

112 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 112 年 02 月 21 日(星期二)

時間及地點：16:00-17:00

課程活動題目：**Coal worker' s pneumoconiosis in CXR**

主講人:謝俊民主任

主辦單位：奇美醫院胸腔內科

課程地點:10 樓討論室

教育積分：台灣胸腔暨重症加護醫學會

參加對象：主辦單位所屬院內醫師

聯絡人：蘇靖涵 (06-2812811-57115)

摘要:

Coal Worker's Pneumoconiosis

1. Associated with coal dust exposure.
 - a. 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.
 - b. Although there are immunologic abnormalities (elevated IgG, IgA, C3), the pathogenesis remains unknown.
2. Clinical manifestations (develop over 10-20 years)
 - a. Simple Coal Worker's Pneumoconiosis (SCWP)
 - Few symptoms.
 - b. Progressive Massive Fibrosis
 - Associated with anthracite coal.
 - May see melanoptysis due breakdown of lesions.
 - Can appear after exposure stops.
 - c. 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.
3. CXR findings
 - a. Simple: reticular and nodular patterns predominantly in the upper lobes; hilar adenopathy common, occasionally with "eggshell" calcifications.
 - b. Progressive massive fibrosis: coalescence of larger nodules.

- c. Silicoproteinosis: alveolar filling pattern.
- 4. No increased risk of TB.
- 5. Dx: History of dust exposure and characteristic CXR.