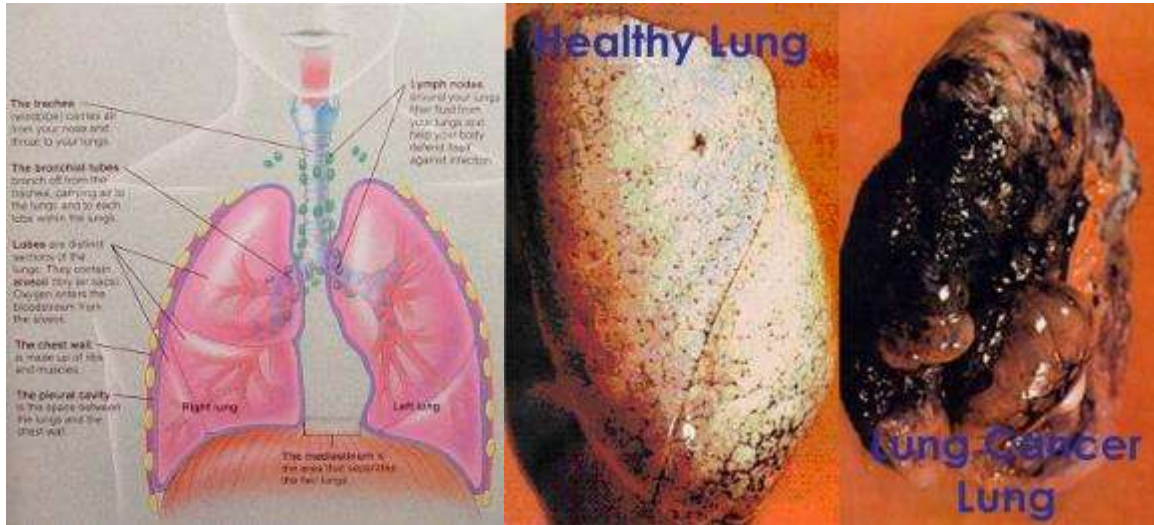


## XVI. Diseases of the Respiratory System



### N.B. :

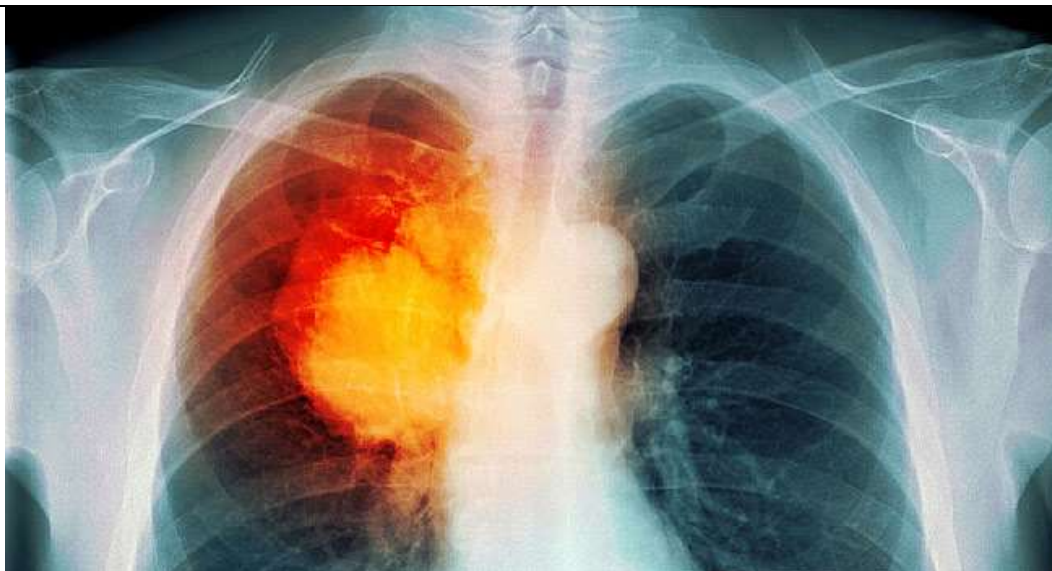
- Histologically, it proved to be an **undifferentiated carcinoma**
- So many classifications for cancer of the lung.

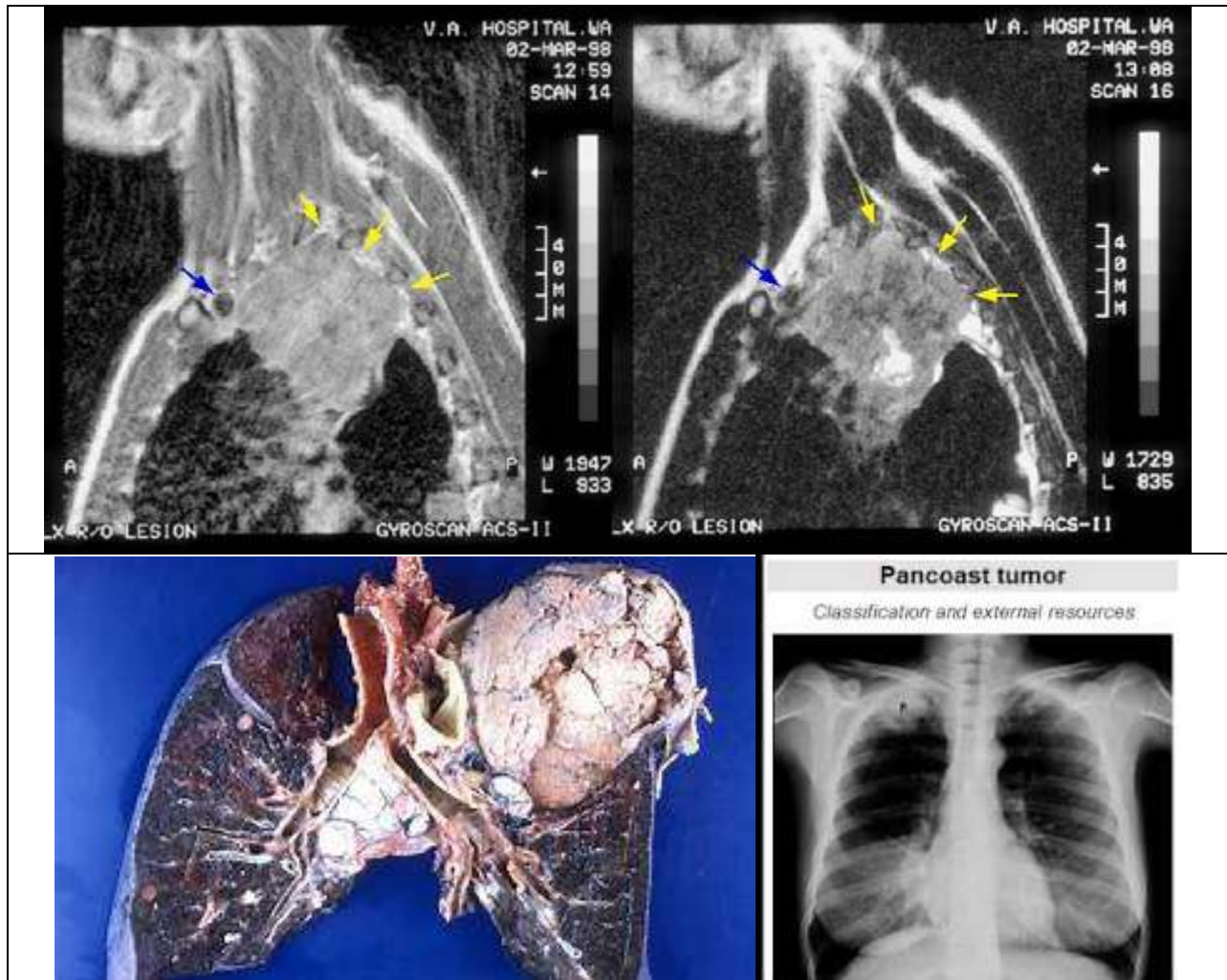
### Gross classification of carcinoma of the lung :

1. Hilus tumours.
2. Miliary form (or tumours).
3. Diffuse form (or tumours).

### Metastases occur in:

Lymph nodes, liver, adrenal glands, bones, kidneys, brain and heart.





<b><u>Carcinoma (glandular)</u></b>		<b><u>II-6.555</u></b>		
<b>Lung</b>	Shows mass			
	<b>The mass</b>	<ul style="list-style-type: none"> <li>• Is infiltrating the upper lobe of lung (malignancy)</li> <li>• Has destroyed the bronchi</li> <li>• Is moderate in size</li> <li>• Lobulated</li> <li>• Opaque white</li> <li>• Firm in consistence in most parts)</li> </ul>		
<b>Pleura</b>	Show a patchy fibrinous exudate			
<b>Lymph nodes (hilar) :</b>	Infiltrated by a tissue similar to the tumour in the lung-tissue			
<i>N.B. Histologically, it proved to be an adenocarcinoma.</i>				
<b>Carcinoma</b>				
<b>Lung</b>	Is enlarged Diffusely greyish-opaque white Lower lobes appear as if consolidated Multifocal massive areas of tumorous consolidation			
<b>Pleura</b>	Shows fibrous tissue adhesions			

N.B.

*Histologically, it proved to be an alveolar-cell carcinoma.*

*This is a rather rare tumour in the lung.*

*Another rare condition which is of clinical interest is.*

**Apical carcinoma (Pancoast superior pulmonary sulcus tumour or syndrome).**

**A tumour near the apex of lung → clinical syndrome :**

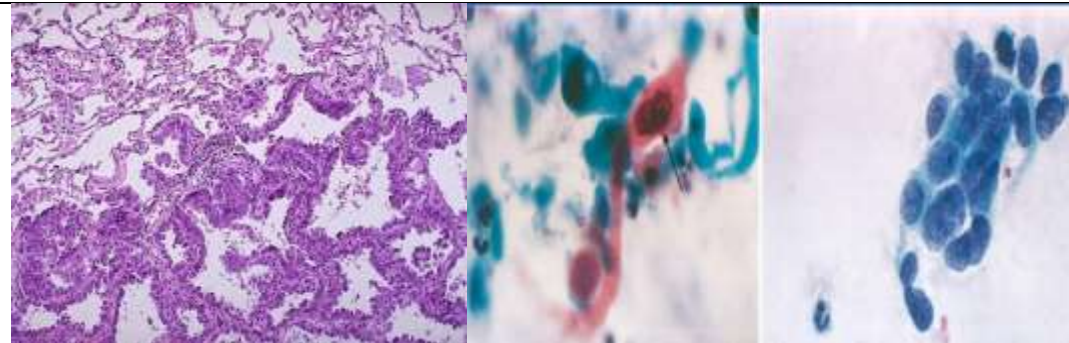
1. Pain at shoulder and down the arm.
2. **Horner's syndrome** (a sympathetic ophthalmoplegia):
  - a. Miosis.
  - b. Ptosis.
  - c. Anhidrosis and vasodilatation over face..
  - d. Enophthalmos.
3. Local destruction of the first two or three ribs.
4. Atrophy of muscles of hand.
5. The X-ray shows a small homogeneous shadow at apex.
6. Absent symptoms and signs of pulmonary disease.

**Lesions**

1. Mostly apical bronchogenic carcinoma involving brachial plexus and sympathetic cervical chain.
2. Invasion of vertebral canal by a “**dumb-bell tumour**” with compression of spinal cord.
3. A swelling at the root of neck.

**Theories :**

1. A tumour from an embryonic epithelial rest.
2. Persisting pleural adhesions.
3. Old tuberculous infection.



**Lepidic In situ adenocarcinoma**

**SCC**

**ADC**

