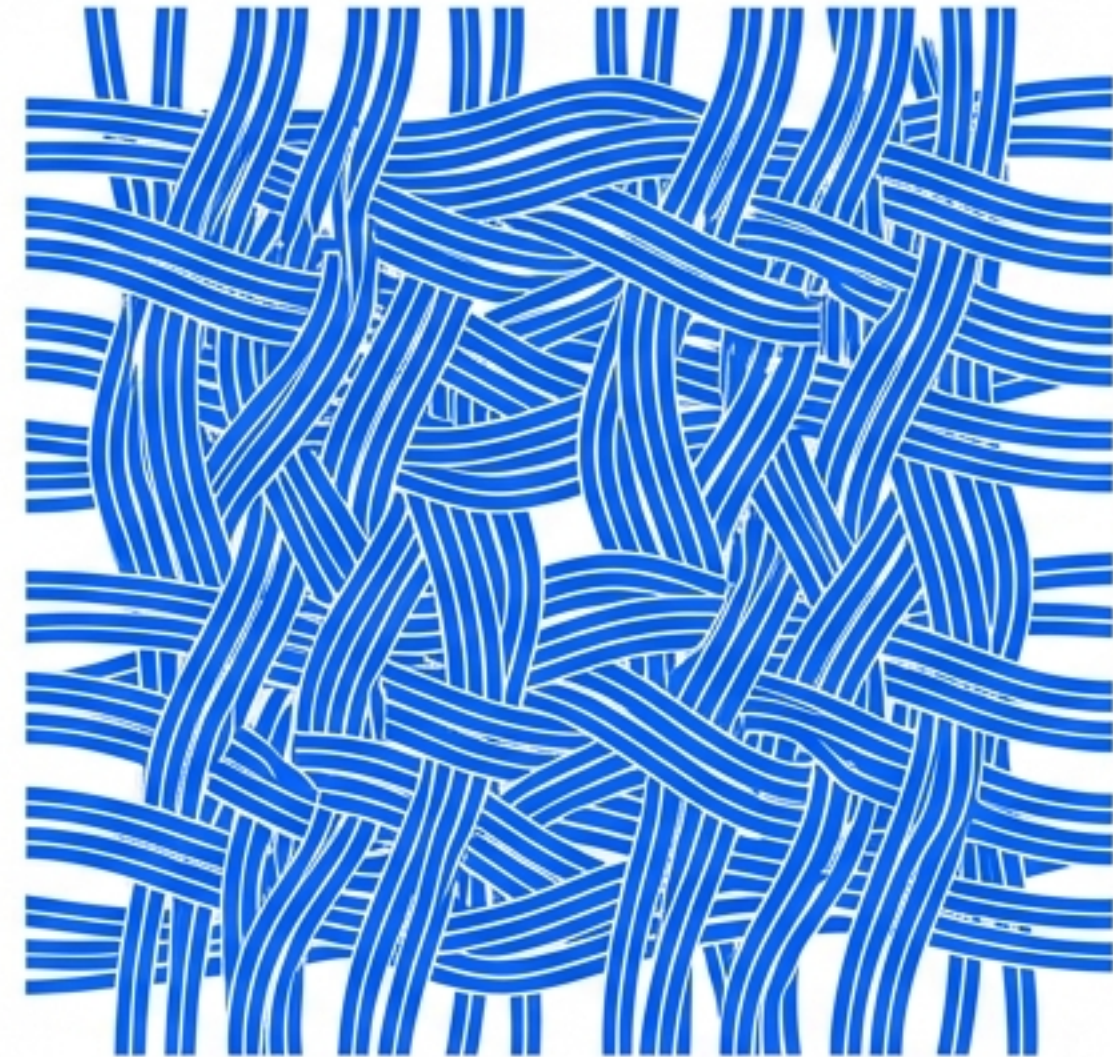


Mechanisms of Cellular Injury

From the chaos of unpaired electrons to the architecture of misfolded proteins.

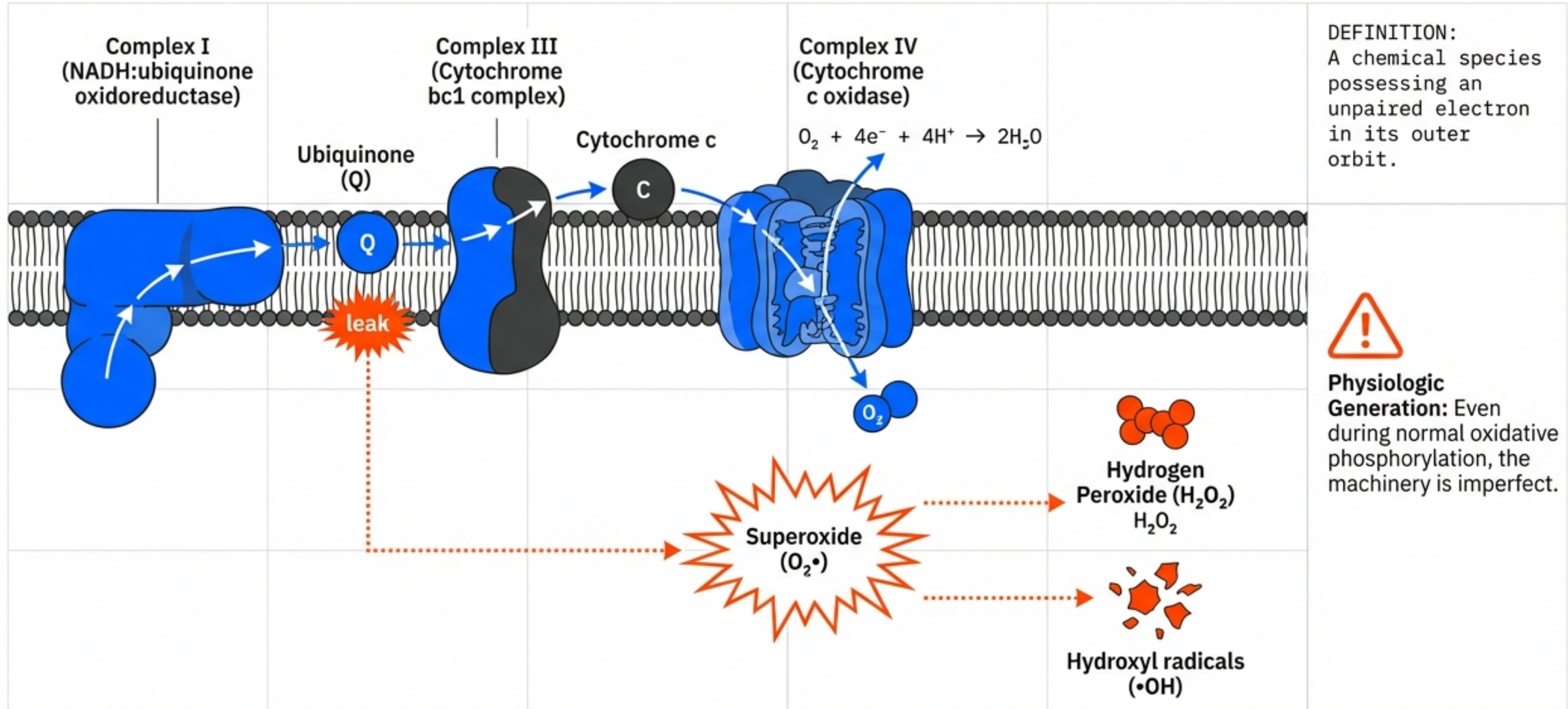


Acute Chemical Instability: Free Radicals oxidize and degrade cellular machinery.

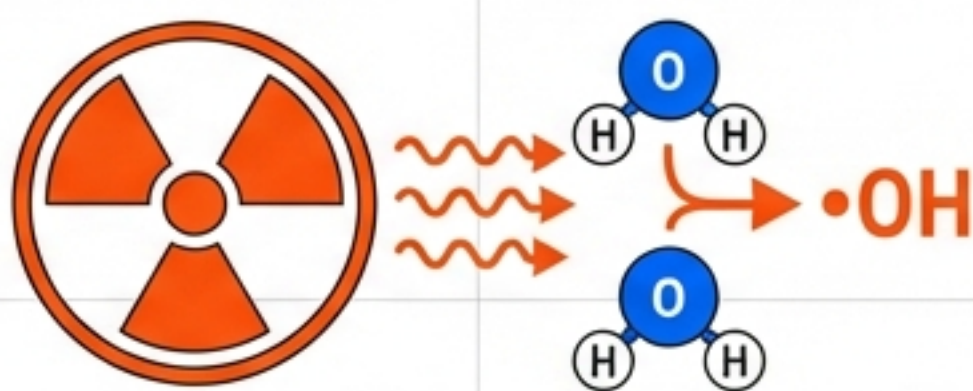
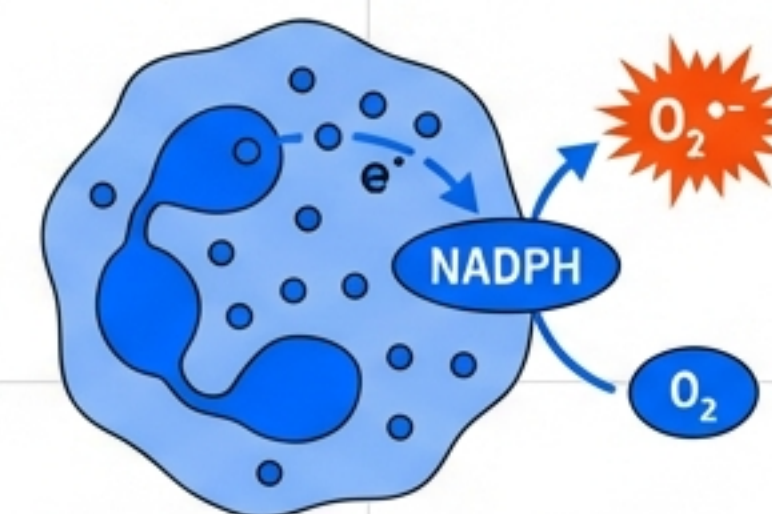
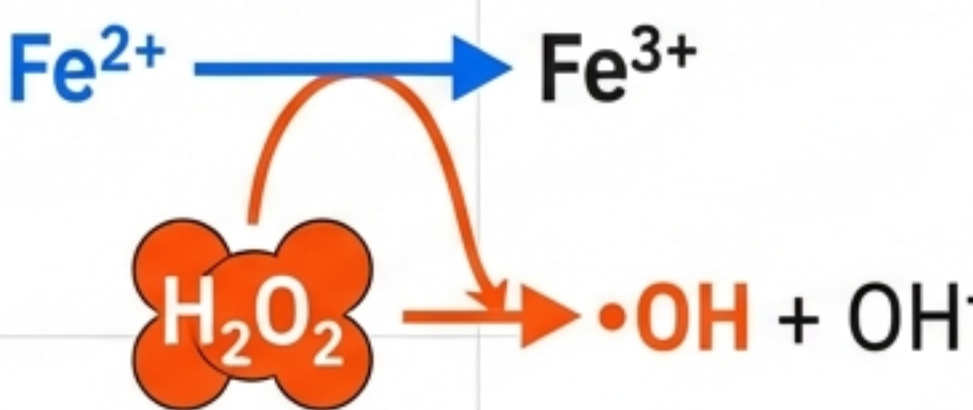
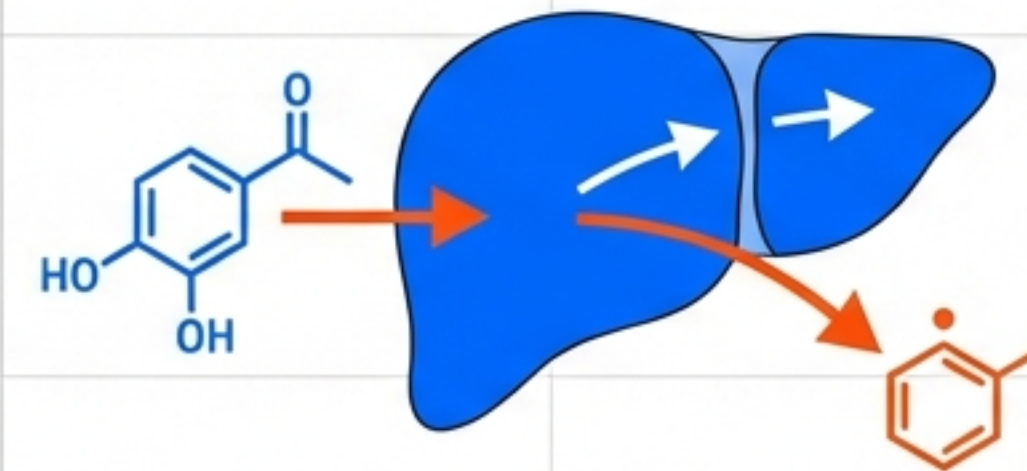


Chronic Structural Failure: Amyloidosis aggregates physically obstruct tissue function.

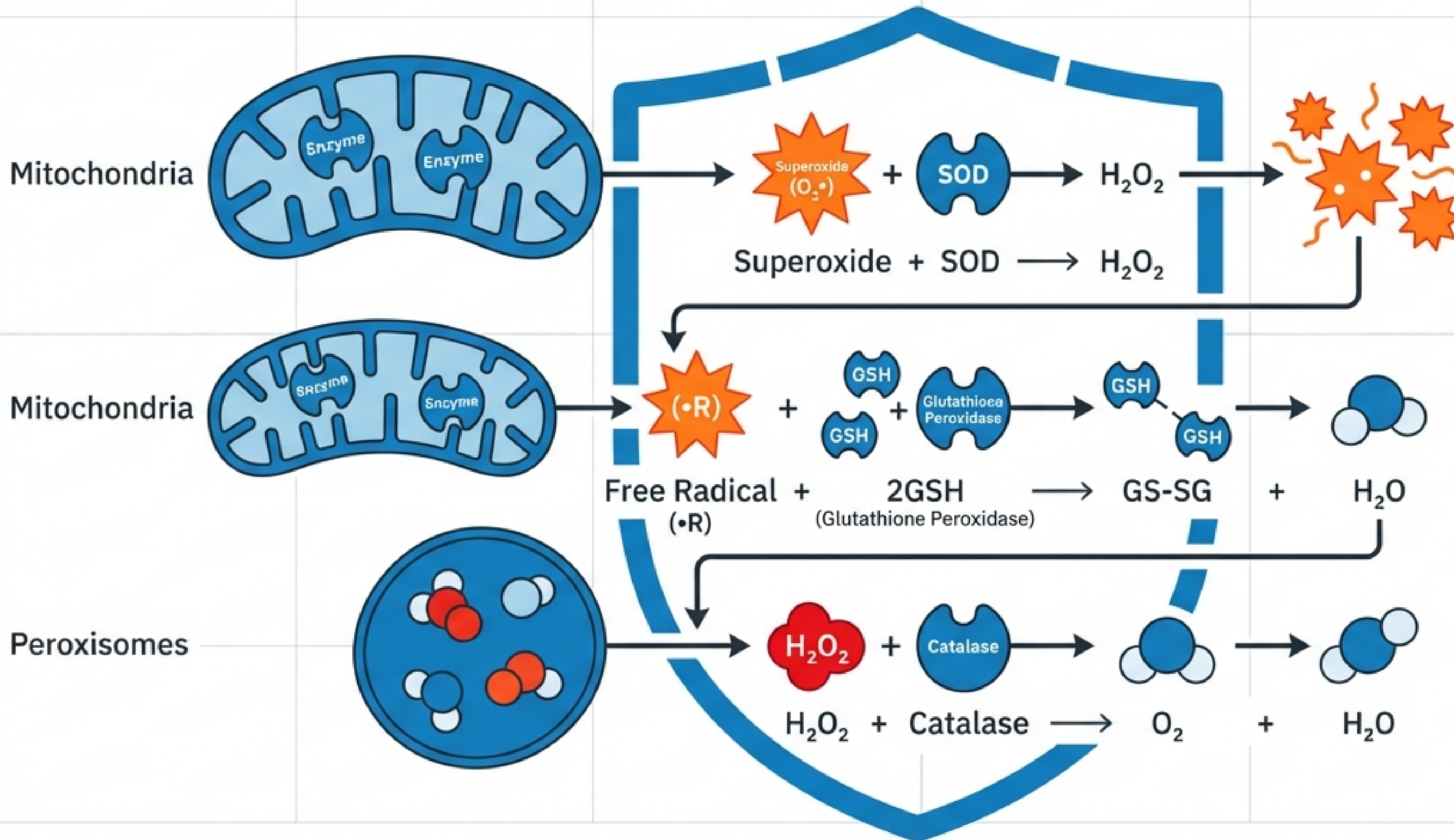
The Anatomy of a Free Radical



Sources of the Spark: Pathologic Generation

| | | | |
|---|---|---|---|
|  | <p>Ionizing Radiation. Water hydrolysis yields Hydroxyl radical ($\bullet\text{OH}$).</p> |  <p style="text-align: center;">Neutrophil</p> | <p>Inflammation. NADPH oxidase generates superoxide during oxygen-dependent killing.</p> |
|  | <p>Metals. The Fenton Reaction. Iron and Copper generate Hydroxyl radicals.</p> |  | <p>Drugs & Chemicals. P450 system metabolizes drugs (e.g., Acetaminophen), releasing radical byproducts.</p> |
| <p>Consequence: Peroxidation of lipids, oxidation of DNA, and oncogenesis.</p> | | | |

Cellular Defenses and Neutralization



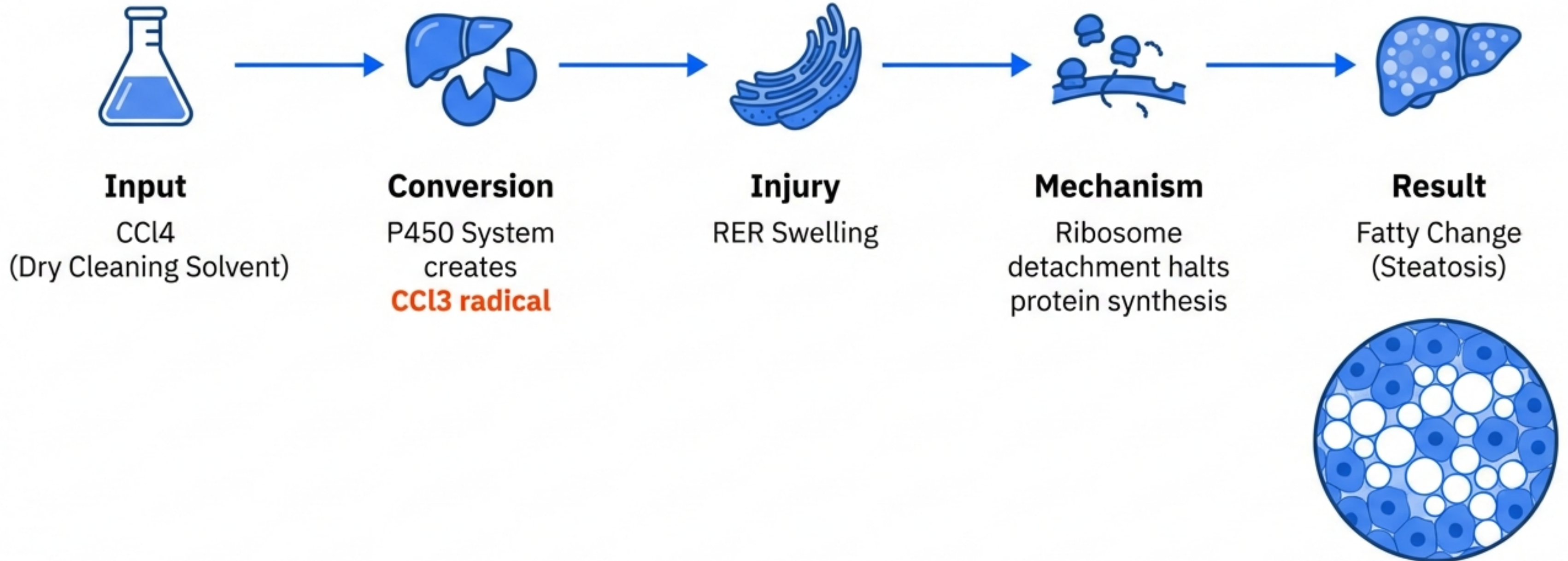
The Carriers

Transferrin & Ceruloplasmin sequester iron/copper to prevent Fenton reactions.

The Scavengers

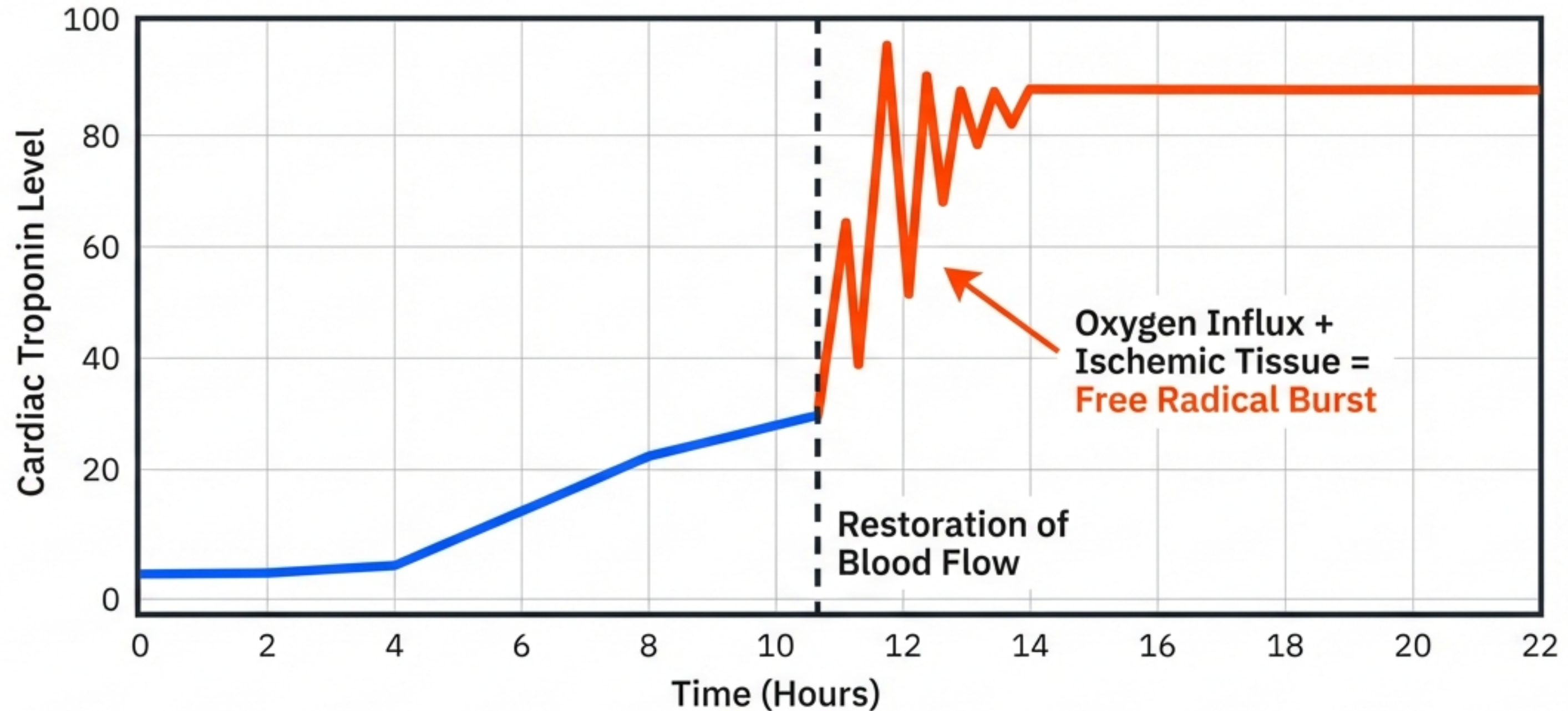
Vitamins A, C, and E directly neutralize radicals.

Case Study: Carbon Tetrachloride (CCl₄) Toxicity



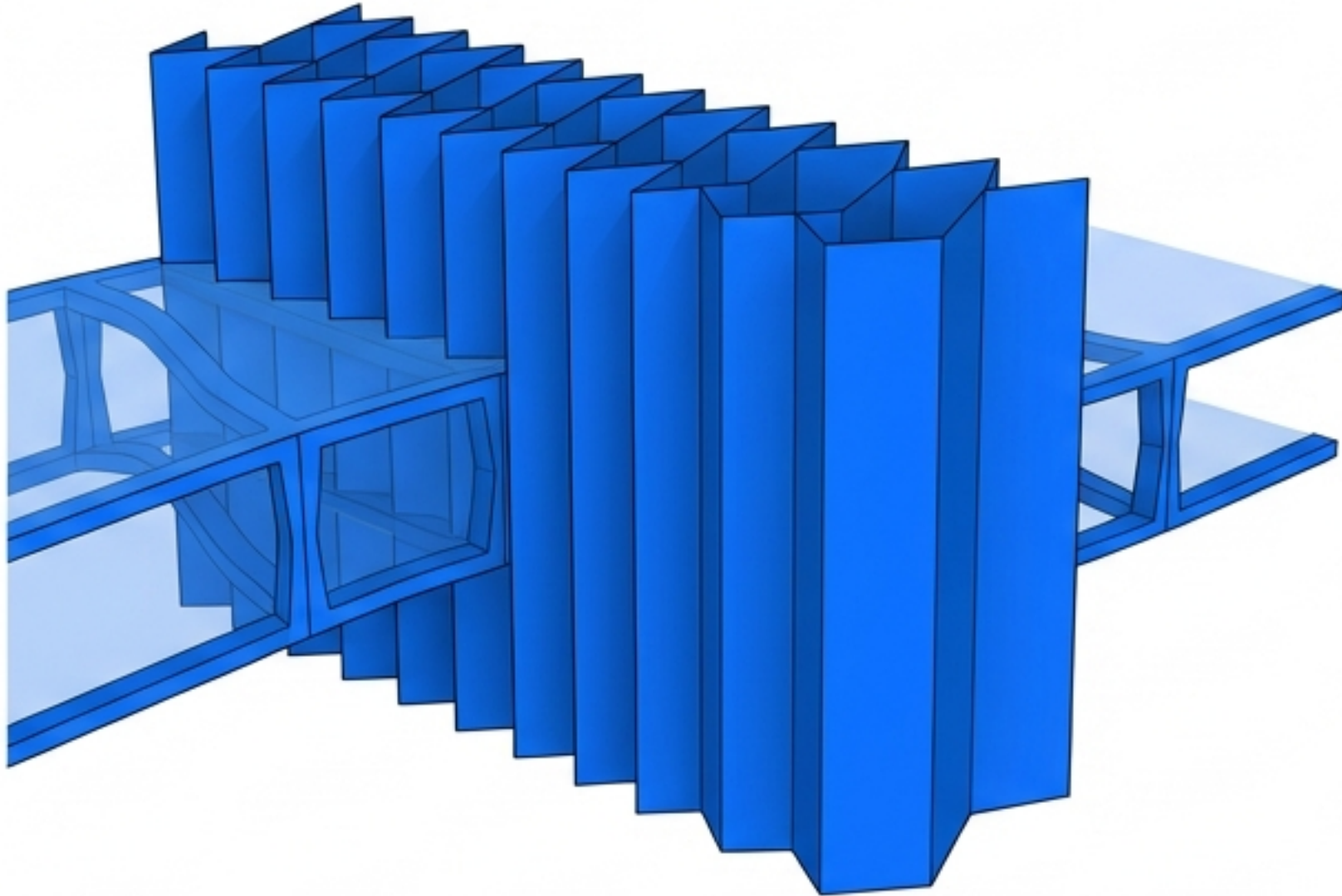
Histology: Fatty Change

The Reperfusion Paradox



Paradox: Restoring blood flow introduces O₂ to damaged tissue, fueling a second wave of injury via free radicals. This causes continued myocardial damage despite successful reperfusion.

The Architecture of Failure: Amyloidosis

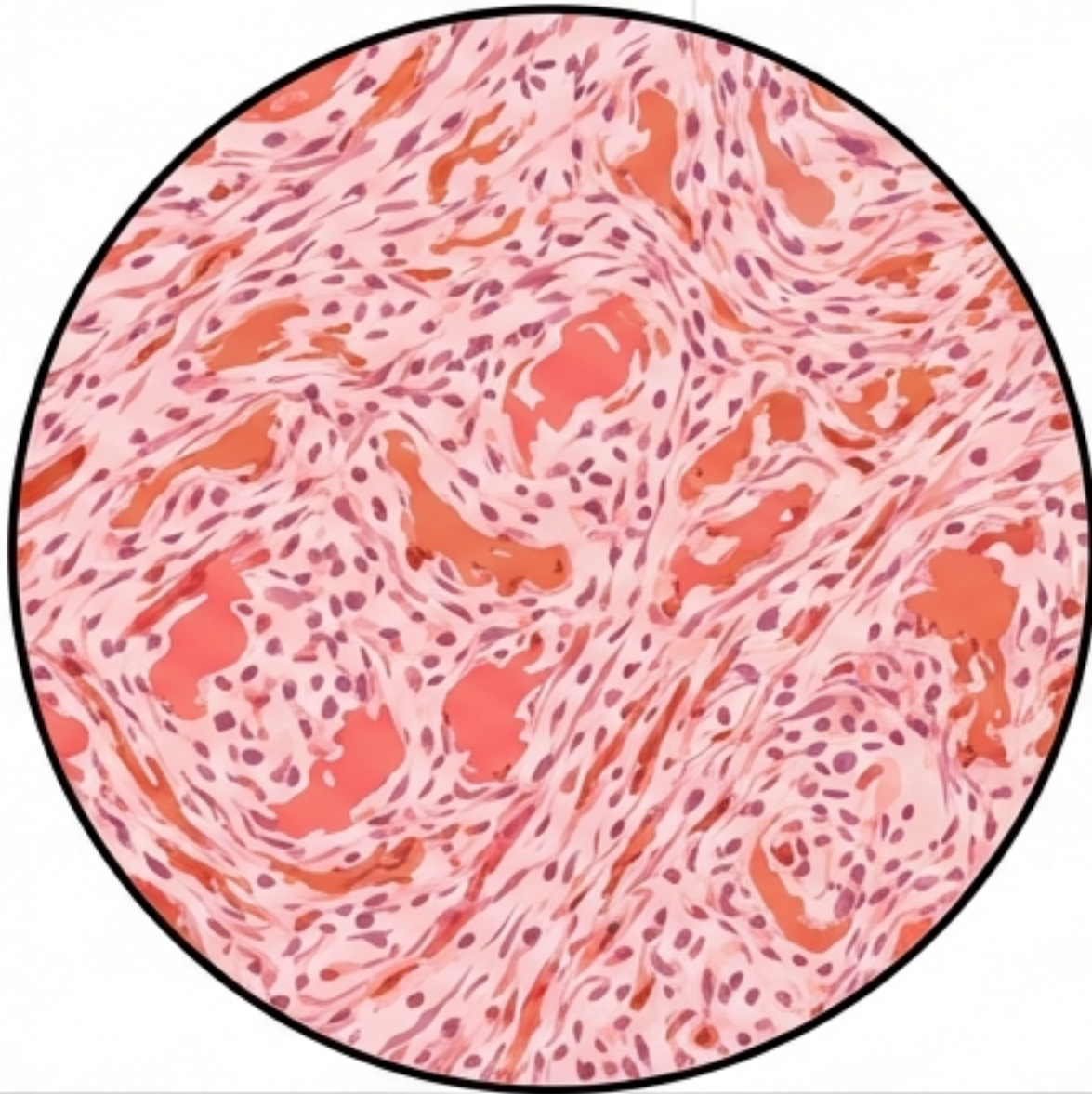


3D Structural Schematic: Beta-pleated Sheet obstructing cellular channel.

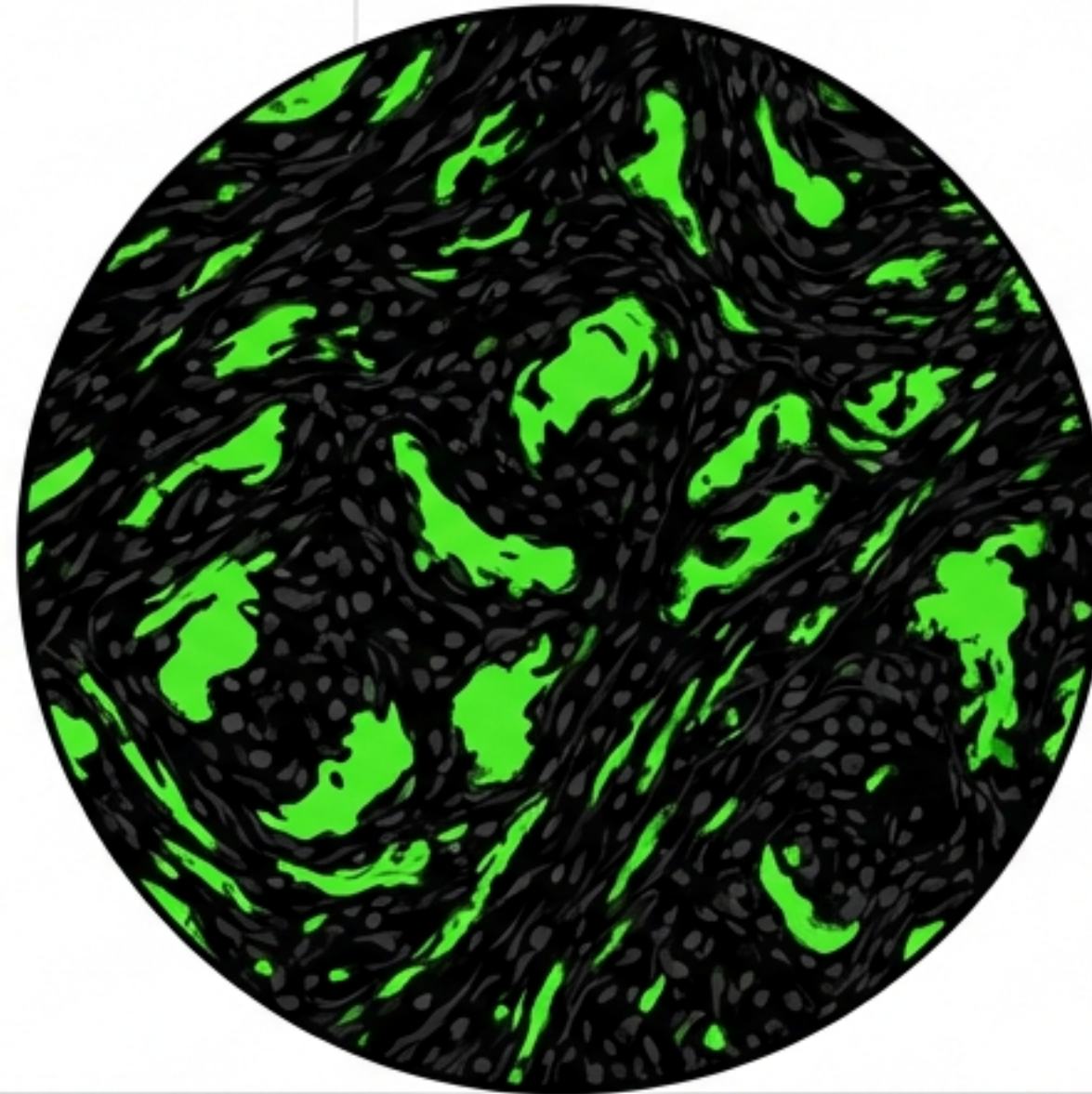
- **Definition:** Amyloid is not a single disease. It is a shared structural configuration of misfolded proteins that deposit in extracellular space.
- **The Unifying Feature:** Regardless of the precursor protein, all amyloid forms Beta-pleated sheets.
- **Mechanism:** These sheets aggregate to form insoluble fibrils that physically damage and obstruct tissue.

The Diagnostic Standard

Congo Red Stain



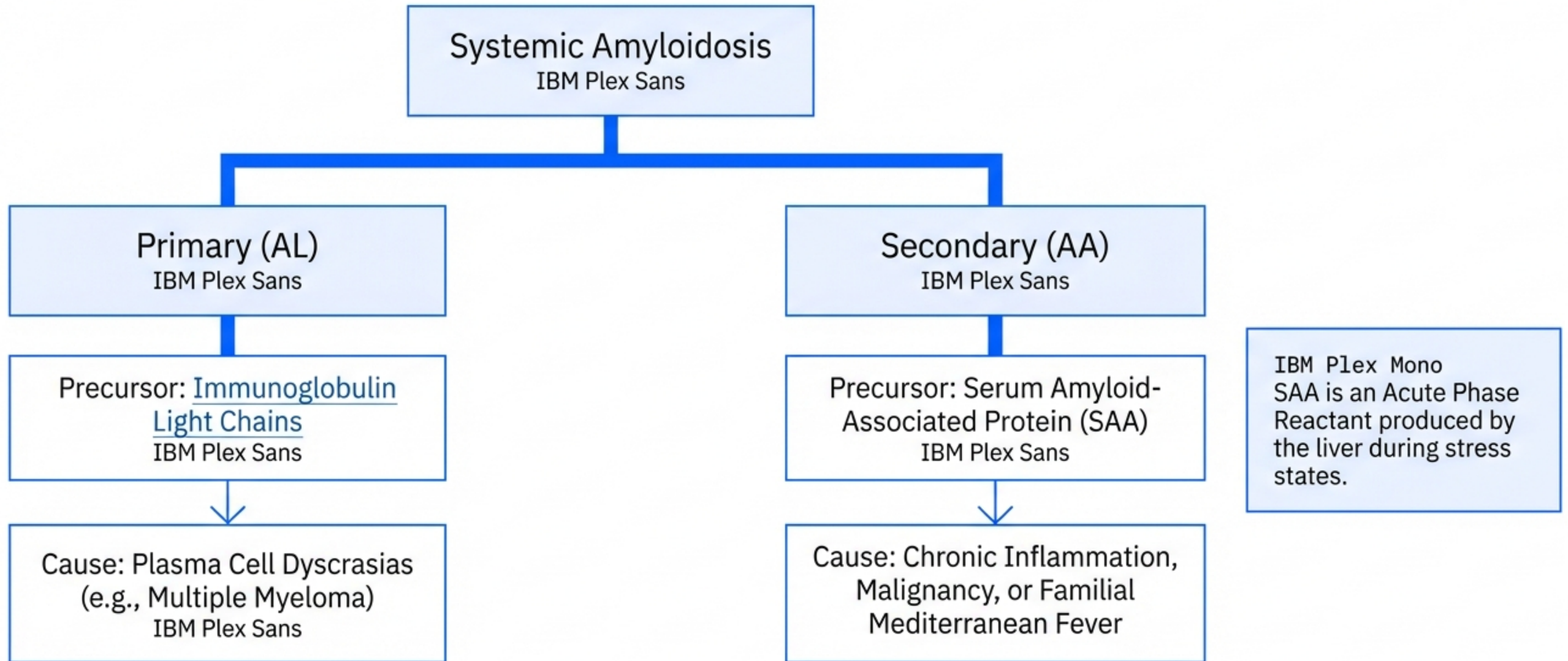
Polarized Light



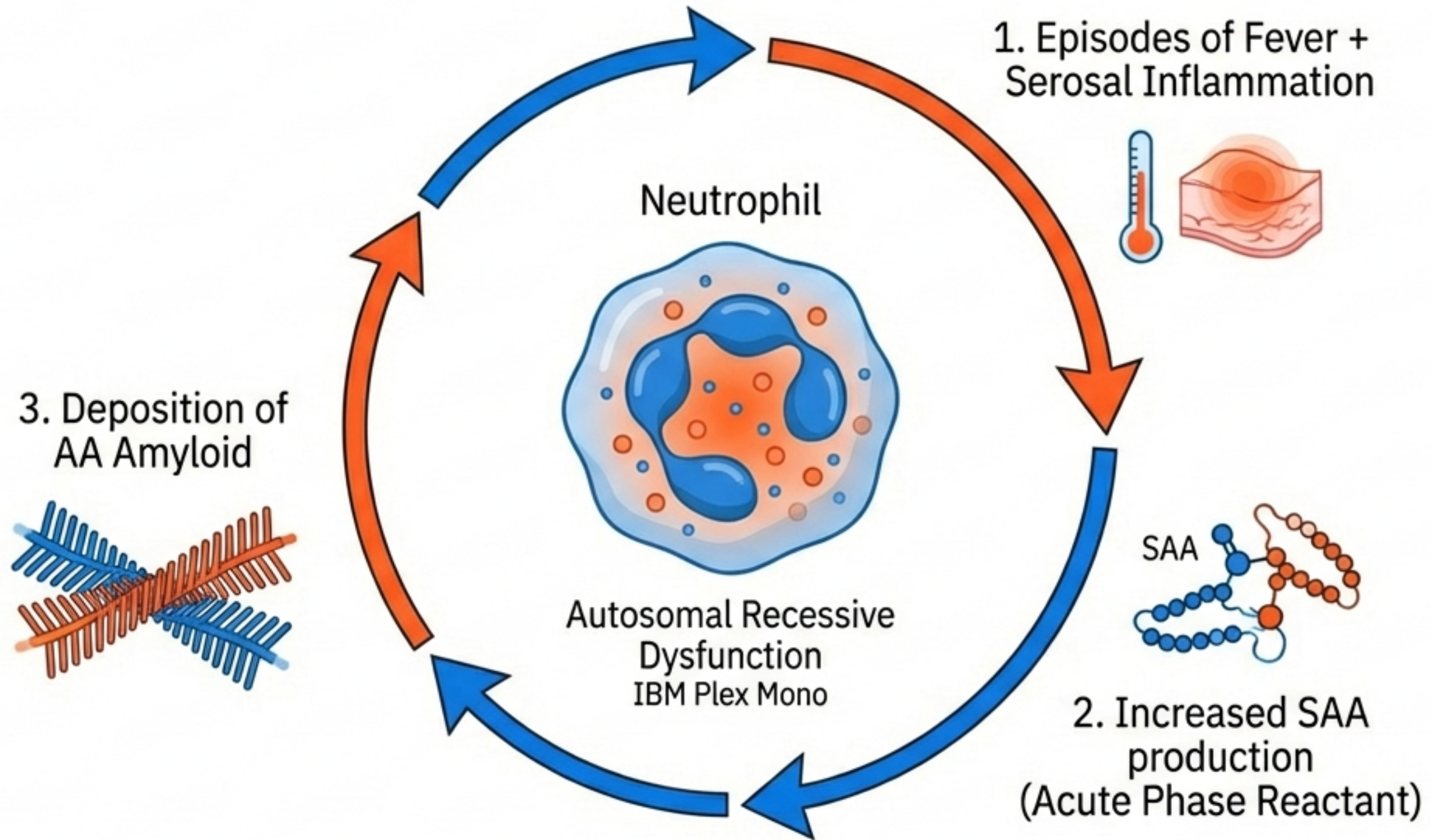
This optical property is the universal identifier for amyloid. Any protein depositing in a Beta-pleated sheet configuration will show this specific green glow under polarized light.

Apple-Green Birefringence
in IBM Plex Mono

Helvetica Now Display: Systemic Amyloidosis Classifications



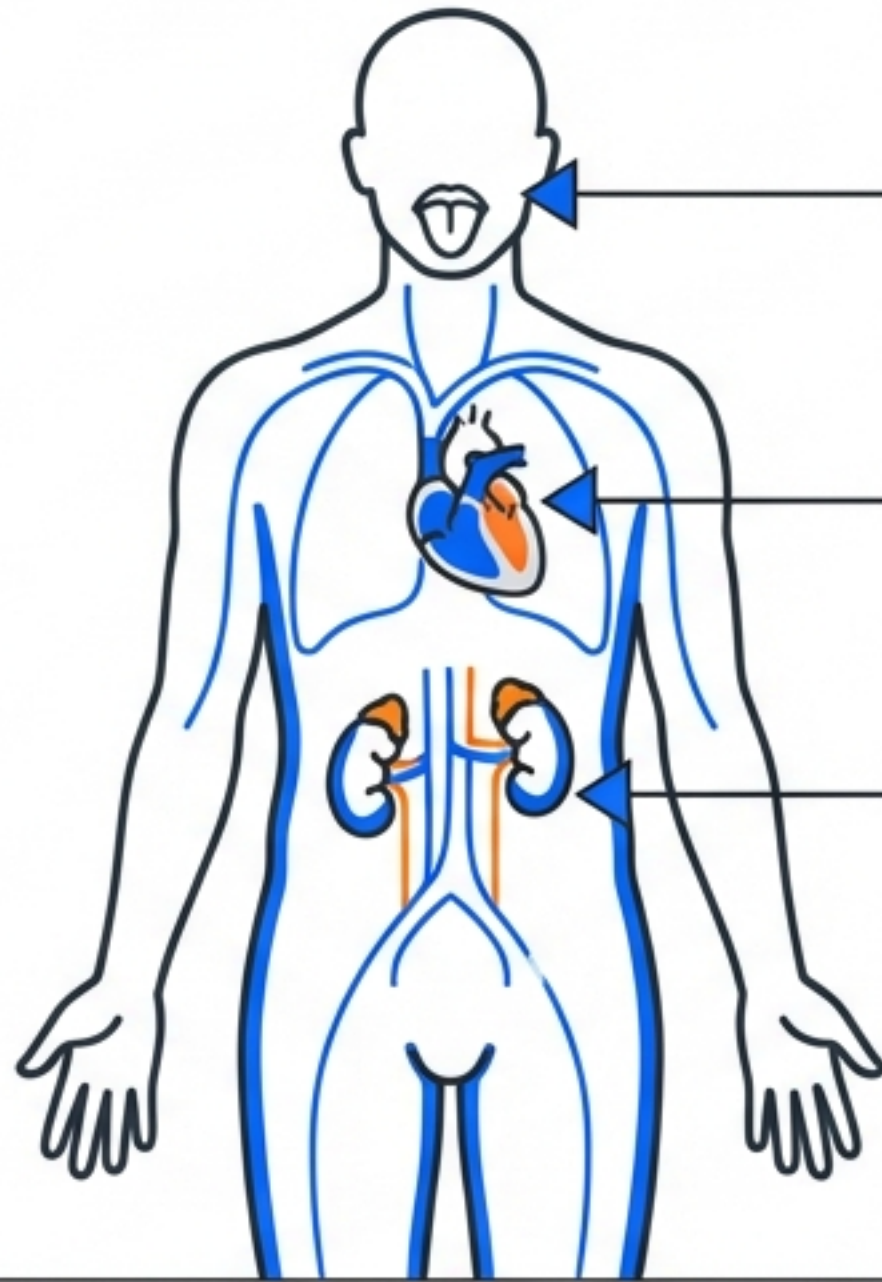
Helvetica Now Display: Secondary Amyloidosis & Familial Mediterranean Fever



Clinical Presentation:
Mimics appendicitis,
arthritis, or myocardial
infarction.

Demographic note:
Primarily affects
populations of
Mediterranean origin.

Clinical Manifestations: The Great Imitator



Macroglossia

Enlargement of the tongue; malabsorption.

Restrictive Cardiomyopathy

Stiffening of heart muscle, arrhythmia.

Nephrotic Syndrome

Most common organ involved. Filtration failure.

Clinical findings are diverse because almost any tissue can be infiltrated.

Modern Medical Atlas: Diagnosis and Prognosis



Biopsy Target

Abdominal Fat Pad or Rectum are preferred accessible targets.



Confirmation

Must show **Apple-Green Birefringence** under **polarized light**.



Treatment

Amyloid cannot be removed.



Outcome

Damaged organs require transplantation.

Localized Variations: Cardiac & Pancreatic

Senile Cardiac Amyloidosis

Protein:
Non-mutated
Serum Transthyretin



Demographics:
25% of individuals
>80 years old

Status:
Usually Asymptomatic

Familial Amyloid Cardiomyopathy

Protein:
Mutated Serum
Transthyretin



Demographics:
5% of African Americans
carry the gene

Status:
Restrictive
Cardiomyopathy



Type II Diabetes

Protein:
Amylin
(Insulin derivative)



Location:
Islets of the
Pancreas



Localized Variations: Neurological & Endocrine

Alzheimer Disease



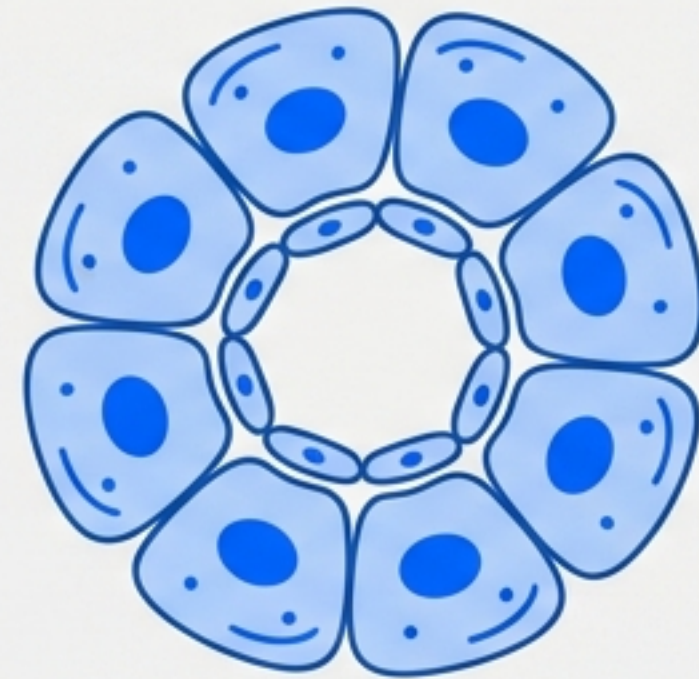
IBM Plex Mono

Protein: **A-Beta Amyloid** (from Beta-APP).

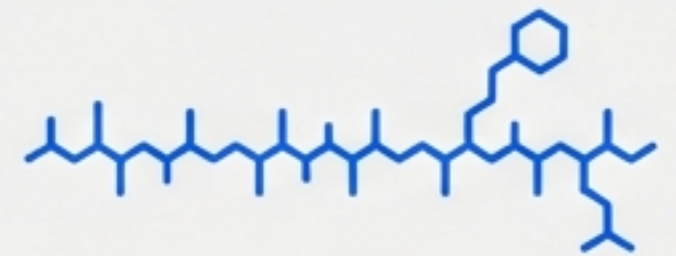


Gene for **Beta-APP** is on **Chromosome 21**.
Down Syndrome (**Trisomy 21**) leads to **early-onset Alzheimer's** by age 40.

Medullary Thyroid Carcinoma














Protein: **Calcitonin**.



Tumor cells produce **Calcitonin** which deposits within the **tumor stroma**.

Summary: Precursors and Pathology

| Condition | Precursor Protein | Pathology/Notes |
|----------------------|---|---|
| Systemic Primary |  Immunoglobulin Light Chain | AL Amyloid (Multiple Myeloma) ⚠️ |
| Systemic Secondary |  SAA (Acute Phase Reactant) | AA Amyloid (Inflammation/FMF) |
| Senile Cardiac |  Non-mutated Transthyretin | Asymptomatic in elderly |
| Familial Cardiac |  Mutated Transthyretin | Restrictive Cardiomyopathy 🗨️ |
| Type II Diabetes |  Amylin |  Pancreatic Islet deposition |
| Alzheimer Disease |  A-Beta Amyloid | Gene on Ch21 (Down Syndrome link) |
| Dialysis-Associated |  Beta2-microglobulin |  Deposits in joints |
| Medullary Thyroid Ca |  Calcitonin |  Tumor stroma deposition |