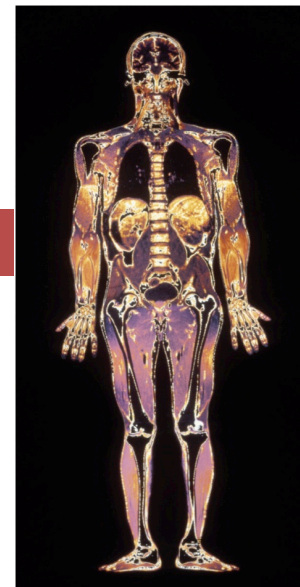


The integumentary system



**Al-Farabi Kazakh
National
University
Higher School of
Medicine**





LEARNING OUTCOMES

As a result of the lesson you will be able to:

- ❑ *List the functions of the skin and relate them to its structure;*
- ❑ *Identify and name the following skin structures: epidermis, dermis (papillary and reticular layers), hair and hair follicle, sebaceous gland, and sweat gland.*
- ❑ *Describe the distribution and function of the epidermal appendages—sebaceous and ceruminous glands, sweat glands, hair, and nails.*
- ❑ *Describe the normal and pathological colors that the skin can have, and explain their causes;*
- ❑ *Describe the role of dermal circulation;*

Overview

- **Integumentary System** – consists of the skin and its accessory organs
 - hair, nails, and cutaneous glands
- most visible system and more attention paid to this organ system
- inspection of the skin, hair, and nails is significant part of a physical exam
- skin is the most vulnerable organ
 - exposed to radiation, trauma, infection, and injurious chemicals
- receives more medical treatment than any other organ system
- **dermatology** – scientific study and medical treatment of the integumentary system

Structure of the Skin

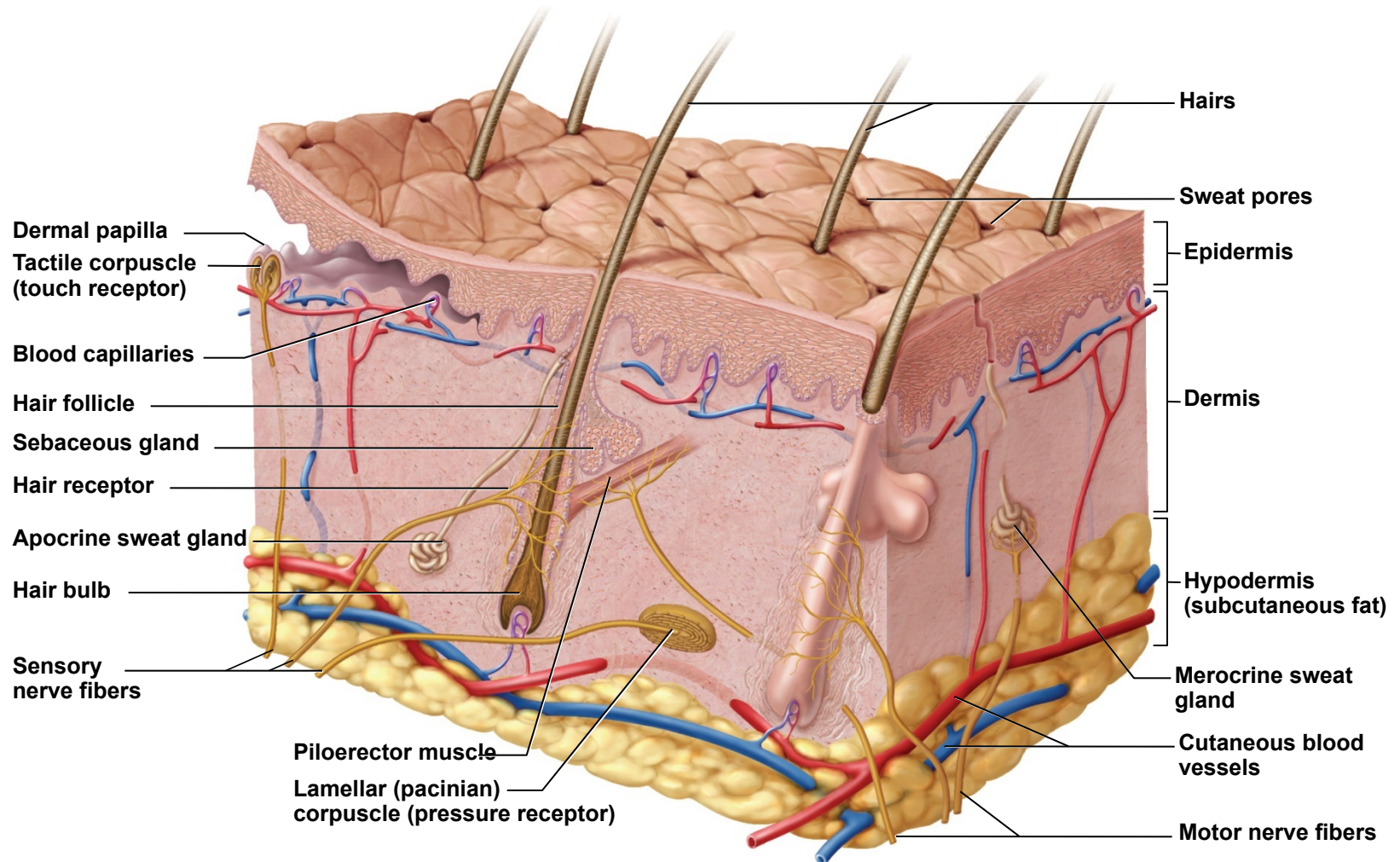


Figure 6.1

Skin and Subcutaneous Tissue

- the body's largest and heaviest organ
 - covers area of 1.5 -2.0 m²
 - 15 % of body weight
- consists of two layers:
 - **epidermis** – stratified squamous epithelium
 - **dermis** – connective tissue layer
- **hypodermis** – another connective tissue layer below the dermis
- most skin is 1 – 2 mm thick
- ranges from 0.5 mm on eyelids to 6 mm between shoulder blades
- **thick skin** – on palms and sole, and corresponding surfaces on fingers and toes
 - has sweat glands, but no hair follicles or sebaceous (oil) glands
 - epidermis 0.5 mm thick
- **thin skin** – covers rest of the body
 - epidermis about 0.1 mm thick
 - possesses hair follicles, sebaceous glands and sweat glands

Functions of the Skin

- **resistance to trauma and infection**
 - keratin
 - acid mantle
- **other barrier functions**
 - waterproofing
 - UV radiation
 - harmful chemicals
- **vitamin D synthesis**
 - skin first step
 - liver and kidneys complete process
- **sensation**
 - skin is our most extensive sense organ
- **thermoregulation**
 - thermoreceptors
 - vasoconstriction / vasodilation
- **nonverbal communication**
 - acne, birthmark, or scar
- **transdermal absorption**
 - administration of certain drugs steadily through thin skin – adhesive patches

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(a)

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Figure 6.2a

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Figure 6.2b

Epidermis

- **epidermis** – keratinized stratified squamous epithelium
 - dead cells at the surface packed with tough protein – **keratin**
 - lacks blood vessels
 - depends on the diffusion of nutrients from underlying connective tissue
 - sparse nerve endings for touch and pain

Cells of Epidermis

- five types of cells of the epidermis
 - **stem cells**
 - undifferentiated cells that give rise to keratinocytes
 - in deepest layer of epidermis (stratum basale)
 - **keratinocytes**
 - great majority of epidermal cells
 - synthesize **keratin**
 - **melanocytes**
 - occur only in stratum basale
 - synthesize pigment **melanin** that shields DNA from ultraviolet radiation
 - branched processes that spread among keratinocytes
 - **tactile (merkel) cells**
 - in basal layer of epidermis
 - touch receptor cells associated with dermal nerve fibers
 - **dendritic (langerhans) cells**
 - macrophages originating in bone marrow that guard against pathogens
 - found in stratum spinosum and granulosum
 - stand guard against toxins, microbes, and other pathogens that penetrate skin

Cell Types and Layers of the of the Epidermis

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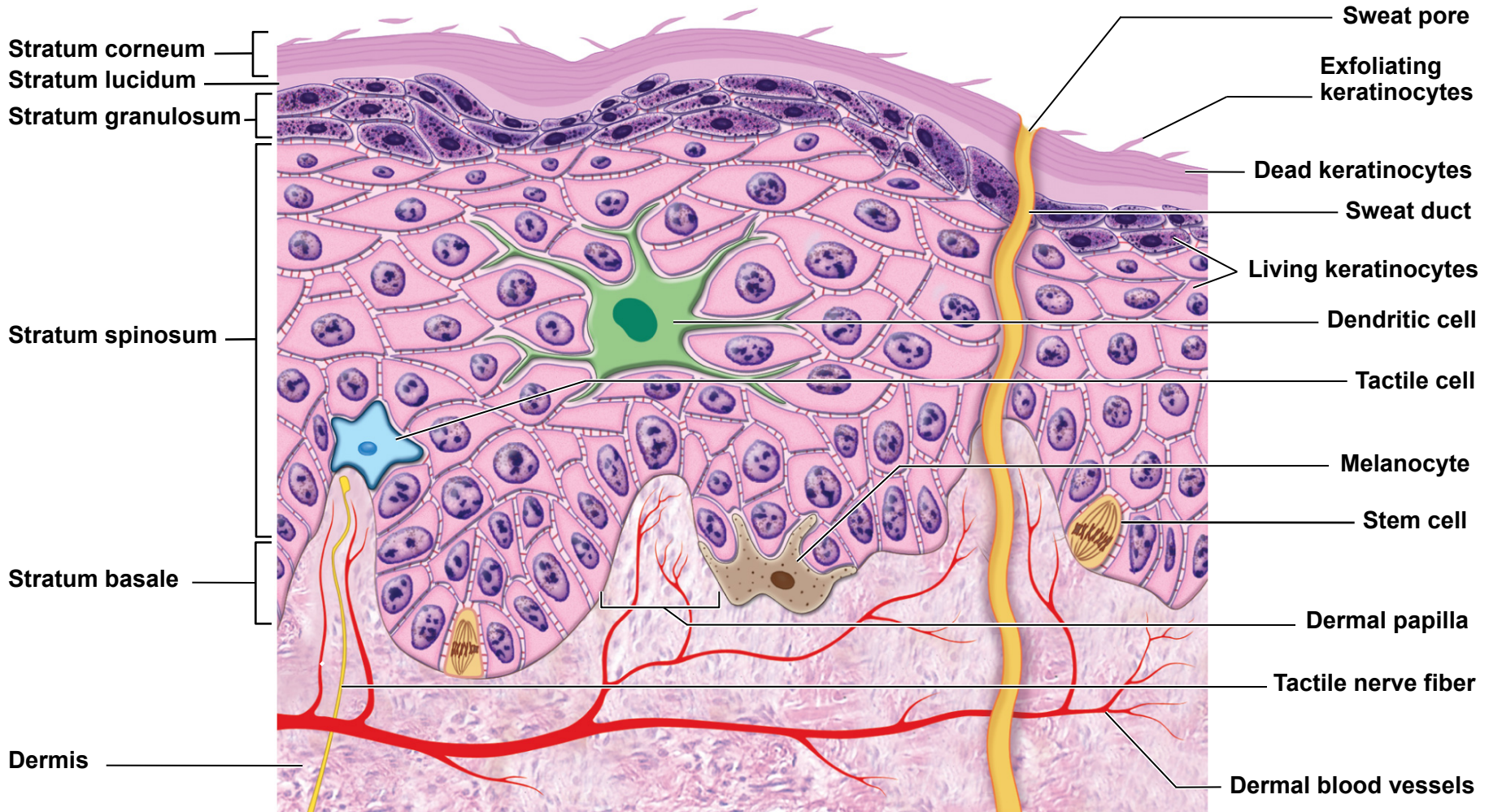


Figure 6.3

Stratum Basale

- a single layer of cuboidal to low columnar **stem cells** and **keratinocytes** resting on the basement membrane
 - **melanocytes** and **tactile cells** are scattered among the stem cells and keratinocytes
- **stem cells of stratum basale divide**
 - give rise to keratinocytes that migrate toward skin surface
 - replace lost epidermal cells

Stratum Spinosum

- consists of **several layers of keratinocytes**
- **thickest stratum in most skin**
 - in thick skin, exceeded by stratum corneum
- **deepest cells remain capable of mitosis**
 - cease dividing as they are pushed upward
- produce more and more **keratin filaments** which causes cell to flatten
 - higher up in this stratum, the flatter the cells appear
- **dendritic cells** found throughout this stratum
- named for artificial appearance created in histological section
 - numerous desmosomes and cell shrinkage produces spiny appearance

Stratum Granulosum

- consists of **3 to 5 layers** flat keratinocytes
- contain coarse dark-staining **keratohyalin granules**

Stratum Lucidum

- **seen only in thick skin**
- **thin translucent zone** superficial to stratum granulosum
- keratinocytes are densely packed with **eleidin**
- cells have no nucleus or other organelles
- zone has a pale, featureless appearance with indistinct boundaries

Stratum Corneum

- up to 30 layers of dead, scaly, keratinized cells
- form durable surface layer
 - surface cells flake off (exfoliate)
- resistant to abrasion, penetration, and water loss

Life History of Keratinocytes

- **keratinocytes** are produced deep in the epidermis by stem cells in **stratum basale**
 - some deepest keratinocytes in stratum spinosum also multiply and increase their numbers
- **mitosis requires an abundant supply of oxygen and nutrients**
 - deep cells acquire from blood vessels in nearby dermis
 - once epidermal cells migrate more than two or three cells away from the dermis, their mitosis ceases
- newly formed keratinocytes push the older ones toward the surface

- in **30 - 40 days** a keratinocyte makes its way to the skin surface and flakes off
 - slower in old age
 - faster in skin injured or stressed
 - **calluses** or **corns** – thick accumulations of dead keratinocytes on the hands or feet
- cytoskeleton proliferates as cells are shoved upward
- cells grow flatter
- produce lipid-filled **membrane-coating vesicles** (lamellar granules)
- in **stratum granulosum** three important developments occur
 - keratinocyte nucleus and other organelles degenerate, **cells die**
 - **keratohyalin** granules release a protein **filaggrin**
 - binds the keratin filaments together into coarse, tough bundles
 - membrane-coating vesicles release lipid mixture that spreads out over cell surface and **waterproofs** it

Epidermal Water Barrier

- **epidermal water barrier** - forms between stratum granulosum and stratum spinosum
- consists of:
 - **lipids** secreted by keratinocytes
 - **tight junctions** between keratinocytes
 - thick layer of **insoluble protein** on the inner surfaces of the keratinocyte plasma membranes
- critical to retaining water in the body and **preventing dehydration**
- cells above the water barrier quickly die
 - barrier cuts them off from nutrients below
 - dead cells **exfoliate (dander)**
 - **dandruff** – clumps of dander stuck together by sebum (oil)

Dermis

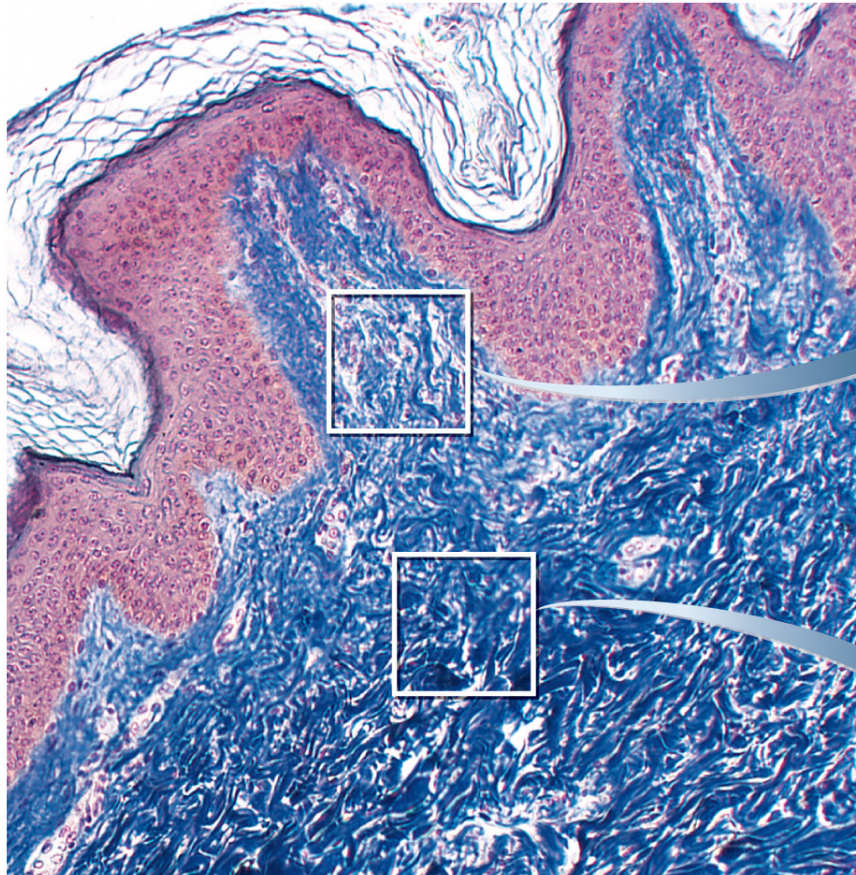
- **dermis** – connective tissue layer beneath the epidermis
- ranges from 0.2 mm (eyelids) – 4 mm (palms & soles)
- composed mainly of collagen with elastic fibers, reticular fibers, and fibroblasts
- well supplied with **blood vessels, sweat glands, sebaceous glands, and nerve endings**
- **hair follicles** and **nail roots** are embedded in dermis
- smooth muscle (**piloerector muscles**) associated with hair follicles
 - contract in response to stimuli, such as cold, fear, and touch – **goose bumps**

Dermis

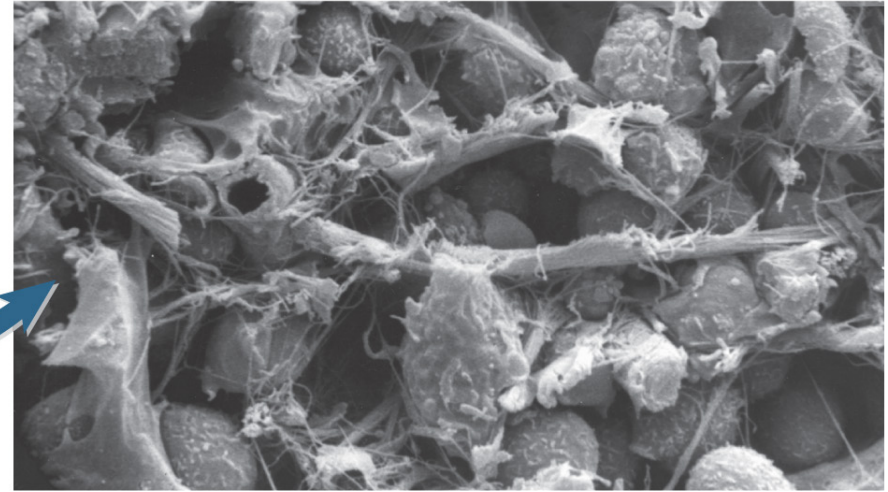
- **dermal papillae** – upward fingerlike extensions of the dermis
 - **friction ridges** on fingertips that leave fingerprints
- **papillary layer** – superficial zone of dermis
 - thin zone of areolar tissue in and near the dermal papilla
 - allows for mobility of leukocytes and other defense cells should epidermis become broken
 - rich in small blood vessels
- **reticular layer** – deeper and much thicker layer of dermis
 - consists of dense, irregular connective tissue
 - **stretch marks (striae)** – tears in the collagen fibers caused by stretching of the skin due to pregnancy or obesity

Structure of the Dermis

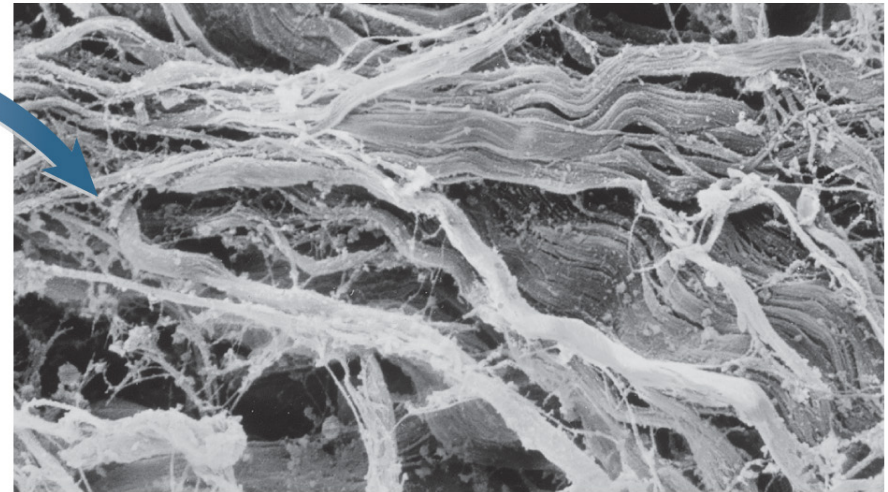
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(a)



(b) Papillary layer of dermis



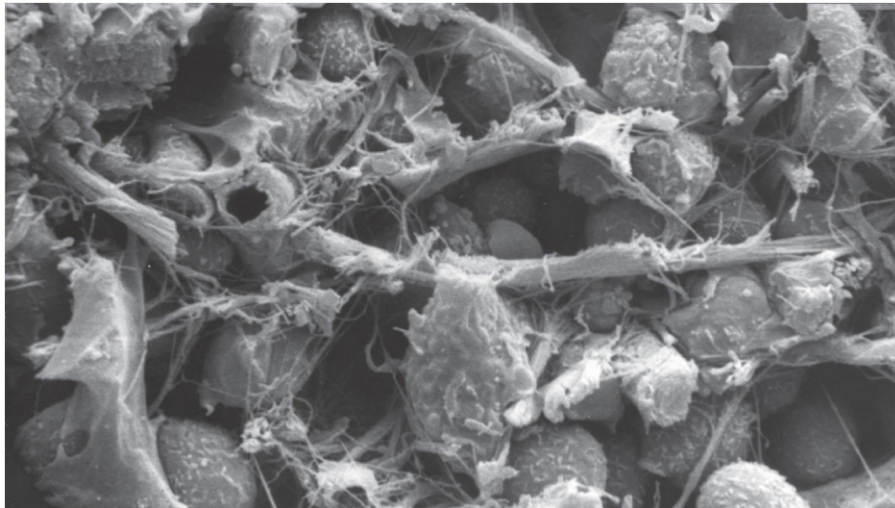
(c) Reticular layer of dermis

Figure 6.5

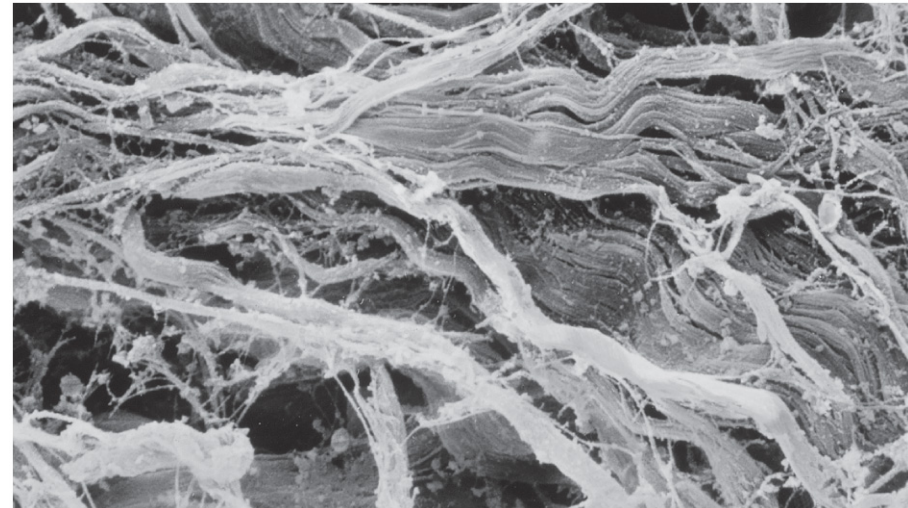
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Layers of Dermis

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(b) Papillary layer of dermis



(c) Reticular layer of dermis

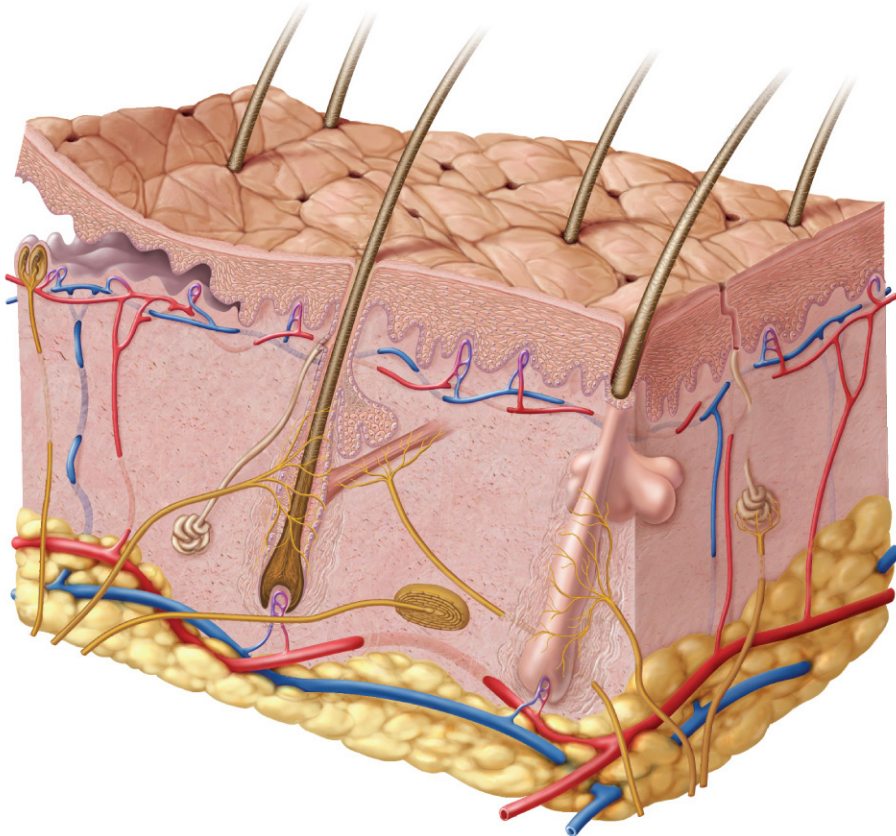
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Figure 6.5b

Figure 6.5c

Hypodermis

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- subcutaneous tissue
- more areolar and adipose than dermis
- pads body
- binds skin to underlying tissues
- drugs introduced by injection
 - highly vascular & absorbs them quickly
- subcutaneous fat
 - energy reservoir
 - thermal insulation
 - 8% thicker in women

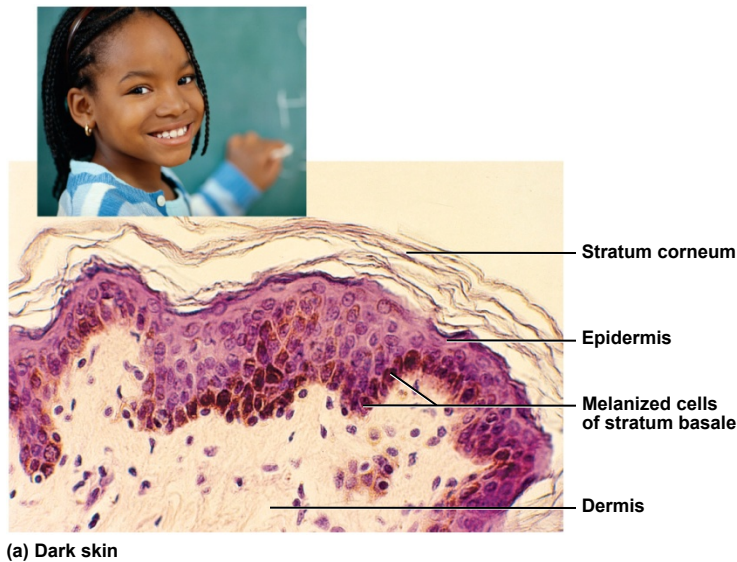
Skin Color

- **melanin** – most significant factor in skin color
 - produced by **melanocytes**
 - accumulate in the **keratinocytes** of stratum basale and stratum spinosum
 - **eumelanin** – brownish black
 - **pheomelanin** - a reddish yellow sulfur-containing pigment
- people of different skin colors have the **same number of melanocytes**
 - **dark skinned people**
 - produce greater quantities of melanin
 - melanin granules in keratinocytes more spread out than tightly clumped
 - melanin breaks down more slowly
 - melanized cells seen throughout the epidermis
 - **light skinned people**
 - melanin clumped near keratinocyte nucleus
 - melanin breaks down more rapidly
 - little seen beyond stratum basale
- amount of melanin also varies with exposure to **ultraviolet (UV) rays of sunlight**

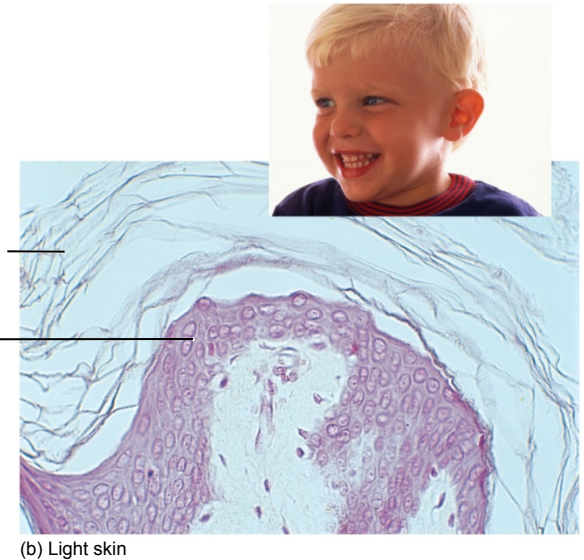
Other Factors in Skin Color

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Figure 6.6a

Figure 6.6b

- **hemoglobin** - red pigment of red blood cells
 - adds reddish to pinkish hue to skin
- **carotene** - yellow pigment acquired from egg yolks and yellow/orange vegetables
 - concentrates in stratum corneum and subcutaneous fat

Abnormal Skin Colors

- **cyanosis** - blueness of the skin from deficiency of oxygen in the circulating blood
 - airway obstruction (drowning or choking)
 - lung diseases (emphysema or respiratory arrest)
 - cold weather or cardiac arrest
- **erythema** – abnormal redness of the skin due to dilated cutaneous vessels
 - exercise, hot weather, sunburn, anger, or embarrassment
- **pallor** – pale or ashen color when there is so little blood flow through the skin that the white color of dermal collagen shows through
 - emotional stress, low blood pressure, circulatory shock, cold, anemia
- **albinism** – genetic lack of melanin that results in white hair, pale skin, and pink eyes
 - have inherited recessive, nonfunctional tyrosinase allele
- **jaundice** - yellowing of skin and sclera due to excess of bilirubin in blood
 - cancer, hepatitis, cirrhosis, other compromised liver function
- **hematoma** – (**bruise**) mass of clotted blood showing through skin

Evolution of Skin Color

- **skin color** – one of the most conspicuous sign of human variation
- results from combination of evolutionary selection pressures
 - especially differences in **exposure to ultraviolet radiation (UVR)**
- **UVR has two adverse effects:**
 - causes **skin cancer**
 - **breaks down folic acid** needed for normal cell division, fertility, and fetal development
- **UVR has a desirable effect:**
 - stimulates **synthesis of vitamin D** necessary for dietary calcium absorption
- populations native to the **tropics** and their descendants tend to have **well-melanized skin** to screen out excessive UVR
- populations native **to far northern or southern latitudes** where the sunlight is weak, tend to have **light skin** to allow for adequate UVR penetration

Evolution of Skin Color

- ancestral skin color is a compromise between vitamin D and folic acid requirements
- women have skin averaging about 4% lighter than men
 - need greater amounts of vitamin D and folic acid to support pregnancy and lactation
- high altitude and dry air increases skin pigmentation
 - Andes, Tibet, Ethiopia
- UVR accounts for up to 77% of variation in human skin color
- other exceptions:
 - migration, cultural differences in clothing and shelter
 - intermarriage of people of different geographic ancestries
 - darwinian sexual selection – a preference in mate choice for partners of light or dark complexion

Skin Markings

- **friction ridges** – the markings on the fingertips that leave oily fingerprints on surfaces we touch
 - everyone has a unique pattern formed during fetal development and remain unchanged throughout life
 - not even identical twins have identical fingerprints
 - allow manipulation of small objects
- **flexion lines (flexion creases)** – lines on the flexor surfaces of the digits, palms, wrists, elbows
 - marks sites where the skin folds during flexion of the joints
- **freckles** and **moles** – tan to black aggregations of melanocytes
 - **freckles** are flat, melanized patches
 - **moles (nevus)** are elevated melanized patches often with hair
 - moles should be watched for changes in color, diameter, or contour
 - may suggest malignancy (skin cancer)
- **hemangiomas (birthmarks)** – patches of discolored skin caused by benign tumors of dermal blood capillaries
 - some disappear in childhood -- others last for life
 - capillary hemangiomas, cavernous hemangiomas, port-wine stain

Hair and Nails

- **hair, nails, and cutaneous glands** are accessory organs of the skin
- **hair and nails** are composed of mostly of dead, keratinized cells
 - pliable **soft keratin** makes up stratum corneum of skin
 - compact **hard keratin** makes up hair and nails
 - tougher and more compact due to numerous cross-linkages between keratin molecules
- **pilus** – another name for hair
- **pili** – plural of pilus
- **hair** – a slender filament of keratinized cells that grows from an oblique tube in the skin called a **hair follicle**

Distribution of Human Hair

- hair is found almost everywhere on the body except:
 - palms and soles
 - ventral and lateral surface of fingers and toes
 - distal segment of the finger
 - lips, nipples, and parts of genitals
- limbs and trunk have 55 – 70 hairs per cm²
 - face about 10 times as many
 - 30,000 hairs in a man's beard
 - 100,000 hairs on an average person's scalp
 - number of hairs does not differ much from person to person or even between sexes
 - differences in appearance due to texture and pigmentation of the hair

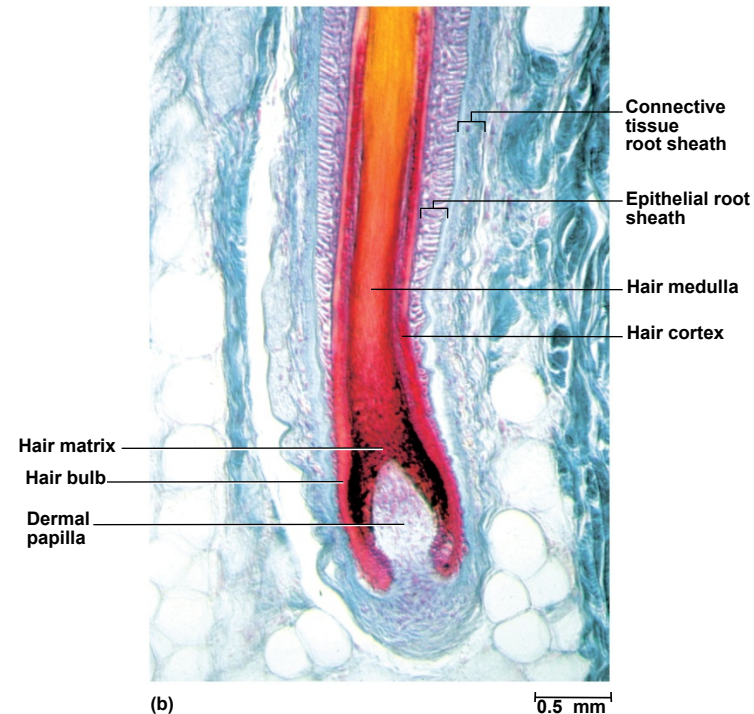
Types of Human Hair

- Three kinds of hair grow over the course of our lives
 - **lanugo** – fine, downy, unpigmented hair that appears on the fetus in the last three months of development
 - **vellus** – fine, pale hair that replaces lanugo by time of birth
 - two-thirds of the hair of women
 - one-tenth of the hair of men
 - all of hair of children except eyebrows, eyelashes, and hair of the scalp
 - **terminal** – longer, coarser, and usually more heavily pigmented
 - forms eyebrows, eyelashes, and the hair of the scalp
 - after puberty, forms the axillary and pubic hair
 - male facial hair and some of the hair on the trunk and limbs

Structure of Hair and Follicle

- Hair is divisible into three zones along its length
 - **bulb** – a swelling at the base where hair originates in dermis or hypodermis
 - only living hair cells are in or near bulb
 - **root** – the remainder of the hair in the follicle
 - **shaft** – the portion above the skin surface
- **dermal papilla** – bud of vascular connective tissue encased by bulb
 - provides the hair with its sole source of nutrition
- **hair matrix** – region of mitotically active cells immediately above papilla
 - hair's **growth center**

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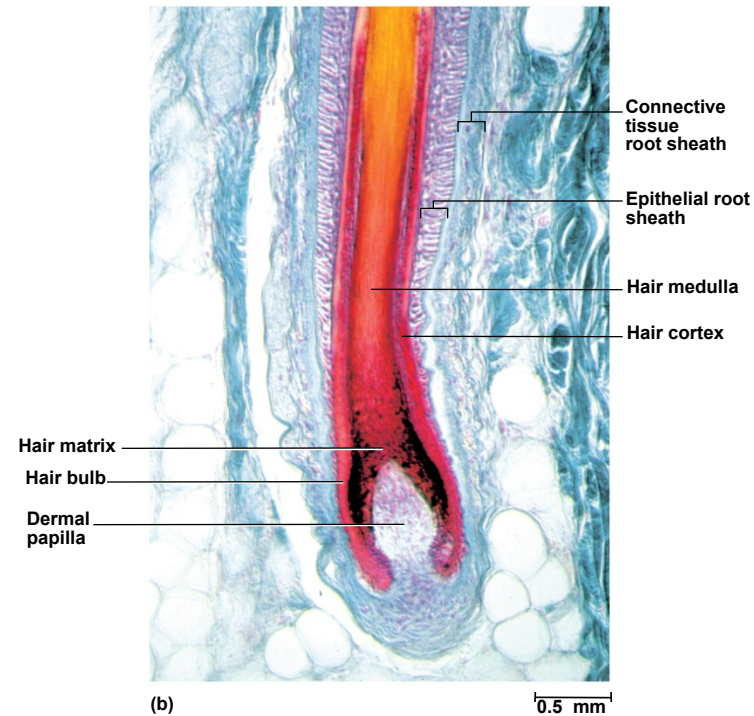
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Figure 6.7b

Structure of Hair and Follicle

- three layers of the hair in cross-section from inside out
 - **medulla**
 - core of loosely arranged cells and air spaces
 - **cortex**
 - constitutes the bulk of the hair
 - consists of several layers of elongated keratinized cells
 - **cuticle**
 - composed of multiple layers of very thin, scaly cells that overlap each other
 - free edges directed upward

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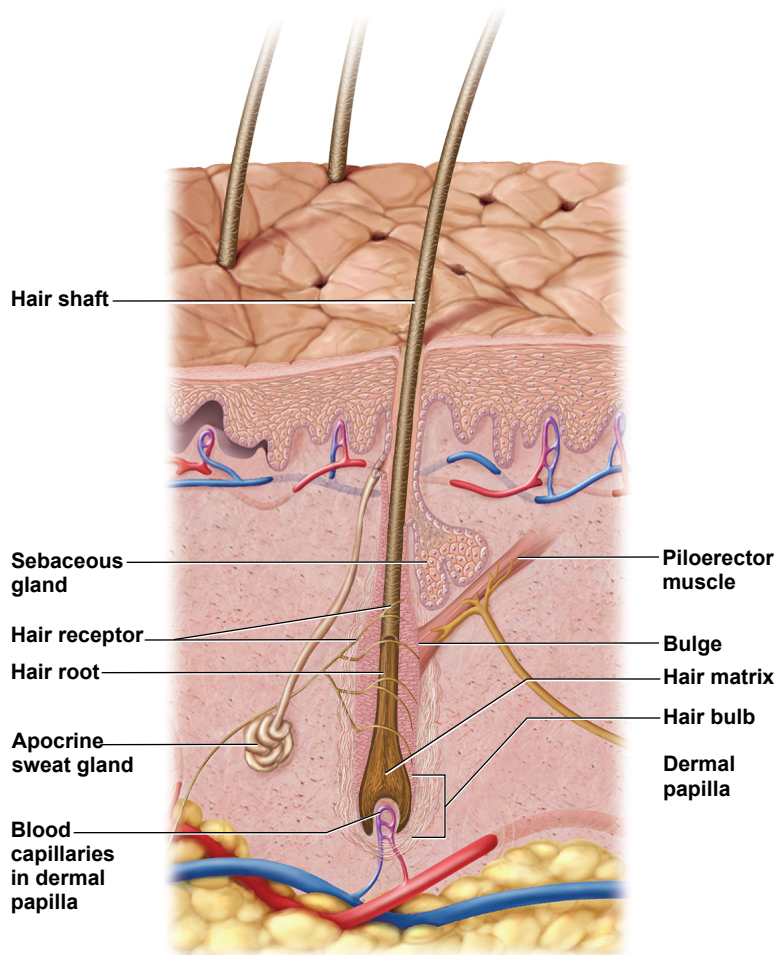


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Figure 6.7b

Structure of Hair Follicle

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(a)

- **follicle** – diagonal tube that dips deeply into dermis and may extend into hypodermis
 - **epithelial root sheath**
 - extension of the epidermis
 - lies immediately adjacent to hair root
 - toward deep end widens into **bulge** - a source of stem cells for follicular growth
 - **connective tissue root sheath**
 - derived from dermis
 - surrounds epithelial root sheath
 - denser than adjacent connective tissue
- **hair receptors**
 - nerve fibers that entwine each follicle
 - respond to hair movement
- **piloerector muscle (arrector pili)**
 - bundles of smooth muscle cells
 - extends from dermal collagen to connective tissue root sheath
 - goose bumps

Figure 6.7a

Hair Texture and Color

- **texture** – related to differences in cross-sectional shape
 - **straight hair** is round
 - **wavy hair** is oval
 - **curly hair** is relatively flat
- **color** – due to pigment granules in the cells of the cortex
 - **brown** and **black hair** is rich in eumelanin
 - **red hair** has a slight amount of eumelanin but a high concentration of pheomelanin
 - **blond hair** has an intermediate amount of pheomelanin and very little eumelanin
 - **gray** and **white hair** results from scarcity or absence of melanin in the cortex and the presence of air in the medulla

Hair Color and Texture

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Figure 6.8

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Hair Growth and Loss

- **hair cycle** – consists of three developmental stages
 - **anagen** - growth stage - 90% of scalp follicles at any given time
 - stem cells multiply and travel downward
 - pushing dermal papilla deeper into skin forming epidermal root sheath
 - root sheath cells directly above dermal papilla form the hair matrix
 - sheath cells transform into hair cells, synthesize keratin, and die as they are pushed upward
 - new hair grows up the follicle, often alongside of an old **club hair** from the previous cycle
 - **catagen** - degenerative stage - mitosis in the hair matrix ceases and sheath cells below the bulge die
 - the follicle shrinks and the dermal papilla is drawn up toward the bulge
 - base of hair keratinizes into a hard club, and hair is now known as **club hair**
 - loses its anchorage
 - easily pulled out by brushing
 - **telogen** - resting stage - when papilla reaches the bulge

Hair Growth and Loss

- **club hair** may fall out during catagen or telogen
 - or pushed out by new hair in the next anagen phase
- we lose about 50 – 100 scalp hairs daily
- in young adult the scalp follicles spend:
 - 6 – 8 years in anagen, 2 – 3 weeks in catagen, 1 - 2 months in telogen
- **hair growth** - scalp hairs grow at a rate of 1 mm per 3 days (10 -18 cm/yr)
- **alopecia** – thinning of the hair or baldness
- **pattern baldness** – the condition in which hair loss from specific regions of the scalp rather than thinning uniformly
 - combination of genetic and hormonal influence
 - baldness allele is dominant in males and expressed only in high testosterone levels
 - testosterone causes terminal hair in scalp to be replaced by vellus hair
- **hirsutism** – excessive or undesirable hairiness in areas that are not usually hairy

Hair Cycle

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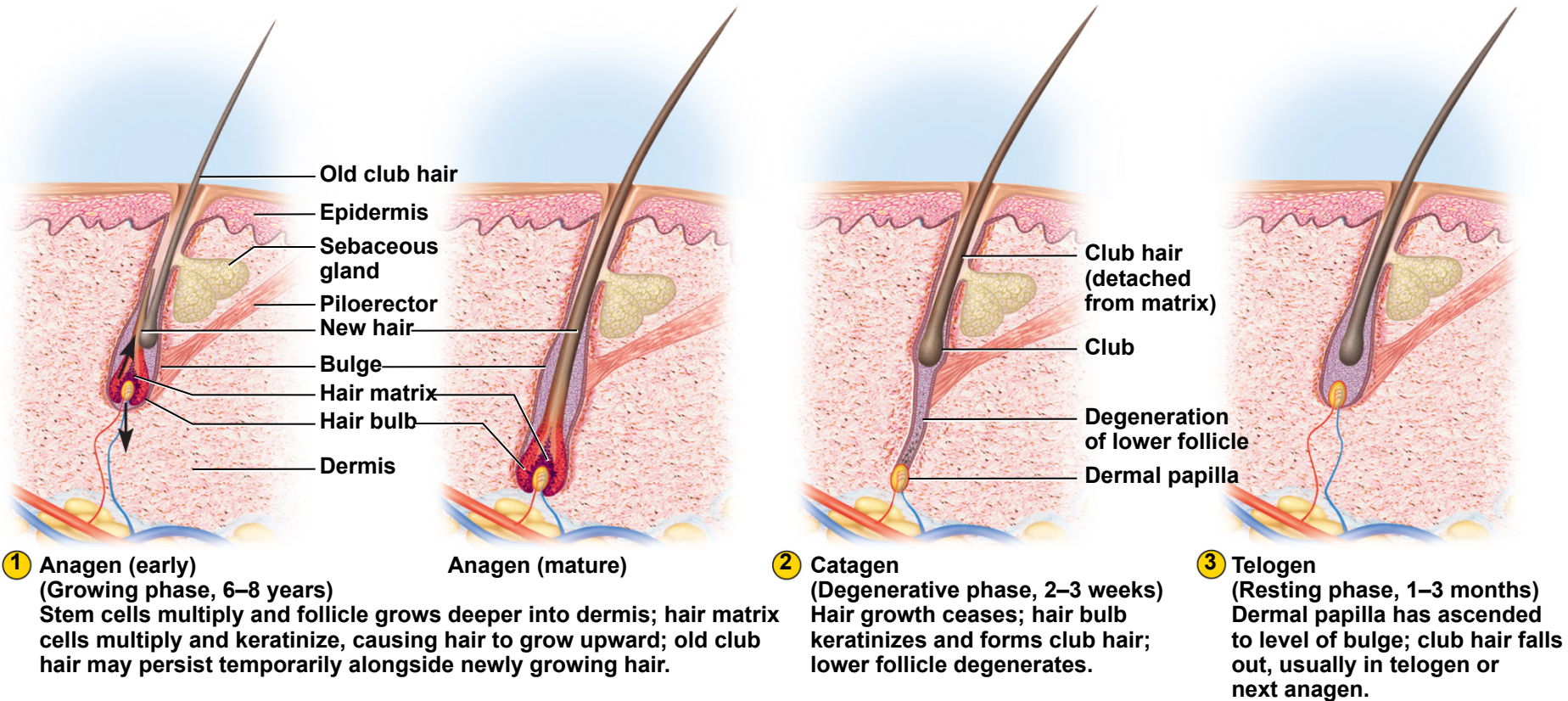


Figure 6.9

Functions of Hair

- most hair on trunk and limbs is **vestigial**
 - little present function
 - warmth in ancestors
- **hair receptors** alert us of parasites crawling on skin
- scalp helps retain heat
- scalp protects against sunburn
- gender identification
- pubic and axillary hair signify sexual maturity and aids in transmission of sexual scents
- **guard hairs (vibrissae)** - guard nostrils and ear canals
- eyelashes and eyebrows
- nonverbal communication

Fingernail Structure

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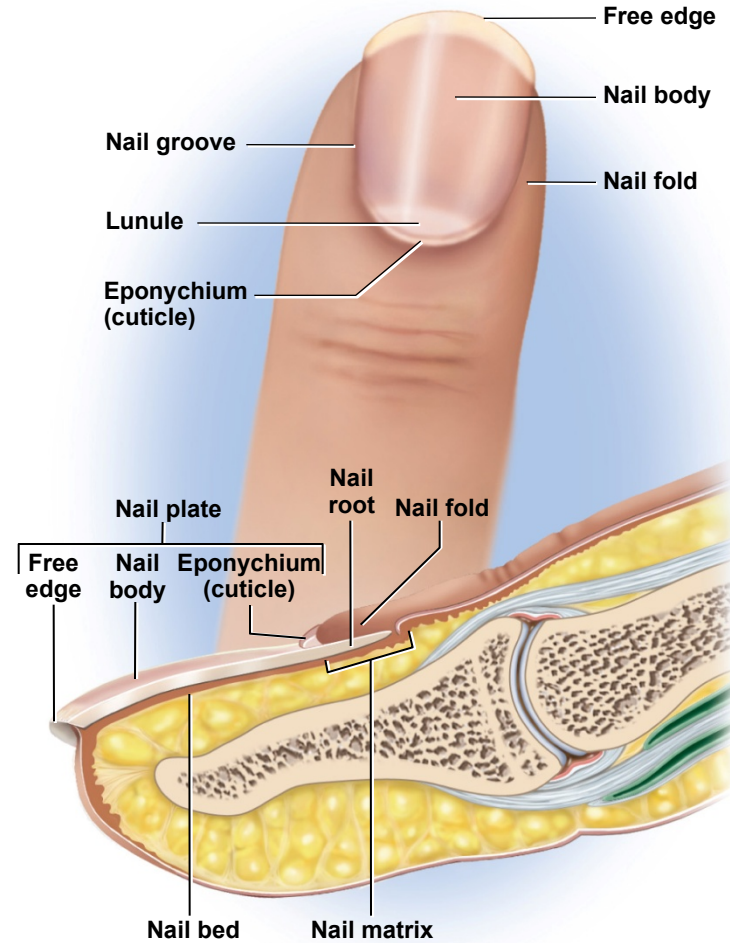


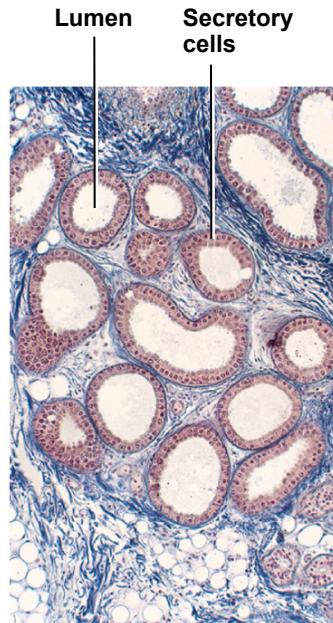
Figure 6.10

Nails

- **fingernails and toenails** - clear, hard derivatives of the stratum corneum
- composed of very thin, dead cells packed with **hard keratin**
- **flat nails** allow for more fleshy and sensitive fingertips
 - tools for digging, grooming, picking apart food, and other manipulations
- **nail plate** – hard part of the nail
 - **free edge** – overhangs the finger tip
 - **nail body** – visible attached part of nail
 - **nail root** – extends proximally under overlying skin
- **nail fold** – surrounding skin rising a bit above the nail
- **nail groove** – separates nail fold from nail plate
- **nail bed** – skin underlying the nail plate
- **hyponychium** – epidermis of the nail bed
- **nail matrix** – growth zone of thicken stratum basale at the proximal end of nail
 - mitosis here accounts for nail growth
 - 1 mm per week in fingernails, slightly slower on toenails
- **lunule** – an opaque white crescent at proximal end of nail
- **eponychium (cuticle)** – narrow zone of dead skin commonly

Cutaneous Glands

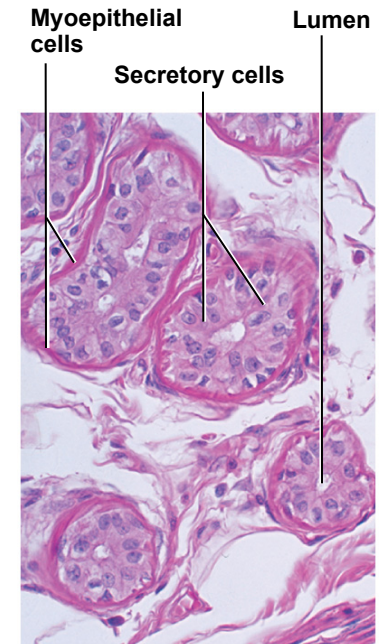
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(a) Apocrine gland

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(b) Merocrine gland

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(c) Sebaceous gland

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Figure 6.11c

Figure 6.11b

Figure 6.11a

the skin has five types of glands

- merocrine sweat glands
- apocrine sweat glands
- sebaceous glands
- ceruminous glands
- mammary glands

Sweat Glands (Sudoriferous)

- two kinds of **sweat (sudoriferous) glands**
 - **merocrine (eccrine) sweat glands**
 - most numerous skin glands - 3 to 4 million in adult skin
 - are simple tubular glands
 - watery perspiration that helps cool the body
 - **myoepithelial cells** – contract in response to stimulation by sympathetic nervous system and squeeze perspiration up the duct
 - **apocrine sweat glands**
 - occur in groin, anal region, axilla, areola, bearded area in mature males
 - ducts lead to nearby hair follicles
 - produce sweat that is thicker, milky, and contains fatty acids
 - scent glands that respond to stress and sexual stimulation
 - develop at puberty
 - **pheromones** – chemicals that influence the physiology of behavior of other members of the species
 - **bromhidrosis** - disagreeable body odor produced by bacterial action on fatty acids

Sweat

- **sweat** - begins as a protein-free filtrate of blood plasma produced by deep secretory portion of gland
 - potassium ions, urea, lactic acid, ammonia, and some sodium chloride remain in the sweat, most sodium chloride reabsorbed by duct
 - some drugs are also excreted in sweat
 - on average, 99% water, with pH range of 4 to 6
 - **acid mantle** – inhibits bacterial growth
 - **insensible perspiration** – 500 ml per day
 - does not produce visible wetness of skin
 - **diaphoresis** – sweating with wetness of the skin
 - exercise – may lose one liter of sweat per hour

Sebaceous Glands

- **sebum** – oily secretion produced by sebaceous glands
- flask-shaped glands with short ducts opening into hair follicle
- **holocrine gland** – secretion consists of broken-down cells
 - replaced by mitosis at base of gland
- keeps skin and hair from becoming dry, brittle, and cracked
- **lanolin** – sheep sebum

Ceruminous Glands

- found only in **external ear canal**
- their secretion combines with sebum and dead epithelial cells to form **earwax (cerumen)**
 - keep eardrum pliable
 - waterproofs the canal
 - kills bacteria
 - makes guard hairs of ear sticky to help block foreign particles from entering auditory canal
- simple, coiled tubular glands with ducts that lead to skin surface

Mammary Glands

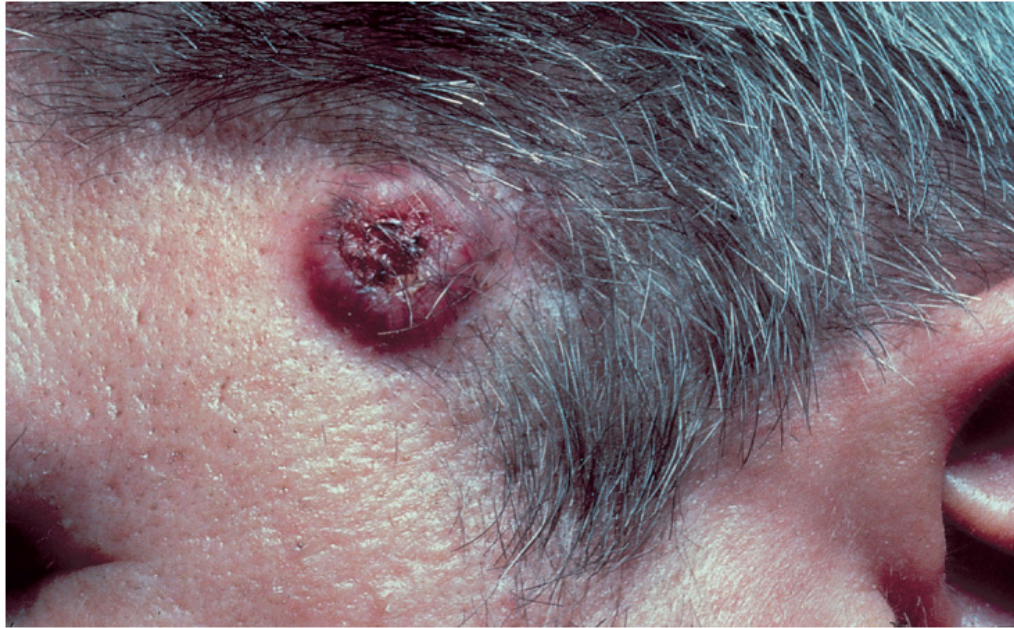
- **breasts (mammas)** of both sexes contain very little glandular material
- **mammary glands** – milk-producing glands that develop only during pregnancy and lactation
 - modified apocrine sweat gland
 - richer secretion released by ducts opening into the nipple
- **mammary ridges or milk lines**
 - two rows of mammary glands in most mammals
 - primates kept only anterior most glands
- **additional nipples (polythelia)**
 - may develop along milk line

Skin Cancer

- **skin cancer** – induced by the **ultraviolet rays of the sun**
 - most often on the head and neck
 - most common in fair-skinned people and the elderly
 - one of the most common cancers
 - one of the easiest to treat
 - has one of the highest survival rates if detected and treated early
 - **three types** of skin cancer named for the epidermal cells in which they originate
 - **basal cell carcinoma, squamous cell carcinoma, and malignant melanoma**

Basal Cell Carcinoma

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(a) Basal cell carcinoma

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- most common type
- least dangerous because it seldom metastasizes
- forms from cells in stratum basale
- lesion is small shiny bump with central depression and beaded edges

Squamous Cell Carcinoma

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(b) Squamous cell carcinoma

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- arise from keratinocytes from stratum spinosum
- lesions usually appear on scalp, ears, lower lip, or back of the hand
- have raised, reddened, scaly appearance later forming a concave ulcer
- chance of recovery good with early detection and surgical removal
- tends to metastasize to lymph nodes and may become lethal

Malignant Melanoma

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(c) Malignant melanoma

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- skin cancer that arises from melanocytes
- often in a preexisting mole
- less than 5% of skin cancers, but most deadly form
- treated surgically if caught early
- metastasizes rapidly - unresponsive to chemotherapy - usually fatal
- person with metastatic melanoma lives only 6 months from diagnosis
- 5% - 14% survive 5 years
- greatest risk factor – familial history of malignant melanoma
- high incidence in men, redheads, people who experience severe sunburn in childhood

UVA, UVB and Sunscreens

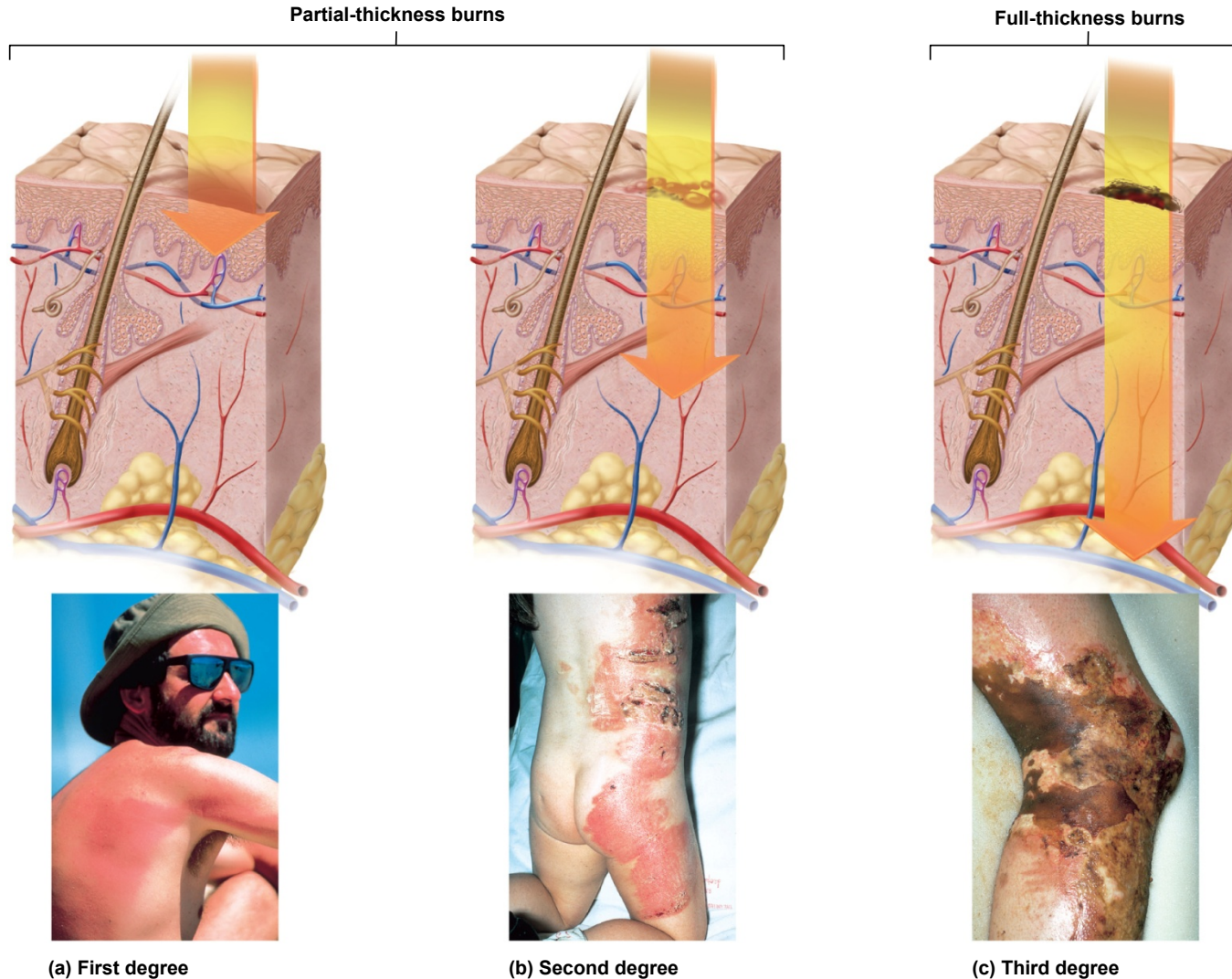
- UVA and UVB are improperly called “tanning rays” and “burning rays”
- both thought to initiate skin cancer
- sunscreens protect you from sunburn but unsure if provide protection against cancer
 - chemical in sunscreen damage DNA and generate harmful free radicals

Burns

- **burns** – leading cause of accidental death
 - fires, kitchen spills, sunlight, ionizing radiation, strong acids or bases, or electrical shock
 - deaths result primarily from fluid loss, infection and toxic effects of **eschar** – burned, dead tissue **debridement** – removal of eschar
- classified according to the depth of tissue involvement
 - **first-degree burns** – partial thickness burn - involve only the epidermis
 - marked by redness, slight edema, and pain
 - heal in a few days
 - most sunburns are first degree burns
 - **second-degree burns** – partial thickness burn - involve the epidermis and part of the dermis
 - leaves part of the dermis intact
 - red, tan, or white
 - two weeks to several months to heal and may leave scars
 - blistered and very painful
 - **third-degree burn** – full thickness burn – the epidermis and all of the dermis, and often some deeper tissues (muscles or bones) are destroyed
 - often require skin grafts
 - needs fluid replacement and infection control

Degrees of Burn Injuries

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Figure 6.13

Skin Grafts and Artificial Skin

- third-degree burns require skin grafts
- graft options
 - **autograft** - tissue taken from another location on the same person's body
 - **split-skin graft** – taking epidermis and part of the dermis from an undamaged area such as the thigh or buttocks and grafting it into the burned area
 - **isograft** - skin from identical twin
- temporary grafts (immune system rejection)
 - **homograft (allograft)** -- from unrelated person
 - **heterograft (xenograft)** -- from another species
 - amnion from afterbirth
 - artificial skin from silicone and collagen