

## Artículos destacados.

Jeffrey CY Chan, William H Tiong, Michael J Hennessy, and John L Kelly. **A Guyon's canal ganglion presenting as occupational overuse syndrome: A case report.** J Brachial Plex Peripher Nerve Inj. 2008 Feb 12; 3:4

**BACKGROUND:** Occupational overuse syndrome (OOS) can present as Guyon's canal syndrome in computer keyboard users. We report a case of Guyon's canal syndrome caused by a ganglion in a computer user that was misdiagnosed as OOS. **CASE PRESENTATION:** A 54-year-old female secretary was referred with a six-month history of right little finger weakness and difficulty with adduction. Prior to her referral, she was diagnosed by her general practitioner and physiotherapist with a right ulnar nerve neuropraxia at the level of the Guyon's canal. This was thought to be secondary to computer keyboard use and direct pressure exerted on a wrist support. There was obvious atrophy of the hypothenar eminence and the first dorsal interosseous muscle. Both Froment's and Wartenberg's signs were positive. A nerve conduction study revealed that both the abductor digiti minimi and the first dorsal interosseus muscles showed prolonged motor latency. Ulnar conduction across the right elbow was normal. Ulnar sensory amplitude across the right wrist to the fifth digit was reduced while the dorsal cutaneous nerve response was normal. Magnetic resonance imaging of the right wrist showed a ganglion in Guyon's canal. Decompression of the Guyon's canal was performed and histological examination confirmed a ganglion. The patient's symptoms and signs resolved completely at four-month follow-up. **CONCLUSION:** Clinical history, occupational history and examination alone could potentially lead to misdiagnosis of OOS when a computer user presents with these symptoms and we recommend that nerve conduction or imaging studies be performed.

<http://www.ncbi.nlm.nih.gov/pubmed/18269753>

Swiatkowska B, Szeszenia-Dabrowska N, Sobala W, Wilczyńska U. **Occupational risk factors for lung cancer--a case-control study, Łódź industrial center.** Med Pr. 2008;

**BACKGROUND:** The objective of this work was to investigate the association between occupational exposure and lung cancer risk based on a case-control study. **MATERIAL AND METHODS:** The study of 414 primary lung cancer cases, recorded in the Łódź industrial center in the years 1998-2002, was carried out under the international multicentre case-control study, coordinated by the International Agency for Research on Cancer (IARC). The control group, composed of individuals who did not report any tobacco-related diseases or other cancers, were matched by gender and age. Data on lung cancer risk factors were derived from a questionnaire survey on life styles and occupational exposure. The detailed information on the occupational history of all the study subjects and exposure to lung carcinogens was collected and subsequently assessed by occupational hygienists. Logistic regression was used in the data analysis. Confounders, such as age, gender, education, diet and cigarette smoking were controlled in the analysis. **RESULTS:** A total of 88 case patients and 79 controls had been employed in occupations and industries associated with the evidenced or suspected risk of lung cancer development. The corresponding odds ratio was 0.71 (95%CI: 0.48-1.06). The study population was mostly exposed to organic dust, lubricating oil mist, sand, mild steel dust, organic solvents and abrasives dust. **CONCLUSIONS:** The present study provides evidence that occupational exposure in the investigated Łódź industrial center is responsible for a

moderate increase in lung cancer risk among exposed persons. However, only a small fraction of the study population was exposed to well documented carcinogens.

<http://www.ncbi.nlm.nih.gov/pubmed/18663892>

Corhay JL, Duysinx B, Louis R. **Mesothelioma: a still current occupational cancer.** Rev Med Liege. 2008 Mar; 63(3):128-35.

**ABSTRACT:** Mesothelioma is a rare tumour, particularly aggressive, whose incidence increases because of the massive use of asbestos during the last century. Asbestos remains indeed the principal etiologic agent of this cancer. In the event of mesothelioma it is advisable to seek an exposure, even of short duration, often which dates back to several decades. In certain circumstances compensation can be obtained at the Occupational Diseases Found. The renewed interest with regard to this tumour is supported by the improvement of mesothelioma management, the new imaging techniques, the new treatments and the broad diffusion of information related to the risk of developing this tumour following asbestos inhalation.

<http://www.ncbi.nlm.nih.gov/pubmed/18561768?dopt=AbstractPlus>

Elsner G. **Acknowledgement of occupational diseases: a European comparison.** Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2008 Mar; 51(3):281-6.

**ABSTRACT:** Nearly all countries of the EU have recognition systems for work-related accidents and occupational diseases. Described are different compensation practices with respect to disc-related diseases, carpal tunnel syndrome, osteoarthritis of the knee, rotator cuff syndrome and neuropathy due to chemical exposure.

<http://www.ncbi.nlm.nih.gov/pubmed/18311482>

MARQUES, Francisco. **Lipodistrofia semicircular: ¿estamos ante una nueva enfermedad profesional** Med. segur. trab. v.54 n.210 Madrid mar. 2008

**Resumen:** A menudo la Medicina del Trabajo se encuentra ante problemas de salud, nuevos o pocos conocidos, que generan una avalancha de quejas y reclamaciones. Cuando esto ocurre, me viene a la memoria el caso Ardystil. En aquella ocasión, tras 6 fallecidos y más de 70 afectados, era evidente que se tenía que reconocer que los graves efectos en la salud de las afectadas habían sido producidos por unas lamentables condiciones de trabajo, aunque la etiopatogenia de la grave fibrosis pulmonar ni era conocida. Por ello, el 30 de diciembre de 1993, la Secretaría General de la Seguridad Social, catalogó como enfermedad profesional el Síndrome Ardystil. Pero esta situación excepcional no debe tergiversar la aplicación del concepto de "enfermedad profesional". La lipoatrofia semicircular es un trastorno de la grasa subcutáneo, poco frecuente, idiopática (sin causa conocida), y cuya manifestación clínica consiste en la atrofia de una zona semicircular del tejido fino graso subcutáneo, situado, sobre todo, en el frente de los muslos, y mas raramente en las muñecas.

[http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S0465546X2008000100001&lng=es&nrm=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0465546X2008000100001&lng=es&nrm=iso&tlng=es)

SOUSA UVA, António de. **Enfermedades profesionales: nuevos desafíos en su prevención.** Med. segur. trab. v.54 n.210 Madrid mar. 2008

**Resumen:** Según estimaciones de la Organización Internacional del Trabajo (ILO, 2005) mueren 5.000 trabajadores por día por enfermedades relacionadas con el trabajo. Las enfermedades relacionadas con el trabajo, (UVA y GRAÇA, 2004) engloban situaciones de accidentes de trabajo, enfermedades profesionales, "la enfermedad relacionada con el trabajo" y enfermedades empeoradas por el trabajo. En todas las situaciones patológicas, los factores profesionales contribuyen, de alguna manera, a la etiología o el empeoramiento de las enfermedades (EUROPEAN AGENCY FOR SAFETY AND HEALTH AT WORK, 2004)...

[http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S0465546X2008000100002&lng=es&nrm=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0465546X2008000100002&lng=es&nrm=iso&tlng=es)

MARROQUI LOPEZ-CLAVERO, Carmen, SOLANO HERRERA, Isabel y RIESCO GARCIA, M<sup>a</sup> Isabel. **Plan de prevención de la alergia al látex en el área sanitaria de Ciudad Real.** Med. segur. trab., mar. 2008, vol.54, no.210, p.25-33. ISSN 0465-546X.

**Resumen:** Durante el año 2004 se instaura un Plan de Prevención de Alergia al Látex en el Área Sanitaria de Ciudad Real para cumplir con el Plan de Calidad del Servicio de Salud de Castilla la Mancha. Este plan se desarrollaría en tres vías de actuación y de forma simultánea, conteniendo medidas colectivas para intentar reducir el riesgo de sensibilización (formación e información de los trabajadores para el uso racional del guante y sustitución de los guantes de látex no estériles por vinilo o nitrilo), y medidas preventivas individuales tras la identificación, valoración y registro de los trabajadores alérgicos.

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000100005&lng=es&nrm=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000100005&lng=es&nrm=iso&tlng=es)

CONSTANS AUBERT, Angelina, ALONSO ESPADALE, Rosa M<sup>a</sup> y PEREZ NICOLAS, Joaquín. **Utilización de los equipos de protección individual frente al riesgo biológico por el personal sanitario.** Med. segur. trab., mar. 2008, vol.54, no.210, p.35-45. ISSN 0465-546X.

**Resumen:** El objetivo de este trabajo ha sido obtener información sobre el nivel de utilización de los equipos de protección individual (EPI) frente al riesgo biológico entre el personal que desarrolla su actividad profesional en centros sanitarios. Para ello se preparó un cuestionario, que previamente validado se aplicó a un colectivo de distintos centros sanitarios de Cataluña durante los años 2003/2004. La información obtenida en este estudio revela que la utilización de los EPI frente al riesgo biológico, entre el personal que desarrolla su actividad en centros sanitarios es elevada, aunque también evidencia que todavía es necesario corregir algunos de los procedimientos de trabajo que se siguen en dichos centros y que es necesario mejorar algunos puntos de la gestión; también es una asignatura pendiente una mejor formación e información de los trabajadores para una correcta utilización de los EPI. Finalmente, en el apartado correspondiente, se presenta una revisión exhaustiva de las Normas Técnicas relacionadas con los EPI, ropa de protección y calzado frente a microorganismos.

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000100006&lng=es&nrm=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000100006&lng=es&nrm=iso&tlng=es)

J.A. Brown. **An internet database for the classification and dissemination of information about hazardous chemicals and occupational diseases.** American Journal of Industrial Medicine, Volume 51, Issue 6 (p 428-435).

**BACKGROUND:** The amount of information about hazardous agents in the workplace exceeds the capacity of human memory. There is a need to accurately represent or map this scientific knowledge for digital storage and retrieval. **METHODS:** A relational database of hazardous chemicals and occupational diseases was constructed by first collecting and sifting through the large volume of information. The information was indexed with a controlled vocabulary and documented with references to the scientific literature. **RESULTS:** The evolving database is available on the website of the National Library of Medicine. It enables users to browse categories and query by pick lists. Users can drill down to find specific information that may be useful for intervention and prevention. **CONCLUSIONS:** The large amount of information needed to support decisions concerning occupational exposures and diseases can be distilled, classified, and summarized in a relational database and disseminated by means of the World Wide Web to assist in the prevention of work-related diseases.

<http://www3.interscience.wiley.com/journal/117932899/abstract?CRETRY=1&SRETRY=0>

ARES CAMERINO, A., SAINZ VERA, B., MARCHENA APARICIO, J.C. *et al.* **Las enfermedades neoplásicas como causa de la incapacidad permanente.** *Med. segur. trab.*, mar. 2008, vol.54, no.210, p.57-62. ISSN 0465-546X.

**Resumen:** El cáncer es la primera causa de mortalidad en hombres y la segunda en mujeres, tras las enfermedades cardiovasculares. Desde el punto de vista económico, los costes atribuibles a las enfermedades neoplásicas son principalmente indirectos (pérdida de productividad asociada a la mortalidad o a la incapacidad permanente). Analizando las incapacidades permanentes producidas en la Diputación Provincial de Cádiz en el período 1990-2005, que fueron un total de 208, se concluye, por orden de frecuencia, que las enfermedades neoplásicas se sitúan en tercer lugar (17,87%), precedidas de las enfermedades osteomusculares (24,15%) y de las enfermedades cardiovasculares (23,67%). En cuanto a la pérdida de años e vida laboral, las enfermedades neoplásicas ocupan el segundo lugar con 11,24 años, detrás de las enfermedades psiquiátricas con 14,18 años. Por sexos las causas de incapacidad permanente se distribuyeron por el siguiente orden decreciente. En mujeres: enfermedades osteomusculares (39,08%), enfermedades neoplásicas (19,54%) y enfermedades cardiovasculares (16,09%). En hombres: enfermedades cardiovasculares (28,93%), enfermedades neoplásicas (16,53%) y enfermedades osteomusculares (13,22%).

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000100008&lng=es&nr\\_m=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000100008&lng=es&nr_m=iso&tlng=es)

Cullinan P. **Occupational asthma.** *Occup Environ Med*, 2008; 65 : 151-151

**ABSTRACT:** There is a long and sometimes ignoble history of occupational diseases being normalised and/or wrongly attributed to factors outside the workplace. In 1919, for example, a local physician blamed the "black lung" of Appalachian coal miners on "housing conditions and hurtful forms of recreation".<sup>1</sup> Sixteen years later the disease was still considered "an ordinary condition that need cause no worry".<sup>2</sup> When occupational diseases are considered "natural", or are ascribed to characteristics of the worker or his domestic environment, then there is little incentive to improve working conditions. The last decade or so has seen a paradigm shift in our understanding of occupational asthma. It is no longer considered a disease that solely reflects

individual susceptibility; there is now a consistent body of evidence relating its incidence—at least at a population level—to the intensity of allergen exposure in the workplace. Thus, even if the details of exposure-response relations and their thresholds . . .

<http://oem.bmj.com/cgi/content/extract/65/3/151?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=PAUL+CULLINAN&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>

van Kampen V, Merget R, Butz M, Taeger D, Brüning T. **Trends in suspected and recognized occupational respiratory diseases in Germany between 1970 and 2005.** American Journal of Industrial Medicine, Volume 51 Issue 7, Pages 492 – 502. Epub 2008 May 19 May 8.

**Background:** Respiratory diseases represent a major proportion of occupational diseases in many countries. Little information is available about their incidences over the past several decades. **Methods:** Based on the reports of the three German federal accident insurance agencies, the numbers of suspected and recognized cases of occupational respiratory diseases between 1970 and 2005 were collected and combined. The trends in the rates per 100,000 insured workers were calculated. **Results:** In total, a decline in occupational respiratory diseases since 1998 could be observed. This trend is mainly based on the decrease in non-malignant respiratory diseases due to silica and obstructive airway diseases. In contrast, asbestos-induced diseases showed a leveling off or an increase (mesothelioma) during the last 10years. **Conclusions:** Although trends in occupational disease may be influenced by several factors, the presented data indicate that prevention has been effective in reducing some of the most frequent occupational respiratory diseases in Germany.

<http://www3.interscience.wiley.com/journal/119193318/abstract>

Bhatia K. **Occupational asthma in Australia.** Australian Institute of Health and Welfare.

**ABSTRACT:** Occupational asthma is a type of asthma where the cause is often acknowledged. Individuals at high risk of developing this disease include those with a family history of asthma, previous sensitisation to one or more allergens, exposure to tobacco smoke, and, most importantly, employment in a high-risk workplace.

<http://www.aihw.gov.au/publications/aus/bulletin59/bulletin59.pdf>

Greillier L, Astoul P. **Mesothelioma and asbestos-related pleural diseases.** Respiration. 2008; 76(1):1-15. Epub 2008 May 8.

**ABSTRACT:** At present, the use of asbestos is not regulated at a worldwide scale. Moreover, there is a latency period between asbestos exposure and the manifestations of asbestos-related diseases. Consequently, pulmonologists are still dealing with consequences of asbestos exposure, which mainly occur at the pleural surface. The aim of this review is to provide an overview of asbestos-related pleural diseases. We summarized the most relevant data for the diagnosis and the management of benign asbestos pleural effusions, pleural plaques, diffuse pleural thickening and rounded atelectasis. Special attention is dedicated to malignant pleural

mesothelioma, given the challenging issues of this disease, the recent advances in its management and the dynamism of research in this area. 2008 S. Karger AG, Basel.

<http://www.ncbi.nlm.nih.gov/pubmed/18583923>

Smits PB, de Boer AG, Kuijjer PP, Braam I, Spreeuwiers D, Lenderink AF, Verbeek JH, van Dijk FJ.. **The effectiveness of an educational programme on occupational disease reporting.** *Occup Med (Lond)*. 2008 Aug;58(5):373-5. Epub 2008 May 25.

**BACKGROUND:** Occupational diseases are under reported. Targeted education of occupational physicians (OPs) may improve their rate of reporting occupational diseases. **AIM:** To study the effectiveness of an active multifaceted workshop aimed at improving OPs' reporting of occupational diseases. **METHODS:** We undertook a comparative study with 112 OPs in the intervention group and 571 OPs as comparisons. The intervention was a 1-day workshop. Measurements of occupational disease reporting activity in both groups in 6-month periods before and after the intervention were collected via the national registration system. Measurements of OPs' knowledge, self-efficacy and satisfaction were made in the intervention group. Differences between the groups and predictive factors for reporting were subsequently analysed statistically. **RESULTS:** The percentage of reporting OPs after the intervention was significantly higher in the intervention group compared to the comparison group at 19 versus 11% ( $P < 0.01$ ). No differences were found in the average number of reported occupational diseases per reporting physician after the intervention: 3.7 (SD 5.37) versus 3.4 (SD 4.56) (not significant). The self-efficacy score was a predictive factor for reporting occupational diseases ( $P < 0.05$ ). Measurements of knowledge and self-efficacy increased significantly (both parameters  $P < 0.001$ ) and remained after half a year. Satisfaction was high (7.85 of 10). **CONCLUSIONS:** An active, multifaceted workshop on occupational diseases is effective in increasing the number of physicians reporting occupational diseases. Self-efficacy measures are a predictive factor for such reporting.

<http://occmmed.oxfordjournals.org/cgi/content/abstract/58/5/373>

ARAUJO, Tânia Maria de, REIS, Eduardo José Farias Borges dos, CARVALHO, Fernando Martins et al. **Factors associated with voice disorders among women teachers.** *Cad. Saúde Pública*, June 2008, vol.24, no.6, p.1229-1238.

**ABSTRACT:** This study aimed to identify risk factors for voice disorders (hoarseness in the previous six months as an initial manifestation, and vocal cord nodules as a more severe manifestation of overt disease) among teachers. The cross-sectional study included 747 women teachers from elementary and middle schools in the public school system in Vitória da Conquista, Bahia State, Brazil. Data were collected using a self-applied, standardized questionnaire. Hoarseness in the previous six months was reported by 59.2% of teachers and vocal cord nodules by 12.9%. Logistic regression techniques showed that hoarseness was statistically associated with  $\geq 24$  classroom hours per week, work in more than one school, and having to make an effort to speak. Vocal cord nodules were associated with working  $\geq 5$  years as a teacher, work in more than one school, working at another job besides teaching, and having to make an effort to speak. In conclusion, voice disorders are frequent among schoolteachers and are associated with multiple occupational risk factors, besides purely biological ones.

[http://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S0102311X2008000600004&lng=en&rm=iso&tlng=en](http://www.scielo.br/scielo.php?script=sci_abstract&pid=S0102311X2008000600004&lng=en&rm=iso&tlng=en)

Tania Linares; Dolores Hernandez; Borja Bartolome **Occupational rhinitis and asthma due to crickets**

Annals of Allergy, Asthma and Immunology, Vol. 100, No. 6, pp.566-569.

**Background:** Insects may cause airborne hypersensitivity reactions. However, few reports exist on specific allergy to crickets. **Objective:** To report a case of occupational rhinitis and bronchial asthma in a cricket farm worker. **Methods:** A 28-year-old woman developed rhinitis and bronchial asthma related to her job in a farm where she was exposed to crickets: *Gryllus campestris*, *Gryllus bimaculatus*, and *Acheta domestica*. Extracts were prepared from whole and crushed bodies and analyzed by sodium dodecyl sulfate-polyacrylamide gel electrophoresis. Skin prick tests, specific IgE assays (enzyme allergosorbent test [EAST], immunoblotting, EAST inhibition assays), serial peak expiratory flow monitoring at work, and specific (*A domestica*) and nonspecific bronchial challenge tests were performed. **Results:** Skin prick test results were positive for *G campestris*, *G bimaculatus*, and *A domestica*. Levels of specific IgE were 2.9, 2.4, and 5.4 kU/L, respectively. The total IgE level was 131 kU/L. Serial peak expiratory flow monitoring at work was consistent with occupational asthma. The result of a bronchial challenge test with *A domestica* was positive with a dual response and elicited an increase in nonspecific bronchial hyperresponsiveness. Sodium dodecyl sulfate-polyacrylamide gel electrophoresis immunoblotting revealed a similar pattern of IgE-binding bands with the 3 cricket extracts (bands of 78 and 64 kDa appeared in nonreducing conditions, whereas bands of 107 to 80, 58, and 52 kDa appeared in reducing conditions). None of these bands was detected by control sera. EAST inhibition studies showed a high degree of cross-reactivity among the 3 species. **Conclusion:** Crickets are responsible for occupational rhinitis and asthma by an IgE mechanism. Cross-reactivity among the crickets tested in our study was found.

<http://puck.annallergy.org/vl=16168003/cl=27/nw=1/rpsv/cw/acaai/10811206/v100n6/s11/p566>

Jouni Lohi, Pentti Kyyrönen, Timo Kauppinen, Veikko Kujala, Eero Pukkala. **Occupational exposure to solvents and gasoline and risk of cancers in the urinary tract among Finnish workers.** American Journal of Industrial Medicine. Volume 51 Issue 9, Pages 668 – 672. Published Online: 16 Jun 2008.

**Background:** Bladder cancer (BC) is generally considered as an occupational disease, and some chemical exposures may also be associated with renal cell cancer (RCC). The aim of this study was to estimate the risk of cancers of the urinary tract in relation to occupational exposure to solvents and gasoline. **Methods:** A cross-sectional cohort of all economically active Finns from the 1970 population census was followed up for BC (10,277 cases) and RCC (9,954 cases). Census occupations were assigned estimates of exposure to hydrocarbon (HC) solvents and gasoline with a job exposure matrix. Relative risk (RR) estimates were defined using Poisson regression models, adjusted for smoking and obesity. **Results:** Exposure to solvents was positively associated with the incidence of BC in women but not in men. The RR estimates were above 1.2 in nearly all exposure categories of all exposures studied but a statistically significant excess was only seen for middle levels of chlorinated HC solvents (1.7; 95% CI = 1.2-2.5) and a low level of aromatic HC solvents (1.6; 95% CI = 1.3-2.1). The RR estimates for RCC were close to unity in all categories of exposure. **Conclusions:** Our findings suggest that occupational exposure to certain solvents may have an impact on BC risk. The risk of RCC does not appear to be altered by exposure to HC solvents or gasoline.

<http://www3.interscience.wiley.com/journal/119878040/abstract>



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Klussmann A, Gebhardt H, Liebers F, Rieger MA. **Musculoskeletal symptoms of the upper extremities and the neck: A cross-sectional study on prevalence and symptom-predicting factors at visual display terminal (VDT) workstations.** BMC Musculoskeletal Disorders 2008, 9:96 (27 June 2008).

**Background:** The aim of this study was to determine the prevalence and the predictors of musculoskeletal symptoms in the upper extremities and neck at visual display terminal (VDT) workstations. **Methods:** In a cross-sectional study 1,065 employees working at VDT > 1 h/d completed a standardised questionnaire. Workstation conditions were documented in a standardised checklist, and a subgroup of 82 employees underwent a physical examination. **Results:** Using the Nordic Questionnaire, the 12-month prevalence of symptoms of the neck, shoulder region, hand/wrist, or elbow/lower arm was 55%, 38%, 21%, and 15% respectively. The duration of VDT work had a significant impact on the frequency of neck symptoms in employees performing such work > 6 h/d. **Conclusion:** With regard to musculoskeletal symptoms of the upper extremities, preventive measures at VDT workstations should be focused on neck and shoulder symptoms (e.g. ergonomic measures, breaks to avoid sitting over long periods).

<http://www.biomedcentral.com/1471-2474/9/96/abstract>

ALONSO ESPADALE, Rosa María, SOLANS LAMPURLANES, Xavier y CONSTANS AUBERT, Angelina. **Exposición laboral a hongos en una planta de procesamiento de café.** Med. segur. trab., jun. 2008, vol.54, no.211, p.31-37. ISSN 0465-546X.

El café verde, en función del tratamiento que recibe después de la cosecha, puede llegar a las plantas de procesamiento contaminado por hongos, pudiendo producir efectos sobre la salud de los trabajadores que manipulan café, principalmente en forma de reacciones alérgicas y enfermedades respiratorias. **Objetivos:** El objetivo de este estudio es determinar la concentración ambiental de hongos a los que están expuestos los trabajadores en las diferentes operaciones que se realizan en una planta de procesamiento de café. **Material y métodos:** Las muestras ambientales se obtuvieron por el método de impactación en placa con el equipo M Air T de Millipore. Se determinó la concentración de hongos totales y se identificaron los géneros fúngicos mayoritarios. **Resultados:** Se ha obtenido una concentración fúngica ambiental superior a 12000 ufc/m<sup>3</sup> durante las operaciones de descarga del café. Los géneros mayoritarios identificados han sido *Aspergillus* (*A. flavus*, *A. niger* y *A. ochraceus*), *Fusarium*, *Moniliella*, *Mucor*, *Rhizopus*, *Scopulariopsis* y *Syncephalastrum racemosum*. **Conclusión:** Los trabajadores de las plantas de procesamiento de café pueden estar expuestos a elevadas concentraciones ambientales de hongos durante las operaciones de descarga del café. Además, debido a la presencia de especies fúngicas toxigénicas, no se puede descartar una potencial exposición a las micotoxinas producidas por estos hongos.

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000200005&lng=es&nr\\_m=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000200005&lng=es&nr_m=iso&tlng=es)

JIMENEZ BAJO, L., FERNANDEZ GUARINO, M., DEL POZO POZO, A. I. *et al.* **Sensibilización a bisfenol A y bisfenol F en trabajadores expuestos a resinas epoxi.** Med. segur. trab., jun. 2008, vol.54, no.211, p.39-45. ISSN 0465-546X.

Las aplicaciones de las diferentes resinas epoxi basadas en bisfenol A y F son extensas. Las resinas epoxi basadas en bisfenol F son más nuevas y resistentes que las de bisfenol A, y ambas son causa conocida de dermatitis de contacto alérgica. Se estudian 39 casos de sensibilización a resinas epoxi en los últimos 5 años. Los resultados obtenidos son: prevalencia



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de sensibilización a resinas epoxi entre los pacientes estudiados del 2%, 27 varones y 8 mujeres, con una edad media de 42.77, un período de medio sensibilización de 23,8 meses. La sensibilización a bisfenol F desde que se incluye para las pruebas del parche en la batería de resinas epoxi es del 100% para los casos sensibilizados a la resina. La localización mayoritaria se dio en las manos, con una relevancia actual del 84%. Se recomendó un cambio de puesto en el trabajo al 46% de estos pacientes. El aumento de la sensibilización encontrada a bisfenol F puede explicarse por una sensibilización concomitante con bisfenol A, una declaración incorrecta de la composición de la resina o una reactividad cruzada de ambos.

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000200006&lng=es&nr\\_m=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000200006&lng=es&nr_m=iso&tlng=es)

RANCHAL SANCHEZ, Antonio y VAQUERO ABELLAN, Manuel. **Protocolo para la vigilancia de la salud del profesorado con atención a la enfermedad profesional.** Med. segur. trab., jun. 2008, vol.54, no.211, p.47-60. ISSN 0465-546X.

El docente es uno de los principales sectores laborales cuantitativa y cualitativamente, siendo esencial un nivel óptimo de salud laboral para realizar adecuadamente su tarea. Desde la entrada en vigor del Real Decreto 1299/2006, los "Nódulos de las cuerdas vocales a causa de los esfuerzos sostenidos de la voz por motivos profesionales" constituyen una enfermedad profesional en el profesorado, cuestión novedosa para este colectivo. El objetivo de este trabajo es la propuesta de un protocolo para la vigilancia de la salud del profesorado. Cuestión que surge tras realizar un estudio epidemiológico para conocer la forma de enfermar del profesorado de secundaria, a partir de una muestra representativa, considerando variables de salud laboral. Analizamos la patología más frecuente que aparece en la población encuestada, entre la que figura los trastornos de la voz, incluidos los nódulos de las cuerdas vocales. La importancia de diagnosticar esta enfermedad obliga a tenerla en cuenta en los reconocimientos médicos para la Vigilancia de la Salud realizados en el profesorado. De ahí que propongamos un protocolo para facilitar el examen de salud específico, así como una secuencia de actuación ante su posible diagnóstico.

[http://scielo.isciii.es/scielo.php?script=sci\\_abstract&pid=S0465546X2008000200007&lng=es&nr\\_m=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0465546X2008000200007&lng=es&nr_m=iso&tlng=es)

Spreeuwers D, de Boer AG, Verbeek JH, de Wilde NS, Braam I, Willemse Y, Pal TM, van Dijk FJ. **Sentinel surveillance of occupational diseases: A quality improvement project.** Am J Ind Med. 2008 Jul 23.

**BACKGROUND:** Occupational diseases are generally underreported. The aim of this study was to evaluate whether a sentinel surveillance project comprising motivated and guided occupational physicians would provide higher quality information than a national registry for a policy to prevent occupational diseases. **METHODS:** A group of 45 occupational physicians participated in a sentinel surveillance project for two years. All other occupational physicians (N = 1,729) in the national registry were the reference group. We compared the number of notifications per occupational physician, the proportion of incorrect notifications, and the overall reported incidence of occupational diseases. **RESULTS:** The median number of notifications per occupational physician during the project was 13.0 (IQR, 4.5-31.5) in the sentinel group versus 1.0 (IQR, 0.0-5.0) in the reference group (P < 0.001). The proportion of incorrect notifications was 3.3% in the sentinel group and 8.9% in the reference group (P < 0.001). The overall reported occupational disease incidence was 7 times higher (RR = 6.9, 95% CI: 6.5-7.4) in the sentinel group (466 notifications per 100,000 employee years) than in the reference group (67 notifications per 100,000 employee years). **CONCLUSIONS:** A sentinel surveillance group comprising motivated and guided occupational physicians reported a substantially higher

occupational disease incidence and a lower proportion of incorrect notifications than a national registry.

<http://www3.interscience.wiley.com/journal/120750231/abstract>

Burdorf A. **Asbestos and Its Diseases**. N Engl J Med 359:544, July 31, 2008 Book Review

**ABSTRACT:** Asbestos, a well-known carcinogen, is responsible for the dramatic increase in the incidence of pleural mesothelioma among men in Western countries in the past 40 years. This increase is a result of the substantial occupational exposure to asbestos throughout the workforce from the 1930s to the 1980s. The nature of the effects of asbestos on health is also one of the most controversial issues in occupational health, and in the rich body of scientific literature on the subject, almost any opinion possible has been documented. In this book, scientists with a long-standing history in asbestos research cover a broad variety . . .

<http://content.nejm.org/cgi/content/short/359/5/544>

Riitta Sauni, Paula Kauppi, Kristiina Alanko, Maj-Len Henriks-Eckerman, Matti Tuppurainen, Timo Hannu. **Occupational asthma caused by sculptured nails containing methacrylates**. American Journal of Industrial Medicine. Published Online: 13 Aug 2008

**Background** In recent decades, the use of artificial nails including methacrylates (MAs) has increased. This study presents the first two clinical cases of occupational asthma (OA) caused by sculptured nails containing MAs. **Methods** In both cases, OA was diagnosed on the basis of a work simulation test combined with the patient's history of occupational exposure and respiratory symptoms. **Results** Both patients developed work-related respiratory symptoms 4-5 years before the current examinations. Previously, the first patient (a 30-year-old female) was diagnosed as having allergic contact dermatitis (ACD) to MAs; the second patient (a 27-year-old female) had no skin symptoms. In both cases, a dual asthmatic reaction was observed in the bronchial provocation test, in which the patients simulated their work using their own products including MAs. **Conclusions** Sculptured nails containing MAs can induce OA in nail technicians. Products not containing MAs should be used to prevent OA and ACD. If MAs are used, they should be handled with appropriate safety measures.

<http://www3.interscience.wiley.com/journal/121377884/abstract>

B G Armstrong, A Darnton. **Estimating reduction in occupational disease burden following reduction in exposure**. Occupational and Environmental Medicine 2008;65:592-596.

**BACKGROUND/OBJECTIVE:** Many occupational exposures causing disease cannot feasibly be eliminated entirely, but policies that reduce the exposures may be under consideration. This paper sets out to clarify how to estimate the reduction in occupational disease following a reduction in exposure, and shows a real-data illustration for doing this. **METHODS:** Modest extensions of standard expressions for attributable fractions permit estimation of fractions by which cases would be reduced by policies that do not eliminate exposure but change exposure

distributions. However, this requires information on the exposure-response relation and on distribution of exposures. **RESULTS:** From hypothetical scenarios and a real example this paper explores how attributable cases are distributed by exposure level and, in particular, the proportion by which attributable cancers are reduced by eliminating exposures above a limit (the classic occupational limit regulation). It shows how this depends on the shape of the exposure-response relation and to some extent the shape of the exposure distribution, as well as on the proportion exposed above the limit. For linear no-threshold relations and left-skewed exposure distributions, the majority of the burden may be in a large number of people experiencing small relative risks, and thus may not be tackled by a strategy to reduce exposures above a certain limit. **CONCLUSION:** With appropriate data, estimating the disease burden in terms of the distribution of exposure is straightforward and can help to clarify the likely outcome of an intervention.

<http://oem.bmj.com/cgi/content/abstract/65/9/592>

Silverstein BA, Bao SS, Fan ZJ, Howard N, Smith C, Spielholz P, Bonauto D, Viikari-Juntura E. **Rotator Cuff Syndrome: Personal, Work-Related Psychosocial and Physical Load Factors.** J Occup Environ Med. 2008 Sep;50(9):1062-1076.

**OBJECTIVE:** To identify factors associated with rotator cuff syndrome (RCS) among active workers. **METHODS:** Seven hundred thirty-three workers in 12 worksites participated in a cross-sectional study with individual structured physical and psychosocial health interviews, physical examinations, and exposure assessments of biomechanical factors. Work organization, including job content or structural constraints, was assessed at the departmental level. Multivariable logistic modeling was used. **RESULTS:** Fifty-five subjects (7.5%) had RCS. Cases were more likely to report low job security ( $P < 0.04$ ) and to have very high job structural constraints ( $P < 0.03$ ). Age and body mass index were marginally significant. Upper arm flexion  $\geq 45$  degrees  $\geq 15\%$  of time and either duty cycle of forceful exertions  $\geq 9\%$  time (odds ratio = 2.43, 95% CI = 1.04 to 5.68) or forceful pinch  $>0\%$  [odds ratio = 2.66, 95% CI = 1.26 to 5.59] were significant risk factors. **CONCLUSIONS:** Long duration of shoulder flexion and forceful exertion (especially pinch) in a job are significant risk factors for RCS. Work organization may impact physical and psychosocial exposures and should be further explored.

<http://www.joem.org/pt/re/joem/abstract.0004376420080900000011.htm;jsessionid=LRncHIW GyyYLYkDPqg7qLHG4xnnvFrb2hVjYm45yNZDKYNLJhWX!1589587030!181195629!8091!-1>

Erisela Qerama, Helge Kasch, Anders Fuglsang-Frederiksen. **Occurrence of myofascial pain in patients with possible carpal tunnel syndrome – A single-blinded study.** European Journal of Pain.2008 Sep 9.

**BACKGROUND:** There exists some similarity between symptoms of carpal tunnel syndrome (CTS) and myofascial pain related to trigger points (TPs) in the infraspinatus muscle. **AIM:** The aim was to examine what proportion of patients referred with a clinical suspicion of CTS had myofascial pain in the infraspinatus muscles and how their occurrence was related to the outcome of nerve conduction studies (NCS). **METHODS:** We examined the occurrence of CTS and of TPs in infraspinatus muscles in a cohort of patients suspected for CTS and referred to the Department of Clinical Neurophysiology, Aarhus University Hospital from October 2003 to February 2004. Patients underwent electrodiagnostic studies of the median and ulnar nerves. Additional tests were performed if necessary. Patients were examined for TPs by a blinded examiner immediately after NCS. **RESULTS:** We included 335 patients (202 females; 133

males, mean age 46). Two hundred one patients (60%) had abnormal NCS indicating CTS. Fifteen patients (4%) had other electrodiagnostic abnormalities. One hundred nineteen patients (36%) had normal NCS. Forty nine percent (58 out of 119) of the subjects with normal NCS had TPs in the infraspinatus muscles whereas only 26% (53 out of 201) of the patients with abnormal NCS indicating CTS had TPs. Likewise, 26% (4 out of 15) of the patients with other electrodiagnostic abnormalities had TPs. **Conclusions:** Approximately one third of patients referred with a clinical suspicion of CTS had TPs in the infraspinatus muscles. This occurrence was higher in the group with normal NCS than in the group with abnormal NCS indicating CTS. When CTS is suspected clinically, physicians must be aware of TPs in the infraspinatus muscles as a possible cause of the symptoms; thus, NCS are important in these patients.

[http://www.europeanjournalpain.com/article/S1090-3801\(08\)00168-7/abstract](http://www.europeanjournalpain.com/article/S1090-3801(08)00168-7/abstract)

García AM, Gadea R. **Estimaciones de incidencia y prevalencia de enfermedades de origen laboral en España.** Aten Primaria. 2008 Sep;40(9):439-45.

**Objetivo.** Estimar el impacto de las enfermedades laborales en España en términos de incidencia y prevalencia, y compararlo con las notificaciones realmente efectuadas. **Diseño.** Se obtienen datos de incidencia y prevalencia procedentes de estudios llevados a cabo en España y en otros países y basados en investigaciones epidemiológicas, en sistemas de vigilancia centinela de enfermedades laborales y en encuestas a muestras representativas de trabajadores. **Participantes.** Los datos de incidencia y prevalencia obtenidos en estos estudios se aplican al conjunto de la población ocupada en España en 2006. Emplazamiento. España, 2006. Mediciones principales. Incidencia y prevalencia de enfermedades y alteraciones de origen laboral (incluyendo enfermedades osteomusculares, enfermedades de la piel, enfermedades respiratorias, alteraciones mentales o tumores malignos, entre otras). **Resultados.** Se estima que en el año de estudio se produjeron en España una media de 87.856 enfermedades relacionadas con el trabajo, la mayoría enfermedades osteomusculares (30.757 casos incidentes estimados) y de la piel (12.481 casos). Además, según nuestras estimaciones, en 2006 se diagnosticaron en España 9.153 casos de enfermedades respiratorias, 8.205 casos de alteraciones mentales y 6.082 tumores malignos relacionados con exposiciones a riesgos laborales. Un total de 999.591 trabajadores y 1.007.862 trabajadoras presentaron en dicho año alguna enfermedad o problema de salud relacionado con el trabajo; las más frecuentes han sido las enfermedades osteomusculares y las alteraciones psicológicas. **Conclusiones.** El impacto de las enfermedades laborales podría ser muy superior al que reflejan los datos del registro oficial de enfermedades profesionales. Es necesario hacer visible este problema para atender y prevenir adecuadamente las enfermedades de origen laboral en la población

[http://www.elsevier.es/revistas/ctl\\_servlet? f=7012&articuloid=13126417](http://www.elsevier.es/revistas/ctl_servlet? f=7012&articuloid=13126417)

Alicia L. Salvatore, Asa Bradman, Rosemary Castorina, José Camacho, Jesús López, Dana B. Barr, John Snyder, Nicholas P. Jewell, Brenda Eskenazi. **Occupational behaviors and farmworkers' pesticide exposure: Findings from a study in monterey county, California.** American Journal of Industrial Medicine. Volume 51, Issue 10, Date: October 2008, Pages: 782-794.

**Background** We studied the relationship between behaviors promoted through the US Environmental Protection Agency Worker Protection Standard (WPS) and other programs and agricultural pesticide exposures in 73 strawberry fieldworkers employed in Monterey County, California. **Methods:** Farmworkers' behaviors were assessed via self-report and organophosphorus (OP) pesticide exposure was measured using dimethyl alkylphosphate (DMAP) and malathion dicarboxylic acid (MDA) urinary metabolite levels. **Results:** Wearing WPS-recommended clothing, wearing clean work clothes, and the

combination of handwashing with soap and wearing gloves were associated with decreases in DMAP and MDA metabolite levels. Despite these protective behaviors, however, participants had significantly higher levels of exposure as compared with a national reference sample. **Conclusions:** Interventions that facilitate compliance with these behaviors may be effective in decreasing fieldworkers' pesticide exposures. However, further efforts are needed to reduce the exposure disparities experienced by farmworkers and decrease the potential for "take home" exposures to farmworkers' families

<http://www3.interscience.wiley.com/journal/121377879/abstract>

Snezana Milacic. **Health investigations of depleted uranium clean-up workers.** Med Lav 2008; 99, 5: 366-370.

**Background:** The soil contaminated by depleted uranium (238U) ammunition during the NATO bombing of Serbia and Montenegro was cleaned-up for four months in 2002. A team of 11 clean-up workers (expert members) were medically examined three times: before decontamination as a preliminary medical check-up, immediately after decontamination, and four years after cleaning up contaminated ground. **Objectives:** This short report presents investigations and health risk assessments of clean-up workers in radioactive decontamination operations and an assessment of the environmental health perspectives for citizens living in surrounding areas. **Method:** The method of initial health disorders was used, analyzing the most sensitive biological materials, such as blood cells or chromosome damage, DNA strand breaks, radio-toxicological examination of urine. **Results:** The total number of blood cells did not change, but variations of the relative number (percentage) of cells in the leukocyte formula were observed. The total number of DNA alterations was higher immediately after decontamination than before decontamination. Four years after decontamination the number of DNA alterations had decreased. However, the number of damaged cells (lymphocytes containing chromosome lesions) was higher in both medical examinations, immediately after and four years after decontamination. **Conclusions:** Disease or tumours due to 238U did not develop in the group of depleted uranium clean-up workers during the investigation period of four years. Further monitoring of haematological and chromosomal effects and the health condition of workers is necessary.

<http://www.lamedicinadellavoro.it/>

S. Nicoletti, N. Beat. **Repeated movements of the upper limbs: considerations on the latency time effects** - Upper limb work-related musculoskeletal disorders (UL-WMSDs) and latency of effect - Med Lav 2008; 99, 5: 352-361. Article in Italian.

**Background:** Trends in work-related upper limb musculoskeletal disorders appear to be in constant increase in industrialized countries. In Europe claims and compensation for these disorders have significantly increased. **Objective:** The aim of this study was to investigate the temporal relationship between the beginning of occupational exposure to repetitive movements and exertions of upper limbs, assessed through the OCRA index, and the manifestation of the disorders. **Methods:** Clinical and questionnaire information about 557 cases of UL-WMSDs in the upholstered furniture industry were analyzed in order to investigate the mean latency period of the disorders and to verify to what extent different levels of exposure influence the latency time. **Results and Conclusions:** The latency of UL-WMSDs is influenced by the level of exposure to risk, measured by means of the OCRA index. Shorter latency times were found for wrist/hand tendonitis, with a mean latency time of 5,4 years and with a greater sensitivity to the level of exposure assessed with the OCRA index value. This might support a sort of predictive value with reference to other UL-WMSDs with longer latency. Probably a latency period of 12 years may be suggested as the cut-off limit to assess a causal relationship between tendon or

canalicular WMSDs and occupational exposure to repetitive movements and exertions of upper limbs.

<http://www.lamedicinadellavoro.it/>

Thomsen JF, Gerr F, Atroshi I. **Carpal tunnel syndrome and the use of computer mouse and keyboard: A systematic review.** BMC Musculoskeletal Disorders 2008, 9:134 (6 October 2008).

**Background:** This review examines evidence for an association between computer work and carpal tunnel syndrome (CTS). **Methods:** A systematic review of studies of computer work and CTS was performed. Supplementary, longitudinal studies of low force, repetitive work and CTS, and studies of possible pathophysiological mechanisms were evaluated. **Results:** Eight epidemiological studies of the association between computer work and CTS were identified. All eight studies had one or more limitation including imprecise exposure and outcome assessment, low statistical power or potentially serious biases. In three of the studies an exposure-response association was observed but because of possible misclassification no firm conclusions could be drawn. Three of the studies found risks below 1. Also longitudinal studies of repetitive low-force non-computer work (n = 3) were reviewed but these studies did not add evidence to an association. Measurements of carpal tunnel pressure (CTP) under conditions typically observed among computer users showed pressure values below levels considered harmful. However, during actual mouse use one study showed an increase of CTP to potentially harmful levels. The long term effects of prolonged or repeatedly increased pressures at these levels are not known, however. **Conclusion:** There is insufficient epidemiological evidence that computer work causes CTS.

<http://www.biomedcentral.com/1471-2474/9/134>

Ozge Cemiloglu Ulker, Berran Yucesoy, Ozgur Demir, Ishak Ozel Tekinand Asuman Karakaya. **Evaluation of antioxidant enzyme levels as biological markers at different stages of pneumoconiosis in coal workers.** Toxicology Letters Volume 180, Supplement 1, 5 October 2008, Page S219

**Abstract:** Coal workers' pneumoconiosis (CWP) which is an occupational pulmonary disease that occurs by chronic inhalation of coal dust is divided into two stages depending on the extent of the disease as simple pneumoconiosis (SP) and progressive massive fibrosis (PMF).

[http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6TCR-4T5SYB3WC&\\_user=705994&\\_rdoc=1&\\_fmt=&\\_orig=search&\\_sort=d&view=c&\\_version=1&\\_urlVersion=0&\\_userid=705994&md5=ec157c9c0636a359f9670418d66c18a3](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TCR-4T5SYB3WC&_user=705994&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_version=1&_urlVersion=0&_userid=705994&md5=ec157c9c0636a359f9670418d66c18a3)

İnce N, İşsever H, İnce H, Özyildirim B, Işık E, Hapçioğlu B, Özdilli K, Akçay M E, Çalاک B, Ağkoç N **Hypertension in leather tanning workers working in İstanbul, Turkey.** Singapore Med J. 2008 Nov;49(11):874-8.

**INTRODUCTION:** Leather tanning may result in various occupational diseases. The aim of this study was to compare the relation between blood pressure levels and vocations in leather tanning. **METHODS:** Our study was conducted in Turkey's leading leather process plant located in Tuzla organised industry zone, between March 11 and May 30, 2005. All leather plants that

consented to participate in our study were included. The blood pressure, height and weight of the workers were measured. Their ages, educational levels, smoking habits and hypertension history were obtained via interviewing the subjects. The relation between three main factors, i.e. age, body mass index (BMI), working period, and hypertension were analysed through multiple logistic regression analysis. **RESULTS:** 40.4 percent (295) of 730 workers' blood pressure values were found to be within normal limits. 59.6 percent (435) were found to be hypertensive. The hypertension correlation remained significant, along with BMI and their working period (p-values were 0.0001 and 0.035, respectively). **CONCLUSION:** Our study demonstrated that BMI and working period have a key influence on the increased risk of hypertension, which leads us to consider the importance of occupational exposure. Different hypertension studies to be conducted in various occupational fields would likely be able to confirm our findings.

<http://smj.sma.org.sg/4911/4911a3.pdf>