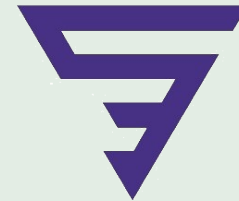


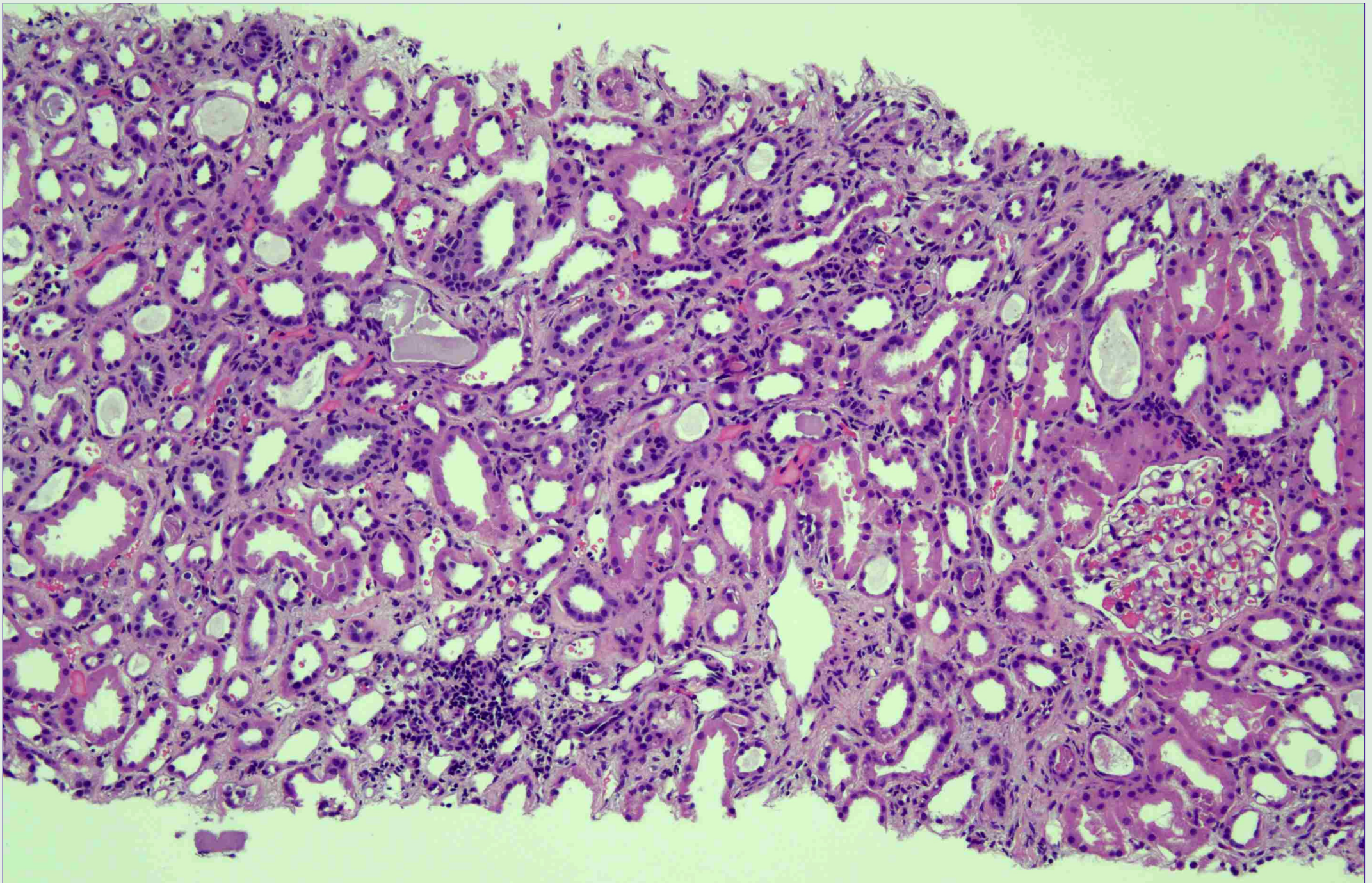
Моноклональная гаммапатия почечного значения

Моноклональная цилиндровая нефропатия Венса Jones' & проксимальная тубулопатия

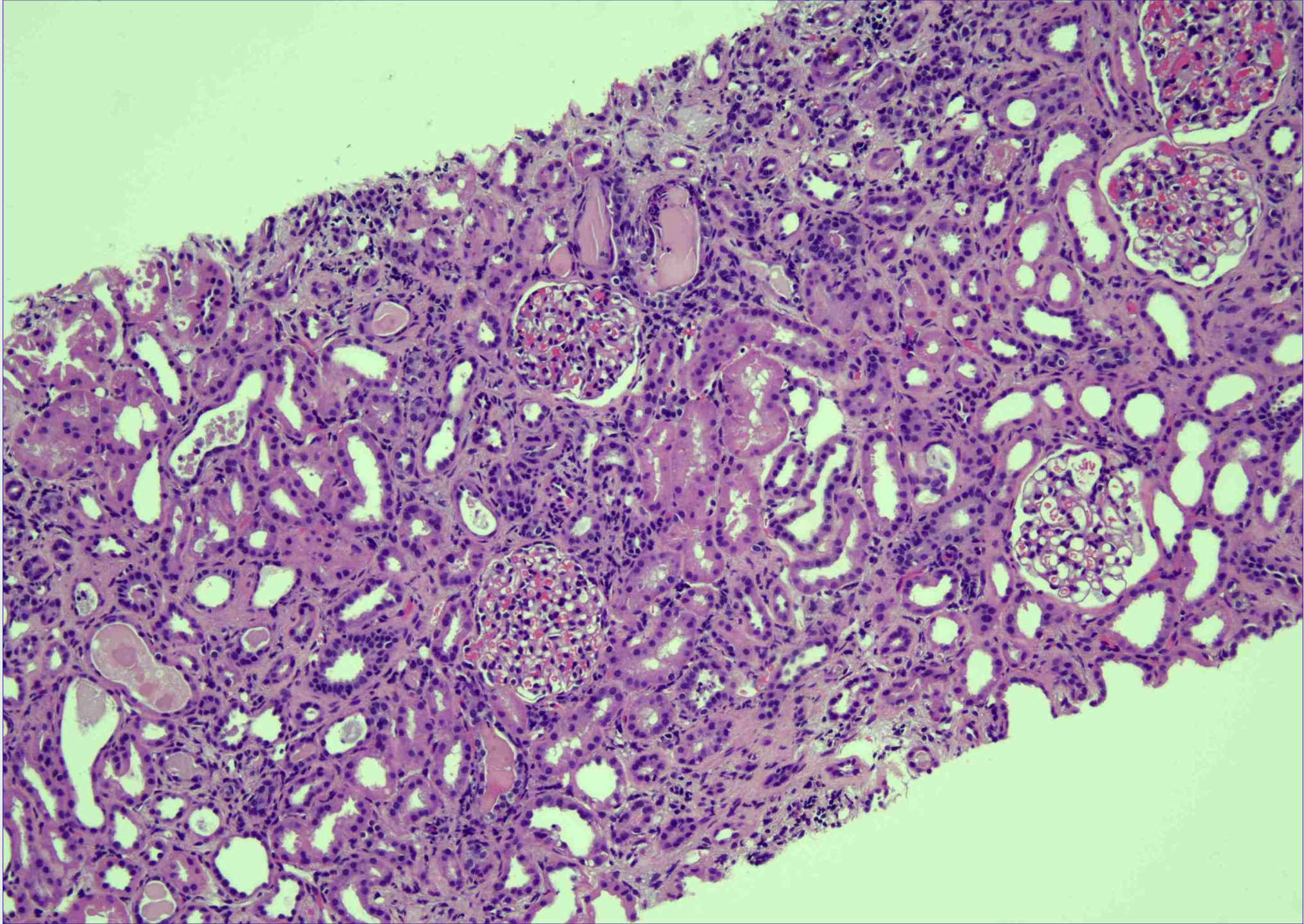
Северо-Западный Государственный
Медицинский Университет
им. И.И. Мечникова
Санкт-Петербург

Национальный центр клинической
морфологической диагностики
Санкт-Петербург

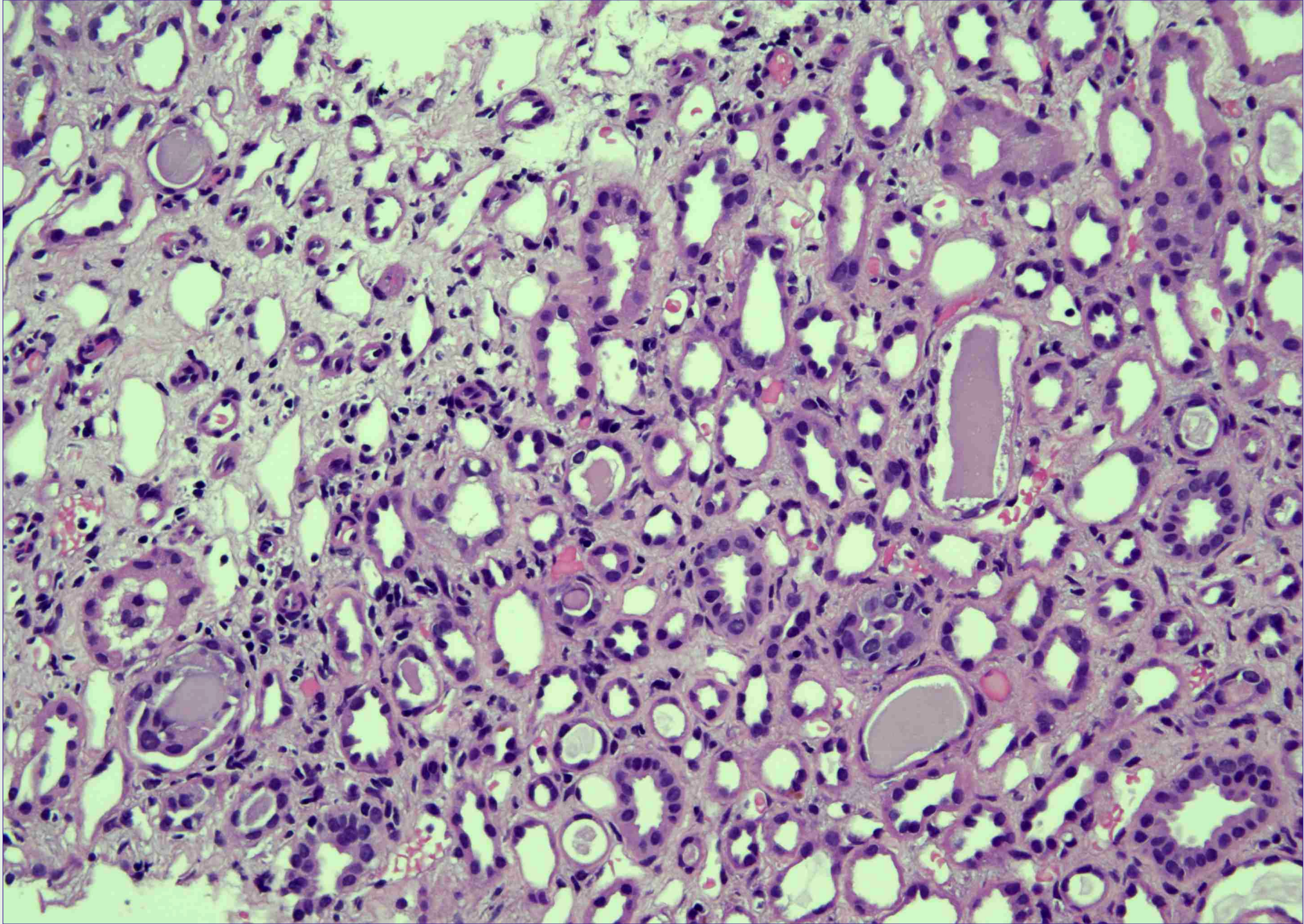




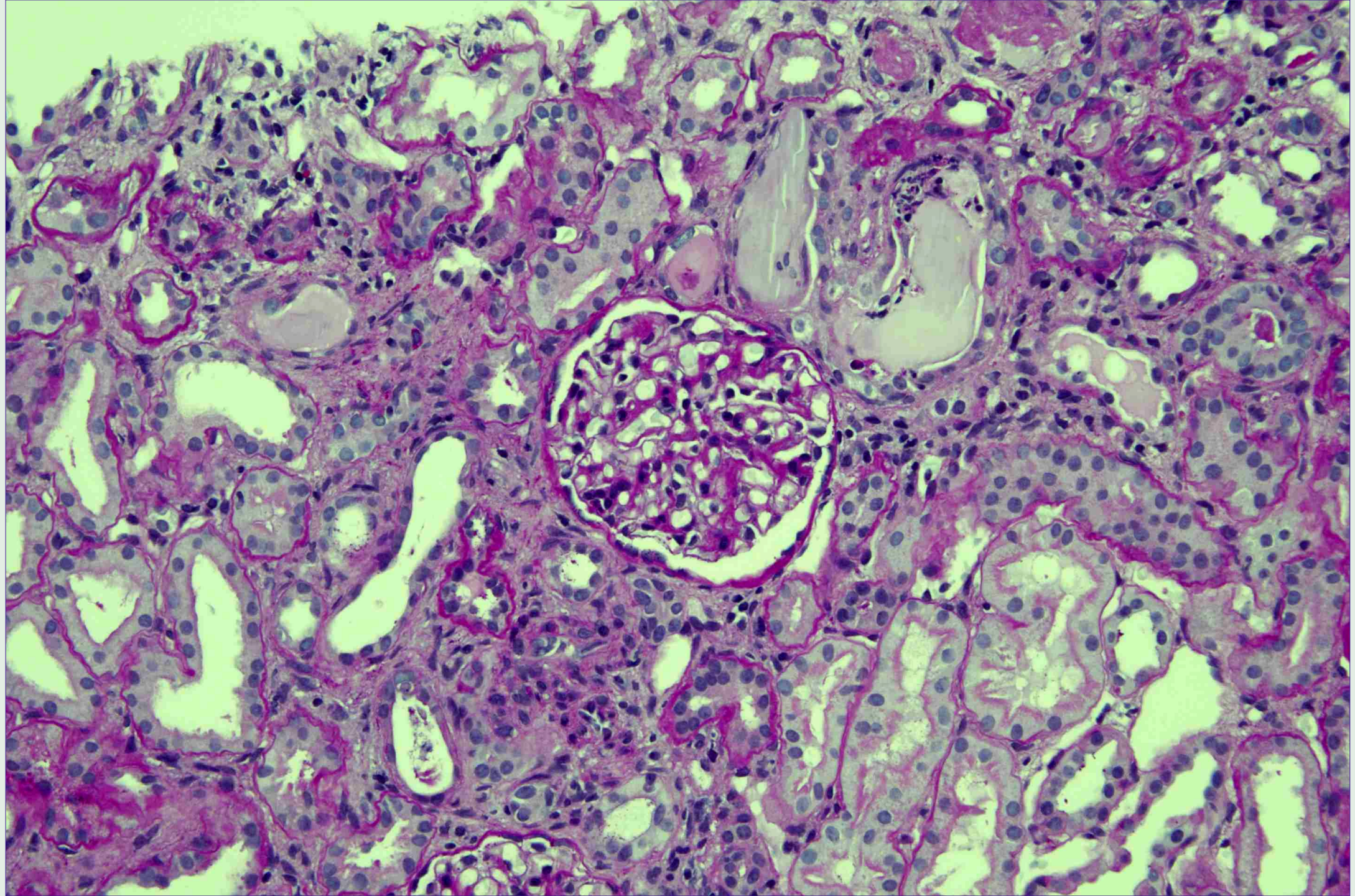
H&E, x100

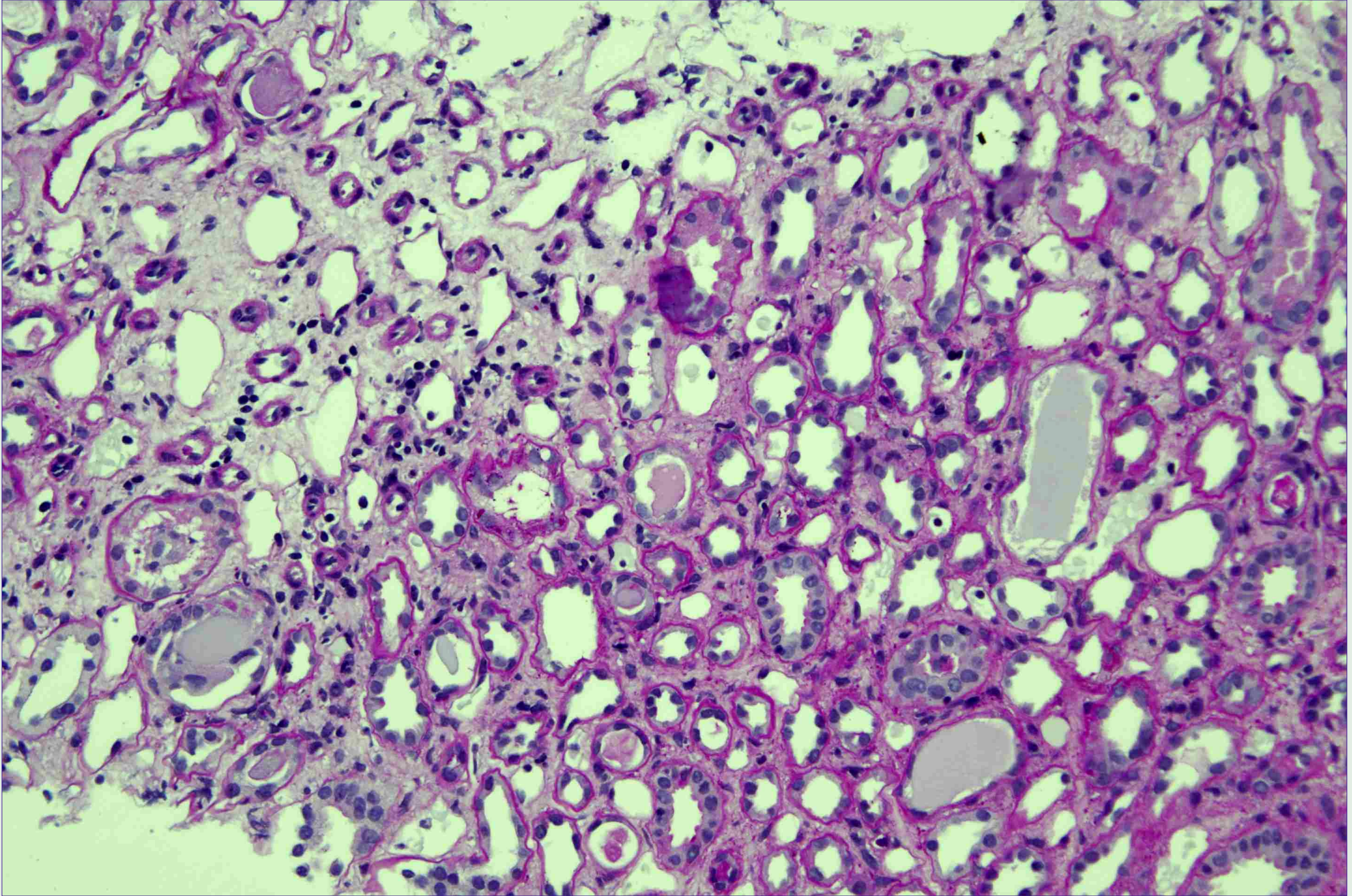


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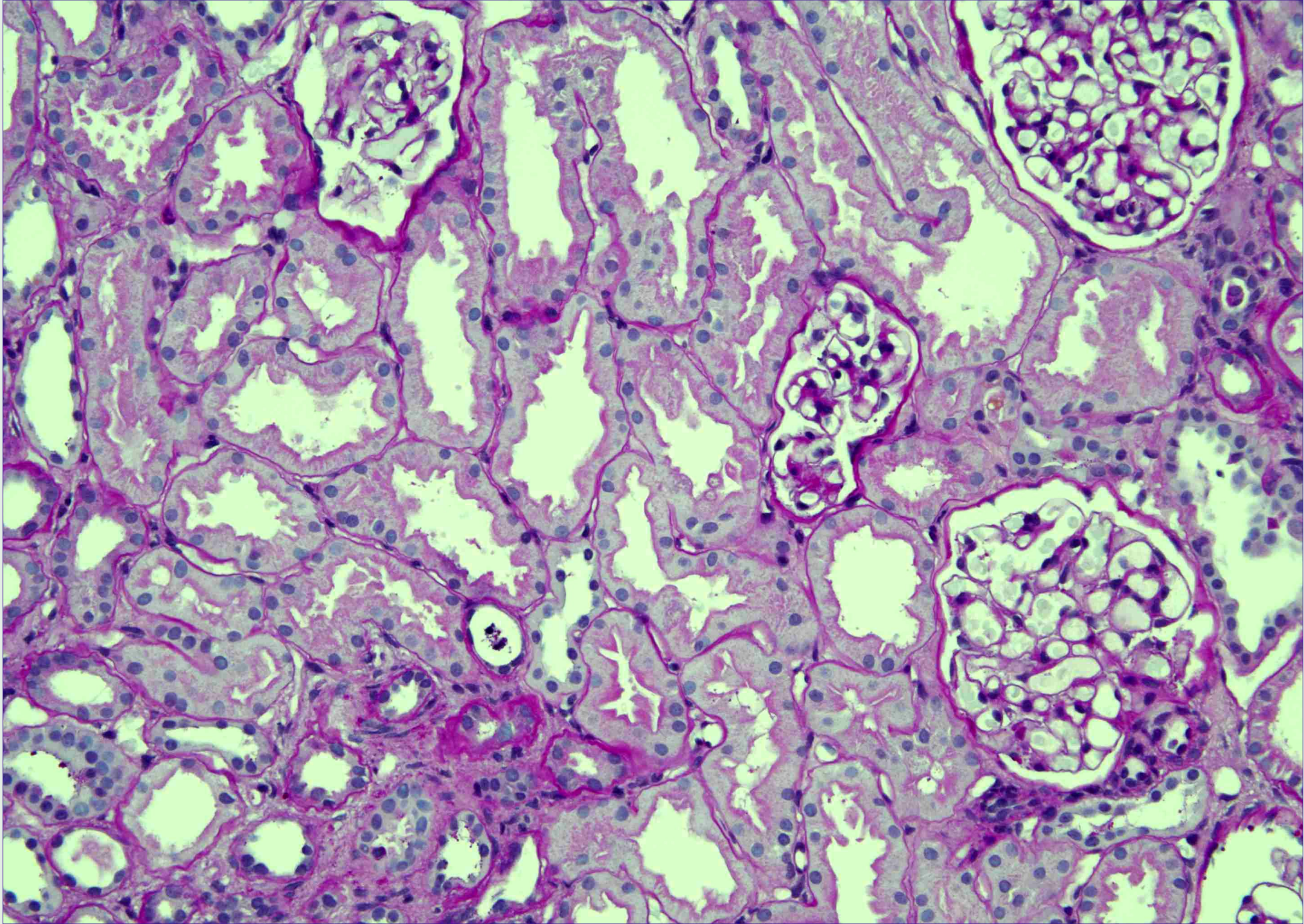


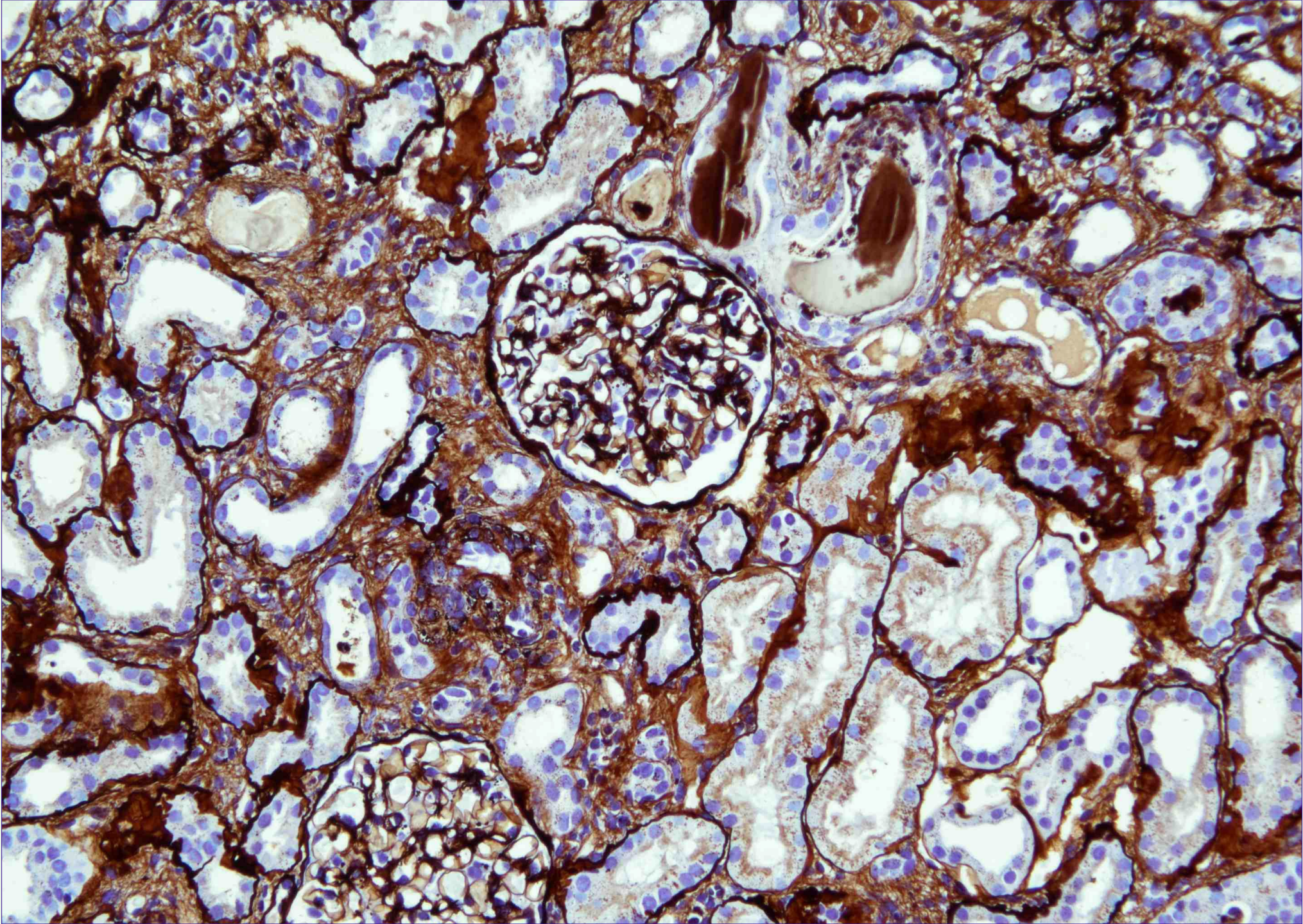
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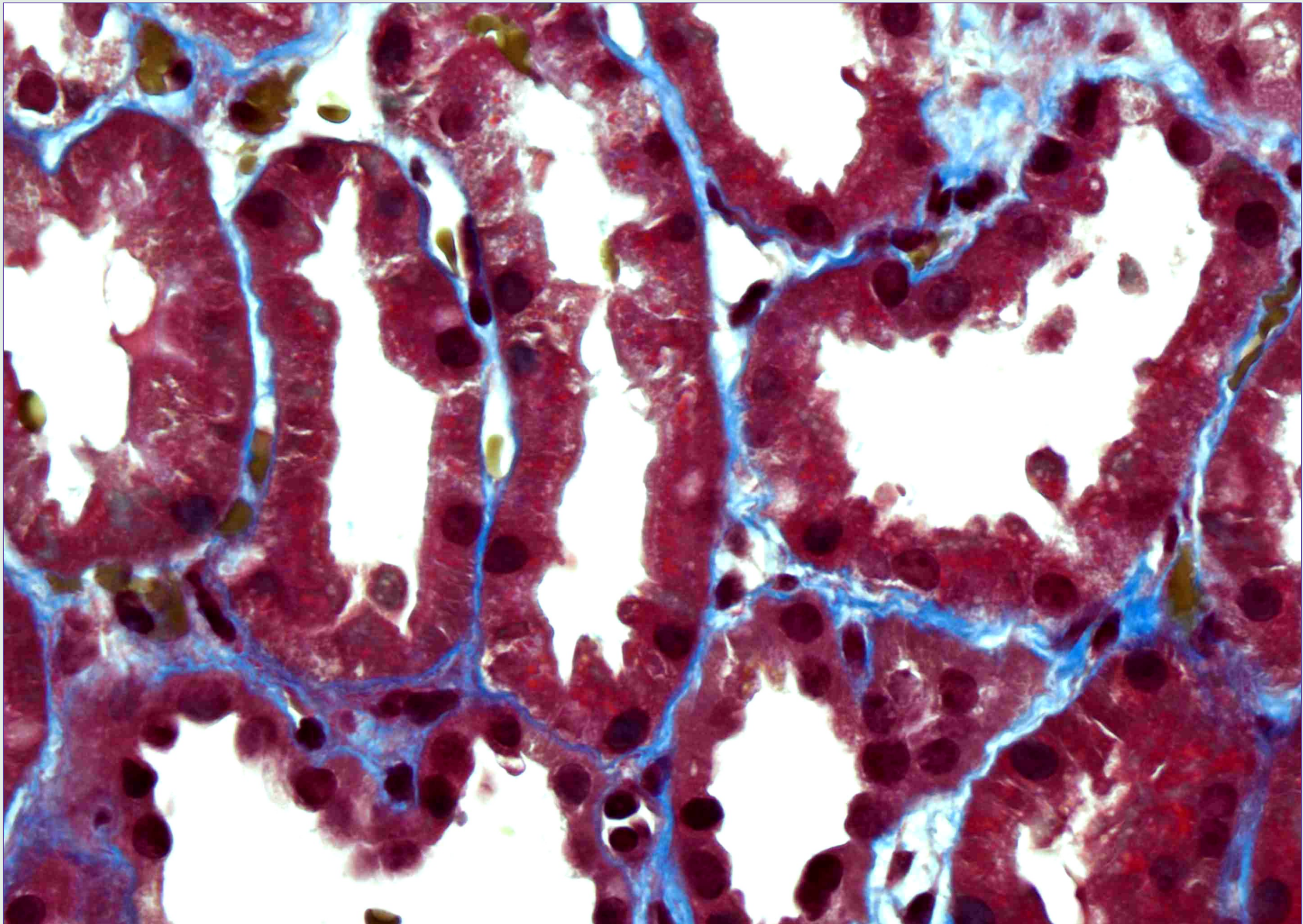




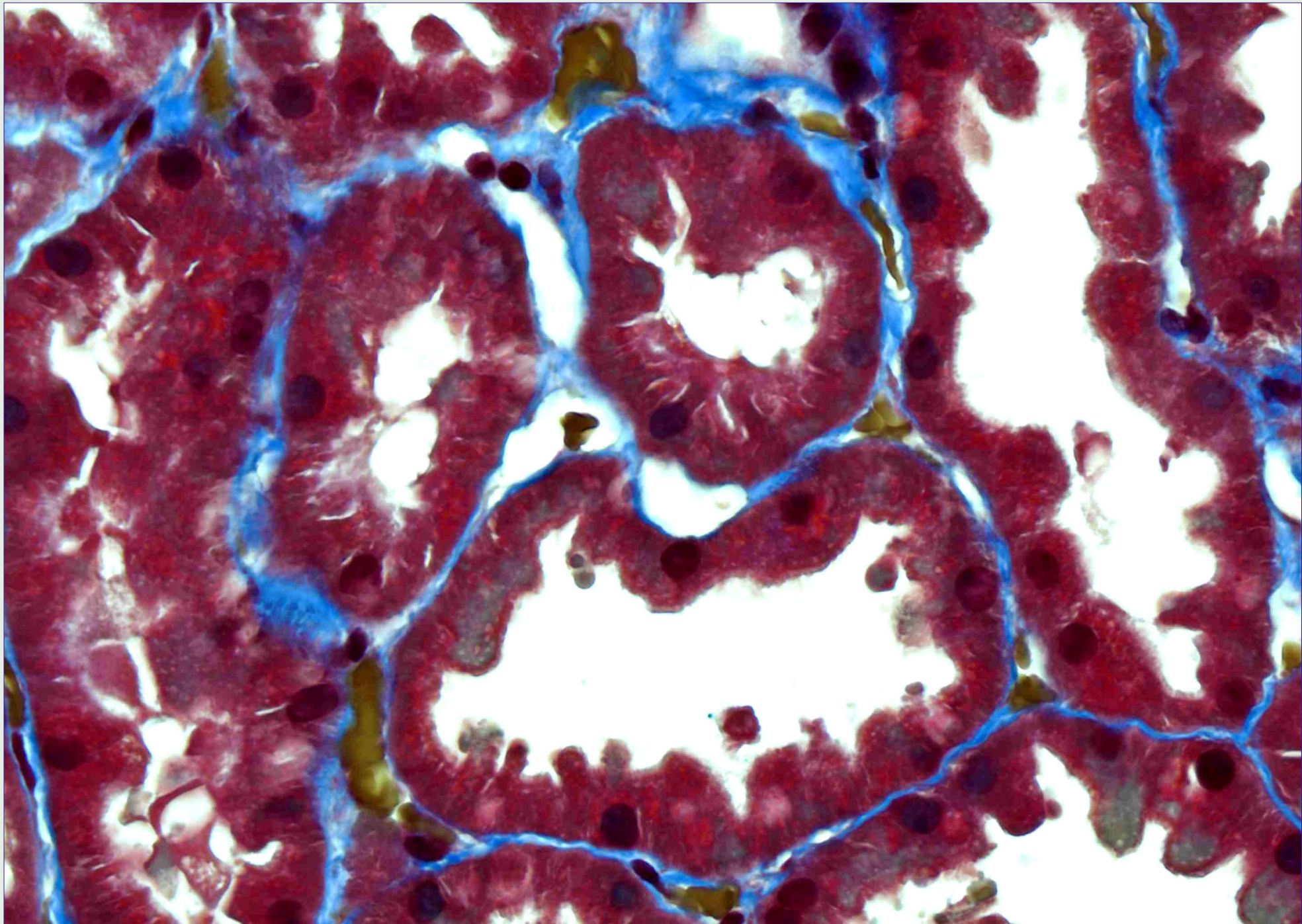
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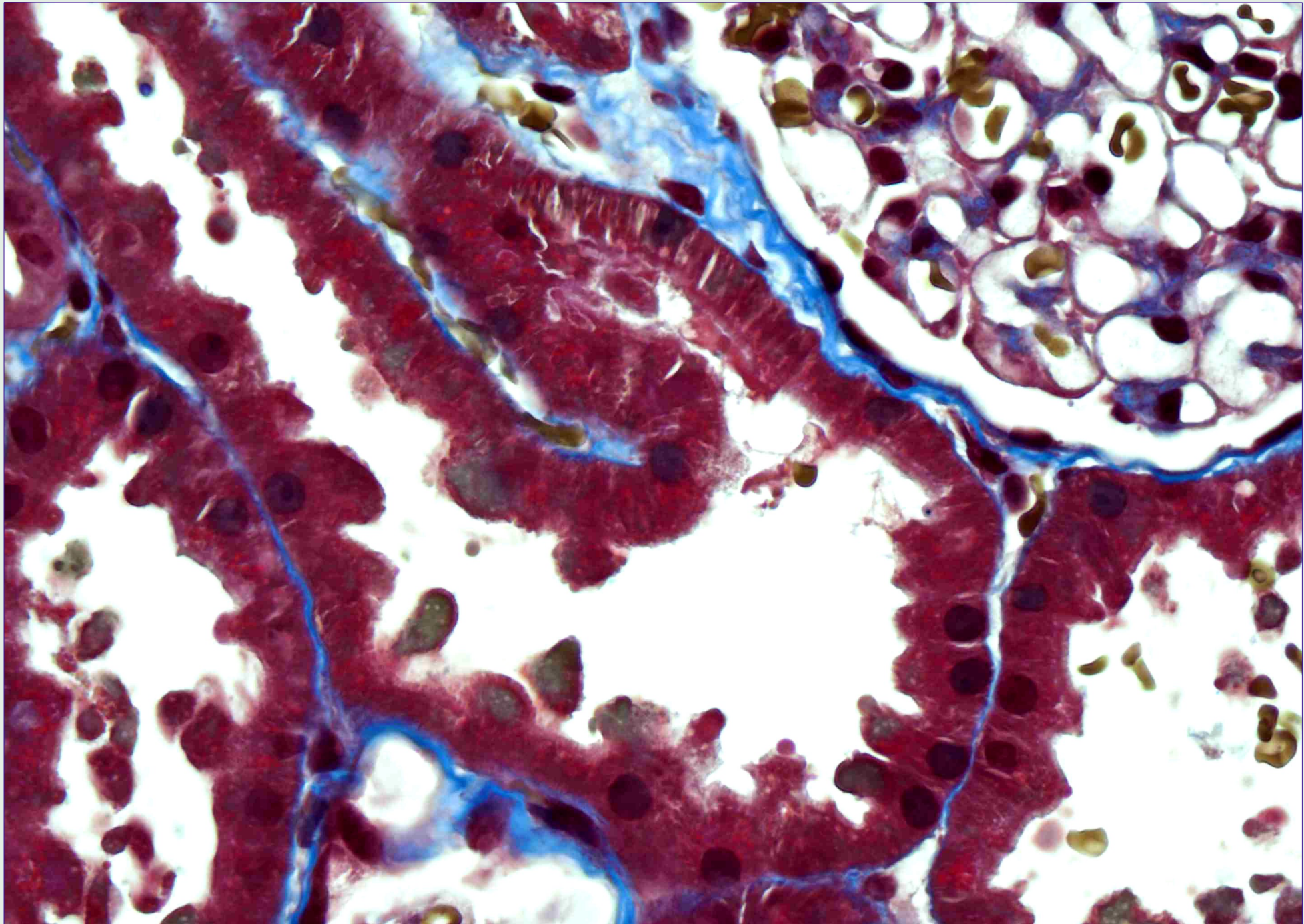




Masson's, x600

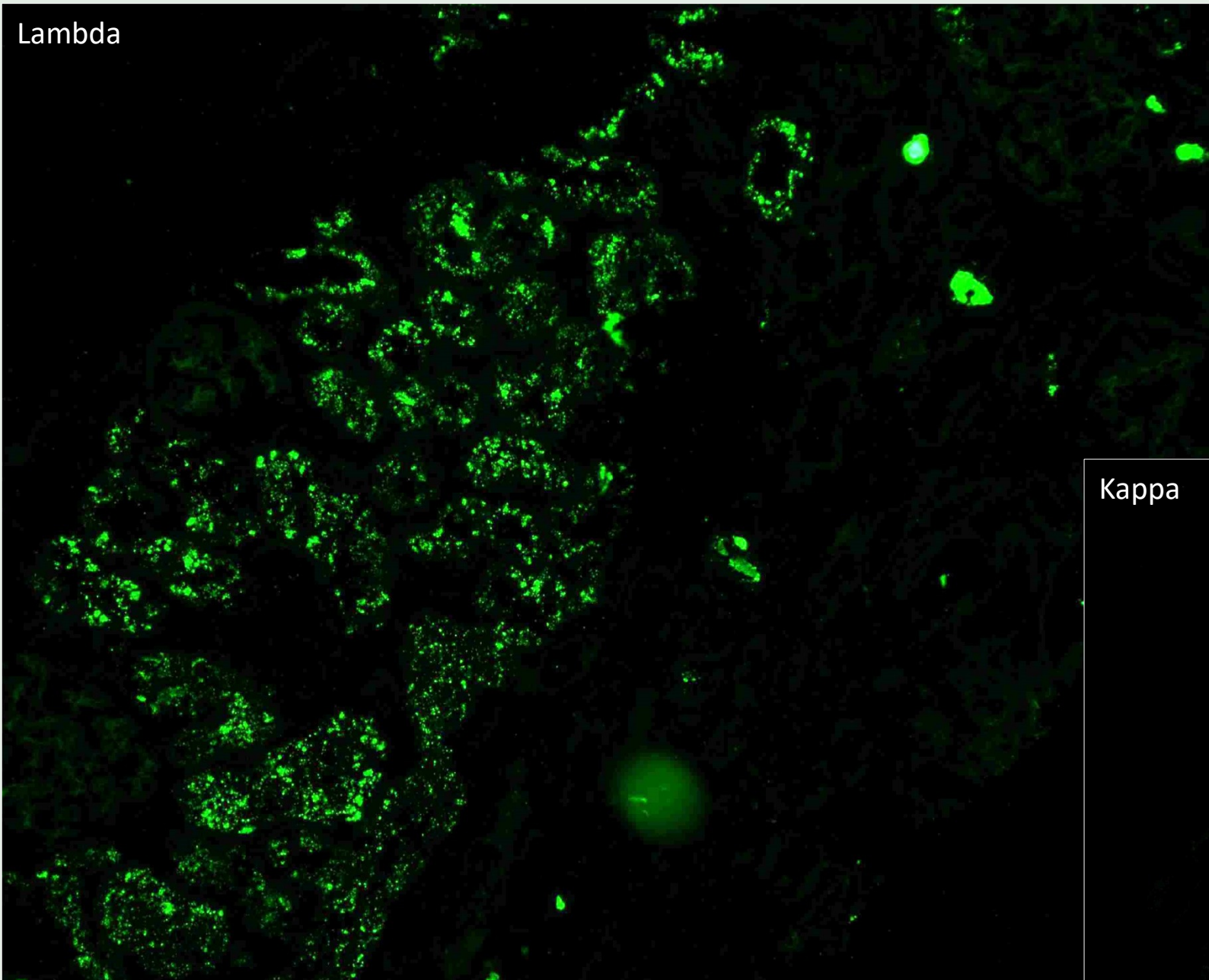


Masson's, x600



Masson's, x600

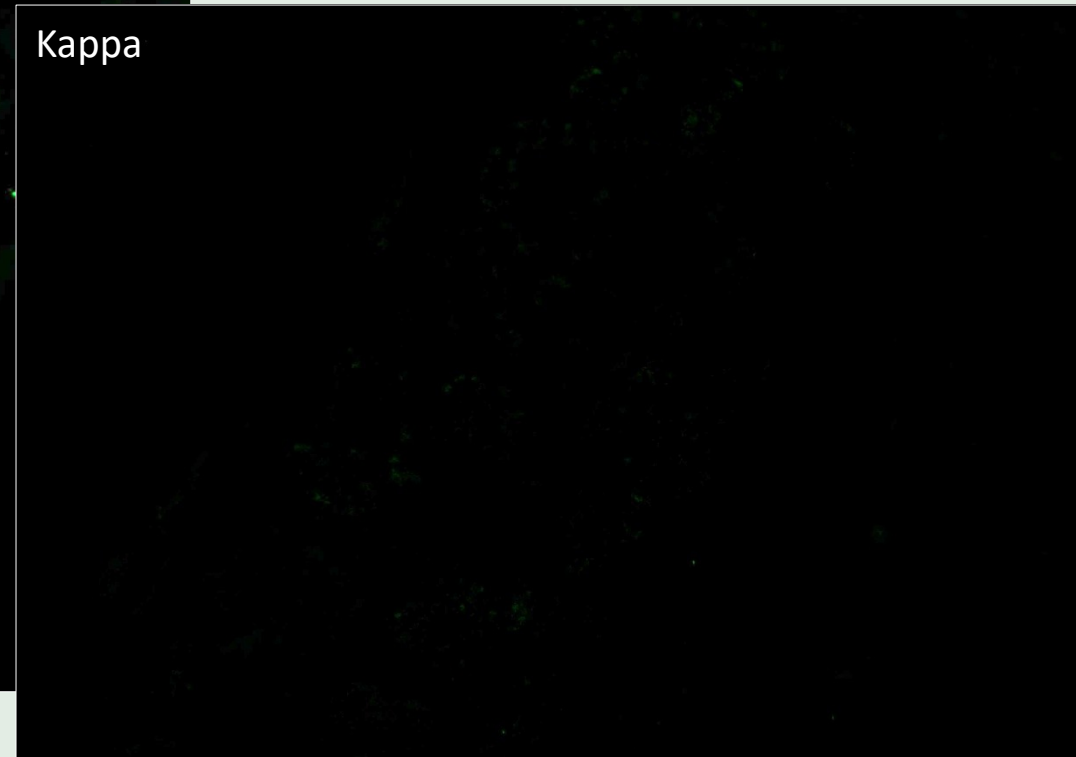
Lambda



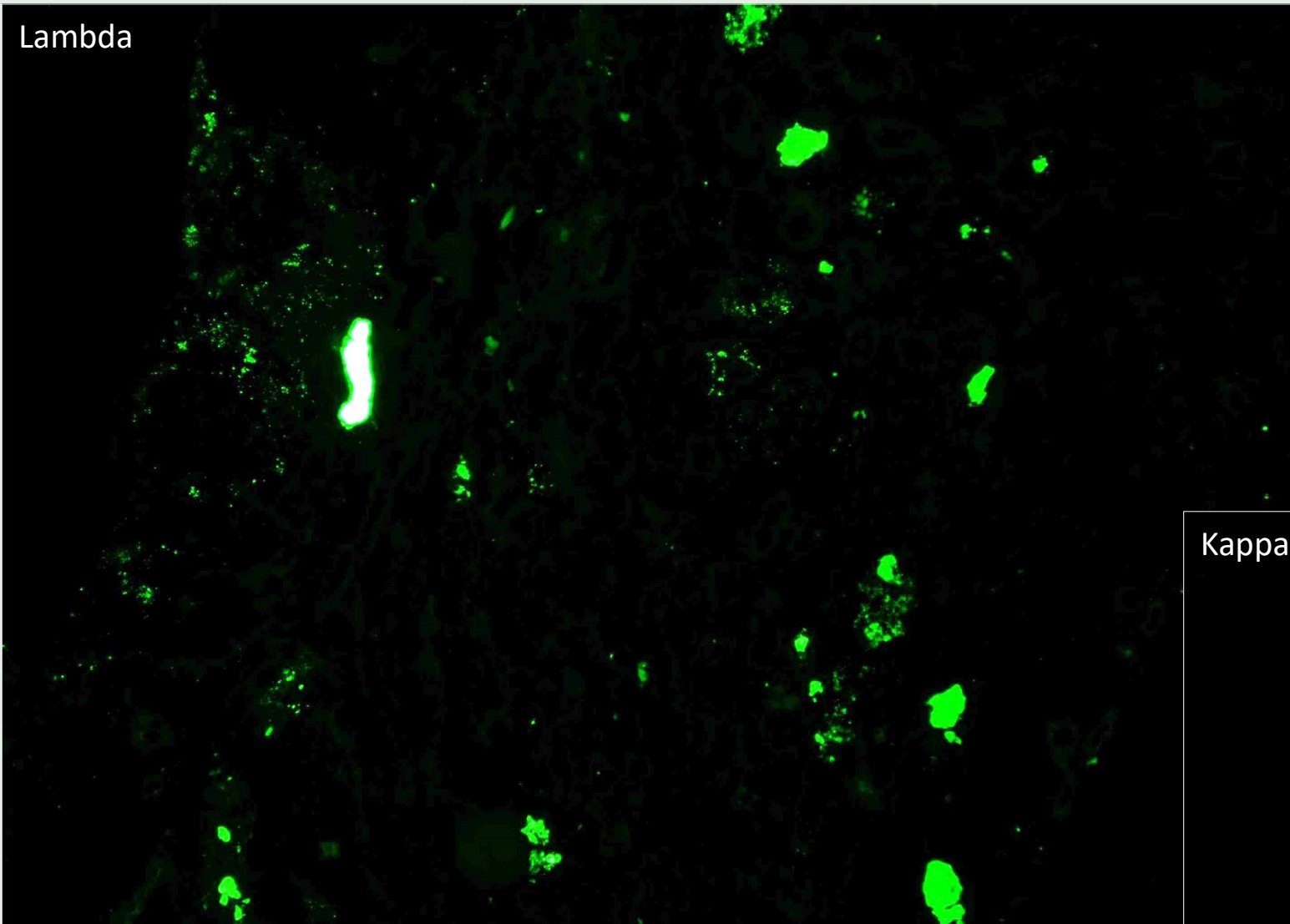
ИФ на свежемороженых срезах



Kappa



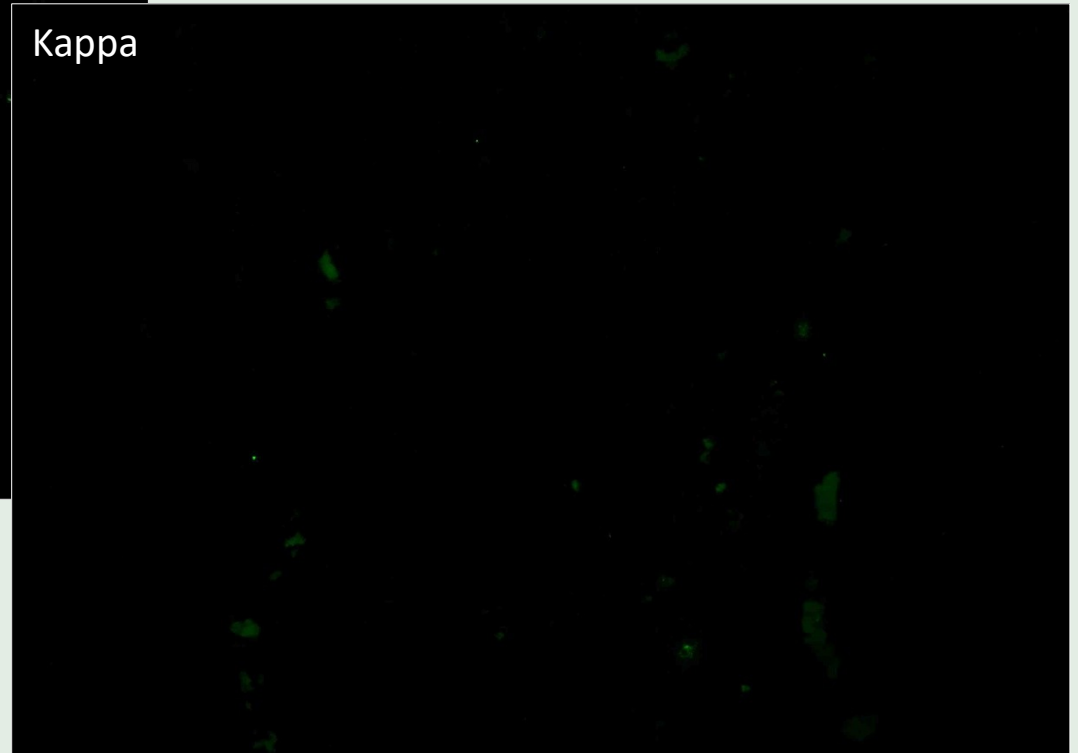
Lambda



ИФ на свежемороженых срезах

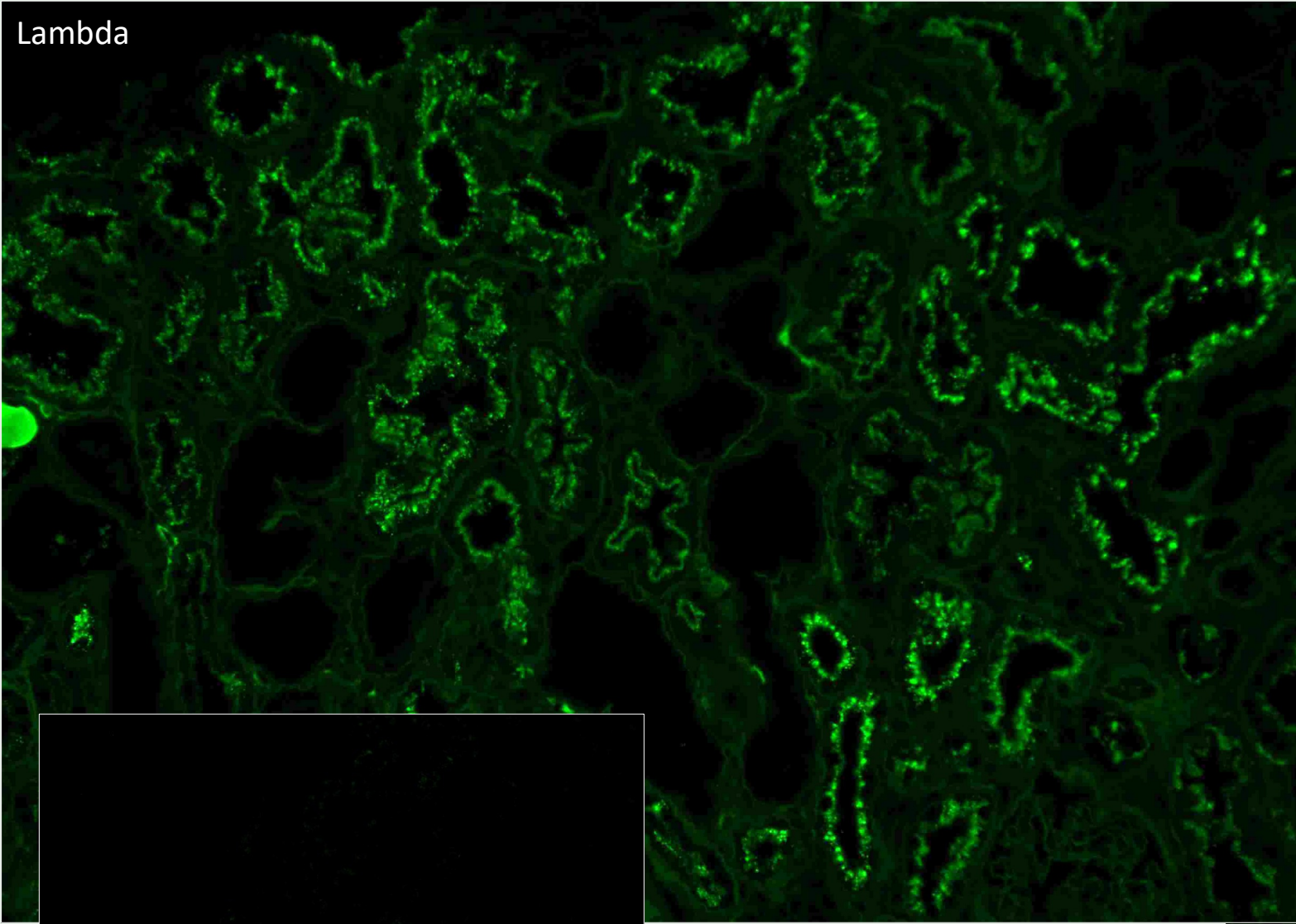


Kappa



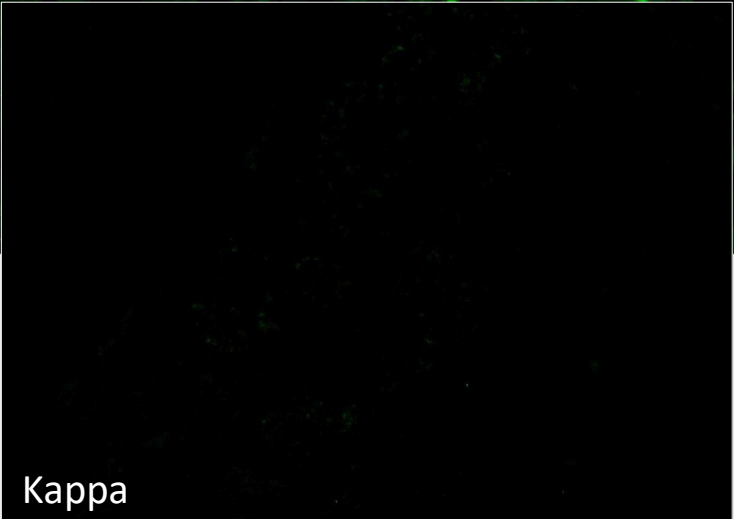


Lambda

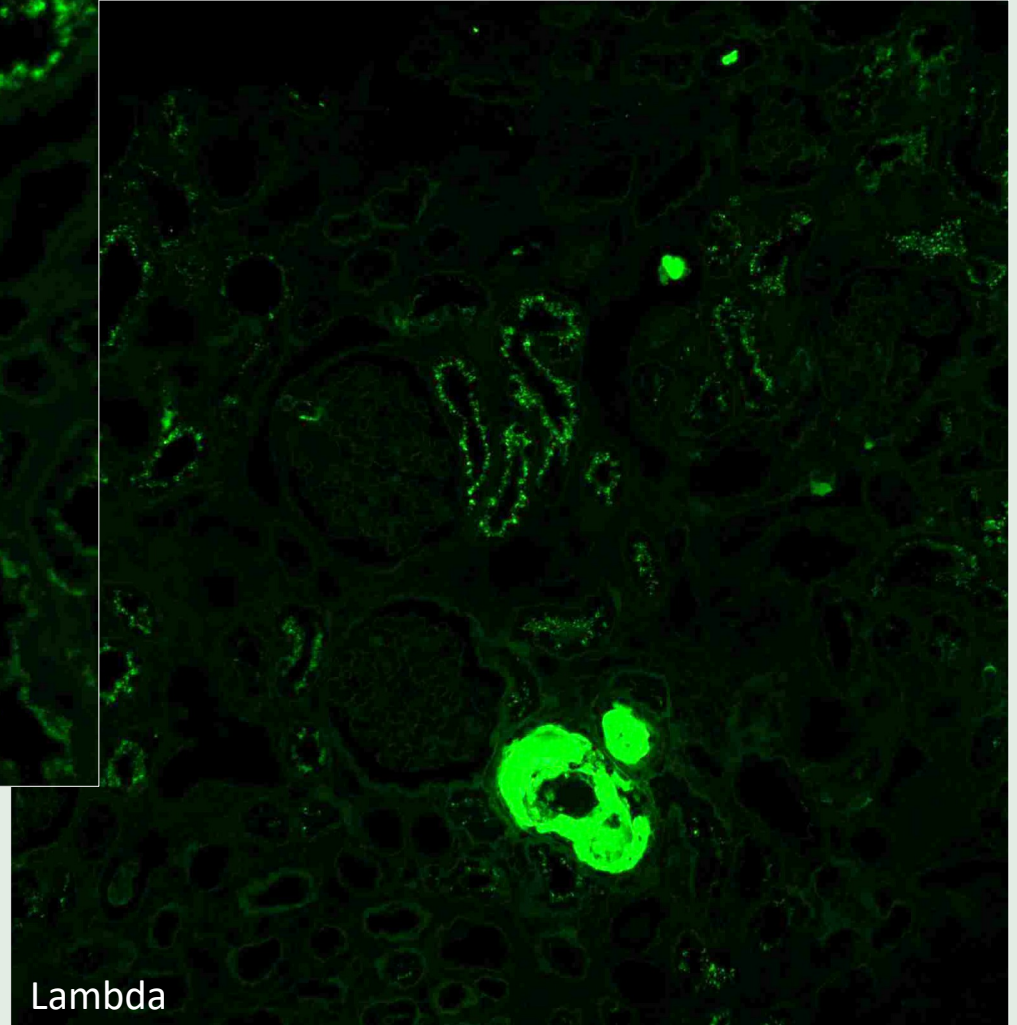


ИФ на парафиновых срезах
Метод предварительной обработки проназой

Kappa



Lambda





Заключение:

МОНОКЛОНАЛЬНАЯ СОЧЕТАННАЯ ПАРАПРОТЕИНЕМИЧЕСКАЯ НЕФРОПАТИЯ (*Lambda*):

1. *VJCN/λ*: диффузная умеренная моноклональная цилиндровая нефропатия *Bence Jones'* (*Lambda*).
2. *LCPT/λ*: диффузная моноклональная тубулопатия (*Lambda*).

Общие критерии остроты и хронизации поражения: умеренное тубуло-интерстициальное воспаление; тотальный острый канальцевый некроз; *БЕЗ* гломерулосклероза, тубуло-интерстициального фиброза и артериолосклероза

КОММЕНТАРИЙ: Результат исследования свидетельствует о состоявшейся моноклональной патологии плазмочитарного ростка и является абсолютным показанием к развернутому онкогематологическому обследованию с целью ее верификации и определения терапии



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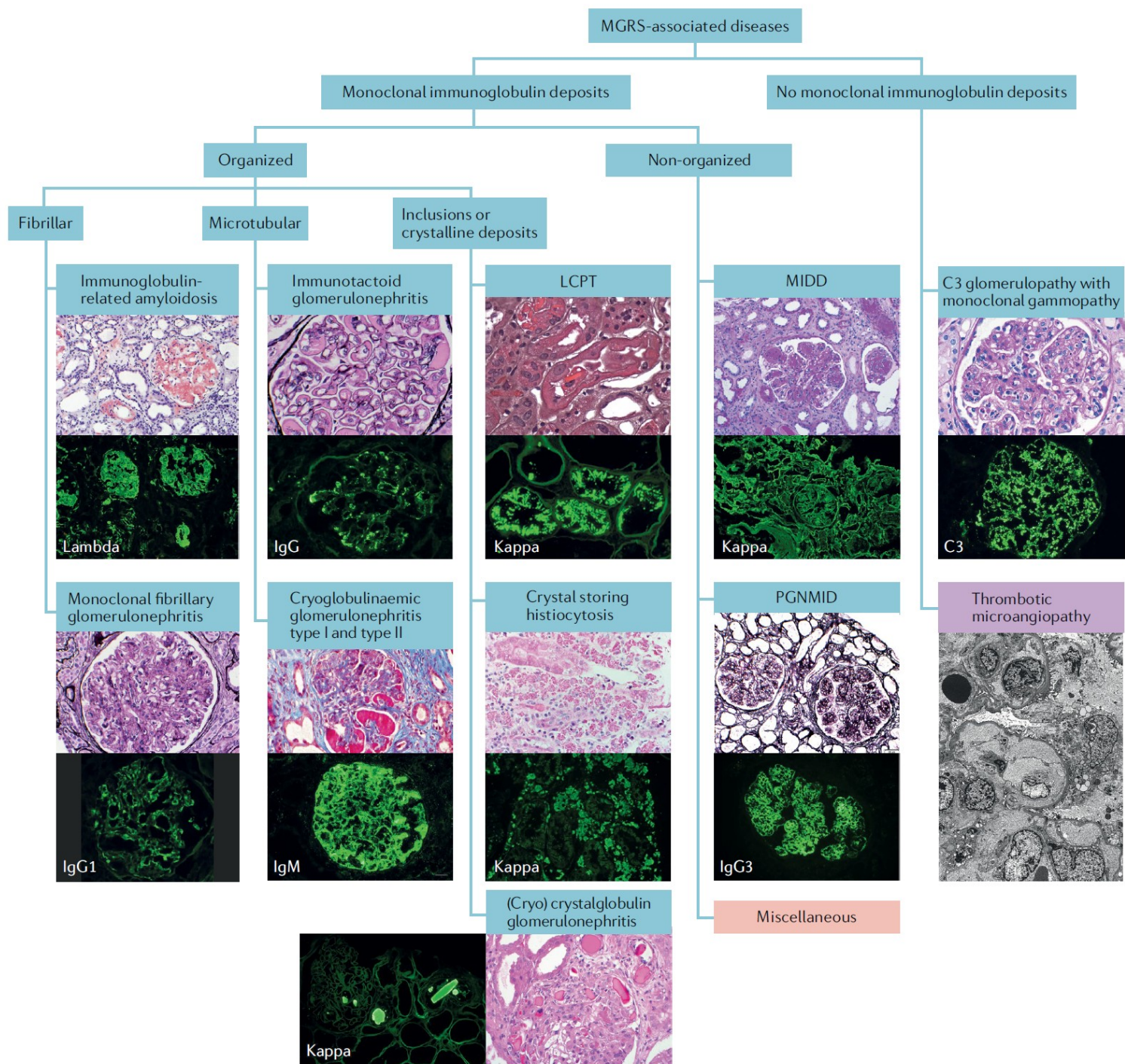
The evaluation of monoclonal gammopathy of renal significance: a consensus report of the International Kidney and Monoclonal Gammopathy Research Group

Nelson Leung¹, Frank Bridoux², Vecihi Batuman³, Aristeidis Chaidos⁴, Paul Cockwell⁵, Vivette D. D'Agati⁶, Angela Dispenzieri¹, Fernando C. Fervenza¹, Jean-Paul Fermand⁷, Simon Gibbs⁸, Julian D. Gillmore⁹, Guillermo A. Herrera¹⁰, Arnaud Jaccard¹¹, Dragan Jevremovic¹, Efstathios Kastiris¹², Vishal Kukreti¹³, Robert A. Kyle¹, Helen J. Lachmann⁹, Christopher P. Larsen¹⁴, Heinz Ludwig¹⁵, Glen S. Markowitz⁶, Giampaolo Merlini¹⁶, Peter Mollee¹⁷, Maria M. Picken¹⁸, Vincent S. Rajkumar¹, Virginie Royal¹⁹, Paul W. Sanders²⁰, Sanjeev Sethi¹, Christopher P. Venner²¹, Peter M. Voorhees²², Ashutosh D. Wechalekar⁹, Brendan M. Weiss²³ and Samih H. Nasr¹*



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mmopathy report Monoclonal

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Pathophysiology and management of monoclonal gammopathy of renal significance

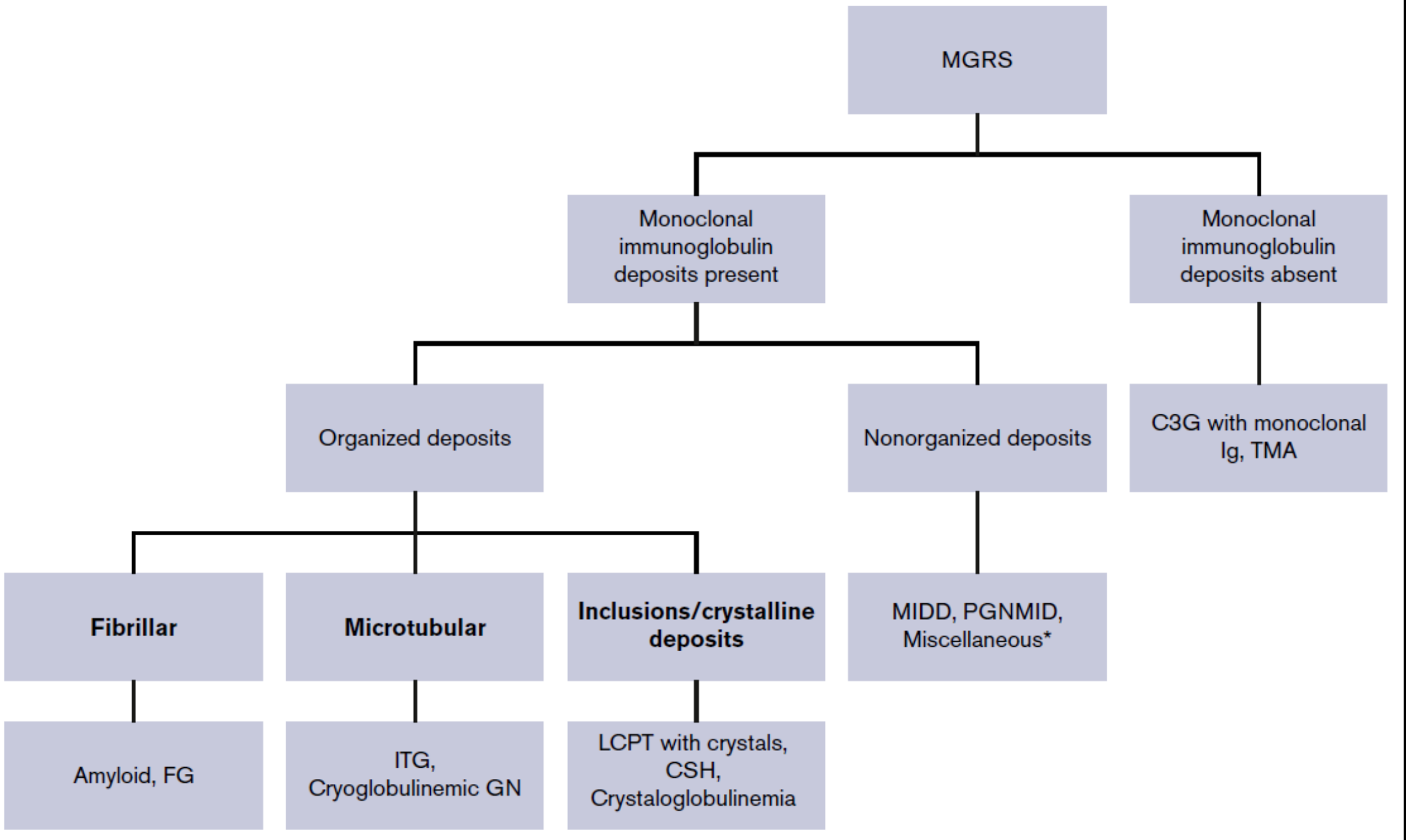
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The full-text version of this article contains a data supplement.



Mechanisms of pathogenicity of monoclonal Ig

Direct

Indirect

Glomerular injury

- Amyloidosis
- ITG
- FG
- MIDD
- PGNMID
- MN secondary to monoclonal Ig

Tubulointerstitial

- LCPT
- CSH and Crystaloglobulinemia

- C3G with monoclonal Ig
- TMA
- POEMS syndrome

Autoantibody mediated

VEGF mediated



Renal Biopsy*: Type of renal pathology, extent of damage and demonstration of monoclonal deposits (LM, IF, EM, LMD/TM, IEM)



Detection of monoclonal protein in serum/urine (SPEP, UPEP, IFE, sFLC)



Characterization of underlying clonal population (B cells, LPL or plasma cells)



Identification of extrarenal manifestations (Amyloidosis, MIDD, Cryoglobulinemic GN, C3G with monoclonal Ig)



НАЦИОНАЛЬНЫЙ ЦЕНТР
КЛИНИЧЕСКОЙ МОРФОЛОГИЧЕСКОЙ ДИАГНОСТИКИ

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