Living With HIV/AIDS (From Page Eight)

work through all their issues,” he said.
While Antoine Parnell needed help with day-to-day needs when he first came to the clinic, he has since returned to college and been employed at the same place for al-

most ten years. In addition to a stable job, the clinic’s health care professionals have been another constant in his life. “Most people don’t have the type of relationship with their doctors and nurses that I have with them. Not only have they been there for me, but they make you feel like you are part of the family.”
Parnell’s experience with the Ryan White Clinic has been repli-
cated in similar fashion many times over the past 15 years. “Without the clinic most of these patients would pretty much be at sea. This has literally become their lifeline,” said Dr. Bryan. Parnell readily agreed. “There are no awards or accolades that could adequately ex-
press my gratitude and how I feel about them. They really, truly saved my life.”

Arctic Sun (Continued From Page Four)

but better survival with good neurologic function. We can ex-
pect more people to live without needing full-time care and have a more satisfying life.” At the same time, the physician advises caution on its use with spinal cord injury, referring to the high-
ly publicized case of Buffalo Bills tight end Kevin Everett. After Everett suffered a spinal cord in-
jury during a game last fall, hy-
pothemia was immediately uti-
lized with the player, who is now walking again. “It has a lot of promise and makes sense theoretically, but before we adopt this as a wide-spread practice, we need to do more studies on its wide-spread ben-
efits. Hopefully we will know soon,” he said.

“The Arctic Sun translates not just to better survival, but better survival with good neurologic function.” - Dr. William Owens

Dr. Lenwood Smith, Division Chief (second from left), is joined by the other physicians in USC’s Division of Neurosurgery: Dr. David Kee (far left), Dr. Thomas Anderson (back), and Dr. Raymond Sweet (far right). Not pictured are Dr. Sharon Webb and Dr. Burke Dial.

Her mother thought it was just a stomach bug. When seven-year-
old Sarah Grace started throwing up at basketball camp that day, Dori Jarecki had no inkling that it was anything more than a typical childhood malady. She never could have anticipated that within two days her daughter would be trans-
ported by ambulance to Palmetto Health Children’s Hospital.

Diagnostic tests at the hospital indicated that the little girl from St. Matthews was vomiting, dehy-
drated, and increasingly lethargic because of a half-dollar-sized tumor in the back of her brain. That’s when Dori and her husband Adam met Dr. Lenwood Smith. The neu-
rosurgeon explained to them that Sarah Grace would require intri-
cate surgery to remove the tumor.

The only fellowship-trained pedi-
atric neurosurgeon in the Columbia area, Dr. Smith is no stranger to the gamut of emotions faced by par-
ents of seriously ill children. “Any of us would climb any mountain if one of our children was sick and the help we needed was at the other side of the mountain,” he said. What Dr. Smith conveyed to the Jareckis was that there was no need to travel to a medical center hun-
dreds of miles away for the type of surgery and sophisticated follow-
up care their daughter needed.
That level of expertise was right in Columbia.
A week later, after seven hours in the operating room, Dr. Smith removed a malignant tumor from Sarah Grace’s brain. The following weeks and months were a blur of radiation and chemotherapy treat-
ments as her parents took turns shuttling her back and forth to Children’s Hospital. A reading teacher at an elementary school, Dori arranged her schedule so she could take Sarah Grace for treat-
ments during her recess, lunch, and planning periods. “We’d hit the
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ments during her recess, lunch, and planning periods. “We’d hit the
For Parnell, the clinic has represented far more than a place to receive medical care. Once inside the doors, the stigma he felt as a gay man with HIV/AIDS was never an issue with the infectious disease physicians, nurse practitioners, and nurses on staff. “I walked in as Antoine Parnell and that’s who they saw me as – a whole person with an illness that needed treatment,” he said. Parnell’s appointment was at the Midlands Care Consortium Medical Clinic, which has cared for indigent and underserved people with HIV infection and AIDS since 1993. Backed by federal funding, it was established by the USC School of Medicine in association with Palmetto Health Richland, the Columbia Free Medical Clinic, and other local agencies. More commonly referred to as the Ryan White Clinic, it takes its name from federal legislation enacted after the death of hemophiliac and teenage AIDS activist Ryan White.

Through a coordinated network of agencies and other providers, the clinic’s patients also have access to mental health treatment, dental care, and substance abuse counseling. Assistance with basic needs, including food and housing assistance, is handled through such organizations as the Cooperative Ministry, the South Carolina HIV/AIDS Council, and Palmetto AIDS Lifeline Support Services (PALS).

The development of effective antiretroviral medications has made a dramatic impact on the lives of people with HIV/AIDS. “It used to be that when a patient was diagnosed with HIV we couldn’t tell what the progression of the disease would be. Some might do well for five, ten, or even 15 years, while others went downhill quickly and within a year or two would begin to get sick with disease and take your medicine you can do very well,” he added.

A Changing Epidemic
Since the Ryan White Clinic opened a decade and a half ago, the patient base has grown from an initial handful of individuals to some 1,200 men and women a year. As people live longer with the disease and new infection continues, the number of patients keeps increasing. “This has become a major problem since the current federal funding is not keeping up with these trends,” said Dr. Helmut Albrecht, a professor of clinical internal medicine and chief of Internal Medicine’s Division of Infectious Diseases. The situation is particularly dire in the Midlands, which is ranked in the top ten nationally for new HIV infection in metropolitan areas. “This is comparable to rates in cities like New York and San Francisco, which for most people is shocking. We are in the absolute forefront of the epidemic,” Dr. Albrecht noted.

Without the intensive media focus and public hysteria that used to surround the disease, AIDS has faded into a quieter epidemic. It’s also undergone a significant demographic shift. “It’s shifted from a white, gay, male disease and become a more heterosexual,” said Dr. Albrecht, explaining that HIV infection is now concentrated in minority populations and lower socioeconomic groups. He notes in particular that girls of color between the ages of 13 and 18 represent the highest increase in new infection. “In the South, it has not been easy - politically, ethnically or religiously - to make this a topic of discussion, which you have to do to prevent spread of the disease,” he said.

Meeting Patient Needs
As the face of AIDS has changed, the Ryan White Clinic has adapted and expanded its scope of services. This includes a satellite clinic for patients in Sumter. With a steadily increasing number of female patients, a dedicated women’s clinic is also offered. In Columbia, “This is part of our empowering women,” said Dr. Albrecht. Housing needs are managed through a program made available through additional federal and local resources. Even incarcerated individuals are specifically addressed. In 2007, the Department of Internal Medicine was awarded a federal grant to provide HIV testing to inmates in the Richland County jail and to assist HIV-positive inmates in securing necessary services when released.

It’s not uncommon for the clinic’s patients to be unemployed, homeless, or struggling with alcohol and/or drug addictions. A strong case management system helps to link patients with appropriate resources. Dr. Albrecht provides an example, “Consider a patient who could benefit most from a medication that requires refrigeration. This particular patient lives under a bridge. For him to be able to have this medication is going to be very difficult.” Yet the physician has discovered that the obstacles which can be the most challenging to health care providers can also become the most gratifying aspect of their work. “South Carolina has a rural epidemic. It’s striking how much of a difference you can make here by helping patients,” he said, citing transportation as a particular problem for individuals who live a considerable distance from the clinic and other services. Dr. Bryan added that the role of the clinic’s nurses in problem solving has been essential. “We found out early on that while you needed the doctors to diagnose and see the patients, the nurses were invaluable in terms of following the patients for continuity and helping them.

See Ryan White Clinic on Page 8.

See Living with HIV/AIDS on Page 9.
surrounding counties: in the vast majority of cases, excellent neu-
the other children and the dog.” Dr. Smith is determined to com-
with the child, while dad stays home, goes to work, and looks after
life-threatening illness. Dr. Smith explained, “When a child devel-
within two hours. Our whole goal was to be as normal as possible
Division of Neurosurgery (From Page One)
procedures the surgeons can address a number of conditions with
conjunction with specially trained neuroradiologists. With these
Dr. Smith explained about the one-session treatment. The sur-
provides surgical and non-
Neurosurgery, is dedicated to providing the most advanced care
matures, Dr. Smith is intent on build-
the first step is a vaccine
My life work is to study why some
it won’t be necessary for
As for Sarah Grace Jarecki’s par-
young girls even
HPV (human papillomavirus), they
to HPV. Ideally they have not en-
tests about the virus, which
infection.” Dr. Spiryda
her husband’s employers, their
and friends rallied around
They have been grateful that skilled
As for Sarah Grace Jarecki’s par-
where she would have done
in the skull. Radiation, in
be destroyed the abnormality, re-
risk of complications.
There is minimal radiation exposure to the surrounding brain,”
Dr. Smith explained about the one-session treatment. The sur-
groups are also using interventional neuroradiology procedures in
in conjunction with specially trained neuroradiologists. With these
procedures the surgeons can address a number of conditions with
minimally invasive treatments instead of conventional surgery.
As this new division grows and
As for Sarah Grace Jarecki’s par-
we can take care of your
As a graduate student in
SPDR moved on to become a clin-
HPV research when she came
The second tool is HPV testing
the vast majority of women will have
the virus, which is spread
You can’t imagine if we had to go
and what we would have done
Dr. Smith explained, “When a child devel-
more than one terrible thing can
that’s a very
common virus that affects most
so the assistant professor of ob-
unces; head injuries; and Parkinson’s disease.
Neurosurgery provides surgical and non-
with disorders and injuries of the brain, spine, and
peripheral nerves. USC Neurosurgery provides surgical and non-
surgical treatment to pediatric and adult patients for a wide range
of problems. These include congenital conditions (such as spina
bifida); aneurysms of the brain; pituitary tumors; cervical spine dis-
order; head injuries; and Parkinson’s disease.
The division includes one neurosurgeon, one physician assist-
ant, and four nurse practitioners also provides 24-hour coverage
for neurosurgical emergencies at Palmetto Health Richland. Their
depth of expertise was recently enhanced by the arrival of Dr.
Sharon Webb. “We’re excited and proud that Dr. Webb, a Columbia
native, came home to practice with us,” Dr. Smith said. Plans are
also in place to bring an additional physician on board.
The division also offers Gamma Knife radiosurgery, a sophisti-
cated tool for treating brain tumors and blood vessel abnormalities
without making any incisions in the patient’s skull. Radiation, in
the form of gamma rays, is used to destroy the abnormality, re-
sulting in a quicker recovery period and less risk of complications.
“There is minimal radiation exposure to the surrounding brain,”
Dr. Smith explained about the one-session treatment. The sur-
groups are also using interventional neuroradiology procedures in
conjunction with specially trained neuroradiologists. With these
procedures the surgeons can address a number of conditions with
minimally invasive treatments instead of conventional surgery.
I saw something on television, one
patient tells me. I came across it in a
magazine, another mentions.
The topic is HPV. While an in-
creasing number of Dr. Lisa
Spiryda’s patients have heard of
HPV (human papillomavirus), they
don’t always realize that it’s a very
common virus that affects most
women at some time in their lives.
So the assistant professor of ob-
stetrics and gynecology explains
how the virus, which is spread
through intimate contact, is fought
off by most women and never
causes any problems. She makes
sure they understand how in some
women it can remain in the cervi-
cal cells for months or years be-
fore becoming active. If the virus
is not detected and treated, these
abnormal cells can develop into
cervical cancer.
That’s why Dr. Spiryda and
other obstetricians/gynecologists
are recommending a two-fold ap-
proach to cervical cancer preven-
tion. The first step is a vaccine
(known under the brand names of
Gardasil and Cervarix), which pro-
tects against the two most common
types of HPV, which are responsi-
ble for 70 percent of cervical can-
cers. It’s advised for females ages
nine through 26. “It only works
when an individual has not been
exposed to the HPV types in the
vaccine. Ideally they have not en-
gaged in sexual activity and have
therefore not been exposed. We’re
seeing girls as young as 12 who
have had intercourse,” Dr. Spiryda
said. She’d like to see the vaccine
become a standard vaccination at
age nine before young girls even
contemplate sex.
Healthcare Services
Since Sarah’s surgery five years ago, medical services for fami-
lies like the Jareckis have continued to benefit from the skill and
expertise available from the neurosurgical team at University
Specialty Clinics. This team of expert surgeons has grown over
the past few years, and in 2008 the Division of Neurosurgery was
created within the Department of Surgery. Dr. Smith provides the di-
vision’s leadership. The clinical component of the division, USC
Neurosurgery, is dedicated to providing the most advanced care
to patients with disorders and injuries of the brain, spine, and
peripheral nerves. USC Neurosurgery provides surgical and non-
surgical treatment to pediatric and adult patients for a wide range
of problems. These include congenital conditions (such as spina
bifida); aneurysms of the brain; pituitary tumors; cervical spine dis-
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groups are also using interventional neuroradiology procedures in
conjunction with specially trained neuroradiologists. With these
procedures the surgeons can address a number of conditions with
minimally invasive treatments instead of conventional surgery.

As this new division grows and matures, Dr. Smith is intent on build-
ing a strong network of referring phy-
sicians that comes to depend on USC
Neurosurgery. “One of the missions
of my career is to build a program of excellence in neurosurgery and neu-
rosciences here at the USC School of Medicine. By doing that, 10 to 15 years
from now it won’t be necessary for
me to say that I can take care of your
patient’s needs. It will be common
knowledge,” he said.
As for Sarah Grace Jarecki’s par-
ents, they were grateful that skilled
neurosurgery services were only 45
minutes away when they needed
them. “I can’t imagine if we had to go
away and what we would have done
without our community and support
system,” said Dori, recalling how she
and her husband’s employers, their
church, and friends rallied around
them during Sarah Grace’s hospital-
ization and treatment.
Today Sarah Grace is a healthy 12-
year-old who enjoys playing with her
Sarah Grace enjoys a spin on her golf
cart with the family dog, Rhino.


See HPV Research on Page 6.
A new approach to a not-so-new concept is making a dramatic difference for patients in the medical intensive care unit. Critical Care specialists at USC’s School of Medicine are utilizing innovative technology to lower the body temperature of patients who are comatose after cardiac arrest. Effectively reducing the temperature down to 90 – 91 degrees Fahrenheit can minimize injury to the brain after a heart attack.

Physicians have known since the 1950’s that cooling the body after cardiac arrest can protect brain cells from dying. Yet it wasn’t until a decade ago that renewed interest developed in using mild hypothermia for this purpose. Out of that interest emerged a temperature management system that represents a major advance for critically ill patients.

Known as the Arctic Sun, the cooling device uses specially designed energy transfer pads, which are affixed to 40 percent of the patient’s body surface. Temperature-controlled water is then circulated through the pads to systematically cool the patient’s body surface. Temperature demand of the brain and minimizing neurologic injury,” Dr. Owens explained. Once the patient is ready to be re-warmed, the system regulates this process at a rate of 9 degrees Fahrenheit per hour and continually monitors the body temperature. “This controlled re-warming is safer,” said Dr. Owens, explaining that complications can ensue when re-warming is done too quickly. When the patient is back up to a normal body temperature, the equipment’s control module maintains that temperature. This prevents the patient from developing hyperthermia or fever, which is also important in minimizing neurologic injury.

While other options have become available to lower a patient’s body temperature, they require a physician to place a large catheter into the femoral vein, which is an invasive vascular procedure with the potential for serious side effects such as infection or blood clots. “It’s easier, quicker, and safer to get the Arctic Sun on a patient. If it’s 3:00 a.m. and I get a call from the Emergency Department, I can have a nurse do that immediately,” Dr. Owens said. The temperature management system is also being utilized by School of Medicine physicians with patients who have elevated intracranial pressures caused by a number of medical conditions. “If nothing surgical can be done, we can put the patient in a drug-induced coma and institute hypothermia so we can reduce the endocranial pressure,” Dr. Owens said.

Dr. Owens is sold on the merits of therapeutic hypothermia. “It translates not just to better survival, but to better functional outcomes for the patient,” he added. Dr. Owens also notes that hypothermia is much more controlled than the old fashioned methods of cooling blankets or packing with ice, allowing us to bring the temperature down to a set level,” he added. While the patient’s temperature is reduced, for a period of 24 hours from when the body starts cooling, physicians are already implementing appropriate cardiac treatment. “If we can cool the patient down, then we are reducing the oxygen demand of the brain and minimizing the risk of neurologic injury,” Dr. Owens explained. Once the patient is ready to be re-warmed, the system regulates this process at a rate of 9 degrees Fahrenheit per hour and continually monitors the body temperature. “This controlled re-warming is safer,” said Dr. Owens, explaining that complications can ensue when re-warming is done too quickly. When the patient is back up to a normal body temperature, the equipment’s control module maintains that temperature. This prevents the patient from developing hyperthermia or fever, which is also important in minimizing neurologic injury.

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Jennifer E. Heath, M.D.
Assistant Professor of Clinical Psychiatry
Subspecialty: Child and Adolescent Psychiatry

I Am Most Proud Of My Involvement In: The American Psychiatric Association and the South Carolina Psychiatric Association. Through these organizations I have become a better advocate for my patients, and have formed professional relationships that enhance my enthusiasm for psychiatry and education.

The Most Challenging Aspect Of Child And Adolescent Psychiatry Is: Working with multiple systems to provide our patients with the range of services they need.

As Neuropsychiatry’s Director of Medical Student Education I Hope To: Instill an understanding and appreciation in medical students for the role of psychiatry in the treatment of their patients.

David B. Renton, M.D.
Assistant Professor of Surgery
Division of General Surgery

I Am Most Proud Of My Involvement In: The pediatric surgical team at the College of Nursing.

A Professional Goal For The Next Year Is: To be able to help my patients to feel better.

I Would Welcome More Referrals For: Foregut patients, including achalasia and reflux, because they can benefit from the extra training that I have had in minimally invasive surgery.

Sulochana D. Cherukuri, M.D.
Instructor of Clinical Internal Medicine
Division of Pulmonary & Critical Care Medicine

Working With University Specialty Clinics Gives Me An Opportunity To: See a diverse population with significant, serious illness.

The Biggest Professional Challenge I’ve Faced Is: The amount of hours this profession requires, balancing that with family, and giving them both my best.

What Drives My Work: To be able to help my patients to feel better.

A Good Physician Needs To Be: Knowledgeable, sensitive, and kindhearted.

Nursing Centers Introduce
Diabetic Foot Care Program

A problem might stem from a blister that hasn’t healed or a jagged toenail that was cut too haphazardly. For individuals with diabetes, proper foot care represents far more than good hygiene. It’s essential in avoiding serious medical issues, even amputations, which can develop from seemingly minor complaints. That’s why the USC College of Nursing has established a formal foot care program at their two health care centers to assure that patients with diabetes receive the type of attention they need.

The program started out as a research project undertaken by RN Denise Alston while she was working on her doctorate in nursing practice at the College of Nursing. After seeing several patients with diabetes come into the hospital for amputations, she asked herself, “What could be done to prevent people from getting to this point?”

First Alston researched the issue to see what other health care providers were doing. She discovered that providers don’t always take the time to examine feet when patients with diabetes seek medical care for other problems. “It doesn’t always happen in the big picture of things,” she said.

With the assistance of Janet Lynne Douglass, an advanced practice registered nurse with the College of Nursing, Alston put together a program to implement with patients. Following recommendations of the American Diabetes Association, the first step is an initial comprehensive exam. Because diabetes causes nerve damage in the feet, cuts or injuries can go unnoticed by patients. When feet lose their natural protective sensation, patients are more prone to infections and the normal healing process is impaired. Patients’ feet are assessed for problems such as calluses or skin breakdowns, thickened or ingrown toenails, or excessive dryness. Testing is also conducted to determine if sensation has been lost and if the feet are receiving adequate blood flow.

If a problem is identified during the exam, patients are directed to the appropriate follow-up care, whether it’s custom orthotic shoes or an appointment with a wound care specialist. “Certain situations require an immediate referral,” Alston stressed about seeking prompt medical attention.

A key component of the foot care program is patient education. Patients receive thorough instruction on topics including daily foot hygiene, how to inspect their own feet for problems, and beneficial exercises. They also learn how to perform regular schedule of medical exams is crucial to maintaining good foot health. Though an individual without a history of foot complications requires an annual exam, that schedule increases in frequency for patients who have already experienced problems such as foot ulcers or amputations.

While Alston was the impetus behind the foot care program, she will no longer be working with patients in Columbia. After finishing the nurse practitioner program in May, she moved to California with her husband’s new military assignment. Yet she left behind a tool that will continue to impact patients at the College of Nursing’s Women and Family Healthcare Center.

“Diabetic foot care is an important issue and nurses can play a vital role in this care,” she said.

Denise Alston (right) consults with Janet Lynne Douglass (left) while assessing a patient’s foot at the College of Nursing’s Women and Family Healthcare Center.
The very first patients at the new free-standing Palmetto Health Children’s Hospital found some surprises in store when they arrived in June. Awaiting them were a life-size lion sculpture, a snow-white polar bear on a sled, and a collection of tropical birds dangling from a ceiling. Not only do all six floors of the facility feature animal décor, but each also centers on a particular wildlife habitat. A huge educational mural on each floor features the animals that live in that environment.

‘Education is a great way to entertain, soothe, and support families. You can’t walk in without being uplifted, without feeling hope and caring,’ said Dr. Caughman Taylor, chair of the Department of Pediatrics at the USC School of Medicine and medical director of Palmetto Health Children’s Hospital. The kid-friendly design is just one highlight of the 96-bed facility at Seven Medical Park. When patients and their parents arrive at the hospital, it’s immediately obvious that they have set foot in a place specifically dedicated to children. At the centralized patient reception area on the rainforest floor, they can easily access whatever service they need, whether it be admission to one of the four inpatient units, a diagnostic test in radiology, or scheduled surgical procedure.

“What we used to have were children’s programs within an adult hospital, and we have done a very good job with that,” Dr. Taylor said. He added, “We just didn’t have the space or the amenities we needed to be as family-centered, kid-friendly, and efficient as we wanted to be.” Family members and other visitors will find it easy to navigate their way around the inpatient units, with each wing named after a particular animal, such as the zebra wing on the grasslands floor and the arctic fox wing on the polar floor.

Other new features include special rooms for parents to shower and catch some sleep, access to washers and dryers, and spacious, comfortable waiting areas. The pediatric intensive care and intermediate intensive care units are outfitted with the latest in monitoring systems, and a day hospital on the second floor allows children to come in as outpatients for certain types of specialized treatments. A surgery center will follow in 2009, adding separate facilities for children to prepare for and recover from surgery.

As patients utilize the new building, Dr. Taylor looks forward to the positive impact Children’s Hospital will have. “When a child is hospitalized, all of a parent’s worst fears and worries come rushing in. We wanted to create an environment in which anxiety is lowered, and where families’ needs are met outside of the child’s medical treatment.” He’s also thrilled to see years of planning come together. “As physicians we are thankful to everyone who made this dream a reality. It was a collaborative effort and a labor of love for a dream we’ve had for 20 years.”

‘We just knew that women with certain medical conditions were more likely to develop dysplasia, then we could do something earlier,’ she said.
Division of Neurosurgery (From Page One)

McDonald’s drive-through afterwards and be back to St. Matthias within two hours. Our whole goal was to be as normal as possible in an abnormal situation,” she said.

That normalcy can be critical when families are dealing with a life-threatening illness. Dr. Smith explained, “When a child develops a serious medical problem, more than one terrible thing can happen to a family. Not only is the child sick, but a decision to seek medical care far from home means the parents can wind up being separated when they need each other the most. Mom usually goes with the child, while dad stays home, goes to work, and looks after the other children and the dog.” Dr. Smith is determined to communicate a message that’s been understated in the Midlands and surrounding counties: in the vast majority of cases, excellent neurosurgical services are available close to home.

Enhancing Neurosurgery Services

Since Sarah’s surgery five years ago, medical services for families like the Jareckis have continued to benefit from the skill and expertise available from the neurosurgical team at University Specialty Clinics. This team of expert surgeons has grown over the past few years, and in 2008 the Division of Neurosurgery was created within the Department of Surgery. Dr. Smith provides the division’s leadership. The clinical component of the division, USC Neurosurgery, is dedicated to providing the most advanced care to patients with disorders and injuries of the brain, spine, and peripheral nerves. USC Neurosurgery provides surgical and nonsurgical treatment to pediatric and adult patients for a wide range of problems. These include congenital conditions (such as spina bifida); aneurysms of the brain; pituitary tumors; cervical spine disorders; head injuries; and Parkinson’s disease.

The division has neurosurgeons, one physician assistant, and four nurse practitioners also provides 24-hour coverage for neurosurgical emergencies at Palmetto Health Richland. Their depth of expertise was recently enhanced by the arrival of Dr. Sharen Webb. “We’re excited and proud that Dr. Webb, a Columbia native, came home to practice with us. “Dr. Smith said. Plans are also in place to bring an additional physician on board.

The division also offers Gamma Knife radiosurgery, a sophisticated tool for treating brain tumors and blood vessel abnormalities without making any incisions in the patient’s skull. Radiation, in the form of gamma rays, is used to destroy the abnormality, resulting in a quicker recovery period and less risk of complications. “There is minimal radiation exposure to the surrounding brain,” Dr. Smith explained about the one-session treatment. The surgeons are also using interventional neuroradiology procedures in conjunction with specially trained neuroradiologists. With these procedures the surgeons can address a number of conditions with minimally invasive treatments instead of conventional surgery.

As this new division grows and matures, Dr. Smith is intent on building a strong network of referring physicians that comes to depend on USC Neurosurgery. “One of the missions of my career is to build a program of excellence in neurosurgery and neurosciences here at the USC School of Medicine. By doing that, 10 to 15 years from now it won’t be necessary for me to say that I can take care of your patient’s needs. It will be common knowledge,” he said.

As for Sarah Grace Jarecki’s parents, they were grateful that skilled neurosurgery services were only 45 minutes away when they needed them. “I can’t imagine if we had to go away and what we would have done without our community and support system,” said Dori, recalling how she and her husband’s employers, their church, and friends rallied around them during Sarah Grace’s hospitalization and treatment.

Today Sarah Grace is a healthy 12-year-old who enjoys playing with her dog, Rhino.


Fighting Cervical Cancer

Physician Pursues HPV Research

I saw something on television, one patient tells her. I came across it in a magazine, another mentions.

The topic is HPV. While an increasing number of Dr. Lisa Spiryda’s patients have heard of HPV (human papillomavirus), they don’t always realize that it’s a very common virus that affects most women at some time in their lives. So the assistant professor of obstetrics and gynecology explains how the virus, which is spread through intimate contact, is fought off by most women and never causes any problems. She makes sure they understand how in some women it can remain in the cervical cells for months or years before becoming active. If the virus is not detected and treated, these abnormal cells can develop into cervical cancer.

That’s why Dr. Spiryda and other obstetricians/gynecologists are recommending a two-fold approach to cervical cancer prevention. The first step is a vaccine (known under the brand names of Gardasil and Cervarix), which protects against the two most common types of HPV, which are responsible for 70 percent of cervical cancers. It’s advised for females ages nine through 26. “It only works when an individual has not been exposed to the HPV types in the vaccine. Ideally they have not engaged in sexual activity and have therefore not been exposed. We’re seeing girls as young as 12 who have had intercourse,” Dr. Spiryda said. She’d like to see the vaccine become a standard vaccination at age nine before young girls even contemplate sex.

The second tool is HPV testing for women age 30 and older. This is done in conjunction with Pap testing that women are already accustomed to during gynecological check-ups. “Women under 30 don’t need to be tested. Most of them will have been exposed to the virus, but the vast majority of women will have fought off the infection,” Dr. Spiryda explained about the virus, which doesn’t usually stay active long in younger women.

In addition to her work as a clinician, Dr. Spiryda (who also holds a Ph.D. in biomedical sciences) began HPV research when she came to the School of Medicine last fall. “My life work is to study why some individuals can fight the HPV virus, and why the virus causes severe dysplasia (abnormal cells on the surface of the cervix) in other women that needs to be treated,” she said.

“The cervical portion of her research is delving into a database of 15,000 women who have been treated by the Department of Obstetrics and Gynecology, concentrating on women with severe dysplasia. She’s looking at other medical conditions these women have, which strains of HPV affect them, and how their bodies respond differently to the virus. Her ultimate goal is to eliminate the need for a surgical procedure removing a part of the cervix, which can cause preterm labor and pre-term delivery in...
Ryan White Clinic Marks 15th Anniversary

Of Caring For HIV/AIDS Patients

His skin had a grayish pallor, he shook from the chills, and felt absolutely awful. Antoine Parnell, then 22 years old, HIV positive, and scared of the lingering symptoms that had taken over his body for the past few months. As he waited on his first appointment at the clinic, the Columbia resident was suddenly pulled into a bear hug by a nurse. Her immediate acceptance and reassurance were a turning point for Parnell. “From that point on I felt at ease with my diagnosis,” he said.

Parnell’s appointment was at the Midlands Care Consortium Medical Clinic, which has cared for indigent and uninsured people with HIV infection and AIDS since 1993. Backed by federal funding, it was established by the USC School of Medicine in association with Palmetto Health Richland, the Col- umbia Free Medical Clinic, and other local agencies. More commonly referred to as the Ryan White Clinic, it takes its name from federal legislation enacted after the death of hemophiliac and teenage AIDS activist Ryan White. Through a coordinated network of agencies and other providers, the clinic’s patients also have access to mental health treatment, dental care, and substance abuse counseling. Assistance with basic needs, including food and housing assistance, is handled through such organizations as the Cooperative Ministry, the South Carolina HIV/AIDS Council, and Palmetto AIDS Life Support Services (PALS).

For Parnell, the clinic has represented far more than a place to receive medical care. Once inside the doors, the stigma he felt as a gay man with HIV/AIDS was never an issue with the infectious disease physicians, nurse practitioners, and nurses on staff. “I walked in as Antoine Parnell and that’s who they saw me as – a whole person with an illness that needed treatment.” As the staff taught him about the disease he had been diagnosed with three years earlier, the young man learned that he wasn’t facing an imminent death sentence. “They were telling me that I could live longer taking medication. I saw a ray of hope for me.” That ray of hope continued to surround the disease, AIDS has faded into a quieter epidemic. It’s not uncommon for the clinic’s nurses in problem solving their work. “South Carolina has a rural epidemic. It’s striking how much of a difference you can make here by helping patients,” he said, citing transportation as a particular problem for individuals who live a considerable distance from the clinic and other services. Dr. Bryan added that the role of the clinic’s nurses in problem solving has been essential. “We found out early on that while you needed the doctors to diagnose and see the patients, the nurses were invaluable in terms of following the patients for continuity and helping them see Ryan White Clinic on Page 9.

The virus doesn’t care if you are rich, smart, blond, or black.”

- Dr. Helmut Albrecht

Ryan White Clinic

Of Caring For HIV/AIDS Patients

The development of effective anti-retroviral medications has made a dramatic impact on the lives of people with HIV/AIDS. “It used to be that when a patient was diagnosed with HIV we couldn’t tell what the progression of the disease would be. Some might do well for five, ten, or even 15 years, while others went downhill quickly and within a year or two would begin to get sick with disease and take your medicine you can do very well,” he added.

A Changing Epidemic

Since the Ryan White Clinic opened a decade and a half ago, the patient base has grown from an initial handful of individuals to some 1,200 men and women a year. As people live longer with the disease and new infection continues, the number of patients keeps increasing. “This has become a major problem since the current federal funding is not keeping up with these trends,” said Dr. Helmut Albrecht, a professor of clinical internal medicine and chief of Internal Medicine’s Division of Infectious Diseases. The situation is particularly dire in the Midlands, which is ranked in the top ten nationally for new HIV infection in metropolitan areas. “This is comparable to rates in cities like New York and San Francisco, which for most people is shocking. We are in the absolute forefront of the epidemic,” Dr. Albrecht noted.

Without the intense media focus and public hysteria that used to surround the disease, AIDS has faded into a quieter epidemic. It’s also undergone a significant demographic shift. “It’s shifted from a white, gay, male disease and become a lot more heterosexual,” said Dr. Albrecht, explaining that HIV infection is now concentrated in minority populations and lower socioeconomic groups. He notes in particular that girls of color between the ages of 13 and 18 represent the highest increase in new infection. “In the South, it has not been easy - politically, ethnically or religiously - to make this a topic of discussion, which you have to do to prevent spread of the disease,” he said.

Meeting Patient Needs

As the face of AIDS has changed, the Ryan White Clinic has adapted and expanded its scope of services. This includes a satellite clinic for patients in Sumter. With a steadily increasing number of female patients, a dedicated women’s clinic is also offered one day a week in Columbia. “This is part of our empowering women,” said Dr. Albrecht. Housing needs are managed through a program made available through additional federal and local resources. Even incarcerated individuals are specifically addressed. In 2007, the Department of Internal Medicine was awarded a federal grant to provide HIV testing to inmates in the Richland County jail and to assist HIV-positive inmates in securing necessary services when released.

It’s not uncommon for the clinic’s patients to be unemployed, homeless, or struggling with alcohol and/or drug addictions. A strong case management system helps to link patients with appropriate resources. Dr. Albrecht provides an example, “Consider a patient who could benefit most from a medication that requires refrigeration. This particular patient lives under a bridge. For him to be able to have this medication is going to be very difficult.” Yet the physician has discovered that the obstacles which can be the most challenging to health care providers can also become the most gratifying aspect of their work. “South Carolina has a rural epidemic. It’s striking how much of a difference you can make here by helping patients,” he said, citing transportation as a particular problem for individuals who live a considerable distance from the clinic and other services. Dr. Bryan added that the role of the clinic’s nurses in problem solving has been essential. “We found out early on that while you needed the doctors to diagnose and see the patients, the nurses were invaluable in terms of following the patients for continuity and helping them live longer taking medication. I saw a ray of hope for me.”
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A week later, after seven hours in the operating room, Dr. Smith removed a malignant tumor from Sarah Grace’s brain. The following weeks and months were a blur of chemotherapy and radiation treatments as her parents took turns shuttling her back and forth to Children’s Hospital. A reading teacher at an elementary school, Dorie arranged her schedule so she could take Sarah Grace for treatments during her recess, lunch, and planning periods. “We’d hit the gamut of emotions faced by parents of seriously ill children. Any of us would climb any mountain if one of our children was sick and the help we needed was at the other side of the mountain,” he said. What Dr. Smith conveyed to the Jareckis was that there was no need to travel to a medical center hundreds of miles away for the type of surgery and sophisticated follow-up care their daughter needed. That level of expertise was right in Columbia.

Sarah Grace’s Recovery (Continued From Page Seven) 

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Diagnostic tests at the hospital indicated that the little girl from St. Matthews was vomiting, dehydrated, and increasingly lethargic because of a half-dollar-sized tumor in the back of her brain. That’s when Dorie and her husband Adam met Dr. Lenwood Smith. The neurosurgeon explained to them that Sarah Grace would require intracerebral catheter surgery to remove the tumor.

Arctic Sun (Continued From Page Four)

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- Dr. William Owens

Dr. Lenwood Smith, Division Chief, (second from left), is joined by the other physicians in USC’s Division of Neurosurgery: Dr. David Kee (far left), Dr. Thomas Anderson (back), and Dr. Raymond Sweet (far right). Not pictured are Dr. Sharon Webb and Dr. Burke Dial.

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