#### PRACTICAL

# Granulomatous Diseases

## 1- Tuberculosis of the lung

#### Pulmonary TB – Caseous Necrosis – Gross



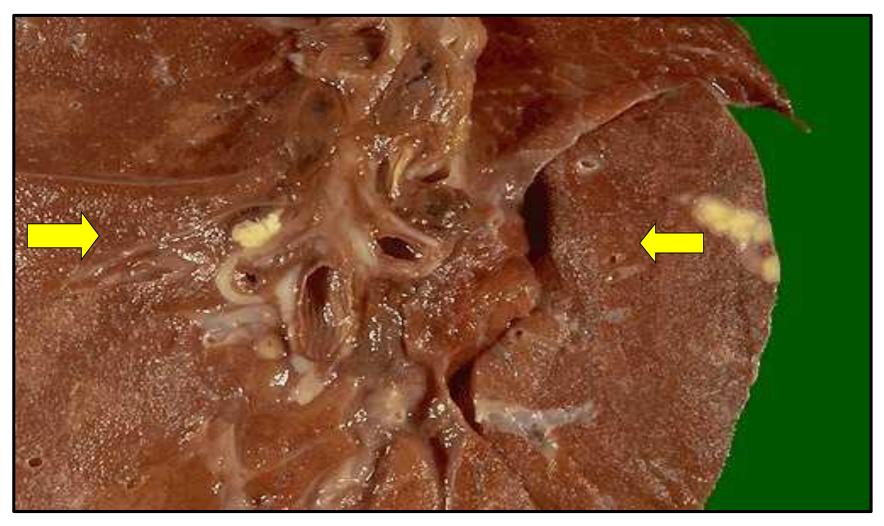
The granulomas have areas of caseous necrosis.

#### Pulmonary TB – Caseous Necrosis – Gross



#### Pulmonary TB - Ghon's Complex - Gross

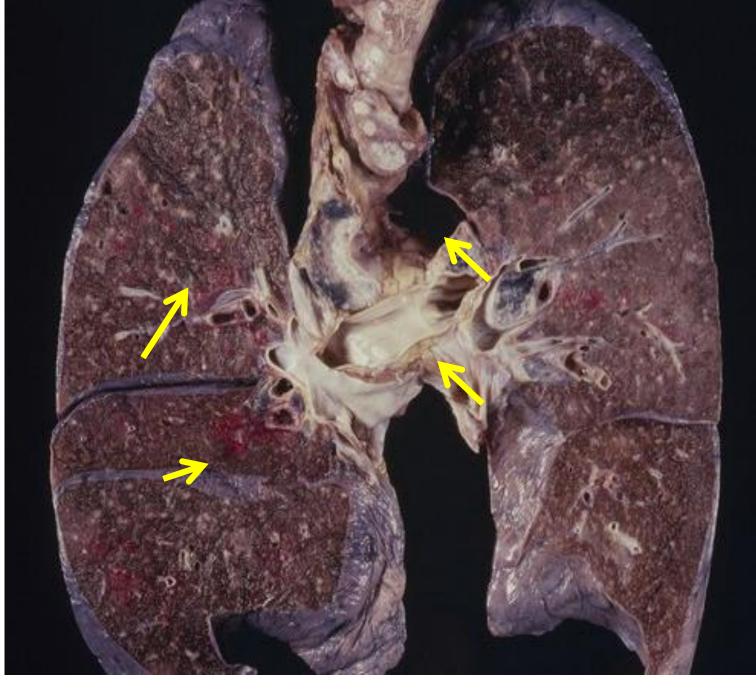
Initial (primary)
infection with T.B.
producing a subpleural lesion called
a Ghon's focus. The
early Ghon's focus
together with the
lymph node lesion
constitute the
Ghon's complex.



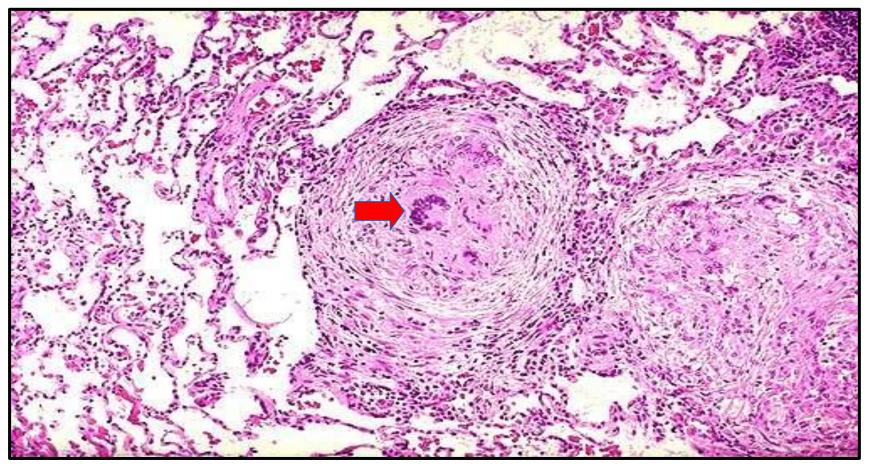
The Ghon's complex is seen here. Primary tuberculosis is the pattern seen with initial infection with tuberculosis in children. Reactivation, or secondary tuberculosis, is more typically seen in adults.

#### Miliary TB of the Lungs

- Miliary TB can occur when TB lung lesions erode pulmonary veins or when extrapulmonary TB lesions erode systemic veins.
- This results in hematogenous dissemination of tubercle bacilli producing myriads of 1-2 mm. lesions throughout the body in susceptible hosts.
- Miliary spread limited to the lungs can occur following erosion of pulmonary arteries by TB lung lesions.

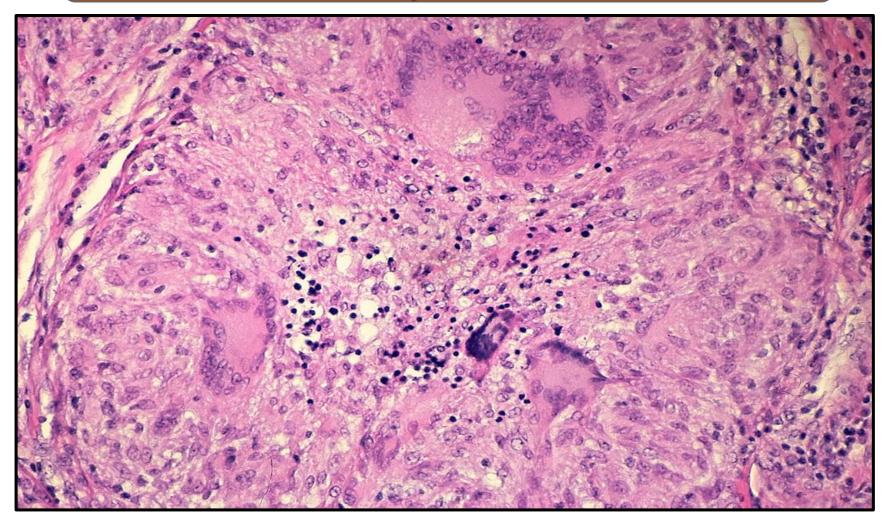


#### **Tuberculous Granulomas**



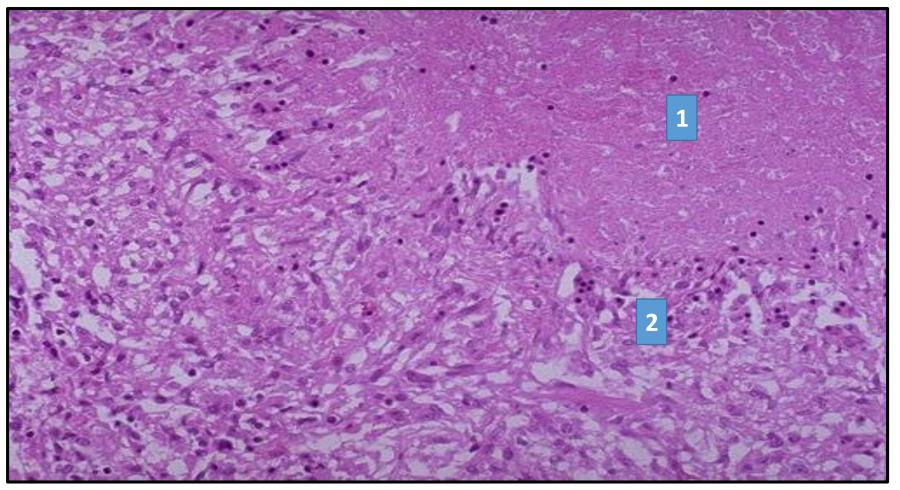
Well-defined granulomas are seen here. They have rounded outlines. The one toward the center of the photograph contains several Langhan's giant cells. Granulomas are composed of transformed macrophages called epithelioid cells along with lymphocytes, occasional PMN's, plasma cells, and fibroblasts

## Pulmonary TB - Granuloma with central early necrosis



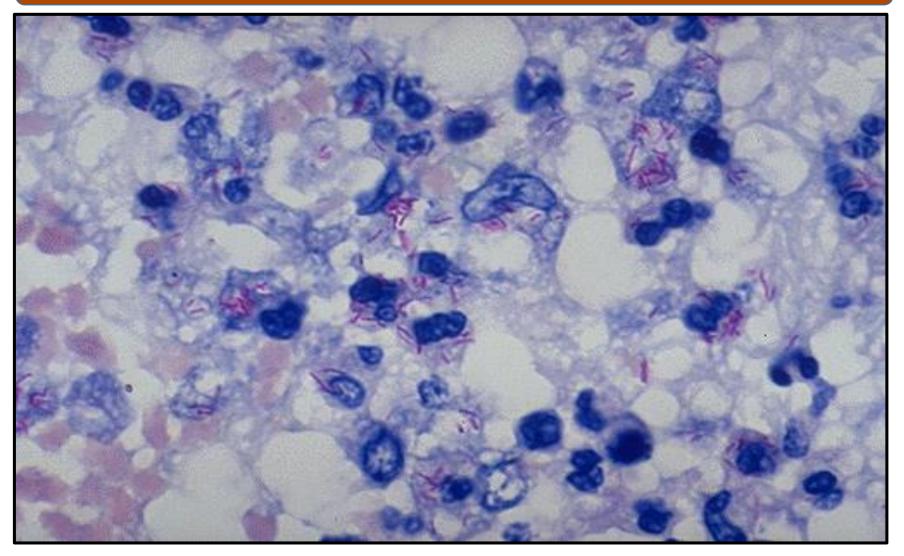
The pyknotic nuclei of epithelioid cells in the center of the granuloma (apoptotic bodies) are a precursor of necrosis.

#### **Tuberculous Granulomas**



The edge of a granuloma is shown here at high magnification. At the upper is amorphous pink caseous material [1] composed of the necrotic elements of the granuloma as well as the infectious organisms. This area is ringed by the inflammatory component [2] with epithelioid cells, lymphocytes, and fibroblasts.

#### Acid Fast bacilli of Mycobacterium TB in the Lung



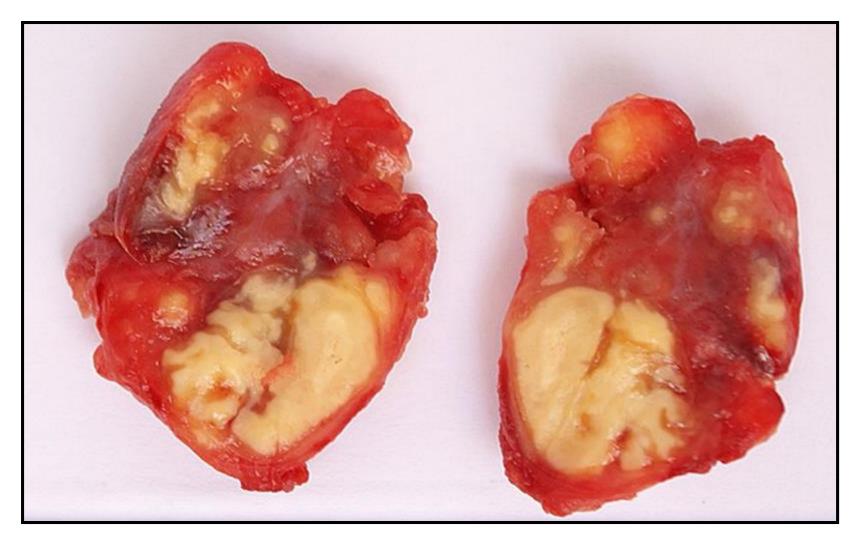
A stain for Acid Fast Bacilli is done (AFB stain) to find the mycobacteria. The mycobacteria stain as red rods, as seen here at high magnification.

## 2- Tuberculous Lymphadenitis

#### **Tuberculous Lymphadenitis - Gross**

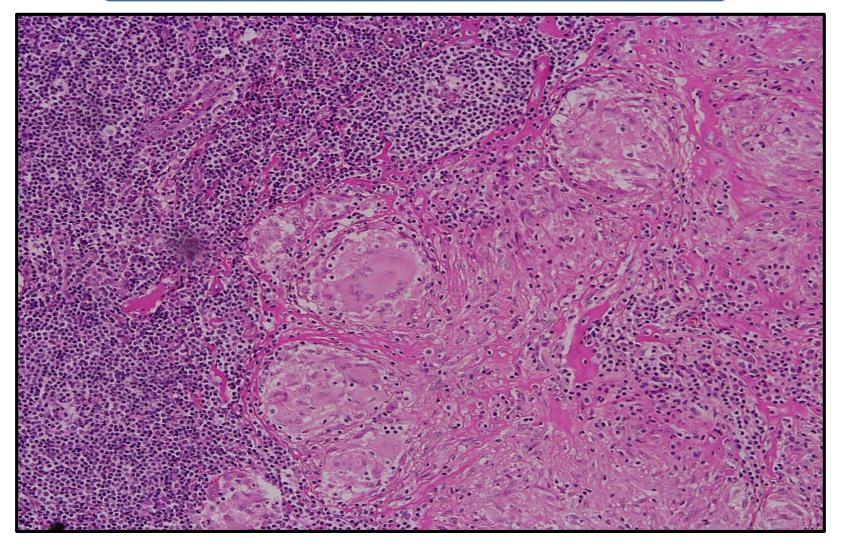


#### Tuberculous Lymphadenitis – Cut Section



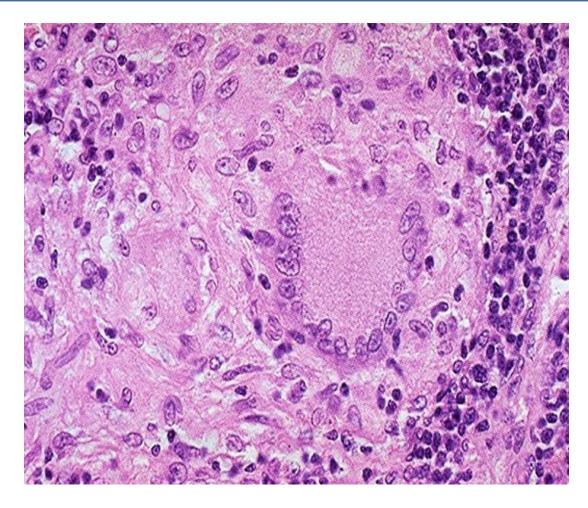
Section of a lymph node with connective tissue capsule and lymphoid tissue

#### **Tuberculous Lymphadenitis**



Many round and oval tubercles/ granulomas with or without central caseation that appears structureless, homogenous and pink in colour.

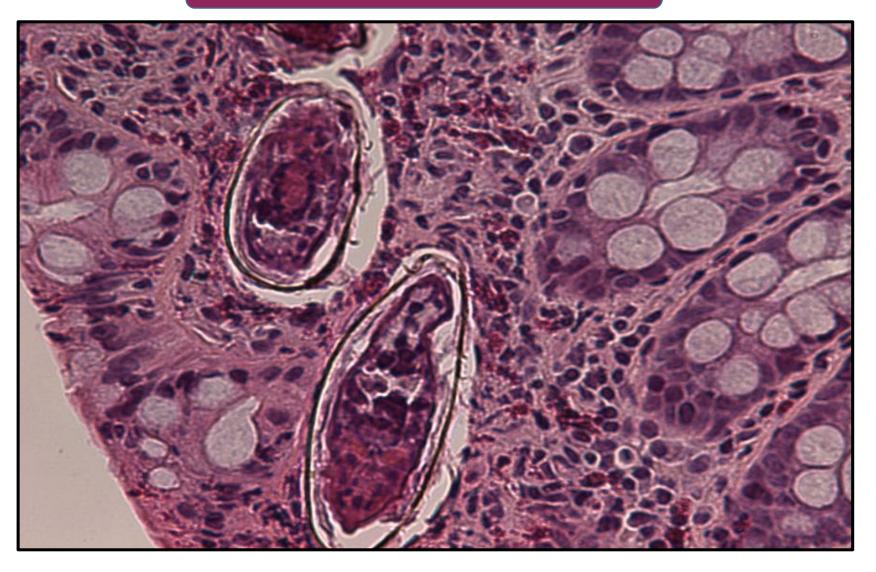
#### **Tuberculous Lymphadenitis**



The granulomas consists of epithelioid cells, few langhan's giant cells (large cell with multiple peripheral nuclei) and peripheral rim of lymphocytes

## 3-Bilharzial Granulomas

#### **Colonic Bilharziasis - HPF**



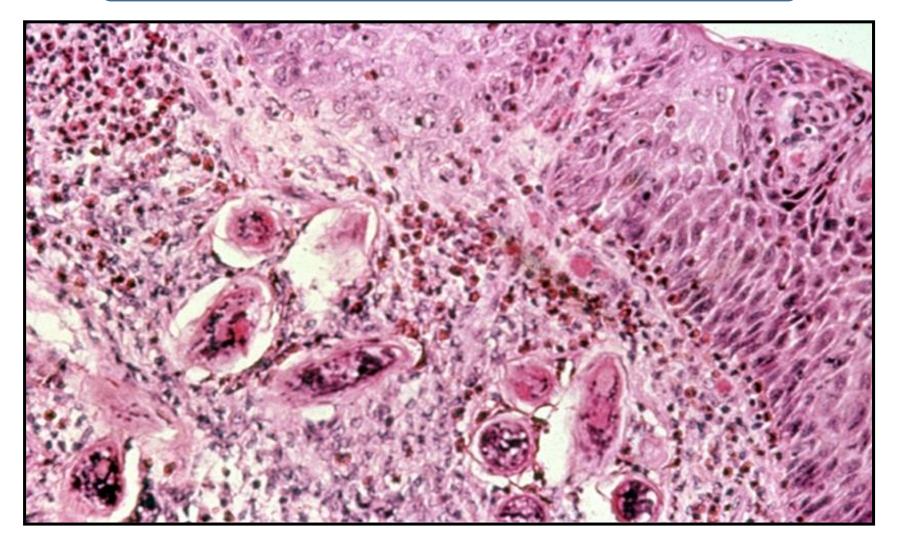
Colon biopsy of bilharziasis. Fibrosing foreign body granuloma against the miracidium-containing ovum of S. mansoni is observed in the submucosal layer

Pathology Dept, KSU

(H&E).

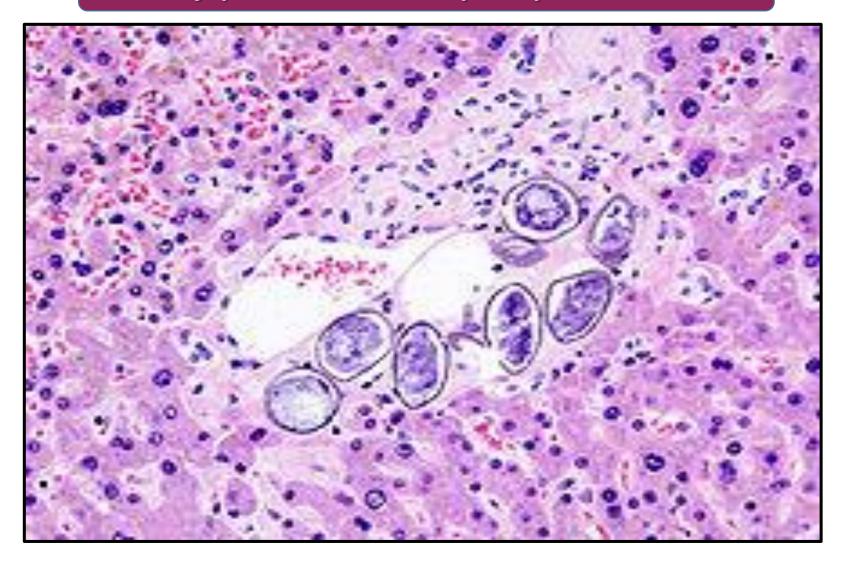
Foundation Block

#### Bilharziasis of the Urinary Bladder



Schistosoma haematobium. Urinary Bladder biopsy showing bilharziasis eggs

#### S. japonicum in the Hepatic portal tract



S. japonicum eggs in hepatic portal tract

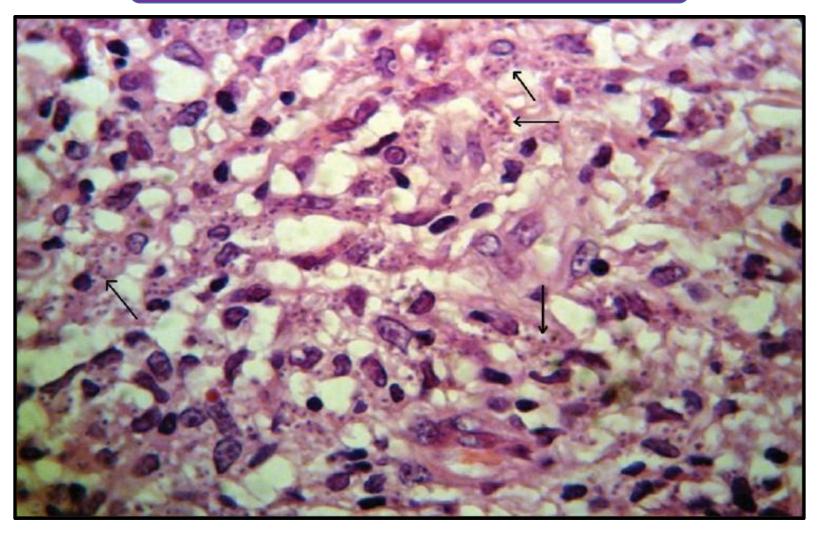
### 4- Cutaneous Leishmaniasis

#### **Cutaneous Leishmaniasis**



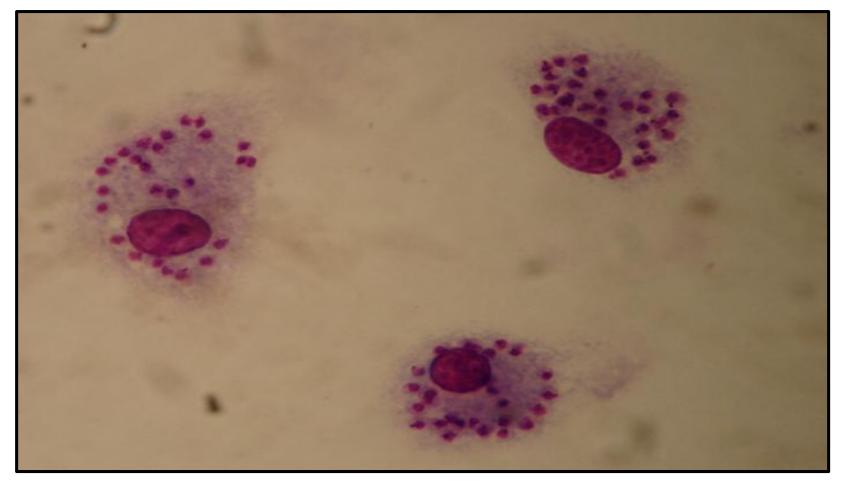
Leishmaniasis is caused by parasitic infection, mainly by parasites of the Leishmania genus which are carried by a blood-sucking insect known as the sandfly.

#### **Cutaneous Leishmaniasis**



Histological view shows marked cellular infiltration and parasites (Leishman bodies) within macrophages

#### **Cutaneous Leishmaniasis**



The blood film shows macrophages containing Leishmania amastigotes, each with a prominent kinetoplast (seen as a darkened spot next to the larger nucleus) and no flagella (in contrast with the promastigote form).

## GOOD LUCK