IX-1 RESPIRATORY EXPOSURE AND MESOTHELIOMA

It has become evident that (para-)occupational exposure to asbestos may greatly increase the risk of mesothelioma. This has been established in retrospective-prospective cohort studies of male and female workers, followed up for many years. However, it is not possible to conduct such studies with regard to neighbourhood or true environmental exposure, because the population at risk can neither be defined retrospectively, nor followed up prospectively. The only means to find evidence of an increased risk is by retrospective case-control studies, i.e. starting from diagnosed cases of mesothelioma and from matched controls, and taking a very painstaking (hetero-)anamnesis of past exposure to asbestos, distinguished into the categories, as discussed in chapter III.

The EEC Workshop on Diagnostic Criteria of Mesothelioma and on Objectives of a Mesothelioma Register, in 1975, concluded the following:

Definition of mesothelioma

Mesotheliomas are tumours arising from the mesothelial lining of the coelomic cavities and consist of a variable mixture of epithelial like and spindle-cell elements.

Diffuse and localized forms occur. The salient characteristic of the diffuse mesothelioma is its predilection to spread along the serosal membrane in which it arises. In the pleural cavity, the entire surface may become replaced by a continuous layer of tumour due to symphysis of the pleural surfaces. This is uncommon in the peritoneum where the surfaces often remain separate but covered by isolated plaques and nodules or diffuse infiltration. Only those mesothelial tumours in which serosal spread is unequivocal should be termed "diffuse". Almost all diffuse mesothelial tumours show evidence of malignancy by direct infiltration of adjacent tissues and organs and metastases to regional lymph nodes.

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