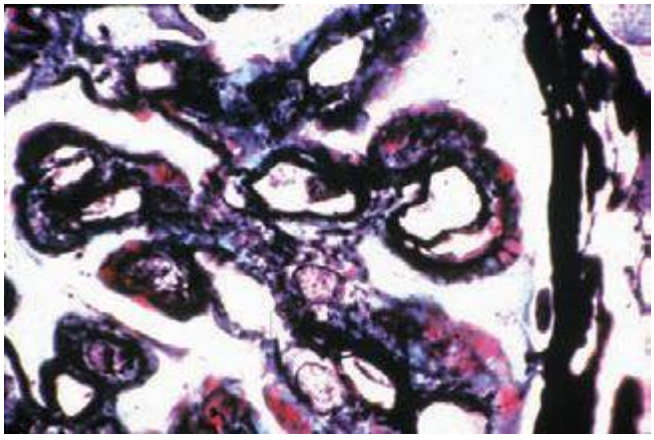


FIGURE 62e-14 Mixed proliferative and membranous glomerulonephritis. This specimen shows pink subepithelial deposits with spike reaction, and the "tram-track" sign of reduplication of glomerular basement membrane, resulting from subendothelial deposits, as may be seen in mixed membranous and proliferative lupus nephritis (International Society of Nephrology [ISN]/Renal Pathology Society [RPS] class V and IV). *(EGN/UPenn Collection.)*

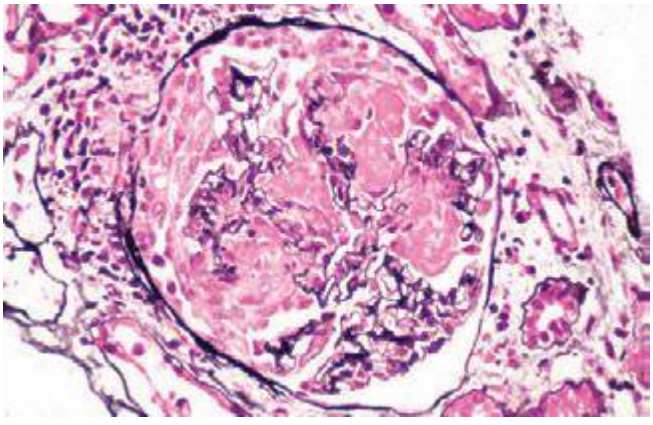
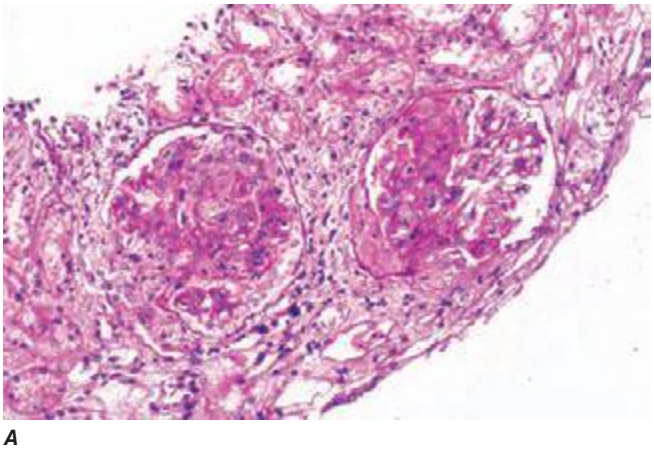
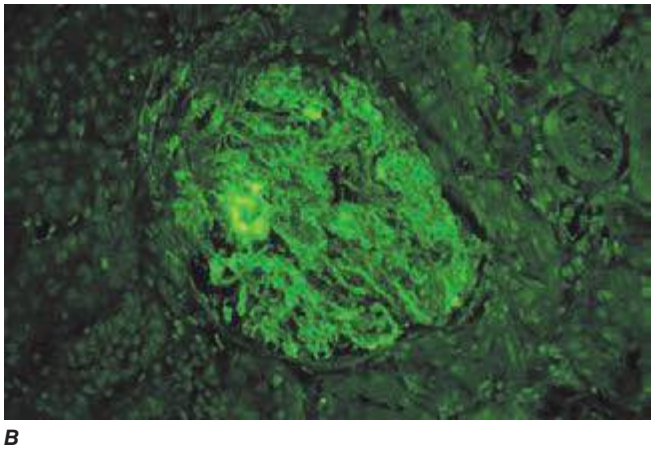


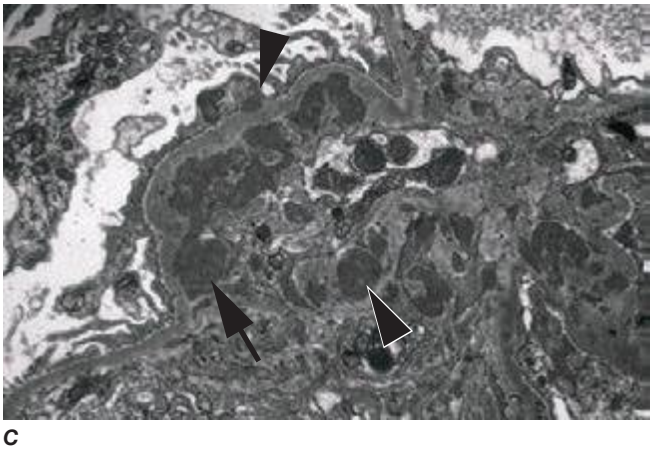
FIGURE 62e-16 Granulomatosis with polyangiitis (Wegener's). This pauci-immune necrotizing crescentic glomerulonephritis shows numerous breaks in the glomerular basement membrane with associated segmental fibrinoid necrosis and a crescent formed by proliferation of the parietal epithelium. Note that the uninvolved segment of the glomerulus (at ~5 o'clock) shows no evidence of proliferation or immune complexes. *(ABF/Vanderbilt Collection.)*



A



B



C

FIGURE 62e-15 Lupus nephritis. Proliferative lupus nephritis, ISN/RPS class III (focal) or IV (diffuse), manifests as endocapillary proliferation, which may result in segmental necrosis due to deposits, particularly in the subendothelial area (***A***). By immunofluorescence, chunky irregular mesangial and capillary loop deposits are evident, with some of the peripheral loop deposits having a smooth, molded outer contour due to their subendothelial location. These deposits typically stain for all three immunoglobulins, IgG, IgA, IgM, and both C3 and C1q (***B***). By electron microscopy, subendothelial (*arrow*), mesangial (*white rim arrowhead*), and rare subepithelial (*black arrowhead*) dense immune complex deposits are evident, along with extensive foot process effacement (***C***). *(ABF/Vanderbilt Collection.)*