chloracne at the time of dermatologic exam. The odds of developing chloracne increased with duration of exposure.

O'Malley et al reviewed the plant medical records of workers who had been engaged in the production of PCP between 1951 and 1978[OMalley] at this plant. Seven percent of the workers had evidence of chloracne on plant medical records compared to 8.8% in our Only PCP chloracne group. O'Malley did not find a significant trend between standardized incidence ratios of chloracne and duration of exposure. The differences in our results for trend between duration of exposure and chloracne may be due to differences in the selection of intervals for duration of exposure. We found a significant trend in the odds of developing chloracne during the first year of exposure using time intervals of 3-29, 30-89, 90-179, 180-364, and $\geq$ 365 days. O'Malley selected time intervals ranging from $<$ 0.5 to $\geq$ 10 years.

Chloracne has also been observed in PCP production workers at other plants[Baader, Baxter] and in a worker with prolonged exposure to PCP-treated wood[Cole]. Technical PCP has been shown to produce chloracne in a rabbit ear model while pure PCP does not[Johnson].

Our Only PCP Chloracne workers had a significantly higher mean GGT and percent abnormal GGT than unexposed workers in the adjusted analyses. The eight workers with chloracne who had worked with both PCP and PCBs had the highest group values of mean and percent abnormal GGT. Two outliers, however, exerted a strong influence on these GGT analyses. After removal of both outliers, the percent abnormal GGT but not the mean GGT, remained significantly higher than among the unexposed. One of these outliers had also worked with PCBs while the other had not. When this outlier was removed from the analysis, the difference in percent abnormal GGT between the PCP/PCB subgroup and the unexposed was no longer significant. When the second outlier was removed from the PCP/no PCB subgroup, the percent abnormal

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