

mesothelioma. In patients with a history of asbestos exposure, radiological imaging can be used to make a diagnosis. Accurate reporting of asbestos related lung disease is of vital importance to national statistics and affected individuals and their families may claim compensation from the government under the industrial injuries disablement benefit scheme. This study set out to examine the adequacy of reporting of asbestos related lung disease to HM coroner in a large teaching hospital.

Methods A retrospective case-note analysis was performed for all deaths occurring whilst under the care of respiratory physicians at a large teaching hospital from July 2012 to February 2013. Electronic patient records and radiological imaging for all of these patients was examined for any evidence of pleural plaques, pleural thickening, asbestos-related lung cancer, asbestosis or mesothelioma. A radiologist had reported all radiological imaging. Records were then cross-referenced with information held by the bereavement care office to identify whether these deaths had been referred to the coroner.

Results 115 patients were identified. Of these, 16 had radiological evidence of asbestos related lung disease; 4 on chest x-ray and 12 on CT. 2 of these patients had biopsy confirmed mesothelioma. Both mesothelioma cases were referred to the coroner and a coroners' inquest subsequently performed. Only 60% of CT proven asbestos related disease and 30% of patients with CXR changes were referred. Of the cases not referred to the coroner 3 patients had bilateral pleural thickening on CXR and 4 patients had CT proven evidence of widespread pleural thickening.

Conclusions This study demonstrates that whilst reporting of malignant asbestos-related pleural disease to the coroner is adequate, there is room for improvement in the reporting of more benign disease. The authors propose that improved education of junior doctors may increase awareness of the importance of asbestos related lung disease, having far-reaching implications for both national statistics and those affected by these conditions.

P208 TAKE UP OF INDUSTRIAL INJURIES DISABLEMENT BENEFITS AND SPIROMETRIC PATTERN ON SUBJECTS WITH ASBESTOS RELATED DIFFUSE PLEURAL THICKENING (DPT)

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Industrial injuries disablement benefit (IIDB) defines asbestos related diffuse pleural thickening (DPT) with obliteration of a costophrenic angle on chest x-ray as eligible for compensation. Previous studies report significant airflow limitation and functional impairment in these patient.

Methods A database search from 08/2005 to 01/2013 for DPT as agreed by a multi-disciplinary team meeting as fulfilling the criteria for a claim. Any IIDB advice given, records of those who applied, smoking history and lung function tests at presentation were interrogated. Lung function was performed by a specialist cardio-pulmonary technician by body plethysmography. Airflow obstruction defined by ARTP/BTS criteria as FEV1/ FVC <70% and severity of airflow obstruction by FEV1 (50–80% predicted as mild, 30–49% predicted as moderate and <30% as severe obstruction respectively).

Results 39/50 male subjects with DPT attended follow-up.

100% were given written advice of their eligibility to claim IIDB.

24/39 (62%) who were followed up applied for IIDB, with disability ranging from 15 - 100%. 2 were recorded as having less than 15% disability. Of 15 who did not apply, 4 patients' exposure was not work related and 11 chose not to apply.

4/39 (10%) were never smokers and 30/39 (77%) ex-smokers.

Lung function results were available for 43/50 at presentation (table 1).

Conclusions Our group of patients had a significantly high smoking history. Airflow limitation with DPT is the predominant lung function abnormality seen. Despite their disability, patients chose not to apply for IIDB as above.

The airflow limitation may be progressive and hence important to repeat the lung function tests over a time period to see if this deteriorates further contributing to worsening disability.

REFERENCES

1. Abnormal lung function associated with asbestos disease of the pleura, lung and both; comparative analysis, *Thorax* 1991.

Abstract P208 Table 1. Lung Function patterns.

Spirometry	Total	%
Mild obstruction n = 16	20	46.5
Moderate airflow limitation n = 4		
Restriction of airflow	3	7
Mixed pattern	3	7
No obstruction	17	39.5
Total	43	100

Investigation and management of pleural disease

P209 THE CLINICAL UTILITY OF PLEURAL LYMPHOCYTE SUBSET ANALYSIS IN UNDIAGNOSED EFFUSIONS

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Introduction Blood and tissue lymphocyte subsets (LS) analysis are routinely used in the diagnosis of a number of haematological conditions. Samples cost £25 to process and are technically labour intensive. The 2010 BTS pleural guidelines suggest LS may be useful in cases of suspected lymphoma, but there is no evidence supporting their utility or position in pleural diagnostic algorithms.

Methods Using a prospectively-maintained database of all undiagnosed pleural effusions, we analysed patients presenting to our service from 2009–2011. Fluid was initially sent for cytology and cell differential. Patients with ≥ 50% fluid lymphocytes at first sampling, with no definite cytological evidence of carcinoma, and who underwent a further pleural procedure, had