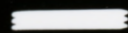


AF17/06/SERCE

061960 80 0KV X5000



1µm

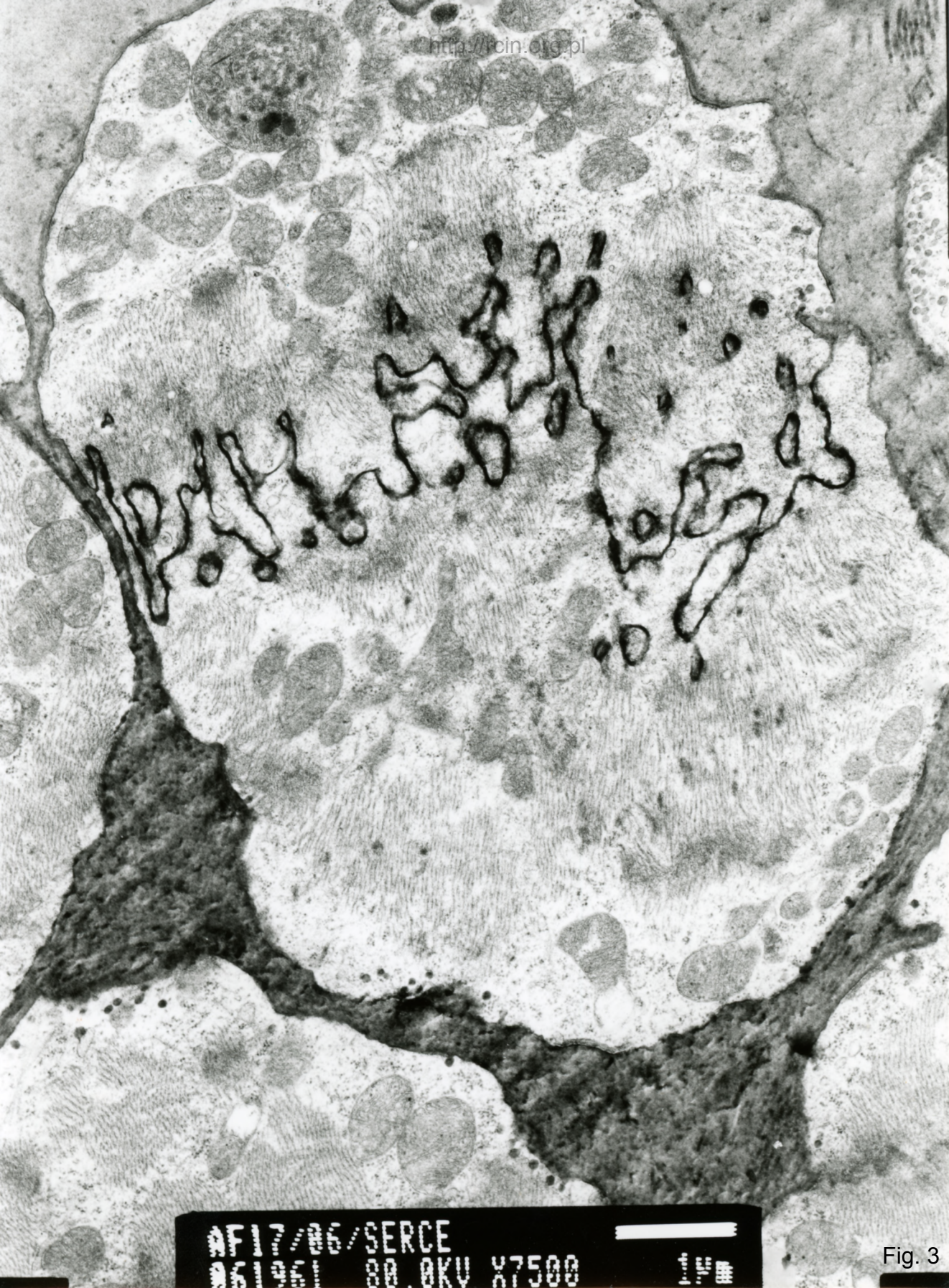
Fig. 1



<http://ncim.ncsl.gov>

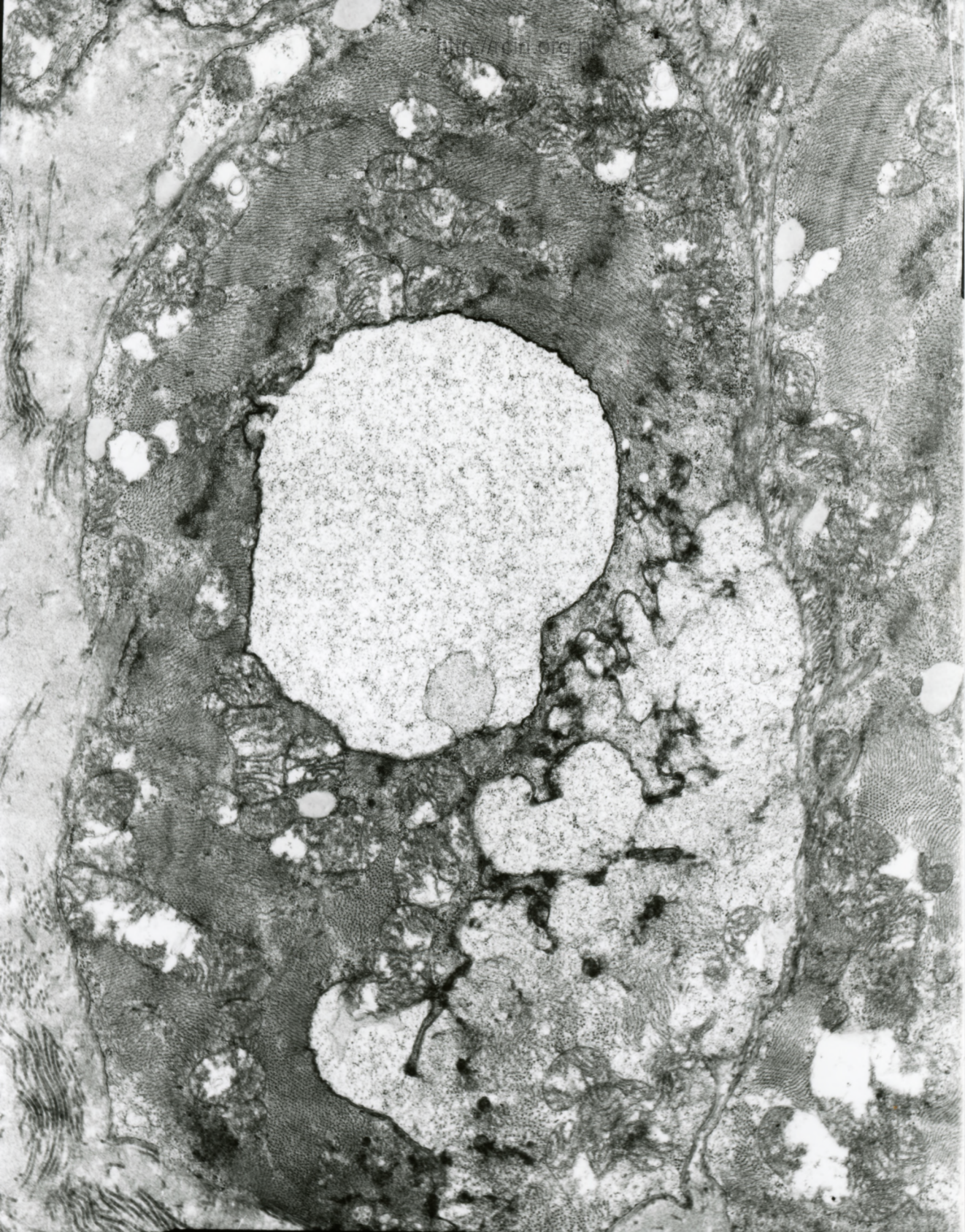
AF17/06/SERCE
061205 SA AKU X6000

Fig. 2



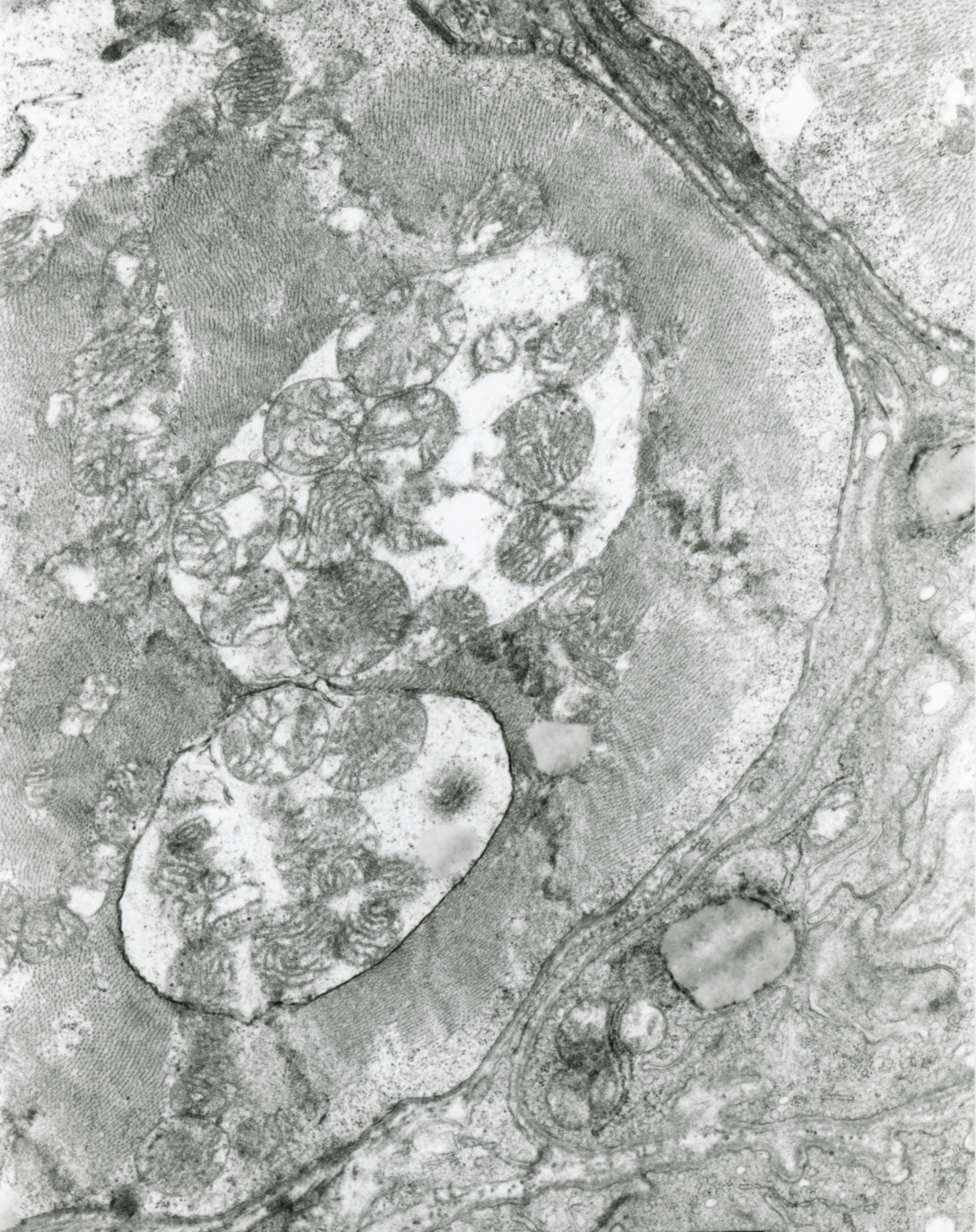
AF17/06/SERCE
06/06/00.0KV X7500

Fig. 3



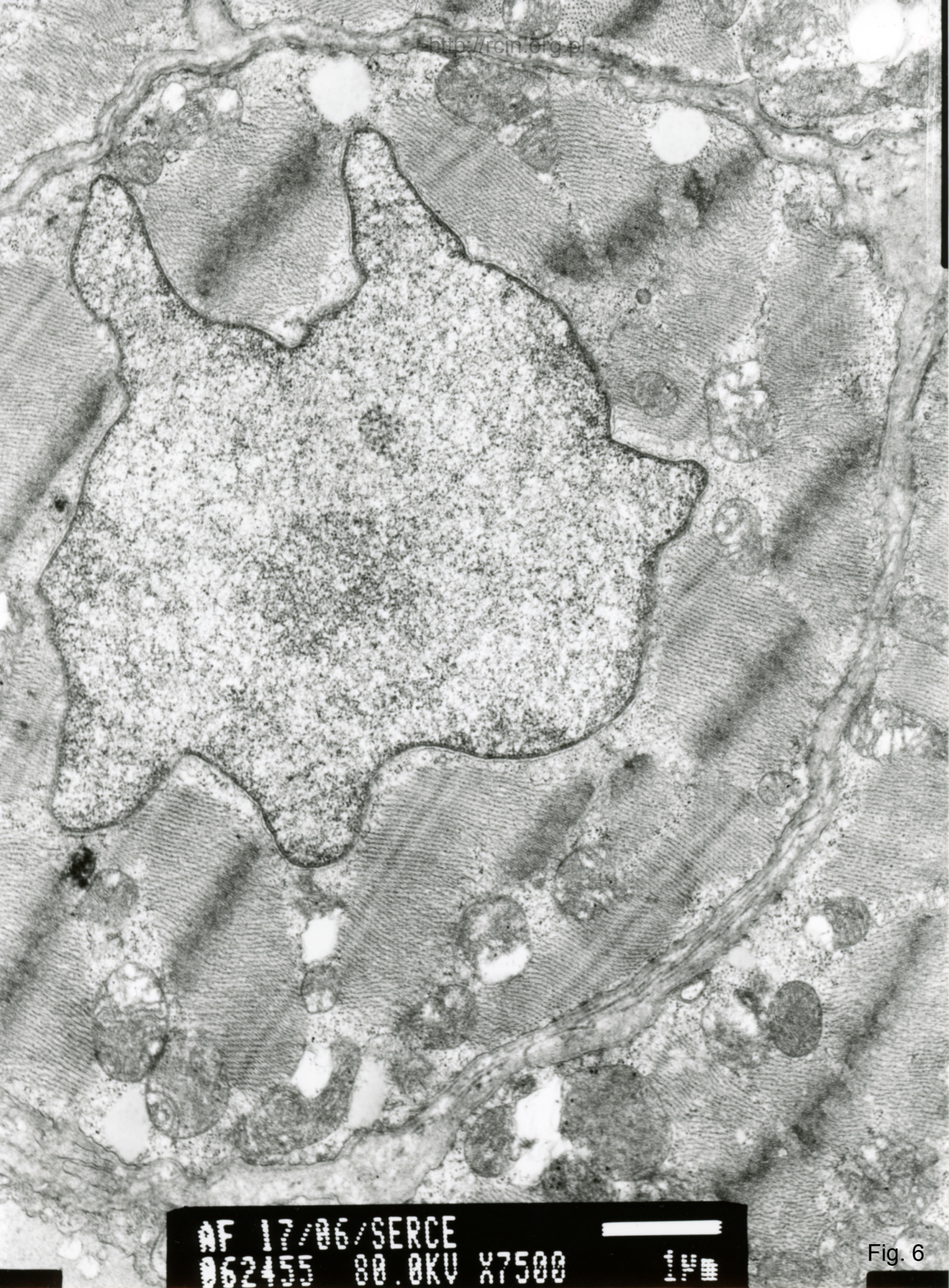
AF 17/06/SERCE
062452 80.0KV X6000

Fig. 4



AF17/06/SERCE
061004 00.0KV X7500

Fig. 5



AF 17/06/SERCE
062455 80.0KV X7500

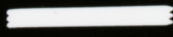
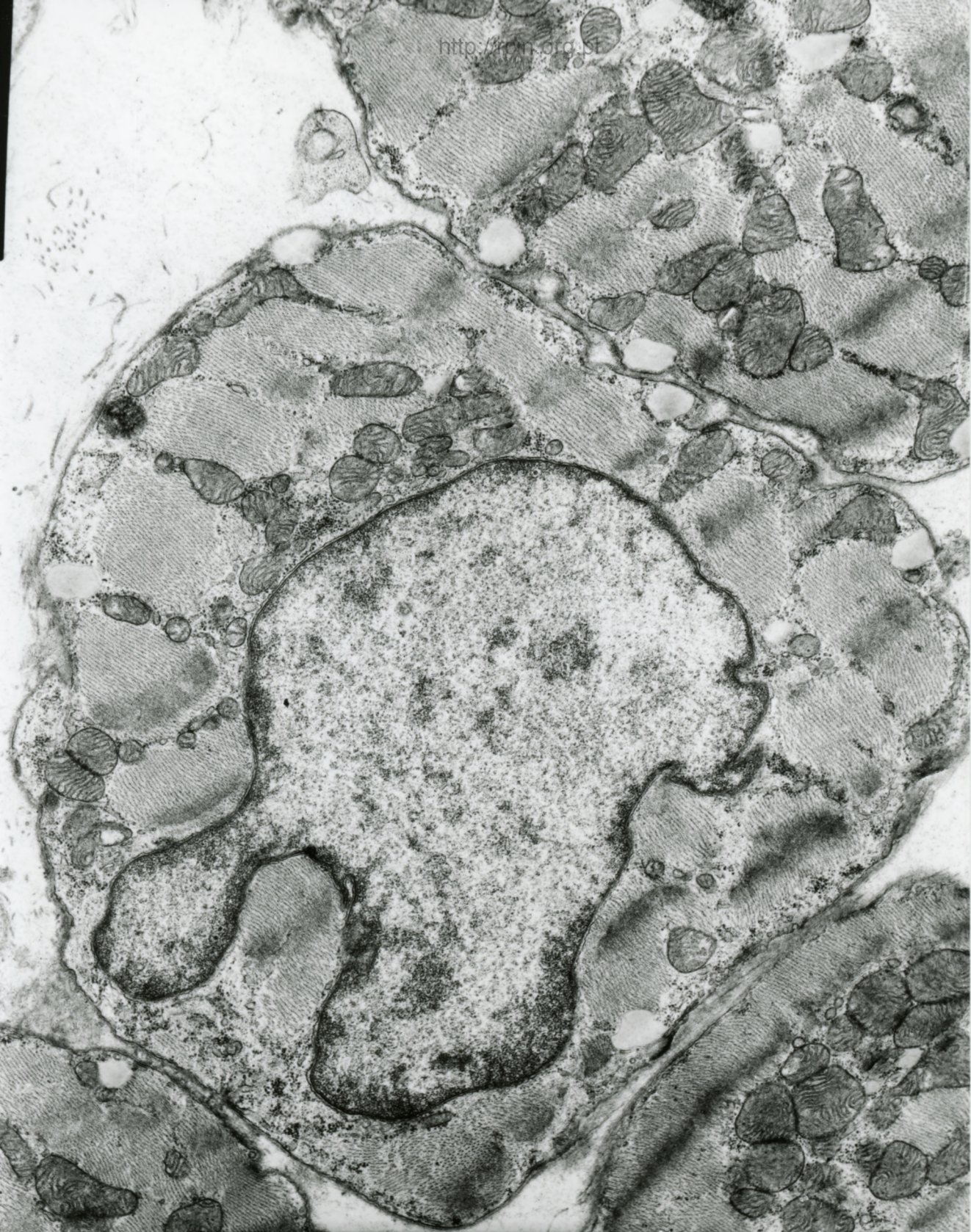
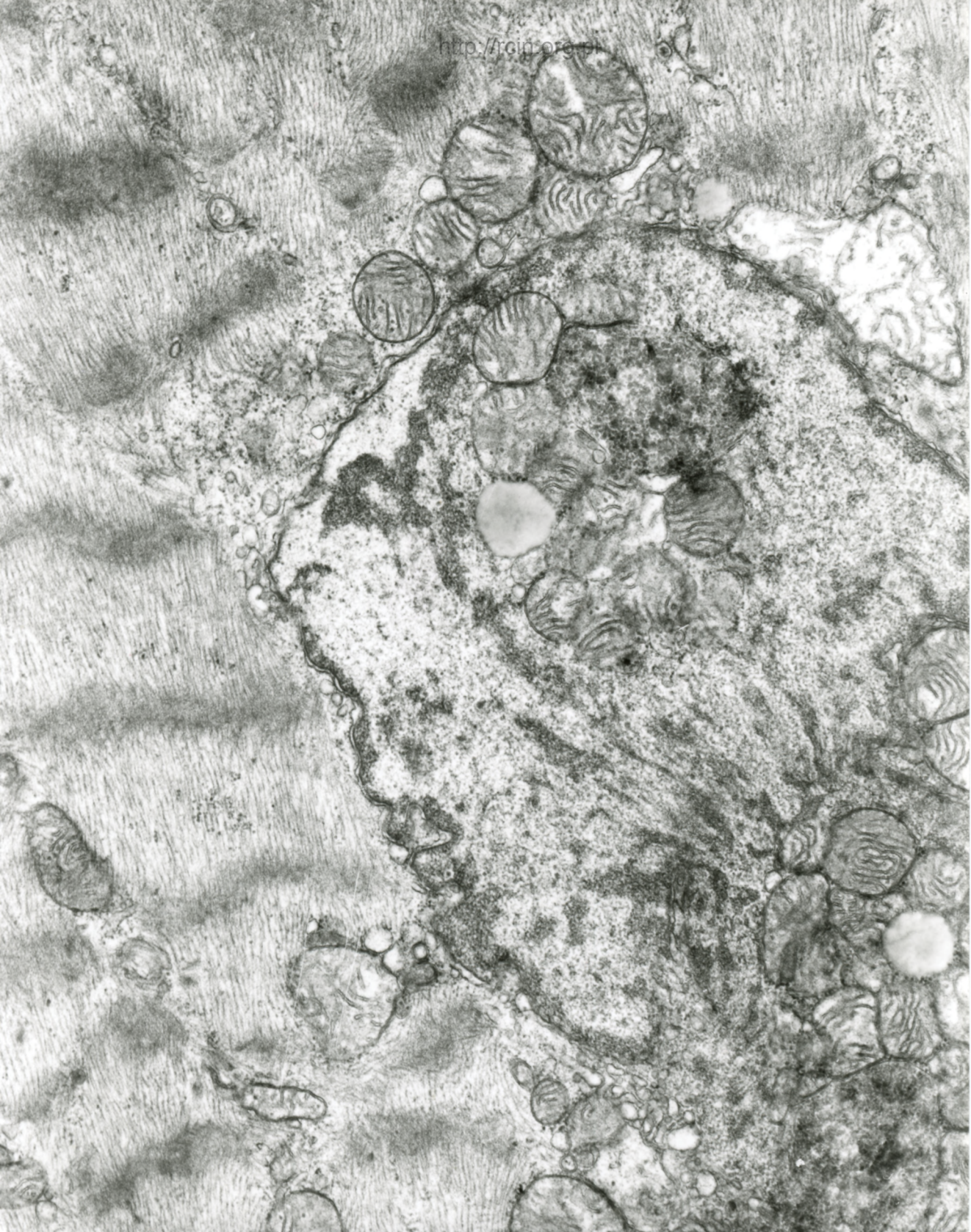


Fig. 6



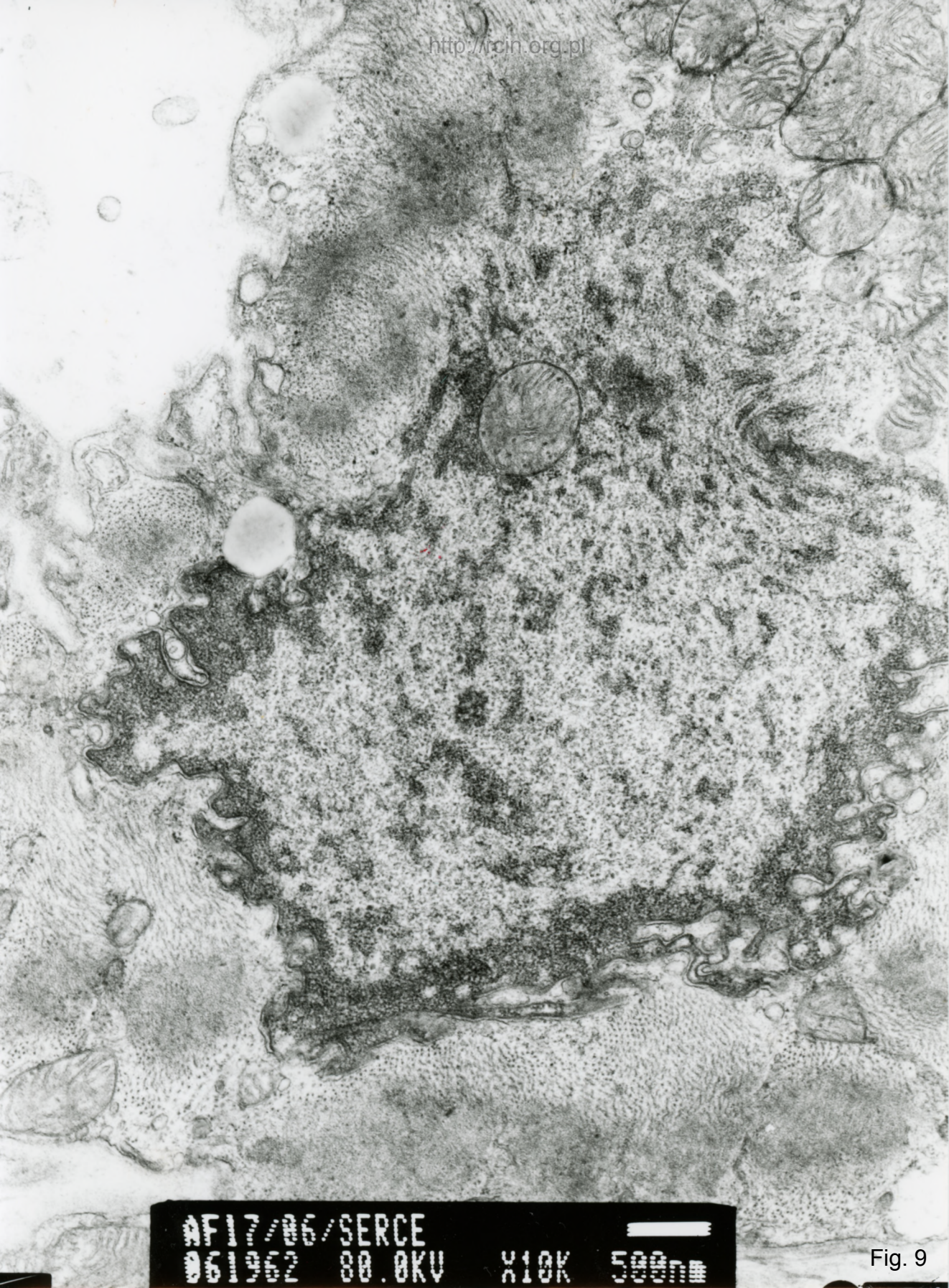
AF 17/06/SERCS
062152 80.0KV X5000

Fig. 7



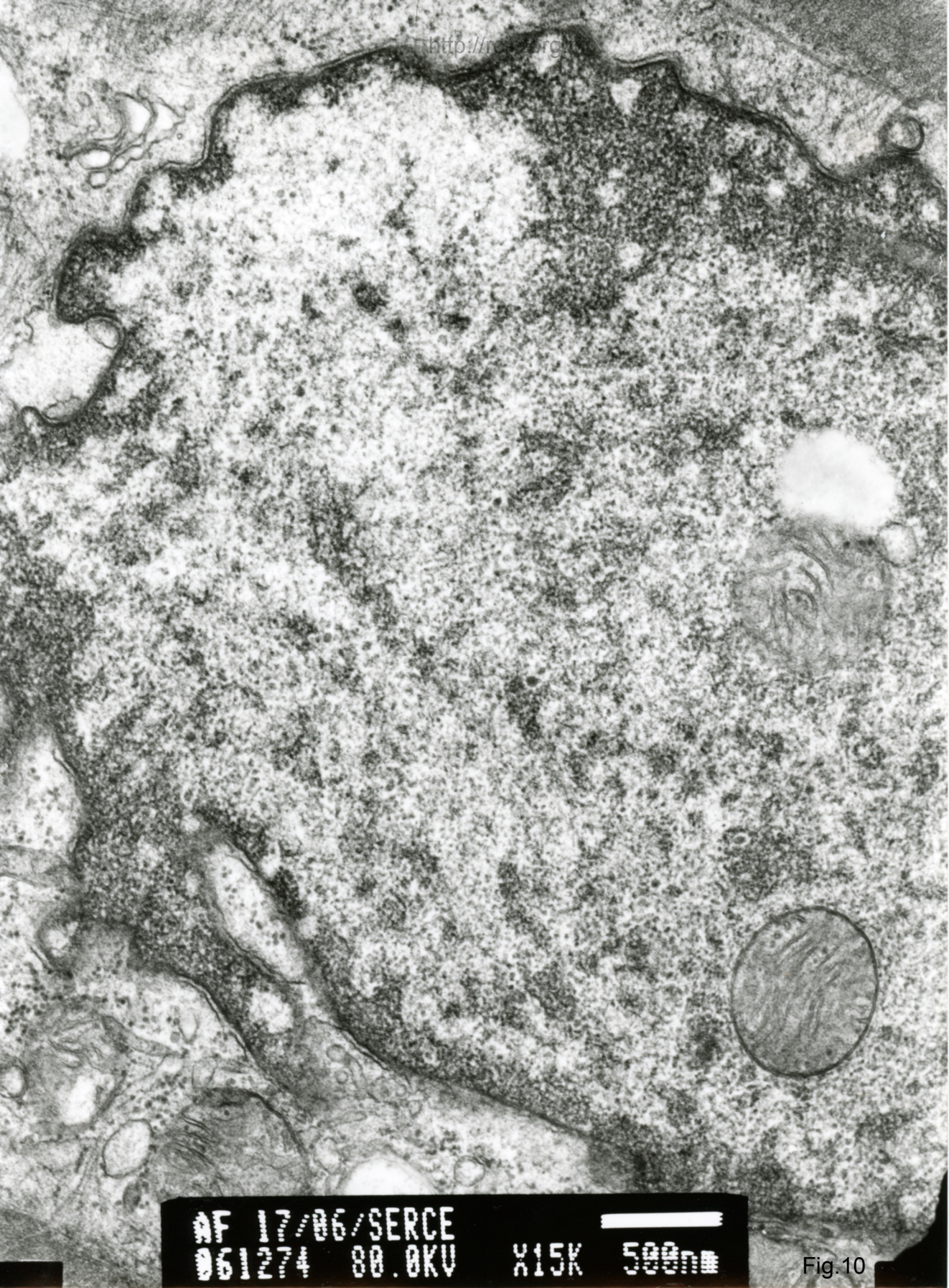
AF 17/06/SERCE
061276 80.0KV X10K 500nm

Fig. 8



AF17/06/SERCE
061962 80.0KV X10K 500nm

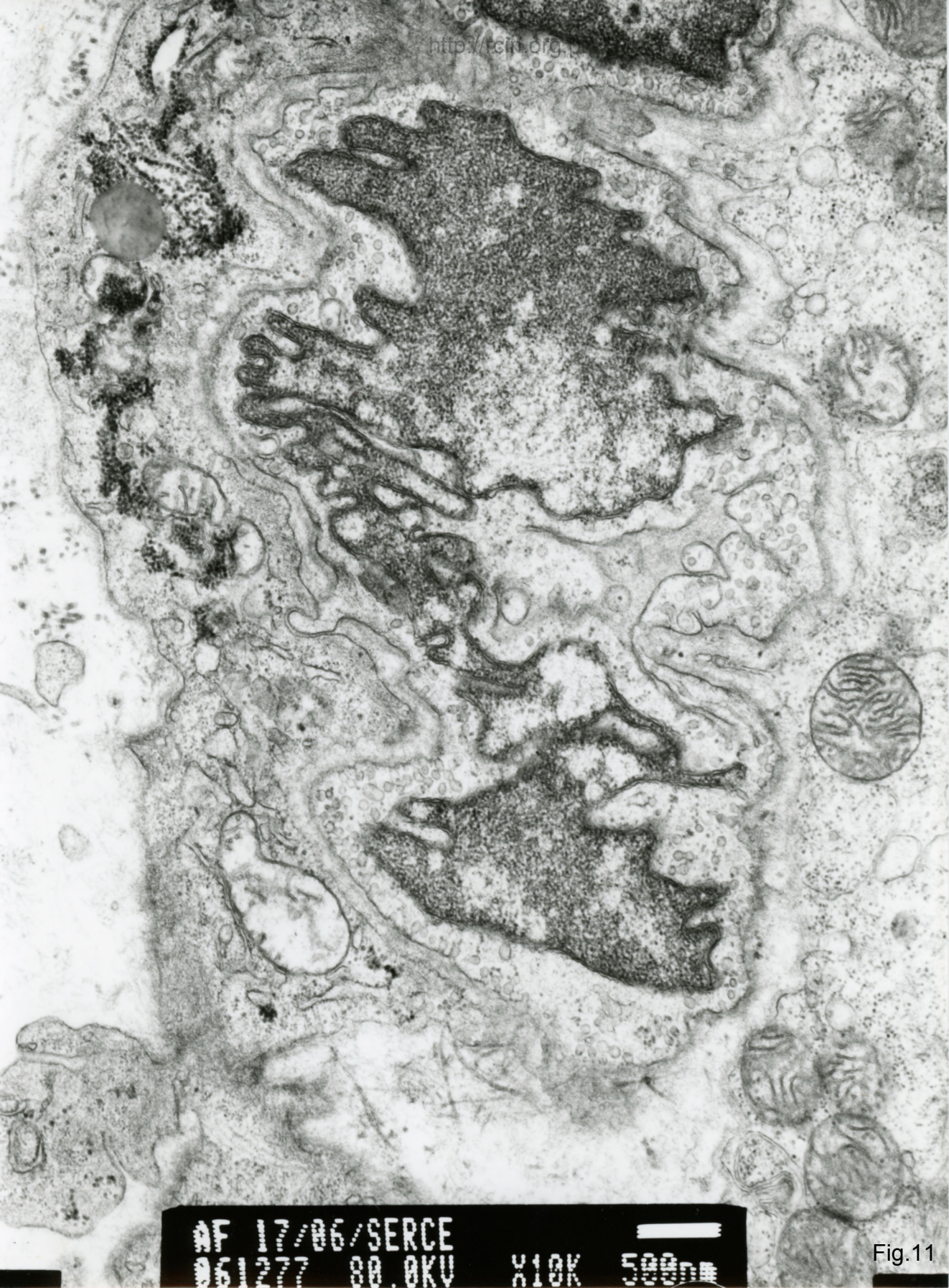
Fig. 9



<http://ncs.org>

AF 17/06/SERCE
061274 80.0KV X15K 500nm

Fig.10



AF 17/06/SERCE
061277 80.0KV X10K 500nm

Fig.11

17/06

1. 26

Podjęcie zapalenia mięśnia sercowego

Analiza ultrastrukturalna wykazała zmiany w większości kardiomiocytów. Obserwowana dezorganizację aparatu kurczliwego i cechy miocytolizy (Fig. 1,2,3). W sarkoplazmie występowały wakuole (Fig.4), w których niekiedy obecne były mitochondria (Fig. 5). Jądra kardiomiocytów charakteryzowały się nieregularnym kształtem (Fig.6,7). Otoczki jądrowe ogniskowo były przerwane (Fig. 8,9,10). W przestrzeni zewnątrzkomórkowej obecne były naczynia kapilarne. Śródbłonek niektórych z nich wykazywał cechy hipertrofii (Fig. 11).

Suspected myocarditis

Electron microscopy analysis revealed ultrastructural changes in the most of cardiomyocytes. Contractile apparatus disorganization and features of myocytolysis were observed (Figs. 1,2,3). Vacuoles were seen in the sarcoplasm (Fig. 4) and sometimes mitochondria were inside the vacuole (Fig. 5). Cardiomyocyte nuclei were characterized by irregular shape (Figs.6,7). The nuclear envelopes were focally broken (Figs. 8,9,10). Capillaries were present in the extracellular space. Some of them were characterized by hypertrophic endothelium (Fig. 11).