

Graft Versus Host Disease

Graft versus Host Disease = 500 000 000000
GVHD occurs in situations in which donor immunocompetent T cells transferred into allogenic hosts are
infrequently, unirradiated blood products, solid organ transplants, and matemal-fetallymphocyte engra
The disease can be divided into an acute and a chronic phase. Acute GVHD typically occurs between 7



In the

chronic phase,

an early lichenoid stage and a late sclerodermoid stage

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histopathology
the early changes in the acute phase consist of focal basal vacuolation and sparse superficial
perivascular lymphocyticaic titiler patreasoieth exocytosisnaos inneleviculizaide el snitrot of other het titile partilles patrilles pat

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In the	chronic phase,	the early lichenoid stage may still show evidence of sa
	emerne phaee,	the carry noneriora diago may clim chow evidence of ca

Pathogenesis.

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	Acute and chronic form	ns of the disease have a di	fferent pathogenesis. In acute
The greater the disparit	tyy <b>t</b> uetween donor and re	ecTpicedtsWeblesbeentgaeranierot	thy of ordilare.spsnsecthischmetical

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The inflammatory cytokines (ILs, GM-CSF, TNF-a IFN-y) produced by activated T cells and by tissue da
mechanisms by which the skin, liver, and gastrointestinal tract are targeted are not clear.
Less is understood about the pathophysiology of chronic GVHD. The role of donor T cells against the re

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Ultrastructural Study	
	The necrotic keratinocytic cytoplasm is filled with numerous aggregated tonot



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The acute ph	ase of GVHD is s	similar to EM, wit	h scattered ned	crotic keratinocy	es and the forn	nation of

The eruption of lymphocyte recovery occurs

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Distinguishing between the lichenoid lesions of GVHD and lichen planus is often impossible.
However, late sclerotic lesions can be differentiated from scleroderma by the marked atrophy of

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the epidermis. Active synthesis of collagen takes place largely in the upper third of the dermis
in scleroderma, collagen is synthesized mainly in the lower dermis and in the subcutaneous
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