



New Procedure Makes All the Difference in Woman's Diagnosis

*Eating is something we do every day, without giving it much thought.
But when swallowing suddenly becomes difficult, your whole life can change.*

Just ask Nettie Winters, 46, of Milwaukee. One day in June 2007, as Nettie swallowed some food, she had a strange feeling. "I could swallow, but it felt like the food was just sitting in my chest and wouldn't go down," Nettie said. "It just didn't feel right."

She visited her primary care doctor, who suspected that Nettie had acid reflux disease, a condition in which the liquid content of the stomach backs up into the esophagus. Nettie received a prescription.

"The doctor told me that if the medicine didn't help within two weeks, I would need to see a gastroenterologist," Nettie said.

The medicine didn't help, and Nettie's swallowing problem worsened. Her doctor referred her for tests to look for a possible blockage in her esophagus. Nettie had an examination of the inside of her esophagus using a thin lighted tube called an endoscope. If an abnormal area is found, a tissue sample can be collected through the endoscope to be examined under a microscope. But something prevented the scope from going down far enough to see what the actual problem was.

Next, Nettie was referred to Daryl Pearlstein, MD, a thoracic surgeon on staff at Community Memorial Hospital. She had a positron emission tomography (PET) scan, a test done to detect and diagnose cancer and other diseases. But more information was needed to make a diagnosis.

The next step would have been performing thoracic (chest) surgery to locate the blockage and do a biopsy. But Dr. Pearlstein knew about a new procedure — endobronchial ultrasound or EBUS — performed by Arthur Crisostomo, MD, a pulmonologist on staff at Community Memorial. Nettie visited Dr. Crisostomo in October.

A New Way to "See" Inside

EBUS, an exciting new device, is used to locate a growth or lymph node near the brachial tree (the branching network of tubes that bring air into the lungs) to diagnose and stage various cancers. Dr. Crisostomo was the first physician in southeastern Wisconsin to perform this procedure, which requires extensive training.

EBUS is a minimally invasive procedure that combines a bronchoscope with real-time ultrasound. A bronchoscope is a thin instrument that allows a doctor to look into a person's airway. Ultrasound uses a transducer to produce high-frequency sound waves to obtain images of body organs and structures. EBUS is essentially a bronchoscope with an ultrasound transducer at its tip.

EBUS is performed as an outpatient procedure, using a general or local anesthesia. Before EBUS, doctors needed to surgically open a patient's chest to do a biopsy, or use CT scans to guide the biopsy needle, which isn't as accurate.

"With EBUS, a physician can look in areas of the chest where it's traditionally difficult to biopsy," Dr. Crisostomo said. "The ultrasound device on the bronchoscope allows you to see exactly what you're looking for, such as a growth or an enlarged lymph node. For the biopsy, we can see the needle go directly into the growth or lymph node. In the past, a biopsy was done blindly through a bronchoscope."

Because the treatment of lung and esophageal cancer is directly related to the stage or extent of the disease, EBUS offers significant benefits for patients.

"EBUS allows patients with cancer of the lung, esophagus or thorax (chest) to receive a more accurate diagnosis and staging of their cancer — without surgery," Dr. Crisostomo said. "It also offers a better way to select patients who will benefit from surgery, and avoid surgery in patients whose cancer has already spread and who wouldn't benefit from surgery."

The EBUS Procedure

Before the EBUS procedure, Dr. Crisostomo talked to Nettie to explain what he would do.

During the procedure, he placed the bronchoscope with the ultrasound transducer into Nettie's trachea or airway. With the aid of the ultrasound, he was able to "see" a growth (tumor) sandwiched between the trachea and esophagus. He was also able to biopsy the tumor through the scope. The tumor had caused scar tissue to form around the esophagus, which resulted in Nettie's swallowing difficulty.

"He found the tumor quickly," Nettie said. "I was relieved just knowing he could do something to find it. They told me the procedure had only existed for 90 days before I came here, or they would have had to open my chest to find the tumor and do a biopsy — there was no other way to get to it."

Nettie returned to her original care providers, where she learned that the growth was cancer. She went on to receive radiation and chemotherapy to shrink her tumor, followed by surgery in January 2008, revealing that her tumor was gone. Today, she enjoys eating more than ever.

"I'm a walking miracle," Nettie said.



Dr. Crisostomo is among four pulmonologists on staff at Community Memorial Hospital. He specializes in sleep disorders, bronchoscopy procedures, laser bronchoscopy and endobronchial radiation therapy. To obtain scheduling information for Dr. Crisostomo, call Careconnection at 262-251-1001.

In April, Dr. Crisostomo was honored with a 2008 Spirit of Caring Award for Health Innovation. The annual award recognizes members of the Community Memorial Hospital medical staff who have led a medical innovation that has had an impact on community health. Dr. Crisostomo was instrumental in bringing endoscopic bronchoscopy with ultrasound-guided biopsy to Community Memorial. He will receive an award at a medical staff recognition reception this fall, along with a \$1,000 donation to the charity of his choice.