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ROLE OF THYMUS IN PEDIATRICS

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ESSAY

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Ву

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INTRODUCTION

INTRODUCTION & AIM OF THE WORK

The thymus is a large organ which comprises about 0.8% of the body weight at birth in man. It has epithelial, endocrine and lymphoid (immunological) components (Toylor, 1965).

The function of the thymus in relation to immunity is the production of "T" cells which are involved in cellular immune responses and also help "B" cells to start humoral antibody responses. The thymus secretes a hormone like substance called immune complement factor (Cosba & Miller, 1963).

The thymus populates peripheral lymphatic organs, such as the lymph nodes and spleen, with immunocompetent T lymphocytes that are responsible for cellular immunity. It is thus one of the most important organs concerned with defense against infections.

It plays a key role in the development of immunological competence as manifested by the capacity to reject allografts and to develop delayed type of hypersensitivity. Removal of the thymus from newborn mice was found to cause lymphopenia and deficiency in all manifestations of the immune response (Altemier 1965). Therefore in the rare Swiss type of hypogammaglobulinemia

in which rudimentary development of the thymus is associated with failure of development of all types of immunologic responses including antibody production, graft rejection and delayed type of hypersensitivity (Shatla 1974). Thus the thymus plays an important role in the original genesis of the entire lymphoid system of the body. So the aim of this study is to delineate the main points in the embriology, anatomy, physiology, pathology and disorders of the thymus gland.

LITERATURE REVIEW

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LITERATURE REVIEW

EMBRIOLOGY OF THE THYMUS:

Toward the end of the sixth week the right and left ventral recesses of the third pharyngeal pouches are converted into two solid flask-shaped masses by proliferation of endodermal cells. The masses grow medially and come in contact, and form the bases of the bilobed thymus gland, (Fig. 1) (Nerd 1974). thymus lies immediately ventral to the aortic sac and as the heart descends, it follows it into the thorax. The endodermal masses are invaded by strands of mesenchyme which differentiate into the thymic blood vessels. Colony forming units reach the thymus via the blood stream and become T lymphocyte progenitors. their turn supply immunologically competent T lymphocytes to the general lymphatic tissues of the body via the bloodstream. The reticular cells and concentric corpuscles of the thymus are derived from endodermal cells (Wendell, 1984).

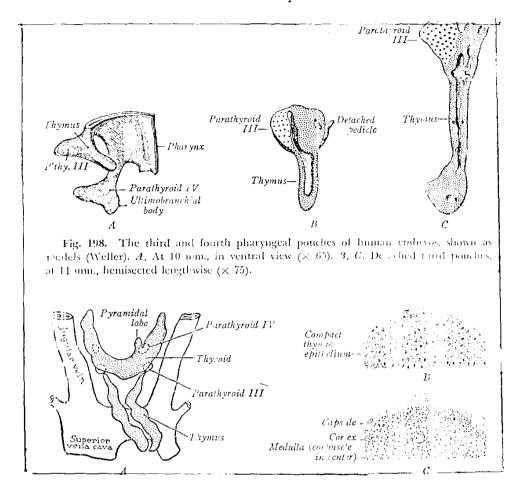


Fig. (1):

Embriology of the thymus gland from Nerd L.R. 1974.

Edis Anatomy a text book and laboratory manual of emberiology Ch. 13, P. 23.
Pub. Holl G.B. London.

DEVELOPMENTAL CHANGES IN WEIGHT & LENGTH OF THE THYMUS WITH AGE:

The average weight of the thymus gland at birth is 10 gm (0.8% of wt.). The weight of the gland increases steadily from birth to puberty and then it slowly decreases in weight until old age (Fig. 2). At puberty it weighs 30 gm. in the young adult 18.6 gm. and in the old adult 12.5 gm. The thymus constitutes 0.8 percent of the body weight at birth and 0.03 to 0.05 percent in adulthood (Edmunds, 1973). However, it has to be put into consideration that acute atrophy in the thymus can take place within a short period of time due a variety of diseases or insults e.g. severe stress (Henry, 1968).

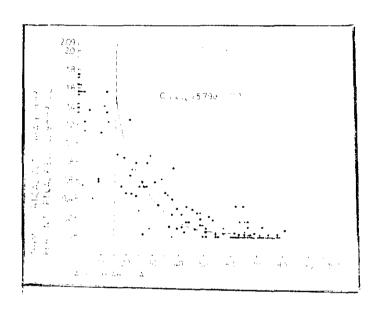


Fig. (2):

Insolution patterns of human thymus from P.Tosi. Kraft, P. Luzi, Marcella G. (1982). Clin. Exp. Immunol. 47, 497-504.

ANATOMY OF THE THYMUS