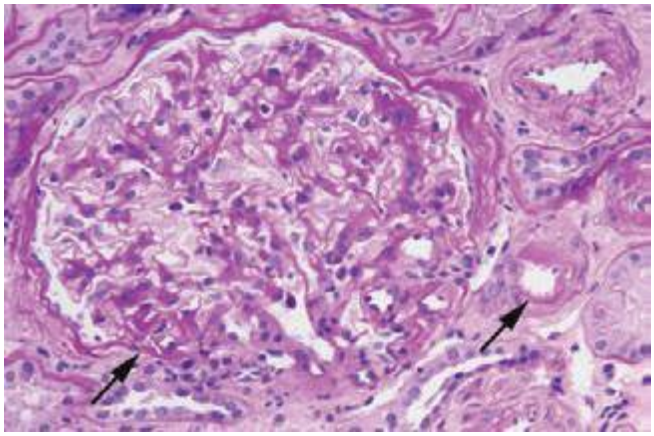


FIGURE 62e-4 Hilar variant of FSGS. There is segmental sclerosis of the glomerular tuft at the vascular pole with associated hyalinosis, also present in the afferent arteriole (*arrows*). This lesion often occurs as a secondary response when nephron mass is lost due to, e.g., scarring from other conditions. Patients usually have less proteinuria and less steroid response than FSGS, NOS type. *(ABF/Vanderbilt Collection.)*

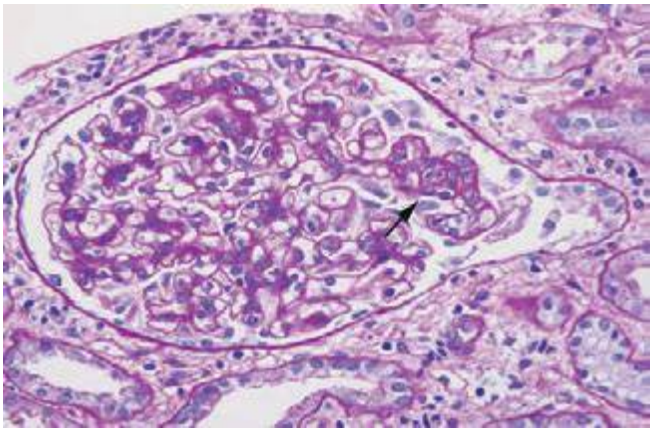
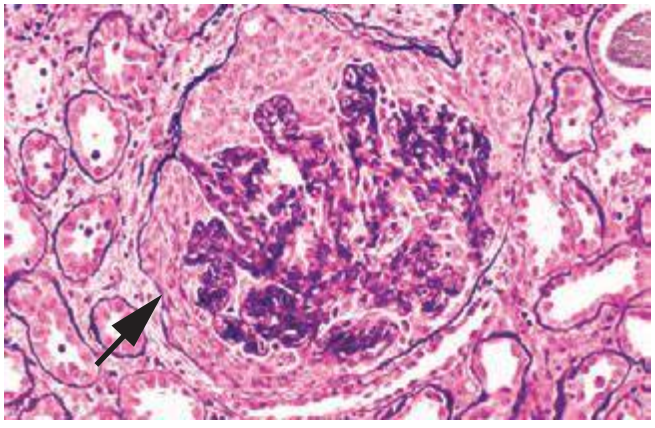
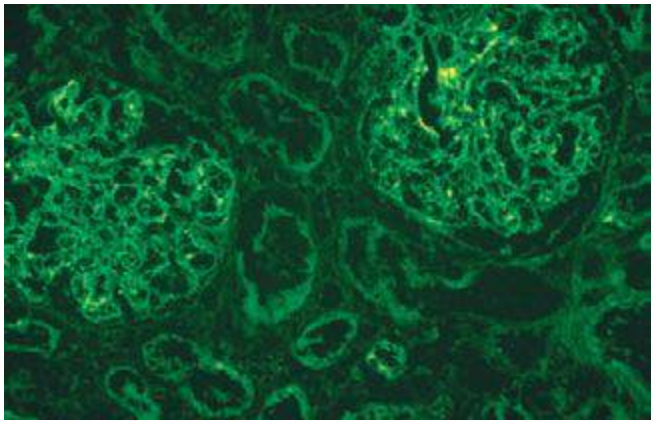


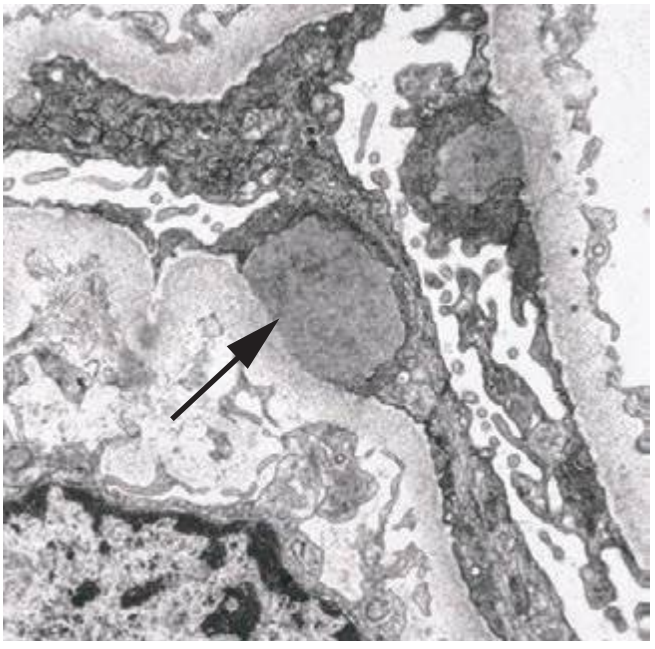
FIGURE 62e-5 Tip lesion variant of FSGS. There is segmental sclerosis of the glomerular capillary loops at the proximal tubular outlet (*arrow*). This lesion has a better prognosis than other types of FSGS. *(ABF/Vanderbilt Collection.)*



A



B



C

FIGURE 62e-6 Postinfectious (poststreptococcal) glomerulonephritis. The glomerular tuft shows proliferative changes with numerous polymorphonuclear leukocytes (PMNs), with a crescentic reaction (*arrow*) in severe cases (***A***). These deposits localize in the mesangium and along the capillary wall in a subepithelial pattern and stain dominantly for C3 and to a lesser extent for IgG (***B***). Subepithelial hump-shaped deposits are seen by electron microscopy (*arrow*) (***C***). *(ABF/Vanderbilt Collection.)*