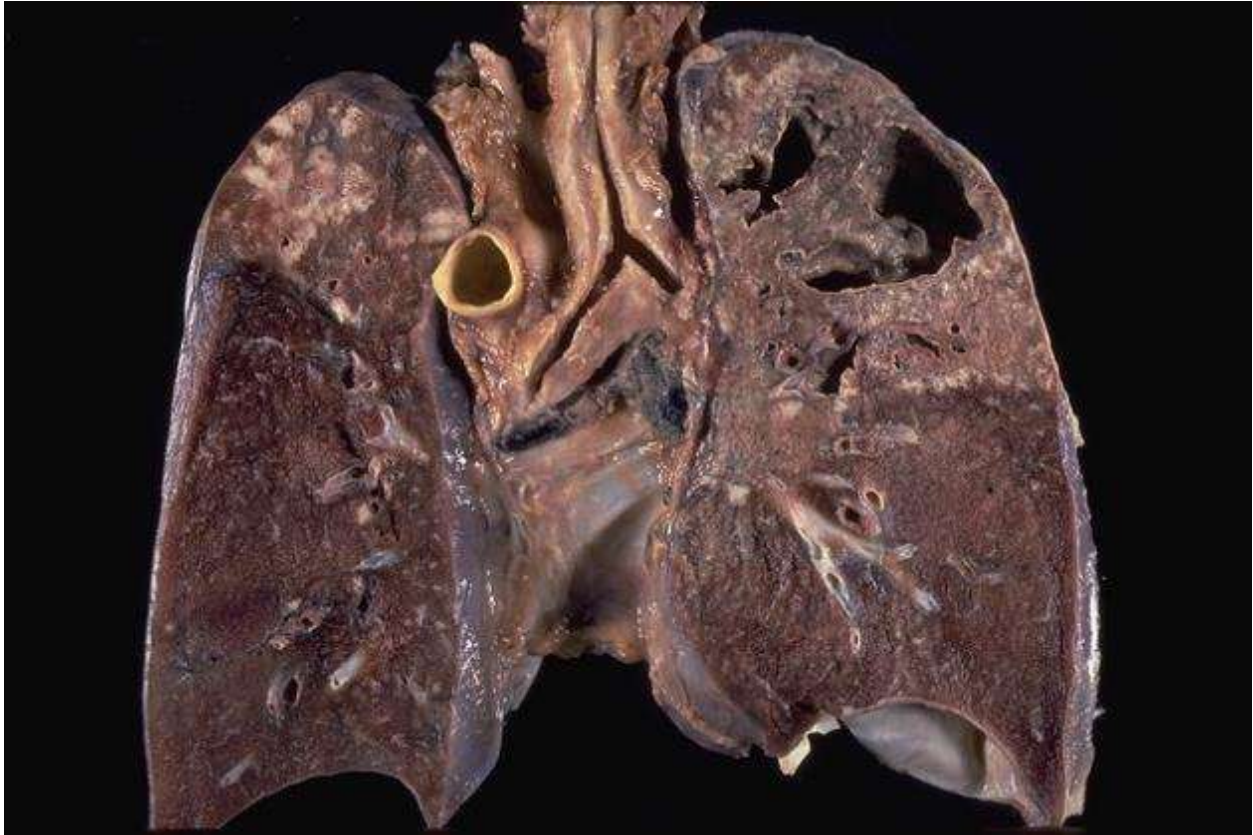


XVI. Diseases of the Respiratory System

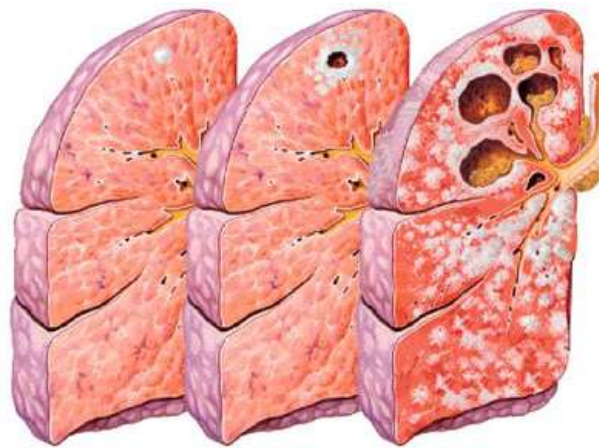


Fibrocavitary Tuberculosis		II-6.3315		
Lung:	Is shrunken			
	Cut surface:	<ul style="list-style-type: none"> • Is consolidated • Confluent tuberculous pneumonia: • Cavitated 		
	Upper lobe:	<ul style="list-style-type: none"> • Caseous bronchopneumonia (at the base) • Staphyloid pattern of chronic lymphatic tuberculosis • Shows a large cavity at apex • Two other smaller cavities 		
	The cavity:	<ul style="list-style-type: none"> • Is present in the upper lobe • Apical (site) • Round or slightly ovoid; 7 x 8 cm. (shape) • Smooth and regular in outline (most parts) • Slightly irregular at one area 		

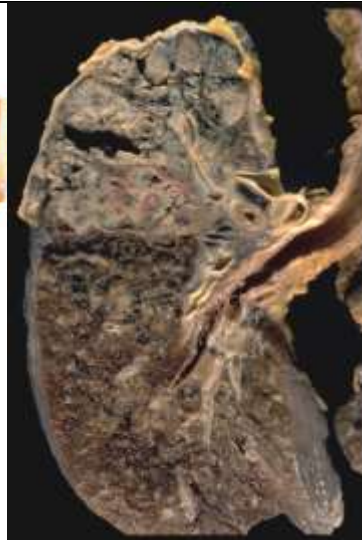
	Walls:	<ul style="list-style-type: none"> • Thick • Dense • Grey • Fibrous • Lined by caseous material • Show caseous granulation tissue
		Ridged with: <ul style="list-style-type: none"> • Remnants of broken bronchi • Torn vessels with evidence of blood • Thick cord-like vessels with fibrosis (endarteritis obliterans)
Bronchi:	<ul style="list-style-type: none"> • Dilated Congested walls • Fibrous tissue adhesions 	
Pleura:	<ul style="list-style-type: none"> • Pale greyish-white 	
Lymph nodes (bronchial):	<ul style="list-style-type: none"> • Slightly enlarged • No gross evidence of caseation 	

N.B.:

- In secondary pulmonary tuberculosis (**re-infection with tuberculosis**), the type of lesions **depends upon many factors chiefly:**
 - **Size of the dose of infection (number of T.B.).**
 - **Virulence of the micro-organisms (T.B.).**
 - **The degree of allergy and sensitivity of the individual and**
 - **The extent of his immunity.**



Infección tuberculosa inicial en el lóbulo superior derecho *Placa inicial activa que progresa hacia una cavitación* *Numerosas cavidades tuberculosas y erosión bronquial*



- **A small dose + a high resistance**
- → Rapid healing with **fibrosis of the lesion which is usually apical.**
- **Moderately-large doses + an inconstant resistance** (sometimes high and other times low)
- → **fibro-caseous tuberculosis**
- (fibrosis is related to the high resistance of the person, and caseation is related to the increased allergy of the person and the large dose of a somewhat virulent T.B.).
- **Large doses of virulent T.B. + a low resistance of the person** → **acute caseous pneumonia.**
- Healing with fibrosis is the commonest.
- At autopsy, one comes across an old tuberculous scar at the apex of one or both lungs in persons dying of other diseases.

NEA.

- **Fust below the apex:**
- **A small depressed pigmented scar frequently adherent to chest-wall.**
- The black pigment (carbon particles) appears in the phagocytes which have been arrested because of blockage of lymphatics by fibrosis).
- Lime salts are often present.

Tuberculosis (re-infection)					
Lung:	Is cut longitudinally				
	Shows:	Acinar caseous pneumonia (tuberculous pneumonia) Cavitation			
	Upper lobe:	Shows:	Fibrosis A cavity		
	Lower lobe:	Shows	two cavities		
	Cavities:	Three in number	One in upper lobe Large Just subapical Chronic		
		Two in lower lobe	Smaller Acute (or less chronic) With ragged walls		
Interlobular septa		Thick Fibrous			
Pleura		Pale greyish-white Shows fibrous tissue adhesions			
Lymph nodes (hilar)		Enlarged Anthracotic Black			



Fibro-caseous TB of both superior lobes with cavitations on the Rt. side

Fibro
Caseous
TB



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