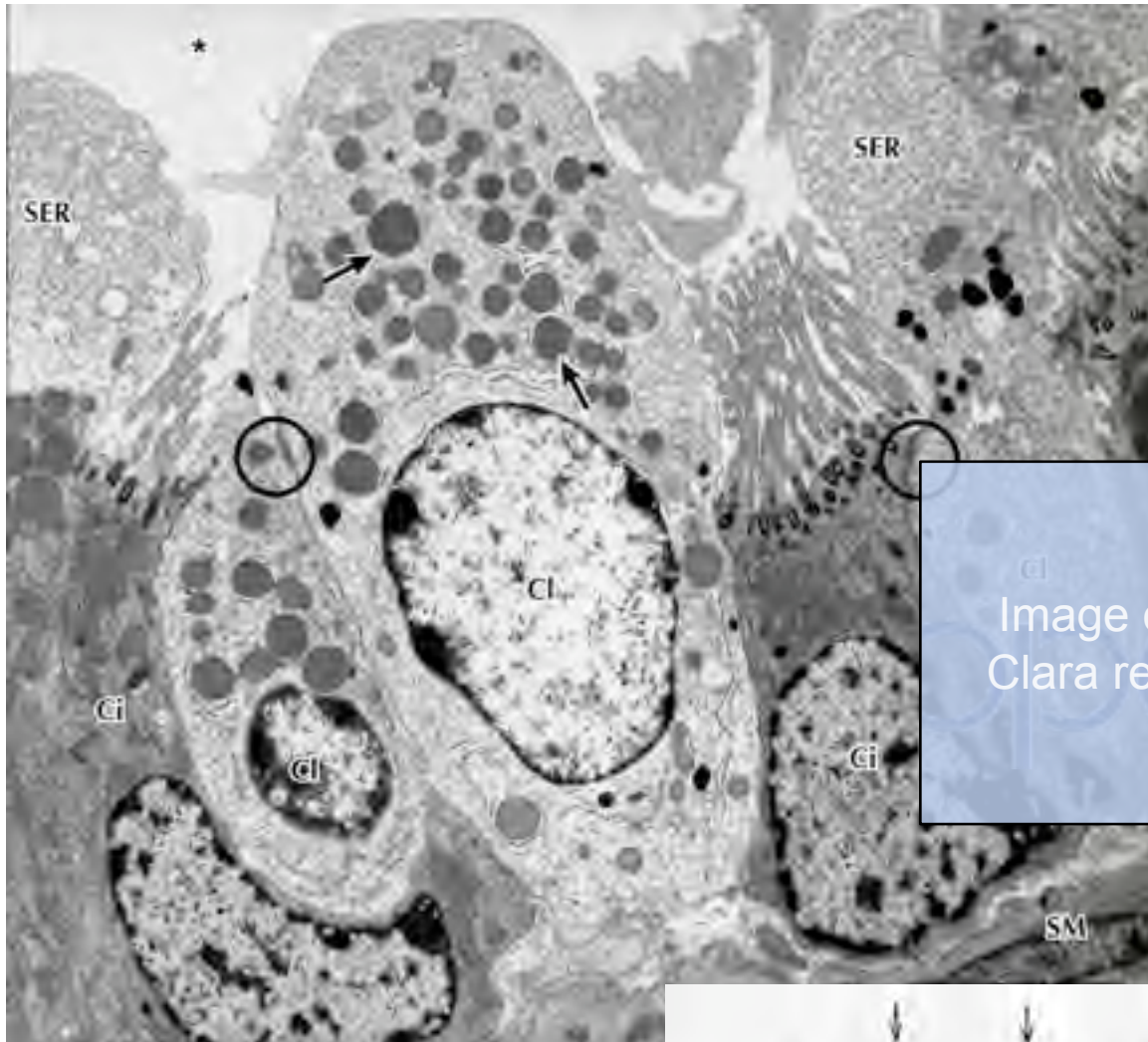
# Higher magnification of a bronchial wall






© PD-INEL Color Atlas of Basic Histology; 1993; Berman; Appelton and Lange; Fig 14-13

Bronchiole (note the appearance of more abundant smooth muscle). This muscle layer is causally involved in asthma.




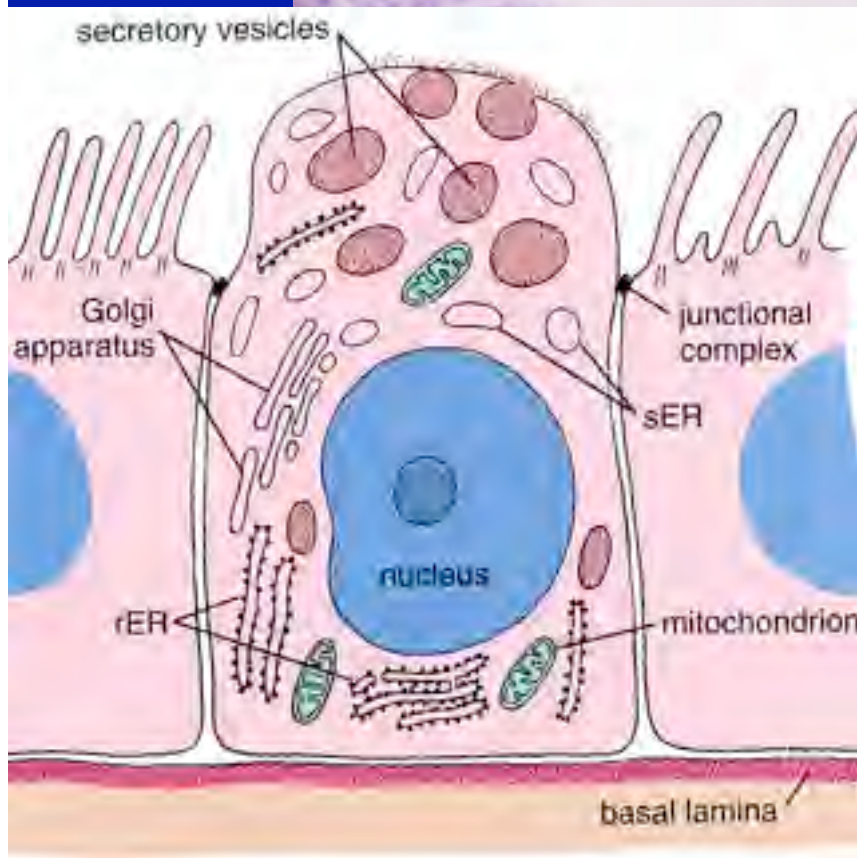
Transmission EM of bronchiolar epithelium with a Clara cell in the center. Clara cells are abundant, dome-shaped secretory cells in the terminal bronchioles.

Netter's Essential Histology; 2008; Ovalle and Nahirney; Elsevier; page 346 

Max Clara (1937)  
 Zeitschr. mikro.-anat. Forsch.  
 41:321-47



 M. Clara (1937) Zeitschr. Mikr0.-anat. Forschung 41: 321-47

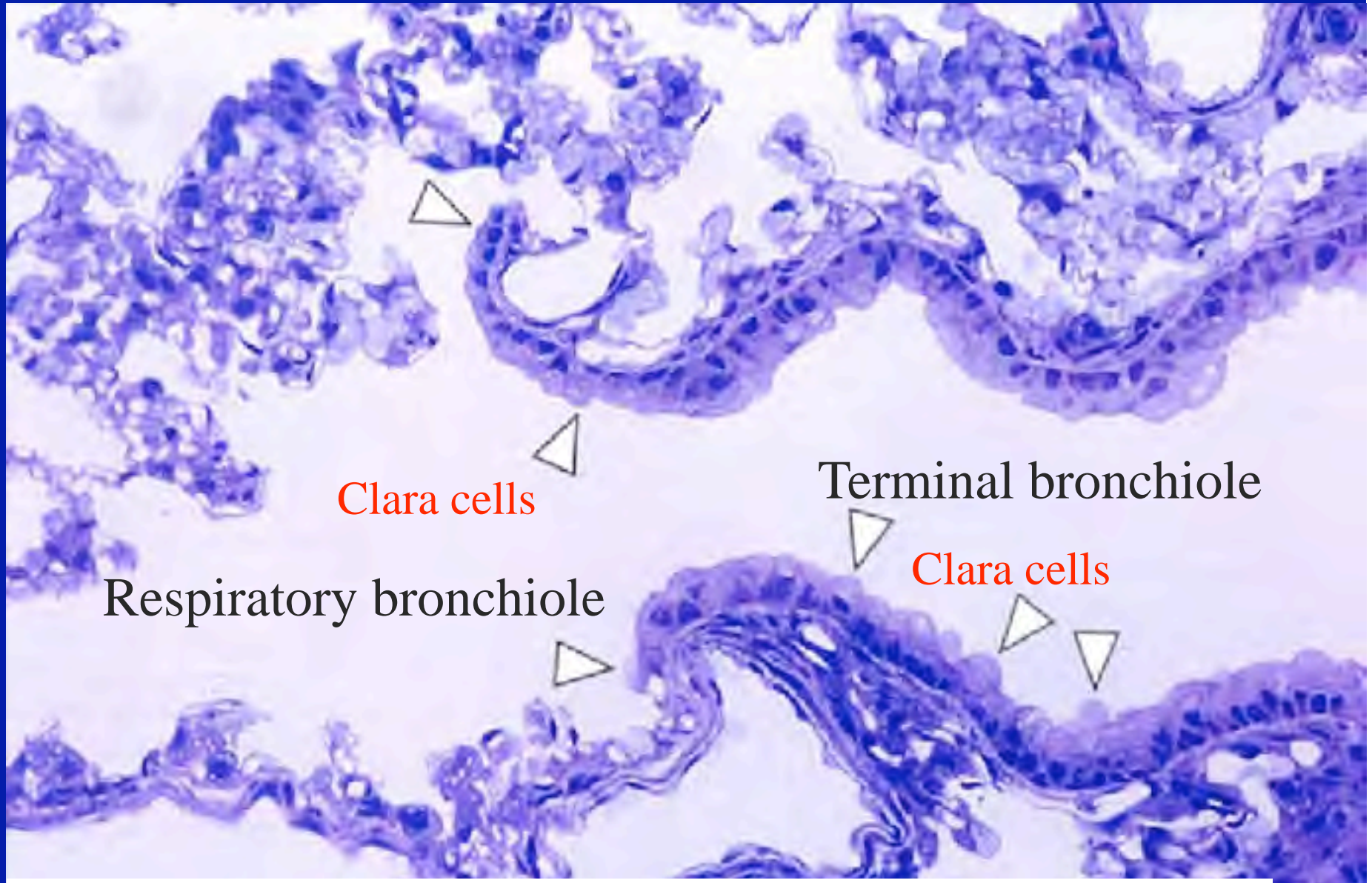


PD-INEL Histology – A Text and Atlas; 5<sup>th</sup> edition, 2006, Ross and Pawlina, Lippincott Williams and Wilkins; Fig 19.12

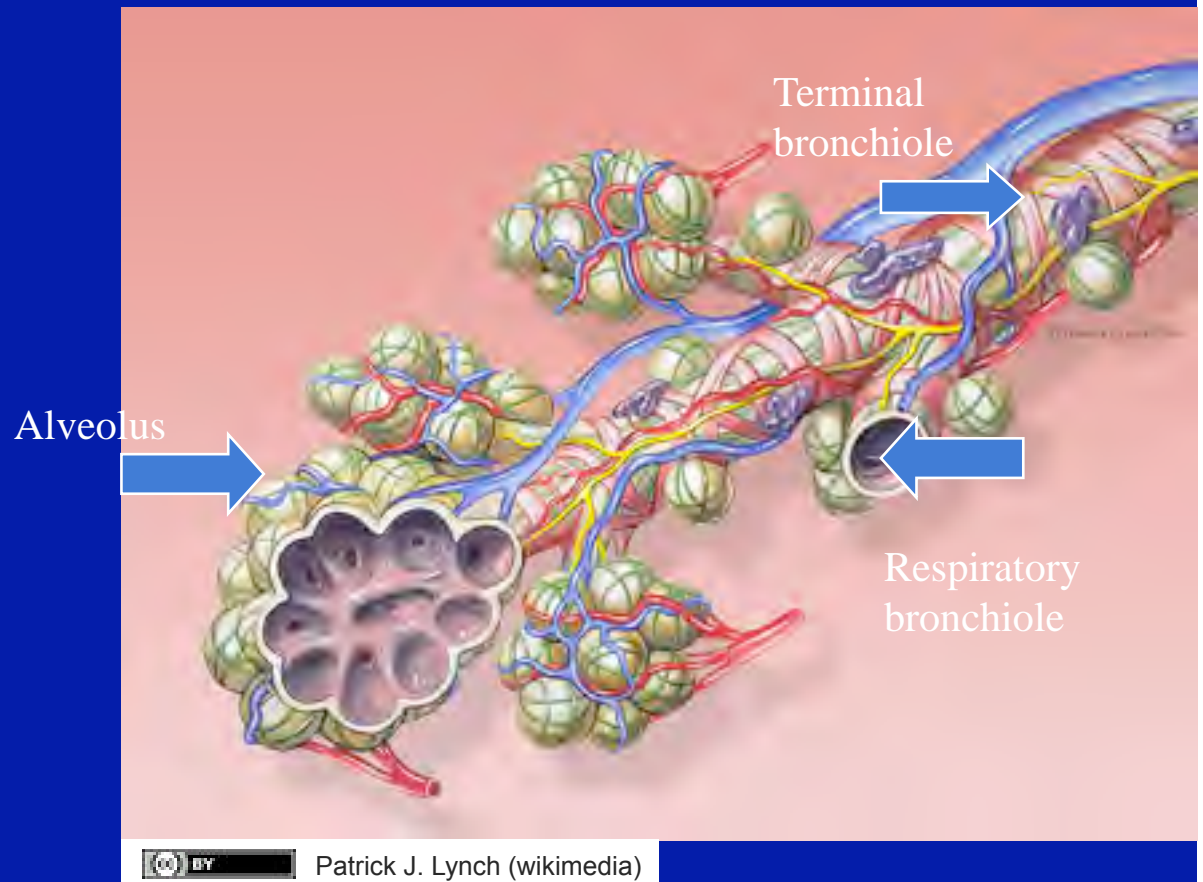
Clara cells are not ciliated and secrete “protective” proteins. They have an extensive smooth ER that is involved in the detoxification of inhaled substances. Furthermore, they act as progenitor/stem cells for ciliated and non-ciliated bronchiolar epithelial cells.

PD-INEL Clara cell image: Basic Histology – Text & Atlas; 10<sup>th</sup> edition, 2003; Junqueira and Carneiro, Lange McGraw-Hill; Fig 17-12

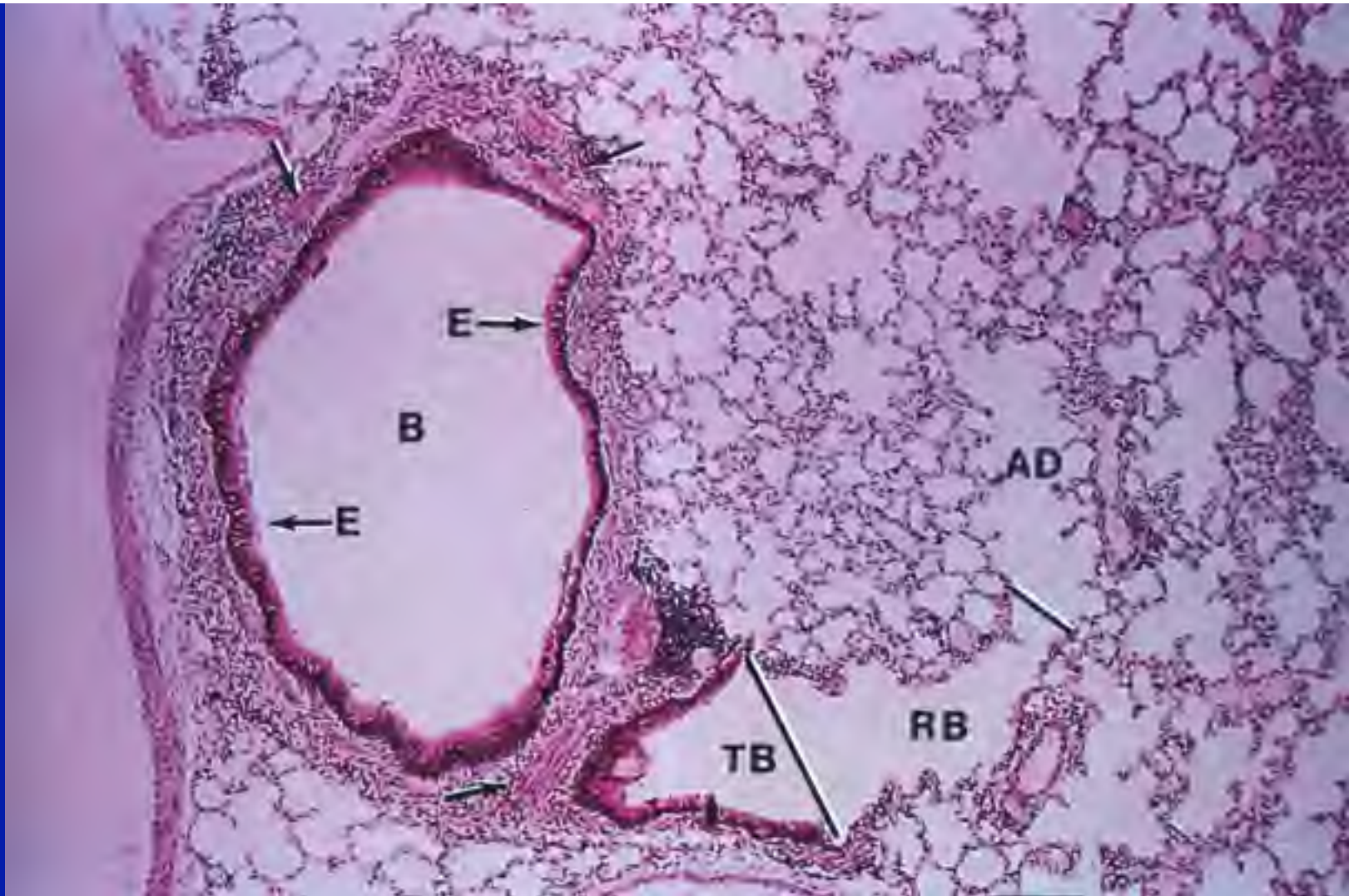
# Clara cells in a terminal bronchiole



# Transition from the conducting to the respiratory portion of the respiratory tract

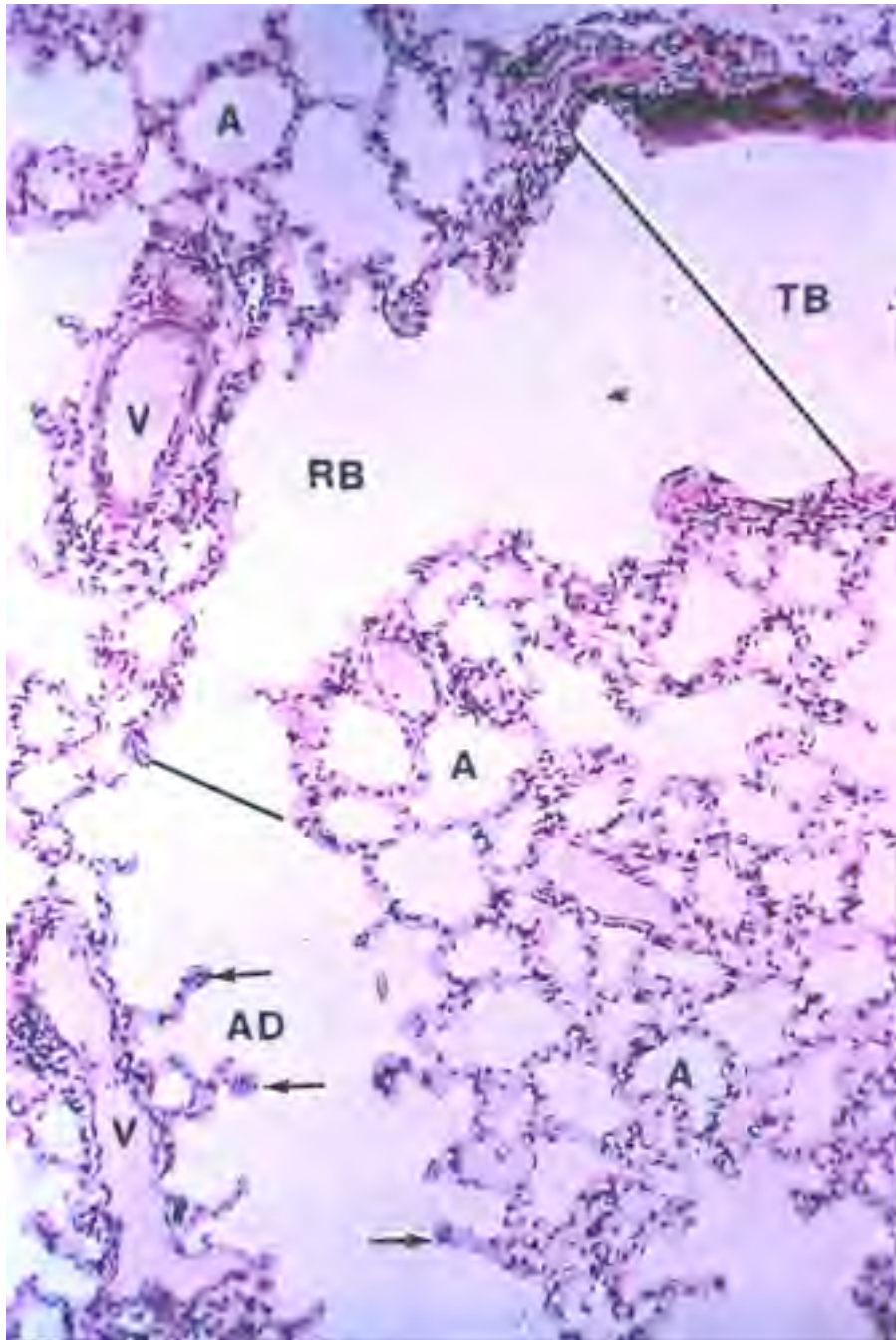


Original Image: Human Histology, 1<sup>st</sup> edition, 1992,  
Stevens and Lowe, Grower Medical Publishing ; Fig 9.12a

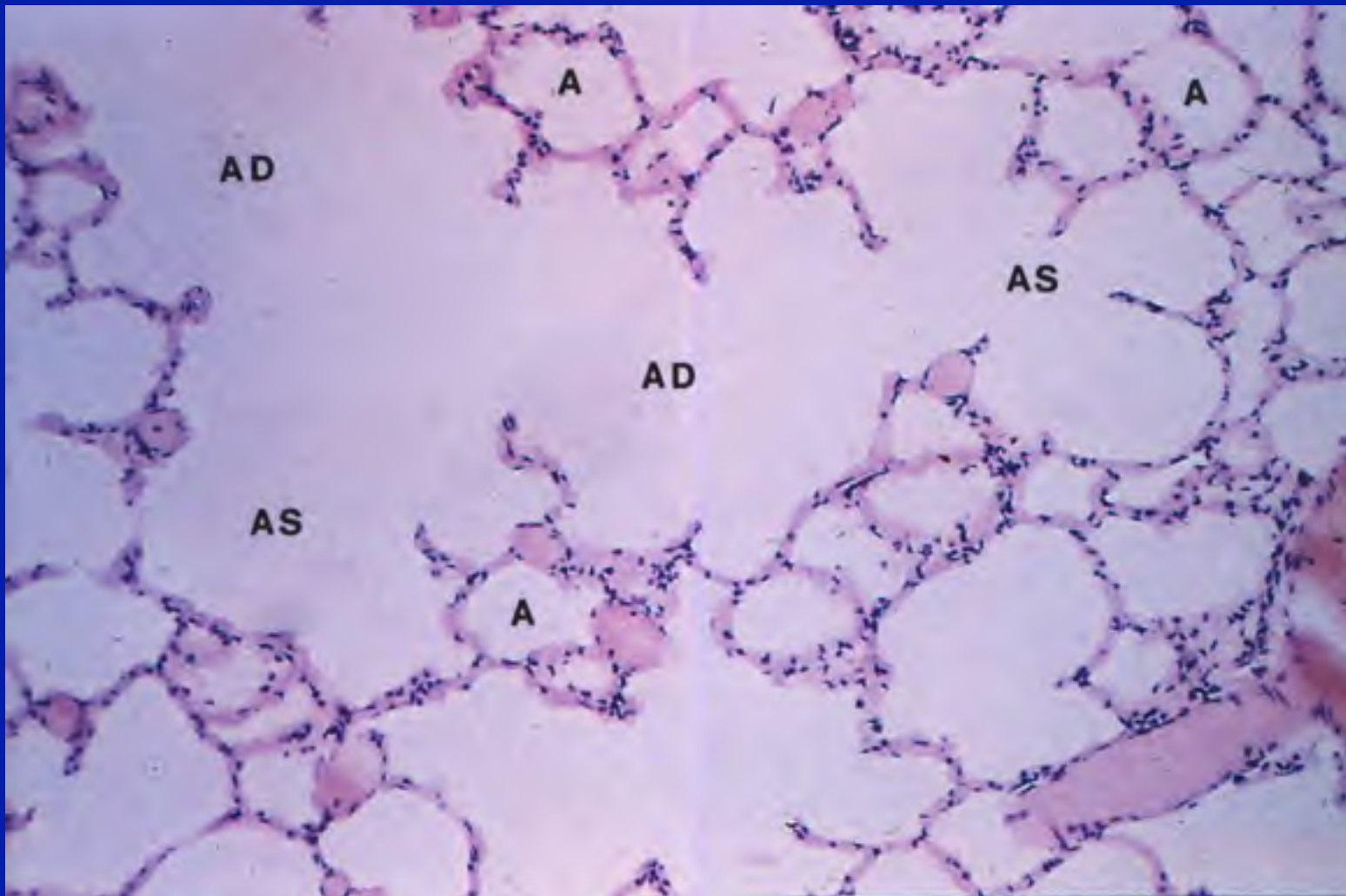


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Transition from the terminal (TB)  
to the respiratory bronchiole (RB)



# Structure of a respiratory bronchiole and an alveolar duct



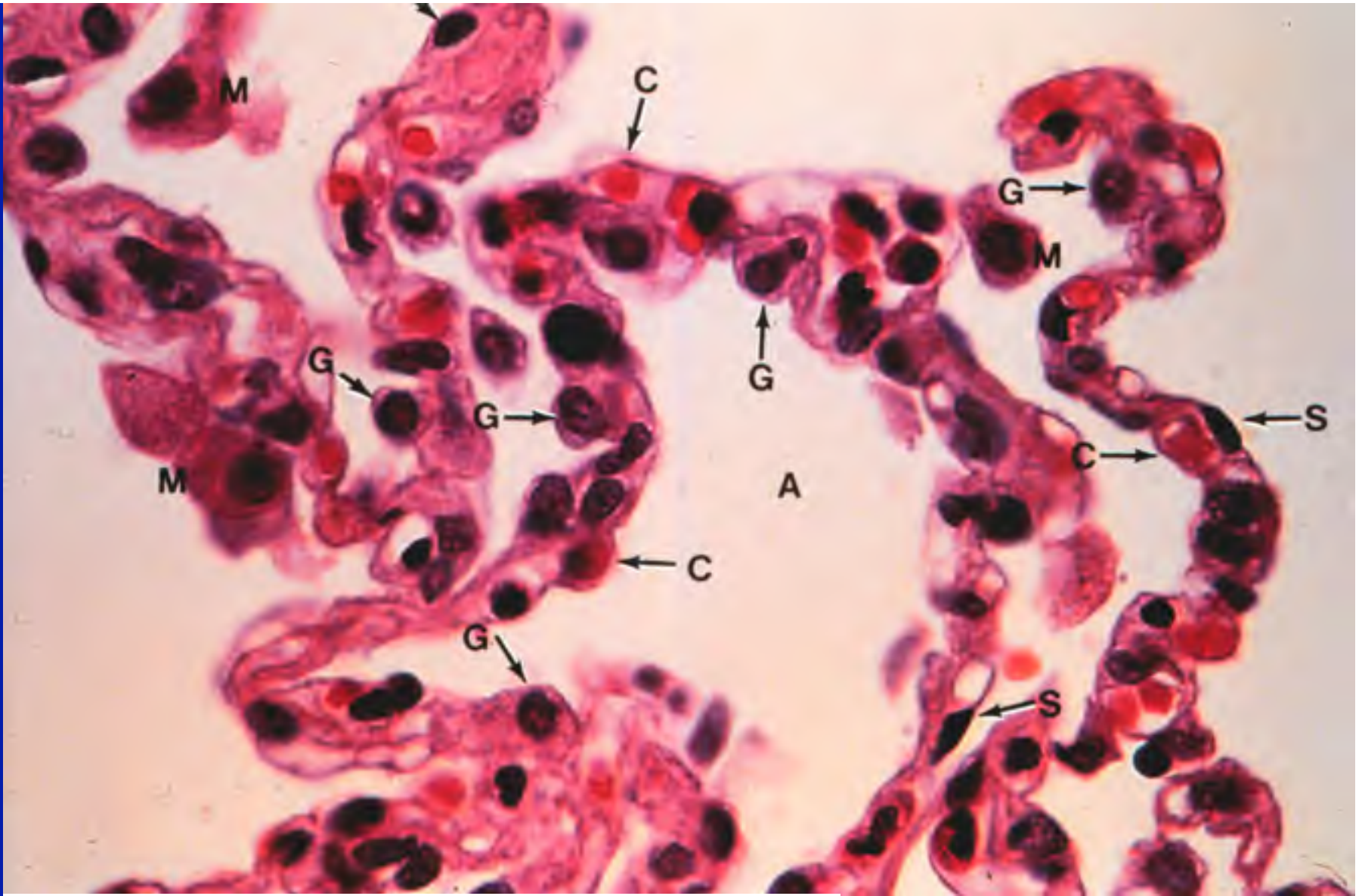
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**Alveolar ducts branch further into  
alveolar sacs and single alveoli**



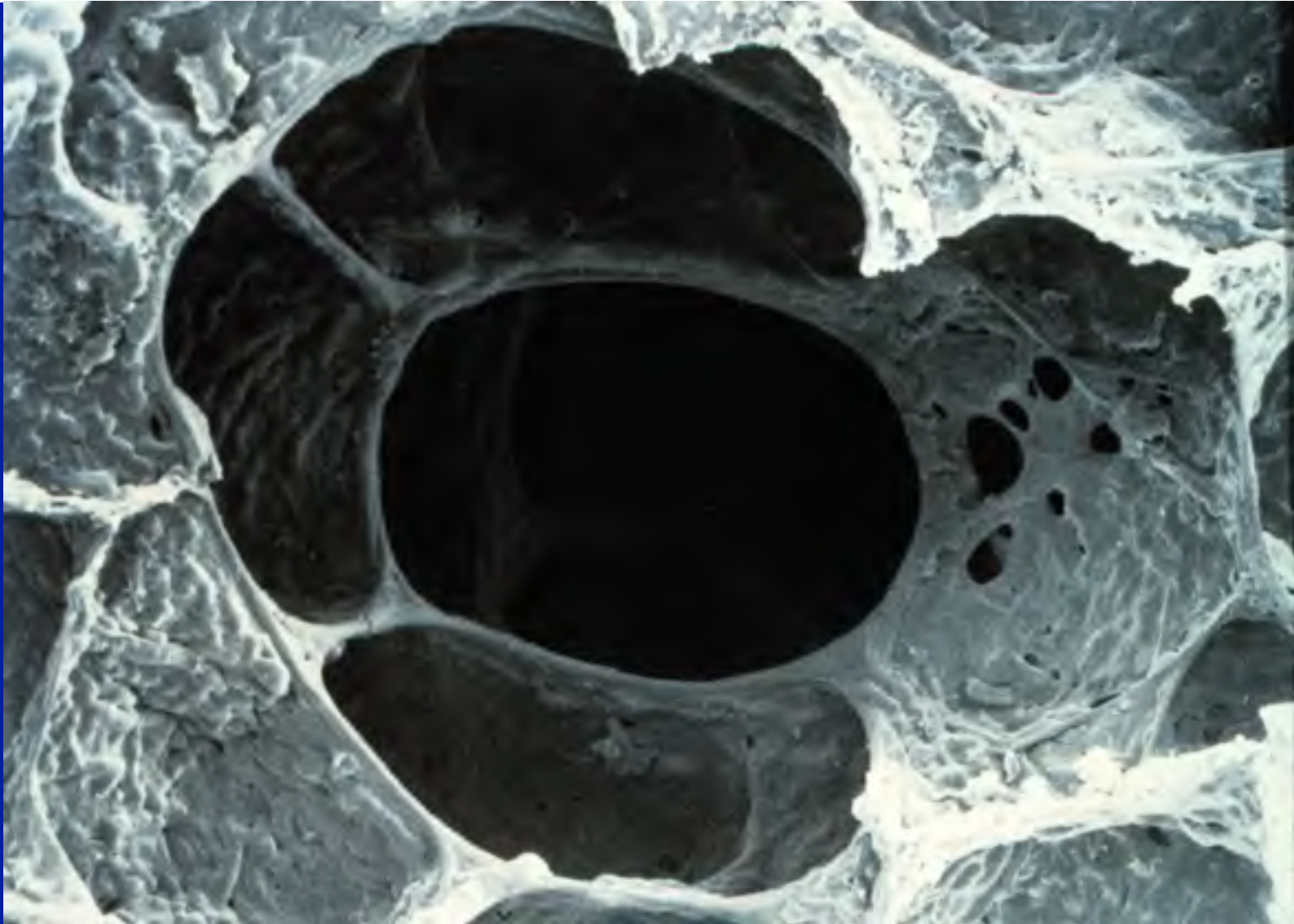


# Scanning EM of alveolar space



PD-INEL Color Atlas of Basic Histology, 1993, Berman, Appelton and Lange, Fig 14-20

# Light micrograph of alveolar wall



© PD-INEL Cell and Tissue Ultrastructure – A Functional Perspective, 1993, Cross and Mercer, Freeman and Co., Fig 25-38

Scanning EM of an alveolus demonstrates  
“holes” in the alveolar wall.



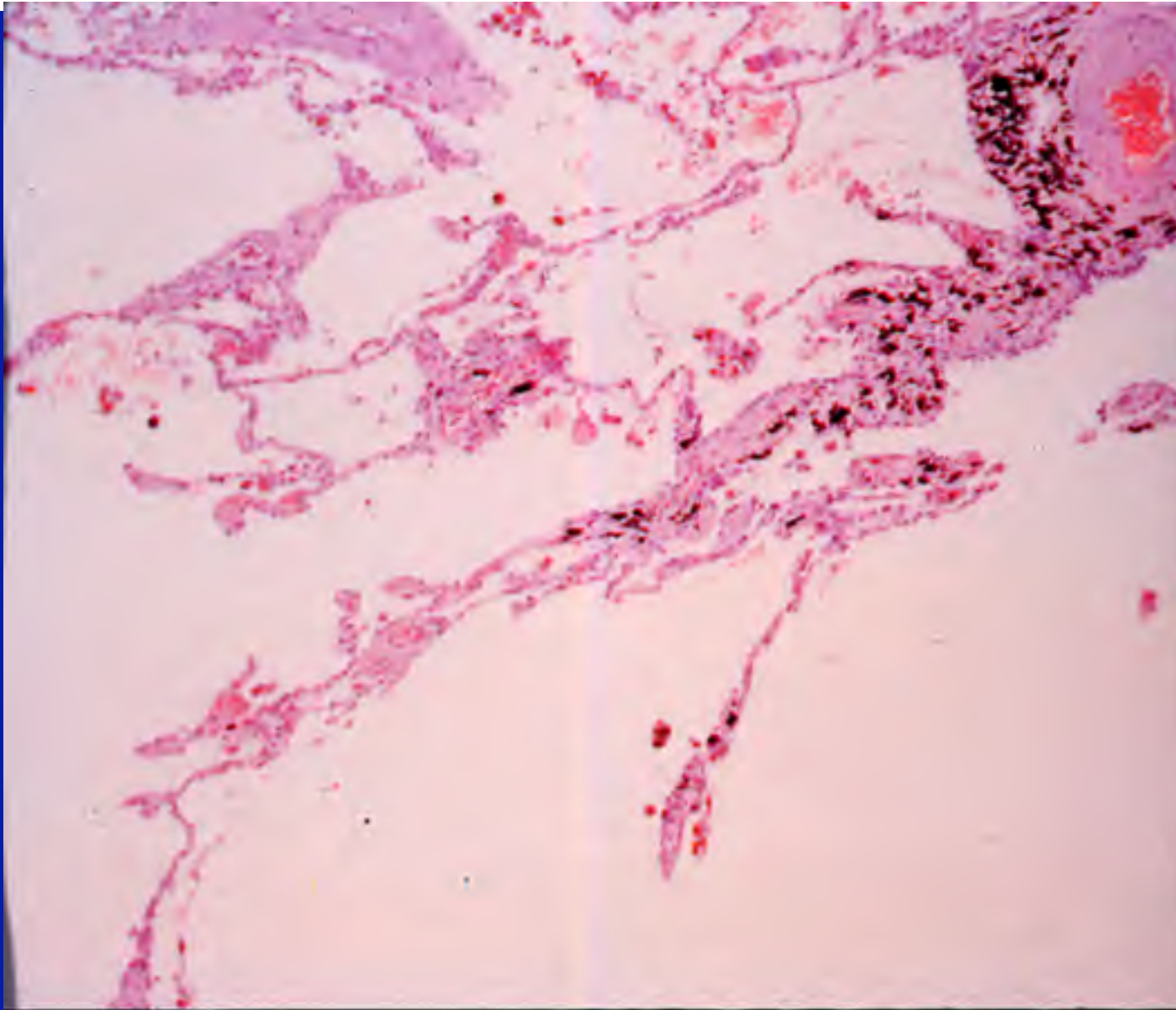
Image of Pores of  
Kohn removed



Image of Hans  
Kohn removed

Original Images: Human Histology, 1<sup>st</sup> edition, 1992,  
Stevens and Lowe, Grower Medical Publishing, Fig 9.14

Structure of the interalveolar septum with  
Pores of Kohn (allow collateral ventilation)



© PD-INEL

Human Histology, 2<sup>nd</sup> edition, 1997, Stevens and Lowe, Mosby, Fig 10.15

**Destruction  
of alveolar organization in emphysema patient**


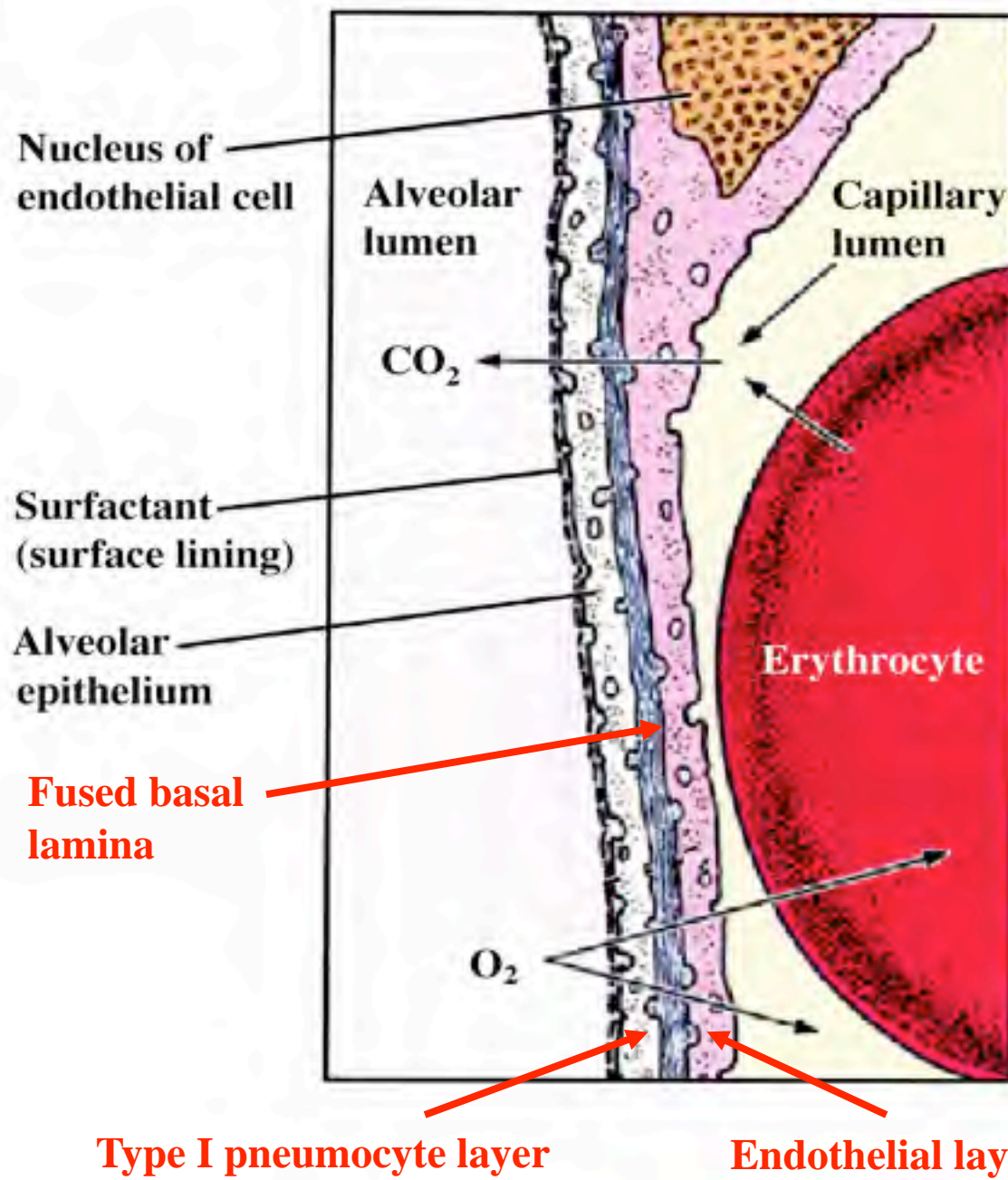


Image of air-blood  
barrier removed

Original Image: Human Histology, 1<sup>st</sup> edition, 1992,  
Stevens and Lowe, Grower Medical Publishing, Fig 9.14

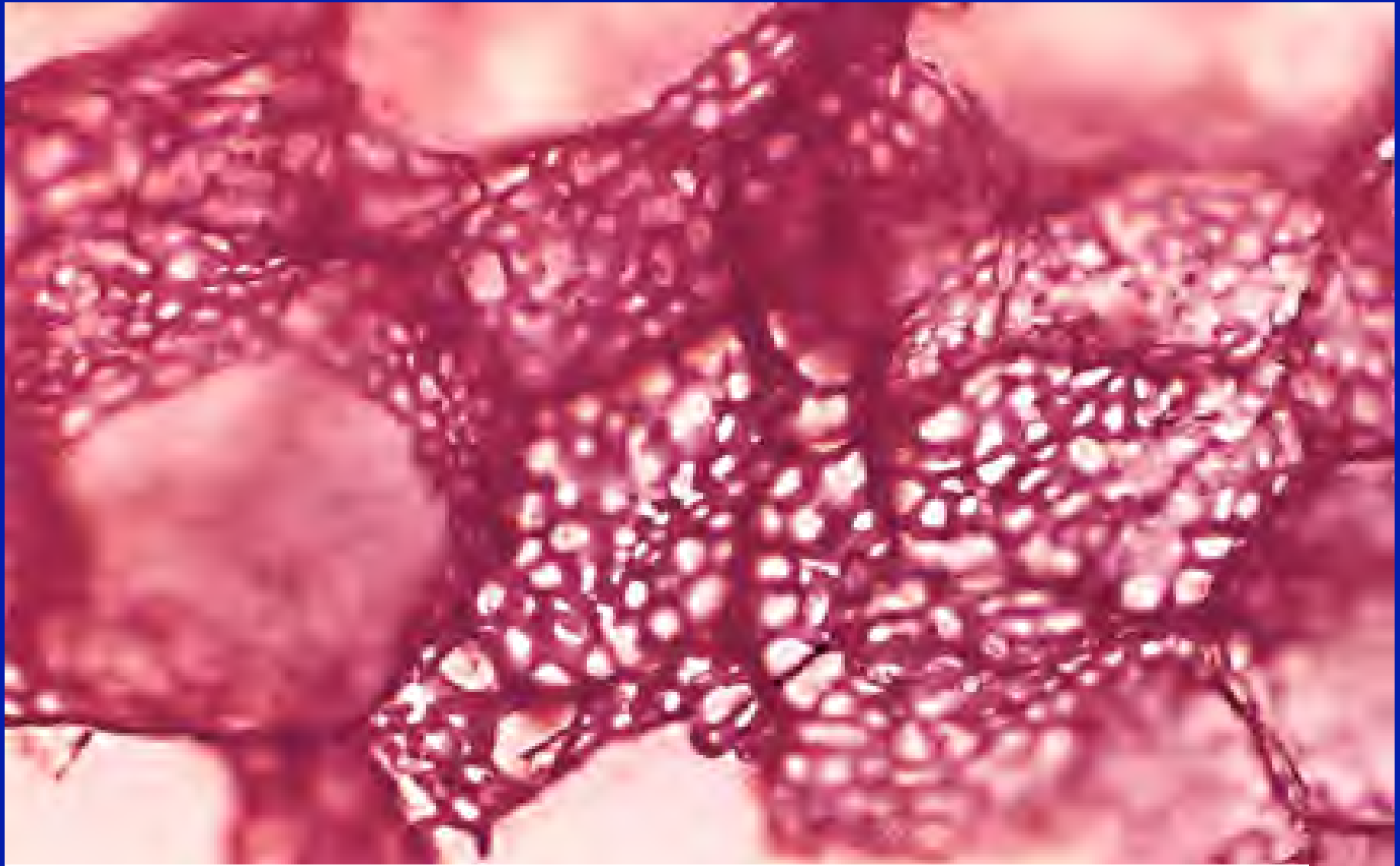
Air-blood barrier in the interalveolar septum



The air-blood barrier consists of three different components, two cellular and one acellular.

The endothelial, as well as the type I pneumocyte layer are sealed by tight junctions.

# Capillary system in the alveolar septa.

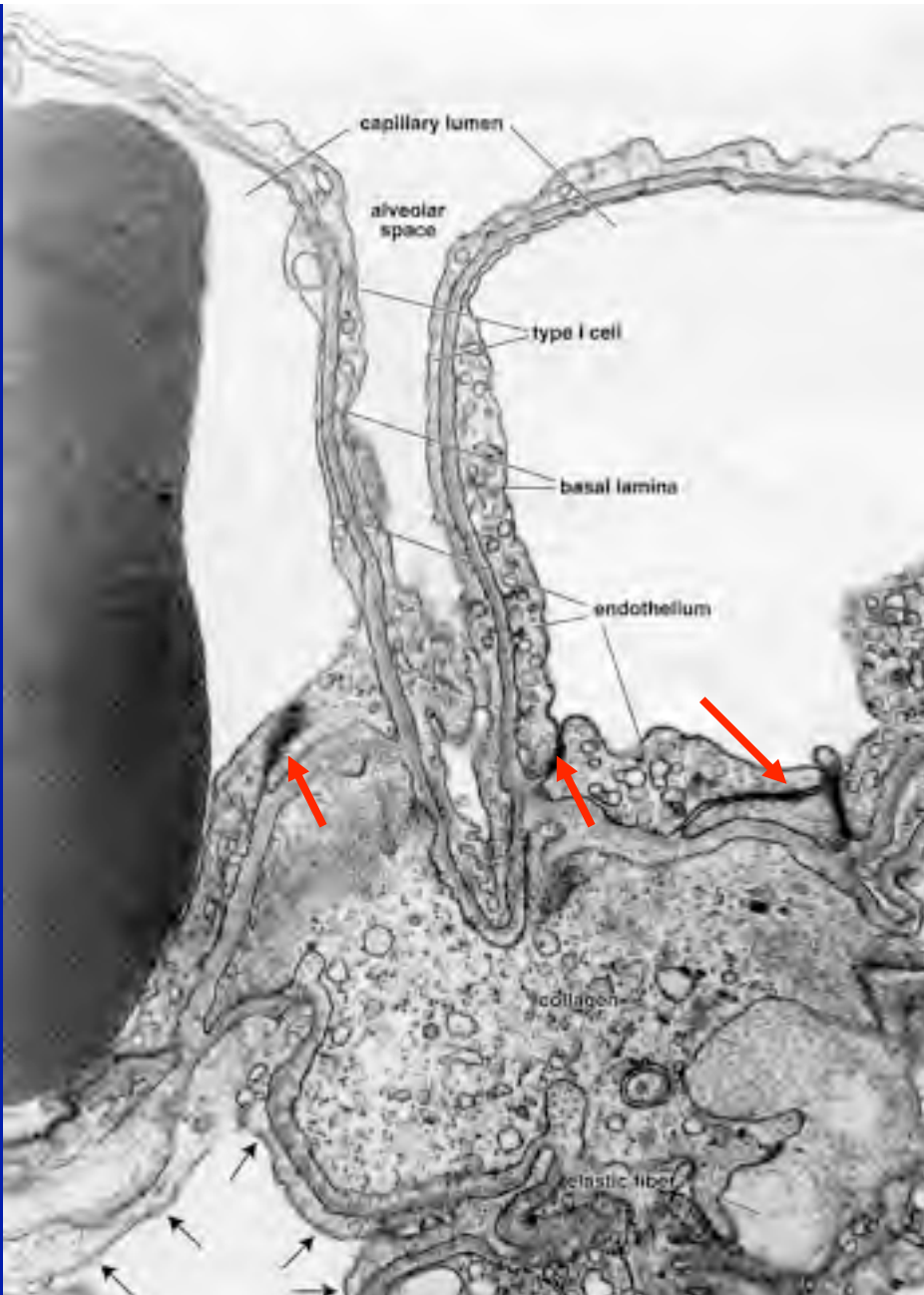


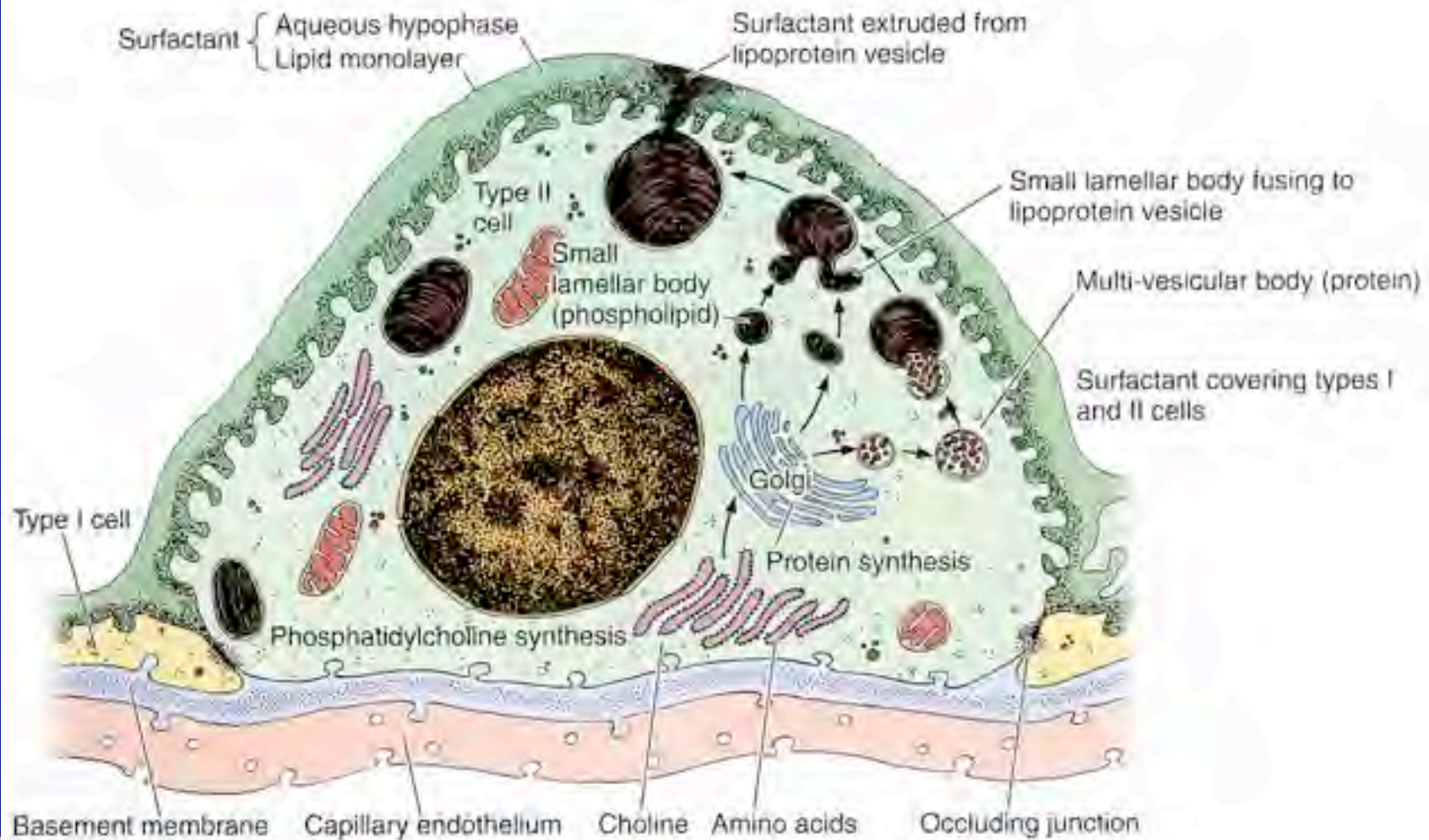


# Transmission EM of air-blood barrier

Gas exchange occurs by diffusion across the alveolar wall, which on average is only 0.1 to 1.5  $\mu\text{m}$  thick.

The red arrows mark tight junctions





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Type II pneumocytes are secretory cells, which produce a protein-lipid secretion product, called surfactant.

Composition of surfactant:

Lipids (90%)

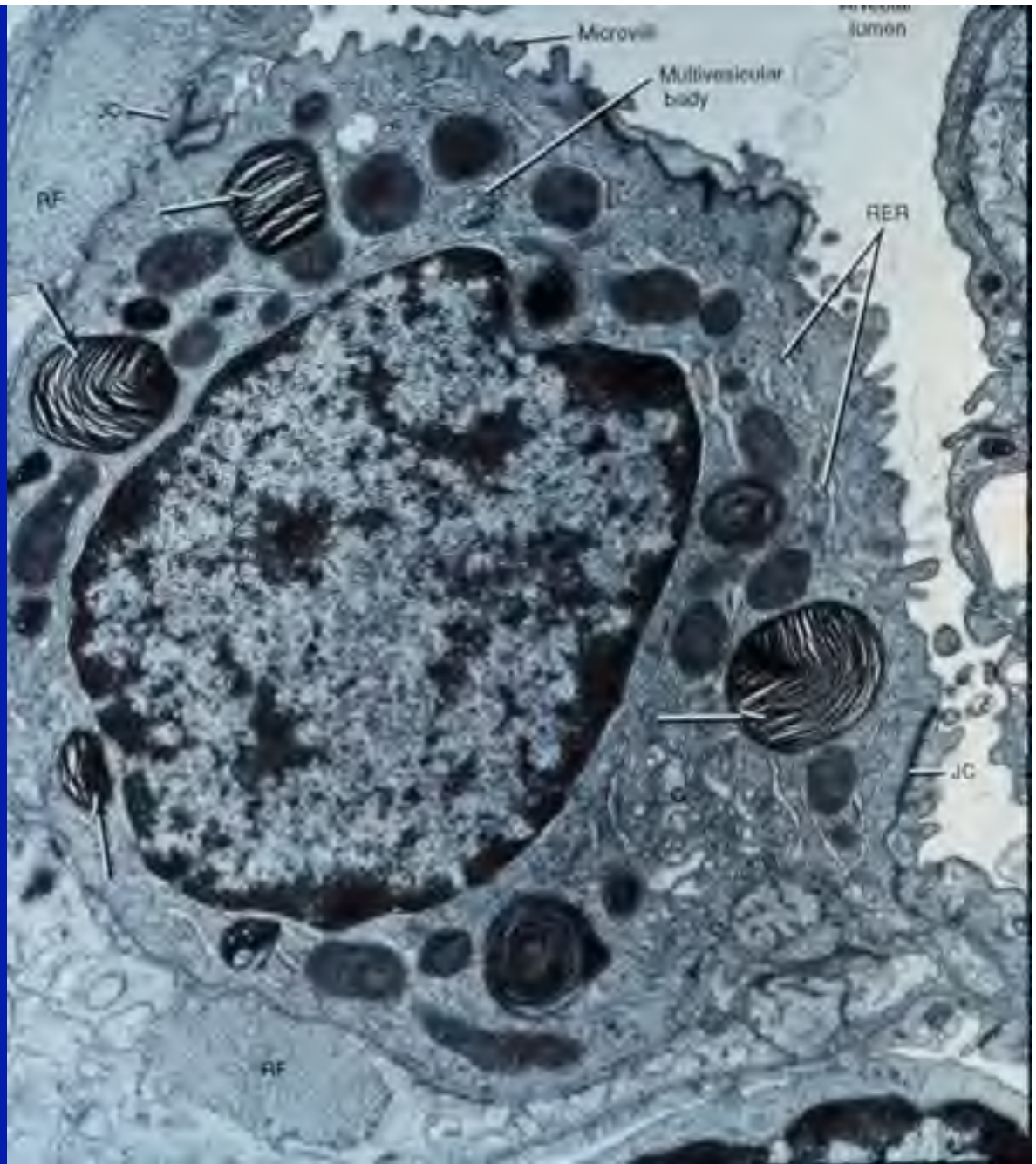
Dipalmitoylphosphatidylcholine (DPPC),  
Phosphatidylglycerol, Cholesterol...

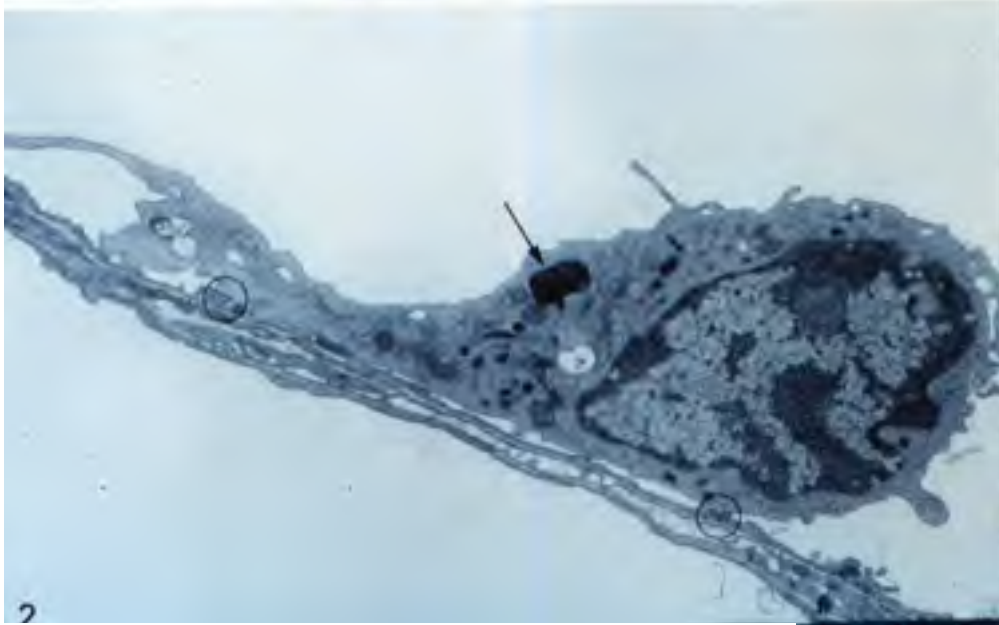
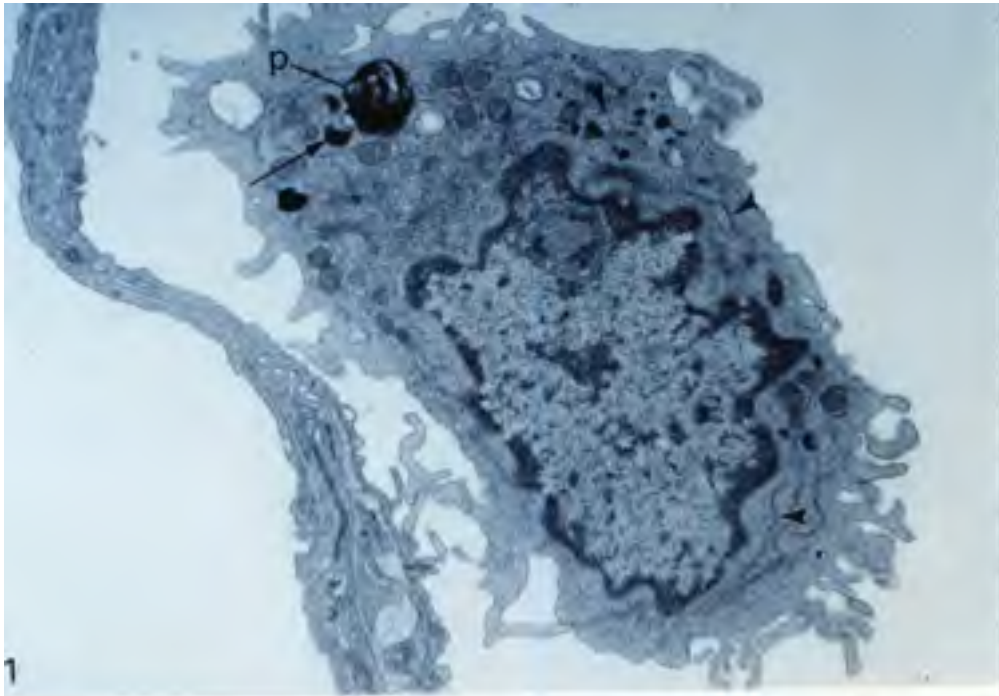
Proteins (10%)

Plasma proteins,  
Surfactant proteins A, B, C and D

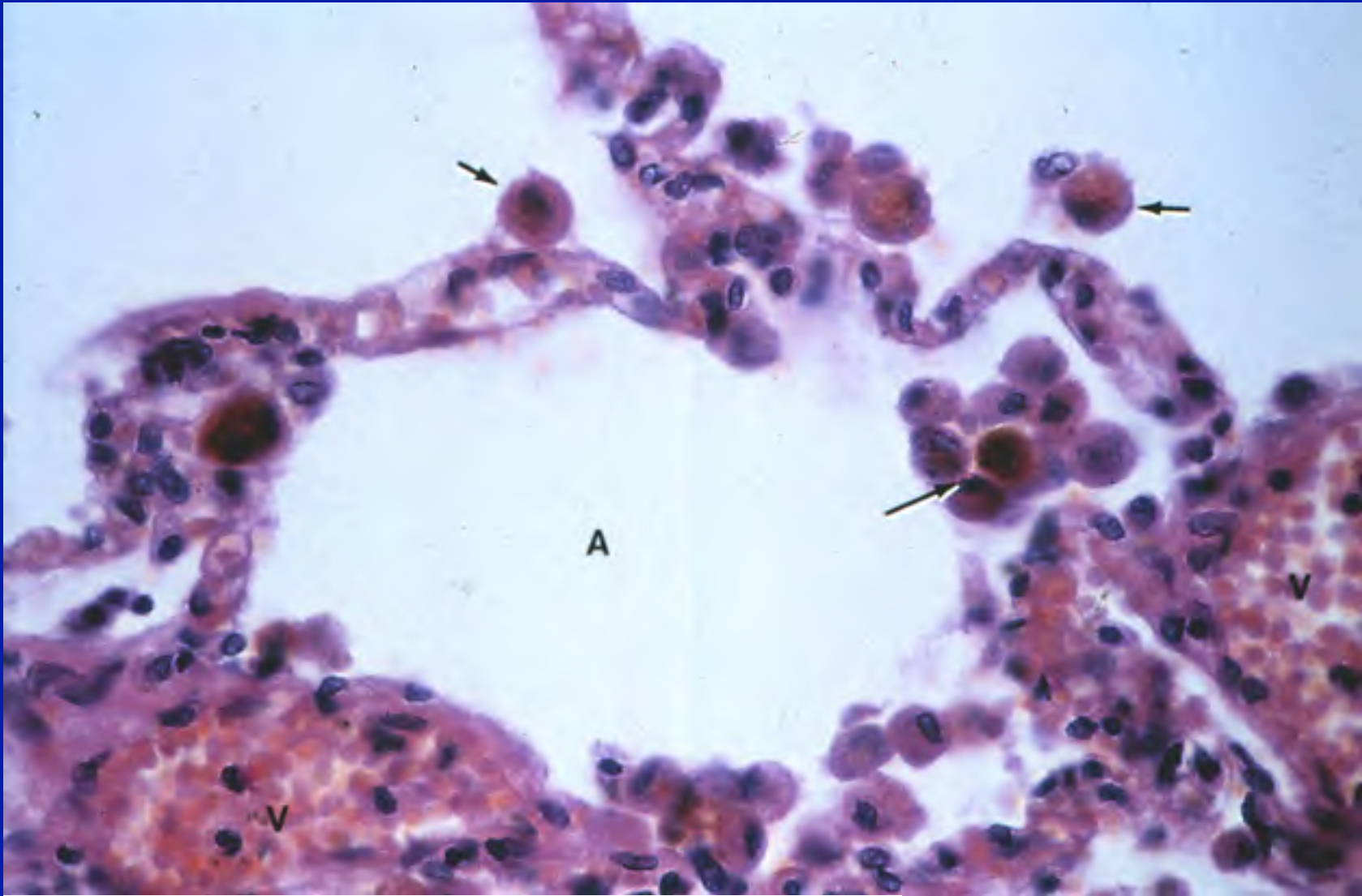
Lamellar bodies  
constitute the  
secretory  
vesicles of type  
II pneumocytes.

Infants born before 30 weeks of gestation often are unable to produce sufficient quantities of surfactant, a situation known as Infant respiratory distress syndrome (RDS).



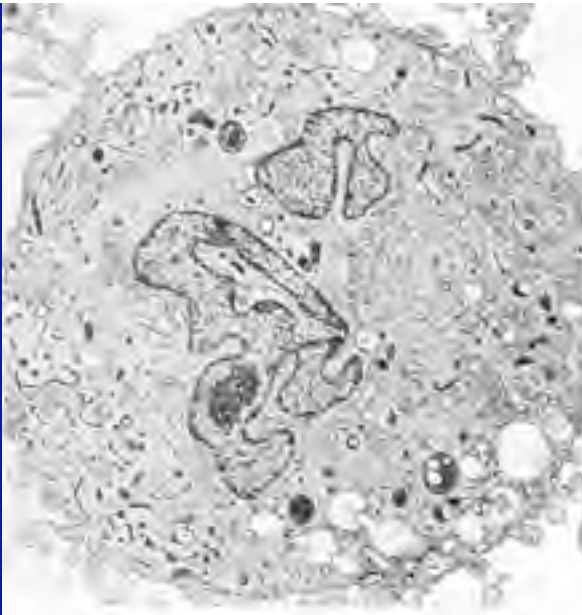


Pulmonary  
macrophages  
or  
dust cells

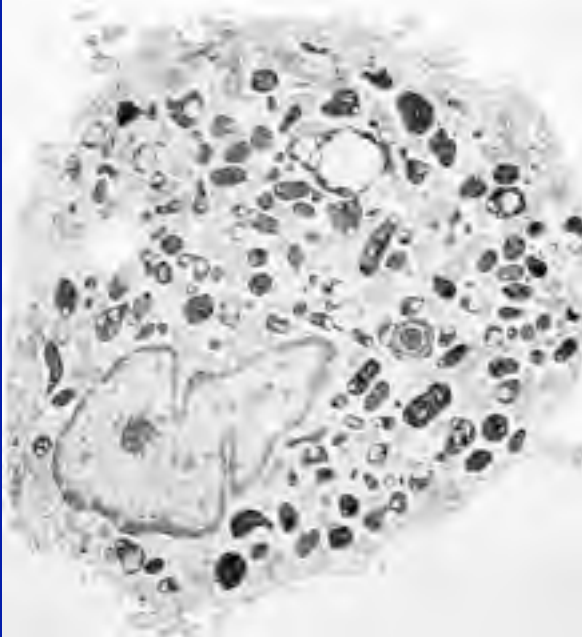


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## Light micrograph of pulmonary macrophages



Pulmonary  
macrophage from a  
non-smoker



Pulmonary  
macrophage from a  
smoker

# Intrapulmonary Blood Circulation



Original Image: Netter's Essential Histology, 2008, Ovalle and Nahirney, Elsevier, page 347

**Bronchial arteries** and **Pulmonary arteries** travel together along the bronchiolar system,

**Pulmonary veins** are usually not associated with the lower branches of the bronchiolar system

**Pulmonary arteries** supply deoxygenated blood.

**Bronchial arteries** supply oxygenated blood.

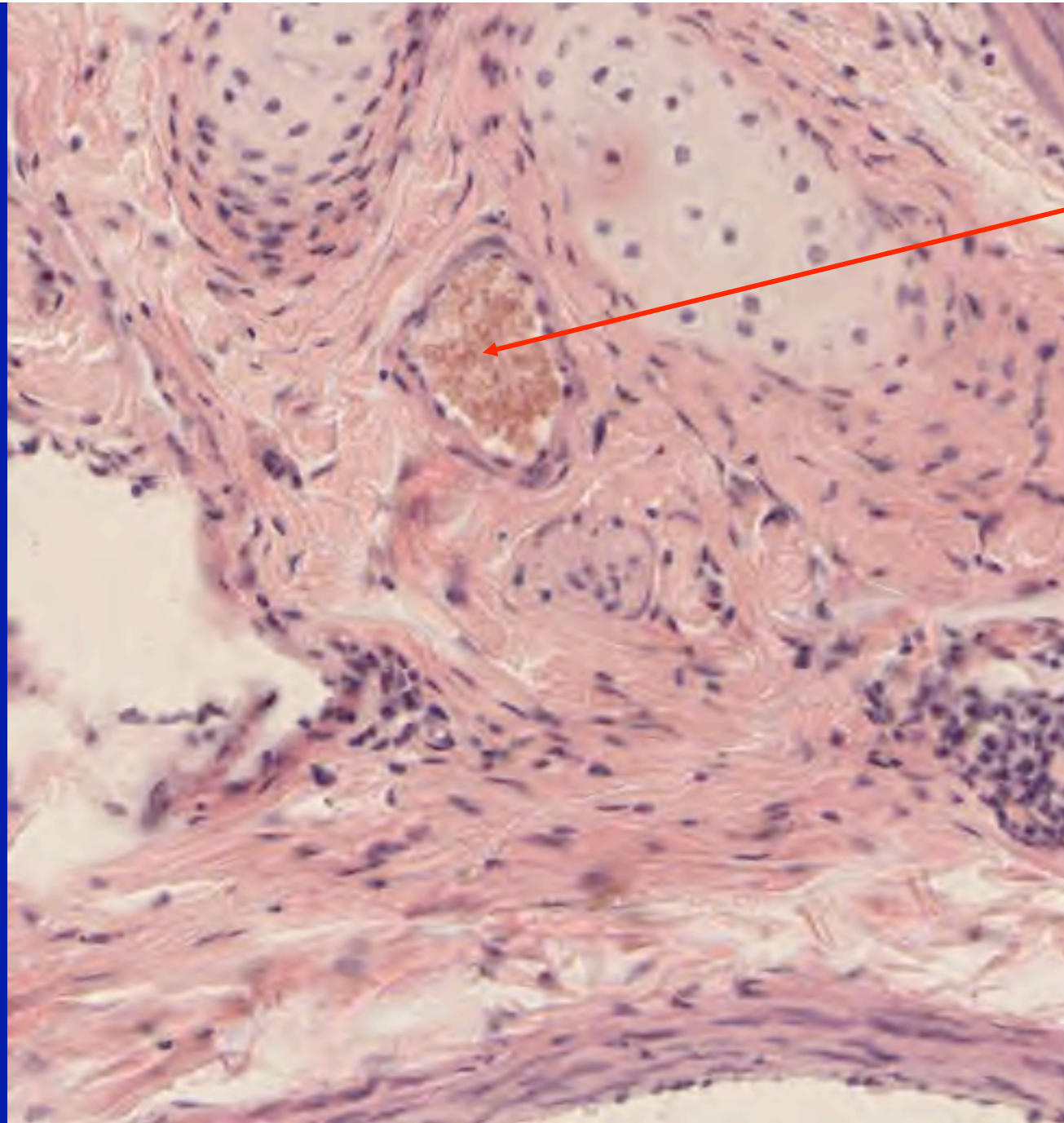
After oxygenation in the capillary plexuses, blood is drained by

**Pulmonary veins.**

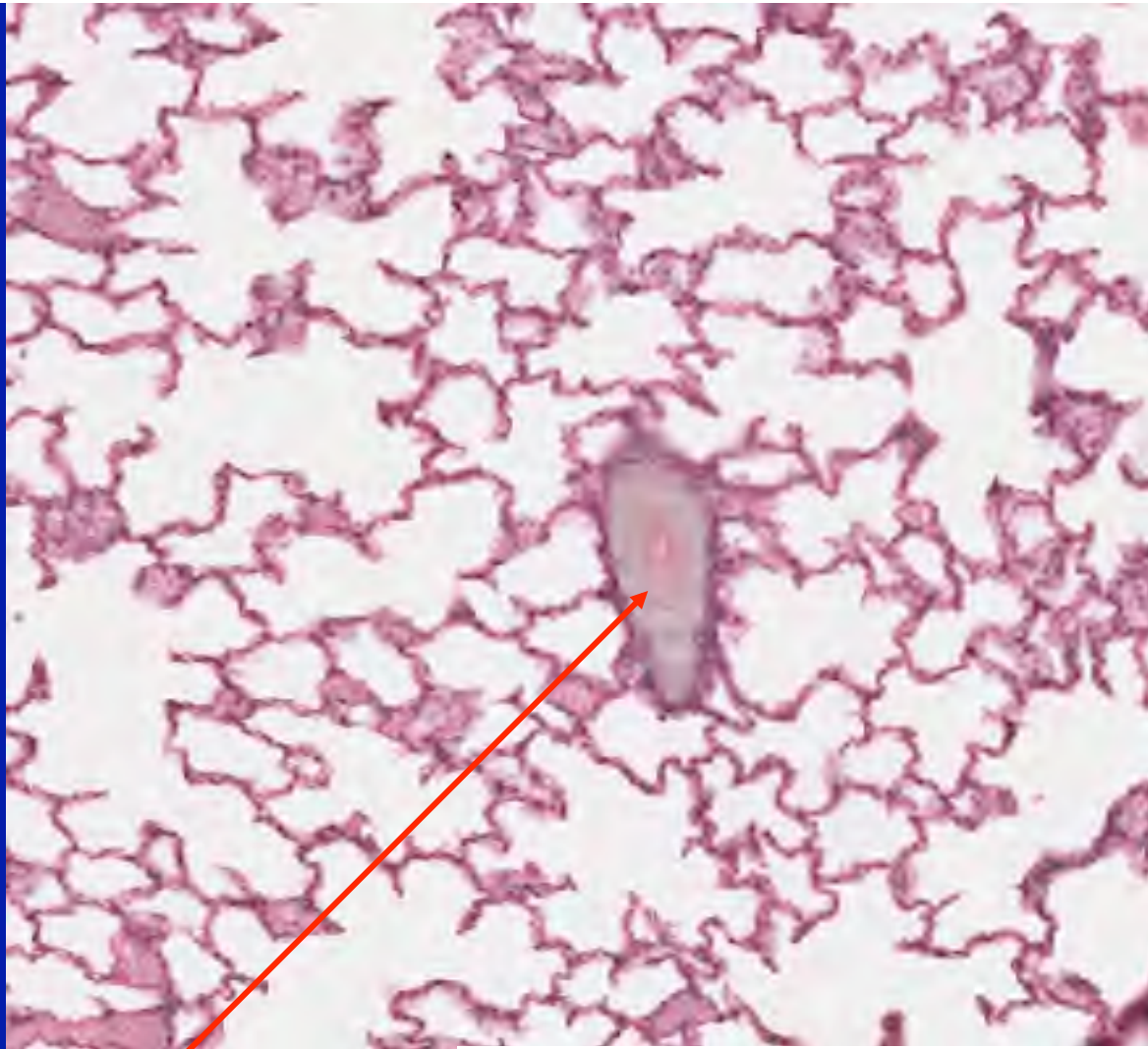


Pulmonary arteries are large and relatively thin-walled. They are associated with the bronchiolar tree.





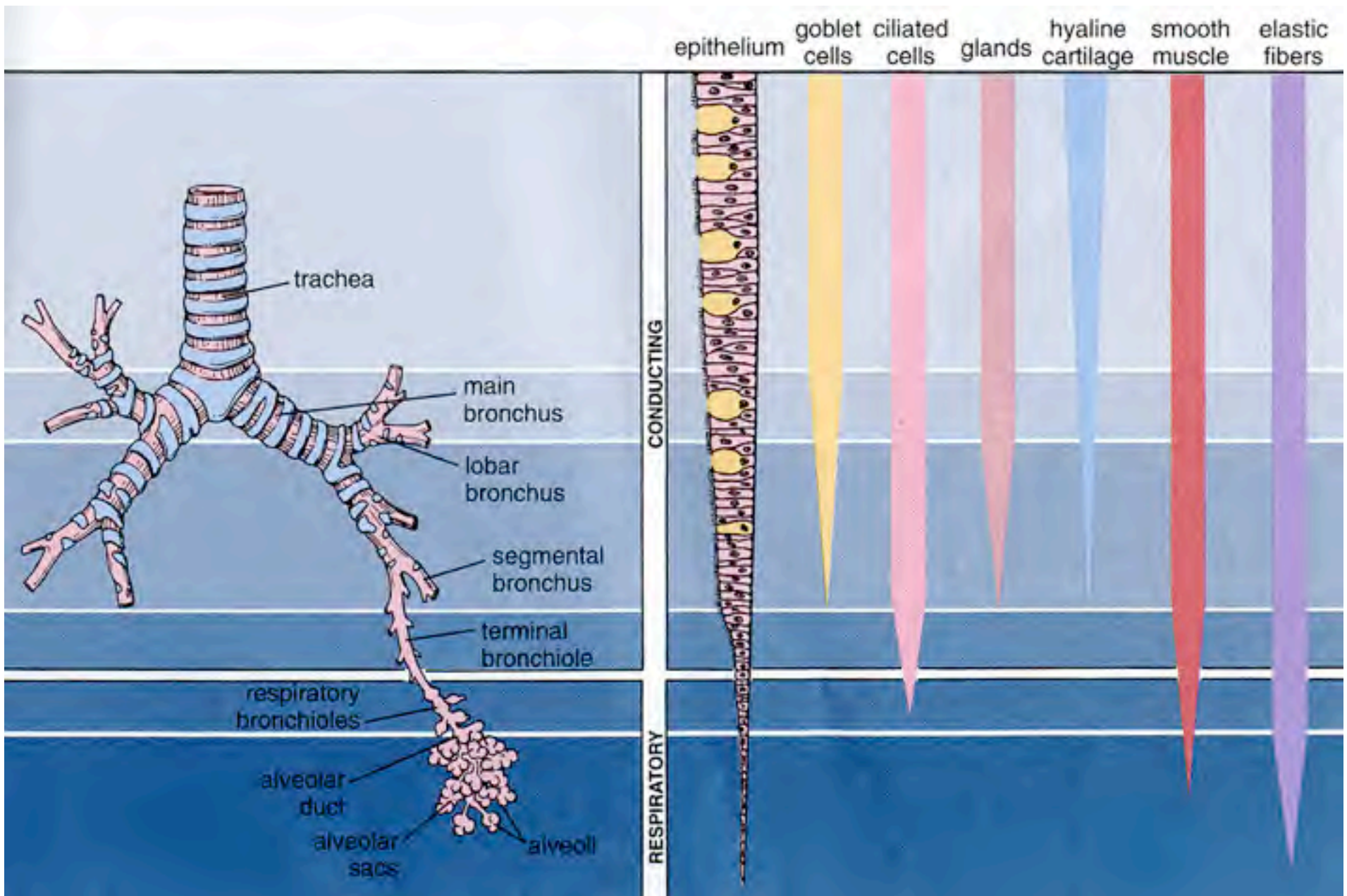
Bronchial arteries are much smaller and considering their size have a thicker wall. They also accompany the branches of the bronchiolar tree.



© PD-INEL Michigan Medical Histology Slide Collection

**Pulmonary veins** collect blood from both **Pulmonary arteries** and **Bronchial arteries**.

They are usually not associated with bronchioles.



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# Histological changes along the respiratory tree

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- Slide 9: Human Histology, 2<sup>nd</sup> edition, 1997, Stevens and Lowe, Mosby Fig 10.4
- Slide 10: Wheater's Functional Histology, 4<sup>th</sup> edition, 2000, Young and Heath, Churchill Livingstone Elsevier, Fig 12.3
- Slide 11: Color Atlas of Basic Histology, 1993, Berman, Appelton and Lange, Fig 14-3
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- Slide 14: Basic Histology – Text & Atlas, 10<sup>th</sup> edition, 2003, Junqueira and Carneiro, Lange McGraw-Hill, Fig. 17-4 top
- Slide 15: Cell and Tissue Ultrastructure – A Functional Perspective, 1993, Cross and Mercer, Freeman and Co., page 305
- Slide 16: "Bowman" Wikipedia, [http://en.wikipedia.org/wiki/Sir\\_William\\_Bowman,\\_1st\\_Baronet](http://en.wikipedia.org/wiki/Sir_William_Bowman,_1st_Baronet); Dr. Thomas Caceci, <http://education.vetmed.vt.edu/curriculum/vm8054/labs/Lab25/lab25.htm>
- Slide 17: Color Textbook of Histology, 2<sup>nd</sup> edition, 1994, Gartner and Hiatt, Williams and Wilkins, Plate 12.1, Fig. 1
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- Slide 25: Color Atlas of Basic Histology, 1993, Berman, Appelton and Lange, Fig 14-13
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