Center for Airway, Voice & Swallowing Disorders Launched

Children with problems involving the larynx will receive more coordinated and efficient care now that Connecticut Children’s has launched the Center for Airway, Voice & Swallowing Disorders within the Division of Otolaryngology.

The center is a collaboration among Otolaryngology, Speech-Language Pathology, Pulmonary Medicine and Digestive Diseases. Providers coordinate their schedules so that patients who need to see multiple specialists can do so on the same day, at one location. The collaborative model also ensures that any invasive diagnostic tests or procedures will be coordinated so that a child needs general anesthesia only once. Providers from different specialties may see a patient together or separately, but they come together afterward to discuss the patient and the plan of care.

Nicole Murray, MD, directs the center from the Otolaryngology standpoint. The division’s other team members are Drs. Tulio Valdez and Katherine Kavanagh.

Scott Schoem, MD, director of the Division of Otolaryngology, says he has wanted to establish the full-service center for many years, but it took time to acquire the necessary equipment and space and to have enough providers and personnel to run it. The center is initially operating twice a month, but sessions will be added as the number of patients grows.

Easing the Burden of Pain

Connecticut Children’s launched a new Division of Pain and Palliative Medicine this summer with the goal of enhancing the comfort of children and families throughout the state. The division, headed by William Zempsky, MD, is the result of a reorganization that integrated Palliative Medicine, Integrative Medicine and Sedation with the former Division of Pain Medicine. In addition to Dr. Zempsky, the new division’s inaugural faculty members are Drs. Leonard Comeau, David Marcello, Kerry Moss, Heather Schlott and Ana Verissimo.

The core mission of the division is to reduce the burdens of pain, distress and overall stress associated with illness and treatment, and provide comfort to children and their families in the Connecticut Children’s community. It is the first such division in the country.
CASE REVIEW

GASTROENTERITIS? OR SOMETHING MORE?

Daniel Fisher, MD, pediatric intensivist, and Paul Kanev, MD, chief of Neurosurgery, prepared this issue’s case.

Presentation
A previously healthy 6-year-old boy presented to his pediatrician with a history of several days of mild headache, abdominal discomfort, intermittent dizziness and post-tussive emesis. Several family members were also having gastrointestinal symptoms. Physical exam was unremarkable. The initial impression was a viral gastroenteritis with mild dehydration. He was sent home with instructions for hydration and Tylenol and/or Motrin for discomfort/headache.

Five days later, he returned to his pediatrician’s office due to continued intermittent dizziness that worsened with position changes. He also reported that his headache was worse and now centered in the back of his head. His mother reported that he seemed clumsier and had a few episodes of falling down. She also reported that he had had an episode of emesis that morning. On physical exam, no neurological deficits were found. However, based on the history, the pediatrician recommended an immediate transfer to the Connecticut Children’s Emergency Department for further evaluation and to obtain a CT scan of his brain.

Diagnosis/Treatment
On arrival at the Connecticut Children’s Emergency Department, he was alert, interactive and cooperative. He was afebrile and had normal vital signs. His general exam was unremarkable. He had excellent symmetric strength, normal vital signs and intact cranial nerves. However, he had difficulty with finger to nose and rapid reflexes and intact cranial nerves. However, he had difficulty with finger to nose and rapid reflexes and intact cranial nerves. His general exam was unremarkable.

The child was transferred to the medical/surgical floor. While he demonstrated adequate oral intake, the advancement of his physical activity revealed truncal ataxia. He was instructed in the use of a walker and was discharged home on the tenth day of hospitalization. At the first outpatient follow-up, his ataxia had completely resolved. Due to the complete resection of the tumor, no adjuvant therapy will be needed.

Discussion
Brain tumors in children and teenagers have an incidence of 45 cases per 1 million children. As a group, brain tumors are the most common solid tumor malignancy. Only leukemias/lymphomas occur more frequently. Approximately half of all brain tumors are astrocytomas of the cerebellum. A cystic pilocytic astrocytoma is the most curable brain tumor at any age. With complete resection, there is no need for adjuvant radiation or chemotherapy. Long-term tumor-free survival exceeds 95%. A cystic component to the tumor is quite common and is indicative of slow growth over many months. Approximately two thirds of these pilocytic astrocytomas of the posterior fossa cause some degree of obstructive hydrocephalus. With complete resection, over 70% of children with preoperative hydrocephalus will escape the need for spinal fluid diversion with a ventriculoperitoneal shunt. The vast majority will recover without any neurological deficit.

Many children with brain tumors initially present with recurrent vomiting. It is not unusual for a child to undergo comprehensive GI evaluation, sometimes including barium imaging studies or even endoscopy. This fact should help pediatricians remember to consider brain tumors and hydrocephalus in the differential of the child with subacute/chronic recurrent vomiting.

Other patients will present with ataxia or gait dysfunction, especially if the tumor has blocked spinal fluid circulation and hydrocephalus has developed.

At Connecticut Children’s, the safe resection of pilocytic astrocytomas and other types of brain tumors is performed utilizing neurophysiology monitoring, intraoperative CT scanning and ultrasound aspiration, if indicated. The care of these children is coordinated by a patient care team consisting of neurosurgeons, pediatric anesthesiologists and pediatric critical care physicians.

Case Ideas Welcome!
If you’ve had a case in which Connecticut Children’s was involved, and you’d like to share it with your colleagues, the editorial board of Medical News would like to hear from you. To propose a case for publication in Medical News, please send a brief e-mail describing the case to Dennis Crean, RN, managing editor, at dcrean@connecticutchildrens.org.
Seizing a Better Quality of Life for Patients with Cancer

Can physical activity reduce the fatigue associated with cancer treatment and, in doing so, improve patients' quality of life? That's one of the questions Andrea Orsey, MD, is exploring. A pediatric hematologist/oncologist at Connecticut Children's, Dr. Orsey is also a licensed physical therapist, so her interest in the relationship between physical activity and quality of life is a natural one. Plus, she points out, "As survival rates among pediatric cancer patients have risen dramatically in recent decades, research has begun to focus, not just on survival, but on toxicities of care."

Studies show that fatigue is the most prevalent and often most distressing side effect of cancer treatment. Traditionally, physicians have encouraged patients to rest and sleep. Dr. Orsey believes that may not be the best approach.

"The problem is that the more patients rest and the more physically inactive they are, the more deconditioned they become, which leads to more fatigue. It's a cycle," she says. "We're looking at whether we can improve patients' quality of life and decrease their fatigue through exercise."

ONGOING RESEARCH

In her cross-sectional study, Dr. Orsey has been using surveys to assess pediatric oncology patients between ages 8 and 18 who are receiving active chemotherapy or radiation and who are home for at least seven days. The surveys ask about fatigue, mood, pain levels and overall quality of life. Each child wears a device that provides a measure of how physically active he or she is. An analysis of the data shows that there does appear to be a relationship between physical activity and quality of life. However, fatigue does not appear to be the only factor. Dr. Orsey hopes to go on to see what other biochemical or immunological factors may also play a role. She hopes to conclude the study by late 2011.

She's also conducting a pilot study involving an exercise intervention using Wii Fit. "We're looking at adolescent patients with leukemia who are in the maintenance phase," Dr. Orsey says. "We've developed a protocol scheduled around planned visits to the hospital and encouraged them to exercise with Wii. Every patient we've spoken to has wanted to do it. We're enrolling now and will soon begin collecting data."

The pilot study should help researchers better understand the interaction between physical activity and quality of life. Additional research projects are in the planning stages.

"We continue to work on supportive care of our patients to improve their lives," Dr. Orsey says. "Cancer turns lives upside down. We want patients to be happy and achieve their goals, and we want to help improve the cancer experience."

Pediatric Surgery Fellowship Awarded

Connecticut Children's has joined an elite group of children's hospitals that are approved to offer a pediatric surgery fellowship.

"There are only about 38 pediatric surgery fellowship programs in the country," says pediatric surgeon and fellowship Director Christine Finck, MD. "We are proud to have been awarded one by the ACGME."

Obtaining approval involved a rigorous, two-year process. Dr. Finck and the Program Coordinator, Veronica Tomlinson, had to review five years of cases to demonstrate the Medical Center's volume and breadth of experience in taking care of the sickest and most complex neonates and children. They also had to show the hospital had a certain number of trauma cases and that it has a high-quality curriculum and physicians who would be dedicated to teaching the fellows. The process also included a site review.

The first pediatric surgical fellow, Kimberly Ruscher, MD, arrived in July (see page 10). The two-year fellowship combines hands-on and didactic education, as well as simulation experience at Hartford Hospital's new Center for Education, Simulation and Innovation.

"It's a comprehensive education," says Dr. Finck. She adds, "We have exceptional faculty enthusiastic about training and we have state-of-the-art equipment. Fellows will have a broad, well-rounded experience that will make them adept at handling all sorts of issues that may arise in treating neonates and pediatric patients."

ÔCOMPLETE EVALUATION AND MANAGEMENT

The center has all the equipment and expertise needed to diagnose and treat the full array of abnormalities, including vocal cord paralysis, laryngomalacia, intubation injuries of the larynx and trachea, subglottic stenosis, esophageal reflux, food allergy mediated airway disorders and vocal cysts. The team performs fiberoptic laryngoscopy video recording to do stroboscopy with a distal chip camera.

"This give us excellent, close-up video and still photos of the larynx moving dynamically in order to assess both subtle and more apparent voice disorders," says Dr. Schoem. Capabilities also include flexible endoscopic evaluation of swallowing (FEES). The FEES system assesses the anatomy surrounding the voice box and the opening of the esophagus using a small, flexible telescope passed through the patient's nose. With the telescope in place, the child is given foods of various textures.

"Using FEES, the team can perform swallowing and airway assessments without the radiation exposure associated with a modified barium swallow," Dr. Schoem notes. All examinations are recorded, so all providers can review them and so the team can look for changes and compare conditions before and after surgery.

Based on findings from diagnostic tests, history and physical exam, the team develops a treatment plan for each patient.

"The plan may involve therapy alone, or it may include minimally invasive surgery or, if there's a serious problem such as stenosis in the airway, an open laryngotraheal reconstruction using rib cartilage grafts," says Dr. Schoem.

For more information about the Center for Airway, Voice & Swallowing Disorders, contact Nicole Murray, MD, at 860.545.9650.
Easing the Burden of Pain, continued from page 1

Children’s Sedation Service has helped children experience less anxiety and discomfort during medical procedures. David Marcello, MD, who first proposed the service, has headed it from the beginning and overseen its growth. Last year, approximately 800 children hospital-wide benefited from the Sedation Service. The sedation team itself has grown to keep pace with demand. Dr. Marcello is now full time, and other team members include physician assistant Christine Cosenza, PA-C, and several nurses. Under the new division, a second physician, Len Comeau, MD, will dedicate a percentage of his time to sedation.

INTEGRATIVE MEDICINE
Ana Maria Verissimo, MD, heads up the Integrative Medicine component of the new division. A pediatrician in private practice in Newington for 15 years, Dr. Verissimo developed an interest in integrative medicine as a way to help patients and families have more control over their pain and symptoms, and therefore over their lives. When working toward a master’s degree in health and healing, she wrote her thesis on establishing an Integrative Medicine department at Connecticut Children’s. Dr. Verissimo is committed to conventional medicine, but also sees the benefits of integrative therapies such as guided imagery, focused attention (aka hypnosis), biofeedback, yoga, massage therapy and acupuncture.

“As physicians, we all know intuitively that success requires an appreciation of treating the whole person,” Dr. Verissimo says. “Stress can affect healing and exacerbate pain. We teach kids guided imagery, focused attention, biofeedback and other modalities so they can have more control over their pain and be less anxious about medical procedures.”

Dr. Verissimo is teaching these techniques in the chronic pain clinic and has done some work on the surgical floors. The program is expected to grow over the next year.

The division has received a grant from the Connecticut Children’s Medical Center Friends to conduct a two-year pilot program in pediatric massage. Edie Black, RN, a PICU nurse who is trained in therapeutic massage, will offer this to hematology/oncology inpatients. The division is seeking additional funding to expand the program beyond the pilot phase. Another goal is to offer relaxation techniques for families and care providers.

PALLIATIVE MEDICINE
To date, palliative medicine at Connecticut Children’s has focused primarily on educating residents and other practitioners about dealing with end-of-life issues. The Division of Pain and Palliative Medicine has a proposal pending that would create a Palliative Medicine clinical consultation service.

“The service would involve a team of three physicians and a nurse practitioner being available to any community or hospital provider who needs assistance dealing with kids who have chronic, life-limiting illnesses, including care at end of life,” says Len Comeau, MD, who heads the Palliative Care component. Other physicians who would be on call 24/7 to help primary care physicians or subspecialists are Heather Schlott, MD, and Kerry Moss, MD.

“The service will be about optimizing management of pain and symptoms, helping to develop goals of care and improving coordination of care,” says Dr. Comeau. “Another critical element will be linking inpatient services with community resources as part of care coordination.”

In creating a palliative medicine consultation service, Connecticut Children’s would be joining a growing number of centers with such programs. In 1998, only 36 percent of children’s hospitals had palliative care teams. By 2005, based on survey data, that had almost doubled, increasing to 60 percent.

“It’s probably tripled by now,” says Dr. Comeau.

For more information about the services provided by the Division of Pain and Palliative Medicine, contact Dr. Zempsky at wzempsk@connecticutchildrens.org.
When pediatric infectious disease specialist Juan C. Salazar, MD, MPH, came to Connecticut Children’s in 1998, most of the patients in the Medical Center’s HIV program were between 4 and 11 years old, and 98 percent of them were infected with HIV perinatally. Today, the majority of the program’s patients are between ages 16 and 22. Many are long-term survivors of perinatal infection. But about 30 percent have acquired HIV through heterosexual or gay sex.

“In the 30 years since the first cases of HIV appeared in the United States, prevention programs and treatment for mothers have improved so much that it’s changed the landscape of pediatric HIV,” says Dr. Salazar. “We haven’t had any new perinatal infections in the last three years. Unfortunately, society is not doing enough to spread the message of prevention among adolescents. Kids are having unprotected sex, and many are acquiring sexually transmitted diseases, including HIV, chlamydia, gonorrhea and syphilis.”

A Population at Risk
While all sexually active adolescents are at risk, young gay males are at particularly high risk, Dr. Salazar says. Because their sexuality is not accepted in school or in the general public, they are forced to go underground for sexual encounters. As a result, they are readily victimized, often being brought into group sex situations, which increases their exposure. They may be raped, but are unlikely to report it to the authorities. The emotional consequences are devastating.

“Many become suicidal. Many have PTSD. In our society today, reporting date rape on a gay male is very difficult to do. That is one of the biggest problems we have right now,” says Dr. Salazar.

Role of the PCP
One of the ways Connecticut Children’s is working to prevent STDs among adolescents is through the Health Interactive Project (HIP). Social workers and nurses from the Medical Center, representatives from several non-profit regional NGOs, the Connecticut Department of Public Health, and a professional theater group visit area high schools to deliver an engaging but effective message about how to prevent STDs. After the presentation, they offer testing for HIV and other STDs. HIP has reached close to 5,000 students over the past three years and has tested nearly 1,000 young people.

Primary care providers have a vital role to play in prevention, Dr. Salazar says. “When doing well-child care, pediatricians should provide anticipatory guidance on sexually transmitted diseases,” he says. “When doing urine analysis, they should test [with amplified DNA testing] for gonorrhea and chlamydia. They should also conduct an oral cheek swab test for HIV. As permitted by Connecticut law, all of this can be done without parental consent.”

Both male and female patients, Dr. Salazar says, should receive the Gardasil vaccine at age 11.

“Preventing sexually transmitted diseases must be part of the care pediatricians provide for young adolescents,” says Dr. Salazar.

Physicians may contact Dr. Salazar at salaza@connecticutchildrens.org.

Caring for Those with HIV
Connecticut Children’s HIV Program for Children, Youth and Families is a nationally recognized center for the care of children and youth with HIV infection. The program provides timely, comprehensive, family-centered and culturally sensitive care to children, adolescents and parents affected by HIV, through a multidisciplinary approach. Providers strive to enhance the quality of life of patients and their families and prevent the spread of HIV by providing excellent health, nutritional and psychosocial services.
Barbara Edelheit, MD

Pediatric rheumatologist Barbara Edelheit, MD, came to Connecticut Children’s in 2002 after completing a fellowship in rheumatology at the Hospital for Special Surgery/Cornell Medical Center. She had become interested in the field as a resident at The New York Presbyterian Hospital.

“One of the teaching physicians at Cornell was a rheumatologist,” Dr. Edelheit says. “She was a dynamic physician who made her cases sound very interesting. I later chose to do an elective in rheumatology to do additional work with her and with the chief of the division.”

Now in practice at Connecticut Children’s for nearly a decade, she says that one of the things she enjoys most about her work is the patient continuity. “When you have patients with chronic disease, you get to know those patients and families over a long period of time,” she says.

Dr. Edelheit is interested in all inflammatory disorders in children, including juvenile arthritis, lupus, scleroderma, vasculitis, juvenile dermatomyositis and amplified pain syndromes. She is a member of the juvenile dermatomyositis committee of the Childhood Arthritis and Rheumatology Research Alliance, a North American pediatric research network. She is also the Connecticut Children’s site principal investigator on a National Institutes of Health-sponsored study exploring use of medication in children with juvenile idiopathic arthritis.

“We have a lot of effective medications for treatment of juvenile arthritis and other diseases,” Dr. Edelheit says. “We’re less knowledgeable about when and how to stop the medications. If a child has no evidence of active disease on medication, the question is whether the disease has gone into remission or if it’s the effect of the medication. In this study, we’re looking for biomarkers to better predict who may be able to stop the medication and who may continue to need it.”

When it comes to hearing from referring providers, Dr. Edelheit says she has an “open door” policy. She welcomes the opportunity to answer questions or discuss a patient.

Asked about new developments in her field, Dr. Edelheit says, “There are new medications and new uses for them coming out all the time. They’ve changed the face of juvenile arthritis and other diseases, so many kids with these conditions are leading normal, active lives.”

Dr. Edelheit may be reached at bedelhe@connecticutchildrens.org.

**Pitching Study Under Way**

With a $140,000 grant from Major League Baseball, researchers at Connecticut Children’s are working to identify pitching motions most likely to stress—and potentially injure—adolescent pitchers’ shoulders and elbows.

Orthopaedic surgeon Carl Nissen, MD, of Connecticut Children’s Elite Sports Medicine, is conducting the study in collaboration with Sylvia Ounpuu, MSc, director of Connecticut Children’s Center for Motion Analysis (CMA) and Matthew Solomito, BSBE, the CMA’s biomedical engineer.

An earlier pitching study Dr. Nissen led revealed that, contrary to conventional wisdom, the fastball, rather than the curveball, is the most stressful and dangerous to adolescents.

In the current MLB study, Dr. Nissen says, “we are trying to take the next step. We are looking at other breaking pitches known as sliders and cutters in hopes of determining if they are harmful. We are also looking at correlating strength of the pitcher to their shoulder and elbow stress.”

Dr. Nissen and his colleagues are using the unique capabilities of the CMA to trace the kinematics of these and other pitches.

“We’re the only lab that has received a grant from Major League Baseball to do this particular research,” Dr. Nissen says. “Only four or five labs in the country can do what the Center for Motion Analysis can do in terms of evaluating and analyzing the pitching motion.”

Dr. Nissen hopes that the study will uncover why there has been a significant increase in injuries in young adolescent pitchers in recent years. So far, he and his colleagues have evaluated 28 pitchers, and they plan to study at least 33. Now entering the third and final year of the grant, Dr. Nissen says, “We are ahead of schedule in obtaining data and experience necessary to make a statement that will help adult and young pitchers reduce injury.”

Dr. Nissen may be reached at cnissen@connecticutchildrens.org.
Connecticut Children’s Emergency Department is able to care for the most serious illnesses and injuries children may have. Fortunately, many of the 54,000 children who come into the ED every year have relatively minor problems that don’t require the department’s highest level of care. That’s where Kids Express comes in.

Kids Express is a special area of the ED designed to get low-acuity patients seen, treated and discharged quickly. The program was expanded recently to keep up with growing volume.

“About two years ago, we came to realize that patients who took 20 to 30 minutes to see and discharge were waiting an hour or more for treatment,” says Emergency Department Director M.C. “Cub” Culbertson, MD. “So we expanded Kids Express, adding a second provider and increasing the number of rooms from four to eight.”

The expansion has reduced wait times and freed up space and resources for higher-acuity patients.

All children arriving at the ED are triaged using a nationally utilized five-point system proven effective in accurately placing patients at the right level of care.

LIKE AN OFFICE VISIT—BUT MORE
Depending on the level of care required, a child triaged to Kids Express may be seen by a physician assistant/advanced practice registered nurse or physician. Joseph Newell, MD, is one of those physicians. Dr. Newell is a general pediatrician who was in private practice for 14 years before coming to Kids Express three years ago.

“Many of the kids we see are the same ones I’d see in an office setting, but there are three main differences,” Dr. Newell says. “One is that I have emergency medicine specialists right here to help me if necessary. A third is that the presence of residents gives me a nice opportunity to teach and to learn.”

On holidays or other times when a community pediatrician’s office is closed, Kids Express is a good option.

“It may be ideal for a lower-acuity patient to see his or her own doctor, but sometimes that’s not possible,” Dr. Newell says. “We can stand in for community practitioners, and they can feel comfortable that another pediatrician is seeing their patient and would do what they would do. I always felt really comfortable about my patients coming here.”

ON THE HORIZON
Kids Express is just one way Connecticut Children’s ED strives to provide fast, effective care. Dr. Culbertson says another plan is taking shape that will further streamline care. It’s called “triage, treat and release.”

“Emergency medicine is moving toward keeping vertical people vertical and horizontal people horizontal,” says Dr. Culbertson. “There’s no need to put people with minor issues—rash, cough, sore throat, for example—into a room with a bed. It’s an extra step, and it takes time. In this new model, walking, talking patients are seen and discharged right from triage.”

Connecticut Children’s is currently exploring the possibility of establishing a triage, treat and release program in the ED.

Dr. Culbertson may be reached at molbertson@connecticutchildrens.org.

New Hem/Onc Space Nears Completion

Construction is just about finished on Connecticut Children’s new Clinical Care Center for Cancer and Blood Disorders. The $5 million renovation doubles the Hematology/Oncology program’s clinical space from 4,000 to 8,000 square feet and includes 3,000 additional square feet of office space.

The renovated space will consolidate inpatient and outpatient services on the fifth floor of the Medical Center, more than double the number of exam rooms, create four private infusion rooms and four private day-treatment hospital rooms, establish an on-site blood laboratory, expand space and resources for families, and create more research space.

The expansion was needed to meet the increased demand for hem/onc services, which grew from 6,000 to 12,000 outpatient visits between 1999 and 2009.

Facilities Manager Robert Will notes that a great amount of thought and planning went into the redesign of the space. The comfort of children and families was a priority.

“All the treatment rooms, infusion rooms and day rooms have windows,” Mr. Will says. “When you’re getting an infusion, you’re there for quite a while. We wanted patients to have some daylight.”

Using “lean” principles was also a high priority. A committee of Hematology/Oncology staff worked with consultants and an architect to ensure that the layout and the placement of equipment were efficient and would enhance satisfaction among patients, families and staff.

Practitioners will begin seeing patients in the new space this fall.
Welcome Aboard

We extend a warm welcome to the newest members of our medical staff.

Kenneth Banasiak, MD
Critical Care
- Director, PICU, and division director, Pediatric Critical Care, Maine Medical Center
- Associate director, PICU, Children’s Hospital at Yale-New Haven
- Fellowship in critical care, The Johns Hopkins Hospital
- Residency in pediatrics, Children’s National Medical Center
- MD, University of Medicine and Dentistry of New Jersey
- MS, physiology, Georgetown University
- BS, chemistry, Seton Hall University

Andrew Heggland, MD
Emergency Medicine
- Fellowship in emergency medicine, Miami Children’s Hospital
- Residency in pediatrics, University of Minnesota Medical Center
- Internship in pediatrics, University of Minnesota Medical Center
- MD, University of Cincinnati College of Medicine
- BS, University of Florida

Eric Nelson, MD
Urology
- Fellowship in pediatric urology, Baylor College of Medicine, Texas Children’s Hospital
- Residency in urology, Thomas Jefferson University Hospital
- Internship in surgery, Thomas Jefferson University Hospital
- MD, Tufts University School of Medicine
- BS, biology, Tufts University

Frederick Bernstein, DO
Interventional Cardiology
- General pediatrician, Gerald Ente Pediatrics, LLC, Mineola, N.Y.
- Fellowship in interventional pediatric cardiology, Children’s Medical Center, University of Texas Southwestern
- Fellowship in pediatric cardiology, Children’s Hospital Los Angeles
- Residency in pediatrics, Schneider Children’s Hospital – Long Island Jewish
- Internship in pediatrics, Schneider Children’s Hospital – Long Island Jewish
- DO, New York College of Osteopathic Medicine
- BS, biomedical engineering, Northwestern University

Kate Humphrey, MD
Hospital Medicine
- Residency in pediatrics, Children’s Hospital of Philadelphia
- Internship in pediatrics, Children’s Hospital of Philadelphia
- MD, University of Connecticut School of Medicine
- BS, Bates College

Rosanne Salonia, MD
Critical Care
- Fellowship in pediatric critical care, Children’s Hospital of Pittsburgh
- Residency in pediatrics, SUNY Upstate Medical University Hospital
- MD, Ross University School of Medicine
- BS, biology, Fairfield University

Andrew Heggland, MD
Emergency Medicine
- Fellowship in emergency medicine, Miami Children’s Hospital
- Residency in pediatrics, University of Minnesota Medical Center
- Internship in pediatrics, University of Minnesota Medical Center
- MD, University of Cincinnati College of Medicine
- BS, University of Florida

Naveed Hussain, MBBS, DCH
Neonatal Intensive Care Unit
- Medical director, Neonatal Nurseries, John Dempsey Hospital
- Pediatric chief of service, John Dempsey Hospital
- Fellowship in neonatal/perinatal medicine, University of Connecticut School of Medicine
- Residency in pediatrics, University of Connecticut School of Medicine
- Diploma in Child Health (DCH), Osmania University
- Bachelor of Medicine, Bachelor of Surgery, Osmania University

Jennifer Trzaski, MD
Neonatal Intensive Care Unit
- Fellowship in neonatal/perinatal medicine, Connecticut Children’s Medical Center
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Pennsylvania School of Medicine
- BA, chemistry, Princeton University

Eric Nelson, MD
Urology
- Fellowship in pediatric urology, Baylor College of Medicine, Texas Children’s Hospital
- Residency in urology, Thomas Jefferson University Hospital
- Internship in surgery, Thomas Jefferson University Hospital
- MD, Tufts University School of Medicine
- BS, biology, Tufts University

Christopher Grindle, MD
Otolaryngology
- Fellowship in pediatric otolaryngology, A.I. DuPont Hospital for Children
- Residency in otolaryngology, Thomas Jefferson University Hospital
- Internship in General Surgery, Thomas Jefferson University Hospital
- MD, University of Wisconsin School of Medicine and Public Health
- BS, biology, Fairfield University

Naveed Hussain, MBBS, DCH
Neonatal Intensive Care Unit
- Medical director, Neonatal Nurseries, John Dempsey Hospital
- Pediatric chief of service, John Dempsey Hospital
- Fellowship in neonatal/perinatal medicine, University of Connecticut School of Medicine
- Residency in pediatrics, University of Connecticut School of Medicine
- Diploma in Child Health (DCH), Osmania University
- Bachelor of Medicine, Bachelor of Surgery, Osmania University

Jennifer Trzaski, MD
Neonatal Intensive Care Unit
- Fellowship in neonatal/perinatal medicine, Connecticut Children’s Medical Center
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Pennsylvania School of Medicine
- BA, chemistry, Princeton University

V. Matt Laurich, MD
Emergency Medicine
- Fellowship in pediatric emergency medicine, Mount Sinai School of Medicine
- Residency in pediatrics, Morgan Stanley Children’s Hospital of New York–Presbyterian, Columbia University Medical Center
- MD, University of Pennsylvania School of Medicine
- BA, chemistry, Princeton University

Christine Rader, MD
General Surgery
- Fellowship in pediatric general surgery, Yale-New Haven Hospital
- Residency in general surgery, University of Connecticut
- MD, Boston University
- MA, medical sciences, Boston University
- BA, English, Boston College

Rosanne Salonia, MD
Critical Care
- Fellowship in pediatric critical care, Children’s Hospital of Pittsburgh
- Residency in pediatrics, SUNY Upstate Medical University Hospital
- MD, Ross University School of Medicine
- BS, biology, Fairfield University

V. Matt Laurich, MD
Emergency Medicine
- Fellowship in pediatric emergency medicine, Mount Sinai School of Medicine
- Residency in pediatrics, Morgan Stanley Children’s Hospital of New York–Presbyterian, Columbia University Medical Center
- MD, University of Pennsylvania School of Medicine
- BA, chemistry, Princeton University
**Nephrology Coverage in Place**

The Division of Pediatric Nephrology continues to see patients daily while Connecticut Children’s recruits a new section chief to replace Majid Rasoupour, MD, who retired earlier this year. Two pediatric nephrologists, Cynthia Silva, MD, who joined the division on a full-time basis a year ago, and Kathleen Sardegna, MD, are working extended hours to help ensure patients can be seen in a reasonable timeframe.

“We typically see non-emergent patients within a month,” says Dr. Silva. “If the situation is more acute, referring providers can call us at 860.545.9395 to arrange for the patient to be seen sooner.”

Dr. Silva continues to see patients in Shelton on one half-day every other month.

The Medical Center has arranged for Yale’s Pediatric Nephrology Division to provide call coverage for patients admitted on nights or weekends.

The hospital expects to have a new chief of Nephrology on board this fall.

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**ADDITIONAL SERVICES in Danbury**

Physicians from Connecticut Children’s Divisions of Hematology/Oncology and General Surgery now see patients at Danbury Hospital’s Children’s Health and Wellness Center. Drs. Donna Boruchov, Nathan Hagstrom, Michael Isakoff and Kerry Moss of Hematology/Oncology see patients on the second and fourth Fridays of the month. General surgeon Richard Weiss, MD, sees patients on the fourth Thursday of each month. To schedule a hem/onc visit, call 860.545.9630 (option 1); for surgery, call 860.545.9520 (option 1). The Divisions of Cardiology and Digestive Diseases continue to see children at the Children’s Health and Wellness Center, which is located at 79 Sand Pit Road in Danbury.

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**CONFERENCE in Waterbury**

Connecticut Children’s Waterbury Campus Planning Committee invites pediatric health care providers to attend “Current Issues in Pediatric Healthcare” on Saturday, Sept. 24, from 8 am to 12:45 pm at 56 Franklin Street in Waterbury. For information or to register, contact Deborah Martin, RN, MSN, at 203.709.3549.

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**Grand Rounds Online**

Earn CME credit from your home or office by accessing selected Grand Rounds presentations online.

Go to www.connecticutchildrens.org to register and obtain a password.

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**Pediatric Evening Lecture Series**

Fee: $65 per session

Nov. 8, 2011
Migraines/Headaches in the Pediatric Populations

Feb. 7, 2012
Ask the Surgeon** (Expanded Schedule)

Andrulonis Child Mental Health Lecture Series

Fee: $65 for each lecture or $220 for all four

Oct. 11, 2011
School Failure: Understanding and Helping the Child with Educational Challenges** (Expanded Schedule)

Jan. 10, 2012
Ask Your Developmentalist** (Expanded Schedule)

March 8, 2012
Age-Appropriate Developmental and Behavioral Screening** (Expanded Schedule)

April 5, 2012
The Medical Home for Children with Autism Spectrum Disorder

To register or obtain more information, contact: Diane Mouradjian (860.610.4264 or dmouradjian@connecticutchildrens.org) or Deirdre Palmer (860.610.4281 or dpalmer01@connecticutchildrens.org).
Welcome, New Fellows!

Henry Chicaiza, MD
Emergency Medicine
- Residency in pediatrics, Baystate Medical Center
- MD, New Jersey Medical School
- BA, chemistry, Hamilton College

Jeffrey Bartlett, DO
Neonatology
- Residency in pediatrics, Connecticut Children’s Medical Center
- DO, University of New England College of Osteopathic Medicine
- BS, human biology, University of Northern Colorado

Hector Granados, MD
Endocrinology
- Residency in pediatrics, Woodhull Hospital
- MD, Universidad Autonoma de Ciudad Juarez

DonnaMaria Cortezzo, MD
Neonatology
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Connecticut School of Medicine
- BS, biology, Albertus Magnus College

Jennifer Gannon, MD
Medical Genetics
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Connecticut School of Medicine
- BS, biology, Boston College

Jeffrey Bartlett, DO
Neonatology
- Residency in pediatrics, Connecticut Children’s Medical Center
- DO, University of New England College of Osteopathic Medicine
- BS, human biology, University of Northern Colorado

Michael Blechner, MD
Pulmonary Medicine
- Residency in pediatrics, Cohen Children’s Medical Center of New York
- MD, Sackler School of Medicine
- BS, biology, Binghamton University

Kimberly Ruscher, MD
General Surgery
- Residency in general surgery, Connecticut Children’s Medical Center
- MD, Florida State University College of Medicine
- MPH, Harvard
- BS, biology, Florida State University

Johanna Palmadottir, MD
Digestive Diseases
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Iceland

DonnaMaria Cortezzo, MD
Neonatology
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Connecticut School of Medicine
- BS, biology, Albertus Magnus College

Jennifer Gannon, MD
Medical Genetics
- Residency in pediatrics, Connecticut Children’s Medical Center
- MD, University of Connecticut School of Medicine
- BS, biology, Boston College
Welcome, New House Staff, 2011 – 2012

CHIEF RESIDENTS

Justen Aprile, MD
• MD, Milton S. Hershey Medical Center, Pennsylvania State University
• BS, biology, Siena College

Francois Coutu, MD
• MD, University of Vermont College of Medicine
• BS, biology and computer science, Saint Michael’s College

Jessica Markham, MD
• MD, Albany Medical College
• BA, chemistry, Wellesley College

Candi Schaufler, DO
• DO, New York College of Osteopathic Medicine of New York Institute of Technology
• BS, biology, the College of New Jersey

Marie de Alwis, MD
• MD, Sackler School of Medicine
• BS, biochemistry, University of Maine

Dor Markush, MD
• MD, Sackler School of Medicine
• BA, psychology, University of Southern California

Leigh Sweet, MD, MPH
• MD, Boston University School of Medicine
• MPH, Boston University
• BA, biology and history, Boston University

Paul Fadakar, MD
• MD, University of Connecticut School of Medicine
• BA, economics, Boston College

Clare O’Keefe, DO
• DO, Philadelphia College of Osteopathic Medicine
• BA, biological sciences, University of Delaware

NEW PL-2 PEDIATRIC RESIDENT

Ranjini Srinivasan, MD
• MD, Michigan State University /College of Human Medicine
• BS, physiology, Michigan State University

Mina Farkhondeh, MD
• MD, Weill Cornell Medical College
• BS, biology, Massachusetts Institute of Technology

Susan Schmidt, DO
• DO, Philadelphia College of Osteopathic Medicine
• BA, philosophy/pre-med studies, College of the Holy Cross

PL-1 PEDIATRIC RESIDENTS

Corinne Althauser, DO
• DO, Nova Southeastern University College of Osteopathic Medicine
• MNS, nutrition, Columbia University
• BS, biomedical sciences, University of South Florida

Prachi Kothari, DO
• DO, Nova Southeastern University College of Osteopathic Medicine
• BS, genetics and developmental biology, The Pennsylvania State University, Schreyer Honors College

Anar Shah, DO
• DO, Touro University College of Osteopathic Medicine
• BS, mechanical engineering, University of Michigan

Ruby Bartolome, DO
• DO, Philadelphia College of Osteopathic Medicine
• BS, biology, Stevenson University

Óttar Kristinsson, MD
• MD, University of Iceland School of Medicine
• Natural history, Fjólbúðarstöð Skólahrafninn

Candice Sheldon, MD
• MD, The Warren Alpert Medical School of Brown University
• BS, engineering, Brown University

Kelli Broekema, DO
• DO, Michigan State University of Osteopathic Medicine
• BA, communication studies, Westmont College

Mallory Logsdon, DO
• DO, Des Moines University – Osteopathic Medical Center
• BA, biology, Augustana College

Karen Tang, MD
• MD, State University of New York Upstate Medical University
• MA, biotechnology, Columbia University
• BS, biochemistry, Binghamton University
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Connecticut Children’s Medical Center At Your Service

Connecticut Children’s provides a variety of services at locations statewide and beyond. Here’s a summary:

Danbury, Danbury Hospital, 79 Sand Pit Road
Cardiology • Digestive Diseases • General Surgery • Hematology/Oncology
Farmington, 309 Farmington Avenue
Center for Motion Analysis • Digestive Diseases • Endocrinology • General Surgery • Hematology/Oncology • Neurology • Occupational and Physical Therapy • Orthopaedics • Pulmonary Medicine • Radiology • Speech-Language • Sports Medicine • Urology
Farmington, 11 South Road
Otolaryngology-Head & Neck Surgery • Audiology • Speech-Language
Glastonbury, 310 Western Boulevard
Audiology • Cardiology • Digestive Diseases • Endocrinology • Hematology/Oncology • Neurology • Occupational and Physical Therapy • Orthopaedics • Otolaryngology-Head & Neck Surgery • Pulmonary Medicine • Radiology • Rheumatology • Speech-Language
New Britain, 100 Grand Street
Pulmonary Medicine
New London, 365 Montauk Avenue
Rheumatology
Putnam, 320 Pomfret Street
Cardiology
Shelton, 4 Corporate Drive
Cardiology • Digestive Diseases • Endocrinology • General Surgery • Hematology/Oncology • Nephrology • Neurology • Orthopaedics • Pulmonary Medicine • Rheumatology • Urology
Southbury, 22 Old Waterbury Road, Suite 201
Cardiology
Stamford, 32 Strawberry Hill Court
Rheumatology
Torrington, 157 Litchfield Street
Cardiology • Endocrinology
Waterbury, 64 Robbins Street
Cardiology
Massachusetts, 516 Carew Street, Springfield
Rheumatology

To make an appointment, call the specialty’s main number as listed in the Directory of Medical Programs and Services found at WWW.CONNECTICUTCHILDRENS.ORG.