



## Effective Interventions for Pancreatic Disease

**P**ancreatitis is a condition that requires expert attention and treatment to protect the pancreas, a delicate organ. Each year, the gastroenterology team at UVa's Digestive Health Center of Excellence receives up to 400 referrals for pancreatitis. As a tertiary care center, UVa receives many complicated cases. One of the most common complications is a pseudocyst, a collection of pancreatic juice often related to a disruption of the pancreatic duct.

UVa physicians manage pseudocyst cases with minimally invasive endoscopic drainage and repair and are employing new imaging techniques with impressive outcomes. These internationally trained physicians are constantly improving techniques that have largely replaced traditional surgical pancreatic treatments at UVa.

"We have the largest series of pseudocysts drained endoscopically in the world," says Michel Kahaleh, M.D., assistant professor of internal medicine in the UVa Division of Gastroenterology and Hepatology. "Our success rate, defined as no recurrence of the pseudocyst for six months, is between 85 to 90 percent." As of August 2004, UVa had performed the



**Drs. Michel Kahaleh and Paul Yeaton treat complicated pancreatitis conditions and often employ endoscopic ultrasound (EUS), a new and highly effective treatment for pancreatic pseudocysts.**

ing an endoscopic drain and repair. They can confirm the diagnosis of the pseudocyst and how much liquid it contains. In general, most pseudocysts are 5-15 cm wide, but some are more than 20 cm wide.

Kahaleh and colleague Paul Yeaton, M.D., employ endoscopic ultrasound (EUS). This is a new and highly effective adjunct to endoscopic retro-

procedure on 141 patients.

All patients who come to UVa with severe pancreatitis receive a CT scan viewed by radiologists who specialize in the abdominal area. "Our radiographers perform dedicated abdominal scans with very thin slices of the pancreas," Kahaleh explains. "This way, we can see exactly where the pancreatic collection is located in relation to the stomach and small bowel." Knowing the precise location of the pseudocysts allows the UVa pancreatic experts to use the proper tool and point of entry when perform-

grade cholangiopancreatography (ERCP), which involves injecting dye into the bile and pancreatic ducts using a flexible, video endoscope. EUS adds the advantage of dimensional imaging that "allows us to see through the wall of the guts so you don't need to have a bulging collection," Kahaleh explains. With the EUS endoscope, "you can see with the tip of the scope through the lumen of the stomach where the pseudocyst is located. The images are striking," he adds.

Further, ERCP can be employed during the repair phase. UVa physicians repair the problem areas with stents and seal any pancreatic leaks. "Our surgeons refer all pseudocysts to the digestive center team because of the complications of inflammation and morbidity associated with surgical

**Taken through the lumen of the stomach, this endoscopic ultrasound image shows a needle (top, center) entering the pancreatic pseudocyst through the stomach in preparation for drainage.**



### Advancing the Field of Digestive Health

#### NEW CD INCLUDES VIDEO FOOTAGE OF AN EUS PSEUDOCYST PROCEDURE



The UVa Digestive Health Center of Excellence has contributed to many digestive advances over the past 10 years, and its physicians and researchers have enjoyed an exciting decade of discovery. Examples of their innovations and leadership in the profession are explored on a new CD about the center.

The CD explores some of the center's most innovative work, including advances in liver transplant, food allergy science, H. pylori research and care, Crohn's disease and new pancreatic treatments like endoscopic repair of pseudocysts. To receive a copy of the CD, call 434-924-2950.

treatment of pseudocysts," Kahaleh says. He and colleagues recently published an abstract about factors that predict resolution in pancreatic pseudocysts treated endoscopically. "The long-term efficacy of endoscopic treatment of pseudocysts is statistically associated with enteral feeding. This combination correlates highest with patient success," Kahaleh says.

He credits the nutrition team at UVa with the success of the feeding-tube approach. "We have one of the best nutrition teams in the United States – people come here to learn from them," Kahaleh says. "It is a big factor in our success with pancreatic patients." The treatment of choice for severe pancreatitis is enteral feeding by placing a tube in the stomach for venting, combined with a feeding tube in the small bowel. Because the gut is fed behind the ligament of Treitz, the pancreas is at rest and able to heal, while the patient still receives optimal nutrition without stomach distension. UVa is one of the very few places worldwide that aggressively combines enteral feeding with endoscopic treatments.

Overall, the multidisciplinary approach yields excellent care, Kahaleh explains. "We have the luxury of having specialist endoscopists and an excellent nutrition team, with excellent radiologists performing high quality scans for us. This combination is the secret of our success."

To refer a patient with pancreatitis, call 434-243-9309.

## ANSWERS FOR COMMON YET DIFFICULT PROBLEMS AMONG AGING WOMEN

*Pelvic organ prolapse and chronic vulvar pain and discomfort can rob aging women of quality of life. Yet, as uncomfortable as they are, many women hesitate to raise these topics with their health care providers, feeling embarrassed, or concluding that their symptoms are "just part of getting older." In fact, effective treatments exist for both conditions at the University of Virginia Health System.*

### CHRONIC VULVAR PAIN

Post-menopausal women often develop atrophic vaginitis due to skin changes resulting from a lack of estrogen. Characterized by a dry vagina and low lubrication, the condition causes vulvar and vaginal tissue to become firm. "Effective treatment is available in the form of vaginal estrogen, absorbed locally as a cream, a silicone ring, or vaginal tablet," says Rebecca Kightlinger, D.O., who studies and treats vulvar disease.

Kightlinger is part of a multidisciplinary Vulvar Clinic at UVa's Midlife Health Center that evaluates and treats pain and itch, burning, stinging, irritation and rawness. Available team consultants include a urogynecologist, dermatologist, pathologist and pain management specialist. Before assuming the condition is vulvodynia – ongoing pain and discomfort for which there is no apparent cause – Kightlinger seeks to eliminate other possible diagnoses by conducting a thorough exam, a colposcopy, and, when necessary, a biopsy. Often, she discovers that the symptoms are the result of vulvar dermatoses.

*continued on next page*



**Rebecca Kightlinger, D.O., is among a diverse group of health care professionals at UVa that manages complex and common problems women face during midlife.**



**WOMEN'S HEALTH** continued from page A5

Lichen sclerosis, for example, is characterized by “pale, parchment-looking tissue in an hourglass distribution that extends all the way around the peri-anal area,” says Kightlinger. The pale appearance of lichen sclerosis contrasts with the redness from inflammation and sores that typify lichen planus. “You can’t treat these diseases over-the-counter, but we can prescribe creams and ointments that patients can use frequently to quiet down the condition, then use with reduced potency to keep it suppressed.” Scratching and over-the-counter treatments can further irritate the area, Kightlinger explains, causing a “scratch-itch-scratch” cycle that can lead to lichen simplex chronicus. Addressing these conditions early is key. Otherwise, scar tissue can form, fusing skin together, says Kightlinger. “Women can actually lose the labia minora as the vaginal opening gradually closes.”

**PELVIC ORGAN PROLAPSE**

For some post-reproductive aged women, muscle atrophy, connective tissue loss, repetitive straining, and/or genetic factors result in a predisposition for pelvic support loss. The bladder, rectum and/or uterus may drop down and take up space within the vagina. “Mild pelvic organ prolapse is relatively common among women who have had vaginal childbirths,” says Kathie Hullfish, M.D., who has subspecialty training in urogynecology and pelvic reconstructive surgery. “These patients might or might not have symptoms nor need surgery.” But more severe forms of prolapse, with tissue protruding beyond the hymen, can cause symptoms – from vaginal pressure to urinary, bowel or



**Kathie Hullfish, M.D., has subspecialty training in urogynecology and pelvic reconstructive surgery and offers surgical options for severe organ prolapse.**

sexual function difficulties.

For 60 to 70 percent of patients, a pessary – a removable device worn internally – corrects the dysfunction. “With a large prolapse, a widened genital hiatus or a foreshortened vagina, however, the pessary might not stay in,” Hullfish explains. For these patients, or for those who decline pessary use, surgery is a viable option. Working closely with renowned incontinence expert William Steers, M.D., Hullfish uses either synthetic mesh or the patient’s own tissue to secure the fallen organ to ligaments or bones. Another alternative is vaginal closure, an effective option, she notes, but one that makes sexual intercourse impossible. There is no “one size fits all” pelvic reconstructive surgery, she says. “Each approach, be it vaginal, abdominal or a combination, has pros and cons. We try to individualize surgery to meet each particular patient’s needs and desires.”

Kightlinger and Hullfish are among many UVA health care professionals, who employ evidence-based medicine to ensure effective and comprehensive care when addressing the many issues faced by peri- and postmenopausal women.

To refer a patient to Dr. Kightlinger, call 434-243-4720.

To refer a patient to Dr. Hullfish, call 434-924-2103.

**HORMONE THERAPY UPDATE FROM UVA EXPERTS**

UVA women’s health experts recently released an in-depth, 10-page booklet on the latest scientific findings about the risks and benefits of postmenopausal hormone therapy. Written for a lay audience, the booklet explores recent findings from two major clinical trials – the Women’s Health Initiative and Million Women Study.

To download a copy for your patients, go to [healthsystem.virginia.edu/UVAHealth/adult\\_women/HTFactSheet2004update.pdf](http://healthsystem.virginia.edu/UVAHealth/adult_women/HTFactSheet2004update.pdf) or call Sandy Marshall in the Midlife Health Center at 434-243-4720.

**UVA HEALTH SYSTEM CONTINUING MEDICAL EDUCATION**

Winter 2004-Spring 2005 Conferences

**Accreditation:**

The University of Virginia  
School of Medicine is  
accredited by the  
Accreditation Council for  
Continuing Medical  
Education to provide  
continuing medical  
education for physicians.  
Specific information about  
the designated number of  
AMA Category 1 hours  
for conferences can be  
obtained by calling  
434-924-5310.

**ALZHEIMER'S RESEARCH CONFERENCE**

Jordan Hall Conference Center,  
UVA Medical Center  
December 3-4

**CONTRAST ECHOCARDIOGRAPHY  
MINI-FELLOWSHIP WITH EMPHASIS ON  
MYOCARDIAL PERFUSION IMAGING**

Jordan Hall Conference Center,  
UVA Medical Center  
December 6-9

**INFORMATION MASTERY: PRACTICING  
AND TEACHING EVIDENCE-BASED  
MEDICINE IN THE REAL WORLD**

Jordan Hall Conference Center,  
UVA Medical Center  
April 8-9

**KEATS SOCIETY MEETING (RADIOLOGY)**

Boar's Head Inn  
April 23

**ANESTHESIA: CHANGES IN OUR PRACTICE  
AND PROFESSION**

Jordan Hall Conference Center,  
UVA Medical Center  
April 29-May 1

All conferences offered in Charlottesville, Virginia, unless otherwise noted.

For updated and further information, please call 434-924-5310 or write to Continuing Medical Education, P.O. Box 800711, Charlottesville, VA 22908-0711. For full conference brochures, driving directions and information about overnight accommodations, as well as online CME opportunities, visit [www.cmevillage.com](http://www.cmevillage.com) on the UVA Health System website.

This page provided courtesy of



Now Available!

CME credit in *Physicians Practice*.

See the table of contents for designated articles.