History Withheld

Give a likely history: Asbestos Exposure
Clinical Info

65 year old male, smoker with asbestos exposure, evaluate for asbestosis.
Anything else?

Ignore the bullae

Subpleural/parenchymal bands
Asbestos-related Disease

Largest volume of air goes to the lower lobes during respiration
  – Lower lobe disease

2 types:
  – Chrysotiles (less pathogenic; 95% of commercial use)
  – Amphiboles (carcinogenic; 5% of commercial use)

Long fibers too large to be removed by macrophages
Asbestos-related Disease

Manifestations:
- Pleural effusions (may be bloody, unilateral, and may resolve)
- Parietal pleural plaques
- Round atelectasis
- Pleural thickening
Asbestos-related Disease

Manifestations:
- Mesothelioma
- Asbestosis
- Lung cancer (4-8x inc incidence in non-smoker and 80-100x inc in smoker)
Asbestos-related Disease

Pleural thickening spares mediastinal pleura
– think mesothelioma if mediastinal pleura involved

If you see pleural effusion, think lung ca (top 3 causes), TB (#4), benign asbestos (#5), mesothelioma (#6)
Asbestos-related Disease

Round atelectasis secondary to fibrous thickening of visceral pleura

Asbestosis:
- Reticulonodular opacities
- Parenchymal bands/Curvilinear subpleural lines/Interstitial short lines → Most specific (may indicate early disease)
- Honeycombing
Reference

Jeffrey Galvin AFIP lecture notes,
“Inhalational Lung Disease (Asbestosis and Silicosis),” 2007-08, pg. 49-53