# 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 (Coxachiae)
  - bacterical (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 / synechiae
  - *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