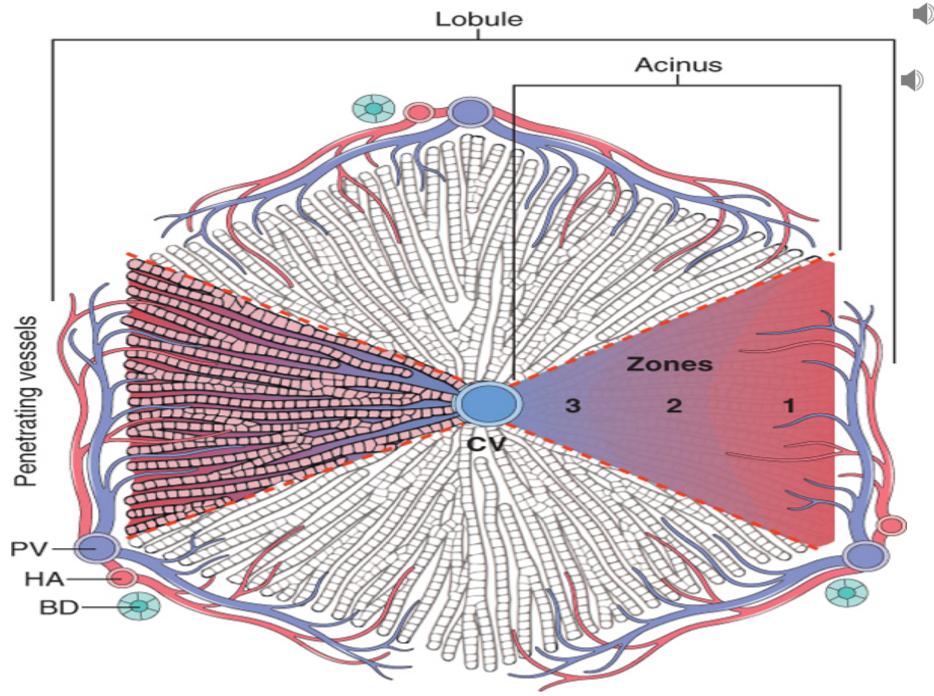
# **LECTURE 1**

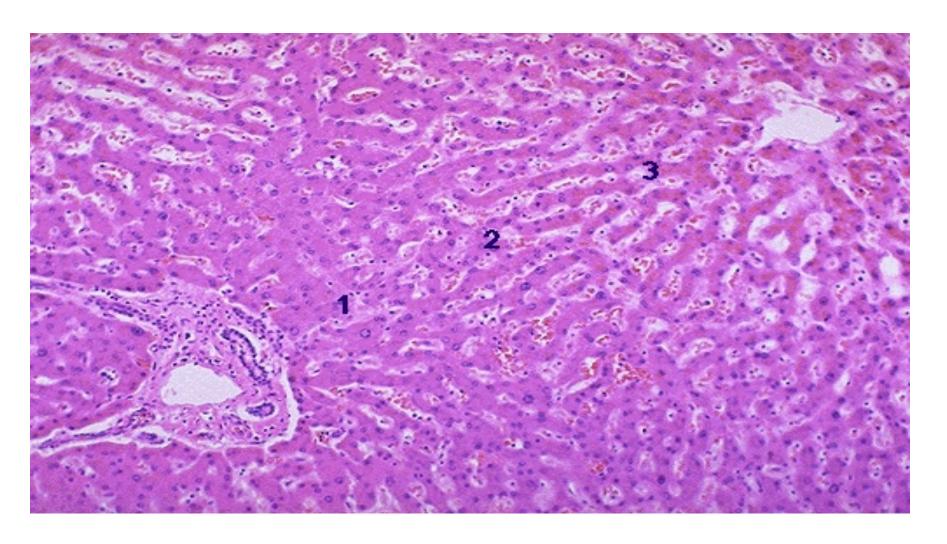


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- Hepatocytes are radially oriented around terminal hepatic vein (central v.)
- -Hepatocytes show only minimal variation in the
- overall size but nuclei may vary in size, number & ploidy esp. with advancing age
- -Vascular sinusoids present bet. cords of hepatocytes







## 1-Inflammation (Hepatitis)

## 2-Ballooning degeneration:

- -irregularly clumped cytoplasm showing large, clear spaces.
- -Substances may accumulate in viable hepatocytes, including fat, iron, copper, and retained biliary material



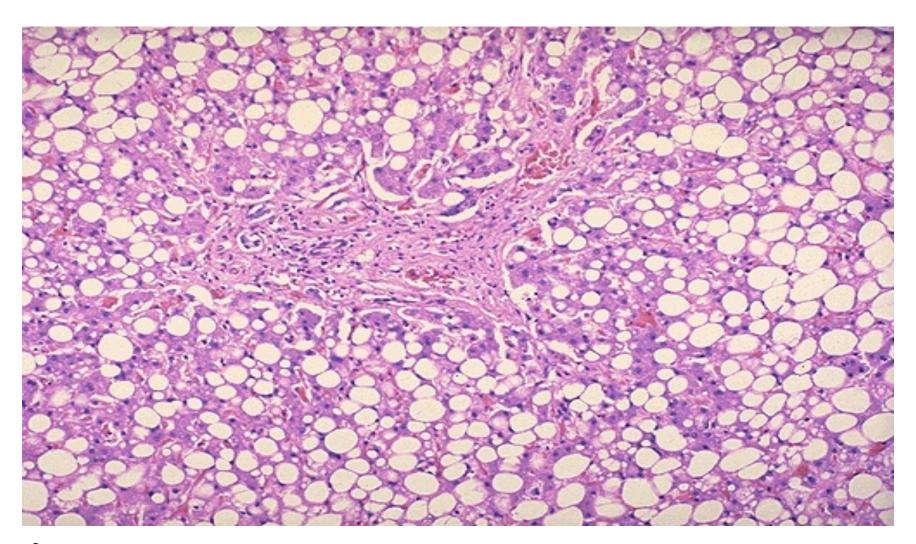
microvesicular:ALD,Reye syndrome, acute fatty change of pregnancy macrovesicular:DM,obese



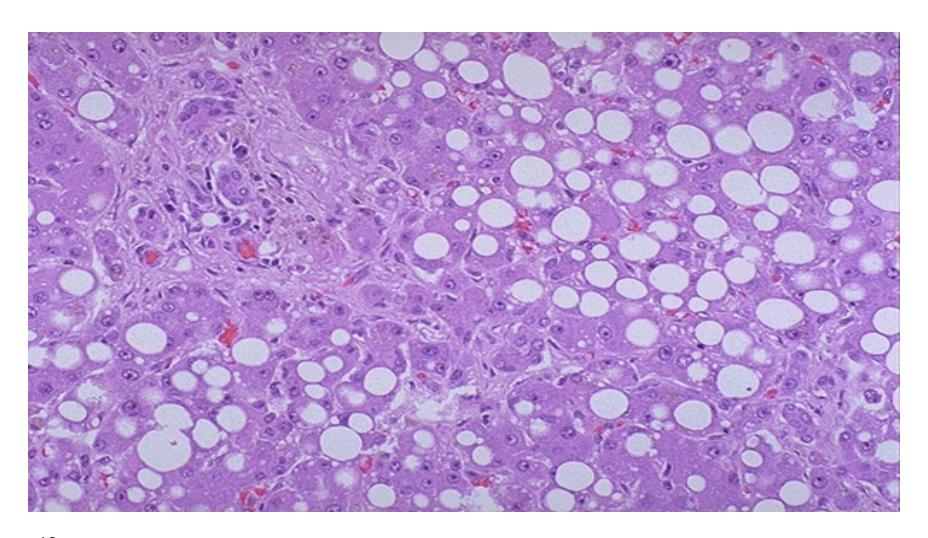
# Fatty change













- Depending on the type:

Coagulative necrosis : around central v.

Councilman bodies

Lytic necrosis

Depending on the cause

<u>Ischemic</u>

**Toxic** 

#### -depending on location

Centrilobular necrosis:

Mid zonal:

Periportal: interface hepatitis

Focal:

Piece meal necrosis

bridging necrosis

Diffuse:

massive & submassive necrosis



- -evidenced by increased mitosis or cell cycle markers.
- -the cells of the canal of Hering are the progenitor for hepatocytes & bile duct cells (oval cells).



- -portal or periportal fibrosis
- -pericentral- around the central vein.
- -bridging fibrosis

#### 7-Cirrhosis

micronodular macronodular

#### 8-Ductular proliferation

# **Hepatic Failure**

-It results when the hepatic functional capacity is almost totally lost (80 – 90%)

#### -Causes

- 1. Massive hepatic necrosis
  - -Fulminant viral hepatitis
  - -Drugs & chemicals

acetominophen

halothane

anti TB drugs

CCL4 poisoning

Mushroom poisoning

2-Chronic liver disease



- -Reye's syndrome
- -Tetracyline toxicity
- -Acute fatty liver of pregnancy

# 4-Hepatorenal syndrome Renal failure in patients with severe liver disease with no morpholgic or functional causes for renal failure

#### Massive hepatic necrosis

- -Fulminant hepatic failure from the onset of symptoms to hepatic encephalopathy (within 2 -3 wks).
- -Subfulminant (within 3 months).

#### **Causes:**

- 1-Viral hepatitis 50 65% (B, B-D, A,C hepatitis)
- 2-Drugs & chemicals 20 30%
- 3-Heat stroke
- 4-Hepatic vein obstruction
- 5-Wilson disease
- 6-Acute fatty liver of pregnancy
- 7-Massive malignant infiltration
- 8-Reactivation of chronic HBV hepatitis on HDV superimposed infection
- 9-Autoimmune hepatitis