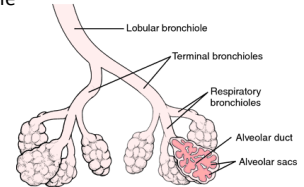


Pneumonia

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Pneumonia

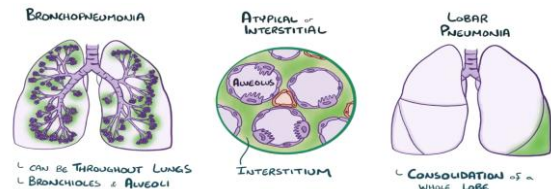
- Acute inflammation of lung parenchyma distal to the terminal bronchioles
- Consist of
 - Respiratory bronchiole
 - Alveolar ducts
 - Alveolar sacs
 - Alveoli



Classification

- Aetiology
 - Bacteria
 - Virus
 - Fungal
- Patient setting
 - Community acquired
 - Hospital acquired
- Immune status
 - Healthy
 - Immuno-compromised
- Site
 - Lobar pneumonia
 - Bronchopneumonia
 - Interstitial pneumonia

Classification according to site



Lobar pneumonia

- Acute bacterial infection of an entire lobe or a part of the lobe
- 95 % of cases by Streptococcus pneumoniae
- Lobar pneumonia evolves in four stages.
 - Congestion
 - Red hepatisation
 - Grey hepatisation
 - Resolution



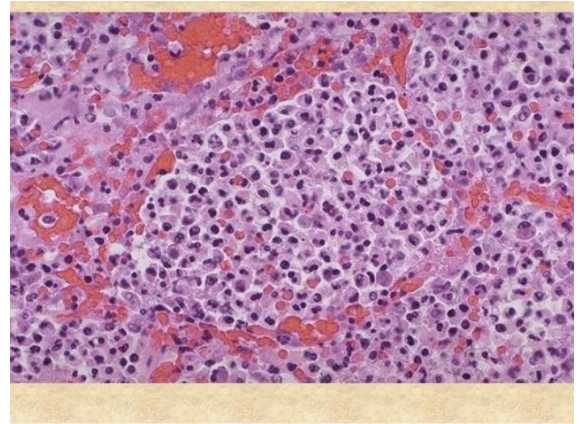
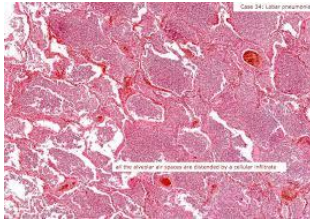
Congestion

- Macro
 - Heavy
 - Boggy
 - Red



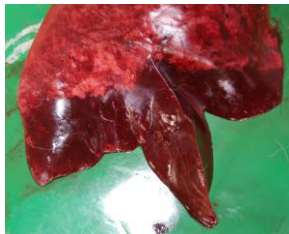
Congestion

- Micro
 - Vascular engorgement
 - Intra-alveolar fluid
 - Few neutrophils
 - Numerous bacteria



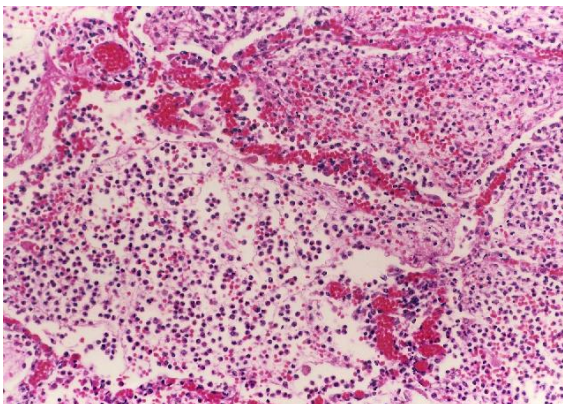
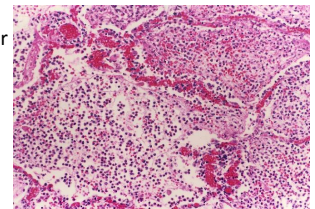
Red Hepatisation

- Macro
 - Red
 - Firm
 - Airless
 - Liver-like consistency



Red Hepatisation

- Micro
 - Neutrophils
 - Red cells
 - Fibrin in the alveolar spaces



Pleuritis

- A pleural reaction is also associated if the consolidation extends to the surface
- Inflammation of the pleura
- Fibrinopurulent exudate → pleural effusion
- Exudate
 - Resorbed
 - Organized by fibroblasts
 - Leading to fibrous thickening
 - Adhesions → fibrinous tags

Grey Hepatisation

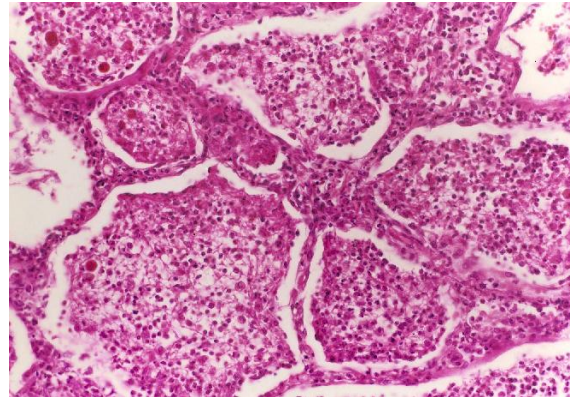
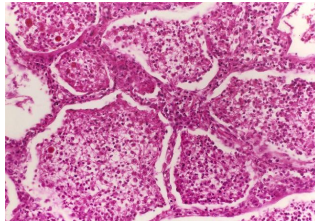


- Macro
 - Greyish brown
 - Dry surface



Grey Hepatisation

- Micro
 - Progressive disintegration of rbc
 - Persistence of a fibrinosuppurative exudate



Resolution

- Enzymatic digestion of consolidated exudate
 - Debris absorbed by macrophages
 - Expectorated
- Restoration of normal lung parenchyma
- Pleuritis may resolve or undergo organisation → fibrous thickening or permanent adhesions

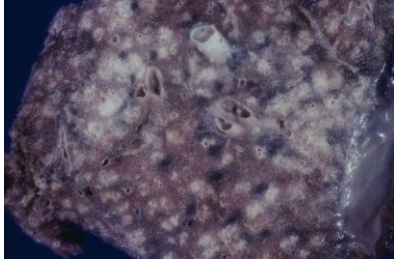
Bronchopneumonia

- Infection of the terminal bronchioles
- Results in patchy consolidation
- Common in
 - Extremes of life
 - 2nd infection following viral infection
 - Chronic debilitating illness



Bronchopneumonia

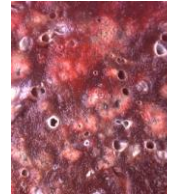
- Consolidation is patchy
 - Multilobar
 - One lobe
 - Bilateral
 - Basal



Bronchopneumonia morphology

Macroscopy

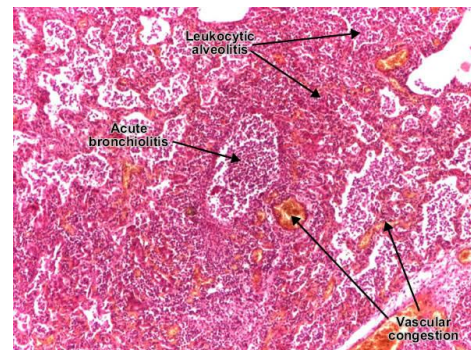
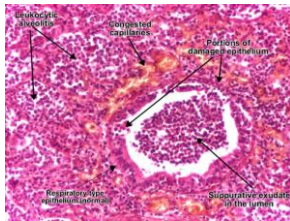
- Areas of red/grey consolidation
- Cut surface
 - 3-4 cm in diameter
 - Poorly demarcated margins
 - Elevated, dry, granular, firm
 - Centered around a bronchiole
- Unaffected areas appear normal



Bronchopneumonia morphology

Microscopy

- Acute bronchiolitis
- Suppurative exudate in bronchioles
- Inflammation in surrounding alveoli
- Less involved alveoli contain oedema fluid



Complications

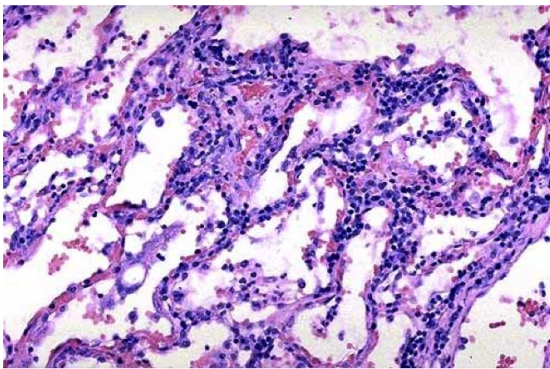
- Organisation
 - Resolution does not occur
 - Fibrosed, tough, airless leathery lung tissue
 - Results in carnification

Complications

- Pleural effusion
- Empyema
- Lung abscess
- Metastatic infection
 - Infection may extend into the pericardium and the heart → purulent pericarditis, bacterial endocarditis, myocarditis

Complications

- Bronchopneumonia
 - Complete resolution is uncommon
 - There is some degree of destruction to the bronchiole
 - This results in foci of bronchiolar fibrosis and end up with bronchiectasis



Atypical pneumonia

- Caused by atypical bacteria and viruses
- 'Walking pneumonia'
- Macroscopy
 - Patchy or lobar areas of congestion
 - Pleura is not affected
- Microscopy
 - Interstitial inflammation
 - Alveoli are unaffected

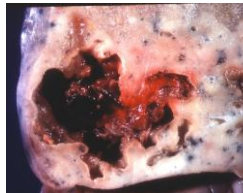
Lung abscess



- Localised area of necrosis of lung tissue with suppuration

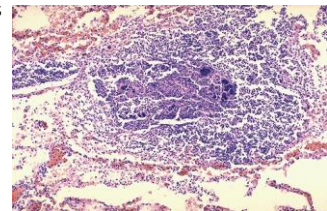
Lung abscess

- Macro
 - Single/multiple
 - Basal/scattered
 - Poorly defined ragged wall
 - Abscess cavity is filled with exudate
 - Advance abscess- fibroblastic proliferation
 - fibrous wall



Lung abscess

- Micro
 - Destruction of the lung parenchyma
 - Suppurative exudate
 - Cavity initially surrounded by Acute infla cells then by macs, lymphocytes



Thank You