

University of Cincinnati
Medical Associates



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(513) 475-8520

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GENERAL INVESTIGATIVE
OFFICE

January 26, 1996

James Lockey, M.D.
Holmes Hospital (0458)

RE: Mary Sue McGee
SS# 281-52-2029

Dear Jim:

Thank you very much for me to re-see Mary Sue McGee who you know I originally saw back in 1993. At that time I saw her with a question of whether she had lung disease secondary to an inhalation injury. She had given a history at that time which has been clarified that she had inhalation of a large bolus of acetaldehyde at the work site. She had noticed a cough, pleuritic chest pain, and increasing shortness of breath while at work.

She has been treated by Dr. Grady Campbell from that time forward with corticosteroids. She has basically been taking Prednisone at various doses and her FEV1 has varied between 880 cc's to 1.08 liters. Attempts to decrease her corticosteroids are associated with increasing muscle fatigue and achiness, but it does not appear that she has marked deterioration of her lung function.

The patient has also had a history of intermittent muscle spasms which have seemed to be more of a component of fatigue and exercise intolerance and it is not clear whether she desaturates during these episodes.

On examination today she is a well-nourished, well-developed female in no acute distress. She had some wheezing right greater than left, and some squeaks... Among her laboratory data there was an open lung biopsy done in 1994 consulted upon by Dr. Eugene Mark of Harvard University who felt she had purulent and constrictive bronchiolitis.

I think there is not much question that Ms. McGee has bronchiolitis. Given the relatively abrupt onset of her disease within two years of working for Taste Maker and normal pulmonary function tests to a FEV1 of around one liter, I think her symptoms

TO: James Lockey, M.D.

RE: Mary Sue McGee

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are associated with her work environment. It is interesting that she has remained fairly stable over the last two years. She has moved out of one area and she has moved into a quality testing area and is not exposed to as many fumes. However, she still is apparently working in the plant.

It is my feeling at this point that the patient should probably be removed from the plant for the next month or so to see whether her lung function further improves by removal from exposure. I also think that we should increase her Prednisone to 10 mg to see if it will help some of her current symptoms. I suggested that she should strongly consider going on Cytoxan to see if this would improve her constrictive bronchiolitis.

I would give this only about a 50% chance of working in this situation since she may well have fixed disease which may not respond to any further therapy. My bias is that she had enough inflammatory component of her disease that perhaps she would have a response. The small literature that has been published on bronchiolitis suggests that Cytoxan is the next drug therapy.

If Ms. McGee does not respond to Cytoxan therapy or starts to show further deterioration, then I think one will have to strongly consider lung transplantation as another option. This is a distinctly different entity from the bronchiolitis seen with post lung transplantation and therefore I don't think it is a contraindication of the lung transplantation if Ms. McGee requires another criteria.

I have discussed the therapeutic plan with Dr. Grady Campbell, the patient's pulmonologist. Grady agrees with the idea of more aggressive regimen and is agreeable to us giving it since we have a wide experience of the use of cytotoxic agents in this setting.

Ms. McGee will be coming back in two weeks time to see Dr. Elyse Lower, myself and to get started on Cytoxan.

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TO: James Lockey, M.D.

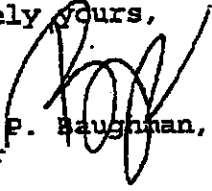
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Thank you once again for asking me to see this patient.

Sincerely yours,


Robert P. Baughman, M.D.
RPB/djr

cc: Grady Campbell, M.D.
2727 Madison Road #208
Cincinnati, Ohio 45201

Diane Litwin, M.D.
9500 Euclid Avenue
Cleveland, Ohio 44195-5038

Janet Dies
Taste Maker
110 East 70th Street
Cincinnati, Ohio 45214

Kimberly S. Pandilids
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Bureau of the Workman's Compensation
125 East Court Street
Cincinnati, Ohio 45202-2196

Robert P. Baughman, M.D.
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March 20, 1996

Lanahan Goodman, Esq.
Suite 740
Cincinnati Club Bldg.
30 Garfield Place
Cincinnati, OH 45202-4396

RB: Mary Sue McGee
SS# 281-52-2029

94-579964

Dear Sir:

Enclosed is a letter to Dr. James Lockey which I had written on January 26th describing Miss McGee's illness. In this letter, I summarized Miss McGee's history and the fact that I thought there was not much question that Miss McGee's bronchiolitis was bronchiolitis obliterans associated with her work at Tastemaker. I base this on the fact that her onset of symptoms occurred while on her job of fixed obstructive defect in an open lung biopsy consistent with bronchiolitis obliterans, and that her exposure to Tastemaker was similar to that that other workers at Tastemaker had who subsequently developed bronchiolitis obliterans.

I am not sure whether the specific chemical acid aldehyde has been clearly singled out as the agent that causes this, but you tend to believe this is probably exposure to various compounds at the plant.

If you need any further information, please don't hesitate to contact me.

Sincerely yours,

Robert Baughman, M.D.
Internal Medicine
RB/bk