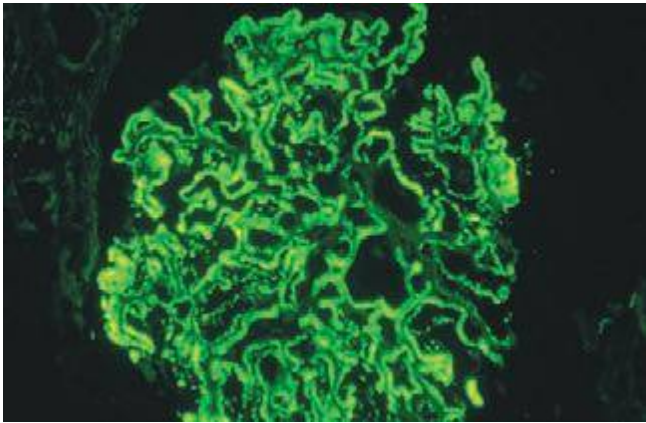
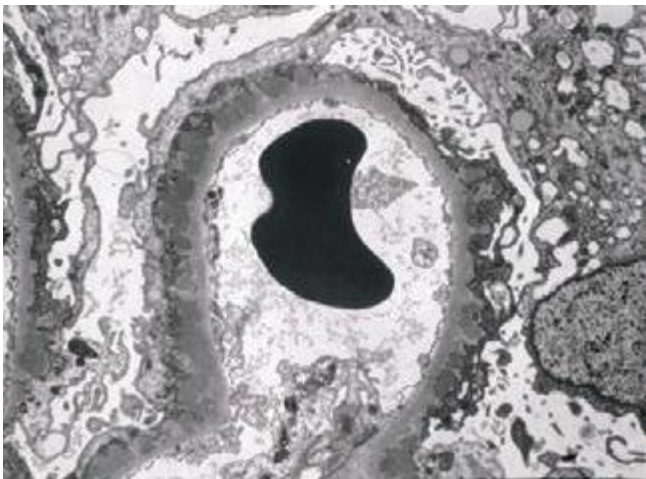


A

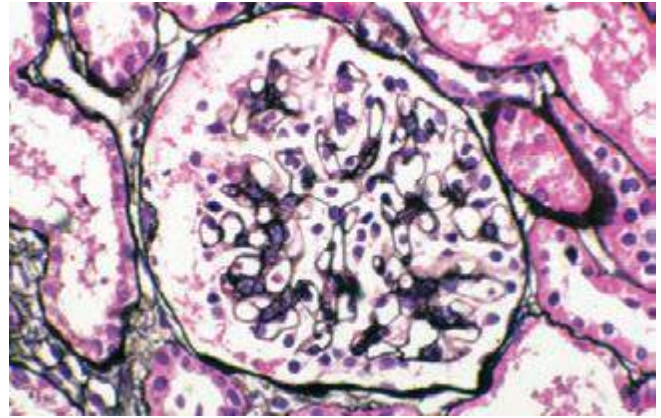


B

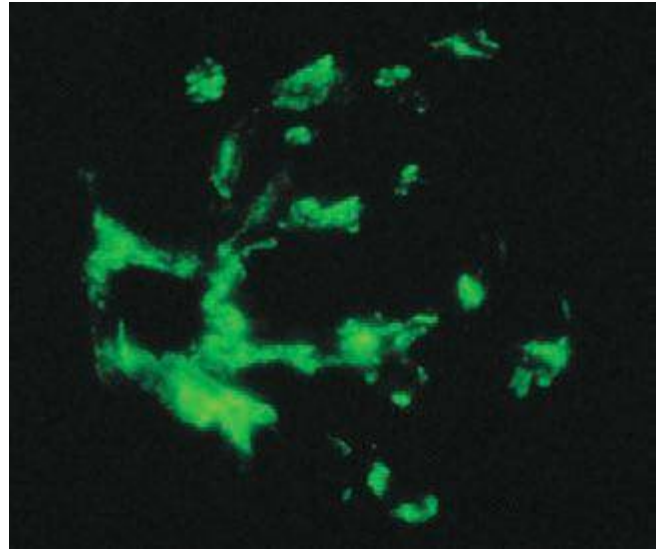


C

FIGURE 62e-7 Membranous glomerulopathy. Membranous glomerulopathy is due to subepithelial deposits, with resulting basement membrane reaction, resulting in the appearance of spike-like projections on silver stain (**A**). The deposits are directly visualized by fluorescent anti-IgG, revealing diffuse granular capillary loop staining (**B**). By electron microscopy, the subepithelial location of the deposits and early surrounding basement membrane reaction is evident, with overlying foot process effacement (**C**). (ABF/Vanderbilt Collection.)



A



B

FIGURE 62e-8 IgA nephropathy. There is variable mesangial expansion due to mesangial deposits, with some cases also showing endocapillary proliferation or segmental sclerosis (**A**). By immunofluorescence, mesangial IgA deposits are evident (**B**). (ABF/Vanderbilt Collection.)

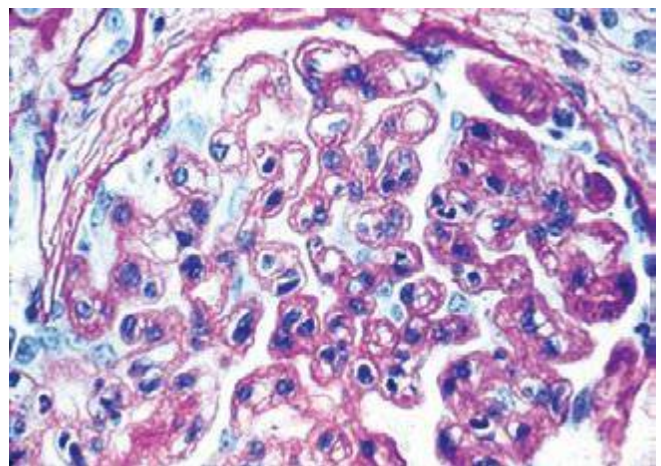


FIGURE 62e-9 Membranoproliferative glomerulonephritis. There is mesangial expansion and endocapillary proliferation with cellular interposition in response to subendothelial deposits, resulting in the "tram-track" of duplication of glomerular basement membrane. (EGN/UPenn Collection.)