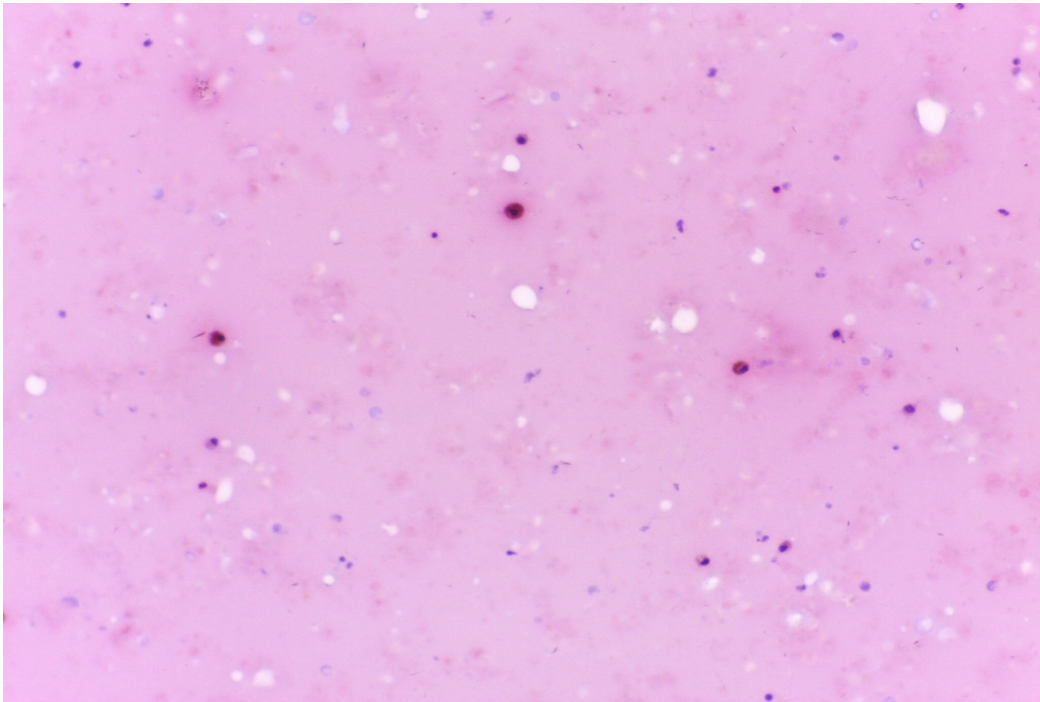
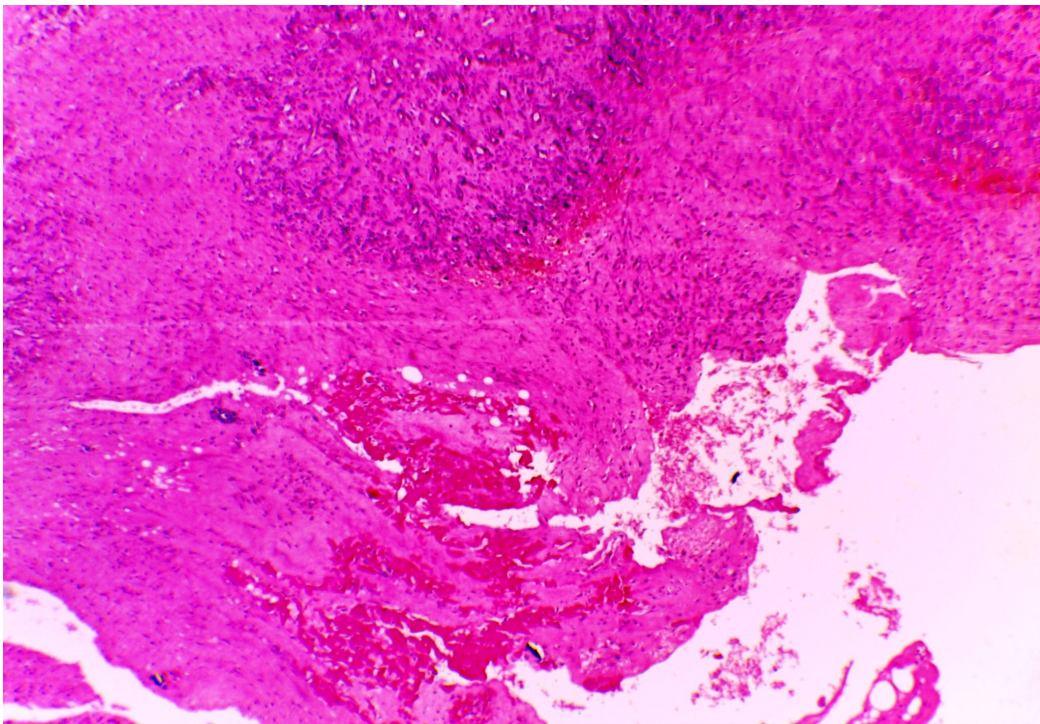


Section

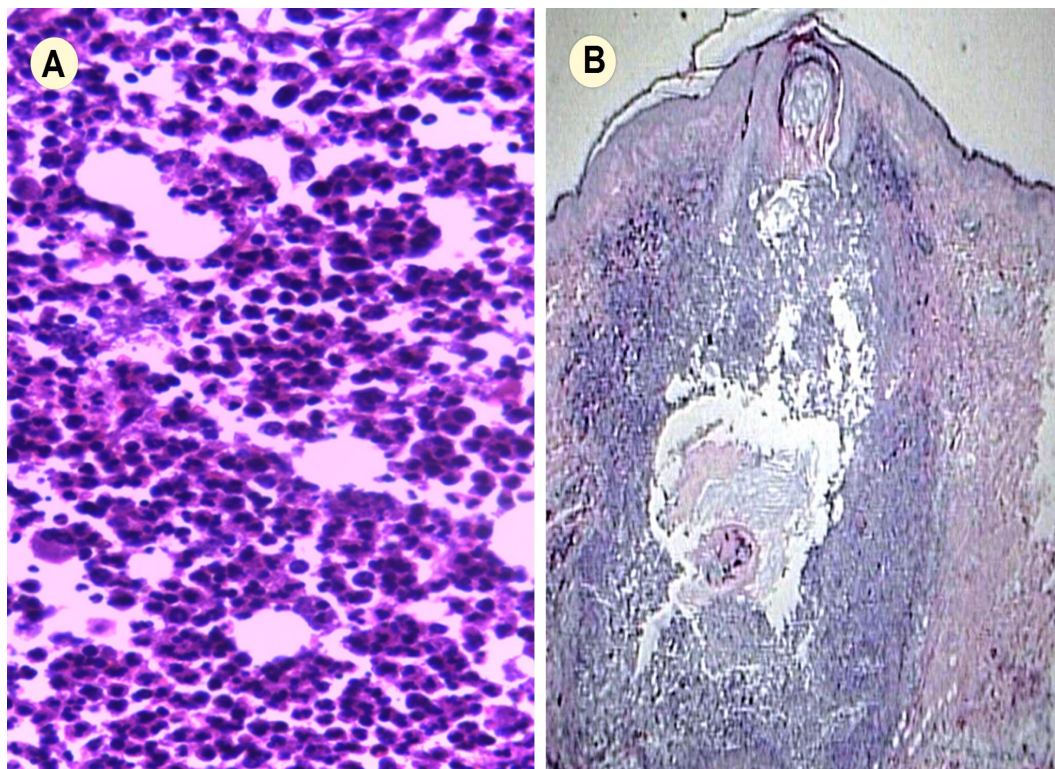
2 Inflammation



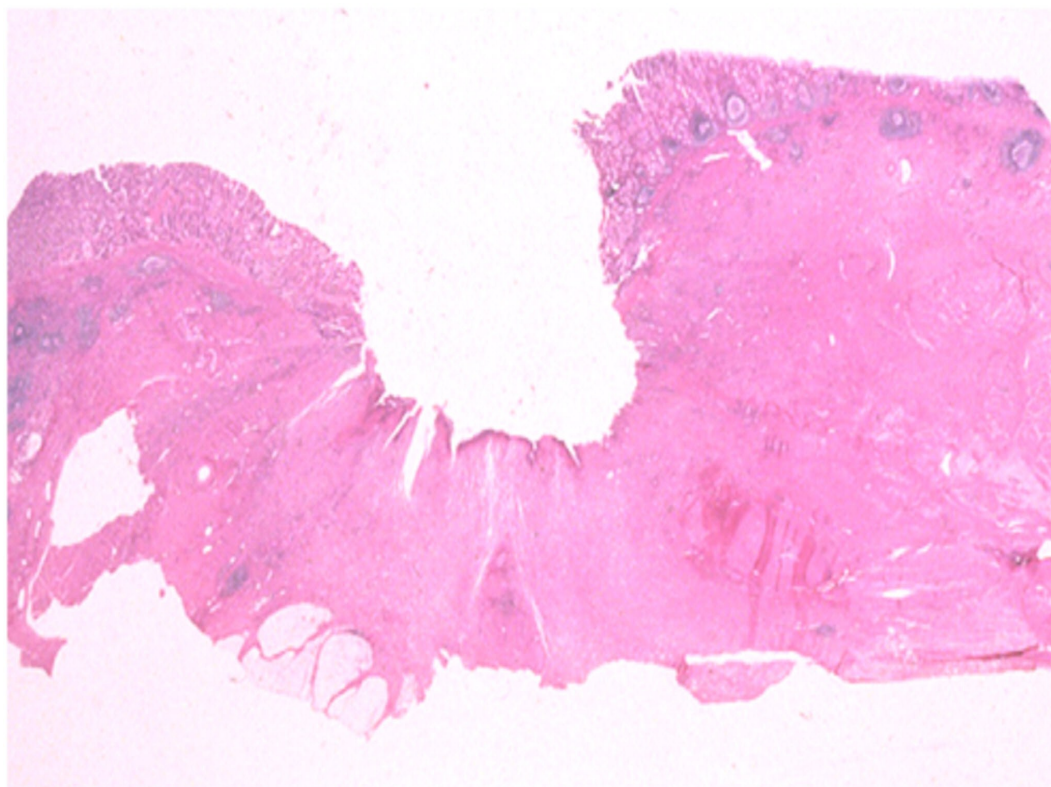
P 5-1 Pleural effusion, serous inflammation (transudate). Hypocellular smear with few mature lymphocytes and mesothelial cells, background rich in proteins.



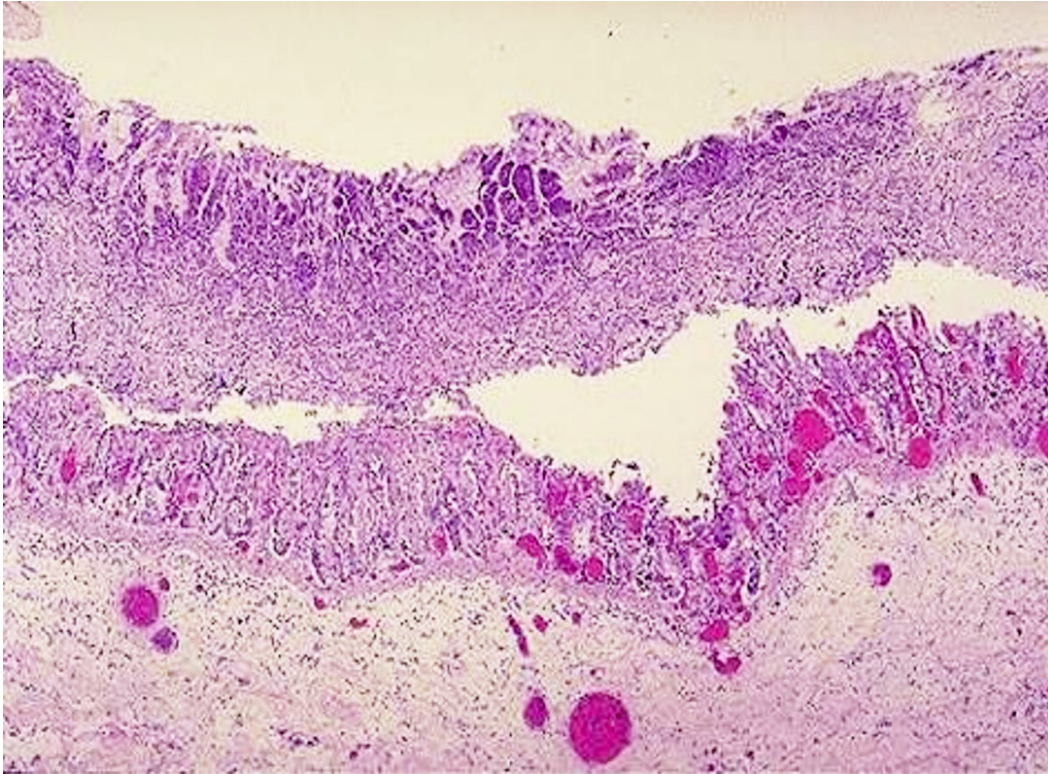
P 5-2 knee joint, fibrinous inflammation, the effusion is rich in fibrin (eosinophilic filaments) and entrapped lymphocytes.



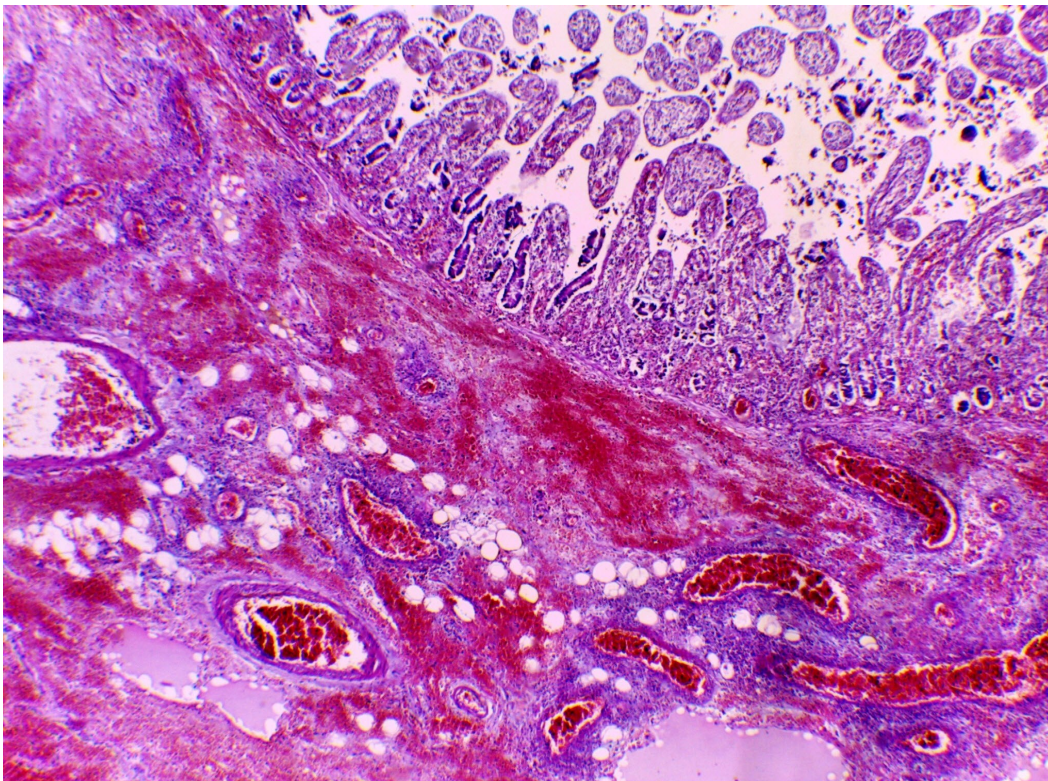
P 5-3 Chronic breast abscess. **A** Exudate rich in plasma cells, lymphocytes, histiocytes and neutrophils. **B** Liquefactive necrosis with central cavitation.



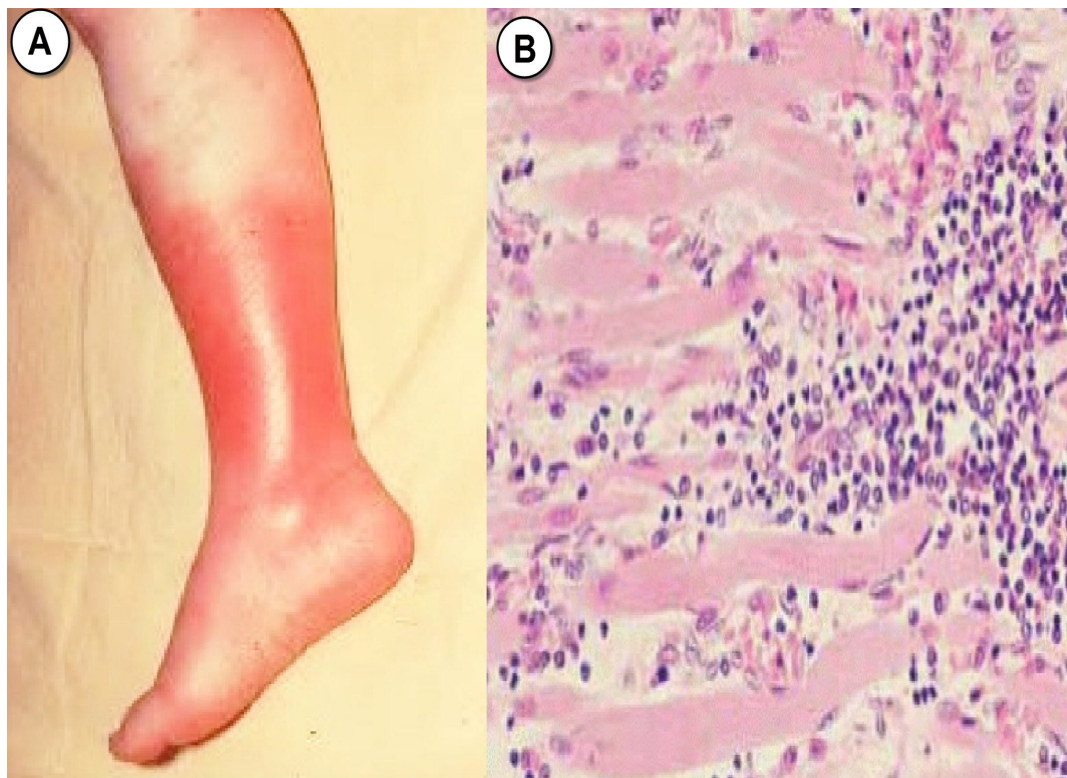
P 5-4 Gastric ulcer, ulcerative inflammation. A deep chronic ulcer with fibrotic floor and punched out edge



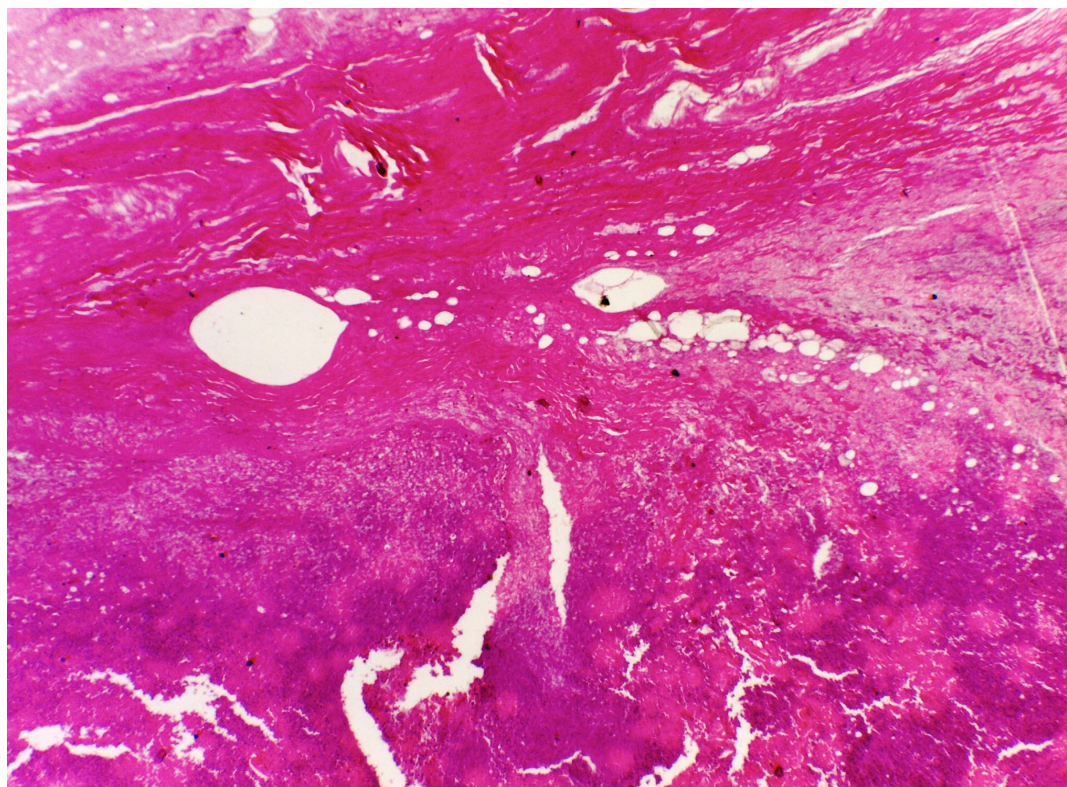
P 5-5 Colon pseudomembranous colitis. Membrane of degenerated exudate covers the colonic mucosa.



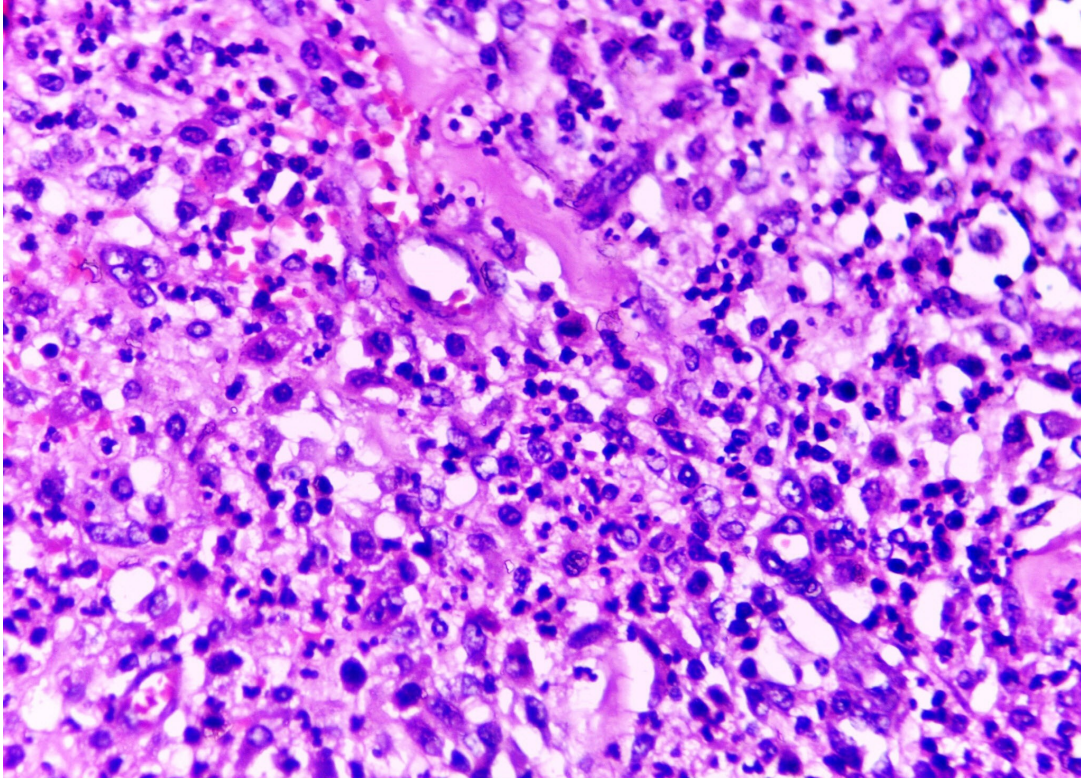
P 5-6 Intestine hemorrhagic inflammation. As a result of mesenteric vascular occlusion, there is necrosis and hemorrhage of small intestinal wall associated with inflammation.



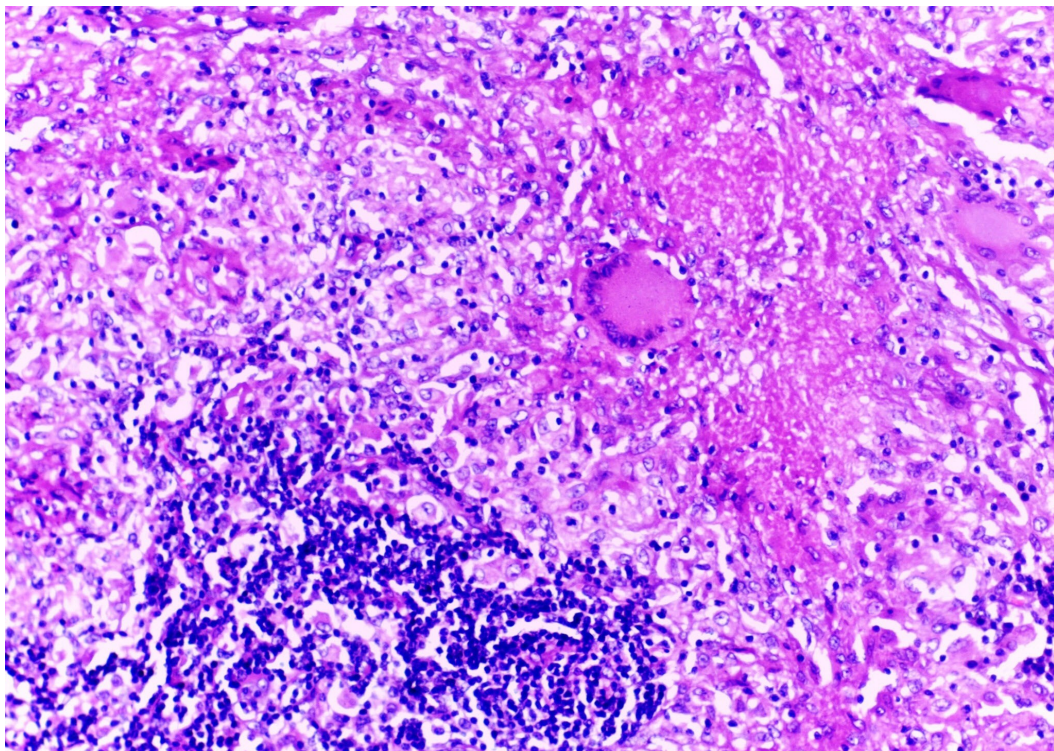
P 5-7 Cellulitis. **A.** A gross picture of cellulitis. **B.** Microscopic, subcutaneous tissue cellulitis, there is diffuse inflammation rich in neutrophils and edema.



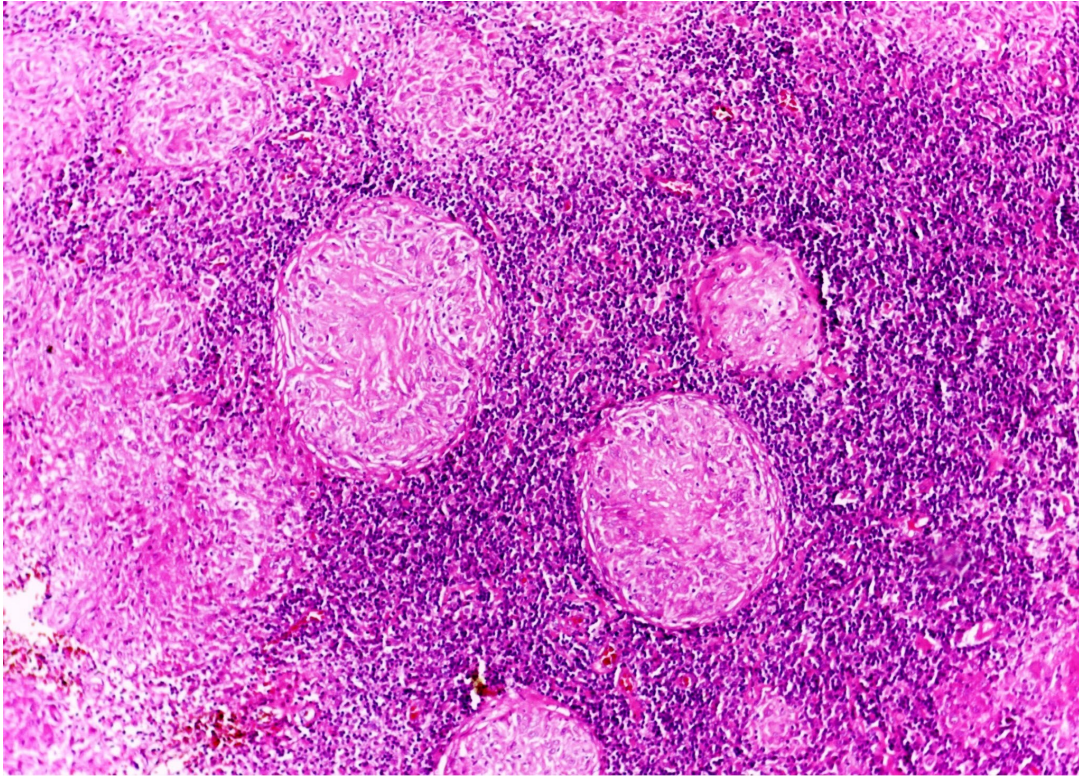
P 5-8 Subcutaneous tissue gas gangrene. A post-traumatic condition showing massive tissue necrosis and gas vacuoles.



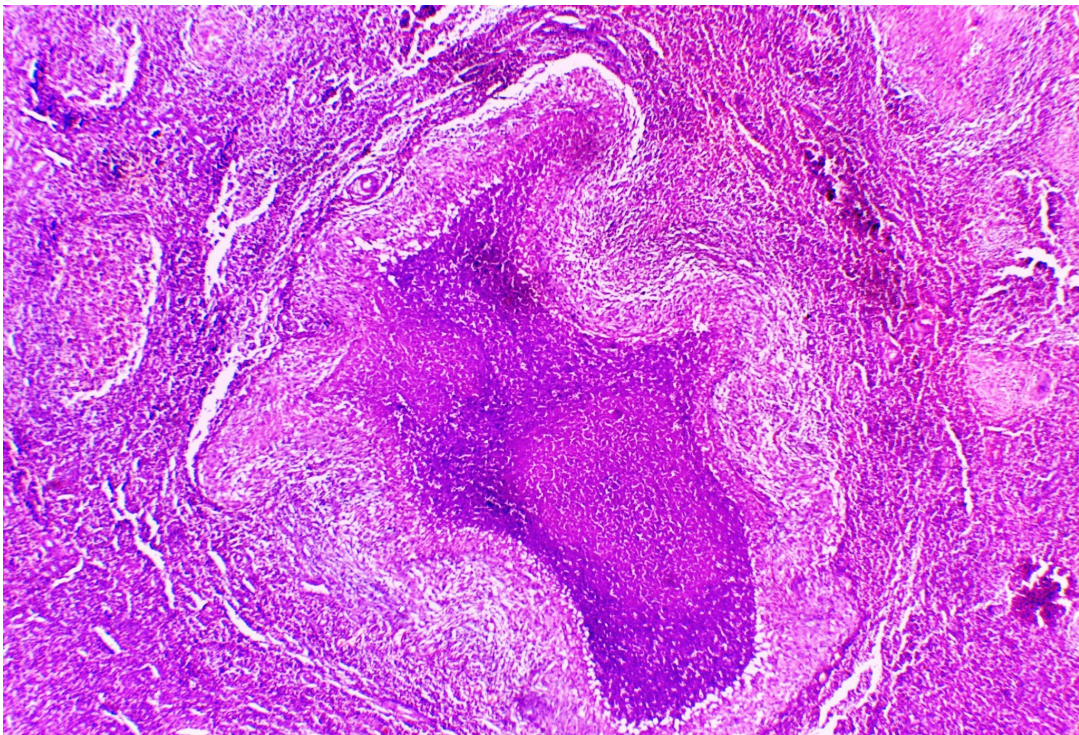
P 5-9 Appendix, appendicular mass chronic nonspecific inflammation. The exudate is rich in lymphocytes, plasma cells and histiocytes.



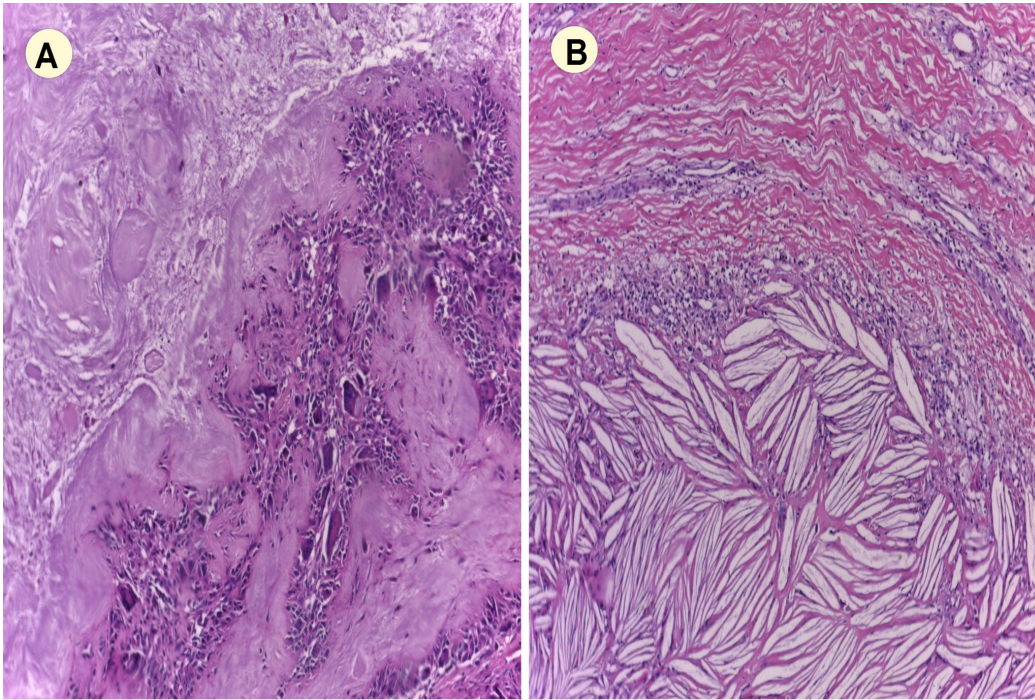
P 5-10 Lymph node caseating granuloma. The necrotic area is reddish, granular and structureless, bordered by epithelioid histiocytes and a giant cells of Langerhan type (multiple nuclei with horse-shoe arrangement).



P 5-11 Lymph node non-caseating granuloma (sarcoidosis), multiple non-caseating small granulomas are evident.



P 5-12 Lymph node suppurative granuloma (cat scratch disease). The granulomas are multiple, stellate in shape, with central exudate rich in neutrophils.



P 5-13 Foreign body giant cell reaction. **A.** A reaction to gout crystals **B.** A reaction to cholesterol. In both lesions, giant cells with multiple central nuclei are evident.
