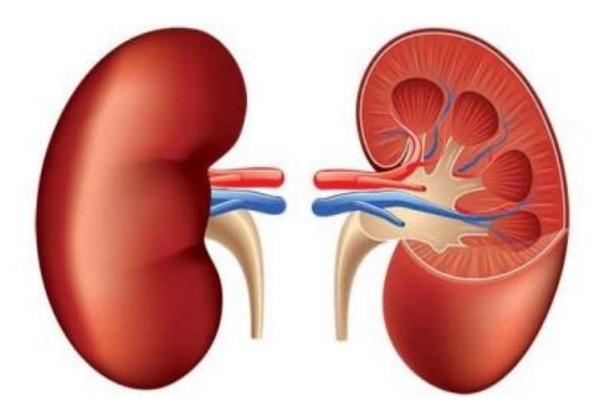
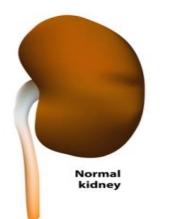
# Lab 9 Renal Pathology



# **Polycystic kidney disease**

• It is characterized by tubular dilatation with cyst formation interspersed between normally functioning nephrons. The cysts may be single or multiple and can vary in size from microscopic to several centimeters in diameter.

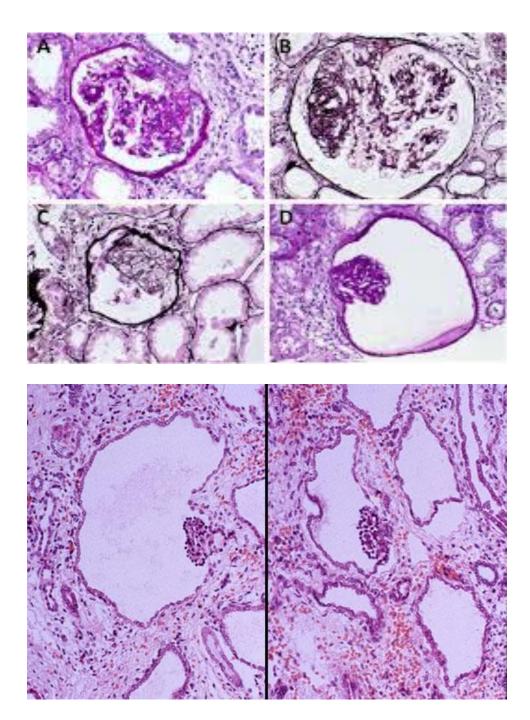
#### POLYCYSTIC KIDNEY DISEASE





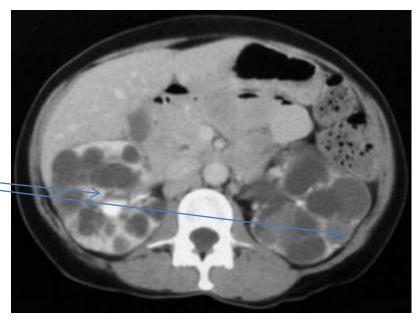
Polycystic kidney

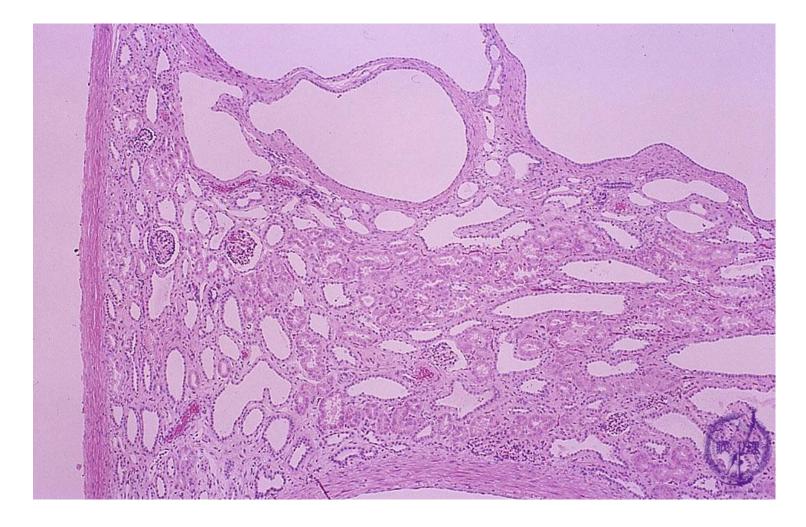




- Types:
- 1. Autosomal recessive:
- It is present at birth.
- It is bilateral, and significant renal dysfunction usually is present

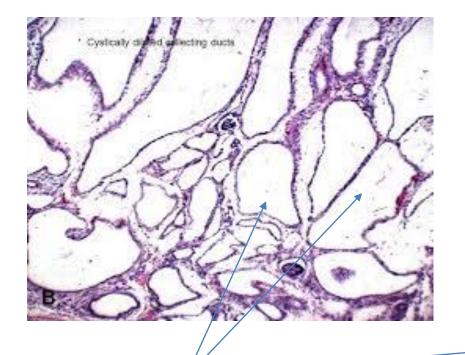
**<u>Pediatric Radiology</u> CT** showing multiple cysts = bilaterally





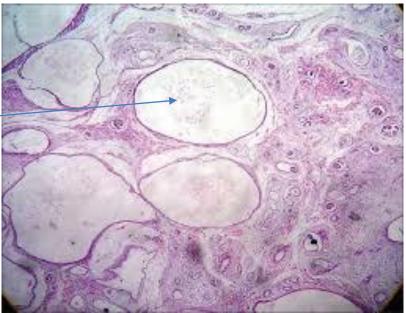
#### Autosomal recessive PKD in infant

- Liver fibrosis and portal hypertension may occur.
- It can be diagnosed by ultrasonography.
- There is no known treatment for the disease. Approximately 75% of infants die during the perinatal period.



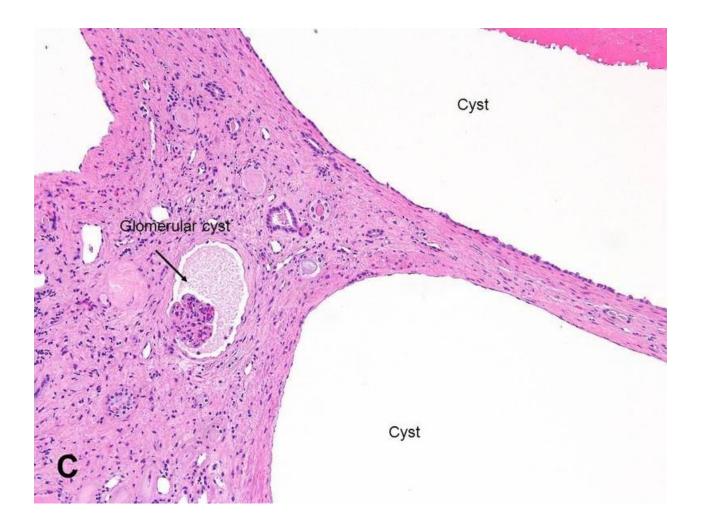
Fluid retention by the cyst

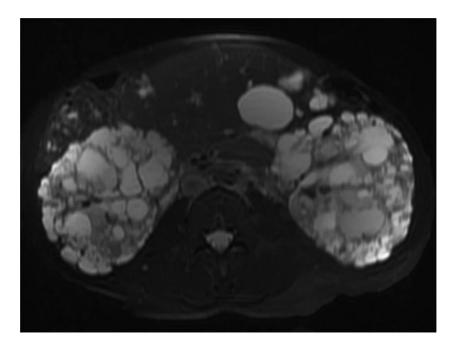
### Autosomal recessive PKD



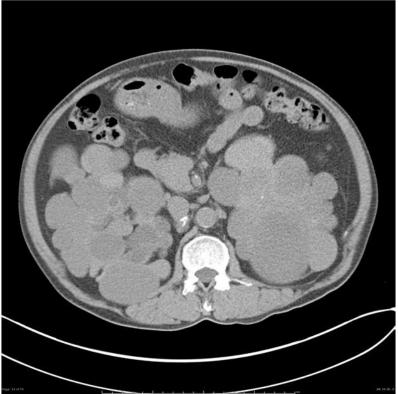
## 2. Autosomal dominant :

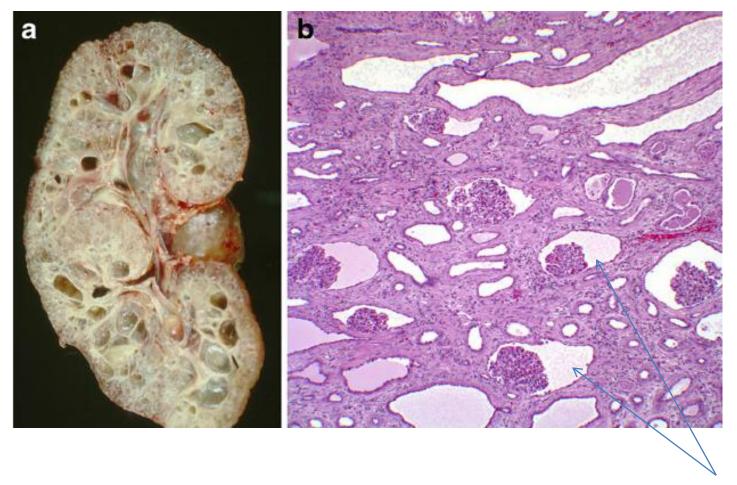
- It affects children and adults and also called adult polycystic kidney disease.
- The symptoms occur later in life.
- Three types of genes are implicated:
- a. First gene is polycystic kidney disease gene called **PKD1**, located on chromosome **16**, is responsible for approximately **85%** of cases.
- b. Second gene, called PKD2, which is located on chromosome 4, is responsible for a milder form of the disease.
- c. Third gene, PKD3, on chromosome 11, is responsible for a minority





MRI of the abdomen and pelvis of a patient affected by autosomal dominant polycystic kidney disease





#### Autosomal dominant polycystic kidney disease cysts

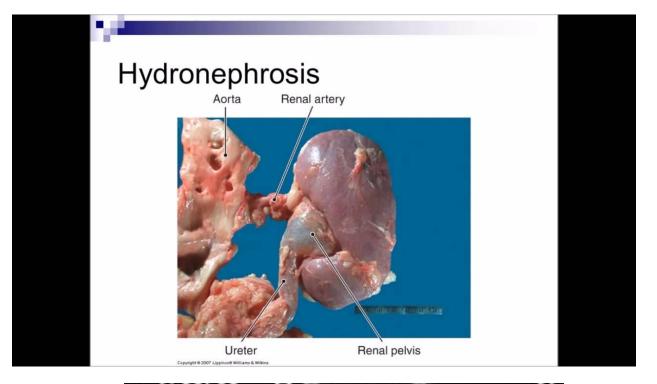
# **Urinary tract obstruction**

- It can occur in persons of any age and can involve any level of the urinary tract from the urethra to the renal pelvis.
- The two most damaging effects of urinary obstruction are:
- **1. Stasis of urine:** which predisposes to infection and stone formation
- 2. Development of backpressure: which interferes with renal blood flow, destroys kidney tissue, and predisposes to hydronephrosis

# What is hydronephrosis?

• It refers to dilation of the renal pelvis and calices, with atrophy of renal tissue, that is caused by obstruction to the outflow of urine. The obstruction may be sudden or insidious in onset and may occur at any level of the urinary tract.







# **Causes of urinary tract obstruction:**

- 1. Renal calculi
- 2. Tumors
- 3. Ureteral stricture
- 4. Bladder cancer
- 5. Stones
- 6. Prostatic hyperplasia
- 7. Congenital defects

# • Renal calculi (stones):

Kidney stones are crystalline structures that are formed from components of the urine.

**Types of stones:** 

- a. Calcium stones (*i.e.*, ca-oxalate or ca-phosphate)
- **b.** Magnesium ammonium phosphate stones
- c. Uric acid stones
- d. Cystine stones.



#### **Calcium Stone**



#### **Uric Acid Stone**



**Struvite Stones** 



**Cystine Stone** 

#### **Renal stones**

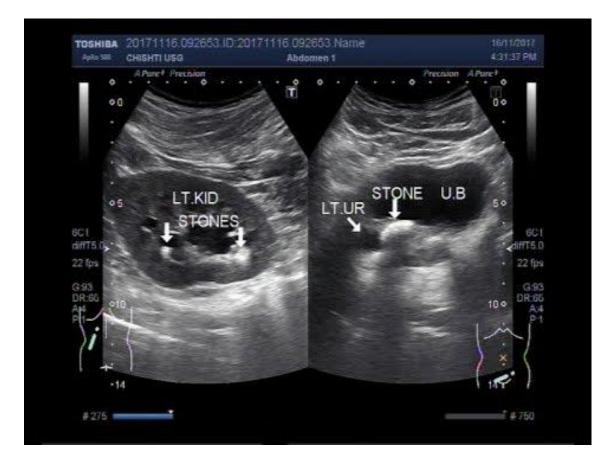
## **Calcium stones:**

Most kidney stones (70% to 80%) are calcium stones—calcium oxalate, calcium phosphate, or a combination of the two materials. Calcium stones usually are associated with increased concentrations of calcium in the blood and urine.





Calcium phosphate stone



# **Magnesium Ammonium Phosphate Stones:**

• It is also called struvite stones, form only in alkaline urine and in the presence of bacteria that possess an enzyme called *urease*, which splits the urea in the urine into ammonia and carbon dioxide.



# **Uric Acid Stones:**

• Uric acid stones develop in conditions of gout and high concentrations of uric acid in the urine

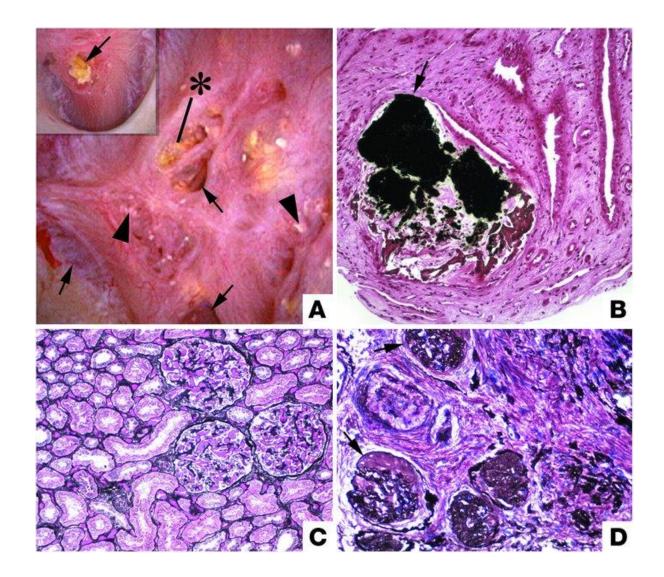
**Uric Acid Kidney Stone** 



# **Cystine Stones:**

• Cystine stones are rare. They are seen in cystinuria, which results from a genetic defect in renal transport of cystine





**Kidney stones** 

# **Theories of renal stones formation:**

- The saturation theory (stone components)
- The matrix theory (mucopolysaccharide)
- The inhibitory theory (inhibitory proteins: nephrocalcin, Tamm-Horse mucoprotein, uropontin)

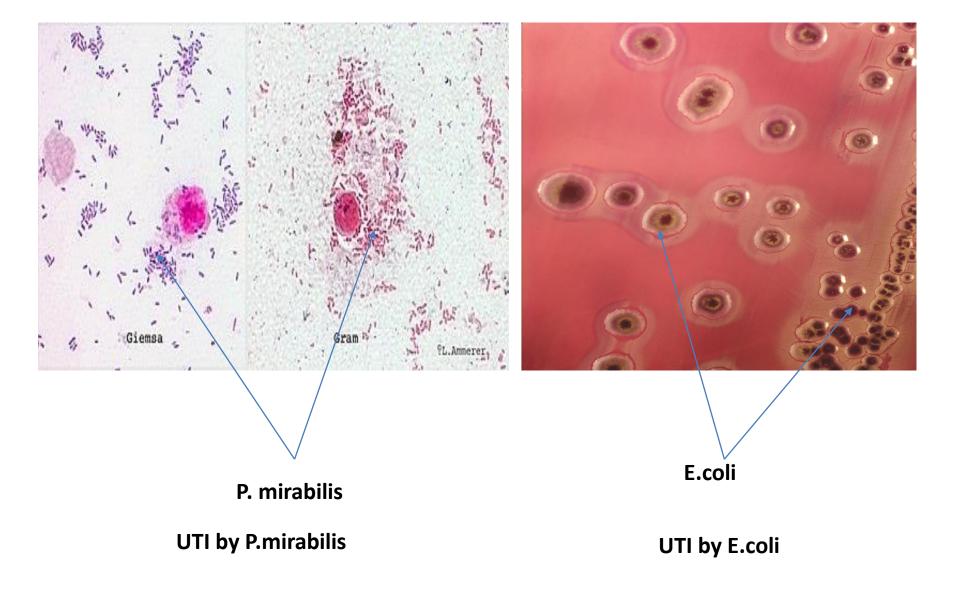
# Urinary tract infection

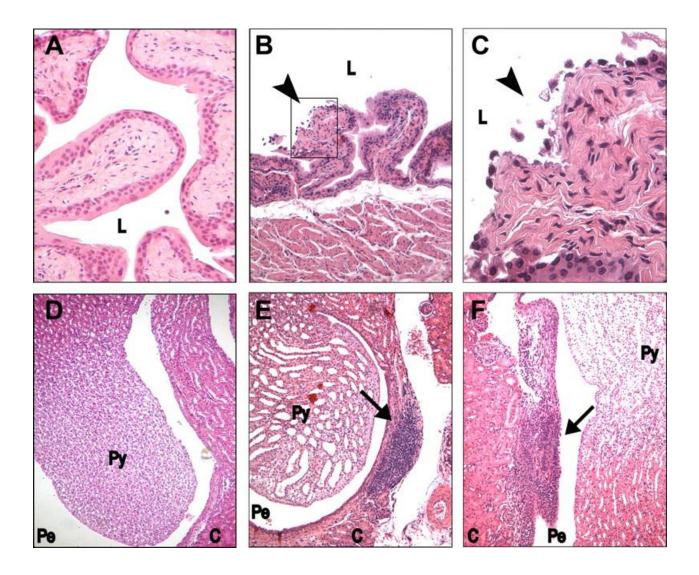
# **URINARY TRACT INFECTIONS**

- Urinary tract infections (UTIs) are the second most common type of bacterial infections seen by health care providers after respiratory tract infections.
- There are two forms:
- > Upper UTIs
- **Lower UTIs**

# **Etiology:**

- Escherichia coli
- Staphylococcus saprophyticus
- Proteus mirabilis
- Klebsiella pneumonia
- Enterococcus species





UTI by S. saprophyticus

# **Risk factors of UTIs:**

- > Urinary obstruction and reflux.
- ➢ Renal stones
- Sexual activity
- > Urinary catheterization

