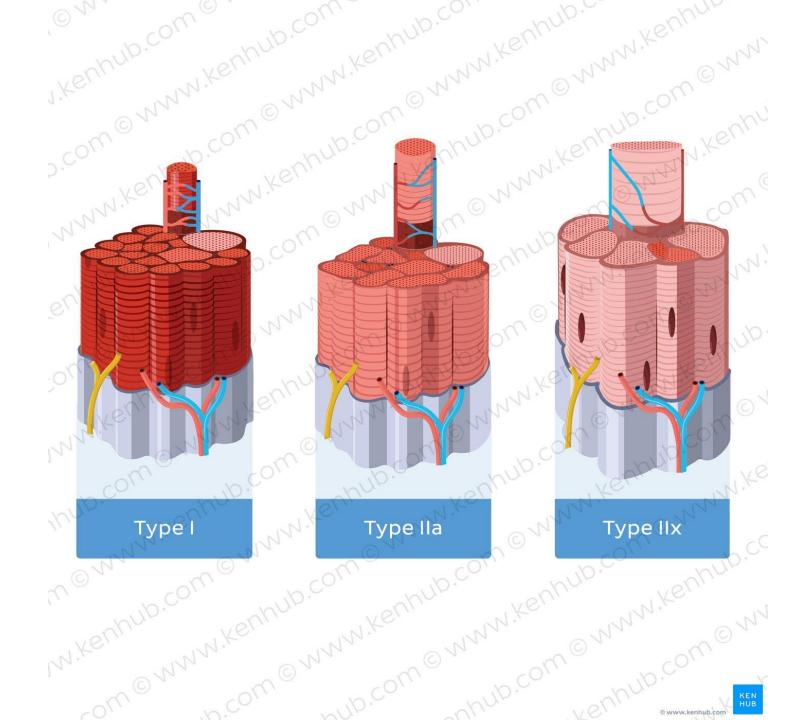
Medical Biology

Classification of skeletal muscle fibers

- ☐ Type I or slow, red oxidative fibers:
- ☐ Type IIa or fast, intermediate oxidativeglycolytic fibers:
- ☐ Type IIb or fast, white glycolytic fibers:

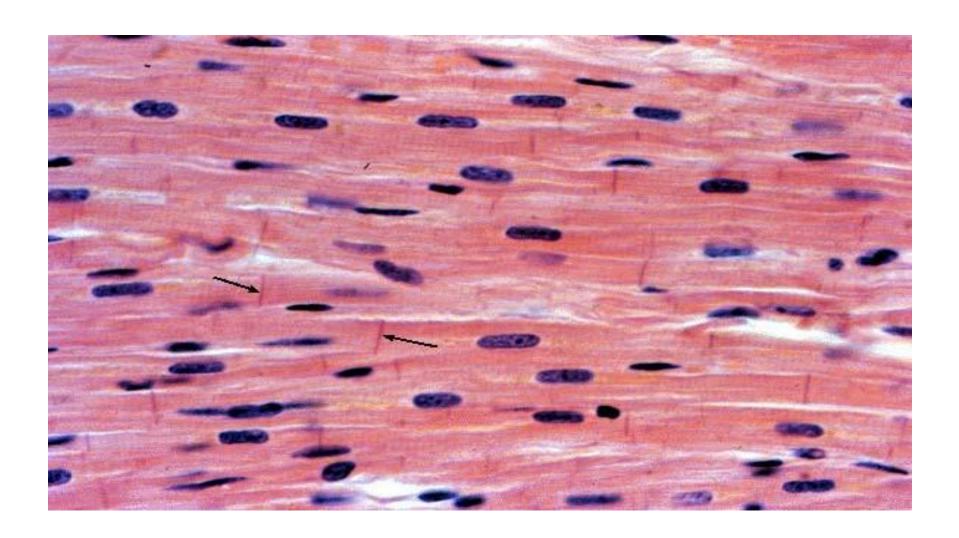


Atypical Striated Muscle

- cremaster muscle (near the spermatic cord).
- esophageal striated muscle, external urethral sphincter, external anal sphincter.

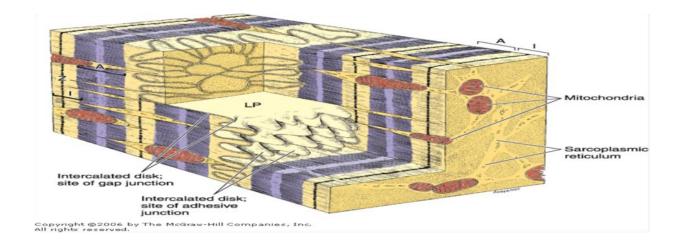
CARDIAC MUSCLE

- The muscle fibers branch (bifurcate) and are arranged in series to form an anastomosing network.
- Each myocyte has one or two central nuclei (unlike the many peripheral nuclei of syncytia of skeletal muscle fibers).
- The fibers have more sarcoplasm.
- The mitochondria are larger and better developed.
- All the fibers are Type I (red fibers, with abundant myoglobin).
- Glycogen may also present.
- The myocytes have specialized areas of contact the intercalated disks.
- Contractions are rhythmic, spontaneous and involuntary.

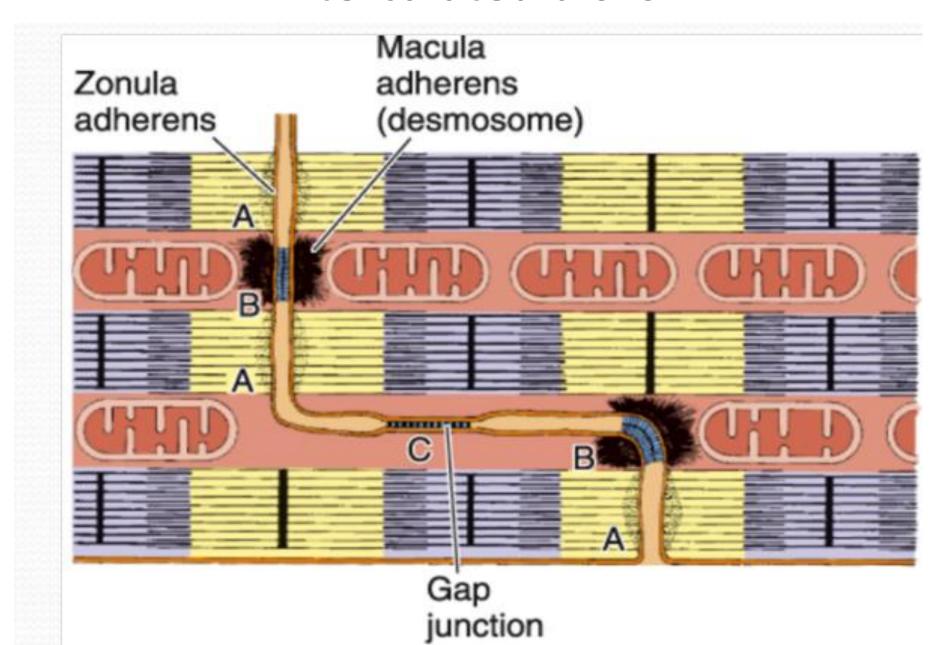


Cardiac muscle cells

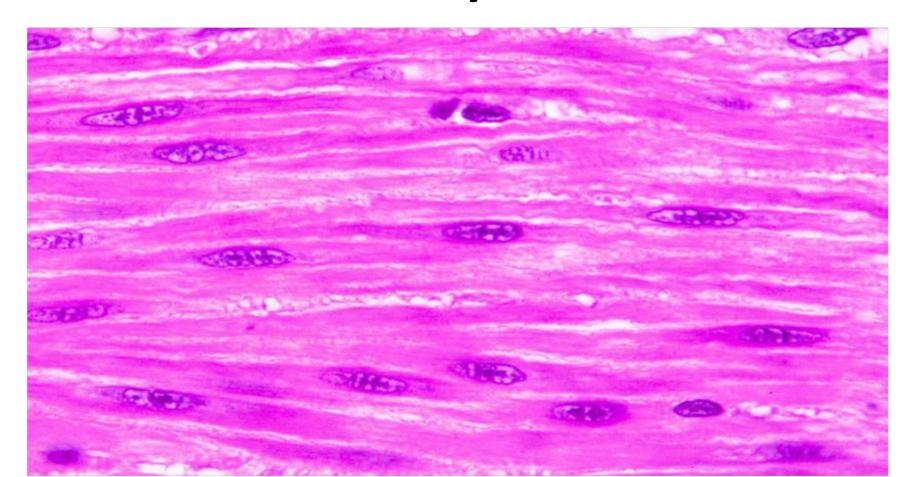
- The T tubule system and sarcoplasmic reticulum are not as regularly arranged in the cardiac myocytes.
- Diads end near Z disc
- sarcomere
- Lipofuscin pigment granules (aging pigment)



Intercalated disks



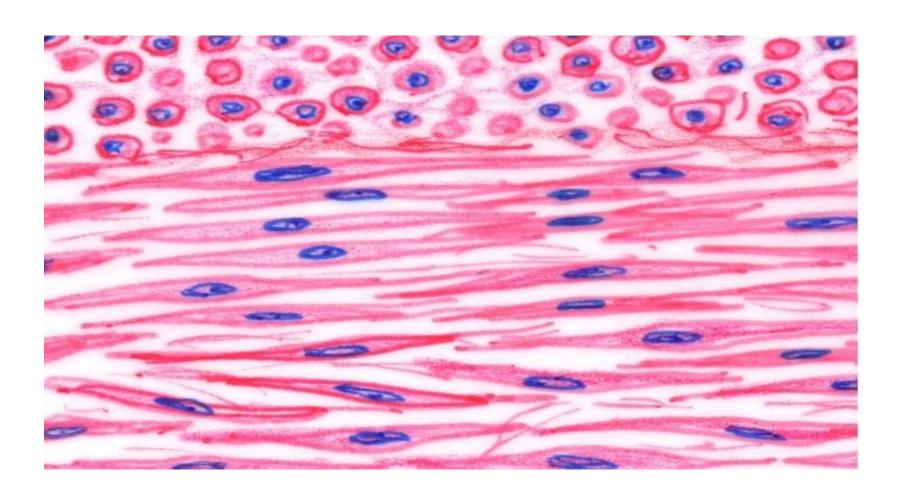
innervated by the autonomic nervous system involuntary muscle



Location of smooth muscle

- Smooth muscle is found in the walls of the hollow internal organs
- walls of blood vessels (vascular smooth muscle, especially in arterial vessels).
- Smooth muscle is found in the dermis of the skin (arrector pili).
- Smooth muscle is found in the eye (iris diaphragm, controlling the amount of light reaching the retina).

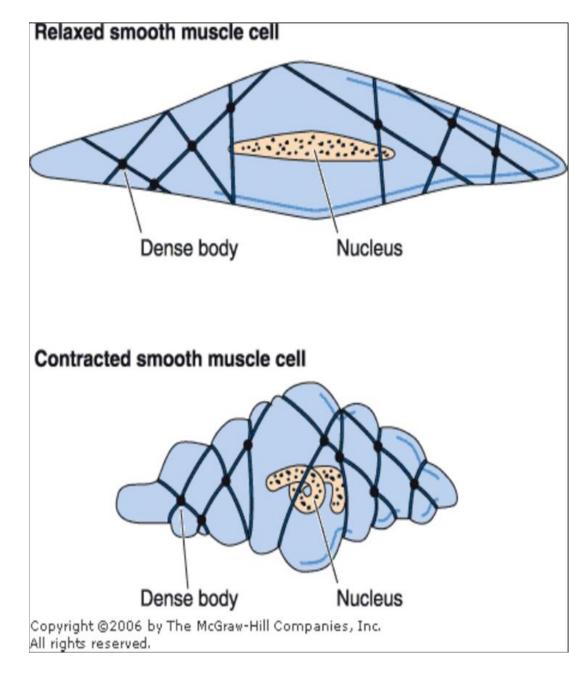
Structure of smooth muscle fibers



Smooth muscle sheath

- Sheath (proteoglycan, reticular, collagen & elastic fibers)
- Myofilaments:
- **1.thin myofilaments (actin)** which are the most common type
- 2.thick myofilaments (myosin) which are less common
- **3.intermediate filaments (desmin)** These may be grouped as "dense bodies" and are also found in contact with the sarcolemma (attachment plaques of thin ad intermediate filaments that are functionally similar to Z disc of skeletal and cardiac muscles).

No T- tubule saccules caveolae.

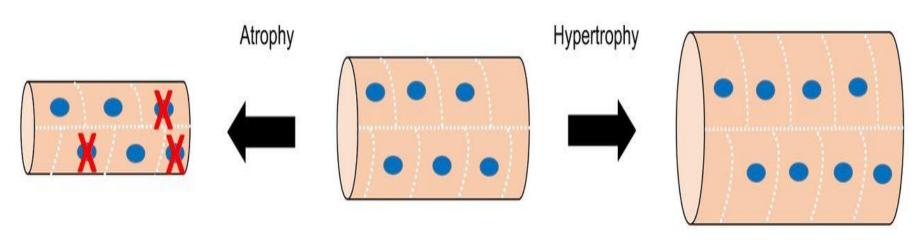


Origin of smooth muscle

- Mesoderm
- From mesnchyme as connective tissue cells
- myoepithelial cells
- part of the esophagus, anal sphincter, tarsi of eyelids

Repair and regeneration after injury Skeletal muscle

- hypertrophy of use
- disuse myopathy or atrophy



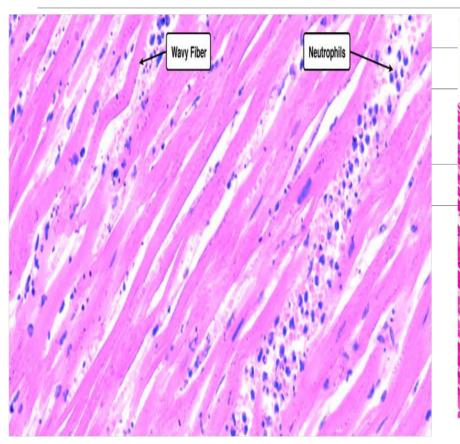
- Loss of myonuclei (apoptosis)
- Myofibre CSA↓
- Myofibrillar proteins \u00e4

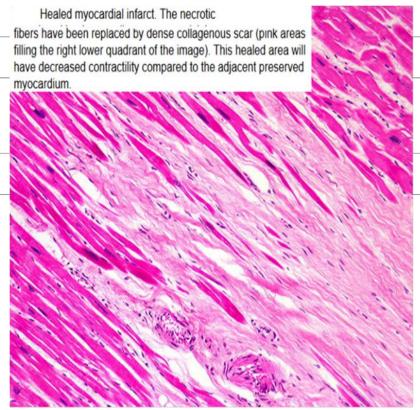
- Addition of myonuclei
- Myofibre CSA ↑
- Myofibrillar proteins 1

Regeneration of cardiac muscle

Acute Myocardial Infarction

Healed myocardial infarction





Regeneration of Smooth muscle

hyperplasia and hypertrophy

Muscular dystrophy

Duchenne muscular dystrophy

- Typical feature the child uses his hands to climb up, while getting up from the floor.
- Wheelchair by age 12
- Fatal by age 30

Duchenne's Muscular Dystrophy Only males affected, Sex-linked Mother Father but females may be normal, recessive normal carrier carriers inheritance 2 yrs old, affected 5 yrs old, 8 yrs old, affected 10 yrs old, 15 yrs old, normal normal; affected may or may not be carrier 15 years 8 years 2 years Minimal or no symptoms Severe crippling Weakness, especially of deformities and contractures pelvic girdle muscles; Progression with age marked lordosis, enlarged calves Calf muscles usually but not always Lordosis disappears enlarged when child sits

Thank you & Good luck