

Lungs on Fire

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An 85-year-old man, formerly heavy smoker, was referred after a 6-month history of weight loss and increasing weakness. The patient reported an occupational exposure to asbestos due to working over 30 years in a shipyard. The chest radiograph showed bilateral pleural calcifications distributed unevenly from the lung base to the apex (Fig.1). Chest computed tomography demonstrated a left lower lobe mass suspicious for lung cancer (Fig.2). After detailed discussion of possible therapeutic options, the patient refused further diagnostic work-up and treatment.

Lung cancer can be caused by asbestos exposure.¹ The association between lung cancer and asbestos plaques has been considered at best controversial.² However, recent evidence obtained from a study on more than 5400 male individuals enrolled in an asbestos-related disease screening program confirmed that, after adjustment for smoking, lung cancer mortality was associated with the detection of pleural plaques (hazard ratio = 2.41; 95% confidence interval = 1.21–4.85).² Contrary to self-reported asbestos exposure, objective estimation of asbestos exposure may also reliably serve as predictor of lung cancer development.^{3,4} However, the latter entails significant allocation of resources and expertise and may be



FIGURE 1. Chest radiograph demonstrating diffuse pleural plaques like tongues of flames arising from the diaphragm.

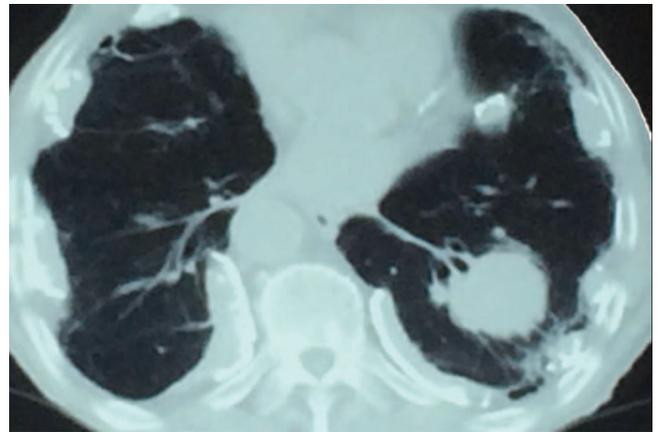


FIGURE 2. Chest computed tomography showing a left lower lobe mass suspicious for lung cancer surrounded by pleural plaques.

difficult to incorporate in a public health screening program.^{5,6} In conclusion, although the presence of pleural plaques could be an independent risk factor for lung cancer,² whether the concomitant detection of pleural plaques in asymptomatic patients with history of asbestos exposure may justify screening remains to be seen.

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DOI: 10.1097/JTO.0000000000000522

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ISSN: 1556-0864/15/1009-1376