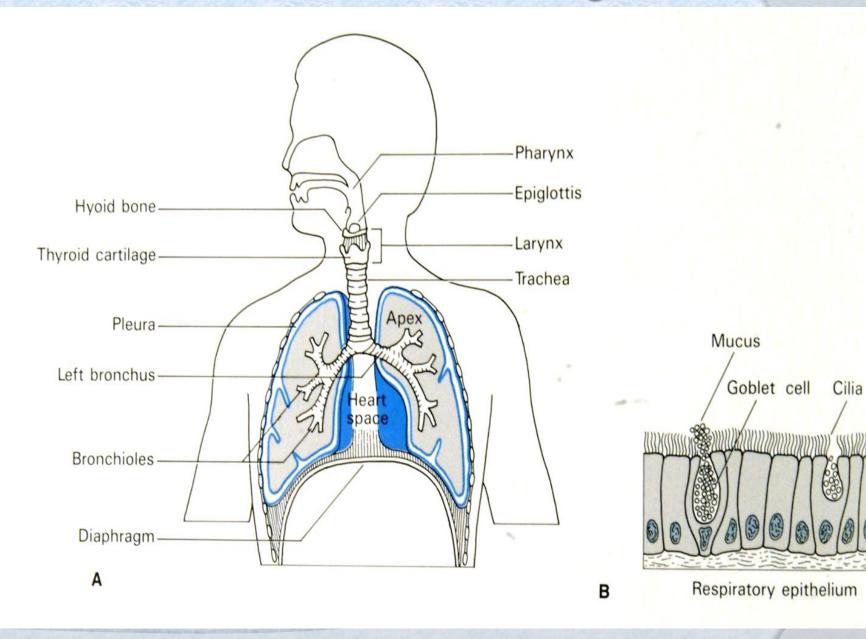
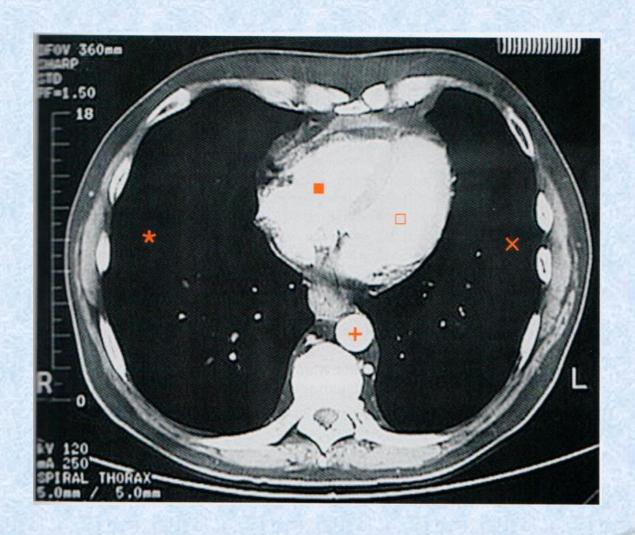


Dr. Ammar C. Al-Rikabi

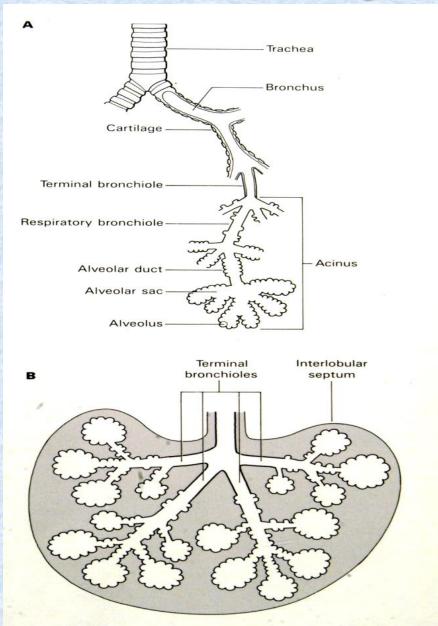
Review of the normal Anatomy and Histology of the Respiratory System



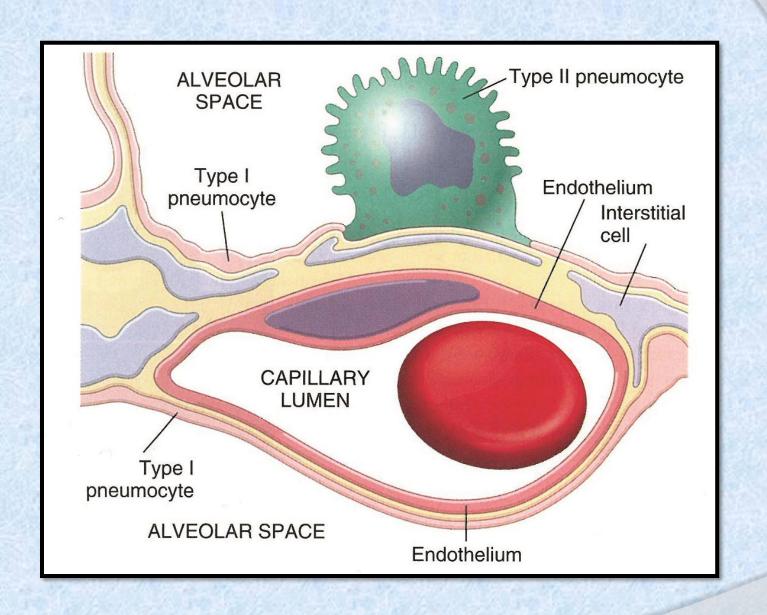
The respiratory system

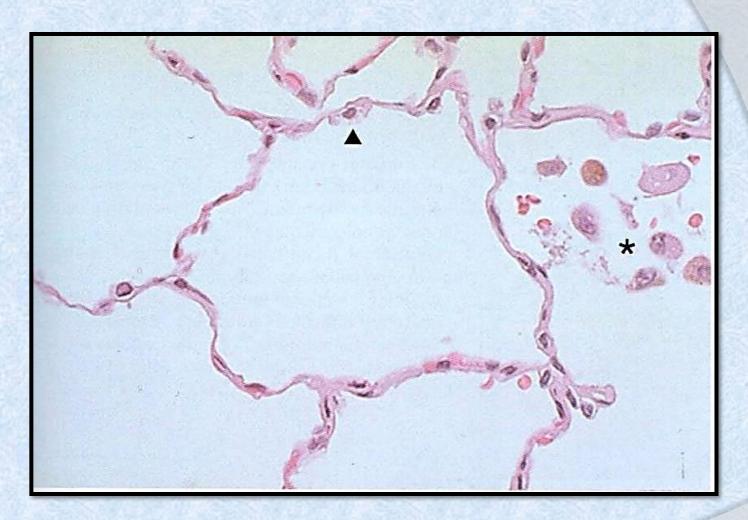


Normal lung, CT image



The lower respiratory tract

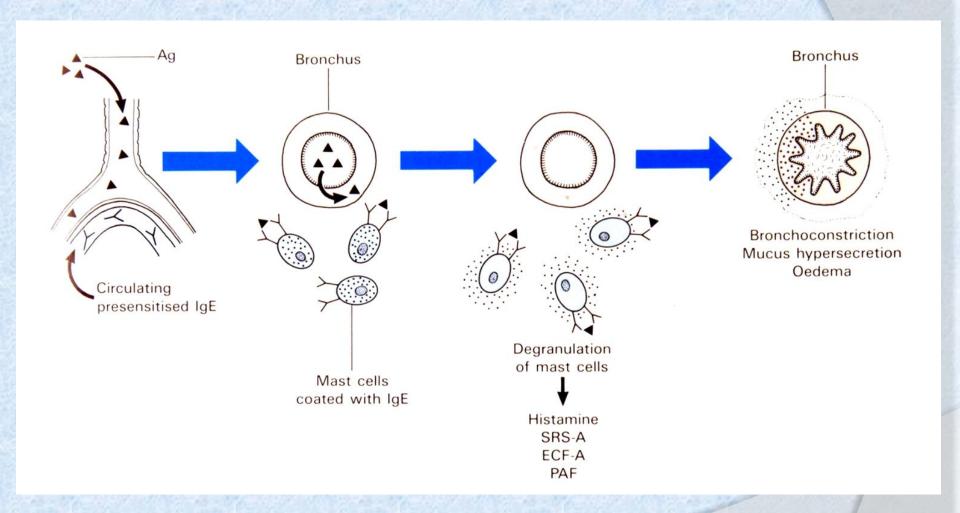




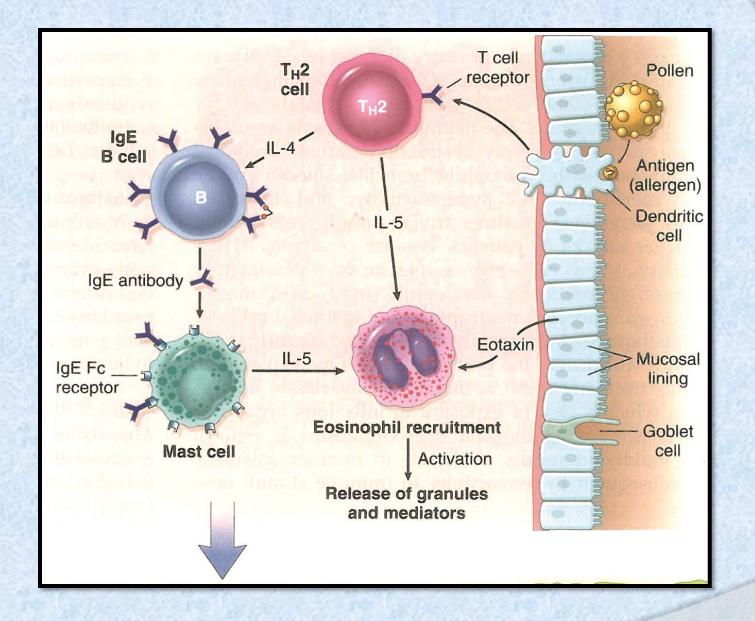
Normal adult lung

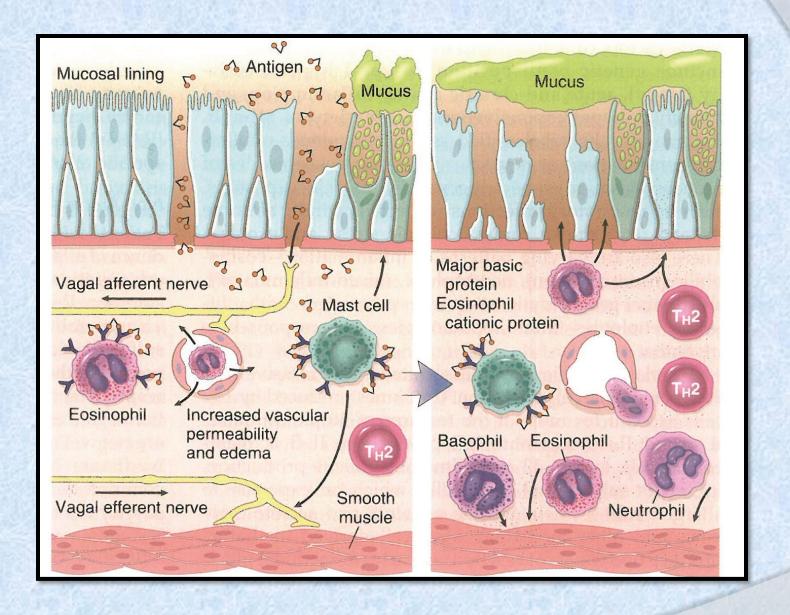


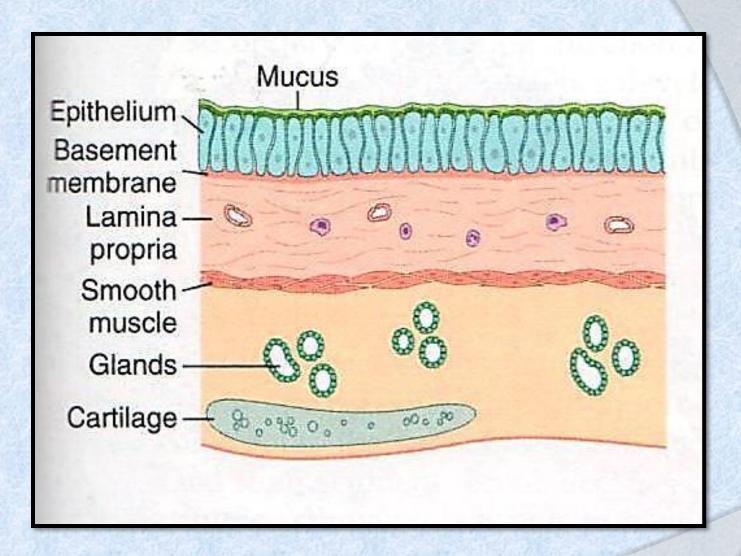
Chronic Obstructive Pulmonary Diseases (COPD) including Bronchial Asthma



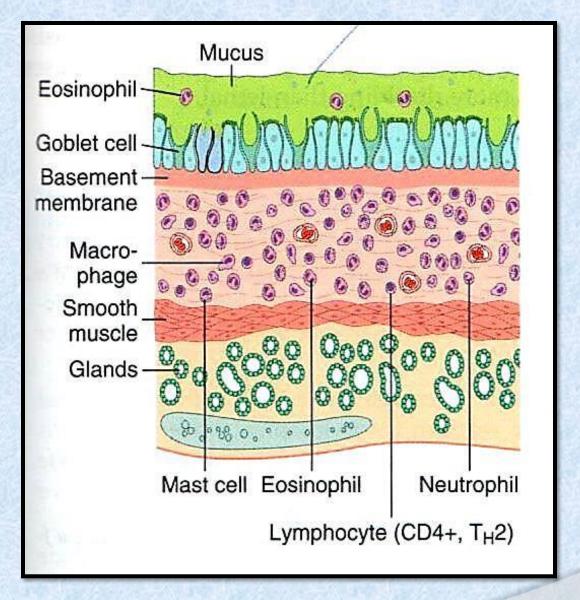
Pathogenesis of allergic asthma







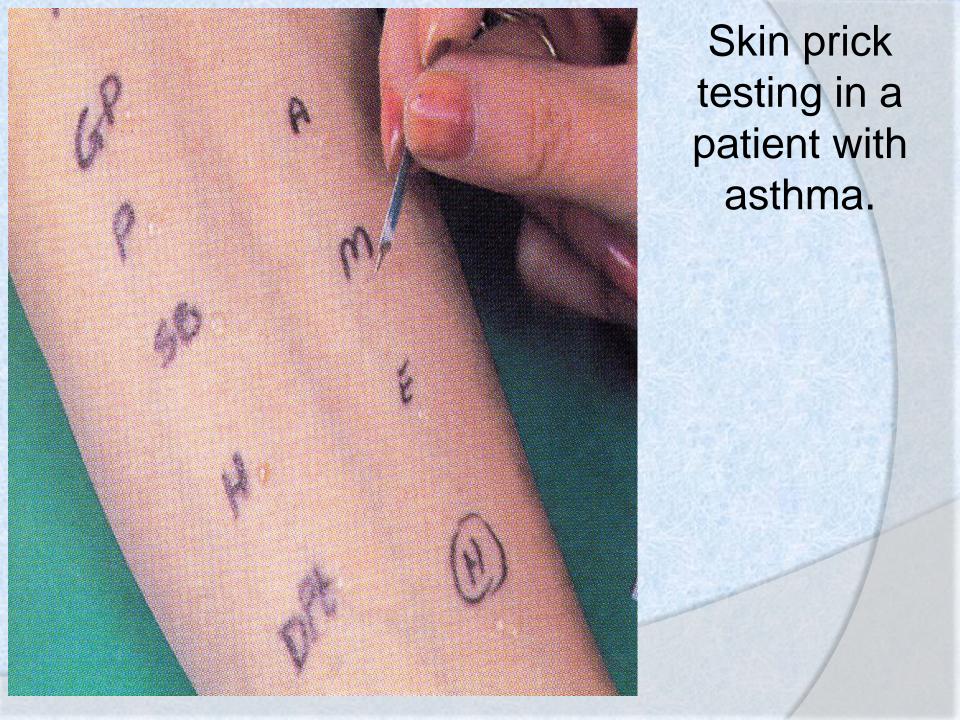
Bronchial airway in normal lung

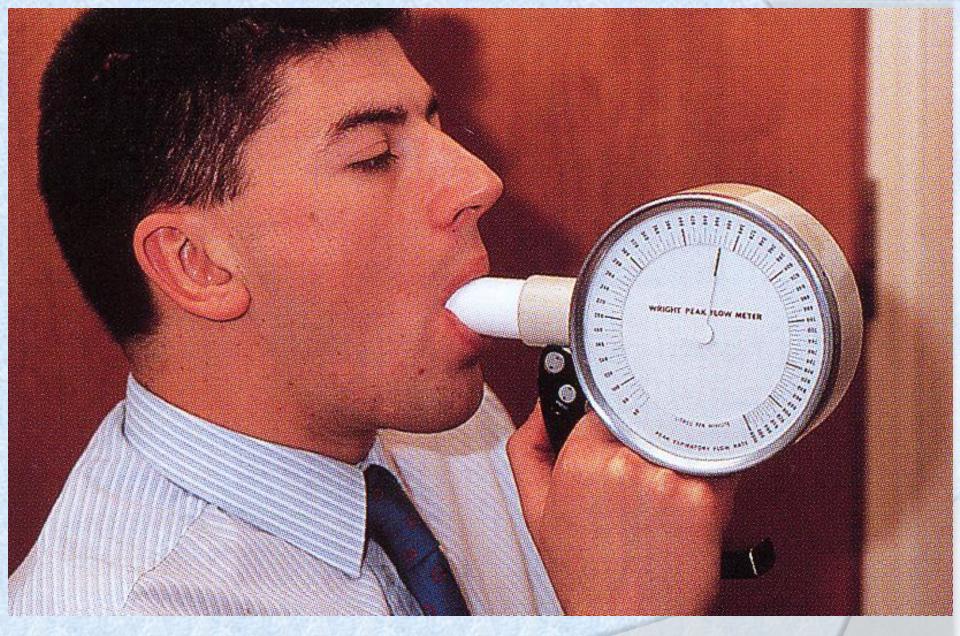


Bronchial airway in asthma patient

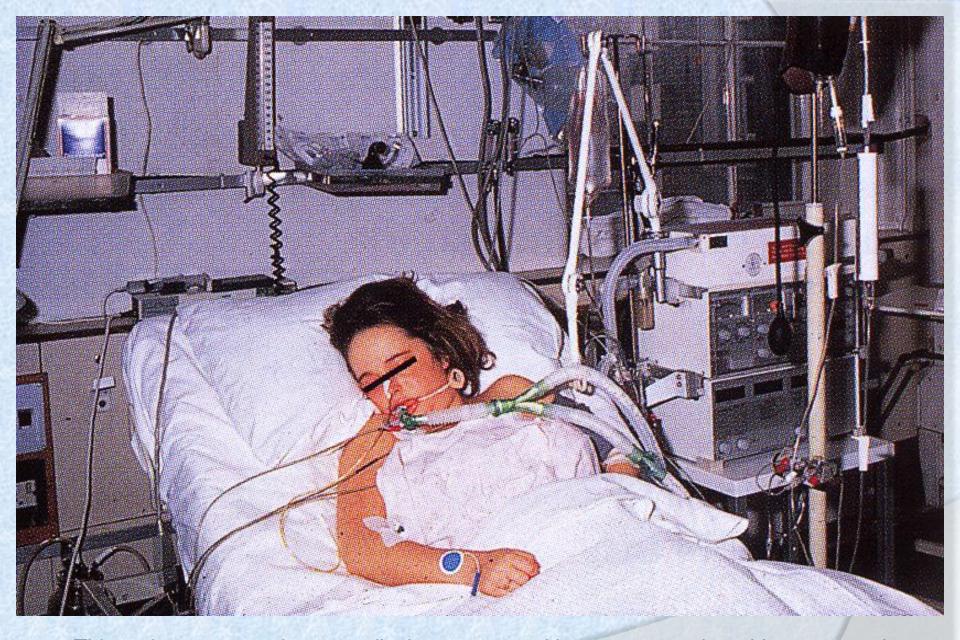


Bronchial biopsy specimen from an asthmatic patient showing subbasement membrane fibrosis, eosinophilic inflammation and smooth muscle hyperplasia





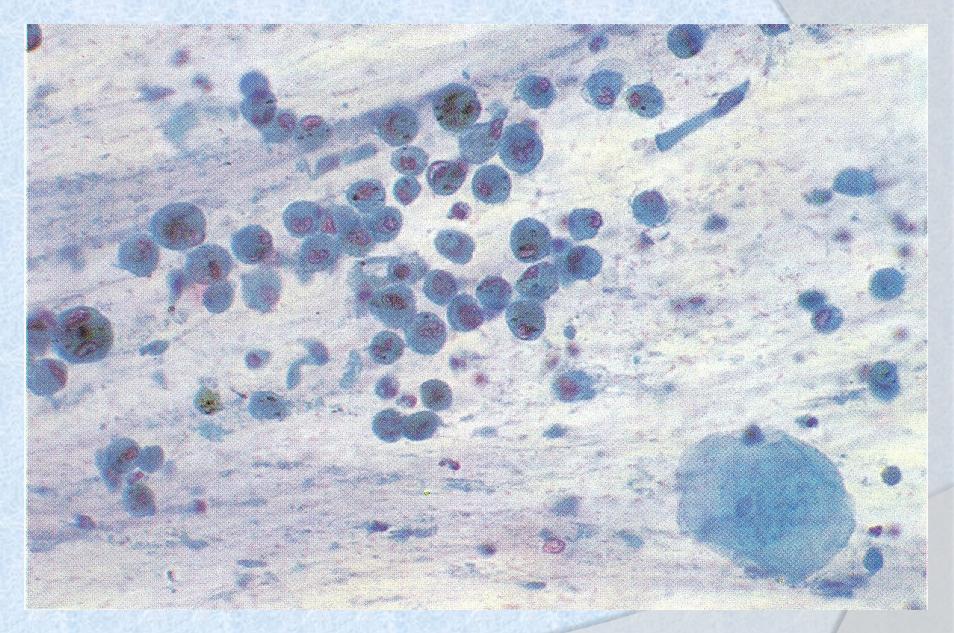
The range of presentation in asthma. This patient was found incidentally to have a degree of reversible airways obstruction during a routine medical examination.



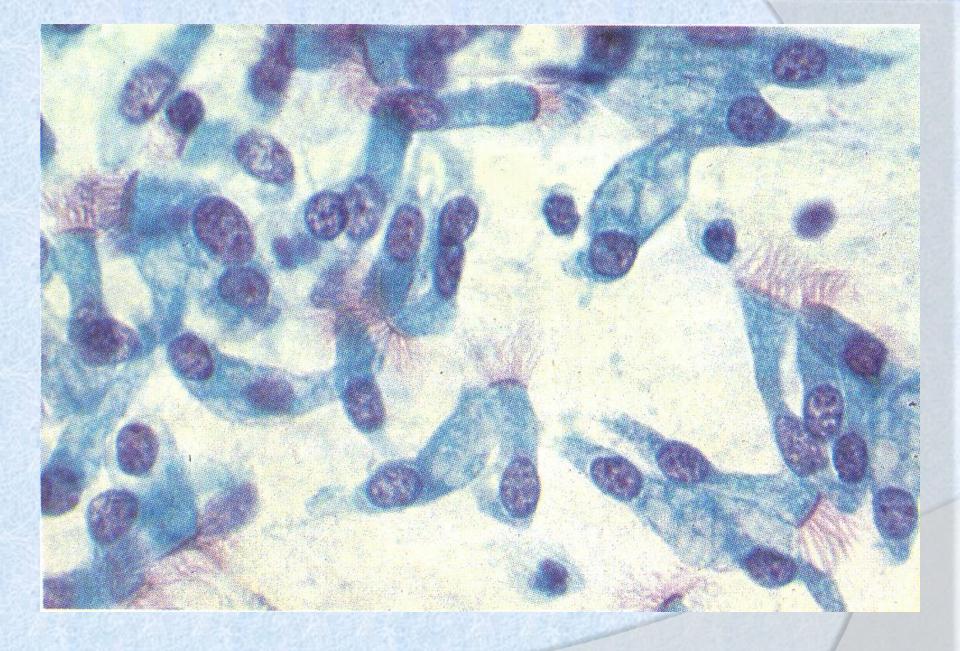
This patient presented as a medical emergency with acute severe breathlessness and diagnosed as a case of status asthmaticus which required immediate intensive care including intermittent positive-pressure ventilation.



Bronchitis in an asthmatic patient. Note the presence of congested mucosa and mucoid secretions.



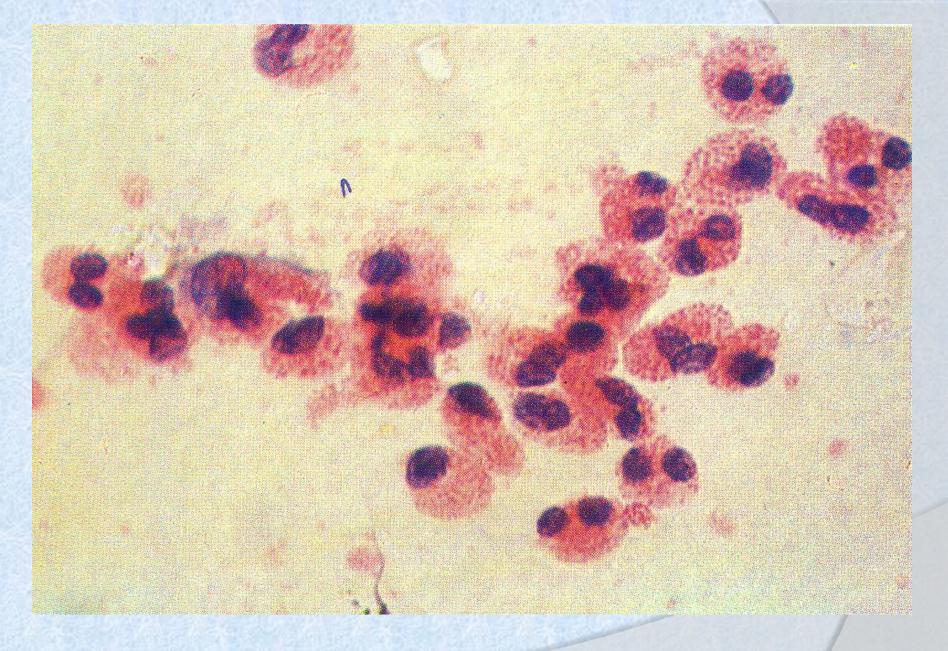
Composition of satisfactory specimen: Sputum



Ciliated columnar cells



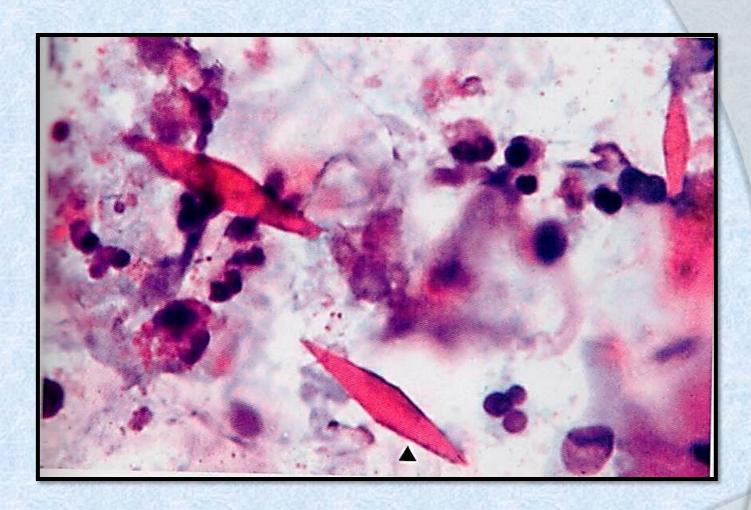
Curschmann's spiral: Sputum



Eosinophils from a case of Bronchial Asthma



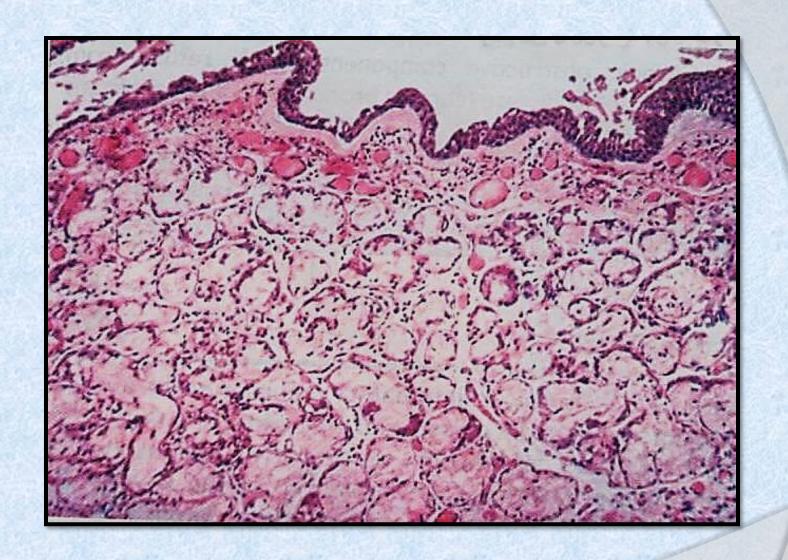
Bronchial asthma: Charcot – Leyden Crystals



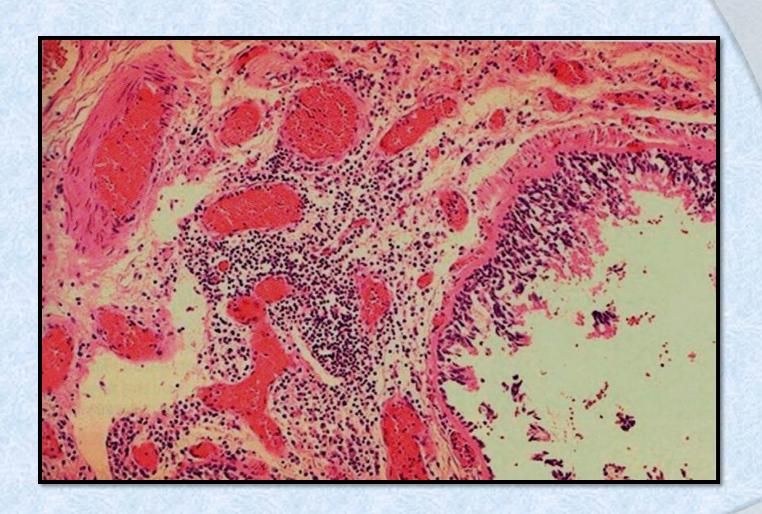
Bronchial Asthma, microscopic



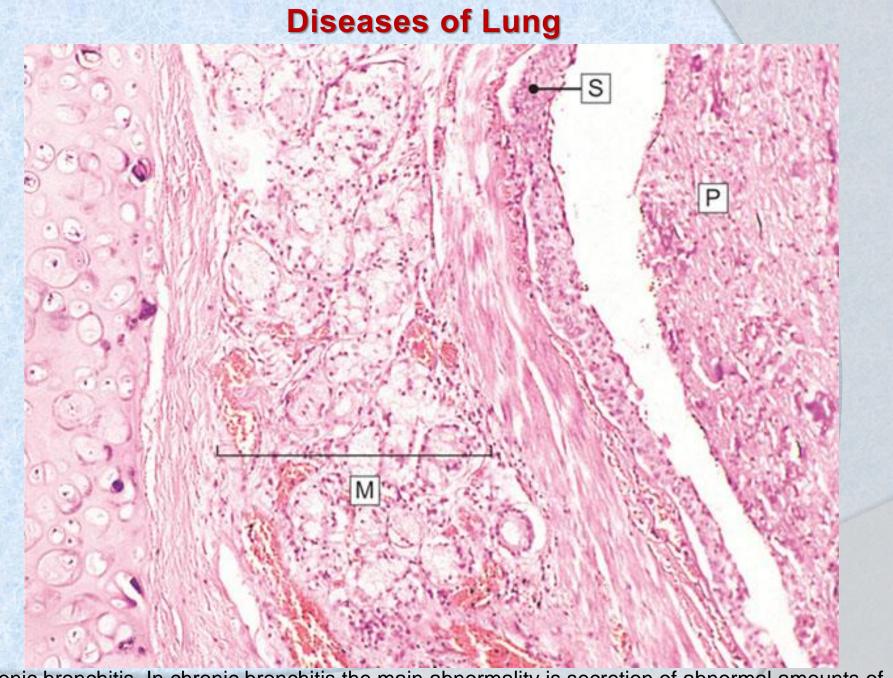
Chronic Bronchitis



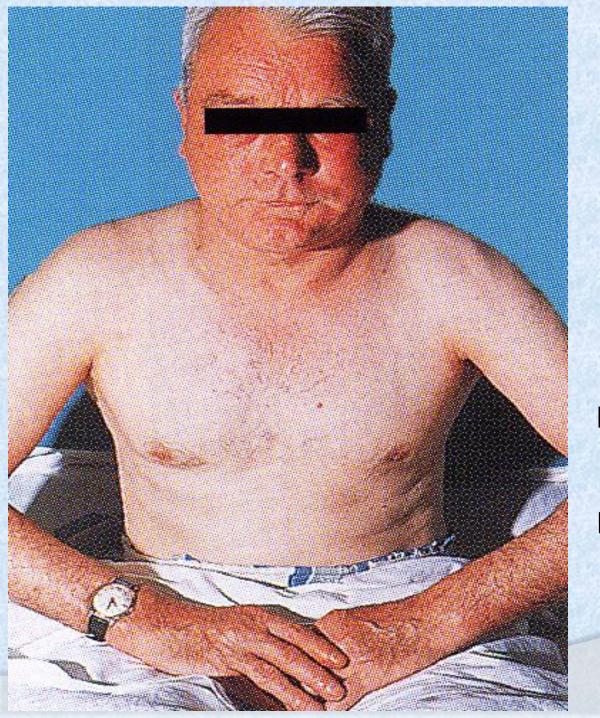
Chronic bronchitis



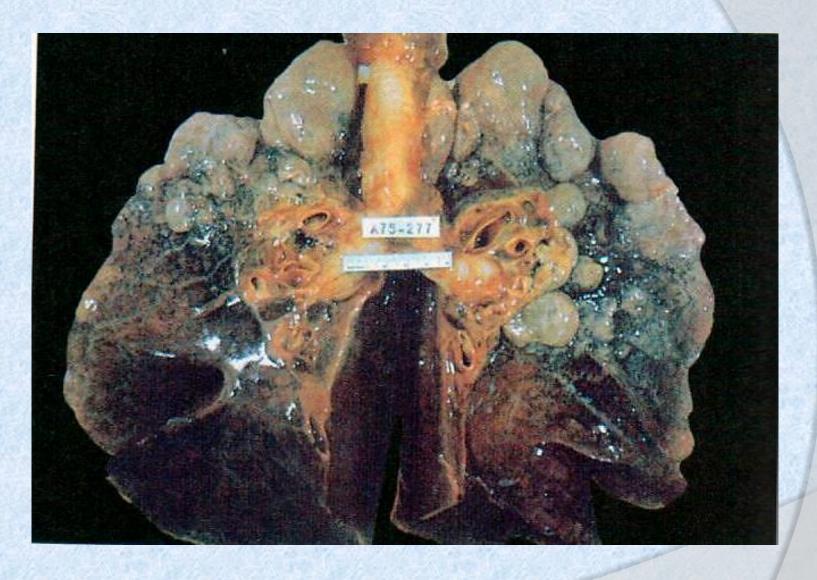
Chronic bronchitis



Chronic bronchitis. In chronic bronchitis the main abnormality is secretion of abnormal amounts of mucus, causing plugging of the airway lumen (P).



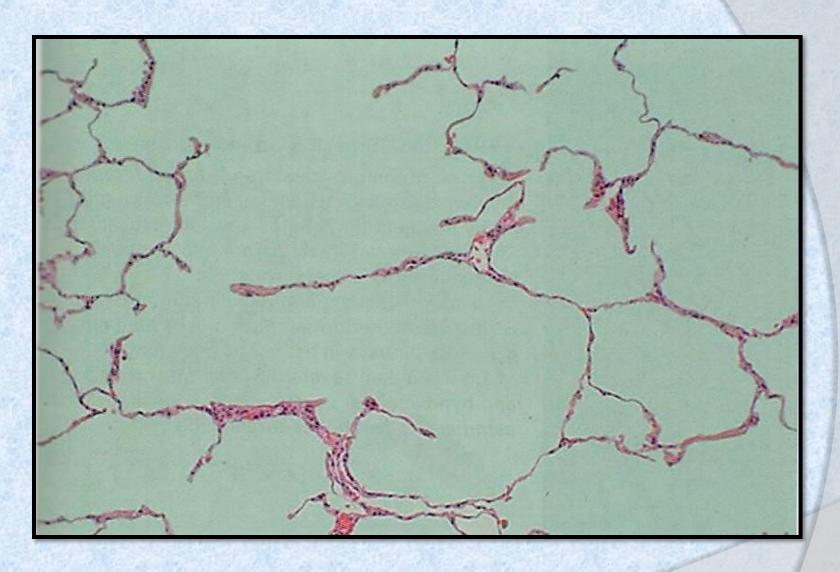
Pursed lip expiration is a common maneuver adopted by patients with severe chronic obstructive pulmonary disease including emphysema. The patient starts to breathe out closed or nearly closed lips to keep the intrabronchial pressure high and prevent collapse of the bronchial wall and expiratory obstruction. Later in expiration the lips are blown forwards and open, often with a grunt ("fish-mouth breathing).



Bullous emphysema with large apical and subpleural bullae



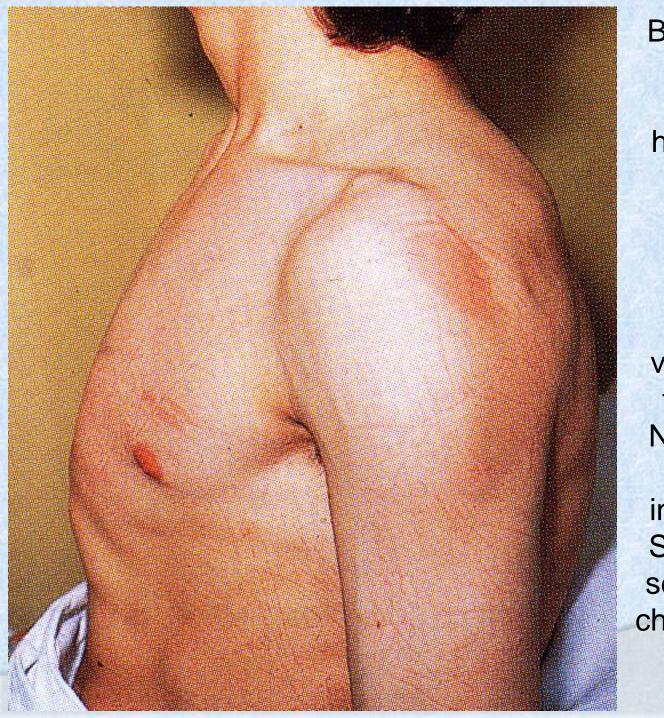
Paraseptal emphysema



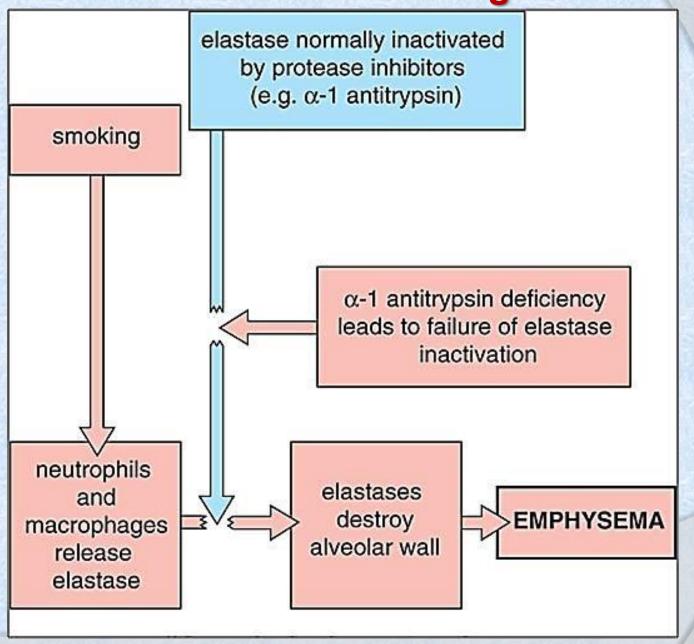
Paraseptal emphysema, microscopic



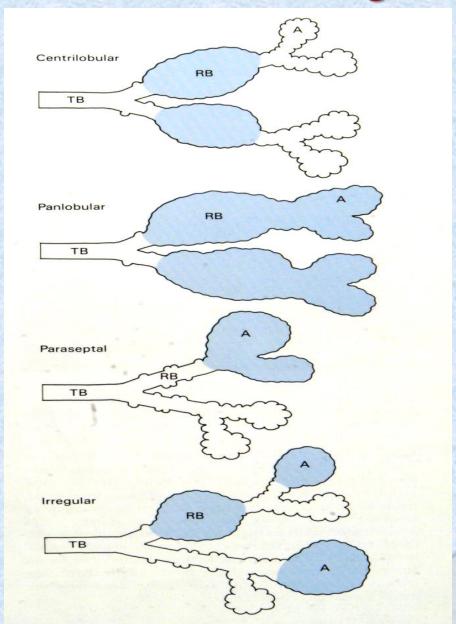
Emphysema



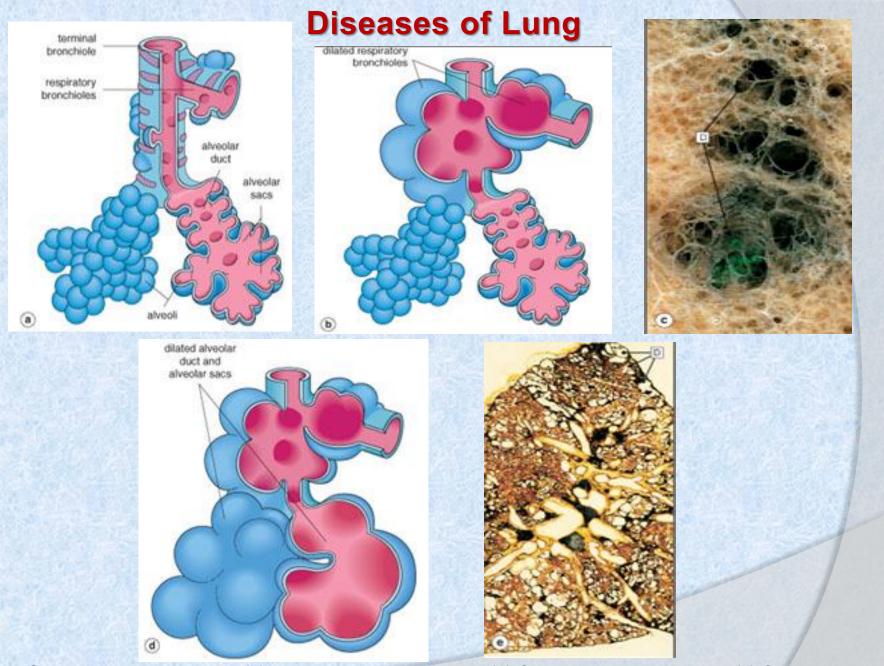
Barrel-shaped chest in a patient with emphysema. The hyperinflation result from air-trapping associated with inflammatory changes, hypersecretion of viscid contraction in the small airways. Note the associated indrawing of the intercostal muscles. Similar changes are seen in patients with chronic bronchitis and asthma.



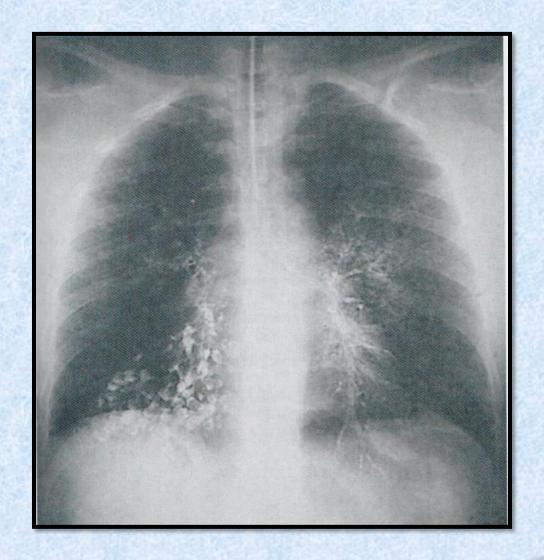
Pathogenesis of emphysema.



Classification of emphysema



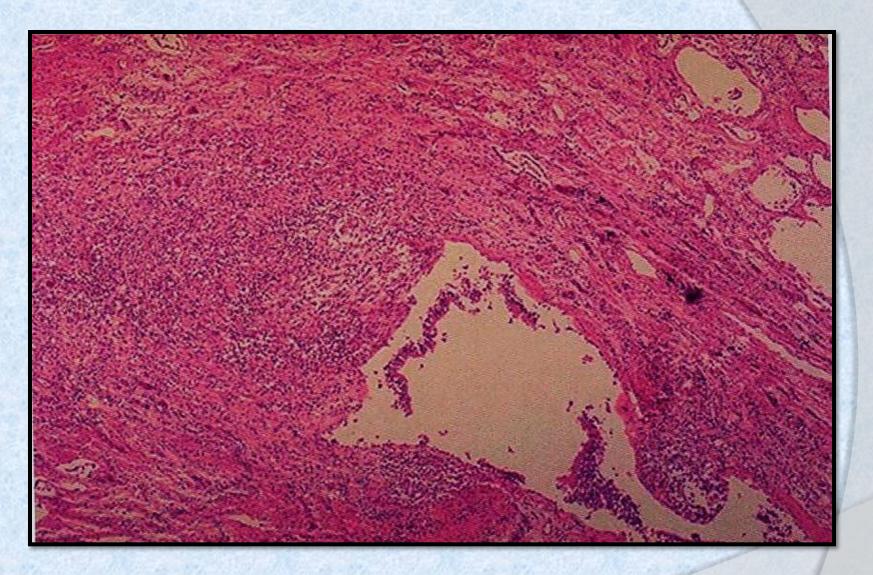
Generalized emphysema. (a) Normal distal lung acinus. (b) Centriacinar emphysema. (c) Centriacinar emphysema. (d) Panacinar emphysema. (e) Panacinar emphysema (Gough-Wentworth section).



Bronchiectasis, chest radiograph

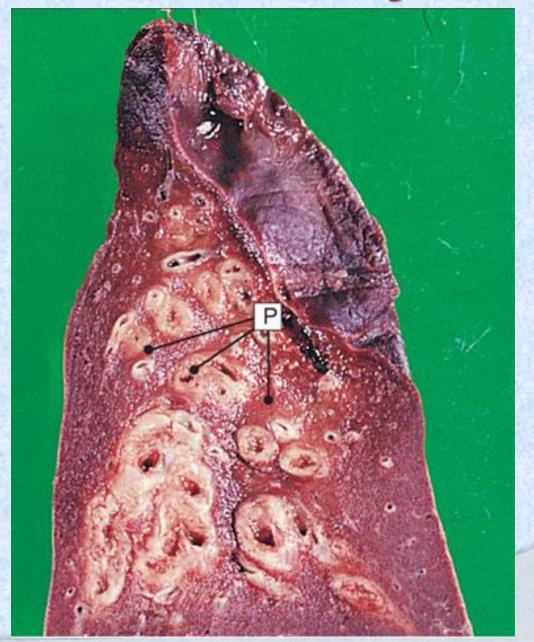


Bronchiectasis, gross

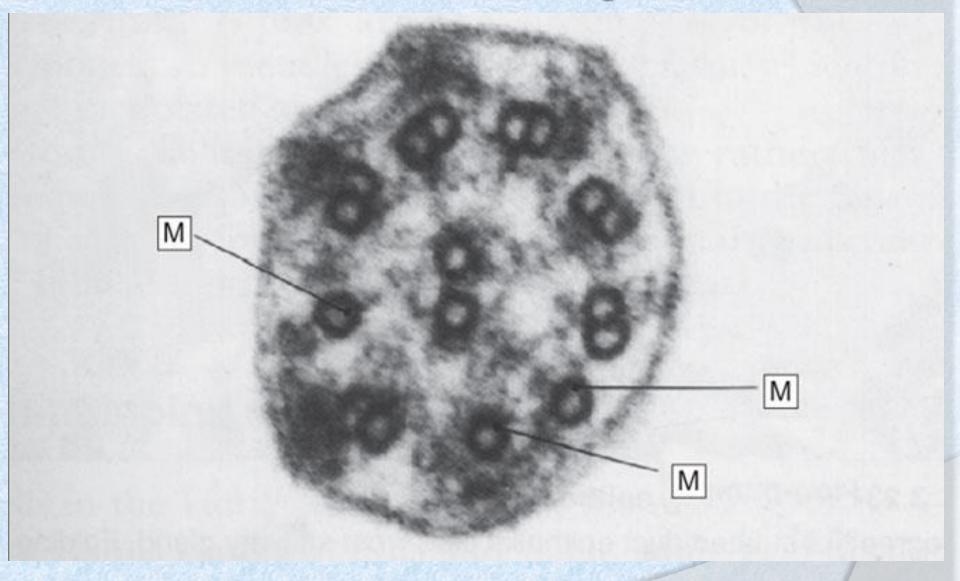


Bronchiectasis, micropscopic

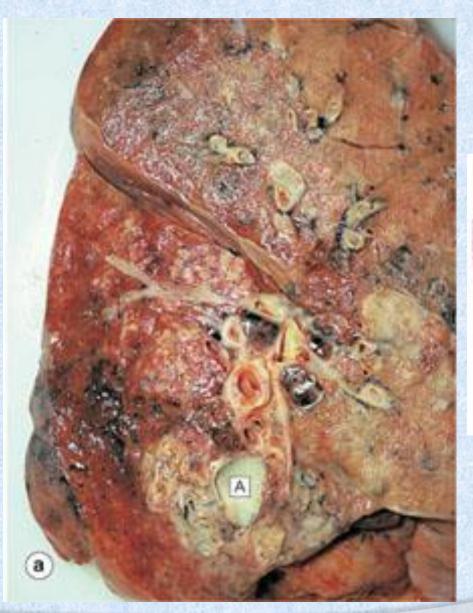
Diseases of Lung Bronchiectasis

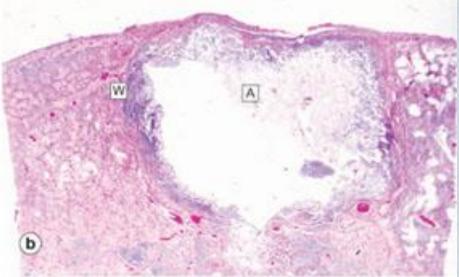


Bronchiectasis. This is a lower lobe of lung surgically resected for bronchiectasis.



Cilial dysmotility syndrome. Electron micrograph of cilia from a person with recurrent chest infections since childhood. The outer dynein arms are absent and there are abnormal single microtubules (M), which prevent normal motility.





Lung abscess.



Key Facts Chronic obstructive pulmonary

- . Definition: a disease state characterized by airflow limitations that are not fully reversible. The airflow limitation is usually both progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases.
- . Cigarette smoking remains the most important cause of COPD. Other risks are recurrent chest infections in childhood, atopy, asthma, and occupational exposure to dusts (especially mining).
- . Respiratory bronchiolitis is one of the earliest lesions seen in smokers.
- . Chronic bronchitic airways show mucous hypersecretion with mucous gland hyperplasia.
- . Chronic bronchitis and bronchiolitis cause airway narrowing.
- . Emphysema causes loss of elastic recoil in lungs and contributes to functional airways obstruction.
- . Generalized emphysema is defined as permanent dilatation of any part of the respiratory acinus, with destruction of tissue in the absence of scarring.
- . There are two patterns of generalized emphysema: centrilobular and panacinar.
- . Many patients with COPD have a reversible component to functional airways obstruction.
- . Pulmonary hypertension and right-sided heart failure are common in long-standing chronic obstructive pulmonary disease.
- . Acute deterioration in COPD is usually caused by viral or bacterial infection.

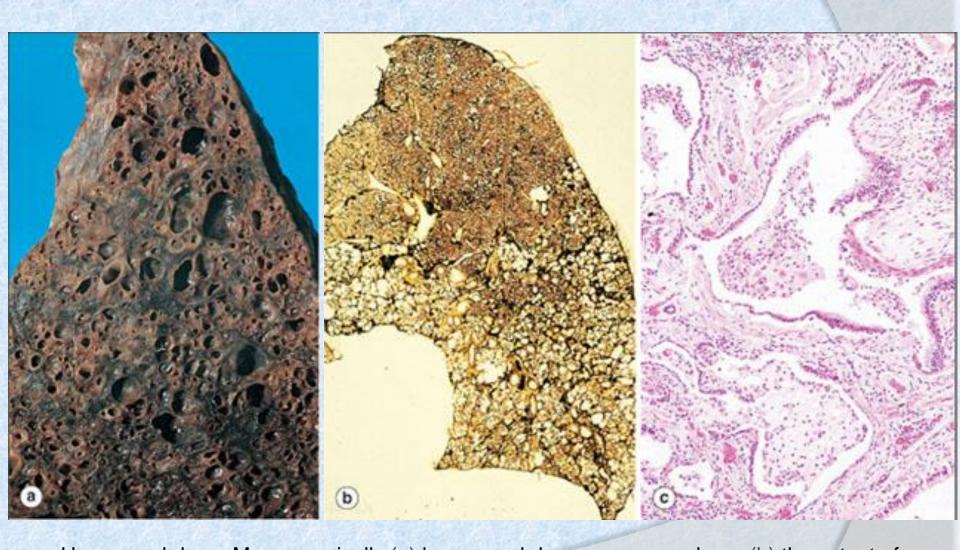


Diseases of the Respiratory System

Restrictive Pulmonary Diseases



Severe kyphoscoliosis of unknown etiology. Flexion (kyphosis) and lateral deviation (scoliosis) of the spine have the combined effect of reducing chest volume. This compromises respiratory function and may cause restrictive lung disease.



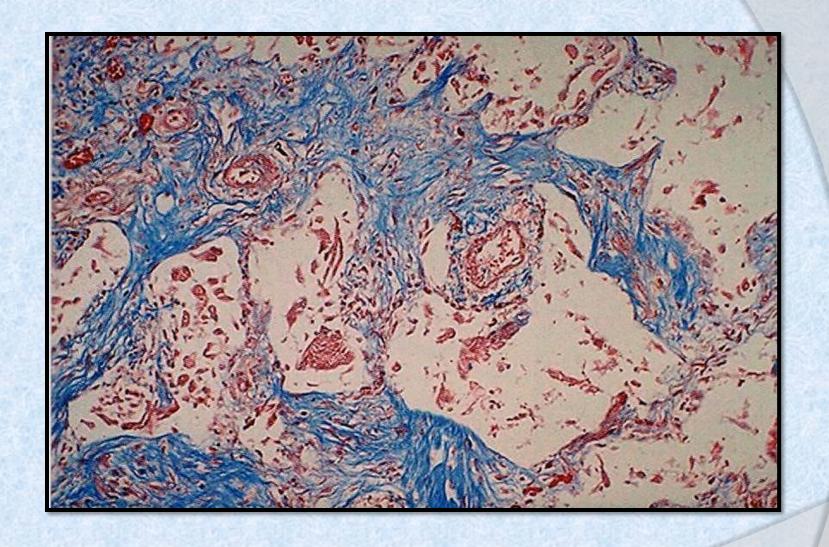
Honeycomb lung. Macroscopically (a) honeycomb lung appears as large (b) the extent of abnormality and interstitial fibrosis can be better appreciated. (c) shows coalescence of air spaces, both alveoli and bronchioles, to form cysts lined with cuboidal epithelium.



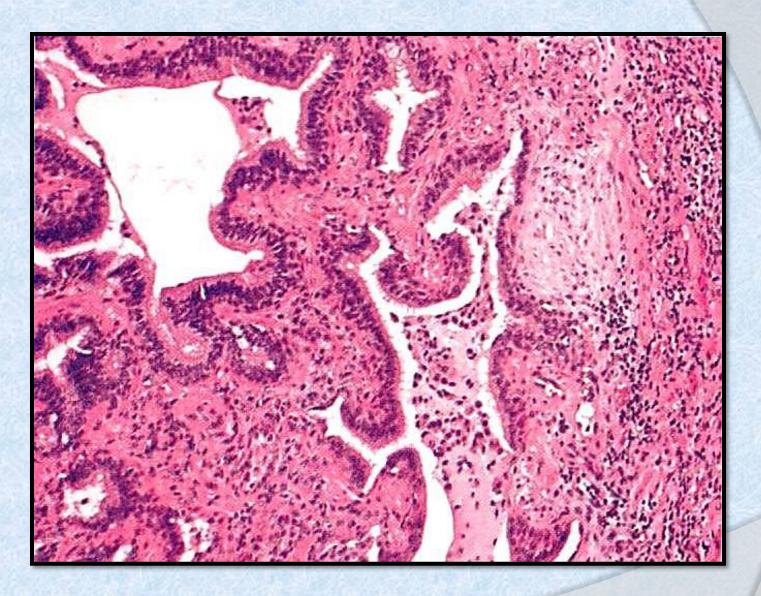
Idiopathic pulmonary fibrosis



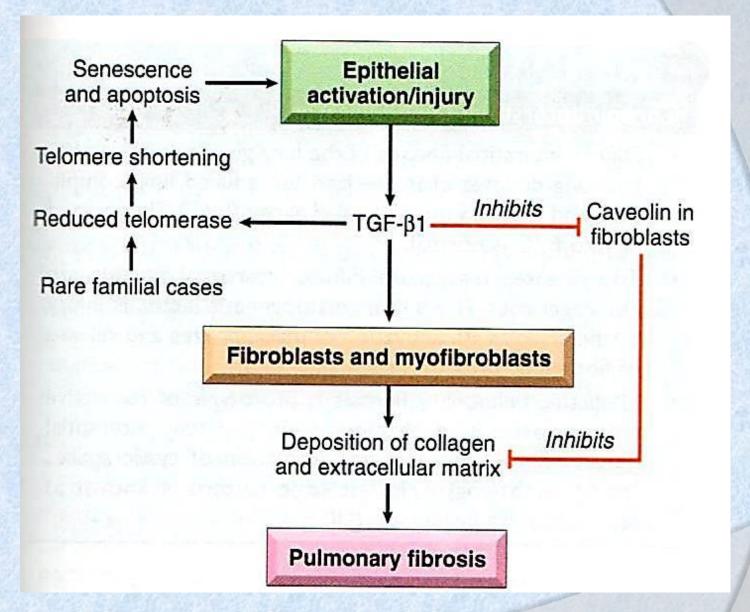
Honeycomb change, gross



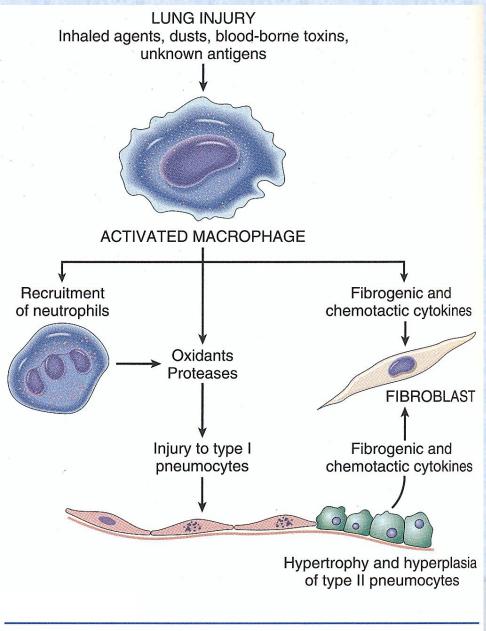
Interstitial fibrosis, microscopic



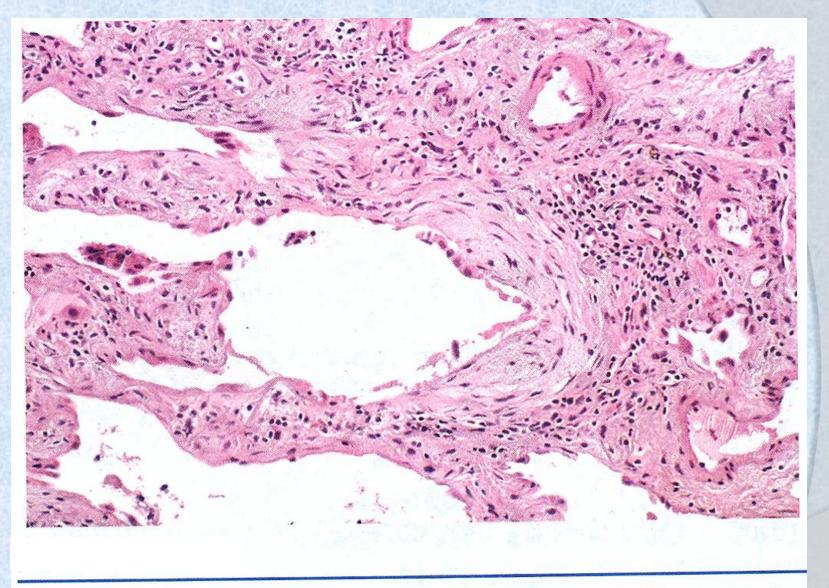
Usual interstitial pneumonia



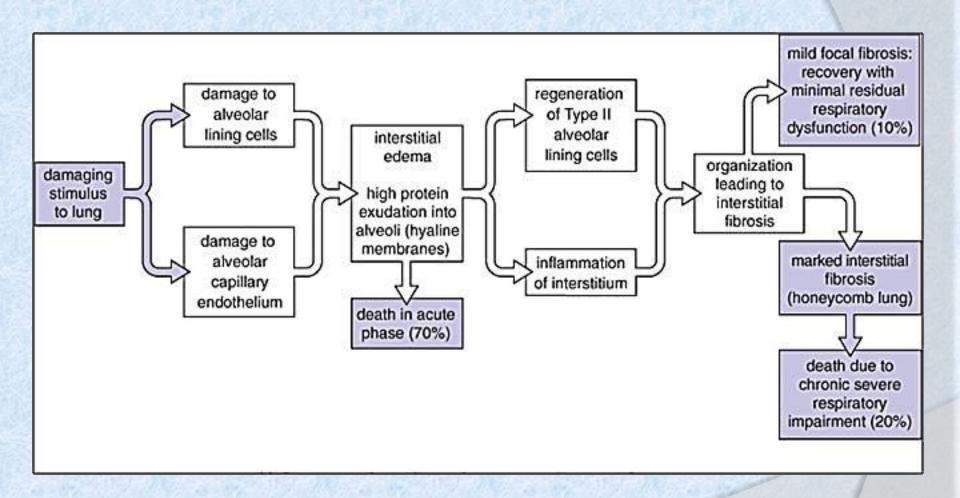
Schematic representation of current understanding of the pathogenesis of idiopathic pulmonary fibrosis



General scheme for the pathogenesis of chronic restrictive lung disease. See text for details.

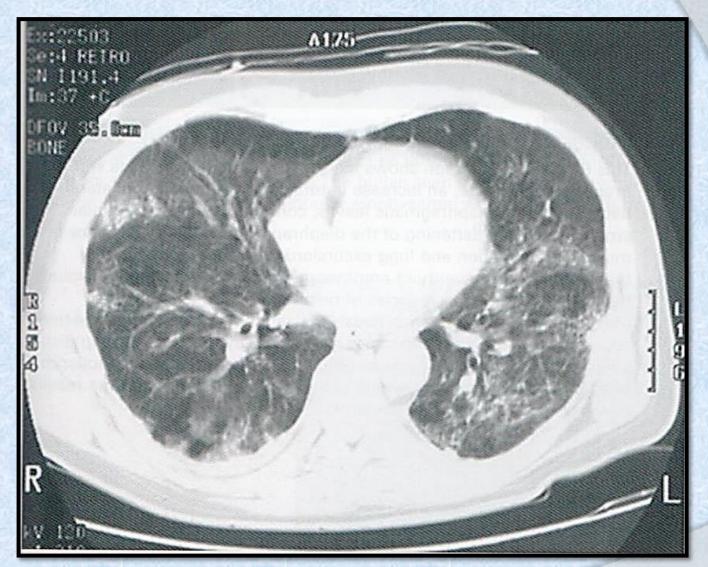


Usual interstitial pneumonia. Fibroblastic focus with fibers running parallel to surface and bluish myxoid extracellular matrix.

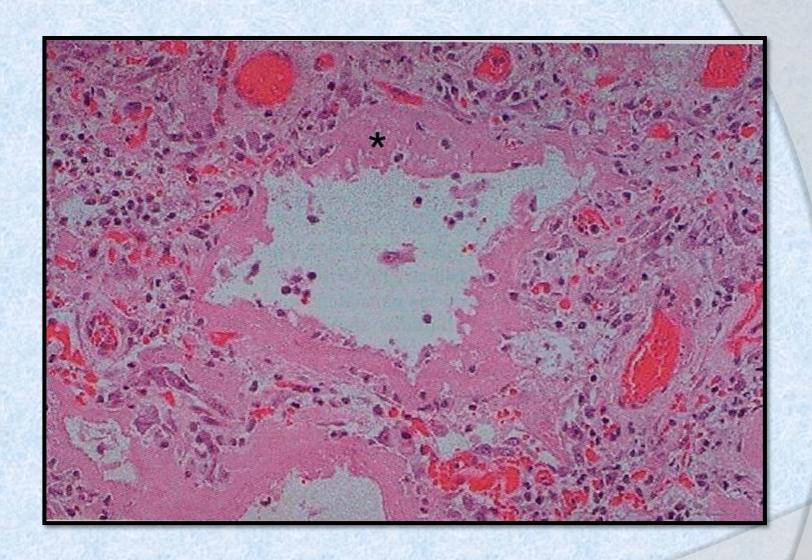




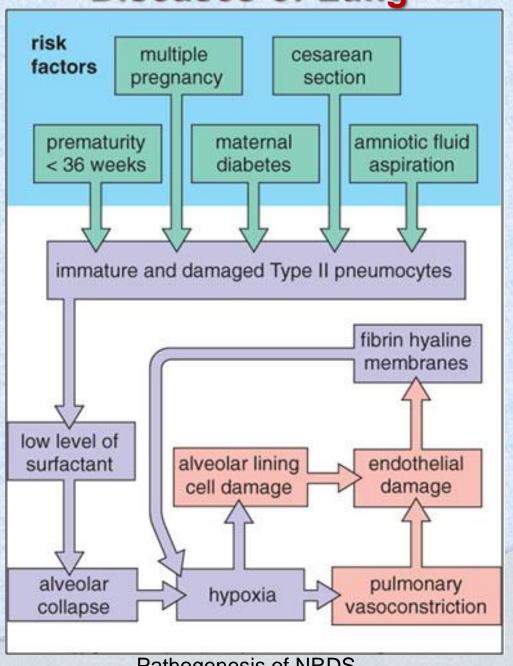
Diffuse alveolar damage, gross



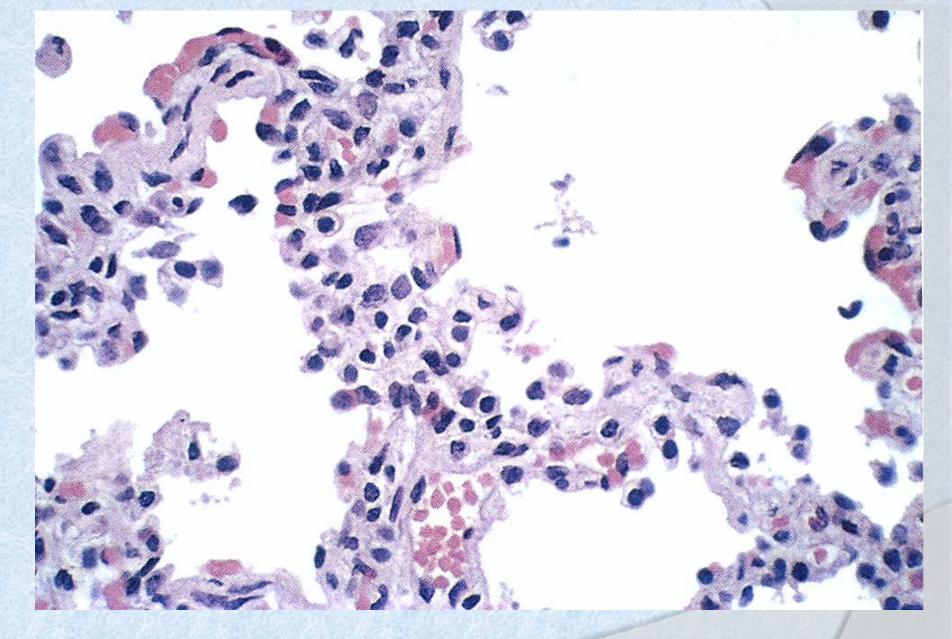
Diffuse alveolar damage, CT image



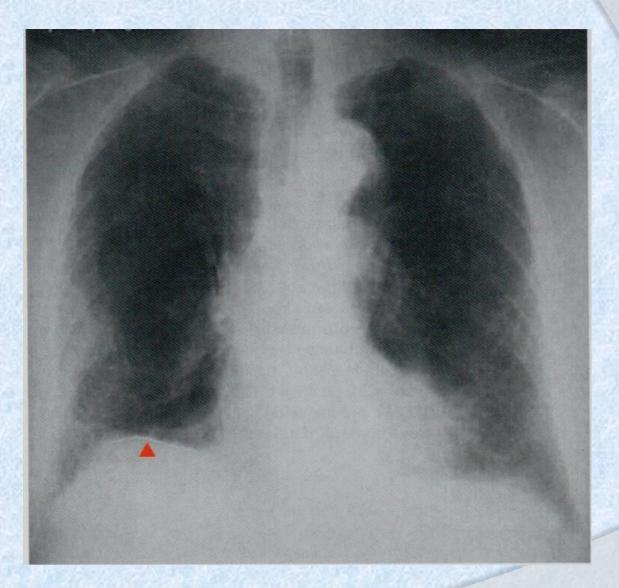
Diffuse alveolar damage, microscopic



Pathogenesis of NRDS.



Atypical pneumonia

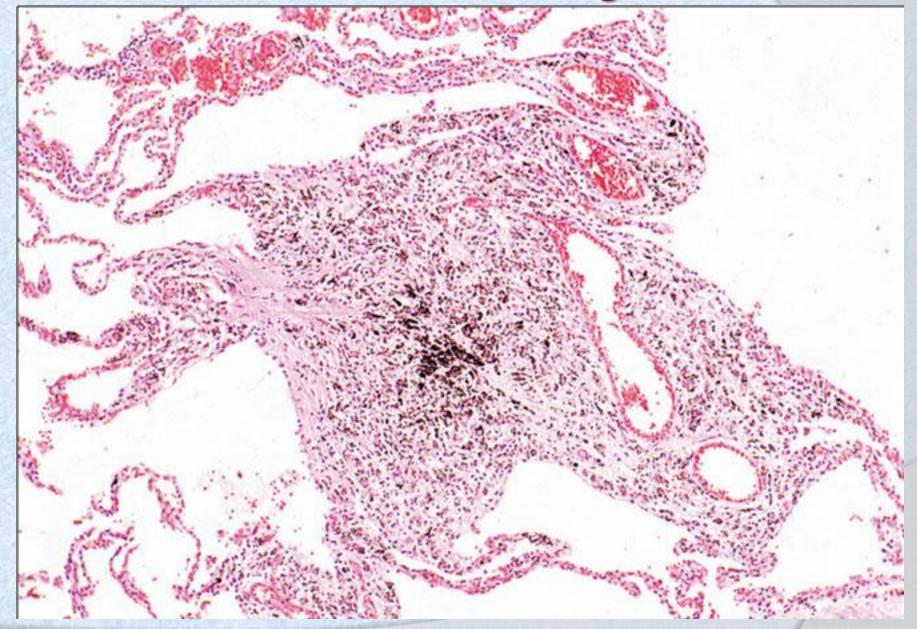


Pneumoconiosis, radiograph

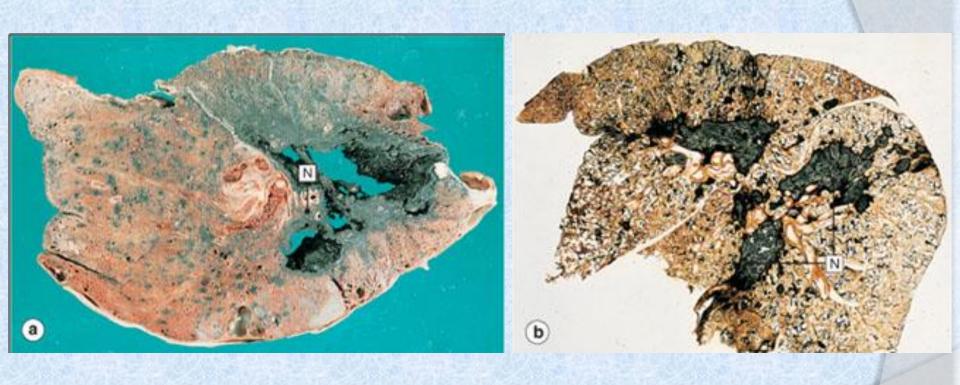
Diseases of Lung Coal workers pneumoconiosis



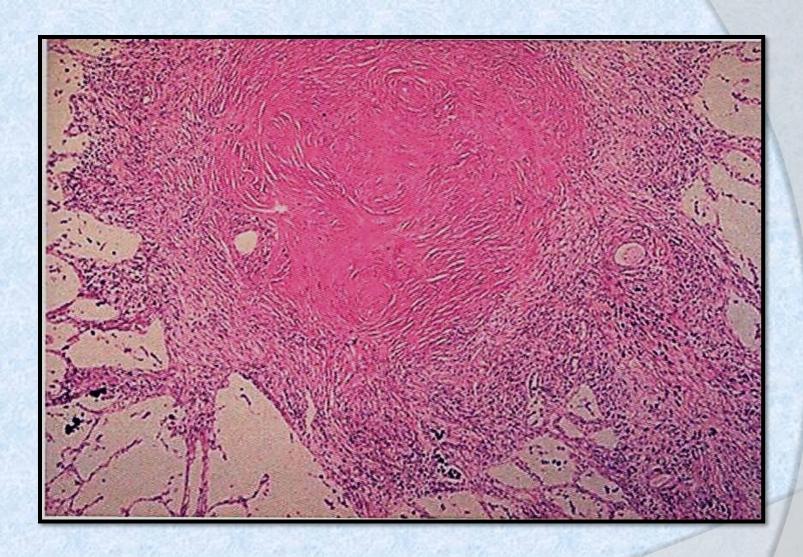
Coal worker's pneumoconiosis, microscopic



Simple coalworker's pneumoconiosis.

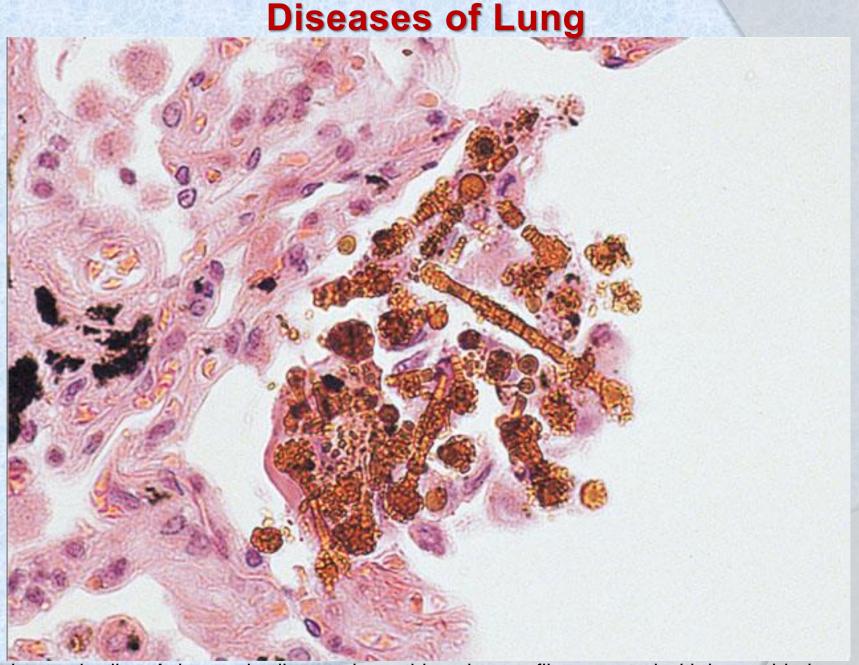


Coalworker's pneumoconiosis: progressive massive fibrosis. (a) Cut surface (b) thin section of whole lung.

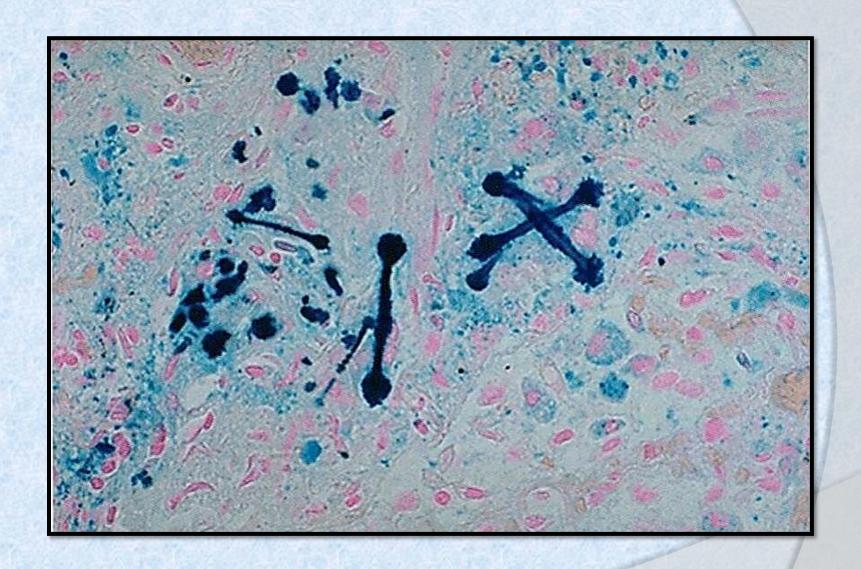


Silicosis, microscopic

Silicosis of lung. In silicosis, nodules of collagen (C) contain silica particles.



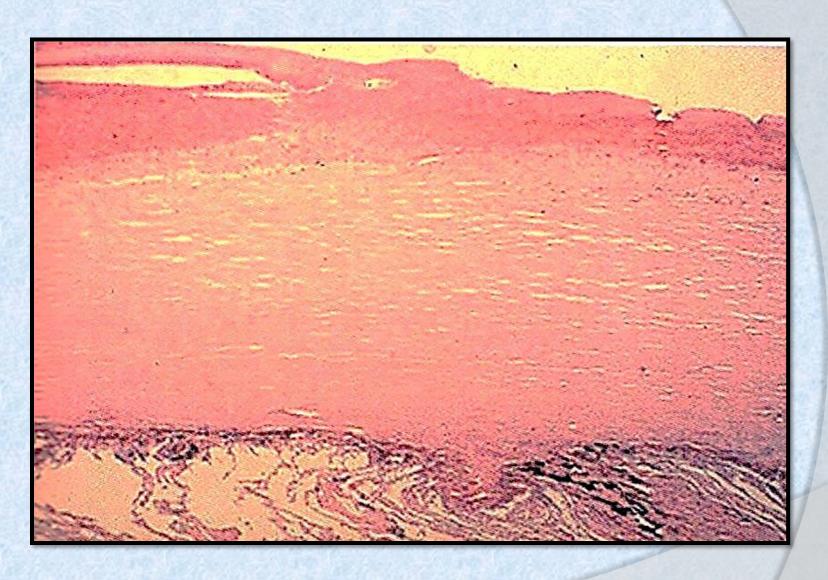
Asbestos bodies. Asbestos bodies are long, thin asbestos fibers coated with hemosiderin and protein to form brown filaments with a beaded or drumstick pattern.



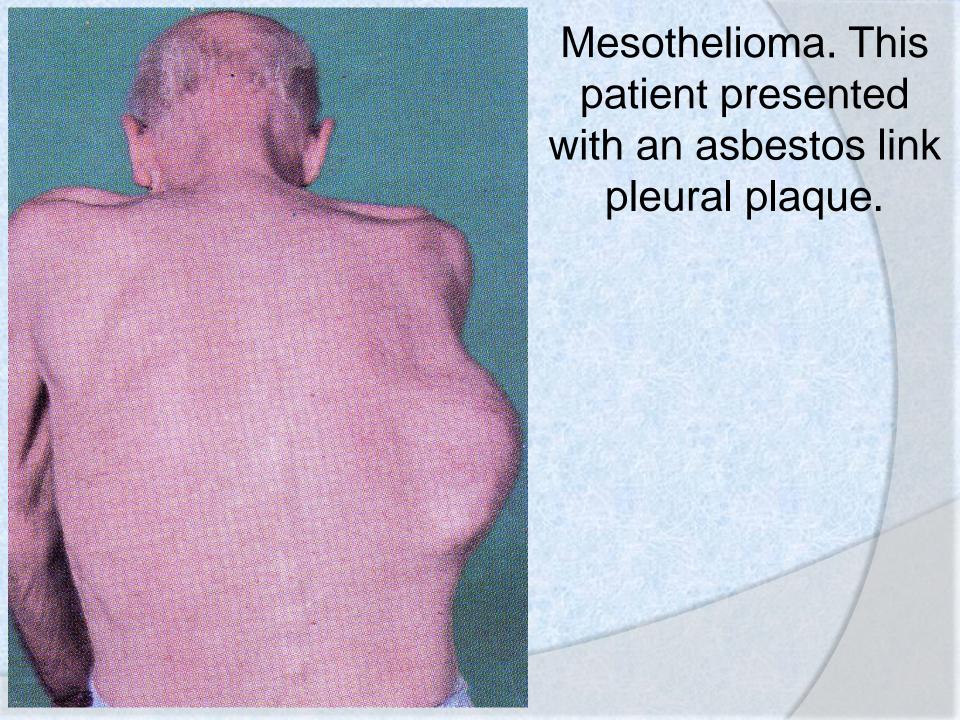
Ferruginous bodies, microscopic



Pleural fibrous plaques, gross

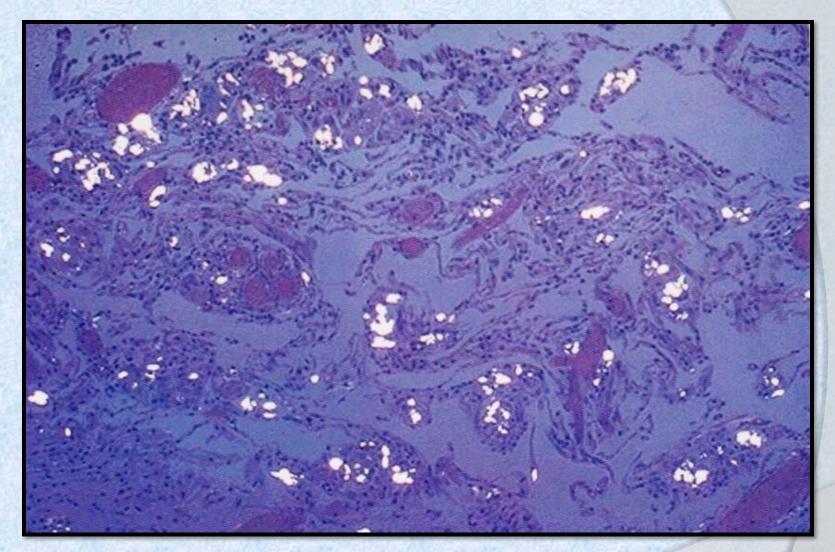


Pleural fibrous plaques, microscopic

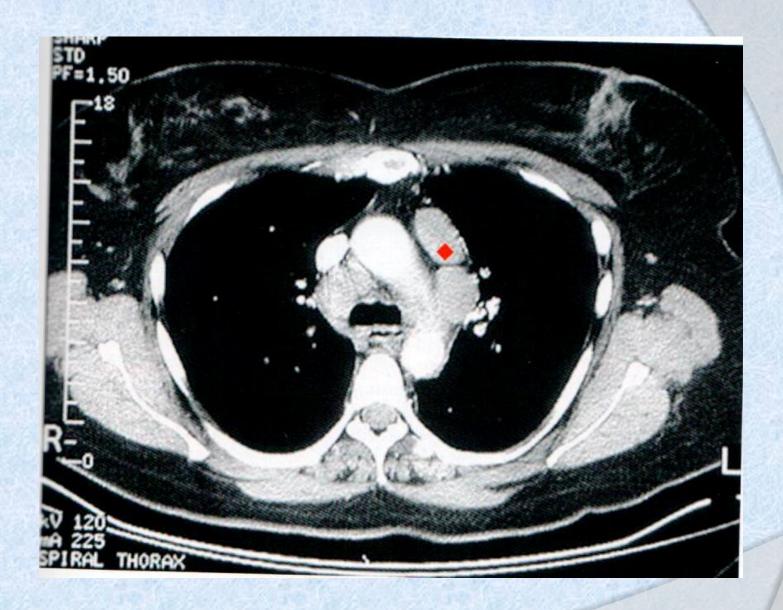




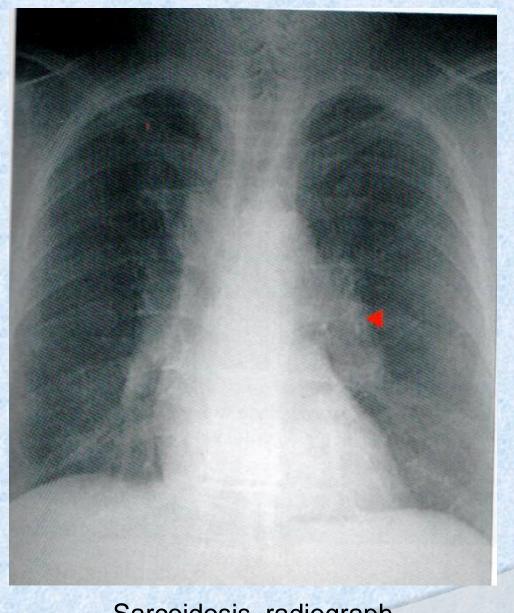
Pleural mesothelioma



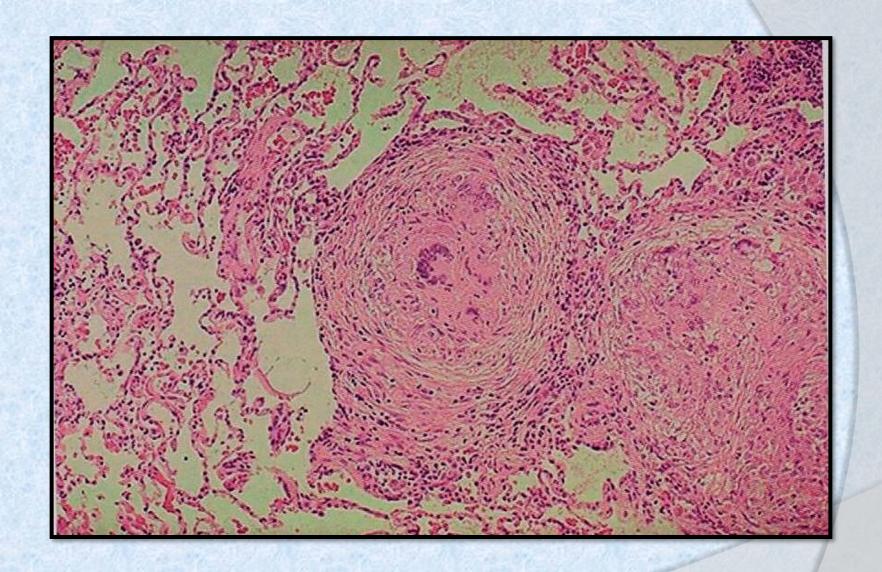
Injection drug use, microscopic



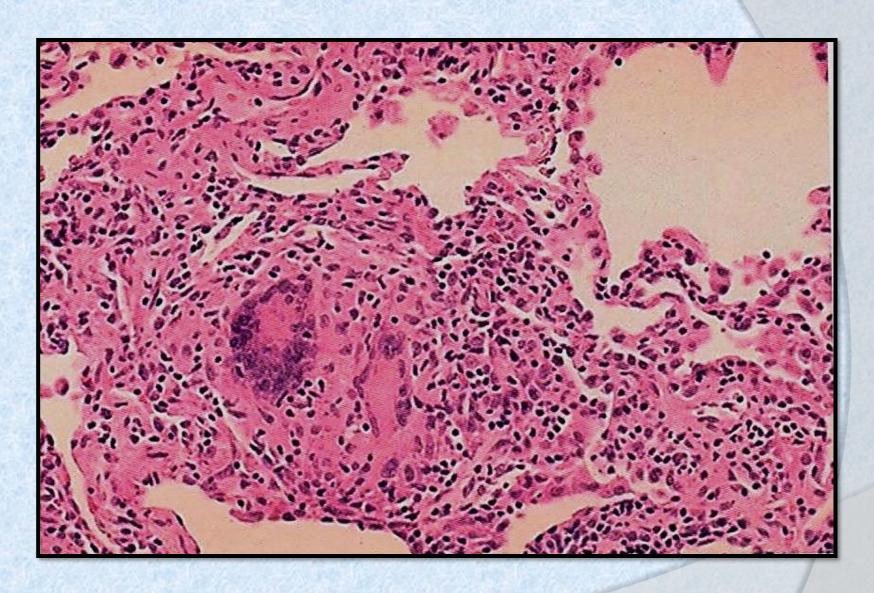
Sarcoidosis, CT image



Sarcoidosis, radiograph



Sarcoidosis, microscopic

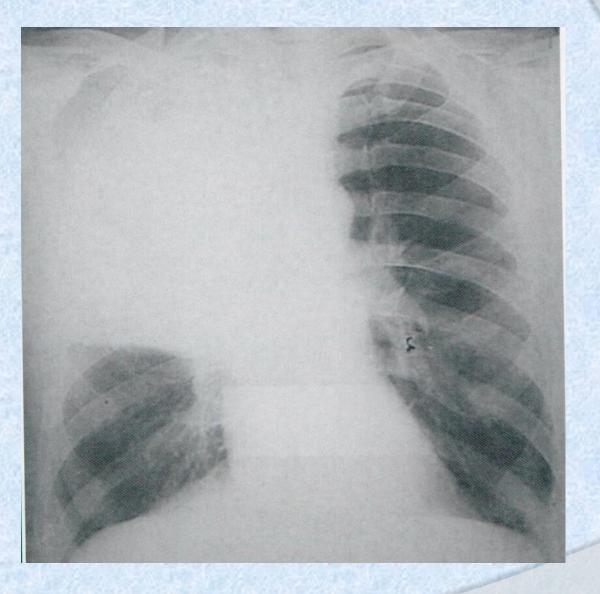


Hypersensitivity pneumonitis, microscopic

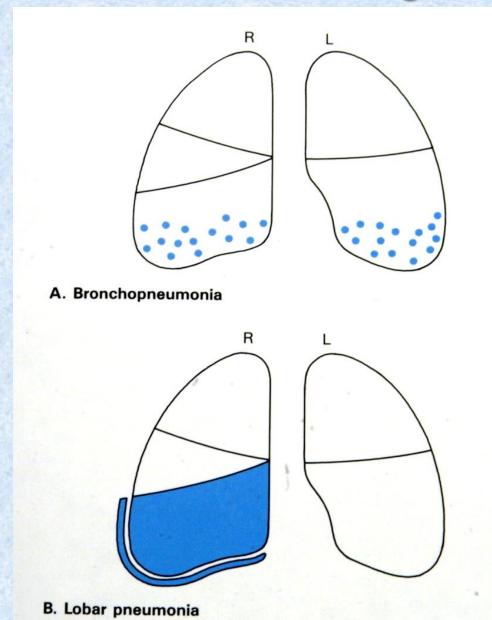


Diseases of the Respiratory System

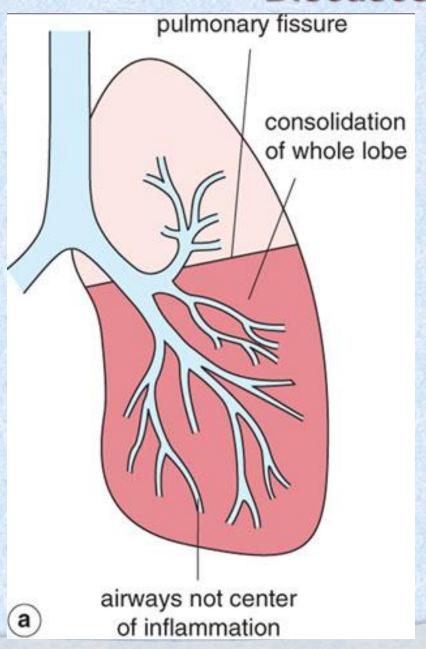
Pulmonary Infections and Pneumonias

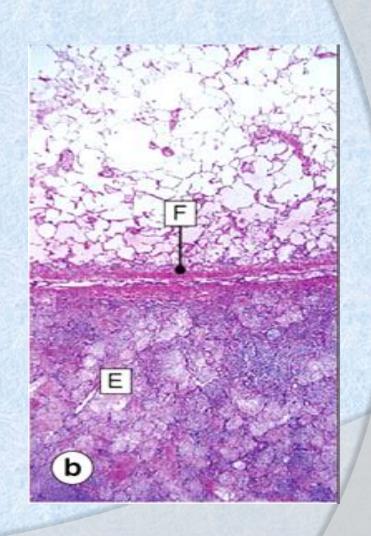


Bacterial pneumonia, radiograph

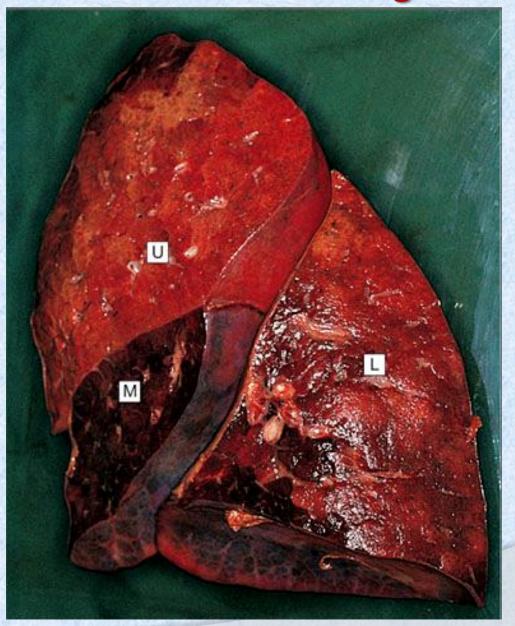


The distribution of lesions in lobar - and bronchopneumonia

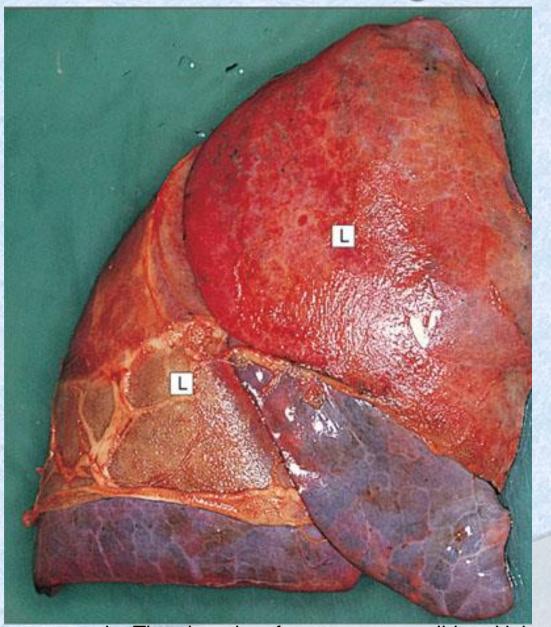




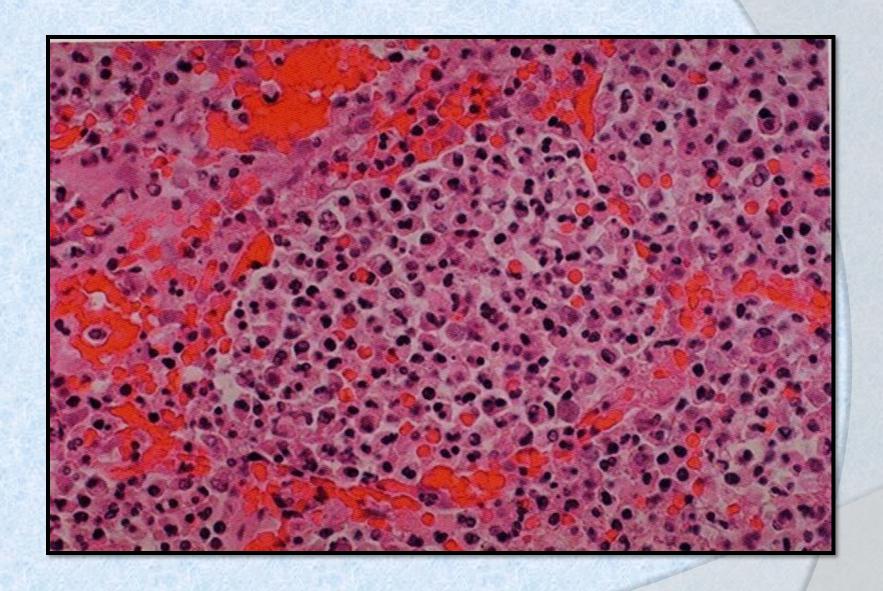
Lobar pneumonia.



Lobar pneumonia. The upper (U) and lower (L) lobes are consolidated compared to the congested but uninvolved middle lobe (M).



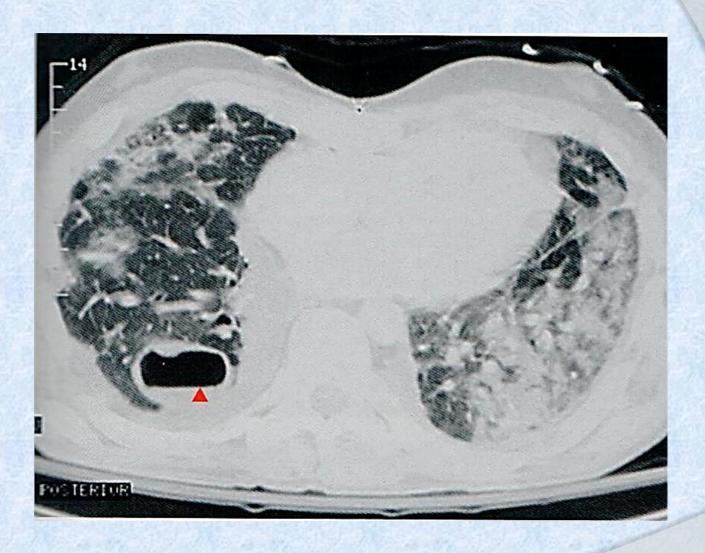
Acute pleurisy in lobar pneumonia. The pleural surfaces over consolidated lobes (L) are covered by a patchy, white, fibrinous exudate, causing acute pleurisy.



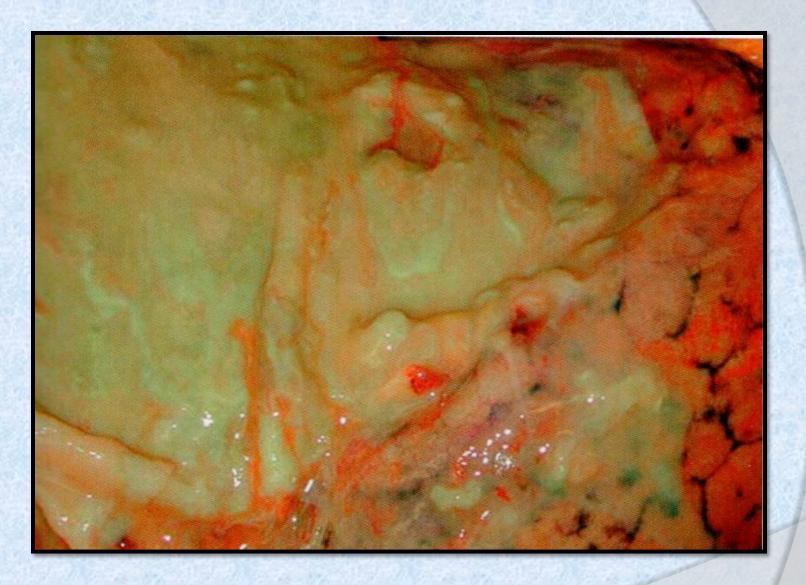
Bacterial pneumonia, microscopic



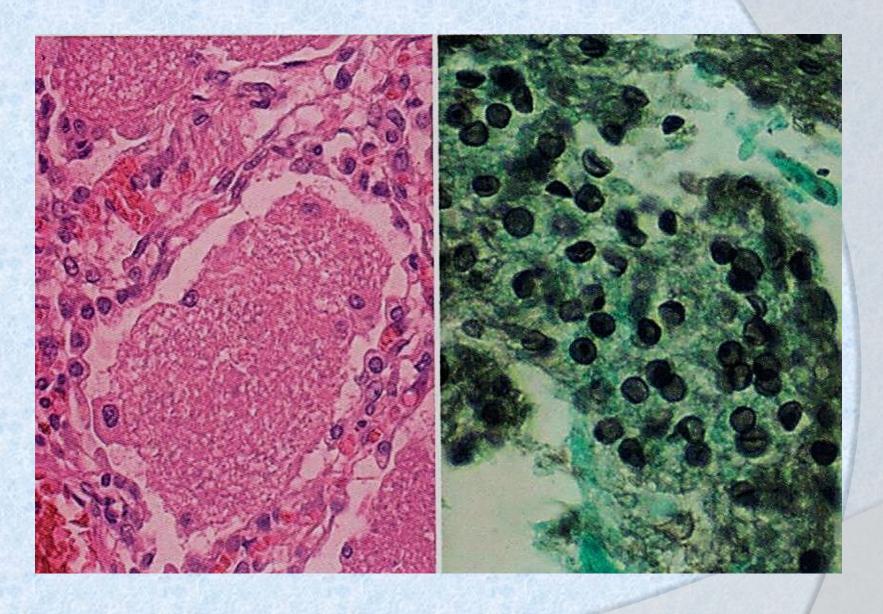
Lung abscesses, gross



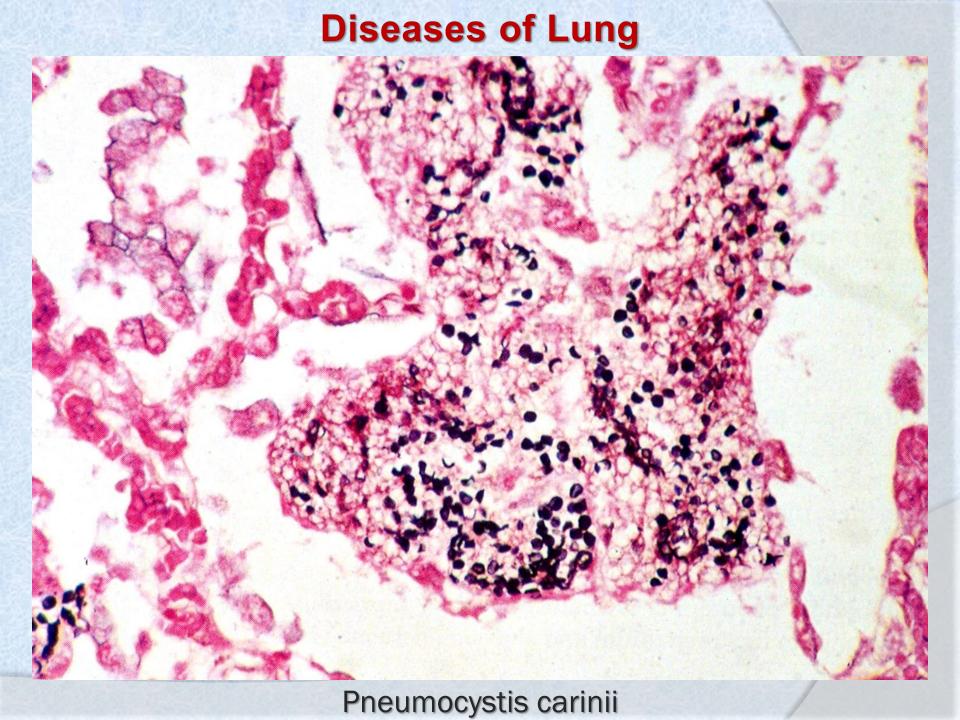
Lung abscess, CT image

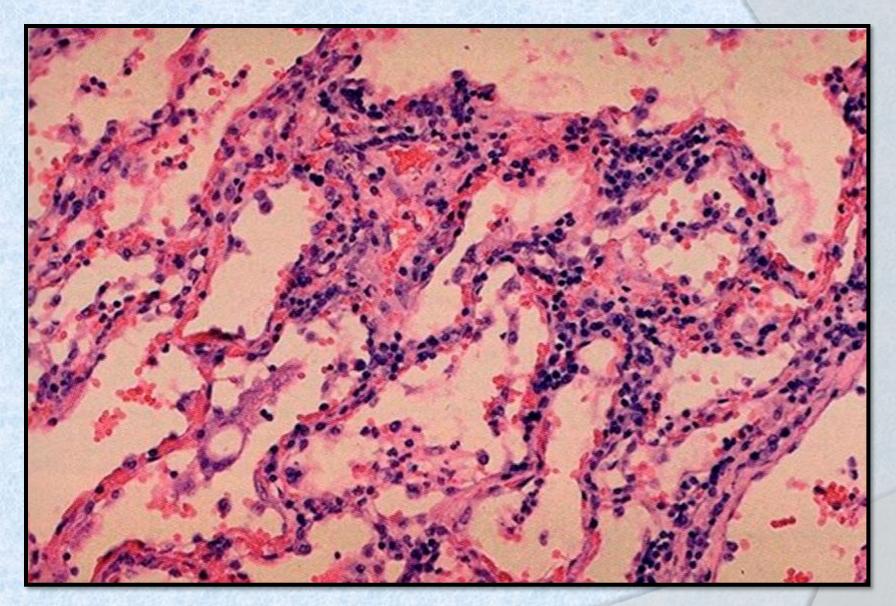


Empyema, gross

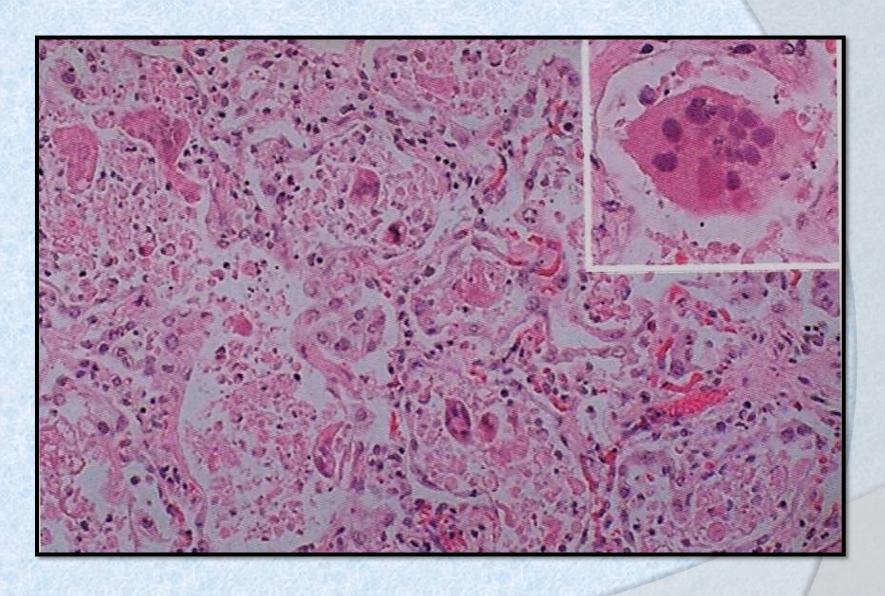


Pneumocystic pneumonia, microscopic

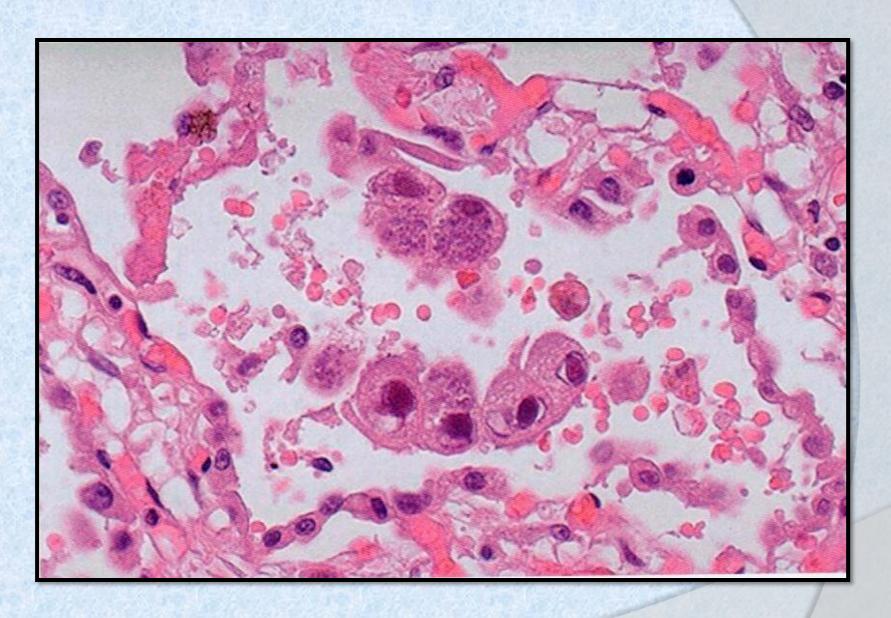




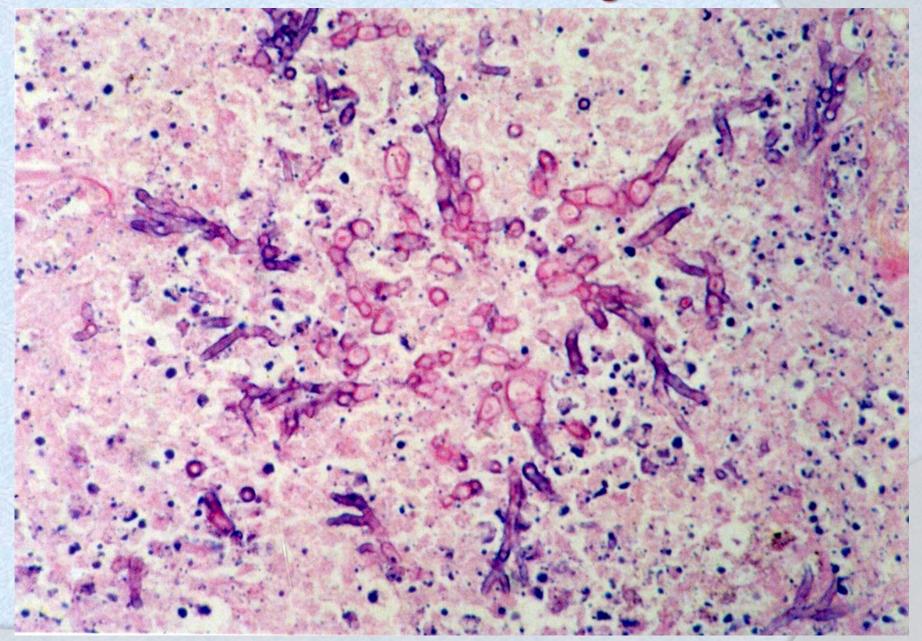
Viral pneumonia, microscopic



Respiratory syncytial virus pneumonia, microscopic



Cytomegalovirus pneumonia, microscopic

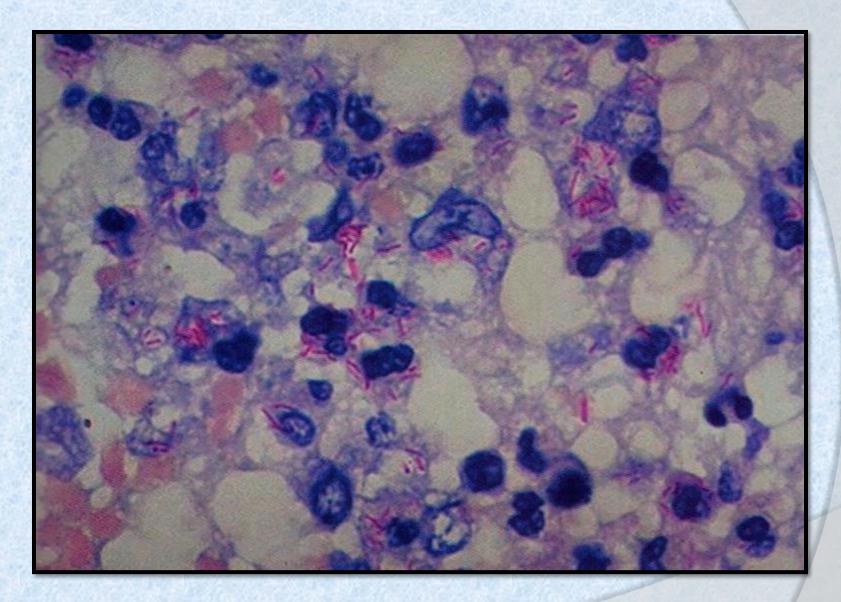


Fungal pneumonia

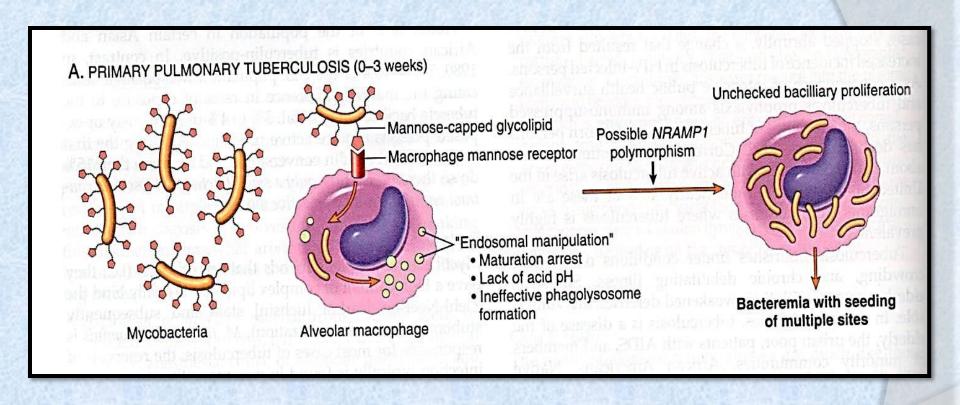


Diseases of the Respiratory System

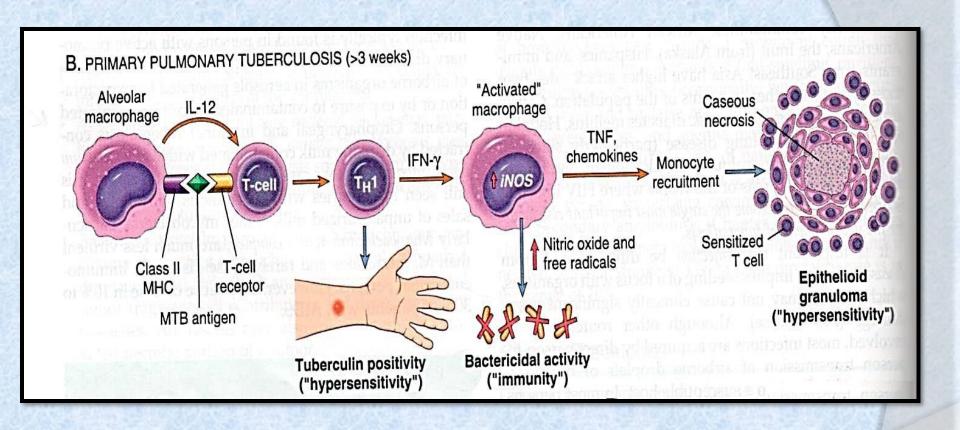
Pathology of tuberculosis



Acid-fast bacilli, microscopic



Sequence of events in the natural history of primary pulmonary tuberculosis



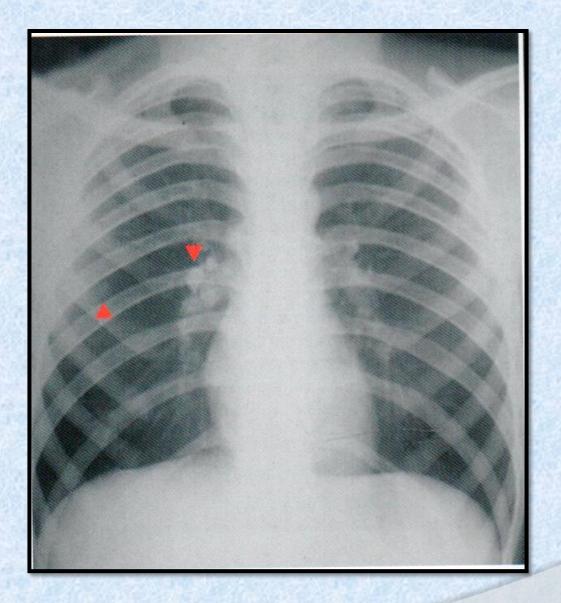
Sequence of events in the natural history of primary pulmonary tuberculosis



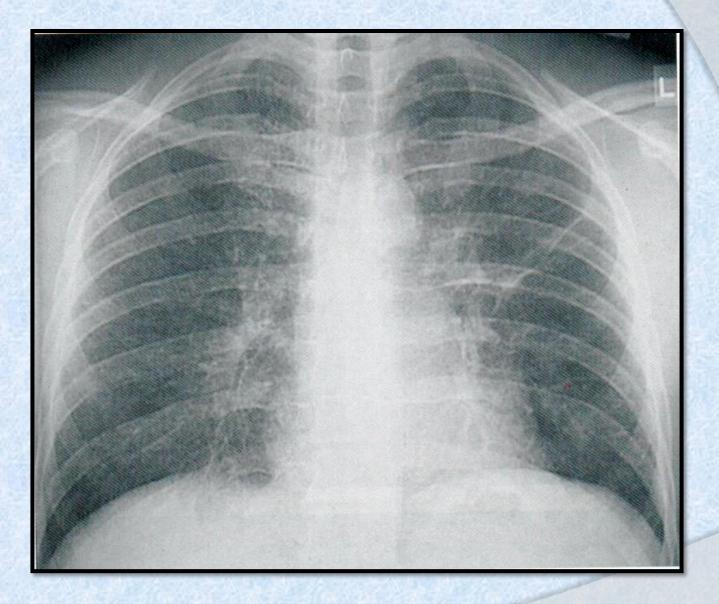
Primary pulmonary tuberculosis, Ghon complex



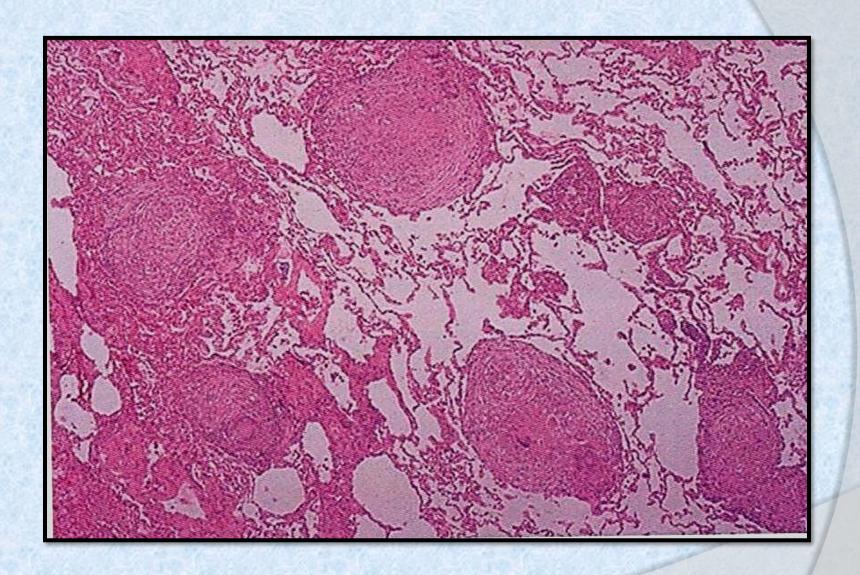
Primary tuberculosis, microscopic



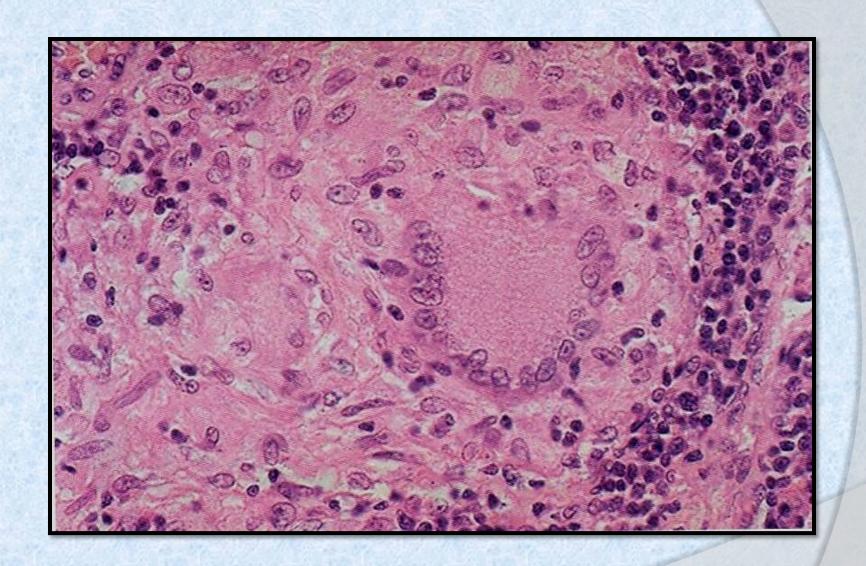
Primary tuberculosis, radiograph



Miliary tuberculosis, radiograph



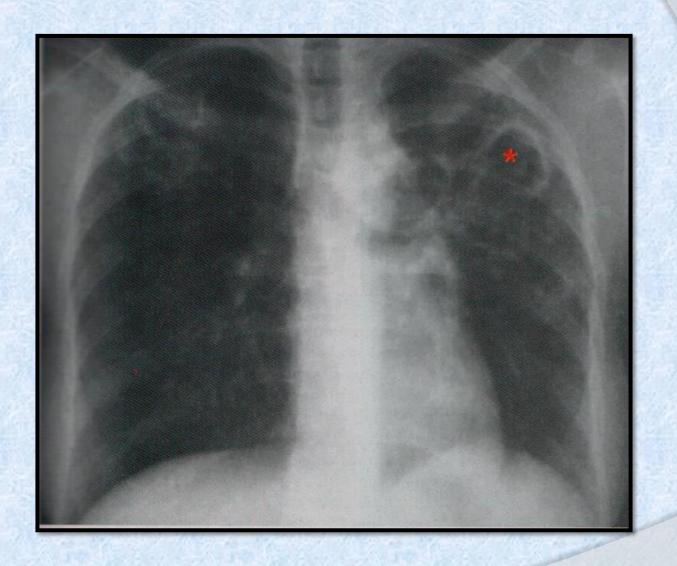
Tuberculosis, microscopic



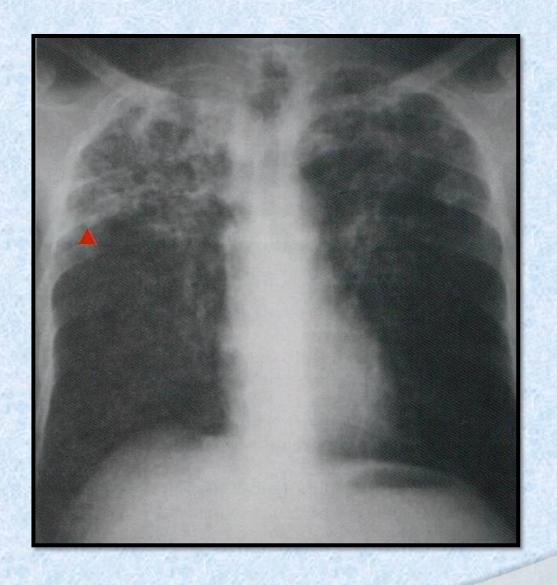
Tuberculosis, microscopic



Secondary pulmonary tuberculosis



Secondary tuberculosis, radiograph

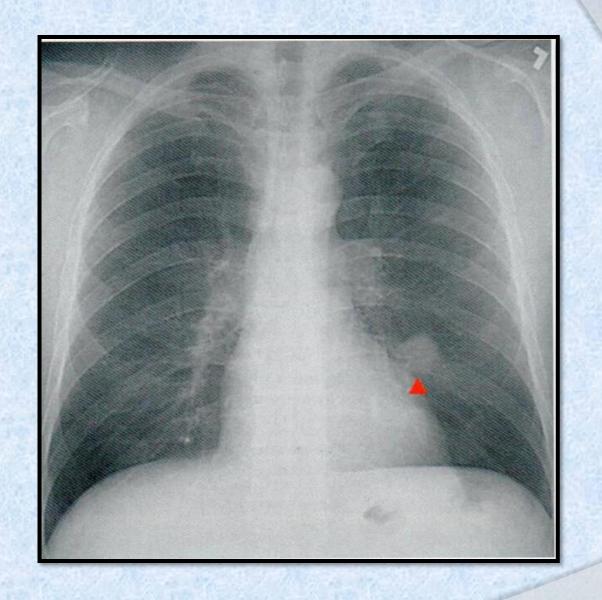


Secondary tuberculosis, radiograph



Diseases of the Respiratory System

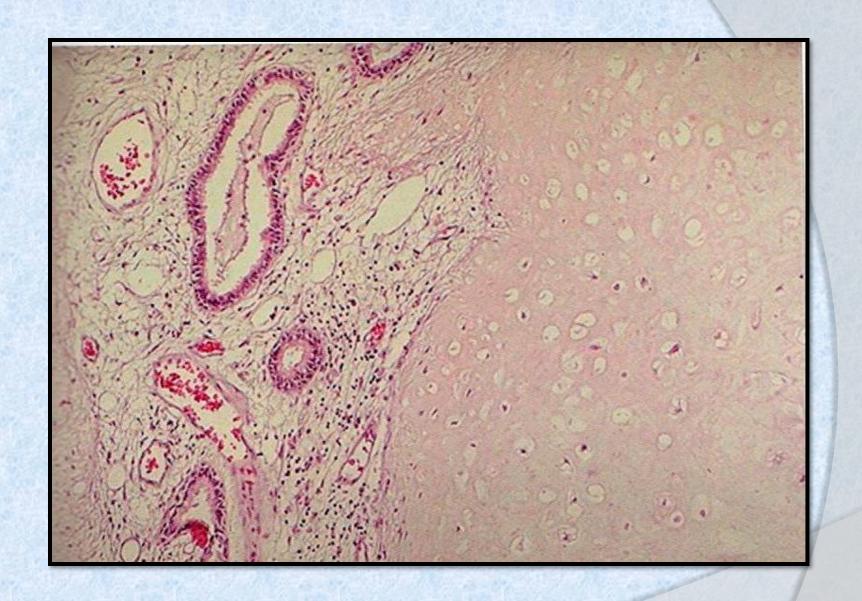
Tumours of the Lung



Hamartoma, radiograph



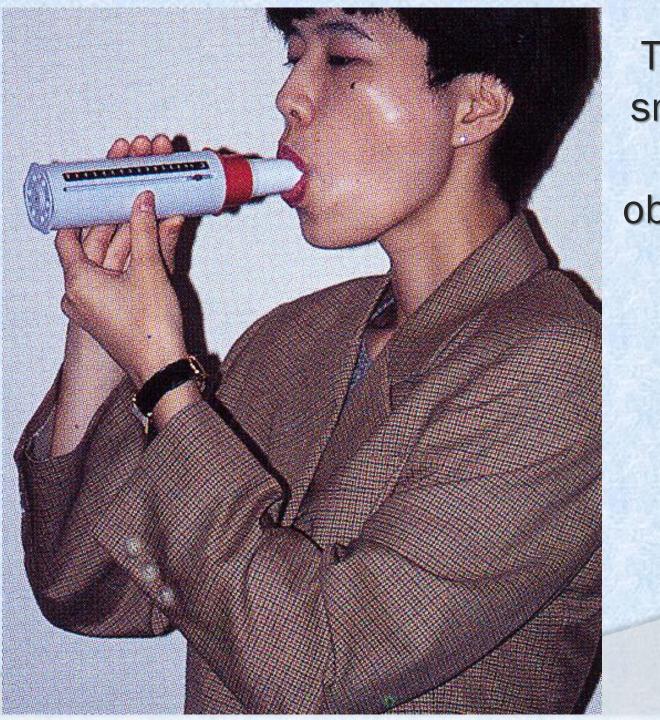
Hamartoma, gross



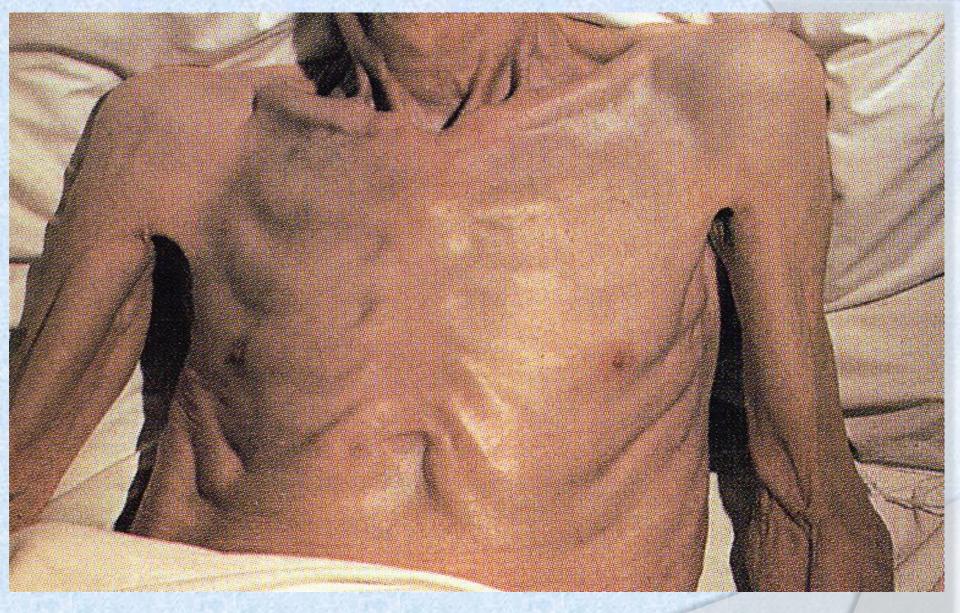
Hamartoma, microscopic



Tar-stained fingers. This patient smoked 40 cigarettes a day, but staining is more dependent on the action of smoking cigarettes right to the stub than on the total number smoked. This patient also has acute, recent onset clubbing (note the reddening and swelling of the nailfolds). He had bronchial carcinoma.



This patient has smoking-induced chronic obstructive airway disease.



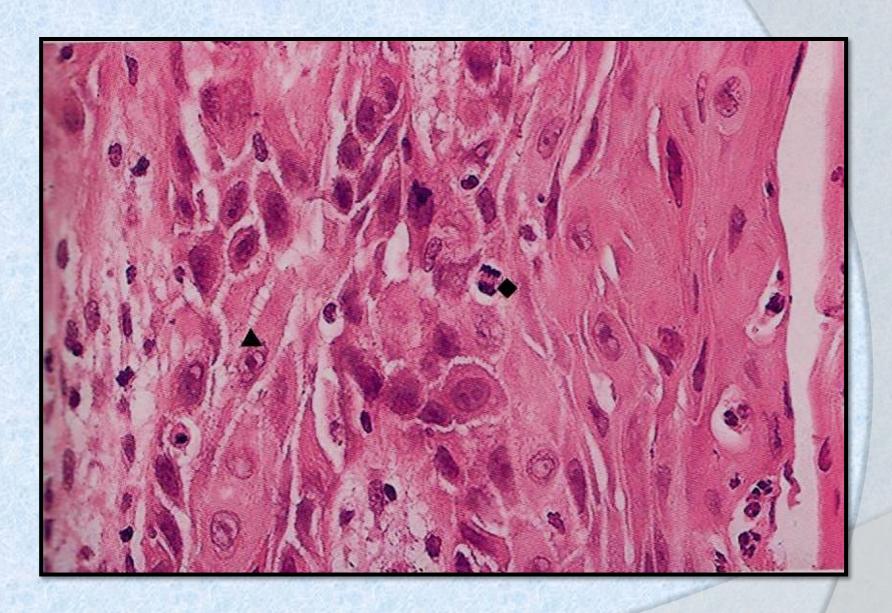
Cachexia may occur in a number of severe disorders, including chronic lung diseases such as pulmonary fibrosis, tuberculosis and emphysema, malignant disease, including bronchial carcinoma.



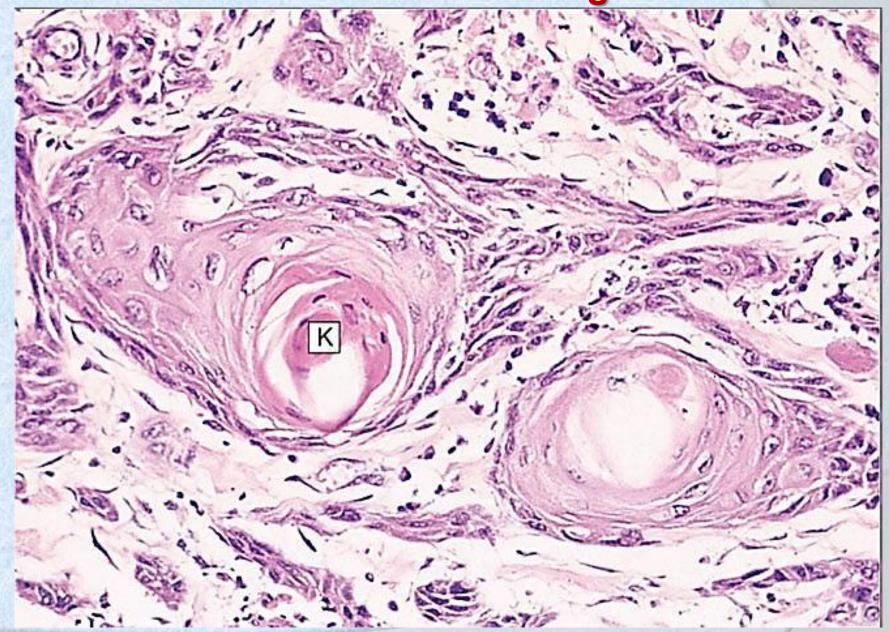
Carcinoma of the lung



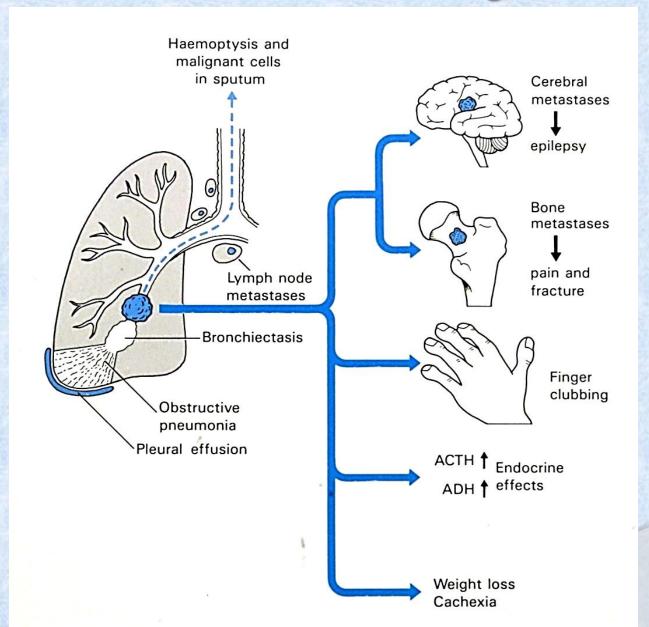
Central carcinoma of the bronchus. Central carcinomas of the lung (L) appear as friable white masses of tissue that extend into the lumen of bronchi and invade into the adjacent lung.



Squamous cell carcinoma, microscopic



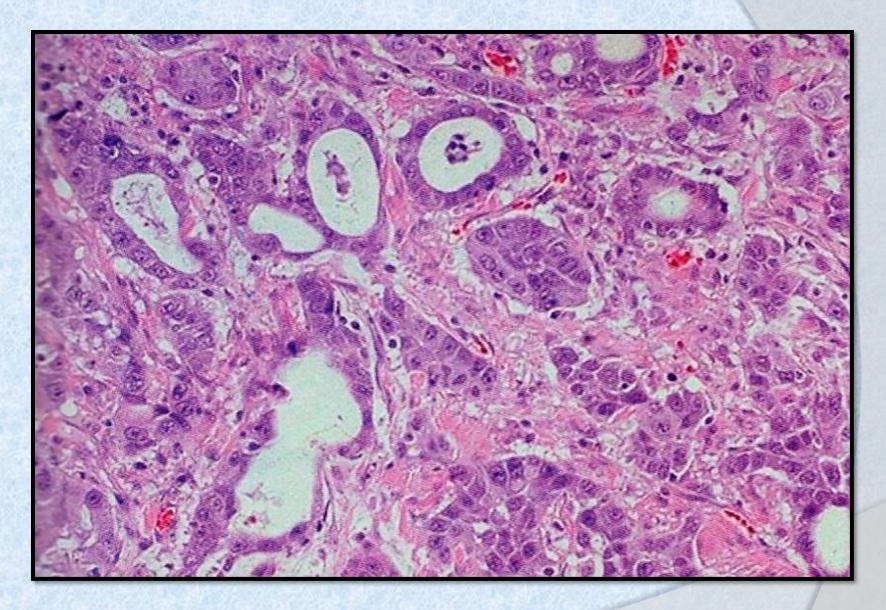
Squamous cell carcinoma of the lung



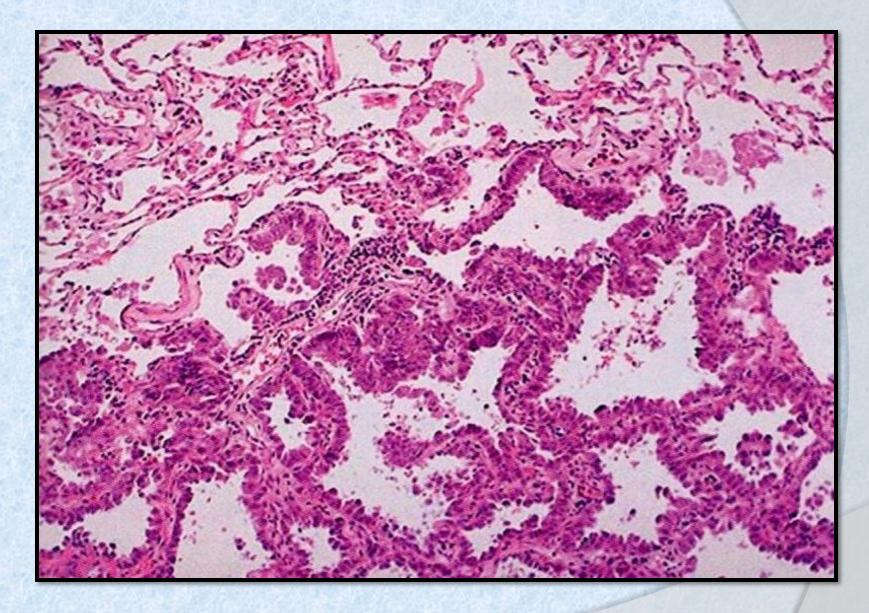
Clinical features and complication of bronchogenic carcinoma



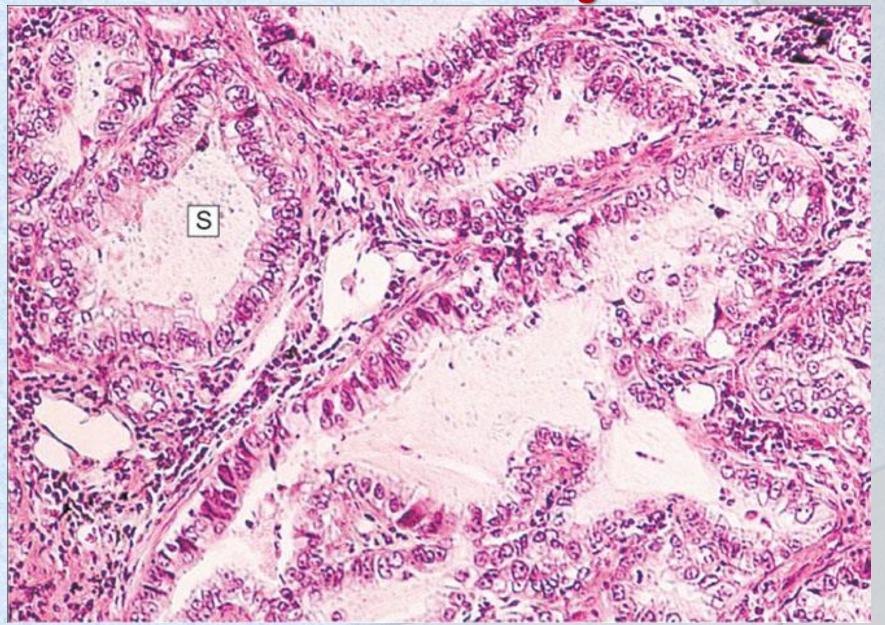
Peripheral carcinoma of the lung. Peripheral carcinomas of the lung (C) appear as ill-defined masses, often occurring in relation to scars, and frequently extend to the pleural surface.



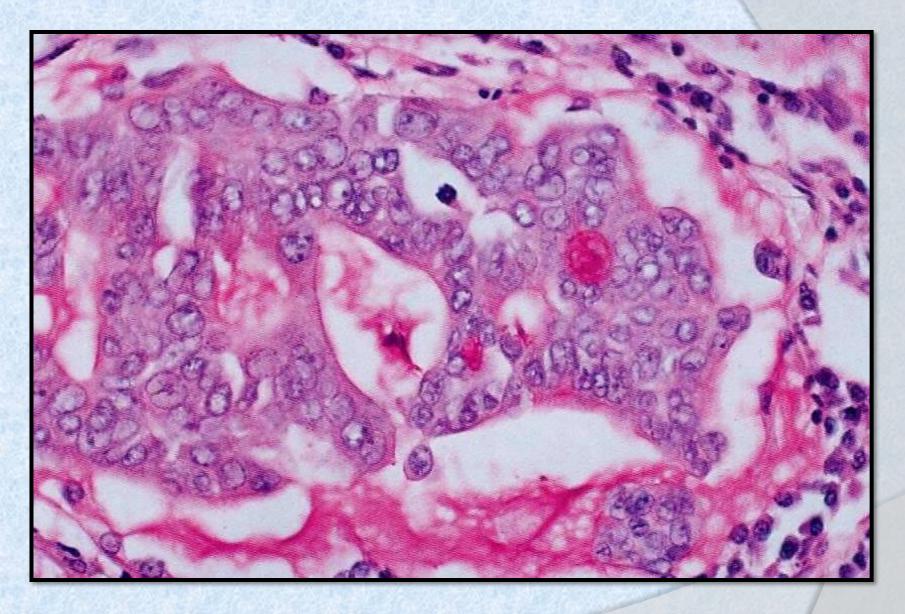
Adenocarcinoma, microscopic



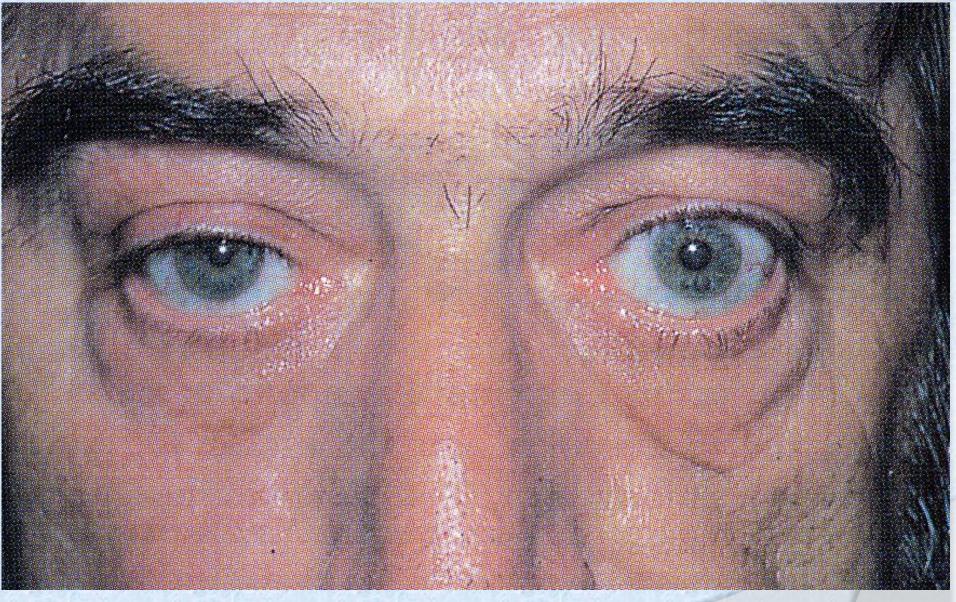
Bronchioloalveolar carcinoma, microscopic



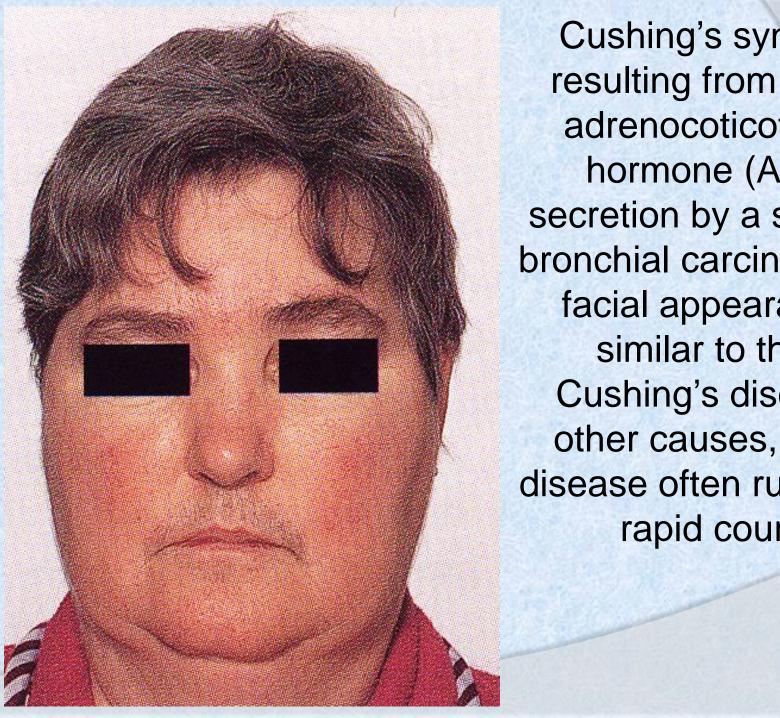
Adenocarcinoma of the lung. This micrograph shows an acinar pattern of adenocarcinoma of the lung, with prominent gland-like spaces (S) lined by a columnar epithelium.



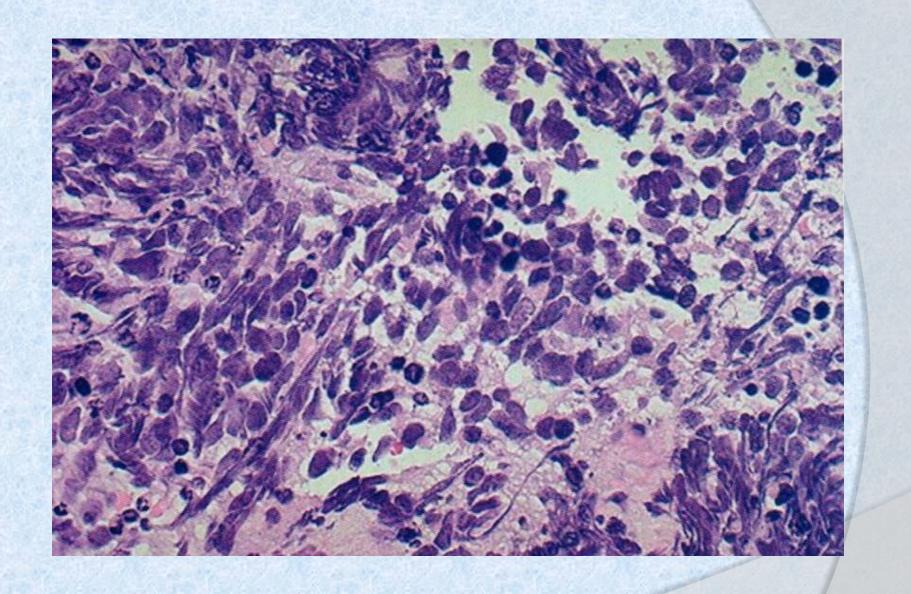
Poorly differentiated carcinoma, microscopic



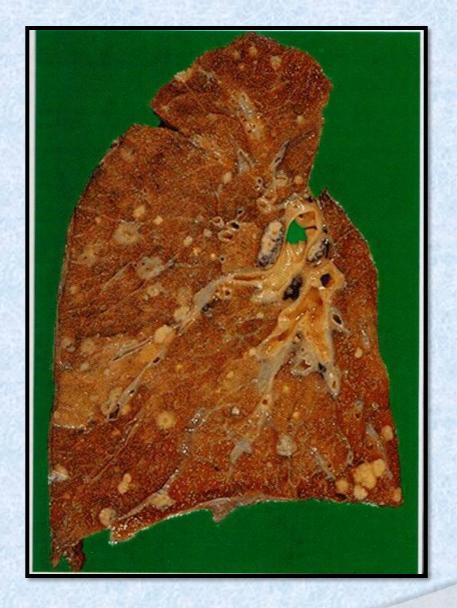
Horner's syndrome resulting from a right Pancoast tumour. The patient had a right ptosis and a constricted right pupil, caused by tumour infiltration of the inferior cervical sympathetic ganglia.



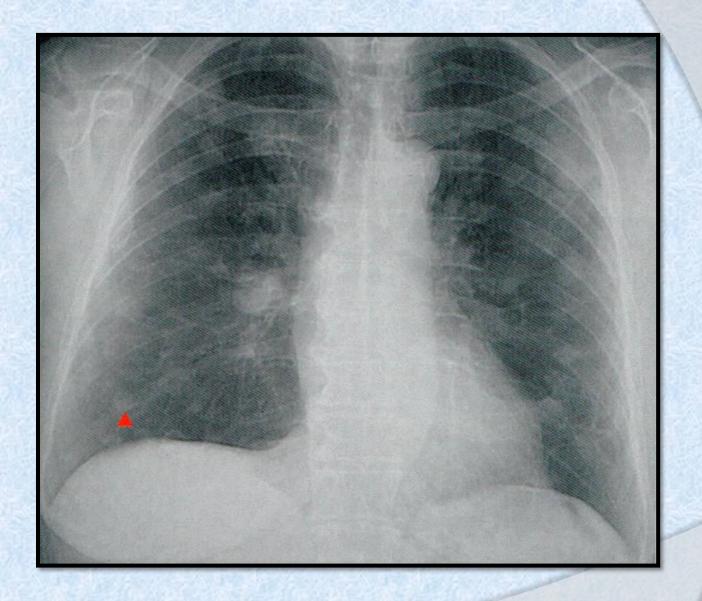
Cushing's syndrome resulting from ectopic adrenocoticotrophin hormone (ACTH) secretion by a small-cell bronchial carcinoma. The facial appearance is similar to that of Cushing's disease of other causes, but the disease often runs a very rapid course.



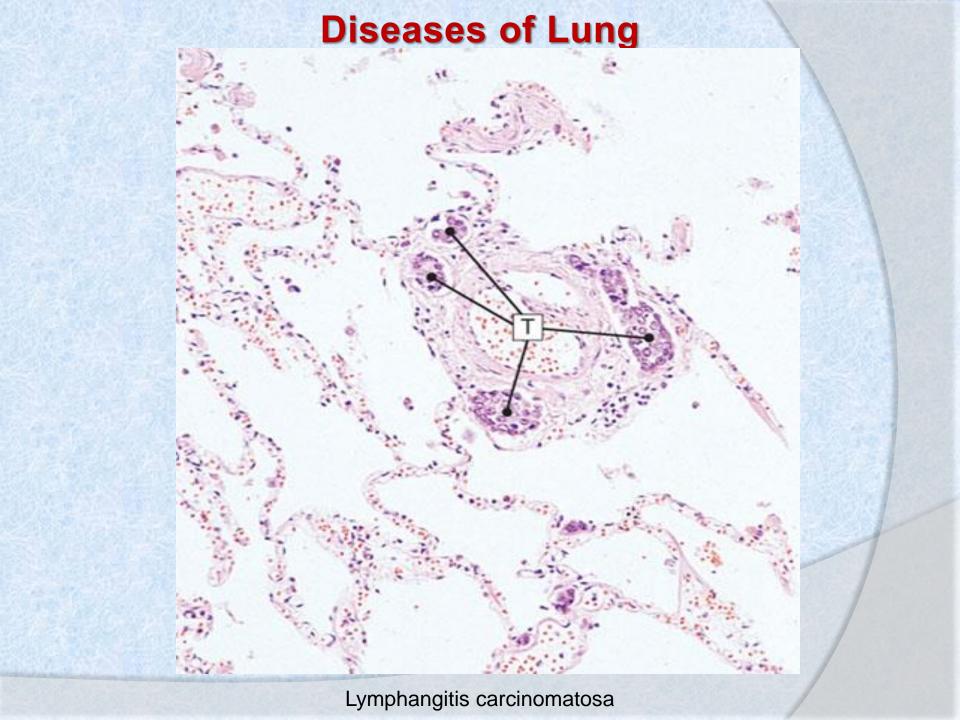
Small cell carcinoma of lung (oat cell carcinoma/poorly differentiated neuroendocrine carcinoma)



Metastases, gross



Metastases, microscopic



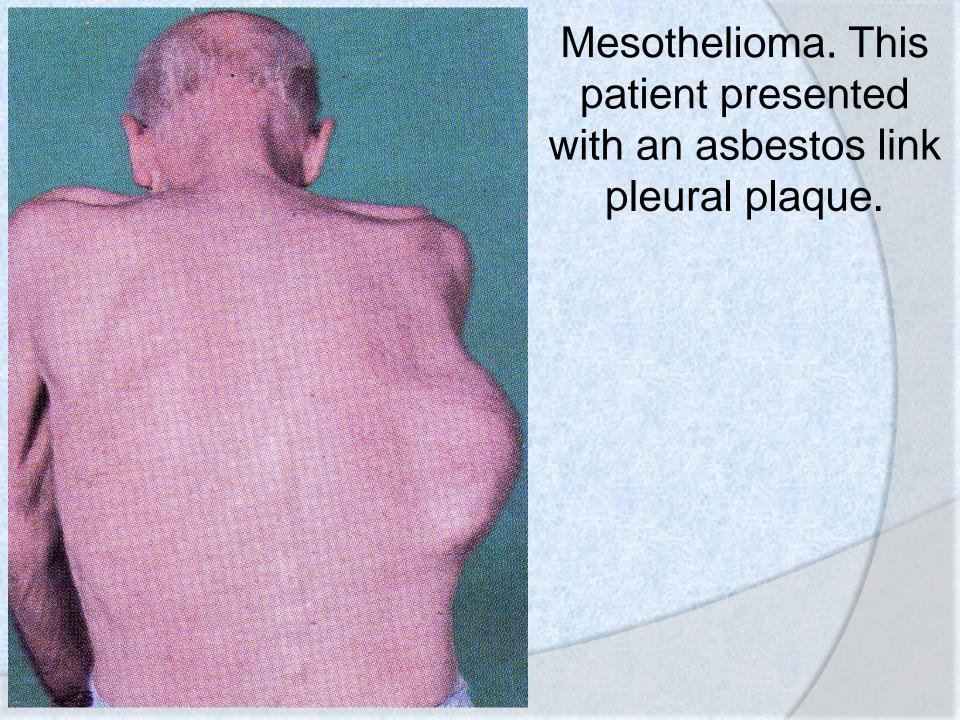


Key Facts Lung cancer

- . Caused by inhaled environmental agents, particularly smoking and radon.
- . Peak incidence 40-70 years, most common form of cancer.
- . Four main types: squamous cell, small-cell anaplastic, adenocarcinoma and large-cell anaplastic.
- . Bronchoalveolar carcinoma is a special form of adenocarcinoma with a better prognosis than other types.
- . Clinical division is into small-cell and non-small cell types (all others).
- . Tumors may be central (all types) or peripheral (mainly adenocarcinomas).
- . Small-cell carcinoma is neuroendocrine, highly malignant, and may be associated with ectopic endocrine syndromes.
- . TNM staging used for NSCLC.
- . Simple staging used for SCLC-Limited and Extensive.
- . Overall survival 5-30% at 5 years, highly dependent on type and stage of disease.

Type of effusion	Pathogenesis	Causes
Transudate Less than 30 g protein/L	Increased hydrostatic pressure	Cardiac failure
	Decreased oncotic pressure	Vena caval obstruction Hypoalbuminemia
Exudate More than 30 g protein/L	Infections	Bacterial, including TB Other organisms
	Neoplasm	Metastatic carcinoma Primary carcinoma of lung Mesothelioma of pleura
	Pulmonary Infarction	Thromboembolic disease
	Autoimmune disease	Rheumatoid disease Systemic lupus erythematosus
	Abdominal disease	Pancreatitis Subphrenic abscess
		er province agent acres (powers)

Pleural effusion.





Malignant mesothelioma. Mesothelioma is seen as a thick sheet of white tumor that encases the whole of the lung.

