

115 年奇美醫院胸腔內科臨床病例討論會

- 1 時間：115 年 10 月 13 日 PM: 4:00-5:00
- 2 課程活動題目：Coal worker' s pneumoconiosis
- 3 主講人：柯獻欽
- 4 地點：奇美醫學中心 10 樓空橋討論室
- 5 聯絡人：黎安騏 (06-2812811 #57132)
- 6 摘要：

Coal Worker's Pneumoconiosis

Associated with coal dust exposure.

Risk increases with intensity, duration and higher ranks (hardness) of coals. Anthracite is the highest rank (mined in eastern U.S.) followed by bituminous and lignite.

Although there are immunologic abnormalities (elevated IgG, IgA, C3), the pathogenesis remains unknown.

Clinical manifestations (develop over 10-20 years)

Simple Coal Worker's Pneumoconiosis (SCWP)

- Few symptoms.

Progressive Massive Fibrosis

- Associated with anthracite coal.

- May see melanoptysis due breakdown of lesions.

- Can appear after exposure stops.

Caplan's Syndrome (Rheumatoid Pneumoconiosis)

- Associated with rheumatoid arthritis.

- Nodules (0.5-5cm) on CXR in individuals with SCWP; nodules may cavitate.

- Also occurs with other pneumoconioses.

- Rheumatoid factor positive in 70% of patients.

CXR findings

Simple: reticular and nodular patterns predominantly in the upper lobes; hilar adenopathy common, occasionally with "eggshell" calcifications.

Progressive massive fibrosis: coalescence of larger nodules.

Silicoproteinosis: alveolar filling pattern.

No increased risk of TB.

Dx: History of dust exposure and characteristic

CXR.