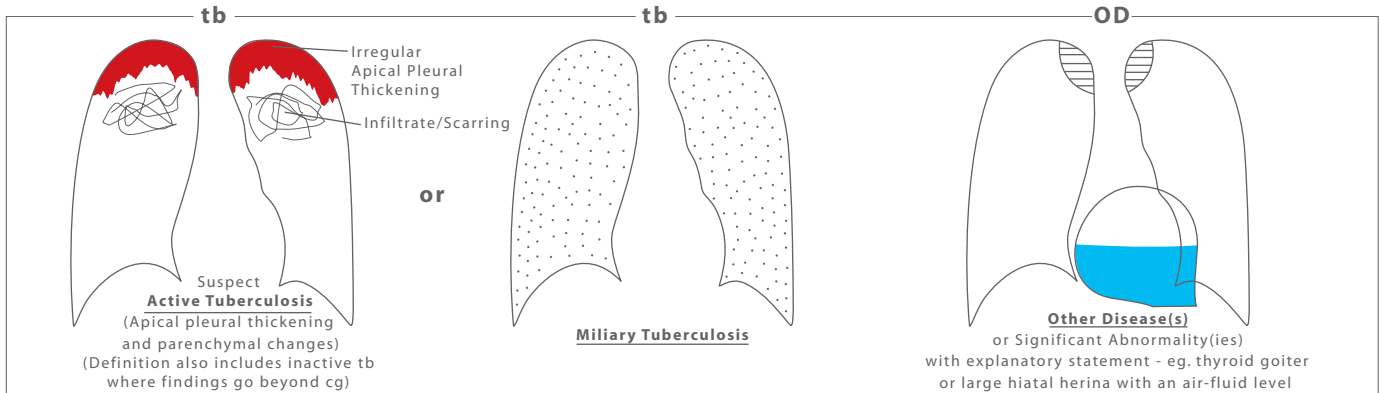
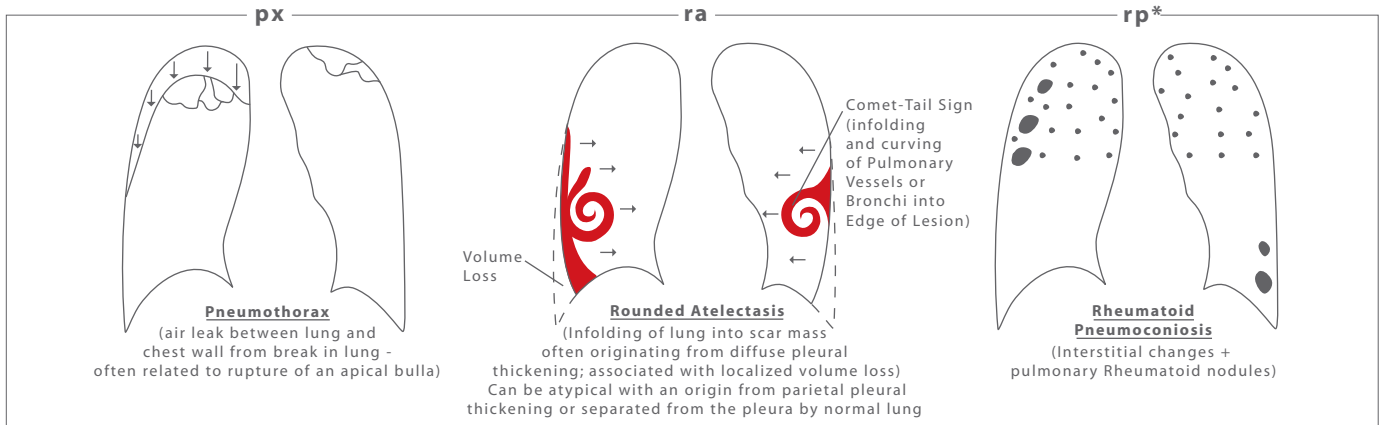


**Frontal (PA) Chest X-Ray**

**ILO Symbols**



\* **Coal workers with Rheumatoid arthritis**, having been exposed to coal dust with significant free silica, can develop **Caplan's Syndrome** which has multiple peripheral, usually 1-2 cm (can be 0.5 to 5 cm) rounded **Caplan's nodules**, usually bilateral, at the junction of the middle and outer 1/3 of the lungs, often looking like metastatic disease. 20% are unilateral. Prevalence is low in the USA, but has been higher for UK patients with pneumoconiosis. 10% develop calcifications or cavitation. Simple CWP, when visualized, is often of low profusion. These nodules occur prior to the development of PMF. Clinical Rheumatoid disease may occur before, during or after the pulmonary changes. Tuberculosis (tuberculomas), atypical mycobacteria, nodular sarcoidosis and metastatic disease are part of the differential diagnosis.

Similar, but histologically different **necrobiotic nodules** are found in patients with Rheumatoid lung disease, but without pneumoconiosis or a coal worker's history, often associated with bronchiectasis and bronchial wall thickening.