

CLINICAL STUDIES OF PATIENTS WITH PNEUMOCONIOSIS IN WHOM A SPUTUM TEST DETECTED NONTUBERCULOUS MYCOBACTERIA

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RATIONALE: When a sputum test detects nontuberculous mycobacteria (NTM), it is sometimes difficult to evaluate whether they should be treated as a disease. We study some factors leading to careful follow-up or the start of treatment in NTM-positive patients. **METHODS:** Review of bacteriologic findings and patient backgrounds in 256 patients with pneumoconiosis followed up in our institution for more than 1 year between April 1998 and December 2000. These patients were divided into 3 groups: Group A in which results of sputum tests met the bacteriologic criteria for the diagnosis of NTM pulmonary disease recommended by the American Thoracic Society, Group B in which results of the tests did not meet that criteria among NTM-positive patients, and Group C in which NTM was not detected. **RESULTS:** *Mycobacterium avium* or *Mycobacterium intracellulare* was detected in 7 (87.5%) of Group A (8 patients) and in 14 (16.9%) of Group B (83 patients) (odds ratio 5.19 [95% CI 3.01-8.94], $p=0.000006$). Arc welding was included in previous jobs in 2 (25.0%) of Group A and in 1 (1.20%) of Group B (odds ratio 20.8 [95% CI 2.11-205], $p=0.0003$), and in 2 (25.0%) of Group A and in 7 (4.24%) of Group C (165 patients) (odds ratio 5.89 [95% CI 1.45-23.9], $p=0.01$). **CONCLUSIONS:** It is possible that detection of *Mycobacterium avium* or *Mycobacterium intracellulare* in sputum and a previous job of arc welding may be the factors leading to careful follow-up, suggesting the start of treatment is needed.

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LEVELS OF RESPIRABLE COAL MINE DUST UKRAINIAN COAL MINES

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Introduction: Levels of respirable coal mine dust have not been routinely measured in Ukrainian coal mines. Total dust levels have been reported to be 50-600 mg/m³. This abstract reports the results of a joint US-Ukrainian effort to measure respirable dust levels in Ukrainian mines during active production. **Methods:** Personal and area samples were obtained from two Ukrainian coal mines using standard techniques established by the U.S. Mine Safety and Health Administration (MSHA). Samples were taken throughout an entire shift upwind, downwind, and at the level of the longwall combine operator, as well as intake and return tunnels. Filter cassettes were shipped back to the United States for analysis by MSHA. Samples were analyzed for the fraction of respirable silica. **Results:** Mean respirable dust levels were more than nearly 4 times the US Permissible Exposure Limit (PEL) with a range of just below the US PEL to more than 10 times the US PEL.

	Quartz (ug/m3)	Respirable Dust (mg/m3)	Fraction of U.S. PEL* (Respl/PEL)
Mean	242	5.31	3.69
Range	34-1167	1.66-18.2	0.83-11.6

*US PEL = 2 mg/m3 except when there is > 5% quartz in sample, then PEL = 10 divided by the %quartz.

Conclusion: Coal mine dust levels in Ukrainian coal mines are significantly higher than the US PEL. This was due in part to high concentrations of quartz found in these mines. Prolonged exposure at these levels could cause significant rates of pneumoconiosis.

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UTILITY OF RAPID (TWO-MINUTE) EXHALED BREATH CONDENSATE COLLECTIONS FOR AMMONIA AND pH MEASUREMENTS

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Exhaled breath condensate (EBC) assays are becoming increasingly central to clinical studies of lung diseases, providing evidence of inflammation and altered lung redox environment. In preparation for large studies outside of the hospital environment (school, home and workplace), we wished to determine if EBC could be performed in as little as two minutes and retain adequate reproducibility regarding to exhaled ammonia (NH₃) and pH. Five subjects performed six sequential EBC collections, performing relaxed tidal breathing through an RTube collection system (Respiratory Research, Inc. USA). Ammonia was assayed spectrophotometrically (Sigma Diagnostics) and pH measured using a micro pH after deaeration with Argon. The first three collections were for two minutes last three for seven minutes each. During 2-minute collections, the range of volumes was 250-350 uL. During 7-minute collections, the range was 800-1200 uL. Mean intrasubject Coefficient of Variation (CV) for 2-minute collections for [NH₃] was 15.8% and for pH was 4.1%. For 7-minute collections, the mean intrasubject [NH₃] was 15.8% and for pH was 5.3%. Ammonia concentrations in EBC were significantly higher in the 7 minute collections compared to 2 minute collections [NH₃] for 2 min = 417 ± 155 uM vs 619 ± 182 uM for the 7-minute collection was an insignificant trend toward slightly higher pH in the longer collections (units) as would be expected from the longer opportunity to absorb gas phase NH₃. We conclude that 2-minute EBC collections are reproducible in regards to pH and assays, and perhaps may have a benefit over longer collections.

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EFFECT OF CARBON BLACK EXPOSURE UPON SPIROMETRY

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Carbon black is widely used as a pigment and filler. It is produced by a vapor phase pyrolysis of oil. Data was collected as part of the N. A. industry-wide periodic medical surveillance. Participants included American carbon black production facility workers from 22 plants. ME: Standardized spirometry and written questionnaire with review of completeness by a project interviewer were performed. Items included occupational and smoking history. A job-exposure matrix was constructed each plant, assigning exposures from 1960-2000 according to the category based upon industrial hygiene data (1979, 1995, and 2000 "triangulation method", including the measured air levels, a formal change questionnaire, and a systematic survey of plant expert about levels over the yrs. Linear regression analysis was performed to investigate the effects of cumulative and recent carbon black exposure (separately inhalable, respirable, and total dust estimates). Analysis was limited to RESULTS: Average tenure in the industry was 14 yrs. Average current exposures were 48.4, 16.1, and 4.7 mgm-years/m3 for inhalable, total respirable dust. In the overall model, adjusted for smoking status, coefficient for FEV1 was -.002 liter/mg-year/m3 total dust, and -.0000087 for inhalable and respirable dust respectively. No consistent effect on FVC was noted. No significant effects of recent exposure were noted. Levels are considerably lower than in the past). CONCL: A very small statistically significant, effect upon FEV1 of long-term, high cumulative exposures was observed among N.American carbon black production workers. This abstract is funded by: International Carbon Black Association.

ASBESTOS LUNG CONTENT AMONG SV-40 POSITIVE MESOTHELIOMA PATIENTS.

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Infection with the virus SV-40 has been associated with occurrence of malignant mesothelioma, ependymoma, and certain other tumors. 20 subjects with malignant mesothelioma and evidence of SV-40 infection were evaluated by limited record review and lung tissue analysis for asbestos. RESULTS: by definition, all 20 had positive polymerase chain reaction in tissue for SV-40. Average lung tissue fiber contents were: chrysotile 1.23, crocidolite 0.31 per gram of dry lung. Median fiber content was < 1x 10⁶ for each measure. Occupational histories suggesting long or high level asbestos exposure were infrequent. CONCLUSIONS: Pulmonary asbestos fiber content of SV-40 positive mesothelioma patients was relatively low in comparison to published mesothelioma series, suggesting that it may play a causative role or a facilitative role.

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This special supplement of the *American Journal of Respiratory and Critical Care Medicine* contains abstracts of the scientific papers to be presented at the 2002 International Conference. The abstracts appear in order of presentation, from Sunday, May 19 through Wednesday, May 22 and are identified by session code numbers. To assist in planning a personal schedule at the Conference, the time and place of each presentation is also provided.