Splenic Calcification in a Patient with Silicosis

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A 61-year-old Japanese man had worked in glass and ceramic factories with inhalation exposure of crystalline silica for 22 years and reported a history of smoking (35 pack-years), although he had quit five years earlier. Lung function tests revealed mild obstructive and restrictive impairment. Chest radiography and computed tomography showed calcified nodular opacity in the bilateral upper lung fields with granular calcification in the left upper abdomen (Picture a), mediastinal and bilateral hilar lymph node calcification and right hilar bronchovascular bundle thickening (Picture b, c), egg-shell calcification of the splenic hilum (Picture d, arrows) and multiple sites of retroperitoneal lymph node calcification along the splenic artery (Picture d, arrowheads). He was therefore diagnosed with silicosis. Silicosis is an occupational disorder induced by long-term crystalline silica inhalation. Splenic involvement of silicosis is relatively rare and usually asymptomatic, occurring via the hematogenous and/or lymphatic spread of silica (1, 2).

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