

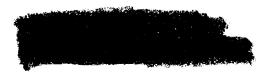
DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NA'/AL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE

Docket No: 1203-00

11 June 2001



Dear

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 31 May 2001. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinions furnished by the Specialty Advisor for Dermatology dated 9 November 2000 and 22 March 2001, copies of which are attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the 22 March 2001 advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

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records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER Executive Director

Enclosure

DEPARTMENT OF THE NAVY DEPARTMENT OF DERMATOLOGY CODE 0502 NAVAL MEDICAL CENTER PORTSMOUTH CHARETTE HEALTH CARE CENTER 27 EFFINGHAM STREET PORTSMOUTH, VIRGINIA 23708-2197

22 Mar 01

From: CAPT Specialty Advisor for Dermatology
To: Chairman, Board for Correction of Naval Records, 2 Navy

Annex, Washington, D.C. 20370-5100

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION ICO FORMER

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1. The records show that on at least two separate occasions the service member reported to have had similar oral lesions prior to enlisting in the Navy. One report of a previous episode was documented in the dental record dated 09 Nov 88. The medical board states that during his hospital admission history and physical on 09 Nov 88, he "revealed that he has had a similar episode in the past."

- 2. Following his hospitalization, an Internal Medicine clinic visit dated 28 Nov 88 reports the erythema multiforme to be resolved.
- 3. Based on the records reviewed there is evidence that the erythema multiforme existed prior to entry into the Navy. The records also show that the erythema multiforme resolved and there is no evidence of residual disability from this episode of erythema multiforme.

CAPT, MC, USN

DEPARTMENT OF THE NAVY DEPARTMENT OF DERMATCLOGY CODE 0502 NAVAL MEDICAL CENTER PORTSMOUTH CHARETTE HEALTH CARE CENTER 27 EFFINGHAM STREET PORTSMOUTH, VIRGINIA 23708-2197

09 Nov 00

From: CAPT Control Specialty Advisor for Dermatology
To: Chairman, Board for Correction of Naval Records, 2 Navy

Annex, Washington, D.C. 20370-5100

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION ICO FORMER



1. Based on the description of the oral and ocular lesions during the subject's hospitalization in Nov 1988 and the associated mycoplasma pneumonia, I believe the diagnosis of Erythema Multiforme major is correct.

- 2. The dental record dated 09 Nov 88 states that the subject had one previous episode of oral lesions "several years ago." The Board for Correction of Naval Records letter dated 18 Oct 00 states that the subject was diagnosed with Oral Herpes Stomatitis in 1988, prior to enlistment. Since there is no documentation of the Oral Herpes Stomatitis to review, it is impossible to determine if this was in fact a case of herpes or a case of Erythema Multiforme or something else. There can be some over lap in the clinical presentations of Herpes Stomatitis and Erythema Multiforme and the experience of the examining clinician can play a big role in the final diagnosis.
- 3. On the DD149 form, the subject does not have a question or concern about his oral or ocular disease. He is concerned about the permanent damage to his lungs. There does not appear to be a claim of disability related to skin or mucosal disease. I am not qualified to address the subject's claim of lung disease.

