

# ASCESSO POLMONARE

Raccolta di pus contenuta in cavità neoformata, originata dalla distruzione di parenchima polmonare.

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## ASCESSO POLMONARE: etiologia

### PRIMITIVO

- ASPIRAZIONE {
  - ↓ stato coscienza
  - scarsa igiene orale
  - patol. esofagea
- POLMONITE {
  - virulenza batterica  
(*S. Aureus*, *K. Pneumoniae*)
  - immunodeficienza  
(*AIDS*, *CHT*, *diabete*)

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## ASCESSO POLMONARE: etiologia

### SECONDARIO

- OSTRUZIONE BRONCHIALE {
  - Neoplasie
  - Corpi estranei
  - Linfoadenopatie
- LESIONI ESCAVATE {
  - Neoplasie
  - Infarto polmonare
- ESTENSIONE DIRETTA      Ascessi subfrenici
- EMATOGENA
- ALTRE CAUSE (cisti broncogene, aeree, idatidee, bronchiectasie, lesioni post-traumatiche; contusioni polmonari)

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## ASCESSO POLMONARE: batteriologia

### AEROBI

- S. Aureus
- Streptococchi
- K. Pneumoniae
- Proteus
- E. Coli
- Ps. Aeruginosa
- Enterobacter Cl.

### ANAEROBI

- Fusobacterium
- Bacteroides
- Clostridium
- Peptococcus
- Peptostreptococcus

### OPPORTUNISTI PATOGENI

- Candida
- Legionella Pneumophila
- Pneumocystis Carinii

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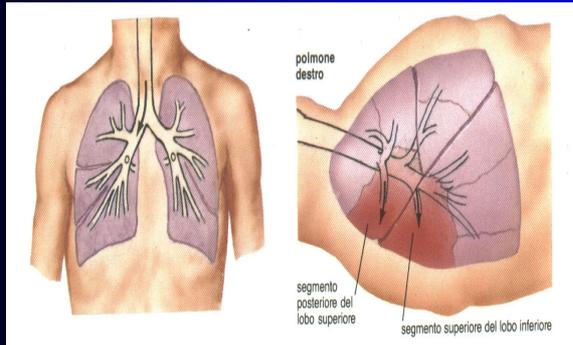
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## ASCESSO POLMONARE: localizzazione



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## ASCESSO POLMONARE: anatomia patologica

### ESAME MACROSCOPICO

- Lobo aumentato di volume e consistenza
- Cavità centrale a contenuto purulento
- Pareti irregolari ed anfrattuose

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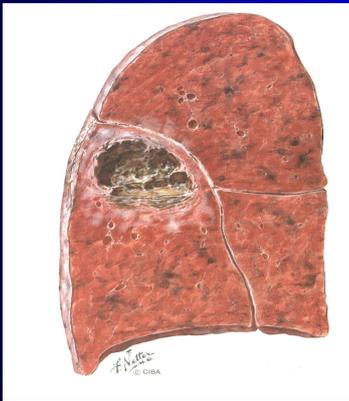
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**ASCESSO POLMONARE SEMPLICE**  
Anatomia patologica  
ESAME MICROSCOPICO

- Al centro: necrosi e neutrofili
- Pareti: (interno) tessuto di granulazione  
(esterno) strato fibrino-necrotico
- In periferia: barriera di neutrofili
- Reazione fibroblastica perilesionale ed aree disventilanti

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**ASCESSO POLMONARE:** esame obiettivo

- ISPEZIONE: ippocratismo digitale?
- PALPAZIONE: ↑ FVT
- PERCUSSIONE: ipofonesi
- ASCOLTAZIONE: rantoli grossolani  
sfregamenti pleurici

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## ASCESSO POLMONARE: diagnosi

- Clinica
- Esame obiettivo
- **RADIOLOGIA**
  - Rx torace
  - TC torace
- Esame batteriologico (espettorato, broncoaspirato)

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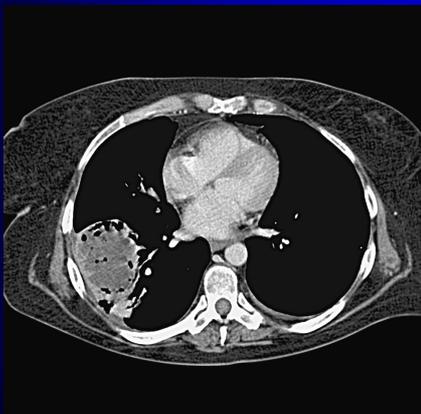
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**ASCESSO POLMONARE: complicanze**

- **ROTTURA ENDOBRONCHIALE**
  - emottisi (anche massiva)
  - vomica
- **ROTTURA ENDOPLEURICA**
  - shock settico
  - pioPNX
- **ASCESSI METASTATICI**
  - S.N.C.

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**ASCESSO POLMONARE: terapia**

MEDICA

- Antibiotici (antibiogramma)
- Instillazioni endobronchiali
- Drenaggio posturale
- N.P. di supporto (in pz. defedati)

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**ASCESSO POLMONARE: terapia**

**CHIRURGICA: indicazioni**

- In URGENZA
  - Complicanze (emottisi massiva, FBP,empiema)
- In ELEZIONE
  - Fallimento terapia medica
  - Diametro > 6 cm.
  - Sospetta neoplasia

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**ASCESSO POLMONARE: terapia**

**CHIRURGICA: opzioni**

- Drenaggio percutaneo TC-guidato
- Drenaggio sec. Monaldi
- Drenaggio perendoscopico
- EXERESI (10% dei casi)
  - lobectomia
  - pneumonectomia

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