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**THE MORPHOLOGIC FEATURES OF CHRONIC BRONCHITIS: A REASSESSMENT**  
JBM Mullen<sup>1</sup>, BE Wiggs<sup>2</sup>, JL Wright<sup>2</sup>, PD Pare, JC Hogg (intro. by Dr. J. Ruedy). UBC Pulm Res Lab, St. Paul's Hospital, Vancouver, B.C.

Since chronic bronchitis was defined by the Ciba Symposium in 1959 as "chronic or recurrent excessive mucus secretion in the bronchial tree", mucous gland enlargement rather than inflammation has been the generally accepted pathologic yardstick of chronic bronchitis. To reassess the pathologic changes in chronic bronchitis we studied large and small airway pathology, emphysema scores and pulmonary function in 20 patients with mucus hypersecretion and compared these values to 25 controls of similar age and smoking history. All subjects were patients undergoing resectional surgery for isolated coin lesions. Measurements of lung volumes, flow rates and diffusing capacity were obtained pre-operatively and the specimens were processed for quantitative morphology. Cartilaginous airways were graded for inflammation involving the mucosa, glands, gland ducts, interstitium, smooth muscle and nerves and a total inflammation score was obtained by summing all six values. Airway structural components were measured using a digitizing board. The severity of the small airway pathology was established and the emphysema estimated. Chronic bronchitics had significantly greater mucosal and total inflammation in cartilaginous airways greater than 2mm ( $p < 0.05$ ) as well as gland and gland duct inflammation in cartilaginous airways greater than 4mm ( $p < 0.05$ ). No difference in mucous gland size was present. The measurements of small airway pathology, emphysema and pulmonary function were similar in the two groups. We conclude that cartilaginous airway inflammation rather than mucous gland enlargement best separates chronic bronchitics from controls. Supported by MRC of Canada and B.C. Lung Association, and the Canadian Tobacco Manufacturers' Council.

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