
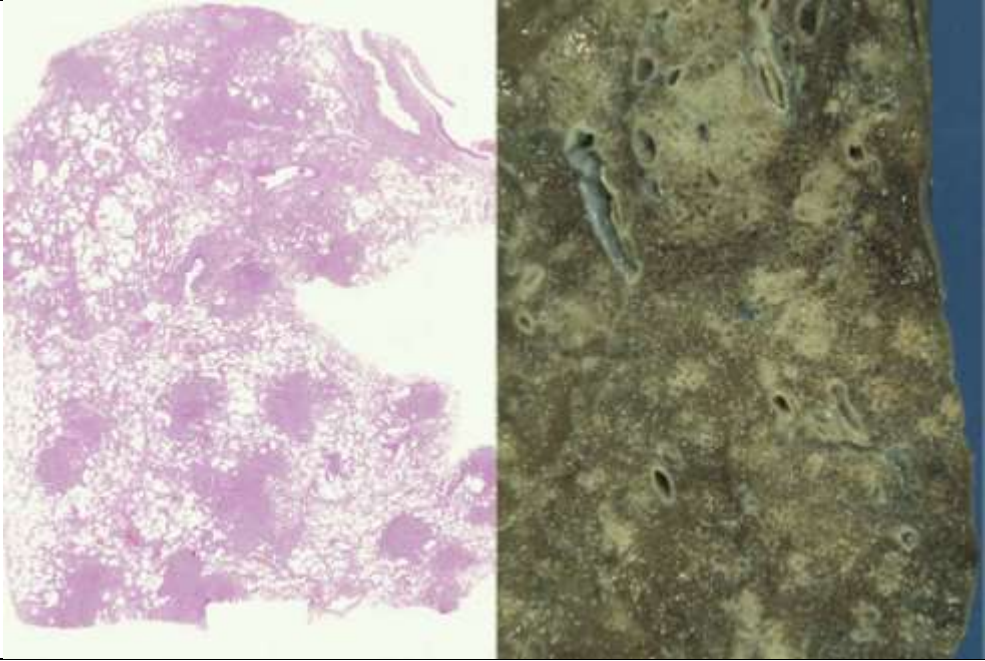


XVI. Diseases of the Respiratory System

177

<ul style="list-style-type: none">• Pleurisy and massive effusion.• A history of a previous debilitating disease or infectious fever or inhalation of a foreign material.	
N.E.A.:	<ul style="list-style-type: none">• The lung varies in different cases.• The condition, in general, is bilateral and more apparent in lower lobes.• There are patchy areas of consolidation (solid airless patches) scattered throughout lung tissue and often localized more in certain parts.• They may coalesce leading to confluent areas affecting almost the whole lung tissue.• The lesion is lobular in distribution and reddish-grey or slate-grey.
On section:	<ul style="list-style-type: none">• Bronchopneumonic appearance• The bronchioles are surrounded by a congested zone (dark red) or a greyish pale zone (degenerated cells).• Have marbled appearance due to different stages of inflammation.• Yellowish-white muco-pus is oozed out from bronchioles which are filled with purulent material.• The patches of consolidation are best felt around small bronchioles and some patches can be felt and seen raised above the general cut surface of lung.• There are collapsed areas (dark purple) and depressed, emphysematous areas alternating with normal areas.• In confluent bronchopneumonia, appearance may resemble that of acute lobar pneumonia (large patches of consolidation with intervening congested oedematous lung tissue).• Patches of acute pleurisy.• Bronchial lymph nodes are soft and large.
	

Bronchopneumonia (confluent)		11-6.314		
Lung	Is slightly enlarged Congested			
	Cut surface:	<ul style="list-style-type: none"> • Patchy areas of consolidation • Pale greyish-white areas • Patches appear small (some) • Other patchy areas of consolidation are large (confluent) • The patches are raised above the surface (or the neighbouring areas) 		
Pleura:	Shows a purulent exudate			
Lymph nodes (hilar)	Enlarged Congested			
				
N.B. 1				
<ul style="list-style-type: none"> • This term "confluent" indicates advanced and severe types where the patchy lesions of consolidation coalesce together and become larger and more diffuse. • Several terms are used for the various types of bronchopneumonia (lobular) depending on the Aetiology or the other characteristic features of each type. 				

Subsequent changes and complications:

1. ***Recovery after 3 weeks is by lysis and is often incomplete.***
2. ***Organization is more apt to occur due to delay of resolution and of absorption of exudate.***
3. ***Collapsed areas may remain. These, together with the overgrowth of fibrous tissue, lead to shrinkage and deformity of lung.***
4. ***Bronchiectasis may result due to damage of walls of bronchi leading to granulation tissue, fibrosis and dilatation of minute bronchi resulting in bronchiectatic cavities.***
5. ***Thickening of interlobular septa.***
6. ***Peri-bronchitis.***
7. ***Lung abscess and gangrene.***
8. ***Empyema.***
9. ***Predisposition to infection with tuberculosis.***
10. ***Anaemia in long-continued cases.***

