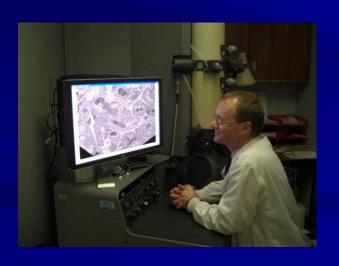
Basic Renal EM workshop

Southampton

September 30<sup>th</sup> 2011

### Renal Ultrastructural Pathology Lecture 2 Me - Mi



Bart E Wagner
BSc CSc FIBMS Dip Ult Path
Chief Biomedical Scientist
Electron Microscopy Section
Histopathology Department
Northern General Hospital
Sheffield
South Yorkshire
UK
S5 7AU
bart.wagner@sth.nhs.uk
Tel+44(0)114-27 14154



### Renal ultrastructural pathology Lecture 2 - Topics

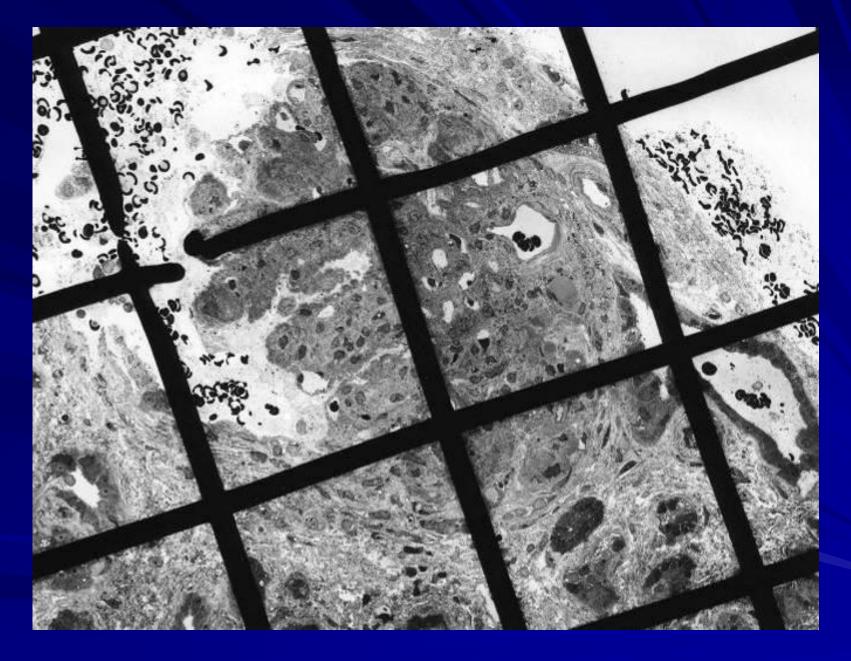
- 1. Mesangio Capillary Glomerulo Nephritis MCGN type I
- 2. Mesangio Capillary Glomerulo Nephritis MCGN type II (linear dense deposit disease)
- 3. Membranous Glomerulo Nephritis
- 4. Minimal Change nephropathy

# Mesangiocapillaryglomerulonephritis MCGN type 1

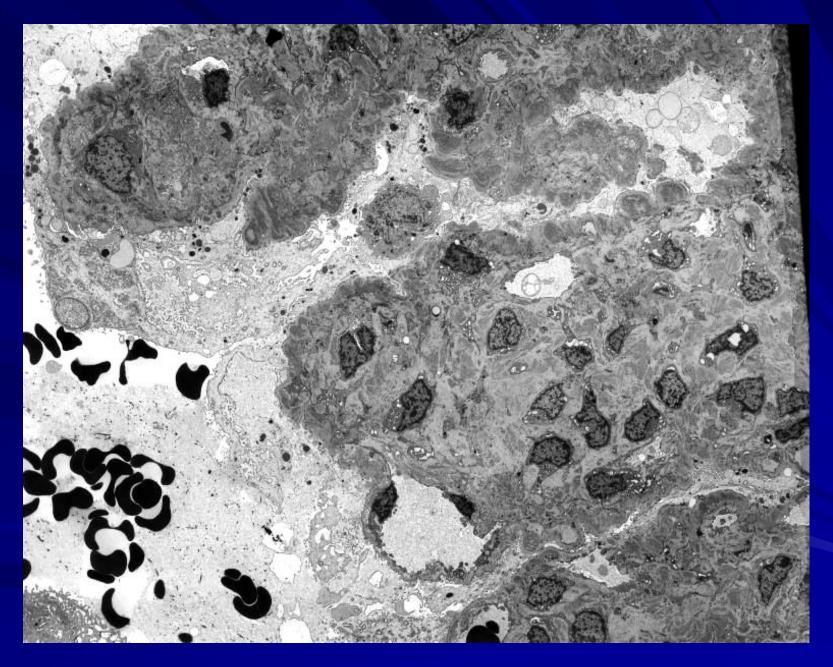
or
Membranoproliferativeglomerulonephritis
MPGN type 1

# Membranoproliferativeglomerulonephritis MPGN type 1 & 2

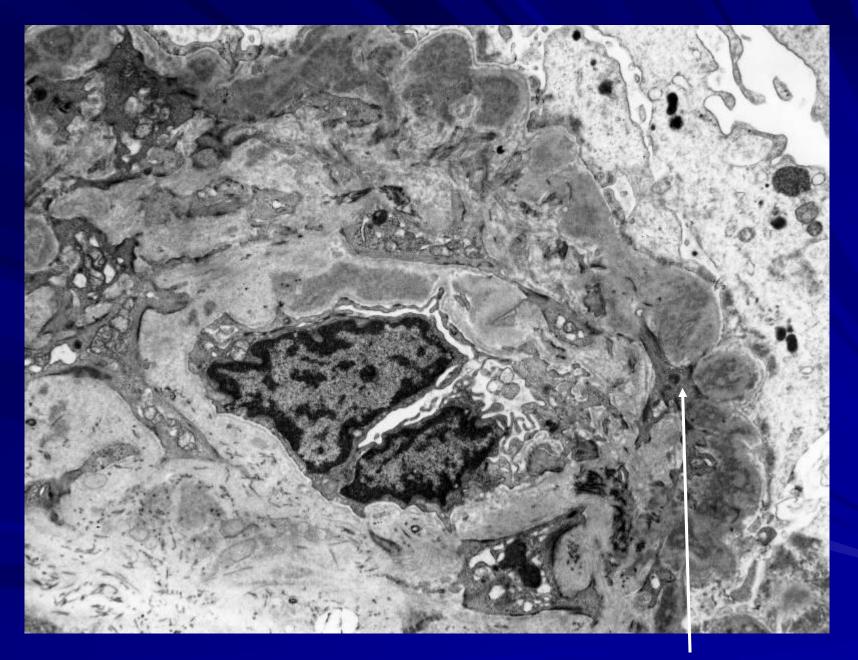
- Immunofluorescence: C3 mainly
- Can be occasionally confused with subacute postinfectious GN



Accentuation of lobular architecture

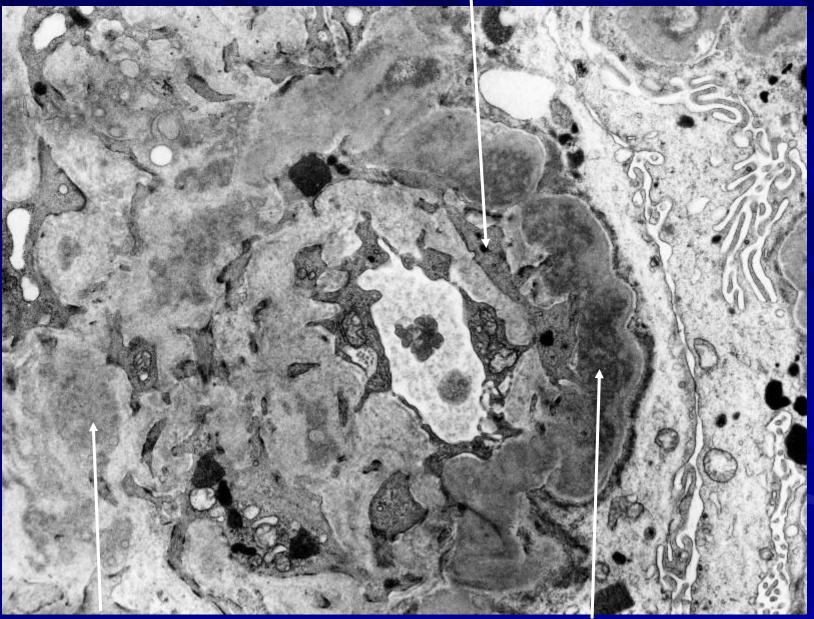


Accentuation of lobular architecture



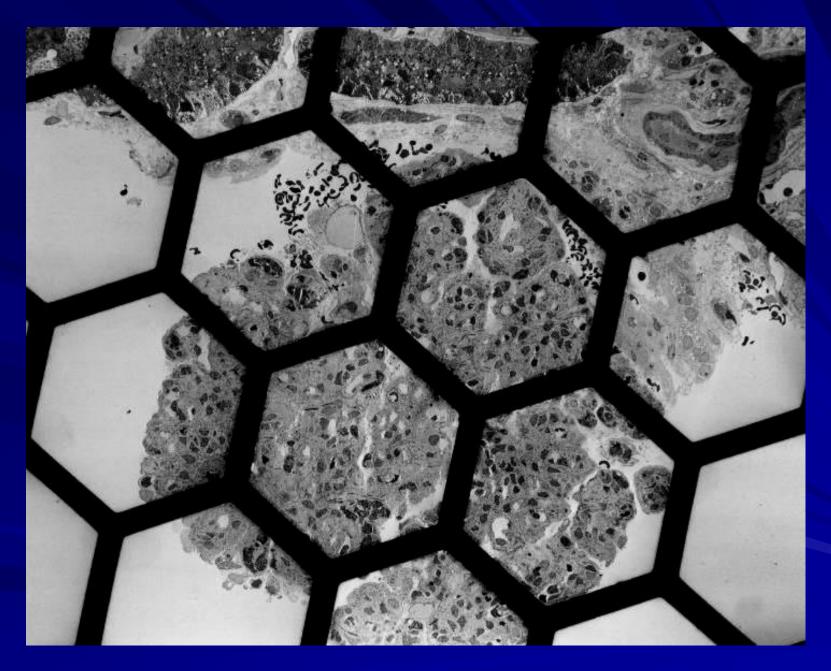
Mesangial interposition

#### Mesangial interposition in response to subendothelial deposits

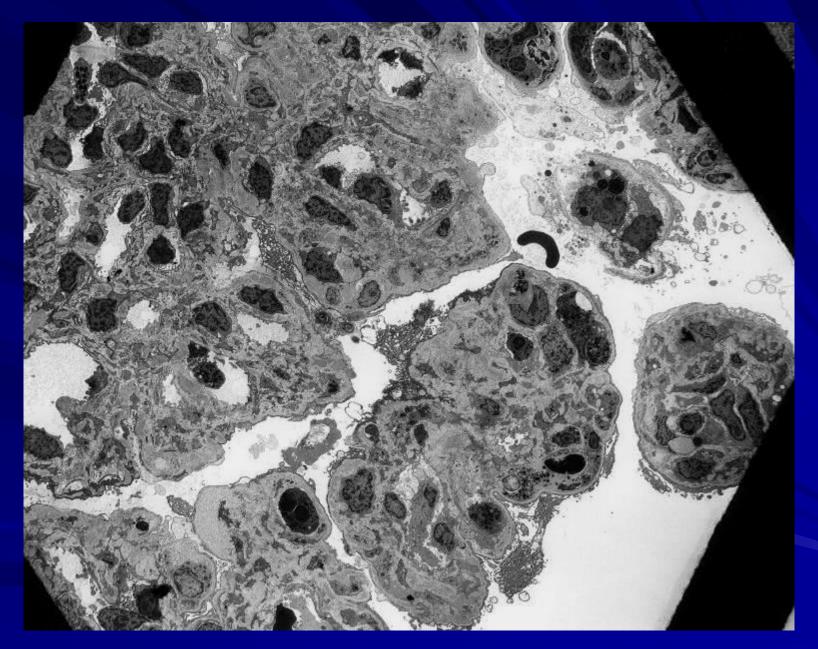


Mesangial deposits

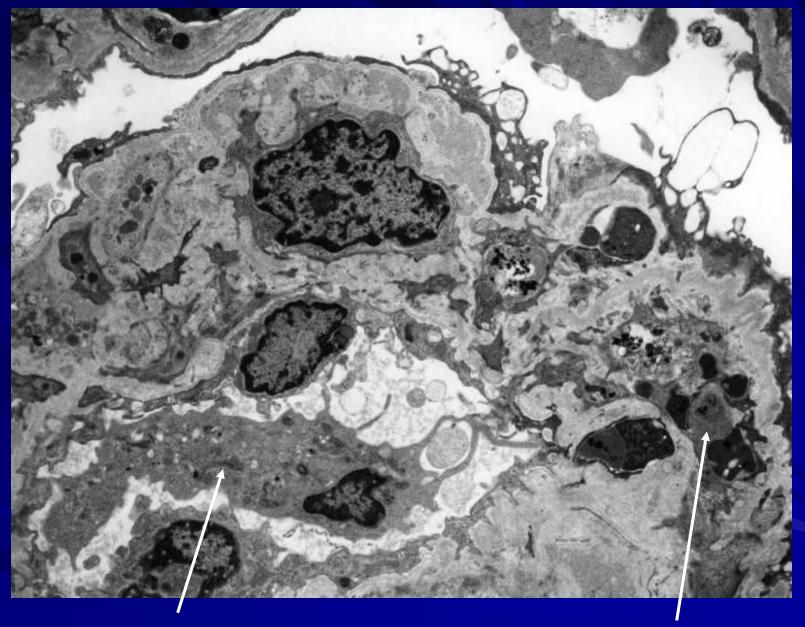
Deposits are 'moth eaten'



Hypercellular nodular glomerular sclerosis

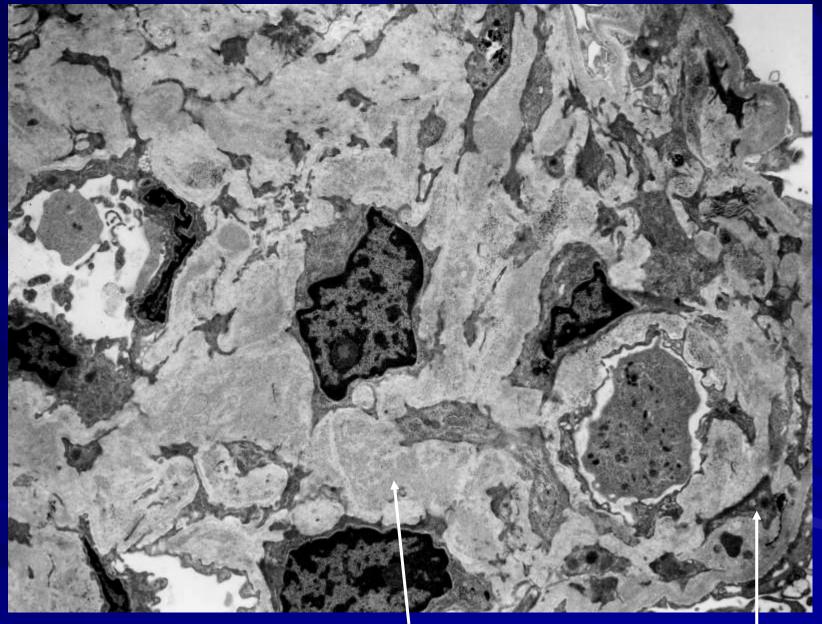


Hypercellular glomerulus



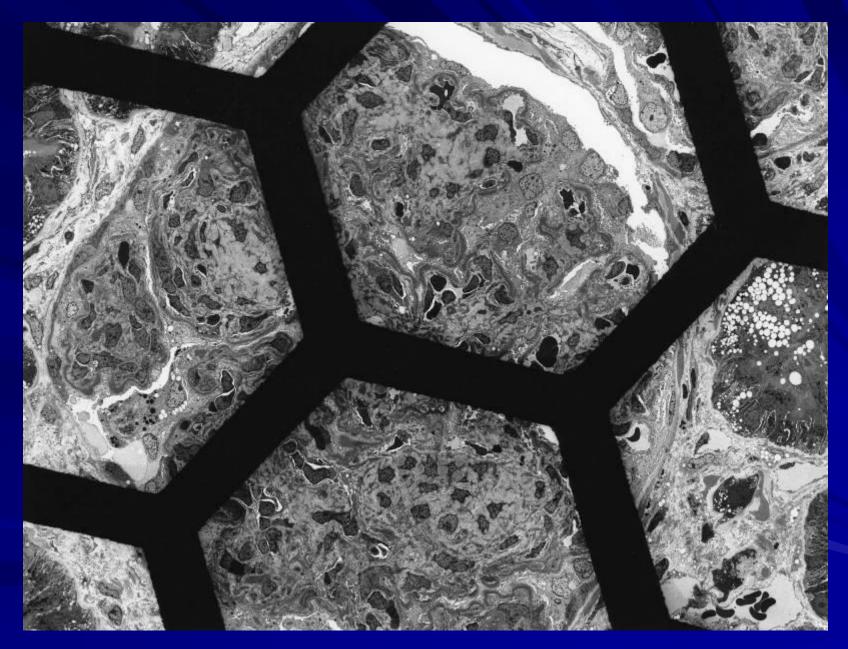
Monocyte interacting with endothelium

Mesangial interposition



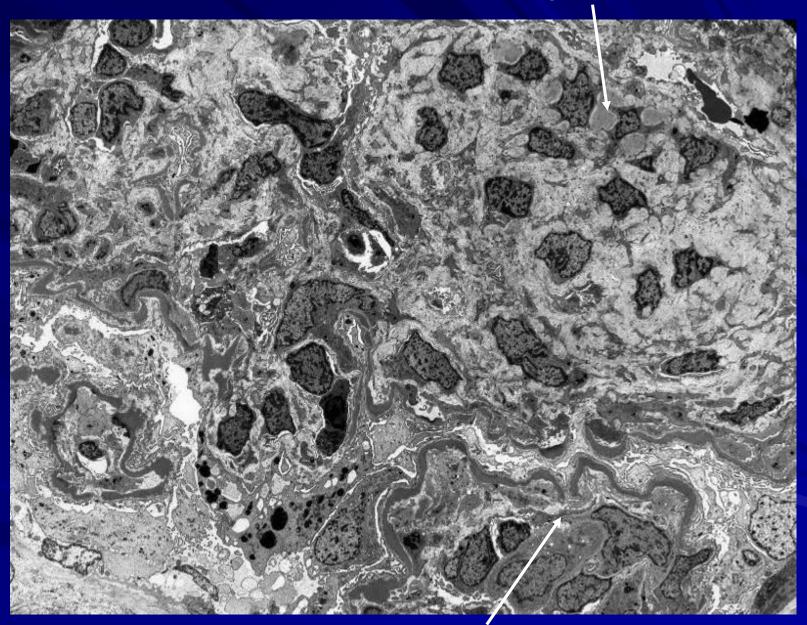
Mesangial matrix expansion – numerous deposits

MCGN / MPGN type 2
or
Linear dense deposit disease
or
Dense deposit disease



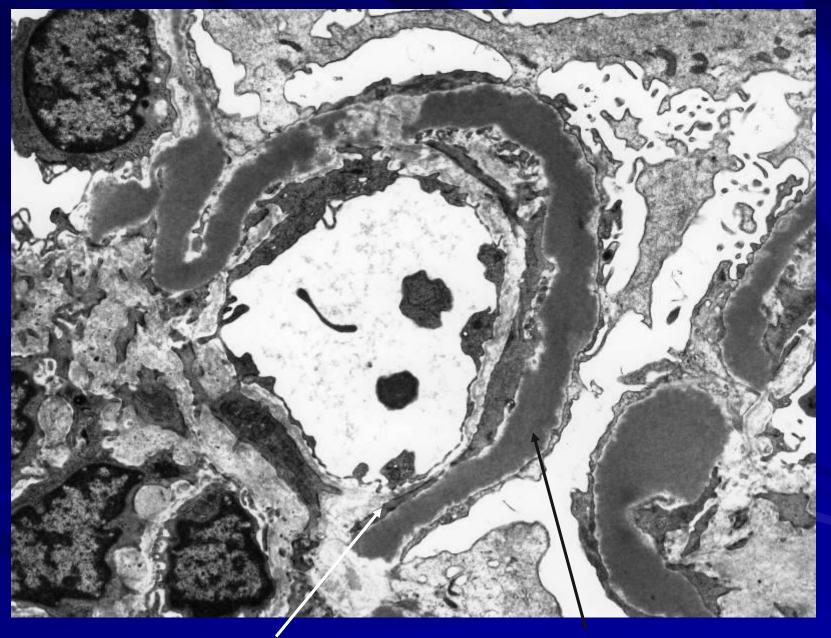
Nodular glomerular sclerosis

### Mesangial deposits

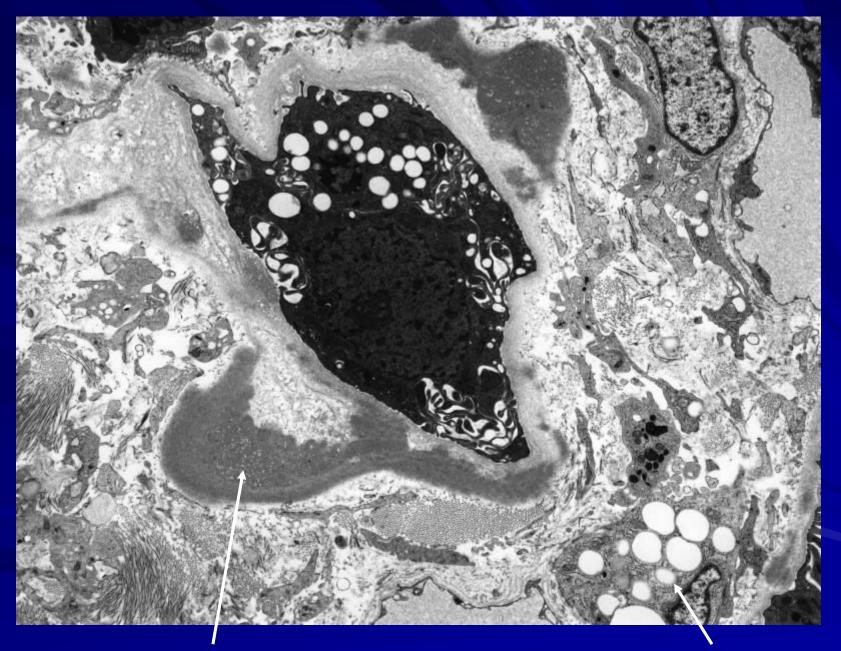


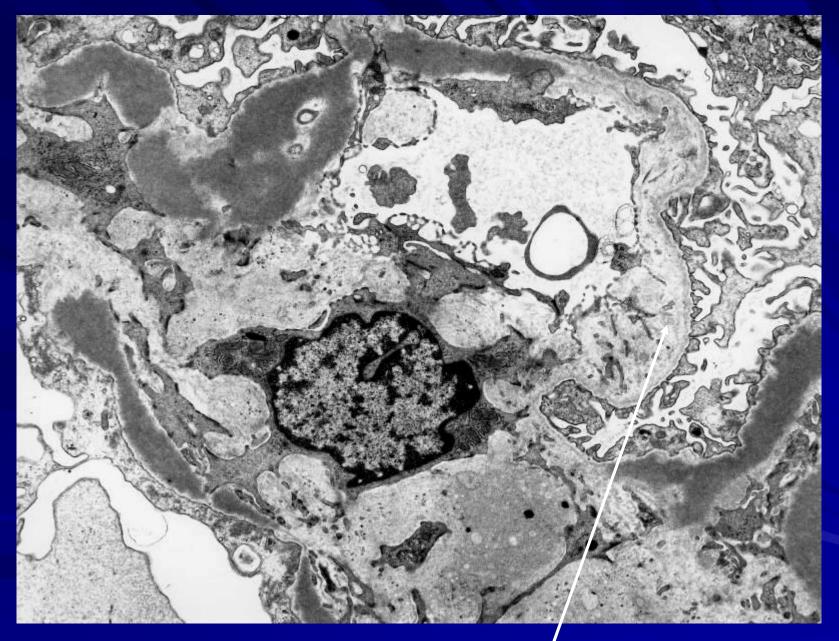
Interrupted linear dense deposits

#### LDDD or MCGN type II



Linear dense deposit





Subendothelial expansion but no deposit or interposition

# Membranous Glomerulonephritis

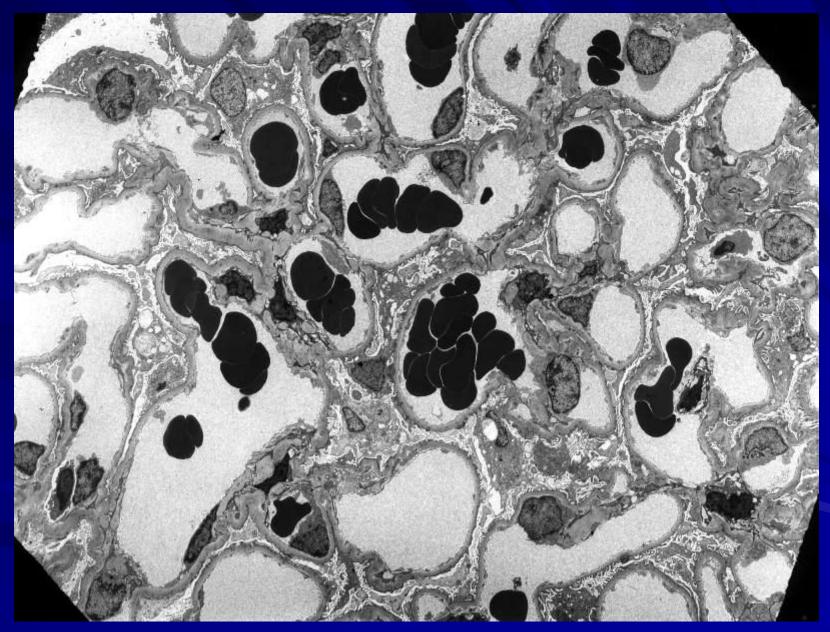
## Membranous Glomerulonephritis

- Stage 1: Small subepithelial deposits no spikes on silver stain
- Stage 2: New basement membrane around lateral border of deposits – spikes present on silver stain
- Stage 3: Occasional lysed deposit, occasional new basement membrane between deposit and podocyte
- Stage 4: Occasionally find mesangial cell undergoing interposition, glomerulosclerosis – silver stain chain rope

### Membranous GN

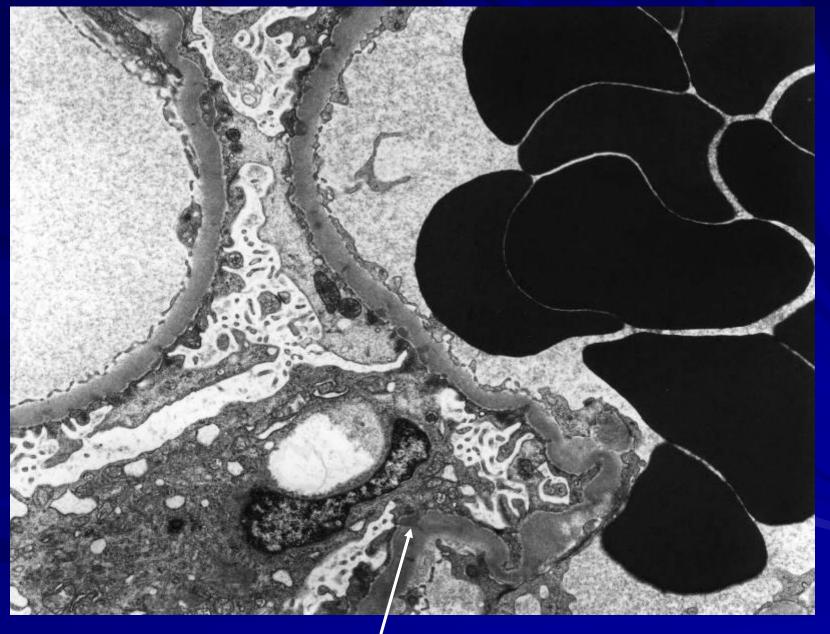
- Can find different stages on different loops
- Therefore stage is usually bracketed

Stage 1 membranous



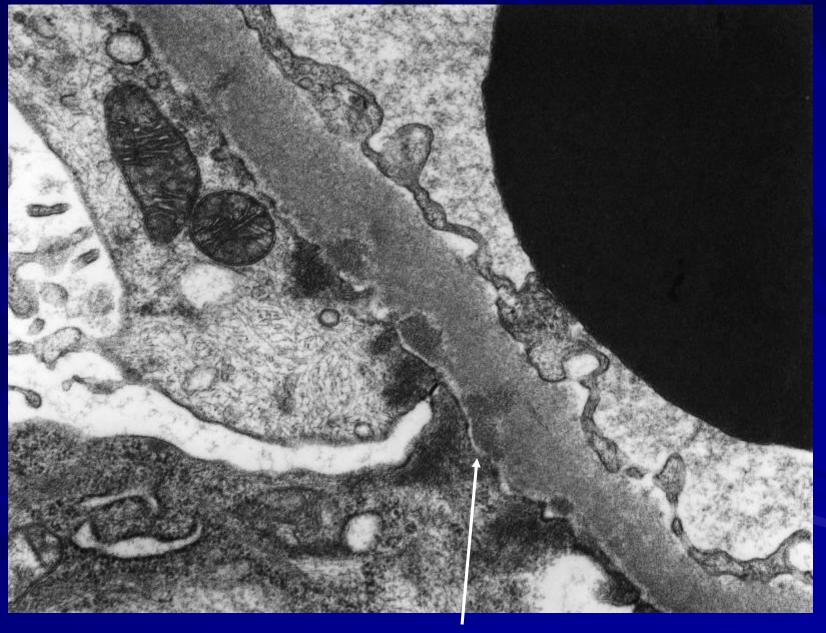
Appears similar to minimal change at low magnification

Stage 1 membranous



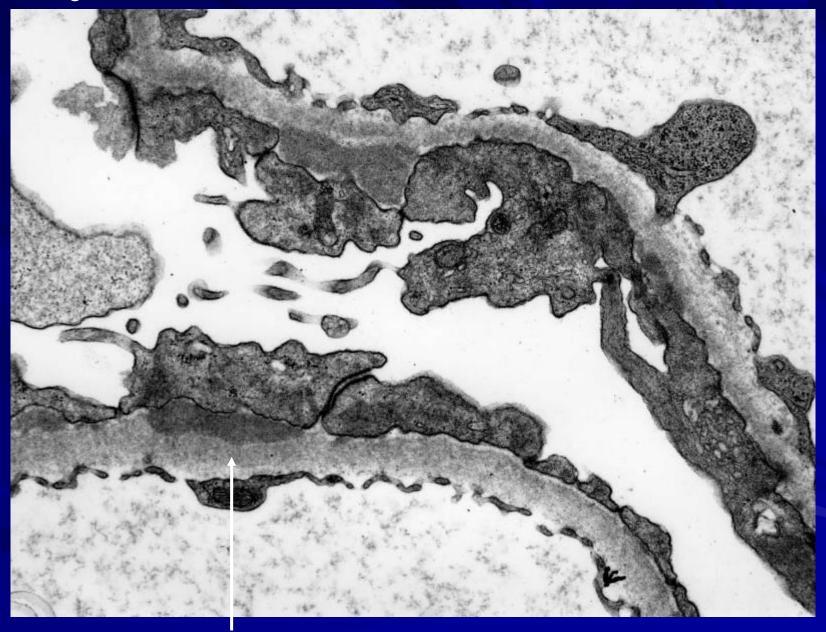
Tiny subepithelial deposits

Stage 1 membranous



Moderate numbers of small subepithelial deposits (IgG C3)

Stage 1 membranous



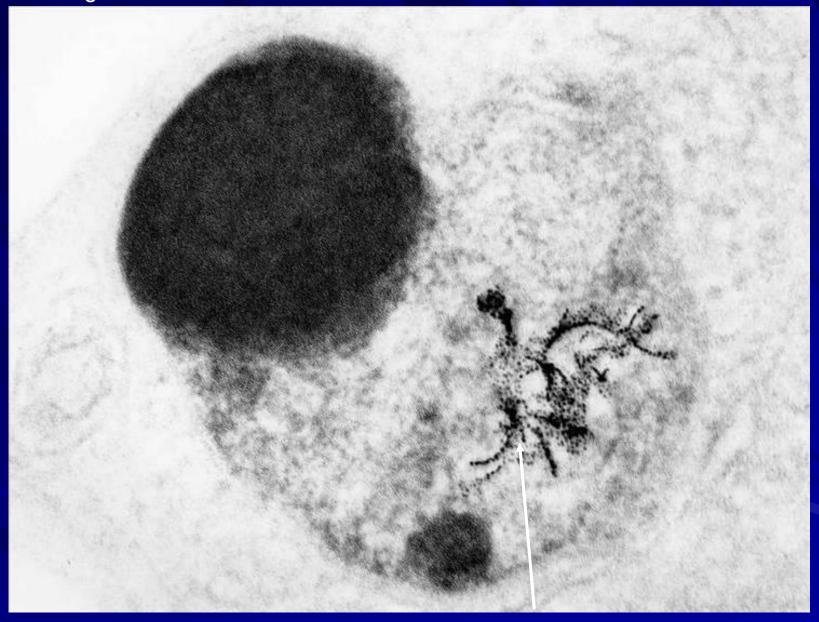
Occasional small epithelial deposits

Stage 1 membranous

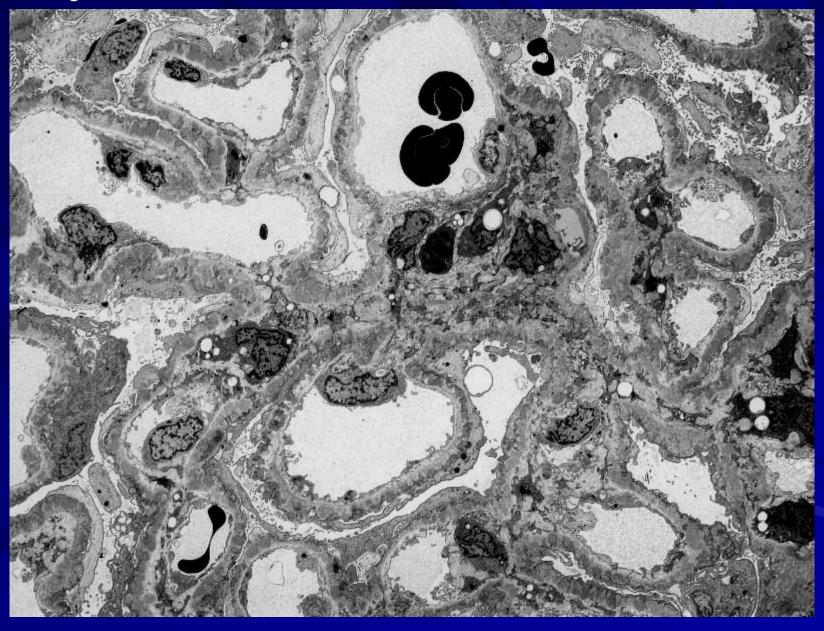


Mesangial cell lysosomes

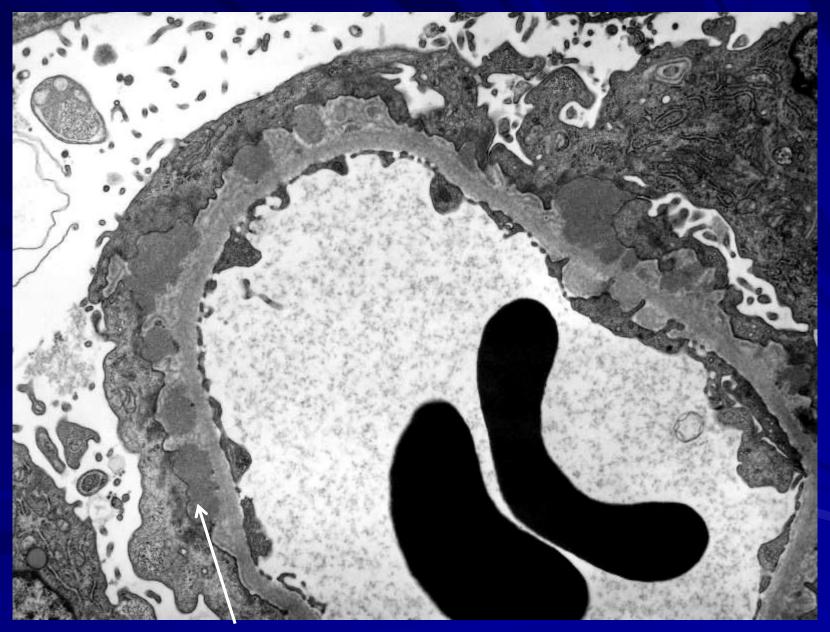
Stage 1 membranous



### Stage 2 membranous



Stage 2 membranous

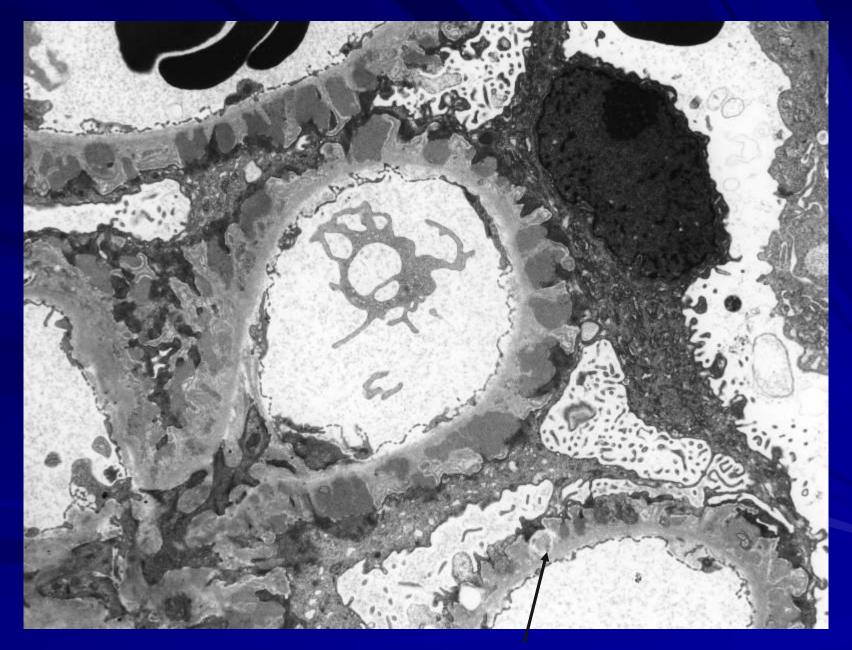


Numerous medium sized subepithelial deposits

Aggregates of filamentous actin in podocyte Stage 2 membranous

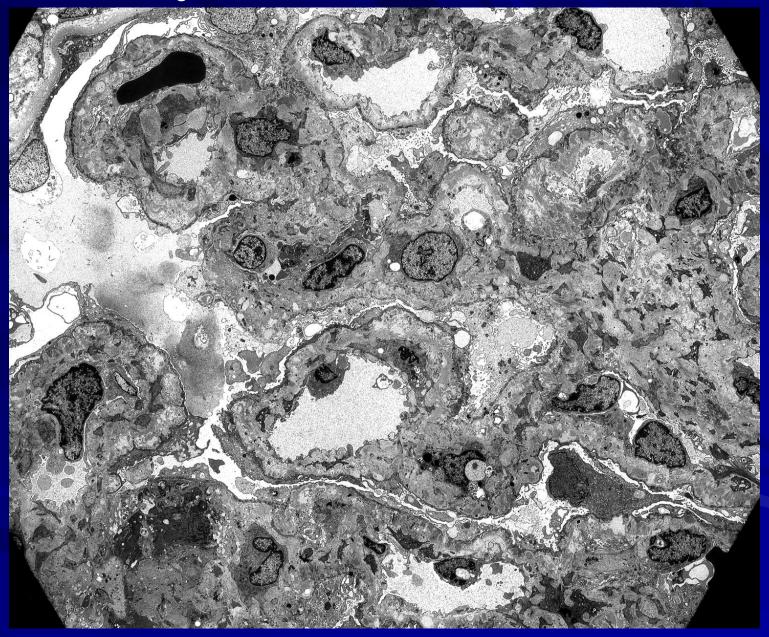
New basement membrane between subepithelial deposits – forming spikes

Stage 3 membranous

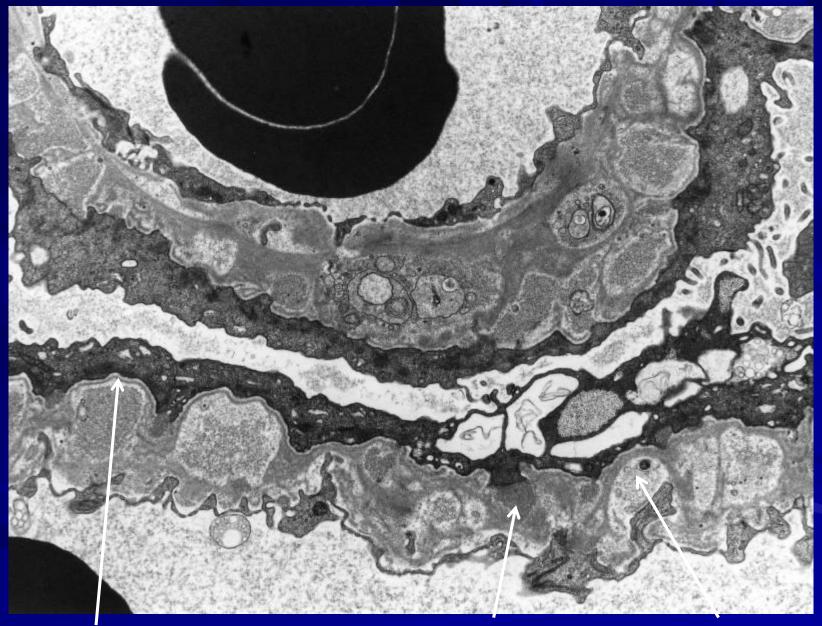


Deposit lysis

### Stage 4/chronic membranous



#### Stage 4 membranous



Deposits undergoing incorporation

Fresh deposit

Lysis of deposits

## Minimal Change Nephropathy

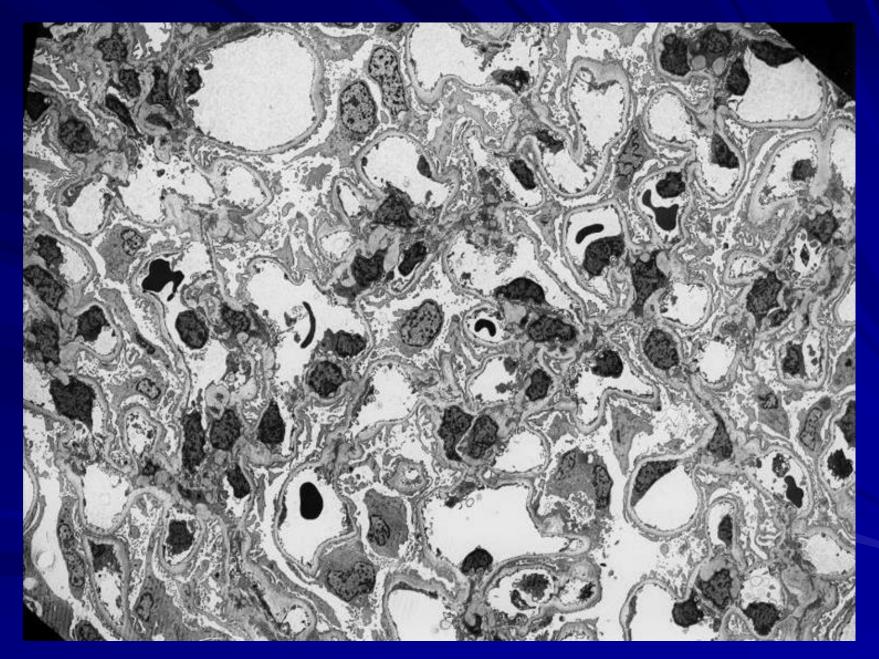
### Minimal Change Nephropathy

- Histologically normal glomeruli in context of nephrotic syndrome
- Trace IgM on IF

\_\_\_\_\_

#### Caveat

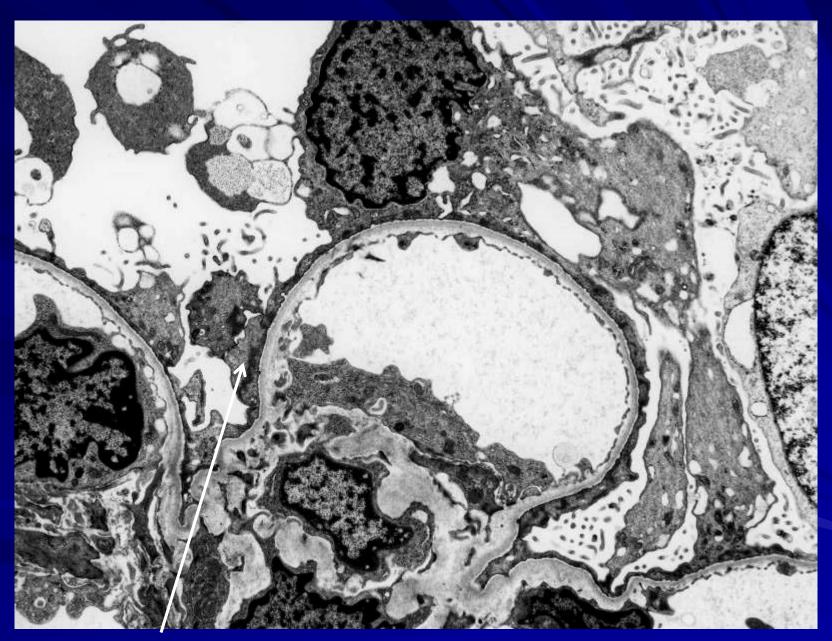
- Not a good correlation between level of proteinuria and extent of foot process effacement within a single glomerulus due to variability of degree of pathology between glomeruli.
- Proteinuria reflects mean of foot process effacement.



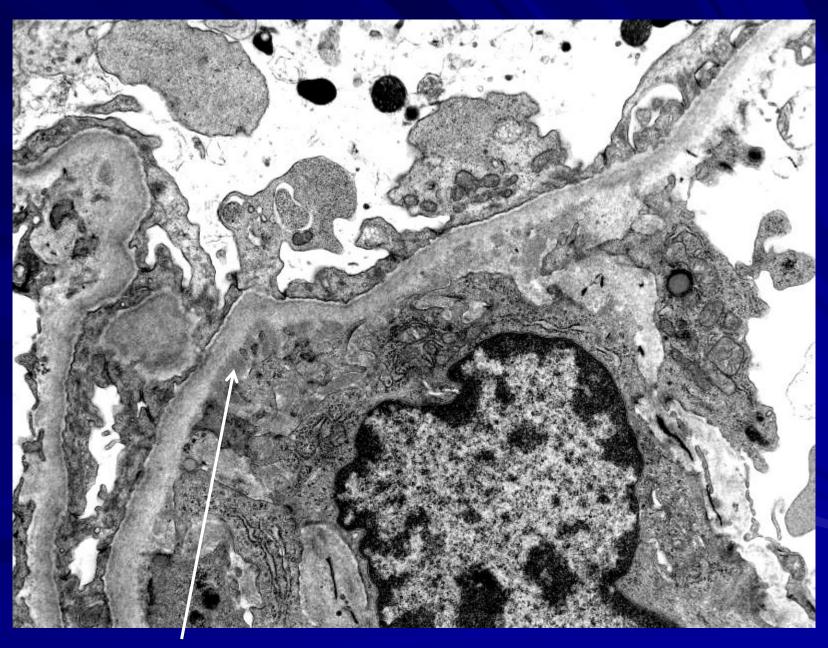
Normal-looking glomerulus

Foot processes effaced

Normal foot processes occasionally



Foot process effacement



Tiny mesangial deposits (IgM)