DEPARTMENT OF THE ARMY
Fort Lostinthewoods Medical Department Activity
301 AMEDD Drive
Fort Lostinthewoods, MO 12345

MCCS-HFL 11 NOV 2014

MEMORANDUM FOR President of the convening board, (SDIA-TWE), 1307 Third Avenue, Fort Lostinthewoods, MO 12345-2725

SUBJECT: Medical Evaluation Board of Board Narrative Summary for Doe, Jane. 246-81-1012

Demographics:

a) Doe, Jane, MAJ, 246-81-1012
b) Twelve years active duty service
c) Registered Nurse 66H8A
d) The assistant Officer in Charge (OIC), Intensive Care Unit (ICU) at Fort Lostinthewoods Medical Treatment Facility (MTF). Her duties include fifty percent administrative duties and fifty percent clinical responsibilities. She assists and acts in lieu of the OIC, which consists of managing the daily operations of patient care in a high acuity 12 bed ICU. MAJ Doe routinely supervises a shift of seven registered nurses, three technicians, and 1 unit secretary. She rates 10 of the professional staff members and has taken on the primary coordinator role for the CFC fund drive for the MTF.
e) The service member is not currently in a training status
f) The service member (SM) is not approved for retirement or separation date at this time.
g) No administrative actions are pending at this time.

History:

a) **Pertinent Past Medical History:**
    1. Systemic Lupus Erythromatosus, 2014, active
    2. Lupus Nephritis, 2014, active
    3. Herpes Zoster
    4. Situational Anxiety
    5. Raynaud's Disease
    6. Mild Cardiomyopathy of Pregnancy
b) **Pertinent Past Surgical History:**
    1. No surgical history noted
c) **Pertinent Family History:**
    1. No family history available at this time

Current Medications:

a) Prednisone 5mg daily
b) Prograf 3mg BID

c) Lisinopril 5mg daily
d) ASA 81mg daily
e) Plaquenil and high dose Prednisone are not active. No dosage or daily administration data are available at this time

HPI - Potentially Unfitting Diagnos(es):

a) Systemic Lupus Erythromatosus
    1. November, 2008
    2. Activity at onset: The SM developed symptoms while wearing MOPP gear during a CBRNE training exercise.
    3. Location of onset event: FT Camptown, KY.
    4. No treatment records of any similar symptoms, treatments, or conditions are present in the patient files. No conditions or issues related to deployment, TDY, or TCS time periods.
    5. Hospitalization in February 2014 confirmed diagnosis of Lupus Nephritis; Emergency Room(ER) visit in NOV 2013 for treatment of Lupus-like syndrome post Anthrax inoculation.
    6. Prednisone 5mg daily, Prograf 3mg BID, Lisinopril 5mg daily, ASA 81mg daily
    7. Plaquenil was discontinued due to the possible adverse reactions related to the development or worsening of the SMs anxiety or cardiomyopathy. Provider notes also indicated concerns for possible long term use of this drug and the development of retinopathy. High dose Prednisone was tapered and discontinued prior to discharge from an inpatient setting
    8. No narcotics are being used or prescribed at this time.
    9. Review of Symptoms:
        a. **Full Review of Symptoms:** The patient interview completed with the patient and two pertinent positives results obtained and noted in the record.
        b. **Constitutional:** No fever, chills, or night sweats but reported weight increase of 10 pounds due to inability to perform physical training activities over the past ten months. The SM is also c/o intermittent fatigue and malaise at least two times per week.
        c. **HEENT:** No HEENT symptoms, denies headaches, changes in visual acuity or hearing loss.
        d. **CV:** Denies chest, jaw, or upper extremities radiating pain. Also denies any vasospasm-like episodes affecting nose, ears, or digits similar to previous Raynaud's exacerbations.
        e. **Pulmonary:** No cough, DOE, or SOB reported
        f. **GI:** Denies N/V/D, reflux, constipation, blood in stool or rectum
        g. **GU:** Denies any episodes of frequency, urgency, dysuria, frank hematuria or difficulty urinating
        h. **MSK:** SM reports intermittent muscular pain to thighs, calf, and forearms with mild weakness. She localizes joint pain with mild swelling and redness noted to the PIP joints on the 3rd, 4th, and 5th digits of bilateral hands with similar symptoms noted to bilateral wrists. Pain reported in all these areas is reported to be worse in the morning upon rising in the A.M. and dissipates in about hour after getting out of bed.

i. **Neuro:** Denies any seizures, disorientation or confusion. Also rejects any presence of numbness, tingling, or paresthesias.
j. **Skin:** Denies any recent skin eruptions, new rashes, itching or urticaria, but reports two areas of ring-shaped rashes to her lower back. Denies any acute hair loss or changes to nails
k. **Psych:** Reports a history of a situational anxiety disorder but denies any current issues related to anxiety or depression. Rejects any history of drug alcohol abuse and denies any homicidal or suicidal ideations at this time. Patient reports feeling intermittent "down" due to not be able to function like she used to before becoming ill.

10. No known conditions identified prior to service induction.

b) Progressive comorbidities r/t Systemic Lupus Erythromatosus
1. Type III hypersensitivity reaction
2. Glomerulonephritis
3. Raynaud's Disease

Targeted Physical Exam:

a) Vital Signs: 03 NOV 2014; 118/76, HR: 86, RR: 16, T: 98.7, Pain: 3/10, HT 63"& WT 148/lbs. BMI: 26.2
b) Physical examination:
1. **Impression:** Well developed and articulate 32y/o female ambulating without difficulty and able to chronologically describe conditions and history.
2. **Skin:** The patient's skin is warm and dry with pink mucous membranes. Body hair is symmetrical and even to the head, scalp, torso, and extremities. No splitting, discoloration or ridges noted to nails on bilateral UEs. One three-inch area of ring-like erythema with scaling noted on right mid-scapular line intersecting with T-10 on body wide exam. A two and half inch area of erythema and scaling is present to the posterior neck area.
3. **HEENT:** Normocephalic with no lesions, nodules, or tenderness noted to cranial vault and scalp. Pupils are PERRLA bilaterally at 2mm. Ocular movements in all cardinal directions bilaterally are without nystagmus or deviation. Visual acuity screened at 20/20 bilaterally. No redness, drainage, or structural deformities are noted to the ear canal or tympanic membranes. There is no inflammation or exudate in the orophyrnax with uvula and tongue in the midline position. No inflammation, drainage, or exudate is noted to bilateral nares.
4. **Neck/lymph:** No enlarged fixed, warm, or tender anterior/posterior cervical, tonsillar, sub-mandibular, or sub-mental lymph nodes; No thyroid enlargement and Trachea is midline. A one centimeter oval, tender, and mobile lymph node palpated to the right axillary area.
5. **CV:** A regular cardiac rate and rhythm with clear auscultation of S1, S2, and PMI. No murmurs, rubs or gallops are noted. Bilateral radial pulses noted at +2 with no lower extremity edema present. Capillary refill is brisk and noted at < 2secs.
6. **RESP:** BBS are clear to anterior/posterior auscultation with no crackles, wheezes, or rhonchi. No abnormal echophony or tactile fremitus are present, and there is normal resonance overall lung fields. No cyanosis appreciated around the lips or mucous membranes. No cough present or accessory muscle usage noted.

7. **GI:** Visual observation of the ABD shows no deformities, discoloration, pulsations, or masses. Hypoactive bowel sounds are auscultated to all four quadrants. ABD is soft and non-tender to palpation without splenomegaly or hepatomegaly noted on exam.
8. **GU:** No evidence of discharge, drainage or hematuria.
9. **MSK:** Active and Passive ROM tested to neck, shoulder, spine, hips, knees, and ankles bilaterally with strength noted to UE and LEs at (4/5). Pain localized with mild edema and erythema to the PIP joints on the 3rd, 4th, and 5th digits of bilateral hands with similar symptoms noted to bilateral dorsal wrists.
10. **Neuro:** CN II-XII intact. Romberg exam is negative. Gait is normal and without difficulty at a regular pace, heel to toe, on tip-toes and heels.
11. **Mental Health:** Patient is calm, articulate and well-groomed but with subdued affect. The speech pattern and cadence have a normal pace and volume. She maintains eye contact and answers all questions with relevant detailed information without evasion. PHQ-2 scored at four and positive at this time.

Ancillary Study Summary:

a) Pertinent Labs:

Labs	2008	2010	2014	Conclusions
ANA	N/A	1:320 Positive	Positive 1:1280 & speckled	Suspicious for new onset or progression of SLE
BUN	N/A	N/A	WNL	Renal stability
Creatinine	N/A	N/A	1.3	Renal stability
Cardiolipin	N/A	Negative	N/A	Indicates stability
ESR	N/A	Elevated	N/A	Suspicious for new onset or progression of SLE
C3	N/A	N/A	52.3 Low	Suspicious for progression SLE
C4	N/A	N/A	10.8 Low	Suspicious for progression SLE
Jo-1	N/A	N/A	Negative	R/O Polymotosis
LFTs	WNL	WNL	WNL	R/O autoimmune hepatitis or medication regime damage
Mitochondrial AB	N/A	N/A	Negative	R/O autoimmune hepatitis
PCNA	N/A	N/A	Negative	SLE with stable Renal involvement
RNP	N/A	N/A	Positive	Suspicious for mixed connective tissue disease
SCL-70	N/A	N/A	Negative	Suspicious for scleroderma or connective tissue disease

Smith	N/A	N/A	Negative	Indicates stability
Smooth muscle AB	Negative	N/A	Negative	R/O autoimmune hepatitis
SSA	N/A	AB Negative	Negative	Sjögren's syndrome
SSB	N/A	AB Negative	Negative	Sjögren's syndrome
UA	WNL	WNL	Small for protein	Suspicious for progression SLE/SLN or Renal damage
WBCs	2.9	2.4	2.4	Suspicious for progression SLE

b) **Pertinent Rads:**
   1. No pertinent radiology studies noted in medical record.

c) **Pertinent Other:**
   1. Physical Therapy evaluation of ROM, strength, and function:
      a. Aerobic endurance evaluation
      b. Strength training consult
      c. ROM evaluation
      d. Ultrasonography consult

Consult Summary:

a) **Nephrology consult**: The Nephrology evaluation completed during the hospitalization in JAN14 for the acute renal failure related to the diagnosis Lupus Nephritis. Treatment during this exacerbation successfully treated the patient and she was released but with limitations and follow-up serology requirements. She will require annual reevaluation of her renal status and condition annually.

b) **Rheumatology consult:** The progressive SLE diagnosis was confirmed during the JAN 2014 hospitalization, and the patient is still being followed on a quarterly basis for monitoring and medication oversight related to daily Glucosteriods and Prograf administration. When the patient stabilizes, she will still require annual monitoring for this progressive chronic condition.

c) **Dermatology consult:** Was initially completed in NOV 2008 when the first exacerbation of Lupus presented as an allergic skin reaction. The patient received intermittent treatment including oral and topical Glucosteriods medications for this condition for the following six years with limited success.

d) **Allergy consult:** An off-post Allergy specialist evaluated the patient in JAN 2009, and subsequent allergy testing was shown to be inclusive, and no further treatment or follow-up are required from this service.

e) **Physical Therapy consult:** Scheduled for completion in DEC 2014 to evaluate the patient for aerobic fitness, strength training, ROM capabilities, and future needs due to this chronic and debilitating condition

f) **Behavioral Health consult:** There is a pending Behavioral Health consult related to PHQ-2 completed during the last Primary care visit. The appointment is pending at this time, and the results will be forwarded when available.

Current Profile Restrictions:

a) Duty restrictions:
    1. No pushups
    2. Pull up
    3. No lifting >20#
    4. No load bearing equipment
    5. No weapons qualifications
    6. No CBRNE training
    7. Standing as tolerated
    8. No standing in formation
    9. No marching
    10. Running or walking at own pace
b) Diagnosis - Systemic Lupus Erythromatosus, type III hypersensitivity reaction, Lupus Nephritis, Raynaud's Disease
c) Release date - pending awaiting MEB/PEB/IDES disposition.
d) Deployable - No
e) Current Profile - P3 U3 L2 H1 E1 S2

Line of Duty Determination (LOD):

a) In accordance with AR 600–8–4, section 3-2 and 3-4 the SM's condition is determined to be either caused and/or aggravated while acting in the line of duty. The DA 2173 is included in with documentation.

Occupational Impact:

a) Progressive Systemic Lupus Erythromatosus
    1. Deployable: No
    2. Extent of limitation: These progressive conditions related to the SLE will limit the SMs ability to perform the following duties: clinical perform duties, participate in field training, wear load bearing equipment, operate in austere environments or support operations in any OCONUS setting. Remaining on active duty will not benefits United States Army and will pose potential harm to the SM.
b) Comorbidities of SLE related to type III hypersensitivity reaction, Glomerulonephritis, and Raynaud's Disease
    1. Deployable: No
    2. Extent of limitation: These progressive conditions related to the SLE will limit the SMs ability to perform the following duties: clinical perform duties, participate in field training, wear load bearing equipment, operate in austere environments or support operations in any OCONUS setting. Remaining on active duty will not benefits United States Army and will pose potential harm to the SM.

Prognosis:

a) Progressive Systemic Lupus Erythromatosus
    1. Stable at this time but with the potential for chronic progressive determination causing further debilitation.

2. Timeline for recovery: This is a chronic autoimmune disorder with progressive features and will be a lifetime ailment without a significant breakthrough in future treatment modalities
3. Patient will require lifetime medication therapy and serology monitoring for the foreseeable future
4. There will be an annual requirement for continued specialty consults to Rheumatology, Nephrology, Dermatology, Physical and/or Occupational Therapy to retard the progression this of this condition.

Addendum of Fitting and Unfitting Medical Conditions:

a) Fitting Conditions
    1. Although uncomfortable with a potential to limit duty as a result of temporary profile or treatment, MAJ Doe's previous diagnoses of Herpes Zoster, Situational Anxiety and Mild Cardiomyopathy of Pregnancy pose no significant hindrance upon her ability to sustain herself in military service. These diagnoses have the potential to warrant treatment of an unforeseen nature in the future, but not to the extent of being considered conditions worthy of attention from the Disability Evaluation System
b) Unfitting Conditions
    1. Systemic Lupus Erythematosus with Type III Hypersensitivity Reaction
        a. According to the National Institutes for Health (NIH), lupus is classified as an autoimmune disease affecting numerous body systems to include cardiac, renal, pulmonary and integumentary systems and can even have a negative effect on the brain. The associated Type III Hypersensitivity Reaction is a result of inflammatory responses caused by substances such as antibodies and antigens found in the bloodstream that initiate inflammation of the vascular wall leading to irritation and the actual hypersensitivity reaction (UCSF, 2014). The disease normally affects persons ranging from ages 15 to 45, but may have an onset at any time. The most common signs of lupus can range from mild to severe and will be quite noticeable, but common to other disorders, making it more elusive in the search for a diagnosis. Other symptoms include skin abnormalities in the form of rashes, especially on the face, unexplained fever, extreme fatigue, renal complications and arthritic pain with swollen and discolored joints. Patients may experience more uncommon symptoms such as anemia, chest pain, and alopecia, ulcerations in the mouth, photosensitivity, depression and headaches. Neurological symptoms may appear as well, leading to dizziness, confusion and seizures (NIAMS, Systemic Lupus Erythematosus, 2013).
        b. Presentation of the disease involves flaring of symptoms with periods of remission. Manifestations of lupus vary from person to person normally with a combination of body systems affected. However, it is possible for certain individuals to have the disorder with only one or a few systems affected. Treatment for the symptoms or disease exists, but, unfortunately, no cure is available at this time. Lifestyle modifications and management

as well as medication adherence can positively affect individuals with the disease (NIAMS, Systemic Lupus Erythematosus, 2013).

2. Lupus Nephritis
    a. Lupus nephritis is simply the term used to describe the result of interference of lupus autoantibodies that cause damage to the glomeruli of the kidneys and prevent proper filtration of waste products. The overall result leads to inflammation of the kidney and may cause disorders such as hematuria, proteinuria, hypertension, reduced renal function or, in worse cases, total kidney failure (Mayo Clinic, Lupus Nephritis, 2013).
3. Raynaud's Disease
    a. Raynaud's disease is a disorder that elicits a feeling of numbness in certain body parts in response to cold temperatures, but may also be a stress reaction. This occurrence is related to the occlusion of smaller arteries by vasospasm and may vary on the frequency, duration and severity among patients (Mayo Clinic, Raynaud's Disease, 2014).

c) Ratings based on VA Schedule for Rating Disabilities (VASRD)
1. Rating of each potentially disqualifying disability (for military)
    a. Systemic Lupus Erythematosus with Type III Hypersensitivity Reaction 60%
    b. Raynaud's Disease – 10%
    c. Lupus Nephritis – 0%
2. Rating of each compensable condition incurred/aggravated in line of duty
    a. Same as rating noted above
    b. Systemic Lupus Erythematosus with Type III Hypersensitivity Reaction – 60%
    c. Raynaud's Disease – 10%
    d. Lupus Nephritis – 0%
3. Total likely VA disability rating
    a. Lupus 40% disabled = 60% able
    b. Raynaud's Disease 10% disabled= -6%= 54% able
    c. Total: 100-54= 46% disability (rounded to nearest 10%) = 50%
4. Eligibility for benefits based on rating
    a. Based on her combined service-related disabilities, the service member would achieve higher than a 30% rating from the VA, allowing her to receive eligibility for enrollment into the VA health care system.
5. Disposition
    a. MAJ Doe will be referred to IPEB due to her condition.