

XVI. Diseases of the Respiratory System

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| 2. Distant lesions: | <ul style="list-style-type: none"> • Toxic manifestations • Diphtheria has to be differentiated from tonsillitis • (Red, follicular or patchy tonsillar exudate), • Pharyngitis, • Agranulocytic angina and • Vincent's angina. |
| Complications: | <p>1. Cardiac:</p> <ul style="list-style-type: none"> (a) Cloudy swelling and fatty degeneration. (b) Toxic myocarditis and acute dilatation. (c) Vagal neuritis. <p>2. Renal:</p> <ul style="list-style-type: none"> (a) Albuminuria (severe). (b) Toxic nephritis. <p>3. Nervous:</p> <p>Paralysis of:</p> <ul style="list-style-type: none"> (a) Nerves of soft palate leading to drop of fluids from nose. (b) External rectus of eye, leading to squint. (c) Ciliary muscles leading to loss of accommodation. (d) Peripheral nerves. <p>4. Respiratory:</p> <p>Suffocation due to :</p> <ul style="list-style-type: none"> (a) Laryngeal obstruction by the membrane. (b) Laryngeal oedema. (c) Paralysis of respiratory muscles. <p>5. Endocrinal: Haemorrhages in adrenal glands which may be fatal.</p> <p>6. Digestive: Hepatitis.</p> |

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| Tuberculosis | | | |
| Larynx: | Vocal cords: | Swollen (in parts) Destroyed (in most parts) | |
| | Shows: | Ulceration Necrosis | |
| | Lumen: | Wider than usual | |
| Epiglottis: | Destroyed (in parts) Shows evidence of necrosis | | |

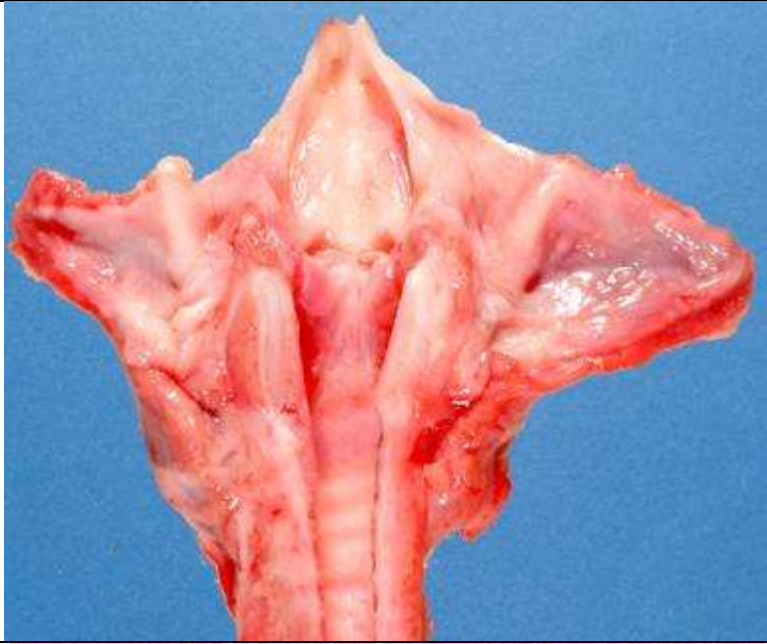
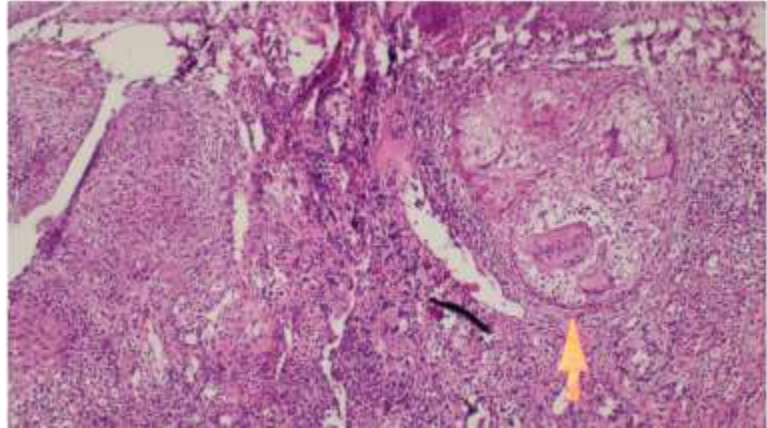


Figure 70
Nature Tuberculosis (larynx)
Specimen No: II-3.331
Reference P. 163

Laryngeal Tuberculosis



N.B.:

- Tuberculous laryngitis is usually secondary to advanced pulmonary tuberculosis with chronic cavitation; very rarely, it may be primary.
- The condition is almost terminal and there is usually no sufficient time for formation of appreciable fibrosis and scarring (D.D.: syphilis).
- Destruction of epiglottis is more than in case of syphilis.
- The posterior parts of the vocal cords are first affected.

Lesions

1. Formation of tubercles in subepithelial tissue. Tubercles undergo necrosis and caseation and break down.
2. Ulcers; these are small shallow lenticular ulcers.
3. Ulceration may spread to erode and destroy many parts of the larynx.
4. Oedema of epiglottis.
5. Catarrhal inflammation of other parts of the larynx.

Parts affected

- Posterior parts of vocal cords are mainly affected and liable to ulceration and destruction.

Clinico-pathologic correlation

1. Slight hoarseness of voice.
2. Cough which increases.
3. Pain on swallowing (ulceration of epiglottis → dysphagia).

Tuberculous affection of cords is at first unilateral.

Swelling and redness of one cord with hoarseness are suspicious.