

Integumentary System

Chapter 5

SAP 2a and SAP4d

OSAP 2a.

• Relate the structure of the integumentary system to its functional role in protecting the body and maintaining homeostasis.

OSAP4d.

• Examine various conditions that change normal body functions.

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Objectives

- Describe how the skin contributes to the regulation of body temperature, protection, sensation, excretion and absorption, and synthesis of vitamin D.
- Describe the factors that normally contribute to skin color. Briefly describe how changes in skin color may be used as clinical signs of certain disease states.
- Explain why serious burns are life threatening. Describe how to determine the extent of a burn and differentiate first-, second-, and third-degree burns.
- Describe and attempt to explain the causes of changes that occur in the skin from birth to old age.

Integumentary System

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• Includes skin, sweat and oil glands, hairs, and nails.



Basic Functions

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OProtects the body from mechanical, chemical, thermal, and bacterial damage
OProtects the body from ultraviolet radiation
OProtects the body from desiccation (drying out)
OAids in body heat loss or heat retention

OAids in excretion of urea and uric acid OSynthesizes vitamin D

Structure of the Skin--Epidermis

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- Made up of stratified squamous epithelium
 Composed of 5 layers called strata:
 - O Stratum Basale
 - O Spinosum



- O Granulosum
- O Lucidum
- O Corneum
- ODoes not have a blood supply of its own

- OMade mostly of keratinocytes (keratin cells) that make the epidermis tough
- OContains melanin
 - O Pigment for color
 - When in the sun, the melanocytes are stimulat to produce more melanin tanning takes place
 - Freckles and mole are concentrated spots of melanin



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Yellow = stratum basale Orange = stratum spinosum Green = stratum granulosum Blue = stratum lucidum Pink/purple = stratum corneum

Structure of Skin--Dermis



Made up of dense connective tissue
Deeper layer of skin
Made up of two major

- regions
 - Papillary Layer
 - Reticular Layer

- •Contains both collagen and elastic fibers
- Collagen provides the skins toughness
- Elastic fibers provide elasticity when young
- These fibers decrease as we age causing wrinkles or sagging.

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Dermis Layers

Papillary Layer

- OUpper dermal region
- Contains dermal papillae (fingerlike projections)
- Furnish nutrients, houses pain and touch receptors and called Meissner's corpuscles
- Give the make-up of fingerprints
 - Unique to every individual

- Reticular Layer
 - ODeepest skin layer

• Contains blood vessels, sweat and oil glands, and deep pressure receptors called Pacinian corpuscles



THINK CRITICALLY

• The air is 80°F and the lake temperature is 70°F. Why do you first feel cold when you enter the water? Why do you feel chilled when exiting the water?



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Structure of Skin--Hypodermis

Hypodermis
Deeper layer under the dermis
Also known as the subcutaneous tissue
Actually adipose tissue
Not actually part of the skin
Anchors skin to underlying organs
Serves as a shock absorber and insulator



Think Critically

You scraped you knee slightly but you notice that

you are not bleeding and you do not feel much pain.

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What layer of the skin was injured? Describe

differences in blood supply and pain receptors

between the epidermis and the dermis.



Appendages of Skin—Cutaneous Glands They release secretions at the skin surface

OSebaceous (Oil) Glands

- OFound all over the skin except—palms of hands and soles of feet
- OSebum is the product of these glands
- OKills bacteria, keeps skin soft and moist
- OPrevents hair from becoming brittle

OSudoriferous (sweat) Glands

- OTwo Types of these glands
 - **O**Eccrine
 - Produce sweat
 - O Very important in heat regulation
 - OApocrine

Found in mostly the axillary and genital areas
 Yellowish color

OInhibits bacterial growth

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Ceruminous Gland

Found in the ears
Modified eccrine glands
Secretions called cerumen
Secretes the wax found in ears
Along with tiny hairs, traps foreign particles

Appendages of Skin--Hair

• Hair and Hair Follicles



• Is a flexible epithelial structure produced by a hair follicle

•Root

• The part enclosed in the follicle

•Shaft

• Part projecting from the surface of the scalp or skin

•Hair follicles have an epidermal sheath (root and bulb) and a dermal sheath

• Dermal surrounds epidermal



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Appendages of Skin--Hair

- OEach hair contains a muscle connection at the base called the arrector pili
- OArrector pili connects each side of the hair follicle to the dermal tissue
- OWhen these muscles contract, the hair is pulled upright and we get goose bumps
- OThis is a homeostatic reaction to increase body temperature when cold.





THINK CRITICALLY

• Why exactly can animals with thick fur, such as Alaskan huskies, resist extremely cold temperatures?

•Humans are often called the "naked apes." Although we have extensive hair follicles all over our body, why do you suppose we lack body hair?



Appendages of Skin--Nails

- Each nail has a free edge, a body, and a root
- Nail matrix is where cells divide by mitosis
- Nails help to grasp and manipulate small objects
- Provide protection against trauma to the end of digits and allow us to scratch



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Nail



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THINK CRITICALLY

Six months ago, Chef Eduardo sliced through the end of his right thumbnail. Although the surrounding nail grows normally, this part of his nail remains split and doesn't seem to want to "heal." what has happened to cause this?



Skin Color

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Three Contributors to skin color Amount and kind of melanin Amount of carotene Amount of oxygen bound to hemoglobin



Skin Color and Disease

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Cyanosis—when oxygen is poorly circulated in the blood and the skin of Caucasians appear blue
Bruises—blue or black coloring where blood has escaped circulation





Skin Color and Disease

 Albinism—skin lacks pigment melanin and appears white in color —not peachy like Caucasians



• Jaundice—yellowing of the skin due to liver disorder



Skin Color and Disease





OAlso influenced by emotional stimuli and some alterations of color indicate certain diseases

- OErythema—redness such as blushing
- OPallor or blanching paleness due to fear, anger, etc.

Homeostatic Imbalances

Most common skin disorders result from allergies or bacterial, viral, or fungal infections

OAthlete's Foot—itchy, red peeling condition of skin between toes caused by a fungal infection

OBoils and Carbuncles inflammation of hair follicles and sebaceous glands caused by bacterial infections

OCold Sores—small fluid filled blisters that itch and sting caused by herpes simplex infection



Homeostatic Imbalances

Most common skin disorders result from allergies or bacterial, viral, or fungal infections

 Contact Dermatitis itching, redness, and swelling of the skin, progressing to blistering
 Impetigo—a pink, water-filled raised lesion that develops a yellow crust and ruptures. Common in elementary children

OPsoriasis—reddened epidermal lesions covered with dry, silvery scales, cause is unknown



• A burn is tissue damage and cell death caused by intense heat, electricity, UV radiation, or certain chemicals

- Two life threatening problems result from burns
 - Loss of fluidsOnset of infection

• The body loses its supply of fluids containing proteins and electrolytes. This can lead to a shut down of kidneys and circulatory shock.

• The amount of fluid loss can be estimated by using the Rule of Nines

• Divides the body into 11 areas, each accounting for 9 percent of the total body surface area



• Infection later becomes the most important threat and is the leading cause of death in burn victims

 Burned skin is sterile for 24 hours but, after that pathogens easily invade areas where the skin has been destroyed

• After 1 to 2 days the victim's immune system begins to shut down

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Classified according to severity

- OFirst degree—only the epidermis is damaged, the area becomes red and swollen EXAMPLE: Sunburns
- O Second degree—involves injury to the epidermis and the upper dermis. The skin is red and blisters appear
- OThird degree—destroy entire thickness of skin—area appears gray and there are no pain receptors, regeneration is not possible



•Burns are considered critical if any of the following are present:

- •Over 25% of the body has second degree burns
- •Over 10% of the body has third degree burns
 - There are third degree burns on the face, hands, or feet

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Table 32.1	1 Classification of Burns		
Severity of burn	Damage	Effect	
	Cells in the epidermis are injured and may die.	Redness and swellingMild pain	
	Cells deeper in the epidermis die. Cells in the dermis are injured and may die.	• Blisters • Pain	
	Cells in the epidermis and dermis die. Nerve cells and muscles cells are injured.	 Skin function lost Healthy skin needs to be transplanted No pain because of nerve cell damage 	
Т	hird-degree Second-degree	First-degree	
orag each option to its cor	responding Effect 🥏	Reset Submit Show me	

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Think Critically

- A victim of a fire is admitted to the emergency room. You observe considerable damage to the epidermis and dermis of both arms and the front and back portions of the trunk. You also note patches of charred skin and insensitivity to touch.
- 1. What type of burn is indicated by these characteristics?
- 2. Using the rule of nine, estimate how much of the person's body is burned.
- 3. What is the probability of scarring? Explain your answer.

• Individuals living in Ohio may be able to go out into the sun for three hours and not burn, but if they go to Florida during spring break, they may get a sunburn after only two hours. Why?

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This section is GRAPHIC, if you need to put your head down or step out that is fine!

DO NOT CAUSE A SCENE OR DISRUPT THE CLASS, A SAP2ci and SAP4d PRODUCTION IS NOT NEEDED!!

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Skin Grafting



Debriding



Common sites for skin graft harvesting













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Before & After Skin Graft





Skin Cancer

OCause of most skin cancer is not known, but the most important risk factor is over exposure to UV radiation

OMost cancers have an underlying cause that increases cell production in an area of the body.

OThese cells contain mutations, which when accumulated, cause tumors where cancer grows and lives.

Basal Cell Carcinoma



OThe least malignant and most common skin cancer
OLesions occur most often on sun exposed areas of the face
OCells of stratum germinativum can no longer form keratin
ORelatively slow growing and is 99% curable in most cases when the lesion is removed surgically

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Squamous Cell Carcinoma

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- Appears most often on the scalp, ears, dorsum of the hands, and lower lip
- •Grows rapidly and is believed to be sun induced
- •Cancer cells in the stratum spinosum



Malignant Melanoma



OAccounts for about 5% of skin cancers

OCan begin wherever there is pigment and most appear spontaneously

OCancer of melanocytes

OAppears a spreading brown to black patch that many mistake as a mole

OChance for survival is 50%



http://gisttumo-r.com/what-does-melanoma-look-like

ABCD Rule

- ABCD RULE used for recognizing a melanoma
- A—Asymmetry—the two sides of the spot do not match
- B—Border irregularity—the borders of the lesion are not smooth
- C—Color—the pigmented spot contains areas of different colors
- D—Diameter—the spot is larger than 6 mm in diameter (the size of a pencil eraser)

Normal Mole	Melanoma	Sign	Characteristic
6		Asymmetry	when half of the mole does not match the other half
	A110	Border	when the border (edges) of the mole are ragged or irregular
•		Color	when the color of the mole varies throughout
	- Mai	Diameter	if the mole's diameter is larger than a pencil's eraser

Photographs Used By Permission: National Cancer Institute

Aging

- Adolescence develop acne
- Pronounced aging effects do not typically occur until people reach their late forties.
 - The effects of aging include wrinkling, decrease of skin's immune responsiveness, dehydration and cracking of the skin, decreased sweat production, decreased numbers of melanocytes resulting in gray hair and atypical skin pigmentation, loss of subcutaneous fat, a decrease in skin thickness, and an increased susceptibility to pathological conditions.
 - Growth of hair and nails decreases during the second and third decades of life; nails may also become more brittle with age.

Membranes

Body membranes fall into 2 categories:

1. Epithelial Membranes

OIncludes the cutaneous, mucous, and serous

2. Connective Tissue MembranesORepresented by synovial membranes

These categories are classified by their tissue makeup.

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Epithelial Membranes

<u>Cutaneous Membrane</u>

- a. Also called the Skin
- b. Composed of the epidermis and the dermis

i. Epidermis—stratified squamous epithelium

ii. Dermis—mostly dense connective tissue

c. Dry membrane exposed to the air and SAP4d

Epithelial Membranes

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<u>Mucous Membrane</u>

- a. Composed of epithelium resting on a loose connective tissue—called LAMINA PROPRIA
- b. Lines all body cavities that open to the exterior—the hollow organs

They are wet membranes that are always bathed in secretions



Epithelial Membranes

Serous Membranes

- a. Composed of a layer of simple Squamous
 epithelium resting on a thin layer of areolar
 connective tissue
- b. Line body cavities that are closed to the exterior

Serous Membranes Occur in Pairs

- -Parietal layer lines a portion of the ventral body cavity wall
- -Visceral layer covers the outside of organs within the cavity

-Think of your hand pushing into a balloon

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Epithelial Membranes—Serous

Layers are separated by serous fluid

•Allows the organs to slide across the cavity walls and one another without friction

- •Names of the membranes depend on their location:
- 1. Peritoneum— lines abdominal cavity
- 2. Pleura—lines the lungs
- 3. Pericardium— lines the heart

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Connective Tissue Membranes

Connective Tissue Membranes

- Composed of connective tissue and contain no epithelial cells
- Line the fibrous capsules surrounding joints
- -Provides a smooth surface and secretes a lubricating fluid
- -Also lines tendon sheaths

THINK CRITICALLY

•Nancy has a dry skin condition and prefers to take her bath in the evening. Would it be more effective for her to apply a skin care lotion such as Keri lotion in the morning or in the evening after taking a bath? Why?

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