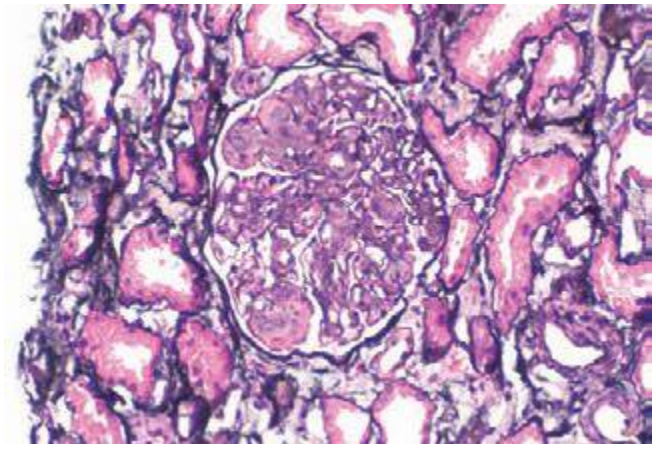
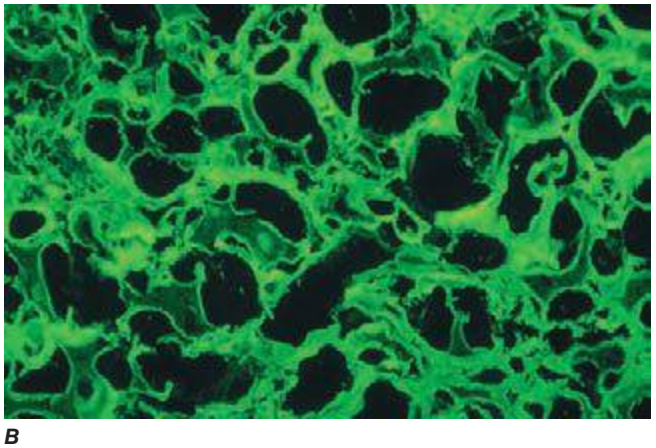
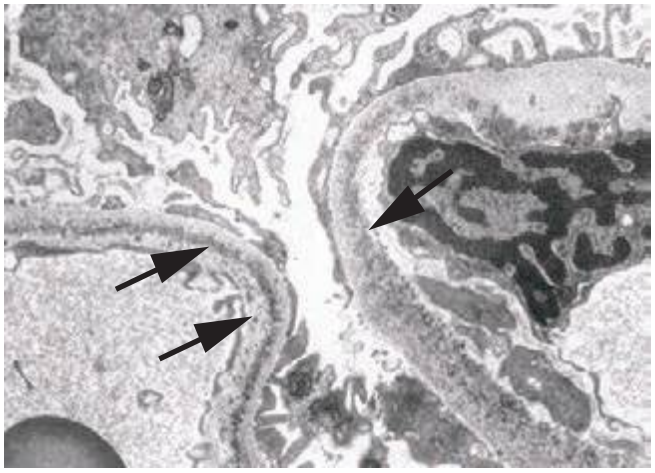


A



B



C

FIGURE 62e-19 Light chain deposition disease. There is mesangial expansion, often nodular by light microscopy (***A***), with immunofluorescence showing monoclonal staining, more commonly with kappa than lambda light chain, of tubules (***B***) and glomerular tufts. By electron microscopy (***C***), the deposits show an amorphous granular appearance and line the inside of the glomerular basement membrane (*arrows*) and are also found along the tubular basement membranes. *(ABF/Vanderbilt Collection.)*

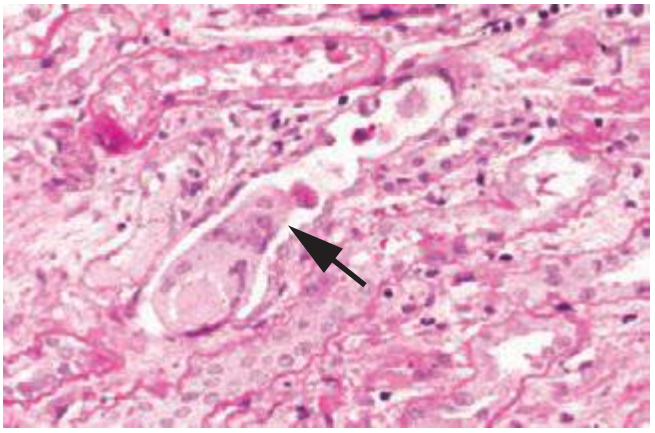
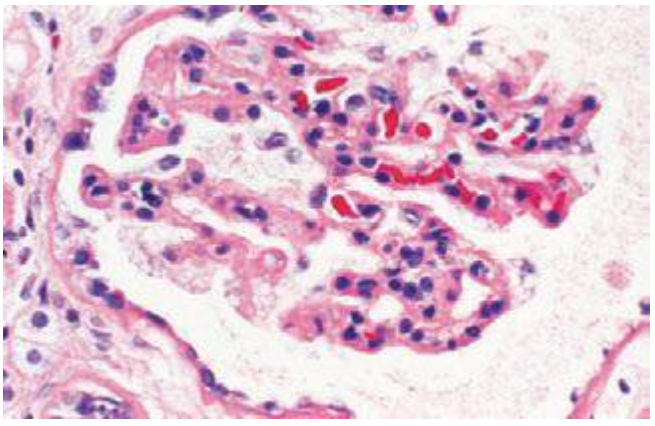
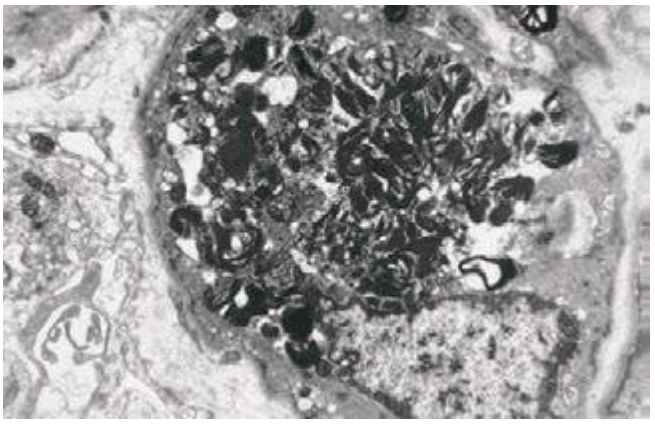


FIGURE 62e-20 Light chain cast nephropathy (myeloma kidney). Monoclonal light chains precipitate in tubules and result in a syncytial giant cell reaction (*arrow*) surrounding the casts and a surrounding chronic interstitial nephritis with tubulointerstitial fibrosis. *(ABF/Vanderbilt Collection.)*



A



B

FIGURE 62e-21 Fabry's disease. Due to deficiency of α-galactosidase, there is abnormal accumulation of glycolipids, resulting in foamy podocytes by light microscopy (***A***). These deposits can be directly visualized by electron microscopy (***B***), where the glycosphingolipid appears as whorled so-called myeloid bodies, particularly in the podocytes. *(ABF/Vanderbilt Collection.)*