

minerals are known to modify the fibrogenic effects of crystalline silica.¹⁴ Our finding of exposure to mixed mineral dust (eg, free crystalline silica and non-fibrous silicates such as mica and kaolin) and mineralogical analysis findings similar to those of Kampalath *et al*¹⁰ and Mulliez *et al*¹² tend to support their aetiological contribution.

In conclusion, mixed mineral dust toxicity should be considered in the aetiological diagnosis of anthracofibrosis. Repeated bronchial biopsies, sputum and bronchial fluid analyses for acid-fast bacilli enable exclusion of cancer and tuberculosis. Detailed history taking of potential exposure and/or mineralogical analyses can identify causative mineral dusts.

Competing interests: None.

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Lung alert

OSA and survival after stroke

Sleep apnoea has been associated with increased mortality following stroke, but not independently of potential confounding factors. This is the first study to distinguish between obstructive and centrally mediated sleep apnoea following a stroke and to investigate the influence of each on mortality.

One hundred and fifty-one patients admitted to an in-hospital stroke rehabilitation unit at the Umea University Hospital in Sweden were invited to enrol in the study. Of these, 138 consented and underwent overnight sleep studies. At study inclusion, 15 patients had had a haemorrhagic stroke and 49 patients had experienced two or more strokes; 23 patients (17.4%) had obstructive sleep apnoea and 28 (21.2%) had central sleep apnoea. The remaining 79 patients served as controls. The primary outcome measure was all-cause mortality.

Obstructive sleep apnoea was associated with increased mortality after adjustment for age, sex, body mass index, current smoking, hypertension, diabetes mellitus, atrial fibrillation, Mini-Mental State Examination score and Barthel index of activities of daily living. These findings were not replicated in the group with central sleep apnoea.

The authors conclude that it may be beneficial to perform sleep studies on patients following a stroke and to offer continuous positive airway pressure to those with obstructive sleep apnoea, although low compliance with treatment is expected. This study highlights an avenue for improving the long-term outcome after stroke and may come to hold yet more relevance in the future if better tolerated treatments for obstructive sleep apnoea are developed. One limitation of this study was that patients with minor strokes and transient ischaemic attacks were not included as they would not have undergone in-hospital stroke rehabilitation. This group may also benefit from investigation.

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