



# **MODIFIED GMS FOR URATE**

**UNDERSTANDING HISTOLOGY FOR BETTER ANALYSIS**

**LOH LE KEE**



# LEARNING OBJECTIVES

- Understand the **principle** of modified GMS staining for urates
- Recognise the **appearance and distribution** of urate deposits
- Identify **critical technical steps** required to preserve urates
- Anticipate **common pitfalls** and troubleshooting points

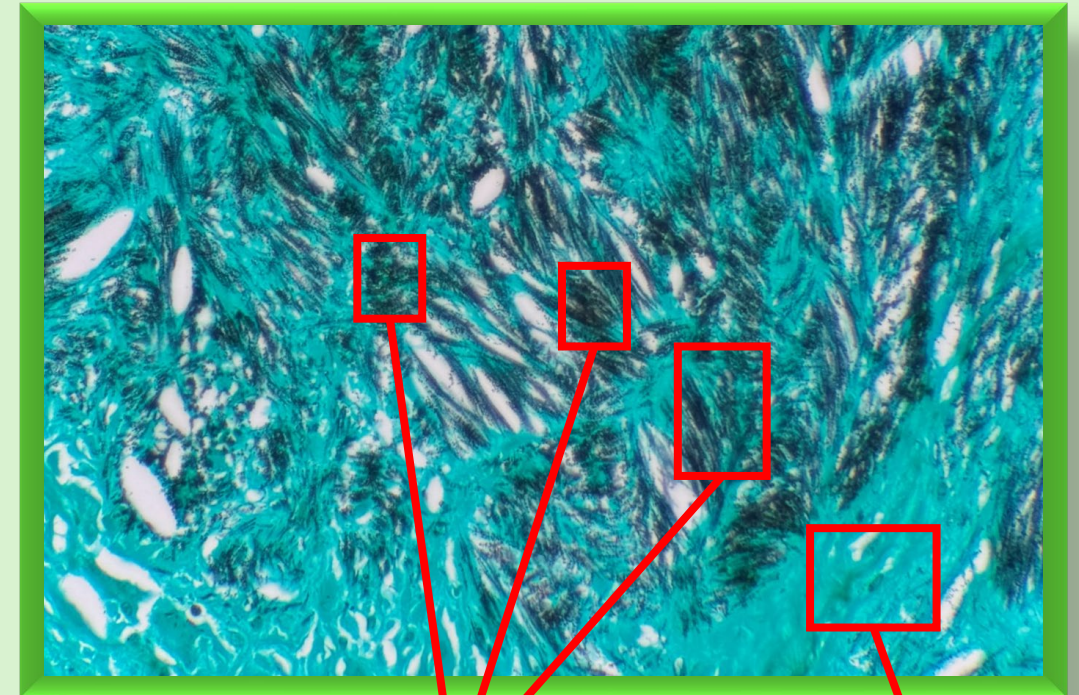
# Modified GMS for Urate

To demonstrate urate crystals

- Especially in conditions like gout or tumoral calcinosis with urate components.

## When it's used clinically ?

- Suspected gouty tophi
- Evaluation of kidney biopsies with urate nephropathy (obstruction/ renal failure)
- To differentiate urate from other crystal

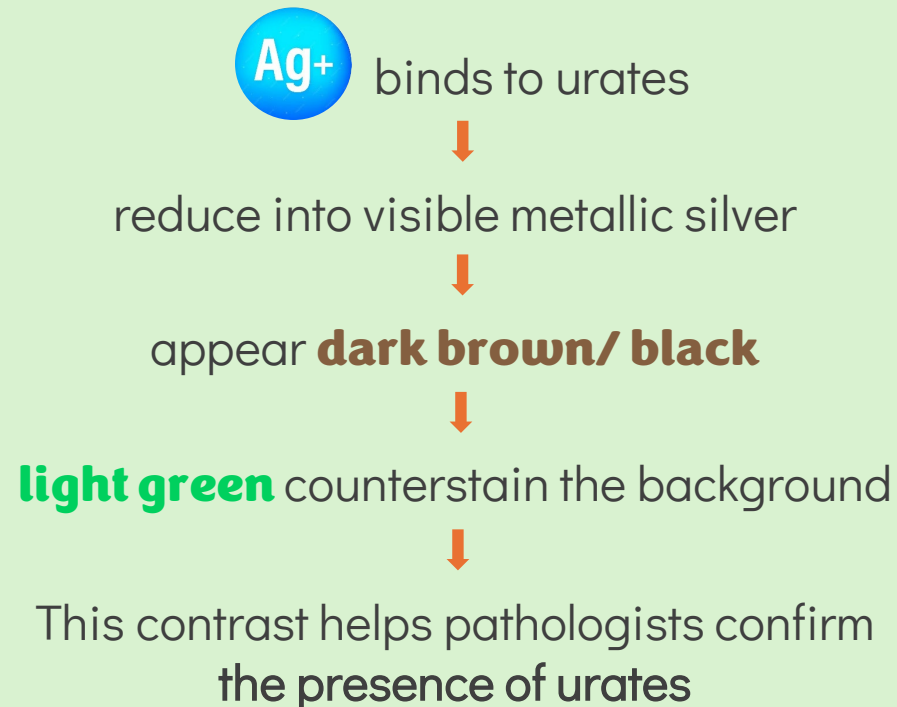


Urates  
Black

Background  
Green

# How it works ?

Urate deposits in tissue can be difficult to see clearly with routine H&E stain

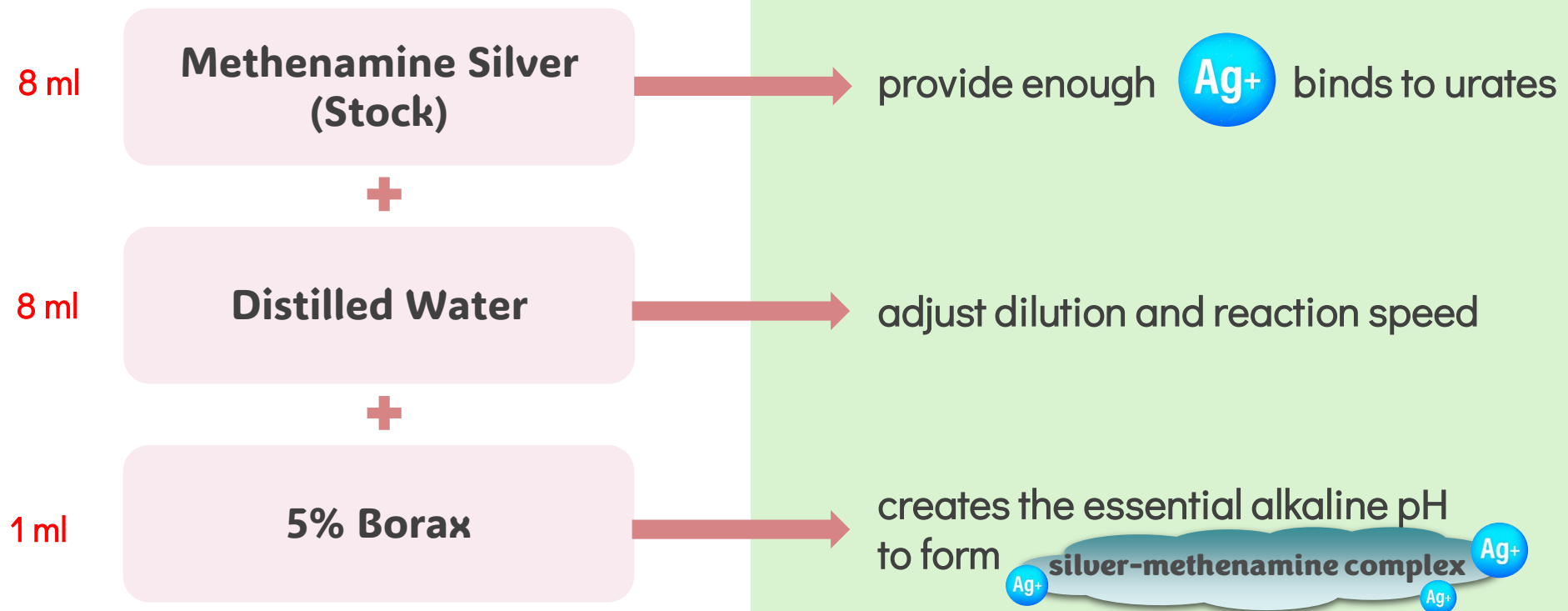


Urates  
Black

Background  
Green

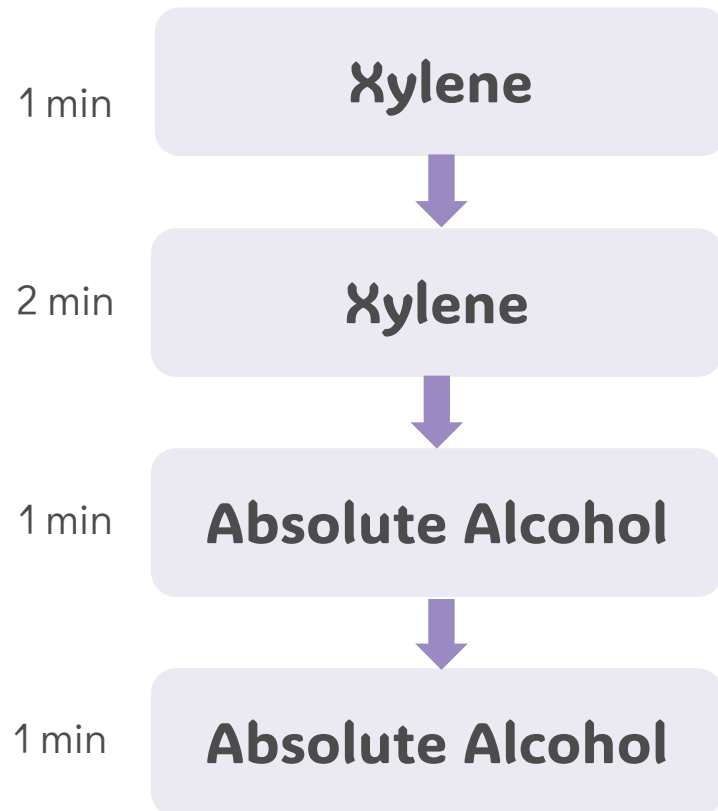
# Preparation of Methenamine Silver (Stock) Solution

**Ratio is very IMPORTANT !**



# PROCEDURE

Formalin fixed tissue cut at 4  $\mu\text{m}$  ; Control : Urates positive tissue

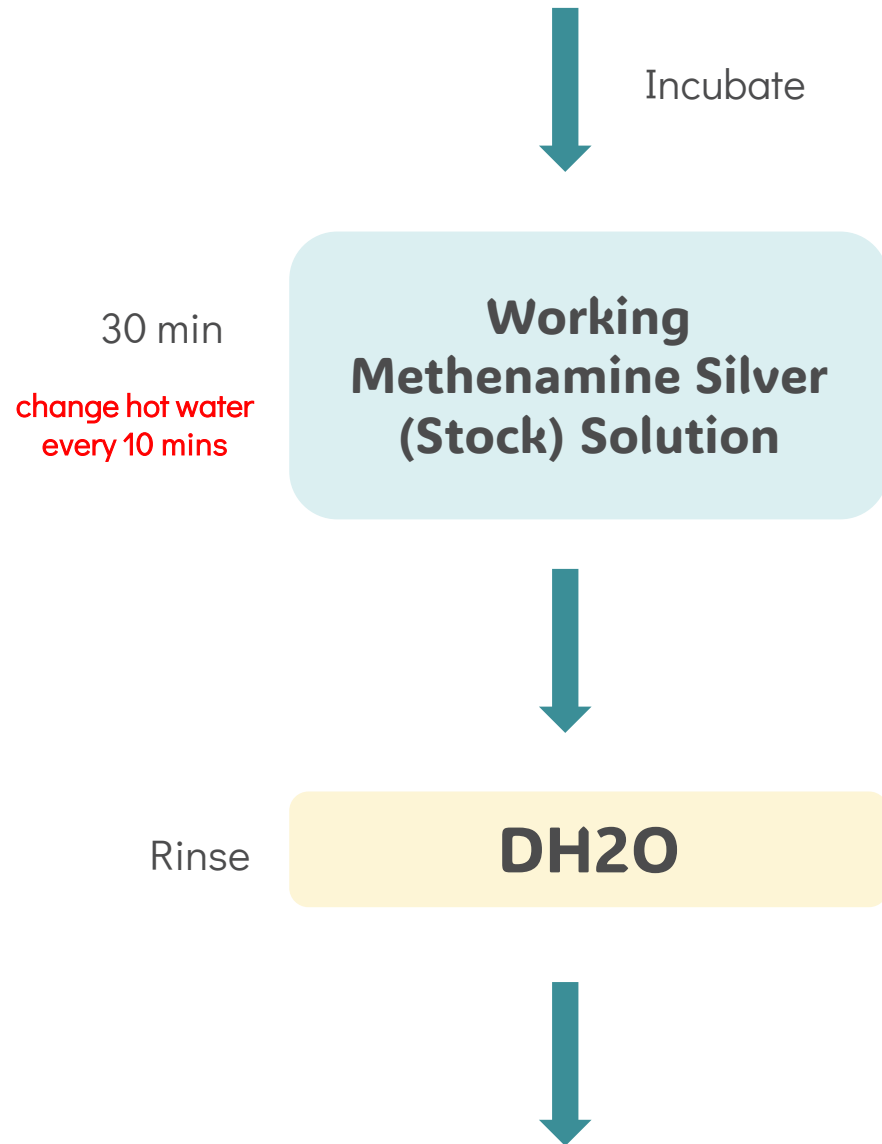


## Deparaffinization

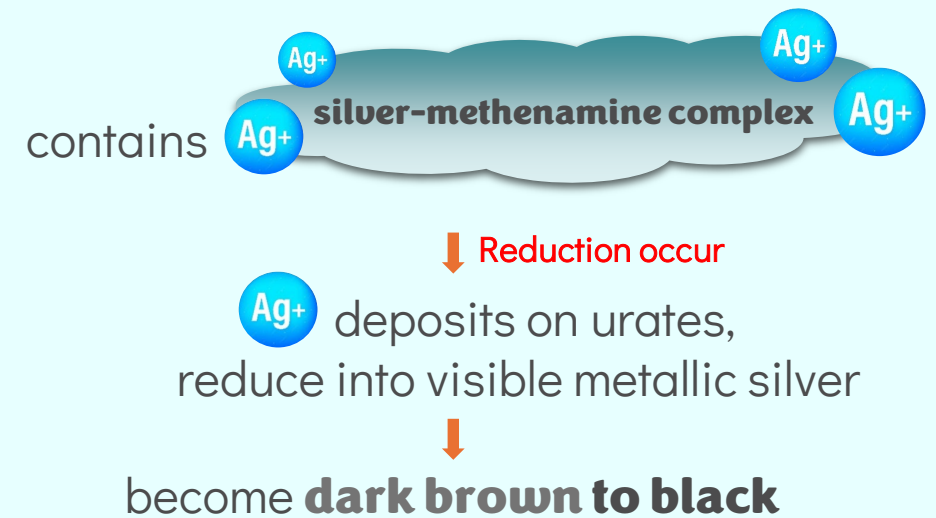
Deparaffinize with Absolute Alcohol

**Do not hydrate sections with water**

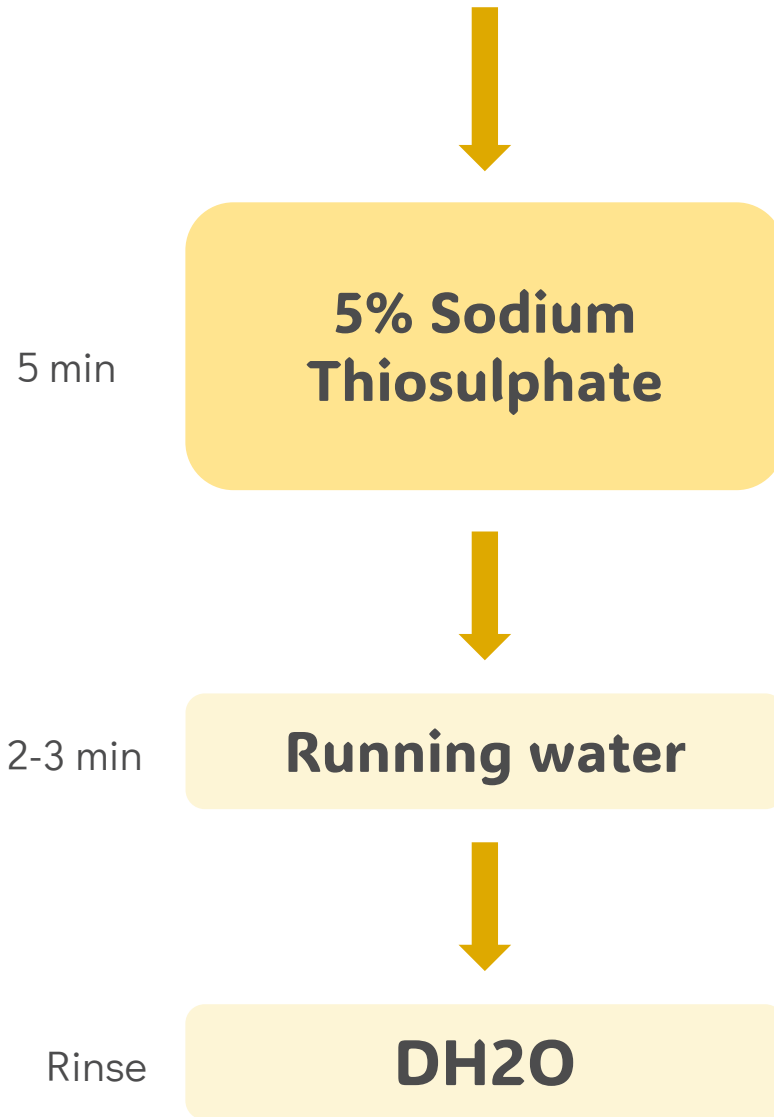
- Urates present in tissue as sodium urate, and it is water-soluble
- Deparaffinized with water will cause the urates to dissolve and wash out of the tissue



## Pre-heated Working Methenamine Solution



Heating speeds up the reduction reaction



## **“Fixes” the Silver**

removing unreacted silver ions

prevents nonspecific darkening or the slide becoming black over time

1-2 min

**2% light green**

**DCM**

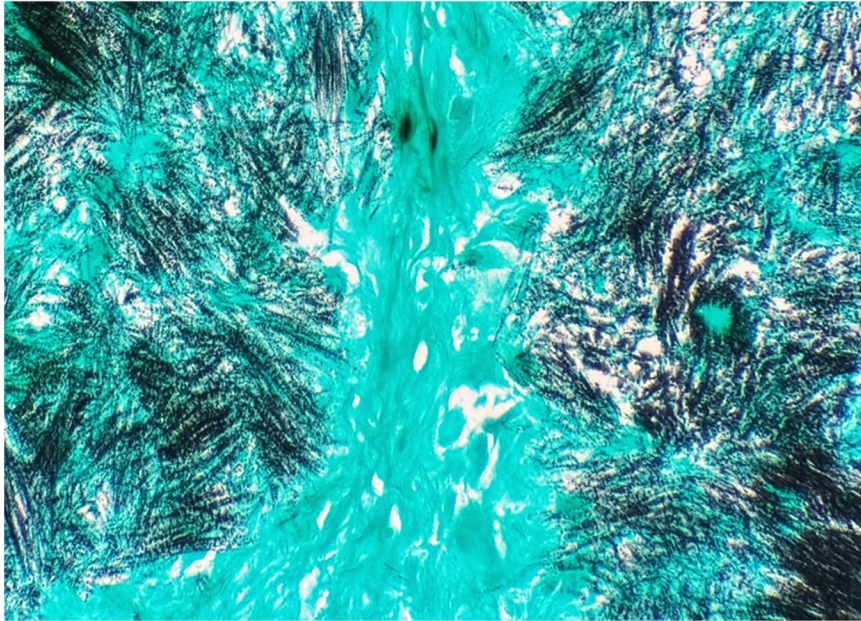
## Counterstain

Provides a background contrast  
**(green)**

so the **dark brown/ black**  
silver-positive urates stand out  
clearly

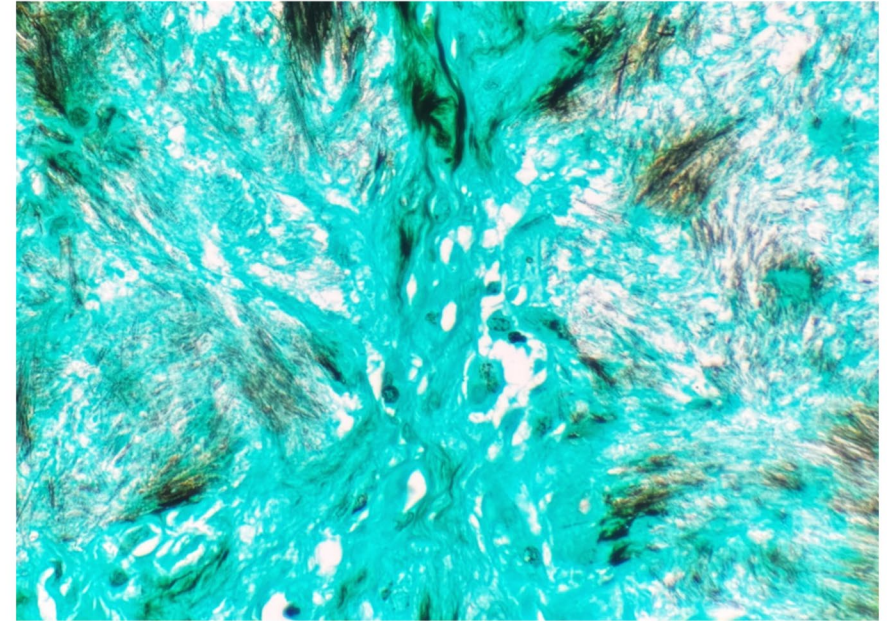
# Troubleshooting

## Control



## Deparaffinized with water

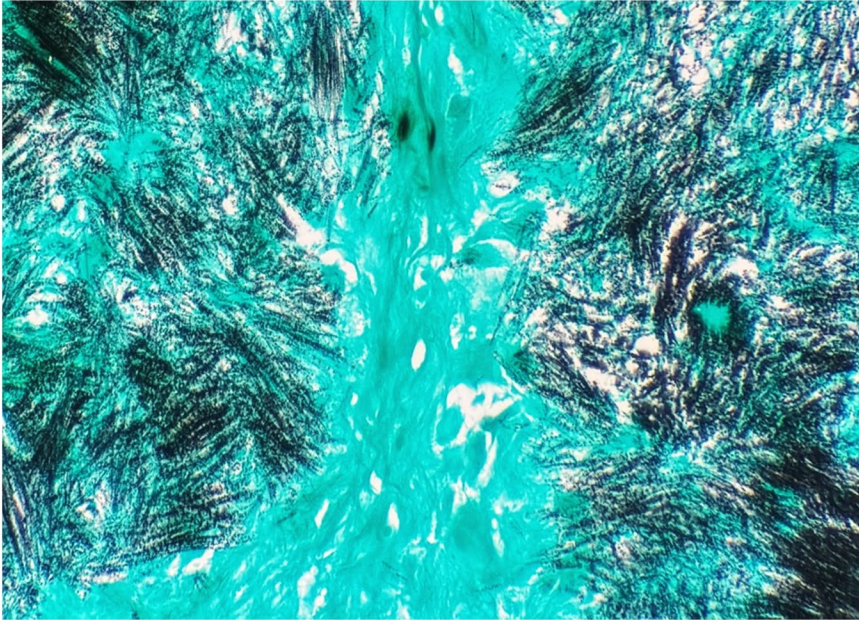
## Deparaffinized with water



**Urate dissolve in water & washed off  
[ may lead to false-negative ]**

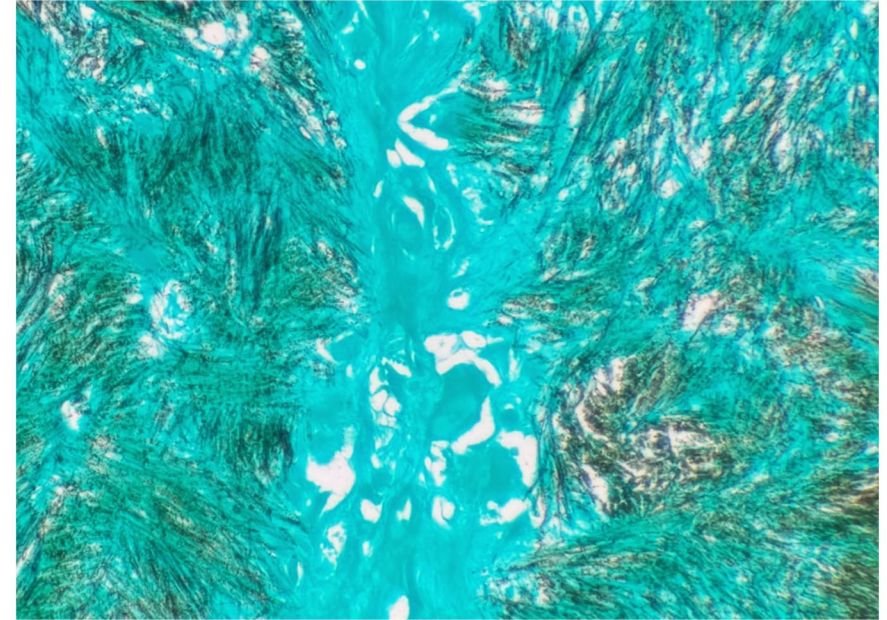
# Troubleshooting

## Control



## Incorrect Working Solution Ratio

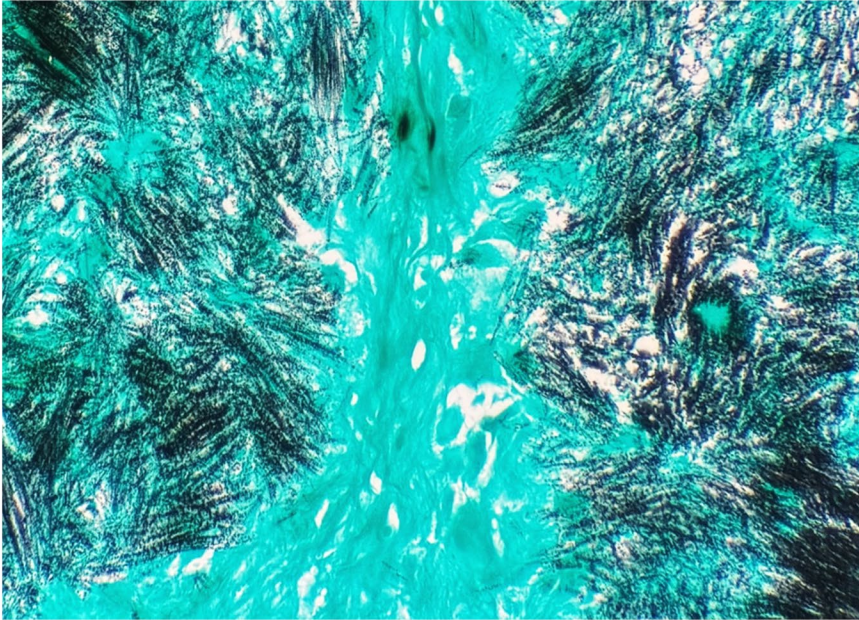
### Less Methenamine silver



**Too few  $\text{Ag}^+$  during staining**  
**[ pale staining, X contrast ]**

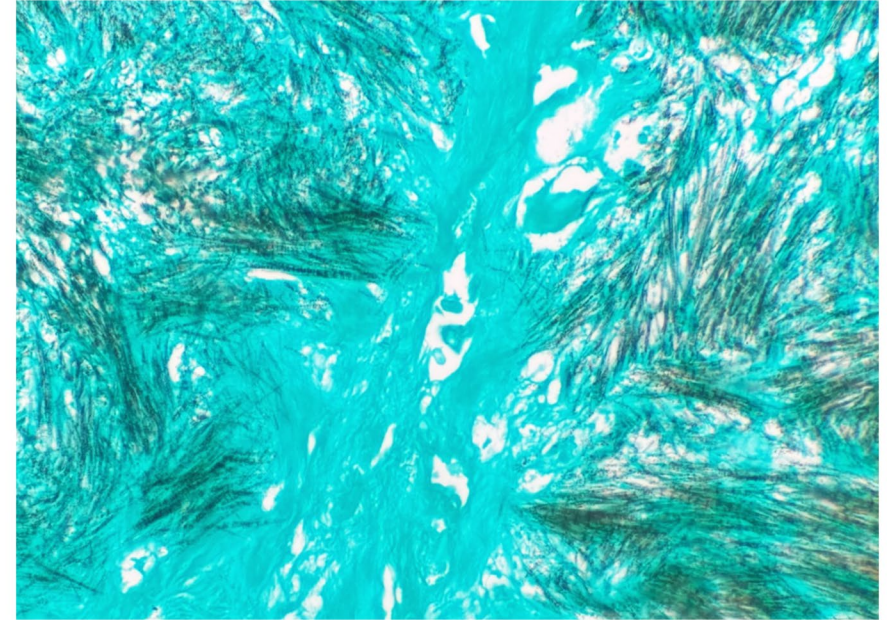
# Troubleshooting

## Control



## Absence of 5% Borax

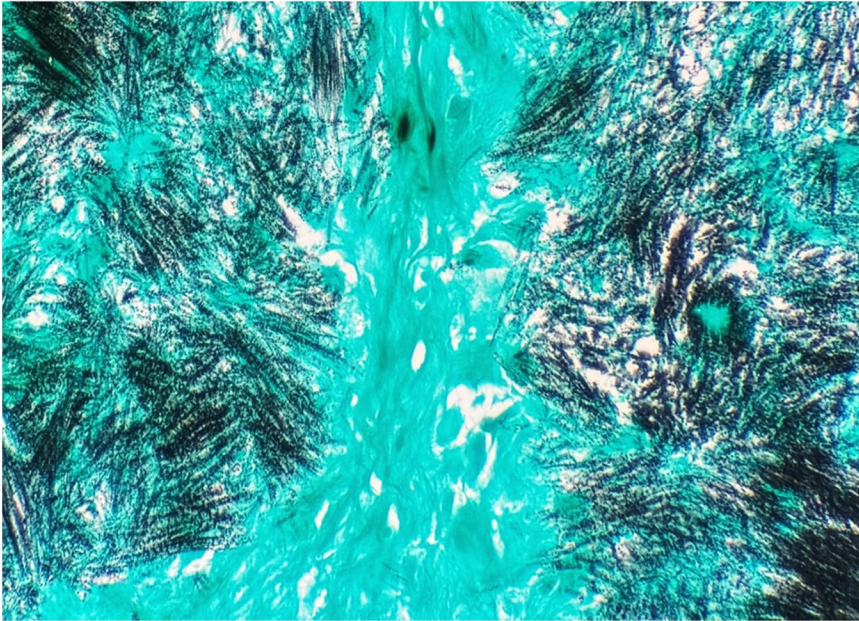
## X 5% Borax



**pH too low, reaction didn't occur properly  
[ pale staining, X contrast ]**

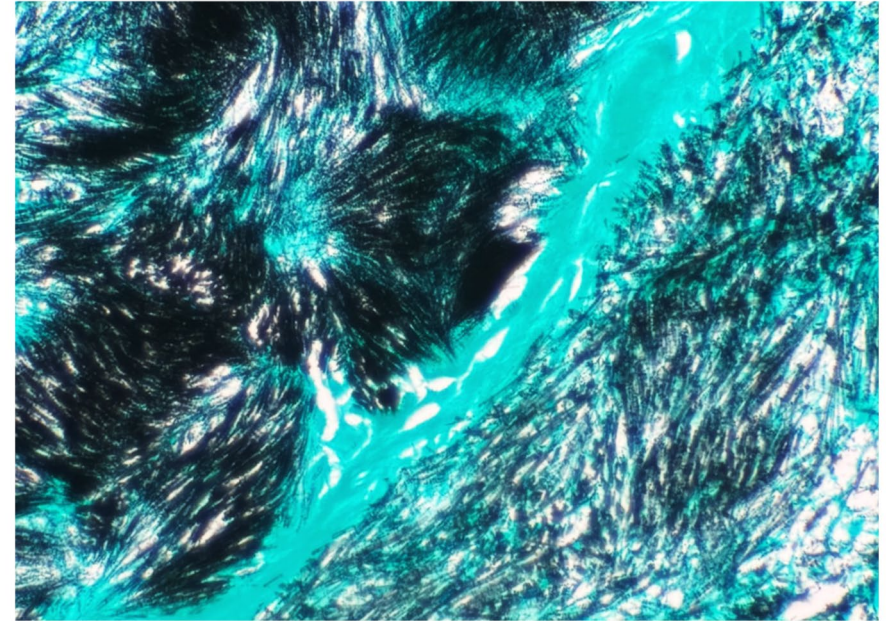
# Troubleshooting

## Control



## Absence of 5% Sodium Thiosulphate

### X 5% Sodium Thiosulphate



**unreacted  $\text{Ag}^+$  aren't removed**  
**[ background noise ]**

# Troubleshooting

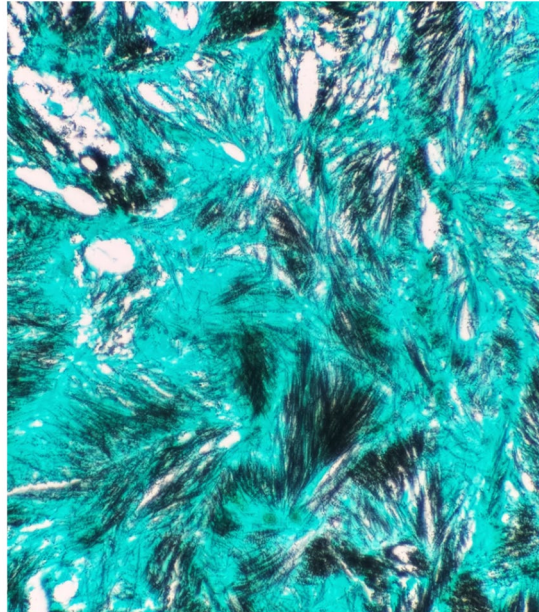
## Incubation Time

### Under-staining

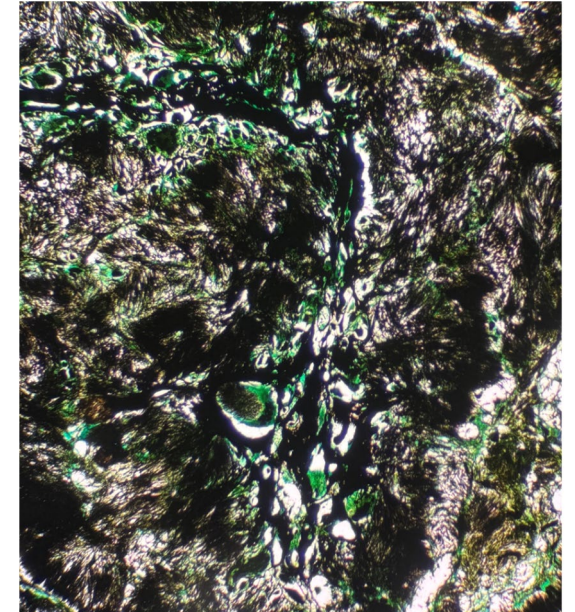


**weak staining**  
**[ may lead to false-negative ]**

### Control



### Over-staining



**Nonspecific staining,  
dirty background**  
**[ X contrast ]**



# TAKE-HOME MESSAGES

- Modified GMS is used to demonstrate urate deposits (e.g. gout, urate nephropathy)
- Urates stain black due to metallic silver deposition; background is green
- Water must be avoided during processing as urates are water-soluble
- Correct alkaline pH, reagent ratio, and sodium thiosulphate are essential for optimal results