SURGICAL PATHOLOGY REPORT

No. 07-154 Hosp.: 大阪市立総合医療センター DATE: August /2/2007

NAME: [redacted] [redacted] AGE: 6y SEX: Female

CLINICAL DIAGNOSIS: 筋ジストロフィー

MICROSCOPIC FINDINGS (SPECIMEN: ):

Serial frozen sections were stained with hematoxylin & eosin (H&E), modified Gomori trichrome (mGT) and a battery of histochemical methods.

On H&E, there is a marked variation in fiber size, measuring from a few from 80 micrometer. Necrotic and regenerating fibers are scattered. Moderate endomysial fibrosis is seen. There is no cellular infiltration. A few small angular fibers are observed. Muscle fibers with internal nuclei comprise around 1%.

On mGT, there are no nemaline bodies, and rimmed vacuoles, or ragged-red fibers. Peripheral nerve bundles are well myelinated.

On oxidative enzyme stains (NADH-TR and SDH), intermyofibrillar network is well organized except in necrotic and regenerating fibers. No strongly SDH-reactive blood vessel (BSV) is highlighted.

On ATPase, type 1, 2A, 2B, and 2C comprise 43%, 13%, 16%, and 28%, respectively. There is no fiber type grouping. Type 2 fiber atrophy is seen.

Other stains, including PAS, acid phosphatase, alkaline phosphatase, AChE, NSE, AMP, PJK, Oil red O, Cyt.c.o. and MAG, show no additional abnormalities.

PATHOLOGICAL DIAGNOSIS:

Myopathic change, with:

1) variation in fiber size, marked
2) necrotic and regenerating process, active
3) endomysial fibrosis, marked
4) type 2C fibers, 28%
5) type 2 fiber atrophy

PATHOLOGICAL DIAGNOSIS

The above findings are suggestive of muscular dystrophy. Based upon clinical information, FSHD should be ruled out in addition to LGMD.

R Honda T.N.

Ryoko Honda/ Tohizo Nishino / Tkuya Nonaka