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Un-usual renal cases

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Renal pathology is a unique part of pathology involving both native and transplant pathology. Today I will present a combinations of both. All the cases I will present are unusual and give us something to learn. With an expected finding in histology not matching the presentation or the history one case is of Intraglomerular metastases of malignant tumor? Resembling crescent and endocapillary formation. The case was a surprise for nephrologist and for us with only few are reported. We confirm the diagnosis using immunohistochemistry with different antibodies. The other case is a transplant case with a diagnosis of Suspicious for acute T-cell-mediated rejection for the first two biopsies then patient get treatment but still he get worse and a third biopsy showed same finding but clinically there was positivity in the serum for ? So all the biopsies reviewed and show the same positivity by immunohistochemistry. Also there are no case reported with this finding. A third with previous confirmed diagnosis of C3 glomerulopathy presenting with same clinical presentation after 5 years and biopsy done but it show that there is no more C3 glomerulopathy with complete negative stains for C3 and a new diagnosis?

Biography

Tariq Al Johani has completed his MBBS and residency of pathology from king saud University and he did his postdoctoral studies in renal pathology from imperial college and hammersmith hospital London UK. He is the director of immunohistochemistry in the pathology department. He has published few papers and he has many ongoing work in histopathology and renal pathology.

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