

# Los Angeles Pediatric Society E-Newsletter

## Volume 3 No. 2

## August 2016

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#### Greetings from President Bradley Bursch, MD

Welcome to the August Edition of Our E-Newsletter!



Bradley Bursch, MD

Greetings! As summer draws to a close, we look forward to the signs of fall... the weather getting cooler (we hope!), children starting back to school and the Los Angeles Pediatric Society returning to the Disneyland Resort. This year the Brennemann Lectures will be held for the 1<sup>st</sup> time at the beautiful Disneyland Hotel. Please mark your calendars, rearrange your call schedules, and come join us **September 23 - 25**.

Disney will be kicking off their Halloween celebration and LAPS will be kicking off the weekend on Friday from 2-5 pm with three (3) FREE lectures from the Orthopaedic Institute for Children - "The Limping Child" and Musculoskeletal Injuries delivered by Dr. Jennifer Beck and the latest on Concussions with Dr. Josh Goldman. On Saturday and Sunday, we will have engaging lectures in: Neurology from distinguished professor, Dr. Wendy Mitchell, Child Psychology from past meeting favorite, Dr. Bob Wells and Rheumatology from LAPS Board Member, Dr. J. Patrick Whelan. Our Cliff Rubin Lecture will be given on the timely topic of Integrative Medicine by LAPS Past President, Dr. Martha Rivera. Don't miss, what is sure to be another wonderful meeting of CME and family fun.

**[Register before September 2 to avoid late fee!](#)**

Richard G. MacKenzie, MD



### ONLINE CLASSIFIED ADS

ARE FREE TO MEMBERS!

**LAPS offers a classified ads service on our website.**

Ads may include position postings, locum tenens, sale of practices or medical equipment.

All ads are subject to approval prior to posting.

[See current classified ads](#)

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*LAPS Log - News  
from our Members*

For more information or to send us your posting, contact us at:

[eseaman@lapedsoc.org](mailto:eseaman@lapedsoc.org) or 310-347-8087.

**We look forward to hearing from YOU!**

And make sure to review all the great information in this latest issue of our E-Newsletter - there are informative articles from our Specialist members, a synopsis of our 2016 Summer Medical Career Program as well as an update on car seat requirements from SafetyBeltSafe. Please feel free to forward the newsletter to any colleagues who may be interested. Finally, as my term comes to an end, I would like to conclude this article by thanking you for allowing me to serve as the President of LAPS, an amazing organization, which is 82 years young and still going strong! And I know the leadership will continue in capable hands, as I pass the gavel to Dr. Sloane Sevrans at the Brennemann... hope to see you there!

- Bradley Bursch, MD, FAAP

## 73rd Brennemann Lectures

**September 23-25, 2016**

**Register before September 2 to avoid late fee!**

**This year at the *Disneyland®* Hotel**



**RESERVE YOUR HOTEL ROOM NOW**

**PURCHASE DISCOUNTED DISNEY TICKETS**

## Specialists' Corner

**A Shunt-less Operation to Treat Pediatric Hydrocephalus**



**Aria Fallah, MD, MSc, FRCSC, FAANS**



We are always looking to expand our organization.

Please encourage your fellow Los Angeles doctors to become LAPS Members.

Remember that a One Year Membership is **FREE** to all Graduating Residents!

**Membership Application**

Help us better serve you and all of our members.



1. What specific subjects/topics would you like to see addressed in LAPS CME meetings and/or in our newsletters?

2. Would you be willing to speak at a meeting or submit an article?

Please submit your articles or suggestions for topics for future meetings by:

Fax: (310) 782-9856

Pediatric Neurosurgeon, Mattel Children's Hospital UCLA

Assistant Professor in Neurosurgery, Pediatrics and Health Policy and Management, David Geffen School of Medicine at UCLA

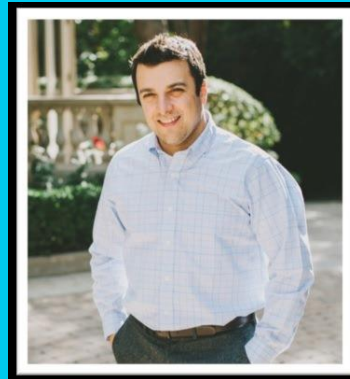
Hydrocephalus is the result of an imbalance between cerebrospinal fluid (CSF) production and absorption. It is the most common reason worldwide for pediatric neurosurgery. The most common cause of hydrocephalus in the United States is intraventricular hemorrhage related to prematurity. Untreated hydrocephalus may result in death or significant neurological and cognitive impairment. The most common signs and symptoms in infants include an enlarged head, bulging fontanel, vomiting, irritability and lethargy.

The historic way to treat hydrocephalus is with a CSF shunt. It is an internal tube that drains the excess CSF from the ventricle of the brain to the abdominal cavity or another cavity that can readily absorb it. This technology was developed in the late 1950s with little progress since that time. Although it works well, it creates dependence on this implanted device. This device has the highest failure rate of all medically implanted devices often requiring multiple surgeries. It is estimated that on average, a shunt placed in infancy could require between 2 and 30 additional surgeries for maintenance. A few children have upwards of 100 operations. Common reasons for reoperation include mechanical failure of the shunt, infection and functional failure (inadequate flow rate of a functioning shunt).

**Read More**

## Specialists' Corner

### Pediatric Inflammatory Bowel Disease - Updates in Screening, Diagnosis and Treatment



**Roy Nattiv, MD, FAAP**

Associate Physician at Children's Gastroenterology, MCSG

or email:  
[meosborne@lapedsoc.org](mailto:meosborne@lapedsoc.org)

or mail to: LAPS, PO Box  
4198, Torrance, CA  
90510-4198.

A checklist of suggested  
topics is available [here](#)

(You may download,  
complete and email, fax or  
mail to LAPS)



### **The Eve & Gene Black Summer Medical Career Program**

If you would like to learn  
more about the program,  
please visit

[Summer Program  
Explanation and Activities](#)

In this document you can find  
information about how you  
can become involved in this  
program by hosting students  
in your offices/practices.

We thank our many  
members and donors for  
their past support. (Please  
click here

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if you wish to view for a list of  
our current donors.) We hope  
we can continue to count on  
you and your generosity. And  
for those that are not yet  
involved, we hope you will

Inflammatory bowel disease is classically comprised of two major disorders: Crohn's disease and ulcerative colitis (UC). Crohn's disease is defined as having a penetrating phenotype (i.e. deep ulcers, abscesses, fistula formation) and affecting the entire gastrointestinal tract - from the mouth to the anus, with frequent involvement of the small bowel. Ulcerative colitis, on the other hand, is typically confined to the colon and affects only the superficial mucosal layers. However, in many in cases, patients "do not read the textbook" and indeed a significant number of patients present initially with indeterminate colitis which displays features of both Crohn's and UC. Furthermore, as our understanding of inflammatory bowel disease grows we are beginning to understand IBD as a spectrum of disease with significant phenotypic heterogeneity.

Our current understanding of the pathophysiology of IBD is that it is an **altered host-immune response to otherwise commensal bacteria in a genetically susceptible individual**. Recent large scale genomic studies have identified common mutations in patients with IBD - most often those mutations involve genes important for innate/adaptive immunity (e.g. cytokines, T/B-cell function etc.) and epithelial barrier function (i.e. tight junctions between cells)<sup>1</sup>. The gut is an important player in the development of our immune system by constantly sampling antigens from our environment through its interaction with the intestinal milieu. The genetic alterations in patients with IBD result in sampling errors - friendly bacteria are recognized as pathogenic and pathogenic are recognized as innocuous. The result is dysbiosis, inflammation and infection.

**[Read More](#)**

join us. Your efforts will forever change the face of the future of medicine in Los Angeles!

[Click Here to Donate to this life-changing program](#)

Thank YOU!

## DERMATOLOGY CLINIC

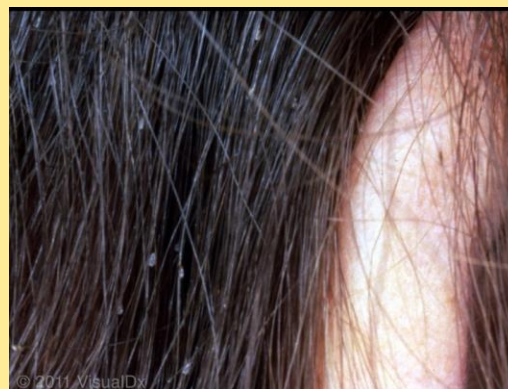
### What's Your Diagnosis?

#### **CASE: A 'Louse-y' Scalp Itch**



**Tsippora Shainhouse, MD, FAAD,  
DAAP, FRCPC (Dermatology and  
Pediatrics)**

A 14 year old female presents for evaluation of an itchy scalp. She has no history of dandruff, but she tends to get a dry scalp in the winter. She washes her hair at least 3 times a week and sometimes wears hair care products, like gel and hairspray. She was away at summer camp last month, where she played sports, shared hats and headphones, and snapped group selfies with friends on her cell phone. On exam, she has 2-3mm whitish, linear pieces stuck to her hair, about 1 cm ( $< \frac{1}{2}$  inch) from the scalp. There are no crawling bugs noted in the hair. She has some scratch marks behind her ears, but no redness of the scalp or swollen occipital lymph nodes.



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#### **What's Your Diagnosis?**

- (A) HAIR CASTS
- (B) SEBORRHEIC DERMATITIS
- (C) PIEDRA
- (D) HEAD LICE

**Read More**

## **California Child Passenger Safety Law is Changing, January 1, 2017**

In accordance with AAP best practice guidelines, a new section of California law is changing the way that toddlers must be buckled up in the car.

Beginning 1/1/17, children under age 2 must ride rear facing in a safety seat (exemption: children under 2 who are 40" tall or more or weigh 40 lbs. or more).

Although health and safety experts well know best practice is to keep kids rear facing AS LONG AS POSSIBLE, this law is a step in the right direction since research has shown good CPS vehicle laws are the best incentive when it comes to buckling up children safely in the car.

Most children easily can remain rear facing until well into the preschool years. For maximum protection, safety experts recommend that children ride facing rear for as long as possible, up to the weight limit of their safety seat (typically 35 - 50 lbs.).

Visit [www.carseat.org](http://www.carseat.org) to learn why riding rear facing is 5 times safer than riding facing the front. SafetyBeltSafe U.S.A., the national non-profit child passenger safety organization, has reproducible materials online for experts to print and distribute to families. Specific rear-facing information is found in handout #633, How Long Should My Child Ride Facing the Back of the Car? For even more helpful information, the California Child Passenger Safety Law is handout #630CA, both also available in Spanish.

How else can a pediatrician help? Most children outgrow their rear-facing-only safety seats at or before their first birthday. (This is the safety seat that some refer to as the "infant seat" or the safety seat with the carry handle). Educate parents to move their child to a convertible safety seat (one that faces rear and then forward) when the child's head is within 1 inch of the top of the plastic safety seat shell of the rear-facing-only seat. Caregivers value your expertise so encourage them to shop for a convertible seat that fits in their car, will keep their child rear facing to a high weight, and has many easy-to-use features so that they will use it correctly on every ride.

Parent and professional questions about how to buckle up a toddler or older child rear facing?

Call the SafetyBeltSafe U.S.A. Safe Ride Helpline, 800/745-SAFE,  
or in Spanish, 800/747 SANO.

On Their Way..Updates from Former Summer Medical Career Program  
Students

**Where Are They Now?**

**Christopher Miller, Jr.**  
**3rd year medical student**  
**Chicago Medical School**



Chris Miller, left. receiving an award  
for best scientific talk

I am a former student from the Eve & Gene Black (EGB) summer internship, and currently in my third year of medical school. The EGB program simply put, is where everything in my academic aspirations was put into action. While I have had curiosity and passion for science and art since an early age, the summer in the EGB internship provided a framework for me to build upon and center my interests into a singular effort.

After completing the EGB internship, I went to New York University for a B.S. in Neural Science. While medicine was something I was motivated by, I wanted to gain direct scientific research to assess not only if I want to pursue a research route, but if I want to incorporate it with a career in medicine. As it turns out, I very much enjoy patient interaction, and basic scientific achievement! I found this out through a master's program in Biological sciences focusing in genetic regulation in uterine cancers. Additionally, while working on my master's degree and thesis, I was fortunate enough to join a research laboratory at Weil Cornell Medical College investigating endometrial carcinomas. That work yielded a couple papers, posters, abstracts, awards as well as immersed further into the life of a physician-scientist. I subsequently entered medical school at Chicago Medical School, and between my first and second year received the chance to work at Memorial Sloan Kettering Cancer Center researching acute myeloid leukemia. I also got a chance to work in another laboratory investigating Kaposi's sarcoma/primary effusion lymphomas and learn oncologic research from a virology-based approach.

After all this, I am now in the clinic doing my rotations and loving working directly with patients. I know now that a career that involves direct patient care and scientific research is not just a career preference, but also something that is exciting and makes me happy. What is important for me to remember is that the EGB internship was the initial motivation to walk this path; particularly Steven Arrighi and Joanne Ordone were invaluable in providing experiences, education, mentoring, and friendship from day 1 of the internship to present.

[Here are links to Chris Miller's recent work:](#)

<http://www.ncbi.nlm.nih.gov/pubmed/25698082>

<http://www.ncbi.nlm.nih.gov/pubmed/25078343>

[http://www.gynecologiconcology-online.net/article/S0090-8258\(15\)01024-0/abstract](http://www.gynecologiconcology-online.net/article/S0090-8258(15)01024-0/abstract)

**With Your Help, the Eve & Gene Black Summer Medical Career  
Program Continues to Change the Future of Medicine!**



The 47th Annual Eve & Gene Black (EGB) Summer Medical Career Program was a resounding success receiving a record number of 450 applications with a total of 67 participants completing this amazing medical internship. Students had the opportunity to observe a variety of medical procedures in hospital and office settings; visit an array of departments, labs, clinics and medical offices; shadow and interact with physicians, residents, interns, dentists, nurses, technicians, pharmacists, physical therapists, Chaplains and countless other healthcare professionals. And they asked LOTS of questions and received advice that will forever guide them on their journey towards a medical career.

As we read the Exit Essays from this year's participants, we are astounded at the many, many dedicated medical professionals throughout our 12 hosting facilities, who volunteer their time and energy to mentor these students. It truly takes a village. On behalf of the Los Angeles Pediatric Society, we sincerely thank you; we know that this program depends on the efforts of each and every one of YOU! We would especially like to thank the coordinators of each program at our participating facilities.

Cedars-Sinai Medical Center

**Joanne Ordone, CCLS, assisted by Celeste Gallegos**

Children's Hospital Los Angeles

**Laura Piper, MD & Julie Pratt, MD**

Harbor UCLA Medical Center

**Carol Berkowitz, MD & Daniel Lamb, MD**

Huntington Memorial Hospital

**Mark Powell, MD**

LAC+USC Medical Center

**Laura Wachsman, MD**

Martin Luther King, Jr. Outpatient Center

**Lorraine Grey, Director of Health Career Enrichment Programs**

Olive View UCLA Medical Center

**Yasangi Jayasinha, MD & Heather Vandeweghe, MD**

Providence Tarzana Medical Center

**Daniel Bruckner, MD**

Providence Saint John's Health Center, Santa Monica UCLA Medical Center

**Robert Hamilton, MD, assisted by Cheryl Tormey**

UCLA Medical Center

**Stella Tripp, Coordinator Residency Recruitment, Medical Students, Observerships  
& James Lee, MD**

Valley Combined Program

**Alvin Miller, MD & Katherine Galos, MD**

White Memorial Medical Center

**Georgia Froberg, Director, Medical Education Department,**

**Stephanie Gates, Director of Medical Education**

**& Patricia Sandoval, Medical Student Coordinator/MITHS Assistant**

If you are not already involved in this remarkable program, please read these quotes from participants and parents and consider becoming a part of the 2017 Summer Medical Career Program...

*I cannot thank you enough for making this wonderful program possible! This experience helped me more than you know in discovering and planning my future, and I cannot wait for future high school students to have this same, life-changing opportunity.*

*Taking the route of medicine to me will mean three things: One, I will forever be a life-long learner. Two, I hope to one day be able to help people the way I saw doctors help people in the Eve & Gene Black Program. Three, and most of importantly, no matter how rigorous or stressful the path of becoming a physician may seem, this program showed me that in the end, everything is worth it; and to learn this, above all else, I will eternally be grateful.*

*My child has been marked by her experience. She said "I think I finally know what I want to do with my life" and if I had not seen the glow in her face and the emotion in her voice, I would have chalked it up to another dramatic teenage statement. This program has power, power to guide, inspire and change lives. Thank you - again. I wish there were stronger words to express my gratitude.*

## **WELCOME NEW MEMBERS**

2016

### **Regular Members**

Alexandra McCollum, MD - Los Angeles

Betsy Weisz, MD - Thousand Oaks

### **Graduating Residents**

Adriana Hernandez, MD - Los Angeles  
Joel Michael Warsh, MD - Los Angeles  
Julia Pratt, MD - Los Angeles  
Shari Vasquez Directo - Los Angeles  
Joo Lee Song, MD - Los Angeles

[Click here for complete list of members for prior years.](#)

**A One Year Membership is FREE to  
all Graduating Residents! [Join Now!](#)**

### **IN MEMORIAM**

\* Carter R. Wright, MD - Los Angeles, January 2013  
Ralph Julian Turner, MD - Los Angeles, May 2016

\* Life Member

[Click here for complete In Memoriam list for prior years.](#)