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The Relationship Between Histopathology and Physiology in The Diagnosis of Diseases

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Abstract

Background: Histopathology and physiology play crucial roles in the diagnosis of diseases. Histopathology involves the microscopic examination of tissues, while physiology focuses on the activities of organs and systems. This paper examines the interaction between histological techniques and illness diagnosis, emphasizing the progress made in these techniques and their crucial importance in medical diagnostics.

Methods: This comprehensive review analyzes the progression of histopathology from basic tissue observations to more sophisticated methods such as immunohistochemistry and digital pathology. It highlights the role of these techniques in diagnosing a range of diseases, including cancer, infectious diseases, autoimmune disorders, and neurological conditions.

Results: Histopathology offers a vital understanding of disease causes and severity, necessary for precise diagnosis and efficient therapy planning. Diagnostic precision has been improved by special staining, immunohistochemistry, and molecular pathology. The study emphasizes the significance of physiological measurements in comprehending functional irregularities and the impact of diseases, aiding in the early detection and categorization of risks.

Conclusion: The combination of histology and physiology provides a comprehensive approach to diagnosing and treating diseases. The collaboration across these disciplines is crucial for advancing targeted medicines and enhancing patient outcomes, highlighting the ongoing development and significance of these fields in contemporary medicine.

Introduction

Histopathology and physiology are crucial parts of medical research, with their functions in diagnosing illnesses. Histopathology uses microscopes to examine tissues and identify abnormal structures or cells related to disease processes. [1] It involves acquiring tissue samples through biopsies or surgical procedures and using specialized techniques for processing and staining. Physiology studies the operational features of organisms, examining the interplay between organs and systems and how illness can impair their operations. It involves measuring physiological indicators like blood pressure, heart rate, and hormone levels and using imaging techniques like X-rays, CT scans, and MRI. [2]

Histopathology and physiology are essential disciplines for disease diagnosis. Histopathology helps understand the nature and severity of tissue injury, providing valuable insights for verifying diagnoses, assessing condition extent, and informing treatment choices. Physiology helps understand the disease's impact on the body's overall functioning, offering insights into fundamental mechanisms and potential problems. Combining these disciplines allows doctors to comprehensively understand the illness process and tailor treatment regimens [3].

This article delves into the intricate relationship between histology and physiology in disease diagnosis, highlighting their mutual benefits and limitations. It provides detailed illustrations of disorders where the combined examination of histology and physiology is crucial for accurate diagnosis and improved patient treatment. The study will utilize peer-reviewed medical publications, health organizations, and other expert sources to analyze this subject comprehensively. The aim is to enhance healthcare professionals' understanding of disease diagnosis and improve the knowledge of disease diagnosis for a wider audience.

Histopathology in Disease Diagnosis:

Histopathology is an essential discipline in contemporary medicine that entails the microscopic analysis of tissues to diagnose and investigate disorders. The core ideas were formed during the 19th century, a period characterized by significant medical advancements.

Rudolf Virchow, renowned as the "pioneer of contemporary pathology," made substantial advancements during this period. His acknowledgment of the crucial significance that cellular alterations have in disease processes transformed medical diagnosis. Virchow's research established the foundation for utilizing microscopes to examine tissues, significantly improving the precision of disease diagnoses and expanding the comprehension of disease mechanisms [4].

Essential Principles of Histopathology

Histopathology is an essential field in medical diagnostics that involves thoroughly analyzing tissues to detect and diagnose diseases. This complex discipline utilizes various methodologies, each crucial in conducting thorough analysis required for precise diagnosis, comprehending illness causes, and directing therapy approaches.

Histopathological Techniques:

Histopathological examination involves several sophisticated techniques that allow pathologists to observe and analyze tissue samples under a microscope. These methodologies not only enable the detection of diseases but also provide insights into the severity and potential prognosis of the conditions identified [5]

- Tissue Sampling and Biopsy Techniques

Tissue sampling and biopsy procedures are essential tools in the diagnostic process, offering crucial insights into the pathological characteristics of illnesses. The choice of a suitable biopsy technique is crucial and is greatly affected by the position, dimensions, and features of the suspected lesion.

Needle Aspiration Biopsy is a process that involves extracting cells using a small needle in a less invasive manner. It is especially beneficial for diagnosing accessible lesions and illnesses when analyzing cells rather than tissue structure and can provide a conclusive diagnosis. The benefits of this procedure include a reduced likelihood of problems and the ability to do it with local anesthetic. [6]

Surgical excision biopsy is the preferable method for lesions requiring a thorough evaluation of tissue architecture or when total removal of the lesion is diagnostic and therapeutic. This technique guarantees the presence of a sufficient quantity of tissue for analysis, hence enabling a more precise diagnosis. Nevertheless, it is more intrusive than needle aspiration and entails a greater likelihood of problems. [6] Every biopsy technique has distinct indications, advantages, and restrictions. The procedure selection should be careful and strategic to minimize patient discomfort and morbidity while maximizing the effectiveness of the diagnosis. Biopsy processes are being improved by advancements in imaging and surgical techniques, resulting in increased accuracy and safety. [6]

- Fixation, Embedding, and Sectioning

The process of transporting a tissue sample from collection to microscopic inspection consists of multiple crucial stages, each carefully planned to maintain the cellular integrity and level of detail required for precise analysis. The process commences with fixation, advances via embedding, and culminates with sectioning, ensuring the preservation of tissue structure for diagnostic purposes.[5]

Fixation is a crucial step in histopathological preparation as it helps preserve tissue samples after they are collected. Utilizing formaldehyde-based solutions, such as formalin, efficiently stops enzymatic degradation and autolysis, maintaining cellular and extracellular structures. The selection of fixative, typically standardized to formalin due to its efficacy and wide range of uses, may differ depending on the specific needs of the tissue type and the diagnostic emphasis [7].

Embedding: After fixation, tissue samples are preserved in paraffin wax. Obtaining thin, uniform pieces requires this process, which is crucial for providing the necessary structural support. Paraffin embedding is preferred due to its compatibility with various types of tissues and capacity for long-term storage without substantial deterioration of tissue quality. [8]

Sectioning is the last step in the preparation process, involving cutting the implanted tissue into thin slices that are then placed on slides. The microtome executes this intricate process, enabling meticulous regulation of section thickness. Attaining the ideal slice thickness is of utmost importance, as it immediately impacts the quality of microscopic analysis, facilitating a thorough observation of cellular structures and disease. [9]

These processes provide a crucial workflow in histopathology, enabling the meticulous analysis of tissues essential for precise disease diagnosis. The ongoing advancements in tissue processing and preservation are improving the quality and efficiency of this procedure, highlighting the dynamic nature of histopathological procedures in the progress of medical diagnostics.

- Staining Techniques

Table 1 summarizing the key features of Hematoxylin and Eosin (H&E) Staining, Immunohistochemistry (IHC), and Special Stains:

Staining Technique	Target	Color Outcome	Importance
Hematoxylin and Eosin (H&E) Staining	Cell nucleus and cytoplasm	Nucleus: Blue-purple; Cytoplasm: Pink-red	Fundamental for revealing tissue architecture; standard in histopathological examination
Immunohistochemistry (IHC)	Specific proteins/antigens	Various colors based on the antibody used	Enables precise localization of proteins; crucial for diagnosing cancers and identifying tumor markers
Special Stains	Specific tissue components and pathogens	Varies (e.g., PAS: Magenta; Ziehl-Neelsen: Red for acid-fast bacteria)	Highlights unique tissue elements and pathogens; essential for identifying a wide range of pathological conditions

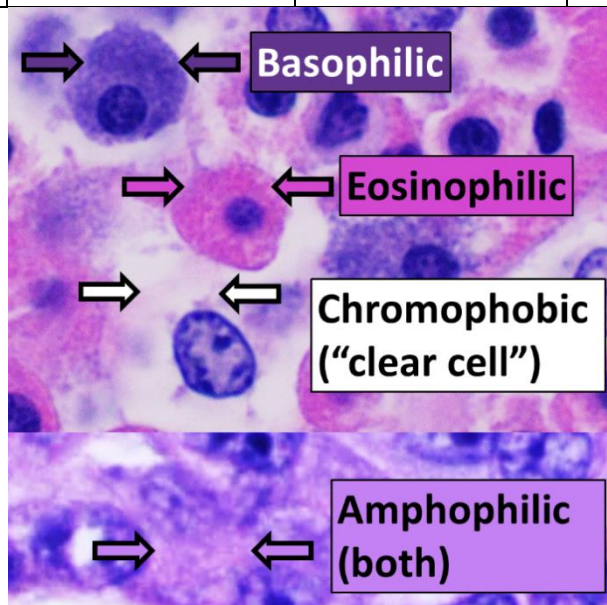


Figure 1 Hematoxylin and Eosin (H&E) Staining

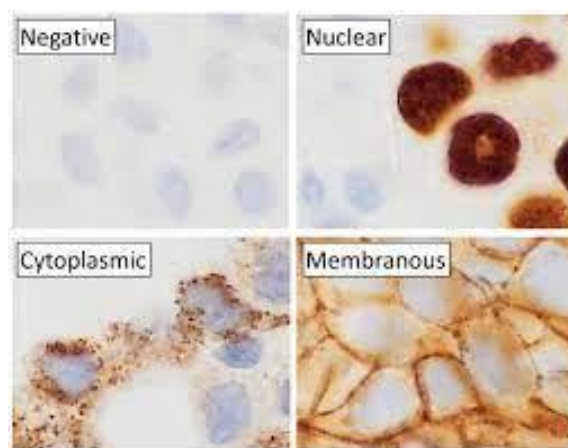


Figure 2 Immunohistochemistry (IHC)

- Microscopy in Histopathology

Microscopy is a crucial tool in the complex field of histopathology, enabling the examination of tissue samples to uncover their hidden microscopic details. This article examines the important function of several microscopy techniques in histopathological examination. It discusses the use of light, electron, fluorescence, and confocal microscopy, each providing distinct information about the structure of cells and molecules in tissues. [\[5\]](#)

Table 2 summarizing the features of Light Microscopy, Electron Microscopy, Fluorescence Microscopy, and Confocal Microscopy in the context of histopathological analysis:

Microscopy Technique	Principle	Resolution	Key Uses
Light Microscopy	Transmits light through tissue sections	~200 nanometers	Examining stained tissue sections; initial diagnostic assessments; visualizing cellular structures and morphology
Electron Microscopy (EM)	Uses a beam of electrons for imaging	Up to 0.2 nanometers	Observing ultrastructural details not visible under light microscopy; discerning cellular organelles, viruses, and extracellular matrix
Fluorescence Microscopy	Uses fluorescent dyes to bind specific cell components	Varies with technique, generally higher than light microscopy	Highlighting specific areas within the tissue, such as proteins, nucleic acids, or pathogens; diagnosing and understanding disease pathophysiology
Confocal Microscopy	Optical sectioning to produce three-dimensional images	Higher than light microscopy, similar to fluorescence microscopy	Examining spatial relationships between cell components; detailed reconstruction of cellular structures in

			3D; insights into tissue architecture and disease pathology
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Histopathology in Cancer Diagnosis

- Confirming Cancer Presence Through Histopathology

Histopathological investigation is crucial for the conclusive diagnosis of malignancy. Although there have been significant improvements in clinical tests and imaging techniques, the requirement for microscopic evaluation of tissue samples has remained the same. Pathologists play a crucial part in this procedure, carefully examining biopsies or tissue samples obtained through surgery for aberrant cells that are indicative of cancer. This meticulous examination allows for detecting malignant cells that may not be discernible using alternative diagnostic techniques. [10]

- Classifying Tumor Types with Histopathology

Histopathology is a technique that involves the microscopic examination of tissue samples to observe the characteristics of tumor cells, providing insights into the cellular genesis and differentiation of the tumor. This categorization provides oncologists with information about the characteristics of the cancer and helps them choose the most suitable treatment methods. [11] For instance, breast cancer is categorized into subtypes such as ductal carcinoma in situ (DCIS), invasive ductal carcinoma (IDC), and invasive lobular carcinoma (ILC).

Every subtype possesses distinct traits and exhibits varying responses to treatment alternatives, underscoring the importance of accurate histopathological classification. This categorization enables healthcare practitioners to develop customized treatment strategies for each patient's specific type of cancer. For instance, specific subtypes of breast cancer have an excessive amount of the HER2 protein, which makes them susceptible to HER2-targeted treatments such as trastuzumab. Accurately identifying breast cancers that have hormone receptors can lead to better outcomes for patients with these specific types of tumors [12].

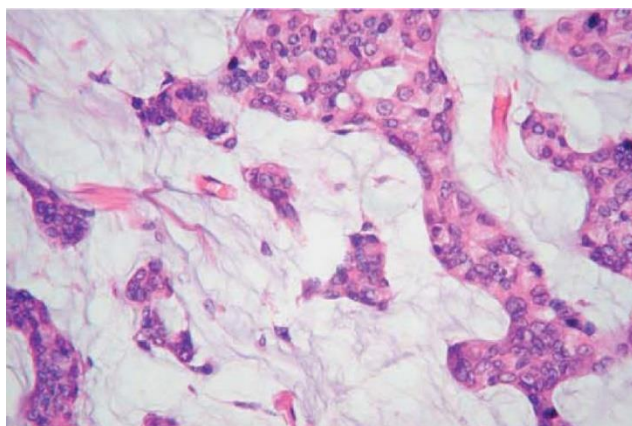


Figure 3 Mucinous carcinoma. Epithelial cells with mild atypia floating in abundant extracellular mucin.

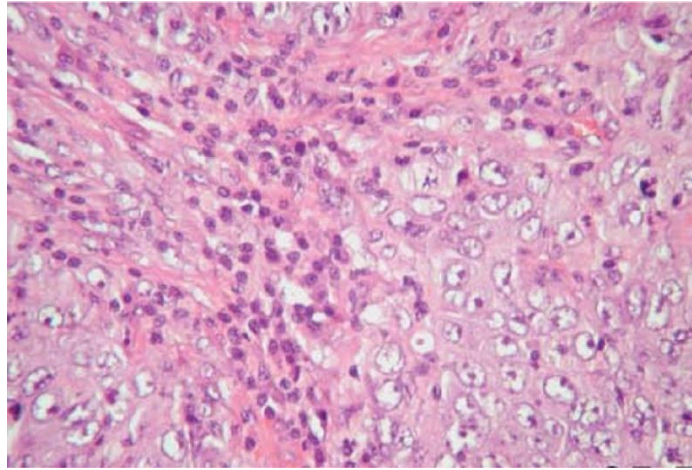


Figure 4 MC. A syncytial sheet of tumor cells separated by abundant lymphoplasmacytic cells.

- **Grading Tumor Aggressiveness**

Accurately assessing the level of aggressiveness of a tumor is of utmost importance in oncology as it helps establish the optimal treatment strategy. Tumor grading, aided by histological examination, evaluates the possible behavior and pace of growth of a tumor, allowing for the prediction of disease progression and the customization of treatment intensity based on each patient's specific needs. The correlation between the grade of a tumor and the level of aggressiveness in therapy underscores the need for accurate pathological assessment in the management of cancer. [13].

Tumor grading is a classification technique employed by pathologists to grade cancer cells according to their visual characteristics and patterns of growth. The scale spans from low (well-differentiated cells resembling normal cells) to high (poorly differentiated cells significantly distinct from normal cells). High-grade tumors, characterized by their poor differentiation and aberrant appearance, are frequently linked to a more aggressive disease progression and an increased risk of metastasis. [14]

The tumor grade has a substantial influence on the course of cancer treatment. Tumors of high-grade nature necessitate intensive therapies such as chemotherapy, radiation therapy, and surgery, whereas low-grade tumors may necessitate less intensive treatments or active monitoring. This categorization guarantees that patients are provided with the most suitable treatment according to the severity of their cancer, thereby reducing adverse effects and optimizing the likelihood of favorable results.[15]

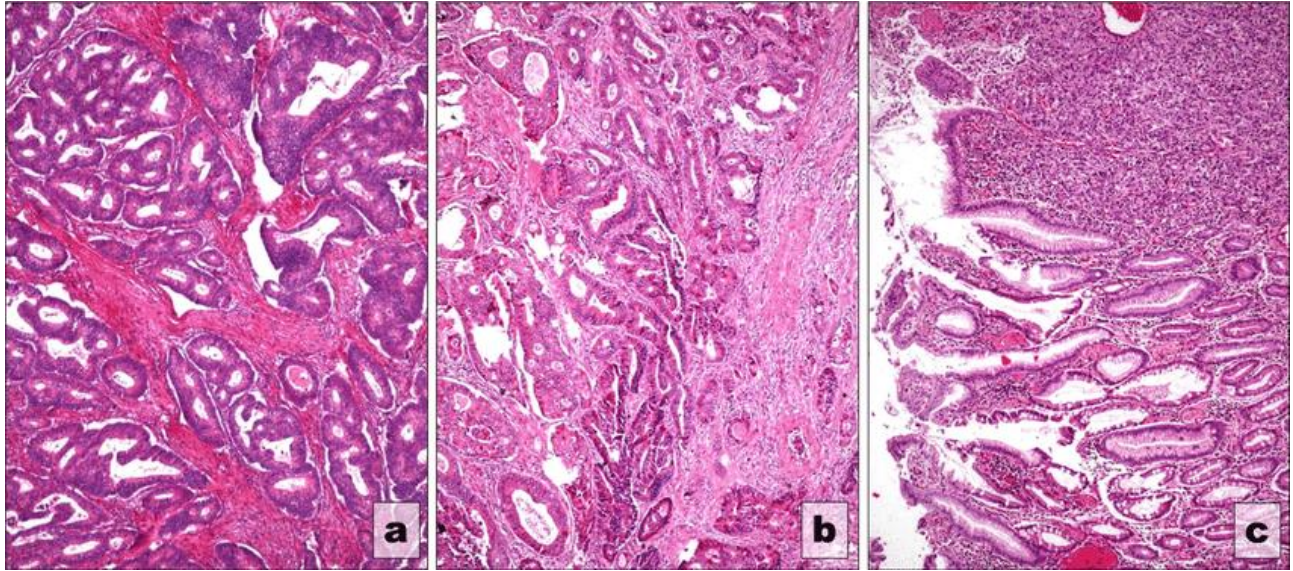


Figure 5 Tumor grading: (a) Well differentiated adenocarcinoma; (b) Moderately differentiated adenocarcinoma; (c) Poorly differentiated adenocarcinoma.

- Identifying Biomarkers with Immunohistochemistry

Immunohistochemistry (IHC) is a crucial method in histopathology that has transformed cancer diagnosis and treatment by identifying proteins within tumor cells; this facilitates a more profound comprehension of a tumor's biological function and the degree to which medicines may be effective, illustrating the shift towards personalized medicine, wherein treatments are customized to match the distinct cancer characteristics of individual patients [16].

Biomarkers are specific molecules that serve as indicators for the presence of a disease and its course and response to treatment. Immunohistochemistry (IHC) is a valuable technique in oncology for correctly classifying tumors by recognizing specific markers. For instance, the presence of hormone receptors in breast cancer cells can indicate a positive response to hormone-blocking treatments. HER2 receptors, which are excessively produced in a particular group of breast cancer patients, are indicative of a more aggressive type of cancer and a notable vulnerability to HER2-targeted therapies such as trastuzumab. These treatments have led to improved results for individuals who have HER2-positive breast cancer. [17].

- Evaluating the Dissemination of Cancer by Analyzing Tissue Samples

Histopathological evaluation of lymph nodes and other tissues is crucial for cancer staging and detecting the degree of metastasis from the initial site. The process of staging is essential for developing treatment strategies and offering patients prognostic details. The histological examination is crucial for making treatment decisions and predicting outcomes [18].

Histopathology in Diagnosing Infectious Diseases

Histopathology is essential for diagnosing and treating infectious infections. Microbiological research and clinical results are important, but histopathology is crucial for understanding the nature and severity of infections. It helps guide treatment options and differential diagnosis.

- Pathogen Visualization:

Histopathological investigation can detect infectious pathogens in tissues in some instances; this is especially beneficial for illnesses caused by microorganisms, such as parasites and fungi. An example is when the distinct structure of fungal hyphae or parasite eggs in tissue samples is recognized, which can result in a conclusive diagnosis. This direct vision of pathogens provides clear and indisputable evidence of the causal agent, enabling immediate and focused treatment. [19]

- Identifying Characteristic Inflammatory Patterns:

Granulomatous Inflammation: Granulomatous inflammation is a highly recognizable pattern of inflammation that can be identified in histological exams. This type of inflammation is characterized by the creation of granulomas, which are structured clusters of immune cells that isolate foreign substances. This inflammation is often a sign of persistent infections like tuberculosis (TB) or certain fungal infections [19].

Granulomas are a physical barrier, confining the infection and inhibiting its dissemination. Identifying granulomatous inflammation can help clinicians evaluate tuberculosis (TB) and fungal pathogens as potential causes, which narrows down the diagnostic focus and aids in selecting the right antimicrobial treatments. [19].

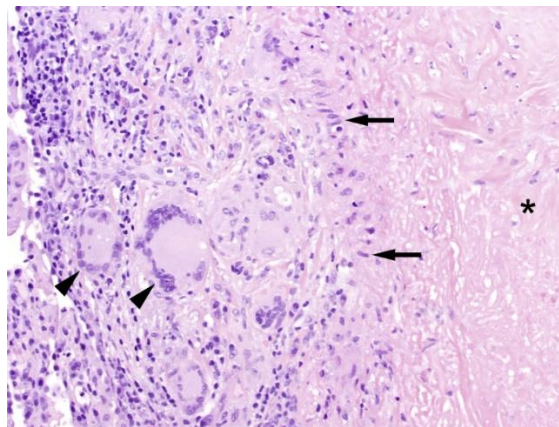


Figure 6 Edge of a necrotizing granuloma seen in mycobacterial tuberculosis showing a peripheral rim of epithelioid histiocytes (arrows) surrounding the central necrotic region (asterisk; H&E, 200x). Some histiocytes are also forming multinucleated giant cells (arrow heads). External to the rim of histiocytes is an outer rim of lymphocytes and plasma cells.

Neutrophilic Infiltrates: Unlike the persistent nature of granulomatous inflammation, neutrophilic infiltrates are commonly linked to acute bacterial infections. Neutrophils, a subset of leukocytes, are part of the body's initial defense mechanism against bacterial intrusion. The presence of these substances in the tissue, as seen in histopathological samples, is a definitive indication of an active acute inflammatory reaction. Identifying the presence of neutrophilic infiltrates can be especially beneficial in detecting infections caused by pyogenic bacteria, leading to quick and specific antibiotic treatment. [20]

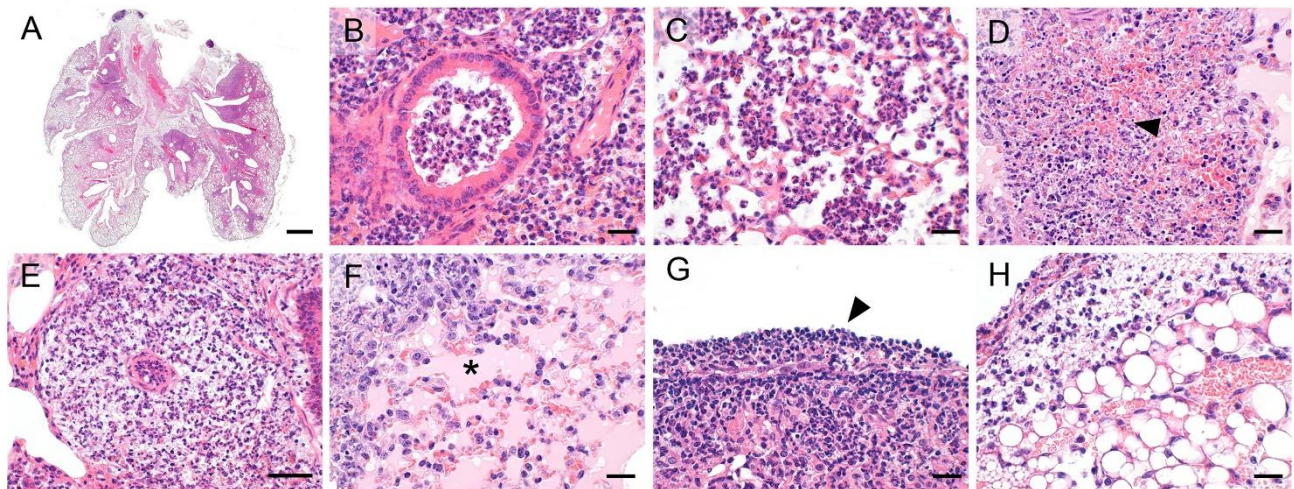


Figure 7 (A—H) Lung histology of mice after transnasal infection with *S. pneumoniae* (5×10^6 CFU/ mouse) revealed widely expansive (A), suppurative to necrotizing bronchopneumonia (a-d), predominantly infiltrated by neutrophils within bronchial lumina (B) and alveoli (C) and large areas of necrosis and hemorrhage (D, arrowhead). Additional features included marked neutrophilic infiltration and edema of perivascular spaces (E), severe alveolar edema (F, asterisk) and necropurulent pleuritis (G, arrowhead) and steatitis (H). (A—H) Representative images are shown. Bars (A), 1 mm; (B—D, F—H), 20 μ m; (E), 50 μ m.

- Evaluating the extent of tissue damage and the level of infection severity:

The histopathological analysis provides valuable insights into the magnitude of tissue harm resulting from the infection. This data assists in assessing the illness's extent and informing treatment decisions. For instance, in cases of viral hepatitis, the extent of inflammation and fibrosis observed during a liver biopsy might aid in evaluating the seriousness of liver injury and forecasting the progression of the disease. Similarly, histological analysis of lung tissue samples can be used to assess the degree of lung tissue involvement and the existence of sequelae, such as abscesses or necrosis, in cases of pneumonia.

- Guiding Antimicrobial Therapy:

Identifying particular pathogens in tissue samples is a fundamental task of histopathology in handling infectious disorders. An example is when microorganisms, such as *Mycobacterium tuberculosis*, are found inside macrophages; this indicates that clinicians should start using certain medications to treat tuberculosis [21].

Similarly, identifying fungal components in histopathological exams can lead to choosing suitable antifungal medication, guaranteeing the therapy is targeted and successful. The accurate identification of the causal organism not only improves the effectiveness of antimicrobial treatment and reduces the wasteful use of broad-spectrum antibiotics, aiding global efforts to combat antimicrobial resistance.

- Differentiating Infectious from Non-Infectious Conditions:

Histopathology is valuable not only for identifying infectious agents but also for distinguishing infectious diseases from non-infectious ailments that have similar clinical signs. Conditions such as inflammatory bowel disease (IBD) and infectious colitis, which may have similar clinical symptoms, can be differentiated by thoroughly analyzing histopathological samples. [22]

The lack of disease-causing organisms, along with distinct clinical characteristics like long-lasting inflammation or structural changes in the lining of the intestines, suggests a non-infectious cause. Accurate distinction is essential to prevent the needless use of antimicrobial therapy and to guide the proper treatment of non-infectious illnesses.

Histopathology in Autoimmune diseases:

Autoimmune diseases are complex conditions where the body's immune system erroneously targets its tissues, resulting in a wide range of clinical manifestations and difficulties in diagnosis. Histopathology, which involves the microscopic analysis of tissues, is crucial for diagnosing and treating many illnesses. It provides essential information on the type and severity of tissue damage.

- **Identifying Characteristic Pathological Features:**

Microscopic inspection reveals distinct tissue damage and inflammation patterns in many autoimmune disorders. These distinctive attributes can strongly indicate a specific diagnosis and assist in distinguishing between alternative diagnoses. As an illustration:

Systemic Lupus Erythematosus (SLE): When examining kidney biopsies from SLE patients, it is common to find glomerulonephritis, which is characterized by inflammation and harm to the glomeruli, the kidney's filtering units [23].

Rheumatoid Arthritis (RA): In RA, synovial biopsies taken from afflicted joints usually exhibit inflammatory cells, synovial hyperplasia, and eventual damage to cartilage and bone [24].

Inflammatory Bowel Disease (IBD): includes Crohn's disease and ulcerative colitis, the two primary forms of the ailment. Biopsies of the gastrointestinal tract can identify distinct inflammatory patterns and tissue destruction, aiding in the differentiation between these two conditions [25].

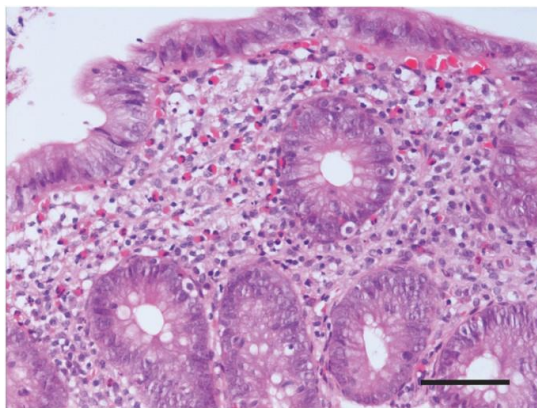


Figure 8 Photomicrograph of colonic mucosal biopsy from a child with JIA demonstrating an increase in lamina propria mild inflammatory cell density with numerous eosinophils. (Hematoxylin and eosin stain. Original magnification $\times 100$, Bar = 40 μ m).

- **Distinguishing Similar Conditions:**

Autoimmune disorders, such as vasculitis, are intricate collections distinguished by the inflammation of blood vessels, resulting in a diverse range of symptoms based on the specific vessels and organs involved. Histopathology is an essential technique for differentiating between different forms of vasculitis by carefully analyzing the specific characteristics and location of tissue damage. [26]

Vasculitis refer to a range of autoimmune disorders, each characterized by distinct histological features. Pathologists can differentiate between different types of inflammation, necrosis, and immunological deposits by carefully analyzing biopsy samples and identifying distinct patterns. The histological differences play a vital role in guiding the therapeutic treatment of vasculitis and influencing decisions about immunosuppressive and anti-inflammatory treatments. [27]

- **Assessing Disease Severity and Progression:**

Histopathological data offer significant insights into the extent of tissue damage and the development of disease. This information is vital for ascertaining the suitable treatment method and assessing the efficacy of therapies. In the case of multiple sclerosis, the severity of demyelination (the loss of the protective myelin sheath around nerve fibers) and the presence of certain inflammatory cells in brain tissue can be used to evaluate the seriousness of the condition and anticipate its future progression.

- **Guiding Treatment Decisions:**

The histopathological findings can impact therapy decisions by offering valuable insights into the fundamental causes of the disease. For instance, identifying particular autoantibodies using immunofluorescence techniques might help determine the appropriate usage of focused treatments for specific autoimmune disorders. Furthermore, the extent of tissue harm seen may require the implementation of more forceful or immunosuppressive treatments.[28]

Histopathology in Neurological Disorders:

Histopathology, the microscopic analysis of tissues, is essential for diagnosing and comprehending neurological illnesses. Neuropathologists can gain vital insights into disease processes and contribute to developing efficient treatments and prognostic predictions by evaluating the morphology of cells and tissues in the nervous system. This essay will explore the importance of histopathology in different neurological disorders, emphasizing its primary uses and constraints.

Histopathology frequently offers conclusive diagnoses for numerous brain illnesses. In Alzheimer's disease, identifying amyloid plaques and tau tangles in brain tissue is a distinctive diagnostic characteristic. Similarly, detecting Lewy bodies is essential for diagnosing Parkinson's disease and Lewy body dementia. In demyelinating illnesses such as multiple sclerosis, the distinctive pattern of myelin loss, which can be observed using particular staining techniques, enables precise diagnosis and monitoring of the condition.

In addition to diagnosis, histopathology is crucial in enhancing our comprehension of disease mechanisms. Researchers can get insights into the underlying pathophysiological processes by examining the distinct forms of cellular damage, inflammation, or protein buildup in the nervous system. An example is examining how amyloid plaques are distributed and composed in Alzheimer's disease; this has provided a clearer understanding of how protein misfolding and aggregation contribute to neurodegeneration.

- **Guiding Treatment Decisions:**

Histopathological data play a crucial role in informing therapy options and forecasting the development of a disease. The treatment technique for certain brain tumors is selected based on the exact tumor type

and grade identified through histological investigation; this may involve surgery, radiation, or chemotherapy. Furthermore, the existence of particular pathological characteristics might aid in forecasting a tumor's malignancy and the patient's prognosis.

- **Histopathological Landmarks in Neurological Disorders:**

Neurological illnesses, which encompass a wide range of diseases that impact the nervous system, provide distinctive difficulties in identifying and treating them. Histopathology, which involves the microscopic analysis of sick tissue, provides significant information about the underlying mechanisms of these disorders. By identifying precise cellular and molecular abnormalities, histopathology results assist in establishing a clear diagnosis and enhance our comprehension of disease causes.[29]

- 1. Alzheimer's Disease:**

Alzheimer's Disease (AD) is distinguished by two prominent histological characteristics: amyloid plaques and neurofibrillary tangles (tau tangles). Amyloid plaques comprise tightly packed accumulations of amyloid-beta peptides located outside neurons, whereas tau tangles are aberrant aggregations of tau protein found within neurons. The presence of these abnormal features hinders the normal functioning of the neurons and contributes to the observed deterioration in cognitive abilities in people with Alzheimer's disease.

- 2. Parkinson's Disease:**

Parkinson's Disease (PD) is characterized by the existence of Lewy bodies, which are aberrant clumps of alpha-synuclein protein found in the neurons of the substantia nigra. The region of the brain responsible for regulating movement is essential, and the presence of Lewy bodies in dopaminergic neurons is linked to the motor symptoms of Parkinson's disease, such as tremors and rigidity. [30]

- 3. Multiple Sclerosis:**

Multiple Sclerosis (MS) is an autoimmune condition that involves the destruction of the protective covering of nerve fibers and the presence of inflammation in the white matter of the central nervous system. The histopathological examination shows regions of demyelination, characterized by the loss or destruction of the protective neuronal covering called myelin, as well as the presence of immune cells that have invaded the brain and spinal cord tissue. These findings are consistent with the neurological impairments observed in individuals with multiple sclerosis (MS), which involve disruptions in both sensory and motor functions. [31]

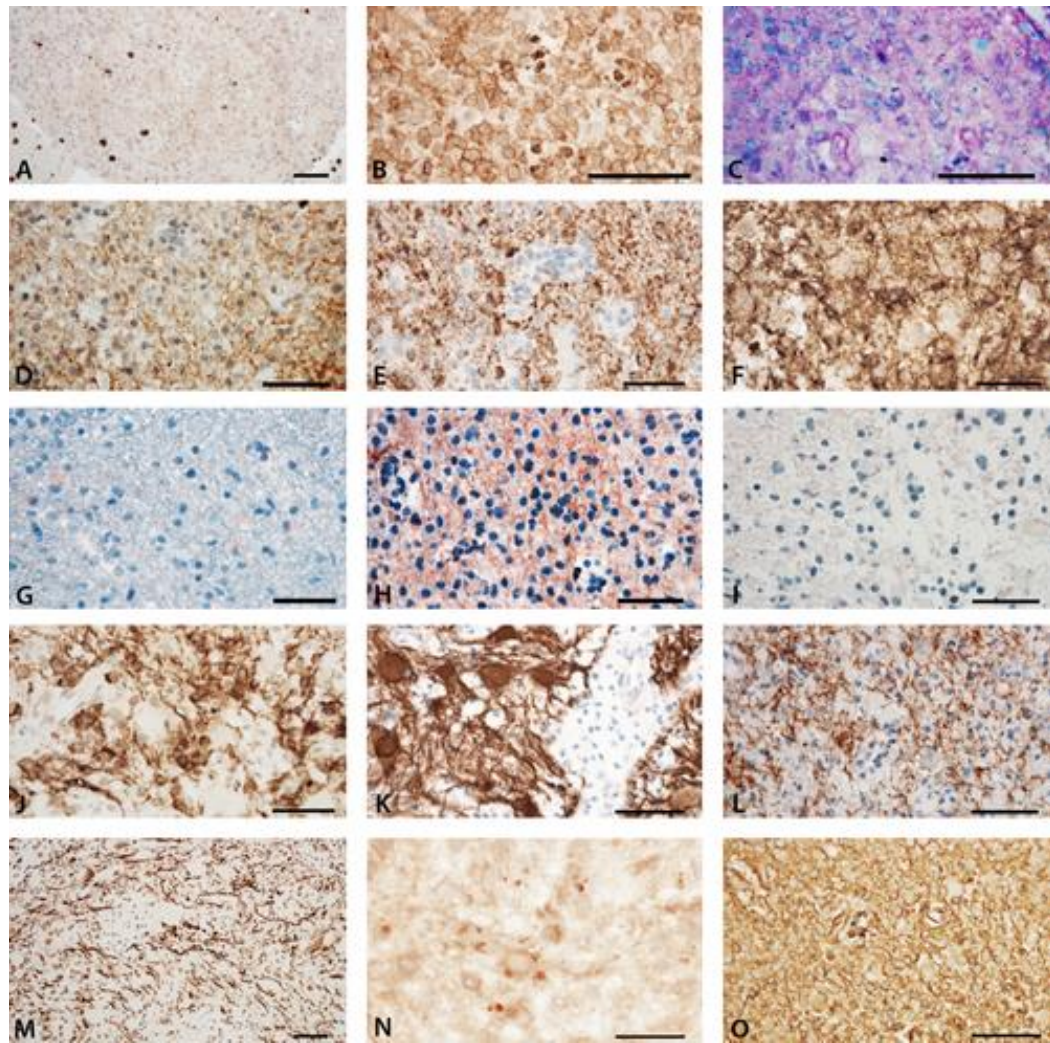


Figure 9 Immunohistochemical analyses of inflammation, demyelination, and complement activation. (A) Moderate tissue infiltration by CD8⁺ T-lymphocytes. **(B)** The active lesion edge is densely infiltrated by activated macrophages, expressing the p22 component of the NADPH oxidase complex. **(C)** In the same area, the macrophages contain luxol fast blue-positive myelin degradation products. **(D)** There is profound loss of MOG immunoreactivity at the active site of the lesion; MOG-positive granules can be seen in the cytoplasm of macrophages (early active lesion). **(E)** In comparison with MOG, there is more intense immunoreactivity for PLP; PLP is also seen in granular form in the cytoplasm of macrophages. **(F)** The most intense immunoreactivity for myelin-related proteins is seen for CNPase, which is also expressed in MOG-negative oligodendrocyte progenitor cells. Immunoreactivity for activated complement (C9neo antigen) is only present at the active lesion edge **(H)**, but not in the normal appearing white matter **(G)**, or the inactive lesion center **(I)**. **(H)** At the active lesion edge C9neo reactivity is seen on myelinated fibers and in myelin degradation products within macrophages. In the lesion center complete demyelination is seen. **(J)** However, immunocytochemistry for CNPase shows numerous immunoreactive cells (premyelinating oligodendrocytes) and a fine meshwork of CNPase reactive fibers. Such changes are typical for very early stages of remyelination. **(K)** Astrocytes within the lesion are preserved, show reactive gliosis as seen by GFAP staining and **(L)** express aquaporin 4. **(M)** Immunocytochemistry for phosphorylated neurofilament shows preservation of axons in the demyelinated lesion. **(N)** Sections stained for amyloid precursor protein reveal a moderate number of axons with disturbed fast axons transport. **(O, serial section to H)** Staining for human immunoglobulin G shows profound accumulation of IgG in early active lesions; IgG is diffusely deposited in the lesions but shows accentuation on fibrillar structures in a similar pattern as depicted for complement C9neo staining. Magnification bars: 50 μ m. MOG, myelin oligodendrocyte glycoprotein; CNPase, cyclic nucleotide phosphodiesterase; PLP, proteolipid protein.

4. Stroke:

Stroke, a prominent contributor to disability and mortality on a global scale, can arise from either ischemia (obstruction of blood flow) or hemorrhage (abnormal bleeding). From a histopathological perspective, strokes are distinguished by the occurrence of necrosis or the death of brain tissue in the specific region affected. The characteristics of this necrosis might vary depending on the origin of the stroke and the time elapsed before evaluation. Ischemic strokes are characterized by the loss of neurons, alterations in glial cells, and the infiltration of immune cells. On the other hand, hemorrhagic strokes involve the rupture of blood vessels and the infiltration of blood into brain tissue.

5. Brain Tumors:

Brain tumors, including gliomas and meningiomas, exhibit a wide spectrum of histological characteristics. These characteristics encompass anomalous cell growth, varied levels of similarity to normal brain cells, and cellular abnormalities. The histological characteristics of a tumor can often provide valuable information about its degree of malignancy and prospective aggressiveness. [32]

Physiology in Disease Diagnosis:

A comprehensive comprehension of the complex mechanisms of the human body, specifically its physiology, is essential for precise disease diagnosis. Clinicians can diagnose and develop treatment plans by studying the body's functioning in healthy and pathological conditions, allowing them to spot abnormalities from typical physiological processes.

- **Identifying Functional Abnormalities:**

Physiological assessments play a vital role in modern medicine, providing healthcare professionals with invaluable insights into organ function and system performance. By carefully measuring and analyzing various physiological parameters, clinicians can pinpoint functional abnormalities that may indicate the presence of underlying diseases or disorders. This approach not only aids in accurate diagnosis but also guides appropriate treatment strategies and monitors therapeutic efficacy.

- **Blood Pressure Measurement and Hypertension:**

Measuring blood pressure is a frequently used method to assess physiological conditions. Hypertension, often known as elevated blood pressure, is a notable risk factor for cardiovascular ailments such as heart attacks, strokes, and renal failure. Through consistent monitoring of blood pressure, medical personnel can detect patients with hypertension and promptly commence therapy to control the condition and reduce related risks. [33]

Hypertension is defined by the American College of Cardiology and the American Heart Association guidelines as having a systolic blood pressure of 130 mmHg or higher or a diastolic blood pressure of 80 mmHg or higher. Precise blood pressure measurement is essential, as underestimating and overestimating can result in improper management decisions. [34]

- **Spirometry and Respiratory Diseases:**

Spirometry is a commonly employed pulmonary function test that quantifies the volume of air taken in and expelled by the lungs and the speed at which air is exhaled. This diagnostic instrument is crucial for assessing respiratory well-being and identifying problems such as asthma, chronic obstructive

pulmonary disease (COPD), and other respiratory disorders. [35]

Spirometry is a diagnostic test that can identify airway obstruction and bronchial hyperresponsiveness, characteristic features of asthma. The Global Initiative for Asthma (GINA) recommendations advocate using spirometry in the initial diagnostic assessment and the ongoing monitoring of disease control. Similarly, spirometry is essential in diagnosing, evaluating the severity of, and monitoring the course of COPD [36].

- **Electrocardiograms (ECGs) and Cardiac Abnormalities:**

An electrocardiogram (ECG) is a diagnostic instrument that captures the heart's electrical activity without requiring invasive procedures. By examining the ECG waveforms, clinicians can identify several cardiac abnormalities, such as arrhythmias, myocardial infarctions, and conduction disorders.

For myocardial infarction, electrocardiogram (ECG) alterations such as ST-segment elevation or depression, T-wave inversions, and the emergence of new Q-waves might assist in identifying the specific region of the damaged heart and direct suitable therapies. Moreover, electrocardiograms (ECGs) have a crucial role in diagnosing and treating arrhythmias, including atrial fibrillation, ventricular tachycardia, and heart block. [37].

In addition to blood pressure, spirometry, and ECGs, several more physiological evaluations help identify functional problems and diagnose diseases. The following items are included:

Neurological tests, such as electromyography (EMG) and nerve conduction examinations, are used to examine the functioning of the neuromuscular system and assist in diagnosing illnesses such as myopathies, neuropathies, and neuromuscular junction disorders. [38]

Endocrine examinations (such as measuring hormone levels), conducting glucose tolerance tests, and assessing insulin sensitivity are essential for identifying and managing endocrine illnesses such as diabetes, thyroid disorders, and adrenal disorders. [39]

Renal exams involve estimating the glomerular filtration rate (GFR) and analyzing urine. These assessments can help determine kidney function and identify problems such as chronic kidney disease, glomerulonephritis, and urinary tract infections.

Gastrointestinal assessments involve using endoscopic procedures, such as colonoscopy and gastroscopy, to examine the gastrointestinal system visually. These procedures are effective in identifying abnormalities such as ulcers, inflammatory bowel disease, and cancers. [40]

- **Understanding Disease Mechanisms:**

Understanding the fundamental processes that cause diseases to grow and worsen is a crucial goal in contemporary medicine. Healthcare workers can enhance patient outcomes by thoroughly comprehending the modified physiological processes that underlie different disease illnesses, enabling them to develop more efficient treatment techniques. This undertaking necessitates a multidisciplinary methodology, amalgamating knowledge from several domains such as molecular biology, genetics, immunology, and pathophysiology.[41]

1. Diabetes:

An Analysis of Metabolic Dysregulation: Detailed Examination Diabetes mellitus, a persistent metabolic illness marked by high blood glucose levels, demonstrates how understanding disease mechanisms can guide specific therapeutic strategies. Type 1 and type 2 diabetes are the two main kinds

of diabetes, each with its own unique yet interconnected pathways of disease. [42]

Type 1 diabetes is characterized by an autoimmune response that causes the loss of beta cells in the pancreatic islets of Langerhans; this leads to a severe lack of insulin, a hormone essential for controlling blood glucose levels. The comprehension of this concept has facilitated the development of exogenous insulin replacement treatment, which has been a fundamental aspect of managing type 1 diabetes for many years. [43]

Type 2 diabetes, in contrast, is distinguished by insulin resistance, a state in which the body's cells exhibit reduced sensitivity to insulin, along with a relative insufficiency in insulin production. The complex interaction between insulin resistance and impaired insulin secretion has led to the creation of various treatment options, such as metformin, which improves insulin sensitivity, and incretin-based therapies that promote insulin release and inhibit glucagon secretion [44].

2. Autoimmune Diseases:

Advancements in therapeutic approaches for autoimmune disorders have been profoundly influenced by understanding disease mechanisms, particularly in targeting dysregulated immune responses. Rheumatoid arthritis (RA) is a chronic inflammatory disease affecting joints. Understanding the immunological dysregulation underlying this disorder has led to the development of specific biological treatments. [45]

Rheumatoid arthritis (RA) occurs when the immune system incorrectly identifies its antigens as foreign, resulting in an exaggerated inflammatory reaction. This response is carried out by different immune cells and signaling molecules, including T cells, B cells, and pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α) and interleukin-6 (IL-6) [46]. This comprehension has cleared the route for the advancement of biological disease-modifying antirheumatic medicines (bDMARDs), which specifically aim at particular elements of the immune system that are implicated in the development of RA.[47]

Anti-TNF medications, such as etanercept, infliximab, and adalimumab, have greatly improved the treatment of RA by counteracting the effects of TNF- α , a crucial factor in inflammation and joint degeneration. Agents such as tocilizumab and sarilumab also focus on the IL-6 pathway, which is an essential factor in causing inflammation in RA. [48]

3. Oncology:

The study of oncology has significantly advanced due to a more comprehensive comprehension of the cellular signaling pathways involved in the development and progression of cancer. Understanding the complex communication networks and genetic abnormalities that cause unregulated cell growth, multiplication, and spread has facilitated the creation of specific treatments that disrupt these mechanisms. [49]

In specific forms of breast cancer, the excessive expression or amplification of the human epidermal growth factor receptor 2 (HER2) gene is crucial for the rapid growth and survival of cancer cells. The comprehension of this mechanism led to the creation of trastuzumab, a monoclonal antibody specifically targeting the HER2 receptor; this has enhanced survival rates for patients with HER2-positive breast cancer [50].

In chronic myeloid leukemia (CML), the discovery of the Philadelphia chromosome, a genetic anomaly that leads to the creation of the Bcr-Abl fusion protein, a constantly active tyrosine kinase, has played a crucial role in the advancement of targeted treatments such as imatinib [51]. Imatinib has significantly enhanced therapy results for patients with chronic myeloid leukemia (CML) by explicitly blocking the Bcr-Abl tyrosine kinase.

- Early Detection and Risk Stratification:

Physiological assessments are crucial for identifying diseases at an early stage and categorizing individuals according to their risk profiles. Healthcare practitioners might potentially prevent or delay the progression of different medical disorders by promptly intervening when they detect variations from normal physiological markers. Adopting this preventive approach not only enhances patient outcomes but also aids in reducing healthcare costs related to severe illness stages. [52]

1. Prediabetes and Diabetes Prevention:

Diabetes mellitus is a persistent metabolic illness defined by high amounts of glucose in the blood, and it poses a significant health concern worldwide. Nevertheless, timely identification and suitable therapies during the prediabetes phase can effectively avert or postpone the onset of fully developed diabetes and its related consequences.

Prediabetes, as defined by the American Diabetes Association (ADA) in 2022, is when blood glucose levels are elevated but not yet above the threshold to be considered diabetes. Physiological evaluations, such as fasting plasma glucose testing, oral glucose tolerance tests, and hemoglobin A1c (HbA1c) assays, are crucial for detecting patients with prediabetes. [53]

Multiple extensive clinical trials have proven the effectiveness of lifestyle interventions, such as changes in diet, increased physical activity, and weight loss, in preventing or delaying the progression from prediabetes to type 2 diabetes. Through the surveillance of blood glucose levels and the identification of persons with prediabetes, healthcare practitioners can promptly implement interventions and encourage patients to adopt lifestyle modifications that can significantly diminish their likelihood of developing diabetes. [54]

2. Cardiovascular Disease Risk Stratification:

Cardiovascular illnesses (CVDs), such as coronary artery disease, stroke, and peripheral artery disease, are major contributors to global mortality and morbidity. Timely identification and categorization of risk are essential for implementing proactive interventions and mitigating the impact of these debilitating illnesses. [55]

Physiological evaluations, such as measuring blood pressure, conducting lipid profile tests (including total cholesterol, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol), and assessing inflammation markers like C-reactive protein (CRP), are crucial in identifying individuals with a higher risk of cardiovascular disease (CVD) [56].

The ACC/AHA guidelines offer a thorough risk assessment tool called the Pooled Cohort Equations. This tool takes into account several physiological factors, such as age, sex, race, total cholesterol, HDL cholesterol, systolic blood pressure, and smoking status. It provides an estimate of an individual's 10-year risk of developing atherosclerotic cardiovascular disease (ASCVD) [57].

Healthcare professionals can utilize this risk stratification to implement suitable preventive measures, including lifestyle adjustments, pharmacological interventions (such as statins for managing cholesterol and antihypertensive medications for controlling blood pressure), and diligent monitoring of risk factors [58]. Implementing timely intervention and adopting risk reduction strategies can greatly reduce the probability of experiencing negative cardiovascular events, such as heart attack and stroke.

3. Cancer Screening and Early Detection:

Physiological evaluations also have a vital function in the prompt identification of different forms of cancer, allowing for timely treatments and potentially enhancing treatment results. Regular screening mammography can identify breast cancer in its early stages, when it is most responsive to treatment and has the highest chances of survival [59].

PSA testing, along with digital rectal examination, can help identify prostate cancer at an early stage, enabling timely treatment and potentially enhancing the outlook for patients [60]. Additional

physiological evaluations, such as colonoscopy for screening for colorectal cancer and Papanicolaou (Pap) testing for screening for cervical cancer, have been extremely valuable in detecting precancerous abnormalities and early-stage cancers; this allows for prompt interventions and has the potential to enhance patient outcomes. [61]

Discussion

The intricate relationship between histopathology and physiology forms the bedrock of accurate disease diagnosis and effective treatment strategies. While histopathology provides a detailed snapshot of tissue structural alterations, physiology sheds light on the functional disturbances caused by disease processes. This comprehensive review has explored the individual contributions of these disciplines and, more importantly, their synergistic power when used in tandem.

With its ever-evolving techniques, histopathology has revolutionized our ability to identify and characterize diseases. From the foundational H&E staining to advanced immunohistochemistry and molecular pathology, each technique adds a layer of understanding to the disease puzzle. In cancer diagnosis, histopathology plays a critical role in confirming the presence of malignancy, classifying tumor types, grading aggressiveness, and identifying crucial biomarkers that guide treatment decisions. For instance, IHC analysis of hormone receptors and HER2 status in breast cancer is essential for determining the most effective treatment approach [12, 17].

Similarly, in infectious diseases, histopathology provides invaluable insights. Direct visualizing pathogens, identifying characteristic inflammatory patterns, and assessing tissue damage severity all contribute to accurate diagnosis and appropriate antimicrobial therapy selection [19, 20, 21]. The ability to differentiate infectious from non-infectious conditions, such as inflammatory bowel disease versus infectious colitis, is crucial for avoiding unnecessary antibiotic use and directing proper treatment [22].

The role of histopathology extends to autoimmune diseases, where it helps identify characteristic pathological features, distinguish between similar conditions, and assess disease severity and progression. For example, the presence of glomerulonephritis in kidney biopsies is a hallmark of systemic lupus erythematosus (SLE). In contrast, synovial biopsies in rheumatoid arthritis (RA) typically show inflammatory cell infiltrates and joint damage [23, 24]. This information is critical for guiding treatment decisions and monitoring disease activity.

In neurological disorders, histopathology is often the gold standard for diagnosis. The identification of amyloid plaques and tau tangles in Alzheimer's disease, Lewy bodies in Parkinson's disease, and demyelination in multiple sclerosis are just a few examples of how histopathological findings provide definitive diagnoses and contribute to our understanding of disease mechanisms [29, 30, 31].

However, histopathology alone provides only a piece of the diagnostic puzzle. Physiology adds another crucial dimension by examining the functional disturbances caused by disease. Through various physiological assessments, clinicians can identify functional abnormalities that may not be readily apparent through histopathological examination alone. For example, measuring blood pressure is essential for diagnosing hypertension, a significant risk factor for cardiovascular diseases [33, 34]. Spirometry helps assess lung function and diagnose respiratory disorders like asthma and COPD [35, 36]. Electrocardiograms (ECGs) are invaluable for identifying cardiac abnormalities such as arrhythmias and myocardial infarctions [37].

Furthermore, understanding the underlying disease mechanisms through physiological assessments can guide the development of targeted therapies. In diabetes, understanding the interplay between insulin resistance and impaired insulin secretion has led to the development of various treatment options, including metformin and incretin-based therapies [42, 43, 44]. Similarly, understanding the immune dysregulation in autoimmune diseases like RA has paved the way for biological therapies targeting specific immune system components [45, 46, 47, 48].

The combined power of histopathology and physiology is particularly evident in early disease detection and risk stratification. Identifying individuals at risk allows for early intervention and potentially prevents or delays disease progression. For example, prediabetes can be identified through physiological assessments like fasting plasma glucose and HbA1c tests, allowing for lifestyle interventions that can prevent or delay the onset of type 2 diabetes [53, 54]. Similarly, cardiovascular disease risk can be stratified by analyzing physiological factors like blood pressure, cholesterol levels, and inflammation markers, leading to preventive measures and risk reduction strategies [55, 56, 57, 58].

However, it is important to acknowledge the limitations of each discipline. Histopathology relies on invasive procedures to obtain tissue samples, which can be associated with discomfort and risks for the patient. Additionally, interpretation of histopathological findings can be subjective and requires expertise and experience. On the other hand, physiological assessments may not always be specific to a particular disease, and results can be influenced by various factors, requiring careful interpretation in the context of the patient's overall clinical picture.

Despite these limitations, the synergistic combination of histopathology and physiology remains a cornerstone of modern medical diagnosis. By integrating the structural insights from histopathology with the functional understanding provided by physiology, clinicians can achieve a more comprehensive and accurate picture of disease processes. This integrated approach is crucial for developing targeted therapies, improving patient outcomes, and advancing personalized medicine. As technology and our understanding of disease mechanisms continue to evolve, the collaboration between these two disciplines will only become more critical in the future of healthcare.

Conclusion

Histopathology and physiology are crucial in diagnosing and managing diseases. Histopathology provides detailed insights into disease structures, enabling tumor identification, classification, and grading. It also helps identify biomarkers for personalized treatment strategies. Physiology, on the other hand, focuses on the functional aspects of the body, aiding in understanding how diseases affect organ systems and overall health. This synergy is evident in various medical fields, such as infectious diseases, autoimmune disorders, and neurological disorders. However, each discipline has limitations, such as the quality of tissue samples and subjective interpretation. A holistic approach combining histopathology, physiology, and other diagnostic modalities is essential for a more accurate understanding of diseases and personalized treatment plans.

References:

1. Gurcan MN, Boucheron LE, Can A, Madabhushi A, Rajpoot NM, Yener BJ. Histopathological image analysis: A review. 2009;2:147-71.
2. Wikswo J. The relevance and potential roles of microphysiological systems in biology and medicine. 2014;239(9):1061-72.
3. Schafer KA, Eighmy J, Fikes JD, Halpern WG, Hukkanen RR, Long GG, et al. Use of severity grades to characterize histopathologic changes. 2018;46(3):256-65.
4. Musumeci G. Past, present and future: overview on histology and histopathology. 2014;1(5):1-3.
5. Kumar V, Abbas AK, Fausto N, Aster JC. Robbins and Cotran pathologic basis of disease, professional edition e-book: Elsevier health sciences; 2014.
6. Mavrogenis AF, Altsitzioglou P, Tsukamoto S, Errani CJ. Biopsy Techniques for Musculoskeletal Tumors: Basic Principles and Specialized Techniques. 2024;31(2):900-17.

7. Rhodes AJBst, techniques poh. Fixation of tissues. 2012;7:69-93.
8. Hewitson TD, Wigg B, Becker GJJHp. Tissue preparation for histochemistry: fixation, embedding, and antigen retrieval for light microscopy. 2010;3-18.
9. Matenaers C, Popper B, Rieger A, Wanke R, Blutke AJPo. Practicable methods for histological section thickness measurement in quantitative stereological analyses. 2018;13(2):e0192879.
10. Dabeer S, Khan MM, Islam SJIIMU. Cancer diagnosis in histopathological image: CNN based approach. 2019;16:100231.
11. Saxena S, Gyanchandani MJJomi, sciences r. Machine learning methods for computer-aided breast cancer diagnosis using histopathology: a narrative review. 2020;51(1):182-93.
12. Makki JJCmiP. Diversity of breast carcinoma: histological subtypes and clinical relevance. 2015;8:CPath. S31563.
13. De Robertis R, Maris B, Cardobi N, Tinazzi Martini P, Gobbo S, Capelli P, et al. Can histogram analysis of MR images predict aggressiveness in pancreatic neuroendocrine tumors? 2018;28:2582-91.
14. Hendifar AE, Marchevsky AM, Tuli RJJoto. Neuroendocrine tumors of the lung: current challenges and advances in the diagnosis and management of well-differentiated disease. 2017;12(3):425-36.
15. Saadatmand S, Bretveld R, Siesling S, Tilanus-Linthorst MMJB. Influence of tumour stage at breast cancer detection on survival in modern times: population based study in 173 797 patients. 2015;351.
16. Zaha DCJWjoco. Significance of immunohistochemistry in breast cancer. 2014;5(3):382.
17. Yatabe Y, Dacic S, Borczuk AC, Warth A, Russell PA, Lantuejoul S, et al. Best practices recommendations for diagnostic immunohistochemistry in lung cancer. 2019;14(3):377-407.
18. Chen RJ, Lu MY, Wang J, Williamson DF, Rodig SJ, Lindeman NI, et al. Pathomic fusion: an integrated framework for fusing histopathology and genomic features for cancer diagnosis and prognosis. 2020;41(4):757-70.
19. Shah KK, Pritt BS, Alexander MPJJoct, Diseases oM. Histopathologic review of granulomatous inflammation. 2017;7:1-12.
20. Dietert K, Gutbier B, Wienhold SM, Reppe K, Jiang X, Yao L, et al. Spectrum of pathogen-and model-specific histopathologies in mouse models of acute pneumonia. 2017;12(11):e0188251.
21. Maschmeyer G, Carratala J, Buchheidt D, Hamprecht A, Heussel C, Kahl C, et al. Diagnosis and antimicrobial therapy of lung infiltrates in febrile neutropenic patients (allogeneic SCT excluded): updated guidelines of the Infectious Diseases Working Party (AGIHO) of the German Society of Hematology and Medical Oncology (DGHO). 2015;26(1):21-33.
22. Ruhnke M, Behre G, Buchheidt D, Christopeit M, Hamprecht A, Heinz W, et al. Diagnosis of invasive fungal diseases in haematology and oncology: 2018 update of the recommendations of the infectious diseases working party of the German society for hematology and medical oncology (AGIHO). 2018;61(11):796-813.
23. Moroni G, Depetri F, Ponticelli CJJoa. Lupus nephritis: when and how often to biopsy and what does it mean? 2016;74:27-40.
24. Conforti A, Di Cola I, Pavlych V, Ruscitti P, Berardicurti O, Ursini F, et al. Beyond the joints, the extra-articular manifestations in rheumatoid arthritis. 2021;20(2):102735.

25. Feakins RMJJocp. Inflammatory bowel disease biopsies: updated British Society of Gastroenterology reporting guidelines. 2013;66(12):1005-26.
26. Alghamdi MJCrr. Autoinflammatory disease-associated vasculitis/vasculopathy. 2018;20:1-6.
27. Pugh D, Karabayas M, Basu N, Cid MC, Goel R, Goodyear CS, et al. Large-vessel vasculitis. 2021;7(1):93.
28. Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham III CO, et al. 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. 2010;62(9):2569-81.
29. Blumcke I, Spreafico R, Haaker G, Coras R, Kobow K, Bien CG, et al. Histopathological findings in brain tissue obtained during epilepsy surgery. 2017;377(17):1648-56.
30. Filon JR, Intorcia AJ, Sue LI, Vazquez Arreola E, Wilson J, Davis KJ, et al. Gender differences in Alzheimer disease: brain atrophy, histopathology burden, and cognition. 2016;75(8):748-54.
31. Spadaro M, Gerdes LA, Mayer MC, Ertl-Wagner B, Laurent S, Krumbholz M, et al. Histopathology and clinical course of MOG-antibody-associated encephalomyelitis. 2015;2(3):295-301.
32. Verkhatsky A, Parpura VJNod. Astrogliopathology in neurological, neurodevelopmental and psychiatric disorders. 2016;85:254-61.
33. Flack JM, Adekola BJTicm. Blood pressure and the new ACC/AHA hypertension guidelines. 2020;30(3):160-4.
34. Stergiou GS, Palatini P, Parati G, O'Brien E, Januszewicz A, Lurbe E, et al. 2021 European Society of Hypertension practice guidelines for office and out-of-office blood pressure measurement. 2021;39(7):1293-302.
35. Lopes AJJerorm. Advances in spirometry testing for lung function analysis. 2019;13(6):559-69.
36. Van de Hei S, Flokstra-de Blok B, Baretta H, Doornewaard N, Van der Molen T, Patberg K, et al. Quality of spirometry and related diagnosis in primary care with a focus on clinical use. 2020;30(1):22.
37. Sahoo S, Kanungo B, Behera S, Sabut SJM. Multiresolution wavelet transform based feature extraction and ECG classification to detect cardiac abnormalities. 2017;108:55-66.
38. Silvestri NJ. Neuromuscular disorders: a symptoms and signs approach to differential diagnosis and treatment: Springer Publishing Company; 2017.
39. Pasquali R, Casanueva F, Haluzik M, Van Hulsteijn L, Ledoux S, Monteiro M, et al. European Society of Endocrinology Clinical Practice Guideline: endocrine work-up in obesity. 2020;182(1):G1-G32.
40. Chan G, Fefferman DS, Farrell RJJGC. Endoscopic assessment of inflammatory bowel disease: colonoscopy/esophagogastroduodenoscopy. 2012;41(2):271-90.
41. Pagana KD, Pagana TJ. Mosby's Manual of Diagnostic and Laboratory Tests-E-Book: Mosby's Manual of Diagnostic and Laboratory Tests-E-Book: Elsevier Health Sciences; 2017.
42. Busik JVJJolr. Lipid metabolism dysregulation in diabetic retinopathy. 2021;62.
43. Stefano GB, Challenger S, Kream RMJEjon. Hyperglycemia-associated alterations in cellular signaling and dysregulated mitochondrial bioenergetics in human metabolic disorders. 2016;55:2339-45.

44. Hameed I, Masoodi SR, Mir SA, Nabi M, Ghazanfar K, Ganai BAJWjod. Type 2 diabetes mellitus: from a metabolic disorder to an inflammatory condition. 2015;6(4):598.
45. Shams S, Martinez JM, Dawson JR, Flores J, Gabriel M, Garcia G, et al. The therapeutic landscape of rheumatoid arthritis: current state and future directions. 2021;12:680043.
46. Alam J, Jantan I, Bukhari SNAJB, Pharmacotherapy. Rheumatoid arthritis: recent advances on its etiology, role of cytokines and pharmacotherapy. 2017;92:615-33.
47. Jung SM, Kim W-UJIn. Targeted immunotherapy for autoimmune disease. 2022;22(1).
48. Lee DS, Rojas OL, Gommerman JLJNrDd. B cell depletion therapies in autoimmune disease: advances and mechanistic insights. 2021;20(3):179-99.
49. Mukherjee S, Liang L, Veiseh OJP. Recent advancements of magnetic nanomaterials in cancer therapy. 2020;12(2):147.
50. Tsimberidou A-MJCC, pharmacology. Targeted therapy in cancer. 2015;76:1113-32.
51. Nepali K, Liou J-PJJoBS. Recent developments in epigenetic cancer therapeutics: clinical advancement and emerging trends. 2021;28:1-58.
52. Davidson KW, Barry MJ, Mangione CM, Cabana M, Caughey AB, Davis EM, et al. Screening for prediabetes and type 2 diabetes: US Preventive Services Task Force recommendation statement. 2021;326(8):736-43.
53. Khan RMM, Chua ZJY, Tan JC, Yang Y, Liao Z, Zhao YJM. From pre-diabetes to diabetes: diagnosis, treatments and translational research. 2019;55(9):546.
54. Carris NW, Magness RR, Labovitz AJTAjoc. Prevention of diabetes mellitus in patients with prediabetes. 2019;123(3):507-12.
55. Brunner FJ, Waldeyer C, Ojeda F, Salomaa V, Kee F, Sans S, et al. Application of non-HDL cholesterol for population-based cardiovascular risk stratification: results from the Multinational Cardiovascular Risk Consortium. 2019;394(10215):2173-83.
56. Barter P, Genest JJA. HDL cholesterol and ASCVD risk stratification: a debate. 2019;283:7-12.
57. Kaptoge S, Pennells L, De Bacquer D, Cooney MT, Kavousi M, Stevens G, et al. World Health Organization cardiovascular disease risk charts: revised models to estimate risk in 21 global regions. 2019;7(10):e1332-e45.
58. Farmakis D, Mueller C, Apple FSJEhj. High-sensitivity cardiac troponin assays for cardiovascular risk stratification in the general population. 2020;41(41):4050-6.
59. Mathieu E, Noguchi N, Li T, Barratt AL, Hersch JK, De Bock GH, et al. Health benefits and harms of mammography screening in older women (75+ years)—a systematic review. 2024;130(2):275-96.
60. Okpua NC, Okekpa SI, Njaka S, Emeh ANJAJJoU. Clinical diagnosis of prostate cancer using digital rectal examination and prostate-specific antigen tests: a systematic review and meta-analysis of sensitivity and specificity. 2021;27:1-9.
61. Knudsen AB, Zauber AG, Rutter CM, Naber SK, Doria-Rose VP, Pabiniak C, et al. Estimation of benefits, burden, and harms of colorectal cancer screening strategies: modeling study for the US Preventive Services Task Force. 2016;315(23):2595-609.