

Preface

It has been more than a decade since the publication of the first edition of *Pathology of Asbestos-Associated Diseases*. Since that time, some things have changed very little relative to our knowledge of these diseases, whereas in other areas, considerable progress has been made. The purpose of this second edition is to update pathologists, pulmonologists, radiologists, occupational medicine practitioners, industrial hygienists and others with an interest in the field regarding progress in our understanding of these diseases.

A great deal of information has been published in the past decade on methods for diagnosing mesothelioma. This area can be quite intimidating to those who do not deal with this question on a daily basis, and a summary of the more recently published data is therefore deemed to be of some utility. As a result of the explosion of diagnostic techniques, the correct diagnosis of mesothelioma is rarely a problem for the practicing pathologist. Nonetheless, pathologists are being pressed to make the diagnosis on ever-smaller biopsies or on cytologic specimens. A discussion of the latest diagnostic criteria for mesothelioma is presented in Chapter 5, and the limitations of cytologic diagnoses in this regard are emphasized in Chapter 9.

Considerable information has also been published in the medical literature during the past several years regarding the relationship between asbestos exposure and carcinoma of the lung. This information is updated in Chapter 7. This is an area where there is still considerable controversy, and physicians are frequently asked to determine whether asbestos contributed to one or more of the 170,000 lung cancer deaths that occur in the United States annually. Guidelines for making this assessment are provided based on the latest literature on the subject.

The explosion of research in the area of molecular biology has provided us with an abundance of information bearing on the mechanisms by which asbestos causes disease. Studies of cells from both humans and experimental animals have provided further insight in this regard. This information is updated in Chapter 10. We still do not understand all of the steps leading in the transformation, say, of mesothelial cells

into a malignant mesothelioma. Nonetheless, many pieces have been added to the puzzle, and many more are expected in the next decade.

A tremendous amount of information has been accumulated in the past decade regarding the numbers and types of fibers accumulating in the lung and their relation to various asbestos-related diseases and exposures. This information is summarized in Chapter 11. Considerably less information is available concerning fiber burdens in extrapulmonary tissues, and it is expected that advances in this area will occur in the near future. Because the fiber levels in these tissues is expected to be quite low relative to those in the lung, very careful studies utilizing appropriate controls will need to be done if our knowledge of this area is to be advanced significantly.

Since the publication of the first edition of this book, thousands of workers have died of asbestos-related diseases, and more than a dozen manufacturers have filed for bankruptcy. The judicial and legislative branches have refused to provide any relief to the burden these cases impose on civil courts. Hundreds of thousands of cases are still pending. Legal strategies have necessarily changed as a consequence, and the viewpoints of plaintiff and defense attorneys with considerable experience in the field are presented in Chapters 12 and 13, respectively. Although the reduction of workplace exposures will eventually result in the virtual eradication of asbestos-related diseases, it is anticipated that cases will continue to occur during the next two decades or more. Hopefully, this volume will assist those involved with the treatment, care, and diagnosis of these cases.

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