



Practical Pulmonary Pathology A Diagnostc Approach 2005

Rhinitis

- Allergic
- Infectious
- Chronic

The Upper Division



Allergic rhinitis

- Also called hay fever
- Due to exposure to plant pollens, fungi, dust mites, animal allergens
- IgE mediated hypersensitivity reaction type I.

Infectious rhinitis

Also called "common cold" Due to adenovirus, echovirus and rhinoviruses Symptom: catarrhal discharge

Chronic rhinitis

Sequel to acute rhinitis with development of secondary bacterial infection

Associated with deviated septum or nasal polyps

Nasal polyps

Common;

non-neoplastic, allergic reaction

Micro: edematous mucosa with inflammatory infiltrate including eosinophils





Nasopharyngeal carcinoma



- Demographics vary greatly by region
- In USA: rare, in Africa: common childhood cancer
- South China: most common cancer in adults 70% male
- Associated with EBV infection
- Histology: squamous cell carcinoma

Effects of Cigarette Smoke on Sinus



Cigarette smoke reduces the ability of the microscopic cilia inside the nose and sinus lining to sweep mucus through the nasal and sinus passages. The thin mucous blanket that covers the nose and sinus lining thickens, and postnasal drainage can be quite thick and noticeable.



Inflammatory/infectious lesions

1.Croup - parainfluenza virus

laryngo-tracheo-bronchitis in children inflammatory narrowing produces inspiratory stridor

2.Diphtheria - Corynebacterium pseudomembrane

3.H. Influenzae - acute epiglottitis

4.Tonsillitis - β-hem Strept - rheumatic fever

5.Tuberculosis





Bild 28 · Diphtherie. Angina diphtherica: festhaftender, pseudomembranöse Belag auf den Tonsillen.





LARYNGEAL PAPILLOMA

Warty outgrowths of laryngeal surface epithelium Children

- Usually **multiple**
- Associated with
 HPV 6 and 11 in most cases

Adults

- Usually men, solitary
- Recurrences frequently exhibit **dysplasia**
- **DD:** verrucous carcinoma





LARYNGEAL CARCINOMA

96% male; usually ages 40+ Major risk factor **smoking,** enhanced by heavy **alcohol** consumption

Asbestos exposure(?) Squamous cell carcinoma



LARYNGEAL CARCINOMA

Site influences histology and clinical behavior – either glottic, supraglottic or subglottic

• Spread is limited by tough membranes / ligaments

Metastases to regional lymph nodes and lungs; direct extension to thyroid gland and jugular vein

Others

Vocal cord polyp

- Also called laryngeal nodule or singer's nodule
- Non-inflammatory response to injury due to changing air pressure







Vocal Cords



TRACHEA – WINDPIPE

- Developmental
- Iflammation tracheitis
- Decubitus
- Rare tumors





Lung diseases

- Acute lung injury (ARDS)
- Inflammation: pneumonia

nota bene: pneumonitis – non-organic hypersensitive reaction

- COPD (chronic obstructive lung disease)
- Restrictive lung diseases

DPLD (diffuse parenchymal lung disease)

• Neoplasma- primary & secondary

Acute Respiratory Distress Syndrome (ARDS) – clinical diagnosis Diffuse Alveolar Damage (DAD) – pathological diagnosis

ARDS is the **end result** of acute alveolar injury caused by a **variety of insults** and probably **initiated by different mechanisms.**

Pathomechanism:

The initial injury is to either the capillary endothelium or alveolar epithelium.

increased capillary permeability interstitial and then alveolar edema fibrin exudation formation of hyaline membranes

> Endotoxin, neutrophils and macrophages may also play key roles in the pathogenesis of ARDS.

Complications: Organization and scarring





Pneumonia

- Clinical data: acute chronic
- Pattern: broncho lobar
- Clinical feature: atypical hypostatic etc
- Type of infection: community acquired (out of hospital) hospitalacquired nosocomial, opportunistic
- Based on agents: bacterial, viral, fungal ...
- Host reaction: normal, immunocompr, illness, infants, elderly...

Pneumonia



Bronchopneumonia:

Patchy consolidation of the lung centered on bronchi

Lobar pneumonia:

Affects entire lung but now rare due to antibiotics; associated with increased virulence of organism or increased host vulnerability (infants, elderly)

(Pneumococcus)



















Atypical pneumonia

Mycoplasma pneumoniae

others:

respiratory syncytial virus, rhinovirus, rubeola, varicella, Chlamydia psittacosis, Coxiella burnetti (Q fever)

interstitial pneumonia (usually) or bronchopneumonia

often asymptomatic

 Micro: bronchiolitis, interstitial and minimal intra-alveolar involvement with widened alveolar septa due to lymphoplasmacytic inflammatory cells



Legionella pneumonia

• also Legionellosis or Legion Fever



 Legionella pneumonia is known as legionnaire's disease and this is an acute respiratory infection on that is caused by the legionella pneumophila bacteria (Gram neg. Bacillus)

NAT

- Immune-suppressed, organ transplanted patients!!!!
- The bacteria are found in the water delivery systems and can survive in warm and moist air conditioning systems.
- **The first** recognized cases of Legionnaires' disease occurred in 1976 in Philadelphia. Among attendees of a Legionnaires' convention held at the Bellevue-Stratfor Hotel 182 Legionnaires contracted the disease and 29 of them died.

Aspergillus

Causes <u>fungus balls</u> in immunocompetent patients with microabscesses or multinucleated giant cells in the lung

Mucoid impaction – in bronchial tree

45°

Systemic aspergillosis





Abscess

Due to sinobronchial infections,

- dental sepsis,
- aspiration
- primary bacterial infection (Staphylococcus aureus, Klebsiella pneumonia, Streptococcus pneumonia),
- fungi,
- neoplasia induced obstruction
- Aspiration induced abscesses more common on right side
- Air fluid level present if there is communication with air passages

Air fluid level present if there is communication with air passages







Tuberculosis

Mycobacterium tuberculosis hominis & bovis

obligate aerob most common cause of death due to infacted diseases

vector: drops, contamination pathogenesis: cell- mediated immunity: ~ 3 weeks after the primary contamination

resistency and the allergic reaction develop together (type IV, late)

mediator : T_H 1 cell

the immunerespons causes destruction in the lung parenchyma (necrosis, caverna)

Tuberculosis

Type of inflammation: chronic specific granulomatous inflammatory lesion w/wo necrosis

primary tbc – primary infection secunder tbc – already sensibilized patient localizes espec in the apical parts of lung – followed by caverna

lymphatics – *right heart* – *pulmonary arterial dissemination*– *miliary tbc*

systemic or localized organic tbc

Tuberculosis

- **Diagnosis:** appearance of bacteria with acid-fast stain,
- positive smears or cultures; 1 bacillus in a 1 cm3 granuloma indicates the presence of 2000 organisms



Ziehl-Neelsen

Culture PCR





Granulomatosis w polyangiitis (GPA) (Wegener's granulomatosis)

- Triad of necrotizing angiitis, aseptic necrosis of upper respiratory tract and lungs, focal glomerulonephritis
- *c-ANCA* positive in 90%

(Cytoplasmic antineutrophil cytoplasmic antibodies)

• Gross: well circumscribed lesion with geographic necrotic appearance



