

	Lobular	Portal and periportal
Con-stant	<p>Liver cell degenerations (hydropic swelling, eosinophilic degeneration, pin cells, hyaline bodies); cell polymorphy; single cell necrosis (predominantly centrilobular, in the form of acidophilic Councilman bodies); infiltration (lymphocytes, macrophages and activated stellate cells, yet only few plasma cells and neutrophilic granulocytes); proliferation of sinusoidal cells.</p>	<p>Lymphohistiocytic infiltration (small lymphocytes, plasma cells and other mononuclear cells).</p>
Incon-stant	<p>Confluent liver cell necrosis, possibly developing into bridging necroses or multilobular (<3% of cases) or even massive necroses in B, B/D and C hepatitis, as well as in E hepatitis during pregnancy • Collapse of the lattice fibre network • Formation of passive septa, cholestasis, accumulation of ceroid and siderin in macrophages and stellate cells.</p>	<p>Flow of infiltrates into adjacent lobular areas, fibroblast activity • Damage to and proliferation of bile ducts • Accumulation of ceroid and siderin in macrophages.</p>