



ECTOPIC MURMURS

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Opinions and articles published herein are those of the authors and do not necessarily reflect that of the FEUDNSM Alumni Foundation

DR DANIEL FABITO is Dean Lauro Panganiban memorial lecturer

DANIEL FABITO MD as the 33rd annual Dean Lauro Panganiban memorial lecturer will speak on *surgical management of abdominal aortic aneurysm: the silent*



DANIEL FABITO MD

killer on Thursday morning, January 13, 2010 at the FEU-NRMF Dr Ricardo Alfonso Conferen

Room. Dr Fabito is the epitome of a student leader, medical

leader, general surgical surgeon, golfer, father, and husband.

He belongs to Class⁶⁴. He had a rotating internship and residency at the Evangelical Deaconess Hospital of Milwaukee WI, and later at the University of Missouri and Missouri Baptist Medical Center in St Louis MO.

He had a busy practice in general, vascular and bariatric surgery in the St Louis area for at least 35 years. He was also affiliated with St Louis University School of Medicine as a clinical associate professor

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MESSAGE from the BOARD CHAIRMAN



PEPITO C RIVERA MD

I wrote this column in early October. It brings to mind that Christmas preparations are already in the process in the

Philippines. Although I do not get home as often as I would like, I can well remember the beginnings of the Christmas Season. The first signs are the Christmas songs ringing out from the radio. This is quickly followed by displays of lovely decorations

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MESSAGE from the President



OSCAR C TUAZON MD

The contracts for the 2011 events were signed. The Winter Board meeting will be held in Long Beach CA. The date is March 26, 2011. Renaissance Hotel will be the site of our board assembly. Twenty (20) rooms have been reserved for Friday, March 25th and Saturday, March 26th rooms. The rate is \$99/night.

The hotel is a sister company of the Marriott Hotels.

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36th Annual Balik-FEU

To attend the 36th annual Balik-FEU scientific program, simply arrive first thing in the morning on the first day, Thursday, January 13, 2010, at the FEU-NRMF Dr Ricardo Alfonso Conference room, and register for the meeting, where you can also reserve and pay the fee to attend for the Saturday, January 15, 2010 grand reunion dinner dance to be held at Crowne Plaza Galleria at Ortigas and EDSA.

Class⁵⁷, Class⁵⁸, Class⁵⁹, Class⁶⁰, Class⁶¹, and Class⁸⁵ are free.

Fees for the rest are, as follows: life members P500, and spouses/ guests P1200.

To be certain of your registration and reservation, you can also email so for this purpose the alumna in charge of the event, LINDA TAMESIS MD, lamesis3@yahoo.com

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Abstract

ABDOMINAL AORTIC ANEURYSM

The Silent Killer*

DANIEL C FABITO MD⁶⁴



DANIEL
FABITO MD

The management of abdominal aortic aneurysm (AAA) requires understanding of the natural history,

diagnosis and treatment modalities. The development of endovascular procedures has added management option in treating AAA. A carefully planned elective treatment before elective surgical resection before complication of rupture, thrombosis and embolism continues to provide the best results. Mortality for elective repair at 2 to 5% and ruptured aneurysm repair with 50–70% repair underscores the importance for early recognition and proper treatment of AAA.

Aneurysm results with the loss of structural integrity of the arterial wall, namely degradation of the network of structural proteins, such as elastin and collagen in the middle and outer layers. The weakening advances to dilatation and aneurysmal formation, which is at least 1.5 times the normal diameter of the aorta. The risk of rupture is described by the law of Laplace which places arterial wall stress in relation to vessel diameter and arterial pressure. Rupture occurs when the intraluminal pressure exceeds the tensile strength of the wall of the aorta. The risk of rupture is therefore

proportional to aneurysmal diameter and intraluminal or systolic blood pressure and inversely related to wall thickness.

The incidence of AAA has increased significantly and is attributed to increased detection with the use of ultrasound and computer tomographic (CT) scan and aging population. Small aneurysm (<5 cm) account for 50% of all recognized AAA which is important since much of the uncertainty surrounding management concerns aneurysm <5.5-cm AAA are diseases of the elderly diagnosed in the 6th and 7th decades of life.

Risk factors include hypertension, chronic obstructive pulmonary disease, smoking, atherosclerosis, male gender, family history of AAA, and peripheral arterial disease. The expansion rate of AAA is 2-3-mm per year and increases as the aneurysm enlarges. Twenty percent of AAA expand at a rate of more than 4-mm per year. While 80% grow at a slower pace.

Population-based studies in the 1990s show that rupture risk does not increase until the aneurysm diameter has reached 5 cm. Rupture risk for small aneurysm, e.g., <5 cm, is 1% per year; 5-10% per year for medium-sized (5.5 to 7 cm) aneurysm, and 10 to 25% per year for large (>7-cm) aneurysms.

In the UK, small aneurysm and the detection and management, according to the Adam Trial has shown no benefit to early open repair of aneurysm between 4 to 5.4-cm. Safe observations of these aneurysms include ultrasound every 3–6 months. All good-risk patients presenting with aneurysm 5.5-cm or larger undergo a contrast enhanced aortic CT scan and are offered endovascular repair.

About 75% of AAA are asymptomatic and are found incidentally. Aneurysm expansion or rupture may cause severe back,

flank, or abdominal pain and varying degree of shock. Distal embolization, thrombosis and duodenal or ureteral compression can produce symptoms.

Fifty percent of AAA are identifiable on physical examination as a pulsatile mass at or above the umbilicus. Radiological evaluation includes abdominal cross-table lateral films, ultrasonography, CT scan and magnetic resonance imaging.

Operative approach is either the traditional midline abdominal incision or left retroperitoneal, especially obese patients, those with COPD, or with previous intraabdominal surgeries. Unstable patients with presumed diagnosis of ruptured AAA are gently resuscitated and transferred to the operating room for surgery.

Endovascular aneurysmal repair (EVAR) was introduced by Parodi in the early 1990s and is now the operative approach for half of AAA treatment in the United States. Approved by the FDA in 1997, the first device for EVAR, and since then with expanded use, it has a positive impact in the mortality associated with AAA repair. EVAR involves passage of self expandable, covered stent into the aorta through the femoral artery using fluoroscopy and contrast arteriography. EVAR is associated reduction of perioperative morbidity and mortality, shortened duration of hospitalization and less blood transfusion.

Currently, 5.5-cm AAA is the appropriate threshold for repair. There is no justification that EVAR should change accepted size threshold for repair between open repair and EVAR.

Patients' preference is also of great importance; and patients should be well informed to make such choices.

*33rd Annual Dean Lauro Panganiban Memorial Lecture

IF YOU DREAM IT, DO IT #3 THE STORY OF 42 MICROSCOPES

CESAR D CANDARI MD⁶¹

In 1998, during the
chairmanship of Dr Daniel



CESAR
CANDARI MD

Fabito of the
FEUDNRSM
Alumni

Foundation, I
was the vice-
president of the
board trustees.

I was assigned
to chair an ad-

hoc committee to respond to the
letter of Dr Liberato C de la
Rosa, chairman of the
department of Microbiology
and Parasitology, FEU-NRMF,
Institute of Medicine. I was
extremely happy to chair this
committee (for no reason, there
was no members). It has given
me the inspiration and
enthusiasm to be of service to
our organization. To me, it was
a challenge, a prestige, and a
bigger chance to fortify a dream
to help my beloved Alma
Mater. In one of the meetings of
the Board, I presented with
complete slide demonstrations
of binocular microscopes and
their prizes. Could you imagine
what we had when we were in
the old Morayta medical
school?

First of all, it is my ardent
opinion that my Alma Mater
can be compared to my
dear parents who made me to be
what I am now. This statement
could be true to anyone. It is not
an exaggeration when I say that
ninety percent are nostalgic
about the time they spent in the
school and/or university they
graduated from in their chosen

profession. To me, it was a
dream coming true. I call it the
best days of my life. Those days
had given me an evergreen
impact in my mind, a
dreamer who was ready to
embrace life with passion.

I believe that we gain a lot
more than just an education
from our medical school
and it is imperative that we try
to give back as much as we can.
We must realize that we are
giving back for the future and
continued development of our
institution. Our donations go a
long way to sustain our Alma
Mater in its regular programs
and initiatives to support
deserving students. It will help
improve the education and
curriculum being offered by our
alma mater. I have volunteered
my time as service to give back,
realizing that I am helping
someone gain the valuable asset
of a quality education in my
medical school.

Dr de la Rosa to Dr. Fabito
stated, *We would like to request
some help from you in
improving our laboratory
facilities being used by our
students. We need about 60
binocular microscopes in the
department of microbiology and
parasitology.*

It was at the time when the
new building and laboratory at
Fairview Quezon City was
about to be completed. Dr de la
Rosa quoted that the Philippine
price for each *Norinco*
microscope was P41,000. The
US price of an Olympus
microscope was \$1025.

On May 15, 1999, I wrote a
memo to Dr Fabito stating that
in my opinion the Olympus was
a much better microscope and I
suggested that I would negotiate
the price. I strongly suggested

that each class of alumni be
asked to donate \$2,000 as early
as possible. I exchanged letters
with Dr de la Rosa and assured
him that we were working hard
to grant his request.

Thereafter, on July 12, 1999,
I wrote a letter to each class
president, from Class⁵⁷ to
Class⁸⁹ and the jubilarians. This
letter was also printed in the
ECTOPIC MURMURS.

Dear...

*Our medical school in the
new facility in Fairview,
Quezon City, will soon be
inaugurated.*

*In the recent Board of
Trustees meeting in Atlantic
City on July 9, 1999, I
presented a request from our
medical school for 60 brand-
new microscopes that are
intended for the medical
students in the Department of
Microbiology and Parasitology.
The Board of Trustees has
approved this request in
principle pending your
participation.*

*This letter is to solicit your
generous support by
contributing two or three
microscopes. With each
donation of a microscope by a
graduate class member or a
group of members, the name of
the donor or the class year will
be engraved into the
microscope. The cost of each
microscope is P41,000
(approximately \$1,025). In
order to make a successful
donation campaign and to
insure that our medical school
will be the most prestigious and
the best-equipped with state-of-
the-art facilities in the Far East,
the minimum donation we are
asking for is one microscope for
each individual donor or two or*

more microscopes for each class donor.

Since each class has resources that are available from the Silver Jubilarian funds, we are hoping that each class president will allow the Board of Trustees to use these funds for this endeavor. Please specify the amount that your class will be able to donate. We need your response as soon as possible in order to be able to meet the needs of our young medical students as our medical school opens in a few months.

We thank you for your support, and we know your donation will help create and maintain an institution worthy of your dedication and profession.

At the winter meeting of the Board in St. Louis, Missouri, in March 2000, I presented again

the request for the microscopes and finally, it was unanimously approved. Dr Emelie Ongcapin, the investment and financial coordinator, was instructed by Dr Fabito to release the funds for the purchase of 60 CH20 Olympus microscopes with a quoted price of P28,000 per scope.

Finally, Dr de la Rosa wrote me a letter on October 30, 2000 stating that 42 microscopes were purchased and expressed his appreciation and thanks to the officers and members of the FEUDNRSM Alumni Foundation. Dr Ed Relucio the chairman of the Alumni Foundation that year, was present during the opening of the boxes of microscopes in the department of microbiology and parasitology. It was on time for the inauguration of the new Medical Complex in Fairview,

Quezon City. Although it took a long time, I had accomplished the service I was asked to do. To me, it was incredibly memorable. Sorry, the names of donors or class were not engraved in each microscope as planned. I was not privy to where the money came from.

TENDERLY YOURS **NOLI C GUINIGUNDO MD⁶²**



**NOLI C
GUINIGUNDO MD**

A nice article was sent to me by Bing, one of my classmates. The article was written by a

Brannie Ware. Of all topics it was about dying. The article is all about the top five regrets of the dying, whether man or woman. They all seem to share the same regrets.

Let me enumerate the top five regrets but without explanation as this might change the original explanation of Ms Ware.

#1 - I wish I had the courage to live a life true to myself not the life others expected of me.

#2 - I wish I had not worked so hard.

#3 - I wish I had the courage to express my feelings.

#4 - I wish I had stayed in touch with my friends.

#5 - I wish I had let myself be happier.

After reading all of the above, I had a good friend who died not too long ago. Ding and I had intended to visit with him this summer but he stopped us from seeing him. Since this was his wish, we did not insist on seeing him. We have not seen

THE HOLY LAND, WE WERE THERE!

CELSO DEL MUNDO MD⁶²

The holiest of the Holy, it is the birthplace of the Messiah,

In a small town of Bethlehem, in a manger, where He was born,
We were there, have touched and felt the places where lies His immortal soul,
From Nazareth to Mount Tabor, Tiberias, Migdala and Capernaum.

We were lucky to trace the holy places where the Lord Jesus spread His Gospel
The same place where, he taught the kindness and the road to salvation,
We walked through Golgotha, and traced His agony and suffering,
And never in my life I felt so close to the son of God, our Savior..

We enjoyed the peaceful ride on a wooden boat in the Sea of Galilee,
In this kind of boat He taught many things while floating above the sea,
Jesus chose His disciples and performed His miracle and mystery,
Where He took five loaves and two fish to feed the multitude who were hungry,

We were all blessed to touch, feel and wade in the Jordan river,
Where Jesus saw the spirit of God as a dove, descending upon Him,
He was baptized by John the Baptist, and we were all baptized in the same water,
And cleansed our spirit and soul, how lucky we were to feel His blessing.!

We were there atop the Mount Olive and we could feel the serenity,
Down below we can admired the beauty of the garden of Gethsemane.
We could feel His presence where He prayed on His last days by the olive tree,
Willingly gave His life, suffered and agonized to save humanity.

him for several years and we were really anxious to see him inspite of his sickness. Our intention was really good and pure, but it was regrettable about his decision not to let us visit with him. After a few weeks, he was dead. I am sorry for him. I regret it but it was one of those things that happened anyway.

Since we are on the topic, let me enumerate again Dr Elizabeth Kubler-Ross *On Death and Dying* stages of dying: denial and isolation, anger, bargaining, depression, and acceptance. The book dealt with several interviews of patients in different situations, different ages, different diseases. People faces death differently. Denial has its own reason. Own reason for denial of death. # 30

FYI

For Your Information CELSO DEL MUNDO MD⁶²



CELSO
DEL MUNDO MD

In this issue, I will be reviewing pertussis and influenza virus infections, which have become important health issues due to emerging infections in different population group world wide.

Mark Dworski MPH TM, clinical associate professor of medicine and biostatistics at the University of Illinois at Chicago, provided a very informative lecture on pertussis and influenza during the last continuing medical

education meeting of the Philippine Medical Association in Chicago, supported by Sanofi Avantis Pharmaceuticals.

Pertussis, an important health issue due to the rise in its incidence in the recent years, is caused by *Bordatella pertusis*. The organism is a fastidious, or difficult to culture. It was reported to have an all time low in 1976 with only reported cases of over 1000. In 2005, however, there were 25,616 cases reported to the CDC, but an estimates of true incidence range from one to three million cases annually, because vast majority of cases are unreported.

Pertussis immunity wears off, leaving adults and adolescents at risk for infections. Adults and adolescents can spread the infections to infants who have not have their vaccines even before cough develops. Among those with immunization, immunity declines after 3-5 years, and becomes an infection control issues.

Infants have the highest rates of pertussis complication and deaths. Parents, grandparents and older siblings are often the source of pertussis in infants. These are the individual who needs vaccination and booster administration of pertusis vaccine.

Early symptoms are similar to common colds or bronchitis and may include runny nose, sneezing, and low grade fever. Spasm of coughs may become progressively worse, accompanied by vomiting or incontinence. Sometimes with a whoop sound occurs with gasping of breath at the end of

coughing spells. Cough may last for weeks or even months.

For prevention, a booster vaccine, TDAP (tetanus, diphtheria, and acellular pertussis) is available to protect against pertussis, at the same time protects against two other important diseases, tetanus and diphtheria. Two TDAP vaccines are currently available for use in the United States, namely: ADACEL (Sanofi Pasteur) for use in persons 11 to 64 years of age and Boostrix (GalaxoSmith) for use in persons 10 to 18 years of age

The CDC recommends that adults 19 to 64 years old, and adolescents 11 to 18 years old, receive a single dose of TDAP in place of TD I (tetanus, diphtheria) booster previously recommended for all adults. The CDC also recommends that adults in close contact with infants younger than 12 months old, healthcare personnel with direct patient contact especially with infants younger than 12 months old, and pregnant women directly after delivery receive a single dose of TDAP.

Dr Dworski also gave an excellent review of influenza, commonly known as the flu, which is a timely lecture in this coming flu season.

Flu is an infectious disease caused by RNA viruses of the family Orthomyxo-viridae, the influenza virus) that affects birds and mammals. The most commons symptoms are chills, fever, sore throat, muscle pains, severe headaches, coughing, weakness and fatigue.

Serious cases develop pneumonia which could be fatal, particularly in the young and elderly.

In virus classification, influenza viruses are RNA viruses that make up of three of the five genera of the family Orthomyo-viridae, the influenza A, B and C viruses. Typically, influenza is transmitted through the air (droplet) by cough or sneeze, containing the virus. Influenza can be transmitted by direct contact with bird droppings or nasal secretions.

Influenza virus can be inactivated by sunlight and detergents. As the virus can be inactivated by soaps, frequent hand washing reduces the risk of infection. Seasonal epidemics occur, resulting in the deaths between 25,000 to 50,000 every year. It may reach million in pandemic years.

Often new strains appear when an existing flu virus spreads to human from other animal species, or when an existing human strain picks up new genes from a virus that usually infects birds or pigs.

An avian strain named H5N1 raised the concern of new influenza epidemics after it emerged in Asia in the 1990s

In April 2009, a novel flu strain evolved from the combined genes of human, pig and bird flu, initially dubbed *swine flu* and also as influenza A/H1N1 which has raised concern of influenza pandemic.

The WHO officially declared the outbreak to be pandemic on June 11, 2009. Among the people who become infected with 2009 H1N1, are certain groups who appear to be at increased risk of complications.

These are the population group who may benefit from an early treatment with antiviral

medications and groups of people with increased of infection:

Children younger than 2 years old, adults 65 years or older, pregnant women and women up to 2 weeks postpartum, including pregnancy loss, and persons with following conditions, namely: COPD, cardiovascular, renal, hepatic, hematological (including sickle cell disease), or metabolic disorder including diabetes mellitus.

Those with disorders that can compromise respiratory function, or the handling of respiratory secretions, or that can increase aspirations, e.g. cognitive dysfunction, spinal cord injuries seizure disorders or other neuromuscular conditions.

These are also the group of population who require influenza vaccination on an annual basis to prevent morbidity, mortality, and prevent possible endemic to pandemic infections.

Vaccine available is the most common human vaccine, the trivalent influenza vaccine (TIV) that contains purified and inactivated material from viral strains.

The TIV carries no risk of transmitting the disease and it has a very low inactivity. A vaccine formulated for one year may be ineffective for the following year, because the influenza virus may evolve rapidly and new strains quickly replace the older ones. Antiviral drugs can be used to treat influenza with neuraminidase inhibitors being particularly effective.

32nd Annual Reunion & Scientific Convention

June 15 – 18, 2011
Monte Carlo Hotel Resort
Las Vegas NV

Celebrants:

Class⁶¹ (Golden Jubilee)
Class⁸⁶ (Silver Jubilee)
Class⁶⁶ (Sapphire Jubilee)
Class⁷¹ (Ruby Jubilee)
Class⁷⁶ (Coral Jubilee)
Class⁸¹ (Pearl Jubilee)
Class⁹¹ (20th Anniversary)
Class⁹⁶ (15th Anniversary)
Class⁰¹ (10th Anniversary)

If you belong to the above classes, please come forward, volunteer as a lecturer or moderator, help organize your Jubilee celebration, and be counted!

Editorials

commentary,
news releases,
letters to the editor,
column proposal and
manuscripts are invited.

Email submission,
including figures or pictures,
is preferred.

ECTOPIC MURMURS

Deadline for the
January 2011 issue:
Friday, December 17 2010

Email to acvrear@aol.com

MY BLOG

CIRCUMCISED PHIMOTIC FORESKIN: Revisited

CESAR V REYES MD⁶⁸

INTRODUCTION.

Phimosis refers to a narrowed prepuceal opening and its



CESAR V
REYES MD

inability to retract over the glans penis. It is most commonly an acquired condition associated with

chronic inflammatory process and usually corrected with circumcision.

Routine pathologic characterization of circumcised phimotic skin seems to lack details, or if the specimen is examined microscopically at all. The histologic evaluation of 69 consecutive cases of such tissue materials were reviewed and compared with those of lichen sclerosis et atrophicus (LSA) and lichen planus (LP) which are not uncommonly diagnosed in excised phimotic foreskin.

The clinicopathologic data from these evaluation and the respective patients, and brief review of pertinent literature form the basis of this report.

MATERIALS and METHODS. From July 1984 to July 2009, the surgical pathology files of Hines Veterans Affairs and Morris Hospital IL, list 179 cases of phimosis.

The review of the hematoxylin-eosin stained sections was supplemented by available gross specimens, photographs of excised tissue

specimens, and clinical records. Recut from paraffin-embedded tissue blocks were stained with Weigert's method for elastic fibers and Mayer's mucicarmine procedure.

As normal controls, sections stained with hematoxylin-eosin, Weigert's elastic method and Mayer mucicarmine from 30 newborn circumcised foreskins were examined.

RESULTS. The ages of the 179 patients at the time of circumcision ranged from 42 to 67 years with a mean of 54 years. There were 95 Caucasians and 84 Afro-Americans.

Additional preoperative diagnoses included redundant foreskin in 32 cases, paraphimosis in 18, and balanitis in 14.



Figure 1 – Gross appearance of phimosis marked by edema, discoloration and mixed-type inflammation (arrow).

Microscopically, 69 out of the 179 foreskins showed histopathologic features that were akin to those of LSA, namely: epidermal atrophy, hydropic degeneration of the basal cell layer, pronounced edema and homogenization of the upper dermal collagen, chronic cellular infiltrates in the mid-dermis, and diminished elastic fibers (Figure 1).

Four cases exhibited changes of LP, as follows: hyperkeratosis, prominent granular

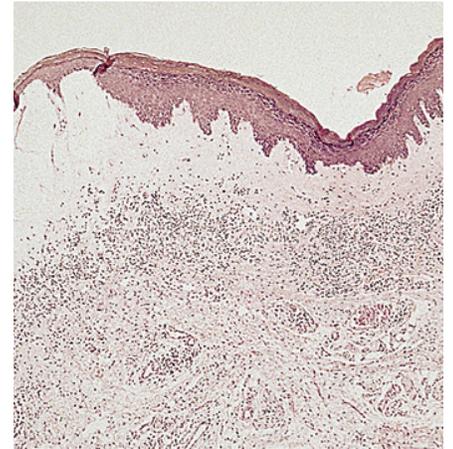


Figure 2 – LSA lichen sclerosis et atrophicus (HE stain, x100)

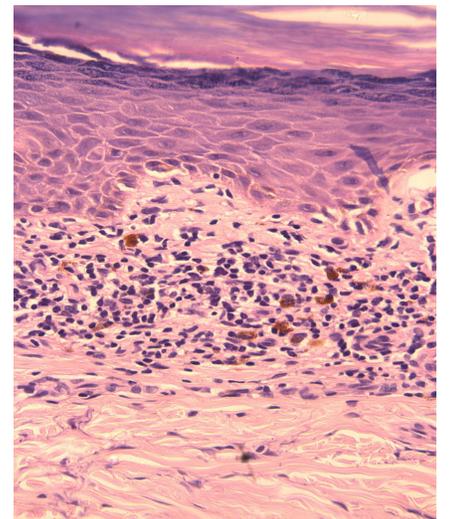


Figure 2 – LP lichen planus (HE stain, x100)

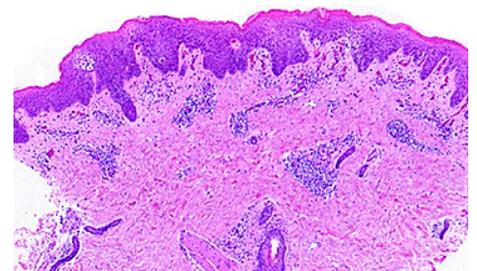


Figure 4 – Toxic eruption of dermal chronic perivascularitis and lichenoid epidermal changes (HE stain, x200)

layer, irregular acanthosis with saw-tooth elongation of the rete ridges, band-like chronic inflammatory cellular infiltrates hugging the epidermis, and almost complete absence of elastic fibers.

Another case histologically demonstrated concomitant characteristics of LSA and LP, also with striking marked decreased of elastic fibers.

The histopathologic changes in the remaining 110 foreskins were summarized in Table I.

The mucicarmine stain was non-formative in any of the specimens examined.

COMMENTS. LSA of the male genitalia often presents as monosymptomatic phimosis.

The lesion usually affects the inner blade of the prepuce, leaving for direct examination only a non-retractable prepuce with a conspicuous distal stenosis. The glans penis may or may not be affected, but it is often inaccessible for inspection due to the preputial stenosis.

Therefore, circumcision for phimosis is often performed without primary knowledge of the nature of the underlying pathologic condition.

Since LSA is a chronic, slowly progressive disorder that may recur if not excised properly, and since it is associated with a risk of malignancy, distinction between the various conditions resulting in phimosis, such as LSA, LP and other sclerosing/ fibrosing entities is important.

It is equally important that inflammatory changes preceding fully developed LSA be characterized so that proper treatment and control are instituted.

The light microscopic findings in phimotic foreskins may fall into one of three patterns: (1) lichen planus-like reaction with basal cell vacuolar changes, dense band of lymphocytic infiltrates, and

TABLE I – SUMMARY OF THE MICROSCOPIC FINDINGS IN THE REMAINING 110 CASES WITH SIMILARITY TO LICHEN SCLEROSUS ET ATROPHICUS and LICHEN PLANUS

	#cases	percent
Elastic fiber loss	98	82%
Homogenized papillary dermis	70	59
Superficial band-like inflammation	52	44
Thickened epidermis	52	44
Basal cell degeneration	45	38
Thin epidermis	31	26
Deep dermal inflammation	12	10

absent elastic fiber network; (2) lichenoid reaction with patchy interface cellular infiltrates of lymphocytes and absent elastic fibers; and (3) thinning of the epidermis, vacuolar junctional cellular degeneration, homogenization of the upper dermal collagen but with retention of the elastic fiber networks.

Perhaps, these observations relate phimosis to LSA, LP, and lichenoid toxic eruption. However, since phimosis is a localized cutaneous lesion among our patients without clinical manifestation of these dermatological entities, it is possible that (a) phimosis shares histologic features with LSA, LP or lichenoid toxic eruption, and (b) some patients do have LSA, LP, or lichenoid toxic eruption.

Therefore awareness of the variable microscopic expression of phimosis should prompt a search for other lesions of LSA, LP, or lichenoid eruption elsewhere in the skin.

With regards to the pathogenesis of phimosis, it appears that the homogenization of the dermal collagen with preserved elastic fibers precedes

the lichenoid inflammatory phase with the disappearance of the elastic fibers thereafter.

CONCLUSION. A histopathologic review of 179 consecutive cases of adult circumscised phimotic foreskin discloses changes of nonspecific lichenoid dermatitis, *lichen sclerosis et atrophicus*, and lichen planus. It is postulated that phimosis is a manifestation of the aforementioned entities with overlapping microscopic features. The pathogenesis of the lesion remains unclear.

The study also shows that despite a rather monotonous clinical appearance of phimosis, histologic examination discloses a spectrum of different conditions.

The treatment of these conditions may differ, and histologic evaluation of proper biopsies appears to be indicated so that optimal therapy can be selected.

REFERENCES. A list is available on request.

LETTER TO THE EDITOR

Please let me share with you my joy, pride and honor for a



FLORENCIO Q
LUCERO MD

title and position I received at the 12th Congress of the Oriental Society of Aesthetic Plastic

Surgery (OSAPS) recently held in Tokyo last November.

After 22 years of being at the helm of OSAPS, Dr Kitaro Ohmori chose me to take his place as the secretary general after getting the concurrence of the EXCO of the Society.

I will have a large and daunting job of overseeing the activities and Congresses in ten countries. Facetiously, I do not know if I could do the job that Dr Ohmori did for the last 22 years. That small man has big shoes for me to fit in. But I accepted it at the gala party in all humility in front of all delegates.

As a background, the OSAPS was founded in 1988 by the late Dr Seiichi Ohmori, the father of Kitaro, which explains why his son took care of the Society and Seiichi's ideals and vision for plastic surgery.

Three Filipinos were founder members, namely, Drs Jorge Neri, Sia Tiong Gam, and yours truly. Members come from Japan, Taiwan, China, Thailand, Indonesia, South Korea, Malaysia, Philippines, Singapore, and Hongkong. These countries are also designated affiliated national association for having at least five members. Aside from the sharing of technology and expertise among Asian plastic surgeons, Dr Seiichi had the vision of international

participation and recognition of surgeons from Asia.

The OSAPS Congress is biennial, since it started in Tokyo 22 years ago; the Philippines hosted the 11th Congress in Cebu in November 2008.

After Tokyo this year, the next Congress will be in Seoul, Korea in 2012.

This development now places the Philippines in a position of wider influence in the growing field of aesthetic plastic surgery in the Asian region.

Hopefully, this may add impetus for our local surgeons to seek recognition outside the Philippines. The collateral effect is also more recognition of the institutions that may be involved in future activities.

FLORENCIO Q
LUCERO MD⁷⁰

PHILIPPINE MEDICAL ASSOCIATION in CHICAGO & PMAC Auxiliary

invite everyone to a Winter Scientific Seminar and Song and Dance Festival

Performers

SWU / CIM Chorale

Thomsonian Medical Alumni

Chorale Society of Illinois

UERM Midwest Chorale

MCU-FDT Medical Chorale

FEUMAANI Chorale Group

UPMASA Chorale

Saturday, March 26, 2011

Hyatt Regency O'Hare Rosemont IL

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PMAC President

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APPA

ASSOCIATION of PHILIPPINE PHYSICIANS in AMERICAN SCHEDULE OF EVENTS

MEDICAL SURGICAL MISSION

Talisay Negros Occidental, January 24-27, 2011

Monday, January 24, courtesy call to the

Negros Occidental Governor, Talisay Mayor, and Talisay Lion's club

Tuesday and Wednesday, January 25-26, Medical Surgical Mission

Thursday, January 27 Feeding malnourished children

Payatas Quezon City, February 1-3, 2011, Medical Surgical Mission

SPRING MEETING

& PPSA Annual Convention, April 29-30 2010

Hilton East Hotel, 3633 Park Rast Drive, Breachwood OH

Telephone (216) 464-5950

40th ANNUAL CONVENTION SCIENTIFIC SEMINAR

July 27-31, 2011

Towncenter Marriott Hotel, 200 Lee Street East, Charleston WV

Telephone (304) 345-6500

RANO S BOFILL MD, President

DECEMBER IMAGES



Brother Phillip (left), the youngest son of Augusto Cezar Lastimosa MD and Cynthia Lastimosa RN, is blessed by Pope Benedict XVI during a recent pontifical ceremonies held in Rome and now serves as a monk in one of the Dallas churches.



During a luncheon of St Peter's fish, we almost filled up full a restaurant located by the northeast shore in the Sea of Galilee early on our Israel Egypt Tour. Here, with other tour groups, we also met two FEU alumni Drs Ramon Gillego of New York and Melania Domingo of Georgia.



The Philippine Flag was raised and the National Anthem sang in a wooden boat in the middle of the Sea of Galilee!

36th ANNUAL *BALIK-FEU* SCIENTIFIC SEMINAR

Highlight: Gold Class⁶¹ and Silver Class⁸⁵ Jubilee Celebration

Life after 50: Graceful & Healthy Aging

Wednesday, January 12, 2011

Golf Tournament, East Ridge Golf Country Club, Binangonan, Rizal

Thursday, January 13, 2011

8:00 am Registration

8:30 am Mass at FEU-NRMF Medical Center Chapel

9:30 am Breakfast

10:00 am 33rd annual Dean Lauro Panganiban memorial lecture by Daniel C Fabito MD⁶⁴ on *Management of Abdominal Aortic Aneurysm: The Silent Killer*

11:00 am Student Recognition and Faculty Awards

12:00 noon Symposium on *phytotherapy for benign prostatic hypertrophy* by Vic Fileto T Chua MD⁸⁵ supported by Pascual Laboratories)

1:00 pm FEU-NRMF Medical Alumni Society business meeting

1:30 pm *What is the Future of Old Age?* Alfredo U Kua MD⁸⁵ to be moderated by Stevenson L Ong, MD⁸⁵

2:00 pm *Expanded Senior Citizen Act of 2010*

MaElizabeth I Caluag MD⁸⁵ to be moderated by Edgardo MGonzaga MD⁸⁵

2:30 pm *The Role of Phil Health in our Aging*

Population Ellen delas Alas-Bayta MD⁸⁵ to be moderated by Geraldine Anne A Cruz MD⁸⁵

3:30 pm *Updates in HRT Among Postmenopausal Women* Lilia P Luna MD⁶¹

to be moderated by Elizabeth Ahjong-Reyes MD⁸⁵
4:00 pm *Beauty Medicine for Seniors* Grace Averilla-Obena MD⁸⁵ to be moderated by Benedict Carpi MD⁸⁵

Friday, January 14, 2011

8:30 am *The Future of Medicine: Adipose Stem Cell Transplant* Florencio Q Lucero MD⁷⁰ to be moderated by Leticia Lucero Palma, MD⁷⁰

9:00 am *Cerebrovascular Diseases in the Elderly* Marilou Ching-Kua MD⁸⁵ to be moderated by Roy B del Rosario MD⁸⁵

9:30 am *Use of Antipsychotics Among Elderly* Rossano L Bangasan MD⁸⁵ to be moderated by Madeleine Mendoza-Valencerino MD⁸⁵

10:30 am *Should the Very Old or Frail Elderly be Deprived of Major Surgeries?* Mauricio N Gatches MD⁸⁵ to be moderated by James Taclin C Bañez MD⁸⁵

11:00 am *Anesthetic Implications for Geriatric Patients* Roberto M Kong MD⁸⁵ to be moderated by Manuel B Chua Jr MD⁸⁵

12:00 noon *Benign prostatic hypertrophy and erectile dysfunction: dilemma of the old* Alvin G Cabreira MD⁸⁵ supported by Biomedis

1:30 pm *Macular Degeneration: Is There Treatment?* Roy Teodoro B Principe MD⁸⁵ to be moderated by Annabelle Ramos-Rabino MD⁸⁵

2:00 pm *Anemia in the Elderly: Physiologic or Pathologic?* Renato D Yuzon MD⁸⁵ to be moderated by Enrico E Tuy MD⁸⁵

2:30 pm *Common Musculoskeletal Disorders in the Elderly* Perry P Tan MD⁸⁵ to be moderated by Jose Oscar N Toledo MD⁸⁵

3:30 pm *Hospice, Palliative & End-of-Life Care* Jaime V Cheng MD⁸⁵ to be moderated by Leni Alojado-Stayman MD⁸⁵

4:00 pm *New Realities in Medicine Based on Physics* Cesar A Reyes Sr MD⁶¹ to be moderated by Alfredo B Dadvivas MD⁸⁵

Saturday, January 15, 2011

6:00 pm GRAND ALUMNI NIGHT *Shimmering Silver....Glittering Gold Honorees Class⁶¹, Class⁶⁵, Class⁷⁰, Class⁷⁵, Class⁸⁰, Class⁸⁵, Class⁹⁰, Class⁹⁵, Class⁰⁰, Class⁰⁵*



Crowne Plaza Galleria Manila at Ortigas

Life Members P500
Non-Life Members, spouses and guests P1,200
Class⁸⁵, Class⁶¹ and Classes⁵⁷⁻⁶⁰ FREE
ATTIRE Black suit and black cocktail dress

OBITUARY

CESAR N MAC, 70, died late last October at St. Clares Hospital in Denville NJ.



CESAR MAC

He was born in Canlubang, and lived in Manila before coming to Seattle. He

and his wife **FEMINIA MAC MD⁶⁸** moved to Parsippany NJ in 1975.

In 1961 he graduated with a BS Electrical Engineering from FEASTI University in Manila. He was an avid golfer, passionate ballroom dancer, loving husband and dedicated father.

He is survived by his wife of 37 years, as well as his son and daughter, and 3 grandchildren.

A liturgy of Christian burial service was held at St. Peter the Apostle Church in Parsippany, followed by a mass entombment will take place in Holy Rood Cemetery in Morristown.

EMILIO DEL ROSARIO

JR, 76, a Filipino piano prodigy who emerged in the US as a brilliant performer and then earned a worldwide reputation as a gifted piano teacher, died of cancer early October at a hospice in Wisconsin.

For more than 40 years, Mr. del Rosario, known to his students as *Mr D* taught at the Music Institute of Chicago in Winnetka, sharing his passion for piano and shaping hundreds of young people into successful concert pianists.

To study with *Mr D* was a privilege and he only accepted new students by audition. But his

demanding instruction and emphasis on perfection produced a generation of award-winning musicians.

Mr D's devotion to his students became the resounding chord of his musical life. In his ailing last days, many expressed their gratitude by coming to his bedside, sitting at a digital piano and playing for him.

He was born in Manila, the eldest of eight children born to Emilio M del Rosario Sr, an FEU professor, and Magdalena Veloso. His first piano teacher was his aunt, an accomplished pianist who started teaching him the day before his sixth birthday.

By the end of the year, the 6-year-old prodigy was playing a Beethoven piano concerto.

He began formal study at a conservatory in Manila but moved to the United States upon receiving a scholarship to the prestigious Peabody Conservatory in Baltimore.

At Peabody, *Mr D* was the first student of famed American pianist and conductor, Leon Fleisher.

After receiving his bachelor's and master's degrees, *Mr D* began an extensive performing career that included recitals, chamber music concerts, and guest appearances with orchestras in the United States and Asia. Highlights included performances at Carnegie Hall, Steinway Hall, the United Nations, Chicago's Orchestra Hall and with the Manila Symphony Orchestra.

He received numerous prizes, awards, grants and scholarships including the Steinway Prize, the Paul Thomas Prize at the Peabody Conservatory of Music, Concert Artists' Guild Recital Award and the Philippines Outstanding Artist Award.

In 1965, Herbert Zipper, then-president of the Music Institute of

Chicago recruited *Mr D* to teach.

His dedication to his students was legend. In a 1992 Tribune story, *Mr D* said he rarely took breaks for meals and gulped down sandwiches while listening to scales. When his hair grew too shaggy, he arranged for his barber come to his Chicago home to give him haircuts.

He became nationally renowned for developing young talent, and attracted students who often drove hundreds of miles to study with him.

In both 1986 and 1992, *Mr D* received the distinguished teacher award from the National Foundation of the Arts. In 2007, the Music Institute of Chicago announced the establishment of an endowed Piano Chair in his honor.

Two years later, the Emilio del Rosario Library was also established after his donation of an extensive collection of piano music to the Music Institute of Chicago.

He is survived by six siblings, including **SALVADOR DEL ROSARIO MD⁶⁸**.

PRESIDENT's Message

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All reservation should be done thru Marriott.

Our biggest event, the 33rd annual grand reunion scientific convention will be held in Las Vegas NV. The date will be June 15-18, 2011. The site is the newly renovated Monte Carlo Grand Resort and Hotel.

We are able to get a good help from the Las Vegas Chapter headed by the able President, MELINDA FABITO MD and also her better half DANIEL FABITO MD,

The rates for June 15th-16th is \$50/night, but for June 17th-18th, \$115/night, and taxes are not included.

We are able to block 110 rooms only per night. We encourage all our alumni to reserve early.

Reservation deadline should be made no later than May 15, 2011.

Wishing all our alumni and their family a very very merry Christmas and a happy prosperous and safe and healthy New Year. For those alumni and jubilarians attending the *Balik-FEU*, see you all in the West Fairview.

OSCAR TUAZON MD⁷⁴

CHAIRMAN's Message

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both along the boulevards and in the stores. I can almost feel the cooling air on my face.

Christmas in the Philippines has a different feel compare here. In the US, much of the season is dedicated to the rush of getting from here to there and the all important *shopping season*. In the Philippines, Christmas is still a time for family and friends. The pace is slower; and much visiting and good food are enjoyed. I can remember many times going to church on December 15th with my family. The family would arrive at the church and my parents and siblings would go inside to hear Mass. However, many times I remained outside, enjoying the wonderful array of goodies such as *bibingka*, *puto bungkong* and tea and playing with the other children. It was an irritation to my mother that I never went inside the church.

Christmas season is also a time of renewal, no matter how rich or how poor one is. Everyone strives to have new shoes, shirts, and gifts for friends. Many platters of foods are prepared and enjoyed. Everywhere you go, people are sharing and visiting and

there is a true spirit of family throughout the Philippines.

I remember when I was a surgical resident at FEU Hospital, I received many gifts, even from my patients. I was given Chinese hams and other food; and I would then share them with family and friends. The closeness and camaraderie among the surgical residents was very strong and we supported each other through the season, each waiting for the time of Christmas break.

The chief resident of surgery at that time was Dr Francisco (and Dr. Cipriano as incoming chief resident) would give us parties and little gifts to celebrate the holiday at the hospital.

Noche buena on December 24th midnight mass is a very special time for family. The entire family attends mass and then has a meal together. This is a time strictly for family followed by Christmas day celebrations with friends and family and many parties and visits. I made it a point to be home during the Holidays because it is the best of both worlds. I came home with my family.

I encourage each one of you to embrace the Philippine tradition of family and to reach out to those around you with good cheer and a peaceful heart. Enjoy your family and friends, and remember your roots.

Support our Alma Mater and our scholars and carry the *feeling* of Christmas in your heart all year. Have a safe and happy Christmas season and I hope to see you for a Philippine Christmas.

PC RIVERA MD

DANIEL FABITO MD

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of surgery. A diplomate of the Philippine Board of Surgery, he was certified and twice recertified by the American Board of Surgery through the years. Daniel was also a fellow of the American College of Surgeons, International College of Surgeons, Philippine College of Surgeons, Society of Philippine Surgeons in America, and American Society of Abdominal Surgeons.

Among the many distinctions he had received, tops are the alumnus of the year 1980 of the FEUDNRSM Alumni Foundation, president of the Philippine Medical Association in the Greater St Louis, president of the Association of Philippine Physicians in America, and president of the Society of Philippine Surgeons in America.

Daniel is also a prototypical medical surgical missionary, having participated, led, or chaired countless such charity, endearing and fruitful works in the various places of the Philippines.

He retired in 2008 in Las Vegas, but continues to do many community, teaching, civic and philanthropic services here in the United States and in the Philippines. He still devoutly serves as board trustee of the FEUDNRSM Alumni Foundation and the FEU-Nicanor Reyes Jr Medical Foundation in West Fairview QC; and he still dreams of a Philippine postgraduate medical learning center with various multispecialty residency and fellowship programs at the FEU-NRMF medical complex.

PHILIPPINE MEDICAL ASSOCIATION in CHICAGO

Annual Medical Mission January 30 - February 4, 2011

Bantayan Island, Cebu y

Contact: EMMA SALAZAR MD, PMAC President emmas141@aol.com

FEUMAANI

MEDICAL SURGICAL MISSION January 16-20, 2011

LAOAG CITY, Paoay, Banqui, Pagudpud and
Governor Roque Ablan Provincial Hospital

Overall Chairperson/ President: **Nida Blankas-Hernaez MD FAAP**
Committee Chairman: **Pascual Sales MD**
in conjunction with FEUDNRMS Alumni Foundation Las Vegas NV
Chapter President **Melinda Ayala-Fabito MD**, and
FEU-NRMF Medical Alumni Society President **Linda Tamesis MD**

Surgery Chair **P Sales MD**, with **Jesse Corres MD** (plastic surgery),
Danny Fabito MD (general vascular surgery), **Roger Bautista MD**,
Joel Bautista MD, **Rene Pena MD**, **Edmundo Relucio MD**,
Eugene Siruno MD, **Mario Reyes MD**, **Aristeo Villasenor MD** (general
surgery); **Rebecca Salvani MD** (OB-Gyn);
Simeon Aquino MD and **Laleigh Andres MD** (ophthalmology);
Ben Bingcang MD, **Alberto Clar MD**, **Renato Enriquez MD**,
Thomas Lo MD, **Wilfrido Magat MD** and **Salome Tacadena MD**
(anesthesia); **Gerardo Guzman MD** (general practice and minor surgery); **M
Fabito MD**, **Richard Mon MD**, and **Remedios Sales MD** (internal medicine);
Brenda Narcelles-Banez MD, **Rodolfo Bautista MD**, **Ofelia Kaguyutan MD**
(pediatrics); **Angelito Fernandez MD**,
Edward Hernaez MD, **Norma Arias MD**, **Lydia Espino MD**,
Gil Palacio MD, **Andres Rago MD**, **Edith Panopio MD**,
Abraham Bayan MD, **Pat de Leon MD**, **Edith Panopio MD**
(family medicine); **Cornelia Bincang MD** and **Rhodora Palacio MD**
(psychiatry); **Cesar V Reyes MD** (cytopathologist) and
Pauline Abadilla RN and **Nora Corres RN**, **Ming Tang RN**, **Patricia Bautista
RN**, **Clarita Dior RN** (surgical nurse); and **Elvie Fernandez RN**, **Aurora
Gagni RN**, **Thara Gagni RN**, **Ester Mendoza RN**,
Perlita Magat RN, **Elsie Rivadelo RN**,
Lydia Pena RN, **Elsie Rivadelo RN**, **Naty Bautista RN**, and
Lolita Villasenor RN (medical nurse);
Roy Espino (respiratory therapist); **Daisy Bautista**, **Lauren Bautista**, **Ralph
Salvani**, **Medardo Abadilla**,
Tito Gagni and **Oscar Rivadelo** (support).

Hotel Headquarter: **Crowne Plaza Galleria**
at Ortigas & EDSA (also with *Balik-FEU* reunion!)

Itinerary: **January 16, 2011** – depart Manila to Laoag City
via Cebu Pacific Airline (30 minutes) or via bus (10 hours)

Hotel headquarter: **Fort Ilocandia Hotel Resort Laoag City**

Mission dates: **January 17, 18, 19 and 20, 2011**

January 21, 2011 – return to Manila
Friday, January 21, 2011 – audience with President Noynoy Aquino

Email to ednida@sbcglobal.net **NIDA BLANKAS-HERNAEZ MD**
pertinent biodata: name, practice, State license, medical school, Class year,
postal address, telephone, and email address.

Financial and in-kind donations (medical / surgical supplies, etc)
will also be appreciated.

LAOAG CITY CME Schedule

Monday, January 17, 2011

7:00 am **Registration, Breakfast**
7:10 am – 8:00 am

Immunization Update 2011

Nida Blankas Hernaez MD⁸⁴



**NIDA BLANKAS
HERNAEZ MD**

To be introduced by **Ed Hernaez MD**

Tuesday, January 18, 2011

7:10 am – 8:00 am

**Wow Results of Common Facial
Problems without Laser or Facial
Surgery**

Jesse Corres MD



**JESSE
CORRES MD**

To be introduced by **Pascual Sales MD**

Wednesday, January 19, 2011

7:10 am – 8:00 am

**Selected Vascular Surgery
Update Topics**

Daniel Fabito MD⁶⁴



**DANIEL C
FABITO MD**

To be introduced by **Melinda A Fabito MD**

Thursday, January 20, 2011

7:10 am – 8:00 am

**Selected Pathology Update
Topics**

Cesar V Reyes MD⁶⁸



**CESAR V
REYES MD**

To be introduced by **Elisa Reyes RN**