

Asbestos Related Lung Disease

OHuuskonen et al. Scandinavian Journal of Work, Environment and Health. Apr (2001) Vol.27 #2 p 106.

A report of the trial of a modern technique for the classification of lung fibrosis.

602 out of 642 eligible cases, previously diagnosed with Asbestos Related lung disease, were examined and classified according to a new High Resolution CT scan, scoring system. All had been referred to hospital for suspected or actual malignant disease.

85 of the 602 had been diagnosed with asbestosis, 601 had bilateral pleural plaques. In addition 43 controls were also tested but on further questioning, 30 of these had some memory of exposure to asbestos.

Most subjects and controls had a significant smoking history; 24 pack years mean. E.g. one pack per day for 24 years or 2 packs per day for 12 years.

Exposure to asbestos was assessed by recall.

Sensitivity and specificity of the modern technique was compared with the ILO (1980) standard.

Technique	sensitivity	specificity
ILO (1980)	51%	89%
HCRT fibrosis	70%	91%

The prevalence of pleural plaques did not vary according to exposure history but the presence of asbestosis tended to be limited to the higher exposed.

Comment

The main finding suggests that more cases of lung fibrosis, associated with a recollection of occupational exposure to asbestos, would be expected if this new diagnostic regime were widely adopted. There would be fewer false negatives.

The value of the new regime would be more certain, if there had been a higher number of genuine controls. Further studies of this method should also examine people who do not have malignant disease.

The findings suggest that the association between the presence of pleural plaques and asbestosis is not strong. I.e., having pleural plaques is not a strong indicator of the likelihood of having asbestosis.