HRZZ project: Genotype-Phenotype correlation in Alport's syndrome and Thin Glomerular Basement Membrane Nephropathy

Patohistological Aspects

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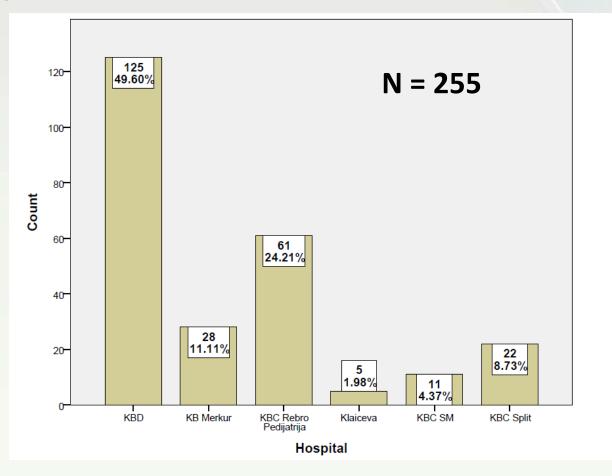
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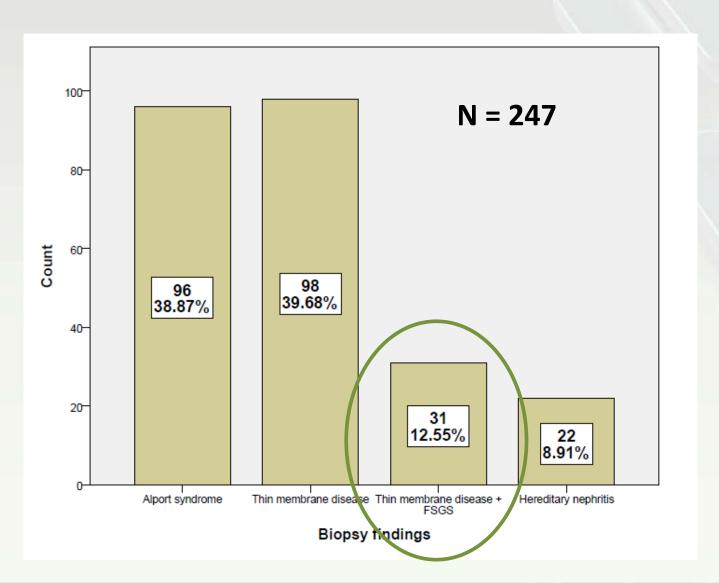
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Project goals - histopathology

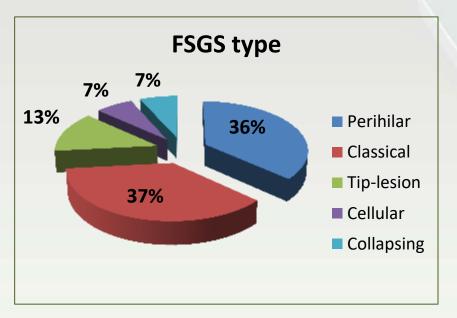
- 1) Patient identification and data gathering
 - Patient identification
 - Gathering patients' pathohistological data
- Defining referential span of normal GBM thickness in Laboratory for Nephropathology of Dubrava University Hospital
- Measurement of GBM thickness on patients' digital EM photos
- Determination of immunofluorescent and/or immunohistochemical patterns of collagen IV α3 and α5 chains staining

255 patients from 6 croatian institutions





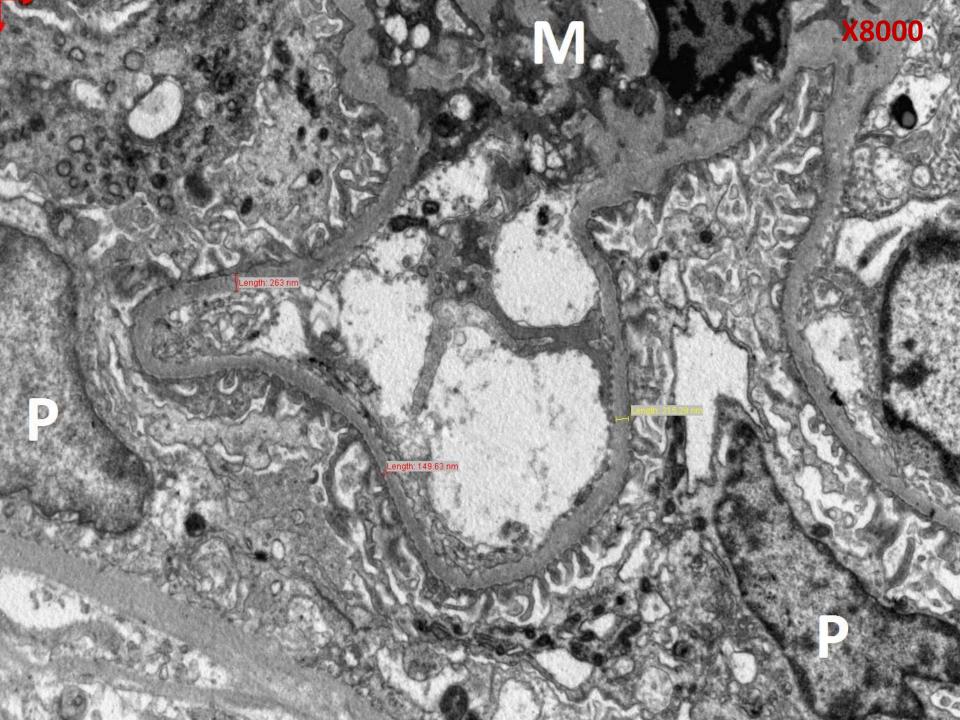
- FSGS + thin membranes on EM 31 patients
 - most patients presented with asymptomatic proteinuria and/or haematuria or with nephrotic syndrome.
 - Median 24 hour proteinuria rate 3.22 g (0.31-19.8 g)
 - Median creatinine level 117 µmol/L (56-430 µmol/L)
 - no family history of AS or TBMN
 - one patient had positive family history for haematuria
 - 4 for end stage renal disease

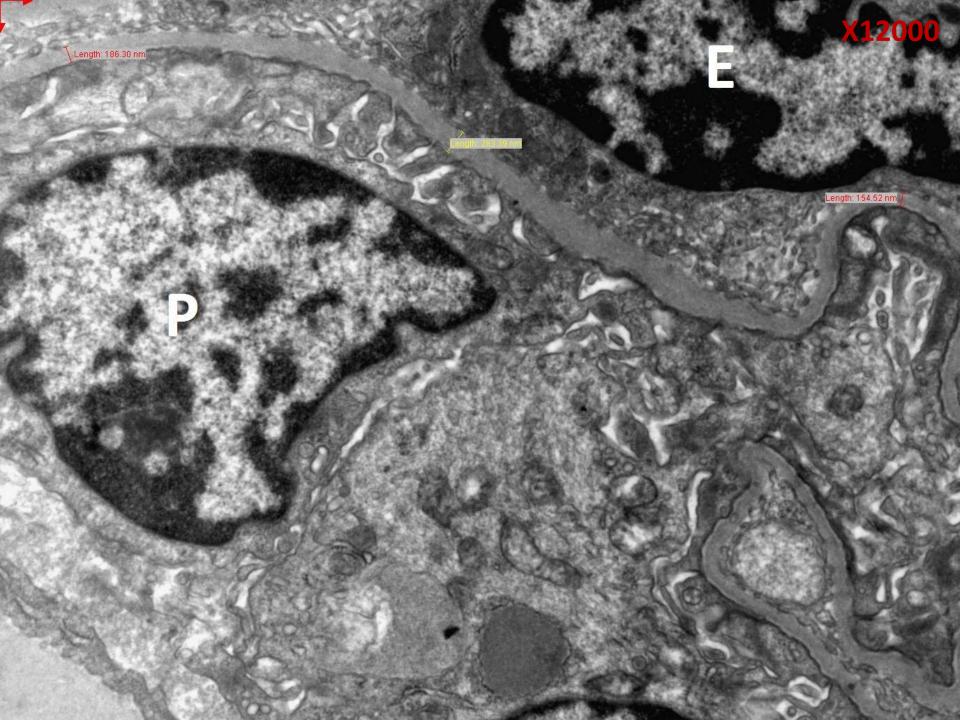


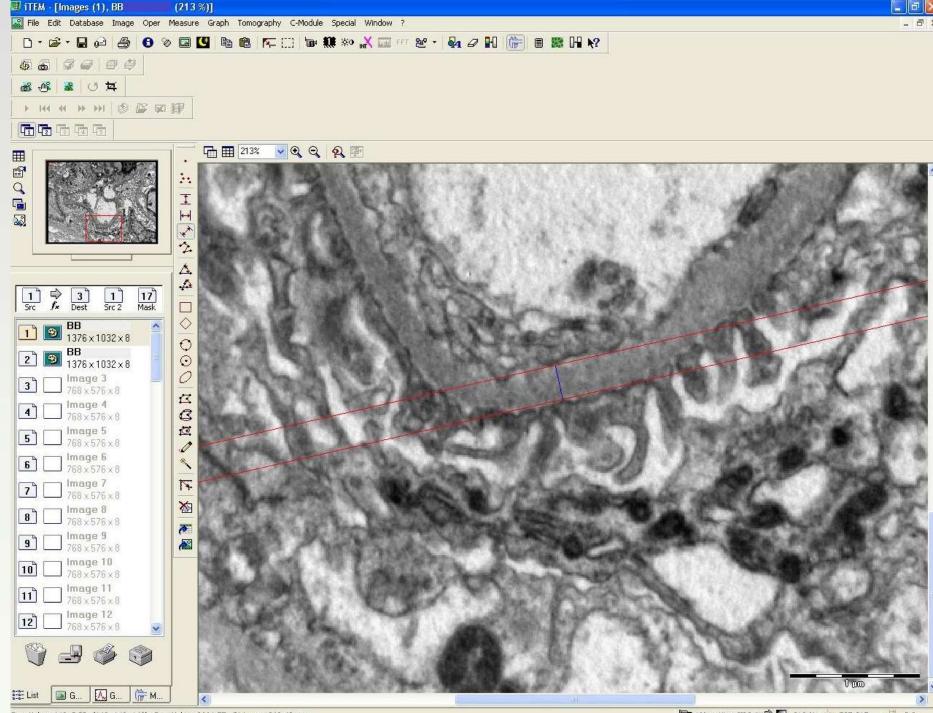
- Nodular hyalinosis in more than one arteriole or hyalinosis in full circumference 57.1 %
- Moderate or severe arterial fibrointimal thickening 22.2 %
- Median of average glomerular basement membrane thickness 219.5 nm (133-254 nm)
- There were no lamelation or conspicuous variations in GBM thickness.

2. Defining referential span of normal GBM thickness

- Modification of the direct measurement/arithmetic mean method
 - iTEM software (Olympus Soft Imaging Solutions GmbH)
- Digital EM photographs with magnification of x4000x8000
- 30 GBM measurements on 10 randomly selected capillaries to determine an average GBM thickness for each biopsy
- digital zoom of 150-400%
- distance between the endothelial and podocyte plasma membranes







- 23 males and 22 females, age 19-84 years
- Inclusion criteria:
 - Minimal change disease
 - Acute interstitial nephritis
 - Normal renal parenchyma
 - Acute tubular injury
- Exclusion criteria:
 - Hematuria
 - Diabetes mellitus

Mean ± SD values for the normal GBM	Our results (males n=23, females n=22)	Haas ^{1,2} (males n=50 , females n=50)
Males	340±36 nm	330 ± 50 nm
Females	301±44 nm	305 ± 45 nm

Normal ranges	Our results (males n=23 , females n=22)	Haas ^{1,2} (males n=50 , females n=50)	
Males	268-412 nm	230–430 nm	
Females	213-389 nm	215–395 nm	

- 1. Haas M. Arch Pathol Lab Med 2009;133:224-32.
- 2. Haas M. Arch Pathol Lab Med 2006;130:699-706.

3. Measurement of GBM thickness on patients' digital EM photos

- All patient will be remeasured by previously described criteria
- Collaborating institutions
 - Specimen delivery

4. Immunohistochemical patterns of collagen IV α3 and α5 chains staining

	α3(IV)			α5(IV)			
	GBM	Bowman's capsule	Tubular BM	GBM	Bowman's capsule	Tubular BM	Epidermal BM
Normal/TBMN	+	÷	+	+	+	+	÷
X linked carrier (heterozygote) of AS	Diskont.	Diskont.	Diskont.	Diskont.	Diskont.	Diskont.	Diskont.
X linked male AS	-	-	-	-	-	-	-
Autosomal recessive AS	-	-	-	-	+	+	+

From: Haas M, Arch Pathol Lab Med 2009, 133(2):224-232.

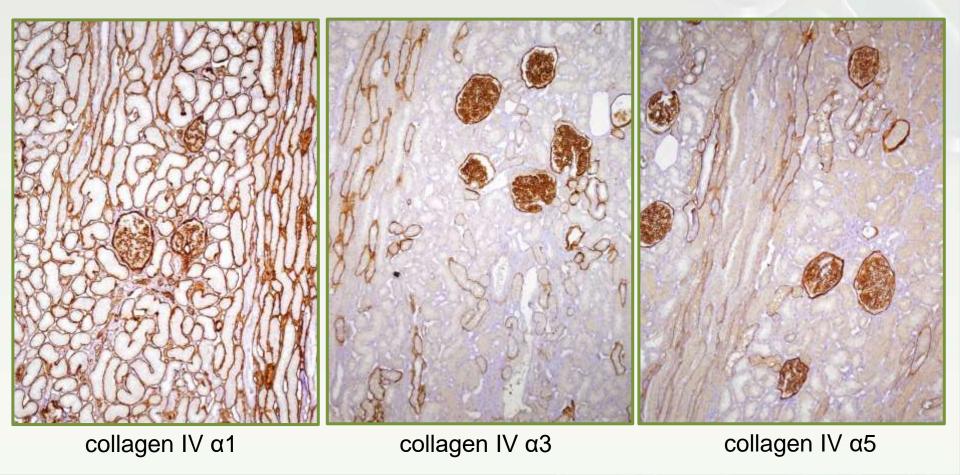
4. Immunohistochemical patterns of collagen IV α3 and α5 chains staining

- IHC staning for collagen IV α3 and α5 chains staining
 - α1 chains staining as a control
 - All slideds contain specimen of normal kidney parenchima as a control

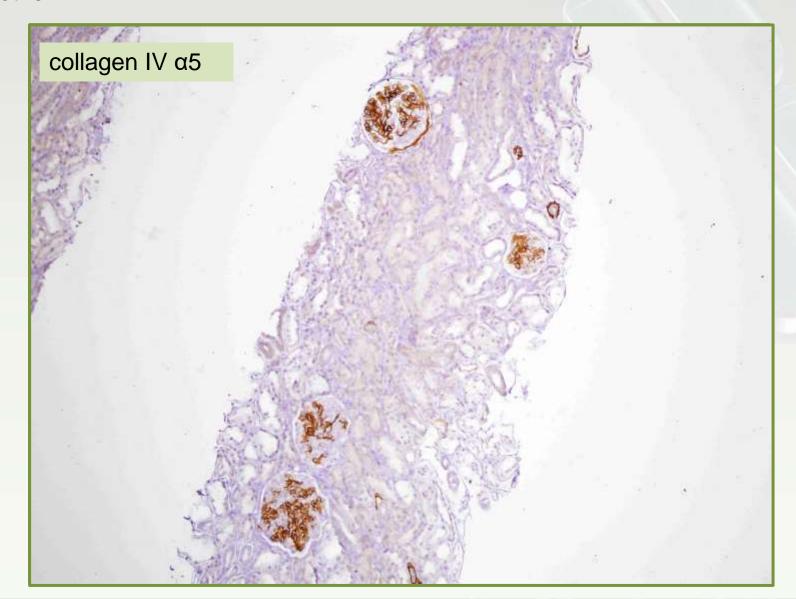


4.Immunohistochemical patterns of collagen IV α3 and α5 chains staining

- 162 specimens stained
- Normal kidney



- 21 years old female
- PHD diagnosis: hereditary nephritis (probably AS)
- EM lamellation
- Mother TBMN



- 37 years old male
- PHD diagnosis: AS
- EM lamellation

