

Henry Ford Hospital

2799 WEST GRAND BOULEVARD
DETROIT, MICHIGAN 48202

SECOND MEDICAL DIVISION

Robert K. Nixon, M.D.
Marvin D. Anderson, M.D.
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December 4, 1974

Robert A. Kehoe, M.D., Ph.D.
Kettering Laboratory of Applied Physiology
College of Medicine
Eden Avenue
University of Cincinnati
Cincinnati, Ohio 45219

Dear Doctor Kehoe:

This letter will express in writing our gratitude for the valuable information received from you during our recent conversation. The matter you may recall was related to the possibility of a patient of ours who, on the basis of outside information, is almost certainly malingering with respect to industrial lead intoxication.

The suspicion the patient may be dosing himself with a high preparatory dose of lead acetate was strengthened by the discrepancy between the high blood value and the normal urine screen for coproporphyrin as indicated on the accompanying chart. These tests were taken during the patient's outpatient visit in October.

On the basis of our phone call with you, we decided to admit him and closely monitor his blood leads. The results appear on the accompanying sheet. No therapy whatsoever was given during his stay in the hospital from the 25th to the 28th of November. There is a chance that the November 25th collection was slightly contaminated.

In summary, we are writing to ask if you feel that the great variations in the level of blood lead, the persistently normal urine screening test for coproporphyrin, and persistent absence of basophilic stippling in the face of a normal hemoglobin and low delta ALA constitute strong supporting evidence that this alleged case of plumbism is factitious.

KE 0019706

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The patient who worked in a battery company has not had any industrial exposure to lead for the past 18 months or so during which time he has continued to draw disability benefits. It is our understanding that his brother, working for the same company, was the cause of their losing their workman's compensation insurance. Officials from the company assure me that the plant is clean and that every measure is taken to protect the men from undue exposure.

It is my hope to discuss this case with my colleagues in an informal medical conference on Thursday, December 12th, Dr. Kehoe. Consequently, I have taken the liberty to enclose an addressed envelope to facilitate your reply before then, if at all possible. Whatever comments you have would be greatly appreciated.

Unfortunately our laboratory was not able to perform stool determinations for lead, but hopefully we have accumulated enough data to achieve our main objective, which is to dismiss this patient from our care.

Sincerely,



MARVIN D. ANDERSON, M.D.
Second Medical Division

MDA/dg

KE 0019707

N19979.01

PATIENT: E.I. FAKIR, Mohamad
152 7221-4

Henry Ford Hospital
GENERAL MEMO

Date of collection	Office	HOSPITALIZATION			
DATES	10/15/74	11/25/74	11/26/74	11/27/74	11/28/74
Blood Lead mg%	118	73	56	79	116
urine screen porphyrins	normal	normal		normal	
urine Pb				39 μ g/L.	24 μ g/L.
urine A.L.H.		0.3mg/100ml		20.5 mg/100ml	20.5 mg/100ml
serologic titippling	absent		absent		
NOTES	Patient complained of headache, backache & acted demented, infantile. The 11/25 Pb = 73 may have been sp. contaminated. Our lab is very accurate $\pm$ blood leads. Hemoglobin 15.8 Retis 3.4% uric acid 7 normal BUN creat				