Original Research Article

Histomorphological pattern analysis of lung autopsies in a tertiary care hospital

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ABSTRACT

Introduction: Lungs are vital organs involved in various diseases like infectious, inflammatory, non-neoplastic, neoplastic lesions and involved secondarily in almost all forms of terminal diseases. As pathological examination of lungs gives valuable information, autopsy is performed to know the distribution and progression of diseases and to detect undiagnosed lung diseases.

Aim: To study the histomorphological spectrum of lung lesion at autopsy irrespective of cause of death and to assess the frequency of different types of lesions.

Materials and Methods: Autopsy specimens of lungs of individuals above 18 years of age, irrespective of cause of death were collected from the Department of Forensic Medicine, Belagavi Institute of Medical Sciences, Belagavi for a duration of 18 months.

Results: 89 out of 115 cases were males, while 26 were females. In the present study, non-neoplastic lesions were more common and rare lesions like amniotic fluid embolism, honey comb lung and a case of bilateral metastatic lung carcinoma was reported.

Conclusions: Post-mortem examination of diseased lung offers the chances to establish a diagnosis and help us to confirm an uncertain antemortem diagnosis.

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1. Introduction

Lungs are one of the vital organs in the body and participate in exchange of gases between inspired air and blood. 1,2 Millions of people around the world suffer from preventable chronic respiratory diseases, which are based on various factors such as age, sex, socioeconomic status, food habits, lifestyle, locality, associated infections and endemic diseases. 2–7

Lungs are common organs involved in various types of inflammation, non-neoplastic, neoplastic, occupational and other diseases. 2–6 Lungs are secondarily involved in almost all forms of terminal events in cardiovascular diseases and also common site for metastasis. 1–6

The clinical and radiological findings in pulmonary diseases are nonspecific, hence prompt pathology investigations and diagnosis are essential to improve patient’s survival and reduce further morbidity and mortality. 2,4,5

Pathological examination of autopsy specimen of lungs gives valuable information and improves clinical diagnosis in spite of modern technologies. 3–5 But over the years autopsy rates have declined mainly owing to modern medical technology building false confidence, economic burden, fear of litigation and attitudinal change. 6,8 So, the present study was taken to identify the spectrum of histopathological alterations in lung specimens, irrespective of cause of death and sex.

2. Materials and Methods

2.1. Source of data

One hundred fifteen autopsy specimens of lungs of individuals above 18 years of age irrespective of cause of death...
death from the Department of Forensic Medicine, Belagavi Institute of Medical Sciences, Belagavi were included. Cases collected during the period from November 2015 to June 2017 (18 months) were taken for the study.

2.2. Study design
Cross-sectional study for a period of 18 months.

2.3. Inclusion criteria
Lung specimens from cases above 18 years of age, with irrespective of cause of death were taken.

2.4. Exclusion criteria
Lung specimens from below 18 years and part of lung specimens were excluded.

2.5. Methods
One hundred fifteen autopsy specimens of lungs of individual above 18 years irrespective of cause of death were collected from the Department of Forensic Medicine, Belagavi Institute of Medical Sciences, Belagavi were taken for the study. Clinical history and autopsy findings were noted down from the autopsy records. Lungs were removed according to standard autopsy technique and fixed in 10% formalin. Detailed gross examination was done and minimum of one section from each lobe of lungs were taken and more sections were given in grossly visible lesions. Sections were routinely processed and stained with Hematoxylin and Eosin. Detailed histopathological examination was done. Special stains like Ziehl-Neelsen (ZN), Periodic acid-Schiff (PAS), Reticulin stain and Pearls stain were done wherever necessary.

2.6. Statistical analysis
Appropriate standard statistical methods were utilized. Chi-Square test and p-value were analyzed. p-value of less than 0.001 was considered statistically significant. Results were demonstrated in the form of tables and graphs.

3. Results
A total of 115 lung specimens of individual above 18 years of age, irrespective of cause of death were studied.

In 107 cases, 106 (99.06%) showed non neoplastic lesions and one specimen (0.94%) showed neoplastic lesion. In the present study males to females with a ratio of 3.4:1. Males constituted 89 cases (77.4%) and females 26 cases (22.6%).

The most common age group for both males and females was 20-29 years (26.9%) followed by 40-49 years (19.1%). Males-20 cases (64.5%), Females-11 cases (35.4%).

All Non neoplastic lesions were common in males. Granulomatous lesions were common in females. In Non neoplastic lesions, grossly visible lesions of lungs were seen in 33 cases (31.13%) and 73 cases (68.8%) were unremarkable.

In the present study, more than one morphological pattern was seen which is more in left lung 36 cases (33.9%) compared to right lung (29.2%). The most common combined lesion was pulmonary edema with pulmonary congestion 7 cases (6.5%).
Table 1: Sex-wise distribution of lesions

<table>
<thead>
<tr>
<th>S.No</th>
<th>Lesions</th>
<th>No. of Cases</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Combined lesions</td>
<td>48</td>
<td>34</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Pulmonary edema</td>
<td>18</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Pulmonary Congestion</td>
<td>13</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Tuberculosis</td>
<td>07</td>
<td>07</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Chronic venous congestion</td>
<td>06</td>
<td>06</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Autolysed lung</td>
<td>03</td>
<td>02</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Pneumonia</td>
<td>05</td>
<td>05</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Normal lung</td>
<td>05</td>
<td>03</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Emphysema</td>
<td>03</td>
<td>02</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Pulmonary hemorrhage</td>
<td>02</td>
<td>01</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Granulomatous lung</td>
<td>02</td>
<td>00</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Honeycomb lung</td>
<td>01</td>
<td>01</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Amniotic fluid embolism</td>
<td>01</td>
<td>00</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Carcinoma</td>
<td>01</td>
<td>00</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>115</td>
<td>89</td>
<td>26</td>
</tr>
</tbody>
</table>

Single lesions like tuberculosis was more common in right lung 5 cases (4.71%). Chronic venous congestive changes were more in left lung 5 cases (4.71%). Lobar pneumonia was common in left lower lobe 4 cases (3.77%). Emphysema changes were common in left upper lobe 3 cases (2.8%). Granulomatous lesions were common in left upper lobe 2 cases (1.88%).

ZN stain was done for 08 cases, only 2 cases showed acid fast bacilli (1+ and 2+).

One case of honey comb lung also known as End stage of Chronic Interstitial lung disease which showed obliteration of bronchioles by fibrosis and compensatory dilatation of neighbouring bronchioles, which forms the honeycomb appearance.

One case of amniotic fluid embolism was reported in a 29 year female, who had postpartum bleeding.

In the present study only one case of neoplastic lesion in a 47 year female, who had thyroid malignancy was reported. Grossly, both lungs showed grey-white, firm nodules both on outer surface and cut surface. Microscopically, it was diagnosed as bilateral metastatic undifferentiated carcinoma. IHC was done.

Tumor tissue showed positivity only for CK5/6 and negative for various IHC markers like CK 20, TTF-1, thyroglobulin, Vimentin, calretinin and NSE. Finally a diagnosis suggestive of poorly differentiated squamous cell carcinoma was made.

In the present study, Hilar lymph nodes were received in 60 cases (52%). Out of 60 cases 43 cases (71.6%) were unremarkable, 14 cases (23.3%) showed reactive lymphadenitis, 2 cases (3.3%) showed granulomatous lymphadenitis and one case (1.6%) showed metastasis.

Cause of death was known in 97 cases (90.65%) of pathological lesions. Road traffic accident (RTA), 28 cases (26.2%) was the most common followed by sudden death (15.9%). RTA was common in males. History of lung disease was present in 4 cases (3.7%) where 3 cases had history of tuberculosis. One case was HIV positive.

In the present study, pathological lesions were seen in 107 (93.04%) cases. 106 cases showed Non neoplastic lesions (99.06%) and neoplastic lesion in 1 case (0.093%).

According to Selvam et al, pathological lesions were seen in 108 cases (90%) out of 120 cases and study done by Mangal et al showed lesions in 1549 cases (90.32%) out of 1715 cases.

In the study done by Tahir et al carried out on 810 specimens of the lungs, out of which 648 cases (80%) showed pathological lesions. Chauhan et al conducted study on 335 lung specimens, pathological lesions were seen in 285 cases (85.1%). Findings of our study are in concordance with Selvam et al, Mangal et al, Tahir et al and Chauhan et al.
4.1. Distribution of pathological lesions

In the present study, 106 cases showed Non neoplastic lesions (92.2%) and neoplastic lesion in 1 case (0.87%) which was similar to study done by Mangal et al.²

4.2. Sex wise distribution of lesions

In the present study, lesions were more in males (77.4%) compared to females (22.6%). It is comparable to study done by Mangal et al² (76.09%), Udayashankar et al³ (77.2%), Chauhan et al⁵ (71.64%) and Selvam et al⁷ (75.9%) The difference between males and females was significant (Chi-square = 36.26 & p<0.001).

Males were more affected in the present study as males are vulnerable for various diseases due to exposure of occupational risk factors and also due to addiction to smoking and alcohol.

In the present study majority of cases were in the age group 20-29 years (28.9%) followed by 40-49 years (20.5%) which was similar to that of Mangal et al² (45.6%)
Fig. 7: Microphotograph of metastatic carcinoma of lung  a), b)& c): lung(H & E x40, 100,400), d): Lymph node metastasis (H & E x100)

Fig. 8: Microphotograph showing positivity for CK5/6, negative for p63, TTF-1, Thyroglobulin (X 200)
Table 2: Comparison of distribution of lesions with various other studies

<table>
<thead>
<tr>
<th>Lesions</th>
<th>Chauhan G et al&lt;sup&gt;5&lt;/sup&gt;</th>
<th>Mangal K et al&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Bal MS et al&lt;sup&gt;6&lt;/sup&gt;</th>
<th>Present study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-neoplastic</td>
<td>82.9%</td>
<td>90%</td>
<td>78%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Neoplastic</td>
<td>2.08%</td>
<td>0.41%</td>
<td>2%</td>
<td>0.87%</td>
</tr>
</tbody>
</table>

Table 3: Comparison of spectrum of Non neoplastic lesions in various studies

<table>
<thead>
<tr>
<th>Lesions</th>
<th>Selvam et al&lt;sup&gt;7&lt;/sup&gt;</th>
<th>Udayashankar et al&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Tahir et al&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Chauhan et al&lt;sup&gt;5&lt;/sup&gt;</th>
<th>Bal et al&lt;sup&gt;6&lt;/sup&gt;</th>
<th>Mangal et al&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Khare et al&lt;sup&gt;9&lt;/sup&gt;</th>
<th>Present study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestion &amp; edema</td>
<td>77.26%</td>
<td>42.85%</td>
<td>6.5%</td>
<td>77.26%</td>
<td>42.85%</td>
<td>6.5%</td>
<td>77.26%</td>
<td>42.85%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2.8%</td>
<td>22.72%</td>
<td>19%</td>
<td>6.26%</td>
<td>8.6%</td>
<td>4.08%</td>
<td>14.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>31.81%</td>
<td>9.09%</td>
<td>40%</td>
<td>7.76%</td>
<td>7.99%</td>
<td>8.9%</td>
<td>4.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Emphysema</td>
<td>50%</td>
<td>9.09%</td>
<td>40%</td>
<td>7.76%</td>
<td>7.99%</td>
<td>8.9%</td>
<td>4.7%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

In the present study, more than one morphological pattern was seen in 48 cases (44.8%). Among these, most common pattern was pulmonary edema with pulmonary congestion in 7 cases (6.6%). Studies done by Khare et al<sup>9</sup> and Mangal et al<sup>2</sup> showed pulmonary edema with pulmonary congestion 24 cases (42.86%) and in 1325 cases (77.26%) respectively.

5. Conclusion

Non neoplastic lesions were common in the present study and males were commonly affected. More than one histomorphological change was seen in majority of the cases and our study confirmed the diagnosis of amniotic fluid embolism and metastatic lung cancer. Hence to conclude, autopsy studies in lungs should be done by taking large sample of cases which will broaden the range of histopathological lesions and give much more accurate estimate of frequency of different types of lesions in lungs.

6. Source of Funding

None.

7. Conflict of Interest

None.

References


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Shreekant K Kittur Professor and HOD