patho lecture =3=

NECROSIS

Microscopic appearance.

specific Morphologic pattern

1 Cytoplasmic

→ increased eosinophilia
- ↑ binding of eosin to cytoplasmic ptn.
- ↓ loss of basophilic RNA in cytoplasm.

→ Glassy, Homogenous
- ↓ loss of lighter staining glycogen.

→ Cytoplasm vacuolated
moth-eaten

2 Nuclear (break down of DNA)

→ pyknosis
shrinkage + increase basophilia.

→ Karyorrhexis
fragmentation of pyknosis

→ Karyolysis
↓ basophilia of chromatic, DNAse

1-2 days the nucleus in dead cell may disappear

Cardiac muscle → Kinase & troponin
Hepatic duct → alkaline phosphatase
Hepato cyte → transaminases

شغلان إذا شفناهم في الدم بلاش في خلل بشغلة معينة

Necrosis

Coagulative
→ preservation the outline structure of the dead cell For DAYS

→ The most common liver, Kidney, Myocardium

→ All solid organ except BRAIN

→ Mechanism
denaturation of ptn + enzyme
↓
blocking cellular proteolysis
↓
preserve cell outline.

Liquefactive
→ bacteria + Fungal + Hypoxic infection

→ CNS BRAIN

→ Acute infection
pus → (creamy yellow)

Caseous
→ most common TB infiction

→ Caseous → cheeslike

→ grossly
↳ yellow-white appearance of the area of necrosis.

→ microscopy
↳ pink appearance (collection of fragmented & lysed cell)
↳ Architecture
- obliterated
- cannot be discerned.

↳ surrounded by collection of inflam cell (Macrophages)

Fat (basophilic)
→ Fat destruction

→ release of activated pancreatic lipases into the substances of the pancreases & peritoneal cavity (Acute pancreatitis)

→ Free fatty acid (Adipose tissue + lipases)
- bind & precipitate Ca^{+2}
- Forming insoluble soap.

→ gross → Chalky white

Fibroinoid
→ immune reaction complex Ag & Ab

→ deposited in the wall of B.V

→ severe Hypertinsion

→ bright pink & amorphous appearance

Gangrenous
→ commonly used in clinical practice

→ the condition of the limb (low

① coagulative
↳ lost blood supply
↳ mutible tissue layers.

② liquefactive
↳ bacterial infection
↳ wet gangrenous.
↳ content of bacteria + attracted leukocyte.