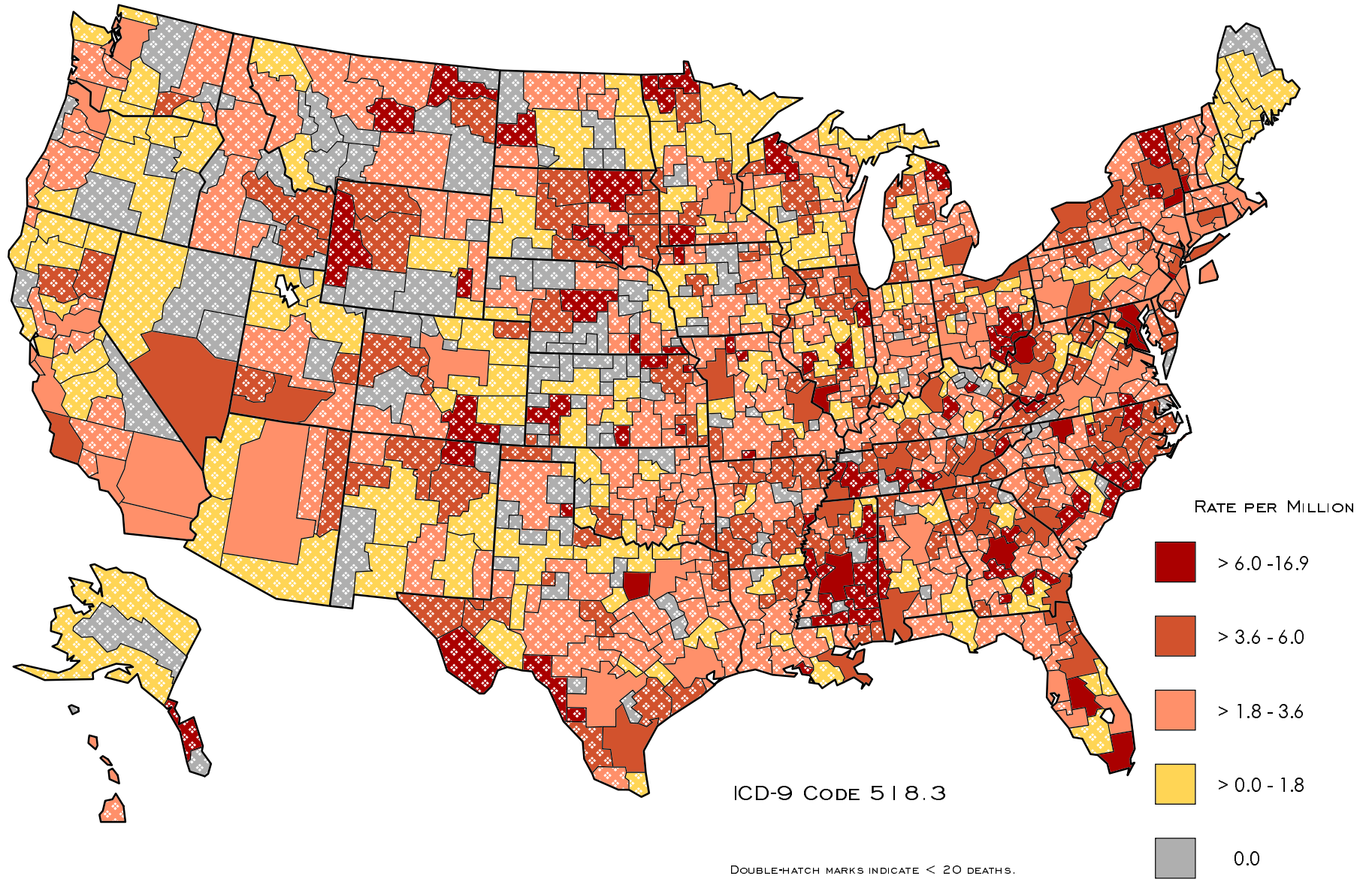
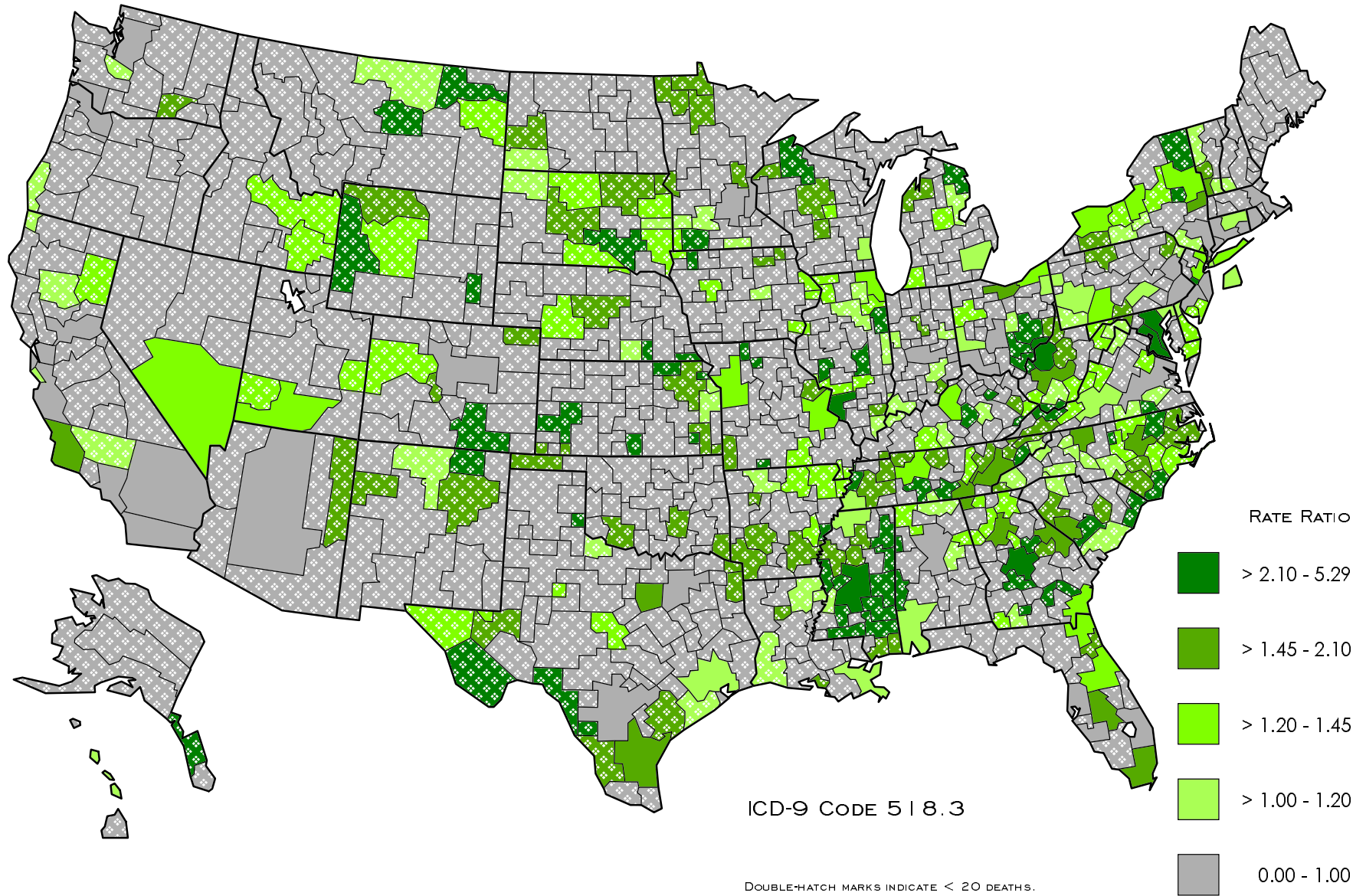


PULMONARY EOSINOPHILIA
AGE-ADJUSTED DEATH RATES BY HSA
U.S. RESIDENTS 15 YEARS OF AGE AND OLDER, 1982-1993



PULMONARY EOSINOPHILIA
DEATH RATES OF EACH HSA COMPARED WITH U.S. RATE
U.S. RESIDENTS 15 YEARS OF AGE AND OLDER, 1982-1993



Pulmonary Eosinophilia (ICD-9 Code 518.3)

Pulmonary eosinophilia (ICD-9 code 518.3) is a term used for a group of lung disorders associated with increased numbers of eosinophils in lung tissue and/or peripheral blood. Based upon clinical and pathologic features, a number of relatively distinct entities have been characterized within this group of lung disorders, including acute pulmonary eosinophilia, chronic eosinophilic pneumonia, tropical eosinophilia, asthma associated with pulmonary eosinophilia, allergic granulomatosis, allergic bronchopulmonary mycosis, hypereosinophilic syndrome, and eosinophilic granuloma of the lung [Rochester 1998].

Pulmonary eosinophilia has most commonly been associated with parasitic infections or allergic and hypersensitivity reactions. Pulmonary and/or peripheral blood eosinophilia has often been observed in the setting of hypersensitivity reactions to pharmaceuticals (e.g., penicillins, sulfonamides, captopril, chlorpropamide) [Smith 1990]. A recent study reported that acute viral infections can cause increased airways responsiveness to inhaled methacholine and pulmonary eosinophilic inflammation [Schwarze et al. 1997]. A number of occupational exposures have been associated with eosinophilia. Chronic inhalational exposure to nickel has been related to the development of asthma and pulmonary eosinophilia [Sunderman 1961]. Various inhaled organic agents can induce pulmonary eosinophilia, including grain and wood dusts, and animal, insect, and fungal allergens [Pepys 1986]. Increases in blood eosinophils have been reported in a group of rubber injection press operators [Thomas and Bascom 1985; Bascom et al. 1990].

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