

Although the risk of mesothelioma is much less than that of lung cancer among asbestos-exposed workers, ~3000 cases per year are diagnosed in the United States.

Because epidemiologic studies have shown that >80% of mesotheliomas may be associated with asbestos exposure, documented mesothelioma in a patient with occupational or environmental exposure to asbestos may be compensable.

■ SILICOSIS

Despite being one of the oldest known occupational pulmonary hazards, *free silica* (SiO_2), or crystalline quartz, is still a major cause of disease. The major occupational exposures include mining; stonecutting; sand blasting; glass and cement manufacturing; foundry work; packing of silica flour; and quarrying, particularly of granite. Most often, pulmonary fibrosis due to silica exposure (silicosis) occurs in a dose-response fashion after many years of exposure. Two recent outbreaks of silicosis have involved sandblasting of denim jeans to make them look “used,” and manufacture and installation of artificial stone (“faux granite”) kitchen countertops.

Workers heavily exposed through sandblasting in confined spaces, tunneling through rock with a high quartz content (15–25%), or the manufacture of abrasive soaps may develop acute silicosis with as little as 10 months of exposure. The clinical and pathologic features of acute silicosis are similar to those of pulmonary alveolar proteinosis ([Chap. 293](#)). The chest radiograph may show profuse miliary infiltration or consolidation, and there is a characteristic HRCT pattern known as “crazy paving” ([Fig. 289-2](#)). The disease may be quite severe and progressive despite the discontinuation of exposure. Whole-lung lavage may provide symptomatic relief and slow the progression.