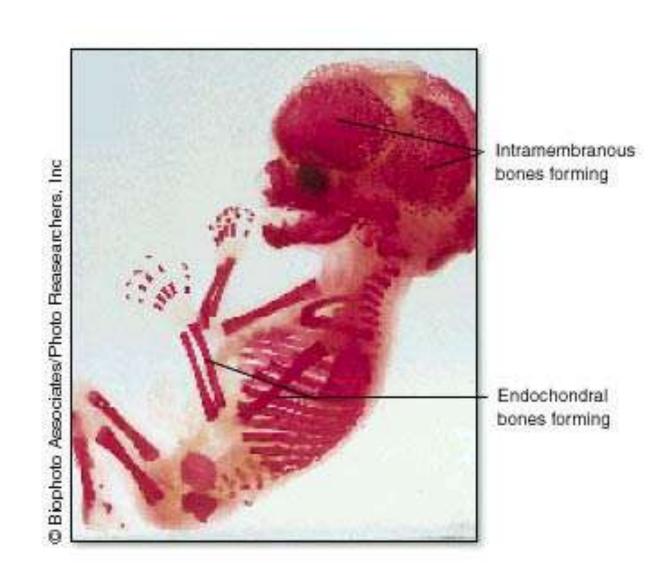
# Bone Ossification

# Bone ossification and callus formation

- Objectives: Students must be able to identify:
- .Types of ossifications and their cells .
- . Osteogenesis .
- . Bone Fracture.
- . callus formation (bone healing) .
- . clinical disorders.

# Ossification = Osteogenesis



# Ossification = Osteogenesis

- Parts of the fetal skeleton form during the first few weeks after conception
- By the end of the 8<sup>th</sup> week, the skeletal pattern is formed: cartilage & connective tissue membranes

#### **Bone Formation - Ossification**

All embryonic CT begins as mesenchyme

- provides template for ossification

#### Two types of ossification:

#### Intramembranous ossification:

 bone forms directly from or within fibrous CT membranes



#### **Endochondral ossification:**

bone forms from hyaline cartilage models

# Intramembranous ossification

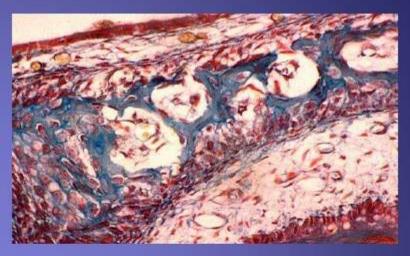
- Begins with osteoblast differentiation
- Dermal bones produced
- Begins at ossification center

#### **Intramembranous Ossification**

Forms flat bones of skull & mandible

Ossification center: forms from mesenchyme that become osteoprogenitor cells

- change into osteoblasts that deposit matrix
- matrix surrounds osteoblasts that calcify to form osteocytes





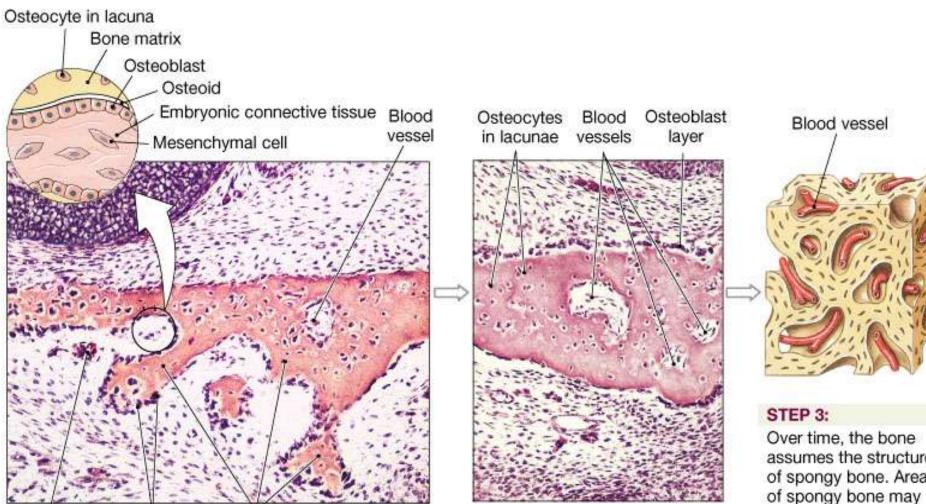
### Intramembranous Ossification, cont.

Calcifying matrix centers join to form bridges of trabeculae, becoming spongy bone with red marrow

Mesenchyme on the bone surface condenses into periosteum

Compact bone replaces superficial layers of spongy bone

# Intramembranous Ossification



 $(LM \times 22)$ 

#### STEP 1:

Blood vessel

Mesenchymal cells aggregate, differentiate, and begin the ossification process. The bone expands as a series of spicules that spread into surrounding tissues.

Spicules

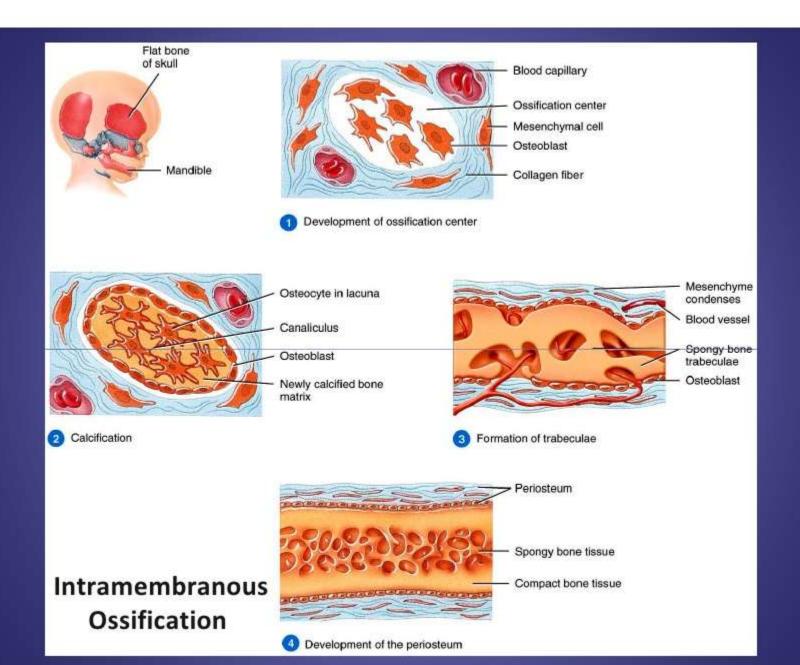
Osteoblasts

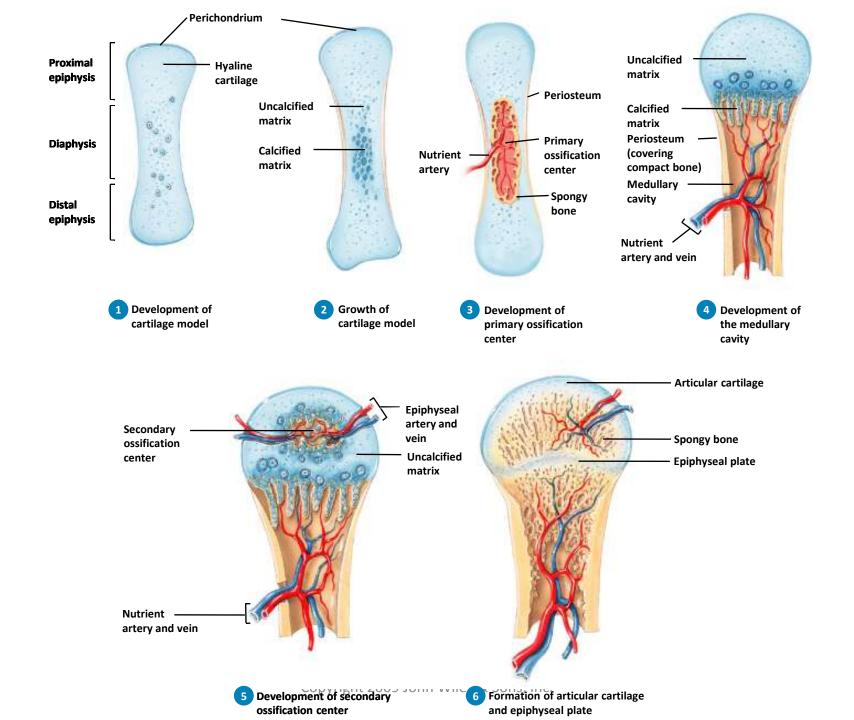
#### STEP 2:

As the spicules interconnect, they trap blood vessels within the bone.

 $(LM \times 23)$ 

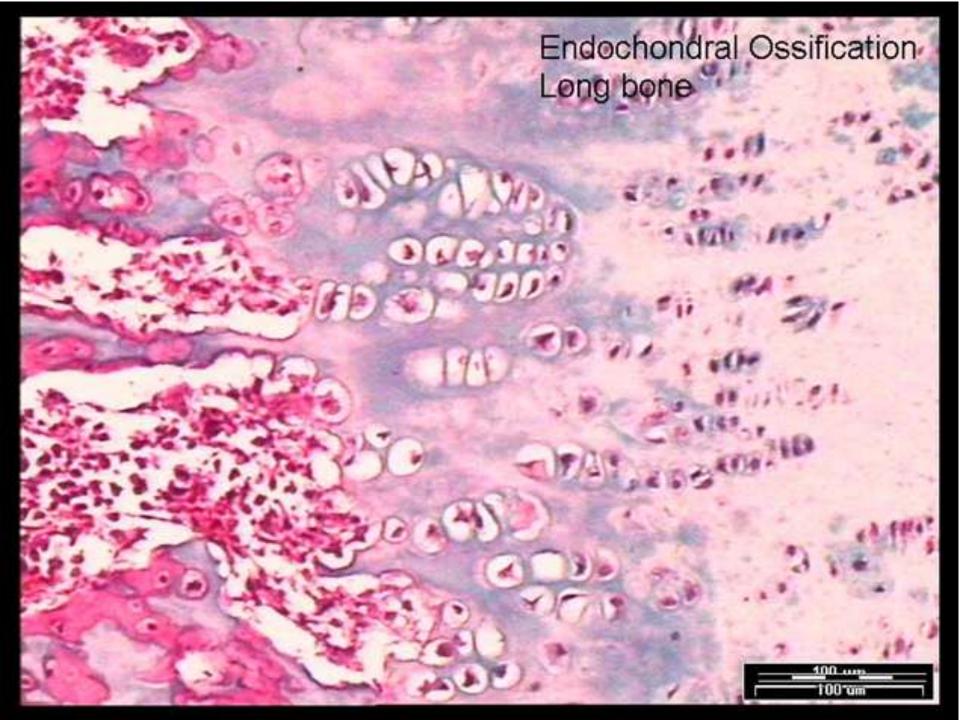
Over time, the bone assumes the structure of spongy bone. Areas of spongy bone may later be removed, creating marrow cavities. Through remodel-ing, spongy bone formed in this way can be converted to compact bone.





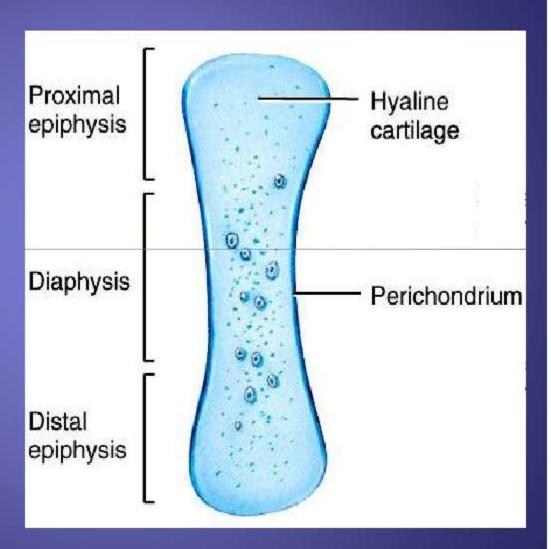
# **Endochondral** ossification

- Cartilage model gradually replaced by bone
  - Increasing bone length
- Growth occurs by interstitial & Appositional
- Appositional growth increases bone diameter
- Stages of Ossification are:
- 1. proliferation
- 2. hypertrophy
- 3. calcified zone
- 4. chondrocyte die
- 5. ossification zone epiphyseal plate: connect the two epiphyses and diephysis and responsible for the growth in length of the bone



# 1. Development of Cartilage Model

Mesenchyme forms
cartilage model of
bone during
development



# Growth of the cartilage template

- •Two mechanisms:
- Appositional growth ----- by chondroblasts
   new cartilage is added on the surface by
   recruiting chondroblasts from the inner layer
   of the perichondrium

## 2. Growth of Cartilage Model

Chondrocytes divide and matrix forms

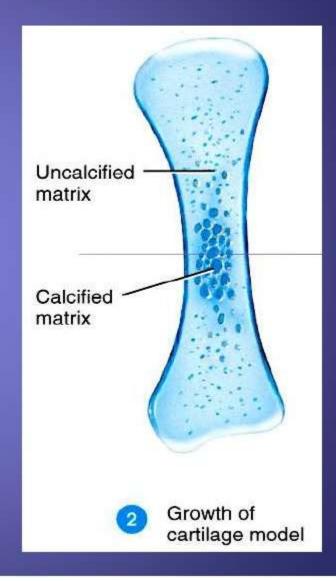
- Interstitial growth: in length

New matrix forms on periphery by perichondrium

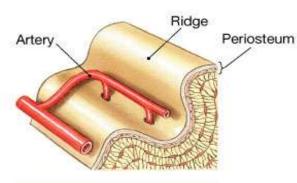
- Appositional growth: in width

Cells in mid-region burst & lower pH

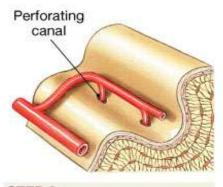
- triggers calcification
- destroys chondrocytes



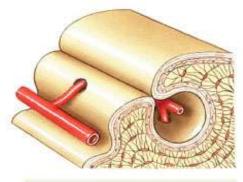
# **Appositional Bone Growth**



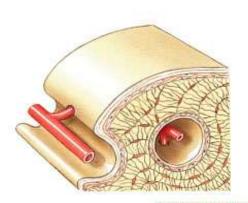
STEP 1: Bone formation at the surface of the bone produces ridges that parallel a blood vessel.

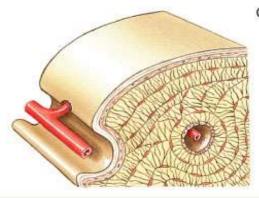


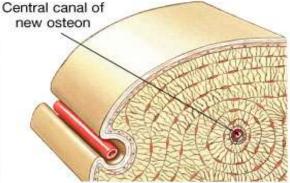
STEP 2: The ridges enlarge and create a deep pocket.



STEP 3: The ridges meet and fuse, trapping the vessel inside the bone.





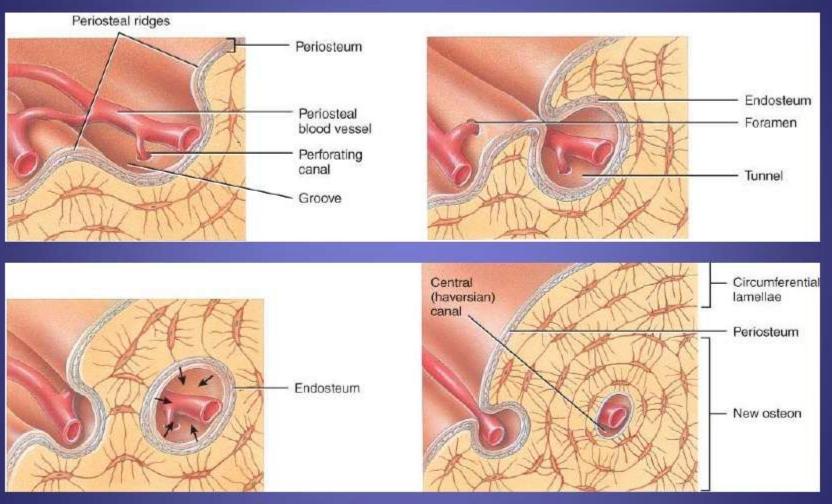


#### **STEPS 4-6:**

Bone deposition then proceeds inwardtoward the vessel, creating a typical osteon. Meanwhile, additional circumferential lamellae are deposited and the bone continues to increase in diameter. As it does, additional blood vessels will be encosed.

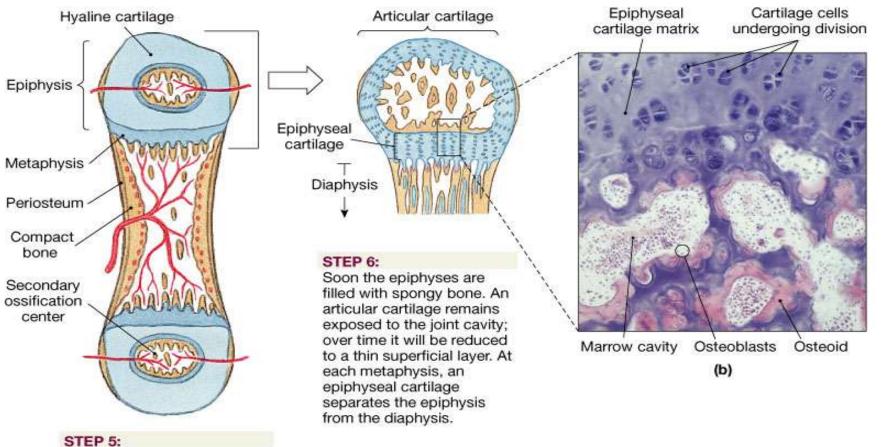
(a) Steps in appositional bone growth

# **Appositional Growth**





# **Appositional Bone Growth**



Capillaries and osteoblasts migrate into the epiphyses, creating secondary ossification centers.

#### **Interstitial Growth**

#### 4 Zones of Epiphyseal Plate:

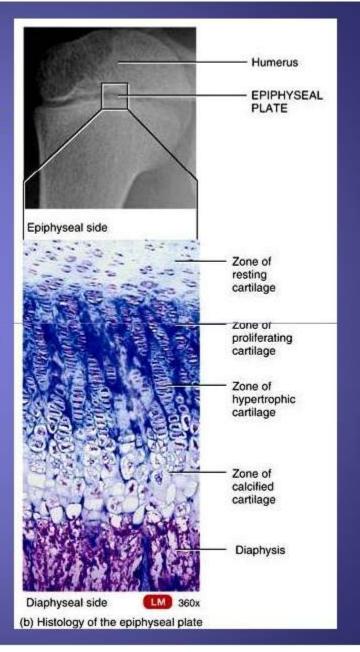
- Zone of resting cartilage
- Zone of proliferating cartilage
- Zone of hypertrophic cartilage
- Zone of calcified cartilage

Chondrocytes are produced by mitosis on the epiphyseal side of plate

Will be replaced by bone on the diaphyseal side of plate

Plate closes between ages 18-25

- chondrocytes stop dividing
- bone replaces cartilage (epiphyseal line)



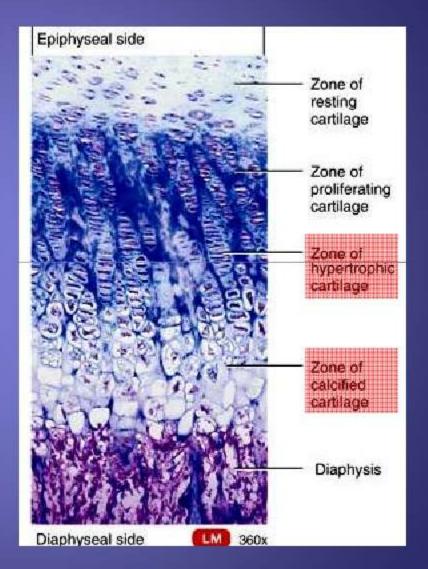
### **Zones of Growth, cont.**

#### Zone of hypertrophic cartilage

cells enlarge & remain in columns

#### Zone of calcified cartilage

- thin zone of mostly dead cells
- osteoclasts remove matrix
- osteoblasts & capillaries build bone over calcified cartilage



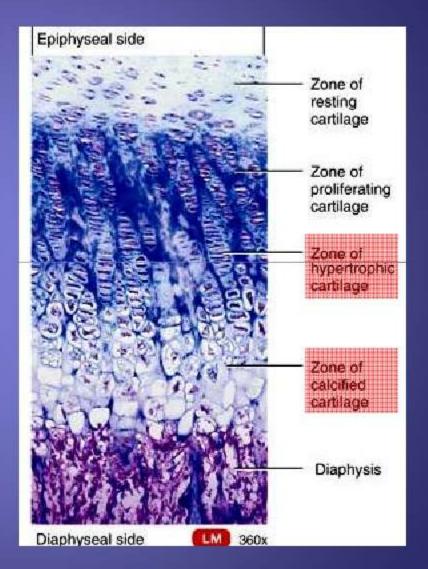
## **Zones of Growth, cont.**

#### Zone of hypertrophic cartilage

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- thin zone of mostly dead cells
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- osteoblasts & capillaries build bone over calcified cartilage



- oseopetrosis: a disease caused by a defect in osteoclast function that results in overgrowth, thickening, and hardening of bones.
- Obesity imposes significant strain on the articular cartilage, accelerating its degeneration, joint problems are far more frequent in obesity individuals.
- Chondroplastic dwarfism: results from the chondrocytes in multiplication and hypertrophy zones fail to multiply, the long bone grow slowly and stop growing early

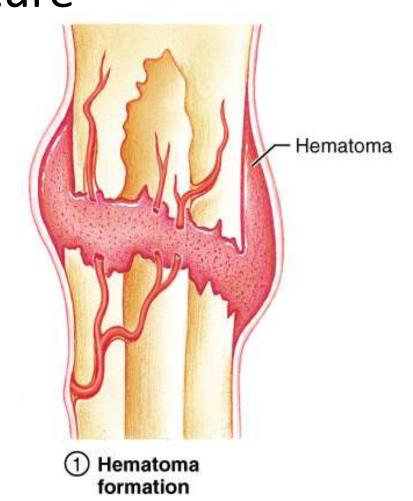
# **Bone Fracture**

- There are three processes involved in the healing of fractures - inflammatory, reparative and remodelling phases or 6 stages - the hematoma stage, inflammatory stage, formation of granulation tissue, soft and 'hard' callus formation, and remodelling.
- Their duration depends on age, health and nutritional status.
- Hematoma Stage: Hemorrhage, clot formation - within hours to days.
- Inflammatory Stage: Begins within 48 hours, inflammatory cells appear.

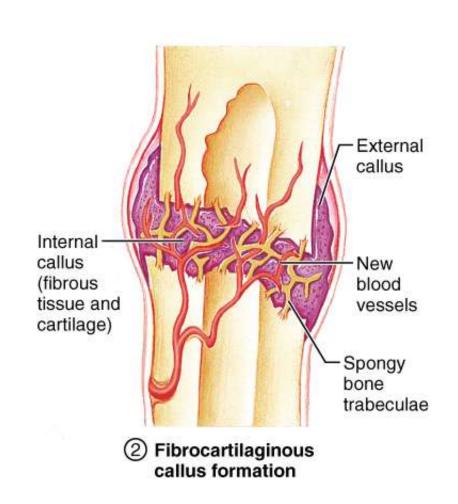
# Organization and resorption of

- Granulation Tissue: From 2 days. Presence of 12 mesenchymal cells, fibroblasts, new capillaries.
- Soft Callus: One week to several months. Callus grows and bridges the fracture site; cartilage and trabecular bone laid down.
- Hard Callus: One week to several months. When callus has sealed the bone ends. Trabecular bone.
- Remodelling: Continues for several months.
   Reorganization of bon.

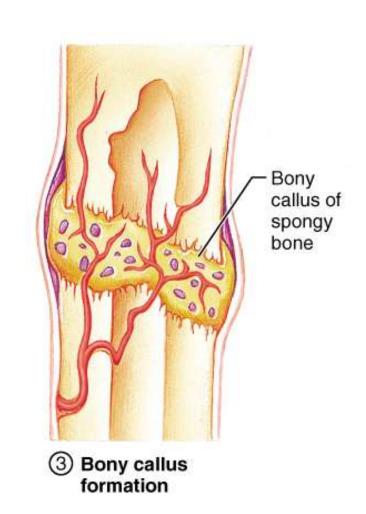
- Hematoma formation
  - Torn blood vessels hemorrhage
  - A mass of clotted blood (hematoma) forms at the fracture site
  - Site becomes swollen, painful, and inflamed



Fibrocartilaginous callus formsGranulation tissue (soft callus) forms a few days after the fracture - Capillaries grow into the tissue and phagocytic cells begin cleaning debris

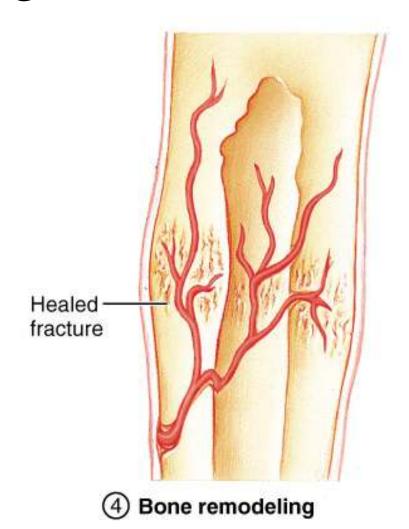


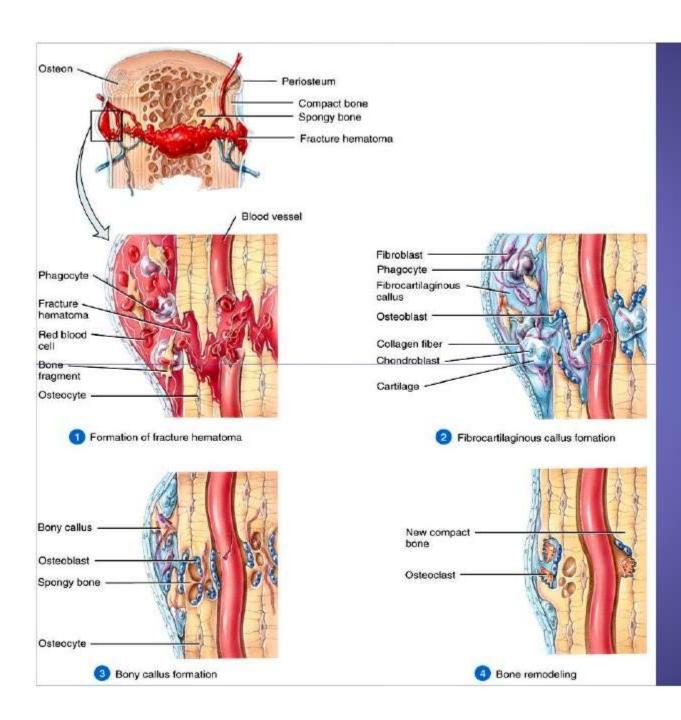
- . Bony callus formation
- New bone trabeculae appear in the fibrocartilaginous callus
- Fibrocartilaginous callus converts into a bony (hard) callus
- Bone callus begins 3-4 weeks after injury, and continues until firm union is formed 2-3 months later



### .Bone remodeling

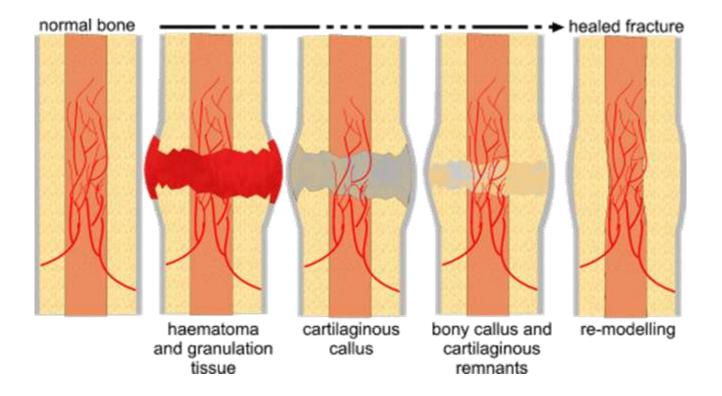
- Excess material on the bone shaft exterior and in the medullary canal is removed
- Compact bone is laid down to reconstruct shaft walls



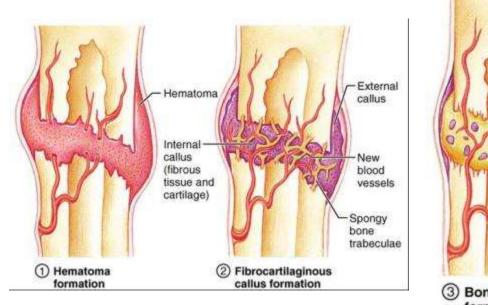


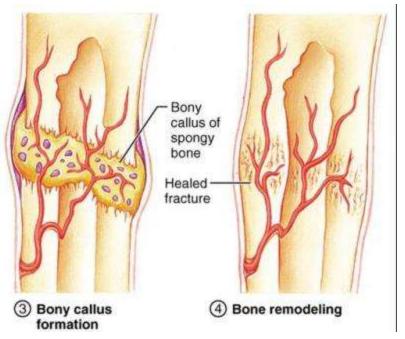
# Fracture Repair





## How does a broken bone heal?





1. Blood flow increases to the area of the break. This allows nutrients and oxygen to help the healing process.

2. As bone becomes deposited, it grows stronger, and eventually remodels itself.

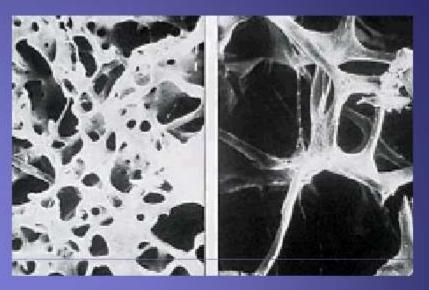
## **Aging & Bone Tissue**

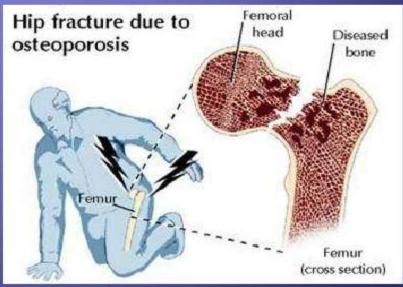
The loss of Ca<sup>+2</sup> from bone matrix (demineralization)

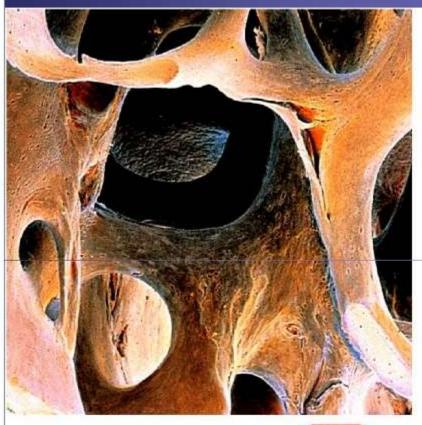
- may result in osteoporosis
- rapid in women age 40-45
   (when estrogen levels decrease)
- begins after age 60 in men

Decreased rate of protein synthesis

- less collagen production
- less growth hormone
- brittle bones more likely to fracture









SEM 30x

SEM 30x

(a) Normal bone

(b) Osteoporotic bone



**Aging Bone Animation** 

# **Red Marrow**

- •Forms **Erythrocytes**:
- •Forms Leucocytes:
- Forms **Thrombocytes**:

Red color is due to hemoglobin Location:

- •Skull
- •Sternum
- Clavicles
- Vertebrae
- Pelvis
- Ribs

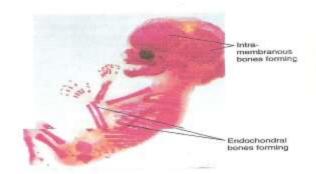
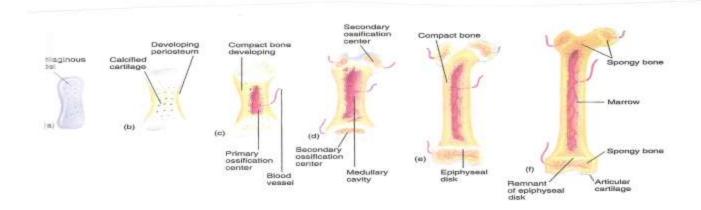


Figure 7.4

Note the stained, developing bones of this fourteen-week fetus.



# Clinical Forms

- . Rickets
- Arthritis
- Gouty Arthritis (GOUT)
- Osteoporosis
- Osteosarcoma

#### **Rickets:**

- Vitamin D deficiency in growing children
- Unable to absorb calcium and phosphate from gut
- Inorganic bone matrix (mineral salts) lacks calcium-
- Bones deform

# Clinical Forms of Arthritis

#### Osteoarthritis

- Most common chronic arthritis
- Probably related to normal aging processes

#### Rheumatoid arthritis

- An autoimmune disease the immune system attacks the joints
- Symptoms begin with bilateral inflammation of certain joints
- Often leads to deformities

# **Gouty Arthritis (GOUT)**

- Inflammation of joints is caused by a deposition of urate (URIC ACID) crystals from the blood
- Can usually be controlled with diet
- Hereditary as it runs in families.
- —This is very painful!!

#### Osteoporosis.....

# Cause is related to calcium loss due to the following dietary and behavioral patterns.....

- High meat protein diets
- Phosphorylated soft drinks
- Smoking
- Lack of exercise
- High caffeine intake

#### **Treatment:**

- elimination of risk factors
- exercise
- calcium suppliments
- estrogen administration

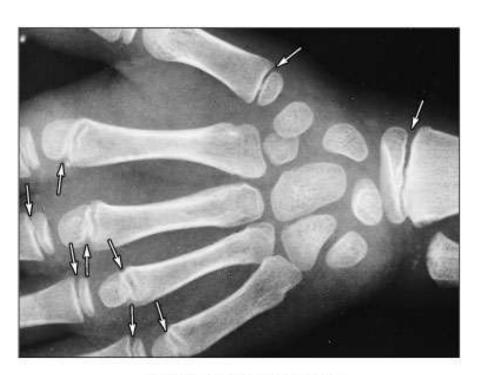
#### Osteosarcoma

- Most common and most malignant form of bone cancer
- Tumors arise beneath periosteum and elevate it as they grow
- Penetrate cortical bone
- Rapid spreading cure rate is low

# summary

- . Bone formation by two different ways , intramembranous and endochondral ossification , and how calcium phosphate is deposited in the matrix .
- . There are differences between cartilage and bone cells . Chondroplastic dwarfism and oseopetrosis are bone diseases .
- . Bone fracture and formation of Soft and hard callus, aging & bone tissue and some examples of disease.

# Bone Growth at an Epiphyseal Cartilage



(a) Epiphyseal cartilages



(b) Epiphyseal lines