

NTP Nonneoplastic Lesion Atlas

Skeletal Muscle – Mineralization

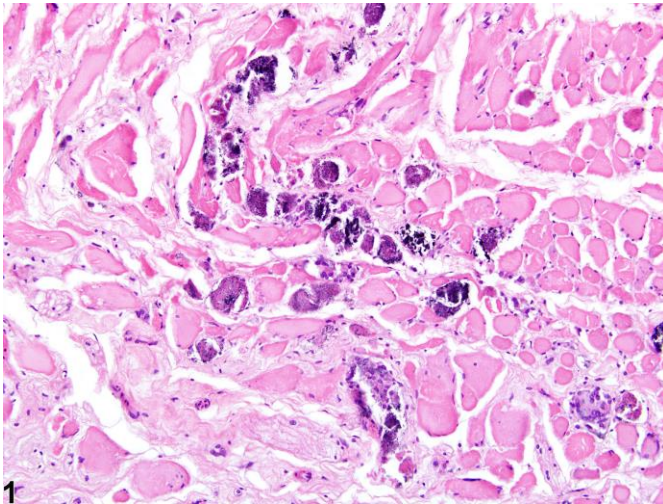
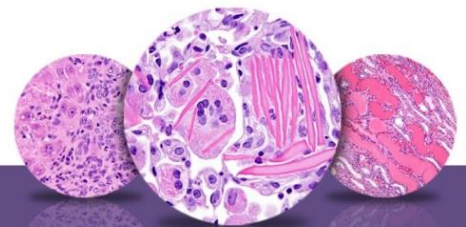


Figure Legend: **Figure 1** Skeletal muscle - Mineralization in a male F344/N rat from a chronic study. Multiple deposits of deeply basophilic mineral are present in damaged muscle fibers.

Comment: Mineralization is histologically characterized by the presence of deeply basophilic fine to coarse granular deposits that stain positively with histochemical stains for calcium. Multinucleated foreign-body giant cells, acute or chronic inflammation, and/or a fibroblastic response may also be present. Mineralization can occur either as a result of local trauma/necrosis (dystrophic) or due to systemic Ca:P imbalances (metastatic). While dystrophic mineralization is not a common response in rats, certain mouse strains, notably BALB/c, C3H, and DBA, are particularly susceptible. Dystrophic or metastatic calcification of skeletal muscle is sporadically observed as a spontaneous change; however, diet, hormonal changes, administration of hydrocortisone, and high endogenous secretion of corticosteroids have all been postulated as contributing factors.

Recommendation: When mineralization of skeletal muscle is significant or is a primary lesion (i.e., metastatic mineralization), it should be diagnosed and graded. Mineralization that occurs as a component of necrosis does not need to be recorded separately (unless warranted by severity) but should be described in the pathology narrative.



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References:

Berridge BR, Van Vleet JF, Herman E. 2013. Cardiac, vascular, and skeletal muscle systems. In: Haschek and Rousseaux's Handbook of Toxicologic Pathology, 3rd ed (Haschek WM, Rousseaux CG, Wallig MA, Bolon B, Ochoa R, Mahler MW, eds). Elsevier, Amsterdam, 1635-1665.

Greaves P. 2007. Musculoskeletal system. In: Histopathology of Preclinical Toxicity Studies, 3rd ed. Elsevier, Oxford, 160-214.

Greaves P, Seely JC. 1996. Non-proliferative lesions of soft tissues and skeletal muscle in rats, MST-1. In: Guides for Toxicologic Pathology. STP/ARP/AFIP, Washington, DC.

Greaves P, Chouinard L, Ernst H, Mecklenburg L, Pruimboom-Brees IM, Rinke M, Rittinghausen S, Thibault S, von Erichsen J, Yoshida T. 2013. Proliferative and non-proliferative lesions of the rat and mouse soft tissue, skeletal muscle, and mesothelium. *J Toxicol Pathol* 26(3 suppl):1S-26S.

Abstract: <http://www.ncbi.nlm.nih.gov/pubmed/25035576>

Leninger JR. 1999. Skeletal muscle. In: Pathology of the Mouse (Maronpot R, Boorman G, Gaul BW, eds). Cache River Press, St Louis, 637-643.

McDonald MM, Hamilton BF. 1990. Bones, joints, and synovia. In: Pathology of the Fischer Rat: Reference and Atlas (Boorman G, Eustis SL, Elwell MR, Montgomery CA, MacKenzie WF, eds). Academic Press, San Diego, 193-207.

Vahle JL, Leininger JR, Long PH, Hall DG, Ernst H. 2013. Bone, muscle, and tooth. In: Toxicologic Pathology Nonclinical Safety Assessment (Sahota PS, Popp JA, Hardisty JF, Gopinath C, eds). CRC Press, Boca Raton, FL, 561-587.

Valentine BA, McGavin MD. 2007. Skeletal muscle. In: Pathologic Basis of Veterinary Disease (McGavin MD, Zachary JF, eds). Mosby Elsevier, St Louis, 973-1040.

Van Vleet JF, Valentine BA. 2007. Muscle and tendon. In: Jubb, Kennedy, and Palmer's Pathology of Domestic Animals, 5th ed, Vol 1 (Grant MG, ed). Elsevier, Edinburgh, 185-280.

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