


XVI. Diseases of the Respiratory System

Sources of septic emboli are			
<ol style="list-style-type: none"> (1) Female pelvic organs (2) Septic endometritis, (3) Middle ear disease (suppurative otitis media), (4) lateral sinus thrombosis → pyaemia and (5) Acute bacteria endocarditis. 			
N.B. 2:			
Suppurative conditions of lungs:			
They are common because of:			
<ol style="list-style-type: none"> 1. Frequency of operations on mouth, nose and throat. 2. Better means of diagnosis of cases by: <ol style="list-style-type: none"> (a) Bronchoscopic examination. (b) Lipoidal investigation of bronchial tree. 			
Main types:			
<ol style="list-style-type: none"> 1. Abscess of lung. 2. Gangrene of lung. 3. Bronchiectasis. 			
Suppuration of lung may occur apart of the previous three definite conditions in:			
<ol style="list-style-type: none"> 1. Encysted and interlobar empyema. 2. Infected cysts. 			
			
Lung abscess:			
<ul style="list-style-type: none"> • A lung abscess is a localized, circumscribed suppuration in lung. • The term was used for any pulmonary cavity containing pus. • But it now includes only those conditions of pulmonary infection in which suppurative inflammation and necrosis will end by collection of pus in lung-tissue. 			

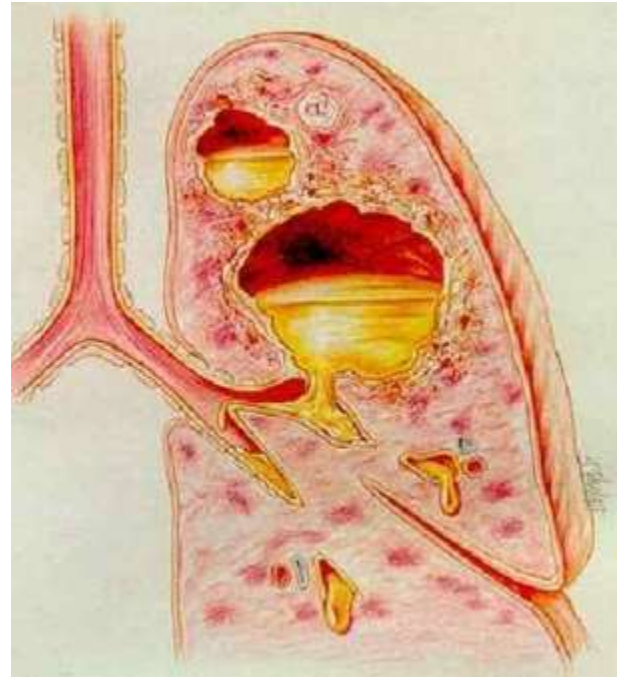
N.E.A.:

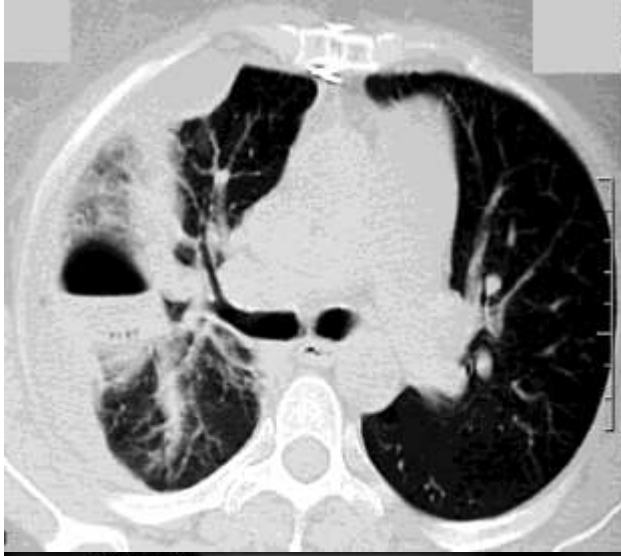
Abscess; right lung; subapical and at axillary portions of upper lobe and apical part of lower lobe; periphery of lung; may be multiple.

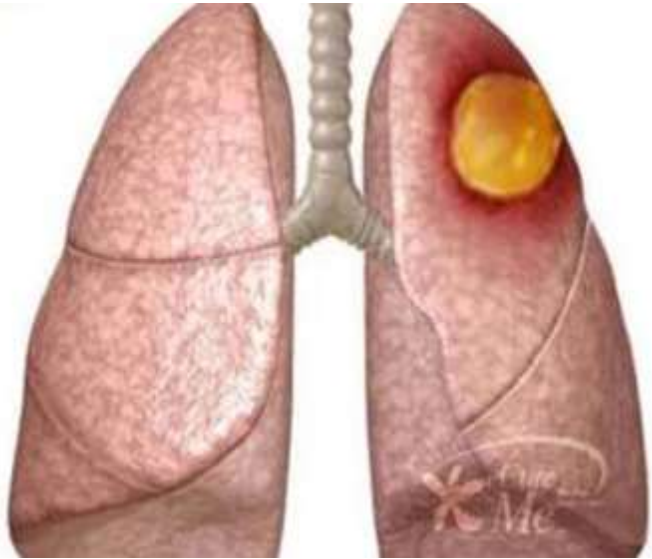
At first it is a solid yellow inflammatory mass → liquefaction → accumulation of pus which distends the abscess cavity.

This ruptures into the bronchial tree → evacuation of purulent material (in sputum).

The cavity:					
Contents:	Pus				
Size:	Varies				
Wall:	Recent →	ragged and necrotic			
	Old →	fibrous tissue and smooth lining → Bronchiectasis in fibrosed bronchi			
Odor:	Depends on invasion of necrotic lung tissue by anaerobic micro-organisms (Saprophytes and spirochetes → gangrene).				







Chronic Abscess				
Lung	Is enlarged Consolidated Shows a cavity (of an abscess)			
The cavity	Is in the lower part of the upper lobe Large About 6 x 9 cm. Ovoid (oval in shape)			
	Internal lining:	Necrotic (in parts) Yellowish-grey Smooth (in other parts) Pale white fibrous		
	Wall	Thick Surrounded by a layer of fibrous tissue then an area of consolidation		
Pleura	Opaque Dull Evidence of pleurisy			
Lymph nodes (hilar):	Enlarged			
<u>N.B. Abscesses in the lung may be one of the following groups:</u>				
<p>1. Inhalation group (most important):</p> <ul style="list-style-type: none"> • Aspiration of septic materials, • Post-operative, • Passage of a foreign body and • Bronchiectatic. <p>A common site is the lower lobe of the right lung.</p> <p>2. Pneumonic group (less common):</p> <ul style="list-style-type: none"> • Bronchopneumonia, • Influenzal pneumonia and • Lobar pneumonia (very rare). <p>3. Extension from neighboring lesions or organs:</p> <ul style="list-style-type: none"> • Bronchiectasis, • Empyema, • Carcinoma (degenerating), • Oesophagus, • Mediastinum and • Vertebral column. <p>4. Embolic group •</p> <ul style="list-style-type: none"> • Pyaemia and septic infarcts. 				

Lung Abscess - Chronic:

