Environmental Dangers: Asbestos and Tuberculosis

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Turkey has a unique place in the world, being a bridge between Europe and Asia both geographically and culturally. It is also a rapidly developing country where in the cities medicine is practiced at a high scientific level while, though now modernizing, village life continues much as it has for centuries.

This combination and the willingness of some Turkish scientists to sacrifice the comfort of city life for field studies has in an important way added to our knowledge about carcinogenic mineral fibers and chest diseases. The pioneer of these studies was the now retired Professor Y. Izzettin Baris of the Hacettepe University of Ankara. The studies of his and other groups have shown that environmental pollution of locally occurring mineral fibers, both asbestos and fibrous zeolite, in many districts of Turkey can cause lung and chest diseases similar to those produced by asbestos exposure in the workplace.

Turkey is not the only place where such problems exist. Environmental exposure to mineral fibers has been reported from many countries, for instance Greece, Bulgaria, France, Russia, South Africa, Japan, China and New Caledonia. It is highly probable that other countries will be added to the list in the future, in most cases developing countries with limited resources to do full-scale investigations at present. The experiences from Turkey will be of great benefit for mineral studies, radiological and medical investigations, and not least preventive measures in such cases. Since in the modern world people tend to move around it is also a necessity for doctors in other countries to be aware of the existence of specific medical problems in their patients' home country. It is in this light that the article by Professor Topcu and his coworkers in this issue of *Respiration* [1] should be seen.

Two more aspects of this particular article merit some comments. The first is the high incidence of tuberculosis, the second the apical pleural thickening. The patients were selected from patients with extensive pleural changes who had chest symptoms. Pleural plaques, even if extensive, do not by themselves, cause any symptoms and only a marginally lowered lung function. Thus, the symptoms indicate some other ongoing disease. A CT scan can in many cases show lesions that are hidden from sight in the conventional chest roentgenogram. That tuberculosis was one of the causes of the symptoms is not surprising in a country with a fairly high incidence of this disease. It did, however, remind me of a comment by Professor Baris many years ago: the many calcified pleural plaques in some villages had been dismissed by the local doctors as 'old tuberculosis' – just as many colleagues even today tend to dismiss any apical pleural thickening as being due to this disease! In fact, it is now increasingly recognized that this is a fairly rare but still important lesion that can result from asbestos exposure. This article is to my knowledge the first to describe it in persons with environmental exposure only.

Thus, continued studies on environmental health problems in Turkey are not only of a national importance, but will increase the scientific knowledge and give us important information, useful both in developed countries and in the developing world.

Reference

- 1 Topcu F, Bayram H, Şimşek M, Kaya K, Özcan C, Işık R, Şenyiğit A: High-resolution computed tomography in cases with environmental exposure to asbestos in Turkey. *Respiration* 2000;67:139–145.