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Silicosis in Quartz Conglomerate Workers

Silicosis en trabajadores de conglomerados de cuarzo

To the Editor:

We have read the recent publication entitled *Silicosis: a Disease With an Active Present* by Dr. C. Martínez et al.¹ First of all, we would like to express that we coincide with the reflections of the authors and we would like to provide our experience in this regard.

From July 2009 to February 2010, we have diagnosed six workers with silicosis. They are employed by three companies in the same town and are exposed to the dust generated by handling kitchen and bathroom countertops made of artificial quartz conglomerates.

All the patients are male, and what is remarkable is their young age, with a mean of 29 years (age range: 26-37), and short period of exposure: between 5 and 12 years (mean: 9 years) (table 1). This could be an indication of the high toxicity of these materials,² or that the preventative measures are either not sufficient or that they are not being adequately carried out.

In the radiologic studies of the chest, we have found micronodular interstitial patterns predominantly in the upper lobes and bilateral hilar adenopathies quite compatible with typical images of silicosis.³ These findings, together with a restrictive functional alteration and an occupational history of exposure to silica dust, are sufficient for the diagnosis of silicosis.⁴ In our first four cases, in addition, we also performed pulmonary biopsy, confirming a histological diagnosis of interstitial fibrosis compatible with pneumoconiosis.

We believe that the current increase in cases of pneumoconiosis due to exposure to silica in small businesses working with ornamental synthetic stone mandates a rigorous assessment of the preventive measures,⁵ as well as active evaluation of the workers in these industries.

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Table 1

Characteristics of the patients, radiological findings and spirometry

	Age/sex	Tobacco habit	Exposure in years	Reason for consultation	Chest CT/radiological pattern	Spirometry
1	30 ♂	Non-smoker	11	Bronchitis	Diffuse micronodular; hilar adenopathies	FVC: 74%. FEV ₁ : 81%. FEV ₁ %: 87%
2	37 ♂	Non-smoker	9	Company physical examination	Micronodular in upper fields; hilar adenopathies	FVC: 61%. FEV ₁ : 68%. FEV ₁ %: 88%
3	25 ♂	Non-smoker	5	Bronchitis	Reticulum-diffuse nodular; hilar and mediastinal adenopathies	FVC: 66%. FEV ₁ : 77%. FEV ₁ %: 92%
4	30 ♂	Ex-smoker	10	Company physical examination	Diffuse micronodular	FVC: 57%. FEV ₁ : 51%. FEV ₁ %: 71%
5	28 ♂	Ex-smoker	12	Company physical examination	Diffuse micronodular; hilar adenopathies	FVC: 63%. FEV ₁ : 56%. FEV ₁ %: 70%
6	26 ♂	Non-smoker	8	Company physical examination	Micronodular in upper fields	FVC: 66%. FEV ₁ : 72%. FEV ₁ %: 85%

CT: computed tomography; FEV₁: forced expiratory volume in 1 second; FVC: forced vital capacity.