



Shell Oil Company
Interoffice Memorandum

JANUARY 24, 1990

TO: DR. ROBERT HUGHES, DEER PARK MANUFACTURING COMPLEX

FROM: LOUIS C. WADDELL, JR., M.D.

SUBJECT: PULMONARY REGISTRY REVIEW, EMPLOYEE

This case is reviewed because of a possible pleural plaque.

was born in 1928 and joined Shell employment in 1953. He worked in various jobs in operations at Deer Park. In a pulmonary consultation report from Dr. S. P. Fisher dated 01/26/88, Dr. Fisher obtained a history of occupational exposure to asbestos. Dr. Fisher indicated that ad, "worked in areas adjacent to insulators, pipefitters, and had been involved in scraping insulation off of old pipes."

I have had an opportunity to review the chest X-rays. As early as the chest X-ray dated 09/30/87 there are shadows in the lateral aspects of both lung fields which suggest pleural plaques. Viewed serially, I think there has been some increase in the width of these shadows over the following 10 years. These shadows are also more sharply outlined on later films. There are no pleural calcifications seen on chest X-ray and the lung fields are essentially clear.

Numerous film readers have commented on these X-rays over the years. Using the ILO classification, Dr. Patrick Conoley has classified these lateral wall shadows as; right side B,1 and left side A,1. On one occasion he classified the lung parenchymal as showing S/S type small opacities with profusion grade 0/1 involving the lower two-thirds of both lungs. On a second occasion, (11/20/87), he classified the parenchymal as clear and classified the in profile pleural changes on the lateral walls as A,1, bilaterally.

The September 29, 1987 chest X-ray report by Dr. M. A. Mullican said, "again non-calcified pleural plaque formation is believed present along the lateral chest walls." On Dr. Mullican's January 20, 1986 chest X-ray report, "the density is noted along both lateral chest walls and the PA view of the chest are not apparent and the oblique views and as such are most likely pleural plaques." (On earlier films Dr. Mullican had questioned whether the laterally placed shadows were rib companion shadows or pleural plaques.)

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Concerning the radiologic interpretation of the lung parenchymal, on one occasion Dr. Patrick Conoley said there was a "subtle increase" in pulmonary interstitial markings.

In reviewing the film serially, I do not believe that there is any progression in the prominence of the interstitial lung markings. There are in the series of films, some with a less penetrated radiographic technique which can give the impression of a more prominent pulmonary vascular and pulmonary interstitial pattern. His pulmonary function tests show mild airways obstruction but the forced vital capacity is normal.

In summary, although the laterally placed shadows have a somewhat sharper, smoother outline than some cases of silicate related pleural plaques demonstrate the X-ray appearance is quite consistent with the pleural effects of inhaled asbestos. His job history is also consistent with an occupational exposure to asbestos sufficient to cause a pleural plaque.

My recommendation would be that this case be recorded as "bilateral pleural plaques" on the OSHA 200 log. If . has not already been counseled about the findings on his chest X-ray and there implications then he should be counseled and appropriate documentation of that counseling placed in his clinical records.

After the OSHA 200 log entry is completed, please indicate that has occurred on the appropriate portion of the pulmonary registry form and return a copy to us for our files.

If you have any questions please call me.

A handwritten signature in cursive script, appearing to read "L. Waddell Jr.", written in dark ink.

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

LCW:SYC

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