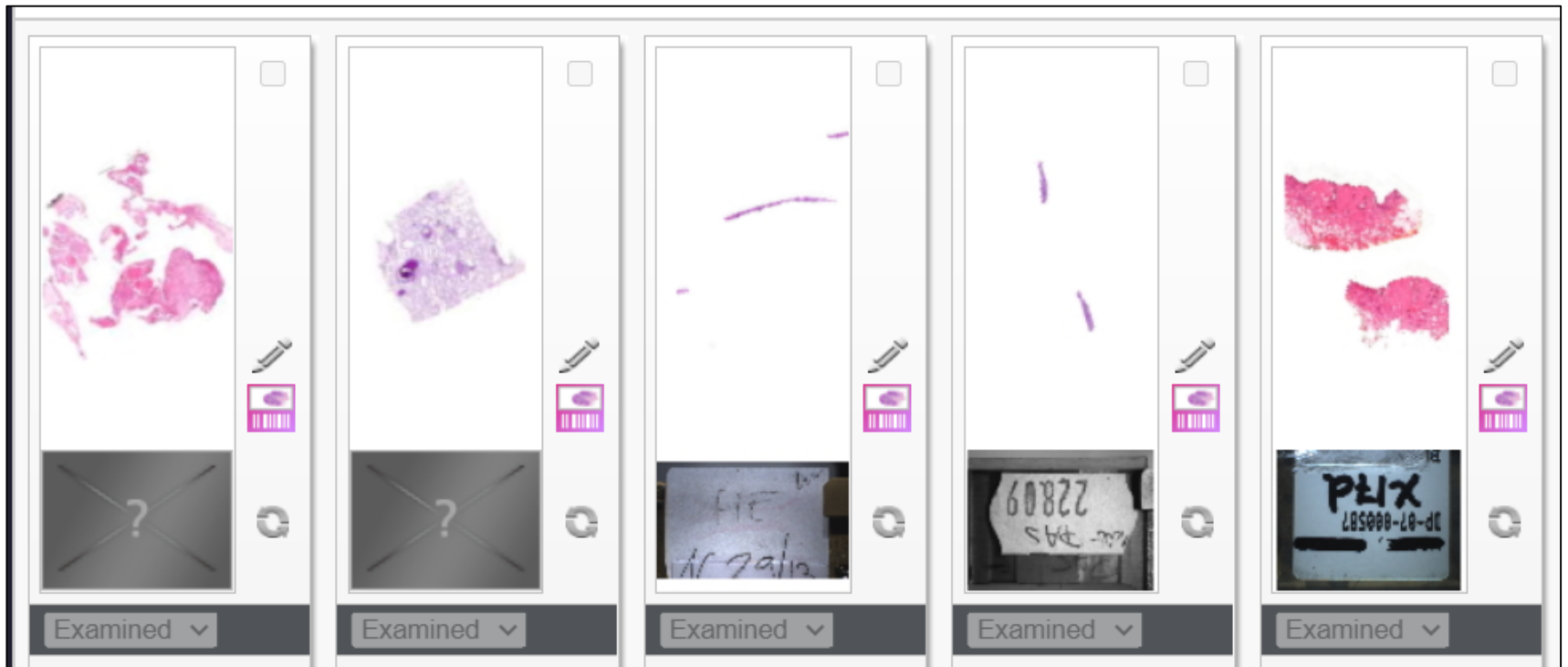


IMMUNOLÓGIA

Dr. Zalatnai Attila

Polypus nasi
Asthma bronchiale
Acut rejectio (vese)
Lupus nephritis
Scleroderma



Polypus nasi



Főleg középkorú betegek érintettek

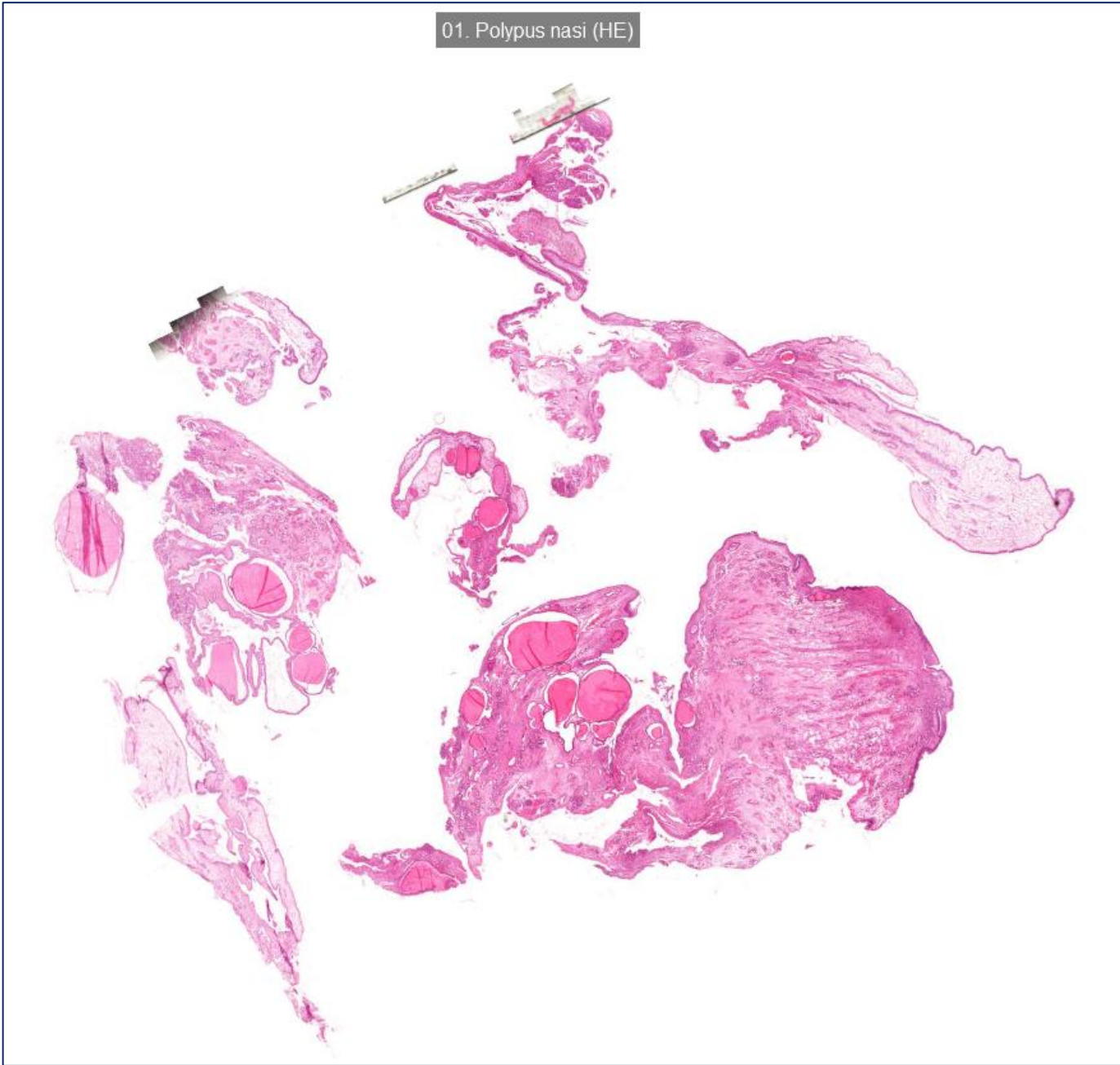
Aetiologia:

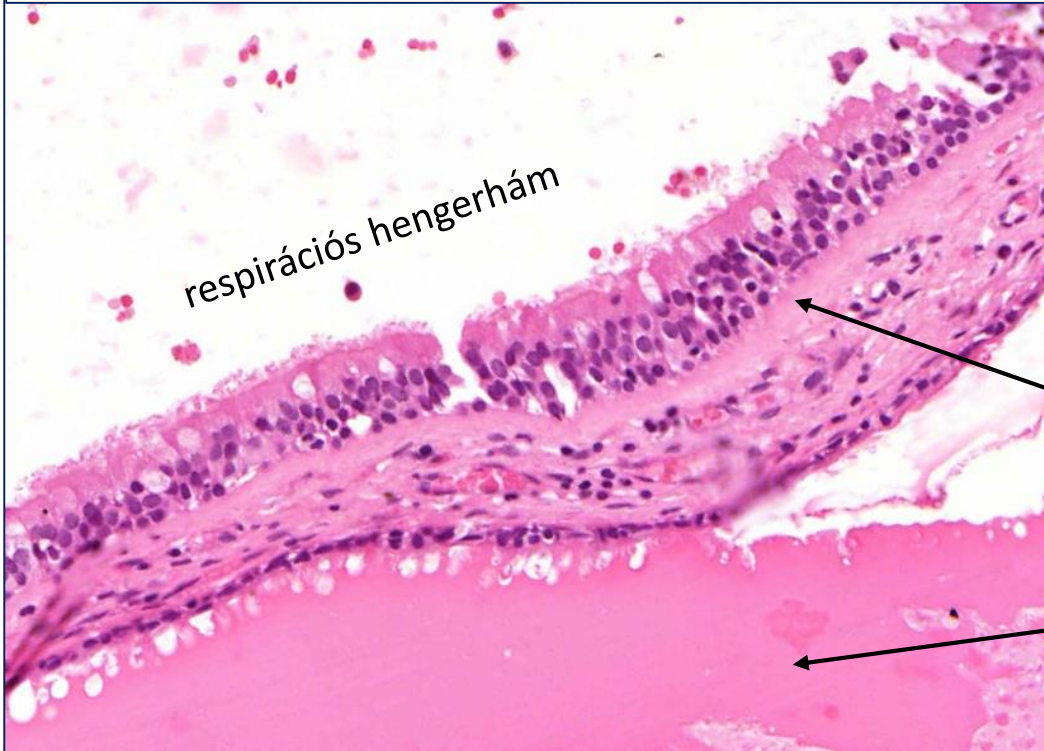
Chr. sinusitis, aspirin-intolerancia

(allergiás háttér ritkán)

16 éves kor alatt: cystás fibrosis!

01. Polypus nasi (HE)



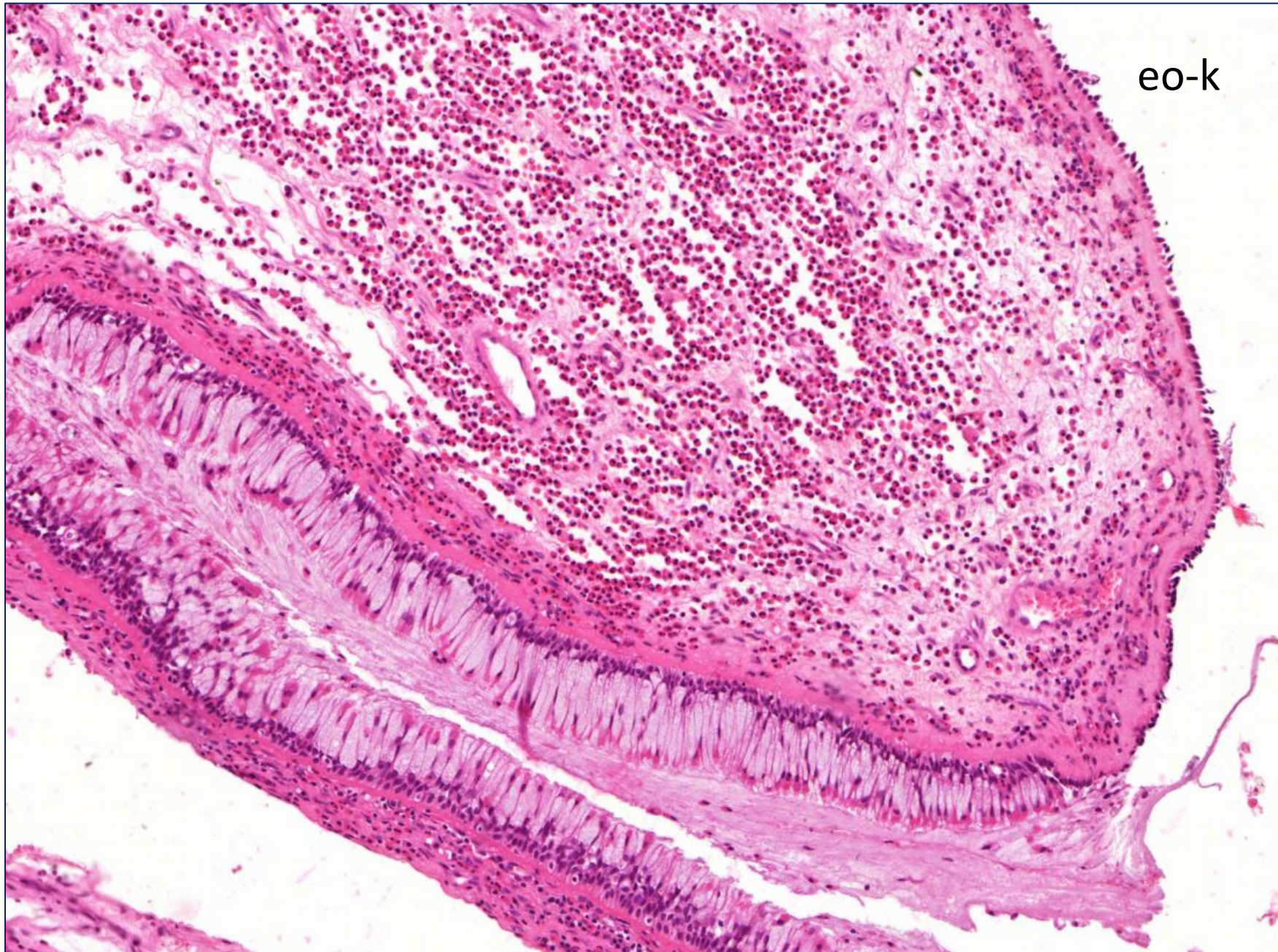


respirációs hengerhám

megvastagodott BM

nyák

eo-k



Asthma bronchiale

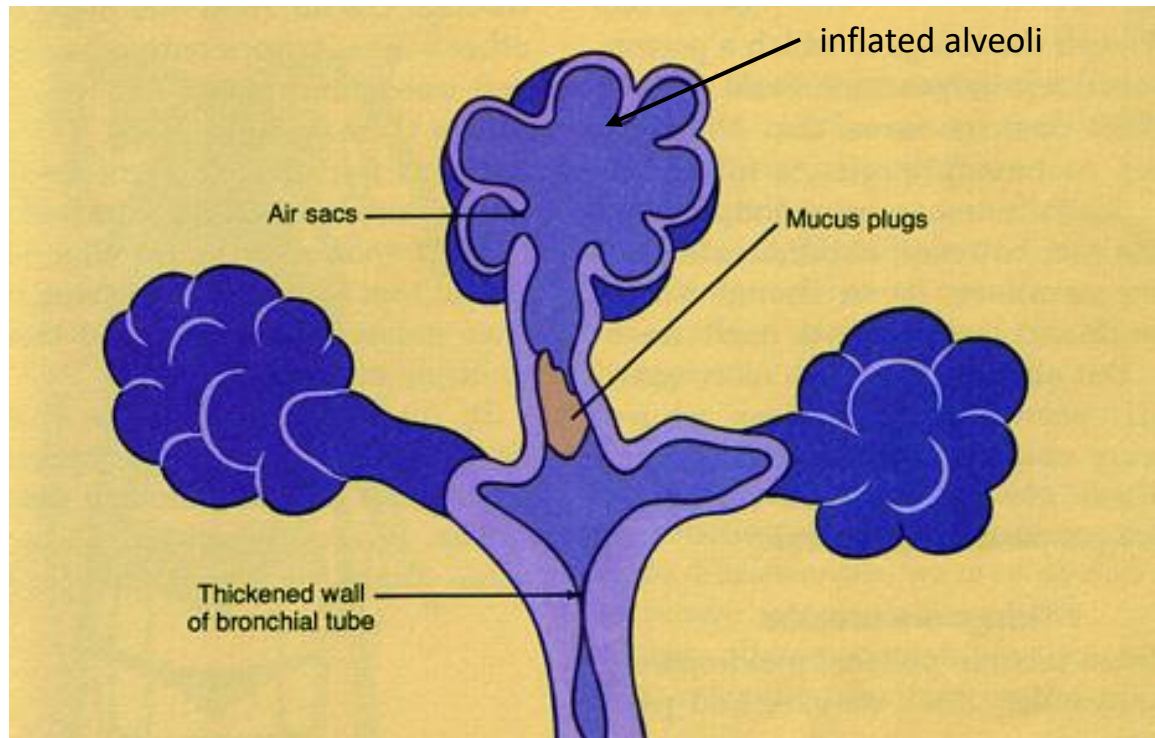
Erőteljes bronchialis hyperreaktivitás

Extrinsic (I. típ. hypersensitivitás)

Intrinsic (nem-allergiás háttér – hideg, stress, füst, aspirin...)

Reversibilis bronchialis obstructio - (erőteljesen megnyúlt kilégzés)

- bronchoconstrictio
- nyálkahártya oedema, eosinophilek
- sűrű nyákdugók

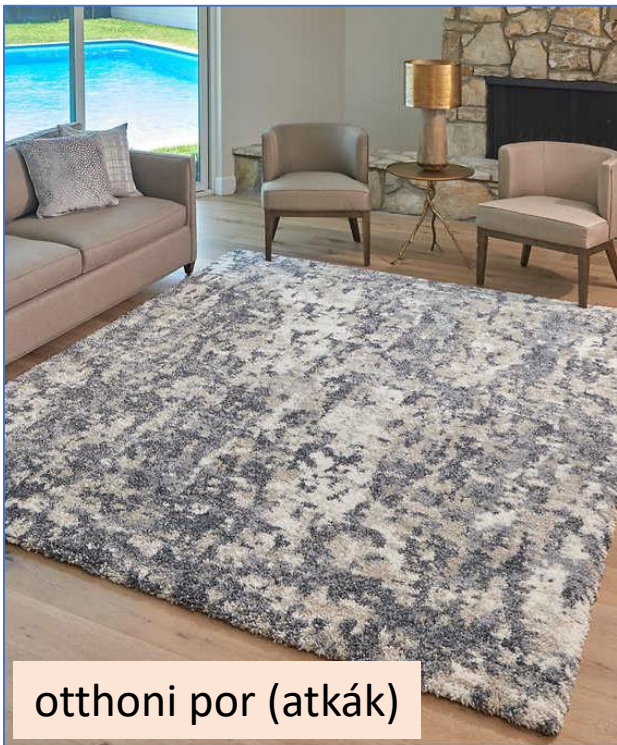




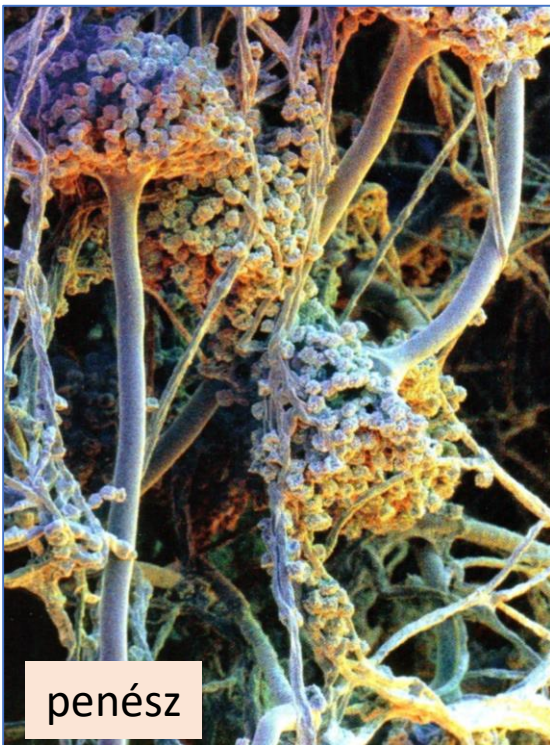
pollen



állatszőr



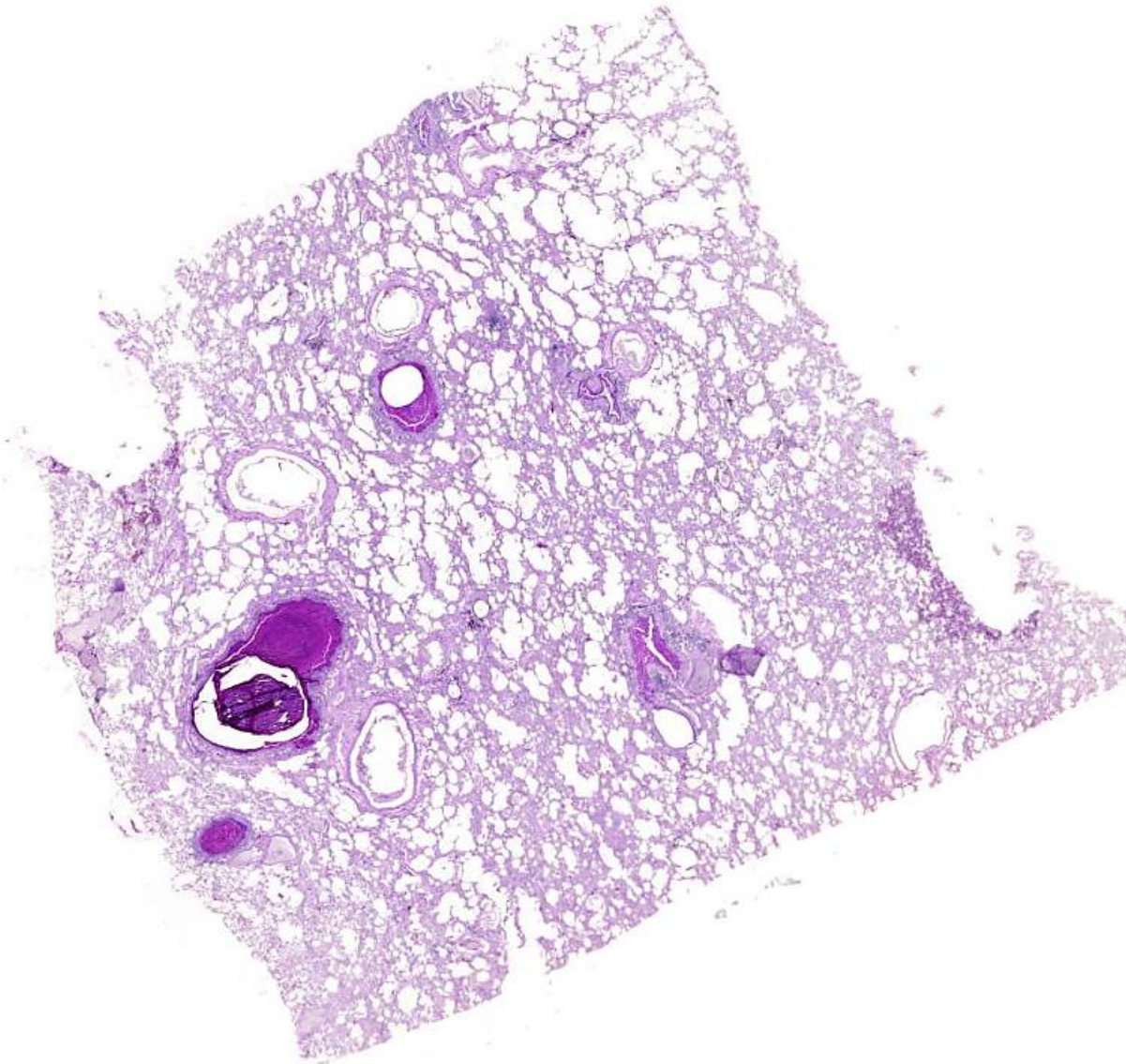
otthoni por (atkák)

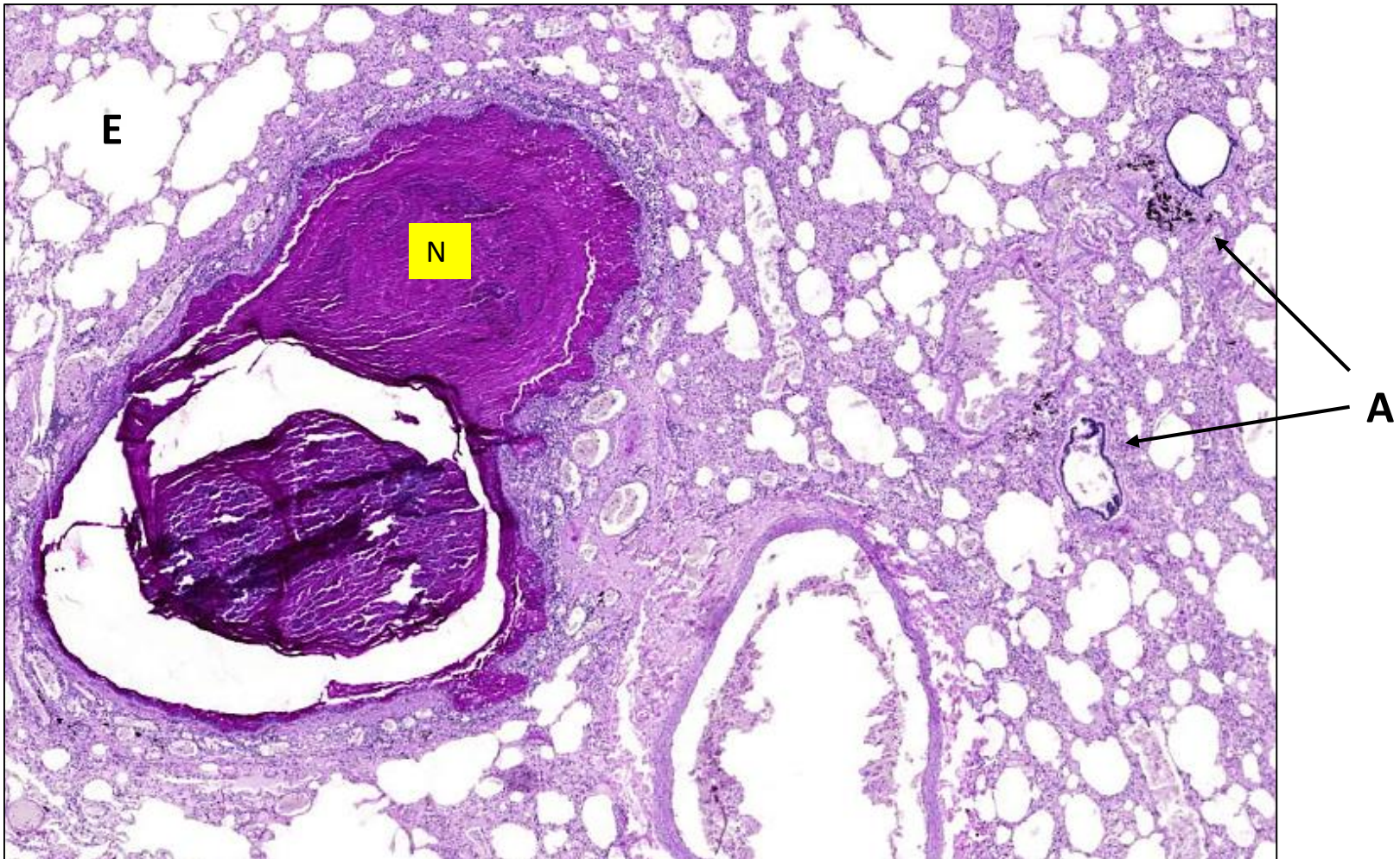


penész



02. Asthma bronchiale (PAS)



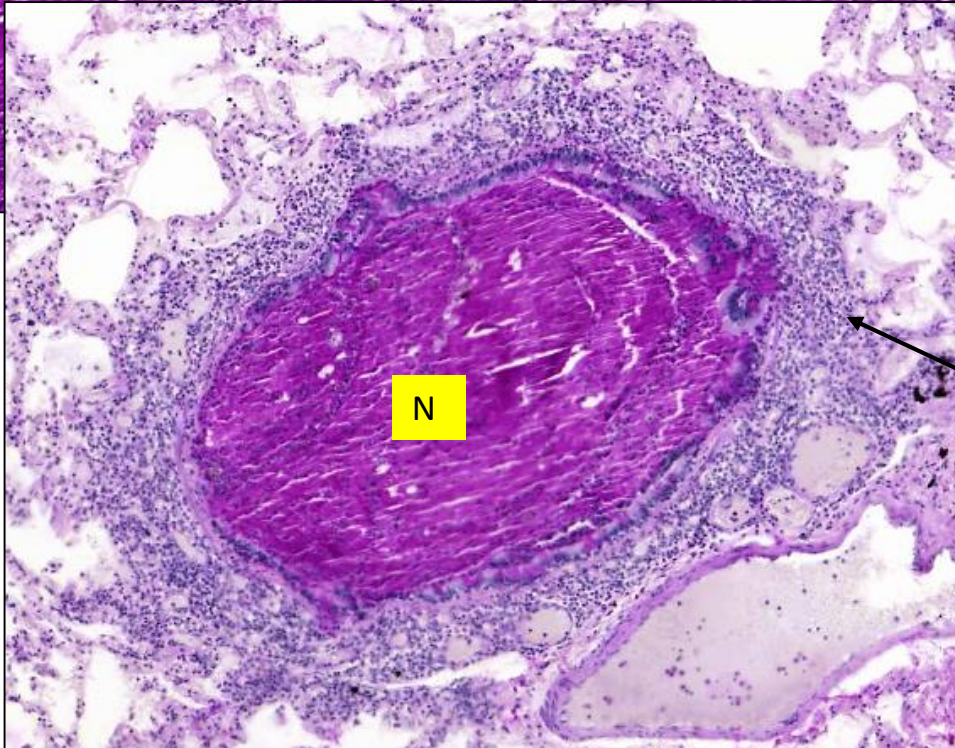
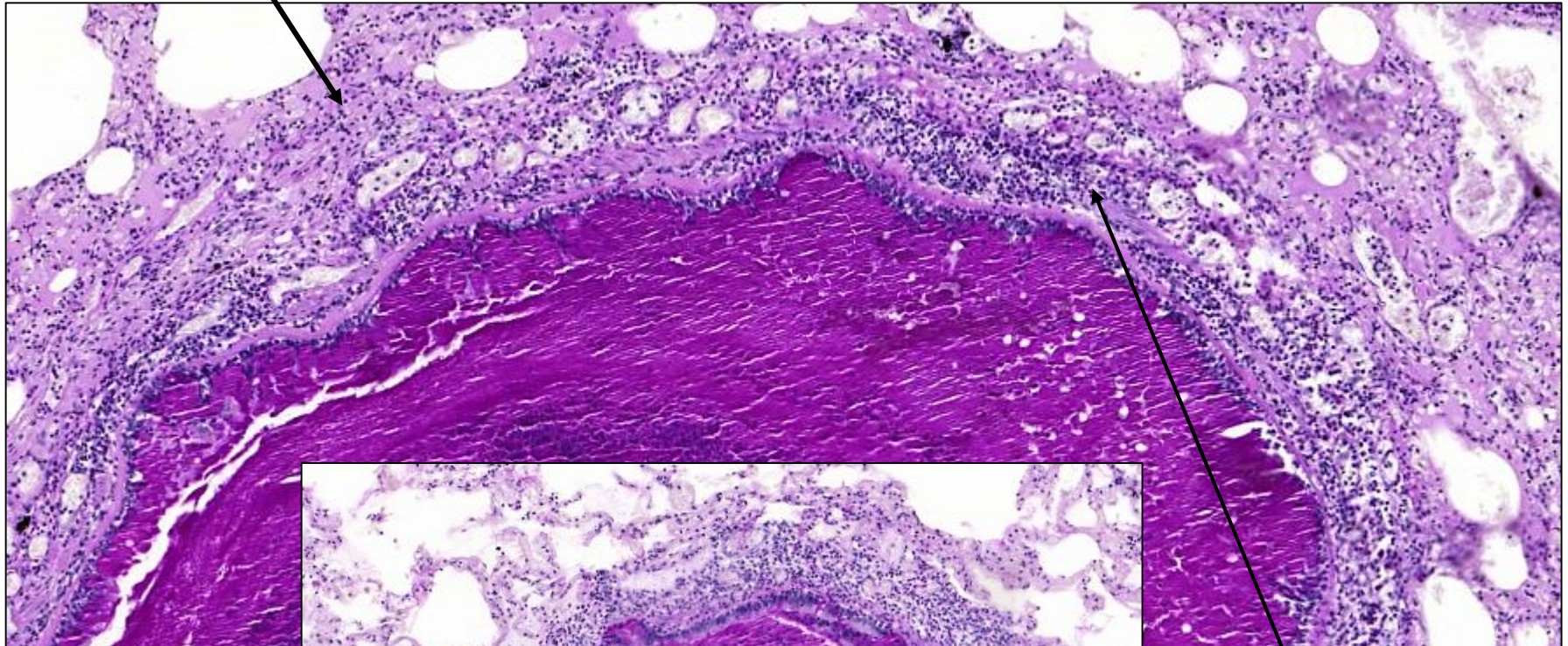


E - emphysema

A - anthracosis

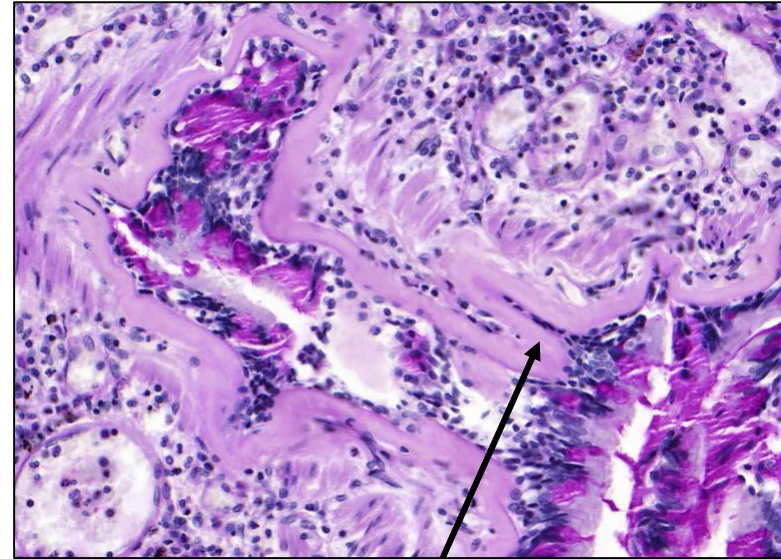
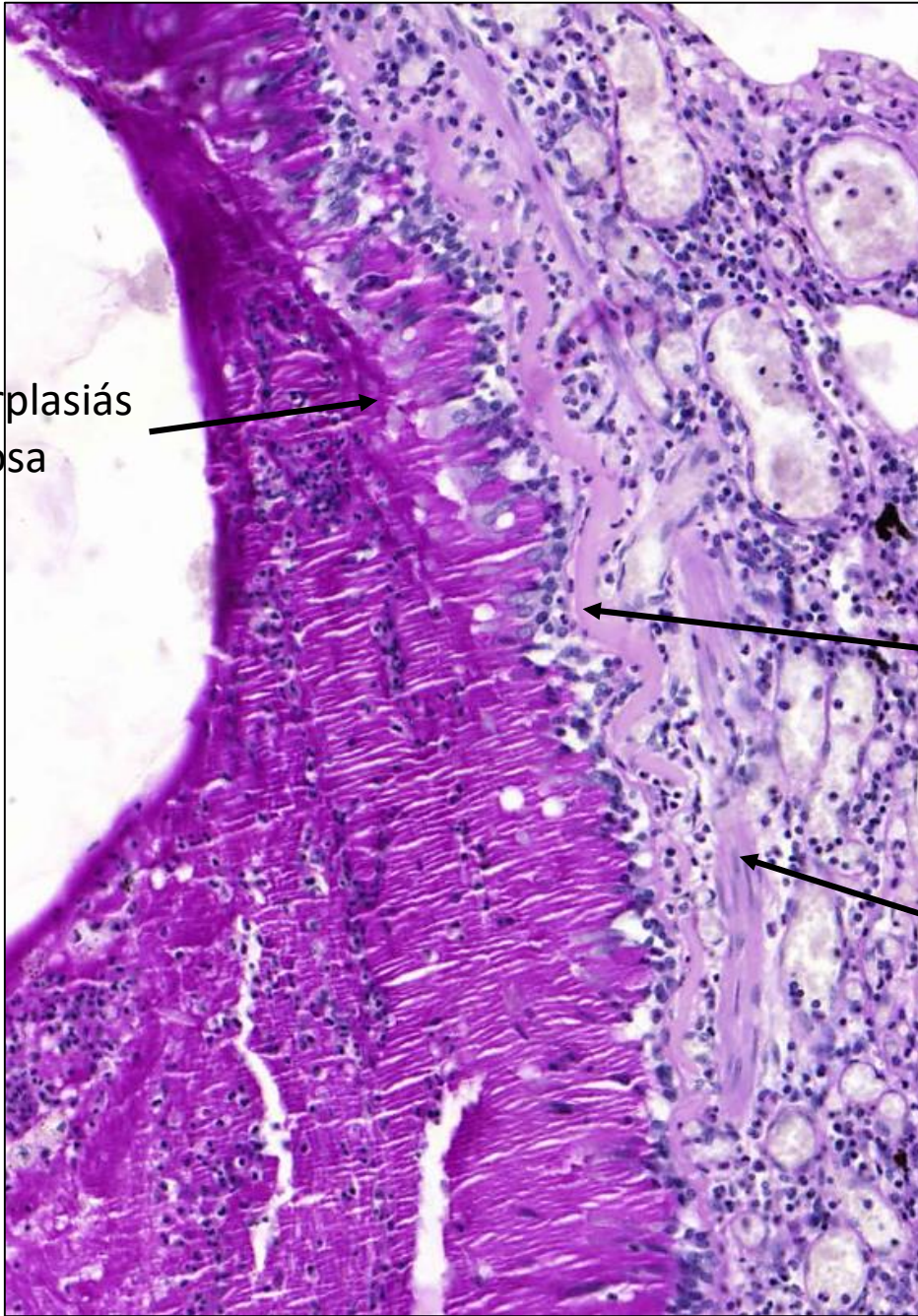
N - nyákdugó

Hypervascularizált submucosa



lympho-plasmocytás
infiltratio

Hyperplasiás
mucosa



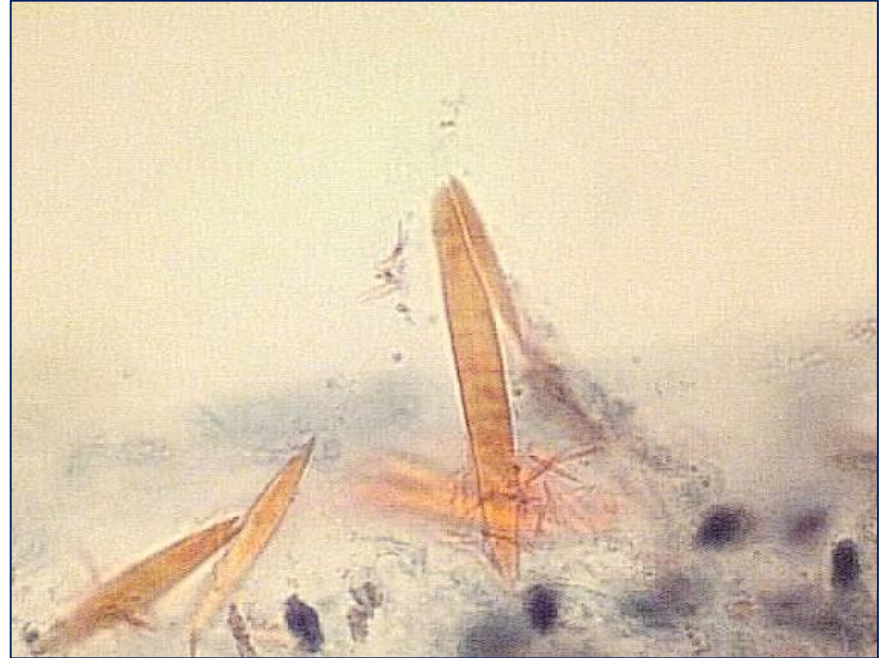
megvastagodott
basalis membrán

simaizom
hypertrophia

köpetben



Curshmann-spirál

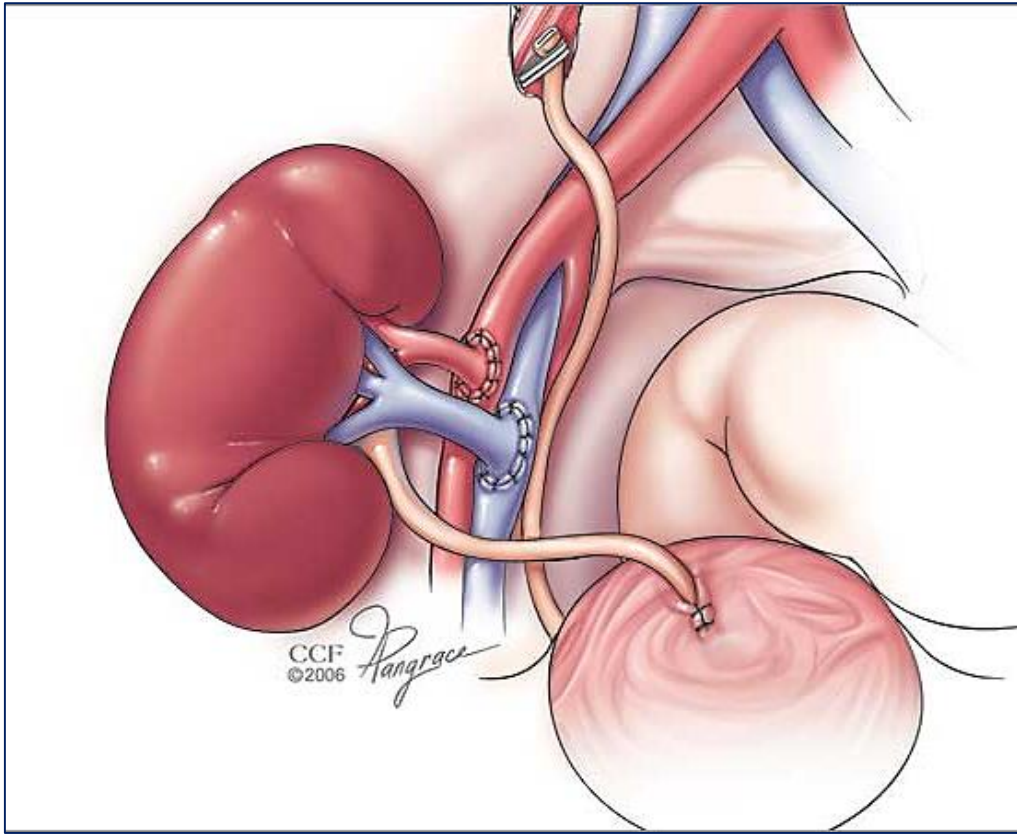


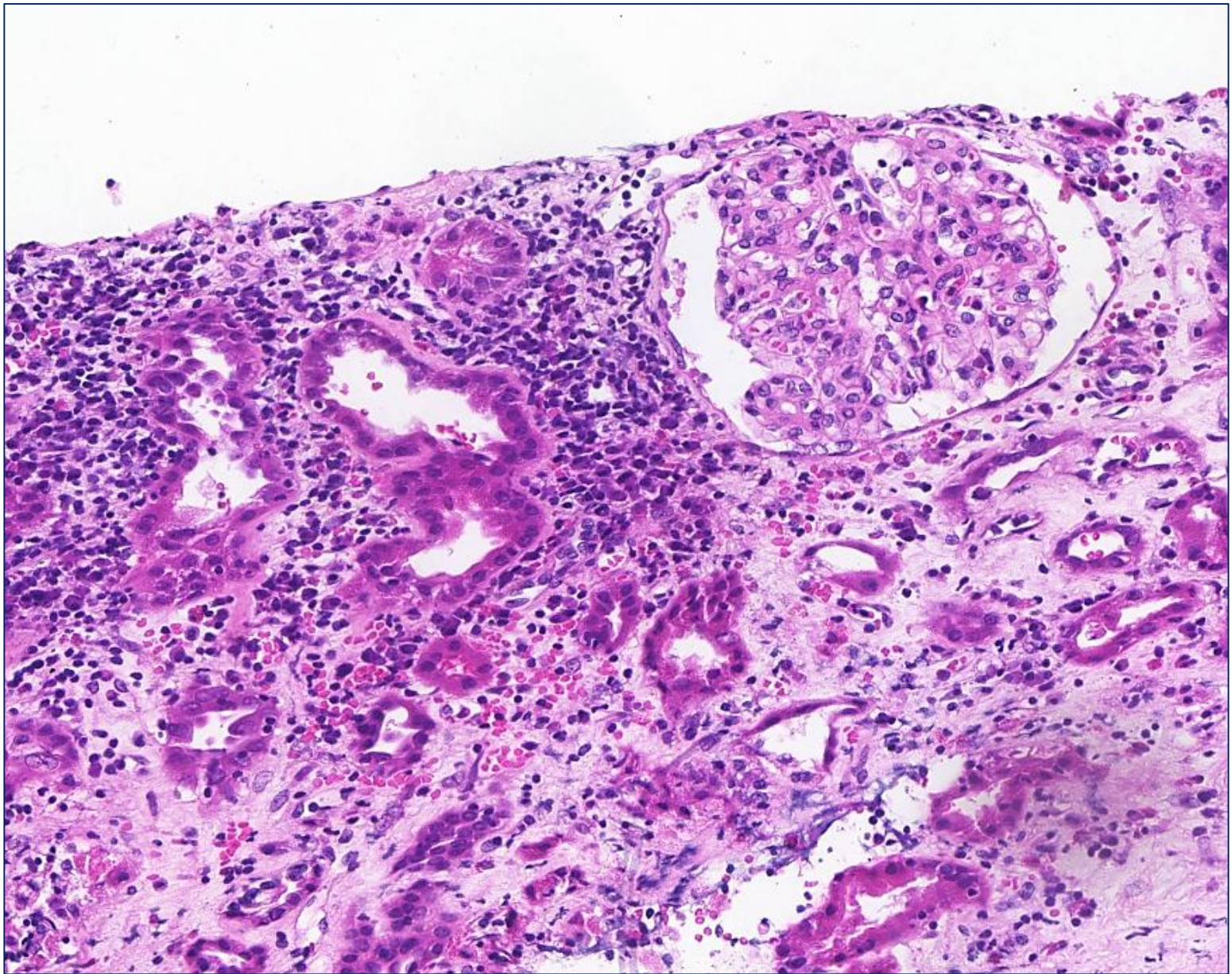
Charcot-Leyden kristályok

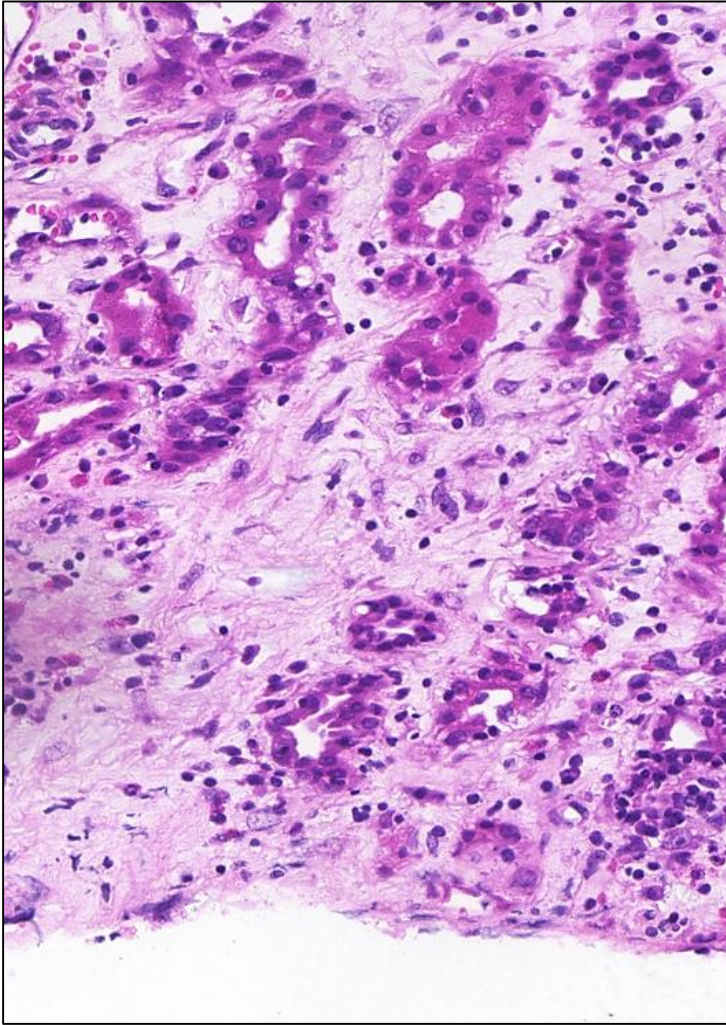
Acut rejectio (vese)



A donor és recipiens HLA-alléljei közötti eltérés
T4 –T8 lymphocyták és antitestek

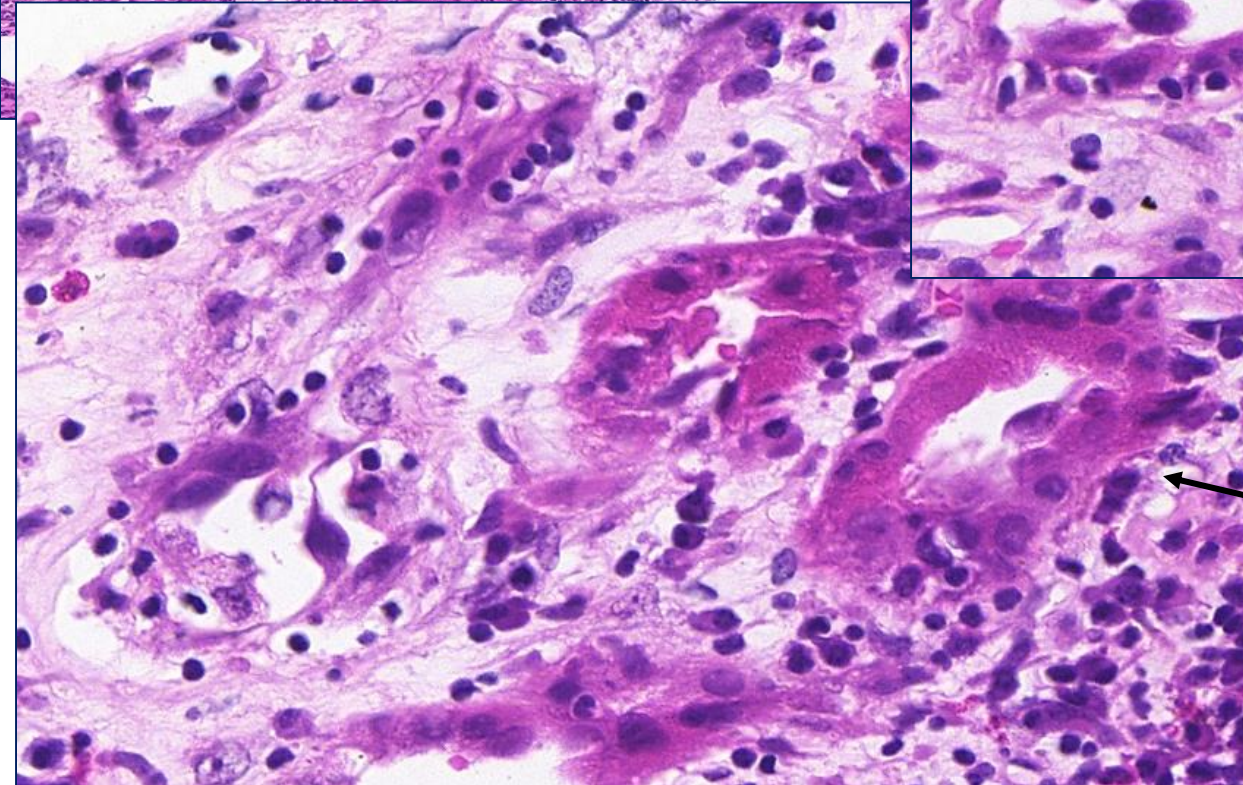
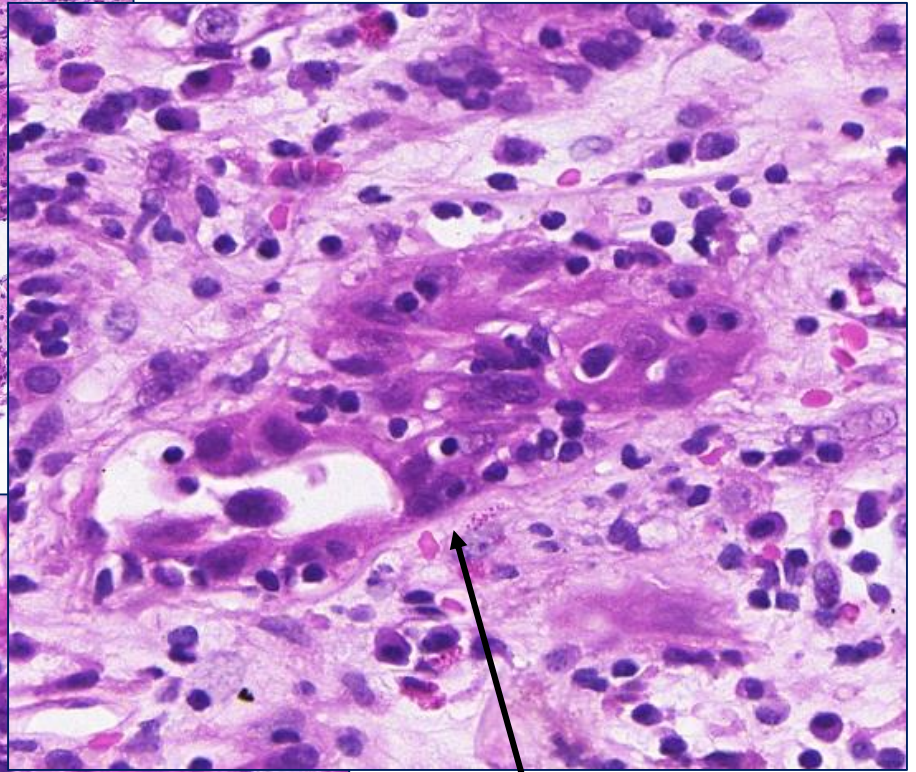
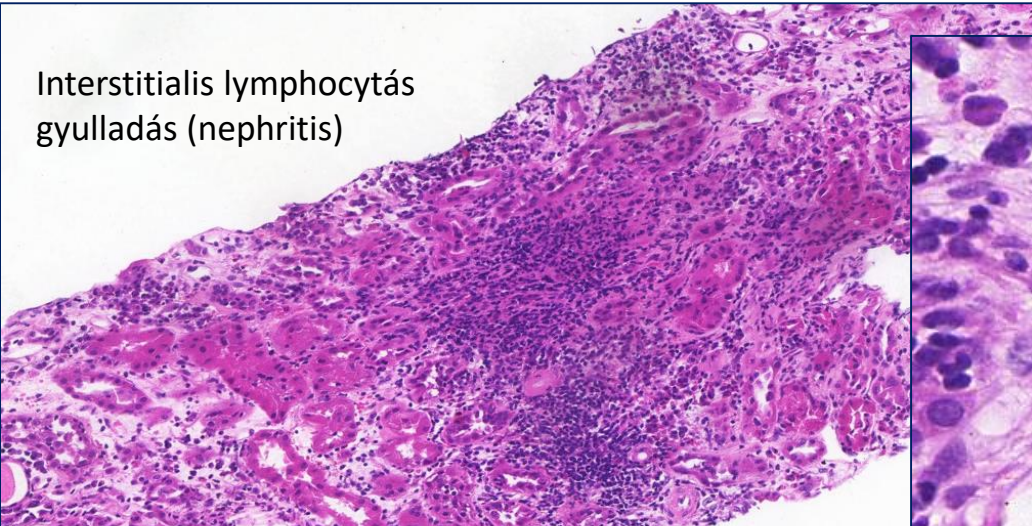






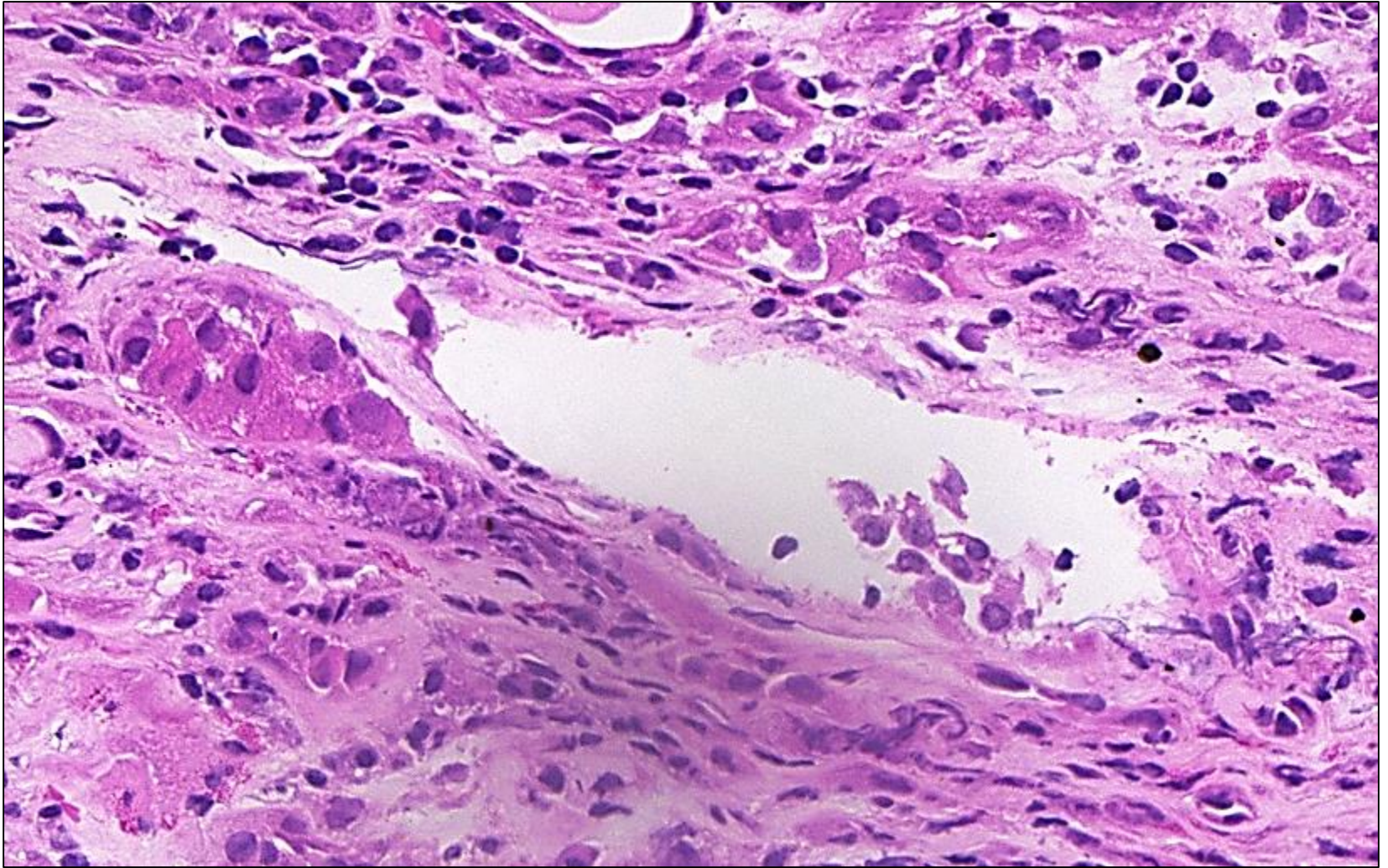
intersititalis oedema

Interstitialis lymphocytás
gyulladás (nephritis)



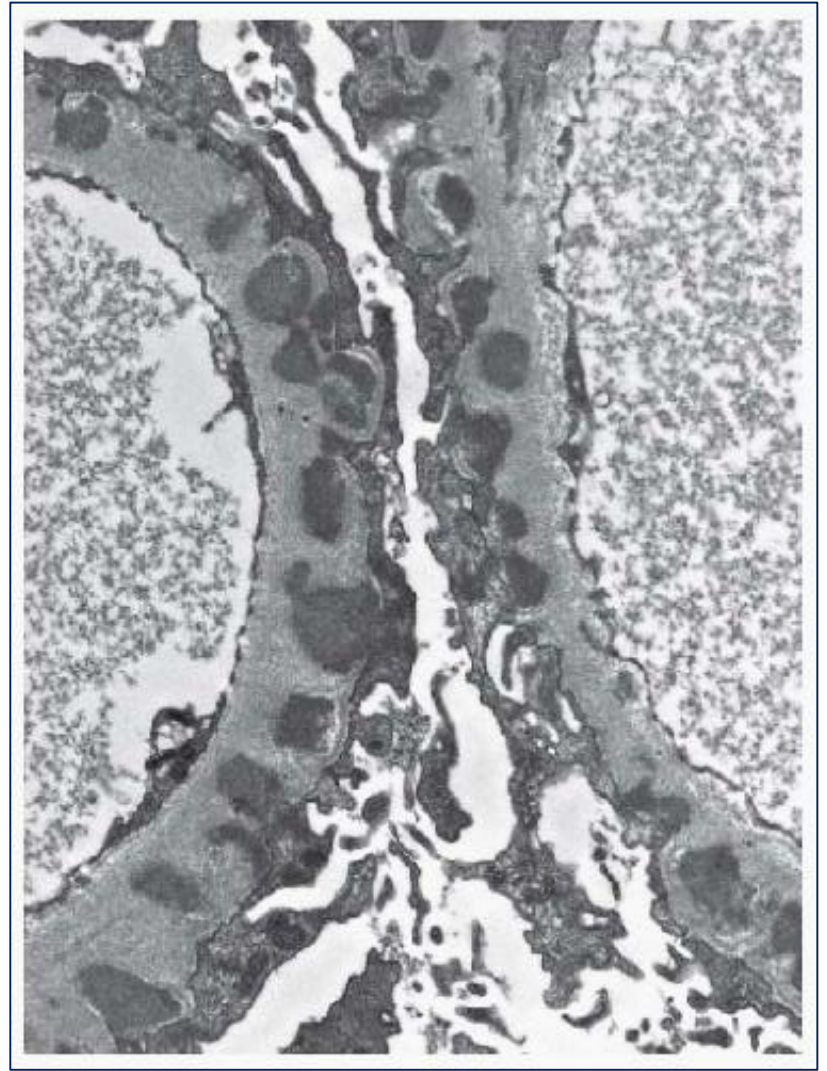
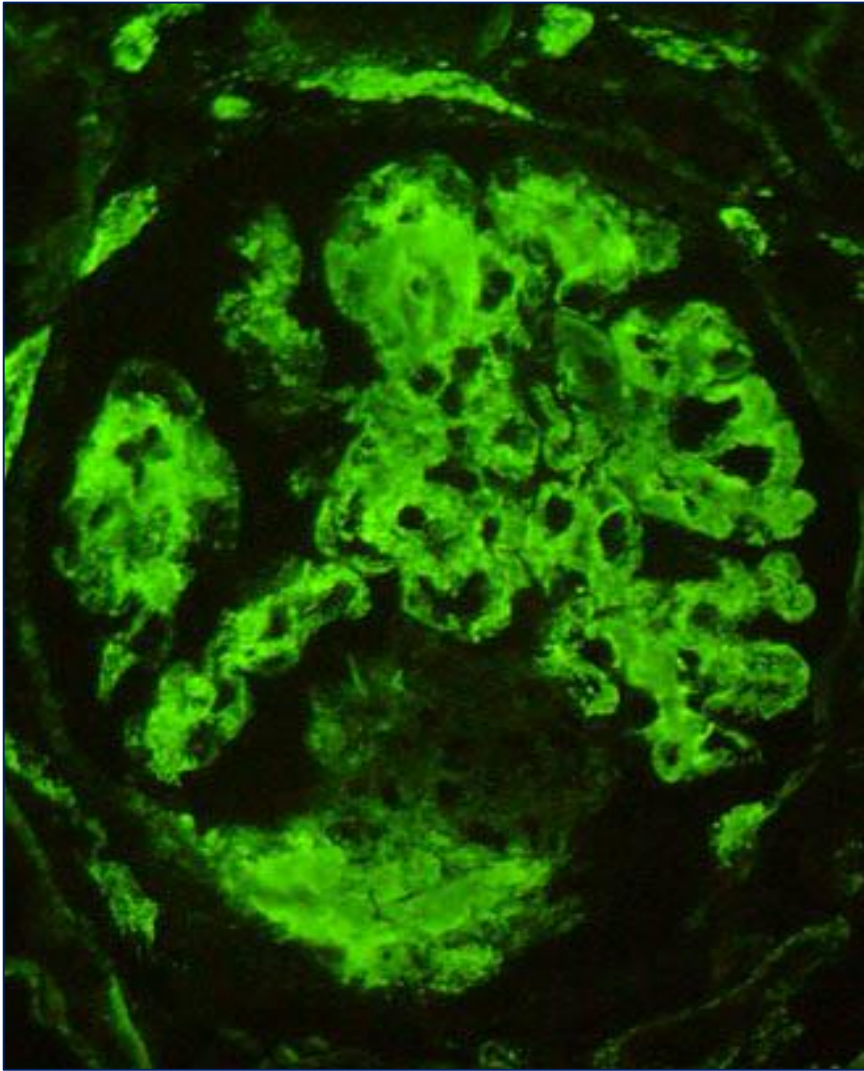
tubulitis,

tubulushám
destructio



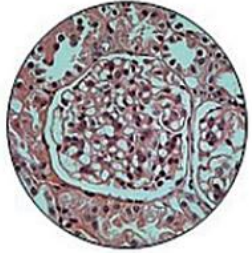
venulitis

Lupus nephritis



Immunocomplex-depositio (IF: granularis - TEM: BM)

HISTOPATHOLOGICAL CLASSIFICATION OF LUPUS NEPHRITIS (2018)



Class I

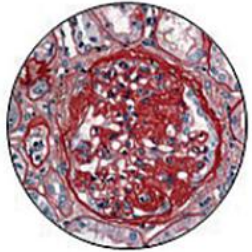
Minimal Mesangial Lupus Nephritis

- Deposition of immune complexes detectable by immunofluorescence techniques.

Class III

Focal Lupus Nephritis

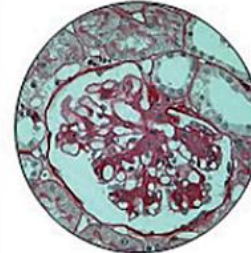
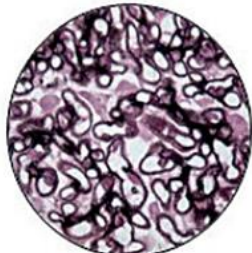
- Active or inactive focal, segmental or global endo/extracapillary glomerulonephritis involving <50% of all glomeruli.
- Manifestations include active lesions (A), chronic inactive lesions (C) or active and chronic lesions (A/C)



Class V

Membranous Lupus Nephritis

- Global or segmental subepithelial immune deposition or their morphologic sequelae detectable by light, immunofluorescence or electron microscopy, with or without mesangial alterations.
- It can occur in combination with class III or IV and it can manifest advanced sclerosis.



Class II

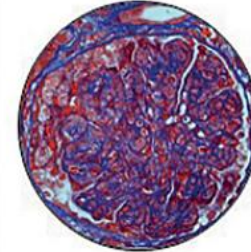
Mesangial Proliferative Lupus Nephritis

- Mesangial hypercellularity of any degree or mesangial matrix expansion with immune deposits detectable by light microscopy.

Class IV

Diffuse Lupus Nephritis

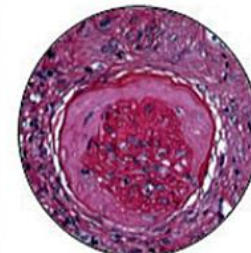
- Active or inactive diffuse, segmental or global endo/extracapillary glomerulonephritis involving $\geq 50\%$ of all glomeruli. Subendothelial diffuse immune deposits, with or without mesangial alterations, are common.
- This class is also divided in: diffuse segmental (IV-S), when $\geq 50\%$ of the involved glomeruli have segmental lesions, and diffuse global (IV-G), when $\geq 50\%$ of the involved glomeruli have global lesions.
- It can also manifest A, C or A/C lesions.



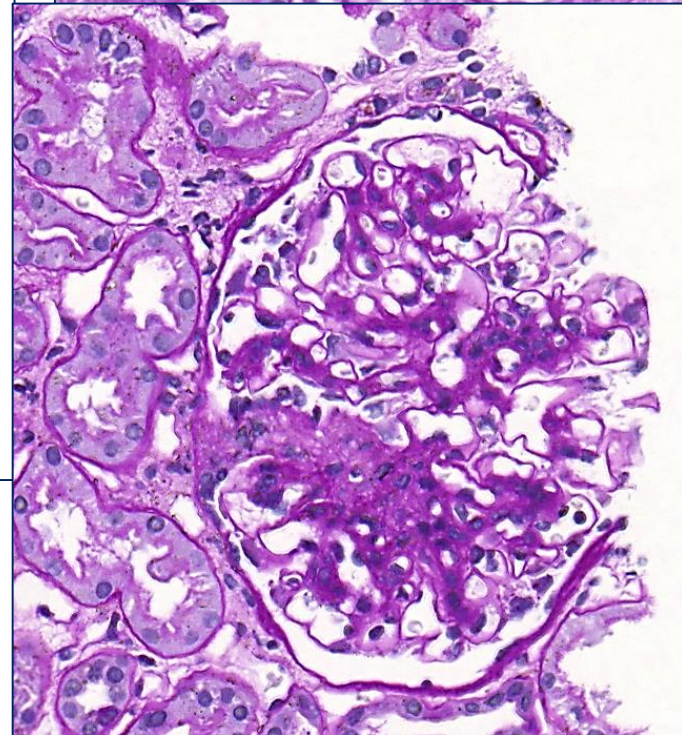
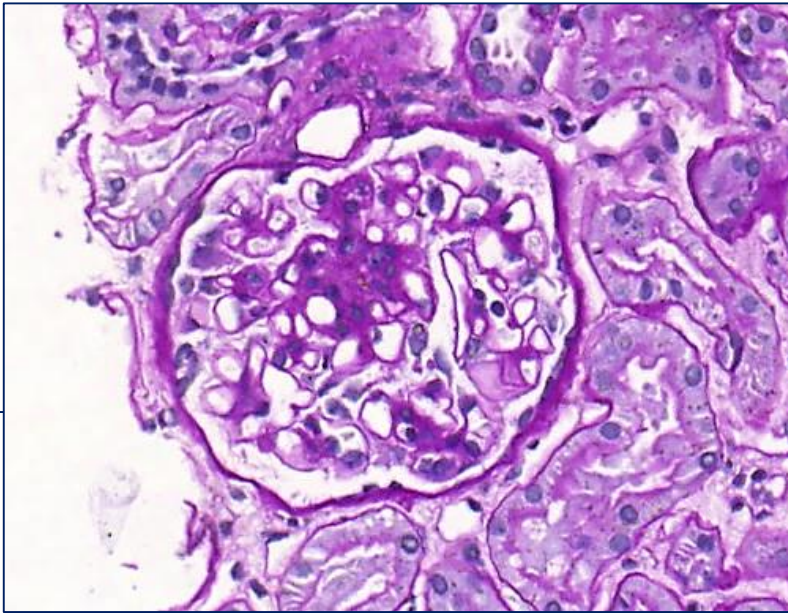
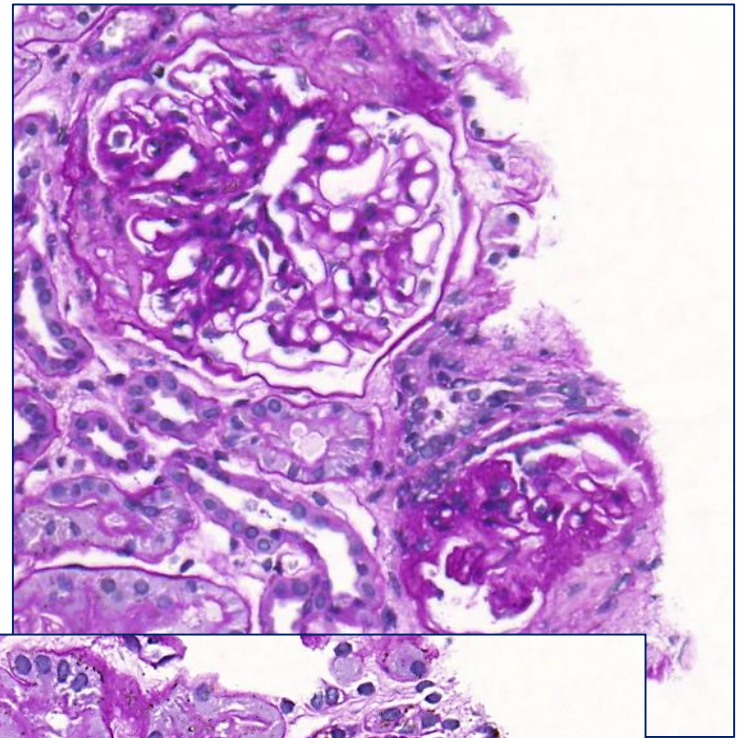
Class VI

Advanced Sclerosis Lupus Nephritis

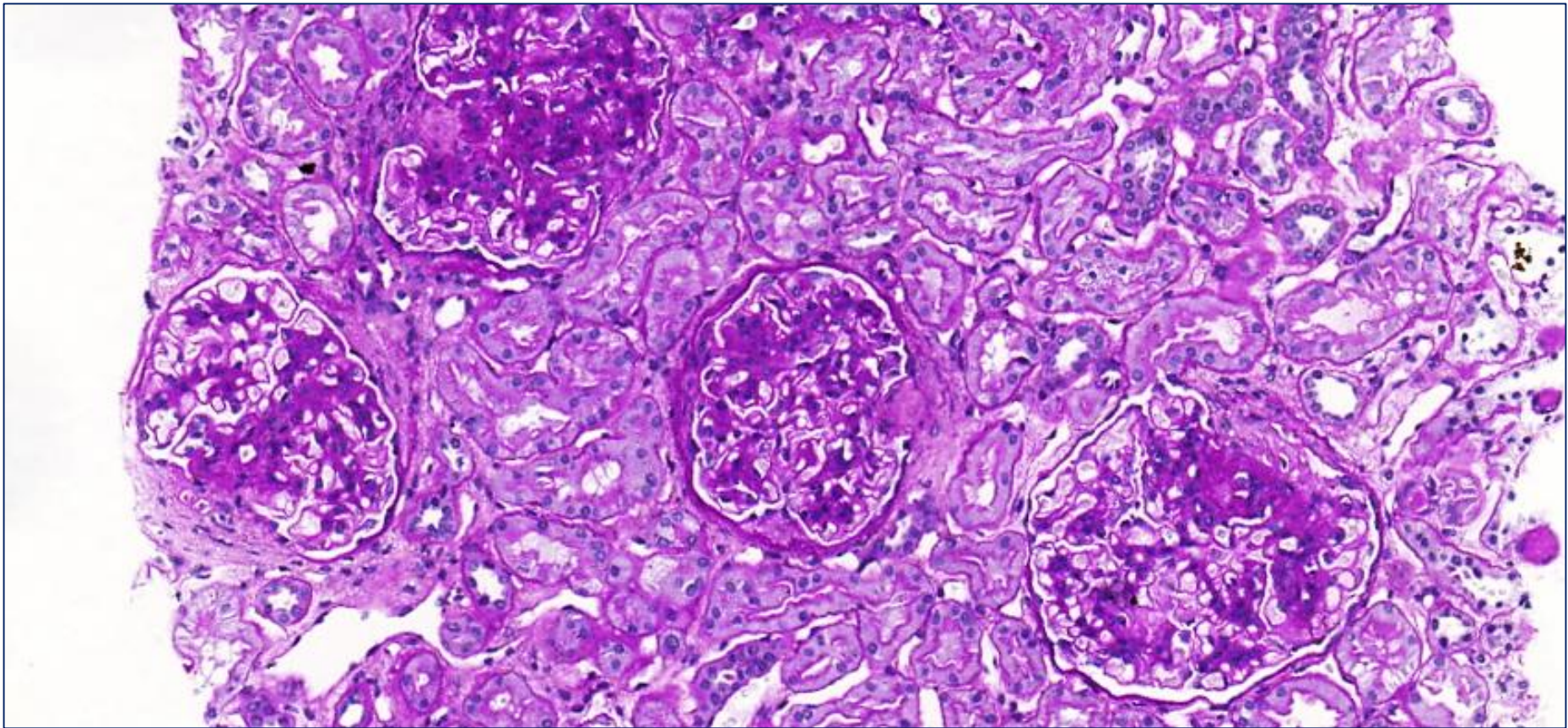
- Lupus Nephritis with terminal prognosis.
- 90% of the glomeruli in global sclerosis.



04. Lupus nephritis (PAS)

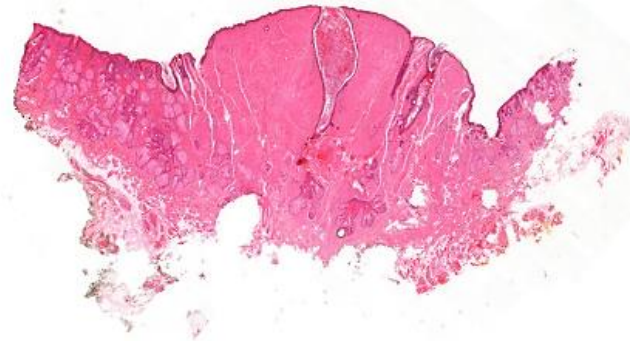
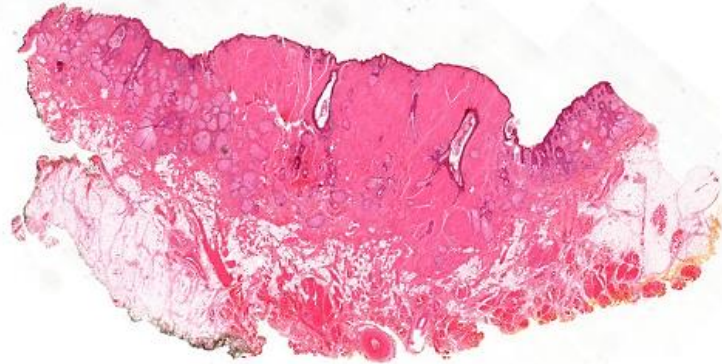


wire-loop lesio



Scleroderma

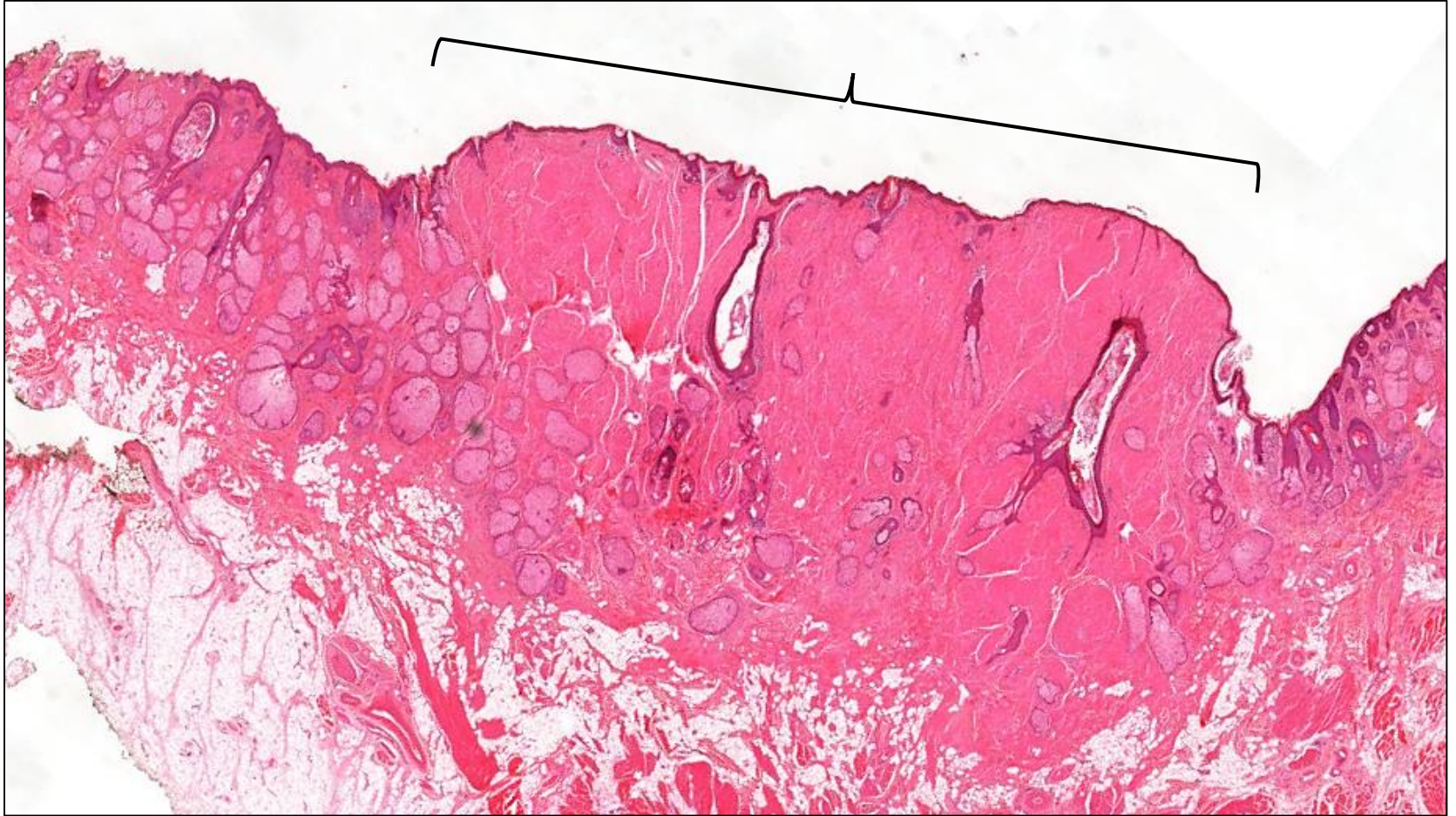
05. Scleroderma (HE)



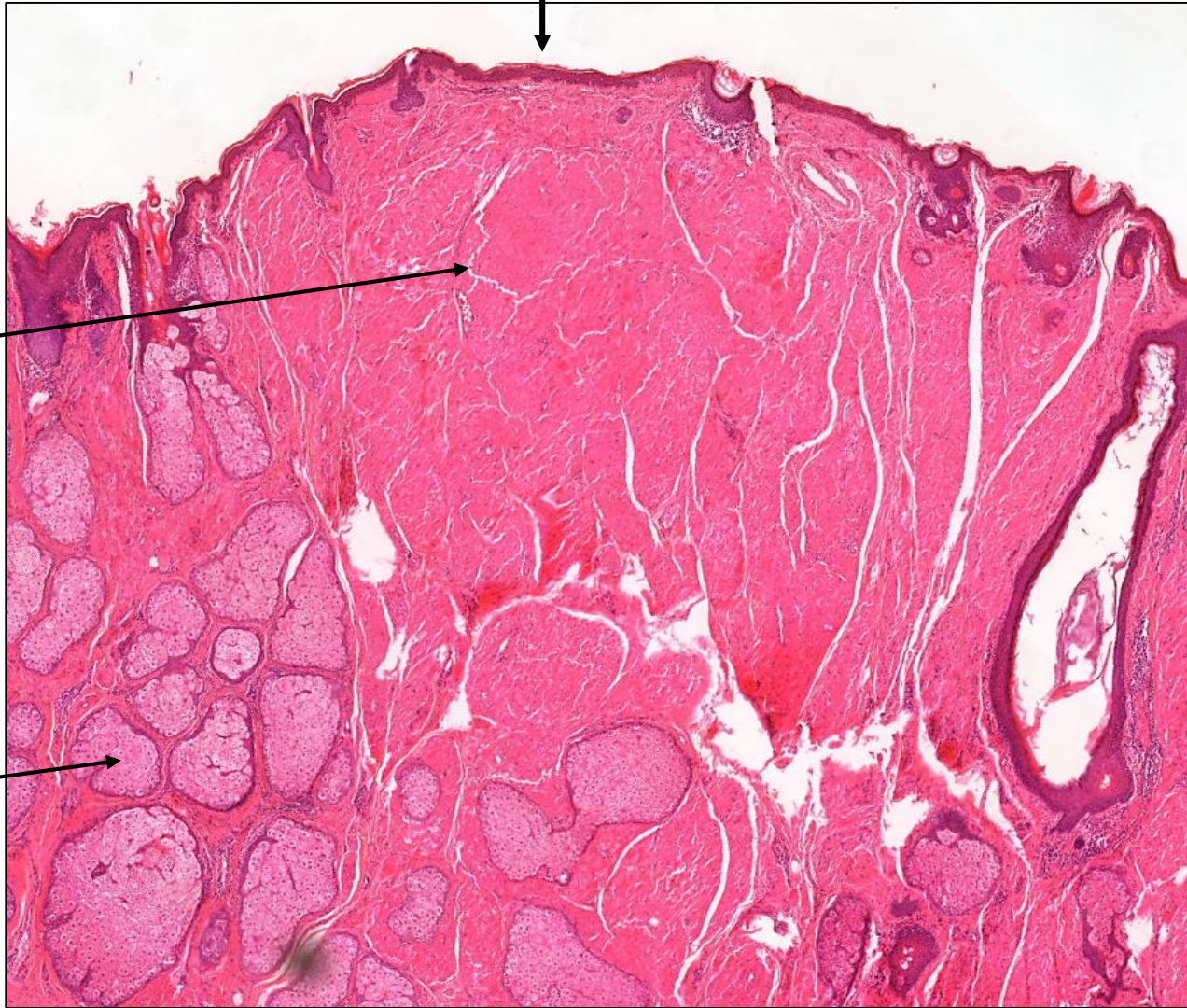
systemás sclerosis vs. scleroderma

Scleroderma





atrophiás epidermis



masszív
collagen
lerakódás

normal
faggyú-
mirigyek

