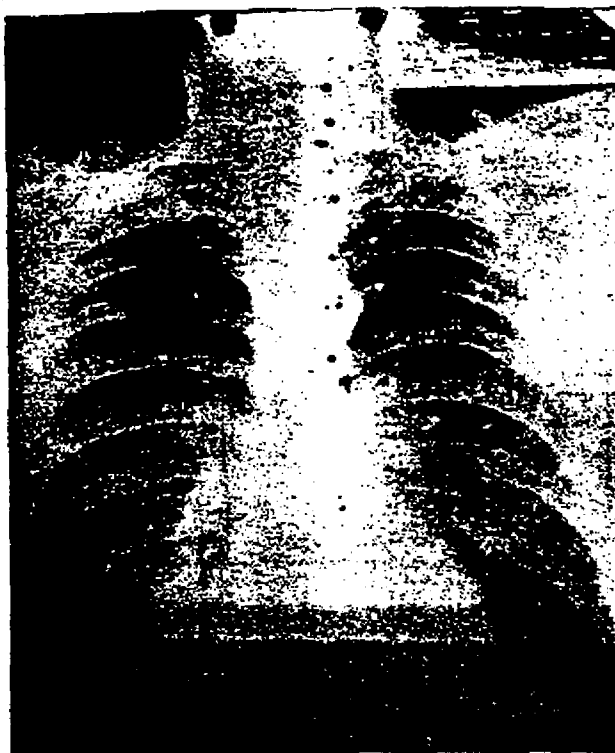




ASBESTOSIS



SILICOSIS

X-rays demonstrating shadows in asbestosis and advanced silicosis

TABLE V.
X-RAY APPEARANCE

ASBESTOSIS	SILICOSIS
Diffuse lesions limited to lower halves of lungs—Hyperventilation in upper portions.	Nodular lesions distributed more in upper and mid-lung fields or generalized-emphysema in lower halves.
Obliteration of the diaphragm.	Shortening of long diameter of chest with adhesions and tenting of diaphragm.
No nodulation.	Marked nodulation.
"Ground glass" appearance.	Discrete nodulation to massive conglomerate shadows.
May be unilateral.	Bilateral.

Certain other conditions such as fungus infections, miliary tuberculosis, miliary calcification and miliary carcinoma produce shadows in the roentgenogram which may be confused with those of silicosis. In these instances careful study of the film and previous occupational history will usually be sufficient to make an accurate diagnosis.

As in all diseases due to dust, treatment is an engineering problem rather than a medical one. Once fibrosis is established in the lungs, it is permanent. Progression of the disease is very slow and chronic, except in some instances where infection occurs. Continued exposure to hazardous dust appears to be the biggest factor in the advancement of fibrosis. When dust is kept at a safe concentration in the air of working places, there is no good reason why a person with uncomplicated silicosis cannot continue his occupation.

By the same token, extreme care should be taken to eliminate contact with tuberculosis from these workers. This can only be accomplished by repeated chest x-rays of all those exposed to hazardous dust and removal of the ones showing evidence of infection.

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