



single healthy ventricle could do the job of two. “You can’t do a complete correction all at once,” explains Dr. Ludomirsky. “The pulmonary arteries and lungs need time to adapt to the new, increased blood flow.”

Such repairs are highly complex, but Dr. Ludomirsky was confident that that

Newcomer on the North Shore

Huntington Medical Group, one of Long Island's largest multispecialty practices, has joined NYU Langone Medical Center's ever-expanding network of ambulatory care centers and will now be called [NYU Langone Huntington Medical Group](#). The practice has been a prominent fixture in Suffolk County since its founding in the 1950s and now serves some 1,000 patients each day, making it the largest of NYU Langone's ambulatory care centers.

With 41 physicians representing 21 medical specialties, NYU Langone Huntington Medical Group is known for offering patients comprehensive, personalized healthcare

under one unified system. "This standard of care will be unified system.ig16.lyhs
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- Podiatry
- Psychology
- Pulmonology
- Radiology
- Sports medicine
- Surgery
- Urology

Dr. Bret Rudy Appointed NYU Lutheran's Corporate Chief Medical Officer

Vice Chair of Pediatrics Tapped for Senior Leadership Post

NYU Lutheran's Pediatric and Cardiac Services Expanded

In the first phase of ongoing efforts to expand and enhance high-quality healthcare in communities throughout the metropolitan area, NYU Langone Medical Center and its newest affiliate, NYU Lutheran Medical Center, have launched two major clinical initiatives—one in pediatrics and another in cardiology.

Pediatrics

NYU Lutheran now offers a broad array of pediatric specialty services at its main campus in

Sunset Park and a orders patients access to complex subspecialty care at NYU Langone, if needed. NYU Langone specialists have joined NYU Lutheran's long-established, community-based primary pediatric care programs to broaden its reach in addressing growing and emergent healthcare needs in such areas as obesity, diabetes, and asthma. New specialty services include cardiology, endocrinology, gastroenterology, nephrology, pulmonology, and rehabilitation medicine. These services build upon NYU Lutheran's distinguished

pediatric programs, including the largest school-based health center program in New York State and a Pediatric Epilepsy Center of Excellence. NYU Lutheran's Pediatric Emergency Department is now sta ed 24/7 by specialists in pediatric emergency medicine.

Cardiology

NYU Langone now serves as the New York State–designated cardiac surgery center for the NYU Lutheran May Ellen and Gerald Ritter Cardiac Catheterization Laboratory, providing support for

the laboratory's complex interventional cardiology and cardiac surgery cases. This support includes the establishment of joint quality standards, shared clinical guidelines, and formal protocols for the transfer of NYU Lutheran patients to NYU Langone if they require cardiac surgery or complex cardiac interventions. This is p,e lauTc TsTc

Is Gluten the Villain We Think It Is?

One-Third of Americans Say They Are Trying to Avoid Gluten. But Not So Fast . . .

Perhaps no dietary ingredient has been more vilified in recent years than gluten, a group of indigestible proteins found in wheat, rye, barley, and triticale, a hybrid of wheat and rye.

Gluten is commonly blamed for a host of ailments, from bloating and gassiness to fatigue and headaches. But is it truly the culprit? [Dr. Sophie Balzora](#), a gastroenterologist at NYU Langone Medical Center, addresses a few common misconceptions.

Gluten is inherently unhealthy.

FALSE. About one-third of Americans say that due to health concerns, they want to reduce the amount of gluten they consume, or eliminate it altogether. But Dr. Balzora believes that many people may be needlessly restricting their diet. “People are more health conscious today,” she notes, “and somehow that health consciousness has translated into the idea that gluten is unhealthy, which is something we’re trying to debunk.” In fact, gluten-containing whole grains provide a valuable source of fiber, B-vitamins, and minerals, while many gluten-free products lack such nutrients.

People who suspect they may have a gluten-related disorder should eliminate gluten from their diet before seeing their doctor.

FALSE. Eliminating gluten may not only strip your diet of valuable nutrients, but also hinder the accuracy of tests for celiac disease, a serious autoimmune condition in which gluten signals the body to attack the lining of the small intestine. Celiac disease affects about 1 in 141 people in the US. If left untreated, it can lead to serious health problems like nutritional and vitamin deficiencies, osteoporosis, infertility, and even lymphoma of the small intestine in severe cases. “If someone suspects he or she has a gluten-related condition, the first thing we must do is rule out celiac disease with a blood test for certain antibodies,” explains Dr. Balzora. Unfortunately, adhering to a gluten-free diet prior to testing can render these tests unreliable, which is why it’s best to see a doctor before eliminating gluten from your diet. A confirmed diagnosis is important, because people with celiac disease need to know definitively that they will need to avoid all gluten in their diet for the rest of their lives. These individuals should also be assessed for vitamin deficiencies and other celiac-related health issues. Depending on your symptoms, a doctor may also want to test for a wheat allergy, a condition in

Gluten Be Gone

If you suffer from celiac disease, eating even a morsel of food that contains gluten can damage the lining of your small intestines. Here are some tips on how to go gluten-free:

- Scrutinize food labels for gluten-containing grains. Avoid wheat-based ingredients. Gluten can also lurk in medications (as a binder), pickles (if processed with malt vinegar), soy sauce, and licorice.
- Shop for healthy alternatives: beans, fruits, vegetables, dairy, nuts, and gluten-free grains like rice and quinoa.
- Eat a balanced diet. A diet overly reliant on gluten-free packaged food can deliver too much fat and sugar and too little fiber, calcium, and iron.
- Beware of commercially processed oats, which may be processed on machinery used for gluten-containing grains.

which exposure to wheat causes allergic symptoms like hives, wheezing, and even anaphylaxis.

Gluten sensitivity is synonymous with celiac disease.

FALSE. Not everyone with gluten sensitivity has celiac disease. Recent studies suggest that some people may suffer from a condition called nonceliac gluten sensitivity (NCGS). Unlike those with celiac disease, however, people who have NCGS do not necessarily need to stick to a strict 100% gluten-free diet. “Tolerance varies,” explains Dr. Balzora. “Conversely, in celiac disease, even the smallest amount of gluten will cause damage over the long run.”

Celiac disease is overdiagnosed.

FALSE. In the US, an estimated 83% of people who suffer from celiac disease are undiagnosed or misdiagnosed. While celiac disease is four times more prevalent today than in the 1950s, the increase is simply too large to attribute to diagnostic trends alone, says Dr. Balzora. “It’s something we’re looking out for more today.” There are many theories about why celiac disease is on the rise. It could stem from changes in the way grains are grown or the ubiquity of gluten in today’s foods (see box). The only thing that’s known for certain is the serious toll gluten takes on the lining of the small intestine in people with celiac disease. “It’s crucial to impart to patients with celiac disease that the mainstay of treatment is a lifelong, strict gluten-free diet,” says Dr. Balzora. “Strict avoidance of gluten allows the small intestine to heal and alleviates symptoms.”

Sleep Apnea: the Not-So-Silent Saboteur

Preventing, Diagnosing,
and Treating an Increasingly
Common Condition



What's that horrible noise?" Kathy Mone would wonder each time she was roused in the middle of the night by a roar. The source of the seismic snores, however, was not her husband, Larry, but Kathy herself. So much for the stereotype of the woman elbowing her partner during the night to make him stop snoring. Mone, 57, suffers from [obstructive sleep apnea](#), a condition in which breathing becomes interrupted for 10 seconds or more, at least five times per hour.

Fragmented slumber—resulting from totally or partially obstructed air flow—deprives the body of oxygen and deep restorative sleep and leaves people drowsy during the day, dulling their concentration, slowing their reflexes, increasing the risk of accidents, and putting cumulative stress on the body’s metabolism and cardiovascular system. If the blockages cause a drop in the body’s oxygen level, left untreated, moderate to severe sleep apnea can, over time, lead to hypertension, heart disease, diabetes, stroke, even death.

“We used to think of sleep apnea as very rare,” says pulmonologist [David Rapoport, MD](#), director of NYU Langone Medical Center’s Sleep Disorders Program. “But today it is unfortunately common, affecting an estimated 4 to 9% of American adults in its more severe form and perhaps 20% in the milder form. The risk rises with age and obesity, and we have a rapidly growing segment of the population that is aging, and we have an obesity epidemic.”

Why Breathing Stops

“Evolution set up the problem,” explains otolaryngologist [Kenneth Schneider, MD](#). “The muscles of the upper throat serve two opposing purposes. They have to stay rigid to maintain the airway open, and they have to be compliant to propel food into the esophagus.” During sleep, muscles naturally relax. If they slacken too much, the upper airway passages collapse; the tongue and other structures block the airway.

Other factors can contribute to sleep apnea. Obesity, for unexplained reasons, can cause a loss of muscle tone. Variations in anatomy, such as a long palate or uvula, large tonsils, or a bulky tongue, make people with poor muscle tone more susceptible to the disorder.

The lack of adequate oxygen or cessation of breathing eventually registers in the brain, which signals the body to wake up, just enough to open the air passage. This stop-start cycle can recur hundreds of times through the night, although people typically have no recollection of these episodes. They go back and forth from deep to light sleep, without ever fully waking, and unless they have an alert bed partner, they often remain unaware that they have a problem at all.

It’s a Woman’s Problem, Too

“Sleep apnea is generally associated with men, but postmenopausal women are just as prone to the condition as men the same age,” notes pulmonologist and sleep specialist [Omar Burschtin, MD](#). “What puts older women at increased risk is the loss of estrogen, a hormone that protects muscle tone. When its level drops, muscles

Telltale Signs

- Loud snoring
- Gasping, snorting, or choking during sleep
- Restless, agitated sleep
- Certain types of insomnia, depression, and anxiety
- A headache upon awakening
- Daytime drowsiness
- Impaired concentration or memory
- Loss of libido

A combination of these symptoms is enough to raise suspicion of sleep apnea, but a definitive diagnosis can only be made by wearing sensors that record breathing, respiratory effort, oxygen saturation, blood pressure, heart rate, and other measures during sleep. This is usually done in a sleep lab, but sometimes a patient may be sent home with a portable recording device.

become lax.” Sleep apnea is significantly underdiagnosed among these women. “Women and doctors alike need to stop thinking of apnea as primarily a man’s problem.”

Getting a Good Night’s Sleep

In mild cases, sleep apnea can be addressed with modifications of behavior, such as sleeping on your side or with your head elevated, avoiding alcohol or anxiety medications near bedtime, and maintaining normal weight. Doctors may refer the patient to a dentist who specializes in making mouth guards that advance the jaw forward to keep the air passages open. For severe cases, surgery may be advisable to correct anatomical variations.

The one sure therapy is a continuous positive airway pressure, or CPAP, machine. A plastic mask is worn over the nose or both the nose and mouth, and it is connected by a flexible tube to a bedside air pump that sends a steady stream of air into the upper air passages and throat to keep the airway open. When used properly, the device is 100% effective, but some patients fail to comply because they find the mask uncomfortable.

Prevention Is the Best Medicine

- Maintain a normal weight.
- Avoid alcohol at least four hours before sleep.
- Don’t drink coffee or other caffeinated beverages after lunchtime.
- Change your sleeping position if a sleep study finds you have mild apnea.
- Consult a specialist for chronic nasal congestion and allergies if you have symptoms of sleep apnea.

“We used to think of sleep apnea as very rare,” says pulmonologist [David Rapoport, MD](#), director of NYU Langone Medical Center’s Sleep Disorders Program. “But today it is unfortunately common, affecting an estimated 4 to 9% of American adults in its more severe form and perhaps 20% in the milder form.”

CONTACT: To find a physician who treats sleep apnea, call NYU Langone’s Physician Referral Service at 888-769-8633. Or visit nyulangone.org/sleepapnea.

When Men Get Depressed

Statistics indicating that fewer men than women suffer from [depression](#) may be misleading. But experts say this much is certain: many men aren't getting the help they need.

Half as many men report being

When men are depressed, they often exhibit symptoms different from those of women:

-



Innovations in Clinical Care

A Surprising Remedy for “Strawberry Marks”

Propranolol, a drug used to control heart disease and high blood pressure in adults, has revolutionized the way dermatologists treat hemangiomas, the pu y red skin growths that appear in up to 5% of infants.

Infantile hemangiomas, are not usually dangerous and generally go away on their own. In the past, doctors tried shrinking them with corticosteroids or zapping them with lasers, but the former may cause long-term side e cts, and the latter does not a ect deep lesions. Now, a surprising new treatment has proven to be faster, safer, and more e ective.

Pediatric dermatologist [Seth Orlow, MD, PhD](#), reduces the benign growths with propranolol, a drug used to control heart disease and high blood pressure in adults. “This

medication, a beta-blocker, has revolutionized the way we treat hemangiomas,” explains Dr. Orlow, the Samuel Weinberg Professor of Pediatric Dermatology and chairman of the Ronald O. Perelman Department of Dermatology at NYU Langone Medical Center.

“Parents have told me they see a di erence after just days of treatment.”

Hemangiomas—sometimes called strawberry marks for their distinctive color—occur when blood-vessel cells prolif

A Device That Helps Make Breast Cancer Surgery More Precise

Thanks to a new device that detects electromagnetic di erences between breast cancer cells and normal breast tissue, surgeons can now get a more accurate assessment while they operate, sparing many women with early-stage breast cancer from additional surgeries.

NYU Langone Medical Center was the rst hospital in the tri-state area to use MarginProbe®, and our physician-researchers were part of a pivotal study of over 600 women that led to its approval by the FDA.

Whenever a breast cancer surgeon performs a lumpectomy, there’s always a lingering concern: Has enough surrounding tissue been removed to ensure that no malignant cells remain? Though surgeons have some tools to guide them, the only way to know for certain is for a pathologist to examine the margins, or edges, of

the excised tumor following surgery. But thanks to a new device called MarginProbe®, which detects electromagnetic di erences between breast cancer cells and normal breast tissue, surgeons can now get a more accurate assessment while they operate, sparing many women with early-stage breast cancer from additional surgeries.

NYU Langone Medical Center was the rst hospital in the tri-state area to use MarginProbe®, and our physician-researchers were part of a pivotal study of over 600 women that led to its approval by the FDA. The results showed that MarginProbe® can help surgeons detect breast cancer on the margins of tumorous tissue as traditional methods, such as inspecting and imaging the tissue. It’s an advance that could bene t the more than 170,000 women who undergo a lumpectomy each year. “In about 20% of cases, surgeons nd that they have to reoperate to remove additional tissue,” notes lead author [Freya Schnabel, MD](#), director of breast surgery at NYU Langone’s [Laura and Isaac Perlmutter Cancer Center](#). “We felt we could and should do better for our patients.”

Re-excision surgery is frustrating and stressful for the patient, Dr. Schnabel explains, and it may delay necessary follow-up treatments like radiation and chemotherapy. An additional operation can also result in negative cosmetic e cts. “MarginProbe is a major advance,” says Dr. Schnabel, because doctors and patients alike can feel more con dent that only one surgery will be necessary. q

“If You Don’t Have a Doctor Who Inspires You, Find One Who Does”

Brian Dunleavy Did, and Now He’s Running Races Despite Having Cerebral Palsy



Understanding Brain Chemical May Lead to Treatments for Social Disorders

Oxytocin, a brain chemical dubbed the “love drug,” is thought to be the hormonal glue that binds mother and infant. In mice, it attunes a mother to the ultrasonic distress calls of a lost pup, enabling her to find and retrieve her helpless newborn. Neuroscientist [Robert Froemke, PhD](#), and his research team at NYU Langone Medical Center’s Skirball Institute of Biomolecular Medicine, wondered if oxytocin is potent enough to induce such maternal behavior in mice that have never given birth.

As part of a study published in *Nature*, the researchers paired three groups of “non-moms” with veteran mothers and observed how the mice responded to the pleas of distressed pups. One group of non-moms

received injections of oxytocin, a second received injections of saline solution, and a third was geneti-

E-Cigarettes and Teens: A Combustible Combination?

Why are more and more teens using e-cigarettes?

Teens have a tendency to experiment, so it's not surprising that they would be trying the newest "drug." But the primary driver of increased use among teens is the aggressive marketing and the dramatic rise in flavored options, which appeal to younger consumers.

Are e-cigarettes safe?

An e-cigarette is essentially a nicotine-delivery system, and we don't want to see kids using any form of nicotine. Nicotine has negative effects on the developing adolescent brain that create risk of addiction to other drugs. In other words, it may be a "gateway" substance. Making use of other substances.



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