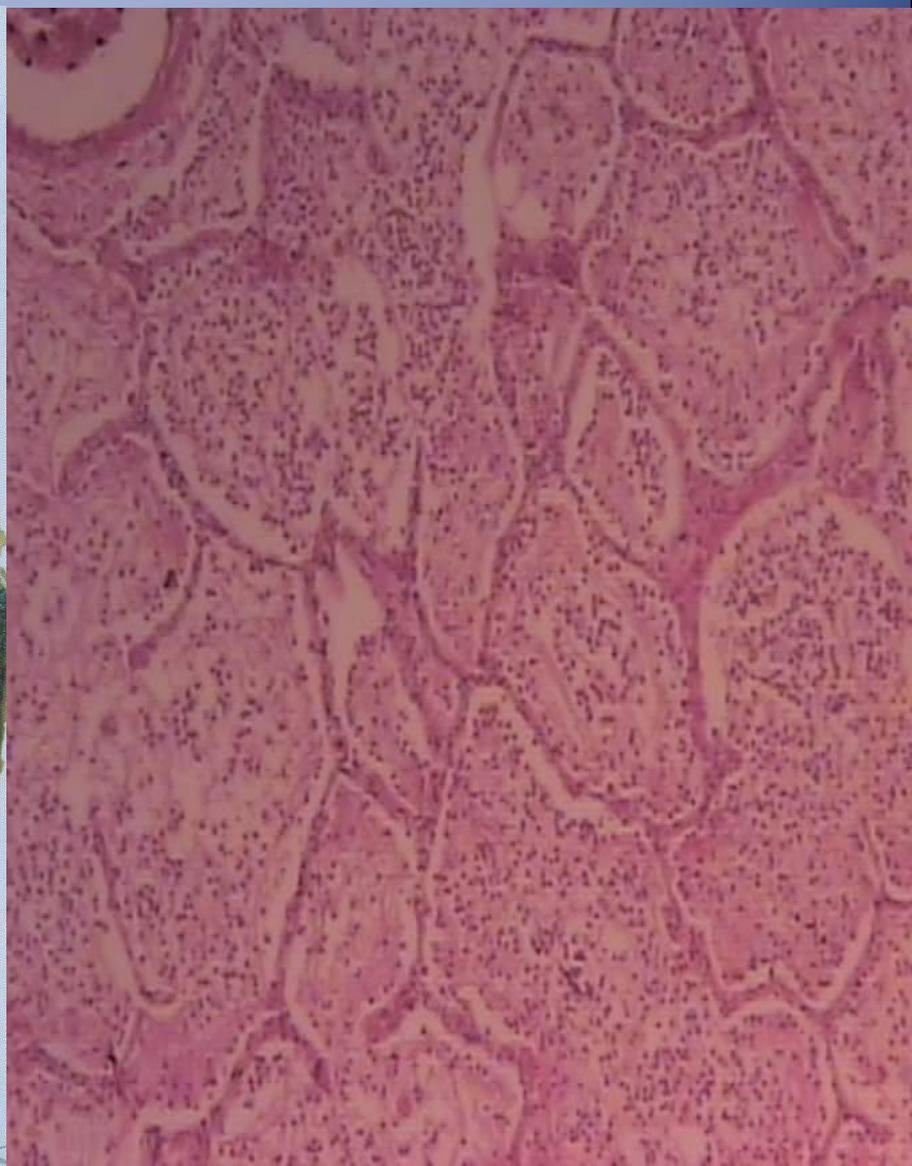


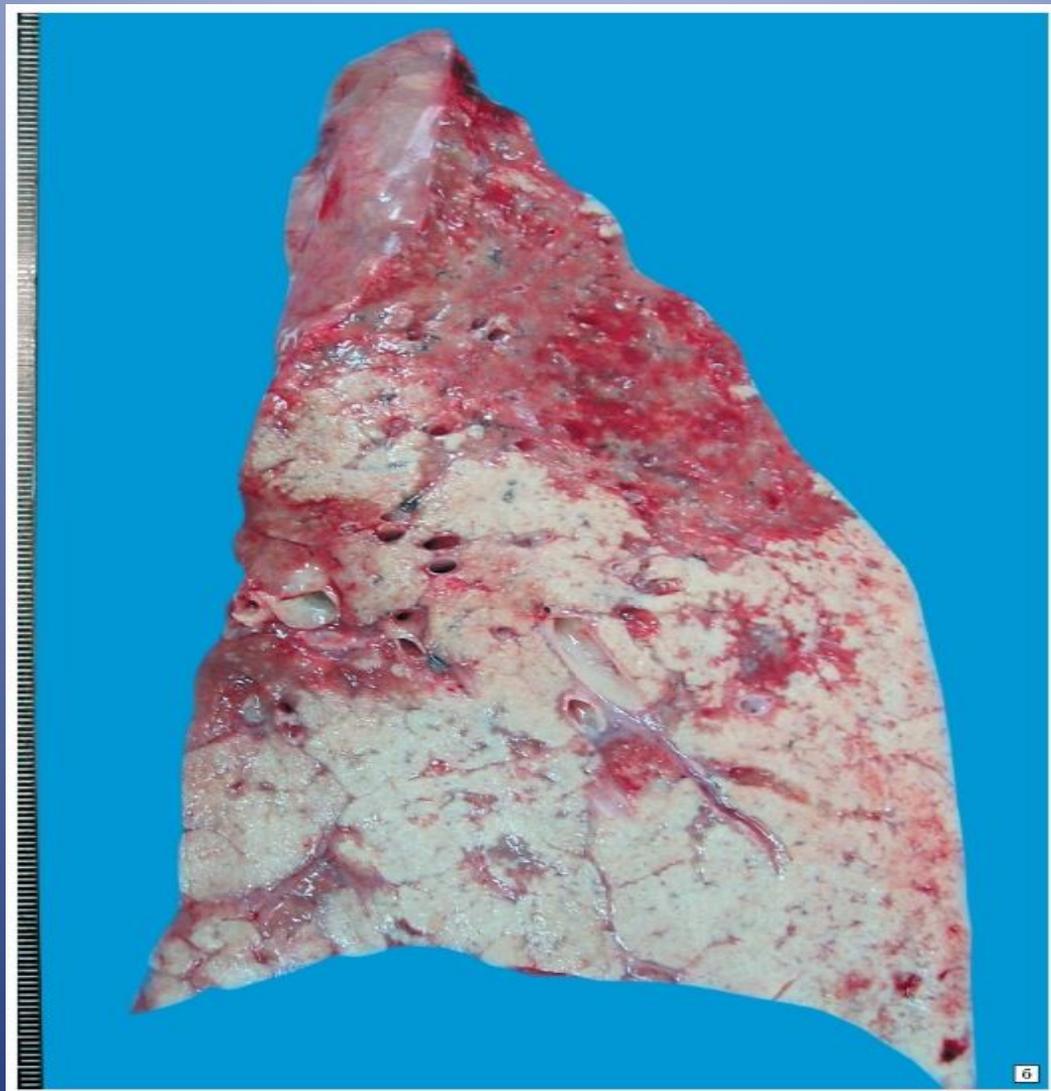
Крупозная пневмония стадия серого опеченения



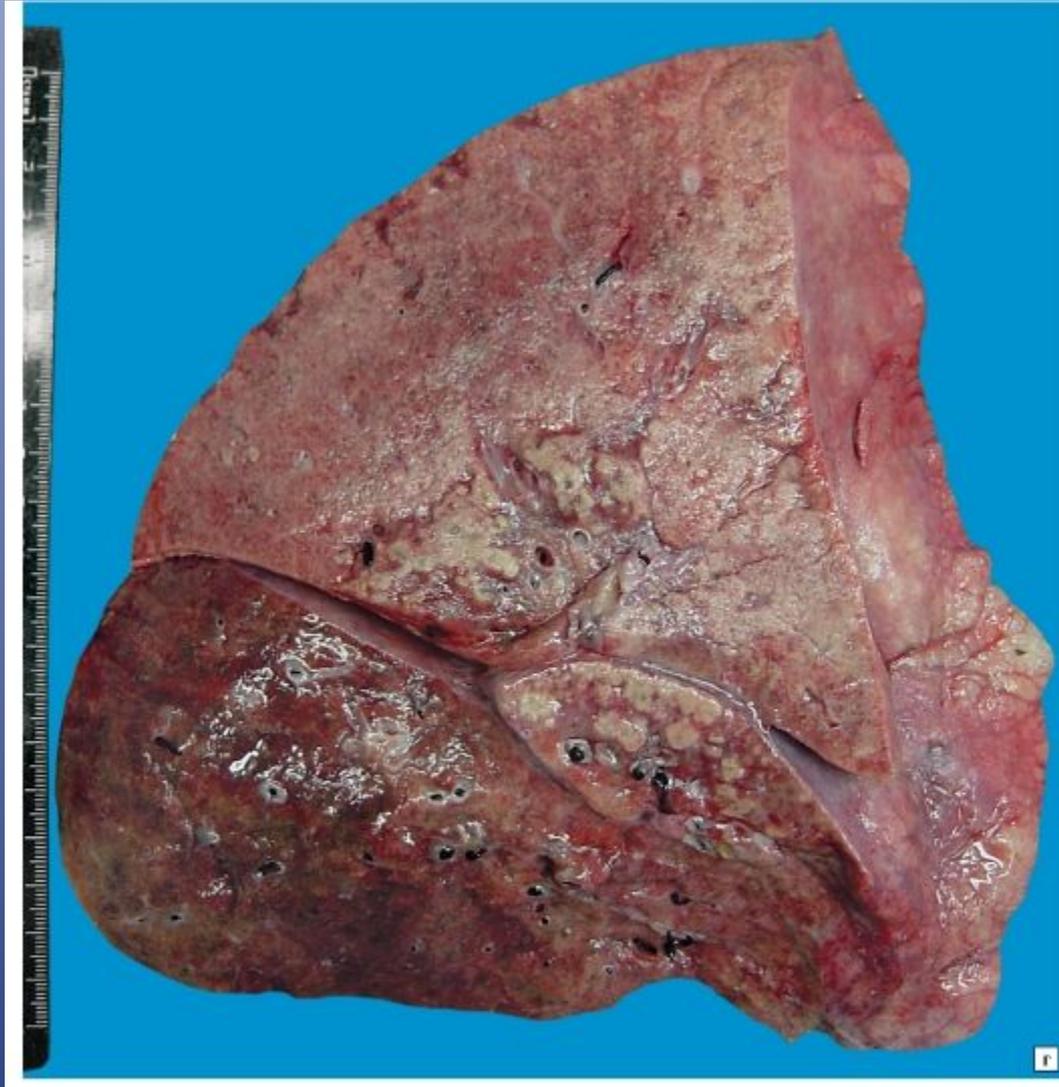
Крупозная пневмония в нижней доле. Стадия серого опеченения



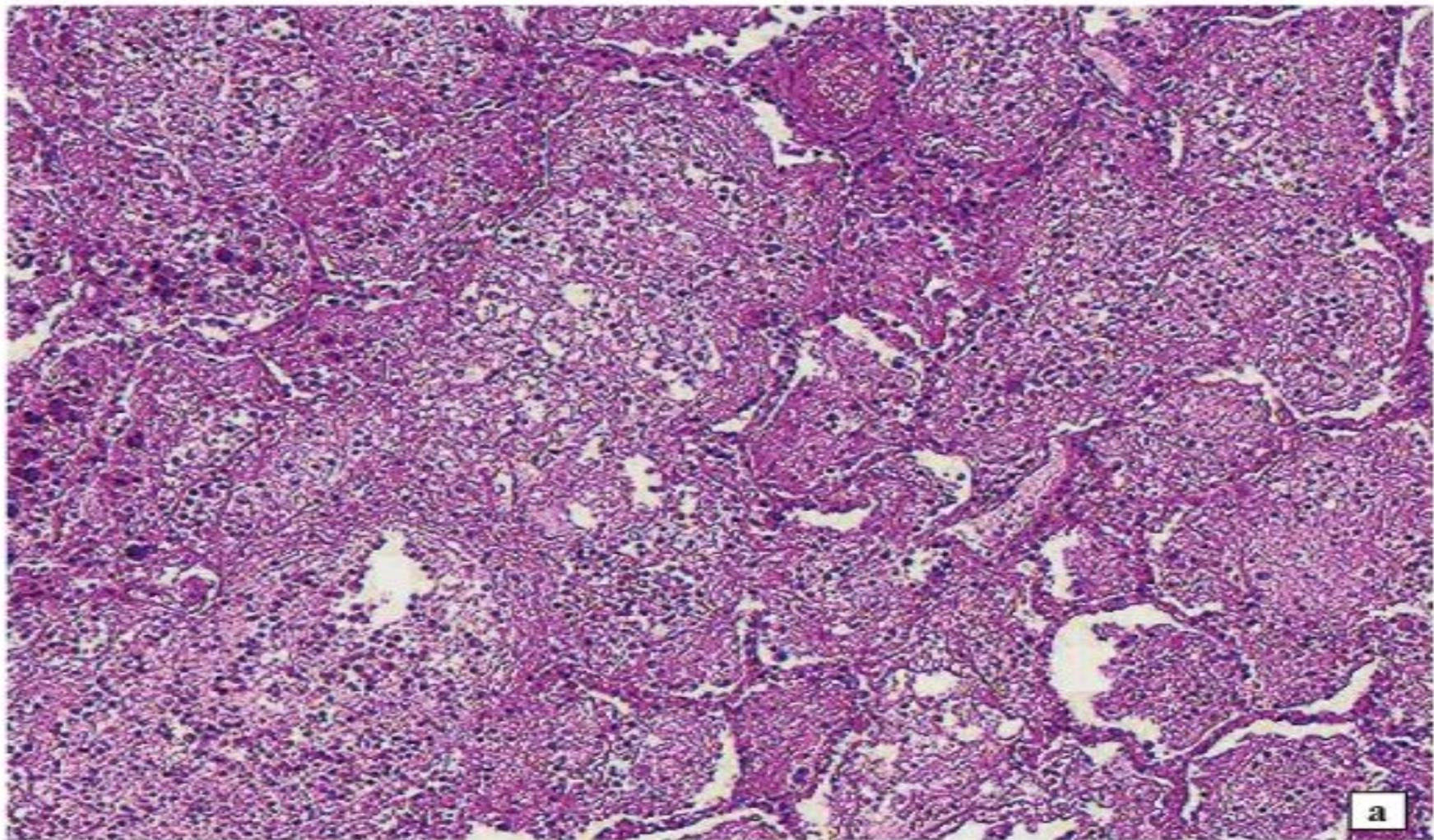
Крупозная пневмония в стадии серого опеченения в нижней доле



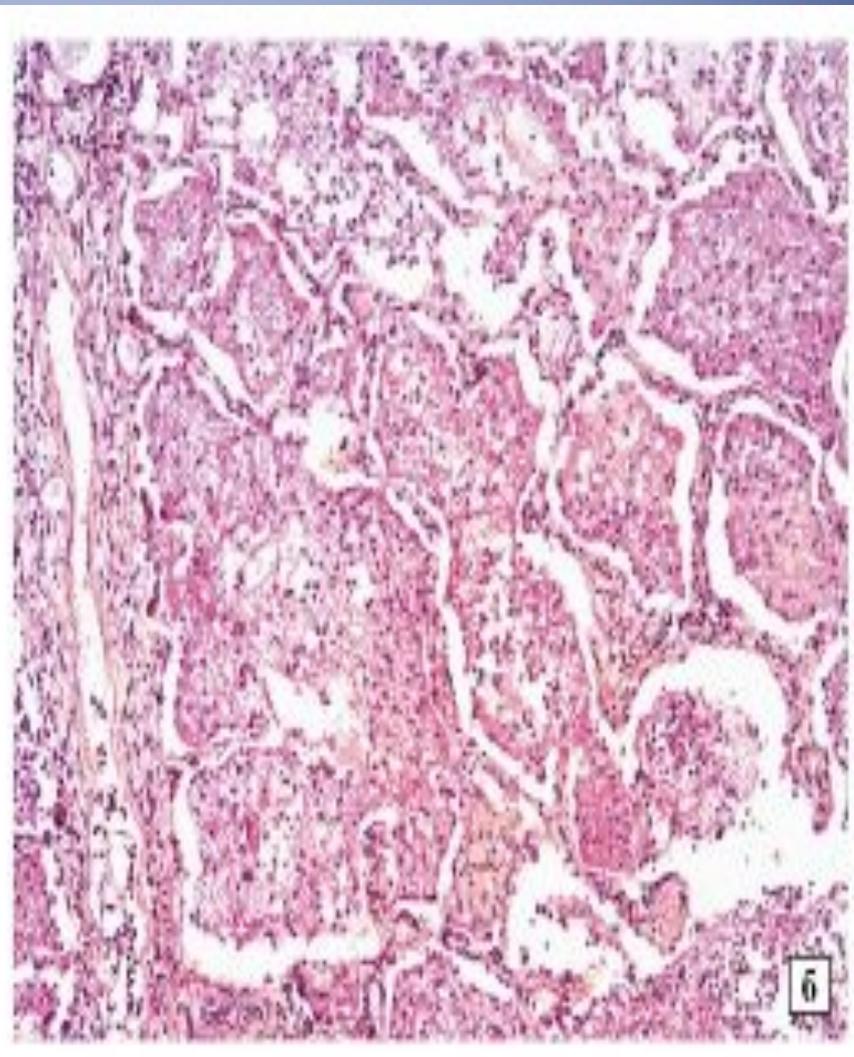
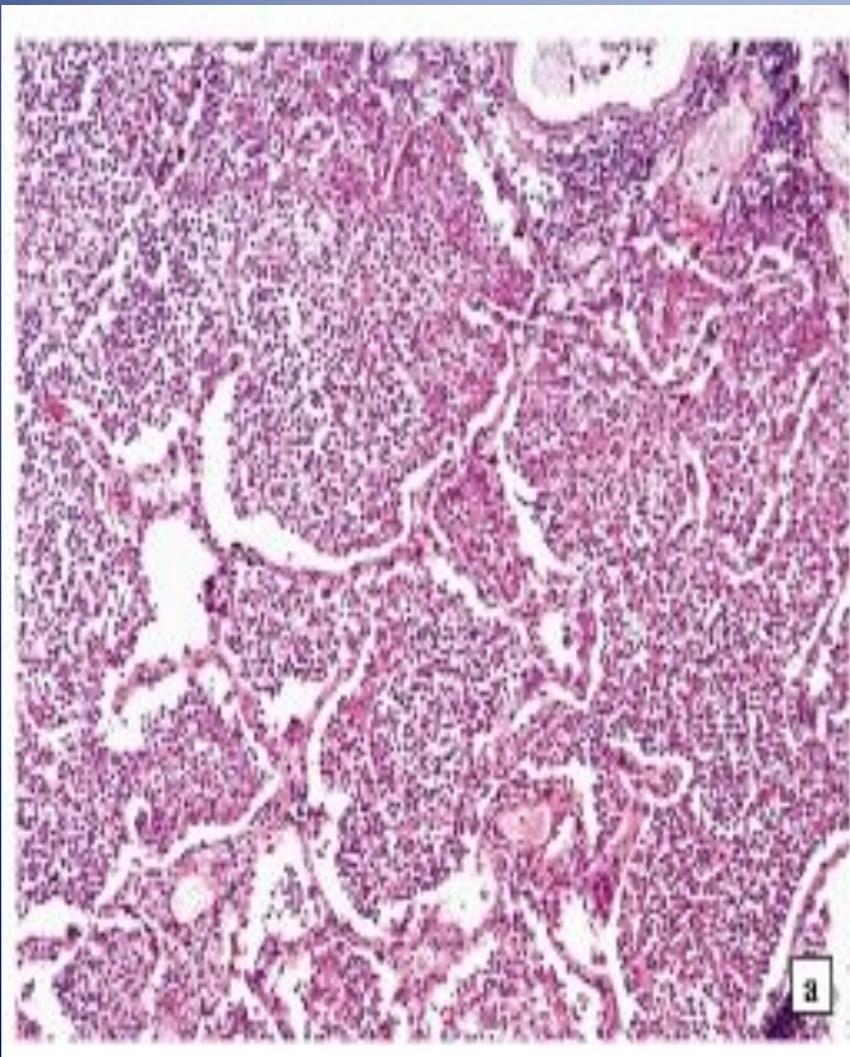
Крупозная пневмония. Стадия серого опеченения



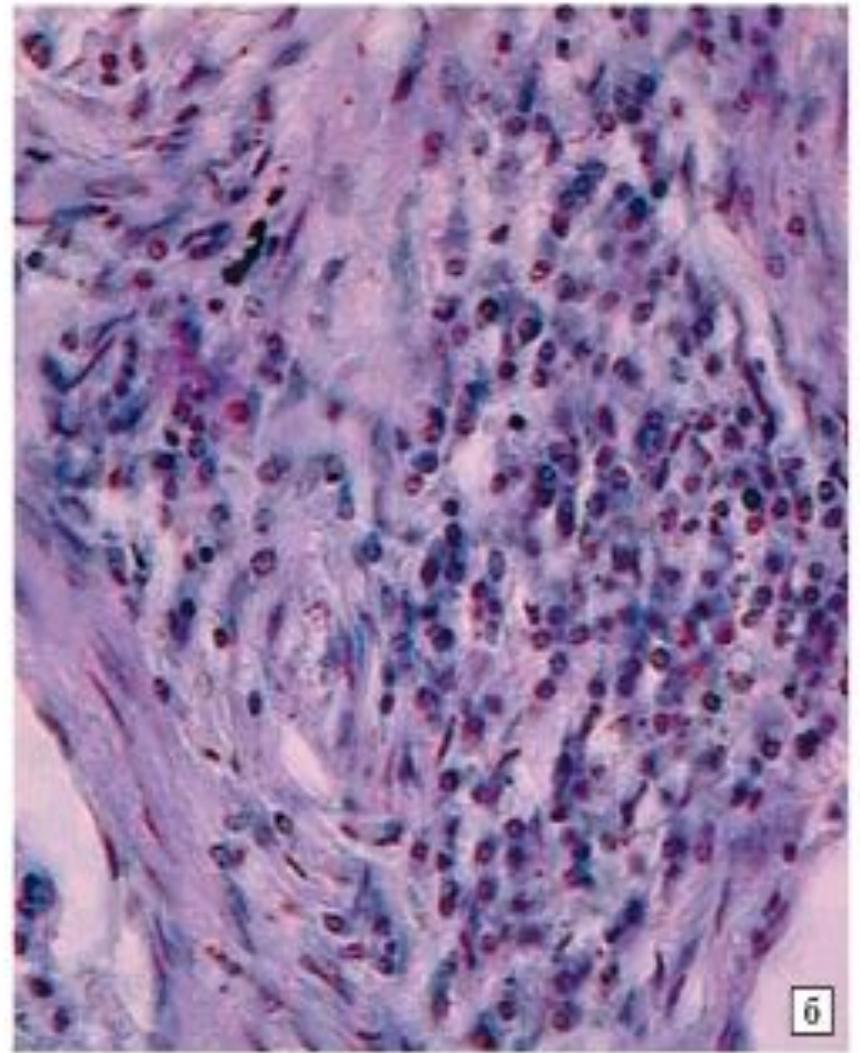
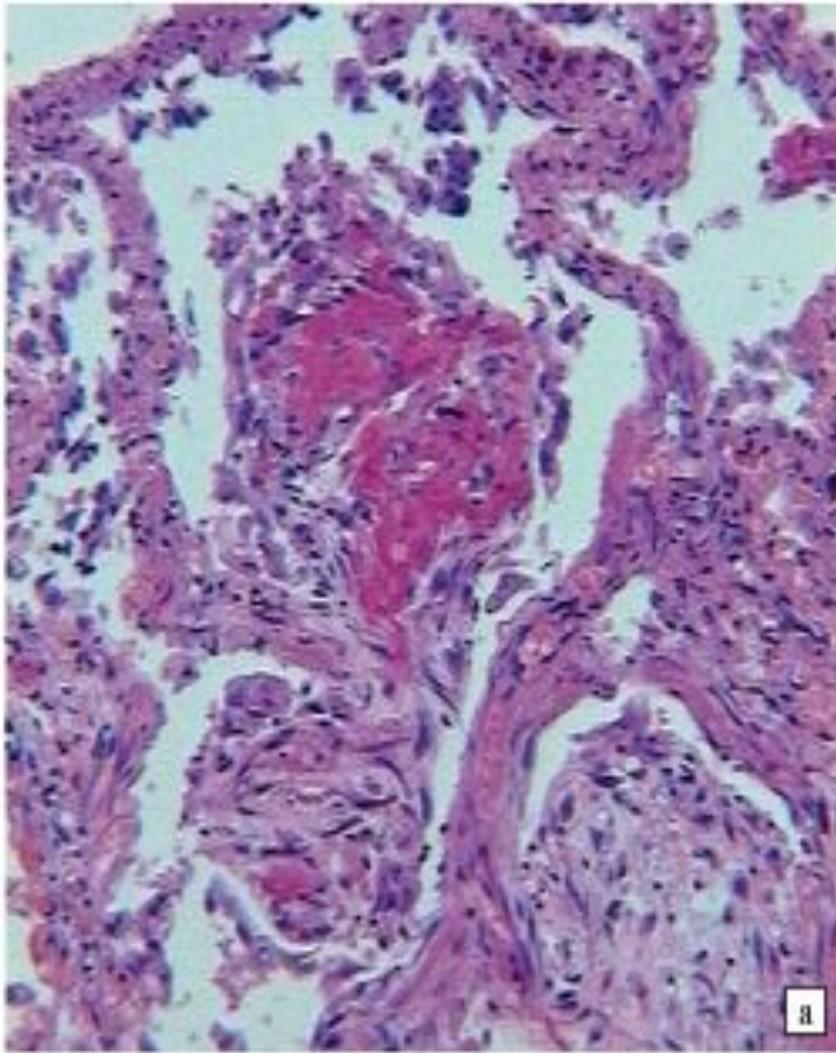
Крупозная пневмония. Стадия серого опеченения



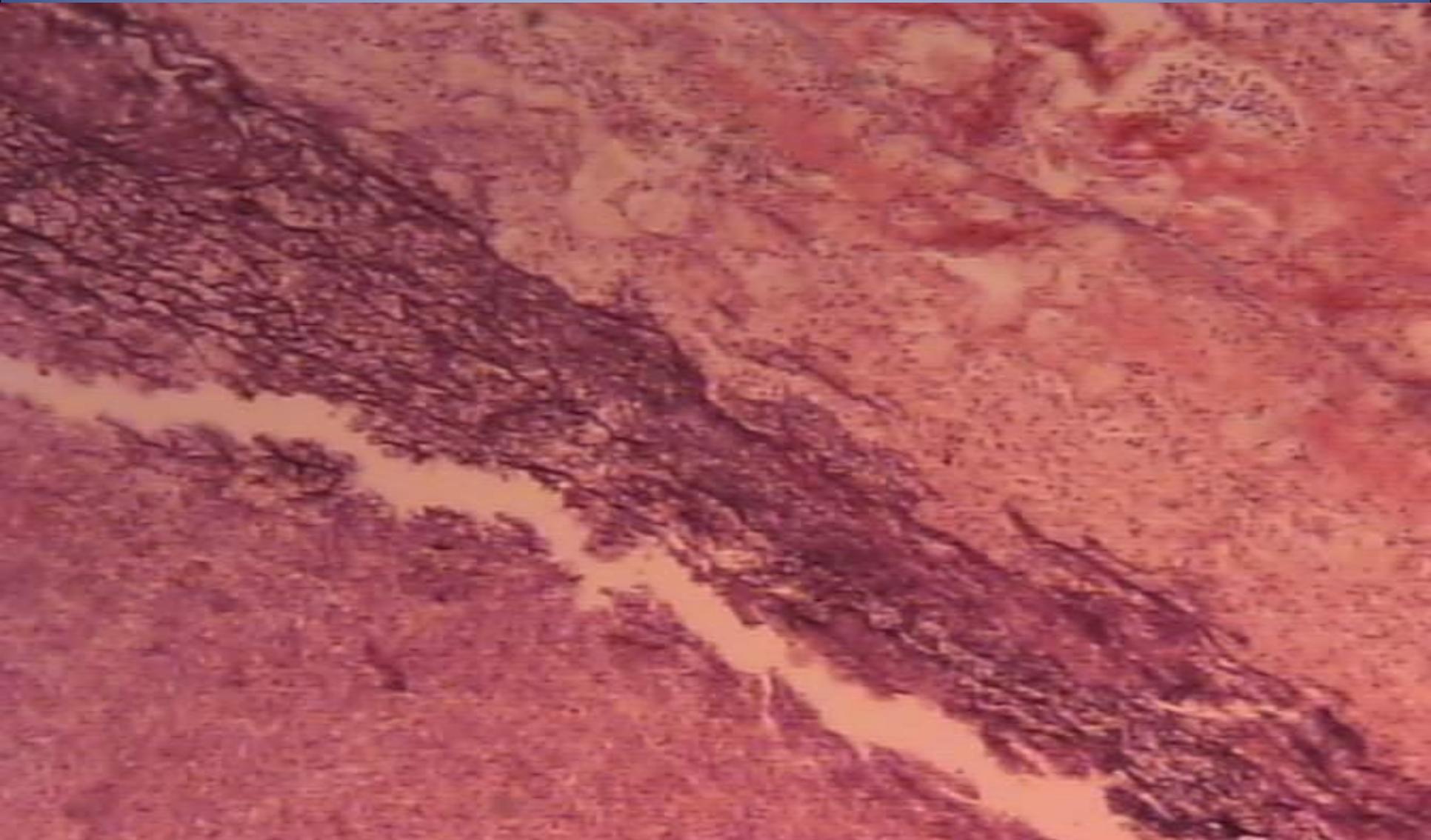
Стадия серого опеченения крупозной пневмонии



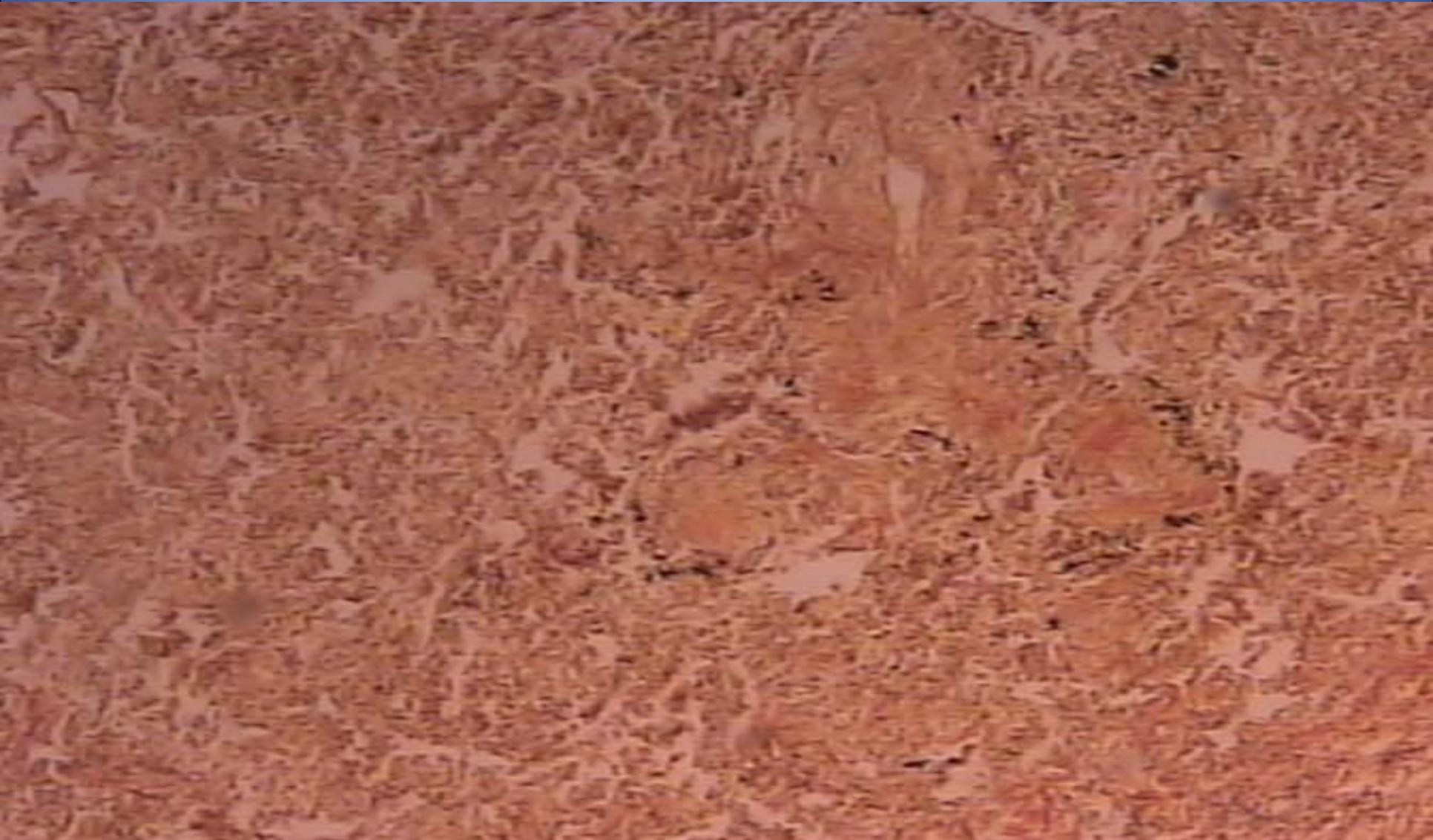
Карнификация легкого



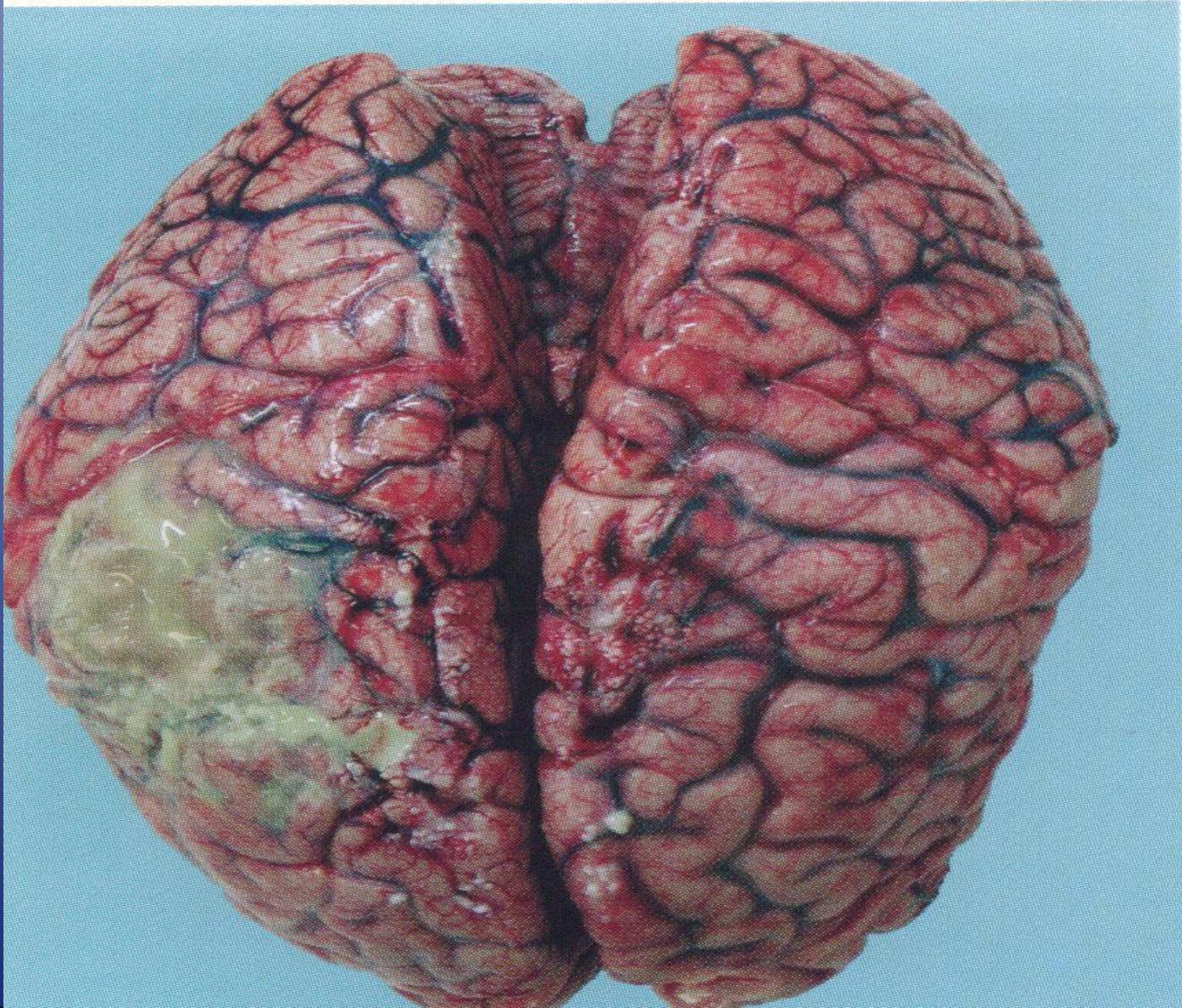
Фибринозный плеврит



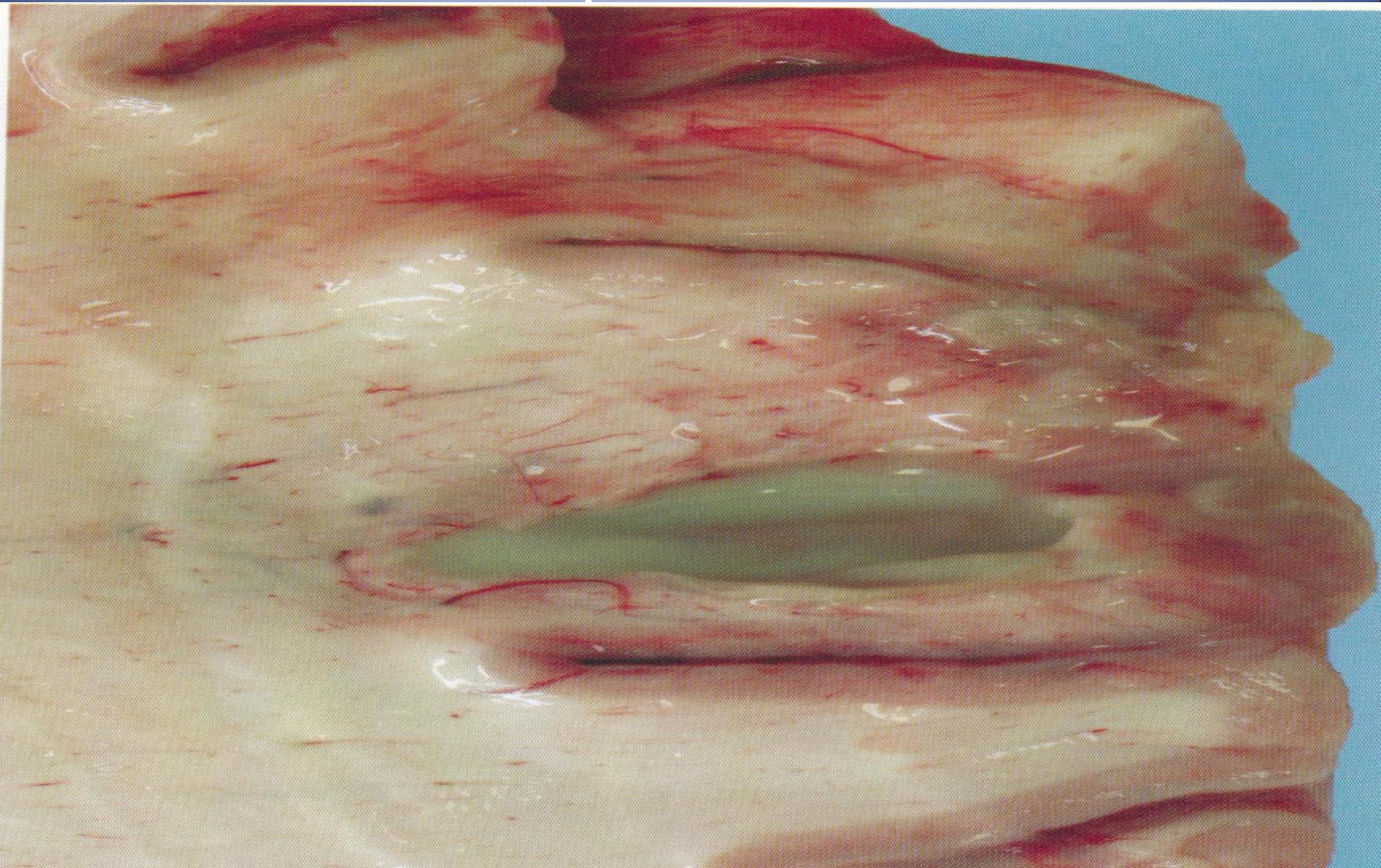
Карнификация легкого



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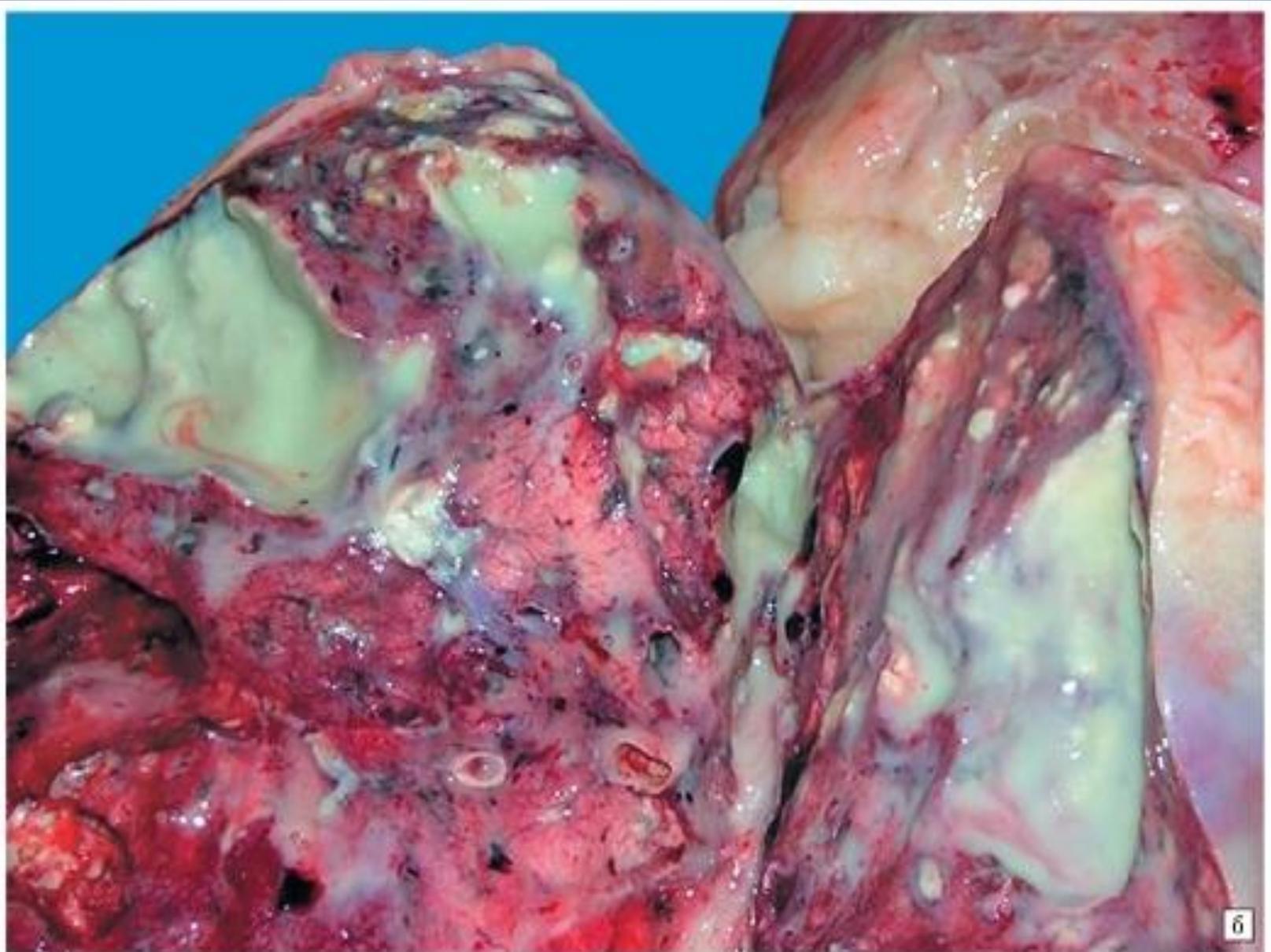
Абсцесс мозга



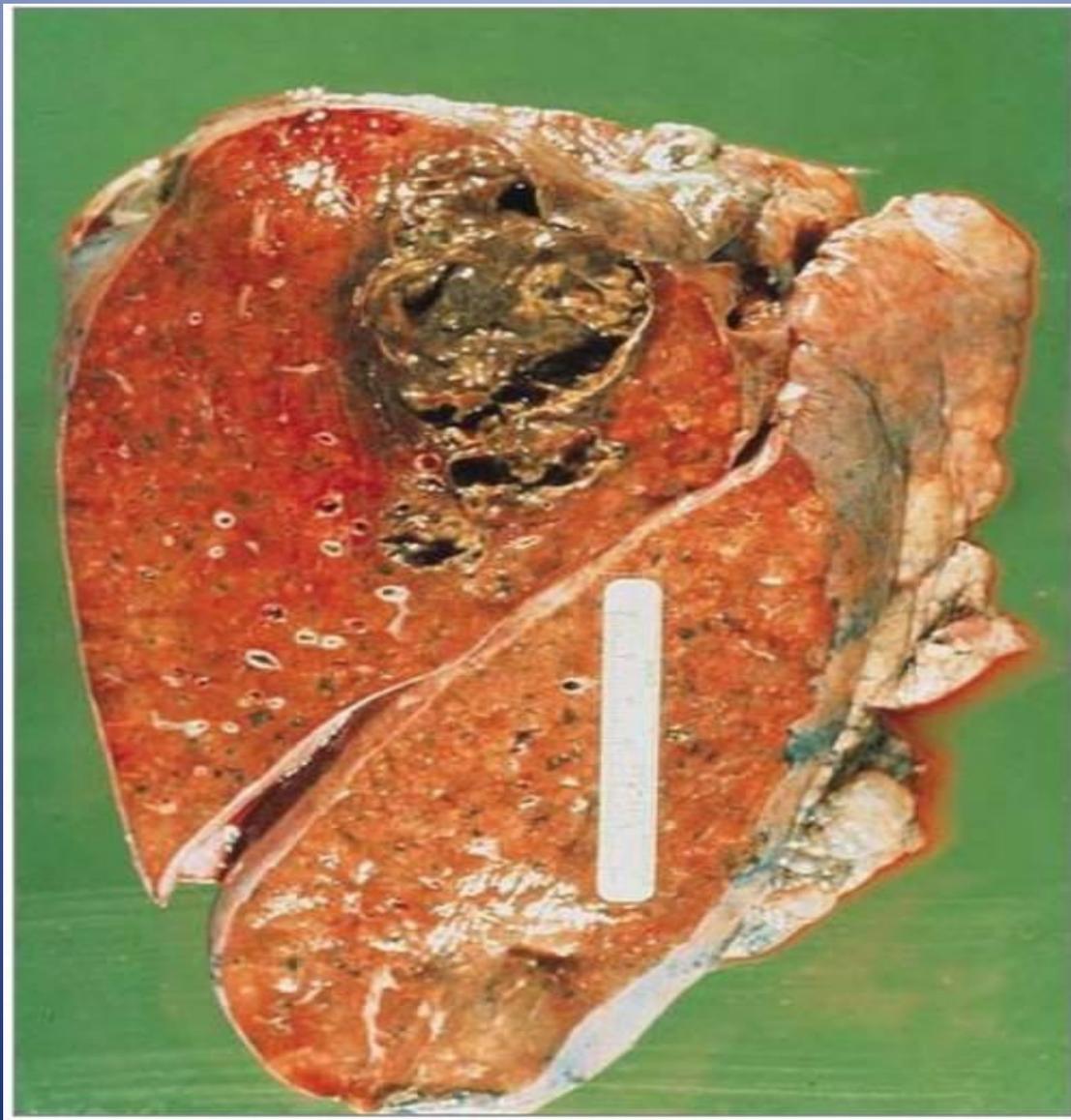
Эмпиема плевры



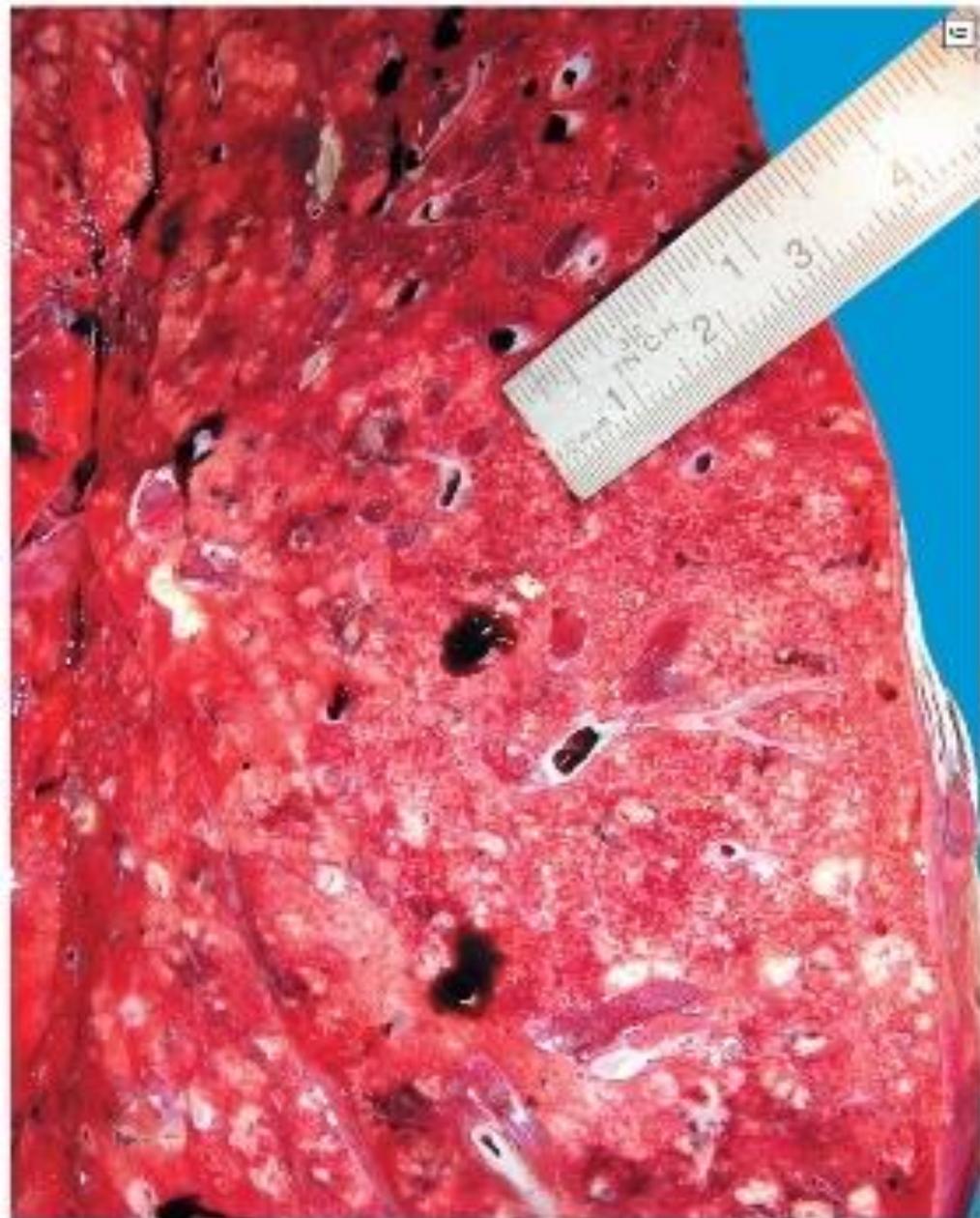
Абсцессы легкого



Очаговая стрептококковая пневмония



Очаговая пневмония



Крупозная и очаговая пневмония



Fig. 3.31



Fig. 3.32



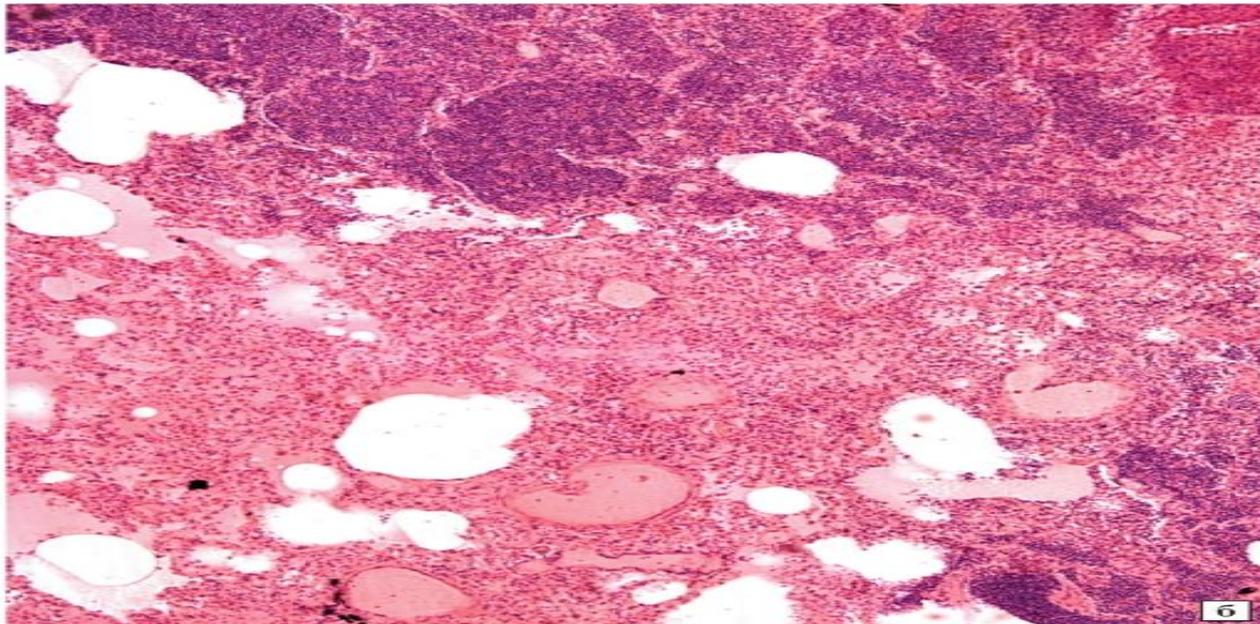
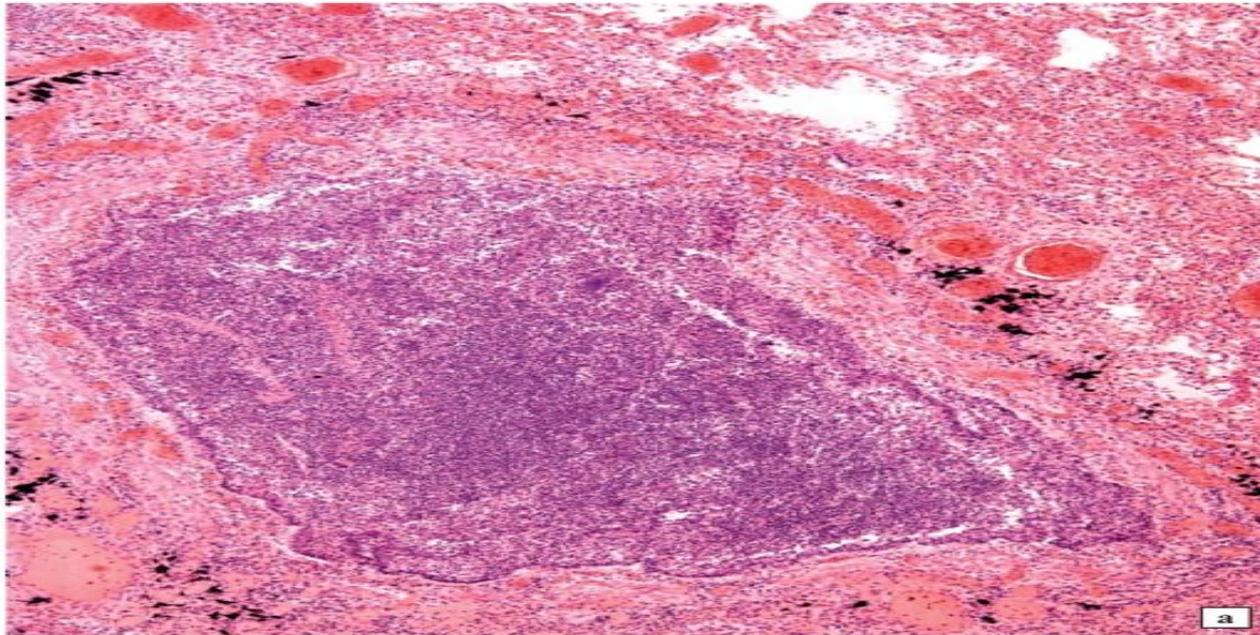
Fig. 3.33

Fig. 3.31 Lobar pneumonia. F/38. One lobe of the lung is consolidated and its pleural surface is covered with a fibrinous pleurisy. The remainder of the lung is relatively unaffected. Patients with lobar pneumonia have less dyspnoea than those with bronchopneumonia, but because of the pleuritic reaction they have chest pain during respiration and with coughing.

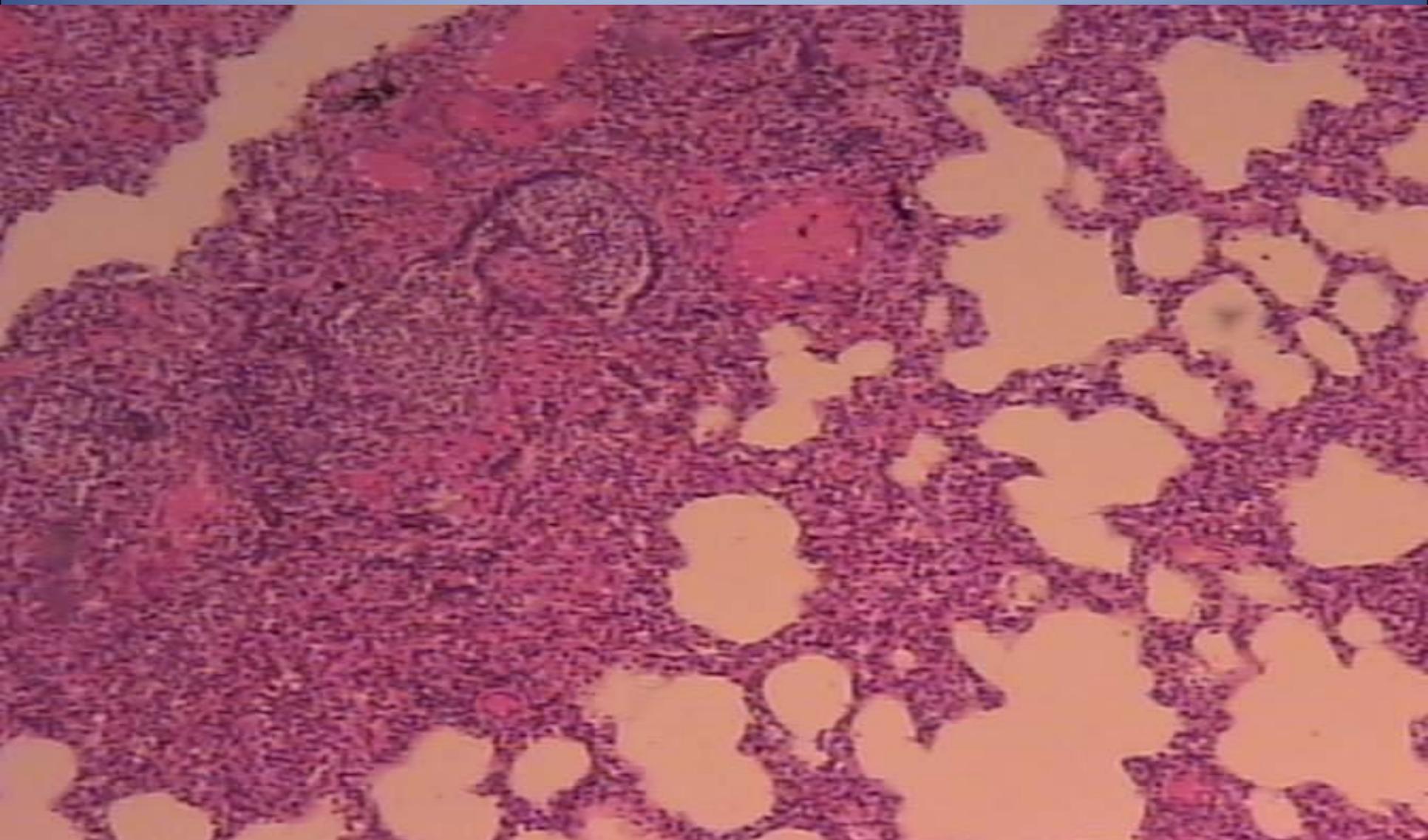
Fig. 3.32 Cut surface of lobar pneumonia. M/71. This lung is from another patient but shows that the consolidation is localized to one lobe.

Fig. 3.33 Confluent bronchopneumonia. F/69. As distinct from lobar pneumonia, bronchopneumonia is focal and involves many areas of the lung. The focal collections of pus may become confluent, giving rise to abscesses as demonstrated here. There is no pleural reaction associated with this type of pneumonia. The lung itself is emphysematous.

Бронхопневмония



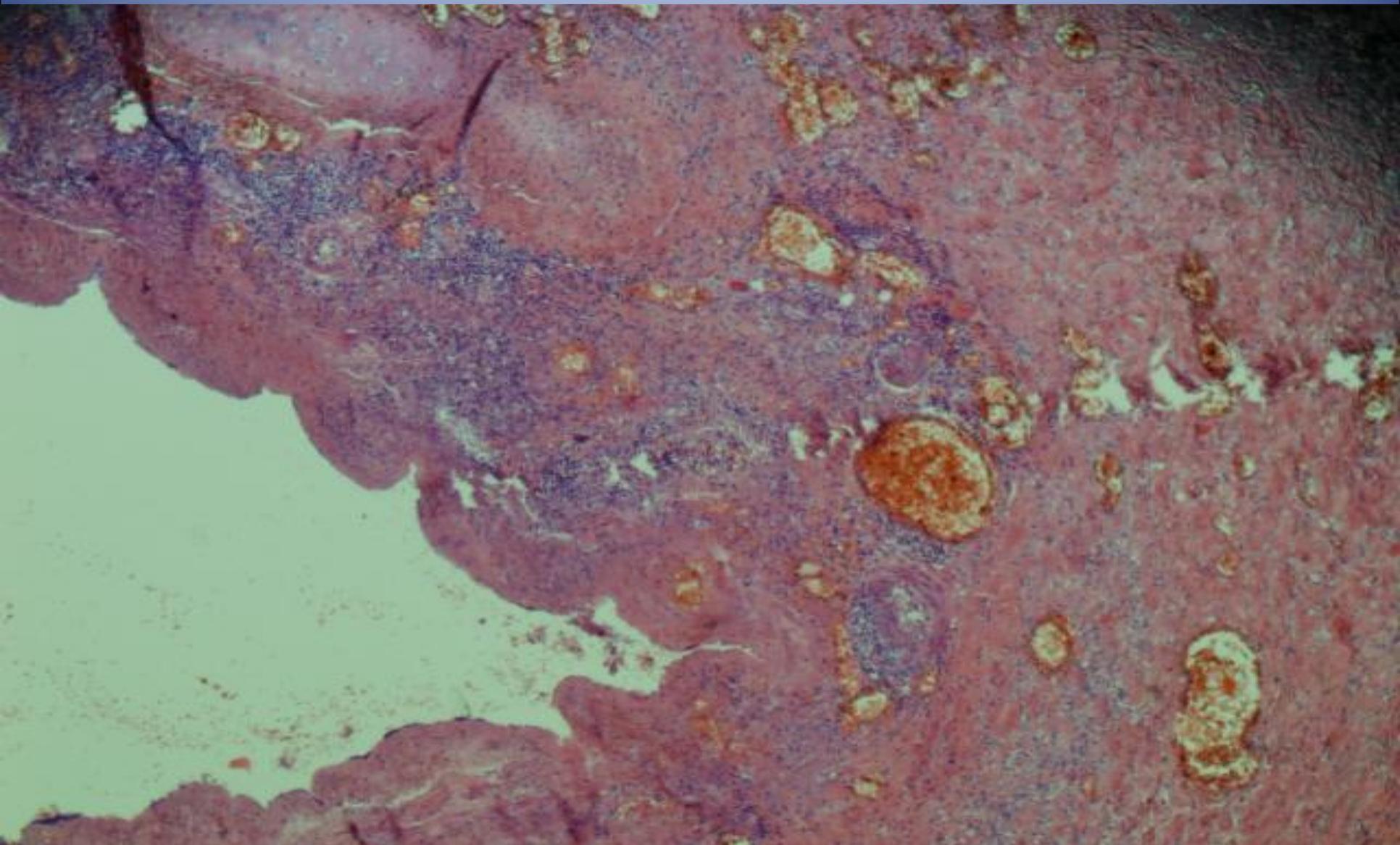
Бронхопневмония



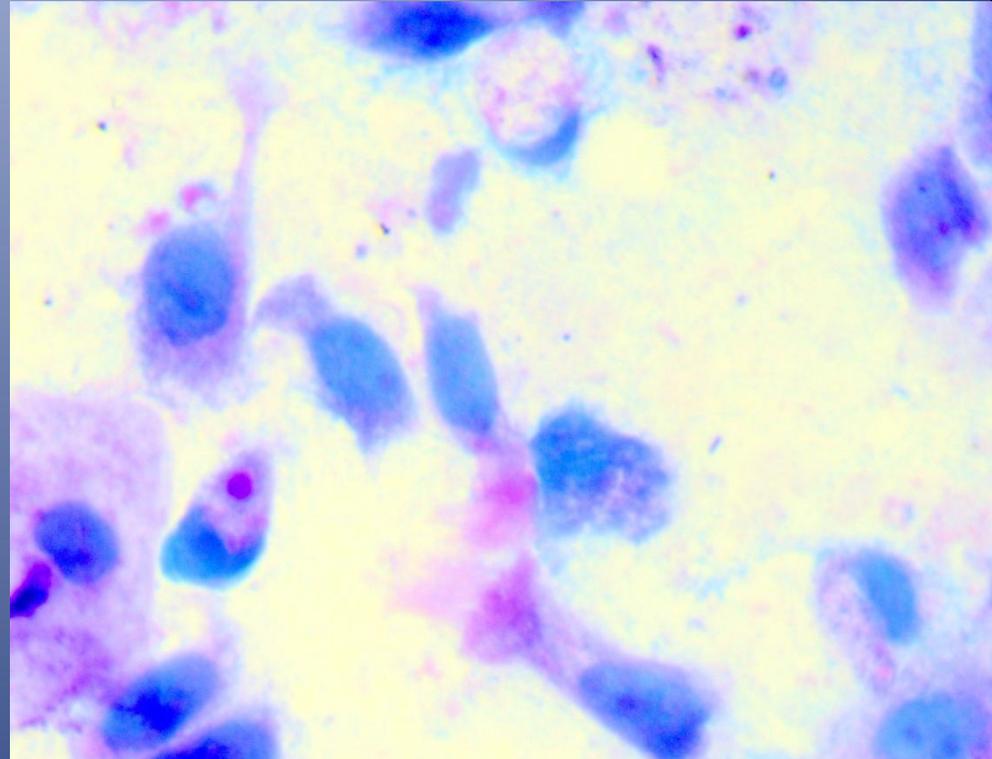
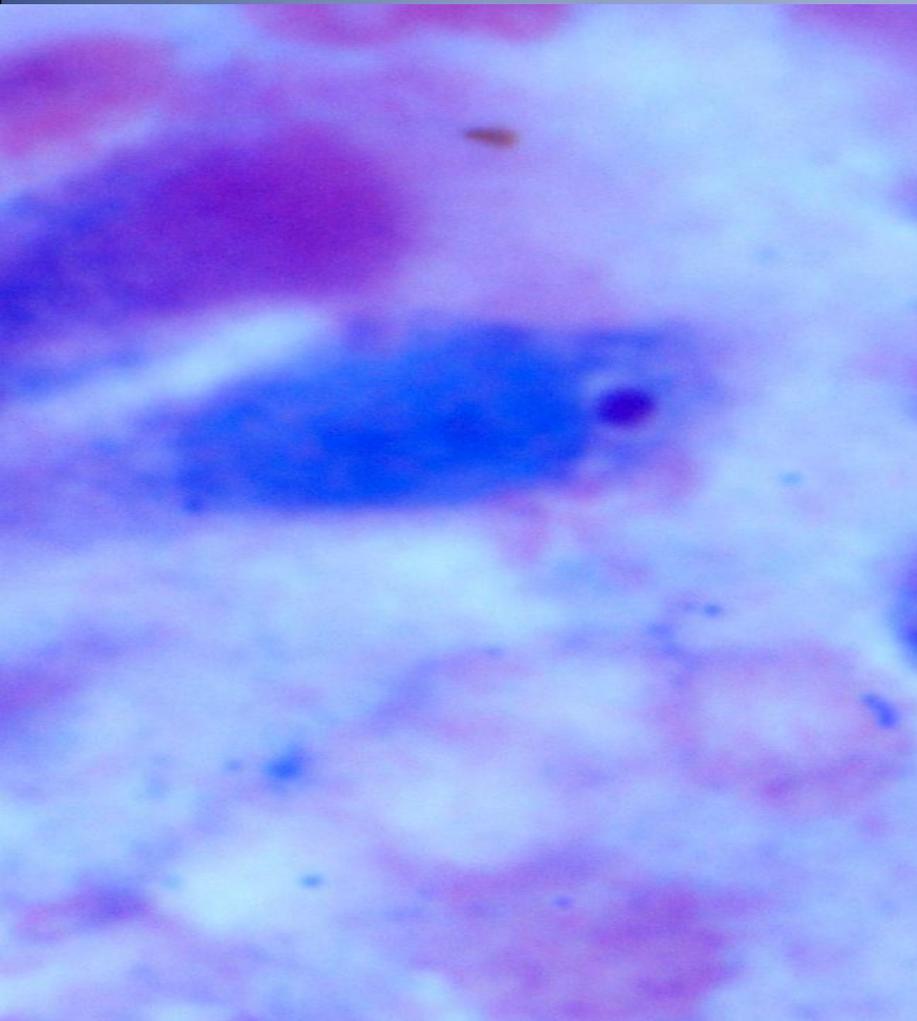
Геморрагический трахеобронхит



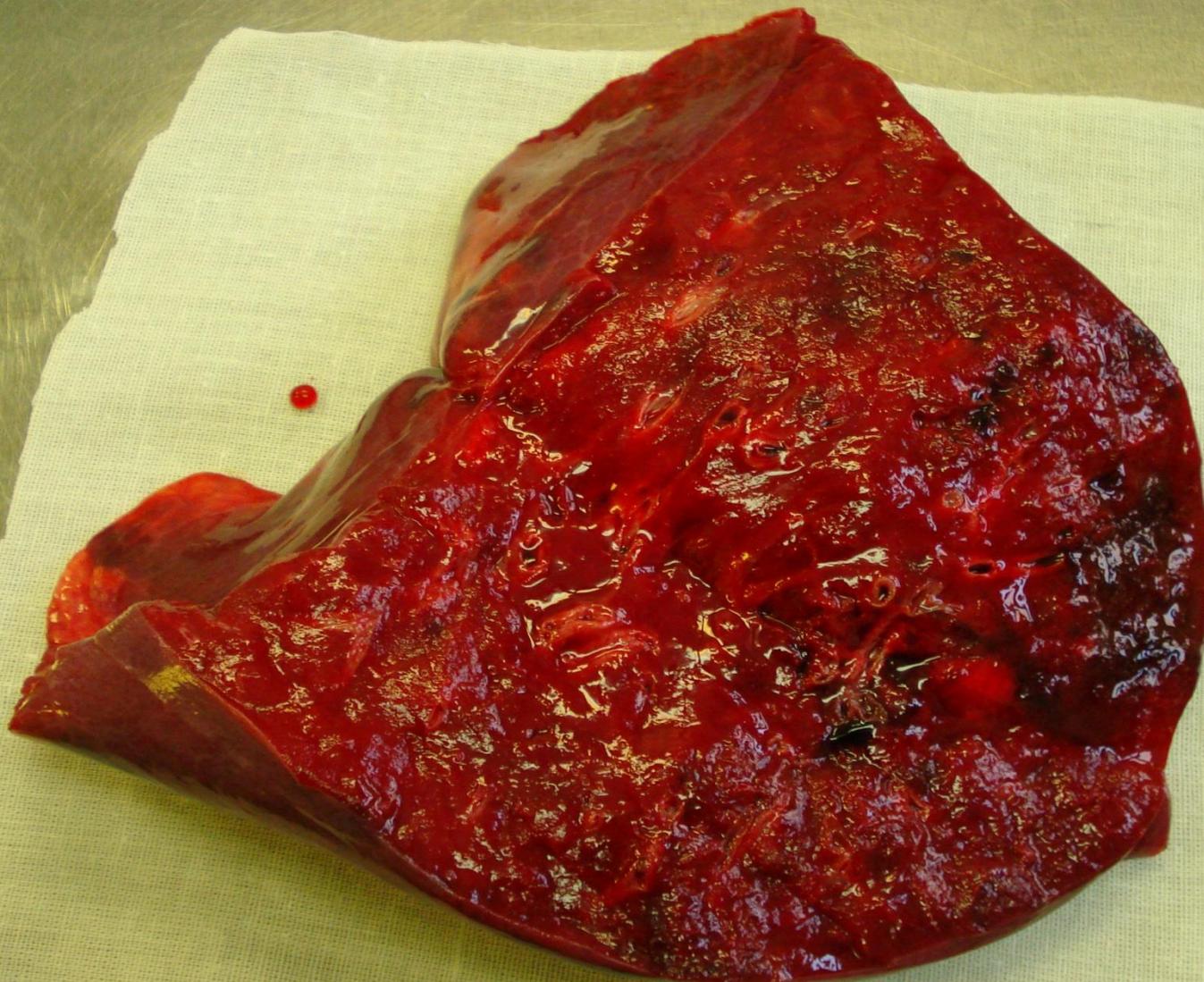
Фибринозно - гнойный бронхит при гриппе



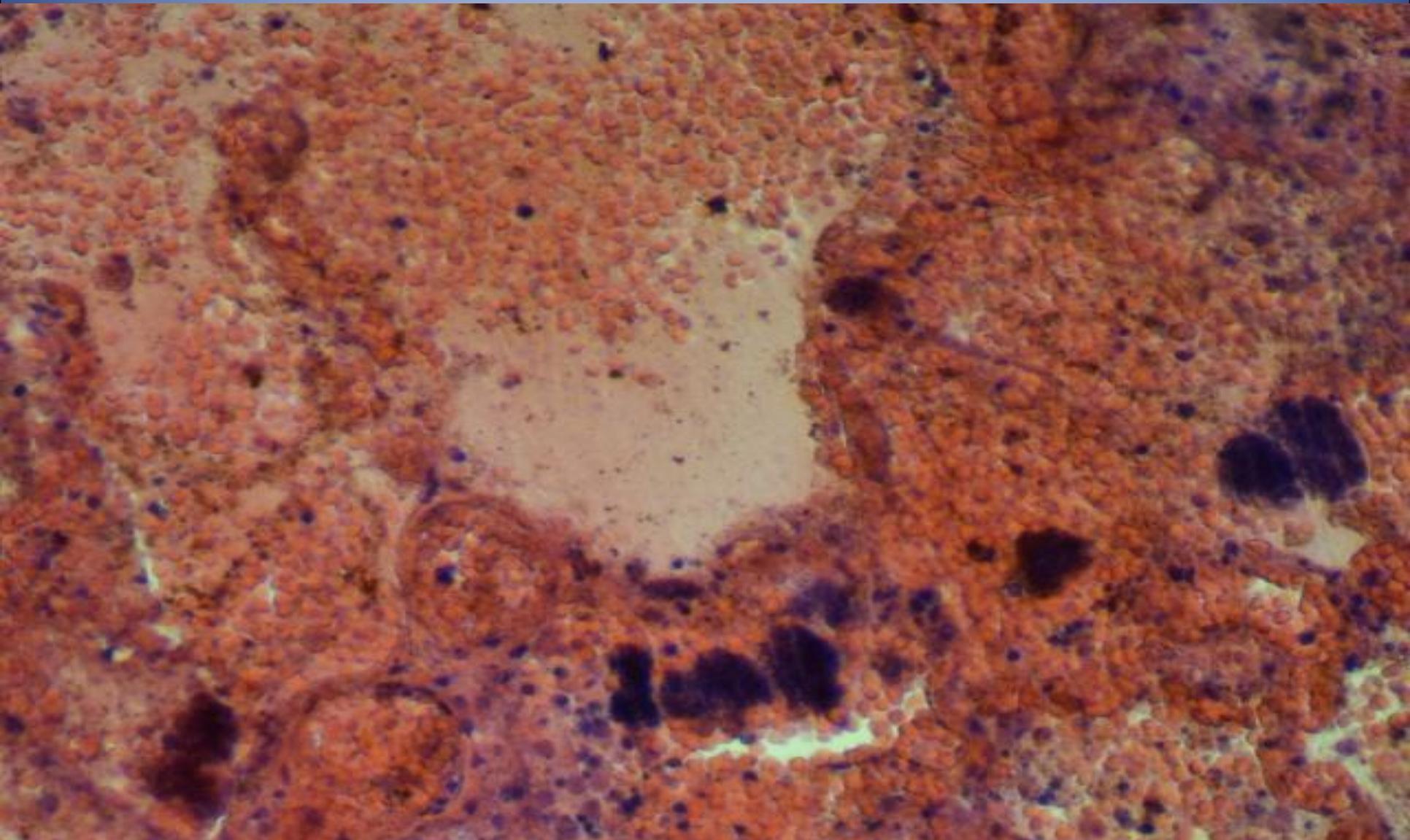
Вирусные включения при ОРВИ



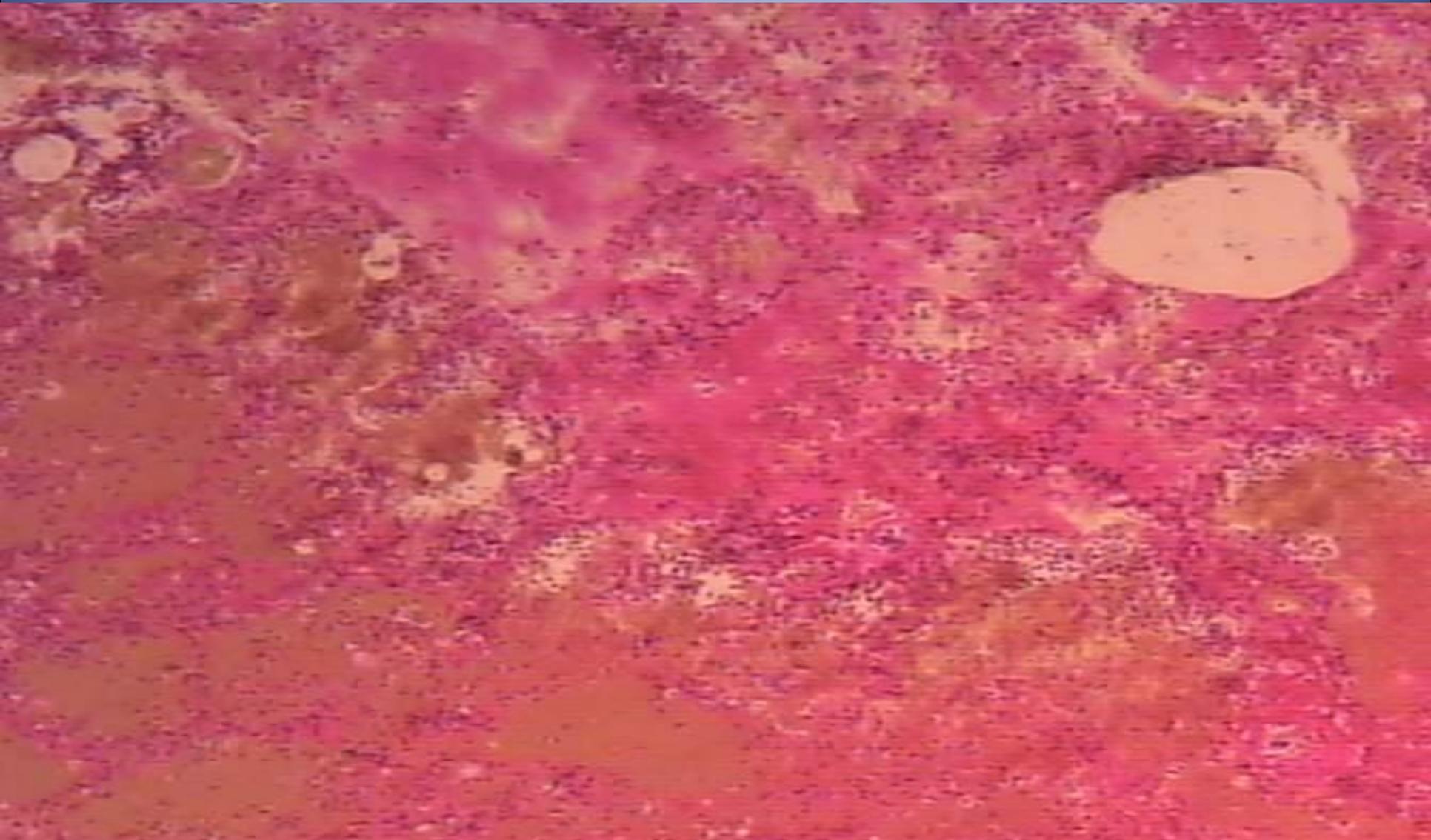
Геморрагическая пневмония при гриппе



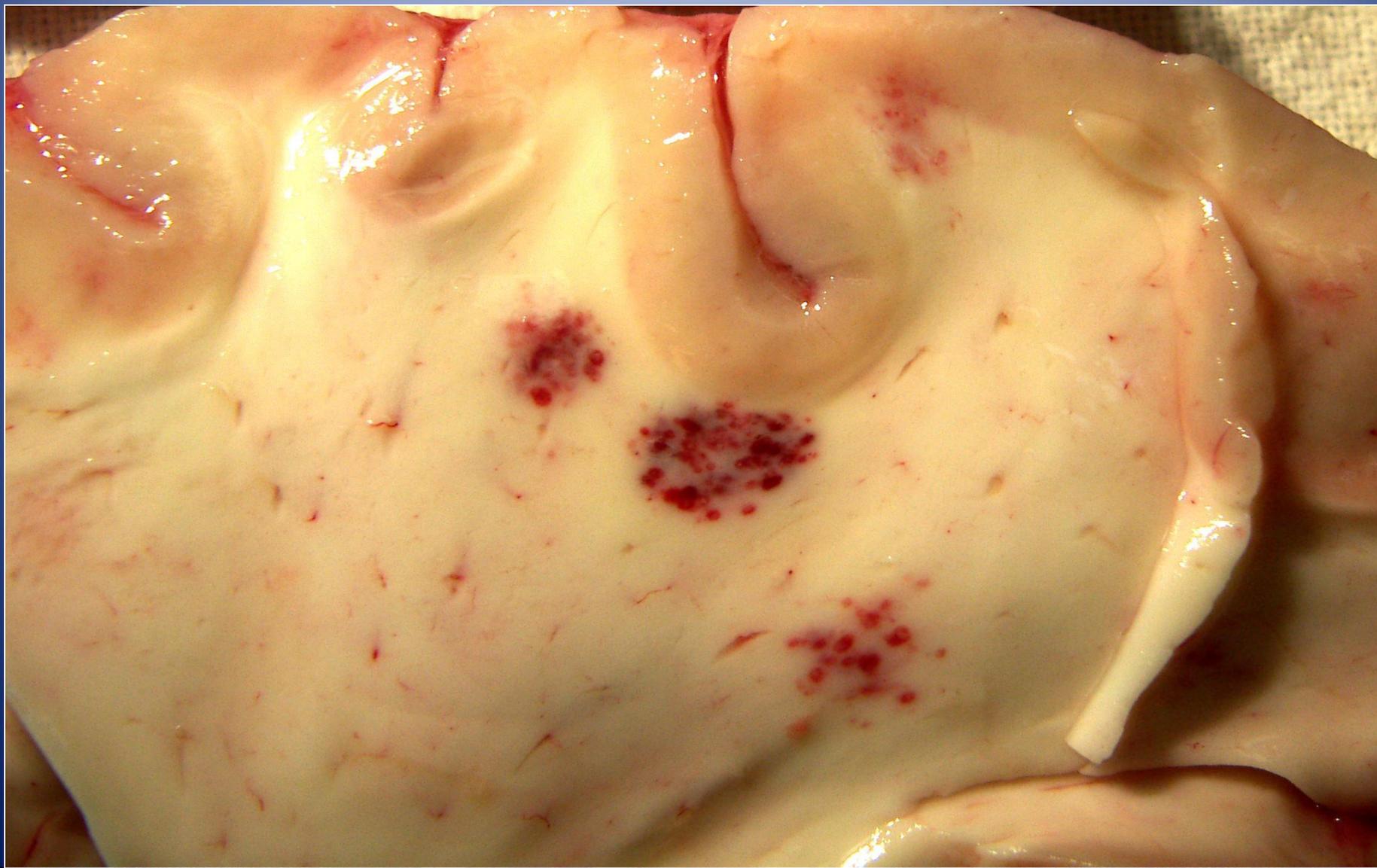
Геморрагическая пневмония при гриппе с микробными колониями



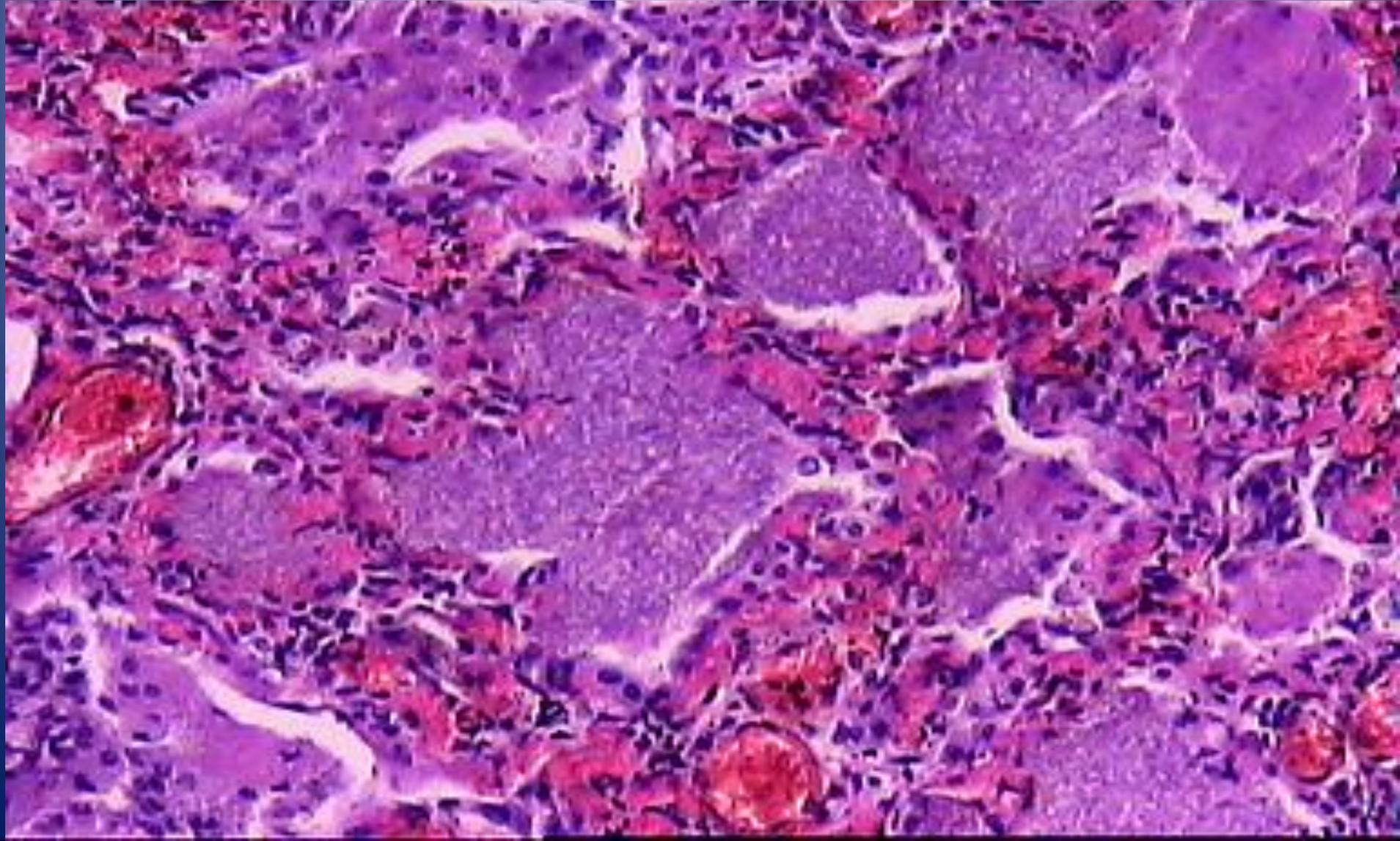
Пневмония при гриппе



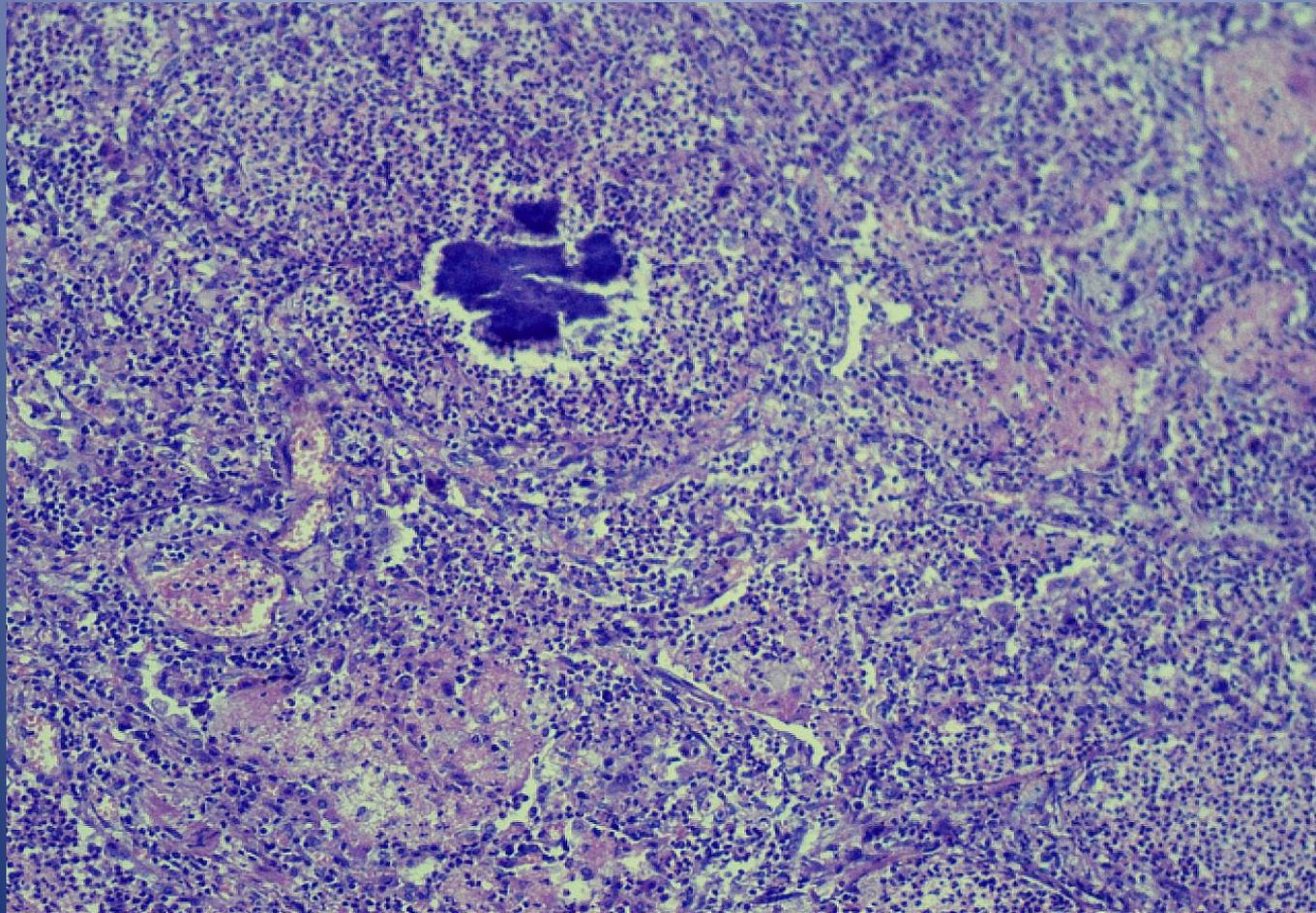
Геморрагический энцефалит при гриппе



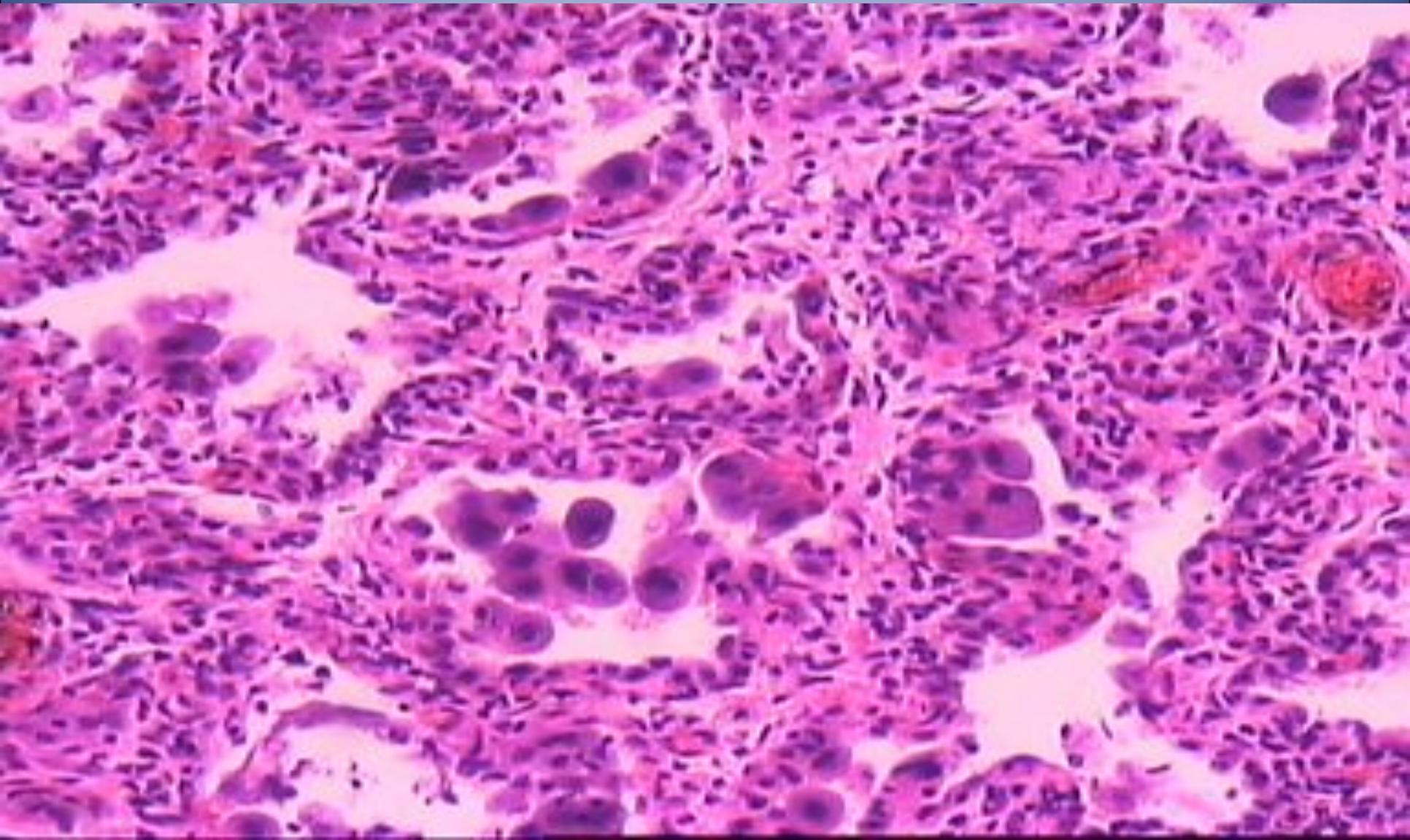
Пневмоцистная пневмония



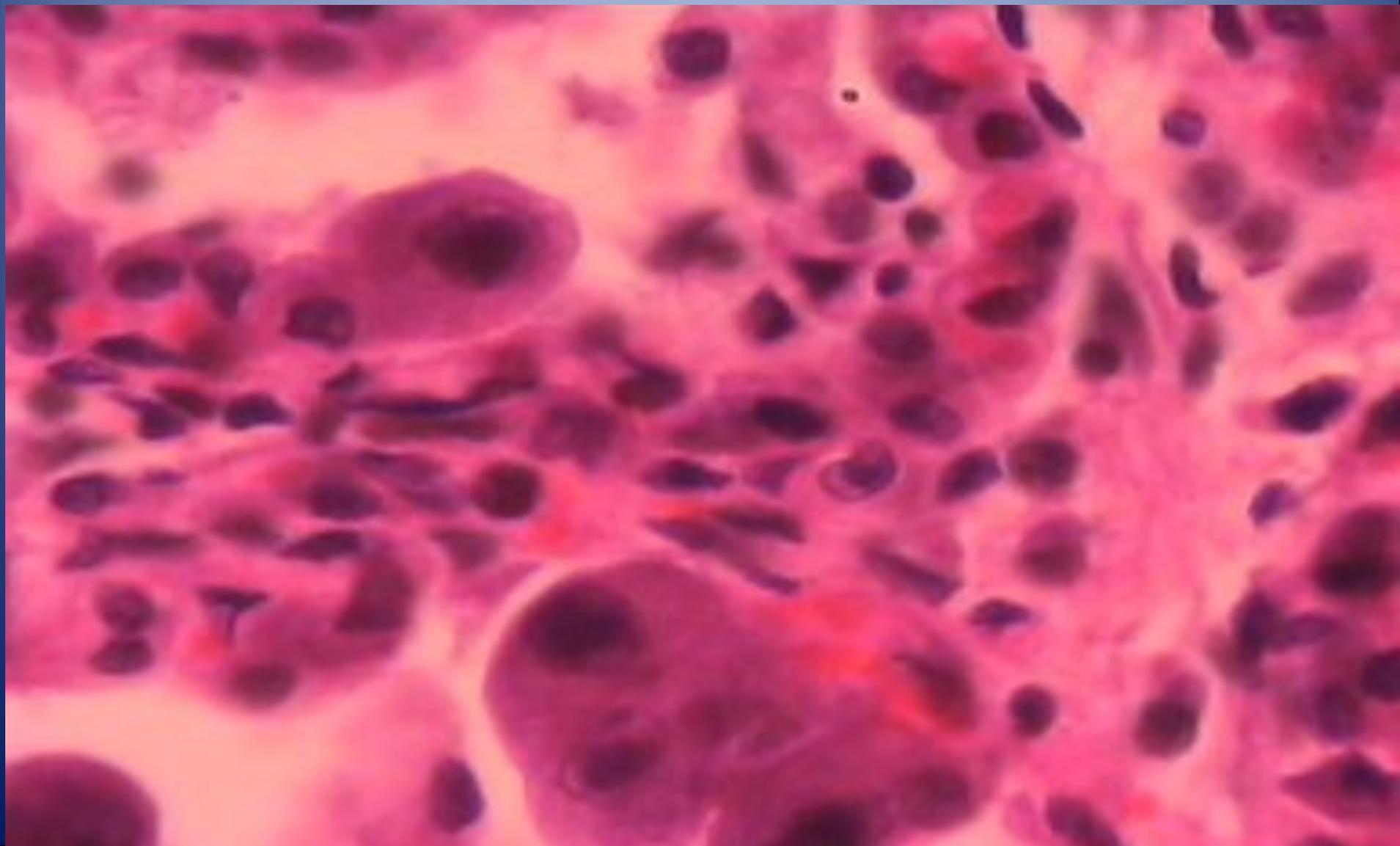
Пневмония, вызванная актиномицетом



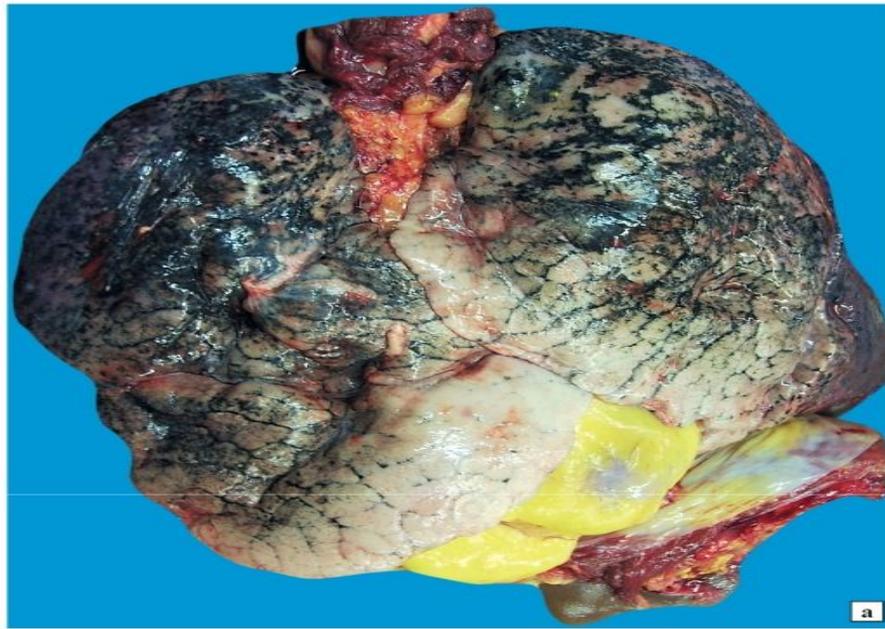
Интерстициальная цитомегаловирусная пневмония



Цитомегаловирусная пневмония



Эмфизема легких



Эмфизема легкого



Fig. 3.25

Fig. 3.25 Pan-acinar destructive emphysema – severe emphysema. M/76. The “substance” of the lung has been almost completely lost. When such lungs are removed from the body they are soft and can often be squeezed into a small ball. The pathology can be demonstrated by inflating the intact lung by running formalin into the main bronchus, allowing it to float in formalin for 48 hours for fixation, then slicing it with a long, sharp knife. As the lung is cut, the formalin runs out of the emphysematous spaces but the holey organ can be examined by immersing the slices in water, as was done for this photograph.



Fig. 3.26

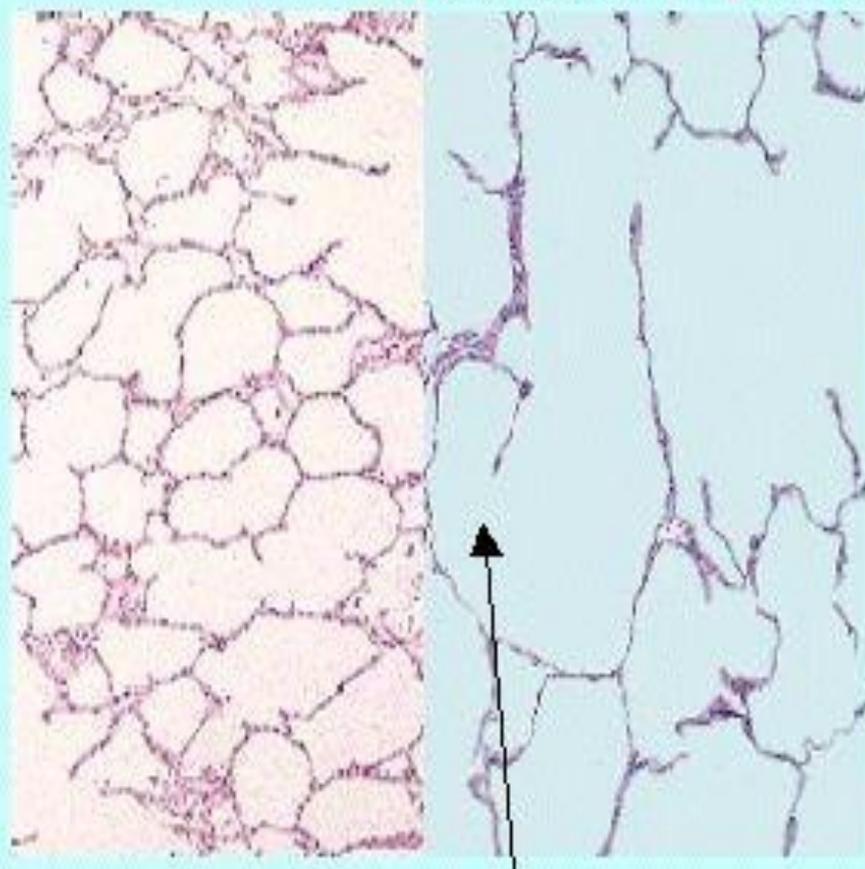
Fig. 3.26 Centrilobular destructive emphysema – mild emphysema. M/70. The respiratory bronchioles and some of the alveolar ducts in the middle of the pulmonary lobules are destroyed. This results in holes being formed – emphysematous spaces. These areas are black because of the accumulation of carbon pigment in the peribronchial lymphatics.



Fig. 3.27

Fig. 3.27 Chronic bronchitis. M/69. This man had suffered from chronic obstructive airways disease for many years. Death was due to plugging of his respiratory passages by thick, tenacious mucus, shown filling the left main bronchus. The lung itself showed minimal emphysema.

Изменения при эмфиземе легких



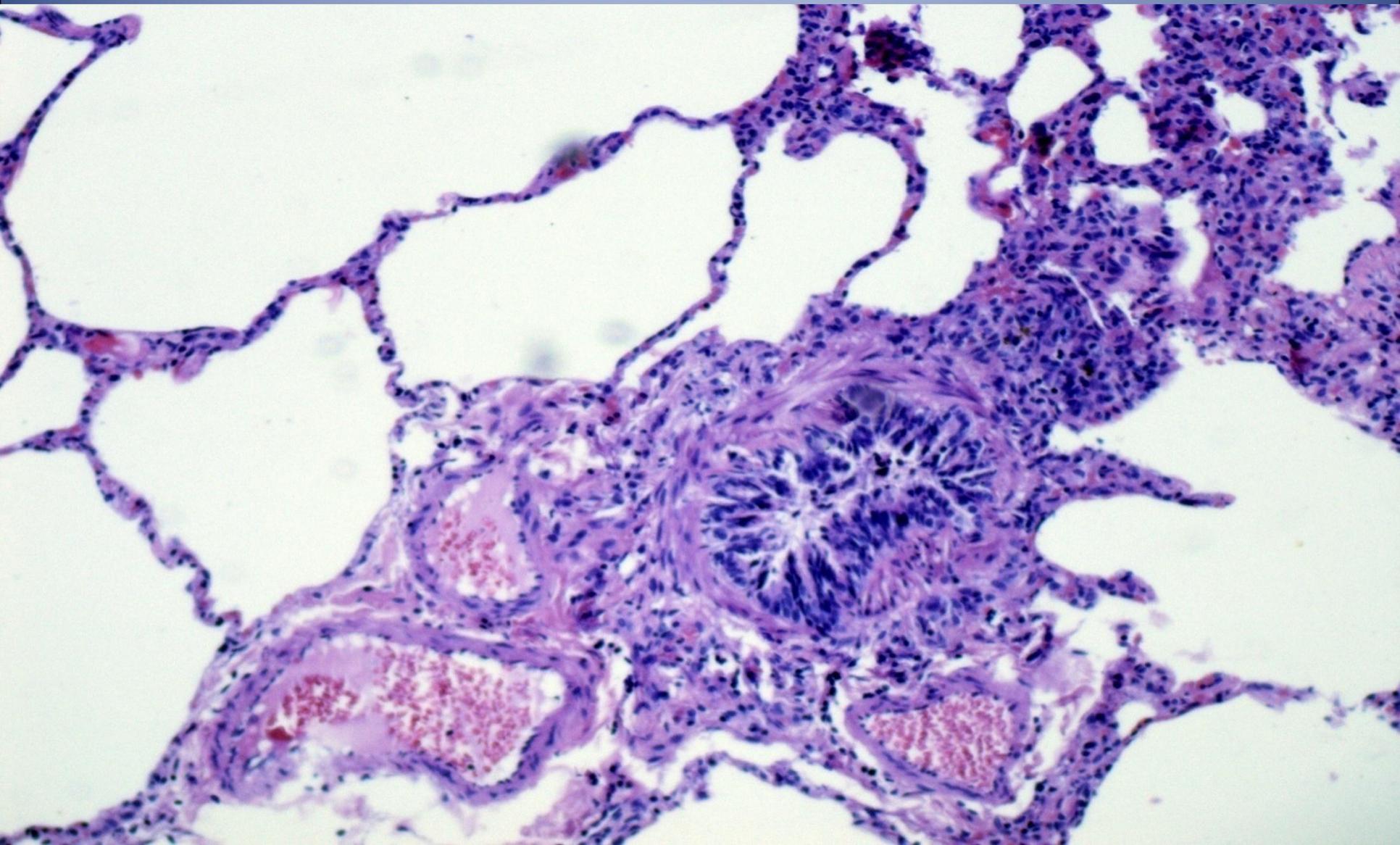
нормальное
легкое

расширение входов
в альвеолы, истончение,
укорочение и склероз
перегородок
(панацинарная эмфизема)

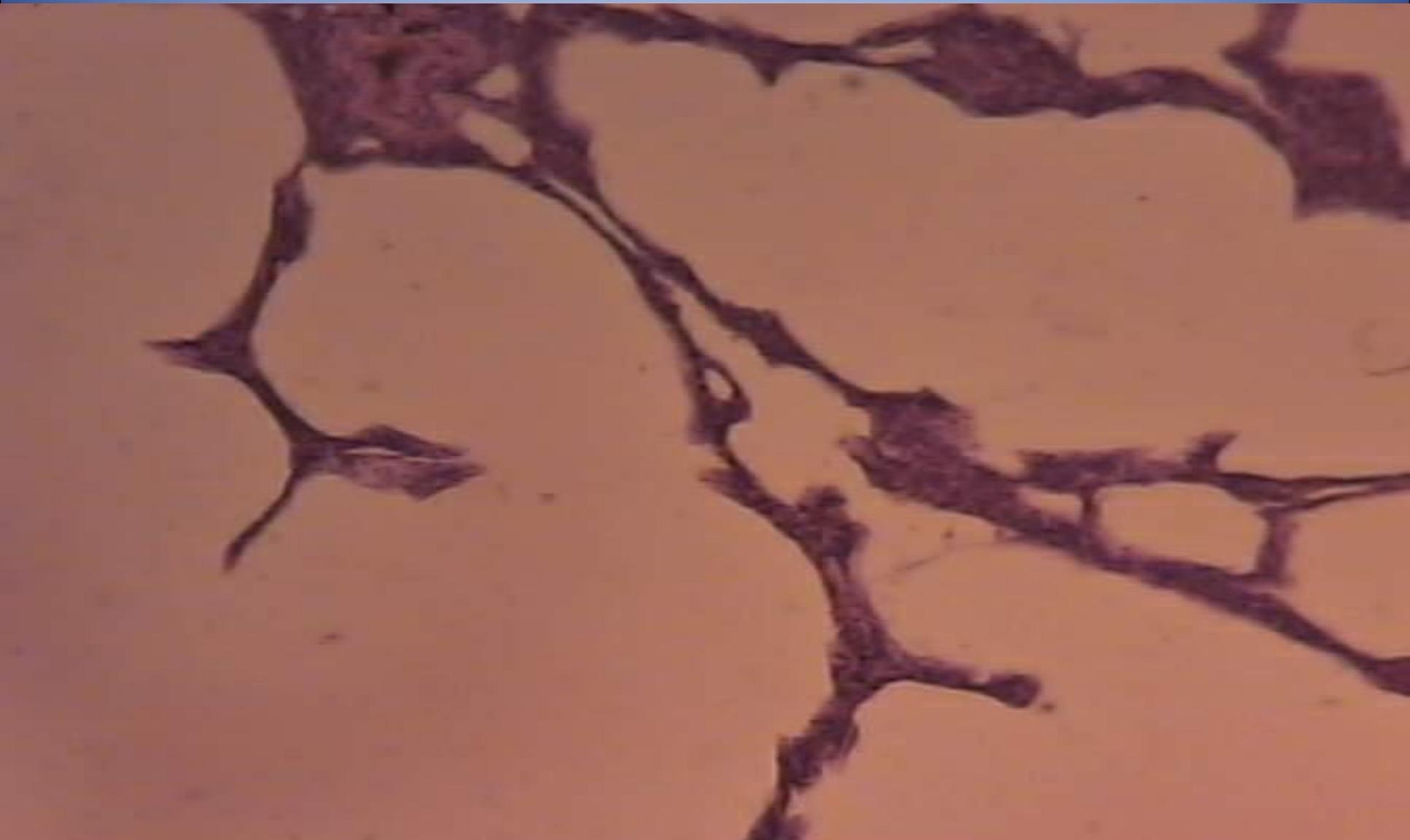


варианты буллезной эмфиземы

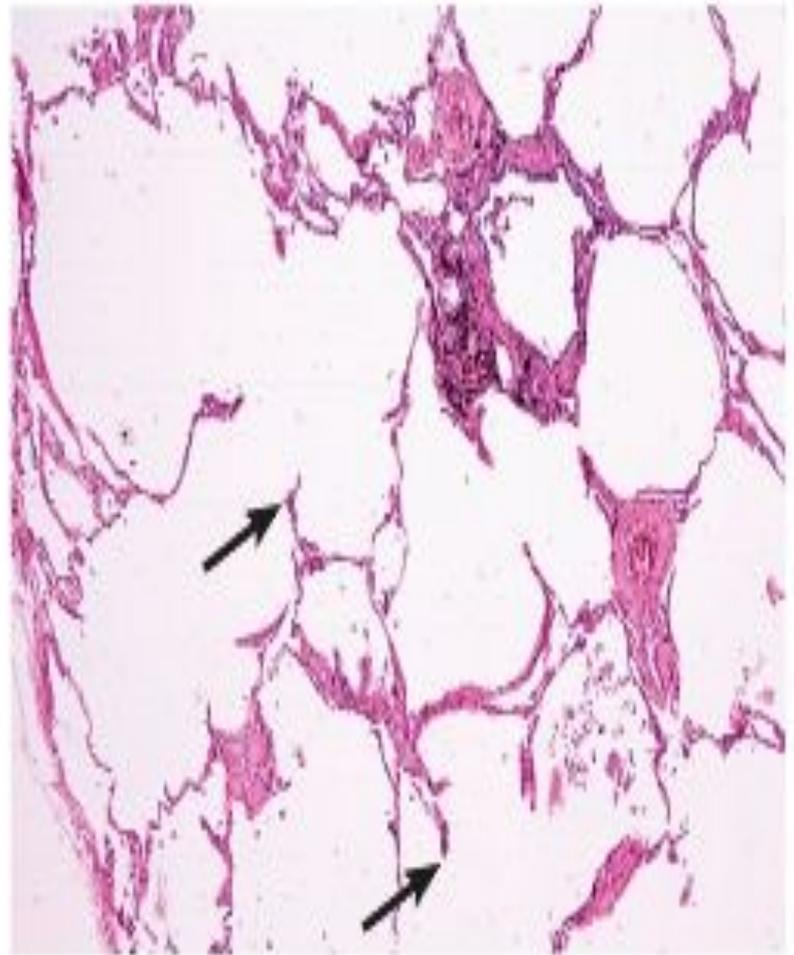
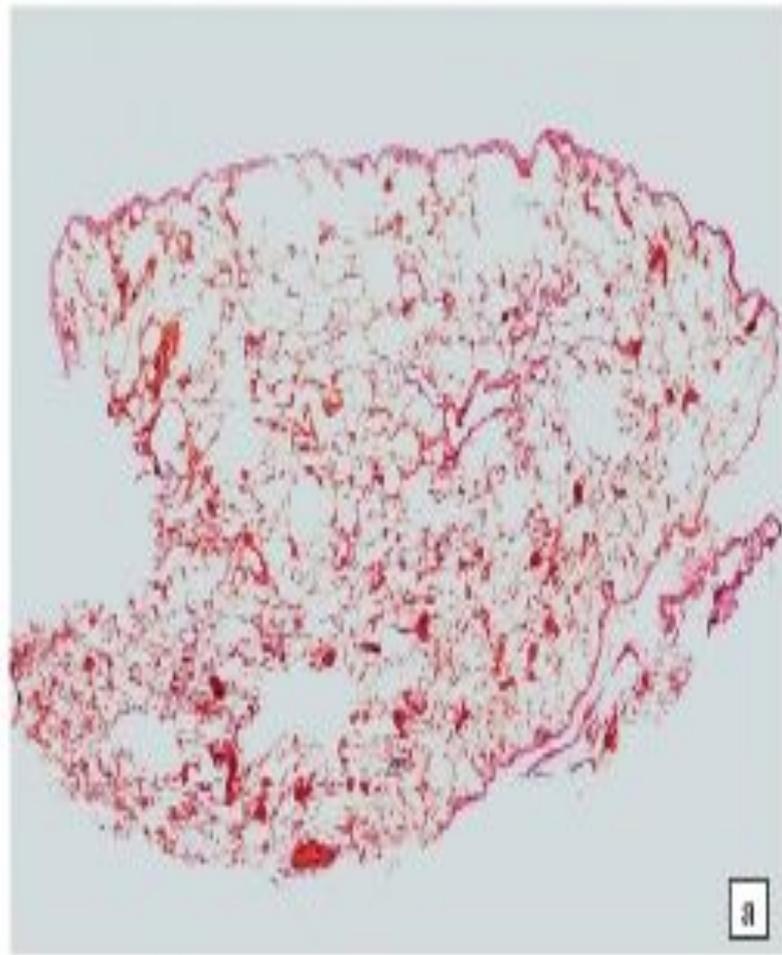
Хроническая обструктивная эмфизема легких



Эмфизема легких



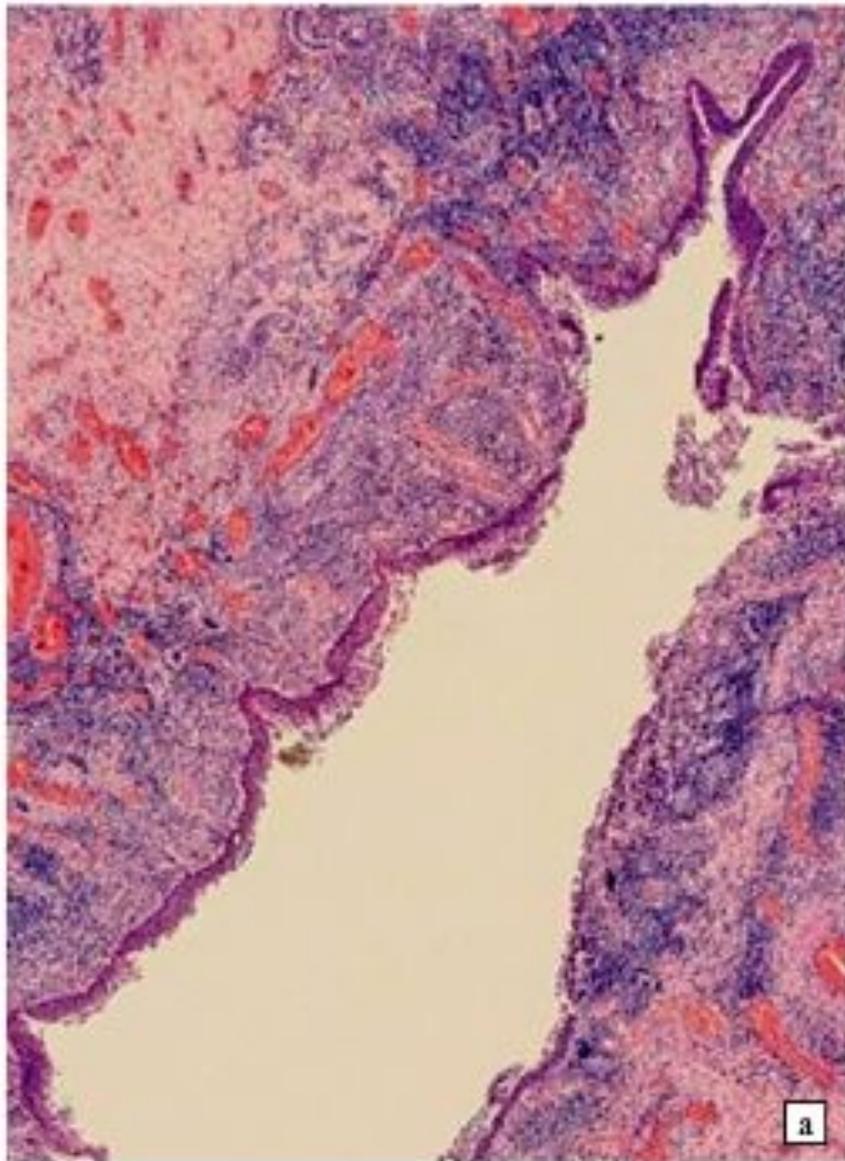
Эмфизема легких



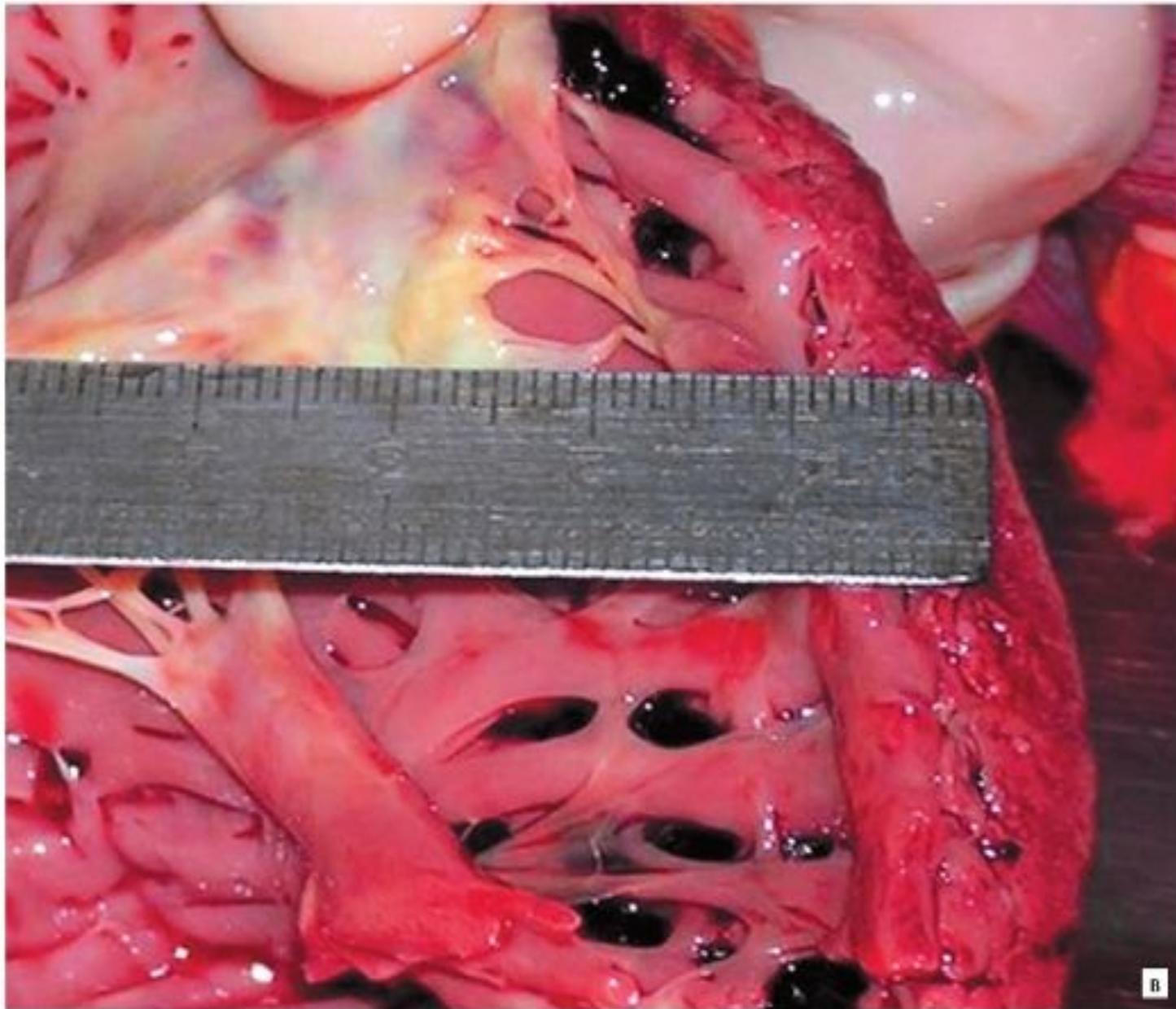
Бронхоэктазы (а) и пневмосклероз(б)



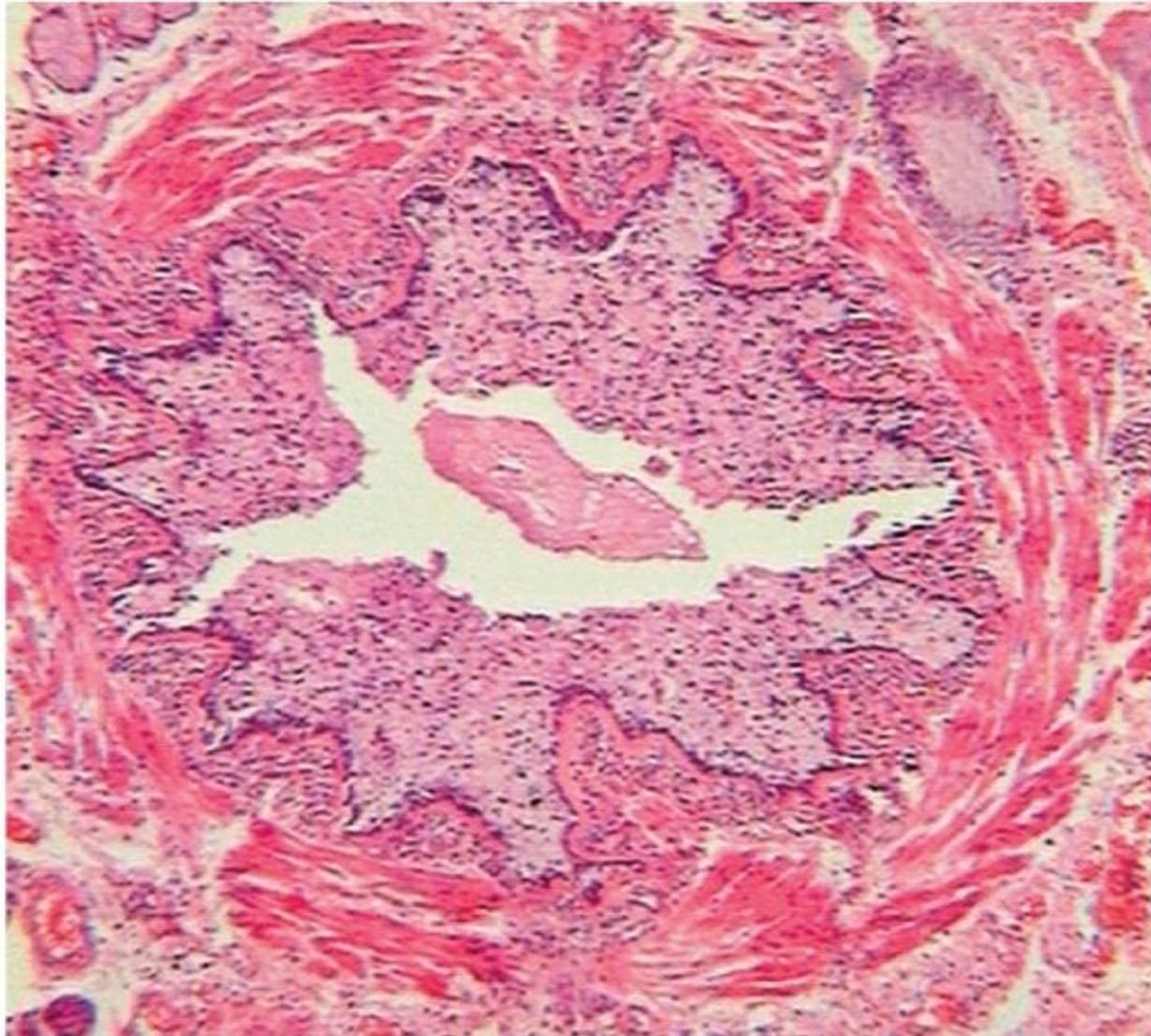
Микрокартина бронхоэктазов



Гипертрофия правого желудочка «легочное сердце»



Микрокартина при бронхиальной астме



Силикотический узелок

