

# Ultrastructural support in paediatric pathology

Glenn Anderson

Clinical Electron Microscopist

Great Ormond Street Hospital for Children

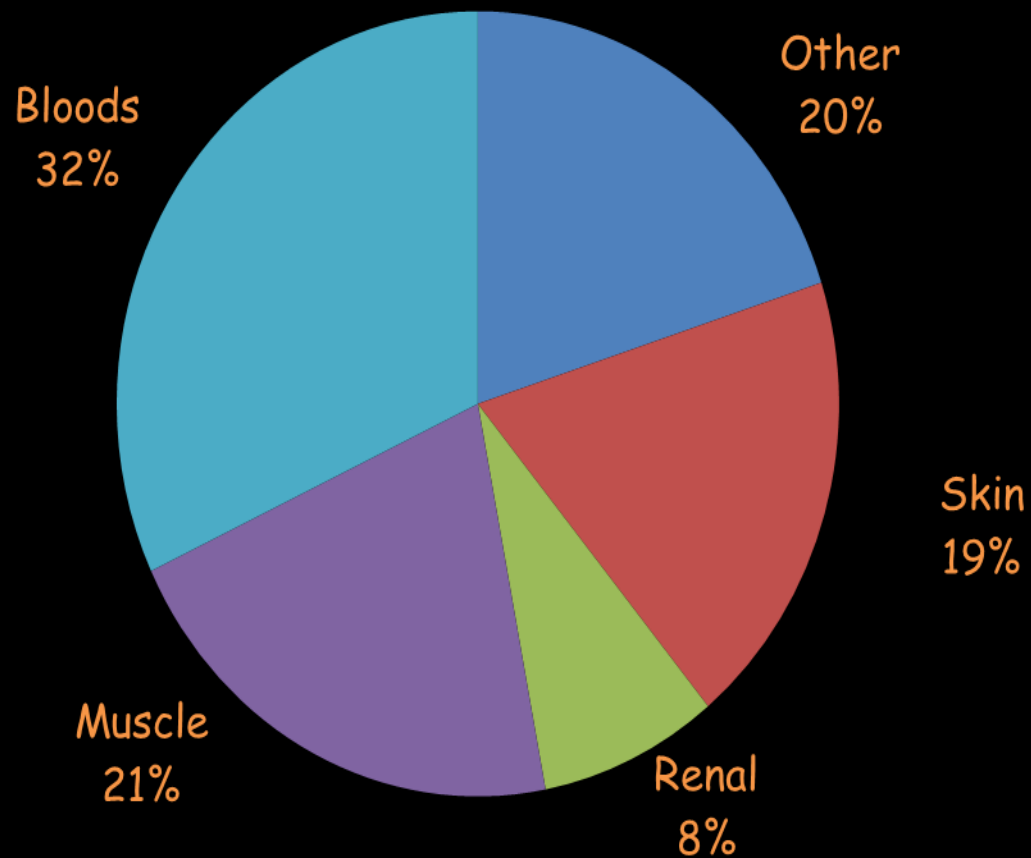
London, UK

Paediatric EM training day, Southampton University, 4<sup>th</sup> October 2013

# Sample types received at GOSH

- Blood
- Muscle
- Skin
- Renal
- Tumour
- Other – lung, heart, GI, liver, cornea, CVS

# Sample types 2012/13 - GOSH



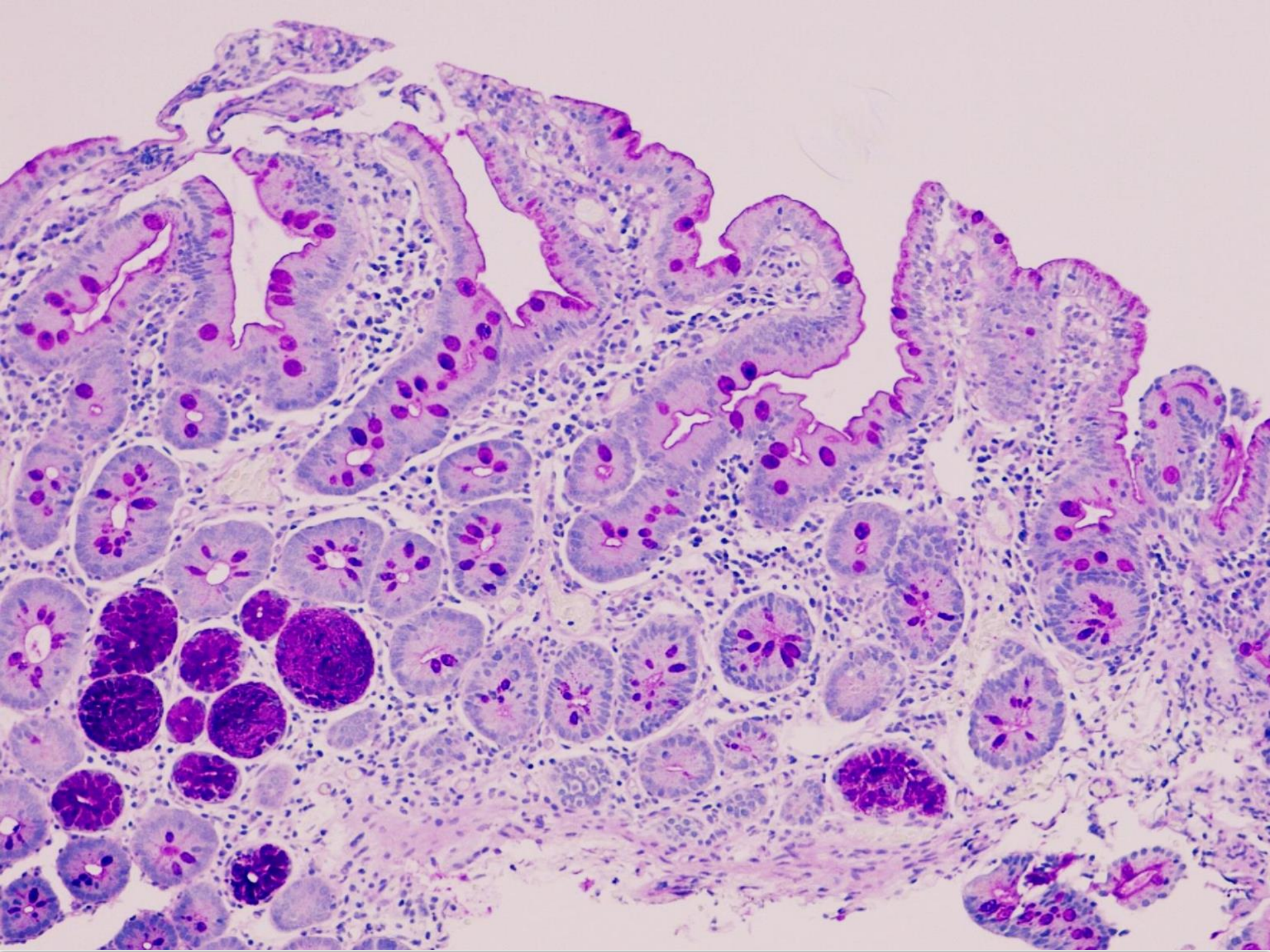
# Gastrointestinal conditions

- Infections – enteropathic E coli, giardia, viruses
- Microvillous inclusion disease
- Tufting enteropathy
- Chronic Intestinal Pseudo-Obstruction – ‘smooth muscle myopathies, neuropathies’
- Other miscellaneous

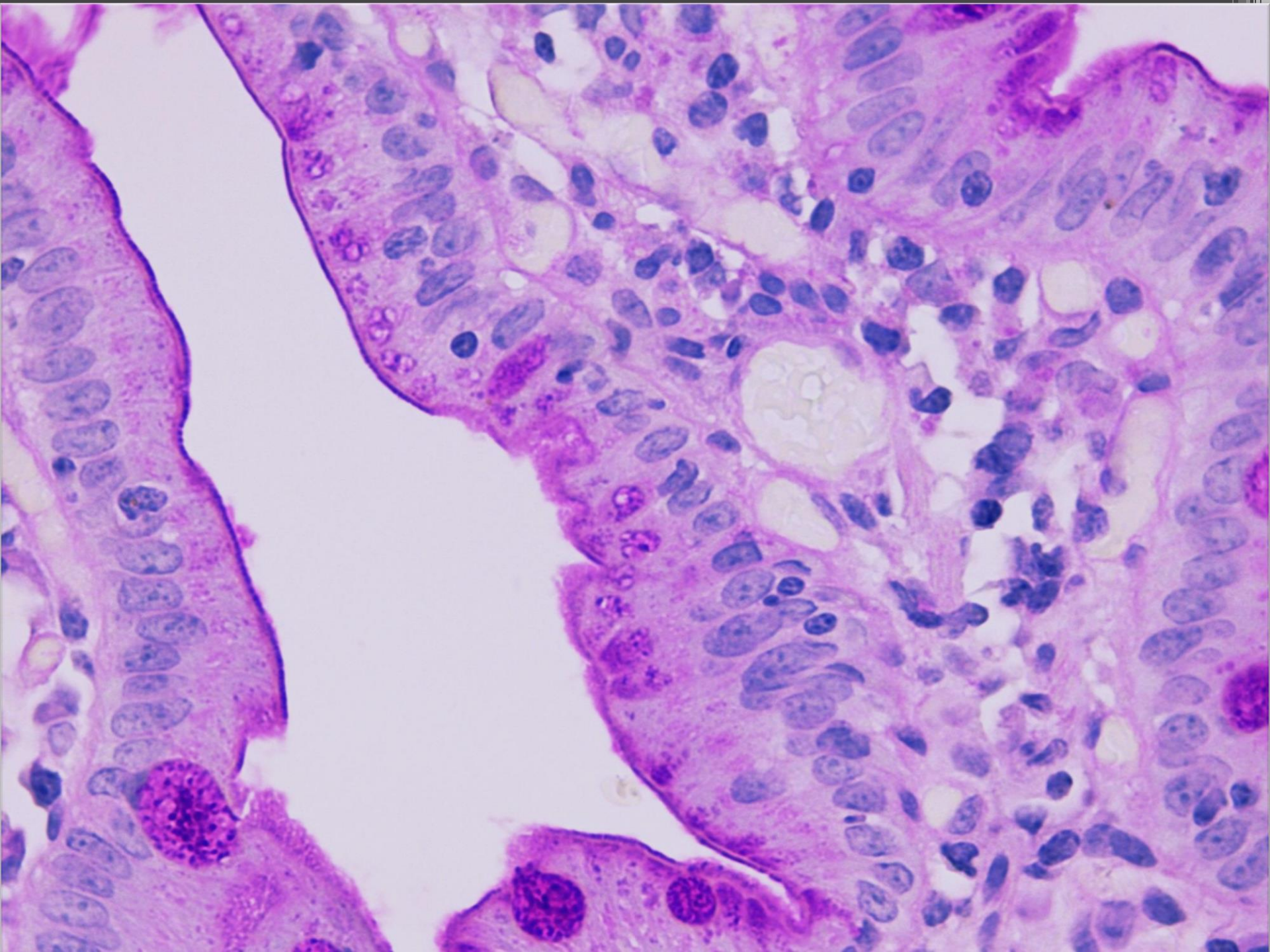


# Microvillous Inclusion Disease

- Neonatal enteropathy
- Intestinal failure due to defective microvillous border
- Small and large bowel
- Thought incompatible with life – MVA
- Less severe forms – MVD
- Autosomal recessive – MYO5B mutation

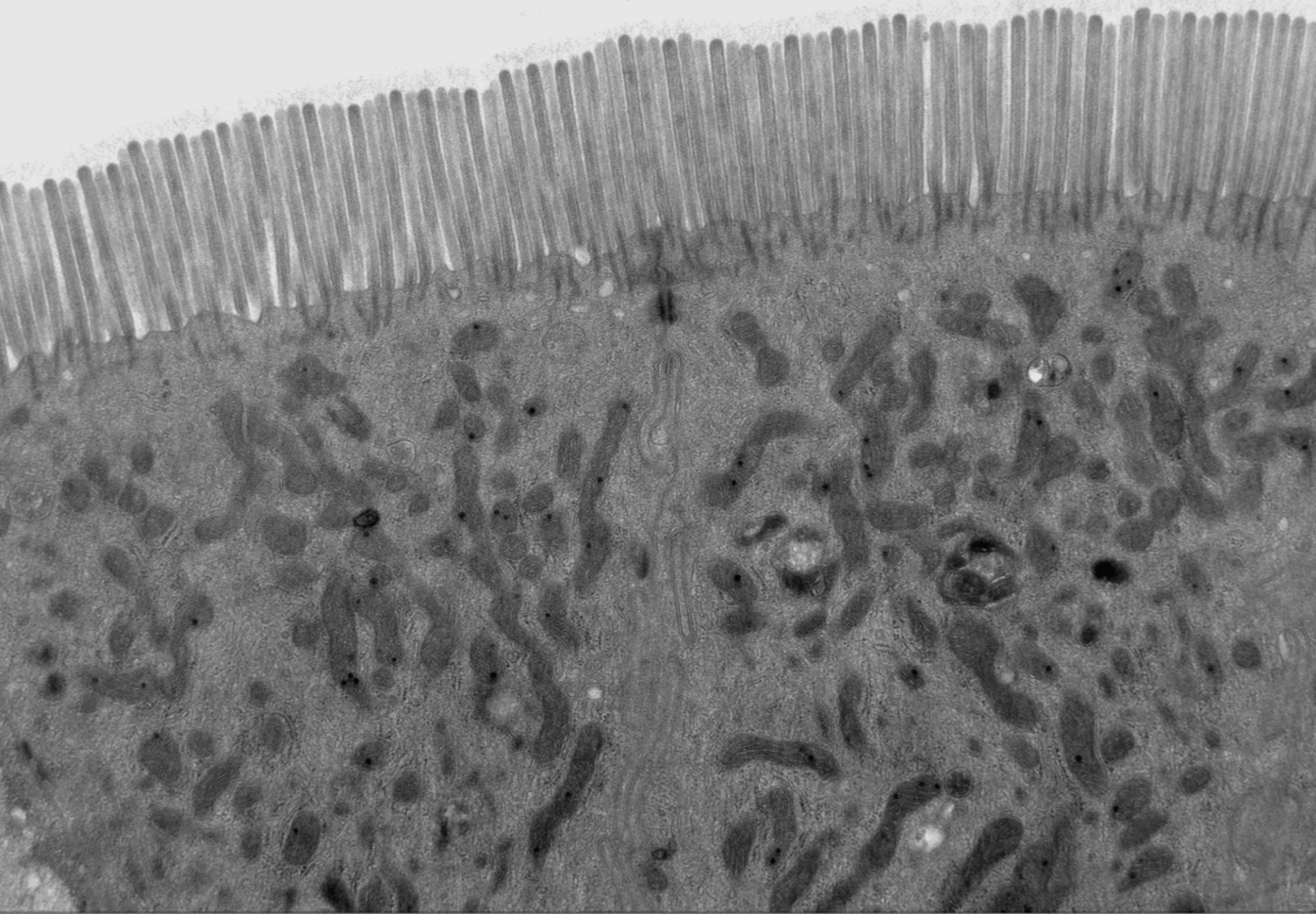




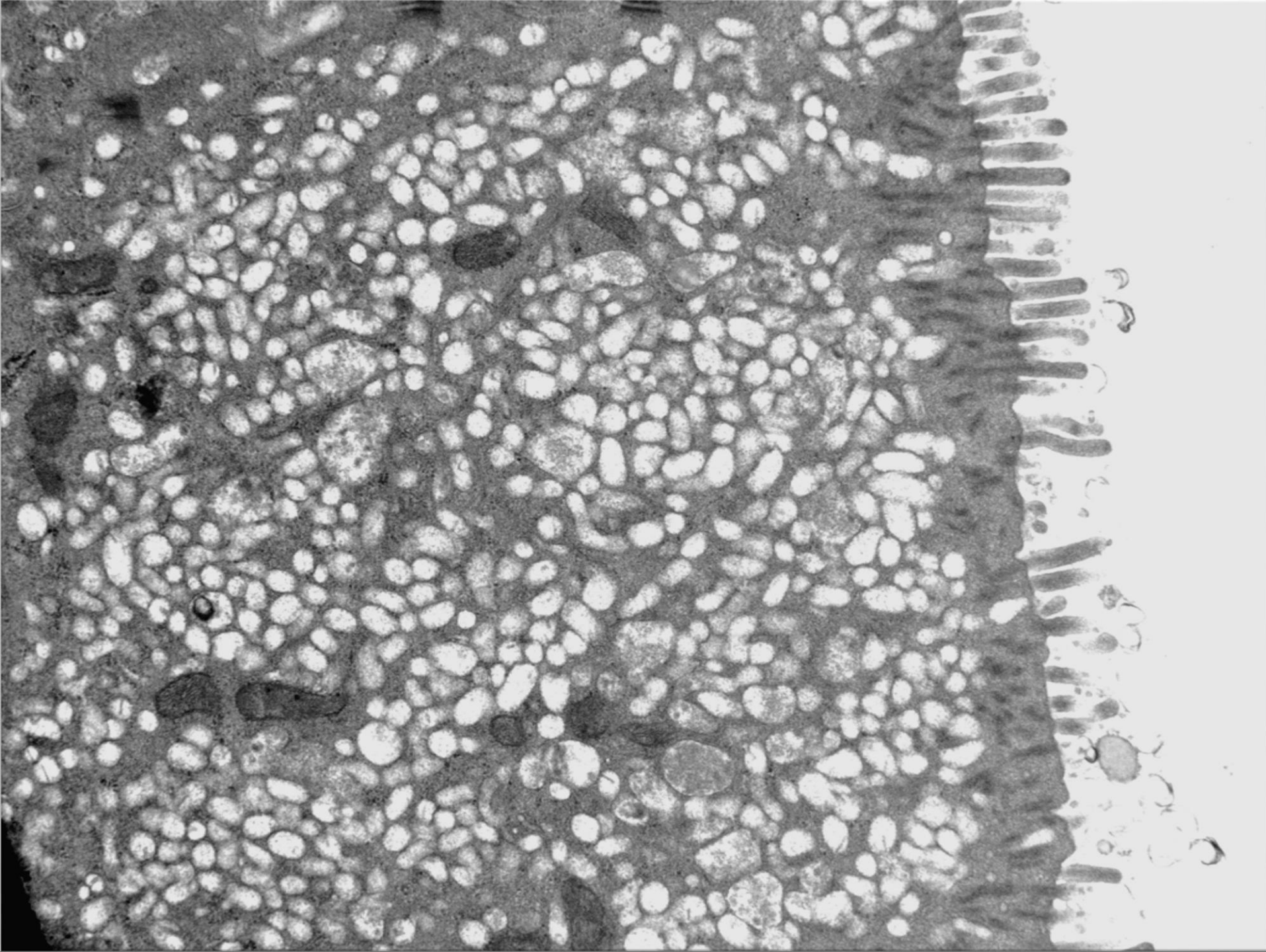


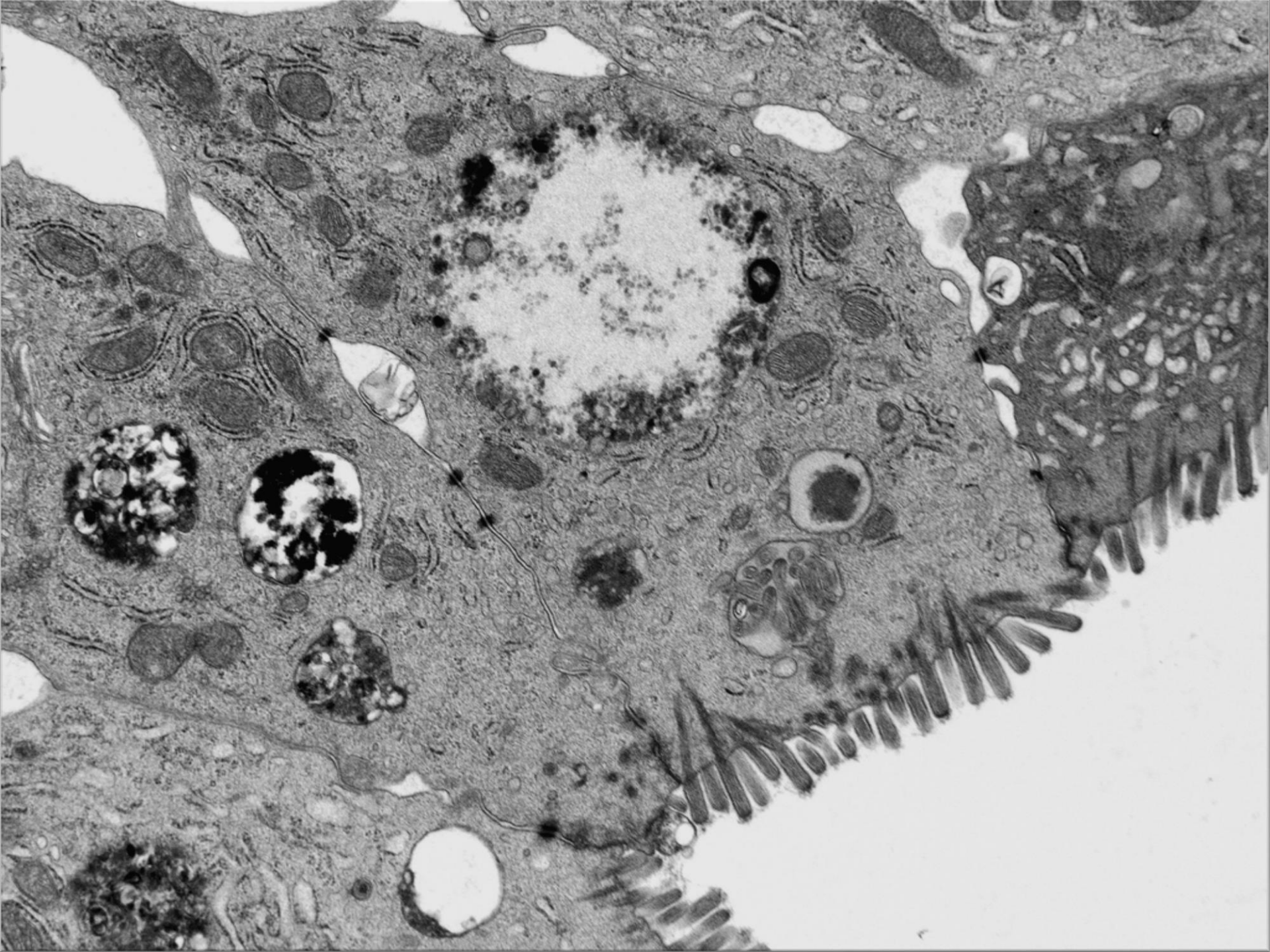
# MVID ultrastructure

- Patchy loss of microvilli
- Numerous secretory vesicles
- Large or frequent cytolysosomes
- Apical internal microvilli
- Crypt region shows increased electron dense vesicles

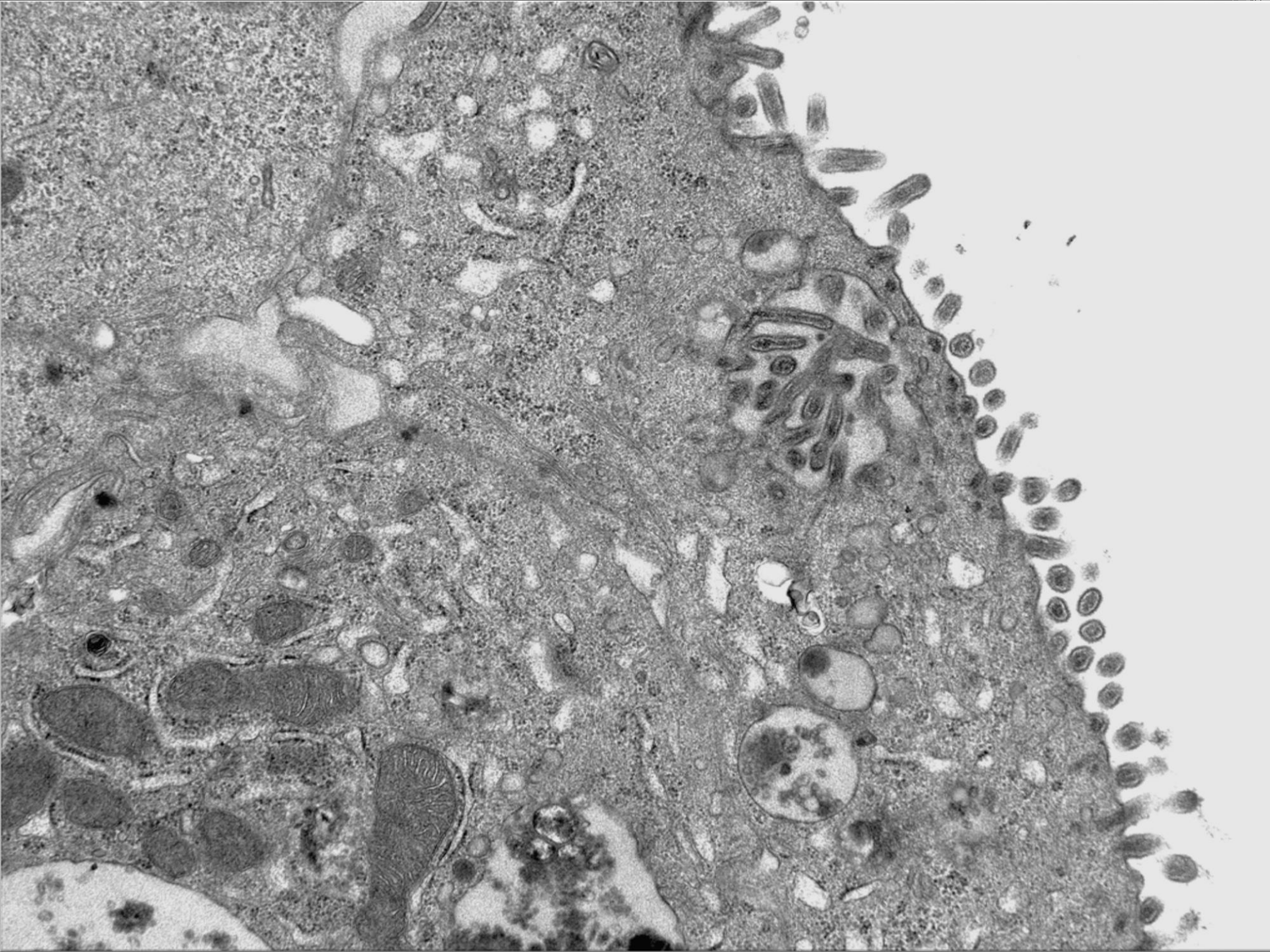




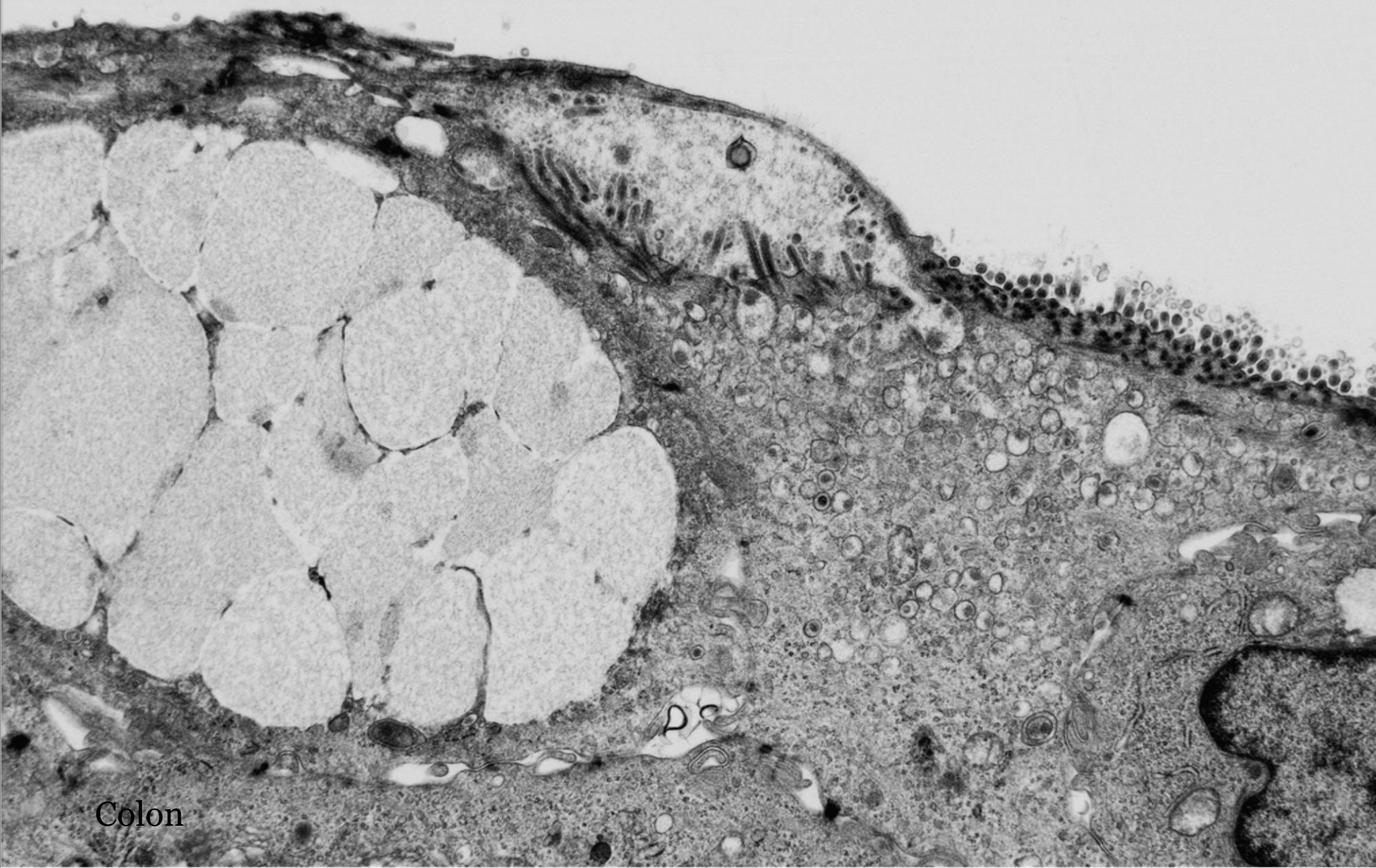










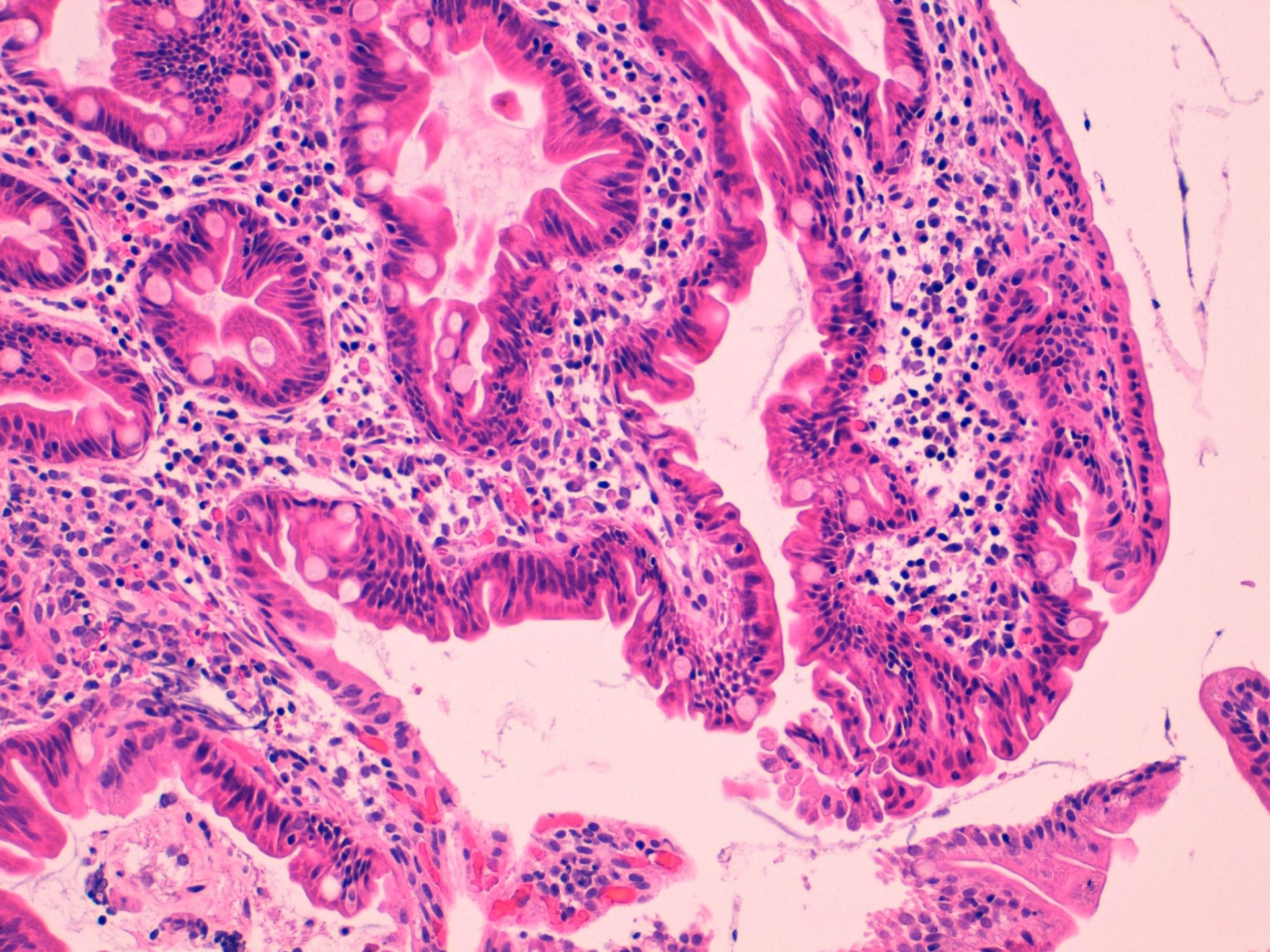


Colon

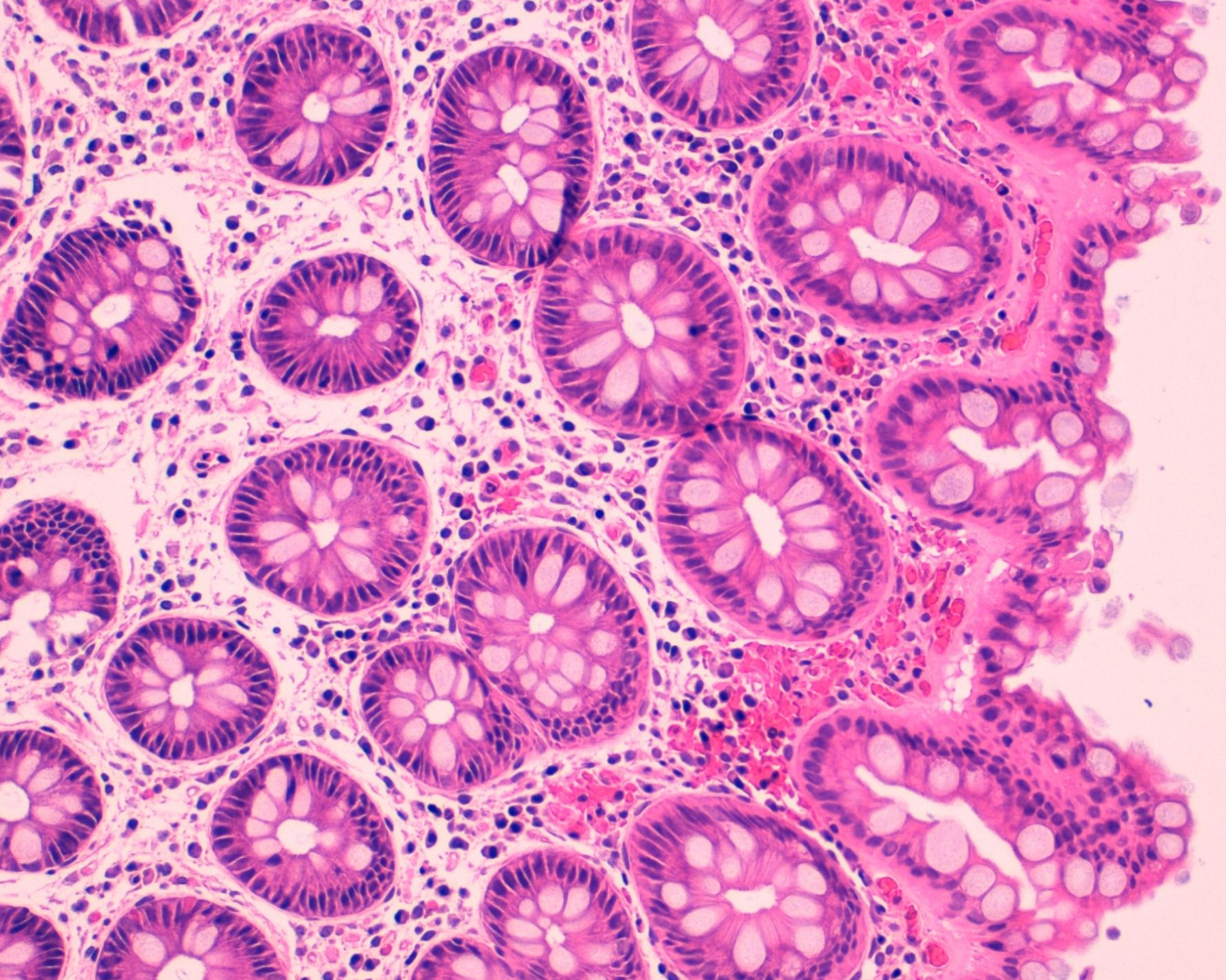
# Tufting enteropathy - Intestinal epithelial dysplasia

- Early-onset severe intractable diarrhoea
- Villous atrophy and inflammation – variable
- Surface epithelial irregularities
- ‘Tufts’ of rounded enterocytes extruding into lumen
- Mutation in gene encoding EpCAM (epithelial cell adhesion molecule)

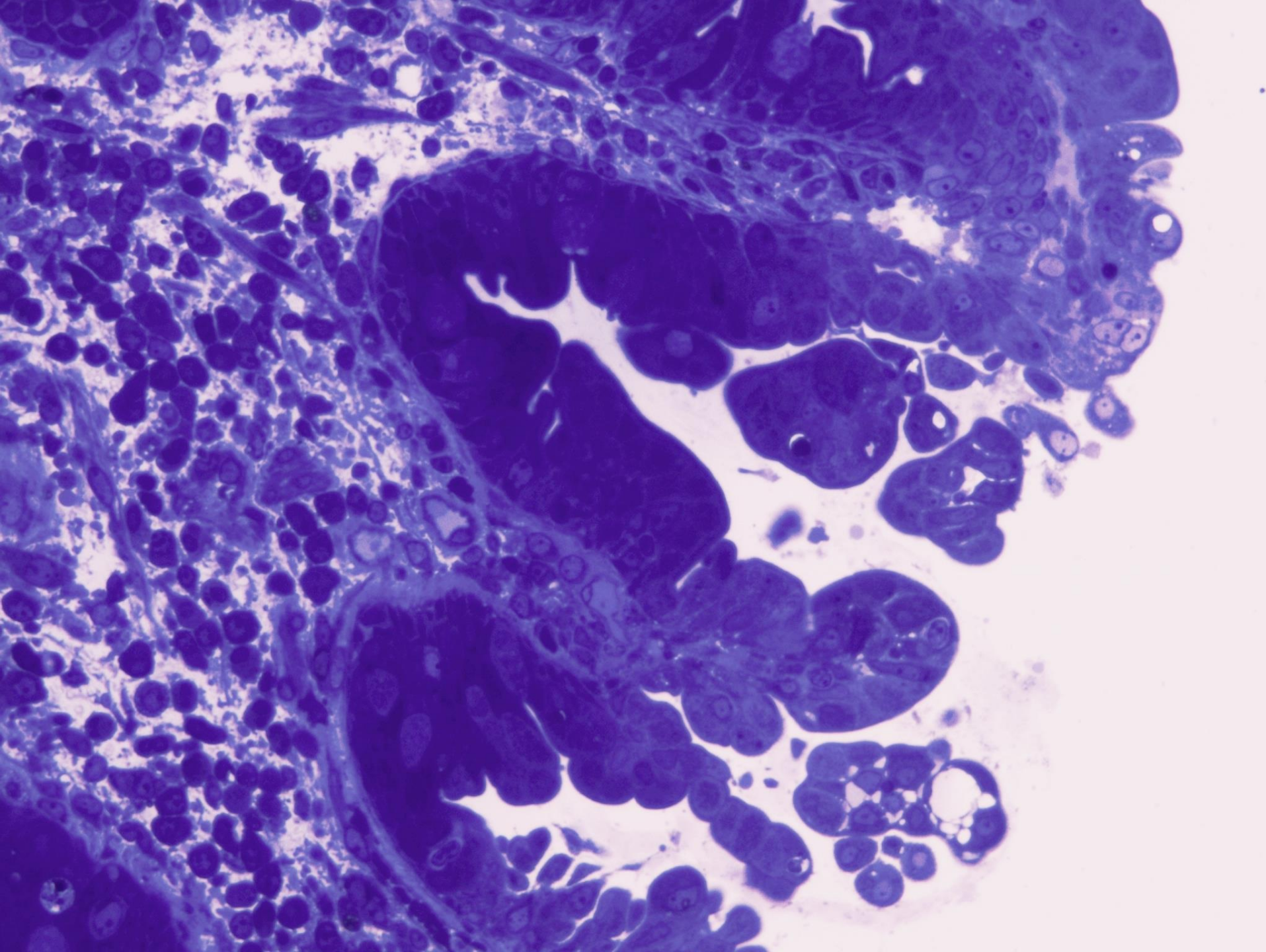








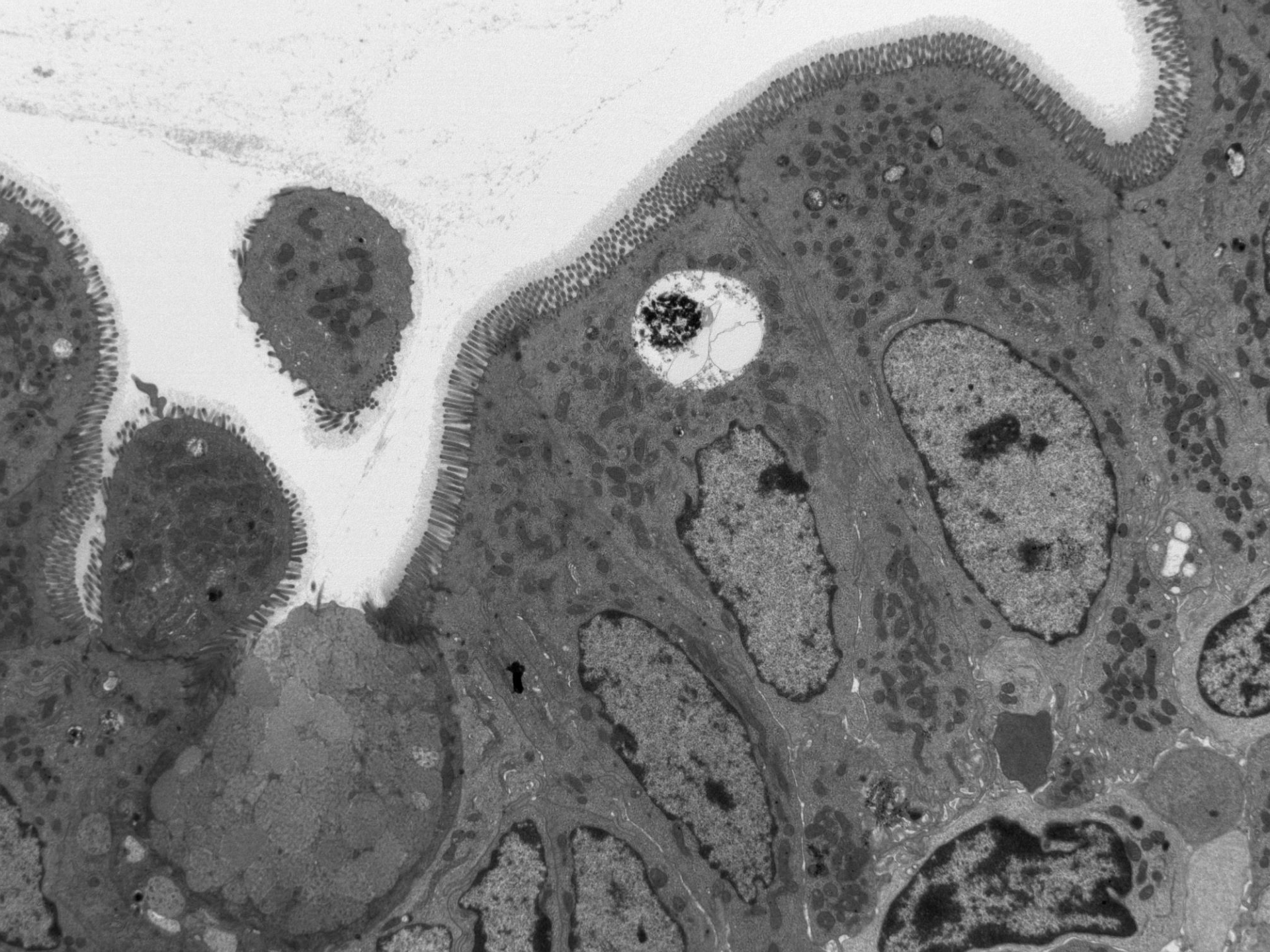


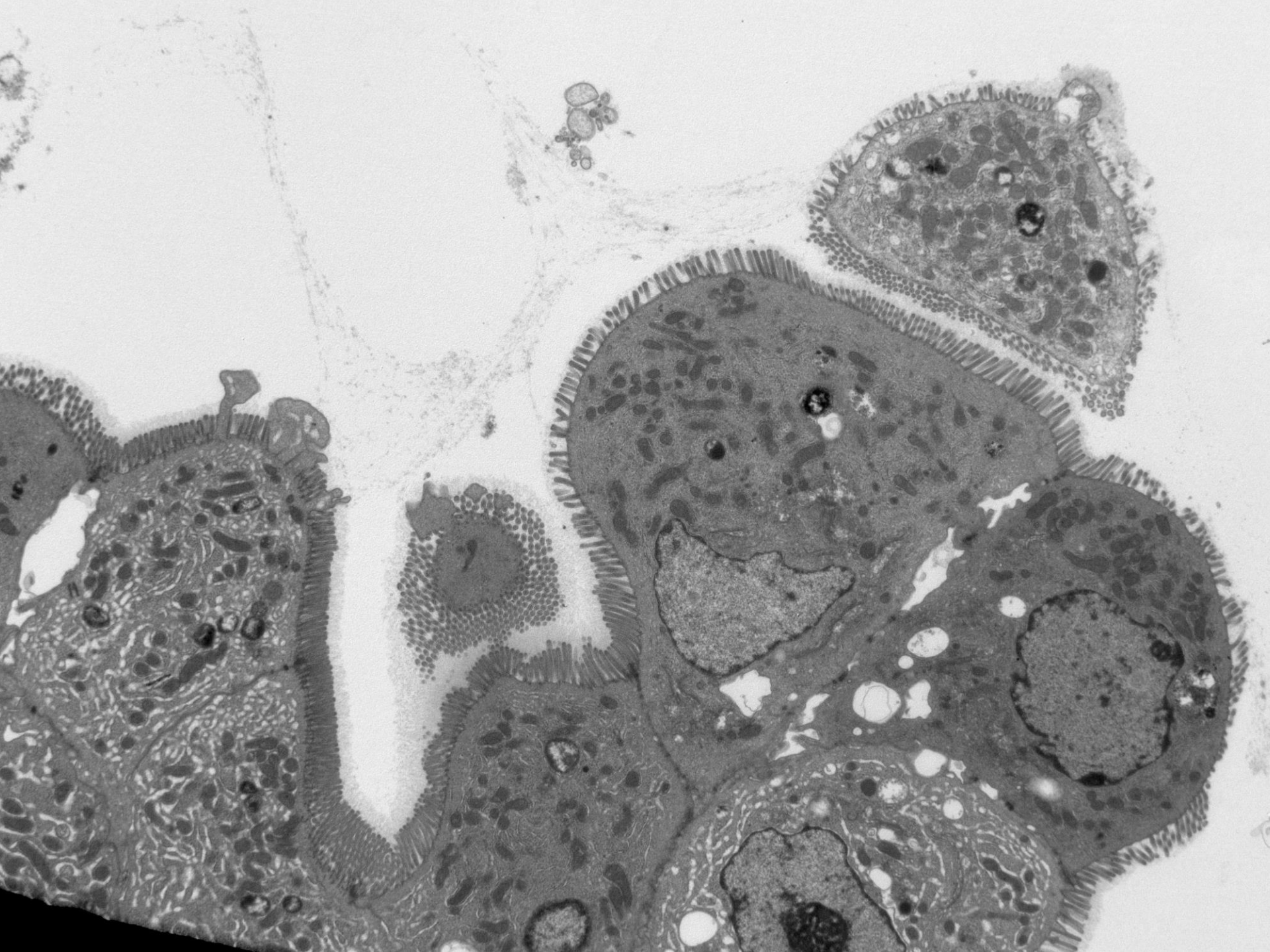


# Tufting ultrastructure

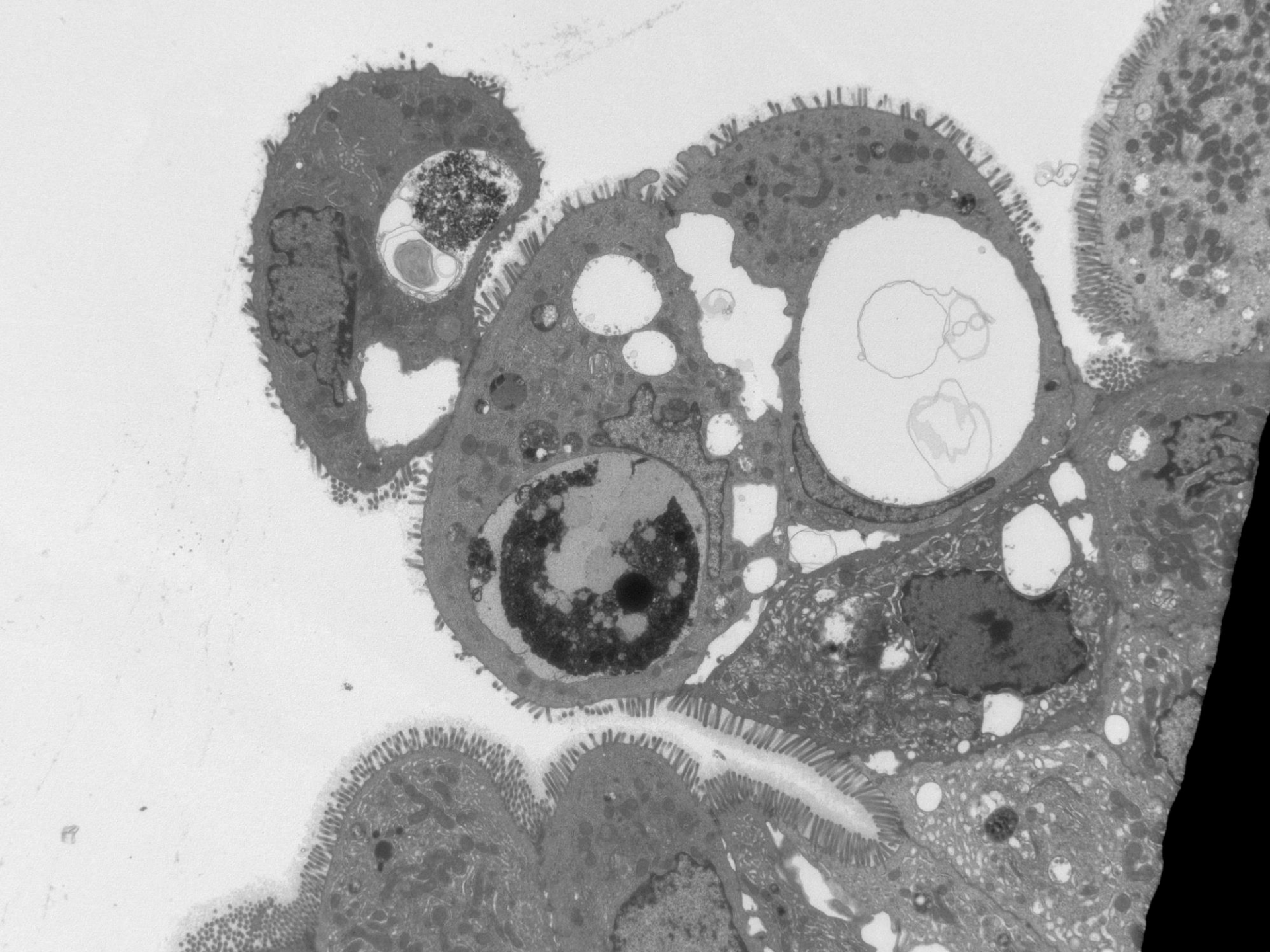
- Disrupted microvilli
- Disorganisation of enterocyte architecture
- Focal crowding – tufts in lumen
- Desmosomes increased in length and numbers
- Changes also described in colon

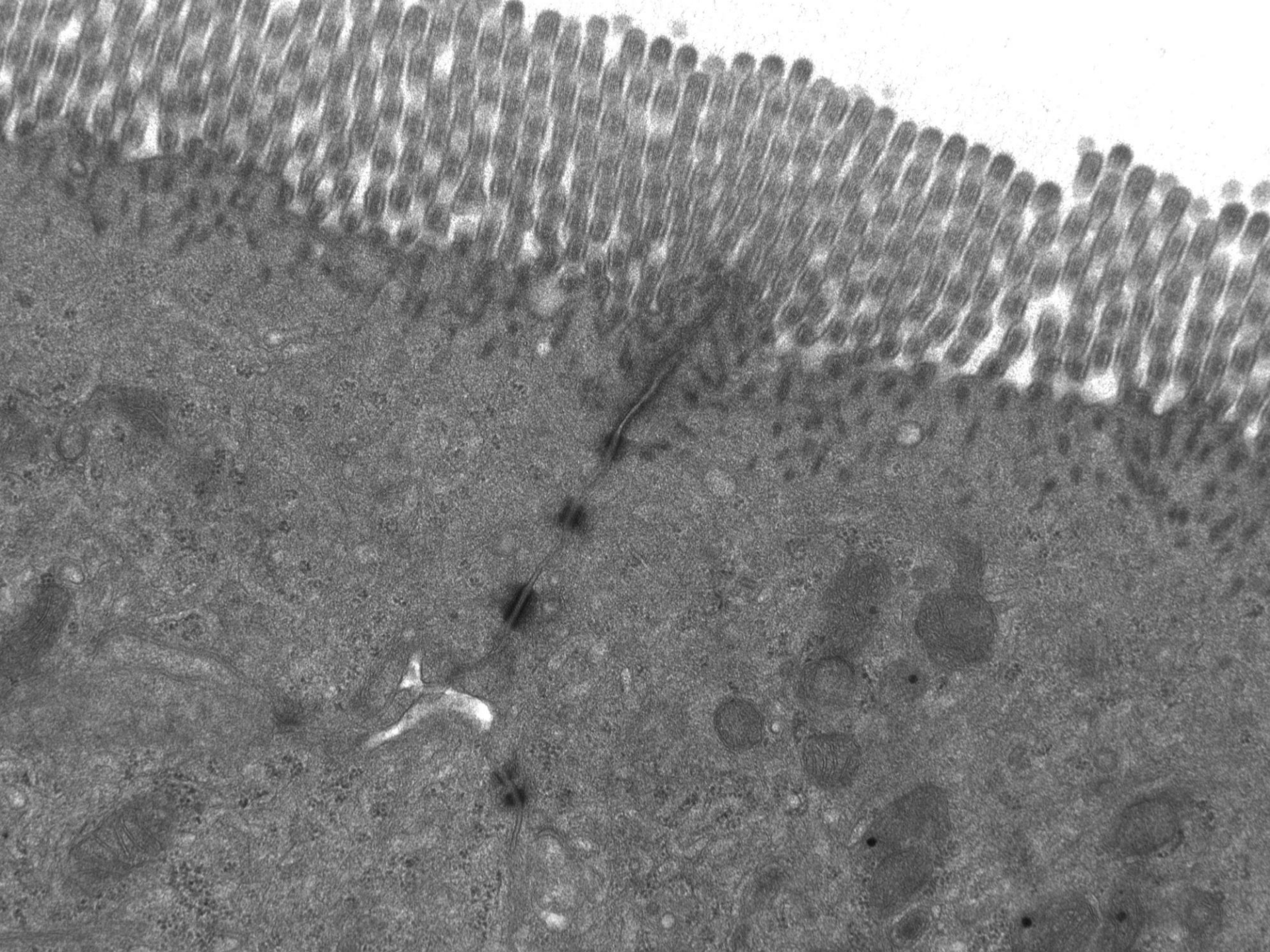












# Lung disease

- Congenital surfactant deficiency
- Pulmonary interstitial glycogenosis
- Neuroendocrine cell hyperplasia of infancy
- Respiratory Niemann-Pick disease

# Congenital surfactant deficiency

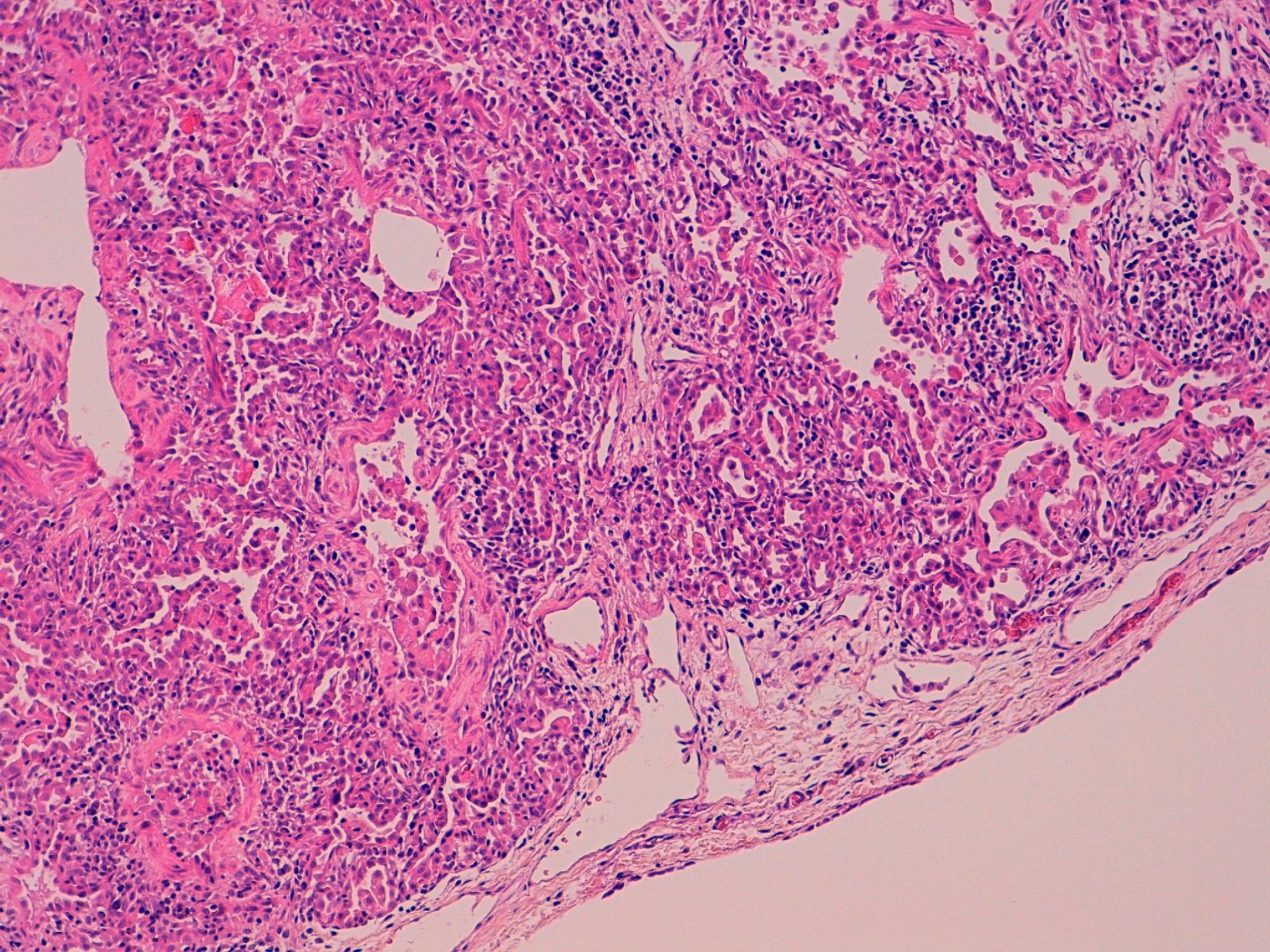
- Can present as:
  - acute respiratory failure in neonates
  - interstitial lung disease in older children
- Pathologic features include:
  - alveolar proteinosis
  - type 2 pneumocyte hyperplasia
  - foamy macrophages
  - diffuse interstitial widening

# Surfactant genetics

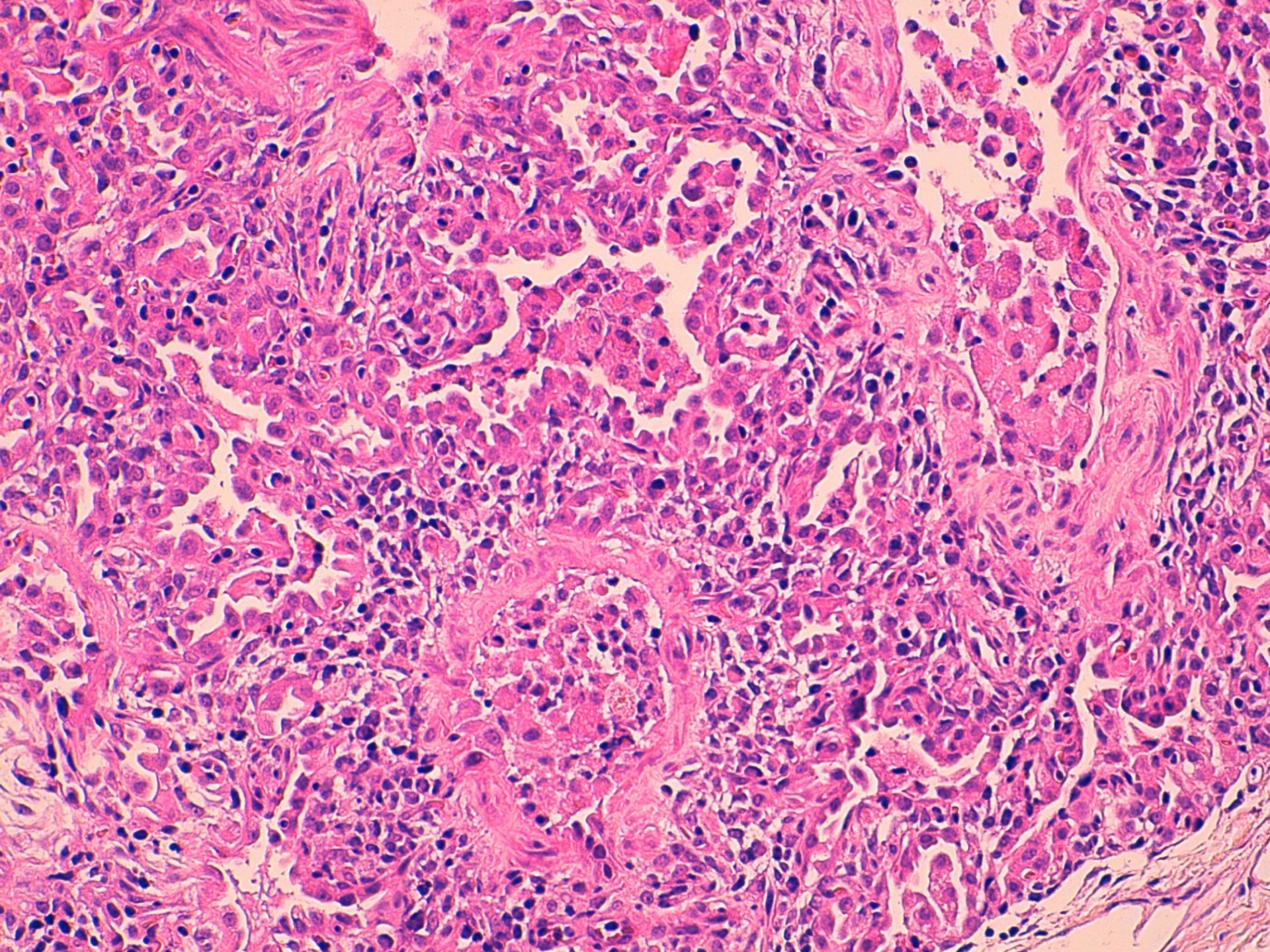
3 genes identified

- Surfactant protein B – *SFTPB*
  - severe neonatal onset, AR inheritance
- Surfactant protein C – *SFTPC*
  - AD inheritance, onset often later
- *ABCA3* mutation
  - most common type of defect







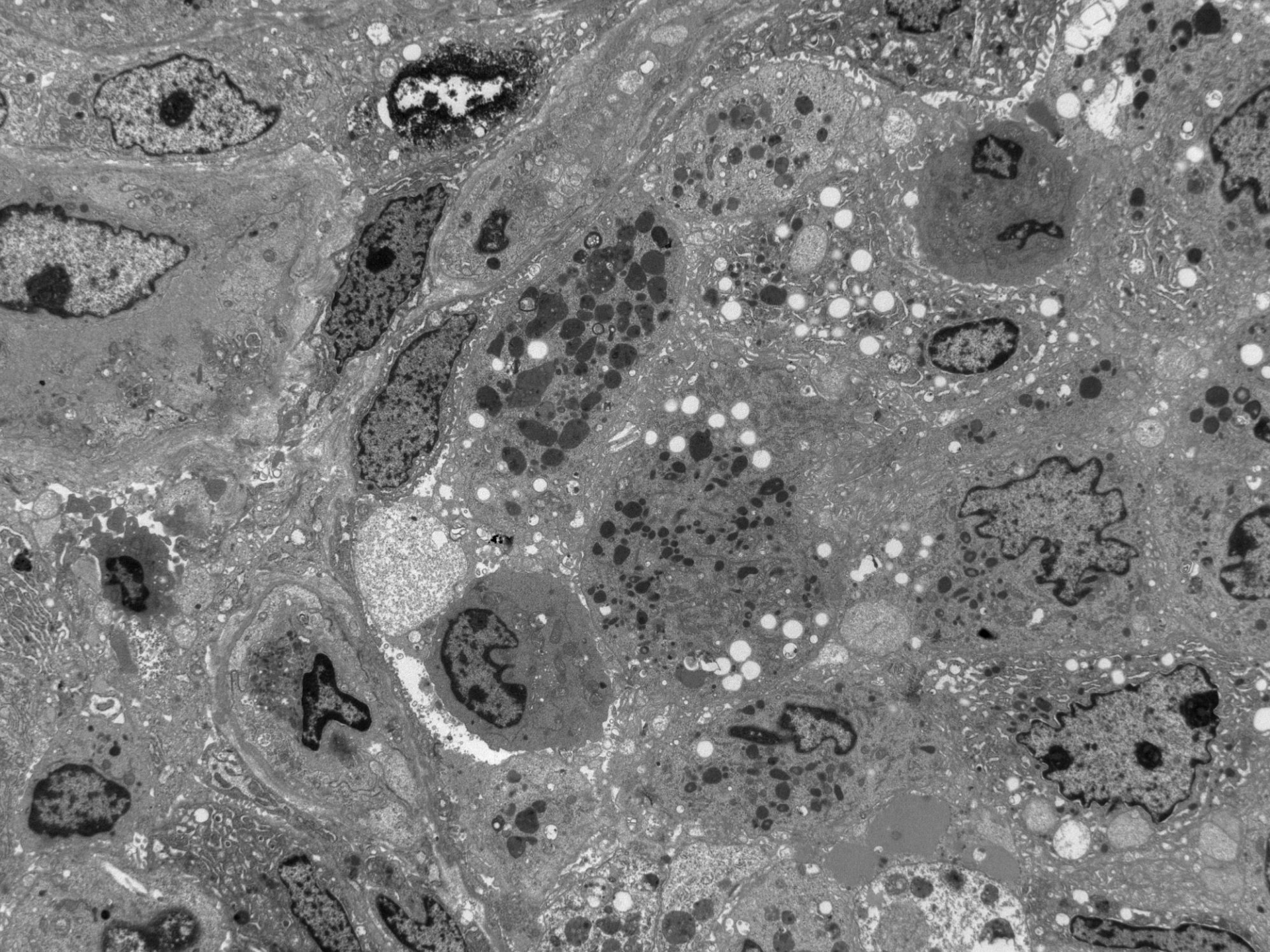


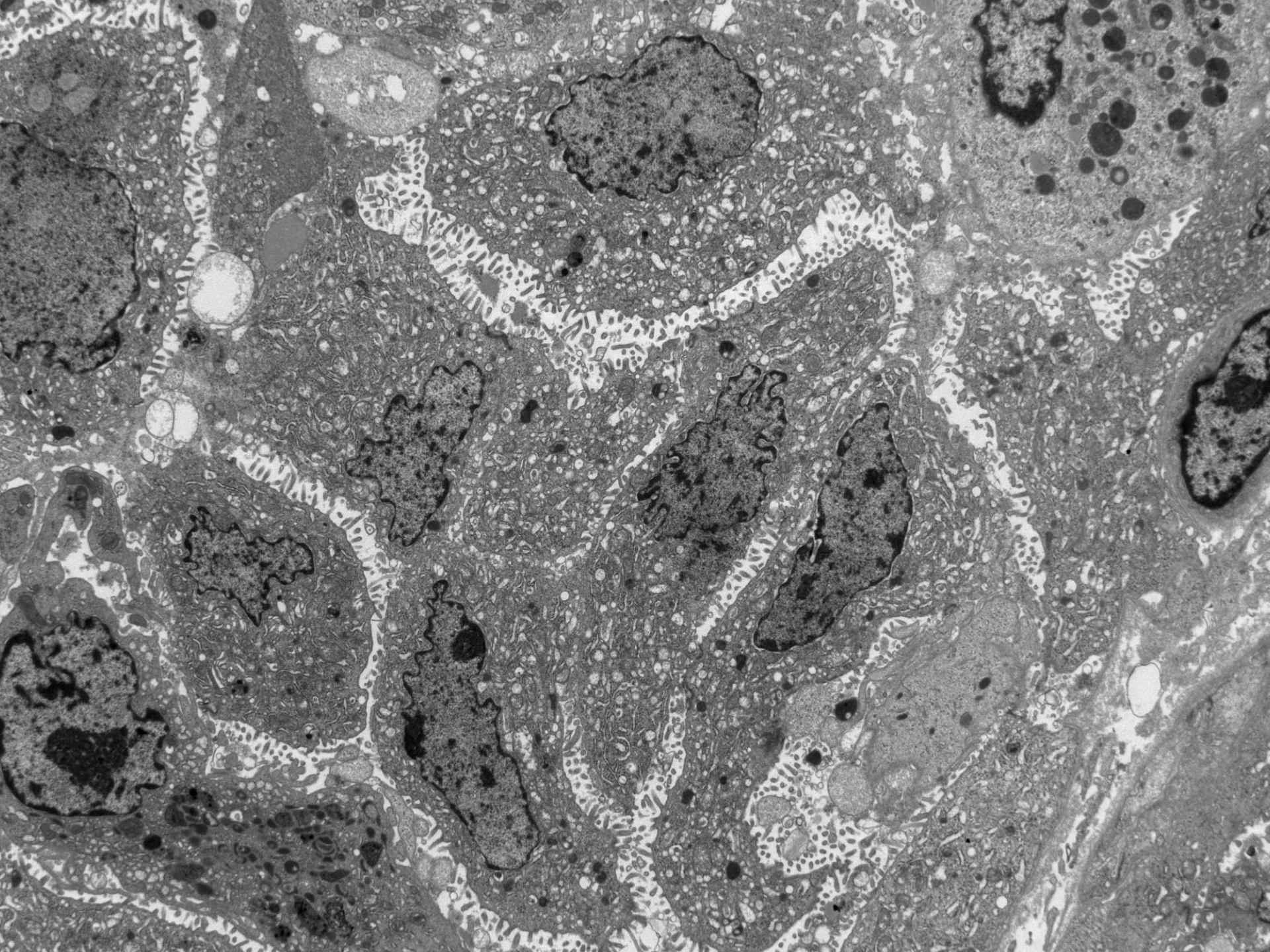


# Surfactant body ultrastructure

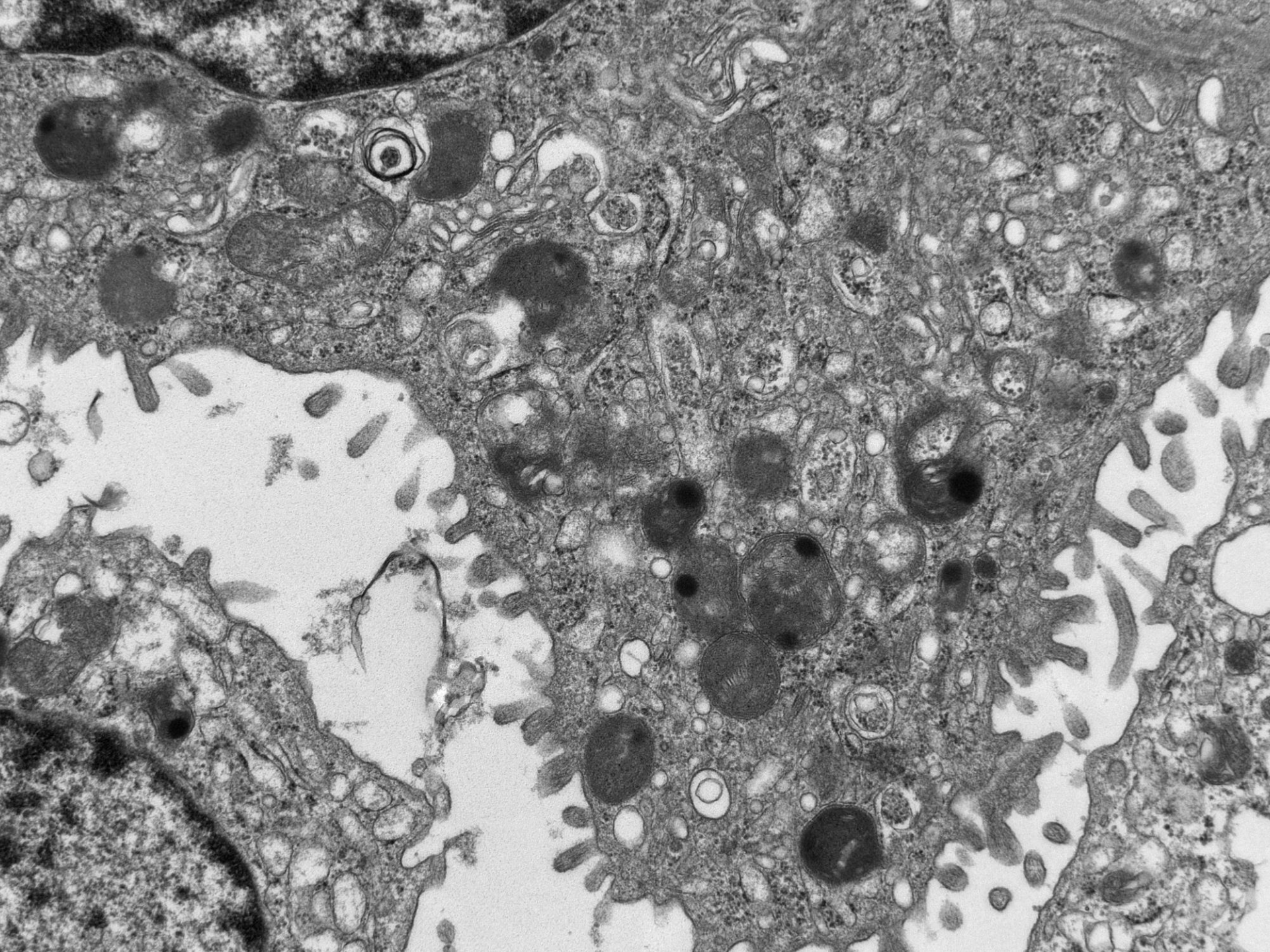
- Surfactant protein B - lack of tubular myelin, disorganized lamellar bodies and irregular multivesicular bodies
- Surfactant protein C - normal lamellar bodies and infrequent disorganized lamellar bodies
- ABCA3 mutation - small lamellar-like bodies with concentric phospholipid membranes and eccentric dense cores.

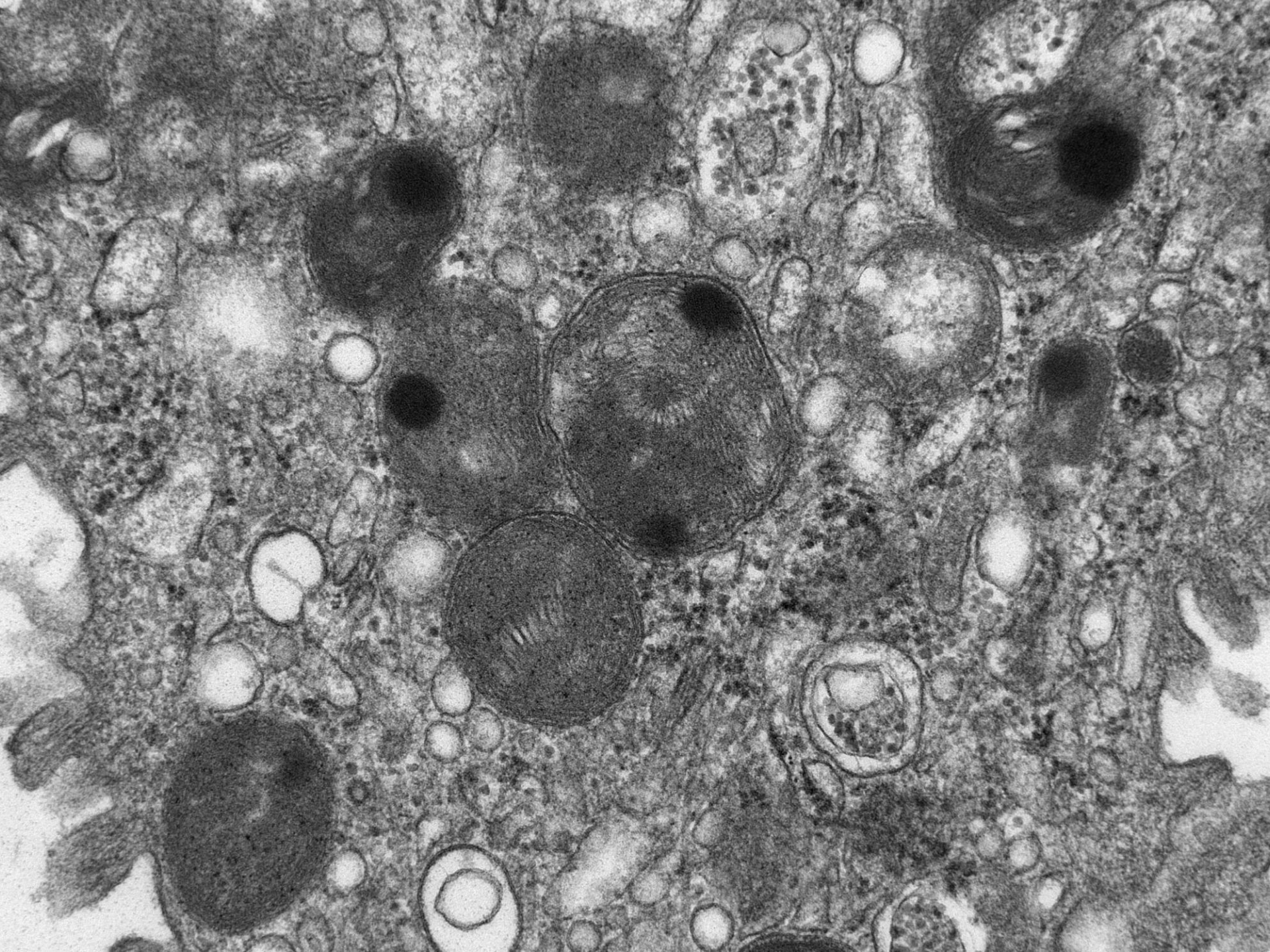








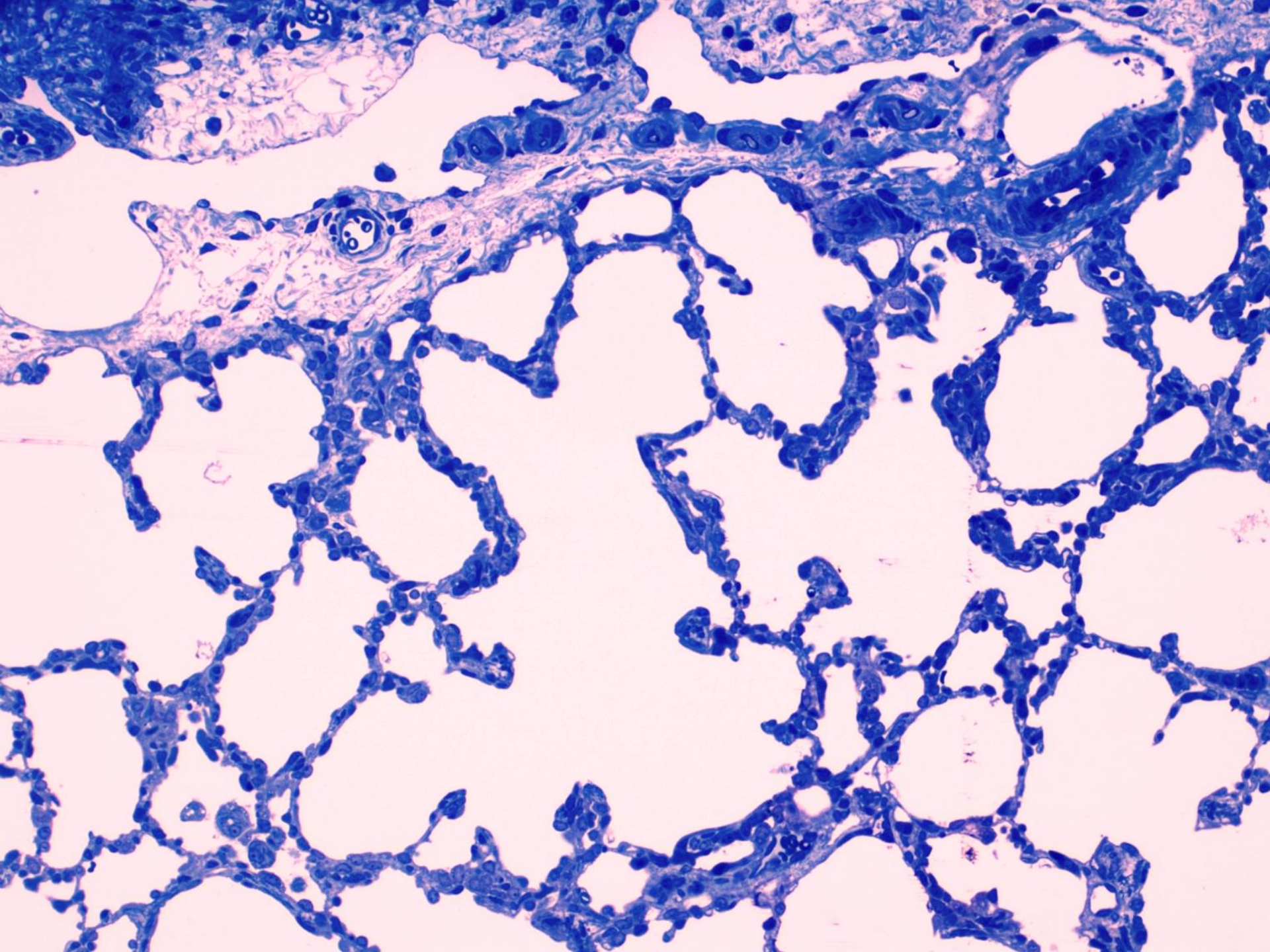




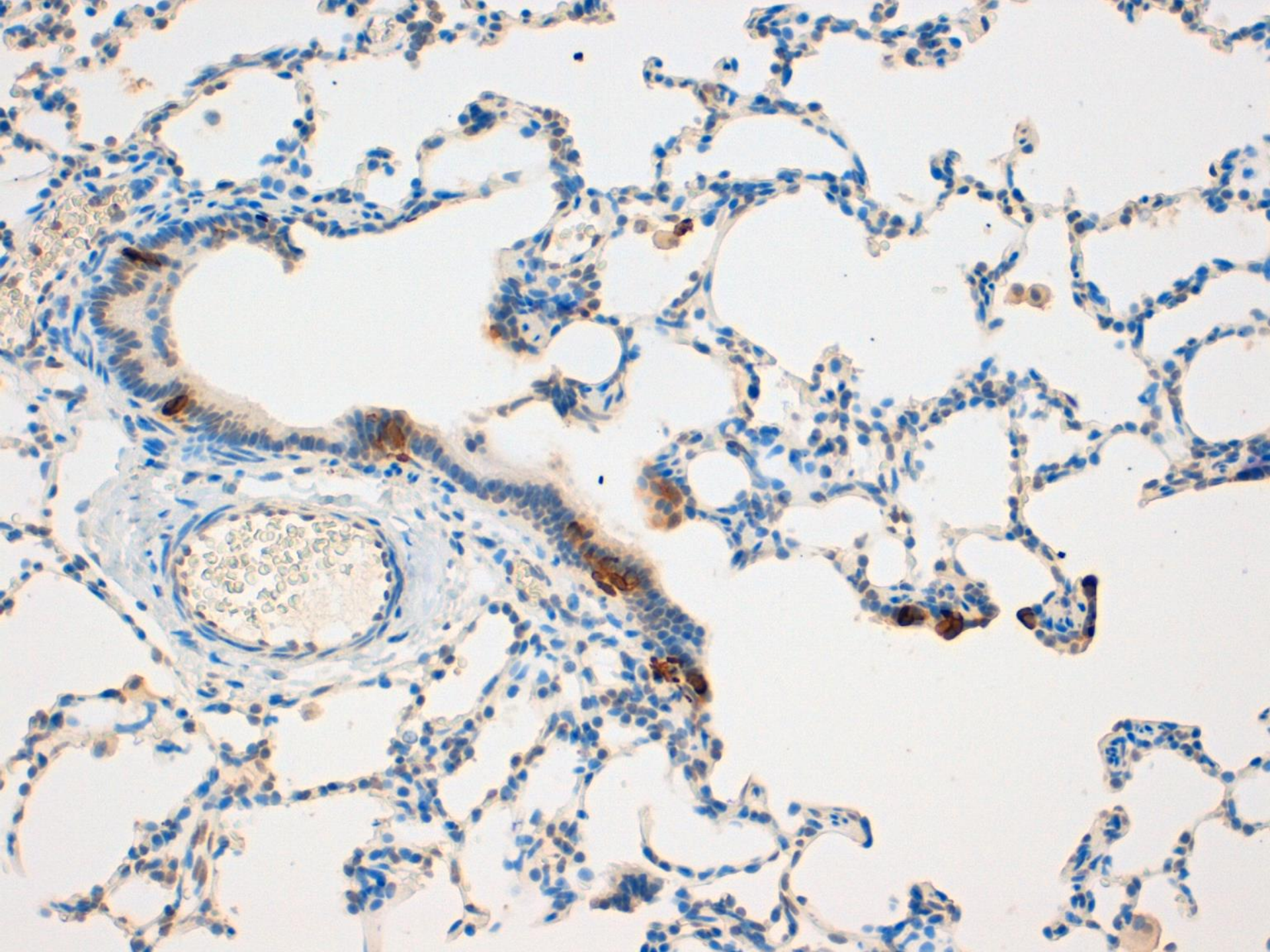
# Neuroendocrine cell hyperplasia of infancy

- Small airway disorder
- Increased numbers of NE-C
- Histology can look normal
- Bombesin immuno , +10%
- Patient requires O<sub>2</sub> supplement, no aggressive therapy, prognosis good

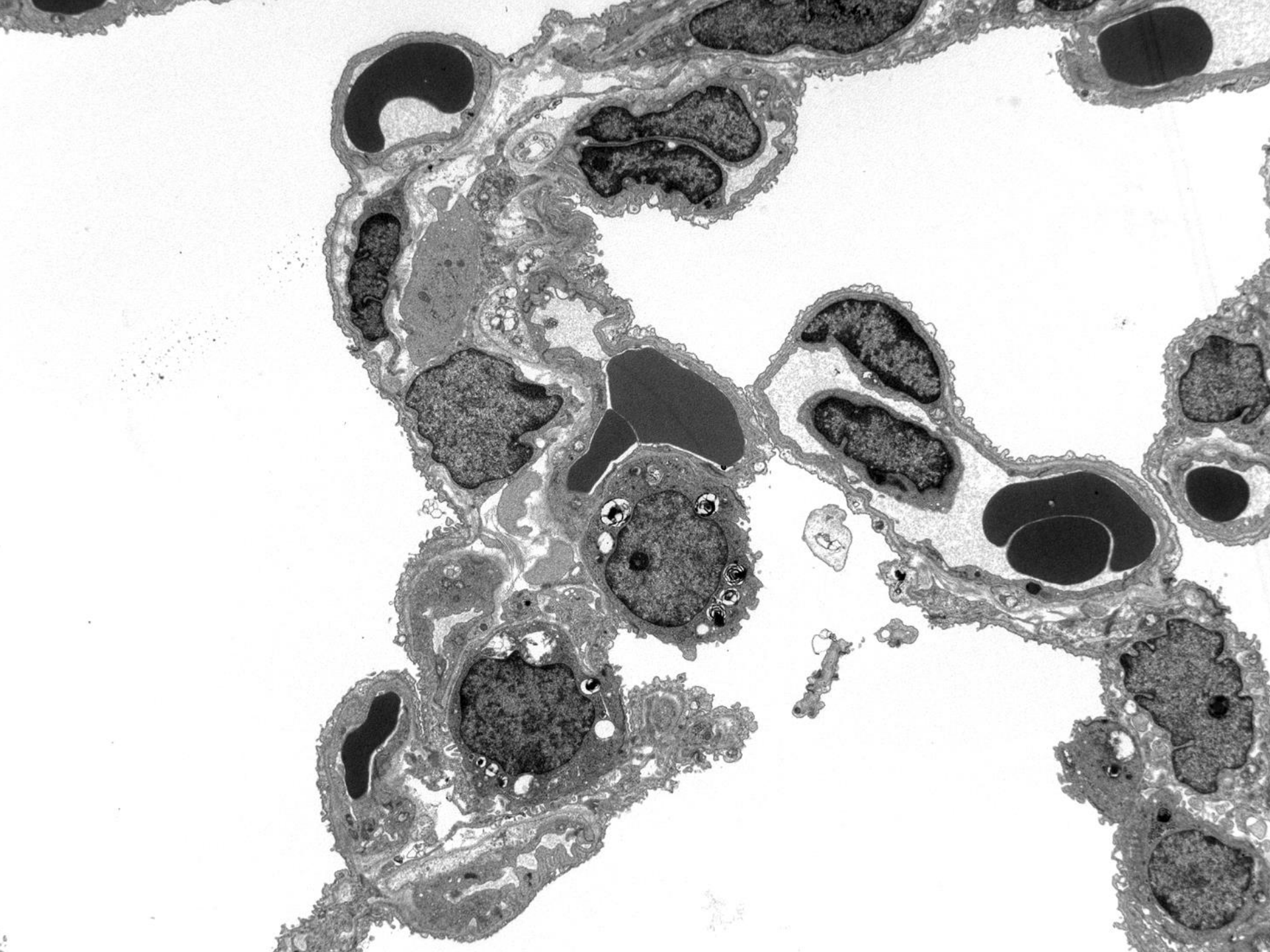




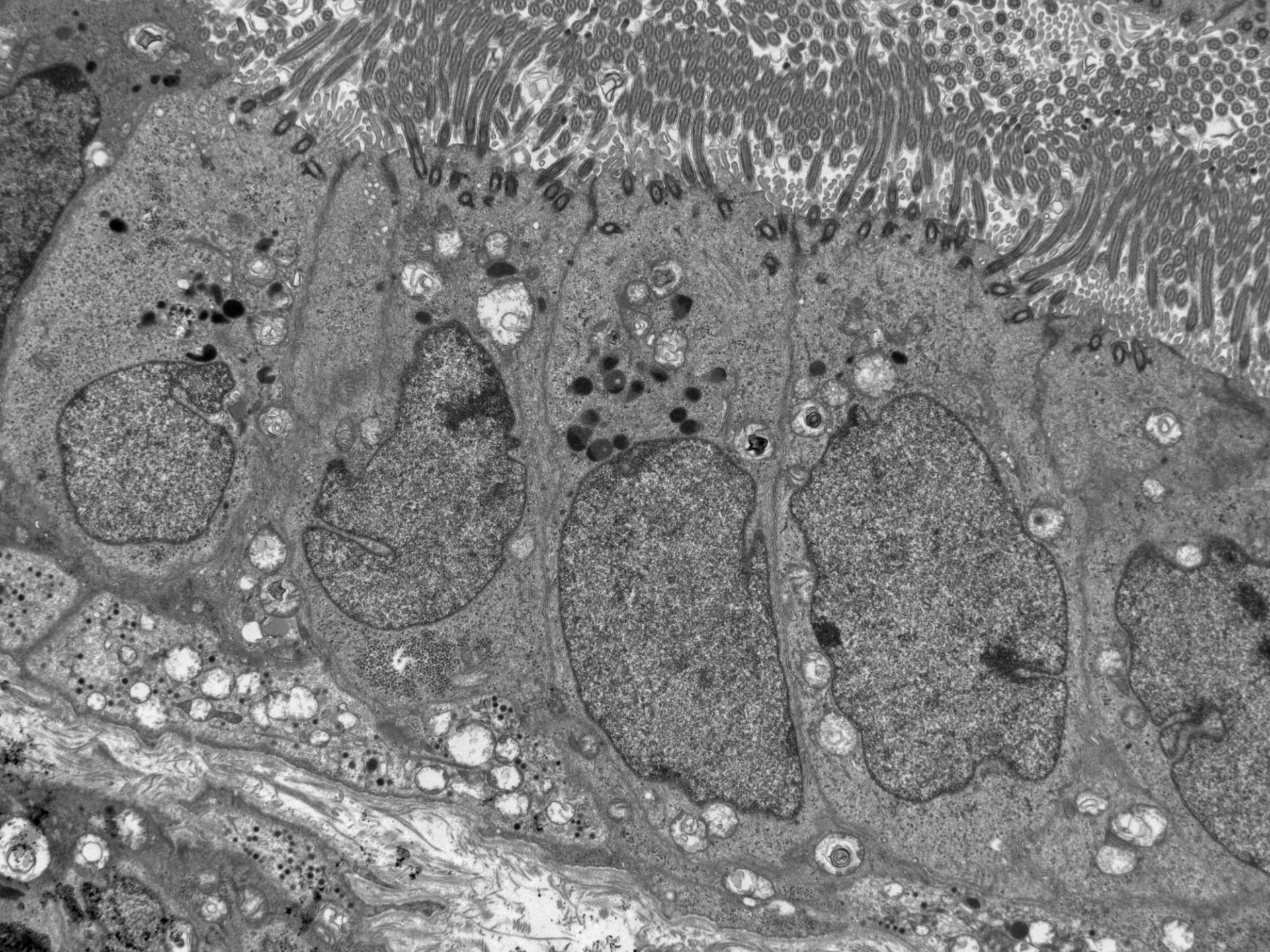


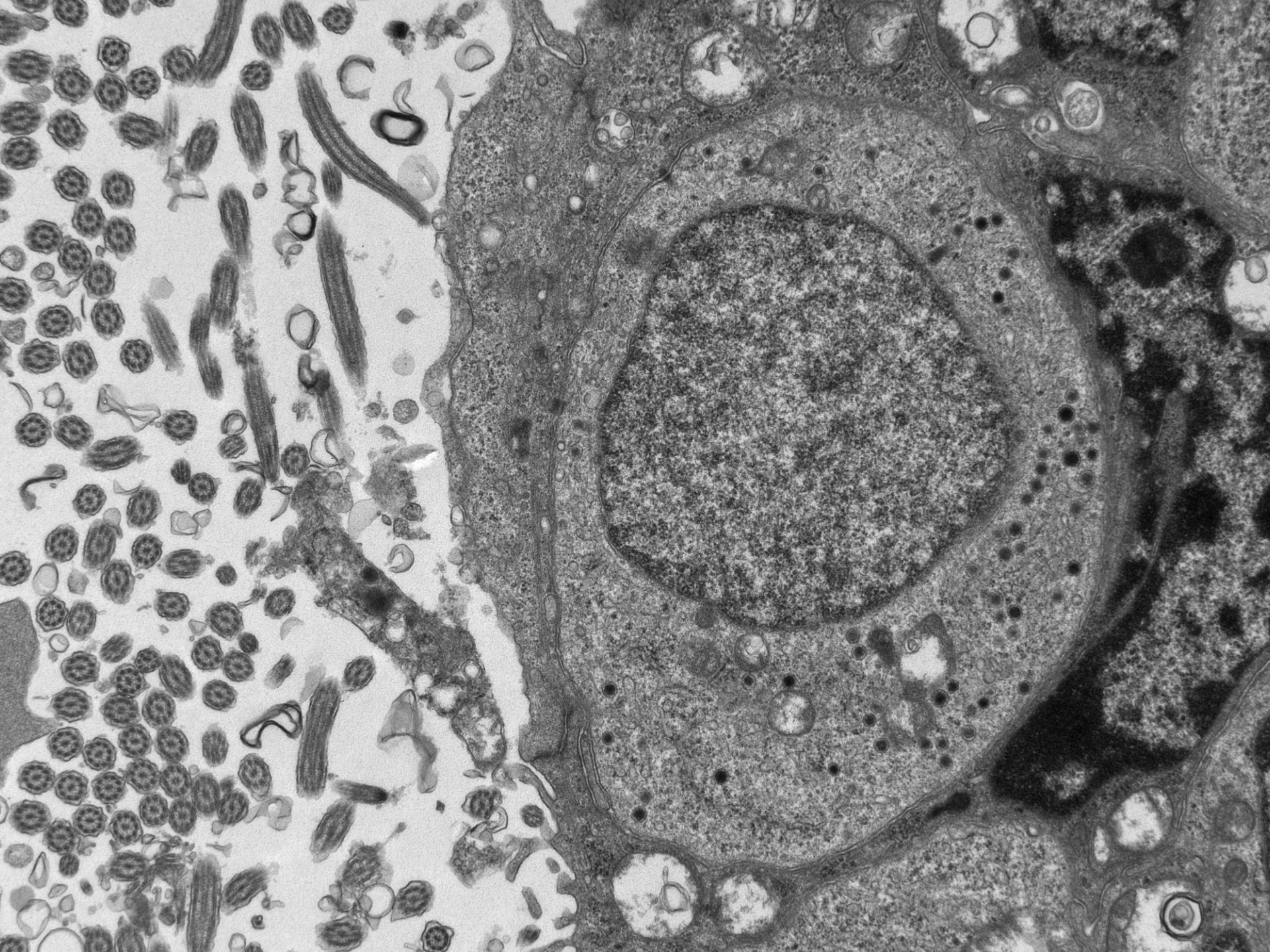














# Neuromuscular Disease

- Major cause of disability
- Numerous genes identified – but
- Muscle biopsy still important for diagnosis
  - rapid answer
  - aids direction of genetic testing
  - can identify broader differential diagnoses

# Neuromuscular Disease

- Primary genetic muscle disease
  - muscular dystrophy - Duchenne
  - Congenital myopathies - central core, nemaline
- Neurogenic disorders - spinal muscular atrophy
- Metabolic myopathies - glycogenoses, mitochondrial
- Inflammatory myopathies – dermatomyositis
- Ion channel disorders - periodic paralysis
- Neuromuscular junction defects - myasthenia gravis



# Standard histological staining panels

- Tinctorial stains

- H&E, Gomori trichrome, HVG, ORO, PAS

- Histochemistry

- Oxidative enzymes COX, SDH (mitochondria)  
reduced NADH (mitochondria, myofibre architecture)
- ATPase (fibre typing)
- Acid phosphatase (macrophages, storage)

# Standard immunocytochemistry panels

- **Dystrophy panel**

- Dystrophin, merosin, sarcoglycans, utrophin, desmin, dysferlin, dystroglycan, collagen VI, spectrin

- **Inflammatory panel**

- CD3, CD4, CD8, CD20, CD68
  - MHC 1, MAC, CD31, dysferlin

- **Fibre typing**

- Fast and slow myosin, developmental or neonatal myosin



# Muscle - Juvenile Dermatomyositis

- Commonest inflammatory myopathy of childhood – 5 to 15 years
- Genetic predisposition
- Can affect various system – muscle/skin
- Muscle weakness and skin rash - calcium deposition
- Inflammation of small blood vessels, circulating immune complexes

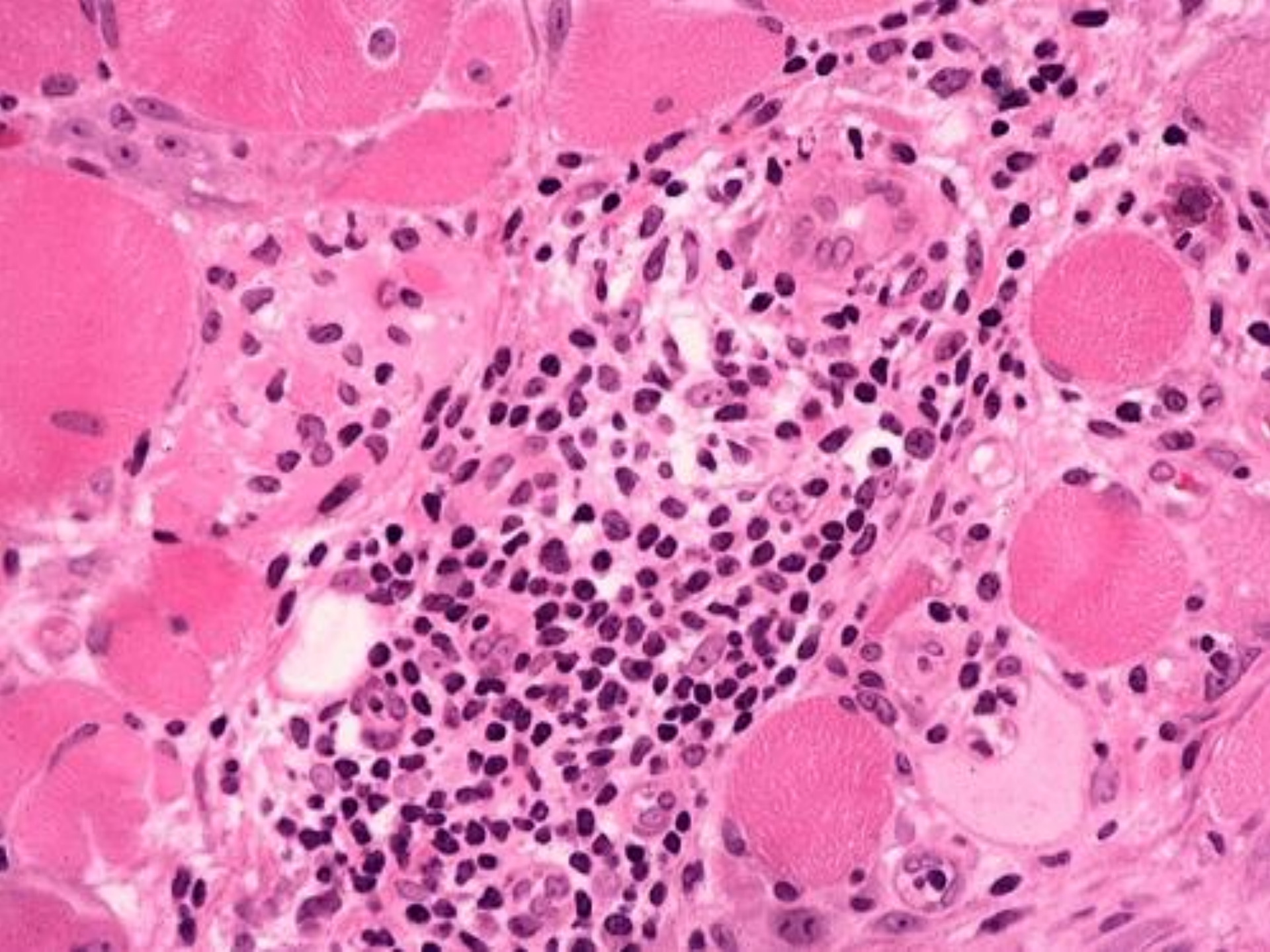
# JDM - histopathology

- **Destructive myopathy** – necrosis, regeneration, atrophy, internal nuclei and fibrosis
- **Inflammation** – lymphocytes – perifascicular or perivascular distribution



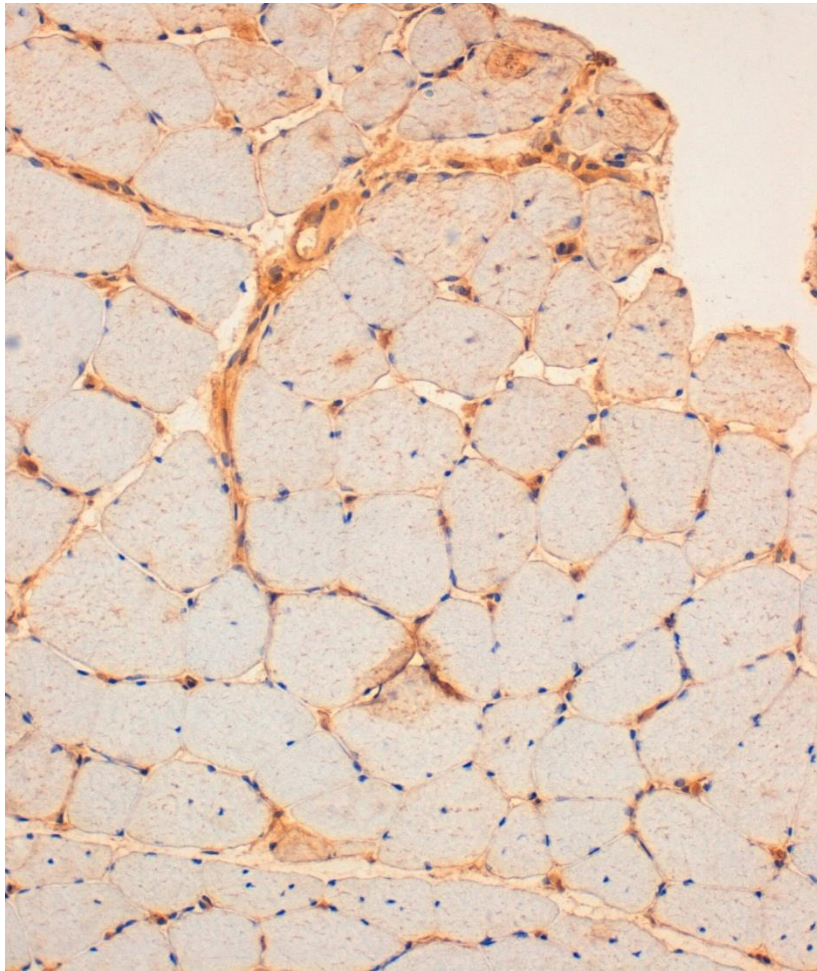
# JDM - muscle biopsy

- Histochemical & tinctorial stains
- Immunocytochemistry
  - inflammatory panel CD3, CD4, CD8, CD20, CD68
  - sarcolemmal staining MHC
  - membrane attack complex
  - endothelial markers CD31
- Electron microscopy

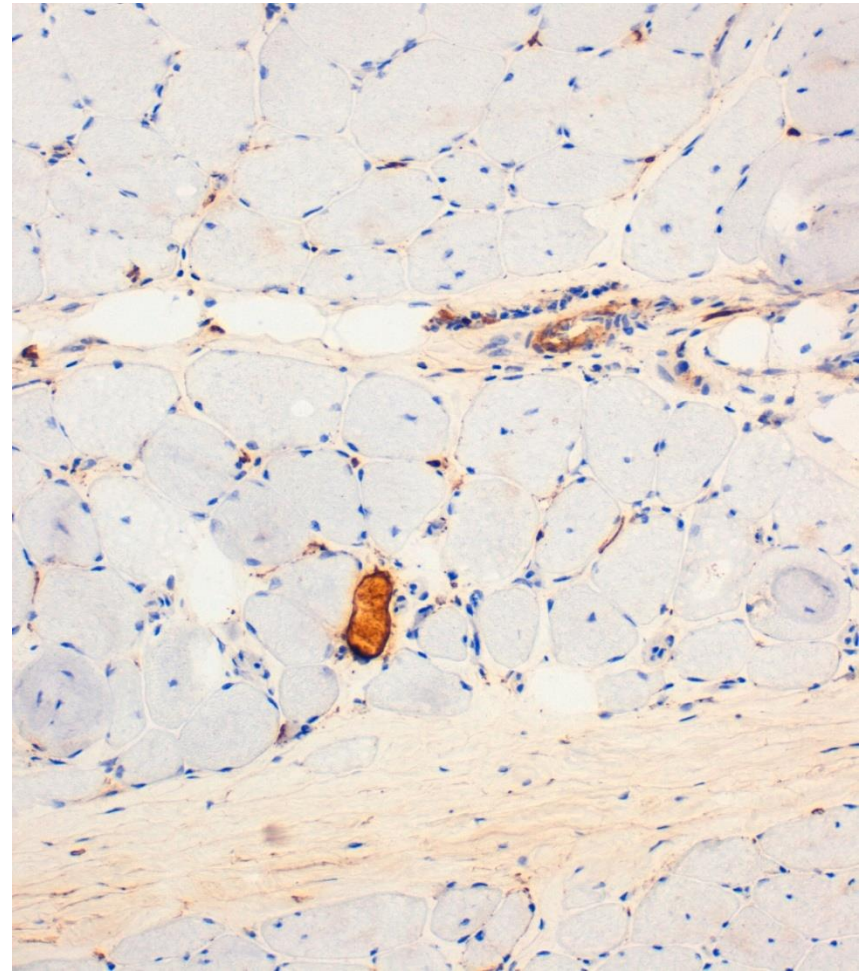




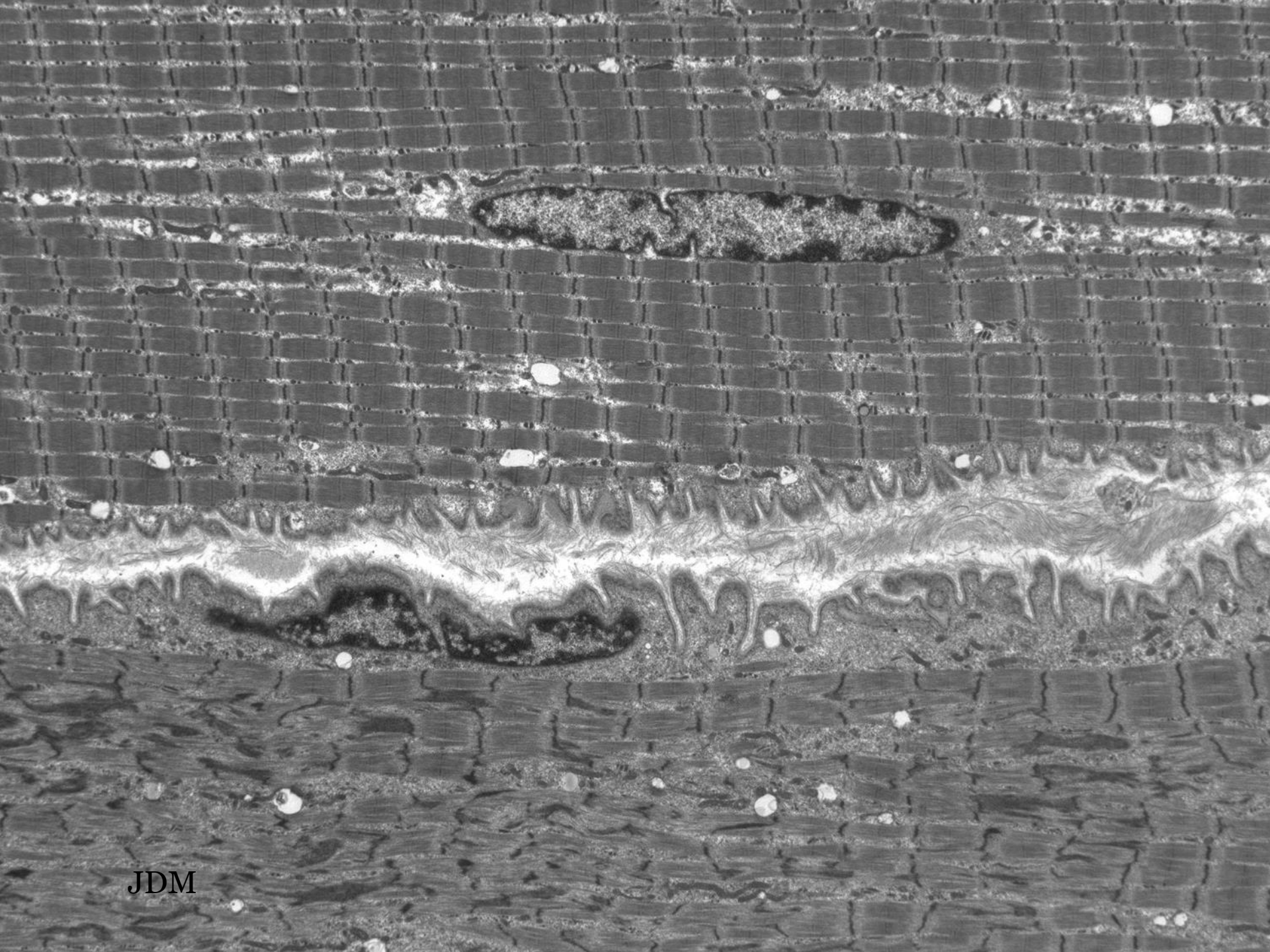
# JDM inflammatory panel



MHC-1

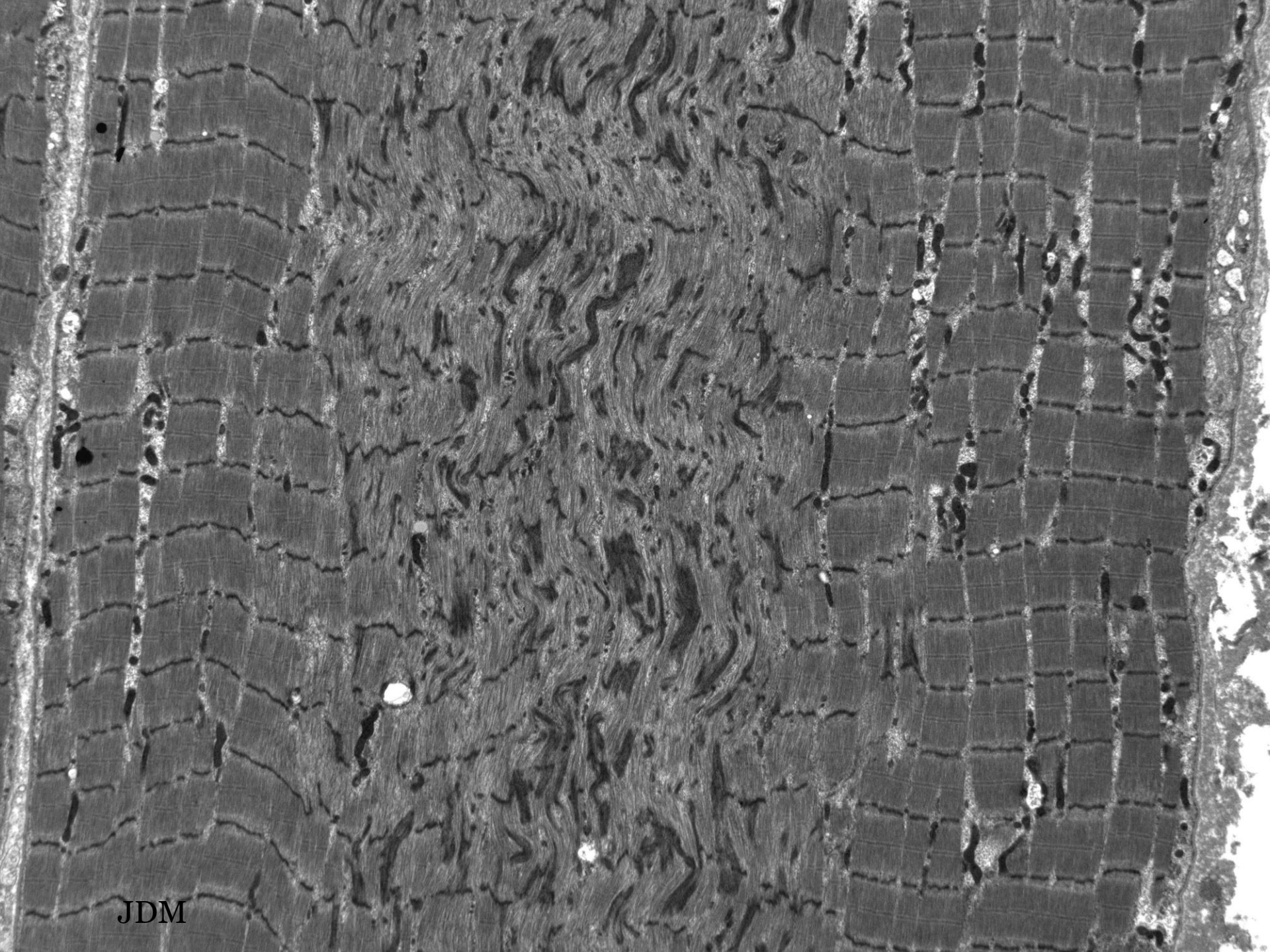


MAC

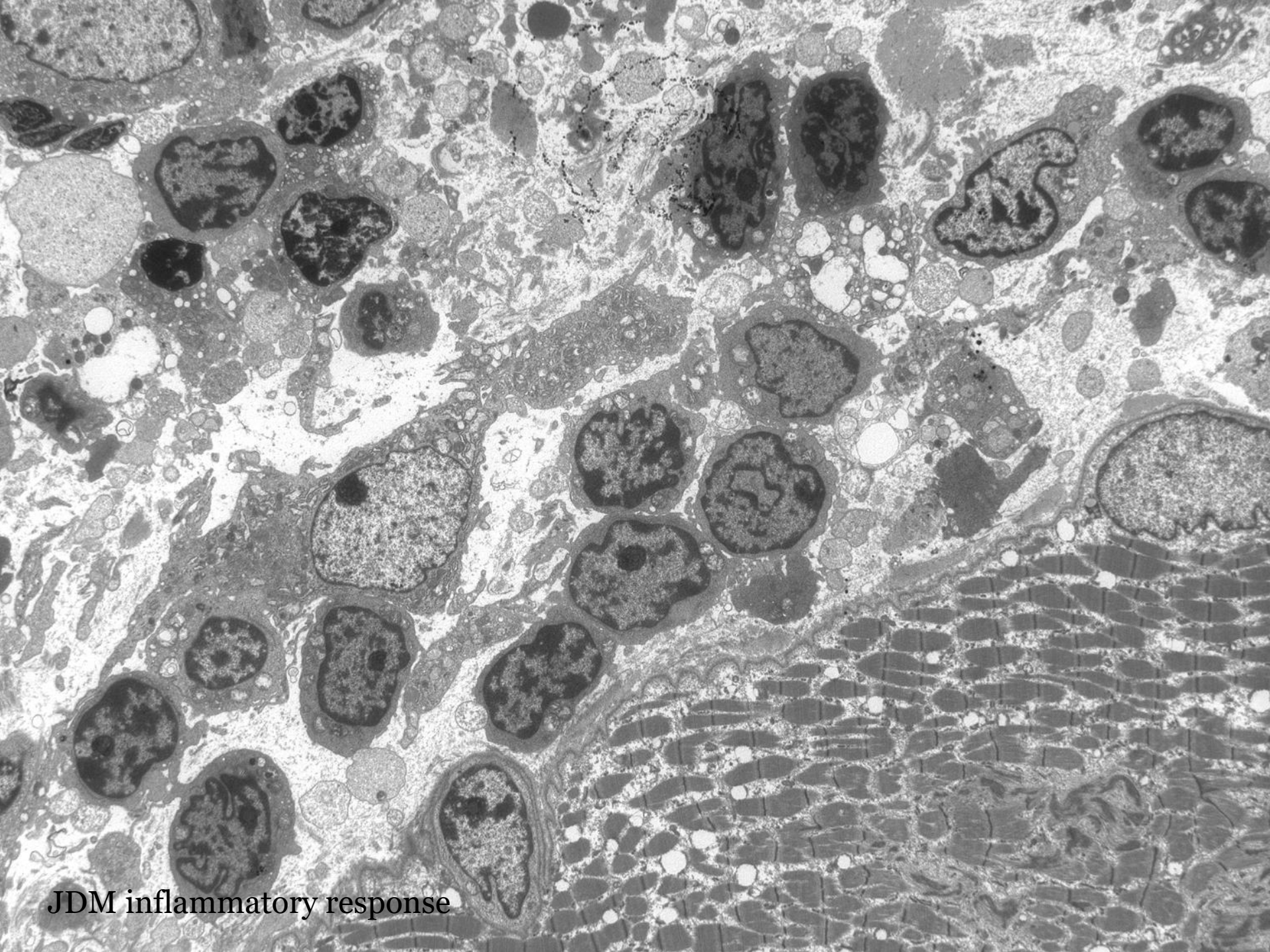


JDM



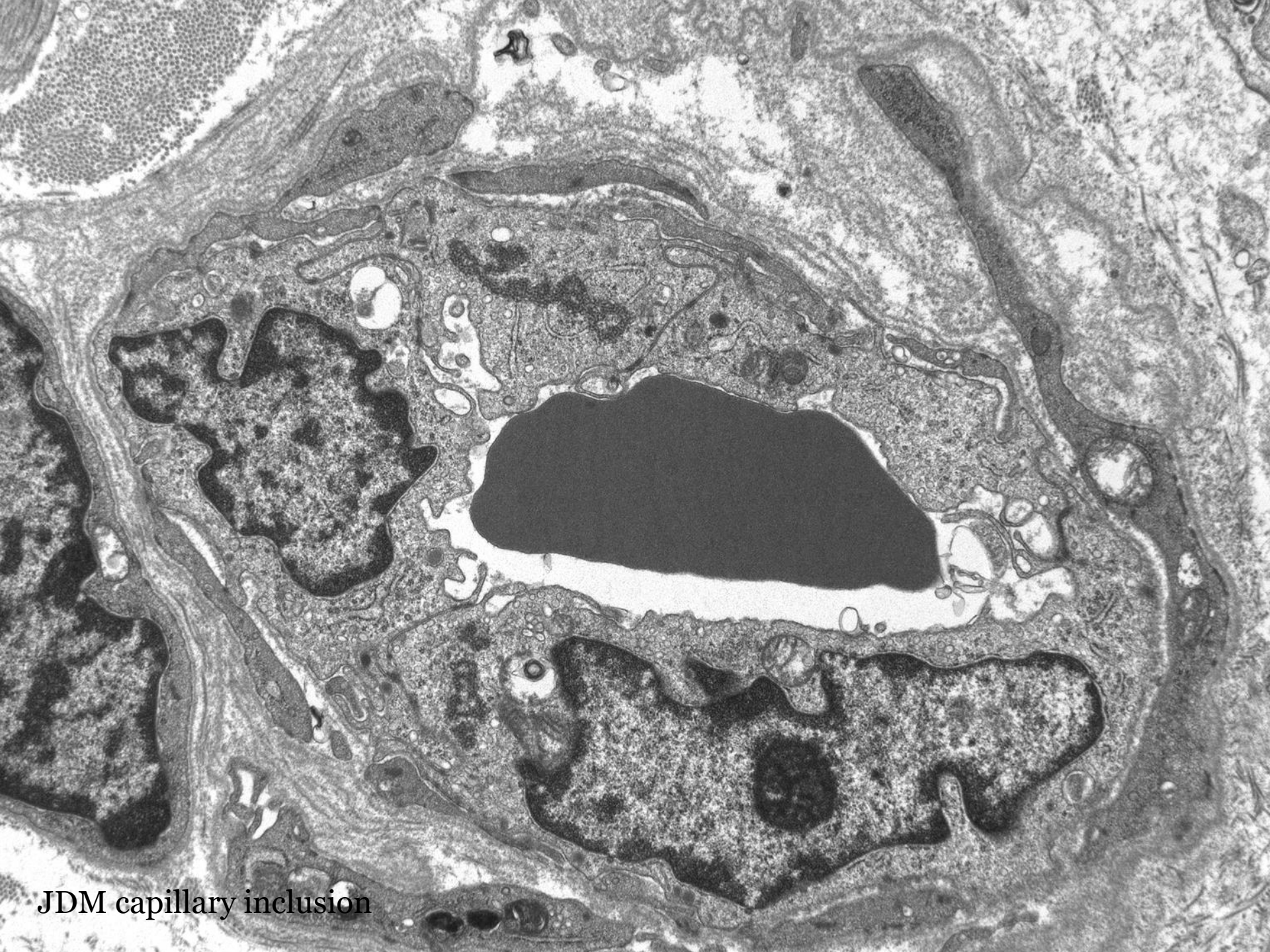


JDM



JDM inflammatory response





JDM capillary inclusion



JDM tubuloreticular inclusions



# Platelet Function Disorders

- Platelets with absent or decreased receptor sites
- Defects in granule content “Storage Pool Disorders”
  - not associated with a systemic disorder
  - associated with other systemic inherited disorders

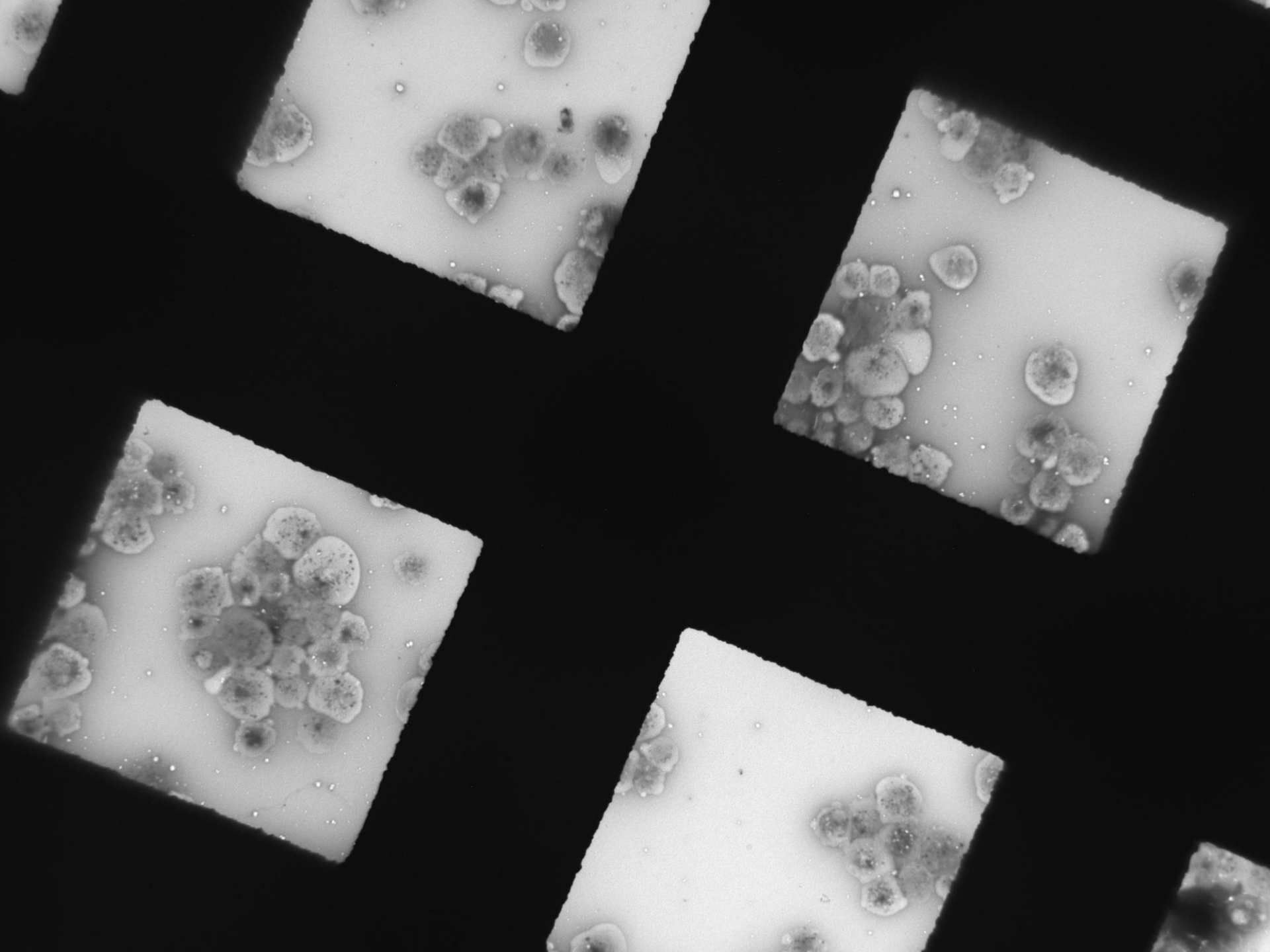
# Platelet Ultrastructure

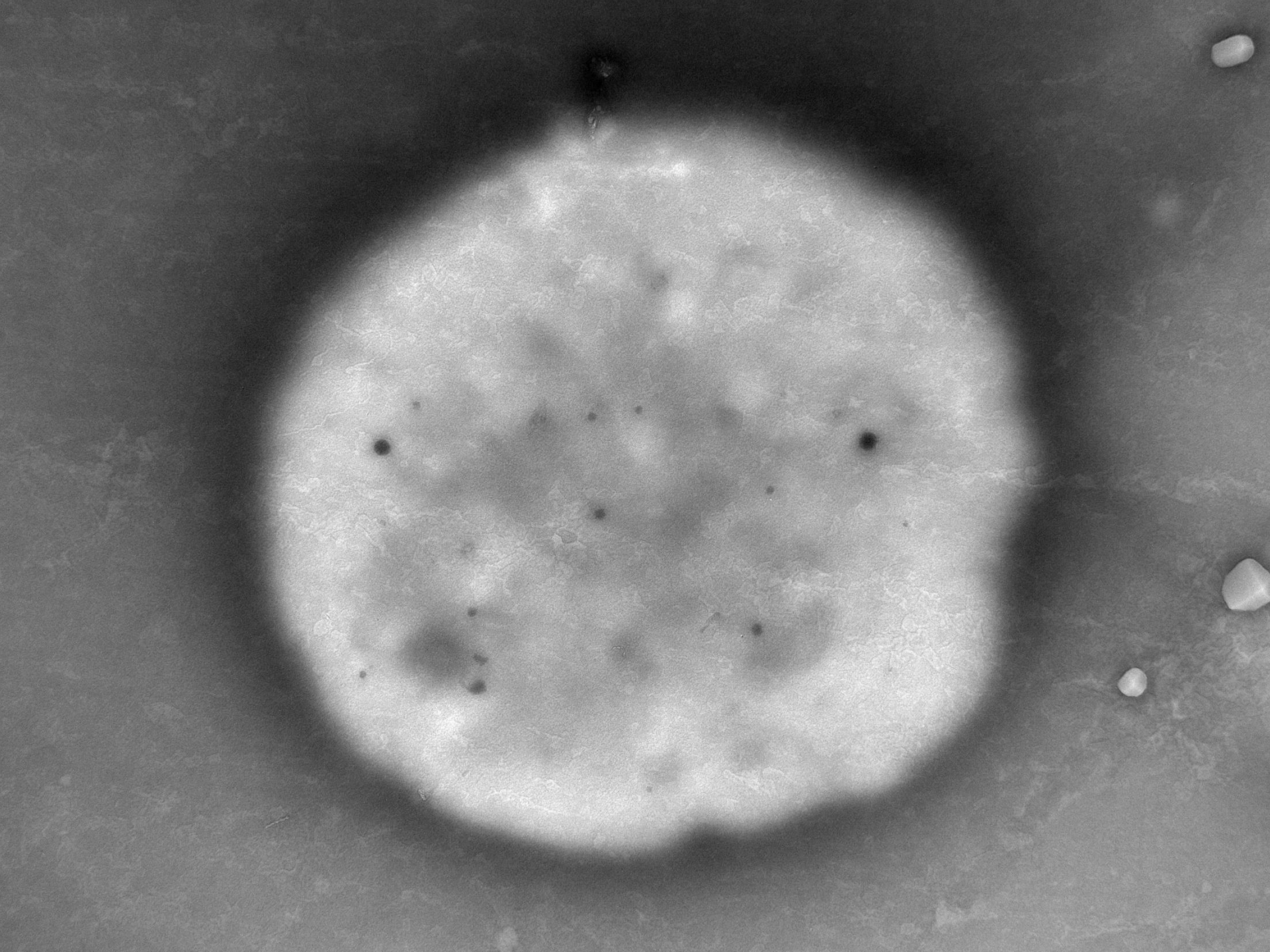
- Whole mount preparation – dense granule estimation, Hermansky Pudlak syndrome
- Ultrathin sections – fine detail, Grey platelets
- Bone marrow aspirate – megakaryocyte/platelet formation



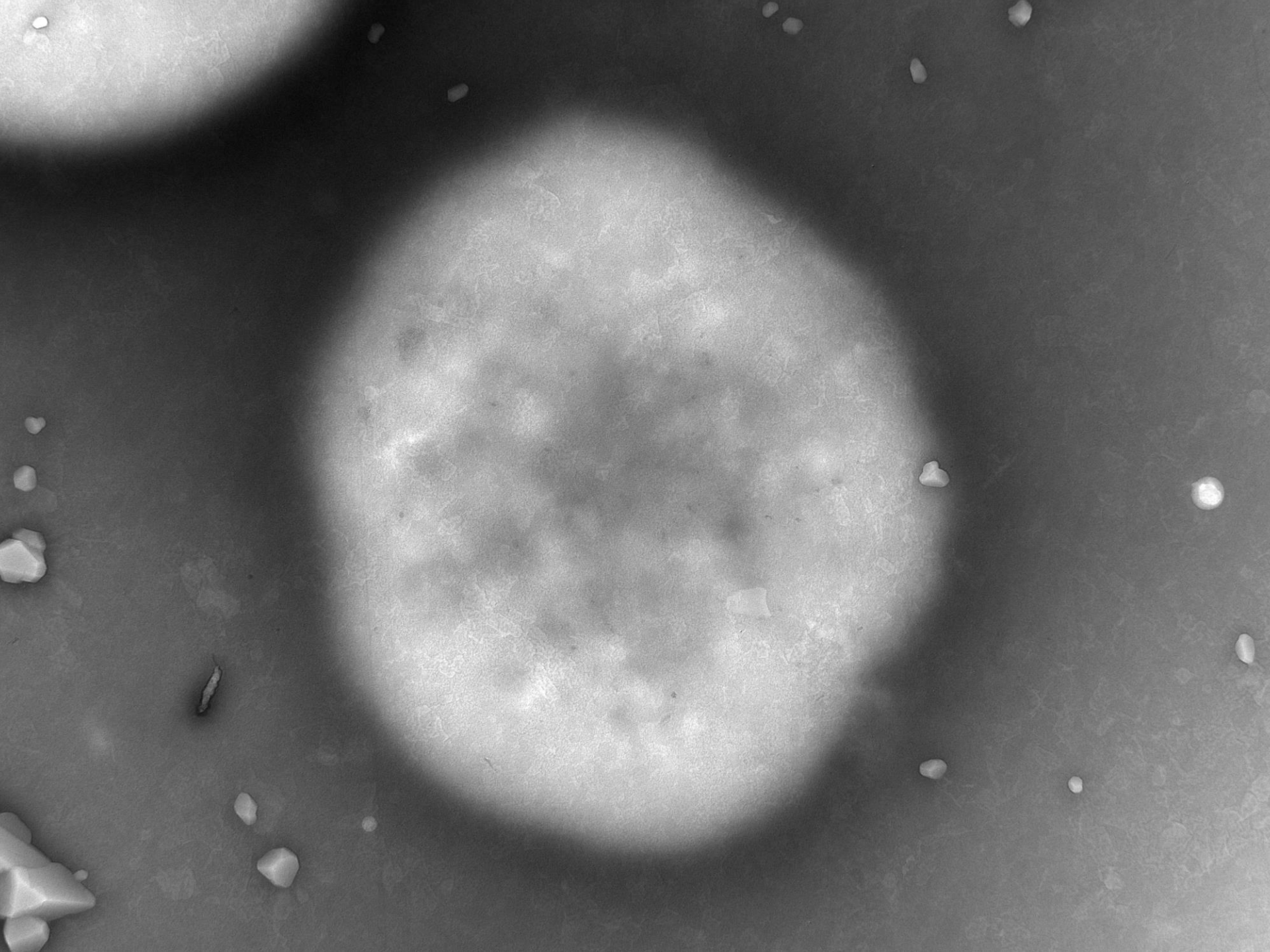
# Whole mount platelet preparation

- EDTA blood 3 - 5 ml (preferably delivered within 24hrs)
- Centrifuge - 1000 rpm, 5 min
- Platelet rich plasma
- Drop on carbon coated grid
- Brief wash, air dry
- Examine



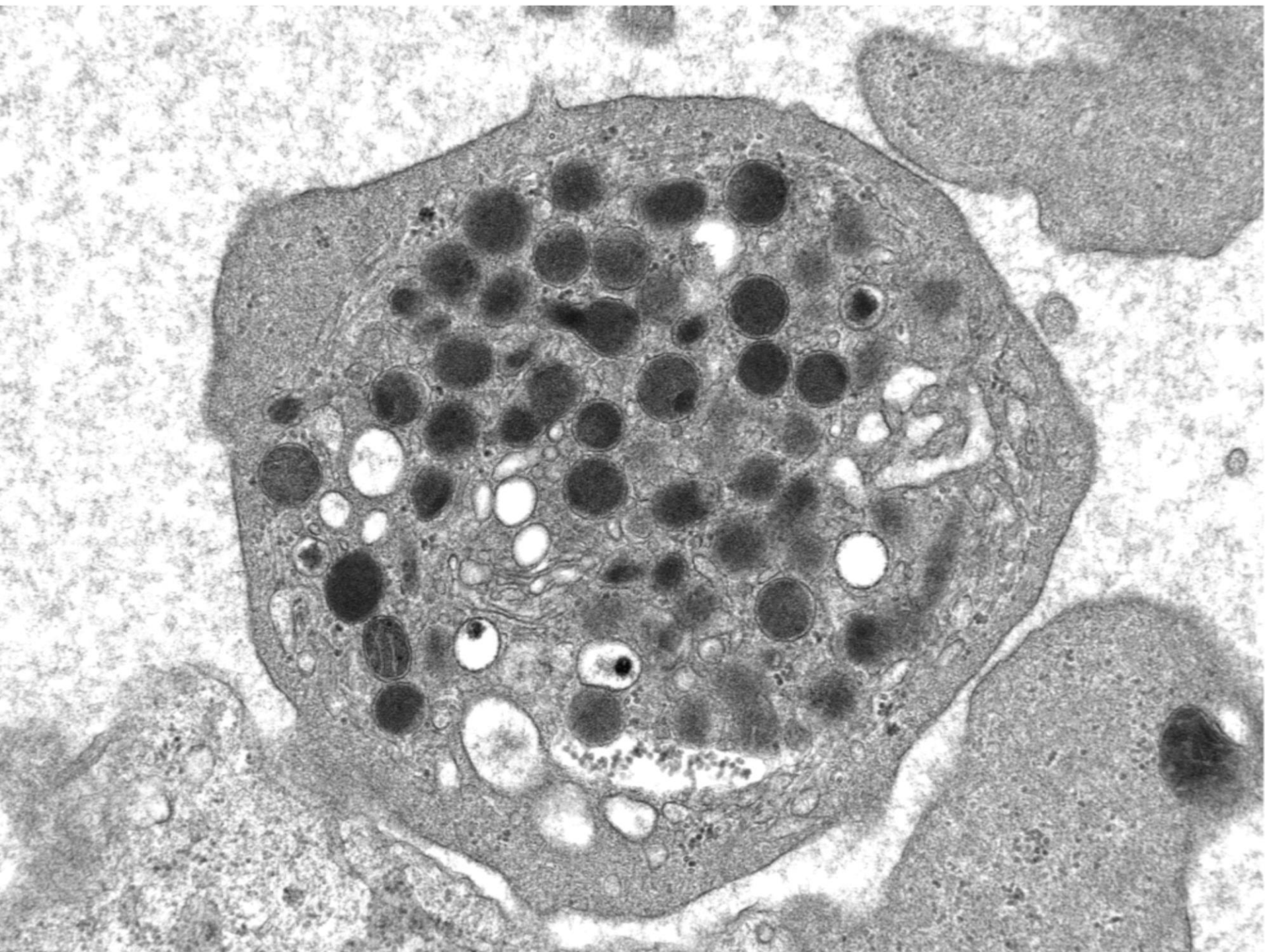




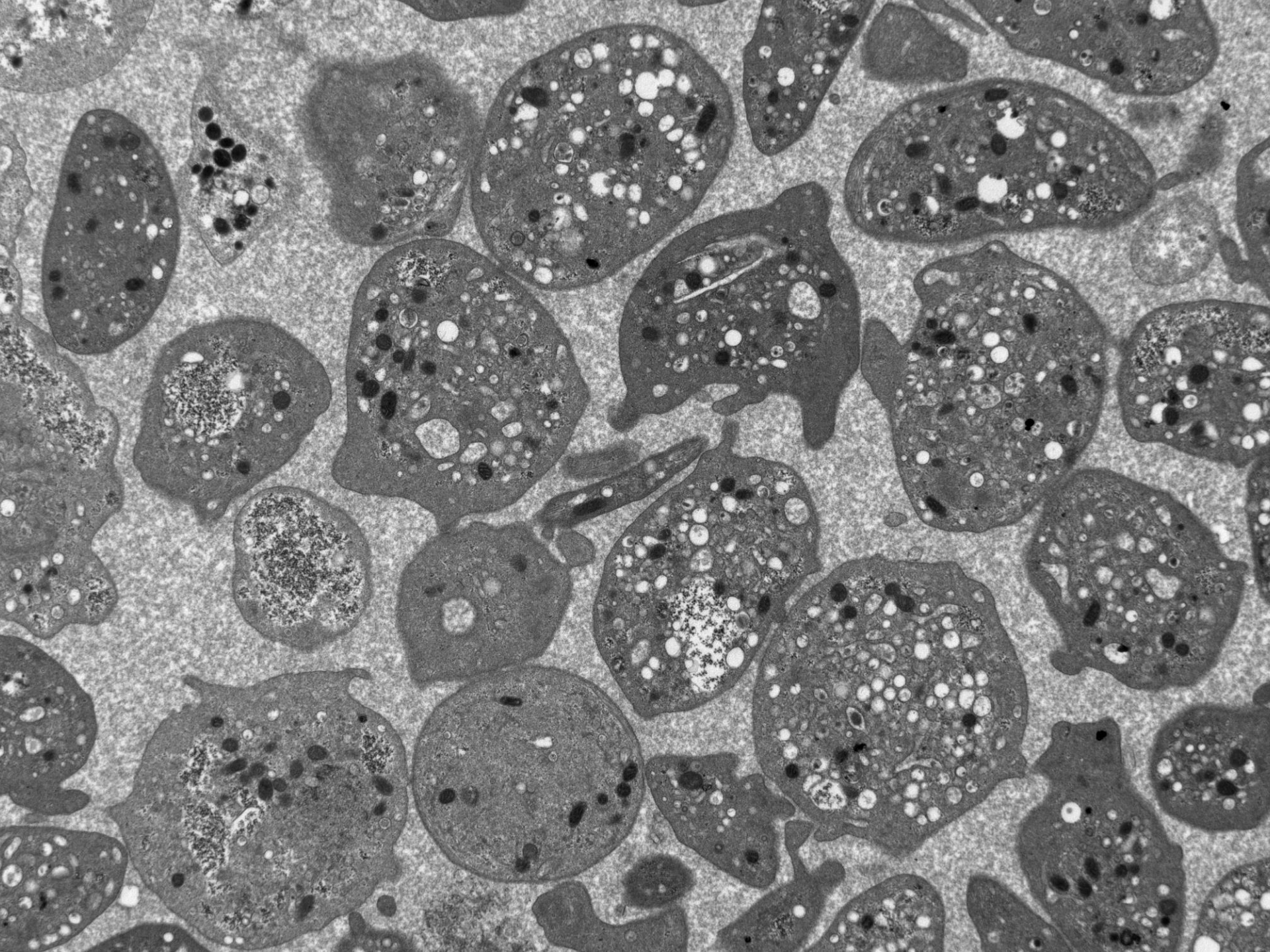


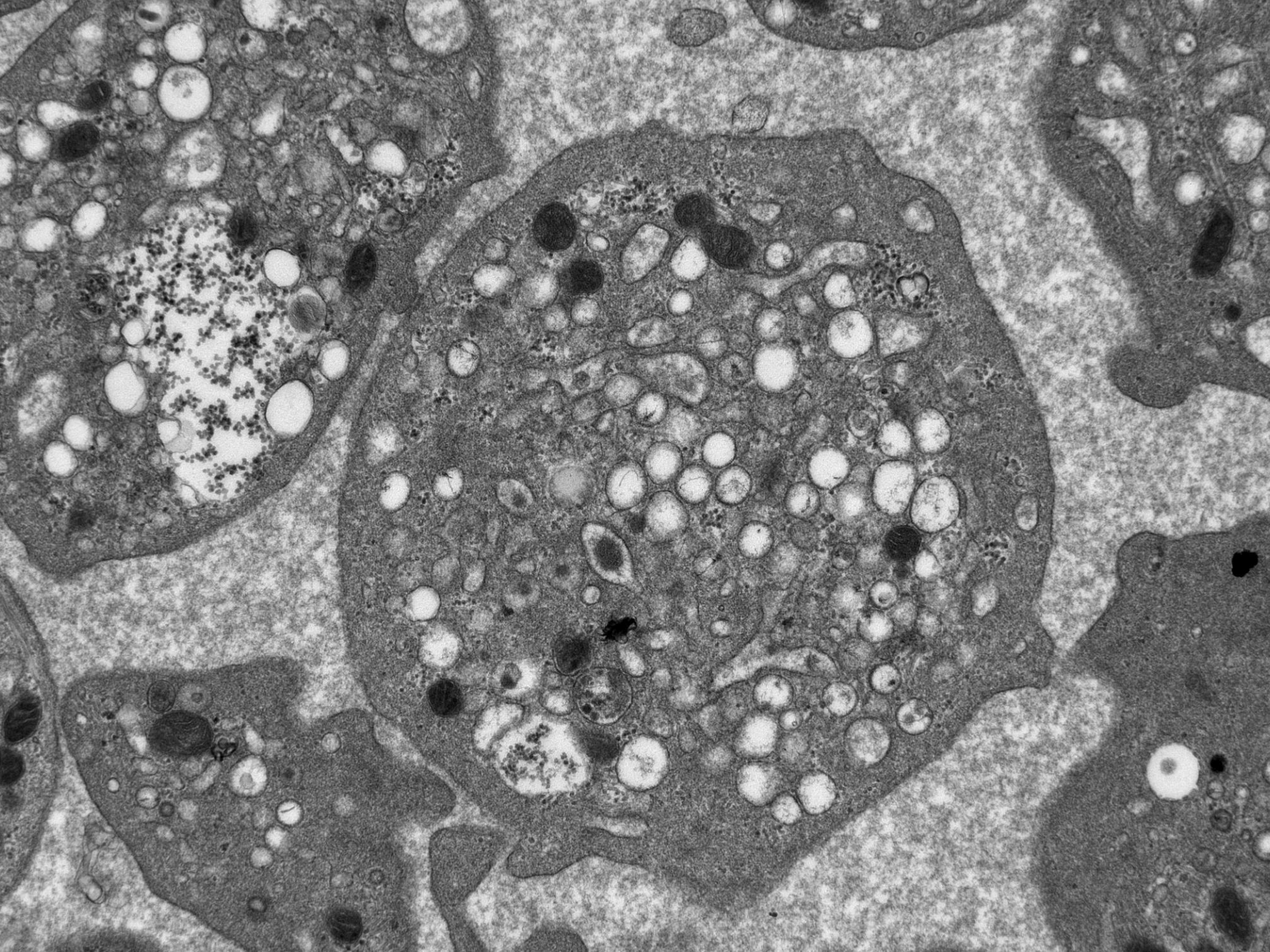
# Platelet EM

- Dense granule disorders – Hermansky Pudlak syndrome, Chediak Higashi syndrome
- Alpha granule disorders – Paris-Trousseau or Jacobsen syndrome (giant granules)
- Alpha and dense granule disorders – rare
- Grey platelet syndrome – large, alpha granule deficiency
- Small platelets – Wiskott-Aldrich syndrome











Thank you