



part by the fact that pathologists were influenced by the clinical data. Emphysema is more frequently diagnosed clinically in males than in women; hence pathologists would more frequently document cases of men than women. Since it is impossible to calculate with confidence the probability that each observer made the correct diagnosis by accident, statistical analysis of these results is exceedingly challenging. However, it is evident that there is significant inter-observer variability in the evaluation of emphysema using uninflated lungs. Furthermore, their evaluation did not agree well with that of the opposing inflated lung. Emphysematous lungs are not infrequently recognized as such, although non-emphysematous lungs are frequently regarded as emphysematous, assuming bilateral symmetry and accurate diagnosis in the contralateral lung. The significant difference in emphysema prevalence between uninflated male and female lungs likely reflects a flawed understanding of the real, stark disparity between the sexes, which is further complicated by the frequent, incorrect identification of non-emphysematous lungs in both sexes. Two patients who were included because they had clinically symptomatic chronic lung disease, of which one died, were also of interest. Both lungs weren't perceived to have emphysema by all observers, and just one person thought that one lung had more severe emphysema than the other [9, 10].

## Conclusion

An sufficient random sample of necropsies was used to compare the prevalence of emphysema in inflated, fixed lungs to that observed in a population whose

h.physema than the he otema tp62.9(a)-6(m. A-6(h2(n-em)19(p)7(h)23(ys)-8(em)3f 10 0 0 10 4)12(ude)-5()193)23(ys)-8()19(p)-a semhe re