

XVI. Diseases of the Respiratory System

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Usually both lungs are affected in bronchiectasis but chiefly the lower lobes.

N.B. I

- The dilated bronchi (and bronchioles) may be cylindrical or less often saccular.
- The cavities are usually filled with mucopurulent material and they may appear hypertrophied (with vascular papillary mucosa) or atrophied (with thin lining).

Complications are

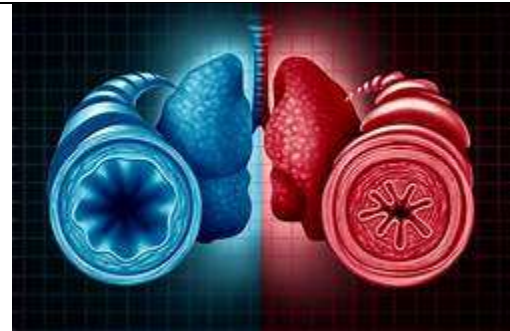
1. Lung abscess,
2. Pyopneumothorax,
3. Emphysema,
4. Diffuse fibrosis,
5. Right-side heart failure,
6. Septic thrombosis,
7. Brain abscess,
8. Metaplastic changes in lining of the bronchi and occasional malignant change (carcinomatous formation).

N.B. 2

Diseases of the bronchi:

Include:

- 1- Bronchitis.
- 2- Obstruction.
- 3- Bronchiectasis.
- 4- Bronchial asthma.
- 5- Tumours.



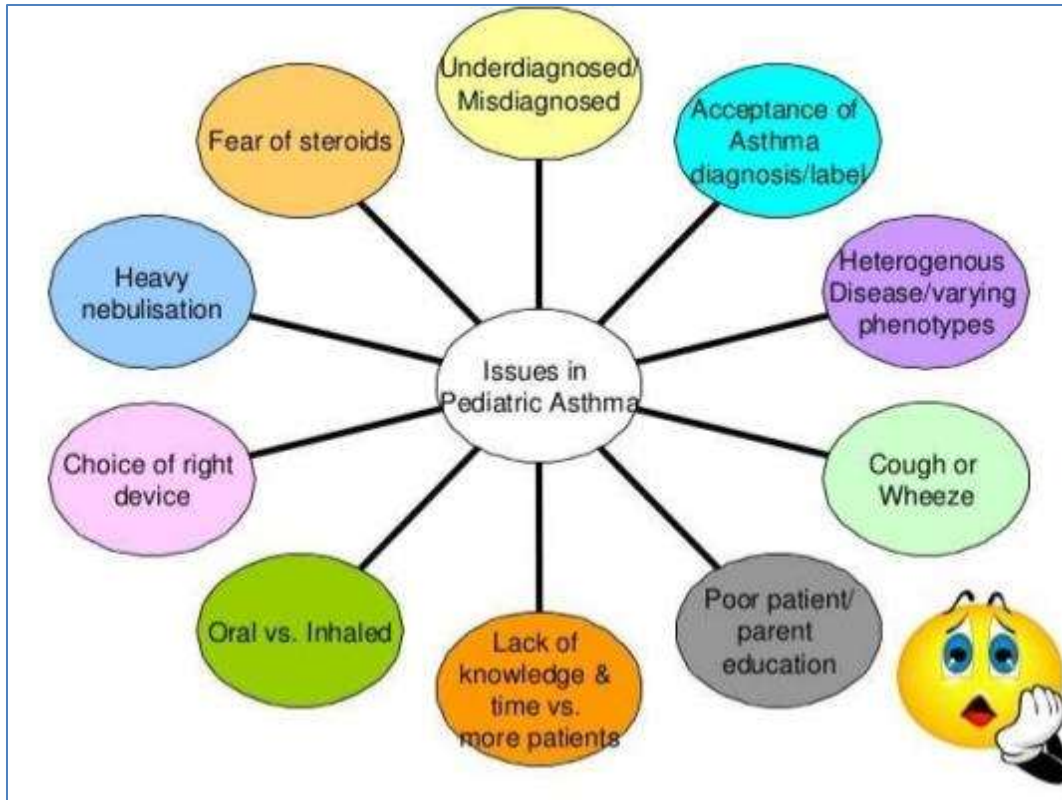
1- Inflammation:

Inflammatory changes in bronchi may affect:

1. **The larger bronchi and medium-sized tubes.**
2. **The minute divisions or bronchial tree.**
 - Here, it is gradually associated with accompanying disease of lung-parenchyma.
 - In bronchitis (pure form) no affection of the alveoli, hence normal breathing i.e., vesicular with some prolongation of expiration.

(a) Acute bronchitis:

- Acute inflammation of large and medium-sized bronchi as well as trachea.
- The mucous membrane of trachea and bronchi is
 - Red,
 - Hyperaemic,
 - Swollen and edematous.
- Lumen of bronchus is filled with pus.
- The wall at first is dry then covered with a tenacious exudate (mucoïd or purulent).
- The exudate is at first viscid, tough and translucent (mucin), later on, it is less tough, more opaque and is yellow (pus cells).



ASTHMA INFOGRAPHICS

TREATMENTS

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Normal Asthma Asthma Attack

RISK FACTORS

Heredity Pollution Infection
 Pet Food

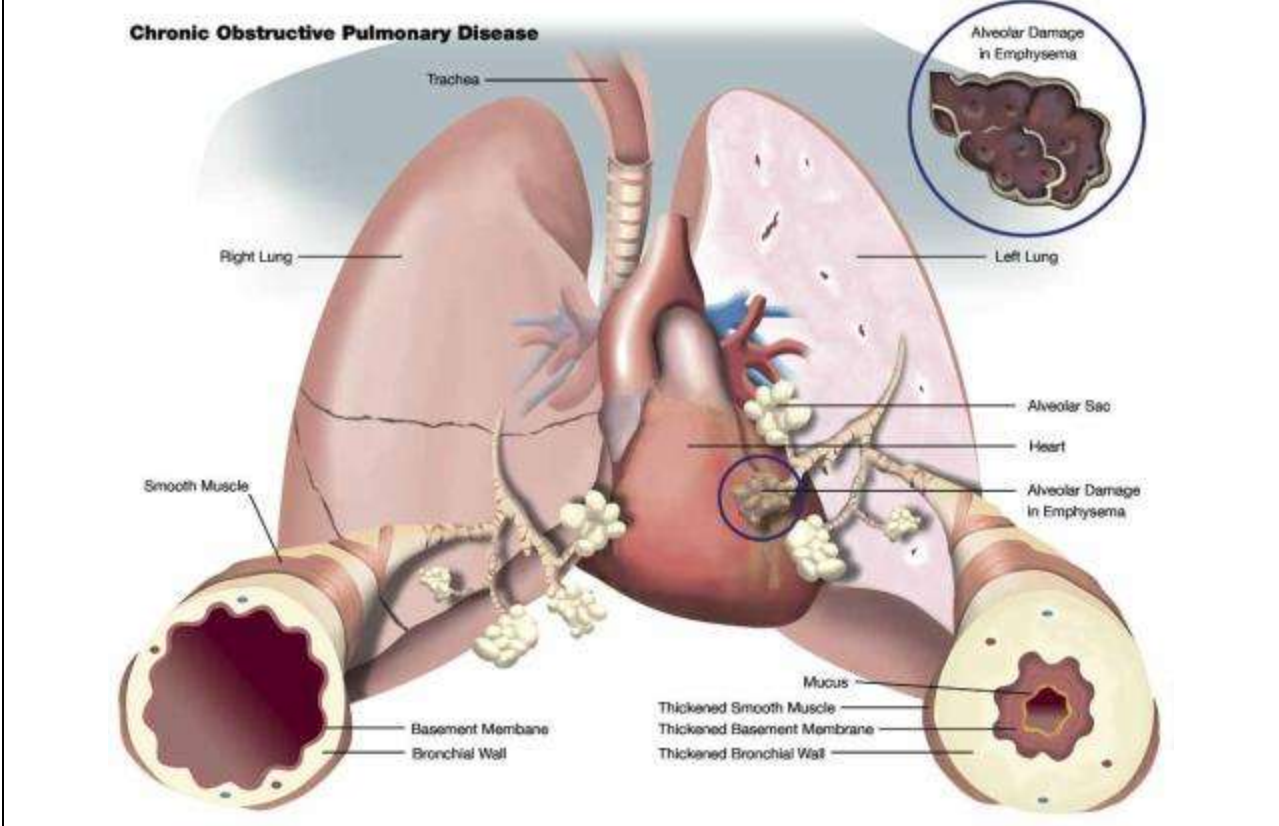
SYMPTOMS

Difficulty breathing Dry cough Chest pain or tightness Night cough
 Shortness of breath Wheezing

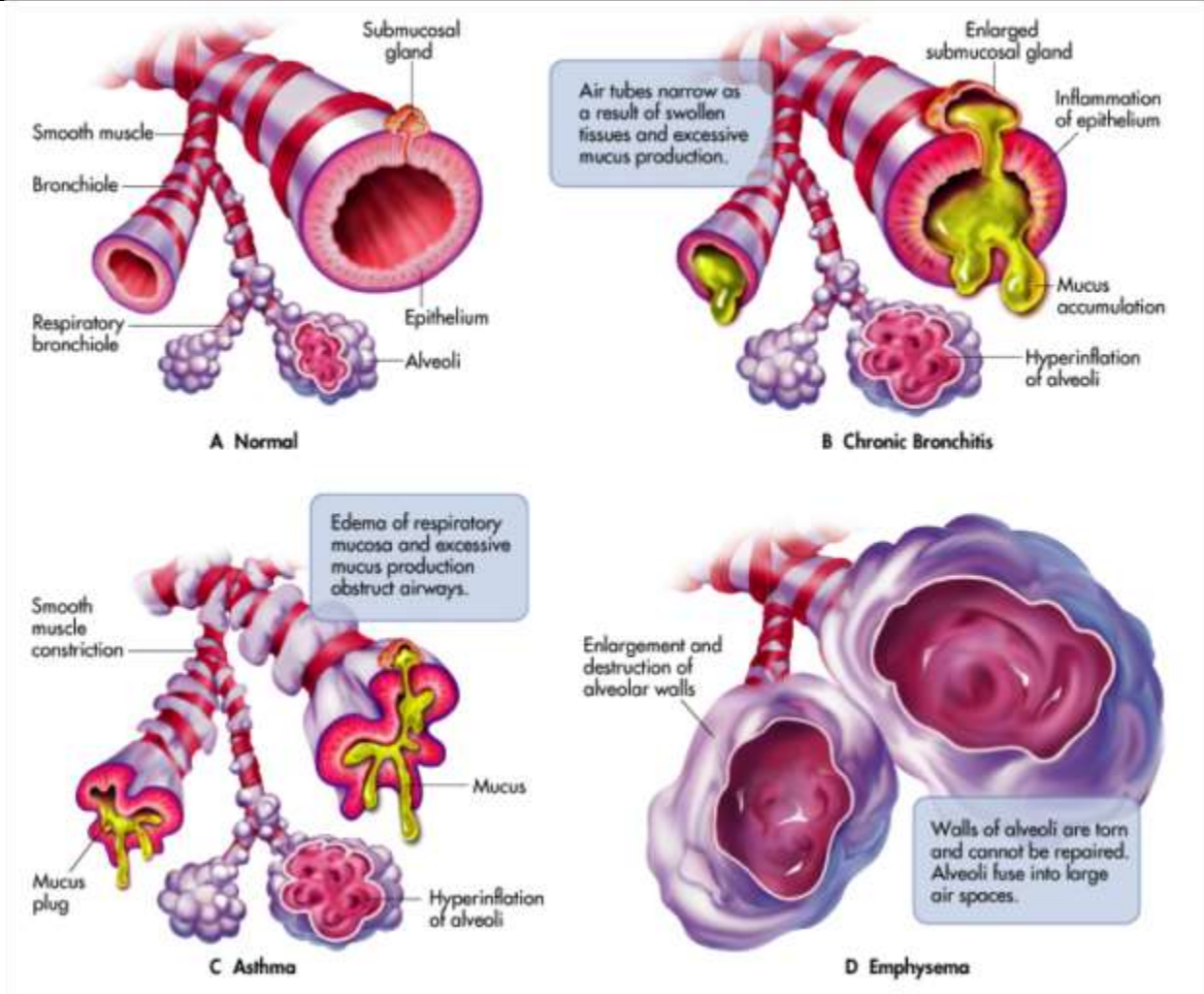
	<p>(b)Chronic bronchitis:</p> <ul style="list-style-type: none"> • On top of (and follows) repeated acute attacks. • It may arise without obvious immediate cause or it is a secondary manifestation to other diseases. <p>At first:</p> <ul style="list-style-type: none"> • The mucous membrane is swollen and hypertrophic. • It shows venous congestion, and a brownish-red, or slaty-blue pigmentation. • Lumen of bronchus is sometimes dilated, and its normal corrugated appearance is lost. • It is bathed with mucus or pus <p>Later on:</p> <ul style="list-style-type: none"> • Mucous membrane becomes thinned and atrophied. • Fibrous and cartilagenous framework of bronchus become more apparent leading to reticulated wall. • Minute ulcers are sometimes present between the cartilage-rings.
	<p>(c) Chronic fibrinous bronchitis (membranous or plastic):</p> <ul style="list-style-type: none"> • Rare; spasmodic attacks of coughing, severe dyspnea, passage of tough fibrinous casts of portions of bronchial tree expectorated in coughed material, followed by relief.
	<p>(d) Tuberculosis of the bronchi:</p> <ul style="list-style-type: none"> • Lesion is in the submucosa leading to ulcers.

2- Stenosis and obstruction of bronchi:

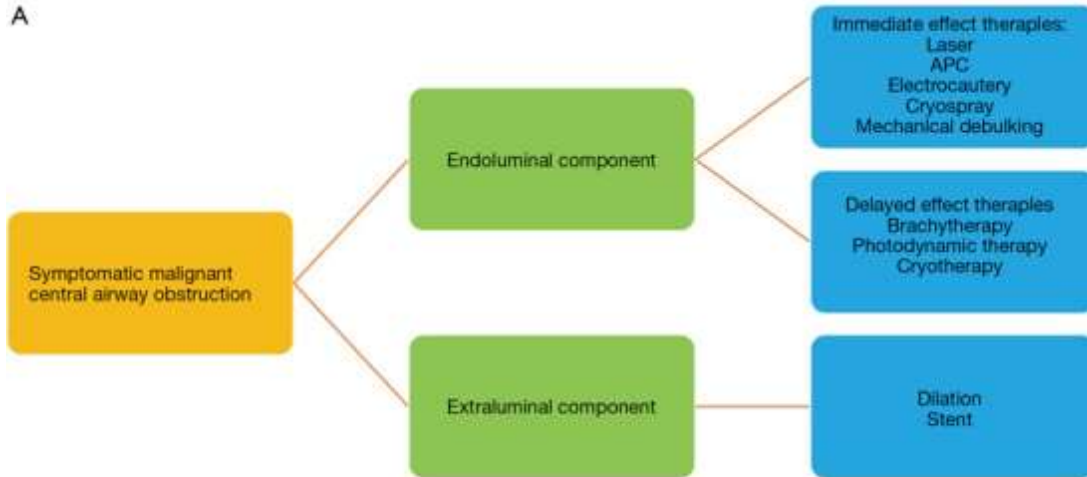
This may be due to:



	<p><i>Causes from outside the wall :</i></p> <ol style="list-style-type: none"> 1. Tumours of the mediastinum. 2. Cancer of oesophagus. 3. Metastasis in the mediastinal lymph nodes. 4. Aneurism of aorta. 5. Pericardial effusion. 6. Enlarged tuberculous lymph nodes.
	<p><i>Causes in the wall</i></p> <ol style="list-style-type: none"> 1. Cicatrization following removal of a foreign body. 2. Muscular spasm. 3. Tumours of bronchial wall. 4. Tuberculous infiltration. 5. Syphilis and gumma. 6. Pneumoconiosis and other forms of chronic fibrotic lesions.
	<p><i>Causes in the lumen</i></p> <ol style="list-style-type: none"> 1. Foreign body (meat, bones, fruits, peas etc.) 2. Plugs of tenacious mucus or fibrinous material



A



B

