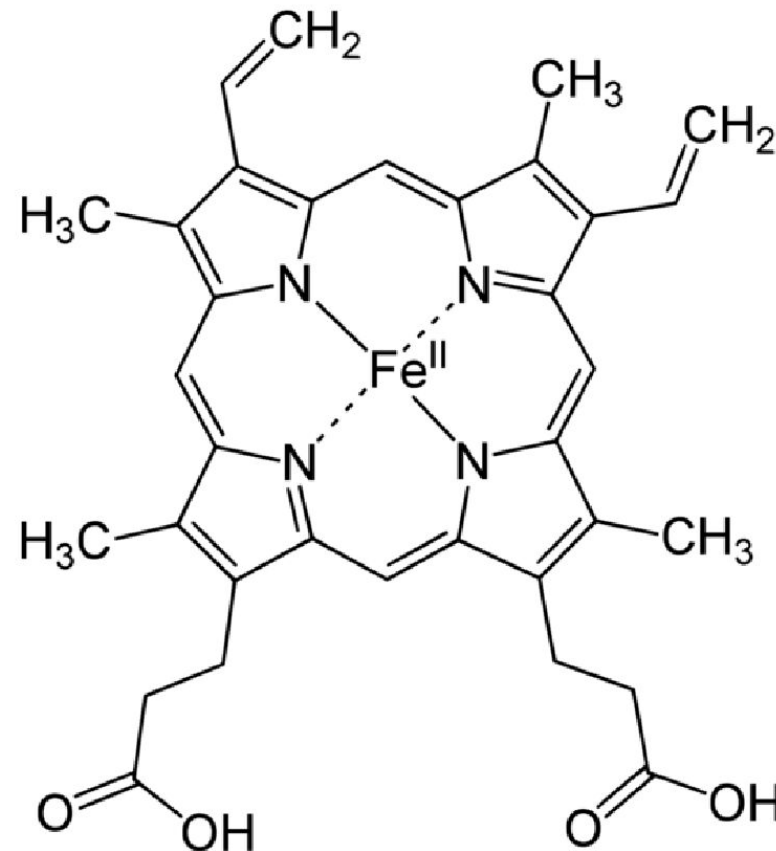


Pathology of pigments

MUDr. Jan Balko

Department of Pathology and Molecular Medicine,
2nd Faculty of Medicine, Charles University in Prague and
Motol University Hospital



FN MOTOL



2. LF UK

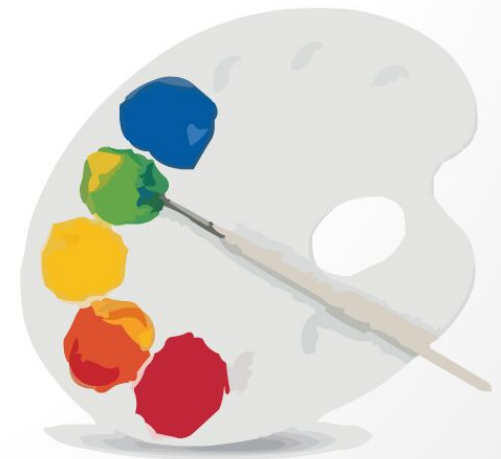
Pigments

- **coloured** substances within the cell or in the extracellular matrix

(= intra- / extracellular; soluble / insoluble = corpuscular)

1) endogenous

2) exogenous



Pigments

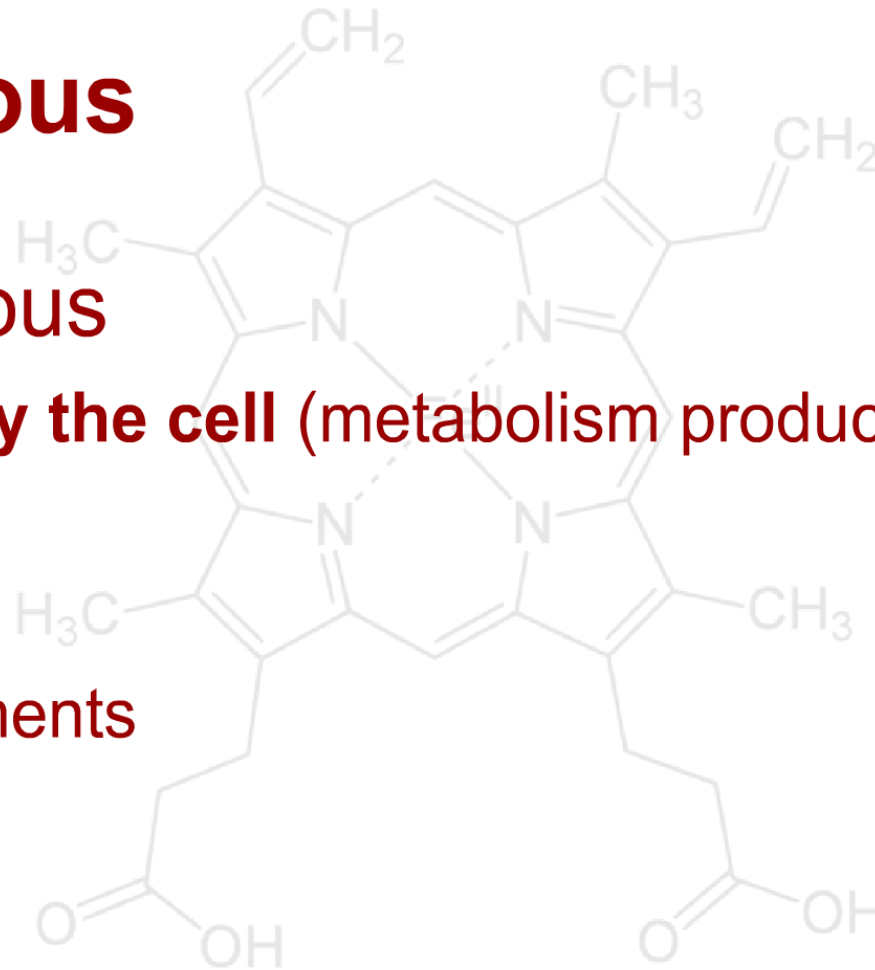
1) endogenous

1) autogenous

- formed **by the cell** (metabolism product)

1) melanin

2) lipopigments



Pigments

1) endogenous

2) hematogenous

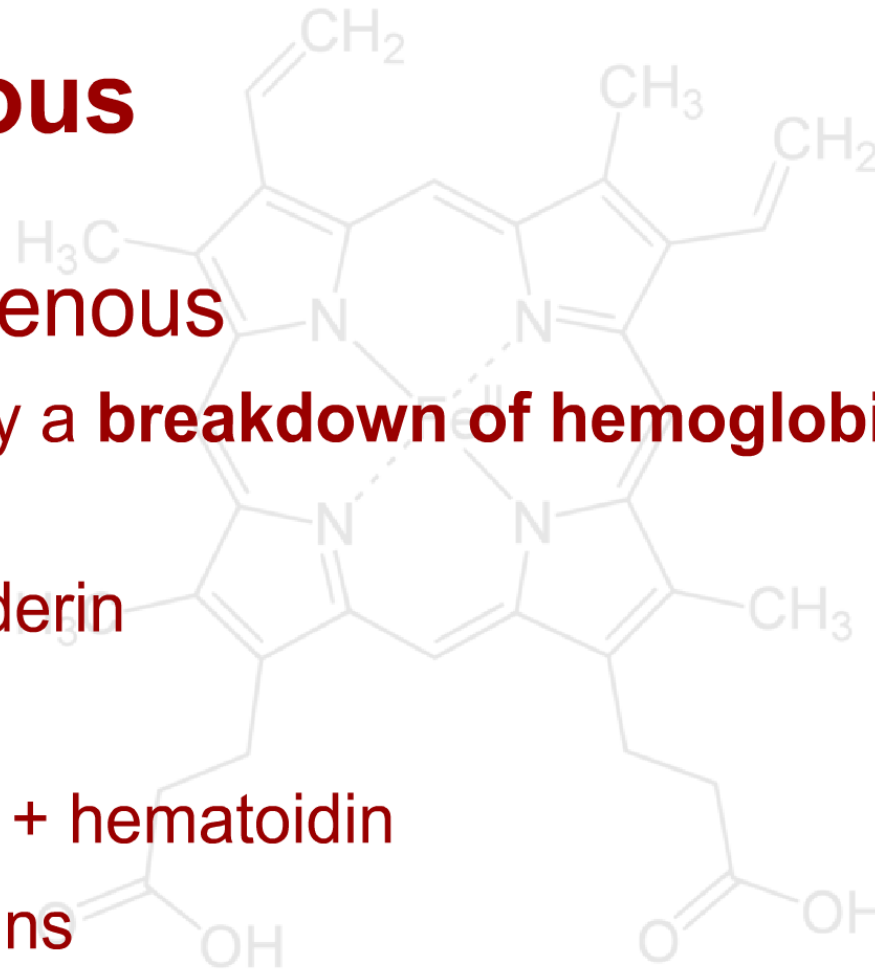
- formed by a **breakdown of hemoglobin**

1) hemosiderin

2) hematin

3) bilirubin + hematoidin

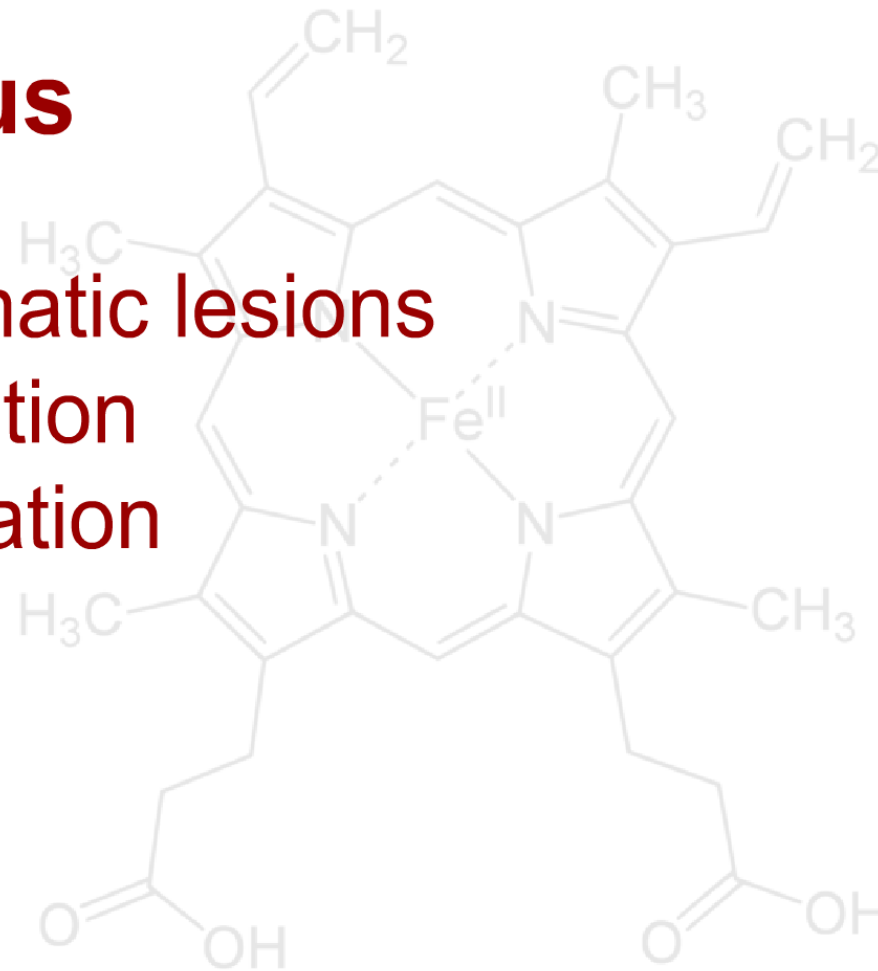
4) porphyrins



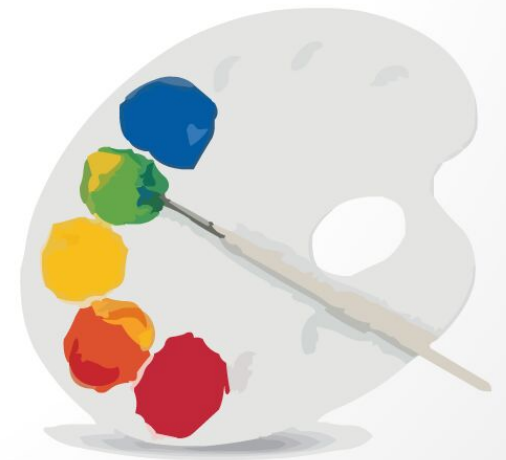
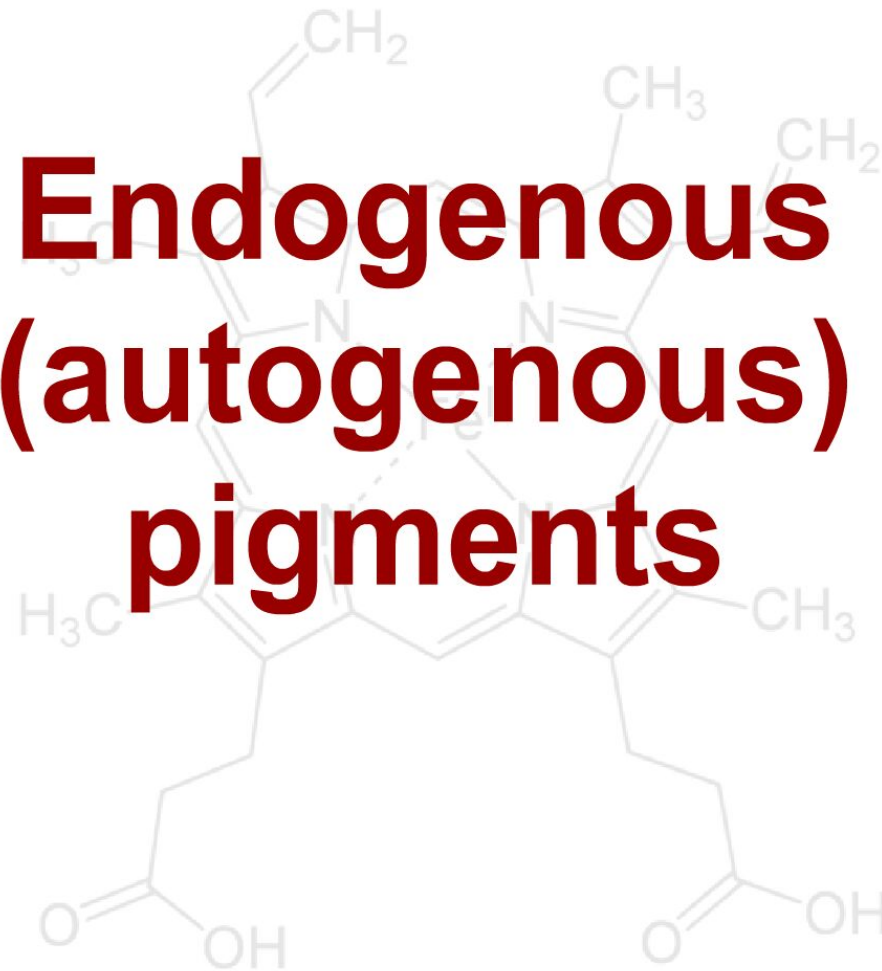
Pigments

2) exogenous

- 1) via traumatic lesions
- 2) via ingestion
- 3) via inhalation



Endogenous (autogenous) pigments



Melanin

- endogenous autogenous pigment

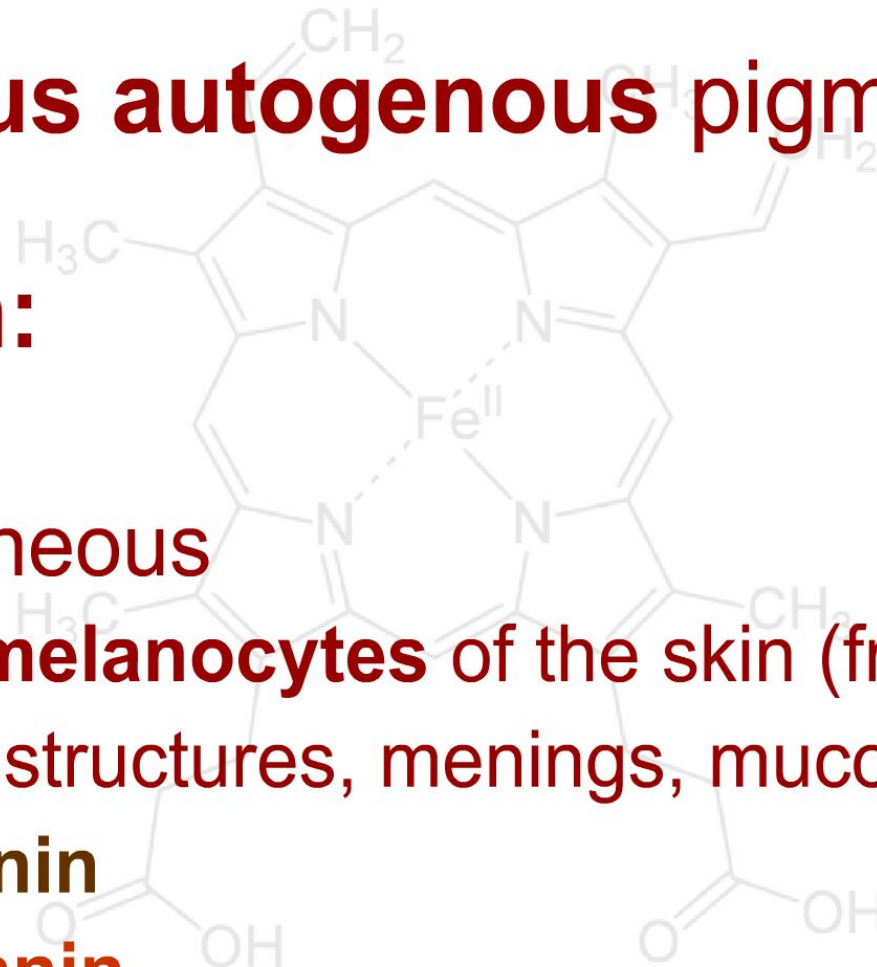
Localization:

1) oculocutaneous

- origin in **melanocytes** of the skin (from tyrosine)
- skin, eye structures, meninges, mucosal sites

1) eumelanin

2) feomelanin



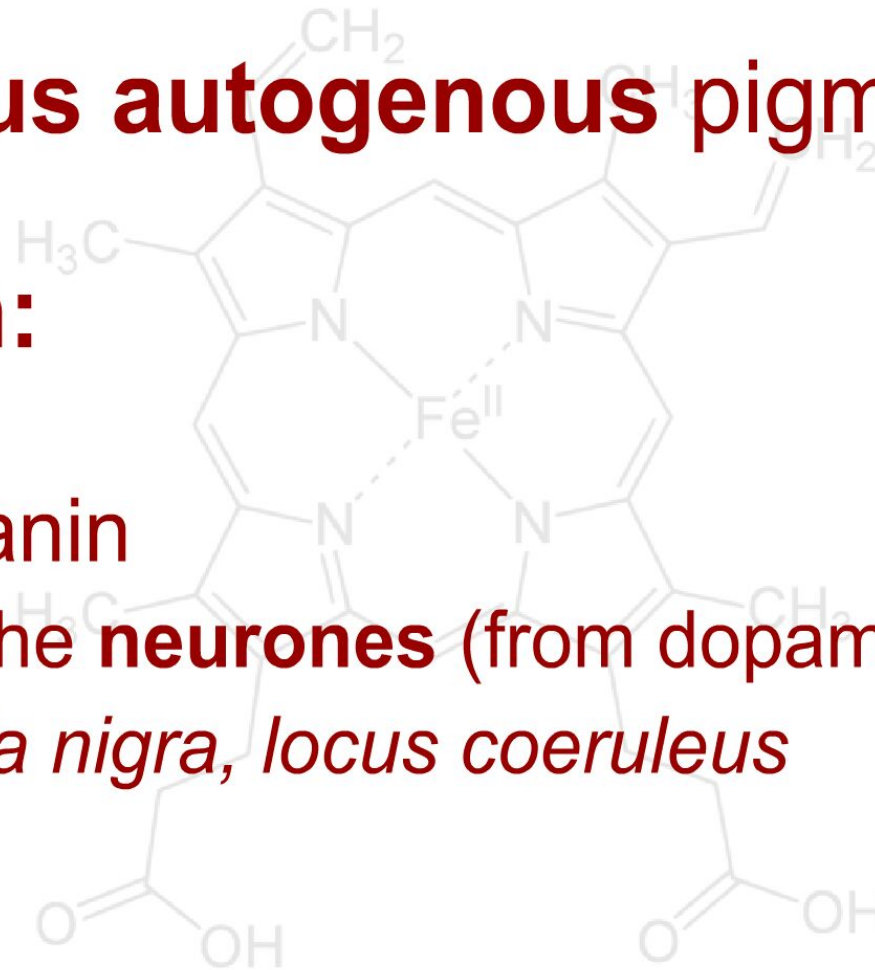
Melanin

- endogenous autogenous pigment

Localization:

2) neuromelanin

- origin in the **neurones** (from dopamine)
- *substantia nigra, locus coeruleus*



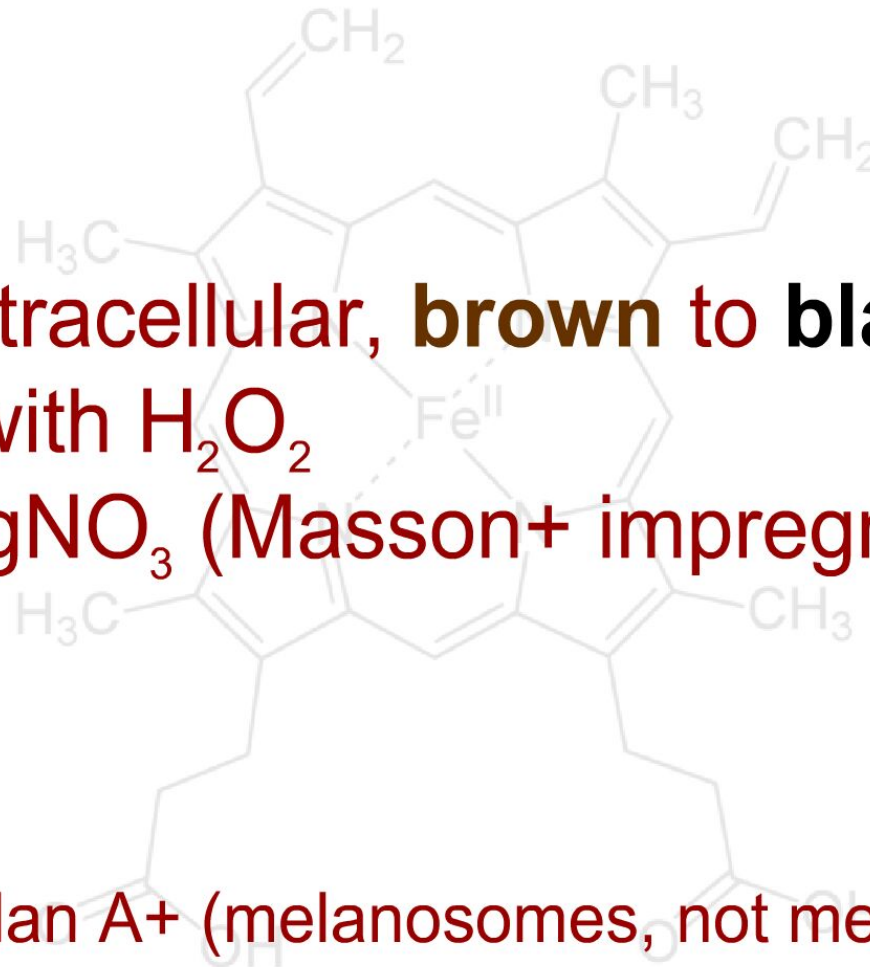
Melanin

MICRO:

- granular, intracellular, **brown to black**
- destained with H_2O_2
- reducing AgNO_3 (Masson+ impregnation)
- PAS-, Fe-

IHC

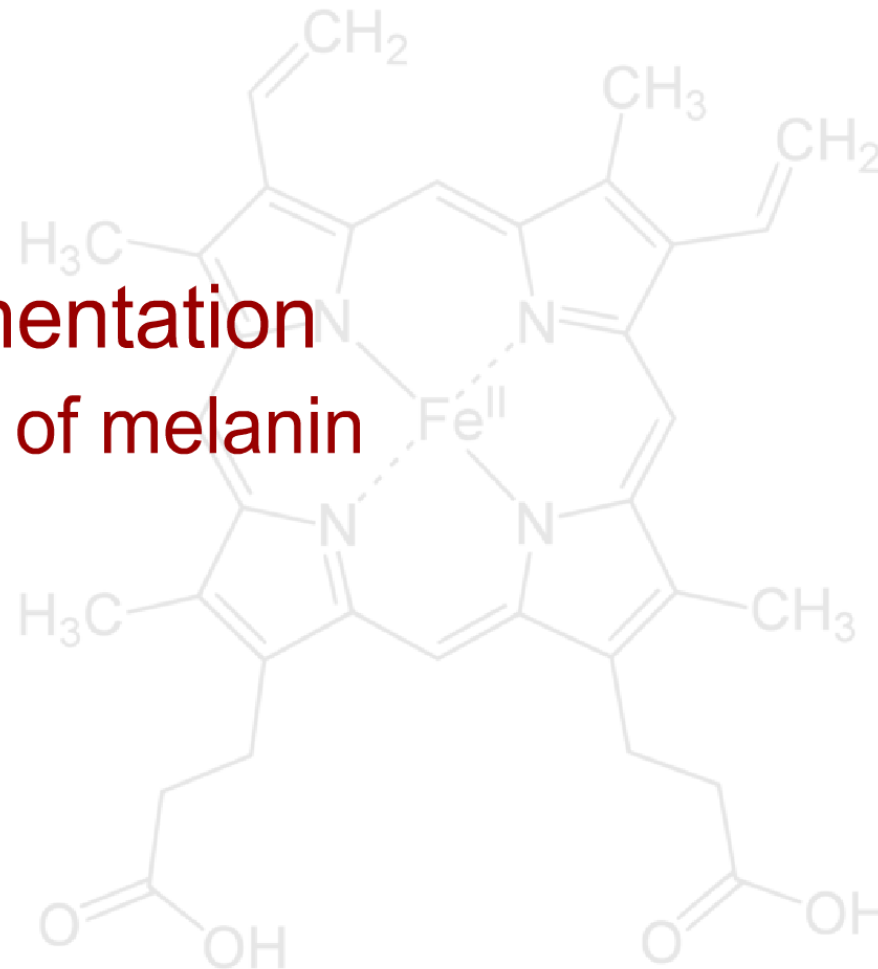
- HMB45+, melan A+ (melanosomes, not melanin itself)



Melanin

Pathology:

- 1) hyperpigmentation
 - **increase** of melanin
 - 1) diffuse
 - 2) focal



Melanin

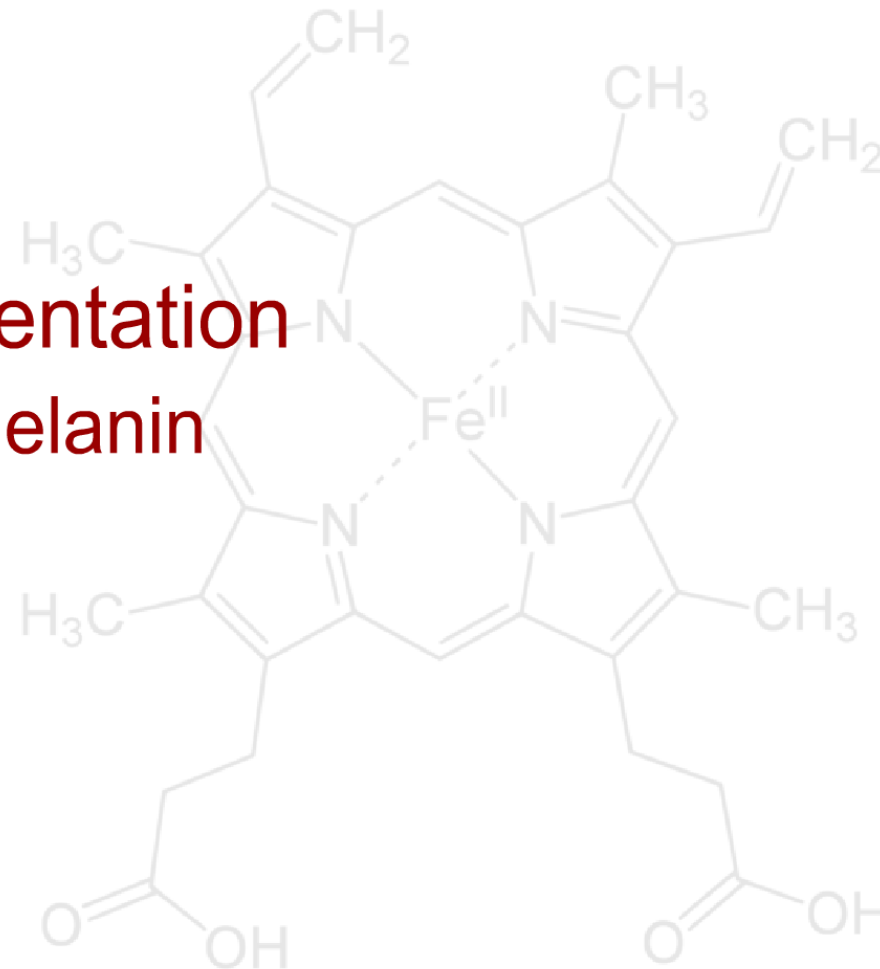
Pathology:

2) hypopigmentation

- **lack** of melanin

1) diffuse

2) focal

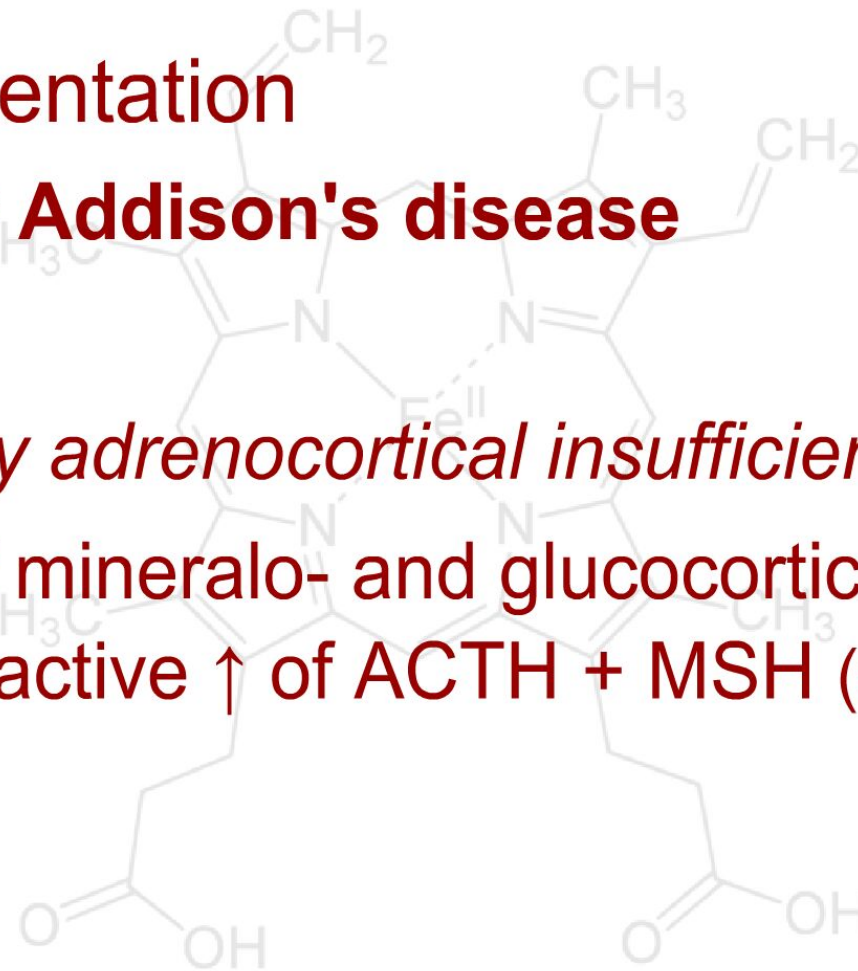


Melanin

1) hyperpigmentation

1) diffuse = **Addison's disease**

- *primary adrenocortical insufficiency*
- lack of mineralo- and glucocorticosteroids
with reactive \uparrow of ACTH + MSH (same precursor)



Melanin

1) hyperpigmentation

2) focal

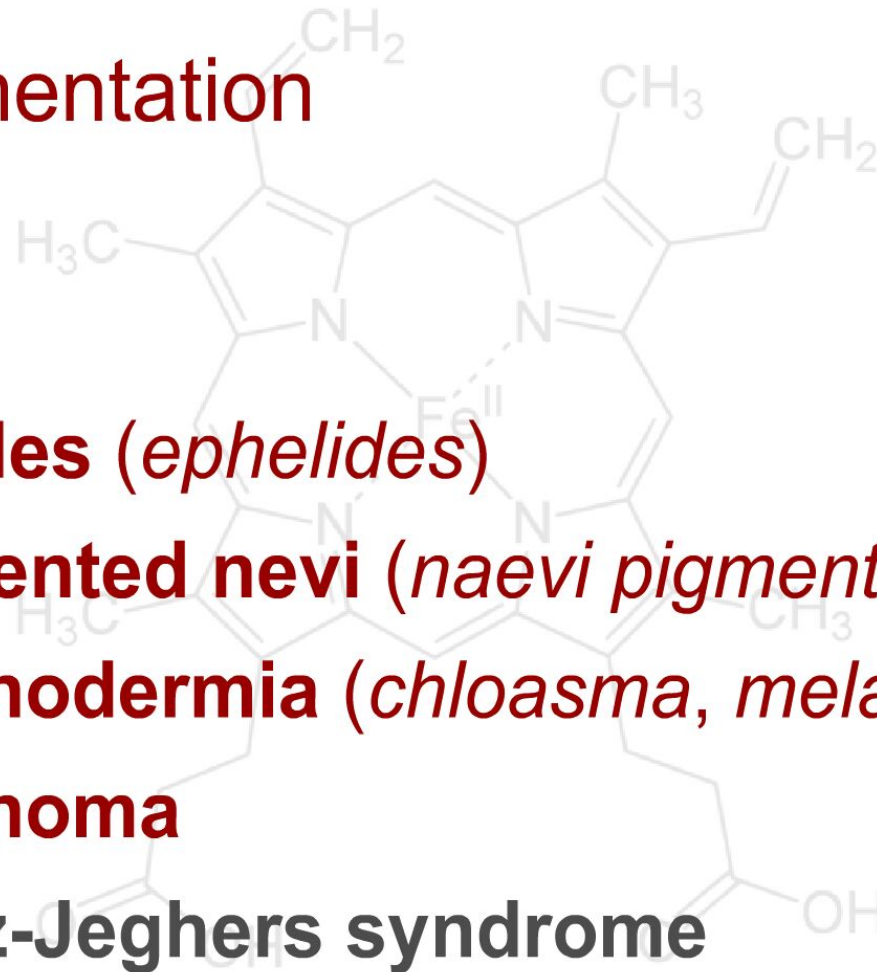
1) freckles (*ephelides*)

2) pigmented nevi (*naevi pigmentosi*)

3) melanoderma (*chloasma, melasma*)

4) melanoma

5) Peutz-Jeghers syndrome



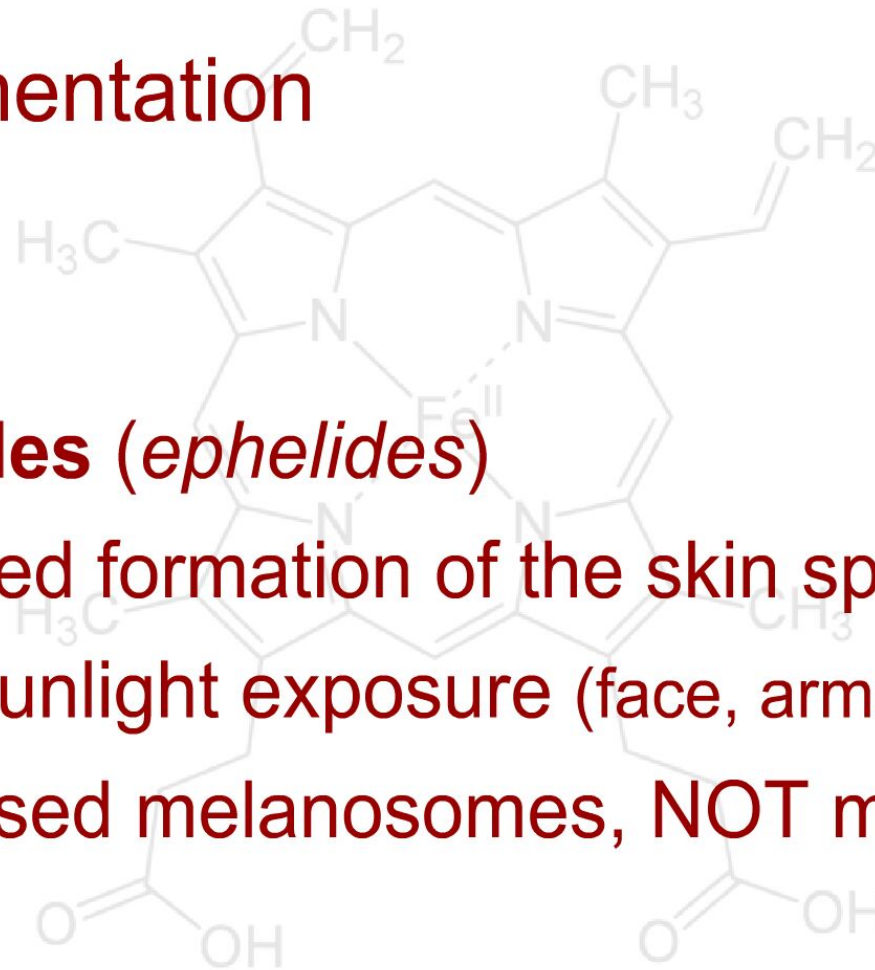
Melanin

1) hyperpigmentation

2) focal

1) **freckles** (*ephelides*)

- inherited formation of the skin spots
- after sunlight exposure (face, arms, shoulders)
- increased melanosomes, NOT melanocytes



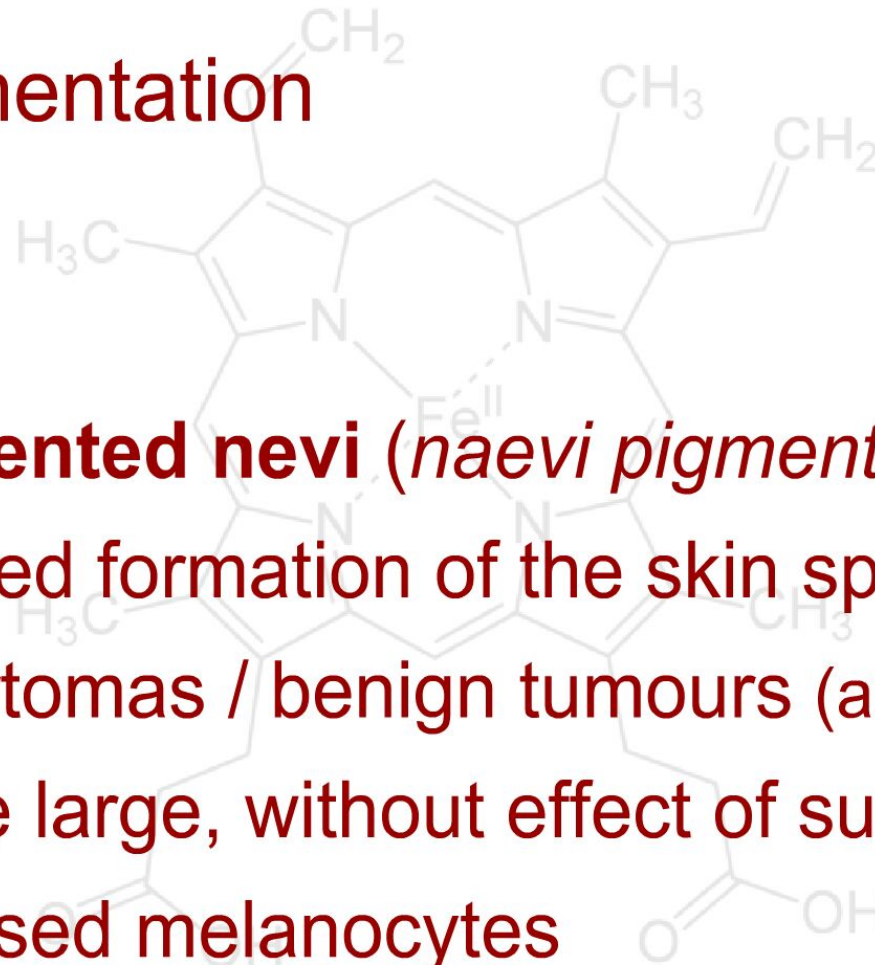
Melanin

1) hyperpigmentation

2) focal

2) **pigmented nevi** (*naevi pigmentosi*)

- inherited formation of the skin spots
- hamartomas / benign tumours (anywhere)
- can be large, without effect of sun exposure
- increased melanocytes



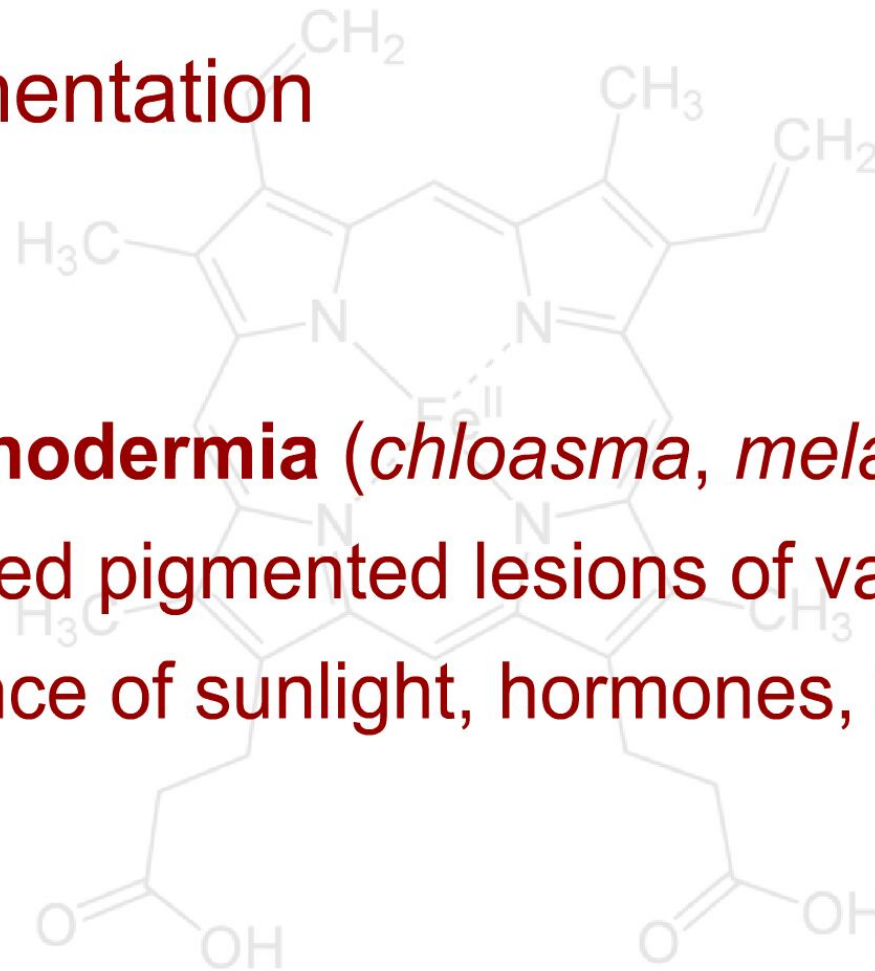
Melanin

1) hyperpigmentation

2) focal

3) **melanodermia** (*chloasma*, *melasma*)

- acquired pigmented lesions of various origin
- influence of sunlight, hormones, cosmetics...



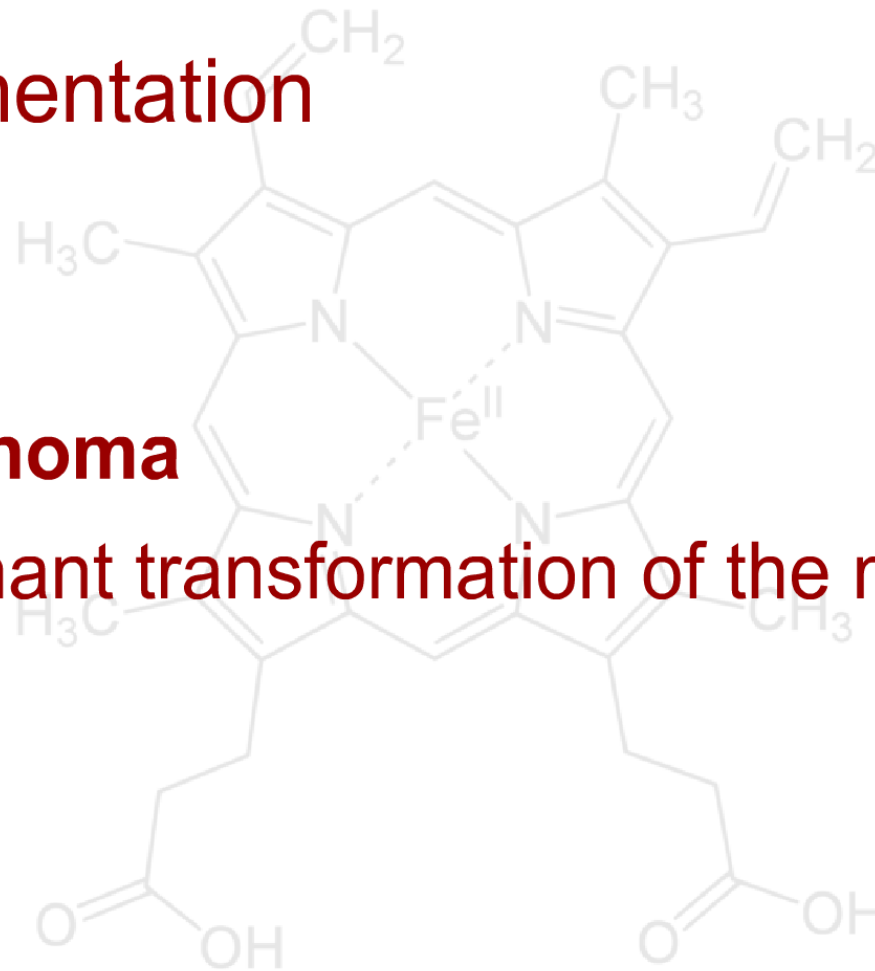
Melanin

1) hyperpigmentation

2) focal

4) **melanoma**

- malignant transformation of the melanocytes



Melanin

2) hypopigmentation

1) diffuse = **Albinism**

- autosomal recessive heredity
- tyrosinase deficiency
- oculocutaneous / ocular type



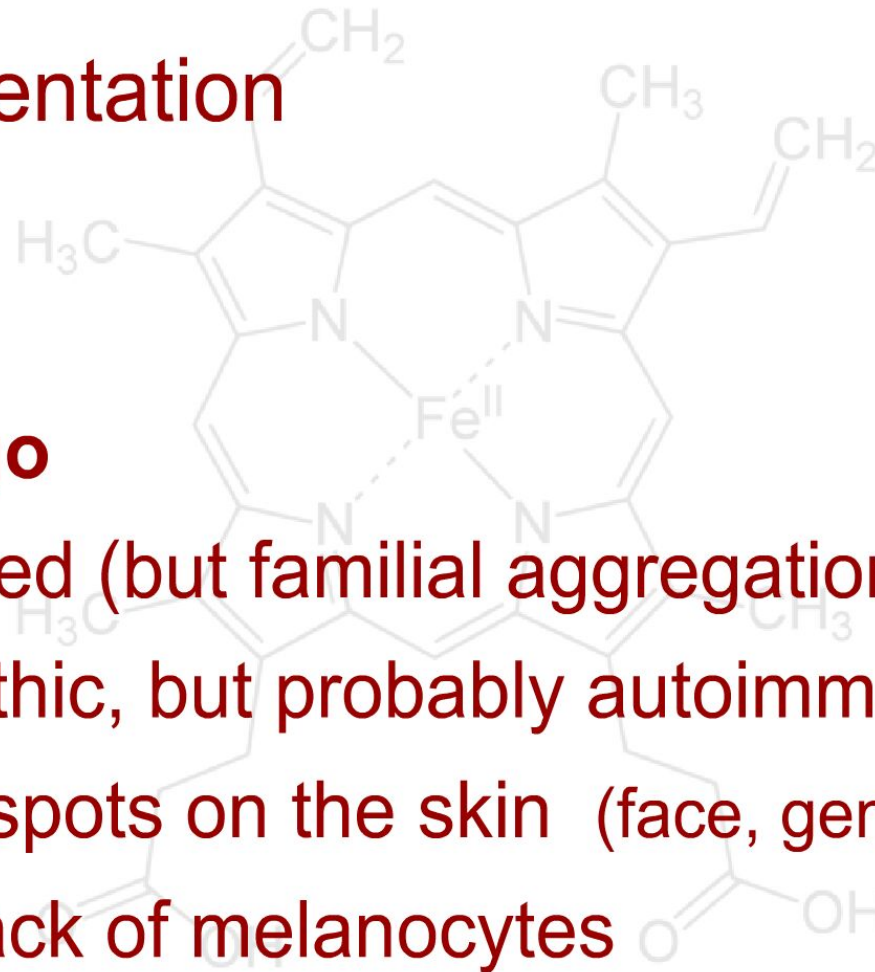
Melanin

2) hypopigmentation

2) focal

1) vitiligo

- acquired (but familial aggregation)
- idiopathic, but probably autoimmune origin
- white spots on the skin (face, genital area)
- total lack of melanocytes



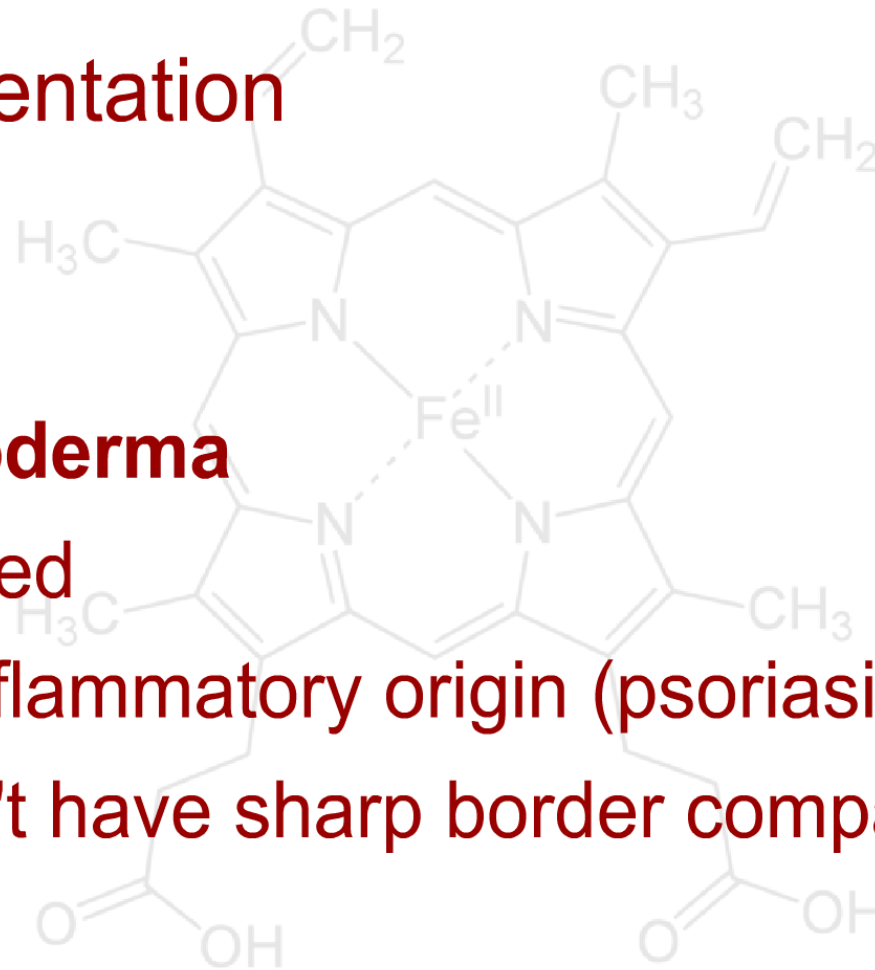
Melanin

2) hypopigmentation

2) focal

2) leucoderma

- acquired
- postinflammatory origin (psoriasis, scars)
- doesn't have sharp border compared to vitiligo

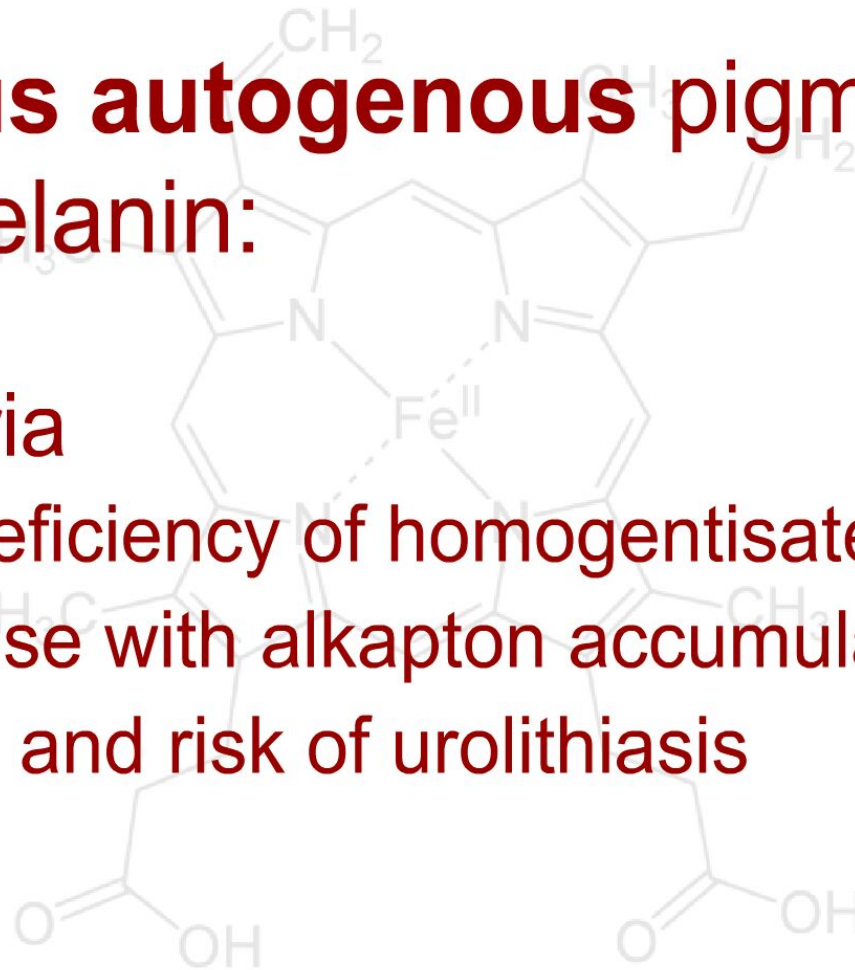


Melanin-like pigments

- **endogenous autogenous** pigments similar to melanin:

1) Alkaptonuria

- rare AR deficiency of homogentisate 1,2-dioxygenase with alkapton accumulation in urine
- dark urine and risk of urolithiasis

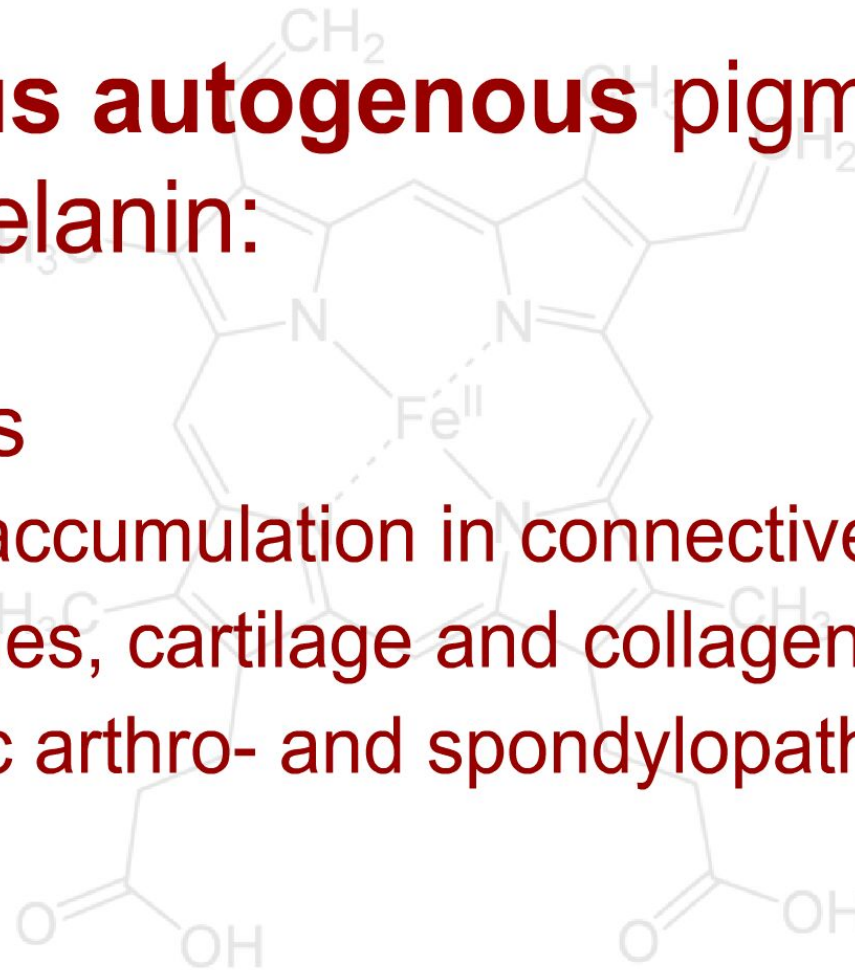


Melanin-like pigments

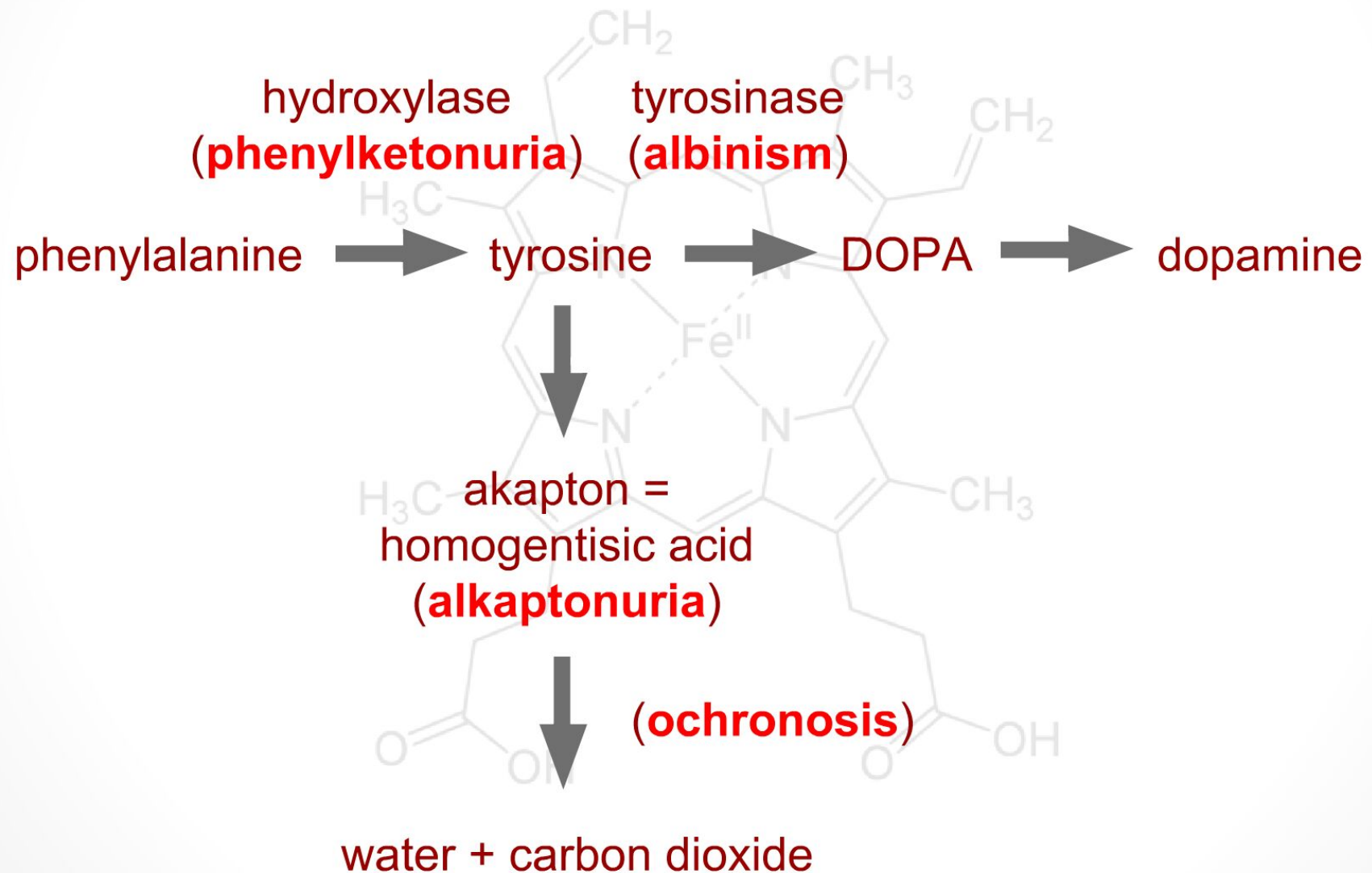
- **endogenous autogenous** pigments similar to melanin:

2) Ochronosis

- alkapton accumulation in connective tissue
- **black** bones, cartilage and collagen
- ochronotic arthro- and spondylopathy

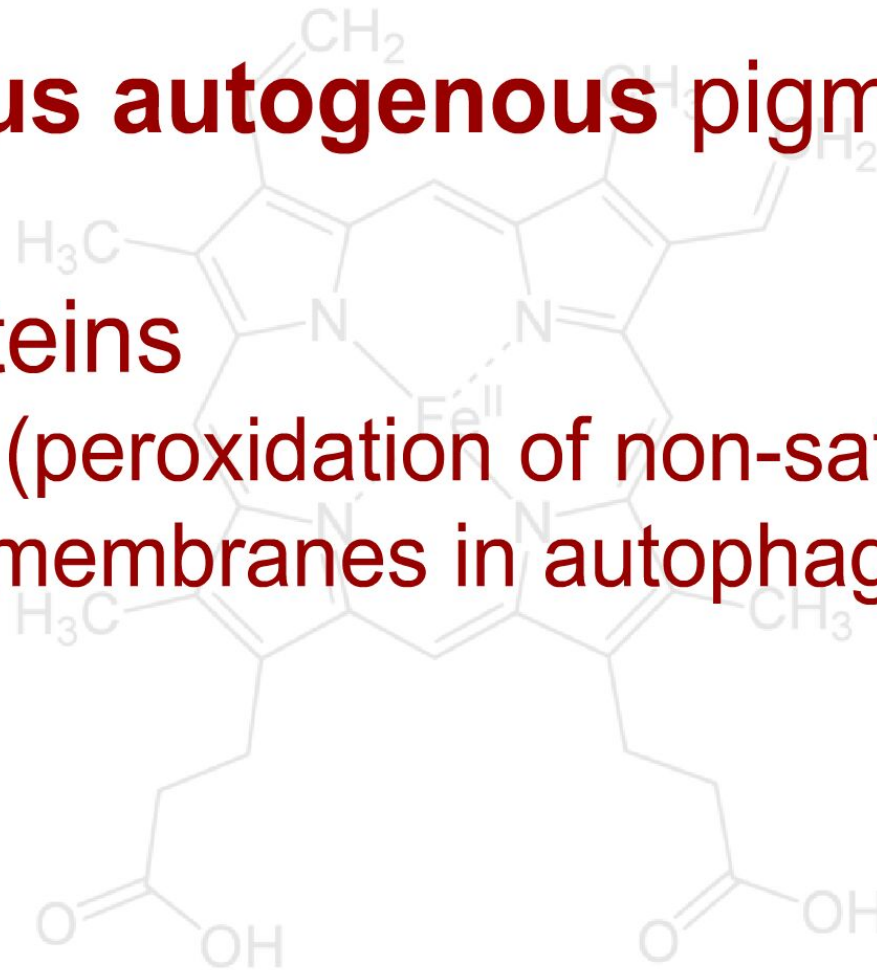


Melanin-like pigments



Lipopigments

- endogenous autogenous pigments
- lipids + proteins
 - intracellular (peroxidation of non-saturated lipid acids from membranes in autophagosomes)

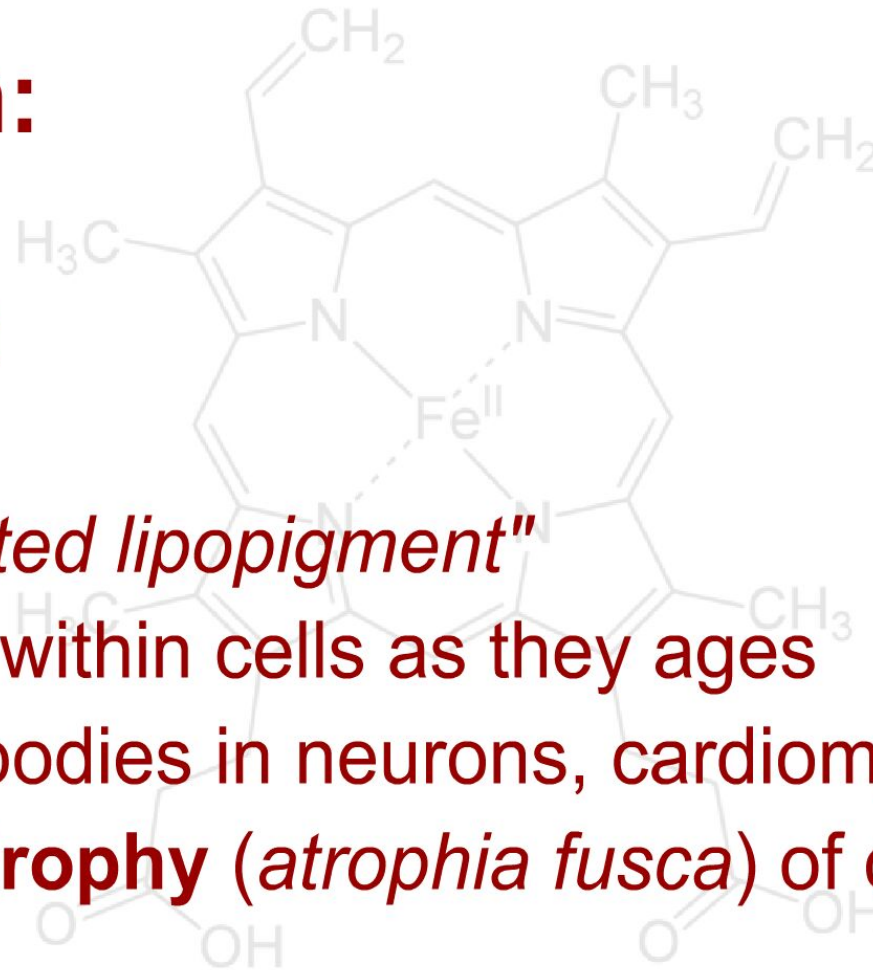


Lipopigments

Localization:

1) Lipofuscin

- *"age-related lipopigment"*
- stored within cells as they ages
- residual bodies in neurons, cardiomyocytes...
- **brown atrophy** (*atrophia fusca*) of organs

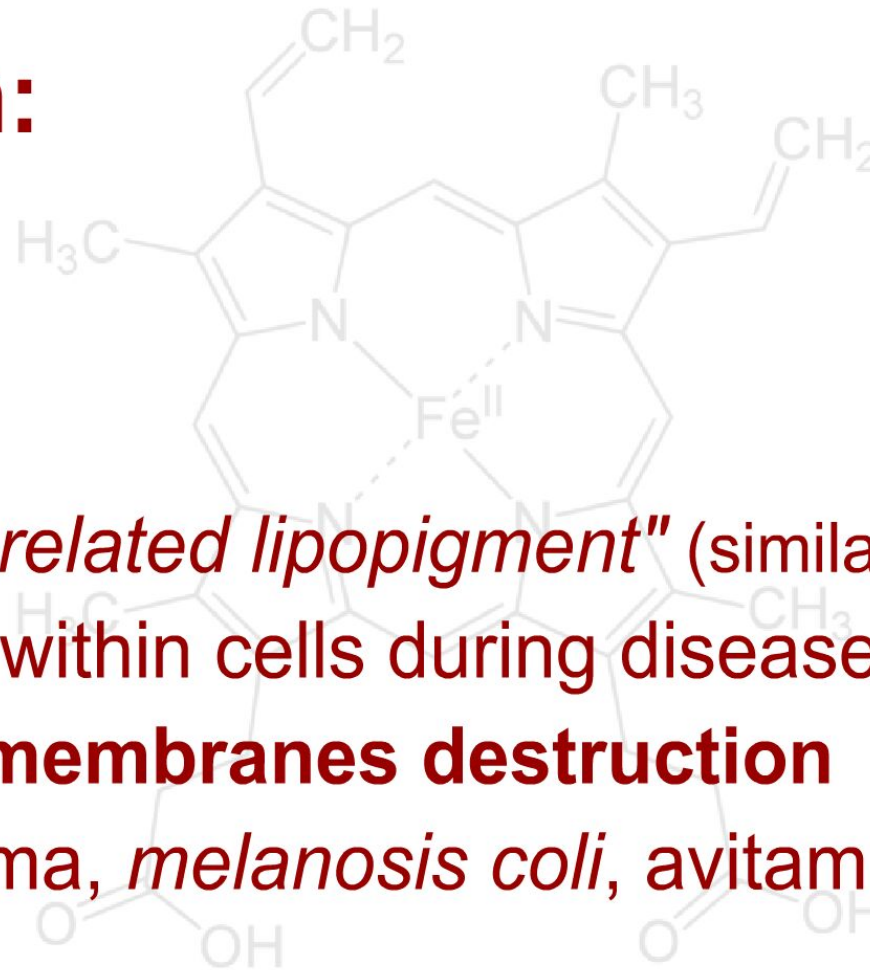


Lipopigments

Localization:

2) Ceroid

- "*disease-related lipopigment*" (similar to lipofuscin)
- stored within cells during diseases
- result of **membranes destruction**
- haematoma, *melanosis coli*, avitaminosis E,...



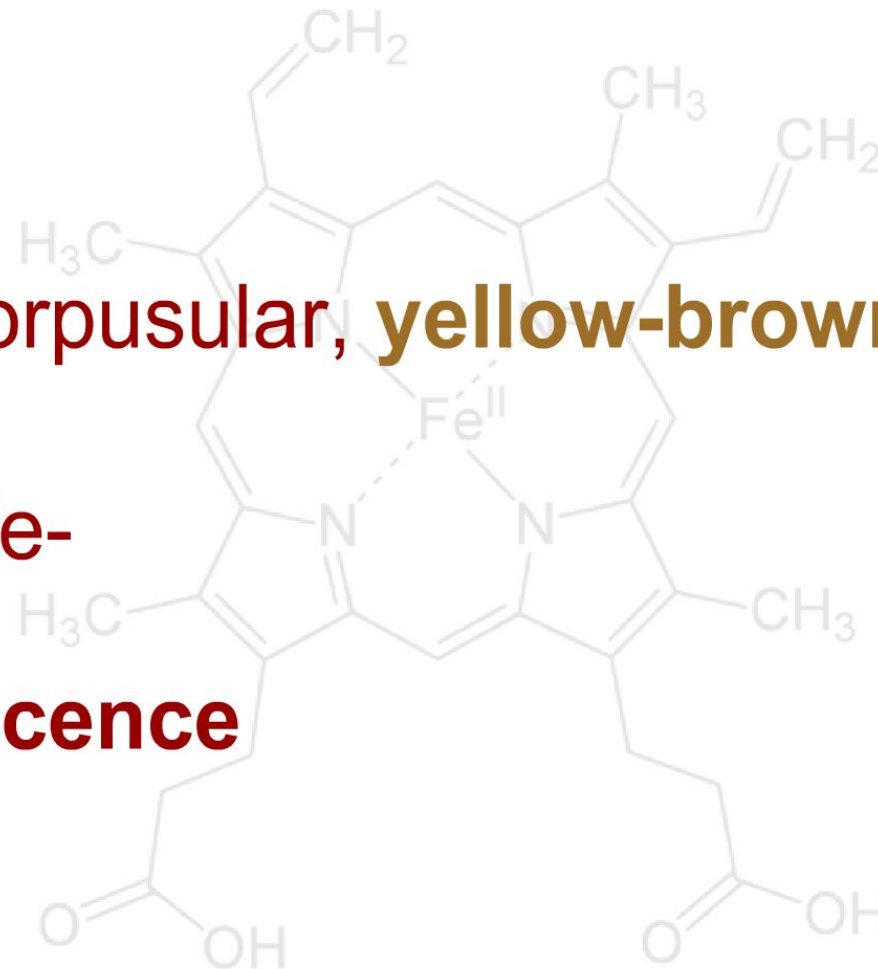
Lipopigments

MICRO:

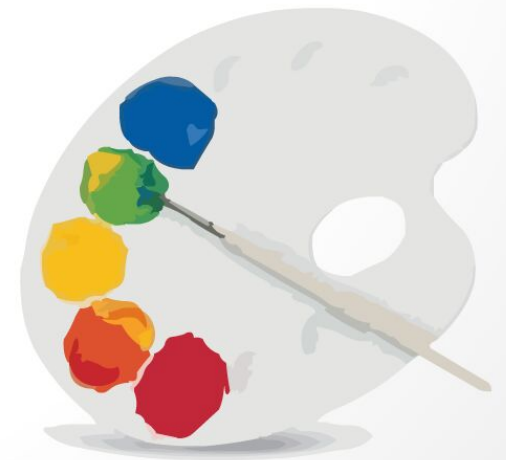
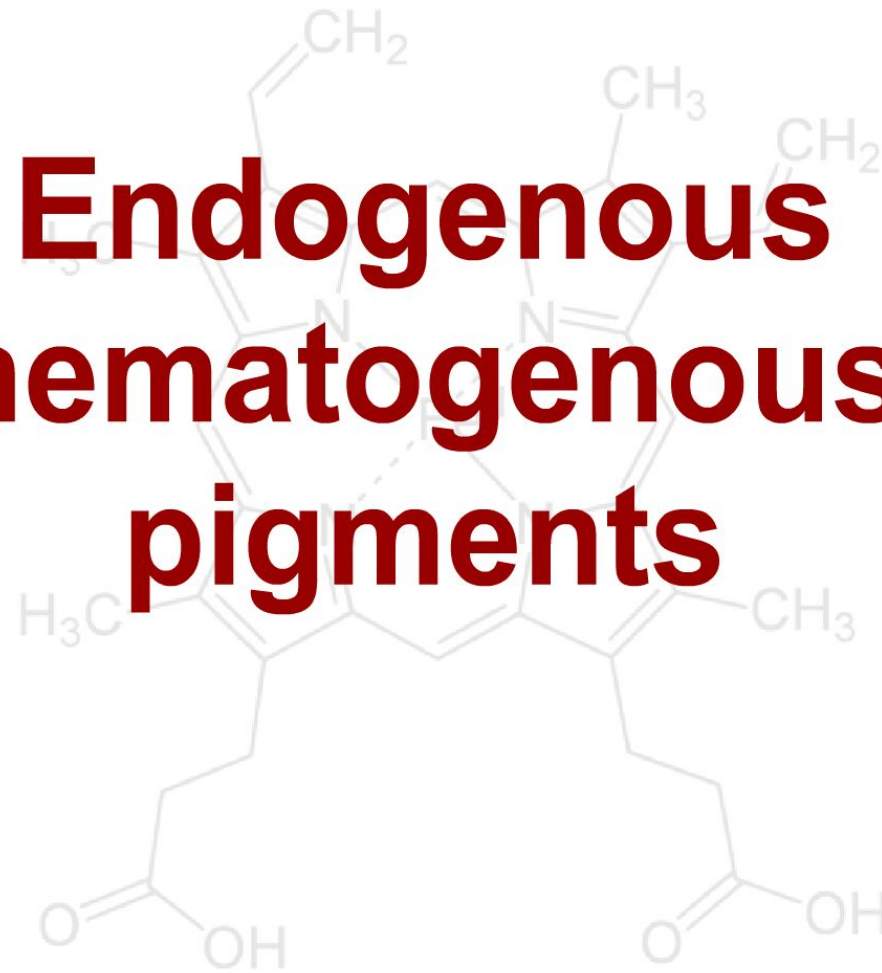
- granular, corpuscular, **yellow-brown**
- PAS+
- Masson-, Fe-

Autofluorescence

- **yellow**

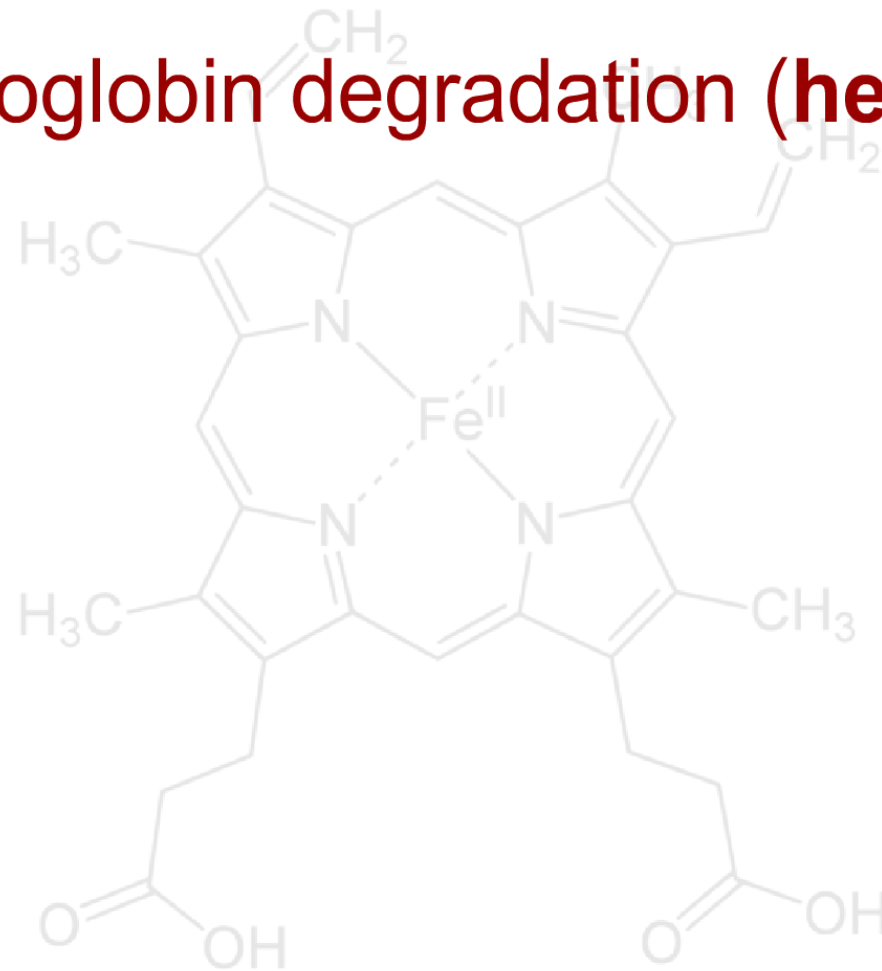


Endogenous (hematogenous) pigments



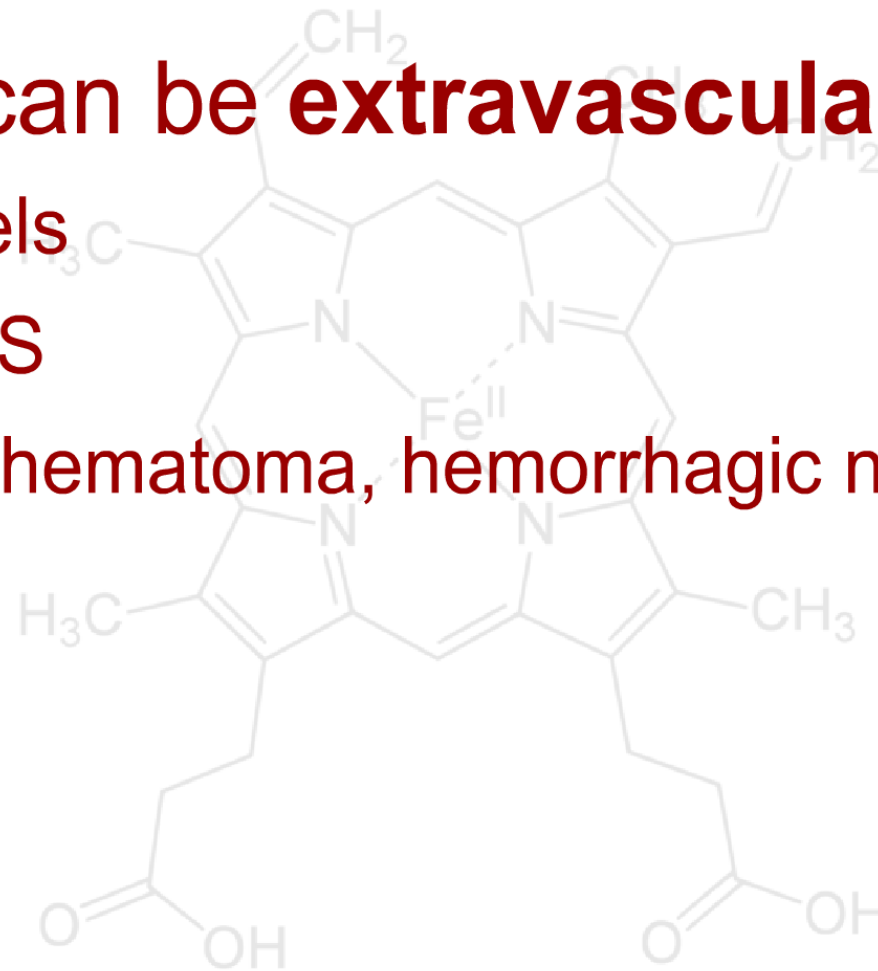
Hematogenous pigments

- result of hemoglobin degradation (hemolysis):



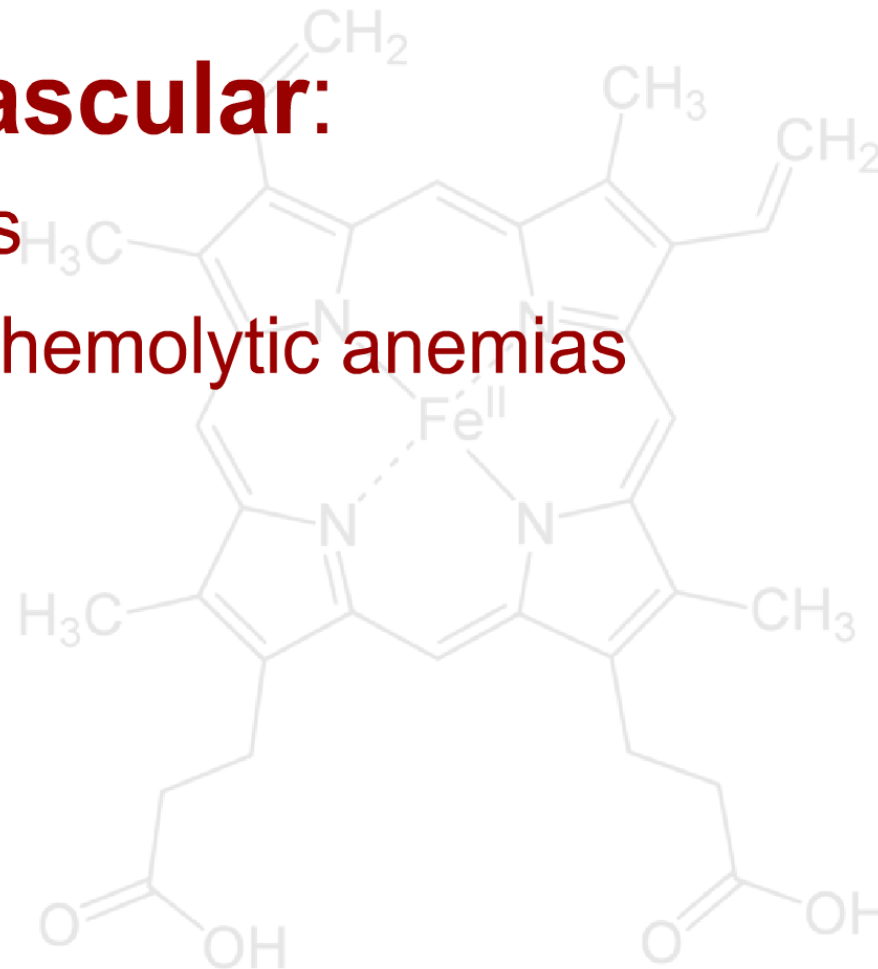
Hematogenous pigments

- hemolysis can be **extravascular**:
 - outside vessels
 - **normal** = RES
 - **pathology** = hematoma, hemorrhagic necrosis



Hematogenous pigments

- ...or intravascular:
 - inside vessels
 - **pathology** = hemolytic anemias

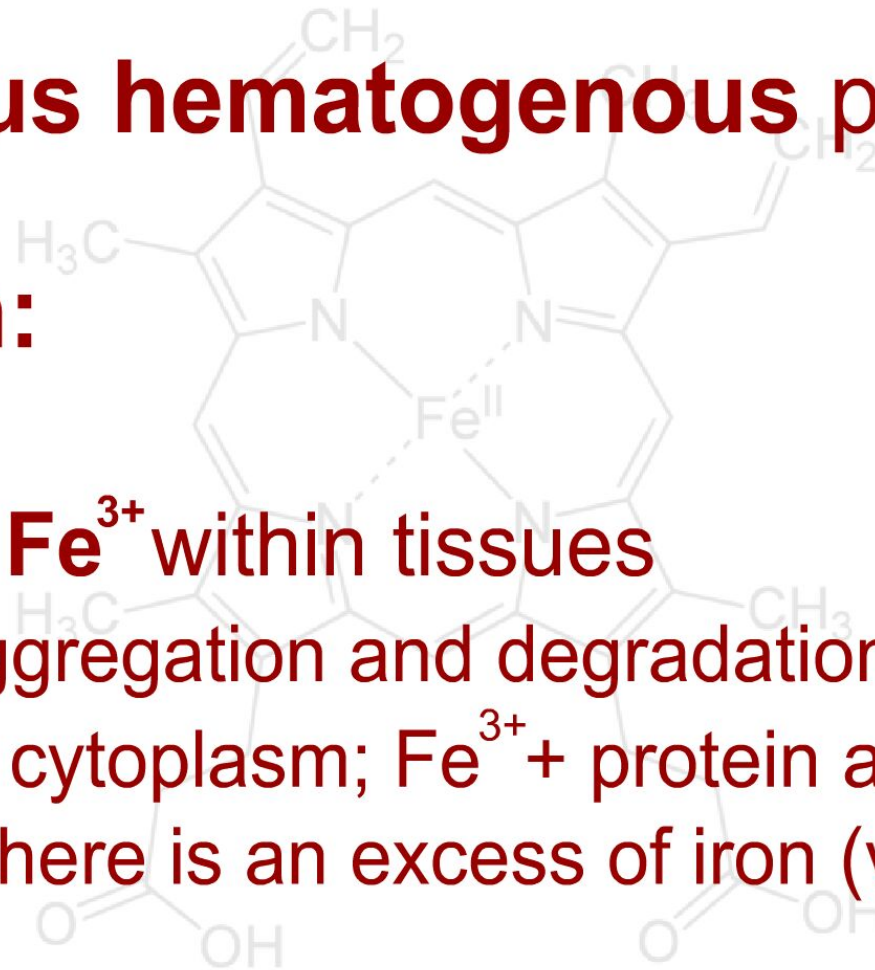


Hemosiderin

- endogenous hematogenous pigment

Localization:

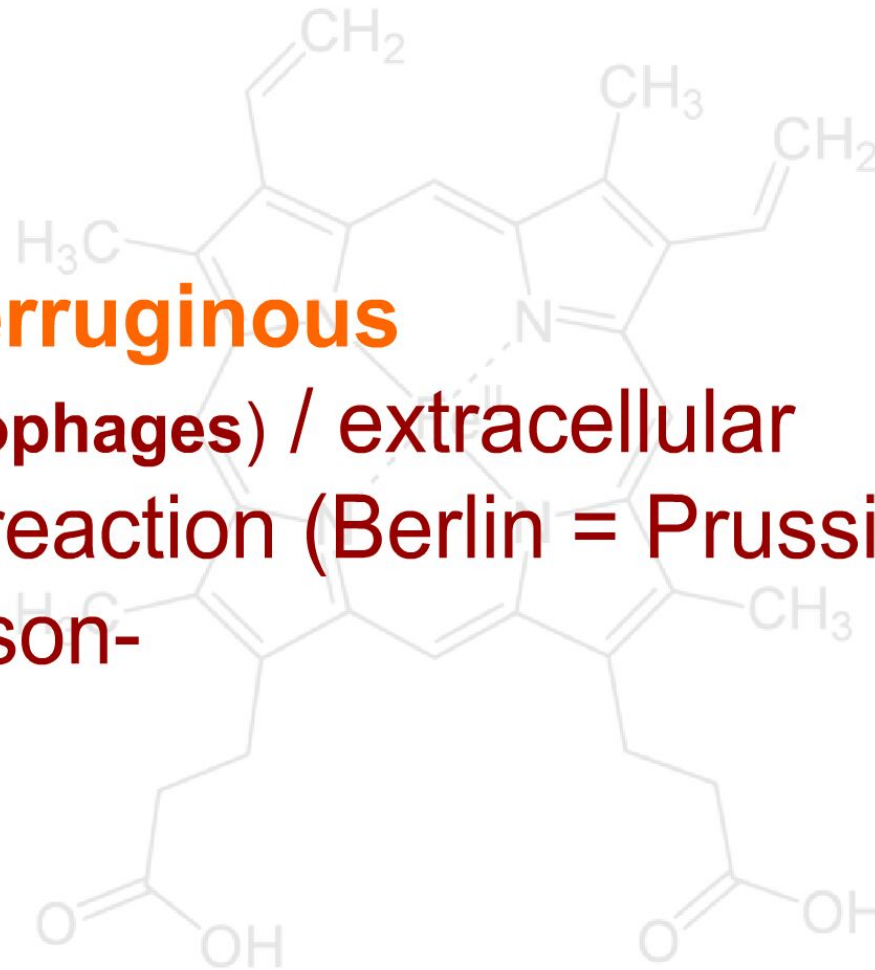
- deposits of **Fe³⁺** within tissues
 - result of aggregation and degradation of **ferritin** (within cell cytoplasm; Fe³⁺ + protein apoferritin)
 - present if there is an excess of iron (visible in LM)



Hemosiderin

MICRO:

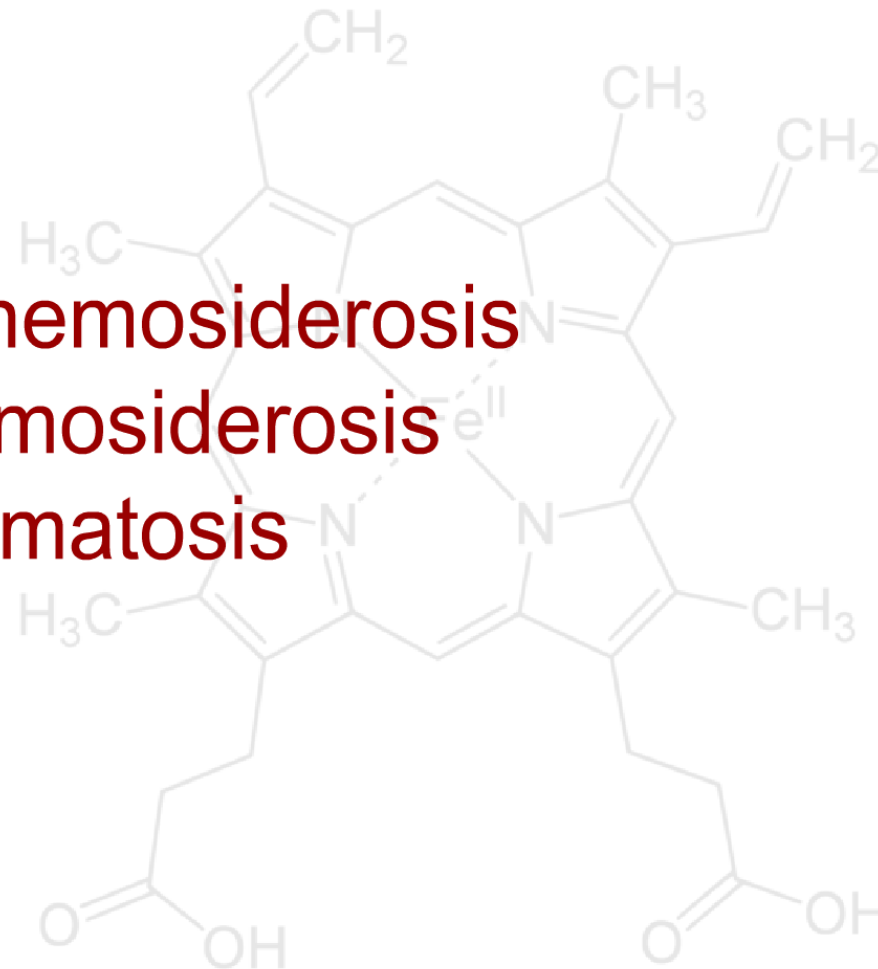
- granular, **ferruginous**
- intra- (siderophages) / extracellular
- Fe+ Perls' reaction (Berlin = Prussian blue)
- PAS-, Masson-



Hemosiderin

Pathology:

- 1) localised hemosiderosis
- 2) diffuse hemosiderosis
- 3) hemochromatosis



Hemosiderin

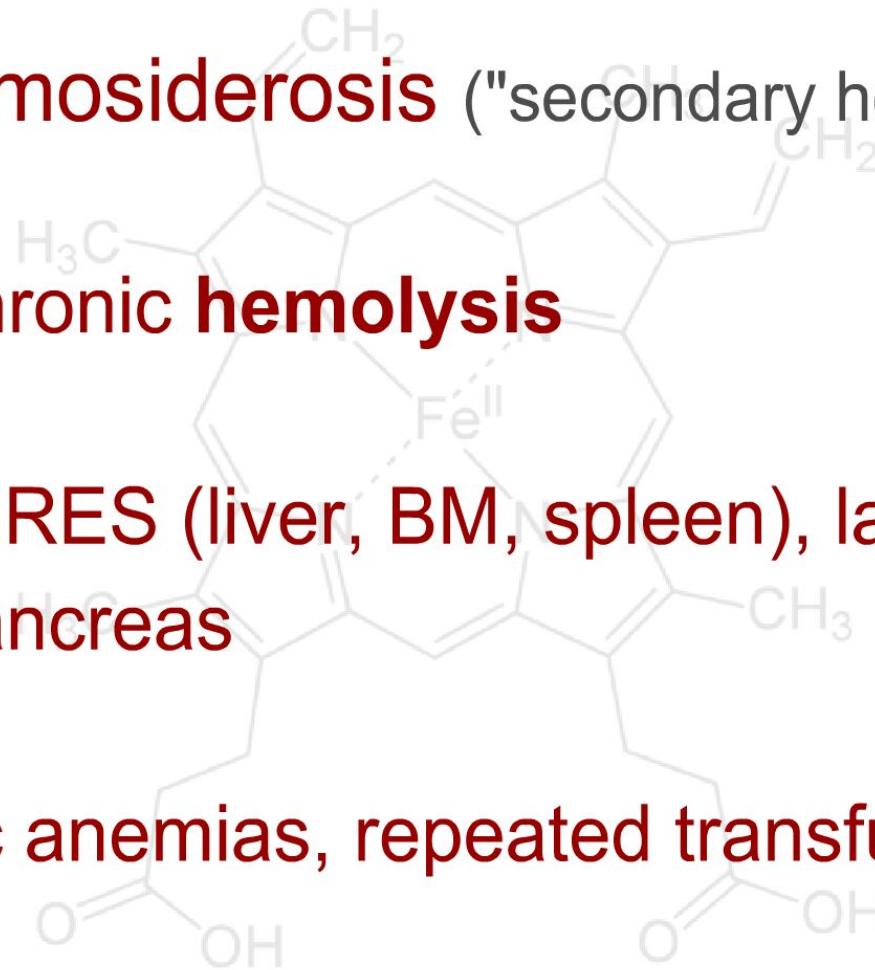
1) localised hemosiderosis

- foci of erythrocytes **extravasation**
- if **long-standing**, hemosiderin *damages DNA*
+ leads to *scar formation* (fibrotization)
- wall of hematoma, posthemorrhagic pseudocysts,
brown induration of the lung

Hemosiderin

2) diffuse hemosiderosis ("secondary hemochromatosis")

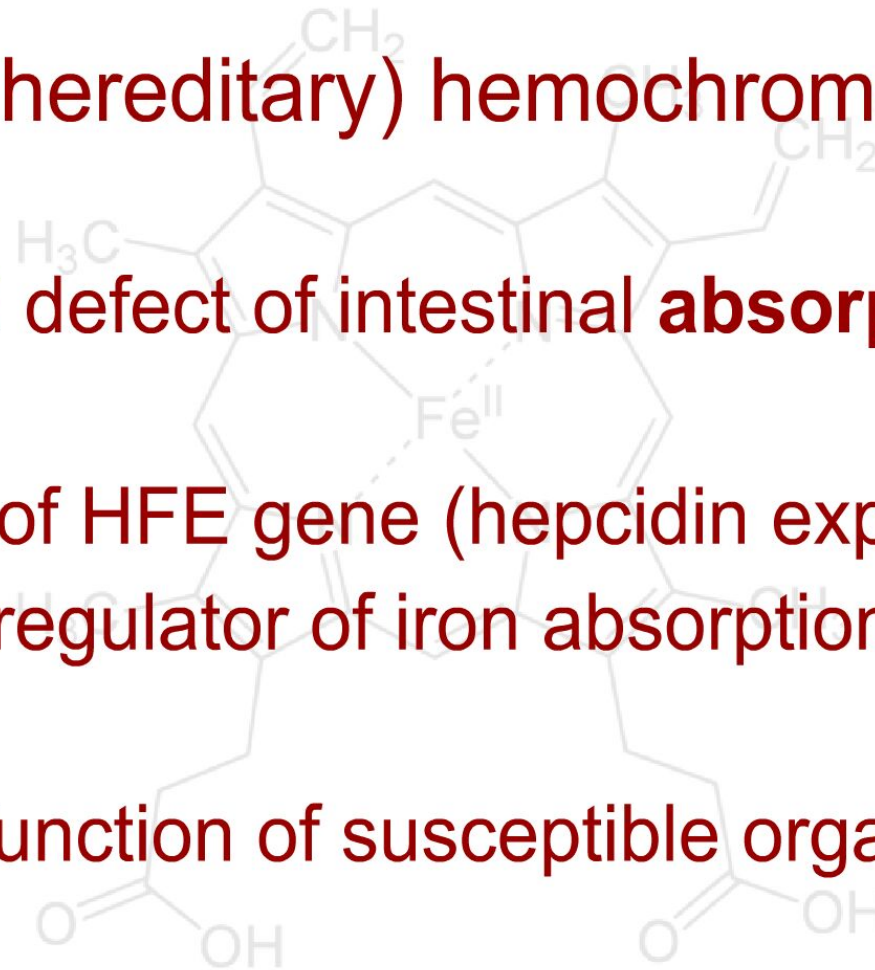
- sign of chronic **hemolysis**
- mainly in RES (liver, BM, spleen), later heart, kidney, pancreas
- hemolytic anemias, repeated transfusion, iron overload



Hemosiderin

3) (primary / hereditary) hemochromatosis

- **inherited** defect of intestinal **absorption** of iron
- mutation of HFE gene (hepcidin expression = negative regulator of iron absorption)
- disrupts function of susceptible organs:

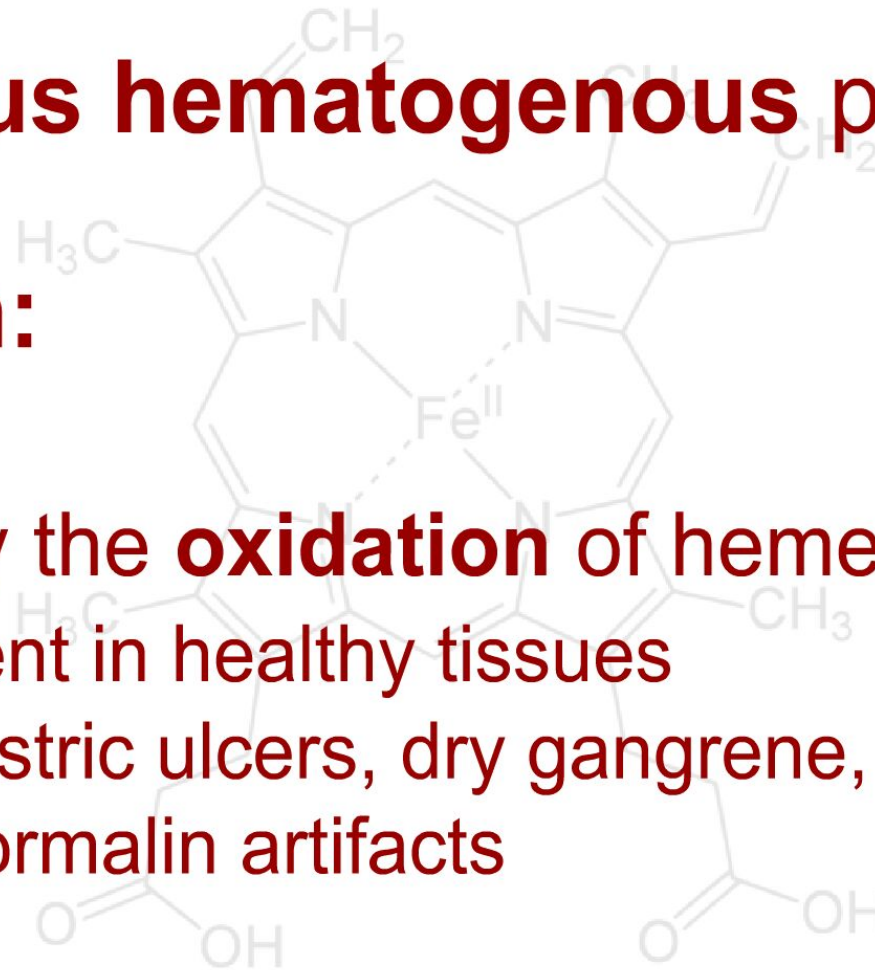


Hematin

- endogenous hematogenous pigment

Localization:

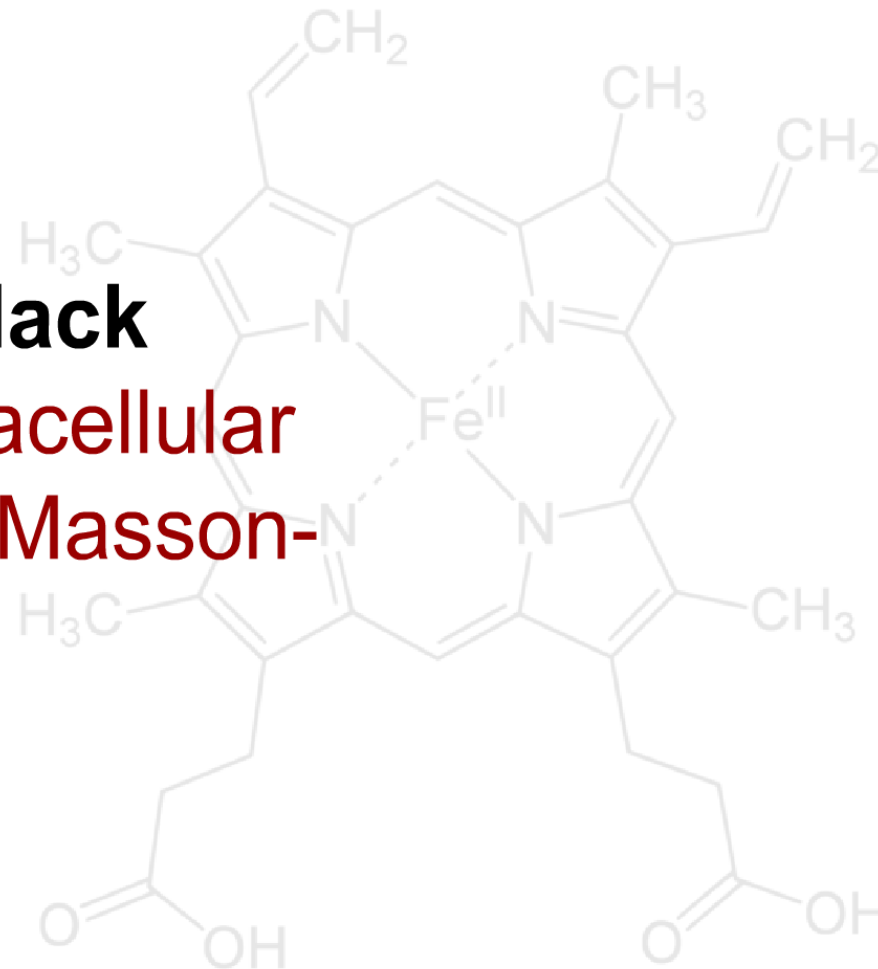
- obtained by the **oxidation** of heme
 - NOT present in healthy tissues
 - base of gastric ulcers, dry gangrene, malarial pigment, formalin artifacts



Hematin

MICRO:

- granular, **black**
- intra- / extracellular
- Fe-, PAS-, Masson-



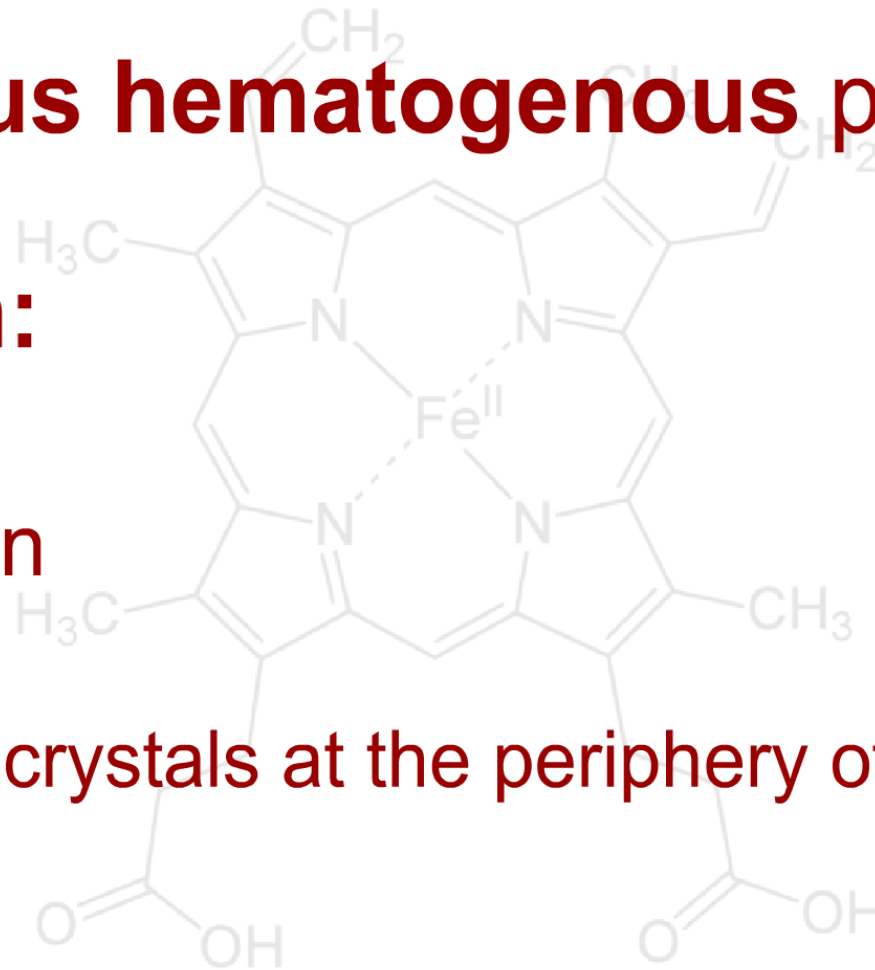
Hematoidin + Bilirubin

- endogenous hematogenous pigments

Localization:

1) Hematoidin

- bilirubin crystals at the periphery of hematoma

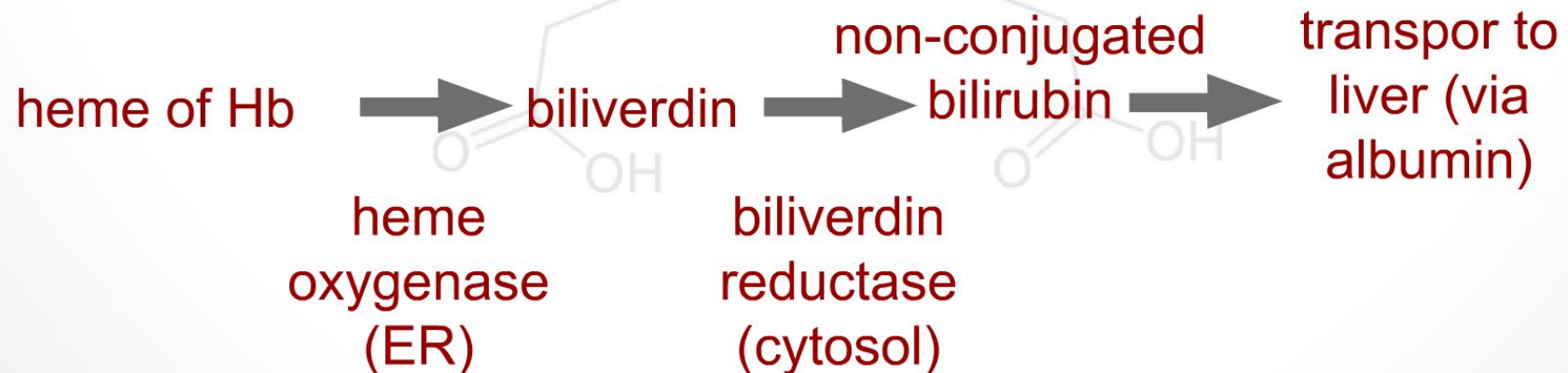


Hematoidin + Bilirubin

Localization:

2) Bilirubin

- bile pigment, result of **hemoglobin breakdown**
- intracellular (in **macrophages** of RES)

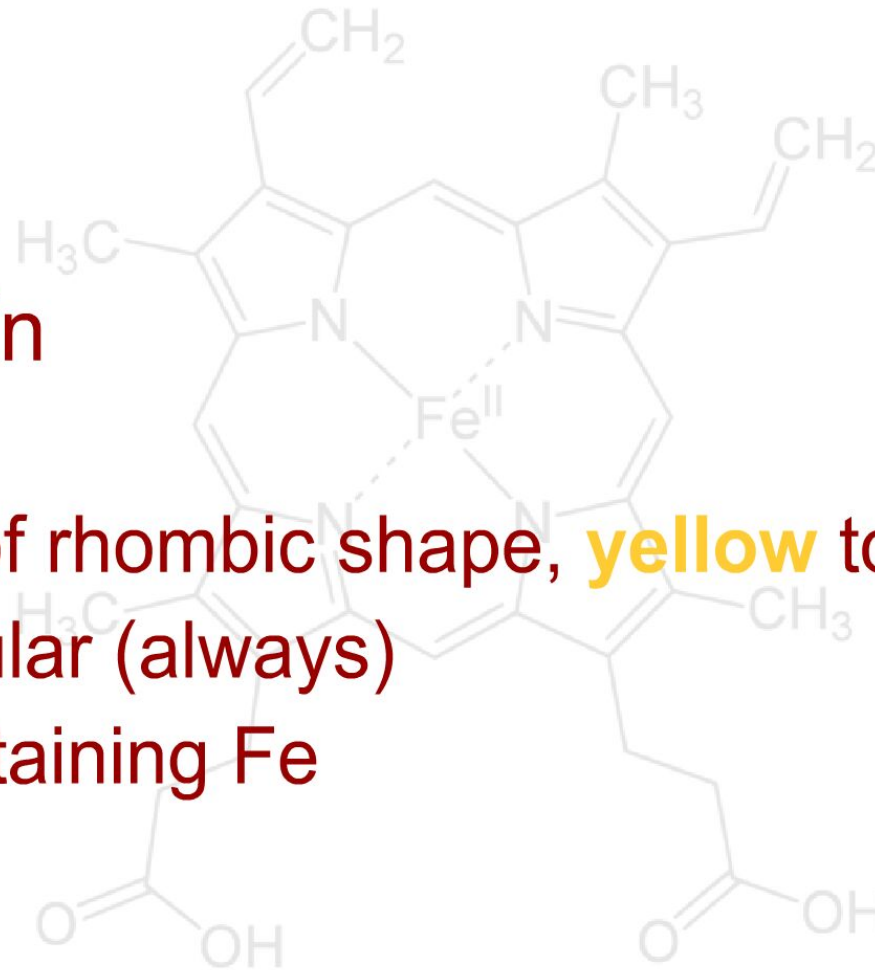


Hematoidin + Bilirubin

MICRO:

1) Hematoidin

- crystals of rhombic shape, **yellow** to **red**
- extracellular (always)
- NOT containing Fe

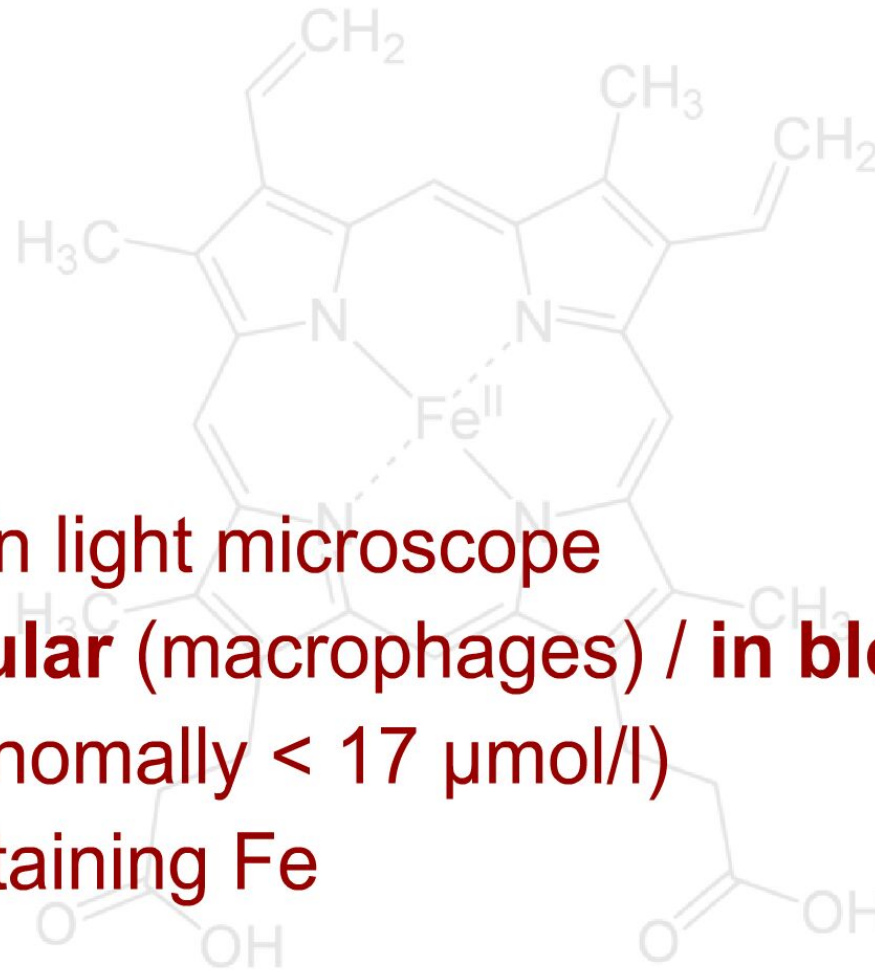


Hematoidin + Bilirubin

MICRO:

2) Bilirubin

- invisible in light microscope
- **intracellular** (macrophages) / **in blood** (bound to albumin; normally $< 17 \mu\text{mol/l}$)
- NOT containing Fe

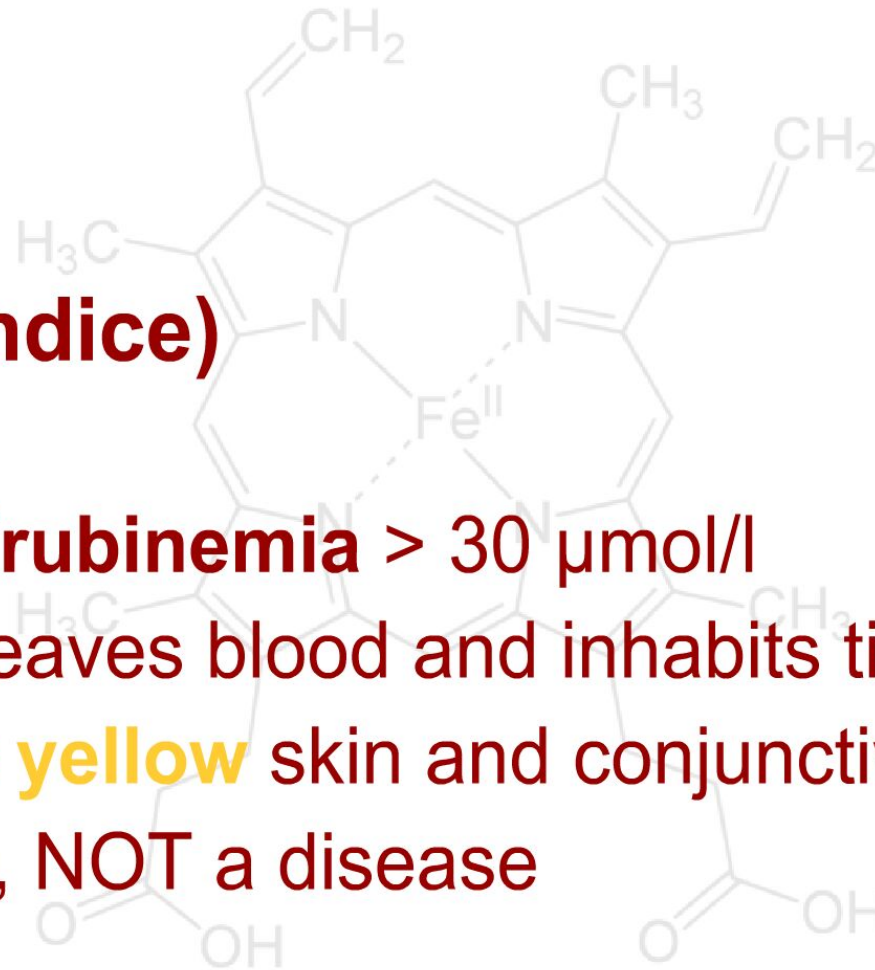


Hematoidin + Bilirubin

Pathology:

Icterus (jaundice)

- **hyperbilirubinemia** $> 30 \mu\text{mol/l}$
- bilirubin leaves blood and inhabits tissues
- visible as **yellow** skin and conjunctiva (subicterus)
- symptom, NOT a disease



Hematoidin + Bilirubin

Pathology:

1) prehepatal (hemolytic) icterus

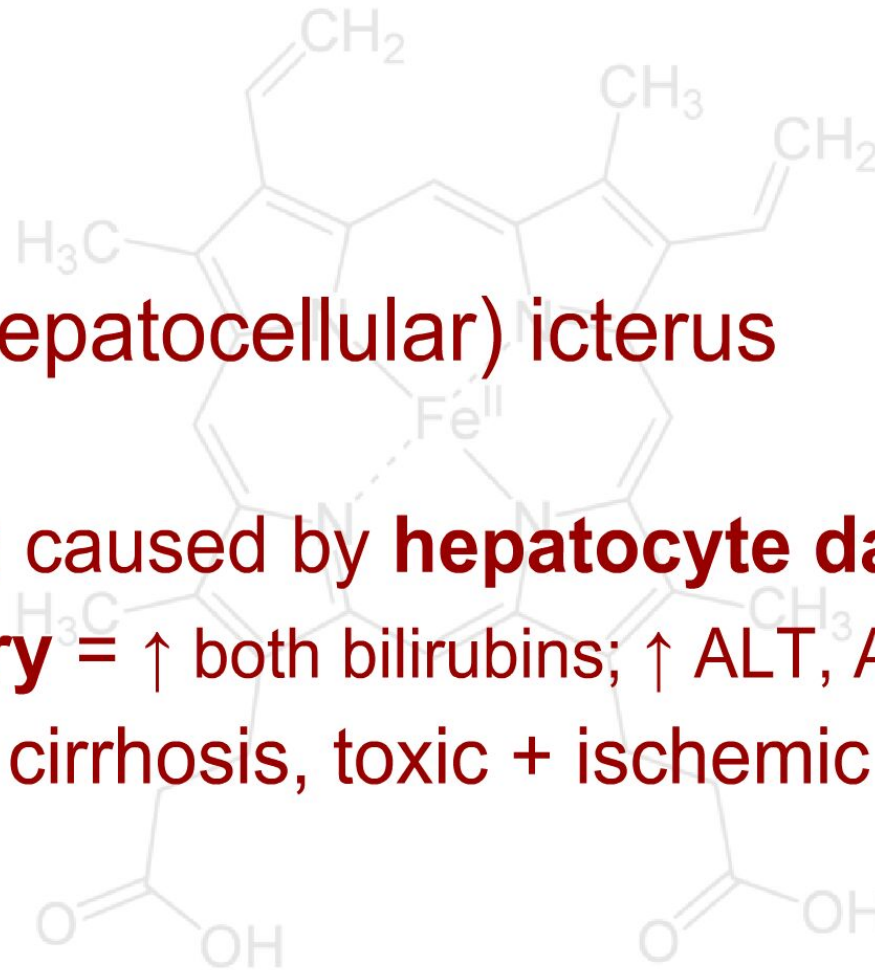
- ↑ bilirubin **production** (Hb breakdown)
- **laboratory** = ↑ non-conjugated bilirubin; ≈ ALT, AST
- hemolytic anemia, newborn jaundice (*i. neonatorum*), fetal erythroblastosis (*m. haemolyticus neonati*)
- severe causes brain damage ("Kernikterus")

Hematoidin + Bilirubin

Pathology:

2) hepatal (hepatocellular) icterus

- ↑ bilirubin caused by **hepatocyte damage**
- **laboratory** = ↑ both bilirubins; ↑ ALT, AST
- hepatitis, cirrhosis, toxic + ischemic hepatopathy



Hematoidin + Bilirubin

Pathology:

3) posthepatal (obstructive, cholestatic) icterus

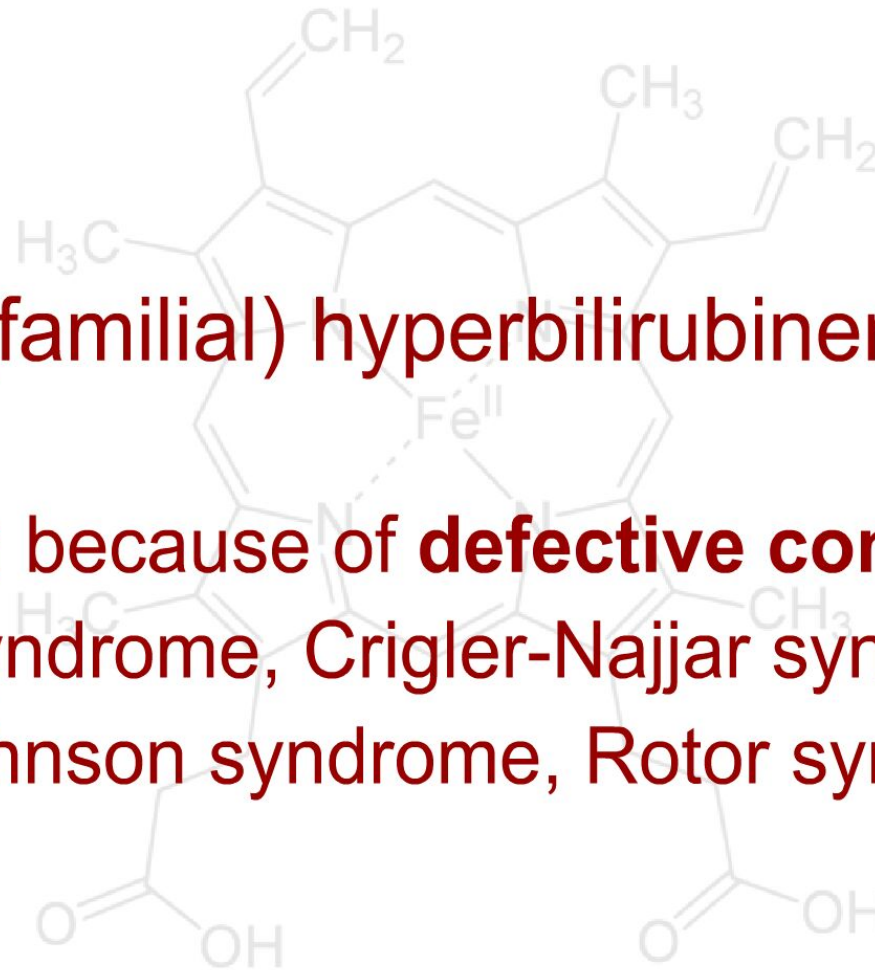
- ↑ bilirubin because of **blockage of bile ducts** (intra- / extrahepatic)
- **laboratory** = ↑ conjugated bilirubin; ≈ ALT, AST; ↑ GGT
+ acholic stool (even steatorrhoea),
dark urine, pruritus
- primary biliar cirrhosis, choledocholithiasis, drugs, strictures, tumours of bile ducts and panceras

Hematoidin + Bilirubin

Pathology:

4) inherited (familial) hyperbilirubinemia

- ↑ bilirubin because of **defective conjugation**
- Gilbert syndrome, Crigler-Najjar syndrome 1-2, Dubin Johnson syndrome, Rotor syndrome

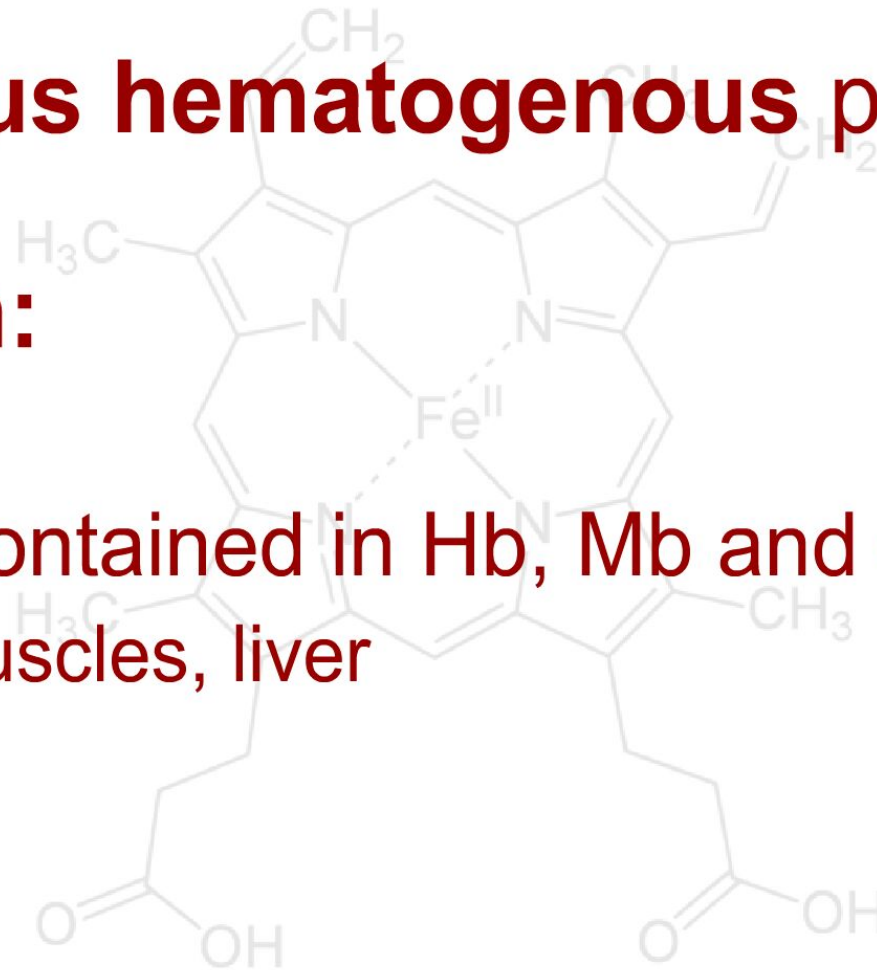


Porphyrins

- endogenous hematogenous pigments

Localization:

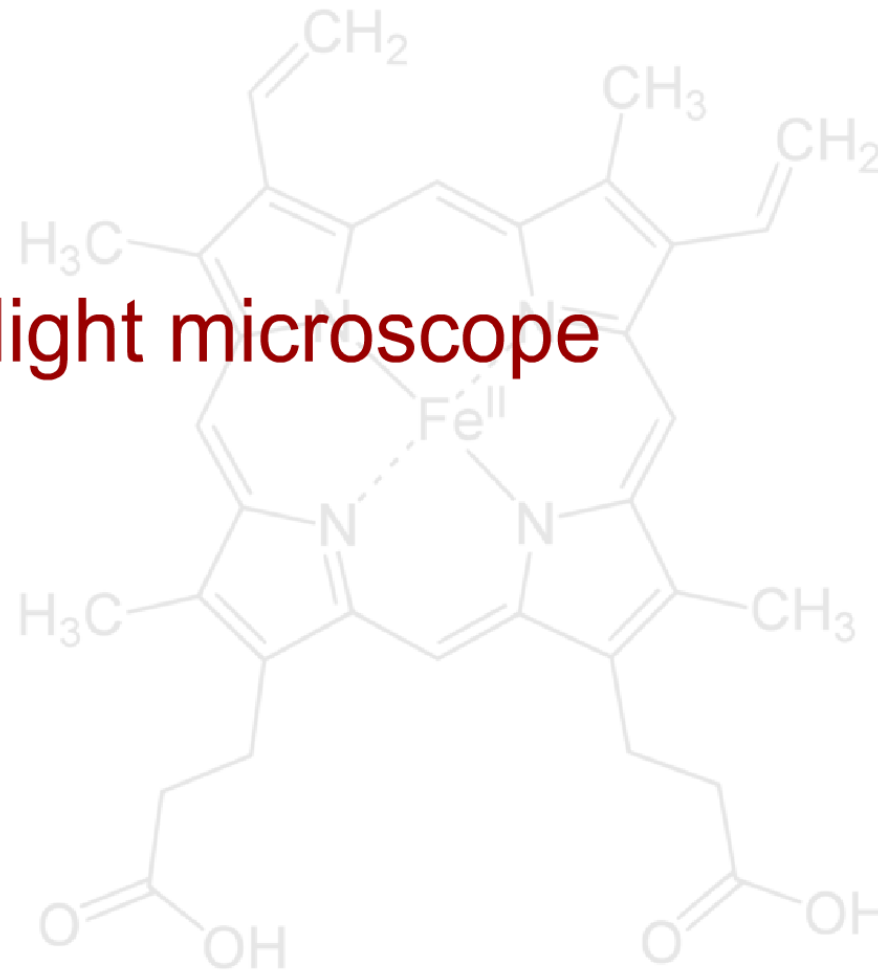
- pigments contained in Hb, Mb and cytochrome
 - blood, muscles, liver



Porphyrins

MICRO:

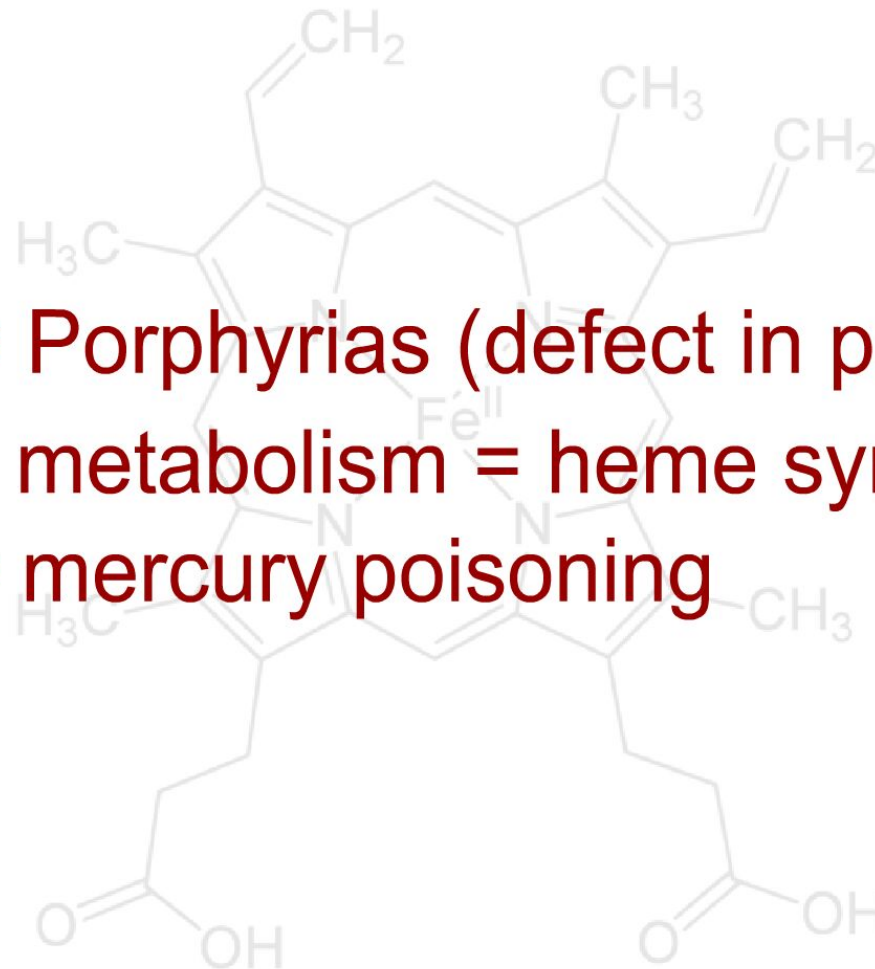
- invisible in light microscope



Porphyrins

Pathology:

- **inherited** = Porphyrias (defect in porphyrine metabolism = heme synthesis)
- **acquired** = mercury poisoning

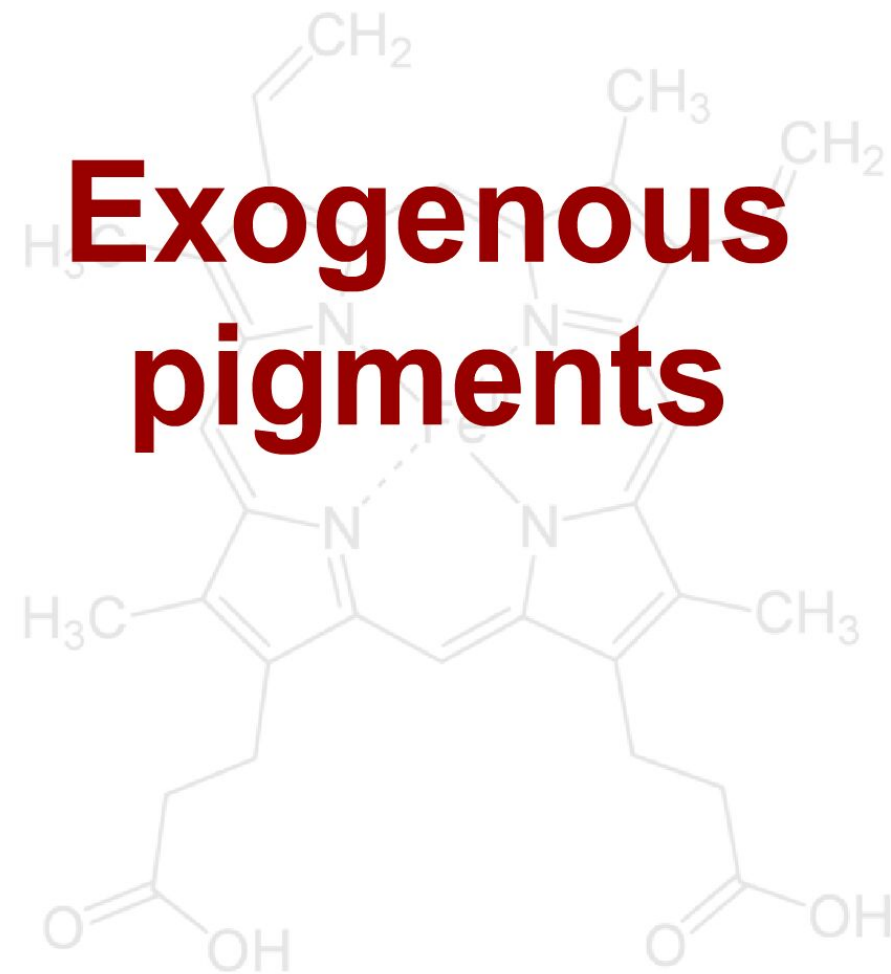


Porphyrins

Pathology:

Porphyrias ("vampire disease")

- ↑ **production** of porphyrins (enzyme deficiency)
- several types of organ damage + acute / chronic
- **CNS + PNS toxicity** (pain, weakness, psychosis)
- **skin photosensitivity** (solar erythema, blisters, scar)
- **liver toxicity** (cirrhosis = *Porphyria cutanea tarda*)

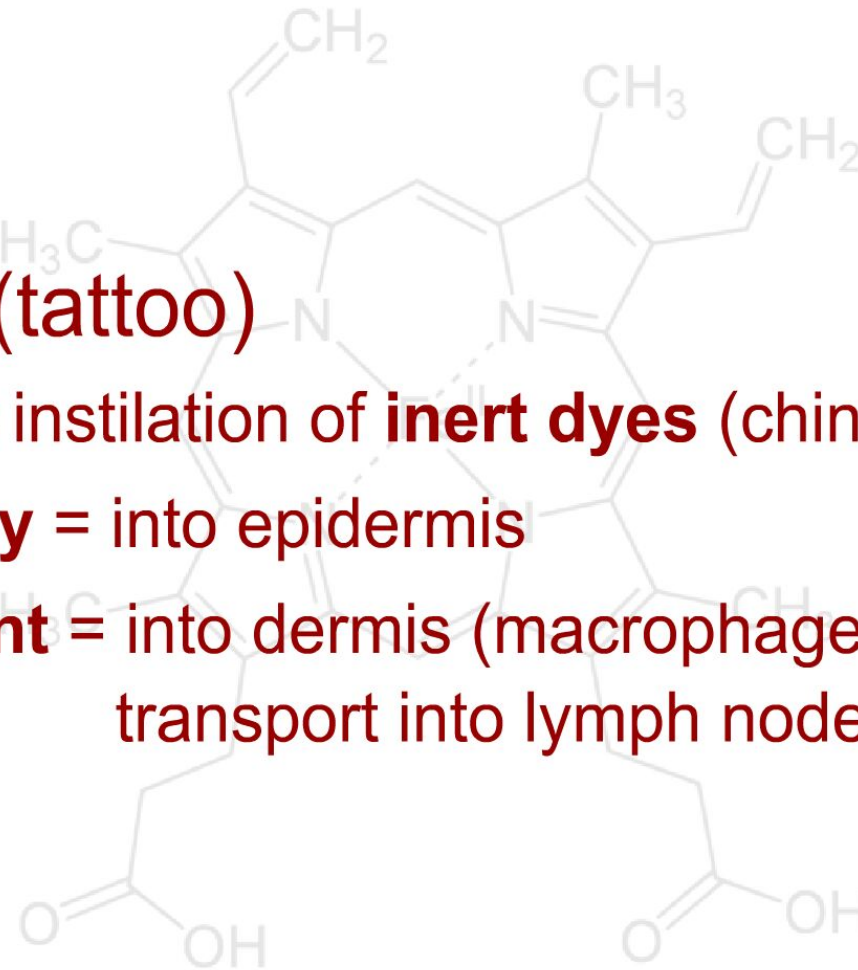


Pigments via traumatic lesions

Tautatio

1) arteficial (tattoo)

- mechanic instillation of **inert dyes** (china ink)
- **temporary** = into epidermis
- **permanent** = into dermis (macrophage degradation + transport into lymph nodes)

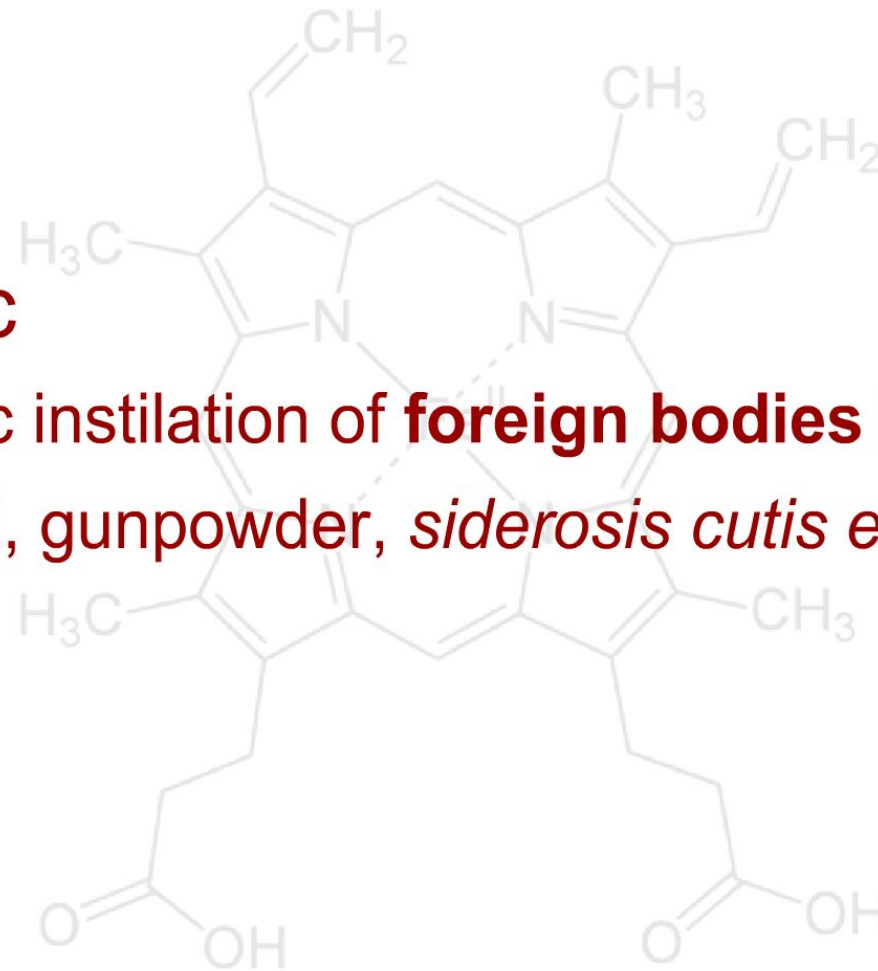


Pigments via traumatic lesions

Tautatio

2) traumatic

- mechanic instillation of **foreign bodies** into wound
- grit, sand, gunpowder, *siderosis cutis et bulbi*

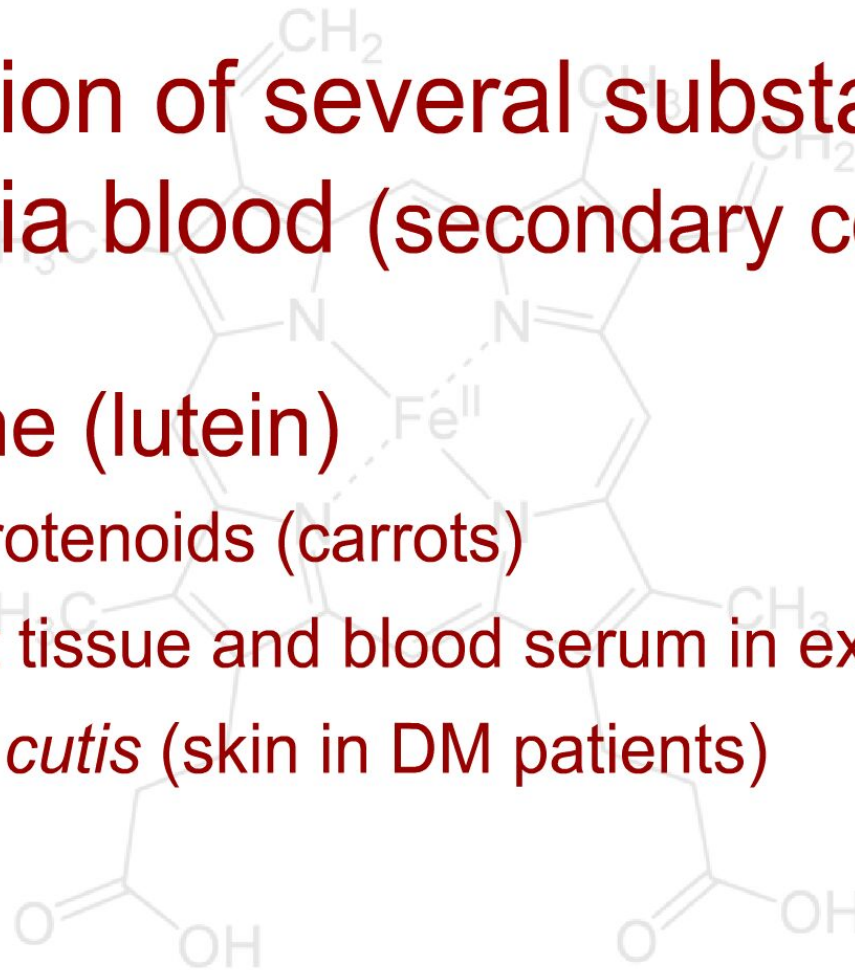


Pigments via ingestion

- **GIT** absorption of several substances and distribution via blood (secondary colour change)

1) lipochrome (lutein)

- part of carotenoids (carrots)
- **yellow** fat tissue and blood serum in excess
- *xanthosis cutis* (skin in DM patients)



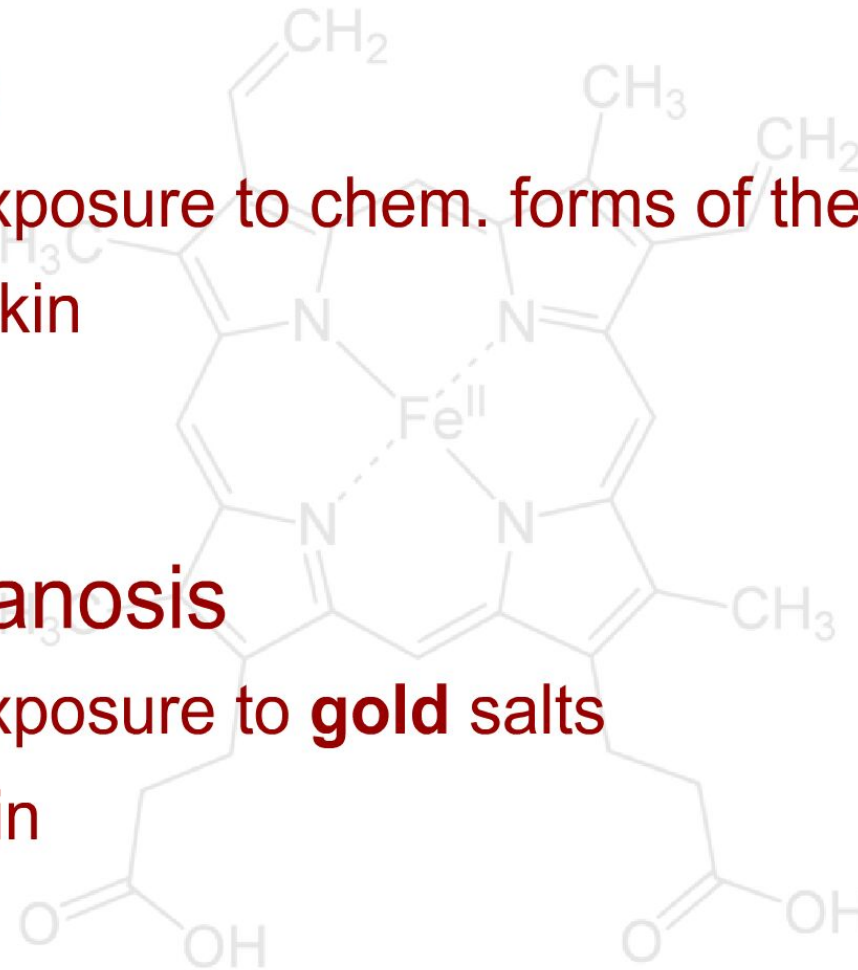
Pigments via ingestion

2) argyrosis

- chronic exposure to chem. forms of the element **silver**
- **greyish** skin
- drugs

3) chrysocyanosis

- chronic exposure to **gold** salts
- **bluish** skin
- drugs



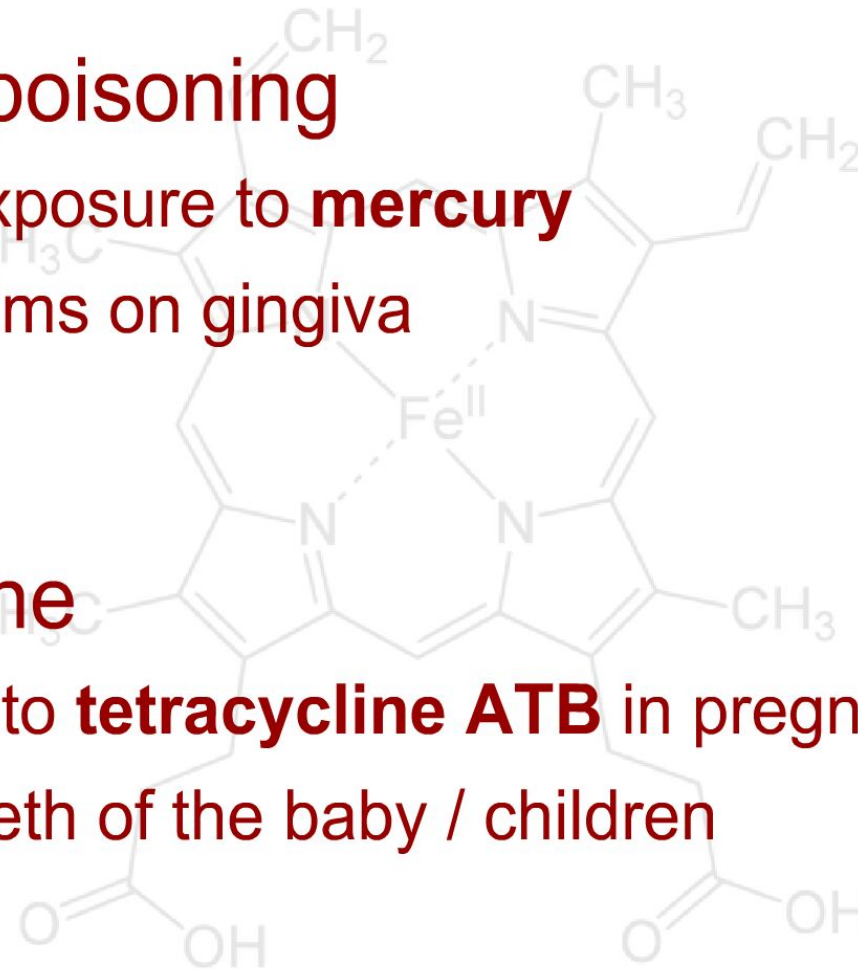
Pigments via ingestion

4) mercury poisoning

- chronic exposure to **mercury**
- **greyish** rims on gingiva
- drugs

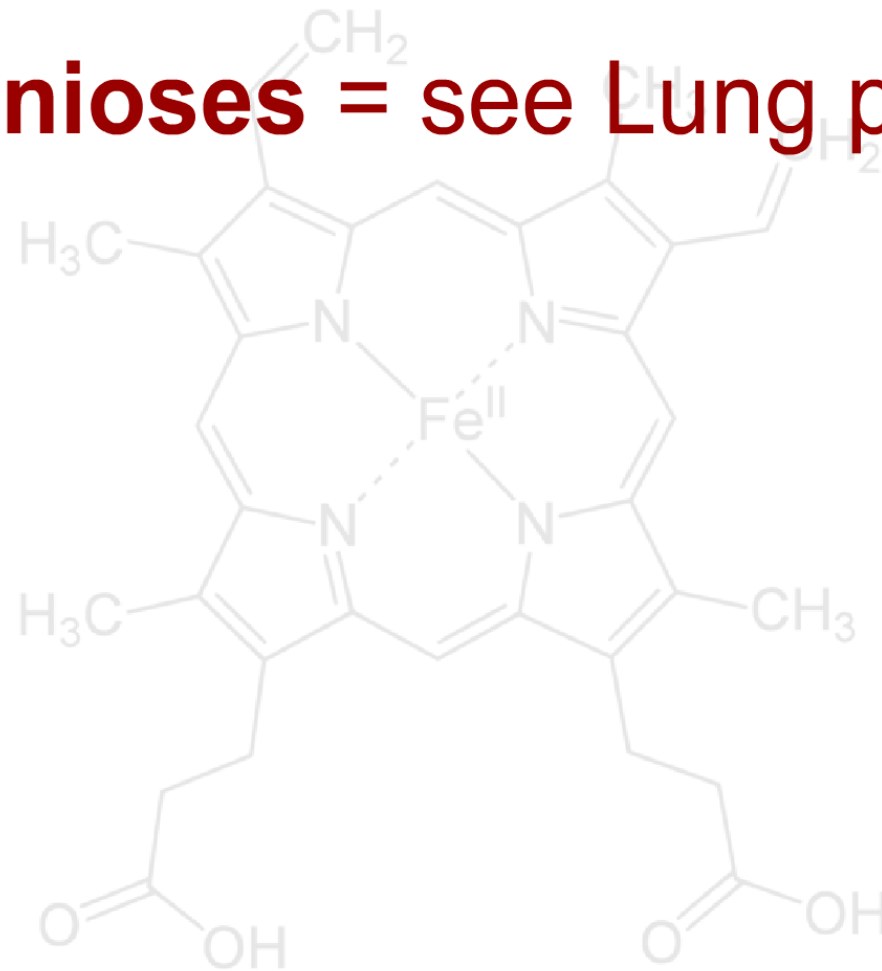
5) tetracycline

- exposure to **tetracycline ATB** in pregnancy / childhood
- **yellow** teeth of the baby / children



Pigments via inhalation

- **pneumoconioses** = see Lung pathology



Literature:

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