Dr. J. Churg

ABSTRACT

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PLEURAL PLAQUES AND FIBROSIS

Pleural effusion is not an uncommon complication of pulmonary asbestosis. It tends to be self-limited though sometimes may be recurrent. Pleural adhesions are relatively uncommon. Thickening of visceral pleura may be quite striking but is seen less commonly than plaques of the parietal pleura. Both types of lesions consist of dense rather acellular connective tissue, and are located mainly in the lower two-thirds of the pleural space.

MESOTHELIOMA

Mesothelioma occurs in two forms: localized fibrous type which is usually benign and apparently unrelated to asbestos exposure; and diffuse type which may be epithelial or spindle cell or mixed, and which is closely associated with asbestos exposure. Mesothelioma is a rapidly progressive disease leading to death in a period of several months or a year, though some prolongation of life may be expected with appropriate therapy. A few cases have a slow course over a period of years.

LUNG CANCER

The frequency of lung cancer is increased in people exposed to asbestos. This increase becomes striking in those who also smoke. The histological types of cancer are similar to those in the general population, though adenocarcinoma seems to be somewhat more frequent. Asbestos-associated cancer tends to be located in the lower lobes and to occupy a peripheral position.

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ASBESTOS-ASSOCIATED DISEASE

with particular reference to United States Shipyards

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