

**Additional figures to accompany “Interpretation of Diagnostic Muscle Biopsies,” by  
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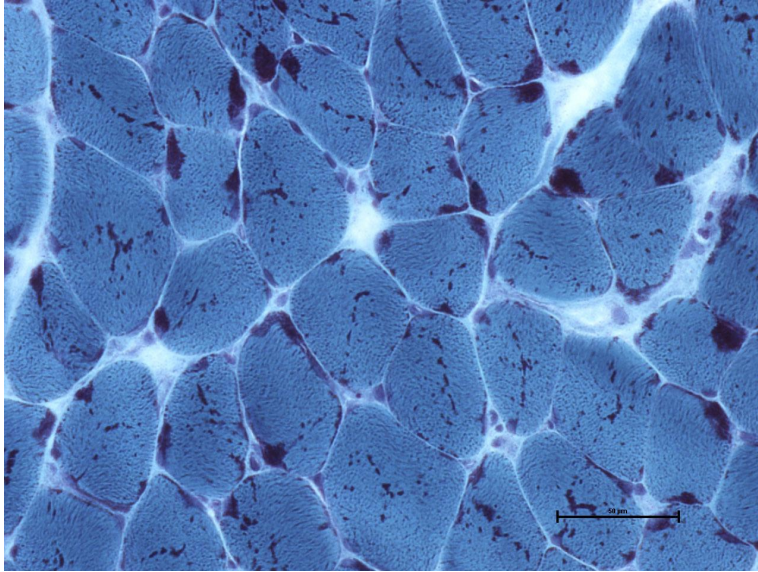


Figure 9. Nemaline myopathy characterized by numerous subsarcolemmal and sarcoplasmic dark aggregates. A thread-like (Greek *nema* = thread) structure is not apparent at this magnification. (Gomori's modified trichrome)

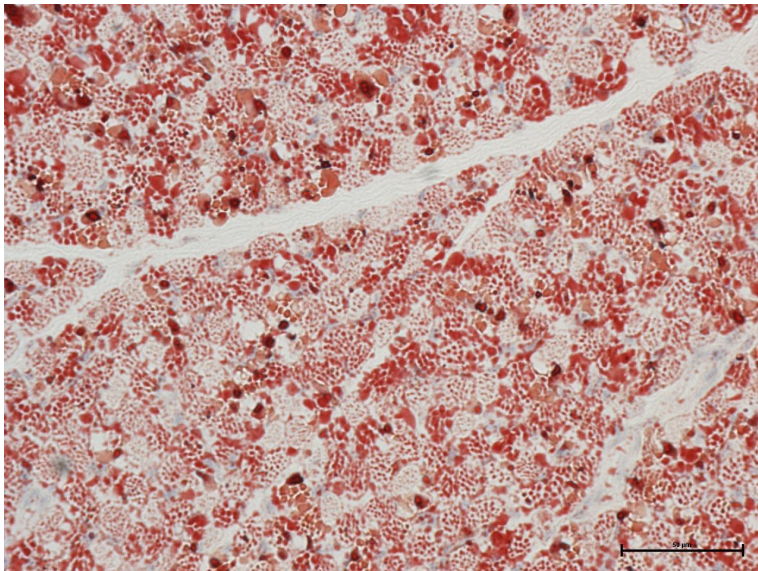


Figure 10. Lipid myopathy, in which virtually every fibre is completely loaded with oil red O-positive lipid.

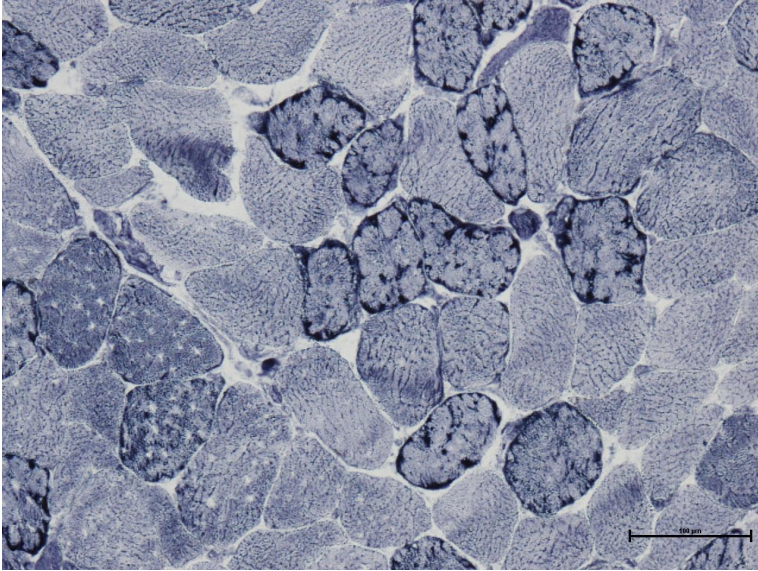


Figure 11. Lobulated fibres highlighted with nicotinamide adenine dinucleotide dehydrogenase tetrazolium reductase stain, a non-specific finding but very suggestive of underlying mitochondrial dysfunction.

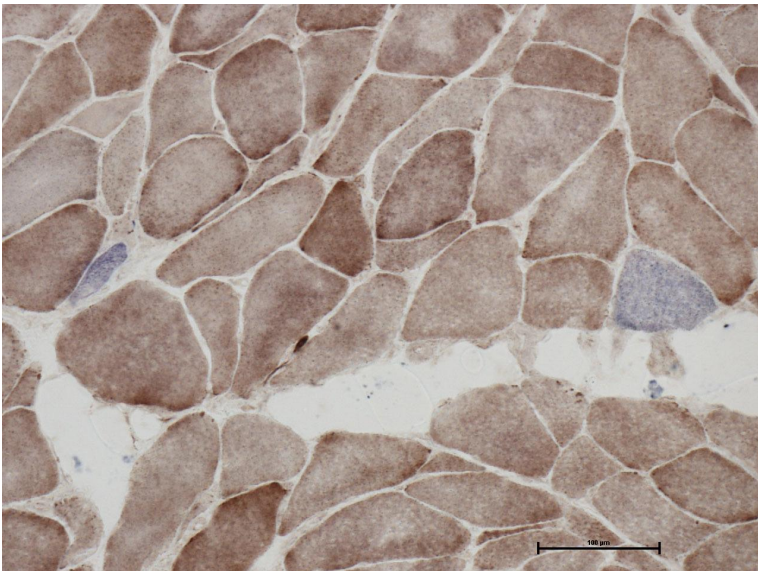


Figure 12. Blue cytochrome oxidase (COX)-deficient fibres contrasted with brown, normal COX-positive fibres. (Combined COX-SDH [succinic dehydrogenase] stain)

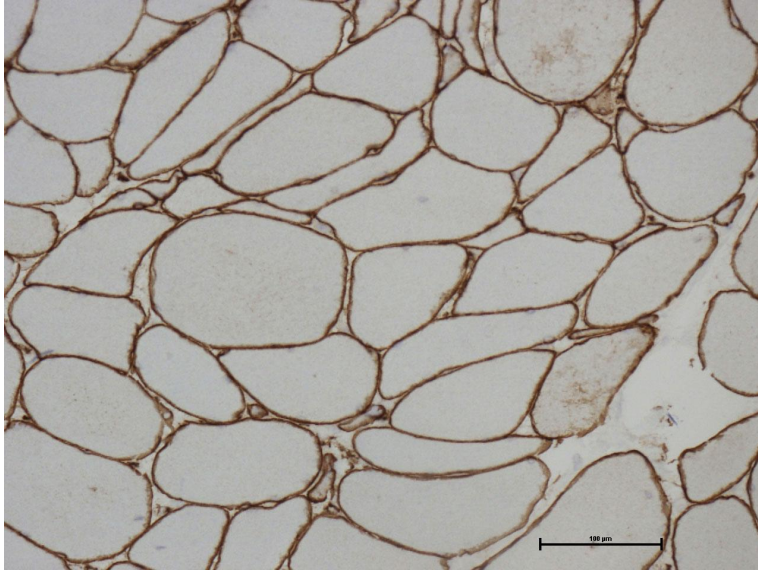


Figure 13. Integrity of muscle membrane demonstrated with spectrin antibody. This pattern of membranous immunostaining with spectrin is virtually identical to normal dystrophin, sarcoglycan, dystroglycan and merosin staining.

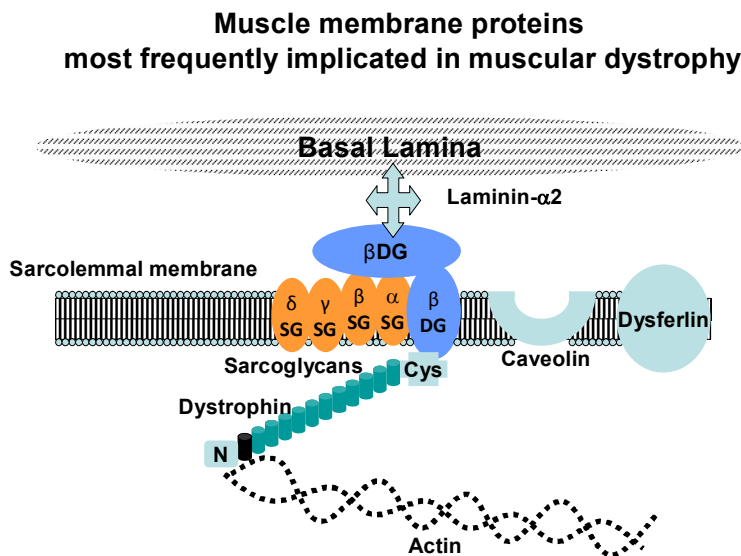


Figure 14. Inter-relationships of muscle proteins most frequently involved in muscular dystrophy.; DG = dystroglycan; SG = sarcoglycan.

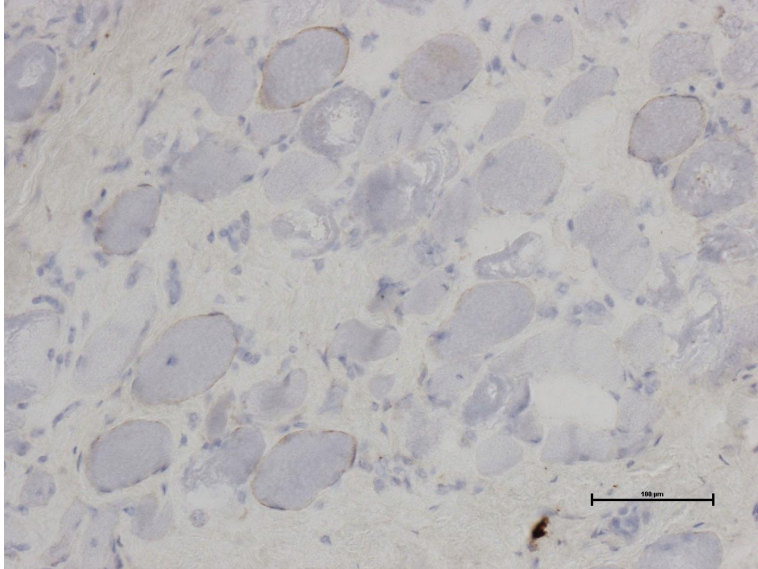


Figure 15. Duchenne's muscular dystrophy, in which there is almost a total absence of dystrophin (*N*-terminal) from all but a few revertant fibres, which are weakly dystrophin positive.

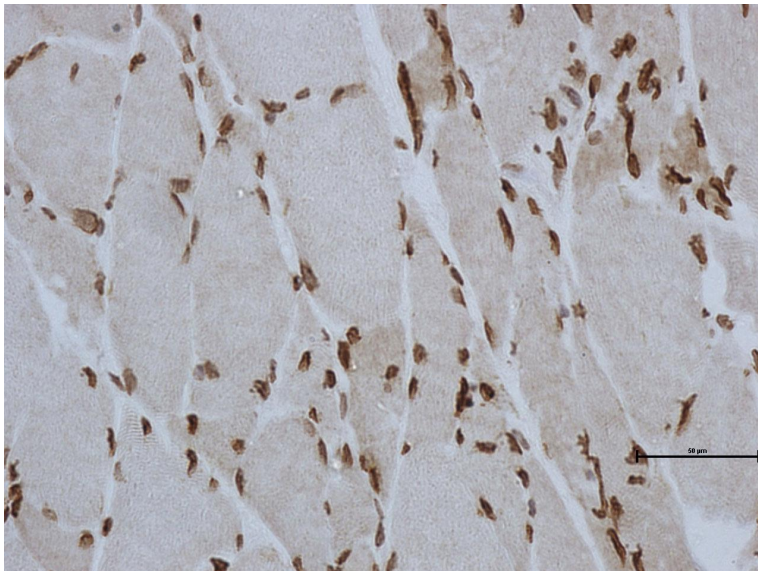


Figure 16. Normal myonuclear immunostaining with anti-emerin antibody.

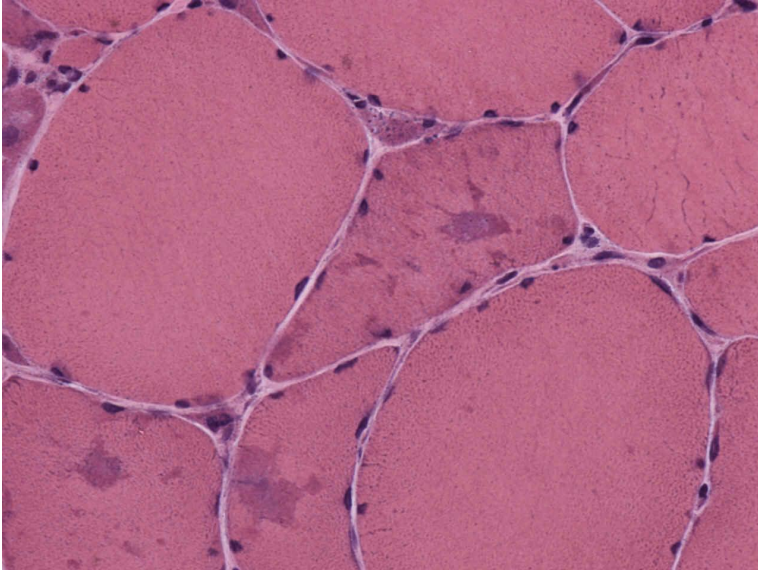
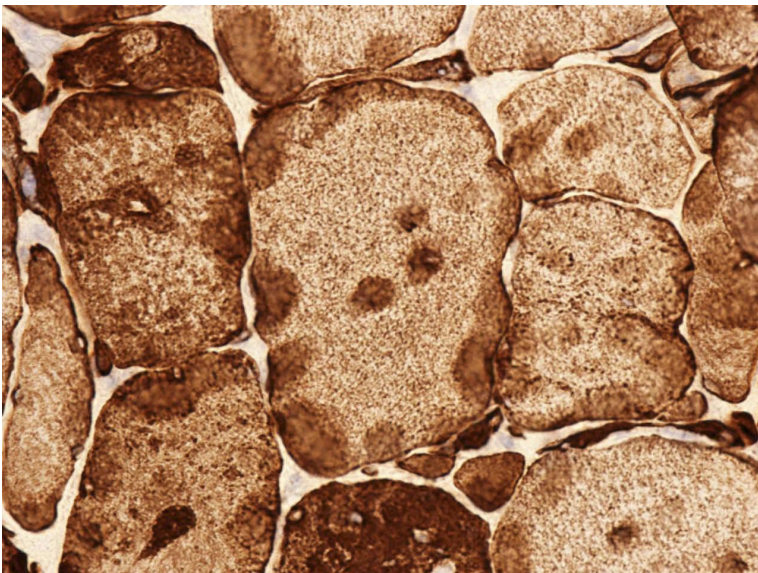


Figure 17. *A*, Myofibrillar myopathy characterized by distinctive central basophilic sarcoplasmic zones (hematoxylin and eosin).



*B*, Myofibrillar myopathy, in which the distinctive central basophilic sarcoplasmic zones (panel *A*) show intense immunopositivity with desmin.