Pathology lab

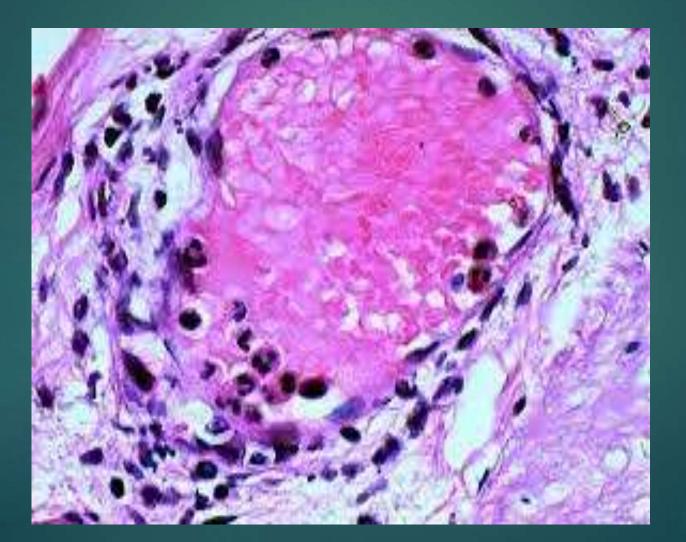




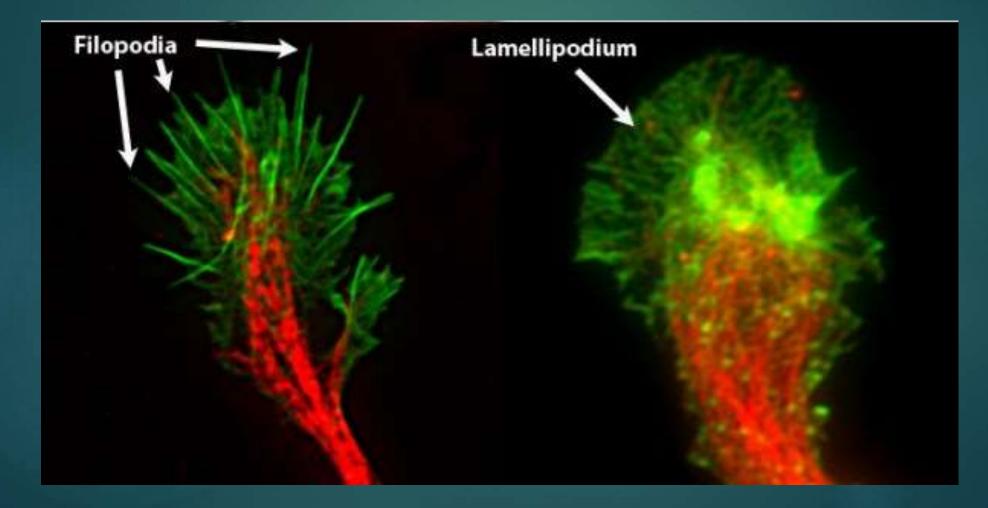




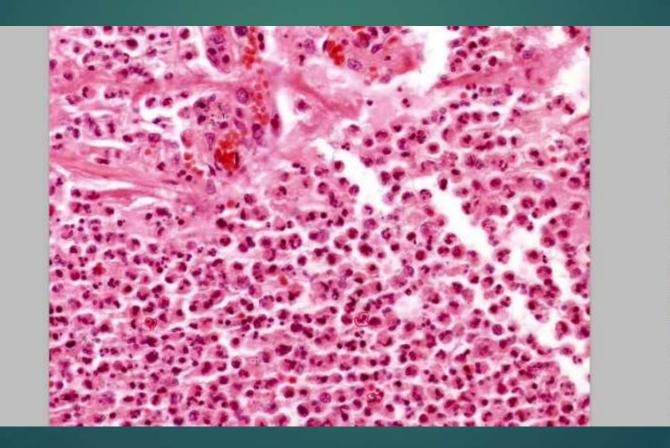
margination



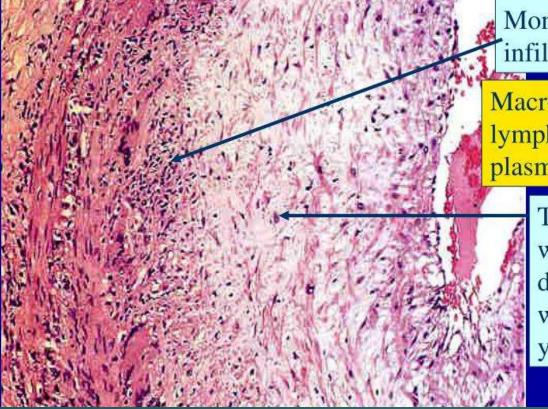
The key difference between lamellipodia and filopodia is that the **lamellipodia** are cytoskeletal actin projections present in the mobile edges of the cells while filopodia are thin cytoplasmic protrusions that extend from the leading edge of the mobile cells



Acute inflammation In acute inflammation polymorphonuclear neutrophils usually predominate.



Histopathology of chronic inflammation

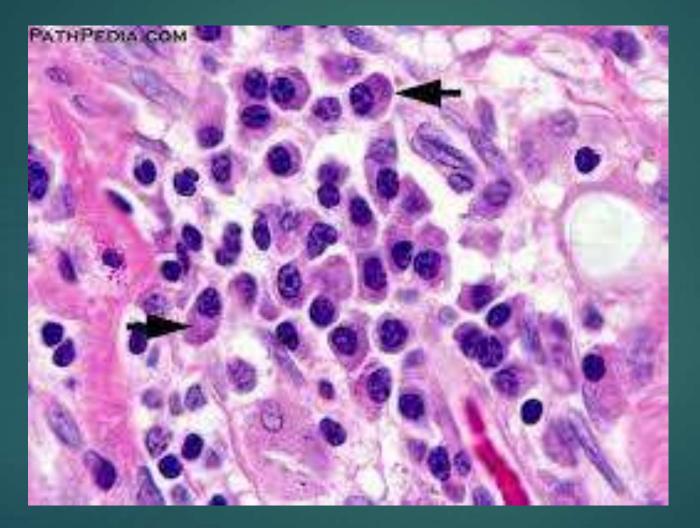


Mononuclear cell infiltration (3 cell types):

Macrophages, lymphocytes, plasma cells

> Tissue destruction with replacement of damaged tissue by well-vascularized young fibrous tissue

Chronic inflammation

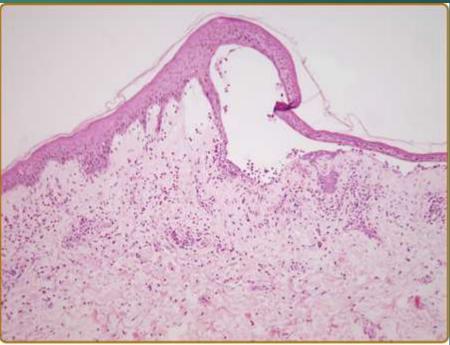


cachexia

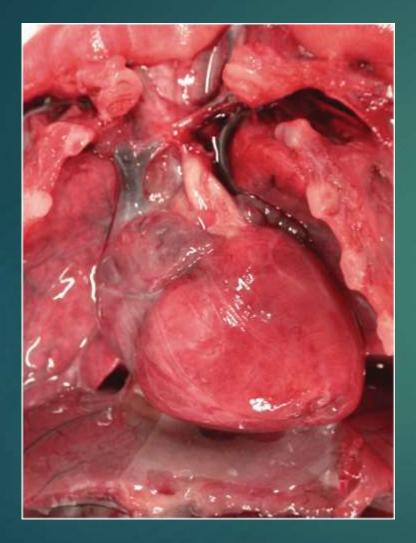


Serous Inflammation





Fibrinous Inflammation

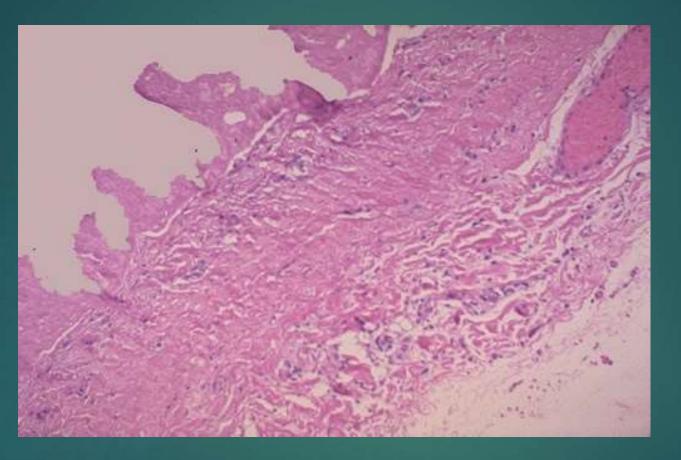




The **pericardial surface** is **dry** with a **coarse granular appearance** caused by **fibrinous exudate**

Normally, the visceral **pericardium** is **translucent**

Fibrinous Inflammation



the pericardial surface here shows strands of pink fibrin extending outward. There is underlying inflammation. fibrin appears as an eosinophilic meshwork of threads

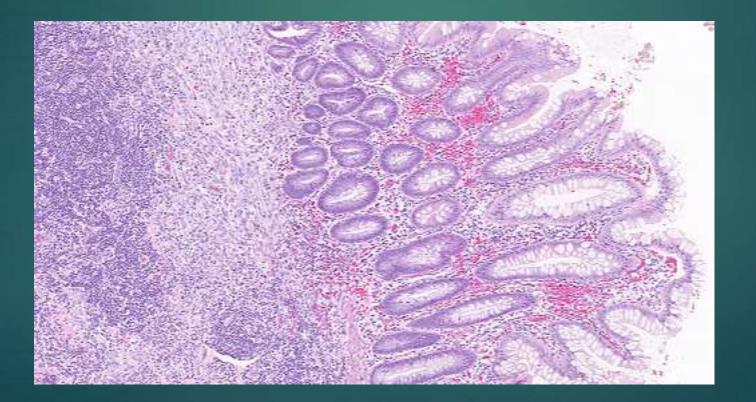
Conversion of the fibrinous exudate to scar tissue (organization) within the pericardial sac



Gross: Appendix appears swollen and erythematous and a purulent exudate appears



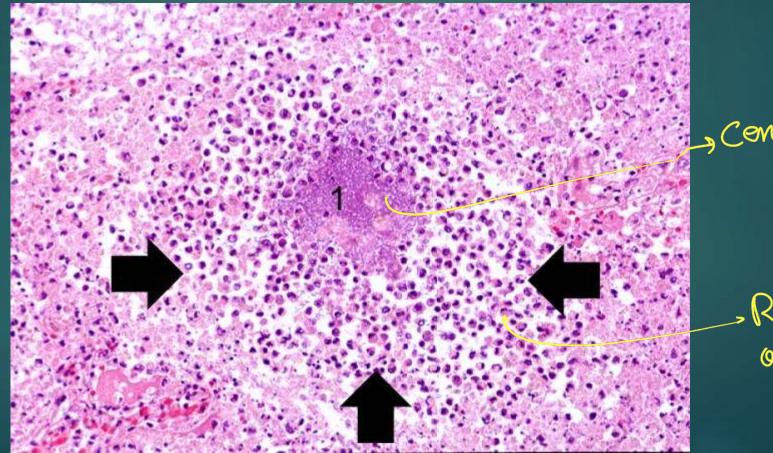
Histology; Variable acute inflammation with predominance of neutrophils; involves some or all layers of the appendiceal wall.



Gross Variably sized abscesses are distributed randomly throughout all lobes of the liver.



Abscess zones:
1.central region with necrotic leukocytes and tissue cells.
2. zone of preserved neutrophils .
3. outer most zone composed of vascular dilation, parenchymal and fibroblastic proliferation



, Central Zone

Cellyd Reserved (ayer of- Neutrophils

Gross

ulcer: An ulcer is a local defect, or excavation, of the surface of an organ or tissue that is produced by the sloughing (shedding) of inflamed necrotic tissue.

stomaeln

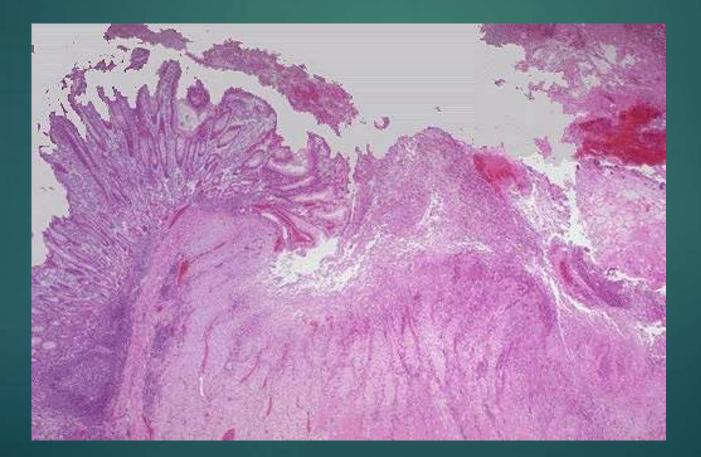
SKin

veertrophils

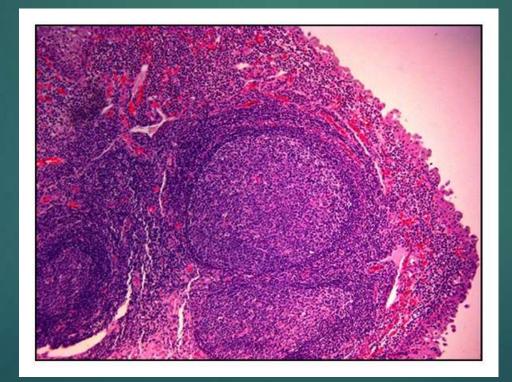
Histology;

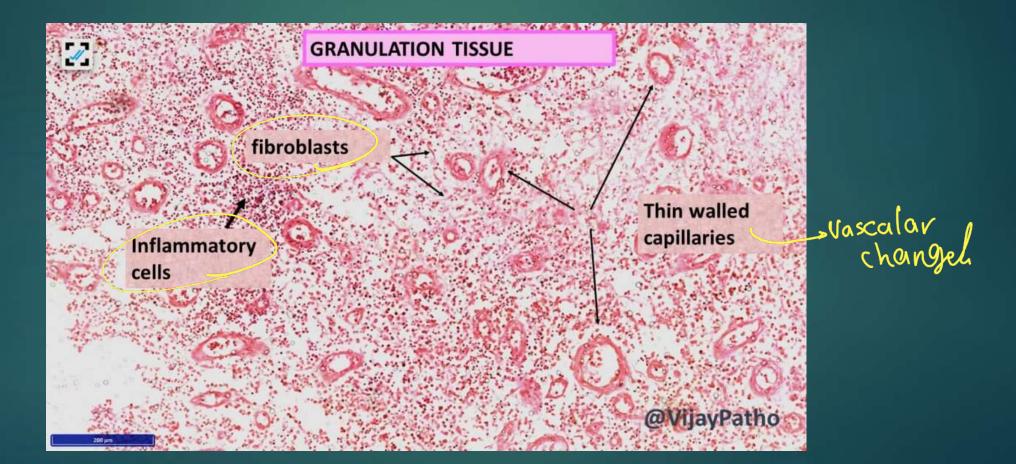
acute ulcer:

intense polymorphonuclear infiltration and vascular dilation in the margins of the defect. Chronic ulcer: the margins and base of the ulcer develop fibroblast proliferation, scarring, and the accumulation of lymphocytes, macrophages, and plasma cells.

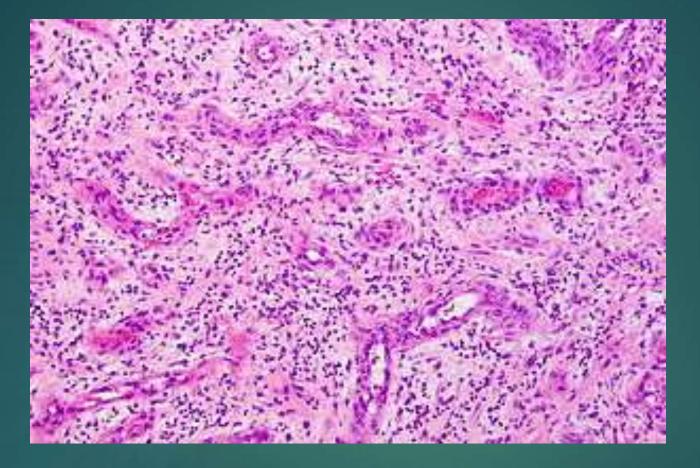


Tertiary lymphoid organs: definition, examples: Hashimoto thyroiditis, Helicobacter pylori gastritis

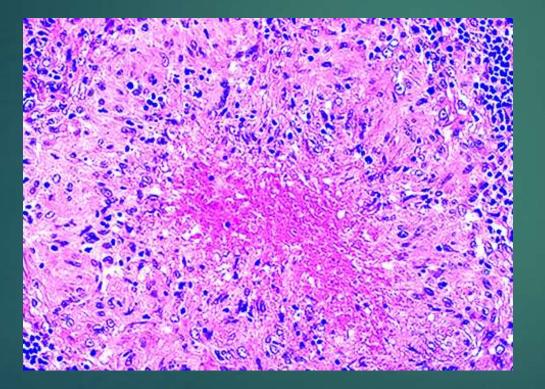


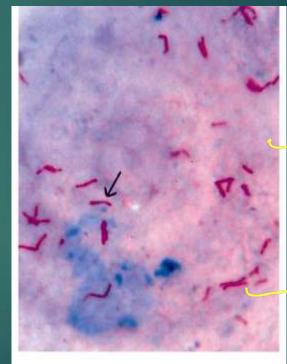






Granuloma formation is a cellular attempt to contain an offending agent that is difficult to eradicate

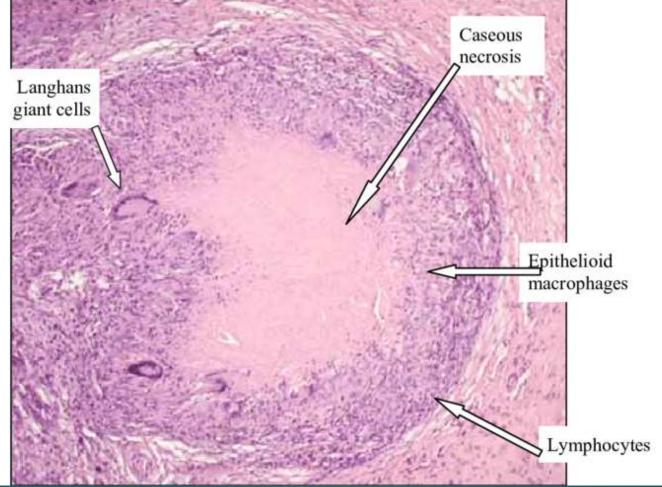








تنهي (Q حلى عربيات وتحكي هو جاي !



Venous leg ulcers: seen in chronic venous hypertension, which may be caused by severe varicose veins or congestive heart failure Arterial ulcers: develop in individuals with atherosclerosis of peripheral arteries, especially associated with diabetes



Pressure sores: caused by prolonged compression of tissues against a bone, for example, in bedridden



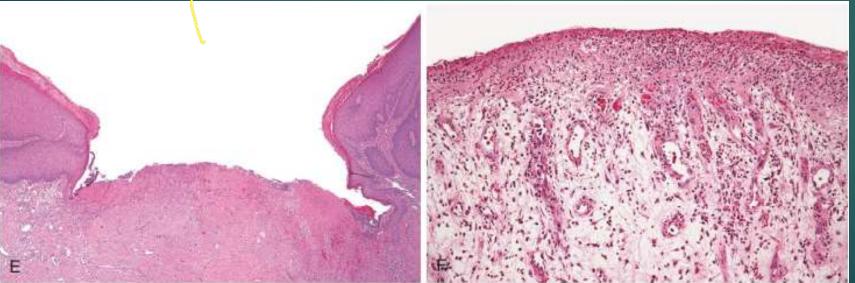
Diabetic ulcers: caused by: small vessel disease causing ischemia, neuropathy, systemic metabolic abnormalities, and secondary infections



Morphology of Any ulcer

Ucer J. jus J. Surface J.scontinivation





epithelial ulceration and extensive granulation tissue in the underlying dermis

wound rupture (dehiscence): cause??



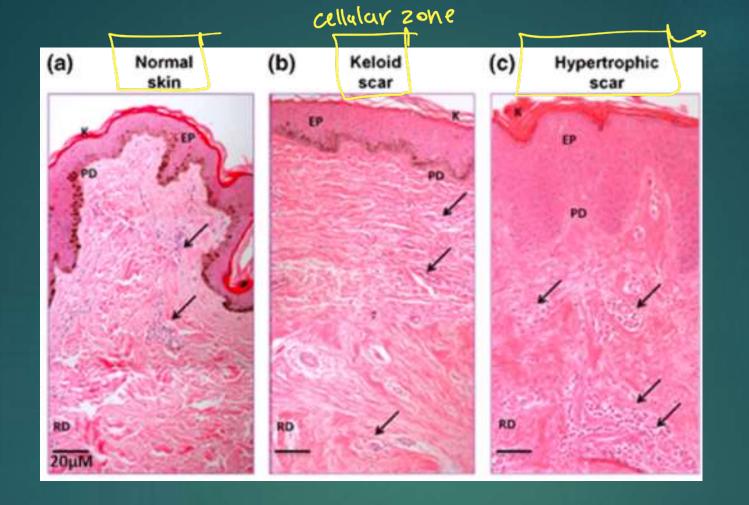
Hypertrophic scar





keloid

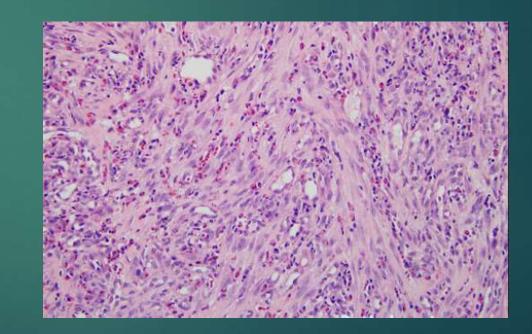




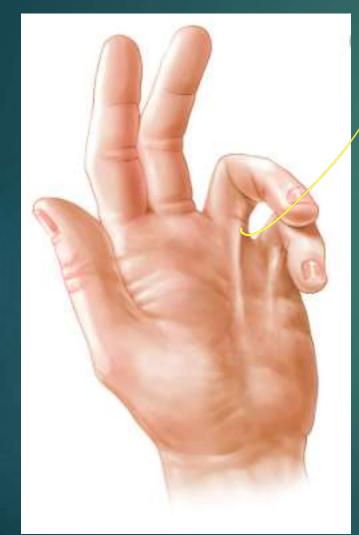
A. In normal skin, the characteristic random orientation and bundle formation of collagen fibres
B. increased number of thick collagen fibres arranged in bundles
C. The collagen fibres were arranged randomly and showed highly cellular zones

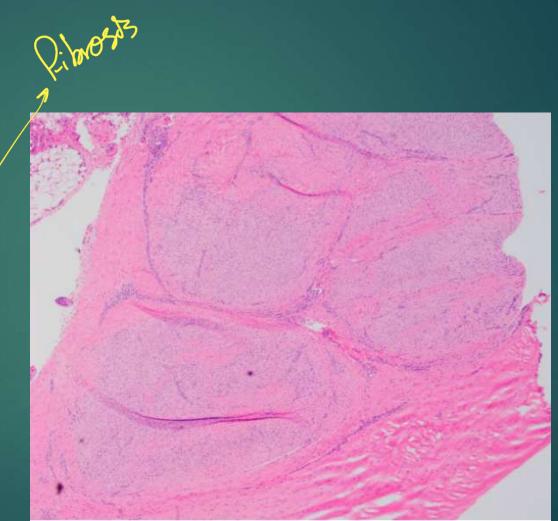
Exuberant granulation





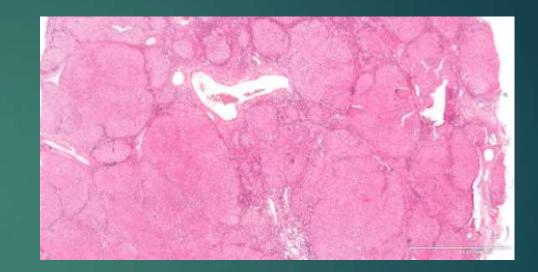
contracture





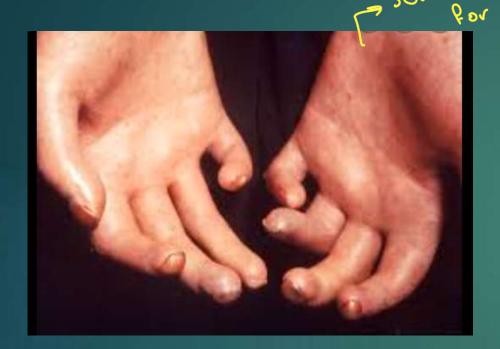
liver cirrhosis



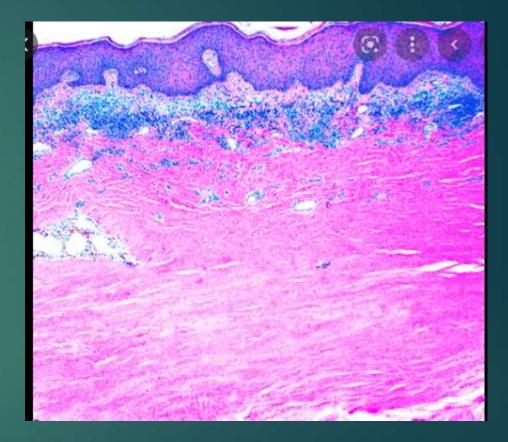


Diffuse nodulation of liver due to fibrous bands subdividing liver into regenerative nodules diffuse disruption in architecture of the liver with bridging fibrous septa and parenchymal nodules formation.

systemic sclerosis (scleroderma).



shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints.

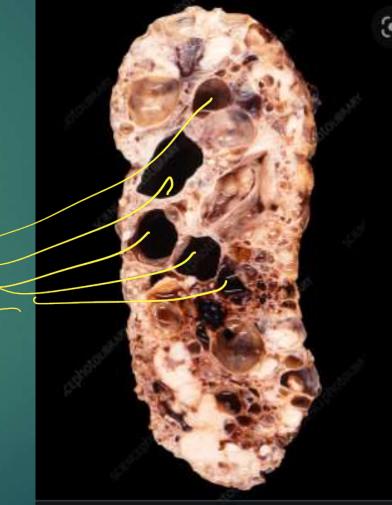


thickened collagen bundles within papillary and reticular dermis

End-stage kidney disease Gross

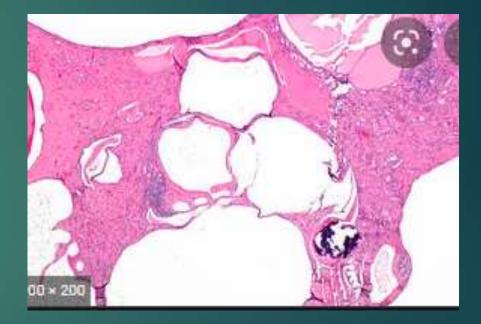
•enlarged kidneys with bosselated surface and composed of numerous subcapsular cysts

Multiple Cysts



End-stage kidney disease histology

Cystic expansions of all portions of renal tubule and glomerular capsule, lined by atrophic epithelium.



مادة الغاينل الآني يمالي ويرين



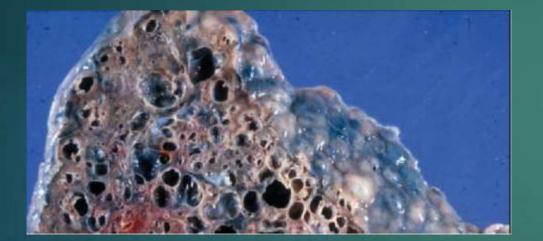
Hyperemia

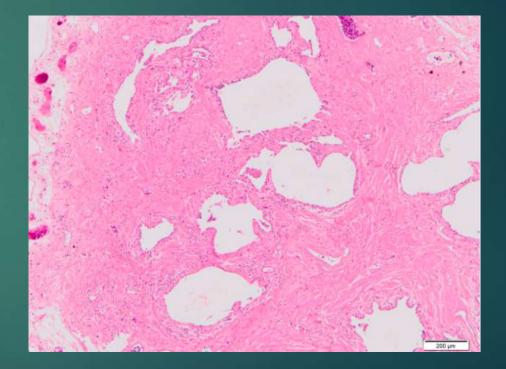


Congestion

fibrosing diseases of the lung.

Grossly: Honeycomb, Cystic spaces with fibrotic wall Histology: cystic spaces lined by bronchiolar epithelium and fibrotic wall





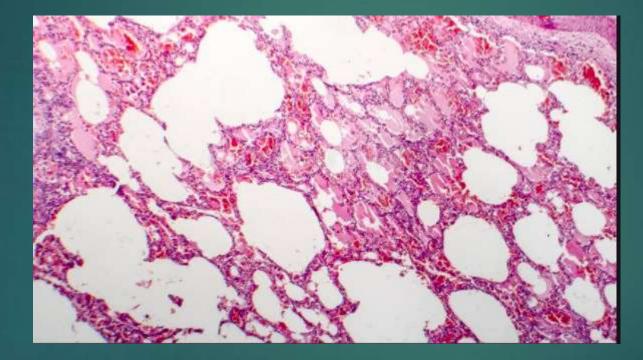


LUNG CONGESTION - Grogs Cut surfaces of hyperemic or congested tissues feel wet and typically ooze blood

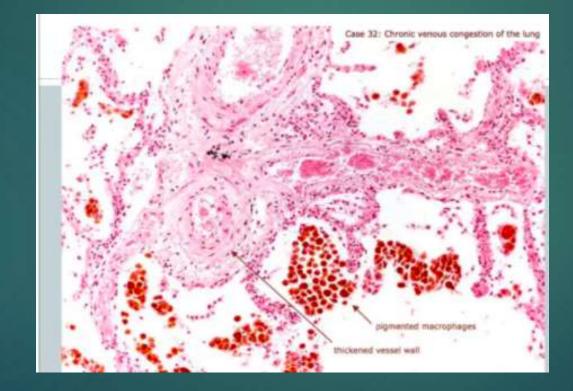




acute pulmonary congestion is marked by blood-engorged alveolar capillaries and variable degrees of alveolar septal edema and intraalveolar hemorrhage



chronic pulmonary congestion, the septa become thickened and fibrotic, and the alveolar spaces contain numerous macrophages laden with hemosiderin ("heart failure cells") derived from phagocytosed red cells.

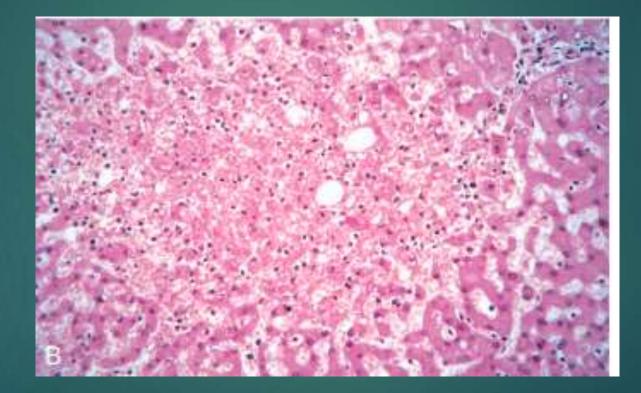


HEPATIC CONGESTION





centrilobular hepatocyte necrosis. Hemorrhage. hemosiderin-laden macrophages



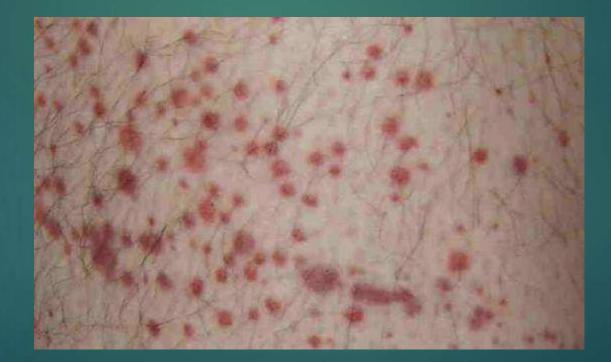
peau d'orange caused by Infiltration and obstruction of superficial lymphatics by breast cancer



Elephantiasis massive edema caused by <u>lymphatic obstruction</u> by parasitic infection



Petechiae : are minute (<u>1 to 2 mm</u> in diameter) hemorrhages into skin, mucous membranes, or serosal surfaces .



Purpura are slightly larger (3 to 5 mm) hemorrhages.

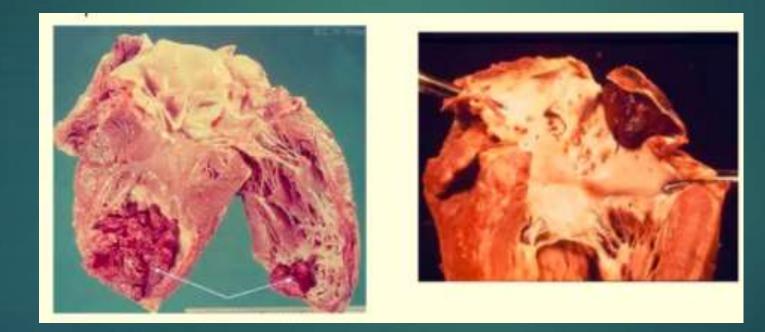


Ecchymoses:

are larger (1 to 2 cm) subcutaneous hematomas (also called bruises).



Mural thrombi: Thrombi occurring in heart chambers or in the aortic lumen

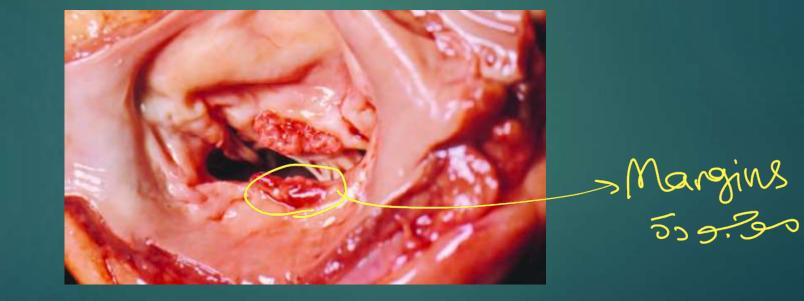


Venous thrombi (phlebothrombosis):





Cardiac Vegetations

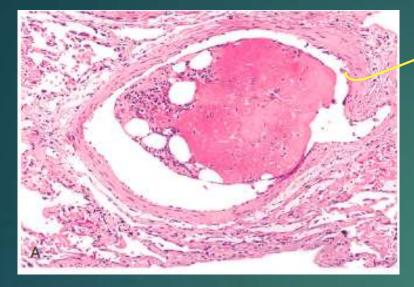


lines of Zahn



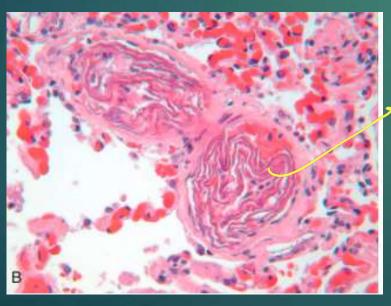
DIC







Bone marrow embolus

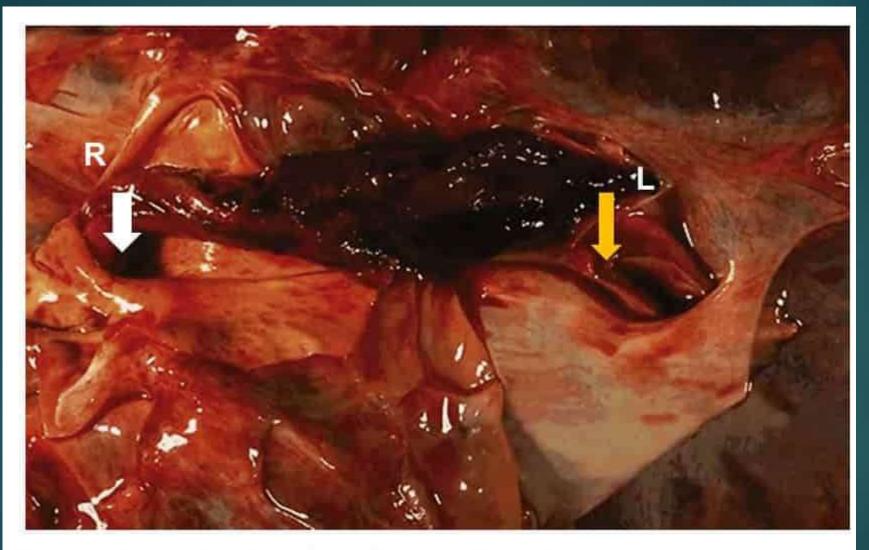




Amniotic fluid emboli



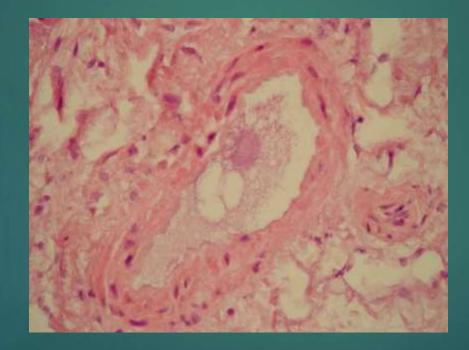




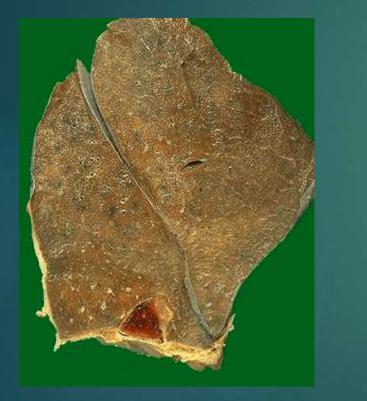
Pulmonary embolism, gross;

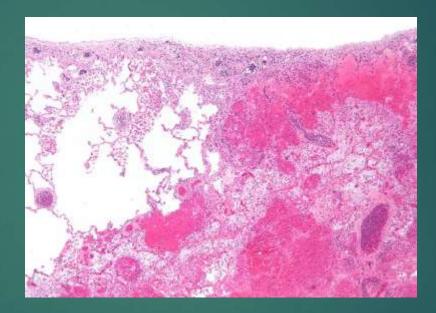
A Saddle embolus that bridges the pulmonary artery trunk as it divides into right and left main pulmonary arteries.

Fat Embolism => long bone fracture => severe Trauma



Red infarction

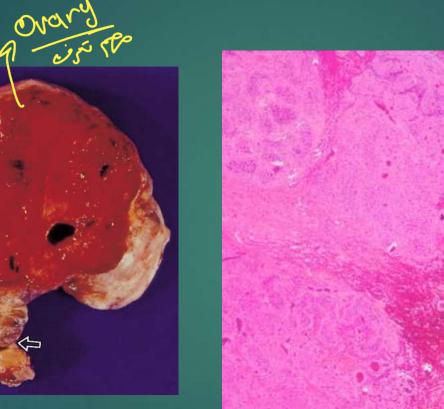


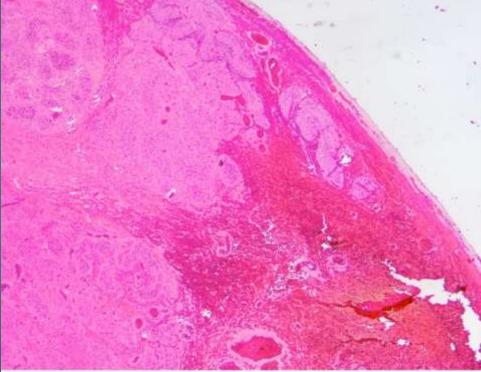


 Necrosis of alveolar walls - loss of nuclei.
 Alveolar hemorrhage.

classic wedge-shaped infarct

Red infarction





dark brown, ovarian mass with a twisted, thickened left fallopian tube (arrows).

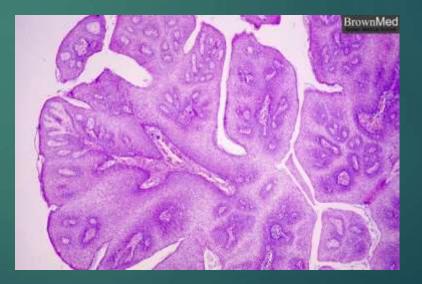


white infarction



Papillomas



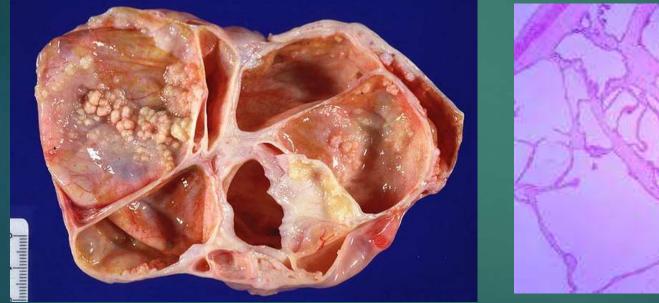


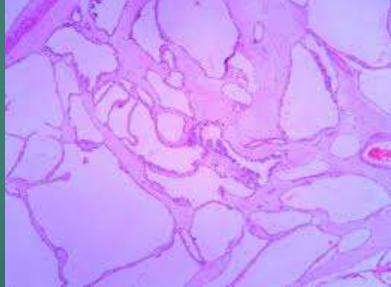
GASTROINTESTINAL POLYP



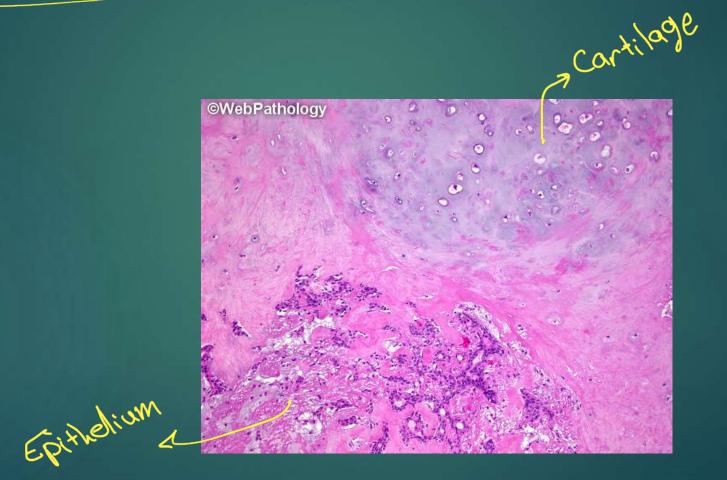


OVARIAN CYSTADENOMA

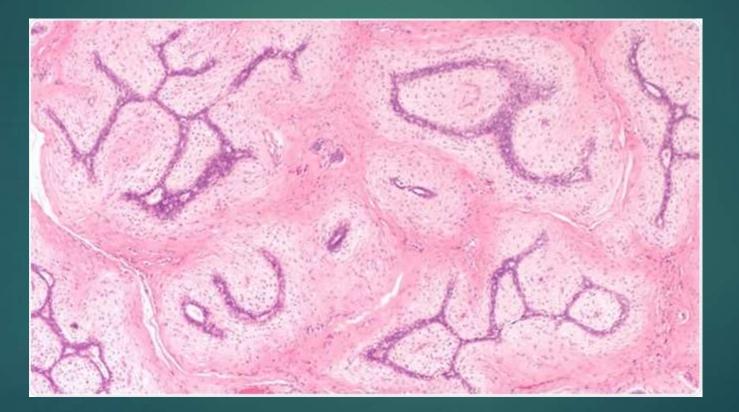




pleomorphic adenoma It contain epithelial components with islands of cartilage or bone

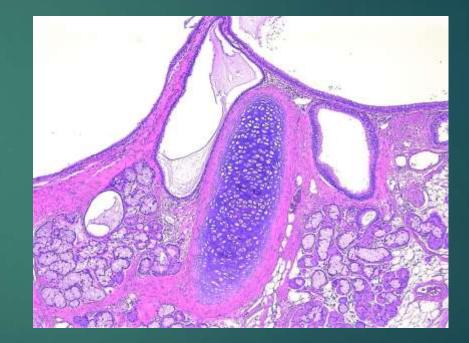


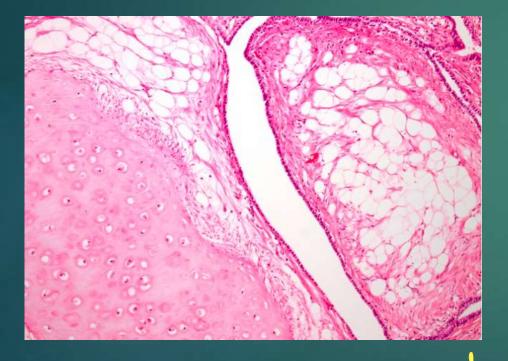
Fibroadenoma of the female breast contain: proliferating ductal elements (adenoma) embedded in loose fibrous tissue



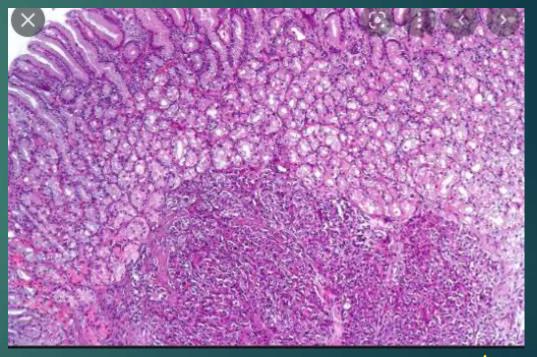
Teratoma







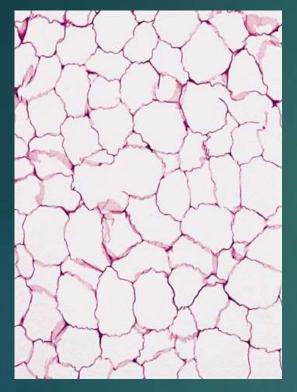
Hamartoma: D Abnormal tissue in Abnormal site



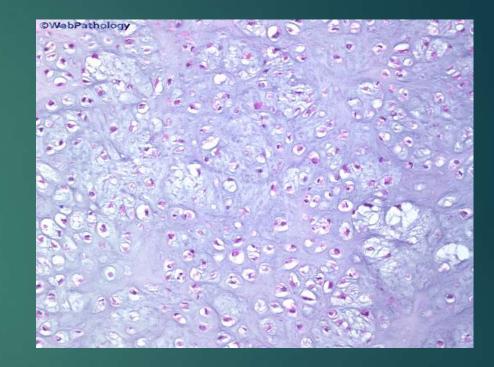
Choristoma:

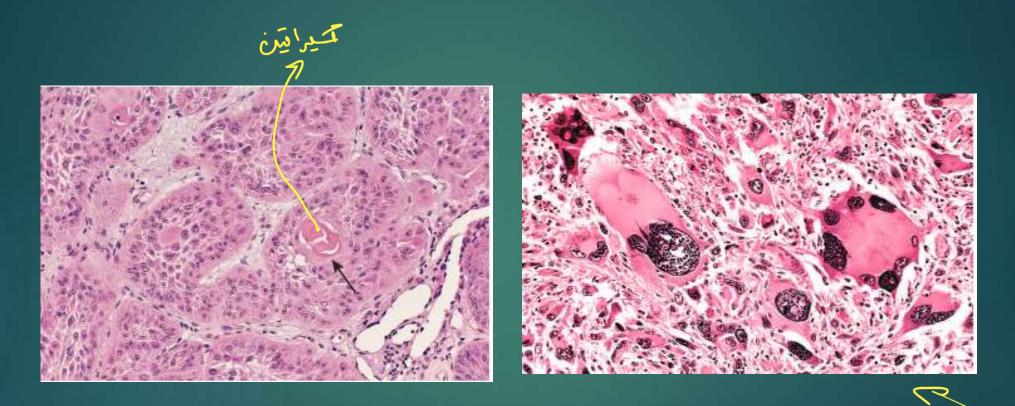
Normal tissue in Abnormal site!

LIPOMA



chondroma (> origin? cartilage

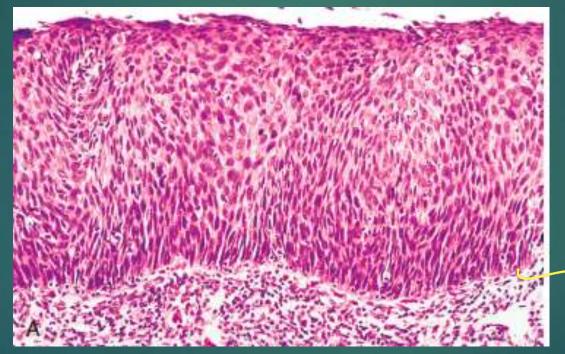




Well-differentiated squamous cell carcinoma Pleomorphic malignant tumor

Anaplasia in Elizabel

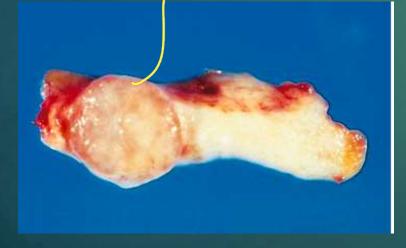
CARCINOMA IN-SITU

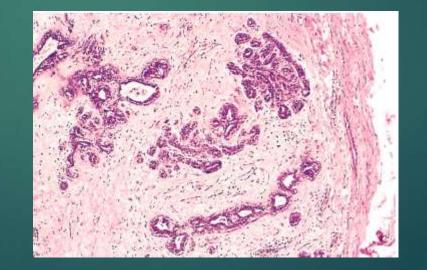


→ Intact Basement Membrane

FIBROADENOMA

Sign? capsule

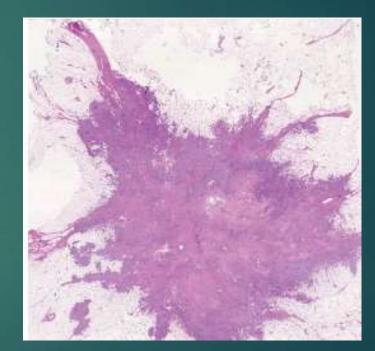




BREAST CANCER



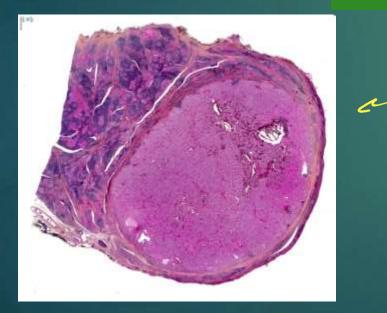
invasive Malignant.



Thyroid nodule

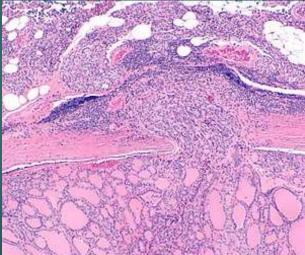


METRIC 1



Follicular adenoma-

intact or Not! لغنق



Follicular carcinoma

MULTIFOCAL HEPATIC METASTSIS



Seeding of ovarian cancer in peritoneal surface.

