CONFIDENTIAL

October 15, 1958

PRODUCED JA-93

Re: Walter Burek
#10151 - Dept. 220 (retired)

Addendum to Report of September 29, 1958.

At the request of Dr. Kenneth Smith, I visited the home of Mr. Burek on Friday, October 10, 1958. An attempt was made to obtain a supplementary history from Mr. Burek regarding his recent and past illnesses. Because of a language difficulty and the marked dyspnea with talking, it was difficult to obtain additional information. However, Mr. Burek did relate that in the early part of June, he developed pain in the right lateral chest wall and the right upper quadrant of the abdomen. The pain did not radiate to the back. He sought medical advice of Drs. Schalet and Borow, who hospitalized him at the Somerset Hospital.

Subsequent to his discharge from the hospital in the early part of July, a chest tap was performed by Dr. Borow, presumably at the Bound Brook Hospital. Efforts are being made to obtain a written report of the findings of this aspiration.

Mr. Burek states he smokes a pack of cigarettes every 2 days.

HISTORY OF PRESENT COMPLAINTS: He still complains of pain in the right lateral chest wall, shortness of breath, chronic fatigue, and occasional headaches. He is not bothered by cough.

PHYSICAL EXAMINATION: Height - 5' 4". Current Weight - 97 lbs. Average Weight - 110 lbs. PR - 100 per minute. RR - 40 per minute. BP - rt. - 108/68, left - 108/64.

Appetite is fair. He has no great desire to eat. He sleeps with 2 pillows. Obviously markedly dyspneic at rest.

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General appearance - gray-haired, thin, elderly male, chronically ill, eyes sunken, muscles of the neck employed in respiration, bony chest wall very prominent with wasting of the chest muscles.

Head - shows no gross deformity. Good mobility in all directions.

Eyes - pupils react to light and accommodation but are sluggish. Mucous membranes are not pale. Icterus not present. Cornea, sclera, and conjunctivae not injected.

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Nose - no abnormalities and no discharge.

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Ears - were negative and no discharge.

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Mouth - Tongue coated with slight tremor, in the midline. Pharynx is negative. Teeth absent. No evidence of facial or motor disturbances. Trachea appeared to be in the midline.

Chest - bony thorax is symmetrical and there is no gross bony deformities. Some dorsal scoliosis is present. The supra clavicular and scapular muscles are shrunken and atrophic. The lower intercostal muscles are retracted and breathing is primarily through the accessory muscles of the neck and the abdominal muscles. On percussion, some dullness was elicited at the right base posteriorly. Auscultation - numerous fine and moist rales were heard at the left mid and lower lung areas. Breath sounds were distant in the right base of the chest posteriorly. Few fine rales were heard in the right mid lung field posteriorly.

Measured across the nipple line - expiration - 31", inspiration - 31½". No attempt was made to perform Step-up exercises due to marked dyspnea at rest.

Heart - maximum impulse was felt at the 5th interspace in left nipple line. Fine apical murmur heard. Heart sounds are of fair quality, rapid rate and rhythm normal. No enlargement to percussion. P_2 was greater than A_2.

Abdomen - there is tenderness at the upper right quadrant but less tenderness along the upper mid and lateral quadrants. In addition, tenderness is elicited over the right costovertebral angle. The liver and kidney are not palpable. No masses, spasm or rebound tenderness present in the abdomen. Very definite bilateral inguinal adenopathy. The glands are soft, discrete, and numerous.

Rectal Examination - prostate not enlarged or hard, and no Blumer's shelf could be demonstrated.

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Neurological Examination - there is good mobility. There are no sensory changes of the upper or lower extremities. The AJ's and KJ's are present and equal bilaterally. There are no sensory changes. Bilateral clubbing of fingers and toes are noted.

After some persuasion, Mr. Burek was induced to accompany Dr. DuBow to the Medical Department at Johns-Manville, where X-rays were taken, both AP and lateral views.

Review of the X-rays taken on October 10, 1958, shows some linear and honeycombing densities in the left lower quadrants, with some slight blunting in the left costophrenic angle. At the right base, there is a diffuse homogeneous shadow extending to the 4th interspace superiorly and to the right lateral wall. Above this homogeneous density on the right are small discrete areas of increased densities involving the middle lobe and

COMMENT: As a result of a careful physical examination and review of X-rays, Mr. Burek shows evidence of extensive pulmonary disease, primarily intrinsic in nature, although extrinsic factors, i.e. - secondary metastasis or lung reflections of systemic disease have not been completely ruled out.

Laboratory tests performed at Somerset Hospital indicate negative direct and indirect Van der Bergh tests, some evidence against the presence of lesions in the liver. No alkaline phosphotase, serum calcium or serum phosphorus determinations or other tests were performed to rule out malignancy.

The homogeneous density noted at rt. base might be due to the persistence of previously noted effusion or its extension, or a complicating atelectasis with underlying neoplastic disease, primary or secondary.

A chest aspiration at the site would relieve to some extent the extreme dyspnea (hypoventilation) and possibly shed some light on the etiology of the effusion. In addition, a scalene node biopsy and a bronchoscopy with lipiodol injection would be very helpful diagnostically.

Undoubtedly Dr. Kunderman could resolve the diagnostic problem, however there remains the problem of future care of this patient if he should be accepted as a company responsibility. The treatment could more readily be administered by a more accessible consultant in this area; one who would be readily available should an emergency arise.

In the light of the above, please ascertain if Dr. Smith desires to have patient examined by Dr. Kunderman and inform the Medical Department.

D. T. DuBow

David T. DuBow, M.D.
Medical Department

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