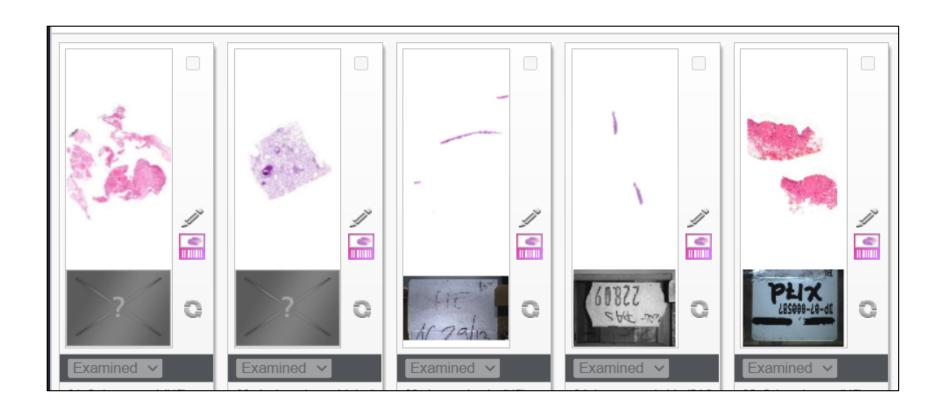
IMMUNOLOGY

Dr. Attila Zalatnai

Nasal polyp Bronchial asthma Acute rejection (kidney) Lupus nephritis Scleroderma



Nasal polyp

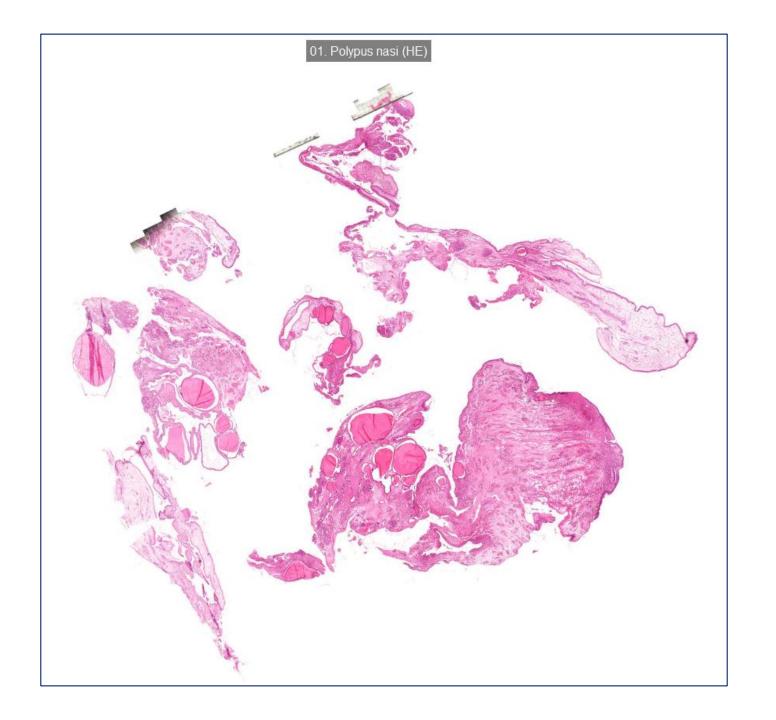


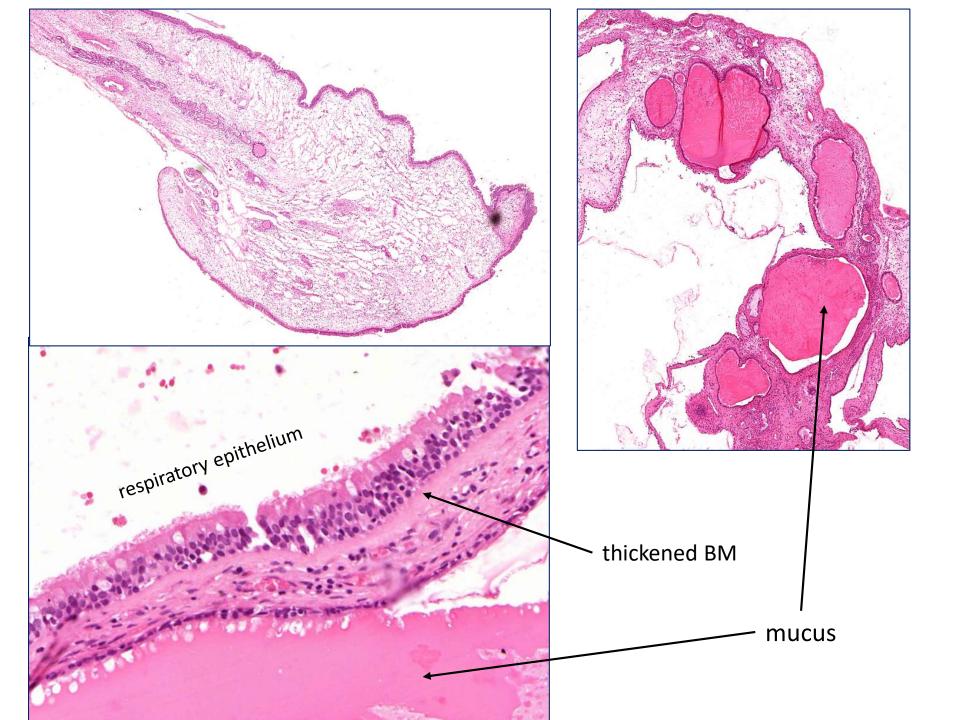
mainly middle aged pts

Etiology:

Chr. sinusitis, aspirin-intolerancy (allergic background is rare)

Up to 16 years: cystic fibrosis!





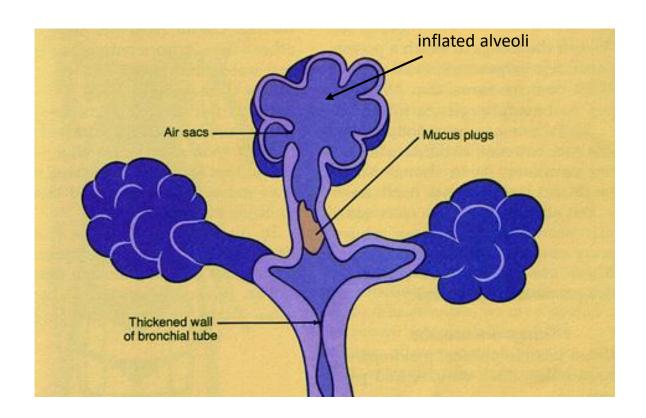


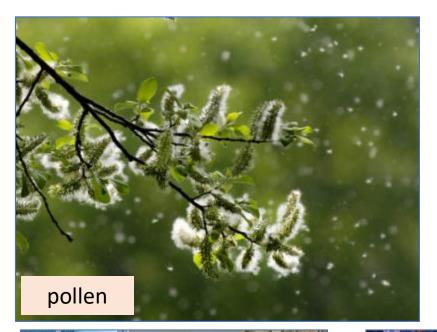
Bronchial asthma

Type I hypersensitivity - powerful bronchial hyperreactivity

Reversible bronchial obstruction - (long, strained expiration)

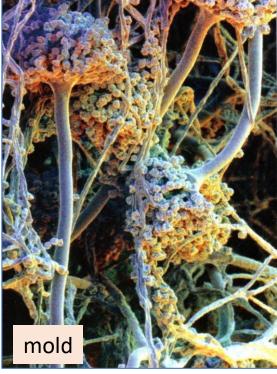
- bronchoconstriction
- mucosal edema, eosinophils
- thick, ropy mucus plug



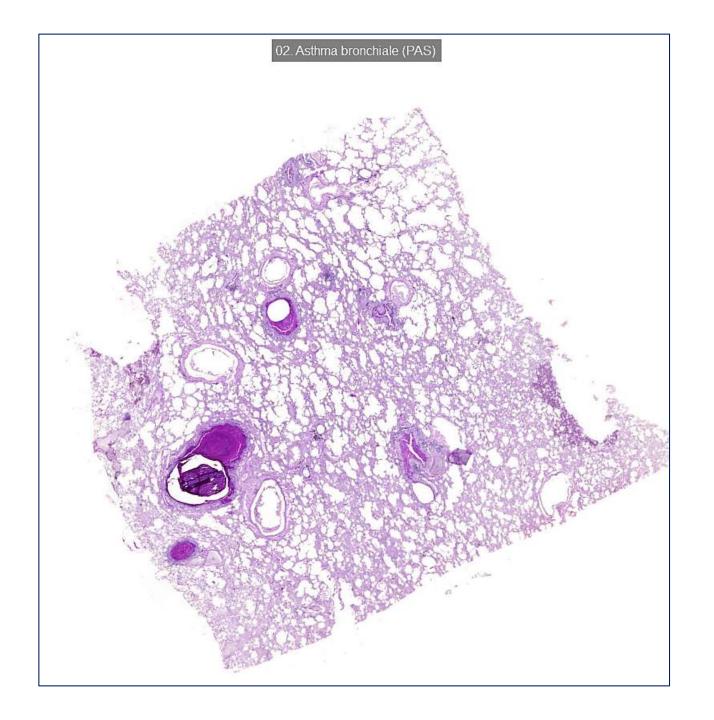


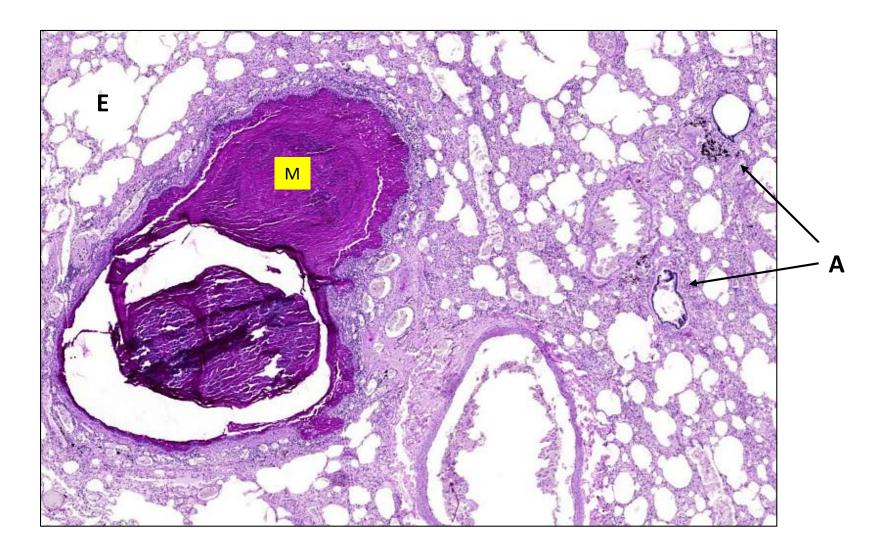








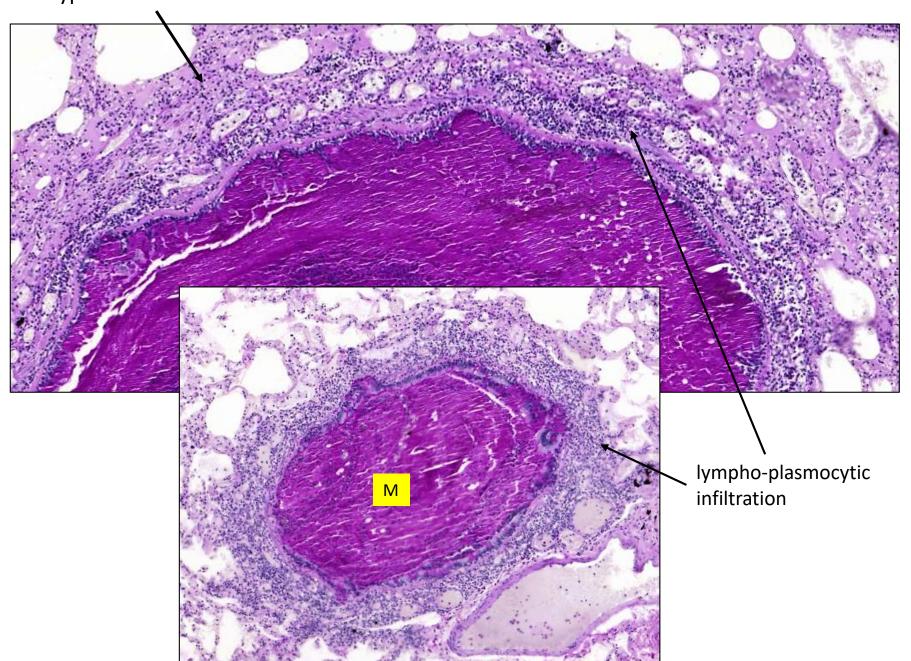


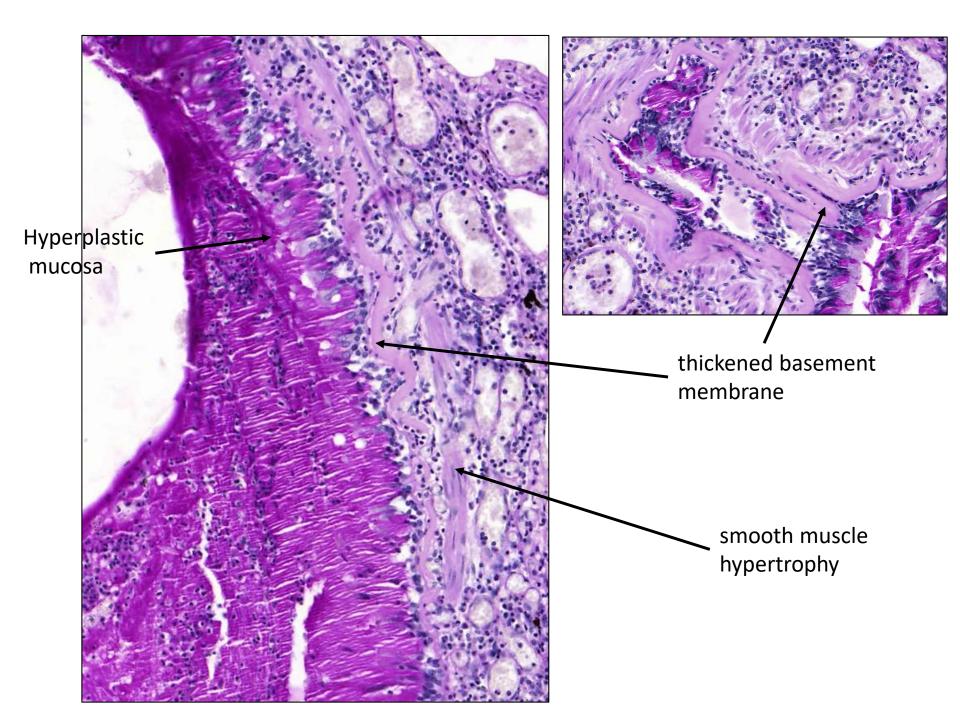


E - emphysema

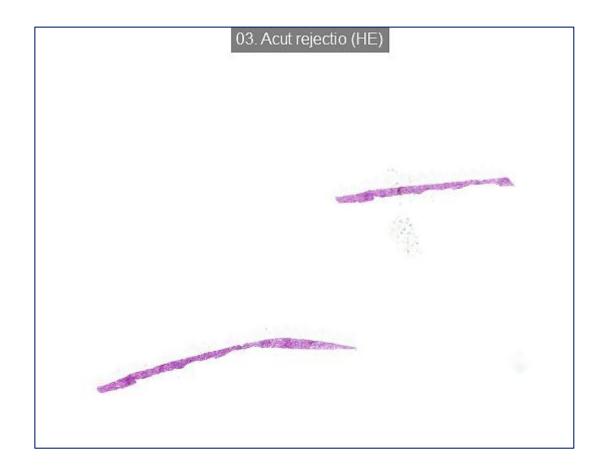
- A anthracosis
- M mucus plug

Hypervascularized submucosa

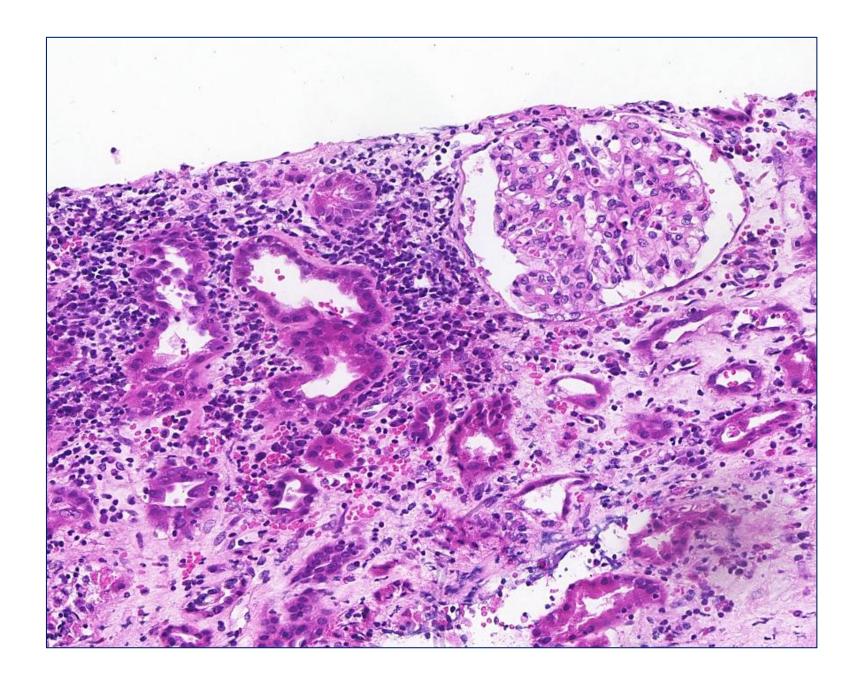


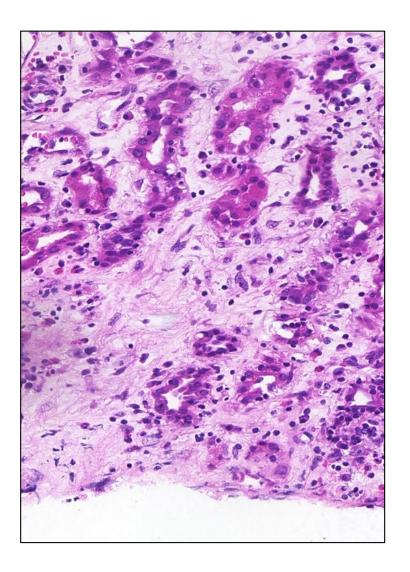


Acute renal transplant rejection

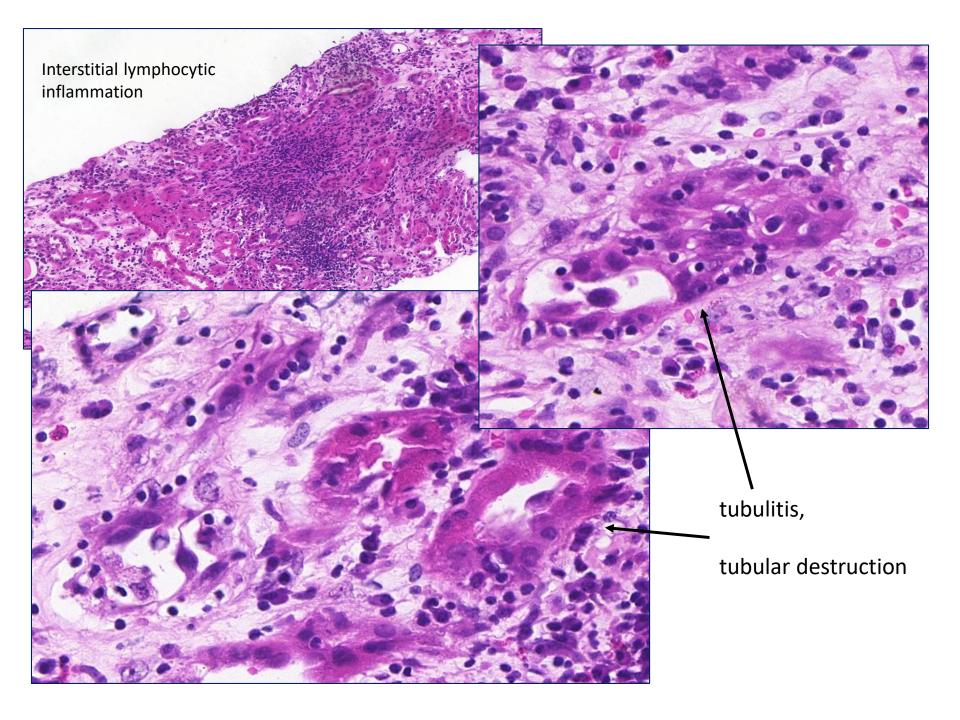


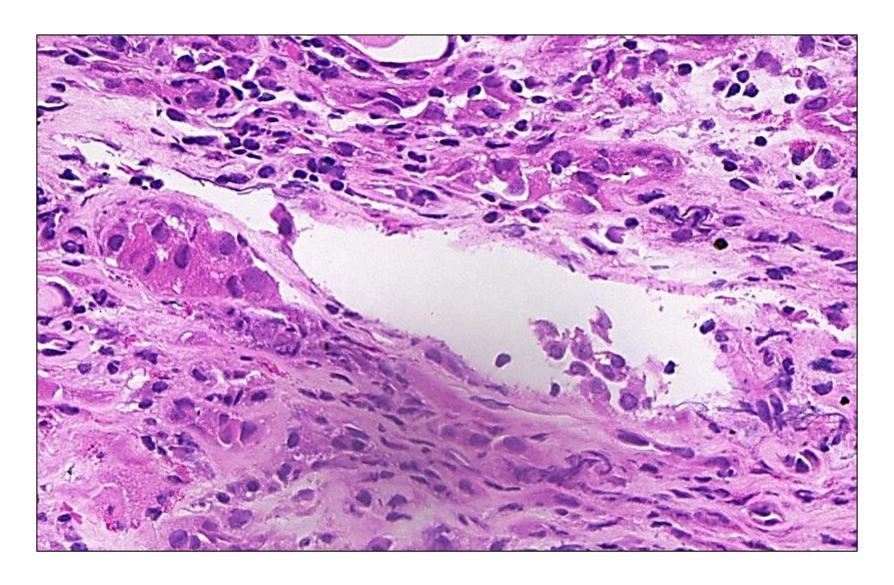
Mismatch between the donor and the recipient HLA-alleles T4 –T8 lymphocytes and antibodies





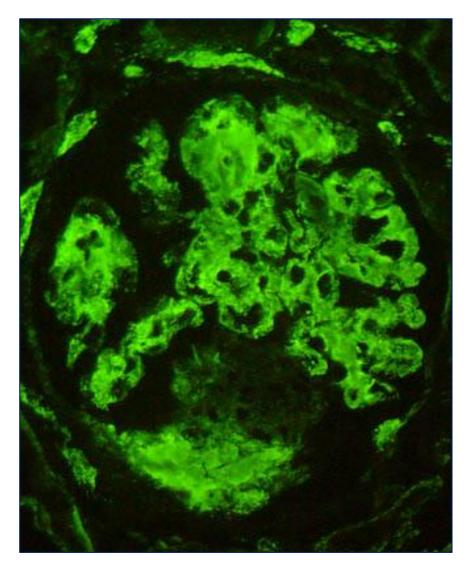
intersitital edema

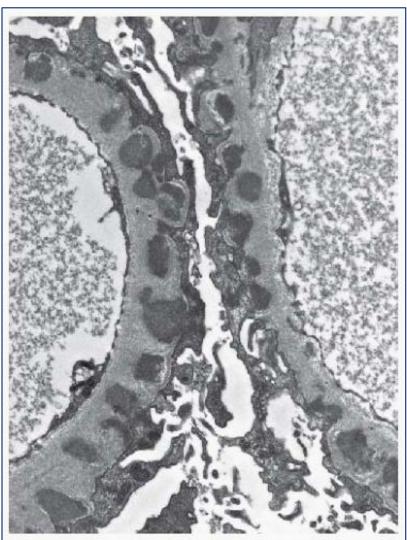




venulitis

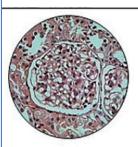
Lupus nephritis





Immuncomplex-deposition (IF: granular - TEM: BM)

HISTOPATHOLOGICAL CLASSIFICATION OF LUPUS NEPHRITIS



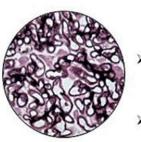
Class I Minimal Mesangial Lupus Nephritis

 Deposition of imune complexes detectable by immunofluorescence techniques.





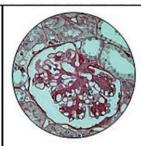
- Active or inactive focal, segmental or global endo/extracapillary glomerulonephritis involving <50% of all glomeruli.
- Manifestations include active lesions (A), chronic inactive lesions (C) or active and chronic lesions (A/C)



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.



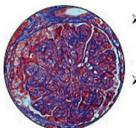
Class II

Mesangial Proliferative Lupus Nephritis

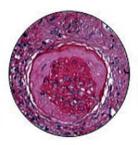
Mesangial hipercelularity of any degree or mesangial matrix expansion with immune deposits detectable by light microscopy.



Diffuse Lupus Nephritis

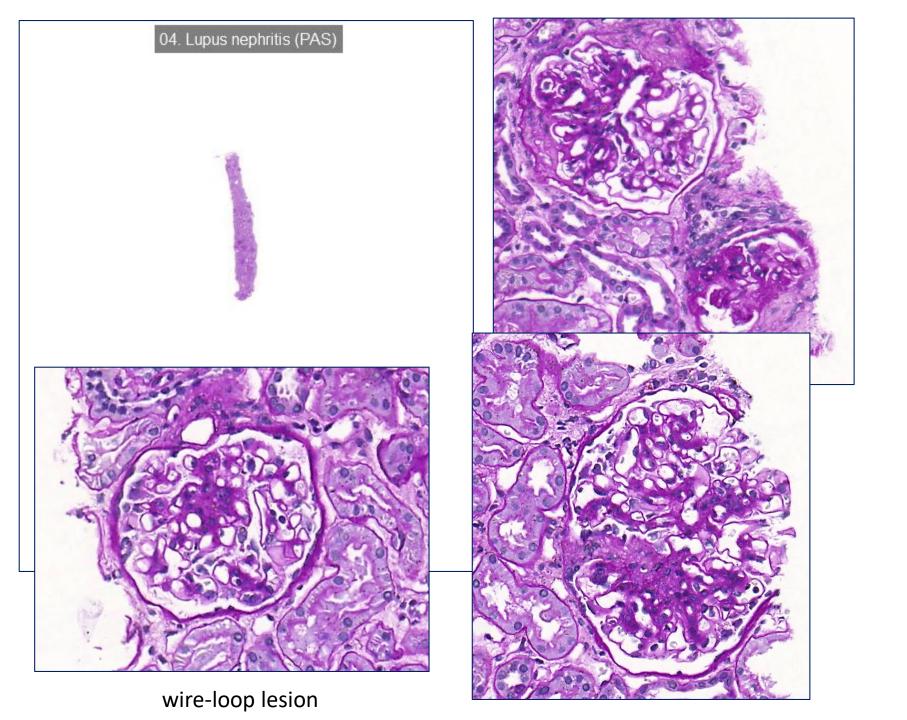


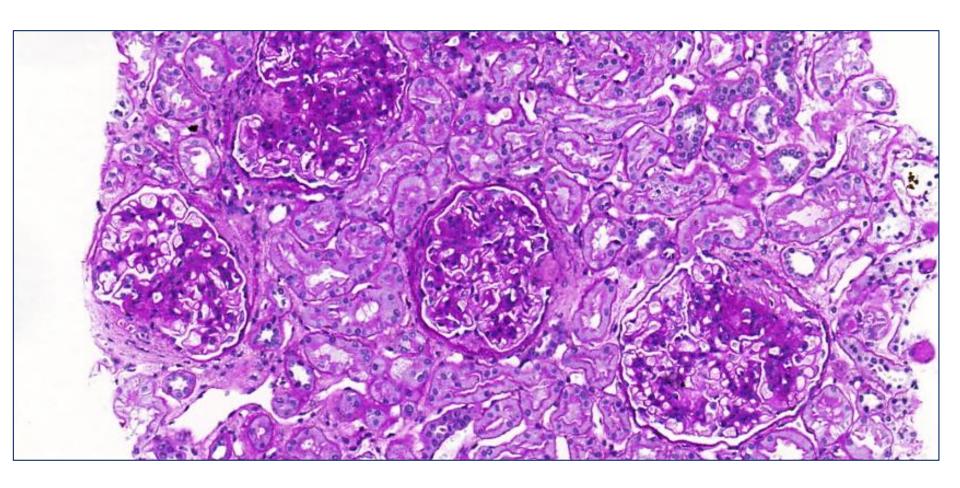
- Active or inactive diffuse, segmental or global endo/extracapilarry glomerulonephritis involving ≥50% of all glomeruli. Subendothelial diffuse immune deposits, with or without mesangial alterations, are common.
- This class is also divided in: diffuse segmental (IV-S), when ≥ 50% of the involved glomeruli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



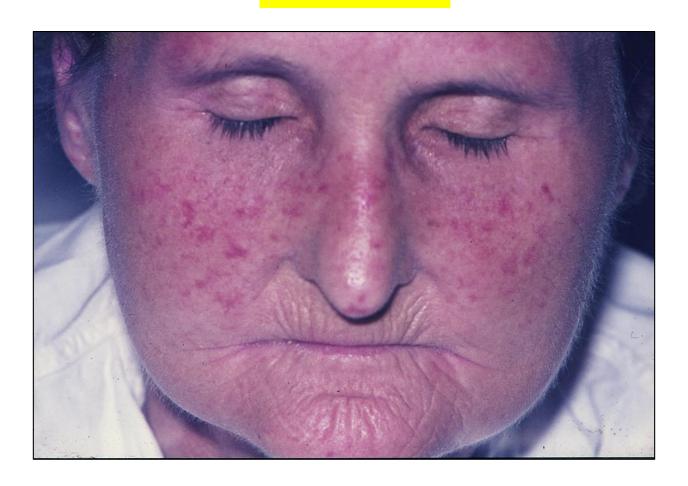


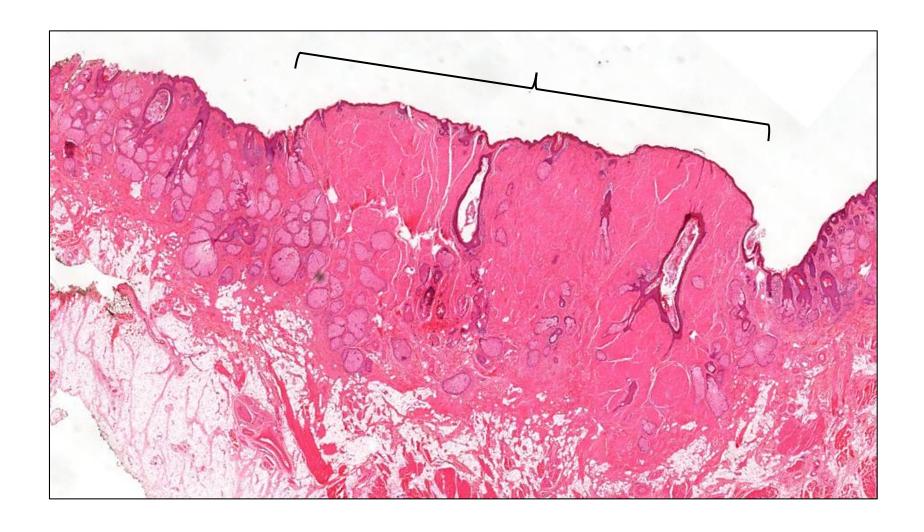
Scleroderma



systemic sclerosis vs. scleroderma

Scleroderma





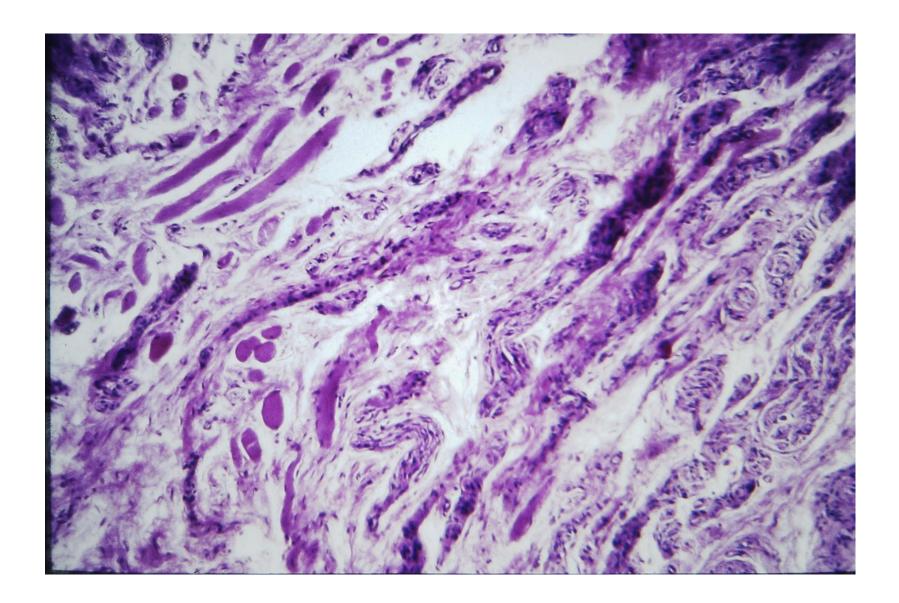


massive collagen deposition

normal sebaceous glands







| International Society of Nephrology (ISN)/Renal Pathology Society (RPS) classification of lupus nephritis 2004 | |
|--|---|
| CLASS | |
| | Minimal mesangial lupus nephritis least common |
| | Mesangial proliferative lupus nephritis |
| Ш | Focal lupus nephritis (<50% of glomeruli) |
| III (A) | Active lesions |
| III (A/C) | Active and chronic lesions |
| III (C) | Chronic lesions |
| IV | Diffuse lupus nephritis (=50% of glomeruli) most common |
| IV (A) | Active lesions |
| IV (A/C) | Active and chronic lesions |
| IV (C) | Chronic lesions |
| V | Membranous lupus nephritis Aktivália |
| VI | Advanced sclerosing lupus nephritis (=90% globally sclerosed glomeruli without residual activity) |