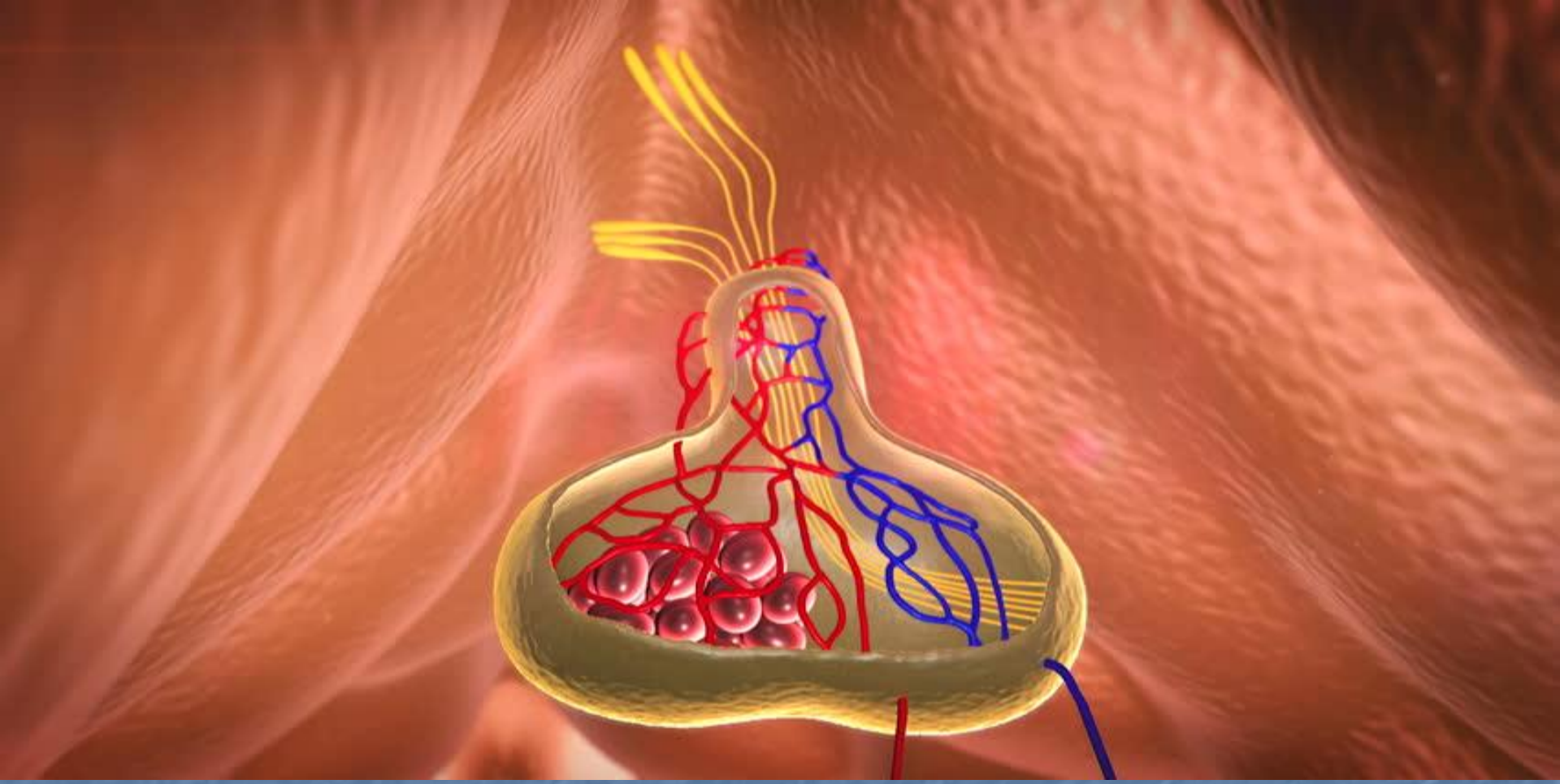


Patologia glandelor endocrine.

Болезни желез внутренней секреции.

Endocrine glands pathology.

Tema: Patologia glandelor endocrine.

I. Micropreparate:

№ 132. Guşă coloidă. (coloraţie H-E). **Indicaţii:**

1. Foliculi măriţi în dimensiuni, dilataţi.
2. Mase coloide în lumenul foliculilor.

№ 115. Guşă difuză toxică (boala Graves). (coloraţie H-E). **Indicaţii:**

1. Foliculi deformaţi.
2. Proliferarea epiteliului folicular cu formarea unor structuri papilare.
3. Coloraţia slabă şi vacuolizarea coloidului.
4. Infiltraţia limfocitară a stromei.

№ 210. Adenom hipofizar bazofil. (coloraţie H-E). **Indicaţii:**

1. Celule tumorale cu citoplasma bazofilă.
2. Hemoragii în stroma tumorii.

№ 14. Feocromocitom. (coloraţie H-E). **Indicaţii:**

1. Nodul tumoral:
    a. cuiburi de celule tumorale;
    b. rețea vasculară bogată.
2. Cortexul suprarenal.

№ 224. Glomeruloscleroză diabetică nodulară. (coloraţie H-E). **Indicaţii:**

1. Focare de scleroză şi hialinoză a glomerulului renal.
2. Glomerul nemodificat.
3. Tubi contorţi.

II. Macropreparate:

№ 132. Guşa difuză.

№ 133. Adenom de suprarenală

Тема: Болезни желез внутренней секреции.

I. Микропрепараты:

№ 132. Коллоидный зоб. *(окраска Г-Э).* **Обозначения:**

1. Увеличенные расширенные фолликулы.
2. Скопление коллоидных масс в просвете фолликулов.

№ 115. Диффузный токсический зоб (болезнь Грейвса). *(окраска Г-Э).* **Обозначения:**

1. Деформированные фолликулы.
2. Пролиферация фолликулярного эпителия с образованием сосочков внутри фолликулов.
3. Слабая окраска и вакуолизация коллоида в просвете фолликулов.
4. Лимфоидно-плазмоцитарные инфильтраты в строме железы.

№ 210. Базофильная аденома гипофиза. *(окраска Г-Э).* **Обозначения:**

1. Опухолевые клетки с базофильной цитоплазмой.
2. Кровоизлияния в строме опухоли.

№ 14. Феокромоцитома. *(окраска Г-Э).* **Обозначения:**

1. Опухолевый узел:
   - а. гнезда опухолевых клеток;
   - б. богатая сосудистая сеть.
2. Кора надпочечника.

№ 224. Диабетический нодулярный гломерулосклероз. *(окраска Г-Э).* **Обозначения:**

1. Очаги атрофии, гиалиноза и склероза клубочка.
2. Немодифицированный клубочек.
3. Извитые канальцы.

II. Микропрепараты:

№ 132. Диффузный зоб.

№ 133. Аденома надпочечника.

Endocrine glands pathology.

I. Microspecimens:

№ 132. Colloid goiter. *(H.E. stain).* **Indications:**

1. Follicles are dilated and increased in size .
2. Masses of colloid in the lumen of the follicles.

№ 115. Toxic diffuse goiter (Grave's disease). *(H.E. stain).* **Indications:**

1. Distorted follicle.
2. Proliferation of follicular epithelium with formation of papillary structures.
3. Weakly stained colloid with vacuolization.
4. Lymphocytic infiltration of the stroma.

№ 210. Basophil adenoma of hypophysis. *(H.E. stain).* **Indications:**

1. Tumoral cells with basophilic cytoplasm.
2. Hemorrhages in the tumor stroma.

№ 14. Pheochromocytoma. *(H.E. stain).* **Indications:**

1. Tumor nodule:
    a. nests of tumor cells;
    b. rich vascular network.
2. Adrenal cortex.

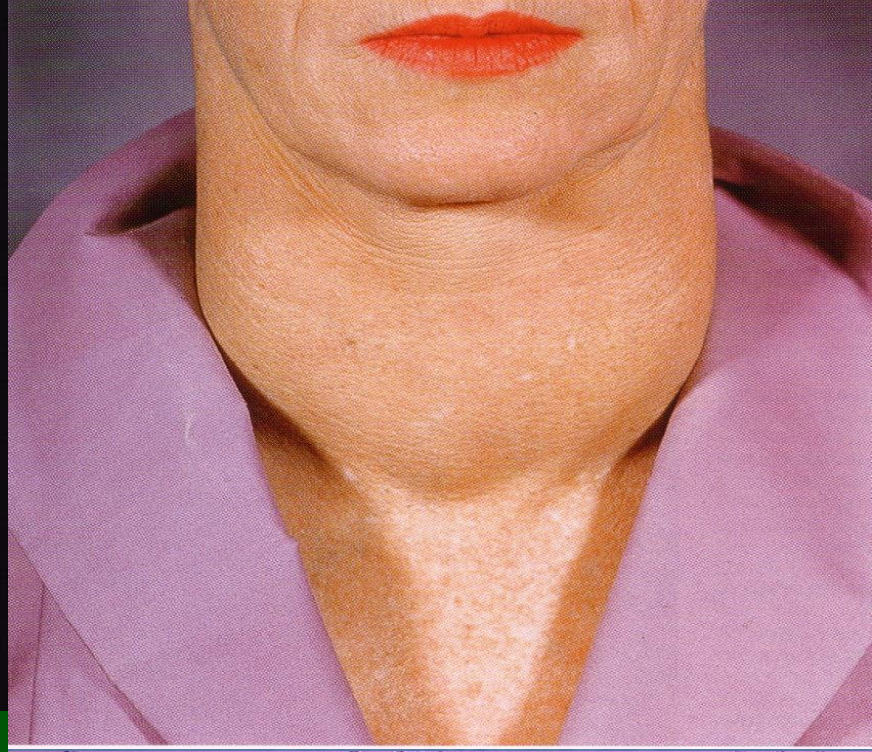
№ 224. Diabetic nodular glomerulosclerosis. *(H.E. stain).* **Indications:**

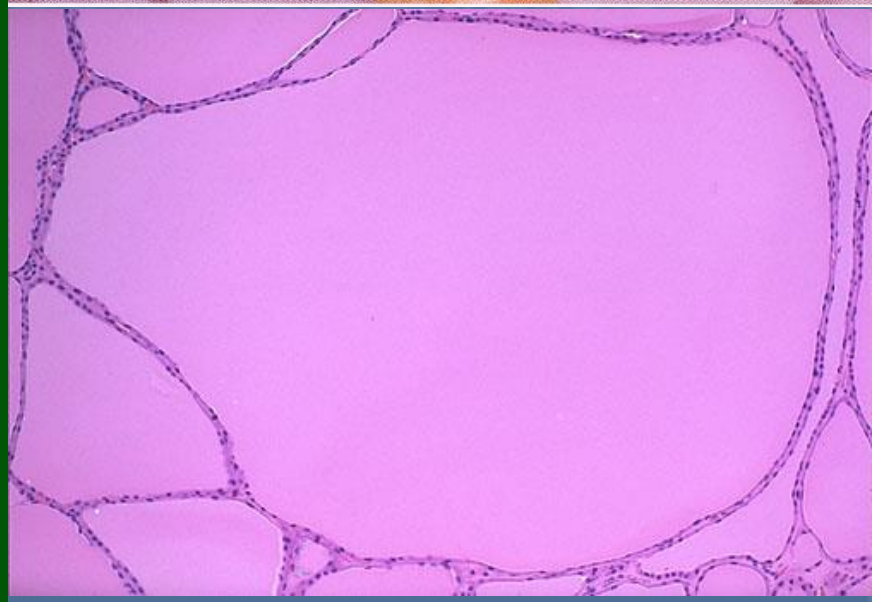
1. Foci of sclerosis and hyalinosis of renal glomerulus.
2. Unchanged glomerulus.
3. Convoluted tubes.

II. Macrospecimens:

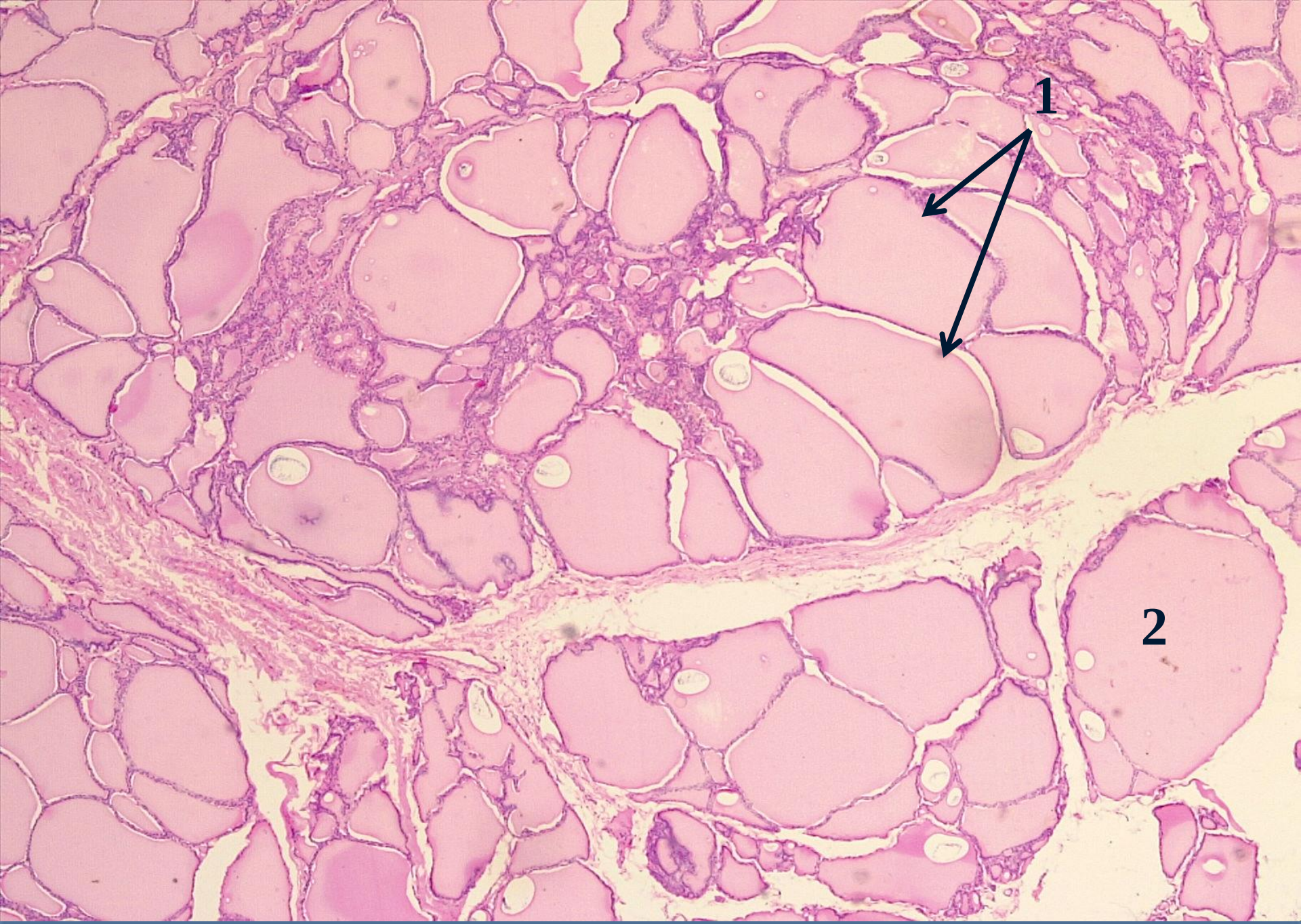
№ 132. Diffuse goiter.

№ 133. Adrenal cortical adenoma.

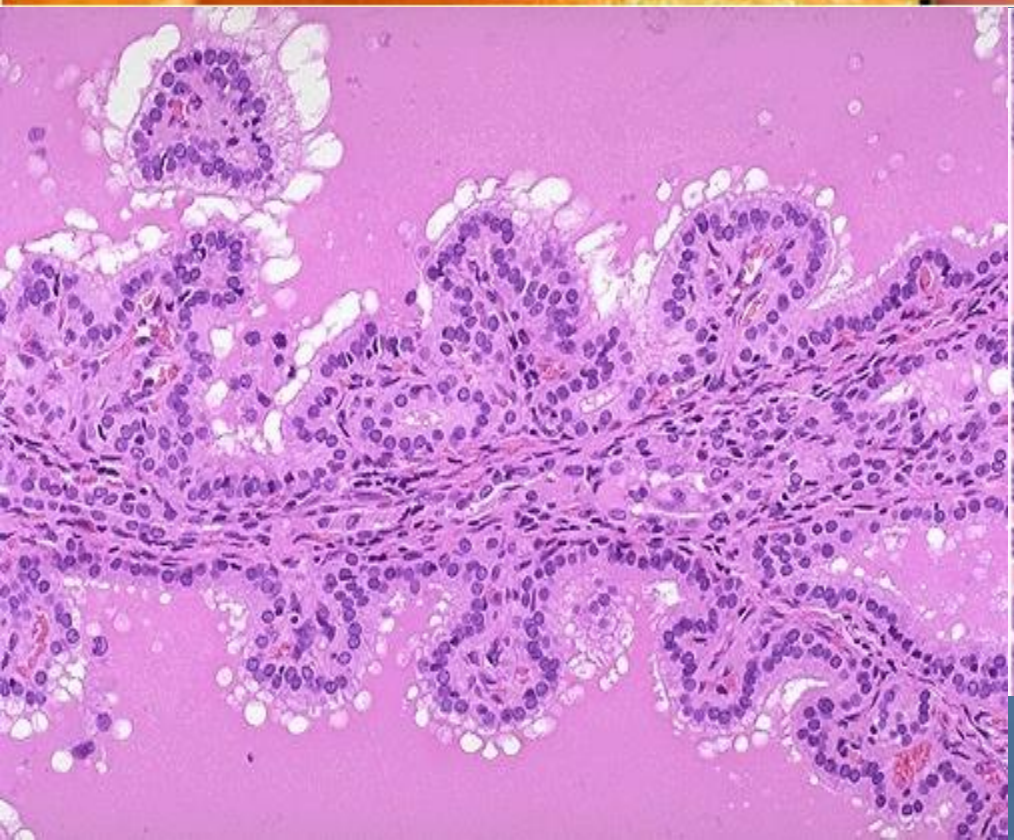


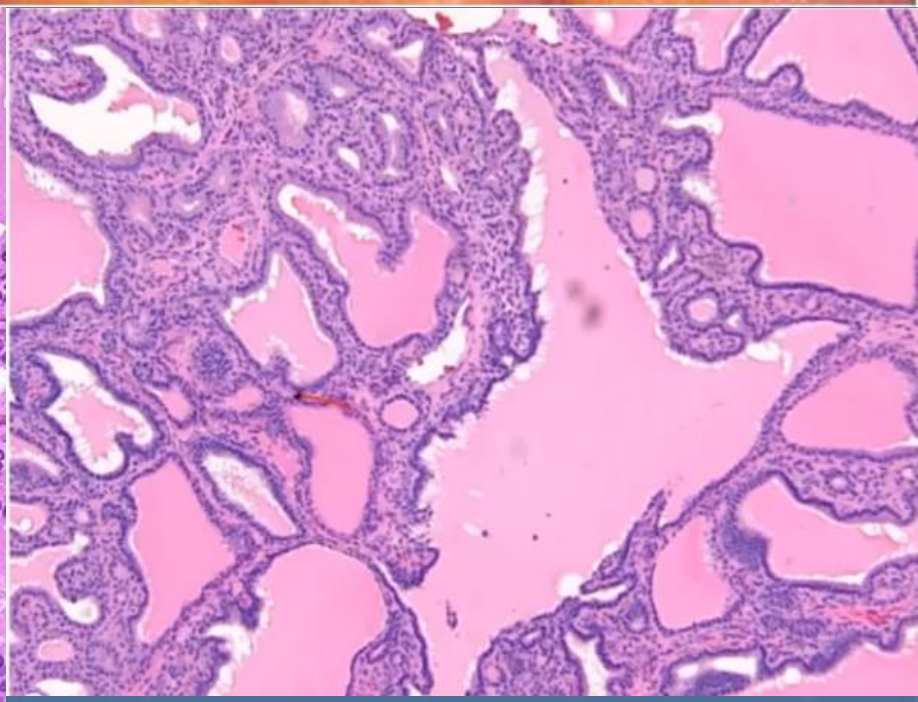


Guşă coloidă.

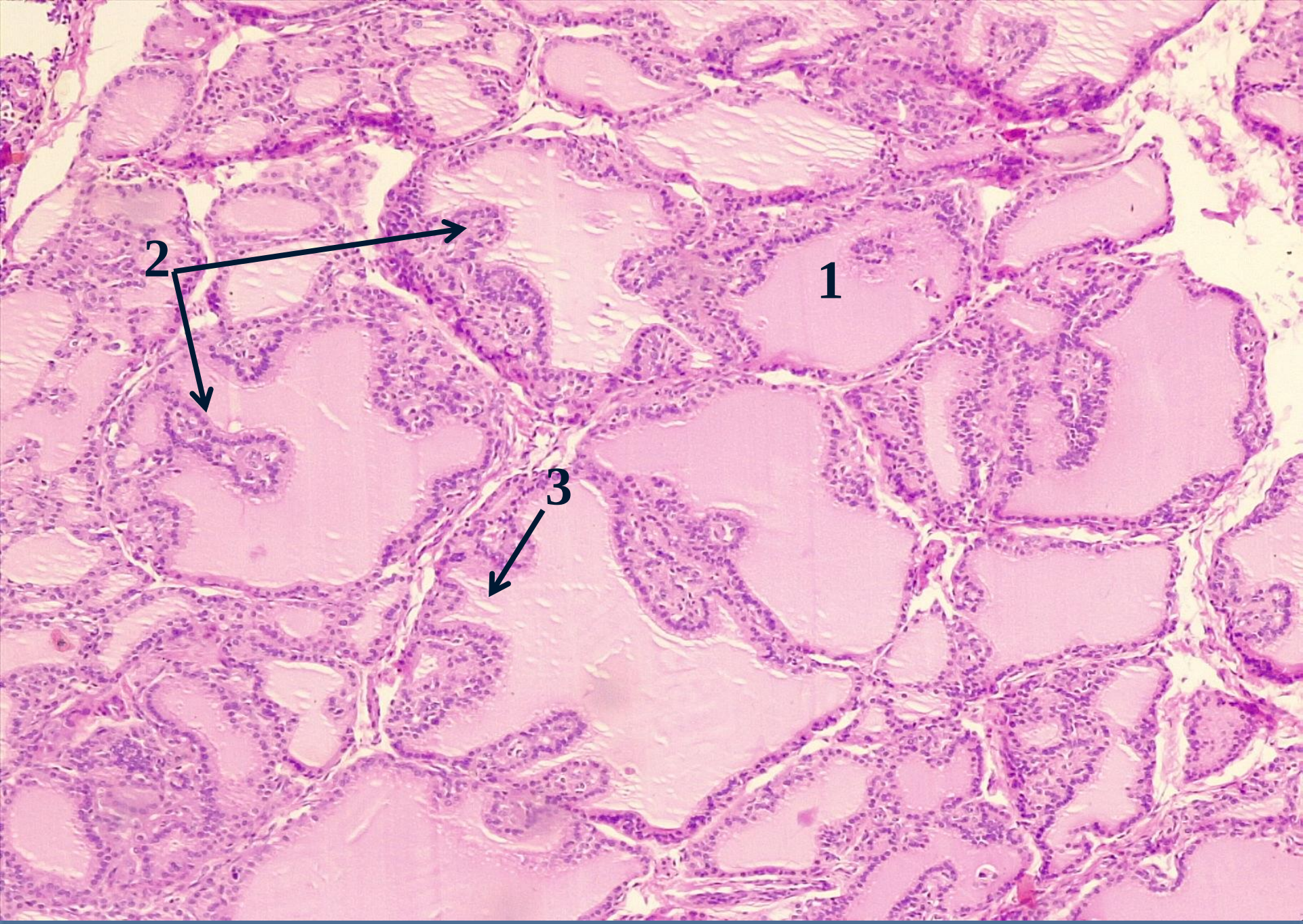


№ 132. Guşă coloidă. *(coloraţie H-E).*

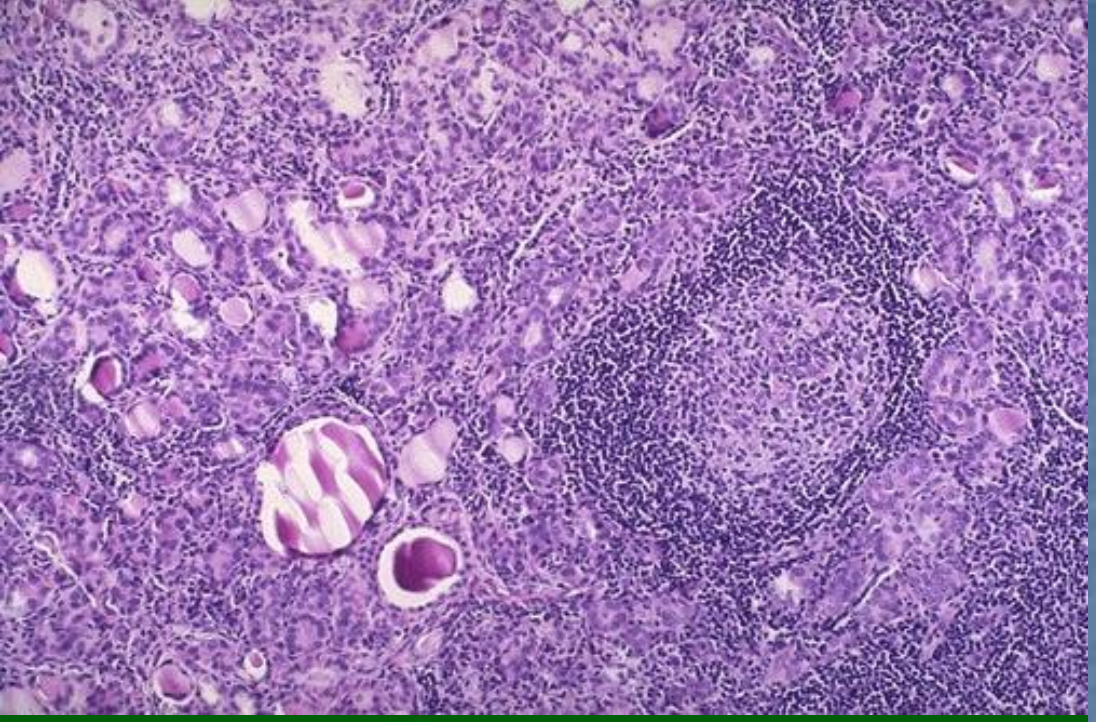




Guşă difuză toxică.

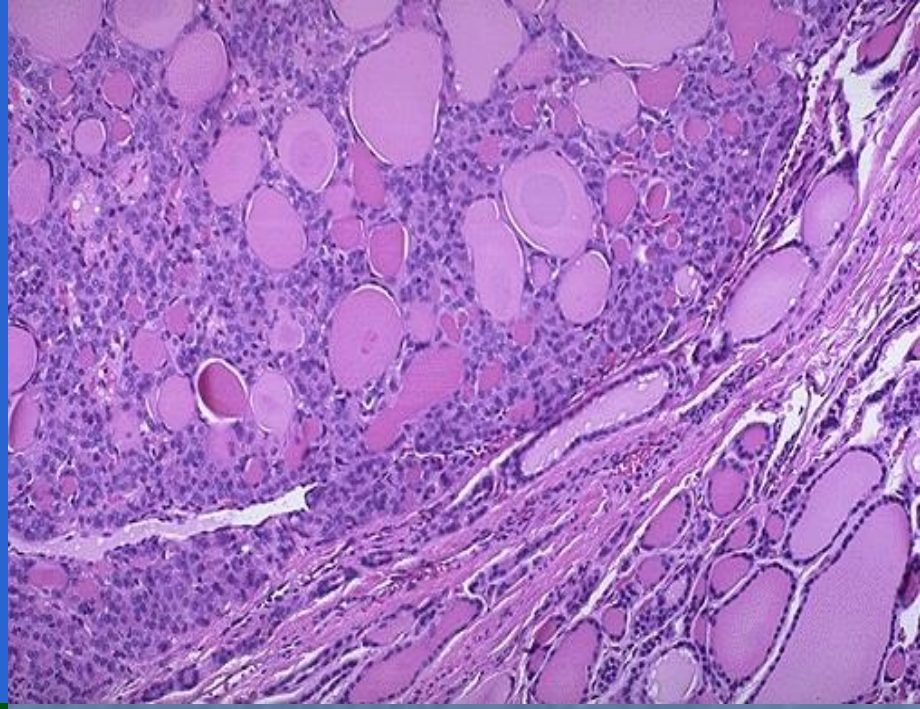


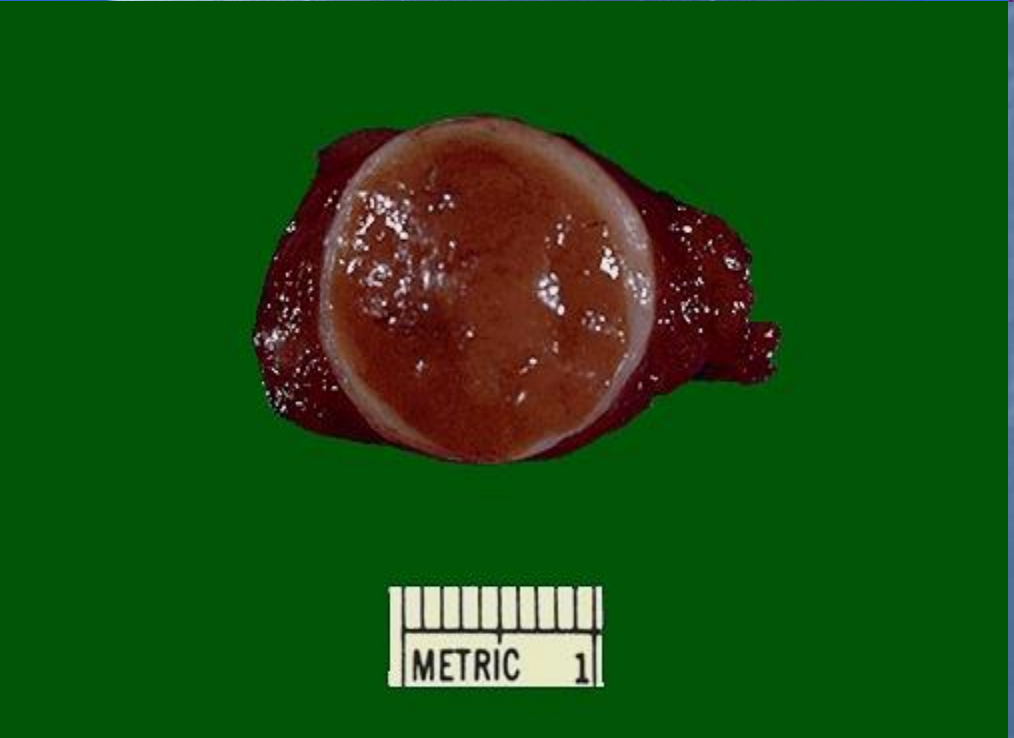
№ 115. Guşă difuză toxică (boala Graves). (*coloraţie H-E).*



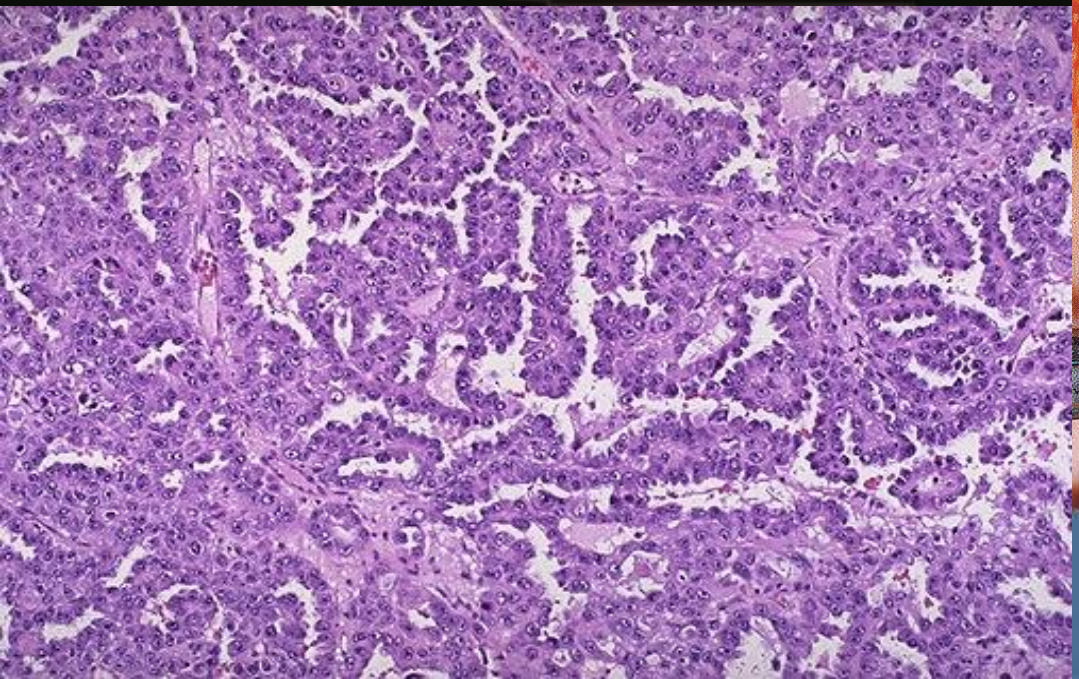
Tiridita Hashimoto.

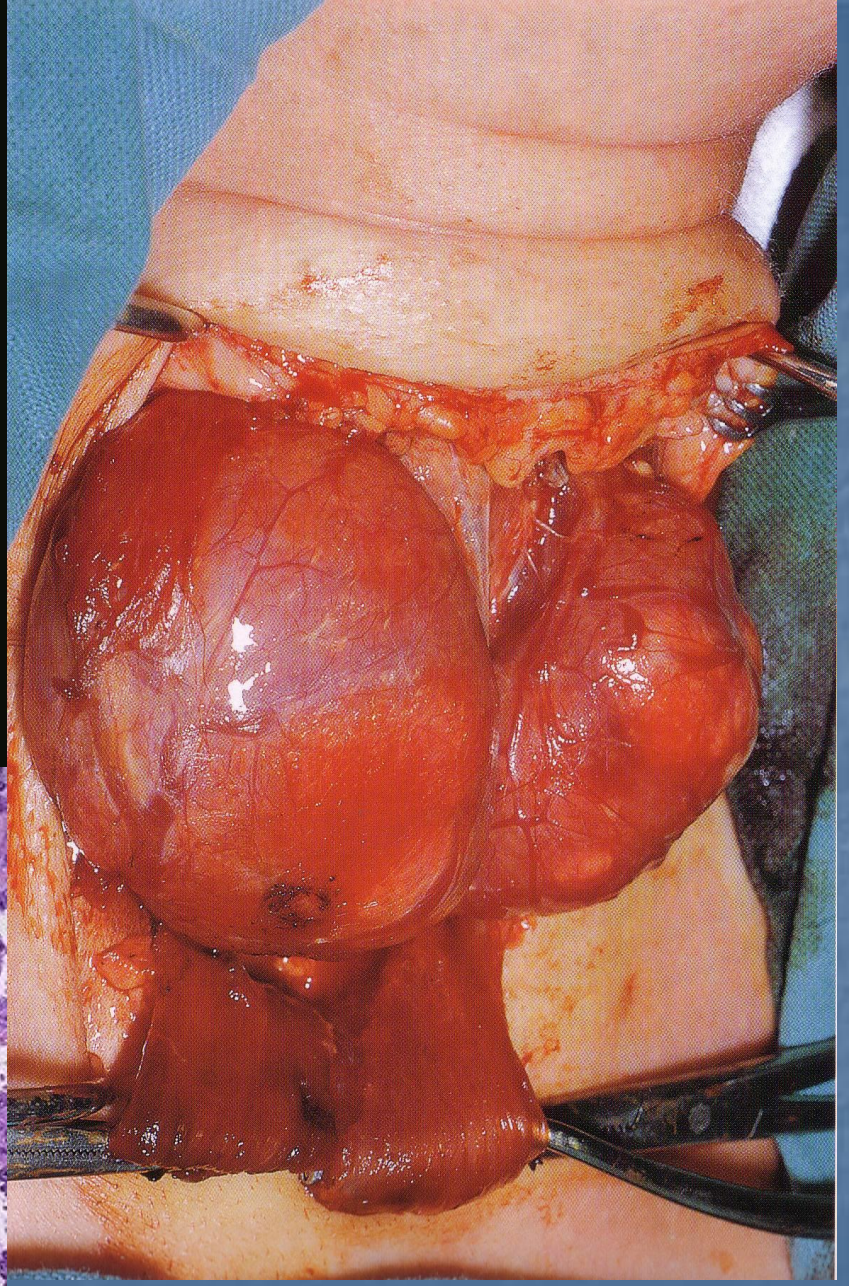
macro – atrofia glandei tiroide.





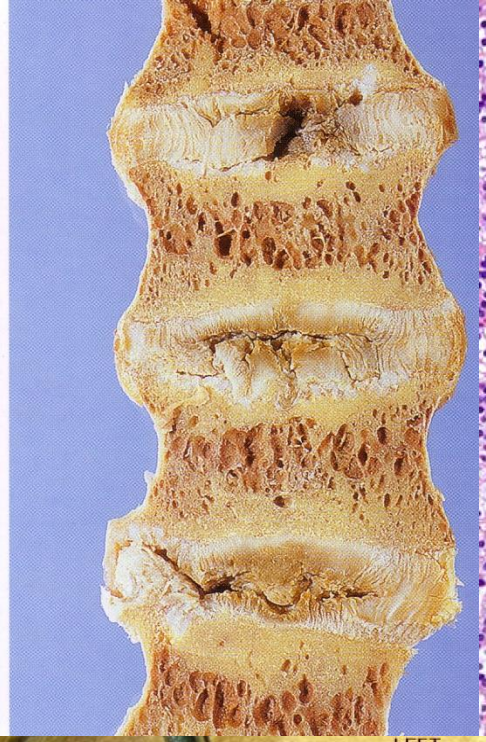
Adenom tiroidian folicular.

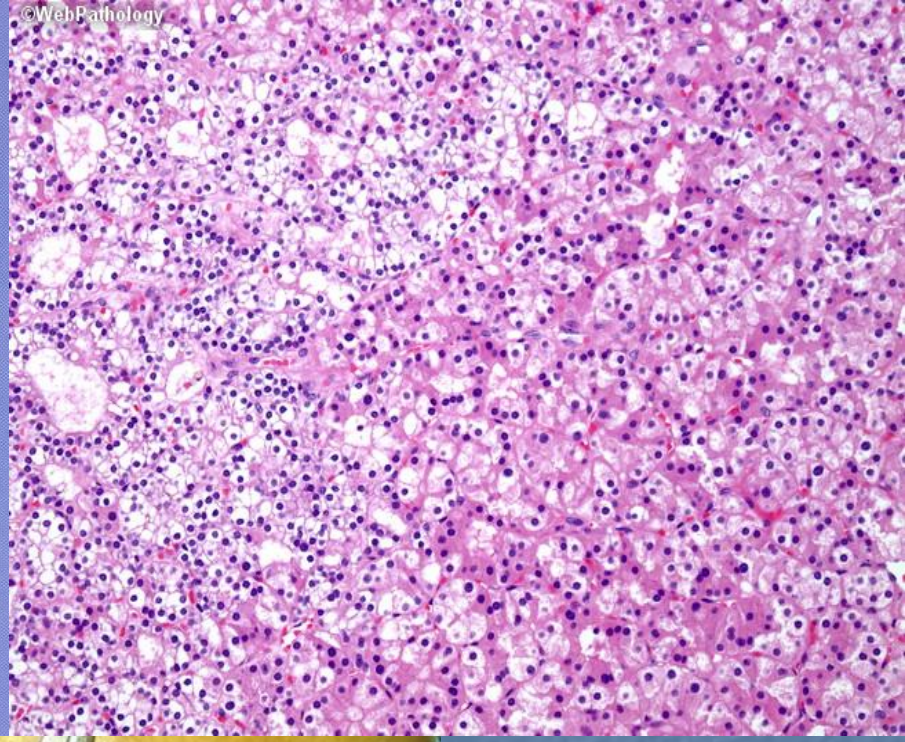


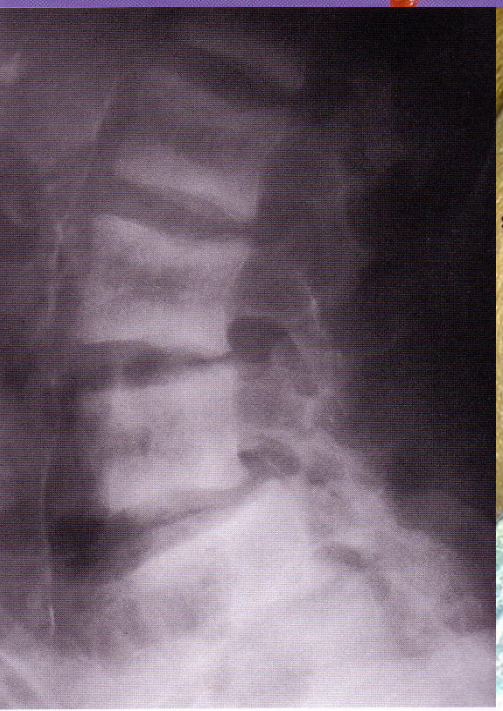


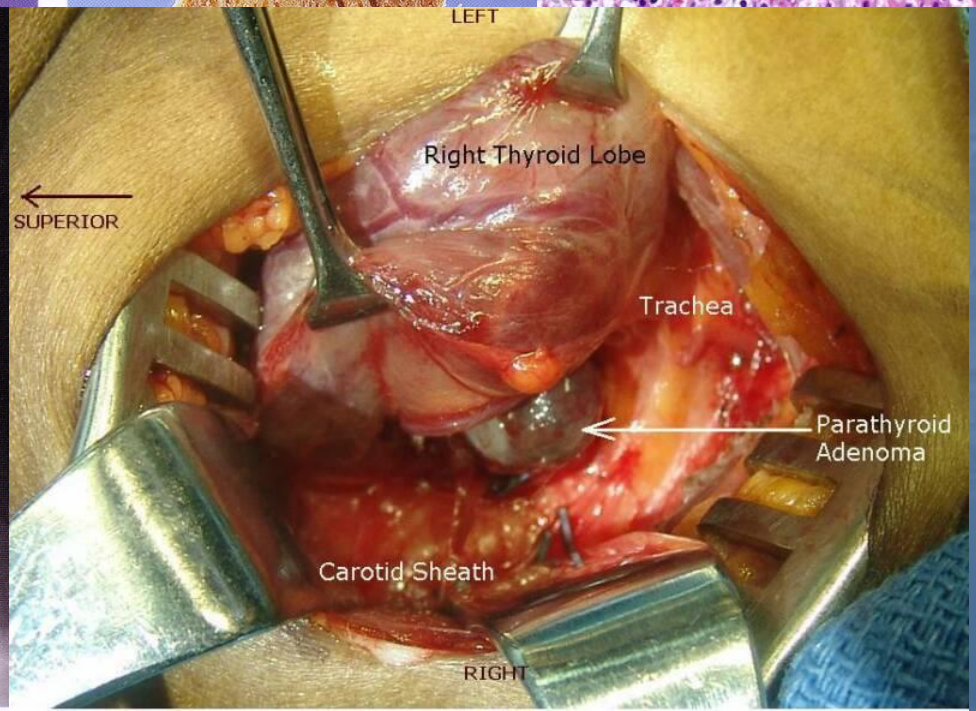
Carcinom de tiroidă

⇐⇐ papilar şi medular ⇑



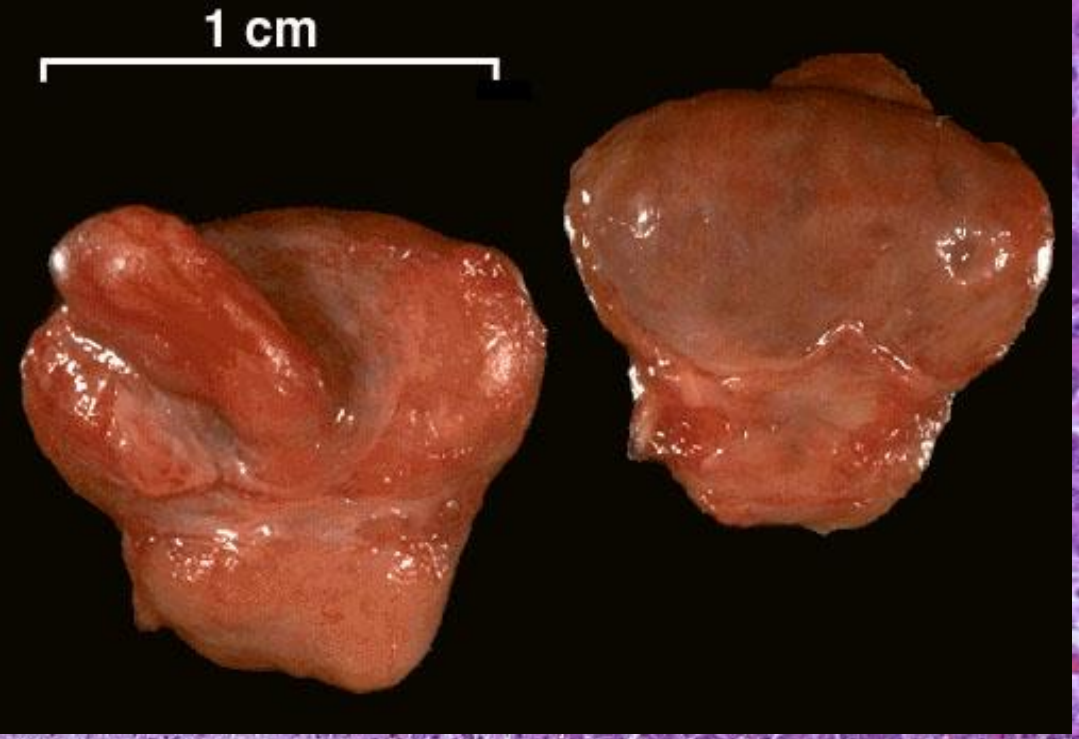


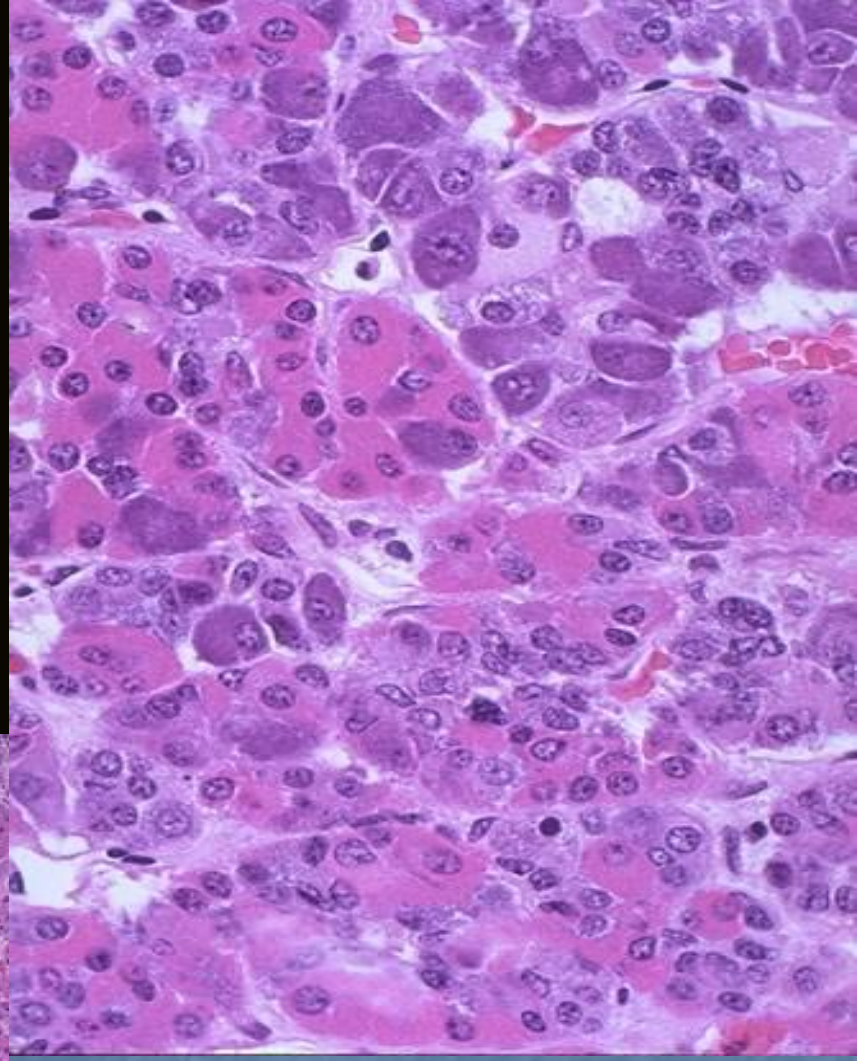


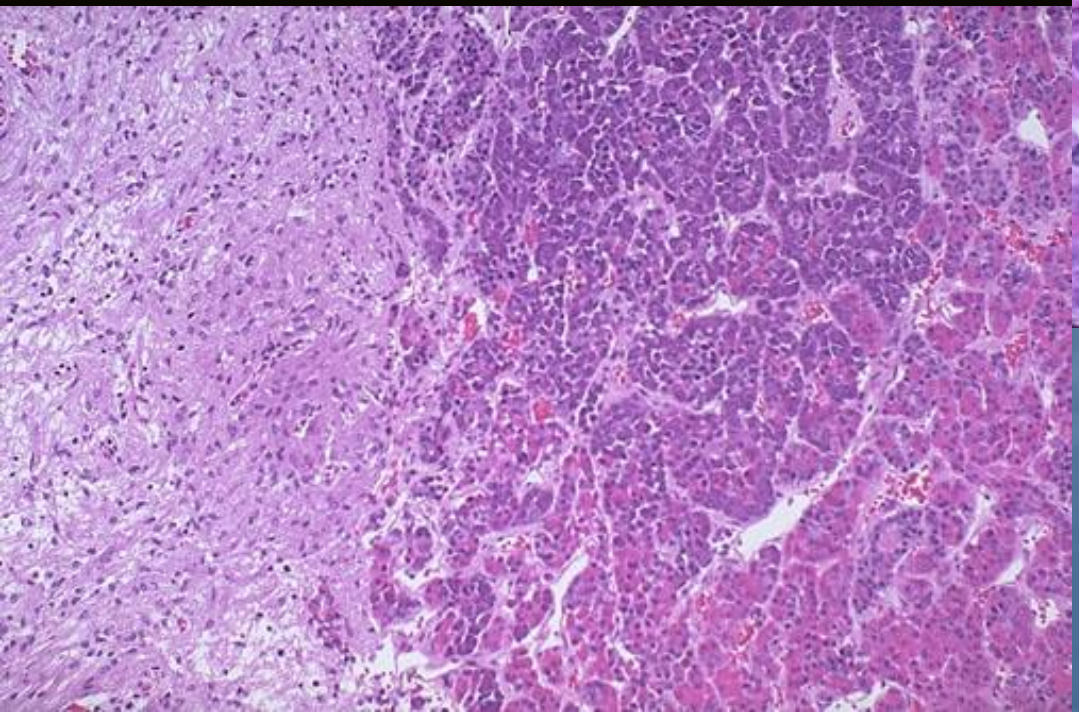


Osteodistrofie paratiroidiană,

adenom paratiroidian.

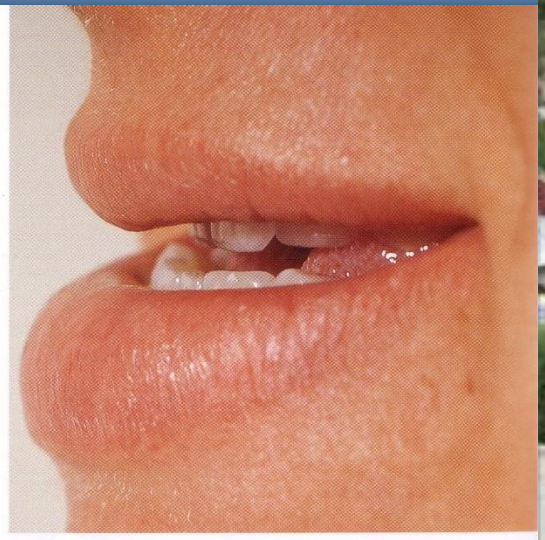


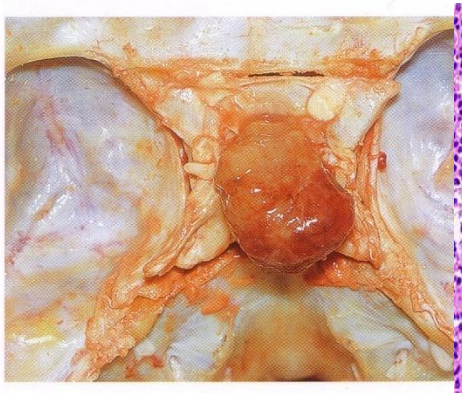




Hipofiza,

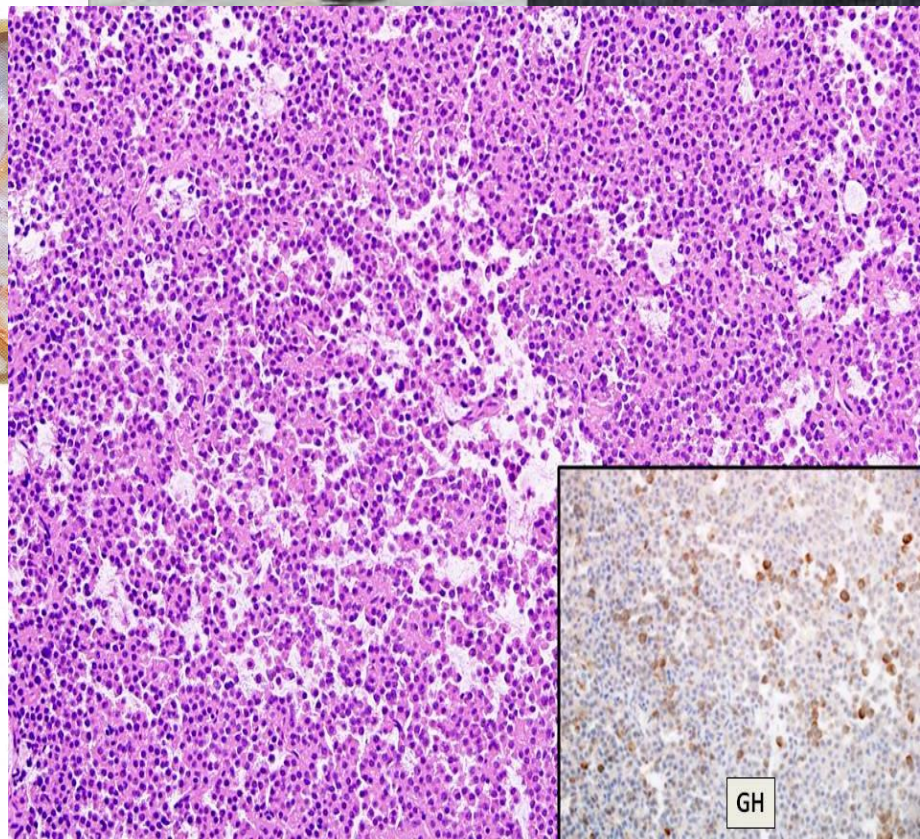
⇐micro: stînga – neurohipofiza, dreapta – adenohipofiza, celule bazo- şi acidofile

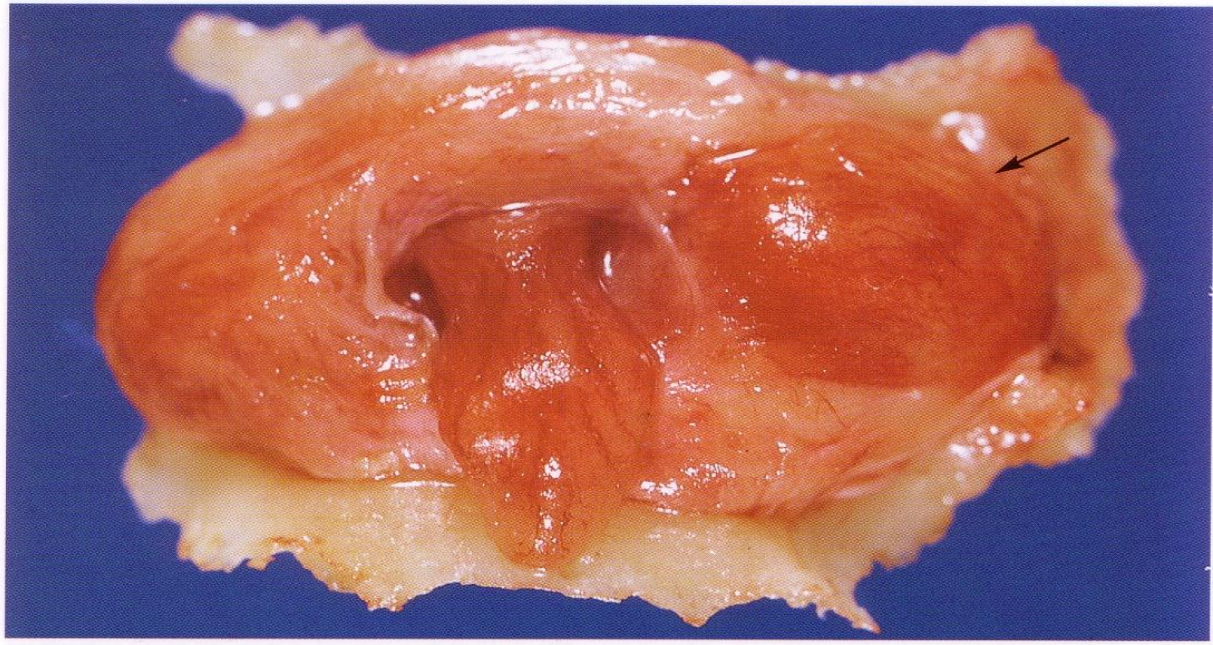




Gigantism,

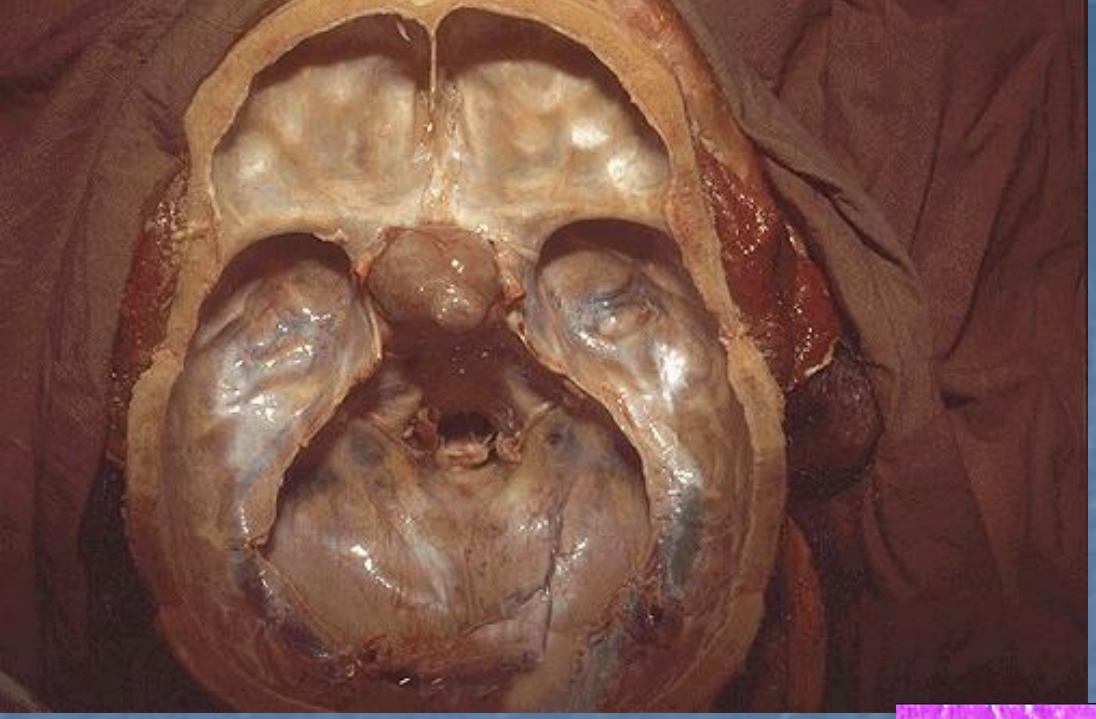
(adenom eozinofil hipofizar)



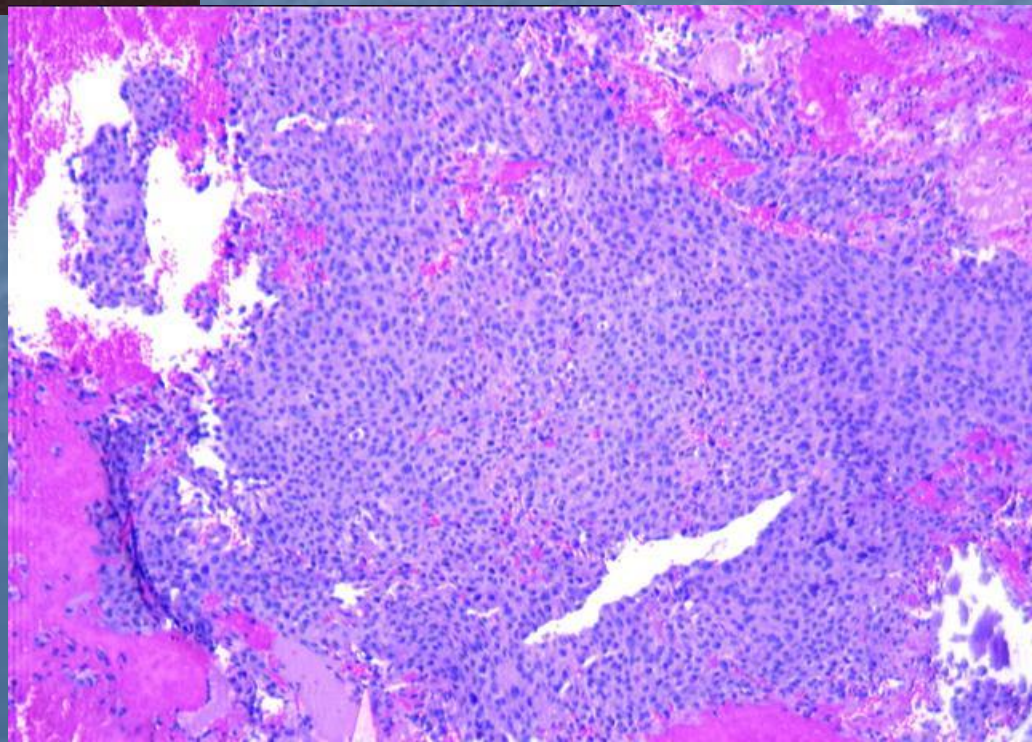


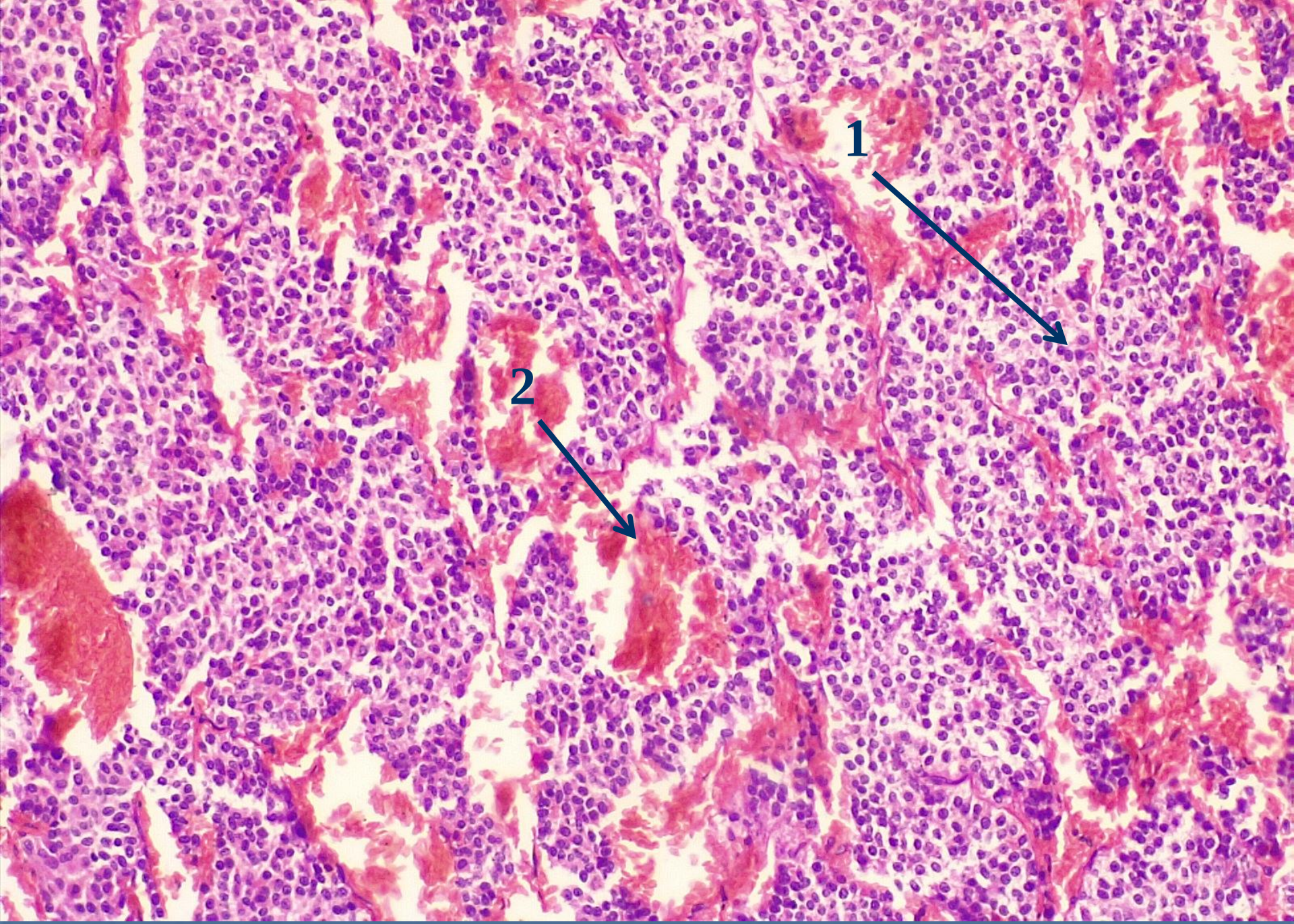
Sindrom Cushing

(adenom de suprarenală şi adenom bazofil hipofizar).



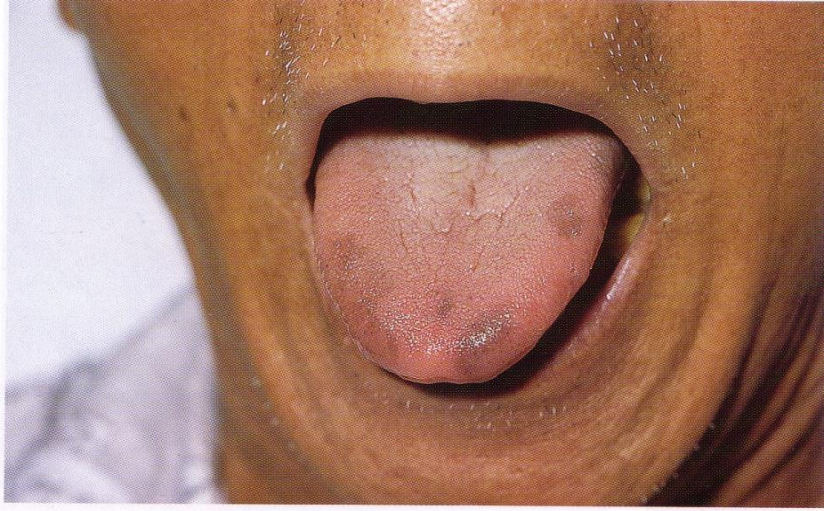
Adenom hipofizar bazofil.

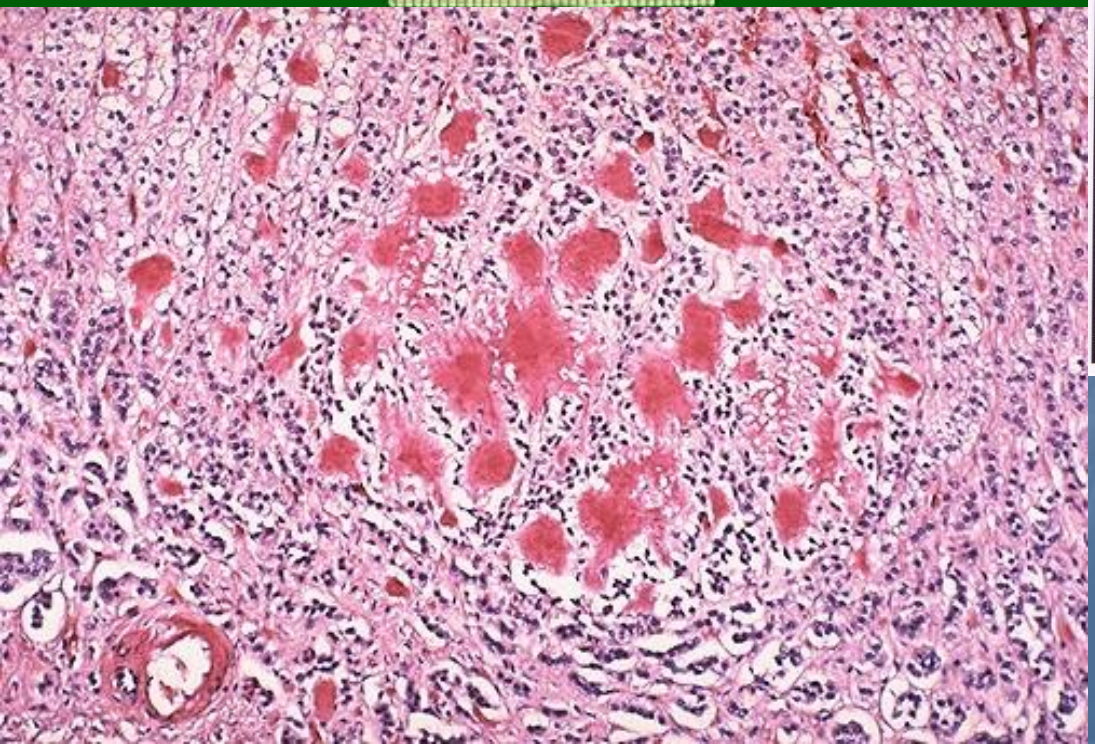


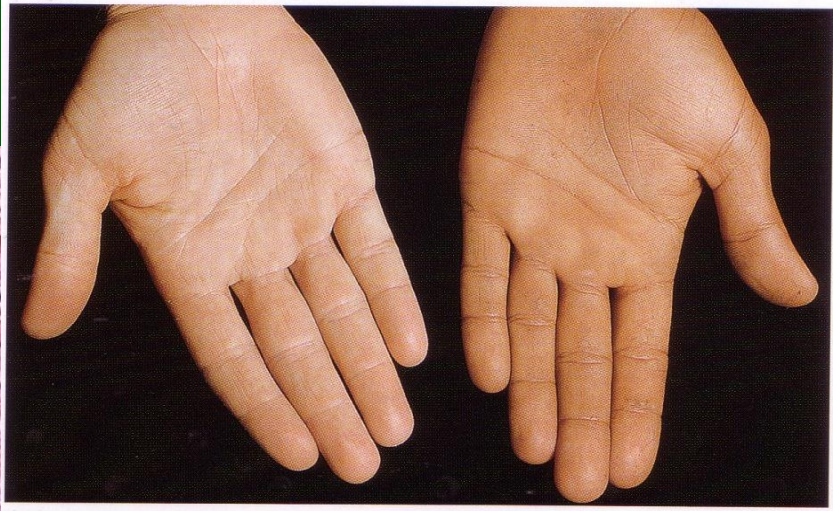


№ 210. Adenom hipofizar bazofil. *(coloraţie H-E).*

- Atrofia suprarenalelor în boala Addison.
- Suprarenale normale.
- Adenom de suprarenale în sindromul Cushing.

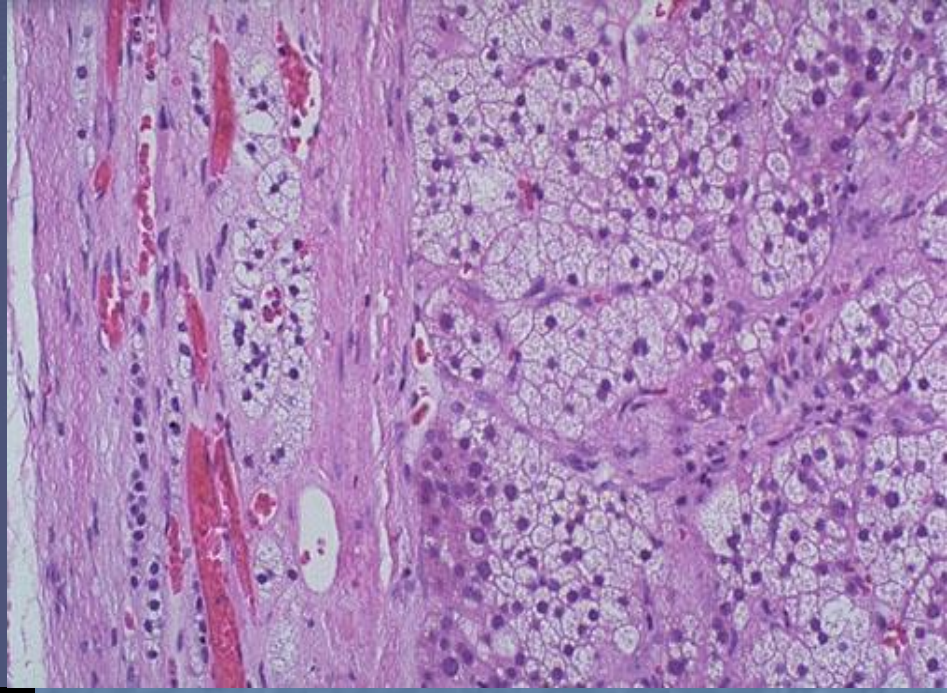






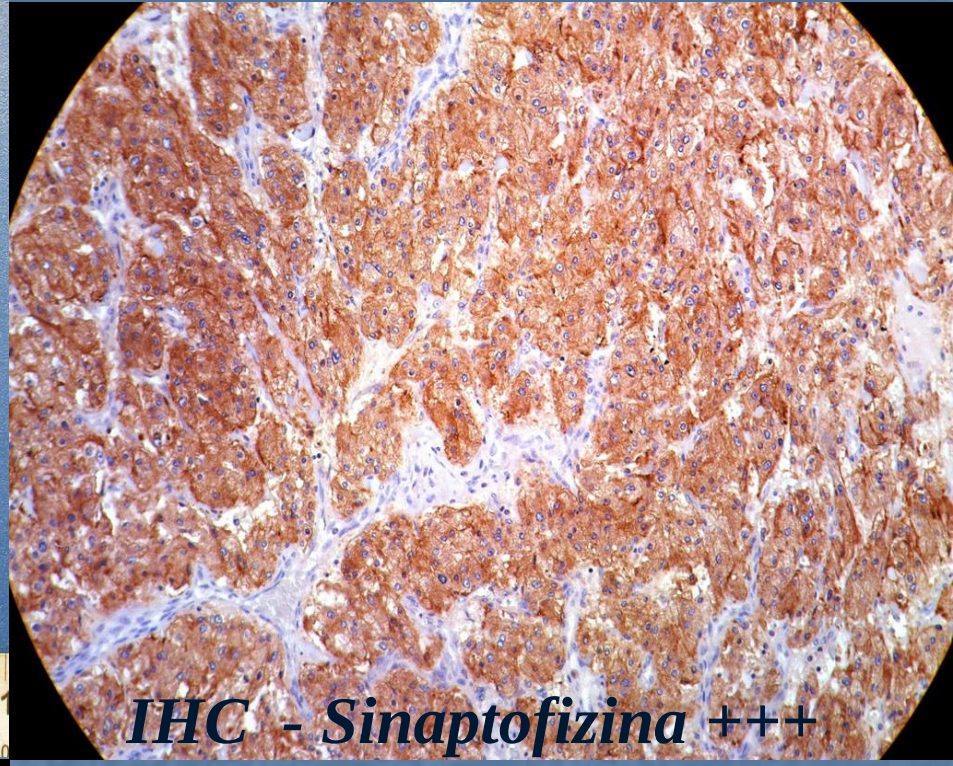
Tuberculoza *(necroză cazeoasă)* şi amiloidoza *(col. roşu de Congo)* a suprarenalelor.

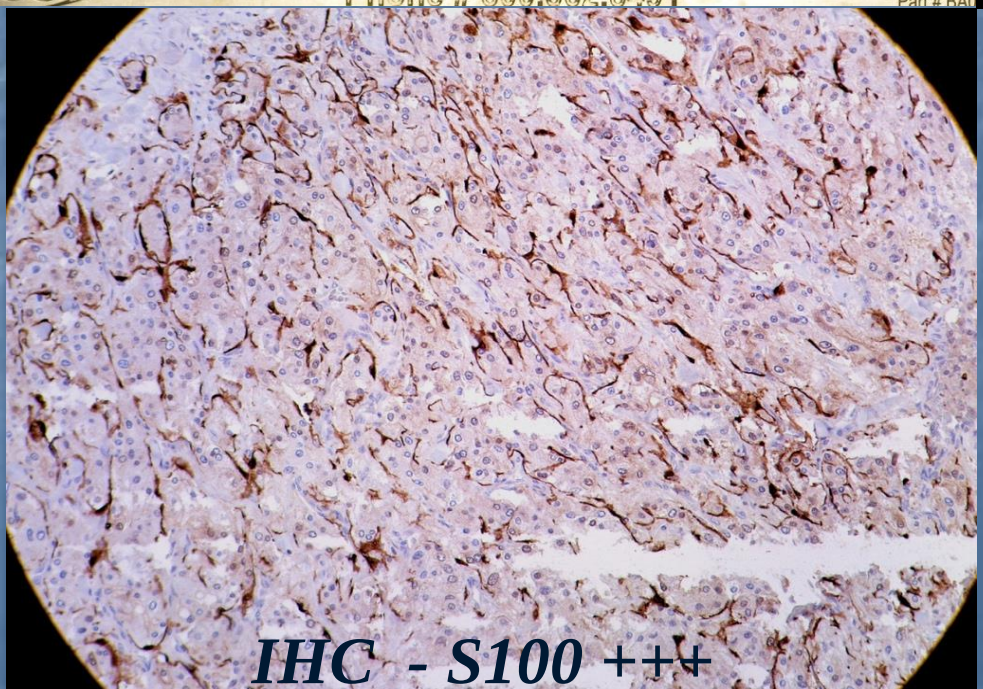
Clinic – boala Addison.



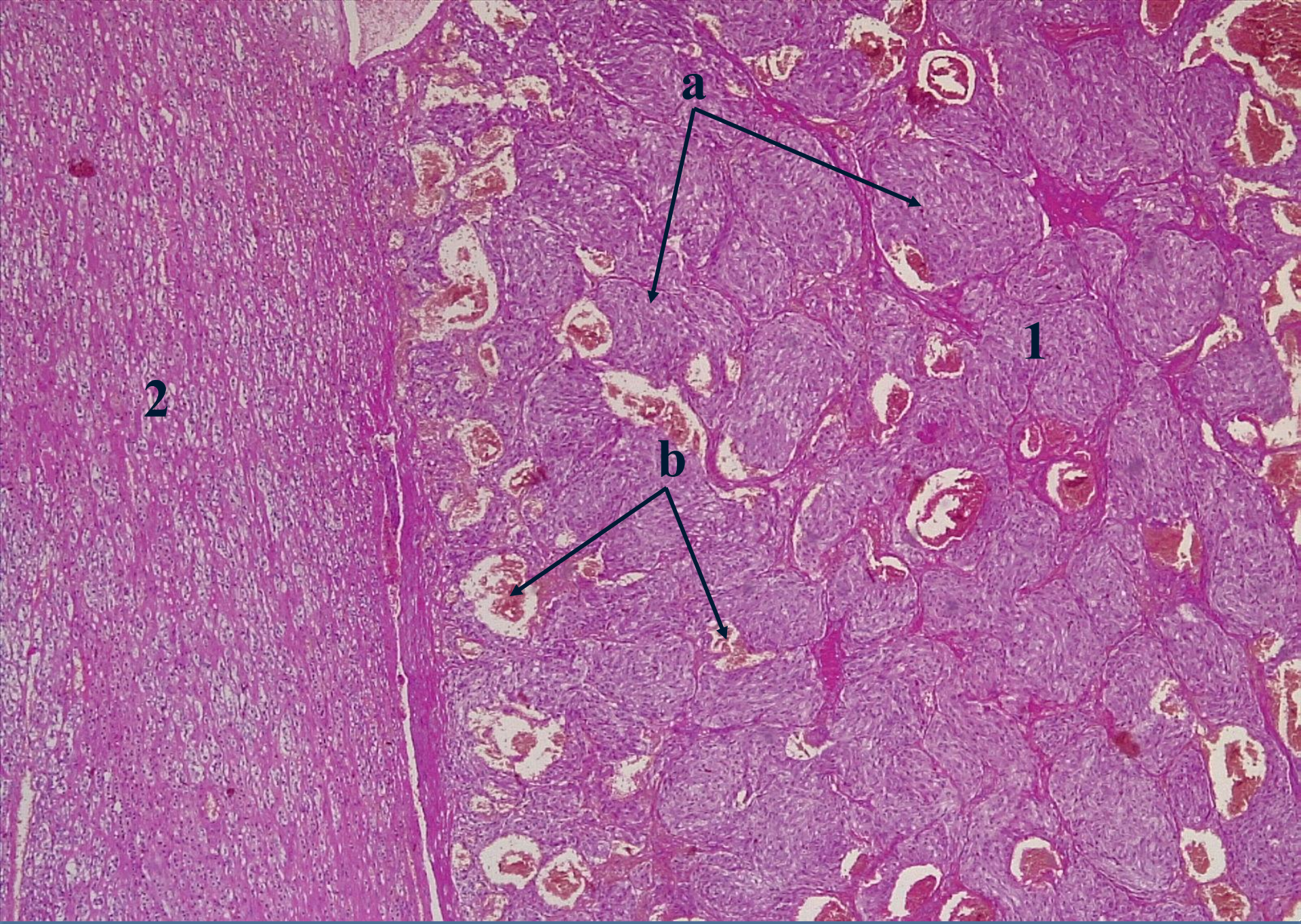
Adenom de suprarenală

(sindromul Cushing – corticosterom, sindromul Conn - aldosterom).

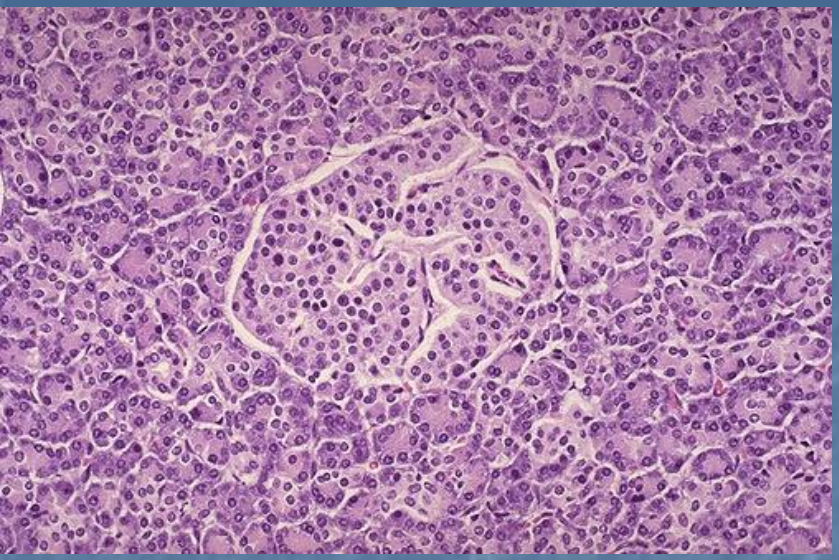




Feocromocitom.



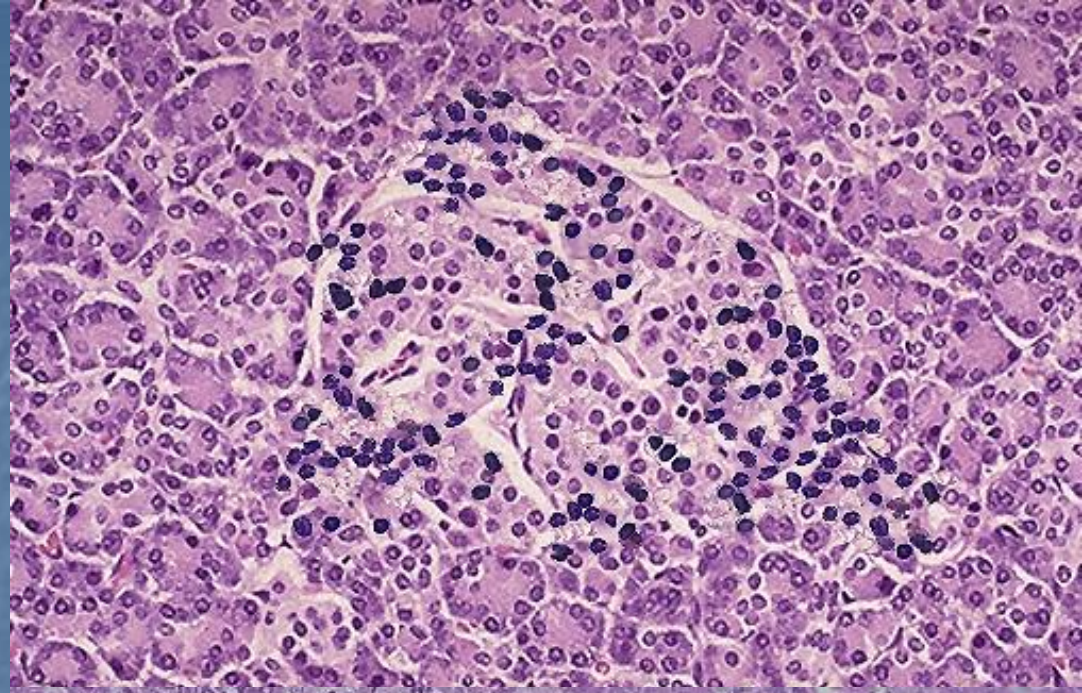
№ 14. Feocromocitom. *(coloraţie H-E).*

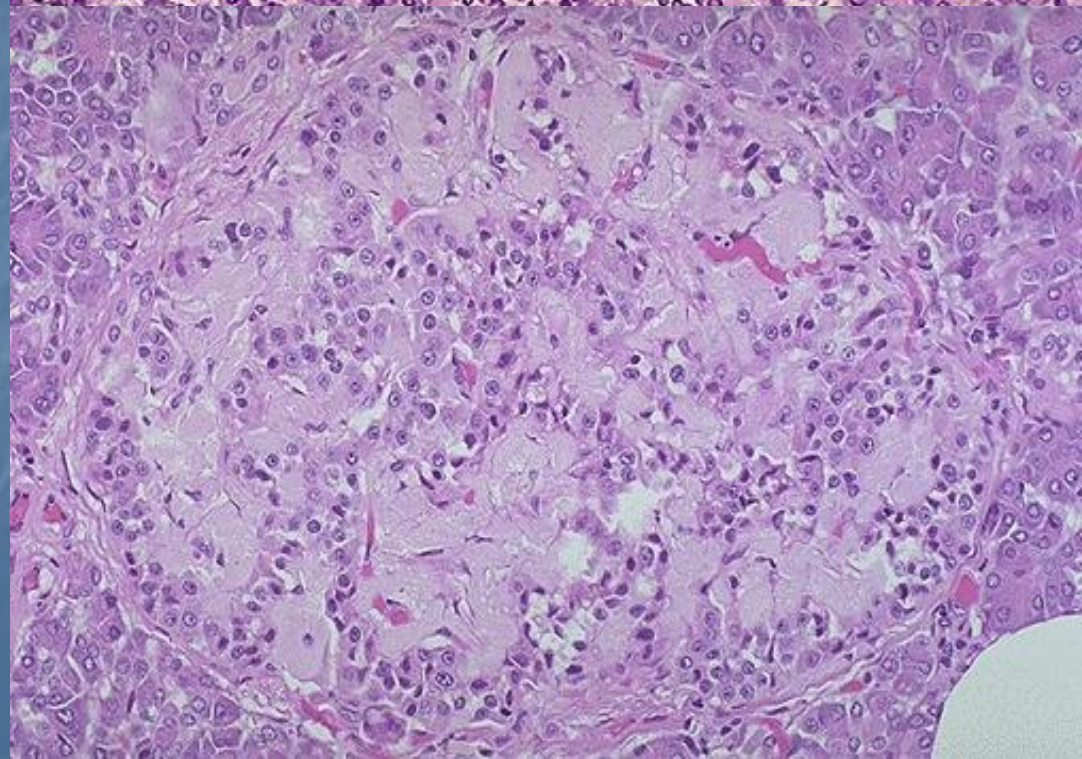


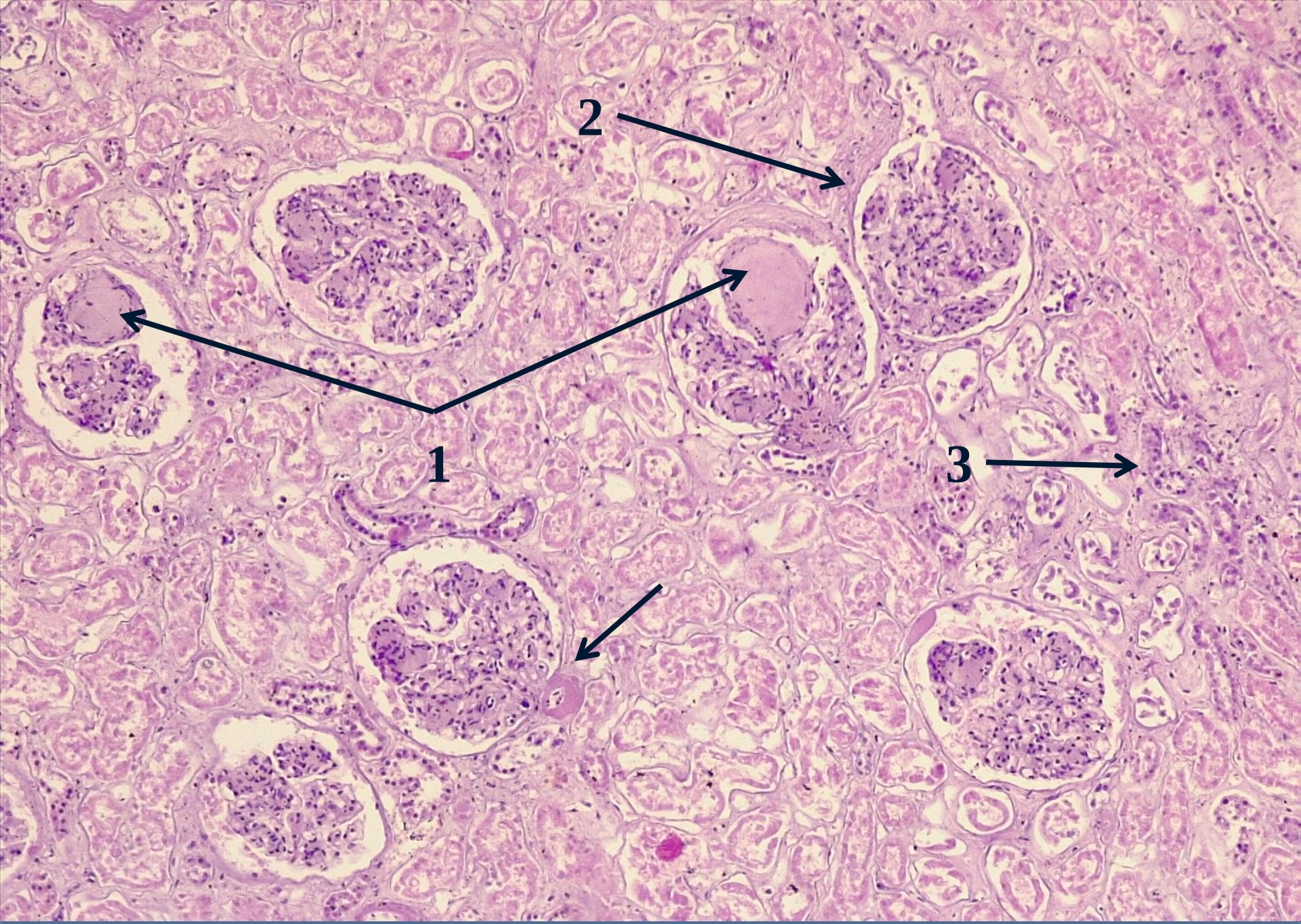
↑ Insulă Langherhans normală;

Insulită autoimună, diabet tip I; →

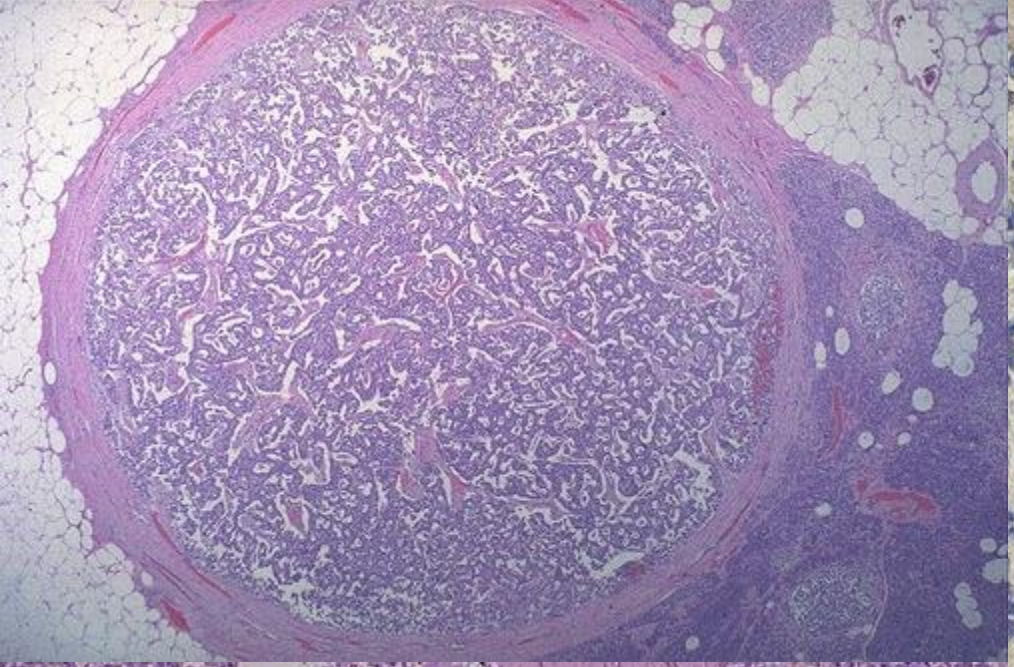
Amiloidoza insulei pancreatice,
diabet tip II →→

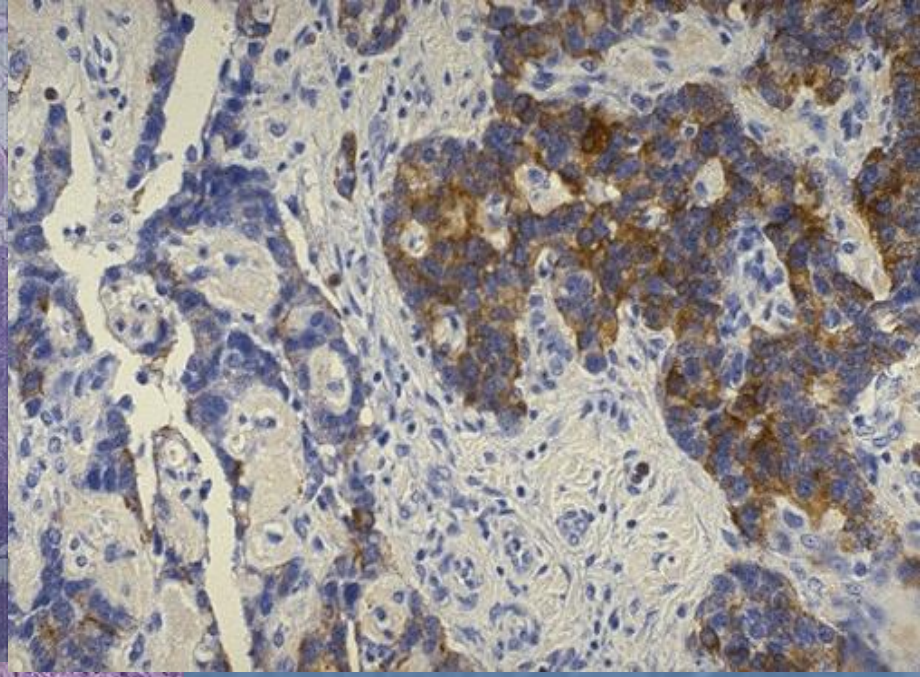


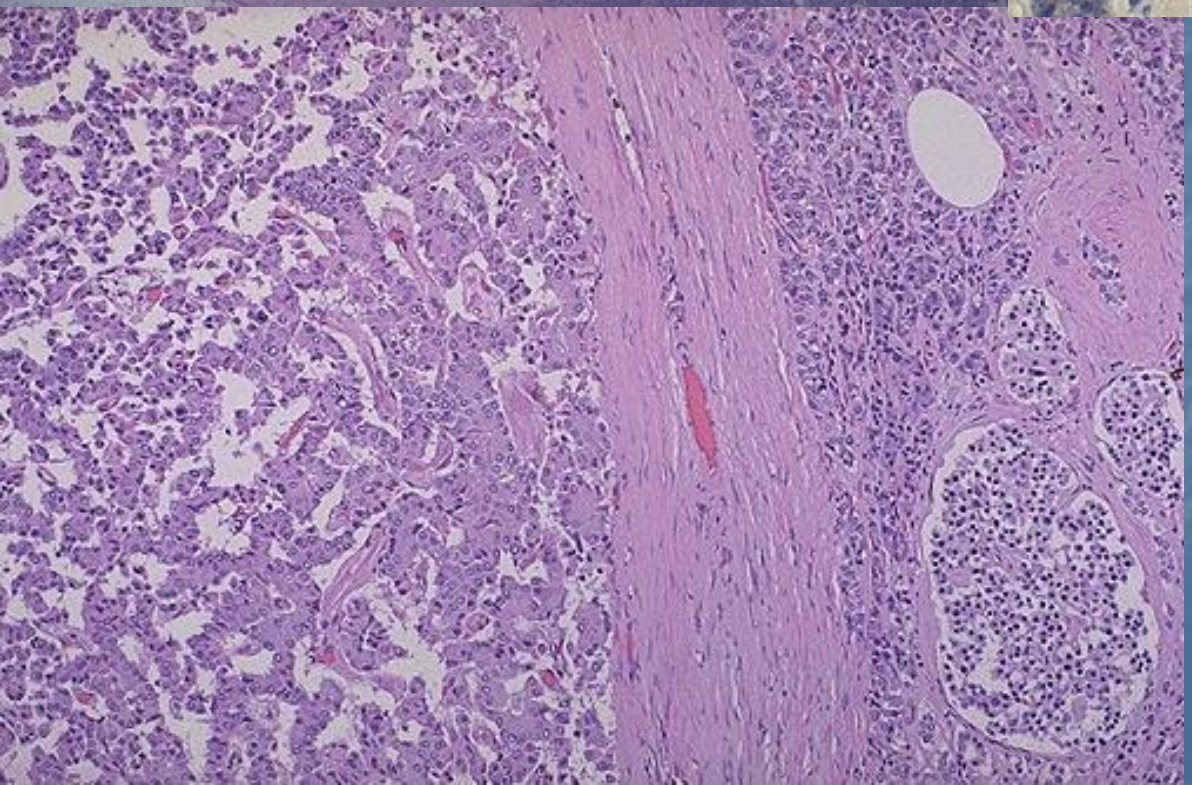




№ 224. Glomeruloscleroză diabetică nodulară. *(coloraţie H-E).*







Insulom pancreatic,

sus dreapta – reacţie imuohistochimică la insulină (insulom β)