

XVI. Diseases of the Respiratory System



<i>Miliary Tuberculosis</i>		<i>II-6.3317</i>		
<i>Lung:</i>	Is slightly enlarged Somewhat congested (some parts) Slightly oedematous or swollen Shows small nodules or tubercles			
	<i>Tubercles:</i>	<ul style="list-style-type: none"> • Scattered throughout the lung. • More marked at upper parts (upper lobes) • Condensed subpleural and perivascular • Numerous • Small or tiny (0.1–0.4 cm. in diameter) • Rounded in shape • Slightly raised over the surface • Uniform • Few have coalesced • Pale greyish-yellowish (or yellowish-grey) • Rather firm in consistence (majority) 		
<i>Pleura:</i>	Shows tubercles (greyish-white)			
<i>Lymph nodes (hilar):</i>	Slightly enlarged Anthracotic Show small tuberculous foci			



N.B.:

- Miliary tuberculosis of the lung may be due to: Opening of a caseous bronchial lymph node into an adherent branch of the pulmonary artery so that only the affected lung shows miliary tubercles.
- Or, it is a part of general miliary tuberculosis which is due to a widespread dissemination of large numbers of T.B. by the blood.

Gumma

Lung:	Is enlarged Cut surface: Shows a mass		
	The mass	<ul style="list-style-type: none"> • Lies at the lower lobe • Near the hilum • Moderately large (5 cm.) • Rounded • Necrotic • Fibrotic • With irregular serpiginous outline • Surrounded by pale greyish-white fibrous tissue • Shows fibrosis in its interior • Excess of dark carbon pigmentation 	

N.B.:

Syphilis of the lung may be:

1. Congenital:

1. Pneumonia Alba. This is not a true pneumonia.
2. Small nodular gummata.

2. Acquired:

1. Ulceration of bronchial wall → scarring and stenosis.
2. Gumma.
1. 3. Diffuse fibrosis of the lung and changes in the blood vessels → Ayerza's disease.