

## 1: What is Subcutaneous Fat? (with pictures)

*Subcutaneous tissue, which is also known as the hypodermis, is the innermost layer of skin. It's made up of fat and connective tissues that house larger blood vessels and nerves. It's made up of fat and connective tissues that house larger blood vessels and nerves.*

Dermal fibers are predominantly made of type I and III collagen in a 4: They are responsible for the mechanical resistance of skin. *Staphylococcus aureus* is the most common isolate of all skin infections. Impetigo, cellulitis, erysipelas, folliculitis, furuncles, and simple abscesses are examples of uncomplicated infections, whereas deep-tissue infections, extensive cellulitis, necrotizing fasciitis, and myonecrosis are examples of complicated infections. Hemangiomas arise from benign proliferation of endothelial cells surrounding blood-filled cavities. They most commonly present after birth, rapidly grow during the first year of life, and gradually involute in most cases. Basal cell carcinoma represents the most common tumor diagnosed in the United States, and the nodular variant is the most common subtype. Cautery and ablation, cryotherapy, drug therapy, and radiation therapy are alternative treatments. Tumor thickness, ulceration, and mitotic rate are the most important prognostic indicators of survival in melanoma. If a sentinel node contains metastatic cancer, prognosis is determined by the number of positive nodes, the primary tumor thickness, mitotic rate and ulceration, and the age of the patient. Enabled by an array of tissue and cell types, intact skin protects the body from external insults. However, the skin is also the source of a myriad of pathologies that include inflammatory disorders, mechanical and thermal injuries, infectious diseases, and benign and malignant tumors. The thickness of each layer, distribution of dermal appendages, density and type of nerve endings, and melanocyte distribution are just some of the variables that differ by location and purpose. The epidermis and its appendages are of ectodermal origin, whereas the dermis and hypodermis are of mesodermal origin. Schematic representation of the skin and its appendages. Note that the root of the hair follicle may extend beneath the dermis into the subcutis.

### Epidermis

The epidermis consists of stratified epithelium that undergoes continuous regeneration. Ninety to ninety-five percent of these epithelial cells are ectodermally derived keratinocytes. This process results in the formation of distinct cell layers from deep to superficial: In the palmoplantar region, an additional layer, the stratum lucidum, can be seen between stratum granulosum and stratum corneum see Fig. Transit time keratinization is approximately 30 days. Interventions such as tissue expansion result in thickening of the epidermis and thinning of the dermis.

### Epidermal Components

#### Keratinocytes

Basal layer keratinocytes are columnar or cubical cells with a basophilic cytoplasm and large nucleus, and they are aligned with an underlying basement membrane and anchored by hemidesmosomes. Melanosomes are positioned over the nucleus. Other types of intercellular junctions including gap and adherens junctions are present as well. Proliferation occurs at this cell layer. Spinosum layer keratinocytes are polygonal, with an eosinophilic cytoplasm. Ultrastructurally, they contain coarse bundles of tonofilaments, cytoplasmic protein found in epithelial cells. The latter are involved in the process of desquamation and in the formation of a lipid pericellular coat that acts as a penetration barrier against foreign hydrophilic substances. The superficial part of eccrine sweat glands and hair follicles are considered part of the epidermis as well. The epithelial cells comprising these units have separate biologic properties with regard to regeneration, differentiation, and response to various stimuli. Five to ten percent of epidermal cells are nonkeratinocytes, including primarily Langerhans cells, melanocytes, and Merkel cells.

#### Langerhans Cells

These are mobile, dendritic, antigen-presenting cells present in all stratified epithelia that originate from bone marrow precursors. They are distributed regularly among basal keratinocytes, at a ratio of 1 melanocyte for every 4 to 10 keratinocytes. Their density reaches to cells per mm<sup>2</sup> of cutaneous surface, with regional variations maximal density on genital skin. Melanin is produced through the enzymatic activity of tyrosinase on the substrate tyrosine and is then stored in melanosomes; these are transported along the dendritic processes of melanocytes and are eventually transferred to adjacent keratinocytes where they form an umbrella-like cap over the nucleus, protecting it from the effects of ultraviolet UV light. Melanocytes express the bcl-2 oncoprotein, S protein, and vimentin. Ethnic variations in pigmentation are due to differences in activity of melanocytes and

distribution of melanosomes within the epidermis and not differences in the number of melanocytes. Merkel Cells Merkel cells display both neuroendocrine and epithelial features. They function as mechanoreceptors and synapse with dermal sensory axons in the basal layer of the epidermis and the epithelial sheath of hair follicles. Appendages serve functions that include lubrication, sensation, contractility, and heat loss. Sweat Glands Sweat glands are tubular exocrine glands, consisting of a secretory coil and an excretory duct. Eccrine sweat glands are the main sweat glands in humans, playing a vital role in the process of thermoregulation. They are present almost everywhere on the skin except mucous membranes, with a maximal density over the palms, soles, axillae, and forehead. Apocrine sweat glands are less abundant in humans and are derived embryologically from the germ cells that produce the pilosebaceous follicle and are, therefore, structurally associated with it. These glands are found in the axillary, anogenital, and nipple regions. They consist of a secretory coil that is larger and more irregular in shape than that of eccrine glands. A third type of sweat gland was more recently described in the axillary region. They are present throughout the integument, excluding the glabrous skin palms, soles and portions of the genitalia. Their size and morphology are variable terminal, vellus, lanugo, and intermediary hair. Their growth is cyclic and proceeds through three distinct phases of uneven duration anagen, catagen, and telogen during which their histology varies considerably. Nails The nails overlie the dorsal aspect of the distal phalanges of the fingers and toes. They consist of three parts: The proximal part of the nail bed is continuous with the nail matrix, responsible for nail growth and adhesion.

**Dermis Architecture** The dermis is a compressible, elastic connective tissue that supports and protects the epidermis, dermal appendages, and neurovascular plexuses. It consists of cells, fibrous molecules, and a ground substance. It turns over continuously, regulated by mechanisms controlling the synthesis and degradation of its protein components. The thickness of the dermis varies considerably with the anatomic location being much thicker on the back, palms, and soles than on the eyelids. The papillary superficial dermis forms conic upward projections dermal papillae alternating with epidermal rete ridges, thus increasing the surface of contact between the dermis and epidermis and allowing for better adhesion between these layers. It contains several cell types fibroblasts, dermal dendrocytes, and mast cells, vessels, and nerve endings. It is made of collagen fibers arranged in loose bundles and thin elastic fibers stretching perpendicularly to the dermal-epidermal junction. In the distal extremities, dermal papillae contain tactile corpuscles, specialized nerve endings acting as mechanoreceptors. The reticular deep dermis is made of coarser collagen bundles, tending to lie parallel to the skin surface. The elastic network is also thicker in this layer. The reticular dermis contains the deep part of cutaneous appendages and vascular and nerve plexuses. Collagen fibers are arranged in bundles that are loose in the papillary dermis and become thicker in the deep dermis. Other collagens found in the dermis include type IV collagen at the dermo-epidermal junction and in the basement membranes of cutaneous appendages, vessels, muscles, and nerves and type VII collagen anchoring fibers of the dermo-epidermal junction. Elastic fibers are responsible for the retractile properties of the skin due to their ability to stretch to twice their resting length and return to their baseline shape after the deforming force is relieved. In the papillary dermis, they are thin; they become thicker in the reticular dermis, where they tend to run horizontally. By electron microscopy, elastic fibers show variations depending on age and the area studied sun-exposed or not. They have irregular contours and are made of a central amorphous matrix composed of elastin, an insoluble protein. This core is surrounded by a varying number of microfibrils made of fibrillin. Reticulin fibers consist biochemically of an assembly of thin collagen fibers types I and III and fibronectin.

**Cells** Fibroblasts are the fundamental cells of the dermis and all connective tissues that synthesize all types of fibers and the ground substance. They appear as spindle-shaped or stellate cells, containing a well-developed rough endoplasmic reticulum. Myofibroblasts are cells derived from fibroblasts, namely during the process of wound healing; they contain myofilaments, visible by electron microscopy, and express smooth muscle actin and more rarely desmin. They are present around capillaries of the papillary dermis, around sweat gland coils, and within the connective tissue septa of the hypodermis. Dermal dendrocytes complement the immunologically functional cells of the epidermis. Mast cells are mononuclear cells of bone marrow origin, sparsely distributed in the perivascular and periadnexal dermis.

**Cutaneous Vasculature** Excluding the epidermis, which is a nonvascular tissue, the skin possesses a rich vascular network that largely exceeds the

skin metabolic requirements. This network plays a role in thermoregulation, wound healing, immune reactions, and blood pressure control. Cutaneous vessels belong to the arterial, venous, or lymphatic system; they originate from perforating arteries arising from underlying vessels of the muscles and form two distinct horizontal plexuses that communicate via vessels traversing the dermis vertically. The deep plexus lies close to the dermal-hypodermal junction and provides nutritional arteries to sweat glands and hair follicles. The superficial plexus, derived from terminal arterioles, lies at the interface between the papillary and reticular dermis and provides a vascular loop to every dermal papilla toward the surface except in the nail bed. This consists of an ascending precapillary arteriole, arterial and venous capillaries forming a hairpin turn, and a descending postcapillary venule these account for the majority of vessels in the papillary dermis. The afferent limb is responsible for the perception of external stimuli touch, pressure, vibration, pain, temperature, itch via a network of sensory myelinated and nonmyelinated fibers, free terminal nerve endings, and tactile corpuscles. The efferent limb is supported by nonmyelinated fibers of the sympathetic system that regulate vasomotricity, sweat secretion, and piloerection.

**Hypodermis Subcutaneous Fat, Panniculus Adiposus** Fatty tissue is the deepest part of the skin, separating it from the underlying muscle fascia or the periosteum. It plays an important role in thermoregulation, insulation, storage of energy, and protection from mechanical injuries. The main cells of the hypodermis are the adipocytes—large, rounded cells with a lipid-laden cytoplasm triglycerides, fatty acids compressing the nucleus against the cell membrane. Adipocytes are arranged in primary and secondary lobules, the morphology of which varies according to gender and body region. These lobules are separated by connective tissue septa containing cells fibroblasts, dendrocytes, mast cells, the deepest part of sweat glands, and vessels and nerves contributing to the formation of the corresponding dermal plexuses. Patients experience appreciable physical, psychological, and economical hardship and decreased quality of life when compared to patients who suffer from other chronic dermatologic disease such as psoriasis and alopecia. The diagnosis is made clinically without the need for imaging or laboratory tests. The current pathophysiologic mechanism is that there is follicular occlusion, and not an apocrine disorder as previously believed. Hyperandrogenism does not have a proven role in the disease; poor hygiene, smoking, alcohol consumption, and bacterial involvement are thought to exacerbate rather than initiate the disease process. Treatment varies depending on disease severity and extent. The majority of patients with early-stage disease abscesses without significant scarring respond to topical or systemic antibiotics clindamycin is first-line therapy. Antiandrogens have an equivocal role in therapy.

### 2: What is subcutaneous tissue? | Healthy Skin - Sharecare

*The subcutaneous tissue also called the hypodermis, attaches the skin to deeper tissues and organs. The subcutaneous hypodermis layer is a specialized layer of connective tissue containing adipocytes.*

**Overview** A subcutaneous injection is a method of administering medication. Subcutaneous means under the skin. In this type of injection, a short needle is used to inject a drug into the tissue layer between the skin and the muscle. Medication given this way is usually absorbed more slowly than if injected into a vein, sometimes over a period of 24 hours. This type of injection is used when other methods of administration might be less effective. Other methods, like intravenous injection, can be difficult and costly. For small amounts of delicate drugs, a subcutaneous injection can be a useful, safe, and convenient method of getting a medication into your body. Medications given using a subcutaneous injection Medications administered by subcutaneous injection include drugs that can be given in small volumes usually less than 1 mL but up to 2 mL is safe. Insulin and some hormones are commonly administered as subcutaneous injections. Other drugs that need to be given very quickly can also be administered via subcutaneous injection. Some pain medications like morphine and hydromorphone Dilaudid can be given this way as well. Drugs that prevent nausea and vomiting like metoclopramide Reglan or dexamethasone DexPak can also be given via subcutaneous injection. Some vaccines and allergy shots are administered as a subcutaneous injection. Many other vaccines are administered as an intramuscular injection into muscle tissue rather than under the skin. Preparing for a subcutaneous injection The location of injection is important for subcutaneous injections. The drug needs to be injected into the fatty tissue just below the skin. Some areas of the body have a more easily accessible layer of tissue, where a needle injected under the skin will not hit muscle, bone, or blood vessels. The most common injection sites are: Vials of liquid medication can be single-use or multiuse. Vials can also be filled with a powder to which liquid needs to be added. The thickness of the needle is usually 25 or 27 gauge. There may be other options for doses more than 1 mL or for children or people with visual impairments. The amount of medication needed is then dialed in at the end. As mentioned earlier, emergency medications like epinephrine can also come in this form. How to administer a subcutaneous injection 1. Wash your hands with soap and warm water to prevent potential infection. Be sure to thoroughly scrub between fingers, on the backs of hands, and under fingernails. Assemble the following supplies: Clean and inspect the injection site. Alternate injection sites to prevent damage to an area with repeated injections. Then you should clean the skin with an alcohol swab. Let the alcohol dry thoroughly before doing the injection. Prepare the syringe with medication. Use a new needle and syringe with every injection. Remove the cap from the vial. If the vial is multidose, make a note about when the vial was first opened. The rubber stopper should be cleaned with an alcohol swab. Draw air into the syringe. This is done because the vial is a vacuum, and you need to add an equal amount of air to regulate the pressure. This makes it easier to draw the medication into the syringe. Insert air into the vial. Remove the cap from the needle and push the needle through the rubber stopper at the top of the vial. Inject all the air into the vial. Be careful to not touch the needle to keep it clean.

## 3: ICD Chapter XII: Diseases of the skin and subcutaneous tissue - Wikipedia

*diseases of the skin and subcutaneous tissues infections of skin and subcutaneous tissue ( - ) carbuncle and furuncle face.*

The skin, or integument, is also known as the cutaneous membrane, one of the three types of epithelial membranes. The skin is a pliable, tough, waterproof, self-repairing barrier that separates deeper tissues and organs from the external environment. Although it often gets little respect, the skin is vital for maintaining homeostasis. Functions of The Skin The skin is much more than a container for the body. Resistance to trauma and infection. The skin suffers the most physical injuries to the body, but it resists and recovers from trauma better than other organs do. The epidermal cells are packed with the tough protein keratin and linked by strong desmosomes that give this epithelium its durability. Few infectious organisms can penetrate the intact skin. Bacteria and fungi colonize the surface, but their numbers are kept in check by its relative dryness and slight acidity pH This protective, acidic film is called the acid mantle. The skin is important as a barrier to water. It prevents the body from absorbing excess water when you are swimming or bathing, but even more importantly, it prevents the body from losing excess water. The epidermis is also a barrier to ultraviolet UV radiation, blocking much of this cancer -causing radiation from reaching deeper tissue layers; and it is a barrier to many potentially harmful chemicals. It is, however, permeable to several drugs and poisons. The skin carries out the first step in the synthesis of vitamin D, which is needed for bone development and maintenance. The liver and kidneys complete the process. The skin is our most extensive sense organ. It is equipped with a variety of nerve endings that react to heat, cold, touch, texture, pressure, vibration, and tissue injury. These sensory receptors are especially abundant on the face, palms, fingers, soles, nipples, and genitals. There are relatively few on the back and in skin overlying joints such as the knees and elbows. In response to chilling, the skin helps to retain heat. The dermis has nerve endings called thermoreceptors that transmit signals to the brain, and the brain sends signals back to the dermal blood vessels. Vasoconstriction, or narrowing of these blood vessels, reduces the flow of blood close to the skin surface and thus reduces heat loss. When one is overheated, vasodilation or widening of the dermal blood vessels increases cutaneous blood flow and increases heat loss. If this is not enough to restore normal temperature, the brain also triggers sweating. The skin is an important means of nonverbal communication. Humans, like most other primates, have much more expressive faces than other mammals. Complex skeletal muscles insert on dermal collagen fibers and pull on the skin to create subtle and varied facial expressions. It is thinnest on the eyelids , eardrums, and external genitalia, where it averages about 0. The skin consists of two major layers: The epidermis, the thinner superficial layer, is composed of an epithelium. The dermis, the thicker deep layer, is composed of connective tissue. The subcutaneous tissue, located deep in the dermis, is not part of the skin but is considered here because of its close association with the skin. Epidermis The epidermis is the thin, stratified outer skin layer extending downward to the subepidermal basement membrane. Keratinocytes are the principal cells of the epidermis and produce keratin. The cells replicate in the basal cell layer and migrate upward toward the skin surface. On the surface, they are sloughed off or lost by abrasion. Thus, the epidermis constantly regenerates itself, providing a tough keratinized barrier. See Epidermis for more. Dermis The dermis is a connective tissue layer that gives the skin most of its substance and structure. The dermis, the deep layer of the skin, can be divided into two regions: The papillary layer of the dermis is adjacent to the epidermis and is composed of areolar connective tissue. The most notable features of this region are dermal papillae, nipple-like projections of the dermis that extend superficially into the epidermis. The dermal papillae contain numerous blood vessels that are used to supply nutrients to and remove wastes from the adjacent epidermal cells through diffusion. They contain touch receptors called the tactile Meissner corpuscles. The epidermal ridges and grooves that produce the fingerprints and toe prints unique to each person are formed by the dermal papillae. Epidermal ridges provide a textured surface that increases traction on these gripping surfaces, in addition to the man-made application of personal identification. The dermal papillae and epidermal ridges also help to interlock the epidermis and dermis, so that they move as a unit. The dense irregular connective tissue within this region possesses an

abundance of collagen and elastic fibers. The collagen provides the dermis with strength and toughness, while the elastic fibers provide extensibility ability to stretch and elasticity ability to return to its original shape. Numerous pressure, pain, and temperature receptors are located here. For example, the lamellated Pacinian corpuscles that are used to detect pressure are found within the deeper areas of the reticular layer. Free nerve endings responsible for touch, pain, and temperature are located throughout both the dermis and the epidermis. The blood vessels found within this region play an important role in temperature regulation.

**Subcutaneous Tissue Or Hypodermis** The subcutaneous tissue also called the hypodermis, attaches the skin to deeper tissues and organs. The subcutaneous hypodermis layer is a specialized layer of connective tissue containing adipocytes. It consists primarily of areolar connective tissue and adipose tissue. It is the site used for subcutaneous injections and where white blood cells attack pathogens that have penetrated the skin. Subcutaneous adipose tissue absorbs the forces created by impact to the skin, which protects deeper structures, and serves as a storage site for fat. It insulates the body by conserving body heat and limits the penetration of external heat into the body. Blood vessels and nerves within the subcutaneous tissue give off branches that supply the dermis.

## 4: The Skin and Subcutaneous Tissue | Basicmedical Key

*The subcutaneous tissue (from Latin subcutaneous, meaning 'beneath the skin'), also called the hypodermis, hypoderm (from Greek, Modern, meaning 'beneath the skin'), subcutis, or superficial fascia, is the lowermost layer of the integumentary system in vertebrates.*

URL of this page: Information Skin changes are among the most visible signs of aging. Evidence of increasing age includes wrinkles and sagging skin. Whitening or graying of the hair is another obvious sign of aging. Your skin does many things. Contains nerve receptors that allow you to feel touch, pain, and pressure Helps control fluid and electrolyte balance Helps control your body temperature Protects you from the environment Although skin has many layers, it can generally be divided into three main parts: The outer part epidermis contains skin cells, pigment, and proteins. The middle part dermis contains blood vessels, nerves, hair follicles, and oil glands. The dermis provides nutrients to the epidermis. The inner layer under the dermis the subcutaneous layer contains sweat glands, some hair follicles, blood vessels, and fat. Each layer also contains connective tissue with collagen fibers to give support and elastin fibers to provide flexibility and strength. Watch this video about: Components of skin Skin changes are related to environmental factors, genetic makeup, nutrition, and other factors. The greatest single factor, though, is sun exposure. You can see this by comparing areas of your body that have regular sun exposure with areas that are protected from sunlight. Natural pigments seem to provide some protection against sun-induced skin damage. Blue-eyed, fair-skinned people show more aging skin changes than people with darker, more heavily pigmented skin. The number of pigment-containing cells melanocytes decreases. The remaining melanocytes increase in size. Aging skin looks thinner, paler, and clear translucent. Large pigmented spots, including age spots, liver spots, or lentigos, may appear in sun-exposed areas. This is known as elastosis. It is more noticeable in sun-exposed areas solar elastosis. Elastosis produces the leathery, weather-beaten appearance common to farmers, sailors, and others who spend a large amount of time outdoors. The blood vessels of the dermis become more fragile. This leads to bruising, bleeding under the skin often called senile purpura, cherry angiomas, and similar conditions. Sebaceous glands produce less oil as you age. Men experience a minimal decrease, most often after the age of Women gradually produce less oil beginning after menopause. This can make it harder to keep the skin moist, resulting in dryness and itchiness. The subcutaneous fat layer thins so it has less insulation and padding. This increases your risk of skin injury and reduces your ability to maintain body temperature. Because you have less natural insulation, you can get hypothermia in cold weather. Some medicines are absorbed by the fat layer. Losing this layer changes the way that these medicines work. The sweat glands produce less sweat. This makes it harder to keep cool. Your risk for overheating or developing heat stroke increases. Growths such as skin tags, warts, rough patches keratoses, and other blemishes are more common in older people. Your skin is thinner, more fragile, and you lose the protective fat layer. You also may be less able to sense touch, pressure, vibration, heat, and cold. Rubbing or pulling on the skin can cause skin tears. Fragile blood vessels can break easily. Bruises, flat collections of blood purpura, and raised collections of blood hematomas may form after even a minor injury. Pressure ulcers can be caused by skin changes, loss of the fat layer, reduced activity, poor nutrition, and illnesses. Sores are most easily seen on the outside surface of the forearms, but they can occur anywhere on the body. Aging skin repairs itself more slowly than younger skin. Wound healing may be up to 4 times slower. This contributes to pressure ulcers and infections. Diabetes, blood vessel changes, lowered immunity, and other factors also affect healing. Skin disorders can be caused by many conditions, including: Blood vessel diseases, such as arteriosclerosis Diabetes.

# THE SKIN AND SUBCUTANEOUS TISSUE pdf

## 5: ICD 10 Code for Disorder of the skin & subcutaneous tissue, unspecified L

*DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: Related Topics. These medical condition or symptom topics may be relevant to medical information for DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.*

The epidermis is the layer of skin in charge of: Making new skin cells: This happens at the bottom of the epidermis. The skin cells travel up to the top layer and flake off, about a month after they form. Giving skin its color: The epidermis makes melanin, which is what gives your skin its color find out more about this in What gives skin its color? The epidermis has special cells that are part of your immune system and help you stay healthy. Dermis A lot happens in the next layer, the dermis. The jobs of the dermis include: There are little pockets called sweat glands in the dermis. They make sweat, which goes through little tubes and comes out of holes called pores. Helping you feel things: Nerve endings in the dermis help you feel things. They send signals to your brain, so you know how something feels if it hurts meaning you should stop touching it , is itchy or feels nice when you touch it. Each root attaches to a tiny little muscle that tightens and gives you goose bumps when you are cold or are scared. Another type of little pocket, or gland, in your skin makes oil. The oil keeps your skin soft, smooth and waterproof. Sometimes the glands make too much oil and give you pimples. Bringing blood to your skin: Blood feeds your skin and takes away bad stuff through little tubes called blood vessels. Subcutaneous fat The bottom layer of skin is the subcutaneous fat layer. This layer plays an important role in your body by: Attaching the dermis to your muscles and bones: This layer has a special connecting tissue that attaches the dermis to your muscles and bones. Helping the blood vessels and nerve cells: Blood vessels and nerve cells that start in the dermis get bigger and go to the rest of your body from here. Controlling your body temperature: The subcutaneous fat is the layer that helps keep your body from getting too warm or too cold. This fat pads your muscles and bones and protects them from bumps and falls.

## 6: ICD 10 Codes for Diseases of the skin & subcutaneous tissue

*The deeper subcutaneous tissue (hypodermis) is made of fat and connective tissue. The skin's color is created by special cells called melanocytes, which produce the pigment melanin. Melanocytes.*

## 7: Tumors of the Skin and Subcutaneous Tissues | Veterian Key

*A type 2 excludes note represents "not included here". A type 2 excludes note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time. When a type 2 excludes note appears under a code it is acceptable to use both.*

## 8: Diagnosis Codes Index - Diseases of the skin and subcutaneous tissue

*The bottom layer of skin is the subcutaneous fat layer. This layer plays an important role in your body by: Attaching the dermis to your muscles and bones: This layer has a special connecting tissue that attaches the dermis to your muscles and bones.*

## 9: Function And Structure of Skin And Subcutaneous Tissue

*The subcutaneous tissue, also known as the hypodermis or superficial fascia, is the layer of tissue that underlies the skin. The terms originate from subcutaneous in Latin and hypoderm in Greek.*

*The lords of nativity: Western chart construction North Carolina Crime In Perspective 2005 (North Carolina Crime in Perspective) Computed radiography X ray physics book V. 1. Manuscript revelation books. The Seducer (Big Apple Bachelors) Dombey and Son). Dealings with the firm of Dombey and Son Wholesale, retail for exportation Collected Television Plays Dye for white or light eyebrows Grokking system design interview Parkhurst Boys and Other Stories of School Life Government expenditure and economic growth The Little Book of Contemplative Photography (Little Books of Justice Peacebuilding) The Froebel Gifts 2000 Memoir of William Henry Channing Resolution to amend Rule IV of Senate, 3 pts.] Satan attacks the church Once There Was A Christmas Tree Uments against acceptance do not have usance period Millimetre-wave optics, devices, and systems Book on sword of moses Test Success Interactive Workbook Book of New Testament Prayers Jones, M. The hole in the middle. The names of the mountains The Revival of Private Enterprise in China (The Chinese Trade and Industry Series) Physical geology and geomorphology Tribal development legislation and enforcement Probability distributions and their applications Path of a genocide Alternative Londons survival guide for strangers to London Oxford textbook of nephrology 4th edition Fore for golfing pleasure Everything You Need to Know About Meditation San Francisco, the musical history tour The literature of fidelity Rereading the Spanish American essay Biology unity and diversity of life 14th edition Reel 658. Monroe, Montgomery (part: beginning-ED 145, sheet 2 Counties Fly fishing Californias great waters*