MedStar Miracle Baby
Seemingly Unrelated Symptoms Caused by a Tiny Parathyroid Gland

As a rule, Michele Davidson enjoys excellent health. An avid swimmer, she also walks about a mile every day from the subway to her job as senior manager, Pharmacy Technical Standards, Policy & Development, Walgreens Co.

But about three years ago, Ms. Davidson, 62, started developing seemingly unrelated symptoms: leg cramps, reflux, restless leg syndrome, difficulty sleeping, and blood tests that showed an elevated calcium level. (She had dealt with the calcium problem for several years.) Those symptoms were more of a nuisance than a serious problem, but then she began having problems with memory loss.

“I had trouble remembering little things,” she says. “It got to the point that before I would make a presentation at work—a presentation I could normally do with just a few notes—I would write out every word I needed to say. Otherwise, I might be unable to remember the simplest of words.” A test for early onset of Alzheimer’s Disease, luckily, was negative, but the memory problem was not solved.

A visit to her endocrinologist, Massoud Saberinia, MD, to address her calcium levels led Ms. Davidson to the first step in solving her medical mystery. He diagnosed an enlarged parathyroid gland and referred her to Endocrine Surgeon Erin Felger, MD, at MedStar Washington Hospital Center. Normally the size of a grain of rice, her parathyroid gland was the size of a small grape. Having it removed would hopefully resolve the restless leg syndrome, leg cramps, reflux, and most importantly, her memory loss.

She was the first patient at MedStar Washington Hospital Center to undergo a new procedure for removing the parathyroid without any visible scars. The traditional approach through the skin of the throat is effective but can leave a scar, says Stanley Chia, MD, chair, Otolaryngology. Other newer procedures have emerged that access the parathyroid from less-visible locations—the armpit, breast, or behind the ear, for example. “But all require more extensive surgery than the traditional approach and result in the potential for damage to important nerves that would not normally be at risk,” Dr. Chia says. “The new procedure uses small incisions in the lower lip. The healing is phenomenal, and patients do incredibly well.” The Hospital Center is one of 15 hospitals in the U.S. to offer the procedure.

Ms. Davidson was the ideal candidate, according to Dr. Felger. And while the idea of a scar didn’t bother her, Ms. Davidson was intrigued by the new procedure and agreed to the surgery. Dr. Chia and Dr. Felger removed the enlarged parathyroid last September.

Her surgery went perfectly, says Dr. Felger. Ms. Davidson was away from work for less than a week, and the residual tenderness in her neck diminished within a month. Her parathyroid symptoms subsided significantly, resulting in better sleep, less pain and best of all, her memory returned.

To schedule an appointment please call Dr. Felger at 202-877-2506 or Dr. Chia at 202-877-6733.

PARATHYROID GLANDS:
The parathyroid glands are four tiny glands in the neck that control the body’s calcium levels. Each gland is about the size of a grain of rice. These glands control calcium levels in the body. Proper calcium balance is crucial to the normal functioning of the heart, nervous system, kidneys, and bones.

Symptoms of an enlarged parathyroid:
- Memory loss
- Fatigue
- Difficulty concentrating
- Stomach discomfort
- Sleep difficulties
- Bone & muscular pain
- Anxiety
- Irritability
- Depression

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When Matt Brock got a new crown on a dental implant in 2017, he never imagined a new heart valve would accompany it. But that's exactly what was needed to save the 51-year-old communication professional’s life.

The week of Labor Day 2017 Mr. Brock had a broken crown repaired by his family dentist. His dentist assured him the terrible pain would subside, but it persisted over the holiday weekend, and he was prescribed narcotics for relief.

The following week, the unrelenting pain continued. Mr. Brock, of Woodbridge, Va., was referred to an oral surgeon who discovered a metal shard of his implant had broken off, lodged in his gum, hitting a nerve.

“Two days later, I had the implant drilled out of my mouth,” Mr. Brock recalls. “And the following weekend, I had what I thought was a bad reaction to the painkiller. I was shivering uncontrollably, and just felt horribly sick.” He was prescribed antibiotics to prevent infection but felt no better. “I had a cough and runny nose for weeks and was tired all the time. And it was getting harder and harder to breathe,” he says.

By October, Mr. Brock, at the time a light smoker, was convinced he had pneumonia and drove himself to a stand-alone Emergency Department. He was transferred via ambulance to his local hospital. “I’m in a hospital room for about an hour, and a doctor walks in and tells me I’m in heart failure,” Mr. Brock says. A week later, Mr. Brock left the hospital with two stents to treat his heart disease. He also had mitral regurgitation, which a local cardiologist began treating with medication. Mr. Brock enrolled in cardiac rehab, and while he noted some improvement, he always was short of breath under exertion.

After several more months of medication adjustments with no significant improvement, Mr. Brock was fed up. He called former colleagues at MedStar Washington Hospital Center, who recommended he contact Lowell Satler, MD, director of the cardiac catheterization lab. After reviewing Mr. Brock’s records, Dr. Satler knew Brock would likely need valve repair or replacement, as well as cardiac bypass.

Additional testing showed his mitral valve was leaking more than initially thought. Dr. Satler contacted Cardiac Surgeon Ammar Bafi, MD. Mr. Brock recalls, “I wake up from the additional testing, and Dr. Bafi is standing there and tells me, ‘We are scheduling you for heart surgery. Your valve is badly damaged and needs repair.’”

A few weeks later, Mr. Brock underwent a standard test before heart surgery. It revealed blockage in his right coronary artery and in his prior stent, and severe mitral regurgitation. The next day Dr. Bafi replaced his mitral valve with a new mechanical one. “His valve was badly damaged, but we successfully replaced it,” Dr. Bafi says.

The damage was in part due to healed infective endocarditis, likely caused months earlier by Mr. Brock’s dental implant. Infective endocarditis is an infection in the heart valves usually caused by bacteria entering the bloodstream and infecting the heart. Clumps of bacteria adhere to the valve, damaging it to the point that regurgitation occurs. This condition is often attributed to dental procedures, and is why dentists often prescribe antibiotics after procedures, especially in high risk patients.

Mr. Brock’s surgery took five hours, followed by six days in the Intensive Care Unit. “I can’t sing the praises enough of the nurses who cared for me,” Mr. Brock says. “They were so kind, they worked so hard, and they advocated for me every day. I felt specially treated, but I don’t feel like I got special treatment.”

After a few more days in a step-down unit, Mr. Brock returned home. He is followed by a local cardiologist and goes to cardiac rehab. He continues to watch his diet and tries to exercise three times a week.

“All the breathing pain I once had is now gone,” he says. “There is nothing more freeing than taking a deep breath and knowing there is another one behind it.”
A challenging diagnosis and complicated treatment plan gave Kevin Grant a second chance, and he took it.

Diagnosed at another hospital with a severe infection in his left foot, the 58-year-old operator of a D.C.-area medical-licensed adult daycare business underwent a partial amputation of his foot. The hospital’s surgeons advised Mr. Grant that he’d likely lose his leg below the knee as well. Mr. Grant sought a second opinion from a MedStar hospital, only to come up with another conclusion: the limb could be saved.

“Losing part of my foot, I could understand,” Mr. Grant recalls. “But the fact that the hospital didn’t provide much information or offer another option made me very uncomfortable with that approach.”

The experience took a toll on Mr. Grant’s overall health. Already dealing with blood pressure and diabetes issues, he was diagnosed with congestive heart failure, the possible result of a staph infection from his many hospital visits.

While the recommendation for below-the-knee amputation was not out of the question, the other hospital’s recommendation seemed premature to him. But he faced an uphill battle. Along with the infection and diabetes, his congestive heart failure made him high risk for surgery.

Convinced there had to be another way, Mr. Grant sought out care from wound healing and limb salvage specialists at MedStar Washington Hospital Center, where he was evaluated by Podiatric Surgeons John Steinberg, DPM, and Tammer Elmarsafi, DPM.

Dr. Steinberg says, “When a patient with diabetes has a threatened limb, everything has to happen rapidly and simultaneously to maximize the chances for a good outcome. This is a big part of what we do daily, and our team is built to handle these complex patients.”

“No part of his admission was straightforward,” adds Dr. Elmarsafi. But Mr. Grant sensed that this approach to his foot would be different. “Because the Hospital Center saw amputation as a last resort, they brought in a whole team of people to look at all the issues,” he says. “They kept me involved and informed throughout the process.”

A vascular surgery consultation confirmed that Mr. Grant was strong enough to undergo surgery, so Caitlin Zarick, DPM, and Dr. Elmarsafi performed separate procedures for him. “Mr. Grant had multiple surgeries to remove all infected and dead tissue,” says Dr. Zarick. “We had initially been concerned about continued bone infection, and I performed bone biopsies of multiple bones in his foot. The goal of the initial surgery was to remove bacteria, and to prepare his wound for possible closure, grafting, or possible amputation.”

The surgeries ultimately led to another partial amputation of his foot, called a Chopart amputation, leaving Mr. Grant with a shorter, yet still functional foot.

After a few bumps in his recovery, Mr. Grant was cleared to begin rehabilitation with MedStar National Rehabilitation Network, where he was fitted with a customized brace to maximize his walking ability. He was ready to resume his life, and didn’t waste any time. He began a supervised exercise and dietary regimen that brought his weight down to a healthier level and eliminated the need for diabetes medication.

Regaining strength in his left leg further reinforced his commitment to healthier living, to the point where he asked Dr. Elmarsafi about running a 5K race.

“I had to talk Kevin out of that, as he remains at high risk of amputation,” Dr. Elmarsafi says. “He needed to focus on his current recovery process and avoid any possibility of reopening his wound.” Dr. Elmarsafi recommended swimming and using elliptical-focused training at the gym. Mr. Grant now swims several laps every other day and goes to the gym regularly.

Though he’s not abandoning his racing ambitions, Mr. Grant is content to take a more measured approach to his recovery. He says his only regret is not having sought help sooner from the Hospital Center.

“All the doctors were caring, ethical, and fully invested in supporting me and my family,” he says. “When you have an entire team looking at a challenge, you will likely have better outcomes.”

With his attitude, Dr. Elmarsafi says, anything is possible. “Kevin continues to amaze me,” he says. “I’m very proud of him. He is an inspiration to others by the lifestyle changes he has made.”
Mr. Pritchett quickly recovered and returned home. "As far as we can tell, he is cancer-free," says Dr. Tannous. "By doing this surgery I was able to remove the entire tumor. This will potentially expand his life by years, if not decades."

While he still experiences back pain and decreased stamina, Mr. Pritchett is grateful to be alive and for the expert care he received. His last set of full scans in June showed no signs of cancer. "I have the utmost respect and appreciation for the whole Hospital Center team," says Mr. Pritchett. "Without this care, I would be dead. There is absolutely no doubt about it."

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Maury Mendenhall was snuggling with her two small children and sleeping off a headache after her long flight home from Nigeria last May. She had spent the previous two weeks supporting programs across two countries for children orphaned due to HIV. The work was inspiring and exhausting, and given the circumstances, a bad headache did not seem unusual.

But when the 43-year-old awoke the next morning, her headache worsened, and nearly took her life. “I thought I would feel better if I took a shower, but I started to vomit. My mother heard me crying and came upstairs,” Ms. Mendenhall says. “Maury said, ‘Get help. Get big help,’” recalls her mother, Laura Mendenhall, who was staying with her grandchildren while Ms. Mendenhall and her husband, Andrew Miller, were both traveling for work. Within a few minutes, Laura and Maury’s father, Charles, were taking Ms. Mendenhall to MedStar Washington Hospital Center’s Emergency Department.

“We saw her right away,” recalls Susan O’Mara, MD, interim chair of Emergency Medicine. “She was awake and talking, but completely confused.” After learning Ms. Mendenhall had just returned from Africa, Dr. O’Mara suspected an infection causing cerebral malaria or encephalitis. But a CT scan showed something else. “When I saw her CT, my initial reaction was, this is catastrophic,” recalls Dr. O’Mara. The imaging of the head showed an active bleed. The area of blood was large and causing life-threatening pressure. Without immediate action, Ms. Mendenhall would not likely survive.

Ms. Mendenhall was quickly headed for emergency surgery with Rocco Armonda, MD, director of Neuroendovascular Surgery.

“Dr. Armonda told me everything he would do,” Laura Mendenhall recalls. “I told him that I trusted him, but he needed to know Maury takes cares of orphans and vulnerable children all over the world, and that today, I needed him to take care of my child. He took my hand and said he would.”

**Surgical Intervention**

Meanwhile, Dr. Armonda took real-time pictures of the blood supply in Ms. Mendenhall’s brain by injecting dye into her vessels. A rupture of these vessels triggered the bleed that caused the headache and life-threatening pressure.

Dr. Armonda stopped the bleed with a lava-like glue called Onyx. Then he removed a 6 x 5-inch piece of her skull to relieve the pressure on the brain and removed the blood and the tangle of vessels.

Still, the brain remained very swollen. It was not yet safe to replace the skull piece. Dr. Armonda created a small pocket in the soft tissue of the abdomen, which is commonly used to keep bone safe until it is ready to be put back in place.

**Recovery**

Four days after Ms. Mendenhall’s rupture, her husband arrived at the Hospital Center. “I cried, he cried, and he lay down with me on the bed,” Ms. Mendenhall says. “She was speaking but not making any sense,” remembers Mr. Miller, “and she called all men she saw Andrew, which was fine by me.” Despite the severity of her brain injury, Ms. Mendenhall made great strides. Her bone flap was returned much sooner than normal. She began speech, occupational and physical therapy, and was transferred to MedStar National Rehabilitation Hospital for additional treatment. She returned home one month after her horrible headache began.

In the past year, Ms. Mendenhall has made tremendous gains in her recovery, the result of hard work and countless hours relearning the alphabet, colors, and common objects. “It was hard realizing recovery would not be rapid,” Ms. Mendenhall says. “Early on, things like toothpaste, a cellphone and pizza were a mystery to me. It felt humiliating. I cried all the time.”

“I now know I will never be the same,” Ms. Mendenhall says of her ongoing problems with speech, or aphasia. “But I think having a brain injury helps me better understand and appreciate people who have their own issues and struggles. I know how lucky I am.”

“So many stars aligned for Maury,” says Dr. O’Mara. “Everything had to work perfectly for her to have this outcome.”

Dr. Armonda agrees. “When we saw her initially, we were unsure of her prognosis. But someone was clearly looking out for her. She is the ultimate humanitarian, and for me, taking care of someone who takes care of others is what makes my job so incredibly rewarding.”
We knew we had to be pro-active, so we went to a fertility specialist,” Ms. Prada says. “The plan was to retrieve my eggs and fertilize them with my husband’s sperm for later implantation following Robert’s chemotherapy.”

“But tests showed I had a blocked fallopian tube, which can create a hostile environment and make it more difficult for me to become pregnant,” she says. “So after a successful egg retrieval I needed to have surgery. That’s when my ob-gyn recommended I see a specialist and sent me to Dr. Vadim Morozov at MedStar Washington Hospital Center.”

National Leader, Unique Expertise

Dr. Morozov is a nationally recognized leader in gynecologic surgery specializing in minimally invasive procedures. “When I first saw Brianna, we were going to proceed with a laparoscopic procedure to remove one fallopian tube,” he says. “Today most surgeries of this kind are performed laparoscopically, through small incisions and using a scope with a camera to visualize the area.”

“But at the start of Brianna’s procedure, it looked as if a bomb had exploded in her pelvis,” Dr. Morozov recalls. “There was endometriosis on the side walls of her uterus and possible involvement of her bladder and rectum. Her rectum was attached to her vagina, and the entire anatomy was absolutely distorted. She also had endometrioma on her left ovary. It was a complex situation that required a great deal of dissection, and full patient’s consent and understanding of the complexity of surgery involved.”

“I was very disappointed,” says Ms. Prada, “but Dr. Morozov was excellent at explaining the situation and even showed me pictures of my uterus so I could better understand. I understood that surgery of this type really needed the skill of a very experienced surgeon, and my husband and I knew we were in excellent hands.”

In August of last year, Dr. Morozov performed a second laparoscopic procedure during which he removed both fallopian tubes, the ovarian cyst, and lesions from her uterine and abdominal walls. Endometriosis had caused organs to attach to one another, and Dr. Morozov performed “anatomy restoration,” where the rectum was separated from its abnormal attachment to the uterus and vaginal wall.

“Unfortunately, on average it takes seven and a half years from onset of pain and five physicians for women to finally receive a correct diagnosis and treatment of endometriosis,” Dr. Morozov explains. “As with any issue, the sooner we diagnose, the easier it is to treat. Brianna hadn’t received a definitive diagnosis until she was 23, which made her case more difficult.”

More Bumps, Then Success

After months of recovery from her procedure and following Mr. Prada’s last chemotherapy treatment, Ms. Prada underwent embryo transfer on October 14, 2018. Two weeks later, the Pradas discovered she was pregnant.

Still the bumps kept coming. At 17 weeks, Brianna had an emergency appendectomy. At 19 weeks, she began bleeding, was hospitalized and put on bed rest. Then at 24 weeks, bleeding again, she was airlifted to MedStar Georgetown University Hospital with its highly specialized Neonatal Intensive Care Unit. Just days later, Brianna texted Robert, “Come now. It’s happening.”

On March 19, 2019, Finn Caspian Prada was born by Cesarean section weighing a little less than 2 lbs. By June, Finn weighed nearly 5 lbs. and came home mid-July.

“It’s been terrifying and emotionally exhausting,” Brianna confesses. “But today we have Finn, and we know that couldn’t have been possible without Dr. Morozov. We are so very grateful to him and to everyone at the Hospital Center for their amazing skill and caring.”
Kidney stones run in Michael Kirlin’s family. He and a brother have had them, as did their father, and recently, Mr. Kirlin’s 30-year old son received his first kidney stone diagnosis.

“We joke that if we were oysters, we’d be making pearls,” says Mr. Kirlin, a retired health care services executive. “Instead, we make kidney stones.”

Mr. Kirlin had three bouts with small kidney stones when he was younger, all of which passed quickly, and with minor discomfort. Recommended dietary changes appeared to solve the problem.

Around his 40th birthday, however, Mr. Kirlin learned the stones were back, bigger than before. Though they posed no immediate danger, his physician warned him they might grow and fragment, putting him at risk for blockages, infection, and kidney damage. At that point, it seemed all Mr. Kirlin could do was remain vigilant and be ready if they caused problems.

It would be a long wait—30 years—before a urinary tract infection sent him to MedStar Washington Hospital Center’s Emergency Department last June where he saw Daniel Marchalik, MD, the Hospital Center’s director of Ambulatory Urologic Surgery. A CT scan revealed a 2-cm stone in his right kidney, and a 1.7-cm stone in the left. Both needed to be removed; the question was how.

Mr. Kirlin underwent a mini-PCNL on his right kidney in late July, and the left kidney about a month later. In both cases, he experienced little post-operative discomfort, and resumed normal activity, aside from heavy lifting, two weeks later. After analysis of the stones, he was given personalized advice on dietary changes to help prevent recurrence.

Mr. Kirlin says he’s not at all sorry to see his days as “stone-former” end in such a convenient, comfortable way. “I couldn’t have asked for better care,” he says. “Anyone who’s ever asked for better medical care, this procedure should definitely get it done.”

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MedStar Washington Hospital Center has again been recognized as one of the leading cardiovascular centers in the country. The Hospital Center’s Cardiology and Heart Surgery program continues to rise in the top 50 heart programs in the country as reported in the 2019-20 U.S. News & World Report “Best Hospitals” rankings.

“Being consistently recognized as one of the top cardiac centers in the country provides external validation to what we know already—that we are a top-notch cardiac center that strives every day to push the envelope of excellence,” said Stuart F. Seides, MD, physician executive director of the MedStar Heart & Vascular Institute. “Our all-in team dedication to quality, innovation, and cutting-edge research keeps us at center stage in the world of cardiovascular medicine and surgery.”

MedStar Washington Hospital Center, home to MedStar Heart & Vascular Institute, has one of the highest-volume cardiac programs in the nation. It integrates the cardiovascular programs and services of all 10 MedStar Health hospitals, MedStar’s cardiology practices and outpatient centers in Maryland and the Washington, D.C., region. In 2013, MedStar Heart & Vascular Institute forged a first-of-its-kind clinical and research alliance with world-renowned Cleveland Clinic Heart & Vascular Institute, which again ranked No. 1 in the nation by U.S. News.

U.S. News also cited two of the Hospital Center’s other specialties as “high-performing”: Gastroenterology/Gastrointestinal surgery and Urology. In addition, it excels in several procedures or conditions, including aortic valve surgery, heart bypass surgery, heart failure, colon cancer surgery and chronic obstructive pulmonary disease (COPD).