### **Bone Tissue**

Consists mainly of <u>connective tissue</u>: ✓ widely scattered bone cells surrounded by an abundant matrix.

The matrix: ✓ 25% water ✓ 25% collagen fibers > Accounts for the bone's flexibility ✓ 50% crystallized minerals > Mainly CaPO₄ and CaCO₃ > Fills in around the collagen fibers > Accounts for the bone's hardness

# **Bone Growth and Repair**

#### Ossification or Osteogenesis

- formation of bone
- continuous process

# 4 types of cells involved in the growth of bones:

- 1) osteoprogenitor cells
- 2) osteoblasts
- 3) osteocytes
- 4) osteoclasts

# **Osteoprogenitor Cells**

- Unspecialized stem cells found in
  - the periosteum,
  - the endosteum (membrane that surrounds the medullary cavity),
  - and the vessel canals of the osteons in the compact bone.



They are the only bone cells to undergo cell division. The resulting daughter cells develop into <u>osteoblasts.</u>

### Osteoblasts

- Arise from *osteoprogenitor* cells.
- "Bone-Building" cells
  - Secrete the collagen fibers and other organic compounds and inorganic minerals that make up the bone matrix (discussed previously)
  - Initiate calcification (hardening of the bone)
- Do not undergo cell division.
- Convert to osteocytes when trapped in matrix.

### Osteocytes

- Derived from osteoblasts.
- Considered "mature bone cells."
- Do not undergo cell division.
- Maintain the bone's daily metabolism.



### Ossification

- Begins in the womb and continues throughout life.
- Types:
  - 1) Intramembrous ossification
    - ✓ bone develops between 2 membranous sheets
       e.g. skull development

#### 2) Endochondral ossification

- ✓ endo within; chondral cartilage
- ✓ bone formation in the majority of the skeletal bones
- ✓ Shaped cartilage is replaced with bone

#### Endochondral Ossification of the Long Bone (Also refer to Figure 6-4 on pg 165 of Chapter 5 handout)



Once the growth plate scars over, the length and width of the bone can no longer increase; however, ossification never stops.

Hormones control the growth of bones.

### Osteoclast

- Not only is bone constantly being built up, the body must also be able to tear down old bone.
  - This is the function of the osteoclast.
  - Known as *resorption:* breakdown of bone matrix
- Osteoclasts originate from the fusion of as many as 50 WBC's called monocytes found in the red bone marrow.
- Osteoclasts help move calcium and phosphate into the blood stream.

Remember: osteo<u>b</u>last = build-up osteoclast = break-down

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### Osteoclast



Secretes:
✓ lysozymes to destroy the collagen
✓ acids to dissolve the minerals

### **Bone Remodeling**

- <u>Ongoing</u> process of resorption and ossification occurs simultaneously:
  - Osteoclasts carve out tunnels in old bone tissue
  - Osteoblasts build new bone to fill in that tunnel.
- Smaller bones undergo complete turnover approximately every 2 months; larger bones take longer (actual times vary between sources)

### 2 Purposes of Bone Remodeling

Renews bone tissue before deterioration sets in.

Redistribute bone matrix along stress lines.

# **Bone Fractures**

#### What is a fracture?

- A fracture is a partial or complete break in the bone.
- When a fracture occurs, it is classified as either:
  - 1) simple (closed) fracture the bone is broken, but the skin is intact.
  - 2) compound (open) fracture the bone exits and is visible through the skin, or where a deep wound exposes the bone through the skin.





# **Common Types of Fractures**

#### hairline fracture:

A fine fracture that does not completely break or displace the bone; appears on x-ray as a hair



#### spiral fracture:

A fracture caused by a severe twisting of the bone; runs around axis





# **Common Types of Fractures**

#### greenstick fracture:

An incomplete break; more common in children because of softer bones.



### comminuted fracture:

A bone is crushed to the point it becomes fragmented into 3 or more pieces.



## **Common Types of Fractures**

#### compression fracture: A bone is compressed usually

due to disease or trauma.



#### stress fracture:

Incomplete fracture due to repetitive stress such as in athletics or disease. Most commonly a hairline fracture or fractures of weightbearing bones such as the tibia (lower leg) or metatarsals (foot). Often missed on an x-ray but seen in as bone scan.

### **Treatment of Fractures**

Bones can heal normally only if the ends of the bones are aligned.

- 1st -- Must be *set* (*reduced*) if not aligned:
  - Closed Reduction: force is exerted on the broken bone to bring the bones into alignment.
  - Open Reduction or Surgical Reduction is required requiring pins, screws, plates, etc. to align bones.

2<sup>nd</sup> -- Must be immobilized with a splint or cast.

*Traction:* use of weights exerting a pulling force on fractured long bones keeps them in place and allows healing.

### **Bone Repair**

# The following steps occur in the repair of a fractured bone.



### Bone Repair Step 1: Formation of *"fracture hematoma"*



✓ Blood leaks and clots at fracture site 6-8 hrs after injury.
 ✓ New capillaries grow into the clot.
 ✓ Phagocytes (WBC's) remove dead blood cells and osteoclasts remove dead bone tissue.
 ✓ Can last up to several weeks.

### Bone Repair Step 2: Formation of "bony *callus*"



#### ✓ Ossification occurs:

Osteoprogenitor cells produce osteoblasts.

Osteoblasts produce matrix and mineralization occurs to bridge the broken ends of the bone.

Osteocytes form in the matrix.

✓ Lasts from 1-4 months

### Bone Repair Step 3: Bone Remodeling



✓ Compact Bone replaces spongy bone around perimeter of fracture.

✓ Normal simultaneous ossification and resorption occurs.

✓Usually >4 months; severely broken bones will take longer due to reduced blood supply.

A healed bone is as strong or stronger than before the fracture.