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Are We Taking Occupational History in Detail for Mediastinal Lymphadenopathy?

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Lymphadenopathy is a radiological finding in many thoracic diseases that may be caused by variety of infectious, inflammatory and neoplastic conditions. In general, when a young patient has symmetrically enlarged hilar and mediastinal lymph nodes (LNs), the most likely diagnosis is sarcoidosis. However mediastinal and hilar lymphadenopathy existence in 25% of berylliosis cases. It is estimated that 6% of patients diagnosed with sarcoidosis may be berylliosis. Berylliosis is a granulomatous lung disease caused by beryllium exposure. The diagnosis of berylliosis is based on history of beryllium exposure, positive proliferative response of blood or bronchoalveolar lavage cells to BeSO4 and the presence of granulomatous inflammation on lung biopsy. Beryllium using industries include metal machine shops, electronics, defense industries, ceramic, automotive, aerospace, jewelry making, and dentistry. A 32-year-old male patient admitted to the another medical center in 2012 because of cough, dyspnea and sputum complaints for 6-7 years. Mediastinal and hilar multiple LNs were detected in thorax CT, the largest LN was 1.5 cm in minimal diameter. Accordingly mediastinoscopy was performed at the same center. Biopsy from LN of 4R was reported as reactive LN. Clinical follow-up was planned. However complaints of cough, sputum, dyspnea aggravated in the previous 3-4 months. Nodular and mass lesions consistent with multiple LNs in soft tissue density were reported in thorax CT, some of them contain calcifications and the largest one is 38x26 mm. Then he was referred to our reference hospital. After taking occupational history in detail, it was learned that between 2008 and 2013, he had worked in a production department of ceramic industry. He had been pouring quartz containing powder into boilers. He claimed that there was no effective ventilation system in the workplace. The patient had quited his job due to respiratory complaints. After that he worked as cashier, waiter and housekeeper in different hotels between 2013 and 2018. The patient had a smoking history of 10 pack-years and still smoking one pack of cigarette in a day. His urine and 24-h urine calcium values were within the normal reference range, sputum ARB (-), ACE:59 U/L(8-52). Spirometry was normal. The medical plans for differential diagnosis are ongoing. Similar clinical and radiological findings of berylliosis with sarcodiosis may lead to neglect of diagnosis. Through a case, while we are investigating the etiology of lymphadenopathy, we aimed to remind the importance of evaluating beryllium exposure in occupational history which may be seen more common.

Keywords: Berylliosis, lymphadenopathy, sarcoidosis