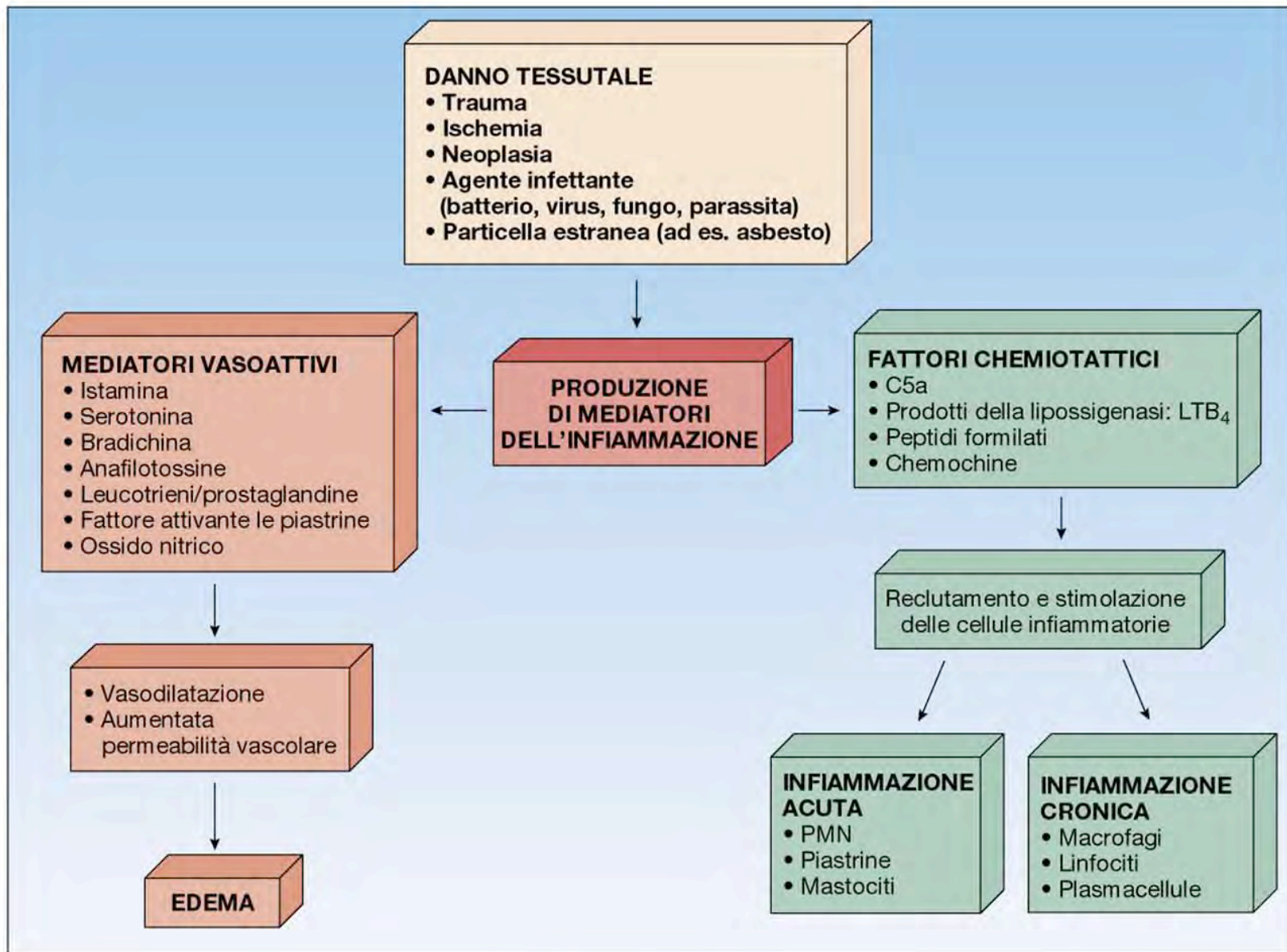
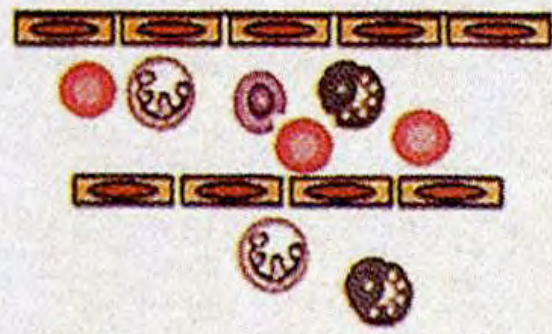
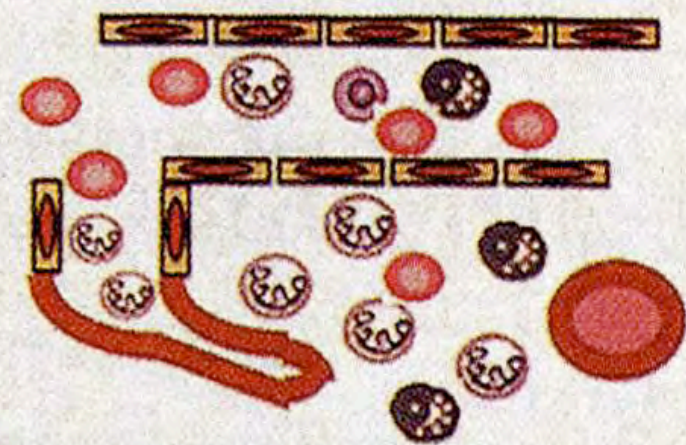

FLOGGOSI

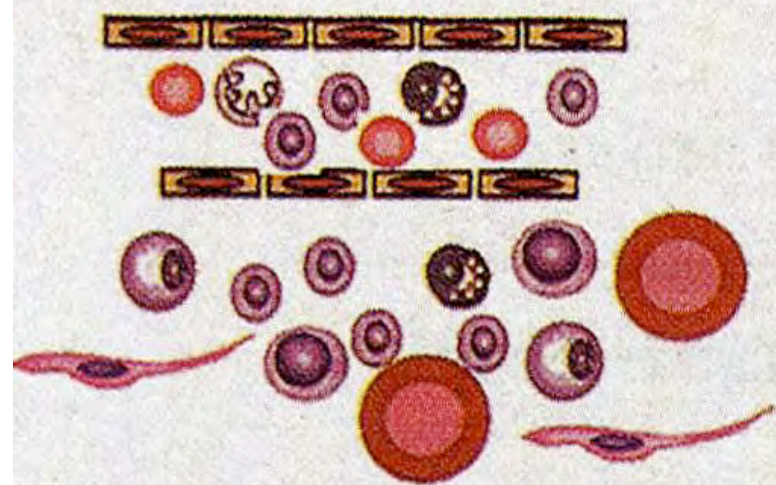




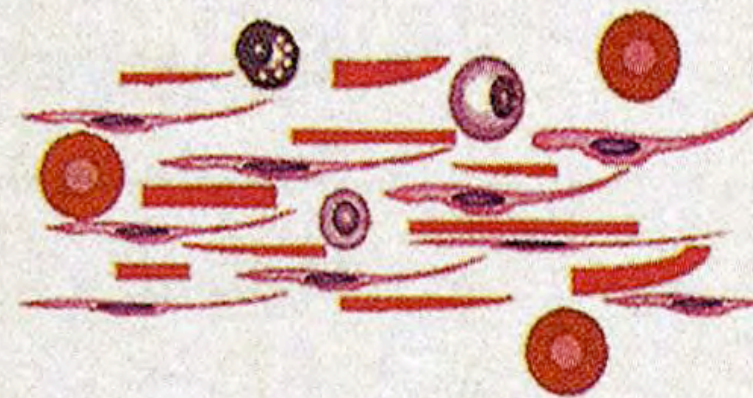
I. INFIAMMAZIONE ACUTA



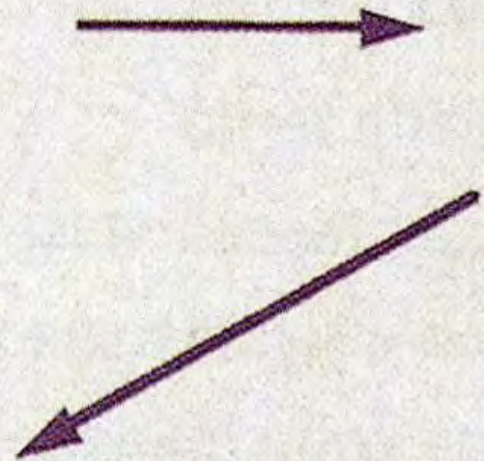
II. INFIAMMAZIONE ACUTA (Amplificata)



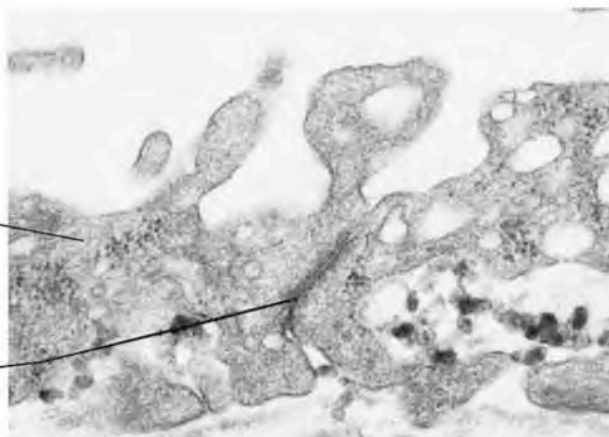
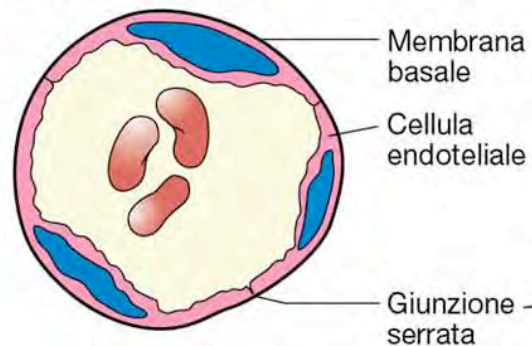
III. INFIAMMAZIONE CRONICA



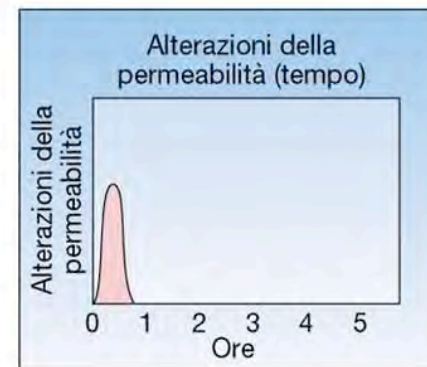
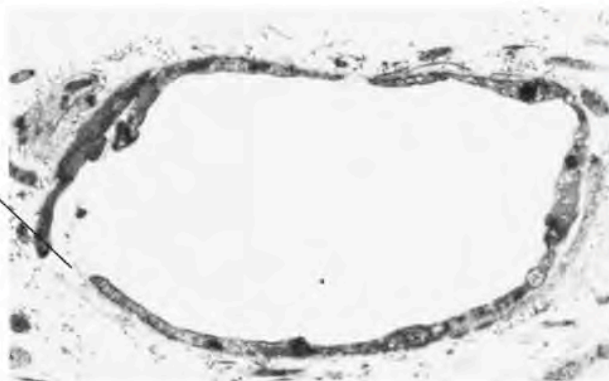
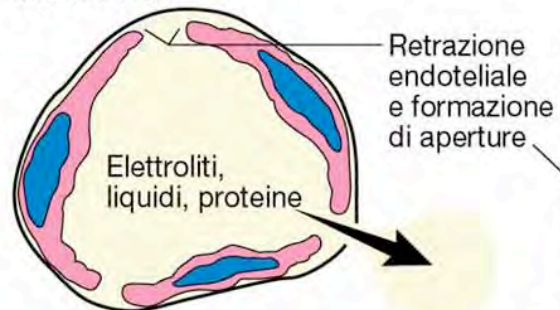
IV. RIPARAZIONE



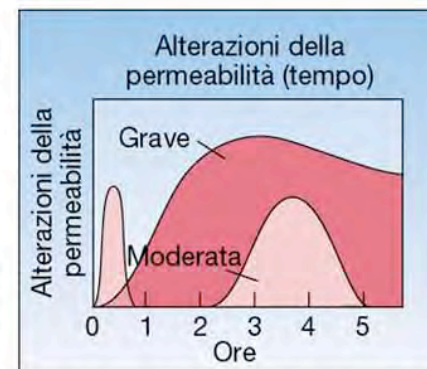
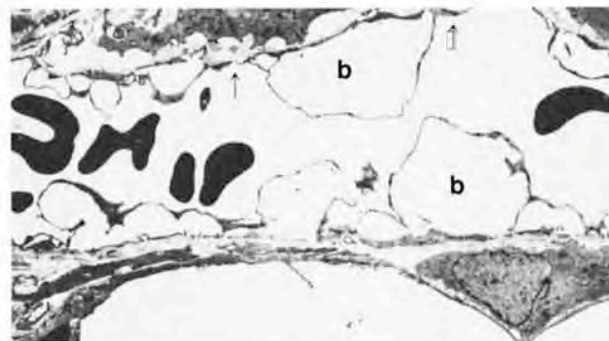
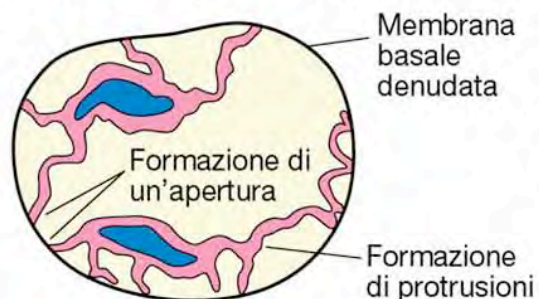
A VENULA NORMALE



B DANNO INDOTTO DA UN MEDIATORE VASOATTIVO



C DANNO DIRETTO ALL'ENDOTELIO



Correlazioni Clinico-Patologiche

CALOR

DOLOR

RUBOR

TUMOR

FUNCTIO
LAESA

FEBBRE

ANORESSIA

ASTENIA

LEUCOCITOSI

AUMENTO
DELLA VES

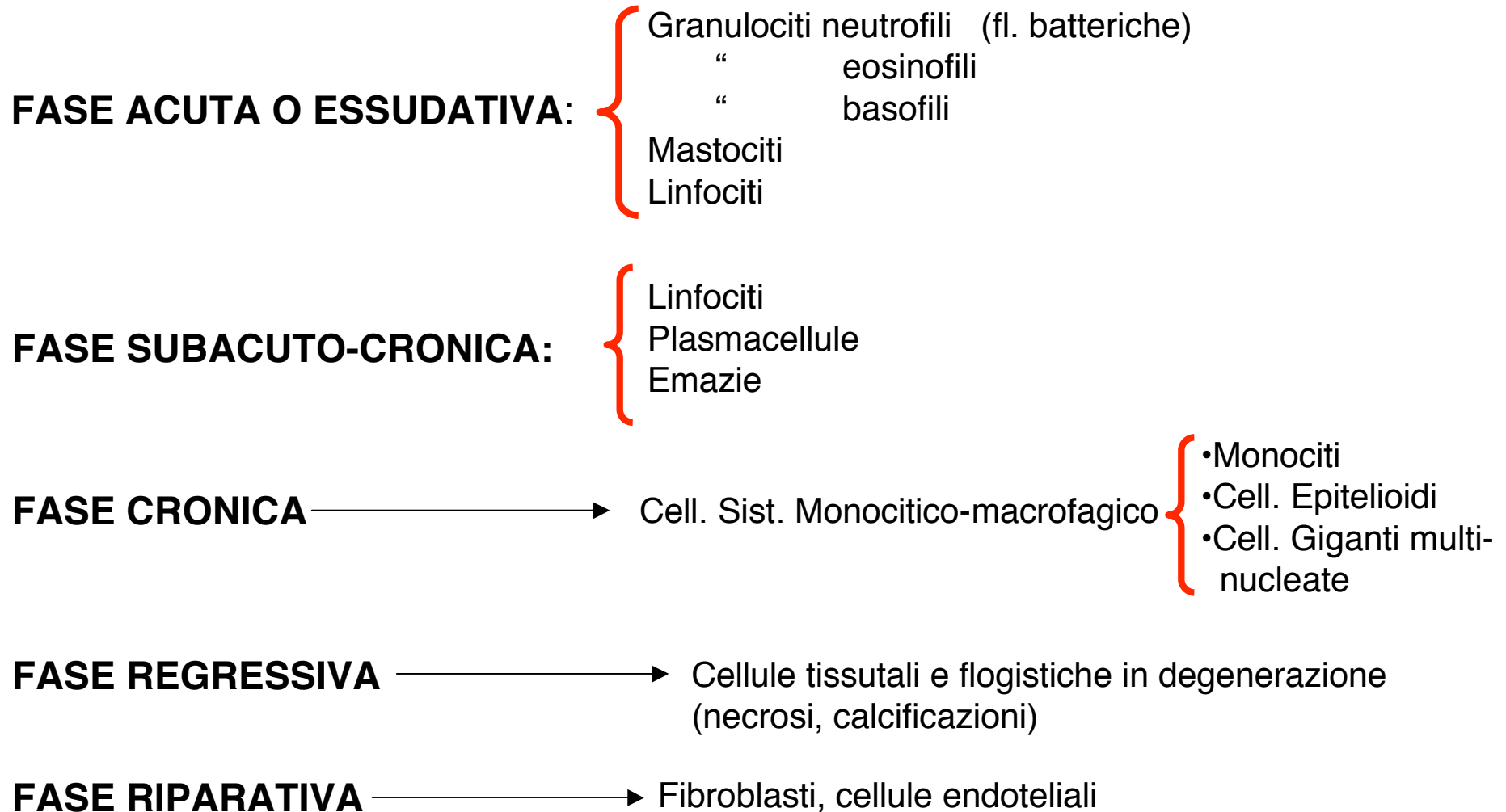
FLOGOSI

Si prefigge di:

- distruggere o limitare l'agente nocivo,
 - avviare processo di riparazione,
 - riportare il tessuto danneggiato alla sua originaria funzione.
-
- Alcune cause provocano una risposta infiammatoria acuta che può col tempo cronicizzare.
 - Altre provocano una risposta infiammatoria cronica sin dall'inizio.

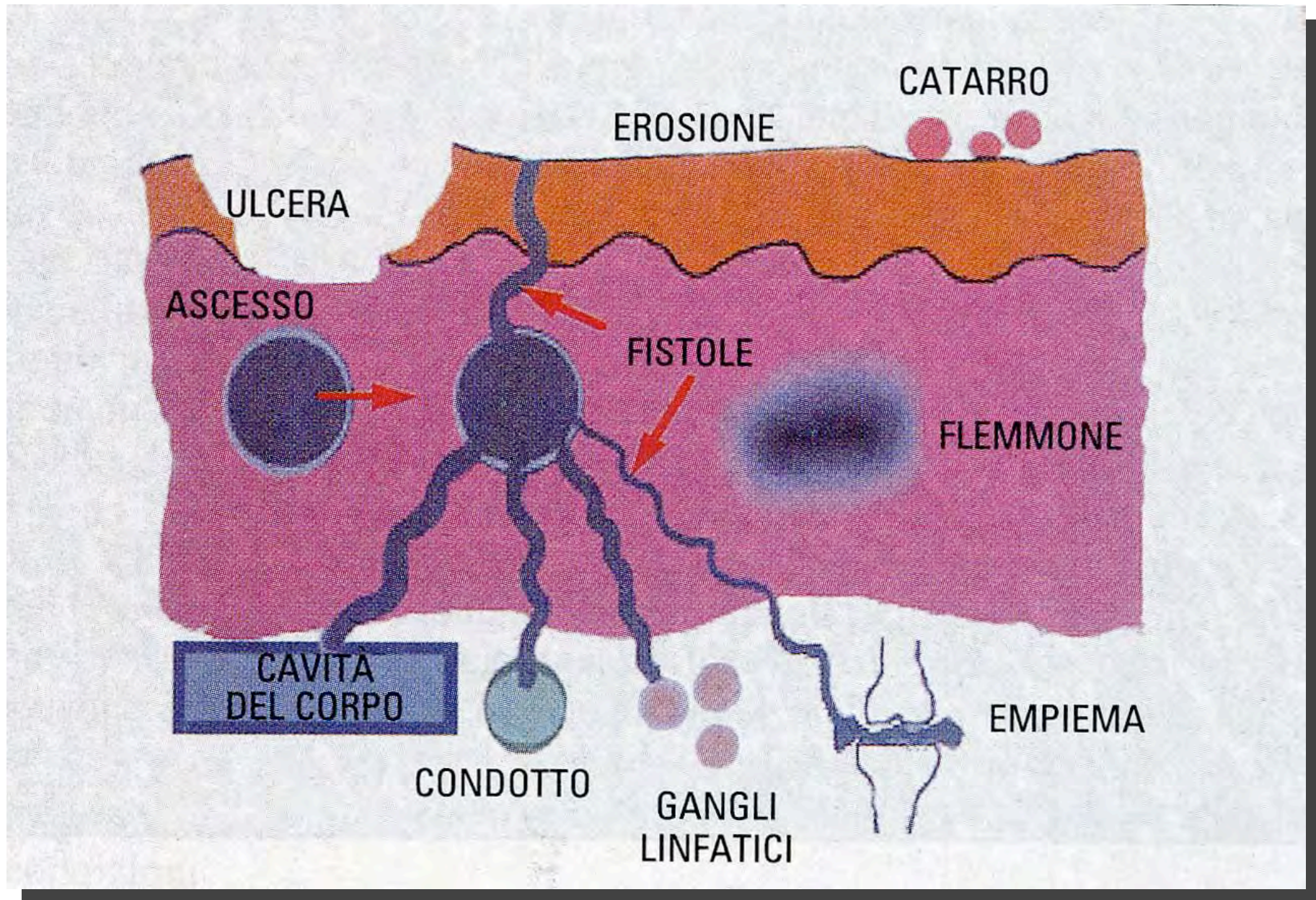
CELLULE DELLA FLOGOSI

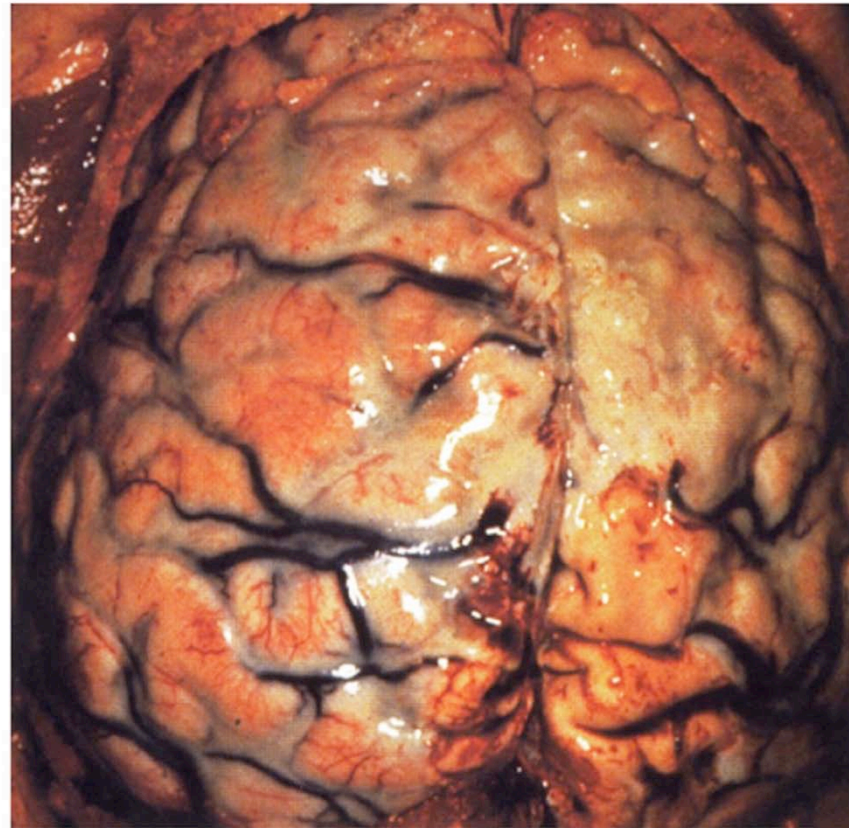
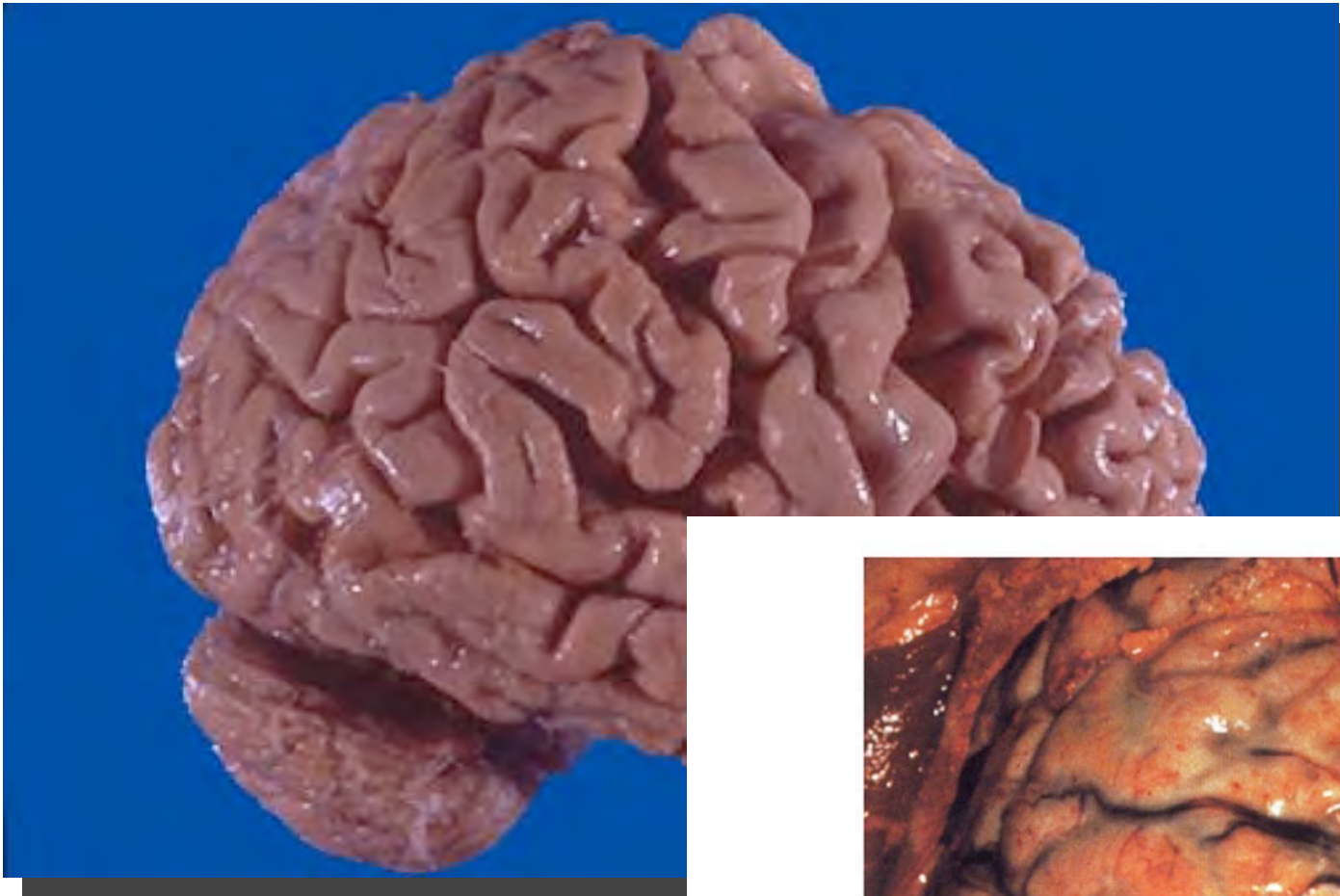
Gli elementi cellulari dell'essudato ed il modo in cui si aggregano, consentono di definire la *fase* e il *tipo della flogosi* e, talvolta, la sua *etiologia (flogosi specifiche)*.

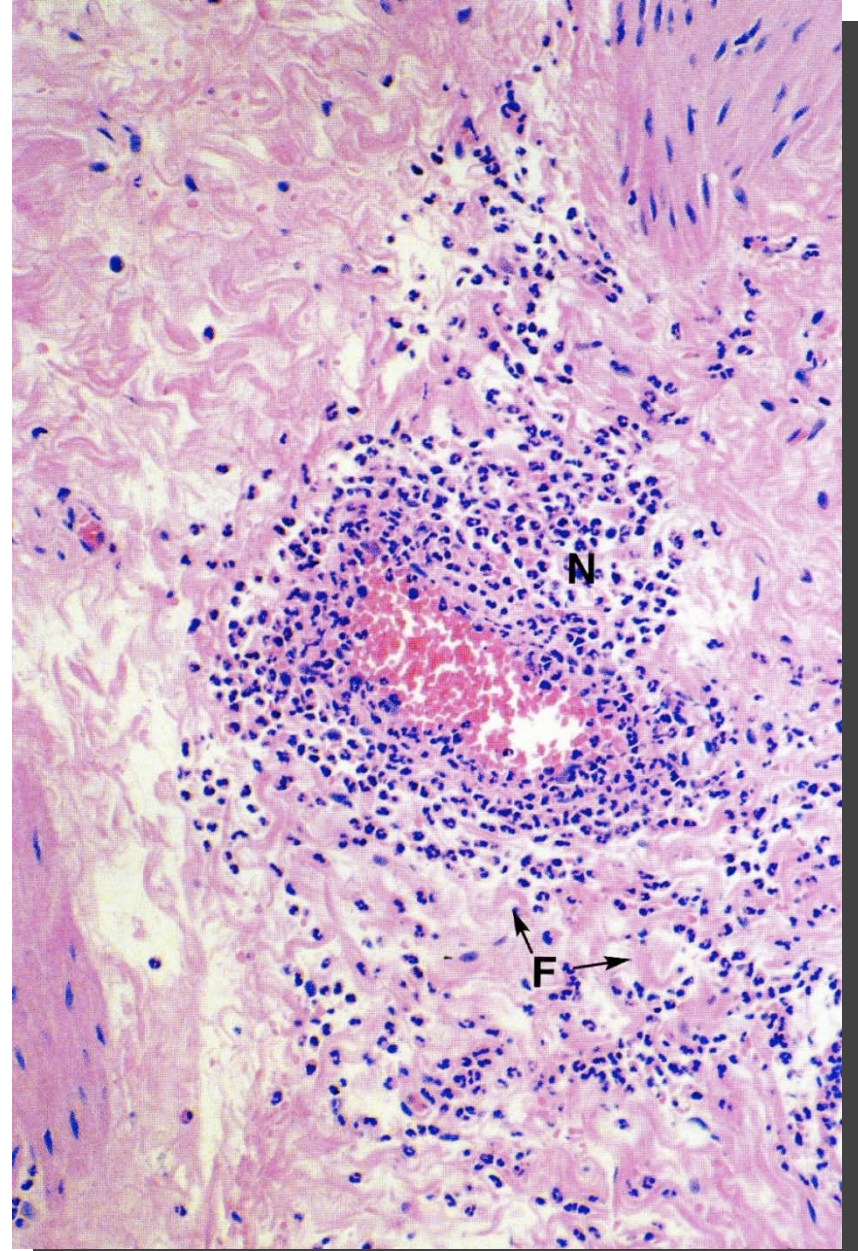


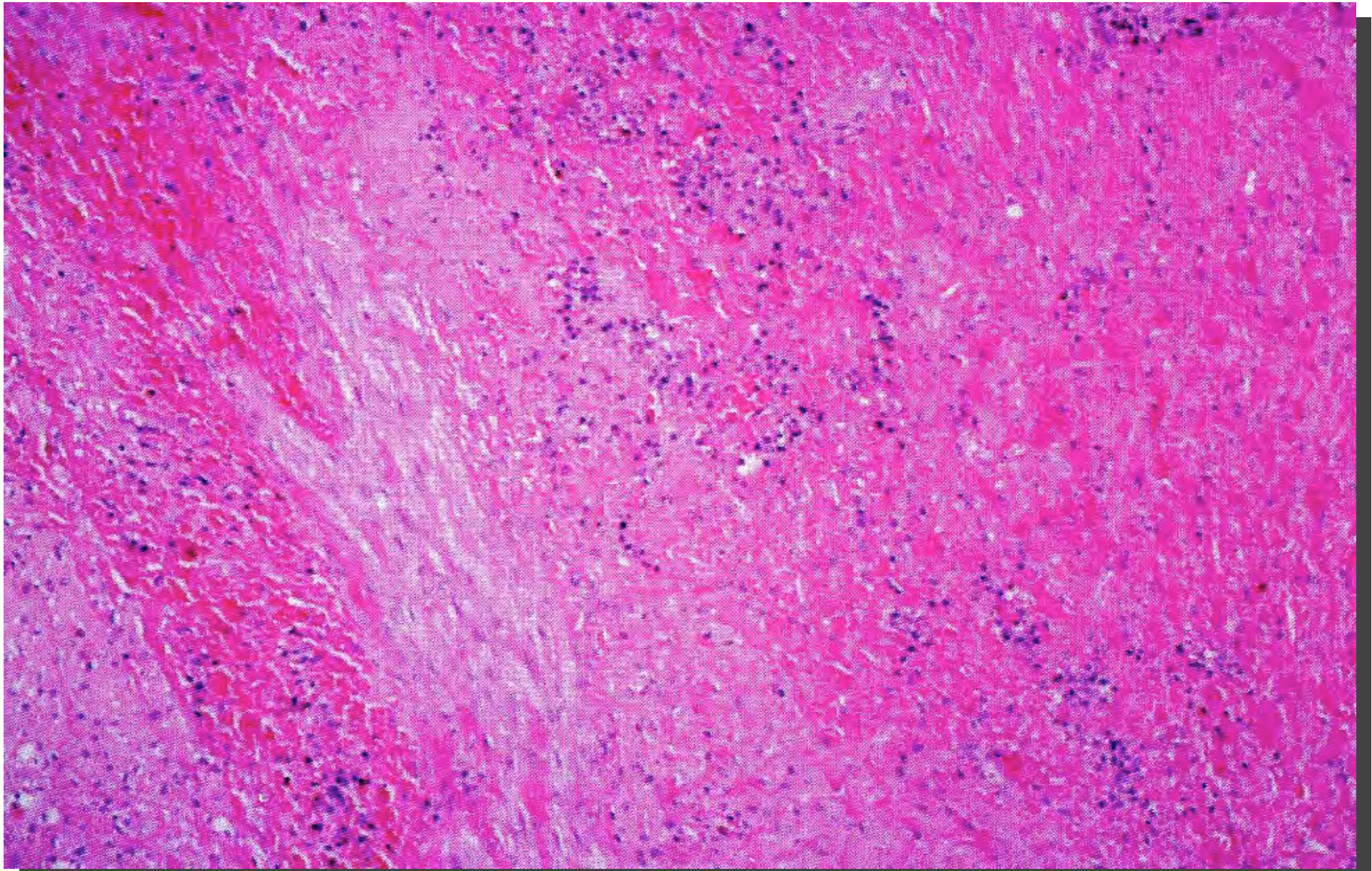
Caratteri dell'essudato

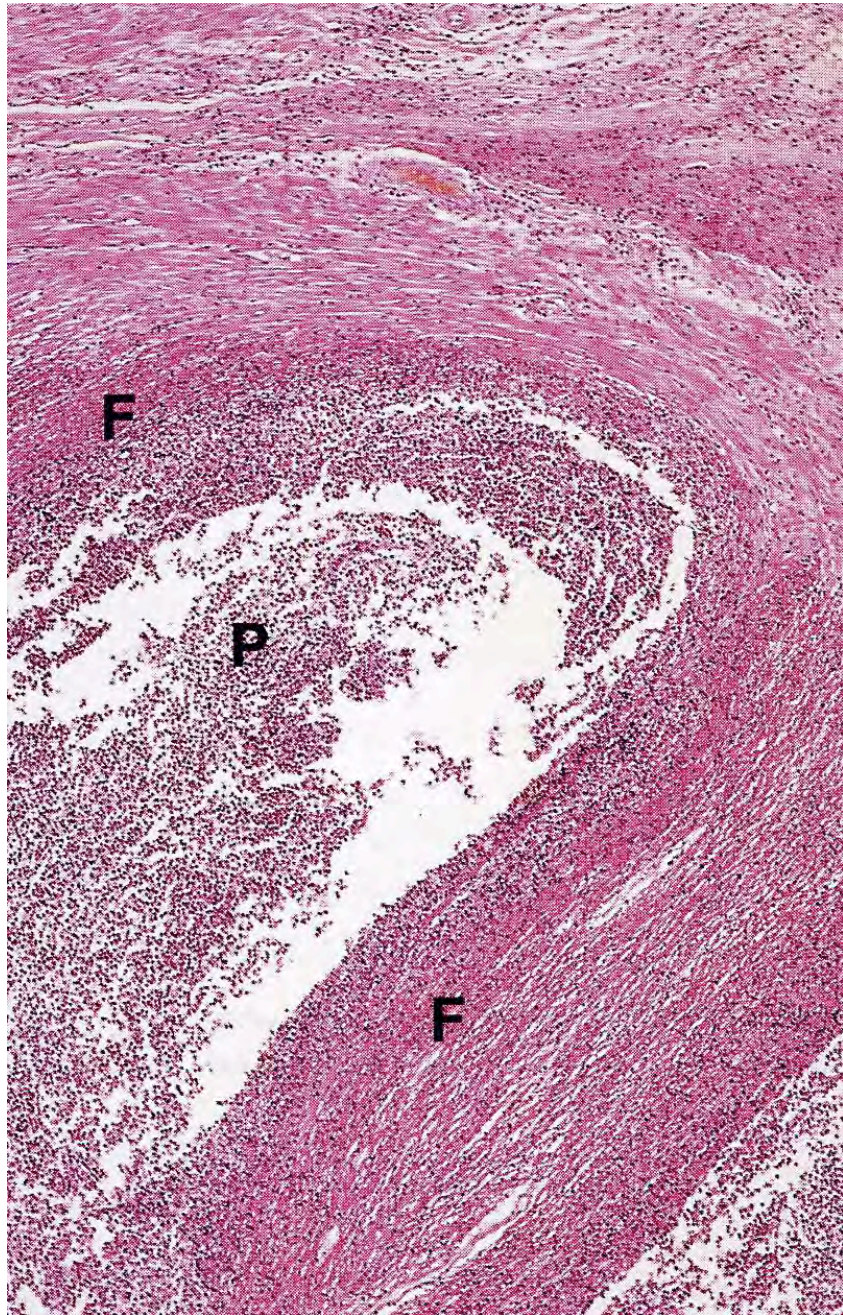
TIPO	SEDE	QUADRI PATOLOGICI
Eritematosa	Cute Mucose	Arrossamento
Sierosa / Catarrale	Cute e mucose	Vescicola, bolla
Fibrinose e Sierofibrinose	Mucose secernenti (bronchi, intestino)	Catarro
	Sierose	Pleurite Pericardite Peritonite
	Parenchimi	
Purulenta	Sierose	Pseudomembrane senza necrosi Pseudomembrane + necrosi tissutale
	Mucose	
	Parenchimi	Broncopolmonite, epatite, nefrite
	Ubiquitaria	Pustola, foruncolo, ascesso, flemmone, empiema.
Emorragica (fibrino-emorragica)		Pustola, foruncolo, ascesso, flemmone, empiema, gangrena.
Necrotizzante		
Putrida		

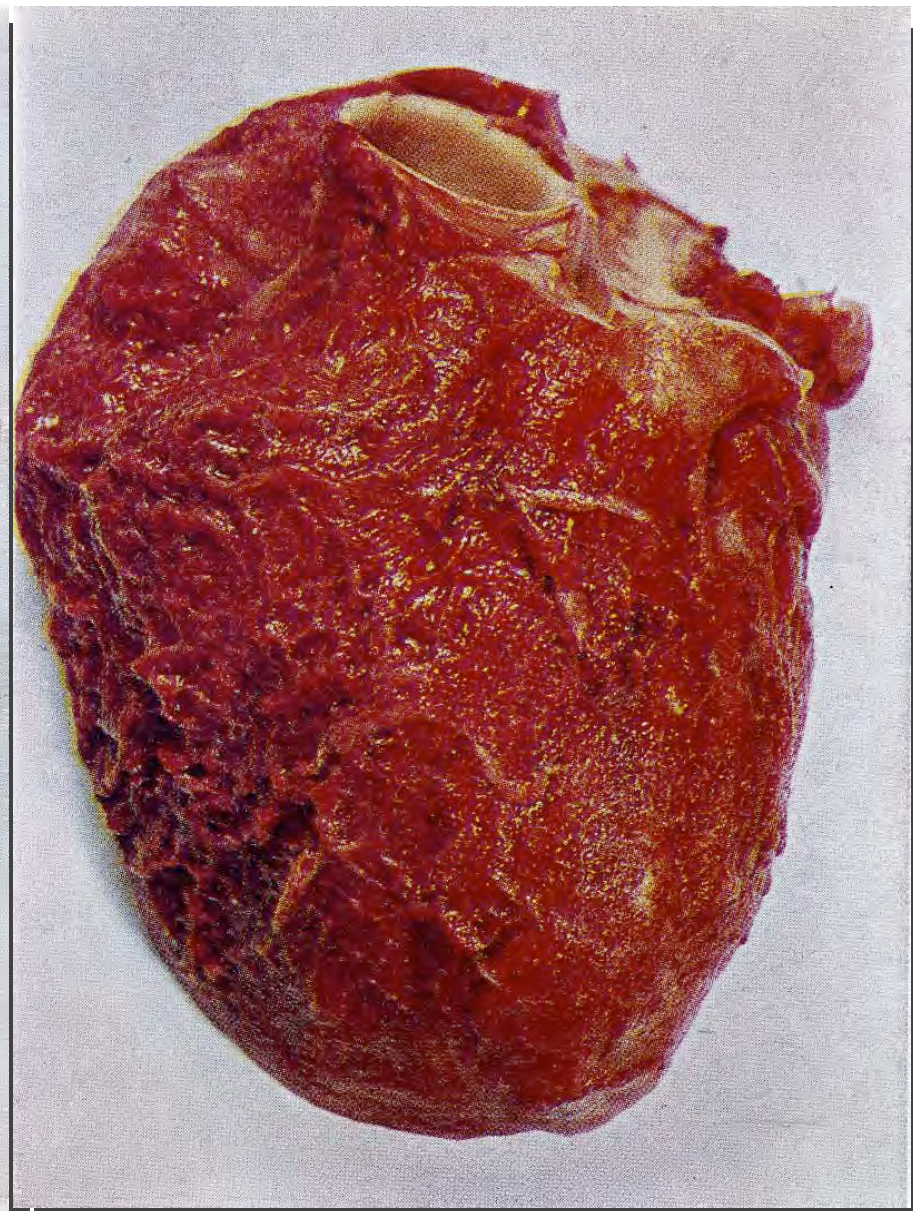


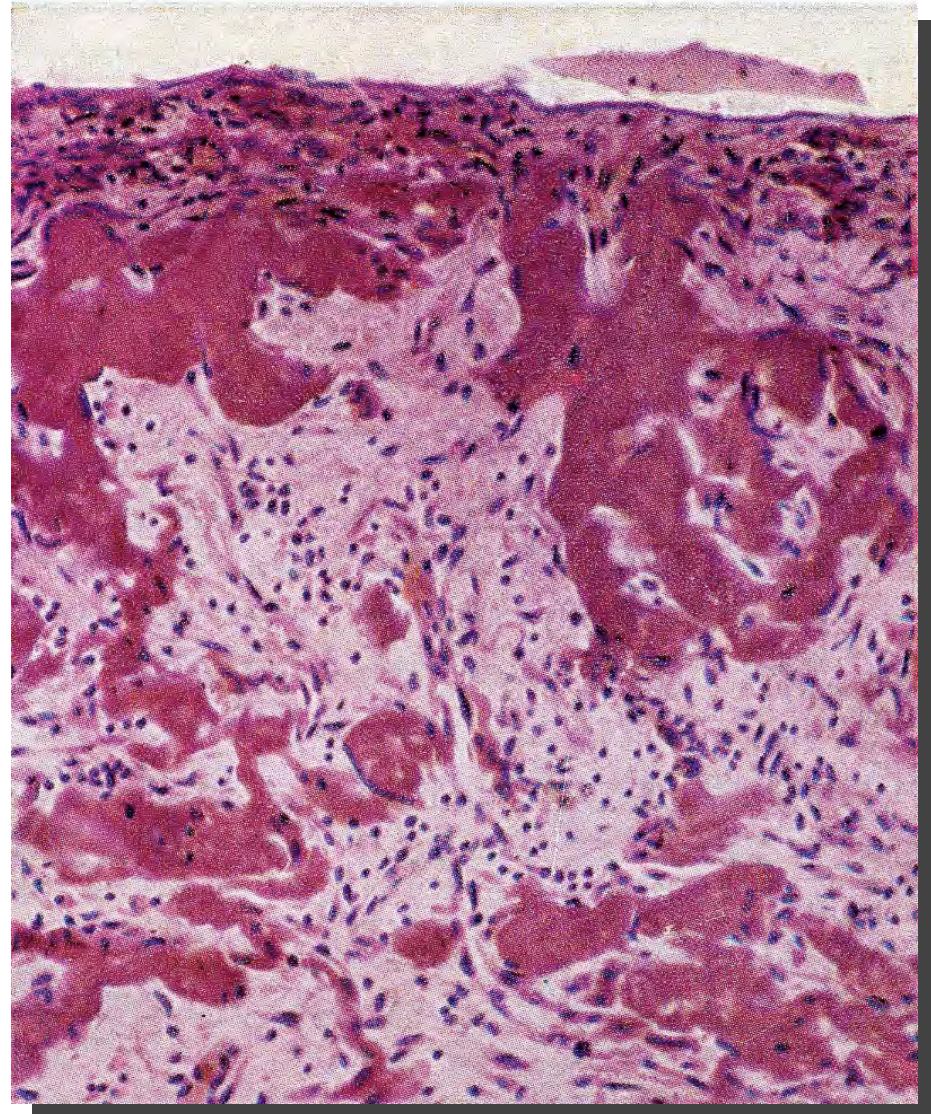
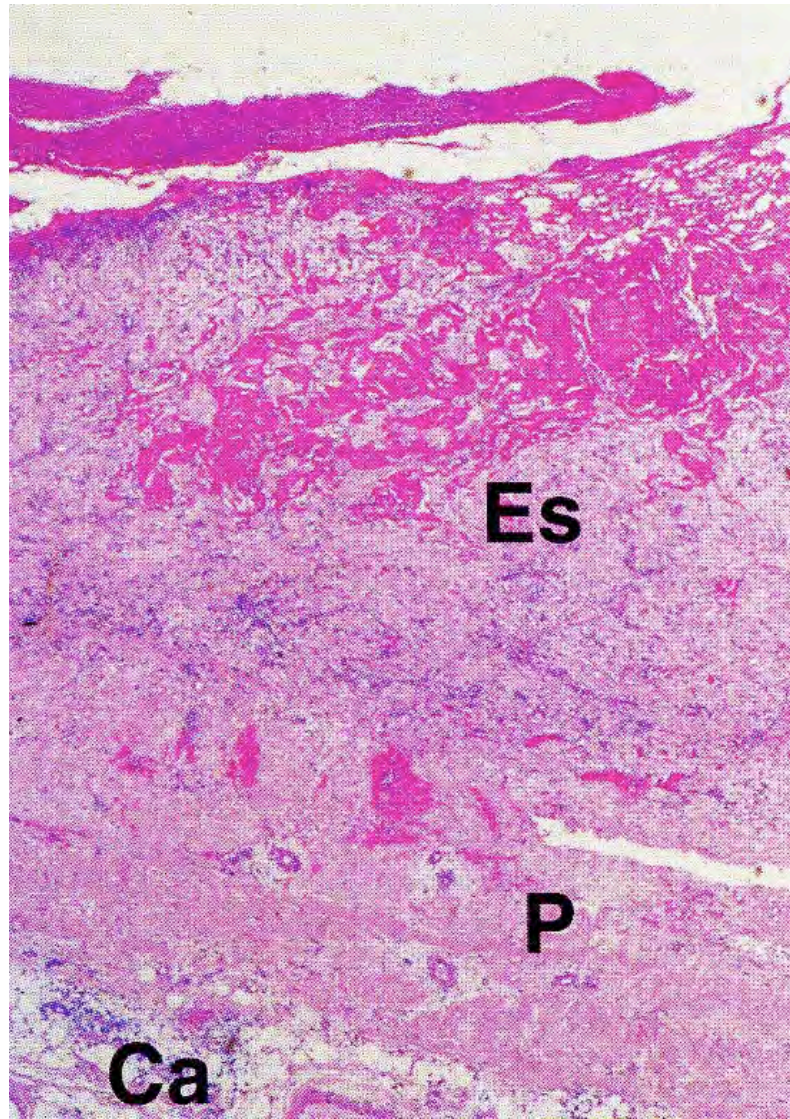












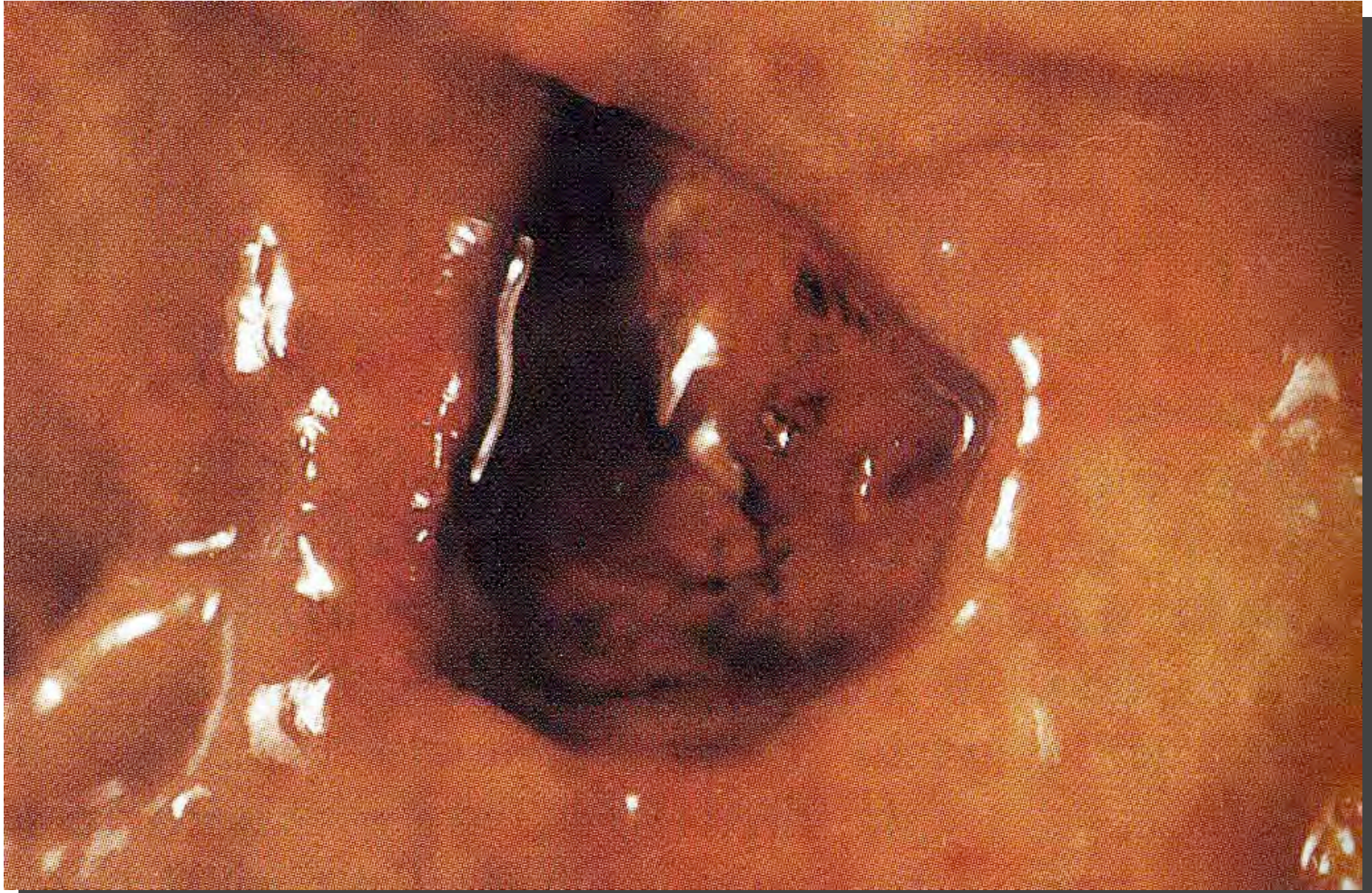
FLOGOSI CRONICHE

Diffuse = senza granuloma

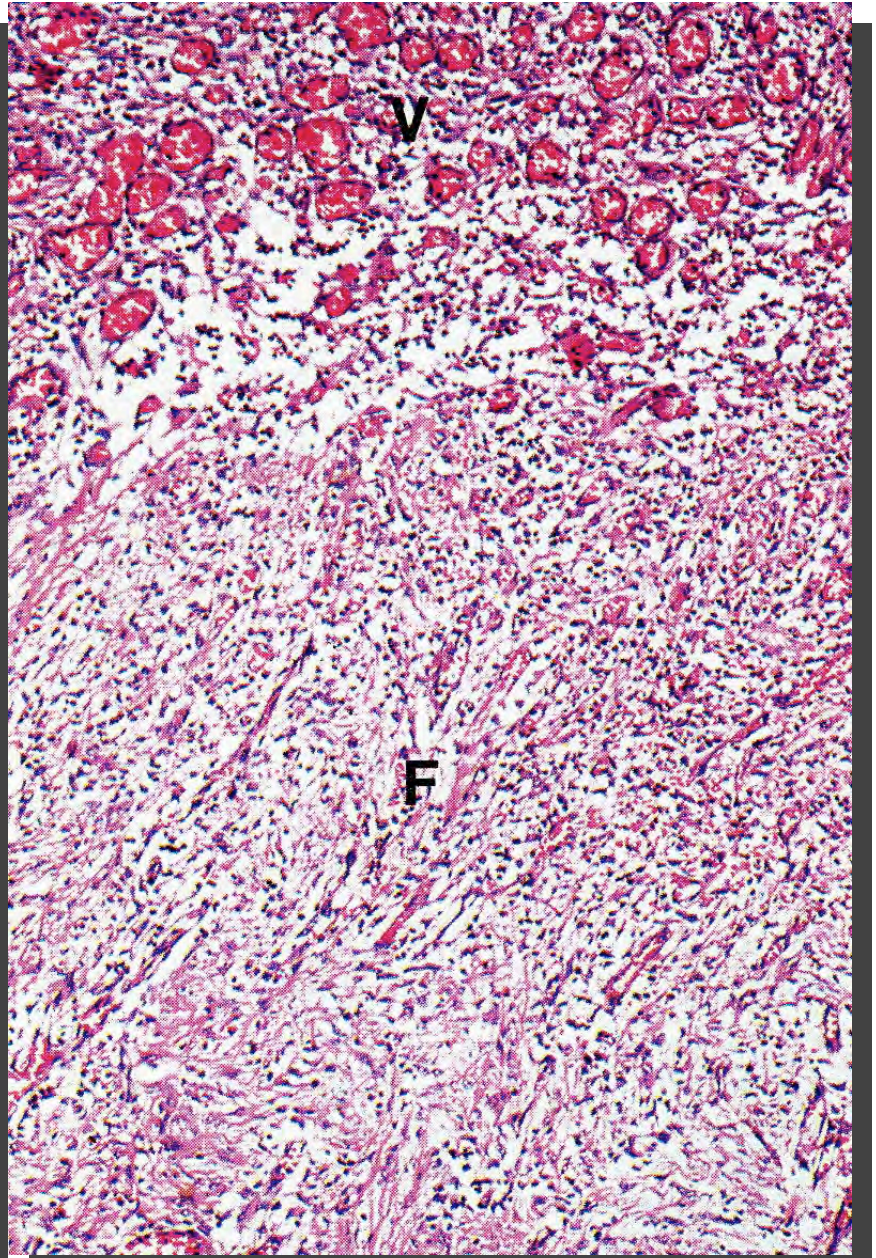
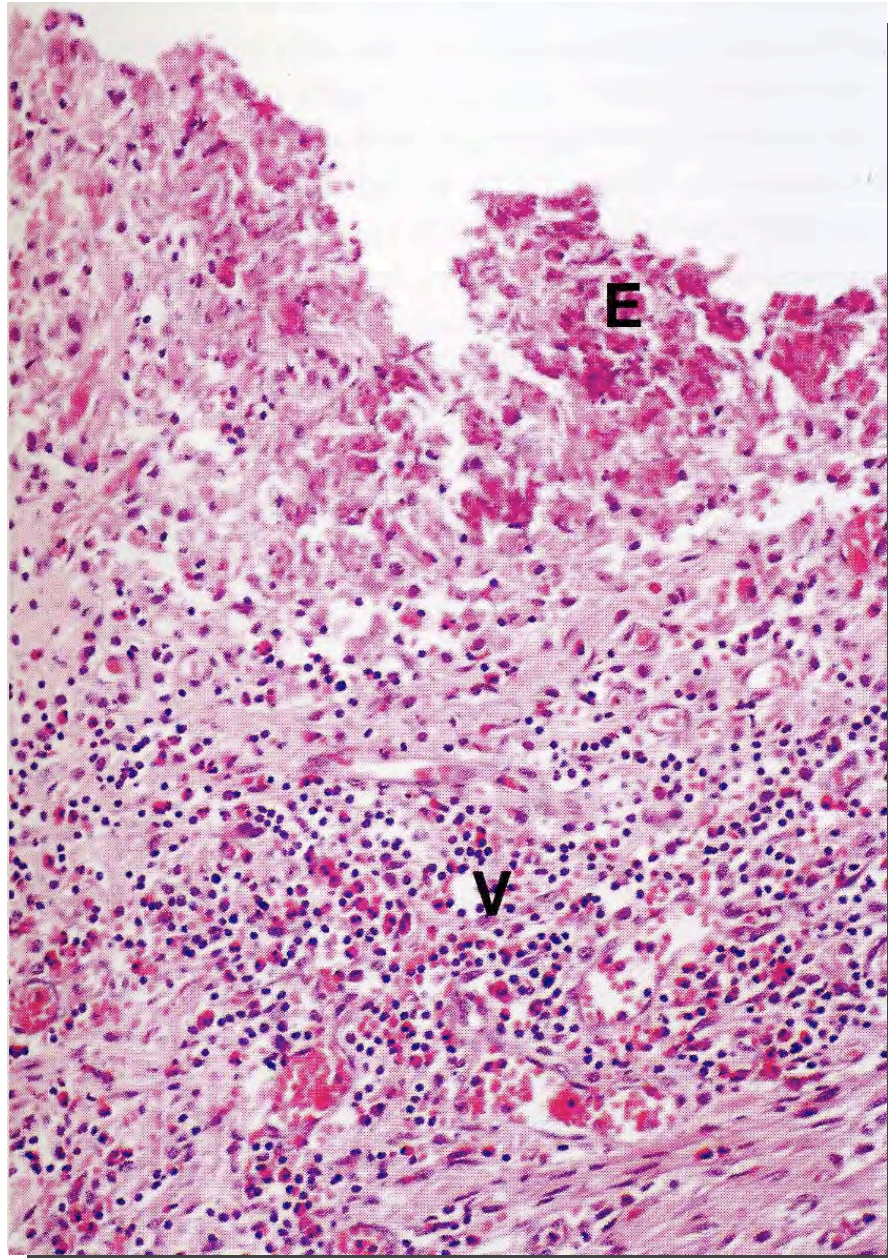
- Essudato linfomonocitario e plasmacellulare
Frequenti aggregati follicolari linfatici
- Malattie autoimmunitarie (es.: tiroidite di Hashimoto, Lupus Eritematoso, Sialoadeniti autoimmuni)

Circoscritte = Granuloma

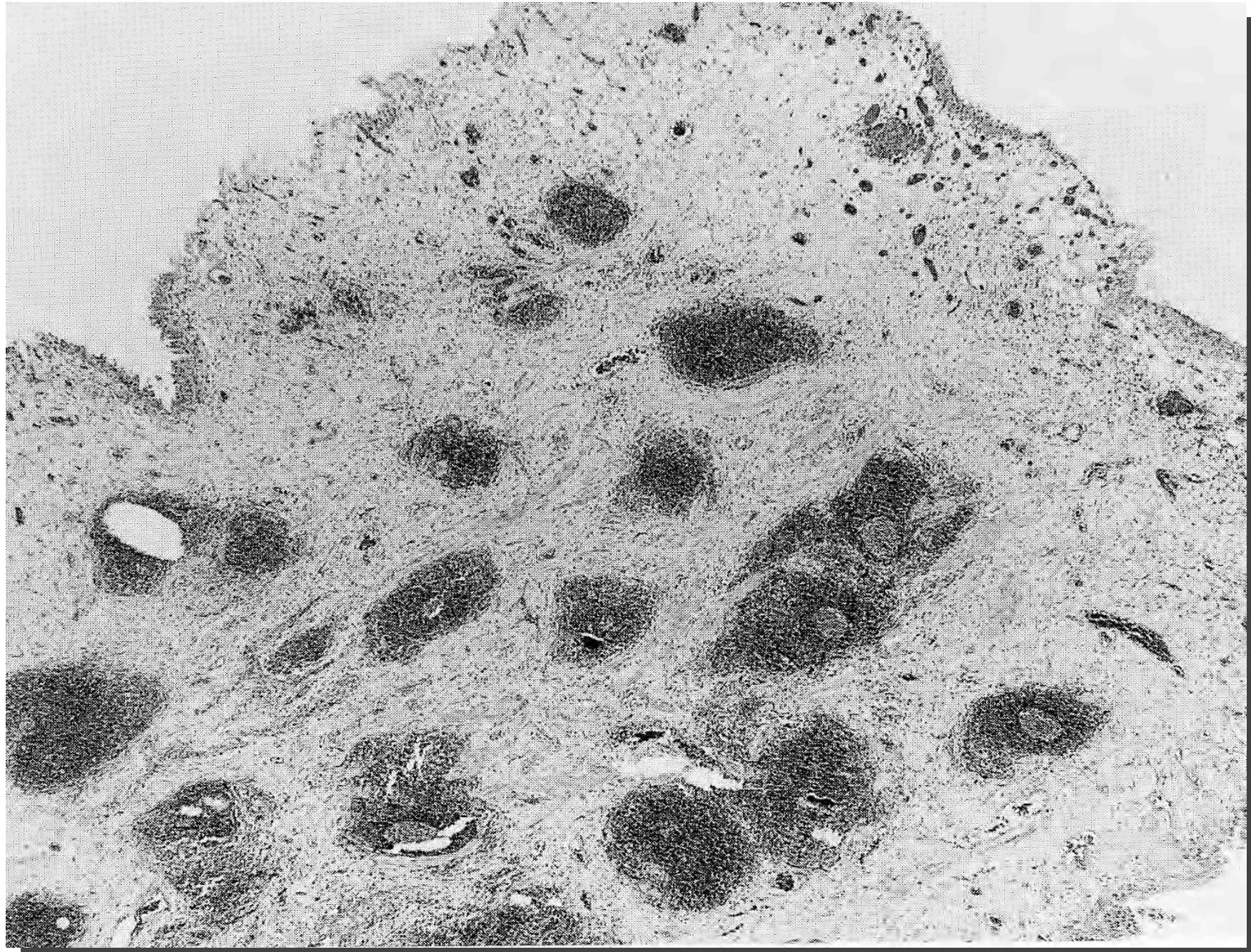
- Antigeni persistenti e scarsamente riassorbibili
- Cellule Monocitico-macrofagiche (macrofagi, cellule epiteloidi, fibroblasti, vasi neoformati, linfociti, plasmacellule)
- Demarcazione del focolaio necrotico
(fondo ulcera gastrica, organizzazione infarto ecc.)

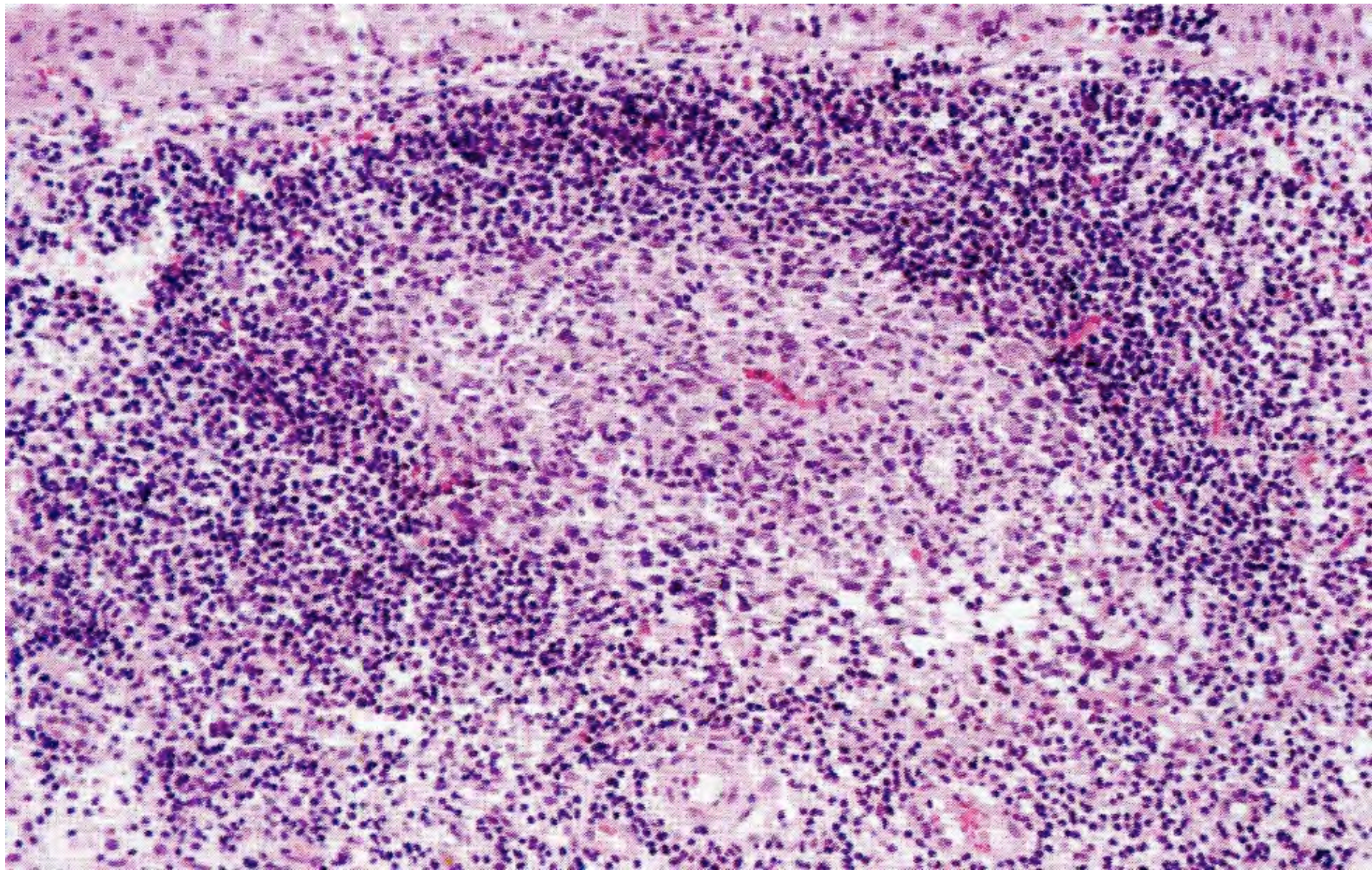












FLOGOSI CRONICHE GRANULOMATOSE

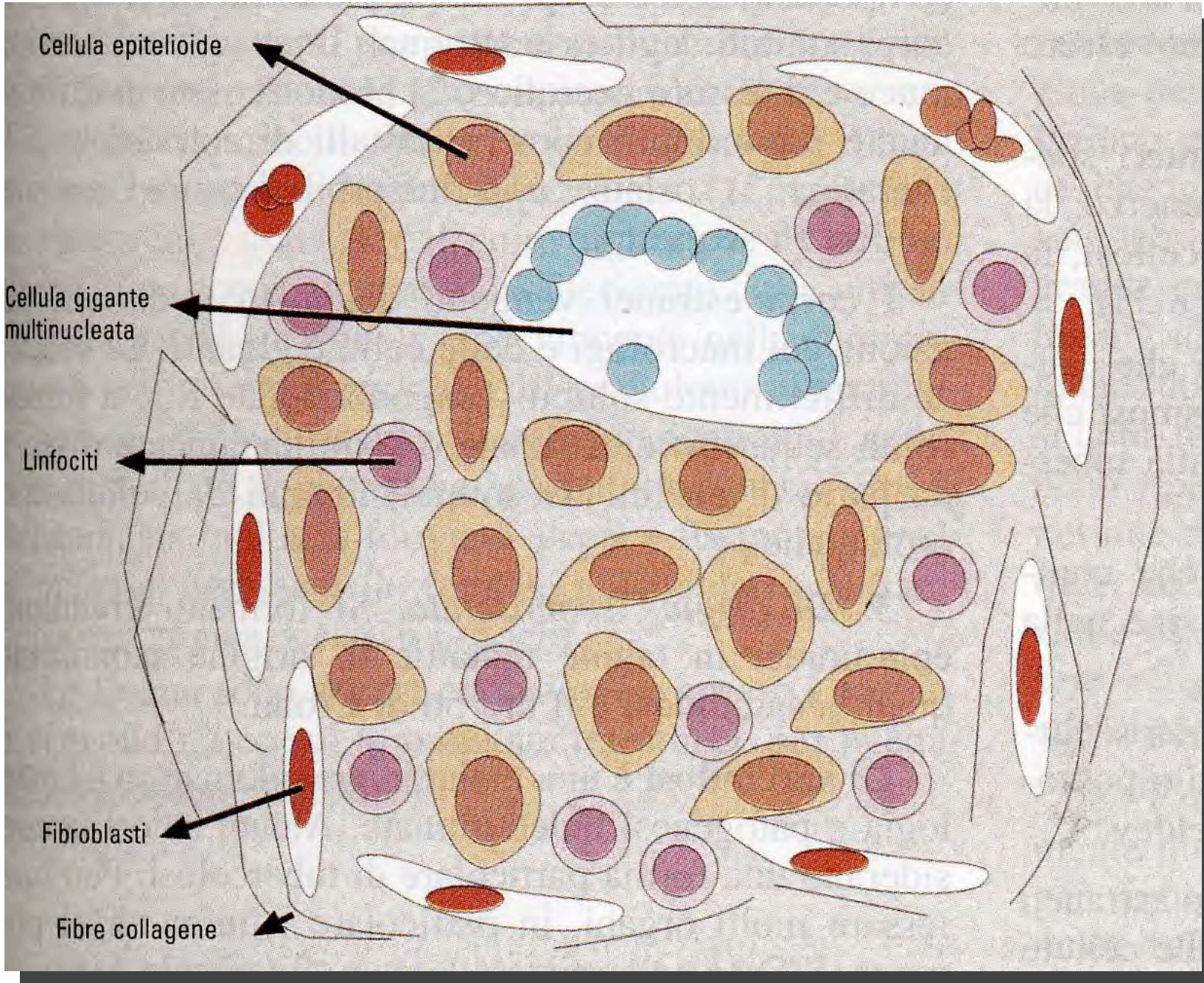
GRANULOMA: formazione nodulare, tumoriforme, costituita da residui antigenici e tissutali e da cellule infiammatorie

Granulomi aspecifici:

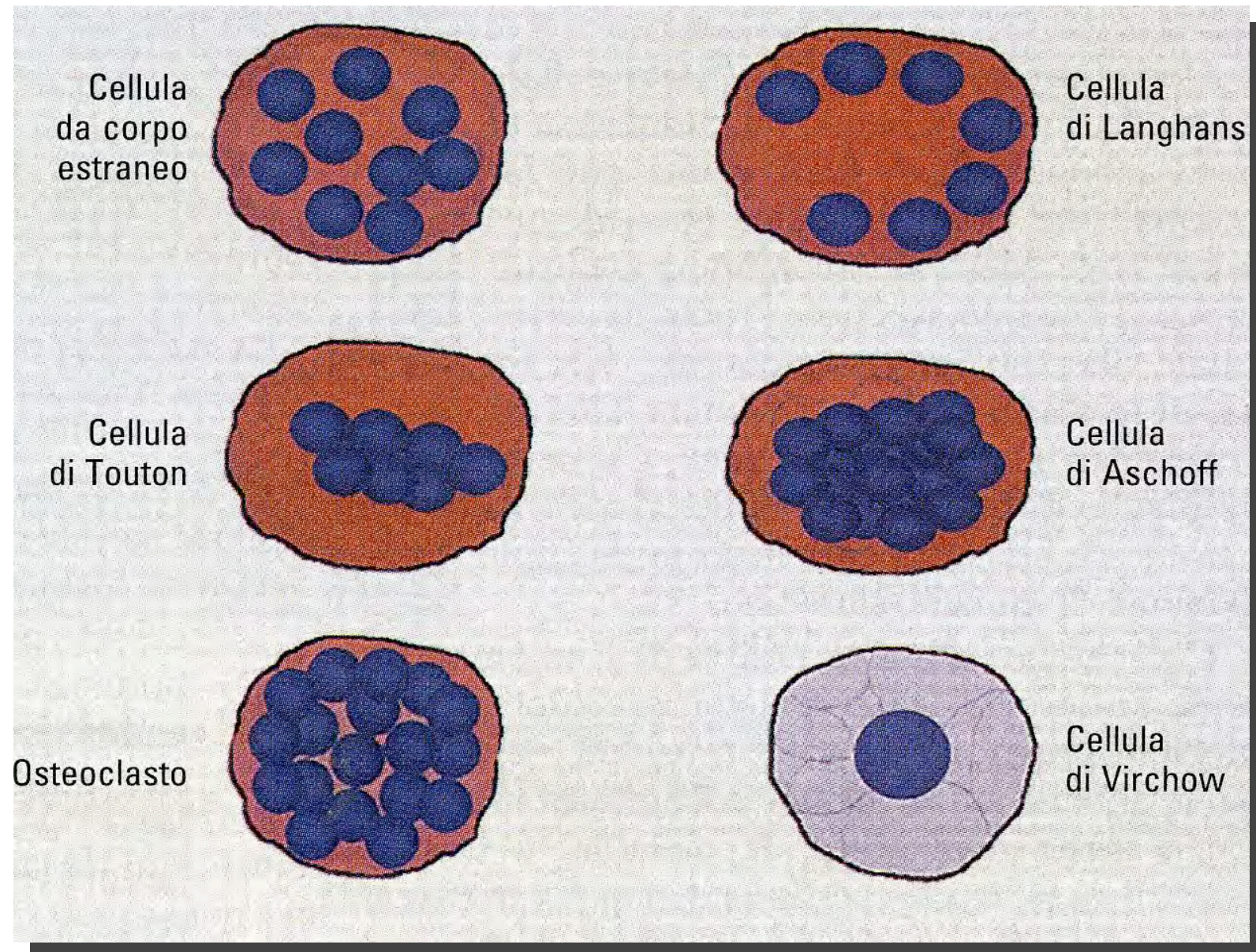
da corpo estraneo
Colesterinico
Lipofagico
Colloidofagico (tiroidite di De Quervain)

Granulomi specifici

TBC
Lebbra
Sarcoidosi
Lue
Actinomicosi
Rinoscleroma

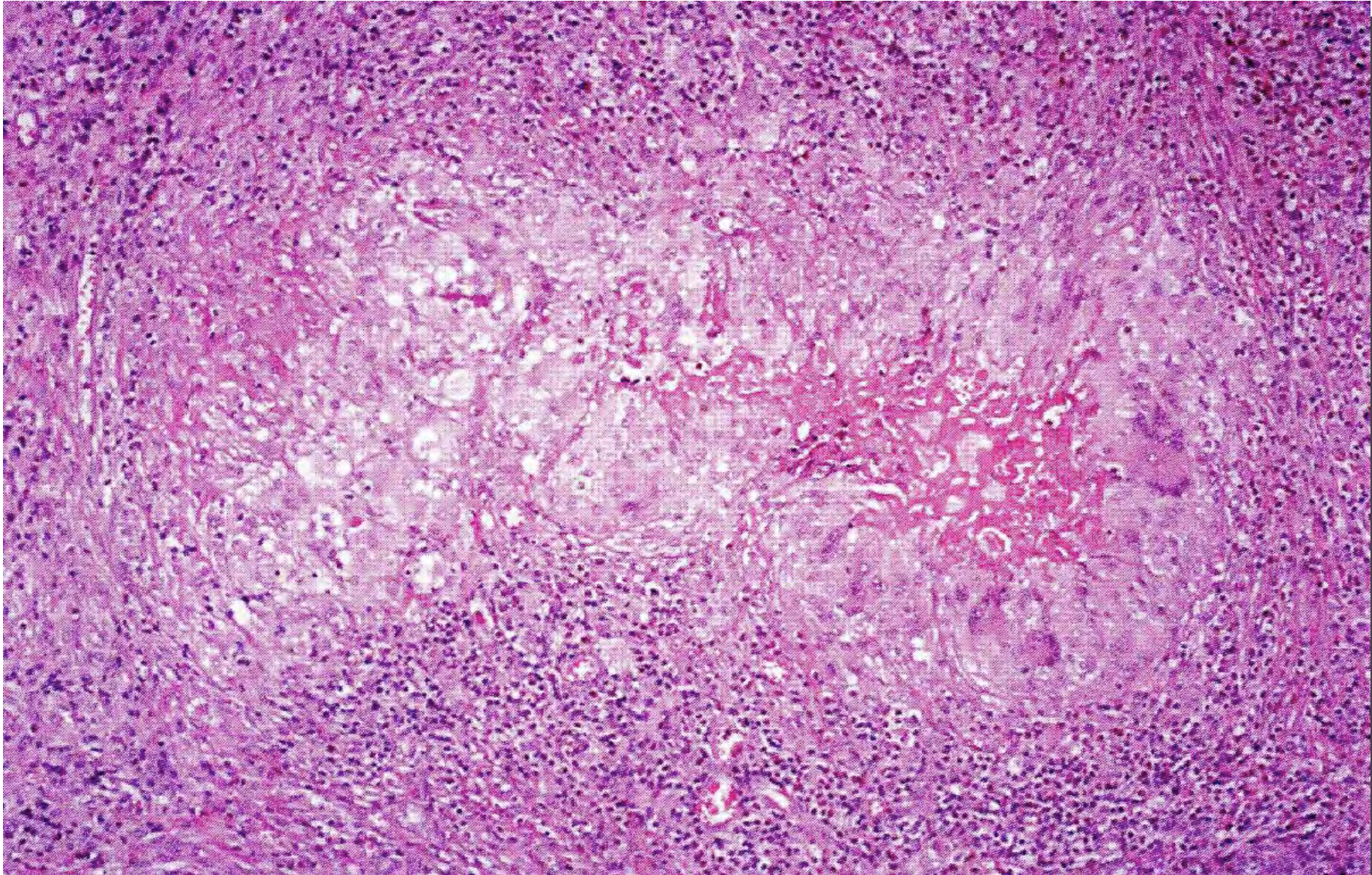


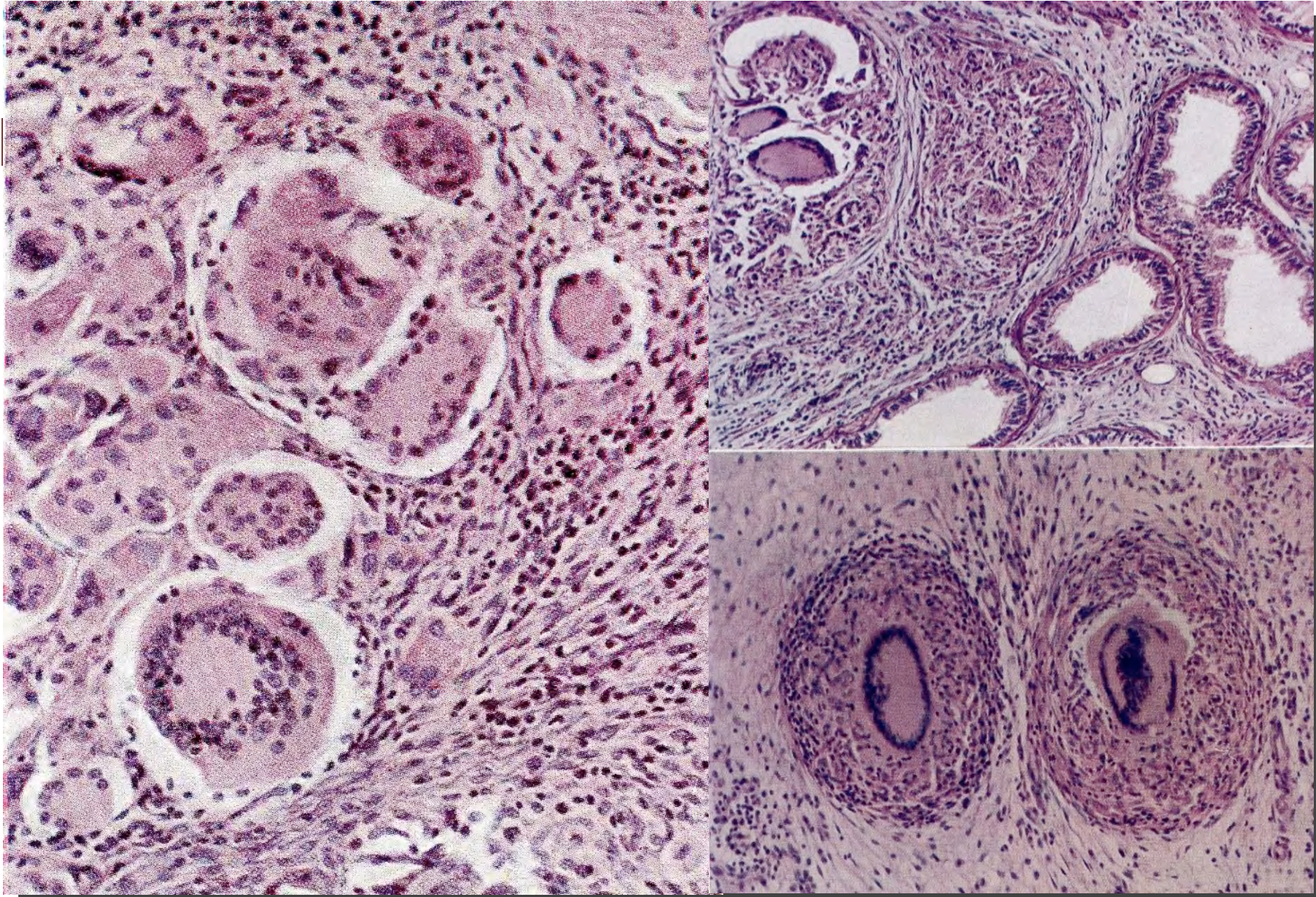
Cellule giganti



Granuloma da corpo estraneo

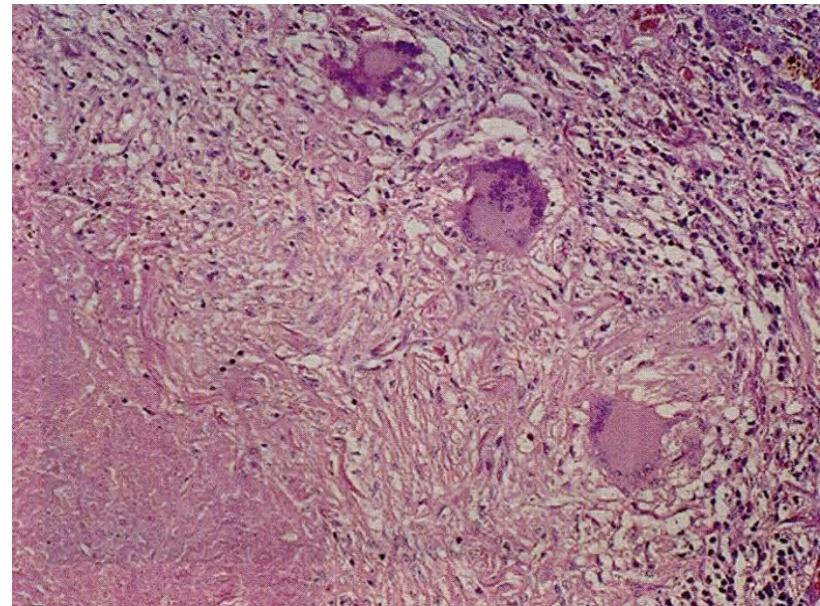
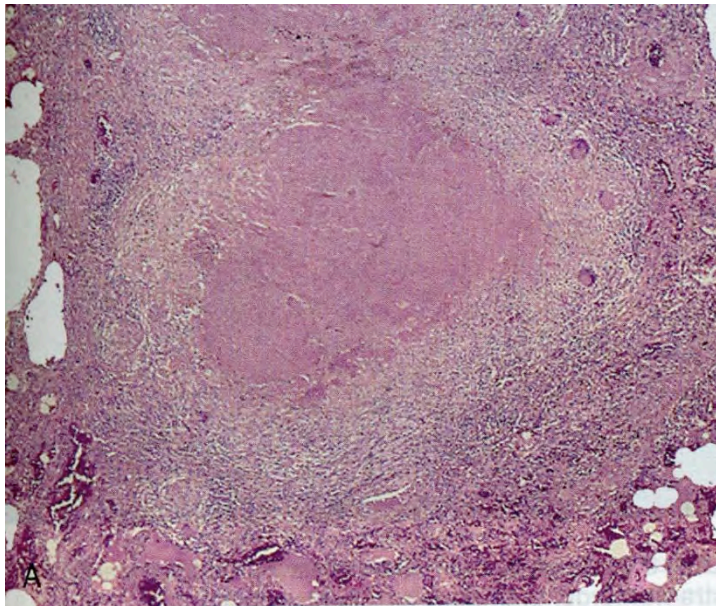
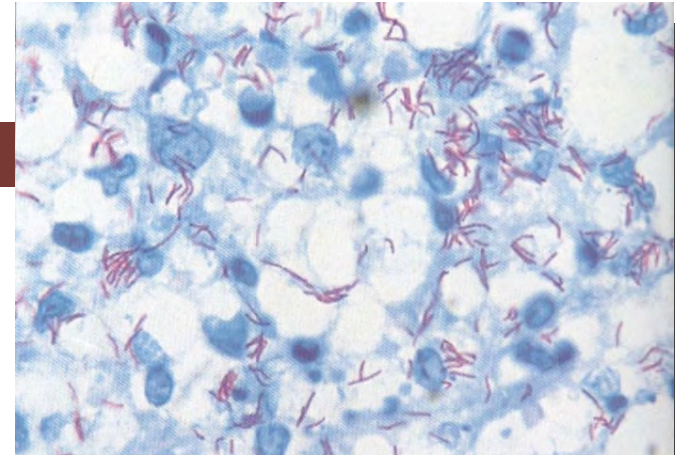
- Cellule giganti con nuclei centrali, sparsi o opposti al materiale estraneo
- Macrofagi epitelioidi
- “corpi estranei” (intra/extracellulari)
 - sutura
 - lipidi (colesterina e grassi neutri) + calciosi
 - spine o aculei
 - legno, metallo, vetro
 - materiale vegetale
 - berillio, silicio
- Granulociti neutrofili ed eosinofili
- Vallo fibroblastico/capsulare





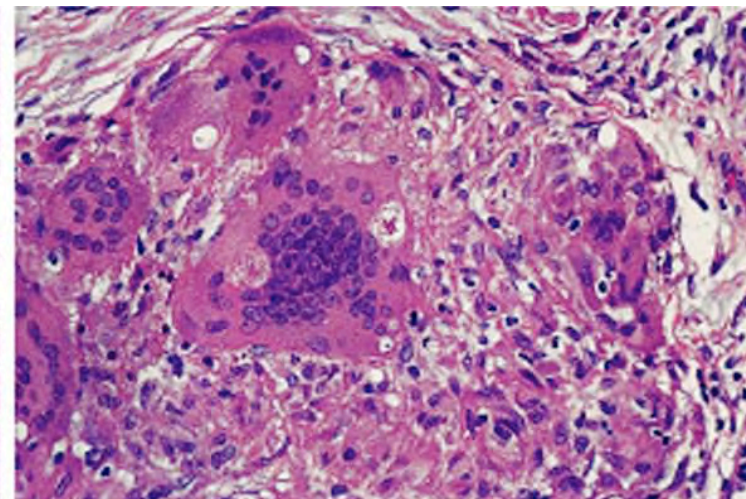
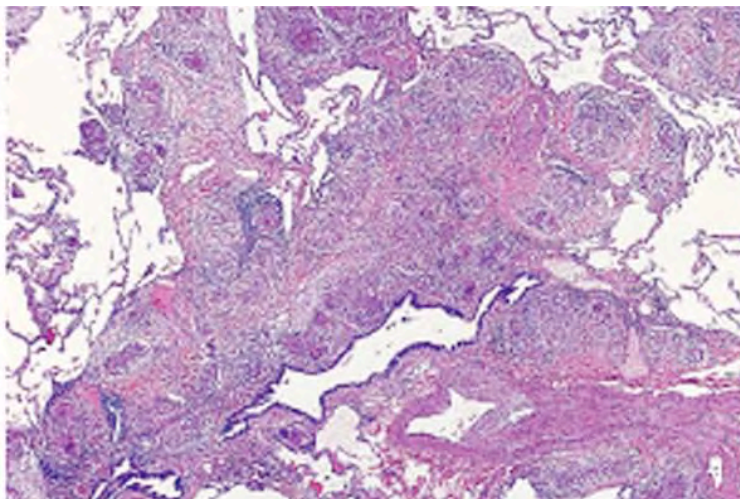
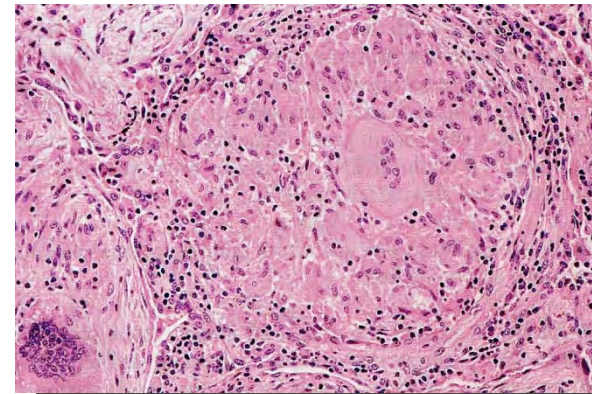
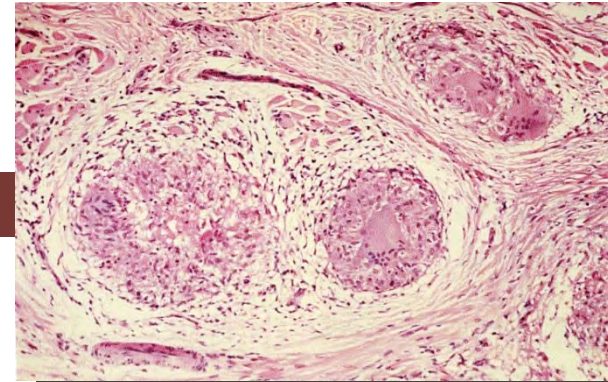
Granuloma tubercolare (tubercolo)

- necrosi “caseosa”, omogenea
- cellule giganti tipo Langhans
- macrofagi epitelioidi contenenti bacilli Z/N+
- linfociti



Granuloma sarcoideo

- assenza di necrosi
- macrofagi epitelioidi
- linfociti
- corpi asteroidi e di Schaumann
- netta demarcazione, non confluenza



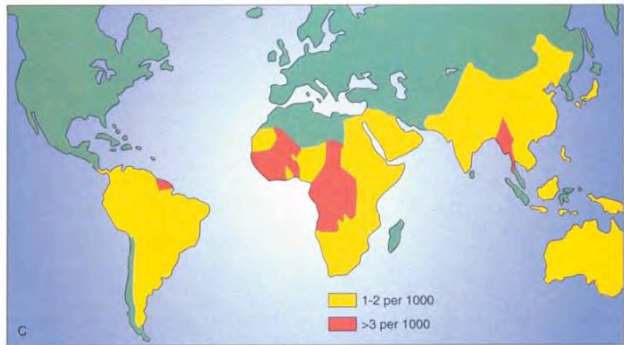
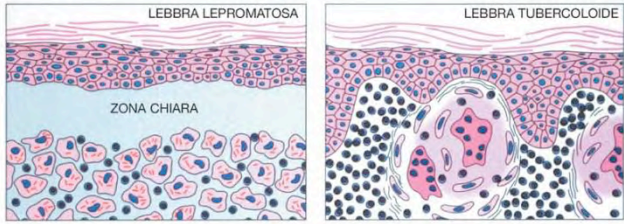
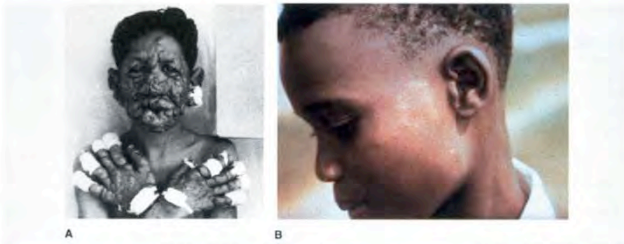
FLOGOSI CRONICHE GRANULOMATOSE

Granuloma leproso

- necrosi scarsa o assente
- macrofagi contenenti bacilli Wade/Fite+
- lipidi dispersi
- ricca corona linfocitaria
- sede perineurale

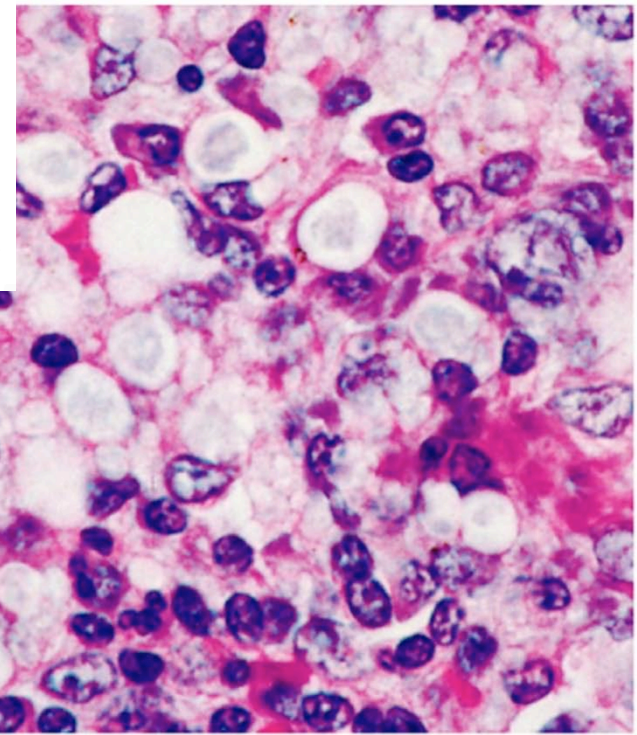
Granuloma luetico o “gomma”

- necrosi gommosa (residui cellulari)
- macrofagi epitelioidi (scarsi)
- plasmacellule
- linfociti e fibroblasti
- sede perivascolare



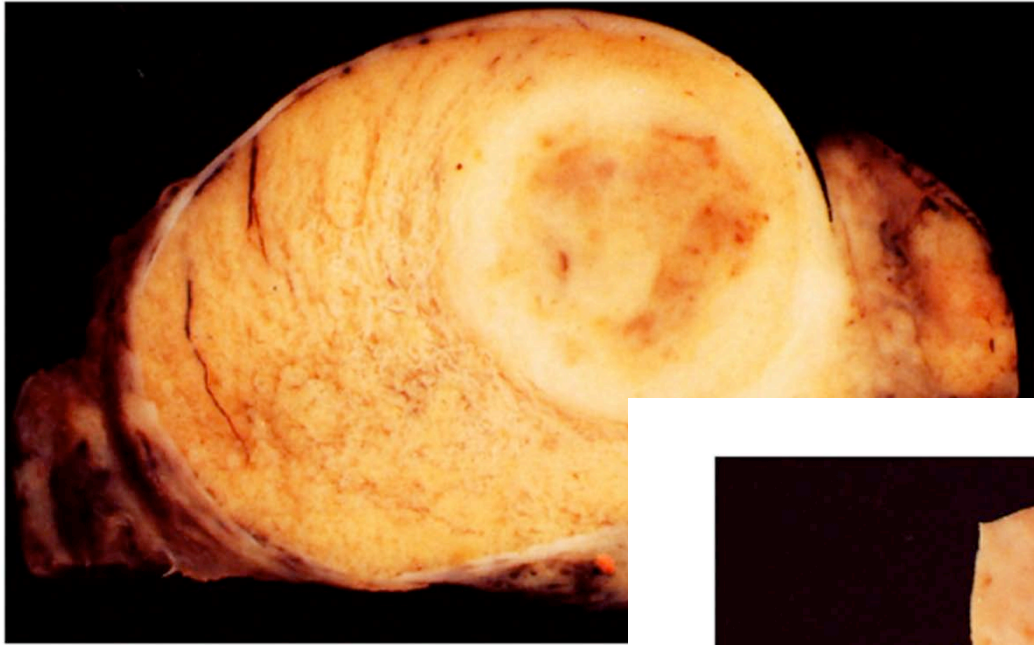
Rubin, Patologia

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Rubin, Patologia

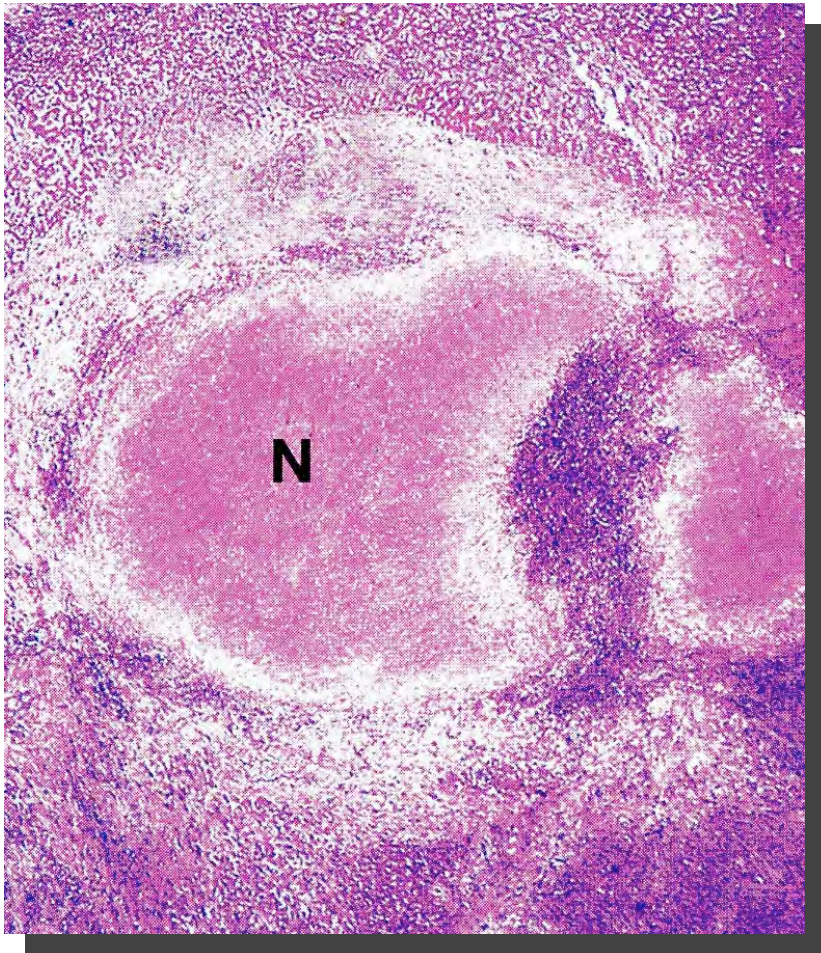
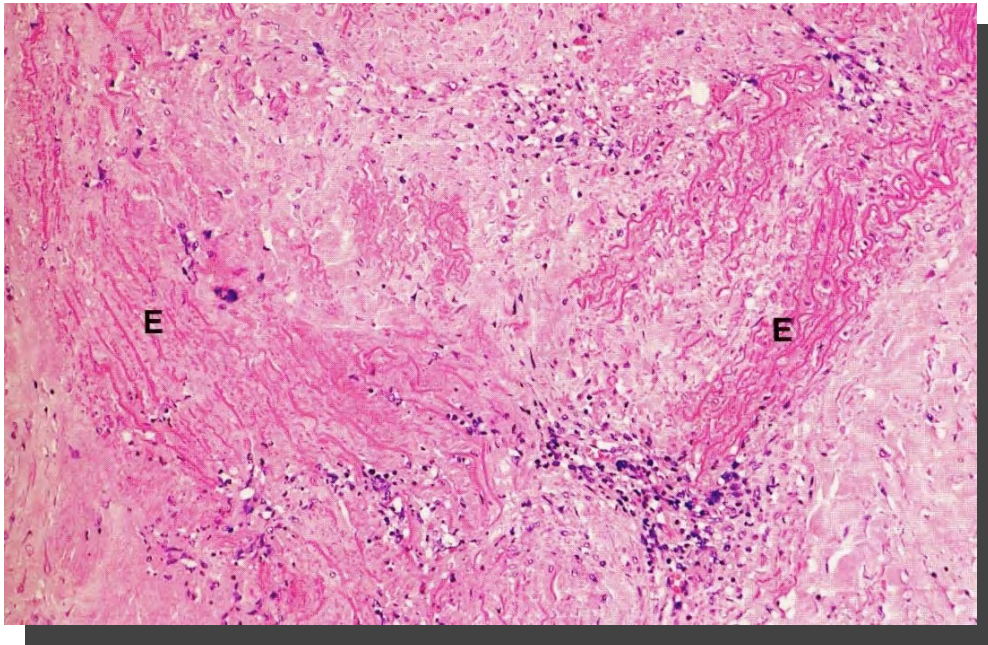
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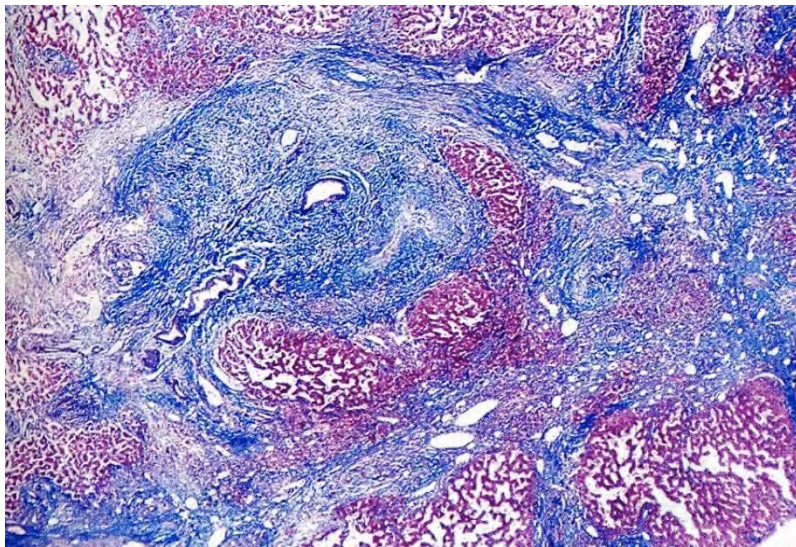


Rubin, Patologia



Rubin, Patologia





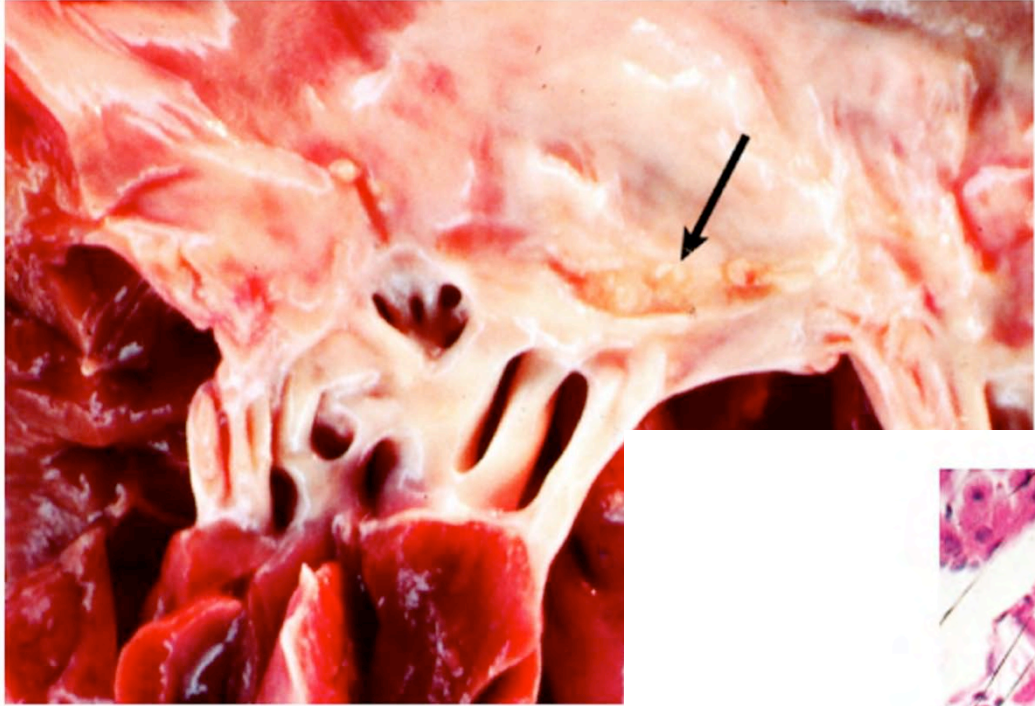
FLOGOSI CRONICHE GRANULOMATOSE

Nodulo reumatico di Aschoff

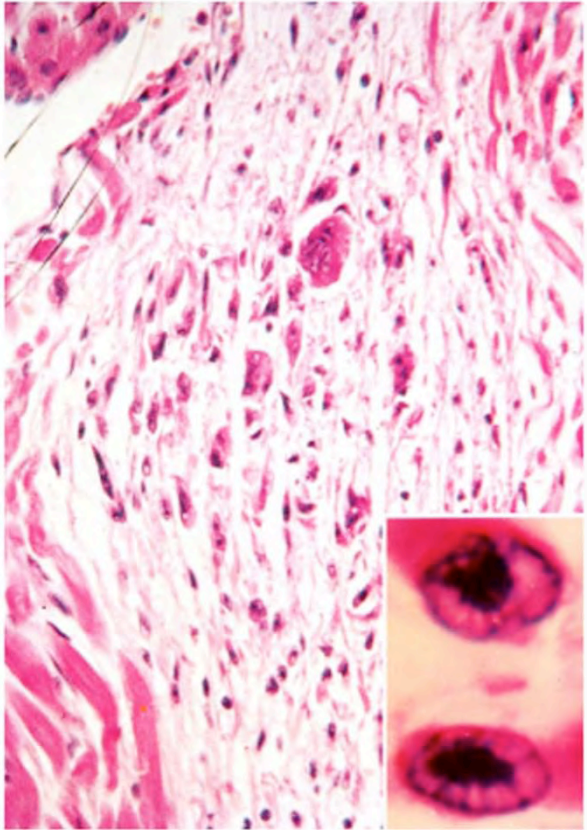
- necrosi fibrinoide
- vallo istiocitario a palizzata
- linfociti (scarsi)

Granuloma del M. di Crohn

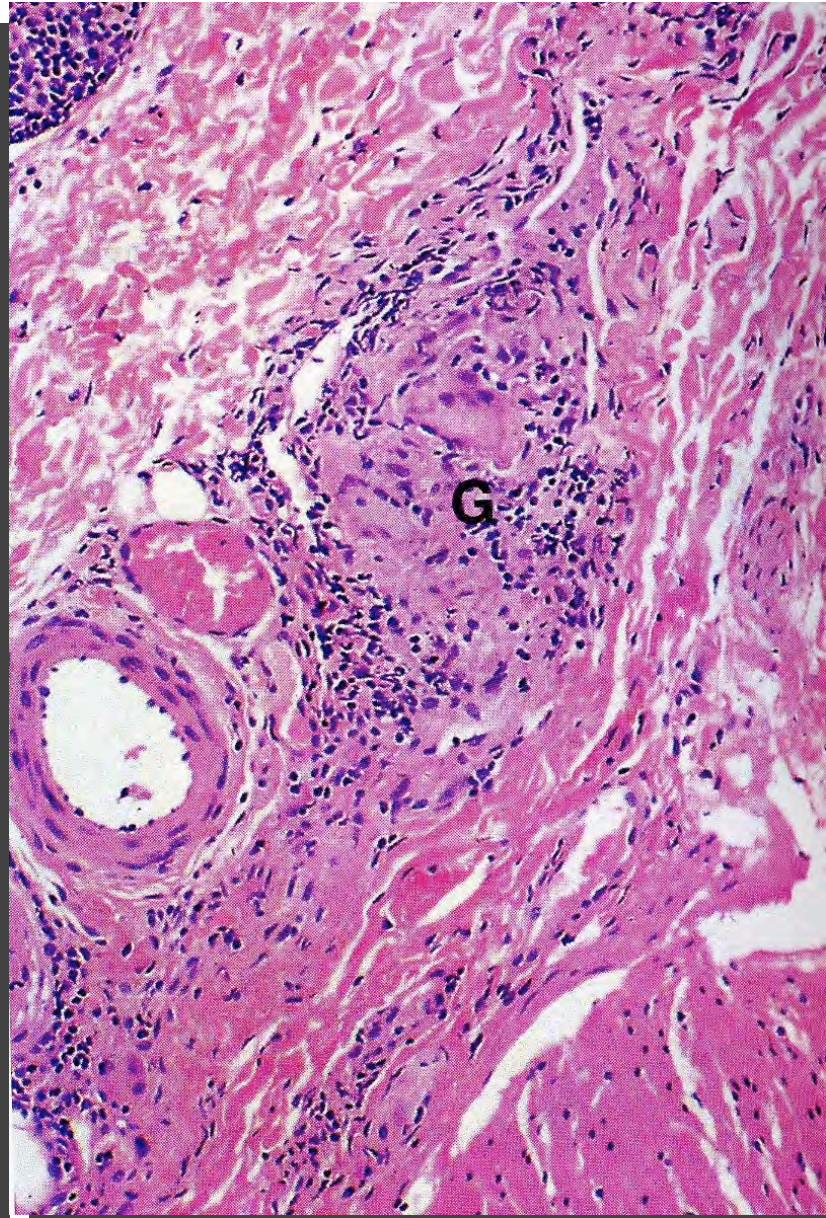
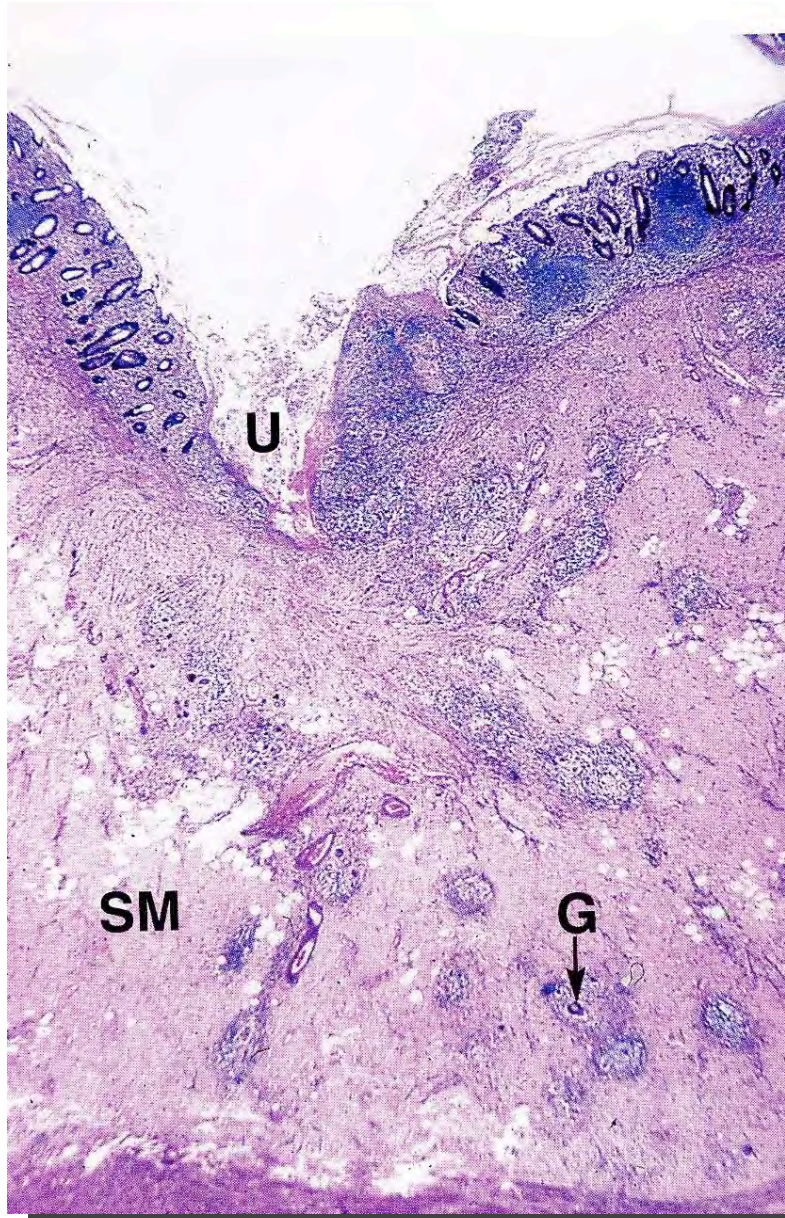
- flogosi diffusa ad estensione trasmurale
- cellule epitelioidi (scarse)
- rare cellule giganti
- linfociti



Rubin, Patologia



Rubin, Patologia



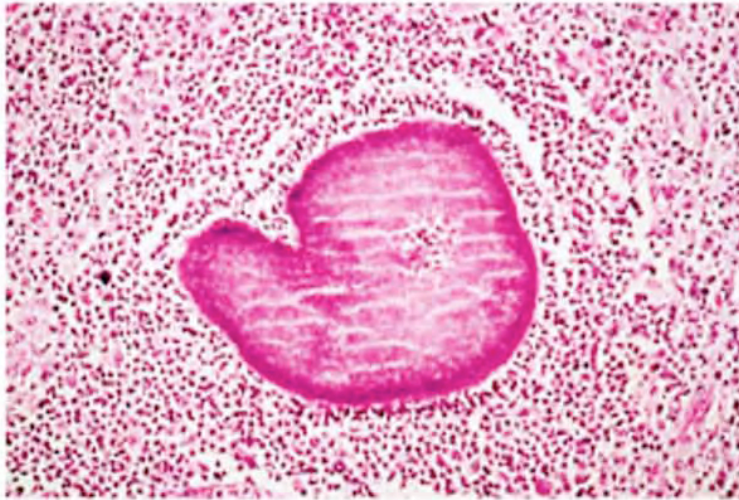
FLOGOSI CRONICHE GRANULOMATOSE

Granuloma actinomicotico

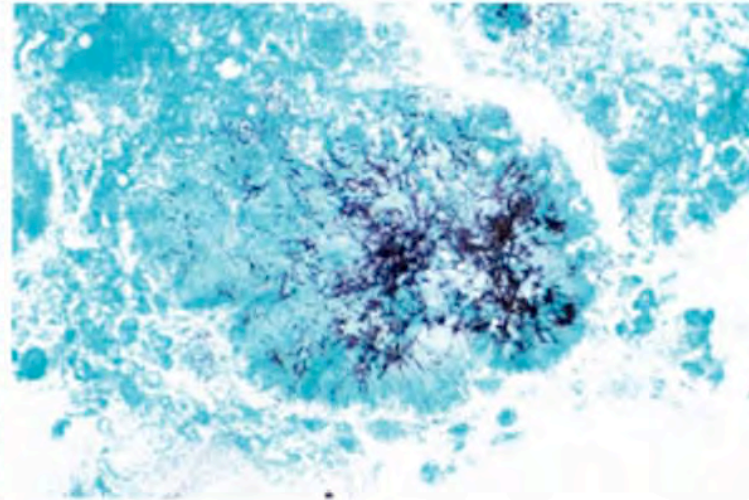
- drusa PAS+
- vallo granulocitario
- Macrofagi

Linfogranuloma venereo

- necrosi centrale ascessualizzante
- istiociti a palizzata o a raggiera
- linfociti e plasmacellule



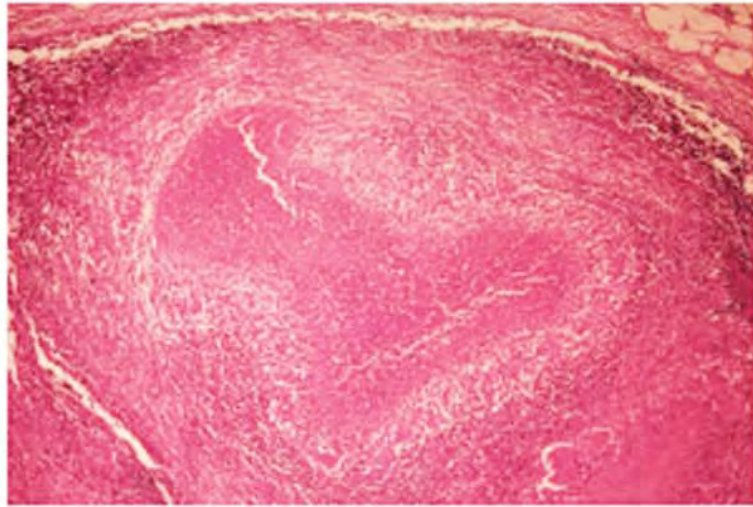
A



B



A



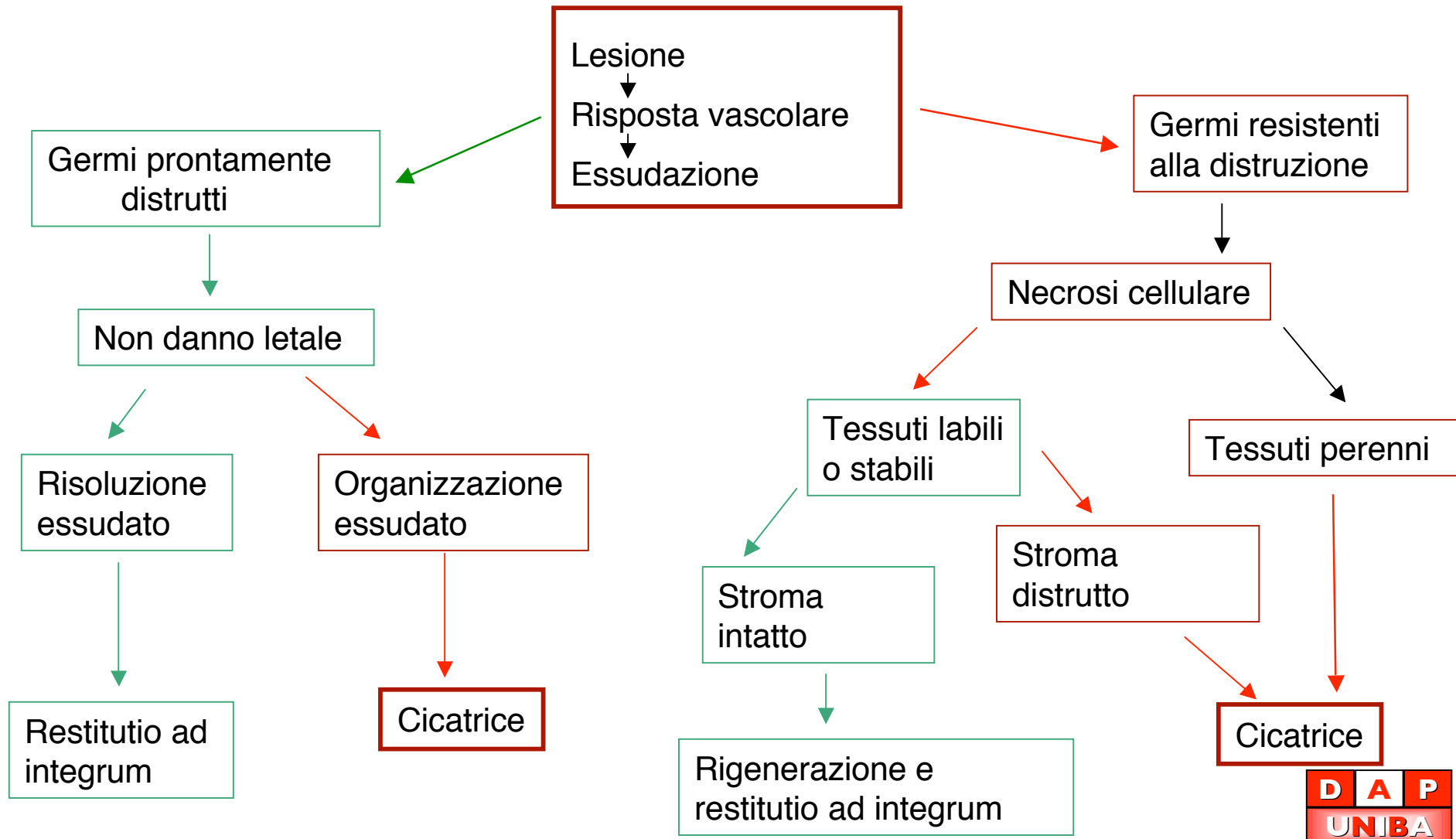
B

FLOGOSI CRONICHE GRANULOMATOSE

Granuloma da Rinoscleroma

- macrofagi globosi con citoplasma schiumoso (cellule di Mikulicz), contenente bacilli (*Klebsiella Rhinoscleromatis*)
- plasmacellule con corpi di Russell (cellule a globi jalini)

FASE RIPARATIVA DELLA FLOGOSI



CICATRICE

1 - Eliminazione detriti tissutali (macrofagi)

2 - Processo di organizzazione

Proliferazione cellule endoteliali
Proliferazione fibroblasti
+
PMNn, linfociti, plasmacellule ecc.
↓
Tess. di granulazione infiammatorio

3 - Fibrosi con sclerosi

Perdita di tessuto

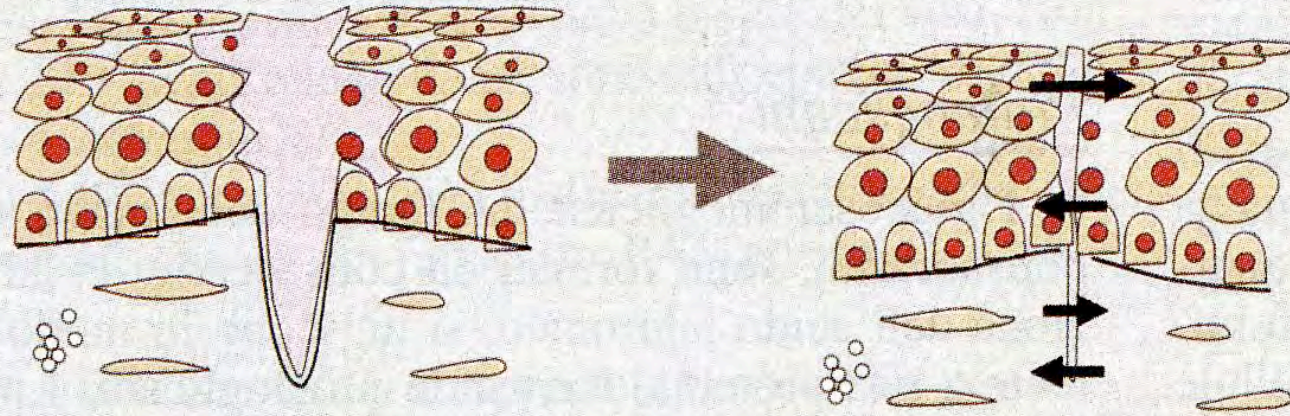
Vascularizzazione
Estensione necrosi
Tipo di tessuto
Ecc.

Fattori che condizionano la riparazione

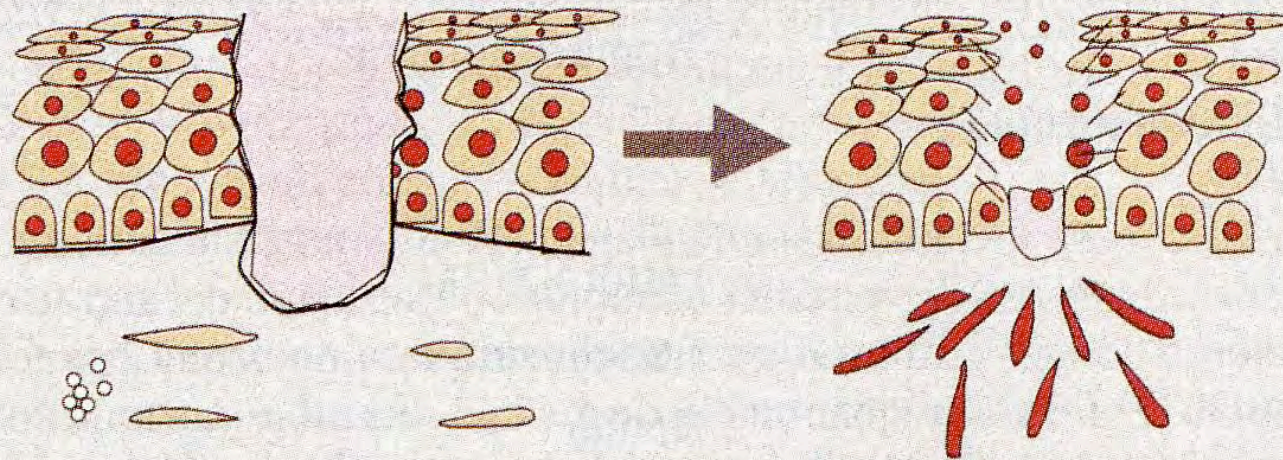
Locali

Generali

Età
Stato nutrizionale
Stato immunitario
Stati disendocrini



GUARIGIONE PER PRIMA INTENZIONE



CURA PER SECONDA INTENZIONE

