

## Henry Ford Health System Publication List January 2009

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You can access this page at <http://www.henryfordconnect.com/sladen.cfm?id=436>.

### **Anesthesiology**

Frogel, J. K., S. J. Weiss and B. A. Kohl (2009). "Transesophageal echocardiography diagnosis of coronary sinus thrombosis." Anesth Analg **108**(2): 441-2. [PDF Full-Text](#)

Department of Anesthesiology, Henry Ford Hospital, 2799 West Grand Blvd., Detroit, MI 48202, USA. [jfrogel1@hfhs.org](mailto:jfrogel1@hfhs.org)

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### **Anesthesiology**

Kuroiwa, T., G. H. Xi, Y. Hua, T. N. Nagaraja, J. D. Fenstermacher and R. F. Keep (2009). "Development of a rat model of photothrombotic ischemia and infarction within the caudoputamen." Stroke **40**(1): 248-53. [PDF Full-Text](#)

Henry Ford Health System, Department of Anesthesiology, Detroit, MI

**Background and Purpose**-Basal ganglia infarction is typically caused by the occlusion of deep arteries and the formation of relatively small lesions called lacunes. In the present study, a rat model of lacunar infarction was induced by photothrombotic occlusion of the small vessels within the caudate-putamen and subsequently characterized.

**Methods**-Male Sprague-Dawley rats (n = 143) were anesthetized, and Rose Bengal dye (20 mg/kg) was intravenously injected. The left caudoputamen was exposed to cold white light for 5 to 10 minutes via a stereotaxically implanted polymethylmethacrylate optic fiber (0.5-0.75 mm diameter). Neurological and morphological changes were assessed at various times during the following 6 weeks. Local cerebral blood flow was measured 90 minutes after photothrombosis by [C-14]-N-isopropyl-p-iodoamphetamine quantitative autoradiography. The time course of blood-brain barrier opening and ischemic brain edema as well as the effects of aspirin and tissue plasminogen activator treatment were also determined.

**Results**-A virtually round infarct with thrombosed parenchymal vessels surrounded by a layer of selective neuronal death was formed within the caudoputamen; it turned into a cystic cavity (lacune) over 6 weeks. A central zone of markedly reduced blood flow and surrounding oligemic zone were observed 90 minutes after light exposure. Lesion size was proportional to light exposure, and the severity and duration of neurological deficits paralleled infarct size. Early blood-brain barrier opening with edema peaked at day 1. After tissue plasminogen activator treatment, infarction volume and neurological deficits were reduced.

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Conclusions-This study describes a new rat model of lacunar infarction by photothrombotic occlusion of the microvessels within the caudoputamen. With this model, infarct size correlates with the severity and duration of the neuropathology and can be varied by altering light exposure.

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### **Behavioral Services**

Ketterer, M. W. and W. Knysz (2009). "Screening, diagnosis and monitoring of depression/distress in CHF patients." Heart Fail Rev **14**(1): 1-5. [PDF Full-Text](#)

Henry Ford Hospital, Detroit, MI

Objective and validated measures of depression/distress (anxiety and anger) are available and readily usable at the bedside or in clinic. Foremost among these is the Patient's Health Questionnaire-an adaptation of DSM IV criteria for Major Depressive Disorder that permits administration and scoring by nursing or physician personnel, and quantification of the intensity of depression. A score of 10 or greater indicates a need for evaluation/treatment. Because of patient denial/minimization/alexithymia, PHQ negatives should undergo further screening by having a spouse or friend complete a depression/distress rating scale. The only standardized, normed, and validated spouse/friend scale presently available is the Ketterer Stress Symptom Frequency Checklist, which is available by internet.

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### **Biostatistics & Research Epidemiology**

Wegienka, G., S. Havstad, E. A. Zoratti, D. R. Ownby and C. C. Johnson (2009). "Association of early life wheeze and lung function." Ann Allergy Asthma Immunol **102**(1): 29-34. [PDF Full-Text](#)

Henry Ford Hospital, Biostatistics & Research Epidemiology, Detroit, MI

Background: The incidence of wheeze is unknown and the role of early life wheeze in Subsequent health is not clearly understood.

Objective: To calculate the age-specific incidence of wheeze and determine whether wheezing at particular times in early life was predictive of abnormal airway hyperresponsiveness (AHR), percentage of predicted Forced expiratory volume in 1 second (FEV1), and current asthma at the age of 6 years.

Methods: Using data from a birth cohort Study with annual report of wheezing (Childhood Allergy Study) and spirometry and methacholine challenge at the age of 6 years, the age-specific incidence of wheeze was determined using Kaplan-Meier estimates. Logistic and linear regression models were used to assess the associations between the presence of age-specific wheezing and the outcomes Of current asthma, AHR, and percentage of predicted FEV1 at the age of: 6 Years.

Results: A total of 724 children had parents who completed at least the first annual interview and were therefore included in the Study. The 6-year cumulative incidence OF wheezing was higher for boys (66.2%; 95% confidence interval, 59.8%- 72.6%) than for girls (47.6%; 95% confidence interval, 41.4%-53.8%). There was no age when wheezing was more strongly associated with either AHR or percentage of predicted FEV1 at 6 years. Only wheeze in the fifth year among boys and wheezing in both the fourth and fifth years in girls were positively predictive Of Current asthma at the age of 6 years. This is likely because of the definition of current asthma (ever physician diagnosis and either medication or symptoms in last year). Eczema., parental asthma history, and total cord blood IgE did not affect these associations.

Conclusions: Wheezing at any particular time in early life may not be predictive of early childhood lung function.

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### **Cardiology**

Artinian, N. T., J. Abrams, S. J. Keteyian, M. M. Franks, B. Franklin, A. Pienta, R. Tkatch, L. Cuff, P. Alexander and S. Schwartz (2009). "Correlates of Depression at Baseline Among

African Americans Enrolled in Cardiac Rehabilitation." J Cardiopulm Rehabil Prev **29**(1): 24-31. [PDF Full-Text](#)

College of Nursing (Dr Artinian), Center for Urban and African American Health (Drs Artinian, Abrams, and Pienta, Ms Tkatch, and Ms Alexander), and Department of Psychology (Ms Tkatch and Mr Cuff), Wayne State University, Detroit, Michigan; Karmanos Cancer Institute, Detroit, Michigan (Dr Abrams); Henry Ford Hospital, Detroit, Michigan (Dr Keteyian); Purdue University, West Lafayette, Indiana (Dr Franks); William Beaumont Hospital, Royal Oak, Michigan (Dr Franklin); University of Michigan, Ann Arbor, Michigan (Dr Pienta); and HealthMedia, Inc, Ann Arbor, Michigan (Dr Schwartz).

**PURPOSE:** To compare baseline psychosocial characteristics of African Americans entering phase 2 cardiac rehabilitation who have depression symptoms at or above threshold (Center for Epidemiological Studies Depression Scale [CES-D] score  $\geq 16$ ) with those who do not (CES-D score  $< 16$ ). **METHODS:** A nonrandom sample of 112 men and women ( $n = 78$  without depression,  $n = 34$  with depression) was recruited through local phase 2 cardiac rehabilitation programs. Data were obtained by a structured interview and brief physical examination using several reliable and valid instruments. Chi-square tests, Kruskal-Wallis 2-sample tests, Spearman rank correlation coefficients, and logistic regression models were used for analyses. **RESULTS:** We found that 30% of the participants were above the depression symptom threshold. Demographic characteristics were not significantly different between individuals at or above threshold and those below threshold. However, depressed individuals above threshold were more likely to be dissatisfied with their neighborhoods ( $P = .01$ ) and had lower optimism scores ( $P < .0001$ ), higher stress scores ( $P < .0001$ ), lower adaptive coping scores ( $P = .05$ ), and higher problematic coping scores ( $P < .01$ ) than their counterparts who were below threshold. In the logistic regression model, the odds of being above the depression symptom threshold increased with stress ( $P < .001$ ) and decreased with optimism ( $P = .03$ ); none of the other psychosocial characteristics had an independent effect on depression symptoms. **CONCLUSIONS:** At baseline, African Americans starting phase 2 cardiac rehabilitation with depression symptoms at or above threshold had more stress and fewer stress resilience factors. Assessing depression and stress resilience factors is important and may lead to more active participation in cardiac rehabilitation once enrolled, as well as optimal cardiovascular health outcomes.

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## Cardiology

Carvalho, A. F., J. R. Machado and J. L. Cavalcante (2009). "Augmentation strategies for treatment-resistant depression." Curr Opin Psychiatr **22**(1): 7-12. [PDF Full-Text](#)

Henry Ford Hospital, Henry Ford Heart & Vascular Institute, Detroit, MI

### Purpose of review

The majority of patients with depression fail to remit on one or more antidepressant trials. These patients have treatment-resistant depression (TRD) with high relapsing rates. Augmentation pharmacotherapy refers to the addition of drugs that are not standard antidepressants in order to enhance the effect of a classical antidepressant drug. This review highlights the current status and future research directions of augmentation treatments for TRD with a special focus on research data published within the past year.

### Recent findings

Atypical antipsychotics, stimulants, pindolol, lithium, lamotrigine and mecamylamine were tested for efficacy in clinical trials. Most of the trials were not controlled or had limited sample size. Recent data now support the use of some atypical antipsychotics to augment depression resistant to the newer, more selective, antidepressants.

### Summary

Lithium and triiodothyronin (T3) augmentation of tricyclic agents remains the best studied strategy. Data converge to demonstrate the efficacy of some atypical antipsychotics as augmenting agents to selective serotonin reuptake inhibitors. Further adequately powered controlled trials on augmentation pharmacotherapy of TRD are necessary.

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## Cardiology

Khalid, T. J., O. Zuberi, L. Zuberi and I. Khalid (2009). "A rare case of cardiac paraganglioma presenting as anginal pain: a case report." Cases J **2**(1): 72. [PDF Full-Text](#)

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[dr.imrankhalid@yahoo.com](mailto:dr.imrankhalid@yahoo.com).

INTRODUCTION: Primary cardiac paraganglioma is a very rare tumor with less than sixty reported cases in the literature. The clinical presentation is variable, but is most commonly manifested by hypertension and symptoms related to the catecholamine excess. CASE REPORT: We report a case of a 35 year old man who presented with anginal pain and hypertension. He was found to have a cardiac mass on the computed tomographic scan and echocardiogram. He underwent surgical exploration of the mass which on biopsy was found to be a 'Cardiac Paraganglioma'. Surgical resection of the tumor was successfully done and the patient is doing well five years after the surgery without any evidence of recurrence. His blood pressure, however, failed to normalize and needed single agent antihypertensive therapy. CONCLUSION: Cardiac paragangliomas have a relatively favorable outcome if diagnosed and resected in time. We briefly review the literature regarding the diagnosis, treatment and prognosis of this rare tumor.

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### **Cardiology**

Stevenson, W. G., D. J. Wilber, A. Natale, W. M. Jackman, F. E. Marchlinski, T. Talbert, M. D. Gonzalez, S. J. Worley, E. G. Daoud, C. Hwang, C. Schuger, T. E. Bump, M. Jazayeri, G. F. Tomassoni, H. A. Kopelman, K. Soejima and H. Nakagawa (2008). "Irrigated radiofrequency catheter ablation guided by electroanatomic mapping for recurrent ventricular tachycardia after myocardial infarction The Multicenter Thermocool Ventricular Tachycardia Ablation Trial." Circulation **118**(25): 2773-82. [PDF Full-Text](#)

Henry Ford Hospital, Detroit, MI

Background-Recurrent ventricular tachycardia (VT) is an important cause of mortality and morbidity late after myocardial infarction. With frequent use of implantable cardioverter-defibrillators, these VTs are often poorly defined and not tolerated for mapping, factors previously viewed as relative contraindications to ablation. This observational multicenter study assessed the outcome of VT ablation with a saline-irrigated catheter combined with an electroanatomic mapping system.

Methods and Results-Two hundred thirty-one patients (median LV ejection fraction, 0.25; heart failure in 62%) with recurrent episodes of monomorphic VT (median, 11 in the preceding 6 months) caused by prior myocardial infarction were enrolled. All inducible monomorphic VTs with a rate approximating or slower than any spontaneous VTs were targeted for ablation guided by electroanatomic mapping during sinus rhythm and/or VT. Patients were not excluded for multiple VTs (median, 3 per patient) or unmappable VT (present in 69% of patients). Ablation abolished all inducible VTs in 49% of patients. The primary end point of freedom from recurrent incessant VT or intermittent VT after 6 months of follow-up was achieved for 123 patients (53%). In 142 patients with implantable cardioverter-defibrillators before and after ablation for intermittent VT who survived 6 months, VT episodes were reduced from a median of 11.5 to 0 (P<0.0001). The 1-year mortality rate was 18%, with 72.5% of deaths attributed to ventricular arrhythmias or heart failure. The procedure mortality rate was 3%, with no strokes.

Conclusions-Catheter ablation is a reasonable option to reduce episodes of recurrent VT in patients with prior myocardial infarction, even when multiple and/or unmappable VTs are present. This population remains at high risk for death, warranting surveillance and further study.

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### **Dermatology**

Ghaferi, J., M. Lokitz and M. Chaffins (2009). "Dusky reuption in a man on prednisone for pulmonary sarcoidosis." J Cutan Pathol **36**(1): 114. [Meeting Abstract](#) - Scroll down to page 114

Henry Ford Hospital, Department of Dermatology, Detroit, MI

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### **Dermatology**

Lewis, T., G. Jacobsen and D. Ozog (2008). "Intrafollicular orifice injection technique for botulinum toxin type A." Arch Derm **144**(12): 1657-8. [PDF Full-Text](#)

Henry Ford Health System, Department of Dermatology, Detroit, MI

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### **Dermatology**

Wong, H. K. (2008). "Immunopathogenesis of mycosis fungoides/Sezary syndrome (cutaneous T-cell lymphoma)." G Ital Dermatol Venereol **143**(6): 375-83. [Article Request Form](#)

Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA [hwong1@hfhs.org](mailto:hwong1@hfhs.org).

T cells are critical effectors of the adaptive immune response and play an important role in cutaneous immunity. In the skin, various cell types cooperate together, from components of both the innate immunity and adaptive immunity, provide sentinel function to mediate the immune response. However, when T cell function becomes abnormal, there is a loss of normal effector immune function, and the abnormal T cells become a cause of disease as well. Mycosis fungoides (MF) is a cutaneous T cell lymphoma (CTCL) that preferentially traffics to the epidermis. When skin homing T cells become malignant, the clinical consequences reflect not only the presence of the malignant cells, but likely from a complex reaction of the immune response to the malignant cell. The clinical presentation is the evolving manifestation of the steps in cancer immunosurveillance. Analysis of gene expression in MF/CTCL patients has provided support for the role of the immune response in the early phase of the disease and a loss of immune response in advance stages of MF/CTCL. This review will focus on cytokine gene expression abnormalities in the clinical stages of the disease and discuss the relationship between the clinical and immunologic abnormalities to gain a better understanding of mechanisms important in the evolution of this disease. A better understanding of the immunopathogenesis of MF/CTCL would support innovative strategies for the development of novel therapies to treat this T cell malignancy.

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### **Emergency Medicine**

Al-Khafaji, A., E. Rivers and W. Shoemaker (2008). "The prospective trial of supranormal values of survivors as therapeutic goals in high-risk surgical patients article of Shoemaker et al. with expert commentary by Dr. Emanuel Rivers." J Crit Care **23**(4): 603-6. [Article Request Form](#)

Henry Ford Hospital, Dept. Emergency Medicine & Surgical Critical Care, Detroit, MI 48202

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### **Emergency Medicine**

Cocchi, M. N., E. Carney, J. Saliccoli, N. Shapiro, J. Miller, K. Cox and M. W. Donnino (2008). "The association between lactic acidosis and liver aminotransaminases across disease states." Crit Care Med **36**(12): A116. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Dunne, R. B., H. Klausner and R. Rudoni (2008). "A survey of emergency department radiology coverage and contemporaneous billing practices." Ann Emerg Med **52**(4): S119-20. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Farris, S. R. and H. A. Klausner (2008). "Does use of an ultra-sensitive troponin assay improve mortality?" Ann Emerg Med **52**(4): S134-5. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Figueroa-Castaneda, D., D. Goldsmith, A. Suarez, S. Ristova, G. Martin and R. Otero (2008). "Who's watching the vent?: Morbidity associated mechanically ventilated patients in the emergency department." Ann Emerg Med **52**(4): S113. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Ford, M. M., A. Weise, S. Stokes-Buzzelli, G. B. Martin and J. Yang (2008). "Analysis of the Community Resources for Emergency Department Overuse (CREDO) Initiative for emergency department frequent users." Ann Emerg Med **52**(4): S80-1. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Garcia, A. J., P. Doshi, R. M. Otero, C. M. Cannon and E. P. Rivers (2008). "Early sepsis management: A meta-analysis of published studies." Ann Emerg Med **52**(4): S59. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Gunaga, S., V. Kella, J. Walker, C. Nedzlek and M. Pensler (2008). "Implementation of a sepsis quality initiative in a community hospital and its impact on morbidity and mortality in septic shock." Ann Emerg Med **52**(4): S55. [Meeting Abstract](#)

Henry Ford Wyandotte Hospital, Wyandotte, MI

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### **Emergency Medicine**

Kass-Shamoun, R., S. Anderson, D. Robinson, P. Medado, N. Haque, M. J. Zervos and B. J. O'Neil (2008). "Nursing home-acquired pneumonia: Demographics, outcomes and antibiotic usage." Ann Emerg Med **52**(4): S155-6. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Malhotra, M. K., D. Roberts, N. Goyal, P. A. Vallee, J. Nagarwala, L. Rolland and G. B. Martin (2008). "Transitioning from paper to electronic documentation in urban emergency department: Effect on provider efficiency." Ann Emerg Med **52**(4): S55. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Medado, P. B., S. Anderson, D. Robinson, S. R. Kass, M. J. Zervos, N. Haque and B. J. O'Neil (2008). "The effect of timing and choice of antibiotic on mortality and length of stay in nursing home-acquired pneumonia." Ann Emerg Med **52**(4): S137. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Morris, D. C. (2008). "Thrombolysis 3 to 4.5 hours after acute ischemic stroke." N Engl J Med **359**(26): 2841. [Letter to the Editor](#)

Henry Ford Health System, Detroit, MI

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### **Emergency Medicine**

Otero, R., J. Crawford, D. Goldsmith and E. Rivers (2008). "Near-infrared spectroscopy in assessing perfusion status in patients with gastrointestinal complaints presenting to the emergency department." Ann Emerg Med **52**(4): S105-6. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Paxton, J. H., T. E. Knuth and H. A. Klausner (2008). "Humeral head intraosseous insertion: The preferred emergency venous access." Ann Emerg Med **52**(4): S58. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Paxton, J. H., I. Rubinfeld and M. Malian (2008). "Clostridium difficile infection and its association with methicillin-resistant staphylococcus aureus in hospitalized trauma patients." Crit Care Med **36**(12): A115. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Emergency Medicine**

Robinson, D., P. Medado, S. Anderson, N. Haque, M. J. Zervos and B. J. O'Neil (2008). "Early predictors of mortality and length of stay in emergency department nursing home-acquired pneumonia." Ann Emerg Med **52**(4): S138. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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## **Emergency Medicine**

Shapiro, N. I., S. Trzeciak, J. E. Hollander, R. Birkhahn, R. Otero, T. M. Osborn, E. Moretti, H. B. Nguyen, K. J. Gunnerson, D. Milzman, D. F. Gaieski, M. Goyal, C. B. Cairns, L. Ngo and E. P. Rivers (2009). "A prospective, multicenter derivation of a biomarker panel to assess risk of organ dysfunction, shock, and death in emergency department patients with suspected sepsis." *Crit Care Med* **37**(1): 96-104. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Health System, Department of Emergency Medicine, Detroit, MI

Objective: To define a biomarker panel to predict organ dysfunction, shock, and in-hospital mortality in emergency department (ED) patients with suspected sepsis. Design: Prospective observational study. Setting: EDs of ten academic medical centers.

Patients: There were 971 patients enrolled. Inclusion criteria: 1) ED patients age > 18; 2) suspected infection or a serum lactate level > 2.5 mmol/L; and 3) two or more systemic inflammatory response syndrome criteria. Exclusion criteria: pregnancy, do-not-resuscitate status, or cardiac arrest.

Measurements and Main Results: Nine biomarkers were assayed from blood draws obtained on ED presentation. Multivariable logistic regression was used to identify an optimal combination of biomarkers to create a panel. The derived formula for weighting biomarker values was used to calculate a "sepsis score," which was the predicted probability of the primary outcome of severe sepsis (sepsis plus organ dysfunction) within 72 hrs. We also assessed the ability of the sepsis score to predict secondary outcome measures of septic shock within 72 hrs and in-hospital mortality. The overall rates of each outcome were severe sepsis, 52%; septic shock, 39%; and in-hospital mortality 7%. Among the nine biomarkers tested, the optimal 3-marker panel was neutrophil gelatinase-associated lipocalin, protein C, and interleukin-1 receptor antagonist. The area under the curve for the accuracy of the sepsis score derived from these three biomarkers was 0.80 for severe sepsis, 0.77 for septic shock, and 0.79 for death. When included in multivariate models with clinical variables, the sepsis score remained highly significant ( $p < 0.001$ ) for all the three outcomes.

Conclusions: A biomarker panel of neutrophil gelatinase-associated lipocalin, interleukin-1ra, and Protein C was predictive of severe sepsis, septic shock, and death in ED patients with suspected sepsis. Further study is warranted to prospectively validate the clinical utility of these biomarkers and the sepsis score in risk-stratifying patients with suspected sepsis.

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## **Endocrinology & Metabolism**

Odvina, C. V., S. Qui, S. Palnitkar and D. S. Rao (2008). "Effect of severe suppression of bone turnover on osteocyte viability." *J Bone Min Res* **23**(Suppl. S): S122. [Article Request Form](#)

Henry Ford Hospital, Bone & Mineral Research Lab, Detroit, MI 48202

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## **Endocrinology & Metabolism**

Qiu, S., R. Phipps, S. Palnitkar and D. Rao (2008). "Effect of risedronate on osteocyte viability in parietal biopsies from early postmenopausal women." *J Bone Min Res* **23**(Suppl. S): S480. [Article Request Form](#)

Henry Ford Hospital, Detroit, MI

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## **Endocrinology & Metabolism**

Rao, D., S. Qiu and N. Parikh (2008). "A clinically useful paradigm for interpretation of serum 25-hydroxyvitamin D (25-OHD) levels with simultaneously measured PTH levels." J Bone Min Res **23**(Suppl. S): S485. [Article Request Form](#)

Henry Ford Hospital, Bone & Mineral Research Lab, Detroit, MI 48202

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### **Endocrinology & Metabolism**

Sundaram, K., J. Senn, D. S. Rao and S. V. Reddy (2008). "FGF-2 stimulates RANK ligand expression in Paget's disease of bone." J Bone Min Res **23**(Suppl. S.): S128. [Article Request Form](#)

Henry Ford Hospital, Detroit, MI

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### **Hematology, Medical Oncology & Josephine Ford Cancer Center**

Hanbali, A. and Y. Khaled (2008). "Incidence of hepatitis B reactivation following Rituximab therapy." Am J Hematol. Epub Ahead of Print. [PDF Full-Text](#)

Division of Hematology/Oncology, Department of Medicine, Henry Ford Hospital, Detroit, Michigan.

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### **Hematology, Medical Oncology & Josephine Ford Cancer Center**

Khaled, Y. A., M. H. Abidi, N. Janakiraman, K. Kato, A. Hanbali, J. E. Levine, J. L. Ferrara and S. Mineishi (2008). "History of prior radiation therapy predicts poor progression free survival and overall survival in African Americans with multiple myeloma after autologous stem cell transplantation." Biol Blood Marrow Transpl **14**(2): 67-8. [Article Request Form](#)

Henry Ford Hospital, Detroit, MI

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### **Hematology, Medical Oncology & Josephine Ford Cancer Center**

Morse, M., R. Chapman, J. Powderly, T. Keler, L. Z. He, V. Ramakrishna, L. Vitale, T. Clay and T. Davis (2008). "Phase I clinical results comparing local and systemic administration of an APC-targeted cancer vaccine." J Immunother **31**(9): 945-6. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Health System, Detroit, Michigan

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### **Hypertension & Vascular Research**

Li, X. C. and J. L. Zhou (2008). "In vivo regulation of AT1a receptor-mediated intracellular uptake of [125I]Val5-ANG II in the kidneys and adrenals of AT1a receptor-deficient mice." Am J Physiol Renal Physiol **294**: F293-F302. [Article Request Form](#)

Henry Ford Hospital, Department of Hypertension, Detroit, MI

Using type 1a angiotensin receptor (AT1a) receptor-deficient (Agtr1a<sup>-/-</sup>) mice and in vivo autoradiography, we tested the hypothesis that intracellular uptake of ANG II in the kidney and adrenal glands is primarily mediated by AT1a receptors and that the response is regulated by prevailing endogenous ANG II. After pretreatment of

wild-type (Agtr1a+/+) and Agtr1a-/- mice (n = 6-9 each group) with or without captopril (25 mg.kg(-1).day(-1)) or losartan (10 mg.kg(-1).day(-1)) for 2 wk, [125I]Val5-ANG II was infused for 60 min. Intracellular uptake of [125I]Val5-ANG II was determined by quantitative in vivo autoradiography after washout of circulating [125I]Val5-ANG II. Basal intracellular ANG II levels were 65% lower in the kidney (P < 0.001), but plasma ANG II levels were threefold higher, in Agtr1a-/- than wild-type mice (P < 0.01). Although plasma [125I]Val5-ANG II levels were similar, urinary excretion of [125I]Val5-ANG II was fourfold higher in Agtr1a-/- mice (P < 0.001). By contrast, intracellular [125I]Val5-ANG II levels were approximately 80% lower in the kidney and adrenal glands of Agtr1a-/- mice (P < 0.01). Captopril decreased endogenous plasma and renal ANG II levels (P < 0.01) but increased intracellular uptake of [125I]Val5-ANG II in the kidney and adrenal glands of wild-type and Agtr1a-/- mice (P < 0.01). Losartan largely blocked renal and adrenal uptake of [125I]Val5-ANG II in wild-type and Agtr1a-/- mice. Thus 80% of intracellular ANG II uptake in the kidney and adrenal glands is mediated by AT1a receptors, whereas AT1b receptor- and other non-receptor-mediated mechanisms account for 20% of the response. Our results suggest that AT1a receptor-mediated uptake of extracellular ANG II may play a physiological role in the kidney and adrenal glands.

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### **Internal Medicine**

Paris, J., E. L. Peterson, K. Wells, M. Pladevall, E. G. Burchard, S. Choudhry, D. E. Lanfear and L. K. Williams (2008). "Relationship between recent short-acting beta-agonist use and subsequent asthma exacerbations." Ann Allergy Asthma Immunol **101**(5): 482-7. [PDF Full-Text](#)

Department of Internal Medicine, Henry Ford Hospital, Detroit, Michigan 48202, USA.

BACKGROUND: US national guidelines recommend assessing short-acting beta-agonist (SABA) medication use as a marker of asthma severity and control. However, the relationship between recent SABA use and asthma exacerbations is not currently known. OBJECTIVE: To evaluate the proximal relationship between the type and frequency of SABA use and asthma-related outcomes. METHODS: We evaluated SABA use among patients with asthma ages 5 to 56 years who were members of a large health maintenance organization in southeast Michigan. Frequency of use was estimated from pharmacy data assessing the timing and amount of SABA fills. Cox proportional hazards models were used to examine the prospective relationship between average daily SABA use for 3 months and outcomes associated with poor asthma control (ie, oral corticosteroids use, asthma-related emergency department visits, and asthma-related hospitalizations). We separately accounted for SABA metered-dose inhaler (MDI) and SABA nebulizer use. RESULTS: Of the 2,056 patients who met study criteria, 1,569 (76.3%) had used a SABA medication in their baseline year. After adjusting for potential confounders, SABA nebulizer use was associated with asthma-related emergency department visits (adjusted hazard ratio [aHR], 6.32; 95% confidence interval [CI], 2.38 to 16.80) and asthma-related hospitalizations (aHR, 21.62; 95% CI, 3.17 to 147.57). In contrast, frequency of SABA MDI use was not associated with these outcomes. CONCLUSIONS: Frequency of SABA use during a 3-month period was associated with poor asthma outcomes. The relationship with poor asthma outcomes was strongest for SABA nebulizer use, suggesting that the type of SABA used is also of prognostic importance.

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### **Internal Medicine**

Vasquez, G., W. Keimig, G. Batillana, J. Caballero, J. Del Aguila and Y. Scavino (2008). "A curious case study." J Fam Pract **57**(12): 812-6. [PDF Full-Text](#)

Henry Ford Hospital, Detroit, MI

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### **Neurology**

Cerghet, M., L. Schultz, E. Dobie, J. Reuther, S. Elias and J. E. Lafata (2008). "Racial disparities in adherence to disease-modifying agents and quality of life in patients with MS." Multiple Sclerosis **14**(Suppl. 1): S139. [Article Request Form](#)

Henry Ford Hospital, Detroit, Michigan

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## Neurology

Cui, X., M. Chopp, A. Zacharek, C. Zhang, C. Roberts and J. Chen (2009). "Role of endothelial nitric oxide synthetase in arteriogenesis after stroke in mice." Neuroscience. EPub Ahead of Print. [PDF Full-Text](#)

Department of Neurology, Henry Ford Health System, Detroit, MI 48202, USA.

Arteriogenesis supports restored perfusion in the ischemic brain and improves long-term functional outcome after stroke. We investigate the role of endothelial nitric oxide synthetase (eNOS) and a nitric oxide (NO) donor, (Z)-1-[N-(2-aminoethyl)-N-(2-ammonioethyl) amino] diazen-1-ium-1, 2-diolate (DETA-NONOate), in promoting arteriogenesis after stroke. Adult wild-type (WT, n=18) and eNOS-knockout (eNOS(-/-), n=36) mice were subjected to transient (2.5 h) right middle cerebral artery occlusion (MCAo) and were treated with or without DETA-NONOate (0.4 mg/kg) 24 h after MCAo. Functional evaluation was performed. Animals were sacrificed 3 days after MCAo for arterial cell culture studies, or 14 days for immunohistochemical analysis. Consistent with previous studies, eNOS(-/-) mice exhibited a higher mortality rate (P<0.05, n=18/group) and more severe neurological functional deficit after MCAo than WT mice (P<0.05, n=12/group). Decreased arteriogenesis, was evident in eNOS(-/-) mice compared with WT mice, as demonstrated by reduced vascular smooth muscle cell (VSMC) proliferation, arterial density and diameter in the ischemic brain. eNOS(-/-) mice treated with DETA-NONOate had a significantly decreased mortality rate and improved functional recovery, and exhibited enhanced arteriogenesis identified by increased VSMC proliferation, and upregulated arterial density and diameter compared to eNOS(-/-) mice after stroke (P<0.05, n=12/group). To elucidate the mechanisms underlying eNOS/NO mediated arteriogenesis, VSMC migration was measured in vitro. Arterial cell migration significantly decreased in the cultured common carotid artery (CCA) derived from eNOS(-/-) mice 3 days after MCAo compared to WT arterial cells. DETA-NONOate-treatment significantly attenuated eNOS(-/-)-induced decrease of arterial cell migration compared to eNOS(-/-) control artery (P<0.05; n=6/group). Using VSMC culture, DETA-NONOate significantly increased VSMC migration, while inhibition of NOS significantly decreased VSMC migration (P<0.05; n=6/group). Our data indicated that eNOS not only promotes vascular dilation but also increases VSMC proliferation and migration, and thereby enhances arteriogenesis after stroke. Therefore, increase eNOS may play an important role in regulating of arteriogenesis after stroke.

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## Neurology

Fujiwara, H., D. Rose, K. Lee, F. T. Mangano, N. Hemasilpin and S. E. Robinson (2008). "Source localization algorithms for extracranial/intracranial MEG/EEG ictal/interictal signals: Surface and depth." Epilepsia **49**(Suppl. 7): 197-8. [Meeting Abstract](#) - Scroll down to page 197

Henry Ford Hospital, Detroit, Michigan

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## Neurology

Koganti, M. L., D. Zvirbulis, P. B. Yonker, M. V. Spanaki, B. Smith and G. Barkley (2008). "Coexistence of headache and other chronic pain syndromes in patients with psychogenic non-epileptic and epileptic seizures." Epilepsia **49**(Suppl. 7): 45-6. [Meeting Abstract](#) - Scroll down to page 45

Henry Ford Hospital, Detroit, Michigan

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## Neurology

Li, L., Q. Jiang, G. Ding, L. Zhang, Z. G. Zhang, Q. Li, S. Panda, A. Kapke, M. Lu, J. R. Ewing and M. Chopp (2009). "MRI Identification of White Matter Reorganization Enhanced by Erythropoietin Treatment in a Rat Model of Focal Ischemia." Stroke. EPub Ahead of

Print. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

From the Departments of Neurology and Biostatistics and Research Epidemiology, Henry Ford Hospital, Detroit, Mich; and the Department of Physics, Oakland University, Rochester, Mich.

**BACKGROUND AND PURPOSE:** The objectives of the present study were to: (1) noninvasively identify white matter reorganization and monitor its progress within 6 weeks after the onset of stroke; and (2) quantitatively investigate the effect of recombinant human erythropoietin treatment on this structural change using in vivo measurement of diffusion anisotropy. **METHODS:** Male Wistar rats were subjected to middle cerebral artery occlusion and treated with recombinant human erythropoietin intraperitoneally at a dose of 5000 U/kg of body weight (n=11) or the same volume of saline (n=7) daily for 7 days starting 24 hours after middle cerebral artery occlusion. MRI measurements of T2- and diffusion-weighted images and cerebral blood flow were performed and neurological severity score was assessed at 1 day and weekly for 6 weeks after middle cerebral artery occlusion. Luxol fast blue and Bielschowsky staining were used to demonstrate myelin and axons, respectively. **RESULTS:** White matter reorganization occurred along the ischemic lesion boundary after stroke. The region of white matter reorganization seen on the tissue slice coincided with the elevated area on the fractional anisotropy map, which can be accurately identified. The increase in elevated fractional anisotropy pixels corresponded with progress of white matter reorganization and was associated with improvement of neurological function. Treatment with recombinant human erythropoietin after stroke significantly enhanced white matter reorganization, restored local cerebral blood flow, and expedited functional recovery. **CONCLUSIONS:** White matter reorganization can be detected by fractional anisotropy. Elevated fractional anisotropy pixels may be a good MRI index to stage white matter remodeling and predict functional outcome.

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### **Neurology**

Morrell, M. J., L. J. B. Hirsch, G., G. Barkley, R. Wharen, A. Murro, B. Fisch, M. A. Rossi, D. Labar, R. Duckrow, J. I. Sirven, J. Drazkowski, G. A. Worrell and R. P. Gwinn (2008). "Long-term safety and efficacy of the RNS (TM) system in adults with medically intractable partial onset seizures." [Epilepsia](#) **49**(Suppl. 7): 480-1. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, Michigan

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### **Neurology**

Ray, A., K. Elisevich, K. Podell, G. Barkley, D. Burdette, J. Constantinou, S. Gaddam, M. L. Koganti, L. Schuh, M. V. Spanaki, V. Wasade and B. Smith (2008). "Resective surgery in patients iwth nonlesional mesial temporal lobe epilepsy." [Epilepsia](#) **49**(Suppl. 7): 285-6. [Meeting Abstract](#) - Scroll down to page 285

Henry Ford Hospital, Detroit, Michigan

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### **Neurology**

Rivera, V., A. Al-Sabbagh, R. Bennett, P. Coyle, S. Elias, D. Mikol, H. Panitch, L. A. Rolak, W. Sheremata, B. Weinstock-Guttman and E. Fox (2008). "RENEW study update XVIII: Ongoing evaluation of the safety and tolerability of mitoxantrone in worsening multiple sclerosis." [Multiple Sclerosis](#) **14**(Suppl. 1): S175. [Article Request Form](#)

Henry Ford Health Science Center, Detroit, Michigan

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### **Neurology**

Silbergleit, A. K., H. Feit and R. Silbergleit (2009). "Neurogenic stuttering in corticobasal ganglionic degeneration: A case report." J Neurolinguistics **22**(1): 83-90. [Article Request Form](#)

Henry Ford Hospital, Department of Neurology, Detroit, MI

Corticobasal ganglionic degeneration (CBGD) is a progressive neurological disorder characterized by gradual nerve cell loss and atrophy of the cerebral cortex and basal ganglia. Symptoms of the disorder include verbal apraxia and language disturbances along with bradykinesia and rigidity. There have been no reports to date of acquired or neurogenic Stuttering associated with CBGD. We describe a patient whose initial symptom of CBGD was stuttering which worsened as her disease progressed. Neuroimaging including PET scans revealed poor metabolic functioning of the right basal ganglia. This finding, along with bilateral atrophy of the frontal and parietal lobes likely contributed to the disturbance of motor sequencing skills and led to the development and worsening of stuttering, apraxia of speech and swallowing, and eventual aphasia and cognitive decline. We suggest that neurogenic stuttering may be an additional symptom of CBGD.

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### **Neurology**

Varelas, P. N., T. Abdelhak and L. Hacein-Bey (2008). "Withdrawal of life-sustaining therapies and brain death in the intensive care unit." Semin Neurol **28**(5): 726-35. [Article Request Form](#)

Departments of Neurology and Neurosurgery, Henry Ford Hospital, Detroit, Michigan.

The majority of patients who die in intensive care units (ICUs), do so as a result of the withdrawal of life-sustaining treatments or as a result of brain death. With the increasing shortage of transplantable organs, there is growing interest in both these patient populations and their potential for organ donation after cardiac death (DCD) or death by neurological criteria. Therefore, it is imperative for neurologists and neurosurgeons to be familiar with both processes when consulted to evaluate these very sick patients in the ICU. The medicolegal and ethical considerations, the factors that lead to the decision for withdrawal (with special attention to prognostication of the major neurological diseases encountered in an ICU), the process of withdrawal of life-sustaining treatment itself, and the DCD process will be examined. The medicolegal aspects of brain death will also be examined, with particular focus on the process and the various pitfalls and misconceptions.

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### **Neurology**

Wasade, V. S., M. Spanaki-Varelas, N. C. Gohokar, S. Gaddam, A. Ray, M. L. Koganti, K. Elisevich and B. Smith (2008). "Preoperative intracranial monitoring and side of surgery as predictors of post-surgical outcome in mesial temporal lobe epilepsy (TLE) confirmed by MRI and pathology." Epilepsia **49**(Suppl. 7): 289-90. [Meeting Abstract](#) - Scroll down to page 289

Henry Ford Hospital, Detroit, Michigan

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### **Neurology**

Zachry, W. M., Q. D. Doan, B. J. Smith, J. D. Clewell and J. M. Griffith (2008). "Incidence of injury and cost of care for patients seeking emergent care for epilepsy in a United States managed care setting." Value in Health **11**(6): A599-600. [Meeting Abstract](#) - Scroll down to page 599

Henry Ford Hospital, Detroit, MI

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### **Neurosurgery**

Jenrow, K. A., C. M. Liccardello, K. A. Lapanowski and K. Elisevich (2008). "Selective vegf inhibition using PTK787 increases sponaneous seizure expression in the epileptic rat brain." *Epilepsia* **49**(Suppl. 7): 319-20. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, Michigan

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### **Neurosurgery**

Lustig, R., T. Mikkelsen, G. Lesser, S. Grossman, X. Ye, S. Desideri, J. Fisher and J. Wright (2008). "Phase II preradiation R115777 (tipifarnib) in newly diagnosed GBM with residual enhancing disease." *Neuro-Oncology* **10**(6): 1004-9. [PDF Full-Text](#)

Henry Ford Health System, Detroit, Michigan

Glioblastoma multiforme (GBM) is a lethal primary malignant brain tumor in adults. R115777 (tipifarnib) is an oral agent with antiproliferative effects, being a potent and selective inhibitor of farnesyltransferase. This multicenter, open-label phase II study was designed to evaluate the efficacy and safety of R115777 given after surgery and prior to radiation in patients with newly diagnosed and residual enhancing GBM. Following surgery, an MRI confirmed the presence of residual enhancing tumor. Patients on enzyme-inducing antiseizure drugs (EIASDs) received 600 mg twice per day, and those not on EIASDs received 300 mg twice per day. One to three monthly cycles of R115777 were administered, and radiation was initiated with progression or after three cycles. A cycle consisted of 3 weeks of continuous R115777 followed by a 1-week rest. MRI was done monthly. The primary end point was overall survival; secondary end points were tumor response rate and toxicity. A total of 28 confirmed GBM patients entered the study; 15 patients (54%) were on EIASDs. The overall median time of survival was 7.7 months. There were no tumor responses. Eight patients (29%) had stable disease as the best response. The study was stopped early due to progression of the disease in 12 patients (48%). A total of 24 patients (85%) were off study before the planned treatment schedule for radiation therapy. R115777 administered prior to radiation therapy in patients with newly diagnosed GBM and residual enhancing disease did not result in any measurable responses or improvement in survival. R115777 administered prior to radiation therapy is not recommended for patients with newly diagnosed GBM.

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### **Neurosurgery**

Torcuator, R., R. Zuniga, R. Loutfi and T. Mikkelsen (2009). "Bevacizumab and irinotecan treatment for progressive diffuse brainstem glioma: case report." *J Neurooncol*. EPub Ahead of Print. [PDF Full-Text](#)

Department of Neurosurgery, Henry Ford Health System, Hermelin Brain Tumor Center, Detroit, MI, USA, [nsroy@neuro.hfh.edu](mailto:nsroy@neuro.hfh.edu).

Diffuse brainstem glioma carries a dismal prognosis. The current cornerstone of treatment is radiation therapy. Chemotherapy appears to be ineffective and the role of this treatment in the recurrent or progressive setting is not known. Bevacizumab and irinotecan have been reported to have shown radiographic response and improvement in progression-free survival among patients with malignant supratentorial gliomas. In this paper, we report our experience in an adult patient with progressive diffuse brainstem glioma treated with bevacizumab and irinotecan.

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### **Neurosurgery**

Torcuator, R., R. Zuniga, Y. S. Mohan, J. Rock, T. Doyle, J. Anderson, J. Gutierrez, S. Ryu, R. Jain, M. Rosenblum and T. Mikkelsen (2009). "Initial experience with bevacizumab treatment for biopsy confirmed cerebral radiation necrosis." *J Neurooncol*. EPub Ahead of Print. [PDF Full-Text](#)

Hermelin Brain Tumor Center, Department of Neurosurgery, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI, 48202, USA, [nsroy@neuro.hfh.edu](mailto:nsroy@neuro.hfh.edu).

Background Cerebral radiation necrosis is a serious complication of radiation treatment for brain tumors. Therapeutic options include corticosteroids, anticoagulation and hyperbaric oxygen with limited efficacy. Bevacizumab, an antibody against VEGF had been reported to reduce edema in patients with suspected radiation necrosis. We retrospectively reviewed 6 patients with biopsy proven cerebral radiation necrosis treated with bevacizumab between 2006 and 2008. Results Interval MRI follow-up demonstrated radiographic response in all patients with an average reduction of 79% for the post gadolinium studies and 49% for the FLAIR images. The initial partial radiographic response was noted for up to a mean follow-up time of 5.9 months (6 weeks to 18 months). Conclusion Bevacizumab appears to produce radiographic response and clinical benefits in the treatment of patients with cerebral radionecrosis.

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### Other

Hurbanek, J. G., K. Anderson, S. Crabtree and G. J. Karnes (2009). "Biomechanical Comparison of the Docking Technique With and Without Humeral Bioabsorbable Interference Screw Fixation." *Am J Sports Med.* EPub Ahead of Print. [PDF Full-Text](#)

Henry Ford Hospital.

BACKGROUND: Surgical reconstruction of the ulnar collateral ligament has evolved since Frank Jobe's original description. The "docking technique" is a popular modification that allows for securing the graft within a single humeral tunnel. More recently, interference screw fixation has been introduced as a means of improving the ultimate strength, stiffness, and kinematics of these constructs. PURPOSE: This study was conducted to compare the biomechanical performance of the docking technique with and without interference screw fixation in the humerus. STUDY DESIGN: Controlled laboratory study. METHODS: Nine matched pairs of human cadaveric elbows (age 49.9 +/- 8.0 years) were reconstructed with a tendon graft using the docking technique (group 1) or the docking technique with the addition of a 4.75-mm bioabsorbable humeral interference screw (group 2). Before the reconstruction, joint laxity was measured on each specimen with the ulnar collateral ligament intact and then after transection of the ligament. Laxity measurements were repeated after the reconstruction. Failure testing was then performed at 70 degrees of elbow flexion. The specimens were preloaded with a 1-N.m moment and then loaded to failure at a displacement rate of 14 mm/s to approximate 50% strain per second. RESULTS: Within group 1, the elbow laxity of the reconstructed state was significantly greater than the intact state at all tested flexion angles ( $P < .021$ ). Within group 2, no statistically significant difference existed in elbow laxity between the intact state and the reconstructed state. When comparing laxities between groups, group 1 tended to be more lax at all tested flexion angles but was only significantly greater at 105 degrees of flexion. The most common mode of failure for both groups involved the sutures pulling out of the tendon. No significant difference was found for ultimate moment of failure between the 2 groups. However, the moment associated with 3 mm of gap formation for group 2 (12.8 +/- 4.2 N.m) was statistically greater than that of group 1 (7.5 +/- 1.2 N.m) ( $P = .001$ ). The stiffness of group 2 (14.7 +/- 6.4 N/mm) was significantly greater than group 1 (9.9 +/- 3.1 N/mm) ( $P = .044$ ). CONCLUSION: The biomechanical performance of the docking technique with and without a humeral interference screw is similar. CLINICAL RELEVANCE: The stiffness of the construct, along with the difference in moment that allows a 3-mm gap formation, suggests that the addition of a humeral interference screw is potentially beneficial. Further research in a healing model will help clarify this benefit.

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### Other

Kantarjian, H. M., R. A. Larson, F. Guilhot, S. G. O'Brien, M. Mone, M. Rudoltz, T. Krahnke, J. Cortes and B. J. Druker (2009). "Efficacy of imatinib dose escalation in patients with chronic myeloid leukemia in chronic phase." *Cancer* **115**(3): 551-560. [PDF Full-Text](#)

Department of Leukemia, The University of Texas M. D. Anderson Cancer Center, Houston, Texas.

BACKGROUND:: Imatinib mesylate given orally at a daily dose of 400 mg is the standard of care as initial therapy for patients with chronic myeloid leukemia (CML) in chronic phase (CML-CP). Treatment guidelines

propose dose escalation based on clinical assessments of disease response. METHODS:: Response and survival were analyzed in a cohort of patients (n = 106) with newly diagnosed CML-CP who were enrolled on the International Randomized Study of Interferon and STI571 (IRIS) trial, who began treatment with imatinib at a dose of 400 mg daily, and who subsequently underwent dose escalation to either 600 mg or 800 mg daily. Reasons for dose escalation were evaluated retrospectively based on 2 sets of criteria: the IRIS protocol-defined criteria (n = 39 patients) and the European LeukemiaNet (ELN) recommendations (n = 48 patients). RESULTS:: Among all 106 patients who underwent dose escalation, the rates of freedom from progression to accelerated phase or blast phase and overall survival were 89% and 84% at 3 years after dose increase, respectively. A cytogenetic response was obtained in 42% of patients who had their dose escalated based on protocol criteria and in 38% of patients who had their dose escalated according to the ELN recommendations. CONCLUSIONS:: The results from this retrospective analysis supported imatinib dose escalation as an appropriate initial option for patients with CML-CP who were experiencing suboptimal cytogenetic response or resistance.

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## Other

Kitchener, H., A. M. Swart, Q. Qian, C. Amos and M. K. Parmar (2009). "Efficacy of systematic pelvic lymphadenectomy in endometrial cancer (MRC ASTEC trial): a randomised study." *Lancet* **373**(9658): 125-36. [PDF Full-Text](#)

BACKGROUND: Hysterectomy and bilateral salpingo-oophorectomy (BSO) is the standard surgery for stage I endometrial cancer. Systematic pelvic lymphadenectomy has been used to establish whether there is extra-uterine disease and as a therapeutic procedure; however, randomised trials need to be done to assess therapeutic efficacy. The ASTEC surgical trial investigated whether pelvic lymphadenectomy could improve survival of women with endometrial cancer. METHODS: From 85 centres in four countries, 1408 women with histologically proven endometrial carcinoma thought preoperatively to be confined to the corpus were randomly allocated by a minimisation method to standard surgery (hysterectomy and BSO, peritoneal washings, and palpation of para-aortic nodes; n=704) or standard surgery plus lymphadenectomy (n=704). The primary outcome measure was overall survival. To control for postsurgical treatment, women with early-stage disease at intermediate or high risk of recurrence were randomised (independent of lymph-node status) into the ASTEC radiotherapy trial. Analysis was by intention to treat. This study is registered, number ISRCTN 16571884. FINDINGS: After a median follow-up of 37 months (IQR 24-58), 191 women (88 standard surgery group, 103 lymphadenectomy group) had died, with a hazard ratio (HR) of 1.16 (95% CI 0.87-1.54; p=0.31) in favour of standard surgery and an absolute difference in 5-year overall survival of 1% (95% CI -4 to 6). 251 women died or had recurrent disease (107 standard surgery group, 144 lymphadenectomy group), with an HR of 1.35 (1.06-1.73; p=0.017) in favour of standard surgery and an absolute difference in 5-year recurrence-free survival of 6% (1-12). With adjustment for baseline characteristics and pathology details, the HR for overall survival was 1.04 (0.74-1.45; p=0.83) and for recurrence-free survival was 1.25 (0.93-1.66; p=0.14). INTERPRETATION: Our results show no evidence of benefit in terms of overall or recurrence-free survival for pelvic lymphadenectomy in women with early endometrial cancer. Pelvic lymphadenectomy cannot be recommended as routine procedure for therapeutic purposes outside of clinical trials.

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## Other

Miao, Z. M., S. H. Zhao, S. L. Yan, C. G. Li, Y. G. Wang, D. M. Meng, L. Zhou and Q. S. Mi (2009). "NALP3 inflammasome functional polymorphisms and gout susceptibility." *Cell Cycle* **8**(1): 27-30. [Article Request Form](#)

Henry Ford Hospital, Detroit, MI

Gout is the most common autoinflammatory arthritis characterized by elevated serum urate and recurrent attacks of intra-articular crystal deposition of monosodium urate (MSU). Although the pathogenesis of gout is still unclear, accumulated studies indicate that genetic factors trigger gout development, including some susceptibility genes that control the production and clearance of urate and lead to hyperuricemia. However, the epidemiological evidence suggests that only less than 10% of hyperuricemia patients develop gout, indicating that other genes unrelated to the urate metabolism may also contribute to the diseases susceptibility. Accumulated evidences have implied that MSU crystal-induced inflammation is a paradigm of innate immunity and that NALP3 inflammasome, an innate immune complex containing NALP3, ASC and CARD-8, is involved in gout development. Recent studies suggest that NALP3 and CARD-8 functional mutations contribute to the

development of autoinflammatory diseases including hereditary periodic fever syndrome, arthritides as well as hypertension susceptibility. Taking into account these genetic findings, here we would like to propose a novel hypothesis that functional mutations in NALP3 inflammasome may make NALP3 inflammasome as attractive susceptibility candidates and genetic markers for gout. Further clinical genetic studies need to be performed to confirm the role of NALP3 inflammasome in the etiology of gout.

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### **Otolaryngology**

Darrat, I. and K. Yaremchuk (2008). "Early mortality rate of morbidly obese patients after tracheotomy." Laryngoscope **118**(12): 2125-8. [PDF Full-Text](#)

Department of Otolaryngology, Head and Neck Surgery, Henry Ford Hospital, Detroit, MI 48202, USA.

**OBJECTIVES:** To 1) determine the early mortality rate (within 30 days) of morbidly obese patients after tracheotomy; 2) determine the difference between the mortality rate after tracheotomy of morbidly obese patients and patients who are not morbidly obese; and 3) determine the difference between the mortality rate after tracheotomy adjusted for case mix index (CMI) of morbidly obese patients and patients who are not morbidly obese. **STUDY DESIGN:** Retrospective cohort study of 278 patients who had undergone a tracheotomy by the otolaryngology head and neck surgery department from 2004 to 2006. The patients were subdivided into two groups: 1) body mass index (BMI) <35 (n = 229) and 2) BMI > or =35 (morbidly obese) (n = 49). **METHODS:** Charts reviewed for age, sex, weight, height, BMI, indication for tracheotomy, date of tracheotomy, type of tracheotomy, date of discharge, date of death, length of hospital stay, and CMI. **RESULTS:** There is a trend toward significance (P = .09) between the mortality rate after tracheotomy of morbidly obese patients (29%) and patients who are not morbidly obese (18%). There is less significance between the adjusted mortality rate based on CMI after tracheotomy when the patient population is divided into morbidly obese patients and patients who are not morbidly obese (P = .12). **CONCLUSION:** The mortality rate after tracheotomy of morbidly obese patients is greater than patients who are not morbidly obese.

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### **Otolaryngology**

Nicolasora, N. P., M. A. Zacharek and A. N. Malani (2009). "Community-Acquired Methicillin-Resistant Staphylococcus aureus: An Emerging Cause of Acute Bacterial Parotitis." South Med J. Epub Ahead of Print. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

From the Henry Ford Health System, Detroit, MI and Saint Joseph Mercy Health System, Ann Arbor, MI.

Staphylococcus aureus has long been recognized as a cause of acute bacterial parotitis. A case of community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) parotitis is presented, highlighting the emergence of this increasingly important pathogen to cause a wide variety of infections. Also reviewed are the salient clinical and microbiologic features of this novel infection.

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### **Pathology**

Cankovic, M., L. Whiteley, R. C. Hawley, D. Chitale and R. J. Zarbo (2008). "Clinical performance of JAK2 V617F mutation detection assays in a molecular diagnostics laboratory: Evaluation of screening and quantitative detection methods." J Molecular Diagnostics **10**(6): 577. [Meeting Abstract](#) - Scroll down to page 577

Henry Ford Hospital, Detroit, MI

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### **Pathology**

Jones, B. A., L. G. Bekeris, R. E. Nakhleh, M. K. Walsh and P. N. Valenstein (2009). "Physician satisfaction with clinical laboratory services. A College of American Pathologists Q-probes study of 138 institutions." Arch Path Lab Med **133**(1): 38-43. [PDF Full-Text](#)

Department of Pathology, Henry Ford Hospital, Detroit, MI 48202, USA. [bjones2@hfhs.org](mailto:bjones2@hfhs.org)

CONTEXT: Monitoring customer satisfaction is a valuable component of a laboratory quality improvement program. OBJECTIVE: To survey the level of physician satisfaction with hospital clinical laboratory services. DESIGN: Participating institutions provided demographic and practice information and survey results of physician satisfaction with defined aspects of clinical laboratory services, rated on a scale of 1 (poor) to 5 (excellent). RESULTS: One hundred thirty-eight institutions participated in this study and submitted a total of 4329 physician surveys. The overall satisfaction score for all institutions ranged from 2.9 to 5.0. The median overall score for all participants was 4.1 (10th percentile, 3.6; 90th percentile, 4.5). Physicians were most satisfied with the quality/reliability of results and staff courtesy, with median values of excellent or good ratings of 89.9%. Of the 5 service categories that received the lowest percentage values of excellent/good ratings (combined scores of 4 and 5), 4 were related to turnaround time for inpatient stat, outpatient stat, routine, and esoteric tests. Surveys from half of the participating laboratories reported that 96% to 100% of physicians would recommend the laboratory to other physicians. The category most frequently selected as the most important category of laboratory services was quality/reliability of results (31.7%). CONCLUSIONS: There continues to be a high level of physician satisfaction and loyalty with clinical laboratory services. Test turnaround times are persistent categories of dissatisfaction and present opportunities for improvement.

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### **Pathology**

Lee, H. and K. Maeda (2009). "Hamartoma of the spleen." Arch Path Lab Med **133**(1): 147-51. [PDF Full-Text](#)

Department of Pathology and Laboratory Medicine, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202, USA. [hlee1@hfhs.org](mailto:hlee1@hfhs.org)

Splenic hamartoma is a rare, benign vascular proliferation that is often found incidentally while working up other complaints or at autopsy. Women more commonly present with symptoms related to mass effect than men. Histologic findings consist of unorganized vascular channels of varying width, with intervening red pulp-like disorganized stroma with or without lymphoid follicles. The endothelial cells are similar to those of normal splenic sinuses. Although rendering a diagnosis can be difficult, endothelial cells that are positive for CD8 are a key feature that differentiate hamartoma from other vascular lesions of the spleen. Clinical, radiologic, and histologic correlation is essential to ensure this benign lesion is not mistaken for malignancy.

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### **Pathology**

Meier, F. (2008). "Systematic review of placental membrane inflammation over one year." Histopathology **53**: 196. [Article Request Form](#)

Henry Ford Health System, Department of Pathology, Detroit, Michigan

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### **Pathology**

Sharma, G., M. D. Linden, D. S. Schultz and K. V. Inamdar (2009). "Cystic tumor of the atrioventricular node: an unexpected finding in an explanted heart." Cardiovasc Pathol. Epub Ahead of Print. [Article Request Form](#)

Department of Pathology and Laboratory Medicine, Henry Ford Health System Detroit, Michigan-48202, USA.

SUMMARY: We report herein a unique case of cystic tumor of atrioventricular (AV) node (CTAVN), which, to our knowledge, is the first of its kind diagnosed in an explanted heart specimen and only the fourth diagnosed

antemortem. Often, this rare tumor can only be diagnosed by careful gross examination and adequate sampling of AV node region. It is an important differential diagnosis in young patients with syncopal attacks and varying degrees of heart blocks. CONTEXT: CTAVN is a rare, benign tumor. Most cases have been reported in young females (mean age, 38 years). Patients typically present with conduction abnormalities including complete heart block leading to sudden cardiac death. Most cases have been identified at autopsy; no cases to our knowledge have been reported in an explanted heart. DESIGN: A 19 year-old female presented to the cardiac transplant clinic for evaluation of severe congestive heart failure felt to be secondary to postpartum cardiomyopathy. The patient's history was significant for congenital heart block requiring placement of a permanent pacemaker at 12 years of age. At the time of this presentation, electrocardiogram revealed second-degree AV block, and two-dimensional echocardiogram showed lipomatous hypertrophy of the interatrial septum. Seven months later, orthotopic cardiac transplantation was performed. RESULTS: On gross examination, the explanted heart weighed 500 g and had biventricular dilatation. Histologic sections of left and right ventricle revealed myocyte hypertrophy and interstitial fibrosis consistent with dilated cardiomyopathy. Sections from the AV node showed a lesion with morphological features of CTAVN. It was composed of cysts of varying sizes lined by transitional, cuboidal and squamous epithelium. Some cysts were filled with proteinaceous debris that were periodic acid Schiff-positive and diastase resistant. CONCLUSIONS: CTAVN occurs exclusively in the area of the AV node, tricuspid valve, and inferior atrial septum. These lesions are now believed to be endodermal in origin, although mesothelial origin was earlier proposed. We report herein a case of CTAVN, the first of its kind diagnosed in an explanted heart specimen and only the fourth diagnosed antemortem.

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## Pathology

Stark, A., D. Schultz, A. Kapke, P. Nadkarni, M. Burke, M. Linden and U. Raju (2008). "Obesity and risk of the less commonly diagnosed subtypes of breast cancer." [Eur J Surg Oncol.](#) EPub Ahead of Print. [Article Request Form](#)

Department of Pathology, Henry Ford Health System, K-6, Main Hospital Campus, 2799 West Grand Blvd, Detroit, MI 48202, USA; Center for Health Services Research, Geisinger Health System, Danville, PA, USA; Center for Clinical Epidemiology and Biostatistics, School of Medicine, University of Pennsylvania, Philadelphia, PA, USA.

OBJECTIVES: A set of common epidemiologic risk factors have been associated with the risk of breast cancer despite of its molecular sub-classifications. We implemented a case series study with the primary objective of evaluating if obesity is associated with the diagnostic risk of "ER(+) and/or PR(+), HER2(+)", "ER(-)/PR(-), HER2(-)", or "ER(-)/PR(-), HER2(+)" relative to the most commonly diagnosed subtype of breast carcinoma, "ER(+) and/or PR(+), HER2(-)". METHODS: Demographic, clinical and pathologic data were collected from existing databases. The statuses of HER2/neu biomarker and hormone receptors were dichotomized as either positive or negative. Immunohistochemical staining was used to assess the prevalence of different subtypes. Body mass index was calculated from weight and height data collected at the time of consultation. CONCLUSIONS: Findings from the present study suggest that excess body weight decreases the diagnostic risk of "ER(-)/PR(-), HER2(-)", or "ER(-)/PR(-), HER2(-)" relative to "ER(+) and/or PR(+), HER2(-)". Obese and overweight women are more likely to be diagnosed with "ER(+) and/or PR(+), HER2(-)", the subtype that has best prognosis and mostly associated with personal lifestyle. Weight gain with the population attributable-risk factor of 21.3% contributes the most to the incidence of invasive post menopausal breast cancer. Younger pre-menopausal women were more likely to be diagnosed with "ER(+) and/or PR(+), HER2(+)". In younger women biology of breast cancers with positive expression for hormone receptors and epidermal growth factor is a complex that extends beyond the currently assessed prognostic markers.

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## Pathology

Whiteley, L. J., M. Cankovic and M. Bansal (2008). "Optimizing microRNA recovery for specimens routinely encountered in clinical practice." [J Molecular Diagnostics](#) **10**(6): 614. [Meeting Abstract](#) - Scroll down to page 614

Henry Ford Health System, Molecular Pathology, Detroit, MI

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## **Pulmonary**

Khalid, I., T. J. Khalid and B. Digiovine (2008). "A patient with an uncommon complication from insertion of a central venous catheter: A case report." Cases J 1(1): 353. [PDF Full-Text](#)

Division of Pulmonary and Critical Care Medicine, Henry Ford Health System, 2799 W Grand Blvd, Detroit, MI, 48202, USA. [doc\\_ik@yahoo.com](mailto:doc_ik@yahoo.com).

BACKGROUND: A 72 year old male was admitted to the medical intensive care unit with septic shock. CASE PRESENTATION: A left subclavian central venous catheter was inserted on the day of admission whose tip was pushing against the wall of the vessel lumen. The patient's condition improved with treatment, but three days later had a new episode of acute hypotension. CT scan of the chest showed that the catheter had eroded through the superior vena cava wall. CONCLUSION: The catheter was pulled out and patient recovered from the complication with supportive therapy. Care should be taken that the tip of the catheter is in the center of the vessel lumen to avoid this rare, but potentially life threatening, complication.

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## **Radiation Oncology**

Bourhis, J., E. Maillard, D. Brizel, B. Movsas, J. Buntzel, J. KLangendijk, R. Komaki, S. Leong and J. Pignon (2008). "Meta-analysis of amifostine in radiotherapy (MSSRT): An analysis of 12 randomized clinical trials including 1,119 patients by the MAART Collaborative Group." Ann Oncology 19(Suppl. 8): 218. [Meeting Abstract](#) - Scroll down to abstract #6880

Henry Ford Health System, Department of Radiation Oncology, Detroit, MI

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## **Sleep Medicine**

Camacho, F., V. N. Joish, C. Drake and C. V. Asche (2008). "Direct costs of untreated comorbid-insomnia in an adult depressed managed care population." Value in Health 11(6): A587. [Meeting Abstract](#) - Scroll down to page A587

Henry Ford Hospital, Sleep Center, Detroit, MI

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## **Sleep Medicine**

Camacho, F., V. N. Joish, C. Drake and C. V. Asche (2008). "Direct costs of untreated comorbid-insomnia in an elderly depressed managed care population." Value in Health 11(6): A587. [Meeting Abstract](#) – Scroll down to page A587

Henry Ford Hospital, Sleep Center, Detroit, MI

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## **Sleep Medicine**

Kryger, M., T. Roth, S. Wang-Weigand and J. Zhang (2009). "The effects of ramelteon on respiration during sleep in subjects with moderate to severe chronic obstructive pulmonary disease." Sleep and Breathing 13(1): 79-84. [PDF Full-Text](#)

Henry Ford Hospital, Sleep Disorders & Research Center, Detroit, MI 48202

Individuals with moderate to severe chronic obstructive pulmonary disease (COPD) have poor sleep quality. This study evaluated the effects of ramelteon, an MT1/MT2 melatonin receptor agonist indicated for insomnia treatment on respiration in this population.

This double-blind, crossover study enrolled 25 subjects (a parts per thousand yen40 years) with moderate to severe COPD (FEV1/FVC < 70% and FEV1 between 50 and 80% of predicted value [moderate], or FEV1/FVC < 70% and FEV1 < 50% of predicted value [severe]). Subjects received ramelteon 8 mg or placebo for one night 30 min before polysomnographic monitoring, including measurement of oxygen saturation (SaO(2)) and respiratory effort and flow. Subjects crossed to alternate treatment after a 5- to 10-day washout. The primary endpoint was mean SaO(2) for the entire night.

No significant difference in SaO(2) for the entire night was observed with ramelteon vs placebo (92.2% vs 92.5%, P = 0.576). Mean SaO(2) was similar between ramelteon and placebo for each hour of the night, each sleep stage, the number of minutes that SaO(2) was < 80% and < 90%, and mean apnea-hypopnea index. There was a significant difference in total sleep time (389.0 vs 348.4 min, P = 0.019) and sleep efficiency (81.0 vs 72.6%, P = 0.019), and latency to persistent sleep was shorter (23.1 vs 56.9 min, P = 0.051), with ramelteon vs placebo. All adverse events were mild to moderate; none led to study discontinuation.

Ramelteon did not produce respiratory depressant effects as measured by oxygenation or abnormal breathing events in subjects with moderate to severe COPD. Ramelteon was well tolerated in this population.

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## **Sleep Medicine**

Krystal, A. D., M. Thakus and T. Roth (2008). "Sleep disturbance in psychiatric disorders: Effects on function and quality of life in mood disorders, alcoholism, and schizophrenia." Ann Clin Psychiatr **20**(1): 39-46. [Article Request Form](#)

Henry Ford Hospital, Sleep Center, Detroit, MI

Introduction. While the precise role of sleep in maintaining optimal health and function remains unknown, it is clear that disturbances of sleep have a profound impact on the lives of affected individuals. In psychiatric disorders, not only is there a relationship between sleep disturbances and impaired function, problems with sleep also appear to affect the course of the disorder.

Methods. We carried out a literature review of sleep studies in mood disorders, alcoholism and schizophrenia to determine how associated alterations in sleep architecture and disturbances of sleep are related to patient function and quality. of life, and the course of these disorders.

Results. The literature speaks to the need to address sleep problems in the overall management of mood disorders, alcoholism and schizophrenia, The support for this viewpoint is best established for mood disorders. There is also relatively strong support for treatment in alcoholism. Schizophrenia, however, has received scant attention and the literature suggests a need for more studies in this area.

Conclusions. Further research is needed into the treatment of co-morbid insomnia and psychiatric disorders. Successful therapy is more likely to be achieved if the sleep difficulty and co-morbid disorder are simultaneously targeted for treatment.

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## **Surgery**

Andrzejewski, T., L. Combs, E. Gasevic, V. Coba, M. Horst, I. Rubinfeld, J. Jordan and M. M. Brandt (2008). "Hypoglycemia recidivism: What can these patients teach us about glycemic control regimens?" Crit Care Med **36**(12): A67. [Article Request Form](#)

Henry Ford Hospital, Detroit, MI

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## **Surgery**

Andrzejewski, T., D. Deeb, X. H. Gao, A. Danyluk, A. S. Arbab, S. A. Dulchavsky and S. C. Gautam (2008). "Therapeutic efficacy of curcumin/TRAIL combination regimen for hormone-refractory prostate cancer." Oncology Research **17**(6): 257-67. [Article Request Form](#)

*Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Health System, Department of Surgery, Detroit, MI USA

Because of lack of effective treatment options for hormone-refractory prostate cancer at the present time, the need for developing novel therapeutic strategies and targets to treat and prevent the progression of hormone-sensitive prostate cancer to the hormone-refractory stage is paramount. Our previous in vitro studies have shown that curcumin sensitizes both hormone-sensitive and hormone-resistant prostate cancer cells to tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) and that combined curcumin/TRAIL treatment induces apoptosis in cancer cells by inhibiting antiapoptotic p-Akt and nuclear factor-kappa B (NF-kappa B). In the present study, we demonstrate that curcumin and TRAIL combination regimen is also the most effective treatment for inhibiting the growth of PC3 xenografts compared to curcumin or TRAIL monotherapy. The inhibition of PC3 tumors by combined treatment correlated with significant reduction in expression of p-Akt and NF-kappa B in tumor tissue. Furthermore, tumor growth inhibition by curcumin/TRAIL combination regimen was associated with significant decrease in cell proliferation and an increase in terminal deoxynucleotidyl transferase dUTP nick end labeling (TUNEL)-positive cells in the tumors without significant change in microvessel density. Based on the significant efficacy in this preclinical model, combined curcumin/TRAIL regimen may be an effective adjuvant therapy for hormone-refractory prostate cancer.

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### **Surgery**

Coba, V. (2008). "An emergency department-based institutional sepsis collaborative improves mortality." Ann Emerg Med **52**(4): S59. [Meeting Abstract](#)

Henry Ford Hospital, Detroit, MI

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### **Surgery**

Coba, V., I. Rubinfeld, H. M. Horst, O. Azuh, M. Brandt and J. H. Patton (2008). "Can the Visensia Index Score predict mortality in high risk injured patients?" Crit Care Med **36**(12): A48. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Surgery**

Combs, L., V. Coba, T. Andrzejewski, E. Gasevic, I. Rubinfeld, M. Horst and M. Brandt (2008). "Does an EMR improve documentation?" Crit Care Med **36**(12): A21. [PDF Full-Text](#)

Henry Ford Hospital, Detroit, MI

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### **Surgery**

Dulchavsky, D., X. Gao, Y. B. Liu, D. Deeb, A. S. Arbab, K. McIntosh, S. A. Dulchavsky and S. C. Gautam (2008). "Bone marrow-derived stromal cells (BMSCs) interact with fibroblasts in accelerating wound healing." J Invest Surg **21**(5): 270-9. [Article Request Form](#)

Department of General Surgery, Henry Ford Health System, Detroit, Michigan, USA.

[sgautam1@hfhs.org](mailto:sgautam1@hfhs.org)

Bone marrow-derived stromal cells (BMSCs) exhibit extraordinary degree of plasticity and growth factor repertoire for which they have been investigated for repair and regeneration of damaged tissues, but have not been adequately examined for wound healing. The ability of BMSCs to accelerate healing of surgically inflicted

cutaneous and fascial wounds was tested in vivo in rats and in vitro using a fibroblast monolayer wound model. Intravenous treatment with BMSCs augmented healing of both cutaneous and fascial wounds as determined by an increase in the biomechanical strength of wounds. In vitro experiments showed that incorporation of BMSCs in fibroblast monolayers accelerates the closure of mechanically disrupted monolayers, which was attributed to the enhanced migration of fibroblasts onto the denuded surfaces. Furthermore, culture medium conditioned by activated BMSCs promoted the closure of defects in monolayers and enhanced the proliferation/growth and directional migration (chemotaxis) of fibroblasts. This study demonstrates that BMSCs significantly augment healing of cutaneous and fascial wounds in vivo at least in part through interaction with fibroblasts in which BMSCs promote growth and chemotaxis of fibroblasts.

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### **Surgery**

Gasevic, E., I. Rubinfeld, M. Horst, V. Coba, T. Andrzejewski, L. Combs and M. Brandt (2008). "Prevention of harm using tight glycemic control protocol in cardiothoracic patients." *Crit Care Med* **36**(12): A93. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Surgery**

Haurani, M. J., K. Foreman, J. J. Yang and A. Siddiqui (2009). "5-Fluorouracil treatment of problematic scars." *Plast Reconstr Surg* **123**(1): 139-48; discussion 149-51. [PDF Full-Text](#)

Departments of Surgery and Biostatistics, Division of Plastic Surgery, Henry Ford Hospital, Detroit, Michigan 48202, USA.

**BACKGROUND:** Keloids and hypertrophic scars can be uncomfortable, disfiguring, and aesthetically undesirable. Anecdotal reports suggest that low-dose intralesional fluorouracil can be used to treat these undesirable scars. **METHODS:** Using a prospective case series protocol, both keloid and hypertrophic scar patients were included. Keloid patients underwent excision followed by a series of treatments with intralesional 5-fluorouracil into the healing scar to prevent recurrence (n = 32). The hypertrophic scar patients were treated with the same series of injections without scar excision to both control symptoms and improve scar appearance (n = 21). The primary outcome measures were scar volume and a symptom questionnaire. Patients were followed for 1 year after completing the injection treatments. **RESULTS:** In the keloid group, the recurrence rate was 19 percent at 1-year follow-up for this group of patients who had failed previous corticosteroid injection therapy. In the hypertrophic scar group, 14 percent did not respond to the series of injections. In this group, there was a median volume decrease of 50 percent maintained for 1 year after injection therapy was terminated. **CONCLUSIONS:** Intralesional fluorouracil is a safe and effective means of controlling problem scars in terms of both recurrence and symptom control. Benefits were maintained for at least 1 year after completion of therapy. Intralesional 5-fluorouracil should be considered another option for patients suffering from problematic scars.

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### **Surgery**

Kais, S., T. E. Knuth, I. Lopez-Plaza and M. Horst (2008). "Be alert: Cytomegalovirus infections may be an under-recognized cause of mortality in critically-ill immune competent patients." *Crit Care Med* **36**(12): A187. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Surgery**

Vanderlan, W. B., A. Bansal and M. S. Abouljoud (2009). "Adult portal hypertension secondary to posttraumatic extrahepatic portal vein thrombosis treated with Rex shunt." J Trauma **66**(1): 260-3. [PDF Full-Text](#)

Division of Transplant and Hepatobiliary Surgery, Henry Ford Hospital, Detroit, Michigan, USA. [wvonried@umich.edu](mailto:wvonried@umich.edu)

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### **Surgery**

Velanovich, V., T. Kheibek and M. Khan (2009). "Relationship of postoperative complications from preoperative biliary stents after pancreaticoduodenectomy. A new cohort analysis and meta-analysis of modern studies." JOP **10**(1): 24-9. [PDF Full-Text](#)

Division of General Surgery, Henry Ford Hospital, Detroit, MI 48202, USA.  
[vvelano1@hfhs.org](mailto:vvelano1@hfhs.org)

CONTEXT: Debate still continues as to the effects of preoperative biliary stents on postoperative complications after pancreaticoduodenectomy. Some studies have documented increased wound infection rates, while others have not. The importance of this issue rests on whether these postoperative complications are detrimental enough to not recommend preoperative chemoradiation in the treatment of pancreatic cancer. OBJECTIVE: This study is in two parts: 1) a retrospective review of patients who underwent pancreaticoduodenectomy at Henry Ford Hospital; and 2) a meta-analysis of published studies on the effects of preoperative biliary stents. METHODS: In the retrospective portion, all patients who underwent pancreaticoduodenectomy from January 1st, 1997 through December 31st, 2006 were included in the study. MAIN OUTCOME MEASURES: Data gathered included gender, age, pathologic diagnosis, use of preoperative biliary stent (either ERCP or PTC), all postoperative complications, and in-hospital mortality. In the meta-analysis portion, all studies published from 1990 with either a randomized or quasi-randomized allocation of patients were included. Endpoints analysis were peri-operative mortality, wound infection rate, intra-abdominal abscess rate, and overall morbidity rate. RESULTS: In the retrospective portion, 181 patients were studied, with 123 (68.0%) of these having preoperative biliary stents. Patients with and without stents had no significant difference in wound infection rate (19.5% vs. 17.2%, respectively), intra-abdominal abscess rate (16.3% vs. 22.4%), any postoperative complication (50.4% vs. 51.7%) and in-hospital death (2.4% vs. 1.7%). Fifteen studies were included in the meta-analysis. There was variation in both the definitions of complications as well as the incidence of all postoperative endpoints among the studies. For peri-operative mortality and wound infection rate, the relative difference favored the no stent group by 0.5% (95% confidence interval: -0.4% to 1.4%) and 5.8% (95% confidence interval: 3.6% to 8.0%), respectively. For intra-abdominal abscess and overall morbidity rate, the relative difference favored the stent group by 2.0% (95% confidence interval: -0.3% to 4.3%) and 0.06% (95% confidence interval -3.8% to 3.9%), respectively. CONCLUSION: Although the use of a preoperative biliary stent increases the postoperative wound infection rate by about 5%, there is no overwhelming evidence that it either promotes or protects from the other complications. As there was variation in the definitions used in these studies, a more uniformed system of complication reporting is required.

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### **Surgery**

Webb, S. P., I. Rubinfeld, M. Horst, P. Patton and C. Thomas (2008). "How tight is too tight? Outcomes of tight glycemic control in the neurotrauma population of a level I trauma center." Crit Care Med **36**(12): A127. [Article Request Form](#) *Sladen has electronic subscription. The issue for this article was not available online at the time of this publication.*

Henry Ford Hospital, Detroit, MI

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### **Urology**

Guru, K. A., A. E. Perlmutter, Z. M. Butt and J. O. Peabody (2008). "Hydrodissection for preservation of neurovascular bundle during robot-assisted radial prostatectomy." Can J Urol **15**(2): 4000-3. [Article Request Form](#)

## Henry Ford Health System, Vattikuti Urology Institute, Detroit, MI

Introduction: To describe a technique that may facilitate neurovascular bundle preservation during robot-assisted radical prostatectomy.

Materials and methods: From December 2007 to January 2008, 10 patients underwent robot-assisted radical prostatectomy with bilateral nerve preservation. Hydrodissection of the neurovascular bundle was performed by injecting a 1:10000 epinephrine solution diluted in 0.9% normal saline into the lateral prostatic pedicle with an injection cannula needle (Wolf (R)). Operative time, blood loss and margin status were assessed when this new technique was utilized. Erectile function status will be analyzed in the future.

Results: Ten potent patients underwent bilateral nerve-sparing robot-assisted radical prostatectomy with hydrodissection. Mean patient age was 54 years old. Mean preoperative Gleason score was 6.5 and mean pretreatment PSA was 7.0. Six patients were clinical stage T1c and four patients were T2a. The mean operative time was 182 minutes, with a range of 148 minutes to 230 minutes. Mean blood loss was 297 cc. Hemodynamic changes were not seen during hydrodissection or after hydrodissection. No intraoperative or postoperative complications developed. None of the ten patients developed delayed postoperative bleeding. Final pathologic stage was pT2 in eight patients, pT3 in one patient and pT4 in one patient. All surgical margins were negative, except in the patient with bladder neck invasion.

Conclusions: We describe an athermal technique which may facilitate neurovascular bundle preservation. While intraoperative parameters were favorable with hydrodissection, long term sexual function results need to be analyzed.

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### Urology

Krane, L. S., R. Laungani, R. Satyanarayana, S. Kaul, M. Bhandari, J. O. Peabody and M. Menon (2008). "Robotic-assisted radical prostatectomy in patients receiving chronic anticoagulation therapy: role of perioperative bridging." *Urology* **72**(6): 1351-5. [PDF Full-Text](#)

Vattikuti Urology Institute, Henry Ford Health Systems, Detroit, Michigan 48202, USA.  
[lkrane@hfhs.org](mailto:lkrane@hfhs.org)

OBJECTIVES: Patients requiring chronic anticoagulation therapy (CAT) with warfarin require special attention perioperatively. We retrospectively reviewed our experience of treating patients requiring CAT who underwent robotic-assisted radical prostatectomy (RARP) to evaluate the role of perioperative bridging therapy. METHODS: A total of 60 patients receiving cat with warfarin who underwent rarp were identified as having been treated using 1 of 2 protocols: protocol 1, the cessation of CAT 7 days before surgery and its resumption the evening of catheter removal (postoperative day 4-21); or protocol 2, warfarin substituted with perioperative subcutaneous low-molecular-weight heparin, with oral anticoagulation restarted after catheter removal. The decision to use perioperative bridging was made in conjunction with the patient's primary care physician. The peri- and postoperative parameters and complications were compared with a matched control group of 181 contemporary patients who underwent RARP but did not require CAT. RESULTS: The most common indications for CAT were atrial fibrillation (58%) and recurrent deep vein thrombosis (22%). Compared with the control cohort, the patients with CAT had an increased operative time (189 vs 170 minutes,  $P = .005$ ) and hospital stay (1.4 vs 1.1 days,  $P = .004$ ). The estimated blood loss (123.9 vs 146.6 mL,  $P = .07$ ) and 24-hour change in hemoglobin (2.2 vs 2.3 g/dL,  $P = .44$ ) were similar. When comparing the 2 protocols, a significantly greater transfusion rate (23% vs 2%,  $P = .042$ ) occurred with protocol 2, but no increase was seen in the complication or readmission rate. One nonfatal thromboembolic event occurred in 1 patient treated using protocol 1. CONCLUSIONS: The results of our study have shown that RARP can be performed safely in patients requiring CAT, with and without bridging therapy. Patients in protocol 2 had greater transfusion rates, but this did not translate into increased complications or readmissions.

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### Urology

Rogers, C., R. Laungani, L. S. Krane, A. Bhandari, M. Bhandari and M. Menon (2008). "Robotic nephrectomy for the treatment of benign and malignant disease." *BJU Int* **102**(11): 1660-5. [PDF Full-Text](#)

Henry Ford Hospital, Vattikuti Urology Institute, Detroit, MI 48202, USA. [crogers2@hfhs.org](mailto:crogers2@hfhs.org)

**OBJECTIVES:** To report our experience and describe our technique of robotic nephrectomy. **PATIENTS AND METHODS:** We retrospectively evaluated 42 patients who underwent robotic nephrectomy at our institution from January 2004 to March 2008. Variables assessed included patient age, body mass index, operative duration, estimated blood loss (EBL), complications, hospital stay, analgesia requirements and specimen pathology. Radical nephrectomy (RN) was performed for suspected malignant disease and simple nephrectomy (SN) was performed for benign disease. **RESULTS:** In all, 42 patients with a mean (range) age of 59.4 (17-38) years, underwent robotic nephrectomy (RN 35, SN seven) using a transperitoneal (39) or retroperitoneal (three) approach. The mean operative console time was 158 min, mean EBL was 223 mL, mean tumour size was 5.1 cm, and the mean hospital stay was 2.4 days. Renal hilar vessels were controlled using robotic suture ligation (25), robotic haemolock clips (12), or laparoscopic staplers (five). No patients required open conversion. One morbidly obese patient developed a wound dehiscence (complication rate 2.6%). On final tumour pathology, the RN specimens included 34 renal cell carcinomas (clear cell 23, papillary nine, chromophobe two) and an oncocytoma. The SN specimens showed chronic xanthogranulomatous pyelonephritis (four) and atrophic kidneys (three). All surgical margins were negative for malignancy with no evidence of tumour recurrence at a mean (range) follow-up of 15.7 (1-51) months. **CONCLUSIONS:** Robotic nephrectomy is a safe and feasible option for minimally invasive surgical removal of the kidney for benign and malignant conditions and can be performed through a transperitoneal or retroperitoneal approach.

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## Urology

Tewari, A. K., H. T. Gold, R. Y. Demers, C. C. Johnson, R. Yadav, E. H. Wagner, T. S. Field, G. Divine and M. Menon (2009). "Effect of Socioeconomic Factors on Long-term Mortality in Men With Clinically Localized Prostate Cancer." *Urology*. Epub Ahead of Print. [PDF Full-Text](#)

Department of Urology, Weill Medical College of Cornell University, New York, New York, USA.

**OBJECTIVES:** To examine the effect of socioeconomic factors on survival in black and white patients with local or regional prostate cancer. **METHODS:** All cases (n = 2046) of clinically localized prostate cancer diagnosed from 1990 to 2000 at the Henry Ford Health System and the Henry Ford Medical Group, equal access health centers, were included. Data on the stage, grade, age at diagnosis, socioeconomic status, treatment given, comorbidities, and vital statistics were gathered from the Henry Ford Medical Group tumor registry and computerized databases, pathologic reports, patient charts, Surveillance, Epidemiology, and End Results database, and the national death registry. The endpoints were the overall and cancer-specific survival. Survival was calculated using Cox proportional hazards regression models. **RESULTS:** Of the 2046 cases, 1243 were white and 803 were black. Black patients were more likely to have lower incomes, a greater baseline prostate-specific antigen level, and greater comorbidities. They were also more likely to undergo radiotherapy and less likely to undergo radical prostatectomy. Univariate analysis, with white race as the baseline hazard, showed that black patients had significantly increased cancer-specific (hazard ratio [HR] 1.47, 95% confidence interval [CI] 1.01-2.13) and overall (HR 1.29, 95% CI 1.09-1.53) mortality. However, adjusting for insurance status and income on multivariate analysis revealed no significant differences in cancer-specific (HR 1.04, 95% CI 0.66-1.64) and overall (HR 0.96, 95% CI 0.78-1.18) survival. **CONCLUSIONS:** In this cohort, socioeconomic factors were sufficient to explain the disparity in survival between white and black patients. Survival differences disappeared after adjusting for income status on multivariate analysis.

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## Urology

Wood, H. M. and J. S. Elder (2009). "Cryptorchidism and testicular cancer: Separating fact from fiction." *J Urol* **181**(2): 452-61. [PDF Full-Text](#)

Henry Ford Hospital, Vattikuti Urology Institute, Detroit, MI

Purpose: We dissected prevailing assumptions about cryptorchidism and reviewed data that support and reject these assumptions.

Materials and Methods: Five questions about cryptorchidism and the risk of testicular cancer were identified because of their implications in parent counseling and clinical management. Standard search techniques through MEDLINE (R) were used to identify all relevant English language studies of the questions being examined. Each of the 5 questions was then examined in light of the existing data.

Results: The RR of testicular cancer in a cryptorchidism case is 2.75 to 8. A RR of between 2 and 3 has been noted in patients who undergo orchiopexy by ages 10 to 12 years. Patients who undergo orchiopexy after age 12 years or no orchiopexy are 2 to 6 times as likely to have testicular cancer as those who undergo prepubertal orchiopexy. A contralateral, normally descended testis in a patient with cryptorchidism carries no increased risk of testis cancer. Persistently cryptorchid (inguinal and abdominal) testes are at higher risk for seminoma (74%), while corrected cryptorchid or scrotal testicles that undergo malignant transformation are most likely to become nonseminomatous (63%,  $p < 0.0001$ ), presumably because of a decreased risk of seminoma.

Conclusions: Orchiectomy may be considered in healthy patients with cryptorchidism who are between ages 12 and 50 years. Observation should be recommended in postpubertal males at significant anesthetic risk and all males older than 50 years. While 5% to 15% of scrotal, testicular remnants contain germinal tissue, only 1 case of carcinoma in situ has been reported, suggesting that the risk of malignancy in these remnants is extremely low.

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