

Plasma adipokine levels in Thais

To the Editor of APJAI

I read the paper entitled “Plasma adipokine levels in Thais” by Preeya Leelahakul and Somchai Bovornkitti which appeared in the March 2015 issue of the Asian Pacific Journal of Allergy and Immunology and found the author’s discussion is strikingly of great interest; their opinion sounded somewhat intriguingly bias with hideous conflict of interest. The data on adipokine levels in factory workers with possible exposure to chrysotile were statistically significant higher than the control subjects.

I have also read another article “Determination of asbestos bodies in bronchoalveolar lavage fluids in Thailand” by Somchai Borornkitti among a group of scholars from Ramathibodi Hospital Medical Faculty, which reported in the May 2014 issue of the Journal of the Medical Association of Thailand. Not surprising in the least that the report described the discovery of asbestos bodies in persons who possibly exposed to asbestos. I, myself, previously reported the durability and fragility of products containing asbestos and not¹ we found the products of asbestos-contain material was less strength than the ones without.¹

Lastly, as having long-time known of reports of a good number of case of mesothelioma as well as cases of other complications of asbestos exposure in Thailand, together with the present consensus results of the three reports mentioned above, I therefore, positively incline toward the potential hazard in using asbestos either the amphibole or chrysotile in Thailand. I shall be looking forward to hearing good explanation from Professor Dr. Somchai Borornkitti who has expertise regarding the asbestos-related diseases but a hard-core supporter of asbestos use in this country.

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Reply

I must thank Professor Dr. Suntad Sirianatapaiboon for his interest in two of my recent reports regarding possible asbestos exposure among factory workers, namely “Plasma adipokine levels in Thais”¹ and “Determination of asbestos bodies in bronchoalveolar lavage fluids in Thailand”.²

During the four decades from my first report of a case of mesothelioma in 1968 up to 2014, I was enthusiastic in believing that the industrial use of asbestos materials in Thailand has not caused any problem related to healthy lifestyles in the country. This was based on the findings that all the known reported cases of mesothelioma in this country were without pathological substantiation of asbestos etiology³ in tandem with the findings on asbestos bodies in randomized autopsy lungs of the general population.⁴ However, there has been a change recently in the thinking on this subject, that is, an alternative explanation has been developed; the negative finding of asbestos bodies or inhaled asbestos fibers in the pathological specimens might be due to their lysis over time. Hence, it is not possible to absolutely exclude the asbestos etiology in cases known as long-established asbestos-related diseases but without asbestos material present, especially case of pleural mesothelioma, chronic lung fibrosis (asbestosis), and pleural plaque in patients with a definite history of working in industries using asbestos.

Therefore, I would like to hereby amend my previous dogmatic position that there are no asbestos-related diseases in Thailand despite the extensive use of asbestos for more than half a century.

Somchai Bovornkitti

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