

Breathing easy again

Multi-specialty team helps patient overcome complex diagnosis

A dmitting your infant to the hospital is any parent's worst nightmare. For Alison Mauer, it was as traumatic as for anyone.

In July 2007, she brought her son Brady to the Pediatric Pulmonology Center at Peyton Manning Children's Hospital at St. Vincent because he was having trouble breathing.

"He'd been wheezing for two weeks and we couldn't figure out what was going on, so we took him to the hospital and they said they'd run some tests," she said.

Then began a volley of tests on Brady, run by the hospital's team

of specialist doctors. Pediatric pulmonologist Ramindrajit Sufi, M.D., ordered X-rays of Brady's tiny chest. Seeing an obstruction in his airway that was acting like a foreign body, Dr. Sufi brought in Chris Miyamoto, M.D., a pediatric otolaryngologist.

Dr. Miyamoto decided an emergency bronchoscopy was needed. Jodi Petts, M.D., placed Brady under anesthesia and closely monitored his condition, allowing Dr. Miyamoto to perform the bronchoscopy—placing a metal tube containing a telescope and camera down Brady's throat to evaluate his airway.

"There was a big obstruction at

the end of his windpipe," said Dr. Miyamoto, adding that a mass in Brady's chest was obstructing 95 percent of his left bronchus tube and 75 percent of his right, making it difficult for him to take in air.

Clued-in to a diagnosis

While Brady was still under anesthesia, Dr. Miyamoto decided to perform a computerized tomography (CT) scan, during which he found a lesion on the child's chest. It was time to call in Denis Bensard, M.D., chief of pediatric surgery, to find out whether it was a tumor.

The doctors also called in Christopher Belcher, M.D., a specialist in pediatric infectious diseases, who realized Brady's problem was an enlarged lymph node. It wasn't long before Dr. Belcher diagnosed histoplasmosis, an infection caused by histoplasma, a fungus contracted by inhaling spores from dirt, especially soil containing bird or bat droppings. It's very common in the Midwest, said Dr. Miyamoto, but many people exposed to it suffer only mild infections.

The doctors and Brady's mom are unsure where Brady picked up his infection, because his two sisters were unaffected. It may have been at the farm where he lives, or at the ballpark, said Alison.

Dr. Sufi described Brady's histoplasmosis as a ball of tissue that formed in response to the fungus growth and made it difficult for him to get air. To treat it, doctors gave Brady anti-fungal medication to shrink the ball. Combined with breathing medications, he was able to breathe better within a couple of days. Brady spent three days in the pediatric intensive care unit and was on antibiotics for another week.

The multi-specialty team



CHRISTOPHER BELCHER, M.D., pediatric infectious diseases specialist



DENIS BENSARD, M.D., chief of pediatric surgery



CHRIS MIYAMOTO, M.D., pediatric otolaryngologist



RAMINDRAJIT SUFI, M.D., pediatric pulmonologist



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"Once we got the diagnosis, we knew what we needed to do," said Dr. Sufi. "It was just a matter of how quickly he responded to [the medication]."

When teamwork counts

It wasn't simply luck that led to Brady being seen by all these physicians—multi-specialty teams are par for the course at Peyton Manning Children's Hospital at St.Vincent.

"In complex pediatric cases, it's not unusual to have multi-disciplinary care," said Dr. Miyamoto.

"If there's a complex, life-threatening condition or it's something that's hard to diagnose, there are often lots of specialists involved."

In a general hospital that doesn't have a special unit like Peyton Manning Children's Hospital at St.Vincent, there would be fewer specialists available who wouldn't respond in as timely a manner, Dr. Miyamoto said.

"All of us interact very closely and freely consult on each other's patients," said Dr. Sufi. "Putting our heads together means diagnosis and treatment come faster."

Had the specialists not conferred, Brady's condition could have deteriorated rapidly, explained Dr. Sufi. His lung could have collapsed—a complication that can sometimes be fatal.

Besides caring for Brady, the specialists also kept Alison well-informed, updating her on exactly what they were doing and why. Even

though she works in a hospital herself, "it's much scarier when it's your own kid," she said.

Luckily for Brady, he was released from the hospital on his first birthday, just in time to celebrate with his family. Now, more than 18 months later, he is completely healthy, thanks to the care he received.

"Brady got such good care because he saw so many specialists," said Alison. "I'm glad we chose St.Vincent."



SECOND WIND: A team of pediatric specialists was able to uncover the cause of Brady Mauer's respiratory distress. Brady is shown top right with his mom, Alison; near right with two of his physicians, Ramindrajit Sufi, M.D. (center), and Chris Miyamoto, M.D.; and below with his sister, Brooklyn.

