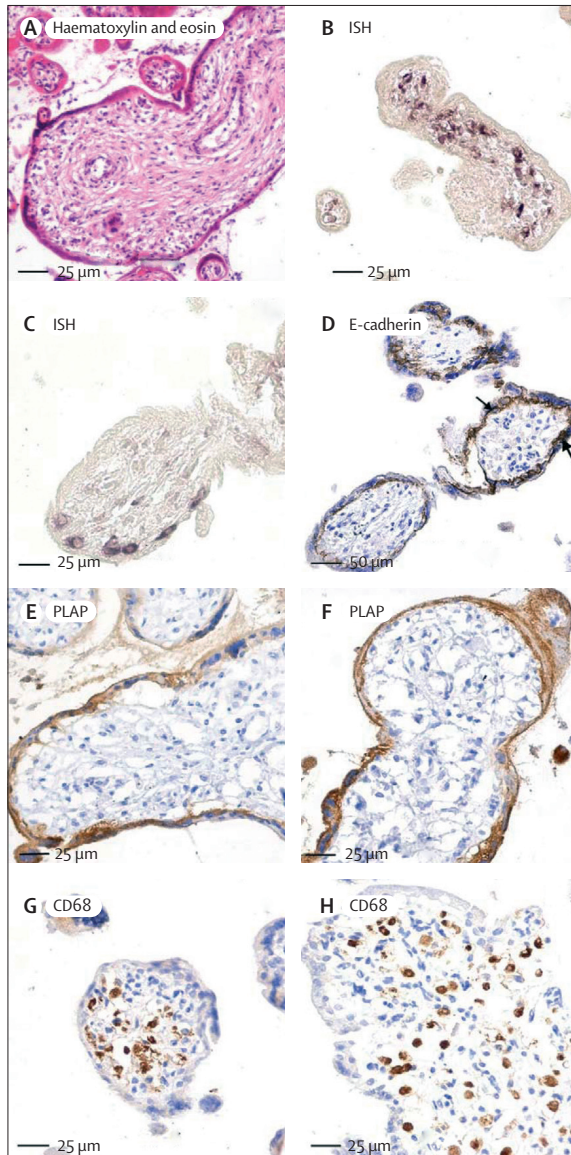


H5N1 infection of the respiratory tract and beyond: a molecular pathology study

Correspondence to:
Prof Jiang Gu, Infectious Disease
Centre, Peking University,
Beijing, 100083 China
jianggu@bjmu.edu.cn



Webfigure 4: In-situ hybridisation (ISH) and immunohistochemistry (IHC) on consecutive sections of placenta

ISH signals seen with nitroblue tetrazolium/5-bromo-4-chloro-3-indolyl phosphate (purple-blue) and IHC signals seen with diaminobenzidine (brown). (A) Placenta with haematoxylin and eosin staining. (B) Positive ISH signals seen in cytoplasm of cells localised in core of chorionic villus. Cells morphologically resemble macrophages. (C) Positive ISH signals seen in cytoplasm of cells in periphery of chorionic villus. Cells line the inner layer but not outer layer of trophoblast barrier, therefore are probably cytotrophoblasts but not syncytiotrophoblasts. (D) Immunostaining with E-cadherin antibody (arrows) on consecutive sections confirms some ISH-positive cells to be cytotrophoblasts but not syncytiotrophoblasts. (E,F) Immunohistochemistry with monoclonal antibodies to PLAP (brown). Positive staining is distributed throughout outer layer of chorionic villi, implying that ISH-positive cells seen in webfigure 4C are not syncytiotrophoblasts. (G,H) Distribution of CD68-positive cells is similar to that of ISH-positive cells seen in webfigure 4B, implying fetal macrophages (Hofbauer cells) to be infected with H5N1 virus.