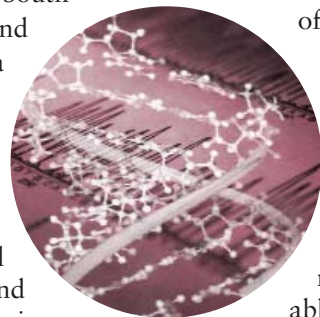




Expansion of genetic programs

We will have a new full-time director of our genetics program by later this summer. **Robert Lebel, MD** will be joining us from the Greenwood Genetics Center in South Carolina. Greenwood is a premier clinical and research genetic program, which serves a wide area of the southeast.

Bob has very broad interests in clinical genetics, including cancer genetics and prenatal counseling. In addition, he is widely known for his writings on the medical ethics issues raised by genetics. When Bob begins in Syracuse, we will resume some of our satellite genetics clinics, and expand our clinical genetics consultation services on campus.



With our clinical staffing back where it belongs, **Joan Pellegrino, MD**, who runs our metabolic genetics program, will also be adding some services. Joan is in the process of partnering with industry to run a center for patients with lysosomal storage diseases at the hospital. These are a wide variety of disorders, such as the mucopolysaccharidoses, which are increasingly amenable to treatment with enzyme replacement therapy and bone marrow transplantation. Although the conditions are quite rare, it turns out that there are already a number of such patients in our region. We will be able to offer a full range of services for these families, as one of the only such centers in the state outside of New York City.

Questions? Comments? Contact **Thomas Welch MD**, Department of Pediatrics, 315-464-5451 or welcht@upstate.edu



Calendar

Pediatric Grand Rounds

Wednesdays, 9:15 to 10:30 a.m., Room 6500, University Hospital, Syracuse

May 28

Nicholas Bennett, MB BChir, Ph.D., PL3, Department of Pediatrics, SUNY Upstate Medical University College of Medicine, "Healthcare in the Information Age: A case series of pseudoscience and snake oil"

June 4

Baby Talks: When the Newborn Has Issues, Onondaga County Convention Center at OnCenter, Syracuse, NY

June 11

Gustavo de la Roza, MD, Associate Professor and Residency Program Director, Department of Pathology, SUNY Upstate Medical University College of Medicine, "Physicians for a National Health Program, Single Payer System"

June 18

Nienke Dosa, MD, MPH, Assistant Professor, and Jeffrey Tamburo, LMSW, Division of Neurodevelopmental Pediatrics, Department of Pediatrics, SUN Y Upstate Medical University College of Medicine, "New York State Institute for Health Transition Training for Youth with Developmental Disabilities"

No Grand Rounds

July/August 2008

Pediatric Grand Rounds will resume September 3, 2008.

Upstate KidStuff

A Newsletter for Physicians and other Health Care Providers Interested in Children's Health

FROM THE CHAIR

With summer nearly upon us, we are moving into the last year of construction for the Golisano Children's Hospital. We have now put together a number of task forces, including our own staff, family members, and community leaders, to begin the exciting job of readying us for the move. Much of what we are doing relates to the processes by which we will care for your patients and communicate with you. In particular, one of our goals is to simplify the ways in which you contact us. Currently, referring physicians may call different numbers for clinical questions, making outpatient appointments, arranging transfers, sending

children to the emergency department, and others. By the time the new hospital opens, I am hoping that we can have a single 800 number which can be used for any physician contact with us 24 hours a day, seven days a week.

In addition to some information about new and existing programs, this newsletter announces our annual Pediatric Teaching Day. This is the largest ongoing continuing medical education program at Upstate, and this year promises to be particularly exciting. I hope to see you there!

*Thomas R. Welch, MD
Professor and Chair
Department of Pediatrics*

Screening in Teens

The reasons for screening for STDs in adolescents are urgent and compelling. STDs are epidemic among adolescents in the United States, with more than 3 million cases reported annually in this age group. Signs and symptoms vary considerably, depending on the offending organism and severity of infection. Many infections are asymptomatic and still cause serious complications, including increased risk for HIV acquisition/transmission. Asymptomatic young men also serve as a silent reservoir for transmission of infection to young women who may develop pelvic inflammatory disease, ectopic pregnancy, cervical cancer, chronic pelvic pain, and infertility.



History taking. In the course of history-taking during a health maintenance visit, it is important for practitioners to ask specifically about genito-urinary symptoms in boys and girls, as adolescents may not volunteer this information spontaneously. Any

—continued on page 2

SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this continuing medical education activity for a maximum of 1 category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Adolescent STD Screening

—continued from p.1

of the following symptoms may be caused by STDs in adolescent boys:

- Pain in lower abdomen
- Pain, swelling, or discomfort in the inguinal region, scrotum, or testes
- Urgency, frequency, pain with urination, difficulty initiating stream, dribbling, incomplete bladder emptying, penile discharge, incontinence, or enuresis
- Pain, irritation, or discharge from rectum

In adolescent girls, the following symptoms may be caused by STDs and should prompt further investigation:

- Lower abdominal pain
- Vaginal pain, irritation, or discharge
- Rectal pain, irritation, or discharge
- Burning, itching, or skin lesions
- Urgency, frequency, or pain with urination

Physical examination. The yield of physical examination in screening for STDs is

somewhat limited. Inspection of the external genitalia and anus in both boys and girls may identify asymptomatic findings of STDs including: skin lesions (eg: condyloma accuminata of HPV, chancre and condyloma lata of syphilis), inguinal adenopathy, and penile, vaginal, or rectal discharge, etc. New guidelines for pap smears and the availability of non-invasive testing for STDs have greatly reduced the need for a complete pelvic exam in the vast majority of adolescent girls.

Screening for STDs in asymptomatic adolescents.

As yet, there is no evidence basis for deciding upon STD screening in asymptomatic sexually active adolescent boys. If a decision to screen is made, the available

methods include leukocyte esterase testing (LET), nucleic acid amplification, or culture. The appropriate sites for such testing are determined by specific sexual practices, and include the pharynx (GC culture), genitalia (culture or NAA for GC and Chlamydia), urine (LET or NAA for GC and Chlamydia), and rectum (GC and Chlamydia culture).

In our adolescent clinic we use the urine LET as a rapid, inexpensive dipstick assay to determine which asymptomatic boys with a history of genital sex need to be tested for Chlamydia and Gonorrhea using more costly methods, such as NAA. Serological testing for HIV and syphilis is also recommended for all boys who have been sexually active.

For sexually active, asymptomatic adolescent women, the CDC has recommended annual STD screening. NAA testing on a first-catch "dirty urine" is a very sensitive, non-invasive method for detecting genital infections with GC or Chlamydia in such women. Appropriate sites and techniques for other screening procedures are determined by specific practices, as for boys. The importance of undergoing serological testing for HIV and syphilis is also stressed to young women who have been sexually active. In addition, clinicians should have a high index of suspicion and a low threshold for ordering a pregnancy test in sexually active girls.



Cytology screening for young women.

The American College of Obstetricians and Gynecologists recently revised recommendations to acknowledge that the decision to begin pap smears in adolescents should be based on the clinician's assessment of risks including the age at first intercourse, behaviors which may present a greater risk for HPV infection, and the risk of non adherence with follow up visits. Here, again, the importance of a complete and accurate sexual history is critical.

Management. Preventative counseling to reduce STD risk should be provided in accordance with the adolescent's specific sexual feelings and/or practices. Some specific concepts with which the practitioner should be familiar include saving sex, secondary virginity, barrier protection, and risks inherent in sharing sexual toys. Specific guidelines for the treatment of STDs are available in the American Academy of Pediatrics' Red Book, as well as in a recent publication from the CDC: Morbidity and Mortality Weekly Report 2006; 55(No. RR-11): 69.

Our adolescent clinic is ready and able to support practitioners as they work to implement these guidelines in their practices. **We are available for consultation, either through ePED Direct or by phoning. Appointments with our adolescent clinic can be scheduled by calling 315-464-5831.**

— Robert Cavanaugh, MD
 Director, Adolescent Clinic

Countdown!

 **Golisano
 Children's Hospital**
 at University Hospital

A Children's Miracle Network Hospital
 Opening Summer 2009!



Construction photo taken May 2008.

Annual Pediatric Teaching Day 2008



Baby Talks:

When the Newborn has Issues

This program is designed to meet the educational needs of pediatricians, family practitioners, nurse practitioners, nurses and other health care professionals involved in providing care for infants, children and adolescents and who wish to learn more about new state-of-the-art knowledge and topics relevant to the practice of pediatrics.

Nicholas J. Pirro Convention Center
Wednesday, June 4, 2008
7:30 a.m. to 3 p.m.

7:30 to 8:15 a.m. **Registration/Continental Breakfast**

8:15 to 8:30 a.m. Welcome/Opening Remarks
 Thomas R. Welch, MD and
 Ann Botash, MD

8:30 to 9:15 a.m. **Beyond the Nursery: Advocating for Newborns at Risk for Neglect**
 Steven D. Blatt, MD

9:15 to 10 a.m. **Infantile Hemangiomas: Current Knowledge, Future Directions**
 Bernard Cohen, MD

10 to 10:15 a.m. **Questions and Answers**
 Thomas R. Welch, MD & course speakers

10:15 to 10:45 a.m. **Break**

10:45 to 11:30 a.m. **Newborn Screening: It's Not Just PKU Anymore**
 Joan Pellegrino, MD

11:30 to 12:15 p.m. **Primary Care of Premies for the Community Pediatrician**
 Robert Hingre, MD

12:15 to 12:30 p.m. **Questions and Answers**
 Thomas R. Welch, MD and course speakers

12:30 to 1:30 p.m. **Buffet Lunch**

1:30 to 3 p.m. **Newborns: What's Your Diagnosis? Case Presentations with Interactive Discussion**

Meeting Site: Onondaga County Convention Center at OnCenter,
 800 South State St., Syracuse, NY 13202

Contact Information:

For more information please contact the Department of Pediatrics, University Hospital **Phone:** 315-464-5451 **Fax:** 315-464-7564 **E-mail:** clarryc@upstate.edu