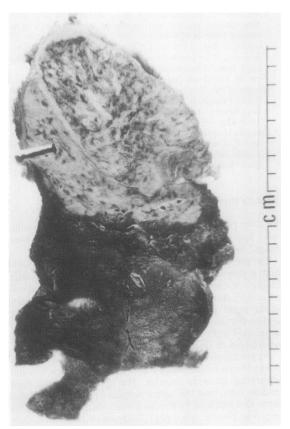
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patchy bronchopneumonia and compensatory emphysema. The overlying pleura was normal. The transition between normal and abnormal tissue was abrupt and sections at the junction showed a zone of younger collagen 2 mm wide, with hyperaemia and light lymphocytic infiltration. The hilar lymph nodes were enlarged and reactive.

Two sharply demarcated areas of fibrosis each 2 cm in maximum diameter were present in the right kidney and a further focus almost entirely replaced the pituitary. Again there were narrow bands of hyperaemia and lymphocytic infiltrate at the junction with normal tissues. There was no fibrosis in the retroperitoneum or mediastinum, or in the neck away from the thyroid. The right ventricle was enlarged.

In Riedel's thyroiditis there is dense fibrosis of the gland that often spreads to adjacent tissues, especially the strap muscles. In a few cases fibrosis has also been found in other areas, including retroperitoneal tissues,<sup>2</sup> mediastinum, orbit,<sup>1</sup> lacrimal glands,<sup>3</sup> parotid gland,<sup>4</sup> and biliary tree (sclerosing cholangitis).<sup>1</sup> We have seen no reports of fibrosis in lungs, kidney, or pituitary. At the time of our original report we believed that the fibrosis was spreading



Sagittal section of the left lung, showing fibrosis of upper lobe and apex of the lower lobe, obliteration of the interlobar fissure, and sharp transition to comparatively normal lung.

downwards from the thyroid to invade the lungs but it is now evident that there were separate areas of fibrosis in the lungs, kidney, and pituitary.

Our patient and the others referred to above had not taken methysergide or practolol, and drug induced retroperitoneal fibrosis seems to be a different condition. The familial form<sup>5</sup> may also be distinct. This case supports Mitchinson's view that Riedel's thyroiditis is part of a spectrum of a disease that he describes as systemic idiopathic fibrosis.<sup>6</sup>

D DAVIES
P FURNESS
Department of Thoracic Medicine,
City Hospital,
Nottingham NG5 1PB

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# **Notices**

## Postgraduate course on lung pathology

A course on lung pathology will be held under the auspices of the University of London and the British Postgraduate Medical Federation at the Cardiothoracic Institute, Brompton Hospital, from 4 to 7 February 1985. This course is for pathologists and for chest physicians, radiologists, and other non-pathologists, consisting of four days of lectures, microscopy workshops, and demonstrations. The course fee will be £185 (inclusive of coffee, lunch, and tea). Application forms are available from the Dean's Office, Cardiothoracic Institute, Brompton Hospital, Fulham Road SW3 6HP (01-352 8121 ext 4187).

## Respiratory medicine: pharmacology and therapeutics

A four and a half day course of lectures and demonstrations on current aspects of respiratory pharmacology and treatment will be held from 25 February to 1 March 1985 at the Royal Postgraduate Medical School, Hammersmith Hospital, London, W12 0HS. Topics include asthmamechanisms and treatment; protease—antiprotease balance in chronic obstructive lung disease; treatment of alveolitis, cystic fibrosis, and opportunistic infections; antibiotics; cancer chemotherapy. The course organisers are Drs PJ Barnes and NB Pride. Course fee (including catering) £160. Application forms and further details may be obtained from School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0HS (01-743 2030 ext 351).

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