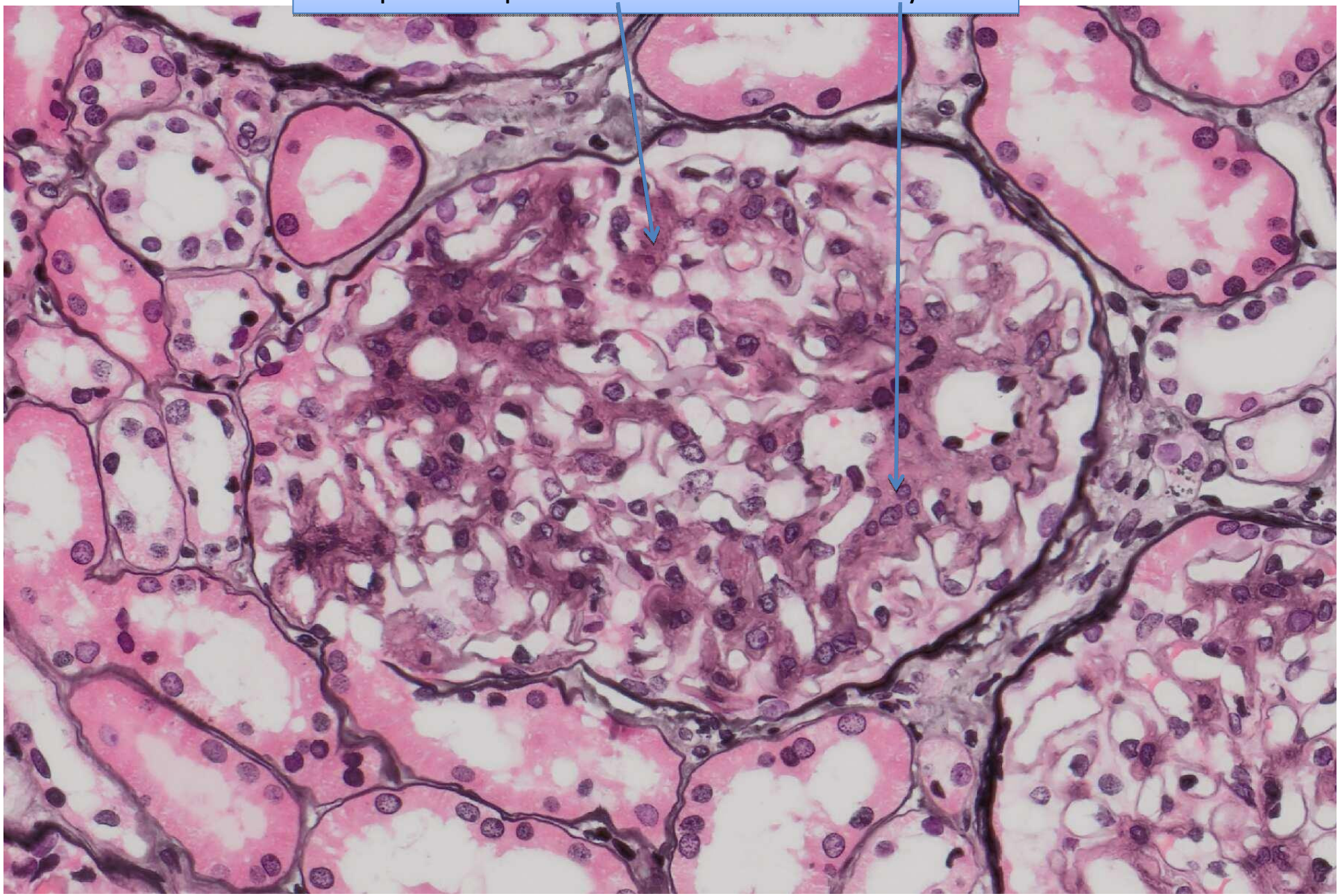
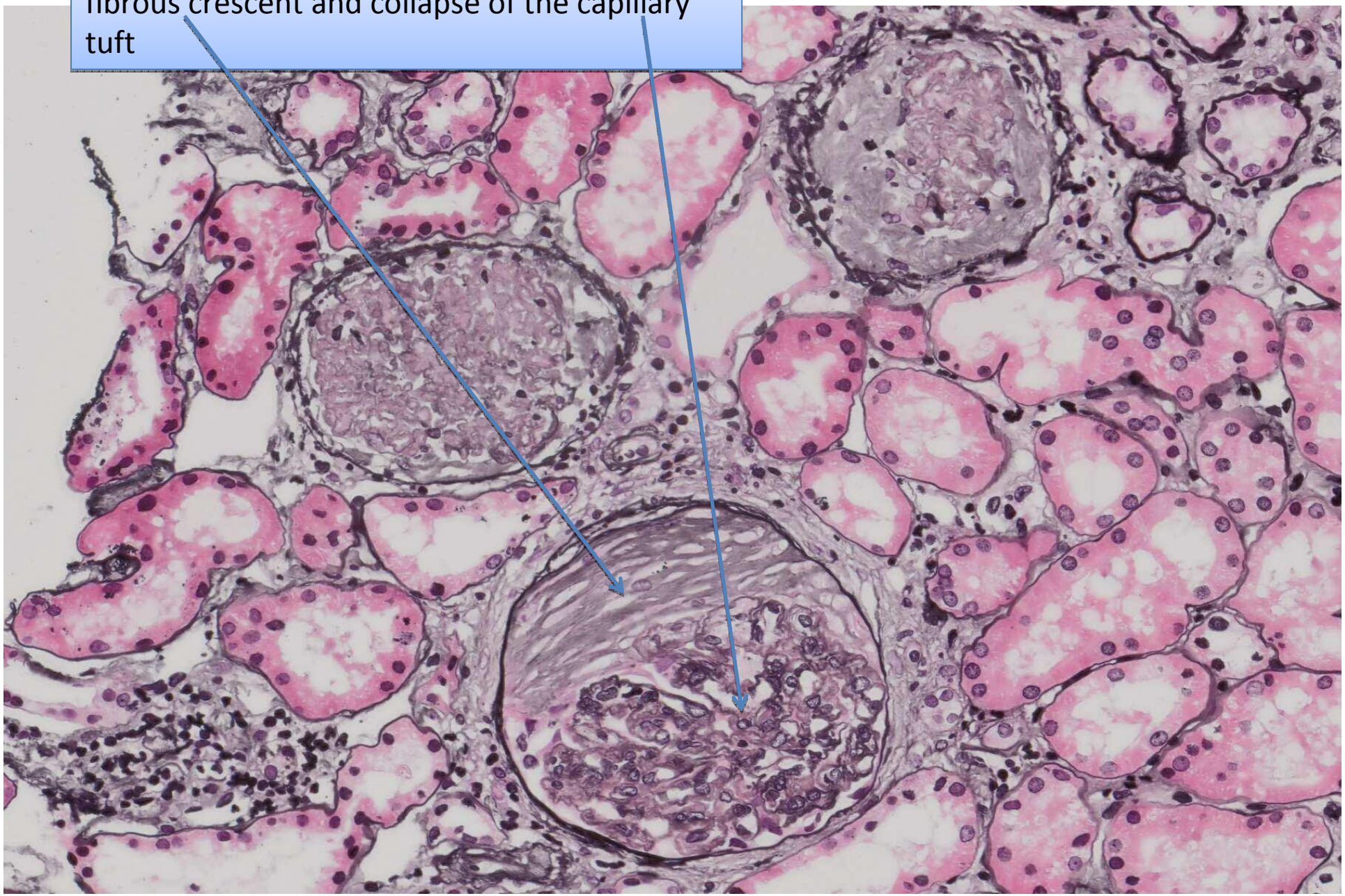
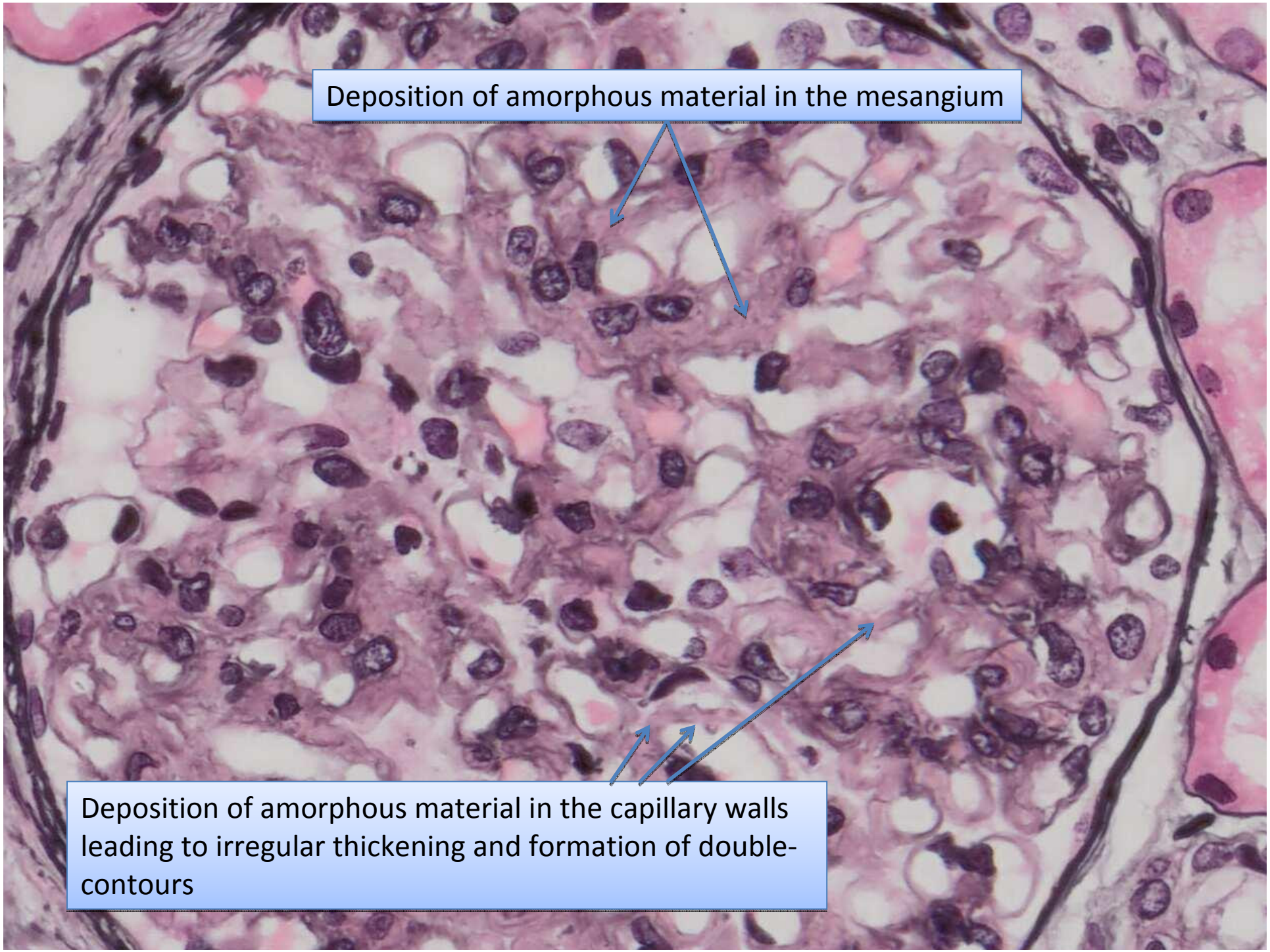
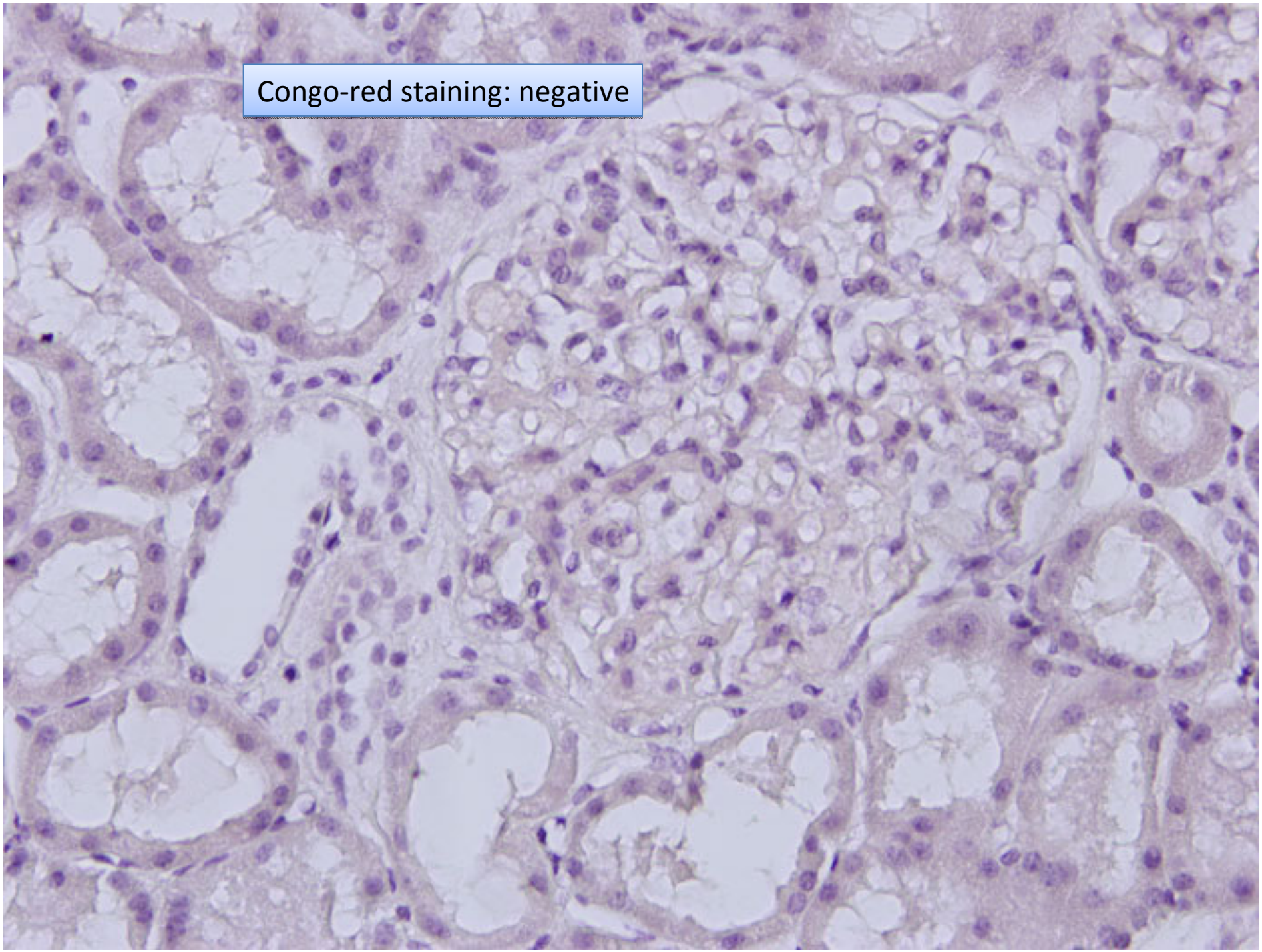
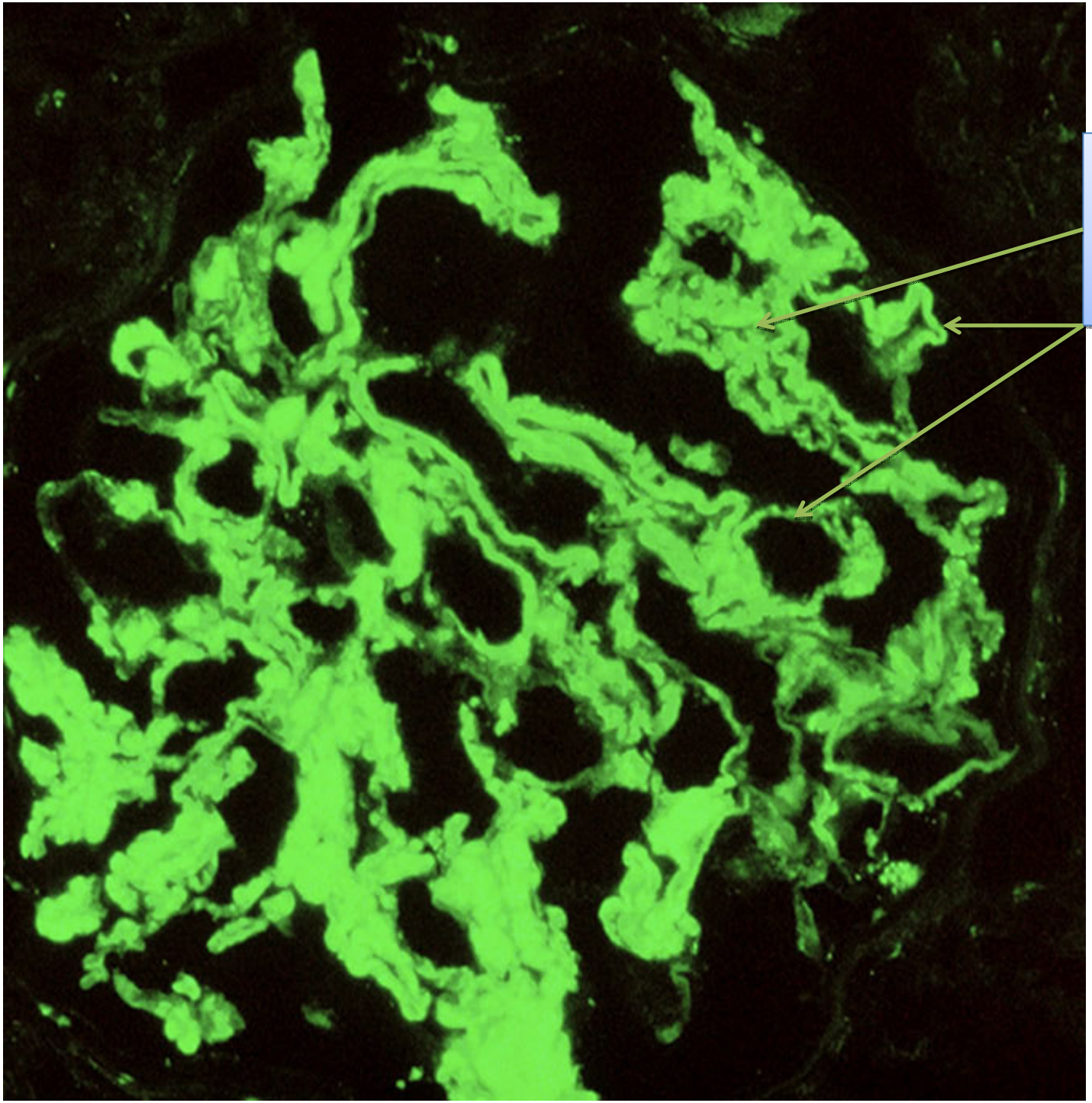

Renal parenchyma is well-preserved: little tubular atrophy and interstitial fibrosis
All glomeruli show expansion of the mesangium

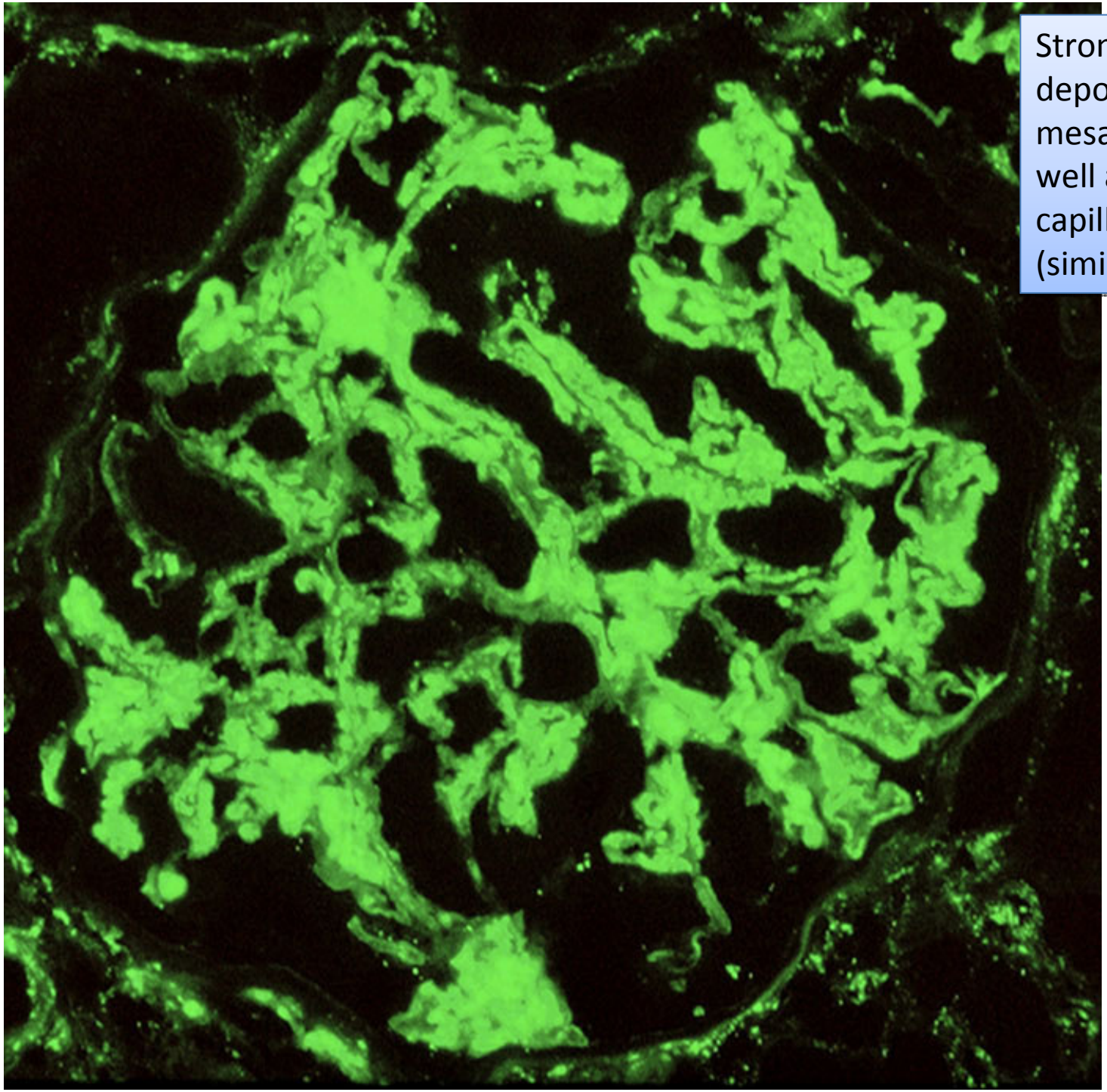

Glomerulus with mesangial expansion, due to amorphous deposits and increased cellularity


Two globally sclerotic glomeruli and one with a fibrous crescent and collapse of the capillary tuft


Deposition of amorphous material in the mesangium
Deposition of amorphous material in the capillary walls leading to irregular thickening and formation of double-contours

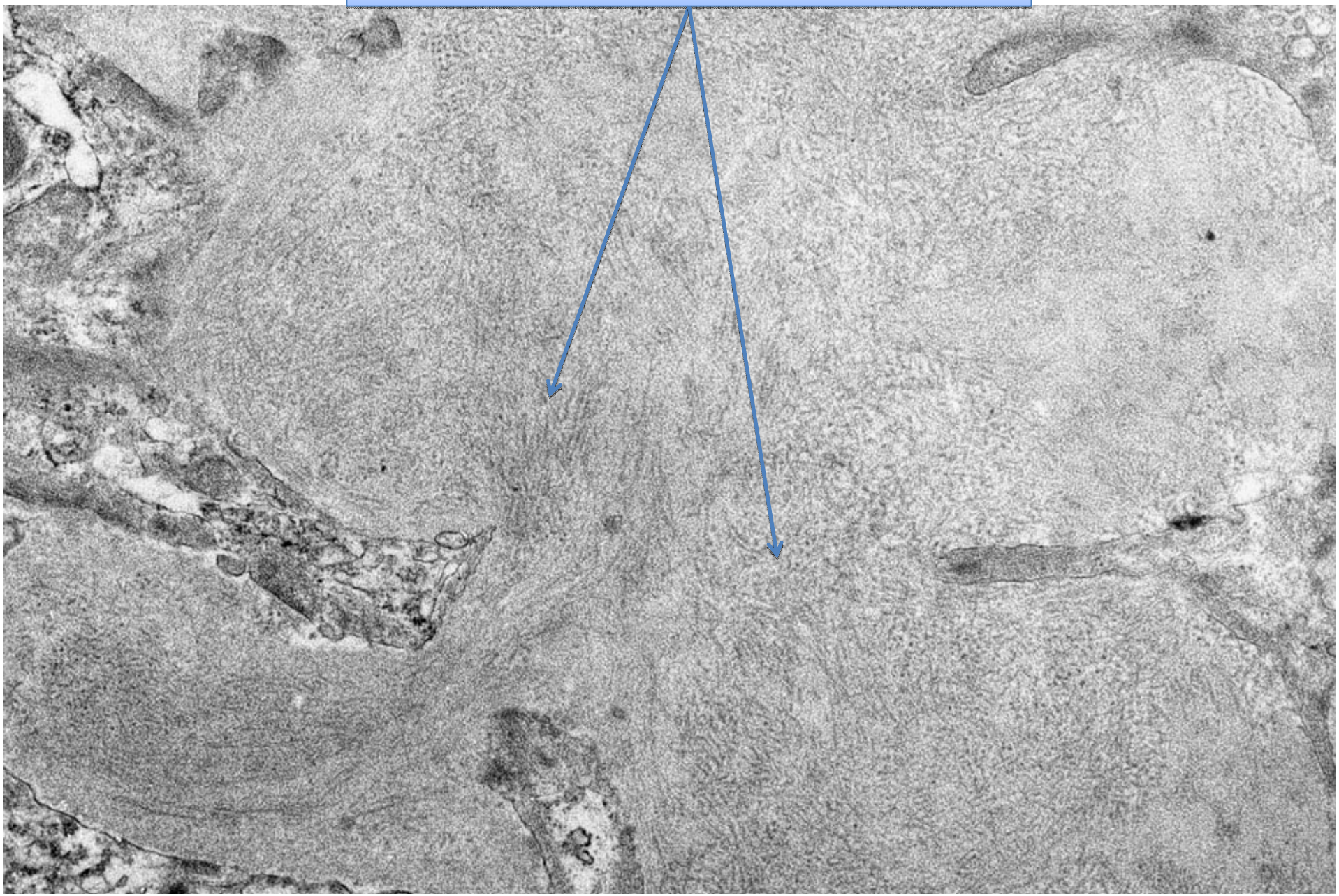

Congo-red staining: negative

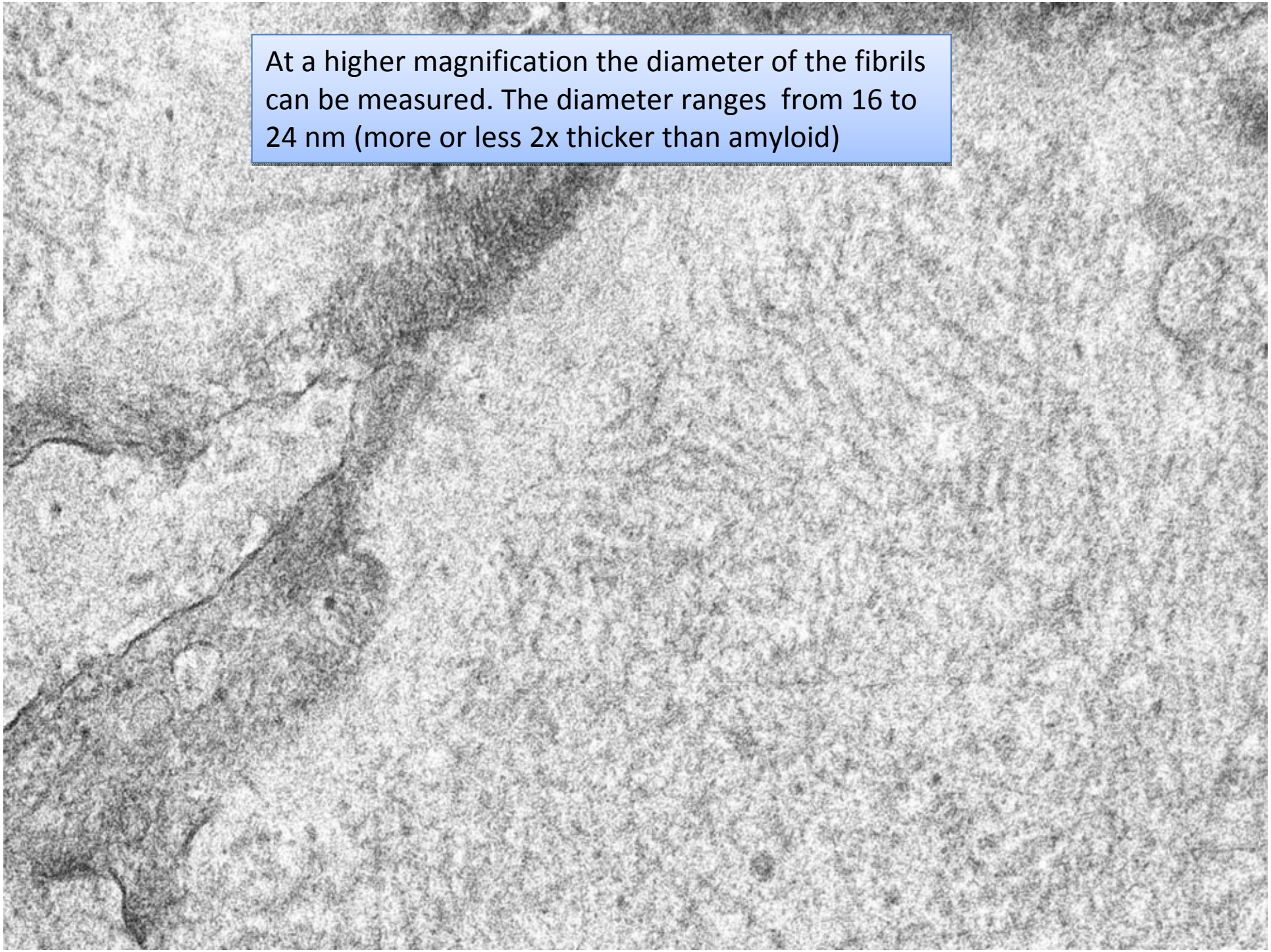

IgG deposition in mesangial areas as well as along the capillary walls

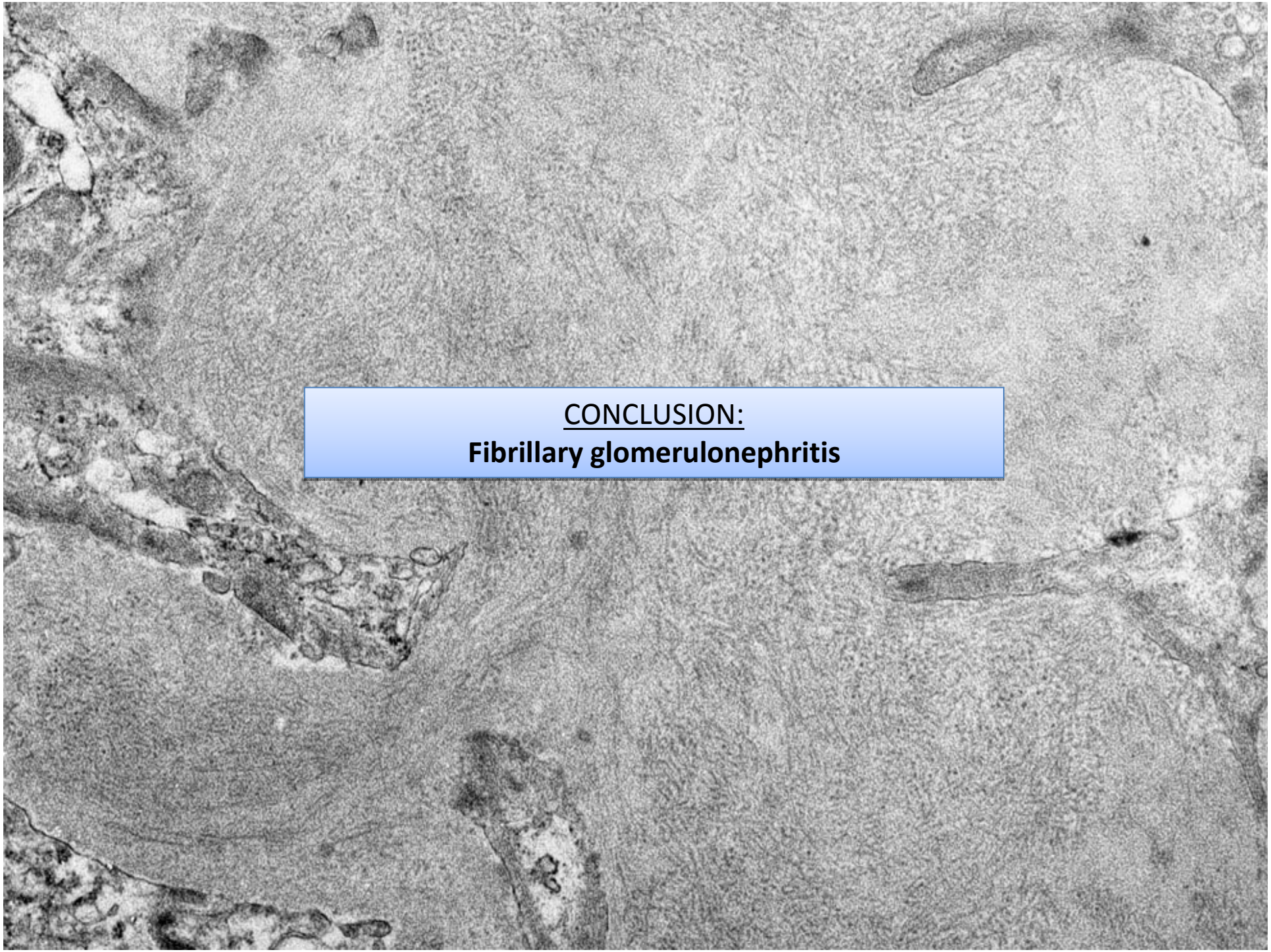


Strong C3c deposition in mesangial areas as well as along the capillary walls (similar to IgG)

EM showing criss-cross fibrils in mesangial areas




At a higher magnification the diameter of the fibrils can be measured. The diameter ranges from 16 to 24 nm (more or less 2x thicker than amyloid)


CONCLUSION:
Fibrillary glomerulonephritis