



Pulmonary edema : manifistation for more than one disease

- Is a common clinical problem seen in left ventricular failure(LVF), renal failure (RF), adult respiratory distress syndrome (ARDS), pulmonary infections, & hypersensitivity reactions.
- The edematends to involve the lower lobes of both lungs.
- Grossly : The lungs are heavy (2 to 3 times their normal weight, which is 350g) & on sectioning it reveals frothy, or blood-stained fluid, consisting of air + edema fluid + extravasated RBC mixture.
- Clinically :Pulmonary edema causes dyspnea interference with normal ventilatory functions of the lungas hypoxia and cyanosis & may be fatal.

PULMONARY EDEMA

*is excessive liquid accumulation in the tissue and air spaces (usually alveoli) of the lungs.
*It leads to impaired gas exchange and may cause hypoxemia and respiratory failure.
*It is due to either failure of the left ventricle of the heart to remove oxygenated blood adequately from the pulmonary circulation (cardiogenic pulmonary edema), or an injury to the lung tissue directly or blood vessels of the lung (non-cardiogenic pulmonary edema).



PULMONARY EDEMA

Left Congestive heart failure and iss

- □ Pulmonary edema is often caused by congestive heart failure.When the heart is not able to pump efficiently, blood can back up into the veins that take blood through the lungs.
- □ As the pressure in these blood vessels increases, fluid is pushed into the air spaces (alveoli) in the lungs. This fluid reduces normal oxygen movement through the lungs. These two factors combine to cause shortness of breath.

Congestive heart failure that leads to pulmonary edema may be caused by following abd called Cardiogenic Pulmonary odema"

Heart attack, or any disease of the heart that weakens or stiffens the heart muscle (cardiomyopathy)
 Leaking or narrowed heart valves (mitral or aortic valves) Sterosus
 Sudden, severe high blood pressure (hypertension)



Pulmonary edema may also be caused by other causes (non cardiogenic pulmonary edema):

□Certain medicines

High altitude exposure above (2500 meter above sea level) a fatal form of severe high-altitude illness. HAPE is a form of noncardiogenic pulmonary edema that occurs secondary to hypoxia. It is a clinical diagnosis characterized by fatigue, dyspnea, and dry cough with exertion.

In high-altitude pulmonary edema (HAPE), it's believed that blood vessels in the lungs squeeze together (constrict), increasing pressure. This causes fluid to leak from the blood vessels to the lung tissues and eventually into the air sacs.

□Kidney failure

□Narrowed arteries that bring blood to the kidneys

Lung damage caused by poisonous gas or severe infection

(inhalation of toxic substances)

□Major injury





Gross appearance of lung edema .Lungs are heavy& swollen.



Symptoms of pulmonary edema-may include:

- · Coughing up blood or bloody froth
- · Difficulty breathing when lying down ك يستطيع الموم ما جلهم لا وسبعتن (arthopnea) Feeling of Air hunger or drowning
- (This feeling is called "paroxysmal nocturnal dyspnea" if it causes you to wake up 1 to 2 hours after falling asleep and struggle to catch your breath.)
- · Grunting, gurgling, or wheezing sounds with breathing
- Problems speaking in full sentences because of shortness of breath

Brain edema

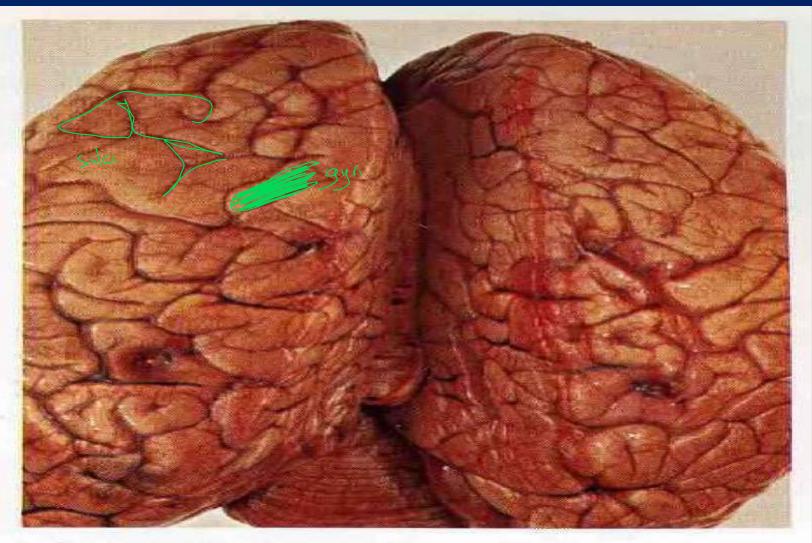
- May be localized at sites of focal injury as in infarct, abscess or neoplasm,
 - ارتياد محط الم مناي كم 2 الم سالي محط الم مناي كم 2 الم سالي محط الم مناي كم 2 الم سالي (Or generalized as in encephalitis , hypertensive crises ,or Obstruction of the venous outflow ()
 - **Trauma** may result in local or generalized brain edema depending on the nature & extent of the injury.
 - Grossly: In generalized brain edema, the brain is grossly swollen, flattened against the unyielding skull, heavier than normal weight, showing narrowed sulci & distended gyri.

Clinically :

Brain edema is very serious, & can be rapidly fatal as it causes increased intracranial pressure (ICP) & herniation or extrusion of brain stem through foramen magnum, result in compression of blood supply to medullary vital centres causing sudden death.



Necrosais In Flamation N ~



9.81 Swelling and oedema: brain

Gross appearance of edema of the brain.



Blood vessels un p= 2.90 HEMORRHAGE (H)

Is extravasation of blood, due to rupture of blood vessels.

Capillary H can occur

(1) in chronic venous congestion (CVC) & (2) in hemorrhagic diatheses, as in Hemophilia a disorders characterized by increased tendency to hemorrhage from usually insignificant injury. Hemorrhage or bleeding from ruptured large artery or vein_is almost always due to trauma, other causes include ruptured aneurysms, inflammatory, ulcerative or neoplastic erosion of the vessel wall by tumors.



Hemorrhage is either:

External H: in which bleeding occurs to the out side from:

Normal cycle uterine bleeding = menstrual bleeding

Excessive or abnormal uterine bleeding = menorrhagia.

- SNose = ارحاں epistaxsis
- hemoptysis هرم يرالم مر (۶۹) 🕢

5 Stomach = <u>hematamesis</u>, sumeting of blood

♦ Urinary tract = <u>hematuria</u> → دم الحد

Colon or_rectum = bleeding per rectum

Malena is a term used to denote a slow bleeding from upper³ gastro-intestinal tract as in peptic ulcer leading to passage of ⁷⁴ black stool.

Internal H. is enclosed within a

(a) tissue called (hematoma).body cavities, as peritoneum, pleura & pericardial sacor joints.

بي الدم من مكل معين داحل المسب



Hematoma

JI 210 LA KI R H Jol > Blood Z

is hemorrhage or blood accumulation in tissue.

Hematomas may be small & insignificant (as in a skin bruise) or may accumulate excessive amount of blood e.g., rupture Atheromatous Abdominal Aortic Aneurysm resulting in massive retroperitoneal hematoma) which is usually usually fatal.



primary humostasis ->> platlets I and



= Recordary hemostours - Clothing Pacture Table



SKIN HEMATOMASS ARE OF THREE TYPES:

(I) Petechiae: are minute (1- to 2mm in diameter) hemorrhages into skin, mucous membranes, or serosal surfaces typically associated with :

- (1) Locally increased intravascular pressure.
- (2) Low platelet counts(thrombocytopenia).

A normal platelet count ranges from 150,000 to 450,000 platelets per microliter of blood. Having more than 450,000 platelets is a condition called thrombocytosis; having less than 150,000 is known as thrombocytopenia.

(1) Defective platelet function .

The term thrombasthenia means weak platelets. Glanzmann thrombasthenia (GT) is one of several inherited disorders of platelet function, which also include Bernard-Soulier syndrome, as well as deficiencies of platelet adhesion, aggregation, and secretion

(4)Clotting factor deficiencies . vnl/kely



(II) Purpuras : are slightly larger hemorrhagic spots (3- to 5mm in diameter), may be associated with many of the same disorders that cause petechiae, as well as in the settings of trauma, vasculitis, or increased for our vascular fragility.

(III) Ecchymoses : or bruises, are larger (10- to 20mm in diameter) or even larger subcutaneous hematomas.



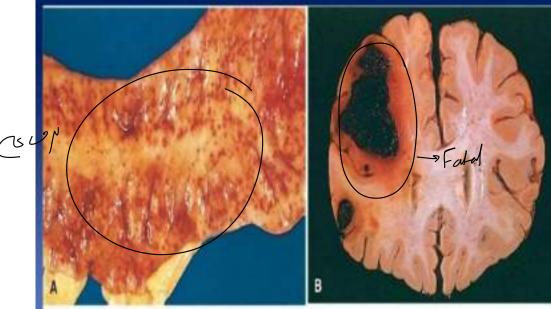




The RBCs in all the above three skin hematomas are degraded & phagocytosed by macrophages, & the hemoglobin (red-blue color) is enzymatically converted into biliverdin (green), then to bilirubin (blue-green color) & eventually into hemosiderin (goldenbrown) to yellow color. □ The above accounts for the characteristic color changes in hematomas seen, e.g., Madroph following improper I.V. puncture.



mucus membrain CS L2



D Elsevier. Kumar et al: Robbins Basic Pathology 8e - www.studentconsult.com

A-Peticheal hemorrhages in colonic mucosa . B- Fatal intracerebral hemorrhage .



Figure : Ecchymosis caused by improper I.V. puncture .

(b) Hemothorax, hemopericardium , hemoperitoneum, & hemarthrosis (eguinal) felicit is are accumulations of blood in the pleural, pericardial, peritoneal & joint cavities respectively.



Caroline temponate 1 -3

Hemopericardium blood in pericardial cavity

Clinical significance of hemorrhage depends on the: مرد ج کرد ادم المفتود کان الوجع جطير اکثر

(I) Rate & volume of blood loss; Rapid removal of up to 20% of blood volume or, slow losses of even larger amounts may have little impact in healthy adults; while greater losses, however, may result in hypovolemic shock .

(II) Site of hemorrhage is important; Bleeding of about 40 ml of blood, which is considered trivial in the subcutaneous tissues, is rapidly fatal if located in the cerebellum or pons & midbrain.

Stem & Tall & AD

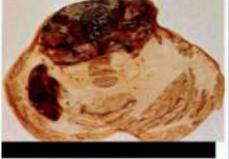


Figure 1 Photograph of the hemorrhage in the poins which is rapidly field.

(III) Recurrent or chronic external لعترات طويله لله لکمي قلله hemorrhages

(e. g., menorrhagia or chronic peptic ulcer) cause loss of iron, with subsequent iron deficiency anemia.

In contrast, when RBCs are retained, as in hemorrhage into body cavities or tissues, the iron can be reutilized for hemoglobin synthesis.

