

Editorials

LONG TERM BENEFIT OF WRITING UP A CASE REPORT OR CHIMPANZEES GET TESTICULAR FEMINIZATION, TOO

The purpose of this editorial is to encourage young physicians to write a case report early in their career, and remain current with the literature in that area. As the years go by, one will be able to observe the many developments that occur. Let me give you my example:

In 1955, the first year that I practiced internal medicine in Wilmington, I evaluated a 20-year-old woman with primary amenorrhea. Her work-up revealed a one-centimeter vagina with the uterus and ovaries not palpable. These findings were confirmed by the gynecology consultant, Dr. Sam Stern. Family history revealed her two siblings also had primary amenorrhea. One of these was examined by the surgical consultant, Dr. Dan Preston, and similar physical findings were noted. The other sibling refused examination.

Serendipitously, my patient developed acute appendicitis. Dr. Preston confirmed the physical findings at surgery and did a biopsy of the gonadal area which revealed feminization, a special form of male pseudohermaphroditism (female phenotype, female psychosexual orientation, genetic male 46XY, gonadal male).

Dr. Stern and I wrote up our patient as a case report in the *New England Journal of Medicine* in 1956.¹ Over the next 25 years I kept track of the literature on this subject. To follow developments in this area was most rewarding and exciting. In 1965 a book, *Testicular Feminization*, was published which served to pull this material together.² The NEJM emphasized the androgen insensitivity in a 1977 CPC.³

The circle seemed complete when I recently read a reference in *Clinical Research* September 1980; testicular feminization has now been described in chimpanzees for the first time.⁴ I can picture Jane Goodall's frustration as described in her book, *In the Shadow of Man*.⁵ She may well

have been trying to understand this intriguing, mystifying syndrome in a chimpanzee, as I had likewise attempted to understand it 25 years ago on the wards of the old Delaware Hospital.

WILLIAM J. VANDERVORT, M.D.

REFERENCES

1. Stern SM, Vandervort WJ: Testicular feminization in a male pseudohermaphrodite: report of a case. *N Engl J Med*. 1956; 254:1787.
2. Slamon KR, Plan RJ, Digman WJ: Testicular feminization. Springfield, Illinois: Charles C. Thomas, Co., 1965.
3. Case Reports of the Massachusetts General Hospital. Case 28-19771. *N Engl J Med*. 1977; 296:439-444.

ASBESTOS RELATED DISEASE

The effect of asbestos exposure on health has been and remains a popular topic in the lay press and medical literature. Drinking water, hair dryers and home humidifiers have been suspected of bringing asbestos into the environment. Public awareness is high regarding the problem of asbestos in school buildings. Asbestos related disease also concerns those involved with workmen's compensation and ongoing litigation. Current concepts and controversies have been reviewed at a recent workshop¹ and international meeting.²

Clearly, asbestos exposure has been maximal in the workplace. In Delaware and neighboring states this has occurred to the greatest degree in the shipbuilding and chemical industries. I once spent six months as a laborer in a nearby shipyard where fine flakes of asbestos continually snowed on the decks and workers below. Cancers in the gastrointestinal tract and larynx, and peritoneal mesotheliomas have been linked to asbestos exposure. Most asbestos related disease is found in the chest, however.

The most frequent manifestation of asbestos disease in the presence of pleural thickening or pleural plaques which are usually an incidental radiographic finding in an asymptomatic person. Oblique views of the chest show these changes more

Editorials

clearly. Lung function testing is usually normal unless the plaques are extensive and thick, or there is other concomitant disease. Calcification of these plaques can occur, accounting for the characteristic linear calcification occasionally seen along the diaphragmatic surface.

Benign pleural effusion is an unusual but established association of asbestos related disease. These patients may be asymptomatic or may present with chest discomfort and dyspnea. The effusion is an exudate and may be bloody. It may resolve spontaneously, only to recur. Cytologic studies are negative. The pleural surfaces show an active exudative process. Because there are no specific diagnostic characteristics, the diagnosis is one of exclusion.

Asbestosis is a pneumoconiosis characterized by diffuse interstitial fibrosis of the lung and of the visceral pleura. Dyspnea with exertion is the common complaint. Basilar inspiratory crackles are usually present; clubbing is a less frequent sign. Fine reticular changes and small irregular opacities in the lower lung zones are early radiographic findings. A restriction of lung volume, particularly vital capacity, a decrease in diffusing capacity, and arterial hypoxemia with exercise are characteristic pulmonary function abnormalities. The diagnosis of asbestosis is established when a history of exposure, together with appropriate clinical and laboratory findings are

present. The term "asbestosis" should be limited to this lung parenchymal fibrotic process.

Pleural mesothelioma is a rare malignant neoplasm originating from mesothelial cells. Its association with asbestos exposure is well known. The interval between initial exposure and diagnosis is long and may approach 40 years. There is no effective therapy and most patients are dead within one year after diagnosis. The clinical features of this unusual entity have recently been reviewed.⁸

Lung carcinoma is strongly associated with cigarette smoking. Asbestos has been implicated as a co-carcinogen in cigarette smokers; a synergistic effect between the two in the etiology of lung cancer is acknowledged. Current studies also indicate that even in the absence of cigarette smoking, asbestos probably increases the risk of lung cancer.

A large number of persons have been exposed to asbestos in the workplace. Although the level of exposure has dropped markedly in recent years, and in many instances asbestos has been replaced by other materials, once exposed to asbestos individuals remain at risk of developing asbestos related disease. All physicians, from obstetricians to ophthalmologists, can anticipate continuing inquiries concerning asbestos.

JOSEPH F. KESTNER, JR., M.D.

FRESH BREWED
• CAFFEINE FREE
• HOT CHOCOLATE • TEA
• CLIP-A-SOUP-ICED TEA
NO CONTRACT-NO DEPOSIT

TAKE-A-BREAK COFFEE SERVICE
CATERING FOR BUSINESS FUNCTIONS

658-8571
415 5th Avenue
New York, NY 10001