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The lung diseases form a large percentage of attendance in any general hospital in our country as well as in other countries of the world. People suffer from various infections of the upper respiratory tract and lungs. The number of people suffering from pulmonary tuberculosis is high. The non-tubercular pulmonary diseases are recognized in greater number with the use of newer methods of diagnosis viz. Bronchial biopsy, FNAC, Bronchoalveolar lavage (BAL) specimen, cytological examination, special stainings, electron microscopy, Immunohistochemistry, Enzyme Linked Inmmnosorbent Assay (ELISA) and polymerase chain reaction (PCR) etc. (Anthony P. et al 1987)

There is increased incidence of pneumonias (10-20% in developing countries- Park, 1997) chronic obstructive pulmonary diseases (COPD) and chronic obstructive airway diseases (COAD) such as emphysema, chronic bronchitis, bronchial asthma, bronchiectasis and other lung diseases like pulmonary tuberculosis and various dust diseases- Pneumoconiosis, due to great urbanization, Industrialization, environmental pollution and increased cigarette smoking habits including passive smoking.

Pulmonary tuberculosis is still a single most important chronic bacterial infection world wide specially in India where
prevalence of infection is about 30% (35% in males and 25% in females). Currently the incidence rate of pulmonary tuberculosis for India is 1-2% (W.H.O. bulletin, 1997). The number of cases of any one time has been estimated to be at least 1.5% of the population suffering from radiologically active tuberculosis with about one fourth of the cases being sputum positive or infection. It is estimated that there are 500,000 deaths annually due to pulmonary tuberculosis, while a similar number of persons get cured. This is more than balanced by an addition of about 2-2.5 million sputum positive cases annually (Park, 1997).

The variety of benign and malignant tumors may arise in lung but the vast majority are Bronchogenic carcinoma accounts for 90-95%.

The pulmonary neoplasm now account for third most common cancer in India where its incidence is 6.3% of total malignancies. It is the most common cancer among males in India with incidence of 10.6% of all malignancies. The age specific rate for lung cancer is estimated to be 10.4 per 100,000 for males and 1.6 per 100,000 for females (Rao et al, 1998).

Recently there has been increase in mortality and morbidity due to respiratory diseases specially lung cancer in both developed as well as in developing countries. The age adjusted death rate attributable to lung cancer in men
increased by 121% and by 425% in women between 1956 to 1990 (Anderson, 1996). The incidence of deaths from lung carcinoma is higher in urban areas and an urban factor is incriminated in the form of atmospheric pollution of town air with exhaust fumes; dust, smoke and smog.

The extent of discrepancies between clinical diagnosis and autopsy diagnosis varies widely from study to study. In compilations by Nemetz et al (1987) and wheeler (1987) the possibility of a missed clinical diagnosis ranged from as little as 4% to as much as 66%. In this study Cechner et al (1980) studied 415 deaths in series, out of which 28% clinically occult bronchogenic carcinoma discovered at autopsy.

'Neonatal autopsy study has been revealed 10-15% cases of pulmonary hypoplasia (Anderson, 1996).

Emphysema has been a common finding at autopsy with a prevalence of 20-100% depending on the population studied and the technique and criteria used (Anderson, 1996).

The sequelae of embolism in the pulmonary arterial tree are often seen at autopsy in 50-60% of hospital deaths (Anderson, 1996) specially in elderly and people who have been confined to bed with congestive heart failure and in adults of any age who have undergone a major surgical operation. Pulmonary embolism also occurs after parturition. Pulmonary emboli are primarily responsible for nearly 5-10.
cases of all hospital deaths in western countries (Mittal et al, 1998). Various pneumonias are frequently missed at autopsy or mistaken for pulmonary embolism. The reverse is also true (Anderson, 1996).

One retrospective autopsy study between Jan 1982 and Dec. 1992, of 10037 autopsies performed, 0.87% patients had died due to bleeding diathesis, out of which lungs were involved in 20 cases (Bhatia et al, 1998).

An autopsy study carried out in 92 AIDS patients in India between 1989 and 1996, has shown tuberculosis in 64 patients, CMV infection in 3 patients and Cryptococcus neoformans infection in 4 cases, where lungs were involved (Lanjewar et al 1998).

The present day knowledge of medicine largely dependent upon Autopsy / Necropsy studies (Rokitansky, 1804-1878, who performed 3000 autopsies).

The certain lung diseases which were discovered at autopsy includes: Legionnaire's disease and related pneumonias, Hantavirus lung diseases, occupational lung diseases, pulmonary embolism, diffuse interstitial fibrosis of lung etc. (Hill & Anderson, 1996).
Literature testifies to the rarity of such kind of work ever conducted in this part of country specially in Bundelkhand region of U.P. and hence opportunity of taking up the present study. The autopsy study was aimed to assess the incidence and pattern of different lung diseases in Bundelkhand region of U.P. in persons dying of accidental deaths and otherwise.

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