

IMMUNOHISTOCHEMISTRY, SERUM AMYLOID ASSOCIATED (SAA) PROTEIN

IHC MARKER	RESULT
Serum Amyloid Associated (SAA) Protein	

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

SAA: Amyloid A (AA) Amyloidosis is the most common form of Systemic Amyloidosis worldwide. It is characterized by extracellular tissue deposition of fibrils that are composed of fragments of Serum Amyloid A (SAA) protein, a major acute phase reactant produced predominantly by Hepatocytes. It usually occurs in the course of chronic inflammatory disease of infectious (eg. TB) or non-infectious etiology, Hereditary periodic fevers, Hodgkins disease and Renal cell carcinoma. In AA Amyloidosis the major sites of involvement are kidney, liver & spleen. The disease becomes clinically overt when renal damage occurs manifesting as proteinuria, Nephrotic syndrome or derangement in renal function.

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 atleast 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.

Common interpretation not to appear in ER, PR, HER-2 neu, EGFR, Ki 67, p53, C4d, BK Polyoma , CMV