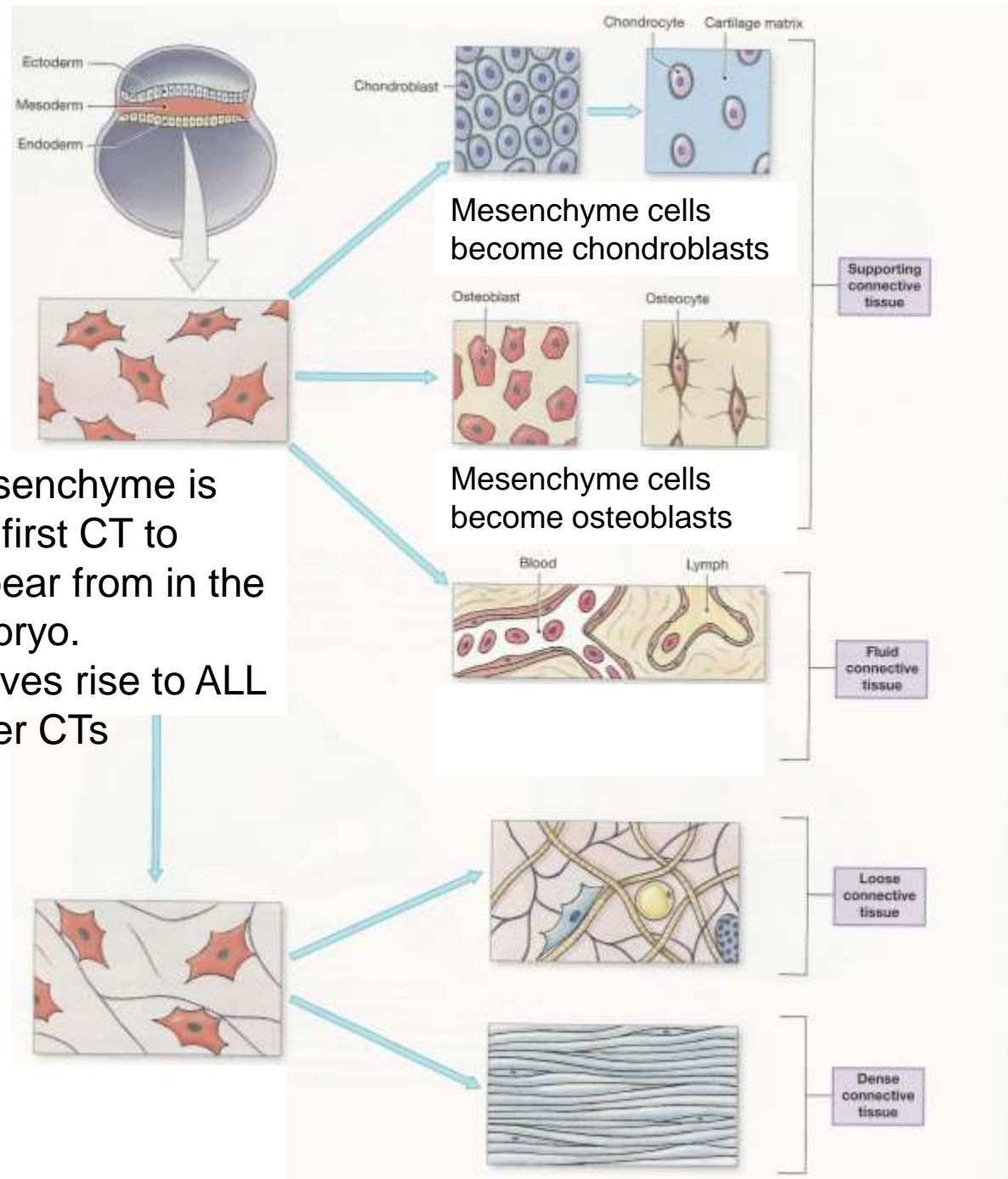


# Skeletal System

Biology 260

M. Iyengar

# Embryonic Development



Mesenchyme is the first CT to appear from in the embryo. It gives rise to ALL other CTs

Embryonic CT develops as when more fibers start to appear. Gives rise to

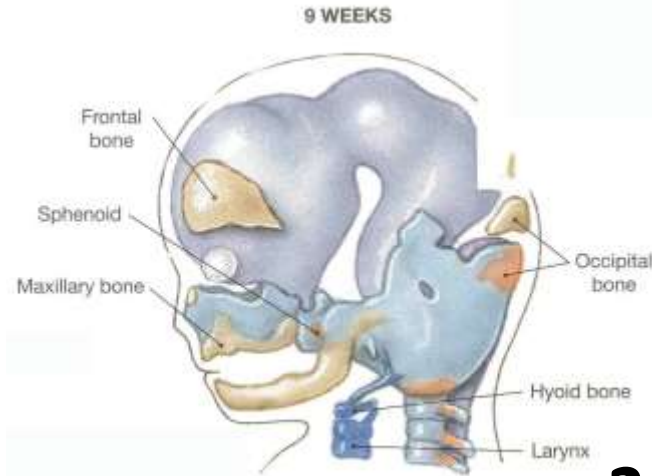
# Development of the Skeletal System

- **Ossification (osteogenesis)** - process of bone tissue formation
- Timing of Events:
  - **Embryonic (FETAL)** bone development
    - Two Types: **Endochondral & Intramembranous**
  - **Postnatal** = bone development & growth until adulthood
  - **Adulthood** = NO GROWTH but bones are remodeled
    - Blood calcium levels
    - Mechanical stress caused by muscles or gravity

# Types of Fetal Bone Development

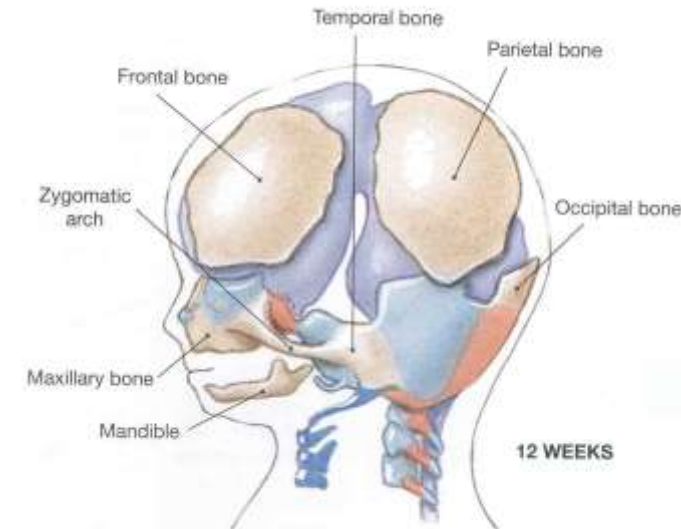
## 1. Intramembranous ossification

- Bone replaces *mesenchymal membrane* composed of embryonic connective tissue
- Bones are called **membrane bones**
- Skull and clavicle only



## 2. Endochondral ossification

- Mesenchyme creates hyaline cartilage models
- Hyaline cartilage is replaced by bone
- Bones are called **cartilage (endochondral) bones**
- Forms most of the bones of the skeleton



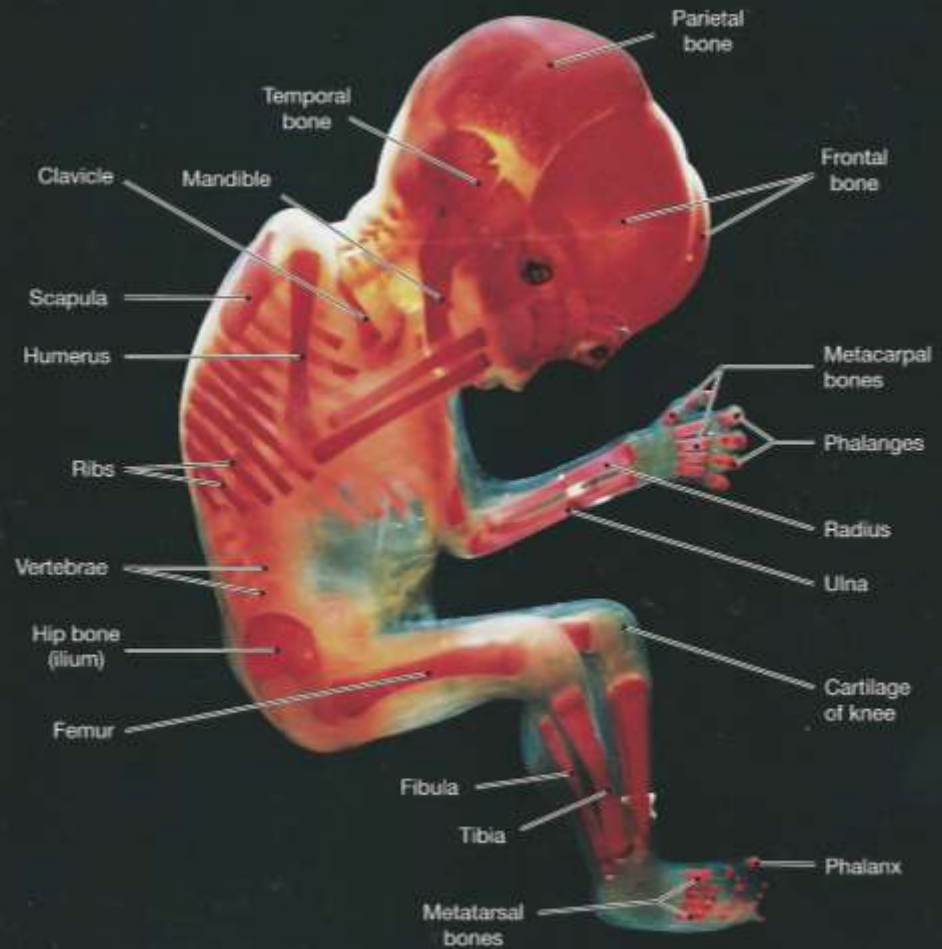
Endochondral ossification  
replacing cartilages of  
embryonic skull

Intramembranous  
ossification  
producing the roofing  
bones of the skull



Primary  
ossification  
centers of the  
diaphyses of the  
lower limb

Future  
hip bone



Parietal  
bone

Temporal  
bone

Frontal  
bone

Clavicle

Mandible

Metacarpal  
bones

Phalanges

Radius

Ulna

Cartilage  
of knee

Scapula

Humerus

Ribs

Vertebrae

Hip bone  
(ilium)

Femur

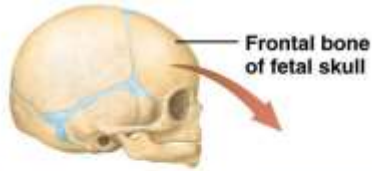
Fibula

Tibia

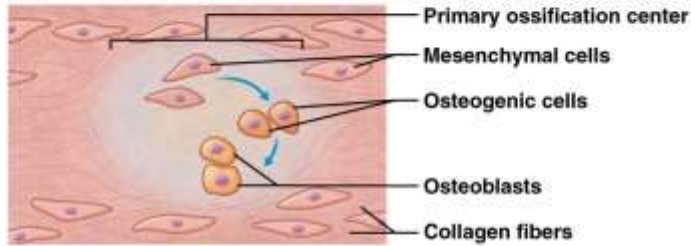
Phalanx

Metatarsal  
bones

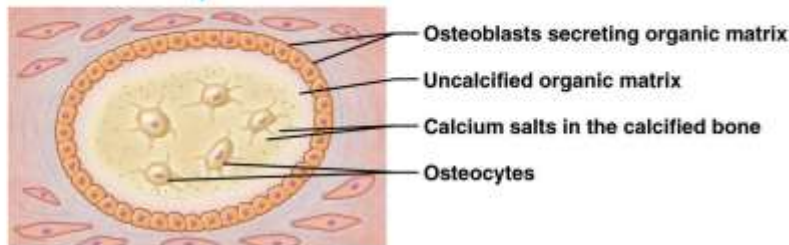
# Intramembranous Ossification



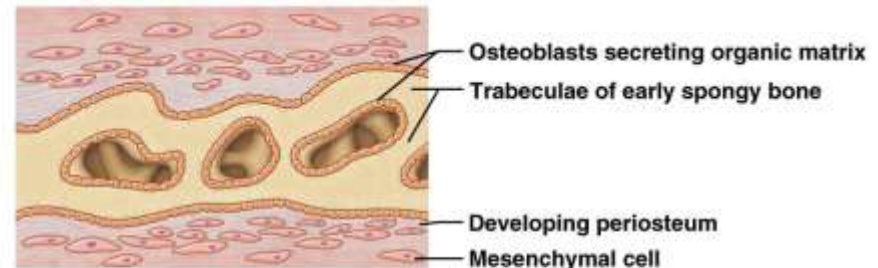
① Osteoblasts develop in the primary ossification center.



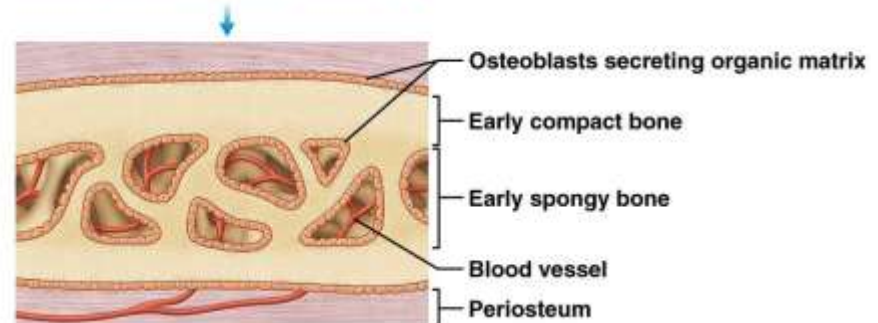
② Osteoblasts secrete organic matrix, which calcifies.



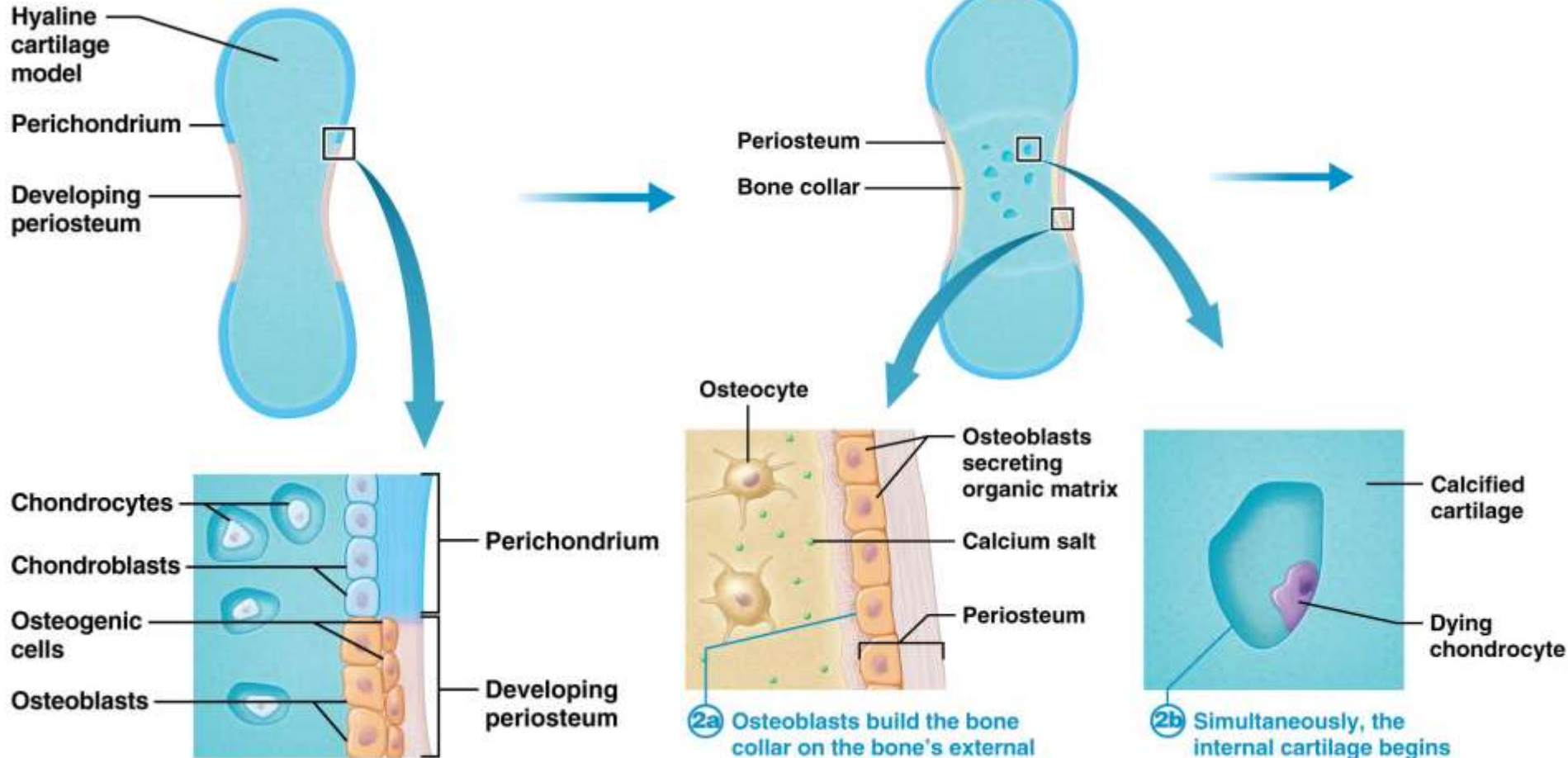
③ Early spongy bone is formed.



④ Early compact bone is formed.



# Endochondral Ossification

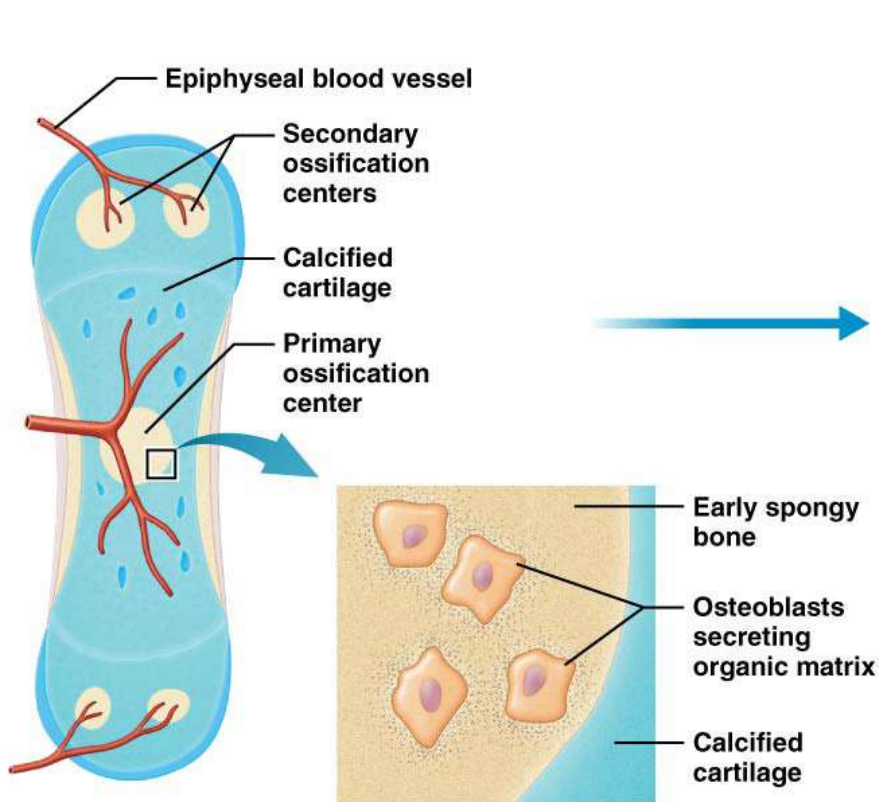


① The chondroblasts in the perichondrium differentiate into osteoblasts.

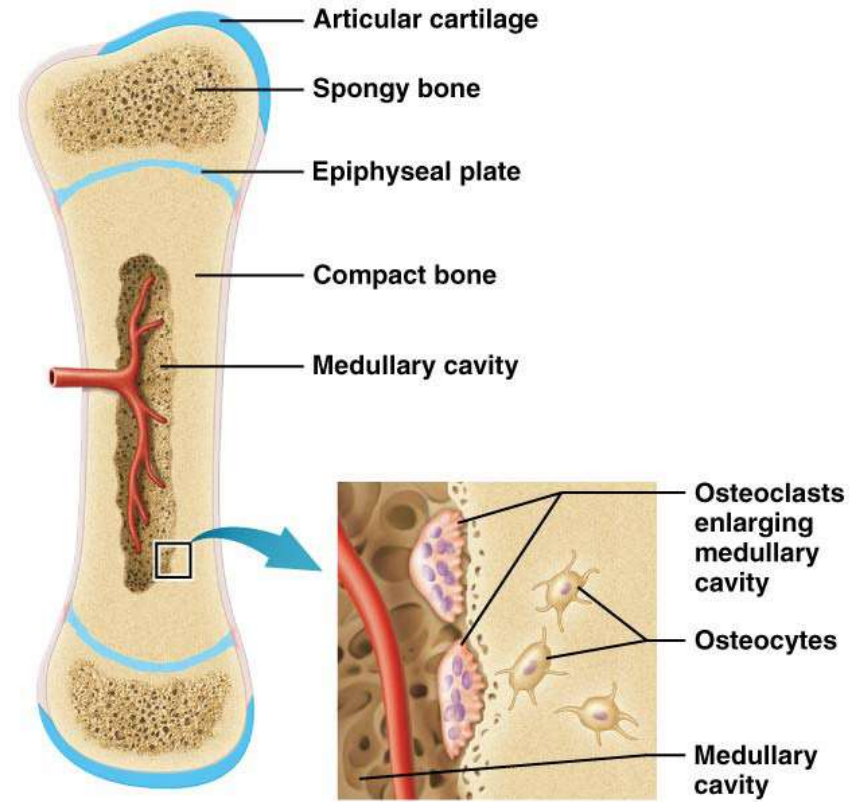
2a Osteoblasts build the bone collar on the bone's external surface as the bone begins to ossify from the outside.

2b Simultaneously, the internal cartilage begins to calcify and the chondrocytes die.

# Endochondral Ossification



- ③ In the primary ossification center, osteoblasts replace the calcified cartilage with early spongy bone; the secondary ossification centers and medullary cavity develop.

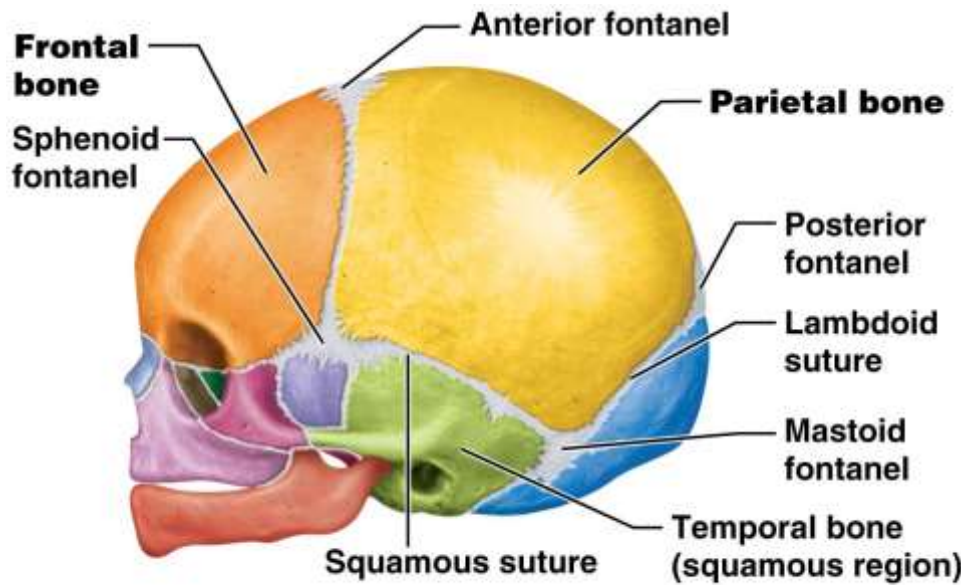


- ④ As the medullary cavity enlarges, the remaining cartilage is replaced by bone; the epiphyses finish ossifying.

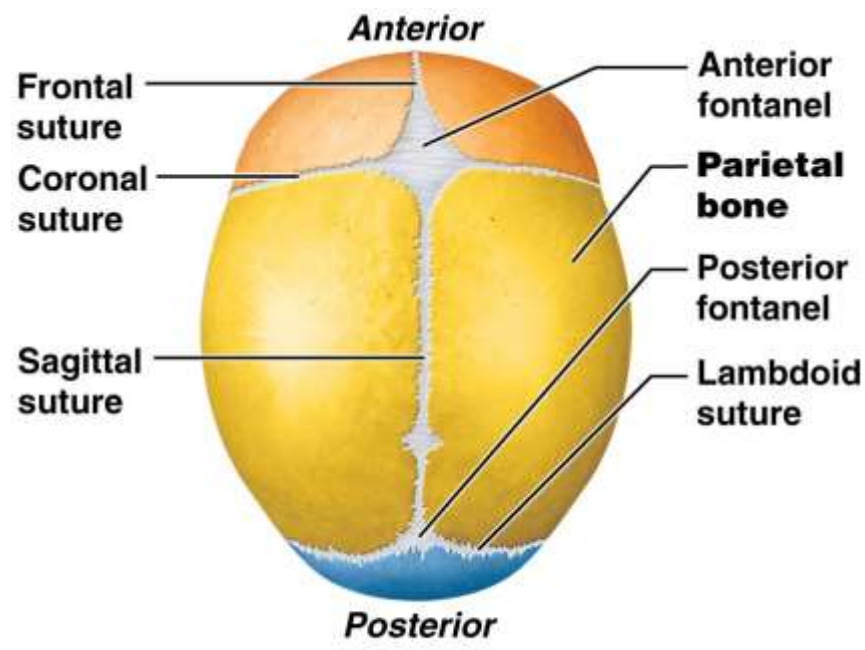
# Infant Skull

- Infant skull has more bones than adult skull
  - Skull bones such as mandible and frontal bones are unfused
  - Skull bones connected by sutures and **fontanelles**
    - Remnants of fibrous membranes
    - Ease birth and allow brain growth

# Infant Skull



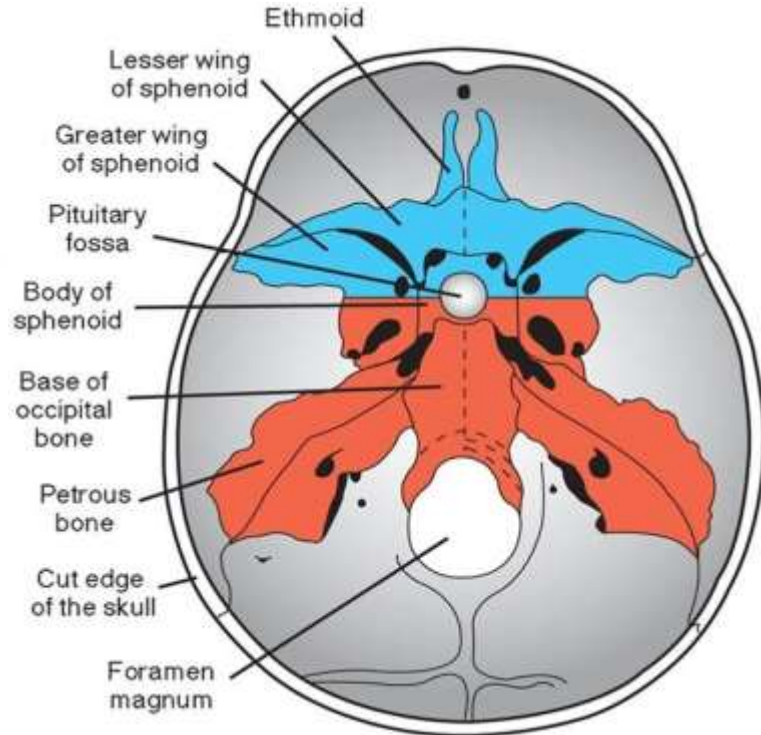
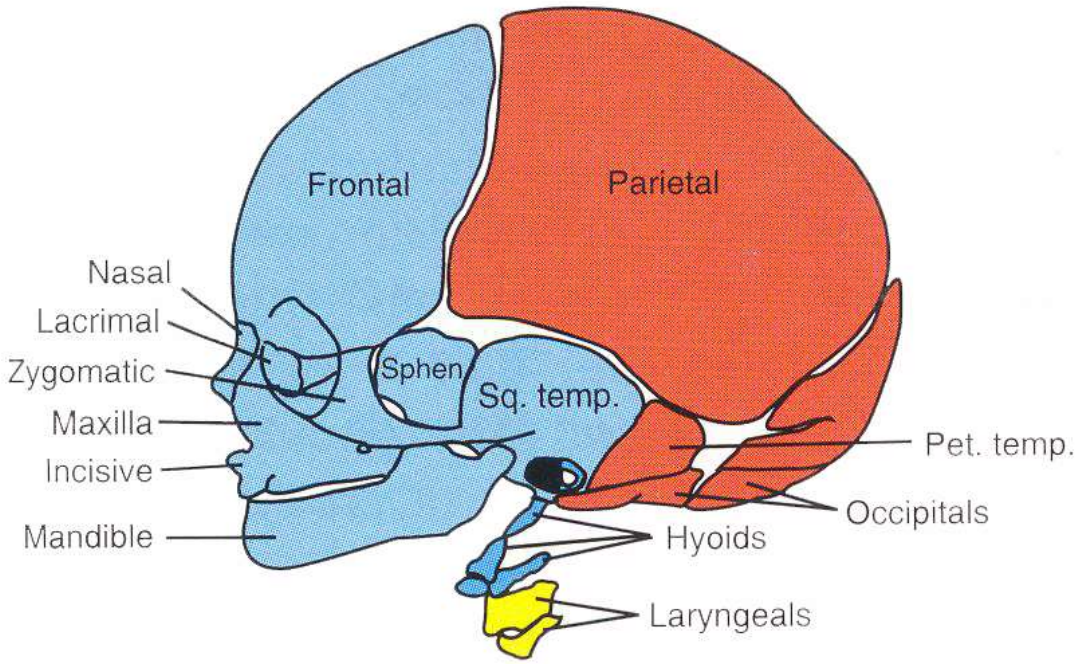
(a) Fetal skull, lateral view



(b) Fetal skull, superior view

Embryological Derivation	Mode of Formation	Germ Layer Origin.	BONES
Chondrocranium = Cartilage bones base of skull / braincase	Endochondral	Neural crest  Mesoderm	Ethmoid Sphenoid - lesser wing  Sphenoid – base Temporal - petrous portion Occipital - base
Dermatocranium = membrane bones flat bones of skull	Intramembranous	Neural crest  Mesoderm	Nasal Lacrimal Zygomatic Temporal - squamous portion Vomer Maxilla Palatine Mandible Frontal  Parietal (M) Occipital; squamous portion (M)
Splanchnocranium = gill arch bones	Endochondral	Neural crest	Sphenoid - greater wing Temporal - styloid process Middle Ear Ossicles Hyoid

# Fetal Bone Development



Red: Mesoderm  
Blue: Ectoderm - Neural crest

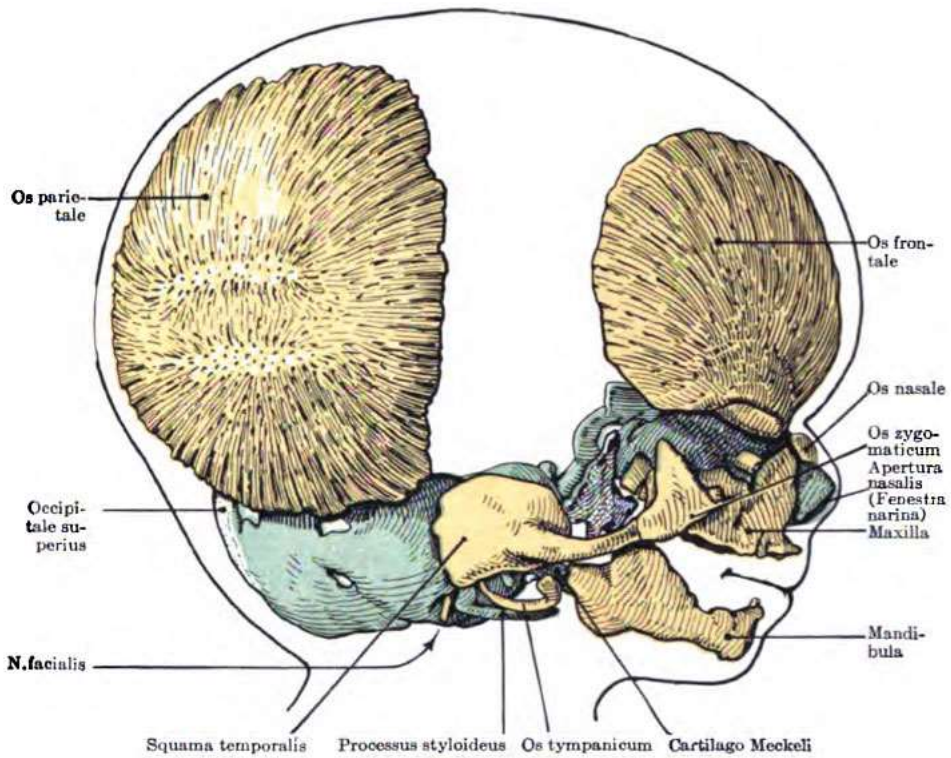
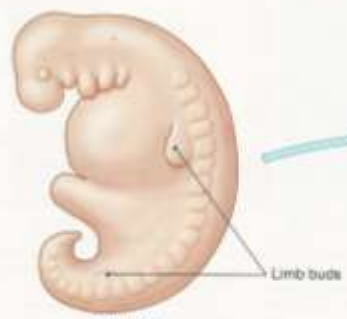


FIG. 321.—(After Hertwig's model, from Kollmann's Handatlas, 1907, Fig. 263.) Lateral view of the cranium of a human fetus 80 mm. long. The chondrocranium and the overlying membrane bones are shown. The parietal shows two centres of ossification.

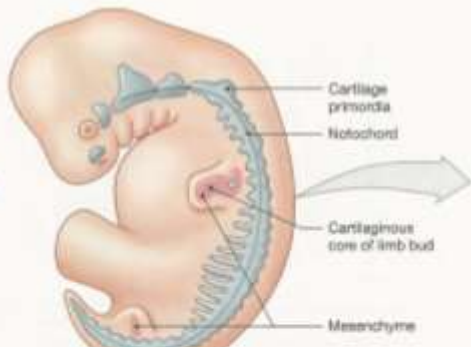


# Fetal Bone Development



**4 WEEKS**

In the fourth week of development, ridges appear along the flanks of the embryo, extending from just behind the throat to just before the anus. These ridges form as mesodermal cells coagulate beneath the ectoderm of the flank. Mesoderm gradually accumulates at the end of each ridge, forming two pairs of limb buds.



**5 WEEKS**

After 5 weeks of development, the pectoral limb buds have a cartilaginous core and scapular cartilages are developing in the mesenchyme of the trunk.



**BIRTH**

The skeleton of a newborn infant. Note the extensive areas of cartilage (blue) in the humeral head, in the wrist, between the bones of the palm and fingers, and in the hips. Notice the appearance of the axial skeleton, with reference to the two previous Embryology Summaries.



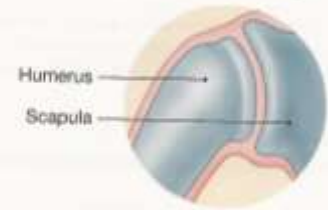
**10 WEEKS**

Ossification in the embryonic skeleton after approximately 10 weeks of development. The shafts of the limb bones are undergoing rapid ossification, but the distal bones of the carpus and tarsus remain cartilaginous.

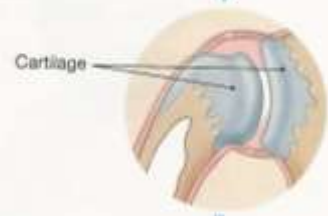


**7 WEEKS**

The hands originate as paddles, but the death of cells between the phalangeal cartilages produces individual fingers.



Humerus  
Scapula



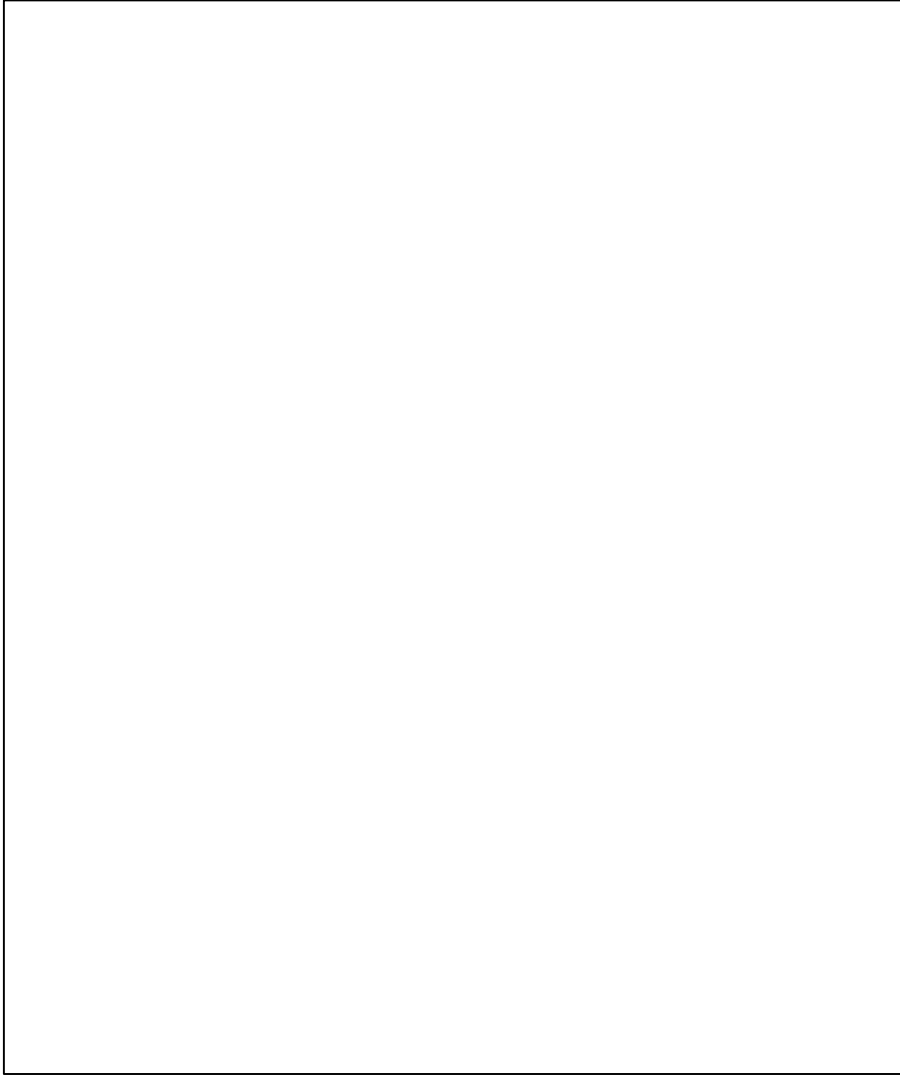
Cartilage



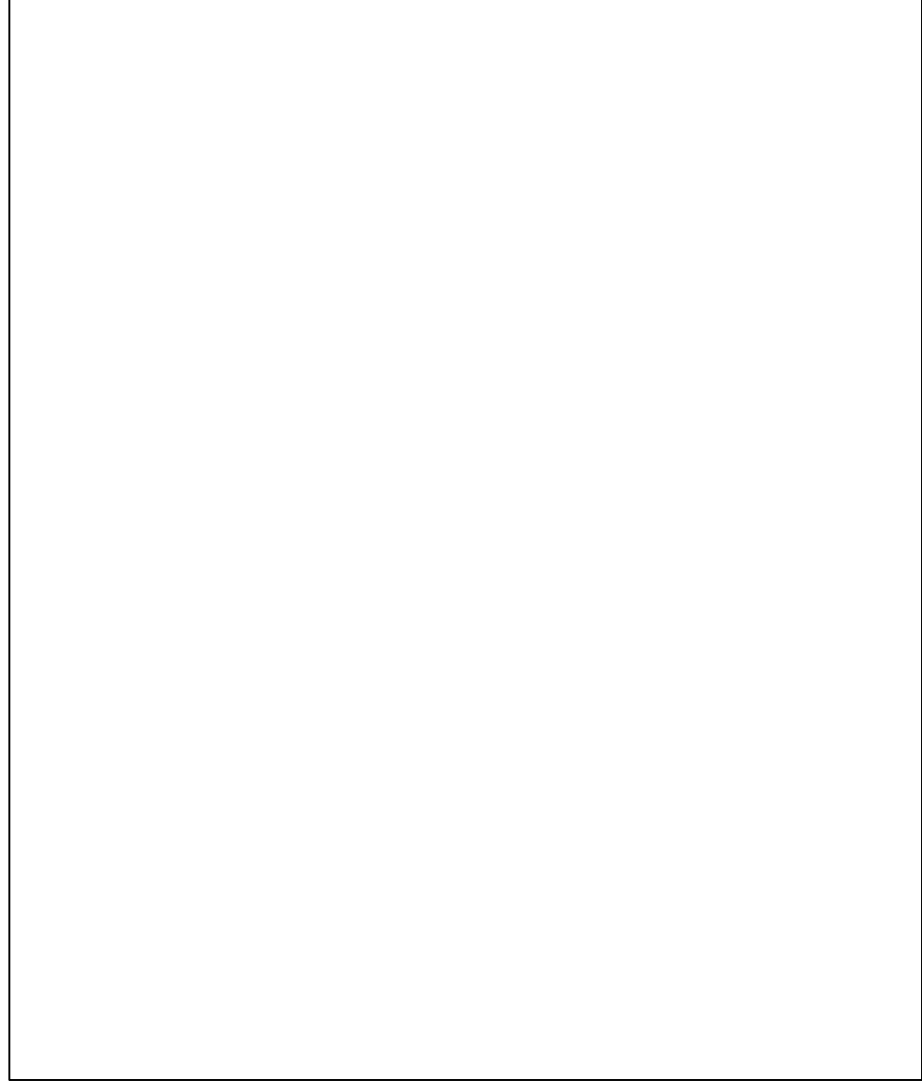
Joint cavity  
Ossified bone

# Comparison of Fetal Bone Development

## Endochondral

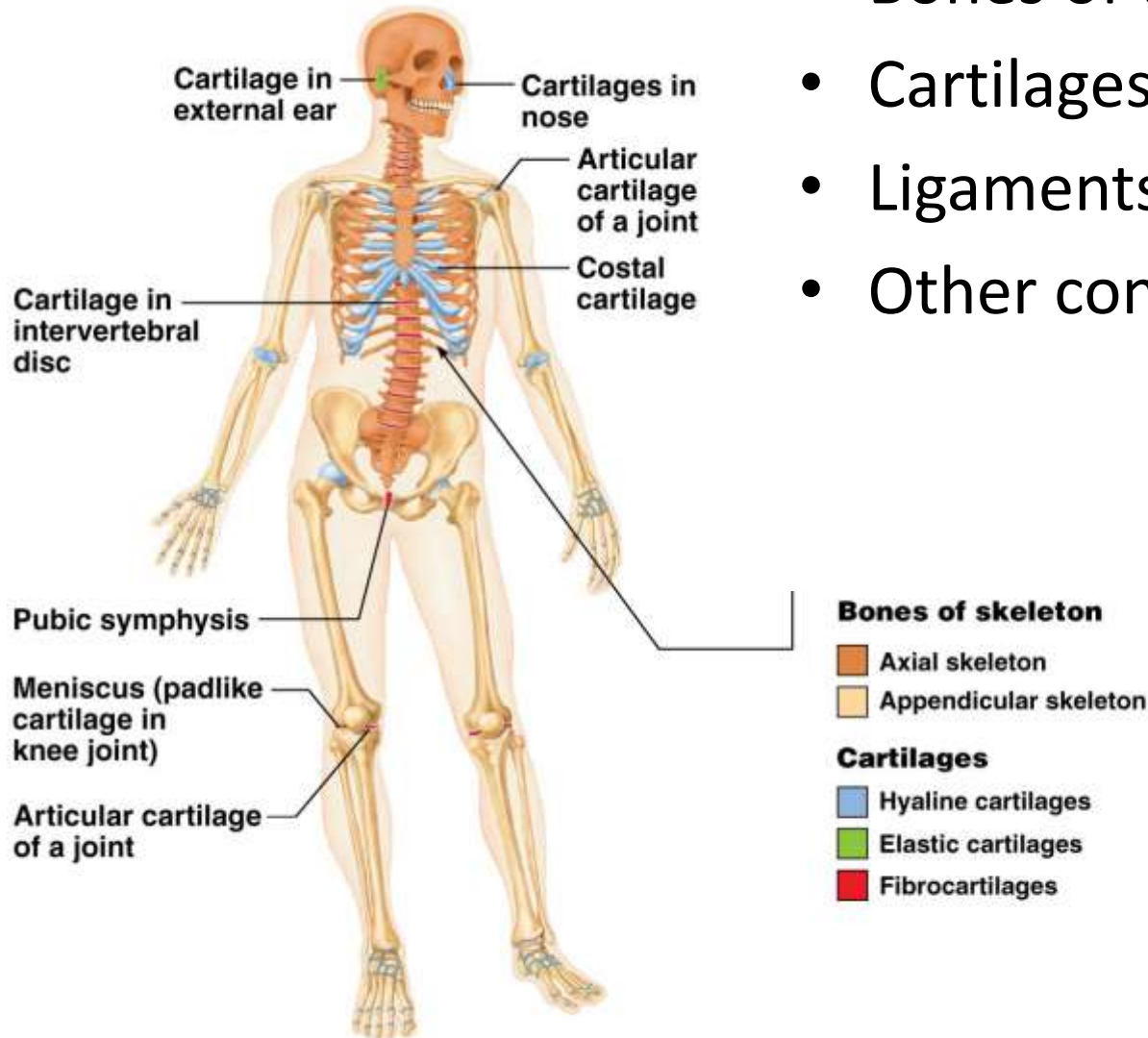


## Intramembranous

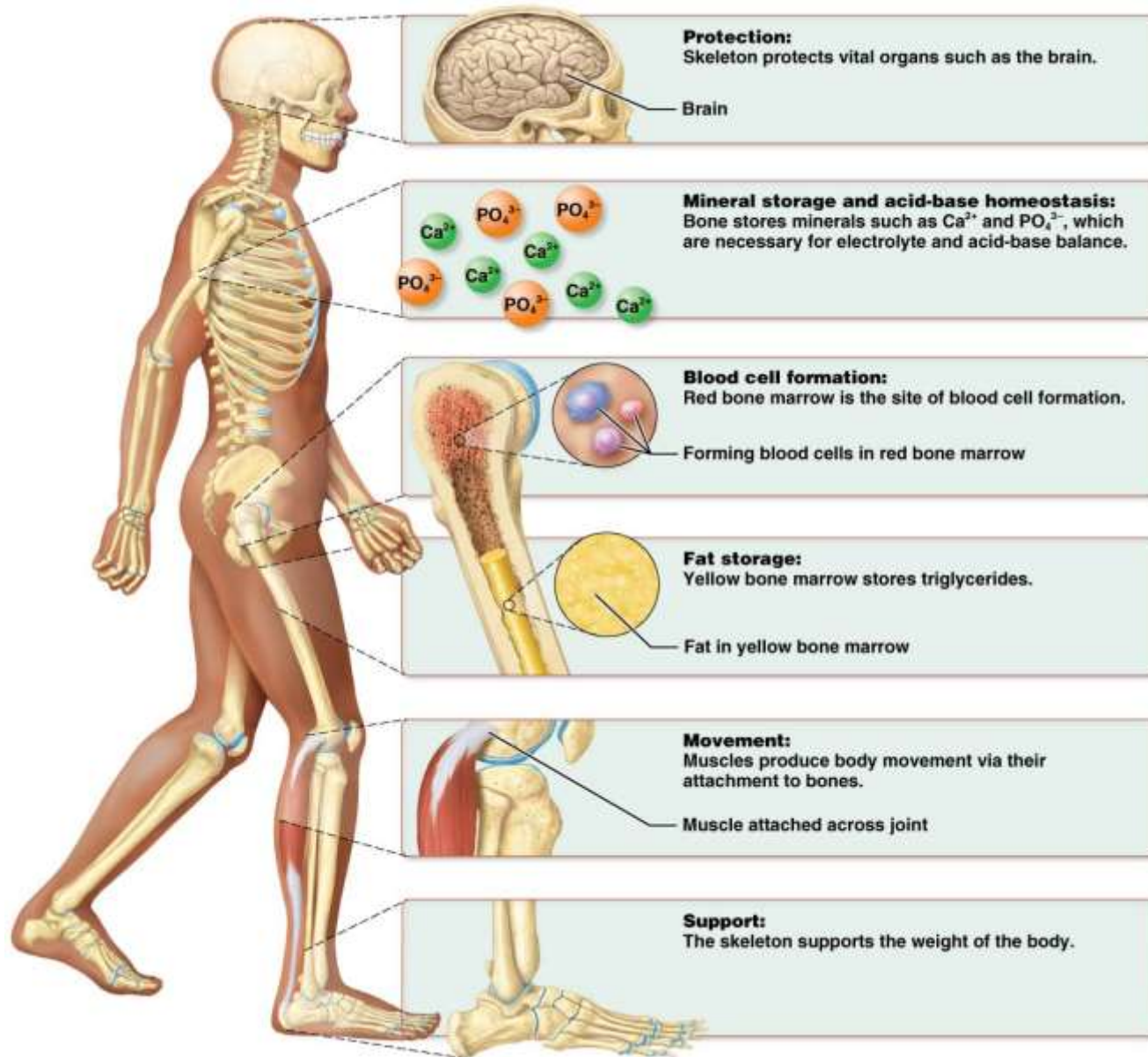


# Anatomy of the Skeletal System

- Bones of the skeleton
- Cartilages
- Ligaments
- Other connective tissues



# Function of the Skeletal System



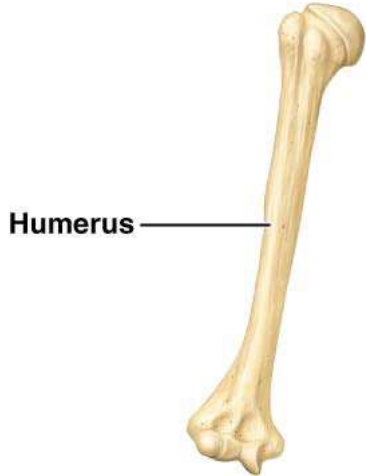
# Bones as Organs



- Contain different types of tissues:
  - Bone (**osseous**) tissue
  - Nervous tissue
  - Cartilage
  - Dense fibrous connective tissue
  - Blood vessels

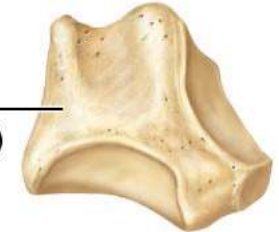
# Classification of Bones

- 206 bones in human skeleton
  - Grouped by bone shape
    - **Short, long, irregular, flat and sesamoid**
- Divided into two groups based on location
  - **Axial skeleton**
    - What bones are included?
  - **Appendicular skeleton**
    - What bones are included?



Humerus

**(a) Long bone—bone is longer than it is wide.**



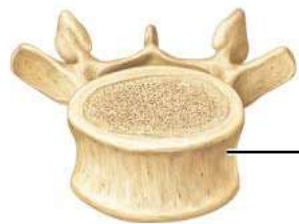
Trapezium  
(carpal bone)

**(b) Short bone—bone is about as long as it is wide.**



Sternum

**(c) Flat bone—bone is broad, flat, and thin.**



Vertebra

**(d) Irregular bone—bone's shape does not fit into other classes.**



Patella

**(e) Sesamoid bone—round, flat bone found within tendon.**



# Typical Structures of a Long Bone

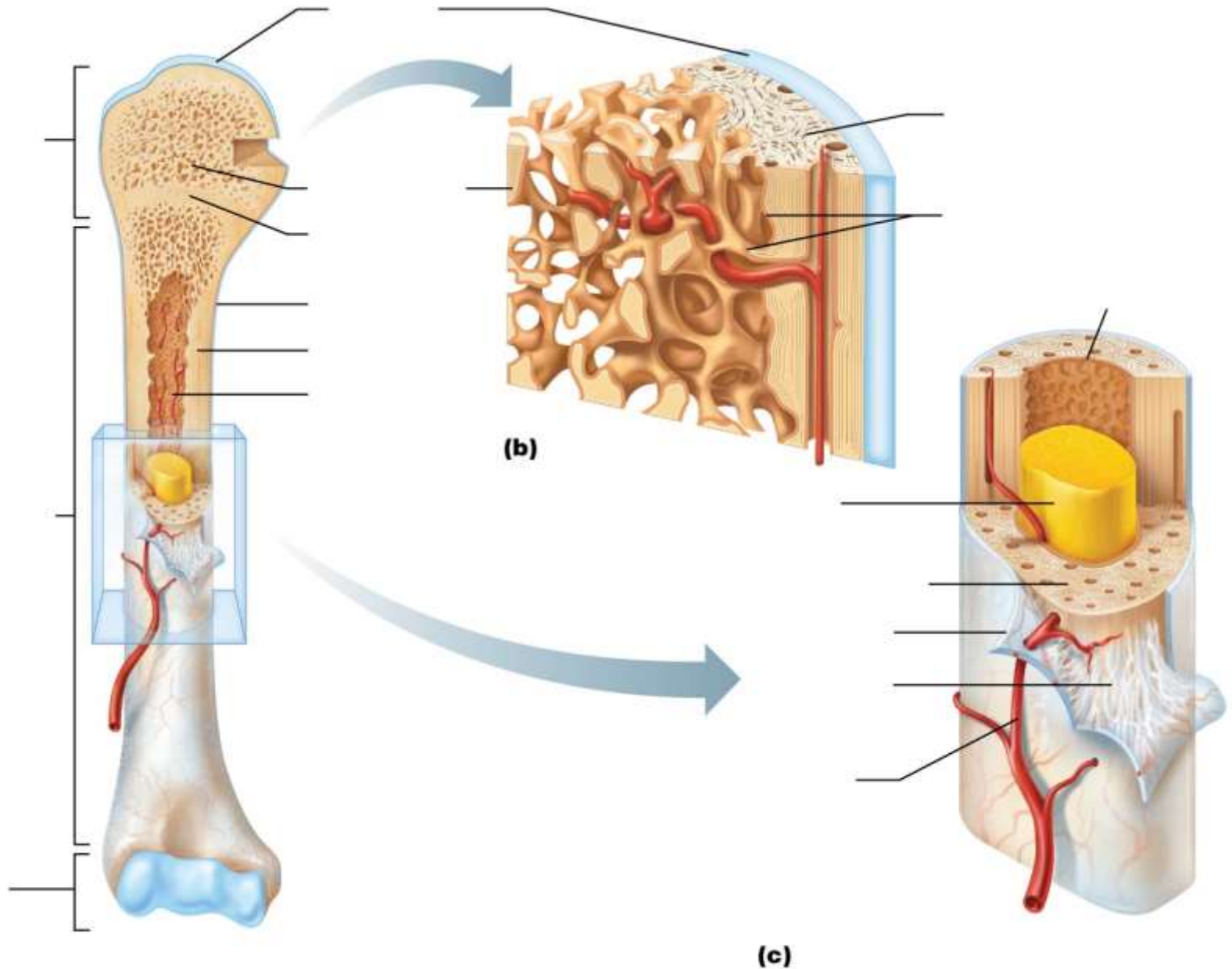


- **Diaphysis:** tubular shaft that forms long axis of bone
  - Outer layer of compact bone covering spongy bone surrounding
    - A hollow, central **medullary cavity**
      - Filled with yellow marrow in adults
      - Filled with red marrow in children
- **Epiphyses:** proximal & distal ends of the long bone
  - Outer layer of compact bone covering spongy bone
    - Filled with red marrow
- Small region between the diaphysis and epiphysis is
  - **Epiphyseal Line** = bone tissue
  - OR
  - **Epiphyseal Plate** = hyaline cartilage

# Typical Long Bone Structure

- **Periosteum:** double-layered membrane that covers the outer surface of the diaphysis, not found at joint surfaces
  - **Fibrous layer:** superficial layer of dense irregular CT
  - **Osteogenic layer:** deep layer, contains **osteogenic** cells
- **Articular cartilage:** thin layer of hyaline cartilage that covers the epiphysis surface
  - Located where two bones meet = articular / joint surface
- **Endosteum:** thin, CT membrane covering the internal bone surfaces
  - Covers trabeculae of spongy bone, canals and medullary cavity
  - Also, contains osteogenic cells

# Typical Long Bone Structures



**(a)**

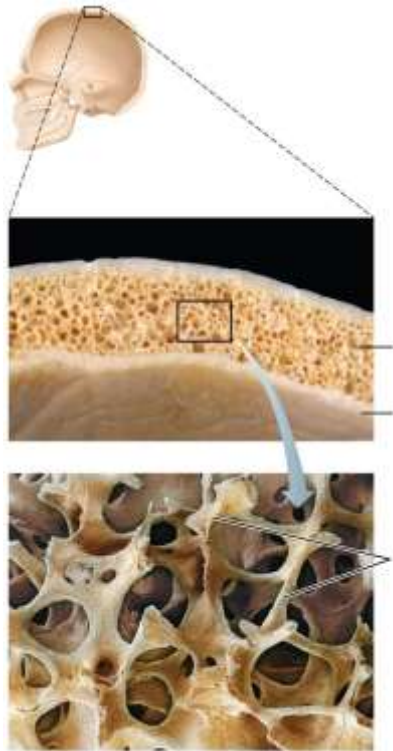
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**(c)**

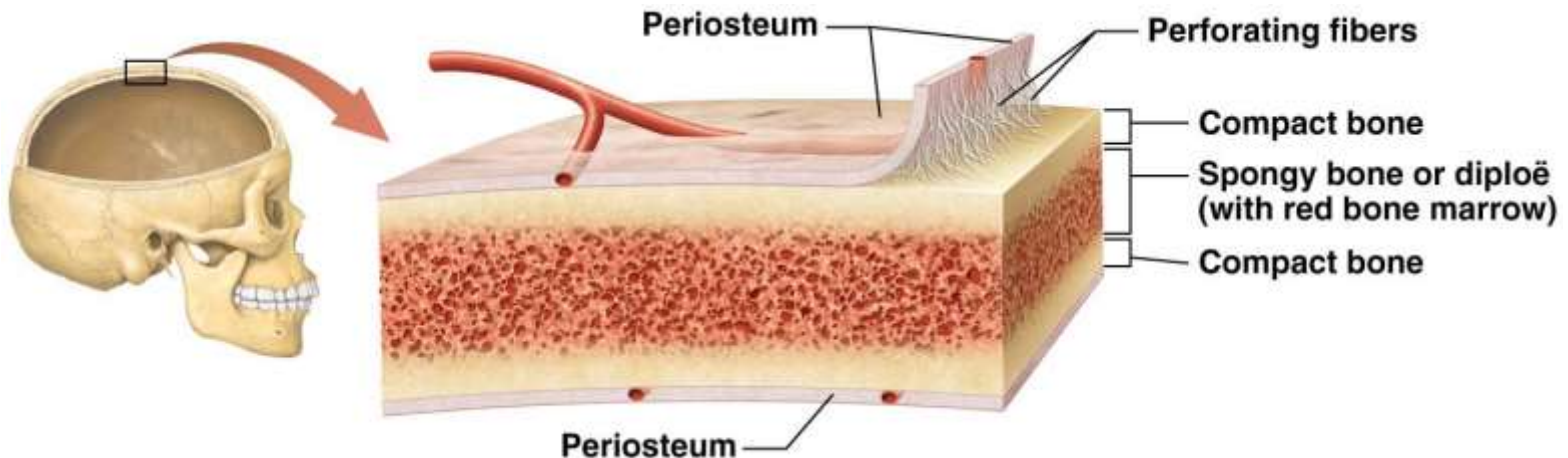
**Draw and label a typical Long Bone**

# Structure of short, irregular, and flat bones

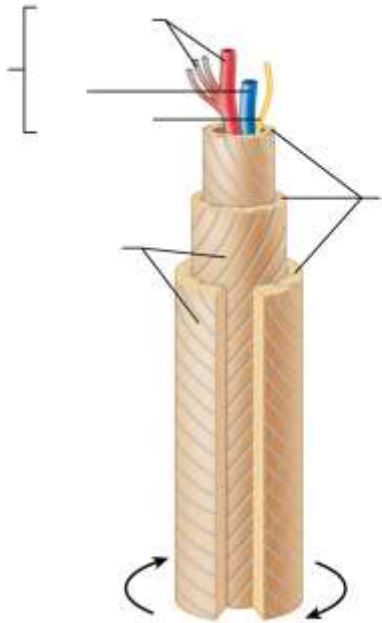
- Sandwich of compact bone filled with spongy bone (**diploe**)
  - \***Periosteum** covers external bone surfaces
  - \***endosteum** covers internal bone surfaces
  - \* Same as membranes covering or lining of long bones



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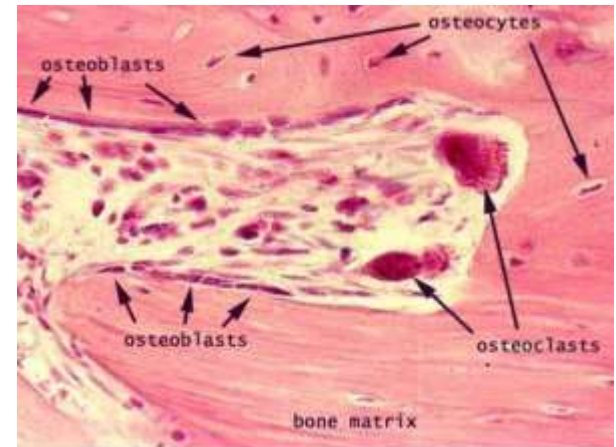
# Microscopic Anatomy of Bone Tissue



- **Organic components (35%)**
  - Cells
    - osteogenic, osteoblasts, osteocytes, osteoclasts
  - Osteoid
    - Ground substance
    - Collagen fibers
      - Enhances hardness, and allows for flexibility, resist stretch & twisting
- **Inorganic components (65%)**
  - Calcium and phosphorus salts exist as large molecules of a mineral called **hydroxyapatite crystals**  $[Ca_{10}(PO_4)_6(OH)_2]$
  - Responsible for hardness and resistance to compression

# Types of Bone Cells

- **Osteogenic cells = Osteoprogenitor**
  - Stem cells that divide and specialize into osteoblasts
- **Osteoblasts**
  - Synthesize new matrix
  - High metabolic rate
- **Osteocytes:**
  - Mature bone cells surrounded by matrix and entrenched in lacunae, connected by canaliculi
  - Maintain matrix levels, low metabolic rate
- **Osteoclasts**
  - Differentiate from macrophages (WBCs)
  - Dissolve bone matrix



# Types of Bone Cells

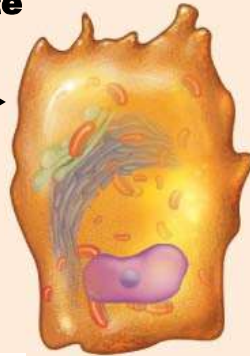
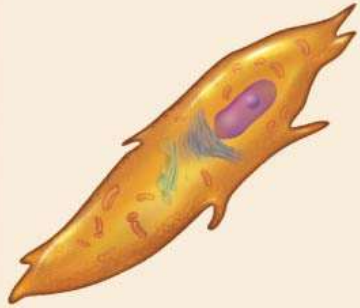
**(a) Osteogenic cell**

**Stem cell**

**(b) Osteoblast**

**Matrix-synthesizing cell responsible for bone growth**

**Can differentiate into**

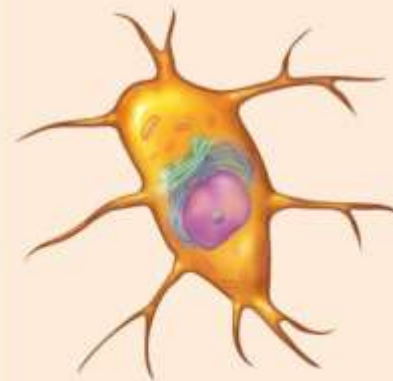


**When osteoblast gets surrounded/trapped in matrix**



**(c) Osteocyte**

**Mature bone cell that monitors and maintains the mineralized bone matrix**

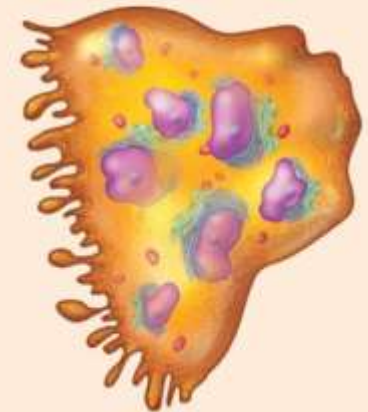


**Develop from White blood cells**



**(d) Osteoclast**

**Bone-resorbing cell**

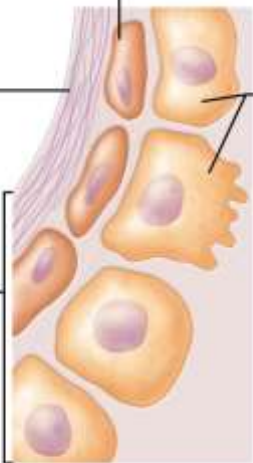


Osteogenic cell

Collagen fibers

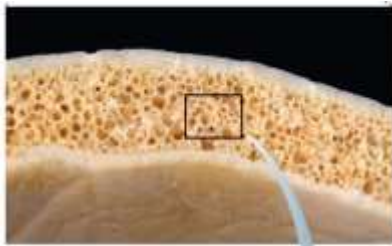
Osteogenic cells differentiating into osteoblasts

Periosteum

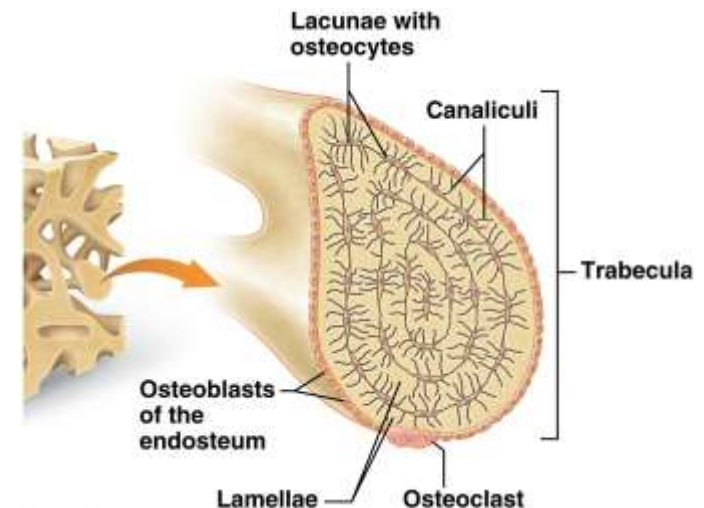
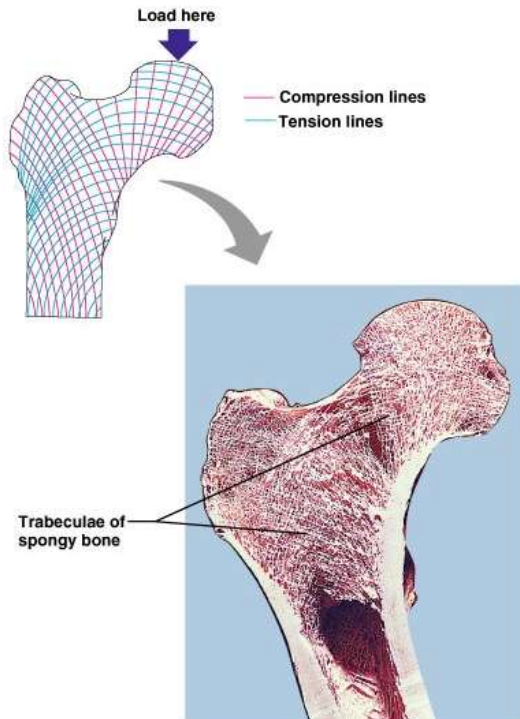


① Osteogenic cells differentiate into osteoblasts.

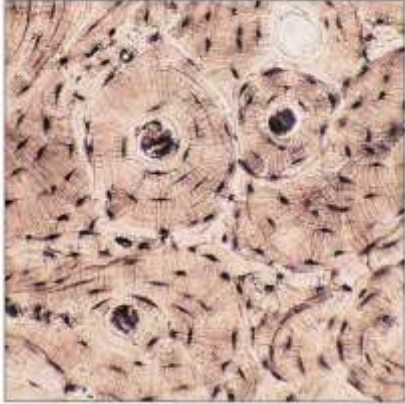
# Gross Anatomy of Bone Tissue



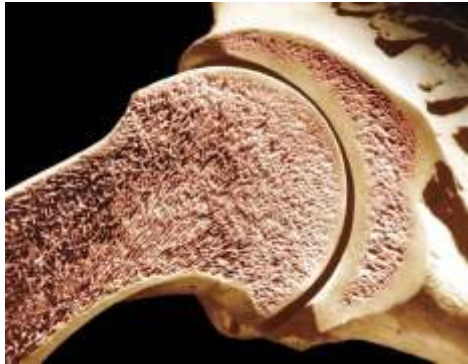
- **Spongy bone:** honeycomb, of needle-like or flat **trabeculae** and open spaces
  - No osteons, irregularly arranged lamellae and osteocytes connected by canaliculi
  - Organized along compression and tension lines to help bone resist any stress
  - Filled with yellow or red marrow



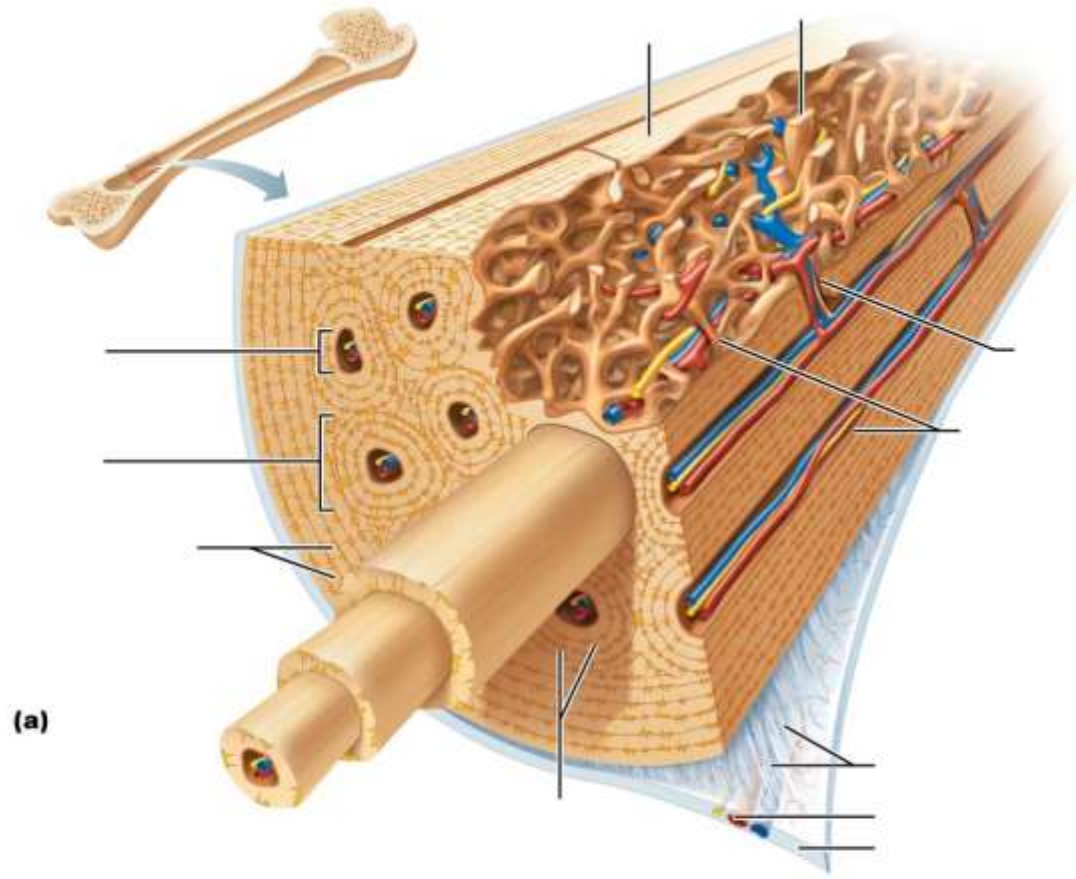
# Gross Anatomy of Bone Tissue



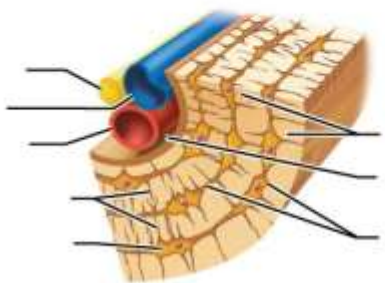
- **Compact (lamellar) bone:** Made up of densely packed, **osteons**
  - Appears dense, and smooth
  - **Osteon** - elongated cylinders that runs parallel to long axis of bone
    - **Central canal** runs through center and contains blood vessels and nerves
    - **Lacunae:** small cavities that hold osteocytes
      - **Canaliculi:** small canals that connect lacunae to each other
    - **Lamellae:** rings of bone matrix
    - **Perforating (Volkmann's) canals:** canals at right angles to central canal contain blood vessels and nerves



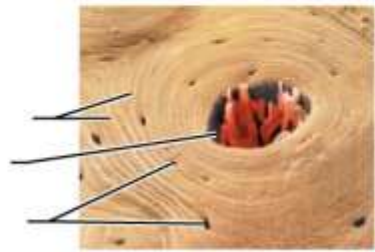
# Microscopic Structure of Compact Bone Tissue



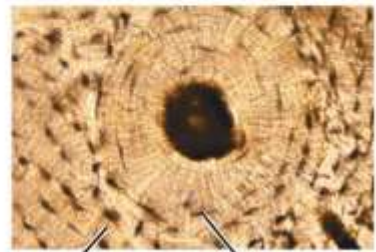
(a)



(b)

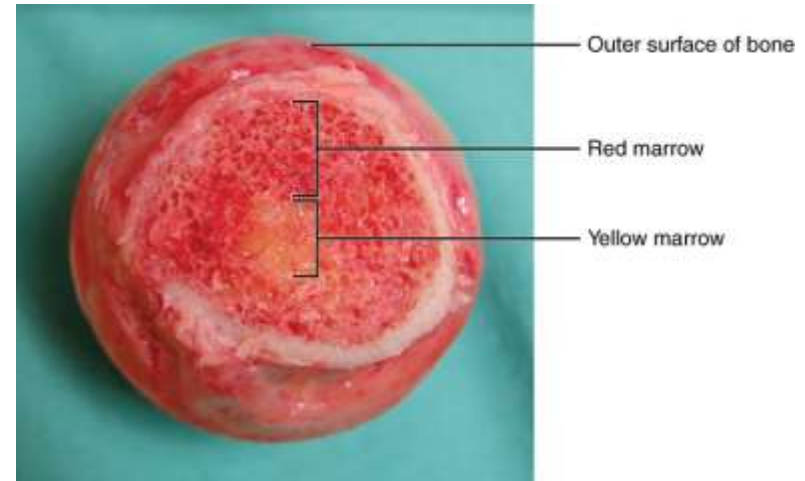


(c)



# Other Tissues of the Bone

- **Hematopoietic tissue = Red marrow**
  - Reticular tissue with hematopoietic stem cells
  - Found within trabecular cavities of spongy bone
    - In newborns, **medullary cavities** and all spongy bone contain red marrow



- **Yellow marrow = Adipose tissue**
  - Found within medullary cavity of long bones
  - Can convert to red marrow, if person becomes anemic

# Postnatal Bone Development

- Bone development & growth from birth to adolescence
  - Bones grow in length
    - Length-wise growth is from the epiphyseal plate (hyaline cartilage)



(a) Epiphyseal cartilages



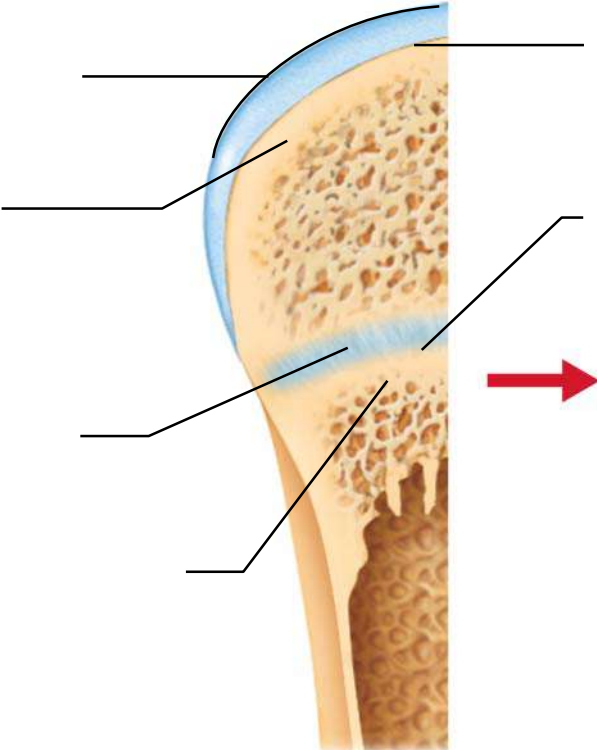
(b) Epiphyseal lines

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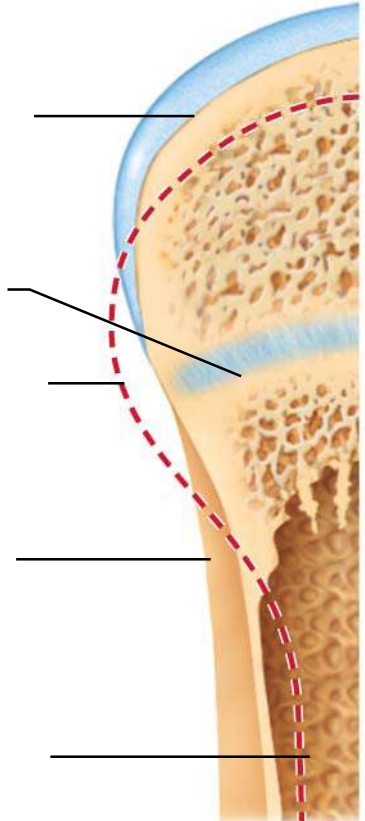
- Bones grow in width (appositional)
  - Osteoblasts beneath periosteum secrete bone matrix on external bone
  - Osteoclasts remove bone on endosteum surface

# Long bone Growth and Remodeling

**Bone growth**

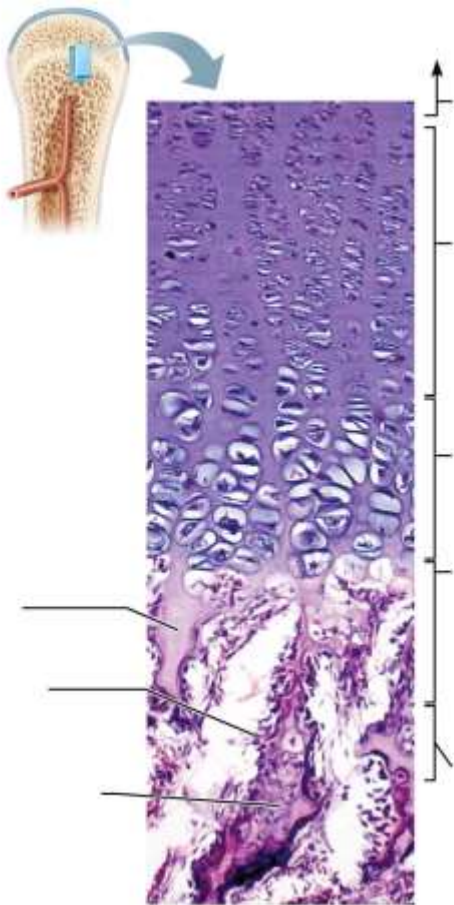


**Bone remodeling**



# Growth at the Epiphyseal Plate

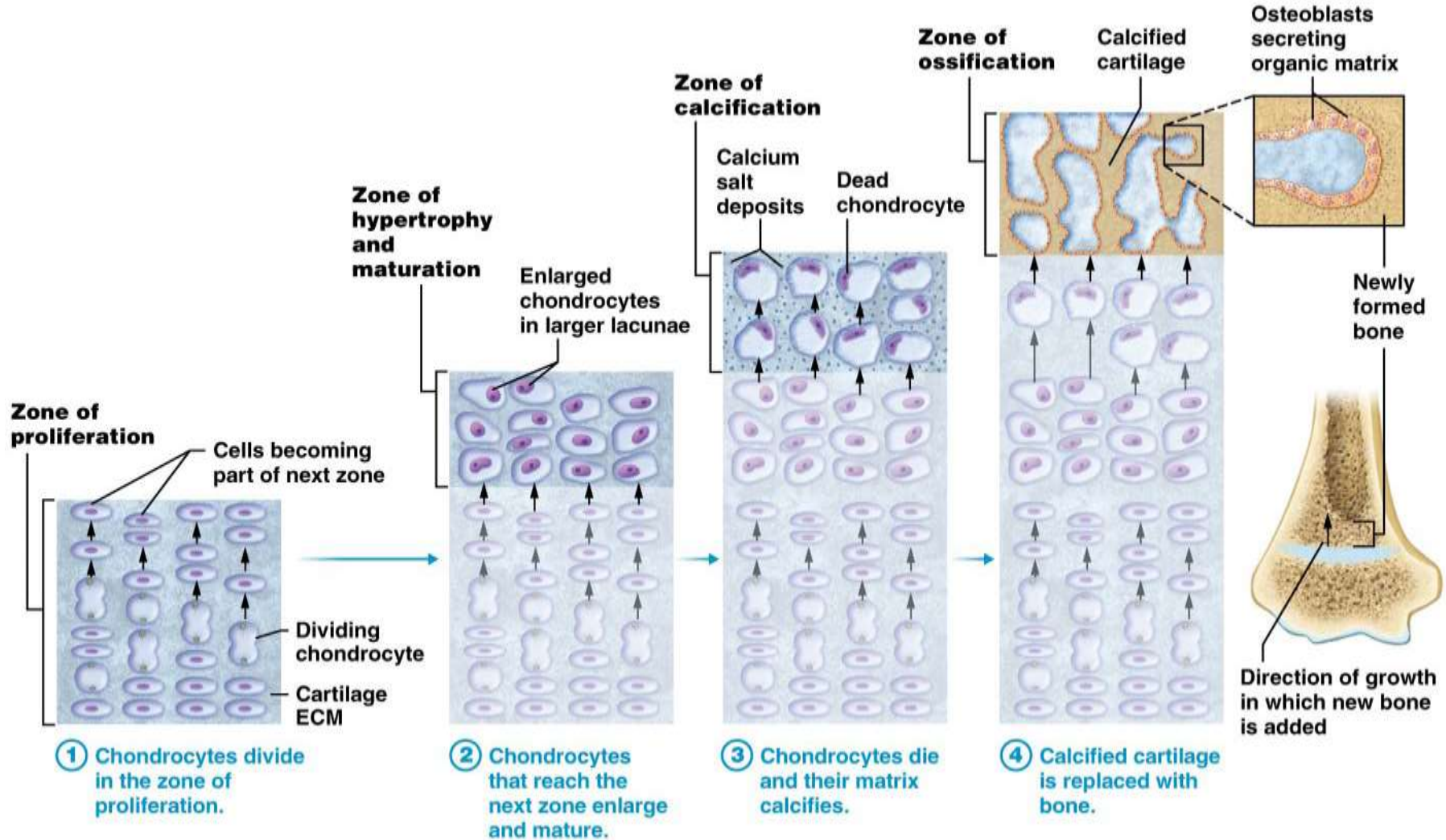
- Epiphyseal plate maintains constant thickness
  - Hyaline cartilage thickens on one side and replaced by bone on other



- Epiphyseal plate consists of five zones:

1. **Resting (quiescent) zone**
2. **Proliferation (growth) zone**
3. **Hypertrophic zone**
4. **Calcification zone**
5. **Ossification (osteogenic) zone**

# Growth at the Epiphyseal Plate

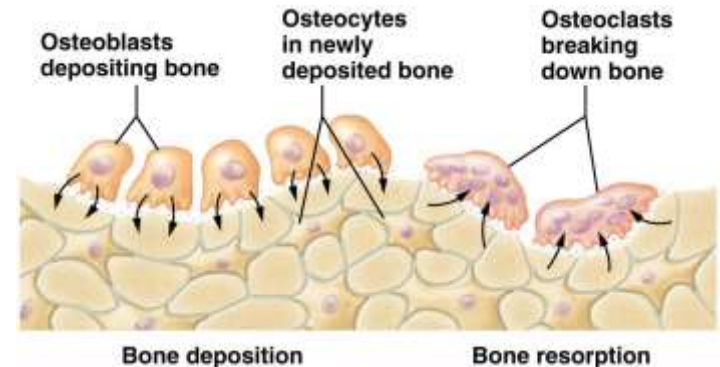


# Nutrition, Sex, and Bone Growth

Sex	Nutrition	
	Good	Poor
Male	Continued Growth, Greater Height	Reduced Growth, SHORTER than normal height
Female	Energy to Reproduction and Supporting Fat Reserves	Delayed onset of reproductive ability; continued bone growth = TALLER

# Adult Bone Remodeling

- Bone remodeling consists of both **bone deposit** and **bone resorption**
  - Occurs deep to both periosteum and endosteum
  - **Remodeling units:** packets of adjacent osteoblasts and osteoclasts coordinate remodeling process



- Occurs due to:
  1. Blood calcium levels
    - Under the control of endocrine hormones
  2. Mechanical stress
    - Bones grow or remodel in response to demands placed on them

# Fracture Classification

Three “either/or” fracture classifications

- Whether skin is penetrated
  - *Open (compound)*: skin is penetrated
  - *Closed (simple)*: skin is not penetrated
- Position of bone ends after fracture
  - *Displaced*: ends are out of normal alignment
  - *Nondisplaced*: ends retain normal position
- Completeness of break
  - *Complete*: broken all the way through
  - *Incomplete*: not broken all the way through



DISPLACED FRACTURE



NON-DISPLACED FRACTURE

# Bone Repair

- **Fractures** are breaks
  - During youth, most fractures result from trauma
  - In old age, most result from weakness of bone due to bone thinning
- Treatment by **reduction**
  - Closed reduction: physician manipulates to correct position
  - Open reduction: surgical pins or wires secure ends
- **Immobilization** of bone by cast or traction is needed for healing

# Check your understanding

- Contrast endochondral and intramembranous ossification.
- Compare and contrast the gross and microscopic anatomy of cranial bones and all the other bones in the body.
  - Can you explain why they have distinct anatomical features given what you know about their embryological development?
  - Can you explain where spongy bone and compact bone is located for different bones given what you know about their embryological development?
- Do bones change for adults? How?

# Check your understanding

Looking at an X-ray how would you know if the individual is a child or an adult?



