

IMMUNOHISTOCHEMISTRY, FOLLICLE STIMULATING HORMONE (FSH)

IHC MARKER	RESULT
FSH	

SLIDE NO:

SPECIMEN:

CLINICAL HISTORY:

GROSS:

IMPRESSION:

ADVISED:

INTERPRETATION

RESULT	SCORE
Non immunoreactive	0
Immunoreactive in 1-25% cells	1+
Immunoreactive in 26-50% cells	2+
Immunoreactive in 51-75% cells	3+
Immunoreactive in 76-100% cells	4+

COMMENTS

FSH is secreted by gonadotrophs in the Anterior Pituitary. Gonadotroph (FSH & LH) secreting adenomas constitute 18% of all pituitary adenomas. Unlike other secreting tumors Gonadotroph adenomas do not usually cause a clinical syndrome related to hormone overproduction. IHC is therefore necessary for the diagnosis of these tumors which demonstrate varying degrees of reactivity for beta subunit of FSH & LH and alpha subunit or combinations of the three hormones in many adenomas. Beta FSH immunoreactive tumors are more common as compared with other Gonadotropin secreting adenomas.

NOTE:

1. Detection system used is Polymer HRP
2. The impression is based on the material submitted and is not a complete surgical pathology report.
3. False negative IHC results due to inadequate fixation of the material sent for evaluation cannot be excluded.

FIXATION REQUIREMENTS

- A. The volume of formalin fixative should be at least 10 times the volume of the specimen.
- B. Decalcification solutions with strong acids should not be used.
- C. Specimens should be immersed in fixative within 1 hour of the biopsy / resection procedure (time of removal & time of immersion to be mentioned)
- D. In all resection (large) specimens, the tumour must be bisected prior to immersion in fixative.