

740 CHAPTER 19 • THE CARDIOVASCULAR SYSTEM: THE BLOOD

a period of infection, phagocytic WBCs may live only a few hours. WBCs are far less numerous than red blood cells; at about 5000–10,000 cells per microliter of blood, they are outnumbered by RBCs by about 700:1. **Leukocytosis** (loo'-kō-si-TŌ-sis), an increase in the number of WBCs above 10,000/ μ L, is a normal, protective response to stresses such as invading microbes, strenuous exercise, anesthesia, and surgery. An abnormally low level of white blood cells (below 5000/ μ L) is termed **leukopenia** (loo'-kō-PĒ-nē-ā). It is never beneficial and may be caused by radiation, shock, and certain chemotherapeutic agents.

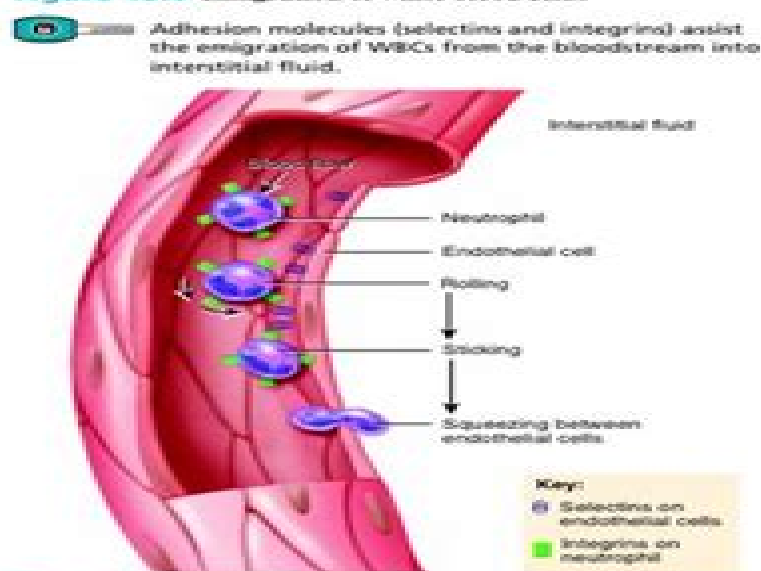
The skin and mucous membranes of the body are continuously exposed to microbes and their toxins. Some of these microbes can invade deeper tissues to cause disease. Once pathogens enter the body, the general function of white blood cells is to combat them by phagocytosis or immune responses. To accomplish these tasks, many WBCs leave the bloodstream and collect at sites of pathogen invasion or inflammation. Once granular leukocytes and monocytes leave the bloodstream to fight injury or infection, they never return to it. Lymphocytes, on the other hand, continually recirculate—from blood to interstitial spaces of tissues to lymphatic fluid and back to blood. Only 2% of the total lymphocyte population is circulating in the blood at any given time; the rest is in lymphatic fluid and organs such as the skin, lungs, lymph nodes, and spleen.

RBCs are contained within the bloodstream, but WBCs leave the bloodstream by a process termed **emigration** (em'-i-GRĀ-shun; *e-* = out; *-migr-* = wander), also called **diapedesis** (di-ā-pe-DE-sis), in which they roll along the endothelium, stick to it, and then squeeze between endothelial cells (Figure 19.8). The precise signals that stimulate emigration through a particular blood vessel vary for the different types of WBCs. Molecules known as **adhesion molecules** help WBCs stick to the endothelium. For example, endothelial cells display adhesion molecules called **selectins** in response to nearby injury and inflammation. Selectins stick to carbohydrates on the surface of neutrophils, causing them to slow down and roll along the endothelial surface. On the neutrophil surface are other adhesion molecules called **integrins**, which tether neutrophils to the endothelium and assist their movement through the blood vessel wall and into the interstitial fluid of the injured tissue.

Neutrophils and macrophages are active in **phagocytosis** (fag'-ō-si-TŌ-sis); they can ingest bacteria and dispose of dead matter (see Figure 3.13). Several different chemicals released by microbes and inflamed tissues attract phagocytes, a phenomenon called **chemotaxis** (kō-mō-TAK-sis). The substances that provide stimuli for chemotaxis include toxins produced by microbes; kinins, which are specialized products of damaged tissues; and some of the colony-stimulating factors (CSFs). The CSFs also enhance the phagocytic activity of neutrophils and macrophages.

Among WBCs, neutrophils respond most quickly to tissue destruction by bacteria. After engulfing a pathogen during phagocytosis, a neutrophil unleashes several chemicals to destroy the pathogen. These chemicals include the enzyme **lysozyme** (LĪ-sō-zim'), which destroys certain bacteria, and **strong oxidants**, such as the superoxide anion (O_2^-), hydrogen peroxide (H_2O_2), and the hypochlorite anion (OCl^-), which is similar to household bleach.

Figure 19.8 Emigration of white blood cells.



? In what way is the “traffic pattern” of lymphocytes in the body different from that of other WBCs?

Neutrophils also contain **defensins**, proteins that exhibit a broad range of antibiotic activity against bacteria and fungi. Within a neutrophil, vesicles containing defensins merge with phagosomes containing microbes. Defensins form peptide “spears” that poke holes in microbe membranes; the resulting loss of cellular contents kills the invader.

Eosinophils leave the capillaries and enter tissue fluid. They are believed to release enzymes, such as histaminase, that combat the effects of histamine and other substances involved in inflammation during allergic reactions. Eosinophils also phagocytize antigen–antibody complexes and are effective against certain parasitic worms. A high eosinophil count often indicates an allergic condition or a parasitic infection.

At sites of inflammation, basophils leave capillaries, enter tissues, and release granules that contain heparin, histamine, and serotonin. These substances intensify the inflammatory reaction and are involved in hypersensitivity (allergic) reactions. Basophils are similar in function to mast cells, connective tissue cells that originate from pluripotent stem cells in red bone marrow. Like basophils, mast cells release substances involved in inflammation, including heparin, histamine, and proteases. Mast cells are widely dispersed in

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Michael J. Aminoff, 2012-04-02 Appropriately select implement and interpret electrodiagnostic tests to identify a full range of central and peripheral nervous system disorders with Aminoff's Electrodiagnosis in Clinical Neurology Covering everything from basic principles to the latest advances in electrodiagnosis this medical reference book helps you make optimal use of this powerful but complex diagnostic modality in compliance with regulatory and professional standards so you can diagnose patients accurately and initiate effective treatment and management strategies Deepen your understanding of the principles scope limitations diagnostic importance prognostic relevance and complications for each technique Visually grasp the technical and practical aspects of electrodiagnostic tests with almost 800 charts figures and tables Rely on the knowledge experience and perspective of renowned expert Dr Michael J Aminoff and an international team of contributors comprised of a virtual who's who of clinical neurophysiology Keep up with developments in the field through significant updates including new chapters on Artifacts and Normal Variants in the Electroencephalogram Microneurography Clinical Applications of Nerve Excitability Testing Ultrasound of Muscle and Nerve The Blink Reflex and Other Brainstem Reflexes Visual Evoked Potentials Electroretinography and Other Diagnostic Approaches to the Visual System and Magnetic Stimulation in Clinical

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