



# Medical Minutes

Winter 2007

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## A difficult lesson

## Chemotherapy by design

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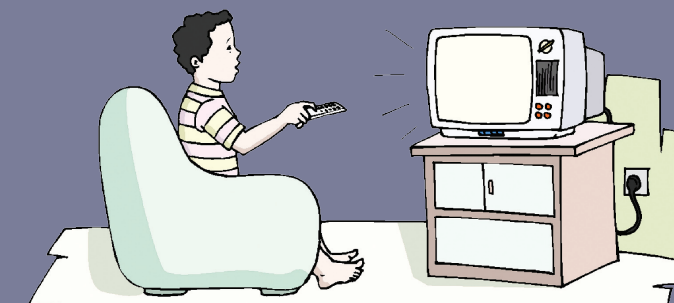
For us medical care and service excellence go hand in hand.

## TURN THE TV OFF!

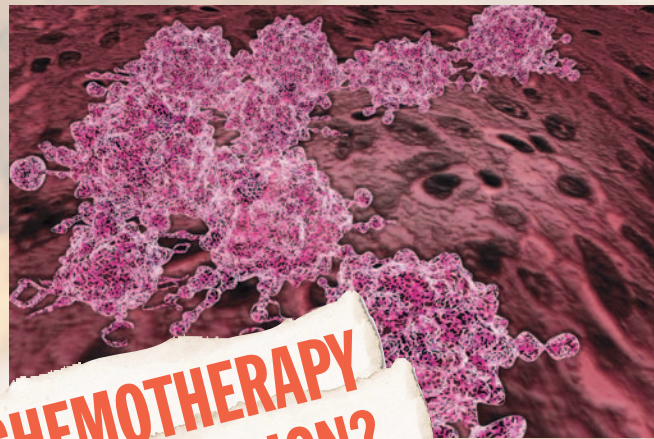
According to a recent study conducted by the University of Otago in New Zealand, and published by the magazine *Pediatrics*, watching TV for more than two hours a day during early childhood increases a child's risk of suffering from attention deficit disorder in adolescence. Every extra hour increases the risk by 40%.

Experts from the American Academy of Pediatrics recommend that TV viewing be limited to two hours a day and that children watch quality programs. On average, American children spend three hours in front of the TV each day.

The Academy also suggests that families turn off the TV at meal times, limit TV during school days and forbid TV watching an hour before bedtime.







## CHEMOTHERAPY BY DESIGN?

Doctors Hospital

is one of nine hospitals

nationwide that has been selected to

participate in a study that could revolutionize the use of chemotherapy in the treatment of ovarian cancer.

It is a test that determines which chemotherapy agent is most effective to destroy cancer cells on a particular patient.

“Several chemotherapy agents are generally used during the course of treatment for the different types of cancer,” says Manuel Peñalver, M.D. gynecology/oncology surgeon at Doctors Hospital. “But not all chemotherapeutic agents are equally effective in eliminating tumor cells.”

The test consists of collecting live tumor cells from the tumor at the time it is surgically removed. They are then sent to DiaTech Oncology, in Nashville, Tennessee – which participates in the trial – where, using a state-of-the-art technology called the MiCK assay, cells destroyed by each drug are “counted” at five-minute intervals to determine which one works out best for a specific tumor.

According to Dr. Peñalver, the results are ready in two days, so the most effective drug can be prescribed for a particular tumor. “By using the appropriate chemotherapy drug we save the patient time in her battle with cancer and prevent unnecessary side effects”, ends the doctor. ■

Sean Edey is a gifted golf player from the island of Barbados. He is so promising that at 19 years of age he’s already an accomplished member of the golf team at Bethune-Cookman University of Florida, where he attends on an athletic scholarship. So when he started having pain in his left wrist in the summer of 2007, Mr. Edey was concerned about the discomfort and its effect on his golf game.

“I tried giving it a rest,” he says. “I looked for help, was given injections, but by December it was still hurting.”

That’s when he went to see Alejandro Badía, M.D., hand and upper extremities surgeon and chief of hand surgery at Baptist Hospital of Miami.

“He had a ligament tear in between two small and very important wrist bones, a condition which is very difficult to diagnose, even with a magnetic resonance imaging (IMR) test. I only can diagnose it clinically, that is, with a physical exam and then confirm it with an arthroscopic exploration,” says Dr. Badia. “Mr. Edey’s wrist ligament was indeed torn and frayed. It was not terrible but it was enough to cause bone instability, which means that the position between those bones was dislocated producing an abnormal movement. This is painful for someone when they put weight on the hand, do strenuous movements with it and, of course, play golf.”

Fortunately, through the same arthroscopic exploration procedure, Dr. Badia fixed the

problem that is known as a *scapholunate* ligament tear.

“I debreded the area, removed the defrayed edges to encourage new blood supply and pinned the two bones together,” explains Dr. Badia. “What is great with arthroscopy is that it’s a minimally invasive procedure, done under local anesthesia, as an outpatient. It leaves no scars. I reach the inside of the wrist through two small holes through which I slide a tiny camera and the cutting and cleaning

## A difficult lesson



Dr. Alejandro Badía listening to his patient, Sean Edey.

instruments.” After surgery the patient wears a cast to immobilize the area for eight weeks, which allows for new ligaments to form. Once the cast is removed, the patient begins physical therapy and rehabilitation.

“I see these types of lesions frequently because much of my practice is related to complex wrist problems,” says Dr. Badia. “It is often difficult to diagnose. When patients complain of wrist pain, they’re sent for X-rays

and, unless something is obvious, they receive a splint or physical therapy. But these things do not work if it’s a ligament tear.” Four months after the surgery Mr. Edey rejoined his golf team.

“I took part in the Barbados Open at the end of last June, in the Caribbean Championship last August and in three college-level tournaments,” says Edey. “My wrist healed so well that I’m going to be playing year round!”

“It’s obvious”, concludes Dr. Badia, “that if you have wrist pain for more than three months you should go to a hand and wrist specialist for an evaluation. Yet, the most common is going to four or five different doctors before coming to the hand specialist. Wouldn’t it be more efficient and even cheaper to start off going to him directly?” ■

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