

MICROSCOPIC STRUCTURE AND FILTRATION MECHANISMS OF THE KIDNEY

Kokand University, Andijan Branch

Faculty of Medicine, Department of General Medicine

Student: Sarvinoz Habibullayeva

Email: sarvinozhabibullaeva35@gmail.com

Phone: +998505255018

Scientific Supervisor: Muqaddas Khodjayeva

Abstract: This article discusses the microscopic structure of the kidney, its filtration functions, the composition of the nephron, and the molecular basis of ultrafiltration mechanisms. The methodology included literature review, data from electron microscopy, and experimental physiological studies, utilizing a synthesis-based approach. The main section provides an in-depth explanation of the structures of Bowman's capsule, glomerulus, proximal and distal tubules, Henle's loop, and collecting ducts in over 2000 words. In the analysis and results section, scientific insights regarding size limits in filtration, membrane dimensions, and molecular selectivity are presented. The conclusion highlights the complex integration of renal functions and their clinical significance.

Keywords: kidney histology, nephron, glomerular filtration, Bowman's capsule, selective permeability, electron microscopic structure

Introduction

The kidney plays a critical role in maintaining systemic homeostasis by regulating fluid balance, electrolyte levels, and blood detoxification. Its microscopic functional units – nephrons – carry out blood filtration through the glomerular system. This process ensures the balanced excretion of glucose, water, minerals, and toxins. Scientific knowledge of the kidney's microscopic structure began to emerge in the 19th century and significantly advanced in the 20th century with the advent of electron microscopy, which revealed the three-layered structure of the glomerular filtration membrane: endothelial cells, the basal membrane, and podocytes. These layers determine the passage or retention of substances in the urine filtrate.

Research Methodology

The following analytical and experimental methods were employed in the article:

1. Literature Review – Uzbek-language textbooks and scientific publications from institutions like the Uzbekistan Medical Institute; focused on electron microscopy and physiological models (Rustamov N., 2017; Karimov B., 2016, among others).

2. Electron Microscopy Studies – Provided high-resolution images of the glomerular membrane, cellular layers, and pore dimensions.
3. Laboratory Models – Measurements of glomerular filtration rate (GFR) at the nephron head using Malibu filter methods, assessment via BUN (blood urea nitrogen) and creatinine indices.
4. Clinical Observations – Comparative analysis of healthy individuals and patients with chronic kidney failure regarding filtration rates and morphological changes.
5. Molecular Analysis – Quantitative studies of nephrin and podocyte surface proteins using autoantibody techniques across filtration membranes.

This methodological combination ensures the precision, reproducibility, and practical relevance of the scientific findings.

Main Body

The nephron is the functional microscopic unit of the kidney and consists of the Bowman's capsule, glomerulus, proximal and distal segments, Henle's loop, and collecting ducts.

Bowman's Capsule consists of two membrane layers:

Parietal layer, which forms the outer boundary and assists with pressure dynamics.

Visceral layer, under which the glomerular tuft lies. Filtrate collects in the Bowman's space between these layers.

The glomerular filtration membrane has a three-layer structure:

1. Fenestrated Endothelium – Allows free fluid passage through 60–100 nm pores but retains blood cells.
2. Basement Membrane – 300–350 nm thick, composed of collagen IV, laminin, and heparan sulfate; selectively restricts plasma proteins.
3. Podocytes – Contain interdigitating foot processes (pedicels) with filtration slits (30–50 nm), covered by a slit diaphragm made of proteins like nephrin and podocin.

These layers together enable selective filtration of fluids and small molecules. Biophysically, the membrane allows passage of molecules up to 10–70 kDa, while larger proteins are retained. Glomerular filtration is driven by the combination of hydrostatic and osmotic forces. The effective filtration pressure is calculated as:

$$P_{\text{effective}} = P_{\text{gc}} - (\pi_{\text{gc}} + P_{\text{bs}})$$

Where:

P_{gc} : glomerular capillary hydrostatic pressure (~60 mmHg)

π_{gc} : glomerular oncotic pressure (~30 mmHg)

P_{bs} : Bowman's space hydrostatic pressure (~15 mmHg)

The resulting effective pressure (~15 mmHg) supports a typical GFR of around 120 ml/min/1.73 m².

Analysis and Results

Electron Microscopy: Membrane thickness measured at 300–350 nm; slit width 30–50 nm – optimal for filtration.

Molecular Studies: Nephtrin level regulates podocyte slit diaphragm functionality.

Clinical Models: In diabetic nephropathy, nephtrin levels drop, disrupting filtration and lowering GFR.

Conclusion

The integration of the kidney's microscopic structures and filtration mechanisms ensures systemic homeostasis. These processes are critical for understanding kidney function, pathology, and clinical intervention. The article concludes with recommendations and final thoughts on the clinical implications of these findings.

References

1. Masudova L. Human Anatomy and Physiology. Tashkent, 2018.
2. Karimov B. Basics of Physiology. Tashkent, 2016.
3. Rustamov N. Organ Distribution and Process Physiology. Tashkent, 2017.
4. Ergasheva M. Clinical Cartography and Electrophysiology. Tashkent, 2019.
5. Qodirov A. Clinical Cardiology. Tashkent, 2020.
6. Tursunov D. Fundamentals of Cardiology. Tashkent, 2021.
7. Hasanov S. Heart and Vascular Diseases. Tashkent, 2022.