



Ectopic Murmurs

THE OFFICIAL PUBLICATION OF THE FAR EASTERN UNIVERSITY
DR. NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

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New York Confab Complete Success



Part of the Class Reunion in New York Marriott

The recently concluded FEUDNRSMAF 30th alumni homecoming and reunion was a resounding success from July 1st to July 5th, held at Marriott Marquis, Times Square, New York City.

The New York Chapter is headed by Dr. Vicente H. Salvador '64 ably aided by wife Sally. Overall chairman for the 4 day conference is Dr. Grace Budy-Rabadam '63. It started with the Welcome Reception July 1st Wednesday, dinner and dance with special number from the New York chapter. Emcees for the night was Drs. Vincent and Minda Santangelo. Thursday, Friday, and Saturday mornings were spent with excellent CME Speakers. Snacks and drinks were provided as well as evaluation papers to be submitted as part of the continuing medical education protocol.

Friday night, July 2, was spent with the Filipiniana Night. As was customary, Barong Tagalog and Filipina dress are worn during this night. Right after the US, Philippine National Anthems and FEU Hymns were sung, a Tagalog Invocation was delivered by Dr. Noli Guinigundo '62. This was followed by remarks from Dr. Hernani Tansuche '68, President, and Dr. Arsenio Martin '67 Chairman of the Board. Jubilarians are class '99,

'94, '89, '79, '74, '69, and '64. The evening's emcees are Drs. Jane and Amante Legaspi.

The final night was the Grand Ball on the evening of July 4, Saturday. It was momentous because of Independence Day. But fireworks were not appreciated since the celebration coincided with the same. The US and Philippine National Anthems were sung followed by the FEU Hymn. Invocation was then delivered by Dr. Noli Guinigundo. Messages were delivered by Dr. Hernani Tansuche, President, and Dr. Arsenio Martin, Chairman of the Board. Dinner and dance followed, and then a short presentation from Class '59, Golden Jubilarians. Old graduation pictures were shown and then the accomplishments and later activities. Candle and medallion ceremonies was then carried out by class '84, Silver Jubilarian. Dr. Tansuche made the awards presentation. Dr. Avila Arcala presented the Most Outstanding alumnus to Dr. Valle, one of the CME Speakers and Class '84. Messages were also delivered by Dr. Remedios Habacon, Dean of the FEU Institute of Medicine, and Consul General Cecilia Rebono of New York. Emcees for this evening was Dr. Renato Ramos '63, and Miss Hazel Sanchez.

The band for the celebration is good. Food is also excellent. Table arrangement is quite good and practically enclosed the dance floor. The program started on time. The local New York Host, led by Drs. Grace Rabadam and Vicente Salvador did an excellent job in this reunion.

**31st Annual Reunion & Scientific
Convention (July 14 - 18, 2010
Troy Marriott, Michigan**

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The opinions expressed in the articles are those of the authors & do not necessarily reflect those of the FEUDNRSMAF

TENDERLY YOURS BY NOLI C. GUINIGUNDO, M.D. '62

1. The 30th FEUDNRSMAF in New York City went through without much fanfare or hitch. Drs Grace Rabadam and Vicente Salvador and of course the nice and friendly New York group handled the reunion in a professional way. The celebration started as usual on a Wednesday, July 1, 2009. Ding and I got in earlier from Monroe, Louisiana via Atlanta, Georgia. It was slightly delayed but barely made the connecting trip to La Guardia Airport. It was earlier but checked in anyway without much problem. Ruby Foo's was just a stone throw away but enjoyed the cuisine. We have tried it before 5 years ago during the UST Reunion also at the Marriott Marquis Hotel. We had a grand night and of course a good registration with Oca Tuazon and Nani Tansuche. Did not stay up too late because of the CME the next morning, early.

2. The next day Thursday, July 2, morning was spent with CME and of course with excellent speakers to boot. It ended shortly after 12 noon. Those who are members of the Board of Trustees have to stay for lunch prior to the Board Meeting. This was conducted by Board chairman Arsenio Martin, and Nani Tansuche, President. We have an outstanding invitation to attend a welcome party by hosts Drs. Rudy and Emy Magpantay. Earlier, Dr. Edith Lameyra had tried to call us to make sure we did not miss the party. Emy had called us earlier to make sure we can make it to her Villa Esmeralda in Westbury, Long Island. After perhaps some traffic jam going to her place we finally got there. This was our second attempt to visit with her and Rudy, Gail's wedding, but did not make it. It was a gorgeous home, and we were treated to a sumptuous supper. Emy and Rudy were excellent hosts, everybody enjoyed the evening. We took some pictures of the place and the visitors. Hopefully we can publish them in this issue of the EM. It was an evening to remember.

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3. Friday morning followed and also started with the CME. Speakers are excellent as usual. The night is the traditional Filipiniana night. Filipina dress and of course Barong Tagalog were worn. The night started with our US and Philippine National Anthems. I gave the Tagalog Invocation. Drs. Tansuche and Martin gave their respective messages. Classes 99,94,89,79, and 74th (10,15,20,30, and 35 respectively) were all acknowledged. Drs. Amante and Jane Legaspi acted as EMCEES.

4. The final celebration was on July 4th Saturday. After the CME and the General

Membership meetings, the afternoon was free for all. We again visited Ruby Foo's and partly enjoyed the crowd at Times Square. On the Grand Ball Night basically the same routine followed. This time it was to honor the Golden Jubilarian(59) and the Silver Jubilarian (85). The traditional Candle and Medallion Ceremony was performed by Class 85. Most outstanding alumnus was Dr. Valle. I took his pictures earlier, tried to contact him with his e-mail, but I did not get any response at all. Masters of Ceremonies were Ms. Hazel Sanchez and Dr. Renato Ramos. All in all, the celebration was a huge success. Seats were positioned around the dance floor and this was a good idea.

5. The next winter meeting is scheduled for March 27,2010, to be held in Orlando, Florida. Summer meeting will be in Troy, Michigan, July 14-18, 2010. Please mark your calendar for the above events. The celebrant next year for the golden jubilee will be class 1960.

6. To those of us who have retired, attending our annual reunion has been quite onerous. Things have changed like the airline fees including the fees for your luggage, unless you have that special frequent flyer elite status then you get exempted from paying the ridiculous fees. Hotel fees had also gone up in spite of the convention discount. We had some blaming game during the last board meeting, but our gracious host was able to parry the criticism. When the succeeding venue is made, there should also be economic consideration since some of us are already retired. Some of us who are well heeled should not really worry about the expenses. Consideration also should be made when selecting the venue on the ease of getting in and out of the particular airport.

7. I found out that some of our classmates had suffered from Cancer. It was a thought that came to me that we are here on earth on a temporary basis. Life can sometimes be too short. Elizabeth Kubler-Ross on Death and Dying had expounded on the 5 stages of dying. And let me quote: first-Denial and Isolation; Second-Anger; third- bargaining; fourth- depression; fifth- acceptance. When Ding and I were practicing in Indiana, I remember sending a 90-year old female patient to an orthopedic surgeon. When she came back she said: You know, that Surgeon you sent me to, he told me: "You are lucky you are still around. You are just living on borrowed time." I did not say anything but mulled on what she told me.

8. We have switched from printing the Ectopic Murmurs to uploading on the internet

to our website. I have talked to Philip Chua about the mechanics involved. We might be able to save on printing and of course on the mailing, in addition to the burdensome and exasperating routine of taking the bulletin to the post-office. The post office is open only at certain times and I have to take off from the office in order to carry the same, notwithstanding the weight you have to carry that's inimical to your weakened back.

9. I have been getting copies of the FEUMANII bulletin. I congratulate Cesar Reyes for publishing the same for the Northern Illinois group. I congratulate also the respective writers for their contributions to the publication. I have been getting copies also of the Philippine Physician from Euly Carbajal. Euly is an excellent editor of the same. I wish he would run for President of the new APPA, I said new APPA because of some noticeable changes in the organization, however some people who were responsible for the maladministration are still present.

10. As of this writing, Pres. Obama is still trying to convince people about his Health Reform. People are so upset about what's going to happen next to their private insurance, their own doctors and what's going to happen on those who are getting into retirement age. It is possible that medical care on the older persons will be rationed. We are getting into socialized medicine, although some people think that we are already in it on account of Medicare and Medicaid. One thing that has not been addressed is the Tort Reform. Something should be done to the malpractice situation. Doctors are being blamed for ordering extra tests to protect themselves from future lawsuits. Those who are against tort reforms are the lawyers who are lobbying to even increase the cap on malpractice. Lawyers have contributed to the Obama campaign.



Part of the Registration Staff at New York Marriott

Chairman's Corner:

Fall is almost here. There is a snap in the morning air and coolness in the evenings; however the warmth of the recent alumni reunion in New York is still blowing on my skin. No matter what comments we heard; we enjoyed the 30th Annual Reunion, we had a successful convention; thanks to our hosts led by Dr. Grace Rabadam and Dr. Vicente Salvador. I extend my gratitude to all of you and my apologies if I didn't mention your name. You've waited for 30 years because it is hard to host from the big apple but you all proved us wrong. To all officers, volunteers and CME speakers special thanks to all of you. Congratulations to the celebrants especially the Golden and Silver Jubillarians.

Our economy has finally affected our Foundation so we have had to tighten our belt. One of the casualties is the faculty incentive program because we have to cut our subsidy but the Generous Alumni reached their pockets and shared their bounty to help our Alma Mater after hearing our former chairman Amante Legaspi's plea. See the treasurer's report for more details of those who donated to our Foundation and Medical School.

Congratulations to the newly licensed graduates which were led by Dr. Riavic Fuentes who placed #5 during the recent licensure for Physicians examination. Our school has a passing of 96% to our first taker. Commendation is in order to our whole faculty led by our beloved Dean Remedios Habacon. Our scholars are all doing well they are meeting our expectations with their excellent grades.

Our new graduates who are interested in pursuing their training here in US are increasing in numbers. They are getting high scores in their USMLE, my wife Fe and I housed six of the graduates and they rotated with me, and other physicians to increase their chances of being accepted to a good training program. I encourage our fellow alumni to help these new graduates because they will be here to replace us when we are no longer available to help our Foundation. Congratulations to the new residents who were accepted here in US; they are doing exceptionally well and we should be proud of them because they are carrying the name of our Medical School.

I would like to extend my gratitude to all of our generous alumni who have sent donations to our Foundation, our school and hospital.

A special thanks to Dr. Marielou Guzon from our Texas Chapter who donated three dialysis machines and two reverse osmosis machines to FEU NRMF Medical Center.

To all chapters I encourage you to continue to participate and support our Foundation and to those that have been on hiatus let us know what can we do to stir you up.

I wish everyone the very best,

Arsenio R. Martin, MD, FCCP

Chairman: Board of Trustees, FEU Dr. Nicanor Reyes School of Medicine Alumni Foundation



Presidential Message Dr. Hernani Tansuche



I recently read an article written by the Chair of our specialty organization (Dr. Thrall of the American College of Radiology). The premise of the article is that the most successful professional organizations are those that are able to mobilize their members to pursue their goals. The Foundation has benefited from generous alumni members over the years. The Board has also benefited from members who have volunteered their time and resources in carrying out the goals and projects of the Alumni Foundation.

Active members are important in any organization since they provide the manpower for participation in all planned activities. Members willing to volunteer their time are the core of

leaders we have in the Board. This comes to mind attending the annual reunions of FEU. Every year, we see fewer of our younger alumni. Some of them would attend their jubilee celebration but the majority would no longer be present at subsequent reunions. It is incumbent on the present and incoming Board leadership to encourage all alumni members in the United States to be active in the affairs of our medical Foundation.

As most of you know by now, recent graduates of our medical school in Fairview have done exceptionally well in the local board examinations, tops in the 2008 and second place in the recent 2009 exams. Both of these graduates are scholars of the Foundation. Our current passing rate for first timers is 95% and for repeaters is 77% with an overall passing rate of 88%. National passing rate is 64.5%. We anticipate doing well on the forthcoming board exams.

Our U.S. based Alumni Foundation has been subsidizing 27 scholars from first to fourth year (school year 2008-09). We have also provided incentive awards to our local faculty who are instrumental in the mentoring of these scholars and the general student population. Like any organization, we have been affected by the economic recession. Our

annual reunions are our main source of revenues and consequently, with declining attendance, the assets of the Foundation are diminishing. During our last Board meeting, it was decided that the subsidy for the faculty incentive awards be reduced to half. It is rather ironic that as our medical graduates are doing well in the academic community, the subsidy for an important facet of that success is being reduced. However, it should also be emphasized that the Board had to make a difficult but necessary cost cutting measure to ensure sufficient funding for other projects.

During the last general membership luncheon meeting in New York City, I explained the current state of circumstances. I would like to express my personal thanks to our past Chairman of the Board and my classmate, Dr. Amante Legaspi '68 for his stirring talk to the general alumni members and state chapters offsetting the reductions for the faculty incentive awards. (The list of the generous contributor/s is included elsewhere in this issue).

Thank you to everyone for your support of our Alumni Foundation.



Part of the Speakers & audience during the CME meeting

THE EARLY YEARS

1959, that was a very good year; a vintage year. Dr. Panganiban was Dean; Dr. Nolasco was Secretary and Dr. Alfonso, FEU Hospital Director.

We were part of the early years which we know only too well. They were glorious years.

Early in its inception in the late 40s and early 50s, the Search Committee assembled some of the best medical minds in the country the likes of which may never be seen again.

Forming the nucleus of the original faculty staff of the then very nascent FEU Institute of Medicine, from the basic sciences to the clinical departments, each Chair was worthy to be in the *Who's Who* in the history of Philippine Academic Medicine.

It was comprised of pre-WW II outstanding academicians mostly from the University of the Philippines, some of whom were called back from retirement in order to add their still shining luster into an infusion post war of younger generations of U. S. trained physicians who returned to the Philippines bringing with them the cutting edge of modern medicine of their times.¹

In the basic sciences, there were Drs. Jose P. Navato, Sr. in Biochemistry, Domingo Ampil in anatomy, histology and embryology; Liborio Gomez in pathology, Daniel de la Paz in pharmacology, J. B. Nolasco in physiology, Horacio Ylagan in bacteriology, and Serafin Juliano in parasitology.

In the clinical departments, there were Drs. Jose P. Cruz in internal medicine, Ricardo Alfonso in general surgery, Fe del Mundo in pediatrics, Gloria T. Aragon in obstetrics and gynecology, Cesarea Gudoco-Agular in psychiatry, Romeo Catindig in neurology, Pedro Solis in legal medicine, Florante Bocobo in dermatology, Jose Tirona in radiology and Tomas Gan in hygiene and domiciliary medicine.

In the surgical specialties, there were Drs. Jess Tamesis in ophthalmology, Carlos Sevilla in *oidos, nares y garganta*; Benjamin Tamesis in orthopedic surgery, and Romeo Gustilo in neurosurgery.

This cadre of mentors sowed the seeds which in less than a decade later reaped the rewards of high performances by their early graduates in the Philippine medical board examinations.

The first graduating class of 1957 had a whopping 99% passing with only one failure of the 88 candidates who took the final board examination the first time.²

Class 1958 had 96% passing with the dynamic duo of Alice Yao and Victoria Sy as Topnotchers.³ Class 1959 had 96.5% with Sesinando Calalang in 8th place. Class 1960 had 96%.⁴

Class 1961 had a passing percentage of only 69.84 (70%) but was ahead of all the other five existing medical schools at the time, including U. P. and UST.⁵

In that year's examination, 8 of the top 10 went to FEU candidates with

Vic Verzosa, first place; Tommy Yu, second place; Elias Luis Dia, third place; Cesar Bautista, fifth place; Augusto Faustino, sixth place; Umberto Reyes, seventh place; Eden Enriquez, ninth place and Ephraim Barzaga, tenth place.⁶

These exemplary performances by the early graduates may, arguably, be the **crowning glory** of FEU Institute of Medicine with the records established by Class 1957 in tandem with Class 1961 as the **crown jewels** which may remain unduplicated.

When the Medical Board of Examiners established the Preliminary or Part I examination, allowing medical students test their knowledge in the basic sciences after completion of their sophomore year, Class 1959 in a span of 3 years ('56, '57' and '58) had 7 in the top 10. In the 1958 Prelims, Rosita Almeda was in first place and Perla Santiago in a very close second.^{7 8 9} Class 1960 had two in the top ten¹⁰ and Class 1961 had three.¹¹

These outstanding performances by the early graduates gave honor not only to the much deserving original faculty staff but to the University, as well. It became the embodiment of the Institute's motto.

Each time that we passed by the Dean's office on our way to the classrooms, it was almost impossible not to notice the huge bulletin board with the bold inscription, "*Ad astra per aspera.*" "To the stars through hard ways."

Rolly Recio, Class '59

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CANNONBALLS

By: Edgar A. Borda, M.D.

The FEU Medical Alumni Foundation 30th Annual Convention and Reunion held at the Marriott Marquis Hotel in New York City last July 1 – 5 was a successful affair, in spite of fewer attendance compared to previous years.

The choice location of Marriott Marquis Hotel in the middle of Times Square is beautiful. You can just merge with the overwhelmingly excited crowd and enjoy the site and colorful views. Popular Broadway shows and restaurants are just a stone throw away.

However, the FEU Foundation Convention and Reunion had a hectic schedule particularly for the leadership group, the Jubilarians and the CME with the excellent speakers, which lasted for three days, had less time to enjoy the City.

The Reception Night traditionally is shouldered by the Host Chapter, not by the National Foundation. As complained by Dr. Ed Relucio, the

food was meager compared to previous years. Then after the beautiful rendition of the National Anthems (American and Filipino) the FEU Hymn was not sung! Notwithstanding, that this was an FEU Medical Alumni affair. This unfortunate thing happened again during the Gala Night on Saturday. But, because of the quick attention call made by the Emcee, Dr. Jane Legaspi, the Illinois group was called to the stage to sing the FEU hymn – with gusto. This should be a lesson learned by the following chapter who will host the event in the future. It is embarrassing if not pathetic for this to happen again.

There are many good things that happened, too. On top of it all was the reception given by Drs. Emy and Rudy Magpantay in their Villa Esmeralda home. The food was so much and sumptuous. They even had “lechon”, thanks to the Magpantay’s. This should be a paradigm for those who become hosts in the future.

Switching gear, let me talk about Health Care Reform that is being pushed by the Obama administration. As the guest speaker of the American Medical Association in Chicago last June, President Obama categorically said, “ I’m not advocating caps on malpractice awards”.... for which he was booed by the House of Delegates. Then there is this bill HR 3200 that doesn’t even mention “Medical Liability Reform”. This is a national problem that involves all and is the major reason of the high cost of medical care. Yet, President Obama said to the AMA HOD that: “the cost of our health care is a threat to our economy”, “and it is unsustainable for the United States of America”. But, he doesn’t even talk about Tort Reform.

I think, we need to voice out together as a clarion call from the physician side, to all our elected officials to reform healthcare that would include “Tort Reform”. Without it, status quo will continue to cause havoc in the care of patients and the growth of our Nation.



Facade of Villa Esmeralda belonging to Drs. Rudy & Emy Magpantay in Westbury, Long Island



Part of the Alumni Officers and Board Members attending the Drs. Magpantay party Thursday night.



Interior of Villa Esmeralda and the Alumni attending the party.

The Unique Class of 1967



Every graduating class feels that at least in some way they are unique. It is the nature of humans to try to be different, to stand out, even while attempting to fit in. The memories the students in a class share, forever bond them in mysterious ways.

I have always believed that the class of 1967 was more interesting than most. Our Medical School years were a sublime mix of beautiful, intelligent students and leaders striving to make high marks, while also enjoying the largess of being young. We were often noted for being delinquent with a disorderly manner and spent a lot of time doing make-ups during our internship. And yet, we managed to

graduate and excel in our chosen fields. The Class of 1967 has always been a shining example of how a group of students remain friends and supporters throughout life.

The women in our group were some of the most beautiful students in the medical school. I think I speak for many of my fellow male classmates when I say that we spent many enjoyable moments just watching lovely women such as Pilar Evora, Flora Makalintal, Baby De Guzman, Norma Salvatera, Norma Antonino, Zenaida Rivera, Rosalinda Soriano, and Fe Mercado walking around campus. (Forgive me for using maiden names or if I have unintentionally omitted someone).

We also had many students who enjoyed the publicity of having unusual or memorable names. Some of these include Tatlong Hari, Papa, Obespo, Santos Santos Santos, Poquiz, Labatete, Magiba, Panahon, Atis, Takiki, Israel, and Junio. Even after graduation, our names continued to make themselves known through our financial, success, the stability of our class alumni, and our ongoing support of our alma mater.

Sadly, some of our classmates are no longer with us. I hold up the memories of such wonderful friends and classmates as Nelson Castro, Isagani Carunungan, Mel Cortes, Santos Santos Santos, Elpidio Serapio, Abraham Palaypayon, Venus Junio, Nellie Cadiz, Rodolfo Lezondra, Carmelita Guzon, Rodolfo Matija, Anna Santos. Chua Ong Ty, Summa cum laude and Cardiologist from St. Louis, and many others I may have missed.

It has been and continues to be a great honor to be named with my fellow classmates. I wish you a long and prosperous life and pray all my classmates and their families enjoy a robust and love filled life. Long live the members and memories of Class 1967.

Sincerely,

Pepito C. Rivera M.D.

Immediate National President of FEU-DNRMSF
Class 1967



Drs. Pilar E. Sayoc, Ding Ulgado Guinigundo



Drs. Noli & Ding Guinigundo, Pilar E. Sayoc, Gilbert Galla



Drs. Amante & Jane Legaspi, Noli Guinigundo

The Future of American Medicine

by Orlando I. Agnir, MD



From the perspective of a former health care provider and now a health care consumer in my retirement years, I would like to weigh in also on the health care debate.

TV talking heads and even elected officials carp on the skyrocketing cost of health care. All seem to agree that the health care delivery system is broken and that Medicare, originally intended only for the care of senior citizens, may soon go bankrupt.

About ten years or so ago, Ellen Goodman, syndicated columnist for the Boston Globe (<http://search.boston.com/local/> search Active Advanced.do) wrote an essay on "How Americans Die". She described the modern hospital ICU as the equivalent of the medieval torture chamber. She observed patients with end-stage lung disease connected to ventilators and assorted invasive monitors for weeks on end. Each patient, after four weeks or so, would run up a hospital bill

of more than \$100,000.00. Despite the skilled efforts of the dedicated ICU nurses, almost all would invariably die. Before I retired, I used to walk through the ICU and muse to myself that the burden on Medicare was not sustainable.

Mercifully, the Living Will mandate was put into effect. All patients admitted to the hospital are now required to decide whether or not life support systems would be used in their final hours on earth. I suspect that prolonged agony has been markedly reduced.

Medicare was enacted in 1965 for senior citizens. Before long, disabled patients, regardless of age, qualified for Medicare. By the 1970s, Medicare also assumed care for all end-stage-renal-disease (ESRD) patients. Dialysis became a cash cornucopia and Dialysis Centers sprouted all over the country. Equipment suppliers got into the act and Medicare has been fraudulently billed for mattresses that were actually thin sheets of foam.

If Medicare is to be saved, abuses must be rooted out with a fine-tooth comb.

The private health insurance sector has also severe problems and I offer myself as "Exhibit A". In my youth until I turned 48 years old, my health insurance premiums averaged about \$300.00 per month. In 1985, I had major surgeries including radical right nephrectomy, distal pancreatectomy, etc. At renewal time, my insurance company refused to keep me insured unless I was willing to pay the highest rating for "at risk". No other insurance company would take me on and

I had no choice but to pay \$1500.00 per month (\$18,000.00 annually). In 16 years, I paid \$288,000.00 to my insurance carrier and the irony of it is that with three hospitalizations in the period of time my total bill did not exceed \$20,000.00.

A non-profit insurance company will provide competition to the private sector and premiums will have to drop to affordable levels. The upper middle class and rich will probably stay with their carriers to make sure that there will be no disruption in their medical care.

It is the delivery of care that will have to drastically change to make sure that all Americans will receive adequate care in a non-single payer system. Using proven successful models (Mayo/Cleveland Clinics) all physicians will have to go on salary. In WV there are 3 campuses in the WVU hospital systems. Each campus will serve as the hub of several networks. There will be competing networks all over the USA as befits the genius of American entrepreneurship.

This is the future of American medicine as I see it. The income gaps between surgical and non-surgical specialists will become narrower, and incomes for the primary care providers could rise with incentive mechanisms.



Part of Class '62 Alumni



Primary signet-ring cell carcinoma of the ileum: report of two cases

Cesar V. Reyes, MD

Pathology and Laboratory Medicine Service, Veterans Affairs Hospital, Hines, IL, and Department of Clinical Laboratories, Morris Hospital, Morris, IL

Signet-ring cell carcinoma (SRCC) of the ileum is rare and usually considered a metastasis from elsewhere until proven otherwise. Literature review indicates two published cases of SRCC primary in the ileum, a third involving both the ileum and the appendix and postulated to be of a multicentric origin, and a fourth originating from Meckel's diverticulum. We report two cases of primary SRCC of the ileum, one in the terminal ileum and one developing in a cutaneoileostomy. The latter type has not been previously documented, although there are a few reported instances of SRCC in the urinary bladder and female urethra associated with an ileal conduit.

Signet-ring cell carcinoma (SRCC) receives

its name from the fact that the neoplastic cells are distended with mucus, pushing the nucleus to one edge of the cytoplasm. This results in a microscopic resemblance of the cells to the rounded shape of the face of a signet ring. SRCC usually arises in the stomach and less commonly in the rectosigmoid colon, although it has also been recognized in other large intestinal segments as well as in the breasts, pancreas, urinary bladder, ovaries, appendix, esophagus, gallbladder, lungs, and various visceral sites.

SRCC is the rarest of enteric malignancies. Published reports disclose only three cases of SRCC primary in the jejunum, one in the duodenum, and four in the ileum.¹⁻⁶ This brief report relates two additional ileal SRCCs: one patient followed a rapid clinical course despite surgical resection and systemic chemotherapy, whereas the other case was limited to an exteriorized ileal mucosa 18 months following surgery for ischemic enteritis.

Case report 1

A 54-year-old man presented with a 4-day history of pelvic pain and was found to have right lower quadrant abdominal tenderness without rebound and guarding. Bowel sounds were present. The rest of the clinical history and physical examination was unremarkable. The hemograms, leukocyte differential counts, erythrocyte indexes, serum chemistry results, liver function profile, pancreatic enzyme evaluation, and urinalysis were within normal values. A CT scan showed partial obstruction of the terminal ileum due to a nodular mass thickening

(Figure 1a), without jejunal dilatation. A few small densities within the adjacent mesentery were also found. Colonoscopy revealed an inflamed, nonulcerative, micropapillary lesion, and a 7-cm narrowing of the terminal ileum, located about 11-cm above the ileocecal valve, which was unremarkable. Biopsies proved the diagnosis of SRCC (Figure 1b). The immunohistochemical staining results included positive AE1/AE3; epithelial membrane antigen, and CAM5.2, along with negative CK20, CDx2; estrogen receptor, thyroid transcription factor-1, and CK7. These tests, however, did not define whether the tumor was primary in the terminal ileum or metastatic from elsewhere. On further work-up evaluation, probable other sources of the tumor, eg, appendix, stomach, right large intestine, cecum, lungs, breasts, pancreas, and other visceral organs, failed to reveal any abnormalities. Subsequent tumor and segmental ileocolonicmesenteric resection (Figure 1c) also affirmed lymph node and localized peritoneal metastases. The surgical procedure and postoperative care were uneventful. Adjuvant chemotherapy consisting of cisplatin, doxorubicin, and 5-fluorouracil did not provide remission or improved survival. The patient succumbed to a disseminated SRCC 11 months after diagnosis.

Case report 2

A 73-year-old man underwent a segmental il-

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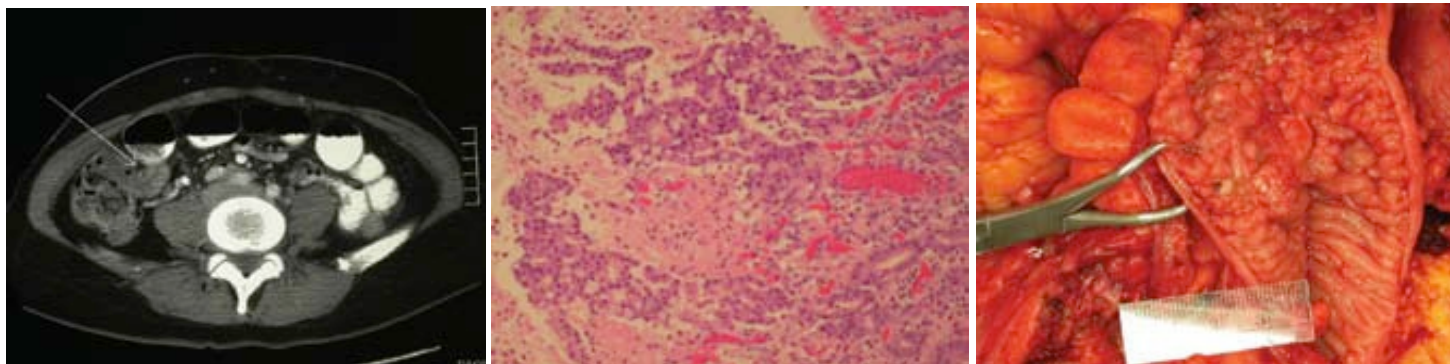


FIGURE 1 (a) CT scan reveals a partially obstructive, nodular, mass thickening (arrow) of the terminal ileum; (b) microscopic evaluation shows a fairly diffuse, intramucosal signet-ring cell carcinoma in the ileal mucosa (hematoxylin and eosin stain $\times 100$); (c) gross appearance of signet-ring cell carcinoma of the terminal ileum.

resection and cutaneostomy for ischemic bowel disease. The latter was secondary to cholesterol embolism after arterial catheterization and coronary bypass surgery. The operative procedure was complicated by a ventral hernia, which healed by secondary intention. The patient presented 18 months later for elective reversal of ileostomy and repair of the ventral hernia. The ileostomy reversal and hernia repair were uneventful. An SRCC was clinically and grossly unrecognized in the take-down cutaneostomy specimen (Figure 2a). The neoplasm was microscopically intramucosal but diffuse and limited to the exteriorized ileal mucosa (Figure 2b). Postoperatively, however, the patient had cardiopulmonary arrest. He initially did well on the ventilator and intensive care management, but later decompensated and died of superimposed coronary artery thrombosis. Postmortem evaluation showed no residual SRCC in the remaining ileum or in other organs.

Discussion

About 75% of cases of SRCCs when diagnosed are already metastatic to adjacent organs, lymph nodes, or the peritoneal cavity. These tumors are considered a high-grade and aggressive type of intestinal adenocarcinoma and portend a poor prognosis with no apparent benefit from systemic chemotherapy or other therapeutic regimens.¹⁻⁹

The first report of ileal SRCC

involved a 71-year-old woman who presented with intermittent nausea and abdominal distention for 6 months. Gastrointestinal endoscopy, ultrasonography, and CT scan were nondiagnostic. A barium study 11 months later demonstrated a narrowed terminal ileum. During a segmental ileocecal resection, an excised small abdominal wall metastasis and an ulcerative stenotic ileal tumor were microscopically SRCC, with lymphatic metastasis in the adjacent mucosa and submucosa.¹

The second published case of ileal SRCC was superficial and diffusely mucosal and focally involved the appendix. A multicentric origin of the tumor was postulated.²

The third reported case was a 45-year-old man who underwent a laparotomy for clinical Crohn's disease. The diagnosis was changed to SRCC postoperatively. The ileal stenosis was highlighted by a longitudinal ulcer due to mucosal lymphatic spread. No other lesion, however, was recognized in a

subsequent extensive work-up. Nonetheless, adjuvant chemotherapy was initiated. The patient developed peritoneal metastasis and died from a disseminated tumor 2 years after diagnosis.³

The fourth published case arose from Meckel's diverticulum and, likewise, was punctuated by a rapid clinical deterioration despite palliative surgery and systemic chemotherapy.⁴

This rarity of ileal SRCC cases precludes any consensus statement regarding the management and realtime clinical characterization of the tumor. On the other hand, SRCC of the stomach and colorectum, where it occurs more frequently, appears to be worse than the gastrointestinal mucinous carcinomas and the usual adenocarcinomas. The 5-year survival rate is 27%, compared with 58% and 63% for mucinous carcinomas and the usual adenocarcinomas, respectively. This observation is especially troubling because the incidence of SRCC is rising, whereas the incidence of the other types is decreasing

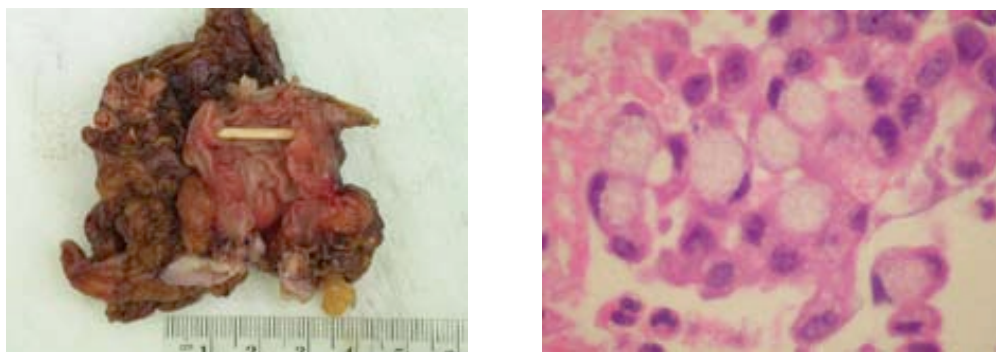


FIGURE 2 (a) The take-down cutaneostomy specimen is grossly unremarkable; (b) Microscopic evaluation shows signet-ring cell carcinoma in the ileal mucosa (hematoxylin and eosin stain $\times 400$).

or holding steady. It is also probable that the tumor is just being recognized more often. The incidence of SRCC has increased by about 4.4% per year in the past decade, whereas that of well-differentiated adenocarcinoma decreased by 1% per year, a significant difference. There has been no change in the incidence of mucinous carcinoma.⁵⁻⁸ Additionally, SRCCs are detected in younger patients and at a later stage than the other two types of GI carcinoma.⁵⁻⁸ There is, however, no difference (in the frequency of) KRAS mutations in SRCC and mucinous carcinomas. The carcinogenesis of SRCC and mucinous carcinomas differs from that of the ordinary intestinal adenocarcinomas in that other gene mutations may be associated with the former.⁵⁻⁸ SRCC developing in a cutaneostomy has not been previously documented, although there are a few reported instances of SRCC in the urinary bladder and female urethra, associated with an ileal conduit. The risk factor in ileal signet-ring carcinogenesis is unclear, but genetic predisposition,

eg, KRAS mutation, receives the most consideration. Another possibility is that ileal mucosal exteriorization plays a role, as in cutaneostomy and ileal conduit.⁹⁻¹¹

In conclusion, SRCC is a rare but distinctive primary neoplasm of the gastrointestinal tract, often recognized in an advanced stage. It is associated with an overall poorer prognosis than the usual adenocarcinomas. Early peritoneal seeding but a low incidence of hepatic metastasis are characteristic. Because chemotherapy may be ineffective, palliative surgery seems to be the direction to follow to improve prognosis and patient survival.⁵⁻⁹

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Conflicts of interest: None to disclose.

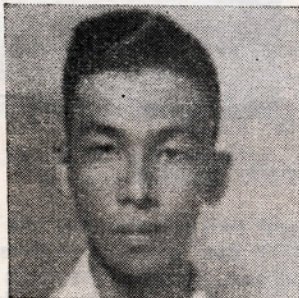
Prayer For the Day

**Good and gracious God,
you share your ministry of healing
with physicians and nurses, and with all
those professionals who commit their talents
to heal and strengthen patients and their families.**

**Through the companionship
of the great physician Luke,
bless us with your gifts of wisdom and hope.
Give us patience when we are tired,
strength when we are weak,
and the grace of hospitality for everyone we meet.**

**Loving God,
lay your healing hands upon us now.
May we walk always in your love.
May every action of our lives give glory
and praise to you, our loving God. Amen.**

The Men Behind The MEDICAL STUDENT



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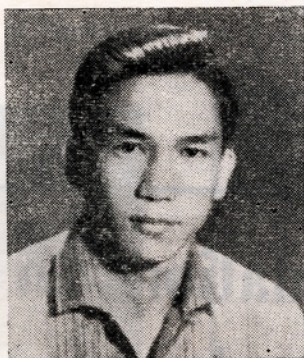
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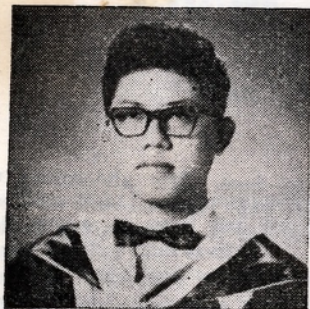
The Medical Student was the monthly official publication of the student body, Institute of Medicine, Far Eastern University

March 25, 1959

The initial staff members are posted above.

Class '60 is Golden Jubilarian for the Year 2010 to be held in Troy, Michigan at its Annual Reunion & Scientific Convention
July 14 to 18, 2010

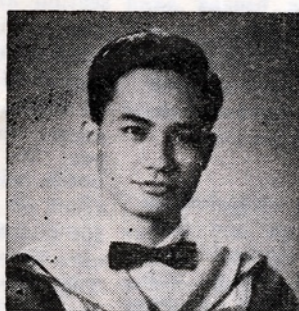
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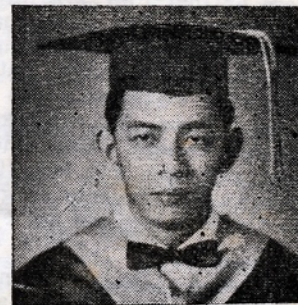
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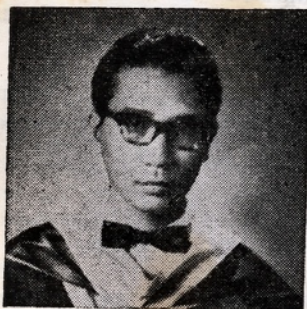
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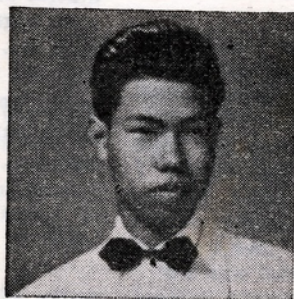
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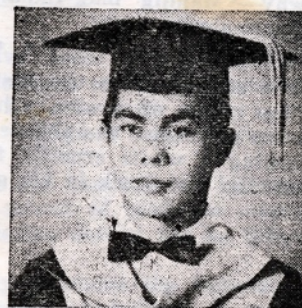
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Golden Jubilarians that celebrated its 45th (Sapphire), 2005, Las Vegas, Nevada
Seated L to R: Drs. Janelle Duremdes, Esther Mabry, Vida Capalad, Fe Baje, Evelyn Sandoval
Standing L to R: Drs. Richard Chiu, Paul Miranda, Gene Duremdes, Romanito Tadeo, Tan Liong Gee, Amadeo Calderon, Raynaldo Sandoval, Fris Parilla, Antonio Farol



Seated L to R: Drs. Ping Florescio, Ochie Tuazon, Mildrey Rey, Malou Cruz, Vicky Bal, Fe Baje, Estella Pacificar
Standing L to R: Drs. P. Florescio, Oscar Tuazon, Jun Castro, Uly Baje



Class 1960 in New York, July 2009

L to R: Drs. Uly Baje, Fe Baje, Minerva Racela, Portia Sibal, Gene & Janelle Duremdes, Antonio Dizon, Isaac Racela



Class 1960 in California, July 2008

L to R: Drs. Portia Sibal, Raynaldo & Evelyn Sandoval, Janelle Duremdes, Vida Capalad, Gene Duremdes, Remy San Juan-Dungo, Uly & Fe Baje, Richard Chu, Philip Chua

**30TH ANNUAL REUNION AND CONVENTION
FEUDNRSM ALUMNI FOUNDATION
Grace Budy-Rabadam, M.D.
Overall Convention Chairman and Treasurer
August 2009**



It is time to reflect the recently concluded 30th Annual Reunion and Convention on July 1-5, 2009 at the New York Marquis, Times Square, New York City. It was an exhausting five days, however, it was so gratifying to see the attendees enjoying and having a good time, socializing with friends, classmates and families. The alumni enjoyed the amenities offered by the Big Apple. The venue was ideal for leisure walk around Times Square, enjoying the excellent restaurants, shopping and the Broadway shows.

The continuing medical education portion was very informative and educational. Lecturers, of which majority if not all, were alumni and were excellent. The CPC was an interesting case well discussed comprehensively by the different specialty consultants.

The welcome reception was hosted by the New York Chapter. Officers and members of the New York Chapter presented an appropriate medley of Broadway songs featuring in their "NY LOVES FEU" uniform shirts. Dr. Minda Santangelo was the emcee for the evening.

The Filipiniana Night as well as the Grand Ball were held at the grand Broadway Ballroom enhanced with the FEU gobos on each side of the huge stage. Guests tables arranged in one row around the huge dance floor were accentuated with gorgeous orchid pots. The jubilarians during the Friday Filipiniana Night presented their own class numbers and presentations. It was emceed by Drs. Jane and Amante Legaspi. During the Saturday Grand Ball the Golden Jubilarians, Class '59, presented a video presentation of their class. The Silver Jubilarians, Class '84, introduced each member by entering through an ark to receive their medallion at the center of the dance floor from Dean Remedios Habacon and assisted by Consul General of the Philippines in NY, Cecille Rebong, followed by a candle ceremony. Later they presented a Broadway dance number. This evening was emceed by Dr. Renato Ramos, Class '63, and the beautiful Hazel Sanchez, the daughter of our very own Dr. and Mrs. Manuel Sanchez of Illinois. Hazel is a CBS-TV reporter in New York City. Attendees danced 'til midnight on the huge dance floor with ample room for everybody to dance.

On Thursday evening Drs. Rudy and Emy Magpantay hosted a reception for the members of the board who were bussed to their residence in Old Westbury in Long Island. The bus was provided by the New York Chapter.

On Sunday prior to the departure of the attendees was a beautiful mass celebrated by Rev. Monsignor Aquino with the accompaniment of the St. Sebastian Church choral group of Woodside, Queens.

Although attendance was comparatively less than the previous conventions everybody had a wonderful time. Success of any function is gauge not only by its quantity but more so by its quality. The New York Chapter did the best it could to accommodate everybody and make the alumni feel at home. I am personally grateful for all the help and cooperation I got from the NY Chapter President, Dr. Vicente Salvador, the officers and members of the NY Chapter as well as the President of the Foundation, Dr. Hernani Tansuche,

the Chairman of the Board, Dr. Arsenio Martin, and the Executive Director, Dr. Oscar Tuazon. I am delighted to report that we had a NET INCOME of \$ 20,691.43 from this convention.

During the Grand Ball a raffle of beautiful expensive articles was held chaired by Dr. Daisy Ramos. It netted \$6,180.00 which is tagged for the Scholarship Fund.

For the most part the alumni were very generous because donations and pledges for the foundation was pouring during the Saturday general membership meeting and luncheon.

DONATIONS:

- 1. FEU New York Chapter----- \$ 13,500.00
- 2. For the Faculty Subsidy -----7,000.00
 - Drs. Generosa/Janelle Duremdes -2,000.00
 - Dr. Antonio Dizon -----2,000.00
 - Dr. Cawili/Rita Vergara -----1,000.00
 - Class '68 -----1,000.00
 - Class '69 -----1,000.00
- 3. For Scholarship ----- 257.00
 - Michigan Chapter ----- 257.00
- 4. For Student Achievement Awards -----1,150.00
 - Dr. Crescenciano Lopez -----1,050.00
 - Drs. Nestor/Celia Sagullo ----- 100.00
- 5. For Jubilarian Fund -----10,000.00
 - Class '74 -----10,000.00
- 6. For Laptaps ----- 5,500.00
 - Drs. Rodrigo/Elma Castillo ----- 1,000.00
 - Class' 64 ----- 1,000.00
 - Class '65 ----- 1,000.00
 - Class '74 ----- 1,000.00
 - Dr. Crescenciano Lopez ----- 500.00
 - Dr. Vicente Salvador ----- 500.00
 - Florida Chapter ----- 500.00

PLEDGES:

- 1. For Faculty Subsidy ----- 7,000.00
 - Dr. Rick de Leon ----- 2,000.00
 - Dr. Rocco Franco ----- 1,000.00
 - Michigan Chapter ----- 1,000.00
 - Illinois Chapter ----- 1,000.00
 - New York Chapter ----- 1,000.00
 - Washington DC Chapter----- 1,000.00
- 2. For Professorial Chair----- 15,000.00
 - Dr. Crescenciano Lopez ----- 15,000.00
- 3. To sponsor scholars:
 - Dr. Rick de Leon ----- 1 scholar
 - Dr. Nunilo Rubio ----- 1 scholar
 - Dr. Elma Castillo ----- 1 scholar

Dr. Crescenciano Lopez was so generous that he has named the FEU Foundation in his will.

We are so proud of what the Foundation has accomplished every year. For the 2009 school year the Foundation has supported four (4) 1st year, three (3) 2nd year, nine (9) 3rd year and seven (7) 4th year scholars and the Foundation spent \$ 35,765.67.

The Foundaton also gave the following faculty awards in the total amount of \$ 2,300.00

1. J.B. Nolasco Award (Most Outstanding Senior Faculty,
Clinical Category ----- 700.00
2. Dr. Ilagan Award (Most Outstanding Senior Faculty
Basic Science ----- 700.00
3. Sam Green Award (Most Outstanding Junior Faculty
Basic Science ----- 350.00
4. Sam Green Award (Most Outstanding Teaching
Resident. Clinical Category ----- 350.00

Every year the Foundation gives the school \$ 30,000.00 for faculty subsidy.

During the Balik FEU every January the Foundation presents Student Achievement Awards (S.A.A.) in the amount of \$ 50.00 each on different subjects. Last January 2009 we awarded 83 perpetual S.A.A. and 20 one-time S.A.A. with a total of 103 S.A.A. amounting \$ 5,500.00.

Currently the Foundation has 12 Professorial Chairs of which 8 are fully funded in the amount of \$ 15,000.00 each as follows,

1. Michigan Chapter
2. Illinois Chapter
3. Class `62
4. Class `68
5. Dr. Rolando Buan
6. Dr. CesarLastimosa
7. Dr. Rogelio Mupas
8. Drs. R. Cabrera, L. Sicat, E. Abano-Mendoza,
R. Limosnero and J. Jaravata

The Foundation also has several Jubilarian Class Funds with several thousand dollars in its coffers.



Miss Philippines, Pamela Bianca Manalo with Dr. Rolly & Mae Casis at the Miss Universe Pageant in the Bahamas



Miss Guatemala with Dr. Rolly & Mae Casis also at the Miss Universe Pageant in the Bahamas

Reception Night at New York Marriott Marquis



Dr. Salvador giving his welcoming speech The New York Group performing at the opening night



President Hernani Tansuche with his welcoming address Part of the New York Choral Group



Dr. Grace Rabadam & Dr. Manny Malicay at the 1st Day of the CME



Chairman Arsenio Martin giving the opening remarks at the CME



CME Director: Dr. Manny Malicay



Drs. Bautista, Fabito, and De Leon



Drs. Fabito, Carmelita, and Reg Tobias



Drs. Aladin & Edgar Borda



Drs. Cres Lopez, Sy Guat



Drs. Ding Guinigundo, Dean Remy Habacon, Lydia Barot
Back: Sonny Habacon



Drs. Guinigundo, Zenaida Aliyas, Guinigundo, & Fe Baja



Drs. Zenaida Aliyas, Guinigundo, Fe & Uly Baja



BOT Meeting: Drs. Santangelo, Chmn. Martin, Pres. Tansuche, & Rabadam



Drs. Tuazon, Rivera, Borda



Drs. Habacon, Jane & Amante Legaspi

An Essay
FIRST OF ITS KIND

Cesar V. Reyes MD'68

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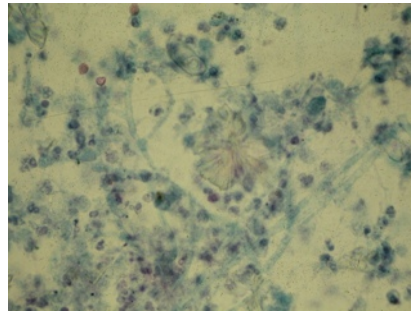
Email creyes@morrishospital.org

Most, if not all, medical journals require that a prospective manuscript must include novel findings. These findings may be a new disease or condition, i.e., not previously reported. Or they should be a distinctive or unusual presentation of a known disease that is potentially applicable to diagnosis, therapy, prognosis, and may serve to provide new insight into the possible pathogenesis of a disease. For a case report manuscript to be acceptable for publication, it is almost invariably mandated that there must be less than 10 other previous articles described in the literature.

This brief paper summarizes my **first of its kind** publications to date.

DIAGNOSTIC VALUE OF CALCIUM OXALATE CRYSTALS IN RESPIRATORY AND PLEURAL FLUID CYTOLOGY

A 56-year-old man presented with massive, left-sided pleural empyema. Sputa, pleural fluids, a bronchial washing and a bronchial biopsy revealed acute inflammatory exudate and numerous birefringent calcium oxalate crystals. One pleural fluid also showed occasional mycelia and rare conidiophores of *Aspergillus niger* (Figure). The fungus was abundantly cultured from all cytology specimens.

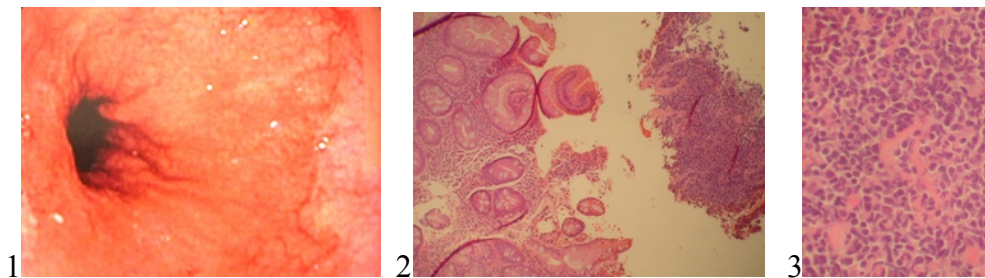


Other oxalosis-related conditions were not identified in this patient.

The finding of calcium oxalate crystals associated with a background of acute inflammatory cells in cellular samples of respiratory secretions and pleural fluid should be regarded as a clue to the diagnosis of infection with *A. niger*.

MANTLE CELL LYMPHOMA IN BARRETT'S ESOPHAGUS

A unique instance of mantle cell lymphoma presenting in Barrett's esophagus, heretofore not previously reported in the literature, is briefly described. The initial diagnosis was indicated by positive immunostaining with monoclonal B-cell markers, including CD5 and cyclin D1 (BCL1) on lymphoid tissue nodules associated with the intestinalized cardiac-type glandular mucosa obtained by endoscopic biopsy (Figures 1, 2 and 3). The results were subsequently affirmed by flow cytometry analysis, repeated immunostains, and cytogenetic study of non-palpable but radiologically imaged deep cervical lymph nodes.



The occurrence of mantle cell lymphoma in Barrett's esophagus is probably coincidental.

THE ROLE OF FINE-NEEDLE ASPIRATION CYTOLOGY IN MEDICAL SURGICAL MISSIONS

In medical-surgical missions, healthcare professionals travel to developing countries with a goal to provide free short-term services to the less fortunate local citizens. Laboratory testing is limited and minimal. Pre-, intra-, or postoperative histological evaluation of excised/ resected tissue is generally not performed for lack of facilities and apparatus. Thus, diagnoses and treatments are almost completely based on clinical impression.

The use of fine-needle aspiration cytology (FNAC) --- a simple, accurate, fast and economical procedure, and requiring the simplest devices to implement --- in these situations is practical and heretofore has not been reported in the literature.

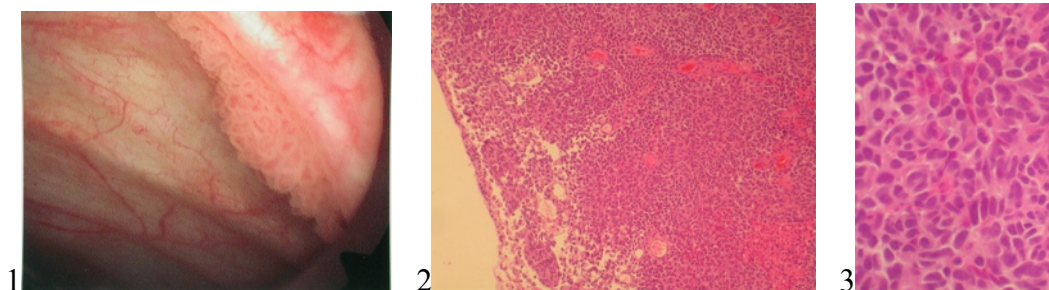
This paper relates a six-year week-long mission experience of utilizing FNAC during medical surgical missions in the impoverished areas of the Philippines. The venues and locales served were the Far Eastern University Hospital in Manila in 1992 and 1993, Orani District Hospital (Bataan) in 1994, Pasig General Hospital (Rizal) in 1996, and Ilocos Regional Training Center in San Fernando (La Union) in 2004 and 2006.

While the mission volunteers have gained extremely rewarding experience in these limited mission works, FNAC has proved to be a very useful adjunct in the delivery of short-term healthcare during medical-surgical treatment even in less-than-ideal setting.

PROSTATIC BRACHYTHERAPY-INDUCED SMALL CELL CARCINOMA OF THE URINARY BLADDER

Radiation-related cancer is now a well-recognized entity. In the lung, small cell carcinoma (SCC) is the predominant histologic type. In urinary bladder SCC, radiation has not been implicated in its carcinogenesis. This paper described the first case report of a urinary bladder SCC developing four years after prostatic brachytherapy.

A 74-year-old man was treated with palladium¹⁰³ seed implantation for a localized low-grade prostatic adenocarcinoma after which he was in remission for four years. Early and protracted treatment complications, however, included ulcerative proctitis and urinary retention, respectively. Biannual prostatic-specific antigen tests remained normal. Follow-up cystoscopy revealed a 6-cm urinary bladder SCC that was (Figure 1, 2 and 3) completely transurethraly resected.



A complete work-up for metastases and/ or possible origin of the tumor from other organs yielded negative results. No additional treatment was instituted because of the age and poor health status of the patient. Two months later, transurethral resection of nodular medial lobe stromal hypertrophy also demonstrated postradiation prostatitis, necrosis, and extensive calcification. No residual urinary bladder SCC and recurrent prostatic adenocarcinoma were found at that time and at 24 months follow-up.

PROSTATIC BRACHYTHERAPY-RELATED OBSTRUCTIVE TERMINAL ILEAL STENOSIS

Urinary and rectal complications of brachytherapy are now well documented. As high as 17.5% of patients may exhibit acute toxicity and late radiation effect, although with decreased frequency, respectively. Enteric complications following brachytherapy are extremely rare; and obstructive terminal ileal stenosis, a heretofore not previously reported, is herein described. A 70-year old male was diagnosed to have a localized low-grade prostatic adenocarcinoma, treated with brachytherapy a year earlier. Two weeks prior to admission, he complained of nausea, vomiting and abdominal distention secondary to narrowed terminal ileum which is noted on endoscopy and CT scan imaging (Figure, with arrow) with a clinical consideration of either Crohn's disease or ischemic ileitis.



On exploratory laparotomy, the stenotic ileum was resected and revealed mild chronic postirradiation ileitis limited in the muscular propria and serosa. Neither chronic inflammatory bowel disease nor ischemic ileitis was demonstrated.

There was prompt improvement of symptoms after excision of the stenosed ileal segment. Follow-up at three months, six months and one year showed no recurrence or progression of the ileal narrowing and prostatic adenocarcinoma.

PRIMARY SIGNET-RING CELL CARCINOMA IN CUTANEO-ILEOSTOMY

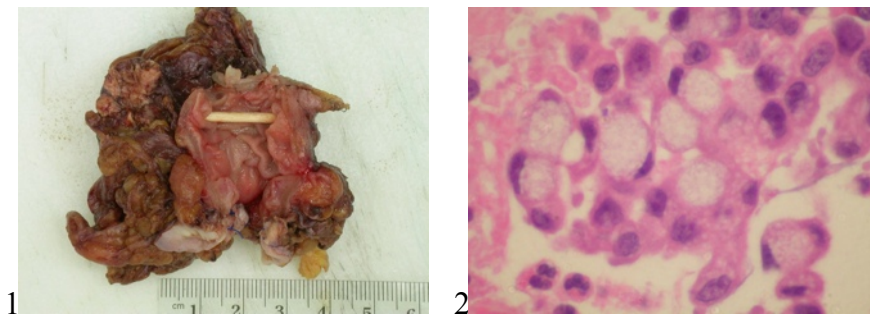
Signet-ring cell carcinoma (SRCC) of the ileum is rare and usually considered a metastasis from elsewhere until proven otherwise. Literature review indicates two published cases of SRCC primary in the ileum, a third involved both ileum and appendix and postulated to be of multicentric origin, and a fourth originating from Meckel's diverticulum.

SRCC usually arises in the stomach and less commonly in rectosigmoid colon although it has also been recognized in other large intestinal segments as well as breast, pancreas, urinary bladder, ovary, appendix, esophagus, gallbladder, lung and various visceral sites.

SRCC developing in a cutaneo-ileostomy has not been previously documented although there are a few reported instances SRCC in the urinary bladder and female urethra, associated with ileal conduit. The risk factor in ileal signet-ring carcinogenesis is unclear but genetic predisposition receives the most consideration. Another possibility is the role of ileal mucosal exteriorization as in cutaneo-ileostomy and ileal conduit.

A 73-year old male underwent a segmental ileal resection and cutaneo-ileostomy for ischemic bowel disease. The patient presented 18 months later for elective reversal of ileostomy.

The SRCC was clinically and grossly unrecognized in the take-down cutaneo-ileostomy specimen (Figure 1). The neoplasm was microscopically intramucosal but diffuse and limited to the exteriorized ileal mucosa (Figure 2).



Post-operatively, the patient had cardiopulmonary arrest and died of superimposed coronary artery thrombosis. Postmortem evaluation proved no residual SRCC in the remaining ileum and in other organs.

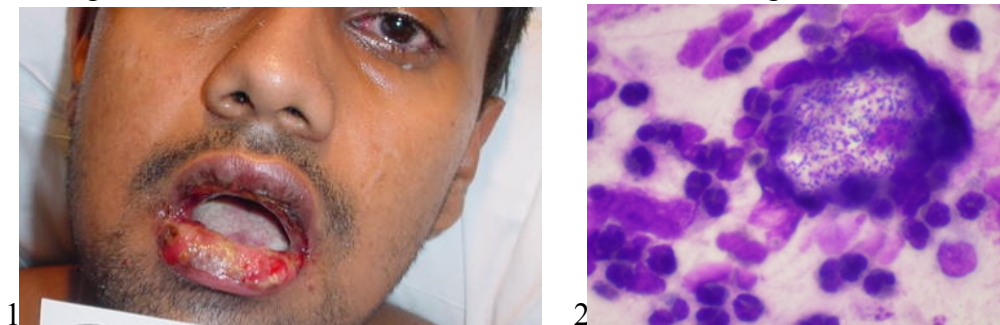
DIFF QUIK STAIN CYTOLOGICAL RECOGNITION OF *CHLAMYDOPHILA PSITTACI* IN ORO-LABIAL LESIONS OF STEVENS-JOHNSON SYNDROME

Chlamydophila psittaci causes psittacosis, an ornithosis acquired from infected birds, typically parrots. The disease is often pulmonary but the symptoms can be variable, including headache, fever, dry cough, lethargy, arthralgia, anorexia, diarrhea and vomiting. Extrapulmonary features are protean but rare, e.g., meningoencephalitis, infective endocarditis, hepatitis, nephritis, rash, splenomegaly, erythema multiforme, Stevens-Johnson syndrome, etc. Chest x-rays may show patchy consolidation. Diagnosis is by *Chlamydophila* serology which may take as long as 21 days or more. Treatment of choice is tetracycline.

When supported by a recent history of exposure to birds, serological findings of increased antibodies comprise preferred confirmatory method. No case to our knowledge has been reported employing Diff Quik-stained cytological material in the diagnosis of psittacosis.

A 17-year old male patient with a parakeet for a pet presented with fever, sore throat, vesicular and eroded lesions of the lips and tongue of five-day duration. The patient complained of fever as high as 104oF, associated with nausea, vomiting, and bilateral conjunctivitis (Figure 1).

In the touch and scrape smears of the lip and oral lesions, *C. psittaci* is visible with Diff Quik stain but not with Papanicolaou-stain smears and Gram stain. There are several organisms per macrophages which appear to be pale, often expanded or bloated, and usually collared by polymorphonuclear leukocytes (Figure 2). The diagnosis was confirmed on repeat serological tests four weeks later, or two week after discharge.



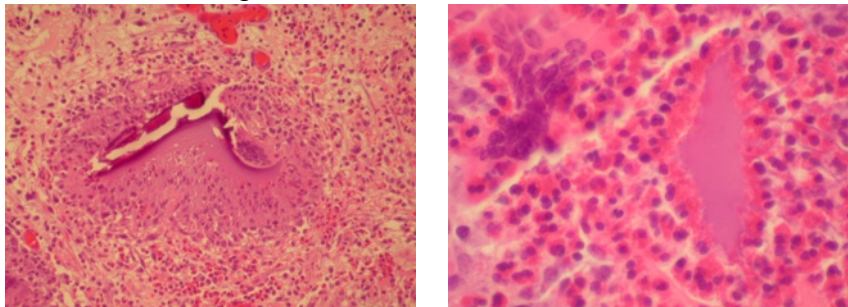
This case represents a first instance of diagnosis of *C. psittaci* in a Diff Quik-stained cytology material in lip and oral lesions of ornithosis-related Steven-Johnson syndrome.

POSSIBLE HISTOPATHOLOGICAL CHANGES IN CONTAMINATED HEPARIN

Contaminated heparin with oversulfated chondroitin sulfate has recently been suggested as the cause of severe anaphylactoid reactions after intravenous heparin. The resulting histopathological changes, however, have not been documented.

A 27-year old woman who underwent laparoscopy-assisted vaginal hysterectomy two days earlier, presented with acute abdomen due to pelvic hemorrhage. On laparoscopy, large blood clots were found in the lower abdomen and

pelvis. Clot removal and lysis were supplemented with heparin washing of the lower abdominal and pelvic cavities and tolerated well. Ten days later, there was recurrence of acute abdomen, associated with small intestinal obstruction. Laparoscopic reevaluation of the pelvis and lower abdomen revealed a peritoneal/ pelvic severe exudative inflammation that was highlighted by nondescript deposits, collared by a thick and dense eosinophilic cell reaction, and occasional granulomata (Figures), resulting in intestinal loop fibrino-fibrous adhesions and small intestinal obstruction. Removal of the inflammatory debris and lysis of intestinal loop adhesions were also well tolerated. Six-month and one-year follow-up showed no recurrence of the problem.



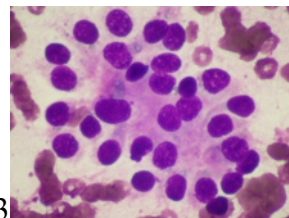
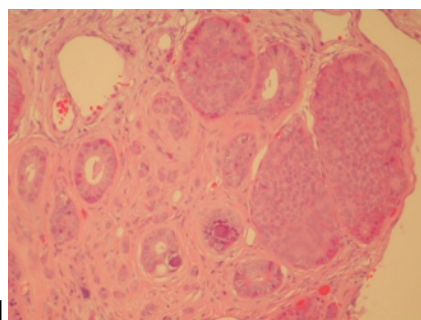
This non-fatal case is probably the first demonstration of the histopathologic changes associated with contaminated heparin utilized in pelvic and peritoneal washing to lyse extensive, adherent postoperative blood clots.

MATURATION OF COLONIC ADENOCARCINOMA TO CARCINOID TUMOR, ASSOCIATED WITH DISTANT METASTASIS, CARCINOID SYNDROME AND LONG SURVIVAL OF 11 YEARS

The admixture of adenocarcinoma and carcinoid in a lesion is alternatively termed as adenocarcinoid, goblet cell carcinoid, neuroendocrine adenocarcinoma, amphicrine carcinoma, composite adenocarcinoma and carcinoid, and mixed crypt cell carcinoma. The tumor histogenesis is simpler and involves a common stem cell origin with observation of possible cellular maturation in the neuroendocrine lines on ultrastructural basis.

Cancer maturation is rare and perhaps best exemplified by neuroblastoma transforming into ganglioneuroma, Wilms tumor becoming a fibroma after therapy, and melanoma and renal cell carcinoma undergoing spontaneous regression. Transformation of colonic adenocarcinoma into carcinoid heretofore has not been previously described.

A 68-year old female presented with a transmurally invasive sigmoid colon adenocarcinoma which also exhibited maturation into carcinoid in its serosal infiltrative foci and regional lymph node metastases (Figure 1).



With surgical resection, local irradiation, and systemic chemotherapy, there was remission for nine years. Then a classic carcinoid syndrome was manifested, associated with a metastatic carcinoid tumor in the liver (Figures 2 and 3). Indicated treatment resulted in tumor necrosis, remission of the carcinoid syndrome and tumor metastases for another two years when the patient died suddenly from complications of vehicular accident.

REFERENCES are available upon request.