Silicosis Morbidity Aspects in the Clinic of Occupational Medicine Timisoara

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Introduction Silicosis, one of the oldest occupational diseases, present until recently in the occupational diseases top, was replaced by the overstraining diseases. In Romania, it remains on the second place in the occupational diseases hierarchy. A number of 203 new cases of silicosis being registered in 2012, as opposed to 263 cases of musculoskeletal disorders registered on the first position. In comparison to 428 cases in 2003, the number of new cases of silicosis was reduced almost by half in 2012.

Goal To analyse the silicosis cases hospitalized in the Occupational Medicine Clinic in Timisoara for a period of five years.

Material and methods We collected the data from the clinical medical records of silicosis patients who were hospitalized in our clinic between 2008 and 2012. We took into consideration the following parameters: profession, age, exposure time to silica dust, ILO codification, spirometry test, biological status, associated pathology, complications and evolution.

Results and discussion The studied group contained 346 patients, which represented 50.07% of occupational respiratory cases, but only 13% of all hospitalized patients. Average time of exposure was 23.79±7.97 years, and average age was 53.14±9.31 years old. 38.43% represented the new cases which were signaled as professional diseases, but only 73.68% were declared as occupational ones. According to the ILO classification, when diagnosed, 28.81% of patients had small opacities which represented a second category of profusion. Few patients (7%) associated other pathologies such as tuberculosis, anthracosis, siderosis, but also, many of them had musculoskeletal (62.01%) and cardiovascular (54.23%) diseases. We have to mention 3 cases of silicosis associated with autoimmune diseases: lupus erythematosus, rheumatoid polyarthritis.

Conclusions Although the occurrence is low, because of the disappearance of workplaces with exposure to silica (mines, foundries), occupational medicine services must keep under surveillance these workers throughout their lifetime. We have to be aware of the cancer risk and at the same time it is important for them to have a healthy lifestyle. Also, it is mandatory to include these patients in monitoring and rehabilitation programmes.