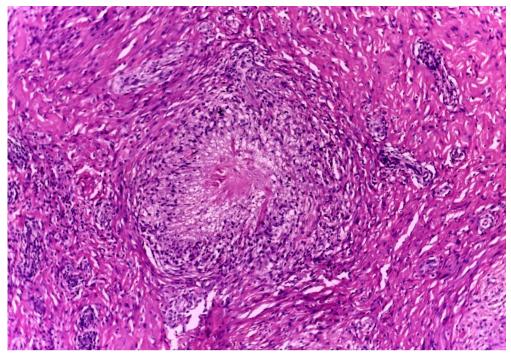
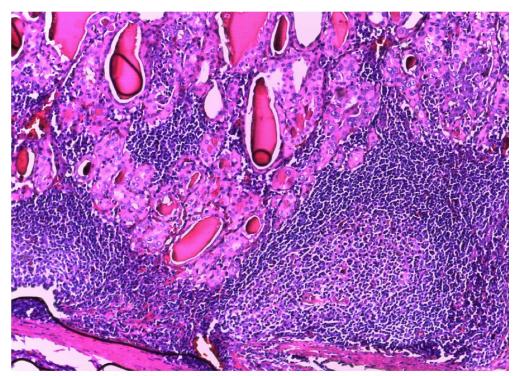
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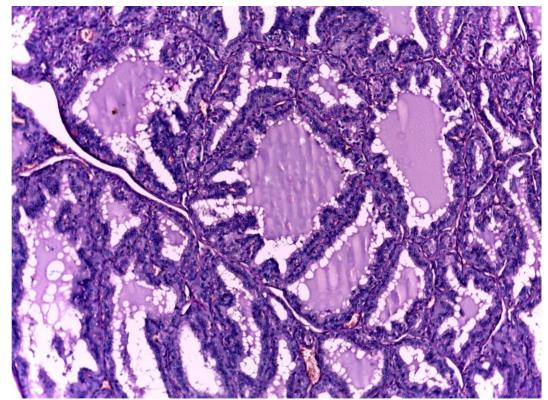
7 Autoimmune Disease



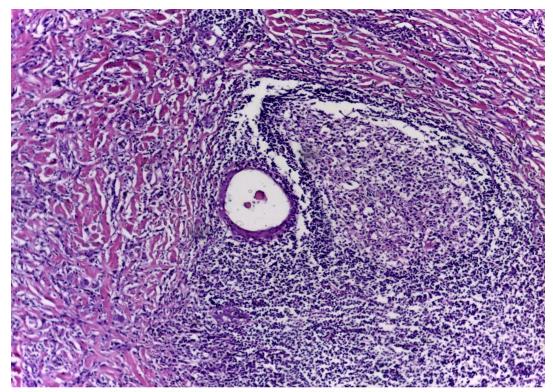
P 10-1 Fibrinoid necrosis. Central fibrillary eosinophilic structure representing antigen antibody complex surrounded by histiocytic granulomatous reaction (Rhumatoid nodule).



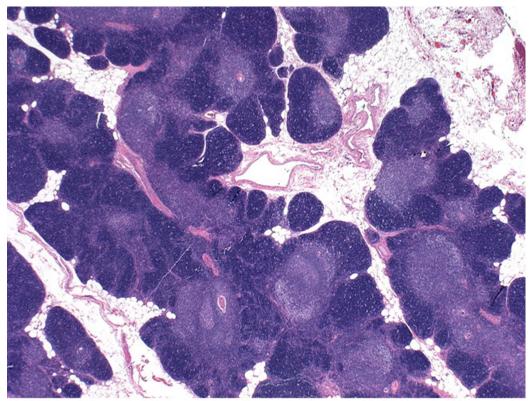
P 10-2 Hashimoto thyroiditis. Thyroid follicles with abundant eosinophilic cytoplasm and related lymphoid follicles with germinal centers.



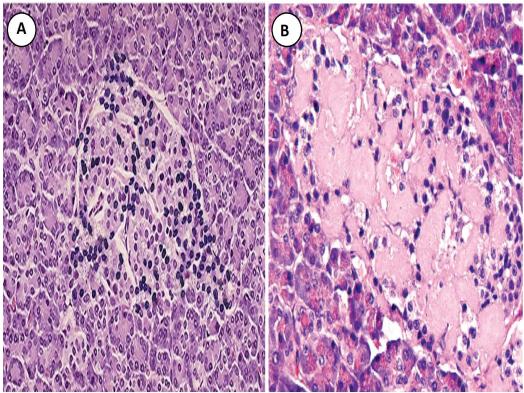
P 10-3 Graves' disease (primary hyperthyroidism). Hyperplastic columnar thyroid epithelium with epithelial folds into the lumen and peripheral vacuolation of colloid.



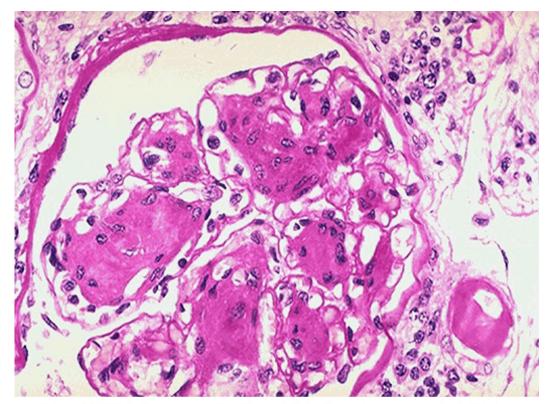
P 10-4 Early atrophic thyroiditis. Residual atrophic epithelium with fibrosis and squamous metaplasia on left side field. On right side field lymphocytic thyroiditis with germinal center.In late stage disease there is complete disappearance of epithelium.



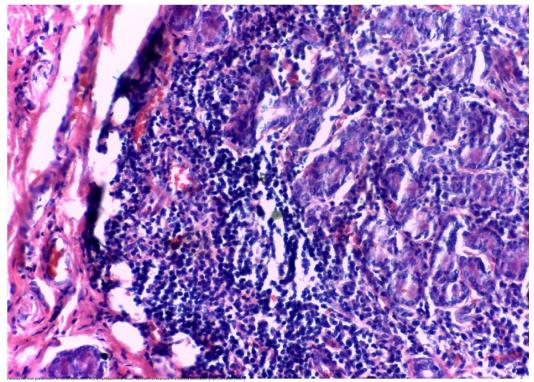
P 10-5 Thymic hyperplasia in association with myasthenia gravis. Marked lymphoid hyperplasia with prominant germinal center (B phenotype CD20 +ve).



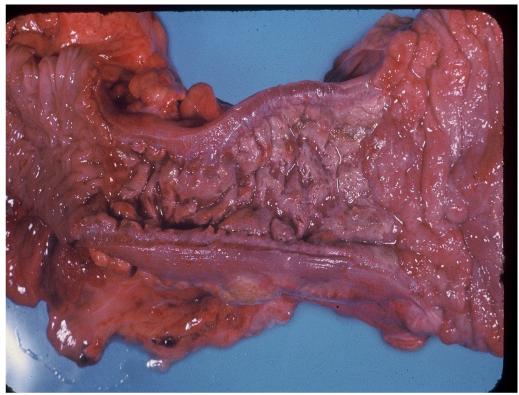
P 10-6 type I diabetes mellitus. **A** Early islets cell change, T lymphocytic infiltrate. **B** Late atrophic changes with fibrosis.



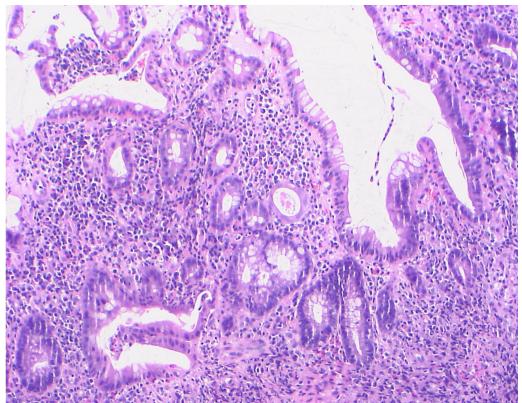
Picture 10-7 Diabetic nephropathy (kimmelstiel-wilson glomerular lesion). This long term progressive disease complecates 30% of patient with type I diabetes mellitus charactarized by focal nodular glomeruloscelerosis (PAS stained).



P 10-8 Mikulicz salivary disease. B Lymphocytes accumulate in the stroma but with preservation of ductal epithelium. This lymphoepithelial lesion represent an example of a mucosa associated lymphoid tissue (MALT)



P 10-9 Ulcerative colitis (gross picture). Characterized by multiple ulceration with pseudopolyps. The disease is entirely restricted to colon particularly its distal part.



P 10-10 Ulcerative colitis (Histology). Dense lymphocytic infiltrate (CD3+) with distortion of glands, depletion of goblet cells, surface ulceration and crypt abscess.