IN THIS ISSUE
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PERSPECTIVE
Pediatric Rheumatology

COMMUNITY
NICU Reunion

CALENDAR
Eyes, Ears, Nose and Throat:
Pediatric Ophthalmology and
Otolaryngology 2018

REFERRAL INFO
INTRODUCING
Steven Frick, MD
Steven Shew, MD

PEDIATRIC RHEUMATOLOGY

Key Clues for Recognizing Juvenile Idiopathic Arthritis: What to Know – see inside
Multidisciplinary Pediatric Rheumatology Services Expand Due to Demand

According to pediatric rheumatologist Dana Gerstbacher, MD, juvenile idiopathic arthritis (JIA) occurs in about 1 in every 10,000 children, making it more common than diabetes.

“JIA is usually a surprise to the family, and it can be devastating. We’re very happy that we can treat these children comprehensively through our John Muir Health and Stanford Children’s Health partnership in Walnut Creek,” she says.

To keep up with demand, Dr. Gerstbacher and Imelda Balboni, MD, PhD, are adding an additional half day to their clinic at 106 La Casa Via, across from the John Muir Medical Center in Walnut Creek.

The program takes a multidisciplinary approach to treating infants through adolescents with all forms of rheumatic disorders, including many types of arthritis, systemic lupus erythematosus, dermatomyositis and related diseases.

Clues to diagnosis

If very young children constantly want to be carried, do not want to play or walk, or regress in walking, these can be key clues that they may have JIA, says Dr. Balboni. Dr. Gerstbacher adds, “in older kids, if there are persistent complaints about joint pain, it’s significant. Mommy radar comes into play, as some children will play through pain and adapt. Watch for clues such as morning stiffness or scaled-back intensity in sports.”

Dr. Balboni stresses that pediatricians and parents “have to look for objective findings — not just pain, but joint swelling, warmth or poor range of motion. Most pediatricians are very aware of this. If children don’t get referred quickly, they may have permanent joint damage or eye inflammation. In growing children, there can be a discrepancy in bone lengths. Significant developments can cause the need for joint replacements later.”

Better medications and integrative treatments

In recent years, the good news for patients and families is that a class of drugs called biologics have proven to be excellent treatment tools. “Other drugs suppress the immune response, in general. Biologics target more specific molecules in the immune response. What we’ve learned is that there are some molecules — such as tumor necrosis factor, which is a molecule involved in inflammatory response — that are elevated in patients with JIA. You can now block just one molecule,” Dr. Balboni explains.

Dr. Gerstbacher brings expertise in integrative medicine to the
DANA GERSTBACHER, MD, TREATS A YOUNG PATIENT WITH JUVENILE IDIOPATHIC ARTHRITIS.

practice. “Acupuncture can help with a number of symptoms, such as pain and sleeplessness. With biofeedback, we also have some control, especially with teens who struggle with the diagnosis,” she says. “Families are also very interested in how nutrition plays a role with disease.”

Lifelong management

“While juvenile rheumatoid diseases are chronic and lifelong, we are generally very optimistic,” Dr. Balboni says.

“Some types of JIA are pretty mild, and kids get over it and are fine when they’re older. They feel more normal, and it feels great that we can help them get back to doing the things they want to do. For others, it’s more challenging. It’s key to have good primary care. These patients need to be followed closely, as their immune systems may be somewhat suppressed.”

The specialists welcome calls and questions, including whether or not to refer, as well as offering advice on which labs to secure ahead of a referral or clinic visit. To reach them, call (650) 723-3877.
A joyous NICU reunion recently brought 791 adults and children back to John Muir Health to reconnect them with the people in the John Muir Health and Stanford Children’s Health partnership who helped them through their earliest challenges.

“Reunion day is truly one of the best days of the year for everyone who works in the NICU. When babies go home, we watch them leave — tiny bundles in their seemingly huge car seats. At the reunion, we get to see how their journeys have continued at home, including how their parents have helped them grow and thrive, and how their families have continued to evolve around them,” says Kristin Hubert, MD, NICU co-medical director.

Nick Mickas, MD, NICU co-medical director, says, “Reunion day is like Christmas and your birthday rolled into one. Seeing these truly miraculous little ones and their families grow reminds us of why we do what we do. We often meet parents on the worst day of their lives and help them navigate through an experience that is anything but normal. Now, they are just moms and dads with beautiful kids. Although we share a common experience, they have left the NICU far behind. Their conversations are about first words, soccer games and kindergarten. This is what it’s all about.”

Michelle Dishman, RN, NICU manager, adds that the “staff is really connected to the families, through the ups and downs of treatment in the NICU, whether for prematurity issues, respiratory and feeding issues, infections, or minor surgeries. At the reunion, seeing the expressions and the hugging and witnessing the children’s progress is worth everything. One of our ‘kids’ is now 27 — and thriving.”

“WE’RE VERY PROUD OF THE WORK WE DO. WE TAKE GREAT CARE OF THE BABIES AT OUR LEVEL III COMMUNITY NICU — OFFERING STRONG DEVELOPMENTAL CARE, TEACHING PARENTS AND PROVIDING EMOTIONAL SUPPORT. WE HAVE GREAT OUTCOMES. AT THE REUNION, IT ALL SHOWS.”

— MICHELLE DISHMAN, RN, NICU MANAGER
Eyes, Ears, Nose and Throat: Pediatric Ophthalmology and Otolaryngology 2018

February 2–3, 2018

Location: The Fairmont Sonoma Mission Inn, Sonoma, CA

The goal of this CME course is to provide current, up-to-date clinical advances in pediatric ophthalmology and otolaryngology. The faculty will present a variety of topics in lectures and panels that will include, in part, such topics as: vision and hearing screening; foreign bodies in the eyes, ears, nose and throat; swallowing disorders; red eye; epiphora; tongue tie; and ocular trauma. Also covered will be epistaxis, sleep apnea and construction of the ear and ear canal. This course is designated to change learner competence and performance-in-practice.

For registration and more information, please visit: www.cme.stanfordchildrens.org
Contact: Marifin Besona, CME Coordinator — lpchcme@stanfordchildrens.org, or call (650) 498-6757.

John Muir Health
Walnut Creek Medical Center
1601 Ygnacio Valley Rd, Walnut Creek, CA 94598

February

*1 Evaluation for Short Stature, Suruchi Bhatia, MD
*8 Pediatric Appendicitis, Stephen Shew, MD
15 Pediatric CME/M&M

*Webinars | Webinars are available via the internet starting at 7:30 a.m.
To access navigate to: https://johnmuirgm.globalmeet.com/CMEConcord
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Orthopedics & Sports Medicine ...continued

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ABOUT OUR PARTNERSHIP
Through our partnership, patients can now see Stanford Children’s Health specialists locally in the East Bay. When hospital-based care is needed, patients can be treated at John Muir Health’s Walnut Creek Medical Center. It all adds up to your patients receiving excellent quality specialty pediatric care close to home.

johnmuirhealth.stanfordchildrens.org  johnmuirhealth.com/ChildrensSpecialty