



Occupational Health

Patients seen at: Medicine Clinics • 2E2 WMC • University of Alberta Hospital • 8440 - 112 Street • Edmonton

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30 April 2004

Consultant Physicians:

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(Director)

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Senior Residents:

Nader Abbasi, MD

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Dear Dr. Helm,

RE: GETZ, Ole
DOB: November 24, 1945
BC PHN: 9106 876 091

Problem List: Symptoms related to flaring incident 18th of 21st of August, 2003.

Medications: Nil

I saw Mr. and Mrs. Getz in the Occupational Medicine Clinic on the 30th of April, 2004. I initially took a history of the sequence of events from them together and so the initial part of their report is the same.

They recounted to me that there had been an incident between August 18 and the 21st, 2003. The first thing that they had noticed wrong was that on August 18, Mrs. Getz had gone out at 5:30 in the evening to chop some wood. Within a few minutes she noticed a rash on her right arm. The rash consisted of small itchy blisters. When she scratched these, they broke and if anything became even more itchy. She said that she noticed a clear demarcation just below the cuff of her t-shirt where the rash occurred. In addition to the blisters, there was some surrounding redness. Mr. and Mrs. Getz had company that evening, but Mrs. Getz noticed that the rash continued to be itchy. She did use some cream called "after-bite" which she found made the blisters sting.

The next morning, her arm was still as itchy, still red, and still had the same sharp demarcation at the line of her t-shirt cuff where there had been exposure to sunlight. Both Mr. and Mrs. Getz also noted on the morning of the 19th of August that there was a noticeable but not overpowering smell that was somewhat like rotten eggs. This made Mrs. Getz, in particular, feel nauseous. At the time they said they did not think a great deal about it. Both Mr. and Mrs. Getz continued to have some mild non-specific symptoms during the day. Mrs. Getz's rash continued on her arm. Mr. Getz noticed the smell and some nausea.

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On the 20th of August, Mr. and Mrs. Getz recounted to me that they had been preparing horses. They came out of the house to where saddling up and noted a "sudden blast of hot air". With this, they both reported an immediate onset of a burning sensation in the throat and a taste in the mouth. Mrs. Getz recounted that this was like "battery acid". Mr. Getz also said that around this time he noticed some discoloration of his bowel movements which smelled foul and became yellowish in color although he did not notice any blood or mucous. Mrs. Getz also started to develop a rash on the side of her face. She described this as bubbly.

On the 21st of August, Mrs. Getz awoke with swelling on the right side of her with blistering and itchiness. This side of her face was also red and sore and was particularly sore around the eye. She noted her vision was blurred and she had headaches. From the photos that Mrs. Getz brought with her, this certainly represents a fairly dramatic change to her appearance with obvious swelling and soreness in the side of her face. It did appear to be principally unilateral. Mrs. Getz, however, was unable to identify any other obvious cause of this sudden reaction. In particular, she noted that she had not suffered any insect bites, there was no use of different home chemicals such as washing powders, fabric softeners, etc., she had not changed soap or shampoo, and she did not wear makeup. I believe she did come to see you at the time. On the same day, Mr. Getz noticed a problem with his breathing in that he could not catch his wind. He noticed this when inside the house but also when outside and walking up the hill. In addition, he noted some soreness in the throat similar to that which he had experienced on the 20th of August.

On the next day, which was the 22nd of August, Mrs. Getz reported that she started to notice definite fatigue and tiredness. Her other symptoms were the same or worse. In particular, she noticed that her eye was sore and so swollen to be almost closed. She noted blisters in her mouth. In addition, there was considerable soreness in her mouth. Mr. Getz said he did have symptoms at this time, but was principally worried about his wife and so cannot recall these in detail. I believe they did come to see you again on the 22nd of August and at that stage Mrs. Getz was given some hydrocortisone cream for the face rash.

Over the next few weeks, Mr. Getz said he noticed that his temper changed. He became much more short-tempered and irritable. In addition, he felt fatigue and lack of energy such that as soon as he started to do even the most straight forward of tasks, he would find himself feeling worn out. He also noticed increased breathlessness. Around this time, at the beginning of September, he also went off guiding on horseback. He noted he developed a cough with sneezing. He also developed a sore under his nose and felt as if he was developing a cold. He felt intermittently hot and cold on occasions. Mrs. Getz reported that over this next few days and weeks she continued to feel rotten, she lacked energy and felt tired, she too felt hot and cold intermittently and had a runny nose with a cough and some hemoptysis.

Mr. and Mrs. Getz recounted that in the time since then, they have continued to get symptoms. Mrs. Getz reported that she now has a rash in areas that are exposed to the sun. She still feels some soreness on her face and gets funny looking blisters. These start like a pimple but then get water in them and when they burst are itchy and sore. They occur intermittently. She also gets bumps in her skin which discharge a "little pebble".

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She still feels that she has undue fatigue, headache which she describes is a pressure behind the eyes, and migraine-type headaches with blurry eyes and light flashes which precede the onset of pain. She continues to get discomfort in her mouth and throat and teeth and says it feels "bubbly" when breathing. She also gets short of breath when she undertakes tasks which previously she would have managed fairly easily. She recounted that she will become short of breath when chopping up two pieces of wood were as previously she would have managed a full days worth of wood of perhaps twelve pieces without any difficulty. Mr. Getz recounted that his principle symptoms now include an ache in his right hip where he previously had an accident as a child. This had been settled for many years and has only recurred since this episode. In addition, he gets numbness in his toes. He gets pain in his right shoulder in addition and an ache in his foot. He says that he has also noticed that his heart beat has changed such that it is irregular intermittently. He continues to feel fatigue and to have soreness in his throat and mouth in addition. Overall, both Mr. and Mrs. Getz say they feel a little better over the past few months but they are by no means well and continue to have symptoms which they relate back to the incident on the 18th to the 21st of August, 2003.

Mr. and Mrs. Getz also noted that the time of the flare on the 18th to 21st of August, their horses became much more aggressive. In addition, much of the local wildlife disappeared and fish in the river died. In addition, some trees died or developed yellow areas on their leaves which I understand is a sign of stress. In particular, they said a spruce across the river that was otherwise young and healthy died, and a bunch of willows nearby also died. These were apparently downwind of the flare. They said it took approximately six months before the game came back to its previous levels.

Past medical history: Mr. Getz recounted that he had had a cracked hip at the age of 12 on the right side. In addition, he had pulled his shoulder some 2-3 years ago when carrying out his job. He has continued to have some intermittent irritation of this from using his horses, although this does not seem to cause him too much problem at the present time.

Current medications: He is currently on no medication.

Social history: Mr. Getz smoked between the ages of 19-22. One 50 gram pouch of tobacco would last approximately two weeks and he smoked a pipe. He reports using alcohol only very occasionally at the present time.

His job, he says, is to make log cabins and other types of wooden furniture. He will cut down a suitable tree and pull this back to his house using his horses. He will then trim and dress the wood in such a way that he can use it for whatever building project he is doing at the time. He does use a chainsaw and hand tools, but uses no glues, screws, or other chemicals. Throughout his career he has done a variety of other jobs including working in a mine as a woodman installing the wooden supports to keep the mine from collapsing and also worked for a while as a gold prospector. Most of his work has been outdoors.

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Systematic enquiry revealed that he felt his health was generally pretty good although not as good as prior to the episode of flaring in August, 2003. Prior to this episode, he felt his health was very good. His appetite remains good and his weight steady. He did report some occasional heartburn.

On examination: His general condition was good. He was slightly overweight. He had no anemia, cyanosis, clubbing, or lymphadenopathy. Cardiovascular system examination revealed a regular pulse with blood pressure 150/90 and no abnormal heart sounds. Respiratory system examination was essentially normal although there were some equivocal fine crepitations at both bases. Abdominal system examination was normal. Central nervous system examination was normal. Examination of his mouth and pharynx was essentially normal. He did have two plaques over the lateral aspect of his right calf. These were red and raised and about the size of a dollar coin. These did not look typical of any particular type of skin problem and their appearance may have been modified by the use of creams by Mr. Getz. He also had a scar over his right knee.

As I understand, all investigations have to date been essentially normal. In addition, Mr. Getz has seen some other specialists with no definitive diagnosis for his symptoms being identified. One of his main concerns seem to be with regard to whether the incident in August, 2003 would unduly limit his life span. As all the test results to date have been normal, I think this is unlikely. Clearly, however, there does seem to have been some incidence in August, 2003 when Mr. and Mrs. Getz were potentially exposed to combustion products from the flaring process and the temporal relationship between their symptoms and this even as well as the other reported changes in the local environment would at least suggest some relationship. Unfortunately, it is likely to be very difficult to reach a definite opinion about the likely constituents of any emissions from the flare. Certainly, it would likely have contained some sulfur dioxide, hydrogen sulfide, oxides of nitrogen, and fully and partially combusted hydrocarbons of various types. These agents have been associated with a number of adverse effects. Certainly some of the symptoms that Mr. and Mrs. Getz describe would be compatible with acute inhalation. This might include the sore throat, soreness around the mouth and sensation as if they had a cold. The more long-term consequences of this type of incident, if indeed there are any, are less well known as such incidents are fortunately rare and so it is difficult to know if Mr. and Mrs. Getz long-term symptoms are in accordance with what might be expected in the circumstances. I did take the opportunity to reassure Mr. and Mrs. Getz that with this type of acute exposure, once the exposure ended, symptoms did usually gradually improve although this might take several months or even years before improvement was back to its maximum, and this may be somewhat short of how they felt before this type of incident. I also suggested that if they were to get any further symptoms or have any further questions or concerns, they would be welcome to return to the clinic.

I have not at the present time arranged any further investigations although for Mr. Getz it may be that referral to a dermatologist would be helpful to ascertain the cause of the rash on his leg.

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Many thanks for asking me to see this interesting couple and for the opportunity to understand this sequence of events. Certainly if I come across any similar episodes future, I will hopefully be better prepared to identify any consistent pattern.

Yours sincerely,



Jeremy Beach, MBBS, MD, FRCP(C), FRCP(Edin), FFOM
Associate Professor and Residency Program Director
Occupational Health

JB/cs

Dictated
Transcribed
Reviewer

Copy to: Ole Getz, Box 1001, Tumbler Ridge, BC, V0C 2W0