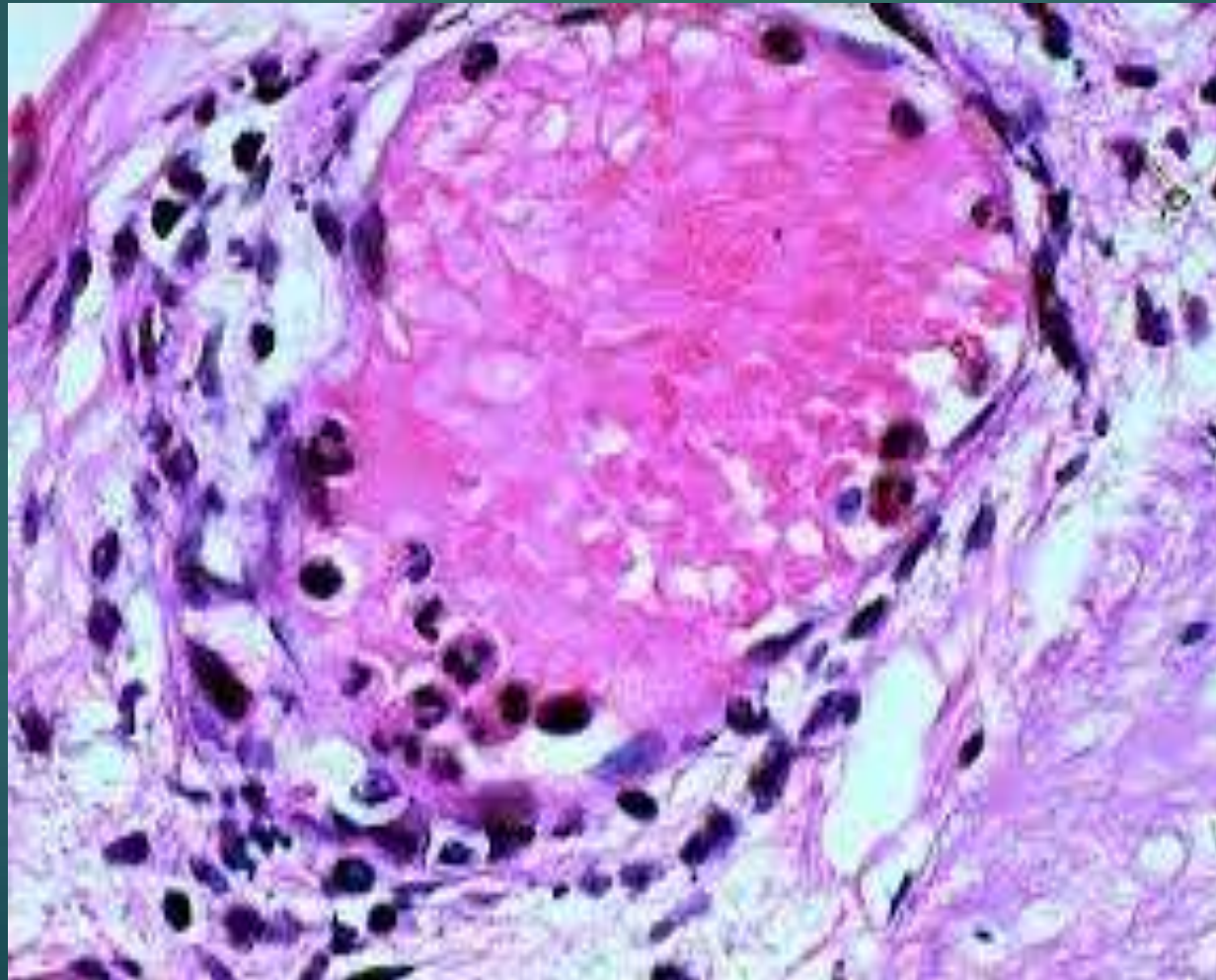


Pathology lab

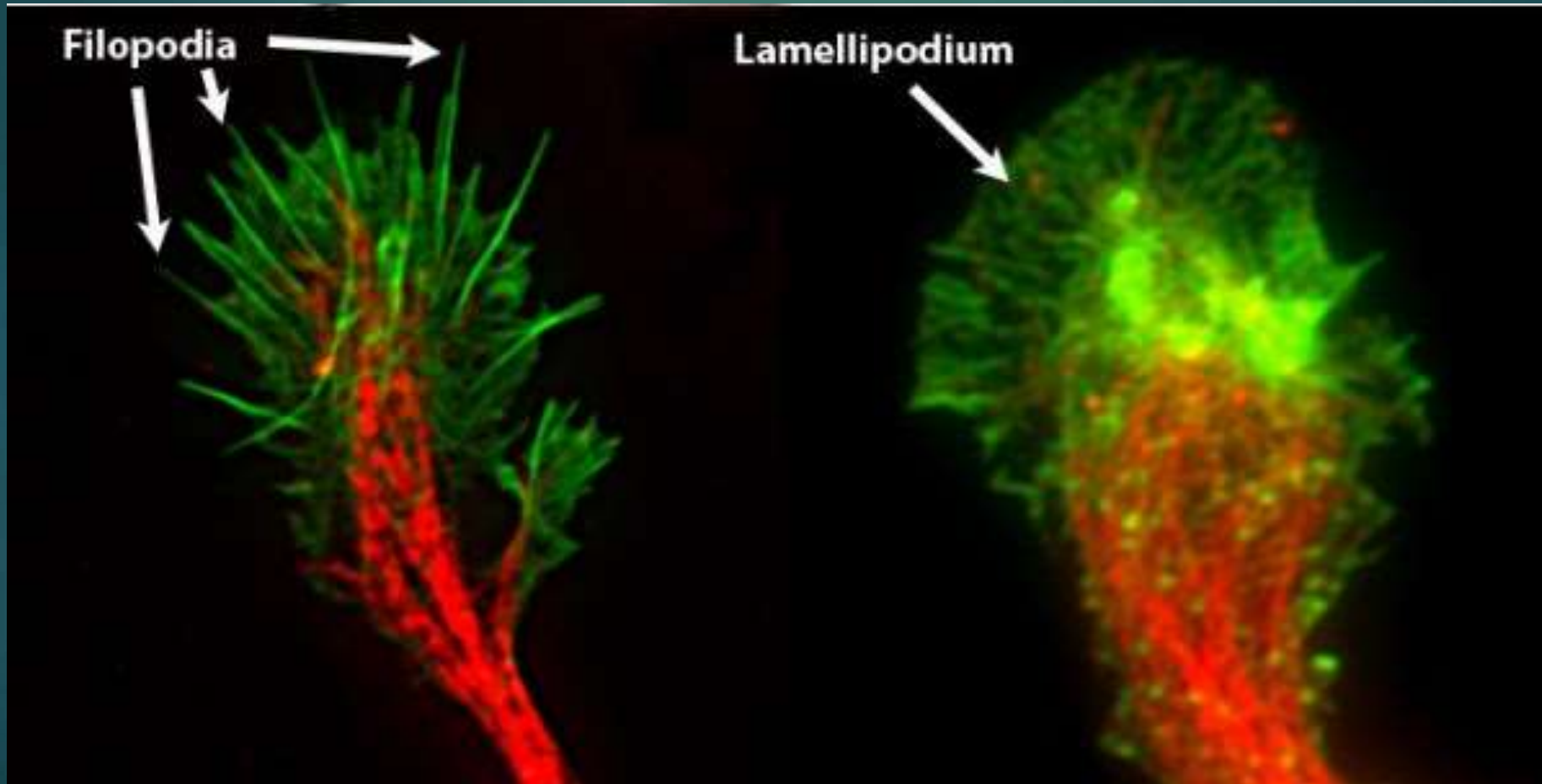




margination

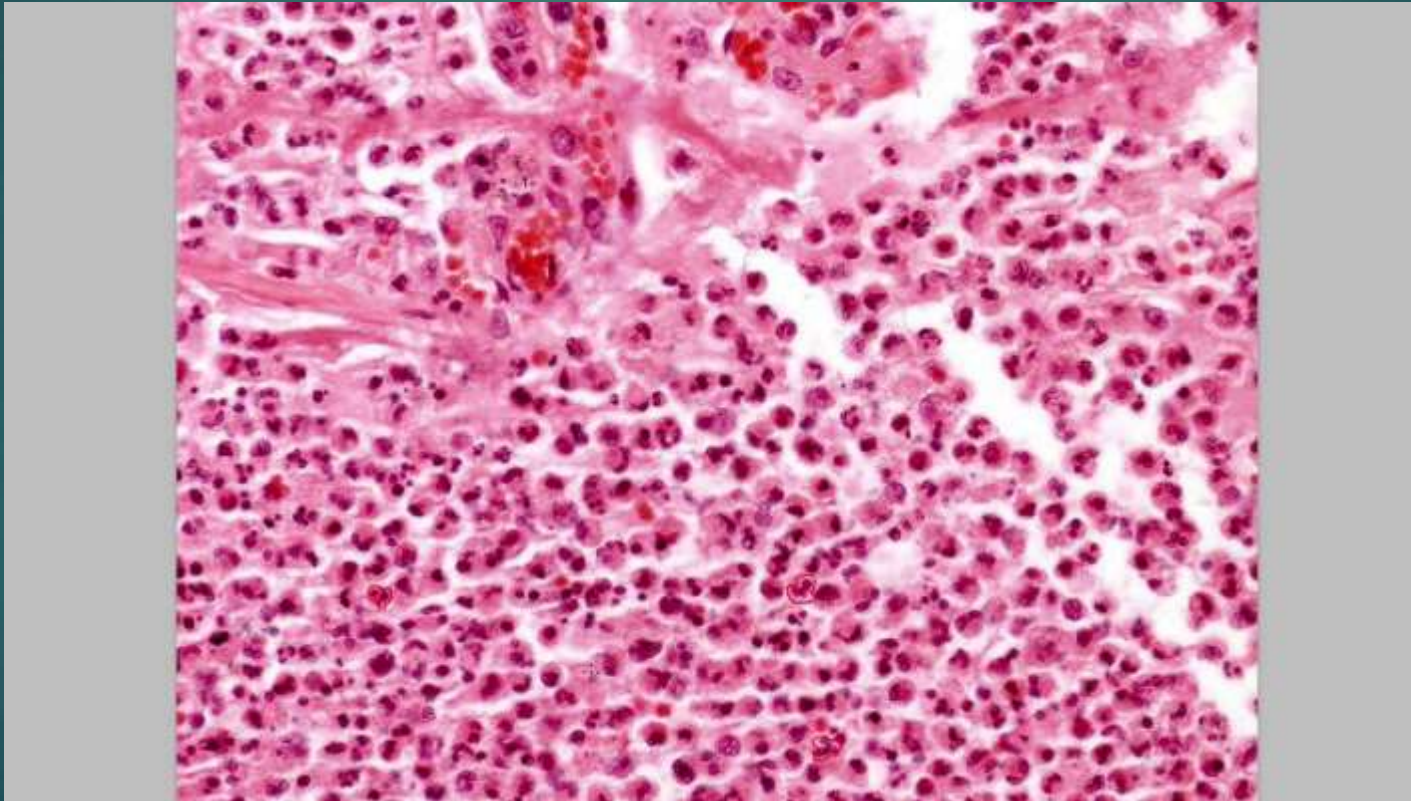


The key difference between lamellipodia and filopodia is that the **lamellipodia** are cytoskeletal actin projections present in the mobile edges of the cells while filopodia are thin cytoplasmic protrusions that extend from the leading edge of the mobile cells

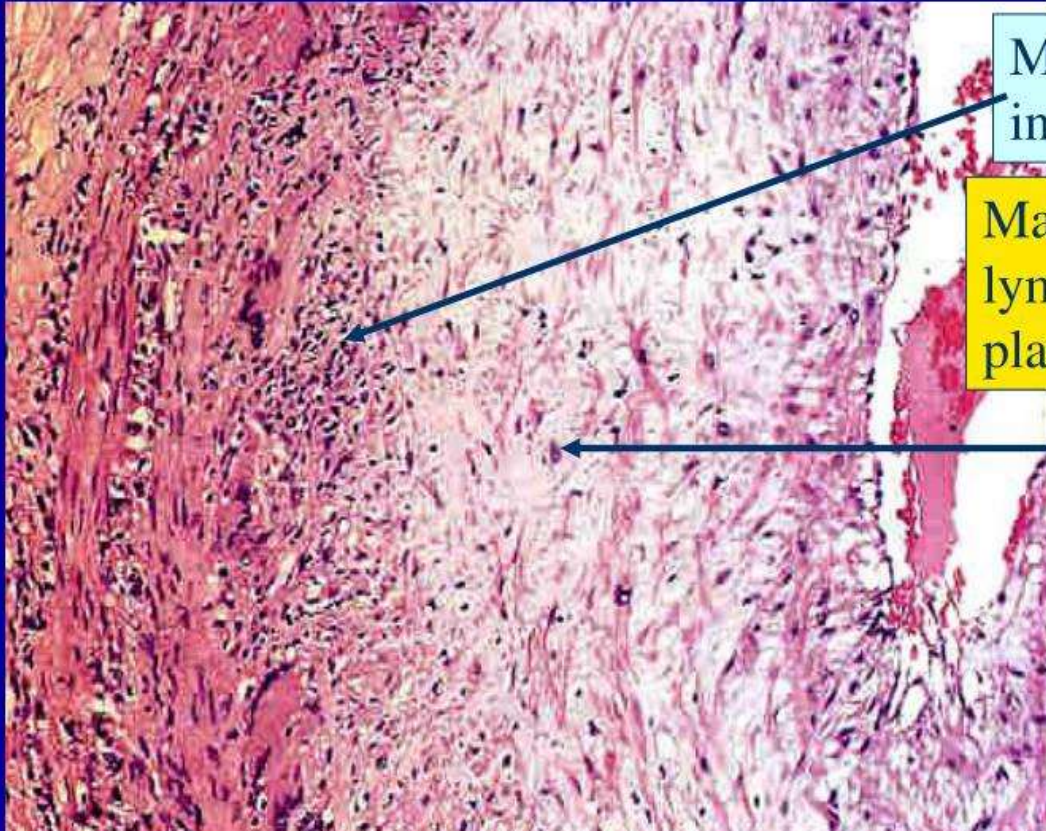


Acute inflammation

In acute inflammation polymorphonuclear neutrophils usually predominate.



Histopathology of chronic inflammation

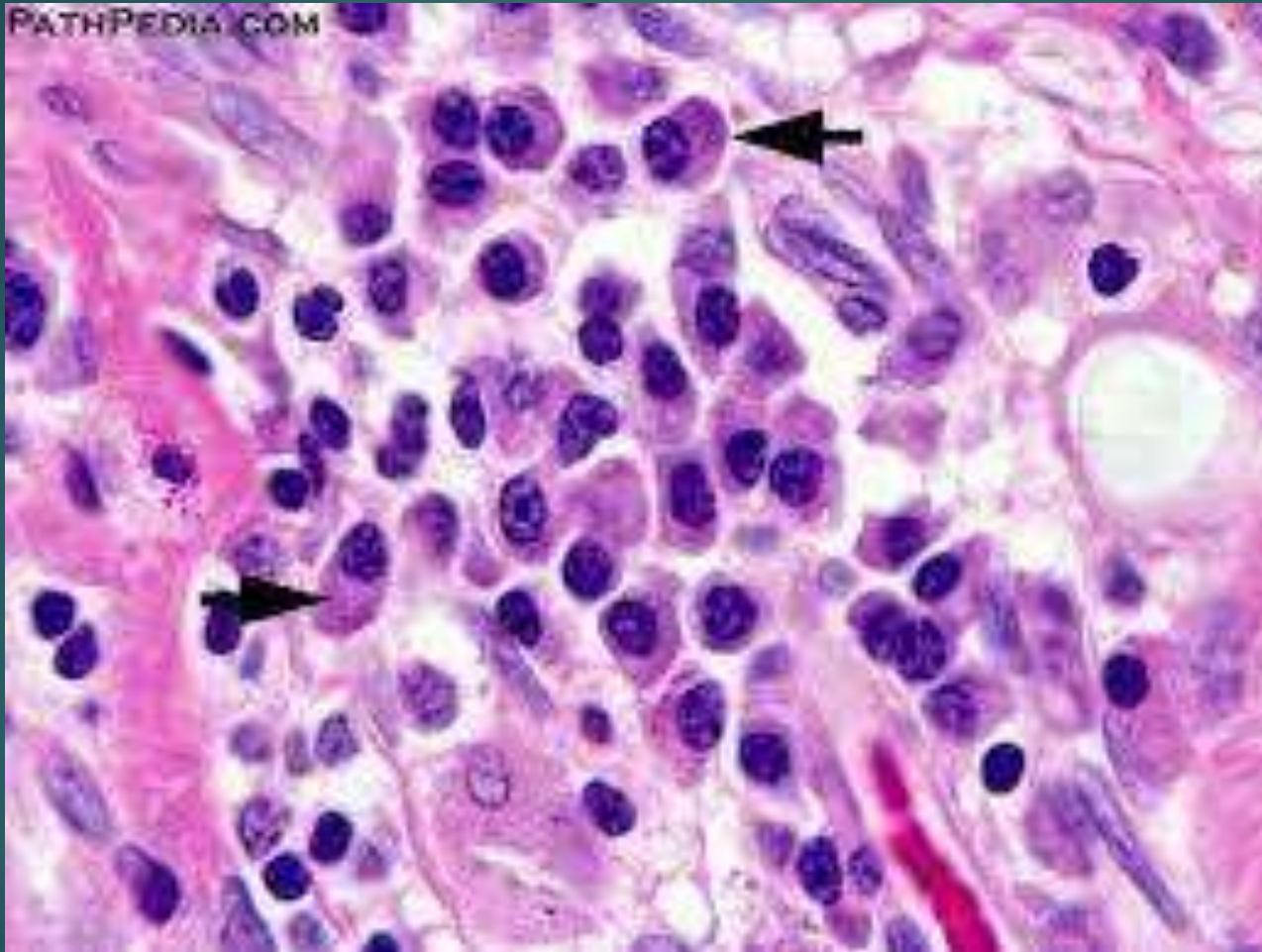


Mononuclear cell
infiltration (3 cell types):

Macrophages,
lymphocytes,
plasma cells

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

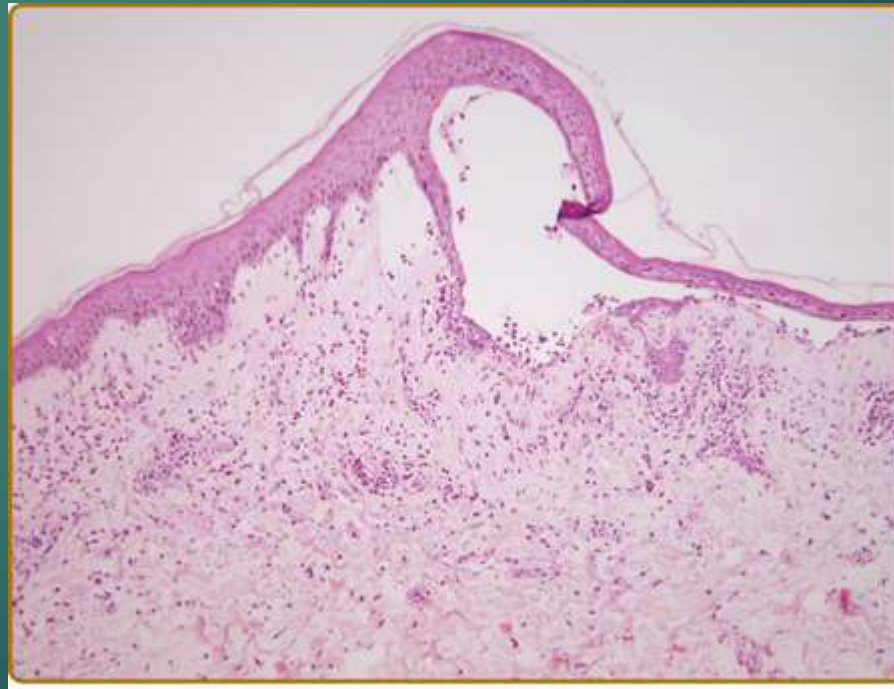
Chronic inflammation



cachexia



Serous Inflammation



Fibrinous Inflammation

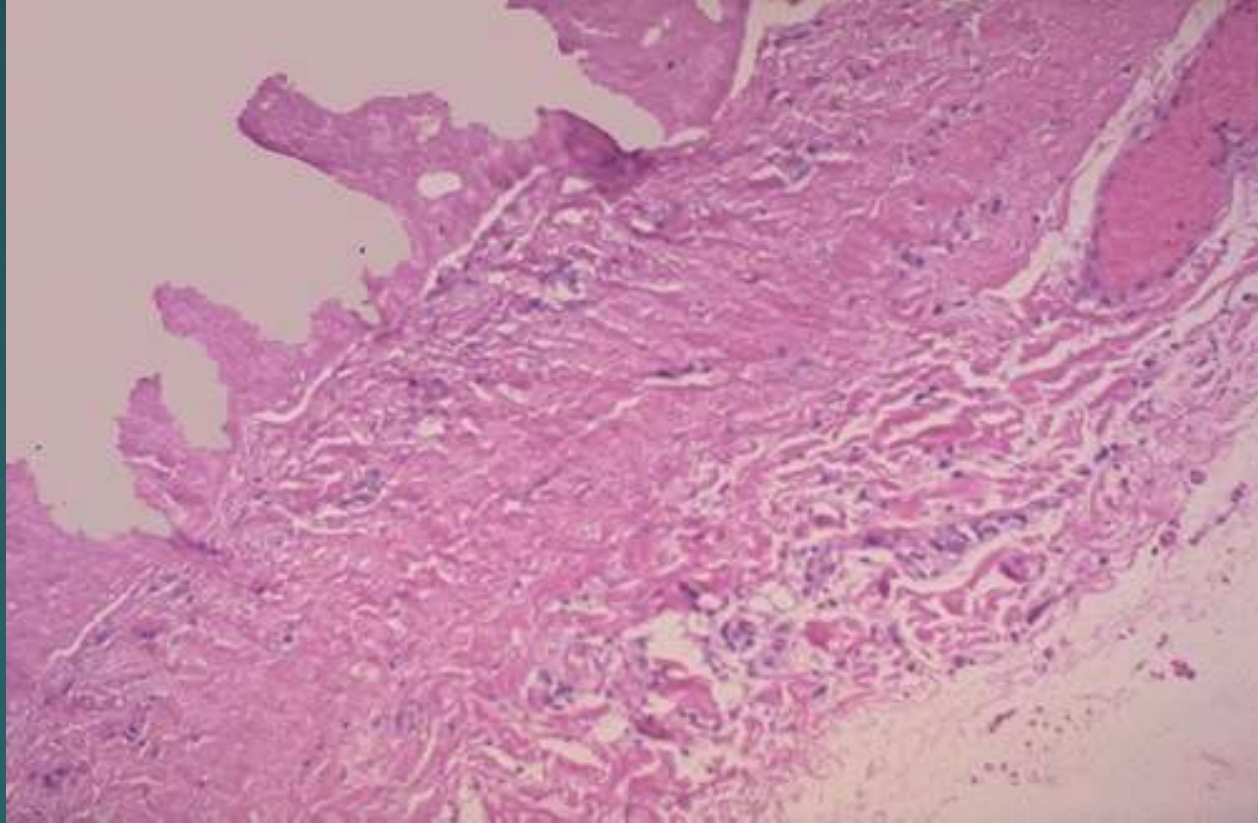


Normally, the visceral **pericardium** is **translucent**



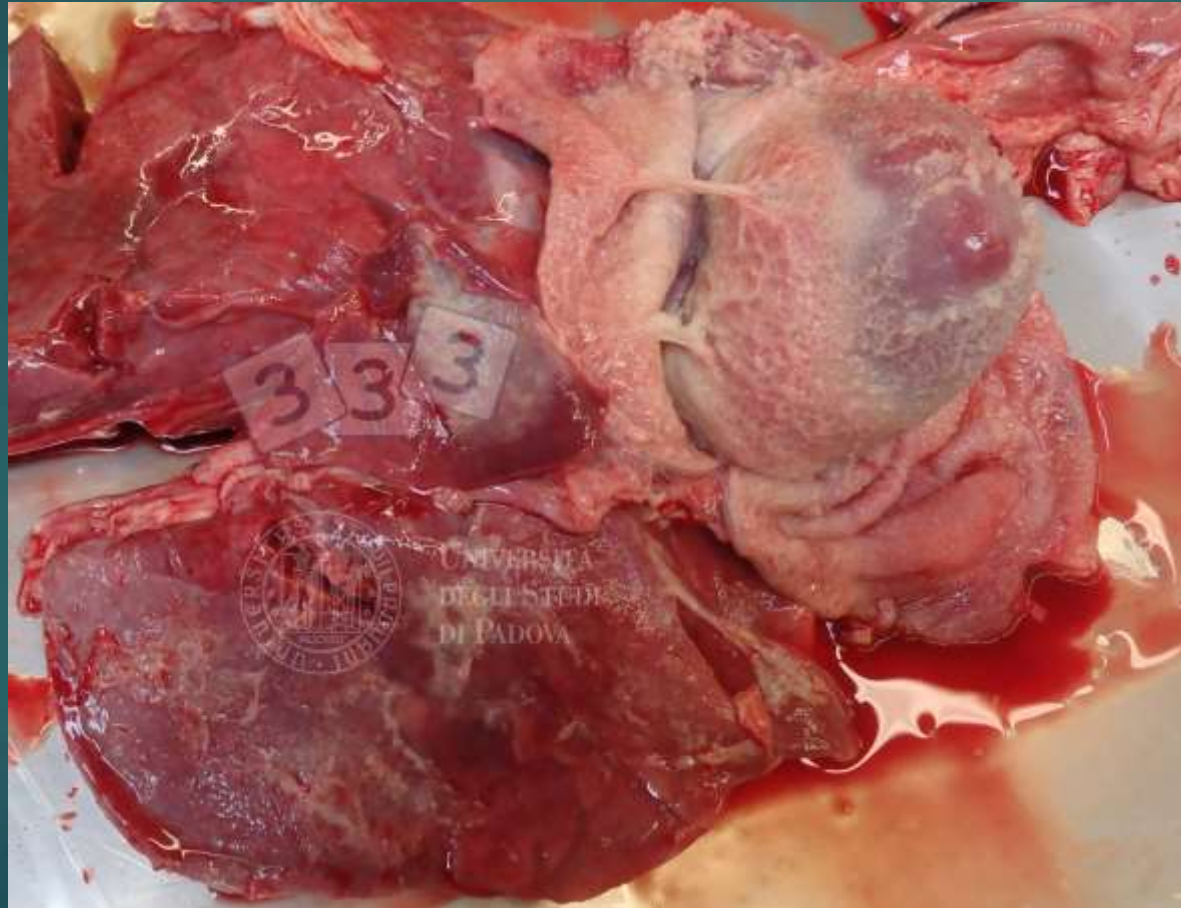
The **pericardial surface** is **dry** with a **coarse granular appearance** caused by **fibrinous exudate**

Fibrinous Inflammation



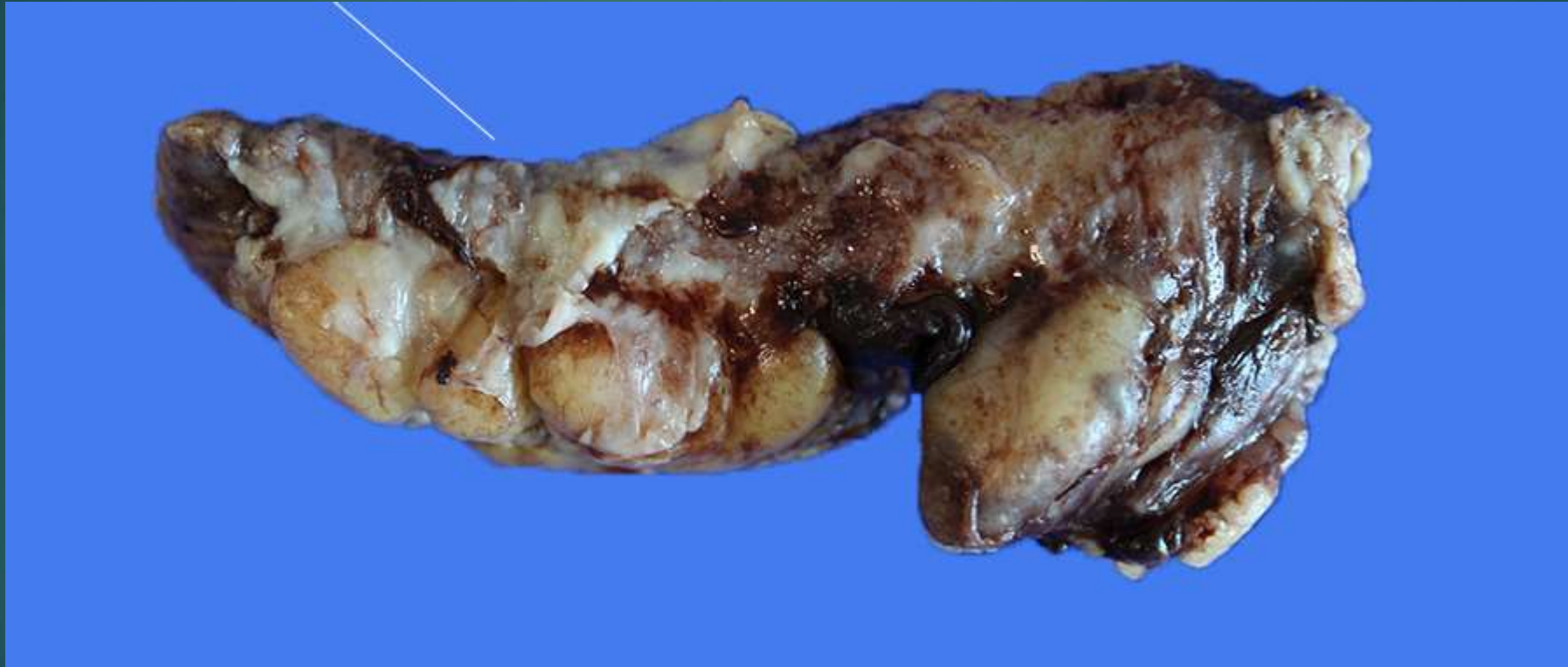
the pericardial surface here shows strands of pink fibrin extending outward. There is underlying inflammation.
fibrin appears as an eosinophilic meshwork of threads

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



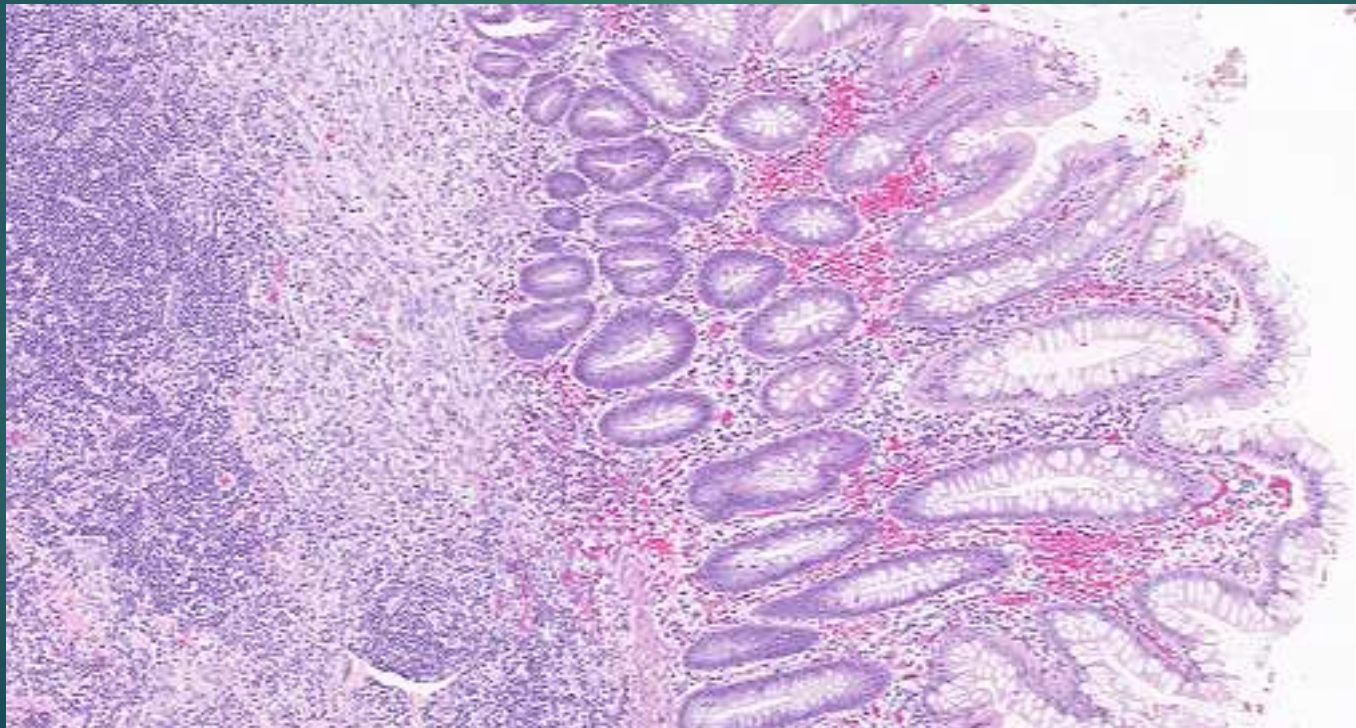
Gross:

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.



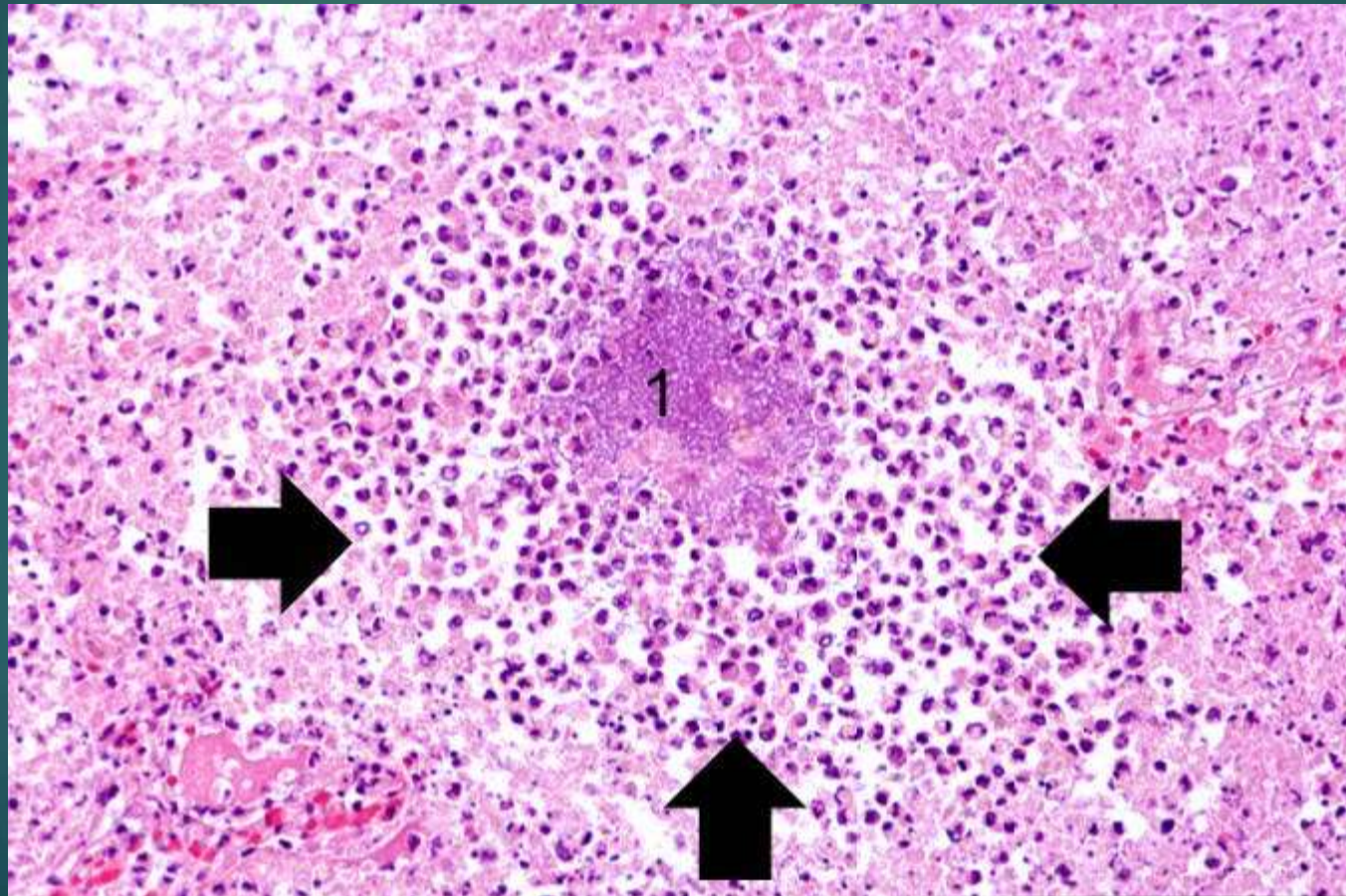
Gross

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



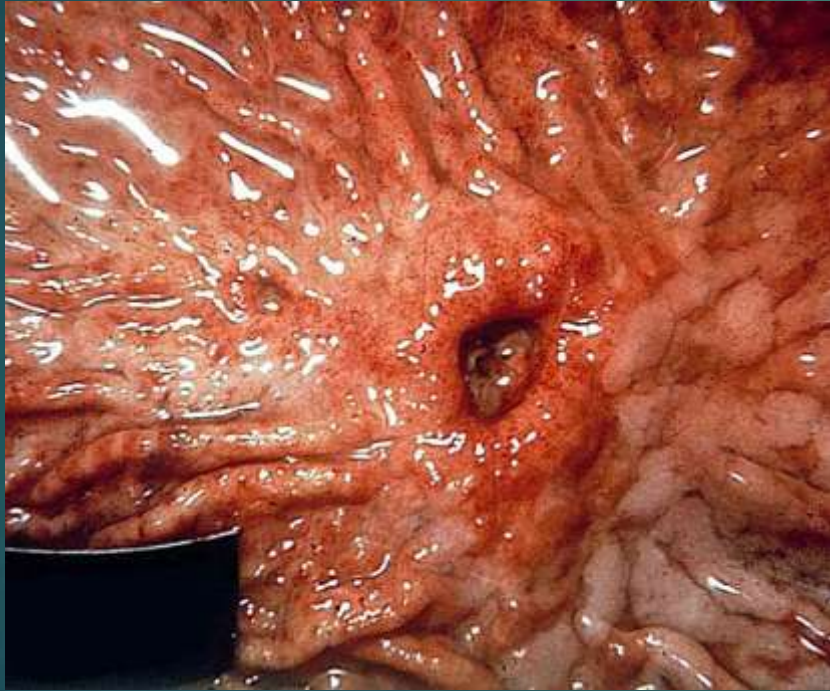
Abscess zones:

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



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.



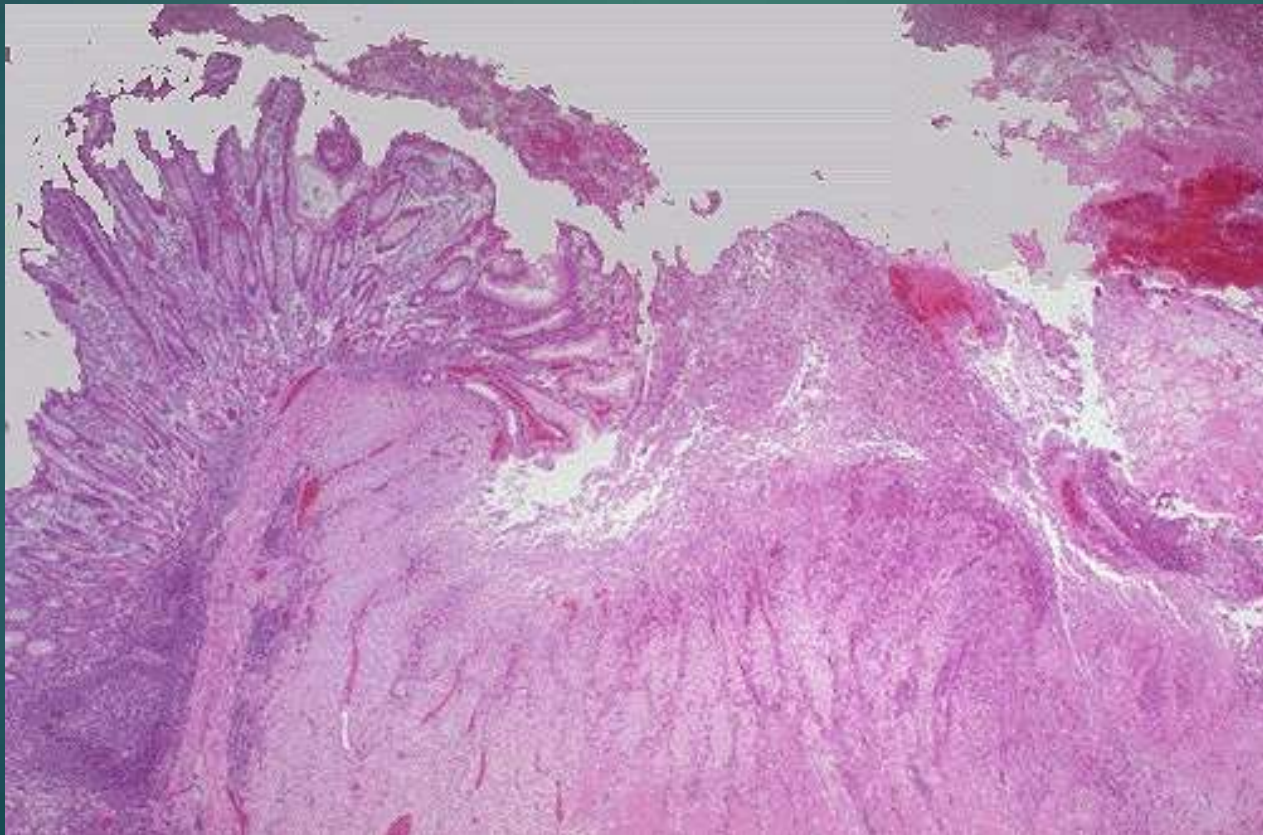
Histology;

acute ulcer:

intense polymorphonuclear infiltration and vascular dilation in the margins of the defect.

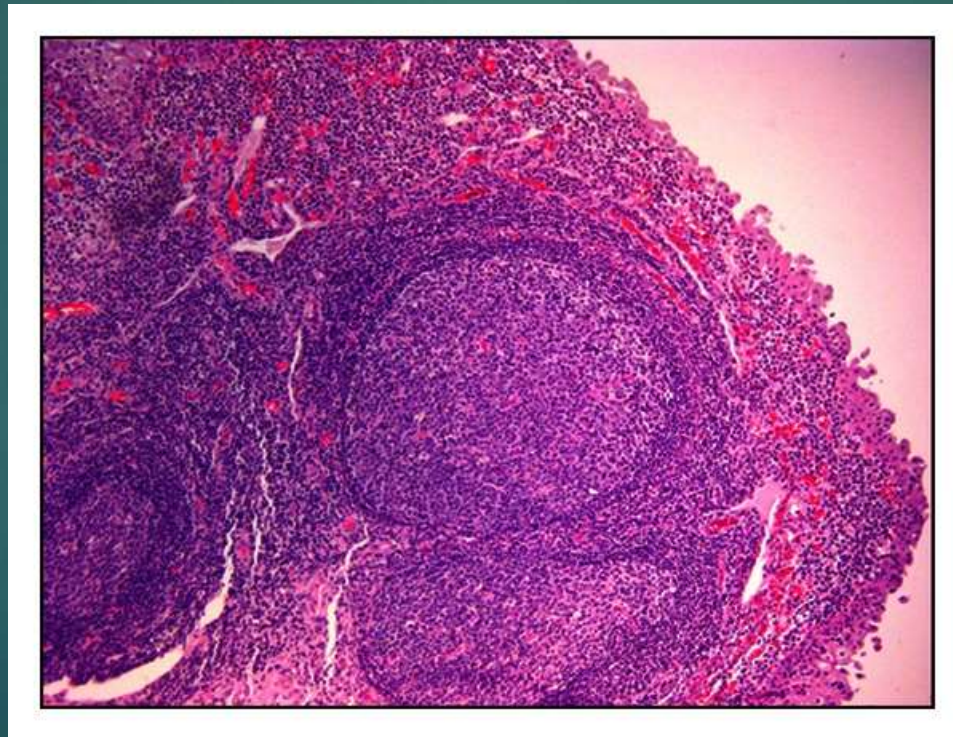
Chronic ulcer:

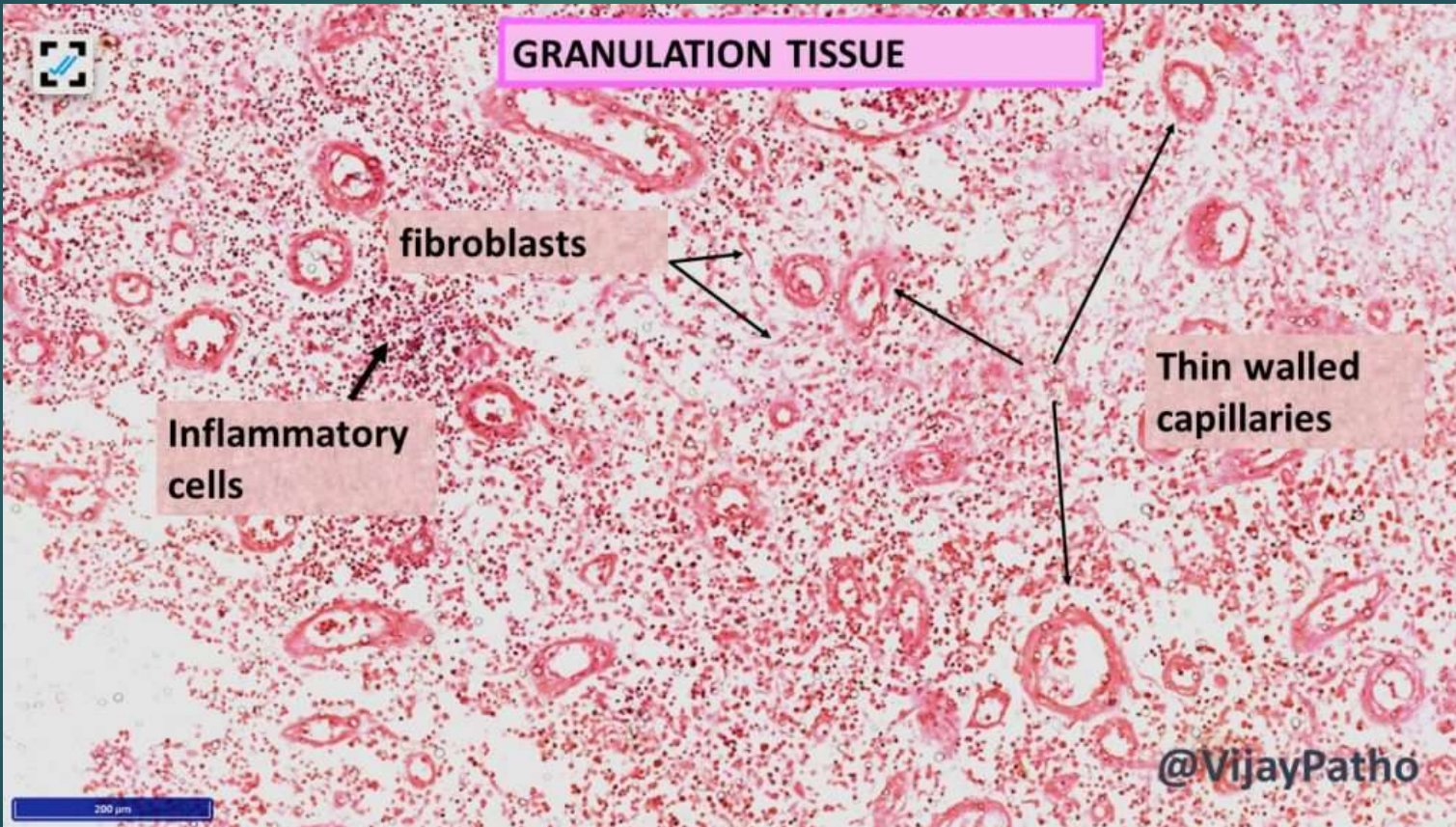
the margins and base of the ulcer develop fibroblast proliferation, scarring, and the accumulation of lymphocytes, macrophages, and plasma cells.

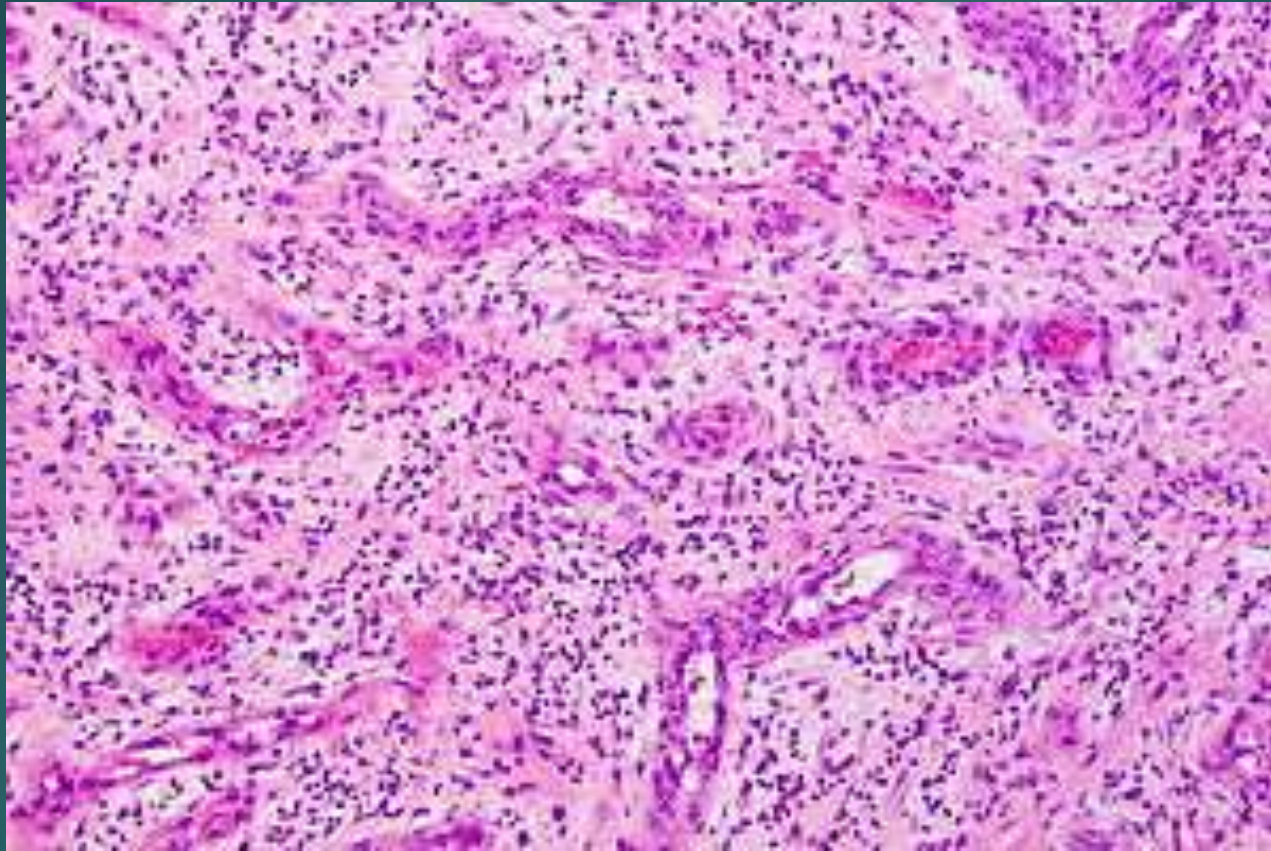


Tertiary lymphoid organs:
definition, examples:

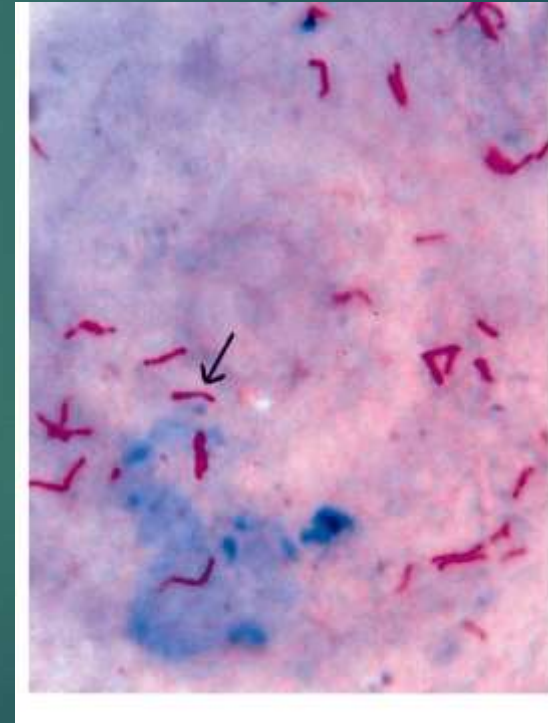
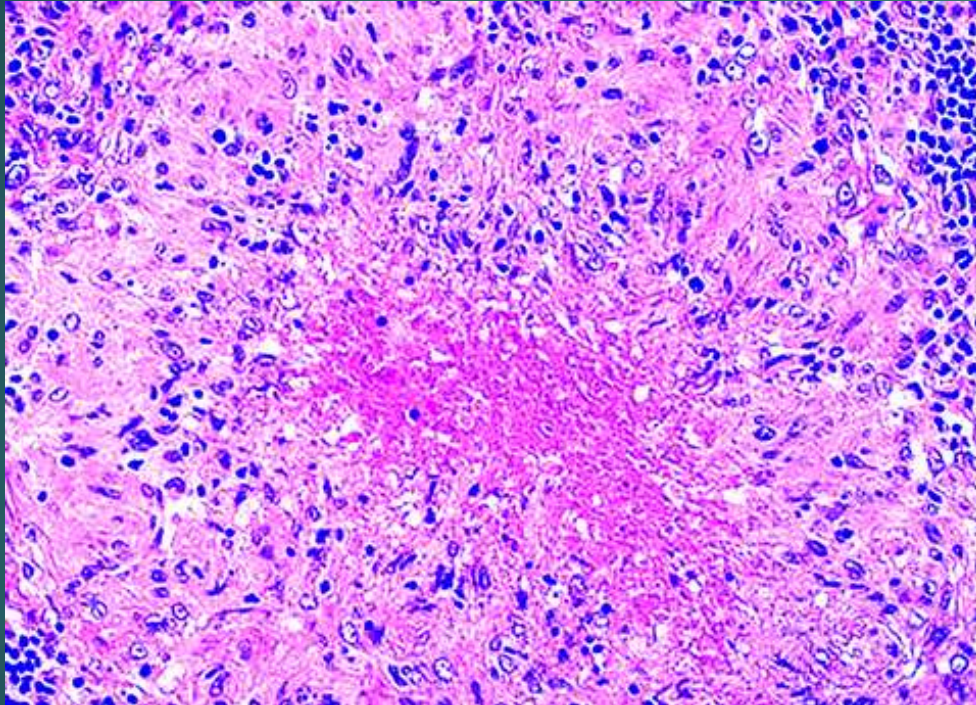
Hashimoto thyroiditis, Helicobacter pylori gastritis

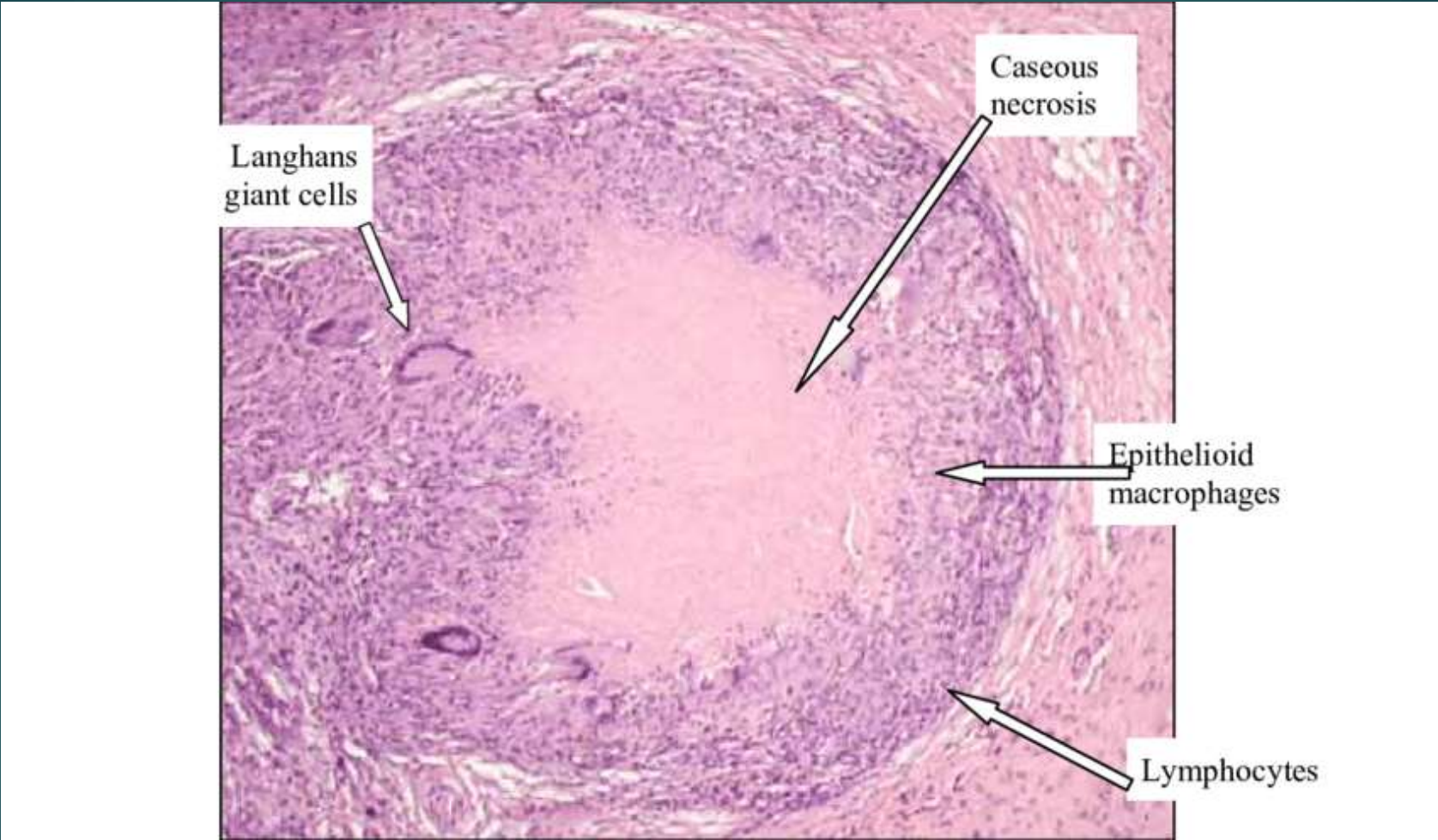






Granuloma formation is a cellular attempt to contain an offending agent that is difficult to eradicate





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.



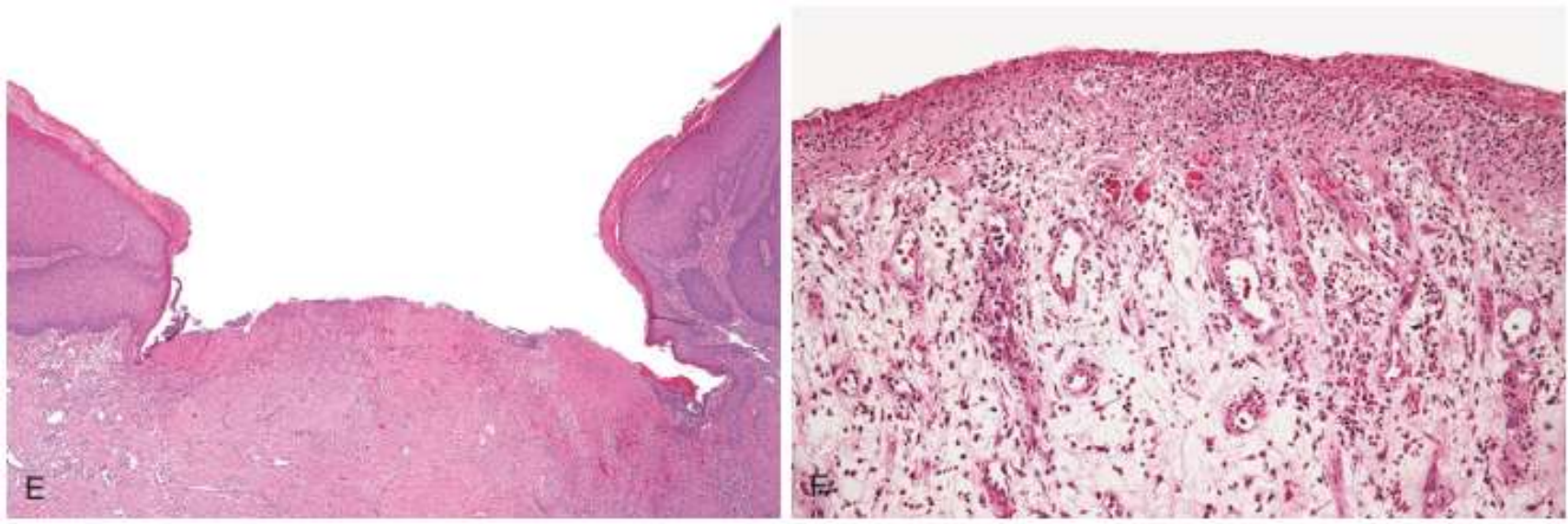
Pressure sores:
caused by prolonged compression of
tissues against a bone, for example, in bedridden



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



Morphology of Any ulcer



epithelial ulceration and extensive granulation tissue in the underlying dermis

wound rupture (dehiscence):
cause??

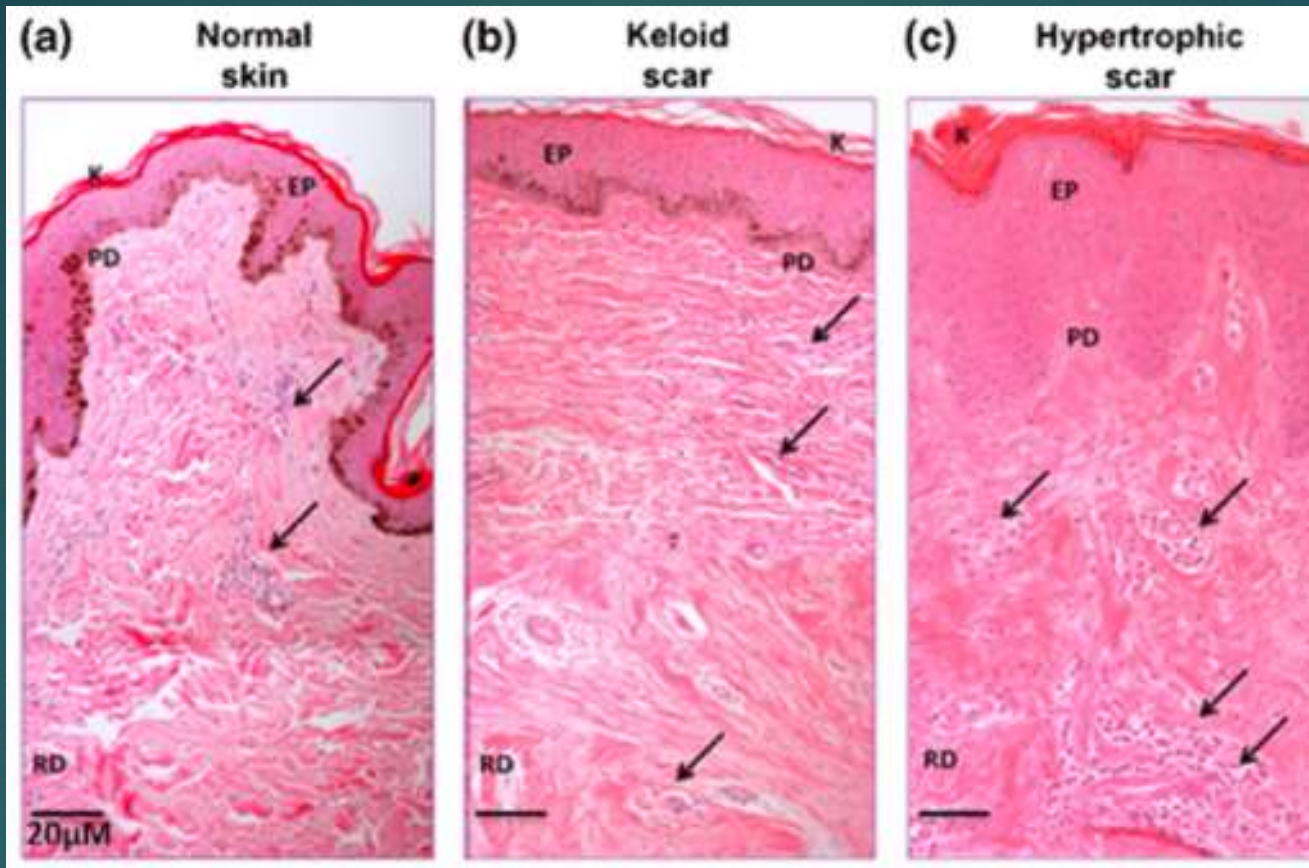


Hypertrophic scar



keloid



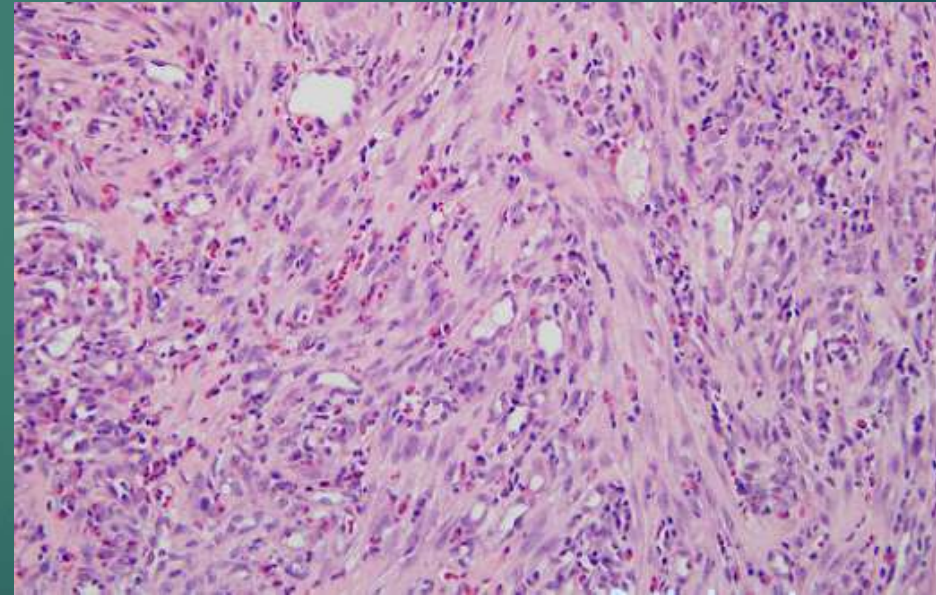


A. In normal skin, the characteristic random orientation and bundle formation of collagen fibres

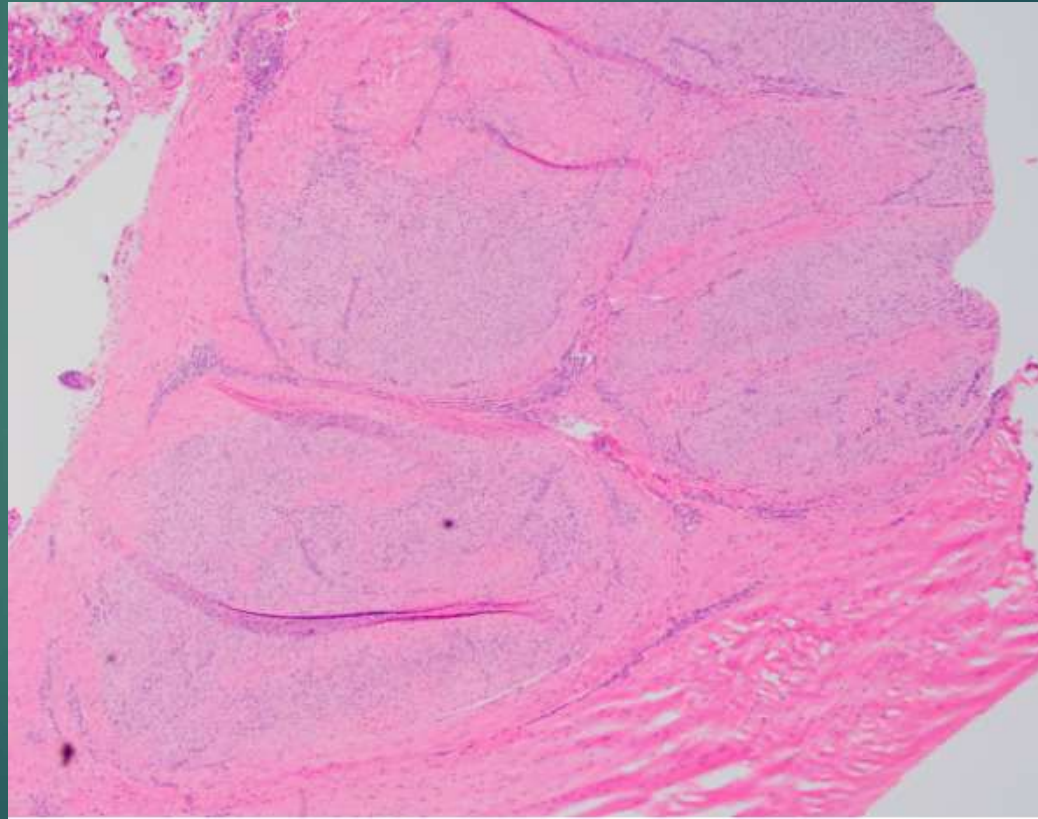
B. increased number of thick collagen fibres arranged in bundles

C. The collagen fibres were arranged randomly and showed highly cellular zones

Exuberant granulation



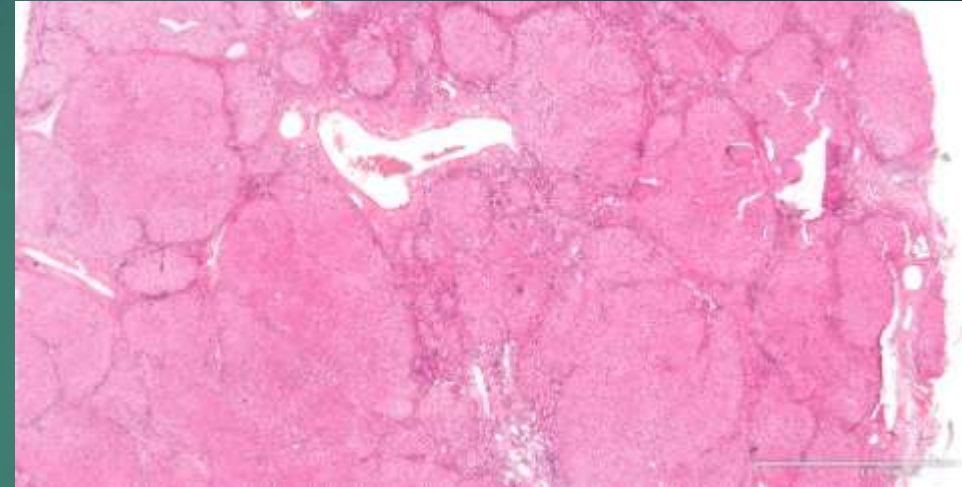
contracture



liver cirrhosis



Diffuse nodulation of liver due to fibrous bands subdividing liver into regenerative nodules

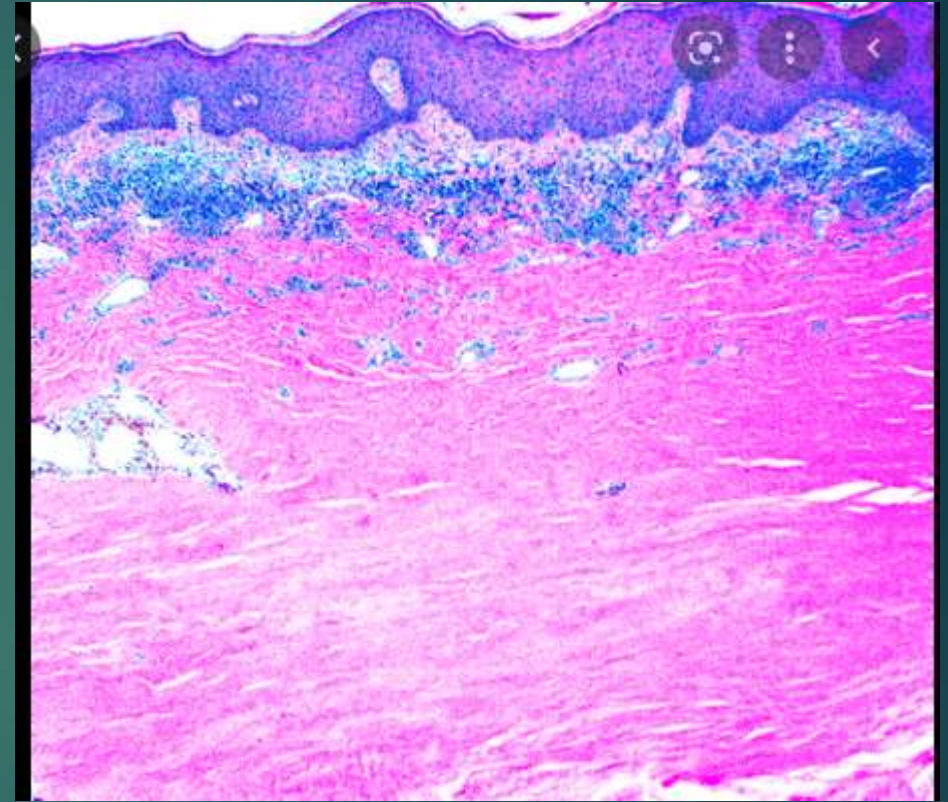


diffuse disruption in architecture of the liver with bridging fibrous septa and parenchymal nodules formation.

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

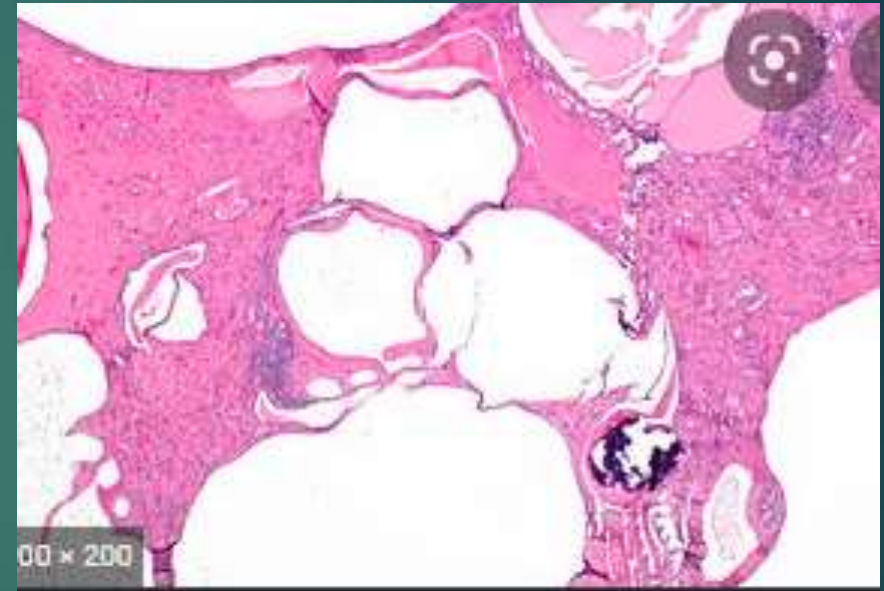
Gross

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



End-stage kidney disease histology

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





Hyperemia

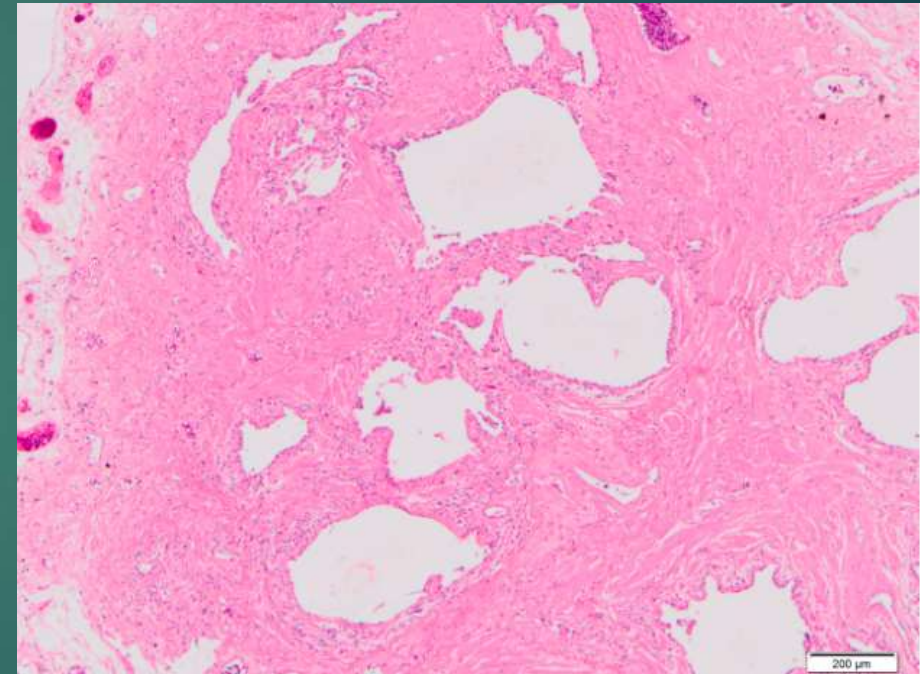
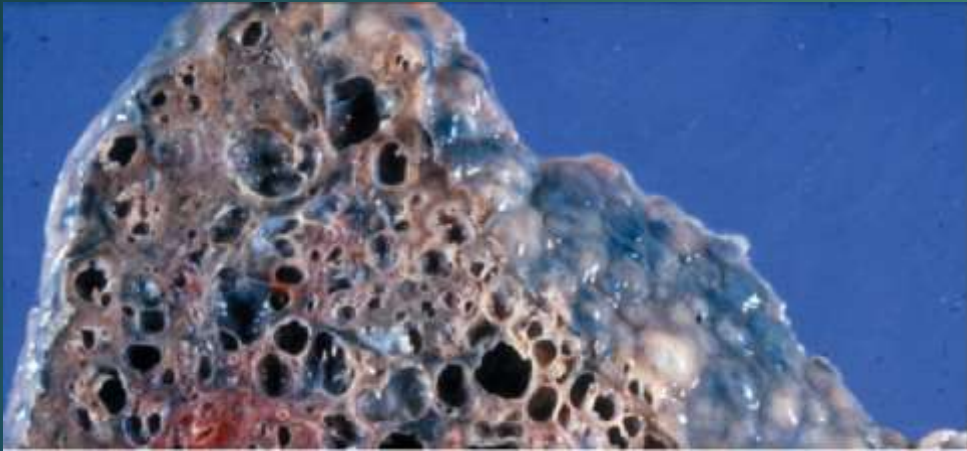


Congestion

❖ fibrosing diseases of the lung.

Grossly: Honeycomb, Cystic spaces with fibrotic wall

Histology: cystic spaces lined by bronchiolar epithelium and fibrotic wall

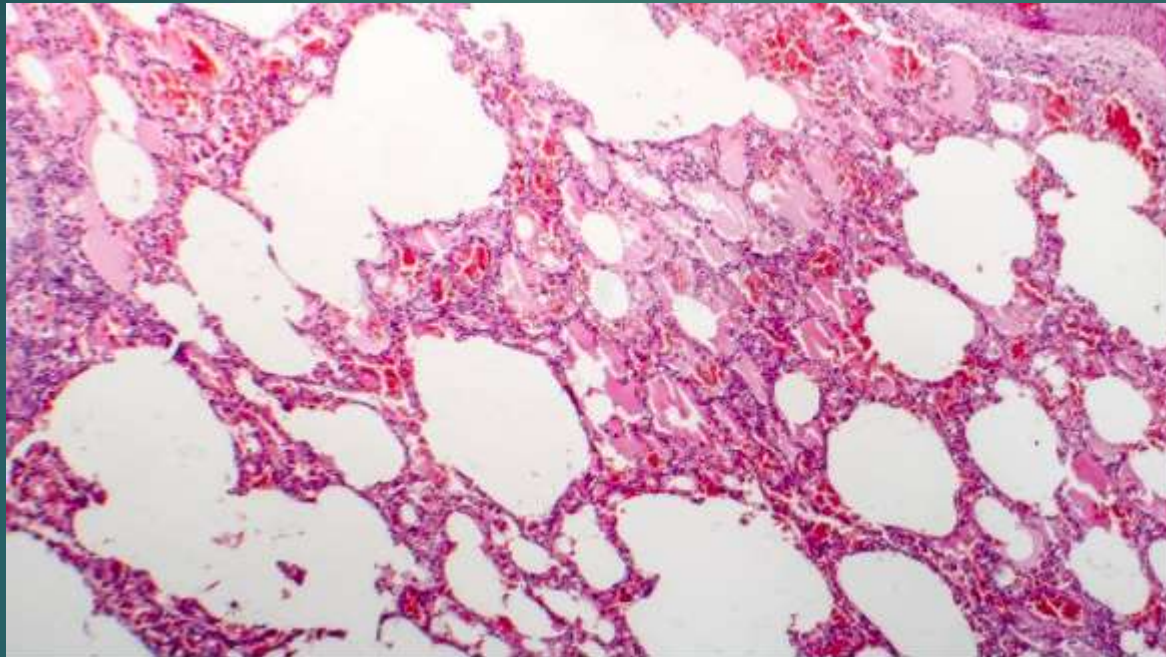


LUNG CONGESTION

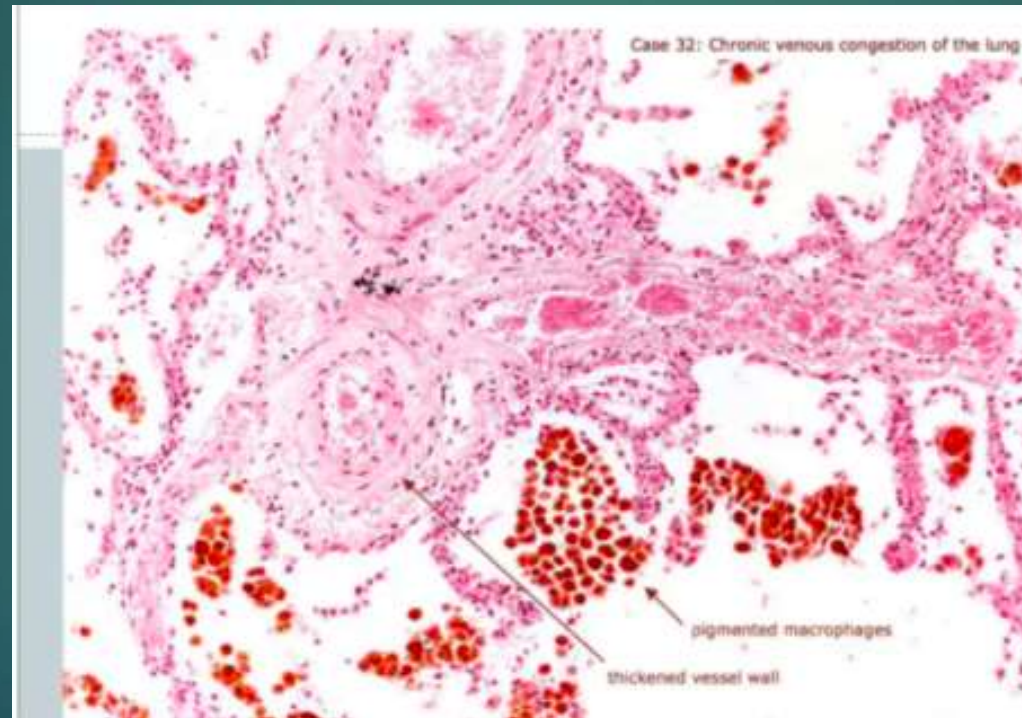
Cut surfaces of hyperemic or congested tissues feel wet and typically ooze blood



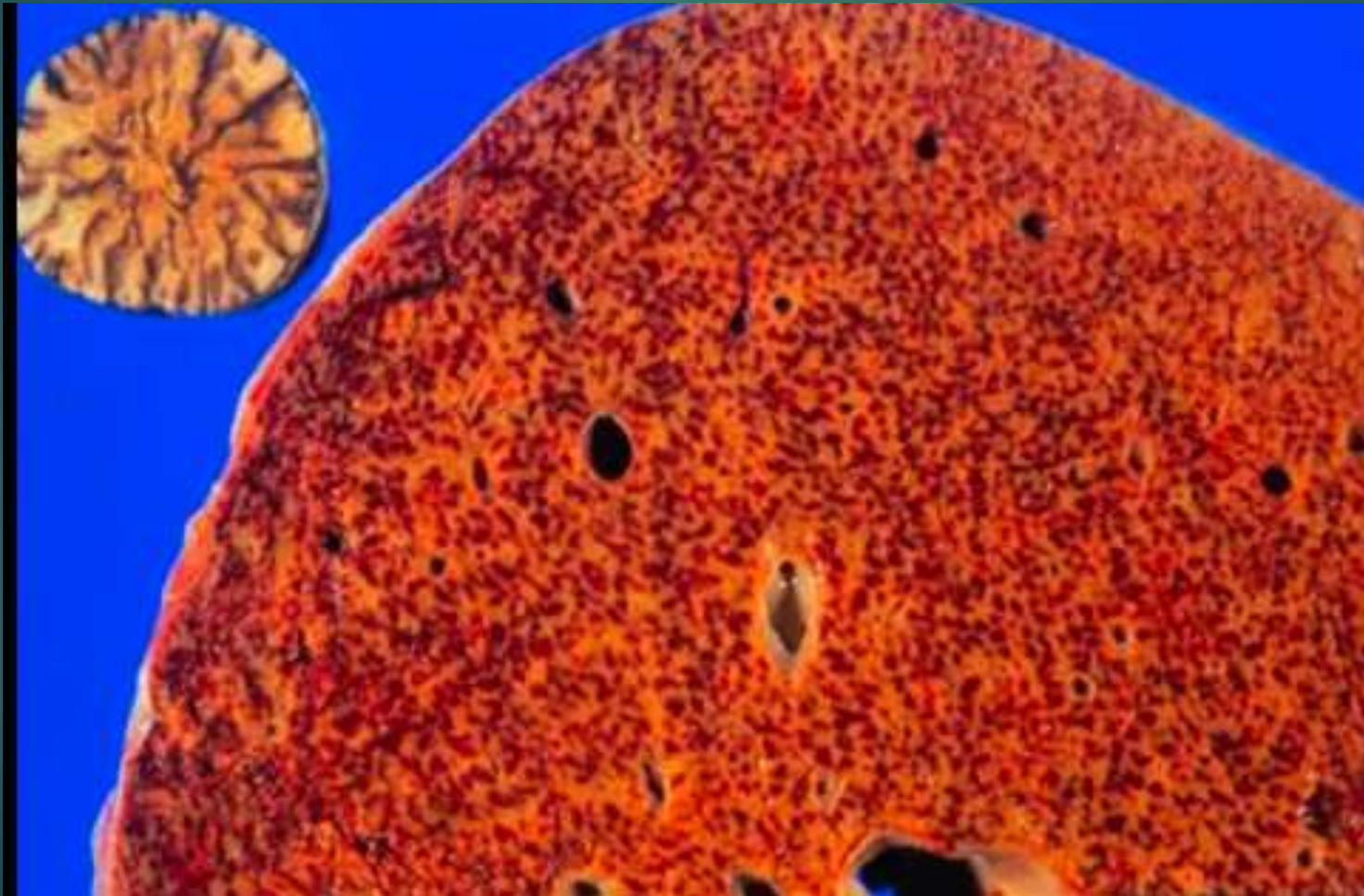
acute pulmonary congestion is marked by blood-engorged alveolar capillaries and variable degrees of alveolar septal edema and intraalveolar hemorrhage



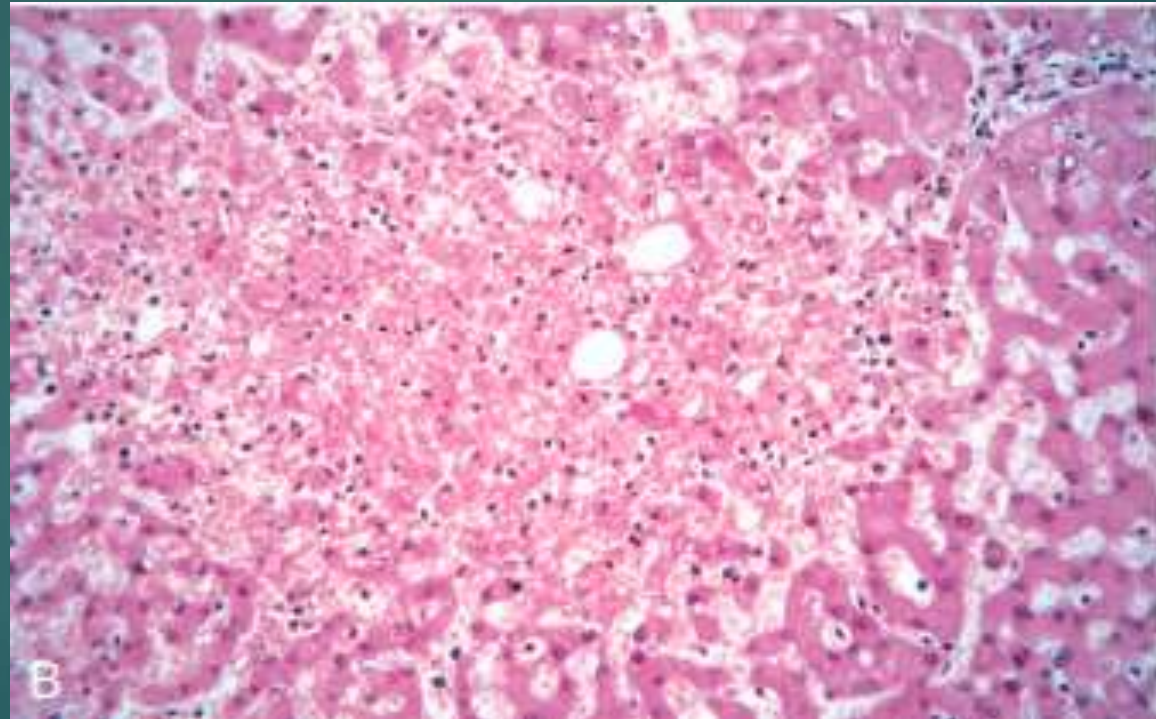
chronic pulmonary congestion, the septa become thickened and fibrotic, and the alveolar spaces contain numerous macrophages laden with hemosiderin (“heart failure cells”) derived from phagocytosed red cells.



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 lymphatic obstruction by parasitic infection



Petechiae :

are minute (1 to 2 mm in diameter) hemorrhages into skin, mucous membranes, or serosal surfaces .



Purpura

are slightly larger (3 to 5 mm) hemorrhages.



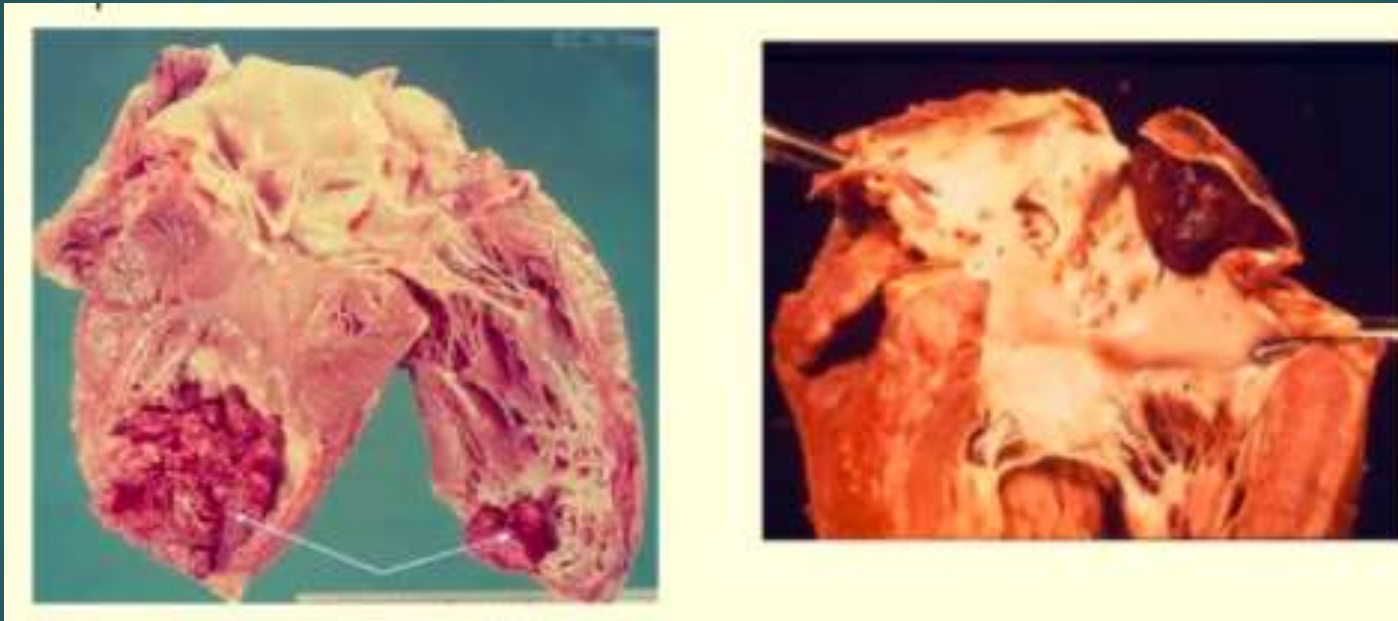
Ecchymoses:

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



Mural thrombi:

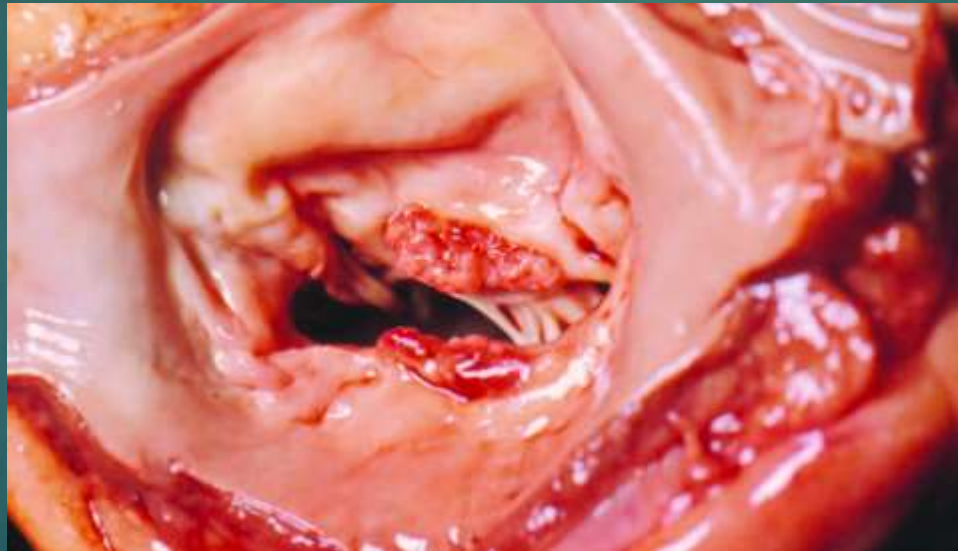
Thrombi occurring in heart chambers or in the aortic lumen



Venous thrombi (phlebothrombosis):



Cardiac Vegetations

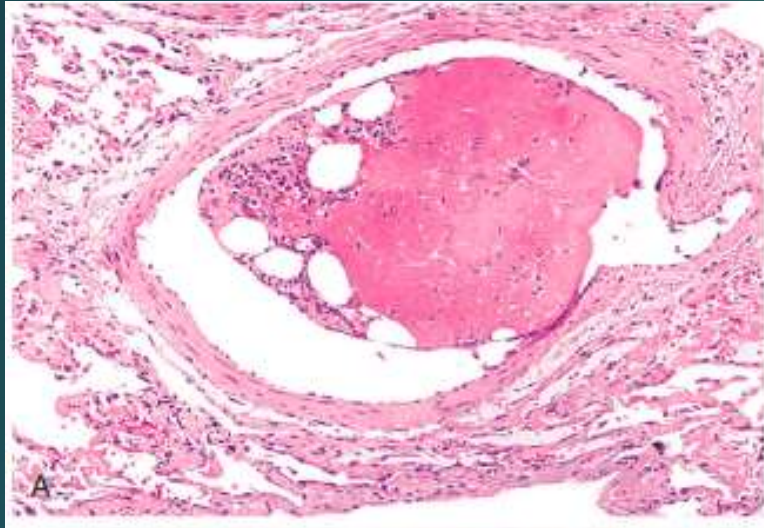


lines of Zahn

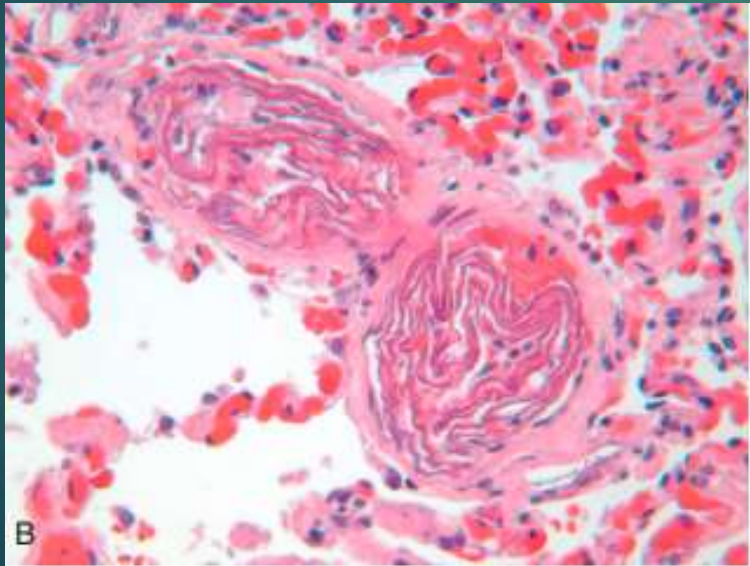


DIC





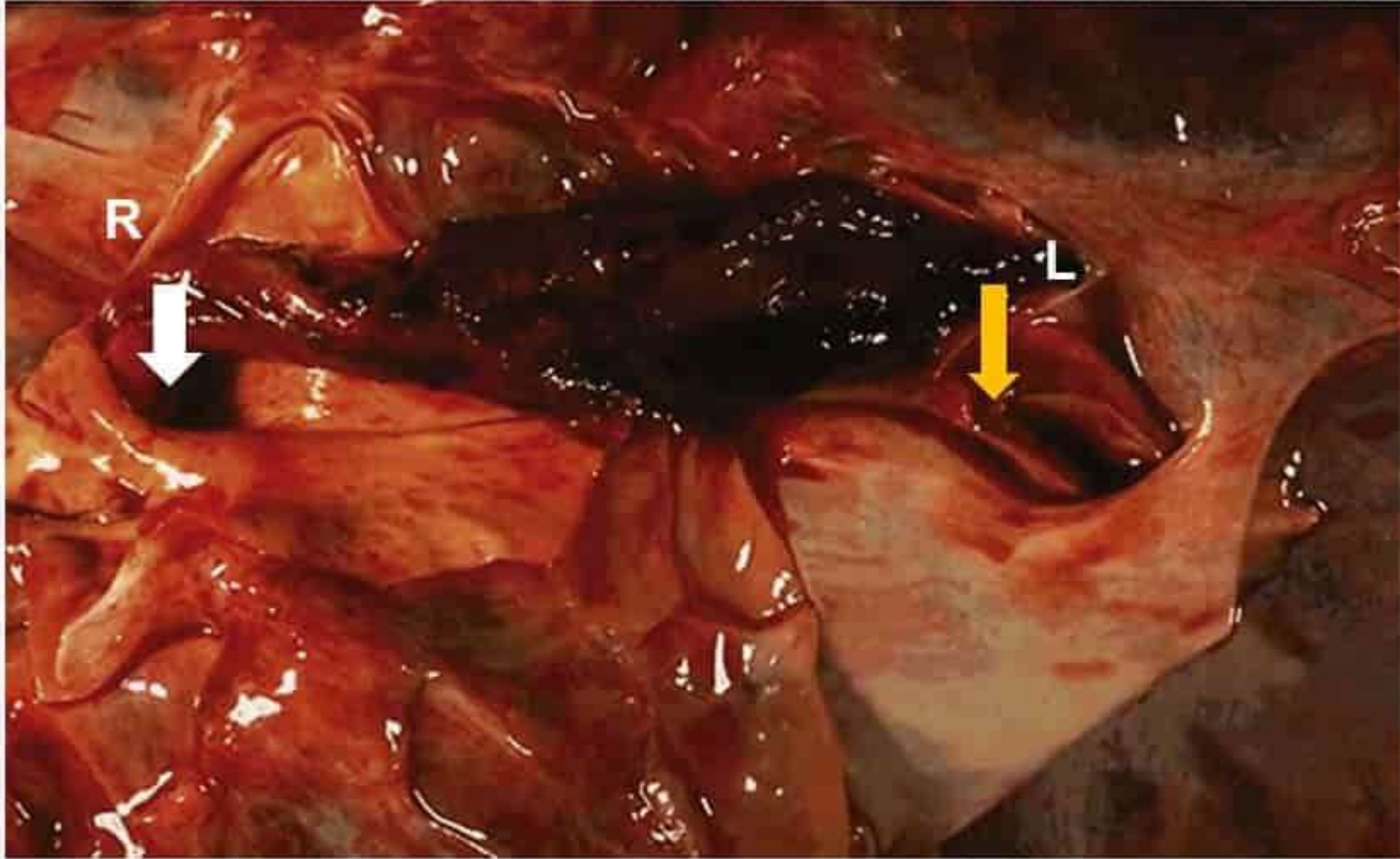
Bone marrow embolus



Amniotic fluid emboli

DVT

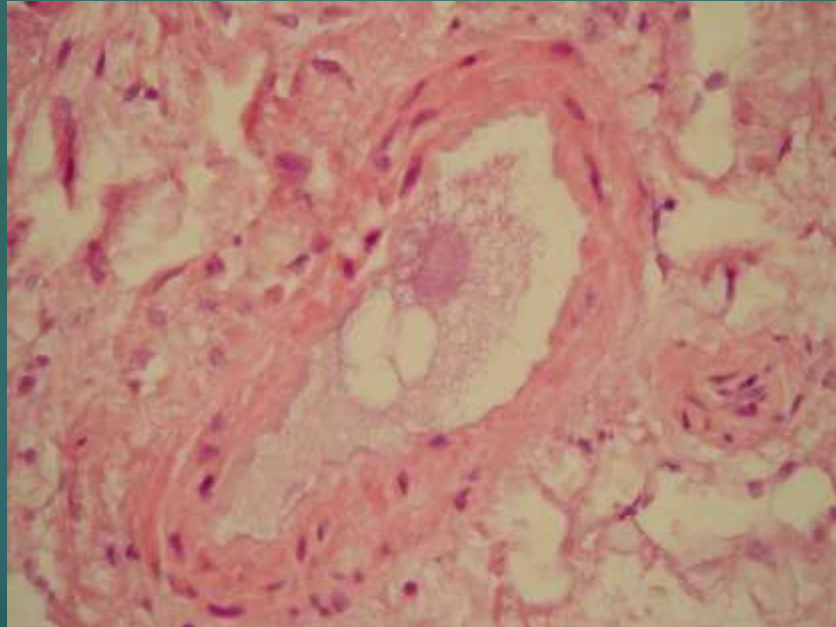




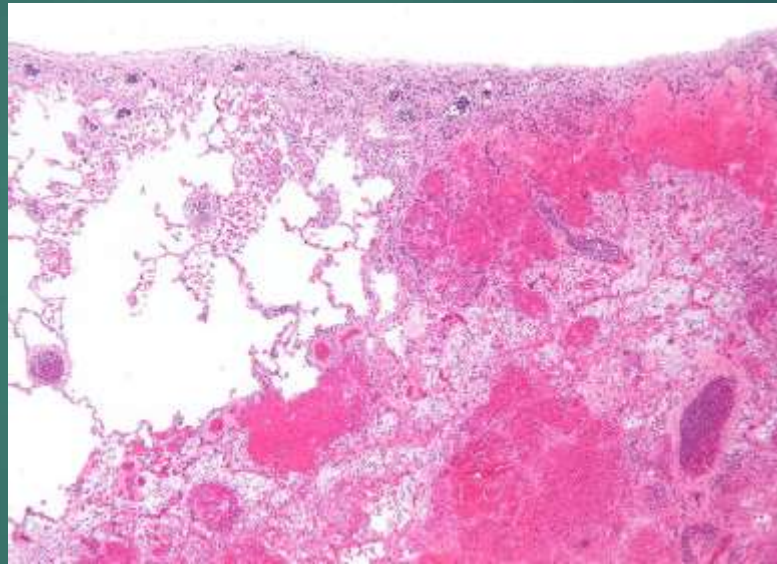
Pulmonary embolism, gross;

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

Fat Embolism



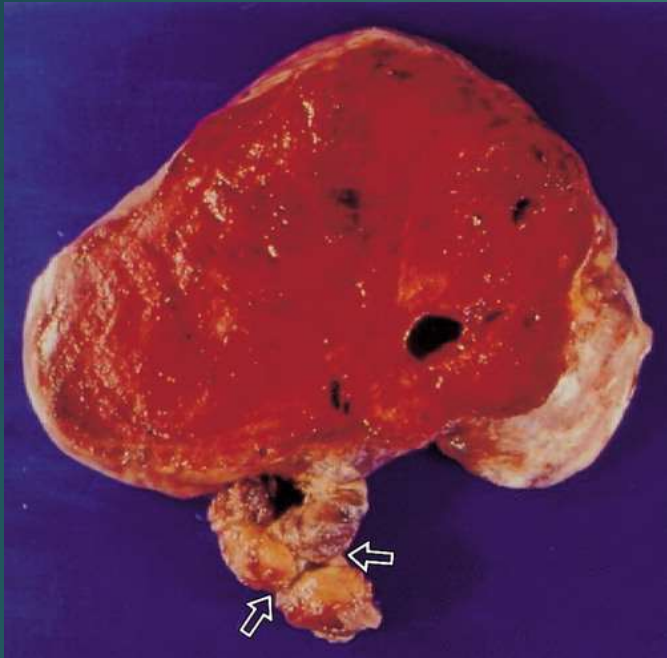
Red infarction



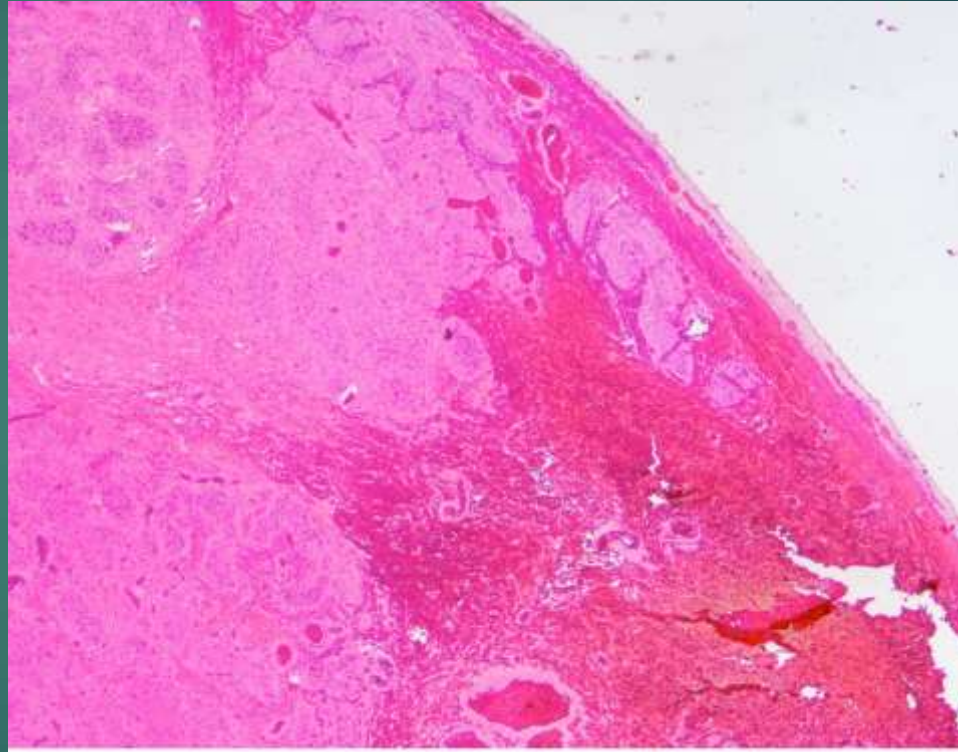
1. Necrosis of alveolar walls - loss of nuclei.
2. Alveolar hemorrhage.

classic wedge-shaped infarct

Red infarction



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

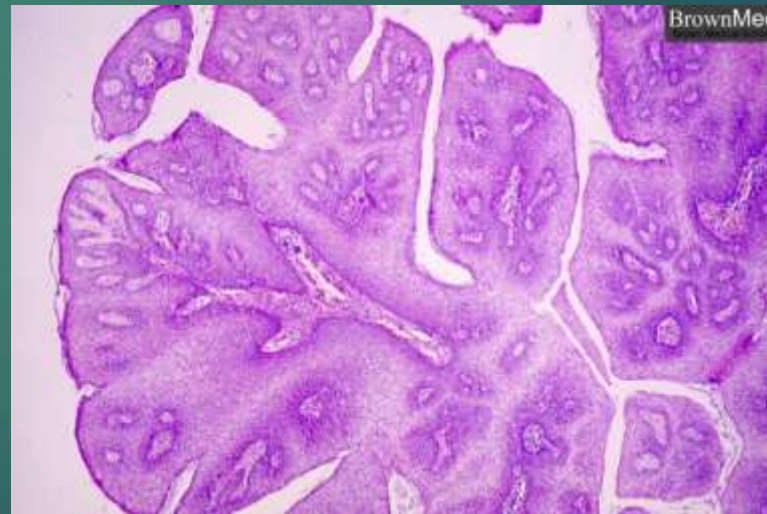


Hemorrhage and necrosis

white infarction



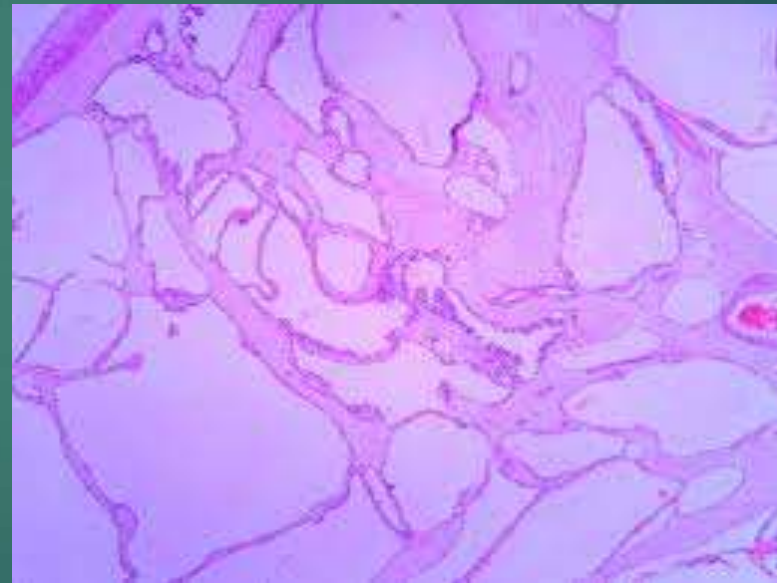
Papillomas



GASTROINTESTINAL POLYP

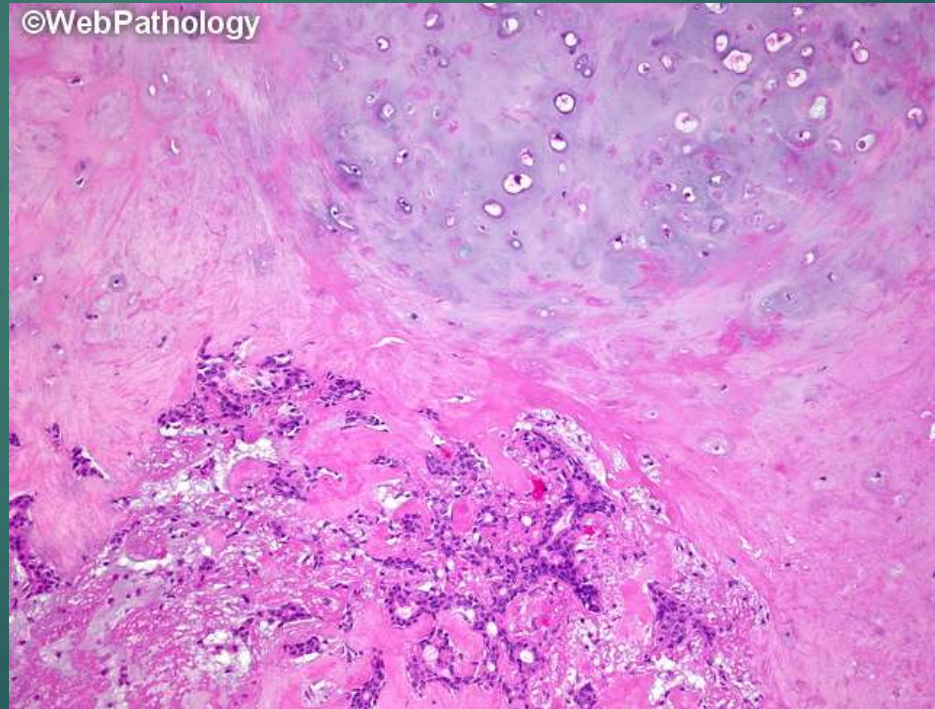


OVARIAN CYSTADENOMA

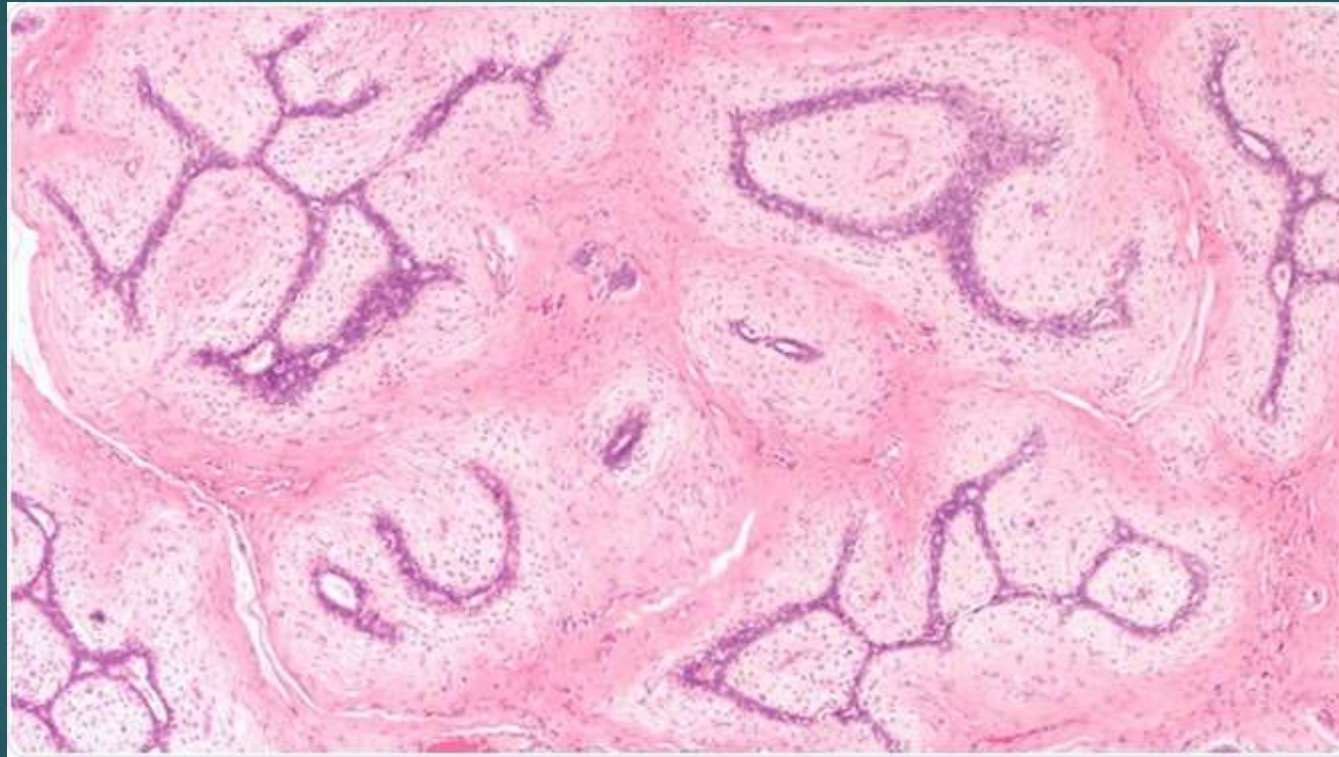


pleomorphic adenoma

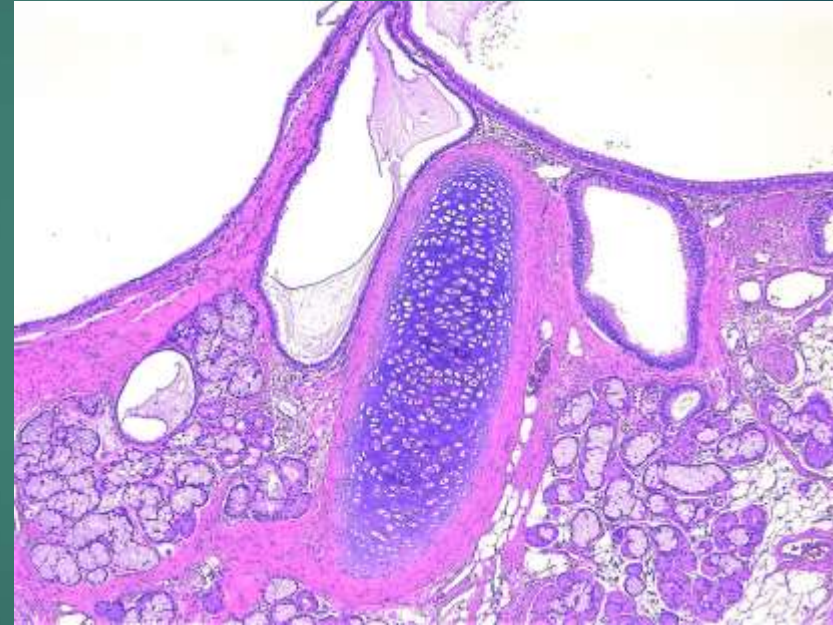
It contains epithelial components with islands of cartilage or bone

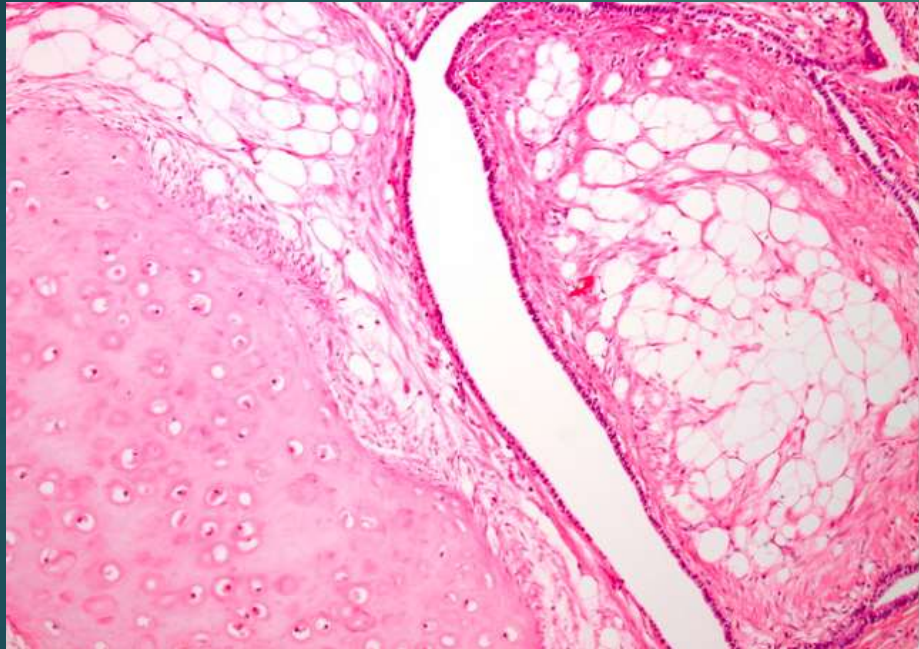


Fibroadenoma of the female breast contain:
proliferating ductal elements (adenoma)
embedded in loose fibrous tissue

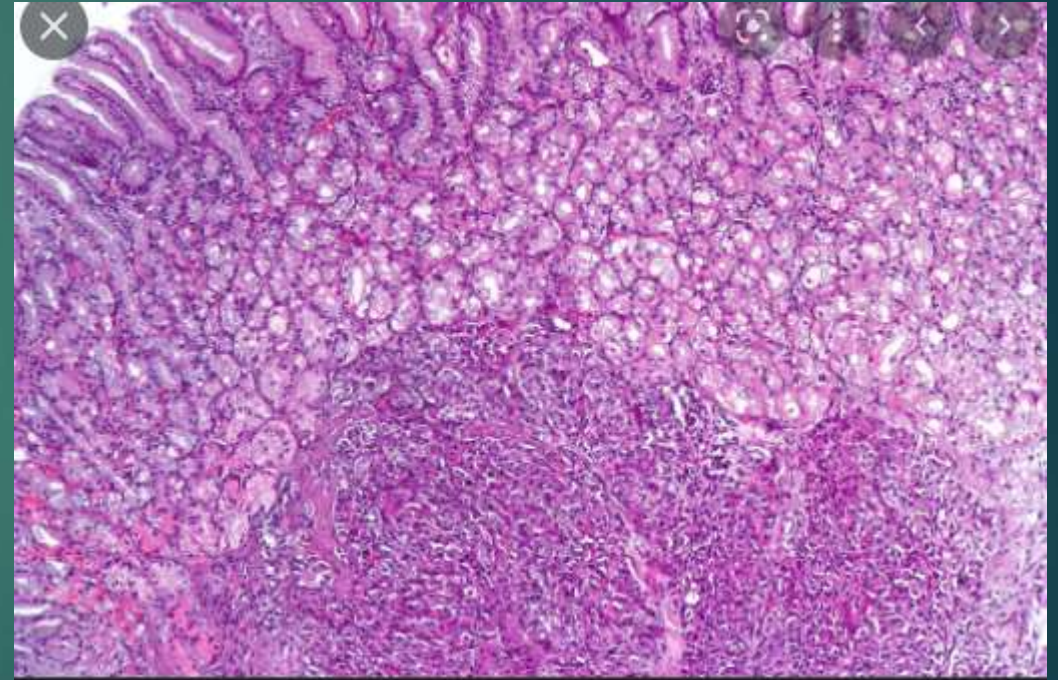


Teratoma



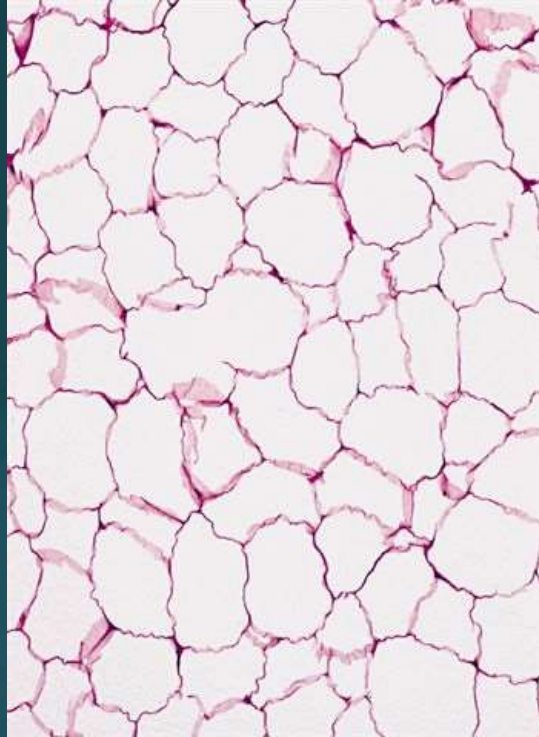


Hamartoma:

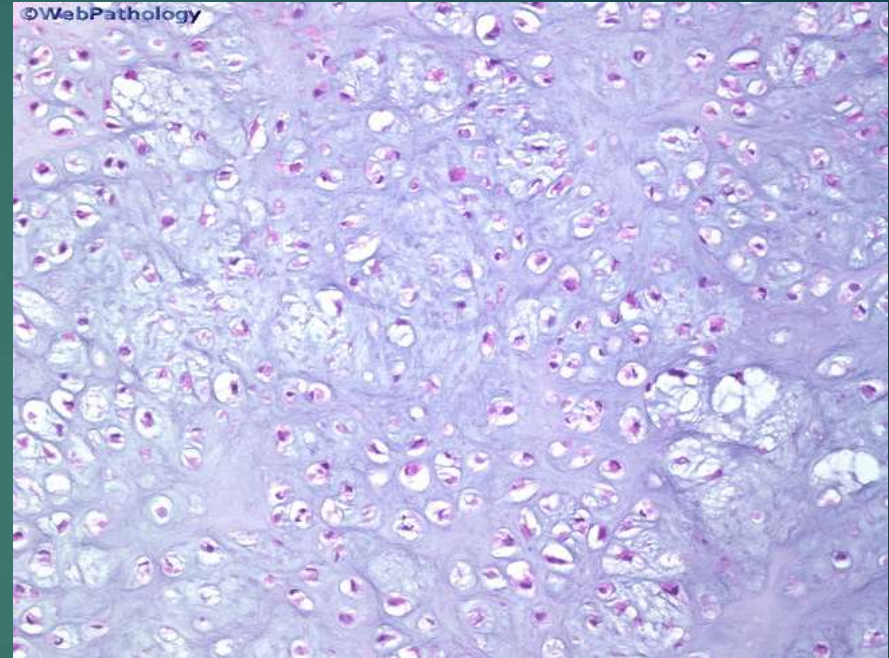


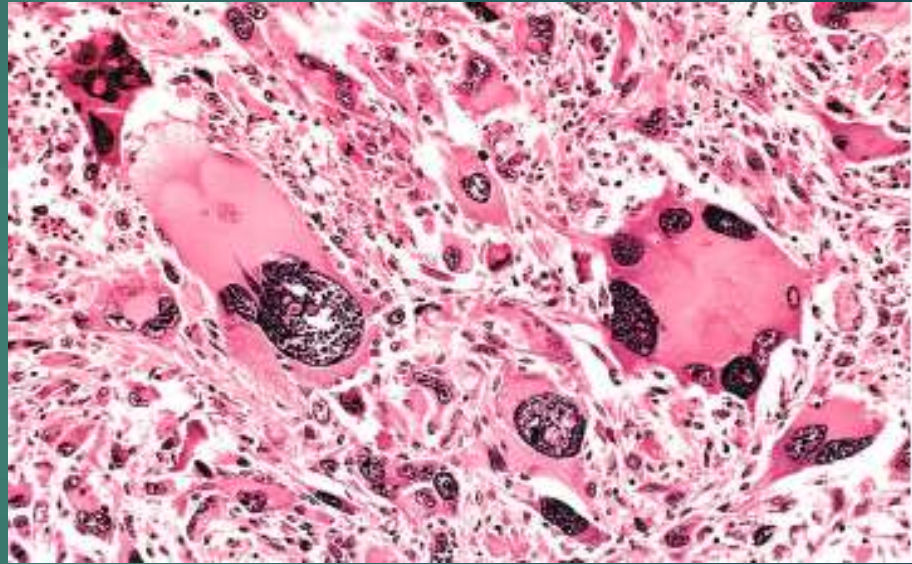
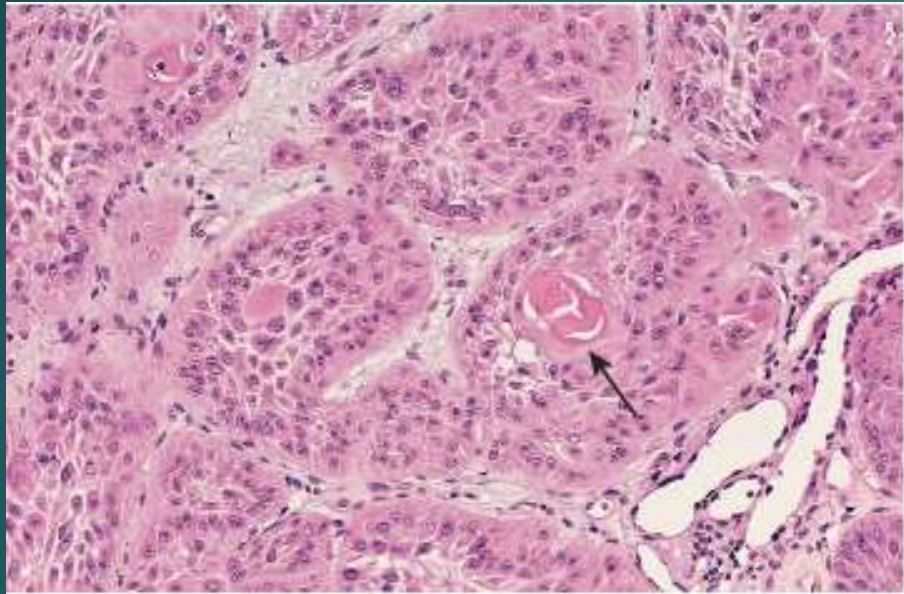
Choristoma:

LIPOMA



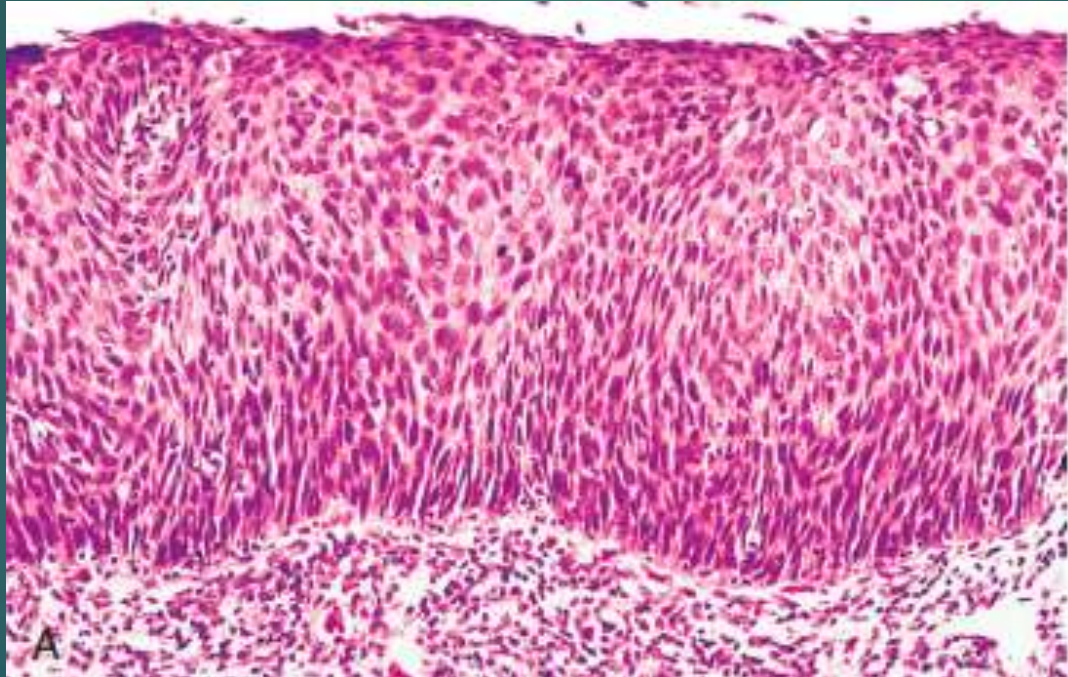
chondroma



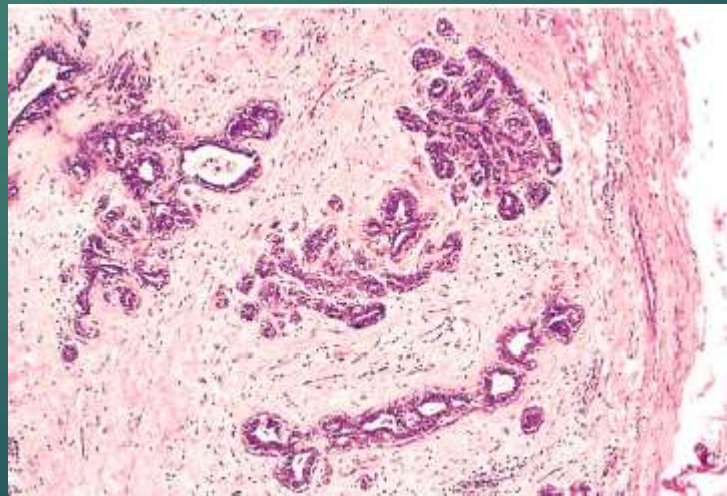


Well-differentiated squamous cell carcinoma Pleomorphic malignant tumor

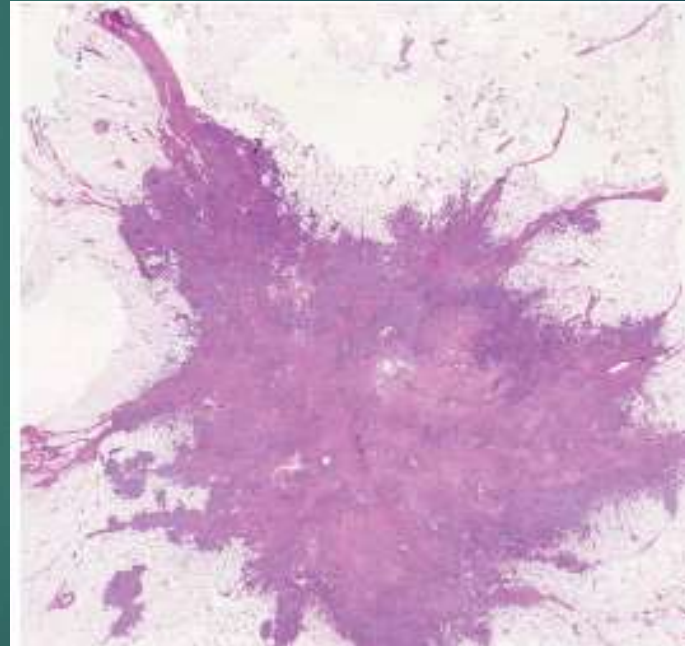
CARCINOMA IN-SITU



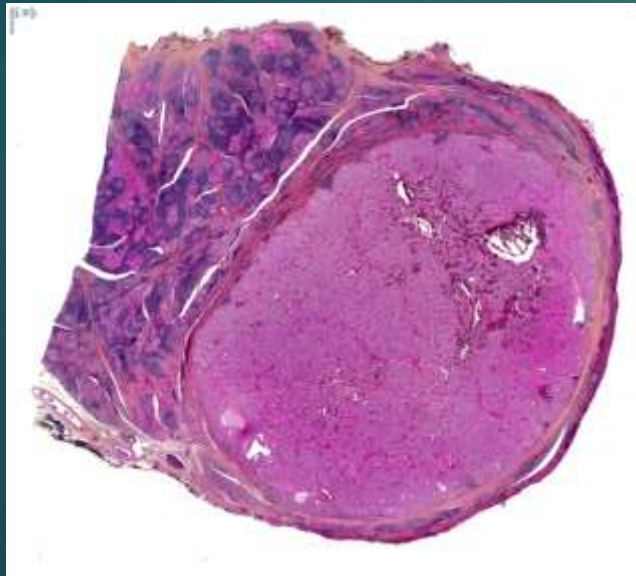
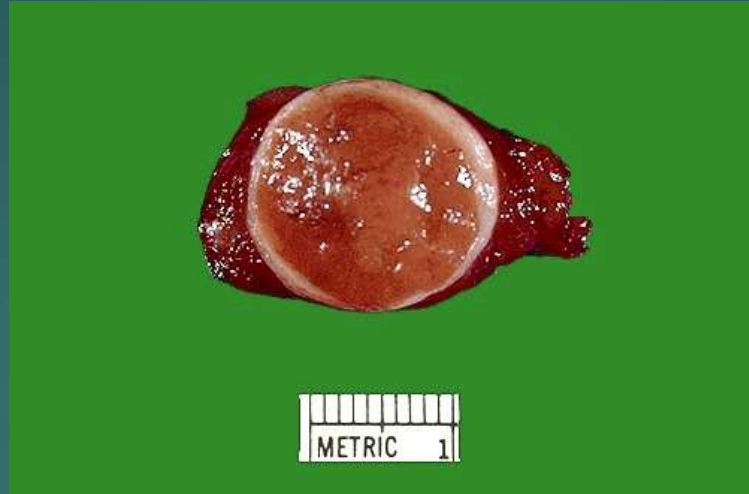
FIBROADENOMA



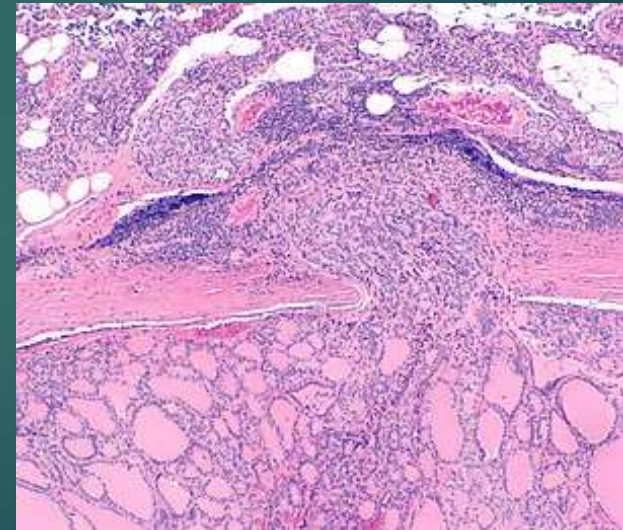
BREAST CANCER



Thyroid nodule



Follicular adenoma



Follicular carcinoma

MULTIFOCAL HEPATIC METASTASIS



Seeding of ovarian cancer in peritoneal surface.

