

HALLAZGOS HISTOPATOLÓGICOS DEBIDOS A INFECCIÓN POR VIRUS H1N1

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ANTECEDENTES

- Varón de 73 años. HTA, dislipemia, hiperuricemia. AcxFA anticoagulado.
 - Cardiopatía isquémica, con IAM inferoposterior en 1988 con aneurisma

HISTORIA CLÍNICA

- **20-11-09:** Ingreso en UCIC, por insuficiencia cardiaca. PCR gripe A: +
Dº: NEUMONÍA BILATERAL COMUNITARIA GRAVE (GRIPE A)
- **EVOLUCIÓN:** mala, sospecha fallo hepático, carcinoma broncoalveolar (marcadores tumorales elevados)
- **4-1-10:** trombopenia, leucocitosis, neutrofilia
- **6-1-10:** exitus

ESTUDIO NECRÓPSICO

- Varón
- 165cm, 64kg
- **EXAMEN EXTERNO:**
 - PUNCIÓNES región inguinal derecha
 - FRACTURAS ESTERNALES (reanimación)

EXAMEN INTERNO



A10-00006A



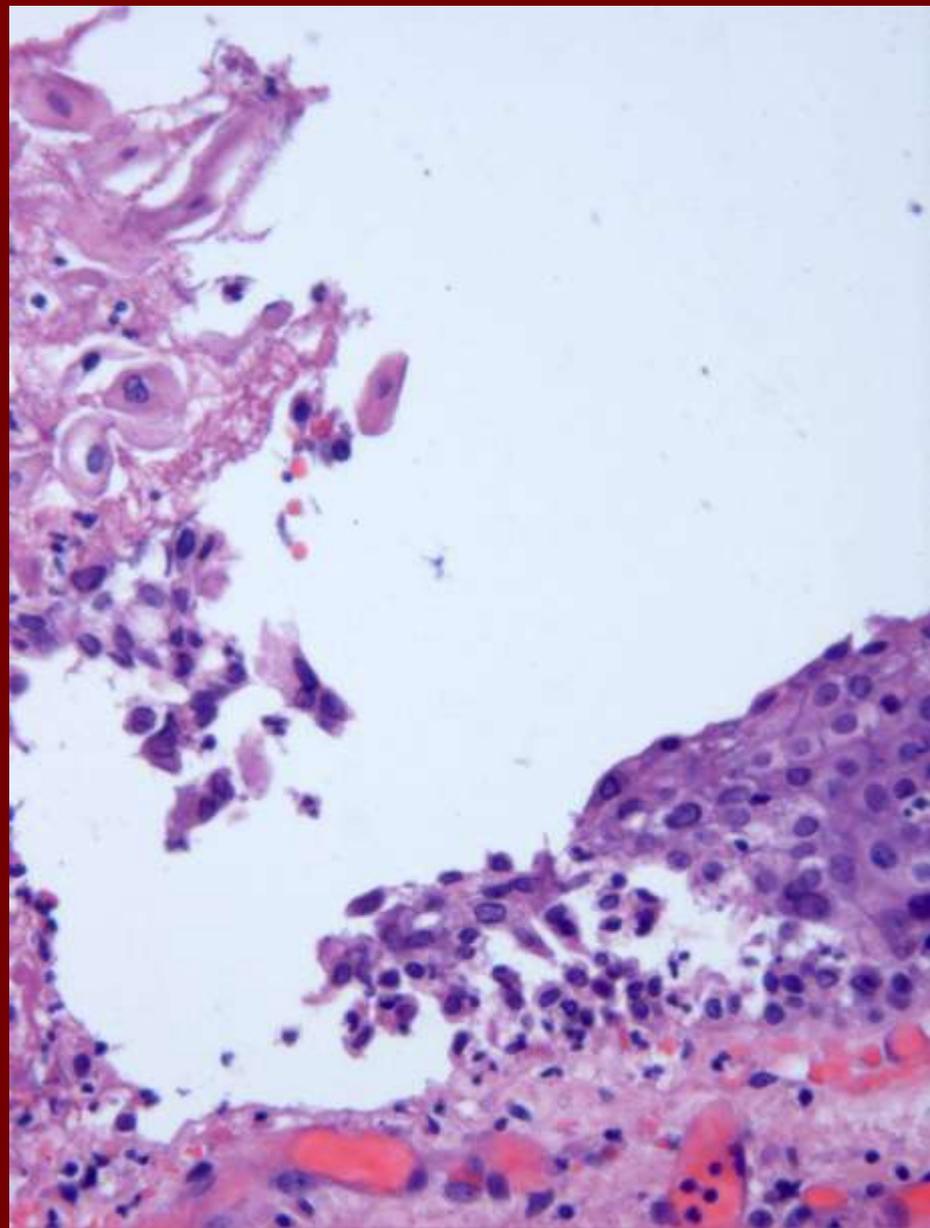
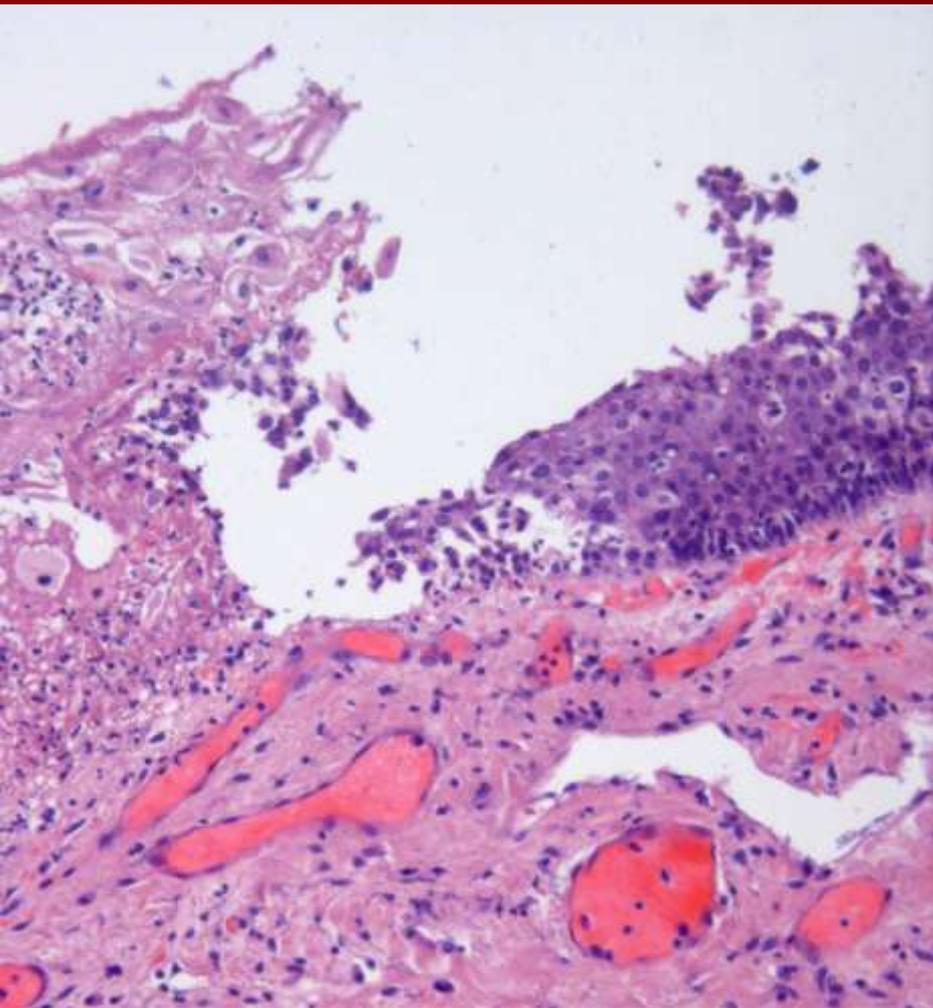
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A

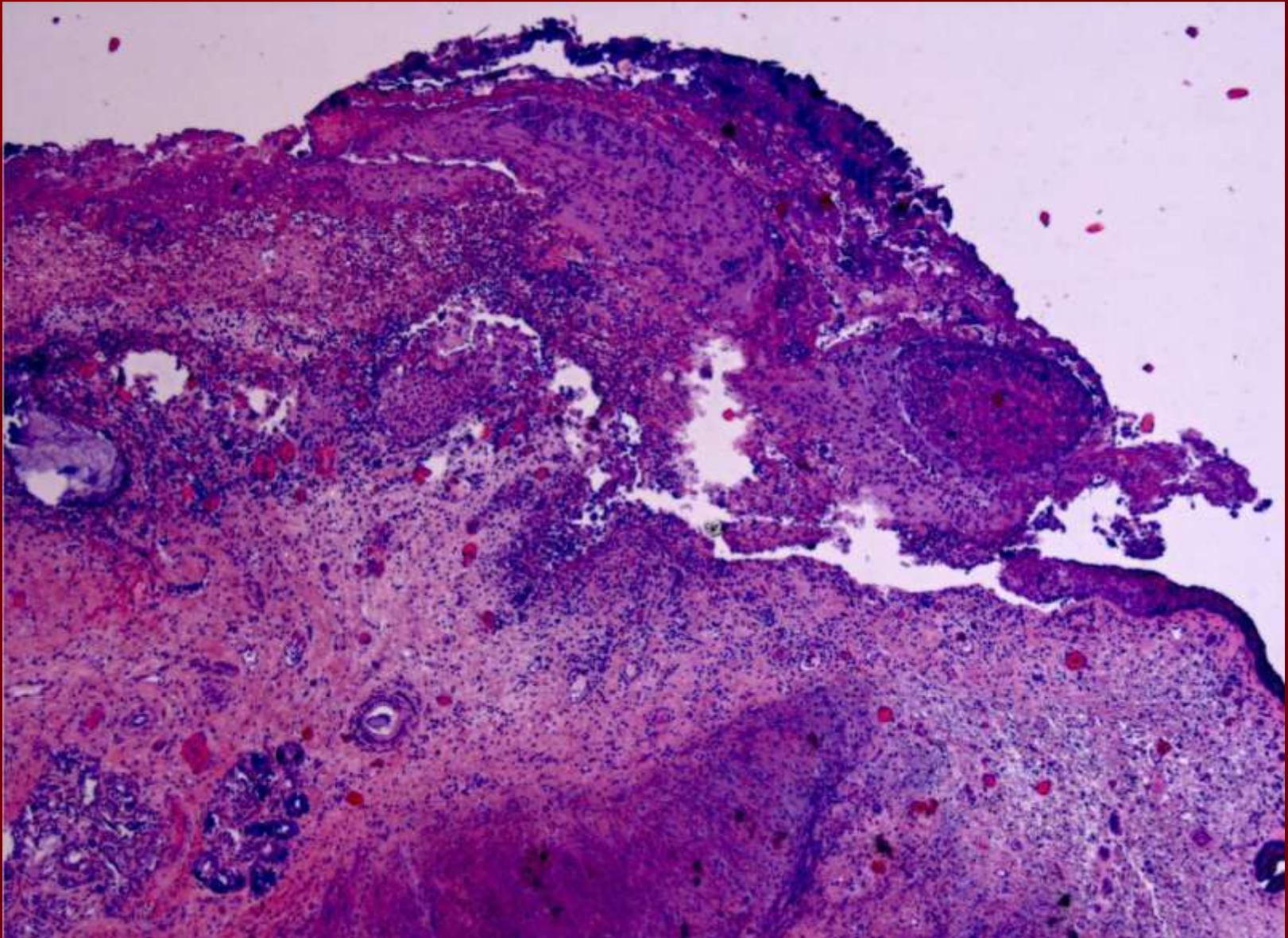


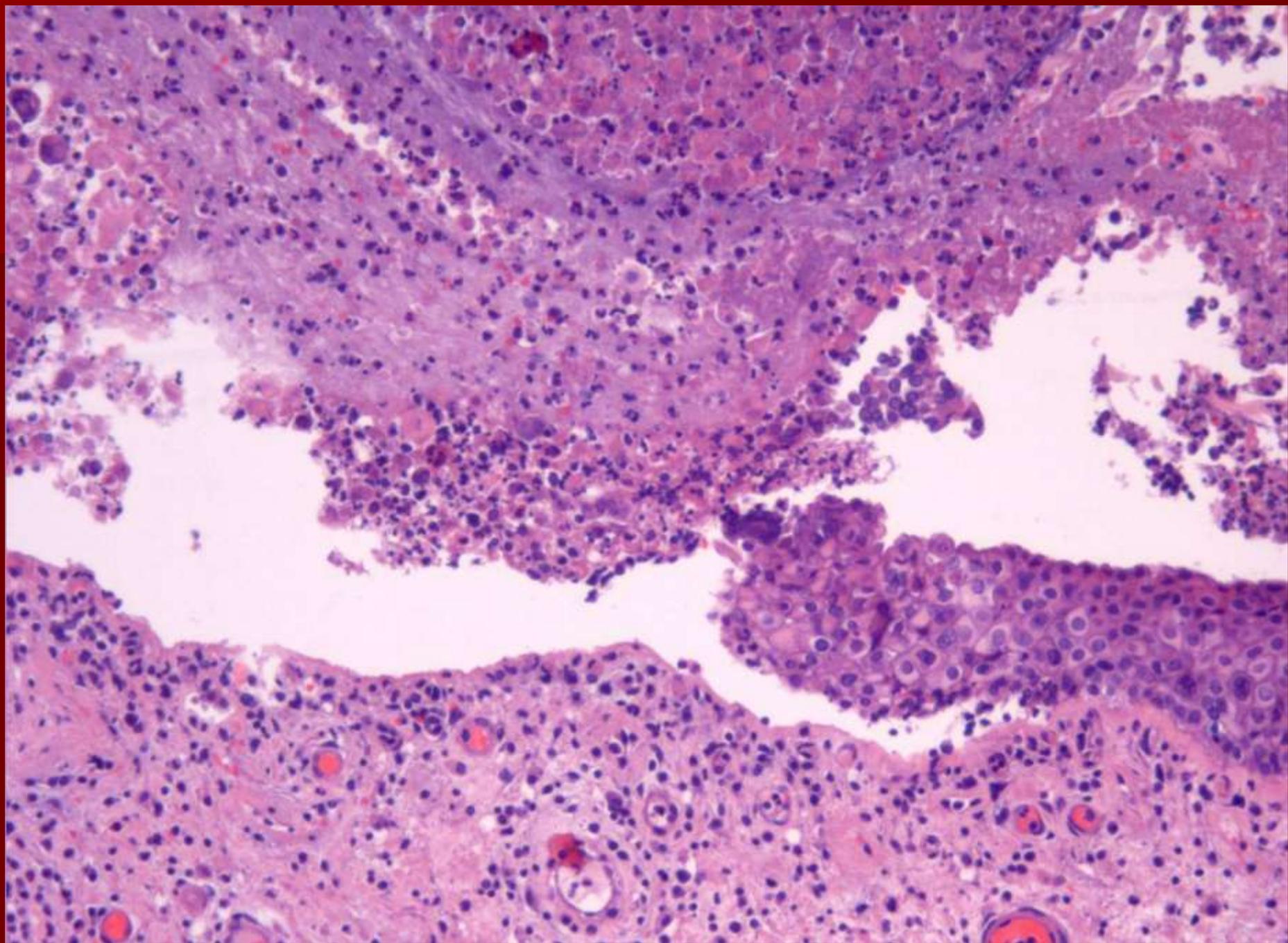
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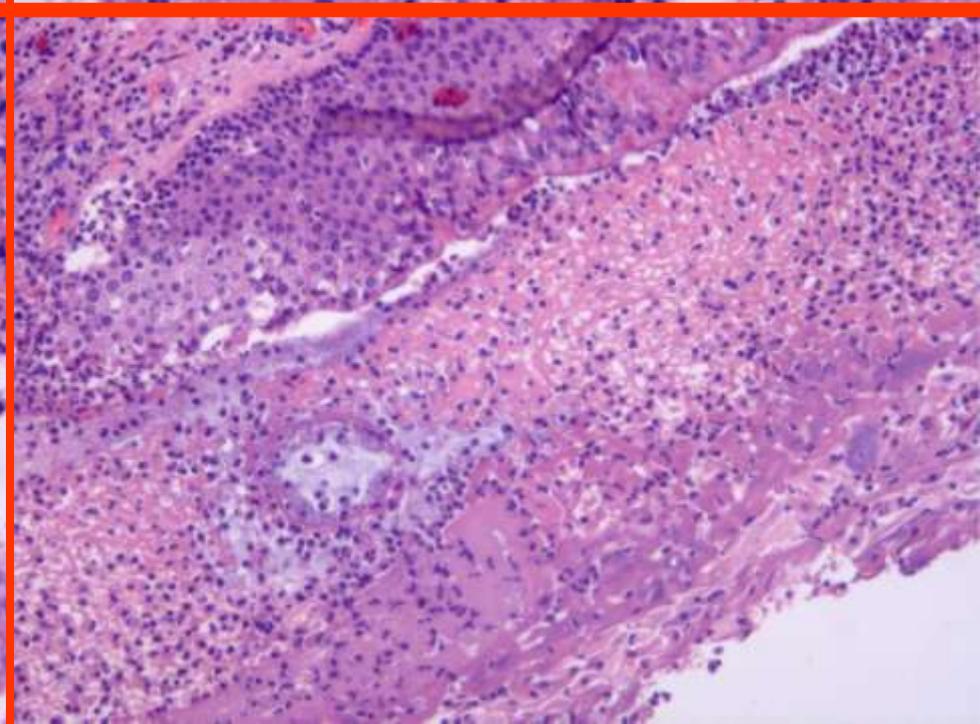
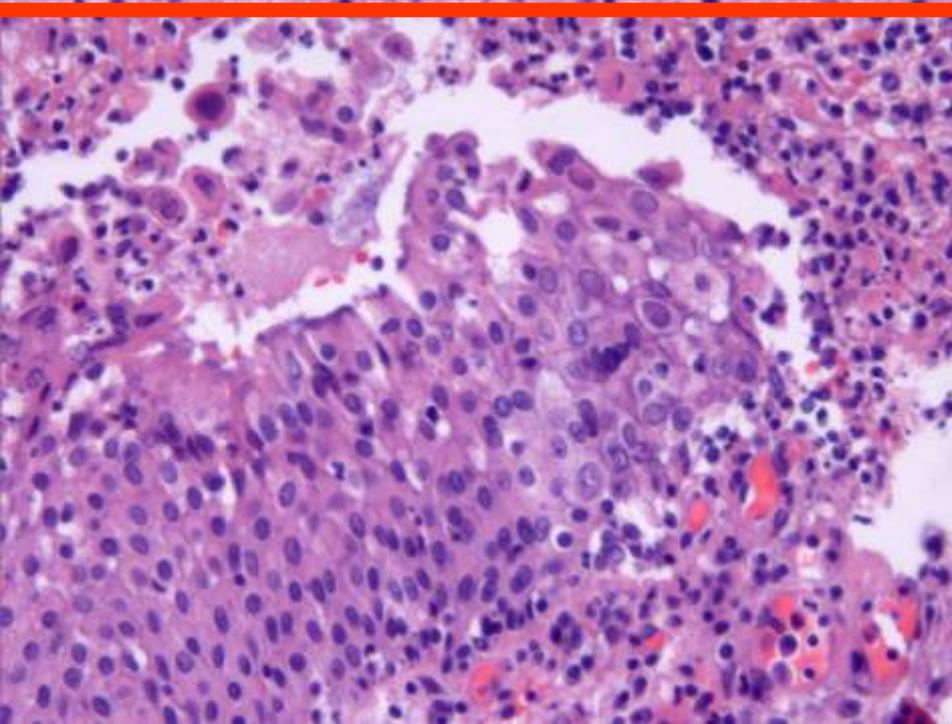
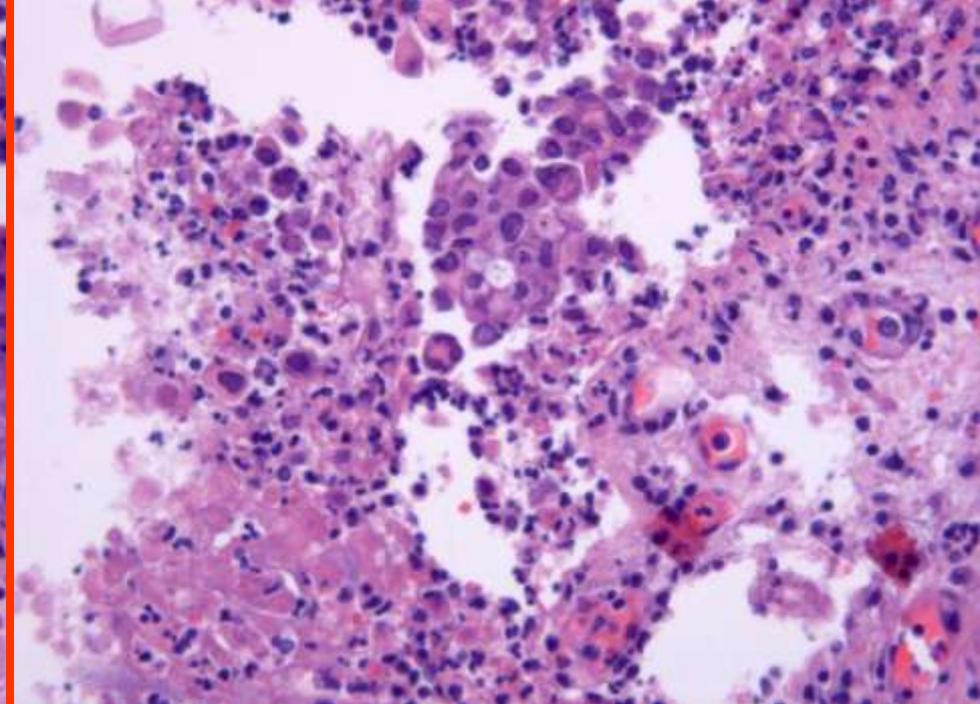
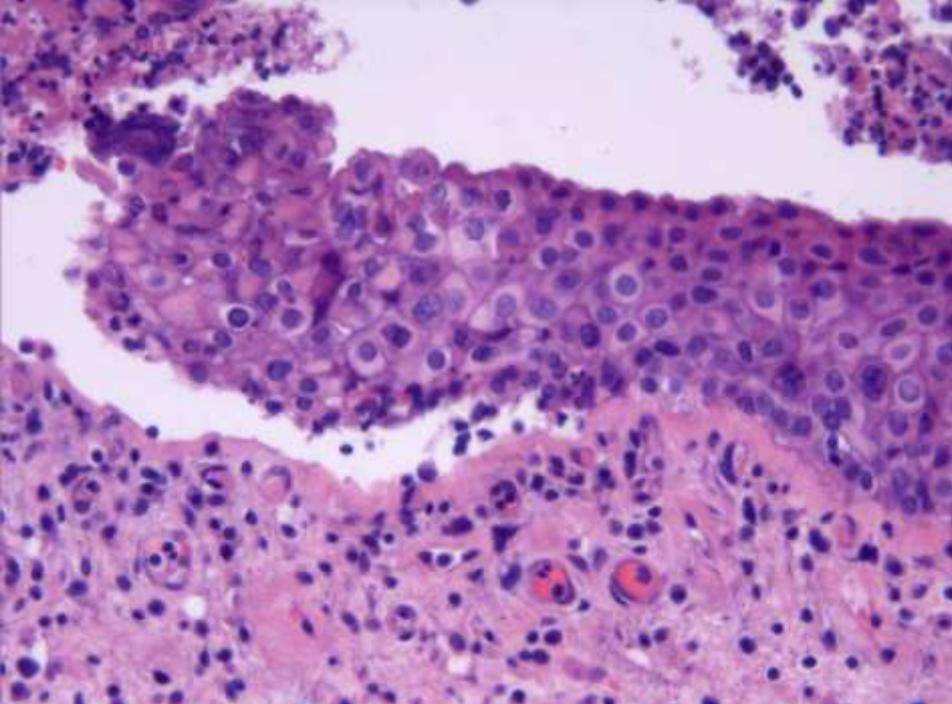
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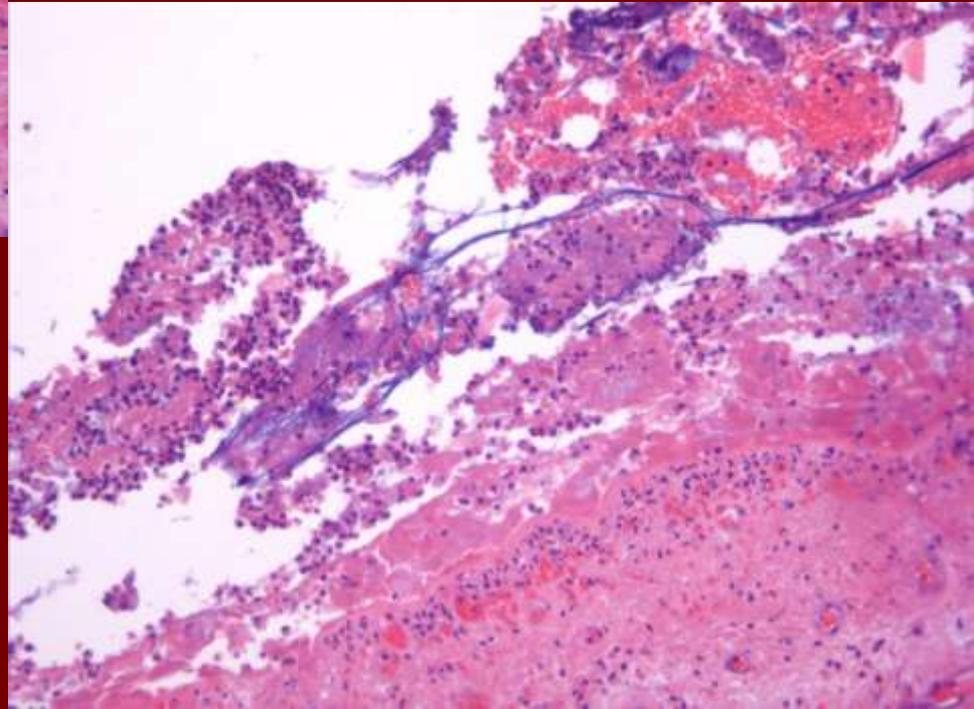
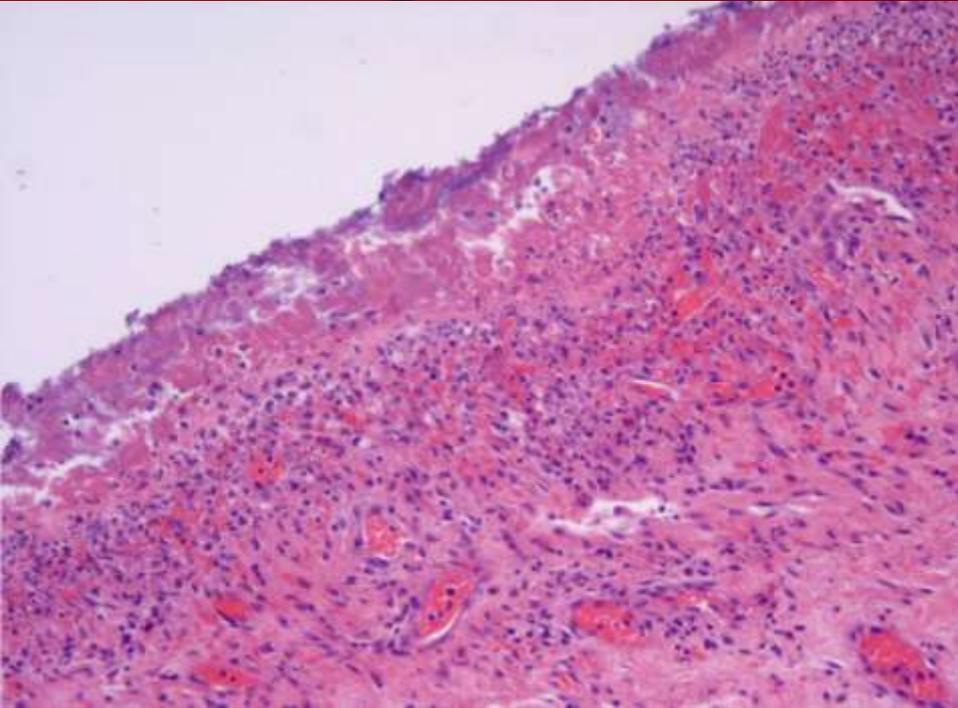
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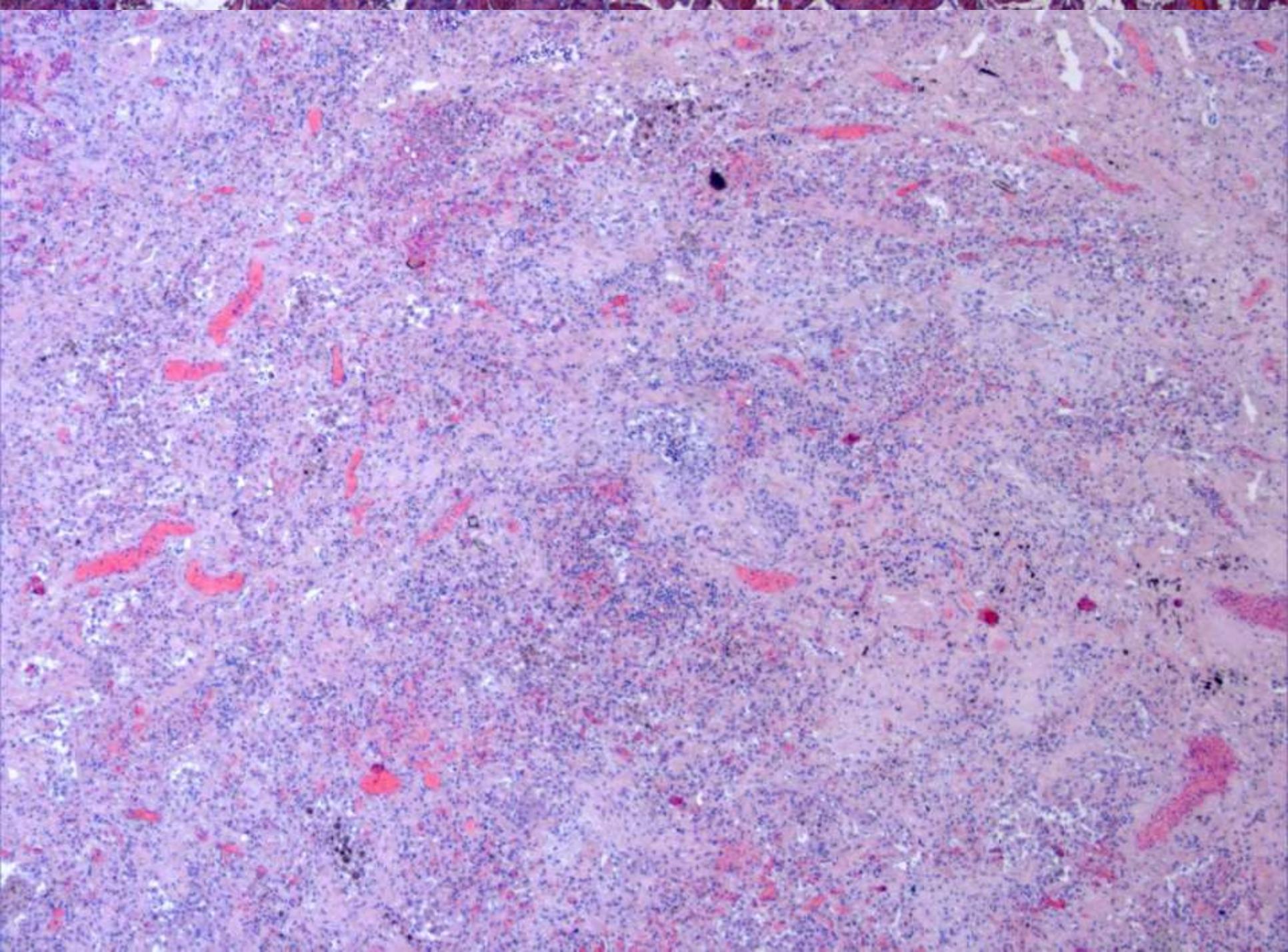




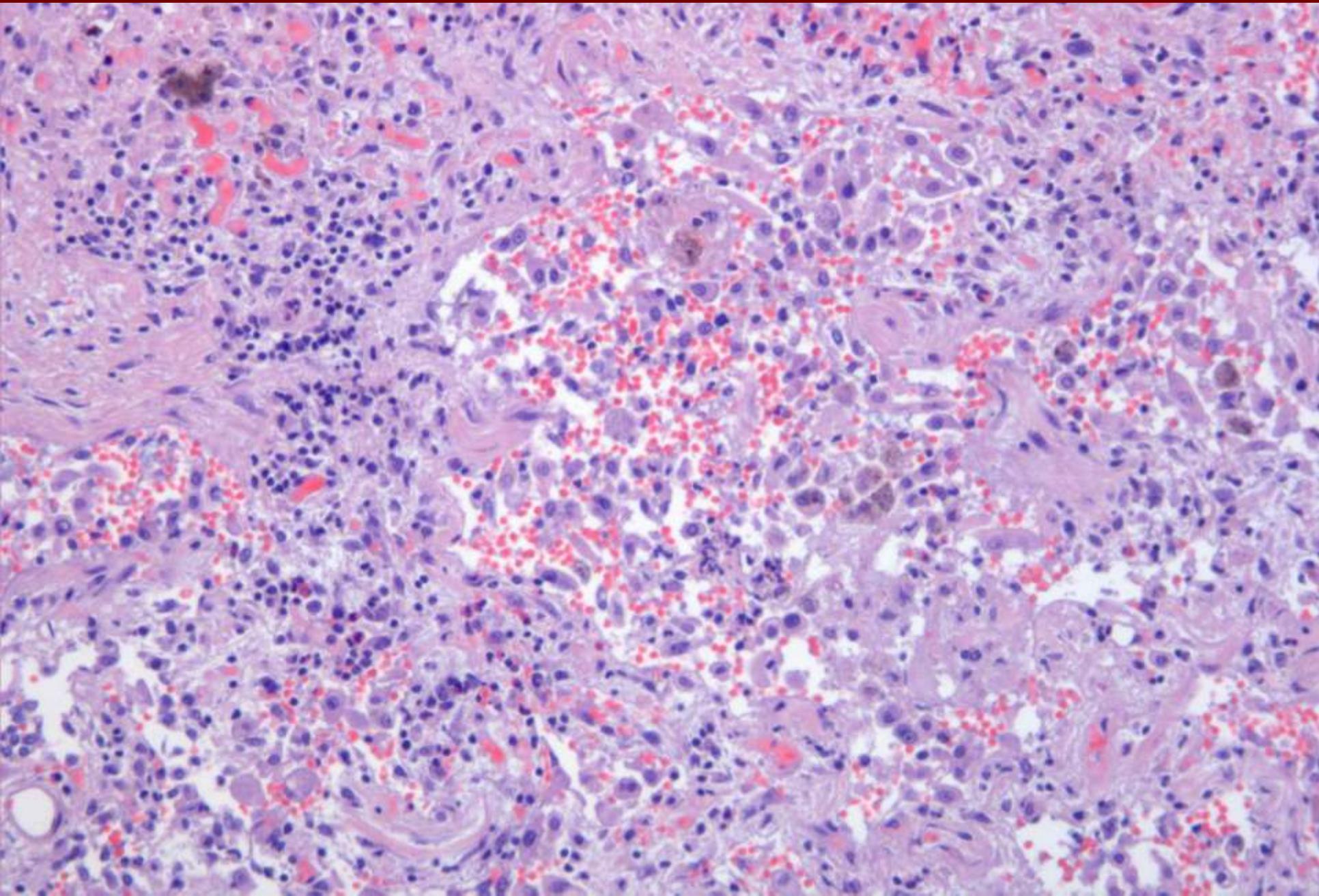
TRAQUEITIS



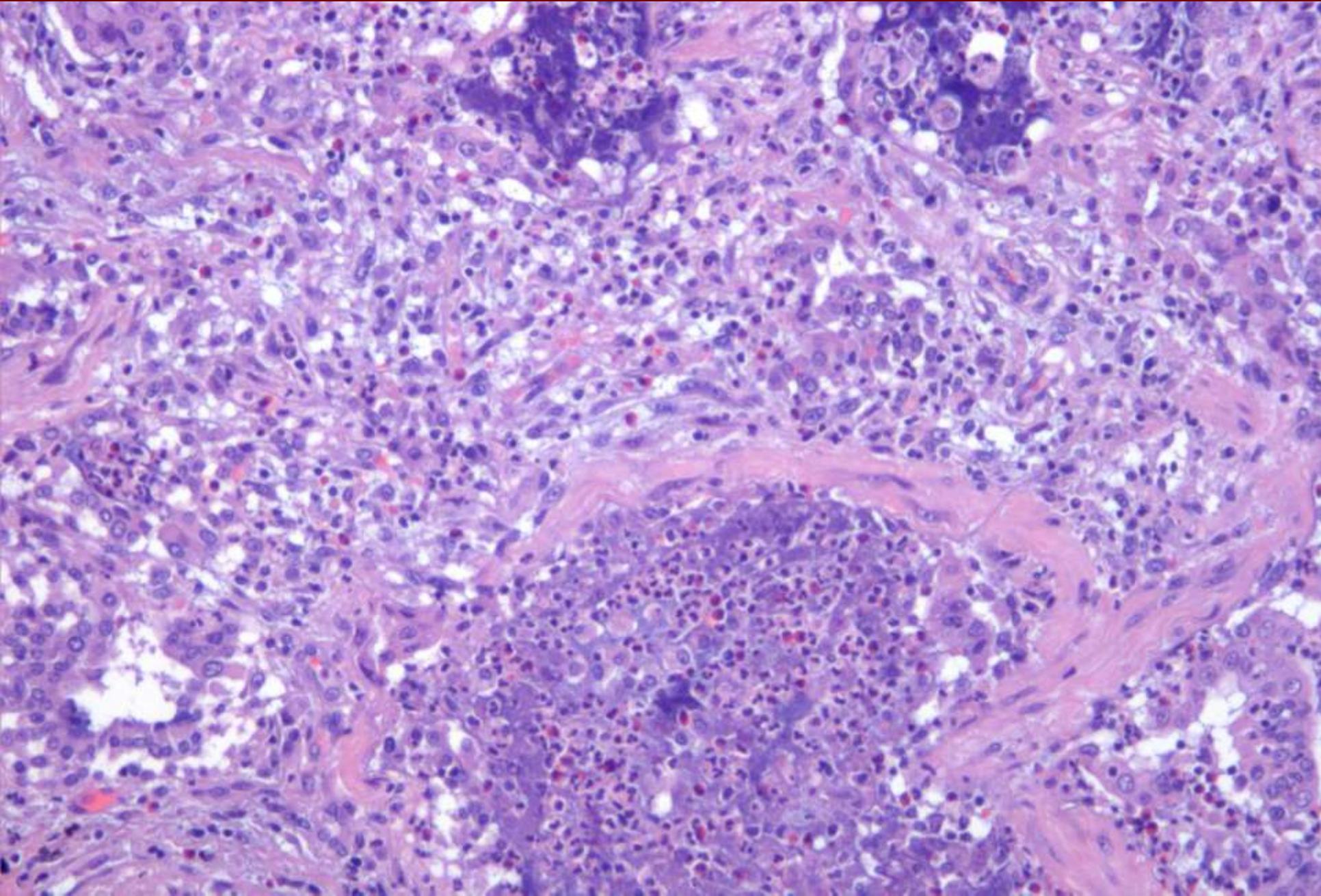
PULMONES



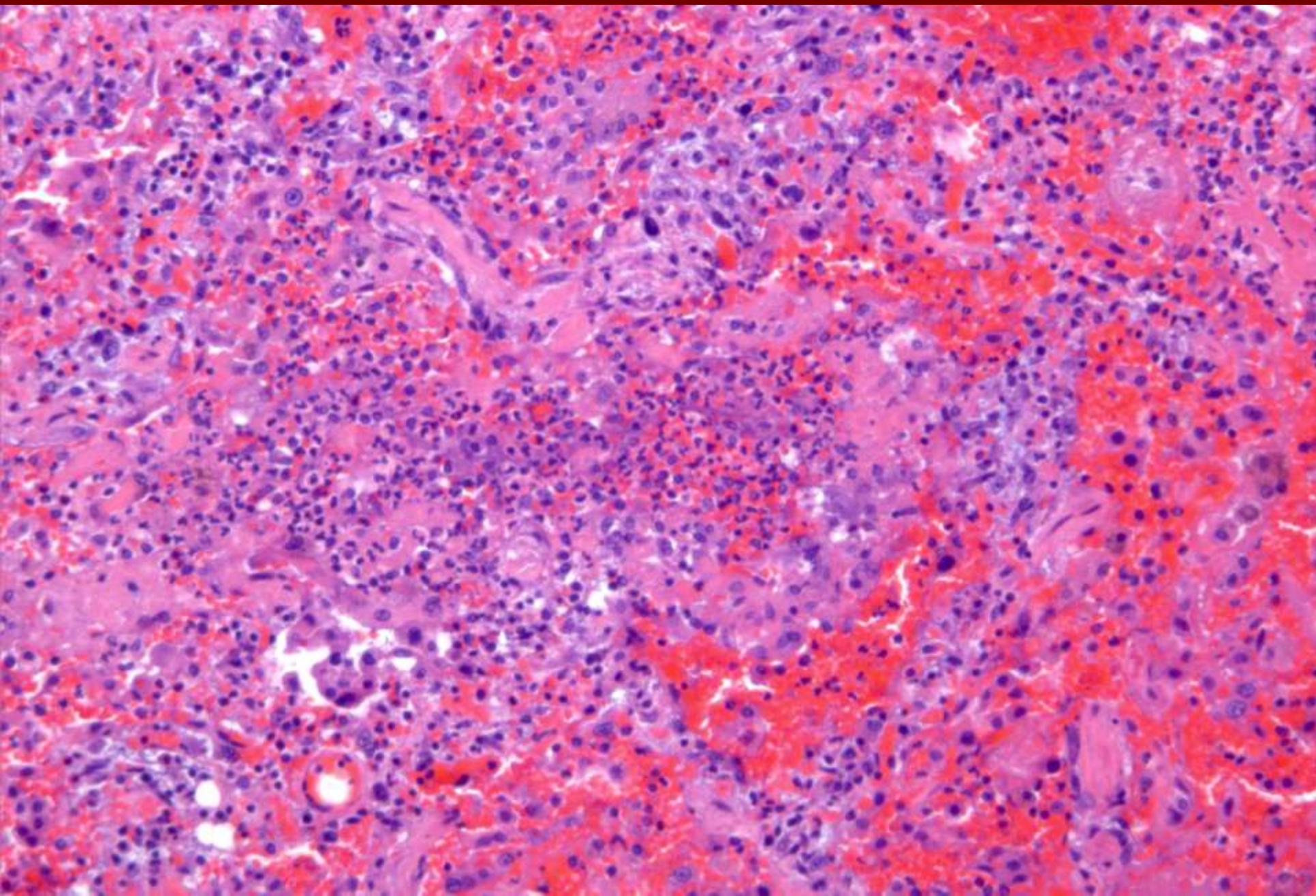
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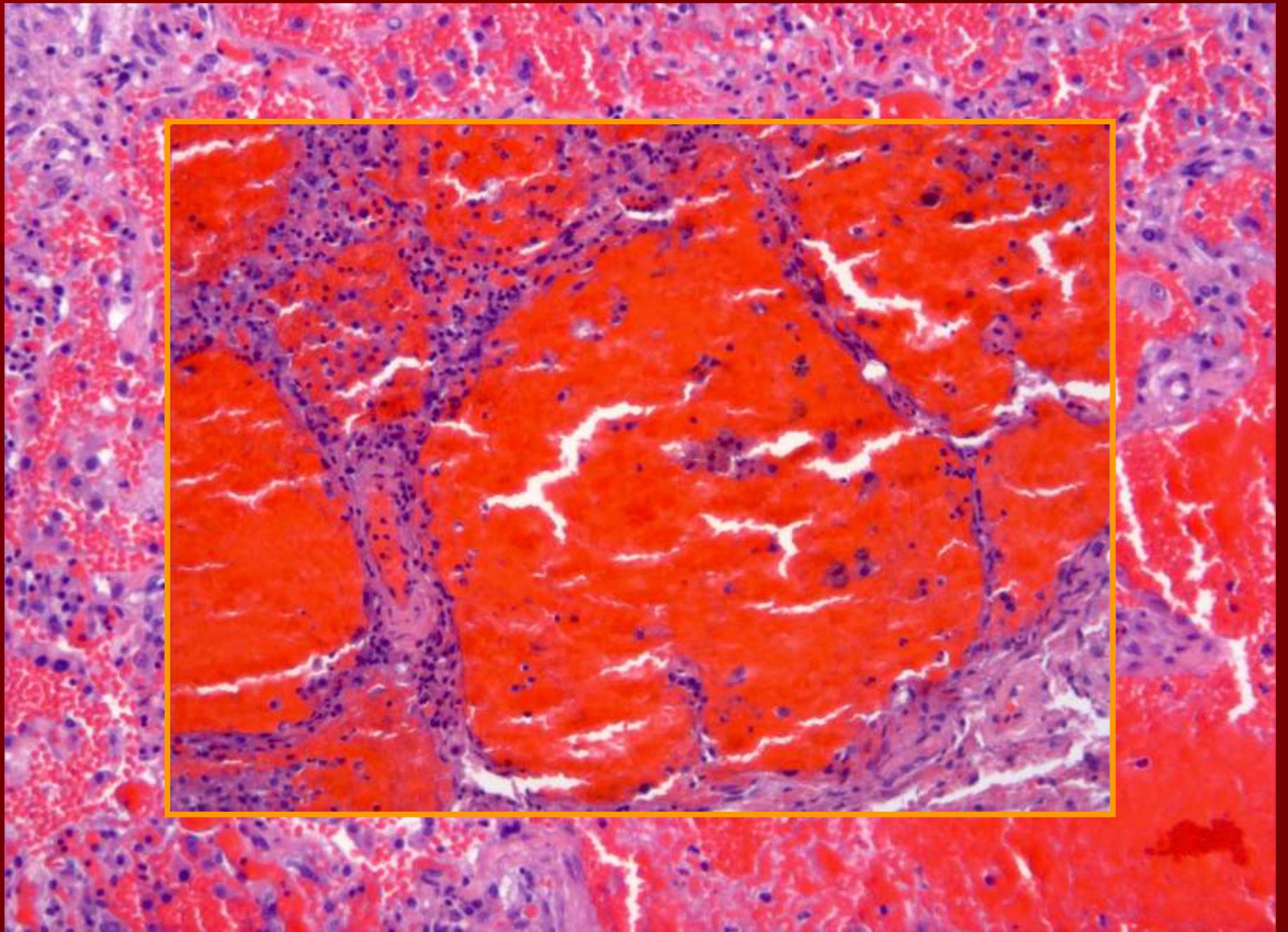


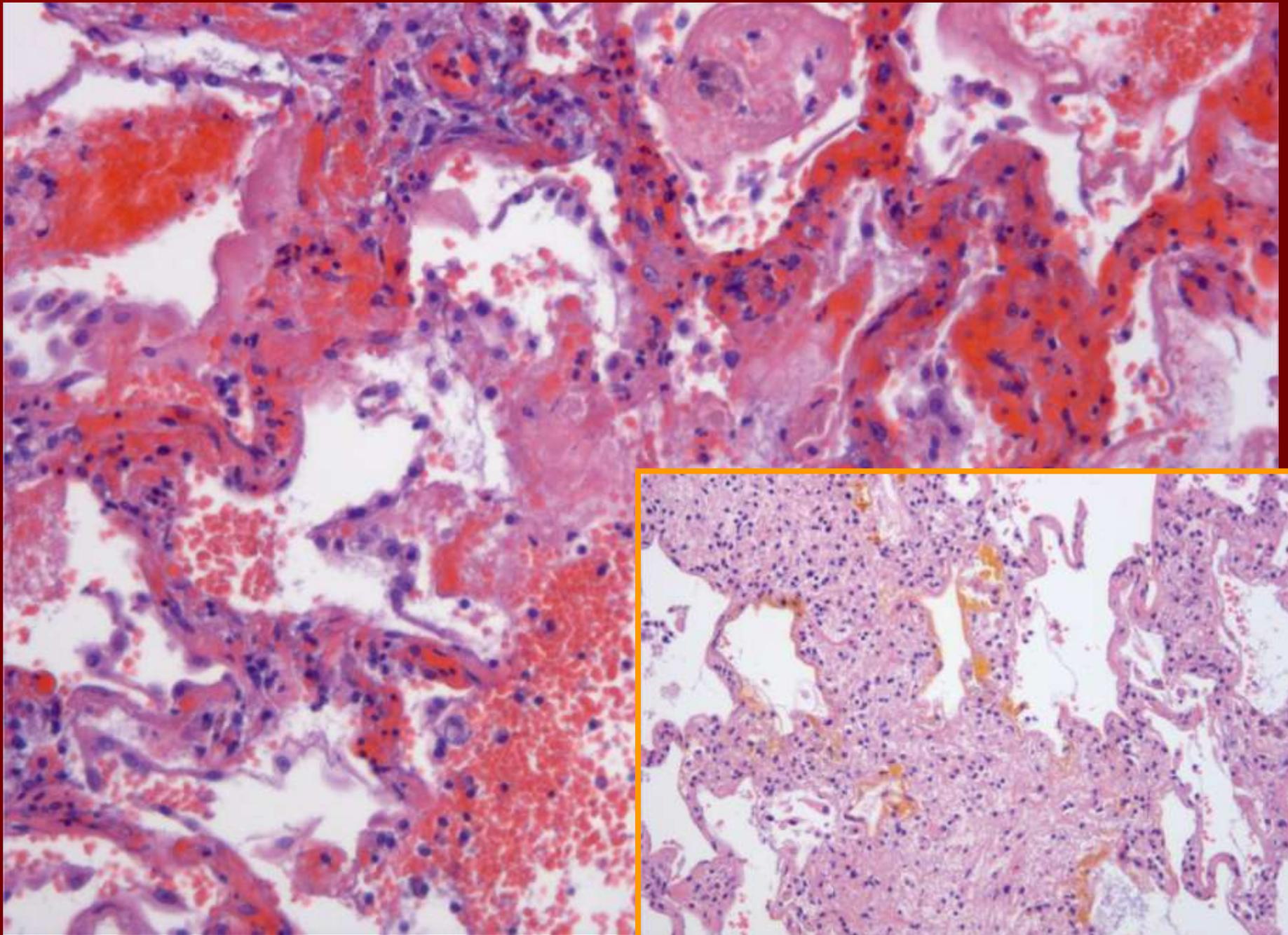
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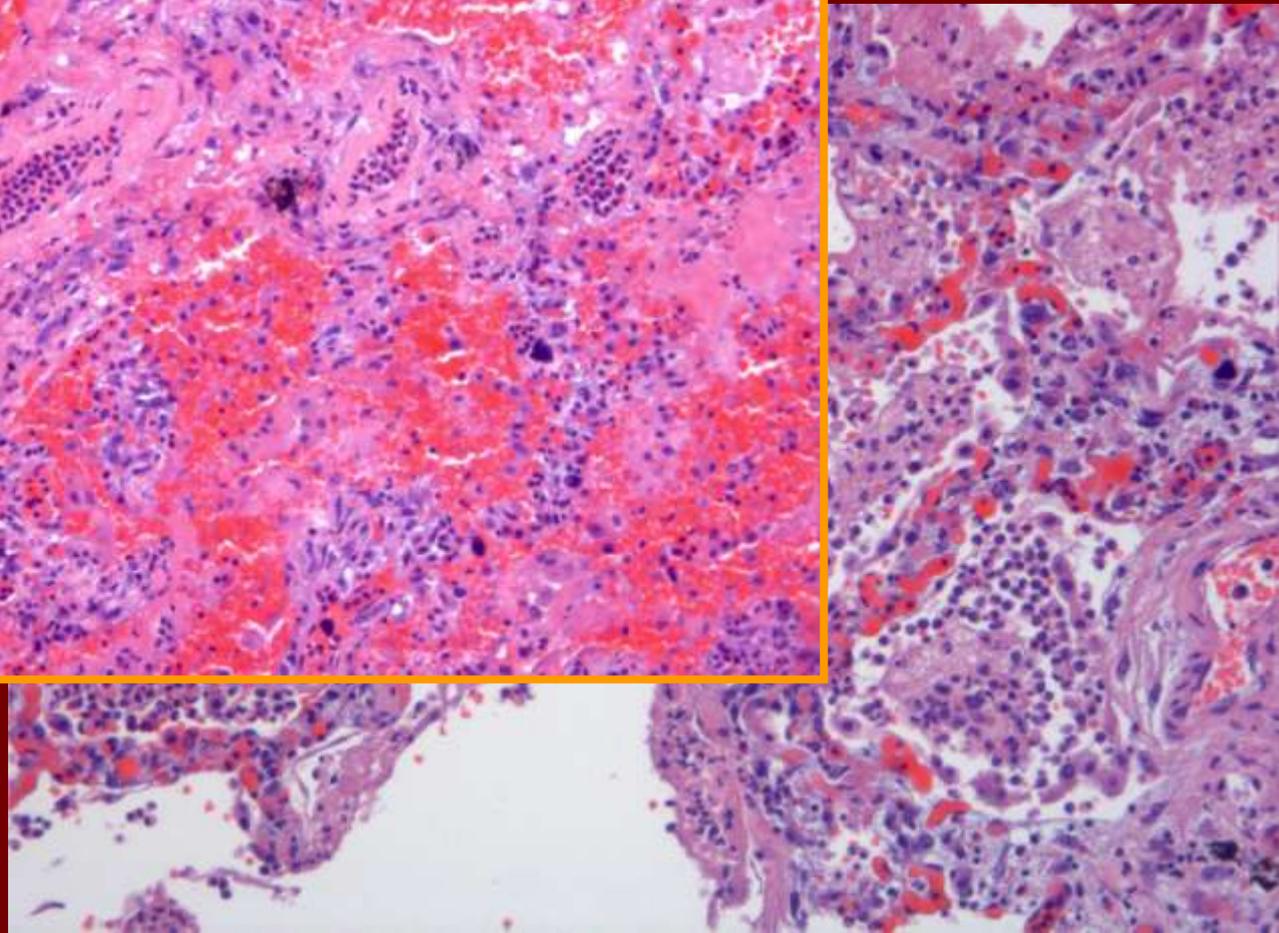
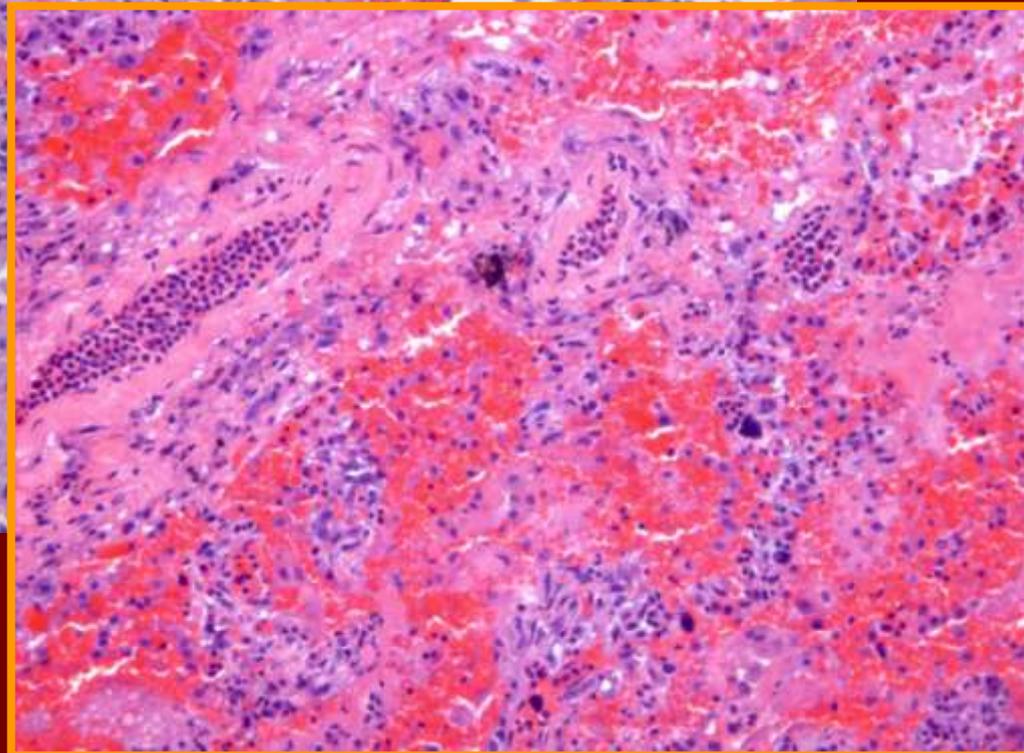
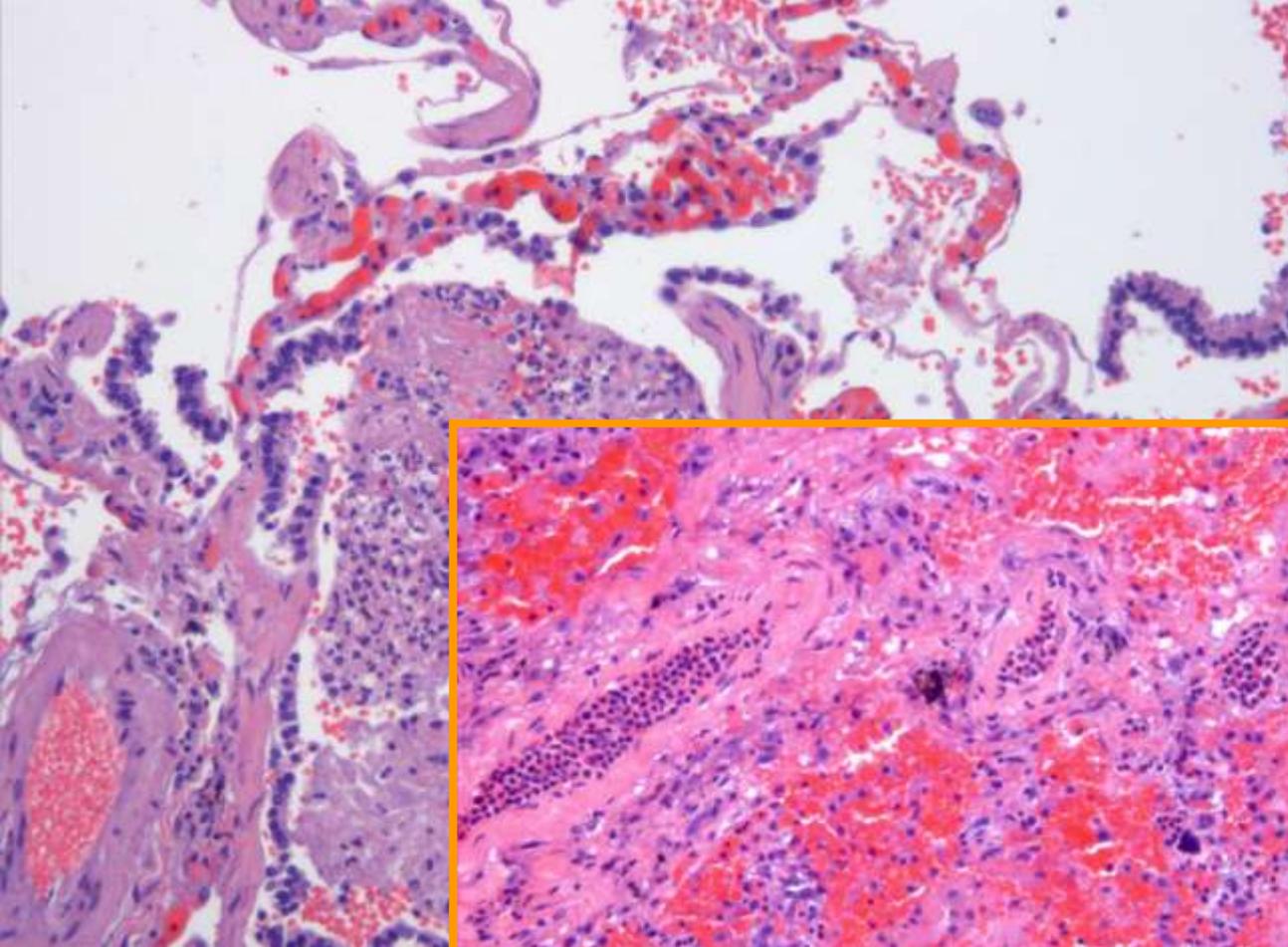


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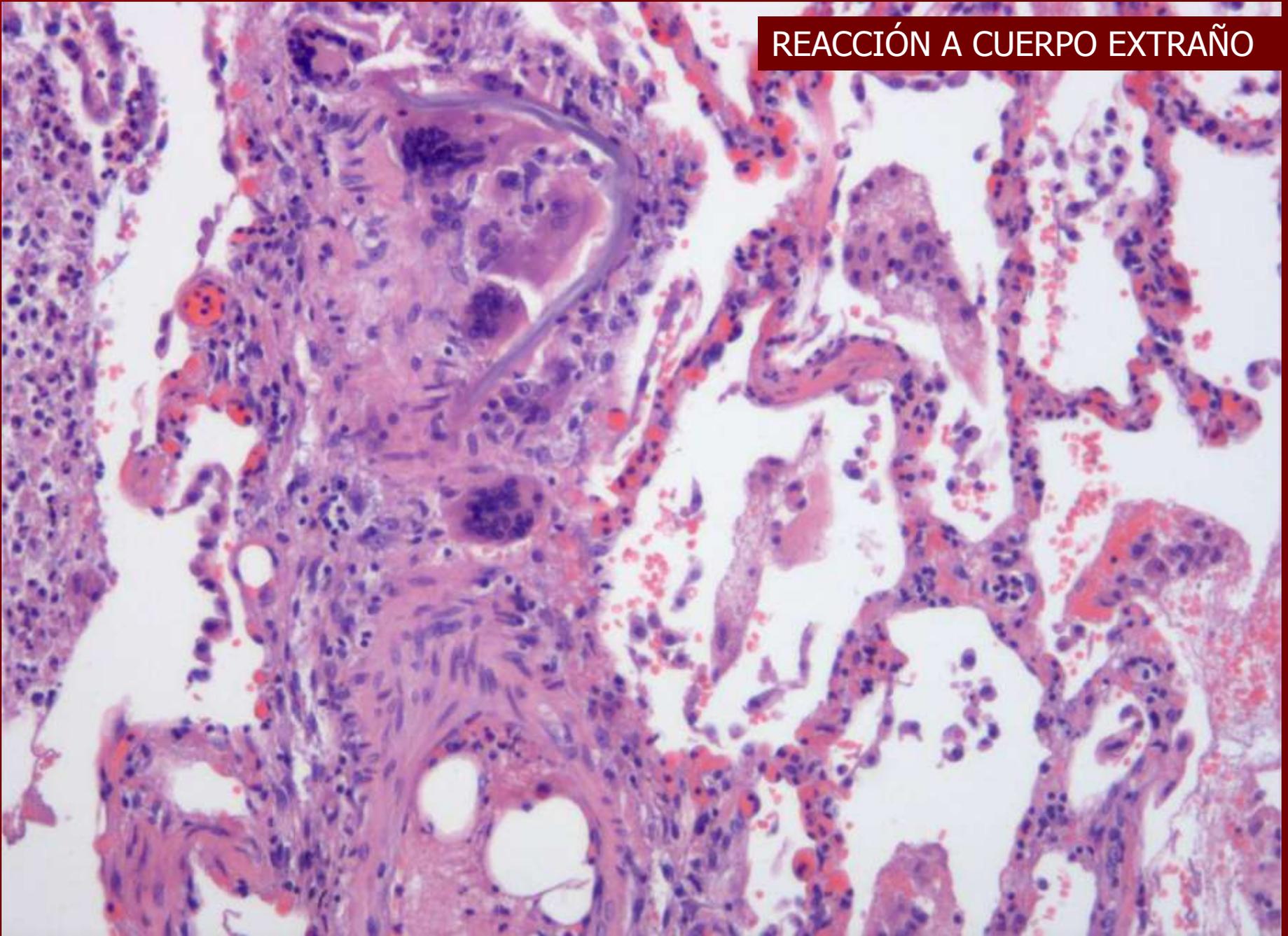


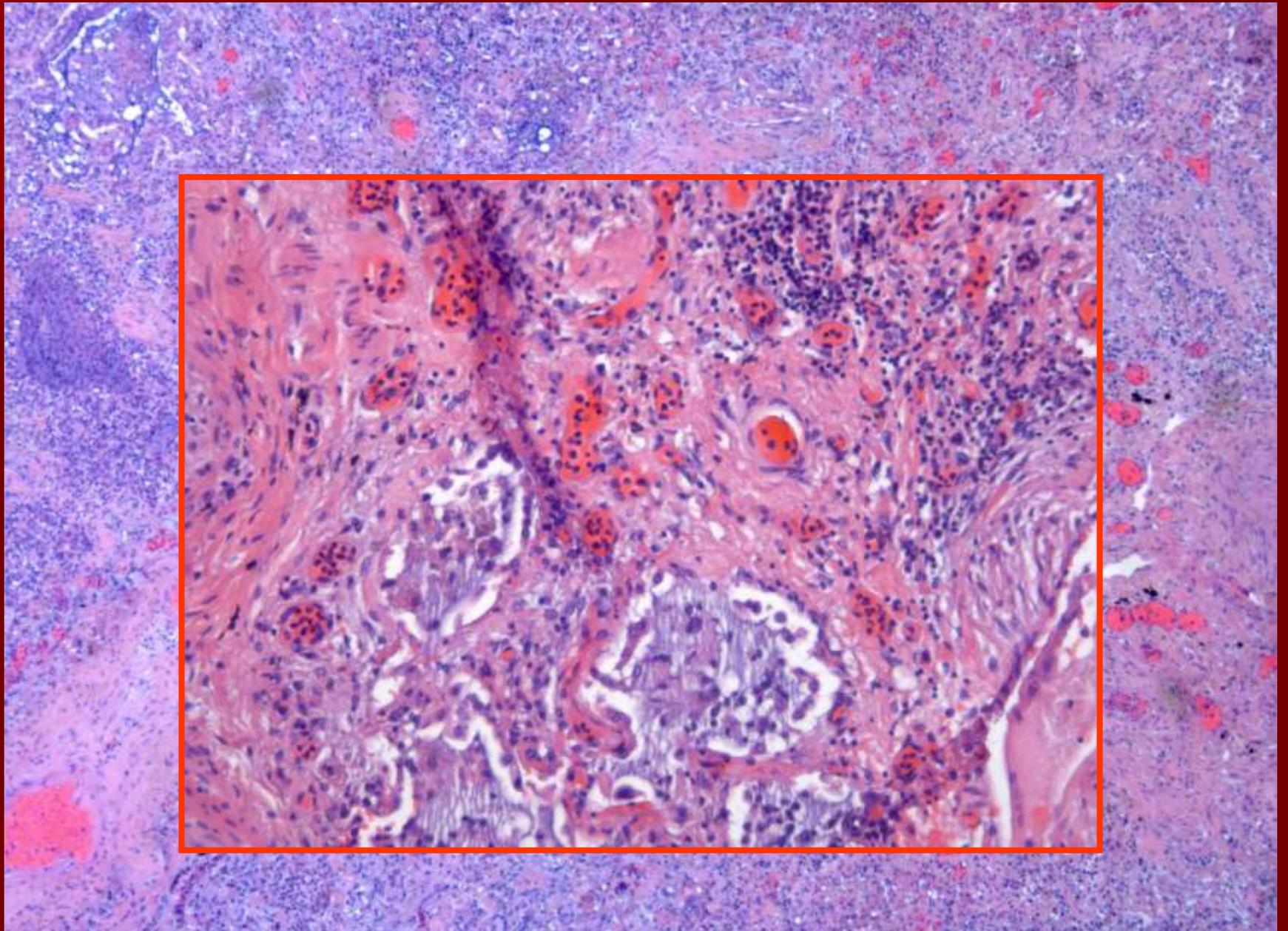




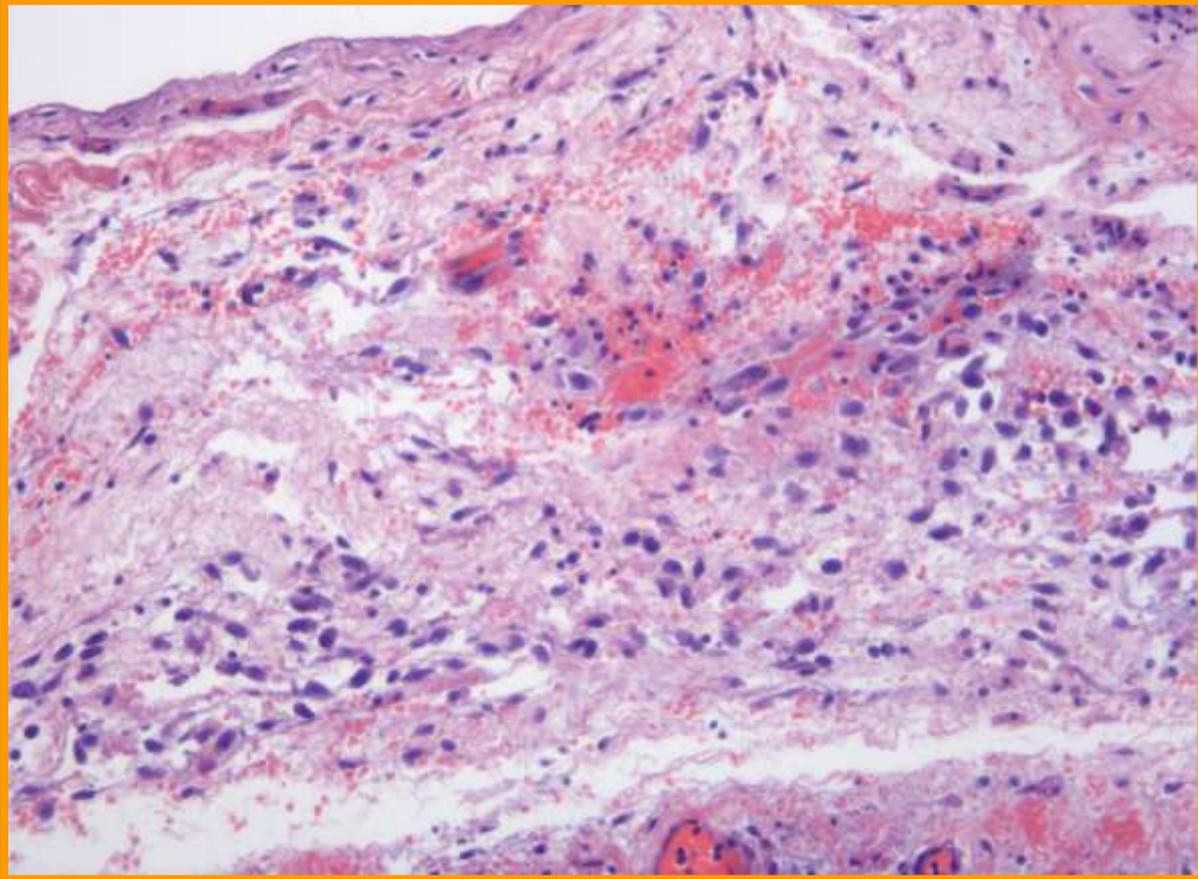


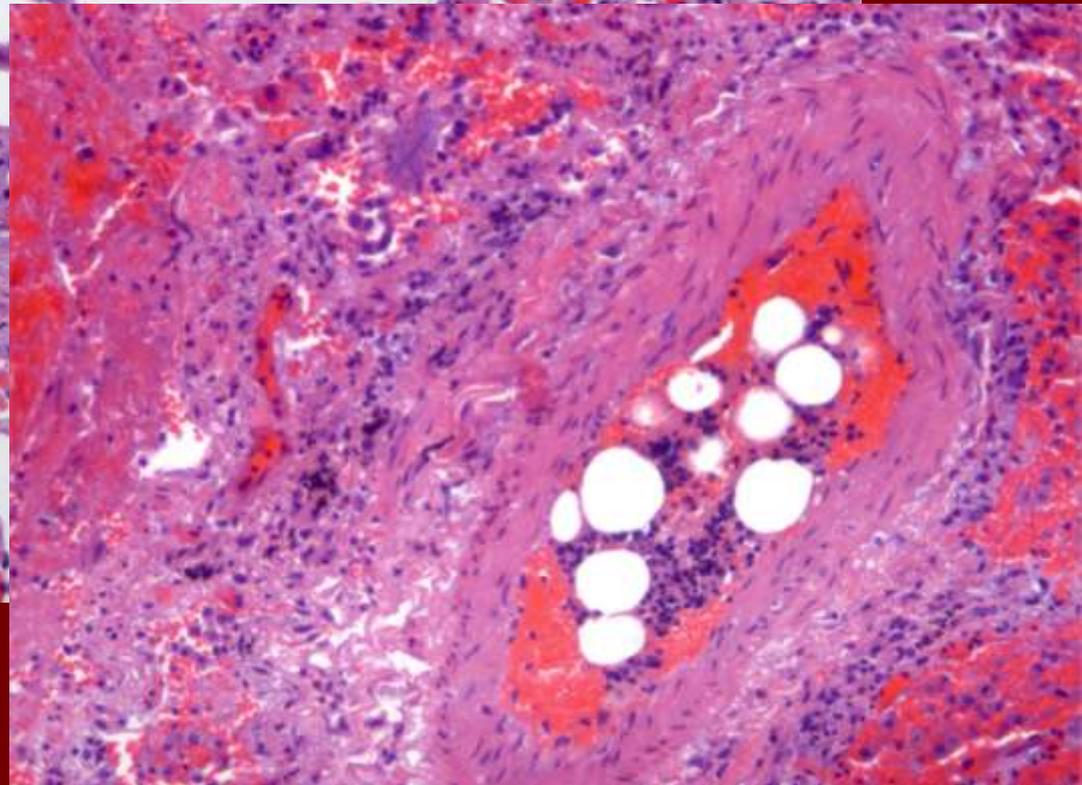
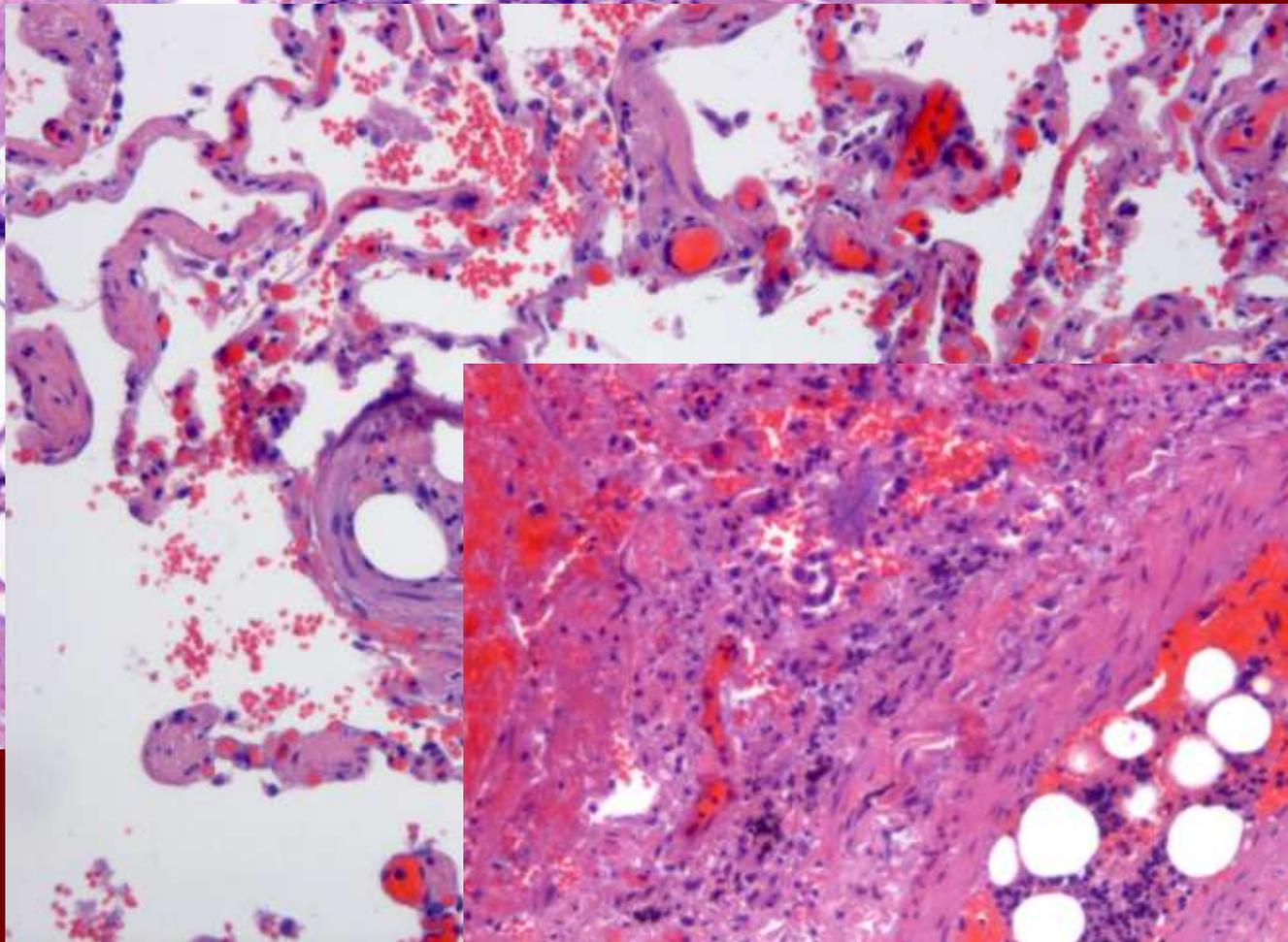
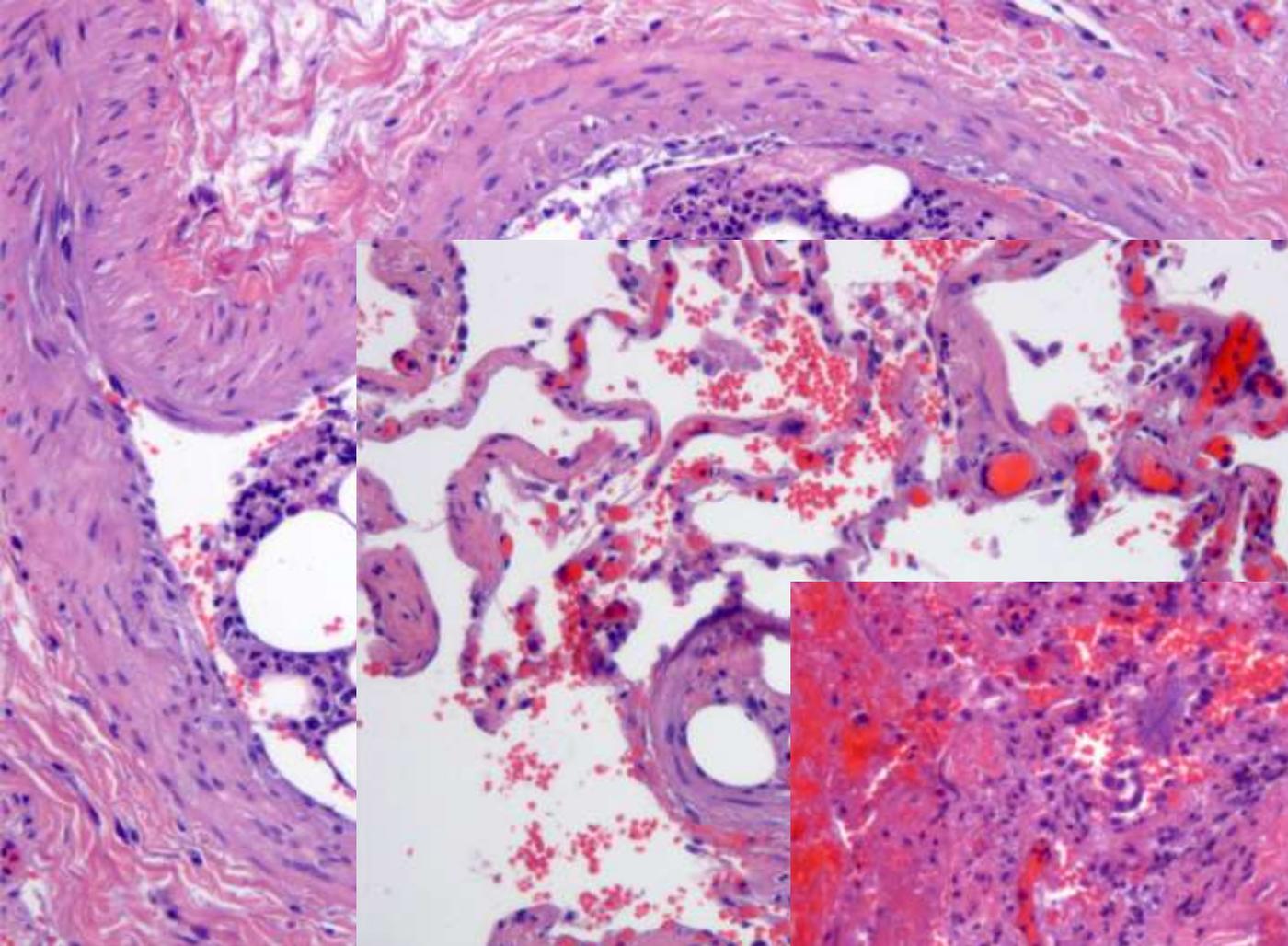
REACCIÓN A CUERPO EXTRAÑO



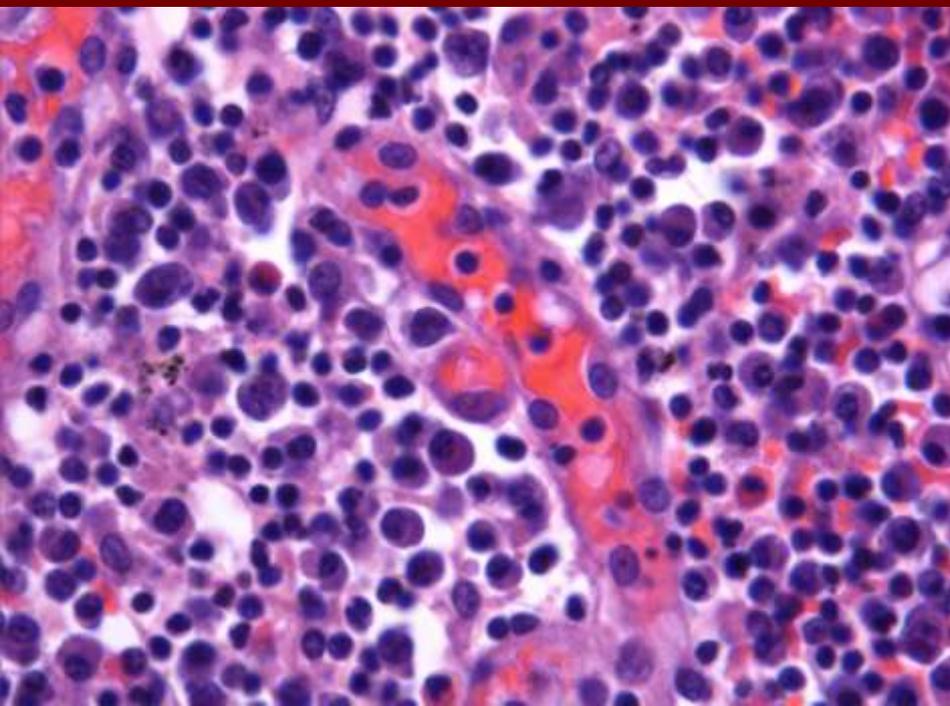
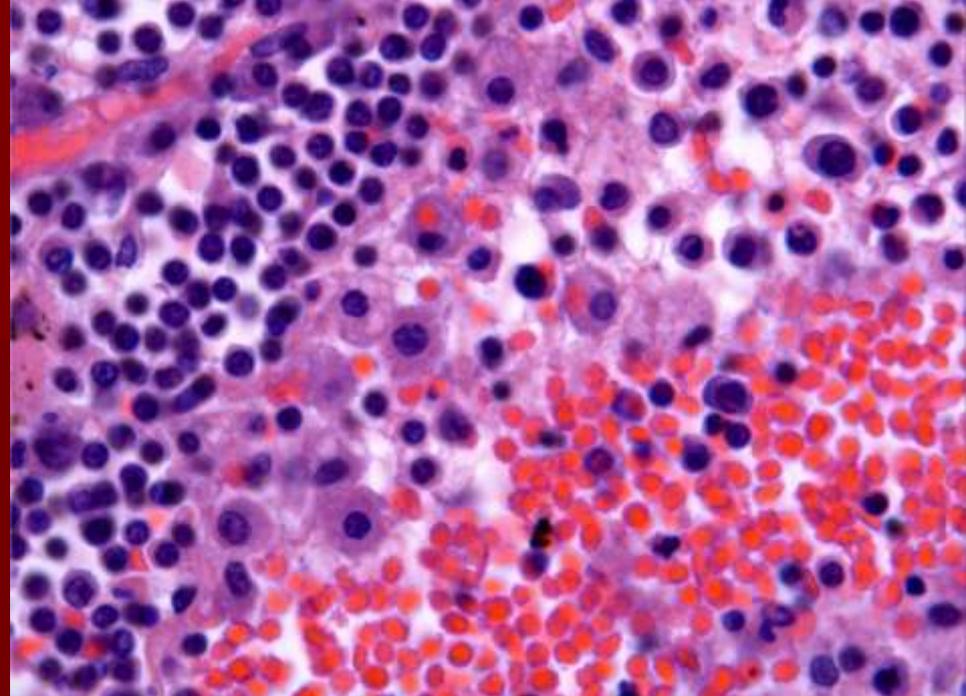
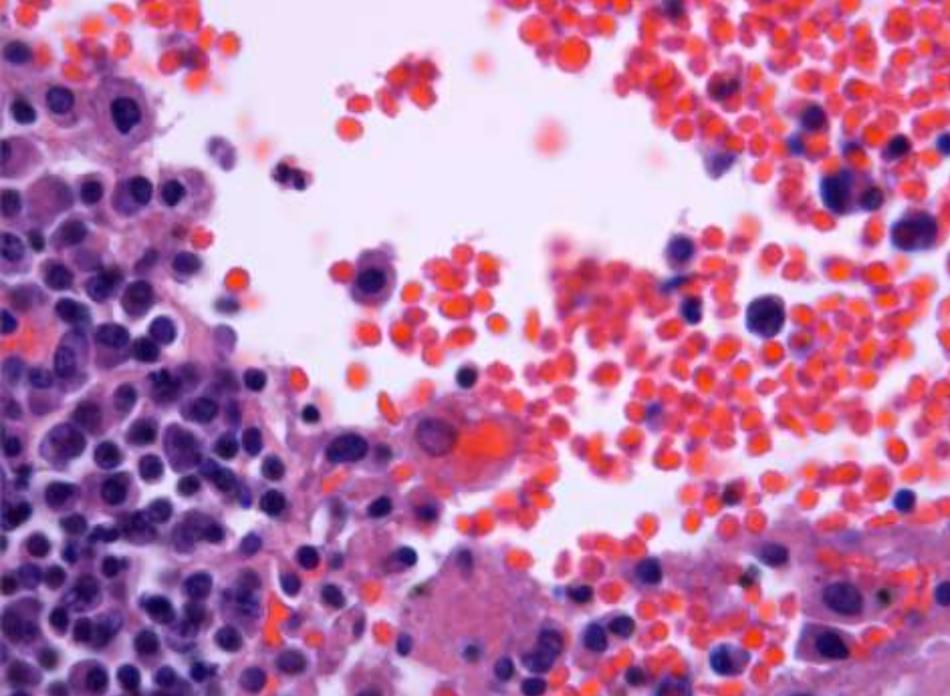


PLEURITIS



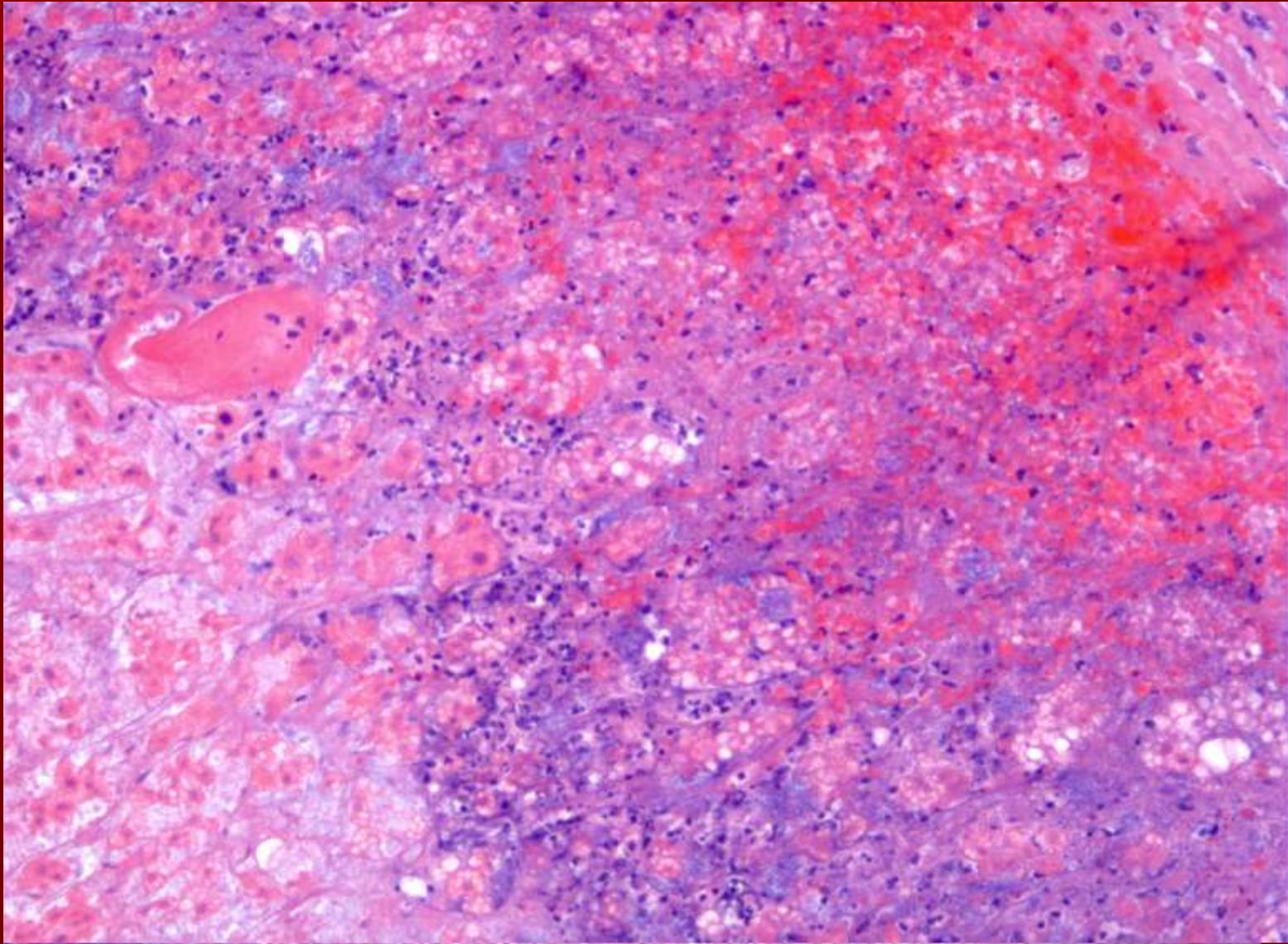


TROMBOSIS MÉDULA ÓSEA
POST-RCP



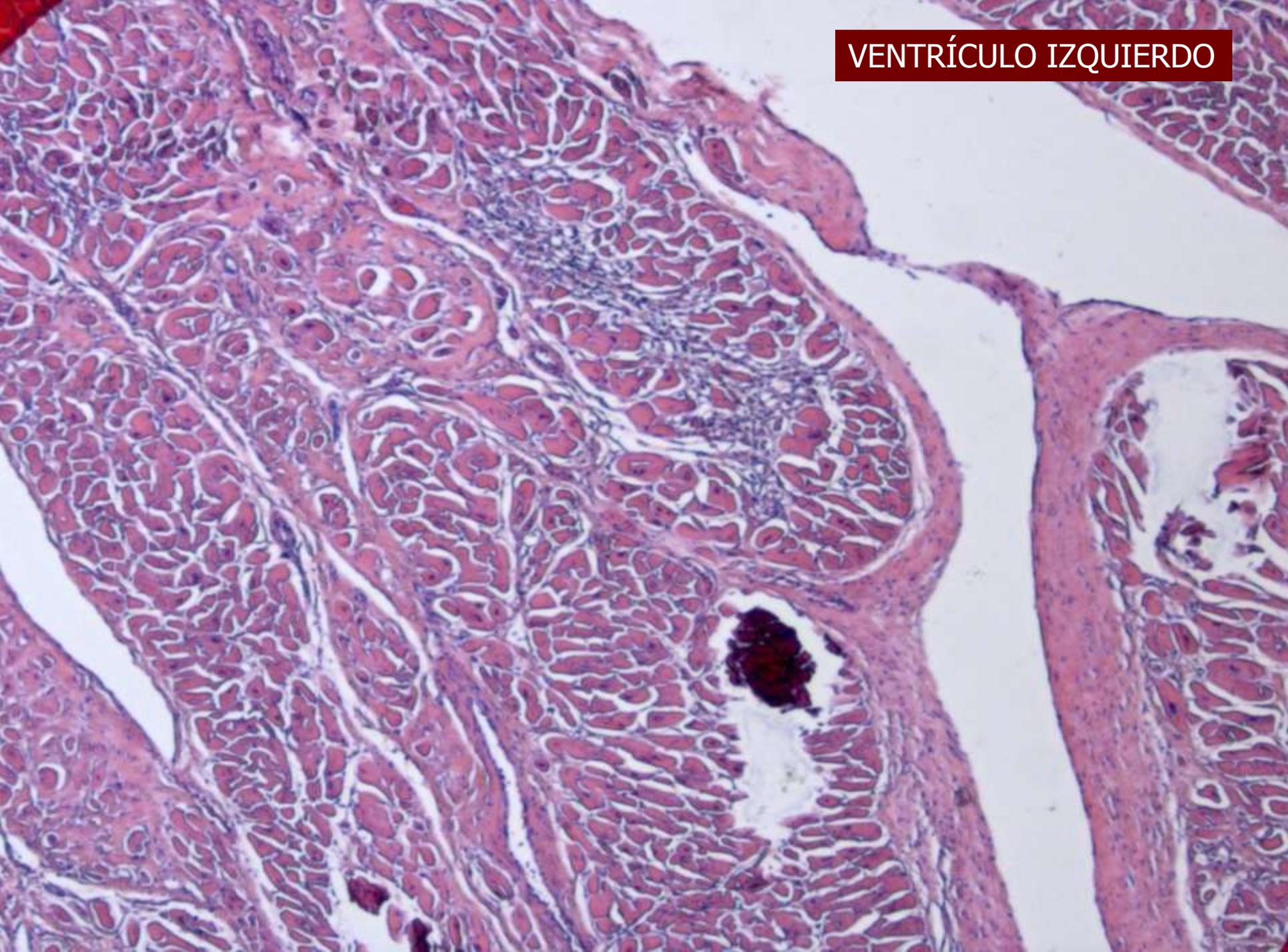
SÍNDROME HEMOFAGOCÍTICO

NECROSIS SUPRARRENAL BILATERAL

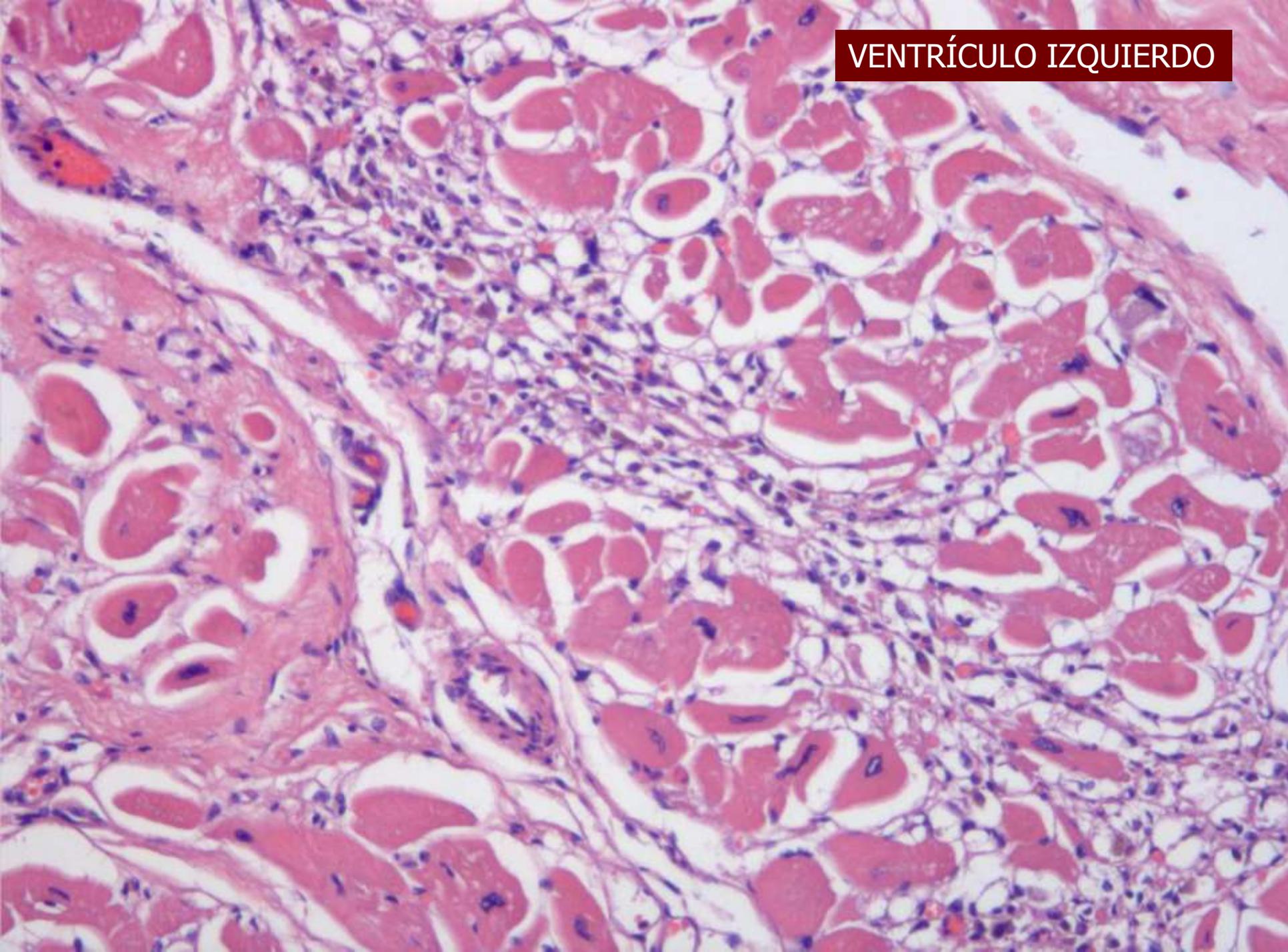


CORAZÓN

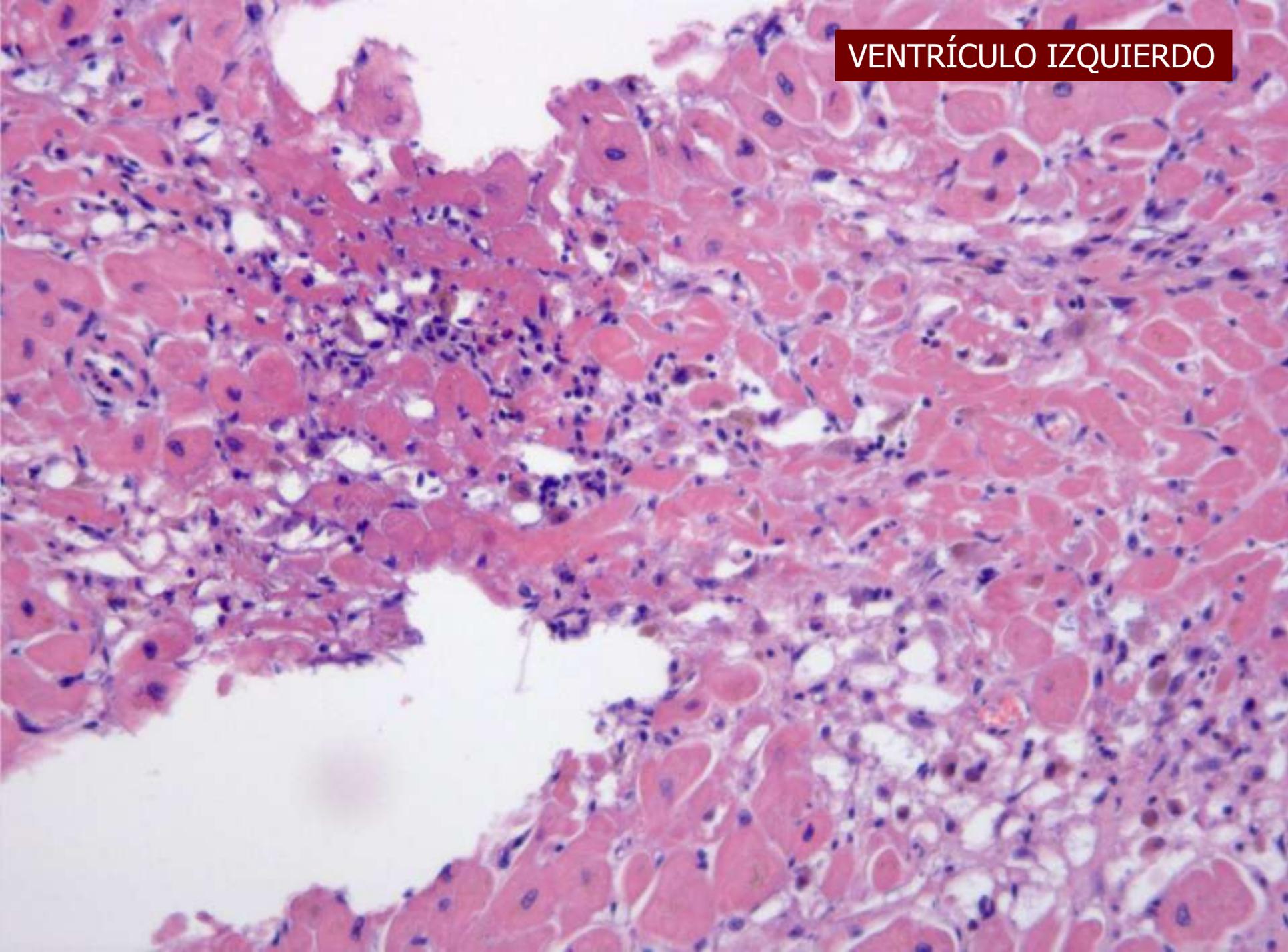
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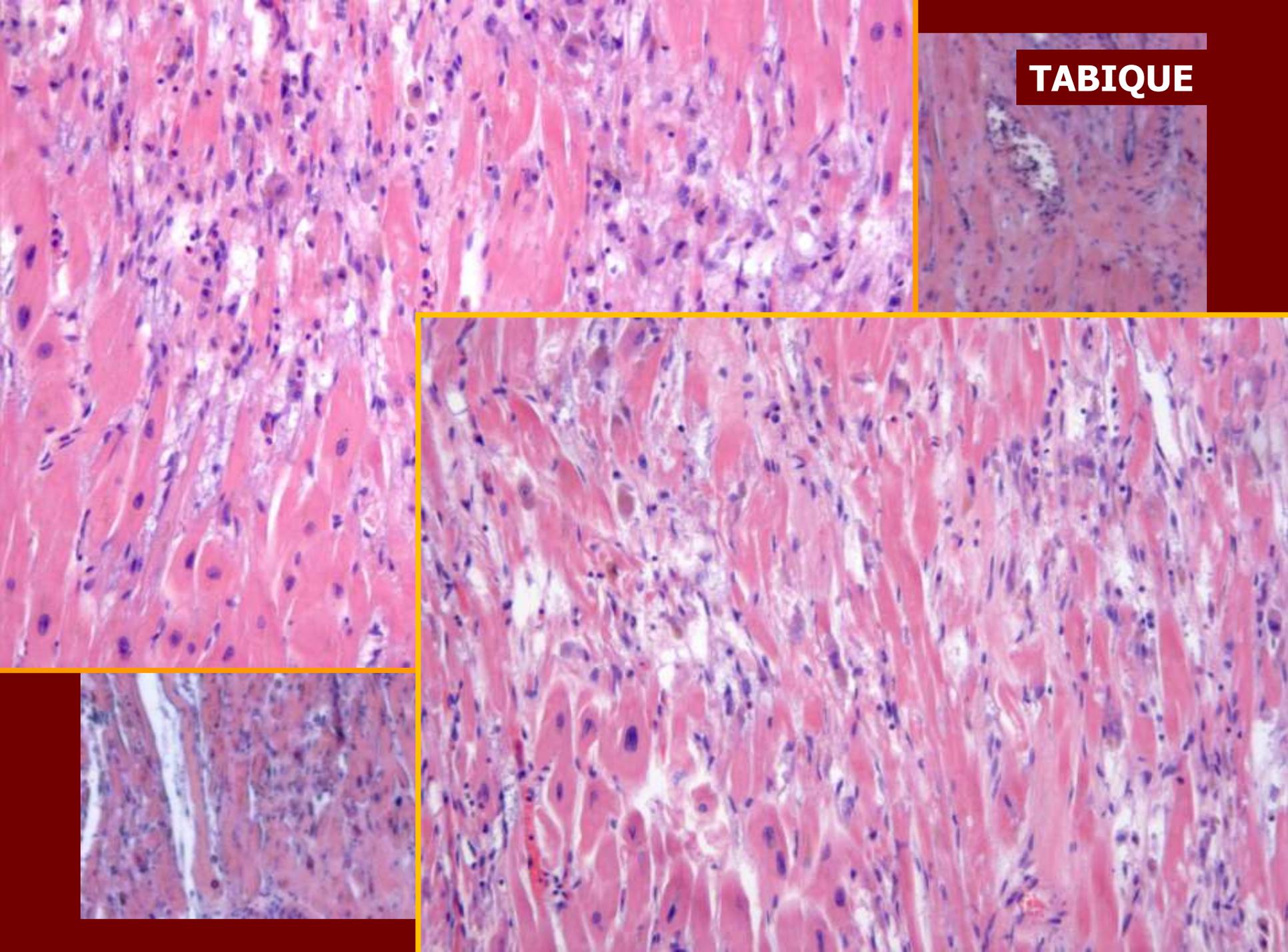
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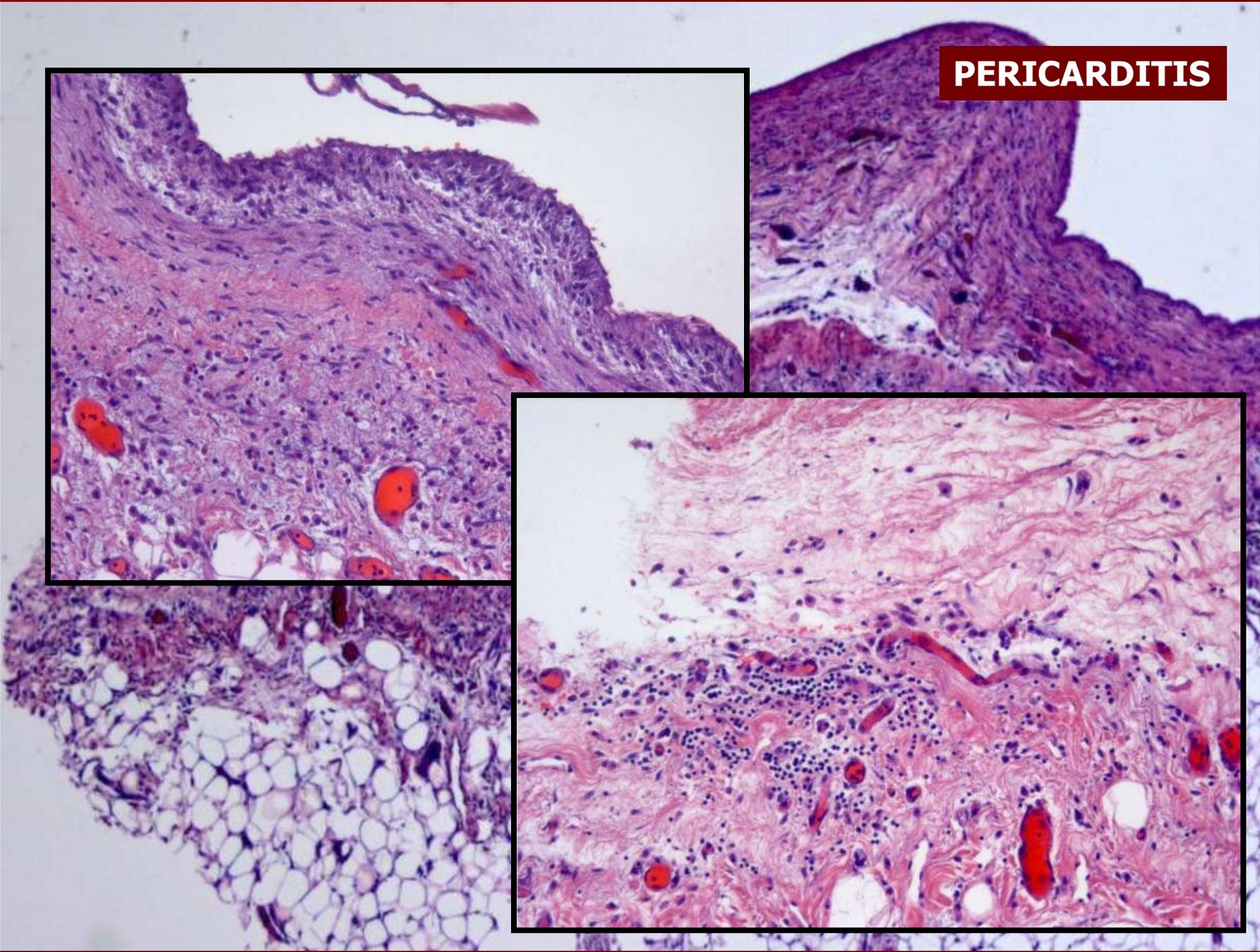
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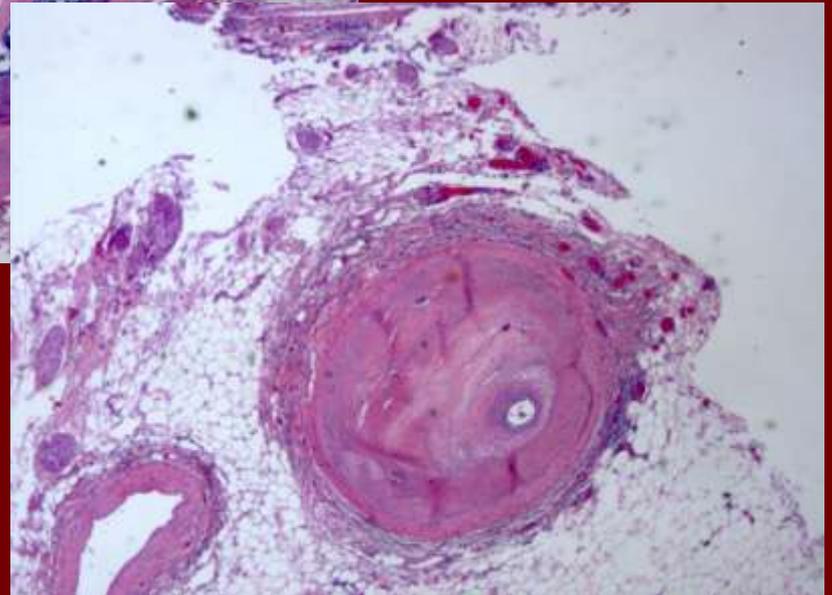
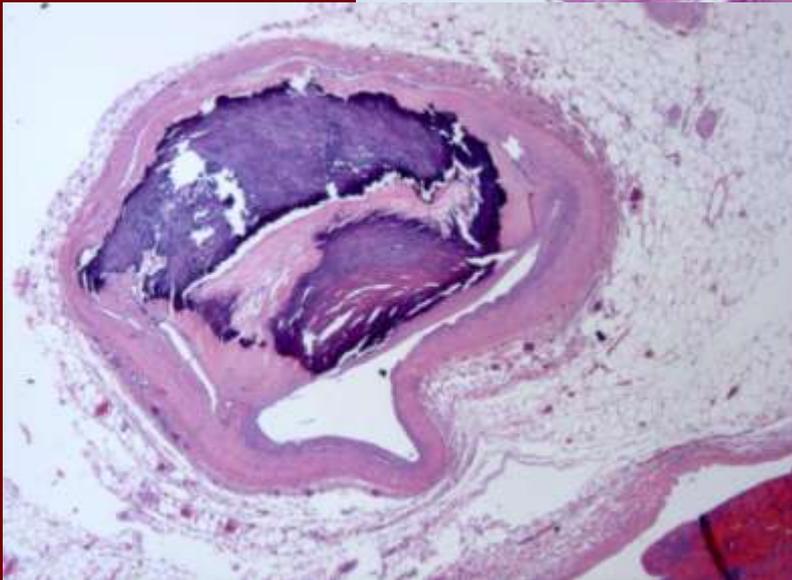
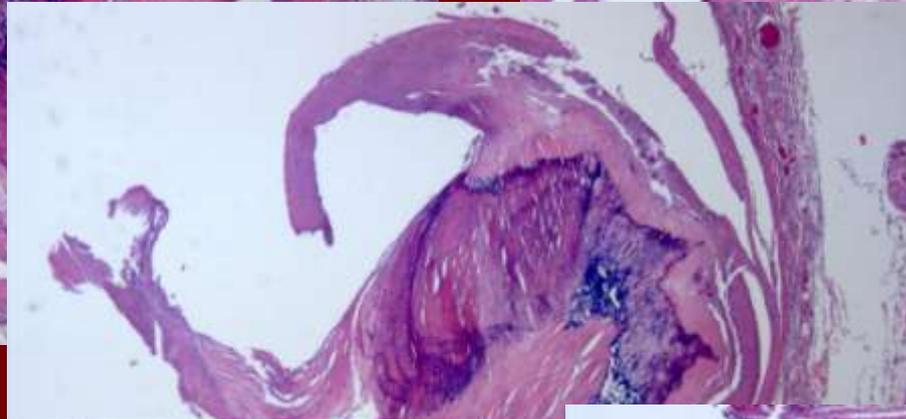
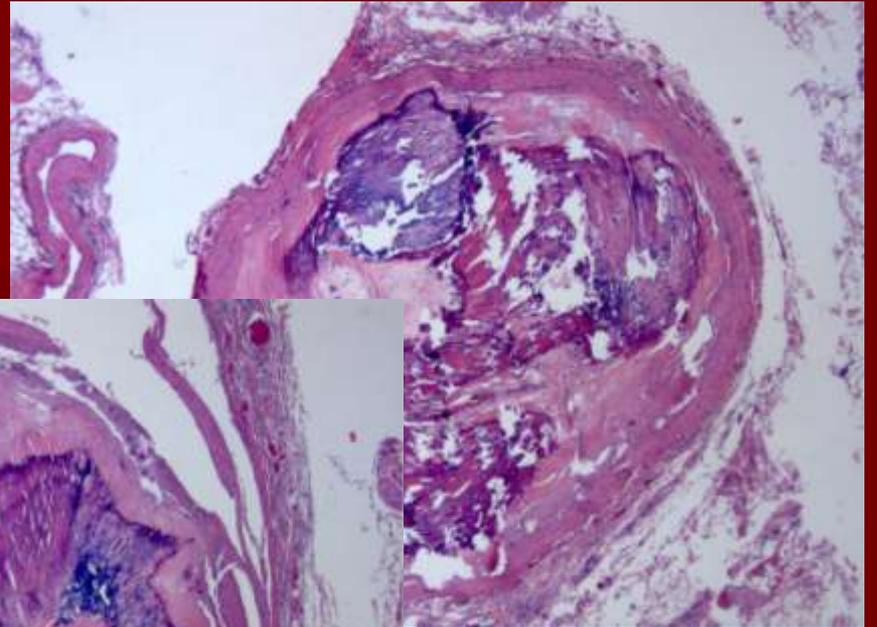
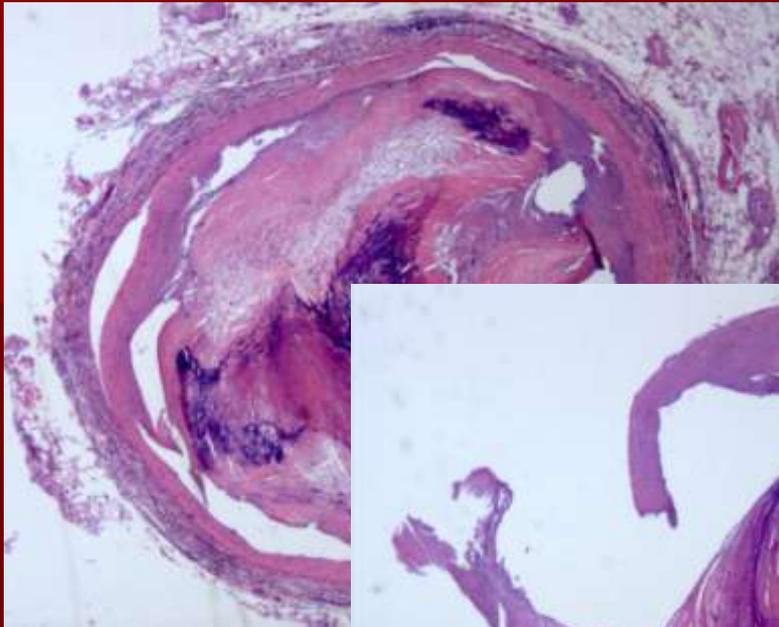


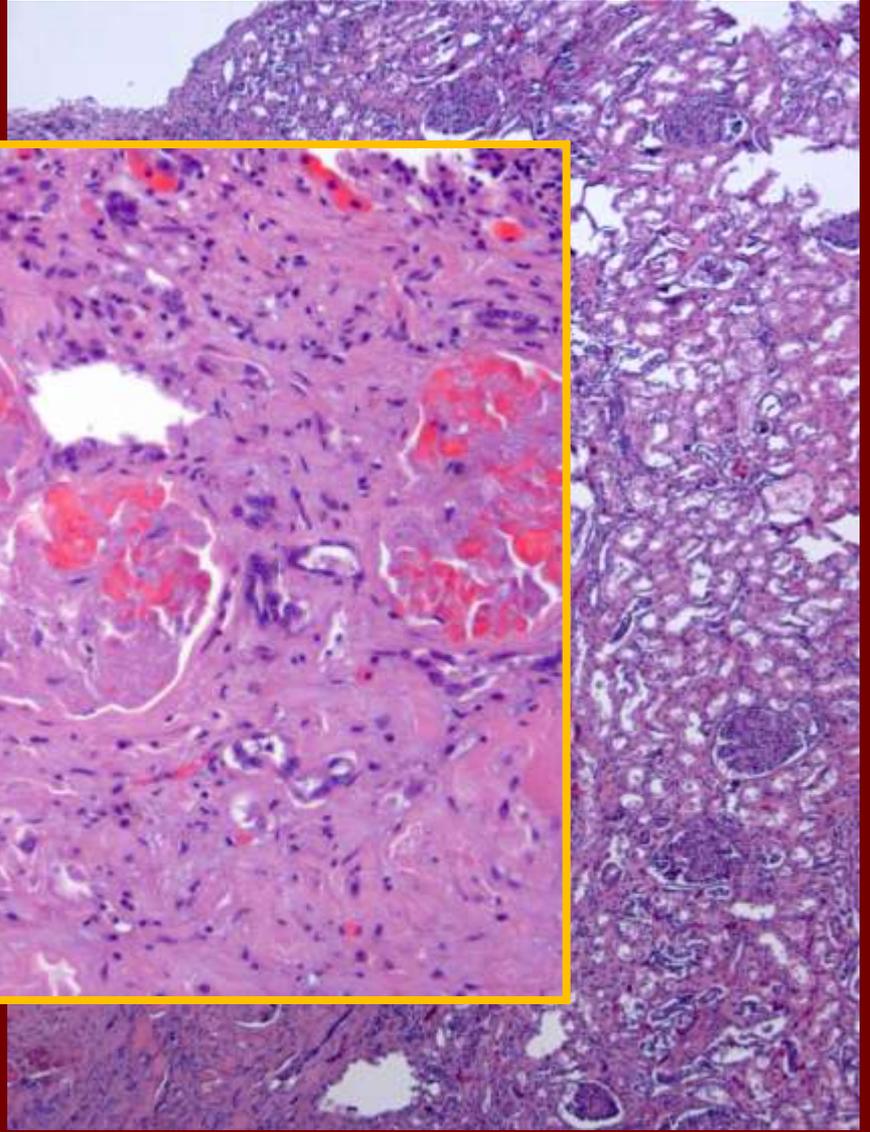
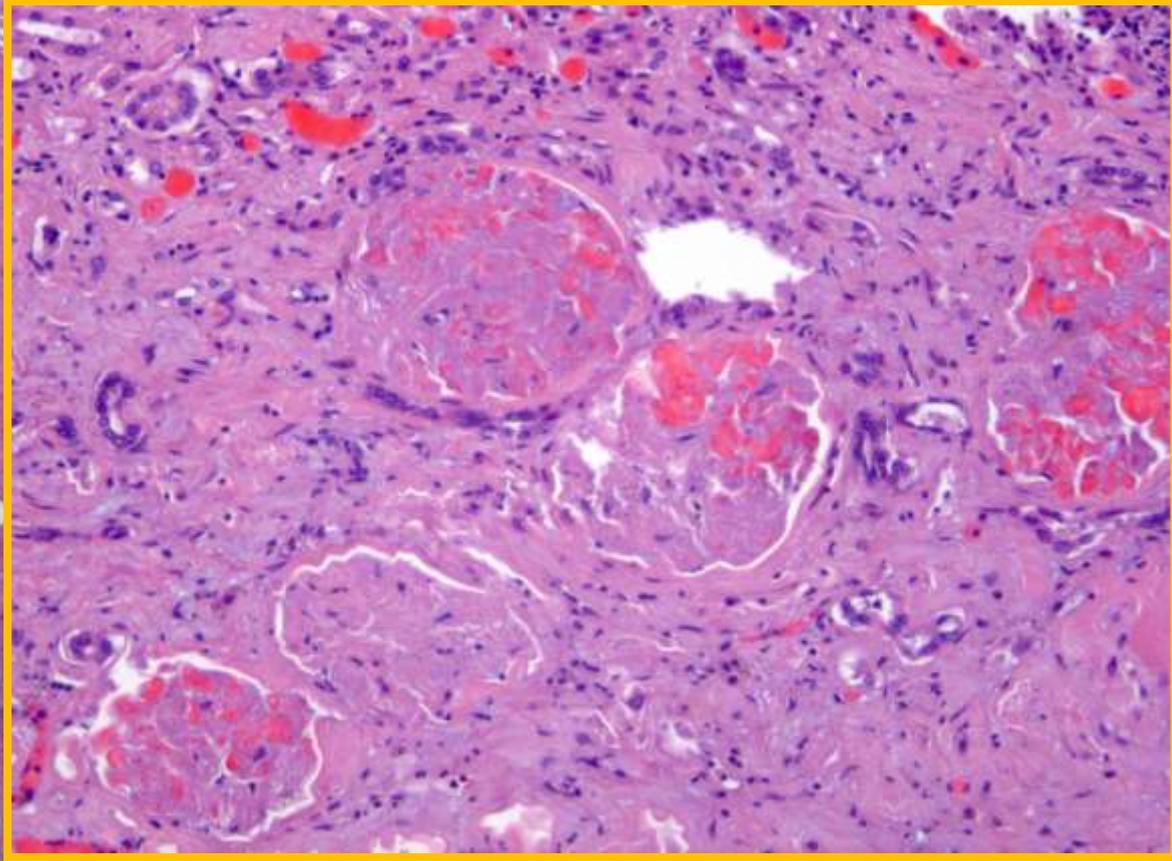
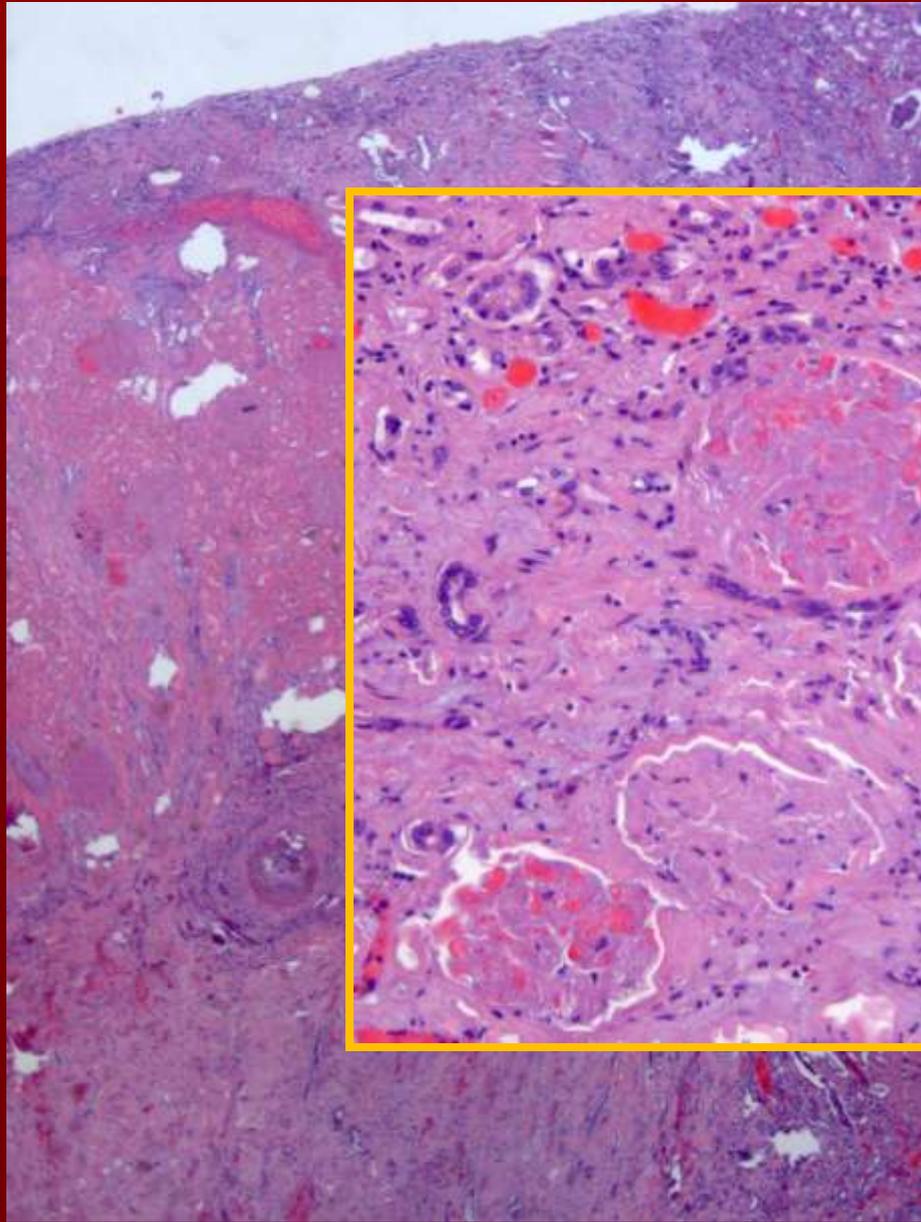
TABIQUE



PERICARDITIS







DIAGNÓSTICO

ESTADO POST-TRATAMIENTO POR GRIPE A:

■ PULMONES CON:

- DAÑO ALVEOLAR DIFUSO EN DISTINTOS ESTADIOS DE EVOLUCION (AGUDO, NECROTIZANTE Y ORGANIZADO)
 - (PD: 1340GR , P: 1005GRS. N: HASTA 500 GR)
- FOCOS DE BRONCONEUMONÍA AGUDA Y CRÓNICA.
- REACCIÓN GIGANTOCELULAR A CUERPO EXTRAÑO
- EMBOLISMO PULMONAR DE MÉDULA ÓSEA SECUNDARIA A MANIOBRAS DE RESUCITACIÓN.
- PLEURITIS
- LARINGOTRAQUEOBRONQUITIS

■ CORAZÓN CON CARDIOMEGALIA (405GR , N HASTA 350GR)

- SIGNOS DE INFARTO DE ENTRE 3 Y 7 DÍAS DE EVOLUCIÓN EN VENTRÍCULO IZQUIERDO Y TABIQUE.
- ARTERIOSCLEROSIS CORONARIA GRAVE, CON OBSTRUCCIÓN COMPLETA DE LA CORONARIA DERECHA, DEL 90% DE LA CORONARIA IZQUIERDA Y DEL 95% EN LA DESCENDENTE ANTERIOR.
- PERICARDITIS
- ATEROMATOSIS AÓRTICA COMPLICADA, CON MAYOR AFECTACIÓN ABDOMINAL.
 - NEFROANGIOSCLEROSIS
 - NEFRITIS CRÓNICA
 - INFARTO EN PARÉNQUIMA RENAL DERECHO

OTROS

- DEPLECCIÓN GANGLIONAR CON SÍNDROME HEMOFAGOCÍTICO ASOCIADO A VIRUS
 - HIPERPLASIA TRILINEAL DE LA MÉDULA ÓSEA, PREDOMINANTEMENTE DE LA SERIE ROJA CON METAPLASIA MIELOIDE ESPLÉNICA
- NECROSIS SUPRARRENAL BILATERAL
- ESOFAGITIS AGUDA
- CONGESTIÓN HEPÁTICA DEL ÁREA 3.
- PANCREATITIS CRÓNICA
- GASTRITIS AGUDA PETEQUIAL
- CISTITIS HEMORRÁGICA
- ATROFIA TESTICULAR BILATERAL

■ PADECIMIENTO FUNDAMENTAL:

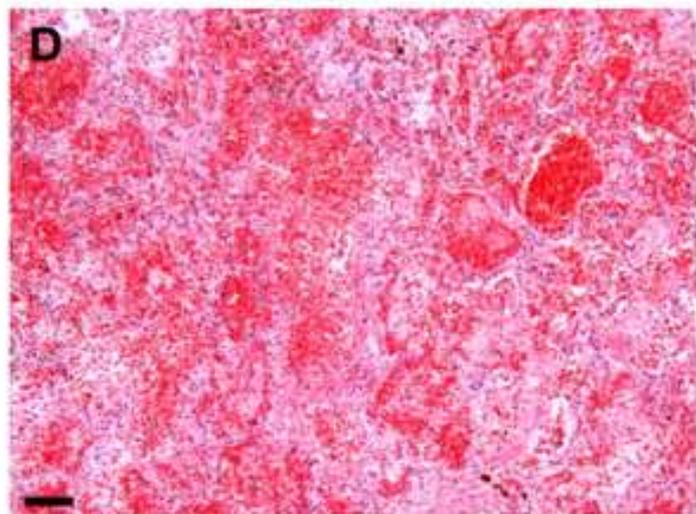
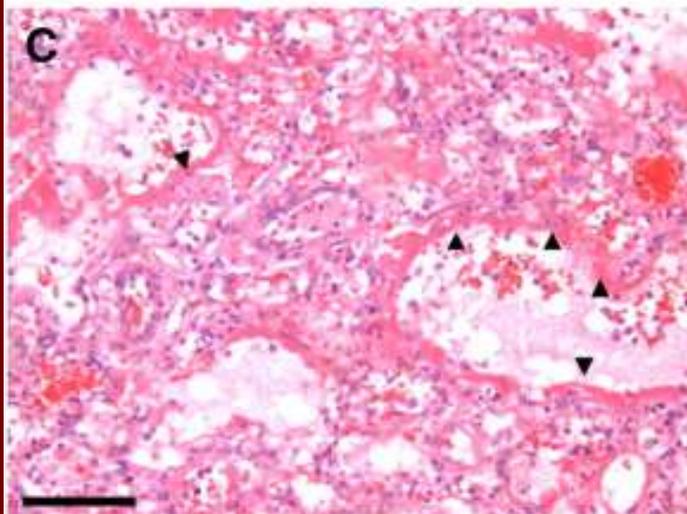
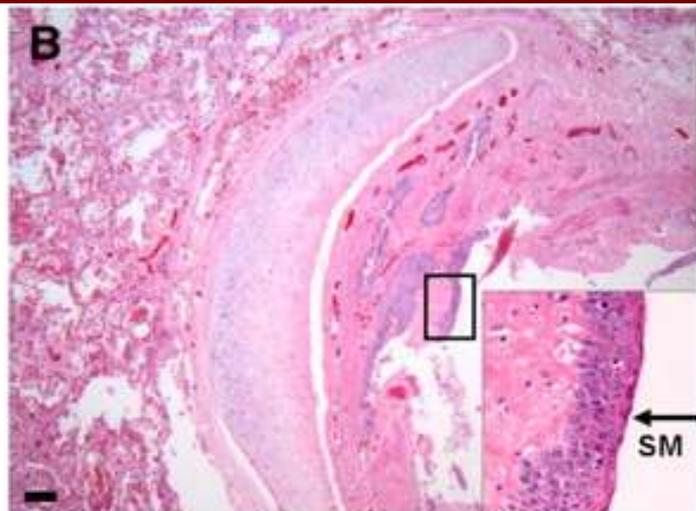
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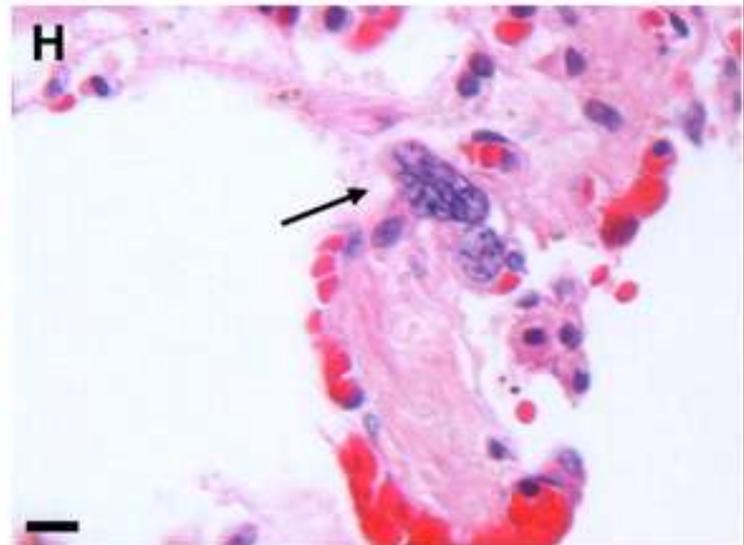
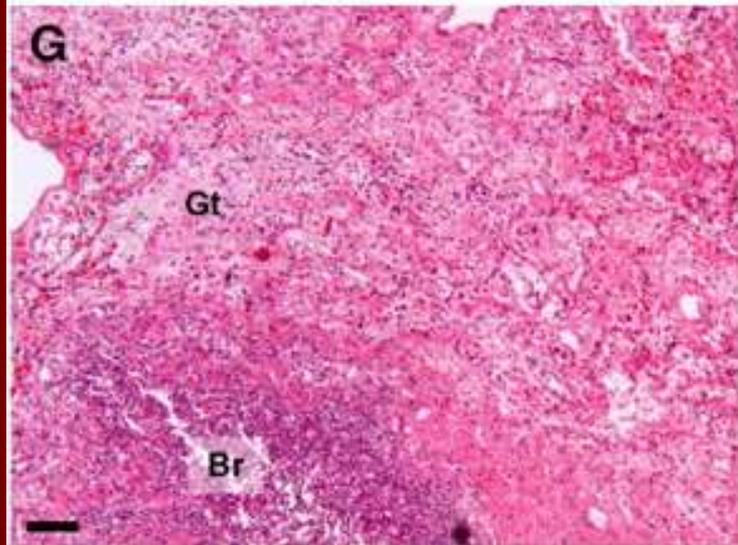
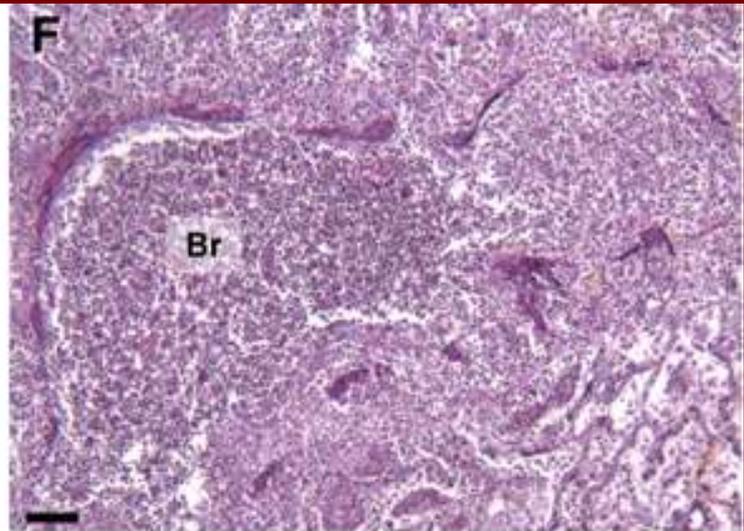
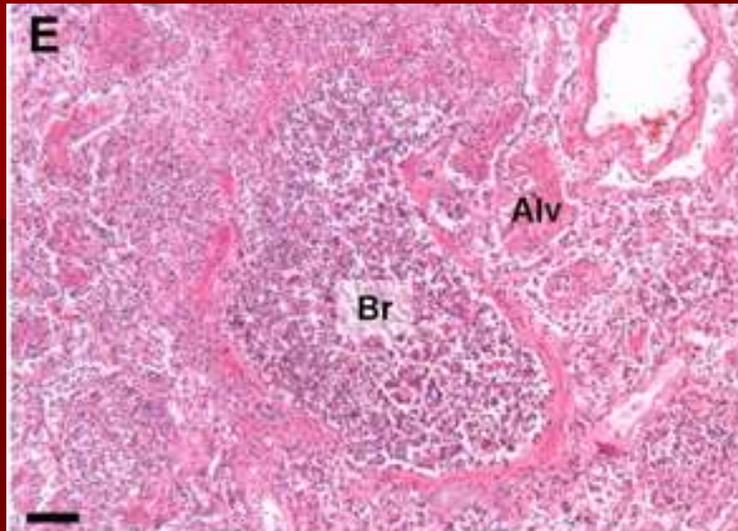
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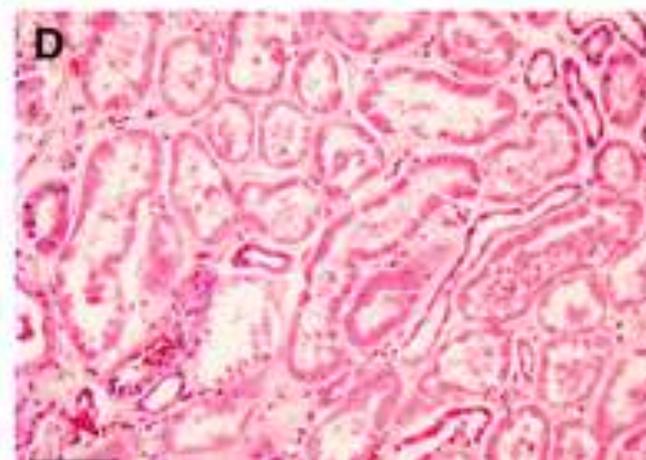
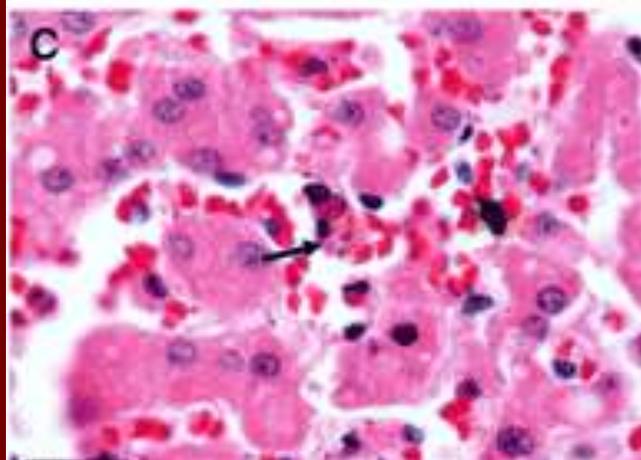
INSUFICIENCIA RESPIRATORIA POR DAÑO ALVEOLAR
Y BRONCONEUMONÍA

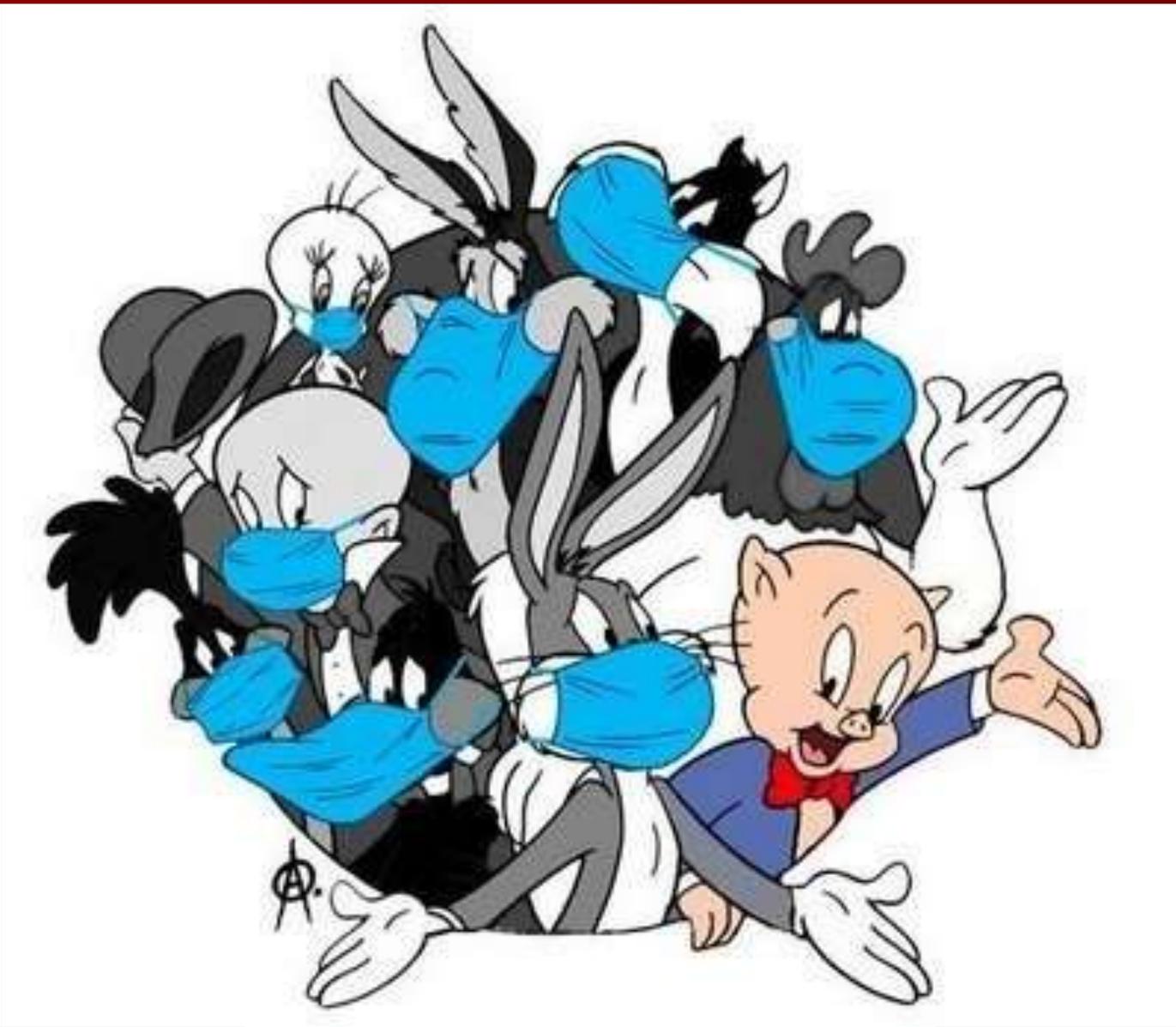
■ BIBLIOGRAFIA:

- THAIS MAUAD, LUDHMILA A. HAJJAR, GIOVANNA D. CALLEGARI, LUTZ F. F. DA SILVA, DENISE SCHOUT, FILOMENA R. B. G. GALAS, VENANCIO A. F. ALVES, DENISE M. A. C. MALHEIROS, JOSE O. C. AULER, JR.², AUREA F. FERREIRA, MARCELA R. L. BORSATO, STEPHANIA M. BÉZERRA, PAULO S. GUTIERREZ, ELIA T. E. G. CALDINI, CARLOS A. PASQUALUCCI, MARISA DOLHNIKOFF AND PAULO H. N. SALDIVA: ***Lung Pathology in Fatal Novel Human Influenza A (H1N1) Infection***. *American Journal of Respiratory and Critical Care Medicine* Vol 181. pp. 72-79, (2010)
- SOTO-ABRAHAM, M.V.; DIAS-QUIÑONES, A.; SILVA-PEREYRA, J.: ***Pathological changes associated with the 2009 H1N1 virus***. *The New England Journal of Medicine*. Vol 361:2001-2003 (Nov 12, 2009)









**¡¡ESTO ES TODO
AMIGOS!!**