



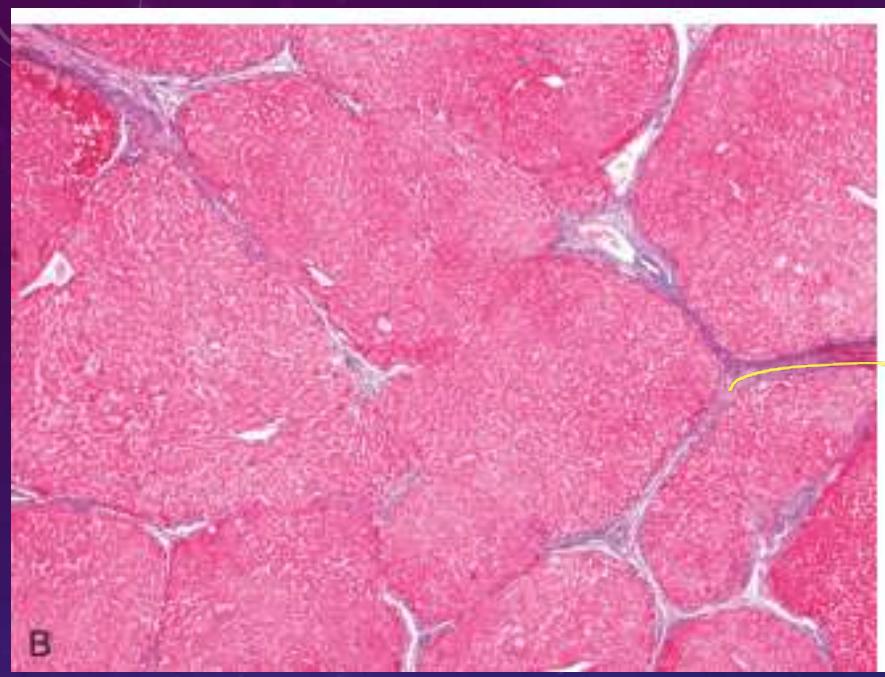
GIT LAB-4

Liver cirrhosis

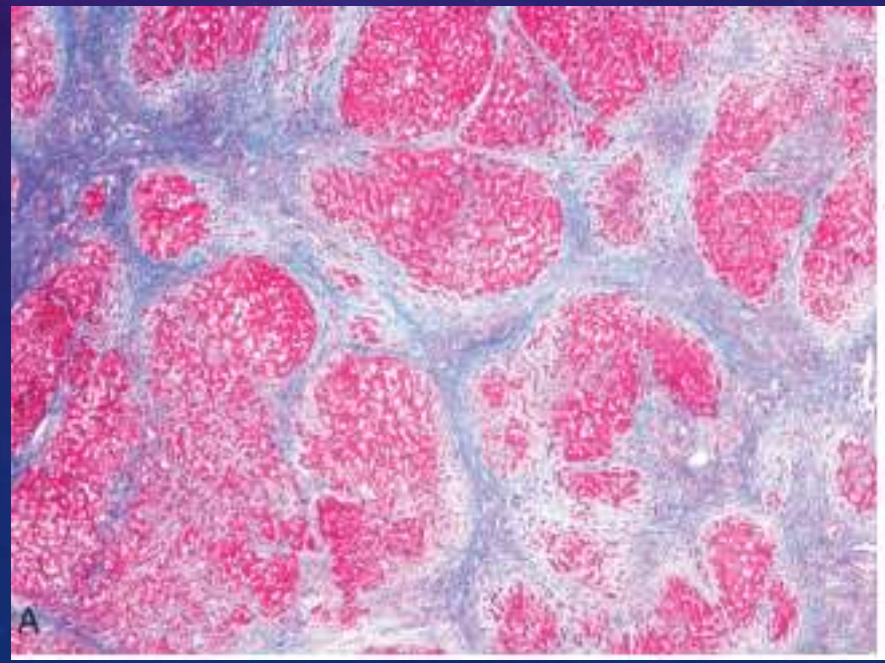
Transformation of
Liver parenchyma of
fibrous regenerative
nodules.



Stain used:
MT stain
↓
Highlight the
fibrous septa.

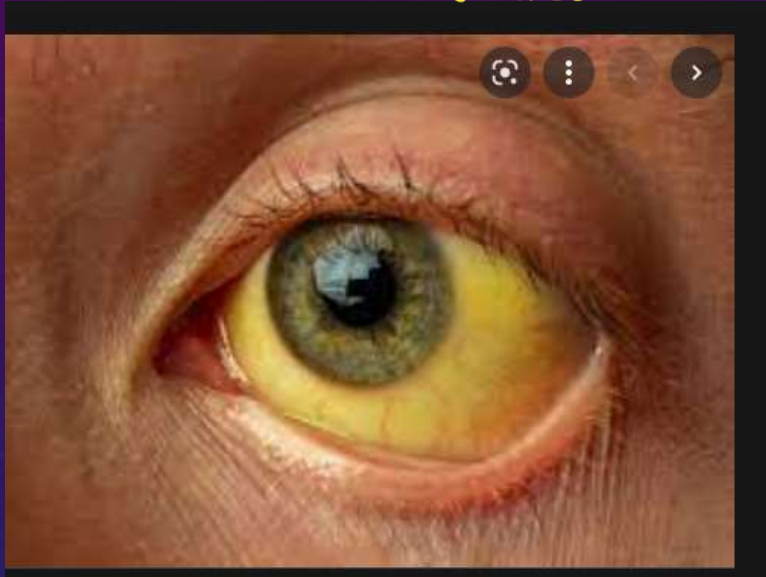


Fibrous
septa



Features of Liver Failure

Jundice



Prazing / Pruritis.



DVT



Hyperemia / Hyperestrogenemia

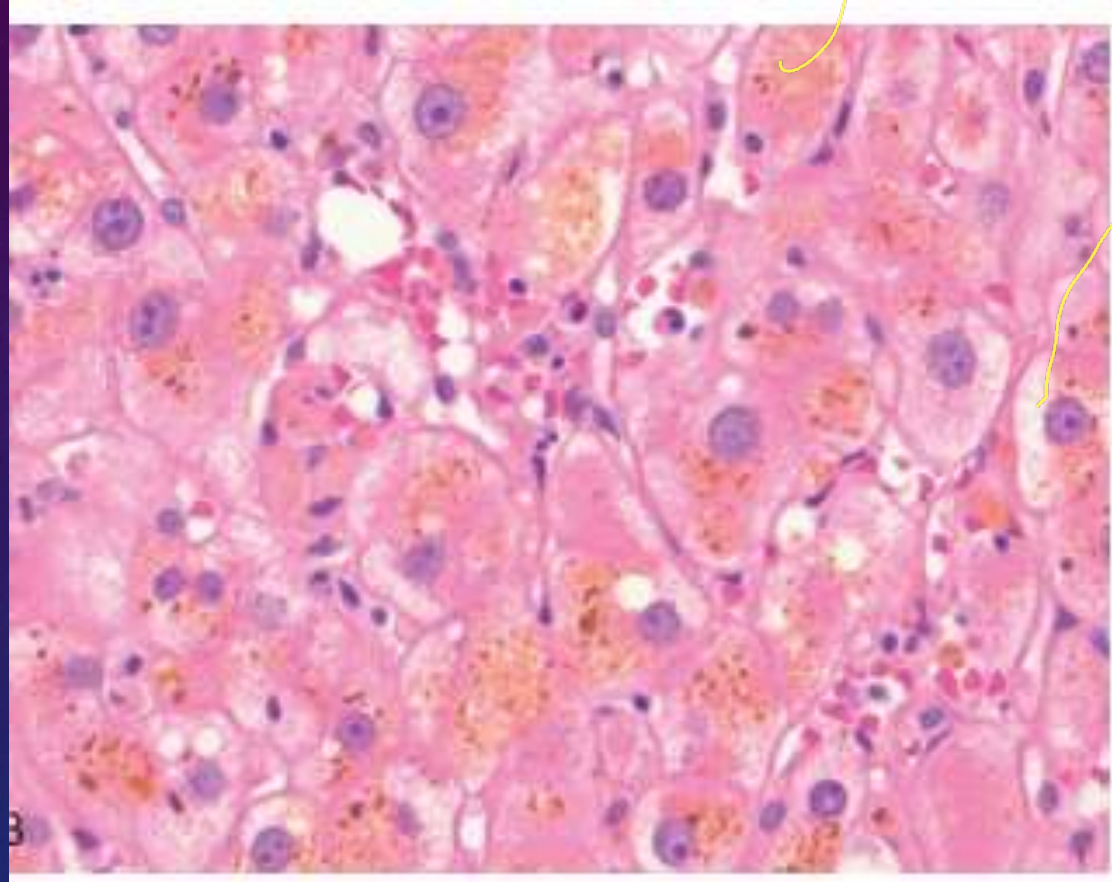


Spider angiomas



Skin xanthomas → sign of cholestasis

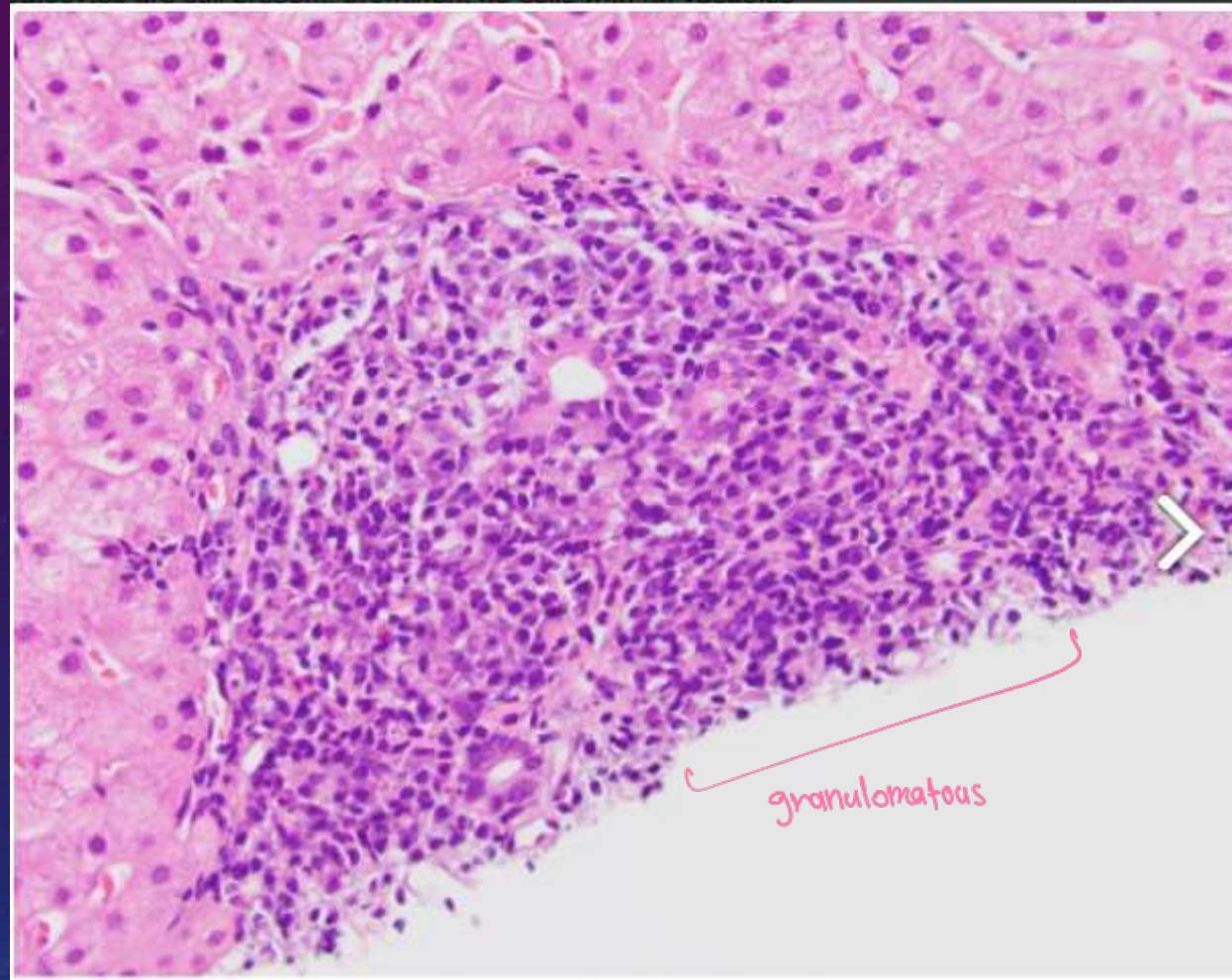




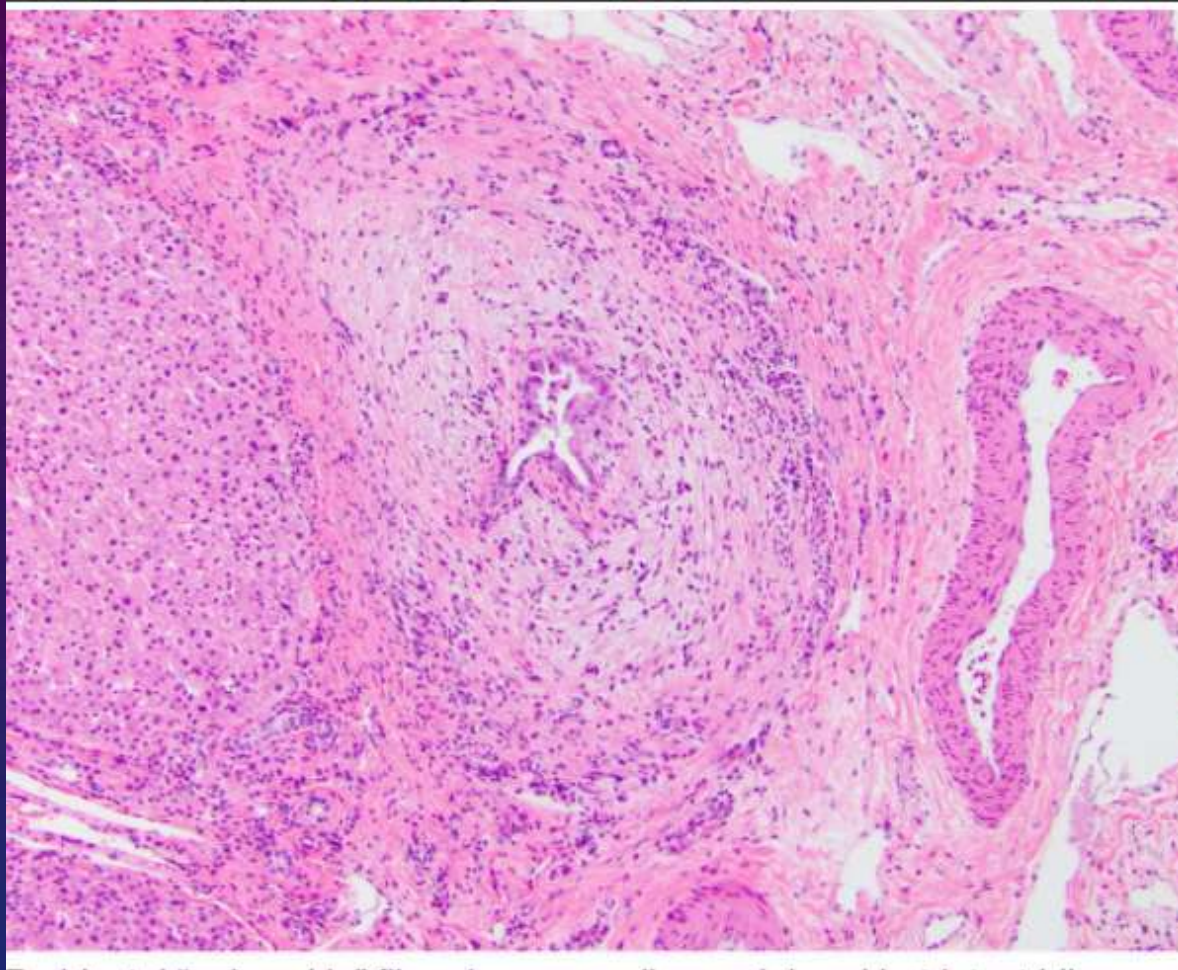
yellow pigmentation

white cells & foamy cells.

Primary biliary cholangitis

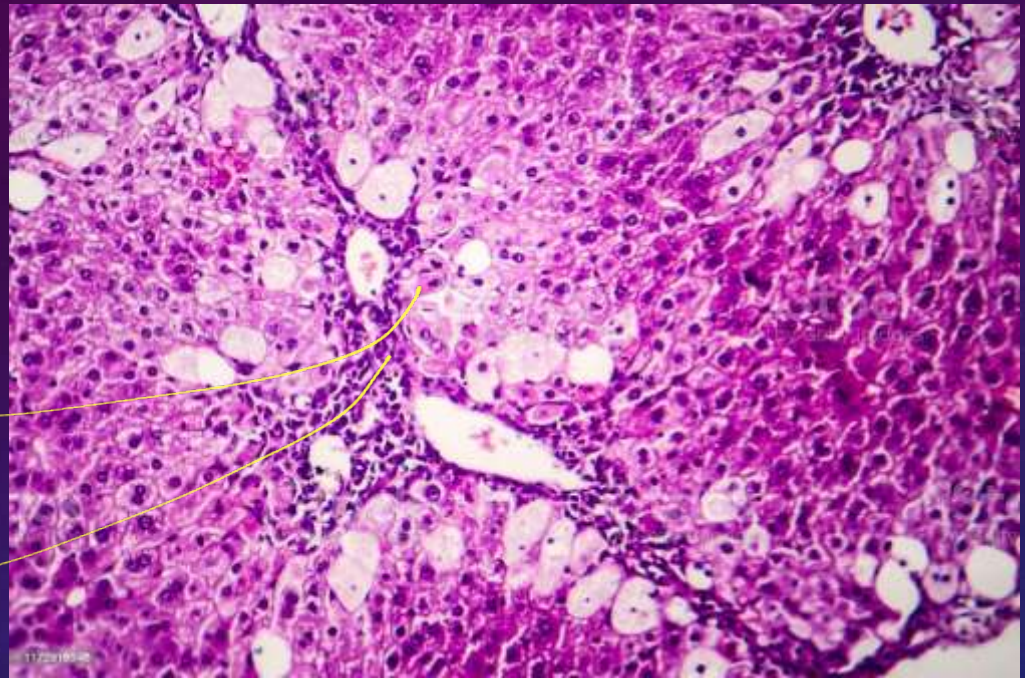


Primary Sclerosing cholangitis.

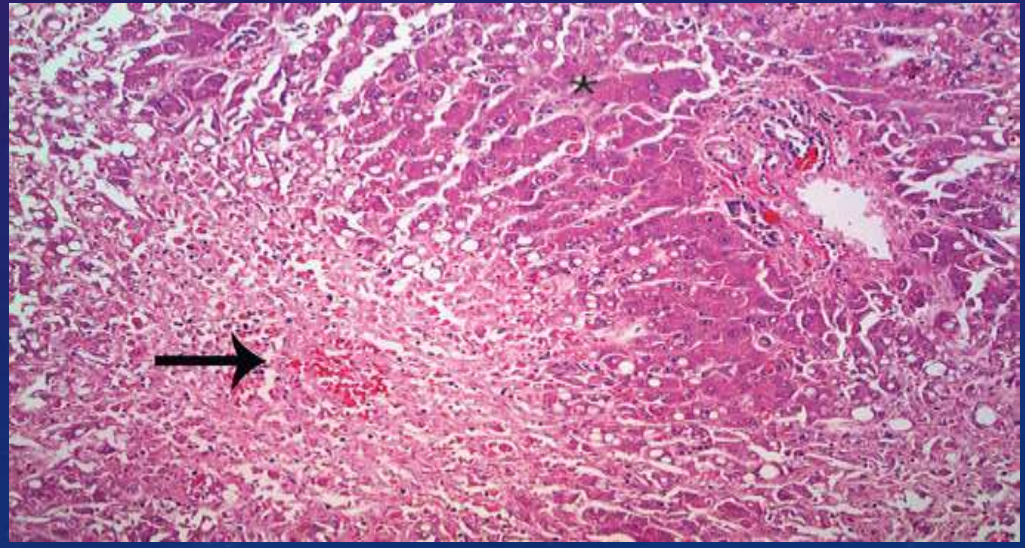


* destruction of the duct or portal tract by dense fibrosis.

Acute Hepatitis.



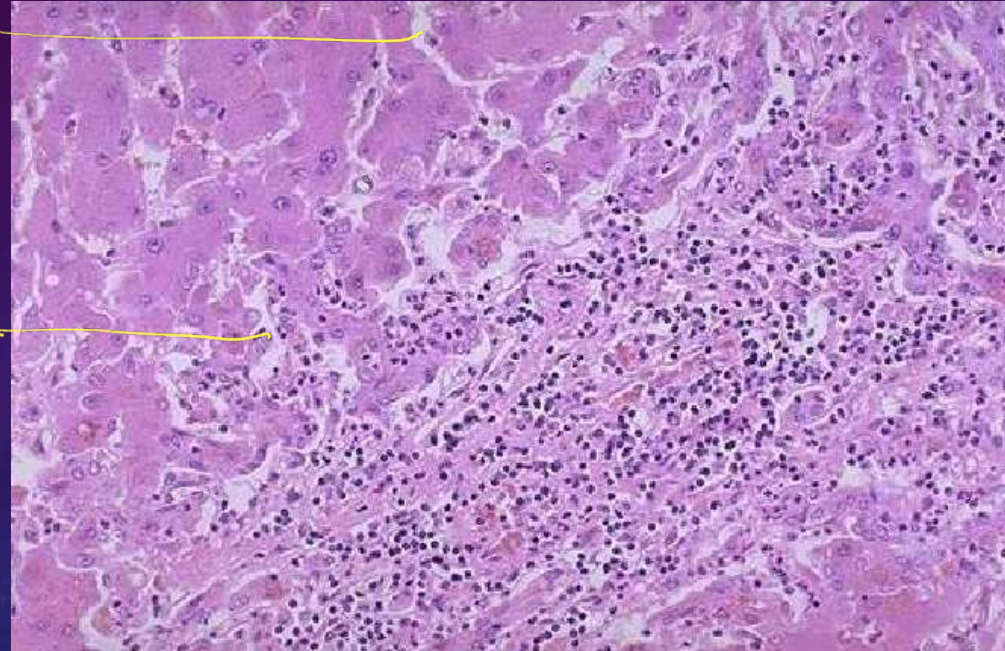
mononucleus infiltrates. ←
area of apoptosis
↓
Macrophage aggregation.



Chronic Hepatitis

bridging
fibrosis
and necrosis.

chronic
mononuclear cell
infiltrate.



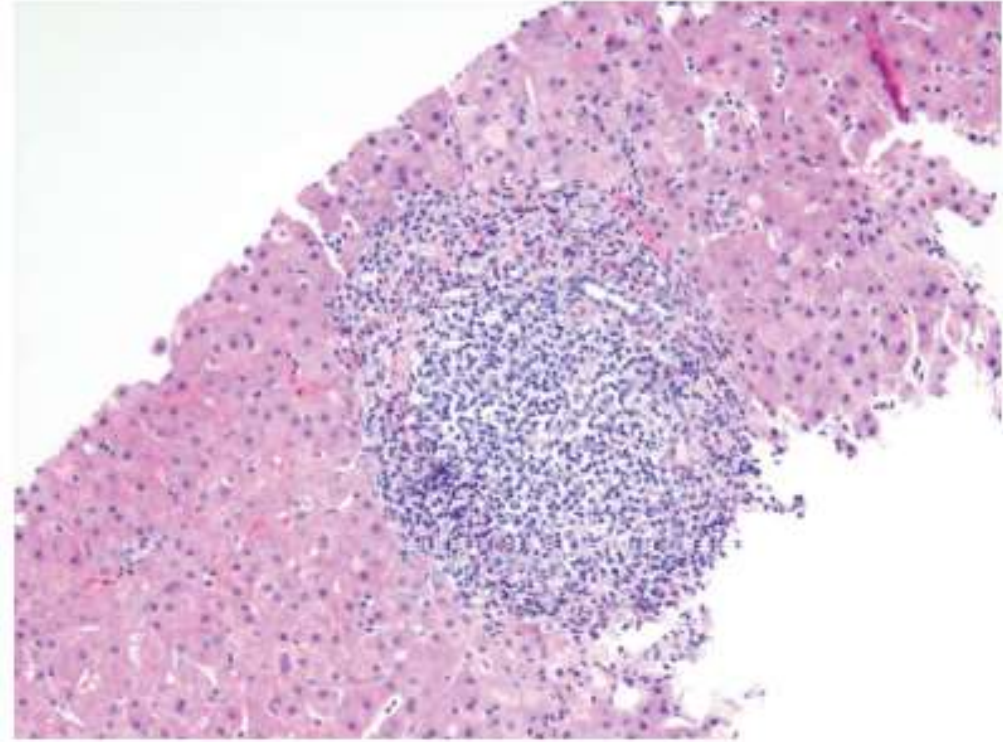


Fig. 16.15 Chronic viral hepatitis due to HCV, showing characteristic portal tract expansion by a dense lymphoid infiltrate.

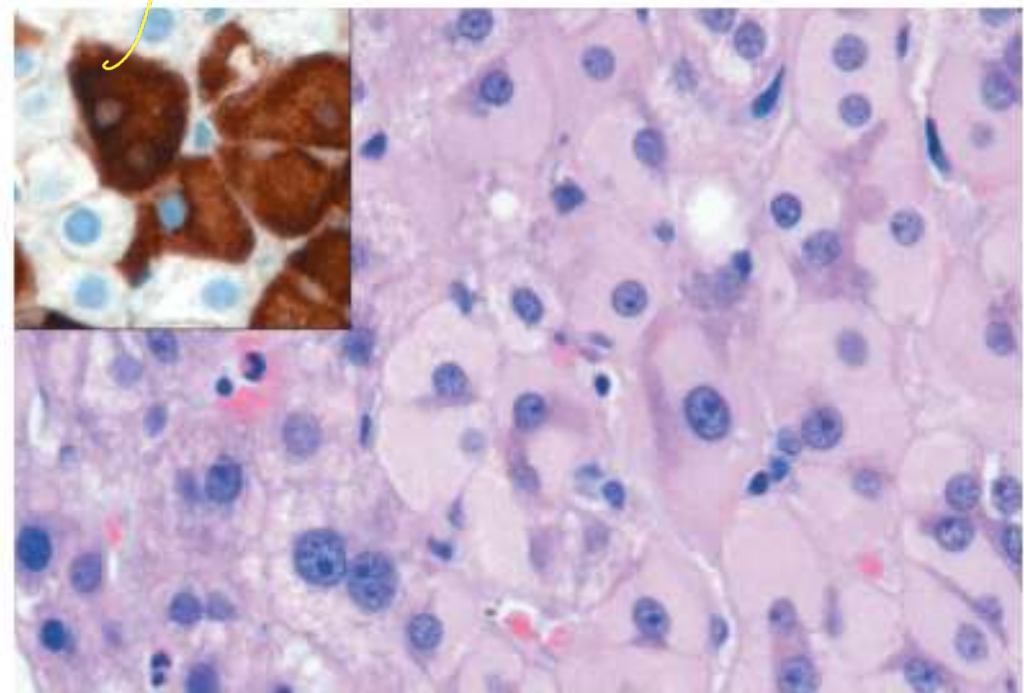
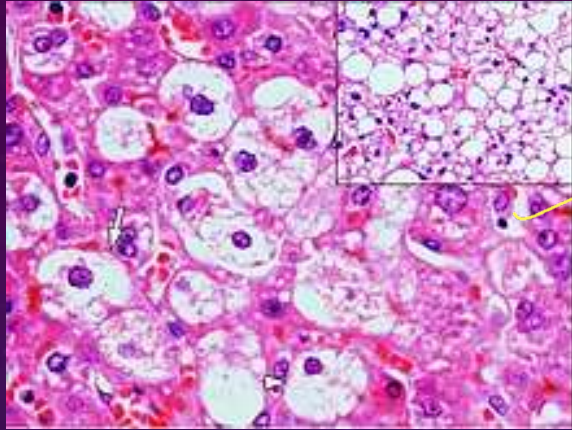


Fig. 16.14 Ground-glass hepatocytes in chronic hepatitis B, caused by accumulation of hepatitis B surface antigen. Hematoxylin-eosin staining shows the presence of abundant, finely granular pink cytoplasmic inclusions; immunostaining (*inset*) with a specific antibody confirms the presence of surface antigen (*brown*).

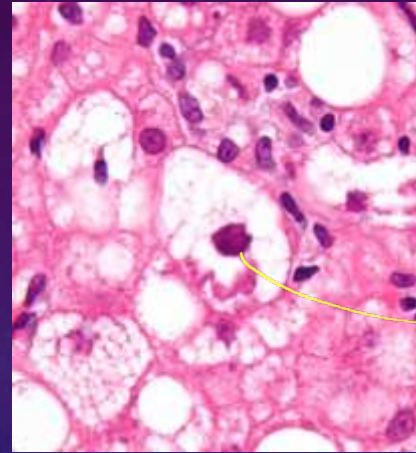
caused by surface antigen

Alcoholic liver disease.



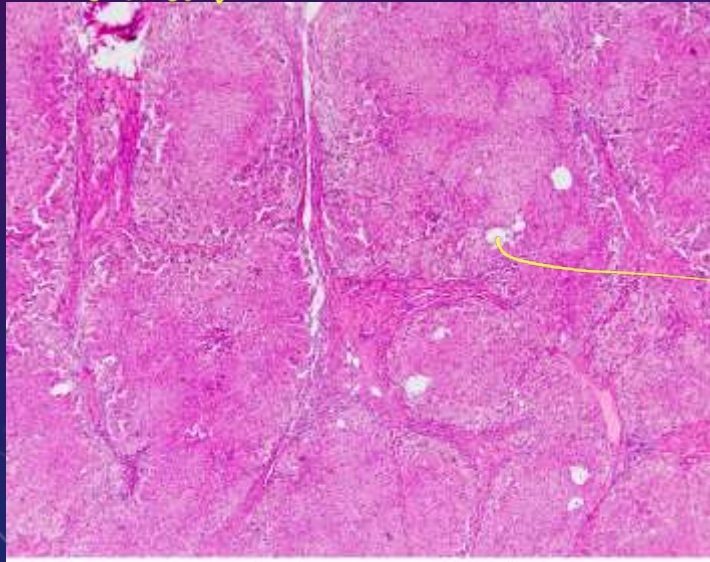
steatosis
accumulation
of fat/intracellular
lipid

Will lose its pink
cytoplasm
(it's glycogen)



Mallory
Bodies

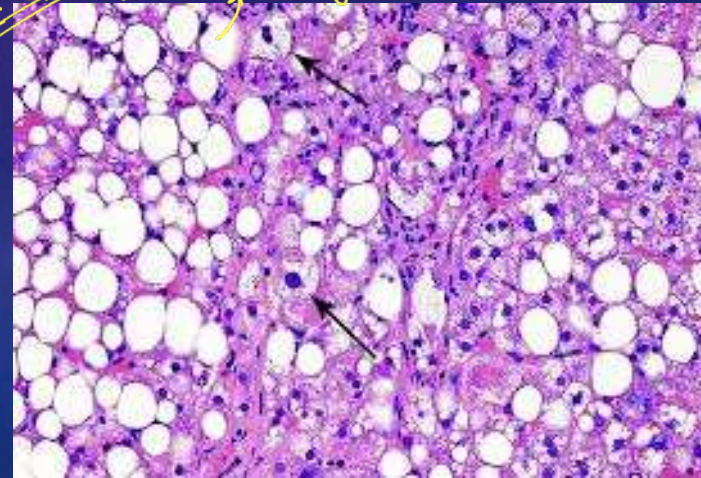
Last stage alcoholic/Viral Hepatitis



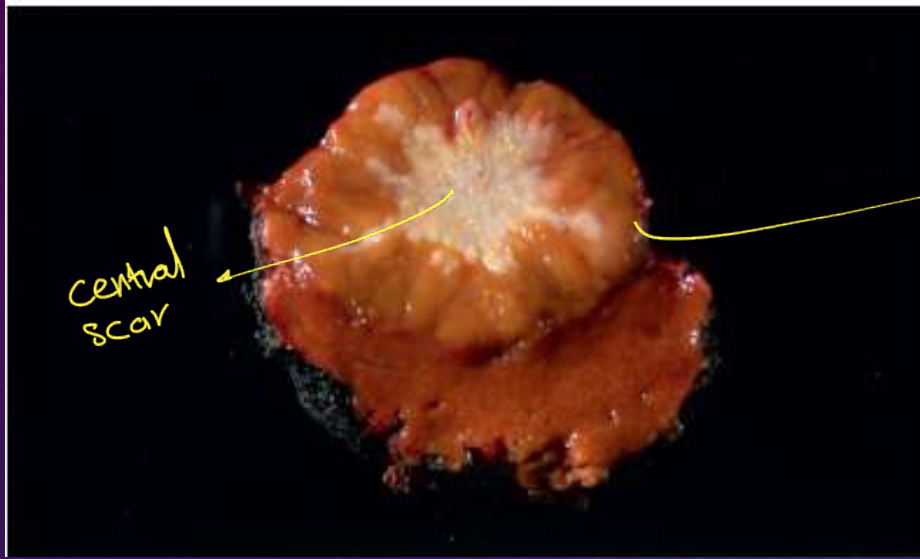
Cirrhosis
nodules

Hepatitis

→ Peathary Degeneration



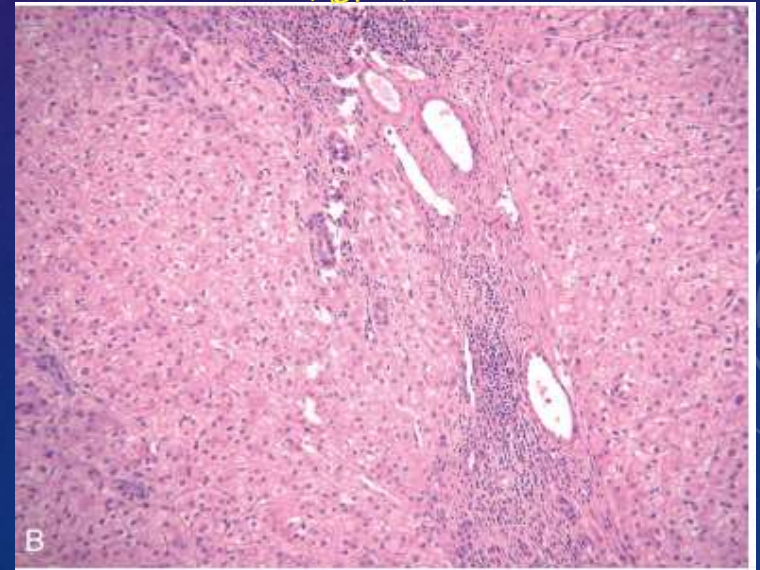
Focal Nodular Hyperplasia



central
scar

well defined
Nodule
on non-cirrhotic
Liver

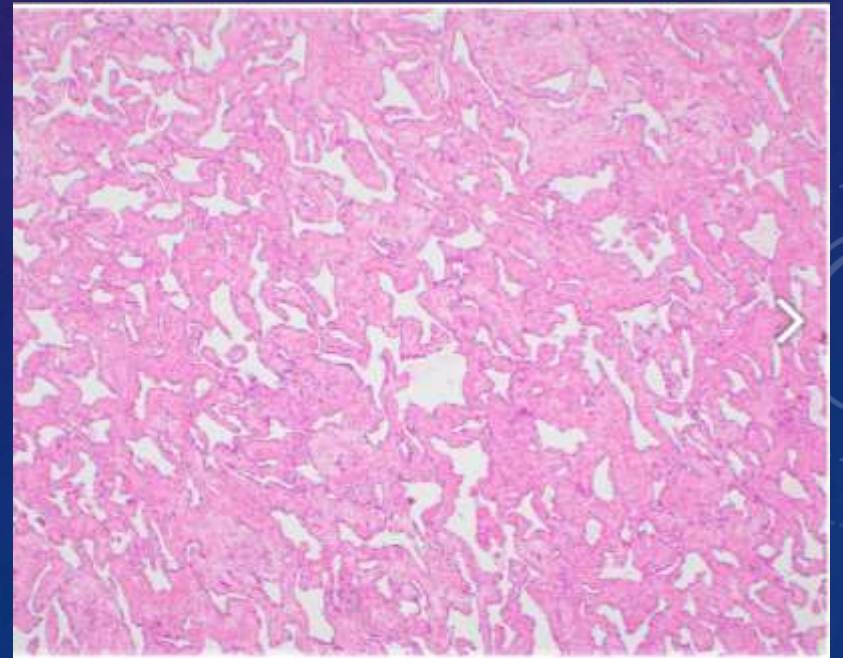
Abnormal BT's



Hepatic Carvenous Hemaangiomas



Red
Spongy / Vascular spaces
Honey comb
appearance

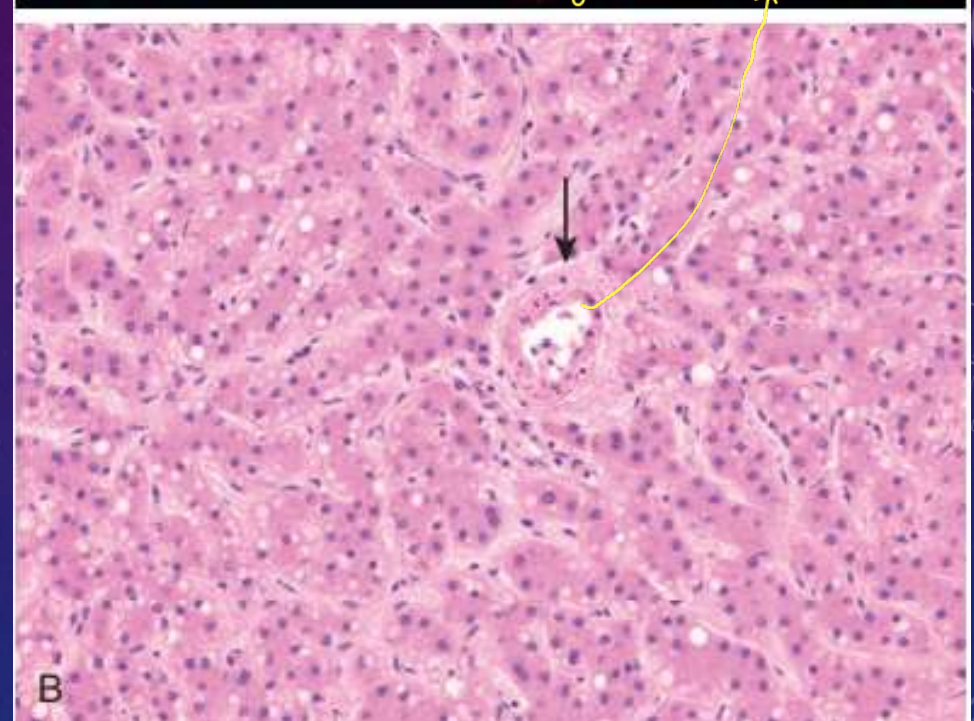


Hepatic Adenoma on a background of non-cirrhotic liver.



No central scar that characterize FNH.

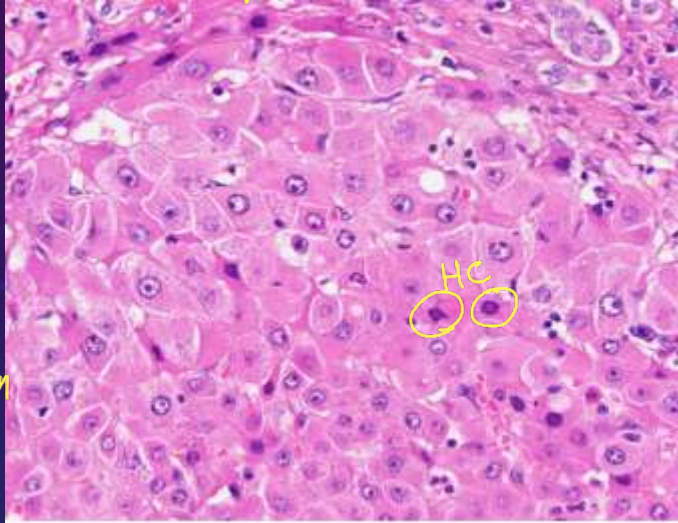
Crowded Hepatocytes Portal tract / only BV



Large cell changes

cellular dysplasia in case of chronic liver disease.

⇒ Progress into HCC

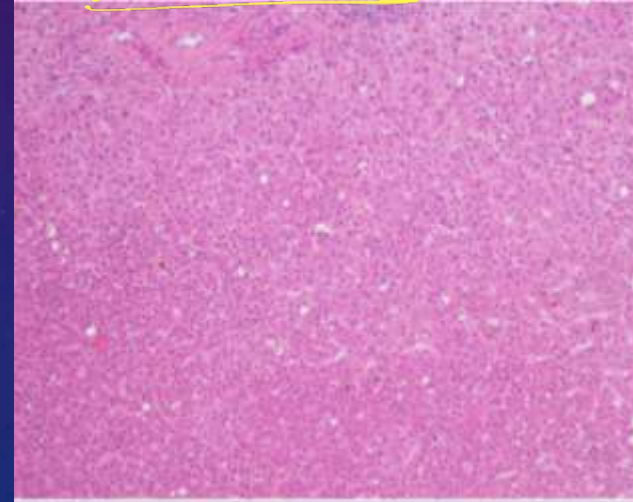


N/C large
↓
Preserved
N/C ratio

Hyperchromasia

Nuclear pleomorphism

Small cell changes



increase N/C ratio

از N أكثر على حابه
النسبة

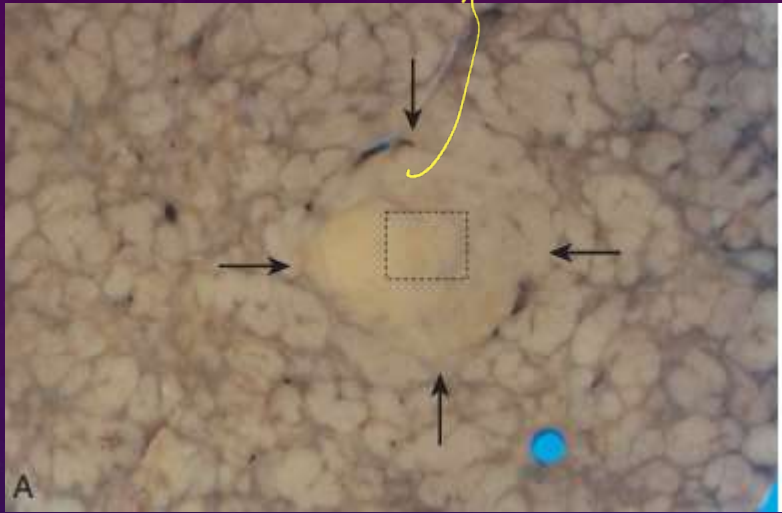
Hyperchromasia

Nuclear pleomorphism

HCC

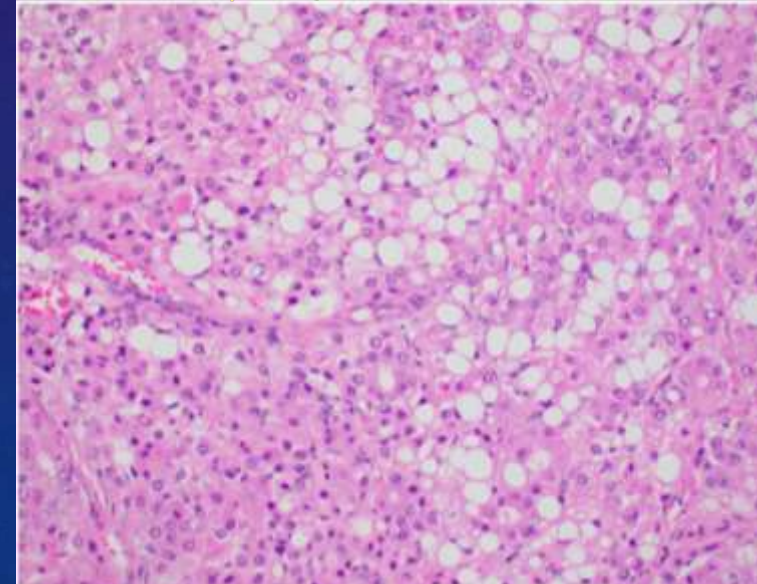
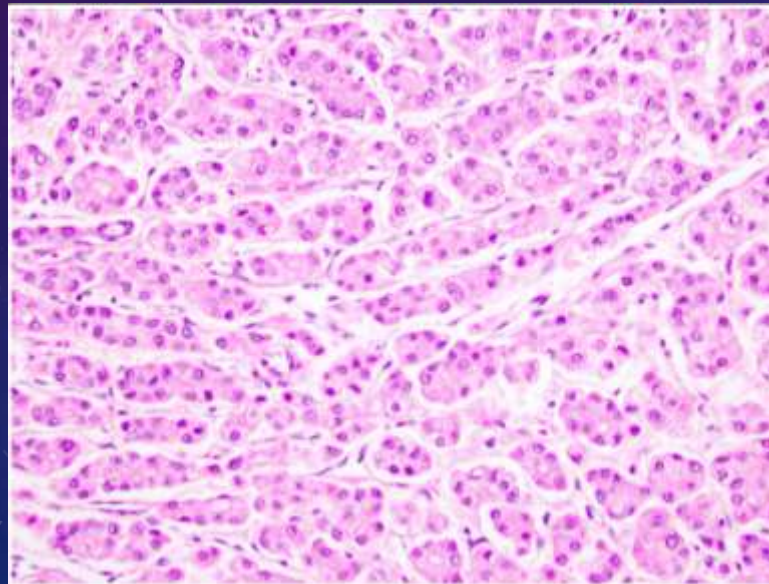
unifocal

MultiFocal diffuse

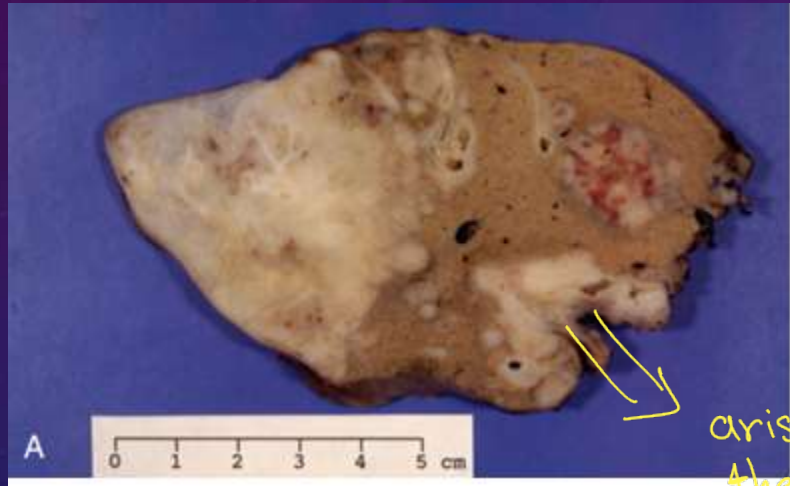


well differentiated

poorly differentiated

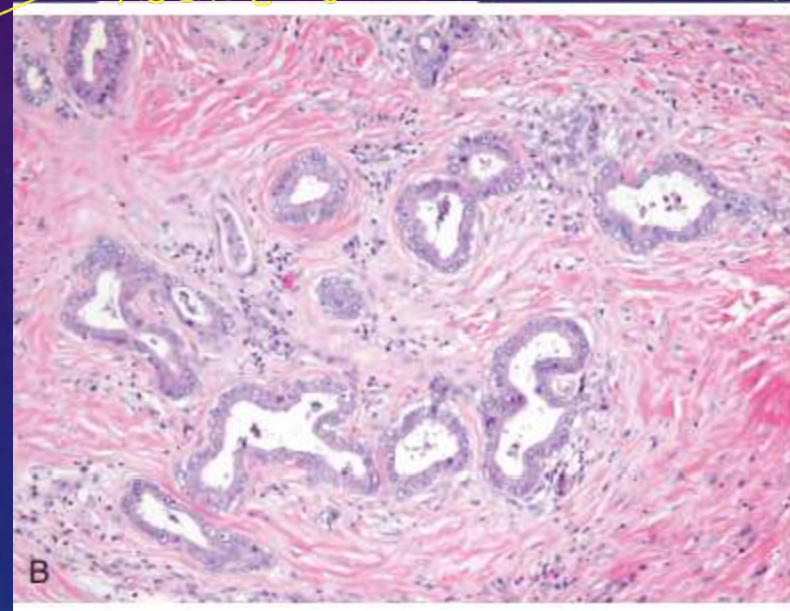


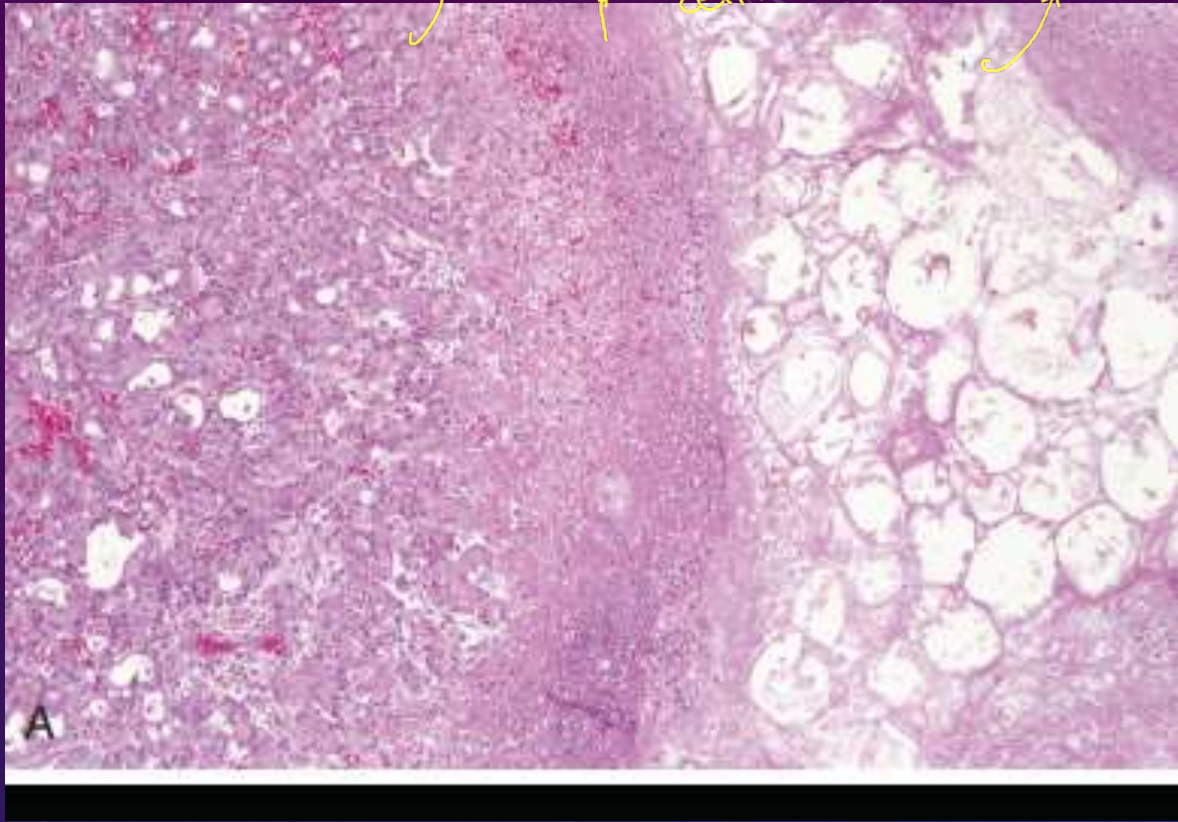
Cholangio Carcinoma



arising from the wall of the bile duct.

سليمة CP
Adenocarcinoma ⇒ Mucin producing gland.



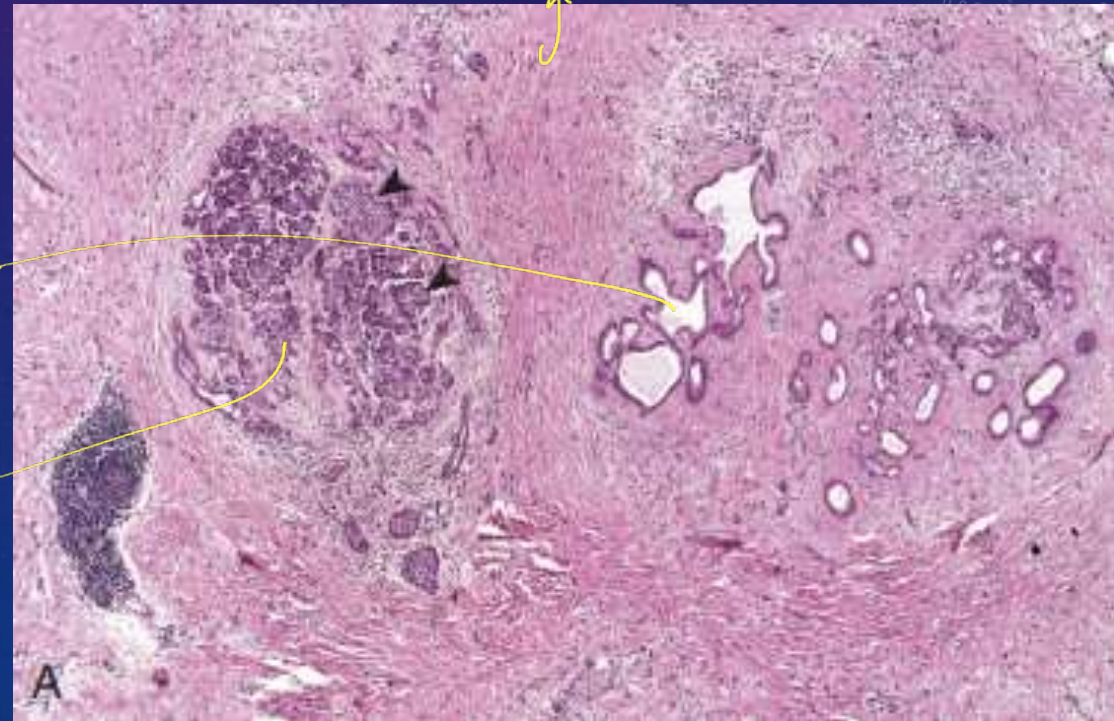


Necrosis
inflammatory cell infiltrate
Exudate

Pancreatitis
acute

chronic

decrease or drop out of acini because of chronic inflammation.



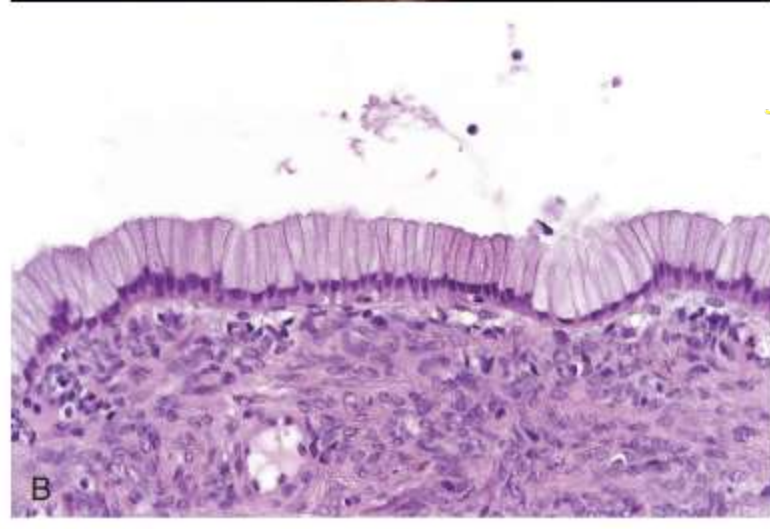
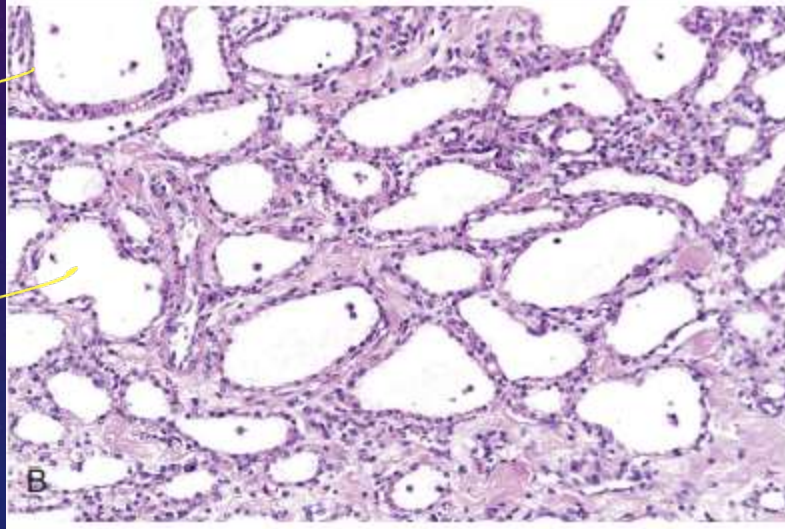
Cystic dilatation of bile duct.
Acini replaced by fibrosis.

Cystic Neoplasm of Pancreas:-



Serous cyst adenomas

⇒ Mucin Cyst Neoplasm

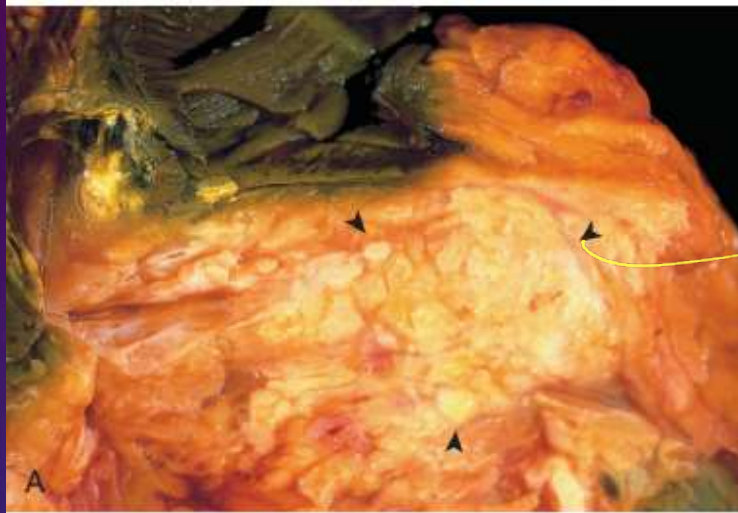


Cystic spaces lined by serous cells.

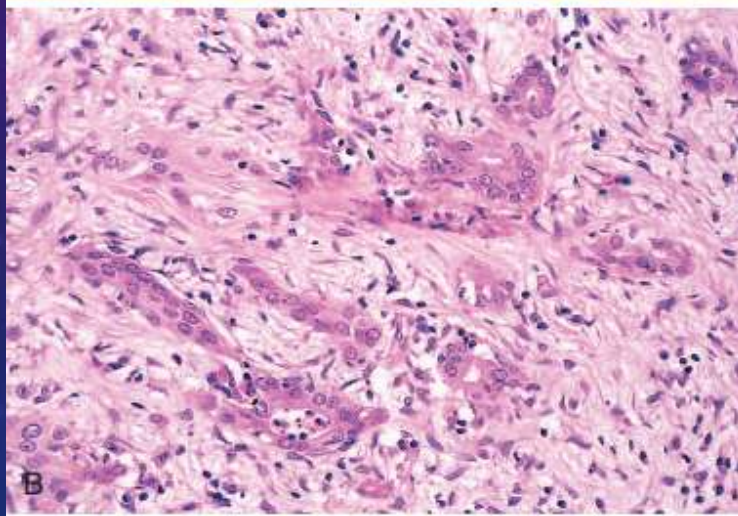
Contain glycogen.

→ columnar cells.

Pancreatic Carcinoma



not defined.



Poorly differentiated.