

中文題目：30年資歷的空調維修師罹患石棉沉着病：案例報告

英文題目：Asbestosis in a 30-years' experience of Air Conditioning Worker - A Case Report

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**Background.** Asbestosis is very common in certain occupations like insulation workers, plumbers and air condition technicians and the recognition and prevention of this debilitating disease is vital to the health of the workers with the high-risk occupations.

**Methods.** We present a case of asbestosis in a 60-year-old male with no significant past medical history, except for his 30-year high-risk occupation as an air-conditioning technician, who was suspected to have lung cancer due to the incidental finding of a mass at the right lower lobe of his lung, seen on his chest x-ray taken during a routine health examination at a local clinic.

**Results.** The patient initially presented with no remarkable symptoms except for mild crackles in both lungs. He was merely following up at the outpatient department due to the incidental finding of a mass at the right lower lobe of his lung, seen on his chest x-ray taken during a routine health examination at a local clinic. A pulmonary function test showed a mildly obstructive ventilator impairment. In addition, his chest CT showed bilateral parietal pleural plaques. Biopsy taken of right lower pleura showed pleural plaque. Histopathology of the biopsy specimen also revealed hypocellular with collagen fiber and basket-weave collagen under light microscopy, further supporting the diagnosis of asbestosis. Patient was then given palliative treatment and advised to undergo lifestyle changes such as stop smoking and avoid more asbestos exposure in the future.

**Conclusion.** Physicians should be more attentive to a patient's general information such as occupation and exposure to certain harmful materials. Sometimes, these basic history taking can be easily overlooked and unnoticed, thus delaying an accurate diagnosis and treatment of patients. For instance, such as in this case of asbestosis, the incidence in asbestos workers actually increases with age and period of exposure and plaque formation can usually be seen 30-40 years after exposure. In conclusion, it is imperative that physicians be more thorough in the history taking process and furthermore, have a keener interpretation of the associated consequences.