N.B.: Congestion (slight and temporary). Tuberculous consolidation. Caseous necrosis (caseation). Chronic cavitation. Acinar tuberculous lesions. Fibrosis. Relative escape of tracheobronchial lymph nodes. The effect of cavitation: The cavity is surrounded by a zone of fibrosis. By light percussion → dullness (fibrosed area). Over the consolidated part → bronchial breathing. Over the cavity → low-pitched bronchial breathing. Healing of a cavity may occur by: Scarring

Clinical healing of a cavity

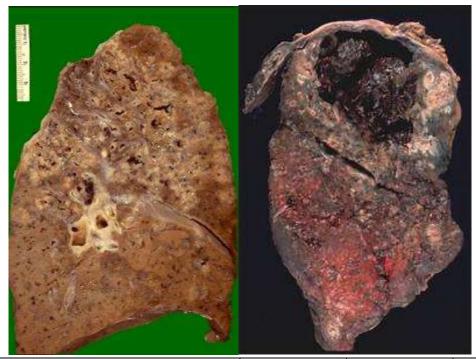
- 1. No longer had production of sputum filled with T.B.
- 2. Remains open, communicating with a bronchus.

Becoming filled with caseous material.

- 3. Caseous lining is shed.
- 4. Tuberculous granulation tissue becomes fibrosed.
- 5. Epithelialization of the inner surface of the wall (smooth lining).
- 6.

Pathological healing of a cavity

- 1. Occlusion of the draining bronchus by:
 - Caseous bronchitis.
 - Caseous plug.
- 2. The result:
 - A solid nodule due to retention, inspissation and calcification of the cavity contents.
 - The bronchial lymph nodes: Not involved or only to a slight degree.



Tuberculous Bronchopneumonia					
Lung	Is cut longitudinally				
8	Shows consolidation (tuberculous)				
	Scattered nodules				
	Nodules:	Vodules: Foci of tuberculous bronch			
		Appear in o		1	
		Numerous			
		Size:	Variable		
		Characters	: Small	•	
			Granular		
			Have a dry appearan Greyish-pink		
			Firm in cons	sistence	
Bronchi	Thickened-walls				
	Surrounded by foci of				
	consolidation				
Pleura	Pale greyish-white				
	Shows fibrous tissue adhesions				
Lymph nodes (hilar):	Very slightly enlarged				
NID.					

NB:

• The lesion has undergone caseation and has spread or disseminated throughout the lung by → Direct extension, ulceration through the walls of the bronchi → tuberculous bronchopneumonia