

Central Maine Medical Center

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TORSION OF THE TESTIS AND TESTICULAR APPENDAGES REQUIRES PROMPT ACTION



BY SANJAY GUPTA, M.D.



Torsion of the spermatic cord is a true surgical emergency of the highest order. Testicular torsion occurs when a testicle rotates on its spermatic cord, thus effectively cutting off its blood flow and causing sudden, often severe pain and swelling in the affected hemiscrotum.

Testicular torsion is most common around puberty, but can occur with boys of any age including newborns.

Irreversible ischemic injury to the testicular parenchyma may begin as soon as four hours after occlusion of the cord. Intravaginal torsion, or torsion of the cord within the space of the tunica vaginalis, may result from lack of normal fixation of an appropriate portion of the testis and epididymis to the fascial and muscular coverings that surround the cord within the scrotum. In effect, the normally segmental area of the free space between the parietal and visceral layers of the tunica vaginalis is expanded to surround the testis and epididymis and extends proximally up the cord for a variable distance. This creates an abnormally mobile testis that hangs freely within the tunica space (a "bell-clapper deformity"). Nausea and vomiting may accompany acute torsion, and some boys have pain referred to the ipsilateral lower quadrant of the abdomen. Inspection of the genitalia reveals a high riding testicle, perhaps in an abnormally transverse orientation, but after several hours of onset massive

scrotal edema will obliterate all landmarks. Cremasteric reflex will be absent. If torsion of the cord seems likely, manual detorsion should be attempted as part of the initial examination. Classically, torsion of the cord occurs such that the anterior surface of each testis turns toward the midline as viewed from the patient's perspective. To accomplish detorsion of the cord, a rotational effort should be made in the opposite direction. This works out to be in a direction that can be likened to "opening a book".

When the diagnosis of torsion of the cord is suspected, prompt surgical exploration is warranted. Although adjunctive tests are commonly used to aid in the differential diagnosis of an acute scrotum, these tests are most appropriately performed when their purpose is to confirm the absence of torsion of the cord in cases in which surgical intervention is believed to be unnecessary. Color Doppler ultrasound examination has become the adjunctive investigation of choice. This can demonstrate the absence of blood flow to the testis or an enlarged epididymis – a sign of epididymitis, which is the main differential diagnosis for testicular

torsion. Radionuclide imaging is the other way to determine absence of blood flow to the testicle. However, it must be stressed, that performing these tests will hinder early surgery and urgent referral to a pediatric surgeon is required.

Surgery involves an incision in the midline raphe of the scrotum and detorsion of the testicle and then fixing it in a subdartos pouch to prevent further torsion. The opposite testicle is also pexed at the same time in all patients. If the testicle is infarcted, an orchietomy is needed. The risk of keeping an ischemic testicle includes sympathetic orchitis in the opposite testicle.

INTERMITTENT TESTICULAR TORSION

A large number of boys with acute scrotal pain give a history of previous episodes of severe, self-limited scrotal pain and swelling. It is likely that these incidents represent previous episodes of intermittent torsion of the testis with spontaneous detorsion. On examination, the testis in these boys may be lying with the long axis in a horizontal orientation instead of the usual vertical orientation. The condition is important to recognize in as much as it provides an opportunity to 'pex' the testis before torsion has happened. All boys with history of groin or testicular pain should be evaluated to determine the orientation of the testis and if

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ACUPUNCTURE IS ANOTHER TOOL FOR MAINTAINING HEALTH AND WELLNESS



BY DAVID L. SALKO, M.D.



Alternative, integrative, or complimentary medicine can provide an opportunity for both patients and providers to enhance wellness and balance disease states. Acupuncture, as an alternative, can be used to treat a variety of ailments.

Acupuncture is one of the oldest documented medical procedures. Its foundation in traditional Chinese medicine stresses the maintenance of a healthful balance of energy. It involves a process of inserting needles at points over the body to influence the flow or movement of Qi energy. Its origins, from the second century BC (Han Dynasty), are found in the Huang Di Nei Jing (Inner Classic of the Yellow Emperor).

Despite its ancient origin, acupuncture is certainly making a resurgence. People of varied backgrounds afflicted with just about any ailment are seeking this "most" recommended alternative treatment. In 2002 a survey revealed that 8.2 million adults in the US have had acupuncture treatment, 2.1 million in 2001 alone. In 1971, New York Times Reporter James Reston underwent appendectomy in China. His reported experience of post-operative pain reduction with acupuncture sparked public awareness.

There are multiple varieties of acupuncture practiced today. From its roots in China it spread to Japan, Korea, Vietnam and, eventually, the cartographic French implemented

a European version. Many of these styles have migrated to the United States. Separate forms for needle location and needle placement are practiced, including body, auricular, scalp and hand acupuncture.

The most common conditions treated with acupuncture are pain (back, neck, joint), headaches, and chest colds. Also amenable are nausea, insomnia, fatigue and anxiety. The purpose of acupuncture is to restore balance, and the paradigm for patient evaluation is to identify the imbalance. Five Element and Ying/Yang Theory, from the Chinese, form the basis for diagnosis. Inspection, auscultation, inquiring and palpation – the "Four Pillars of Evaluation" – allow the acupuncturist to determine an individual's imbalance. Two individuals with similar medical diagnoses may actually require very different treatments.

A typical acupuncture treatment may involve two to 20 needles and last eight to 10 minutes and up to 20 to 30 minutes. The needles may be left at rest or they may be stimulated either manually or with an electrical current. One variation for pain, especially along the spine, is percutaneous electrical nerve

stimulation. During the treatment, the patient is encouraged to relax under the needles to music or in silence. The entire experience from recording the history to leaving the space should be part of the therapeutic experience. Treatments are often done in succession one to two weeks apart, closer for more acute problems and less frequently for maintenance.

Patients often ask, "Is it painful?" The idea of being stuck with multiple hypodermic needles is not appealing. Thankfully, acupuncture needles are much thinner and finer. There is, however, a "sensation" known as De Qi that occurs as the needle approaches and contacts the acupuncture point. It is best described as a cramping or pulling sensation. Through the course of the treatment, patients may also experience sensations ranging from relaxation to euphoria.

But, does it really work? In a word, yes. Apart from anecdotal reports, basic science as well as clinical trials have been published. Investigation of endorphins in response to acupuncture, functional MRI, and anatomy are building a supportive body of evidence. Clinical trials on chemotherapy-induced and post-operative nausea and vomiting, headache, fibromyalgia, and others have been completed. In addition, there are credentialing groups – National Certification Commission for Acupuncture and Oriental Medicine, American Board of Medical Acupuncture,

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CMHVI ECHOCARDIOGRAPHY LAB ACCREDITATION IS “MARK OF QUALITY”

The Central Maine Heart and Vascular Institute's echocardiography lab has earned national accreditation.

The Intersocietal Commission for the Accreditation of Echocardiography Laboratories accredited CMHVI's echocardiography lab after reviewing the quality of the facility's interpretive and technical capabilities.

“ICAEL accreditation is the mark of quality for echocardiography services, so we are pleased to have earned this distinction. It demon-

strates that we are providing a high quality service to our patients,” said CMHVI Executive Director Susan Horton.

Echocardiography is a non-invasive, pain-free medical imaging procedure that uses ultrasound to capture images of the cardiovascular system. Echocardiography is used to assess blood flow, cardiac tissue health, including heart valves and their function, and cardiac function.

Echocardiography is one of the most widely used diagnostic tests for heart disease, providing information about the size and shape of the heart, its pumping capacity, and the location and extent of any tissue damage. Echocardiography is used to assess coronary artery disease, including whether chest pain is related to heart disease. Echocardiography can also help detect other cardiac conditions.

Echocardiography studies are usually performed by cardiac sonographers and interpreted by a cardiologist.

CMHVI's stress echocardiography, transesophageal echocardiography, and adult echocardiography services have all been granted ICAEL accreditation.

The Central Maine Heart
and Vascular Institute
Echocardiography Lab can be
reached at 207-795-2645.



From left, echocardiography technologists Kristen Kelsey and Brooke Buzulchuck, cardiologists James Parker, M.D., and William Phillips, M.D., and echocardiography technologists Sandy McNally and Thomas Smith.

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TORSION OF THE TESTIS AND TESTICULAR APPENDAGES REQUIRES PROMPT ACTION

a referral to a pediatric surgeon is required.

TORSION OF THE TESTICULAR AND EPIDIDYMAL APPENDAGES

The appendix testis, a müllerian duct remnant, and the appendix epididymis, a wolffian remnant, are prone to torsion in adolescence. The symptom associated with torsion of an appendage is pain that is usually not as severe as testicular torsion and on examination a small tender nodule bluish in color can be palpated on the testicle or epididymis – known as the blue dot sign. The cremasteric reflex should be present, and the testis should be mobile. Simple excision of the twisted appendage in these cases is therapeutic.

Sanjay Gupta, M.D., a general, pediatric and trauma surgeon, practices with Central Maine Surgical Associates in Lewiston. The practice can be reached at 207-795-5767.

CENTRAL MAINE MEDICAL CENTER SPECIALTY PRACTICE GROUPS WELCOME NEW PHYSICIANS

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Several specialists joined Central Maine Medical Center physician practices over the past several months.
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CENTRAL MAINE GASTROENTEROLOGY

Oswaldo Bisbal, M.D., and Mark T. Branda, M.D., gastroenterologists, began practice at Central Maine Gastroenterology.



Oswaldo Bisbal, M.D.

Before he began his work in the Lewiston-Auburn area, **Dr. Bisbal** practiced for three years at Salem

Veterans Administration Hospital in Salem, Va. He also served as an assistant professor of internal medicine at the University of Virginia in Charlottesville, Va.

A graduate of Alexander von Humboldt Schule in Lima, Peru, he earned his medical degree at Universidad Peruana Cayetano Heredia School of Medicine, also in Lima, Peru. He served an internship and residency in internal medicine and a gastroenterology fellowship at State University of New York Downstate Health Sciences Center in Brooklyn, N.Y.

He has worked as a medical researcher in Peru and the United States, and has published scholarly articles.

He is certified in gastroenterology by the American Board of Internal Medicine. He has special interest in colon cancer, inflammatory bowel disease and diseases of the biliary tract.

Dr. Bisbal is fluent in English, Spanish and German.



Mark T. Branda, M.D.

of Medicine in Providence, R.I.

A graduate of Bowdoin College in Brunswick, Dr. Branda's academic background includes a year of study at University College Cork in Cork, Ireland, and a year at Universite de Provence in Aix-en-Provence, France.

He earned his medical degree at the University of Vermont College of Medicine in Burlington, Vt., and completed an internship and residency in internal medicine at Yale-New Haven Hospital/Yale University in New Haven, Conn. He was recognized with various academic honors while completing both his undergraduate and medical studies.

Dr. Branda's professional background includes work as laboratory scientist at Dartmouth Medical School in Lebanon, N.H. He has co-authored several scholarly articles that have been published in professional journals.

He is certified by the American Board of Internal Medicine.

Central Maine Gastroenterology, located at 77 Bates Street in Lewiston, is also comprised of John F. Lewandowski, M.D., Philip J. O'Connor, M.D., and Michael R. Sivulich, M.D. The practice can be reached at 207-784-5784.

PULMONARY AND CRITICAL CARE ASSOCIATES



Erwey A. Teng, M.D.

Erwey A. Teng, M.D., a pulmonologist and intensivist, is practicing with Pulmonary and Critical Care Associates.

Dr. Teng recently completed a pulmonary, critical care, and sleep medicine fellowship at Mount Sinai Medical Center in New York City. While serving his fellowship, he was chief fellow in the Division of Sleep Medicine and managed medical, surgical and cardiac intensive care units at several New York City hospitals. His fellowship training included consultations with world-renowned pulmonologists.

A graduate of the University of Wisconsin at Madison, he earned his medical degree from the University of Rochester School of Medicine and Dentistry in Rochester, N.Y. He completed residency training in internal medicine at Case Western Reserve University in Cleveland.

Dr. Teng's professional experience includes nearly three years as an academic hospitalist at Queens Hospital Center in New York City. He also worked as an on-call transplant team physician and critical care consultant at Mount Sinai Medical Center.

He is certified in internal medicine and pulmonary disease by the American Board of Internal Medicine.

Dr. Teng is a member of the American Academy of Sleep Medicine, American College of Chest Physicians, American Thoracic Society, and Society of Critical Care Medicine.

Pulmonary and Critical Care Associates is also comprised of Neil J. Duval, M.D., Evan L. Ramser, D.O., Michele M. Guzowski, M.D., and Diana L. Wilson, M.D. The practice serves patients from Suite 300, 76 High Street in Lewiston. The practice can be reached at 207-795-5544.

CENTRAL MAINE SURGICAL ASSOCIATES



Ian G. Reight, M.D.

Ian G. Reight, M.D., a general and trauma surgeon, joined Central Maine Surgical Associates.

Prior to beginning his work at Central Maine Medical Center, Dr. Reight completed a surgical critical care fellowship at Palmetto Richland Memorial Hospital-University of South Carolina in Columbia, S.C.

A graduate of the University of Maryland in College Park, Md., Dr. Reight earned his medical degree at Medical University of the Americas, Nevis, West Indies. He served a surgical residency at the University of South Carolina, Columbia, S.C.

His professional background includes experience as a paramedic, wound care specialist, trauma and emergency care technician and medical researcher. He has extensive training in minimally-invasive laparoscopic surgery.

Central Maine Surgical Associates practices from offices located at 12 High Street, Suite 401, in Lewiston. The practice is also comprised of general and trauma surgeons Carlo J. Gammaitoni, M.D., Sanjay Gupta, M.D., Larry O. Hopperstead, M.D., and Anita D. Praba-Egge, M.D., Ph.D. The office can be reached at 207-795-5767.

the American Academy of Medical Acupuncture – at work to ensure the best standards.

Whether it's acupuncture or another form of treatment, maintaining an alternative perspective can serve as a tool for provider and patient to maintain lifelong health and wellness.

For more information go to www.medicalacupuncture.org or www.hmieducation.com

David L. Salko, M.D., practices with Central Maine Family Practice in Lewiston, Maine. The practice can be reached at 207-795-5750.

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