

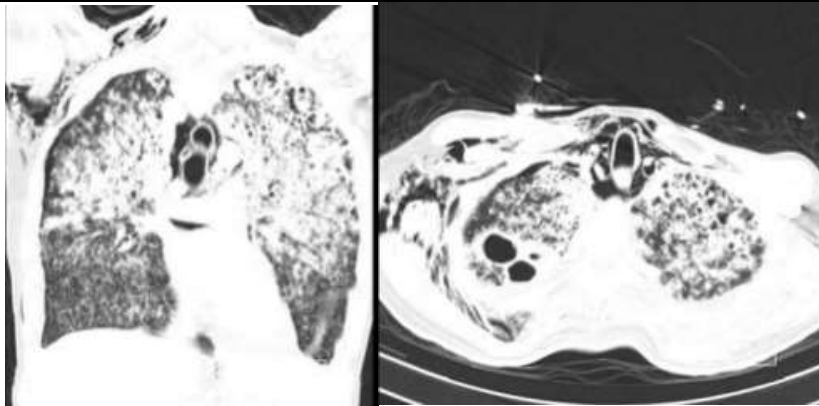
XVI. Diseases of the Respiratory System

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Tuberculous broncho-pneumonia

- Is due to aspiration of the tuberculous infective material from a tuberculous focus in lung (or bronchopulmonary lymph node) into other unaffected parts of lung.
- In adults, it occurs on top of chronic pulmonary tuberculosis when resistance is lowered.
- There appear scattered "lobular-pneumonia-lesions".
- In children, it may be insidious and more diffuse (diffuse lobular pneumonia).
- The gross appearances are similar to lobar tuberculous pneumonia with the difference of being patchy and broncho-pneumonia in distribution.



Caseous Pneumonia (acute)

Lung:

Is enlarged Is cut longitudinally
 Shows diffuse and patchy caseous pneumonia
 Pale yellow patches of consolidation (tuberculous)
 Large coalesced diffuse patches (majority)
 Small necrotic patches
 Shows cavities

	Cavities:	Diffuse widespread but more in the upper lobe. Numerous (number) Small (size) Acute (nature) Irregular (appearance) Ragged walls Necrotic centre (breaking down of caseous tissue) Contain creamy yellowish-white debris Non-capsulated No evidence of fibrosis (acute)		
Bronchi and bronchioles:		Contain caseous debris		
Pleura:	Thickened Fibrocaceous			
Lymph nodes (hilar):		Enlarged Caseated		

N.B.:

- Acute caseous pneumonia is clinically-termed **“acute phthisis” or “galloping consumption”** because of the marked **rapid wasting of the patient**.
- It is the acute form of pulmonary re-infection with tuberculosis in which
 - The dose of T.B. is big,
 - And their virulence is marked.
- At the same time, the affected person **has a very low resistance**.
- The tuberculous lesions are exudative, acute and diffuse.
- Extension into the lung occurs by **aspiration into the respiratory bronchioles** → acinar caseous pneumonia.
- It may also occur through the wall of the bronchi → tuberculous bronchopneumonia.
- The yellowish-grey patches appear: Confluent, glistening (glazed) and more marked in the upper parts of the lung.

Gross Appearance (N.E.A.):

- Any lobe; the upper lobes frequently affected at first.
- A peculiar semi-translucent pinkish-grey colour.
- Cut surface is smooth with gelatinous viscid exudate.
- More consolidation; and, yellow areas of caseation occur later on.
- When the lesions fuse together → large caseous areas or/and caseous pneumonia.

Characters of the acute cavities:

- Usually not large.
- Ragged lining.
- No fibrous capsule.