

previous methods. Both DNA and RNA can be demonstrated by the gallocyanin–chrome alum method; the method does not separate the two nucleic acids and suitable extraction techniques must be used. The definitive, most sensitive technique for identifying DNA is that of in situ hybridization (see Chapter 26).

Feulgen reaction

The method of Feulgen and Rossenbeck (1924) is the standard technique for demonstrating deoxyribose. Mild acid hydrolysis, employing 1 M hydrochloric acid at 60°C, is used to break the purine–deoxyribose bond; the resulting 'exposed' aldehydes are then demonstrated by the use of Schiff's reagent. Elements containing DNA are stained a red–purple color. The ribose–purine bond is unaffected by the hydrolysis and RNA is not demonstrated (Fig. 13.4).

The hydrolysis is the critical part of the method; an increasingly stronger reaction is obtained as the hydrolysis time is increased until the optimum is reached. Beyond this the reaction becomes weaker, and if the hydrolysis is continued the reaction may fail completely. An important consideration in selecting the correct hydrolysis time is the fixative used. Bouin's fixative is not suitable as it causes over-hydrolysis of the nucleic acid during fixation. Bauer (1932) discussed the times of hydrolysis for various fixatives; some of these are reproduced in Table 13.1.

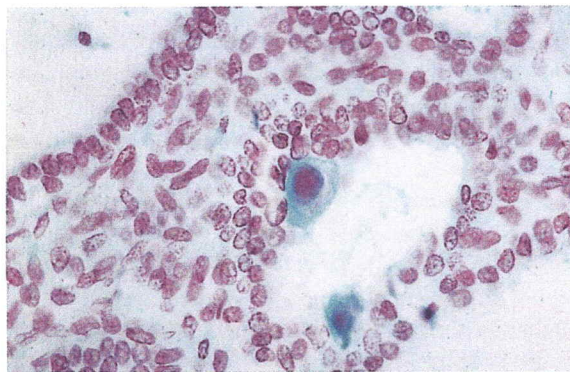


Fig. 13.4 Nuclear cytomegalovirus inclusion bodies magenta but smaller in size. Feulgen technique with light green counterstain.

Table 13.1 Hydrolysis in 1 M HCl at 60°C

Fixative

Bouin
Carnoy 6.3.1
Chrome acetic
Flemming
Formaldehyde vapour
Formalin
Formal sublimate
Helly
Newcomer
Regaud
Regaud sublimate
Susa
Zenker
Zenker formal

Feulgen nuclear reaction (Feulgen & Rossenbeck 1924)

Fixation

Not critical but not Bouin's

Solutions

- 1 M hydrochloric acid
Hydrochloric acid (cc)
Distilled water
- Schiff reagent
(See p. 171).
- Bisulfite solution
10% potassium metabisulfite
1 M hydrochloric acid
Distilled water

Method

1. Bring all sections to room temperature.
2. Rinse sections in 1 M HCl.
3. Place sections in Schiff's reagent (see Table 13.1).
4. Rinse in 1 M HCl at room temperature.
5. Transfer sections to bisulfite solution.
6. Rinse sections in bisulfite solution.
7. Repeat wash in bisulfite solution.
8. Repeat wash in bisulfite solution.
9. Rinse well in distilled water.

2. Proteolytic digestion is necessary and is best achieved by using 0.1% protease type XXIV (Sigma) for 45 minutes.
3. Non-immune serum is essential, especially when polyclonal antibodies are employed.
4. Polyclonal antibodies, as described in Table 21.2, are used at high dilutions for 60 minutes followed by swine anti-rabbit peroxidase-labeled secondary antibody for 25 minutes. A high-quality DAB is employed as the chromogen (Dakocytomation DAB+).

An alternative protocol was published by Boyd SM and Ronan JE (Dakofacts Vol. 8. No. 1) using trypsin digestion with Envision reagents.

Immunoperoxidase formalin-fixed paraffin-embedded skin biopsies

Reports suggest (W. 1981) that this technique is more reliable than other immunoperoxidase methods. However, it must be noted that immunoperoxidase is a very capricious method and is not as reliable as other methods employed today. Direct immunoperoxidase is generally preferred as it is more specific, compared with avidin-biotin complex labeling of non-specific peroxidase complement in the various immunoperoxidase methods (communication) has, at the present time, been successful in a number of cases and is very reliable.

Protocol outline

1. Fix for 3–24 hours in 10% formalin, wash in saline, 10% neutral phosphate buffered saline, process to paraffin wax.
2. Cut sections at 3–4 µm, stain with hematoxylin and dry overnight at 60°C.
3. Treat sections with 0.1% trypsin in Tris-buffered saline, pH 7.5, for 30 minutes.
4. Minimize non-specific binding by pre-treatment with 10% casein solution for 30 minutes.
5. Incubate sections in primary antibody solution as shown in Table 21.3 for 60 minutes.
6. Treat sections with Dakocytomation (DAB) reagent for 30 minutes.
7. Visualise with DAB for 30 minutes.

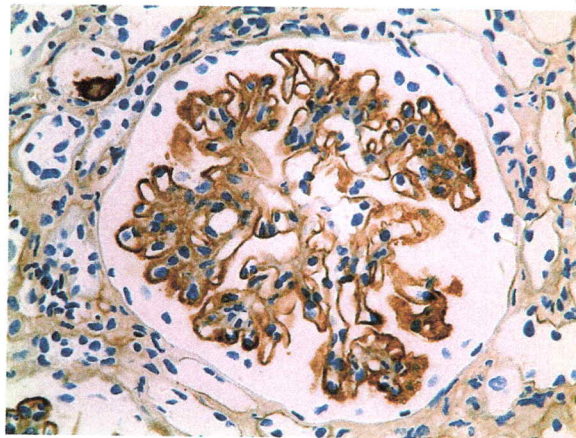


Fig. 21.19 Demonstration of IgG membranous nephropathy in a formalin-fixed paraffin-embedded renal biopsy.

Table 21.2 Immunocomplexes in renal biopsies

Antibody	Species	Supplier	Dilution
IgA	Rabbit	Dakocytomation	1/20000
IgM	Rabbit	Dakocytomation	1/500
IgG	Rabbit	Dakocytomation	1/20000
C3c	Rabbit	Dakocytomation	1/800
Clq	Rabbit	Dakocytomation	1/400
Fibrinogen	Rabbit	Dakocytomation	1/30000
Kappa	Rabbit	Dakocytomation	1/20000

Alzheimer's disease
Gross et al 1968,
National Institute on
Aging on Diagnos-
tic Assessment of
Alzheimer's Disease
of tangles and
neurofibrillary
immunohisto-
chemistry in
junction with

more difficult to identify in routine H&E-stained sections. Lewy neurites, which are abnormal neuronal processes that occur in gray matter in several locations in the brain in the Lewy body disorders, are also a prominent feature in the Lewy body variant of Alzheimer's disease. α -Synuclein antibodies are useful in demonstrating neocortical Lewy bodies and Lewy neurites (Irizarry et al 1998) (Fig. 23.13).

Frontotemporal degenerations

This is a heterogeneous group of disorders that share the clinical features of prominent language and personality manifestations (McKhann et al 2001). They have a variety of pathological lesions, but most have selective neuron loss and atrophy in the frontal and temporal lobes, and ballooned neurons in the cerebral cortex. Many fall under the heading of so-called 'tauopathies', due to the primary involvement by tau pathology or mutations in the tau gene on chromosome 17 (Spillantini et al 1998). Immunohistochemistry has played a pivotal role in their identification and differentiation.

Huntington's disease

Huntington's disease is a rare genetic disorder that is inherited in an autosomal dominant pattern. The under-

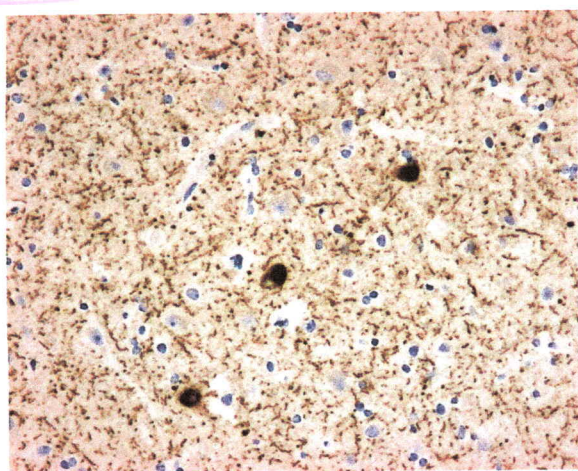


Fig. 23.13 Section of cerebral cortex in Lewy body variant of Alzheimer's disease. A monoclonal antibody to human α -synuclein demonstrates occasional Lewy bodies (larger, rounded structures) within cortical neurons, as well as a dense feltwork of fine thread-like processes of neurons, termed 'Lewy neurites'.

the accumula-
tion of
Lewy bodies. The
Lewy body
variant of
Alzheimer's disease is
characterized by
loss of neurons
and presence
of pigmented
neurons in
Lewy bodies, round,
surrounded by a pale
of α -synuclein
Lopez-Tortosa
protein that may
mutations in the
familial Parkin-
son's disease
nuclein in the
Lewy, particularly
have provided a
basis for
of Parkinson's

clinical features of
Alzheimer's disease
McKeith et al
term for the
Lewy body variant
of Alzheimer's disease and
pathology is 'Lewy
body variant' (McKeith
et al 1990).
Regional distribution
of disease, but neo-
logically present in
Alzheimer's disease, the
loss and gross
atrophy of
many surviving
neurons

in stem, corti-
cal are therefore

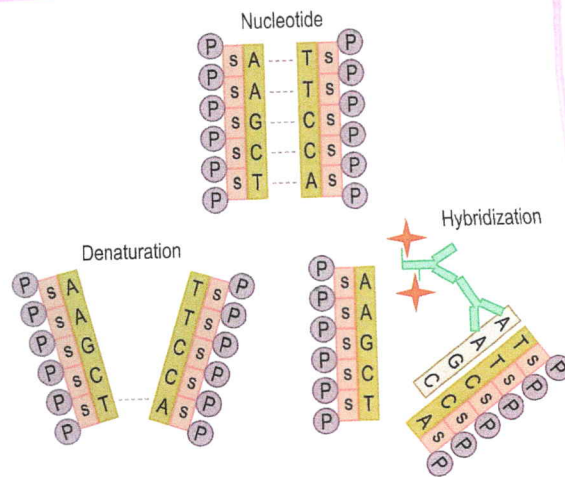


Fig. 26.1 The genetic information for humans is encoded in billions of nucleotides, the building blocks of the DNA code, arranged in a double helix molecule. Nucleotides consist of a base, a sugar (S), and a phosphate (P). The DNA code is written in an alphabet that uses four letters to represent each of the bases. (A) = adenine, (T) = thymine, (C) = cytosine, (G) = guanine. These bases will form pairs. (A) will only pair with (T). (G) will only pair with (C). Therefore, double-stranded DNA consists of two strands of homologous nucleotides. The *genetic code* in DNA is in triplets such as ATG. The base sequence of that triplet in the partner strand is therefore TAC.

ISH methods may employ radiolabeled probes that are visualized on a photographic film or photographic emulsion. However, most of these probes do not work well on routinely fixed, processed tissues, require the use of frozen sections, and take around 20–50 days' exposure before seeing results. The development of non-radiolabeled probes that perform well on routine surgical and autopsy specimens has extended the field of anatomic pathology.

Detection of mRNA is particularly useful if the protein product is quickly degraded or rapidly transported out of the target cell.

In ISH detection, immunohistochemistry (IHC)-like methods may be incorporated to detect the labeled (biotin, digoxigenin (DIG)) probe. So the question arises, why not just do IHC? It is well-established, reliable, and less time consuming than ISH. IHC has been employed in the clinical and research arenas for several decades and has become a routine procedure in the histology

laboratory. IHC has provided a close look at the membranes. So why do ISH and IHC are:

1. high degree of specificity
2. DNA and mRNA probes
3. probe–target hybridization
4. provides an alternative to antibodies
5. provides a diagnostic

It is important to understand different stages in the process to result in a functional probe on the 'how and why' of tissue sections.

APPLICATIONS

There are many modifications to the application of DNA and RNA sequencing. Valuable research tools (1991) and Mitchell et al. (1991) and Mitchell et al. (1991) are:

- detection of abnormal
- identification of viral
- tumor phenotyping

In situ hybridization provides information on the presence of specific sequences in chromosomes. It has been applied to the detection of gene mutations (Davis et al 1984; Lu et al 1988; Poddighe et al 1988). It is applicable to the detection of gene expression in 'tissue preparations of cyto-genetics', as the direct information is provided by the unselected tumor cells. In situ hybridization (CISH) provides information on the expression of gene expression in histochemical detection of gene therapy treatment.