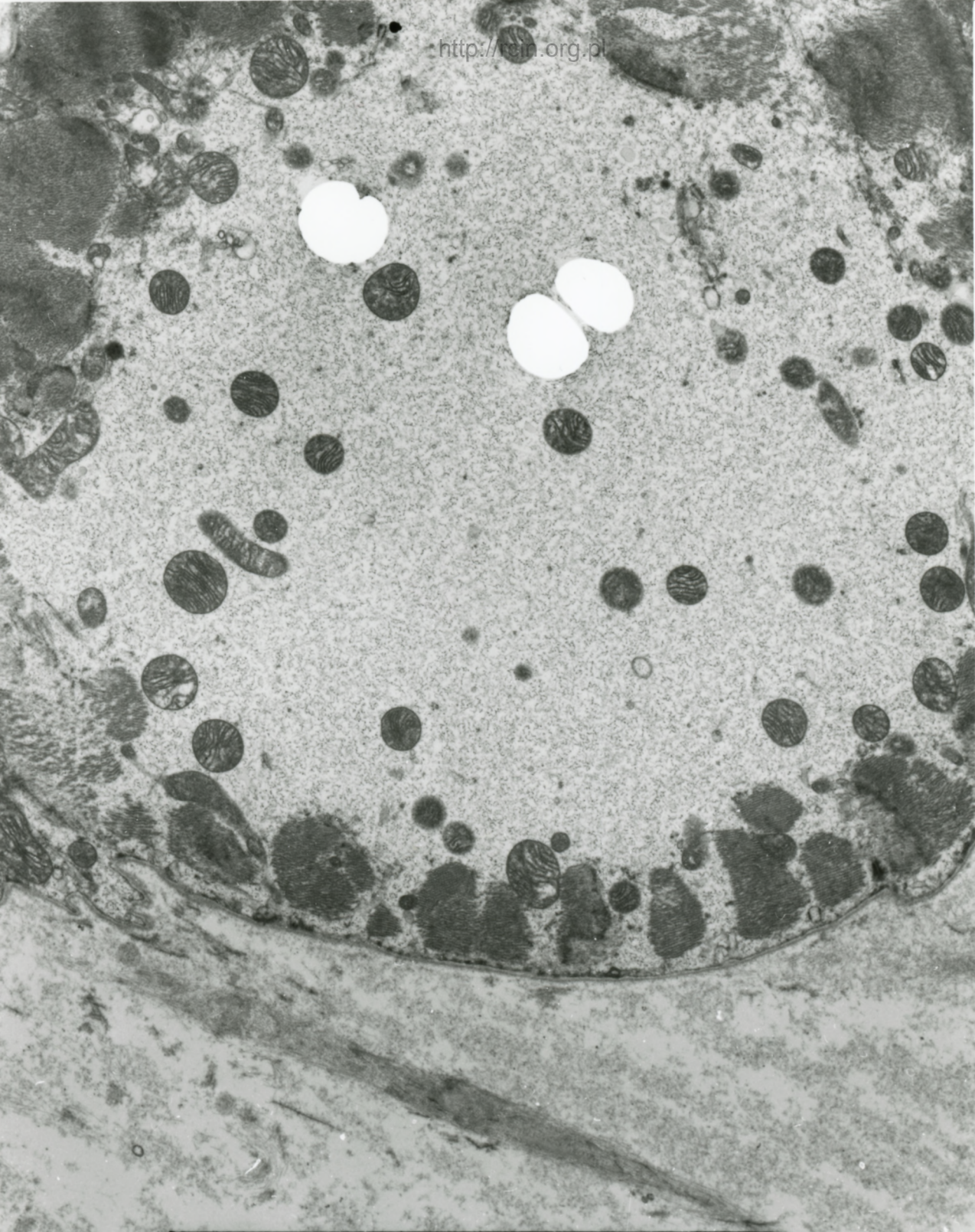


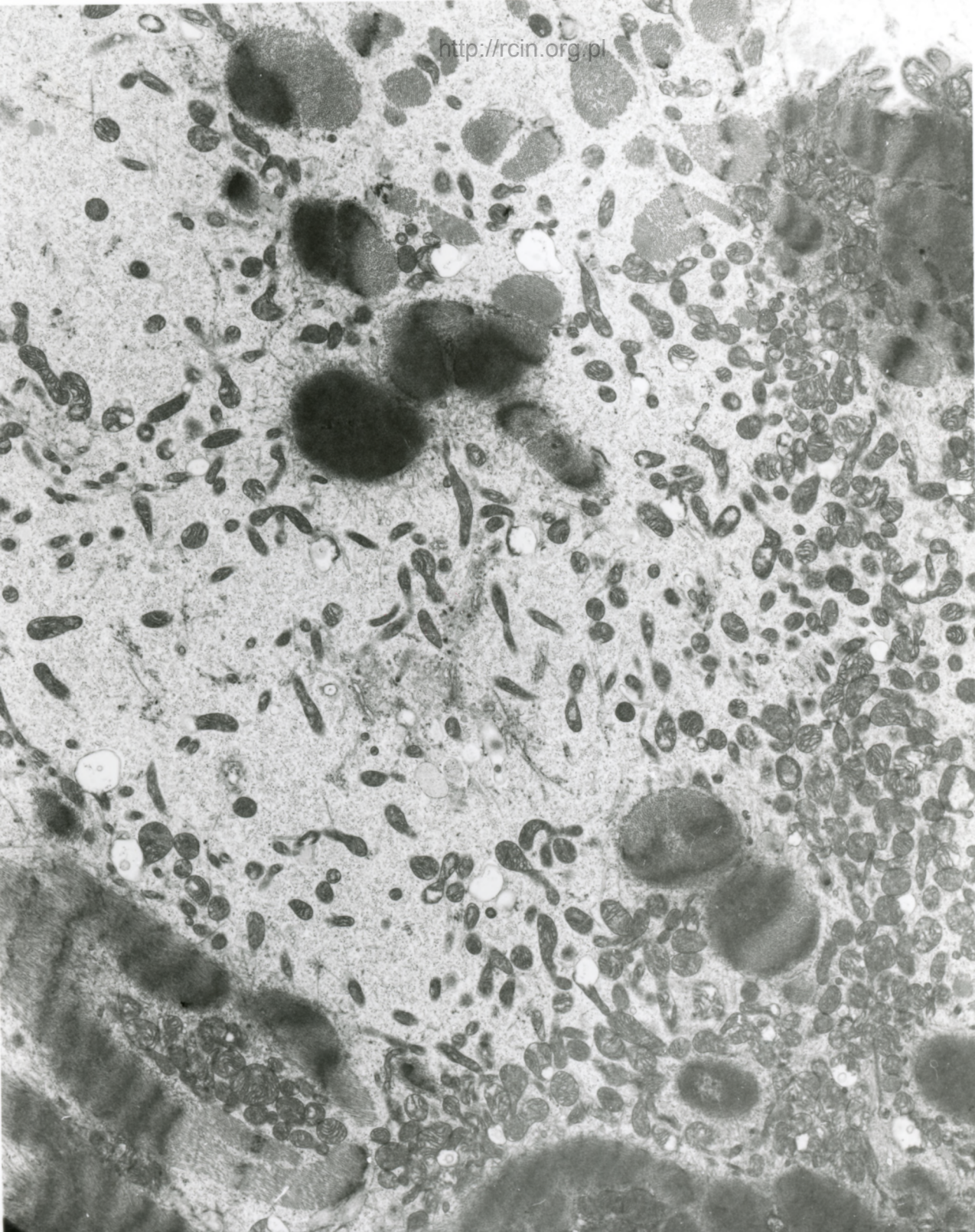
AF 74/88/  
091965 80 AKU X2500 24

Fig. 1



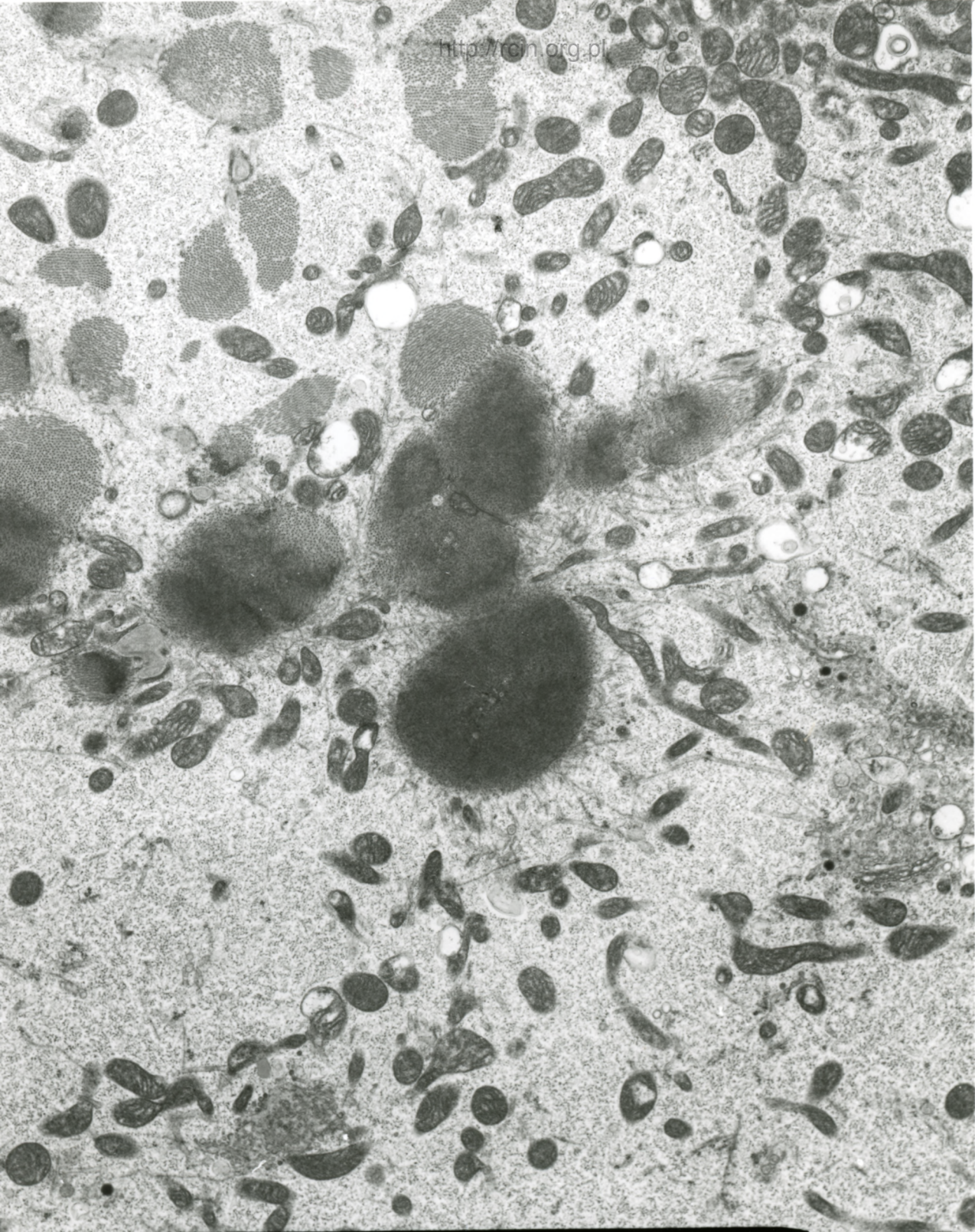
AF 74/09  
091073 80.0KV X4000 2µm

Fig. 2



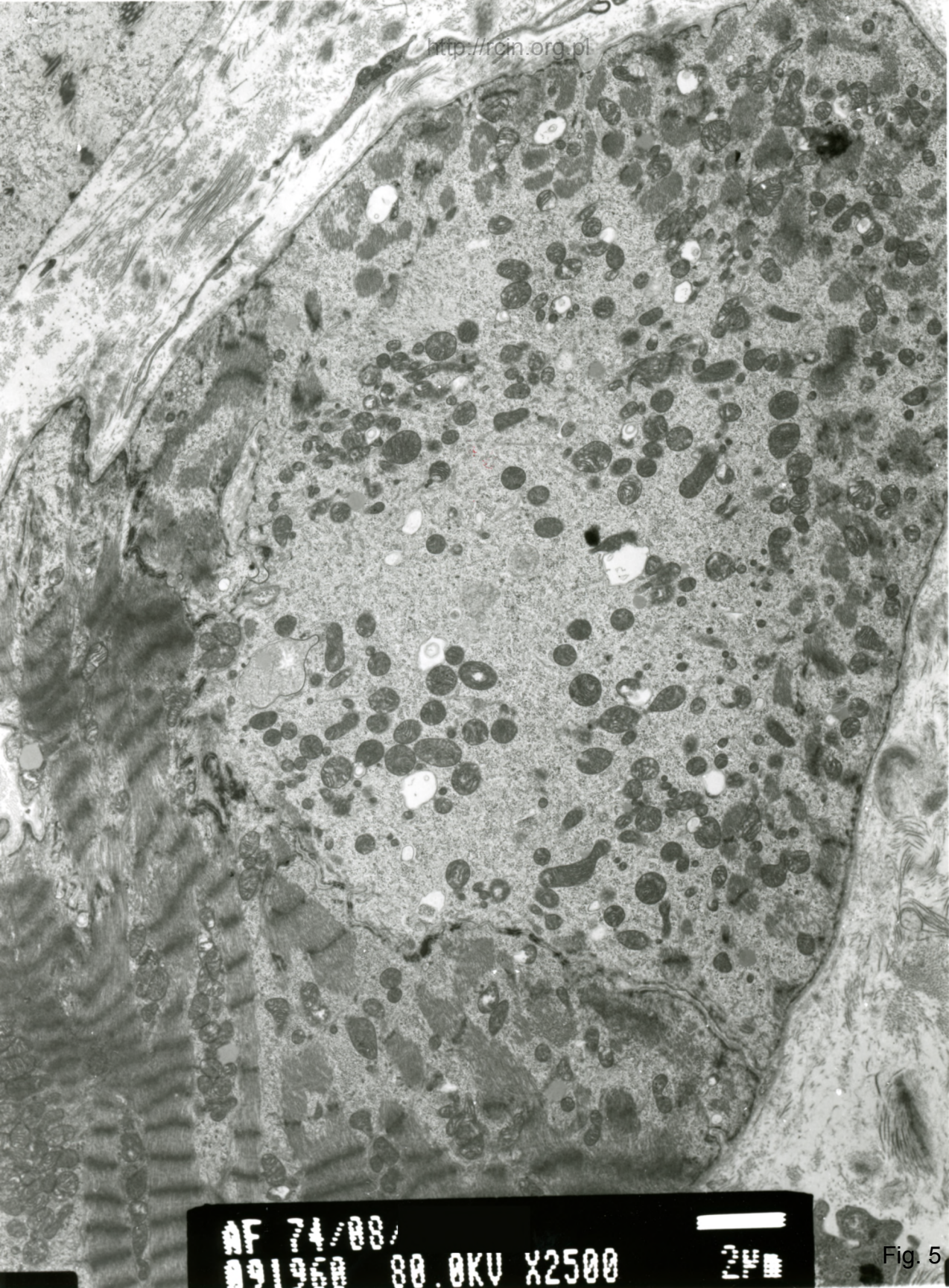
NF 74/89/  
091872 80.0KV X2500 2µm

Fig. 3



NF 74/09/  
091000 80.0KV X4000 24

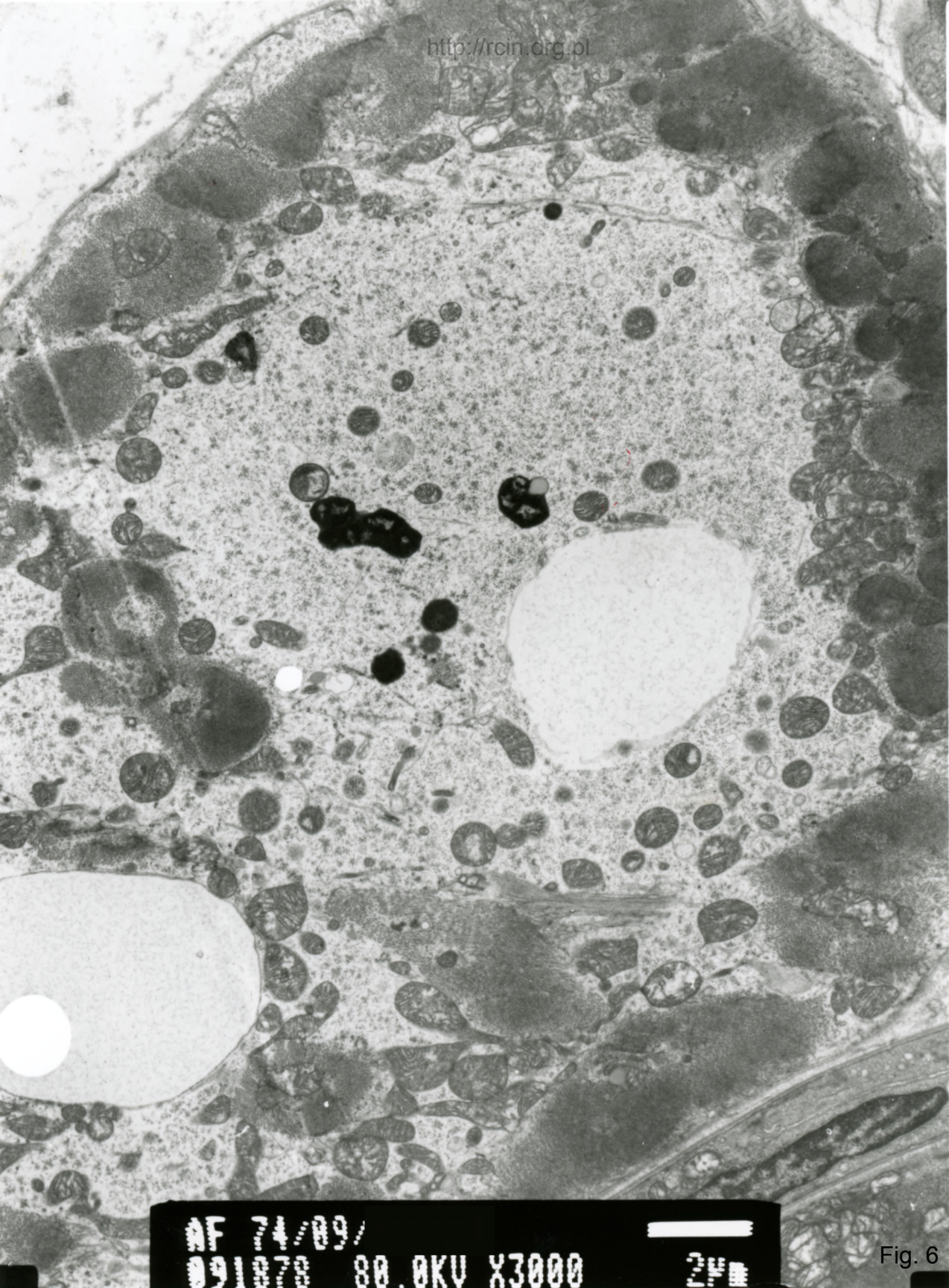
Fig. 4



AF 74/88/  
091960 80.0KV X2500

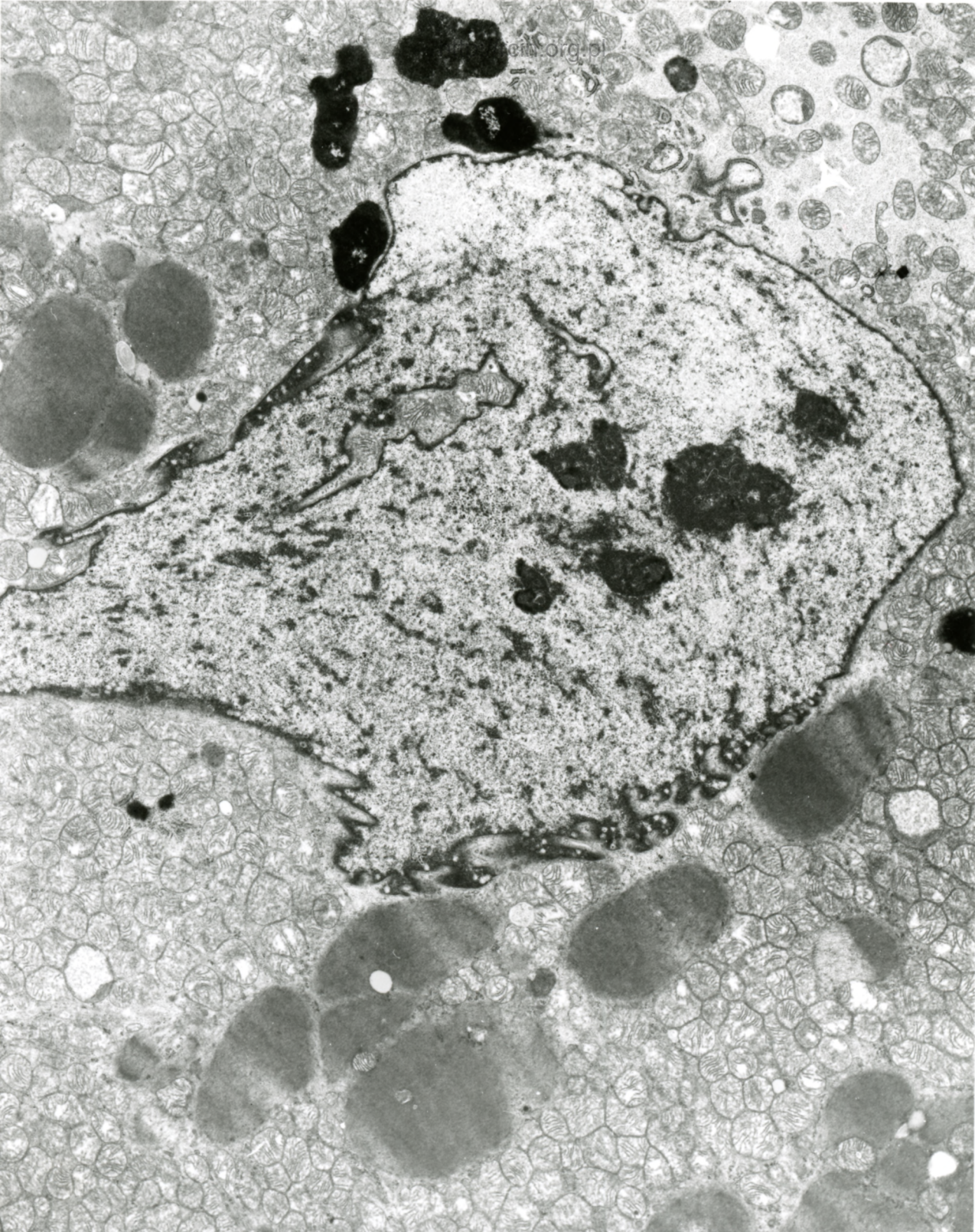
2µm

Fig. 5



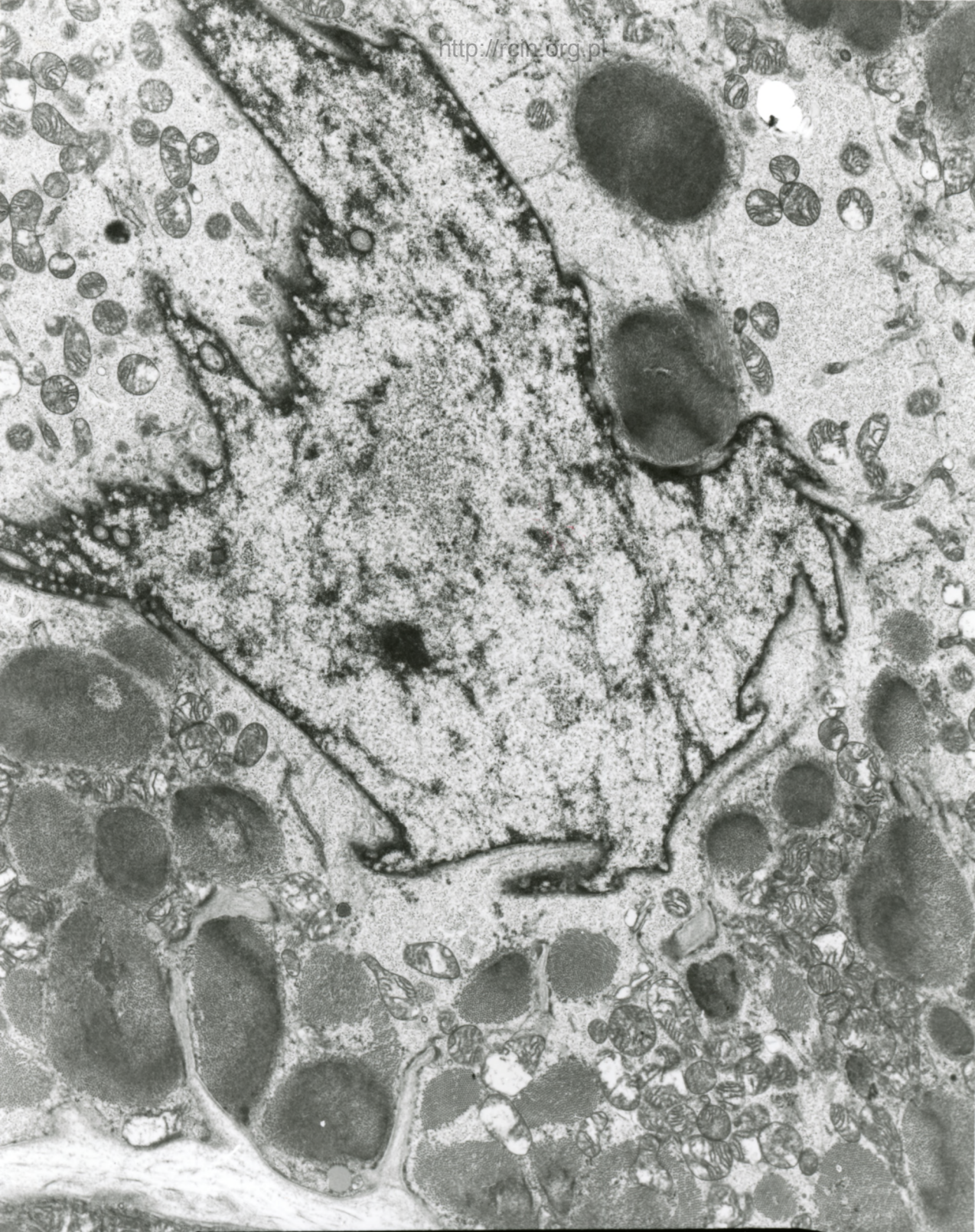
AF 74/89/  
091070 80.0KV X3000 2µm

Fig. 6



AF 74/09/  
091077 RR OKU X2500 240

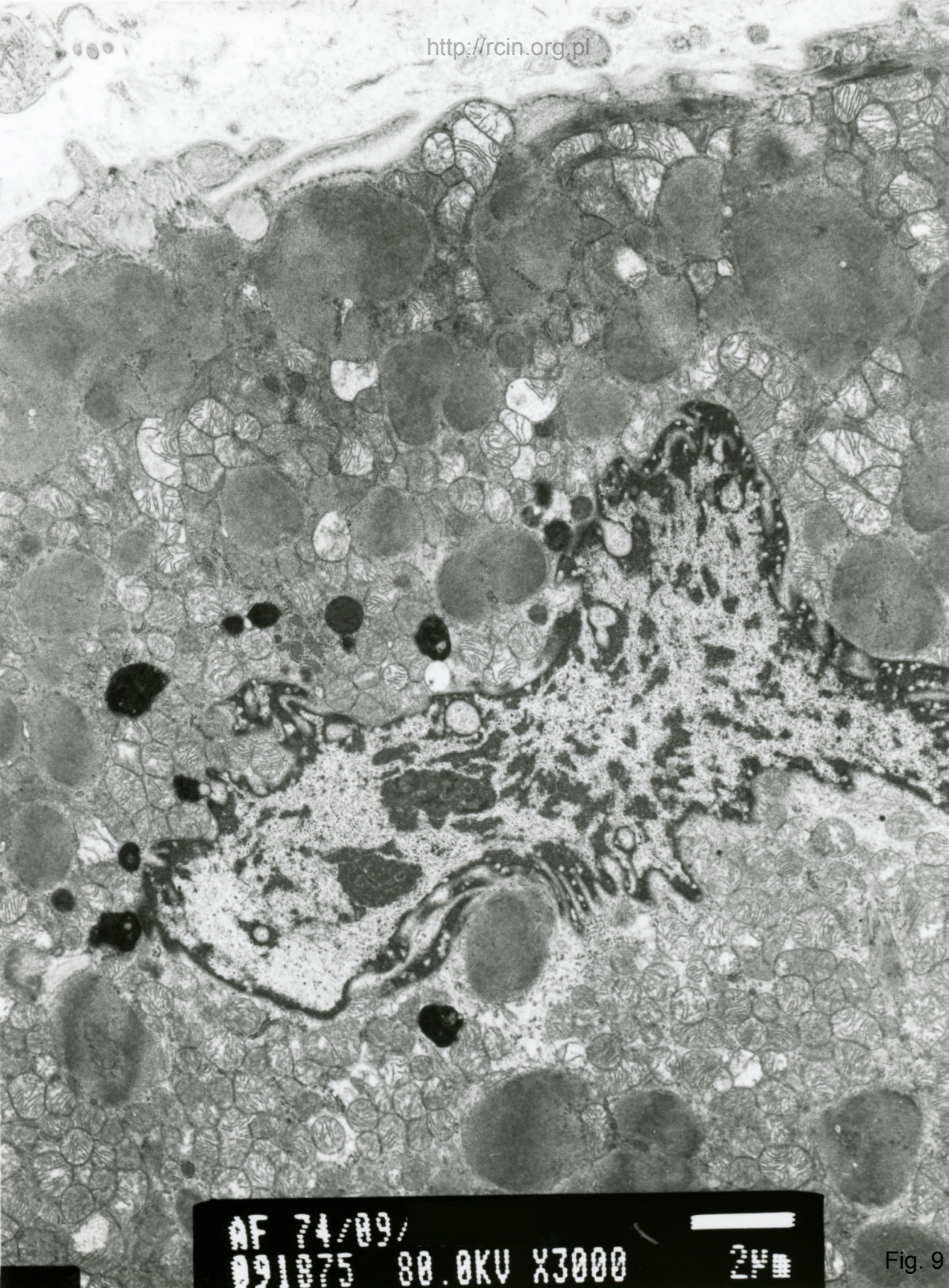
Fig. 7



AF 74/89/  
091074 80.0KV X3000 24

Fig. 8



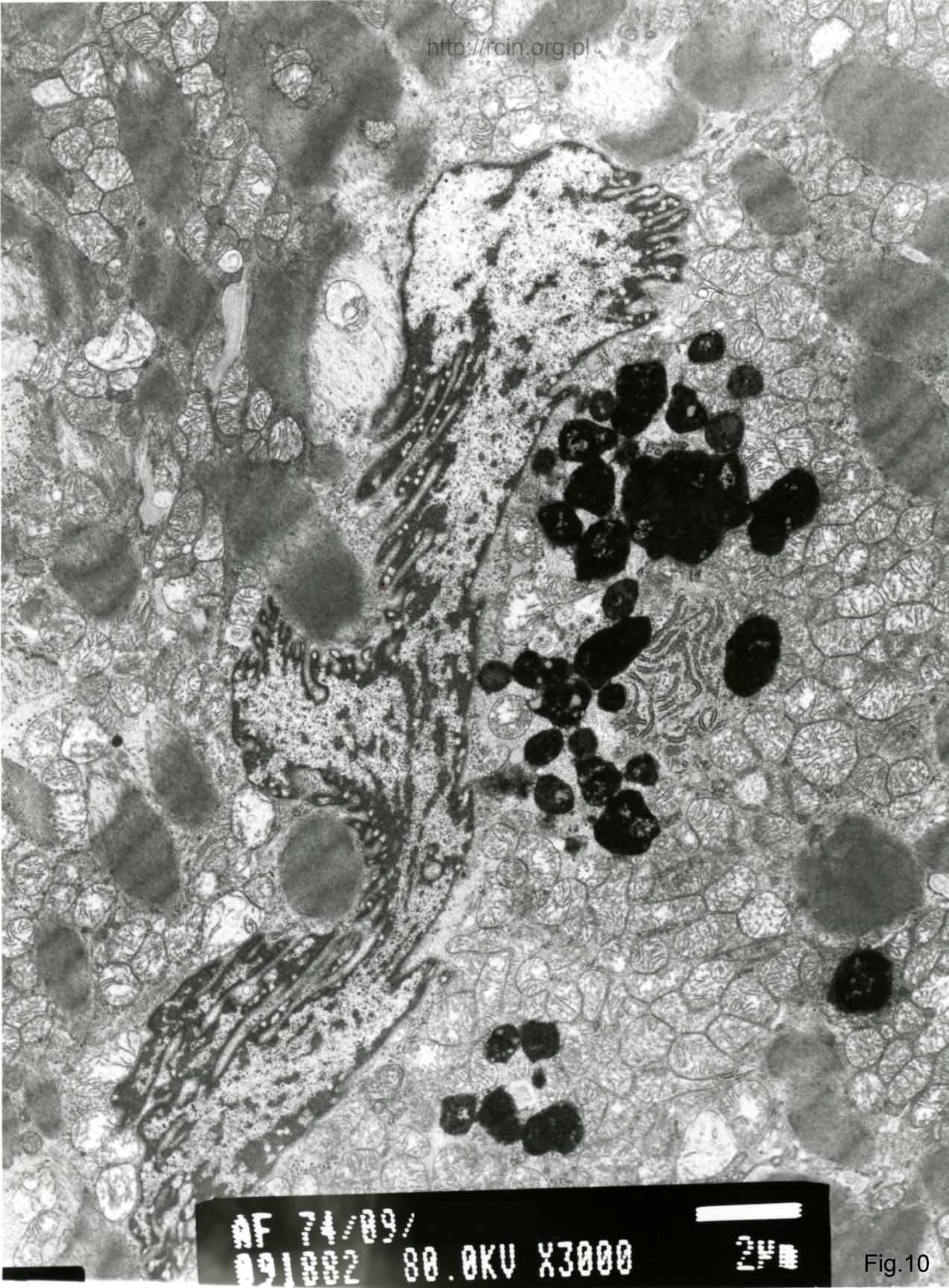


AF 74/89/

091075 80.0KV X3000

24

Fig. 9



AF 74/09/  
091002 80.0KV X3000 2µm

Fig.10

74/09

1. 45

#### Kardiomiopatia o nieustalonej etiologii

Analiza ultrastrukturalna wykazała dezorganizację sarkomerów i cechy miocytolizy kardiomiocytów (Fig. 1-6). Mitochondria w takich komórkach były zmienione ultrastrukturalnie, posiadały ciemną elektronowo macierz. Jądra kardiomiocytów posiadały nieregularny kształt i liczne wgłobienia w otoczce, która czasami była ogniskowo przerwana (Fig. 7-10).

#### Cardiomyopathy of unknown etiology

Electron microscopy analysis revealed sarcomere disorganization and features of myocytolysis in cardiomyocytes (Figs. 1-6). Mitochondria in such cells were ultrastructurally altered and had dark mitochondrial matrix. Cardiomyocyte nuclei were characterized by an altered, irregular shape and numerous invaginations in the envelope, which in some cases was focally ruptured (Figs. 7-10).