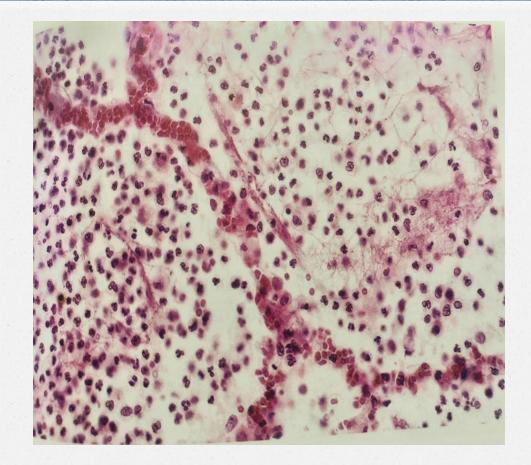
Infectious pathology

Spectrum of Inflammatory Responses to Infection:

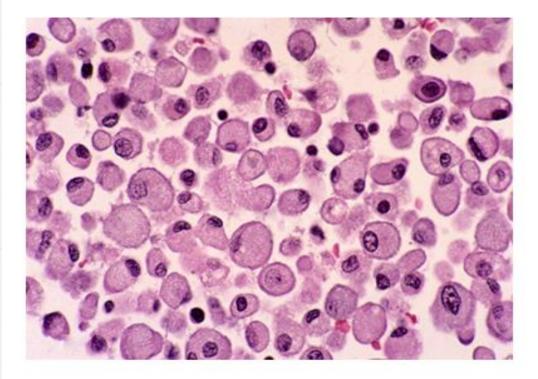
Microbes produce <u>5 types</u> of tissue reactions:

- **1.** Suppurative (Purulent) Inflammation
- 2. Mononuclear & granulomatous inflammation
- 3. Cytopathic-cytoproliferative response
- 4. Necrotizing inflammation
- 5. Chronic inflammation and scarring

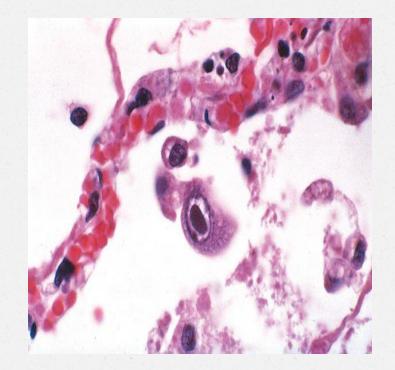


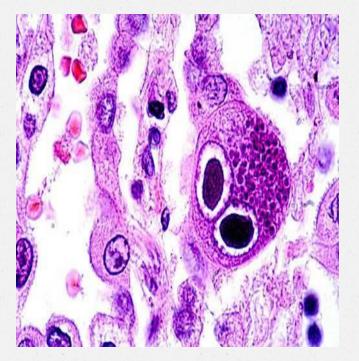
The alveolar architecture is still maintained, which is why even an extensive pneumonia often resolves with minimal residual destruction or damage to the pulmonary parenchyma

Plasma cells



nuclei contain large, eosinophilic inclusions surrounded by a clear halo, classic owel eye inclusion

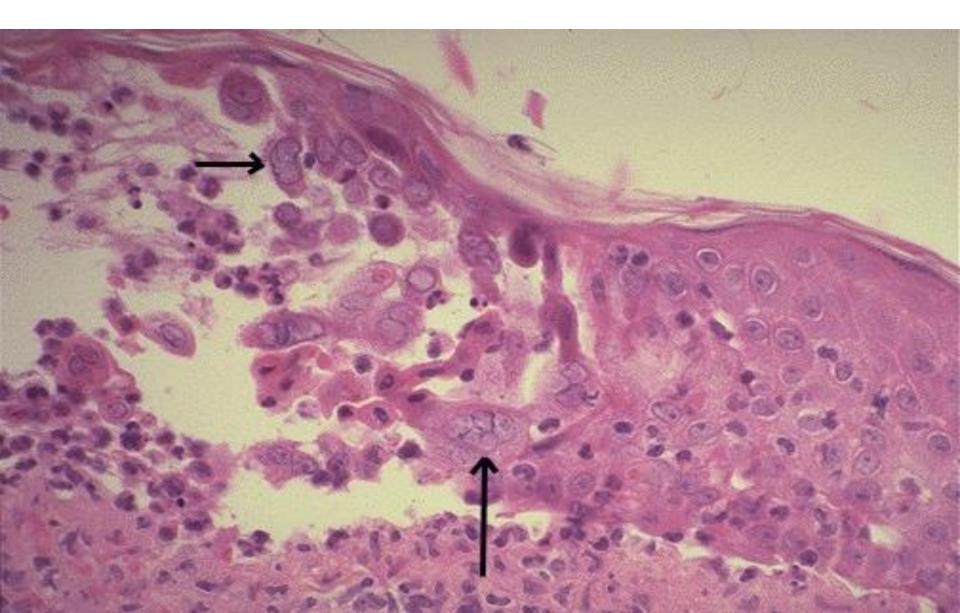




Koilocytic changes in HPV



Giant cells formation



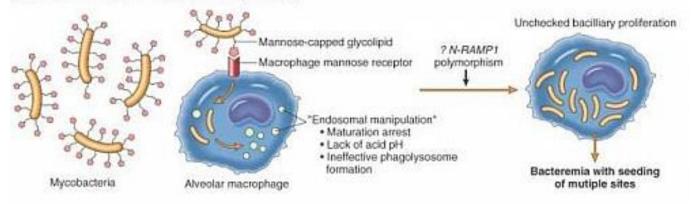




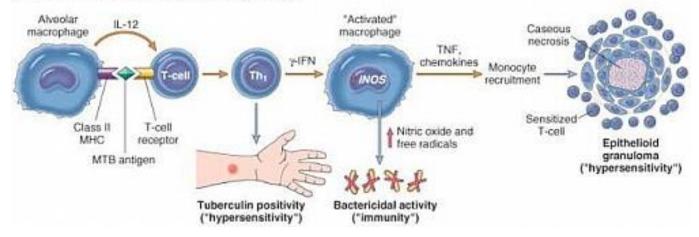
Tuberculosis

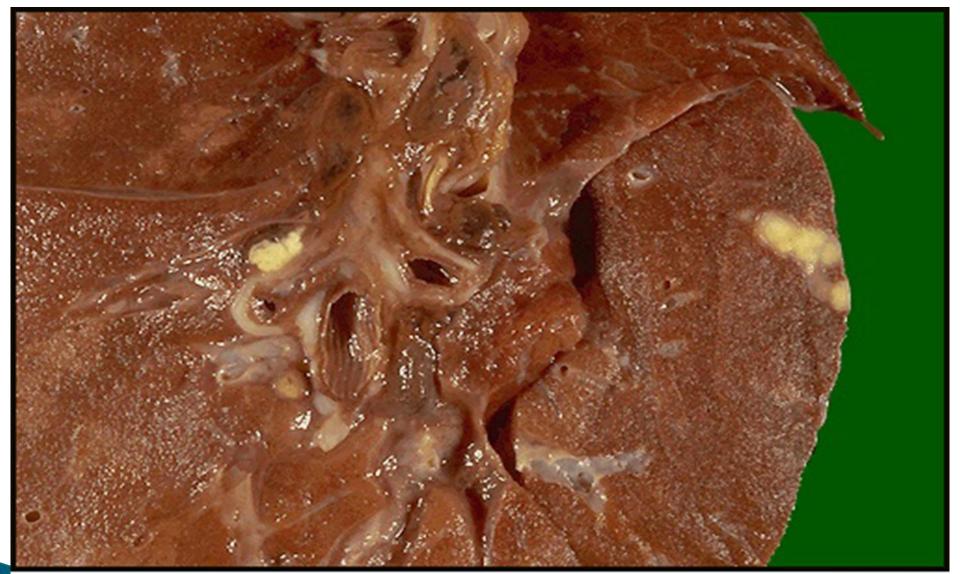
- **Primary T.B characterised by:**
- 1-Subpleural pulmonary lesion (ghon focus).
- 2-hilar L.N involvement.
 - 1+2 =ghon complex.

A. PRIMARY PULMONARY TUBERCULOSIS (0-3 weeks)



B. PRIMARY PULMONARY TUBERCULOSIS (>3 weeks)



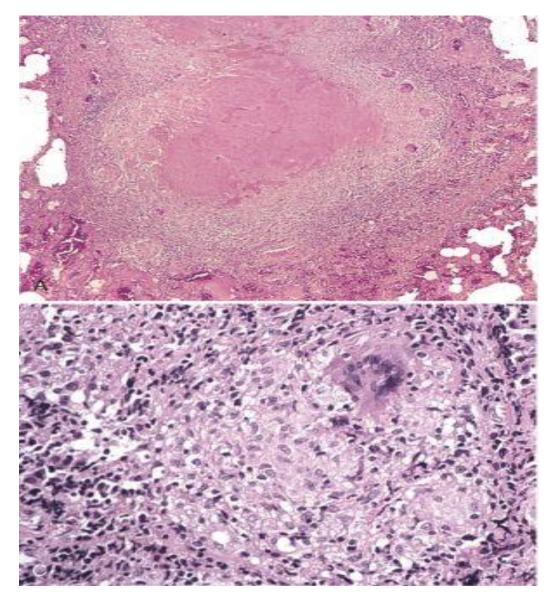








Ranke complex

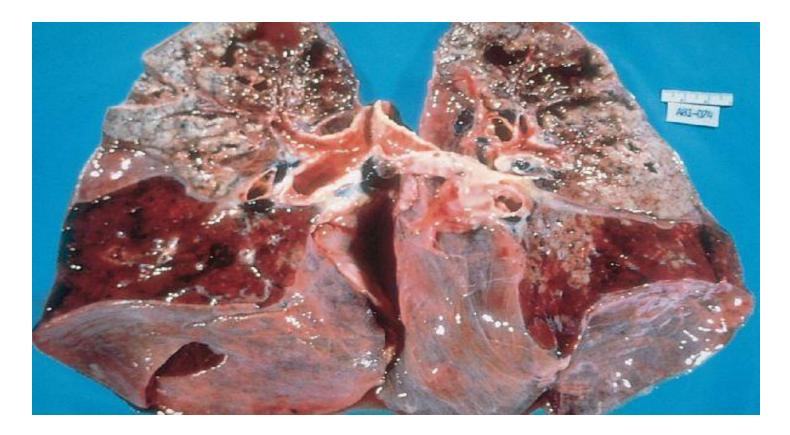


Caseating T.B. granuloma

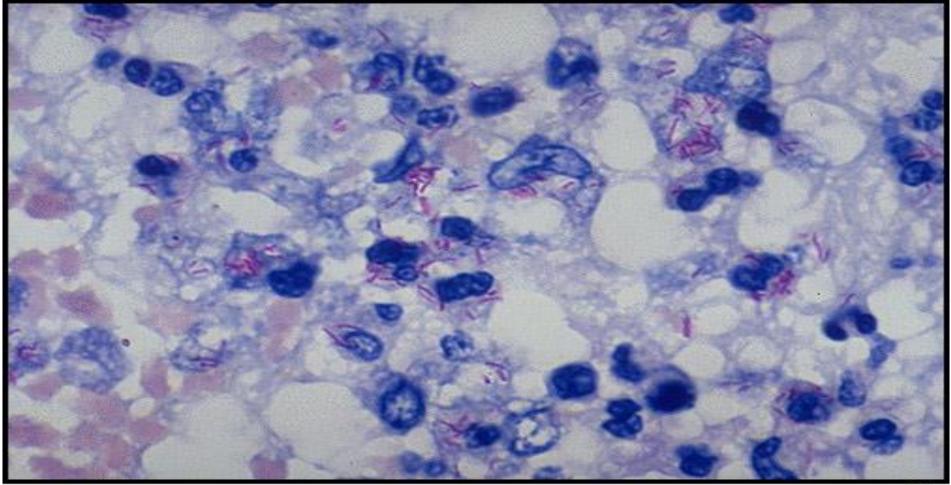
Non caseating T.B. granuloma

Secondary T.B



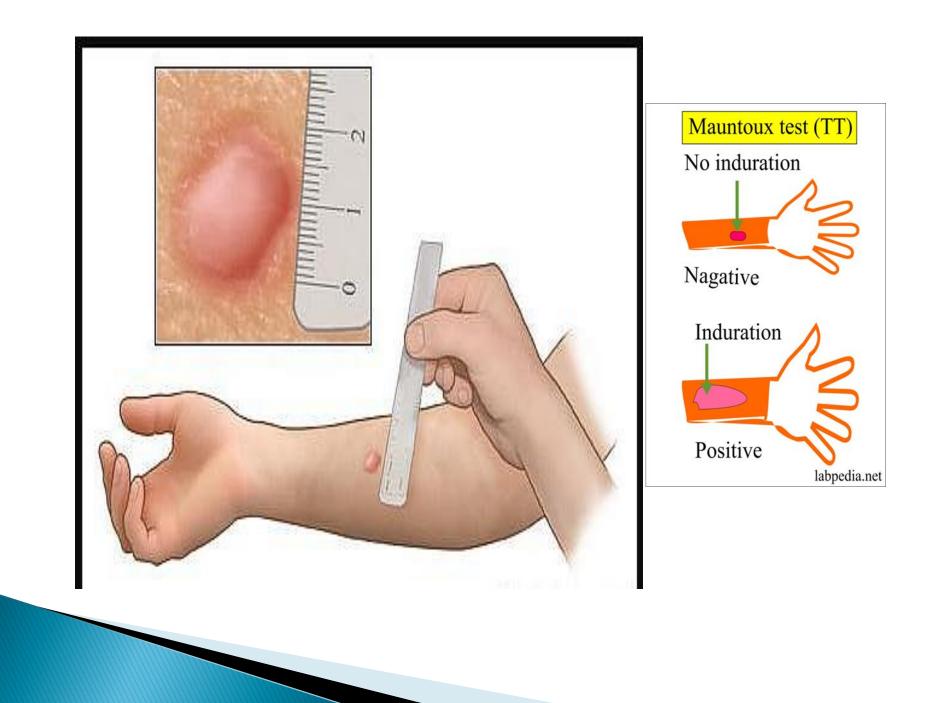


Secondary pulmonary tuberculosis. The upper parts of both lungs are riddled with gray-white areas of caseation and multiple areas of softening and cavitation



Acid fast stain of TB bacteria HP



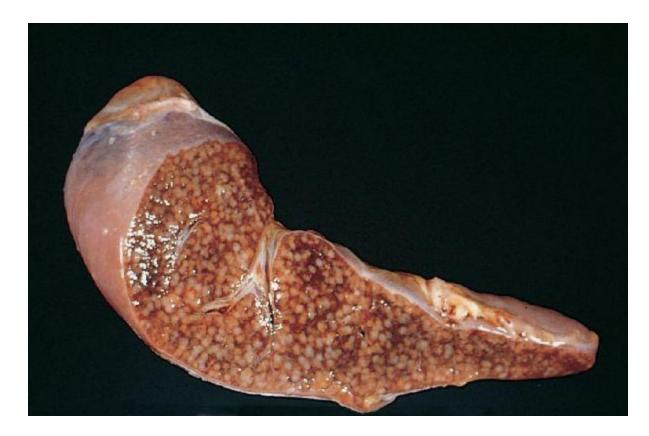


Miliary T.B.

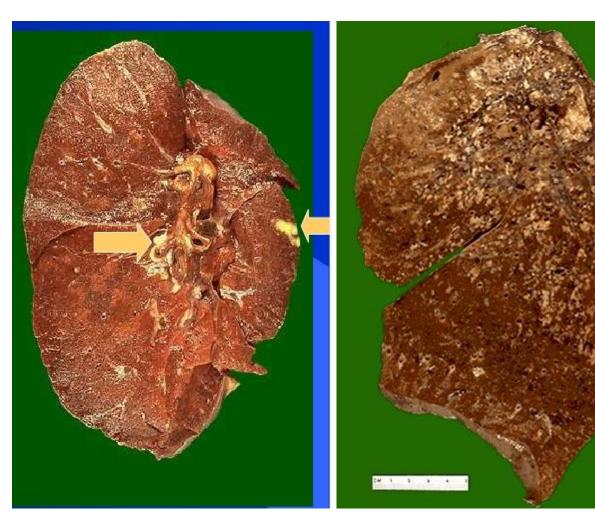
In which there is dissemination of the disease through the lymphatics (miliary pulmonary T.B)

OR through the venous drainage (miliary systemic T.B).





Miliary T.B. of the spleen



Ghon complex Primary tb

Secondary TB in the upper lobe



- Leprosy has two patterns of disease
- 1.Tuberculoid leprosy, and
- 2. Lepromatous leprosy





Lepromatous leprosy

Leonine facies



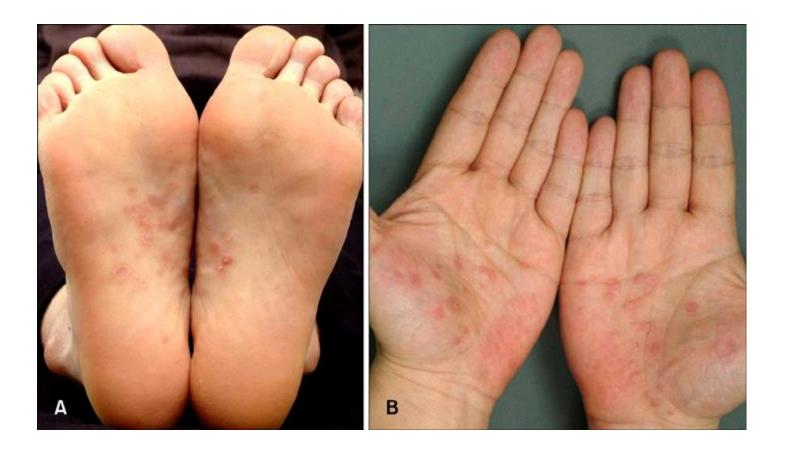
Syphilis

- Syphilis is divided into
- 1. Acquired syphilis
 - a. Primary Syphilis.
 - **b.** Secondary Syphilis
 - c. Tertiary Syphilis.
- 2. Congenital syphilis.

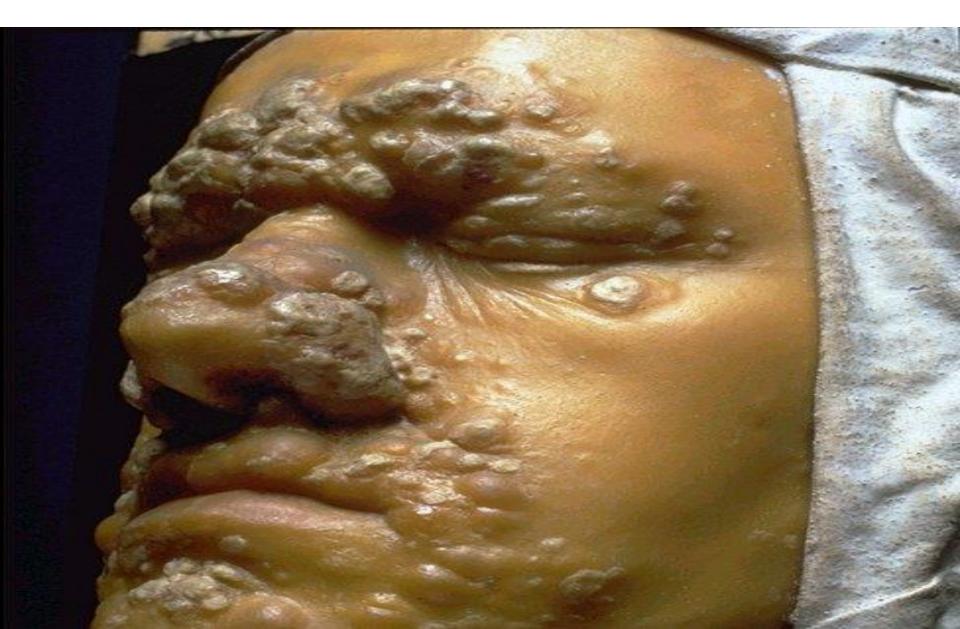
chancre



Secondary syphilis



Secondary syphilis papule



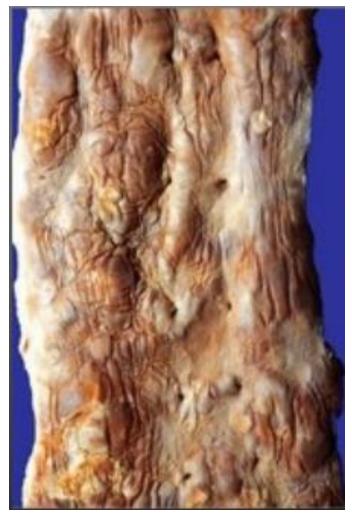
Pearly, lungalisig, caulifoxer, plaquetke

Condylomata acuminata (HPV)

Condylomata lata (Secondary syphilis)

alswallad ploques

Tertiary syphilis



syphilitic aortitis



Hepar lobatum

Congenital syphilis Early manifestation





Snuffles early congenital syphilis

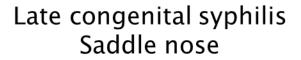




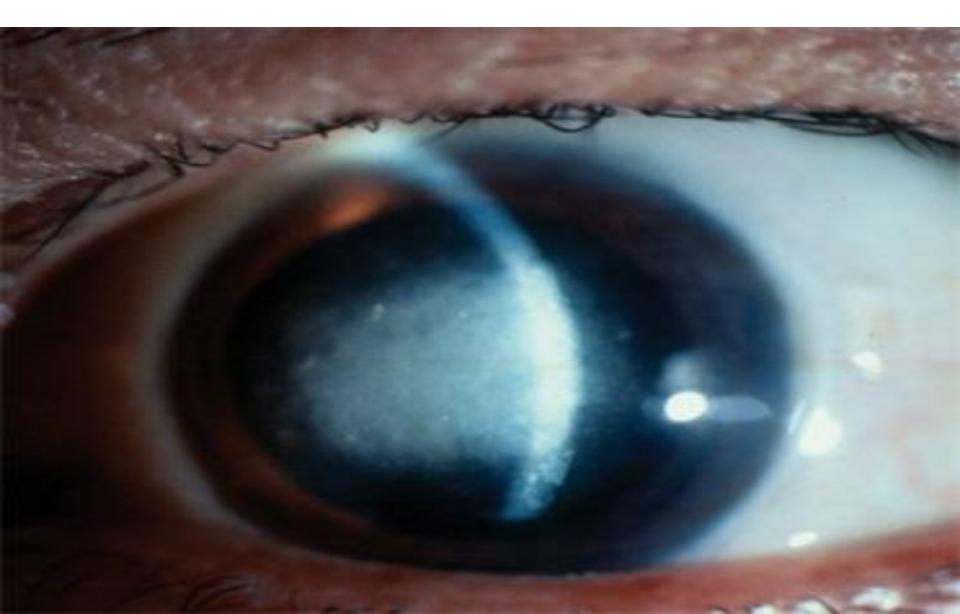


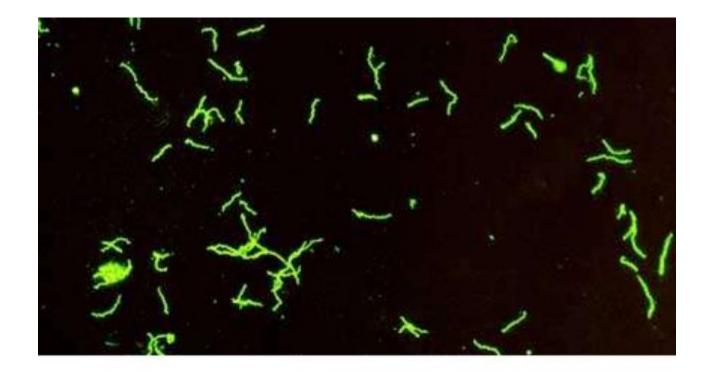
(C) R3 ARRS





Corneal opacity





Parasitic infections

- Leishmaniasis
- Amoebiasis
- Giardiasis
- Hydatid cyst
- Schistosomiasis (bilhariziasis)

Visceral leishmaniasis



Figure & Child with viscent leichmatiasis with hepatosplenomegaly (from http://www.enederd.com/context/ leichmatiasis)



Nivaldo Medeiros M.D.

LEISHMANIA DONOVANI

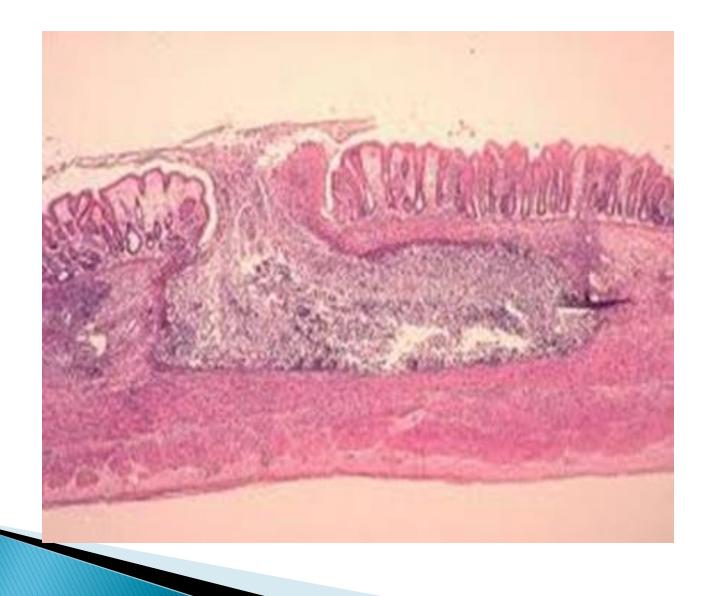
Cutaneous leishmaniasis



Mucocutaneous leishmaniasis

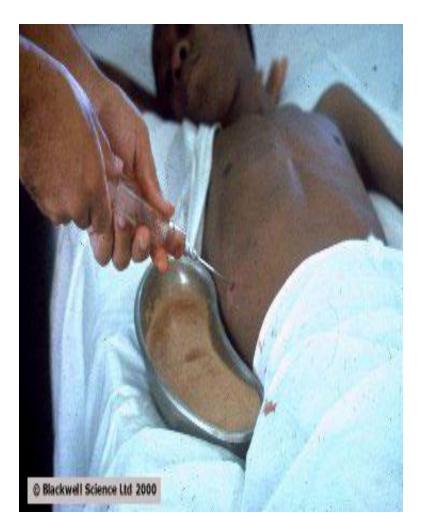


Amoebiasis

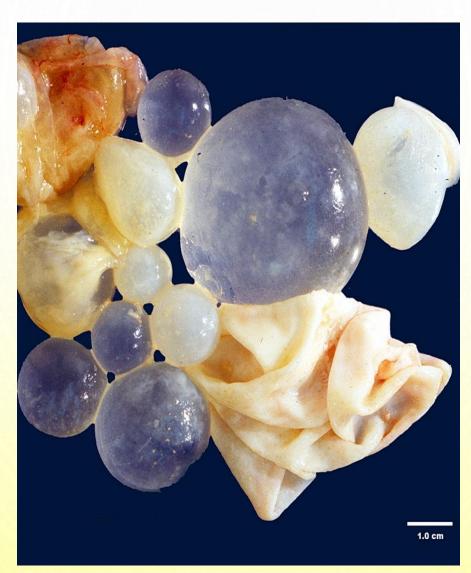




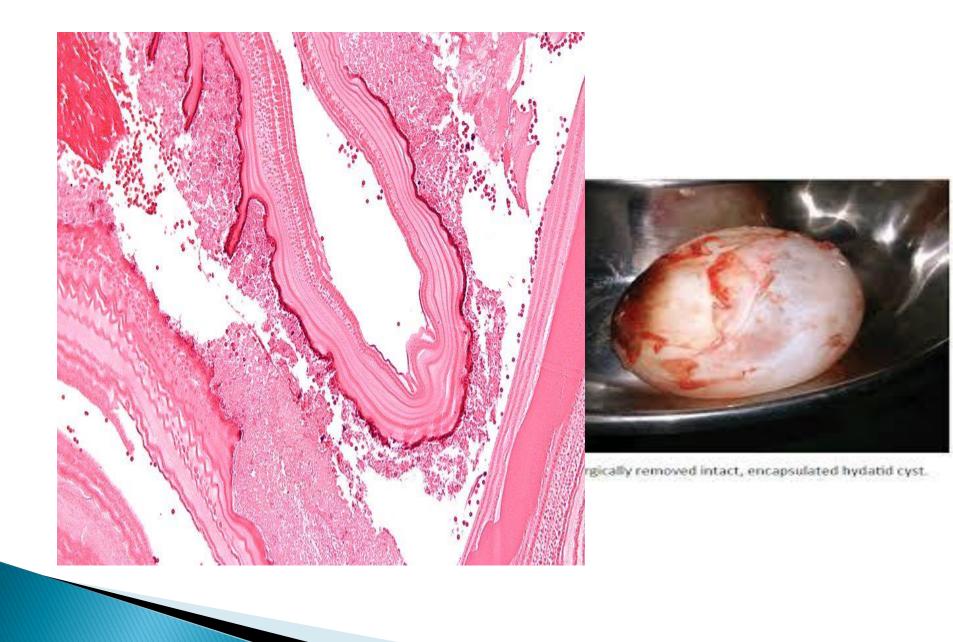
Abscess of hepatic amebiasis







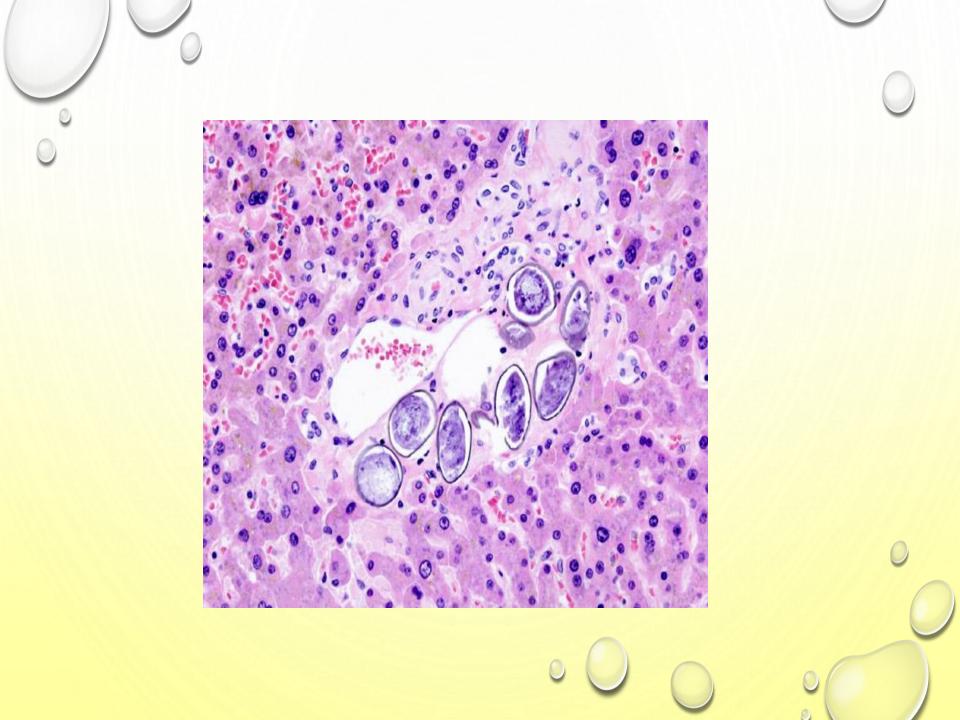
HYDATID CYST



Schistosomiasis (bilhariziasis)



Swimmer's itch



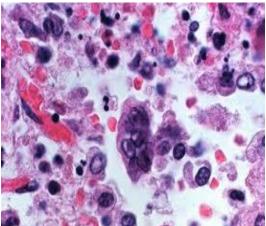
Herpes Simplex Virus (HSV)

replicates in skin and mucous membranes at the site of initial inoculation, causing vesicular lesions.

- HSV type 1 causing (oral sores) cold sores and gingivostomatitis
- HSV type 2 causing genital sores
- Histopathology: Classic HSV lesions include large, pink-purple, virion-containing intranuclear inclusions (Cowdry-type A inclusions)







Fungal infection

- **Classification:**
- **1. Superficial mycosis:**
- 2. Subcutaneous mycosis:
- 3. Systemic mycosis:

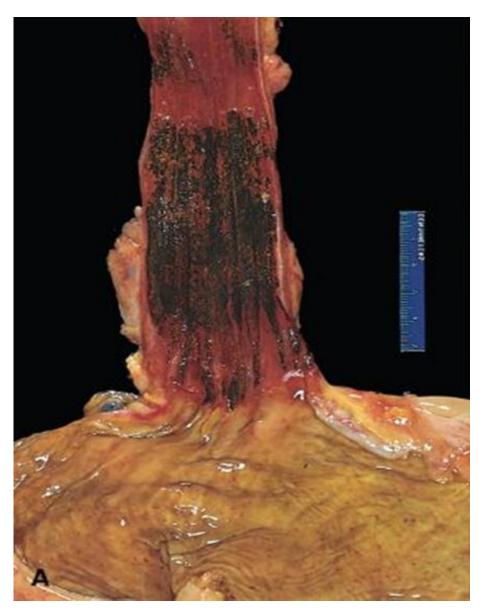
candidiasis



Thrush caused by candida albicans



Diphtheria



Severe candidiasis of the distal esophagus

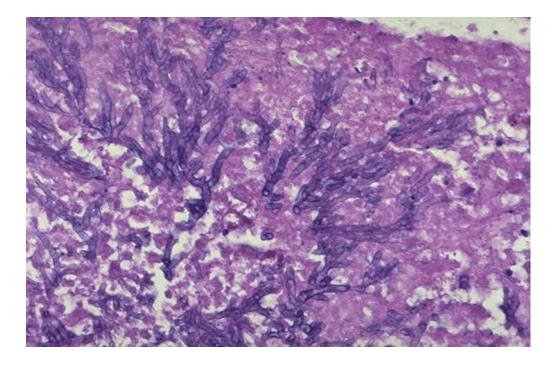




Aspergilosis granuloma



Aspergillosis



Staphylococcus infections

- Skin
- Staph .pyemia:
 - -kidney
 - -heart
 - -bone
- Toxin related disease
- MRSA

Furuncle(boil)



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Streptococcal infection

- Pyogenic strain.
- Erythrogenic (rash producing) strain.





Erysipelas

cellulitis