

## Growing for YOU



Connecticut Children's is excited to announce our further expansion into southern Fairfield County. In this area, we aim to continue our promise of making pediatric care more accessible and closer to home.

As of September 21<sup>st</sup>, we opened a temporary clinic space in Westport at 333 Post Road West. This clinic will be our interim space until our brand new specialty care center opens Fall 2022. We want to sincerely thank you, we heard your feedback for access to Connecticut Children's experts and services. Our team is pleased to meet your needs now while continuing to further develop future plans for Southern Fairfield County.

Our clinic currently offers appointments for several of our specialties, including Cardiology, ENT, Orthopedics and Pediatric Surgery. Please see notes below for specialty-specific scheduling. These services are now offered in the southern Fairfield area for the first time to ensure the best possible pediatric care for children and their families.

Many of our procedures and surgeries will soon be available locally to go hand in hand with our Westport presence. We look forward to sharing more news with you about that in the near future.

"We are very excited to expand our close-to-home approach by bringing sub-specialty care into the communities of Fairfield County to ensure family centered care is both available and easily accessible for our referring and community providers and the families they care for," says James Moore, MD, PhD, Interim President of Connecticut Children's Specialty Group, Division Head of Neonatology, and Chief Clinical Network Development Officer.

We are pleased to establish these new locations in the coming year, furthering our relationship with partners, ensuring closed-loop communications and evidence-based care from pediatric subspecialists.

- The Cardiology clinic will have echocardiogram appointments available
- Ultrasound appointments are available with readings by pediatric trained radiologists



Specialty Care

For more information, please contact the Physician Liaison team at [physicianliaison@connecticutchildrens.org](mailto:physicianliaison@connecticutchildrens.org).



## A Message from Dr. John Brancato

***“Life starts all over again when it gets crisp in the fall.”*** – F. Scott Fitzgerald

After an interesting (RSV in July!) and somewhat disheartening (Delta variant) summer, I hope this issue of the Medical News finds you well and back in the groove of the new academic year. Within these pages, you will find helpful information on COVID-19; healthy habits for children as they return to in-person school; and obstructive sleep apnea. Connecticut Children’s Cardiothoracic Surgeon, Dr. Raina Sinha, shares her well-supported observations regarding the extraordinary stresses borne by working mothers during the pandemic. In addition, we are proud to share news of our affiliation with Nuvance Health, a seven-hospital health system in western Connecticut and the Hudson Valley, that shares our vision of providing high-quality pediatric care close to home.

As always, please share your comments and suggestions.

With warm regards,  
John Brancato, MD

Email Dr. Brancato: [Jbranca@connecticutchildrens.org](mailto:Jbranca@connecticutchildrens.org)

## Urgent Care Video Visits Now Available

The Connecticut Children’s Urgent Care in Farmington is now seeing patients with a limited number of conditions via Video Visit. MyChart is required for these appointments.

Conditions that can be treated with a Video Visit:

- Rashes, minor skin infections
- Allergies and colds
- Conjunctivitis/pinkeye
- Swimmer’s ear
- Scrapes, minor burns and sunburn
- Insect bites and stings
- Nausea and vomiting
- Diarrhea and constipation
- Covid-19 concerns



More information can be found online at:

[connecticutchildrens.org/urgent-care/pediatric-urgent-care/](https://connecticutchildrens.org/urgent-care/pediatric-urgent-care/)

## Connecticut Children’s Hybrid Gala

Prepare Thyself for Merriment! Join Connecticut Children’s in a celebration of bravery and fortitude, as we honor our first 25 years and set our sights on the next quarter century!

Our Hybrid Gala has been postponed until May 7, 2022. Is the fundraising event of the season, bringing together influential philanthropists, grateful patient families, healthcare professionals and people passionate about providing exceptional pediatric care.

This year’s Gala has been reimagined. For top-level sponsors and members of the Honorary Committee, it includes an intimate VIP dinner experience at the Connecticut Convention Center, followed by the main event featuring inspirational stories, engaging entertainment, unique auction packages, prize drawings and the Bid for Kids live appeal in support of the Hybrid Operating Room. The main event will be broadcast live, bringing our virtual and in-person Gala audiences together.

*Proceeds support Connecticut Children’s world-class pediatric medical care and community-based health and wellness programs. Learn more at [connecticutchildrensfoundation.org/gala](https://connecticutchildrensfoundation.org/gala).*

## Updates from the Research Institute & Center for Innovation

Health Resources & Services Administration awarded a two-year \$975,000 grant to develop a comprehensive Long-Term Follow Up Model in support of the Connecticut Newborn Diagnosis and Treatment Network. This project, led by Karen Rubin, MD and her team, will enable Connecticut Children’s to develop the capability to track and improve long-term health for babies diagnosed with disorders identified during newborn screening.

**Markus Bookland, MD** was awarded \$10,000 to move the Android App version of his craniometrics software into beta-testing in August. This is part of the new early-stage translational research program at the UConn START Preliminary Proof of Concept Fund.

**Ching Lau, MD** was awarded a \$250,000 grant from the Alex’s Lemonade Stand Foundation in support of a project with 19 other hospitals in the Pacific Pediatric Neuro-Oncology Consortium. The project will focus on the development a new diagnostic platform for intra-cranial germ cell tumors.

# How to Trick-or-Treat Safely During COVID-19: Tips From a Pediatrician This Halloween

By: Melissa Held, MD, Infectious Disease

Costumes, community, fresh air – there are lots of reasons to love trick-or-treating at Halloween.

But amid the spread of the Delta variant, and kids under 12 not yet eligible for a COVID-19 vaccine, it's complicated. Yes, outdoor activities are much safer than indoors, but traditional trick-or-treating still includes large groups of children, and the potential for crowded moments (like grabbing candy).

If your family does decide to trick-or-treat, you'll have to do things differently to keep everyone safe, especially our unvaccinated kids.

**If your family chooses to trick-or-treat during COVID-19, plan ahead to be safe.**

**1. Stay outdoors.** Neighbors should wear masks and stay outside their front door or at the end of their driveway or yard. Instead of having kids reach into a communal candy bowl, they should hand out individual bags to each child and set up a one-way route to avoid crowding.

**2. Wear a mask (and not just the costume kind).** Even outdoors, this is recommended for unvaccinated kids. Keep in mind that most costume masks alone aren't effective at stopping the spread of germs. So make sure your unvaccinated child wears at least a two-ply face mask, and check



that they can breathe comfortably if they are also going to use a costume mask. A better way to go: a Halloween-themed two-ply face mask!

**3. Limit the group size.** Keep your child's trick-or-treating group to just siblings or a close friend or two.

**4. Limit the houses you visit.** To limit unnecessary exposure to others, just go to a few homes on your street, or to visit just a few friends you know well.

**5. Social distance.** Leave lots of space between any other trick-or-treaters.

**6. Take precautions while prepping goody bags.** If you are the one preparing goody bags, wash your hands to soap and water for at least 20 seconds before and after prepping bags.

**7. Practice good hand hygiene.** Remember to have kids use hand sanitizer in between homes to further reduce risk.

**8. Stay home if you might be sick.** If any of your family members are feeling sick or think you may have been exposed to the coronavirus, please stay home and quarantine!

## What Will the Delta Variant Do to the Holidays? Questions to Help Families Plan Ahead

With the Delta variant continuing to spread, and children younger than 12 still waiting on a COVID-19 vaccine, the holidays are once again up in the air – especially for families with unvaccinated kids.

Still, we know your family may want to plan ahead for Thanksgiving, Hanukkah, Christmas and Kwanzaa. Connecticut Children's Physician-in-Chief Juan C. Salazar, MD, MPH, shares some questions to guide you.

**Do you hope to celebrate with anyone outside your household?**

- **If so, is anyone unvaccinated?** If they're old enough, encourage them to get the COVID-19 vaccine now, so they're fully vaccinated before the holidays. Remember: It takes two weeks after your final dose for the COVID-19 vaccine to be fully effective.
- **Can you limit the size of the gathering?** The fewer the number of households, the lower everyone's chance of spreading or catching COVID-19.
- **Can you set other COVID-19 ground rules?** For example, would everyone agree to avoid unmasked indoor gatherings (like restaurants) the week before getting together?

**Are you hoping to travel for the holidays?**

- **Can you drive instead of fly?** Airports are a higher risk for COVID-19, especially for unvaccinated kids, so it's better to drive. Try to plan your timeline to avoid peak hours at crowded rest stops. Here are ideas to keep kids entertained on the road.
- **Can you make flexible travel reservations?** From hotels to rental cars, look for options that are fully refundable, in case you have to cancel close to the travel date.
- **What is the community's rate of COVID-19 transmission?** On the CDC's website, you can search the state and county to see if rates

are low, moderate, substantial or high. If rates are rising, consider staying home and celebrating virtually instead.

- **What is the community's percentage of COVID-19 vaccinations?** It's most important that eligible family or friends are fully vaccinated. It's also helpful to know about the surrounding community, since places with high vaccination rates are generally safer. Use the same link above.

**How will you decide whether to change or cancel holiday plans?**

- **What's your deadline to decide?** Circle a week on the calendar to think through all of the above factors for keeping or changing your holiday plans. Encourage other households involved to do the same.
- **Would it be possible to move the event outdoors, if an indoor gathering won't be responsible?** Depending on the COVID-19 situation, would everyone agree to a Plan B that's outside – even if that means lots of extra layers, and a shortened celebration?
- **What will you do if you have to cancel altogether?** Be prepared with ideas to make the holidays special at home, in case COVID-19 cases rise, someone gets sick, or your comfort level changes. For help, check out Connecticut Children's holiday series from last year.

Like so much with this pandemic, decisions often come down to lowering the risks you can control, figuring out your comfort level with risks you can't control, and having a back-up plan if the situation changes. Families with unvaccinated children need to be especially careful, since kids can get very sick from COVID-19.

As the holidays get closer, please continue to follow the guidance of your child's doctor and health leaders like the CDC. And make sure every eligible member of your family is fully vaccinated against COVID-19. Healthy holidays are happy holidays.

# Clash of the Titans for Working Mothers

By: Raina Sinha, MD

*“We expect women to work like they don’t have children and raise children as if they didn’t work.”* – Pinable Rumi

The above-referenced quote hits home for me as a mother and a surgeon. The truth is, I am not alone. The “mom guilt” at the home front creeps in while we constantly need to prove ourselves in our professions.

In fact, this is the reality of most working mothers in various fields who have children in addition to career ambitions. It is further hampered by the fact that the bulk of unpaid domestic workload (physical and mental) still falls on the shoulders of women – yes, even in the 21st century! Thereby, the current pandemic has created the worst possible situation for women’s mental, emotional and professional well-being.

I write this column to bring this growing issue to your attention in hopes that it provides food for thought around your own experiences and the individuals in your lives. After all, they say the first step toward change is awareness.

Prior to the COVID-19 pandemic, women had been working towards achieving parity and creating a more gender neutral workplace in many different sectors and tiers of employment. However, data shows the pandemic has halted these efforts significantly. In fact, it has undone the tremendous progress made over the last few decades.

Today, women continue to bear the burden of being in a double bind between our professional and personal roles. COVID-19 has cataclysmically exacerbated this, not just in the United States, but around the world. There has been a disproportionate economic impact on women, with figures as high as \$800 billion of lost earnings. More than 2.3 million women in the United States left the labor force between Feb 2020 and Feb 2021, compared to 1.8 million men, according to the National Women’s Law Center. There is an increased demand for working mothers to decrease work hours or exit the work force altogether to provide care at home. Several studies have noted an increase in domestic violence as well.

According to the United Nations’ Policy Brief: *The Impact of COVID-19 on Women from April 2020* is as follows:

- *“The COVID-19 global crisis has made starkly visible the fact that the world’s formal economies and the maintenance of our daily lives are built on the invisible and unpaid labor of women and girls.”*
- *“Evidence across sectors, including economic planning and emergency response, demonstrates unquestioningly that policies that do not consult women or include them in decision-making are simply less effective, and can even do harm. Beyond individual women, women’s organizations who are often on the front line of response in communities should also be represented and supported.”*
- *“Women and girls have unique health needs, but they are less likely to have access to quality health services, essential medicines and vaccines, maternal and reproductive health care, or insurance coverage for routine and catastrophic health costs, especially in rural and marginalized communities.”*
- *Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men.”*



Here in the United States, lack of good quality, affordable child care and strong social safety nets are the biggest threats for households with working parents (single or double). Developing work-family policies for execution requires commitment on several levels – from federal to state to local employers’.

However, if our work environment in medicine and healthcare lacks commitment to find meaningful and sustainable solutions to address gender gaps such as pay, recruitment, promotion, retention, etc., then it is not possible to create a culture of inclusivity and diversity in which both men and women are able to have children and successful careers.

For those who have navigated themselves through the pandemic, applaud yourself as it has been a whirlwind of juggling multiple priorities while adapting to the ever-changing work and home environments. It has been mentally and physically exhausting, and deserving of recognition through thoughtful discussions of gender stereotypes and biases for working parents (mothers and fathers).

## References

1. [Early Signs Indicate That COVID-19 Is Exacerbating Gender Inequality in the Labor Force.](#) Landivar LC, Ruppner L, Scarborough WJ, Collins C.Socius. 2020 Aug 3;6:2378023120947997. doi: 10.1177/2378023120947997. eCollection 2020.PMID: 34192138
2. [Gender issues during the times of COVID-19 pandemic.](#) Grisold W, Moro E, et al; EAN Gender, Diversity Issues Task Force.Eur J Neurol. 2021 Mar 9;10.1111/ene.14815. doi: 10.1111/ene.14815. Online ahead of print.PMID: 33751757
3. [Women pay the price of COVID-19 more than men.](#) Croda E, Grossbard S.Rev Econ Househ. 2021 Feb 15:1-9. doi: 10.1007/s11150-021-09549-8. Online ahead of print. PMID: 33613141
4. [Gender Disparities in Authorship of Invited Manuscripts During the COVID-19 Pandemic.](#) Brown C, Novick TK, Jacobs EA.Womens Health Rep (New Rochelle). 2021 May 25;2(1):149-153. doi: 10.1089/whr.2021.0023. eCollection 2021.
5. [COVID-19 Threatens Progress Toward Gender Equity Within Academic Medicine.](#) Woitowich NC, Jain S, Arora VM, Joffe H.Acad Med. 2021 Jun 1;96(6):813-816. doi: 10.1097/ACM.0000000000003782.PMID: 33003040



Stay tuned for Season 3 of our **Women in Surgery** podcast coming this fall. Our surgeons at Connecticut Children’s will share their experiences, challenges, and advice on how to keep a work/life balance as a surgeon parent.

# Providing Expert Care to Treat Children with Complex Obstructive Sleep Apnea

By: Nancy Grover, MD

Pediatric obstructive sleep apnea (OSA) is described as interruptions in a child's breathing during their sleep due to the narrowing or full blockage of the upper airway. In children, potential consequences of untreated sleep disordered breathing can include cardiovascular, neurobehavioral, endocrine and metabolic problems with an adverse effect on their quality of life. These problems may turn out to be long-term effects that last well into adulthood. Studies have shown that treatment of sleep apnea results not only in normalization of symptoms, but can enable the child to live a healthy, sustainable life.

Children with sleep apnea can show symptoms during the day as well as at night.

## DURING SLEEP

Signs and symptoms might include one or more of the following:

- Snoring
- Pauses in breathing
- Restless sleep
- Mouth-breathing
- Nighttime sweating
- Bed-wetting
- Nightmares

## DURING THE DAY

Signs and Symptoms may include:

- Lack of attention / focus
- Learning problems
- Behavioral issues
- Hyperactivity
- Daytime sleepiness

At Connecticut Children's we have an experienced team of physicians who specialize in dealing with conditions associated with obstructive

sleep apnea such as Down syndrome, asthma, diabetes, excess weight, and more.

This program specifically aims to provide comprehensive management for children who continue to struggle with OSA and its consequences after conventional management options. Our multidisciplinary approach allows us to find solutions for those even with complex medical problems. Our team consists of physicians with expertise in the fields of pediatric otolaryngology, pediatric pulmonology, pediatric sleep medicine, and sleep psychology.

As the pediatric otolaryngologist for this program, I provide a comprehensive evaluation of the upper airway using in-office laryngoscopy, sleep endoscopy and specialized treatment with site-directed surgery involving the nose, oral cavity and upper airway.

Sleep physicians carefully evaluate sleep studies and provide management plans including but not limited to positive airway pressure, positional therapy, pharmacologic options, weight management and behavioral support, simultaneously identifying the need to treat other associated medical problems.

Our sleep psychologist works to desensitize the patient prior to any necessary sleep study if the child is likely to have difficulty tolerating the set up and help the patient acclimate to PAP therapy, if this therapy is indicated.

For more information about the Sleep Apnea Clinic, visit:

[rb.gy/sreas6](http://rb.gy/sreas6)

# Healthy Habits for the New School Year

By: Melissa Santos, MD

As our days are getting shorter, parents are getting their kids back in the swing of the school schedule. Let's soothe their groans by providing them with creative ideas for a successful new year.

There are several healthy habits you can offer your patients and their families to ensure they are at their peak game academically and physically. One way we can make sure that kids and parents are setting themselves up for the best school year is to focus on overall healthy habits – using what kids love most – their phones! The following apps are great tools to help overcome back-to-school stressors.

Let's make sure they are **eating** their healthiest:

- **Fooducate.com** - parents can get overwhelmed in the grocery store with the plethora of food options out there. This app will take the guess work out for them! They can simply scan a food's barcode to get a letter grade with suggestions for the healthiest option.
- **Figwee.com** - this app will help families keep track of their eating. They can pick a food and use the app ruler to measure the amount one is having. It is a great way to make sure they are getting all their nutrients for the day!

Let's make sure they are **moving**:

- **zombiesrungame.com** - voted as one of the best apps for kids, Zombie's Run takes them on an adventure where they have to protect their system from the upcoming zombie invasion. Hear that zombie breathing behind you? Pick up the pace so you don't lose valuable items for your city!

- **app.sworkit.com/collections/kids-workouts** - Swork it for kids was also voted one of the best apps to get kids moving. Kids can pick their activity, pick their minutes and get their family moving!

Let's make sure they are **sleeping** their best:

- **SleepBug.com** - White Noise Soundscapes & Music Box. Ever notice that you sleep better when it is raining outside? How about at the beach? With an app like Sleep Bug, parents can make sure everyone is getting a good night's sleep – and that will make the day so much easier!
- **SleepCycle.com** - Sleep Tracker, Monitor & Alarm Clock. If parents wonder how well their kids are sleeping, this is a great app. It can track their sleep quality and also let parents know if they are snoring or having any other kind of disrupted sleep.

Let's make sure they know what to do when the **worries** come:

- **Breathe2Relax** on the App Store (apple.com) - Sometimes when we get nervous or overwhelmed, our breathing changes a bit and that makes our body think there is something wrong. Breathe 2 Relax will help parents and children learn belly breathing to calm down and make good choices.
- **Calm.com** - The #1 App for Meditation and Sleep. With so many free options, the Calm app helps people of all ages manage their worries through relaxation and guided meditation.

Get more information on how to get your patients back to school safely, visit: [connecticutchildrens.org/category/back-to-school/](http://connecticutchildrens.org/category/back-to-school/)

# Connecticut Children's and Nuvance Health Enhance Pediatric and Newborn Services Through Alliance



Connecticut Children's and Nuvance Health recently combined forces to make it easier for parents to get the care they need for their children in western Connecticut and New York's Hudson Valley.

This alliance connects patients, their caregivers and providers specifically in the Nuvance Health hospitals' Neonatal Intensive Care Units (NICUs), Birth Centers, Emergency Departments and pediatric in-patient units with specialists and clinicians from Connecticut Children's, a nationally ranked pediatric health system. It will enable best-in-class, streamlined care for children and families when and where they need it – spanning newborns, infants, children, adolescents and young adults transitioning to adult care. The move brings expertise, compassion and comprehensive care directly to Nuvance Health hospitals.

"Improving the health of children across our states has never been more important than in the past year of the pandemic, and we have the right partner who is committed to work tirelessly for children," said Dr. John M. Murphy, president and CEO of Nuvance Health. "This is so important for

children because it's going to bring pediatric specialists from Connecticut Children's to our communities and keep their care close to home. We know having care close to home is what is best for families."

Consistently ranked by U.S. News & World Report as a Best Children's Hospital, Connecticut Children's focuses exclusively on pediatric care. Connecticut Children's is now the pediatric partner of choice for Nuvance Health hospitals.

"Connecticut Children's is proud to team up with Nuvance Health to form this alliance. This partnership means better healthcare for all families in the region. We are establishing a care continuum that supports high-quality pediatric care close to home," said Jim Shmerling, DHA, FACHE, President and CEO of Connecticut Children's. "We want to make it easier for children who need specialized care to access services and experts that can't be provided in the local community."

Each year, Nuvance Health cares for more than 550 premature babies in our NICUs. About 7,000 babies are born each year in their birth centers and 22,000 pediatric patients are treated in their emergency departments.

To learn more, visit [nuvancehealth.org/pediatrics](https://nuvancehealth.org/pediatrics).

## Tonsils; the Gateway to the Spine?

By: Noah Jablow, MD and Ryan Keenan, APRN; Division of Emergency Medicine

A 3-year-old male presented to the Connecticut Children's ED with a four day history of fever. He had undergone a tonsillectomy and adenoidectomy for sleep apnea six days prior to presentation. His father reported that fevers had been present daily since post-op day three rising as high as 105F. There were no complaints of cough or congestion, no nausea or vomiting. Stool and urine were reported to be normal. The patient complained of some nonspecific back pain but no other myalgia. Despite some throat pain, he was tolerating fluids well with no concern for post-operative bleeding. Physical exam in the ED was notable for dry mucus membranes and diffuse tenderness to palpation over all aspects of the back, both bony prominences and musculature.

CBC and chemistries were unremarkable. Urinalysis revealed 11 WBC and 24 RBC per hpf, with nitrites negative. A renal ultrasound was obtained and showed no abnormalities. The patient received a normal saline bolus and was evaluated by ENT, who cleared the patient for discharge home having no immediate concerns regarding the airway or surgical site. The patient was started on cephalexin for presumptive UTI with urine culture pending.

The patient returned to the ED the following day due to persistence of fevers with worsening back pain, new neck pain and decreased neck movement. The only additional new history provided was abdominal distention and parental concern for constipation post-operatively. Oral intake had diminished and acetaminophen and ibuprofen were not adequately managing pain. On exam, the patient was now toxic-appearing with dry mucus membranes. His abdomen was distended and tender diffusely. His neck range of motion was limited secondary to pain in all directions. Temperature was 98.8F, HR 120, RR 40, O2 100%. Differential diagnoses at the time included meningitis, retropharyngeal abscess (RPA), other post-op complication or abscess and viral pharyngitis. Labs were drawn and notable for a WBC of 19K and CRP of 41 mg/dl. A soft tissue neck x-ray demonstrated only a possible thickening of the tissue surrounding the adenoids but no clear evidence for RPA. CT of the neck was obtained showing no RPA but did note some retropharyngeal soft tissue edema. CT also noted mild rotation of C1 on C2. The ENT team was again consulted and believed that symptoms might be consistent with Grisel syndrome, a non-traumatic rotatory subluxation of the atlantoaxial

joint, which may be a rare complication of tonsillectomy. The patient was admitted for Orthopedic Surgery assessment and further workup.

While admitted, the patient was seen by orthopedics and a soft collar was placed. He received broad-spectrum empiric antibiotics for suspected post-operative infection. Blood culture drawn from the ED returned positive for *Staphylococcus aureus*. A new systolic ejection murmur was noted and cardiology was consulted to rule out endocarditis. EKG and trans-thoracic echocardiogram were normal. ID was consulted on hospitalization day 2 as neck and back pain worsened and recommended a spinal MRI to rule out osteomyelitis. Spinal MRI revealed pyomyositis of the lumbar paraspinal region with extension to the proximal cervical spine epidural space. The patient underwent emergent surgical laminoplasty and evacuation of extensive epidural abscess with Neurosurgery. A PICC line was placed for an anticipated 6-week course of antibiotics. Further complicating the course, chest radiography demonstrated a cavitary lesion of the lung. Subsequent chest CT scan revealed multiple septic emboli of the bilateral lungs and a loculated left pleural effusion for which no specific intervention was initiated. Nephrology was consulted as the patient was noted to be hypertensive throughout his hospitalization. He was started on amlodipine though no clear etiology for his hypertension was determined. The patient was discharged after 18 days of hospital care with multiple subspecialty follow-up visits scheduled.

Inflammatory complications following simple otolaryngological procedures are very rare, but may include localized abscess, cellulitis, or deep-space abscess such as RPA. Some case reports note epidural abscess as an especially rare complication. It may be considered in the post-operative presence of persistent pain, fevers and limited neck or back mobility. Grisel syndrome may present as torticollis post-operatively with or without elevated temperatures and has been found more frequently among the pediatric population. Primary management of Grisel syndrome is conservative though close monitoring by Orthopedic Surgery and ENT are important.

Curry, JM et al. Cervical discitis and epidural abscess after tonsillectomy. *Laryngoscope*. 2007 Dec; 117(12):2093-6. Pini, N et al. Grisel's Syndrome in Children: Two Case Reports and Systematic Review of the Literature, *Case Reports in Pediatrics*, vol. 2020, Article ID 8819758, 11 pages, 2020. <https://doi.org/10.1155/2020/8819758>

# Welcome Aboard!

We're pleased to announce these new additions to our medical staff.



## Jean Chelala, MD\* | NEONATOLOGY

**Education:** MD, The French Faculty of Medicine, Saint Joseph University, Lebanon, 1989  
**Residency:** Pediatrics, Montefiore Medical Center, 1991-1993  
**Fellowship:** Neonatology, Rainbow Babies & Children's Hospital, 1993-1996  
**Location:** Poughkeepsie and Rhinebeck, NY



## Denise Clark, MD\* | NEONATOLOGY

**Education:** BS, Brown University, 1988; MD, State University of New York Upstate Medical University, 1996  
**Residency:** Pediatrics, Children's Hospital of the King's Daughters, 1996-1999  
**Fellowship:** Neonatal-Perinatal Medicine, Schneider Children's Hospital, 2001-2004  
**Location:** Poughkeepsie and Rhinebeck, NY



## Ross Cleveland, MD | PAIN & PALLIATIVE MEDICINE

**Education:** BA, University of New Hampshire, 2007; MD, McGovern Medical School, 2014  
**Residency:** Pediatrics, University of Vermont, 2014-2017  
**Fellowship:** Hospice and Palliative Medicine, Pediatric Track, University of Michigan, 2017-2018; Child Abuse Pediatrics, Hasbro Children's Hospital, 2018-2019; Palliative Medicine Research, Dana-Farber Cancer Institute, 2019-2021  
**Location:** Hartford



## Adam Czynski, DO\* | NEONATOLOGY

**Education:** BS, State University of New York at New Paltz, 2002; DO, Philadelphia College of Osteopathic Medicine, 2006  
**Residency:** Pediatrics, Virginia Commonwealth University Medical Center, 2007-2009  
**Fellowship:** Neonatology, Loma Linda Children's Hospital, 2009-2012  
**Location:** Poughkeepsie and Rhinebeck, NY



## Anudeep Dodeja, MD | CARDIOLOGY

**Education:** MBBS, Kasturba Medical College, Manipal University, 2011  
**Residency:** Internal Medicine & Pediatrics, Geisinger Medical Center, 2012-2016  
**Fellowship:** Pediatric Cardiology, Nationwide Children's Hospital, 2016-2019; Adult Congenital Heart Disease, Nationwide Children's Hospital, 2019-2022  
**Location:** Hartford



## Katerina Dukleska, MD | PEDIATRIC SURGERY

**Education:** BA, Rutgers University, 2008; MD, Rutgers – New Jersey Medical School, 2013  
**Residency:** Surgery, Thomas Jefferson University Hospitals, 2013-2019  
**Fellowship:** Pediatric Surgery, Connecticut Children's, 2019-2021  
**Location:** Hartford, Westport



## Jamie Harris, MD | PULMONARY MEDICINE

**Education:** MD, Ross University School of Medicine, 2014  
**Residency:** Pediatrics, Advocate Children's Hospital, 2015-2018  
**Fellowship:** Pediatric Pulmonary Medicine, Connecticut Children's, 2018-2021  
**Location:** Hartford, Farmington, Glastonbury



## Ashley Howard, DO | INFECTIOUS DISEASES & IMMUNOLOGY

**Education:** BS, Sweet Briar College, 2011; DO, Edward Via College of Osteopathic Medicine – Carolinas Campus, 2015  
**Residency:** Pediatrics, Driscoll Children's Hospital, 2015-2018  
**Fellowship:** Pediatric Infectious Diseases, Yale-New Haven Children's Hospital, 2018-2021  
**Location:** Hartford



## Ruchika Jones, MD | EMERGENCY MEDICINE

**Education:** BS, Pepperdine University, 2006; MS, University of Medicine and Dentistry of New Jersey, 2007; MD, St. George's University School of Medicine, 2012  
**Residency:** Pediatrics, Stony Brook Children's, 2012-2015; Chief Resident, K. Hovnanian Children's Hospital, 2015-2016  
**Fellowship:** Pediatric Emergency Medicine, Connecticut Children's, 2018-2021  
**Location:** Hartford



## Mishika Malik, MD | NEONATOLOGY

**Education:** MBBS, Government Medical College and Hospital, Chandigarh, India, 2014  
**Residency:** Pediatrics, Southern Illinois University, 2015-2018 (Chief Resident, 2017-2018)  
**Fellowship:** Neonatal-Perinatal Medicine, Connecticut Children's, 2018-2021  
**Location:** Danbury, Norwalk



## Cesar Mesia, MD | CARDIOLOGY

**Education:** MD, Universidad Peruana Cayetano Heredia, 1992  
**Residency:** Pediatrics, The University of Texas Medical Branch Children's Hospital, 1993-1996  
**Fellowship:** Pediatric Cardiology, Virginia Commonwealth University Medical Center, 1996-1999; Interventional Techniques for Acquired and Congenital Heart Disease, Cleveland Clinic, 1999-2000  
**Location:** Hartford, Danbury, Glastonbury, Shelton, Norwich



## Xinyue (Cindy) Pan, MD\* | NEWBORN NURSERY

**Education:** BS, University of Western Ontario, 2010; MD, St. George's University School of Medicine, 2014  
**Residency:** Pediatrics, Hurley Medical Center 2014-2017  
**Location:** Carmel Hamlet, NY



## Phyllis Wan-Huen, MD\* | NEONATOLOGY

**Education:** BA, Columbia University, 1999; MD, SUNY Downstate Medical Center, 2003  
**Residency:** Pediatrics, Children's Hospital of Pittsburgh, 2003-2006  
**Fellowship:** Neonatal-Perinatal Medicine, Columbia Presbyterian Hospital, 2006-2009  
**Location:** Poughkeepsie and Rhinebeck, NY



## Elaine Wang, MD | NEWBORN NURSERY

**Education:** BS, Cornell University, 2013; MD, University of Vermont, 2018  
**Residency:** Pediatrics, Connecticut Children's, 2018-2021  
**Location:** Hartford

\* New York Children's Medical Provider Services, PC, provider.



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## Continuing Medical Education (CME)

For all CME events, stay up to date by visiting our calendar at [cccme.eeds.com](http://cccme.eeds.com).



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**Pediatric Grand Rounds** kicks back off on

**Tuesday, September 14, 2021** with state mandated

**Topic Risk Management 8:00 - 9:00 am**

**Tuesdays Weekly (Sept-June)**

**Stay up to date with our CME Calendar: [rb.gy/j55top](http://rb.gy/j55top)**

**Ask the Experts** returns on

**September 10, 2021**

**Fridays Bi-Weekly 8:00 - 9:00 am**

**Bi-Annual Joint Pediatric Symposium- Fall Series**

**Friday November 5, 2021**

**8:00 - 11:30 am**

*AMA PRA Category 1 Credit™ : 3.00 Credits*

**For event details & registration, visit: [rb.gy/uagbqz](http://rb.gy/uagbqz)**

**Save the Date**

**2nd Annual D,E,I Symposium**

**Friday April 8th, 2022**

**8:45 am - 12:35 pm**

**Pond House Cafe**

1555 Asylum Ave, West Hartford, CT

**Alumni Day**

**Friday, October 15, 2021**

**8:00 am - 12:35 pm**

Research and topic presentations by residents, Fellows and attendings on a range of pediatric orthopedic topics to improve competence and update practice. In addition, lectures will be provided by a Visiting Professor who is a national expert on a specific topic with similar educational goals for the learners.

### **VIRTUAL EVENING WORKSHOPS:**

*AMA PRA Category 1 Credit™ : 8.00 Credits Available for the Series*

**The "New" Asthma Guideline: Integrating Guidelines into Practice to Prepare for Respiratory Season**

**Thursday October 21, 2021 6:30 pm - 8:00 pm (Eastern)**

- Melanie Sue Collins, MD, Associate Clinical Professor of Pediatrics - Connecticut Children's, UConn School of Medicine
- Jessica Hollenbach, PhD, Certified Asthma Educator - Connecticut Children's

**For event details & registration, visit: [rb.gy/cmioiw](http://rb.gy/cmioiw)**

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