

# Part 6A: Abnormalities of The Bronchi

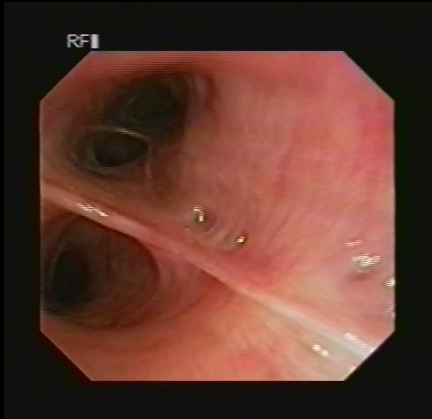


Prepared By  
Bronchoscopy International

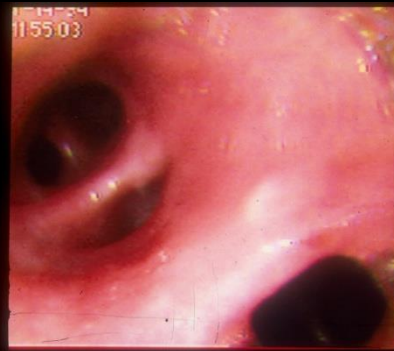
Contact us at  
[BI@bronchoscopy.org](mailto:BI@bronchoscopy.org)

# Bronchial mucosal abnormalities d

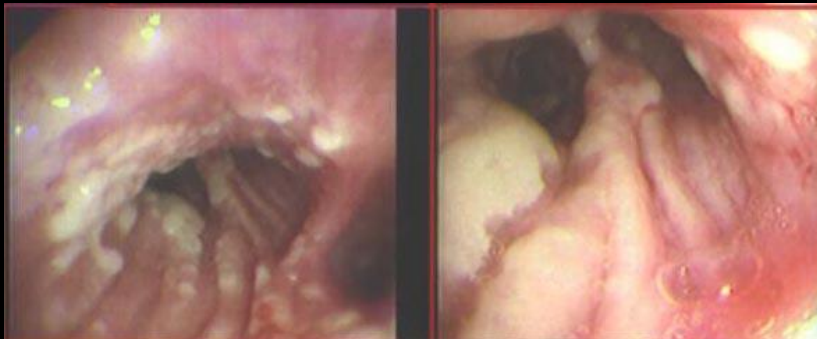
Pitting



Herpes



Cancer

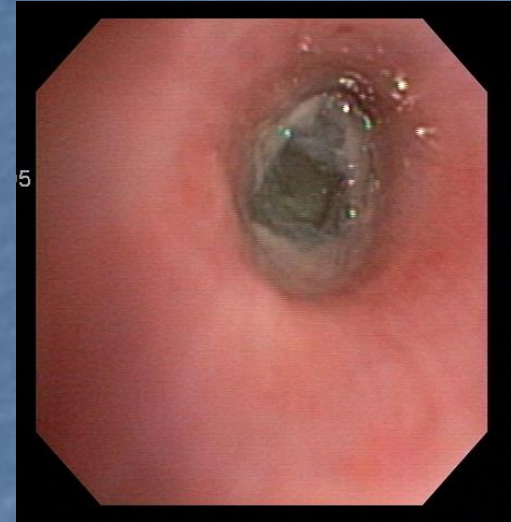


Necrotizing tracheobronchitis

Amyloidosis

# Segmental Bronchial Obstruction

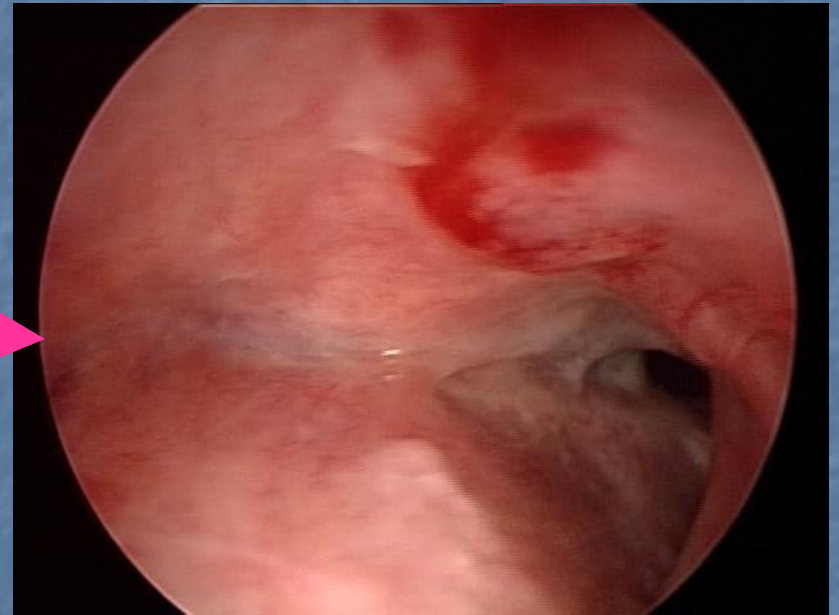
- Foreign body
  - Windshield glass in trauma victim
- Aspergillus infection





# Complete left main bronchial obstruction

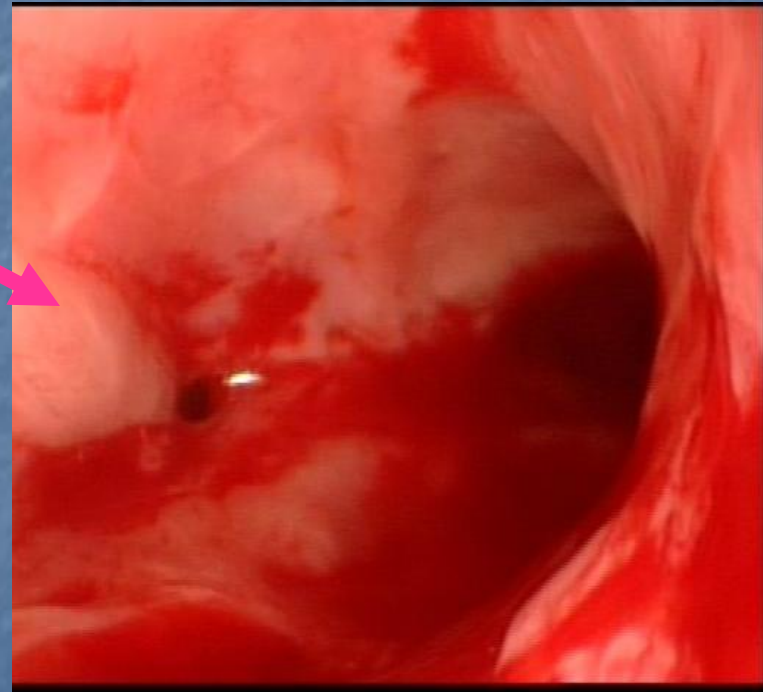
Secondary to  
inflammation and  
chronic fibrous stricture  
from limited Wegener's  
Granulomatosis



# Near total left main bronchial stricture

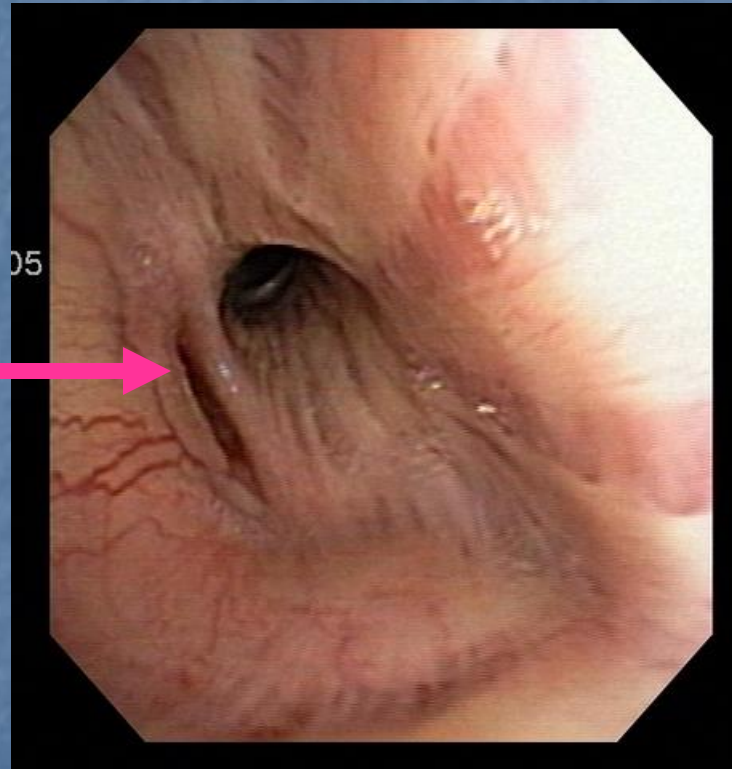
Draining pus from near total left main bronchial obstruction

Patient with Tuberculosis, hemoptysis, and inflamed bronchi.



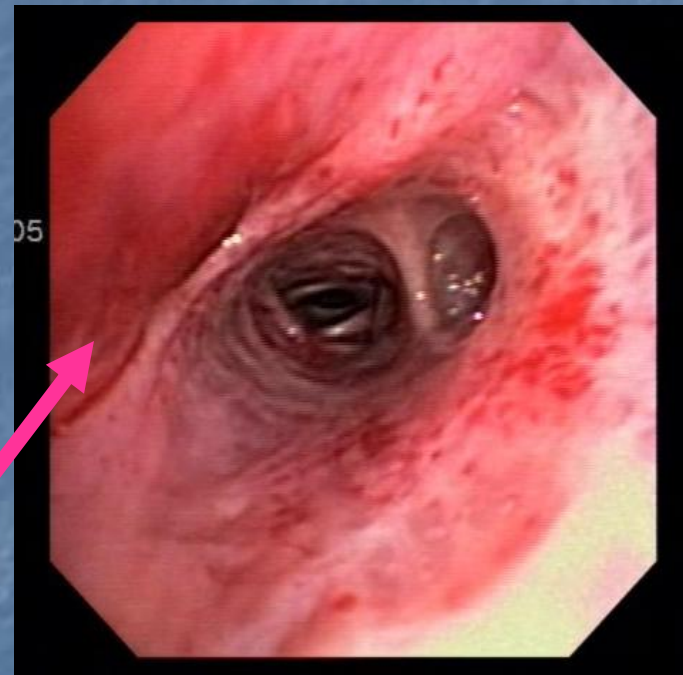
# Right Middle Lobe Stricture

Stricture in  
patient with  
recurrent RML  
infiltrate on  
chest  
radiograph



# Right Middle Lobe Syndrome

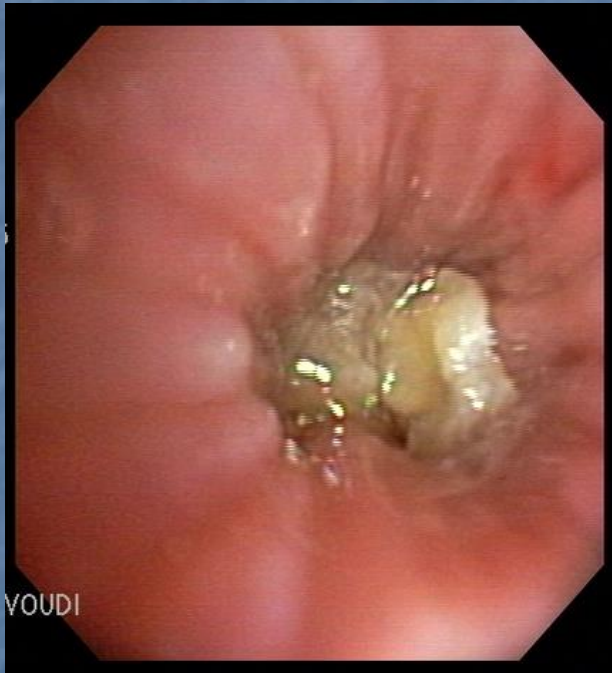
- Caused by
  - Extrinsic compression
  - Tumor
  - Volume loss
  - Chronic infection
  - Congenital



Closed Middle Lobe Bronchus  
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# Mucus plug with near total bronchial obstruction

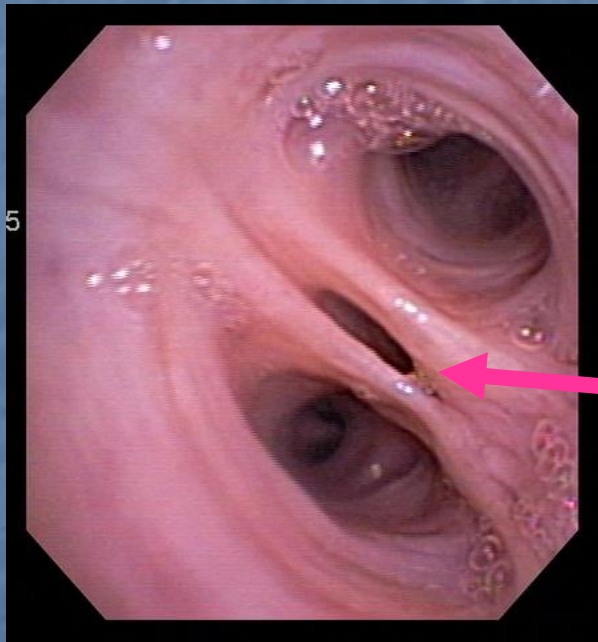


Fungal stains positive

Cultures positive for Aspergillus

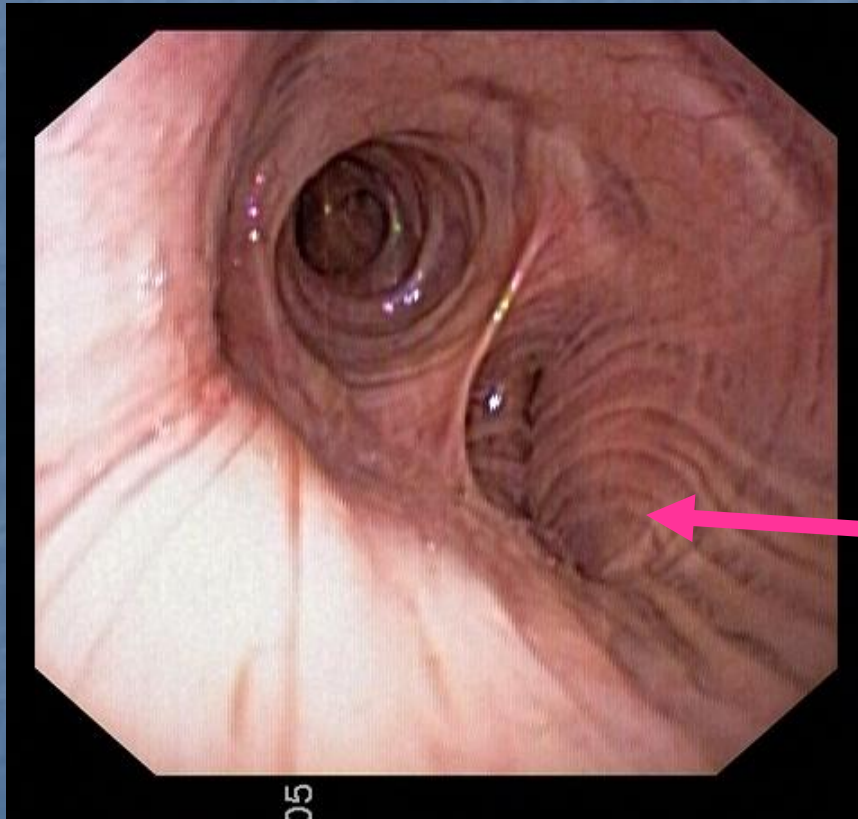


# Focal narrowing



Focal narrowing of lateral basal segment, etiology unknown

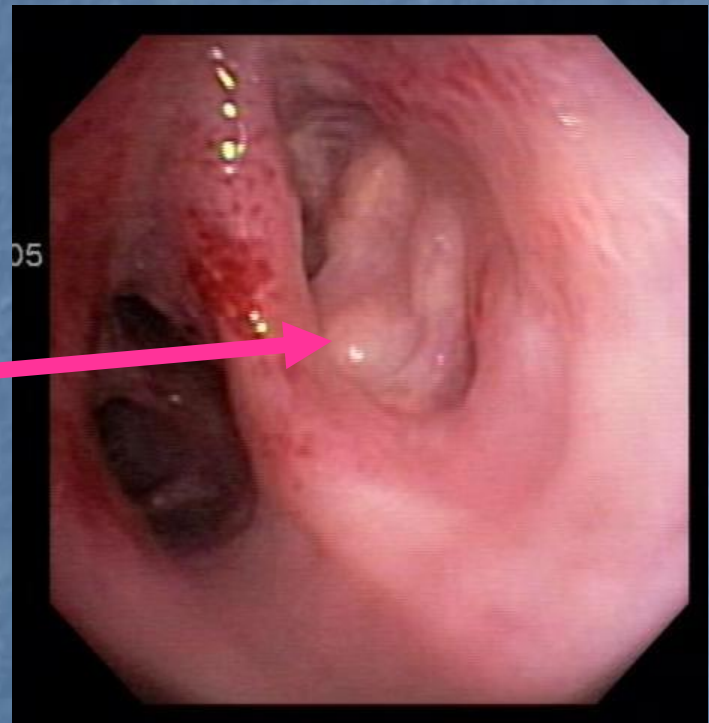
# Left lower lobectomy bronchial stump



Area of resection

# Bronchial lymph nodes

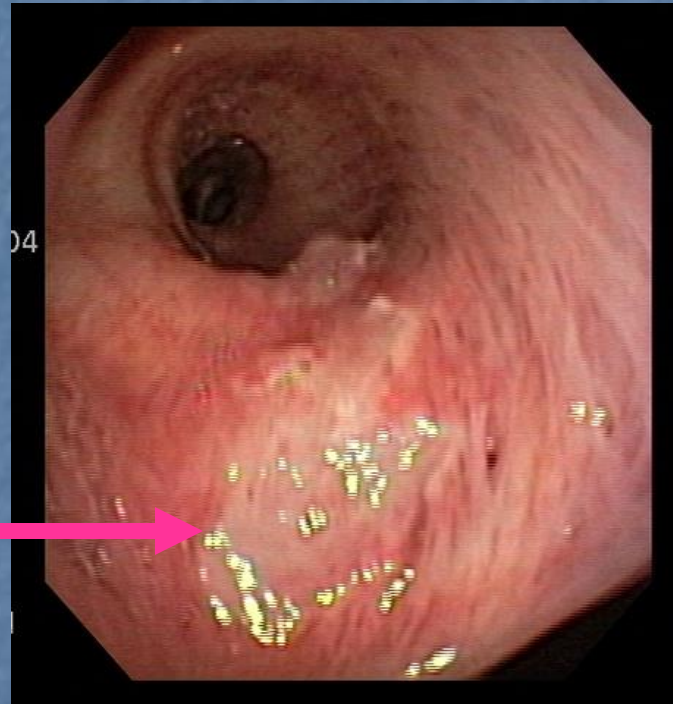
- Adjacent to posterobasal segment Right lower lobe bronchus



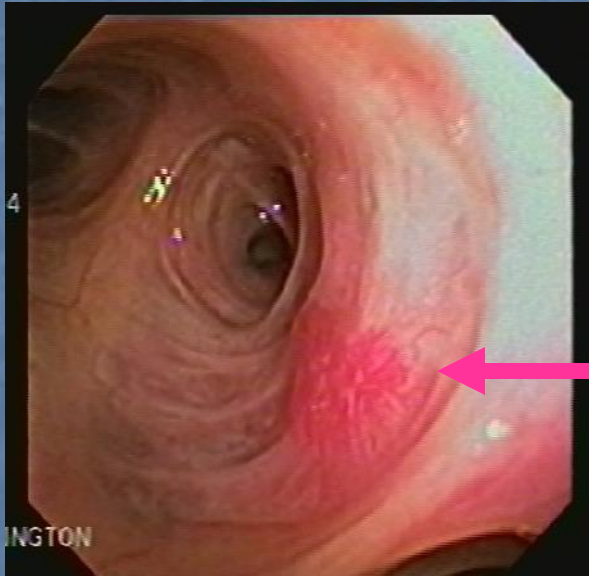


# Suction trauma

Trauma and scarring

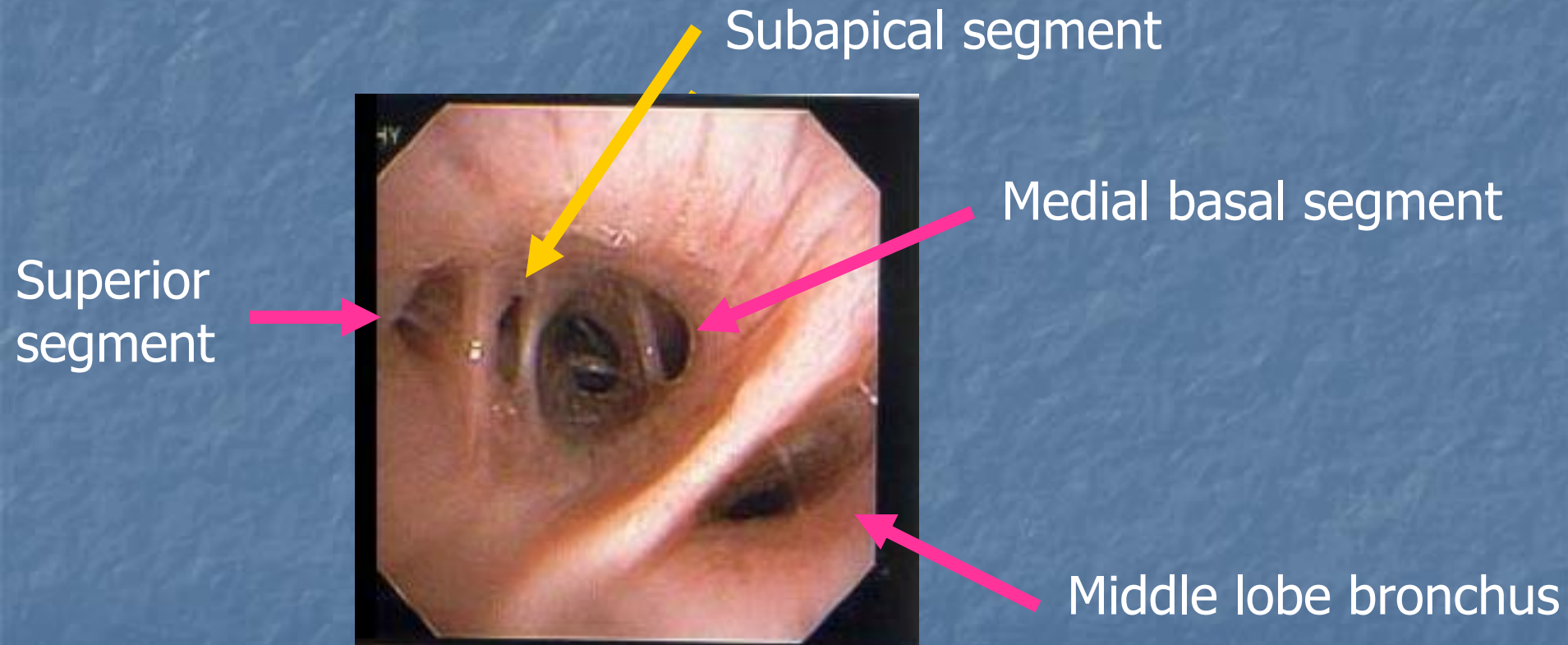


# Telangiectasia left upper lobe bronchus



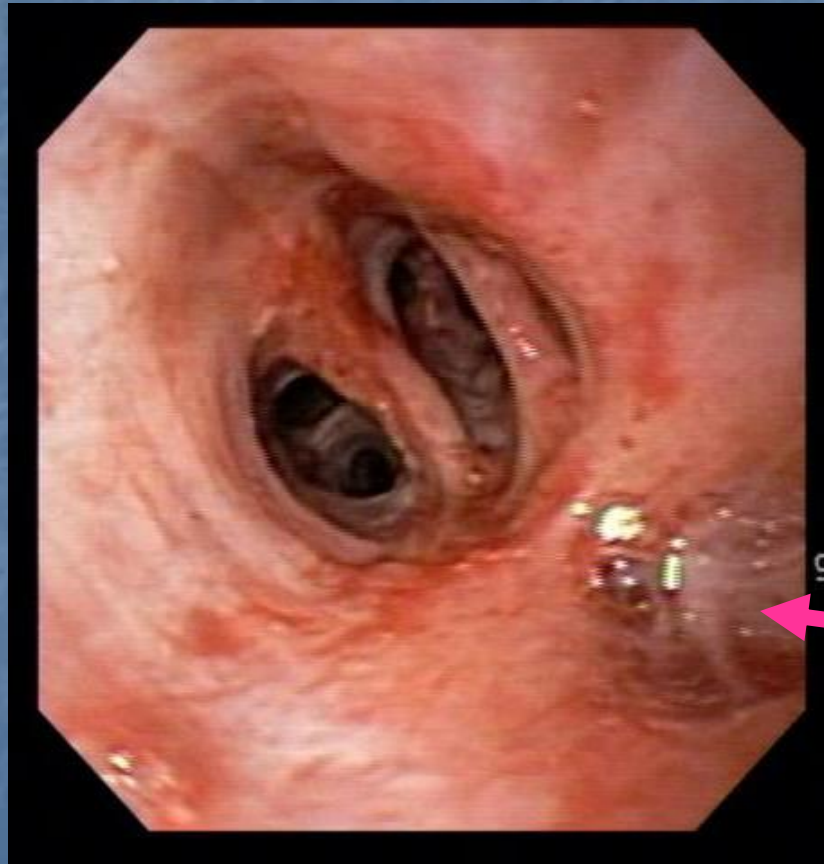
Possible source of hemoptysis

# Normal subapical segment right lower lobe bronchus

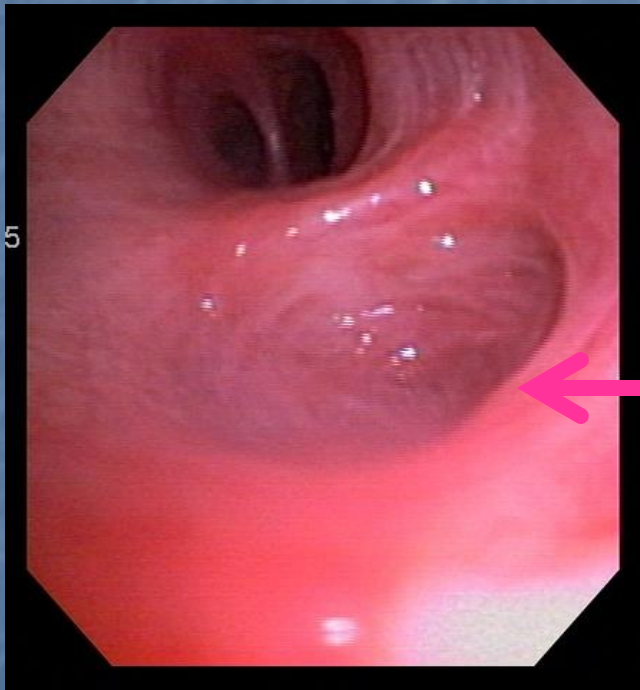




# Unformed medial basal segment right lower lobe bronchus

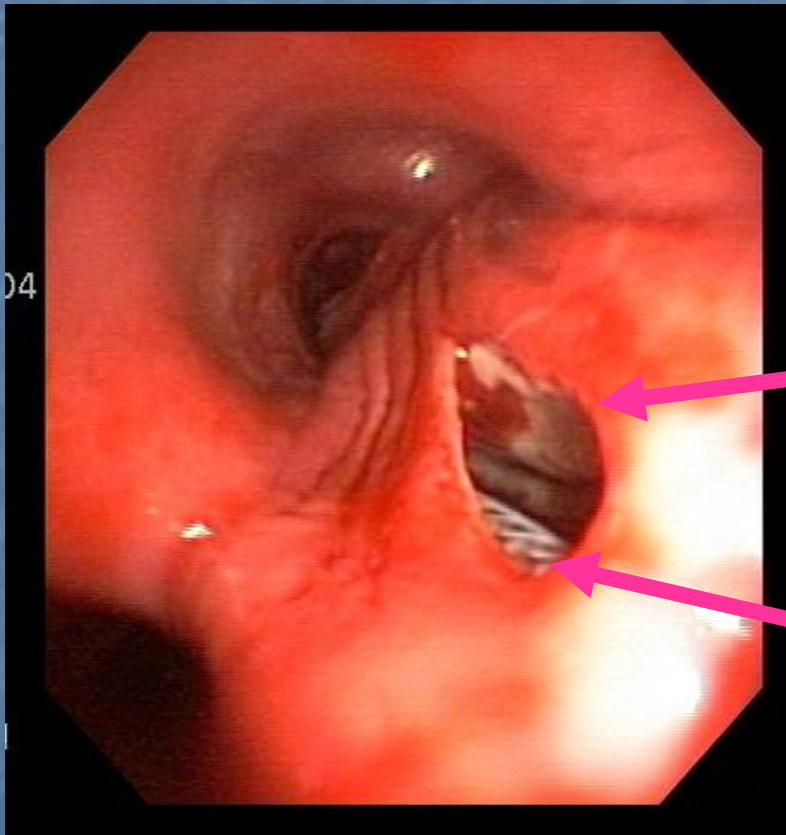


# Unformed bronchial segment



Unformed subapical  
segment right lower  
lobe bronchus

# Broncho-esophageal fistula



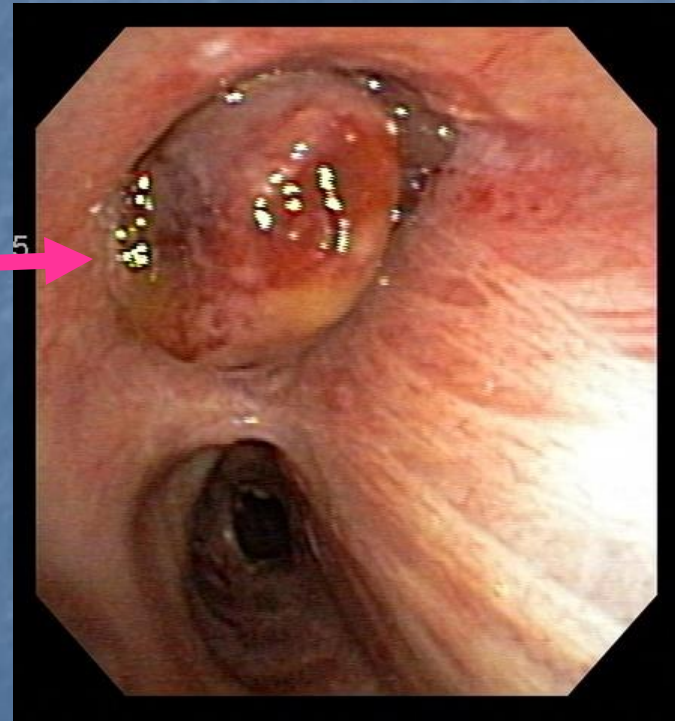
Fistula, posterior wall right main bronchus.

Esophageal stent visible through the fistula.

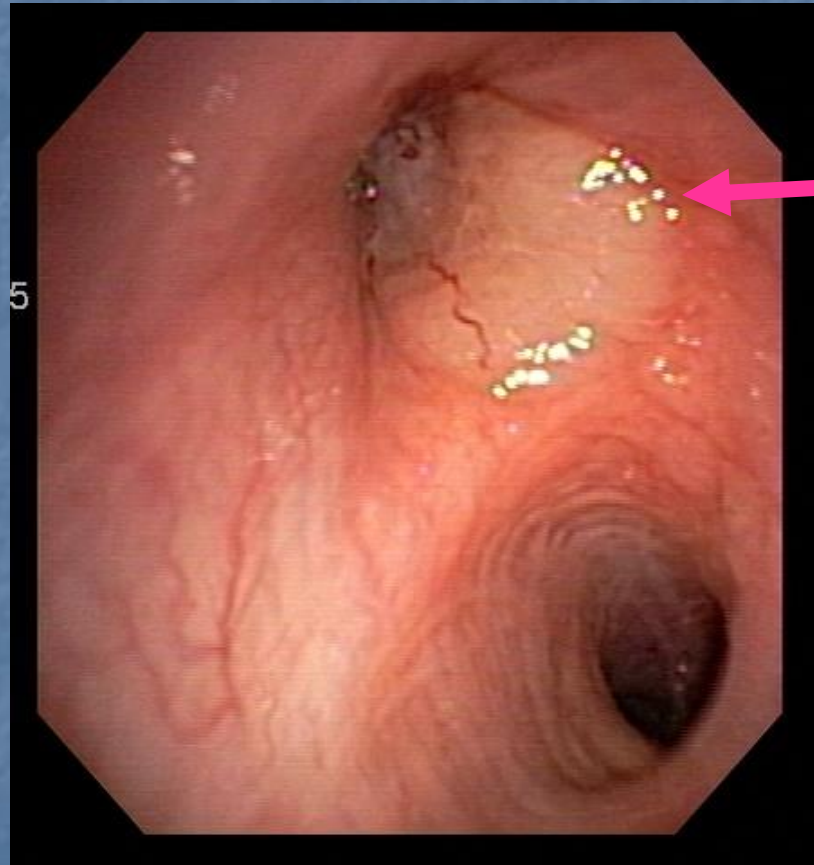


# Sarcoma after external beam radiation therapy

Right upper lobe  
bronchial obstruction

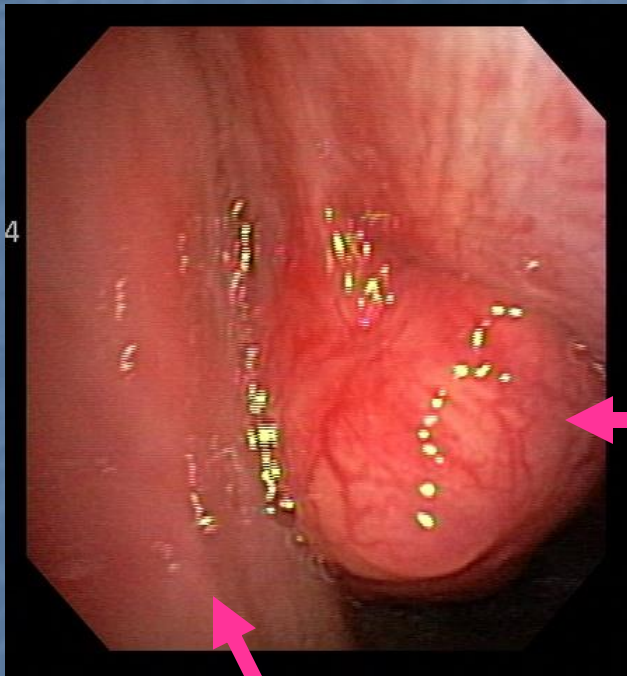


# Adenocarcinoma Left Upper Lobe



Raised, indurated,  
whitish infiltrating  
lesion

# Nodular squamous cell carcinoma

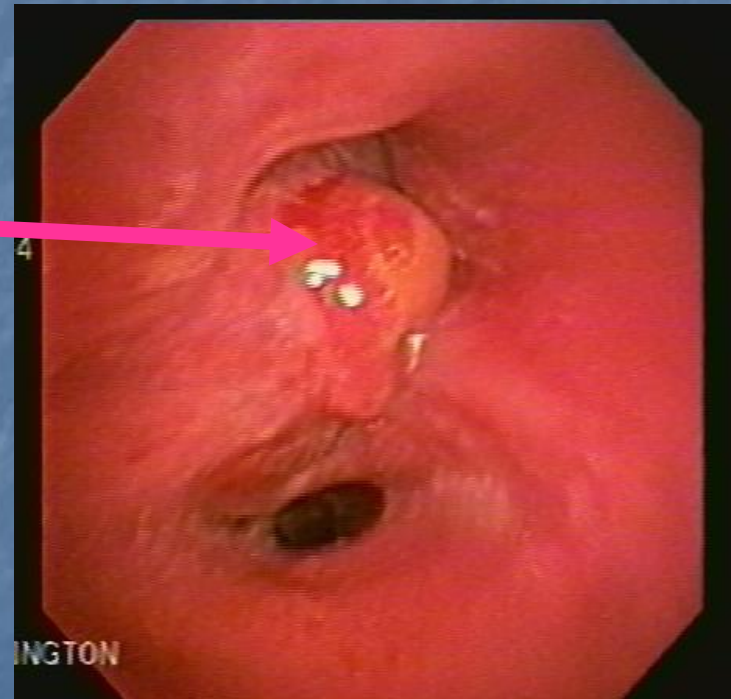


Partial obstruction of  
right main bronchus

Anterior-lateral wall right main bronchus

# Nodular carcinoid tumor

Wide infiltrating  
base

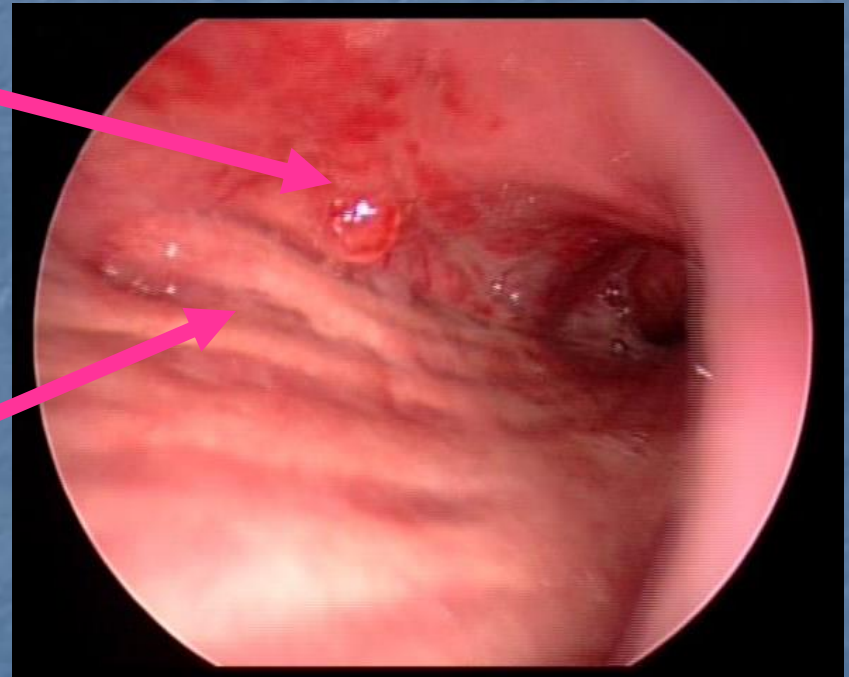




# Infiltrative and nodular small cell carcinoma

Nodular small cell  
infrequently seen,  
here on medial wall  
right main bronchus

Thick deformed  
posterior longitudinal  
fibers suspicious for  
infiltrating neoplasm  
and volume loss



This presentation is part of a comprehensive curriculum for Flexible Bronchoscopy. Our goals are to help health care workers become better at what they do, and to decrease the burden of procedure-related training on patients.

## The Essential Bronchoscopist



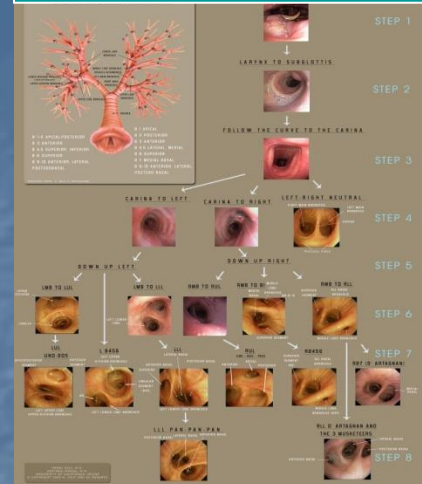
MODULE 1

# A new curriculum

Assured competency and proficiency

1. Web-based Self-learning study guide.
2. Computer-based simulations, didactic lectures, and image encyclopedia.
3. Bronchoscopy step-by-step©: Practical exercises, skills and tasks, competency testing.
4. Guided apprenticeship.
5. Learning the art of Bronchoscopy.

## Step by Step©



**The Art of Bronchoscopy**

**8 Basic Principles**

1. The bronchoscope wants to do the bronchoscopy
2. Stay in the midline (Get off the wall).
3. Moderation in everything; slow down, think, act.
4. If you don't know where you are you probably shouldn't be there
5. Force is wrong. Return to what you know; then move on and grow.
6. Slow down to finish faster.
7. Treasure basic values: peace, harmony and kindness
8. You and the bronchoscope are one

DEMOCRATIZATION AND  
GLOBALIZATION OF KNOWLEDGE





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