121 XV. DISEASES OF THE CARDIOVASCULAR SYSTEM

GROSS MANIFESTATIONS OF DISEASE
(DESCRIPTION OF COMMON SPECIMENS IN MUSEUMS OF PATHOLOGY)

DISEASES OF THE CARDIOVASCULAR SYSTEM







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1. Fibrinous Pericarditis	<i>I-1.312</i> .					
Visceral	• Is coated with a layer of fibrin					
pericardium:	• Rough					
	• Dull					
	• Opaque					
	• Lusterless					
	 More affection at the base of the heart 					
Fibrinous exudate:	Pale pinkish-yellov	w				
	• Shaggy					

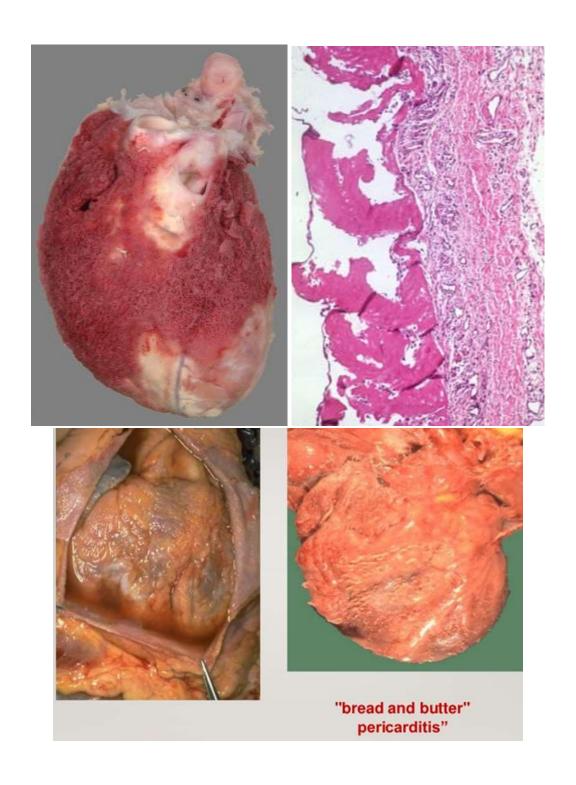
	Mantle-like
	Detached in parts
Heart:	• Is enlarged (slightly)
	Covered by a fibrinous exudate
	Shows a small area devoid of fibrin:
	Congested
	■ Smooth
	No evidence of tearing of underlying myocardial surface

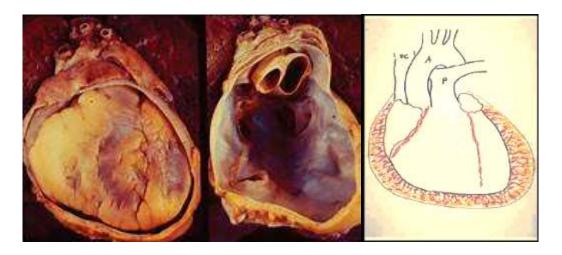
N.B.:

The commonest cause of fibrinous pericarditis is acute rheumatic fever.

The fate of fibrinous pericarditis:

- 1. **Clearing** by reabsorption.
- 2. Formation of an opaque white patch of fibrous tissue (milk spot).
- 3. Organization.
- 4. Fibrous tissue adhesions (adherent pericardium).
- 5. Some calcification on the surface of heart (few stony plates).
- 6. Superimposed effusion (pericarditis with effusion).





2. Fibrinopurulent pericarditis I-1, 313					
Visceral	Is coated with a layer of fibrin				
pericardium:	A suppurative exudate is amongst fibrin network				
Heart	Normal in size (or very slightly enlarged)				
	Covered with a Fibrinopurulent exudate				

N.B.:

- Pure rheumatic reaction is fibrinous or Serofibrinous and is never suppurative.
- Secondary infection by pyogenic micro-organisms may be superadded and this explains the somewhat-purulent exudate.

