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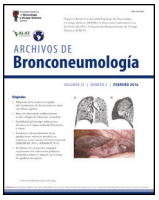

Clinical Image

Splenic Silicosis

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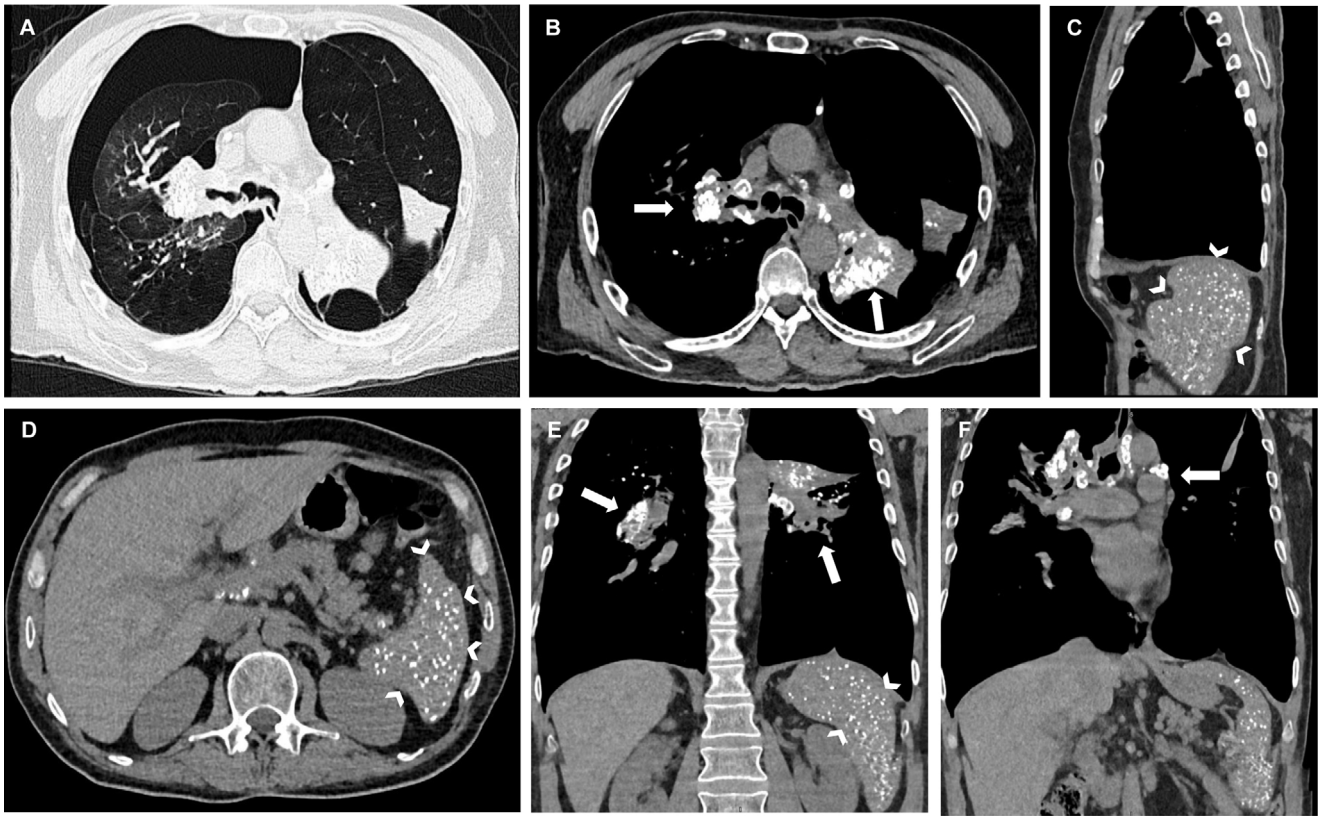

Fig. 1. Chest CT scans in coronal and axial views. (Panel A) Right pneumothorax observed. (Panels B and E, arrows) show the presence of bilateral irregular calcified masses located in the hilar regions. (Panels B and F, arrows) Multiple "eggshell" calcifications of mediastinal lymph nodes. (Panels C–E arrowheads) Diffuse microcalcifications in the spleen.

A 46-year-old man, who had worked as a sculptor for 30 years and had never smoked, was referred to the emergency department with a two-month history of productive cough, pleuritic chest pain, and progressive dyspnea. Physical examination revealed respiratory distress and digital clubbing. Laboratory tests—including complete blood count, renal function, and immunoglobulin levels—were within normal limits. High-resolution computed tomography (HRCT) of the chest revealed a right-sided pneumothorax, irregular bilateral hilar masses (Panels A and E, arrows), and mediastinal lymphadenopathy with eggshell calcifications (Panels B and E, arrows). Diffuse punctate calcifications were also observed in the spleen (Panels C and D, arrowheads). Tests for human immunodeficiency virus, histoplasma antigen, mycobacterial cultures, and GenXpert were negative. The clinical–radiological diagnosis of chronic silicosis with splenic involvement, a rare extrapulmonary manifestation, was established [1,2]. This presentation is associated with intense and prolonged exposure to

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silica [3,4]. The patient underwent right-sided chemical pleurodesis and started bronchodilator therapy. At follow-up, he remained clinically stable, required supplemental oxygen, and had no recurrence of pneumothorax (Fig. 1).

Author's contributions

All authors have participated equally in the preparation, writing and revision of the manuscript.

Informed consent

Informed consent has been obtained from the patient.

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Conflicts of interest

The authors state that they have no conflict of interests.

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