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·临床医学图像•

脱髓鞘病

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Demyelinating disease

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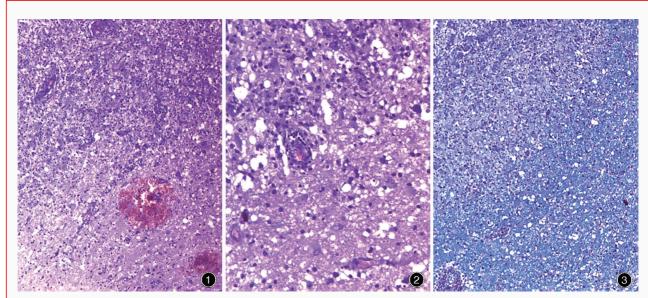


图1 光学显微镜观察显示,脱髓鞘病变位于白质,边界清楚,伴淋巴细胞浸润 HE染色 低倍放大 图2 光学显微镜观察显示,巨噬细胞界限清楚,泡沫样胞质、胞核较一致,其间可见反应性星形胶质细胞胞质丰富 HE染色 低倍放大 图3 光学显微镜观察显示,髓鞘碎片被巨噬细胞吞噬,提示髓鞘染色可用于证实病变界限 HE/LFB染色 低倍放大

Figure 1 Light microscopic findings. Demyelinating lesions were clearly defined in white matter associated with intralesional lymphocytic infiltration. HE staining low power magnified Figure 2 Light microscopic findings. The macrophagocytes had distinct cellular border with foamy cytoplasm and uniform nuclei. Abundant reactive astrocytes could be found among those cells. HE staining low power magnified Figure 3 Light microscopy revealed myelin debris were phagocytized by macrophagocytes, suggesting that staining for myelin could be used to demonstrate the edge of the lesion HE/luxol fast blue (LFB) staining low power magnified

典型的多发性脱髓鞘病或多发性硬化通过临床表现和影像学特征即可明确诊断,无需组织病理学证实。临床表现类似肿瘤者多见于年轻女性,其组织学特点为髓鞘缺失和相对轴索保留,病灶边缘由于脑实质和血管周围淋巴细胞浸润(图1)、单核细胞和(或)巨噬细胞,以及星形胶质细胞混杂而呈现细胞丰富(图2),而且可以观察到髓鞘碎片被巨噬细胞吞噬现象,提示髓鞘染色可用于证实病变界限(图3);轴索可以通过免疫组织化学神经微丝蛋白(NF)染色或组织化学染色Bielschowsky所证实。

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