

Children's

# MEDICAL CURRENTS

A Children's National Medical Center Quarterly Publication for Physicians

Winter 2005

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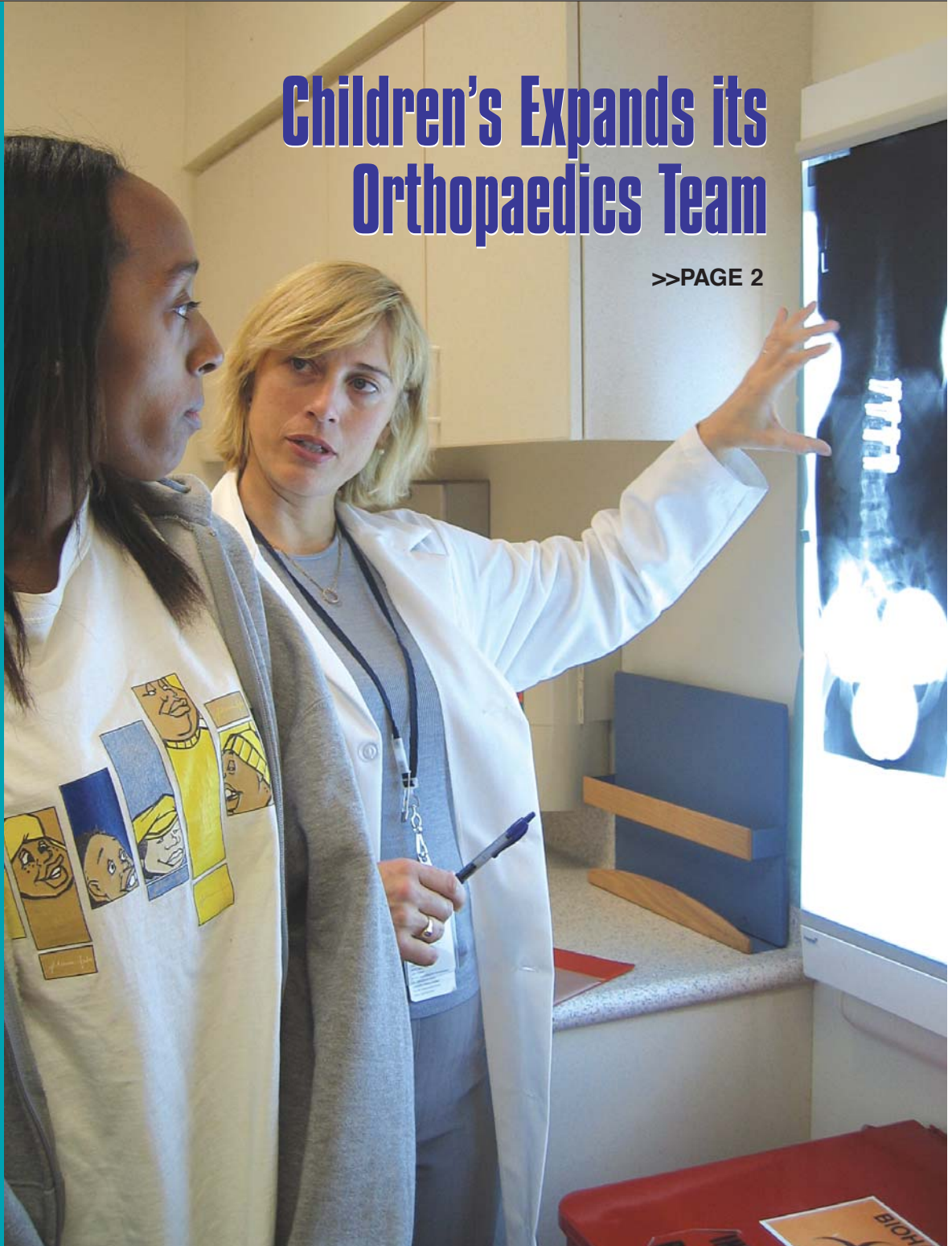
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## Children's Expands its Orthopaedics Team

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**Dr. Blakemore** leads the premier team of pediatric orthopaedic specialists in the region. They treat the full spectrum of orthopaedic disorders, including scoliosis in young children, idiopathic scoliosis, spina bifida, cerebral palsy, arm and leg deformities and fracture care. Services are provided at Children's Hospital and at Children's Outpatient Centers in Fairfax, Laurel, and Rockville.

**Meet the rest of the Team...**

**Shannon McClure, MD**, specializes in hip disorders and spinal deformities, as well as managing general pediatric orthopaedic conditions.

**Laura Tosi, MD**, has special expertise in the care and management of children with physical disabilities and birth defects. She also leads the bone health clinic.

**Lane Wimberly, MD**, specializes in spinal deformities, foot conditions and general orthopaedic surgery.

**Rebecca Demorest, MD**, is the new Sports Medicine program medical director. She is also on the faculty for the Safe Concussion Outcome, Recovery and Evaluation (SCORE) Program.

**Kenneth Fine, MD**, specializes in adolescent sports medicine.

**Edward Fink, MD**, specializes in trauma and will be staffing a clinic especially for Spanish speaking patients with orthopaedic conditions.

**George Bogumill, MD, PhD**, specializes in hand surgery.

**Emily Hattwick, MD**, has specialty training in pediatric hand surgery, and special interest in brachial plexus injuries and cerebral palsy involving the arm.

**Robert Wilson, MD**, specializes in upper extremity disorders and surgery.



Laurel Blakemore, MD



George Bogumill, MD, PhD



Rebecca Demorest, MD



Kenneth Fine, MD



Shannon McClure, MD



Laura Tosi, MD



Lane Wimberly, MD



Robert Wilson, MD

# Children's Expands its Orthopaedics Team

**W**ith a new chief, Laurel Blakemore, MD, and an expanded staff of full-time orthopaedic specialists, Children's Division of Orthopaedic Surgery/Sports Medicine is prepared to handle referrals for everything from simple fractures to complex spine surgery.

Dr. Blakemore is a distinguished and nationally recognized pediatric orthopaedic spine surgeon with additional expertise in pediatric sports medicine. In addition to Dr. Blakemore, the Children's team consists of nine of the nation's leading specialists with expertise in innovative techniques for correcting bone and musculoskeletal disorders in children from infancy up to age 21. Children's has also established the

area's only pediatric sports medicine program, led by one of the few physicians in the nation board-certified in both pediatrics and sports medicine.

In the spine program, Dr. Blakemore and her team employ video-assisted thoroscopic surgery (VATS) in spine surgery and will soon be using a new technique for treating spine and chest wall disorders called expansion thoracoplasty, or VEPTR. Children's will be one of the few medical centers in the nation providing VEPTR.

Orthopaedics and Sports Medicine services are offered at the hospital and at Children's Outpatient Centers in Rockville, Laurel and Fairfax. Call 202-884-2778 for consults or to arrange a referral.



## Children's Treats and Conducts Research on Sleep Disorders

A sleep disorder can seriously impair a child's ability to concentrate and learn, and can cause physical and behavioral problems. Therefore, it is critically important to diagnose and treat sleep disorders. Children's has the area's only comprehensive pediatric sleep program. The Sleep Program includes two board-certified sleep specialists, sleep disorders clinics, a state-of-the-art four-bed pediatric sleep laboratory, regular conferences, a fellowship training program, and research on pediatric sleep disorders. Both the clinical and research programs are based on a collaborative model involving the directors in pulmonary and psychology and consultation from psychiatry as well as neurology to facilitate the treatment of more than 30 sleep disorders that commonly occur in children.

Children's researchers are principle investigators on two National Institutes of Health (NIH) funded studies and several other studies funded by the Children's Research Advisory Committee and the pharmaceutical industry. Both NIH grants fund studies on the links between physical, sleep and neurobehavioral function. Other research involves the impact of call schedules on pediatric residents, pharmacological interventions for restless

leg syndrome, periodic limb movement disorder, the relationships between sleep deprivation and breathing problems during sleep, and the association between sleep and psychiatric disorders.

A sleep specialist should evaluate children in the following circumstances:

- Snoring. Children who snore are at a relatively high risk for obstructive sleep apnea and associated cognitive and behavioral problems.
- Difficulty going to sleep or staying asleep.
- ADHD. Children who have been diagnosed with ADHD should have sleep problems ruled out. It has been found that 20 to 40 percent of children with ADHD may have an underlying sleep disorder, which actually accounts for most of their symptoms of hyperactivity and inattention.
- Sleepiness. Most children seem alert even when sleep-deprived. A persistently sleepy child should be evaluated.

In addition to Children's Hospital, children can be evaluated for sleep disorders at the Fairfax Outpatient Center in Virginia. For more information about the sleep program or consults, call 202-884-2128.

*Children's has the area's only comprehensive pediatric sleep program. It includes two board-certified sleep specialists, sleep disorders clinics, a state-of-the-art four-bed pediatric sleep laboratory, regular conferences, a fellowship training program, and research on pediatric sleep disorders.*

## Children's Pediatric Rheumatology Services

Additional staff members in the division are Ellen Goldmuntz, MD, and Laura Mirkinson, MD. Dr. Goldmuntz is currently a NIH physician scientist and Dr. Mirkinson is a senior pediatric hospitalist at Holy Cross Hospital with expertise in rheumatology. Dr. Mirkinson will be actively involved in customizing the communications between the primary care physicians and the Pediatric Rheumatology service. The division is expecting to have two additional physicians from NIH and FDA joining as voluntary faculty as well as rotating adult rheumatology fellows from Washington Hospital Center in the spring of 2005.

Children's National Medical Center is pleased to welcome Olcay Y. Jones, MD, PhD, as the new Rheumatology division chief. When asked about the nature of the diseases concerned, Dr. Jones explains, "The diseases involved in rheumatology are either affecting the musculoskeletal system, like arthritis, or they are multisystemic, affecting more than one organ, as with systemic lupus. There is no single test for any of the diseases in our specialty; diagnosis and treatment can be challenging."

She adds, "Since history and the physical exam still remain the backbone of the assessment, it is clear that we need to be in close communication with our referring physicians. As a division, we are interested in providing a format for the diagnosis and follow-up of these patients for the best efficiency and promptness of care. We welcome physicians to consult us for any concerns; we are here to serve."

Dr. Jones points out, "Children need a 'whole village' to grow up. The more we team up with the primary care physicians, the school and community, the better for the children. They are very special patients and we are committed to helping them achieve their potential at school, even with the burden of illness and treatments."

The treatments range from use of NSAIDs and steroids to chemotherapeutic and biologic agents to treat different rheumatic diseases. Since the late 1990s, "biological agents" have been a new and powerful line of treatment for arthritis and lupus. New medications, such as Enbrel,

Remicade and Anakina have encouraging results. Dr. Jones says, "More than ever before, we are now able to help a child with severe arthritis live a normal life and avoid becoming wheelchair bound." Along with these new medications, the field is moving rapidly to take advantage of basic immunology knowledge and laboratory tools.

Children with autoimmune diseases are often difficult to identify. While the organ-specific autoimmune diseases like diabetes or Crohn's are well known, some parents are quite surprised to learn that arthritis, lupus, vasculitis and some other autoimmune diseases can occur among children. In fact, arthritis is as common as sickle cell disease or some other congenital conditions such as heart defects. Of interest, half of the nation's medical schools lack Pediatric Rheumatology service. However, Children's understands the importance of small specialties, like rheumatology, in teaching and research for the quality of patient care. The Pediatric Rheumatology division is actively involved in research with a focus on stem cell transplant in autoimmune diseases. This research is funded by the Eleanor Naylor Dana Trust. The long-term goal of the research is to provide alternative therapies to very ill children with severe autoimmune diseases who have failed to improve by conventional treatment.

The Division of Rheumatology is available for screening laboratory reports, clinical questions consultation or follow-up. Please see the guidelines on page 5. You are always welcome to contact Dr. Jones' office at 202-884-2483, pager 202-259-0301, or email [Oyjones@cnmc.org](mailto:Oyjones@cnmc.org).

## Referral Guidelines for Pediatric Rheumatology:

### **Patients with established diagnoses, including:**

Juvenile Rheumatoid (Chronic) Arthritis  
 Post-infectious Arthritis (Streptococcal, Lyme, Parvovirus)  
 Rheumatic Fever  
 Systemic Lupus Erythematosus (SLE)  
 Juvenile Dermatomyositis  
 Juvenile Psoriatic Arthritis  
 Chronic Regional Pain Syndrome (Reflex Sympathetic Dystrophy Syndrome)  
 Periodic Fever Syndrome  
 Fever of Unknown Origin  
 Sarcoidosis  
 Behcet Syndrome  
 Spondyloarthritis or Ankylosing Spondylitis  
 Entesitis  
 Hypermobility Syndrome  
 Arthritis of inflammatory bowel disease  
 Scleroderma  
 Reiter's Syndrome  
 Sjogren's Syndrome

### **Patients with new symptoms suggestive of rheumatologic disease, including:**

- Persistent (greater than 6 weeks) arthritis (joint swelling, erythema, heat) or arthralgia (joint pain).
- Persistent joint stiffness, especially in the morning and after periods of inactivity.
- Signs/symptoms consistent with SLE including fatigue, hair loss, oral ulcers, chest pain, sun sensitivity ("flu-like" symptoms after exposure to the sun), malar or nonspecific rash.
- Recent onset of arthritis or arthralgia in association with intercurrent infection such as Group A beta-hemolytic Strep, Parvovirus or Lyme disease.
- Chronic pain of the joints or muscles.
- Vasculitic rash.
- Signs/symptoms that meet the criteria for Kawasaki Disease.

**Evaluation of a positive ANA (Antinuclear Antibody):** For the evaluation of a positive ANA and suspected systemic lupus erythematosus, please have the following laboratory evaluation completed prior to referral:

CBC with platelets and differential  
 Urinalysis  
 Rheumatoid Factor  
 Anti-double-stranded DNA  
 Anti-Smith antibody  
 Anti-SSA  
 Anti-SSB  
 Anti-cardiolipin antibodies

Anti-RNP (Ribonuclear protein)  
 Complete metabolic panel (including renal and hepatic function tests)  
 ESR, C-reactive protein  
 C3, C4, CH50  
 Thyroid function studies

### **Laboratory and Radiologic Studies:**

Please include all laboratory evaluations and reports of radiologic studies with your referral.

### **Communication for Rheumatology**

#### **Consult Request**

#### **1. Referral Information**

Date: \_\_\_\_\_  
 Caller name/relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Patient name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Primary physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

#### **2. Please assess the patient for the following:**

URGENCY LEVEL (please circle):  
 LOW                      MEDIUM                      HIGH

Please check all that apply to your patient

- fever
- rash
- joint complaints
- abnormal labs
- abnormal x-ray
- r/o Arthritis
- r/o Lupus
- r/o Muscle disease/skin disorders
- r/o Pain disorder
- r/o Lyme disease/Rheumatic Fever
- r/o Kawasaki/Vasculitis
- Other

To expedite the scheduling process, fax all pertinent information (clinic reports, labs, x-ray results) to 202-884-3621.

Please include this cover sheet with the fax.

If you have any questions or concerns, please contact: Olcay Jones, MD, Chief  
 Division of Rheumatology  
 (O) 202-884 2483, (pager) 202-259-0301,  
 Oyjones@cnmc.org

Comments: \_\_\_\_\_



**William P. Madigan, MD, FACS**, joined the Division of Ophthalmology in October. Dr. Madigan completed his undergraduate studies at the United States Military Academy in West Point, NY, and his medical degree at the F. Edward Hebert School of Medicine Uniformed Services University of the Health Sciences (USUHS), in Bethesda, Md. He completed his internship and residency at Walter Reed Army Medical Center (WRAMC) and his fellowship in Pediatric Ophthalmology at Children's National Medical Center. In 1989, Dr. Madigan joined the staff at WRAMC and USUHS where he served as program director from 1994-2000. He eventually served as the Chairman of the Ophthalmology Departments at both WRAMC and USUHS. He continues as the Chair at USUHS while joining us as the Vice-Chair of the Children's Ophthalmology Department. He served as the consultant to the Surgeon General for Ophthalmology until his recent retirement from the Army. For the last two years, he was also Chief of Pediatric Ophthalmology at Georgetown University and Washington Hospital Center. He is a fellow of the Association of University Professors of Ophthalmology and several other professional organizations. Dr. Madigan is very well recognized for his clinical skills in pediatric ophthalmology and strabismus, as well as for his extensive teaching and administrative experience and has received numerous distinguished honor awards. Dr. Madigan will see patients at the Children's Eye Clinic and the Outpatient Centers in Fairfax, Upper Marlboro and Laurel. Please join us in welcoming Dr. Madigan to the Children's family.



*“Our goal is to understand how heart defects affect fetal well-being and determine when and if intervention may be possible.”*

In an effort to further develop a cardiology program that continues to raise the bar for pediatric cardiac care, an innovative new program has been established that specifically addresses the needs of the fetus with heart defects. Called the Fetal Heart Program, it is under the direction of pediatric cardiologist Mary T. Donofrio, MD, FAAP, FACC, FASE, who recently joined Children's Division of Cardiology to develop the program. The program further enriches a comprehensive cardiology division at Children's.

Heart defects are the most common congenital defect. They can be detected as early as 16 to 18 weeks gestation using fetal echocardiography. Obstetricians and perinatologists provide the most common referrals to the program. Often a problem has been noticed during a routine obstetrical ultrasound or there is strong family history of a congenital heart defect.

“In the past,” Dr. Donofrio says, “all we could offer these families was a fetal echocardiogram which determined if the fetus had a heart defect in utero. More recently, the subspecialty of fetal cardiology has emerged. We now have begun to consider the fetus as a true and separate patient who needs to be taken care of in addition to the mother during the course of the pregnancy. Our goal is to understand how heart defects affect fetal well-being

and determine when and if intervention may be possible.”

There are many benefits to dealing with a known heart disorder prior to birth. Dr. Donofrio can make a diagnosis and prepare the parents for what they can expect during the rest of the pregnancy. There is also the advantage of planning for the baby's delivery before the heart condition causes significant illness and compromise in the infant. Planning the delivery also allows time for additional consults, meeting other families that have experienced the same or similar circumstances, and prevents hurried decisions in the midst of the heightened emotional time of childbirth.

Additionally, in some cases the fetus needs special follow-up and care, which can include referral for in-utero intervention procedures and/or medication that can be delivered to the fetus by giving it to the mother. Finally, in the event that heart surgery is required soon after birth, arrangements can be made for the delivery to take place in a facility with a collaborating neonatal intensive care unit so that the infant can be stabilized with the help of Children's cardiology team prior to transport to Children's where all necessary subspecialties are available.

*To contact Mary T. Donofrio, MD, for consults call, 202-884-2020 or for immediate needs page 202-259-9681.*

## Treating the Fetus as a Patient

## Division of Nephrology Grows to Meet Increased Demand

**C**hildren's Division of Nephrology treats the whole range of kidney disorders and hypertension in infants, children and adolescents.

With the recent addition of pediatric nephrologist Mona Khurana, MD, director of inpatient services, Children's can better meet the growing demand for nephrology services in the Washington metropolitan area. The District of Columbia has a high rate of kidney disease among its population.

Chronic kidney disease (CKD) in adults is often the result of diabetes and/or hypertension. On the other hand, urogenital obstruction, structural malformation and acquired diseases are the most likely reasons for CKD in children. Children with these disorders require long-term follow-up and ongoing healthcare management. Chronic kidney disease impairs metabolic function and can lead to symptoms such as poor appetite, tiredness, ongoing nausea, and poor linear growth.

Children's is the only medical center in the Washington-Baltimore area that offers hemodialysis treatment in an exclusively pediatric center. Additionally, peritoneal

dialysis is offered at Children's, with 24 children currently receiving home peritoneal dialysis care. The Division of Nephrology collaborates with the divisions of Cardiology, Nutrition and Endocrinology to ensure that children with kidney disease receive comprehensive health care.

The Nephrology Division provides an essential supportive role in the management of complex and acutely sick patients in the intensive care unit. These services include provision of continuous renal replacement therapies in patients with acute renal failure. Dr. Khurana will be closely involved in enhancing the development of this service at Children's. In addition to being involved in the care of hospitalized patients, Dr. Khurana will also see patients with hypertension and chronic kidney disease at Children's Outpatient Center in Laurel.

*Nephrology services are provided at all of Children's Outpatient Centers. For appointments and more information, call 202-884-2090.*



Mona Khurana, MD, recently joined the Division of Nephrology in the Center for Heart, Lung and Kidney Disease. She graduated from George Washington University and received her medical degree from George Washington University School of Medicine. She completed her internship at Miami Children's Hospital and residency at Yale-New Haven Children's Hospital. Dr. Khurana finished her fellowship at Children's Hospital in Boston. Her interests include chronic renal insufficiency, hemodialysis and renal transplantation.



**Stephen Baumgart, MD**, has joined the Division of Neonatology. Dr. Baumgart comes to Children's from the State University of New York at Stony Brook where he was a Professor of Pediatrics, in the Department of Pediatrics, and Associate Director of the Division of Neonatology. Dr. Baumgart's career started at the Children's Hospital of Philadelphia where he was a staff neonatologist from 1980 until 1992. He was a leader in the development of the ECMO program during that period. He moved to Thomas Jefferson University as a senior staff neonatologist in 1992 where he continued to conduct clinical research until his move to New York in 1999. Dr. Baumgart has a distinguished career in clinical research with over 70 peer-reviewed articles, and 50 invited articles/book chapters.

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## PEOPLE NOTES

**Mohamad Jaafar, MD**, has been named as the 2005 recipient of the Sauber Family Excellence in Medicine Award at Children's National Medical Center. The award recognizes a medical professional on the Children's staff who best exemplifies the qualities that make Children's one of the nation's most outstanding institutions. The award will be conferred Saturday, February 5, 2005. Dr. Jaafar was chosen for his professional excellence, on-going support and passion to the academic community and future generations of doctors, and esteemed status among his peers and students both inside and outside the institution.

**Lane Wimberly, MD**, joined the Orthopaedic Surgery faculty in August. Dr. Wimberly graduated from the Baylor College of Medicine, Houston, Texas. He completed an orthopaedic surgery residency at Georgetown University Hospital, Washington, DC. He recently completed a pediatric orthopaedic surgery and scoliosis fellowship at Texas Scottish Rite Hospital for Children in Dallas. His areas of interest include the management of spinal deformity, foot pathology and pediatric orthopaedic trauma. Dr. Wimberly will be seeing patients at the Outpatient Centers in Rockville and Fairfax.

**Shannon McClure, MD**, joined the Orthopaedic Surgery faculty in August. Dr. McClure received her undergraduate degree from Yale University, New Haven, Connecticut. Thereafter, she received her medical degree from the University of California, San Diego. She completed her general surgery internship and orthopaedic surgery residency at the Mayo Clinic in Rochester, Minnesota. Dr. McClure recently

completed her training with a one-year pediatric orthopaedic fellowship at the Texas Scottish Rite Hospital for Children. Dr. McClure will be seeing patients at the Outpatient Centers in Rockville and Laurel. While she treats spinal deformity and all general pediatric orthopaedic conditions, she has a specific interest in pediatric hip problems, including hip dysplasia.

**Christopher Spurney, MD**, recently joined the Division of Cardiology. He received his medical degree from New York Medical College and completed his residency at Presbyterian Hospital in New York. Dr. Spurney completed his fellowship here at Children's National Medical Center. Dr. Spurney's areas of interest include echocardiography and cardiomyopathy.

**Kelly Stone, MD, PhD**, recently joined the Division of Allergy, Pulmonary and Sleep Medicine. He received his medical and doctor of philosophy (molecular and cell biology) degrees from the University of Maryland School of Medicine and completed a pediatric residency at Children's National Medical Center. Dr. Stone completed a fellowship in pediatric immunology at Children's Hospital Boston, where he was the first recipient of the Fred S. Rosen Fellowship in Immunology. Prior to joining the faculty at CNMC, he served on the faculty in the Department of Pediatrics at Harvard Medical School and in the Division of Immunology at Children's Hospital Boston. He will also be doing research studies in collaboration with investigators from the NIH in the area of primary immunodeficiency diseases.

**Tomas Silber, MD**, Director, Office of Ethics and Research Subject Advocate, GCRC, guest edited the November 2004 issue of *Pediatric Annals* on the topic of Pediatric Ethics. In that issue, he and Dr. Mark Batshaw co-authored "Ethical Issues in the Treatment of Children with Disabilities."



Not just medicine...Children's medicine.

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