

PATOLOGIA PULMONAR

DRA. MONICA ADRIANA CARRERA

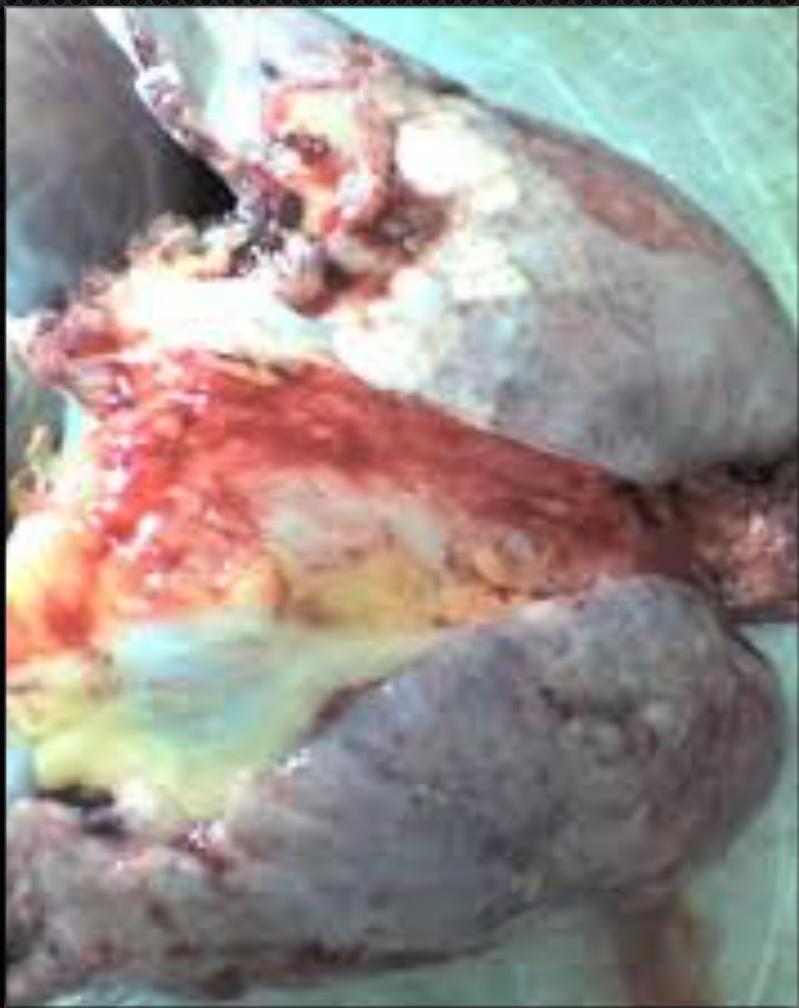
NEUMONIAS CON CARACTERÍSTICAS MORFOLOGICAS ESPECIALES

- STY AUREUS
- KLEBISSELLA
- PSEUDOMONA
- ACTINOMICOSIS
- NOCARDIOSIS
- ENF. LEGIONARIOS



ESTAFILLOCOCCO AUREUS

- Bronquios, bronquiolos
- Amarillenta peribronquiolar
- Abscesos
- Membranas hialinas



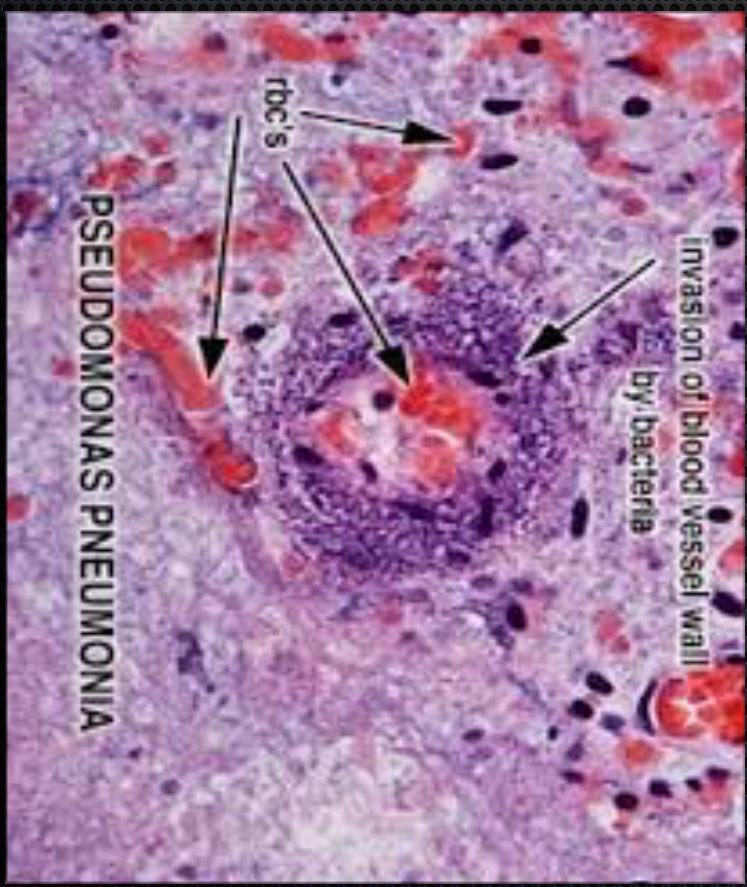
Klebsiella pneumoniae

- Exudado muy viscoso
- Linfoplasmocítico
- Fase tardía tejido de granulación
- Fibrosis en fase tardía



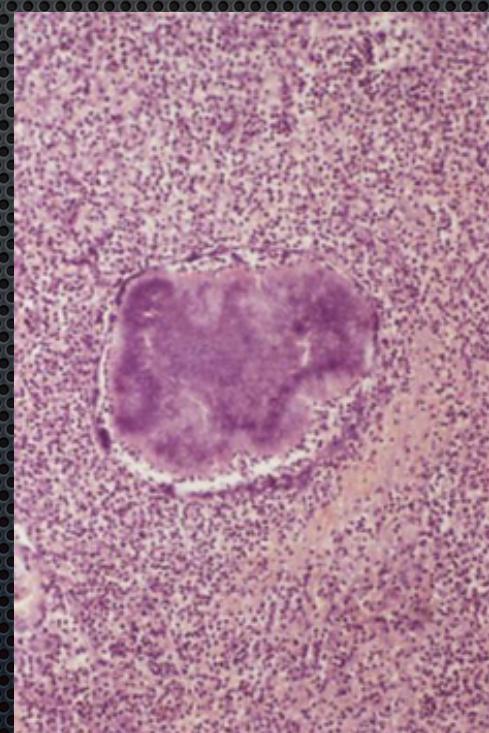
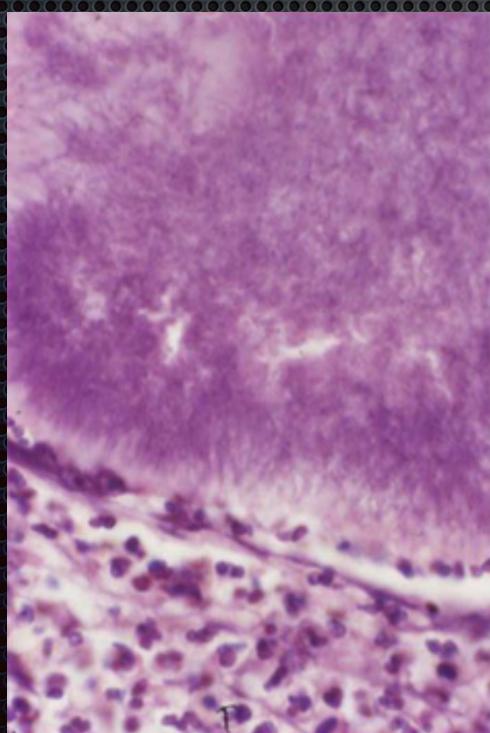
Pseudomonas aeruginosa

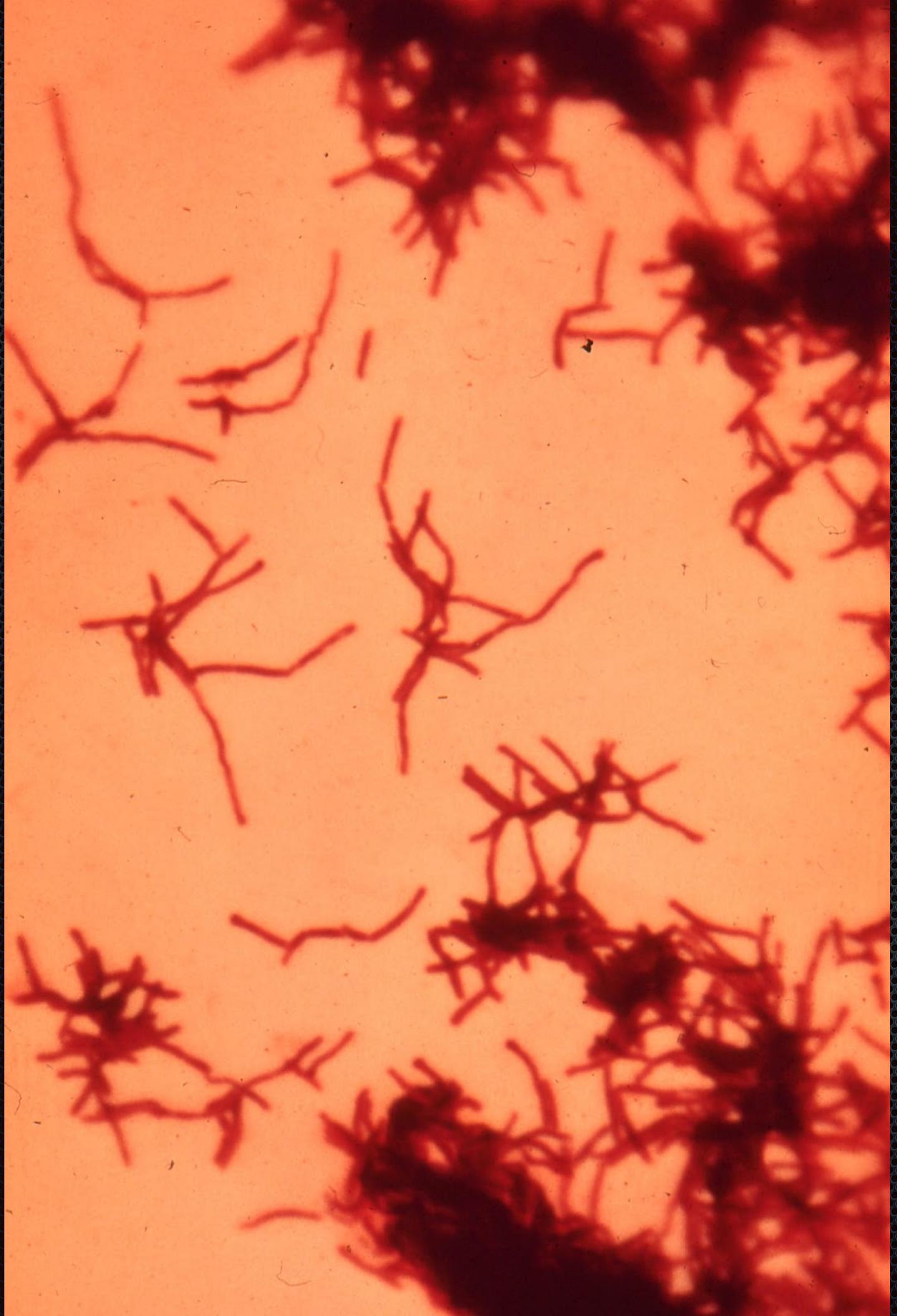
- Vasos sanguíneos
- Necrosis basófila
- Necrosis y hemorragia del parénquima



Actinomicosis

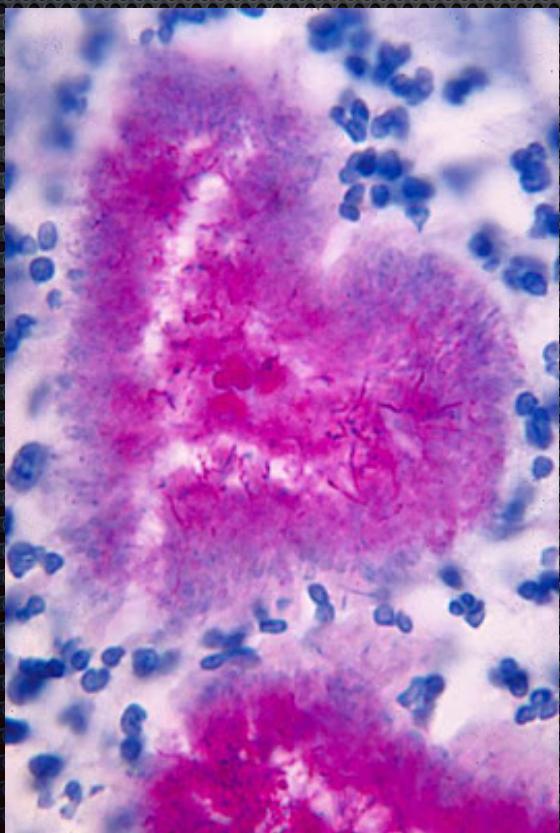
- Bacteria anaerobia
- Hifas gram+ positivas
- Simula cualquiera
- Neumonía
- Absceso
- Empiema





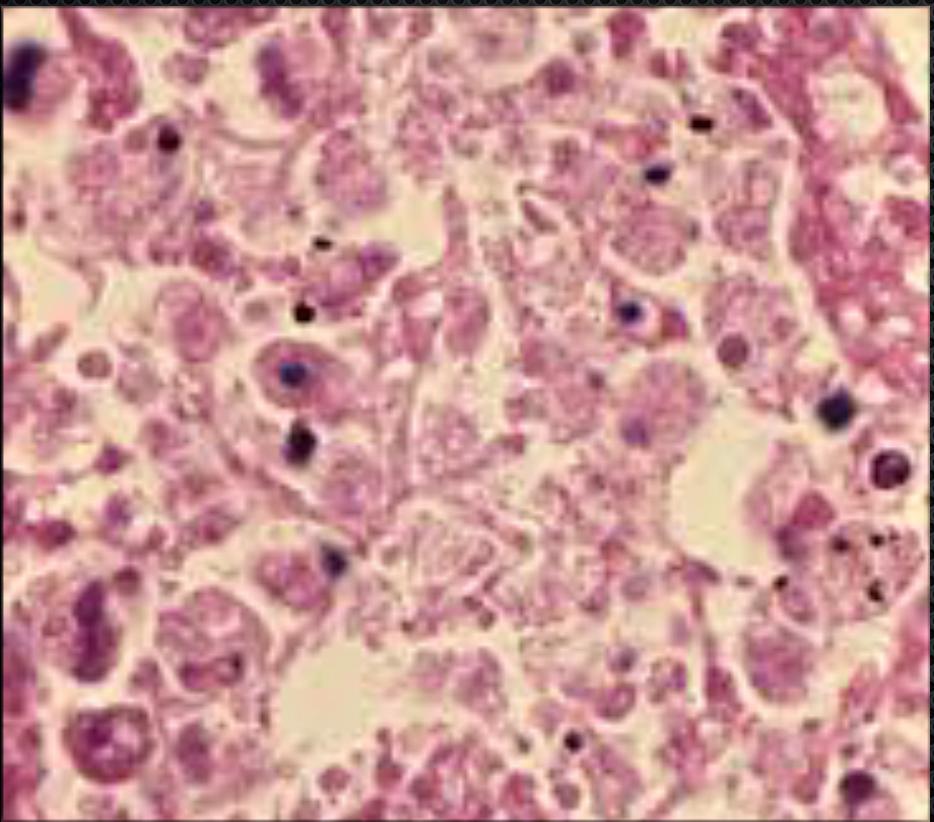
Nocardiosis

- Aerobio filamentoso
- 60% afeción pulmonar
- Gram positivo
- Fite Faraco
- Supurativa



Legionella pneumophila

- Bacilo gram negativo flagelado
- Exudado proteinaceo, leucocitos, macrófagos

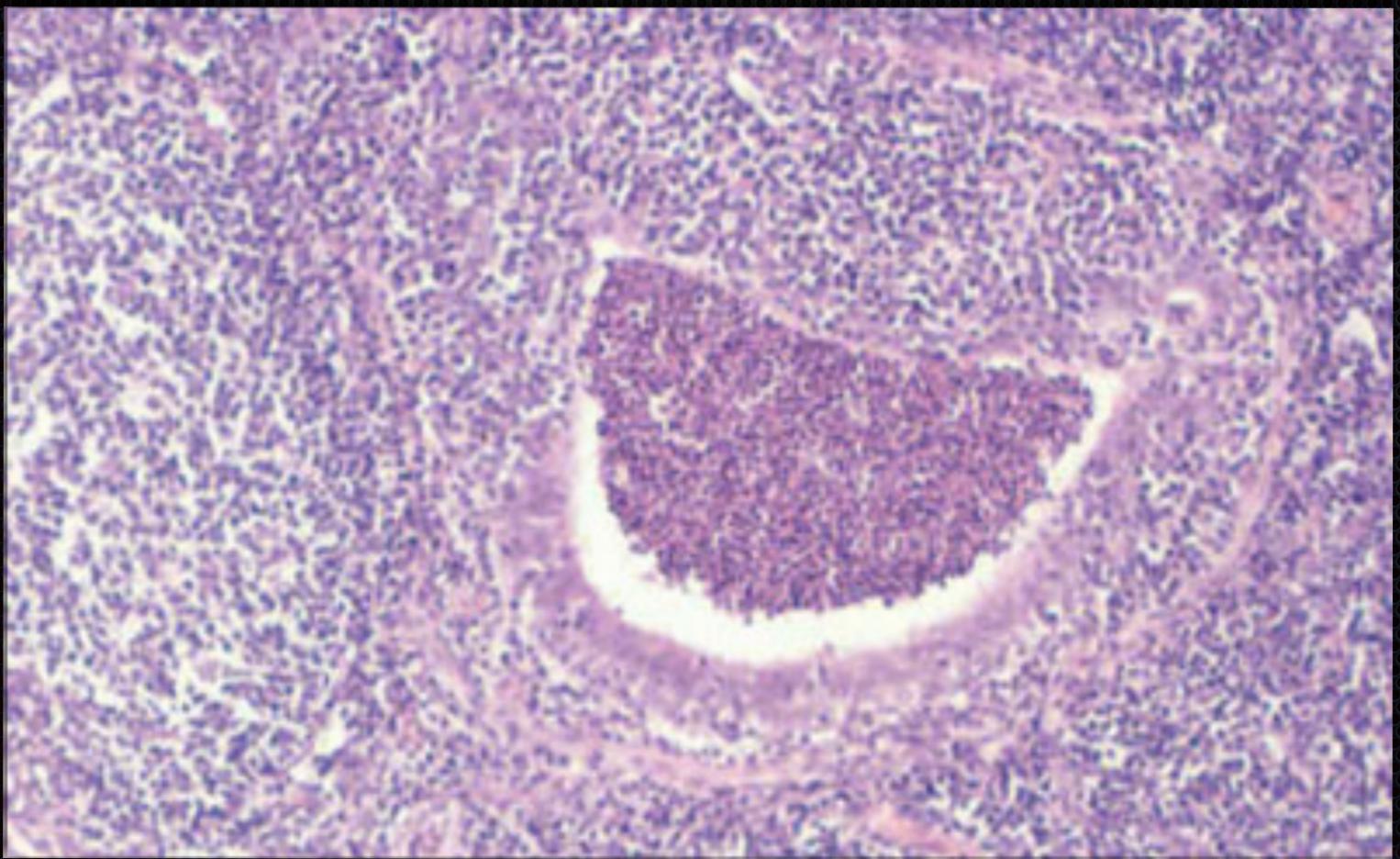


NEUMONIAS ATÍPICAS

- Micoplasmas
- Virales
 - Sd. pulmonar por Hantavirus
 - Influenza

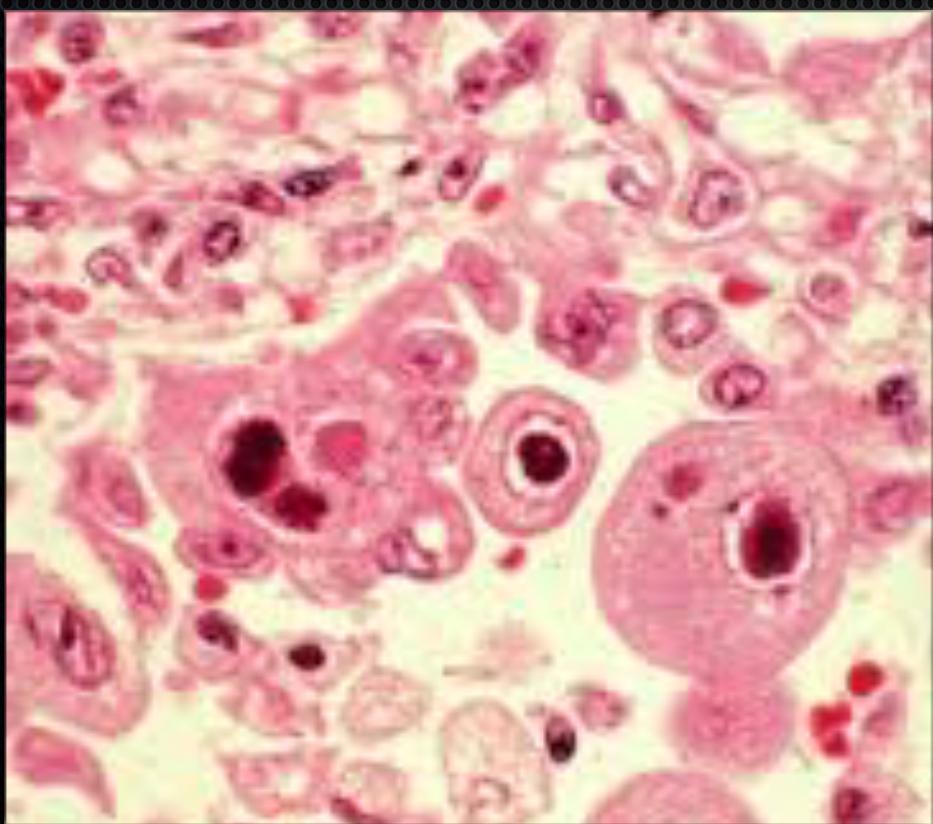
Micoplasma

- Agente Eaton
- Adhesiva P1
- Poco mortal
- Inmovilidad ciliar
- Necrosis y desprendimiento broncociliar



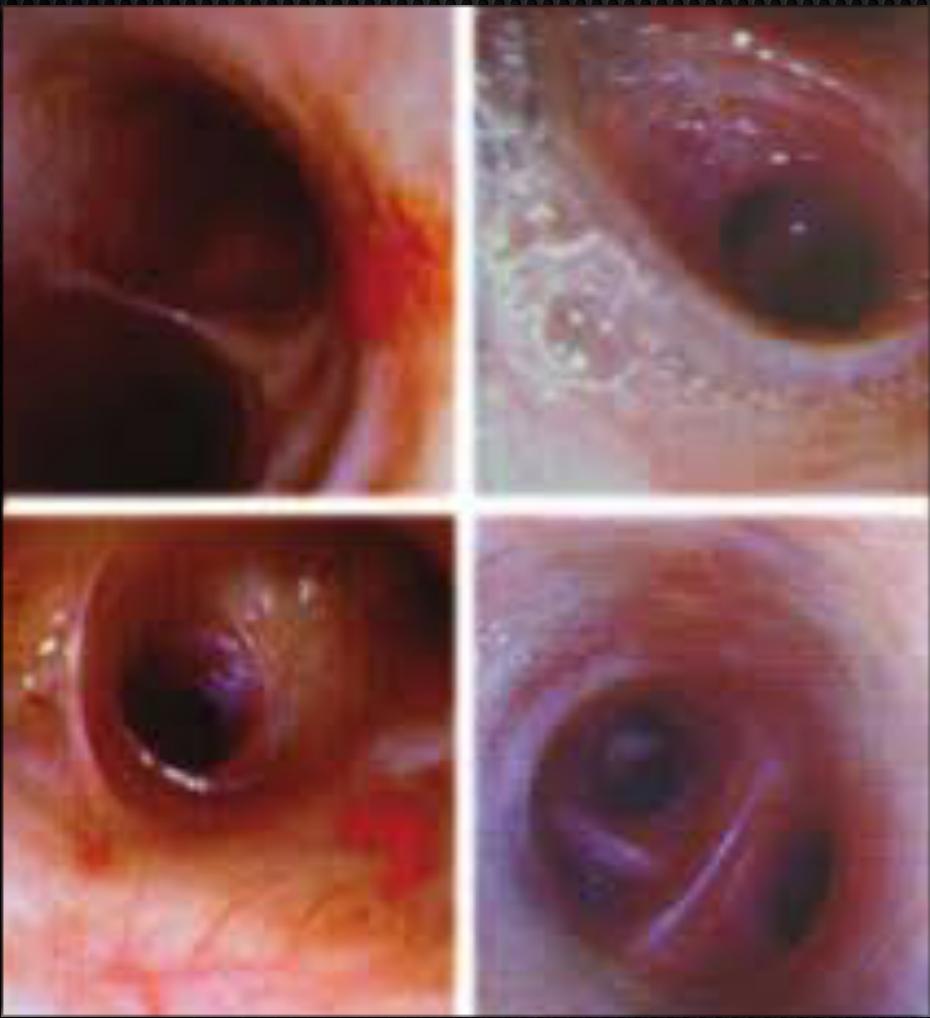
Virales

- Aguda: necrosis parcial o total de epitelio bronquial
- Neumocito tipo II
- Infiltrado linfoplasmocitario
- Intersticial
- Algunas especiales: Células de Warthin-Finkeldey
- Inclusiones virales



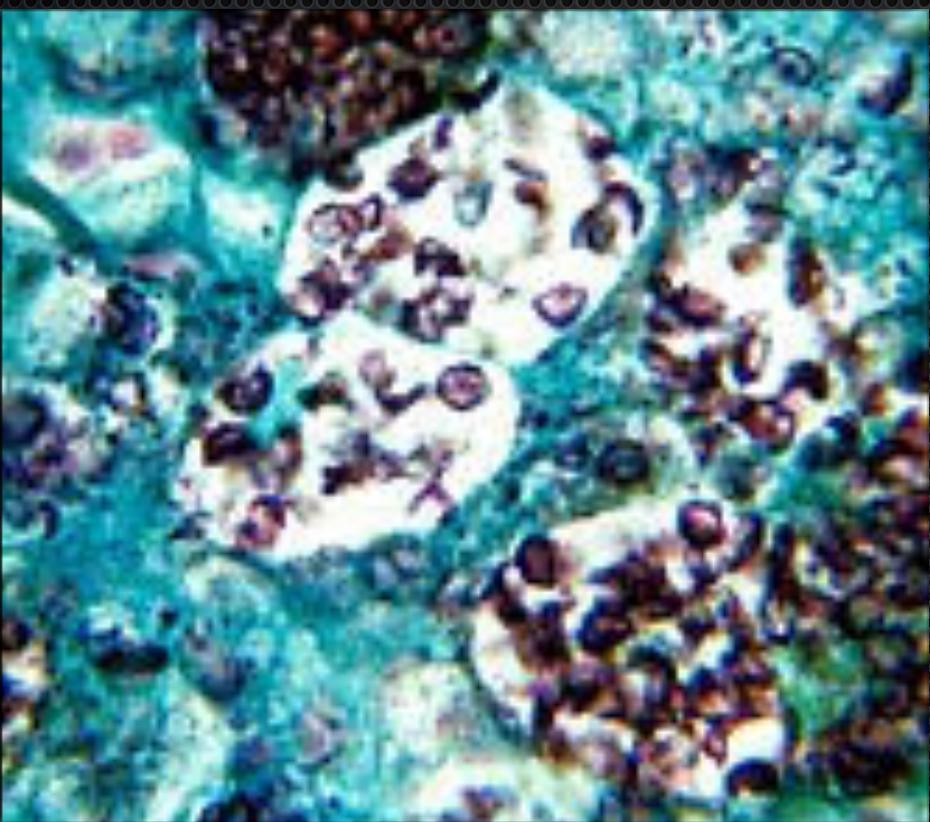
Neumonía por influenza

- Coexistencia de cambios
- Imagen de daño alveolar difuso
- Traqueobronquitis necrosante
- Bronquitis o bronquiolitis



MICOSIS PULMONARES

- HISTOPLASMOSIS
 - Aguda
 - Diseminada
- Pulmonar Crónica



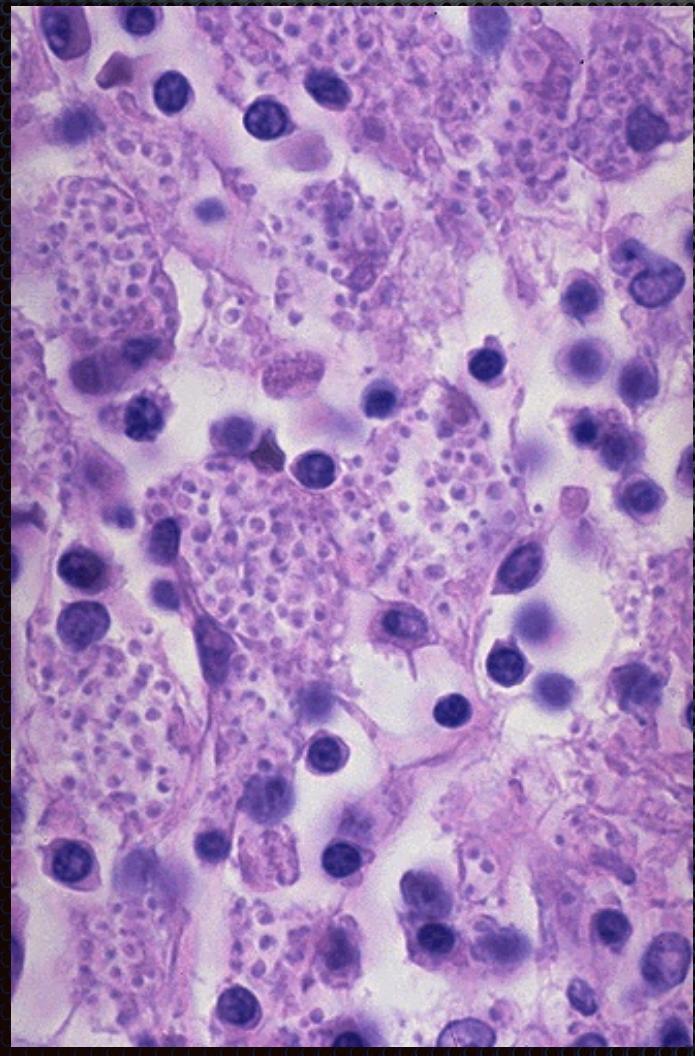
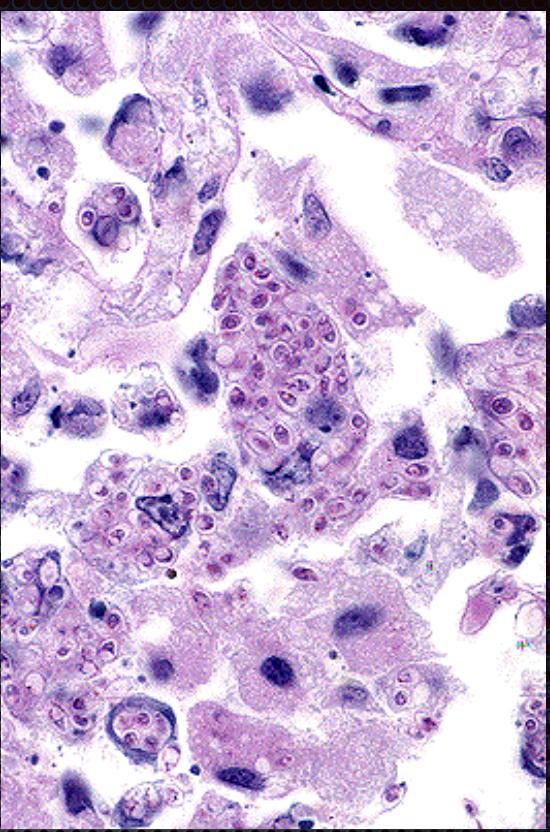
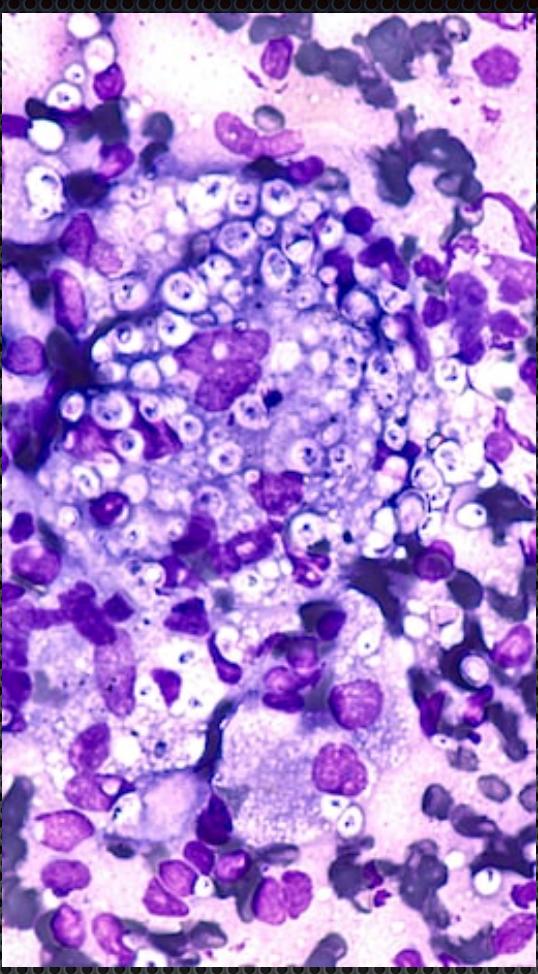
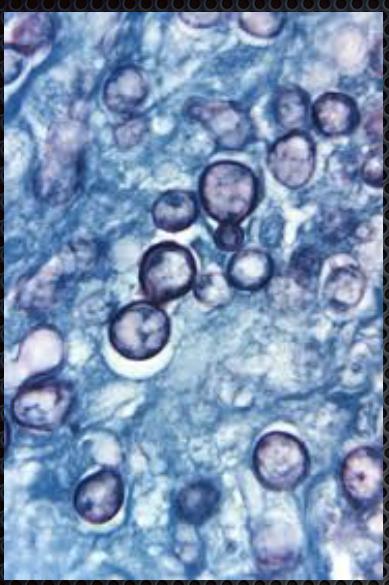
MICOSIS PULMONARES

- AGUDA
- basal
- crecimiento hilar
- escaso derrame
- DISEMINADA
- Intersticial
- Escasa respuesta a la infección
- Adenomegalia, hepatosplenomegalia

- CRONICA

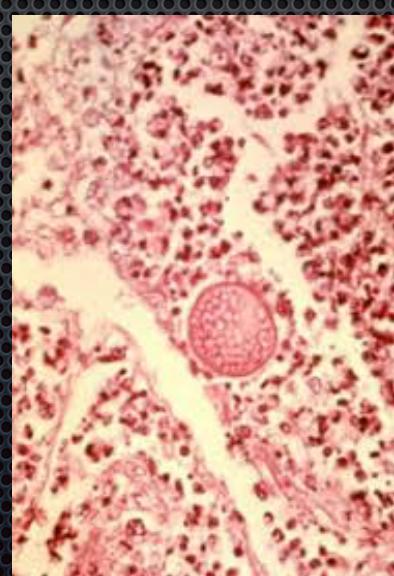
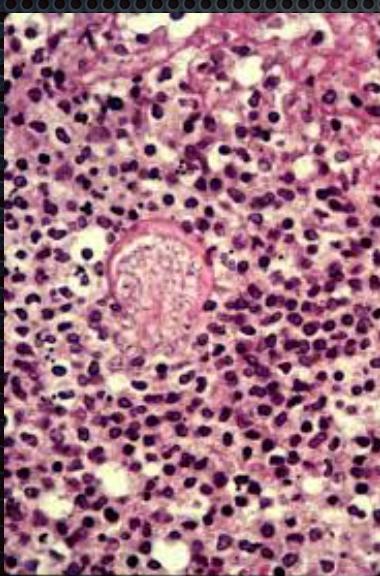
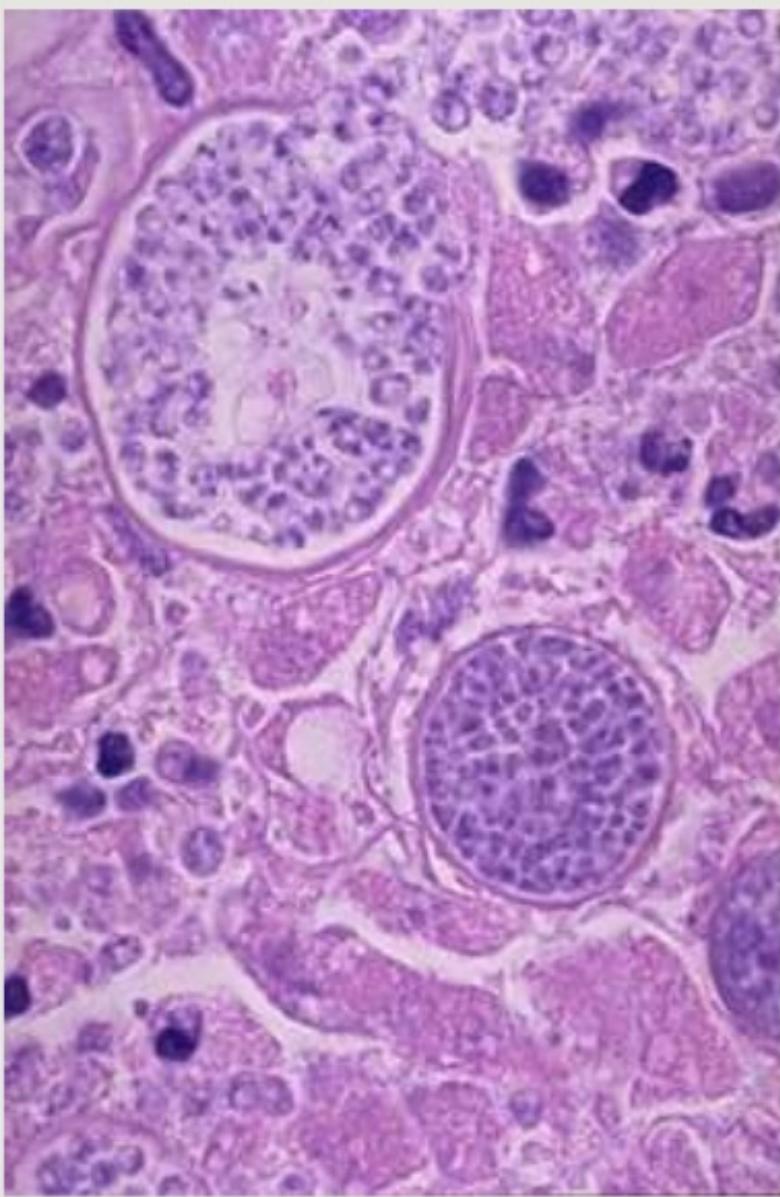
- Temprana

- Cavitaria



Coccidioidomycosis

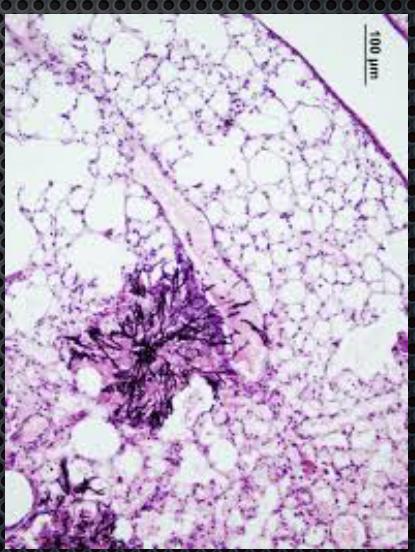
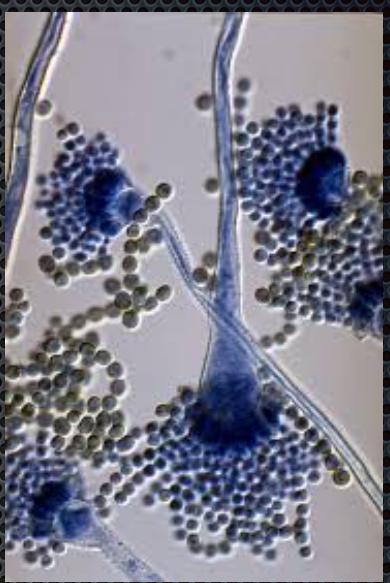
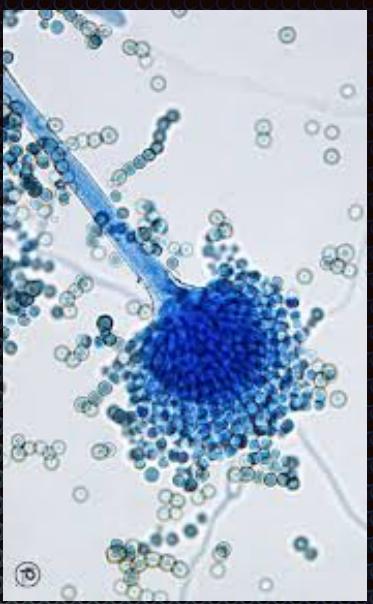
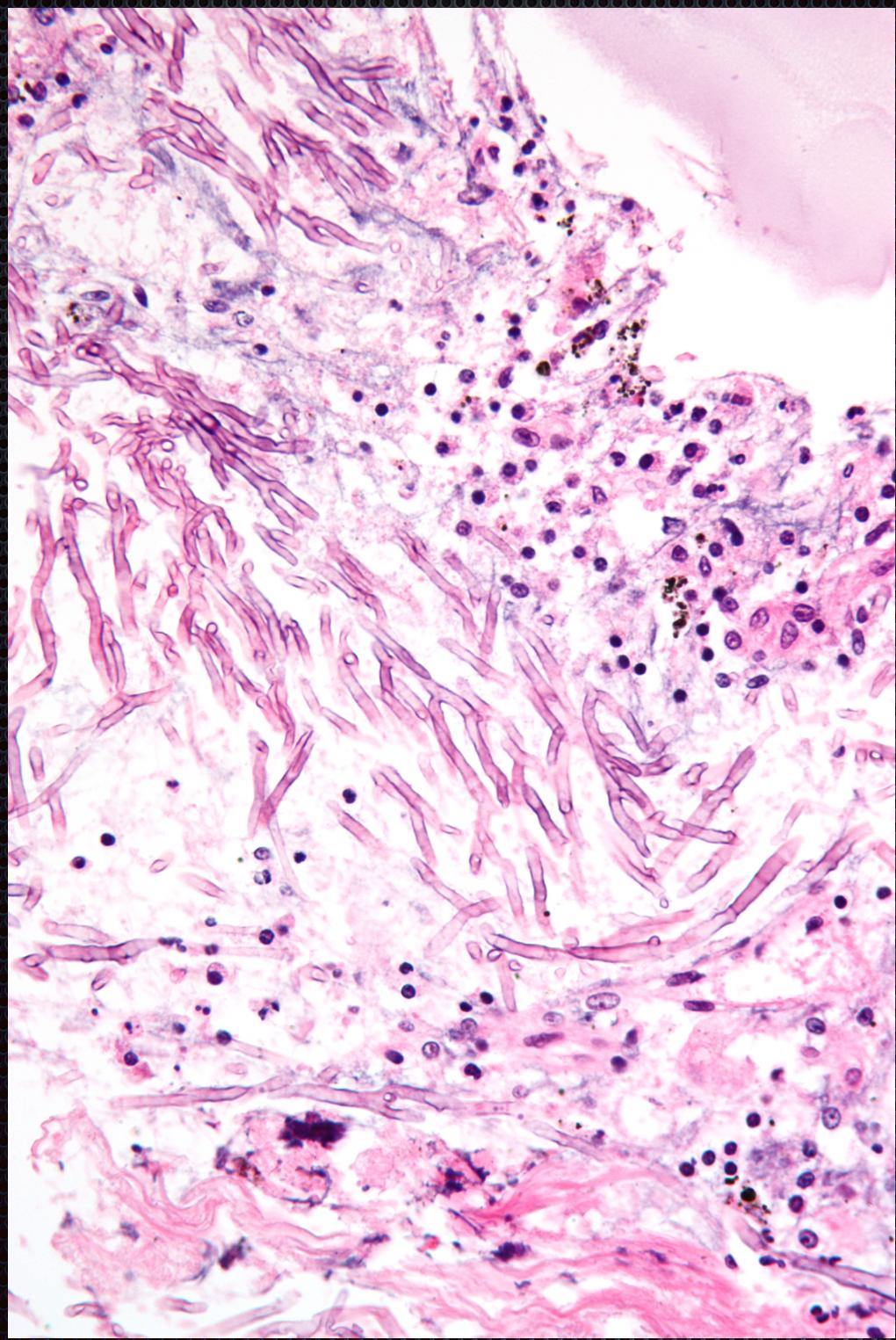
- Granulomas con necrosis



Aspergillosis

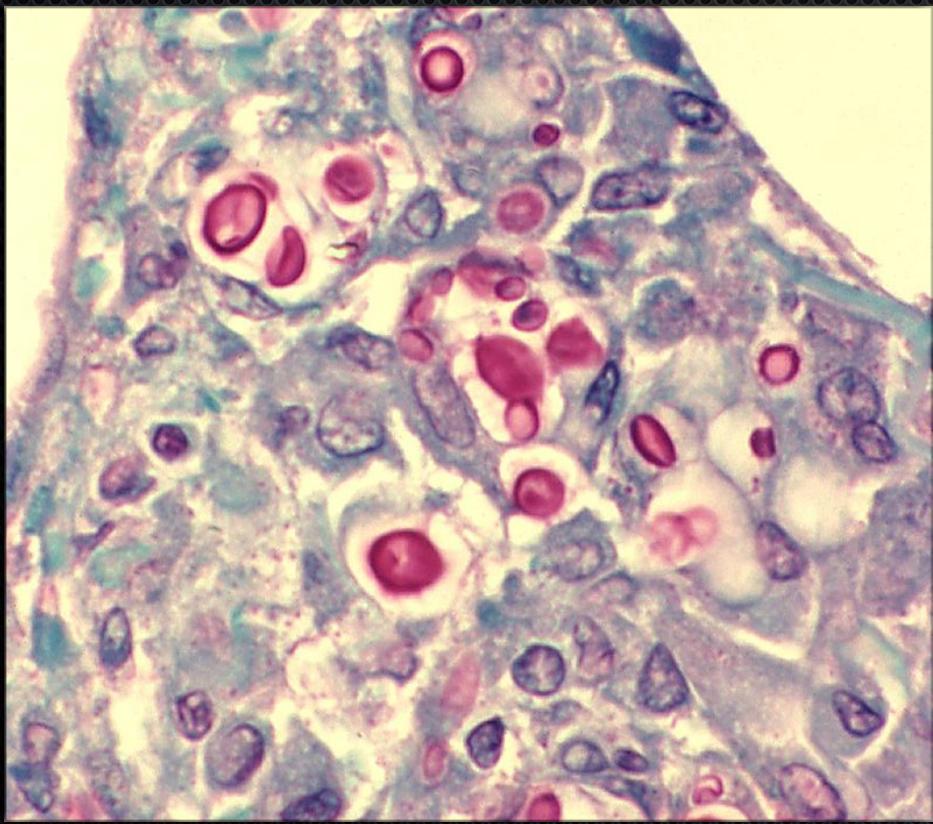
- Asocia cuadro clínico a asma
- Impacto de moco con neumonía eosinofílica
- Aspergiloma
- Invasión vascular con trombos secundarios

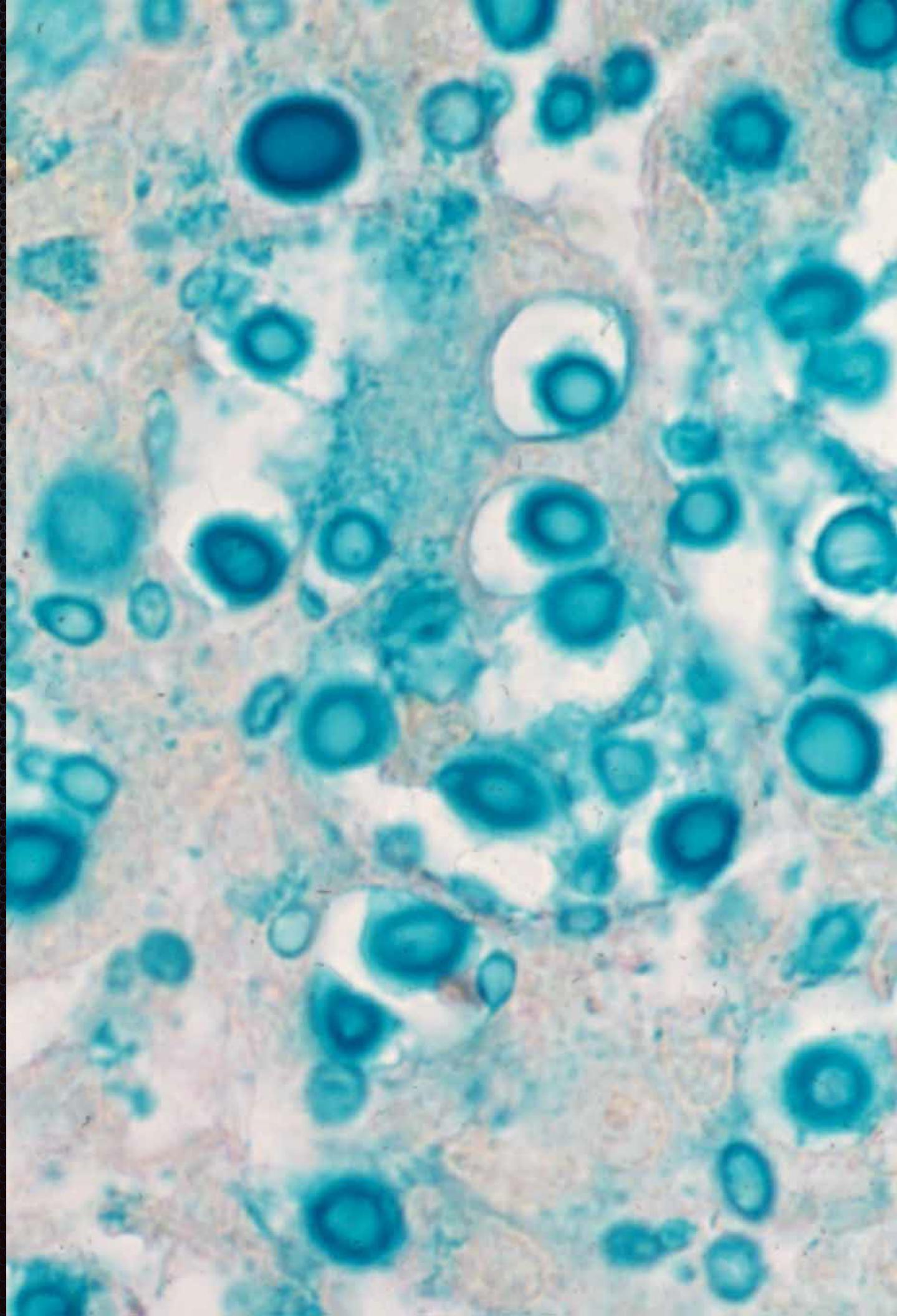


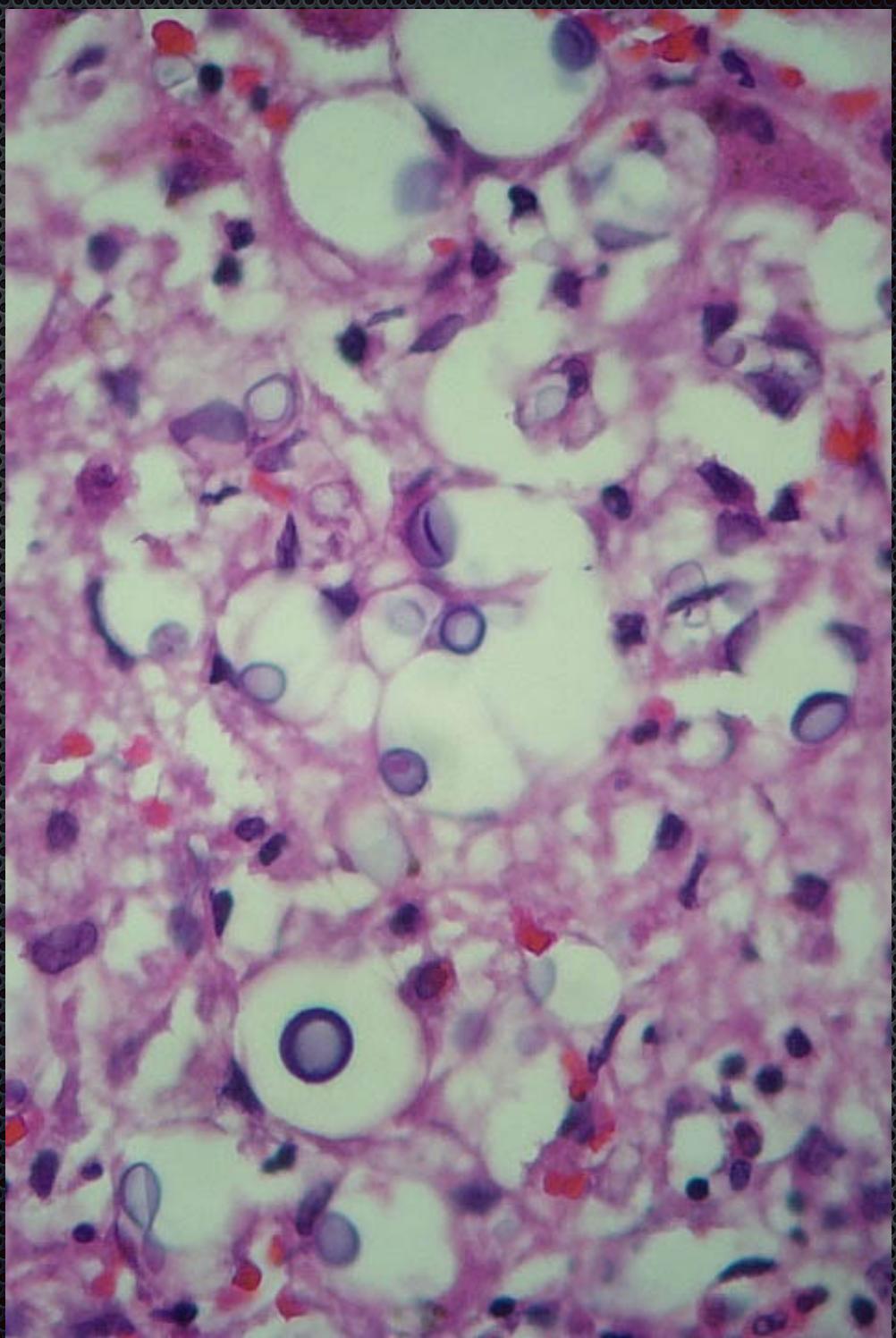


Cryptococcosis

- Cryptococcus
- Tinciones



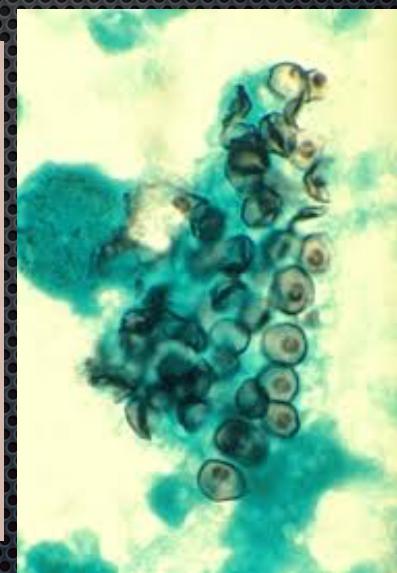
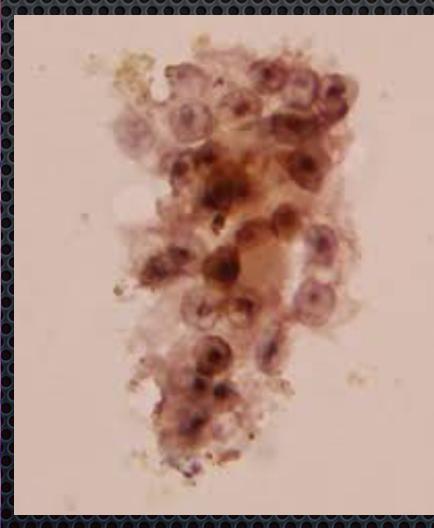
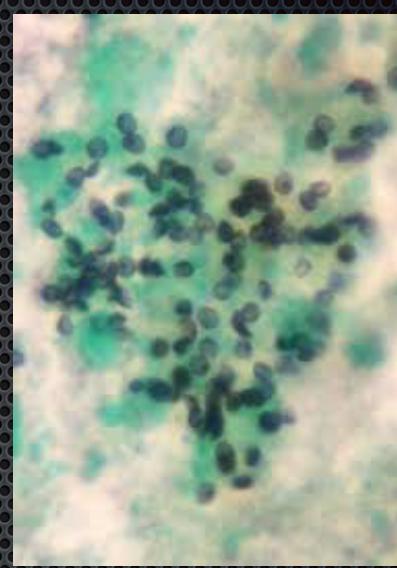
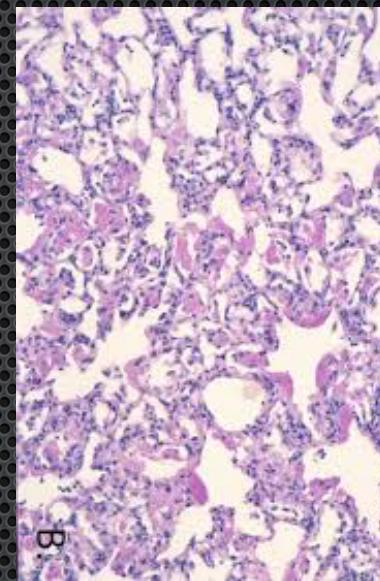
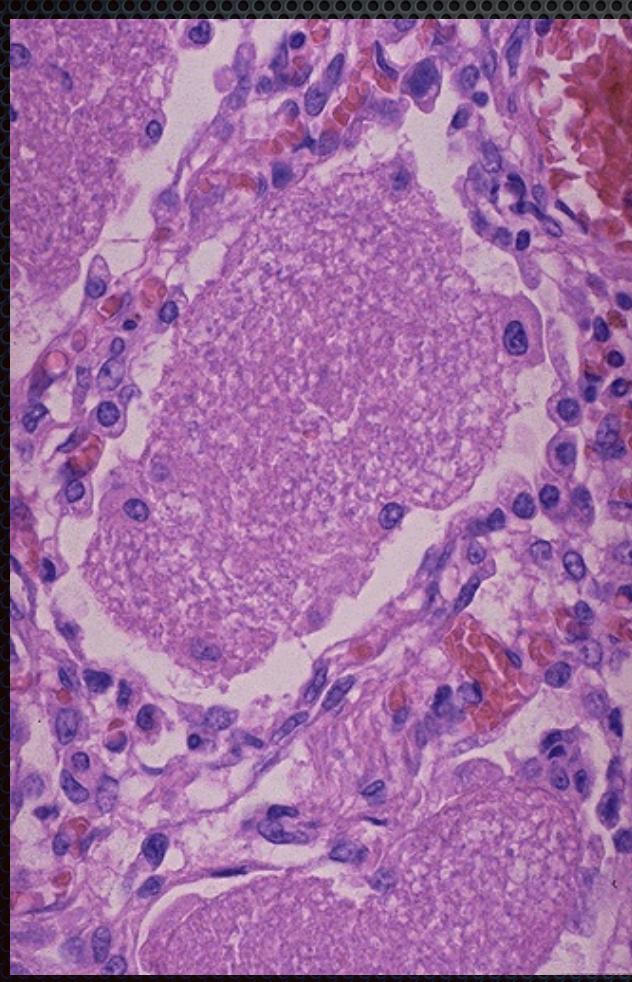
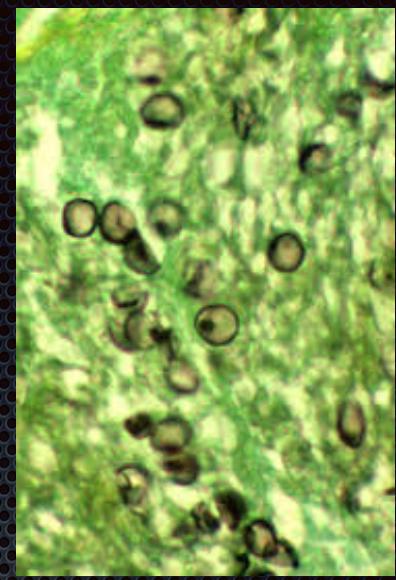
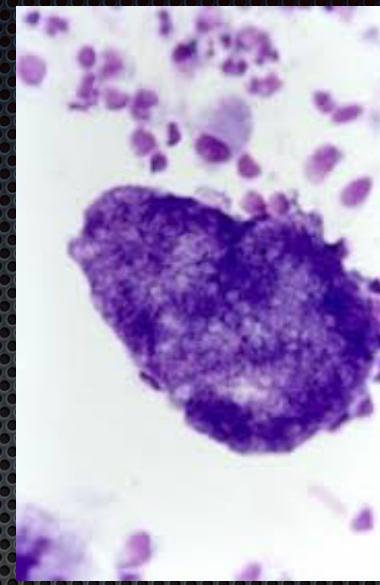
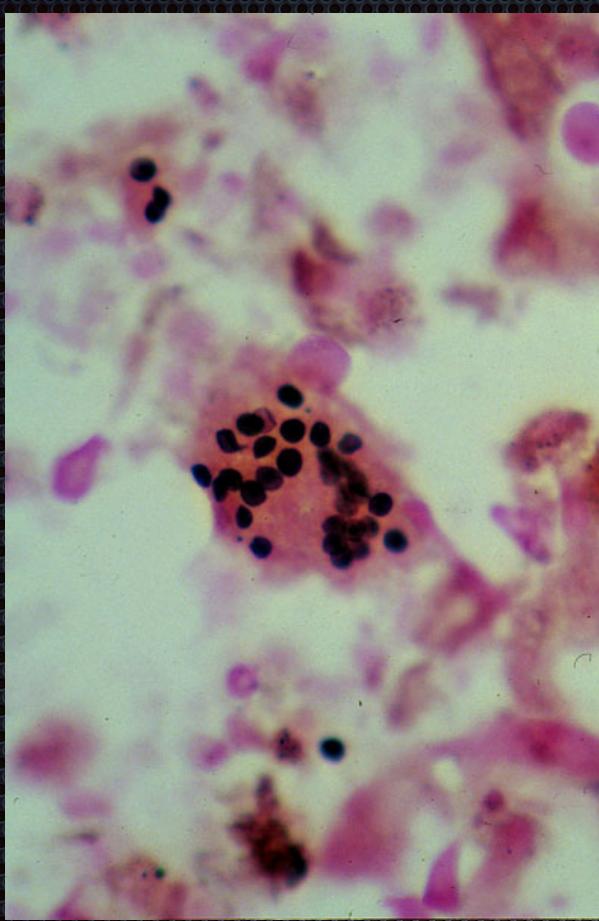




Pneumocistosis

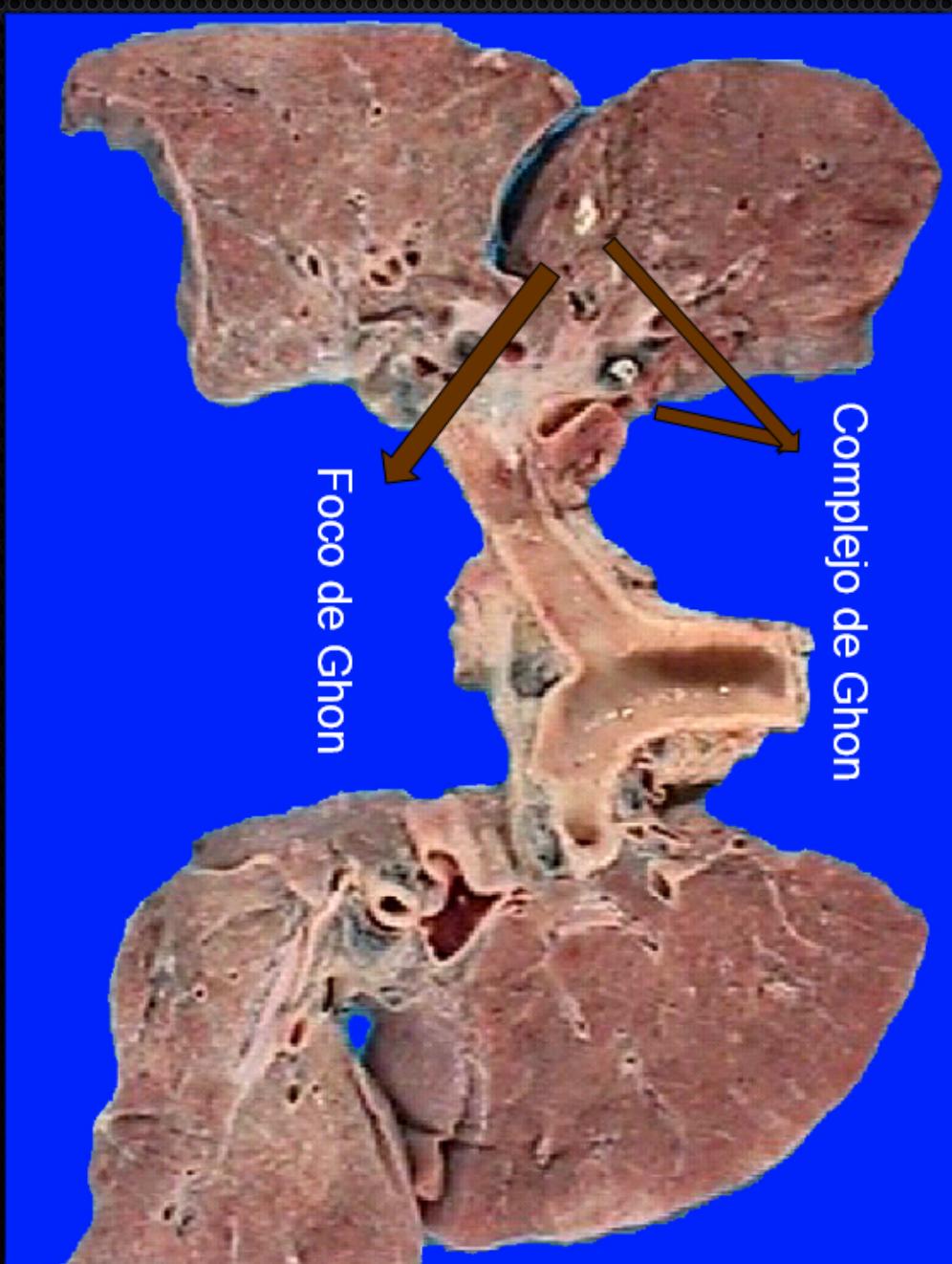
- Neumonía atípica con patrón intersticial
- Material alveolar extracelular vacuulado o espumoso





Tuberculosis pulmonar primaria

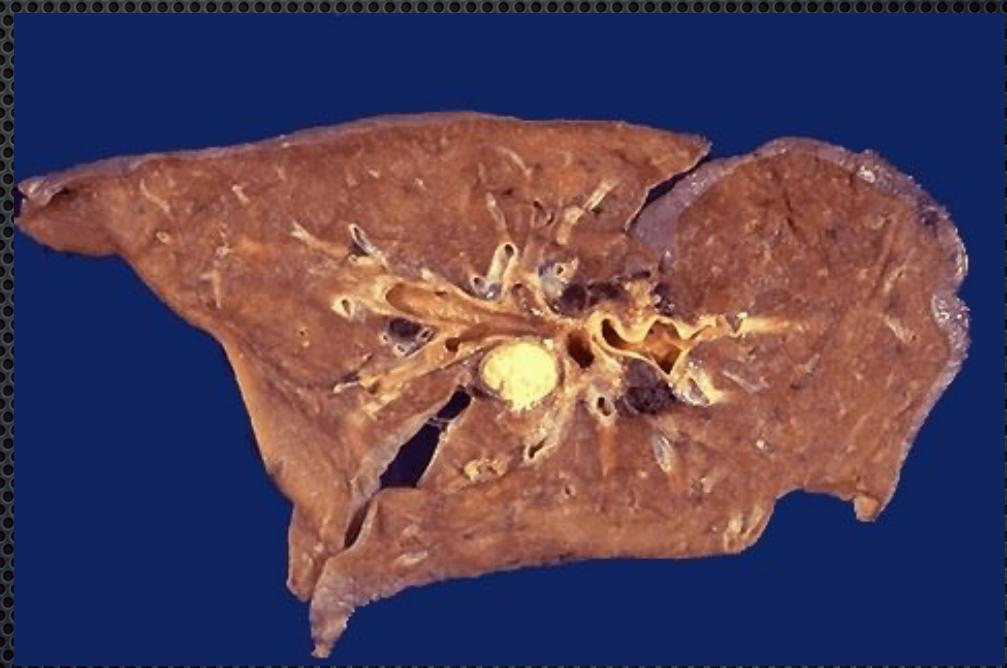
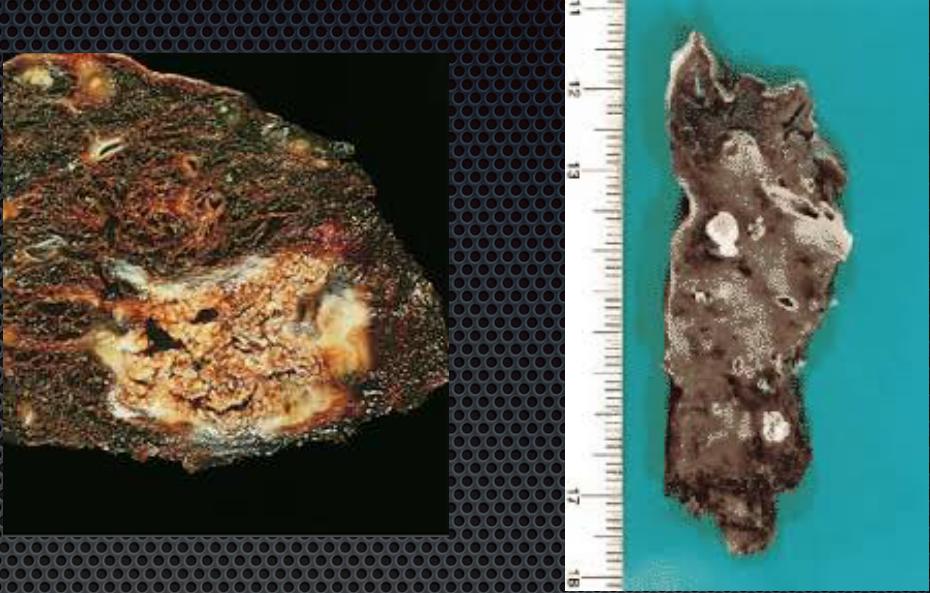
- Complejo de Ghon
- Lesión parenquimatosa subpleural
- Ganglios linfáticos aumentados de volumen

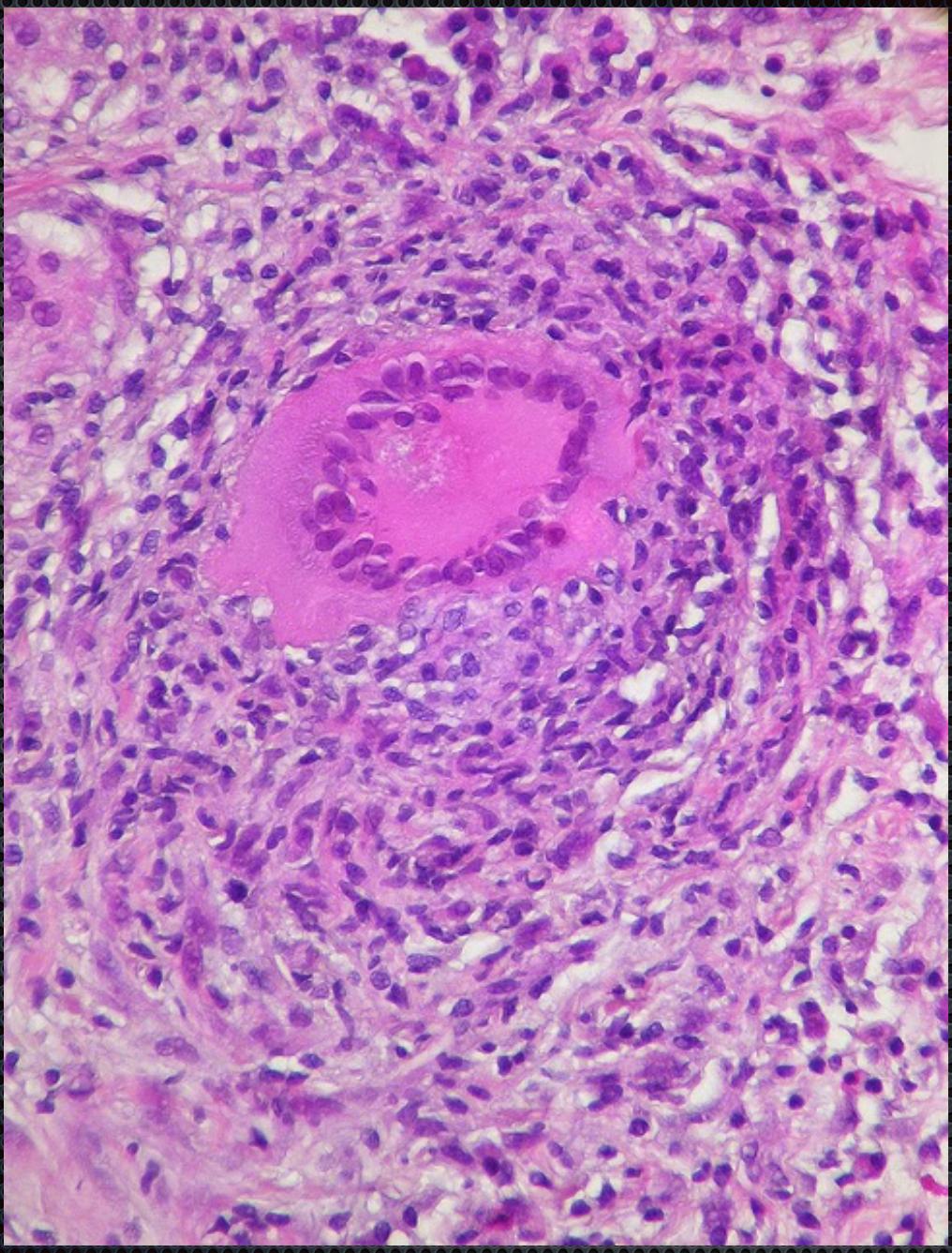


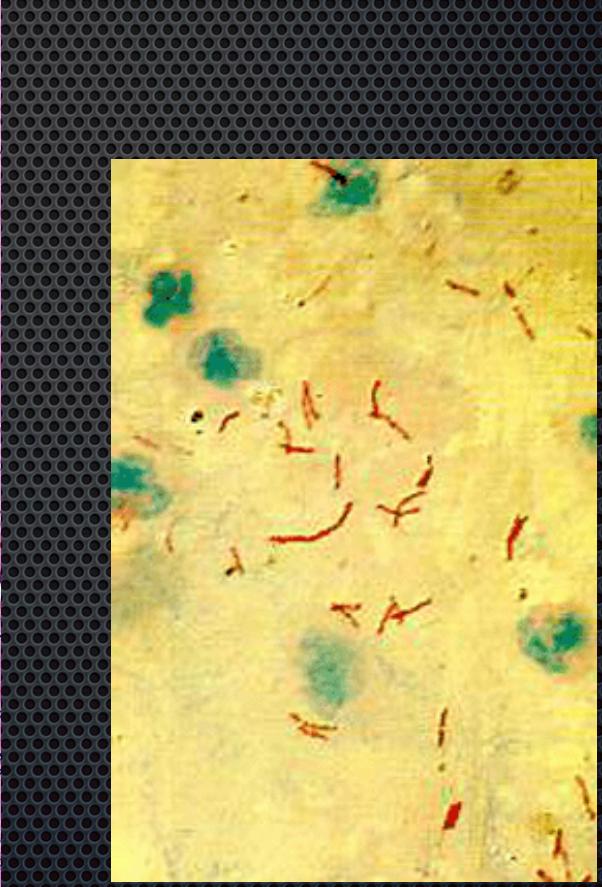
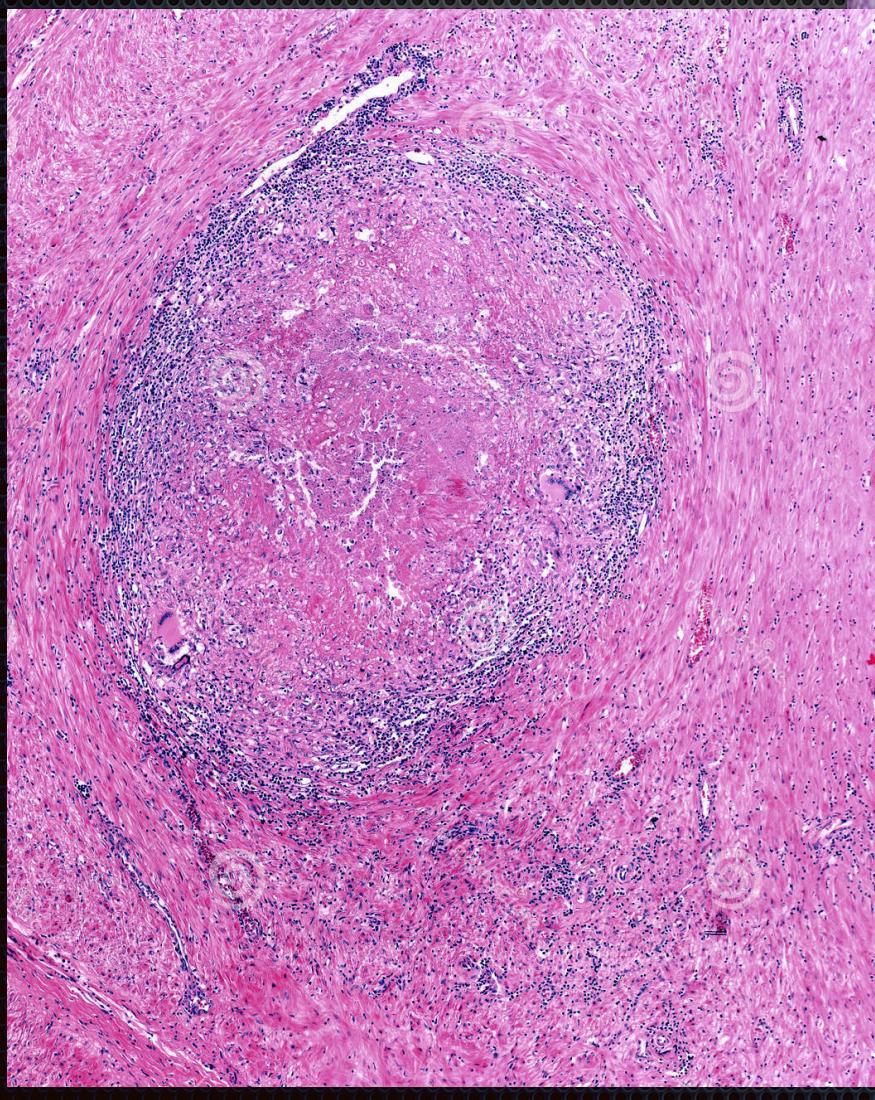
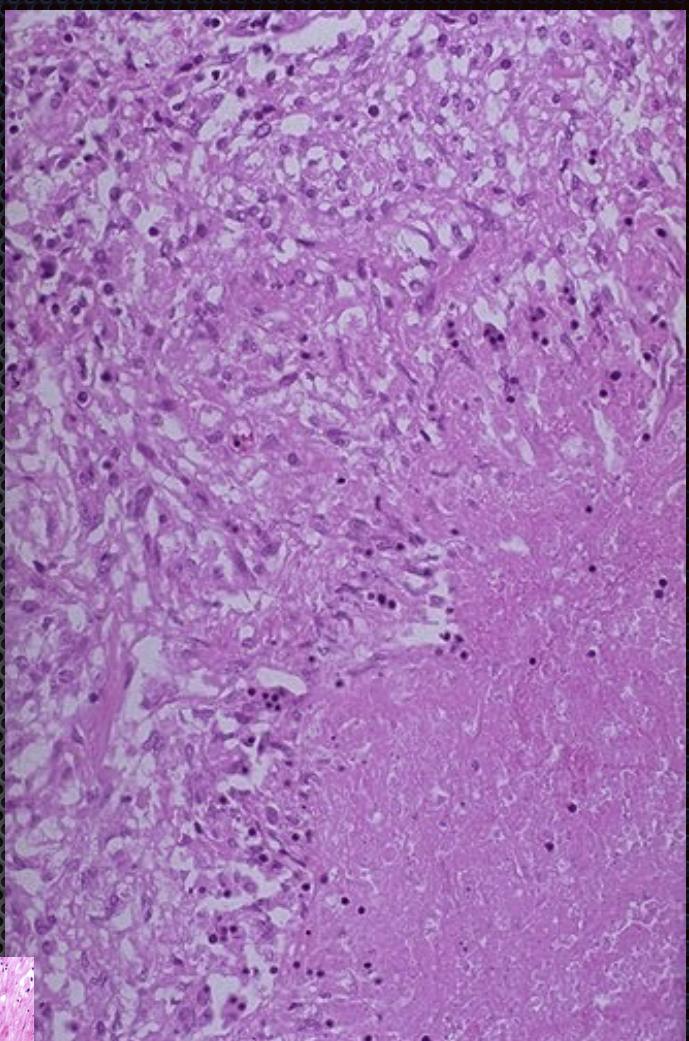
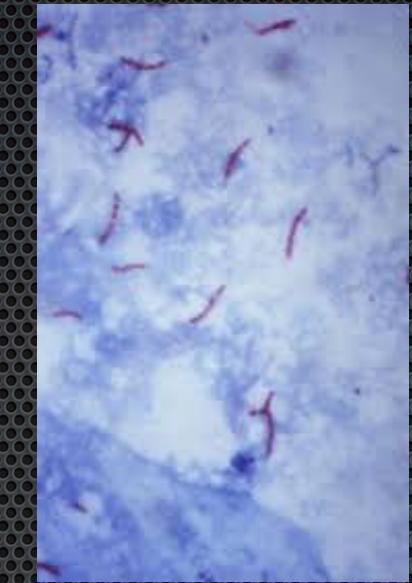
TB SECUNDARIA

- Reactivación
- Reinfeción



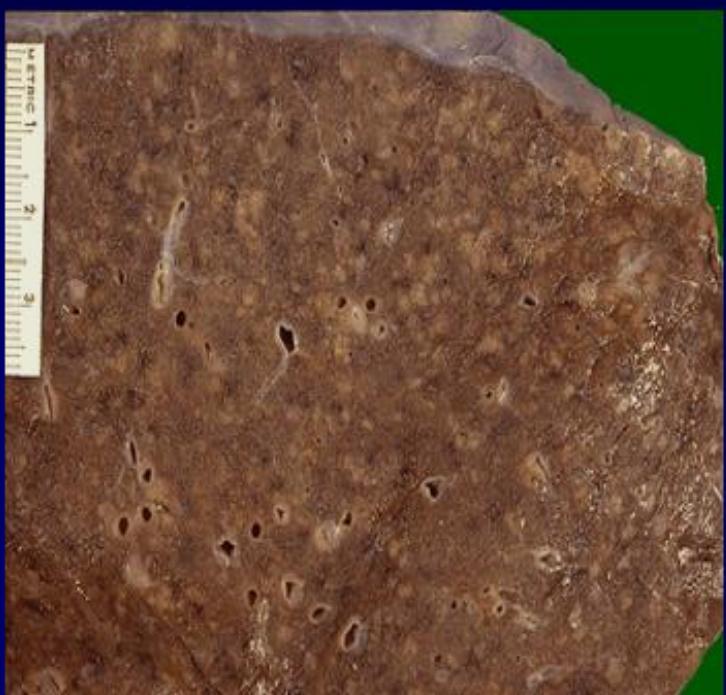




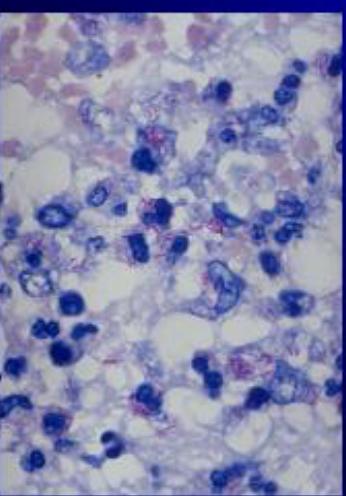
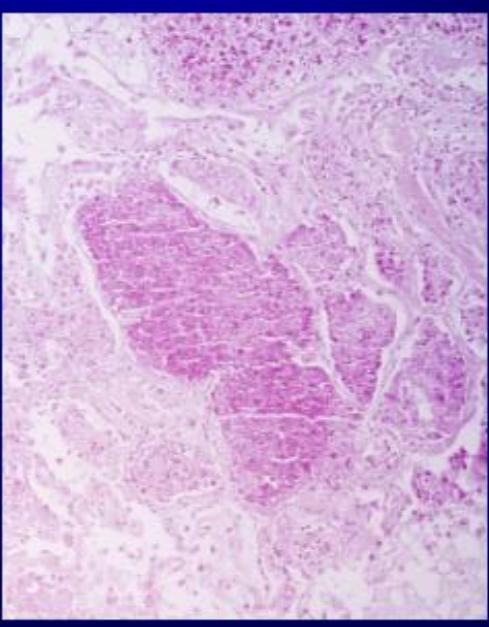


Tb Progresiva

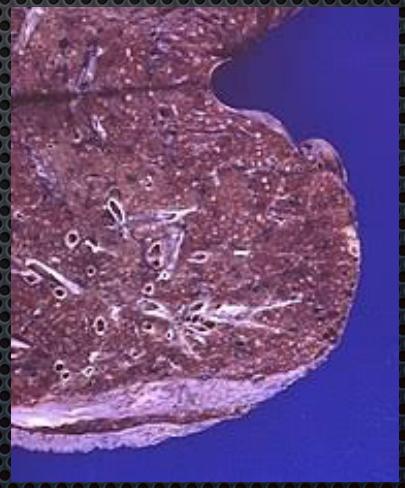
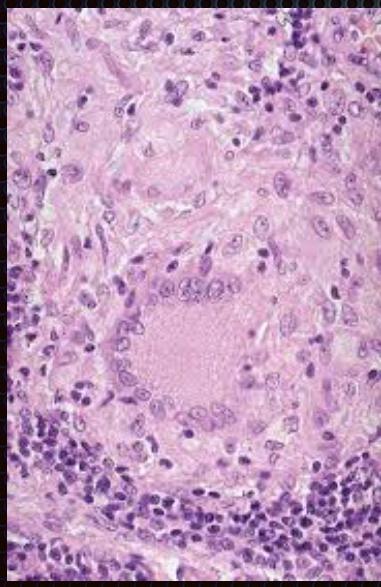
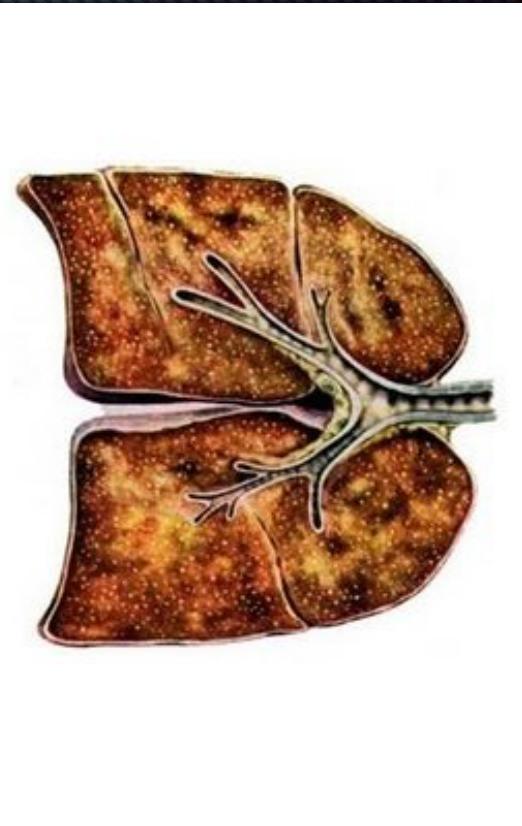
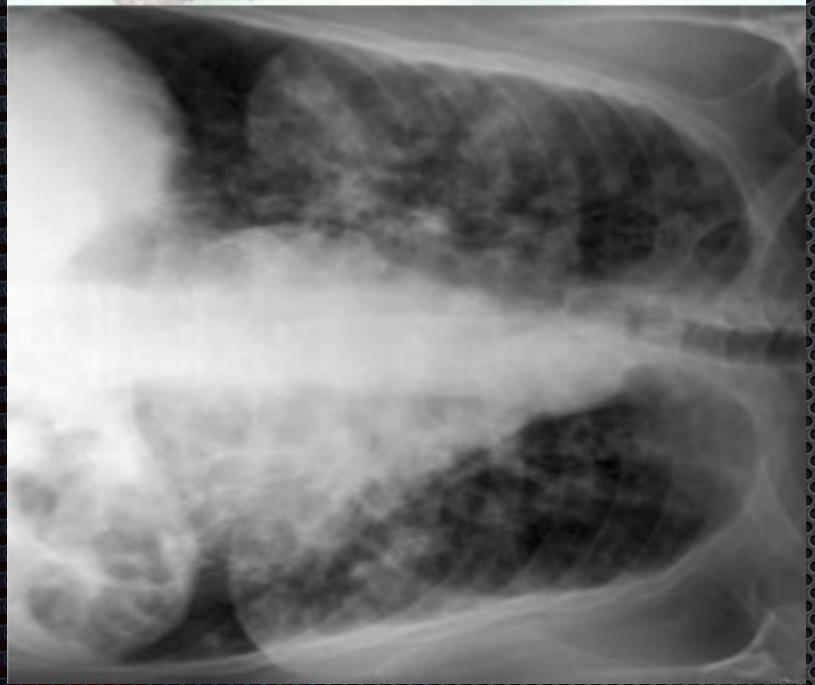
- Miliar



TUBERCULOSIS PULMONAR



TUBERCULOSIS MILIAR
TUBERCULOSIS DEL ANCIANO E IMMUNODEFICIENTE



Neumonía Lipoidica

Neumonía lipoidea

Presencia de material oleoso en el pulmón con una consolidación del parénquima pulmonar

Endógena	Exógena
Debido a una obstrucción de vía aérea con numerosos macrófagos cargados de lípidos (neumonía obstructiva)	La presencia de lípidos es secundaria a la inhalación de sustancias oleosas
Macrófagos intraalveolares con lípidos	Depósitos de lípidos rodeados de rx de cuerpo extraño con fibrosis

