With central amyloid cores (inset in E). In the cerebral amyloid angiopathy, there are frequent diffuse inflammation with mural invasion (blue arrow). (D) Increased numbers of CD3 immunoreactive T lymphocytes also present close to the cerebral amyloid angiopathy. (E) In the neocortex, in addition to concentric cerebral amyloid angiopathy, there are frequent diffuse parenchymal deposits and occasional plaques with central amyloid cores (inset in E). (F) Immunostaining for hyperphosphorylated tau (AT8) shows a dense meshwork of neurit threads (white circle), frequent pre-tangles (black circle) and occasional tangles in the neocortex, suggesting Alzheimer’s type neuropathology. Scale bar: (A–F) 130 μm; inset in E: 110 μm. (see Nasir M, et al. page 230).

Cover image: (A) Brain biopsy. H&E-stained section showing widespread concentric eosinophilic wall thickening of the leptomeningeal (red arrow) and cortical blood vessels, surrounded by lympho-histiocytic inflammation with mural invasion (blue arrow). (B) Immunostaining for amyloid-β confirms widespread, severe leptomeningeal and cortical cerebral amyloid angiopathy. (C) CD68 immunostaining shows accentuated macrophages concentrically surrounding and invading the walls of the blood vessels with cerebral amyloid angiopathy. (D) Increased numbers of CD3 immunoreactive T lymphocytes also present close to the cerebral amyloid angiopathy. (E) In the neocortex, in addition to concentric cerebral amyloid angiopathy, there are frequent diffuse parenchymal deposits and occasional plaques with central amyloid cores (inset in E). (F) Immunostaining for hyperphosphorylated tau (AT8) shows a dense meshwork of neurit threads (white circle), frequent pre-tangles (black circle) and occasional tangles in the neocortex, suggesting Alzheimer’s type neuropathology. Scale bar: (A–F) 130 μm; inset in E: 110 μm. (see Nasir M, et al. page 230).

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