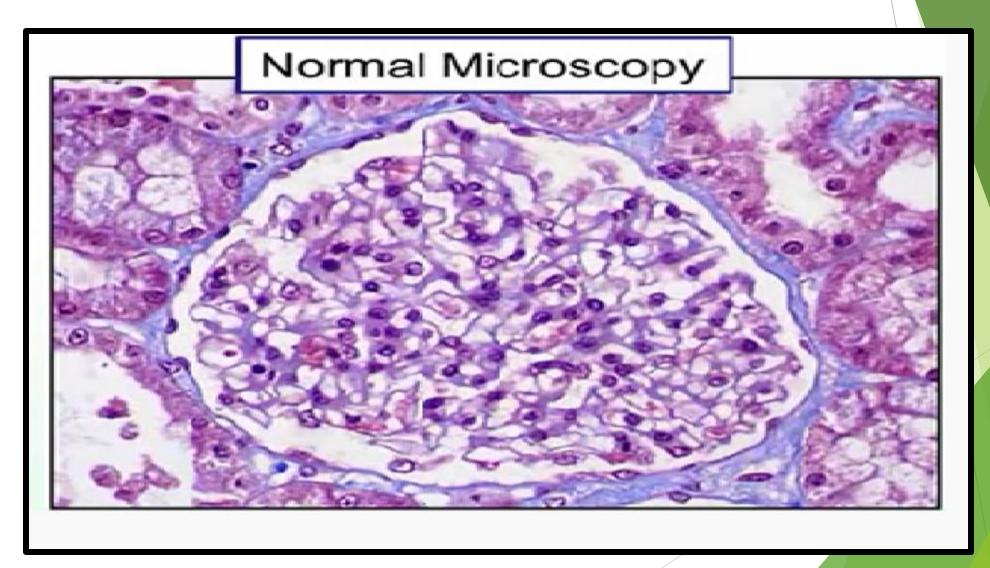
Renal Pathology lab



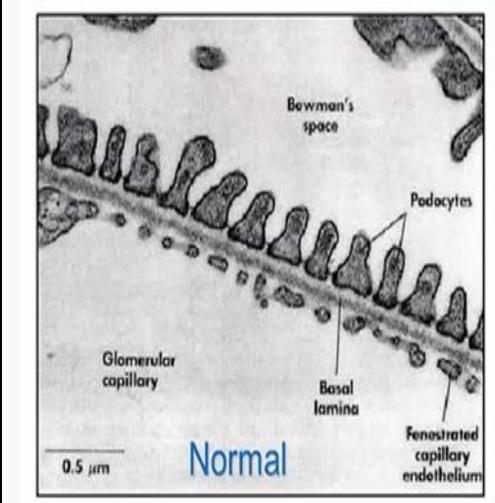
Sura Al Rawabdeh, MD May 2024

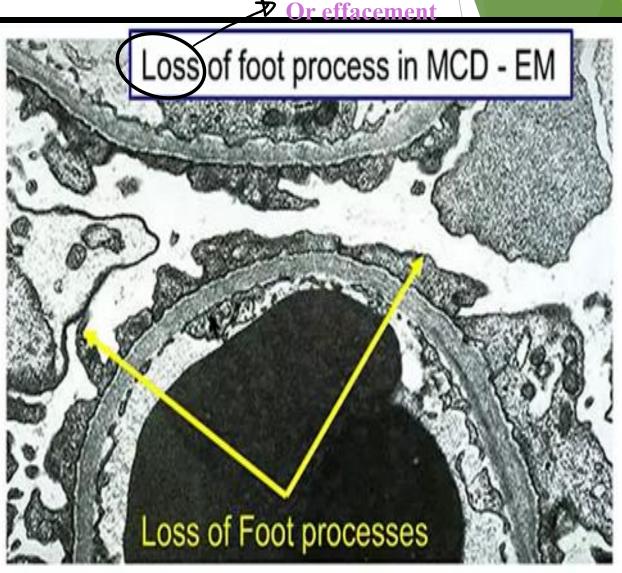
Minimal Change Disease

No change in LM (normal)



Minimal Change Disease





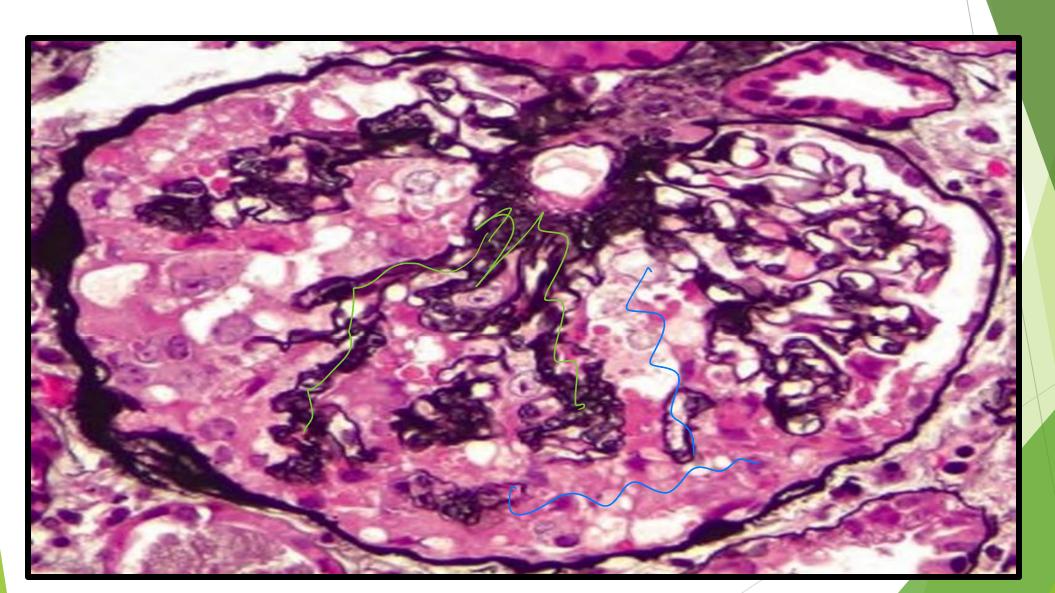




Using silver stain for for glomerular capillary basement membrane

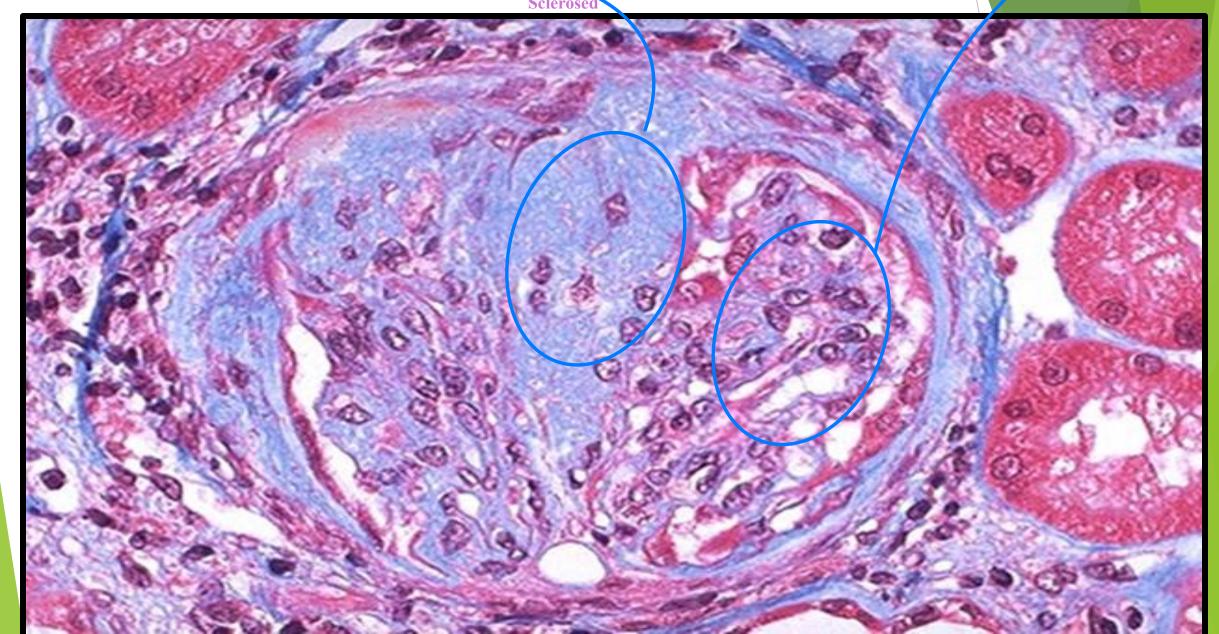
- -> Normal portion is stained (represented by green color)
- -> seclerosed portion is not stained (represented by blue color)

FSGS - Morphology



FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS)

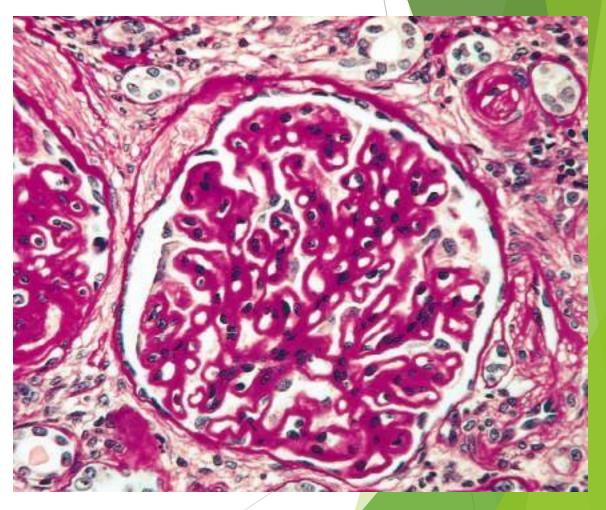
Patent par



Membranous GN

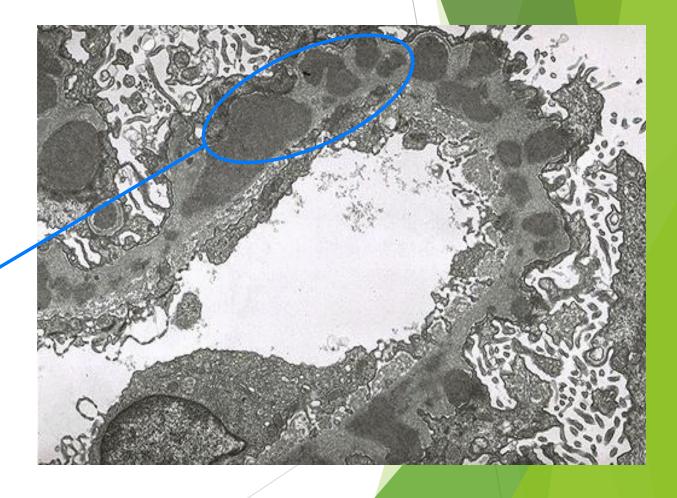
The main histologic feature is diffuse Due to epithelial deposits thickening of the capillary wall (GBM glomerular basement PAS stain

Sometimes, no changes like MGD or diffuse membrane thickening



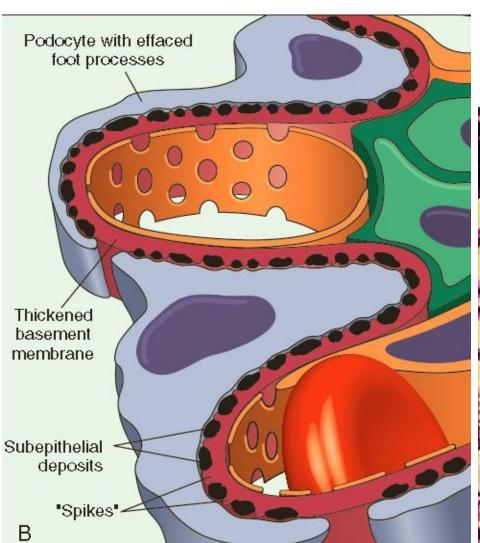
Membranous GN

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 formin reaction to the deposits (spike&dome pattern)



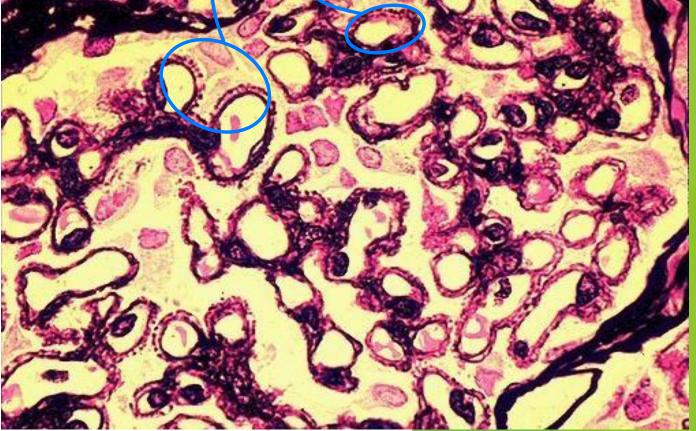
Membranous GN —> normal portion is stained —> spike & dome site not stained

By silver stain



Normal capillary (completely stained)

Affected capillary in gloemrular



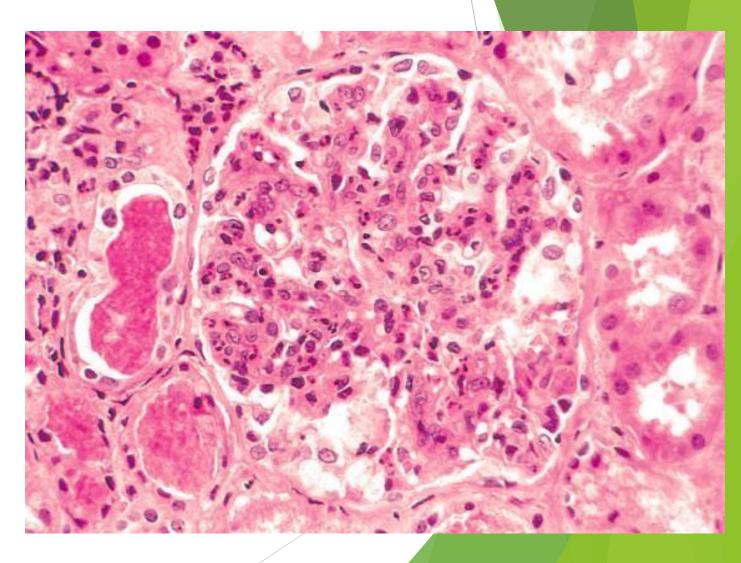
Post infectious GN LM morphology

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.

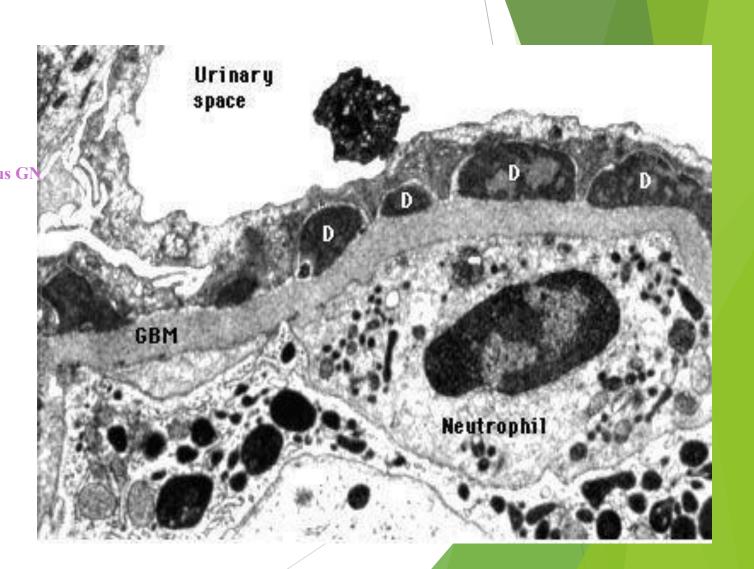
Its a proliferative glomerul onehritis



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

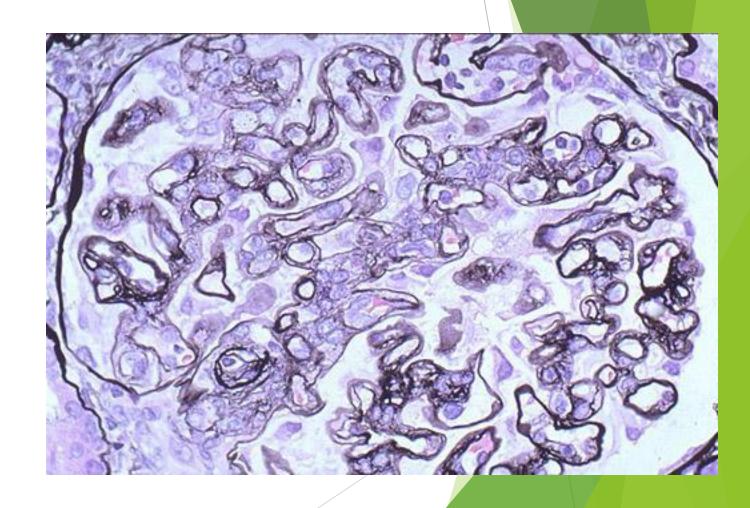
Glomeruli are large, have an accentuated lobular appearance; proliferation of mesangial & endothelial cells as well as infiltrating leukocytes

Due to proliferation of cells



MPGN LM morphology

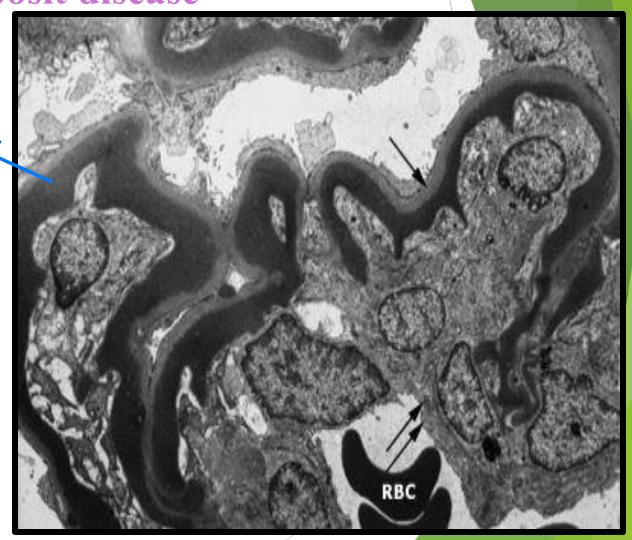
The GBM is thickened, and the glomerular capillary wall often shows a double contour, or "tram track," appearance, especially evident with use of silver



MPGN II/ DDD Dense deposit disease

غامقة مثل الحزام

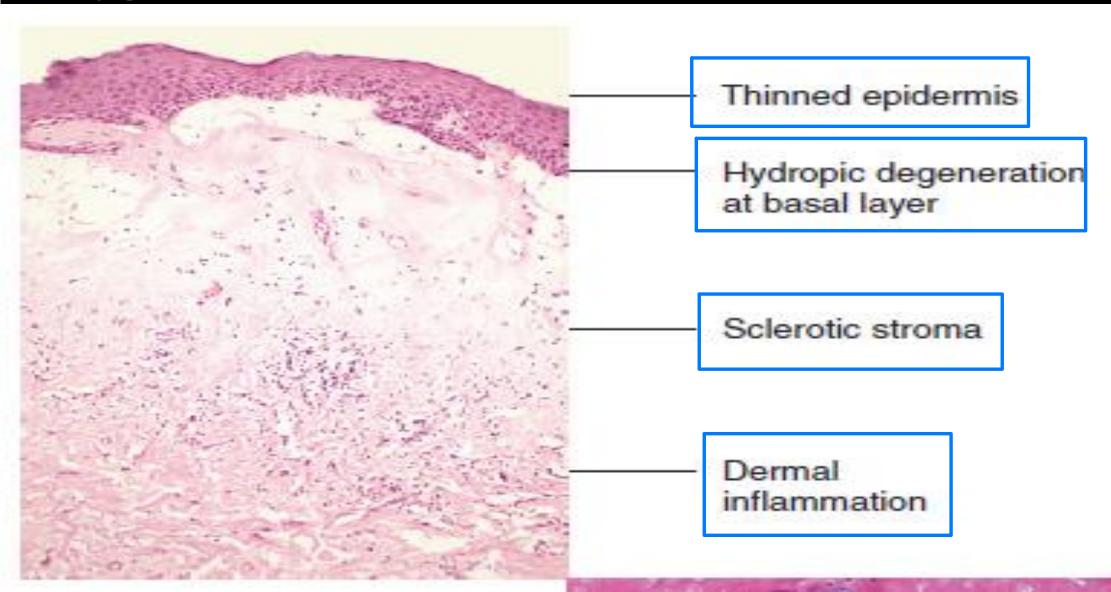
There are dense homogeneous deposits within the basement membrane. Ribbon-like appearance of subendothelial & intramembranous material



Female Genital system

Lichen sclerosus is characterized by thinning of the epidermis, disappearance of rete pegs, hydropic degeneration of the basal cells, dermal fibrosis, and a scant perivascular mononuclear inflammatory cell infiltrate.

May give rise to SCC



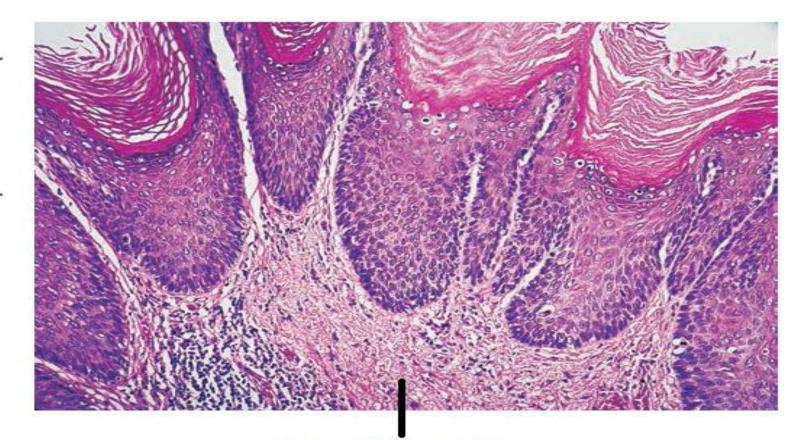
As chronic dermatitis in histology

- Lichen simplex chronicus is marked by epithelial thickening (particularly of the stratum granulosum) and hyperkeratosis.
- Increased mitotic activity is seen in the basal and suprabasal layers; however, there is no epithelial atypia.
- Leukocytic infiltration of the dermis is sometimes pronounced.

May appear in margin of previously organized SCC

Hyperkeratosis

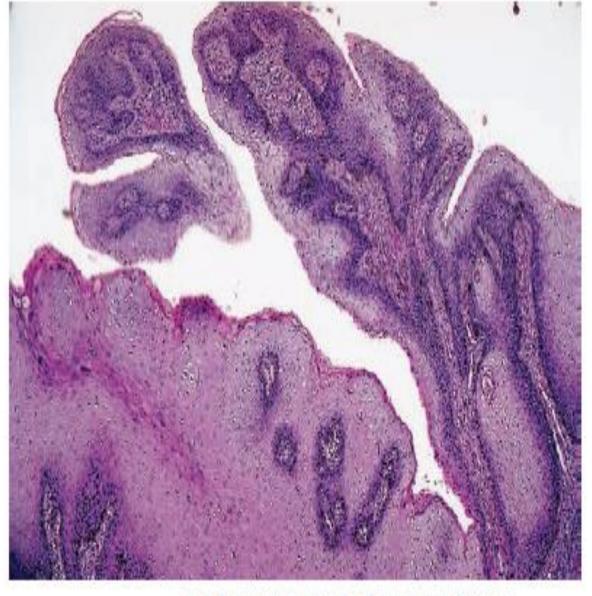
Thickened epidermis (acanthosis)



Dermal inflammation

Chondyloma acumenatum —> caused by HPV

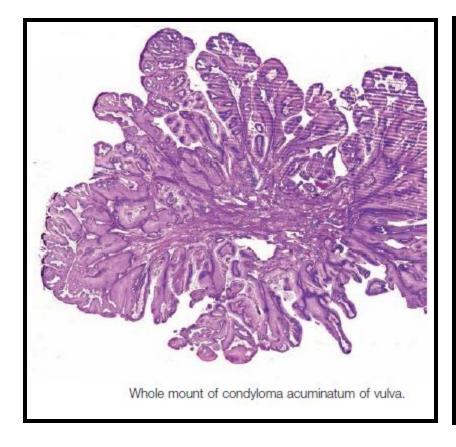




Large condyloma of vulva.

Papillomatous shape of vulvar condyloma.

On histologic examination, the characteristic cellular feature is koilocytosis, a cytopathic change characterized by perinuclear cytoplasmic vacuolization and wrinkled nuclear contours that is a hallmark of HPV.

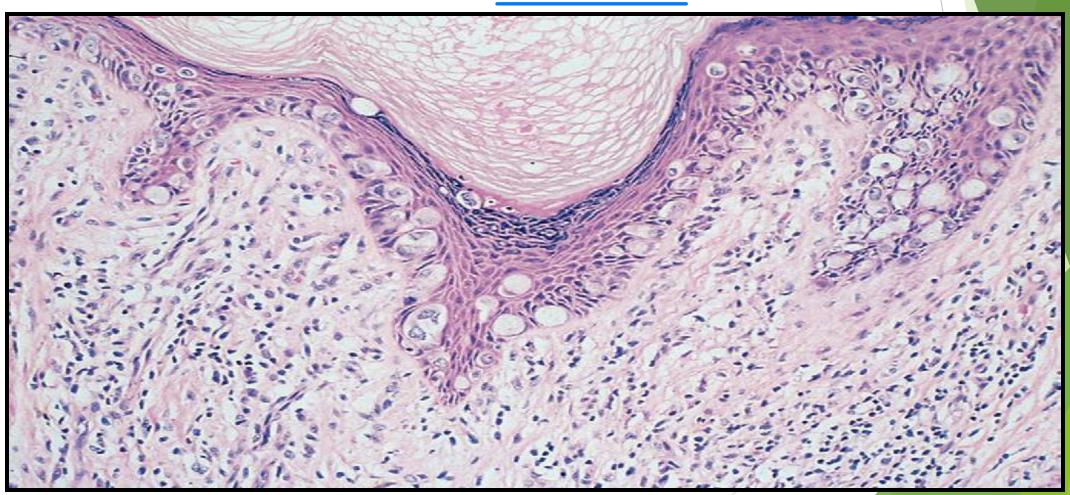




On histologic examination, large epithelioid cells with abundant pale, finely granular cytoplasm and occasional cytoplasmic vacuoles infiltrate the epidermis, singly and in groups.

The presence of mucin, as detected by periodic acid-Schiff (PAS) staining, is useful in distinguishing Paget disease from vulvar melanoma, which lacks mucin.

Without association of tumor Extramamary paget disease resembles mammary paget disease Usually associated with tumors

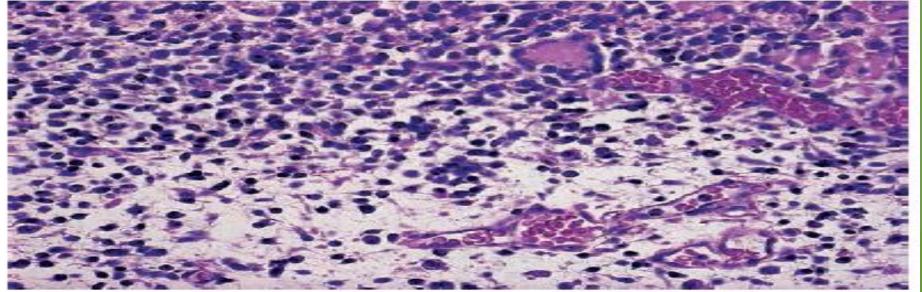


The grape-like configuration of Botryo Embryonal Rhabdomyosarcoma of

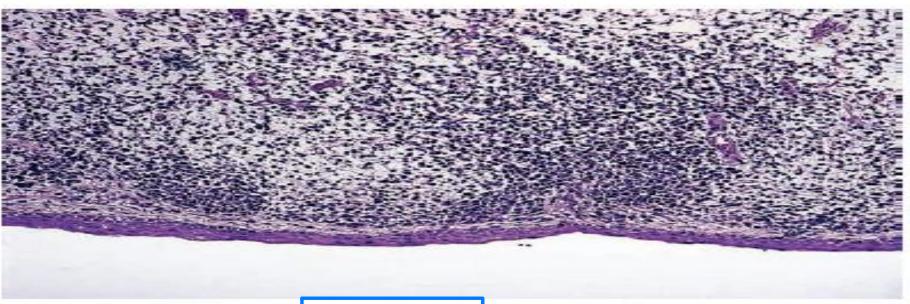
Vagina. is characteristic.

Most common of female mesnchymal tumor in children



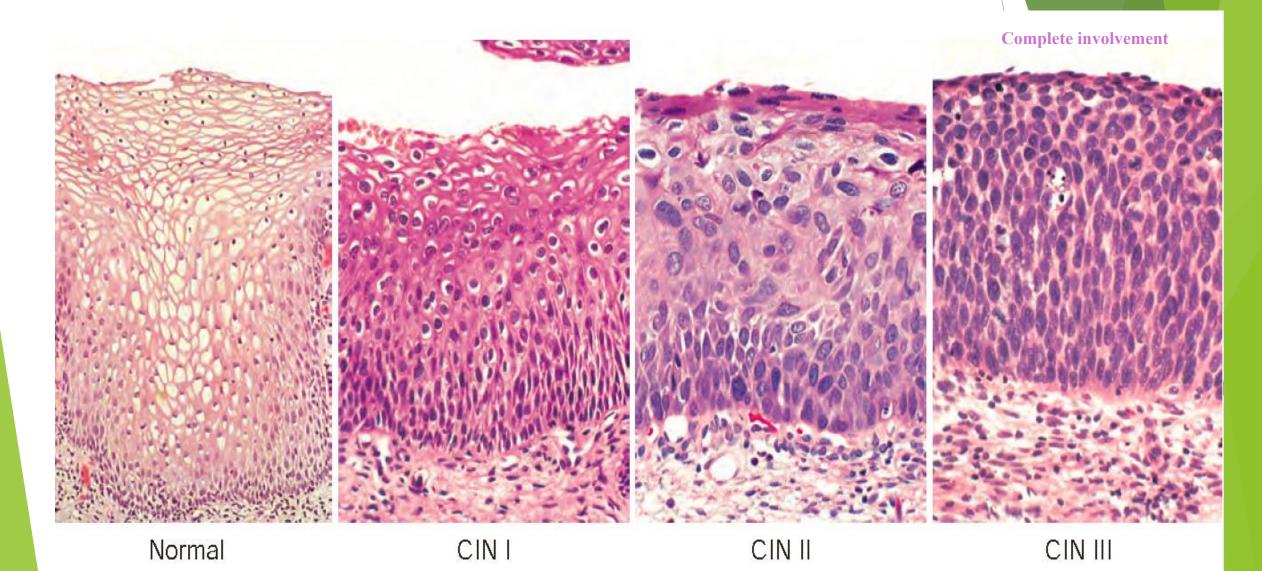


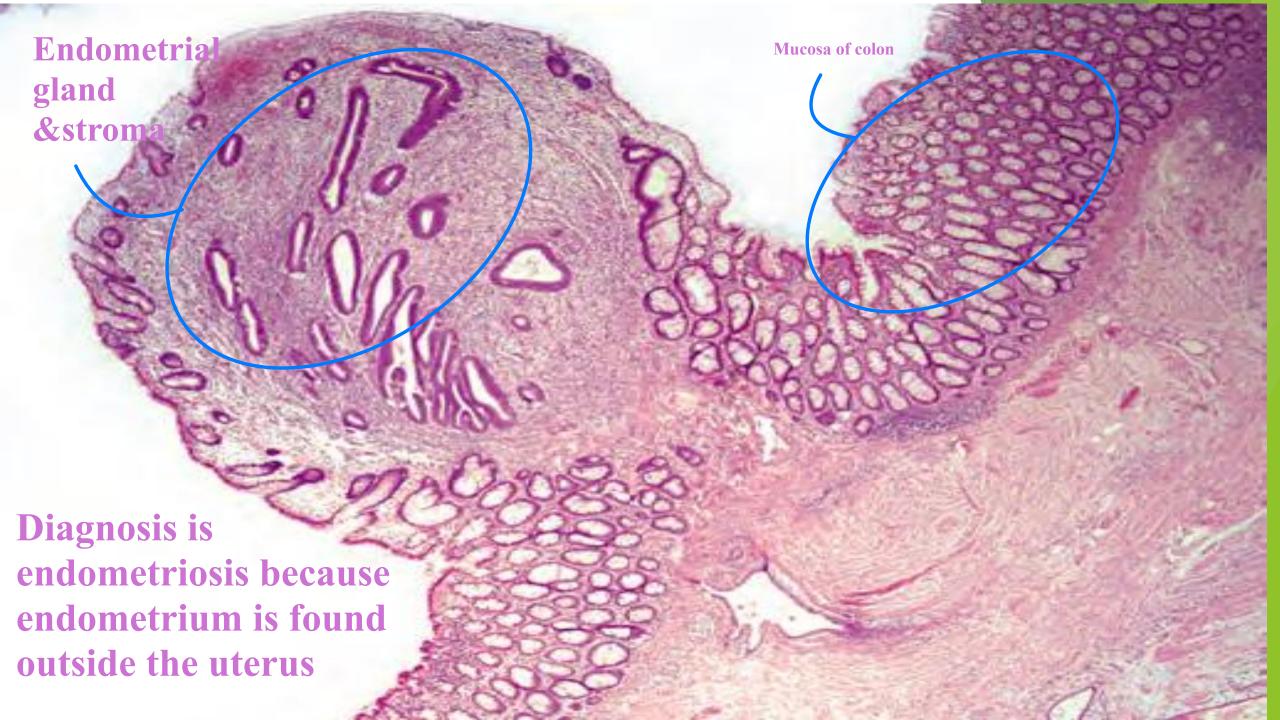
._ Microscopic Appearance of Embryonal Rhabdomyosarcoma. The differential diagnosis is that of small round cell tumors.



So-called cambium layer beneath non-neoplastic epithelium in embryonal rhabdomyosarcoma. Characteristic

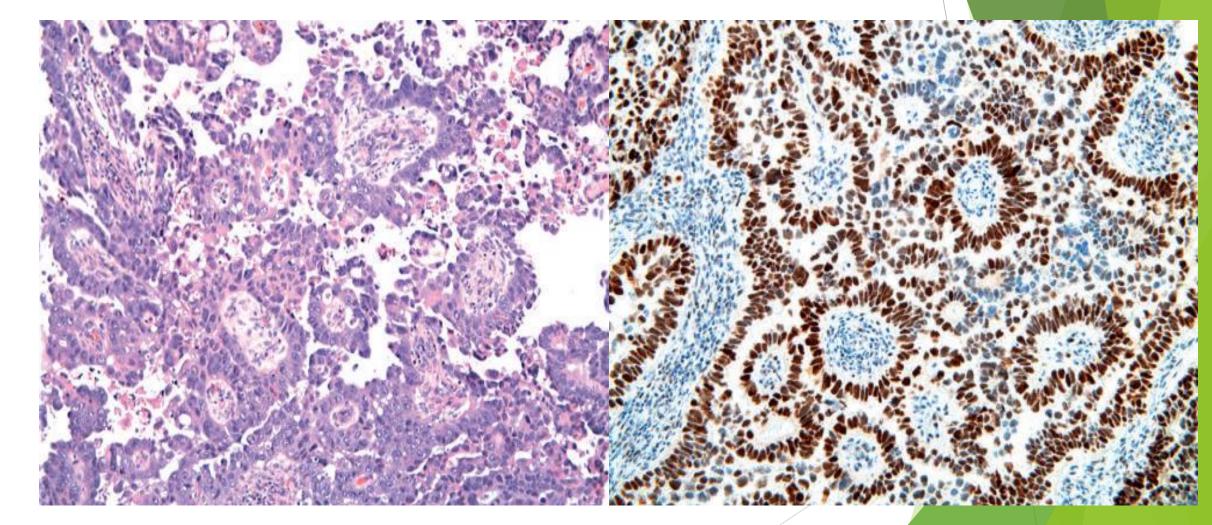
CIN → Dysplasia: nuclear enlargement, hyperchromasia (darker), coarse chromatin, & variation in nuclear size & shape





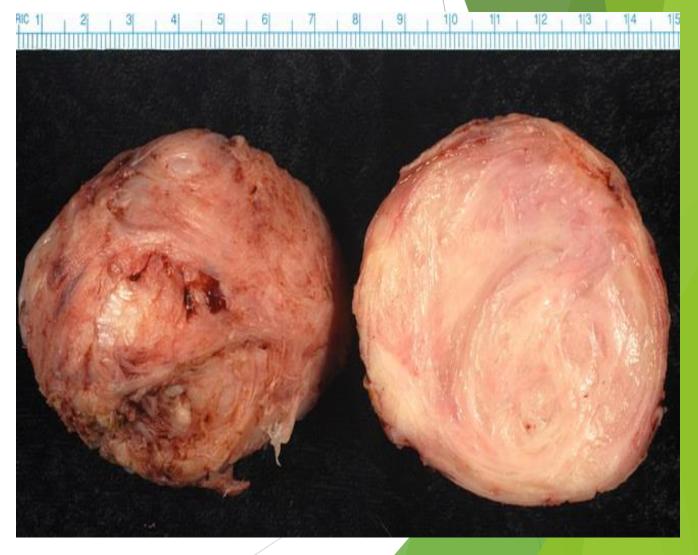
Tumors of Endometrium - Serous Its less common than carcinomas

P53 -immunostain To stain serous carcinoma



Tumors of Myomertium - Leiomyomas (fibroids)

Gross: typically sharply circumscribed, firm gray white masses with a characteristic whorled cut surface, often occur as multiple tumors.

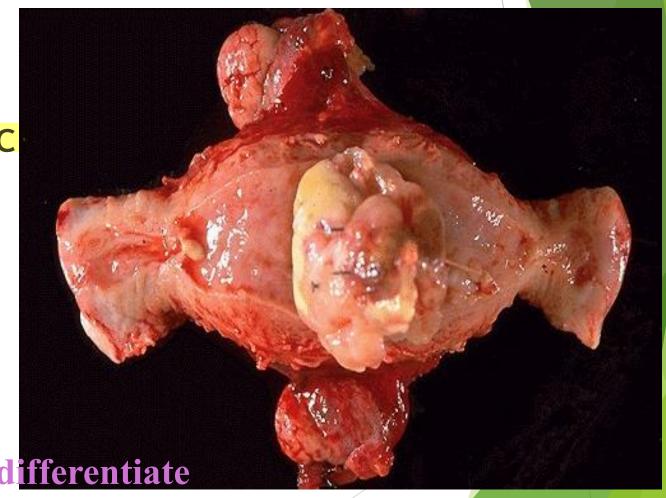


Tumors of Myomertium - Leiomyosarcoma

Gross: soft, Friable hemorrhagic, necrotic masses.

Irregular borders.

Poorly circumscribed

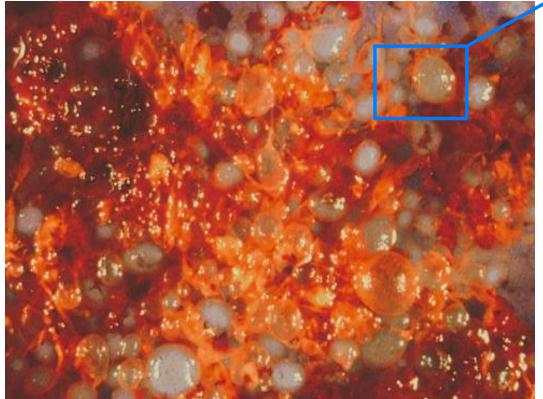


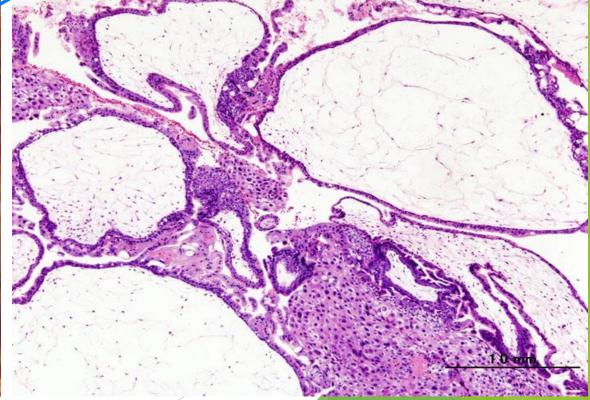
The most important feature to differentiate iomysarcoma from lieomyoma is necrosis

Hydatidiform Mole - Morphology

Uterine cavity is expanded by friable mass (**Grape-like villi**) composed of **thin-walled**, cystically dilated chorionic villi covered by varying amount of atypical chronic epithelium.

Grape-like villi





Thank you

Good luck