



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

SILICA AND ERASMUS SYNDROME: THE PRIMARY ROLE OF OCCUPATIONAL MEDICINE IN PREVENTION

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Introduction: Erasmus syndrome refers to the association of progressive systemic sclerosis with silica exposure, with or without silicosis. This association is in fact infrequent, observed especially in minors; also its occurrence in a digger after a period of relatively short exposure is exceptional and prompted us to report this observation

Methods: The 57-year-old HM patient worked as a traditional and occasional digger for eight years, with a history of pulmonary tuberculosis treated in 2001. For 5 years the patient had developed mucocutaneous and poly visceral lesions compatible with systemic scleroderma in his particular form called CREST

Other lesions are mainly osteoarticular to arthritis, distal interphalangeal ankylosis and osteoporosis.

Two years later, this patient had respiratory disorders such as exertional dyspnoea, dry cough, and pulmonary miliary objectivized to standard chest X-ray with calcified mediastinal adipose hulls with occupational exposure. the tomodensitometric aspects (an advanced interstitial syndrome with calcification of mediastinal lymphadenopathy) and functional respiratory function (restrictive syndrome-type ventilatory disorders) and the absence of arguments in favor of another cause favored a silicosis classified according to the International Labor Office (ILO) in category 3 Q ES.

Discussion: This patient has had clinical and clinical investigation of silicosis, clinical, paraclinical aspects were compatible with Erasmus syndrome.

Conclusion: The Erasmus syndrome remains a formidable affection for which no curative treatment is currently available; it is necessary to underline the interest of an effective prevention of the risk of exposure to silica and its manifestations systemic scleroderma and silicosis.

Keyword: Erasmus syndrome, Silice, systemic scleroderma

