

## CORRESPONDENCE

# Five-year follow-up of Algerian victims of the "Ardystil syndrome"

To the Editor:

In the February 1998 issue of the *European Respiratory Journal*, ROMERO *et al.* [1] reported on an outbreak of organizing pneumonia in textile printing workers in Spain. In an accompanying editorial [2], it was mentioned that this occupational disaster had also affected workers in Algeria [3]. It was also pointed out that this form of organizing pneumonia was unusual in that a substantial proportion of affected subjects died (six in Spain and one in Algeria) or appeared to have developed lung fibrosis [1, 4].

Although the disease could not be documented so well in Algeria, we do have 5-yr follow-up data on three (B–D) out of the four surviving patients who presented initially [3]. The fourth subject (E) who was also the least affected, married and could not be contacted.

All three patients still complain of asthenia and dyspnoea (grade 2 in subject B, grade 1 in the other two), chest pain and dry cough (permanent in subject B), and they have crepitations at auscultation. Figure 1 presents the chest radiographs of subject C at presentation (1993), and in 1994 and July 1997. In patients B and C, the alveolar–interstitial lesions progressively cleared, but in 1997, increased bronchial and interstitial shadows could be noted; in subject B, the distribution of the lesions appeared to be quite asymmetrical, while subject C developed a more prominent pulmonary artery arc. In subject D who had only limited radiological abnormalities at presentation, the chest radiograph remained normal.

With regard to ventilatory function, table 1 shows that in subjects B and C who had very poor spirometric values in 1993 and 1994, there was a substantial improvement, but mild restrictive impairment (low forced vital capacity (FVC) with increased forced expiratory volume in one second (FEV<sub>1</sub>)/FVC ratio) was still present in 1998. In subject D ventilatory function was mildly obstructive in 1993, and FVC, but not FEV<sub>1</sub>, decreased slightly with time. None of the patients received any specific treatment.

We conclude from these follow-up observations in a limited number of victims of the Ardystil syndrome that the spontaneous evolution of the disease over the course of 5 yrs is favourable, with radiological and functional improvement, but without a complete return to normality and with evidence of fibrotic lung disease. Unfortunately a more complete evaluation of these patients using state-of-the-art functional, radiological and other means is not possible at present.

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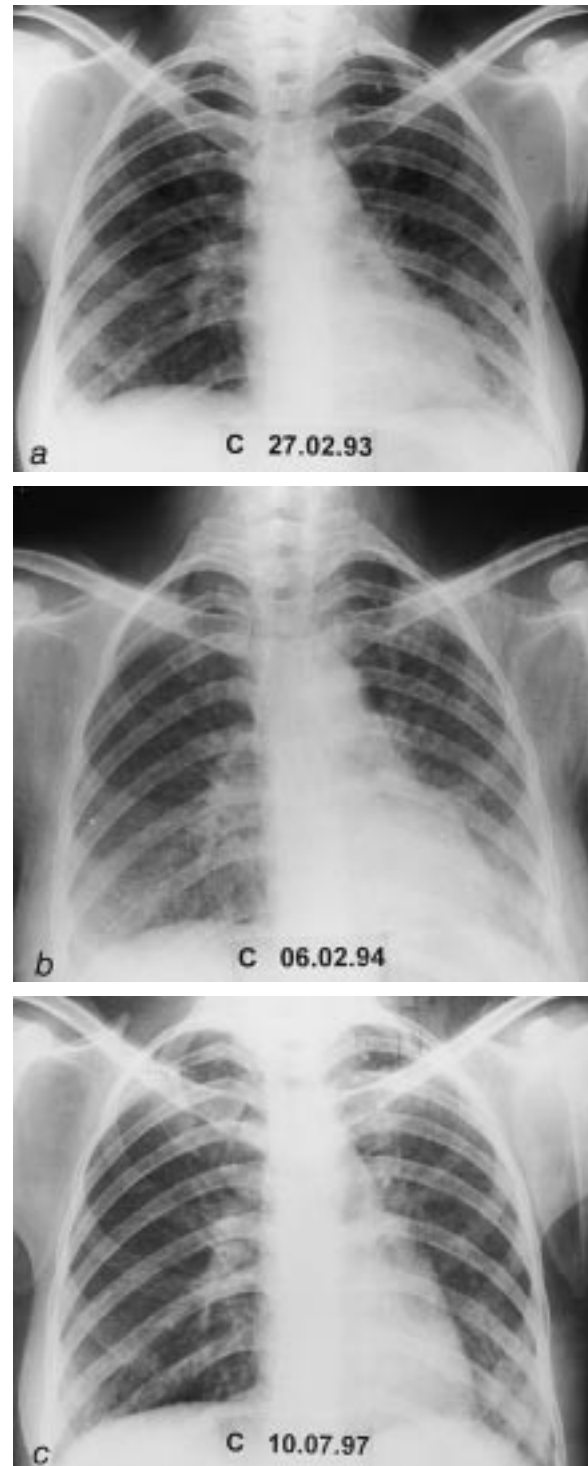


Fig. 1. – Successive chest radiographs for patient C at: a) presentation; b) 1 yr later; and c) 4.5 yrs later.

Table 1. – Functional characteristics of five textile workers on admission (February/March 1993) and 1, 2.5 and 5 yrs later

Subject No.	Age in 1993 yrs	Spirometry 1993		Spirometry 1994		Spirometry August 29, 1995		Spirometry April 13, 1998	
		FVC	FEV <sub>1</sub>	FVC	FEV <sub>1</sub>	FVC	FEV <sub>1</sub>	FVC	FEV <sub>1</sub>
A	19	Not done		Deceased					
B	22	0.68 (19)	0.64 (20)	1.00 (27)	0.89 (28)	1.53 (43)	1.21 (39)	2.30 (66)	2.25 (75)
C	22	0.71 (22)	0.57 (20)	0.73 (23)	0.68 (24)	1.58 (48)	1.44 (51)	2.20 (71)	2.19 (81)
D	23	2.87 (80)	2.08 (67)	2.66 (75)	1.84 (59)	2.52 (72)	2.10 (69)	2.35 (69)	1.96 (66)
E	26	3.10 (87)	2.69 (86)	3.14 (91)	2.73 (91)		No follow-up available		

Data from 1993 and 1994 have been published previously [3]. Data presented as L (% pred). Predicted values are those of Quanjer. FVC: forced vital capacity; FEV<sub>1</sub>: forced expiratory volume in one second.

#### References

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