with central amyloid cores (inset in E).

parenchymal deposits and occasional plaques
amyloid angiopathy, there are frequent diffuse
neocortex, in addition to concentric cerebral
cerebral amyloid angiopathy. (E) In the
T lymphocytes also present close to the
(D) Increased numbers of CD3 immunoreactive
macrophages concentrically surrounding and
CD68 immunostaining shows accentuated
invading the walls of the blood vessels with
(C) β arrow). (B) Immunostaining for amyloid-
vessels, surrounded by lympho-histiocytic
leptomeningeal (red arrow) and cortical blood
section showing widespread concentric

β arrow). (A) Brain biopsy. H&E-stained
neocortex, suggesting Alzheimer’s type
(t=1230 μm; inset in E: 110 μm. (see Nasir M, et al. page 230).

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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 neuropil
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
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