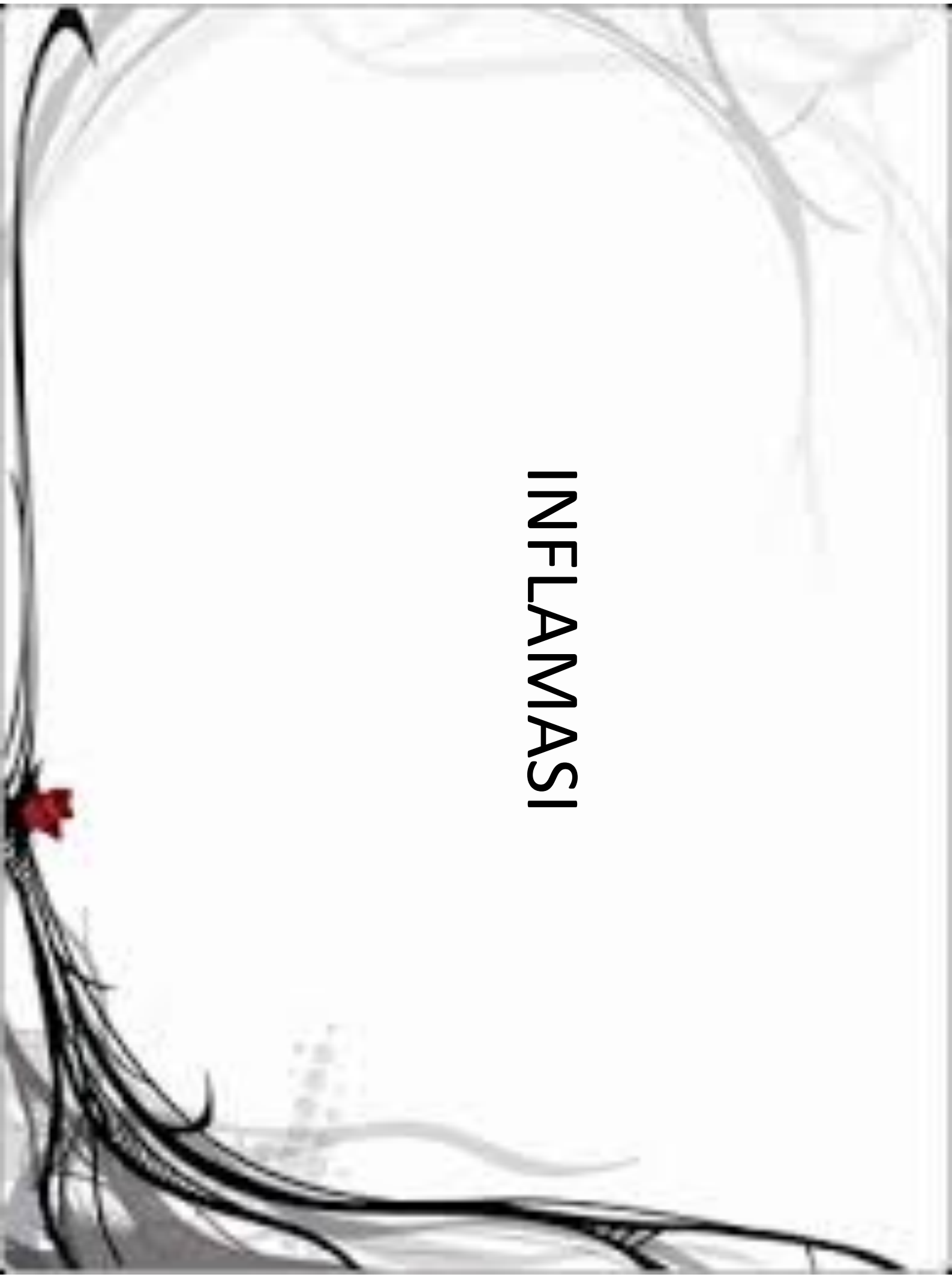




# Patofisiologi

Tyas Putri Utami, M.Biomed

# INFLAMASI



# Inflamasi

- Merupakan respons cepat terhadap jejas pada jaringan hidup yang memiliki vaskularisasi dengan mengirimkan mediator pertahanan tubuh (leukosit dan protein plasma) ke lokasi jejas
- Penyebab:
  - infeksi mikroba
  - agen fisik
  - zat kimia
  - jaringan nekrotik
  - interaksi imun.

## ➤ Tujuan:

- mengisolasi jejas
- menghancurkan mikroorganisme yang menginvasi tubuh serta menghilangkan aktivitas toksinnya
- Menghilangkan sel/jaringan nekrosis
- mempersiapkan jaringan bagi kesembuhan serta perbaikan.

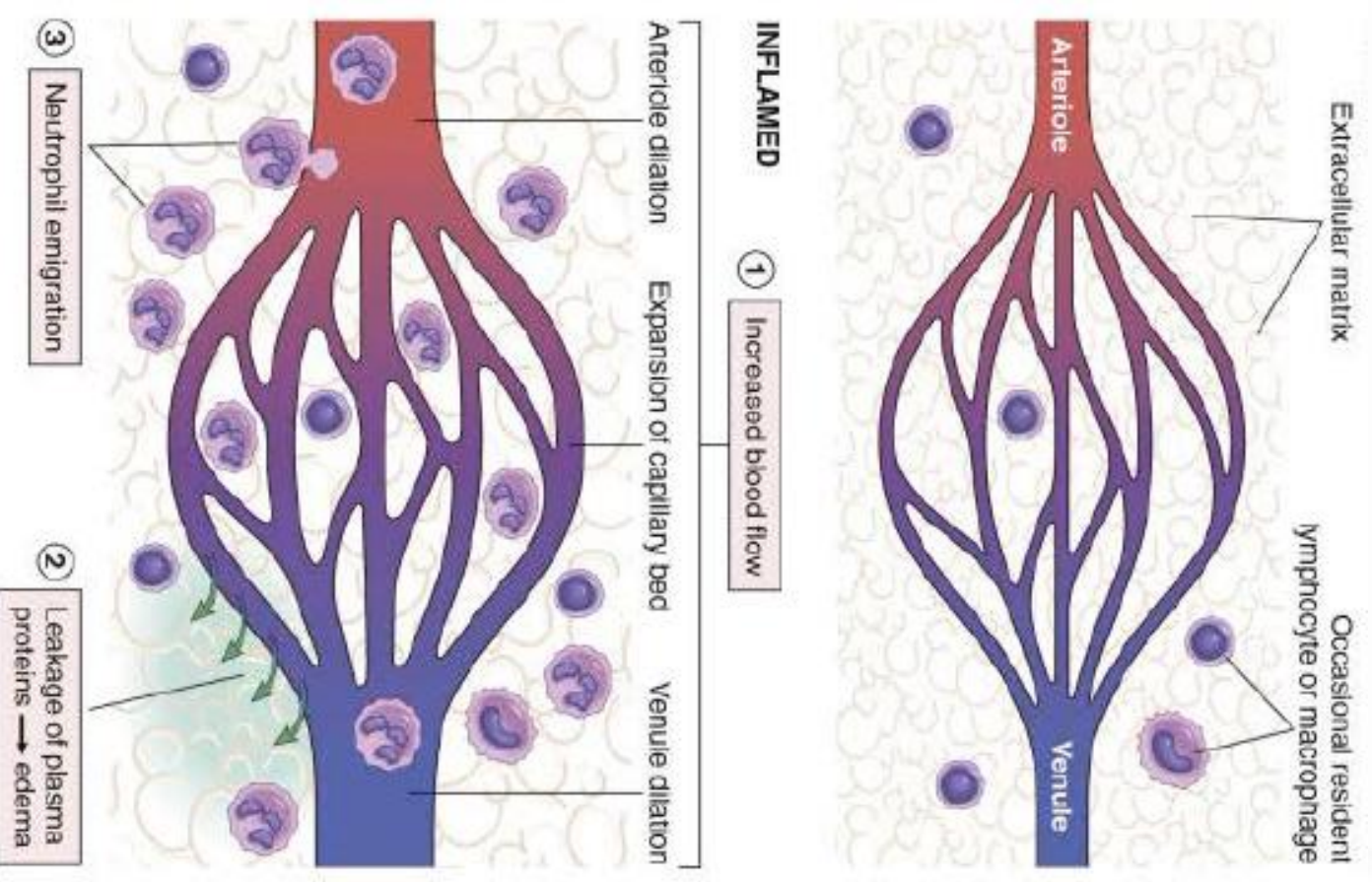


➤ Tanda:

- Panas (calor)
- Kemerahan (rubor)
- Edema (tumor)
- Nyeri (dolor)
- Kehilangan fungsi jaringan terkait

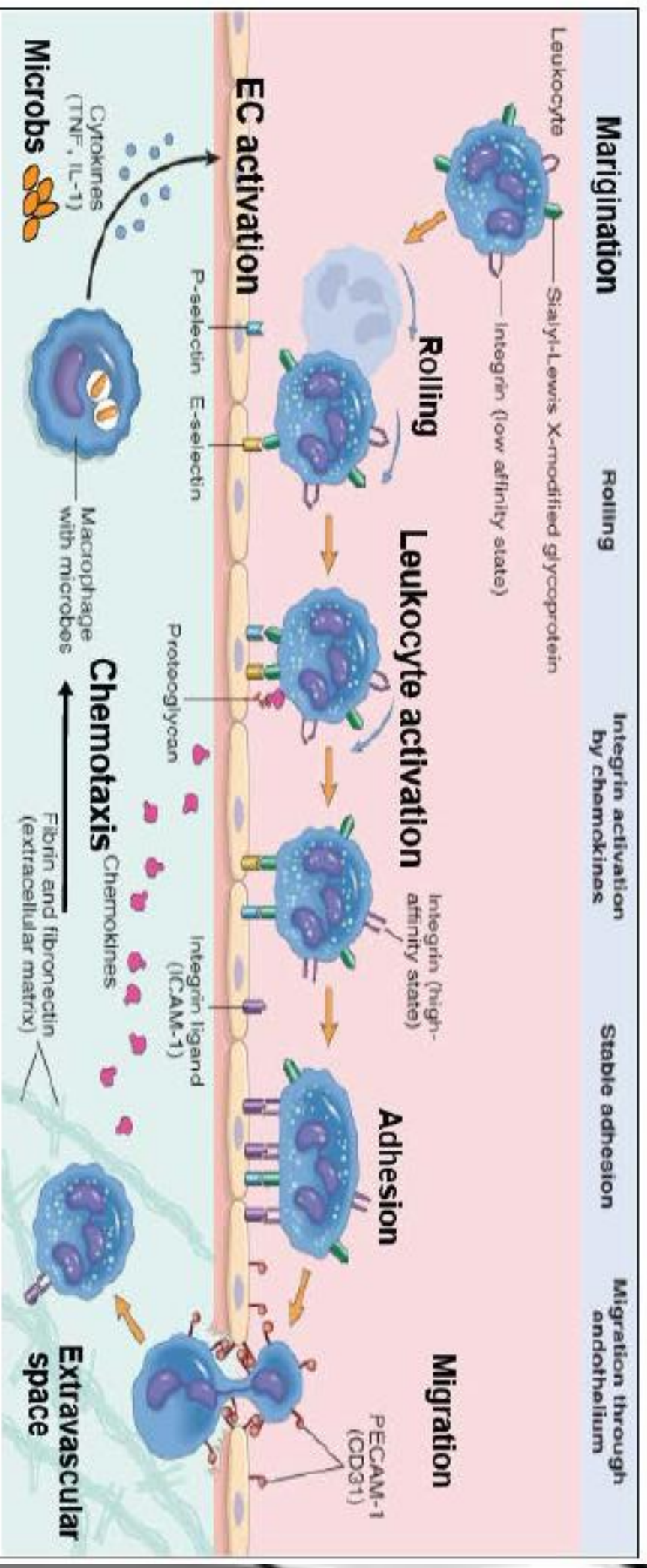
# Mekanisme Inflamasi

1. Respon awal mencakup pelepasan mediator dari sel dan plasma
2. Peningkatan aliran darah dan permeabilitas kapiler di daerah jejas → pergerakan cairan dan protein plasma ke ruang ekstraseluler jaringan
3. Migrasi dan aktivasi leukosit sebagai respon terhadap substansi antraktan

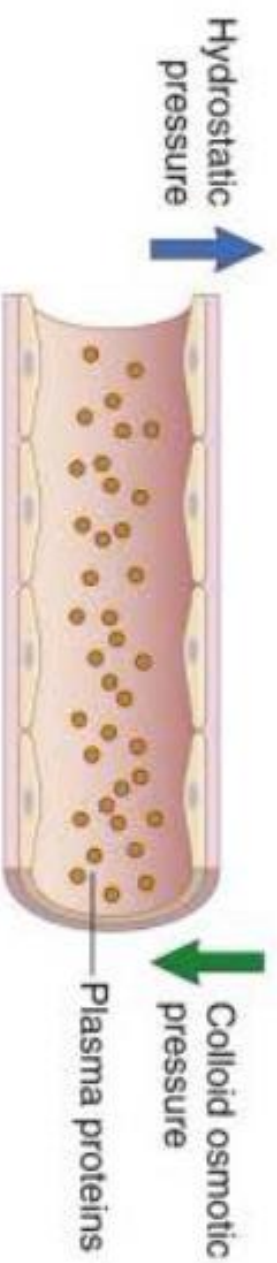




# Migrasi Leukosit



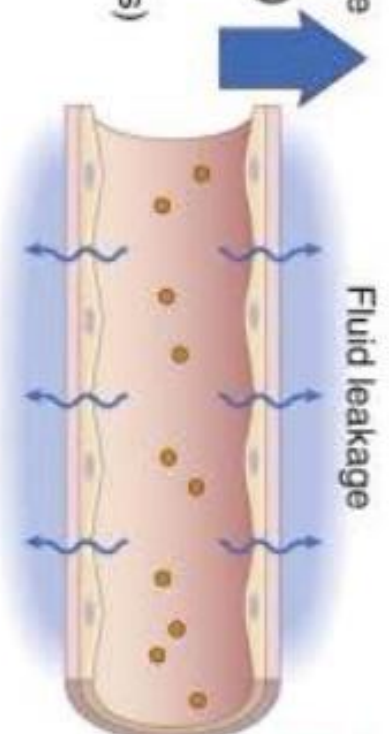
### A. NORMAL



Increased hydrostatic pressure  
(venous outflow obstruction,  
[e.g., congestive heart failure])

### B. TRANSUDATE

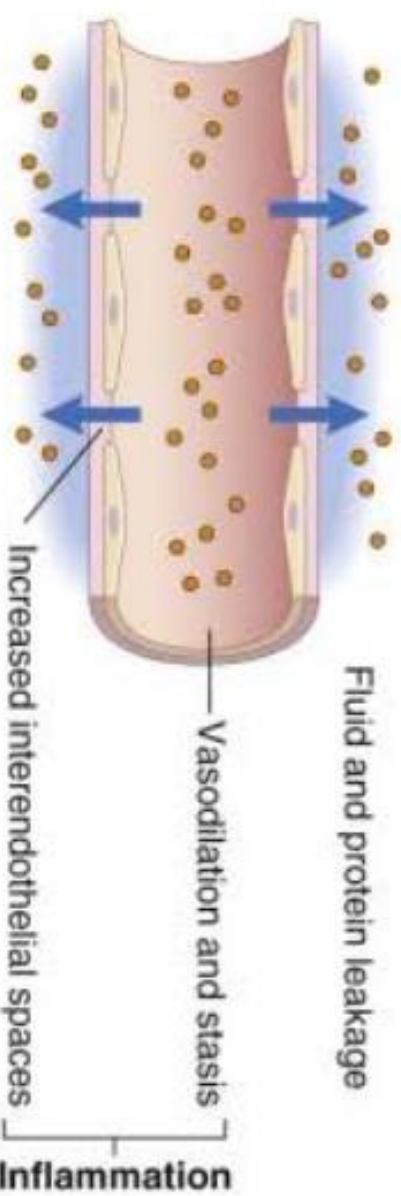
(low protein content, few cells)



Decreased colloid osmotic  
pressure (decreased protein  
synthesis [e.g., liver disease];  
increased protein loss [e.g.,  
kidney disease])

### C. EXUDATE

(high protein content, and  
may contain some white  
and red cells)





# Acute inflammatory tissue injury

## Vascular responses

- Reversible openings of endothelial cell junctions
- PMN adhesion
- Platelet aggregation
- Hemorrhage
- Endothelial cell activation

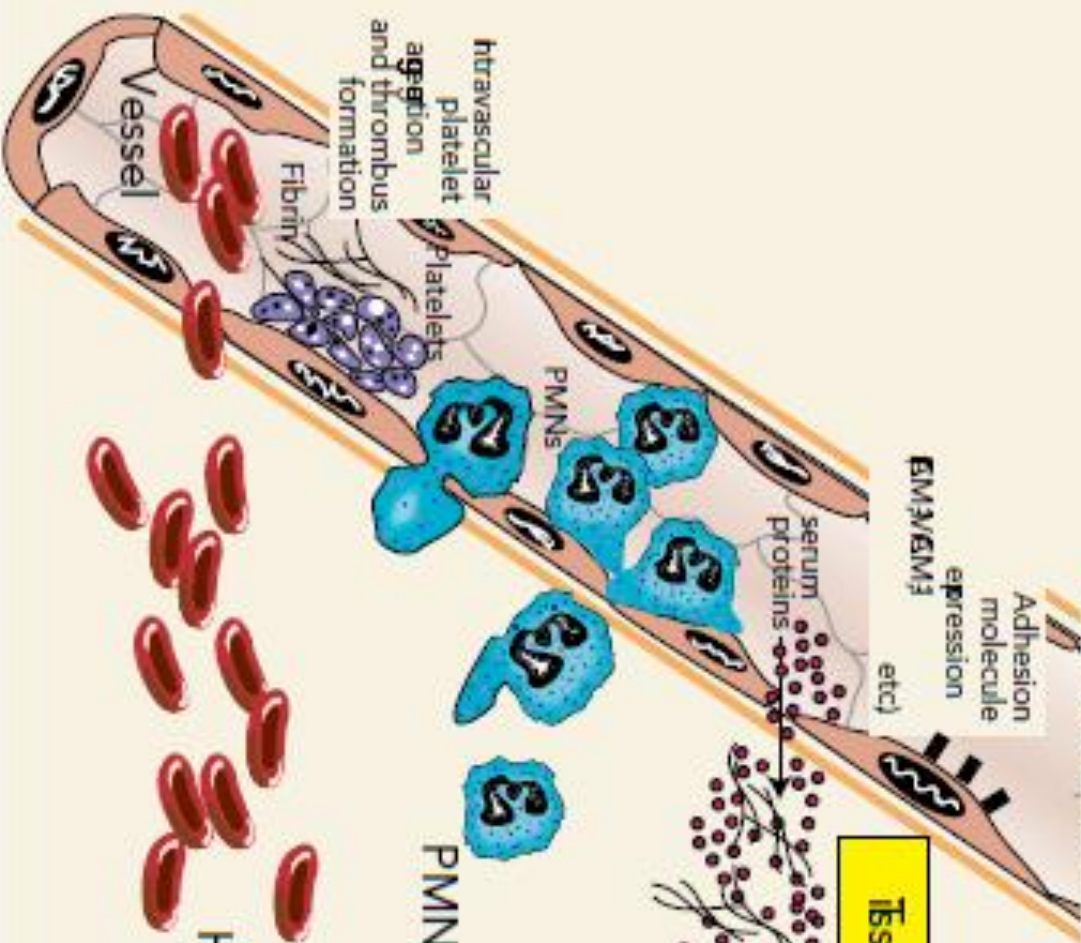
Adhesion molecule expression (ICAM-1, E-selectin, etc.)

## Tissue responses

Edema  
Fibrin deposition

PMN emigration

Hemorrhage

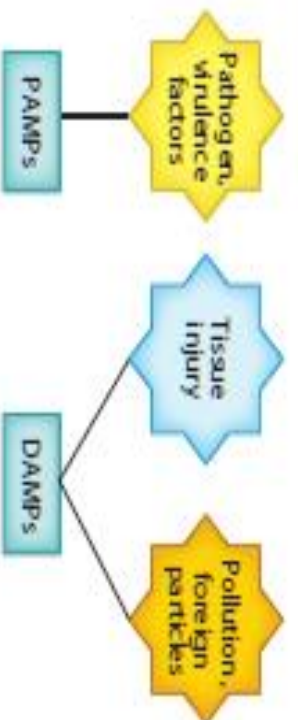


**TABLE 1.1. Factors affecting vascular Integrity**

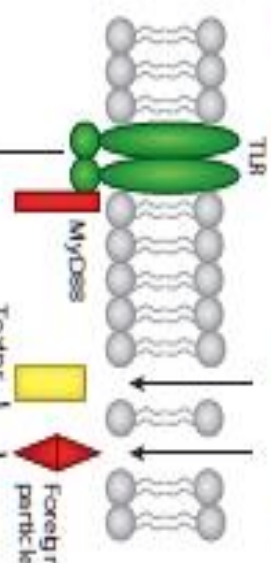
<b>Events</b>	<b>Factors responsible</b>
Edema Reversible opening of endothelial tight junctions	Histamine, serotonin, kinins (bradykinin), C3a, C5a, •NO, PAF, prostaglandins
PMN emigration Movement beyond vascular barrier	Chemoattractants: C5a, cytokines (IL-1 $\beta$ , TNF $\alpha$ ), CXC, chemokines: collagen and bacterial peptides, metabolites of arachidonic acid
Hemorrhage RBCs in extravascular compartment	Physical forces (heat, cold), bacterial products, proteins and oxidants from phagocytes
Platelets Intravascular aggregation and fibrin formation	PAF, ADP, thrombin activation, etc.



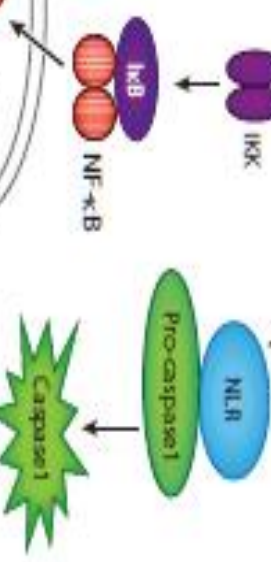
### a Inducers of Inflammation



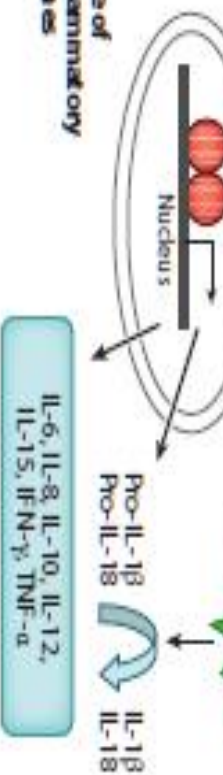
### b Recognition



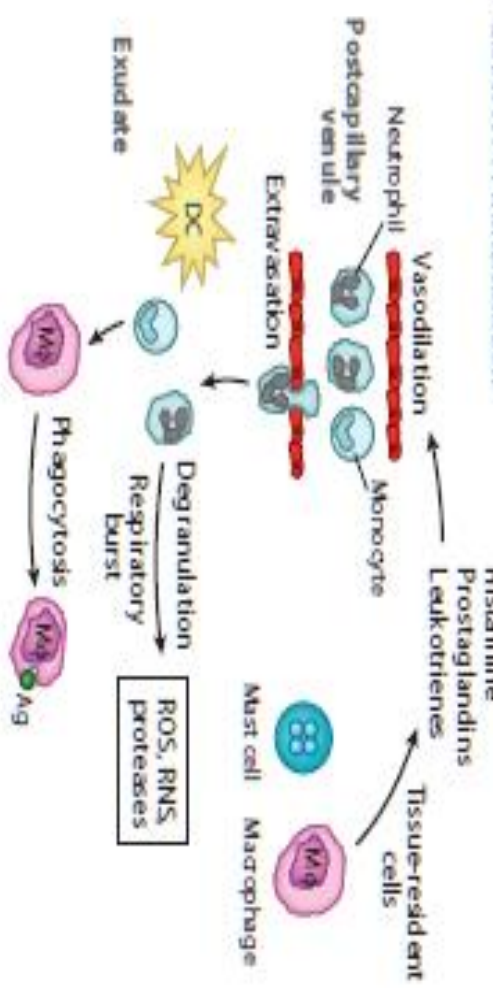
### c Signal transduction



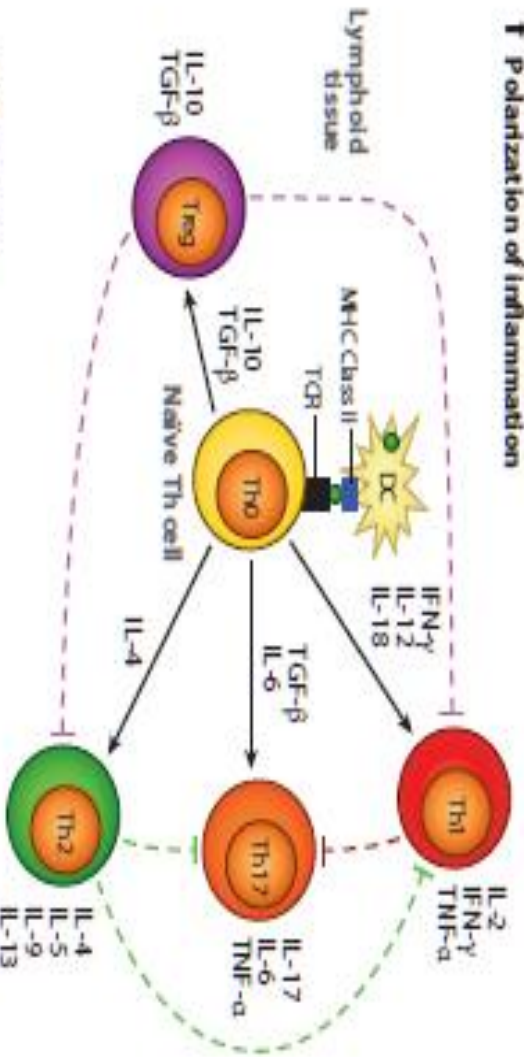
### d Release of pro-inflammatory cytokines



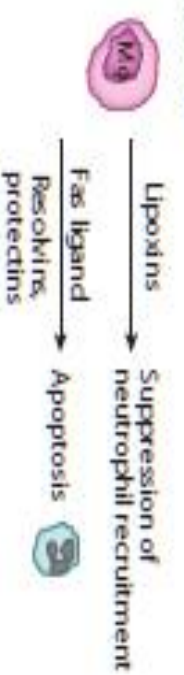
### e Effectors of Inflammation



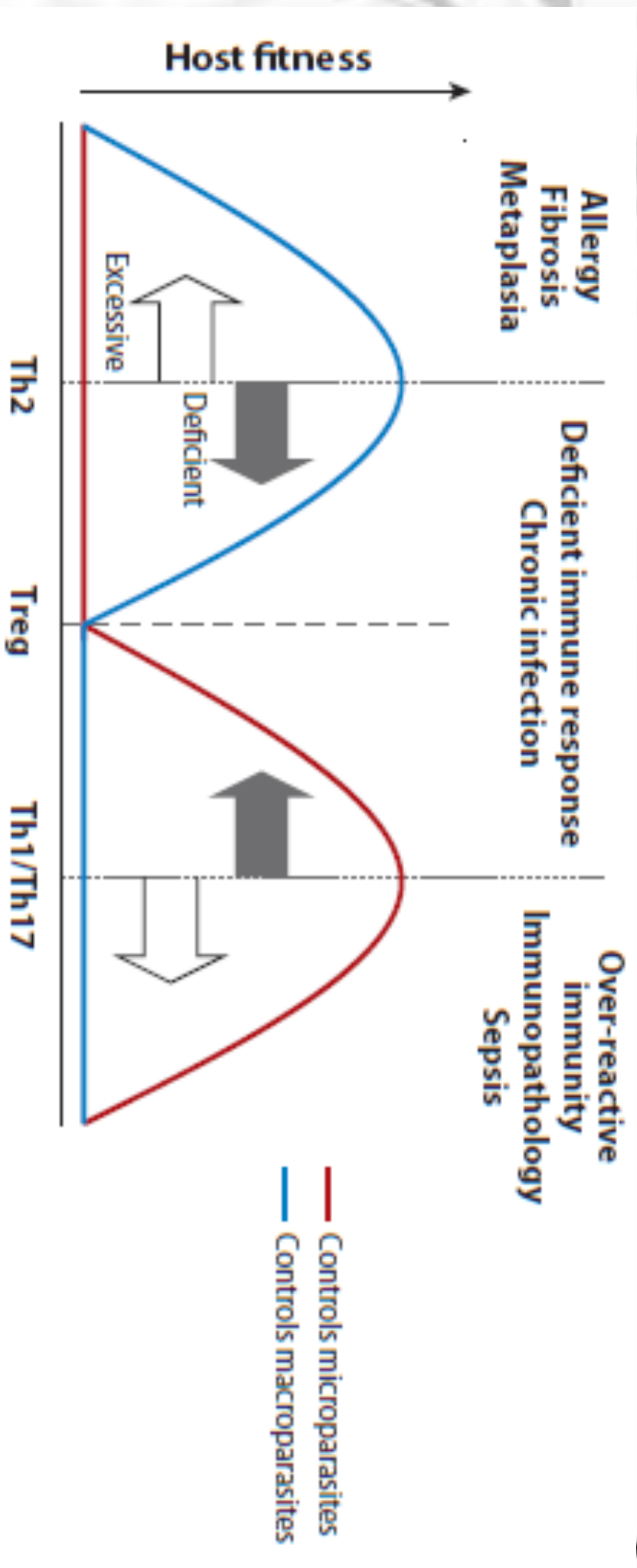
### f Polarization of Inflammation



### g Resolution









## Features of Acute and Chronic Inflammation

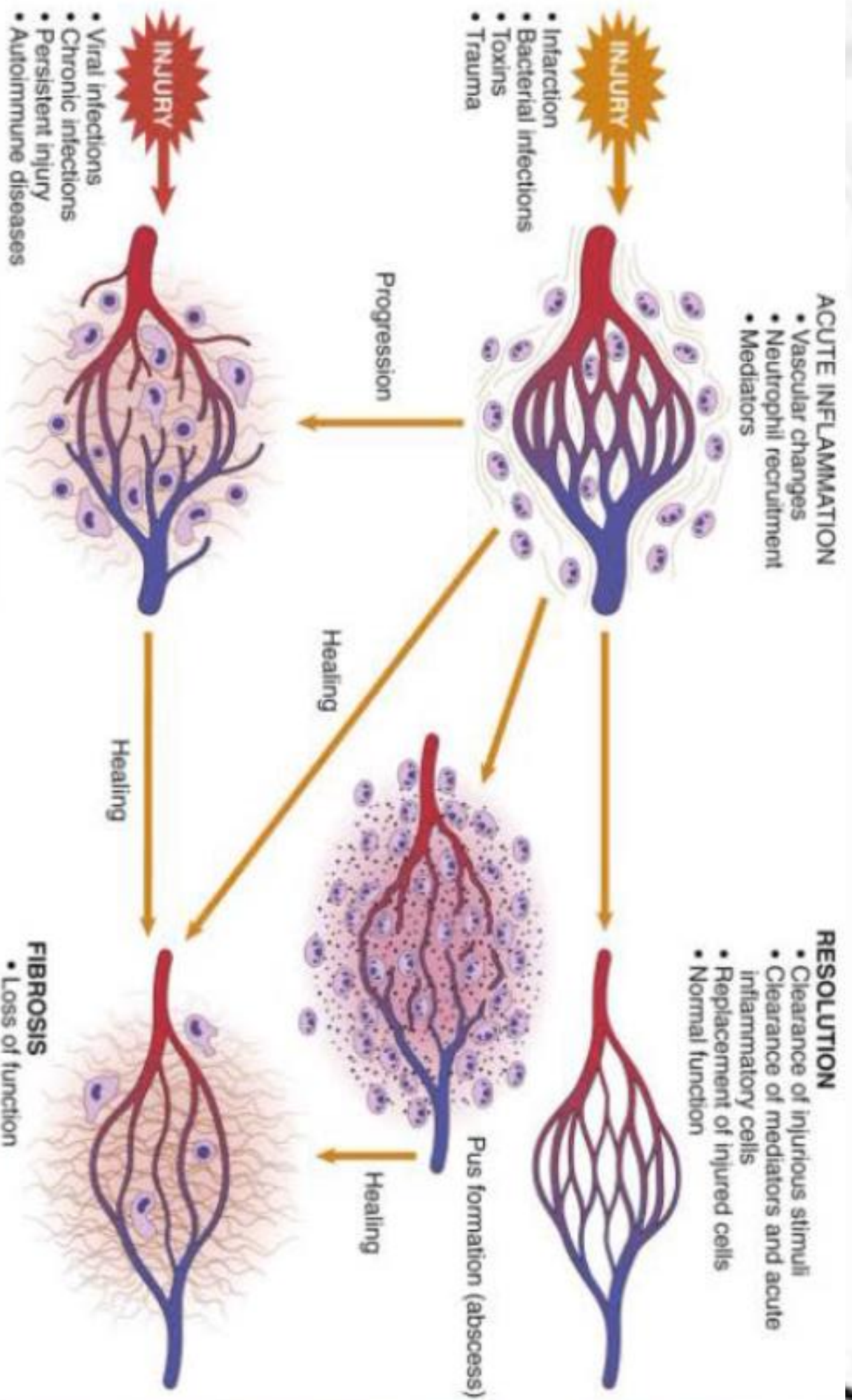
<b>Feature</b>	<b>Acute</b>	<b>Chronic</b>
Onset	Fast: minutes or hours	Slow: days
Cellular infiltrate	Mainly neutrophils	Monocytes/macrophages and lymphocytes
Tissue injury, fibrosis	Usually mild and self-limited	Often severe and progressive
Local and systemic signs	Prominent	Less prominent; may be subtle





**Table 1** Types of inflammatory responses are categorized by intensity (low-grade versus high-grade) and duration (acute versus chronic)

Intensity	Duration	
	Acute	Chronic
Low-grade	Para-inflammation Metaplasia	Inflammatory diseases (diabetes mellitus, atherosclerosis) Autoimmune disorders Neurodegenerative diseases Tumor growth Tissue damage (fibrosis)
High-grade	Acute phase response Release of cytokines Neutrophil migration Recruitment of effector cells (neutrophils, macrophages) Localized tissue damage	Sepsis Cytokine storm Tissue destruction



# Indikasi Klinis

- Rasa tidak nyaman
- Demam
- Nyeri pada area inflamasi
- Peningkatan denyut nadi
- Lab →
  - Neutrofil darah tepi ↑
  - Laju sedimentasi eritrosit ↑
  - Protein fase akut (contoh: CRP) ↑

# Perbaiki Jaringan

Perbaiki jaringan terjadi melalui:

1. Pemusnahan dan pembuangan jaringan yang rusak
2. Regenerasi sel
3. Pembentukan jaringan granulasi