CVS LAB

SURA AL RAWABDEH MD

20-11-2024



MITRAL VALVULITIS

MITRAL SCARRING







The pericardium may exhibit a fibrinous exudate, which generally resolves without sequelae.







Aschoff nodules

Anitschkow cells.



Aschoff nodules

Histology cont.:

• Valve involvement results in fibrinoid necrosis and fibrin deposition along the lines of closure forming 1- to 2-mm vegetations—verrucae that cause little disturbance in cardiac function.





Calcific Aortic Stenosis





Nodular calcifications fill the cusp pockets

Large nodular calcific deposits in the wall

Myxomatous Mitral Valve





Voluminous and thickened leaflets

Thickening and proliferation of the spongiosa with pooling of glycosaminoglycan that expands to the fibrosa.

Morphology



Large vegetation on atrial aspect of valve



•Fresh vegetations contain platelets and fibrin with a rich infiltrate of neutrophils

* In chronic lesions, vegetations may show varying degrees of organization, vascularization and calcification

Clinical features. cont.



Osler nodes: tender lesions found on finger pulps and thenar / hypothenar eminences



Eyes: Roth spots (boat shaped hemorrhages with pale centers, in retina).

2. Mönckeberg's medial calcific sclerosis.

- Its characterized by the presence of calcific deposits in muscular arteries, usually centered on the internal elastic lamina, and typically in individuals older than 50 years of age.
- The lesions do not encroach on the vessel lumen and usually are not clinically significant.



Grossing



A. Raised fatty streaks.

B. Raised fibrofatty nodules

C. Rupture plaque

Histopathological features



Coagulation necrosis with loss of nuclei and striations; interstitial infiltrate of neutrophils



Complete removal of necrotic myocytes by phagocytic macrophages

Histopathological features cont.



well established granulation tissue with new blood vessels & collagen deposition.



Dense collagenous scar

Gross Morphology

- ► The heart assumes a globular shape.
- Ventricular chamber dilatation.
- Atrial enlargement.
- Mural thrombi are often present and may be a source of thromboemboli.





A) Myocyte hypertrophy.
(B) myocyte disarray.
(C) interstitial (pericellular-type) fibrosis (asterisk).
(D) opdocardial fibrosis (double-boaded arrow)

Histological features myocarditis is characterized by:

- Edema and myocyte injury.
- Interstitial inflammatory infiltrates:
- Lymphocytic type: numerous lymphocytes.
- Hypersensitivity myocarditis: abundant eosinophils.
- Giant cell myocarditis: containing multinucleate giant cells







Morphology



Grossly : appear as sessile or pedunculated mass.



Microscopic: neoplastic cells within myxoid stroma

Hypertension-related small blood vessel disease

- 1-Hyaline arteriolosclerosis: associated with benign hypertension.
- It is marked by homogeneous, pink hyaline thickening of the arteriolar walls, with loss of underlying structural detail, and luminal narrowing.
- > 2. Hyperplastic arteriolosclerosis: Associated with severe hypertension.
- > Vessels exhibit "onionskin," concentric, laminated thickening of arteriolar walls and luminal narrowing.
- The laminations consist of smooth muscle cells and thickened, reduplicated basement membrane.





GOOD LUCK THANK YOU