

Un “particolare” caso di patologia da metalli duri

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KEY WORDS

Hard-metal disease; occupational asthma; occupational contact dermatitis; cobalt

SUMMARY

«*A particular case of hard metal disease*». **Background:** *The production and the use of hard metal tools have becoming increasingly widespread since the second half of the last century also thanks to the great variety of applications that extends from DIY to the aeronautical industry. It has already been known for many years that occupational exposure to hard metals dusts (which occurs especially in people employed in production of the metals or in the sharpening of tools that contain them) can determine the onset of pulmonary fibrosis, bronchial asthma and contact dermatitis.* **Objectives:** *clinical evaluation of a peculiar case of hard metal disease. Descriptions of cases with single pathological pictures due to hard metals, are, in fact, common in the literature, neither are cases with two different clinical pictures (more frequently asthma and pulmonary fibrosis) rare. However, cases in which all the signs and symptoms appeared simultaneously have never been reported.* **Methods:** *a male worker aged 41 years, employed in a hard metal factory for seven years in sintering, and then in grinding. A year later he developed dry cough, wheeze, and eczematous patches. The diagnosis of hard metal disease was based on the work-related symptoms, clinical evaluation, spirometry, chest x-ray, HRCT and patch tests.* **Results:** *during the working period, ventilatory function decreased substantially, and then normalized one month after the patient stopped working. Patch tests confirmed sensitivity to cobalt, and skin lesions improved, as did ventilatory function. Chest x-ray and HRCT showed a pulmonary fibrosis that, at the last radiological examination, was still unchanged.* **Conclusions:** *The particular susceptibility to the development of the diseases, could, in our opinion, be in relationship with the race of the subject: many studies (particularly American) have shown that allergic diseases are more frequent, and often more serious, in African subjects, particularly in immigrants from Africa. In the case of occupational diseases attention also needs to be given to the fact that immigrants are often employed in duties that involve a greater exposure to harmful or sensitizing agents. The occurrence of a whole series of occupational allergic diseases among these workers is therefore to be expected.*