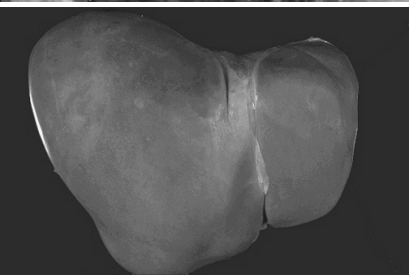
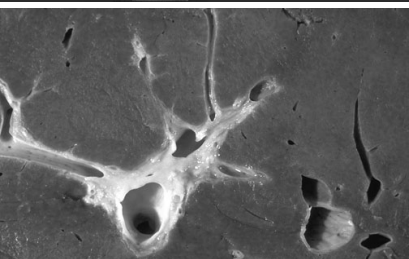


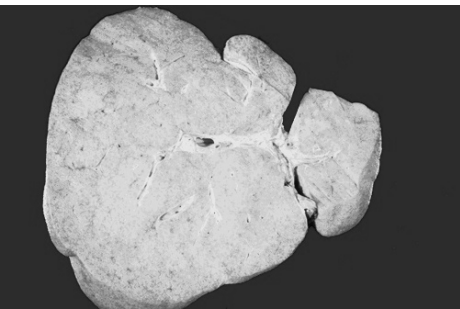
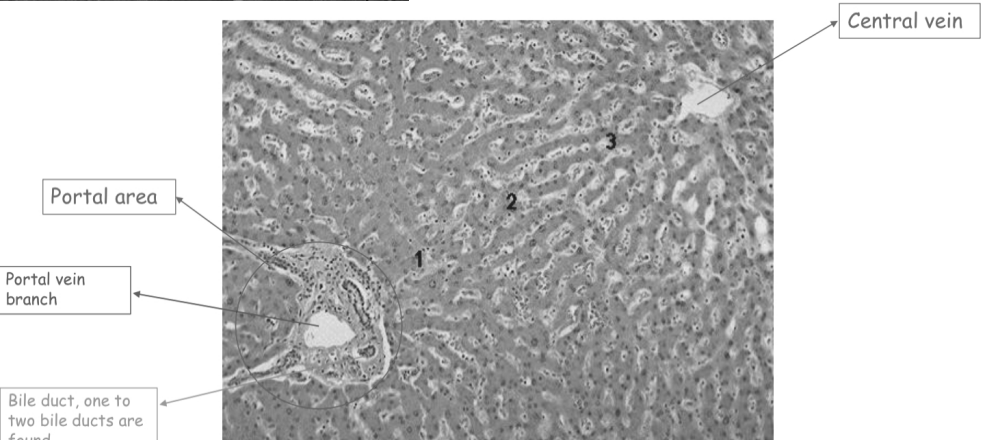
Normal liver



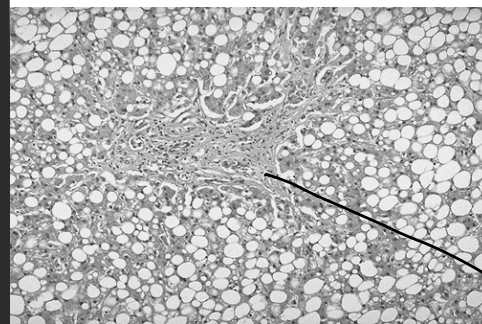
Normal liver



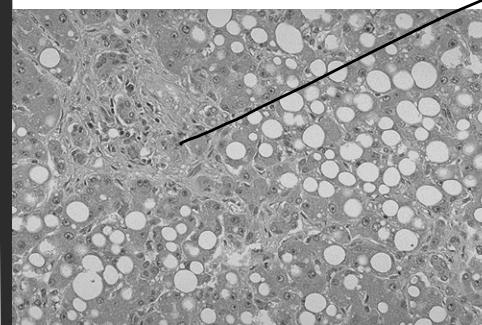
Cross section of normal liver



fatty change

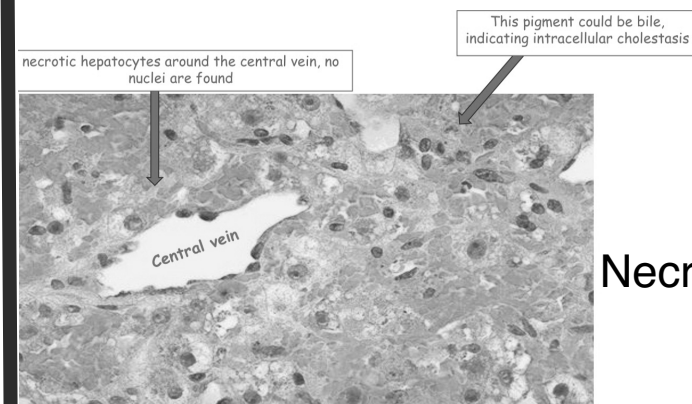


fatty change

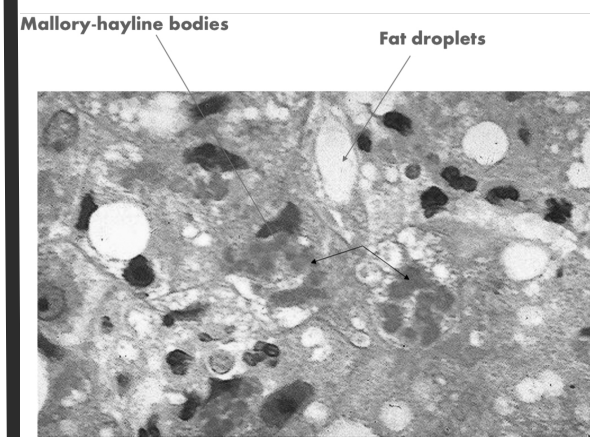


fatty change

portal area, with a background of fibrous tissue.



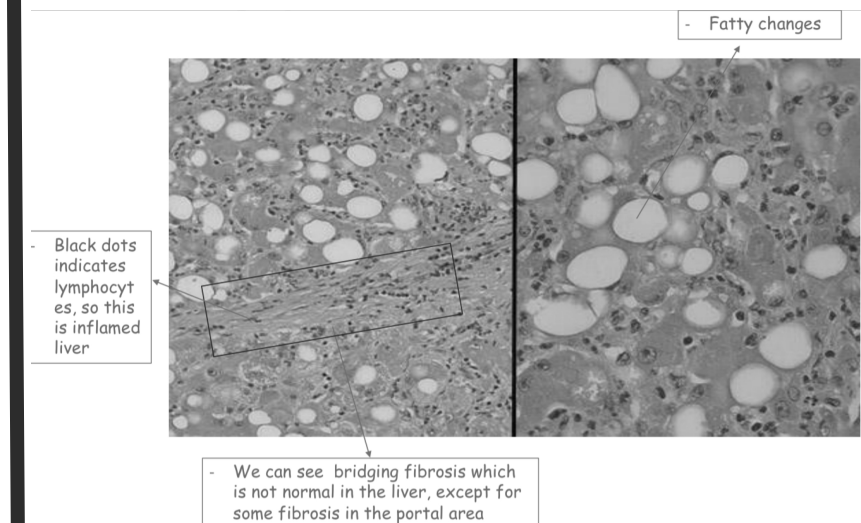
Necrosis of liver



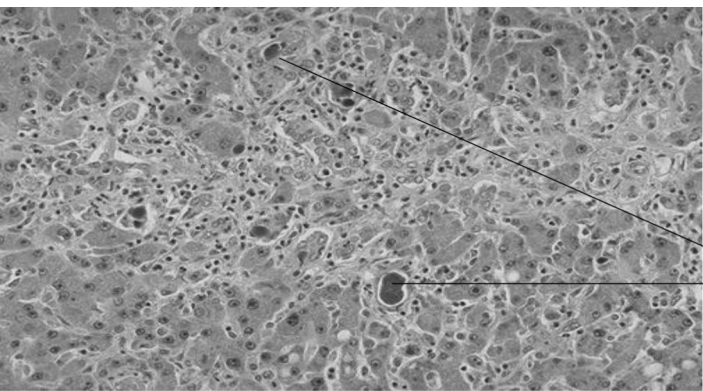
Mallory-hayline bodies

Fat droplets

Mallory-hayline bodies

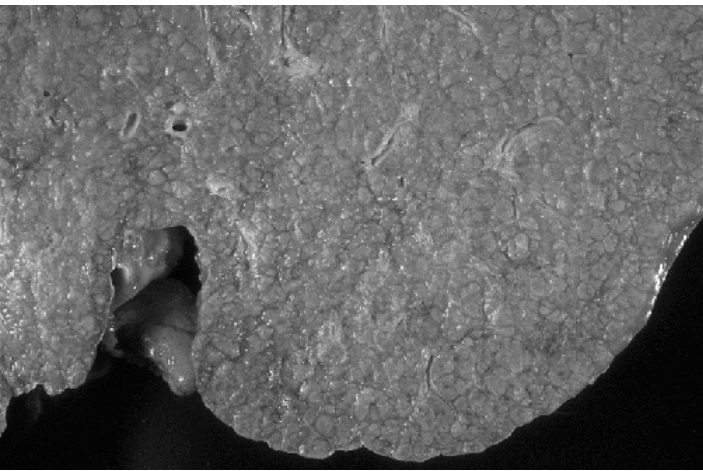


Alcoholic hepatitis

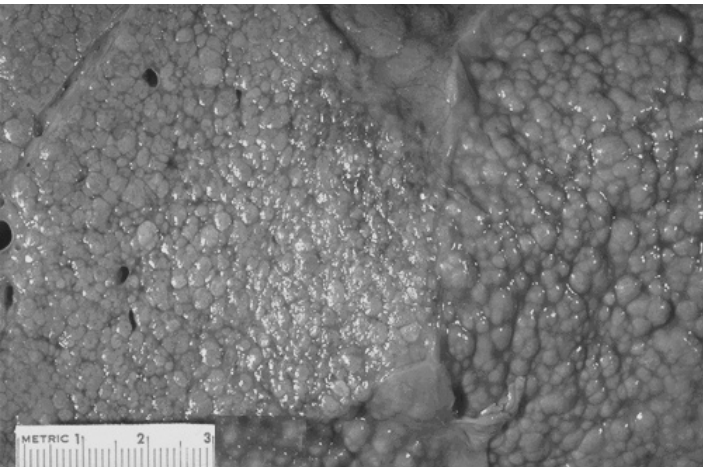


Alcoholic hepatitis

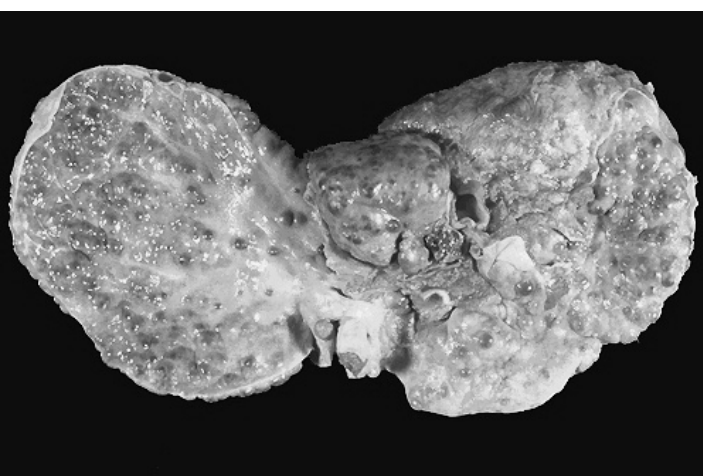
- Cholestasis



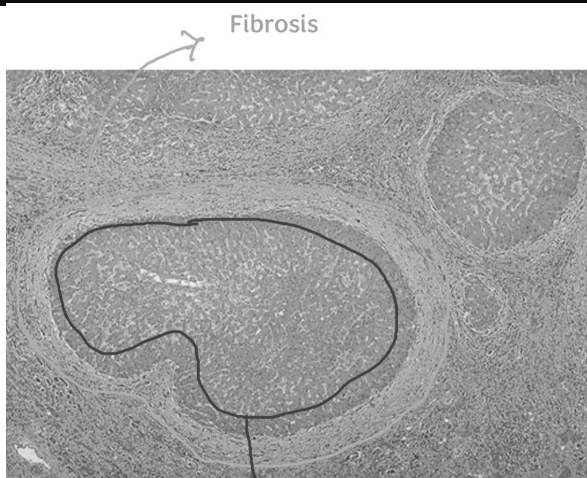
Liver cirrhosis



Micronodular cirrhosis



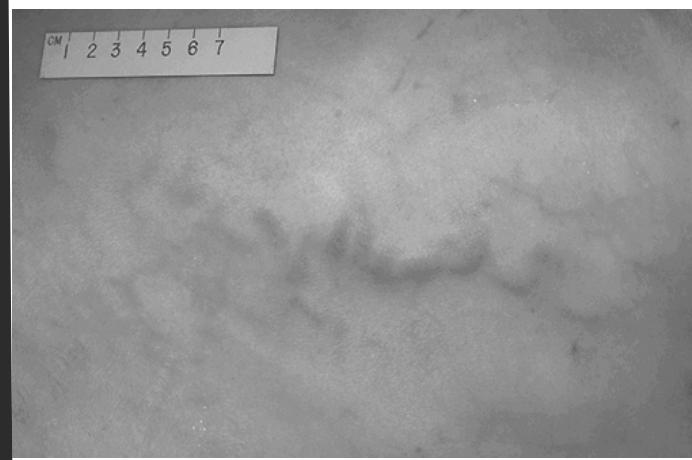
Macronodular cirrhosis



Fibrosis

Liver cirrhosis

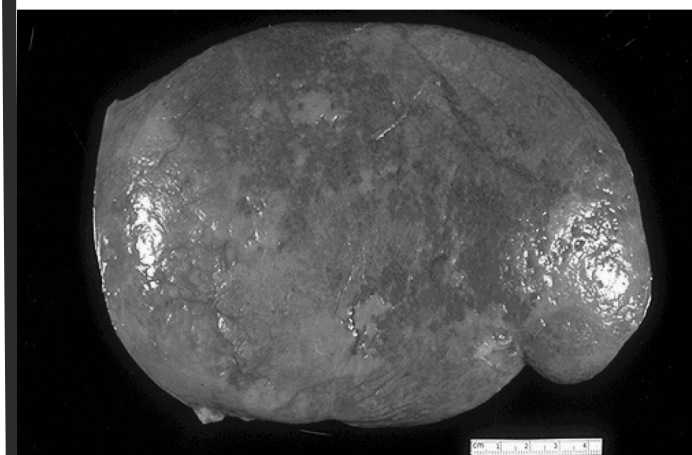
Parenchymal cells (hepatocytes)



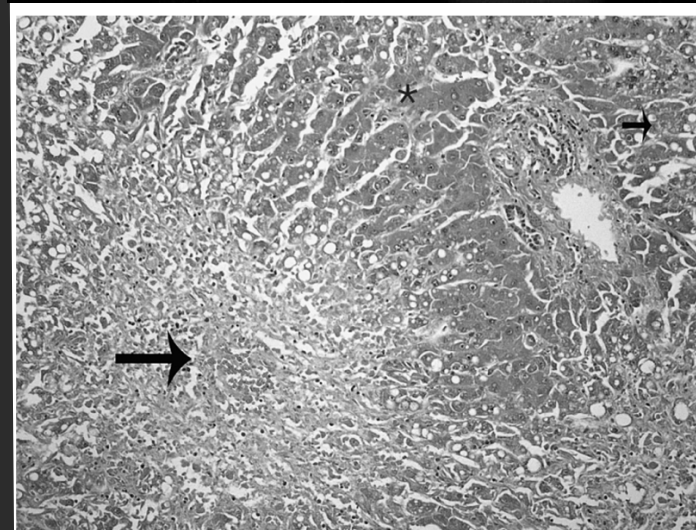
Caput medusae-abdominal skin



Esophageal varices

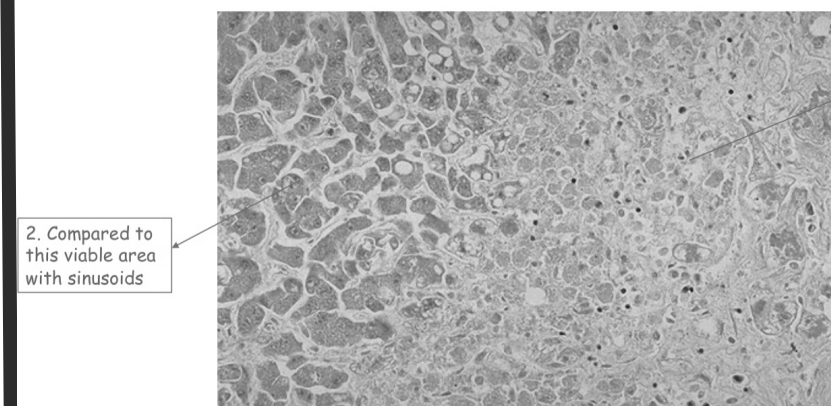


Splenomegaly



Hepatocellular necrosis caused by acetaminophen overdose. Confluent necrosis is seen in the perivenular region (zone 3, large arrow) (There is little inflammation) The residual normal tissue is indicated by the asterisk.

© Elsevier: Kumar et al: Robbins Basic Pathology 8e - www.studentconsult.com



1. This pale area with ill defined, anucleated hepatocytes is necrotic

2. Compared to this viable area with sinusoids

Done by
Tasneem
Alremawi