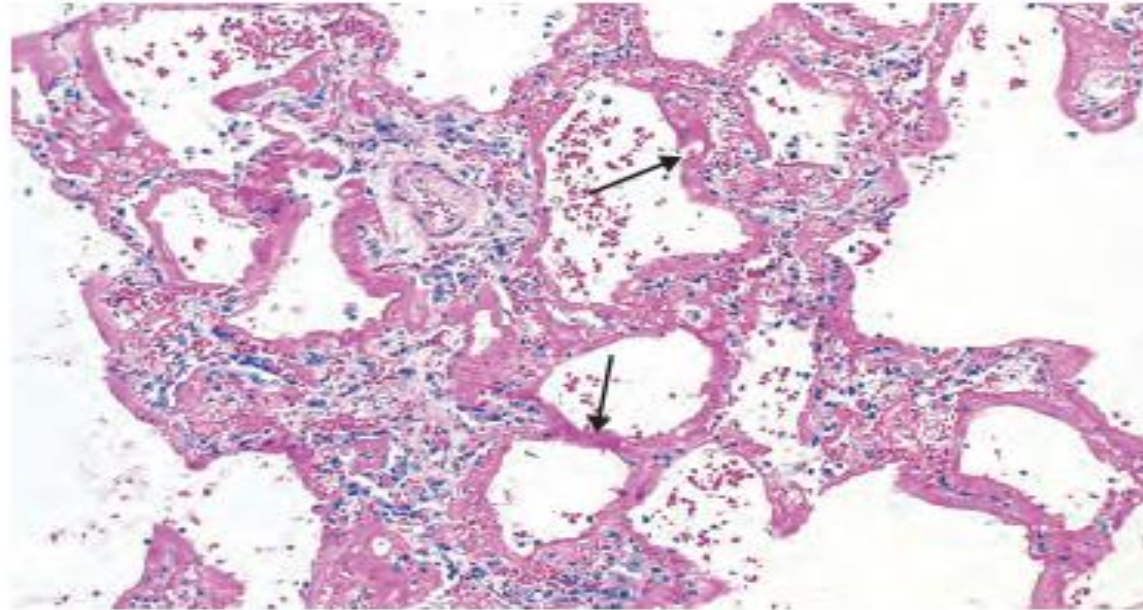


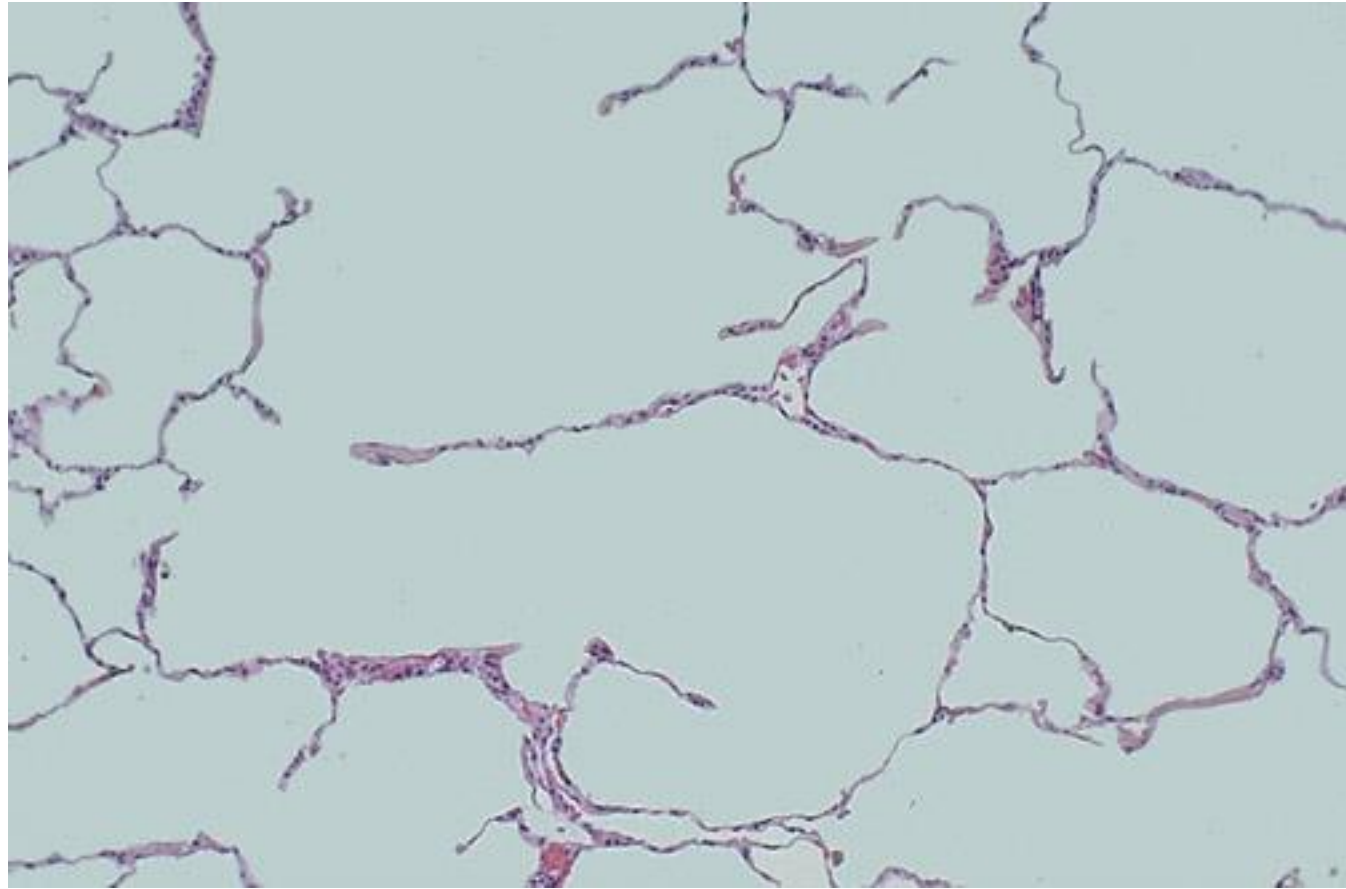
Respiratory lab 2017

Heyam Awad

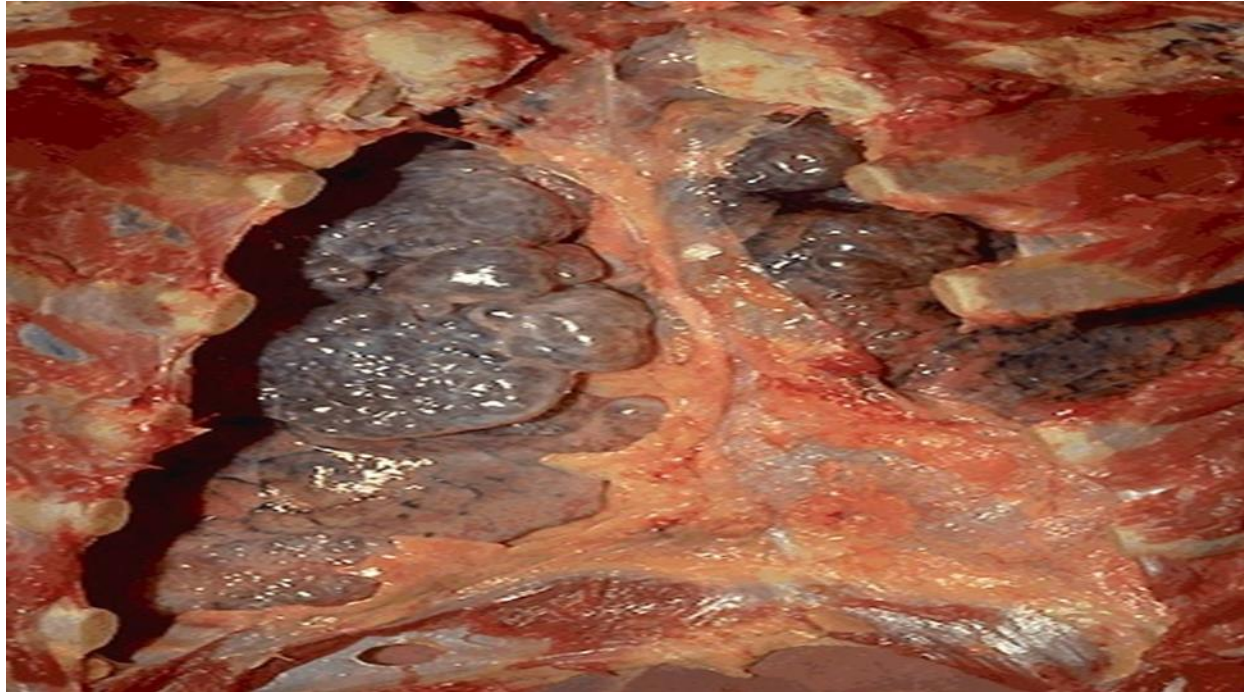
ARDS.. The arrow shows the hyaline membrane which is composed of edema fluid and fibrin as the result of epithelial and endothelial damage



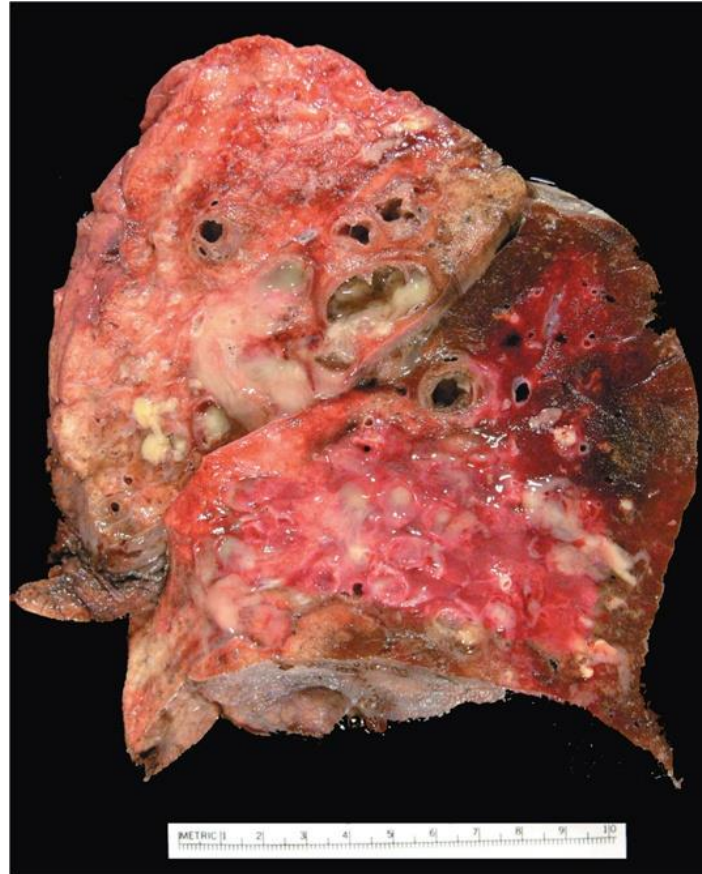
Emphysema.. The alveoli are dilated, their walls are destructed with no associated fibrosis
emphysema is diagnosed on morphologic grounds



Paraseptal emphysema forming bullae. These can rupture and cause pneumothorax



Bronchiectasis: this is a complication of chronic infections and obstruction

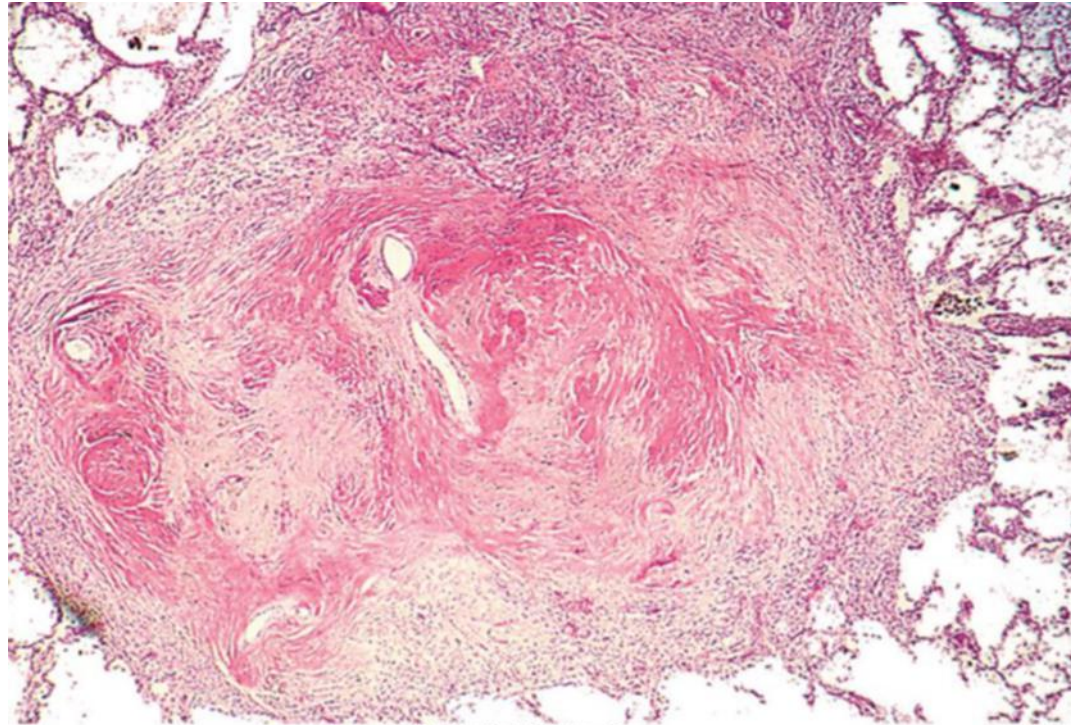


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Curshmann spirals: this is thick mucus around desquamated epithelial cells. Seen mainly in s



Silicotic nodule: whorled collagen fibers

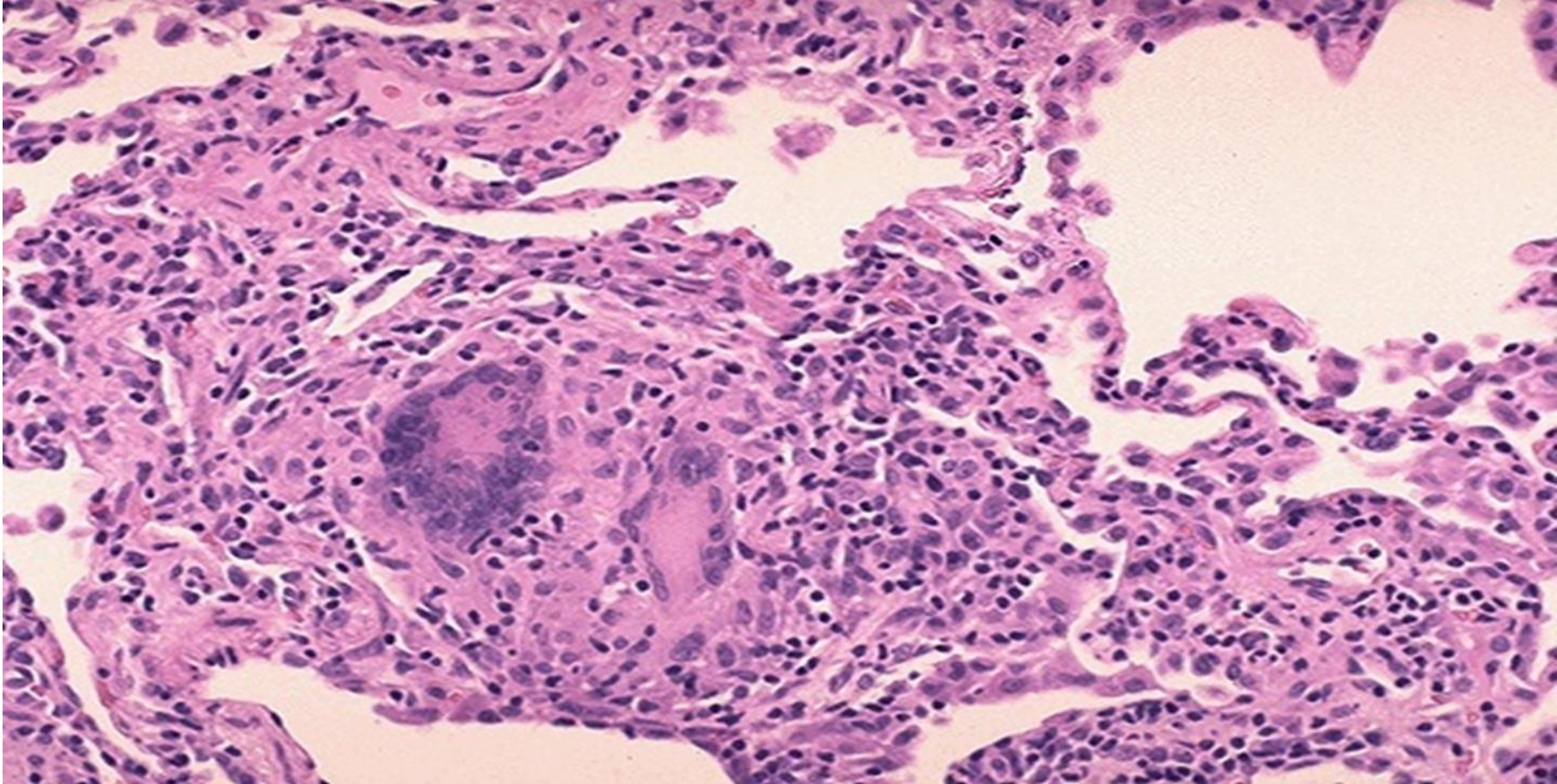


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Pleural plaques: seen in asbestos exposure. Not seen in people not exposed to asbestos. They don't contain asbestos bodies



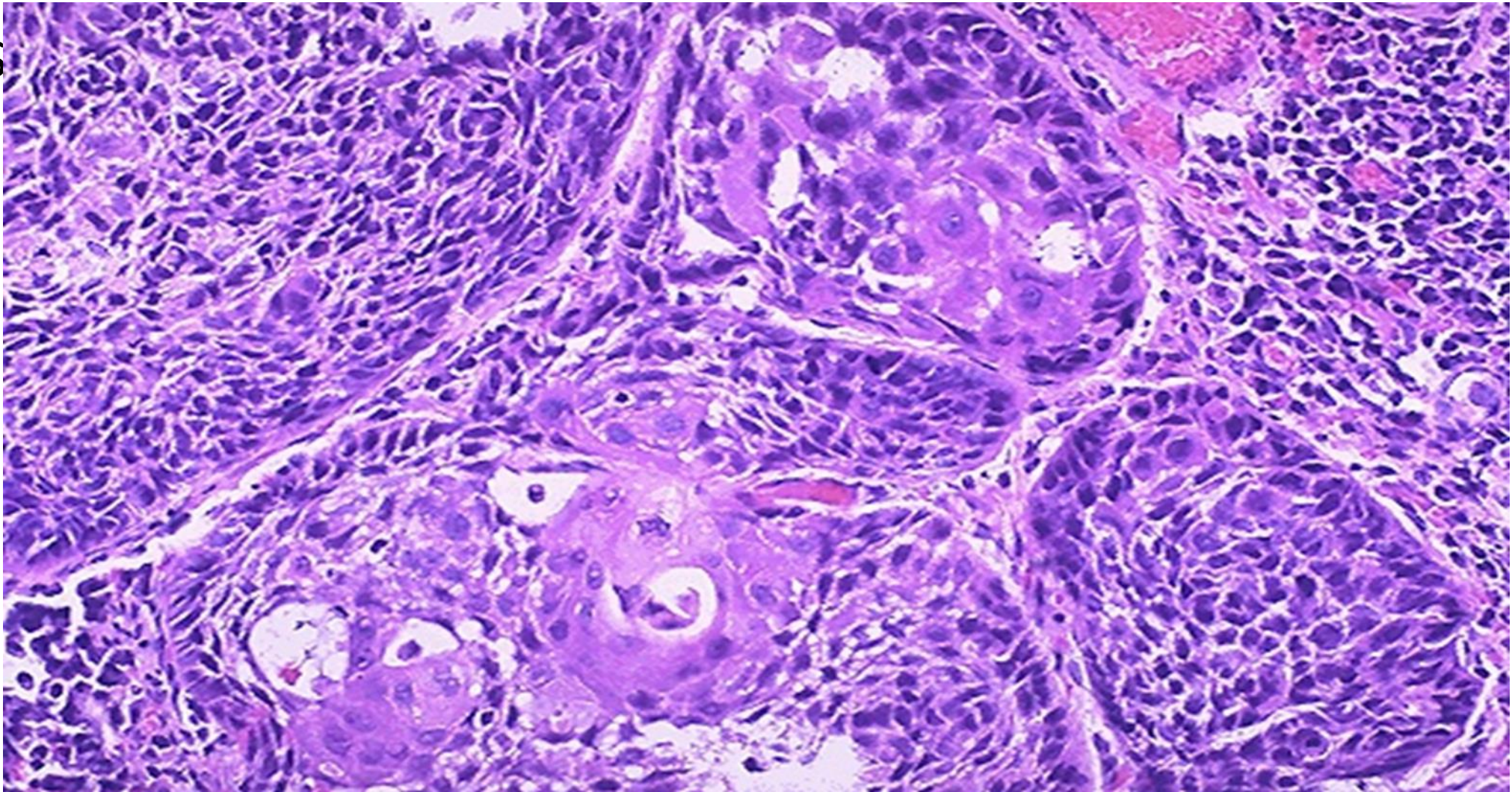
Granuloma with giant cells. There is no caseation here.



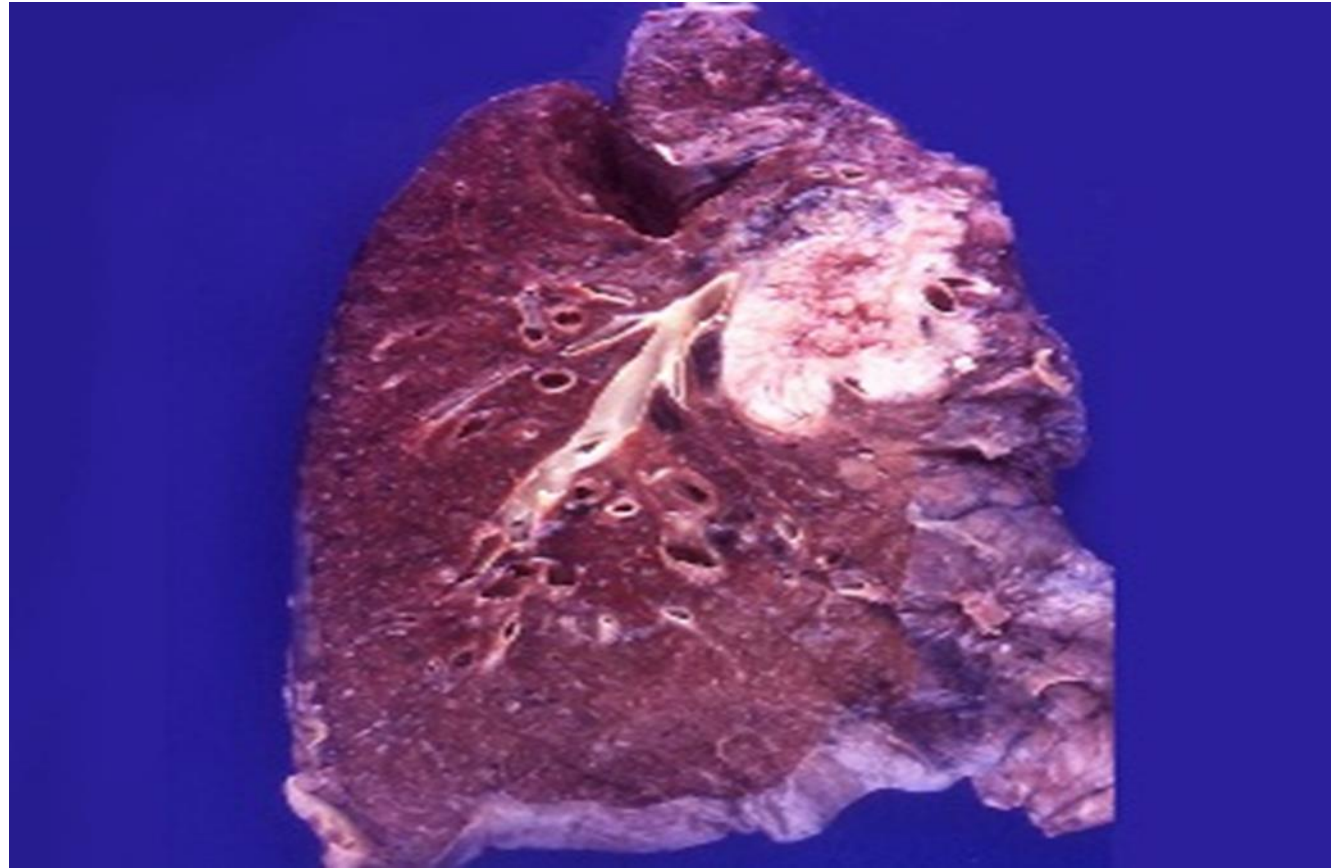
- About the previous pic:
- Noncaseating granulomas are seen in TB, sarcoidosis, hypersensitivity pneumonia as well as fungal infections and many other diseases
- Note : caseating granulomas are seen only in TB
- The caseation is the result of necrosis in the center of a granuloma due to ischemia and reactive oxygen species.

Squamous cell carcinoma

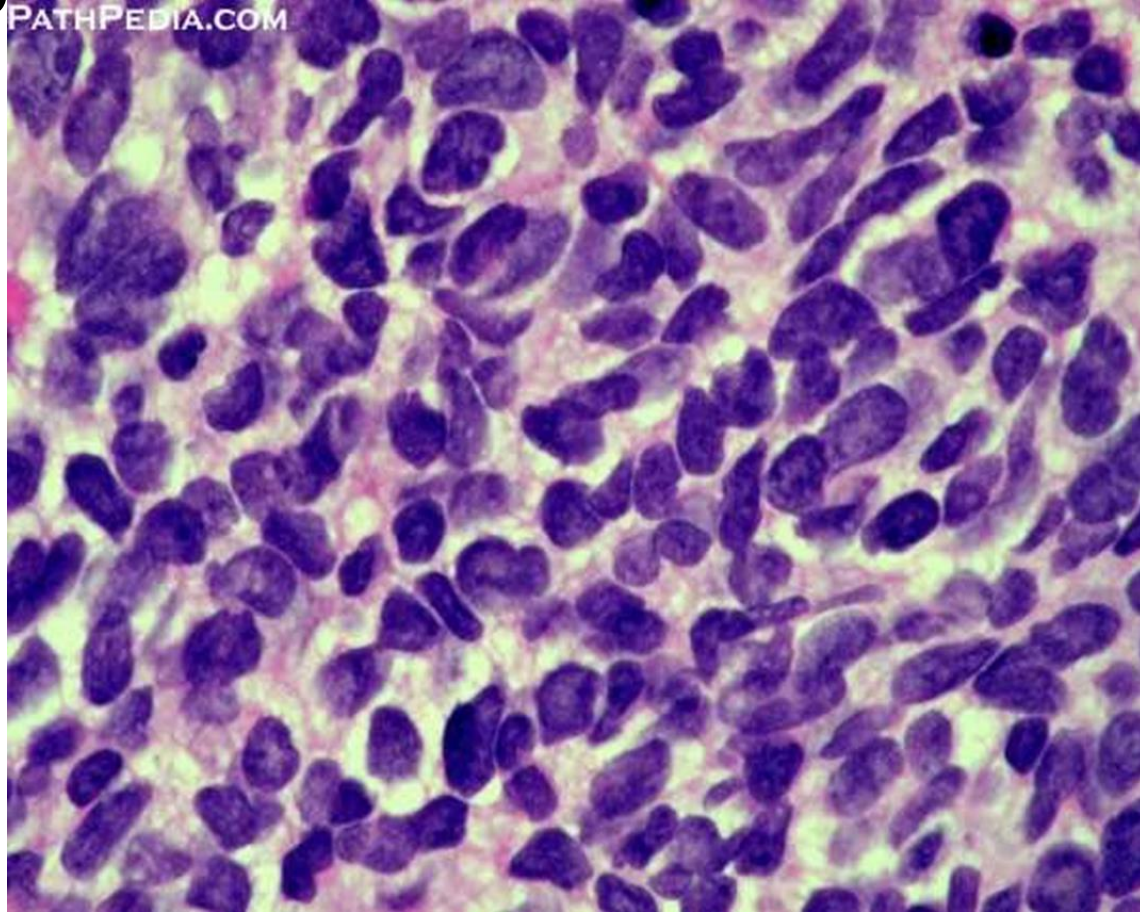
- S



Squamous cell carcinoma, note the lesion in centrally located, is related to smoking and seen more in men



Small cell carcinoma: rounded cells with increased basophilia and scanty cytoplasm. These are also related to smoking. Neuroendocrine in origin and respond to chemotherapy



- GOOD LUCK