P103. WELDER'S LUNG DISEASE: CASE REPORT

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Welding is the joining process with different materials in a certain temperature and pressure. Welder persons can expose to several metals and mineral dusts, particularly molten iron powder smoke during welding process. Welder's lung disease is an occupational illness, which is caused by different factors within welding fumes, affects the respiratory tracts in all levels, and is a mixed inhaled exposure disease in both airways and parenchyma.

Forty-seven-year-old male patient admitted to hospital with exertional dyspnea and dry cough within 2 years. He smokes a pocket of cigarette per day for 30 years. He reported that he has used all kinds of welder sources, mainly electrical. On physical examination, it is noted that arteriel tension: 135/85mmHg, pulse: 85/min., SpO2: 94%, respiratory rate 18 breaths/min. Respiratory sounds were bilaterally normal. Laboratory investigations showed that acute phases of patient were within normal limits. Respiratory function test (RFT) showed FVC:93%, FEV1:92%, FEV1/FVC:81% and FEF25-75:77%. In a PA lung graphy, there are a few nodular opacities in both lungs. High Resolution Computed Tomography (HRCT) of the lungs demonstrated ground-glass density nodules and patch areas of ground-glass opacities mainly in upper zones of the both lungs. The diagnosis was Welders' lung disease and the patient has been followed clinically and radiologically.

Welder's lung disease is a preventable occupational disease. Although, protection is the main principle in the prevention from disease, individuals with occupational risk for the development of this disease should be followed.