



AF 45/85 SERCE
083387 80.0KV X3000

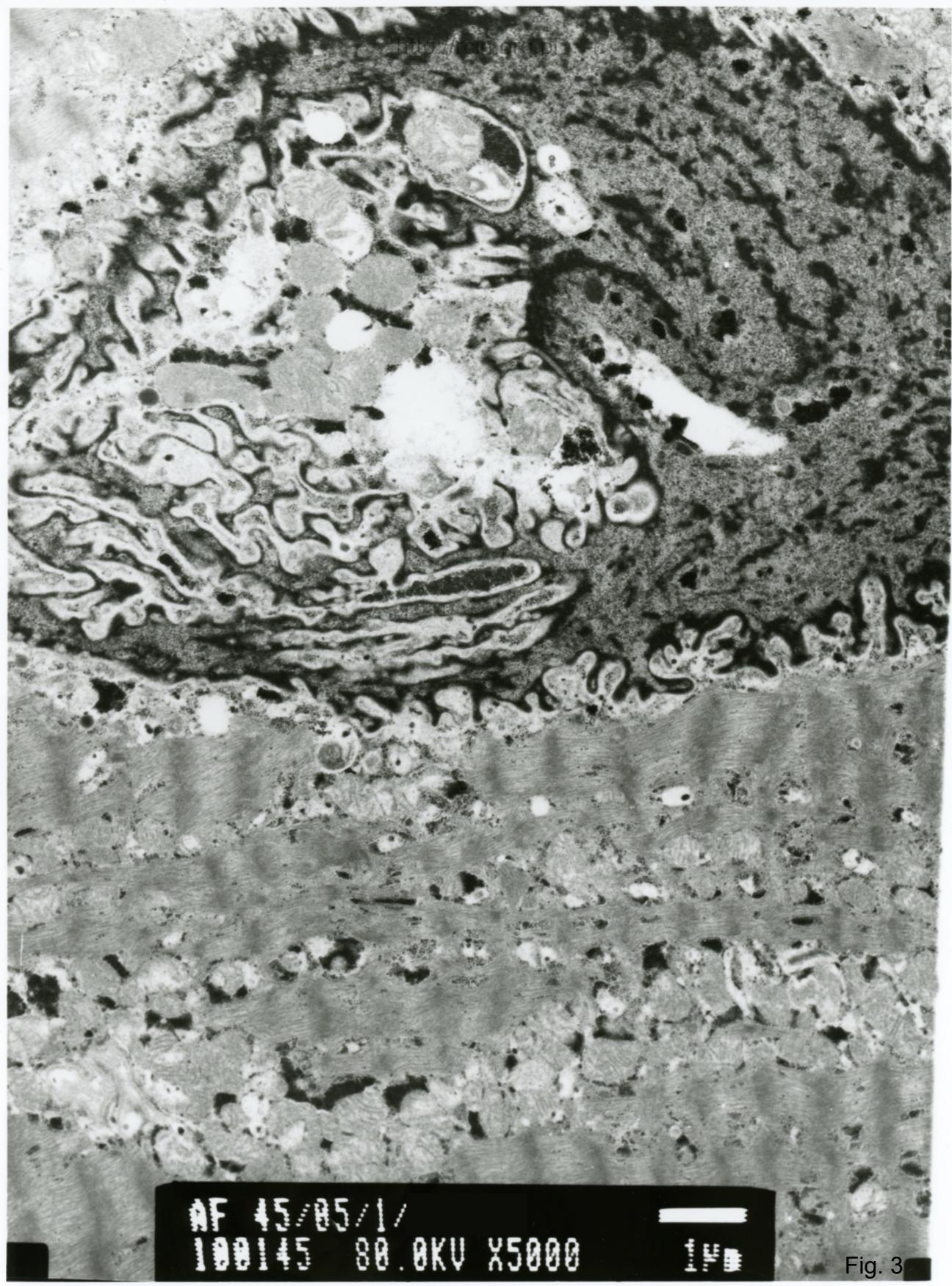
24-

Fig. 1

AF 45/85/1/
100125 80.0KV X5000

1μm

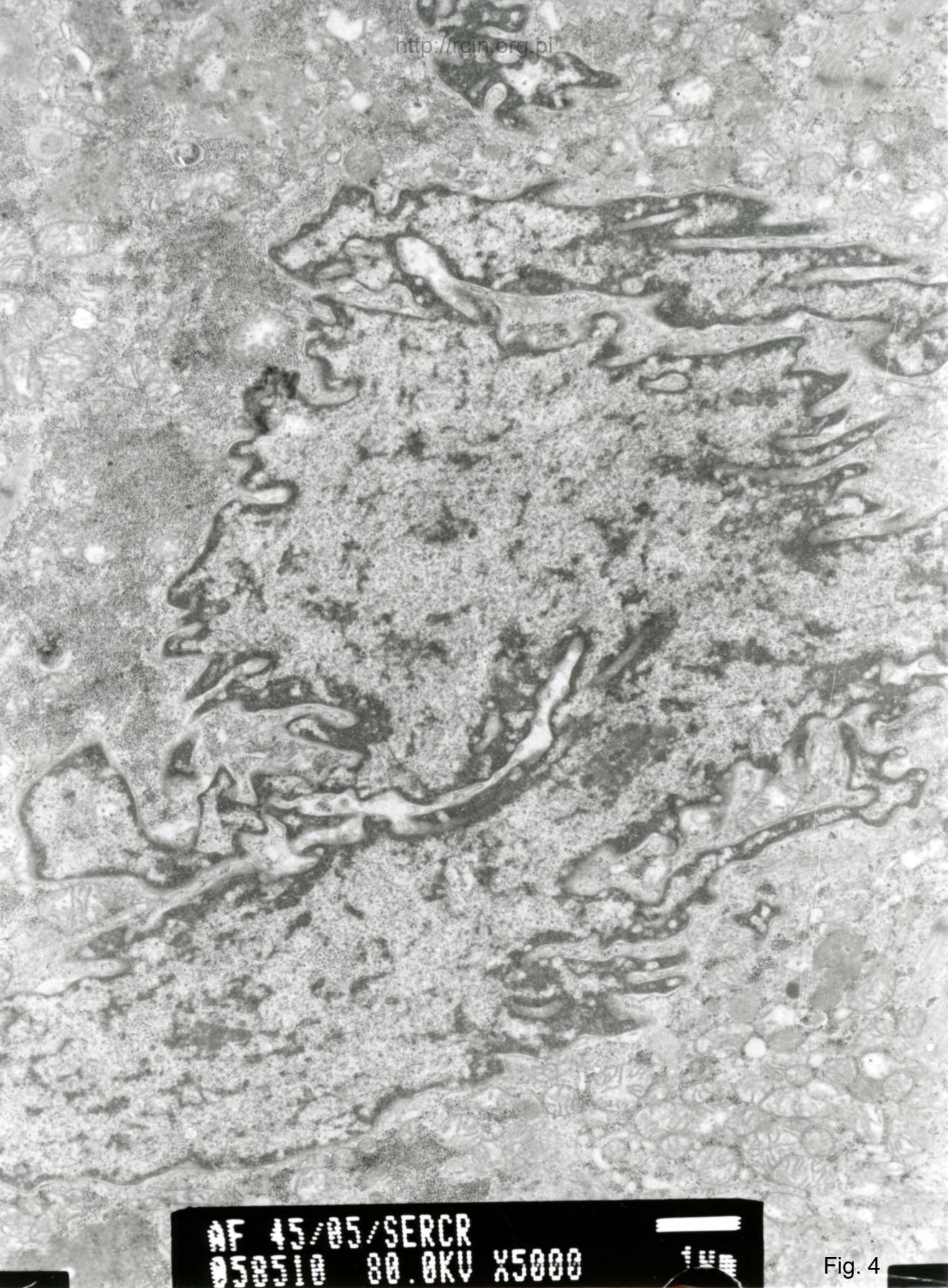
Fig. 2



AF 45/85/1/
100145 80.0KV X5000

1FB

Fig. 3



AF 45/05/SERCR
058518 80.0KV X5000

100

Fig. 4

AF 45/85/1/
100138 80.0KV X6000

1µm

Fig. 5

AF 45/85/1/
100136 80.0KV X7500 1μm

AF 45/85 SERCE
227700 RR AKU X7500



+

Fig. 7

AF 45/85 SERCE
ARTERRA RA AKU X15K 50P

Fig. 8

AF 45/85/SERCR
858585 80.0KV X6000

1μm

Fig. 9

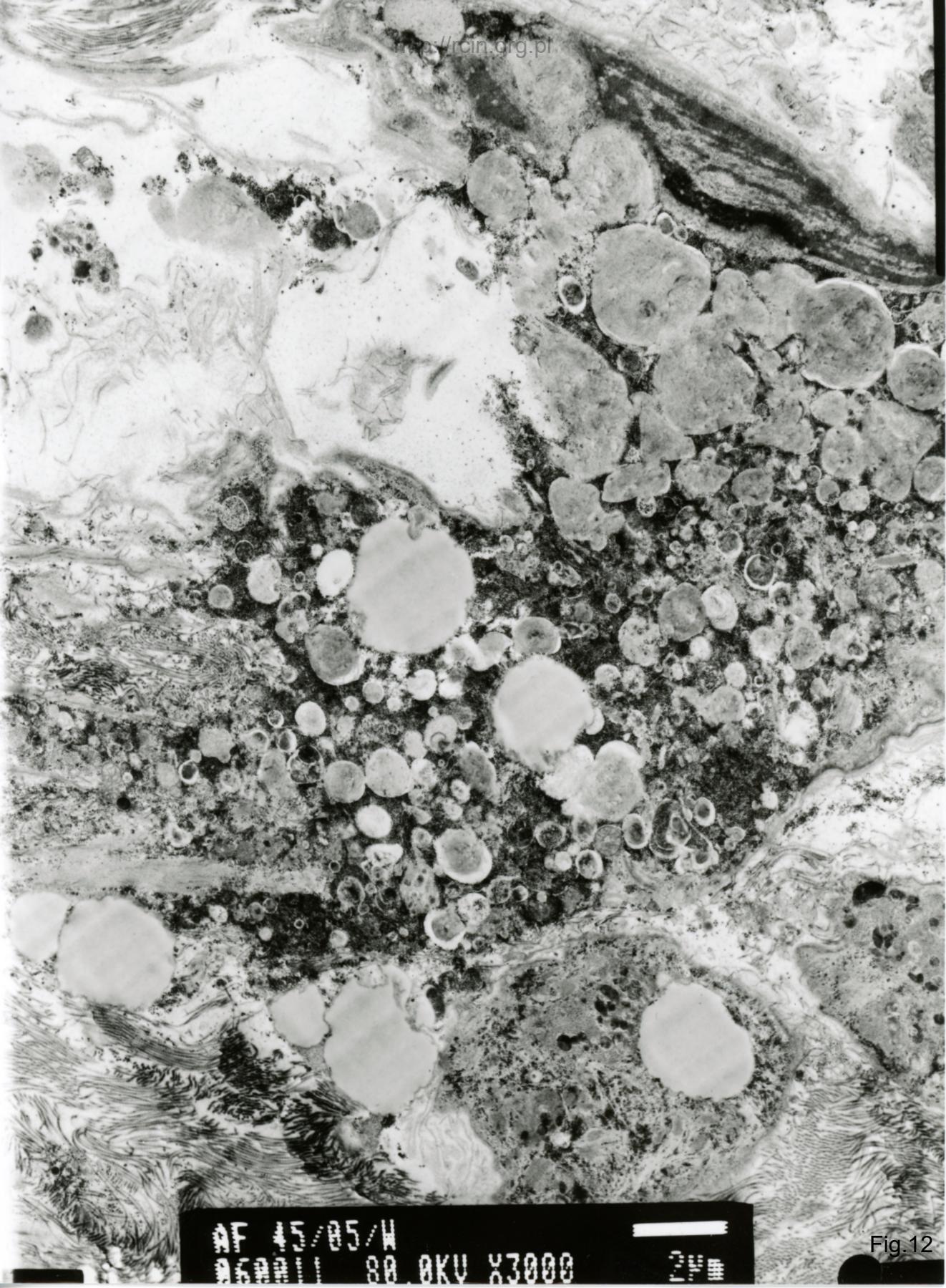
AF 45/85/SERCR
058584 80.0KV X12K 500nm

Fig.10

AF 45/05/SERCR
0525B2 88 AKU X5000

1µm

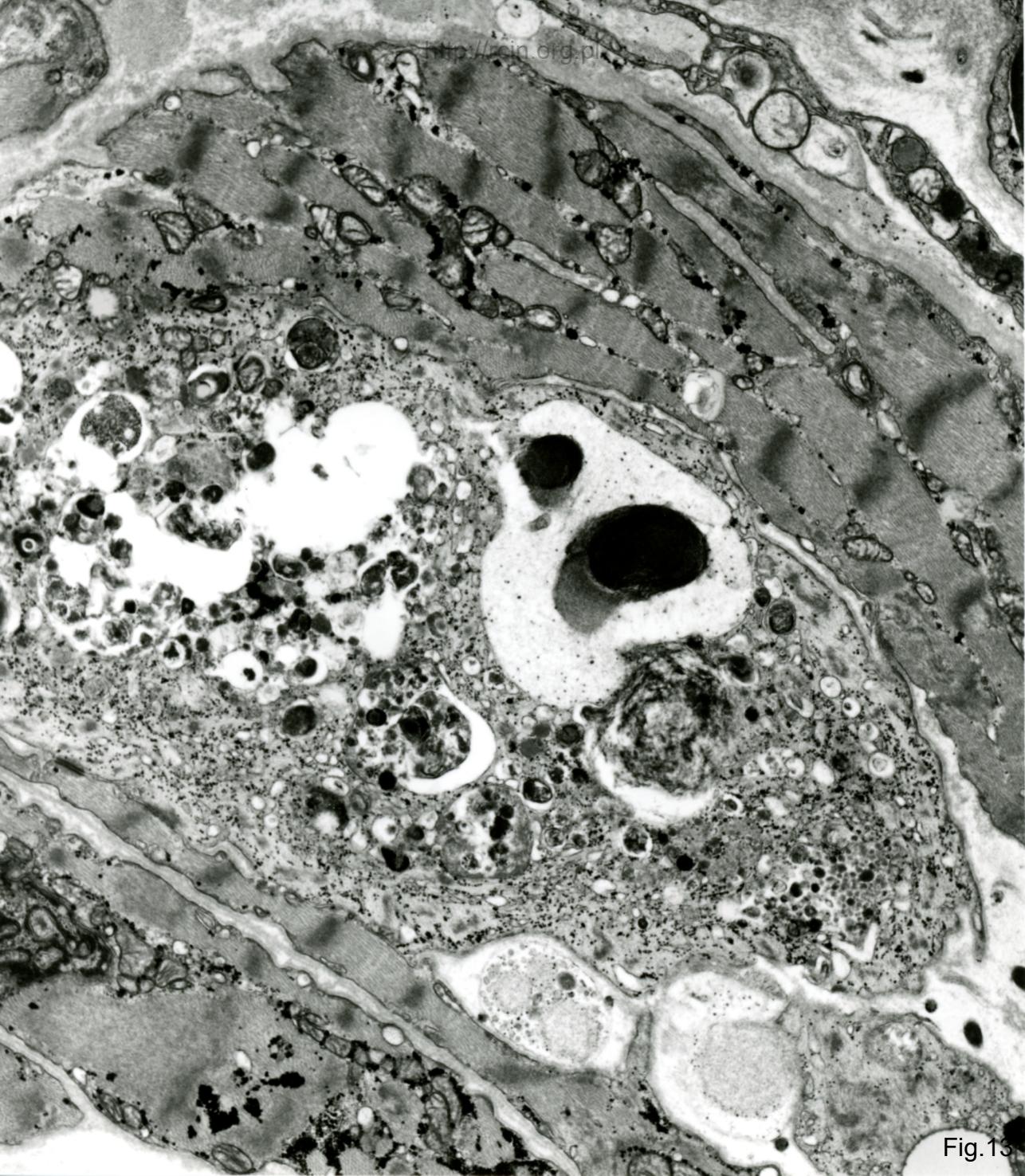
Fig.11

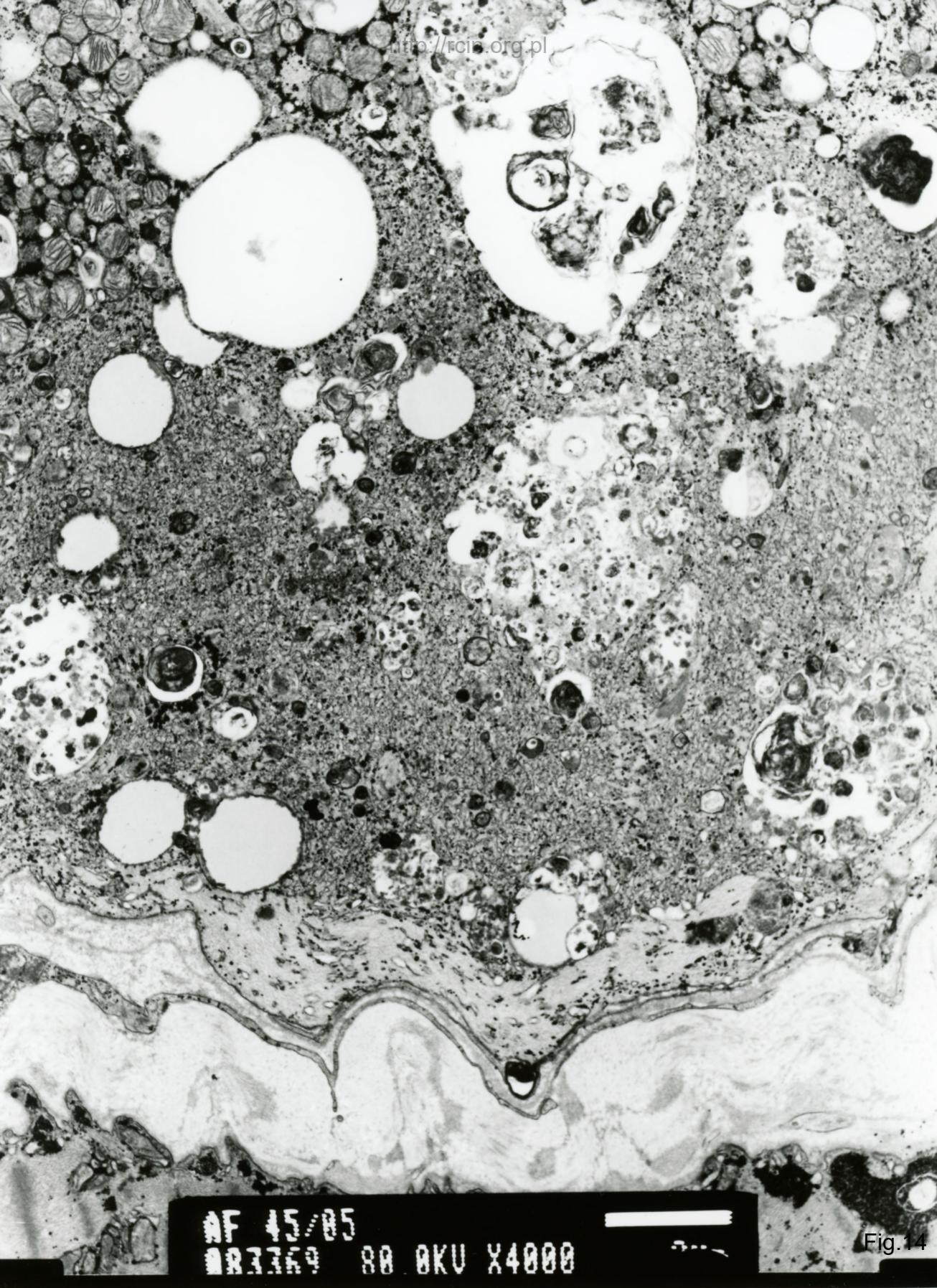


AF 45/85/W
260011 80.0KV X3000

2μm

Fig. 12





AF 45/85
88 8KU X4000

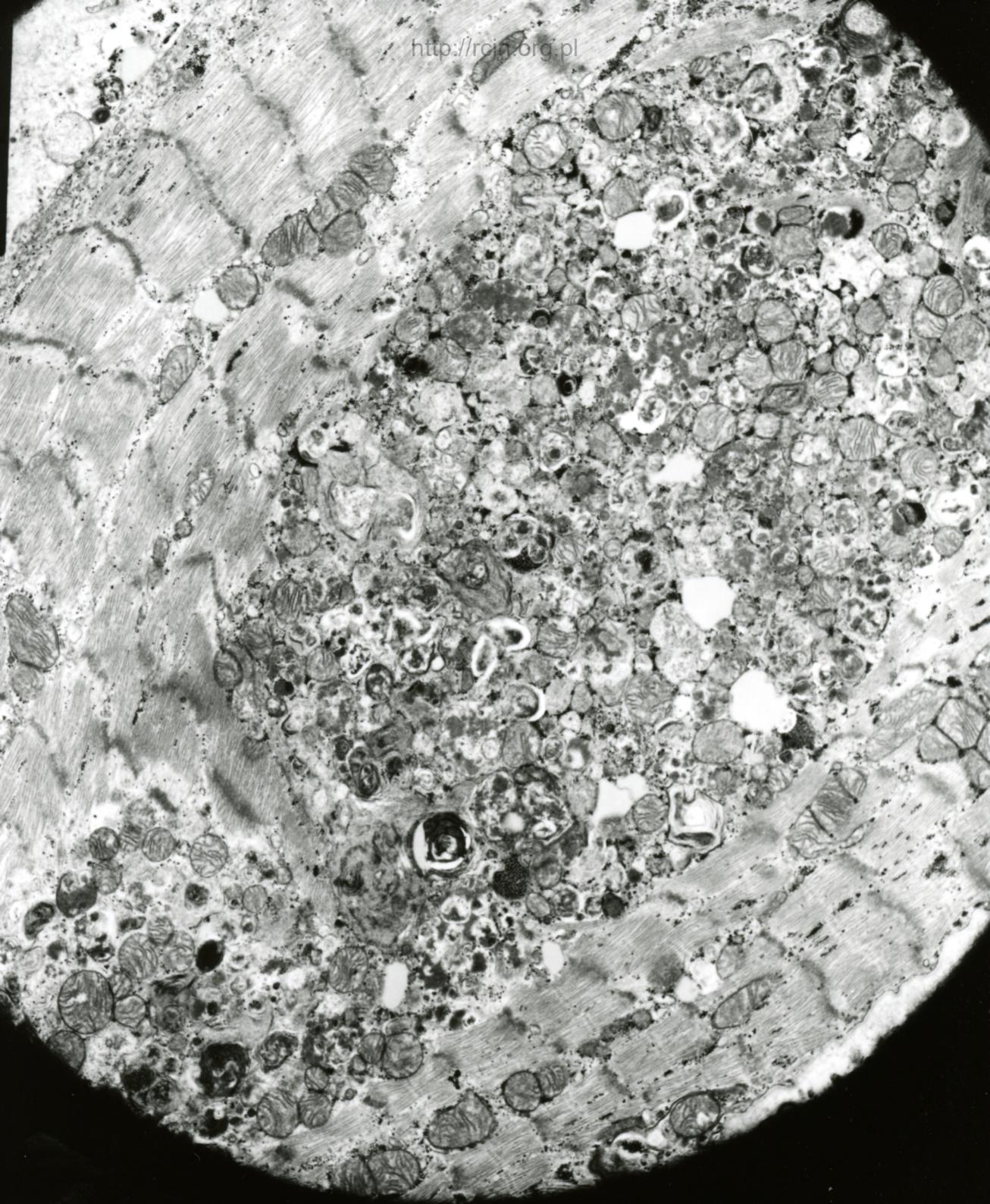
200 nm

Fig.14

AF 45/85/1/
198127 80.0KV X4000

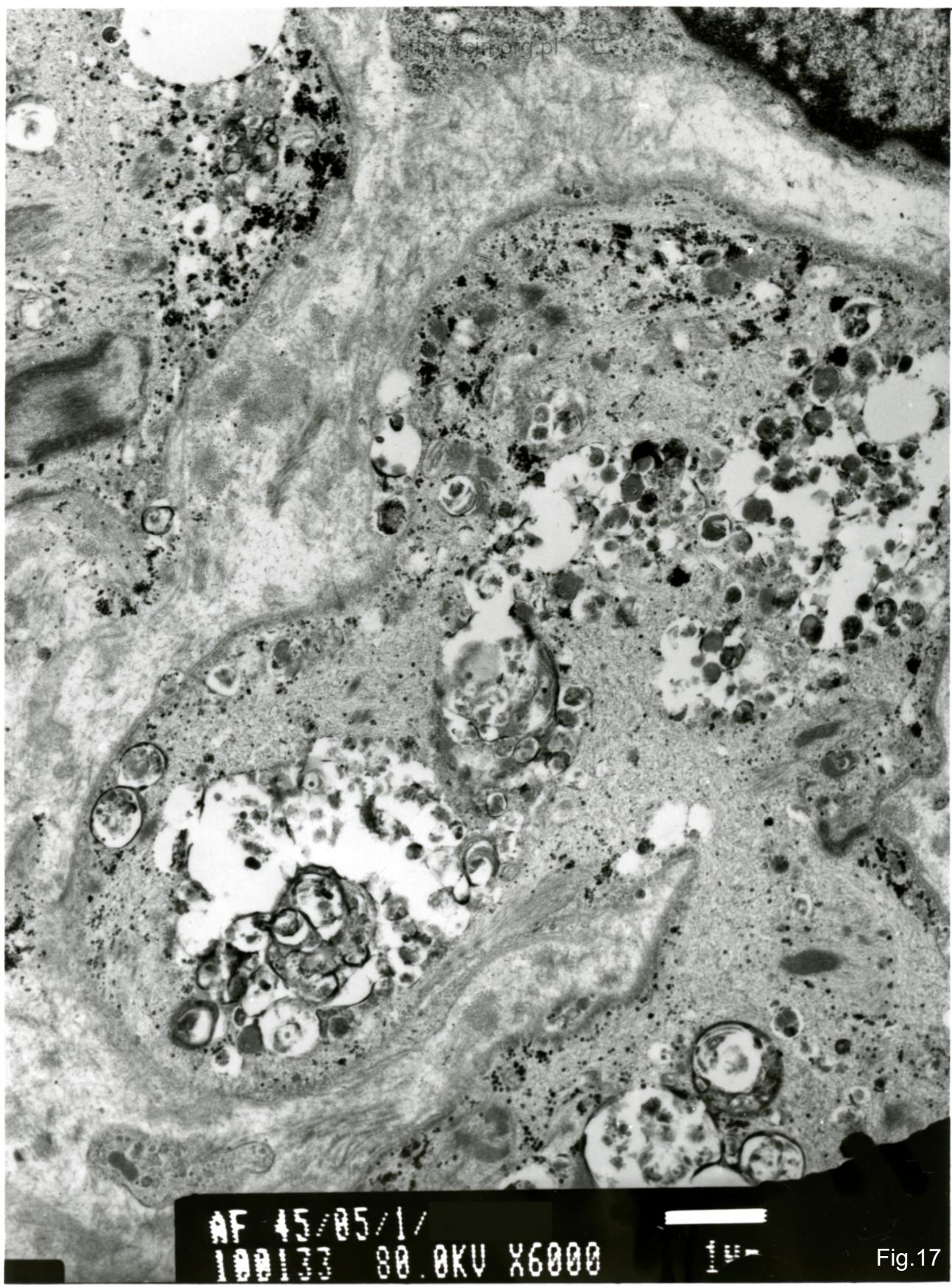
24

Fig.15



AF 45/85
BR3362 88 8KV X4000

Fig.16



AF 45/85/1/
108133 80.0KV X6000

1P-

Fig.17

AF 45/85/1
100158 80.0KV X6000

14

Fig.18

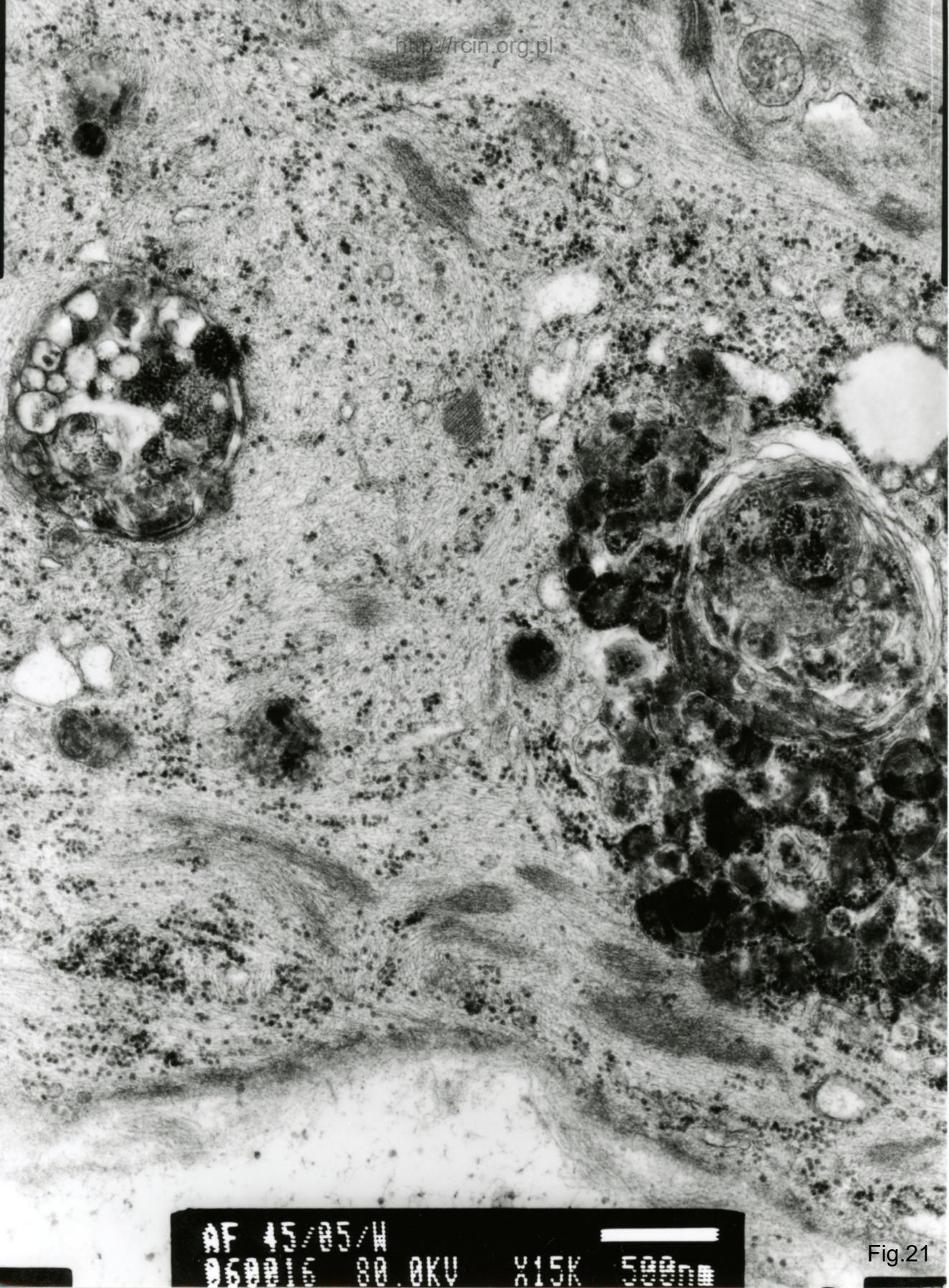
AF 45/85/H
060815 80.0KV X10K 500nm

Fig.19



AF 45/85
083364 88.8KU X12K 592

Fig.20



AF 45/05/H
26.08.16 80.0KV X15K 500nm

Fig.21

AF 45/85
AB3371 RR BKU X5000

Fig.22

AF 45/85 SERCE
083395 88 OKU X3000

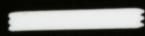
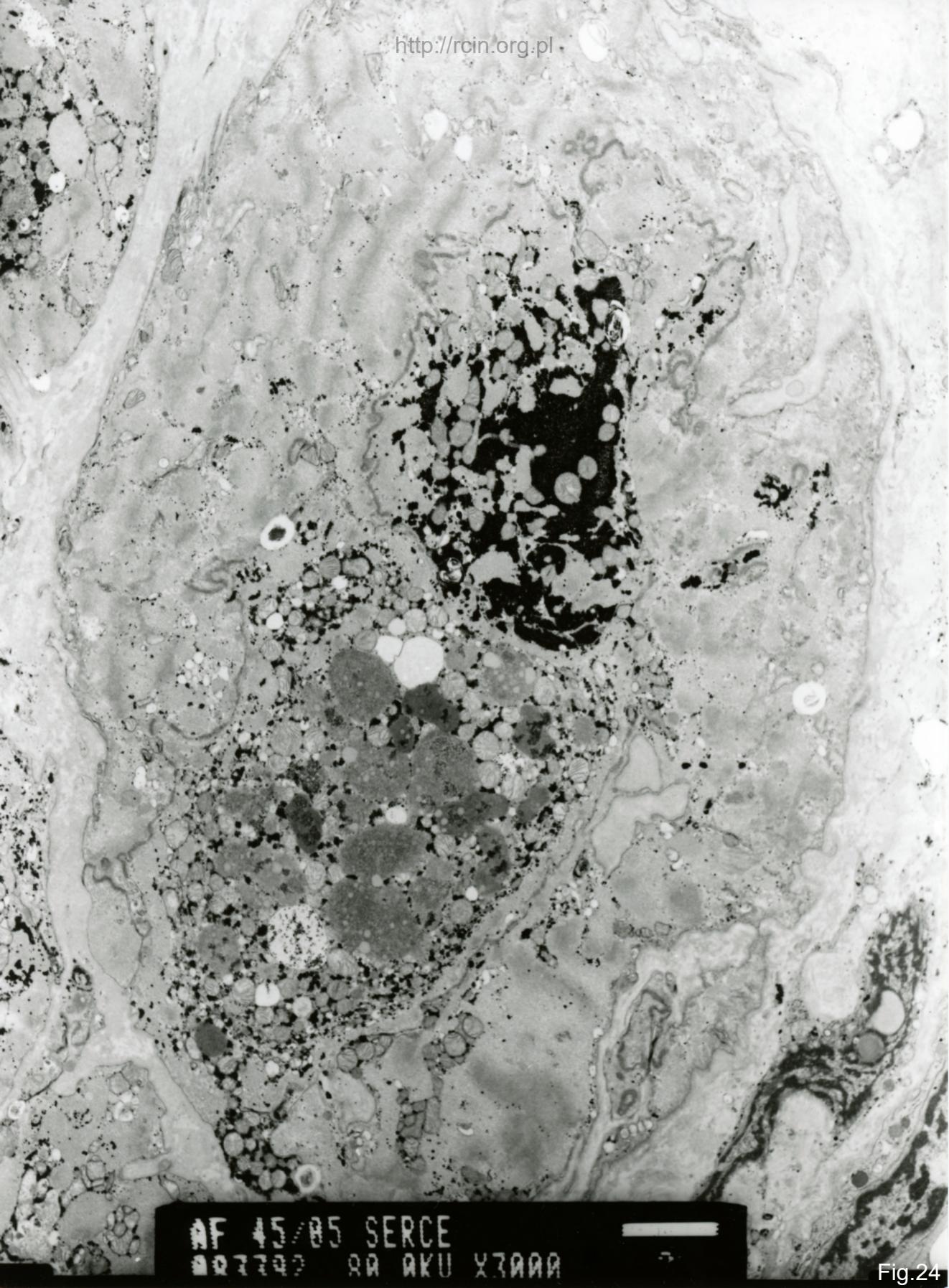


Fig.23



AF 45/85 SERCE
887799 88 AKU X7000

Fig.24

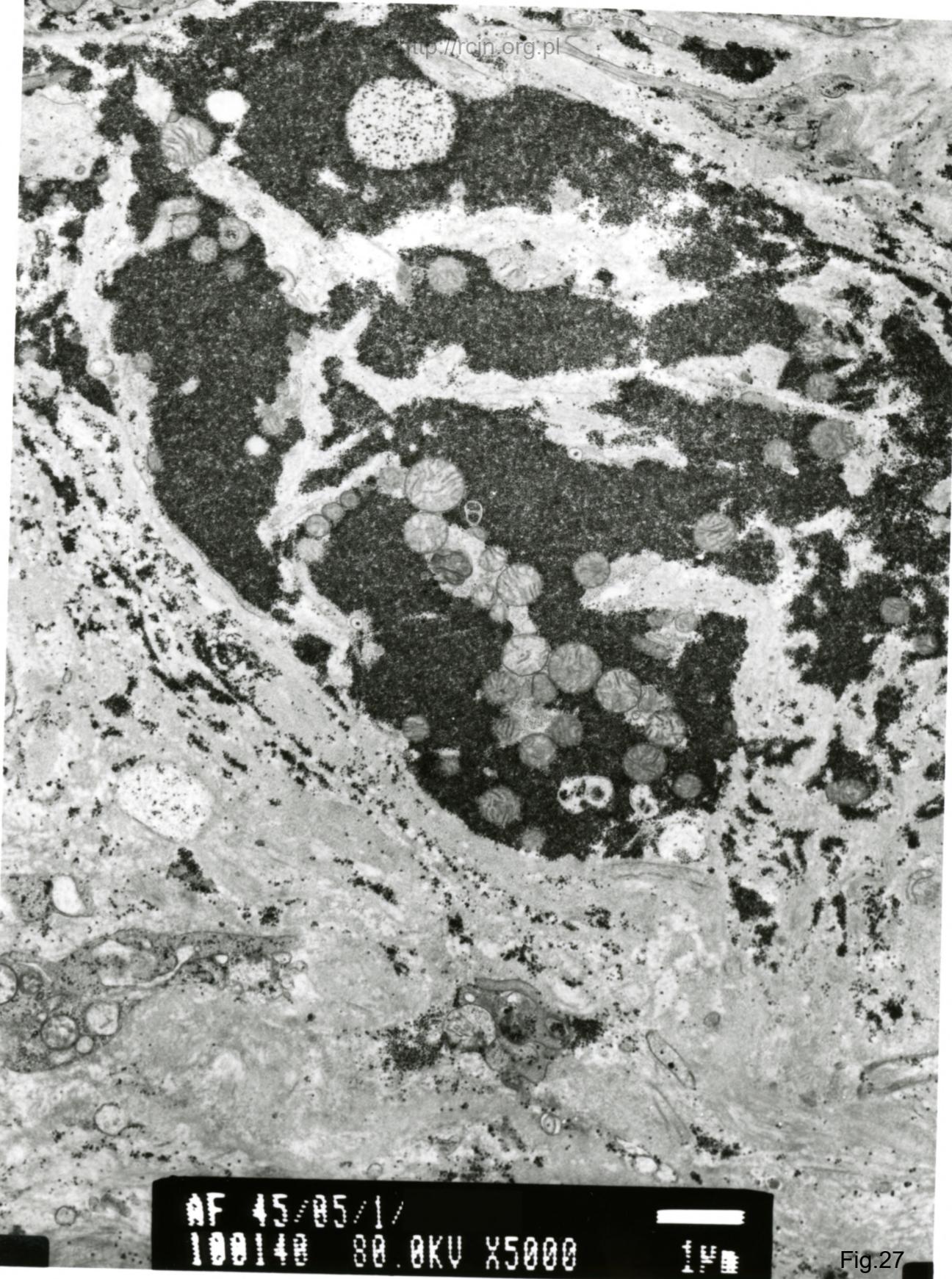
AF 45/85
083361 88 0KU X6000

Fig.25

AF 45/05/1/
108139 80.0KV X5000

1μm

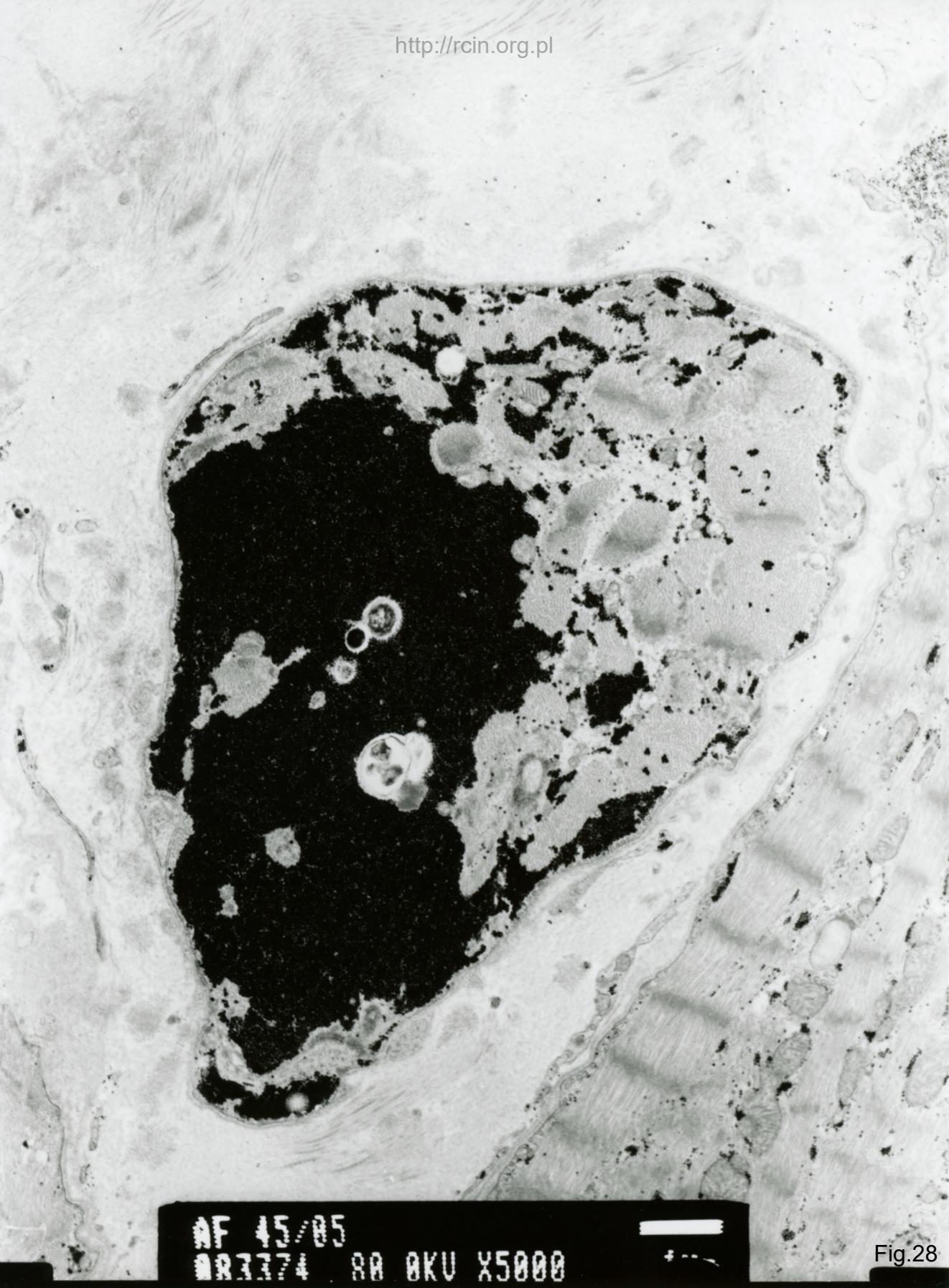
Fig.26



AF 45/85/1/
100148 88.BKV X5000

1μm

Fig.27



AF 45/85
BR3374 88 8KU X5000

Fig.28



AF 45/85 SERCE
BR3794 RA BKU X6000

[Redacted]

fr

Fig.29



AF 45/85 SERCE
DB3393 80.0KV X6000

14

Fig.30

AF 45/85/1/
100142 80.0KV X7500

1µm

Fig.31

AF 45/85
BB3365 RA BKU X5000

Fig.32

AF 45/85
BR3366 RA OKU X12K 5PP

Fig.33

AF 45/05/SERCR
058583 80.0KV X20K 200nm

Fig.34

45/05

1. 32

Podejrzenie amyloidozy/kardiomiopatii mitochondrialnej/zapalenia mięśnia sercowego

We fragmentach bioptatu widoczne zachowane miofibrylle i niezmieniony układ sarkomerów obserwuje się jednak znaczną nukleopatię – jądra kardiomiocytów o nieprawidłowym kształcie, pofałdowanej otoczce a niektóre zawierające w swym wnętrzu organelle komórkowe (Fig. 1-8). Ocena ultrastrukturalna wykazała na pewnych obszarach zaburzenia w układzie sarkomerowym i w przebiegu miofilamentów oraz ich dezorganizację (Fig. 9,10,11). Obserwowano licznie występujące struktury autofagalne (Fig. 12-21) oraz złogi lipofuscyny, obecne zwłaszcza w pobliżu jąder kardiomiocytów (Fig. 22-25). W bioptacie widoczne były fragmenty tkanki o znacznym nagromadzeniu glikogenu (Fig. 26-31). Niektóre mitochondria charakteryzowały się jasną macierzą mitochondrialną i ubytkiem grzebieni bądź ich nieprawidłowym przebiegiem (Fig. 32,33,34).

Suspected amyloidosis / mitochondrial cardiomyopathy / myocarditis

Electronmicroscopy evaluation revealed in some parts of the biopsy the presence of preserved myofibrils and an unchanged sarcomeres pattern, however, a significant nucleopathy was observed. Cardiomyocyte nuclei were characterized by abnormal shape and some of them by discontinuity of the nuclear membrane and contained cellular organelles inside (Figs. 1-8). Focal changes in the course of myofilaments and their disorganization as well as changes in sarcomere pattern were observed (Figs. 9,10,11). Numerous autophagous structures were seen (Figs. 12-21) Also some lipofuscin deposits, especially in the vicinity of cardiomyocyte nuclei were noticed (Figs. 22-25). The biopsy analyses showed tissue fragments with significant glycogen accumulation (Figs. 26-31). Some mitochondria were characterized by a bright mitochondrial matrix and a loss or abnormal course of mitochondrial cristae (Figs. 32,33,34).