

SSM CARDINAL GLENNON CHILDREN'S MEDICAL CENTER

FALL 2011

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PEDIATRICS™

MEDICAL NEWS FROM SSM CARDINAL GLENNON CHILDREN'S MEDICAL CENTER AND
THE DEPARTMENT OF PEDIATRICS, SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

ON THE COVER

Gabe Heller

While receiving a Remicade infusion, Gabe jokes with Dr. Jeffrey Teckman, who has been treating Gabe for inflammatory bowel disease at Cardinal Glennon during the past year. Gabe lives with this serious condition that affects his life daily; but like most 12-year-olds, he plays video games, tussles with his brothers and is soaking up every bit of his summer vacation. Even throughout the 3-hour treatment, Gabe's sense of humor doesn't fade.



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For comments and suggestions, please email FocusOnPeds@ssmhc.com.

ANNOUNCEMENTS



St. Louis Cleft-Craniofacial Team at SSM Cardinal Glennon Receives Special ACPA Status



St. Louis Cleft-Craniofacial Team

Fulfilling strict requirements in cleft-craniofacial team care - including the full composition of subspecialists with their responsibilities, memberships, communications, and outcomes assessment - the St. Louis Cleft-Craniofacial Team at SSM Cardinal Glennon achieved Affiliated Team status in the directory of the American Cleft Palate-Craniofacial Association (ACPA), an international association prescribing standards of care for these multidisciplinary centers. Of the six centers in Missouri, only two others are Affiliated Teams.

For more information about the St. Louis Cleft-Craniofacial Team at SSM Cardinal Glennon, go to www.cardinalglennon.com.

To make a cleft lip/palate or craniofacial appointment, please call 314-678-2171.

● Appointments

Schowengerdt, Kenneth, MD

Appointed to serve on the Medical Advisory Board of the Children's Heart Foundation

● Awards

Belsha, Craig, MD; Fleming, Robert, MD; Chrusciel, Deepti, MD

On October 14, Cardinal Glennon medical staff physicians Dr. Belsha (Nephrology), Dr. Fleming (Neonatology) and Neurology Fellow Dr. Chrusciel were honored with the St. Luke's Faithful Healer Award for continued demonstration of the Cardinal Glennon values of compassion, respect, stewardship, excellence and community.

Andrus, Charles, MD

In July, Dr. Andrus received an "SSM: I Love Exceptional" Award for his fundamental commitment to treating every person as if they were a member of his own family.

Wilmott, Robert, MD

In September, Dr. Wilmott, Chief of Pediatrics at SSM Cardinal Glennon, was honored in *Town and Style* magazine's "Hopes and Dreams Project" for his advocacy work on behalf of children.

● Presentations

Siegfried, Elaine, MD

"Treating Severe Inflammatory Skin Disease in Children." Mayo Clinic Dermatology Symposium: The O'Leary Meeting, Rochester, Minn. 2011 September.

"No Other Options: Off-Label Use of Biologic Agents for Severe Inflammatory Skin Diseases in Children." The Society for Pediatric Dermatology Annual Meeting, Baltimore. 2011 July.

Garrett, Jeremy S., MD

"Pediatric Fundamental Critical Care Support." Society of Critical Care Medicine. Kansas City, Mo. 2011 July.

● Publications

Powell, Kevin, MD, PhD

Dr. Powell is a columnist for *Pediatric News*, an independent newspaper for pediatricians, and provides a column every other month. "A Parent's Refusal and the Harm Principle." *Pediatric News*. 2011 September.

Puetz, John, MD

"Widespread Use of Fresh Frozen Plasma in US Children's Hospitals Despite Limited Evidence Demonstrating a Beneficial Effect." *Journal of Pediatrics*. 2011 September 14. [Epub ahead of print]

Fiore, Andrew, MD; Jureidini, Saadeh, MD; Schowengerdt, Kenneth, MD

"Partial Anomalous Pulmonary Venous Return: Transcatheter Repair." *Pediatric Cardiology*. 6 August 2011.

Brink, David, MD

"A Novel Post-Exposure Medical Countermeasure L-97-1 Improves Survival and Acute Lung Injury Following Intratracheal Infection with *Yersinia Pestis*." *Innate Immunity*. 2011 August 23. [Epub ahead of print]

Puetz, John, MD

"The Use of a Single Von Willebrand Factor-Containing, Plasma-Derived FVIII Product in Hemophilia A Immune Tolerance Induction - U.S. Experience." *The Journal of Thrombosis and Haemostasis*. 2011 August 28.

Puetz, John, MD

"Evaluation of the Gene Encoding Calcium and Diacylglycerol Regulated Guanine Nucleotide Exchange Factor I (CalDAG-GEFI) in Human Patients with Congenital Qualitative Platelet Disorders." *Platelets*. 2011 August 5. [Epub ahead of print]

Fiore, Andrew, MD; Jureidini, Saadeh, MD; Rahimi, M. Babak, MD; Schowengerdt, Kenneth, MD

"A Comparison of the Modified Blalock-Taussig Shunt with the Right Ventricle-to-Pulmonary Artery Conduit." *The Annals of Thoracic Surgery*. 2011 May.

● Recognitions

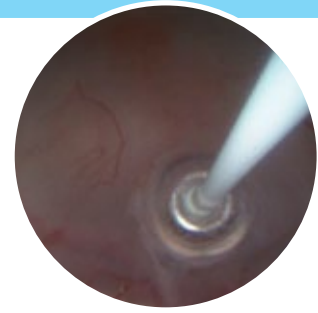
Siegfried, Elaine, MD

Recognized in *Pediatric Dermatology* as top cited article in July 2011: "Propranolol Treatment for Hemangioma of Infancy: Risks and Recommendations." *New England Journal of Medicine*.

Recognized as a 2011 Faculty of 1000 selection: "The Clinical Spectrum of Eczema Herpeticum and Therapeutic Approaches." *Pediatric Dermatology*. 2011 January.

Did you know that the incidence of congenital hydrocephalus is 3 per 1,000 live births?

The Cardinal Glennon Pediatric Neurosurgery Team can use minimally-invasive neuro-endoscopy techniques to treat selected pediatric patients with hydrocephalus, reducing pain, blood loss, scarring, and recovery time.



Endoscopic third ventriculostomy (ETV)

Endoscopic third ventriculostomy (ETV) is a minimally-invasive neuro-endoscopy procedure that has become well accepted as a standard treatment option for selected patients with symptomatic obstructive hydrocephalus and established as an alternative to both initial ventriculoperitoneal (VP) or ventriculoatrial (VA) shunt implantation and to revision of a failed shunt. ETV's indications can also be expanded to include certain cases of communicating hydrocephalus. Multiple studies looking at complications, long term ETV success and risk factors for failure in both adult and pediatric populations suggest outcomes comparable or better than shunting. In select patients with obstructive hydrocephalus, ETV as an alternative to permanent shunting can avoid the high risk of complications related to shunting. Ventricular shunts have up to 80% lifetime risk of complications and 10% infection rate, mostly in the first year after implantation. Average life of a shunt is about 6-8 years.



Samer Elbabaa, MD

Division Director of Pediatric Neurosurgery at Cardinal Glennon and Assistant Professor of Neurosurgery at Saint Louis University School of Medicine Samer Elbabaa, MD, is available to community physicians, surgical specialists and patients.

All referrals and questions are welcome.

To reach
Dr. Elbabaa,
please call
314-577-5306
or e-mail
selbabaa@slu.edu

Cardinal Glennon Expands Sleep Lab Locations, More Sleep Study Appointments Available

The Pediatric Sleep and Research Center at SSM Cardinal Glennon Children's Medical Center is accredited by The American Academy of Sleep Medicine and is the only accredited pediatric-focused sleep lab in Missouri. The Center offers a multidisciplinary approach to patient care through clinicians in sleep medicine, neurology, otolaryngology, pulmonology, psychiatry, psychology and urology.


A sleep study may be appropriate if your patient has signs and symptoms suggestive of obstructive sleep apnea. These may include:

- Snoring
- Pauses in breathing
- Enuresis (bed-wetting)
- Behavioral issues
- Excessive daytime sleepiness
- Weight gain/obesity
- Multiple problems affecting the upper airway, such as malformations

Cardinal Glennon sleep studies are conducted at two convenient locations:

SSM Cardinal Glennon Children's Medical Center
1465 S. Grand Blvd.
St. Louis, MO 63104

SSM St. Joseph Health Center
300 Capitol Drive
St. Charles, MO 63301



To schedule a sleep study at either location, please call 314-268-6413

The Pediatric Sleep Disorders Clinic is also held monthly at SSM St. Joseph Medical Park (1475 Kisker Road, Ste. 275, St. Charles, MO 63304). *In January, Medical Park pediatric services will be moving to a new, expanded facility at SSM St. Joseph Hospital West (400 Medical Plaza, Ste. 220, Lake Saint Louis, MO 63367).*

To learn more about the Sleep Medicine team and Pediatric Sleep and Research Center at SSM Cardinal Glennon Children's Medical Center, go to www.cardinalglennon.com.

Pediatrics on Demand Start earning free CME credits now!

New lectures available:

“Primary Care Assessment and Management of Childhood Obesity”

-Elizabeth Babusis, MD

“Overview of the Diagnosis and Management of Chronic Abdominal Pain in the Child and Adolescent”

-Jerry Rosenblum, MD

Other Gastroenterology lectures include:

“Non-Alcoholic Fatty Liver Disease”

-Jose Derdoy, MD

“Wireless Capsule Endoscopy”

-Ajay Jain, MD

To view a presentation: Logon to www.pediatricsondemand.com
Username: ds\r010-online
Password: webcme

To earn 1 CME Credit from St. Louis University School of Medicine:

Choose the link icon above the presenter's window. Click TEST LINK. Register (if you haven't already), take the quiz and finish the evaluation. Certificates are sent to your e-mail address within 48 hours.



Pediatrics on Demand



WHAT'S NEW AT CARDINAL GLENNON? CHECK OUT 24/7 GLENNON FOR WEEKLY UPDATES!

24/7 Glennon provides community physicians with timely, accessible updates about new and improved SSM Cardinal Glennon services. The informational Web page is updated weekly with news that helps you and your patients. You can check out the 24/7 Glennon Web page any time you want for the latest news you can use.

To keep you in the loop, we send monthly e-mail updates with links to pertinent posts. Send your e-mail address (and your office manager's too) to Jessica Hedges at Jessica_Hedges@ssmhc.com.

NOTE: We respect your privacy and are sensitive to the amount of electronic communication you receive. Your e-mail address will not be shared with anyone outside the Cardinal Glennon Physician Services Department.



DIVERSIONS

Andrew Sutton Physician Services Manager

DINING

Tavern Kitchen & Bar tavernstl.com

High-energy, attentive, and delicious - all packed into a snug, L-shaped space - is pretty much Tavern Kitchen and Bar.

My wife Tricia and I visited on a Saturday evening and walked out full, delighted, and planning our next visit. We "discovered" a great new place!

We sat quite quickly in spite of no reservations, and took in the environment, which bounces with life. From our table in the main dining room, we were able to catch the action in the open and busy kitchen, and watch the servers darting between tables of smiling diners. The day's specials are scrawled on a blackboard above the service bar, and the theme here is fish - as in flown in every day fish.

Our server introduced herself and then presented us with a complimentary order of parmesan pull-aparts. Served in their own miniature Lodge cast iron pan, these little guys are loosely connected, and "pull apart" into six little miniature biscuits. Soft, spongy, and full of buttery-parmesany goodness, these were a great start. They gave me the recipe.

The main courses arrived shortly after we plowed through the "pull aparts". Tricia raved over her halibut, seared in a soy sauce, and served with jasmine rice and mixed vegetables.

I enjoyed the JH Trio, served with a side of Yukon Gold potato puree. The trio is a sampling of three distinct fish entrees, all cooked perfectly. The blackened Ahi tuna is served with a bacon bleu cheese butter, the sesame Mahi Mahi is paired with a Thai

coconut curry, and the Atlantic Salmon is finished in a sizzling soy sauce. I'll admit I asked for a second order of "pull-aparts" to sop up the goodness remaining on my plate.

Although we could eat no more, we dug deep and found the will to order dessert. The chocolate souffle, served over ice cream, and topped with whipped cream, merely paused on our table for a moment. This is one of those bowl-scraping type of desserts, and the competition for the last little crumb was quite intense.

The prices are reasonable, the food is excellent and the service is attentive without being overbearing. I was quite sad when my favorite seafood spot Blue Water Grill split the scene a number of years ago, but I'm happy to have "discovered" a great replacement. This is some fantastic seafood.

Tricia and I went back for another visit about a week ago. It was a 45 minute wait. So much for "discovering" the latest hot new spot.

BEVERAGES

The **2008 Lioco Sonoma Coast Pinot Noir** is simply phenomenal, and represents a taste of things to come from this up and coming district. Because of the moderate daytime temperatures, and fog-laden evenings, which allow the grapes to develop slowly and build elegance through high acid levels, most Pinots of pedigree tend to emerge from the Russian River Valley and Carneros districts in Sonoma. Winemakers are discovering the Sonoma Coast, and its proximity to the ocean, is an ideal place to grow finicky grapes like Pinot Noir. The 2008 Lioco is very Burgundian in style. The nose is earthy and the body is sleek and carries an abundance of restrained cherry fruit. This is definitely a finesse over fruit wine that will please any fans of the Burgundian style. Available locally for around \$30.00.

Facility Focus

SSM CARDINAL GLENNON OPERATING SUITES



Operating Suites

The technologically-integrated operating suites at Cardinal Glennon are physician and patient friendly. Each suite allows for increased mobility with portable monitors and improved traffic flow with equipment booms that help keep the rooms organized. The suites are equipped with a physician work station, and in the cardiac operating suite live images can be sent to the interventional cardiologists in real



time. In addition, large flat panel televisions that double as monitors are included in the suites so patients can fall asleep to a DVD of their choosing as they are placed under anesthesia. Community physicians, patients and their families can rest assured that Cardinal Glennon operating suites are state of the art.



OR Waiting Room Newly Remodeled in 2011



Post-Anesthesia Care Unit

THE DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY



Extraordinary Medical Care Gives Patients Chance to Lead Normal Lives

“My stomach hurts” are three words that parents and primary care physicians hear all too often, and the causes for this common complaint are many. Viral infections are usual culprits, but when abdominal symptoms persist, the root cause can be much deeper than a 24-hour bug. The Division of Gastroenterology and Hepatology at SSM Cardinal Glennon Children’s Medical Center sees cases like this on an almost daily basis. “Our goal is to identify the problem early, start treatment and minimize impact on the patient and family,” says Division Director and Saint Louis University School of Medicine Professor of Pediatrics Jeffrey Teckman, MD.

Colleen Nickelson, 17, thought her belly ache was a hunger pain, but after a little more than 24-hours of incessant vomiting, Bhargav M. Kanani, MD, of Apple Kids Pediatrics in Ste. Genevieve, Mo., suggested that Colleen go to a local emergency room for observation. A CT scan showed that Colleen’s appendix was normal but her lower intestines were inflamed and her bowel was blocked. She was then referred and admitted to Cardinal Glennon.

“I always refer my patients to Cardinal Glennon because I’ve had great experiences with the Access Center and am happy with the overall services,” Dr. Kanani says. The Cardinal Glennon Access Center is a dedicated 24-hour phone number – 1-888-229-2424 – for physicians that facilitates patient access to the emergency department, emergent transfers, urgent appointments and 24/7 physician consultations. With the combination of the Access Center service and responsiveness of Cardinal Glennon clinicians, the Nickelson’s were attended to as soon as they arrived at Cardinal Glennon.

“The nurses and doctors controlled Colleen’s pain right away,” says Dawn Nickelson, Colleen’s mother. Once Colleen was feeling some relief, a nasogastric tube was used to remove the contents of her stomach and clear the obstruction.

“Everyone at Cardinal Glennon is awesome!” Colleen says. “They explained each procedure before doing it and made sure my mom and I had everything we needed.”

During their six day stay, the Nickelson’s were visited by three attending Cardinal Glennon and Saint Louis



Dr. Foy talks with the Nickelsons before Colleen’s MRI that will help determine if she has IBD.

“I’ll call you tomorrow with the results of the MRI, but always feel free to call the office if you have any questions before then,” Dr. Foy says.

“If you see anything on the MRI, will we still need to come back next week for the endoscopy?” asks Dawn, knowing her daughter does not want to drink anymore of the medical contrast medium than she has to.

“Yes, because we want to be 100 percent sure of the diagnosis,” Dr. Foy replies, still sympathizing with Colleen, “I know it’s no fun to drink the contrast, but it will help us see what’s going on inside you.”

The MRI technicians give Colleen raspberry and peach flavored Crystal Light to mix with the medical contrast medium and help it go down a little easier.

University Gastroenterologists – Jeffrey Teckman, MD; Jose Derdoy, MD; and Thomas Foy, MD – all of whom agreed further testing was required to determine if Colleen was developing Crohn’s disease, a subtype of inflammatory bowel disease (IBD).

“There is a lot of evaluation in pediatric gastroenterology,” says Dr. Teckman. “The detail and invasiveness of evaluation depend on the presence and absence of danger signs including lack of expected growth, weight loss,



Cardinal Glennon MRI Technician Michelle O'Hara tells Colleen what to expect during the MRI.

THE DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY AT CARDINAL GLENNON

The Division of Gastroenterology and Hepatology's clinical services total nearly 6,000 outpatient visits, nearly 3,000 inpatient hospital days and more than 1,000 endoscopic procedures each year. Outpatient services are offered weekly at Cardinal Glennon, St. Anthony's Medical Center in South St. Louis County, St. Joseph's Medical Park in St. Charles County (services moving to St. Joseph Hospital West in January) and St. Luke's Hospital in Chesterfield, Mo.

The Division evaluates and treats patients with a wide range of medical conditions including:

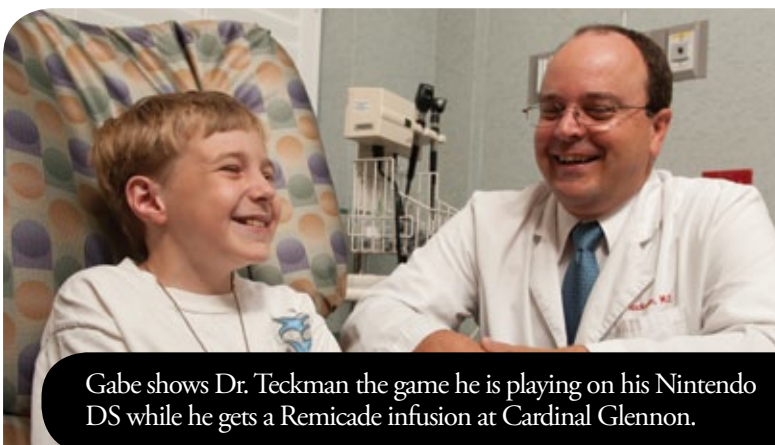
- Abdominal pain
- Abnormal liver tests
- Achalasia
- Alpha-1 antitrypsin deficiency
- Autoimmune disease of the liver and GI tract
- Biliary atresia
- Birth defects of the GI tract
- Bowel transplant
- Celiac disease
- Cirrhosis
- Congenital anomalies of the liver and GI tract
- Constipation
- Crohn's disease
- Cystic Fibrosis
- Diarrhea
- Dyspepsia
- Eosinophilic Esophagitis and gastritis
- Esophageal stricture and anomalies
- Failure to thrive
- Fatty liver disease
- Gallstones
- Gastroesophageal reflux
- Gastrostomy and feeding tube placement and management
- GI bleeding
- GI motility disease
- Hirschsprung's disease
- Infectious hepatitis
- Inflammatory bowel disease
- Irritable bowel syndrome
- Jaundice
- Liver transplant
- Metabolic liver disease
- Pancreatitis
- Peptic ulcer disease
- Polyposis
- Poor feeding
- Poor growth
- Rectal bleeding
- Ulcerative colitis
- Vomiting

diarrhea, persistent vomiting and persistent pain that disrupts activity. When one or more of these signs are present, IBD is a consideration. However, it's reassuring that many evaluations don't end up as an IBD diagnosis, and we can still help and treat these patients." The Division follows more than 100 patients with IBD.

Dr. Foy explained to the Nickelson's that Colleen exhibited some signs of Crohn's disease, but that an infection was a possibility too. "To reduce the chance of complication and maximize comfort for our patients, evaluations usually proceed from non-invasive to less-invasive. We always start with a thorough history and physical examination and then decide what kind of blood testing, imaging or endoscopy might be most helpful," Dr. Teckman explains. Colleen was scheduled for an MRI the next week for further examination. In the mean time she could resume a normal diet, with the exception of caffeine, spicy food and fast food.

Gabe Heller, 12, knows exactly which foods are off limits to him – "Corn, lettuce, broccoli, beans, nuts, popcorn ..." Gabe recites the list. "I'm not supposed to drink caffeine either. The sugars in the soda will eat me up. I can only have naturally made sugar, like in fruit."

During an end of the summer trip to San Antonio in September 2010, Gabe became very sick. "It had been a few years since Gabe had gained weight or gotten taller," his mother, Cathy, recalls. "Then, the diarrhea set in. We knew something was going on, but we weren't sure what."



Gabe shows Dr. Teckman the game he is playing on his Nintendo DS while he gets a Remicade infusion at Cardinal Glennon.



Even during summer vacation Gabe exercises his mind. Before his upper and lower endoscopy, Gabe and a Cardinal Glennon nurse ponder a problem in his *Brain Games for Kids* book. “Dr Teckman is looking to see if my colon is healed so my colostomy can be reversed,” Gabe says of the procedure.

SLUCare Pediatric Internist Marilyn Maxwell, MD, referred Gabe to the Division of Gastroenterology and Hepatology at Cardinal Glennon. “When I send my patients to Cardinal Glennon I know they will get the best quality care with compassion,” Dr. Maxwell says, adding, “The communication with primary care physicians is excellent. I’m updated every time Gabe is in for a visit, has a procedure or is admitted. I’m kept informed and in the loop.”

Dr. Teckman performed an upper and lower endoscopy to determine Gabe’s condition – inflammation due to Crohn’s disease. Since his diagnosis, Gabe has undergone stoma reduction and colostomy surgery and receives Remicade infusions every five weeks. “We recognize that children with IBD will have to take more medications and come to the doctor’s office more often than other children, but our goal in treating these patients is unrestricted activity, normal growth and normal social and academic function,” Dr. Teckman says.

Gabe is still working on the growth part – “I’m going to eat a 12 oz. steak and ½ rack of ribs for lunch today. I need to grow,” Gabe announces before his most recent endoscopy. As for social and academic functions, he isn’t lacking in those areas. “My talent is being good at school,” Gabe says. Despite several hospitalizations, Gabe has maintained a 3.5 GPA. He’s even delved into researching his condition, reading books about Crohn’s suggested by the GI team. “He asks a lot of questions,” Cathy says of her son. Gabe’s inquisitive personality makes him a standout with all people he comes in contact with. “Everyone at Glennon knows and loves Gabe,” Cathy says. “I get a lot of visitors,” Gabe adds.

Like Gabe, Cathy had a lot of questions upon learning of her son’s condition, and new ones come up every day. “Dr. Teckman has always been there to answer questions and is very personable,” Cathy says. “I’ve talked to Kim on many occasions too.”

Kim Killebrew, RN, is one of the clinical nurses in the Division of Gastroenterology and Hepatology at Cardinal Glennon. “I wear many hats – educating patients, arranging patient appointments with other

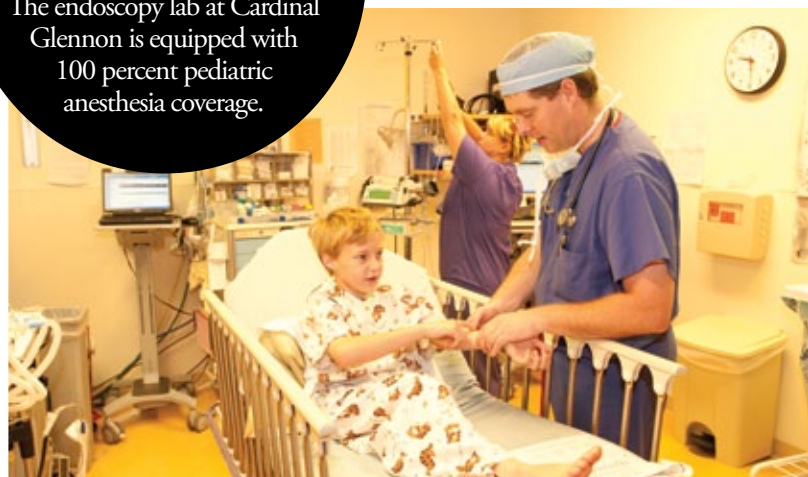
medical specialties, talking parents off the ceiling and back down into the rocking chair with their child,” Kim says of her role. She recognizes and understands that the initial lack of knowledge and big responsibility of living with a serious condition is overwhelming for the patient and family. “You have to meet them where they are at that particular moment,” Kim says. “I listen as well as teach, and restate information as much as necessary. I always include the patient in the teaching – fear of the unknown is far scarier than the facts if presented properly.”

Dr. Teckman says the Division approaches patient education as a team, as they do all aspects of their practice. “Cardinal Glennon and Saint Louis University foster a collaborative environment, where patient care, teaching and research are respected,” he says. “We maintain relationships with the adult gastroenterologists at Saint Louis University and throughout the region to ensure continuity of care and access to the best possible medical care and research for our patients.”

Each week, the entire GI team comes together to discuss their patients and decide the most optimal plan of care as a group.

“When I’m nervous sometimes my veins hide,” Gabe tells an anesthesia nurse. “Once the IV’s in, I’m out like that – snap!” The endoscopy lab at Cardinal Glennon is equipped with 100 percent pediatric anesthesia coverage.

“We have the best of both worlds,” Kim says, “many years of practice merged with the fresh ideas brought in by our newest members, all of whom are clinical



experts in a variety of specialties.”

Colleen was one of the patients the GI team recently reviewed during a weekly meeting. “All of Colleen’s test results for IBD came back negative,” says GI clinical nurse Susie Travaglini, RN. “Her ‘official’ diagnosis is mesenteric adenitis, which means the lymph nodes and connective tissue between Colleen’s abdominal wall and intestines were inflamed. This causes pain and fevers, similar to Crohn’s, and is usually caused by infection. If she has IBD, time will tell. We will continue to watch for weight loss, bloody stools and other danger signs.”

As the team follows patients like Colleen, they are also following ever-changing and improved medical practices. “We are constantly updating our approach to patient care as new technology and medications become available,” Dr. Teckman says. The team attends an annual national meeting sponsored by the Crohn’s & Colitis Foundation of America (CCFA) to remain up to date on IBD practices, and several Glennon Gastroenterologists fill volunteer positions within CCFA. In addition, Cardinal Glennon is a member of a newly expanded national network of pediatric hospitals caring for children with IBD, called PRO Kids.

While clinical networking is fundamental, it is also important for patients with similar conditions to connect. Each summer, the CCFA hosts a camp in Potosi, Mo., for children living with Crohn’s disease and ulcerative colitis. “The kids get to hang out with each other and see that they’re not alone,” says Dr. Teckman. This past summer, Gabe was one of those kids.

“I got the brochure for the summer camp at Cardinal Glennon, and I’ve been begging my mom to let me go,” Gabe says, the week before heading off to camp. “There is archery, riflery, swimming, fishing, canoeing – who knows what I may do.”

Dr. Teckman performs an upper and lower endoscopy on Gabe in the endoscopy lab at Cardinal Glennon, a state of the art facility that was new to the hospital in 2009.

“Poor little guy. He has really come a long way,” Dr. Teckman tells the endoscopy team during Gabe’s lower endoscopy. “When he first came to us, he couldn’t even sit down.” While the endoscopy proved that Gabe is healing, Dr. Teckman determined that Gabe is not yet ready for a reversal of the colostomy.





During their trip to St. Louis for evaluation and care at Cardinal Glennon, the Bauernfeinds visit the Arch (from left to right: Grace and Meghan Bauernfeind).

Focus On

PATIENTS GO THE DISTANCE FOR EXPERT EVALUATION, TREATMENT AND RESEARCH

“We’ve been to GI centers in our hometown, but they only have a generalized understanding of Alpha-1. Dr. Teckman is a leading researcher of the condition and at Cardinal Glennon you get specialized care,” says Jennifer Bauernfeind.

Charles and Jennifer Bauernfeind’s two youngest daughters – Grace, 9, and Meghan, 7 – have a genetic condition called Alpha-1-antitrypsin deficiency, which can result in serious liver and/or lung disease. “Alpha-1 is often misdiagnosed because of the unfamiliarity of the condition and because liver problems can masquerade as other diseases,” says Cardinal Glennon Division Director of Gastroenterology and Hepatology and Saint Louis University School of Medicine Professor of Pediatrics Jeffrey Teckman, MD. “We test for Alpha-1 in any evaluation of liver problems, and sometimes failure to thrive or poor growth.”

Three years ago, Jennifer saw Dr. Teckman present on the Childhood Liver Disease Research and Education Network (ChiLDREN) at a national Alpha-1 conference. Since then, the Bauernfeinds have made an annual trip from Wisconsin to St. Louis to participate in the study and help find a treatment and cure for Alpha-1.

Cardinal Glennon and Saint Louis University are part of a leading network of pediatric hospitals across North America sponsored by the National Institutes of Health to study and develop cures for a group of diseases. One of these studies is ChiLDREN, which seeks to understand and develop treatments and cures for a range of cholestatic liver diseases including Alpha-1. “Individually, these diseases are uncommon; but as a group, they represent major burdens

to patients and families and problems leading to morbidity and mortality in children,” says Dr. Teckman, who has led Alpha-1 research efforts and studied basic liver chemistry for nearly 20 years.

Vikki Kociela, BSN, CCRC, Manager of the Clinical Trials Unit at Cardinal Glennon and Saint Louis University, helped arrange the Bauernfeinds third visit to Cardinal Glennon this summer. “She handles the registration process for us. It’s like flying first class,” Jennifer says. This visit entailed a consultation and evaluation with Dr. Teckman, as well as lab work. “This was one of those wonderful, boring visits. I declare you both healthy,” Dr. Teckman says to Grace and Meghan, who are still giggling from having been tapped on their bellies during the evaluation. This is great news for the Bauernfeinds.

Back in Wisconsin, the family can anticipate a call from Dr. Teckman. “He always calls us with the lab results and shares them with the girls’ pediatrician,” Charles says. If all goes well, it will be another year before the Bauernfeinds see Dr. Teckman next, but they say it’s almost like no time passes.

“Dr. Teckman has an amazing memory,” Jennifer says. “He remembers the girls and what they’ve gone through.” Charles adds, “If you ask the girls who their gastroenterologist is, they know – ‘Dr. Teckman!’ they say.”

For questions or to learn more about the study, please contact Dr. Teckman at 314-577-5647.

RESEARCH

FATTY LIVER DISEASE

With childhood obesity on the rise, liver disease is also becoming more prevalent and can lead to serious health issues including liver inflammation, fatty infiltration, fibrosis and liver failure. With funds from the National Institutes of Health, Cardinal Glennon and Saint Louis University are one of 15 hospitals taking part in the nationwide Non-alcoholic Steatohepatitis Clinical Research Network to find treatments and diagnostic modalities for pediatric non-alcoholic steatohepatitis (NASH) and non-alcoholic fatty liver disease (NAFLD).

“While obesity frequently accompanies NASH/NAFLD, many of the symptoms are non-specific,” says Ajay Jain, MD, Cardinal Glennon and Saint Louis University Pediatric Principal Investigator. “Other signs and symptoms may include an unpredictable pattern of a dull, aching upper abdominal pain, just below the rib cage; abnormality in liver tests; fatigue; or dark pigmentation of the armpit or neck skin, which is a sign of insulin resistance.”

Obese patients with or without comorbidities, or any child with clinical evidence or proof of NASH/NAFLD may be potential candidates for the study. Dr. Jain suggests that such patients, whether they are interested in participating in the study or not, should be seen by the Cardinal Glennon Hepatology team for evaluation and treatment.

“Our ultimate goal with this study is to understand the mechanistic basis of the disease process, find preventative measures for NASH/NAFLD, as well as treatment modalities to prevent progression for patients who are already suffering with the disease,” Dr. Jain says, adding, “But regardless of the findings, there is no substitute for a healthy lifestyle.”

Enrollment in the study is at no cost to the patient and includes a physical examination, detailed medical history and lab work.

For questions or to learn more about the study, please contact Dr. Jain at 314-577-5647.

HEPATITIS B

Hepatitis B is one of the most common diseases in the world, affecting 400 million people worldwide, according to Cardinal Glennon and Saint Louis University Principal Investigator Jeffrey Teckman, MD. “Because so many Americans are immunized, Hepatitis B is often not considered an important condition in the United States. But due to missed immunizations, under diagnosis, immigration and foreign adoptions, it is still a significant problem,” says Dr. Teckman. “While there are treatments for Hepatitis B, the best options for children at different stages of the disease are not clearly known.” In an effort to better diagnose and treat pediatric patients with Hepatitis B, Cardinal Glennon and Saint Louis University joined the national Hepatitis B Research Network (HBRN), which consists of seven leading pediatric hospitals and is funded by the National Institutes of Health.

Enrollment in the study is at no cost to the patient and includes a physical examination, detailed medical history and blood work.

For questions or to learn more about the study, please contact Rosemary Nagy, RD, at 314-268-2700 (ext. 6144) or rnagy@slu.edu, or Dr. Teckman at 314-577-5647.



Q&A

JEFFREY TECKMAN, MD

Division Director of
Gastroenterology and Hepatology at
SSM Cardinal Glennon Children's Medical Center

Professor of Pediatrics, Biochemistry and Molecular Biology
at Saint Louis University School of Medicine

Associate Chair for Pediatric Research, Department of
Pediatrics, Saint Louis University School of Medicine



Q: Why did you specialize in gastroenterology?

A: GI is very broad and exciting. It calls on an array of skills and knowledge of genetics, biochemistry, congenital anomalies, birth defects, infections and acquired conditions. There is also a lot of psychology involved, as the gut-brain connection is very strong in both directions. Recognizing and managing these problems that can make a GI disease worse is a big part of what we do.

Q: What is the best part about your job?

A: I have a great team – excellent physicians, nurses and support staff. Together, we contribute to exceptional patient care and world class research. The combination of these people is the best part.

Q: How does your team consistently communicate with your patients' primary care physicians?

A: With every patient encounter, a note is returned to the primary care physician. These encounters are often followed up with a phone call as are all visits where there is a surprise finding or major change in care. We are also available 24/7 for consultations through the Access Center number, which is well-known and used by community physicians throughout Missouri and Illinois.

Q: How does the Division of Gastroenterology and Hepatology work together to give patients the best care possible?

A: While we have world class facilities and equipment, the people are what really make our service special. They are well-trained, dedicated and function as a cohesive unit to provide seamless care to our patients.

Q: Is there a particular patient care philosophy that guides you?

A: I treat my patients the way I would treat my own family.

To reach Dr. Teckman, please call 314-577-5647.

**To schedule an appointment with the Gastroenterology and Hepatology team at Cardinal Glennon, please call 314-678-2178.
For easy access to the emergency department, emergent transfers, urgent appointments and 24/7 physician consultations,
call the Access Center at 1-888-229-2424.**

GASTROENTEROLOGY AND HEPATOLOGY FACULTY

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Gastroenterology and Hepatology team: (top row, from left to right) Kathleen Spranaitis, RN, CPNP; Erica Blackmon; Jose Derdoy, MD; Ajay Jain, MD; Thomas Foy, MD; (bottom row, from left to right) Kim Killibrew, RN; Susan Travaglini, RN; Lisa Cayse, RN; Emily Hermann; Jeffrey Teckman, MD; and Jerry Rosenblum, MD.



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