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PULMONARY ASBESTOSIS

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is engorgement of the sinuses with serous material and polymorphonuclear leukocytes. The histologic diagnosis is asbestosis and acute lymphadenitis.

In the lung there is comparatively heavy, old interlobular fibrosis, along the bronchi and blood vessels. Broad bands of fibrous tissue, generally old and hyaline, with considerable hyaline laminated nodule formation, are disposed generally in this area, including some adjacent alveoli. Bronchioles here are irregularly and considerably dilated, and there is much deformity of alveoli involved in the fibrosis. In these alveoli are large numbers of asbestosis bodies, generally large, brown, jointed, clubbed, and long dumb-bell shapes, in groups associated with large mononuclear phagocytes. These bodies are also seen embedded in the fibrosed areas, and in some of the bronchioles, while large groups occur in lymph spaces near bronchi. There is only minor small mononuclear or lymphocyte infiltration of the fibrosed tissue, with some mucus and leukocytes in some bronchioles.

The pleura is very thick, composed of old fibrous tissue, and while collections of asbestosis bodies appear in alveoli near the pleura, none are seen within the pleural fibrosed thickening. There is an acute exudation of fibrin upon the pleura, with some hyperemia, edema, and leukocytosis. There is some black granular material in the same general fibrous area.

In the intervening lobules the alveoli are quite deformed by pressure and emphysema, many large air sacs being seen. Generally these are empty.

In the lower left lobe the fibrosis is very heavy, most of the alveolar structure being obliterated, and here there is a marked bronchiectasis, with chronic inflammatory infiltration of the walls of the bronchi, some purulent exudate in these bronchi, and active pyogenic inflammation of the overlying thickened pleura.

At the apices there is a remarkable grade of old fibrosis with large numbers of long asbestosis bodies in large giant cells in thick-walled spaces and in fibrosed areas, with hyaline nodule formation, necrosis and calcification, emphysema and bronchiectasis.

Sections from the base of the right lung, thought grossly to be tuberculous, show the caseous cavitation and infiltration there to be carcinomatous. On a background of heavy fibrosis and bronchiectasis is extensive infiltration by masses and cords of stratified squamous epithelium, maturing in considerable degree. This is shown to come from a bronchus, where there is squamous metaplasia of epithelial lining. There are considerable necrosis and purulent leukocytosis of the cavity area. Within and about the carcinoma area there is more active fibrosis than in other portions of the lung, and heavy lymphocytic infiltration. The histologic diagnosis is asbesto-silicosis, with fibrosis, emphysema, bronchiectasis, chronic fibrous and acute pleurisy; epidermoid bronchial carcinoma.

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