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Analysis of the adult thymus in reconstitution of T lymphocytes in HIV-1 infection

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Erratum

J. Clin. Invest.103:453–460 (1999). A production error resulted in the incorrect printing of Figure 1; the correct display appears below. We regret the error and have provided corrected reprints to the corresponding author: Barton F. Haynes, Box 3703, Duke Hospital, Durham, North Carolina 27710, USA. Phone: (919) 684-5384; Fax: (919) 681-8992; E-mail: Hayne002@mc.duke.edu1 Figure 1Immunohistological analysis of the thymus in HIV infection. (a–d) Thymus from HIV-1+ patient no. 1 with no thymopoiesis. (e–h) Thymus from HIV-1+ patient no. 2 with areas of active thymopoiesis. (a) Hematoxylin and eosin stain of patient no. 1's lymphoid thymus. ×13. (b) A similar area as in a, with thymic epithelium in immunohistological analysis reactive with antikeratin antibody (brown central areas). All keratin+ thymic epithelium (e) in the true thymus is collapsed (dark brown areas) and devoid of lymphocytes, with a surrounding infiltrate of blue mononuclear cells present in the thymic perivascular space (P). ×13. (c) Immunohistological stain of CD8+ T cells (brown cells; see arrows for examples) in the perivascular space (P) around a central empty thymic epithelial island (e). The dotted line surrounds thymic true epithelial thymus areas (e), and the short arrow points out a rare CD8+ T cell within the true epithelial thymus (e). ×66. (d) Many of the perivascular space (P) CD8+ cells are reactive with MAB TIA-1 (arrows) and […]

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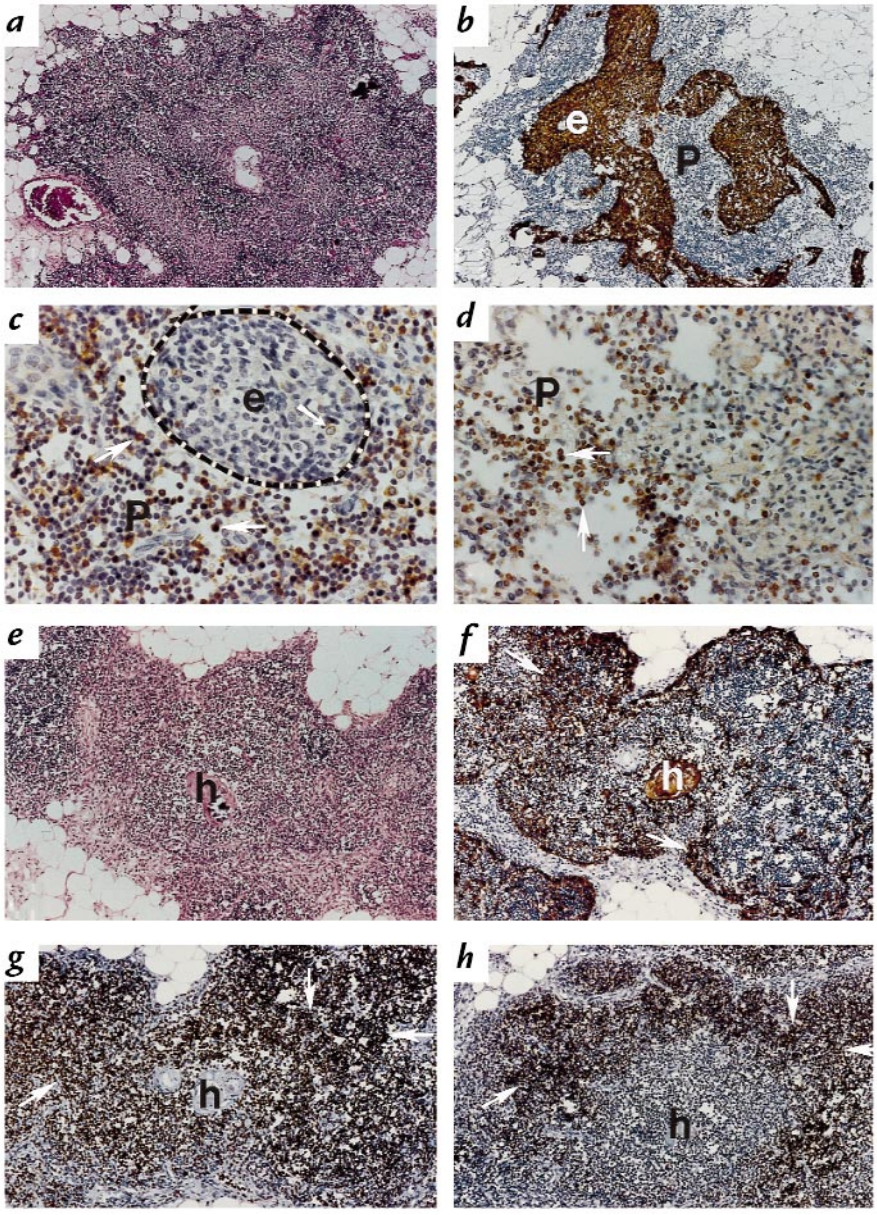

Figure 1
Immunohistological analysis of the thymus in HIV infection. (***a***–***d***) Thymus from HIV-1+ patient no. 1 with no thymopoiesis. (***e***–***h***) Thymus from HIV-1$^+$ patient no. 2 with areas of active thymopoiesis. (*a*) Hematoxylin and eosin stain of patient no. 1's lymphoid thymus. ×13. (*b*) A similar area as in *a*, with thymic epithelium in immunohistological analysis reactive with antikeratin antibody (*brown central areas*). All keratin$^+$ thymic epithelium (*e*) in the true thymus is collapsed (*dark brown areas*) and devoid of lymphocytes, with a surrounding infiltrate of blue mononuclear cells present in the thymic perivascular space (*P*). ×13. (*c*) Immunohistological stain of CD8$^+$ T cells (*brown cells*; see *arrows* for examples) in the perivascular space (P) around a central empty thymic epithelial island (*e*). The dotted line surrounds thymic true epithelial thymus areas (*e*), and the short arrow points out a rare CD8$^+$ T cell within the true epithelial thymus (*e*). ×66. (*d*) Many of the perivascular space (*P*) CD8$^+$ cells are reactive with MAB TIA-1 (*arrows*) and therefore are mature effector cytotoxic T cells. ×66. *e*–*h* are from patient no. 2's thymus. ×33. (*e*) Light microscopic view of patient no. 2's thymus (hematoxylin and eosin stain with a Hassall's body [*h*] in the thymus medulla). (*f*) Immunohistological analysis with antikeratin antibody, with areas of normal-appearing keratin$^+$ thymic epithelium (*brown areas*) filled with lymphocytes (*blue areas*) intermingled with thymic epithelium (*arrows*). Most developing thymocytes are CD3$^+$ T cells (*arrows* in *g*), many of which are normal CD1a$^+$ cortical thymocytes (*brown cells, arrows* in *h*). A subset of these CD1a$^+$, CD3$^+$ immature thymocytes were actively dividing as determined by nuclear reactivity with MAB mib-1 (not shown). *MAB*, monoclonal antibody.