Acute Hepatitis
Histological Examples

Photos by
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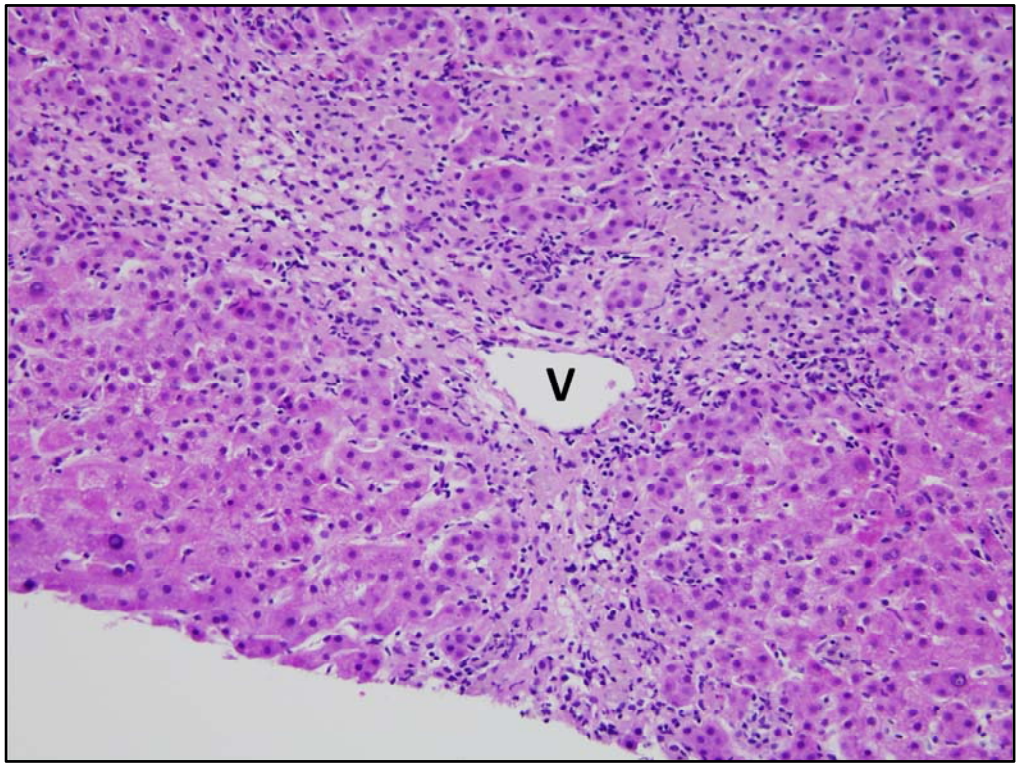
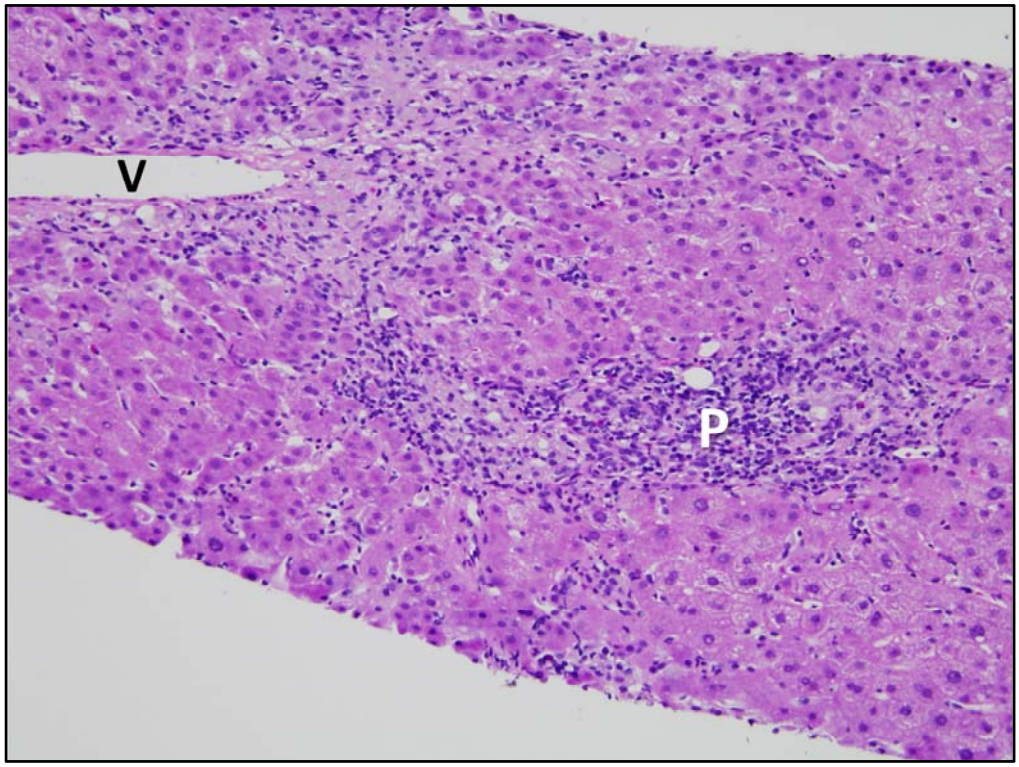
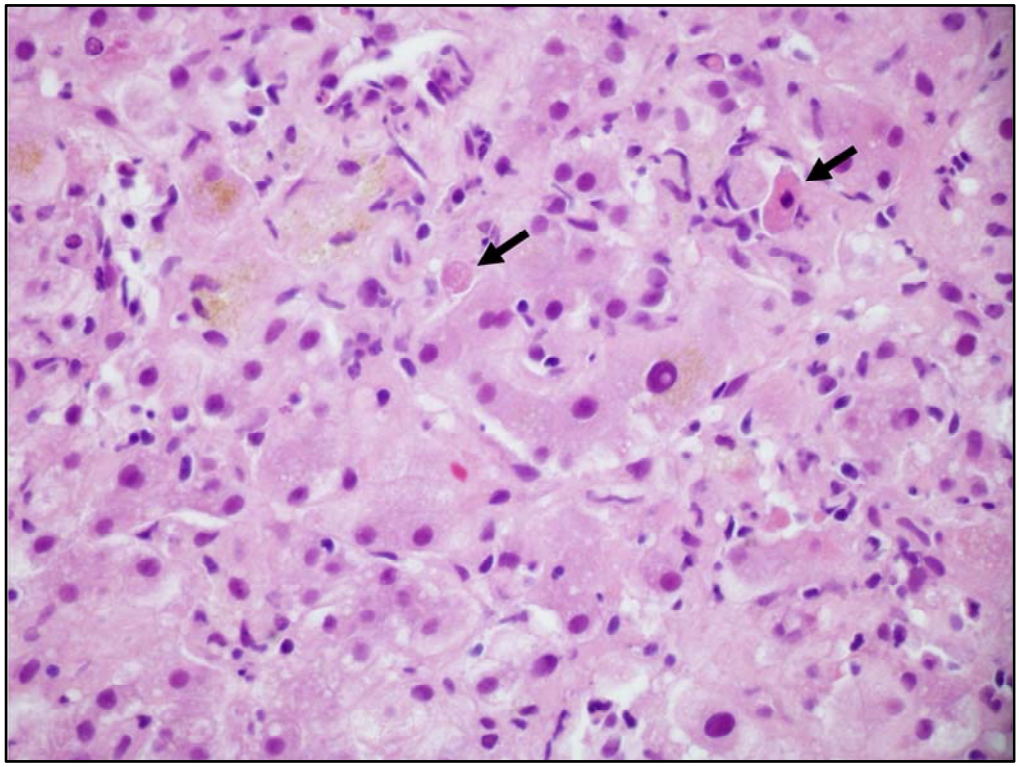


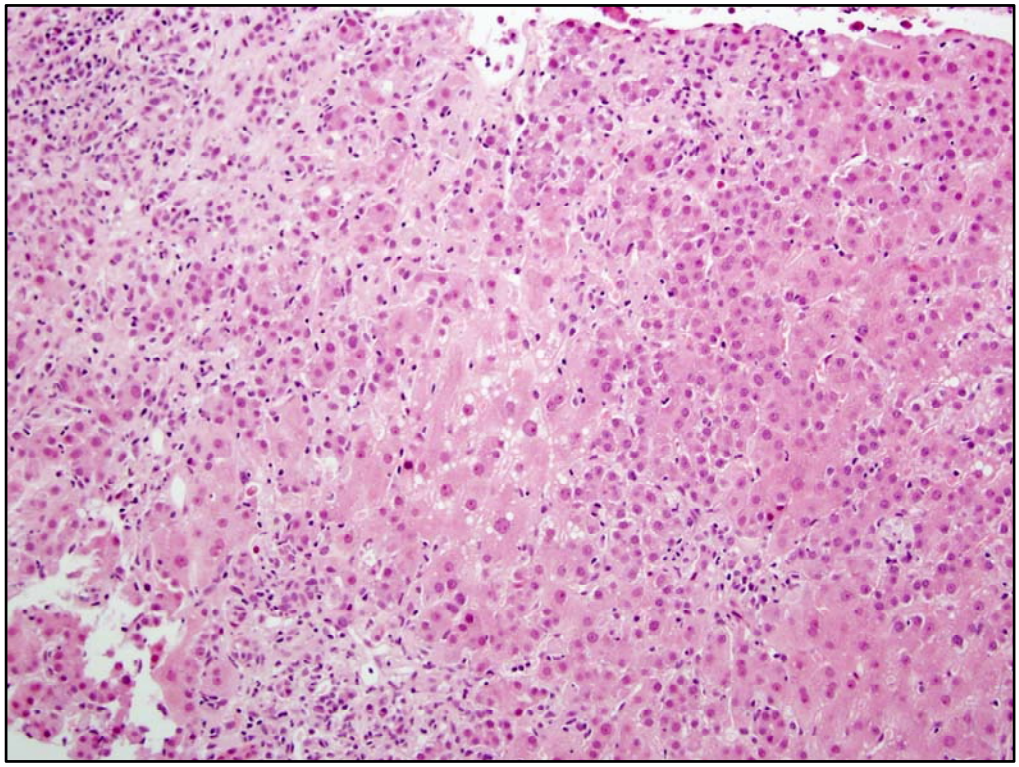
Case 1 – Acute hepatitis with zone 3 necrosis ascribed to a green tea containing herbal product. There is loss of the hepatocytes around the hepatic vein (V), but unlike cases of acute hepatic necrosis, there is abundant lymphocytic inflammation within and around the area of necrosis.



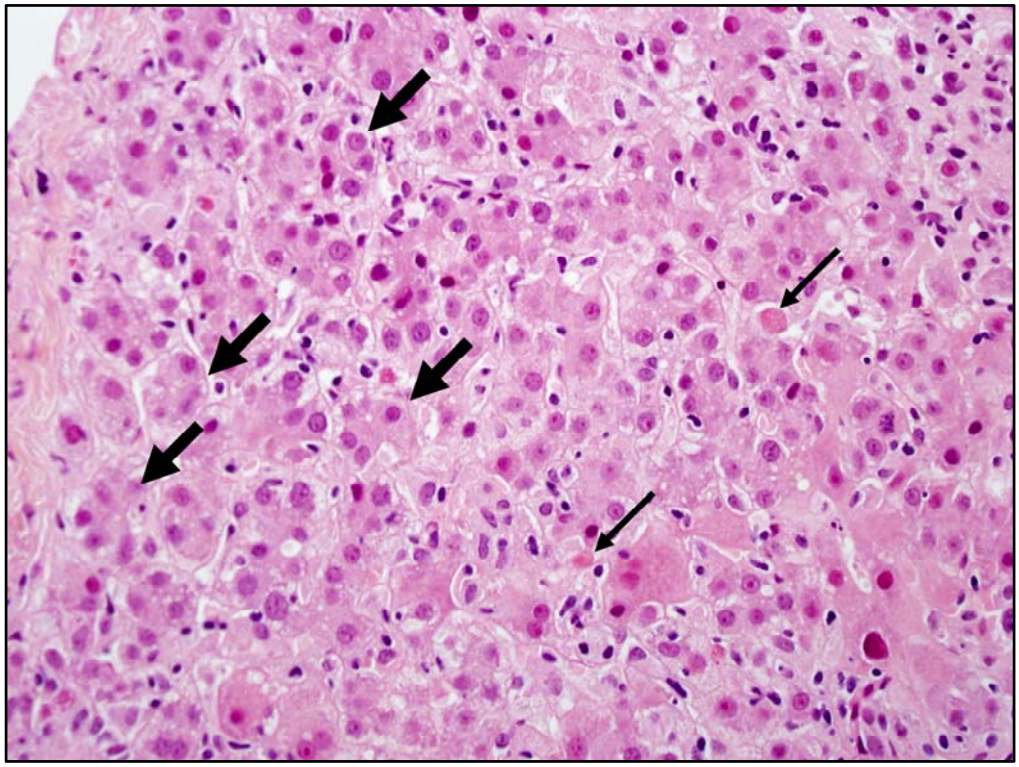
Case 1 continued. There is loss of hepatocytes between the portal area (P) and the vein (V), a change known as bridging necrosis.



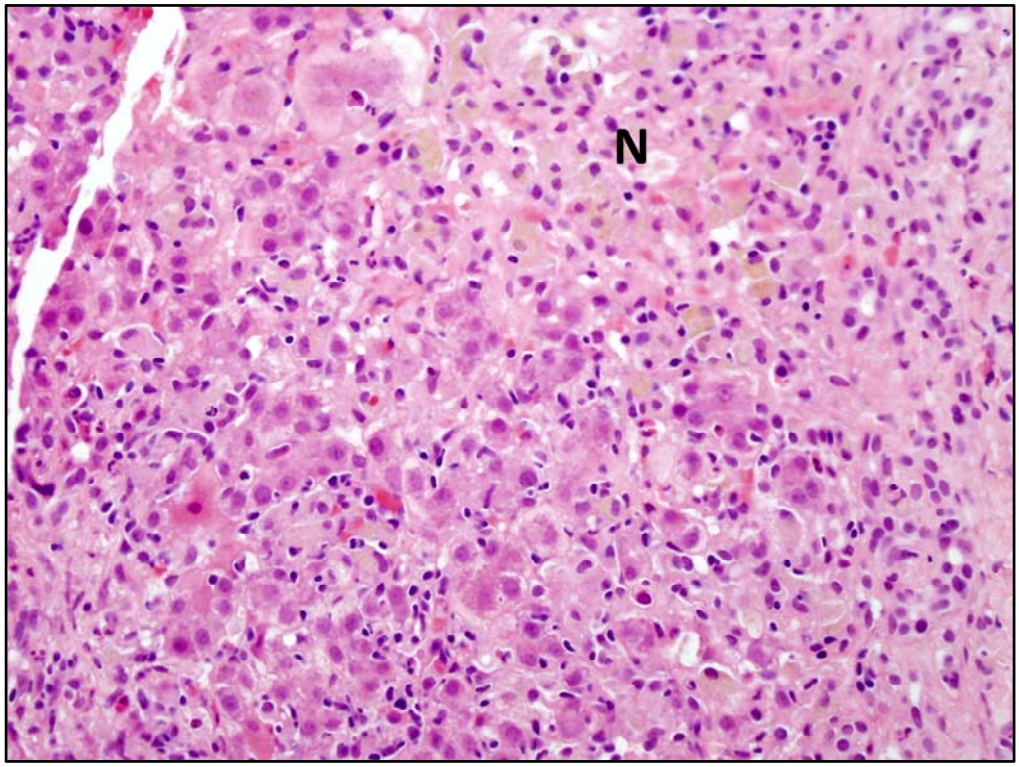
Case 2. Acute hepatitis probably due to azithromycin. There are apoptotic hepatocytes (arrows) and many small foci of lymphocytic inflammation associated with loss of sinusoidal architecture (lobular disarray).



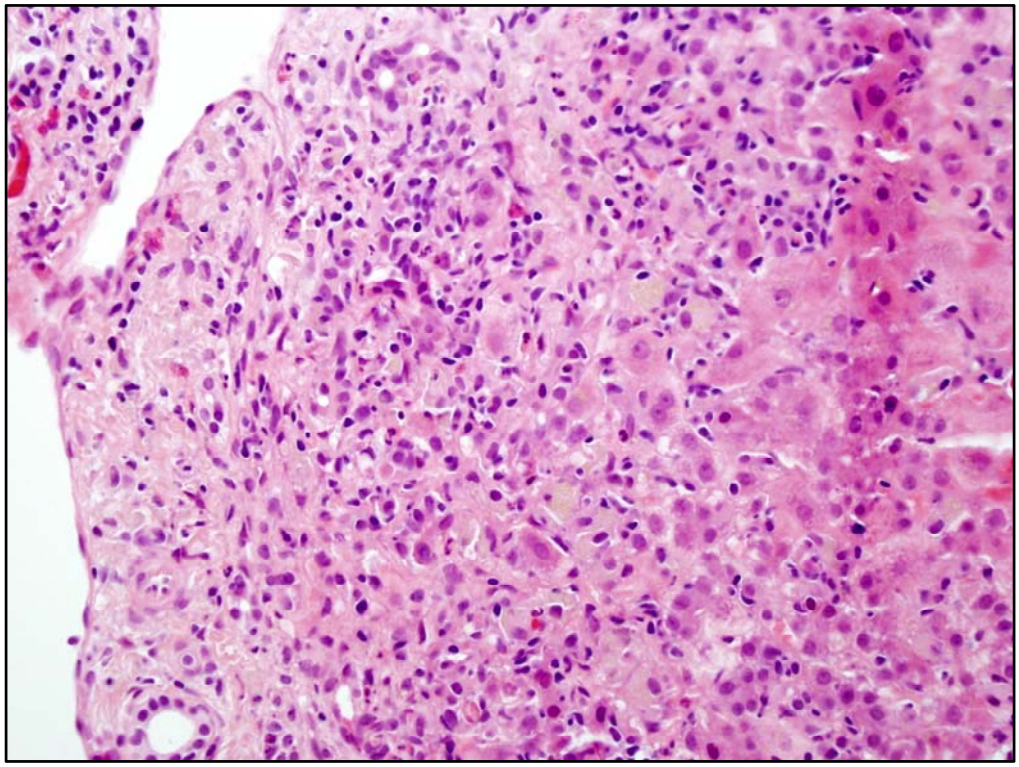
Acute hepatitis due to etanercept. There is lobular disarray with hepatocyte regeneration. The inflammation is not marked but scattered foci of lymphocytic infiltration are present.



Acute hepatitis due to etanercept. At higher magnification there are many hepatocyte rosettes (fat arrows) and a few apoptotic hepatocytes (thin arrows)



Acute hepatitis due to isoniazid. There is marked inflammation with hepatocyte rosette formation and lobular disarray. There is also an area of confluent necrosis (N) with pigmented macrophages.



Acute hepatitis due to isoniazid. This photo shows a portal area on the left and the hepatocellular parenchyma on the right. The hepatocyte interface is obscured by inflammation.