COMPARATIVE STUDY OF OCCUPATIONAL DERMATOSES AMONG WORKERS IN CEMENT INDUSTRY AND CONSTRUCTION WORKERS

A Thesis

Submitted as a partial fulfillment for the M.D. Degree in Industrial Medicine and Occupational Health

Ву

Mohamed Salah Ibraheem Gabal

Department of Community, Environmental and Occupational Medicine

616.5 M.5

Supervised by

Prof. Dr. M. Abdel-Rahiem Abd-Allah
Department of Dermatology
Venereology

Faculty of Medicine Ain Shams University

Prof. Dr. Aly A. E. Massoud Vice Dean of Post-Graduate Studies & Research

> Faculty of Medicine Ain Shams University

> > Dr. Ahmed Hussein Abdel-Karim

Assistant Prof. of Occupational Health National Research Center

FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY

(1985)

ACKNOWLEDGMENT

It is a real pleasure to express my sincere gratitude and cordial thanks to professor Dr. **Aly A. E. Massoud**, Vice dean of post-graduate studies and research, Faculty of Medicine, Ain Shams University for his helpful guidance, constant encouragement and supervision all through this study.

I wish to express my deepest gratitude and sinserest thanks to professor Dr. M. Abdel-Rahiem Abd-Allah, Department of Dermatology and Venereology, Faculty of Medicine, Ain Shams University, For his immeasurable help, generous and real assistance in preparing and writing every word in this thesis.

I would like also to express my thanks to Dr. Ahmed Abdel Karim, Assistant Professor of occupational health, National research center for his continuous help during this work.

My deep gratitude goes to Professor Dr. **Rifky Faris**, Head of the Department of Community, environmental and occupational medicine, for his suggestions, guidance and constant help.

I feel greatly indebted and exteremly grateful to Dr. Hussien Abdel Daiem, Lecturer in the Department of Dermatology and Venereology for his useful help.

I express my thanks to Dr. **Mohsen Abdel Hamid,** Lecturer in the Department of Community, environmental and occupational medicine, for supervising the statistical analysis of this work.

 $\,$ I would like also to thank all the members of the department of community environmental and occupational medicine for their continous co-operation.

Finally I should not forget to thank every person who freely cooperated with me to make this work possible especially Mr. Fouad Emmara, Mr. El-Fouly, Mr. M. Ibrahiem and Mr. El-Khateeb.



TO MY WIFE AND DAUGHTERS

CONTENTS

INTRODUCTION	Page
INTRODUCTION	1
REVIEW OF LITERATURE	3
- Historical review	3
- Epidemiology of occupational dermatoses	8
- Prevalence of occupational dermatoses	8
- Risk factors in occupational dermatoses	13
- Genetic factors	13
- Environmental factors	23
- Indirect factors	26
- Direct causes of occupational dermatoses	
- Mechanical causes	37 38
- Physical causes	38
- Plant poisons and woods	39
- Biological causes	39
- Chemical causes (contact dermatitis)	41
- Irrtant dermatitis	42
- Allergic contact dermatitis	50
- Mechanism of action	51
- Complications of allergic contact dermatitis	64
- Histopathology of contact dermatitis	66
Diagnosis of occupational dermatoses	
- History of eruption	72
- Site of eruption	72
- Site of eruption Appearance of eruption	74
- Course of eruntion	75
- Course of eruption Patch tests	76
- Indications	76
- Patch test unit	77
- Patch test unit	78
- The allergen Diluents	84
	25

- Amount	
- Storage of allergens	86
- Storage of allergens	86
- Nature of the allergen	87
- Site of application	89
- Exposure time	91
- Techniques of patch tests	93
- Interpretation and recording results	96
- Complications	103
Comput	106
- Cement	108
- Manufacture of portland cement	112
- Chemical composition	116
observations with exposure to cement	125
- Clinical features	128
- Pathogenesis of cement dermatitis	134
- Medicolegal aspects of occupational dermatoses	145
- The medical and social fate of the dichromate allergic patient	157
- Prevention of dermatoses due to cement	165
- Control	175
AIM OF THE WORK	185
MATERIALS AND METHODS	186
RESULTS	
DISCUSSION.	207
SUMMARY AND CONCLUSION	258
SUMMARY AND CONCLUSION	282
RECOMMENDATIONS	287
REFERENCES	289
APPENDICES	324
ARABIC SUMMARY	JE7
	-

LIST OF TABLES

- Table 1: Prevalence of cement dermatitis as an occupational disease.
- Table 2: Prevalence of cement dermatitis in cement
 industry and construction workers dealing
 with cement.
- Table 3: Prevalence of chromate sensitivity in patients with cement dermatitis.
- Table 4: Distribution of examined workers in the cement factory according to their jobs.
- Table 5: Distribution of examined construction workers according to their jobs.
- Table 6: Distribution of occupational dermatoses among workers in the cement factory according to their jobs.
- Table 7: Distribution of occupational dermatoses among construction workers according to their jobs.
- Table 8: Distribution of cement dermatitis among construction workers and workers in the cement factory.
- Table 9: Distribution of cement dermatitis among workers in the cement factory.
- Table 10: Distribution of cement dermatitis among construction workers.

(Cont.) LIST OF TABLES

- Table 11: Distribution of cement dermatitis according to age group among workers in the cement factory
- Table 12: Distribution of cement dermatitis according to age group among construction workers.
- Table 13: Distribution of cement dermatitis according to duration of exposure among workers in the cement factory.
- Table 14: Distribution of cement dermatitis according to duration of exposure among construction workers.
- Table 15: Comparison of the time of onset of cement dermatitis (Latency period) among workers in the cement factory and construction workers.
- Table 16: Localization of cement dermatitis among workers in the cement factory.
- Table 17: Localization of cement dermatitis among construction workers.
- Table 18: Cement dermatitis versus skin colour of the examined workers.
- Table 19: Distribution of cement dermatitis among different levels of education of the examined workers.
- Table 20: Distribution of cement dermatitis according to hyperhidrosis among examined workers.

(Cont.) LIST OF TABLES

- Table 21: Distribution of cement dermatitis among examined workers according to hairiness of the skin.
- Table 22: Distribution of cement dermatitis among examined workers according to their personal history of allergy.
- Table 23: Distribution of cement dermatitis among examined workers according to their family history of allergy.
- Table 24: Distribution of cement dermatitis among the examined workers according to their use of skin protectives.
- Table 25: Distribution of cement dermatitis among examined workers according to their bathing habbits.
- Table 26: Distribution of cement dermatitis according to the use of protective clothes.
- Table 27: Patch test reactions of cases with cement dermatitis among the examined workers to different testing materials.
- Table 28: Patch test reactions of clinically free workers to different testing materials.
- Table 29: Prevalence of chromate sensitivity among patients with cement dermatitis and workers with normal skin.
- Table 30: Prevalence of positive reactions to crude cement among patients with cement dermatitis and workers with normal skin.

(Cont.)

LIST OF TABLES

- Table 31: Comparison of positive reactivity of patients with cement dermatitis to potassium dichromate and crude cement.
- Table 32: Reaction of clinically free subjects with a past history of dermatitis and those without a past history.
- Table 33: Dust levels in different parts of the cement
 factory.
- Table 34: Trace elements in different samples (%).

LIST OF FIGURES

- Figure 1: A plasterer plasting the walls while he is holding the plate on his bare left forearm.
- Figure 2: A bricklayer.
- Figure 3: Floor tile layer.
- Figure 4: Concreters.
- Figure 5: Cement dermatitis on both forearms.
- Figure 6: Cement dermatitis of the feet.
- Figure 7: Cement dermatitis of the neck.
- Figure 8: Cement dermatitis of the face (worker beside mills).
- Figure 9: Cement dermatitis of the ant. abd. Wall(cement packer).
- Figure 10: Early callosity of left shoulder.
- Figure 11: Advanced callosity of left shoulder (hod carrier)
- Figure 12: Callosity of the palms.
- Figure 13: Callosity of the sole.
- Figure 14: A concreter wearing a below knee protective rubber wear.
- Figure 15: Negative patch test results.
- Figure 16: Positive patch test reaction to potassium dichromate solution (0.5%).
- Figure 17: Positive patch test reaction to crude cement.
- Figure 18: Positive patch test reactions to dichromate and crude cement.

LIST OF GRAPHS

- Graph 1: Pie chart showing percentages of cement dermatitis cases to the total cases among different jobs in the cement factory.
- Graph 2: Pie chart showing percentages of cement dermatitis cases among different jobs of construction workers.
- Graph 3: Bar chart showing localization of cement dermatitis among construction workers and workers in the cement factory.
- Graph 4: Bar chart representing the percentage of cement
 dermatitis among different skin colours.
- Graph 5: Bar chart representing the percentage of cement dermatitis among different levels of eduction.
- Graph 6: Bar chart showing positive reactions of cases with cement dermatitis among the examined workers to different test materials.
- Graph 7: Bar chart showing positive patch test reactions
 of clinically free workers among the examined
 group to different test materials.

INTRODUCTION

INTRODUCTION

With the creation of man-made dewellings, arose the need for some sorts of binder. Primitive men used for their buildings a mixture of clay and water. The ancient Egyptians used a mortar made of burnt gypsum mixed with sand in constructing the pyramids.

The Romans attained a higher degree of perfection in their buildings, in the making of mortar made of lime.

Since the invention of portland cement by Aspedin in 1824 in England, the incidence of occupational dermatoses among construction workers has been considerably increasing due to the expansion in civilization.

Nowadays, the erection and development of cement industry in any country is considered a sign of progress, to such an extent that civilization of a country is actually measured by the amount of its cement production.

Skin diseases in cement industry are widely reported and have been said to account for about 25% and more of all occupational skin diseases. However, these are more frequent among cement users than among cement manefacturing plant workers. It was suggested that cement eczema might be due to the presence of hexavalent chromium in the cement (Prodan, 1983).

In Egypt the number of workers in the different construction activities and cement manefacturing plants, and exposed to cement represents an important segement of the total active working population of the country and is considerably expanding especially after 1973 war. However, no complete information is available about the prevalence of the various dermatoses among them. This study was, therefore conducted to develop such information and to investigate the risk factors that may affect the prevalence of these diseases among cement users and cement manefacturing plant workers. Also, to cover the lacking informations about the chemical composition and trace elements of different types of Egyptian cement.