

Muscle biopsies

Please direct your inquiries to our doctors before the surgical intervention.

What muscle should be biopsied?

If possible, a muscle should be biopsied that is clinically diseased, but not fully atrophic or adiposed.

The muscle that is to be biopsied should not have been examined electromyographically before the extraction of the biopsy (e.g. contralateral collection in case of symmetrical affection is recommended).

Instructions for biopsy extraction

A sufficiently large bunch of longitudinal muscle fibers should be bluntly dissolved from the longitudinal side. The preparation should be placed next to a moist swab (soaked in a NaCl/saline solution) into a small tube (moist compartment) and sent to us immediately. The preparation should not have direct contact to NaCl!

What should be considered?

If clinically acceptable, the biopsy should be taken before corticoid therapy. In cases of suspected collagenosis/systemic diseases/ vasculitis, the skin, including attached subcutaneous fat tissue and fascia, should be removed along with the muscle.

How the biopsy should be sent to us:

The muscle biopsy should be sent to us immediately e.g. via a messenger, in a plastic tube next to a moist (not wet) swab soaked in 0,9 % NaCl/saline solution and not containing any further fluids. Any further fixation and reprocessing steps will be carried out in the laboratory of the Department of Neuropathology.