

Pleural pathology

Effusions

- **Accumulation of interstitial fluid or exudate in the pleural cavity**

Pathogenetic mechanisms :

- Increase of hydrostatic pressure
- Increase of vascular permeability
- Reduction of oncotic pressure
- Increase of negative intrapleural pressure (atelectasia)
- Reduction of lymphatic drainage

Pleural pathology

Effusions

■ *Denominations:*

- hydrothorax (non inflammatory)
 - *Heart failure*
 - *Kidney failure*
 - *Liver cirrhosis*
 - *Meigs' syndrome (ascites + ovarian fibroma)*
- pyothorax – empyema
- Chylothorax (lymph)
- Haemothorax (blood)

Pleural pathology

Pleuritis

■ *Topography*

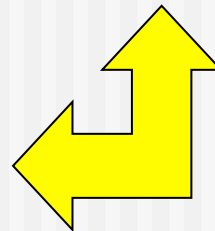
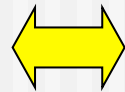
- Mono/bilateral
- Circumscribed/diffuse

■ *Exudate features:*

- serous
- sero-fibrinous
- fibrinous
- suppurative
- gangrenous
- haemorrhagic

■ *Course:*

- acute
- subacute
- cronic



Pleural pathology

Pleuritis

■ *Etiology:*

- viral (Coxsackiae)
- bacterial (Cocchi, b. Koch)
- fungal (Candida, Actinomycetes)
- collagenopathic (A.R., LES)
- toxic (uremia)
- neoplastic

Pleural pathology

Pleurisy

- Pathogenetic mechanisms:
 - primitive
 - secondary
 - para/metapneumonic
 - haematogenous
 - lymphogenous
 - post-traumatic

Pleural pathology

Pleurisy

- Anatomical and pathologic features:
 - Surface clouding
 - Reduction of the reticulated pattern of the lung
 - Stratification of the exudate
 - laciniae / plaques / synechia
 - *Deposition of the exudate in slope regions*
- *Evolution:*
 - Sack-like pleurisy
 - Fibrothorax

Pleural pathology

Neoplasms

- Secondary (more frequent)
 - Lung
 - Breast
 - Lymphoma
 - Liver
 - Stomach
- Primary
 - Solitary fibrous tumour (benign) (CD34+)
 - Mesothelioma (asbesto-related, malignant)
 - Monophasic = sarcoma-like (Calretinin, WT1)
 - Biphasic = adenocarcinoma-like + sarcomatous component