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Titolo	Practical Lung Pathology : Frequently Asked Questions // edited by Haodong Xu, Robert W. Ricciotti, Jose G. Mantilla
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Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Part I. Neoplastic Lung Pathology -- Bronchial Squamous Cell Papilloma versus Squamous Cell Carcinoma -- Pulmonary Hamartoma versus Chondroid Neoplasms -- Reactive Type II Pneumocyte Hyperplasia versus Adenocarcinoma -- Atypical Adenomatous Hyperplasia versus Peribronchiolar Metaplasia -- Adenocarcinoma In-Situ versus Atypical Adenomatous Hyperplasia -- Invasive Adenocarcinoma versus Adenocarcinoma In-Situ -- Solid Pulmonary Adenocarcinoma versus Large Cell Undifferentiated Carcinoma -- Large Cell Neuroendocrine Carcinoma versus Solid-Predominant Lung Adenocarcinoma -- Poorly Differentiated Squamous Cell Carcinoma versus Solid Pattern Adenocarcinoma -- Invasive Mucinous Adenocarcinoma versus Ciliated Muconodular Papillary Tumor -- Mucoepidermoid Carcinoma versus Adenosquamous Carcinoma -- Large Cell (Undifferentiated) Carcinoma (LCC) versus Large Cell Neuroendocrine Carcinoma (LCNEC) -- Large Cell Neuroendocrine Carcinoma versus Small Cell Carcinoma of the Lung -- Atypical Carcinoid Tumor versus Large Cell Neuroendocrine Carcinoma -- Small Cell Carcinoma versus Atypical Carcinoid Tumor --

Typical versus Atypical Carcinoid and Diffuse Idiopathic
 Neuroendocrine Cell Hyperplasia versus Carcinoid Tumorlets -- Minute
 Meningothelial-Like Nodules versus Tumorlet -- Primary Lung versus
 Metastatic Adenocarcinoma -- Metastatic Urothelial Carcinoma versus
 Squamous Cell Carcinoma -- Thymic Carcinoma versus Lung Squamous
 Cell Carcinoma -- Pulmonary Epithelioid Hemangioendothelioma versus
 Carcinoma and Other Epithelioid Neoplasms -- Epithelioid Malignant
 Mesothelioma versus Adenocarcinoma -- Sarcomatoid Carcinoma
 versus Sarcomatoid Malignant Mesothelioma -- Primary Sarcoma
 (Unclassified) versus Sarcomatoid Mesothelioma/Carcinoma -- Synovial
 Sarcoma versus Solitary Fibrous Tumor -- Inflammatory Myofibroblastic
 Tumor versus Organizing Pneumonia -- Metastatic Malignant
 Epithelioid Melanoma versus Poorly Differentiated Carcinoma --
 Pulmonary Epithelioid Angiosarcoma versus Carcinoma -- Epithelioid
 Sarcoma versus Large Cell (Undifferentiated) Carcinoma -- Intimal
 Sarcoma versus Other Spindle Cell Neoplasms -- Sclerosing
 Pneumocytoma versus Lung Adenocarcinoma -- Erdheim-Chester
 Disease versus Reactive Inflammatory Infiltrates -- Mucosal Marginal
 Zone Lymphoma versus Follicular Bronchiolitis -- Primary Pulmonary
 Diffuse Large B Cell Lymphoma versus Poorly Differentiated Carcinomas
 -- Lymphomatoid Granulomatosis versus Granulomatosis with
 Polyangiitis -- Primary Pulmonary Classic Hodgkin Lymphoma versus
 Other Non-Hodgkin Lymphomas -- Post-Transplant
 Lymphoproliferative Disorders in Lung after Lung Transplantation
 versus Infection and Inflammation -- Part II. Non-Neoplastic Lung
 Pathology -- Usual Interstitial Pneumonia versus Non-Specific
 Interstitial Pneumonia -- Hypersensitivity Pneumonitis versus Usual
 Interstitial Pneumonia -- Organizing Pneumonia versus Usual
 Interstitial Pneumonia -- Diffuse Alveolar Damage (Organizing Phase)
 versus Nonspecific Interstitial Pneumonia -- Chronic Eosinophilic
 Pneumonia versus Organizing Pneumonia -- Pulmonary Langerhans
 Cell Histiocytosis with Fibrosis versus Organizing Pneumonia -- IgG4-
 Related Lung Disease versus Other Fibroinflammatory Processes --
 Pulmonary Alveolar Proteinosis versus Pulmonary Edema -- Non-
 Specific Interstitial Pneumonia versus Lymphoid Interstitial Pneumonia
 versus Follicular Bronchiolitis -- Respiratory Bronchiolitis versus
 Desquamative Interstitial Pneumonia -- Constrictive Bronchiolitis --
 Granulomatosis with Polyangiitis versus Mycobacterial/Fungal Infection
 -- Eosinophilic Granulomatosis with Polyangiitis versus Eosinophilic
 Pneumonia -- Pulmonary Sarcoidosis versus Mycobacterial/Fungal
 Disease in the Lung -- Histoplasmosis, Blastomycosis,
 Coccidioidomycosis, and Cryptococcosis in the Lung -- Pneumocystis
 jirovecii Pneumonia versus Histoplasmosis -- The Differential Diagnosis
 of Invasive Mold Infections in the Lung -- Primary Pulmonary Arterial
 Hypertension versus Secondary Pulmonary Hypertension -- Pulmonary
 Capillary Hemangiomatosis versus Congestion -- Pulmonary Veno-
 Occlusive Disease versus Pulmonary Arterial Hypertension --
 Lymphangioleiomyomatosis versus Benign Metastasizing Leiomyoma --
 Diffuse Pulmonary Lymphangiomatosis versus
 Lymphangioleiomyomatosis -- Intralobar versus Extralobar Pulmonary
 Sequestration.

Sommario/riassunto

This text consists of neoplastic and non-neoplastic lung pathology. It discusses frequently encountered issues and diagnostic problems using a Q&A format and case presentations. Emphasis is placed on differentiating one from another based on the histopathological features, ancillary tests including immunohistochemical and molecular analyses, and clinical and radiologic correlation. In particular, clinical-radiologic-pathologic correlation is emphasized in the diagnosis of

interstitial lung disease (ILD). This text addresses the issues and diagnostic criteria in segregating a reactive process from adenocarcinoma, poorly differentiated adenocarcinoma from poorly differentiated squamous cell carcinoma, small cell carcinoma from other types of neuroendocrine tumors, large cell carcinoma from large cell neuroendocrine carcinoma, spindle cell/sarcomatoid carcinoma from sarcomatoid mesothelioma, and carcinoma from epithelioid mesothelioma in small biopsy specimens. It also discusses key features useful for differentiating usual interstitial pneumonia (UIP) pattern from non-UIP patterns of ILD such as hypersensitivity pneumonitis, nonspecific interstitial pneumonia, and organizing pneumonia patterns in wedge biopsy specimens as well as highlights the differential diagnosis in the granulomatous inflammation. As a whole, this text answers many of the difficult questions relevant to daily practice of lung pathology. Each chapter addresses a specific diagnostic question significantly related to patients' treatment options. .

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