The onset of cold weather or rain can be detected by joint pain—just ask a patient suffering from arthritis. Can medical science explain this mystery?

If you’ve ever had an eccentric family member predict the rain simply by the pain of an arthritic knee, you’re probably not alone. As far as health-related myths go, there may not be one more infamous than the supposed connection between arthritic symptoms and the weather conditions.

But from a scientific view, how does the theory hold up? According to Dr. James Fant, associate professor of medicine and director of rheumatology at the School of Medicine’s University Specialty Clinics, there appears to be a definite connection. “It’s one of the most common questions that patients will ask,” said Fant. “At first I doubted it because there was not a lot of scientific evidence to support the correlation between arthritic symptoms and the weather. But I’ve been practicing for nearly 20 years, and I’ve heard it so often from so many patients that I know there’s something to it.”

Although it remains a vague science, Fant explains the connection in simple terms. “I may not be able to explain the exact source—whether its humidity or differences in the barometric pressure and how they translate into causing
the key to eating healthy and long-term weight loss is not just about changing what's on your plate; it's also about changing your entire lifestyle.

Change your mind.

Change the way you eat.

LIFESTYLE CHANGE DUNN RIGHT

Joyce Dunn first noticed how out of shape she had become when she could no longer fit into her granddaughter’s clothing—to celebrate their weight loss and new lifestyle. “Now when we are at a celebration with something like a piece of cake,” said Al. “Don’t deprive yourself if there’s something you really like. Have it as a treat, portion and put the other portion in a takeout box for later. If it’s not your thing, you won’t eat it,” said Al.

Along with drinking more water and learning to eat less and more healthy, the Duns also discovered they didn’t have to give up their favorite guilty pleasures like desserts. “Cook, cleanse, and share,” said Al. “Cook meals more often with as many vegetables as you can. Cleanse and hydrate yourself by drinking 48–64 ounces of water a day and, when out, share your meal or think twice before consuming it.”

Joyce Dunn lost from a size 20 to a size 12. Al reduced his waist size from 20” to 23”.

ARThRiTiS continued from cover

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**Brain Surgery Gives Teen a New Lease on Life**

**Misdiagnosed blackouts and seizures threatened to take away Omar’s dreams and life at the tender age of 16. Dr. Sharon Webb performed life-saving surgery that gave him a chance to see his dreams fulfilled.**

At 16 years old, Omar Oliphant of Columbia, S.C., was looking forward to many of the typical hallmarks associated with being a healthy teenage boy, such as playing high school football and learning to drive. But due to an unknown arterial venous malformation (AVM) in his brain, Omar’s life would soon take a very different direction. “I was on vacation with my family, and I was swimming in the pool when all of a sudden my arms locked up,” Omar said. “Soon after, I started having a series of blackouts.”

Omar and his parents sought immediate medical attention, but his condition was initially attributed to dehydration due to his active lifestyle. Ironically, while standing at his high school water fountain several weeks later, Omar had what would be the first of many unexplained seizures.

His physician at the time told him to watch his health. But while training for the upcoming football season, Omar’s seizures returned and were worse than ever. “Then that my parents knew there was something much more serious going on. But every time they took me to the doctor, they said I was fine,” Omar said. Finally, after another seizure during football practice, Omar received a CT scan that helped diagnose the source of his seizures. The results of his CT scan revealed that Omar had an arterial venous malformation in the back of his brain—something that he most likely had been living with his entire life. Relatively rare, arterial venous malformations, or AVMs, are masses of abnormal blood vessels that grow in the brain. They consist of a blood vessel “nidus,” or nest, through which arteries connect directly to veins, instead of through the vessels called capillaries.

Some people, like Omar, are born with an AVM, but over time it tends to enlarge as the pressure of the arterial vessels cannot be handled by the veins that drain out of it. That pressure caused Omar’s blackouts and seizures and, if left untreated, leads to a life-threatening hemorrhage.

Dr. Sharon Webb, a neurosurgeon with the School of Medicine’s University Specialty Clinics who treated Omar, described an AVM as a “big bag of worms.” “An AVM is a triangular collection of abnormal vessels,” said Webb. “Sometimes they can be associated with different diseases, but in most cases we believe people are born with them, and they are often found in the anterior part of the brain.”

Webb explained that the choice of treating an AVM depends on its size and location in the brain. “If the AVM is accessible and in a relatively non-eloquent part of the brain that does not affect motor skills, speech, and sight, surgery is likely the best option,” said Webb. “Omar’s other option was Gamma Knife radiosurgery treatment, a more efficient treatment for deeper, smaller AVMs, but one that takes two to three years to take full effect.”

Although frightened at the prospect of brain surgery, Omar and his parents felt that radiation therapy was not a viable option. “They said I couldn’t exercise for two years or play sports, and I could have gotten cancer from the radiation,” Omar said. As a family, Omar and his parents decided to take Webb’s advice for a total surgical removal of his AVM.

“It’s one of the most challenging surgeries we do,” said Webb. “It’s very meticulous and the main purpose is to stay outside of the AVM. Because once you get into it, there’s a lot of bleeding,” said Webb. “You’re also dealing with abnormal vessels that don’t want to stop bleeding in spite of the use of electrocautery.”

Webb said that because Omar’s AVM was still relatively near the eloquent part of his brain, she did have a slight concern that he may suffer from temporary side effects from his surgery. “Because of the area where his AVM was, I wasn’t sure what we would be dealing with when he woke up,” said Webb. “We were still looking at the possibility of weakness or some decrease in the coordination of his motor skills.”

However, Omar pulled through with motor skills intact. “I prayed to God that everything would be fine,” Omar said. “I had a mindset that I would recover fast. They said I would be in recovery for a week, but I was out in less than three days. They were amazed I recovered so fast.”

Today, Omar is not only free of seizures, but he is finally getting back to the typical life of a teenager. “It’s so rewarding to help Omar, to know that we could help him get better and to see him go on to college,” said Webb. “Now that his seizures are gone, he’s getting back to a normal life and doing the things he wants to do—like driving.”

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**Covering Your Cough**

**Solutions for Chronic Coughing**

During these chilly winter months, a bothersome cough is often thought of as a simple symptom of a cold, sinus problem, or even the flu. But what if a persistent cough goes beyond the normal timeframe associated with these seasonal ailments? According to Dr. Brandi Newsome, director of the nodule clinic at University Specialty Clinics, if a cough lasts for more than two months, it is typically categorized as a chronic cough. “Frequently, a patient comes to us after months of coughing,” said Newsome. “They are frustrated, they can’t sleep at night, and their coworkers think they have some sort of infectious disease.”

The course of treatment varies for each condition, but Newsome advises that if someone is suffering from a persistent cough, they should consult with a pulmonary physician as soon as possible.

Occasionally, Newsome said a cough could be something more serious. “Typically, cancers don’t manifest as a cough, unless they are in the airways,” she said. “There are also benign tumors that can cause coughing because they are obstructing the smaller airways, almost like asthma would.”

But Newsome says the good news is that the majority of chronic coughing cases can be treated—as long as patients take the time to seek out advanced treatment and be patient as they are being diagnosed. “As doctors, we are taught to change only one variable at a time. Chronic cough is typically multi-factorial, so we often need to try several different medications and tests to finally pinpoint the cause of their cough,” said Newsome. “But I would say that with 75 to 80 percent of our patients, we are able to find one or more diagnoses to explain their cough and have success with treatment,” said Newsome.

For more information on the treatment of chronic coughing, contact University Specialty Clinics Pulmonary Critical Care at 803-799-5022.
The Reconstructive Side of Plastic Surgery

Plastic surgery is not all about vanity, but is most often a necessity.

Many people tend to associate plastic surgery with vanity, or cosmetic procedures such as face-lifts, nose jobs, and breast enhancements. But when it comes to the reconstructive side of the business, plastic surgeons are charged with reshaping and remodeling the human body for reasons that go way beyond cosmetics.

Dr. Elliott Chen, assistant professor of surgery in the division of plastic and reconstructive surgery at University Specialty Clinics, said that although he performs many cosmetic procedures, the core of his work revolves around reconstructive surgery. “The reconstruction side of what I do involves everything from reshaping skulls due to diseases and genetic conditions to fixing children with cleft palates,” said Chen.

According to the American Society of Plastic Surgeons, there were nearly five million reconstructive surgeries done last year in the United States. The top five procedures were tumor removal, laceration repair, hand surgery, scar revision, and breast reduction.

Chen’s practice, he typically performs many of the same procedures, including breast reduction and tumor removal, but he also specializes in treating a large number of cases involving birth defects, particularly those involving craniofacial surgery, pediatric plastic surgery, and cleft palate care.

“I serve as a medical director on all of our cleft palate cases,” said Chen. “But I’m just part of a large team of physicians that includes everyone from pediatricians to speech language pathologists, orthodontists, and audiologists. We all play a different role, but our main goal is to help make these children live as normal a life as possible.

When it comes to the term ‘normal,’ Chen said he operates under the philosophical question of ‘What is normal?’ For me, normal is whatever the patient thinks it is. I try to ensure they have realistic expectations of what the result of their surgery will be,” said Chen.

“Normal” being something that is unique to the individual patient.”

Although the types of surgery he performs are all challenging in different ways, Chen emphasizes that his guiding surgical principle is one of maintaining simplicity and consistency. “As a plastic surgeon, it’s my job to improve both function and form,” said Chen.

Along with following the most cutting-edge technological advances, Chen also says he finds inspiration for his work from some decidedly nonmedical professions. “I often look at other aesthetic professions and see how they work,” said Chen. “For instance, I can look at interior design or engineering and see how the plumbing was designed to be hidden from view. I can look at a tailor and get inspiration on something like body contouring to see what natural seams of the body you can use.”

Chen stresses the importance of both sides of plastic surgery—cosmetic and reconstructive—but he does admit to having a slight preference in his practice. “There’s nothing wrong with aesthetic surgery,” said Chen. “All cosmetic plastic surgeons do reconstructive surgery, and all reconstructive surgeons do aesthetic surgery. But I tend to get more satisfaction in helping someone who just needs a hand. When you are helping a child with a cleft lip, it doesn’t take that much time, but after you’re finished, you know you did something good.”

For more information on reconstructive or cosmetic surgery procedures, contact the University Specialty Clinic’s Division of Plastic and Reconstructive Surgery at 801-236-2657.

“Expert Answers” features commonly asked questions and the responses of our expert physicians, scientists, and health care providers. For more information about concerns you may have, contact your health care provider.
University Specialty Clinics Welcome New Full-Time Clinical Faculty

Augustine Agocha, MD
Cardiology
Interest(s): Heart failure and management
803-540-1000

Chitra Lal, MD
Pulmonary, Critical Care, and Sleep Medicine
Interest(s): Sleep disorders, COPD and Asthma
803-799-5022

Meghan S. Arant, MD
Pediatrics
Interest: General Pediatrics
803-434-7961

Richard Lehman, MD
Neurosurgery
Interest(s): Surgery of the spine, peripheral nerves and brain tumors
803-434-8323

Elliott H. Chen, MD
Surgery
Interest(s): Craniofacial surgery, pediatric plastic surgery, cleft care, facial trauma, adult reconstruction, and wound healing
803-254-0821

Kristiana D. Neff, MD
Ophthalmology
Interest(s): Cornea, cataract, and refractive surgery
803-434-1561

James R. Howe, MD
Neurosurgery
Interest(s): Functional neurosurgery, deep brain simulation for Parkinson’s Disease and other movement disorders
803-434-8323

Andrea K. Mass, MD
Pulmonary, Critical Care, and Sleep Medicine
Interest(s): COPD, septic shock, pulmonary function and cardiopulmonary exercise testing
803-799-5022

Sylvia S. Kim, MD
Surgery
Interest(s): Anorectal disease, colorectal cancer, and laparoscopic colon surgery
803-929-0492

Andrew Sides, MD
General Internal Medicine
Interest(s): Medical education and general internal medicine
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