

Chronic GN

Chronic GN: is the final outcome of various forms of G disease, irrespective of whether there has been preceding G inflammatory injury

- It represents the end stage of a variety of entities, including Cr GN, FSGS, MN, MPGN & IgA nephropathy, When it is discovered, the G changes are so far advanced that it is difficult to ascertain the original lesion.*

بشكل عام ال Chronic GN هي النتيجة أو الشكل النهائي اللي بصير على بعض أمراض G واللي بصير فيها انه الكلية بتنكمش وبصير فيها Fibrosis وال TUBULES بصير فيها ضمور بتبطل قادرة على إعادة امتصاص المواد اللي تم فلترتها فكفاءة الكلية بتقل وبهاي الحاله بصير صعب علي أعرف السبب الرئيسي اللي عملي Chronic GN

➤ Grossly

- 1-both kidneys are symmetrically contracted
- 2- their surfaces are redbrown
- 3-diffusely granular.

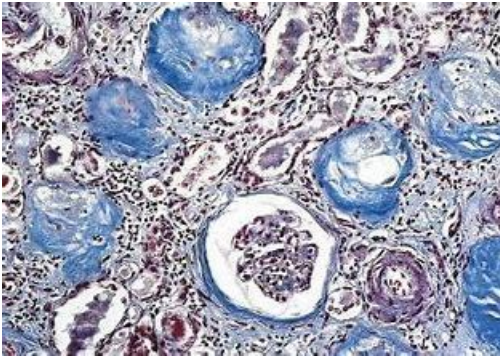


➤ Histopathological E :

- 1- Advanced scarring
- 2- obliteration of the G, sometimes to the point of complete sclerosis
- 3-Atrophy of the tubules in the cortex
- 4- Interstitial fibrosis, with marked lymphocytic cell infiltrates

5- the small & medium-sized arteries are frequently thick walled& narrowed, due to hypertension secondary to the chronic GN

Such markedly damaged kidneys are designated "**end-stage kidneys**"!



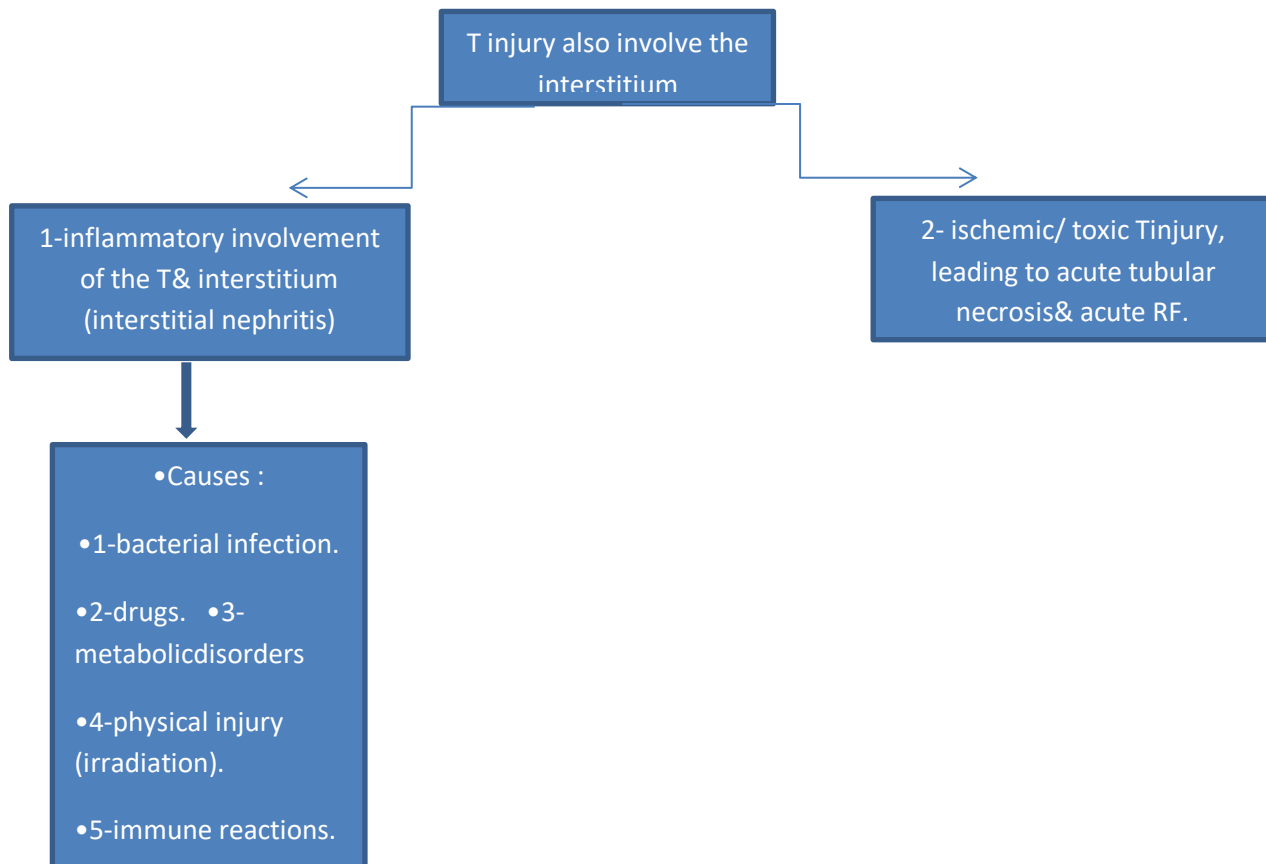
Chronic GN. Masson trichrome stain, shows complete replacement of virtually all glomeruli by blue-staining collagen

NOTES

** it is usually first noted in young & middle-aged adults BUT it may develop at any age,

**It is a common & important cause of CRF, e.g., Among 3700 Jordanian cases whom require chronic hemodialysis or renal transplantation in 2011,30%are chronic GN; 30%are diabetic; 30%are hypertensive;10% are renal adult polycystic disease

It has been estimated that 20% of chronic GN cases arise with no history of symptomatic renal disease!DISEASES AFFECTING TUBULES (T) & INTERSTITIUM**



Pyelonephritis: is used for cases of TIN caused by bacterial infection, with prominent involvement of the renal pelvis

interstitial nephritis: is reserved for cases of TIN that are nonbacterial in origin, including T injury resulting from drugs, metabolic disorders (e.g., hypokalemia), physical injury (e.g., irradiation), viral infections, & immune reactions. can be divided into:

1- acute

2- chronic categories on the basis of clinical features & the character of the inflammatory exudate .