

NTP Nonneoplastic Lesion Atlas

Pancreatic Islet – Angiectasis

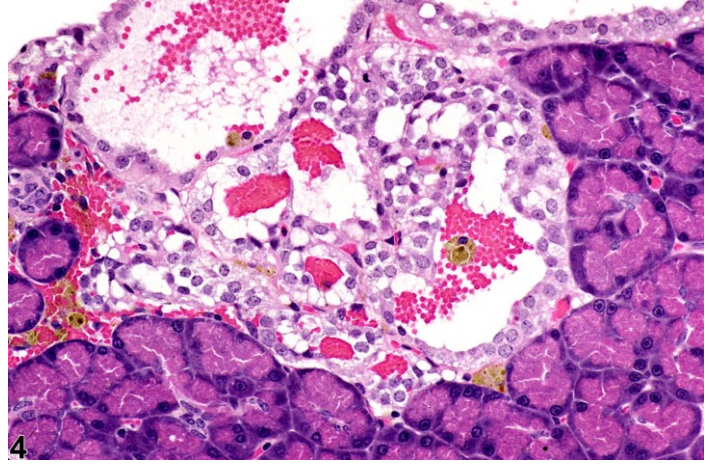
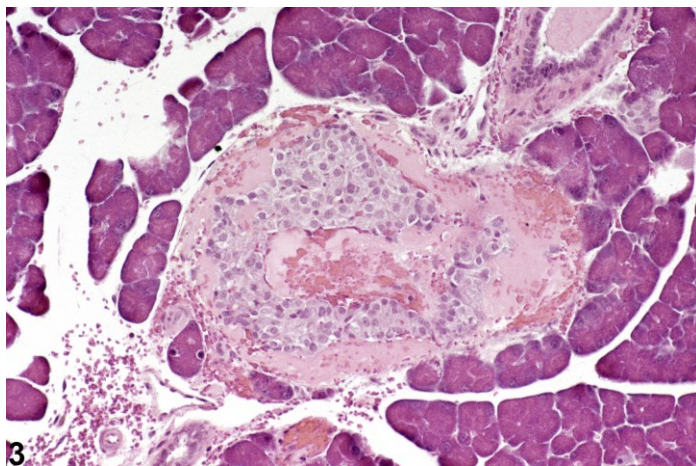
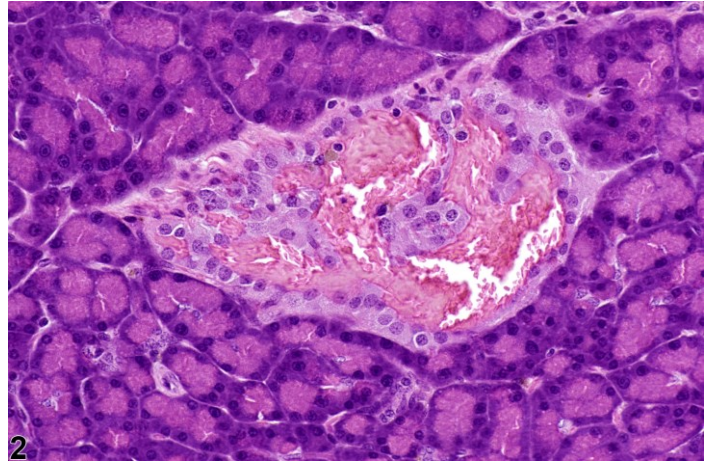
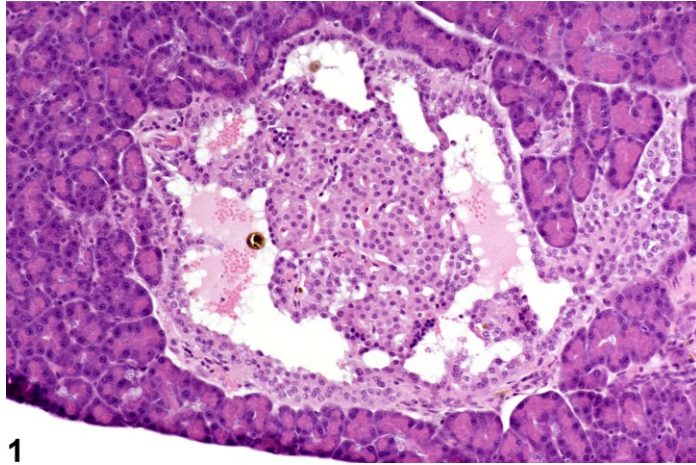
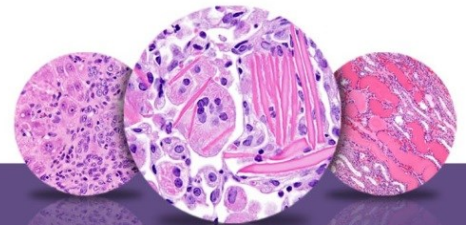


Figure Legend: **Figure 1** Pancreatic islet - angiectasis. Irregularly dilated spaces in this islet contain plasma and erythrocytes in a male F344/N rat from a chronic study. **Figure 2** Pancreatic islet - angiectasis. Dilated spaces in this islet contain erythrocytes in a male F344/N from a chronic study. **Figure 3** Pancreatic islet - angiectasis. Dilated vascular channels in this islet contain erythrocytes in a male B6C3F1 mouse from a subchronic study. **Figure 4** Pancreatic islet - angiectasis. Dilated vascular channels in this islet contain erythrocytes and some hemosiderin pigment in a male F344/N rat from a chronic study.

Comment: Angiectasis typically involves irregular dilated spaces that contain erythrocytes and/or plasma with a negligible endothelial cell lining. This is a spontaneous change with no known association with, or exacerbation by, treatment. Typically only one affected islet is seen in a section. There may also be hemosiderin pigment along with erythrocytes (Figure 4).



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Recommendation: When present, this change should be diagnosed and graded. A severity grade will most often be minimal if the angiectasis is not widespread. If angiectasis or related changes are observed in other tissues, a comment to this effect should be added to the pathology narrative. If hemosiderin is present, a concurrent diagnosis of pigment is not necessary.

Reference:

Boorman GA, Sills RC. 1999. Exocrine and endocrine pancreas. In: Pathology of the Mouse: Reference and Atlas (Maronpot RR, Boorman GA, Gaul BW, eds). Cache River Press, Vienna, IL, 185-206.
Abstract: <http://www.cacheriverpress.com/books/pathmouse.htm>

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