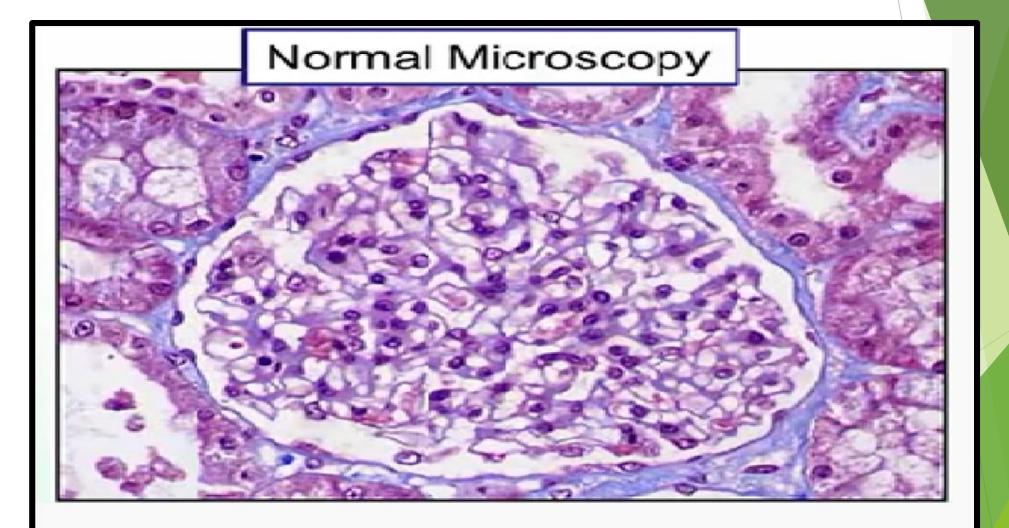
# Renal Pathology lab

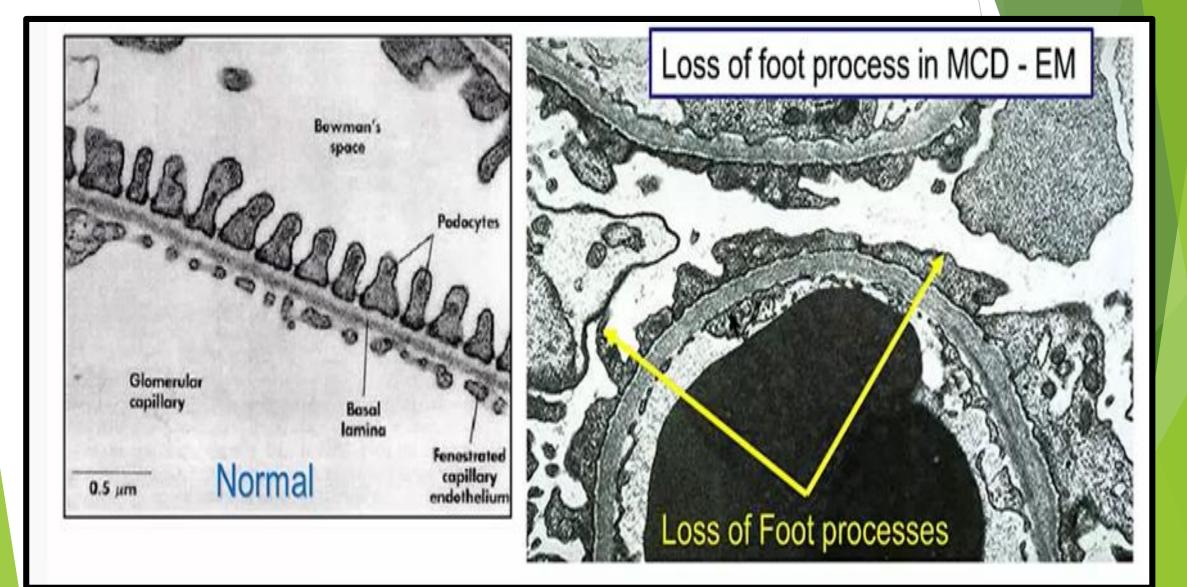
Sura Al Rawabdeh, Md

May 10 2023

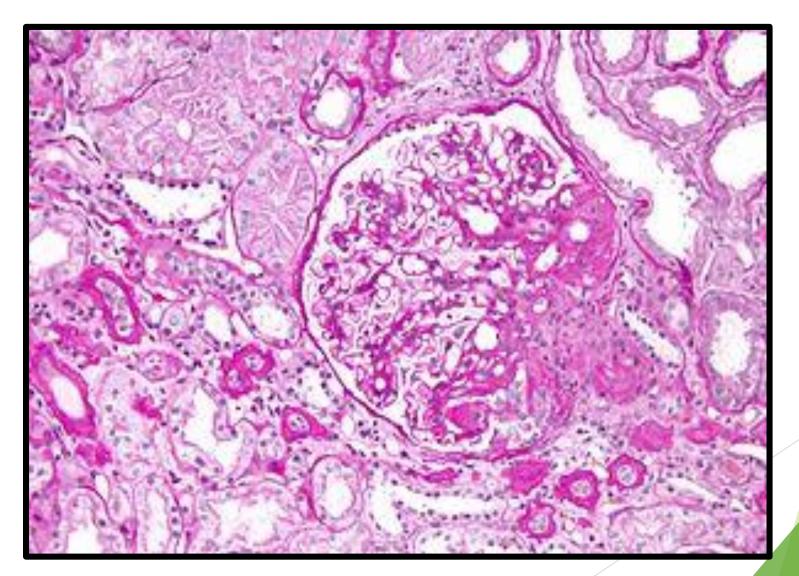
### Minimal Change Disease



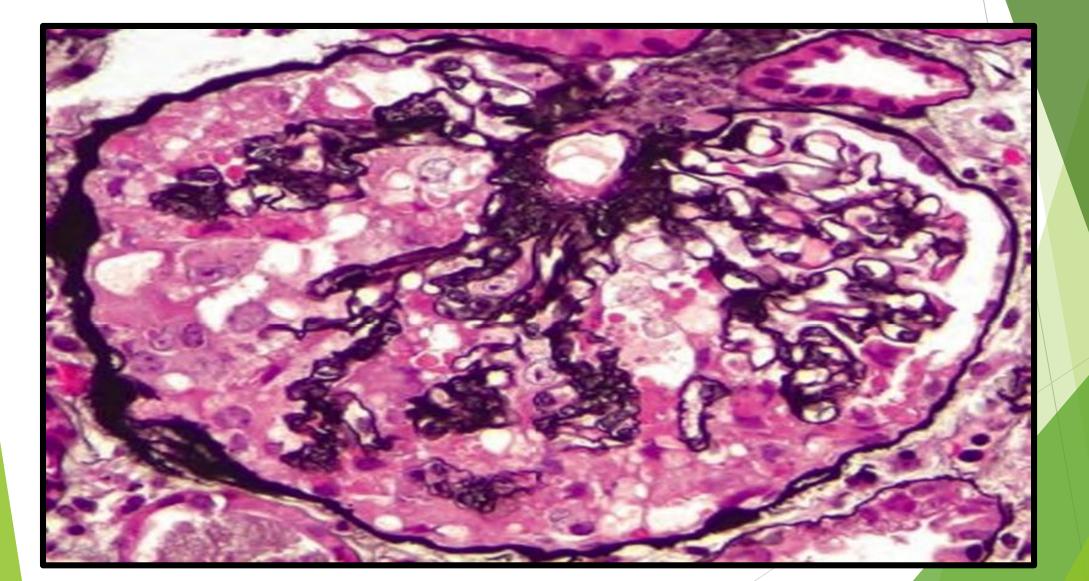
### Minimal Change Disease



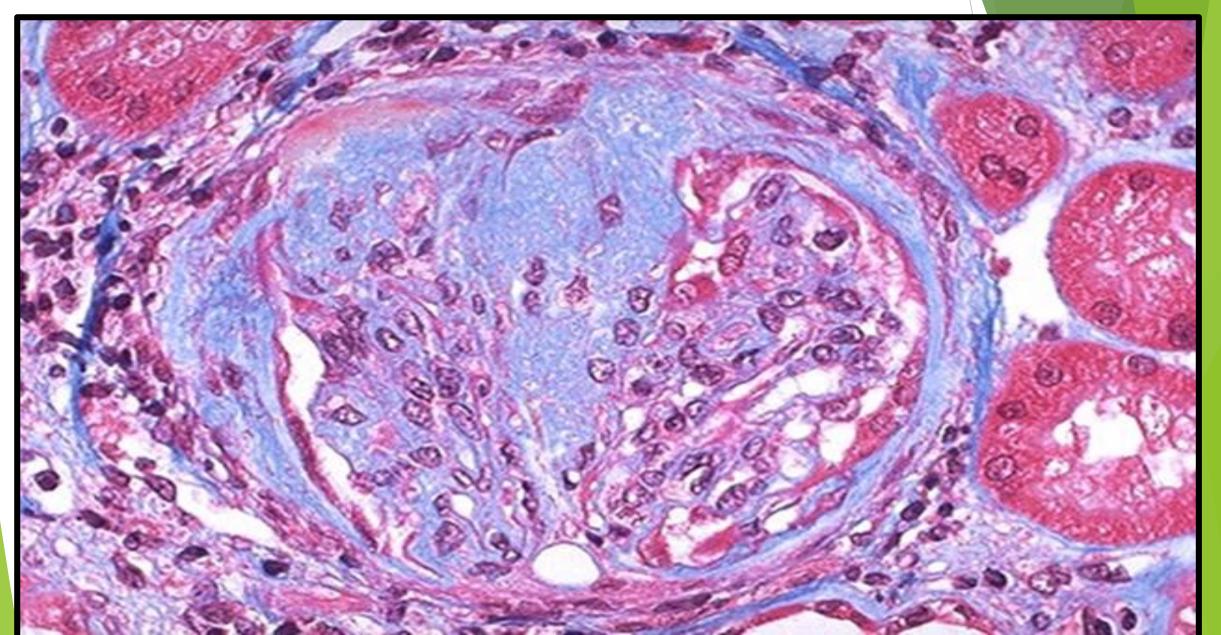
#### FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS)



### FSGS - Morphology

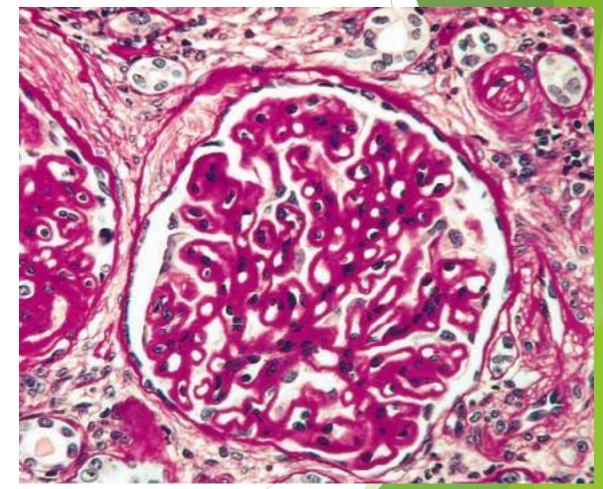


#### FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS)



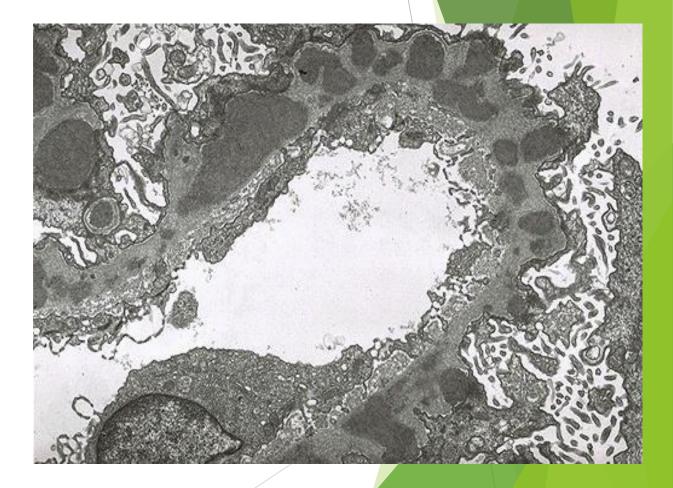
## Membranous GN

The main histologic feature is **diffuse thickening** of the capillary wall (GBM glomerular basement PAS stain

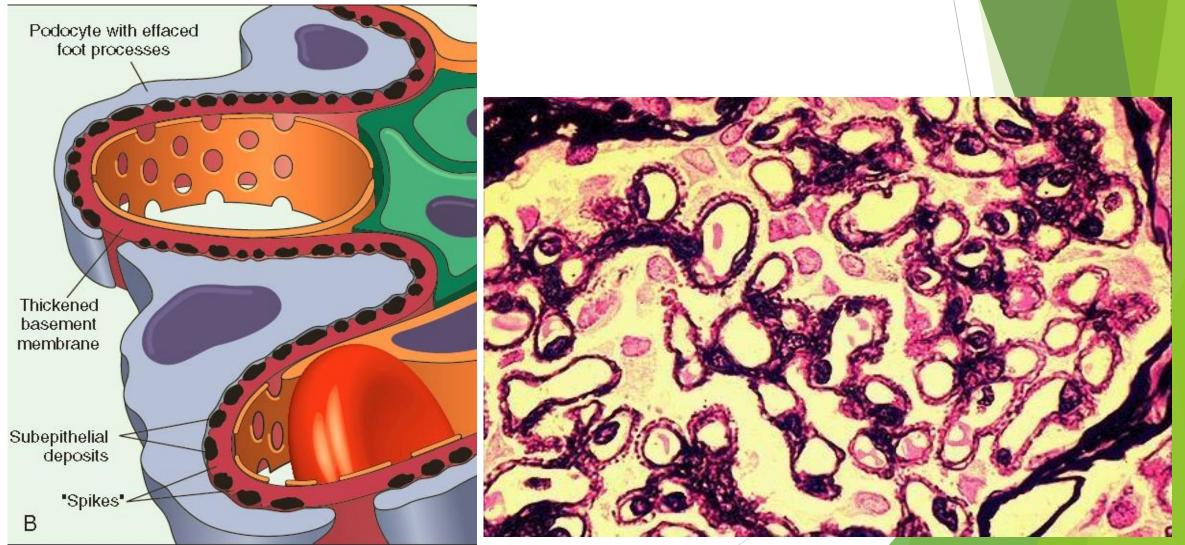


## Membranous GN

EM reveals that thickening is caused by subepithelial deposits, which nestle against the GBM & are separated from each other by small, spike-like protrusions of GBM matrix that form in reaction to the deposits (spike & dome pattern)





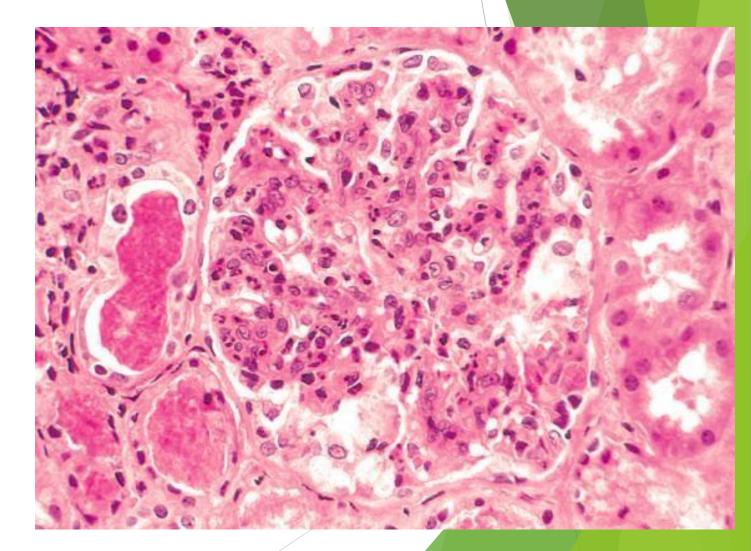


### Post infectious GN LM morphology

Most characteristic change increased cellularity of all glomeruli (nearly all glomeruli) caused by

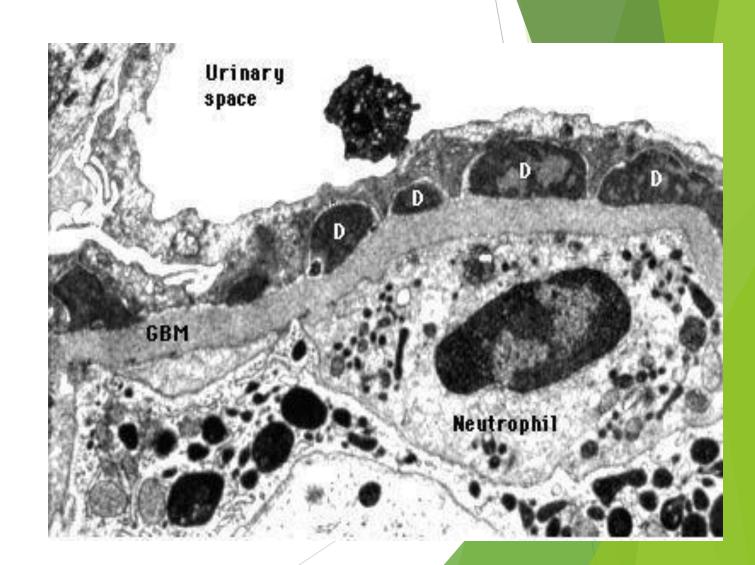
(1) proliferation & swelling of endothelial & mesangial cells

(2) by infiltrating neutrophils & monocytes.



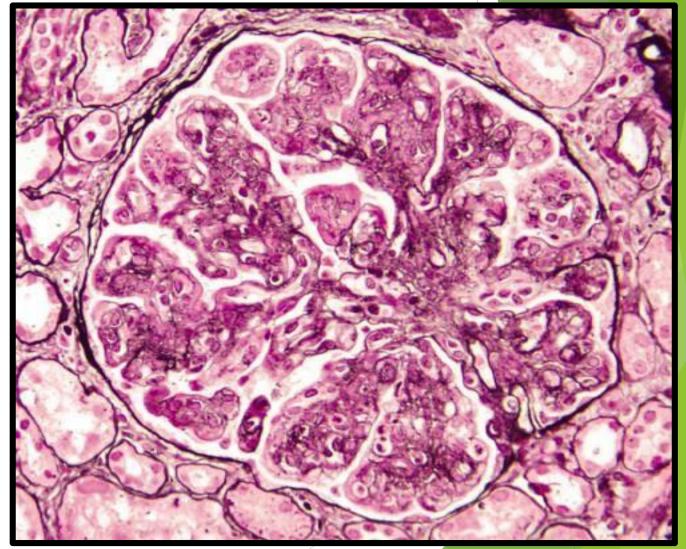
### Post infectious GN EM morphology

EM: shows deposited immune complexes as subepithelial "humps" (on the epithelial side of GBM) IF: scattered granular deposits of IgG & complement within the capillary walls



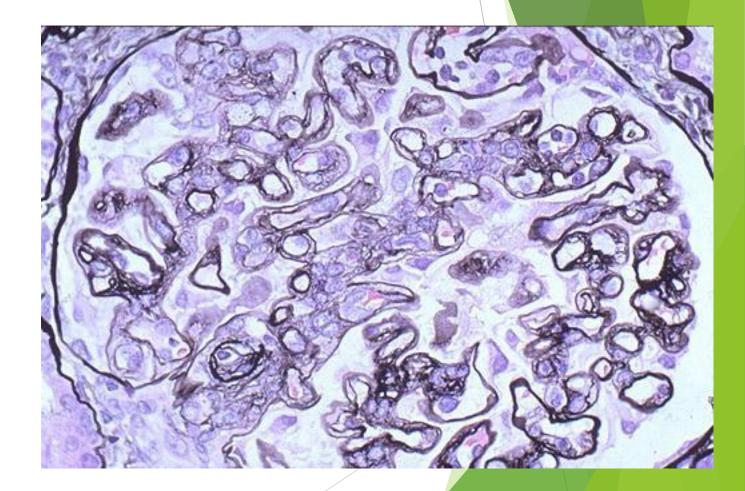
#### Membranoproliferative (mesangiocapillary) GN MPGN

Glomeruli are large, have an accentuated lobular appearance; proliferation of mesangial & endothelial cells as well as infiltrating leukocytes



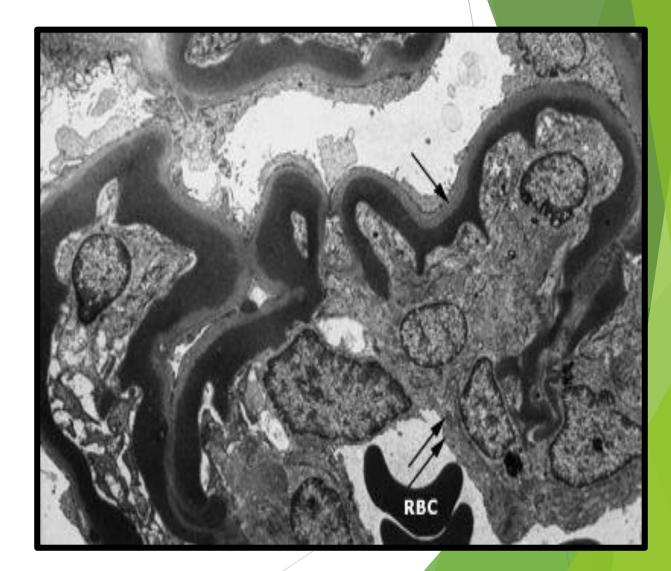
### MPGN LM morphology

The GBM is thickened, and the glomerular capillary wall often shows a **double contour**, or "**tram track**," appearance, especially evident with use of silver



### MPGN II/ DDD

There are **dense** homogeneous deposits within the basement membrane. **Ribbon-like appearance** of subendothelial & intramembranous material



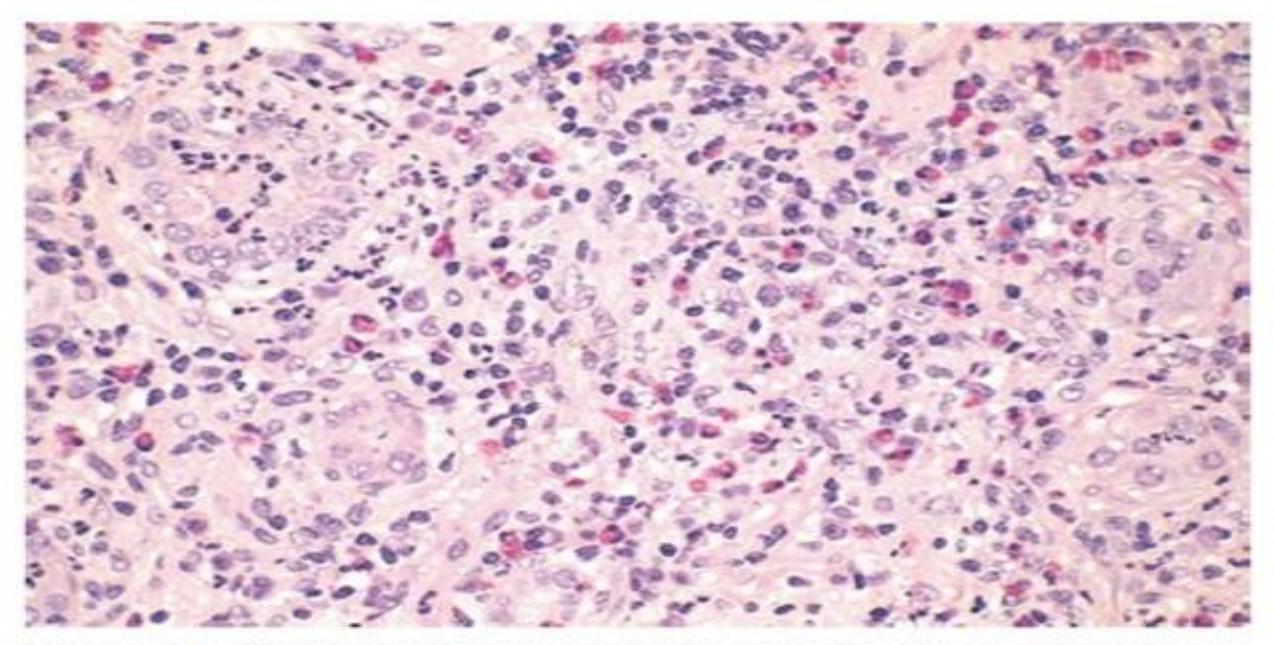


Figure 13–16 Drug-induced interstitial nephritis, with prominent eosinophilic and mononuclear infiltrate.

## **Thank you** Good luck