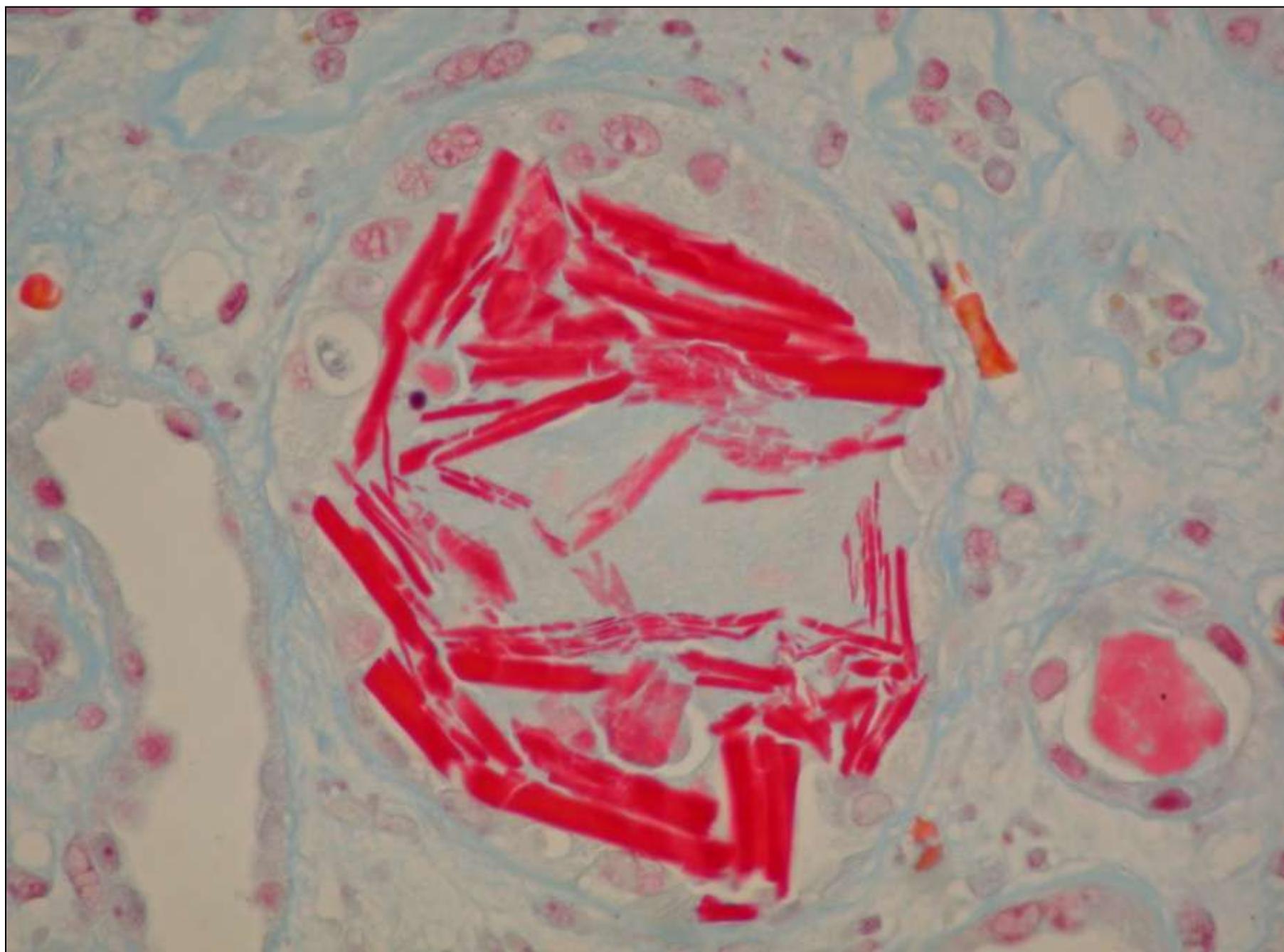
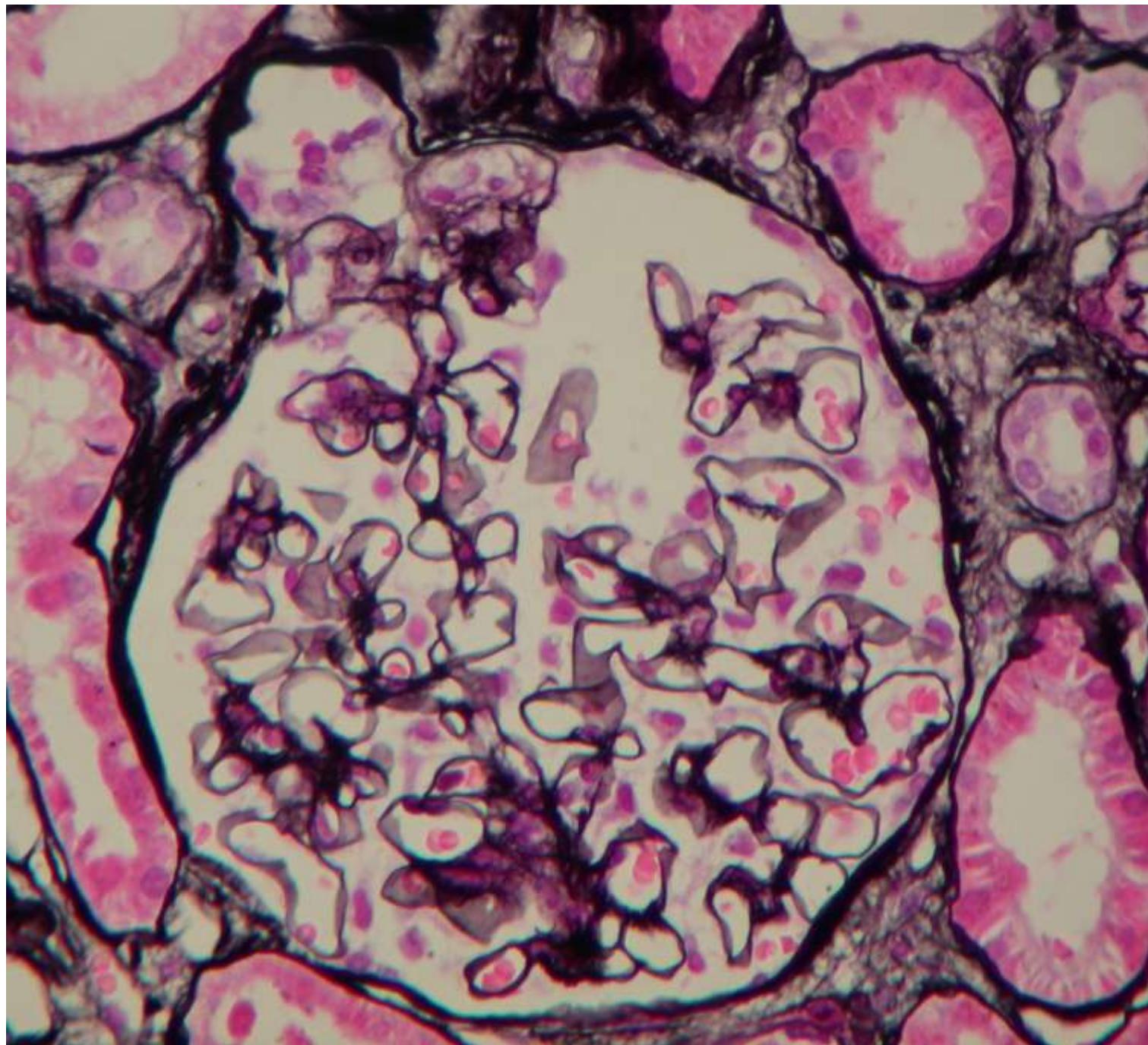


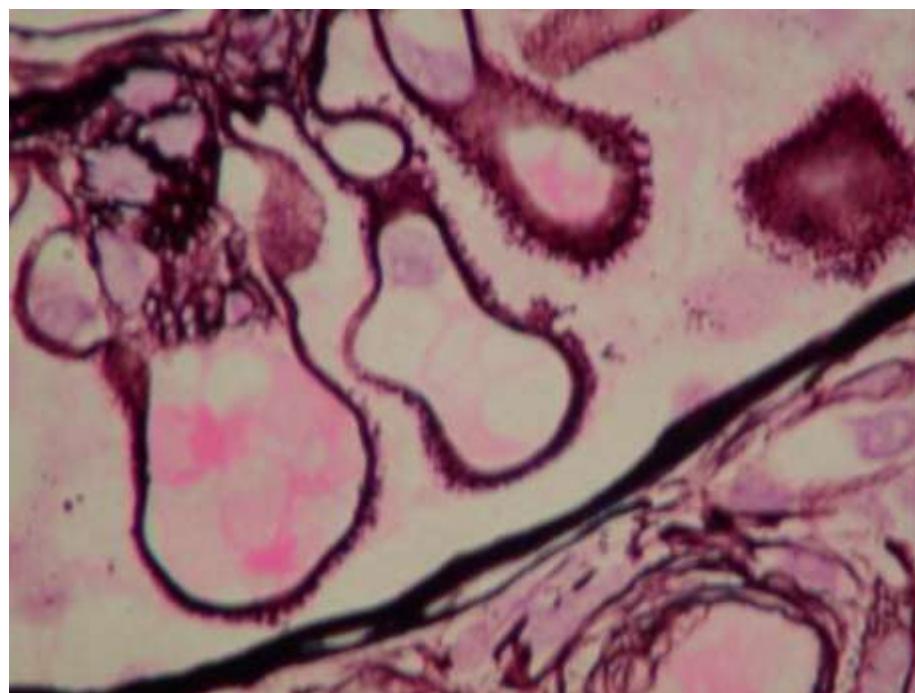
Renal Pathology

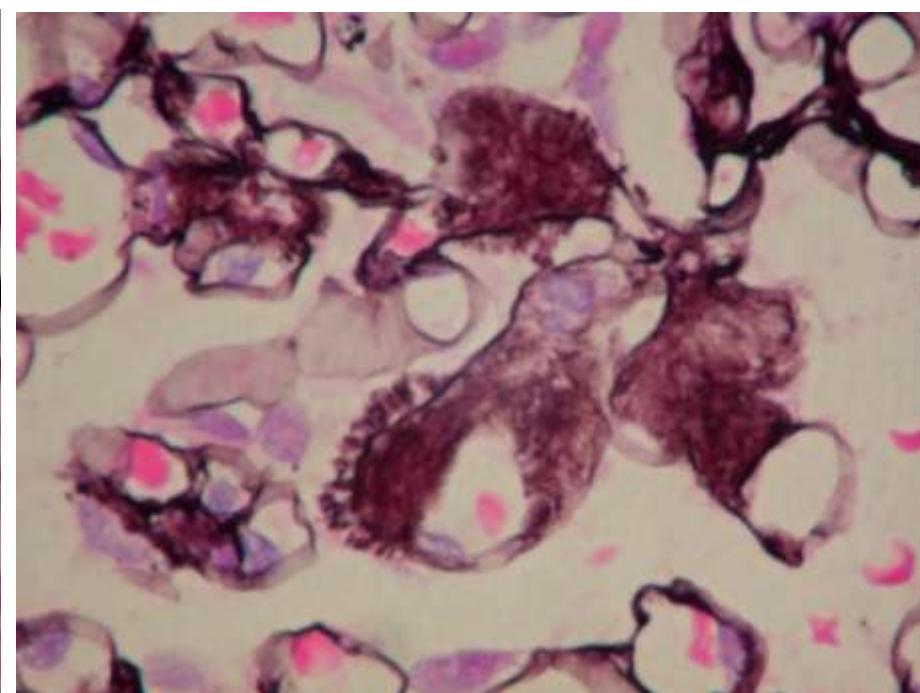
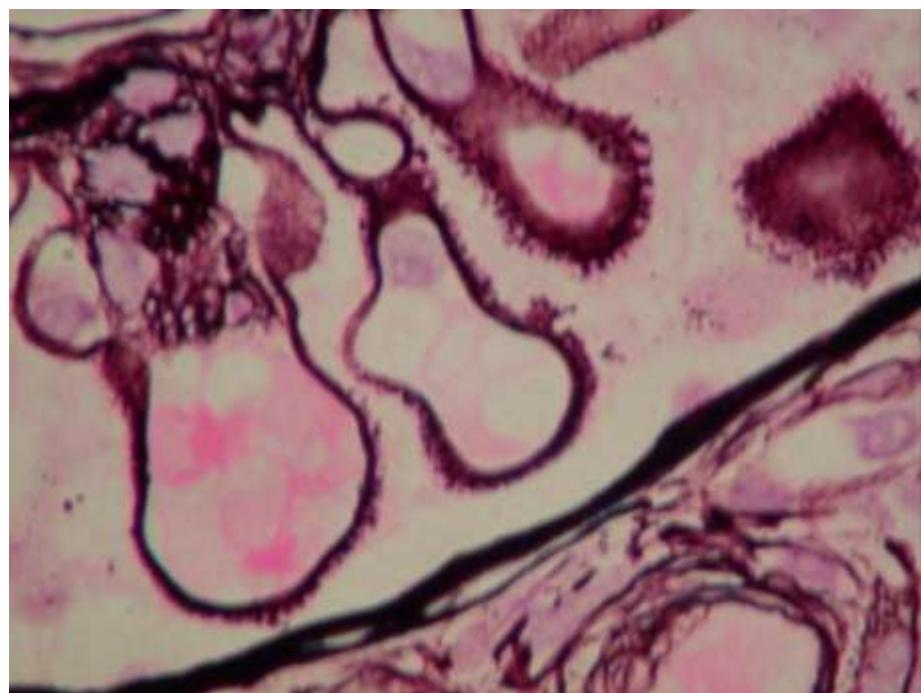
Tibor Toth

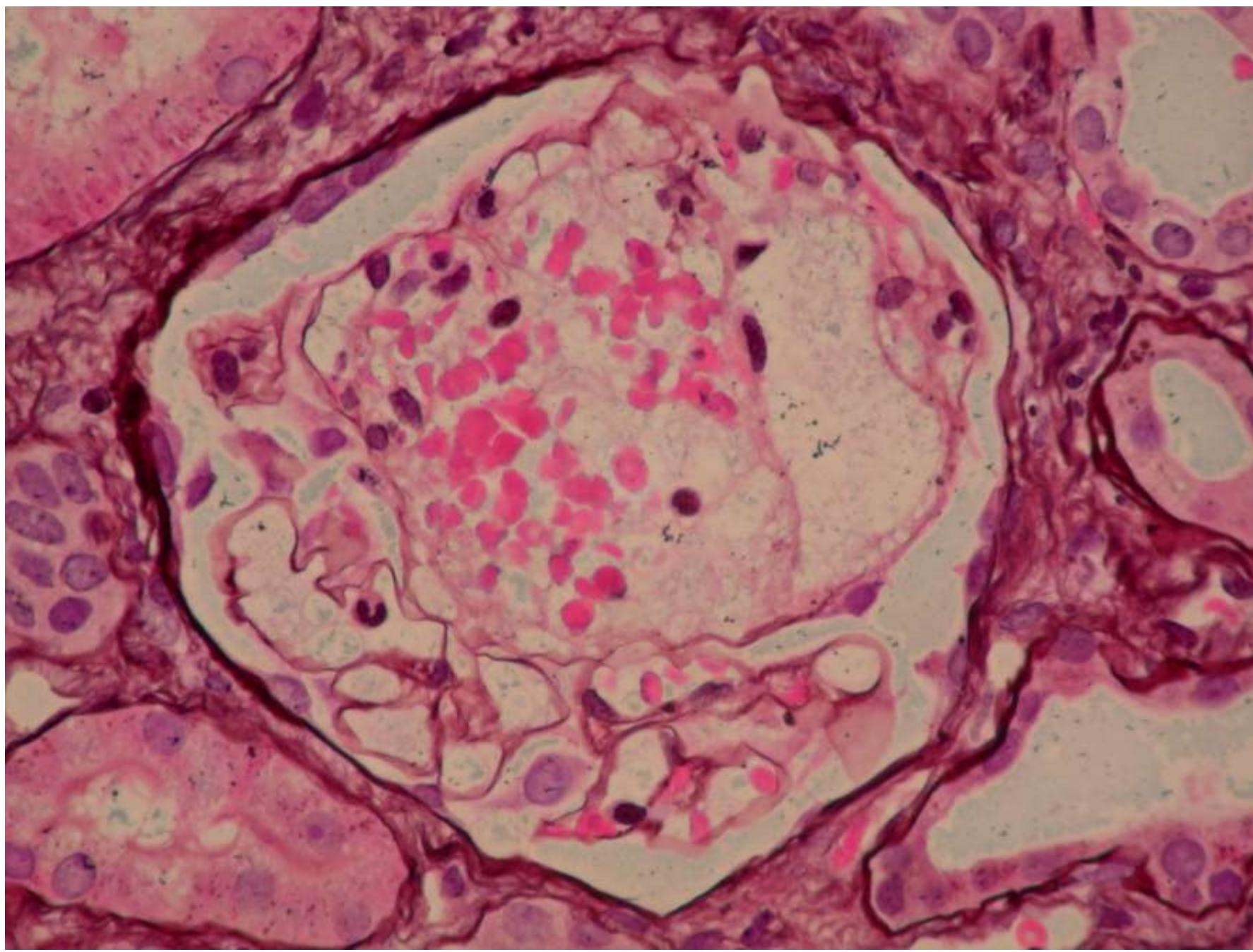
2011
BUDAPEST

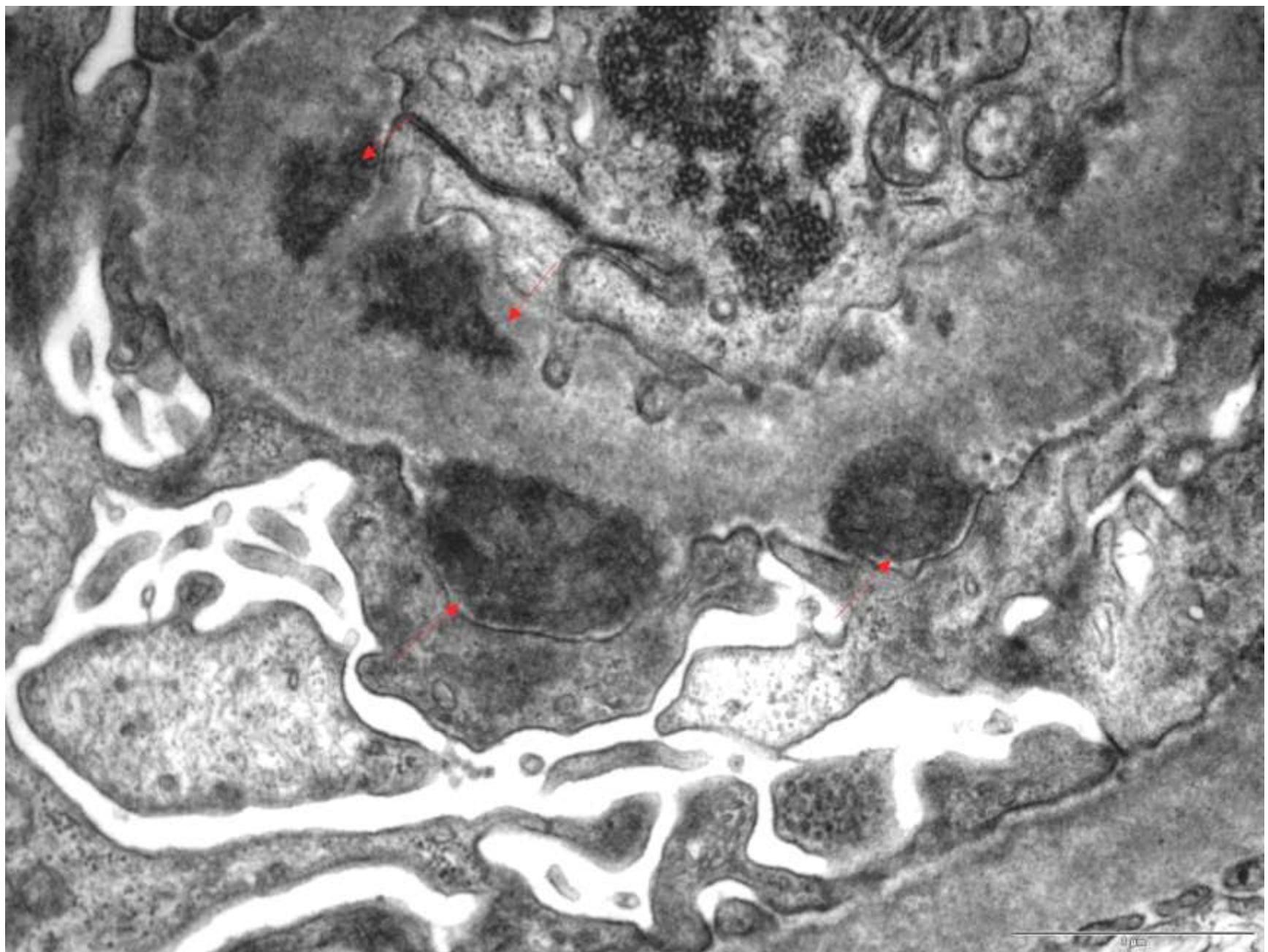


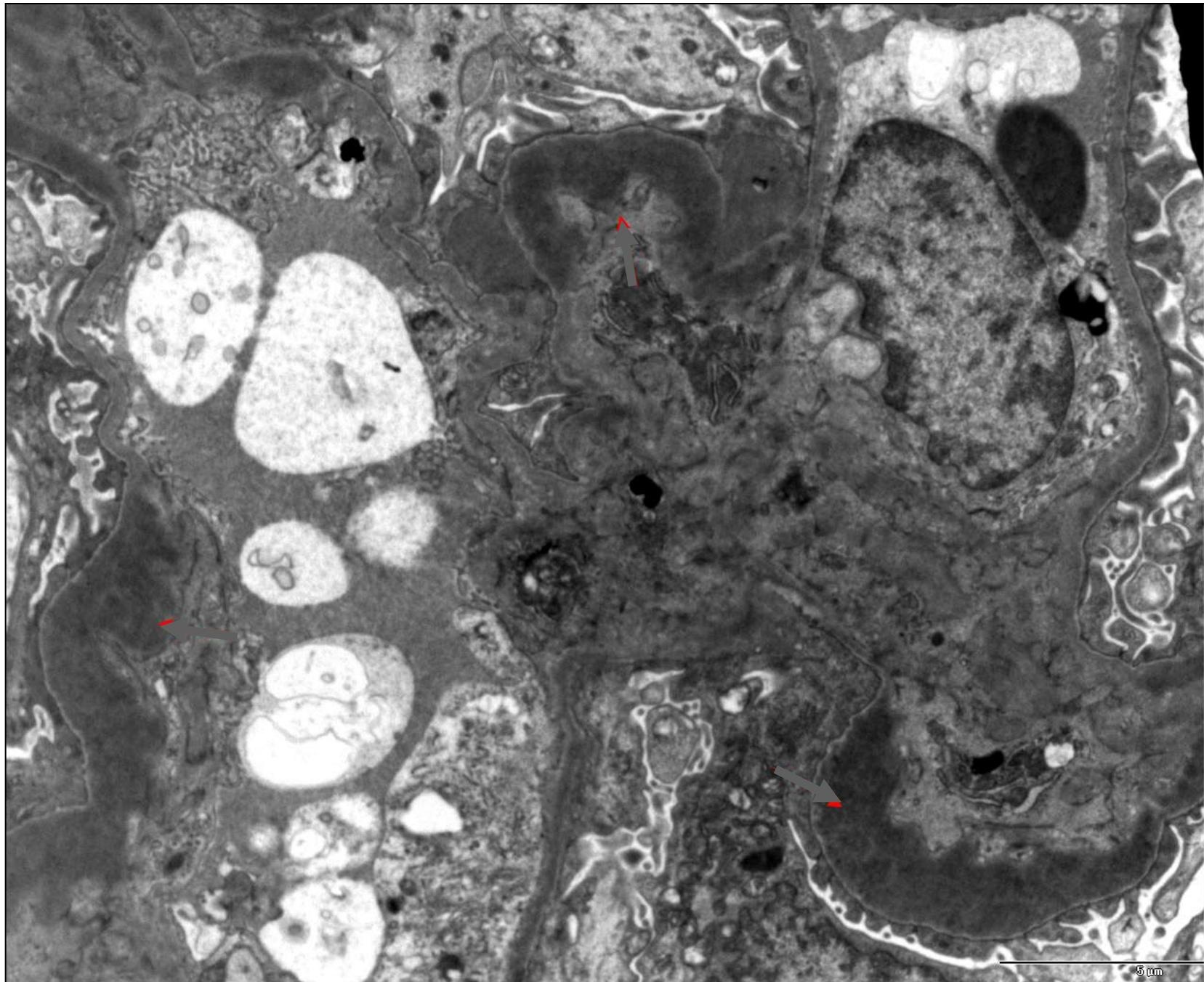












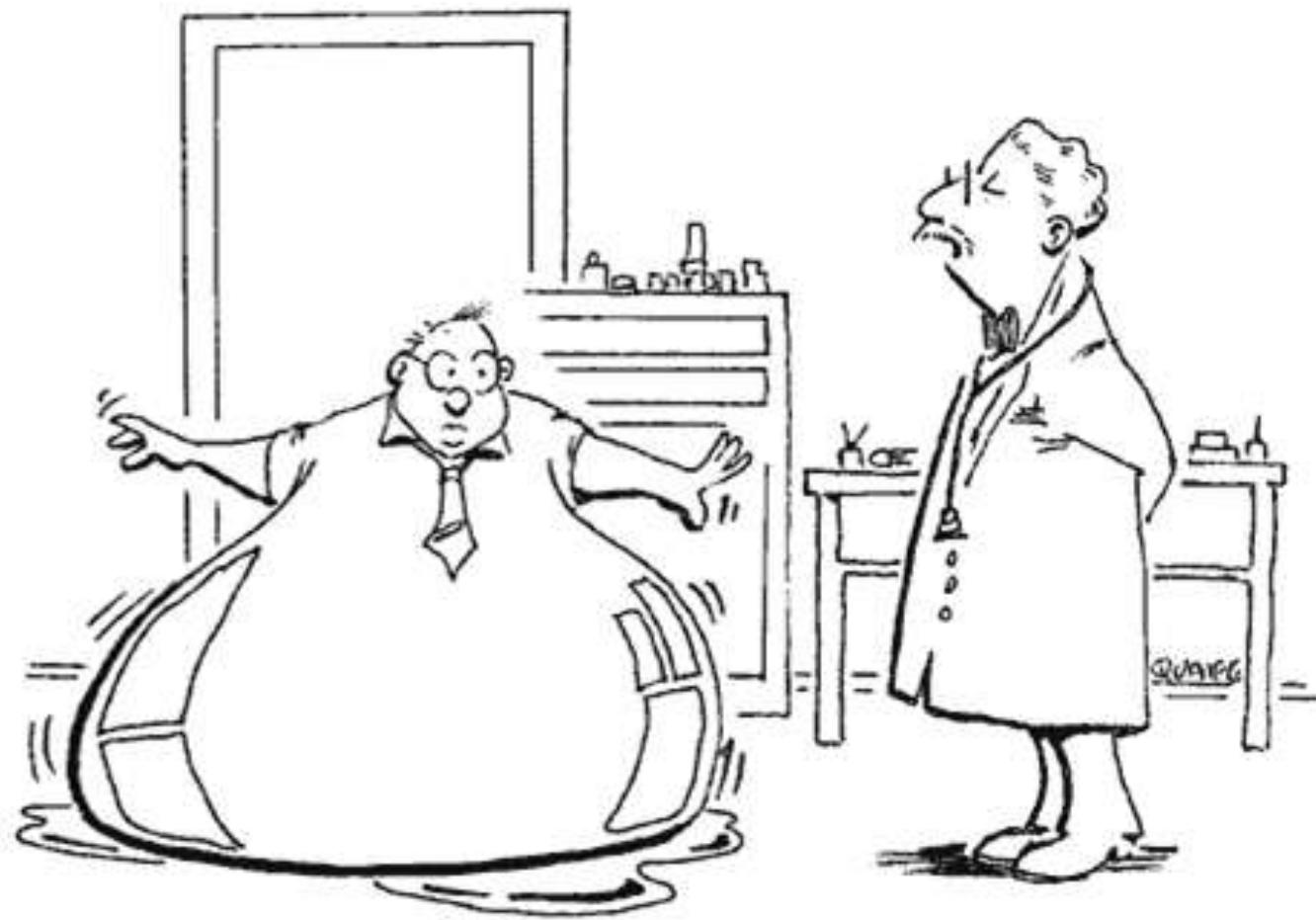
5 μ m

I. Anatomy, Histology

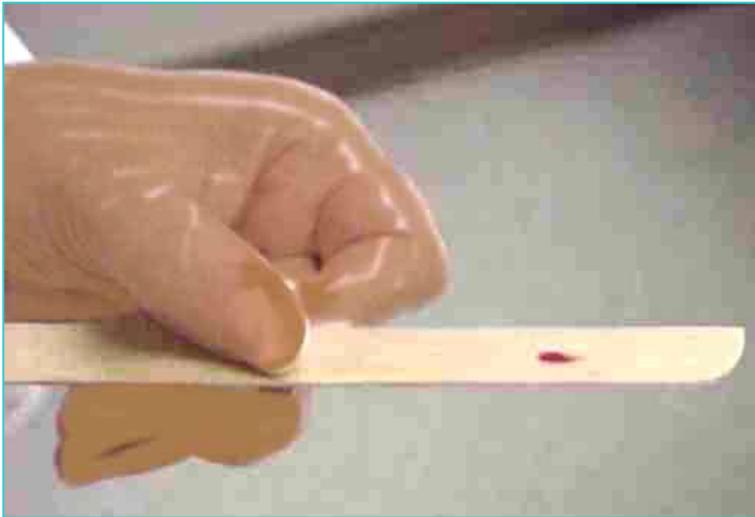
II. Glomerular lesions

- important morphologic terms

III. Diagnostic algorithm



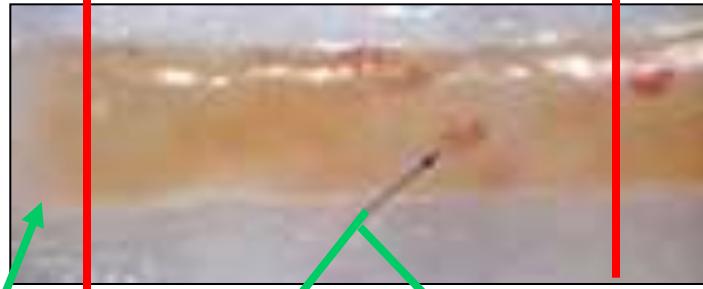
Your tests reveal that
you are retaining fluids!



2 biopsy cylinders, minimal length 1 cm



Electronmicroscopy



Electronmicroscopy

Light microscopy



HxE
PAS
PAAG
Congo red
E v Gieson
MSB

2011.09.21.

Immune microscopy

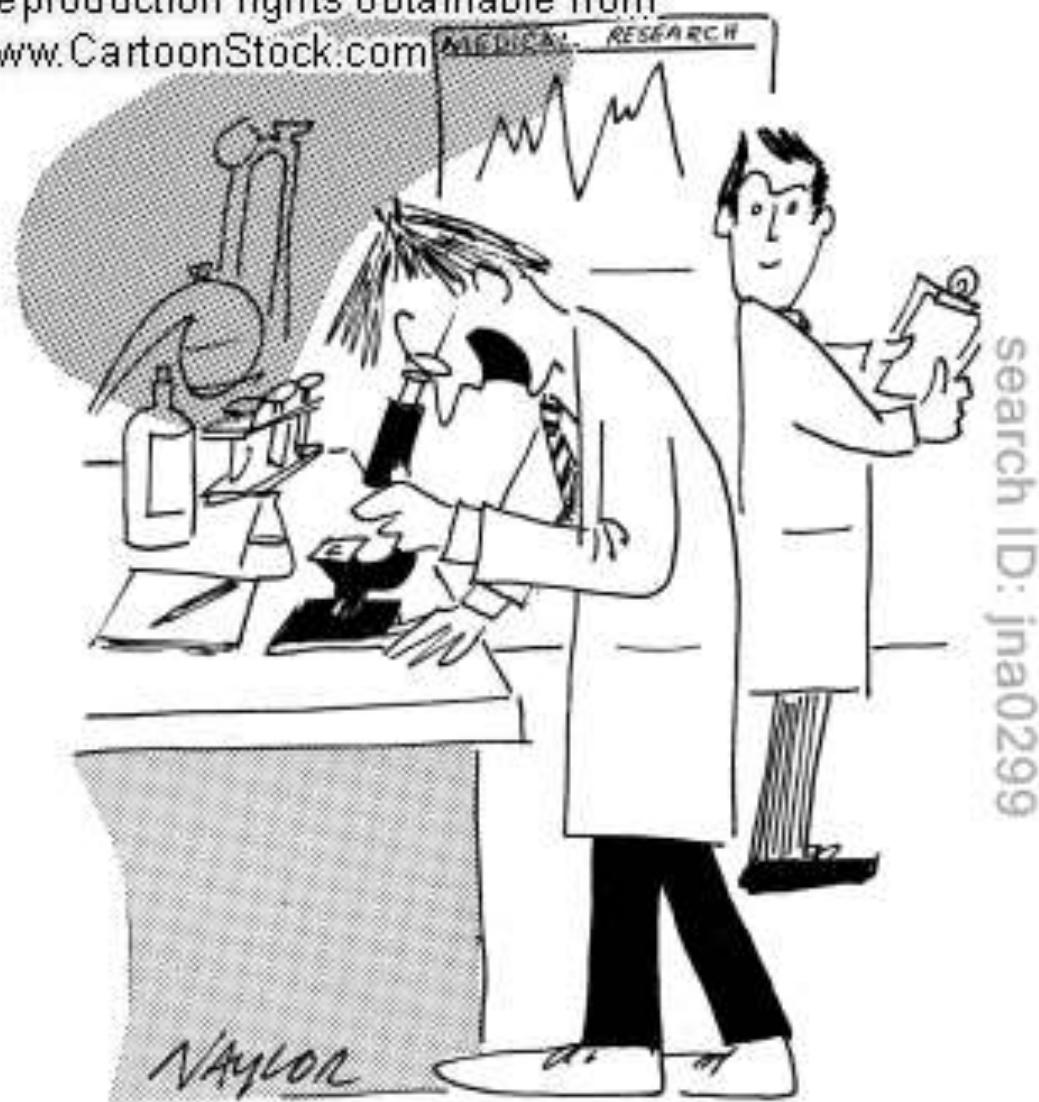
IgA
IgG
IgM
C3
C1q
Kappa
Lambda



12

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search ID: jna0299

"Good, our side's winning!"

Renal biopsy - Interpretation

Categorisation of

glomerulonephritis,
glomerulopathies

(eg diabetes mellitus, amyloid, hereditary renal disease),
interstitial nephritis,
renal vascular disease,
toxic nephropathy

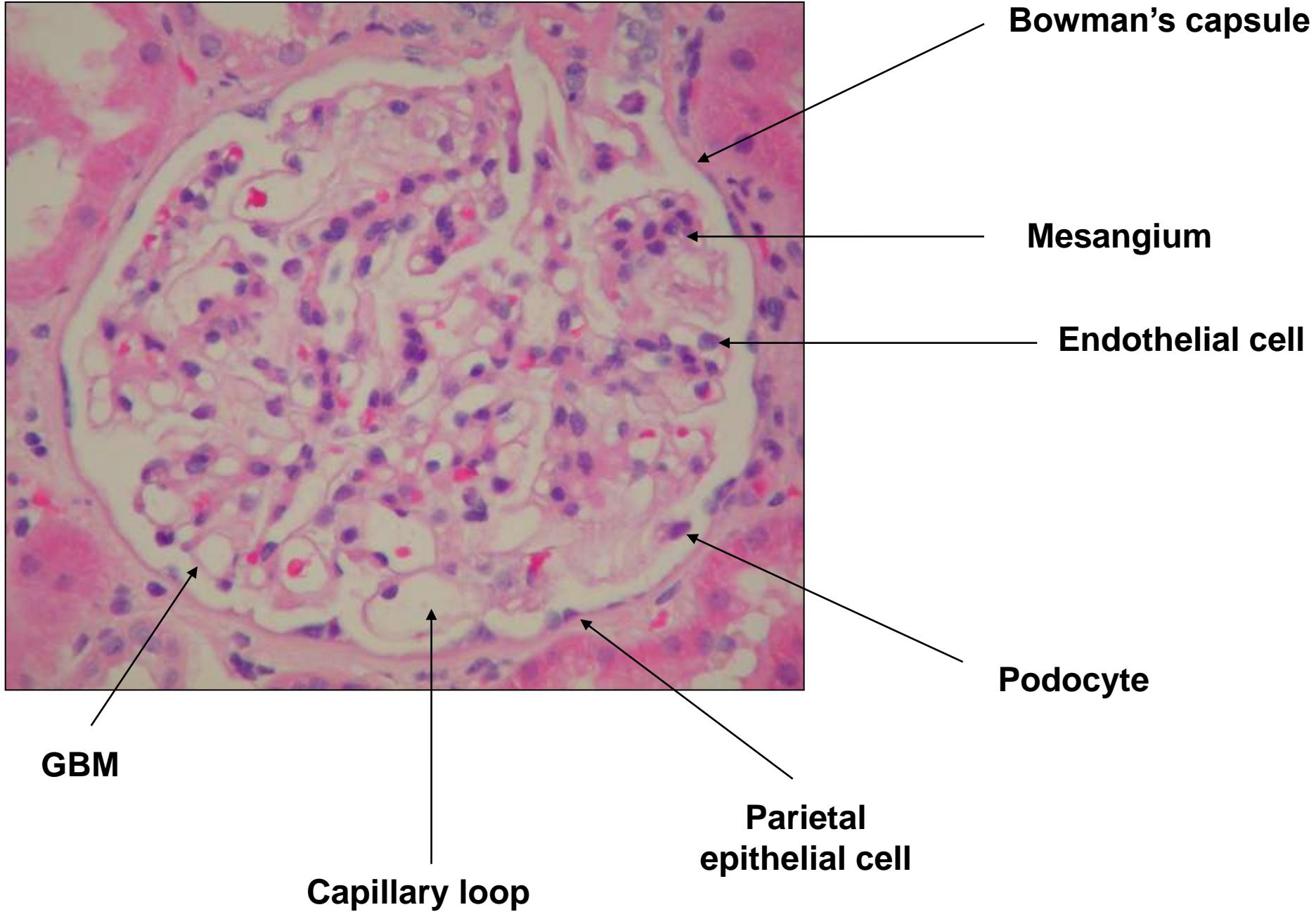
Detect Acute (reversible) vs chronic (irreversible) changes

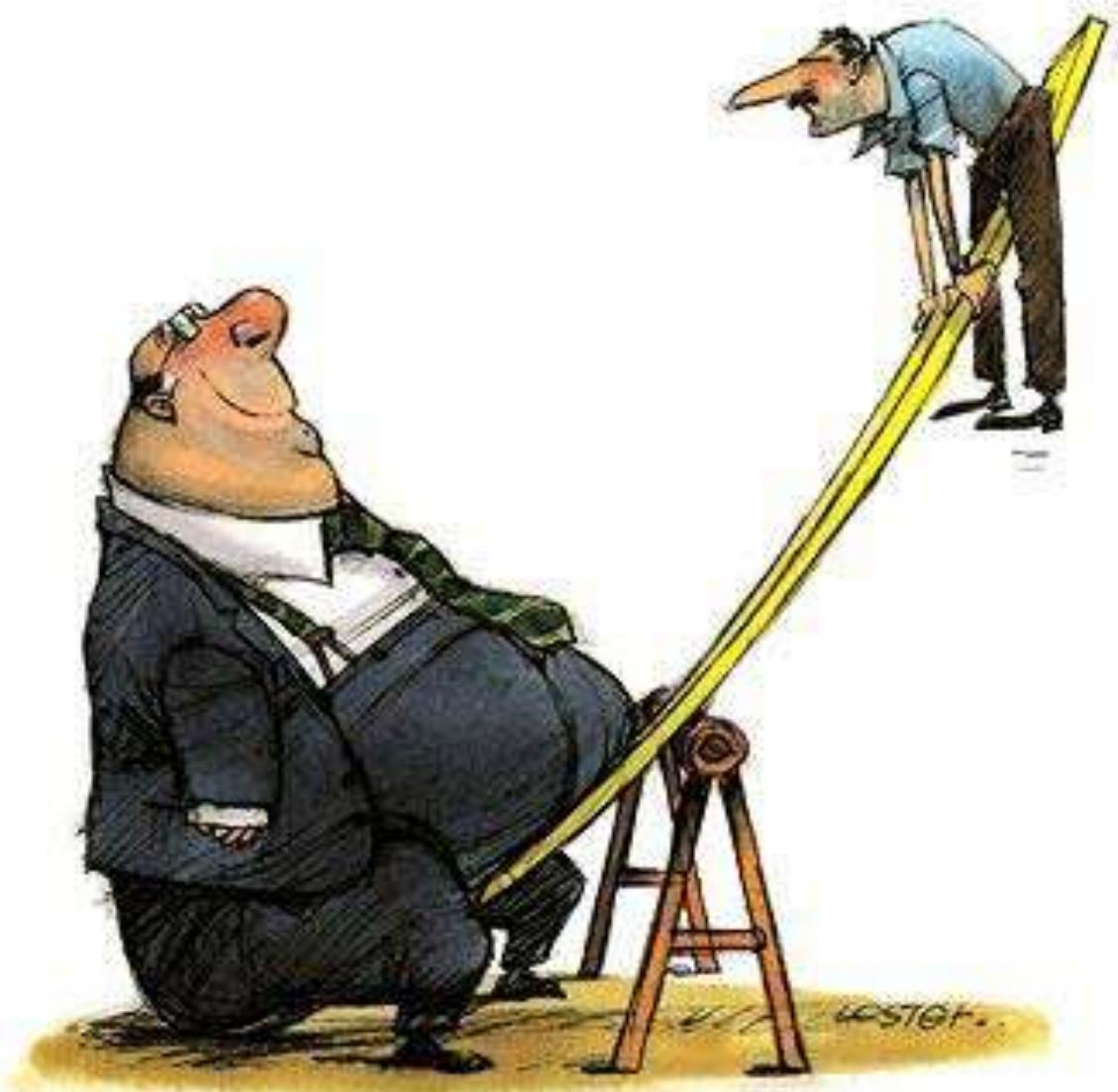
(e.g. aggressive immune suppression yes/no)

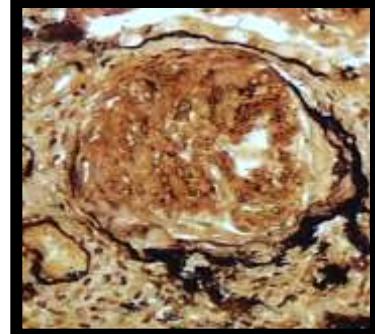
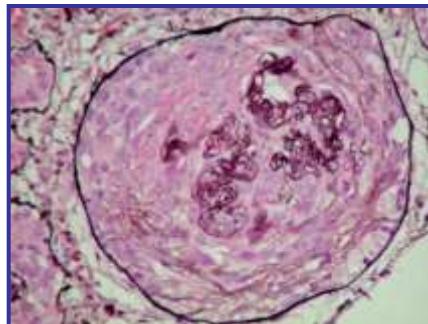
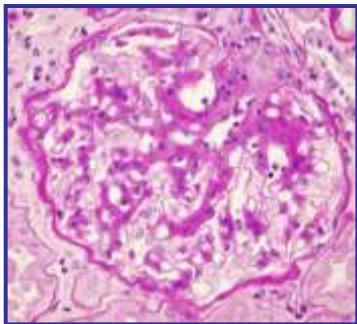
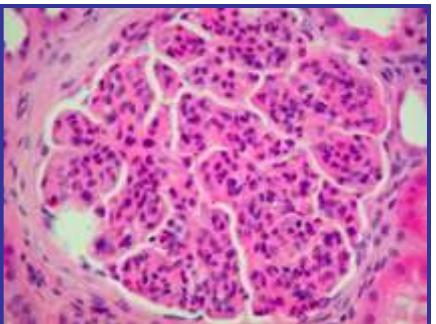
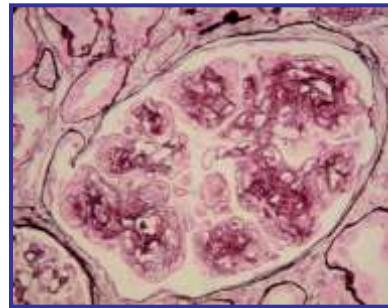
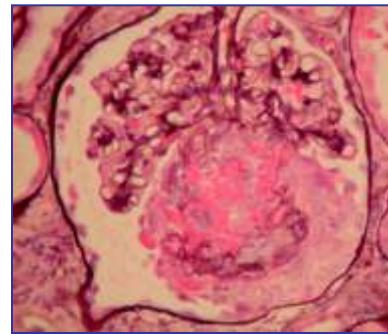
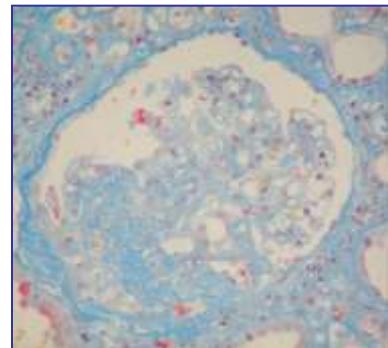
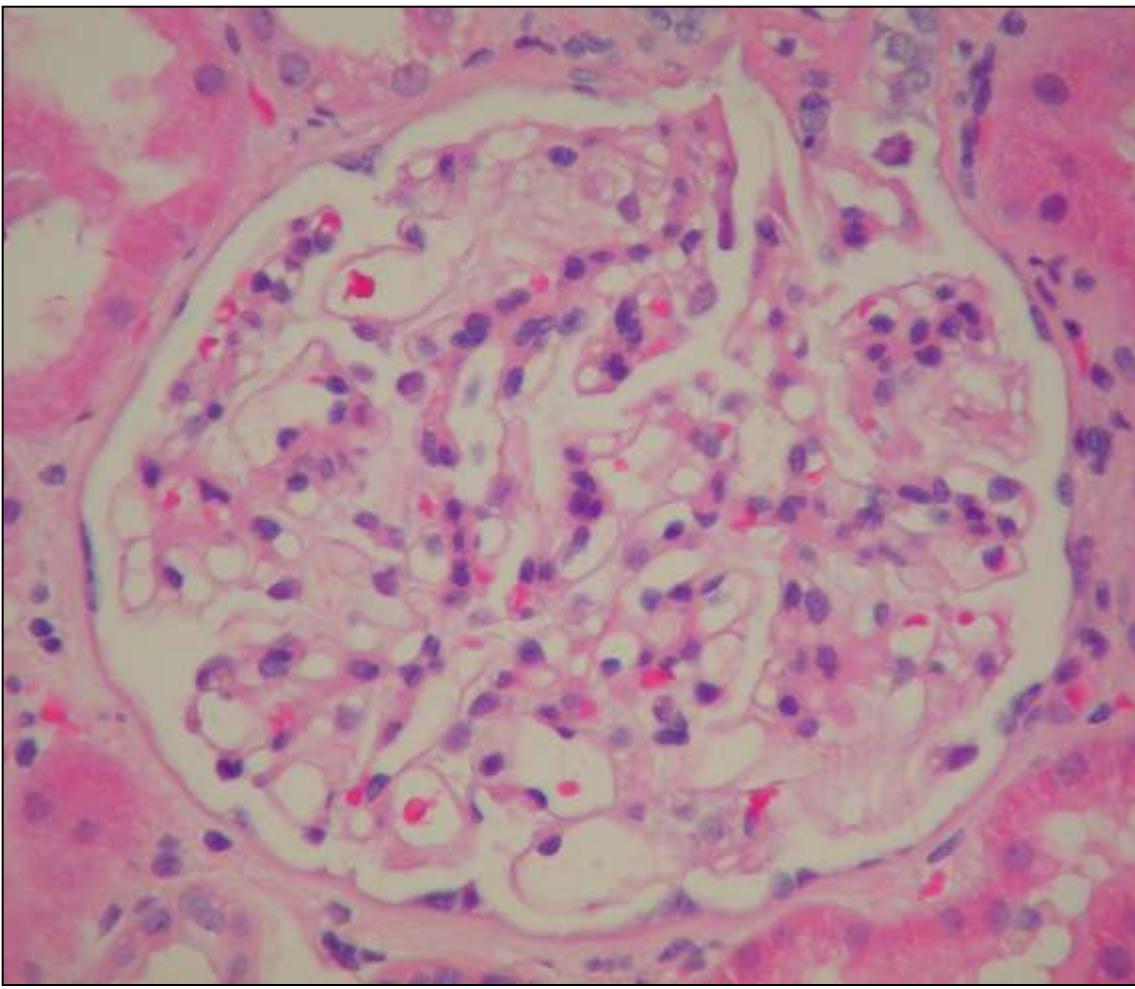
Diagnosis of superimposed second kidney disease, e.g.

*IgA-GN after Wegener's granulomatosis,
Wegener's granulomatosis + Goodpasture, etc.*

Monitoring transplant rejection.







Analysis of the renal biopsy sample

Routine stains

HE-stain (*hematoxylin-eosin*)

composition of tissue:

cortex vs medulla,

number of glomeruli

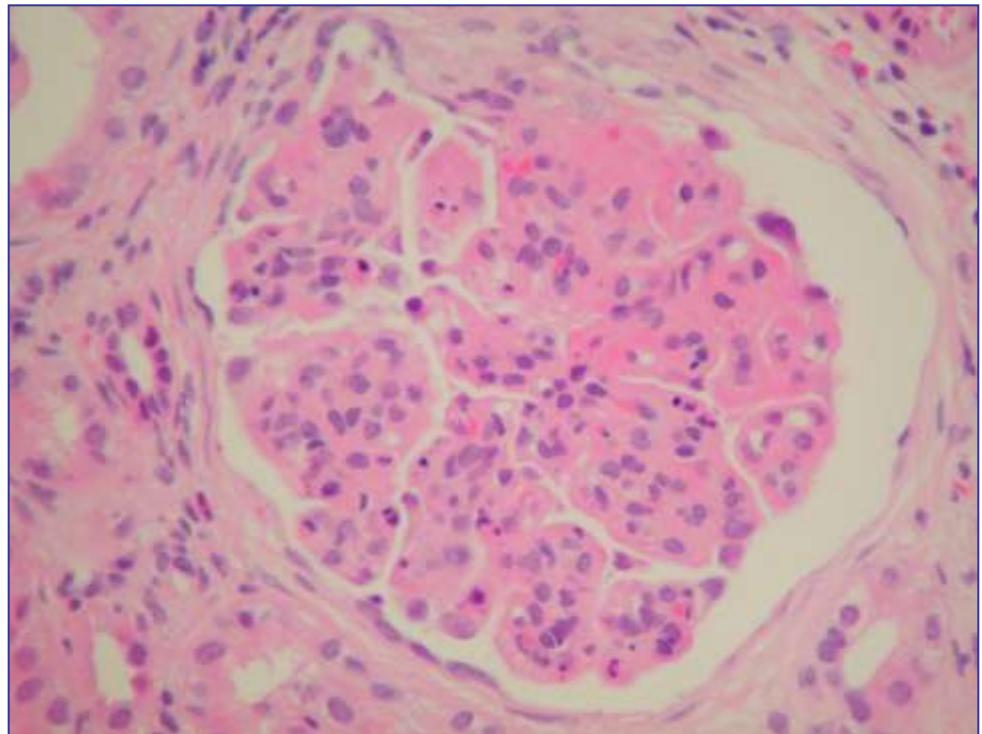
cellular infiltrates ..

analysis of glomerulus and vessels:

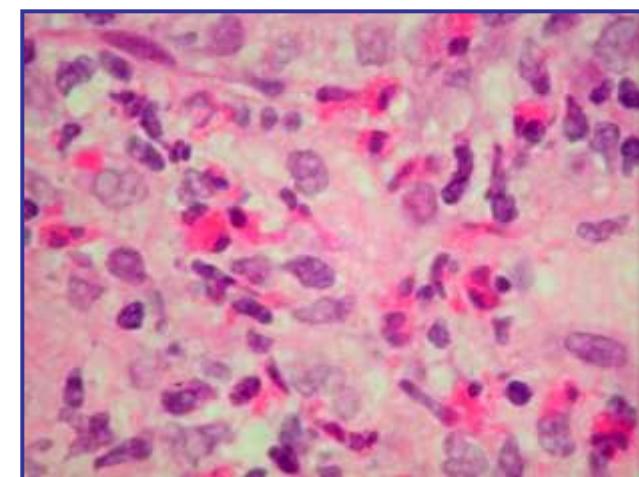
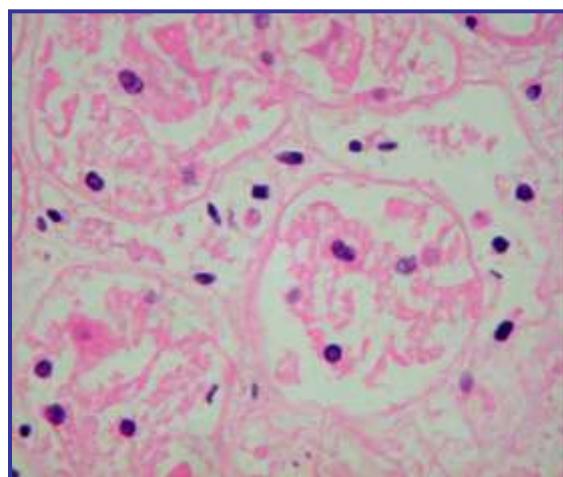
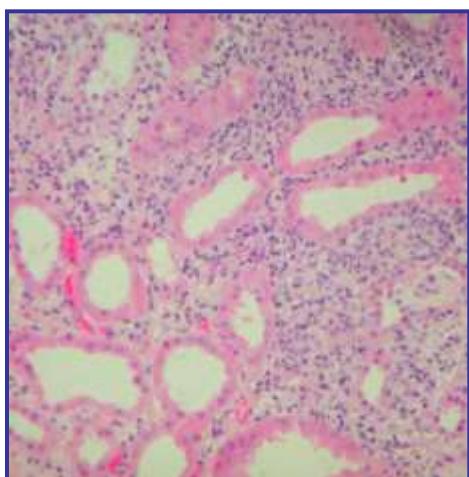
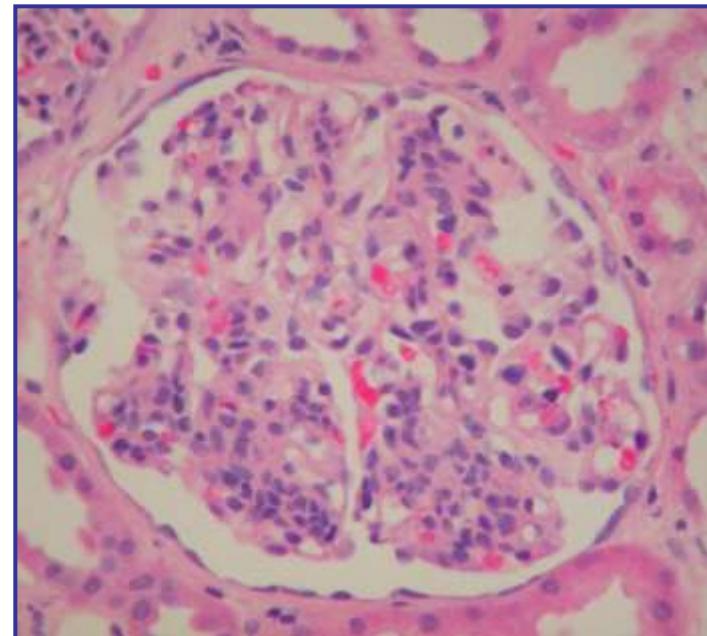
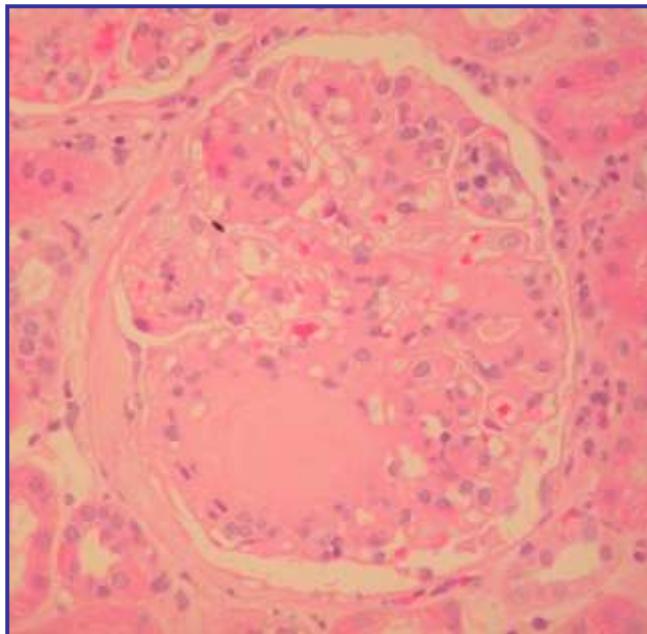
glomerular cells,

mesangial matrix

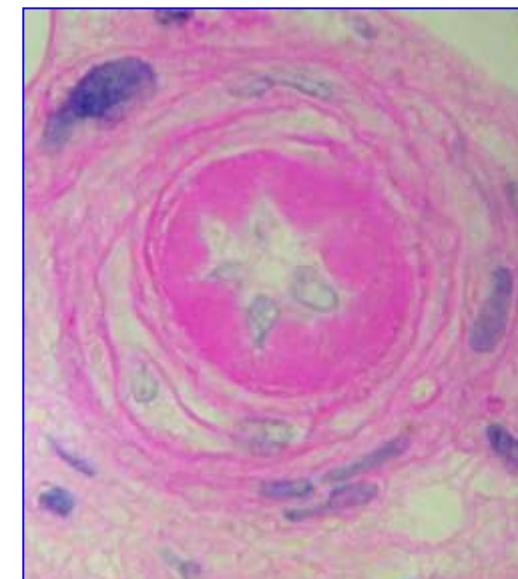
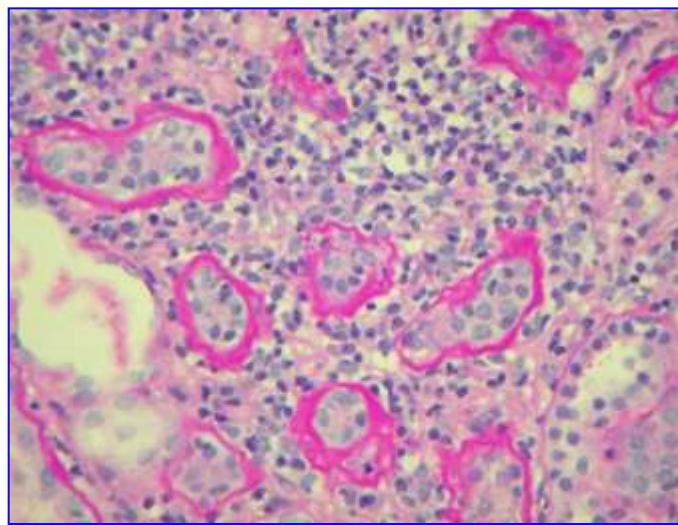
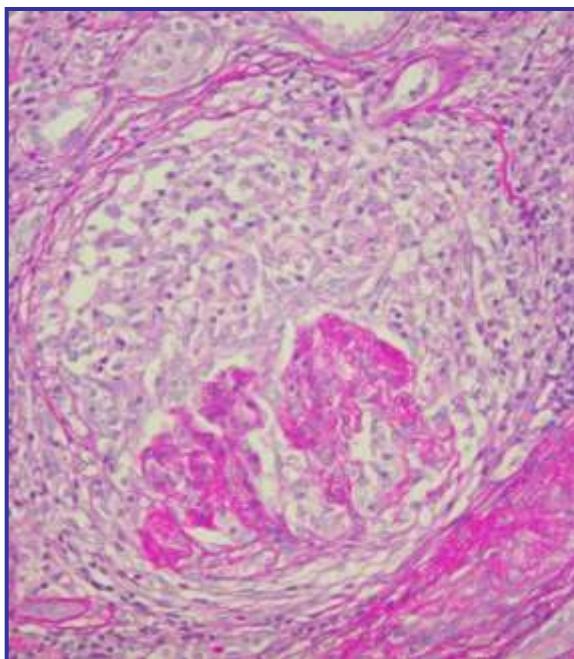
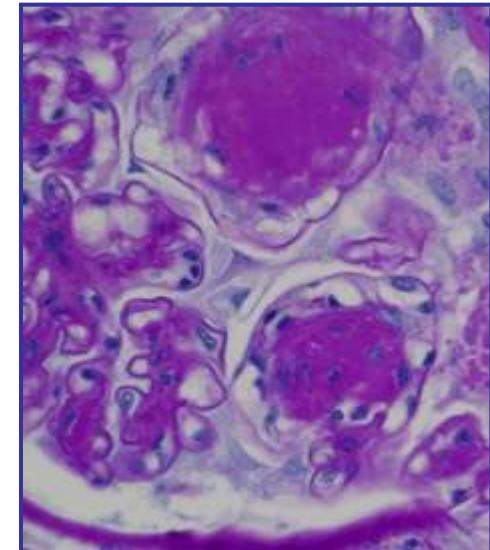
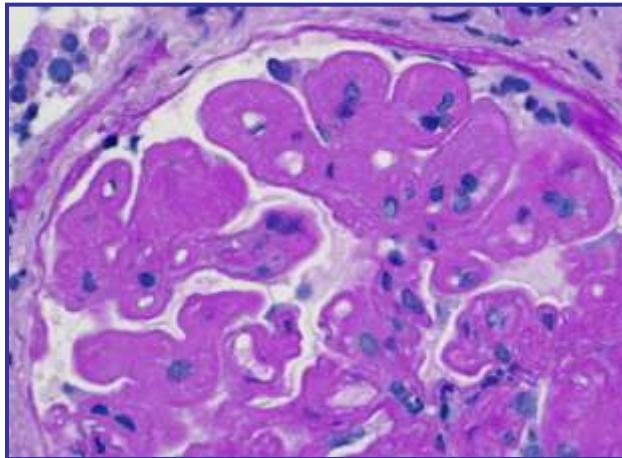
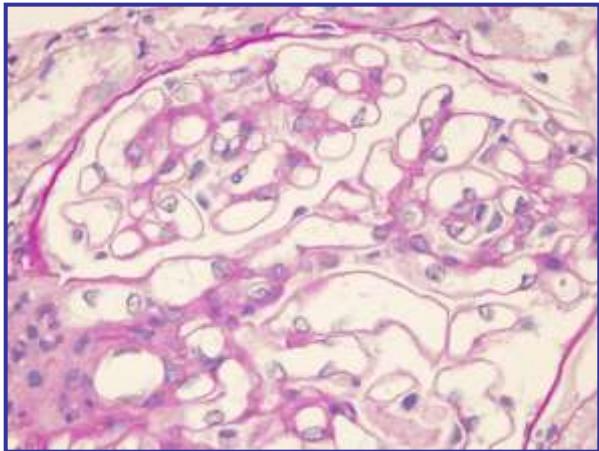
glomerular basement membrane



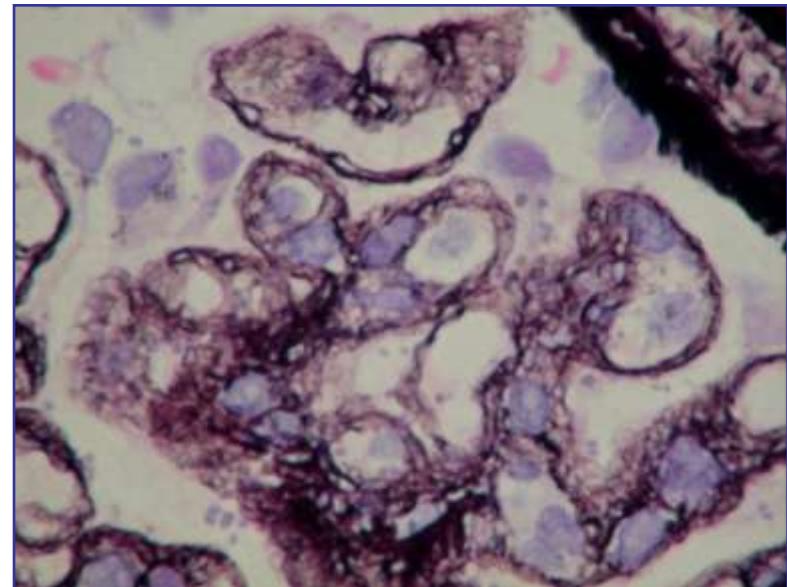
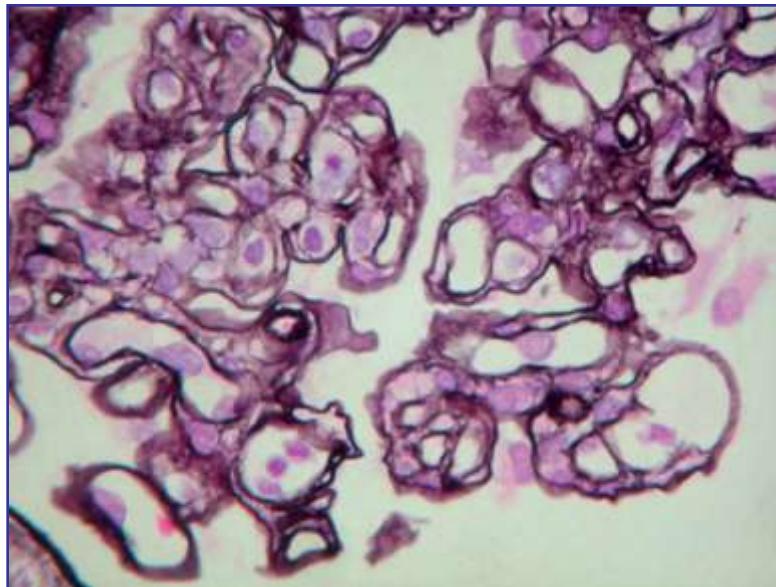
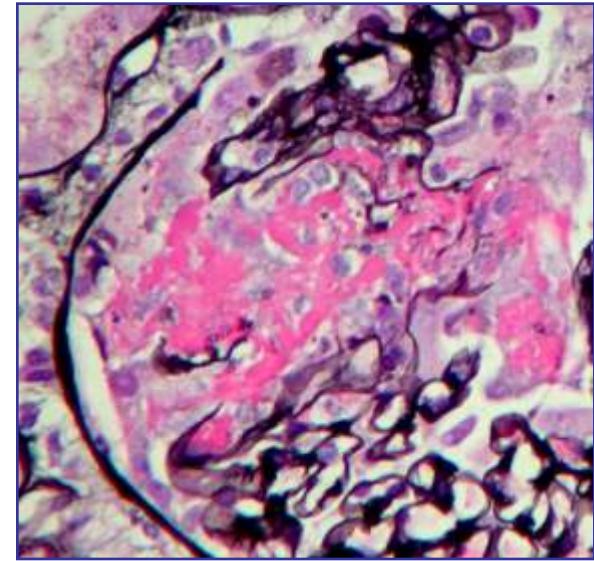
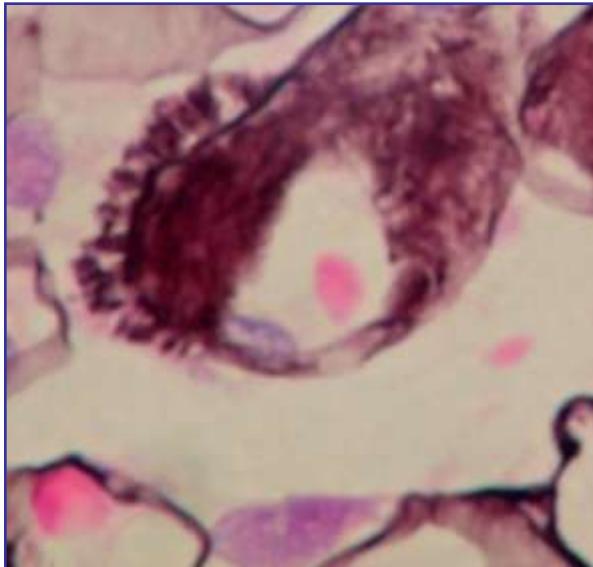
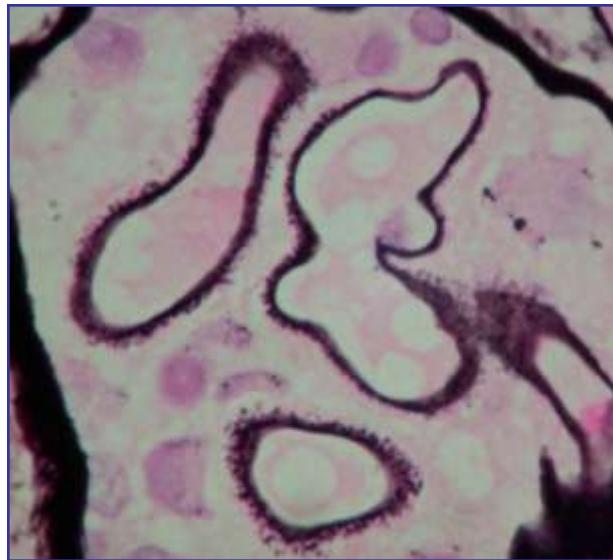
Hematoxylin and eosin(H&E)



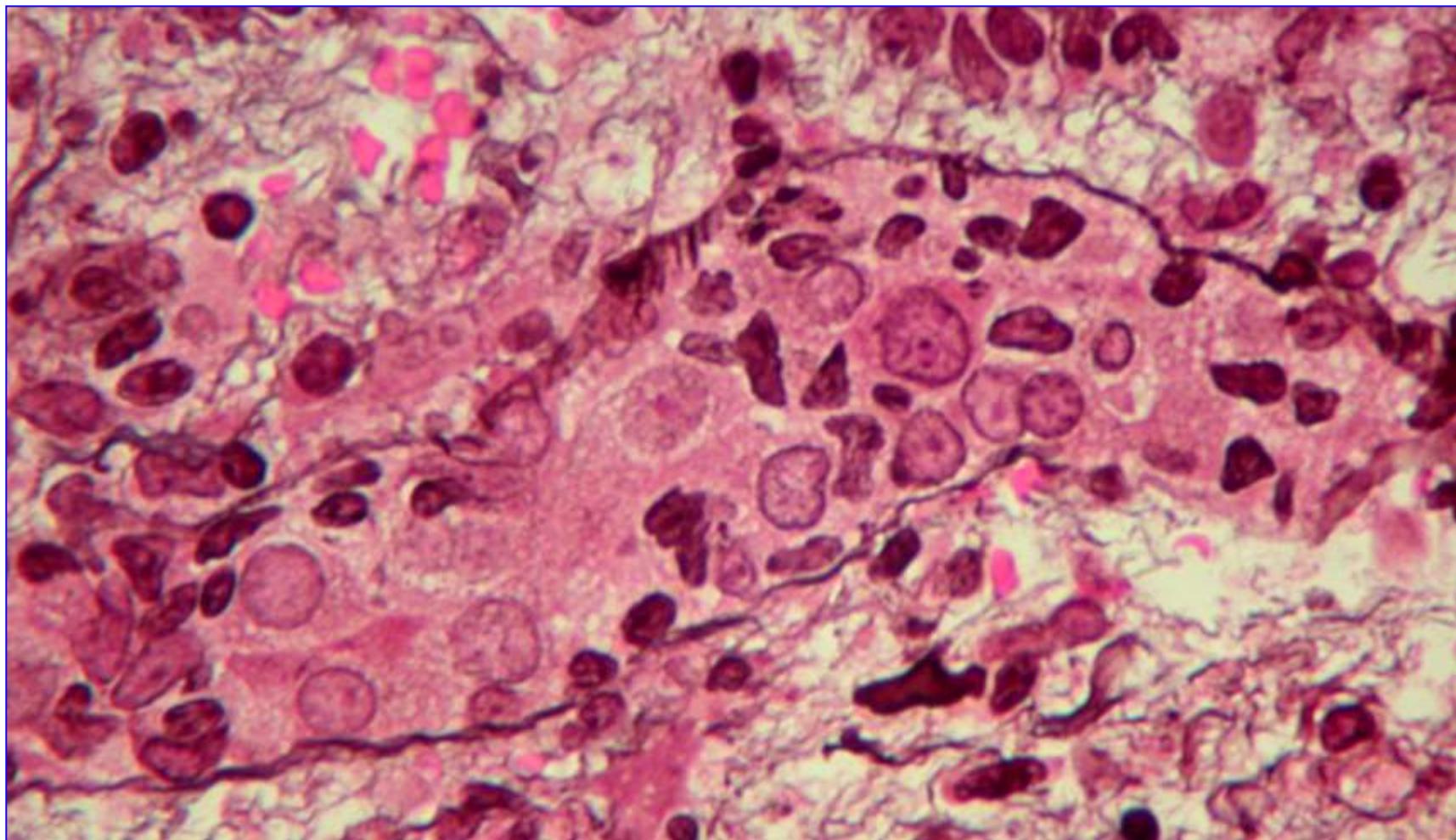
Periodic Acid Schiff reaction



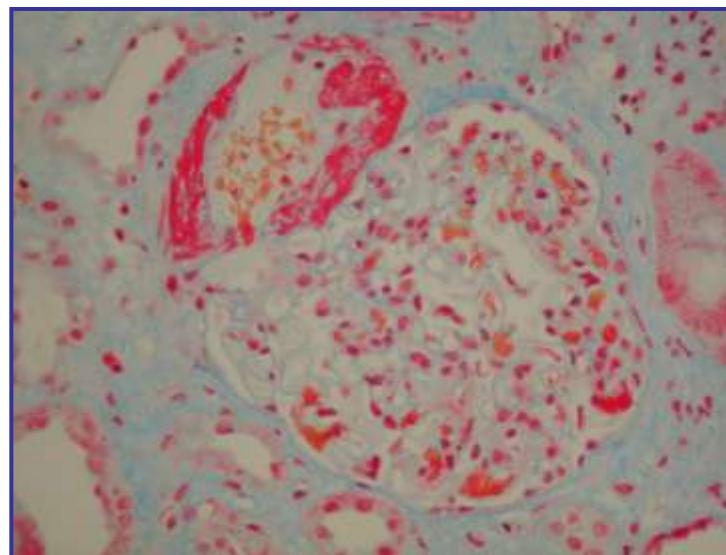
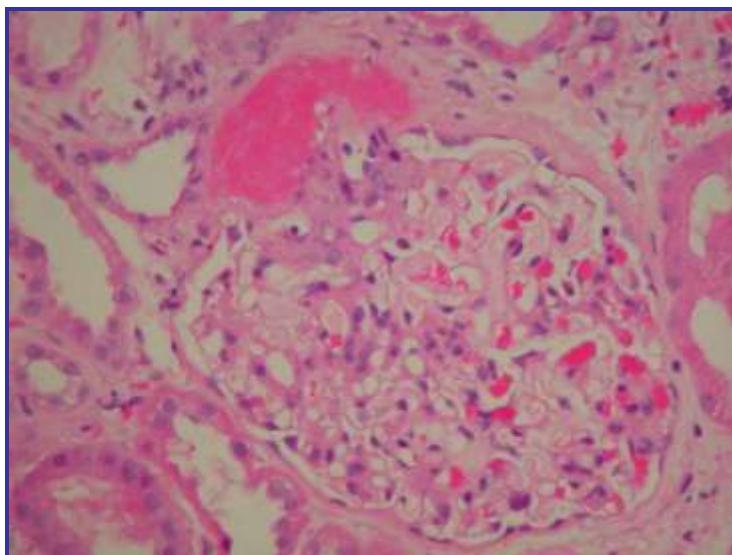
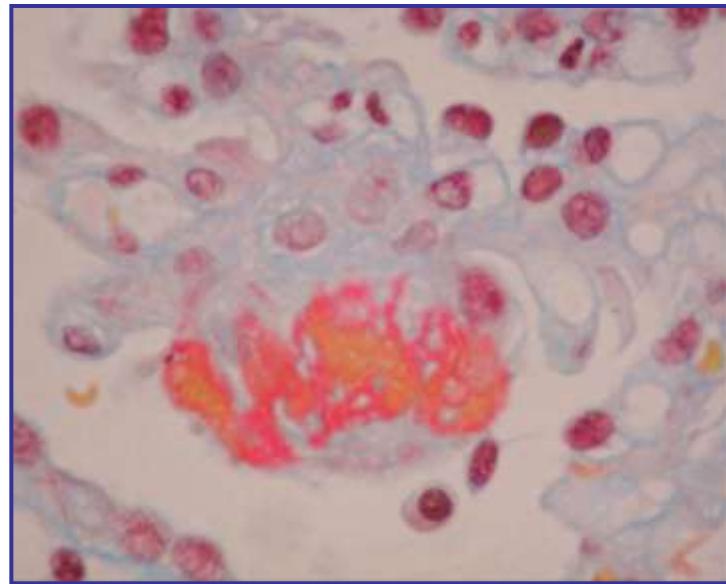
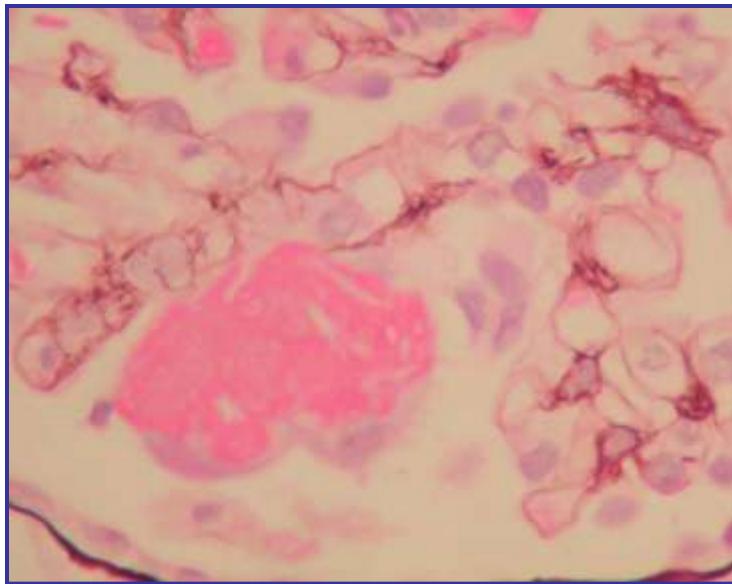
PAAG, PA-Methenamine –silver



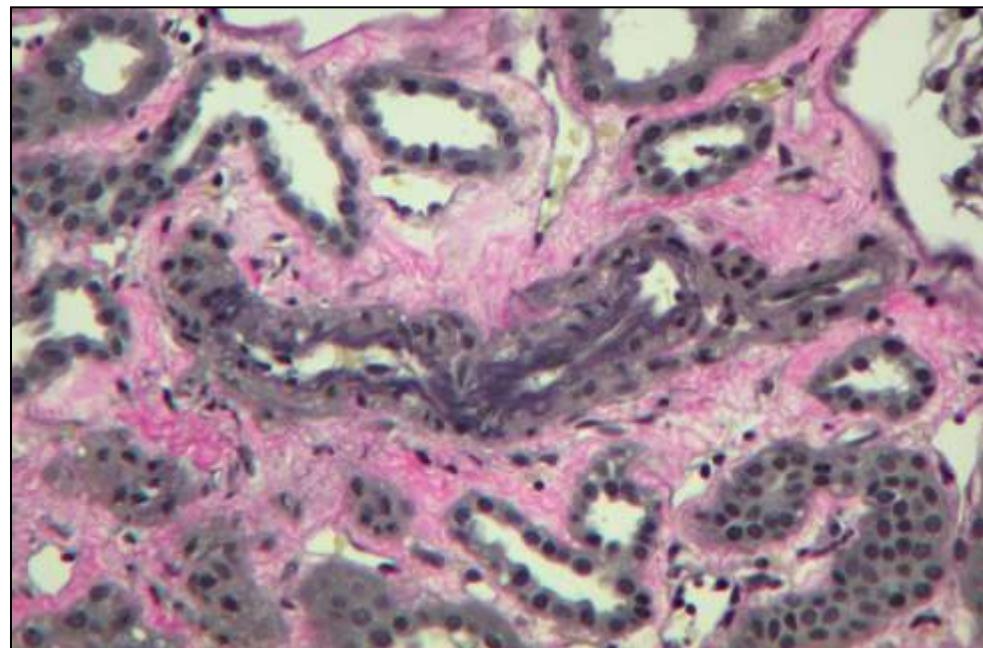
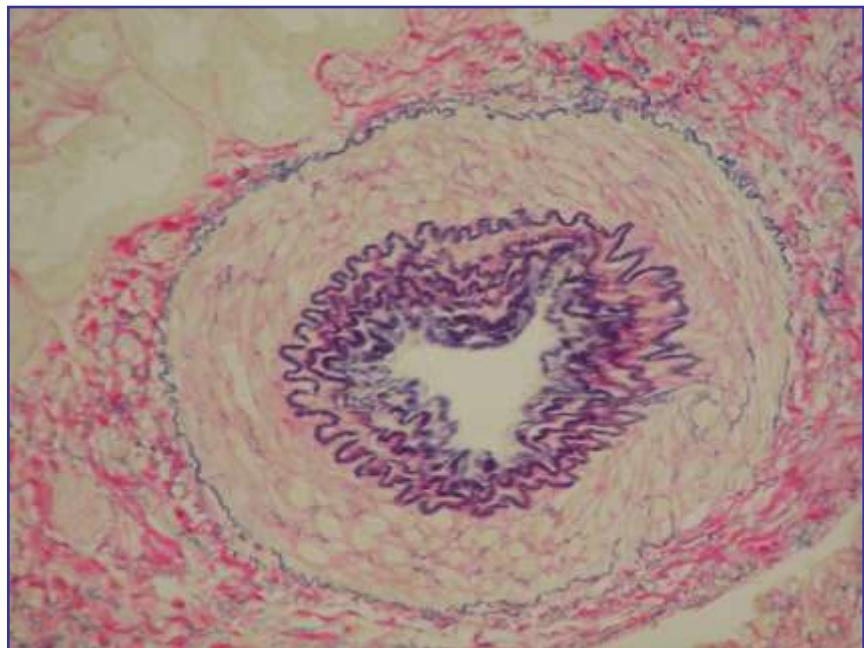
PAAG, PA-Methenamine –silver



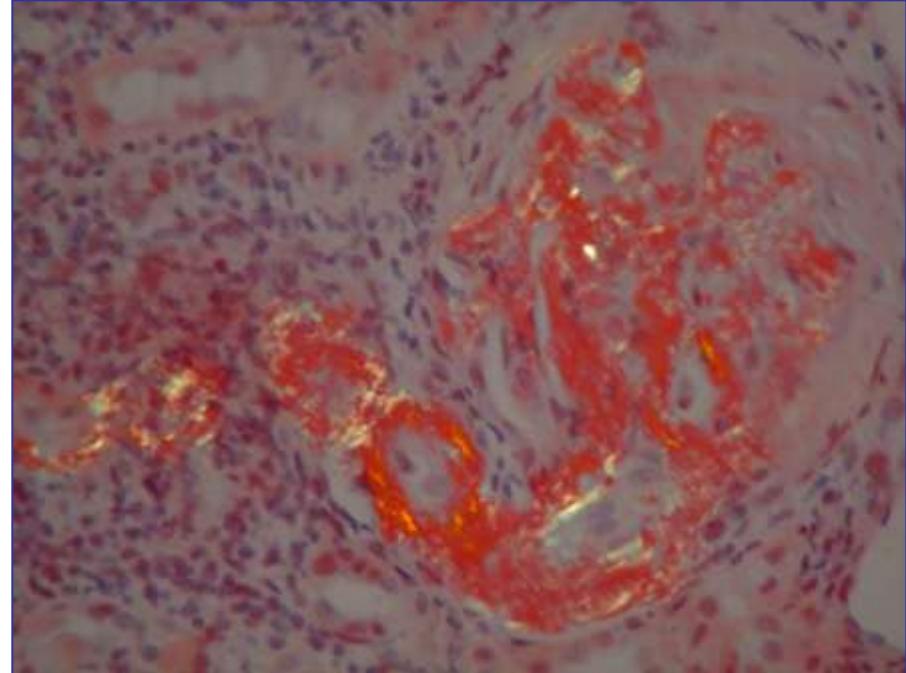
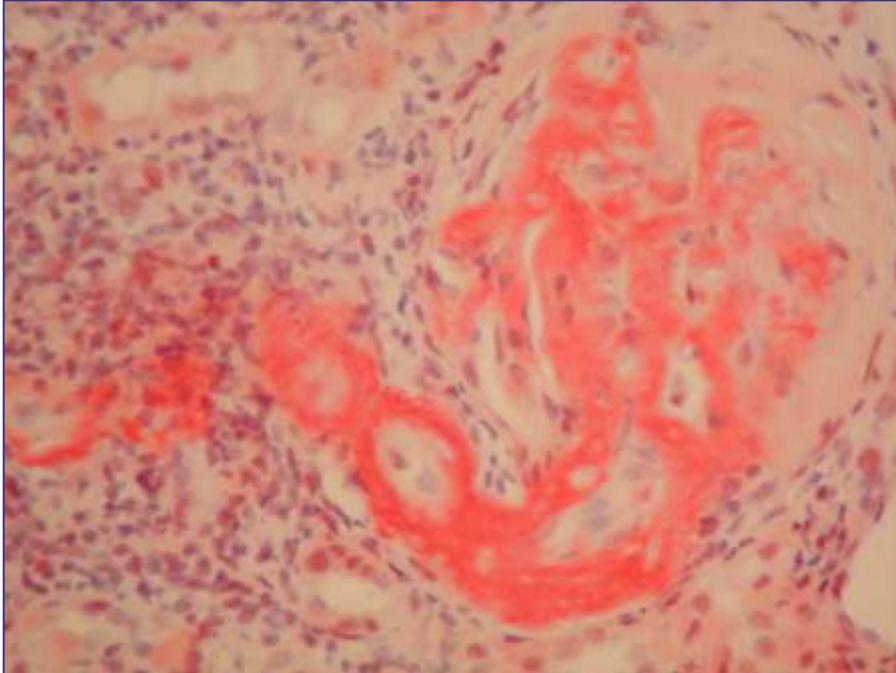
Trichrome- stain



Elastica-van Gieson- stain



Congo red staining

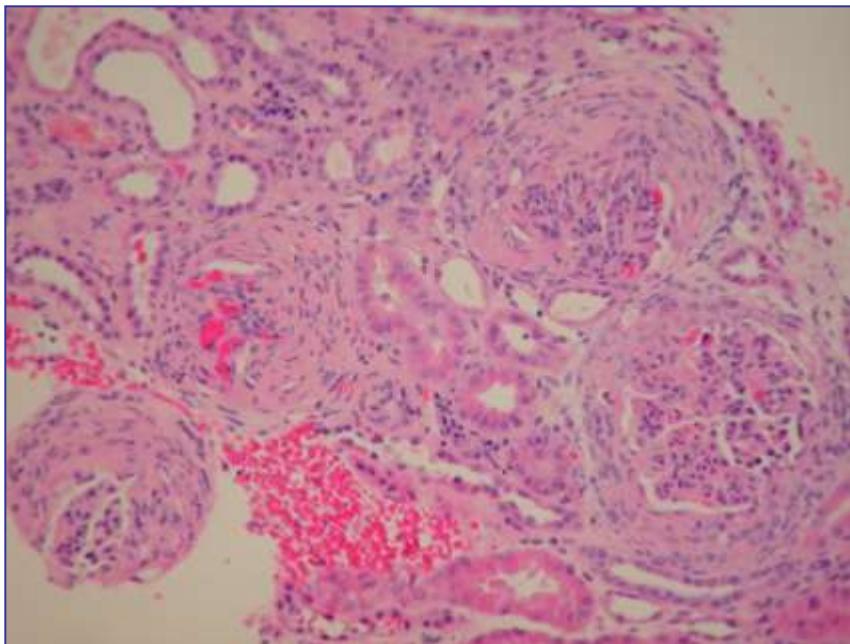


Under polarizing light

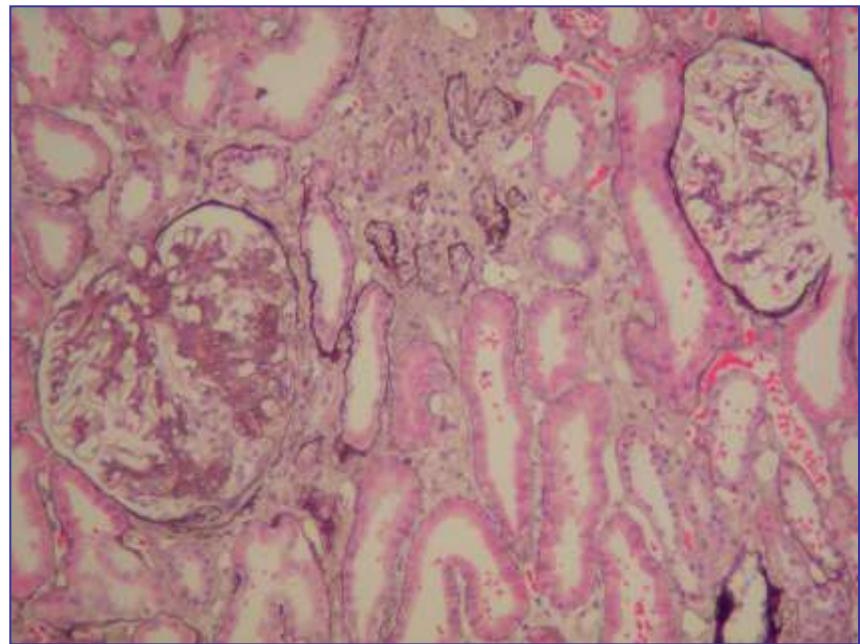
IMPORTANT TERMS

Glomerular changes

Diffuse

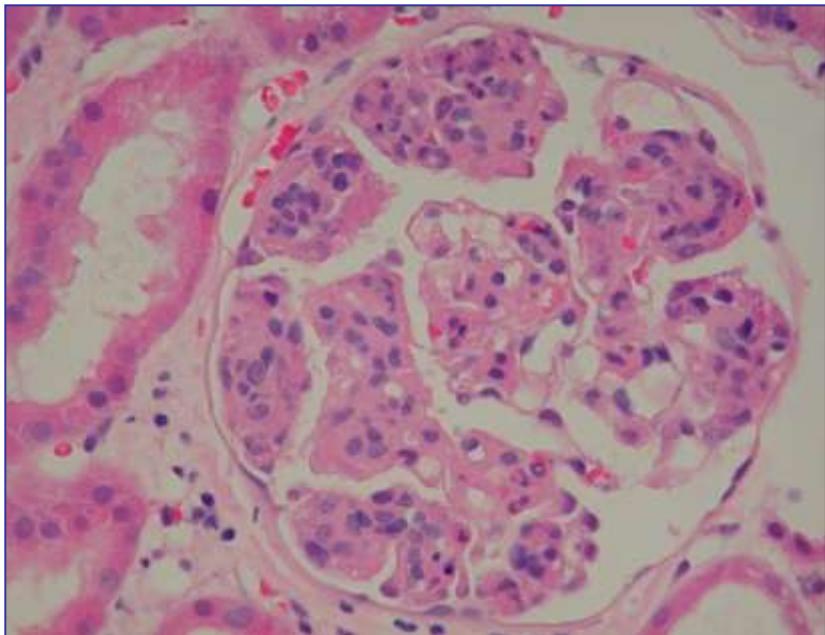


Focal

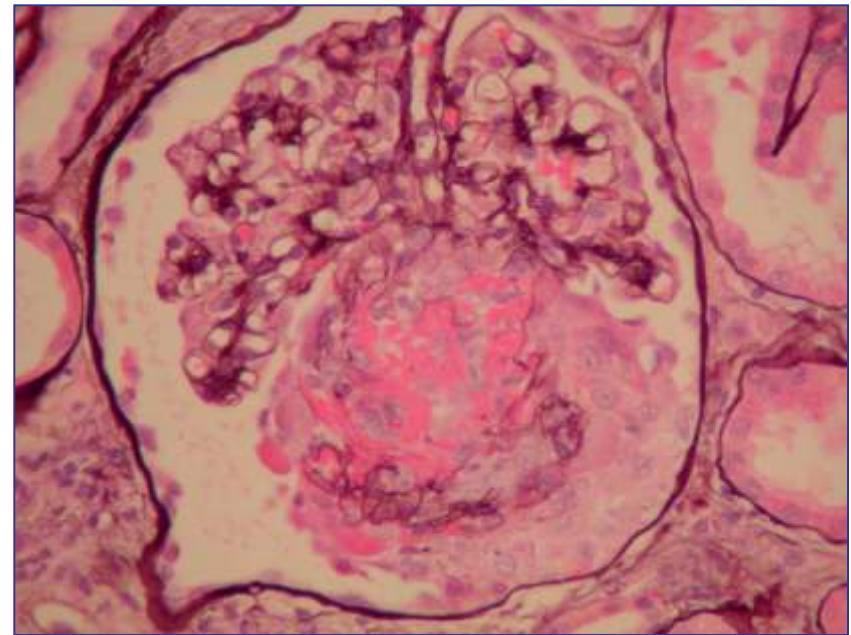


Glomerular changes

Global



Segmental

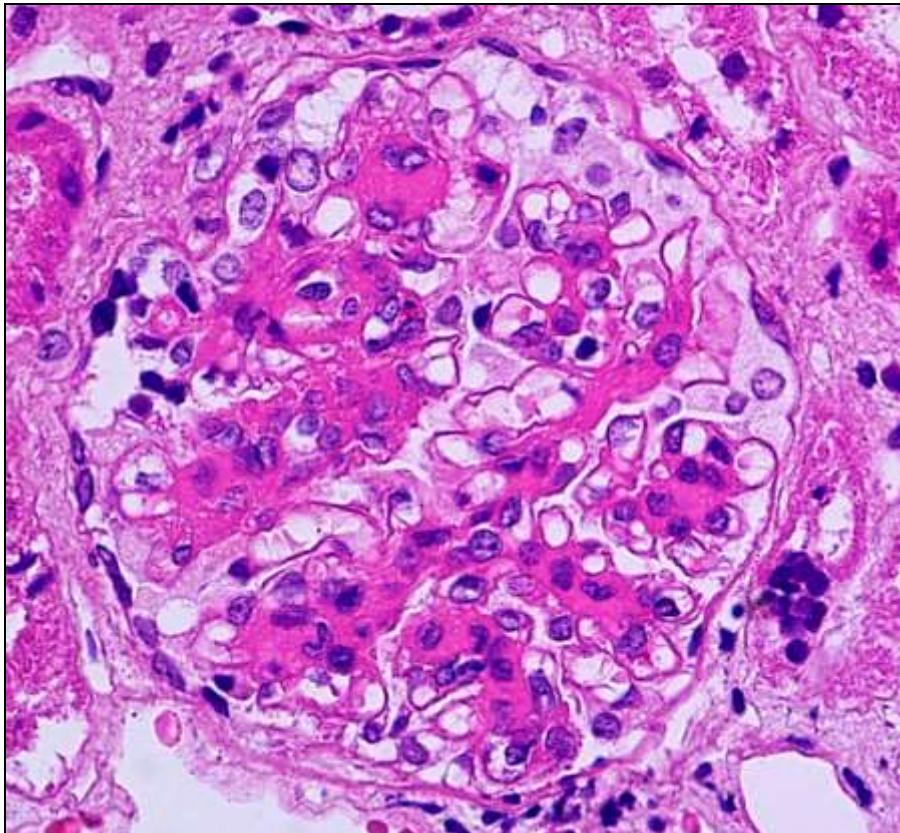


Hypercellularity

More cells than normal in glomerulus.

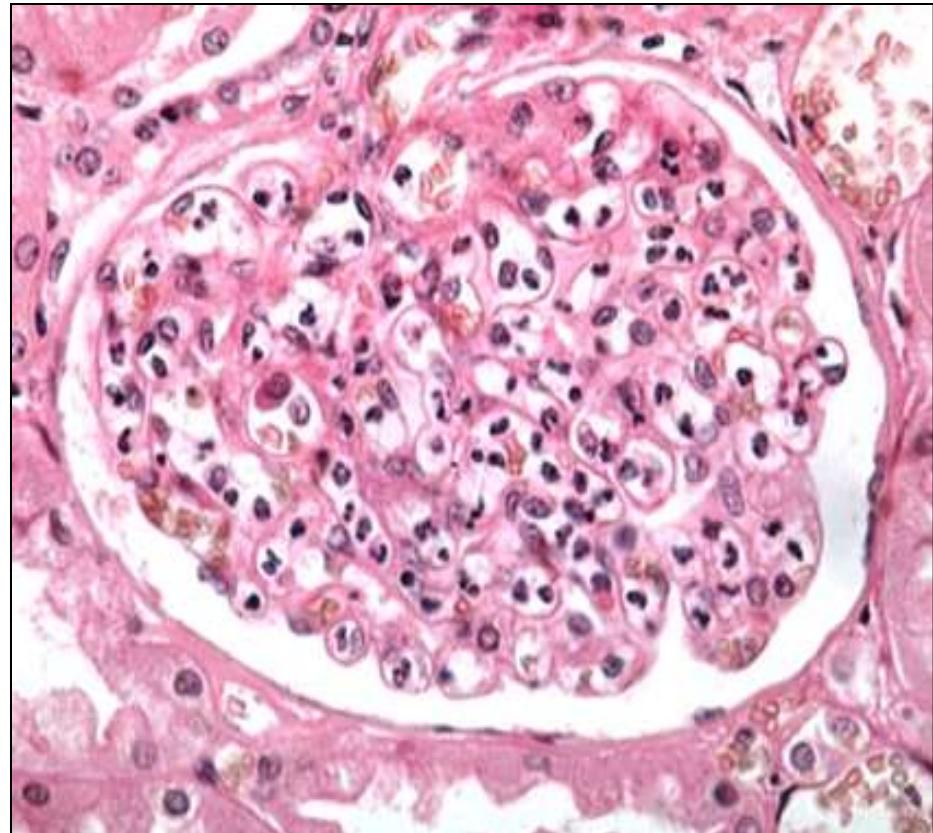
Proliferative

Implies multiplication in loco
resident glomerular cells.

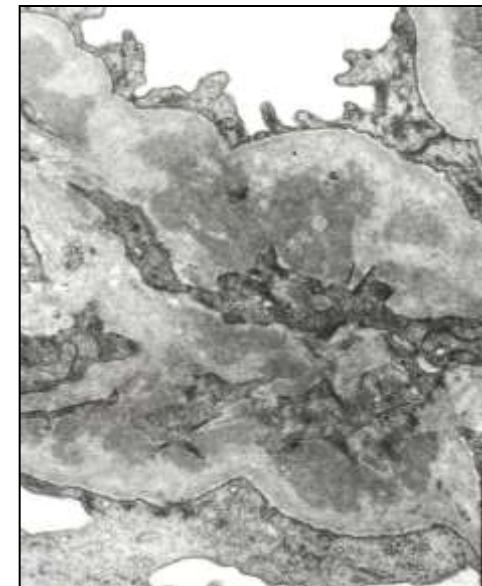
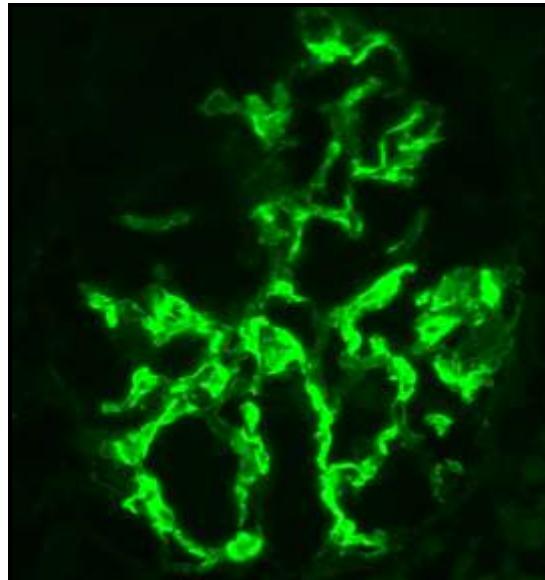
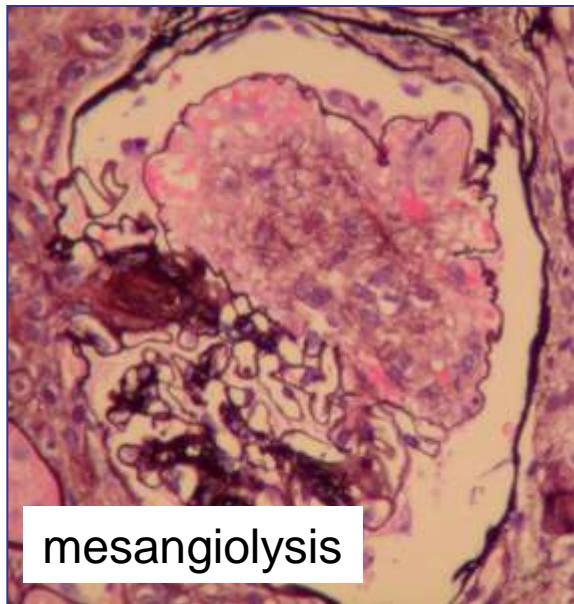
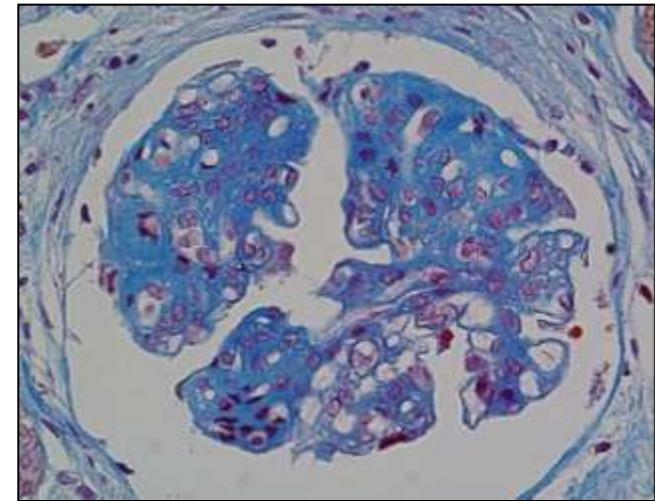
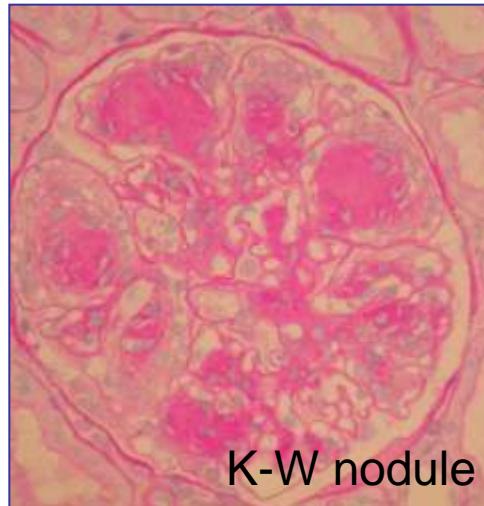
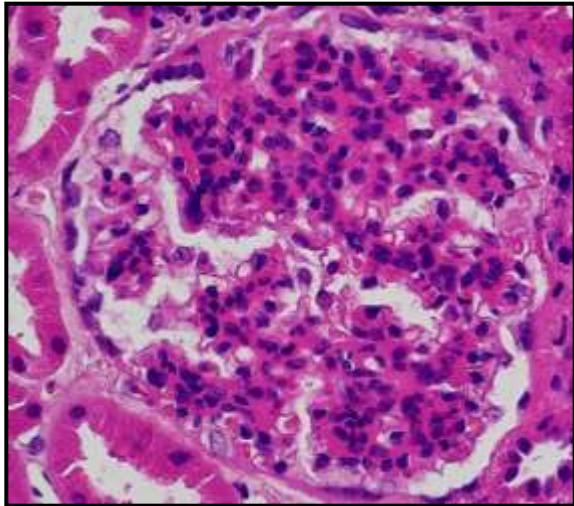


Exudative

Implying inflammatory cells
neutrophils and monocytes

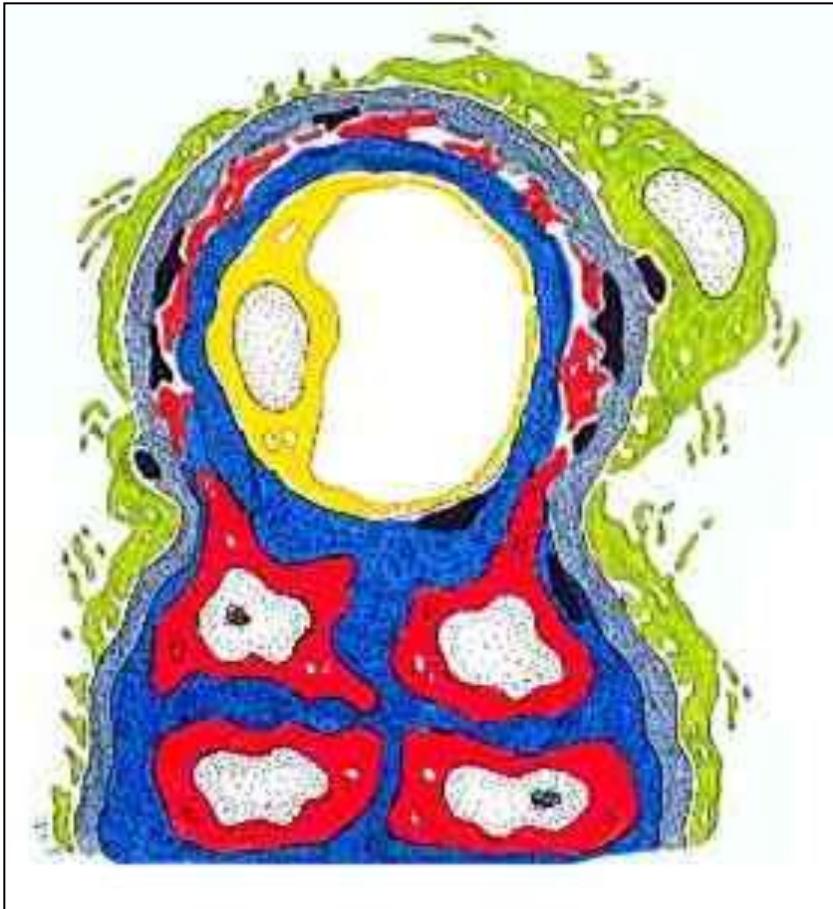


Mesangial

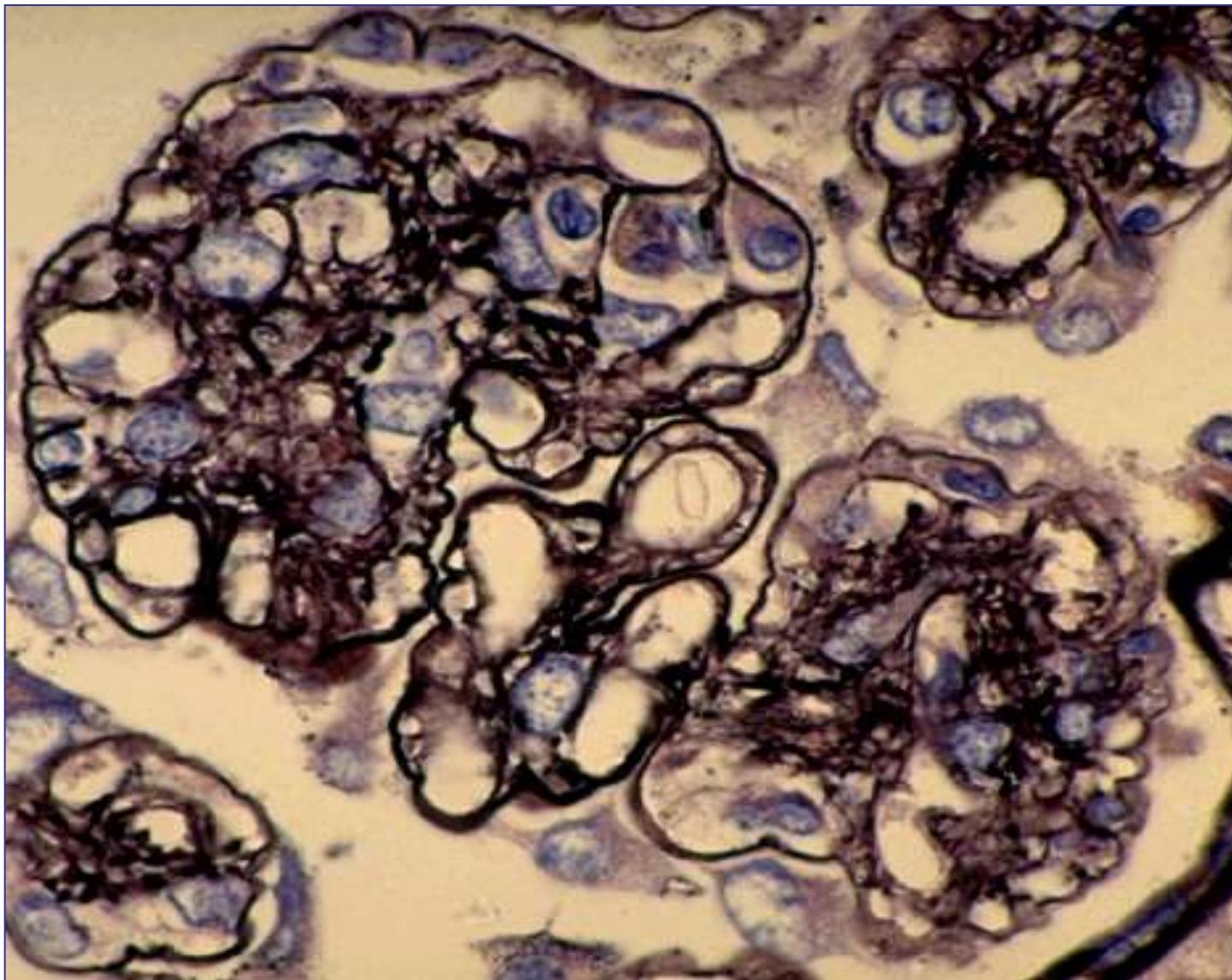


Mesangialisation

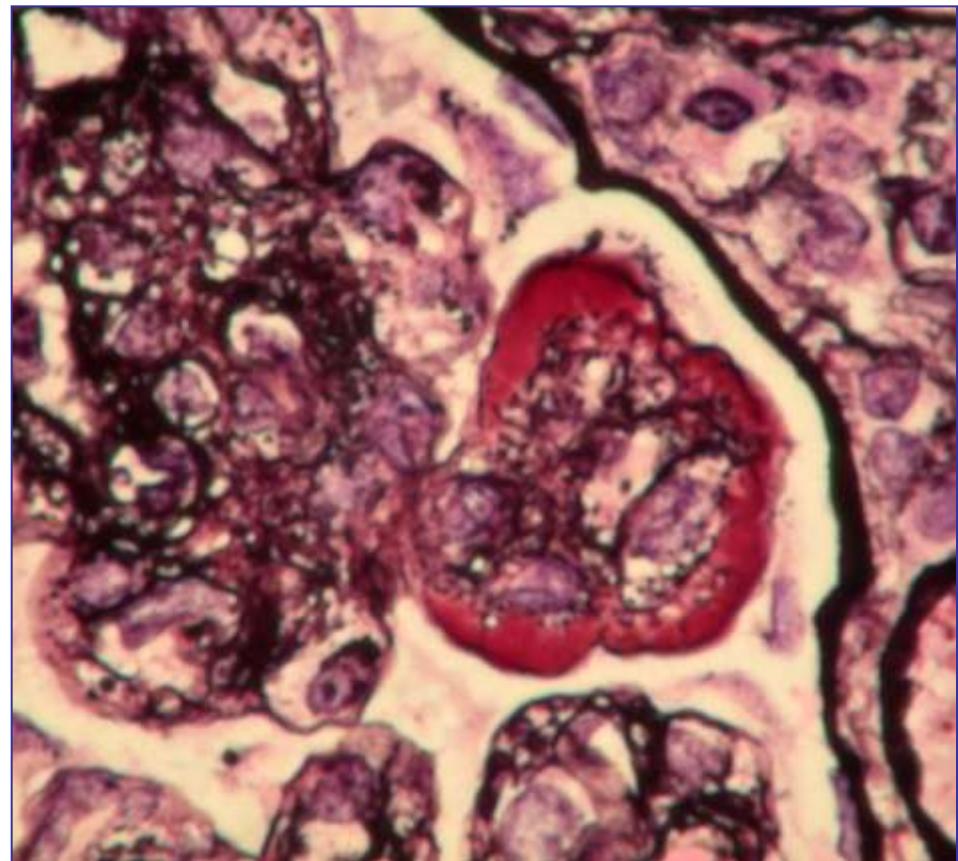
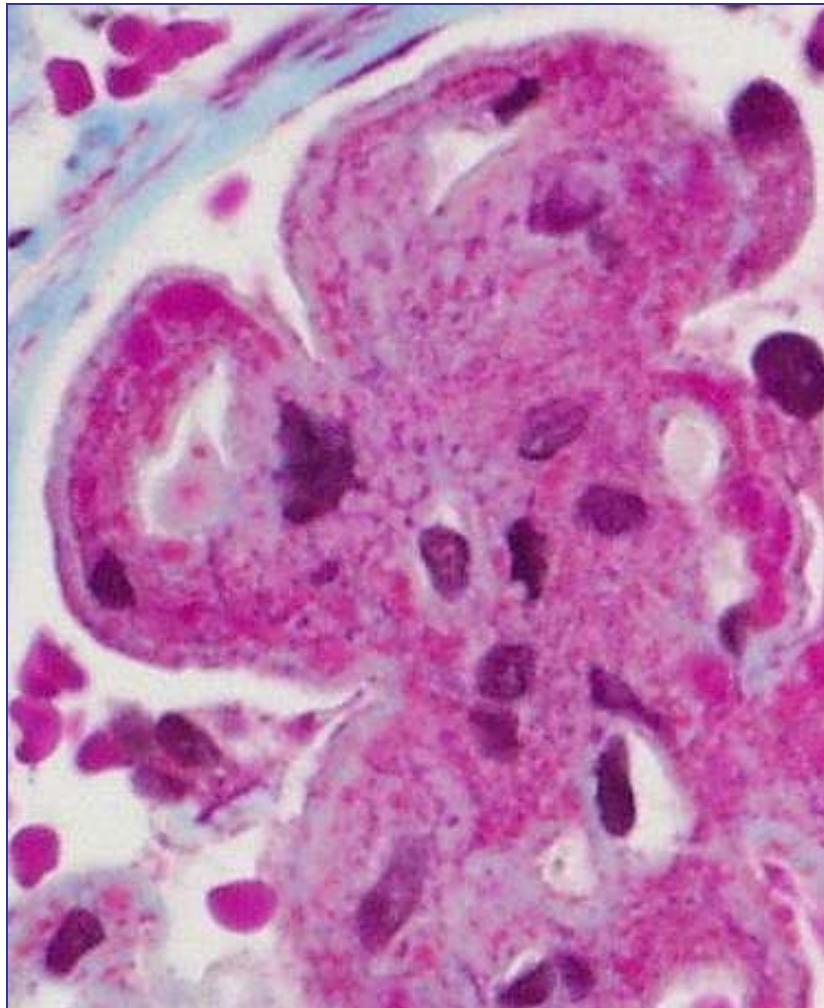
Mesangial cell interposition



Tram tracking

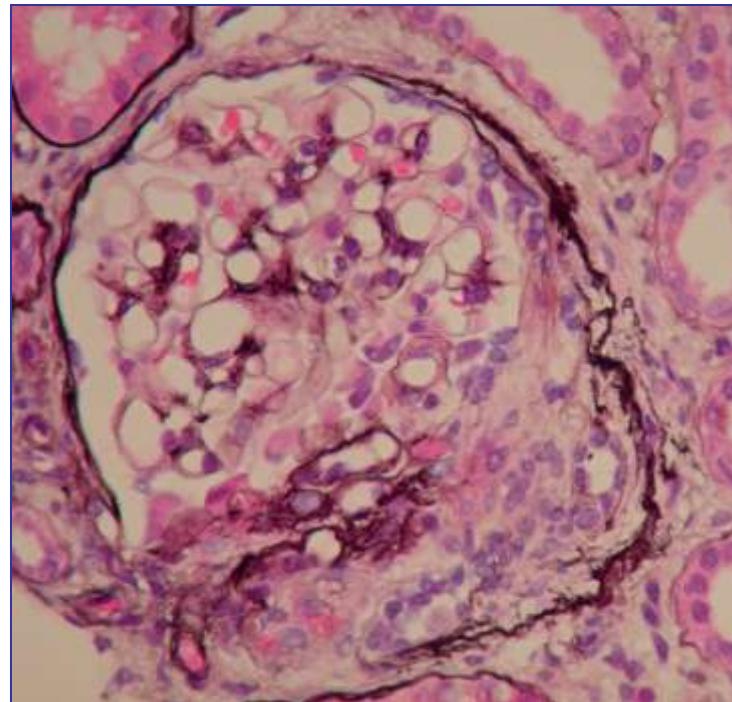
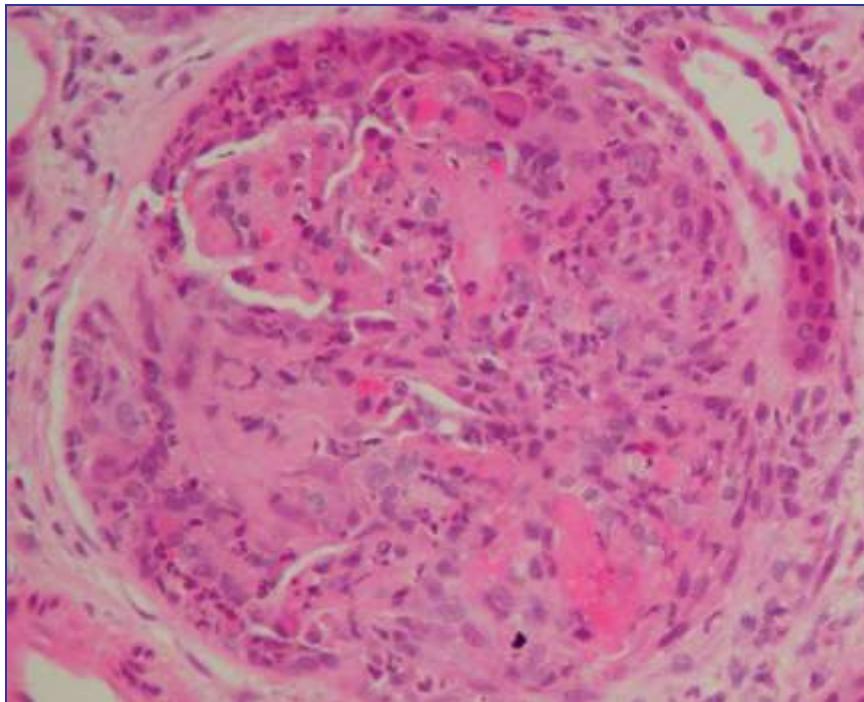


Wire-loops



Glomerular crescent

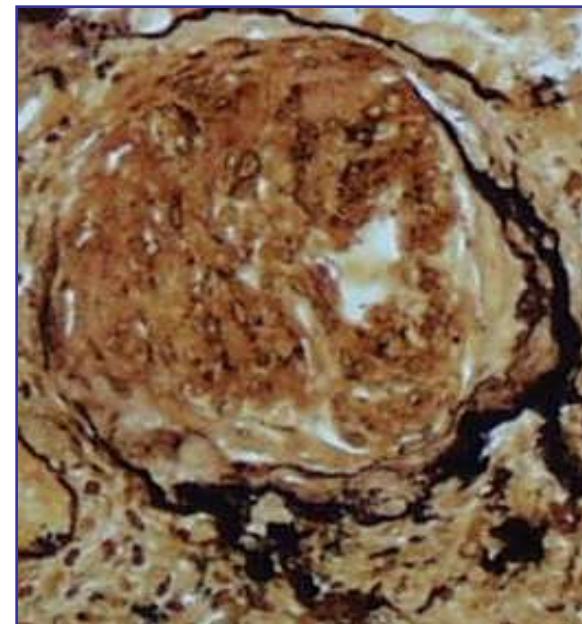
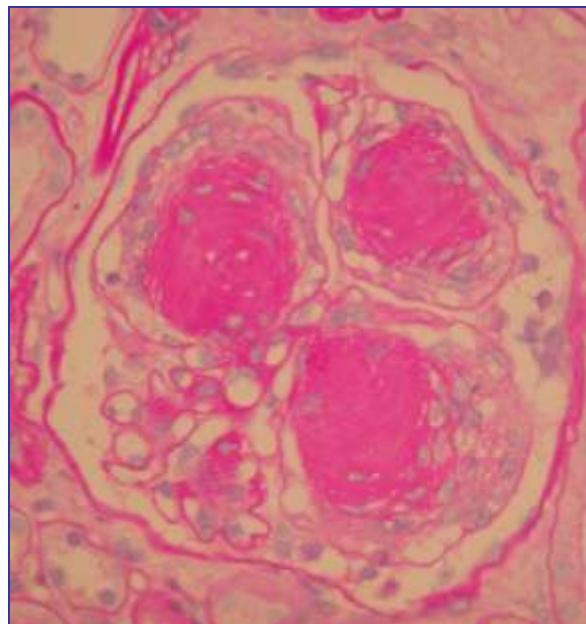
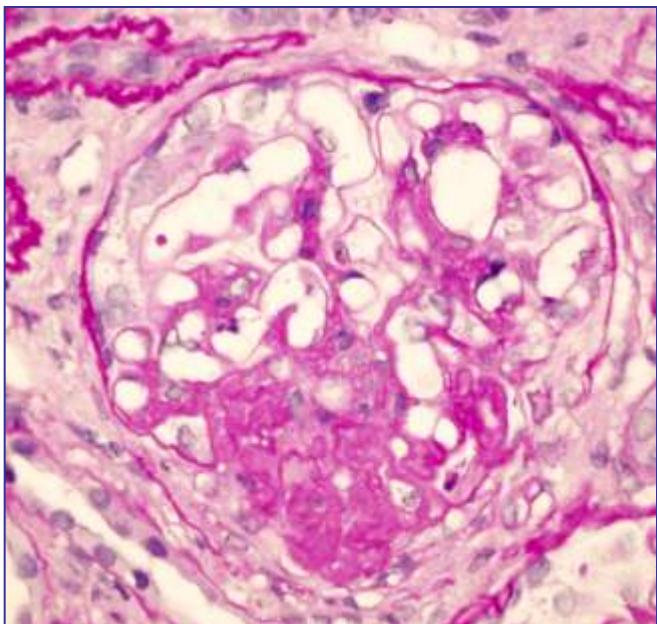
A lesion composed of cellular and/or fibrous tissue proliferation which fills all or part of Bowman's space.



Cellular and fibrocellular

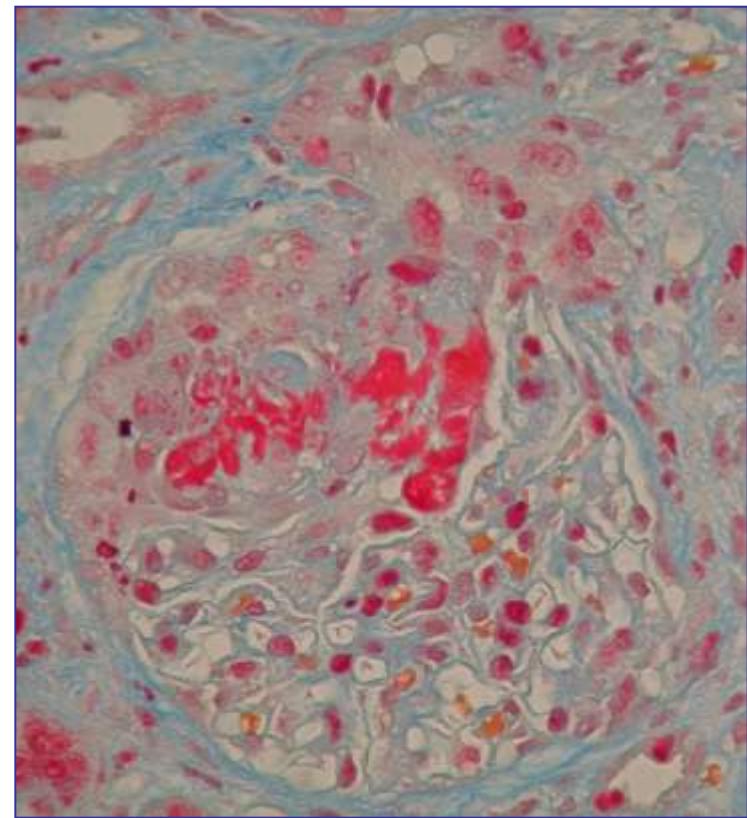
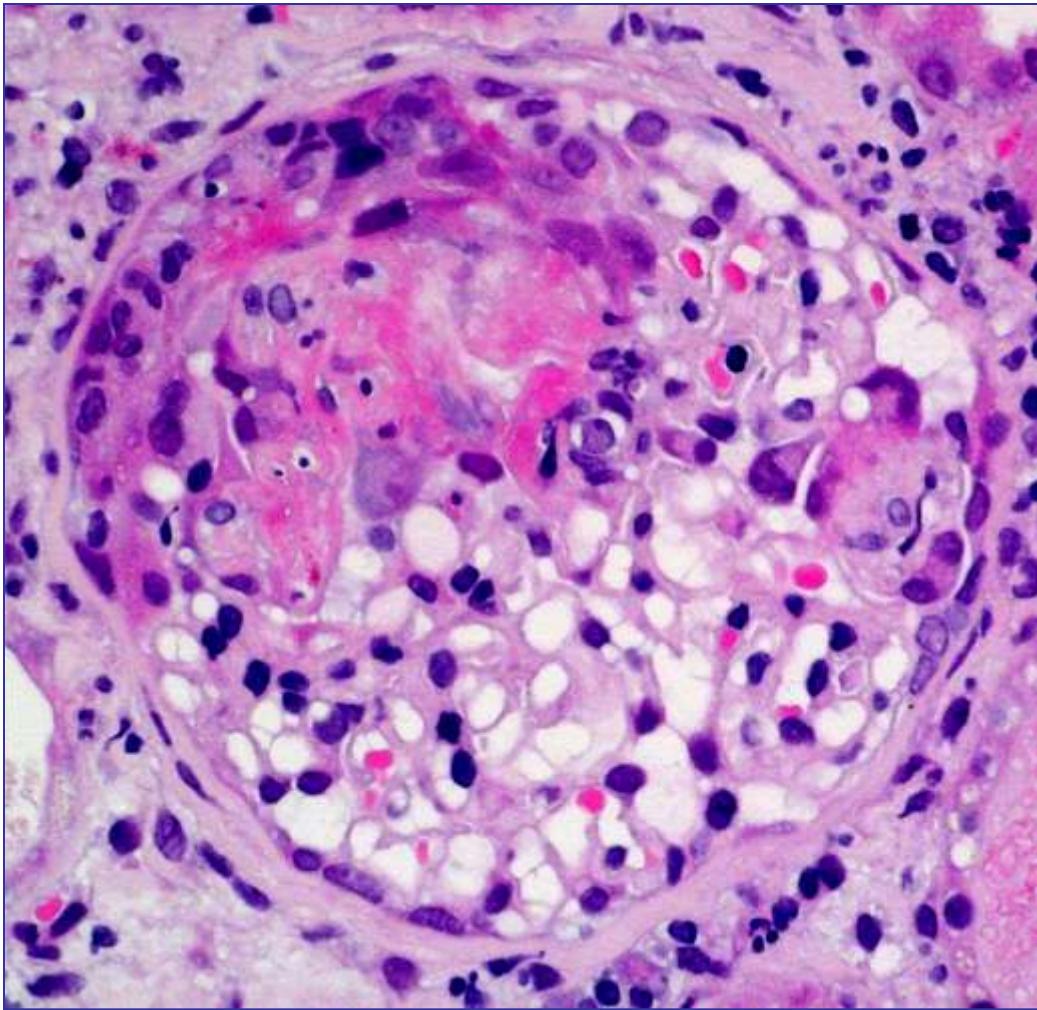
Glomerulosclerosis

Scarring of a glomerulus due to any chronic process.



Necrosis

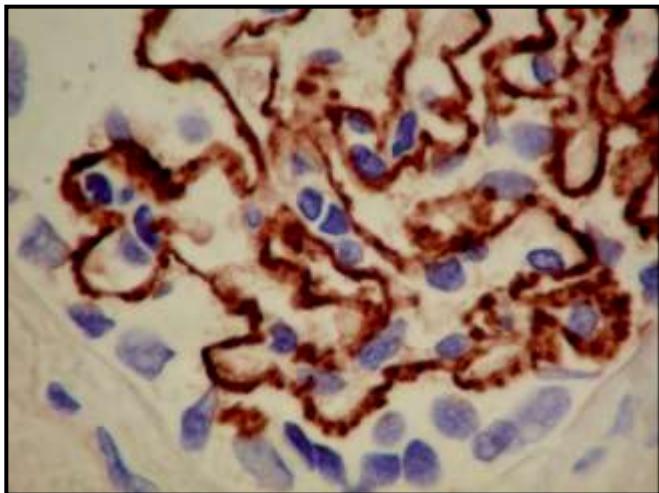
acute process, including vascular disease.



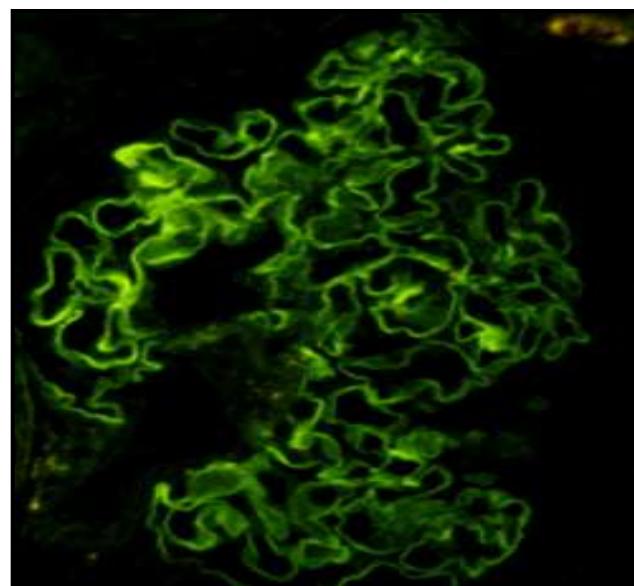
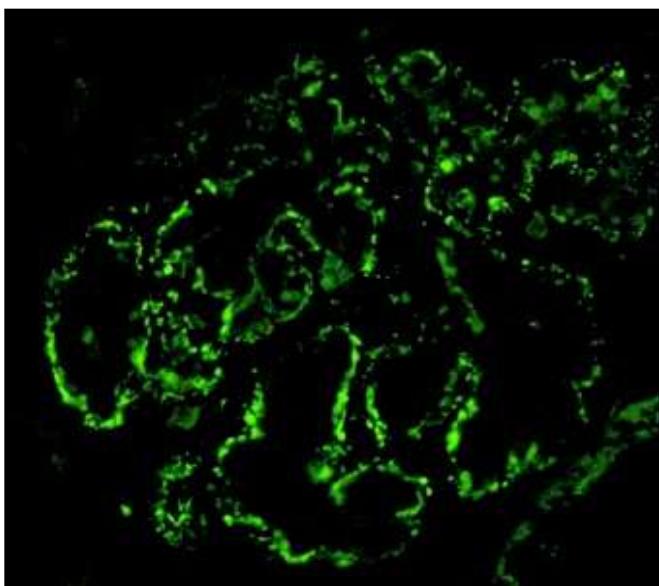
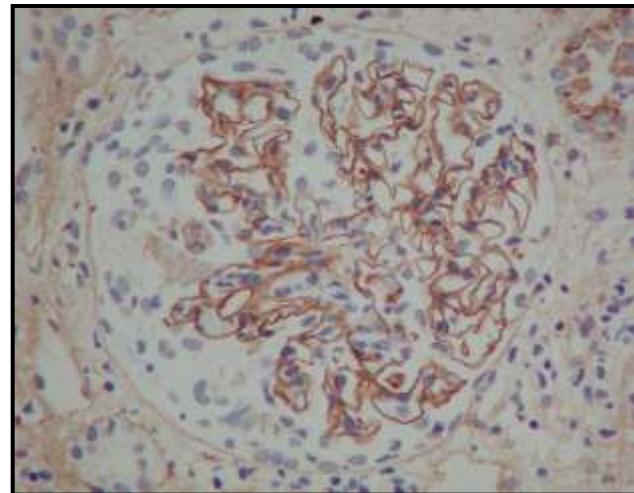
Immune reaction

Immune reaction

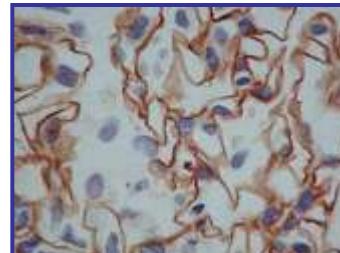
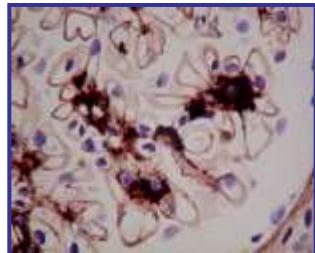
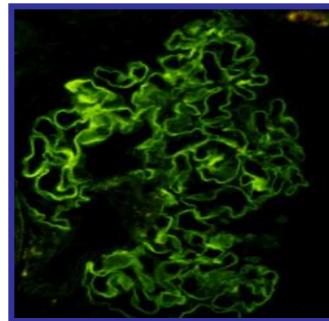
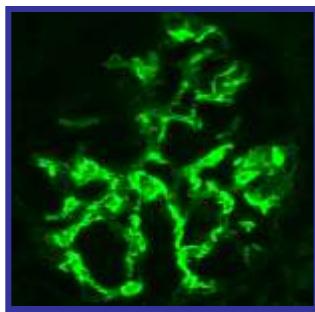
Granular pattern



Linear pattern



- Some diseases, such as **IgA nephropathy** and anti-GBM-glomerulonephritis can only be diagnosed by IH, whereas
 - the diagnosis of other diseases is confirmed or refined by IH.

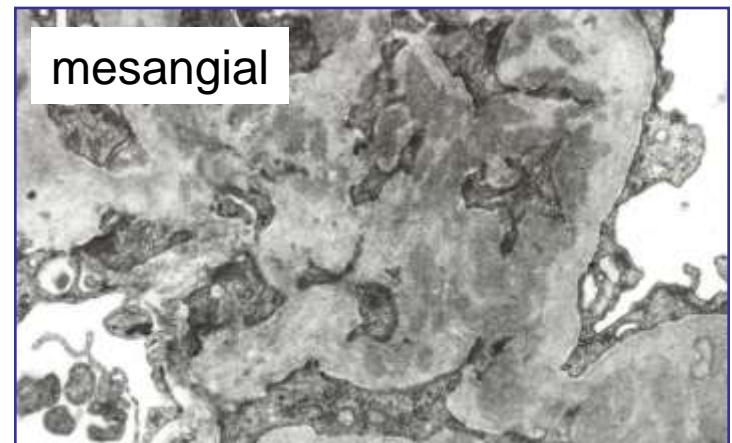
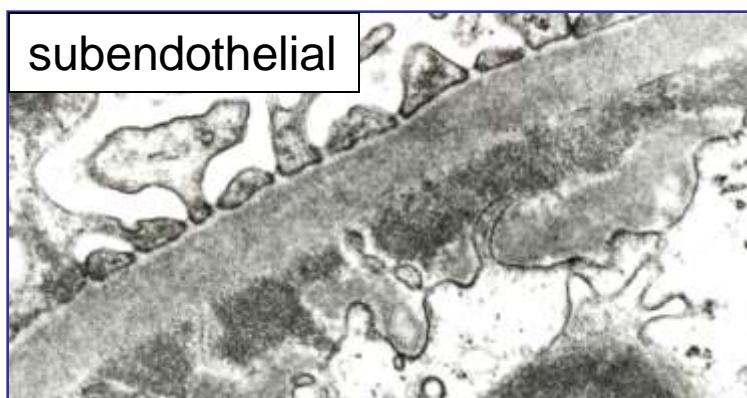
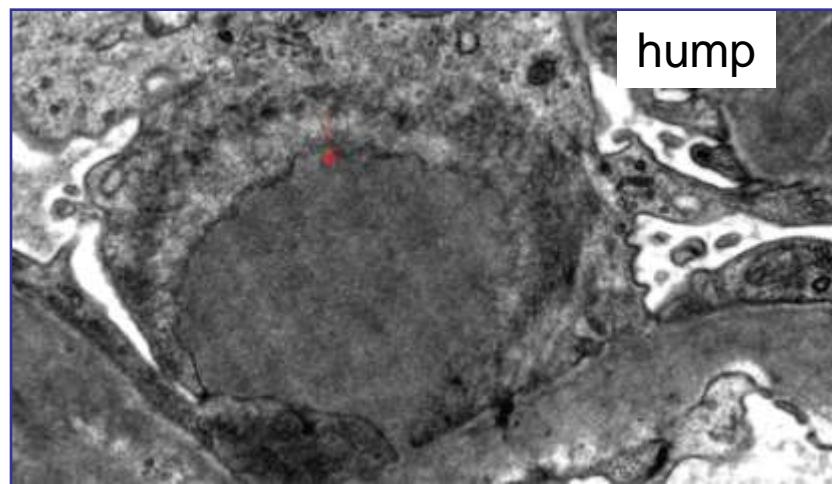
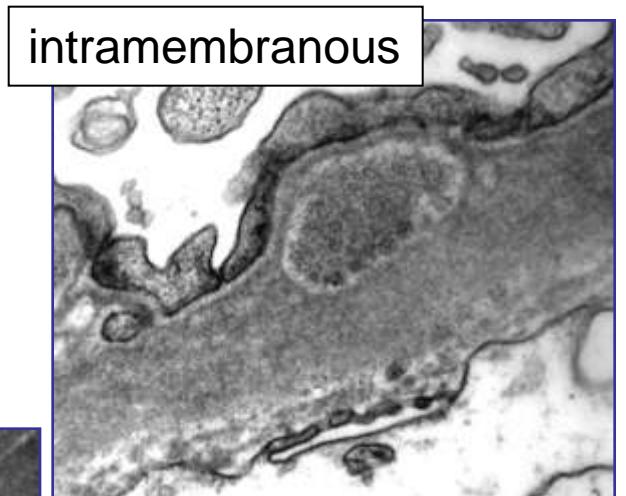
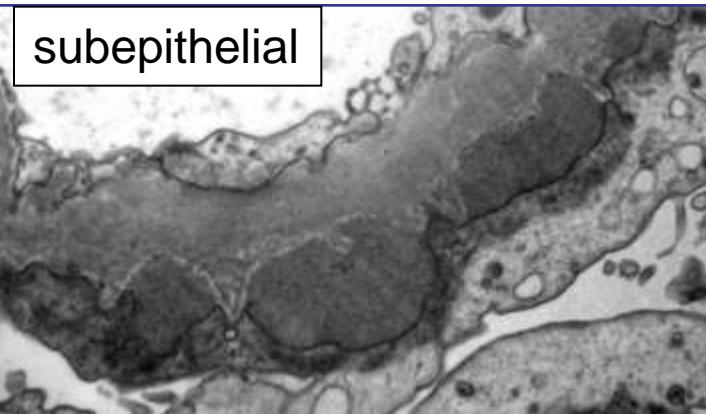


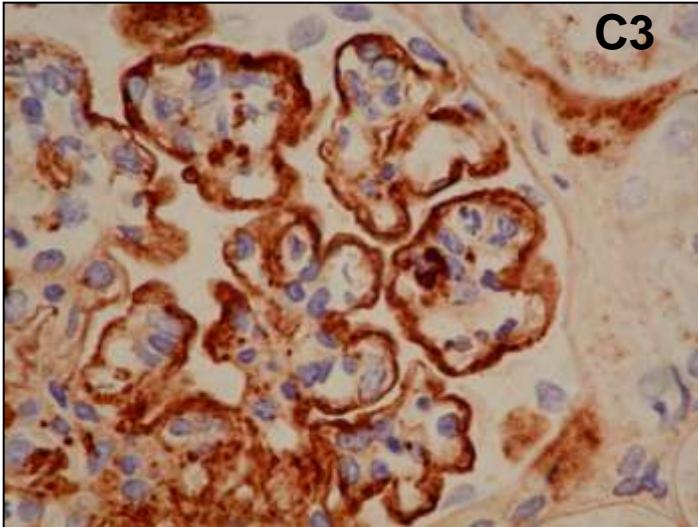
ELECTRONMICROSCOPY

ELECTRONMICROSCOPY

Protein deposits

intraglomerular localisation

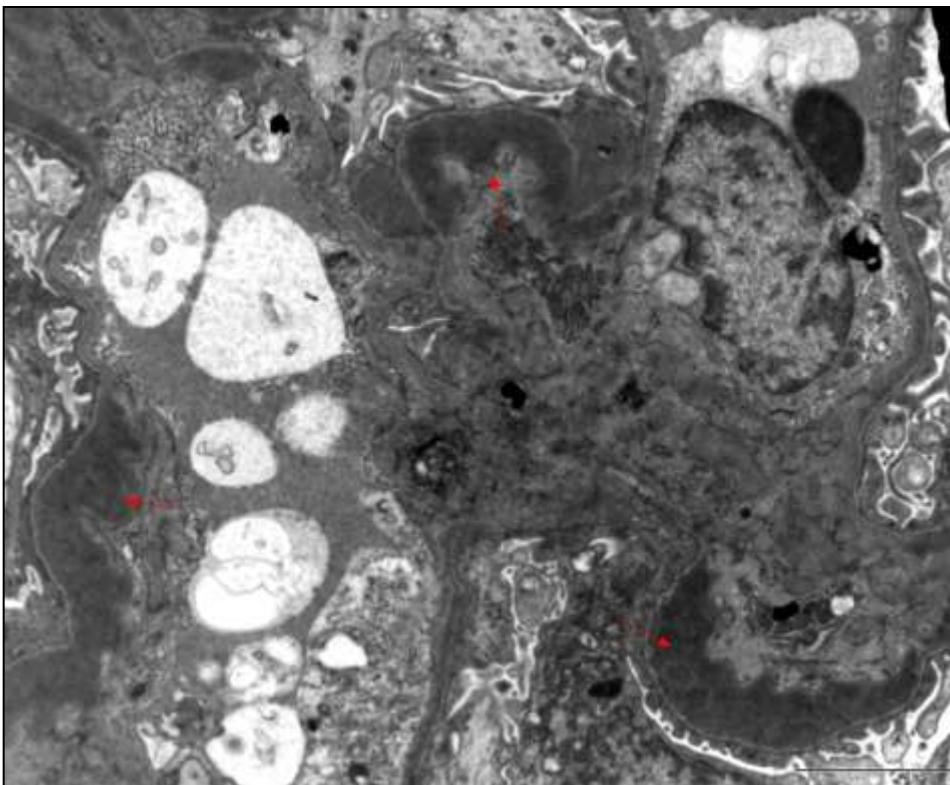


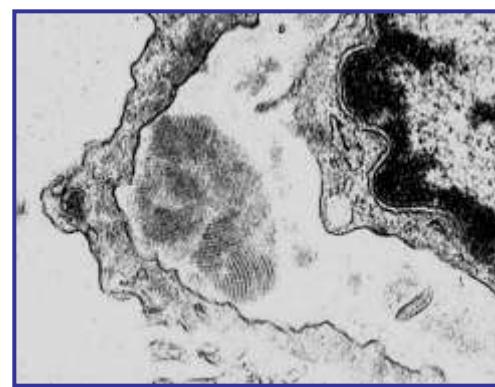
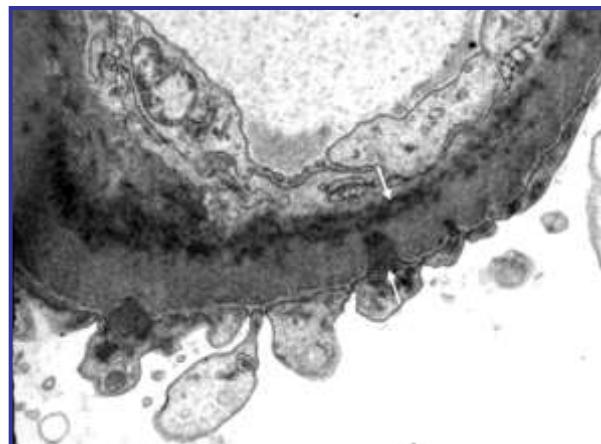
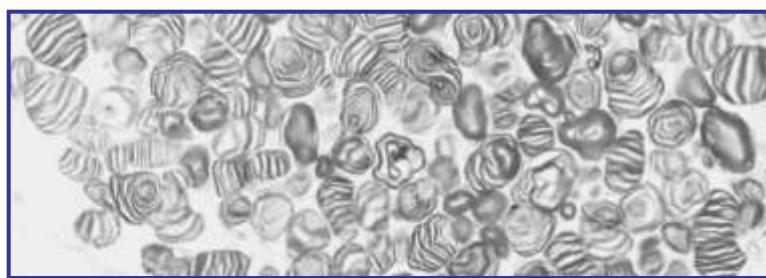
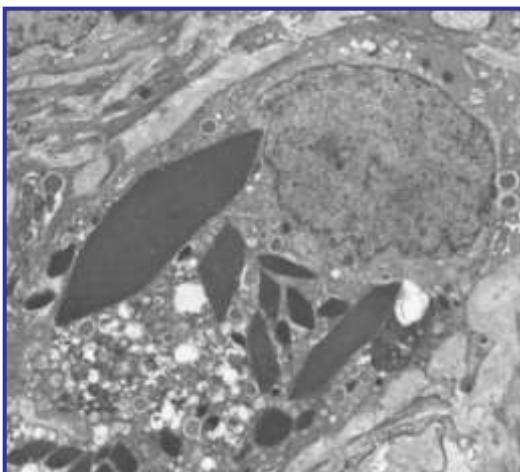
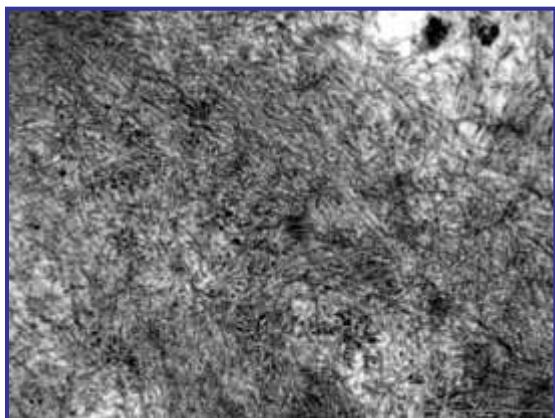


C3

dense deposit disease

Transplant recurrence: 100%





Renal biopsy (Glomeruli)

**There is more information in the biopsy
than the diagnosis**

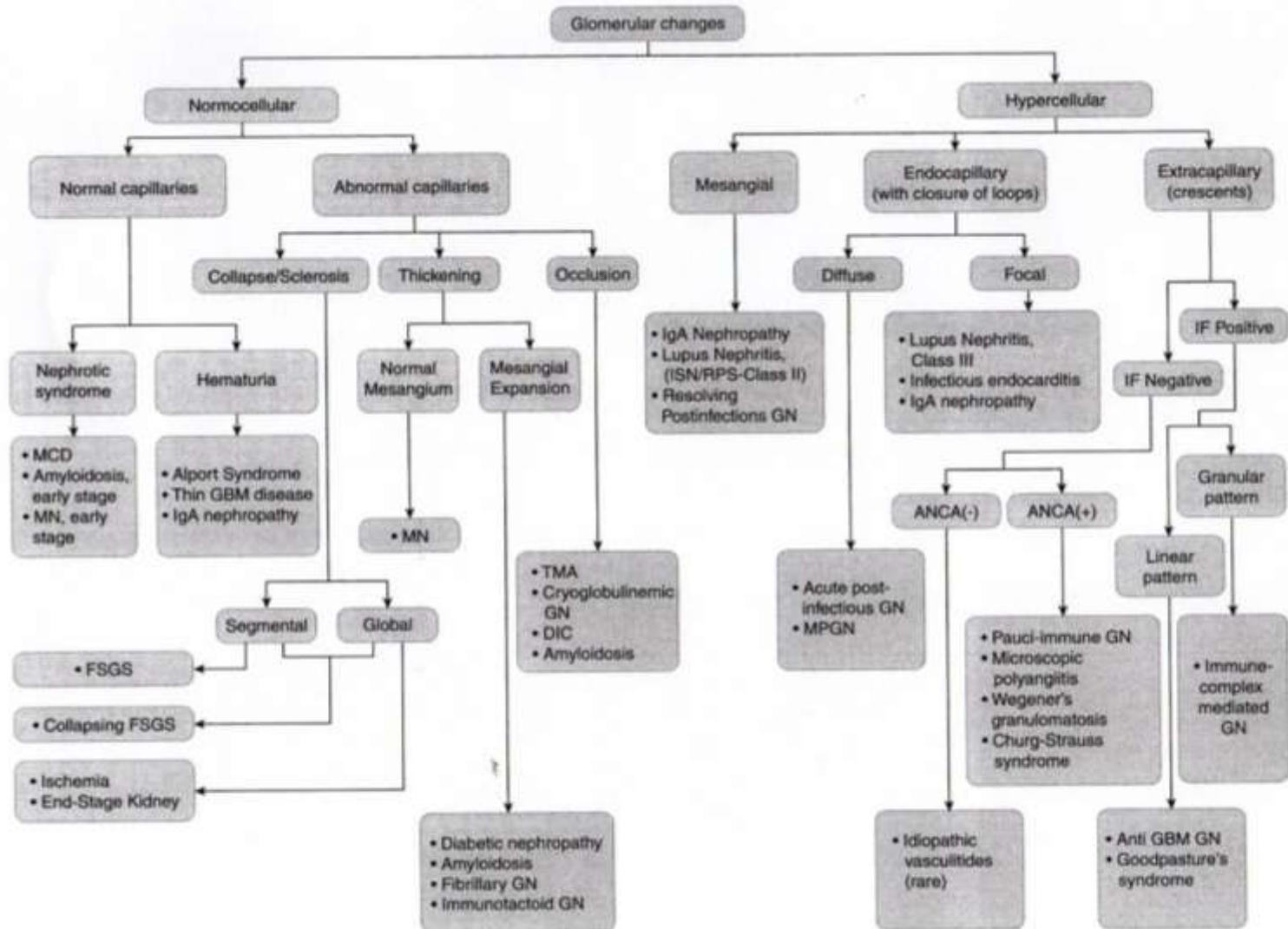
The biopsy can provide:

- 1. Prognostic information**
- 2. An indication of what treatment should be given and the likely response**
- 3. Give a measurement of activity and chronicity**

Algorhythmic approach to the interpretation of renal biopsy

Based on the work of
Zhou, XJ, Laszik, Z, Silva, FG

Silva's Diagnostic Renal Pathology
Cambridge Univ. Press 2009

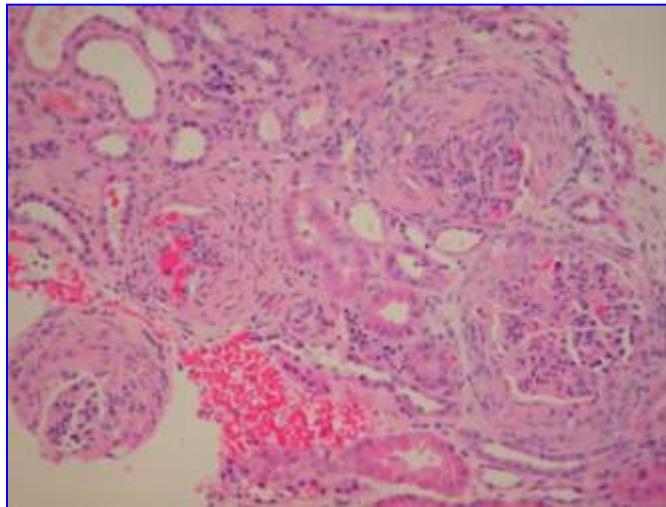


MCD: minimal change disease; MN: membranous nephropathy; GBM: glomerular basement membrane; FSGS: focal segmental glomerulosclerosis; TMA: thrombotic microangiopathy; GN: glomerulonephritis; DIC: disseminated intravascular coagulation; ANCA: anti-neutrophil cytoplasmic antibody; MPGN: membranoproliferative glomerulonephritis

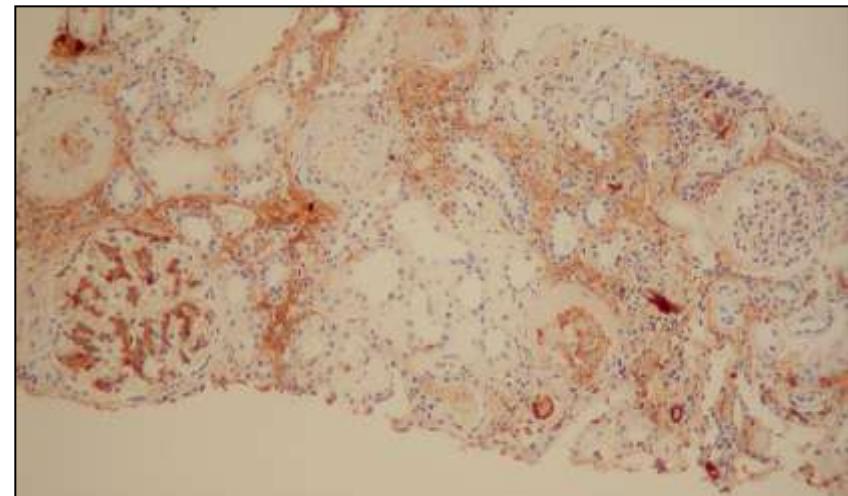
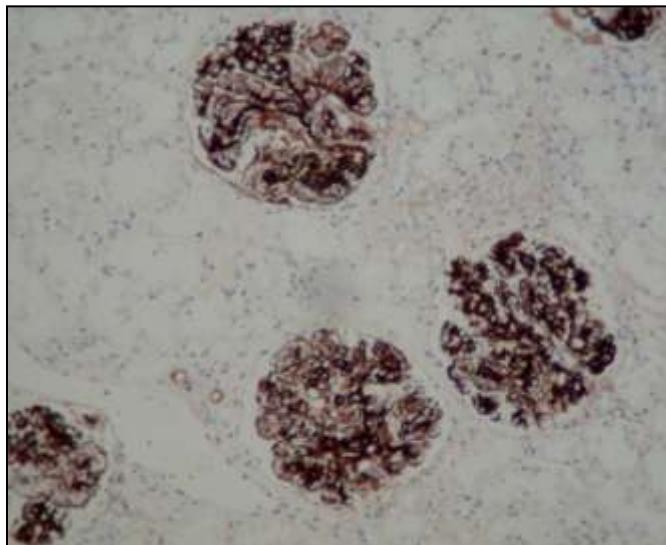
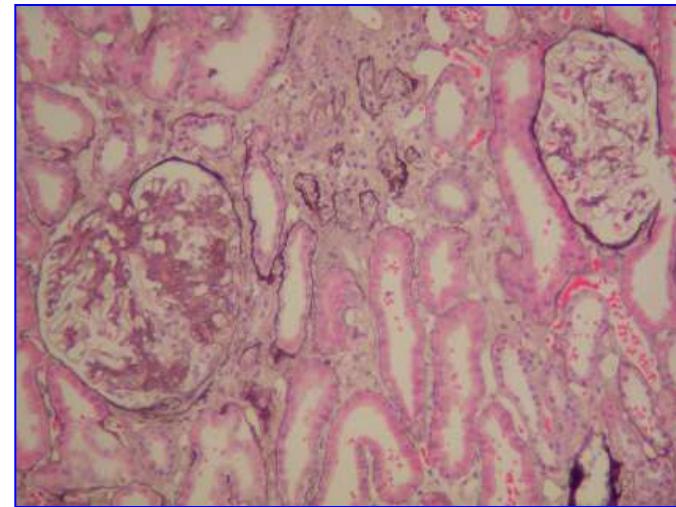
FIGURE 3.4: Algorithmic approach to the interpretation of glomerular injury by light microscopy.

Glomerular changes

Diffuse

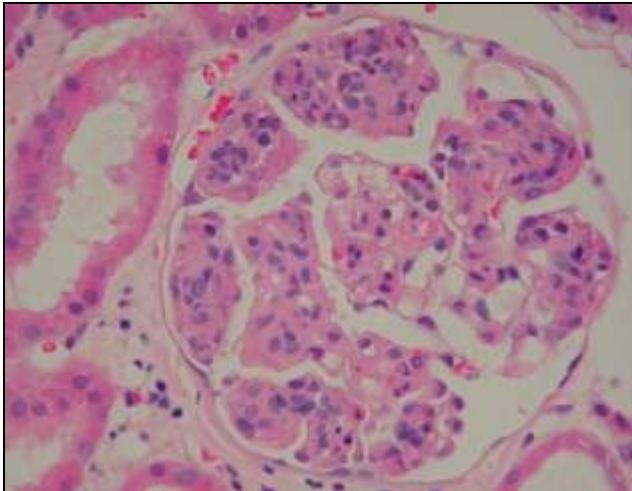


Focal

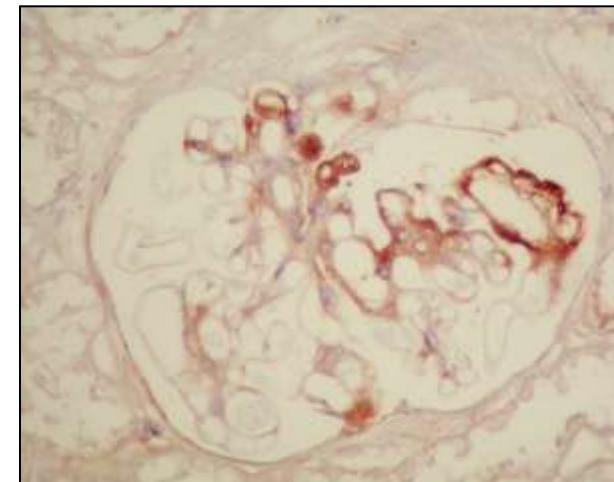
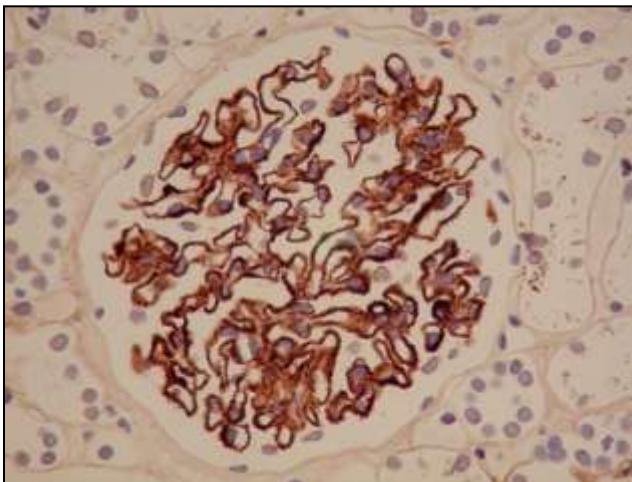
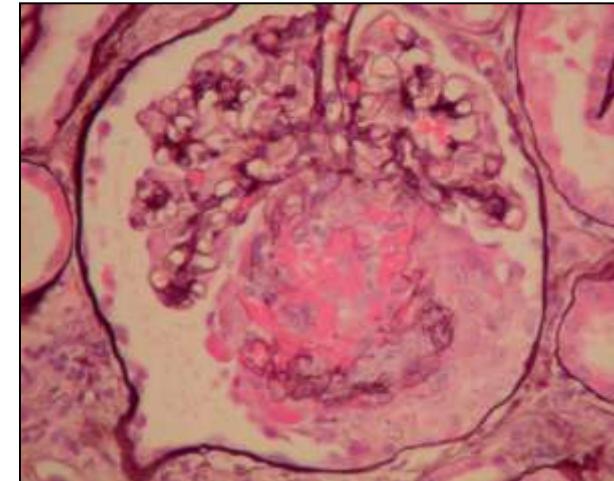


Glomerular changes

Global



Segmental

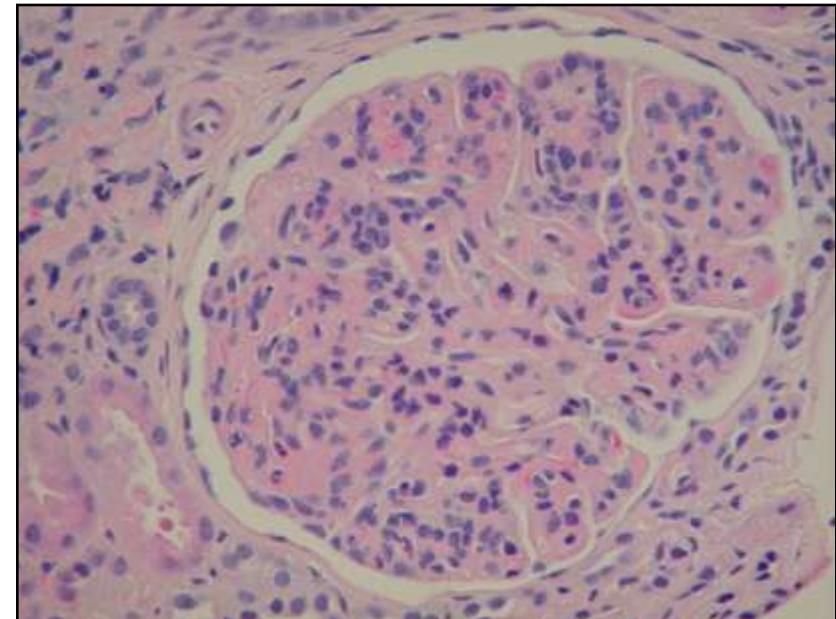
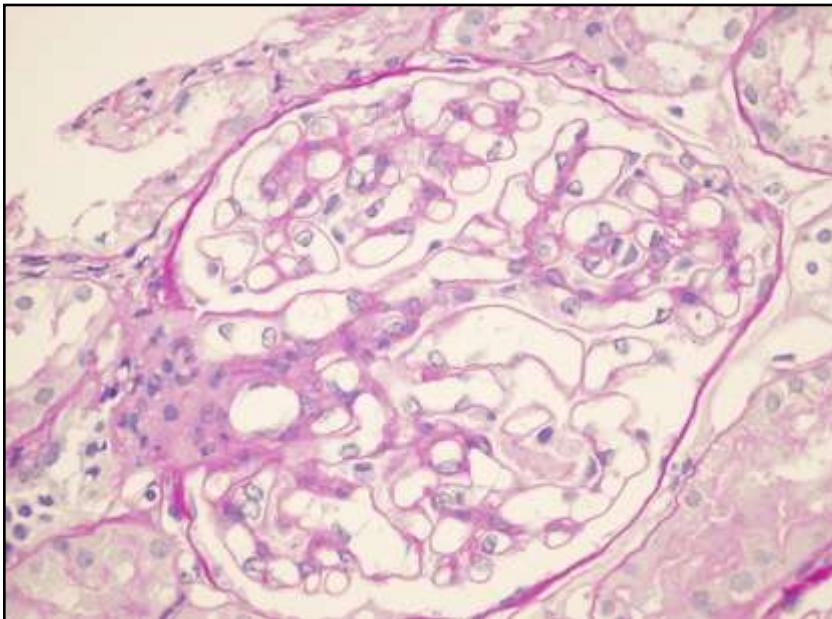


Glomerular changes

Glomerular changes

NORMOCELLULAR

HYPERCELLULAR



Glomerular changes



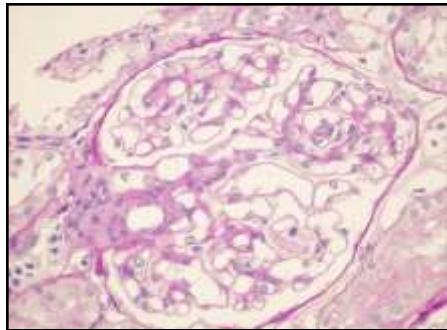
NORMOCELLULAR



Normal capillaries

Abnormal capillaries

Glomerular changes



NORMOCELLULAR

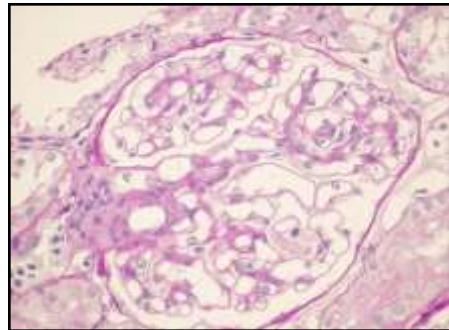
Normal capillaries

**Nephrotic
syndrome**

Haematuria

**Electronmicroscope
Immunohistology
Specials staining**

Glomerular changes



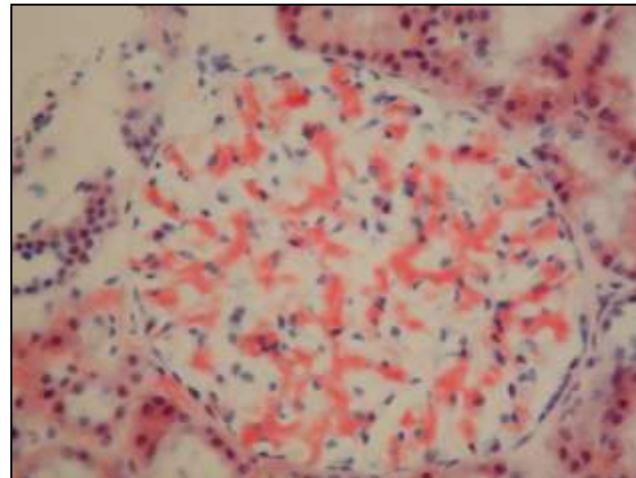
NORMOCELLULAR

Normal capillaries

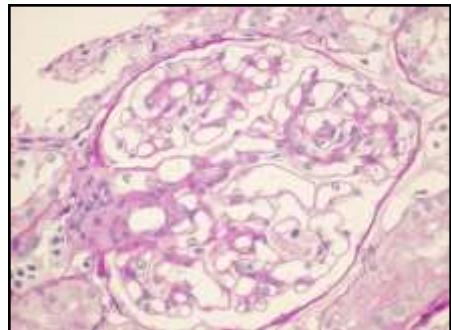
Nephrotic
syndrome

Special staining (Congo red+ Polarizing)

Amyloidosis



Glomerular changes



NORMOCELLULAR

Normal capillaries

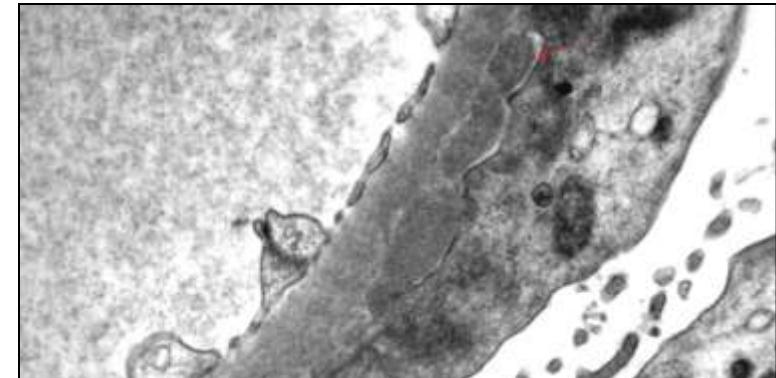
Nephrotic
syndrome

IH negative

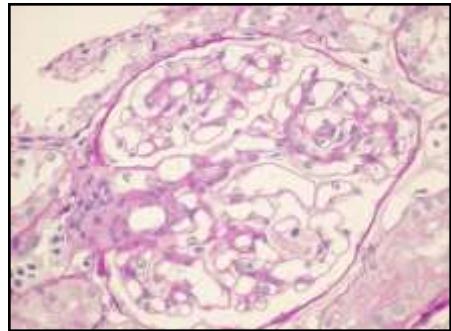
IH: granular IgG, C3 deposits
EM: subepithelial e.d. deposits

Minimal change nephropathy
Membranous GN Stage IV

Membranous GN Stage I



Glomerular changes



NORMOCELLULAR

Normal capillaries

Haematuria

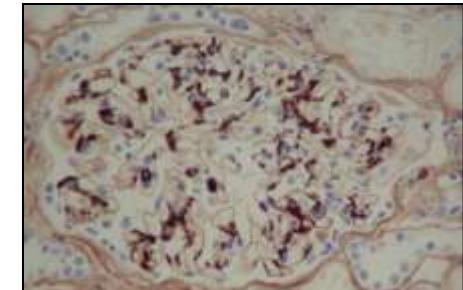
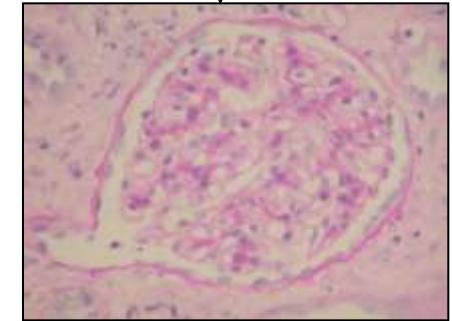
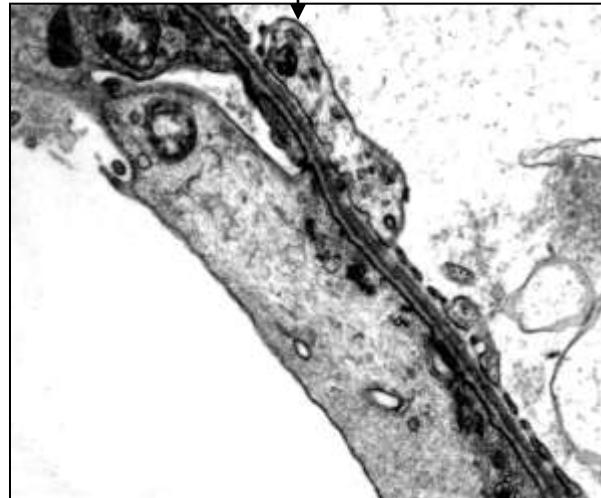
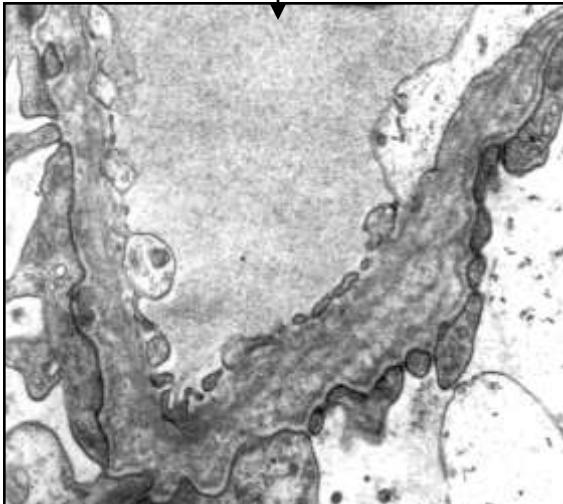
Alport sy.

EM

Thin GBM D

IH

IgA N



Glomerular changes



NORMOCELLULAR



Abnormal capillaries



Collapse/sclerosis

Thickening

Occlusion



Glomerular changes

NORMOCELLULAR

Abnormal capillaries

Collapse/sclerosis

Thickening

Occlusion

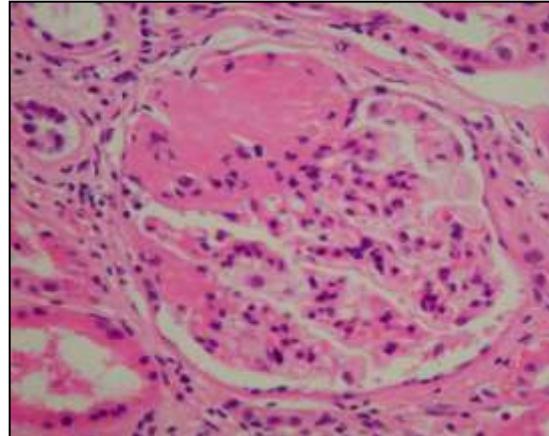
Glomerular changes

NORMOCELLULAR

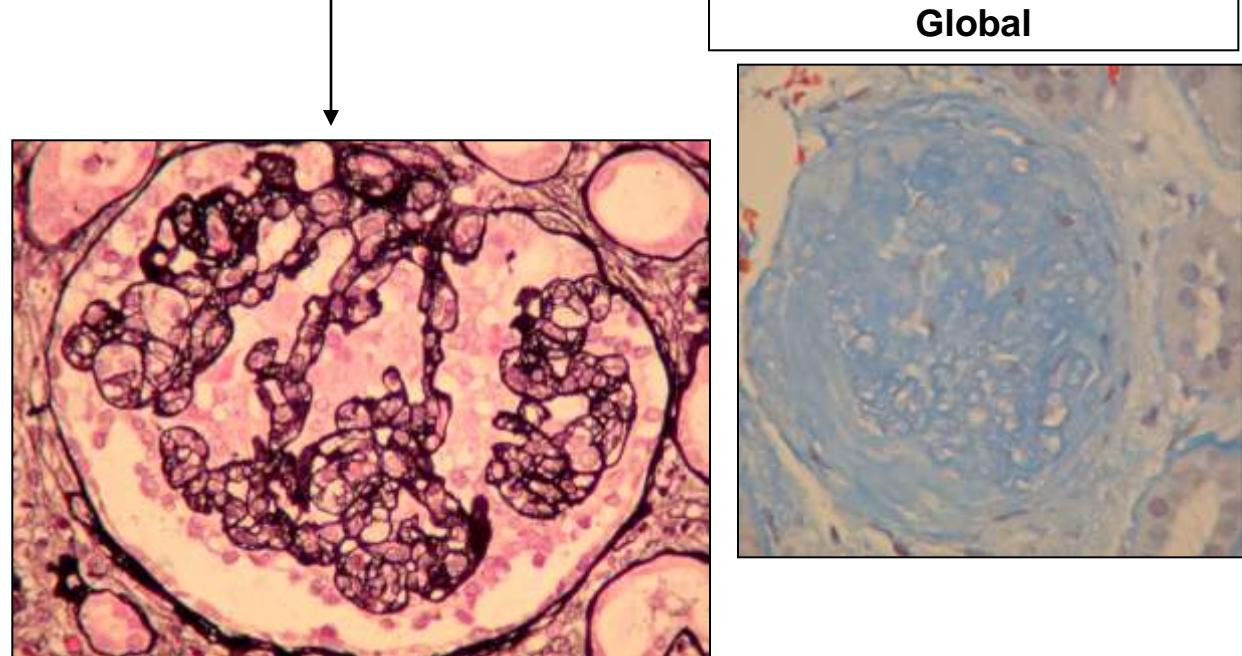
Abnormal capillaries

Collapse/sclerosis

Segmental



Global



Glomerular changes

NORMOCELLULAR

Abnormal capillaries

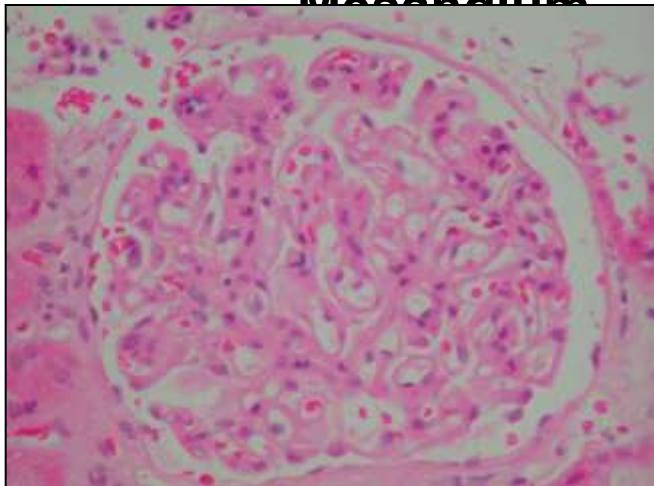
Collapse/sclerosis

Thickening

Occlusion

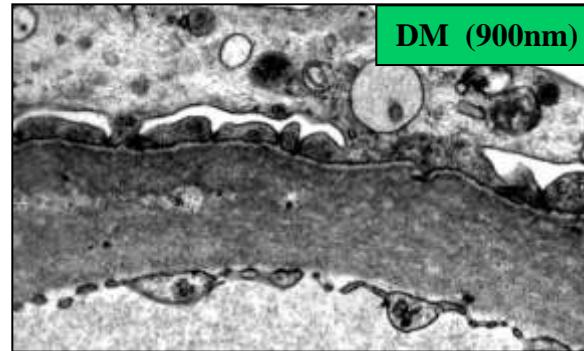
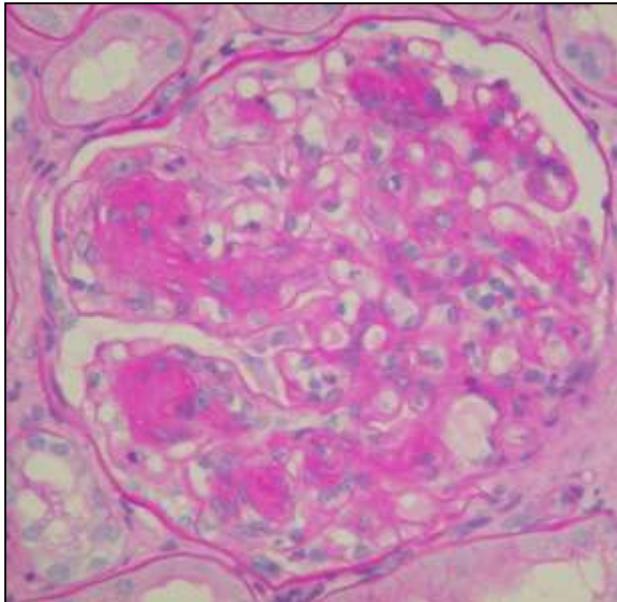
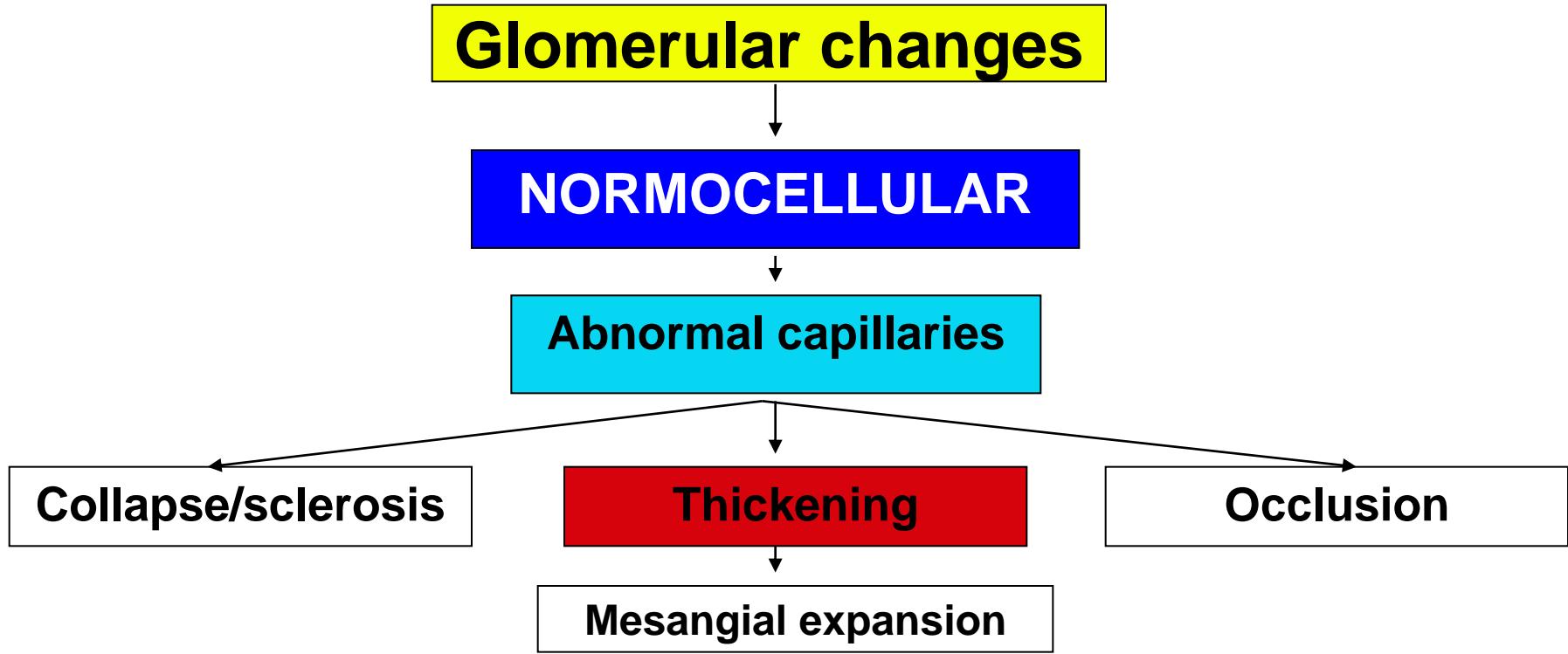
Normal
Mesangium

Mesangial expansion

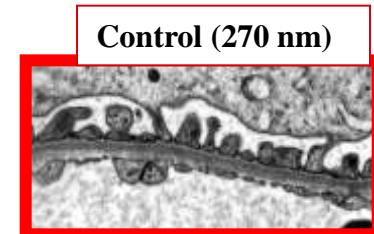


Membranous glomerulopathy

Glomerular changes



Diabetes glomerulopathy



Control (270 nm)

Glomerular changes

NORMOCELLULAR

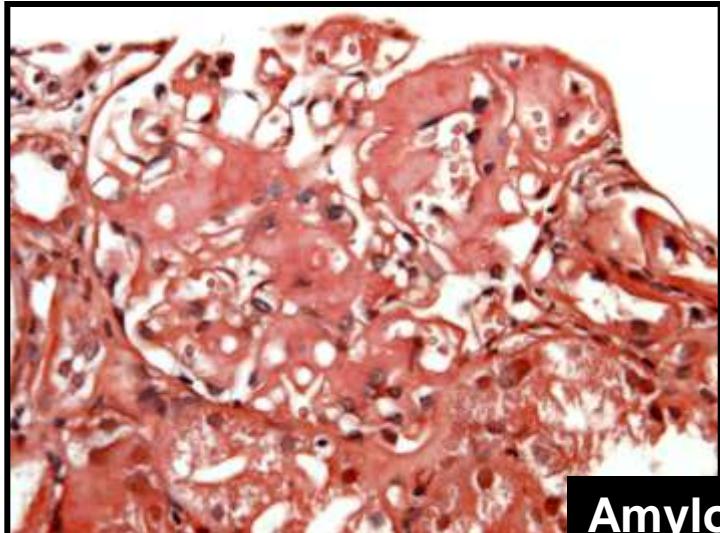
Abnormal capillaries

Collapse/sclerosis

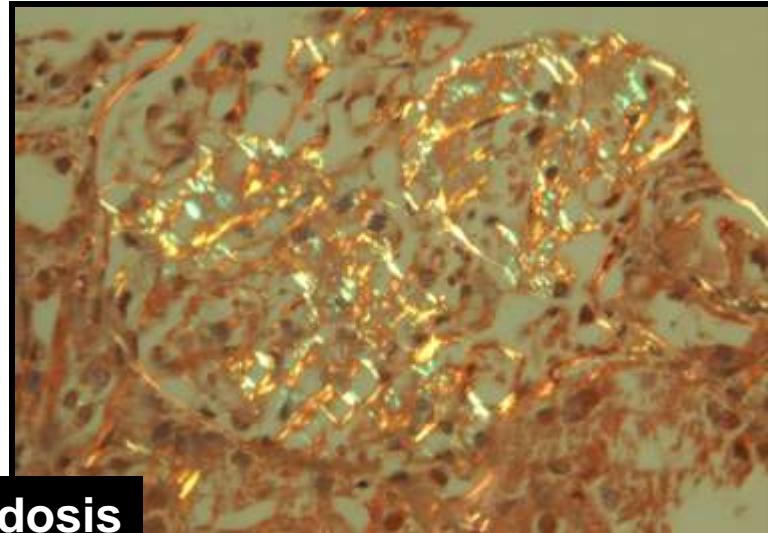
Thickening

Occlusion

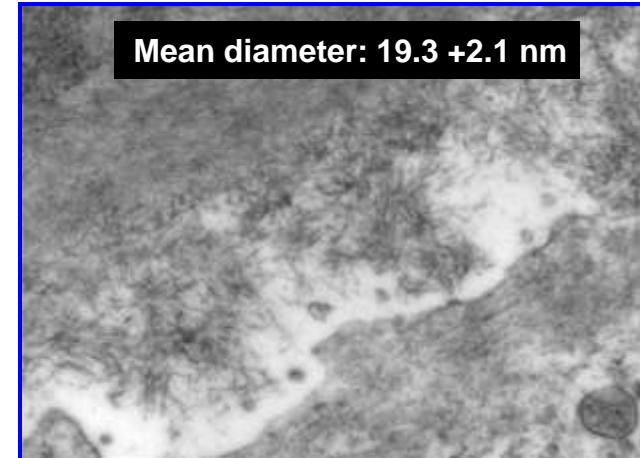
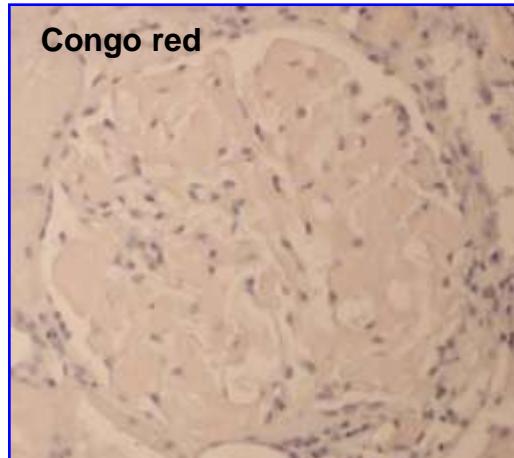
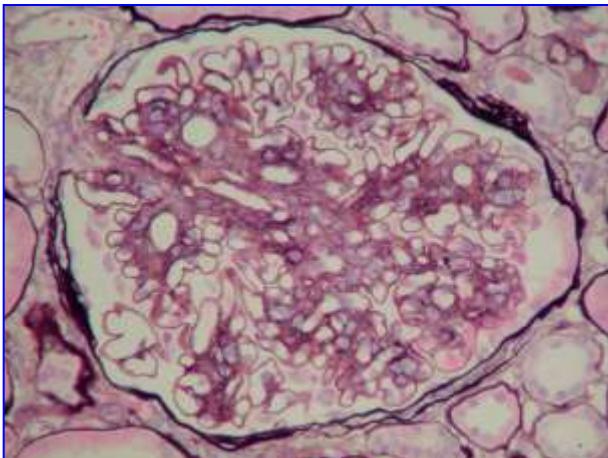
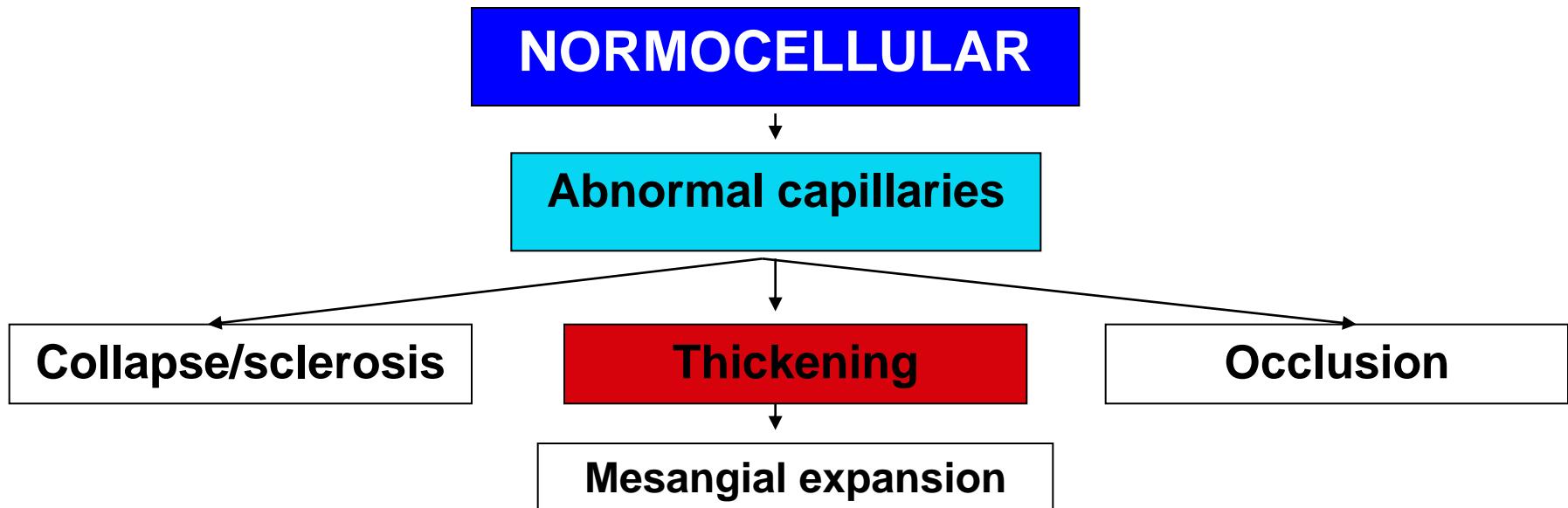
Mesangial expansion



Amyloidosis



Glomerular changes



Fibrillary glomerulopathy

Glomerular changes



NORMOCELLULAR



Abnormal capillaries



Collapse/sclerosis

Thickening

Occlusion



Glomerular changes



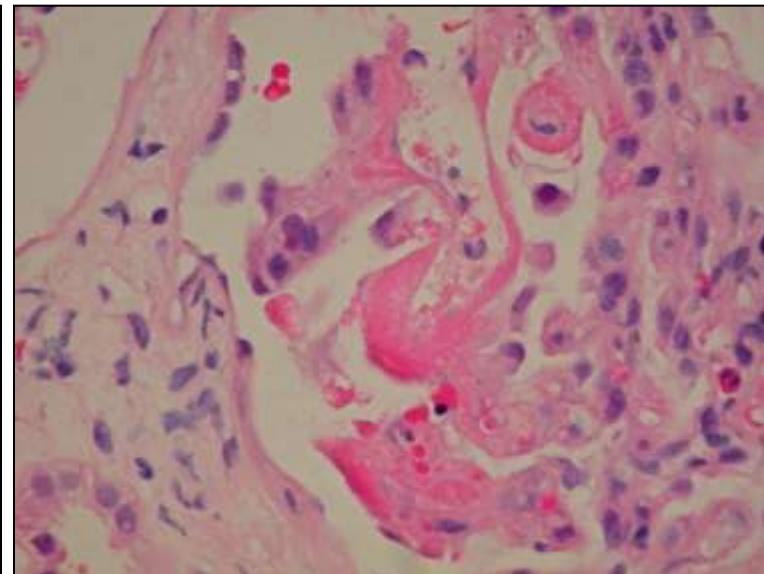
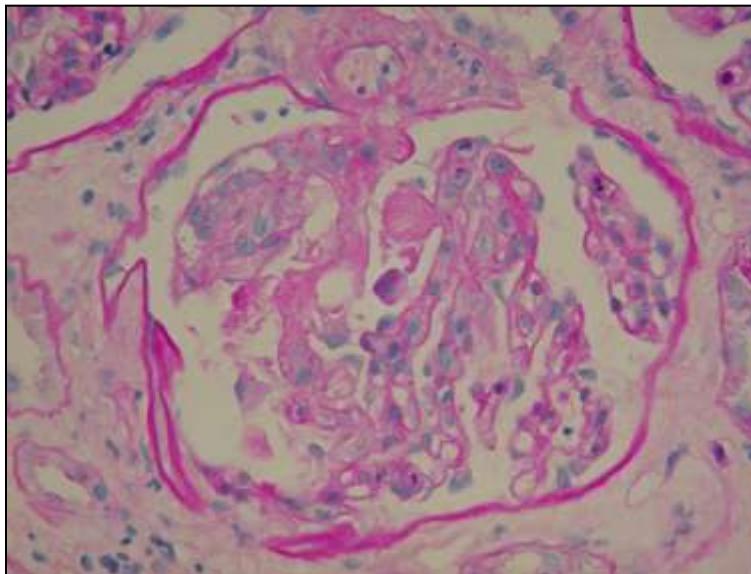
NORMOCELLULAR



Abnormal capillaries



Occlusion



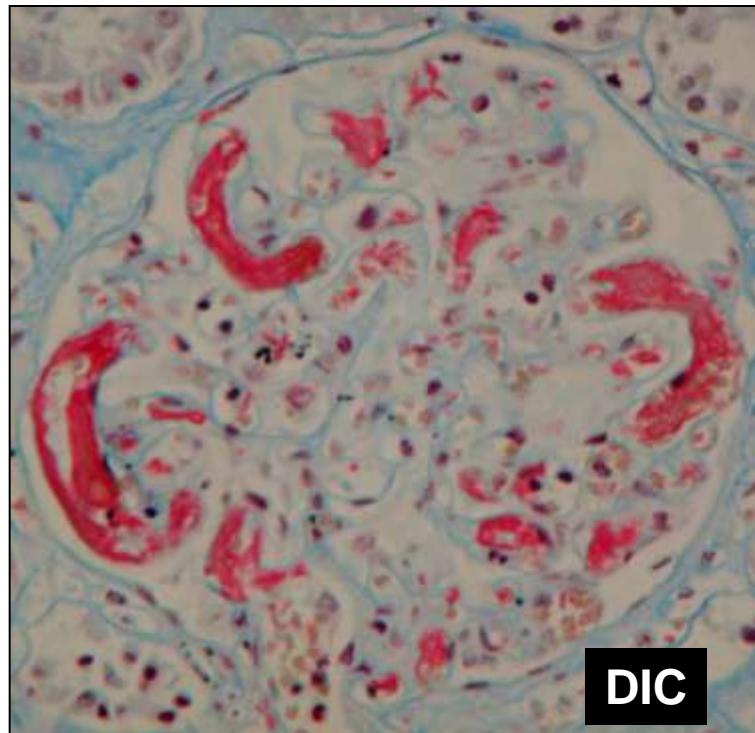
TTP (TMA)

Glomerular changes

NORMOCELLULAR

Abnormal capillaries

Occlusion

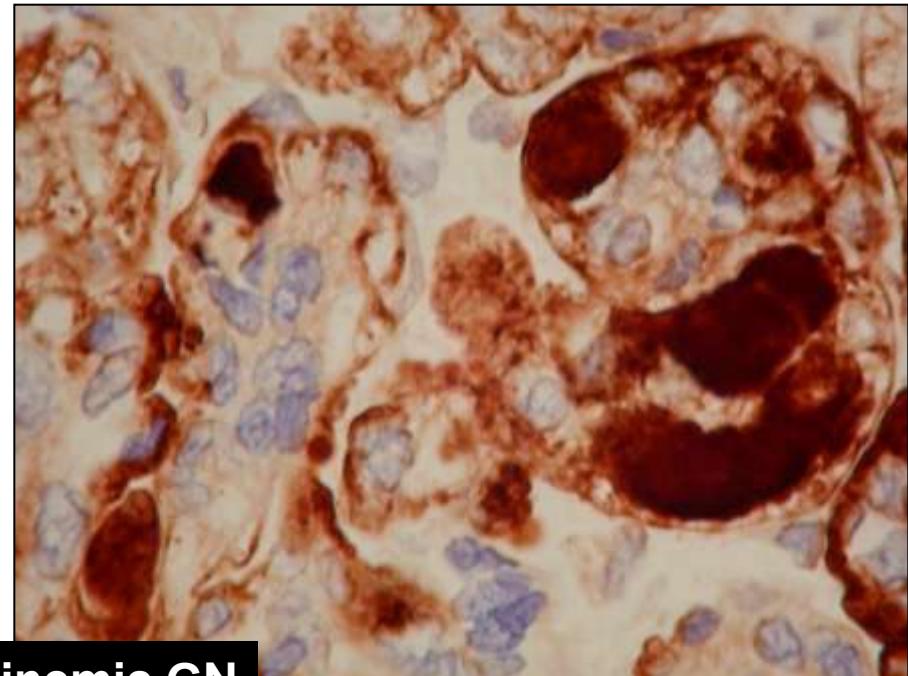
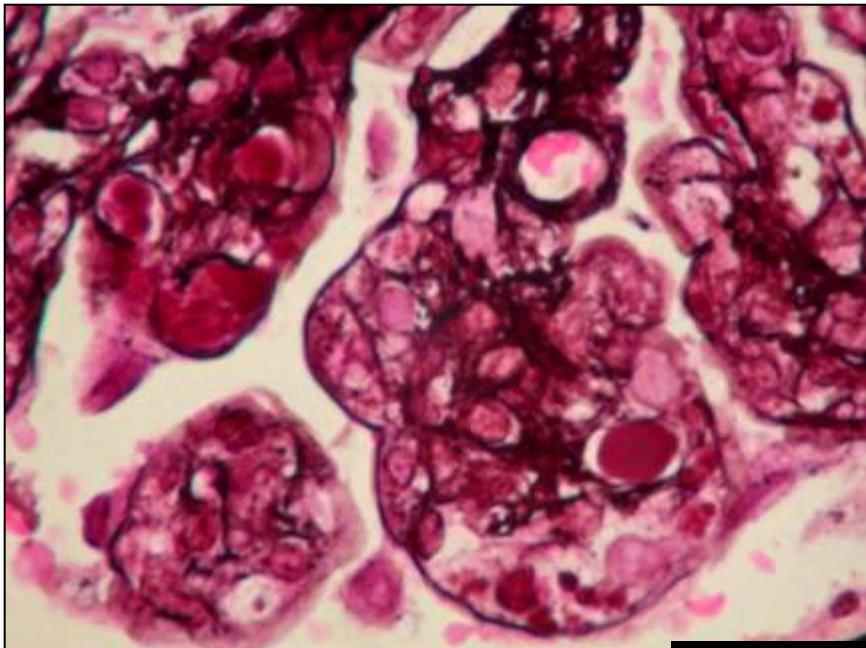


Glomerular changes

NORMOCELLULAR

Abnormal capillaries

Occlusion



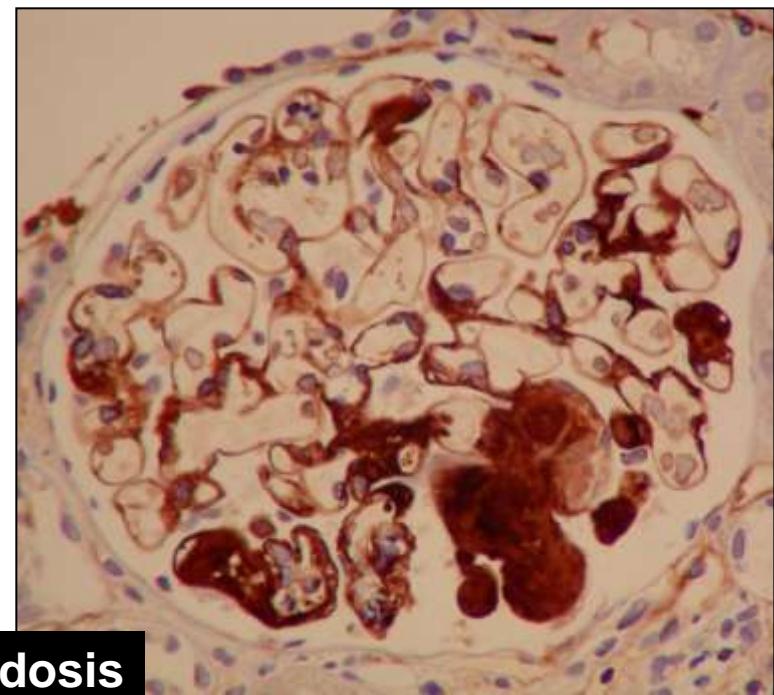
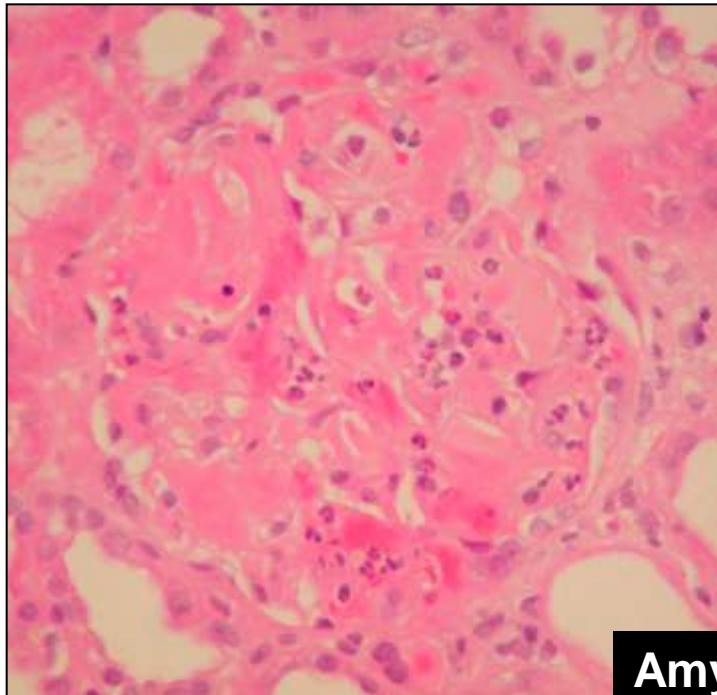
Cryoglobulinemic GN

Glomerular changes

NORMOCELLULAR

Abnormal capillaries

Occlusion



Amyloidosis

Glomerular changes

NORMOCELLULAR

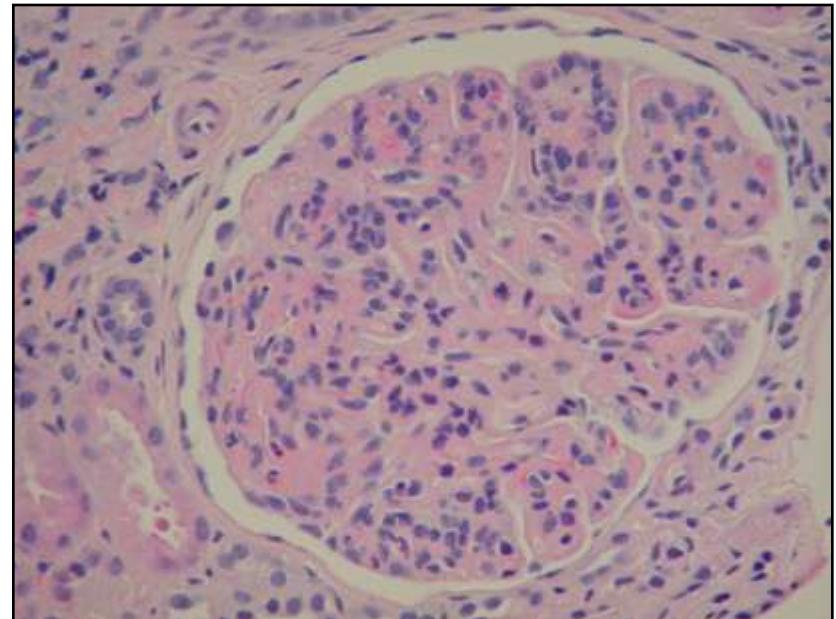
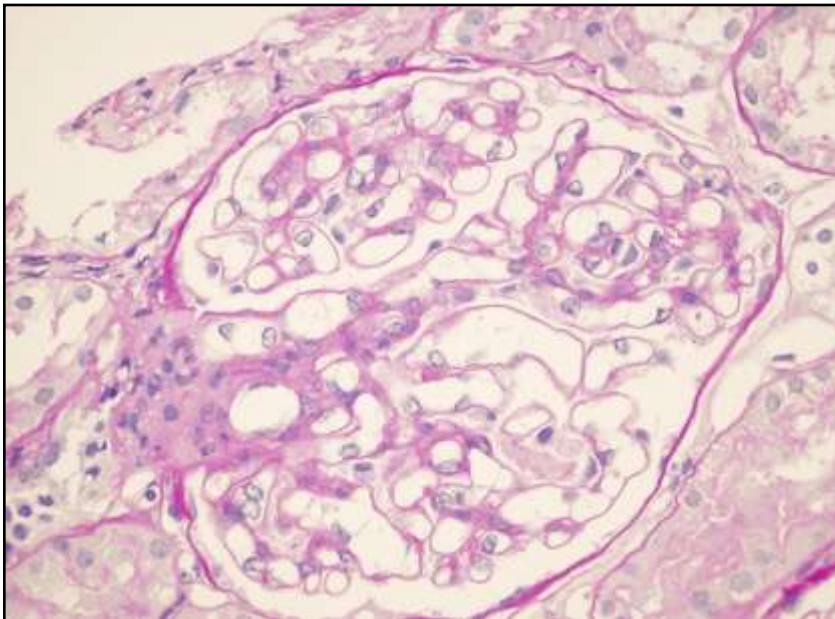
HYPERCELLULAR



Glomerular changes

NORMOCELLULAR

HYPERCELLULAR



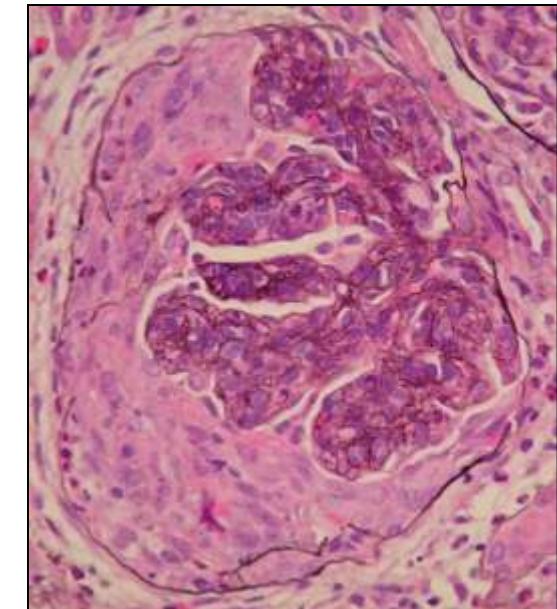
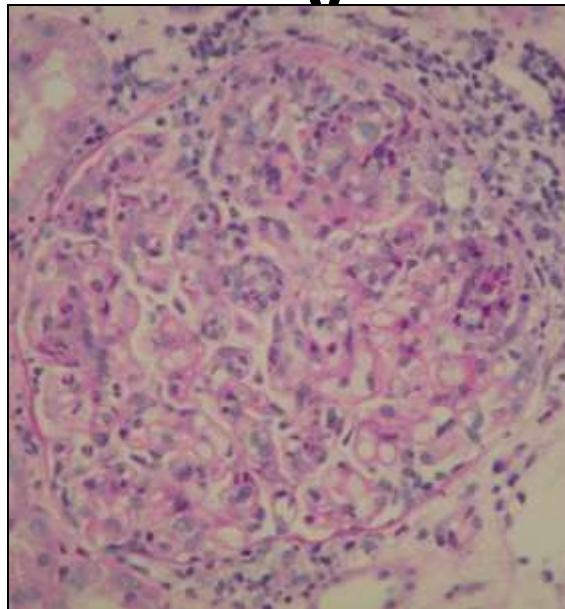
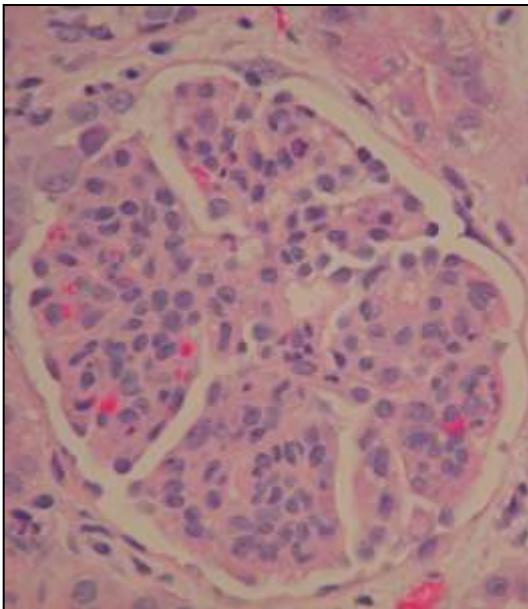
Glomerular changes

HYPERCELLULAR

Mesangial

Endocapillar

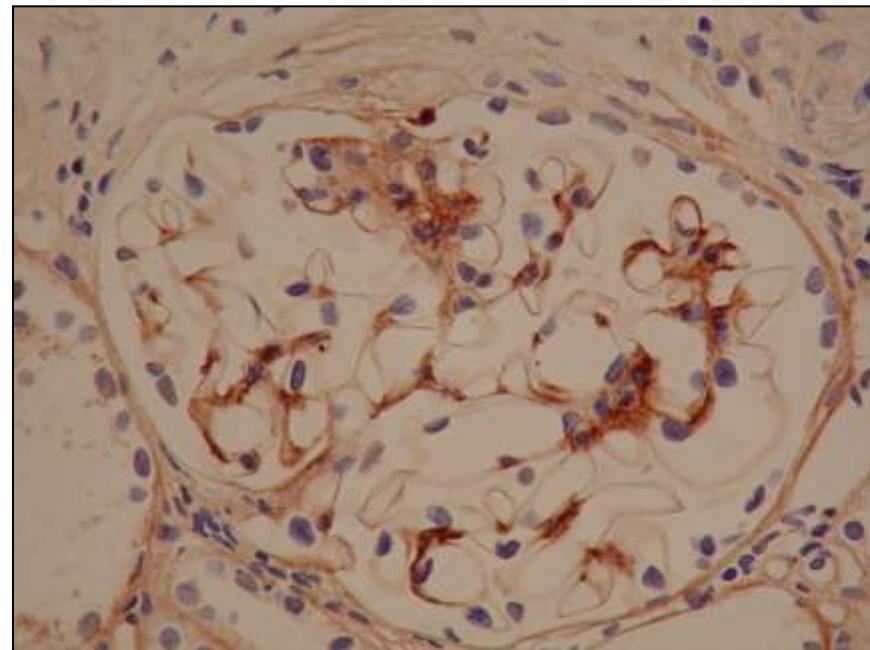
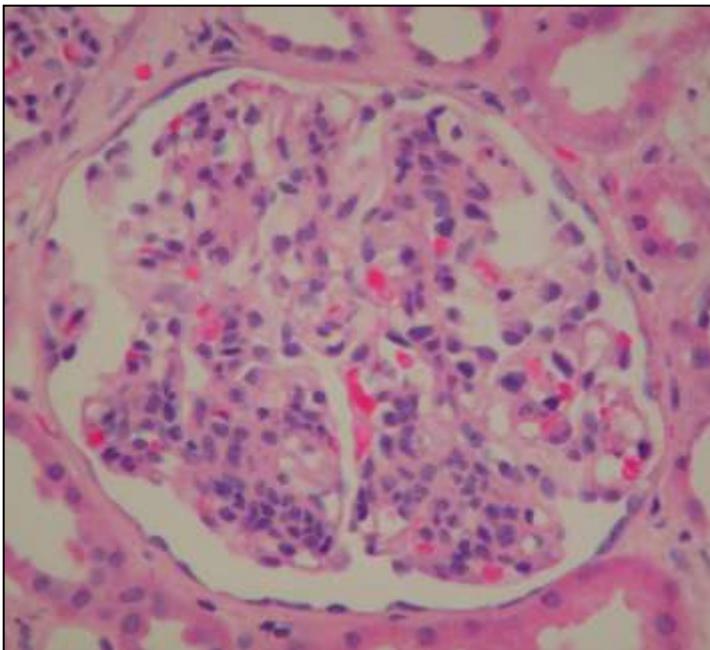
Extracapillary



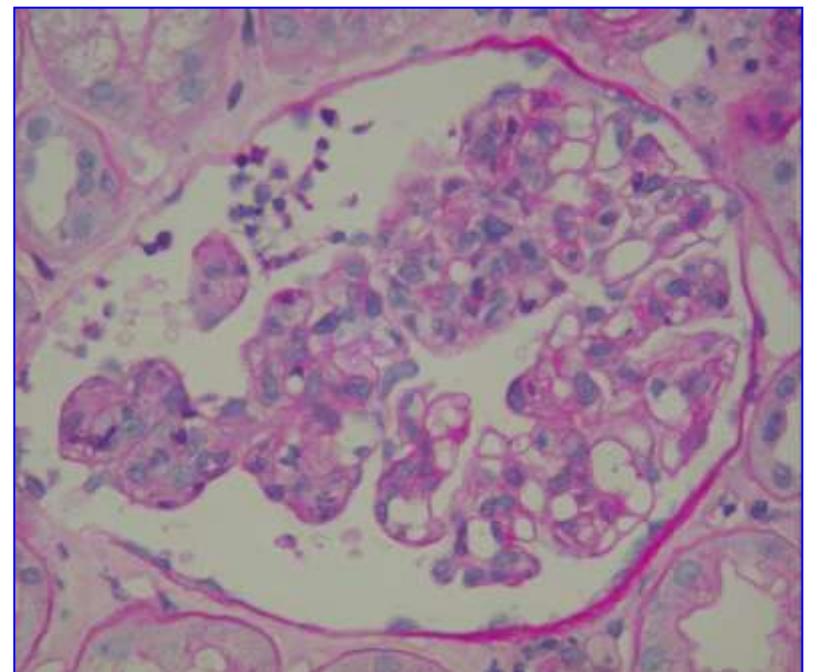
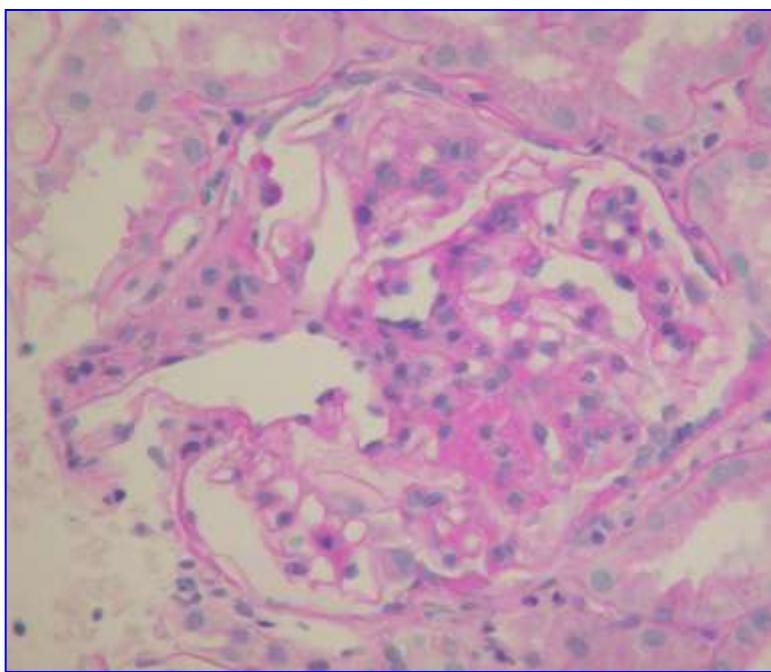
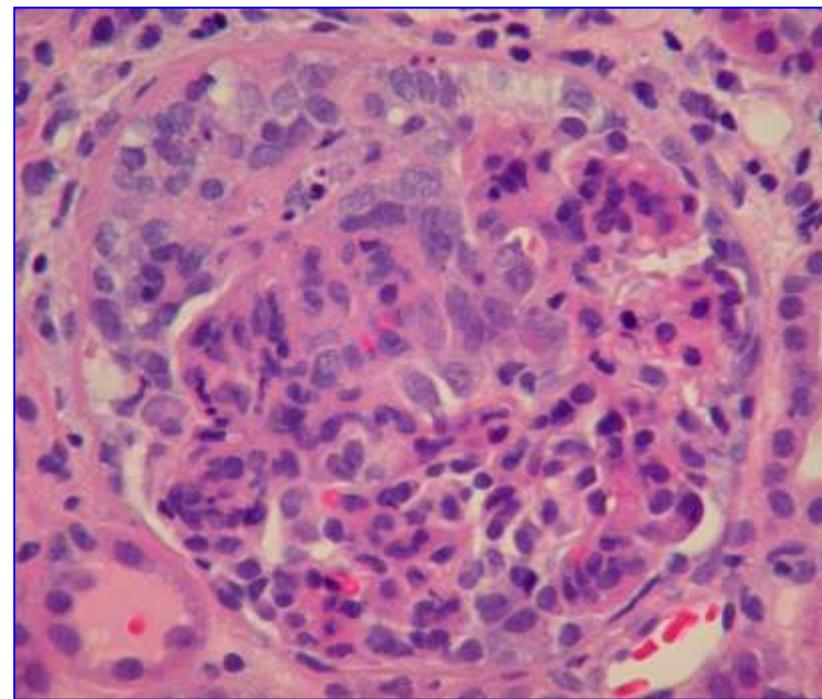
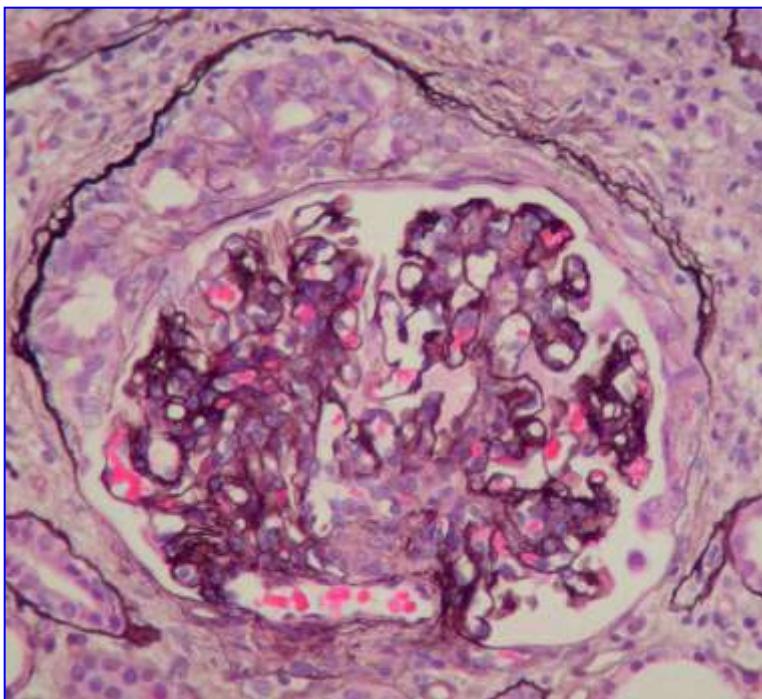
Glomerular changes

HYPERCELLULAR

Mesangial



IgAN and HSPN

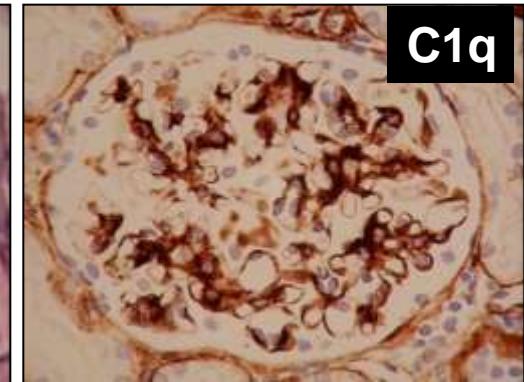
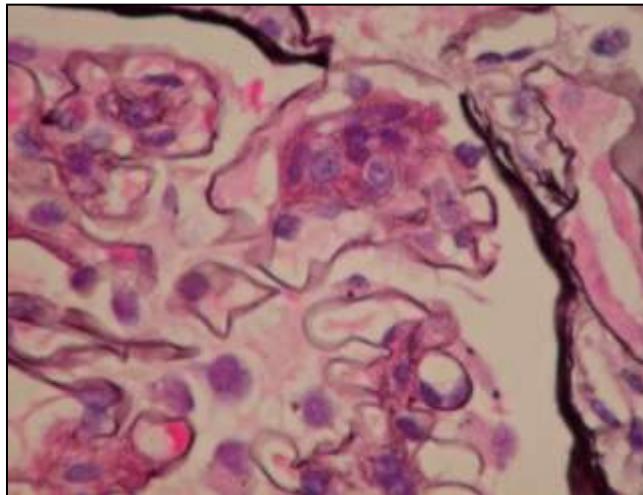
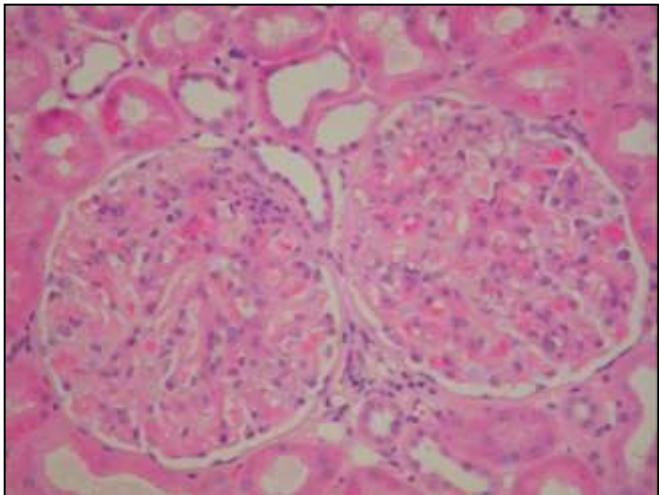


Glomerular changes

HYPERCELLULAR

Mesangial

Lupus Nephritis Class II.



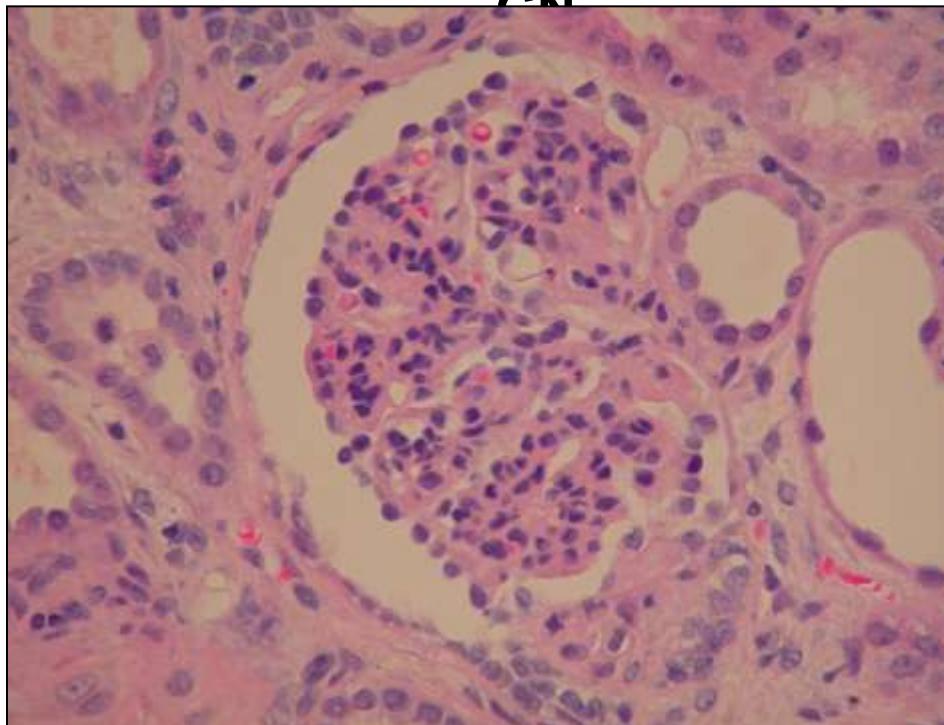
Glomerular changes

HYPERCELLULAR

Mesangial

Resolving postinfectious

CN



Glomerular changes

HYPERCELLULAR

Endocapillary

Diffuse

Focal

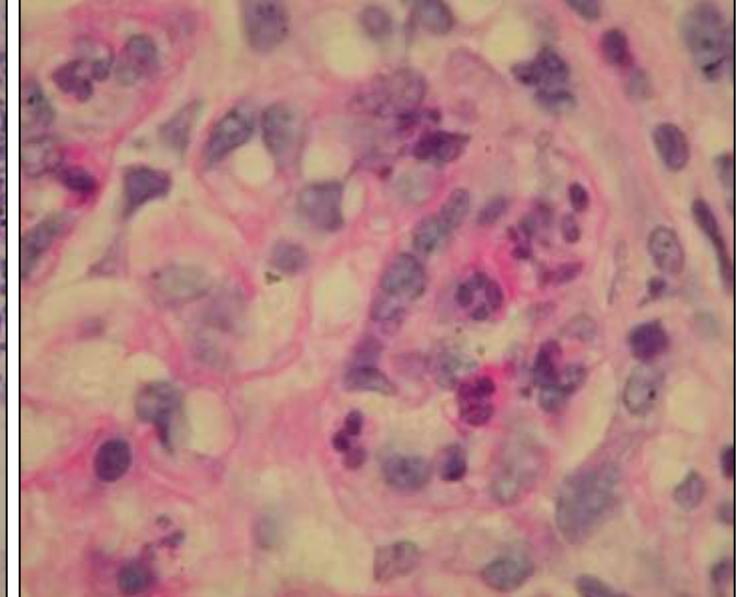
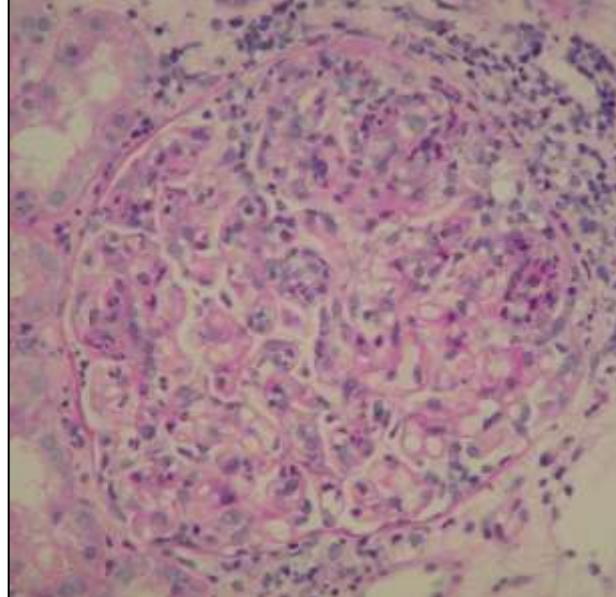
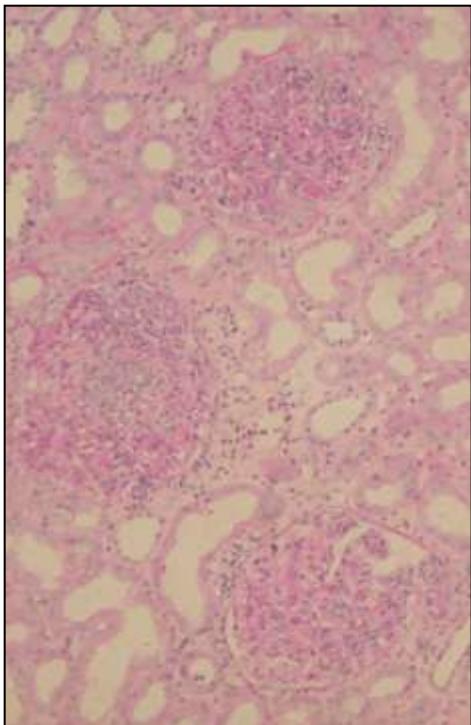
Glomerular changes

HYPERCELLULAR

Endocapillary

Diffuse

Acute postinfectious GN



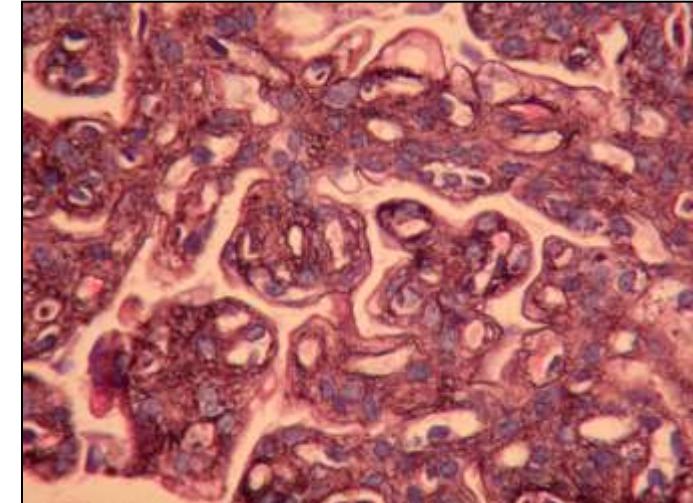
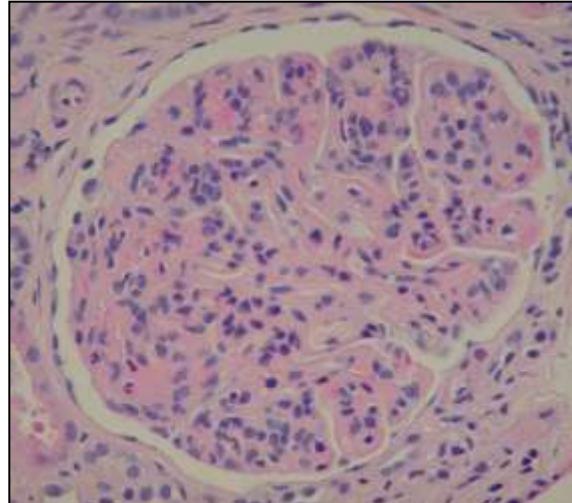
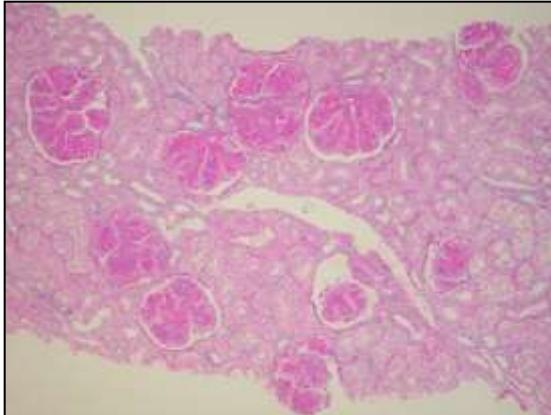
Glomerular changes

HYPERCELLULAR

Endocapillary

Diffuse

MPGN



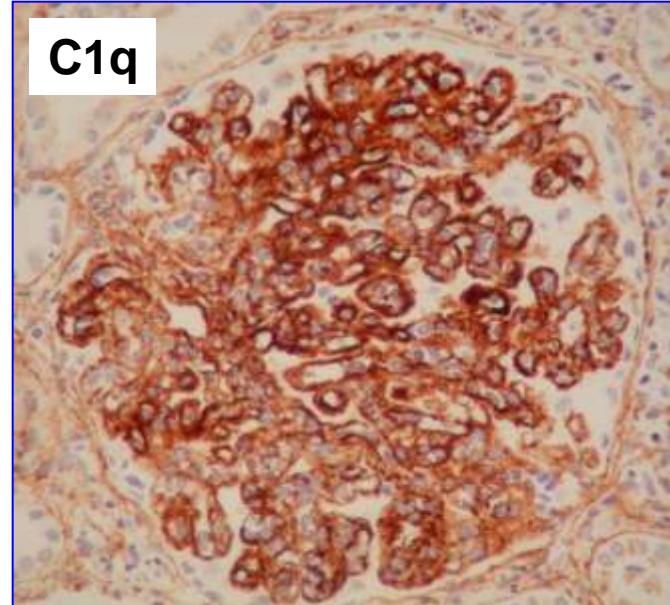
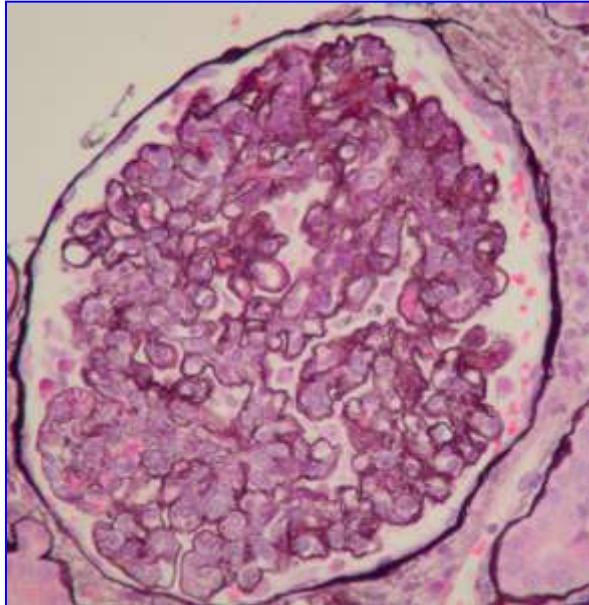
Glomerular changes

HYPERCELLULAR

Endocapillary

Diffuse

LN Class IV.



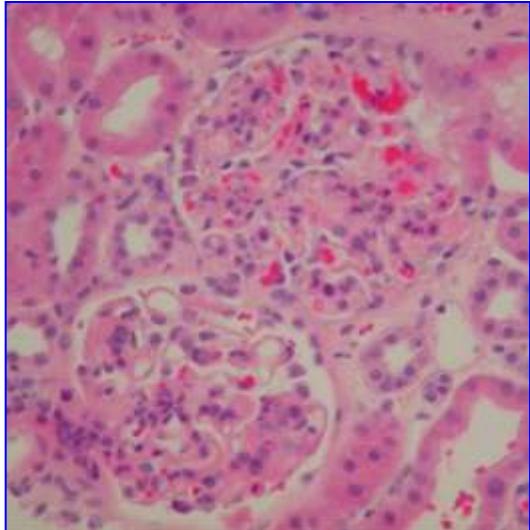
Glomerular changes

HYPERCELLULAR

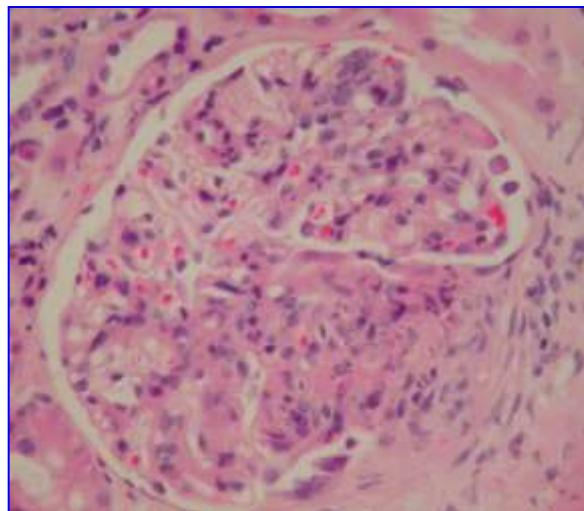
Endocapillary

Focal

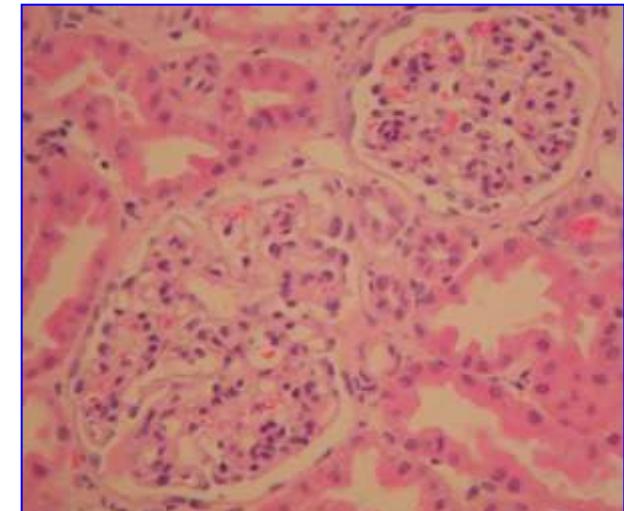
Lupus N Class III.



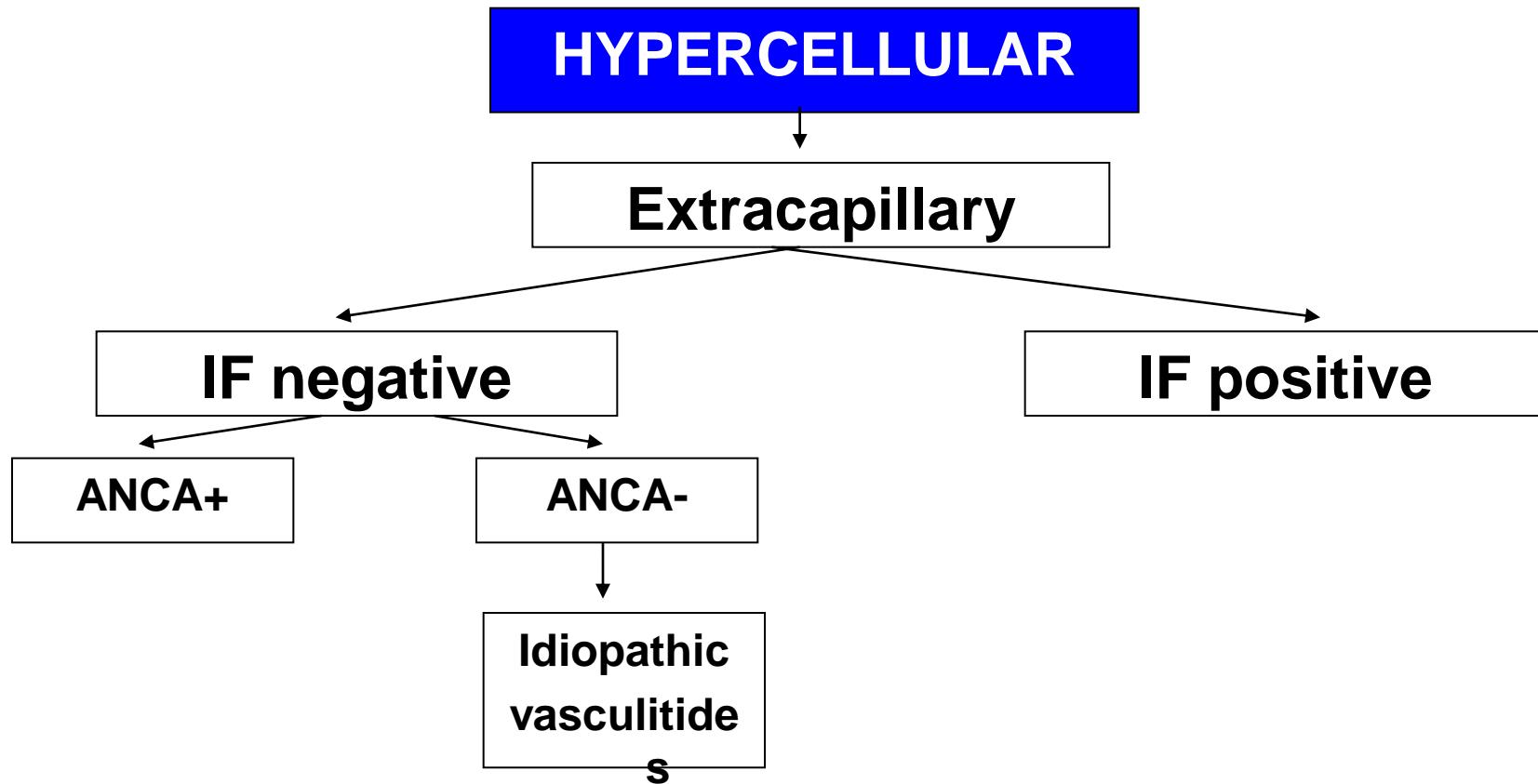
Infectious endocarditis

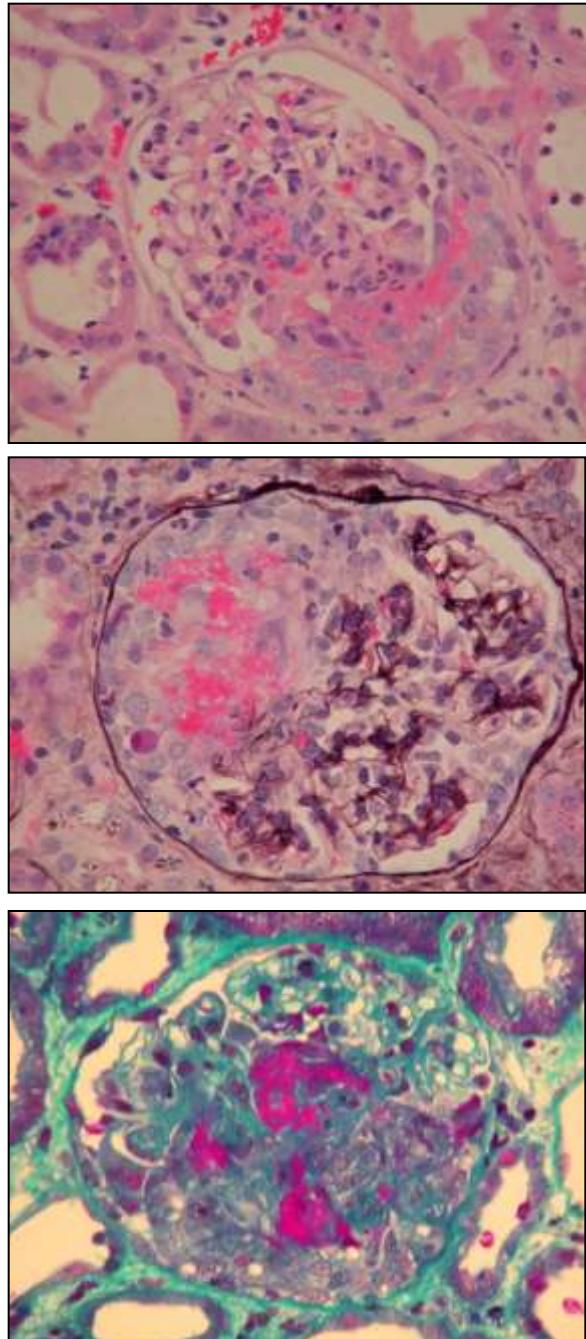


IgA N



Glomerular changes





Glomerular changes

HYPERCELLULAR

Extracapillary

IF negative

ANCA+

Pauci immune GN

Microscopic polyangiitis

Wegener's granulomatosis

Churg-Strauss syndrome

Glomerular changes

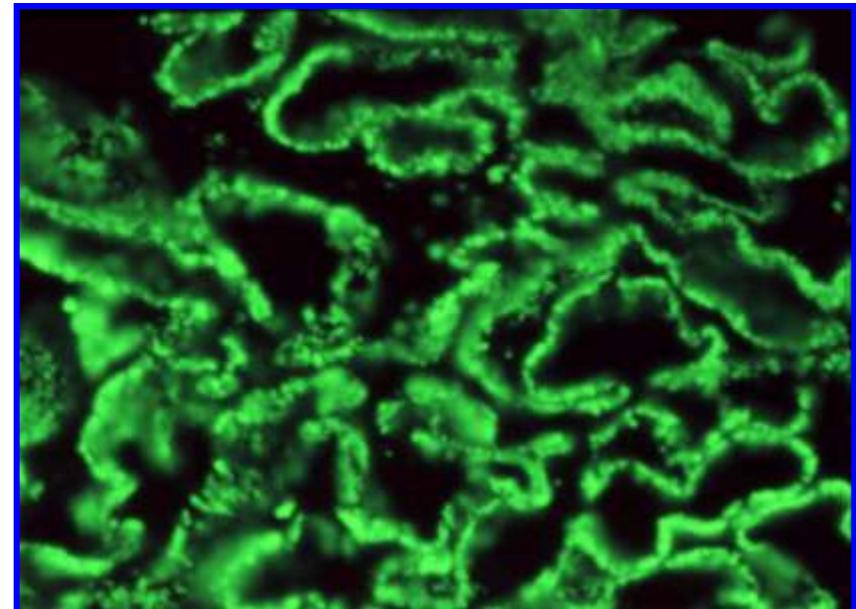
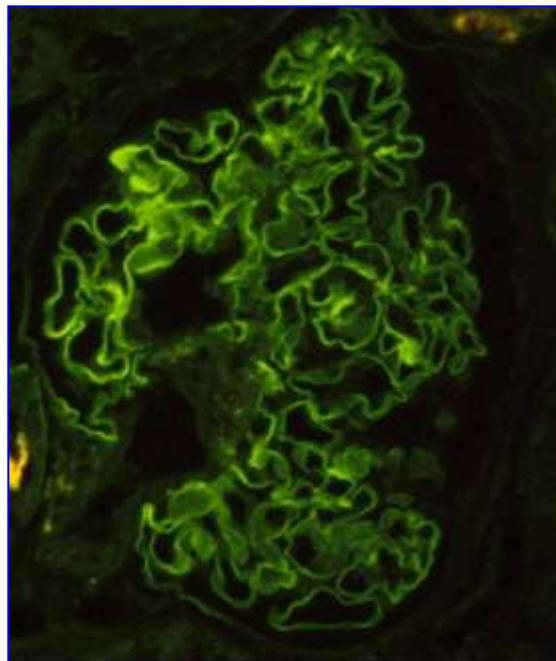
HYPERCELLULAR

Extracapillary

IF positive

Linear pattern

Granular pattern



Glomerular changes

HYPERCELLULAR

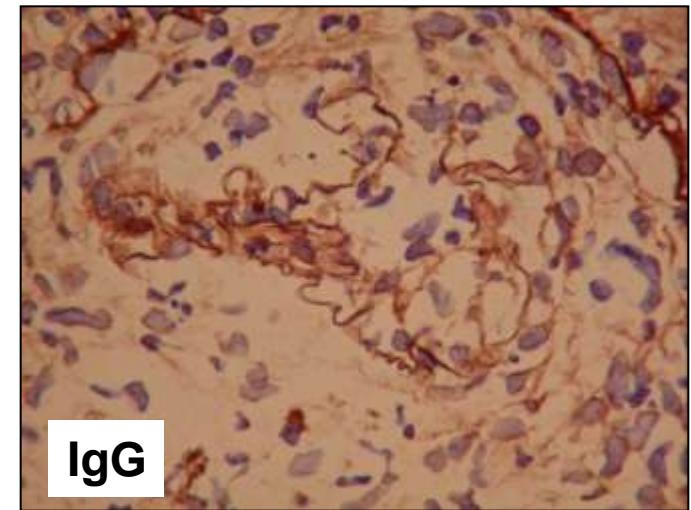
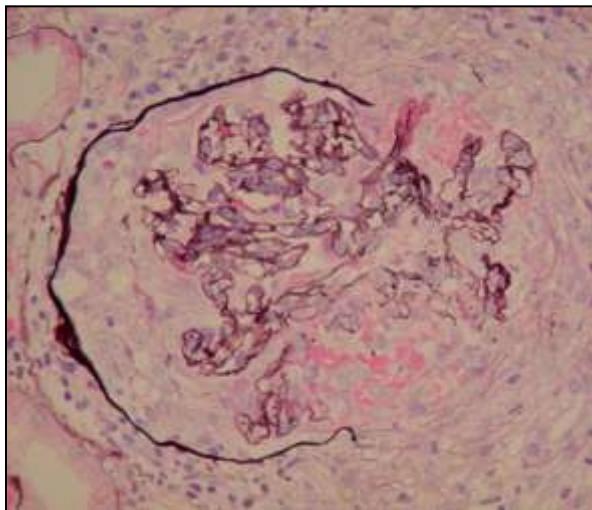
Extracapillary

IF positive

Linear pattern

Anti-GBM GN

Goodpasture's syndrome



Glomerular changes



HYPERCELLULAR



Extracapillary

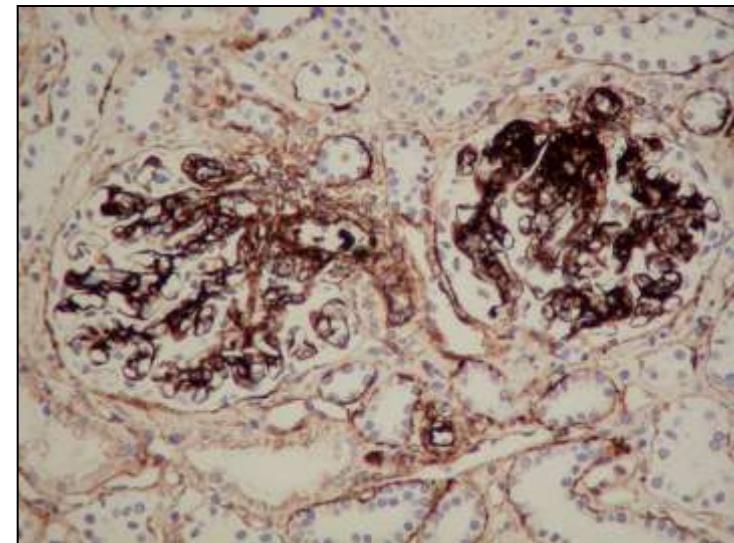
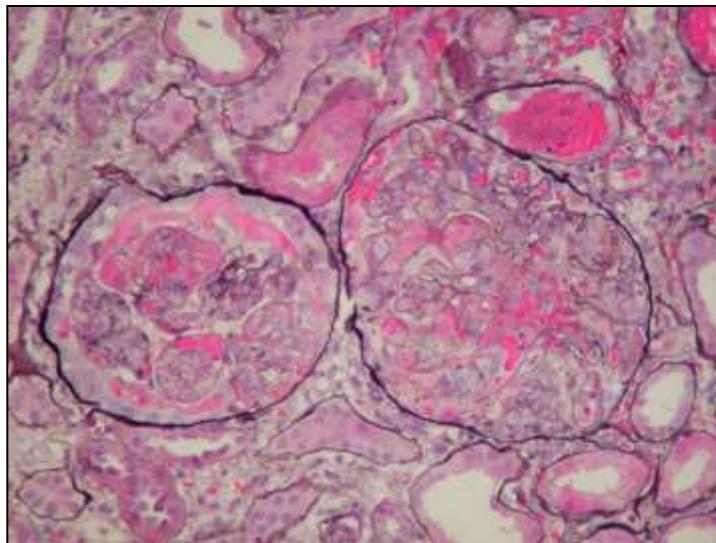


IF positive

Granular

pattern

IC mediated GN



Thank you for your attention

