

Growing evidence of severe silicosis outbreaks among engineered stone workers

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Engineered stone has become a popular alternative to natural stone and synthetic countertops throughout the U.S. However, workers who cut, polish, and install engineered stone countertops have developed severe

silicosis, a progressive, irreversible, and preventable chronic lung disease caused by inhaling crystalline silica.

A new editorial published in *JAMA Internal Medicine* discusses research by Fazio et al., and presents additional evidence of a growing epidemic of engineered stone-associated severe silicosis in these workers.

The authors detail the rapid growth in demand for engineered stone countertops, which is expected to overtake all other countertop options in the US by 2024. They note that several recent studies have uncovered a high prevalence of previously unrecognized silicosis in currently employed engineered stone workers, indicating that efforts to decrease [silica](#) dust exposures in this industry are inadequate, and also that many cases likely go undiagnosed.

The editorial highlights several barriers to both diagnosing engineered stone-associated silicosis and preventing future [disease](#).

First, a silicosis diagnosis is often missed or delayed, which may be due to the variable clinical presentation or a lack of clinician awareness of occupational diseases. Secondly, there is no systematic medical surveillance of engineered stone workers in the US or mandated reporting of cases, despite strict regulations issued by the Occupational Safety and Health Administration that require employers to both limit worker exposures to silica and perform periodic medical surveillance on exposed workers. In addition many [stone](#) fabrication [workers](#) come from vulnerable populations and work in small shops across the U.S.—circumstances that further hinder efforts to control and monitor exposures.

More information: Jeremy T. Hua et al, Engineered Stone–Associated Silicosis—A Lethal Variant of an Ancient Disease, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2023.3260](https://doi.org/10.1001/jamainternmed.2023.3260)

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