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Cancer of the pleura with lung asbestosis in vivo morphologically ascertained.

By
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Based firstly on 2 of his own observations and then on 4 other cases from the Anglo-American literature, NORDMANN voiced his opinion with regard to the lung-cancer of asbestos workers by explaining it as an occupational cancer. According to him, 1/5 of all dissected asbestosis cases until 1936 had a lung carcinoma, mostly of the type of the horny, xmultixextrical-epithelioma (epithelioma), therefore metaplasmic and -in several cases- also multiple. Experimenting with mice by letting them inhale air containing asbestos dust for 6 to 13 weeks, MORDMANN and SORGE succeeded 1940 in creating epithelial new-formations of all stages up to the horny, multicentrical epithelial carcinoma of the bronchia, the latter again in 1/5 of the surviving mice. With that the causal connection between lung-asbestosis and lung-cancer was made so probable that it was recognized as an occupational illness in decree # 4 of Jan. 29, 1943(inclusion of occupational diseases in accident-insurance). Further observations bearing on this subject were then published by WEDLER and LINZBACH, BOHNE and WELZ. According to the last -to our knowledge- summar publications by WEDLER, there have been 31 asbestos cases dissected in Germa in 1947, among them 6 lung-cancers, thus again 1/5, but furthermore 2 malign tumors of the pleura, both unpublished. This latterf fact justifies the conjecture that, aside from the real lung-cancer and the bronchial carcinoma wit the above mentioned special peculiarities, the cancer of the pleura is representing a special form of the occupational cancer in the asbestos workers. Ye KOELSCH doesn't specify it, which may be due to the missing publication of th 2 cases mentioned above.

We now have observed another case of pleura-cancer with lung-asbestosis in which the diagnosis could be morphologically ascertained in every respect. The tactics and technics of the active diagnostical measures, developed by us in the past years to ascertain anatomically the diagnosis of pleura-cancer in vivo, have been successful with regard to to the proving of asbestosis corpus in the tumor tissue, and also with the judgment of the question of connection

Under suspicion of a malignant pleura tumor, the 62 yearsold rigrer O.H. was transfered from another hospital to our x-ray station for x-ray treatment, where I was consulted to confirm the diagnosis with regard to type and extent of illness by way of a thoracoscopy and eventual test excision.

The preceding case history did not reveal any serious illnesses. Nine years ago doublesided hernia operation, 8 years ago accident with brain concussion and fracture of both lower thighs. Since his youth sensitive stomach with inclination toward heartburn and feeling of pressure in stomach area, especially before breakfast.

Since 8 to 9 months pain in the upper abdomen, especially when coughing and sneezing; was treated for gallbladder trouble by family physician. Increasing feeling of weakness when nauseated, at times bitter tasting vomitting. In the last 8 months weight loss of approximately 7 to 8 kg.

Findings: Aside from an old ulcer duodenum no morbid organical findings clinically and roentgenologically outside of the thorax.

The right half of the thorax lags a bit behind while breathing, otherwise thorax is symmetrical. Typical physical finding of a major pleura effusion on the right.

Findings of fluoroscopy at admission: Medium dilated, cloak-shaped pleura effusion on the right side with little-cross-finger-thick (?) interlobar participati