


XVI. Diseases of the Respiratory System

Bronchopneumonia (acute)		
Lung:		<ul style="list-style-type: none"> • Is congested • Shows nodules (firm areas of consolidation) • Is increased in size
	Cut surface:	<ul style="list-style-type: none"> • Patchy areas of consolidation • Dark purple areas (local collapse) • Depressed areas • Few areas show pale bullae (emphysematous) • Some areas are edematous • Pus is exuding from the bronchioles (on pressure)
	Bronchioles (and small bronchi):	<ul style="list-style-type: none"> • Show inflamed walls • Mucus fills the lumen; is oozed out (on pressure) • Surrounded by a narrow zone of consolidation • Appear as nodular structures
	Nodules:	<ul style="list-style-type: none"> • Numerous • Variable in size rounded • Majority at lower lobes and posterior parts • Due to firm localized consolidation around bronchioles • Reddish (small ones) • Opaque yellow (large ones) • Some are coalesced and with ill-defined margins
		

<i>Pleura:</i>	Shows a fibrinopurulent exudate		
<i>Lymph nodes (hilar):</i>	Enlarged		

N.B. I:

- This lung **belongs to a child**.
- This type of pneumonia is rather common in children, adults with lowered resistance and the very aged.
- The inflammatory consolidation usually **affects unequally both lungs** in a patchy irregular manner but specially the posterior and basal parts of the lower lobes.
- The patches of consolidation **feel like firm nodules which, on pressure, exude pus from a centrally-disposed bronchiole**.
- Another characteristic feature is the alternation of collapse with emphysema and congestion, in addition to areas of consolidation and normal areas.



N.B.2:

Bronchopneumonia or lobular pneumonia :

- *Inflammation of the branches of bronchi which spreads to the neighboring air cavities leading to patchy areas of consolidation around bronchioles usually in both lungs.*
- *The condition starts by inflammation of bronchioles, the walls of which are congested and lumina contain exudate.*
- *There occurs blocking of bronchiole by exudate and secretion followed by distal collapse of a portion of lung tissue; this in turn becomes infected.*

Clinical features:

- *Insidious onset, prostration, cough, fever, tachypnea and chilling.*
- *Sputum is thin, muco-purulent and blood-stained,*
- *Later, the disease becomes severer than pneumococcal pneumonia with high fever, cyanosis and delirium.*

