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## Cells of the lymphoreticular system

The cells of the lymphoreticular system consist of structural cells (reticulum cells, endothelial cells and fibroblasts) and those that subserve specialised immunological function (lymphocytes, plasma cells and macrophages.) their classification into one or the other category may not always be easy as they form a spectrum of cells with the characteristics of one merging into those of other, such a classification may also be artificial as cells of the same morphology may not be functionally identical. moreover, at least some of them can transform from one to another depending on the functional needs of the organism.

**Lymphocytes:** Lymphocytes are small, round cells found in peripheral blood, lymphoid organ and in many other tissues, in peripheral blood, they constitute 20-45 per cent of the leucocytes population, while in lymph and lymphoid organs they form the predominant cell types, the human body contains about  $10^{12}$  lymphocytes - approximately  $10^9$  of them being renewed daily. only about 1% of the total body lymphocytes are present in blood. Ehrlich (1879) who introduced a staining technique for blood cells described lymphocytes as non-motile end cells with no recognisable function. Lymphocytes are now recognised to be the major cellular element responsible for immunological responses.

According to their size, lymphocytes can be classified into small

(5-8µm), medium (8-12µm) and large (12-15µm) lymphocytes. The small lymphocytes are the most numerous, they consist of a spherical nucleus with prominent nuclear chromatin and a thin rim of cytoplasm containing scattered ribosomes but virtually devoid of endoplasmic reticulum or other organelles, they are capable of low motility and during movement assume a 'hand mirror' form with the nucleus in front and the cytoplasm as a tail behind.

Depending on their lifespan, they can be classified as short lived and long lived lymphocytes. In human beings, the short lived lymphocytes have a life span of about two weeks, while the long lived cells may last for three years or more, or even for life. The short lived lymphocytes are the effector cells in immune response, while the long lived cells act as the storehouse for immunological memory. The long lived cells mainly thymus derived.

Lymphopoiesis takes place in at least three sites. These are the bone marrow, central lymphoid organs and the peripheral lymphoid tissues. These populations of lymphocytes do not remain distinct but mix together in a process known as 'lymphocyte recirculation'. There is a constant traffic of lymphocytes through the blood, lymph, lymphatic organs and tissues. This recirculation ensures that following introduction of antigen into any part of the body, lymphocytes of appropriate specificity would reach the site during their ceaseless wandering and mount an immune response. A lymphocyte completes one cycle of recirculation in about 1-2 days. Recirculating lymphocytes are mainly T-cells, B-cells tend to be more sessile. Chronic thoracic duct drainage will, therefore, result in selective T-cell depletion.

A lymphocyte that has been 'educated' by the central lymphoid organs becomes an 'immunologically competent cell' (ICC). Such cells, though not actually engaged in an immunological response, are nevertheless fully qualified to undertake fully qualified to undertake

such a responsibility when appropriately stimulated by an antigen. They subserve the following functions- recognition of antigens, Lymphocytes have antigen recognition mechanisms on their surface, enabling each cell to recognise only one gene. The reaction of an immunocompetent cells specific antigens may be introduction of a tolerance or immune response. The nature immune response depends on whether the lymphocyte is a B or T-cell. Stimulated T-cells produce strain activation products ( lymphokines ) and in CMI. While stimulated B-cell divide and trans into plasma cell which synthesise immunoglobulin.

A number of surface antigen or markers has been identified on lymphocytes and other leucocytes by means of monoclonal antibodies. The markers reflects the stage of differentiation functional properties of the cells. They have been given different designations by the investigation who prepared the antibodies, the same marker to the known by the different name e.g. T4, etc. Order was introduced at the international workshop for leucocyte differentiation antigen by the comparing the specificities of the different sera. When a cluster of monoclonal antibodies was found to react with a particular antigen. It was fined as a separate marker and given a CD ( cluster of differentiation ) number. Over 80 CD man have been identified so far. ( TABLE 16.1 ) lists some of CD markers, with their cell association previous disignations. ( in spite of the CE non-clature, some popular old names contiune to be used- for example, T4 and T8 are still in CD 4( helper / inducer ) and CD 8 ( supporter / cytotoxic ) cells.

The most clear cut differentiation between Tand B-cells is by their surface markers. For example demonstration of CD3 on T-cells and Ig and B-cells. Many other tests help in their differentiation.

THESE INCLUDE THE FOLLOWING.

1. T-cell bind to sheep erythrocyte forming rosettes ( SRBC or E-

rosette ) by CD 2 antigen B-cell do not.

2. B-cell bind to sheep erythrocytes coated with antibody and complement forming EAX rosettes, due to the presence of C3 receptor ( CR 2 ) on B-cell surface. This receptor ( ( CR2) also acts as a receptor for Epstein- barr virus. T-cells do not possess this.
3. B-cells have immunoglobulin on their surface. Each B-cell carries about (10 to the power 5) identical Ig molecules on this surface is monomeric IgM. Subsequently . other classes ( either IgG, IgA or IgE ) may be present , along with IgD. The surface Ig on B-cell will have only a single antigen specificity. It, therefore, serves as the antigen recognition unit. T-cells do not have surface Ig. Instead they T-cell receptors ( TCR ) composed of two chains of polypeptides linked to CD 3.
4. T-cell have thymus specific antigens, which are absent on B cells.
5. T-cells undergo blast transformation on treatment with mitogenes such as phytohemagglutinin ( PHA ) or concanavalin A (Con A ). While B-cells undergo similar transformation with bacterial endotoxins, staphylococcus aureus ( cowan 1 strain ) EB virus.
6. Viewed under the scanning microscope, T-cells are generally free from cytoplasmic surface projections, while B-cells have an extensively filamentous surface , with numerous microvilli.

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