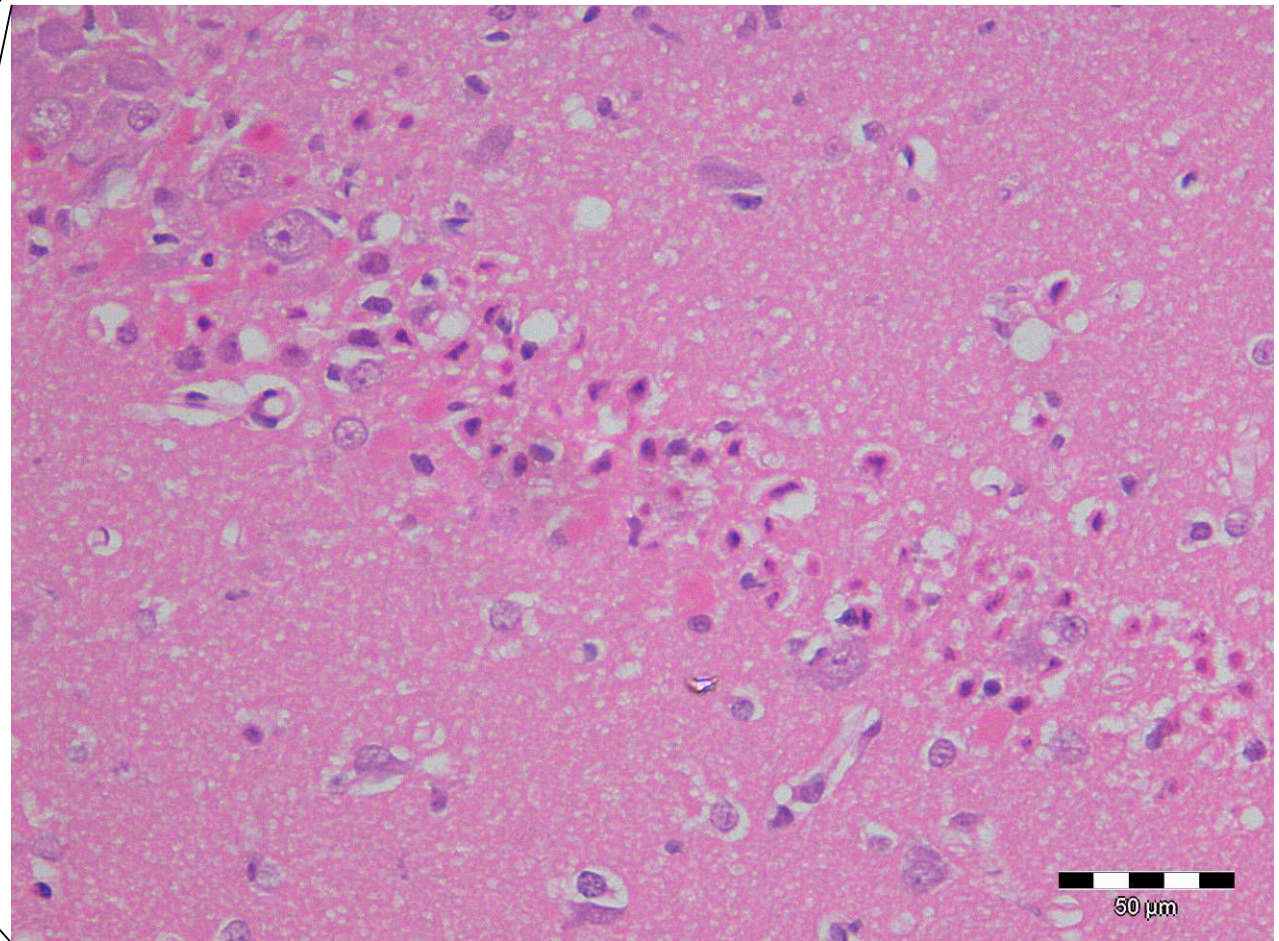
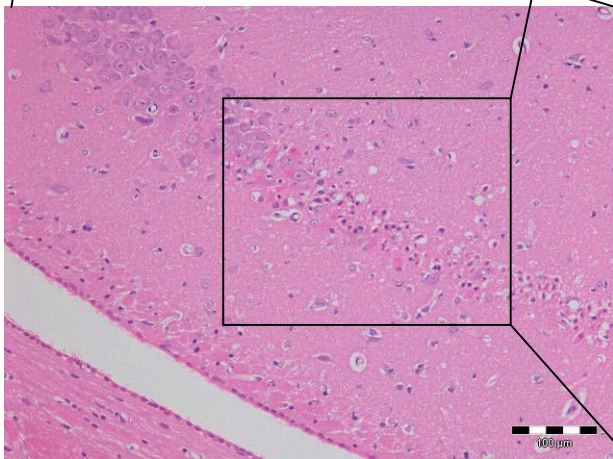
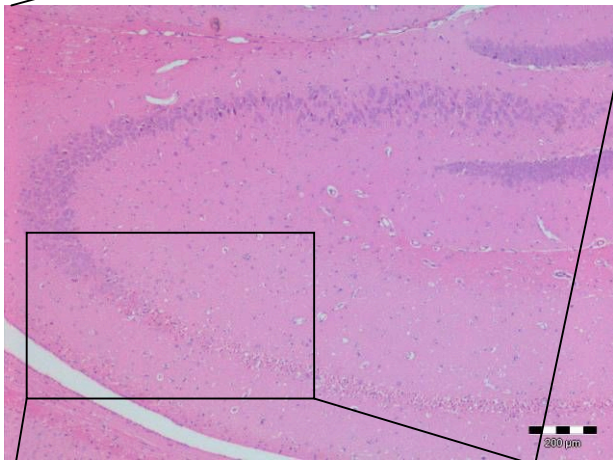
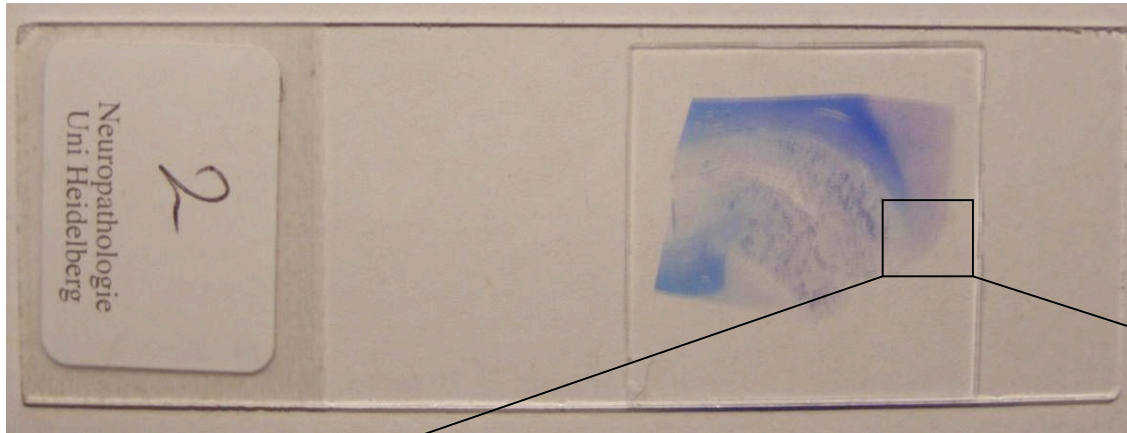


FrISChe Hypoxie

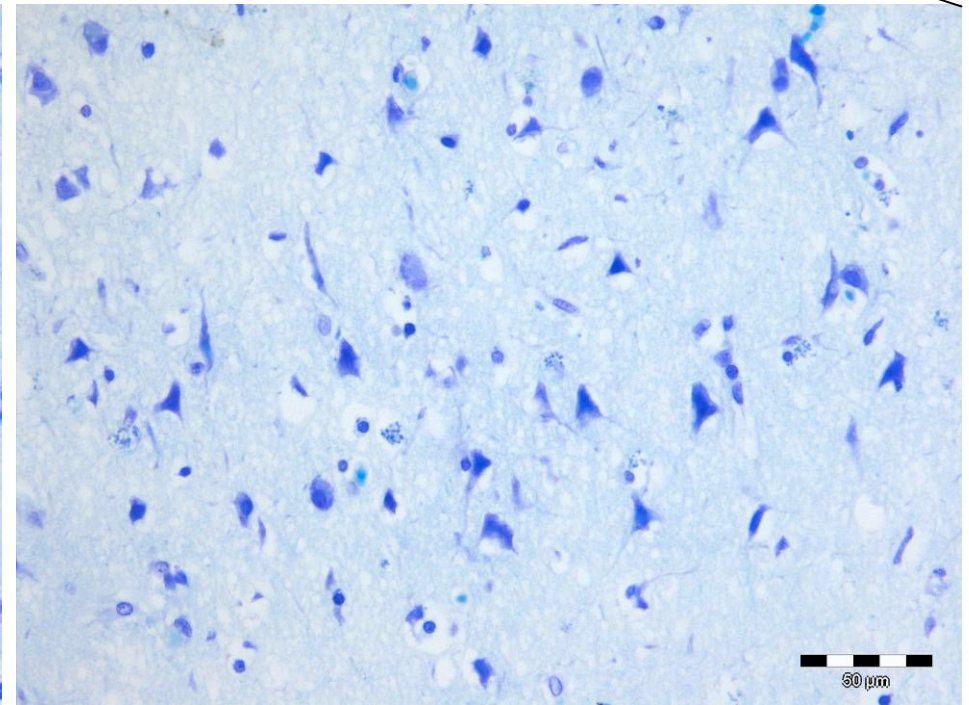
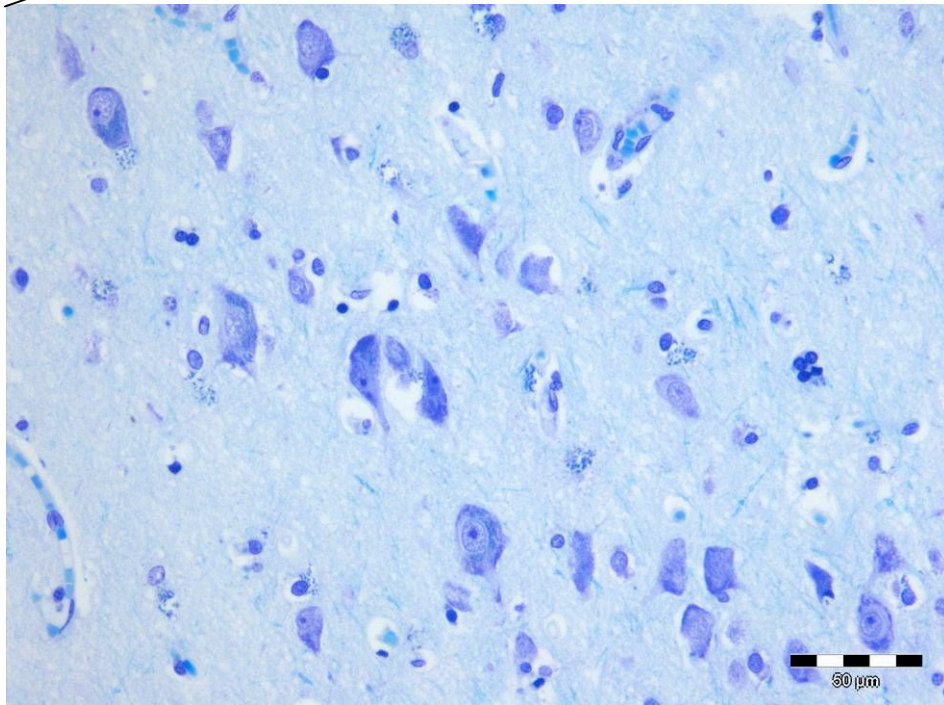
Eosinophile Degeneration der Neurone in der Hippokampusformation.

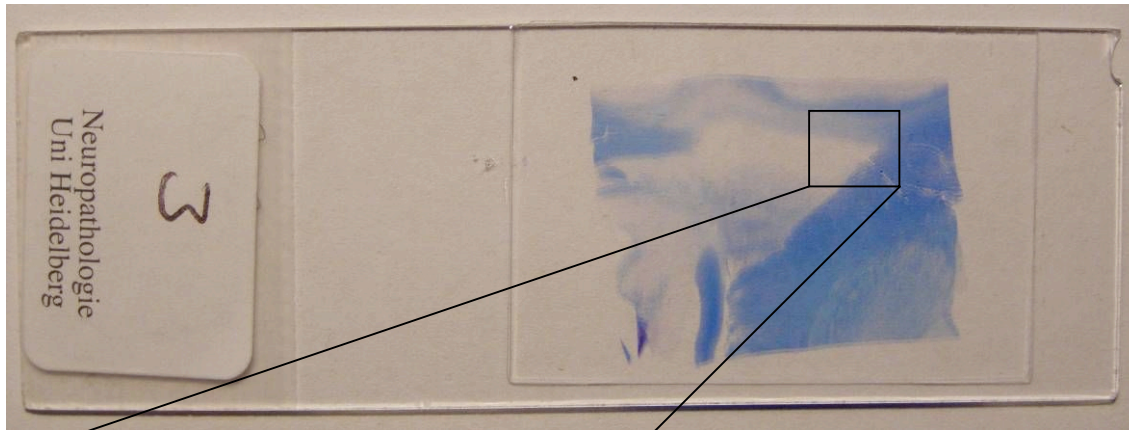




Infarkt Stadium I

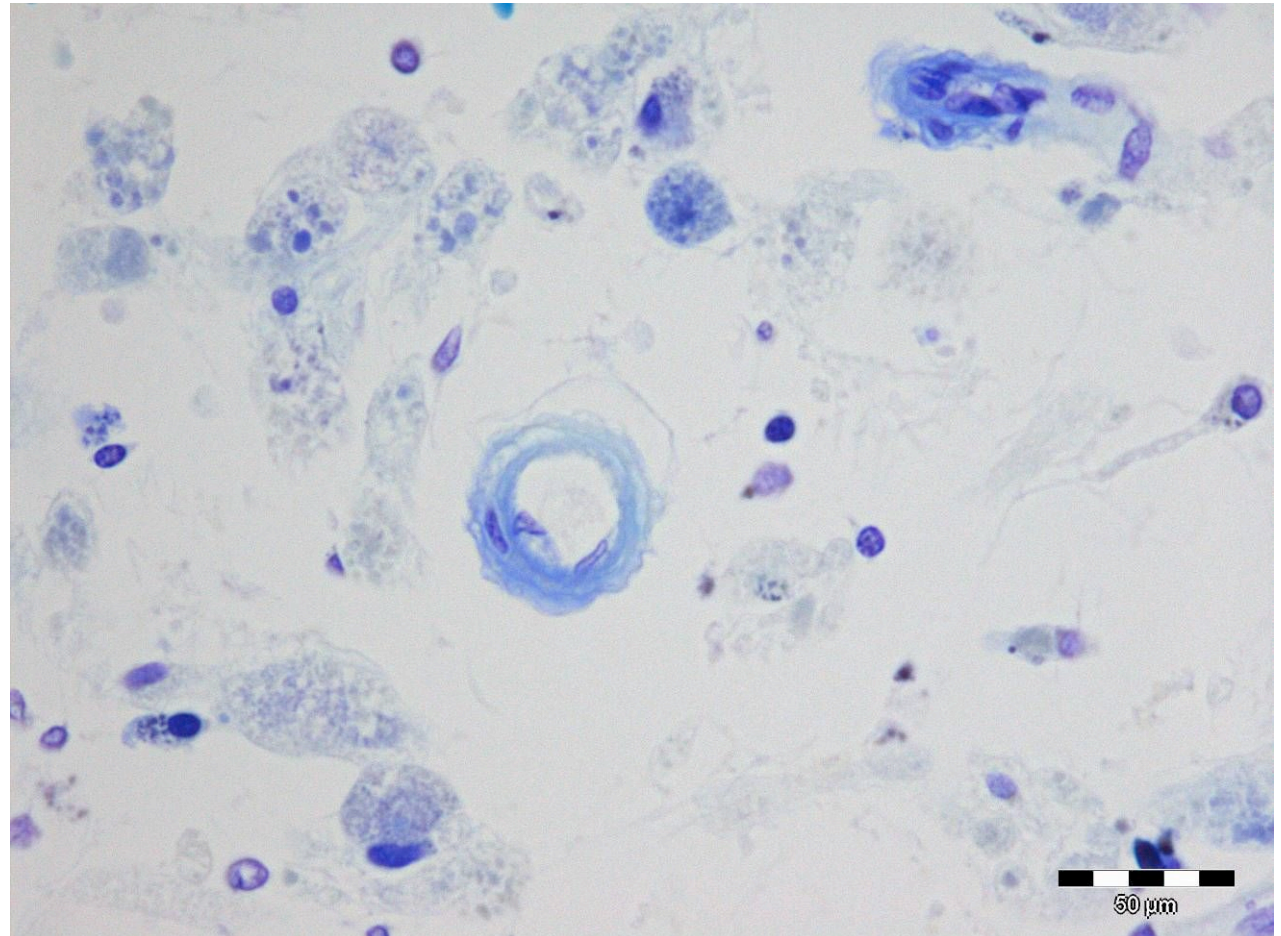
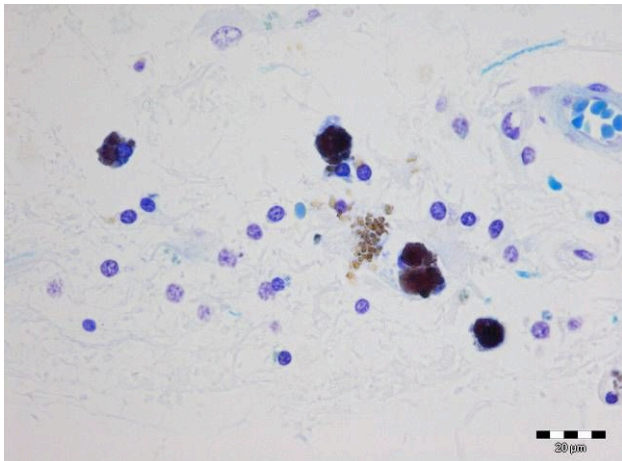
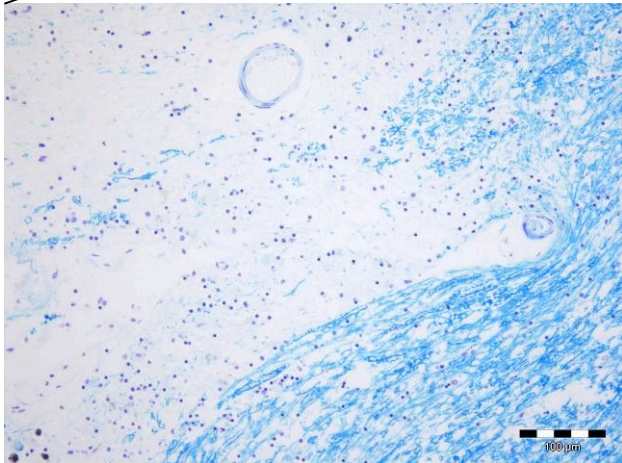
Degeneration der Neurone im Großhirnkortex.

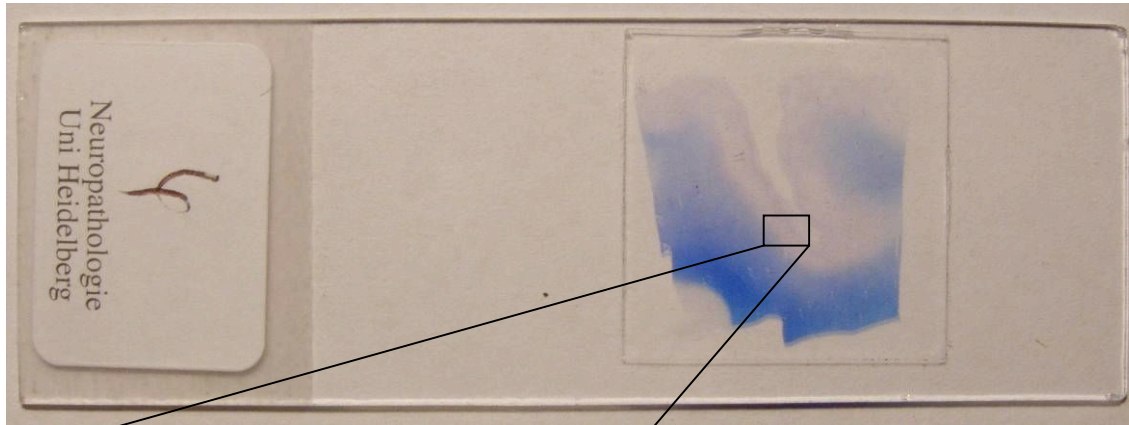




Infarkt im Stadium II-III

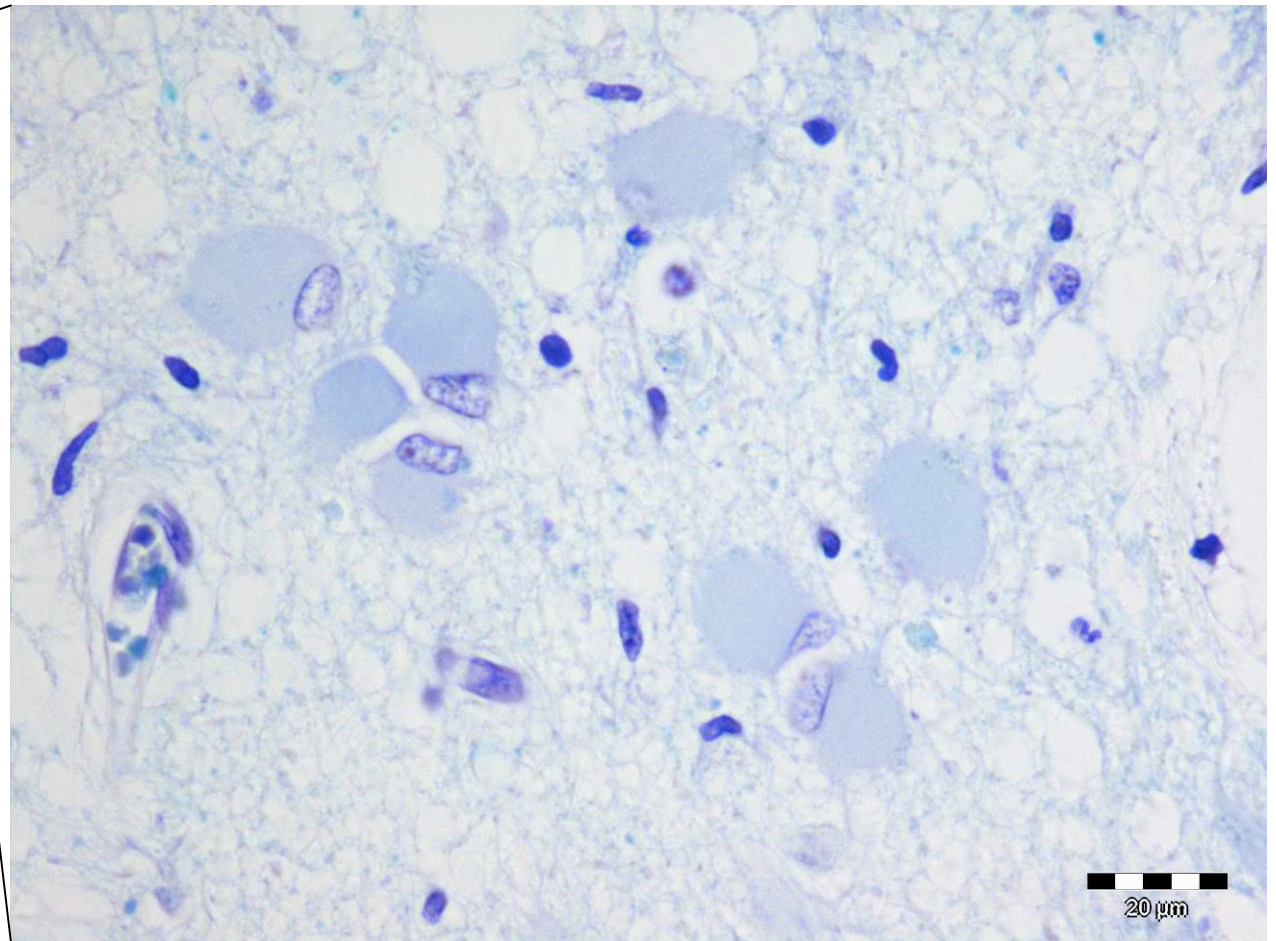
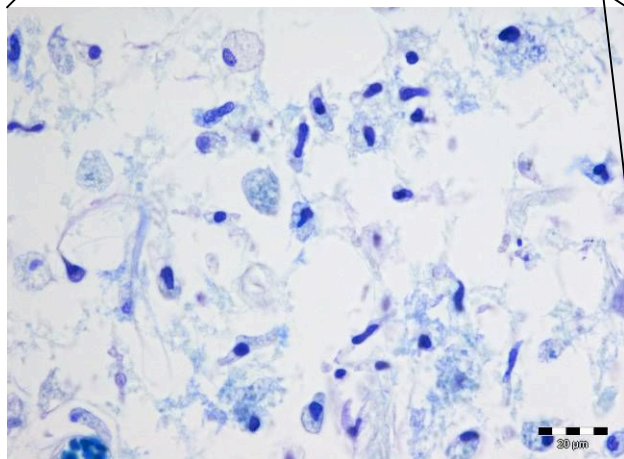
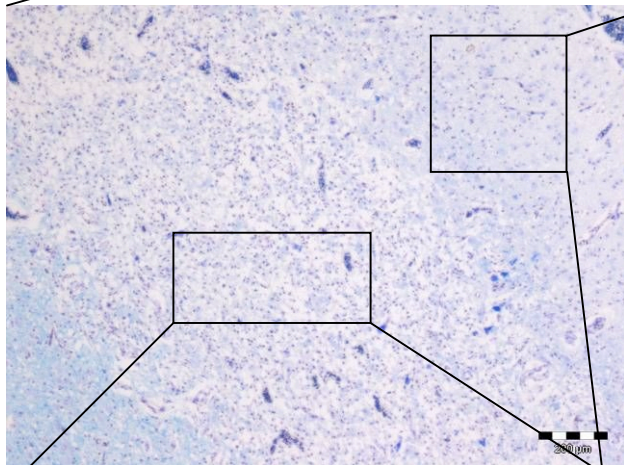
Substanzdefekt
Makrophageninfiltration
Giose

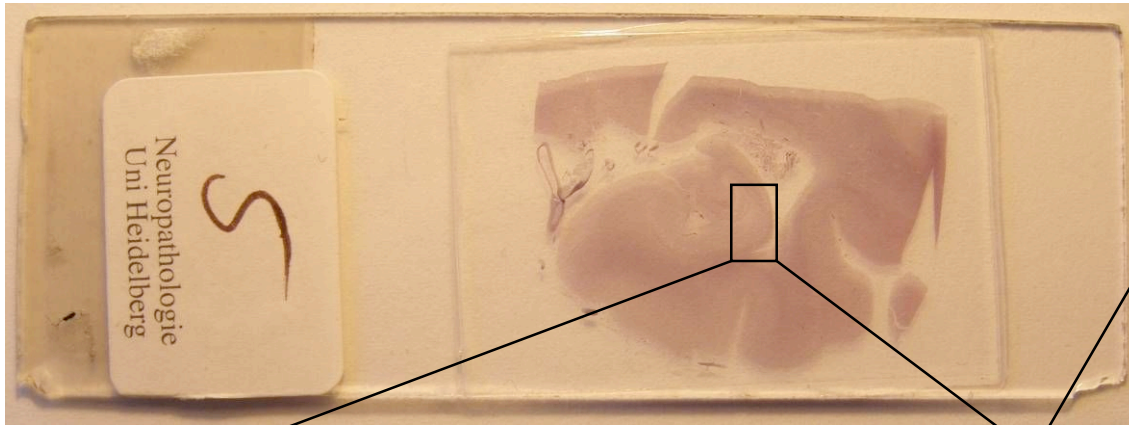




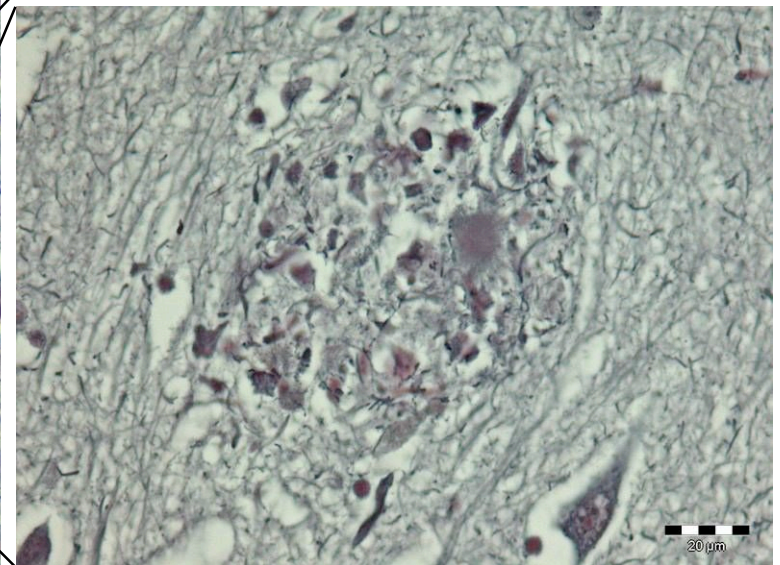
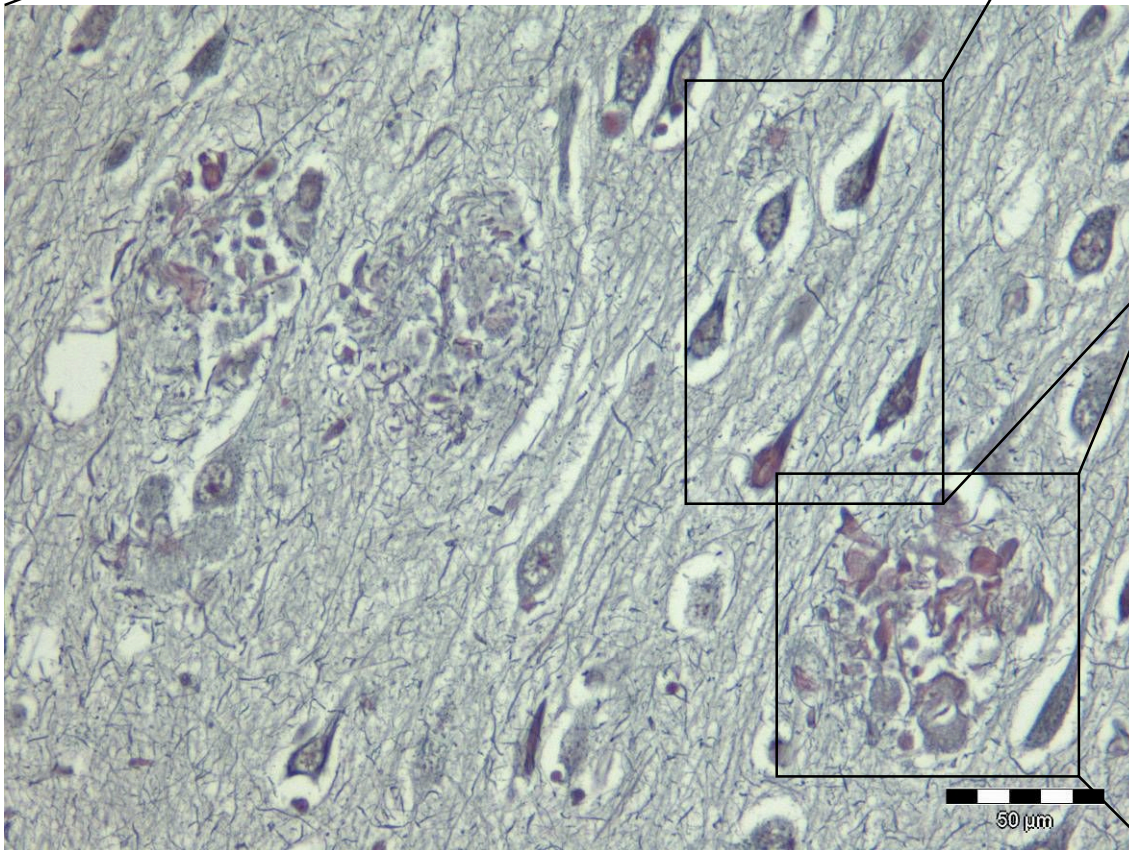
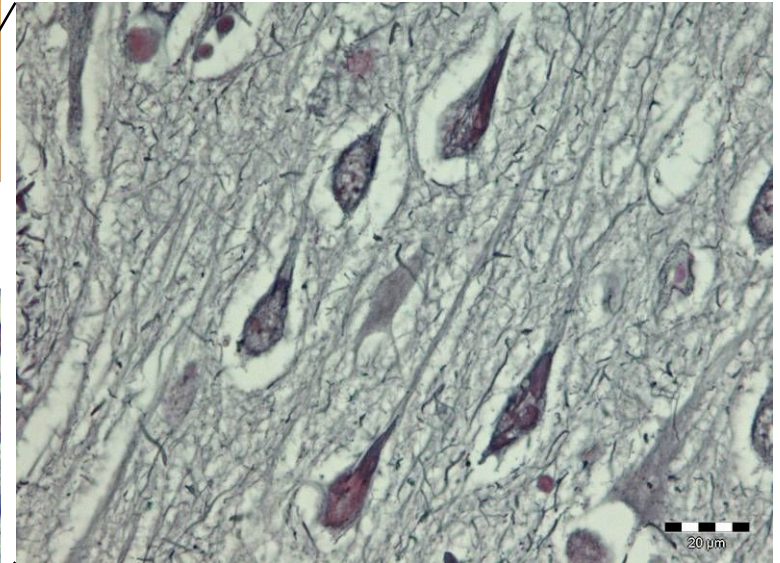
Laminäre Nekrose (systemisch bedingte globale Hypoxie)

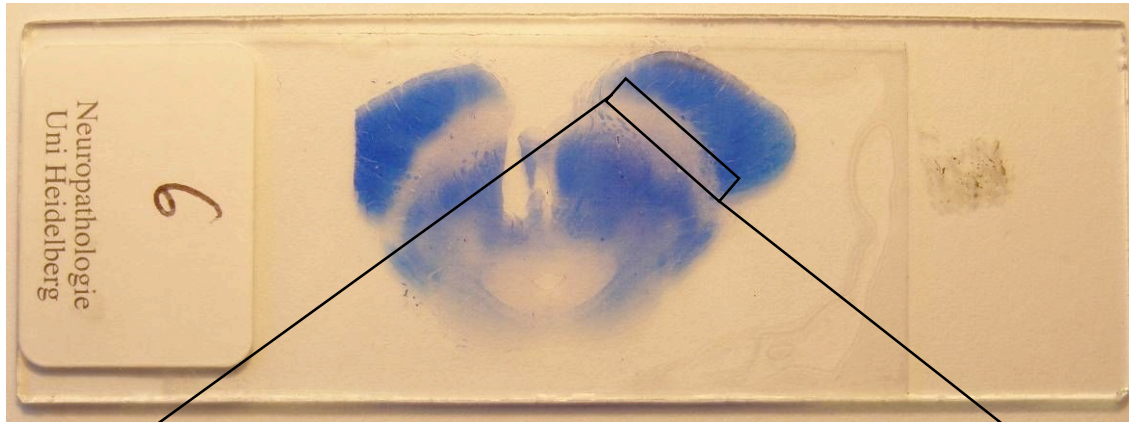
Selektiver Neuronenverlust
Ausgeprägte Gliose
Erhalt des Marklagers



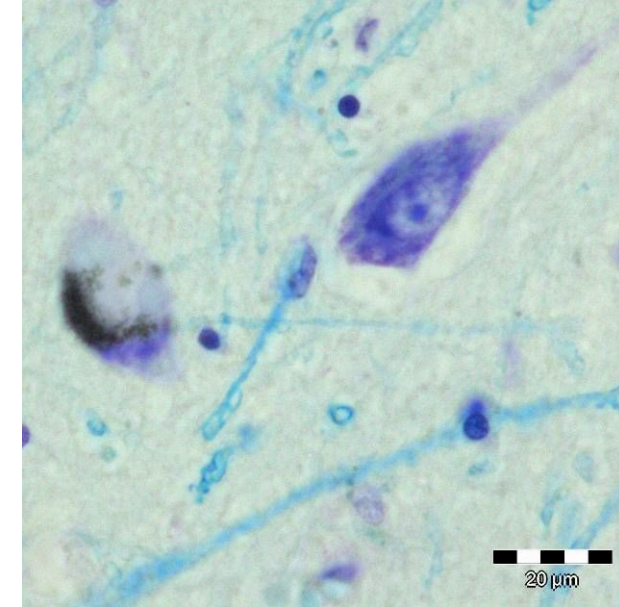
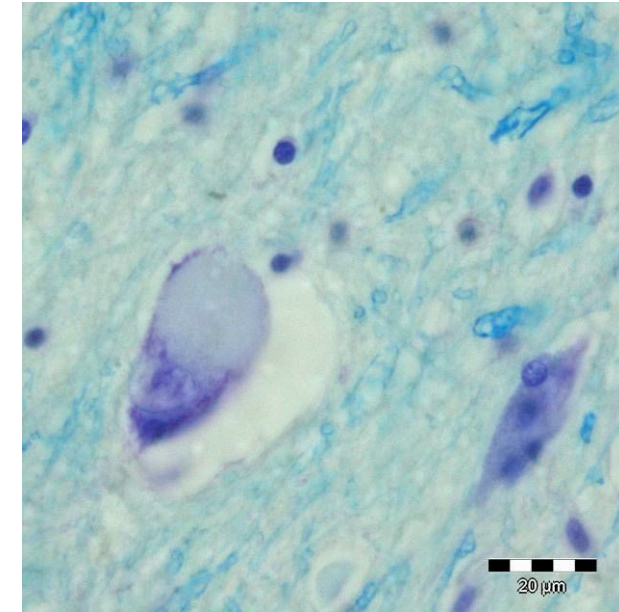
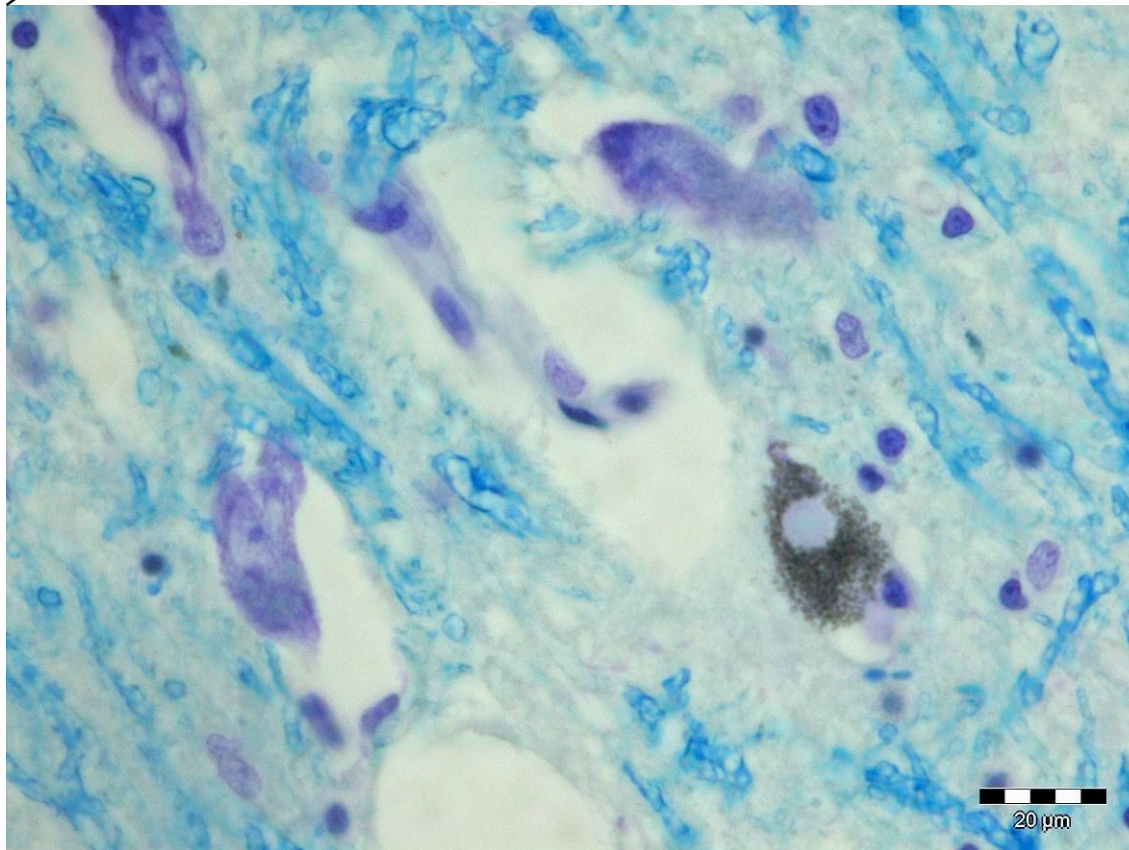


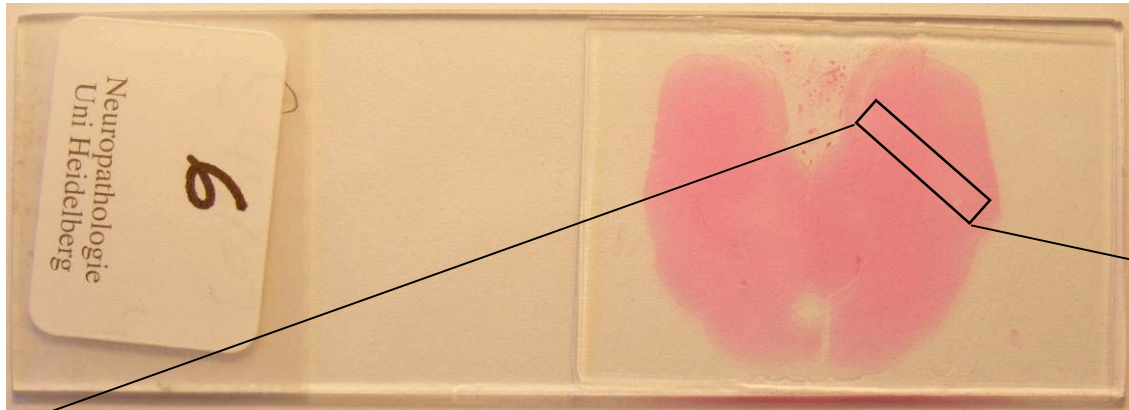
M. Alzheimer
Tangles (intraneuronal, Tau)
Plaques (extraneuronal, Amyloid)



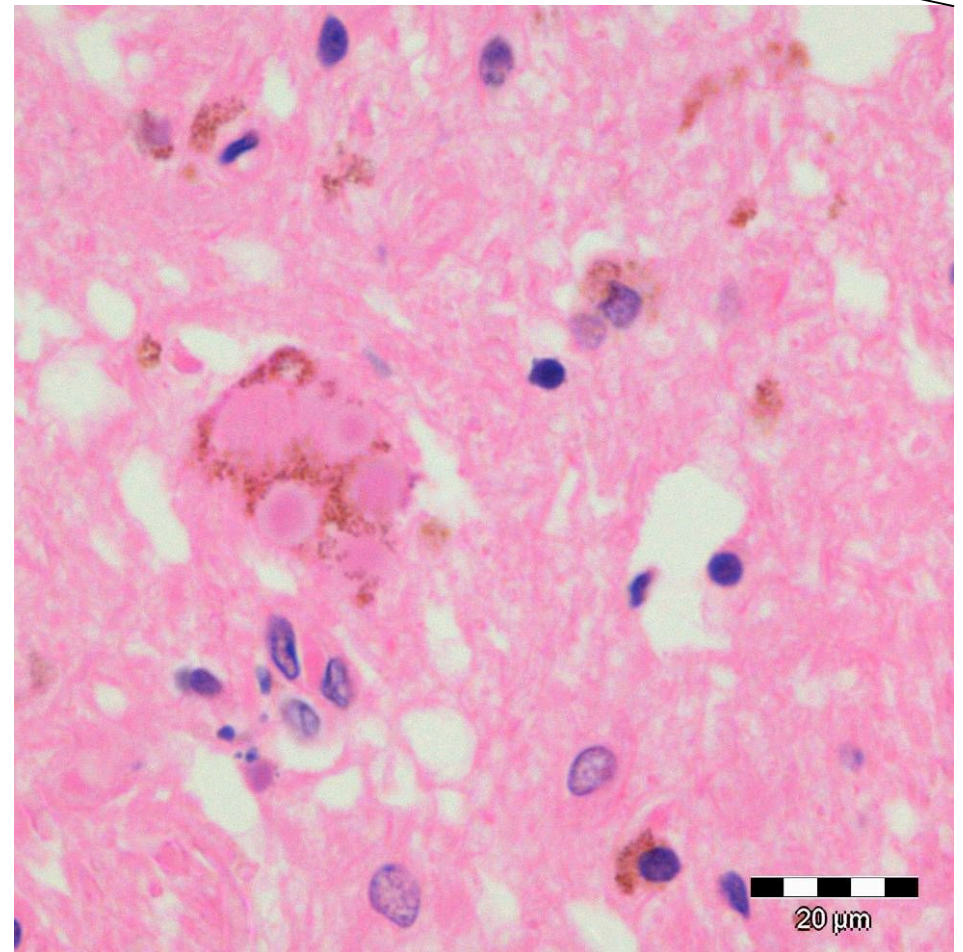
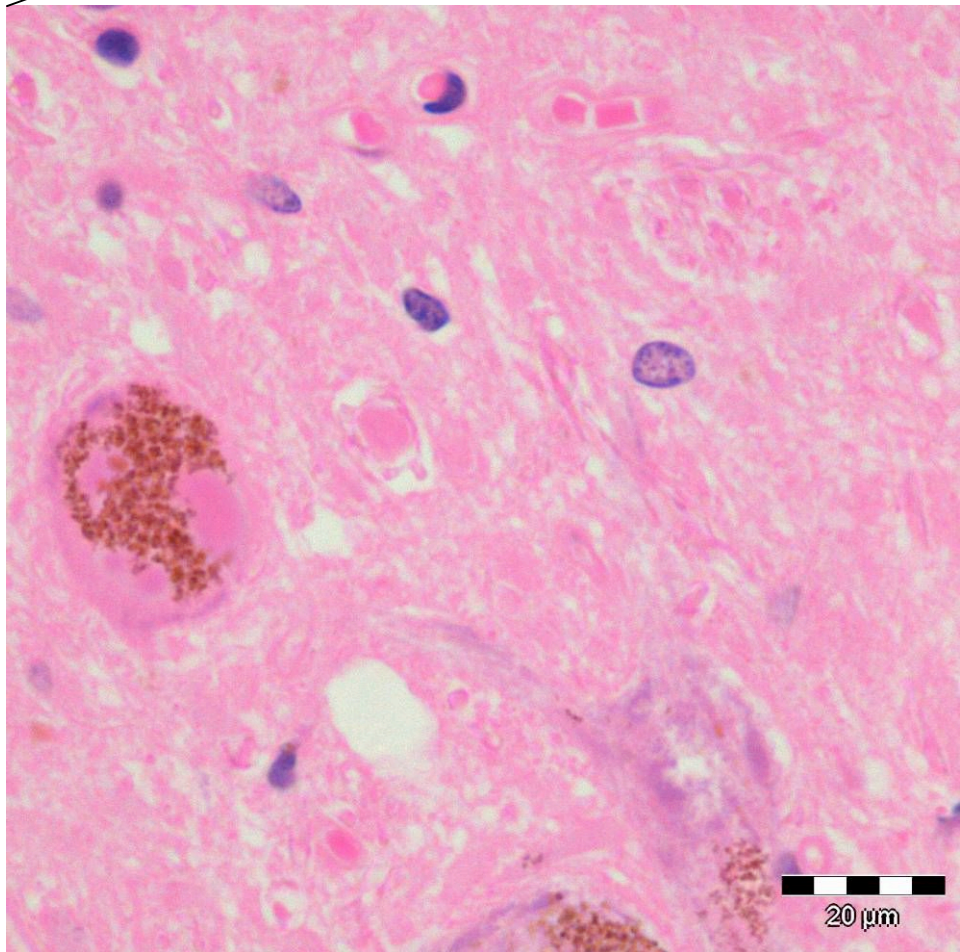


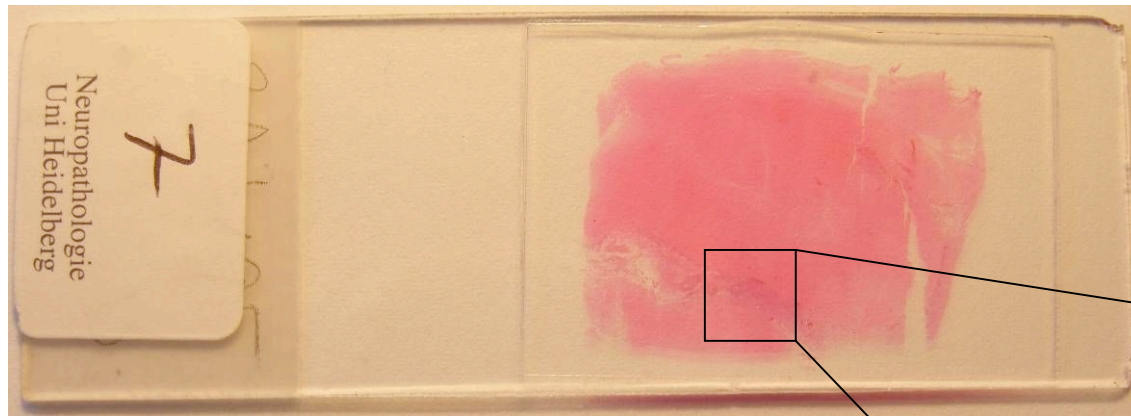
M. Parkinson
Lewy- Körperchen.



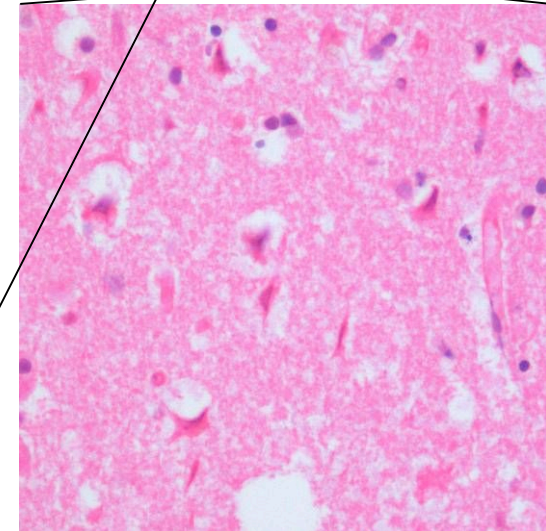
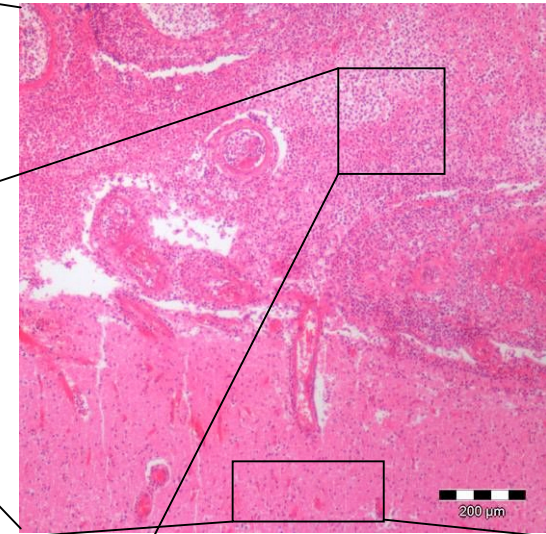
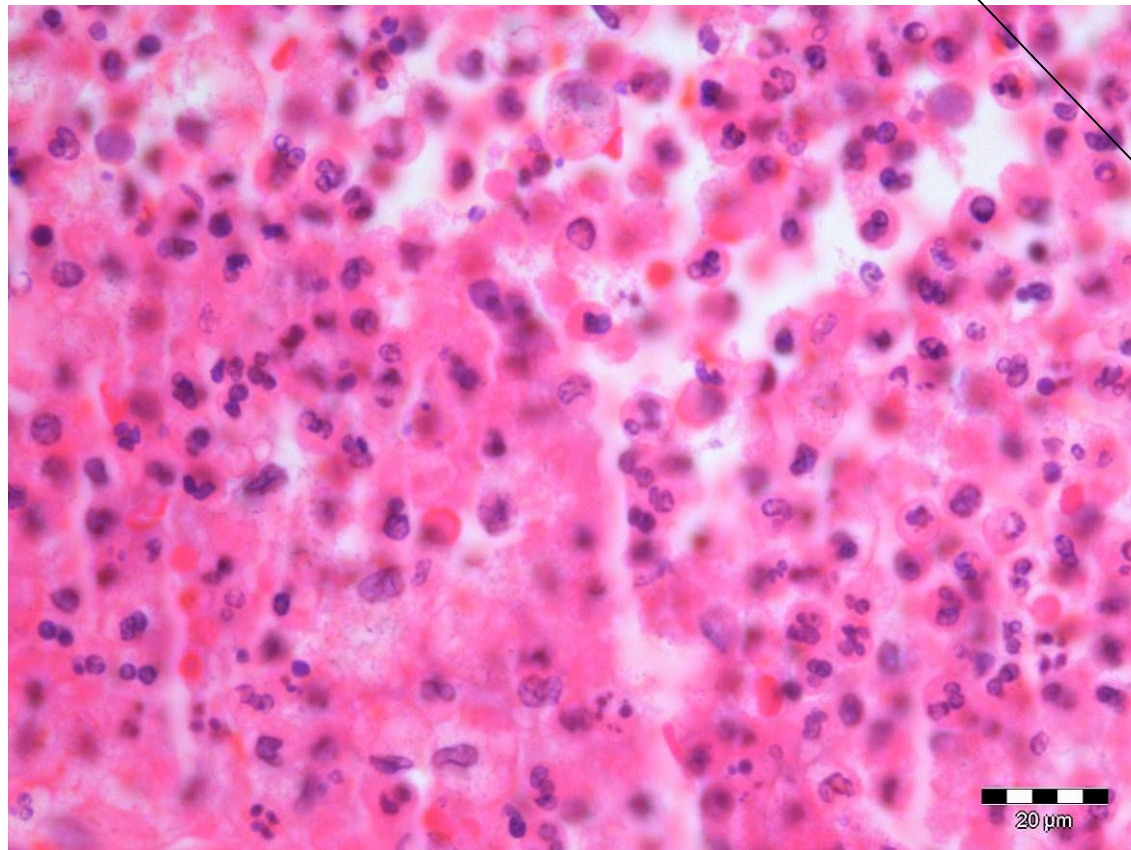


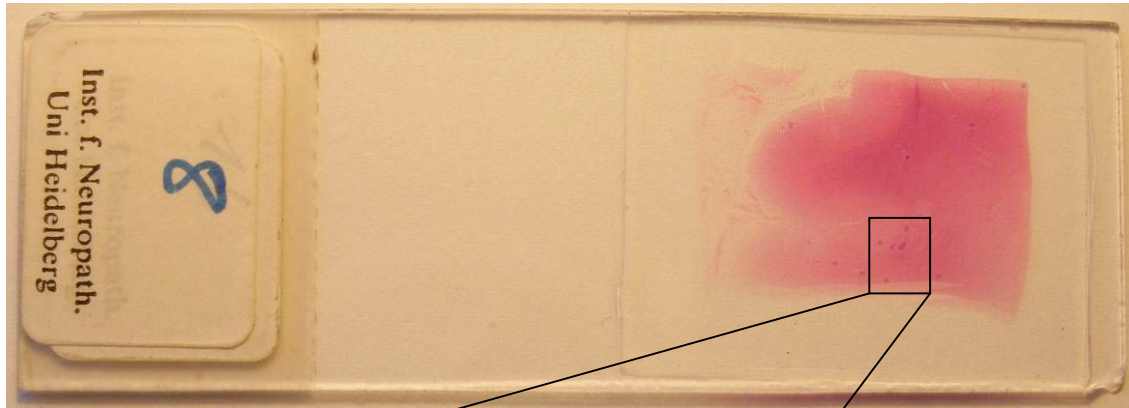
M. Parkinson
Lewy- Körperchen.



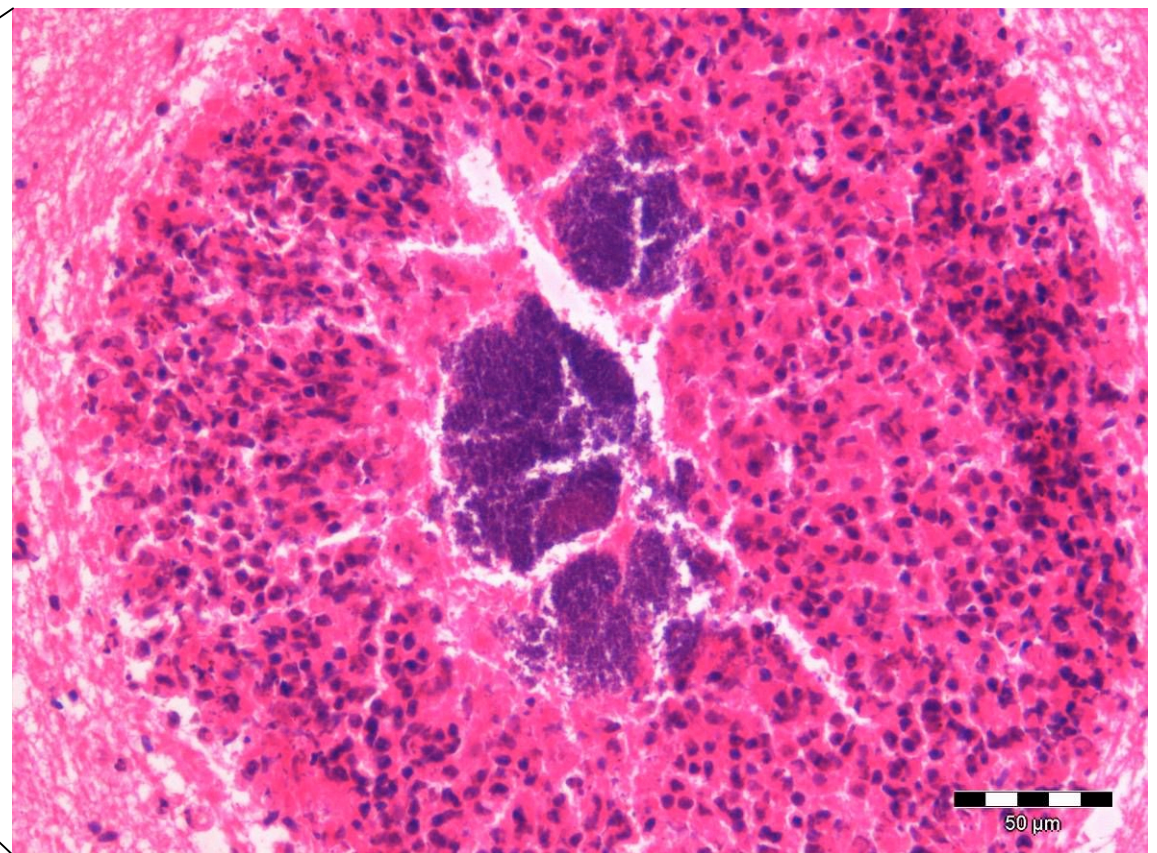
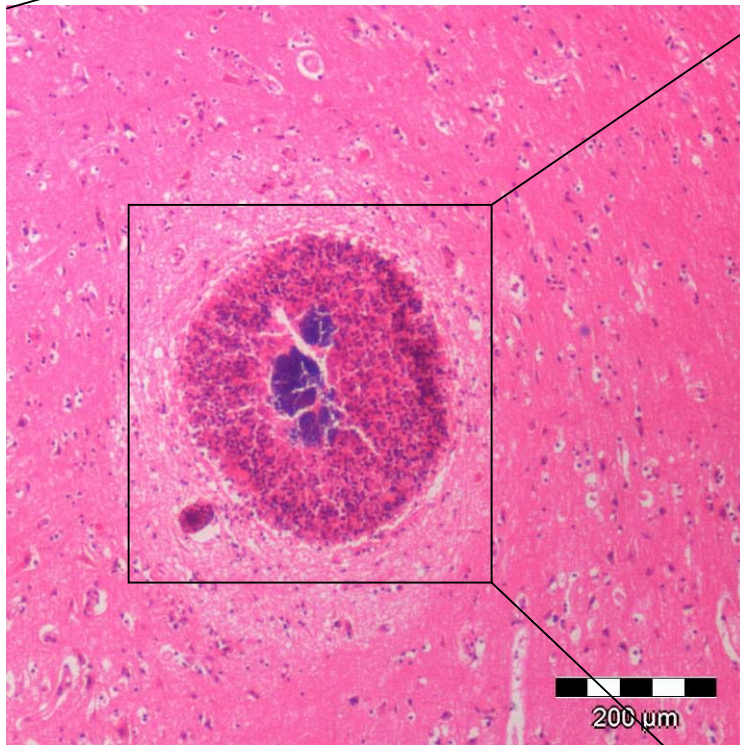


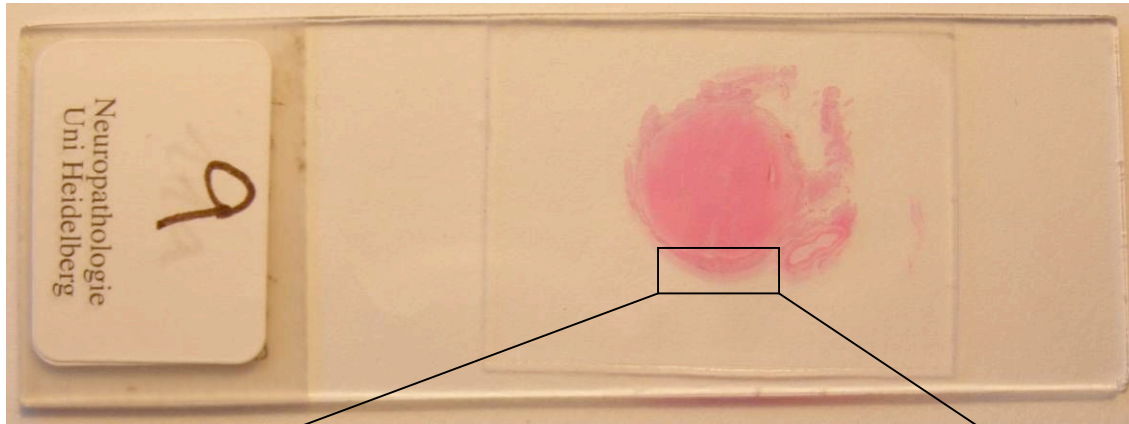
Eitrige Leptomeningitis
Leptomeningeale
Granulozyteninfiltrate.
Eosinophile Degeneration der
kortikalen Neurone.



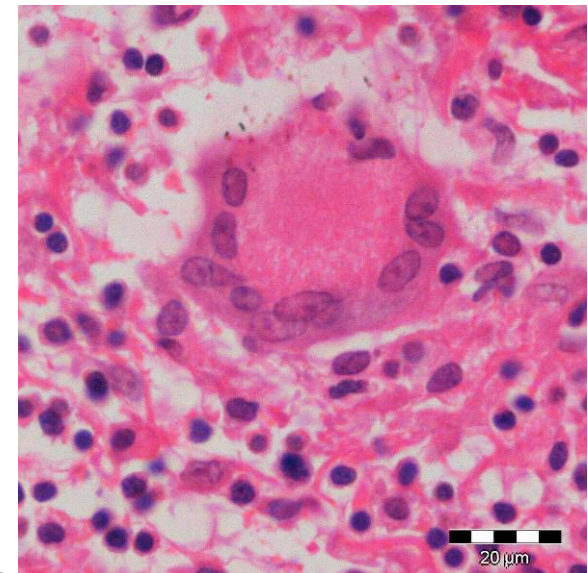
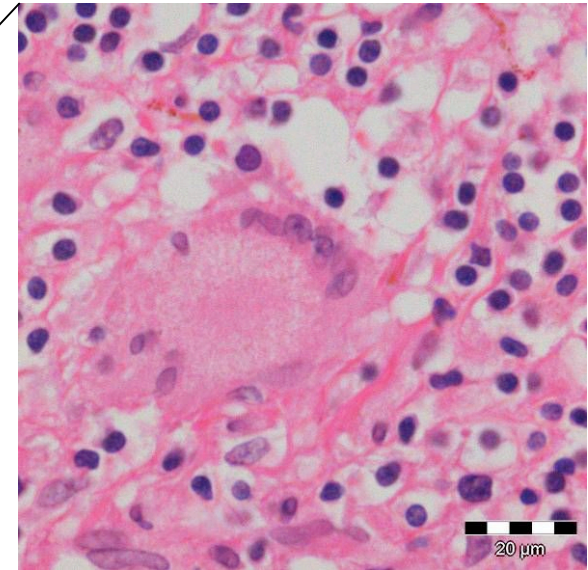
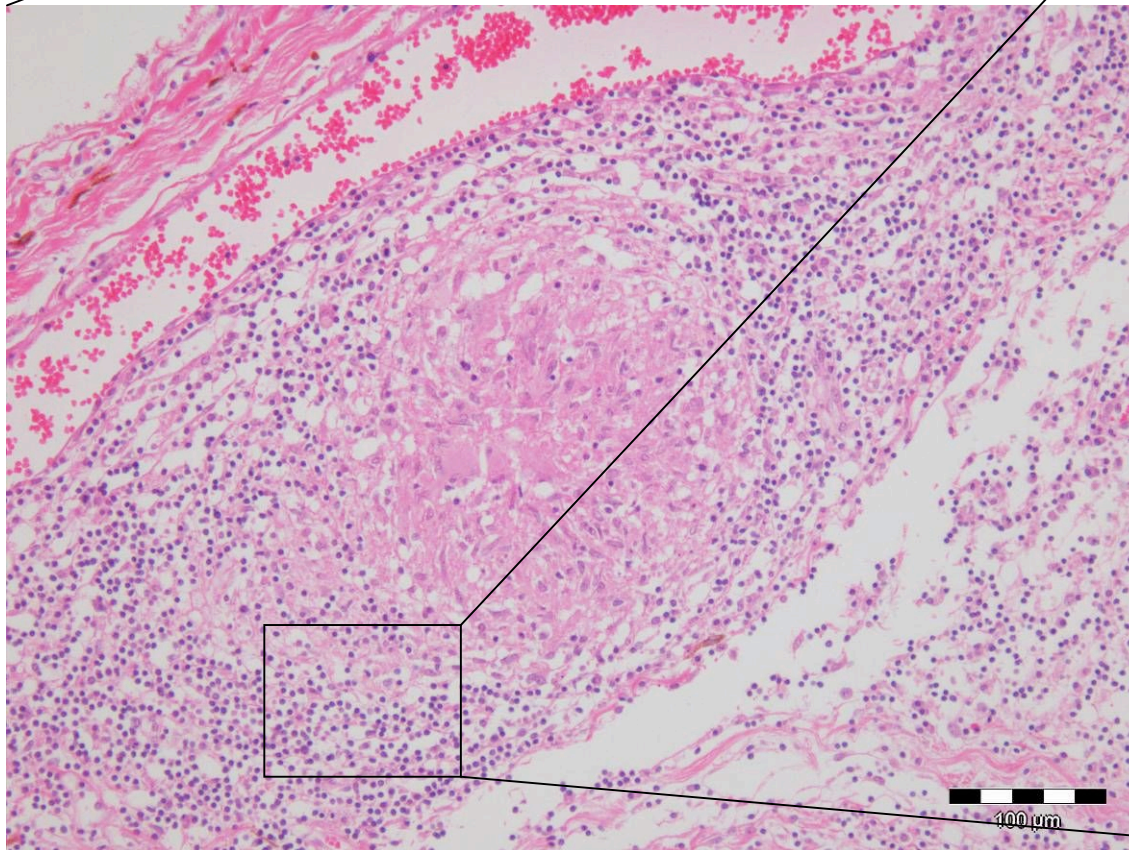


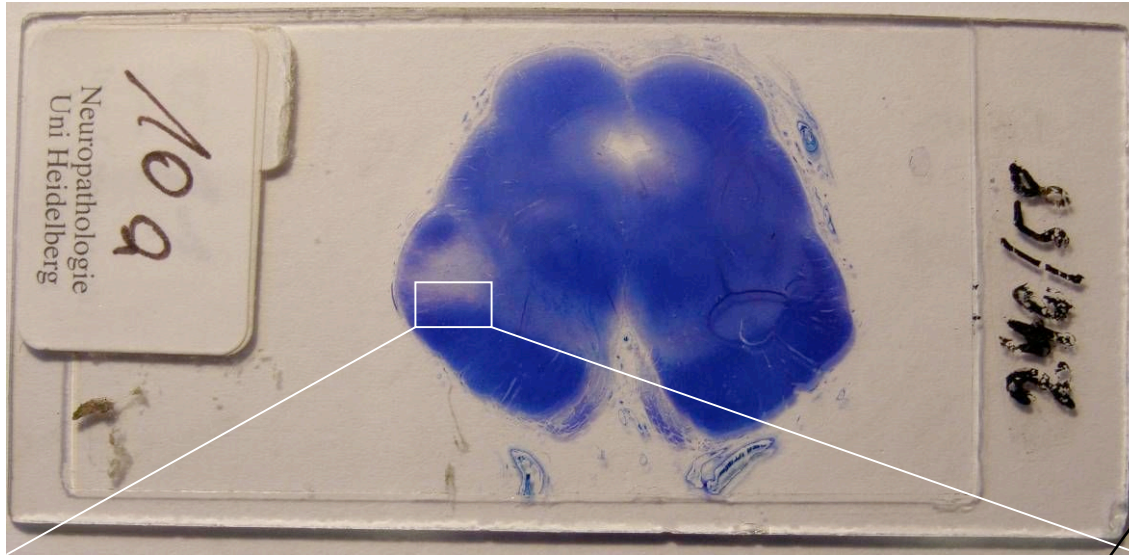
Septische Herdenzephalitis
Embolische Granulozyte-
ninfiltrate,
Bakteriennachweis,
Gefäßbezug des Prozesses



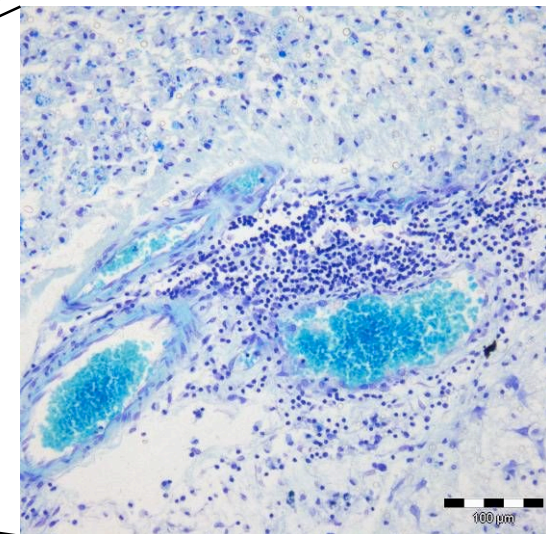
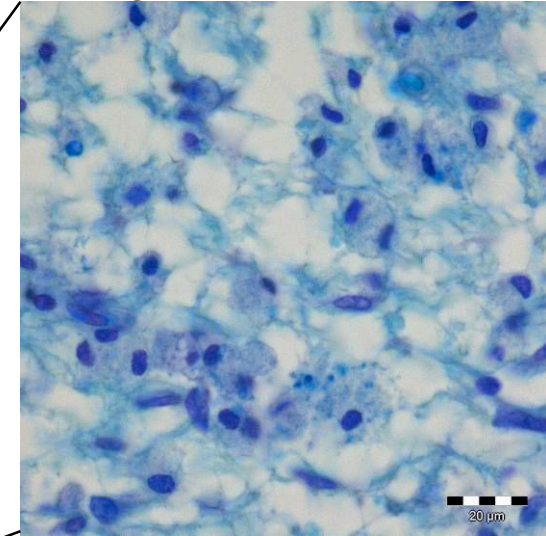
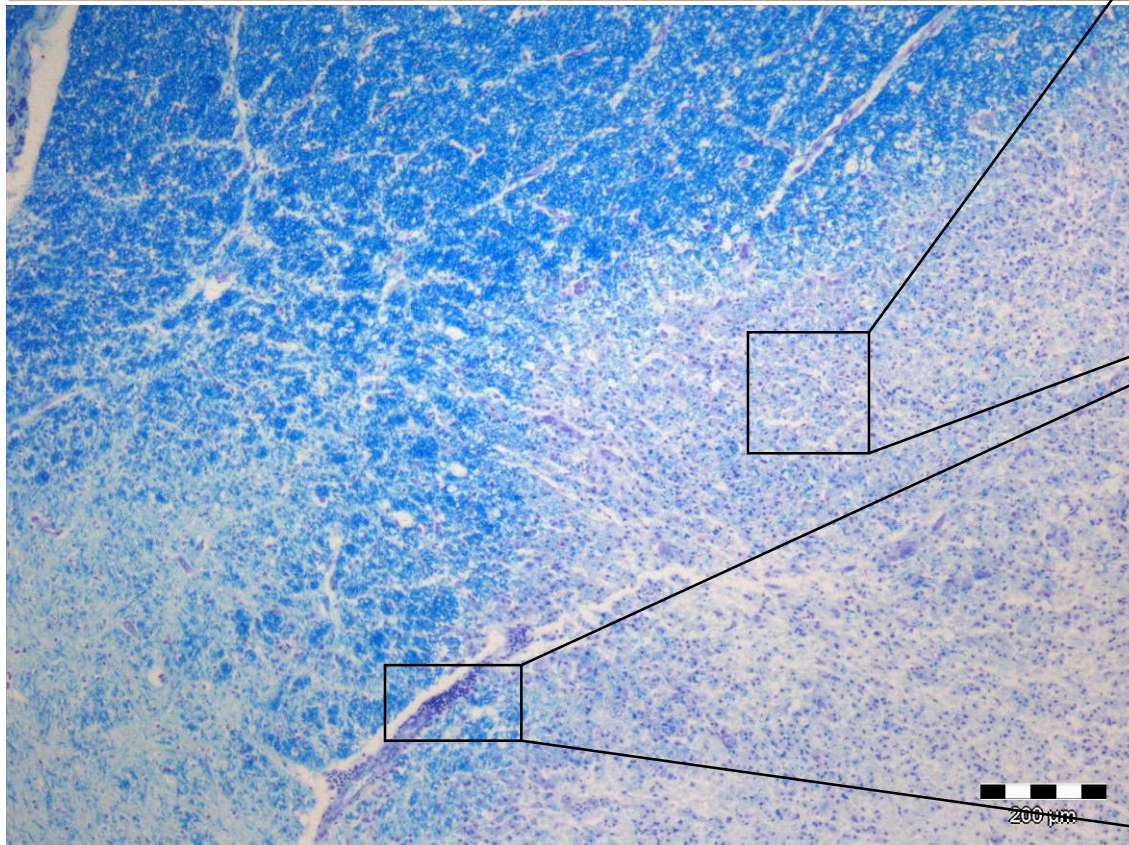


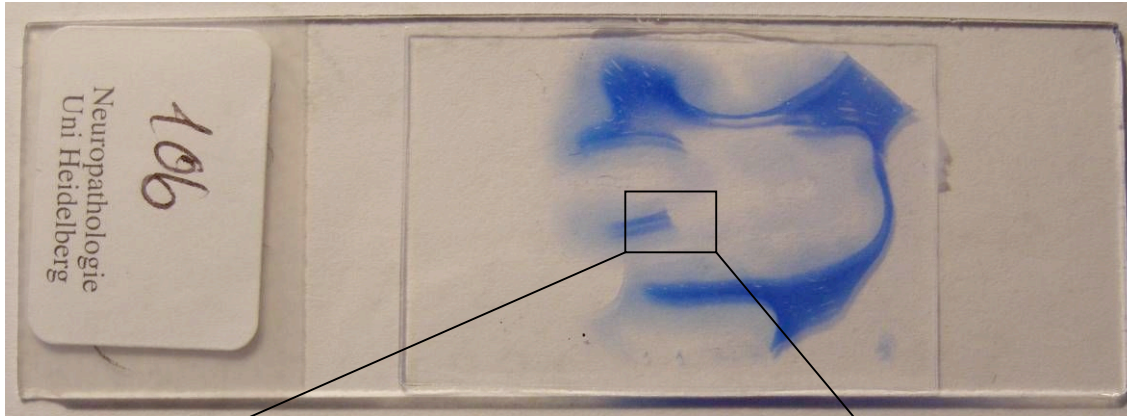
Tuberkulose
Granulome
Riesenzellen vom Langerhanstyp



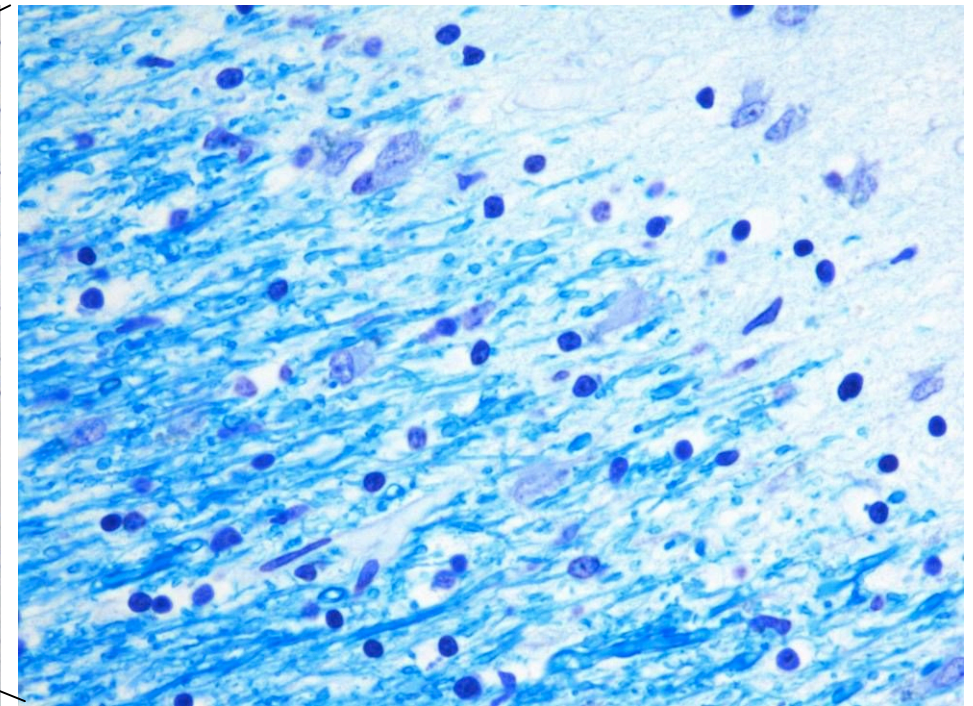
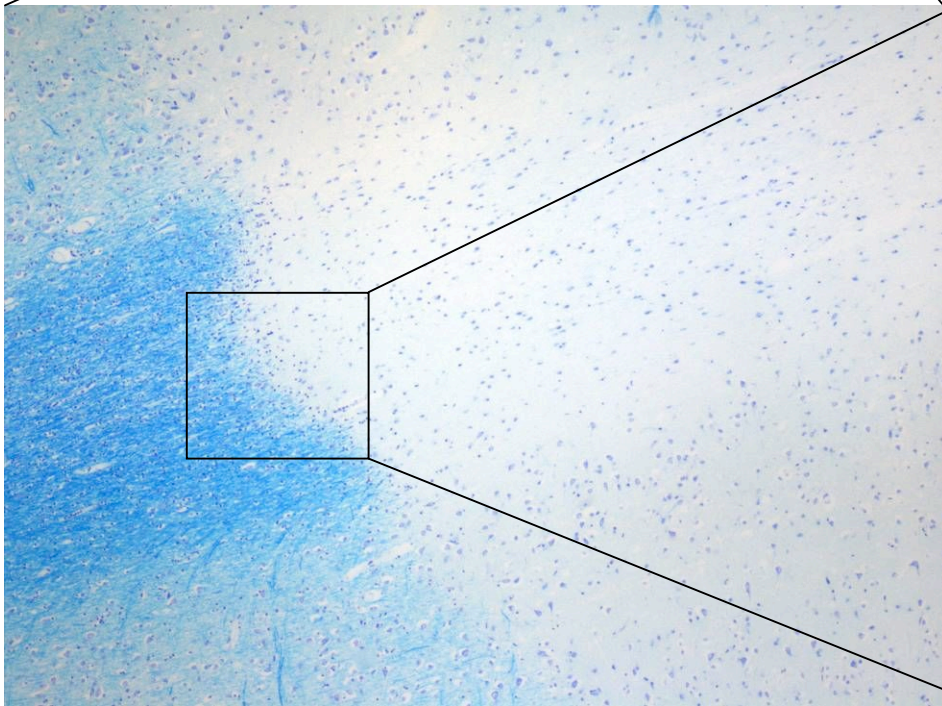


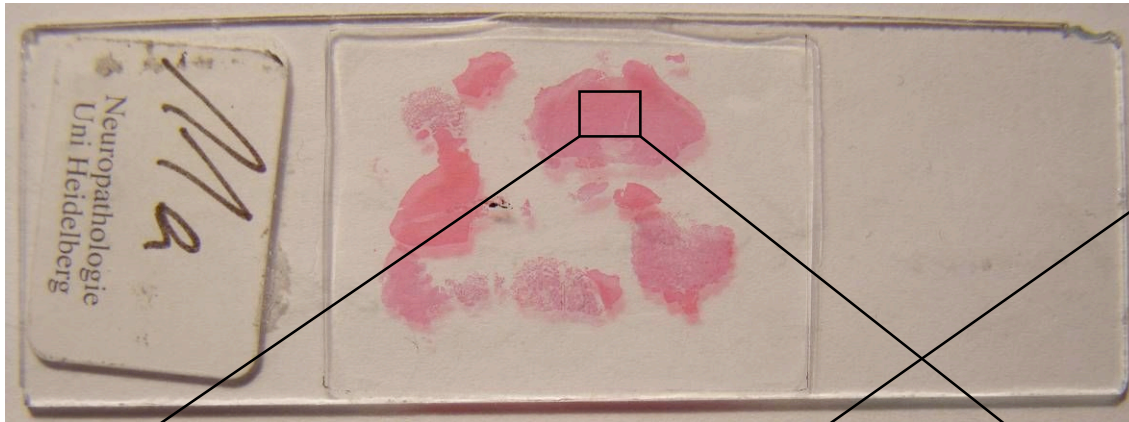
Multiple Sklerose
Akute Entmarkung
Perivaskuläre lymphozytäre
Infiltrate (cuffs)
Makrophageninfiltration



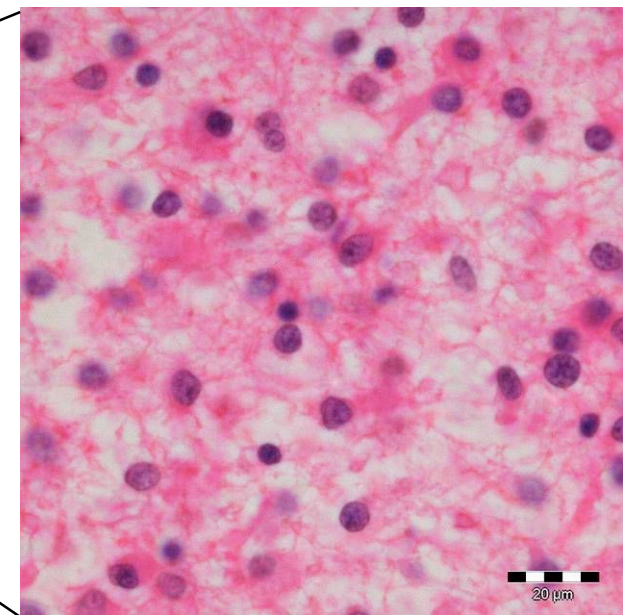
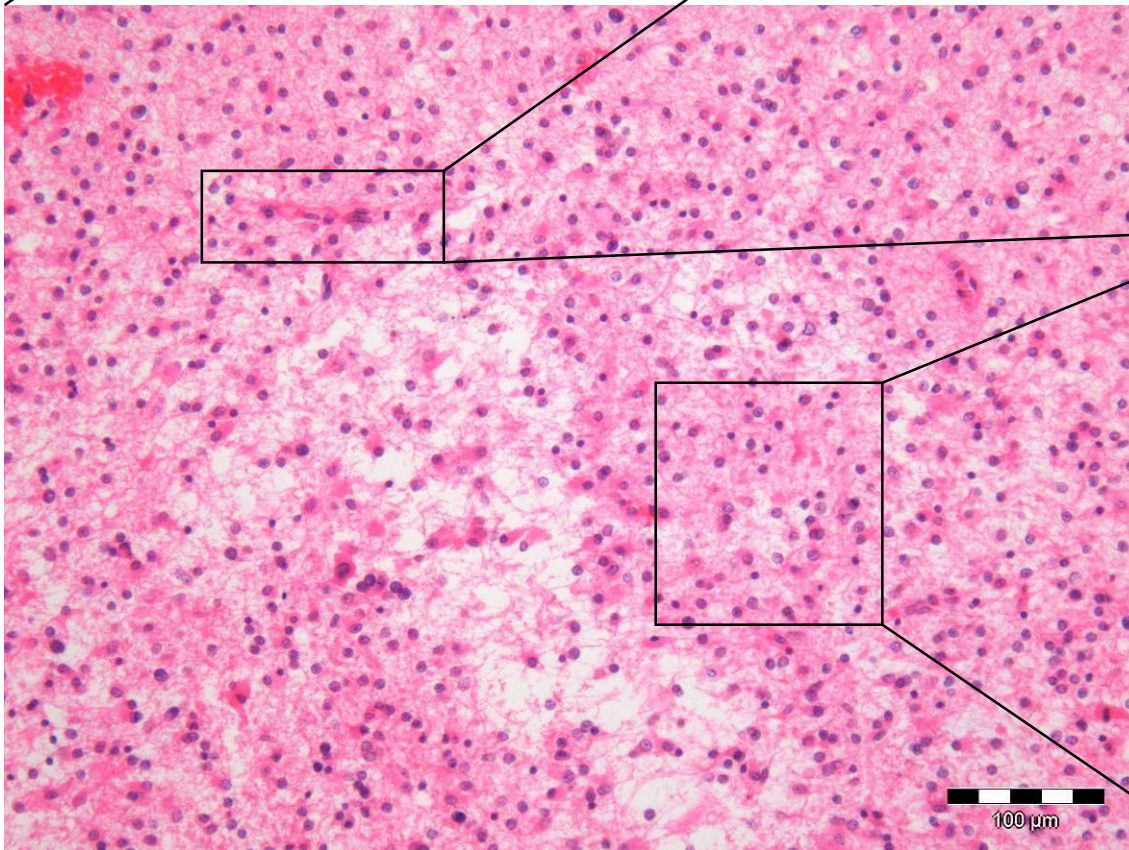
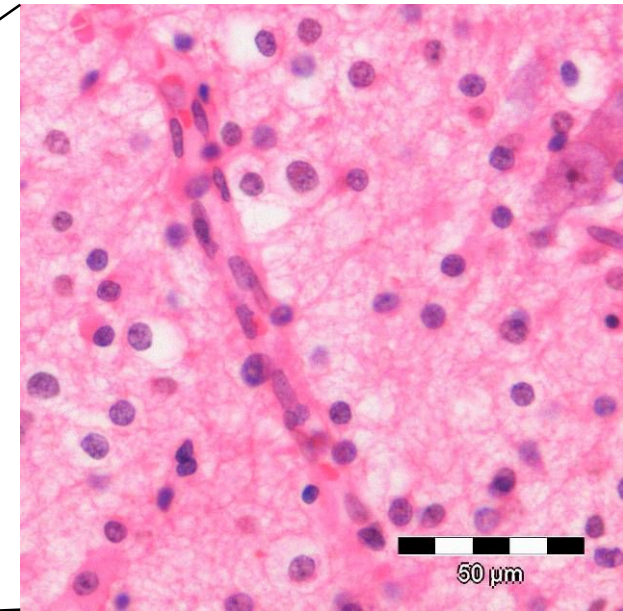


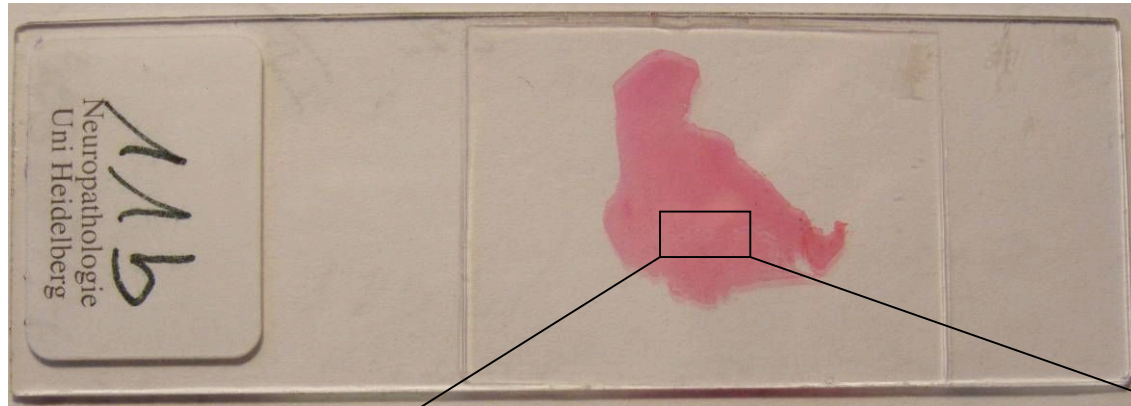
Multiple Sklerose
chronische Entmarkung
Einzelne Lymphozyten
Gliose (Sklerose)



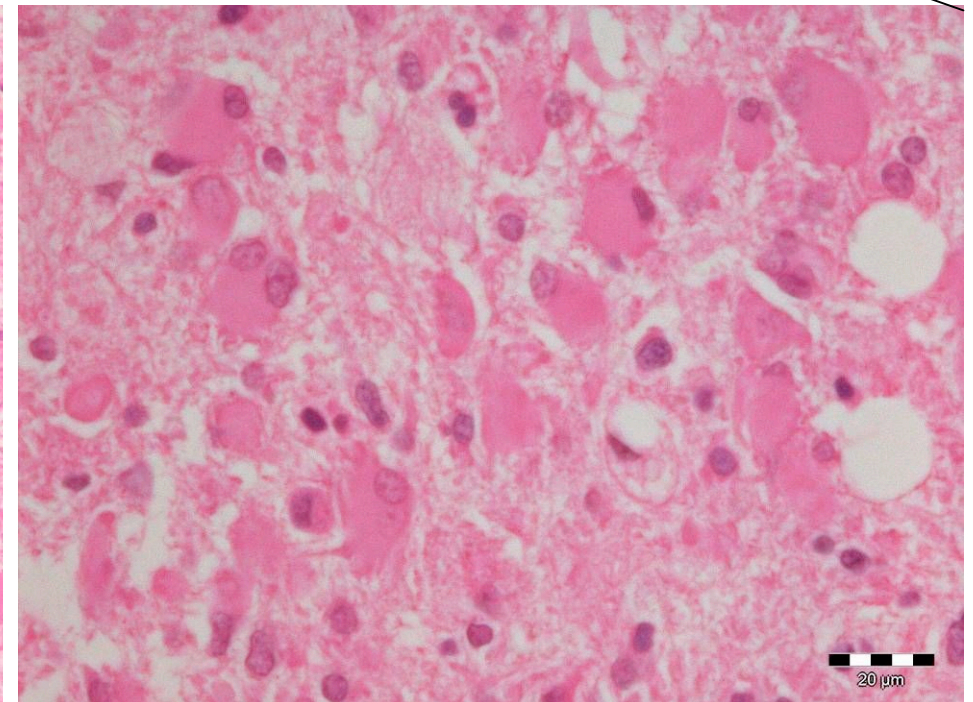
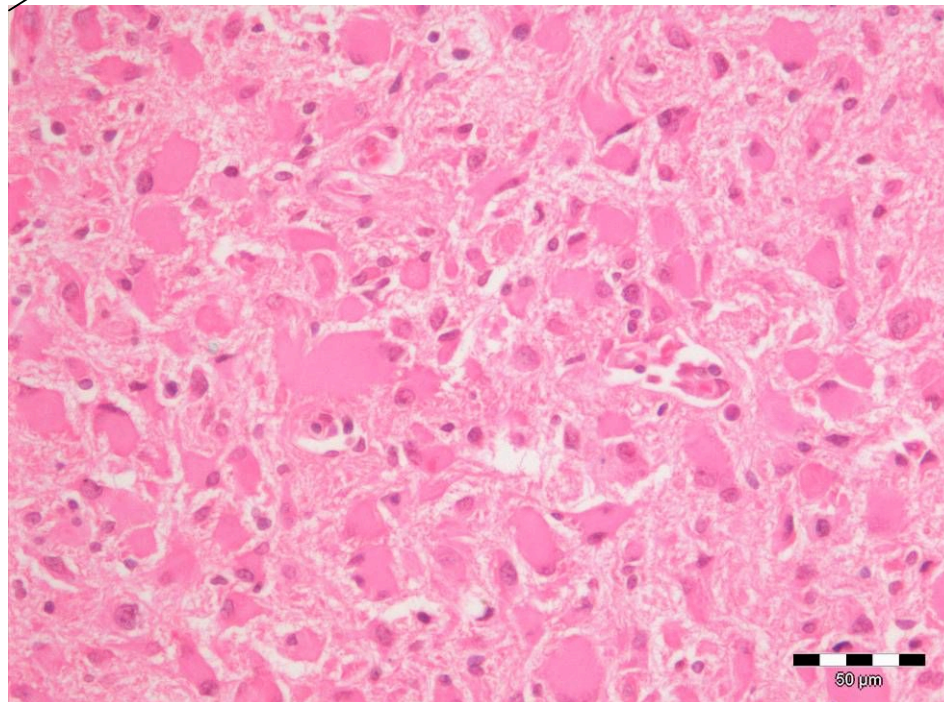


Astrozytom WHO II
Fibrilläre Variante

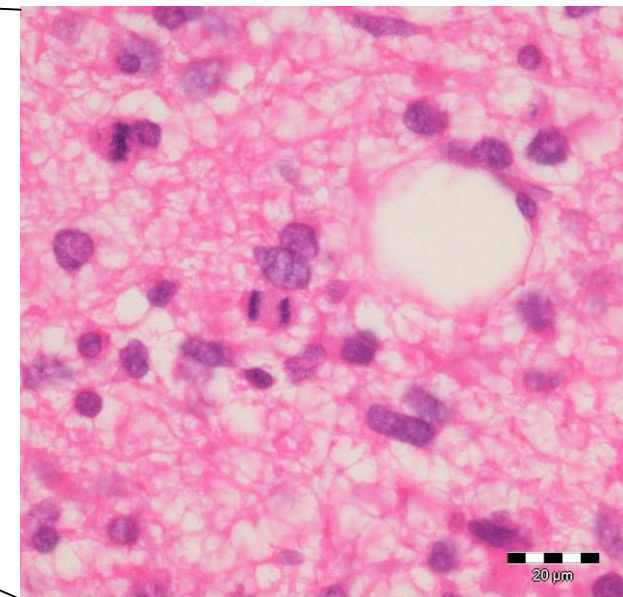
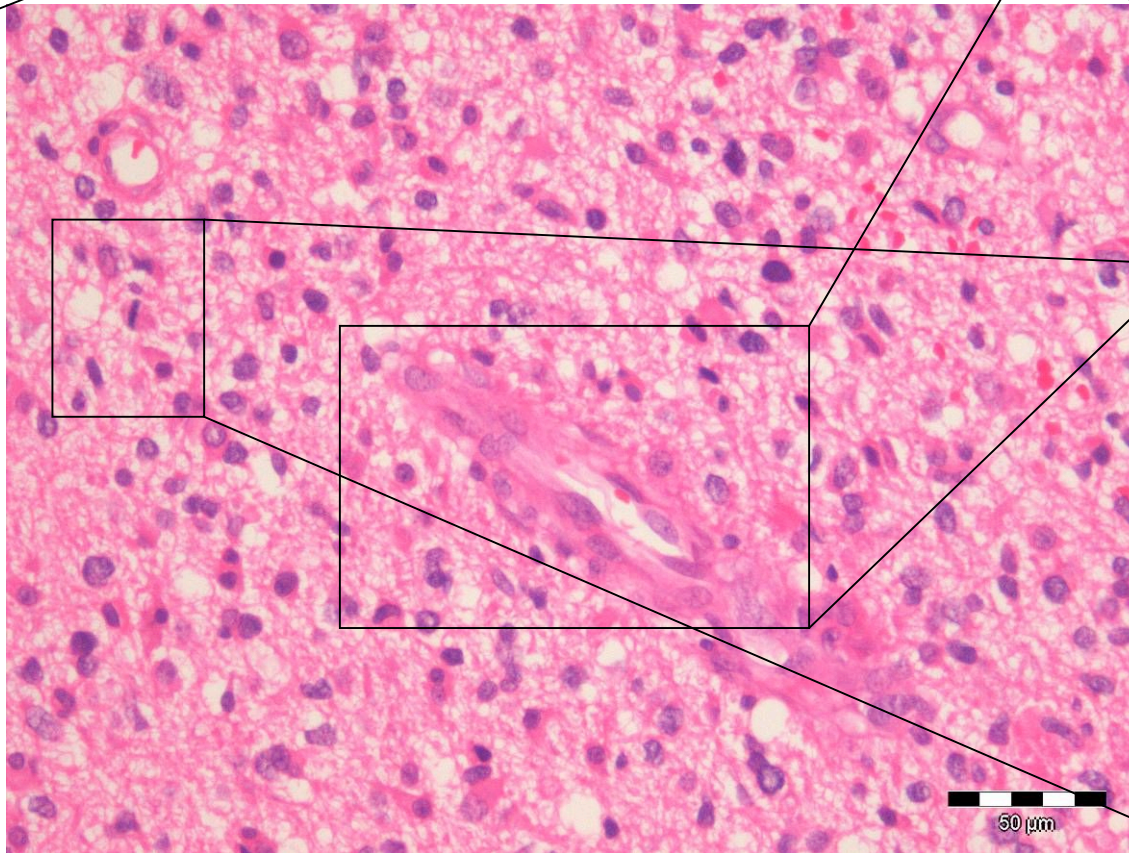
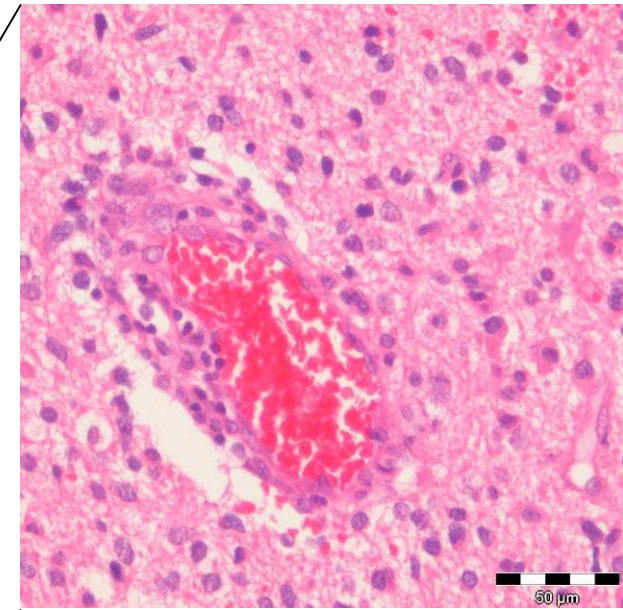


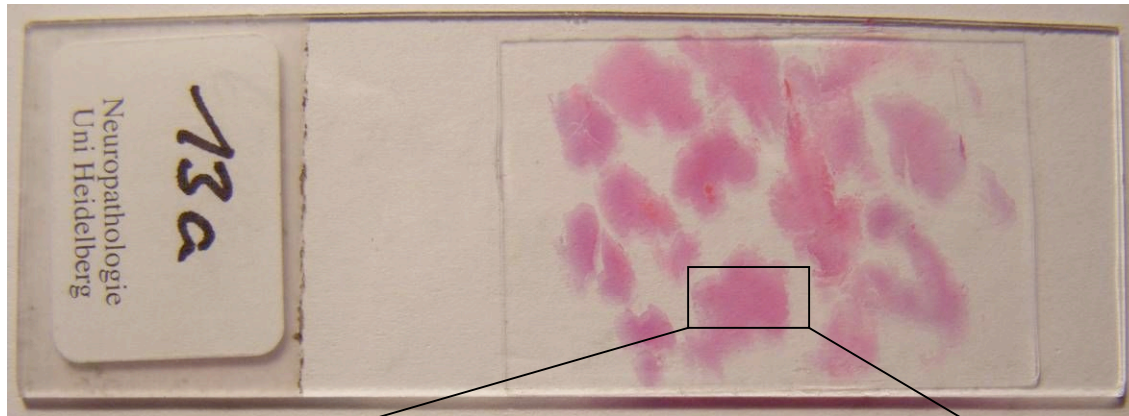


Astrozytom WHO II
Gemistozytäre Variante.



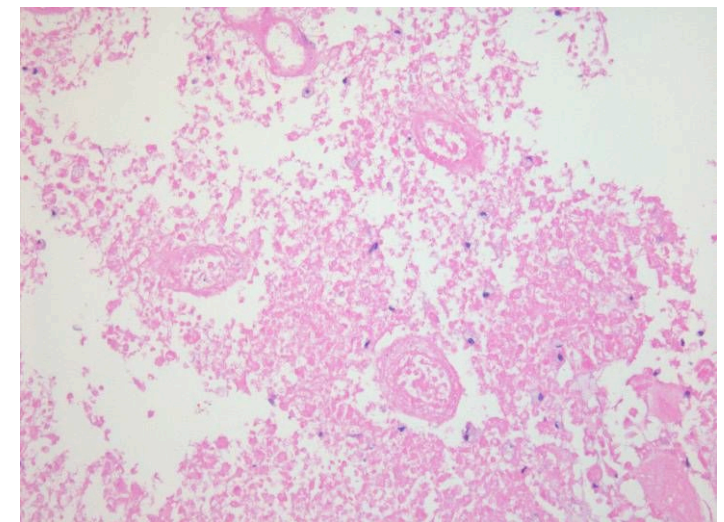
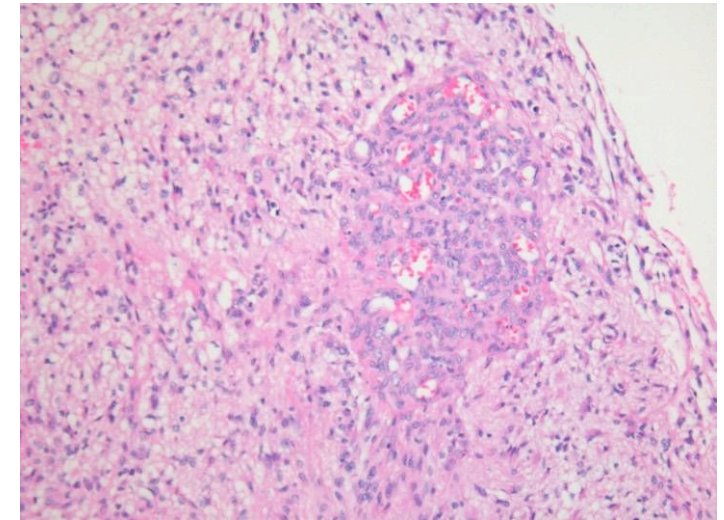
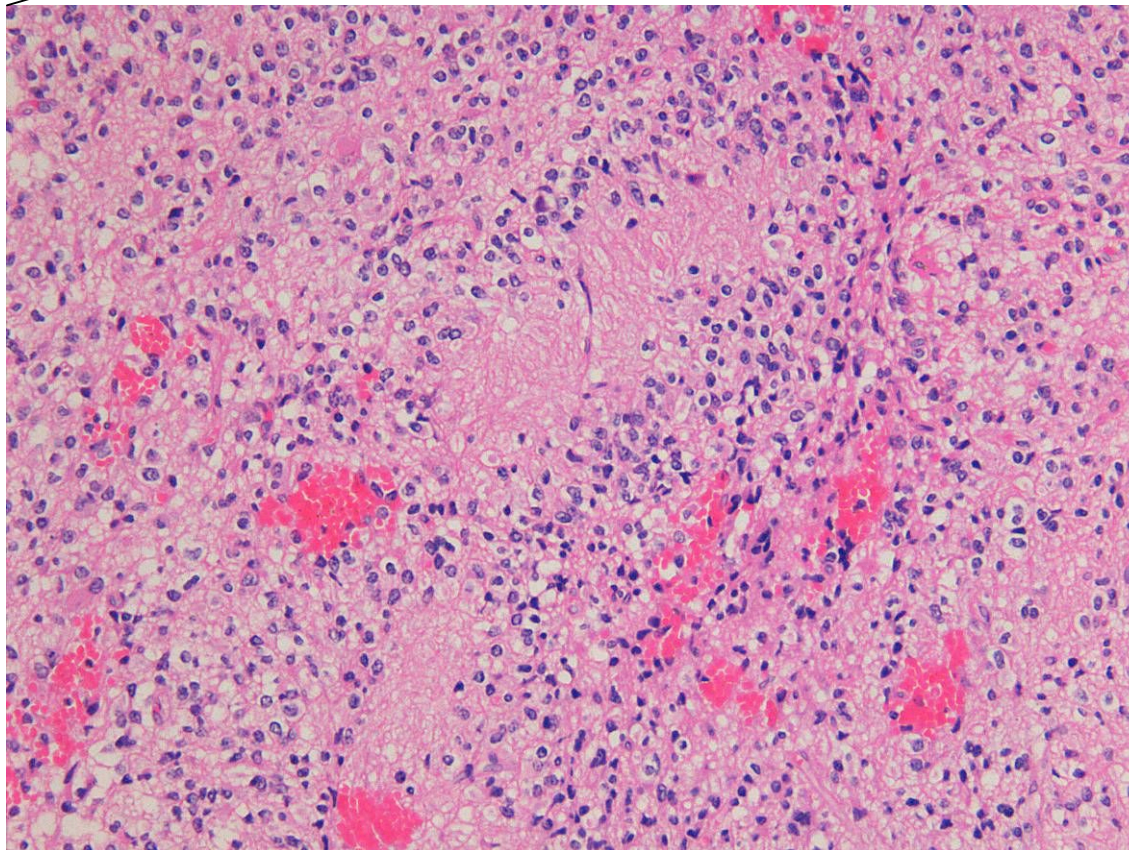
Astrozytom WHO III

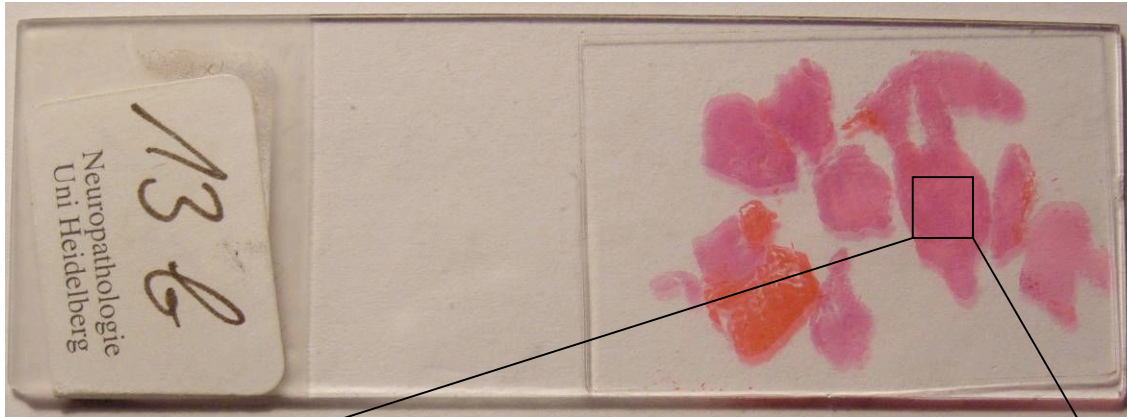




Glioblastom WHO IV

- strichförmige/ flächenhafte Nekrosen
- Gefäßproliferate
- Pseudopalisaden der TZ





Riesenzellglioblastom WHO IV

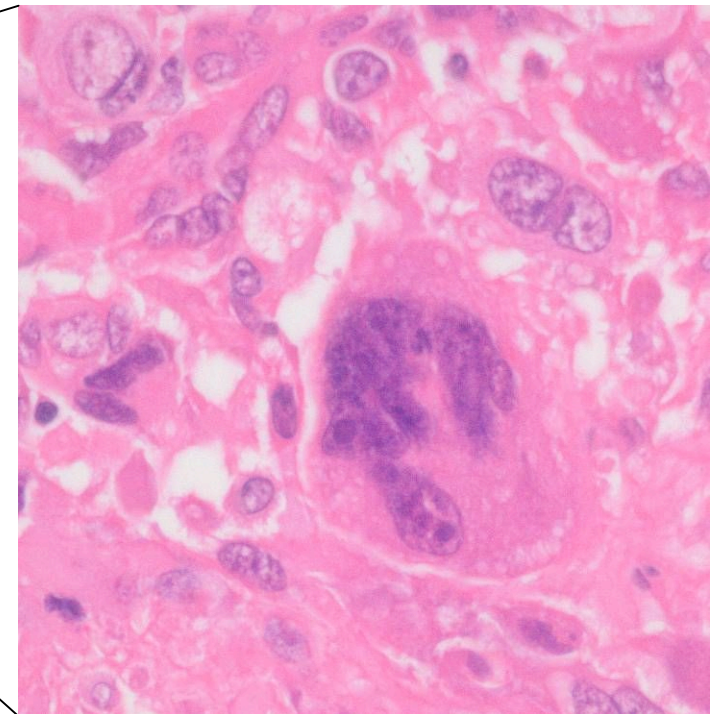
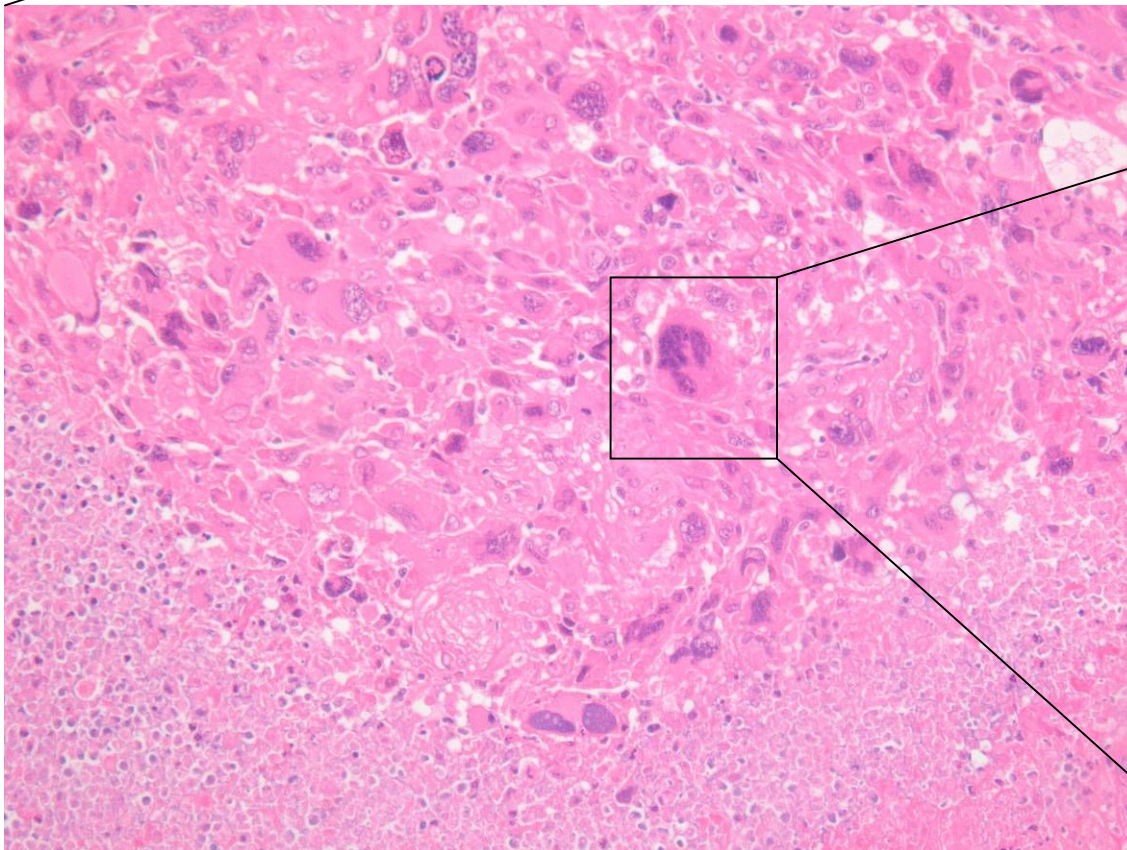
Erhöhte Zelldichte

Pleomorphie/Riesenzellen

Mitosen

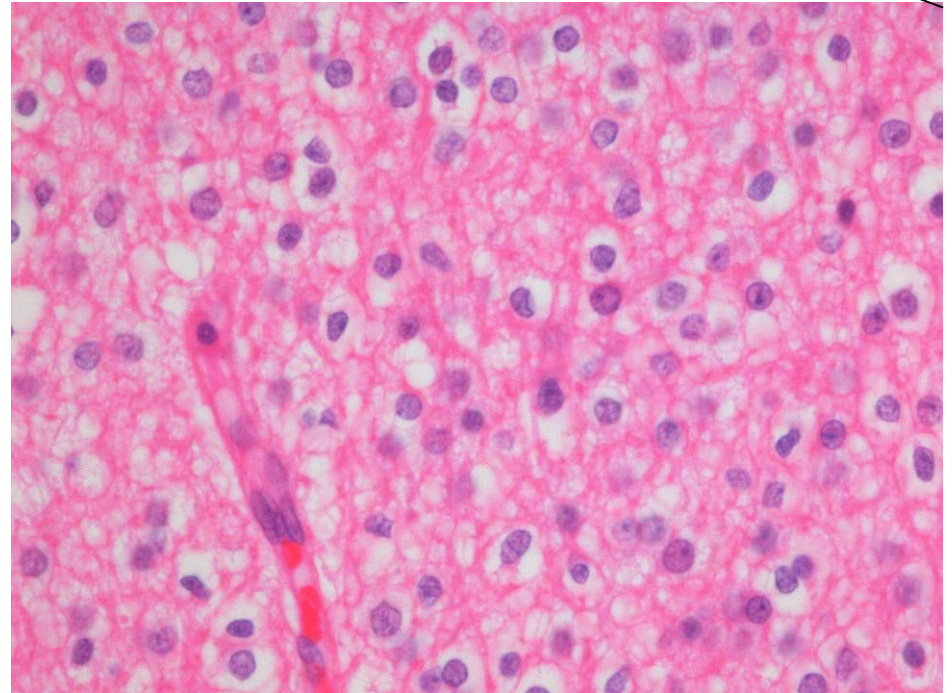
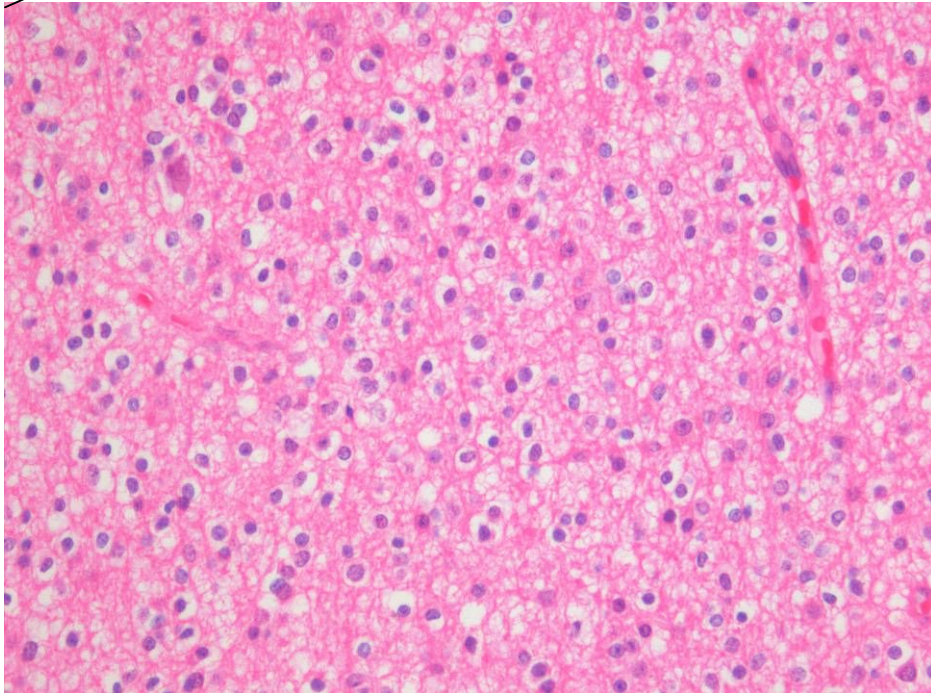
Gefäßproliferation

Nekrosen



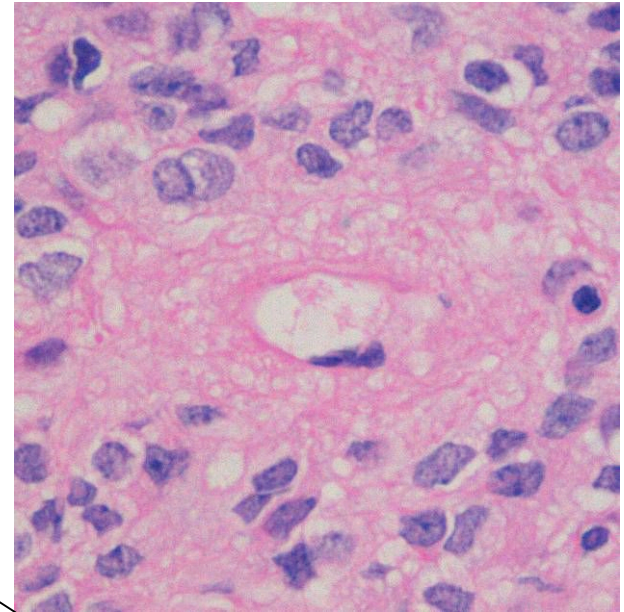
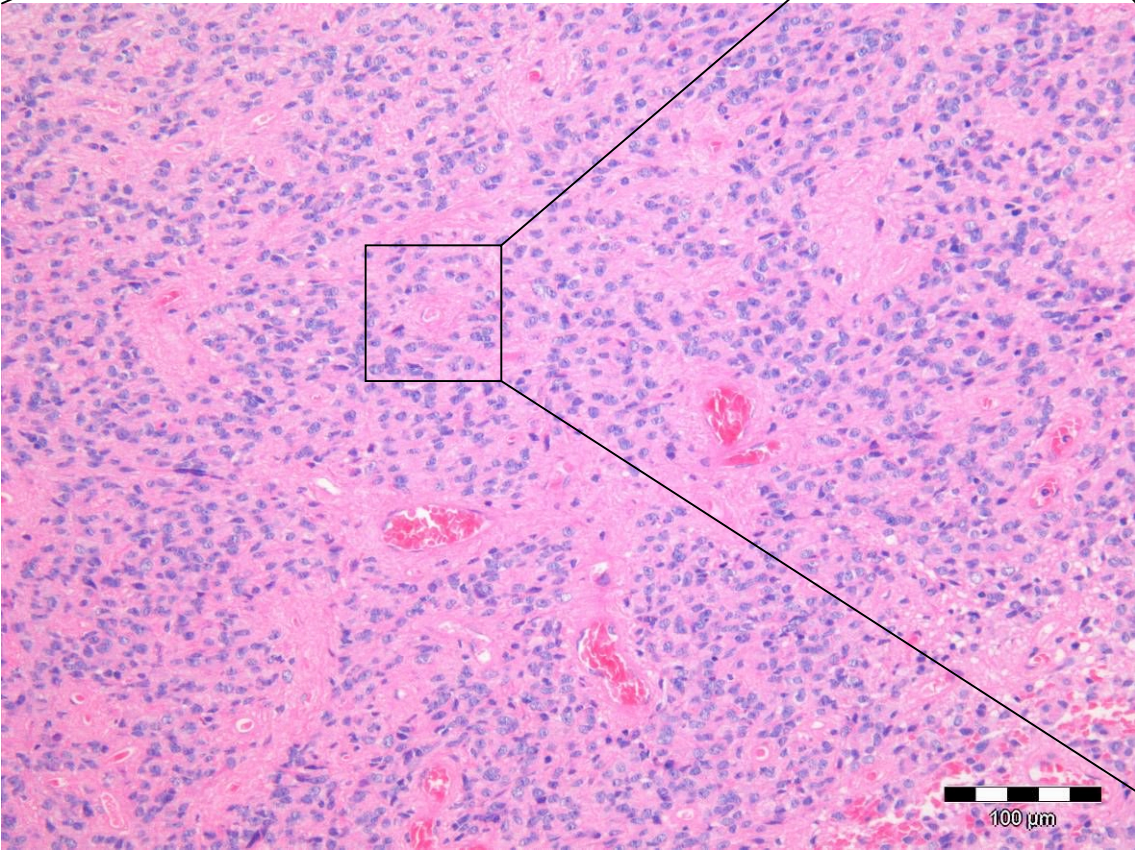
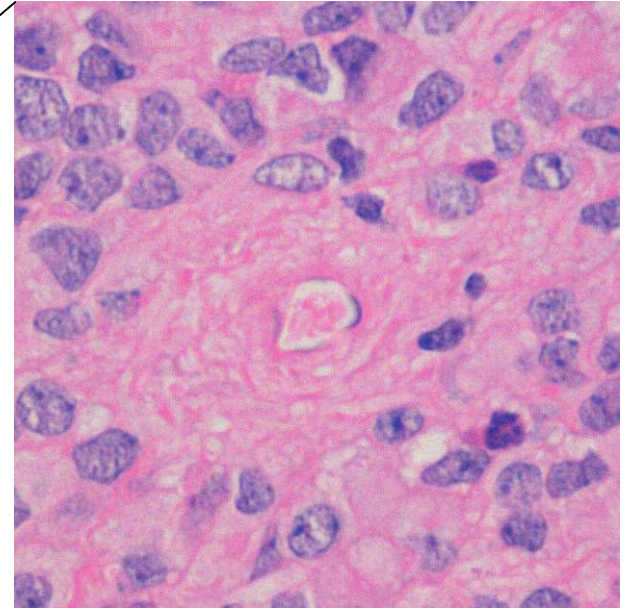


Oligodendrogliom WHO II
Spiegelei Erscheinungsbild der
Tumorzellen.
Typisches Gefäßnetz





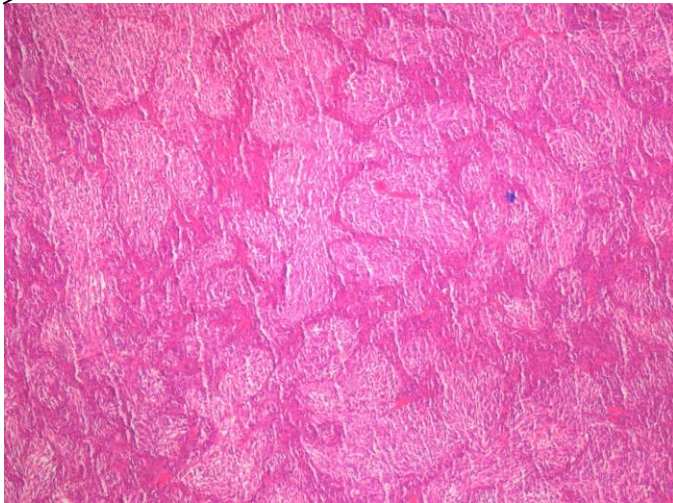
Ependyomom WHO II
Pseudorosetten



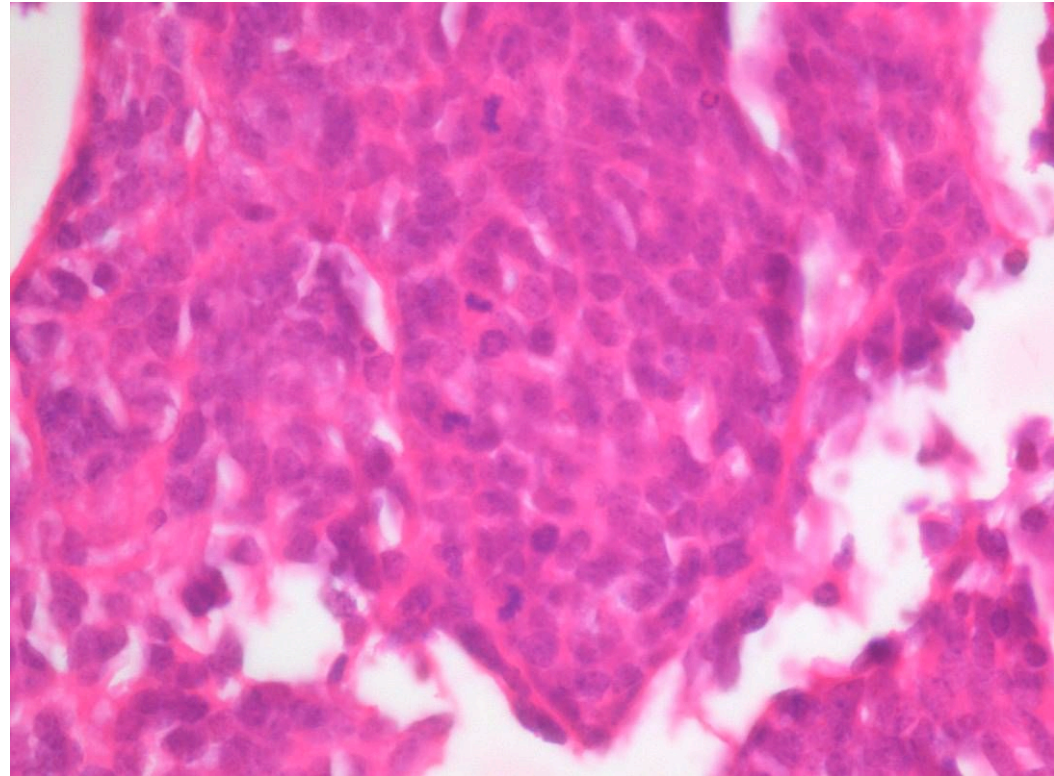


Medulloblastom IV

„Blauzelliger“ Tumor, wegen großer Kern/Plasma Relation
Viele Mitosen



Desmoplastische Variante





Pilozytisches Astrozytom I

Grobfibrilläre Matrix

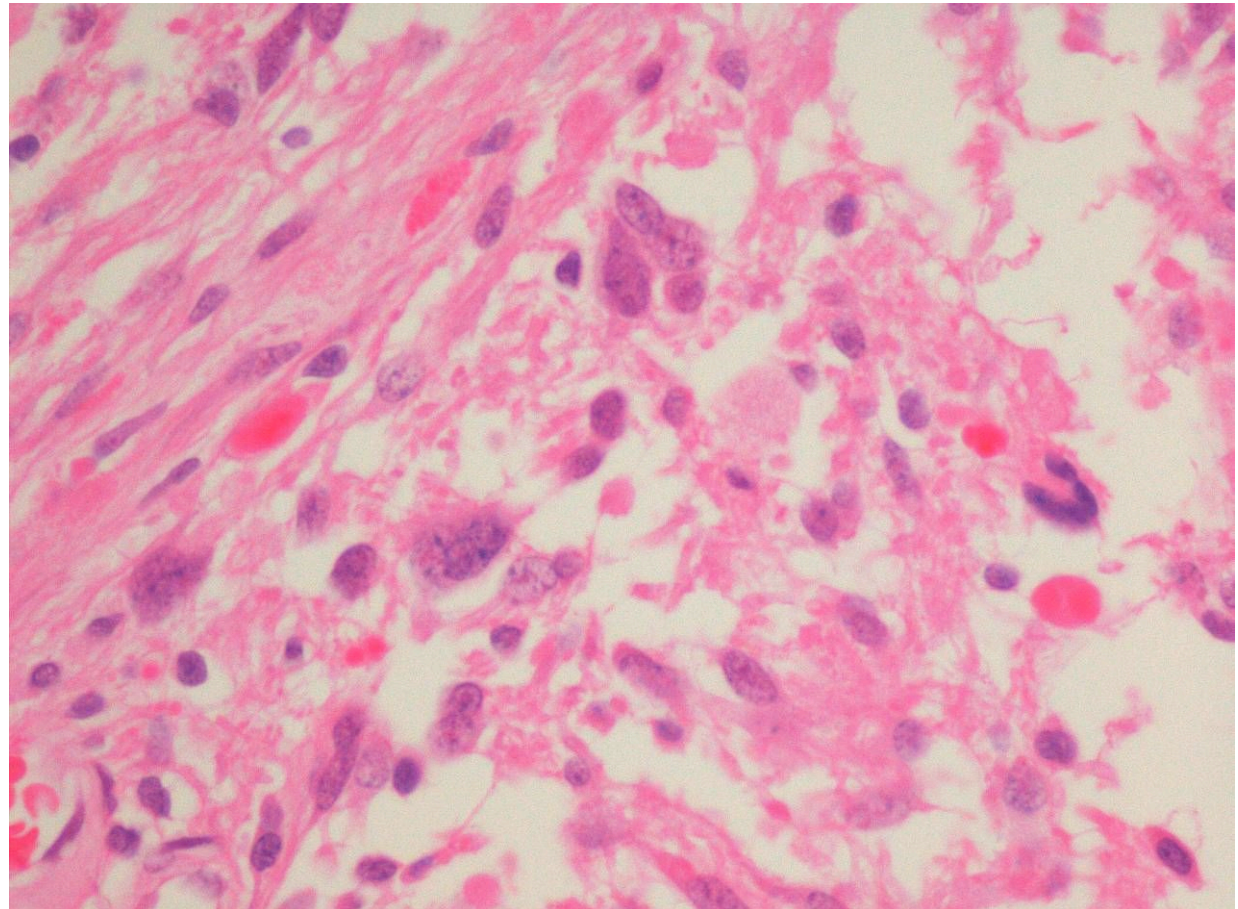
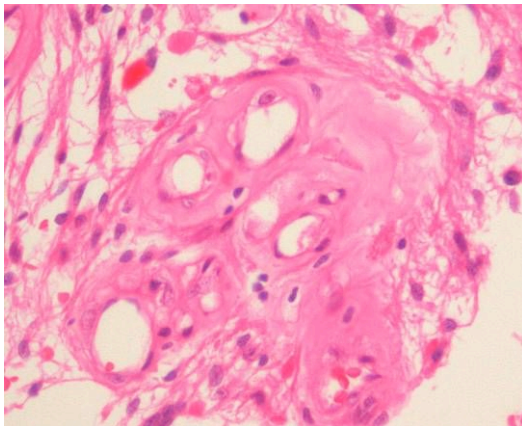
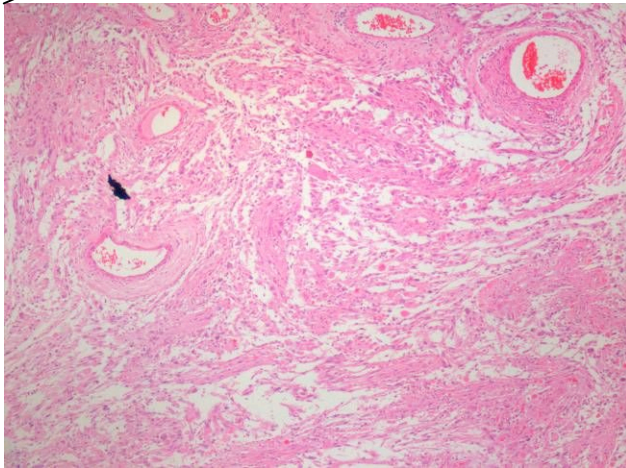
Zellarm

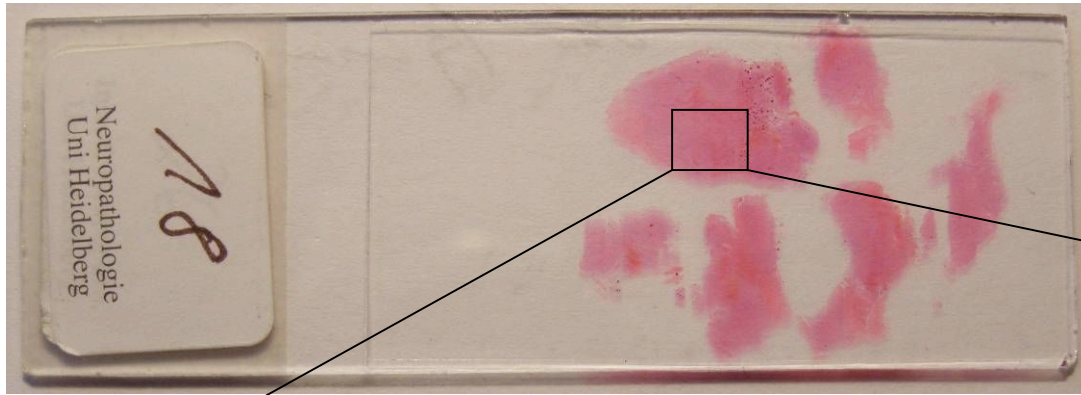
Kernpleomorphie

Rosenthalfaser,

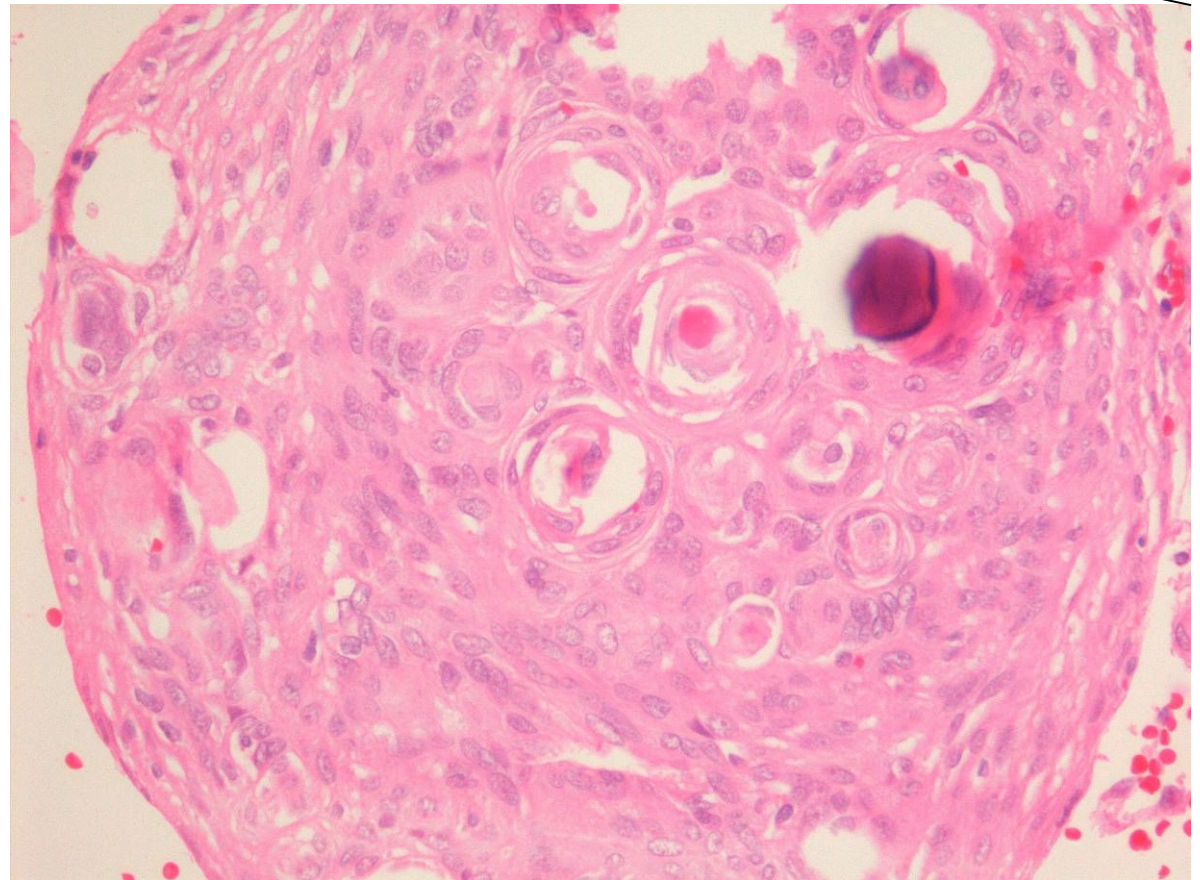
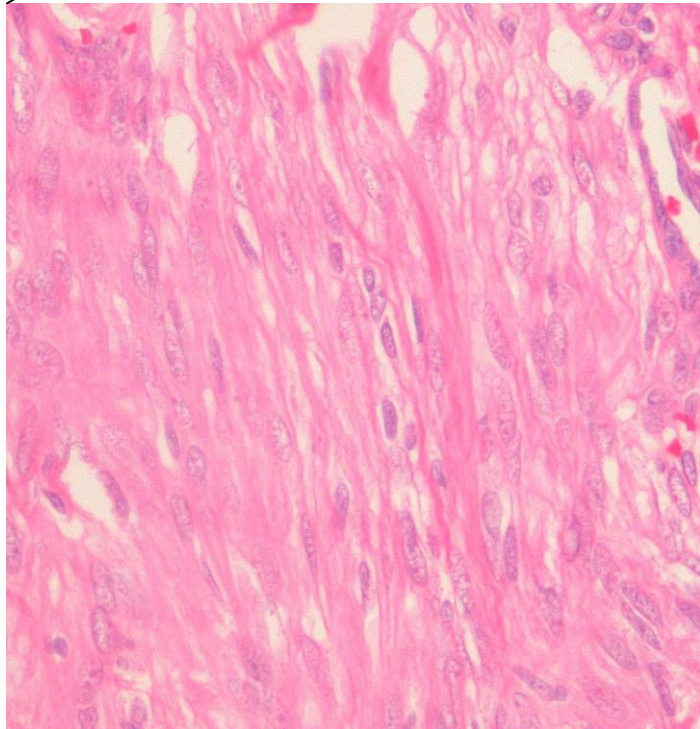
Proteindroplets

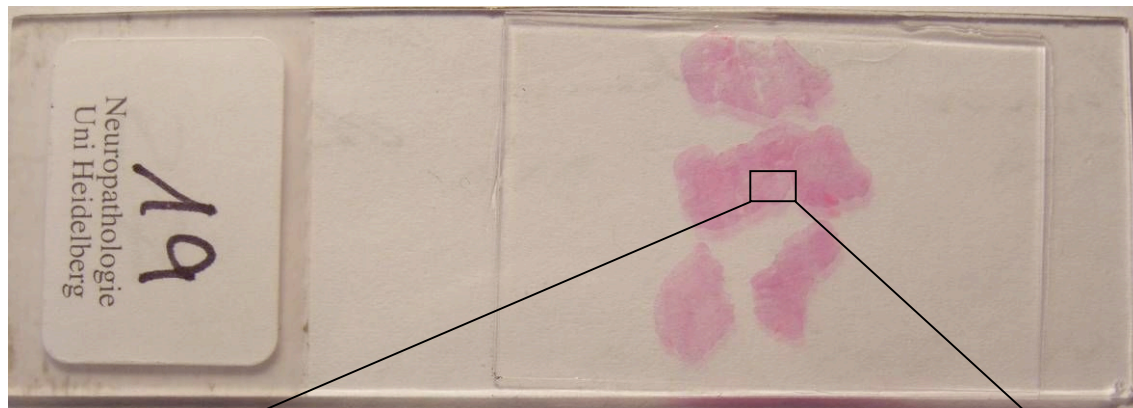
hyalinisierte Gefäßwände





Meningeom I
Pseudo-synzytial oder fibrös
Lochkerne
Zwiebelschalen
Psammomkörper





Neurinom WHO I Verocay- Körper

