Reversible Lung Disease Due to Abundant Use of Talcum Powder

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Sir,

Talc is one of the causes for rarer forms of silicate induced lung disease. Very often, the history of exposure is not recognized by the patient and our case illustrates that the use of cosmetic talcum powder can be the cause.

A 6-y-old, girl presented with complaints of dyspnea and cough. The complaints started after a bout of wheezing 4 y ago. Since then she has had several bouts of wheezing. There was no family history of asthma. Physical examination showed slightly emphysematous chest; in particular, the auscultation of the lungs revealed bilateral rhonchi. Laboratory examination, including complete blood count, renal function and liver function tests, were normal. A chest radiograph showed generalized haziness, and reticulation but the apices and costophrenic sulci were spared in both lungs. Interlobular septa and pleura were normal. CT scan revealed a picture of hypersensitivity pneumonitis. The mother was thoroughly questioned and she remembered that each attack was precipitated soon after taking a bath. History revealed a daily bathing ritual where she used to powder her whole body with local made talcum powder, since her childhood. Based on the patient's history of abundant use of cosmetic talcum powder and the clinical picture, radiographic appearances, and by the exclusion of other plausible causes, the diagnosis of talc induced acute interstitial lung disease (talcosis) was made. The most accurate determination of the cause of hypersensitivity pneumonitis is a detailed exposure history which was taken and the likely plausible causes *e.g.*, exposure to pet birds or mouldy

sugarcane and/or involvement of family members in mushroom cultivation *etc.*, were excluded. She did not respond to initial antibiotic therapy with bronchodilators but started improving soon after the steroids were added to the regimen. At 6 mo follow-up the patient had discontinued her bathing ritual; repeat chest radiograph is normal. The reversal in chest radiological finding following bronchodilators and steroids indicates that so far no permanent damage was done as the illness was recognized in childhood itself. However granulomatous changes may occur even years after use of talcum powder [1]. In 1979, Wells et al. described a case where the patient was in the habit of dusting the whole body with talc at least once daily [2]. Following this there have been several written reports of talcosis due to cosmetic talcum powder; however, the course can be quite different [3–5]. This case emphasises the importance of a thorough medical history. The case also makes a point against the ritualistic application of talcum powder. On the basis of the patient's history and the compatible clinical and radiological findings, as well as the exclusion of other plausible causes; a diagnosis of talcosis due to abundant cosmetic talcum powder was made.

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