



Shell Oil Company
Interoffice Memorandum

NOVEMBER 15, 1989

TO: DR. ROBERT HUGHES, DEER PARK MANUFACTURING COMPLEX
FROM: LOUIS C. WADDELL, JR., M.D.
SUBJECT: PULMONARY REGISTRY REVIEW, EMPLOYEE

is reviewed because of possible pleural plaques on his chest x-ray.

was hired in August 1951 at the Shell Deer Park Refinery and assigned to the engineering field as a general helper. An occupational exposure history form is part of the relevant material sent to me and is a part of our x-ray review program. From 1952 to 1955 he worked as a lineman or lineman helper. The notation is made in occupational exposure history that lineman had a direct exposure to asbestos when making a batch of material for fire proofing underground cable and when removing the hardened fire proofing from existing cable to make repairs. Asbestos was added to a slurry to make a pastelike material that was coated on the cable. Linemen may have had incidentally exposure to asbestos while working in units that were under construction.

There are several abnormal findings noted on his chest x-rays. There are chest x-ray shadows that are compatible with bilateral lateral wall pleural plaques. Calcification is not seen in those shadows.

It should be noted that a copy of the incident report which apparently was filed 07/25/85 has the notation "bilateral calcified pleural plaques." However, I am unable to see any calcification in any of the plaques. Further, the other physicians who have read the films have made the comment that they do not see calcification either.

The chest x-rays have been interpreted by several radiologists. The films have been read by Dr. Patrick M. Conoley, a NIOSH certified B-reader radiologist in Houston. He said in part, "there are densities superimposed over each lateral chest wall which are en face presentation of pleural plaques confirmed in oblique views of the chest performed on 04/02/85. I do not see any evidence of pleural calcification or effusion."

There has also been some diagnostic effort expended concerning some "fibrotic" changes noted in the right upper lung zone. These changes consist of linear and nodular shadows in the upper third of the right lung. On 04/23/85 tomograms were carried out in that area and showed

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"fibrotic changes with some tiny punctate calcification" "some bleb formation in the upper most portion of the apex is noted."

These changes are quite typical of healed granulomatous disease. These should not to be confused with the type of fibrotic changes that one would see with a dust disease of the lung.

I have had the opportunity to review his chest x-rays and they do show changes that are consistent with the type of pleural shadows that are caused by pleural plaques from asbestos exposure.

These do not have the configuration in general of the so called companion shadows.

With this gentleman's occupational history and radiographic findings, it is appropriate to make the diagnosis bilateral pleural plaques. That entry is the one that I would recommend to be made on the OSHA 200 log.

We are returning with the chest x-rays and this consultation report a copy of the pulmonary registry form with our portion completed. After the entry is made on the OSHA 200 log please indicated that is has occurred on the appropriate portion of the form and return a copy to us for our files.

Thank you for sending me this case for review.

If you have any questions please give me a call.



Louis C. Waddell, Jr., M.D.

LCW:SYC

Enclosure

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