LA SAINT VALENTIN
A TRAVERS LE TEMPS

Maxime J Coles MD

La Saint-Valentin a une période fixe sur l’ancien calendrier romain. Célébre, à la mi-février et généralement le 14 Février, c’est un jour qui a toujours permis de démontrer une certaine affection pour une autre personne, en particulier ou à plusieurs en distribuant des cartes spéciales, des fleurs, des cadeaux, des chocolats ou des poèmes d’amour.

Cette festivité date de quelques siècles et avait pris le nom de “Lupercalia”. C’était un festival païen qui louait la fertilité. Les garçons tiraient le nom d’une jeune fille dans une urne et les deux en profitaient pour devenir copains et copines. Cela rappelle un peu ces kermesses de chez-nous, spécialement, celles que l’école des soeurs de Sainte Rose de Lima organisait annuellement. Je vivais à quelques maisons de l’école et je ne ratais jamais une occasion pour apprécier la beauté de jeunes filles de chez nous. Une annonce se faisait au microphone après la réception d’un message et on entendait hautement: “Mademoiselle …. A.A., vous êtes demandée à la “Poste”! Nous devenions curieux de savoir qui avait osé envoyer le message. C’était le temps de la passion…

Il existe aussi un rituel païen ou des hommes nus fouettent des femmes dont la peau est imbibée du sang d’un animal sacrifié pour l’occasion. Ce rituel valorisait la fertilité. Après la flagellation, l’homme choisissait au hasard du moment le nom d’une femme qui durant le carnaval aurait le choix de rester avec lui afin de faciliter une relation qui pourrait autant durer toute une vie s’ils le désiraient.

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L’église a trouvé bon de créer une fête chrétienne de cette festivité et a surnommé ce jour “La Saint Valentin”. Le pape Gelasius en profite, au cinquième siècle pour changer le nom de Lupercalia en Fête de la St Valentin. Cette fête est donc ajoutée au calendrier liturgique vers 500 AC mais est vite retirée à cause de la confusion qu’elle créait entre deux personnages nommés Valentin et Valentinus. D’ailleurs, peu était connu de ces deux personnages si bien que la fête fut rayée du calendrier liturgique chrétien en 1969. Mais, cette date du 14 février est devenue une journée de romance et ce datant du 14ième siècle.

Cependant, nous devons un poète Anglais du nom de Geoffrey Chaucer est de trouver en premier cette relation entre la St Valentin et l’Amour. Il l’a bien décrite dans son œuvre publiée au 14ième siècle et qu’il intitule “Le Parlement des Foules” et “La Plainte de Mars”. C’est bien aussi à cet poète qui plusieurs chercheurs attribuent la fête de la Saint Valentin telle quelle est connue de nos jours.

Cette fête correspondait aussi au premier jour du printemps en Grande Bretagne et c’était précisément la période de reproduction des oiseaux, saison apparemment bien appropriée pour une célébration d’Amour. De même dans l’ancienne Grèce, c’était l’époque où le puissant Zeus avait choisi de prendre la déesse Hera, comme épouse, en plein milieu de l’hiver. En effet, beaucoup d’historiens voient aussi une forte relation sur ce choix du 14 février pour fêter l’Amour.

Il y a aussi quelques légendes qui relatent un peu de la fête de la Saint-Valentin et que j’aimerais ramener à la surface. Une première raconte comment que St Valentin a refusé de se convertir au paganisme sous la pression de l’Empereur Romain Claude II. Il sera plus tard exécuté mais avant de mourir, il a pu miraculeusement guérir la fille malade de son geôlier. Convaincu, ce dernier se convertira avec toute sa famille au christianisme.

Une seconde légende raconte qu’un évêque du nom de Saint Valentin de Terri qui lui aussi, a été exécuté. Il paraît être le véritable homonyme de la fête de St Valentin.

Finalement, une dernière légende nous dit qu’il y avait un prêtre Romain du nom de St Valentin qui célébrait des mariages secrets pour des soldats legionnaires romains interdits de se marier à l’encontre d’un décret impérial. Ce prêtre portait au doigt une bague qui le rendait plus remarquable, avec un cupidon, symbole de l’amour. Cela facilitait son identification.

La relation entre Cupidon et la fête des amoureux ne s’arrête pas là. Cupidon serait ce messager aile que l’on découvre souvent sur les cartes postales ou sur les cadeaux à l’époque de la Saint Valentin. Cupidon était d’ailleurs, le fils de Venus, déesse de l’amour et de la beauté. Il était connu pour attirer les amoureux les uns vers les autres. Il est devenu cet archer habile qui dirigeait ses flèches contre les dieux ou contre les mortels humains afin de les rendre plus amoureux. Neanmoins, nul ne peut deviner quand ce personnage a fait son apparition dans l’histoire de la St Valentin.


Maxime Coles MD (2-4-21)
Renal cell carcinoma

Maxime Coles MD

Renal cell carcinoma (RCC) carries different names like “hypernephroma”, “renal adenocarcinoma” or simply renal or kidney cancer. It’s by far the most common kind of kidney cancer found in adults. The first time a reference was made to the tumor was in 1613 when Daniel Sennert published an article in the “Practicae Medicinae” and later in 1810 it was described in a 35 years-old female patient in her late stage of pregnancy. Koenig divided the tumor into classification with different forms of scirrhou, fungoid and medullary.

It took us time to realize that many other factors were influencing the incidence. A geographic and demographic factor as well as hereditary factors were discovered. Worldwide the incidence of renal malignancies had increased in frequency according to age, sexes and race. Men have a higher incidence than women in a ratio 1.6 to 1 and the vast majority of the tumors are discovered after the age of 65. Asians appear to have a lower incidence than whites while Africans have reported the lower numbers.

Inversely, African Americans carry the highest incidence in the American population. It looks like the rates have increased as well in developed countries.

The kidneys are retroperitoneal organs that are responsible of the elimination of waste and the regulation of fluid in the body. As we know well, there are tiny tubes in the kidneys called tubules responsible for the filtration of the fluid and the blood excreting the waste through the urine. Such a tumor occurs when malignant cells start growing uncontrollably in the lining of the tubules (proximal convoluted tubules). Renal Cell carcinoma is a fast growing tumor which often spread to the lungs and the surrounding organs. It is the most common type of kidney cancer in adults (90%). There is a male predominance over women and it is generally seen during the 6th and 7th decades.

What cause such malignancy? Nobody knows for sure the reason why an individual will develop a renal cell carcinoma but we do know that it is a tumor commonly encountered in the mid 60’s, especially in men. Once it is discovered, symptoms like a family history of malignancy, hypertension, obesity, a history of smoking are looked for. Genetic conditions like congenital polycystic kidney disease, Von Hippel-Lindau disease (cyst in kidney and in other organs, excessive use of non-steroidal anti-inflammatory medications and also acetaminophen may precipitate the disease.

The body is remarkably good at hiding symptoms and as a result, anybody with a renal cell carcinoma often will present with an advanced stage of the disease by the time of it is discovery. What are the symptoms associated with the renal cell carcinoma? In the early stages, one should be generally asymptomatic but as the disease progresses, a mass can be appreciated while palpating the abdomen (25%), with flank pain or side pain (40%), blood in the urine (40%), a loss of appetite. an unexplained weight loss (33%), fever (20%), night sweats, fatigue, excessive hair growth especially in women and even vision problems can be in the picture.

The examining physician is looking for a triad of signs with hematuria, flank pain between the hip and the ribs and an abnormal abdominal mass. This triad is seen in almost 15% of the cases meaning often that the tumor is generally in an advanced stage. As we already said it, many patients are asymptomatic and the tumor is detected incidentally at a routine examination. Malaise, feeling of unwillingness, weight loss can be seen. An anemia may be present because of an increase in the erythropoietin secretion or an overproduction of the red blood cells (erythropesis). In a man, varicose veins of the pampiniform plexus of the testes can be noted while examining the scrotum more often involving the left testes. Hypertension can develop because of an increase secretion of renin by the tumor. High level of calcium (hypercalcemia), sleep disturbance with possibly night sweats, high temperature and a chronic fatigue or even depression can be encountered.

What are the risk factors? Smoking and Obesity as well as high blood pressure has been found in almost 50% of the cases. Exposition to some chemical like cadmium, asbestos, lead, chlorinated solvents, petrochemical agents’ hydrocarbon have all been found associated but without any conclusive evidences. Non-steroidal anti-inflammatory drugs in excess also have increased the risks in developing the disease. It is important to note that women who have had a hysterectomy, have also doubled their chances in developing renal cell carcinoma. Moderate use of alcohol has shown a protective effect but it remains unclear.

Heredity has little impact on the susceptibility of an individual and its immediate relatives to develop this condition. It is estimated that there is a 3% increased risk for the disease. There are other genetically linked conditions like hereditary papillary renal carcinoma, hereditary leiomyomatosis, hyperparathyroidism-jaw tumor syndrome, sickle cell disease, familial papillary thyroid carcinoma, or von Hippel-Lindau disease and Birt-Hogg-Dube syndrome. Patients with acquired cystic disease requiring dialysis have shown a 30-fold chances in developing renal cell carcinoma.

I can’t re-enforce more than a renal cell tumor is generally diagnosed after a good familial and personal medical history review and through a physical examination. A detailed evaluation of the past health state and a consideration to the signs and symptoms...
during the exam will be helpful to appreciate the risk factors and asset a diagnosis. Often, enlarged veins in the scrotal sac can bring the suspicion in men necessitating a work-up. Based on the symptoms presented, biomechanical tests will be ordered. A complete blood count to search for anemia and a urine test for the search of blood or tumoral cells as well as an evaluation of the electrolytes, a liver function and a kidney function tests to check on the clotting factors. Upon the findings of the physical examination further investigation will be needed especially if an abdominal or a flank mass is discovered.

At the early stages, the disease maybe be ill defined but the assessment will rely first on the clinical findings. The main diagnostic tools after the clinical manifestations are discovered on regular X-rays of the chest and abdomen, ultrasound, CT scans and MRI scans of the abdomen and the kidney’s function. A CT scan will visualize both kidneys and detect any abnormal growth. An abdominal and a kidney ultrasound can create a picture of the organs, allowing the discovery of any tumor or other problems as well a cyst formation or other organs masses or lymph nodes enlargement. Ultrasound and Fluoroscopy can help in performing a needle biopsy for taking a specimen to be sent to the lab to asset a diagnosis. Pet scan can be also necessary. Laboratory studies can be conducted when a patient become symptomatic or presents with characteristic of kidney impairment.

As we already discussed, patients often are asymptomatic or an abnormality can be found incidentally when a test is performed for other reasons like a gallbladder disease. They generally do not cause pain or discomfort but an assessment of the health can help in the discovery of an abdominal or flank mass or even masses in other parts of the body or even metastasis.

Urine can be examined for the search of blood or excessive proteins or looking for cancerous cells. The presence of blood is a presumptive sign of a renal cell carcinoma. Because of the blood, the urine become rusty, brown or red in color. Sugar and bacteria can be discovered as well in the urine analysis and can be an indicator of malignancy. A complete blood cell count will provide more information and possibly an anemia. A CBC is a vital test which will give an overview of the blood cells like the erythrocytes, the leucocytes and the platelets. It is very common to discover an anemia. It is an important screening tool in the evaluation. A sedimentation rate (ESR) as well as Prothrombin time (PT), and an activated partial thromboplastin time (APTT) are essential in any patient with a hematuria.

If a renal cell carcinoma is suspected, the liver enzymes like alanine aminotransferase (AL) and aspartate aminotransferase (AST) can be found in abnormal levels. A biopsy can also be performed to take a specimen or a sample tissue, drawn through a needle guided by ultrasound of fluoroscopy, to determine or rule out a tumor. We will review those techniques soon. Further studies like Chest and abdominal X-rays as well as CT scan or Pet scan can bring additional information. Abnormal levels of calcium can be detected if there is a suspicion of metastasis to the bones and blood chemistry to assess the kidney function. Almost 90% of the renal cell carcinoma are generally presented in a solid renal lesion which disfigure the normal morphology of the kidney. It can be irregular as well or multi-lobulated or can represent a lump in the abdomen or the lower pelvis. Occasionally the mass can be cystic in nature. Around 10% of the carcinoma will contain calcifications and macroscopic fat. There is a “Bosniak” classification which allow to differentiate features of benign cystic lesions with other which necessitate surgical excision. This is why abdominal CT Scans, Ultrasound, MRI scans, Intravenous pyelograms (IVP) and renal Angiography have bought so much sophistication in the search of the diagnosis.

Excretory urography, postiron-emission tomography (PET) as well as ultrasonography, arteriography. venography and even bone scanning are extremely useful in the staging of the disease and to differentiate a benign from a malignant tumor with metastasis. By example, CT Scan is routinely used to determine the stage of a renal cell carcinoma. This is the best study to differentiate a solid from a cystic mass with a precise localization in relation to other organs, or lymph nodes. This will allow the surgeon to appreciate the proximity of these masses to the renal veins or the vena cava. The CT scan can differentiate cells at a cytogenic level.

More the ultrasonography can be use in an asymptomatic patient to detect a mass or a cystic lesion of the kidney especially if a CT scan is inconclusive. This is a noninvasive radiologic test, very safe using high frequency waves, then an image is generated as the sound reflects on the surface of the organs or the masses to determine if we are dealing with a solid or a cystic mass. Ultrasonography and CT Scans have both been used to enhance techniques of percutaneous biopsies to help guiding in the placement of the needle and to obtain a pathologic specimen. There are certainly risks for false negativity or complications but if such techniques can safely be used, it brings a tremendous advantage in assessing a diagnosis prior to the surgical procedure.

Magnetic Resonance Imaging (MRI) is the best study to evaluate the soft tissues using radio waves and magnets. This study can replace a CT Scan especially if one can develop an allergy to the IV contrast material like Gadolinium, Technetium etc. These contrast material may enhance the images but are not recommended in patients on dialysis or in renal insufficiency risking a rare and severe condition called “nephrogenic systemic fibrosis”. A bone scan or a brain imaging is not routinely warranted unless other symptoms suggest any metastatic involvement. MRI is certainly used to evaluate the expansion of the tumor in relation to the arteriovenous tree in the abdomen or in the brain or anywhere else like the spinal cord.

A procedure useful in the detection of abnormal renal mass in the urinary system, is the Intravenous pyelogram (IVP). It involves the intravenous injection of a dye into the bloodstream and to the kidneys but nowadays if a CT scan or an MRI was already
performed, it may not be necessary to use this test. Renal angiography uses the same principle as the IVP through the injection of a dye to visualize the blood vessels in the kidneys. The dye is absorbed by the cancerous cells outlining the relation between the blood vessels and the tumor. It is a tremendous help to the surgeon in the mapping and the preparation of the surgical treatment. Typically, when the tumor arises from the cells of the proximal renal tubular epithelium, it is considered as an Adenocarcinoma. There are two subtypes a sporadic form (non-hereditary) and a hereditary type which both are related to a mutation of the short arm of the chromosome 3 with the implicated gene suppressor VHL and TSC or the oncogenes (c-Met). It is believed that one-third of individual diagnosed with renal cell carcinoma may have already spread the tumor at the time of the diagnosis.

The staging of a renal cell carcinoma is the most important factor in predicting its prognosis. The TNM staging system has used the size (T) and the extension of the tumor to the tissue around or to the lymph nodes (N) with metatasis (M) since its original form with a revision in 1997 by the AJCC:

A stage one is described by a tumor less than 7 cm in size without any metastasis to the lymph nodes or the kidney.
A stage 2 is a tumor larger than 7 cm without any metastasis to organs.
A stage 3 involve the lymph nodes but not the distant organs. In this stage, it can spread to the fat around the kidney and their blood vessels.
A stage 4 spreads further to the kidney, and other organs like lungs, brain and lungs.

At diagnosis, 30% of renal cell carcinomas have already spread to the ipsilateral renal vein, and 5–10% have continued into the inferior vena cava. [What are the options in our armamentarium for treatment of such a tumor…?]

Surgery if it is a first recommended option includes a variety of treatment from a partial nephrectomy (excision of part of a kidney) to a total nephrectomy where the entire kidney is removed. If the cancer is confined to the kidney, like it is generally found in more than 60% of the cases, the disease can be cured at the time of the surgical treatment.

The surgeon will determine how far the disease has spread into the abdomen or in the chest or anywhere else but removal of the kidney will come also with removal of the adrenal glands, the tissue surrounding the kidney and an exploration of the lymph nodes where the kidney drains. The more the disease spreads, the more the surgical procedure becomes extensive.

A nephrectomy with lymph nodes dissection with excision of the adrenal gland with the fascia (Gerota’s) is called a “Radical Nephrectomy” can be offered but if both kidneys are involved in the process, a bilateral nephrectomy will necessitate dialysis or even a kidney transplant. Renal Cell Carcinoma commonly spreads to the lymph nodes, lungs, liver, adrenal glands, brain or bones. Different procedures may be most appropriate, depending on the circumstances. Many surgeons may treat a tumor less than 4 cm in size with a partial nephrectomy (Nephron-sparring) especially when they manifest an indolent biological behavior or when there are comorbidities associated like High Blood pressure or Diabetes. Once the remaining kidney is preserved, one needs to be sure that it is functional. If the tumor has spread around the renal vein or the inferior vena cava, a “Cytoreductive Nephrectomy” with excision of the metastases will improve the survival rate.

Nowadays, surgery can be performed through Laparoscopic or Robotic techniques avoiding large incisions, allowing a shorter hospital stay and a quicker recovery. A partial or a total nephrectomy can be achieved though the scope. Mannitol is often used to limit damages to the kidney. Cryotherapy can also be used through these techniques especially when biopsy is needed. The use of an intra-operative ultrasound can facilitate the placement of the freezing probes allowing the undertaken of pathological tissue.

If metastatic disease is already present at the time of the discovery, there are other surgical options to choose although a radical or a partial nephrectomy can still be performed especially if the metastases are small. The stage of grow as well as the extension of the metastasis will need to be evaluated. Radiologists are capable of treating localized lesions with percutaneous ablation therapies especially if an elderly patient experiences already severe renal dysfunction or other comorbidities. Tumors smaller than 3.5 cm are ideal for such ablation procedures.

In Radio Frequency Ablation, the probe reaches the affected tissue and the heat is distributed to the tumoral cells imposing a cell death to the tissue exposed at temperature reaching more than 50 degrees Centigrade. In the Cryoablation, the probe uses cold temperature instead of the heat to freeze the tumoral cells causing as well their death by osmotic dehydration. It is believed that in pulling the water out of the cells, it freezes the cytoplasm with all the organelles and enzymes.

Gross examination of the biopsied tissue often showed a yellowish tissue with zones of necrosis or hemorrhage mixed with blood vessels and cysts. Four major histologic types can be found but the most common is the clear cell carcinoma type (75%) followed by the papillary type (15%) and finally the chromophob (5%) and the rarest the collecting ducts (2%). Finally, a sarcomatoid type, very aggressive with the worst prognosis can be discovered involving the papillae or the tubules. These last cancerous cells accumulate glycogen and lipids in a clear cytoplasm mimicking the tubular cells and producing a clear pseudocapsule. These clear cells are least likely to spread and may respond better to treatment but in the most aggressive renal cancer, the cells are mixed with clear and granular cells.

Through the 1982 Fuhrman system, the neoplastic cells were studied with eosin and hematoxylin and a grading based on the nuclear characteristics was given from 1 to 4. Depending on the histologic size of the nuclei, the Fuhrman system can bring a
prognostic factor to the renal cell carcinoma. This system may have its limitation when one is studying a “chromophobe renal cell carcinoma” but Delahunt has recommended to use the staging with CT scan as well as to relate with the Heidelberg classification dealing with genetic defects.

Radiation therapy kills cancer cell and this can become an adjunct treatment to the previous surgery. Many institutions like Howard university Hospital can offer such treatment intra-operatively through seeds or wires but more often, it is offered after a definitive pathologic diagnostic is determined with the extend of involvement of the lymph nodes. Radiation therapy is commonly used in the metastatic forms especially when involving bones, liver, brain. While not curative, it provides relief.

Renal cell carcinoma maybe resistant to radiation therapy but may answer to other kind of treatment like Interleukin-2 or interferon-alpha, biologic or targeted. Even Cryotherapy as we have discussed above, can be used in the early stages. Chemotherapy using chemical drugs to kill cancer cells can be needed orally or intravenously. The drugs will reach the bloodstream and then will extend to the cancerous cells through the entire body to provide relief.

Immunotherapy is a biologic therapy which works by attacking the cancerous cells. Enzymes and other substances in a body are used by the immune system to defend against the cancer. Some drugs are selective in the process attacking cancerous cells without damaging healthy cells. Some other drugs work on the blood vessels to destroy the blood supply to the tumoral cells, in a way to starve the cells to death, allowing them to shrink. Many new treatments have become available but patients will need to be closely monitored. Immunotherapy activate the person’s immune system at an advantage to fight the cancer cells. There are many drugs on the market used to destroy the tumoral cells or inhibit growth factors like Lenvatinib, Nivolumab, Interleukin-2, and many other one not even on the market.

The outlook after being diagnosed with a renal cell carcinoma largely depend on whether the cancer has spread or not and how soon the treatment is started, the sooner it is started the more chances in recovering fully. If the cancer has spread to other organs, the survival rate is much lower than if it was caught before spreading. The five-year survival rate, according to the National Institute of Health (NIH) for a renal cell carcinoma is over 70% which means that over two third of those diagnosed with the kidney tumor will live at least five years after the diagnosis. If the cancer is eradicated, one may have to live with long-term effects of the disease which certainly will include poor kidney function.

If a kidney transplant is performed, chronic dialysis may be needed as well as long term drug therapy. Renal cell carcinoma is also associated to a number of syndromes called paraneoplastic caused by either the overproduction of hormones secreted by the tumor or by the way the body fight back at the tumor. Such syndrome can be encountered in 20% of the cases with a high blood calcium, a high red cell blood count, a high platelet counts and often a secondary amyloidosis.

Renal cell carcinoma (RCC) is not a single entity but rather a compilation of different types of tumors coming from the nephron itself meaning the tubules or the epithelium. Karyotyping has been used to identify any chromosomal aberrations on tumors embedded in paraffin. Laboratories have also used virtual karyotype. The World Health Organization (WHO) has advanced a classification in 2004, recognizing around 40 types of renal neoplasms and several new subtypes have been recognized like the clear cell papillary, the mucinous tubular and spindle cell carcinoma, the tubule-, the thyroid-like follicular renal cell carcinoma, the cystic renal cell carcinoma, the acquired cystic kidney disease-associated renal cell carcinoma, the renal cell carcinoma with t8;11 translocation (TFEB), the Hereditary leiomyomatosis and renal cell carcinoma (HLRCC) etc.

Many believe that if one maintains a normal body weight, the risk in being a victim of a renal cell carcinoma is less. This tumor is generally discovered late after the sixties and once discovered, there is a 30% chance that one has already a metastatic spread. The more common site for metastasis are the lymph nodes, lungs, liver and brain. The prognosis is poor once there are metastases and a 5-year-survival is generally less than 10% in spite of new drugs treatment keeping in mind that the lesions are vascular in nature. Staging remains the most important factor in the outcome of such tumor. The more confined is a tumor the more the 5-year-survival can reach 80%. If the disease is confined to the kidney, only 30% will develop metastatic disease after nephrectomy.

In dealing with a small size renal tumor, an active surveillance has been recommended in the old population, especially when they have co-morbidities while surgery is not an option. Various diagnostic procedures, studies and imaging to monitor the progression of a renal cell carcinoma are offered. For tumors less than 4cms and confined to the kidney, a 5-year-survival rate is at 90%. Tumors with extension through the renal capsule without venous invasion fall down to 80%. Once, out of the renal fascia, it will reach 65%. The histologic grade will deal with the aggressiveness of the tumor with a grade 1 have the best prognosis with an almost 90% survival rate while the grade 4 has the worst prognosis at 45%.

The earlier the tumor is detected when one is asymptomatic, the better is the survival rate. With metastasis is seen to the lymph nodes, the 5-year-survival rate is less than 15%. A low “Karnofsky performance score” is a way to measure the functional impairment in patient with renal cancer by the search of a low hemoglobin level, a high serum lactate dehydrogenase and a high level of serum calcium. For a non-metastatic case another scoring system, the Leibovich scoring is used to predict the post-operative progression. Renal cell carcinoma may be also strongly associated with paraneoplastic syndromes due to ectopic hormone production by the tumor but treatment will center on the underlying cancer.

We have more to learn about such tumors. Paul Grawitz believes that the origin of the small yellow renal tumors (alveolar) were
from the adrenals whereas the papillary type derives from the renal tissue. Pathologist like Paul Sudeck (1893) has challenged Grawitz while Otto Lubarsch (1894) has supports him and coining the term of “Hypernephroid tumor” later changed to Hypernephroma which persist in the literature nowadays. Other scientists are still debating on the ultrastructure of the clear cells or the presence of glycogen deposits and numerous mitochondria have concluded differently on the origin of the tumors perhaps from the renal tubules. The last word is not known about renal tumors.

I wish to dedicate this page to my friend J.P., an AMHE member who left us years ago, victim of such a malignant disease with metastasis. I also wrote this paper for a close relative J.C who just discovered that she had a nephrectomy for a renal cell carcinoma.

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Ste Croix, Virgin Island (2-6-2021)

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Les nouveaux vaccins type m-RNA.
Faut-il prendre ou ne pas en prendre ?.
Rony Jean-Mary, M.D.

L’ Une des plus fréquentes questions auxquelles le médecin doit répondre ces jours-ci, c’est de pouvoir dire à ses patients si oui ou non, ils doivent accepter de prendre les nouveaux vaccins actuellement en cours sur le marché. Si oui, et Pourquoi ? Il est certain que les gens sont inquiets par rapport aux nouveaux vaccins actuellement disponibles et aussi par rapport aux autres vaccins du même type attendant d’être patentés ou devant arriver très bientôt. Cela peut se comprendre de diverses manières :

D’abord, Il y a eu jusqu’à récemment une flambée énorme de mortalité telle qu’on en avait pas vue dans un passé récent de la médecine contemporaine. Cela a rendu les gens plus conscients de la gravité de la situation. Peu d’entre nous, en fait, peuvent se targuer de ne pas connaître quelqu’un de très proche qui ait succombé à la pandémie résultant de la covid-19 ou qui en ait été atteint.

Ensuite, à part un très grand nombre d’entre nous qui ne voudrait pas être victime des effets d’à coté ou effets secondaires de ces nouveaux vaccins, il y a aussi beaucoup de gens, même dans le milieu scientifique, qui en questionnent à la fois l’efficacité et l’inoffensivité. Plus d’uns soutiennent que l’empressement avec lequel un tel vaccin a été conçu, et mis sur le marché, loin d’être rassurant, a rendu les gens plutôt suspects des quelconques motifs qui pourraient être à la base d’un tel empressement. Ainsi, s’ils demande- t-on, pourquoi pas un vaccin contre le sida et contre bien d’autres maladies tel le cancer, qui avaient précédé le corona virus ?

D’où Les théories énoncées, de complot tramé dans le seul but de réduire la population mondiale, qui font la une de certains medias, et qui font paraître le vaccin comme une sorte de remède au gout amer à faire avaler à tout prix…. Et s’il est vrai que les media ont poussé la covid-19 vers des sommets presque démesurés, il n’en est pas moins certain que beaucoup de ces maladies qui pré-datent la Covid-19, tuaient à petits feux et avaient fini par faire partie intégrante de notre vécu et de notre culture, sans causer en un jour autant de dégâts, en arrachant à la vie des gens encore munis de tout leur potentiel et qui avaient dans la tête plein de projets d’avenir.

Il faut aussi avouer que la FDA, organe chargé, aux Etats-Unis, de la régulation des médicaments à être introduits sur le marché des produits pharmaceutiques, avait été empêtrée, de toujours, dans des situations de prébende et dans des considérations secondaires, qui retardaient le déroulement de l’approbation de certains produits qui auraient pu sauver des vies.

Donc avoir ces produits très tôt sur le marché peut ne pas être nécessairement un mauvais précédent, puisque cela peut ouvrir la voie à d’autres produits qui languissaient et languissent encore dans les tiroirs de la FDA...
Force est aussi d’admettre que le jadis tout puissant et intraitable EX-président Donald Trump voulait d’un vaccin le plus vite que possible qui lui aurait servi de cheval de bataille pour sa réélection à la présidence. Malheureusement, le premier vaccin de fabrication Pfizer, n’avait pu sortir que deux jours après sa défaite aux présidentielles de Novembre dernier.

D’un autre bord, il faut croire que les mêmes appréhensions avaient dû exister à la sortie des tout premiers vaccins qui eux aussi, ont fini par révolutionner la médecine et par apporter une contribution énorme à la science..

Mais avant de se demander s’il faut prendre ou ne pas prendre le nouveau vaccin, la première des questions à se poser serait de comprendre la différence existant entre les vaccins d’avant et le nouveau vaccin type m-RNA ?

Les vaccins d’avant, qu’ils fussent créés à partir de germes vivants atténués, ou de germes entièrement morts ou détruits, avaient la possibilité de développer une mémoire immunitaire de l’infection et de former des anticorps qui, comme des soldats en ligne de front, assureraient la protection de l’organisme au cas où l’infection viendrait à s’attaquer une nouvelle fois à l’individu. Dans le cas du nouveau vaccin, il faudra surtout parler d’une mémoire génétique de l’infection puisque la protection de l’organisme est désormais assurée à partir d’une une modification génétique au niveau de la cellule. La deuxième question qui doit suivre logiquement la première est celle-ci : Quoi ça un vaccin de type m-RNA ? Et comment se produit cette mémoire de l’infection une fois le vaccin injecté dans le corps ?

Un vaccin type m-RNA est un vaccin par lequel on injecte dans le corps une particule d’ARN ou acide ribonucléique de type Messager. (il y a plusieurs types d’ARN dont t-RNA, r-RNA etc..) Le m-RNA ainsi injecté dans le corps , rentre à l’intérieur de la cellule et participe à la formation d’une protéine semblable à celle identifiée sur la membrane externe du virus.

D’un point de vue moléculaire, le premier m-RNA se forme dans le noyau grâce à un processus qui se fait en trois étapes dont l’initiation, l’élongation et l’arrêt. Il y a une enzyme appelée RNA polymérase qui initie le processus en touchant une zone sensible de l’ADN le forçant à s’ouvrir , à former une copie de m-RNA qui est une photocopie de l’ADN allant dans une direction 5’…3’ qui permet son élongation et son arrêt ou terminaison grâce à la même enzyme RNA polymérase.

C’est la transcription qui a lieu au niveau du noyau. En suite le m-RNA laisse le noyau et passe dans le cytoplasme où il est accueilli par une particule faite de ribosome st de protéine et où par un même processus d’initiation, d’élongation et de terminaison , il se met à produire des protéines. Un codon AUG forme une composante stabilisatrice à l’initiation du processus de translation alors qu’un anti-codon UAA/UAG or UCG. assure la terminaison du processus :

C’est la translation, processus qui se passe au niveau du cytoplasme. Lorsqu’une quantité infiniment élevée de ces protéines est formée, elles vont occuper plusieurs positions dans les cellules du corps, contribuant ainsi à des fonctions variables.. En 2018, la FDA avait déjà approuvé un médicament de type m-RNA pour traiter l’Amyloïdes du foie. Cette maladie en est un exemple frappant où une mutation au niveau d’une protéine la rend incapable de jouer son rôle transporteur de Vitamine A et d’autres produits de la glande thyroïdienne.

Dans les conditions de fonctionnement normal, le foie produit une protéine appelée TRANSTHYRETIN ou (TTR), capable de transporter la vitamine A et une protéine liée aux substances thyroïdiennes de l’organisme. Quand le Gene du 9 TTR) est muté en (h ATTR), les gens porteurs du gène muté sont incapables d’assurer le transport de la vitamine A et de la protéine mentionnée ci-dessus. D’où l’Amyloïdes du foie. Ici un m-RNA thérapeutique, comme dans le cas
du vaccin m-RNA, va changer le h ATTR en TTR et renverser ainsi les effets de l’Amyloïdes. Dans le cas du vaccin, on s’était dit qu’il fallait truquer la cellule et la forcer à produire une protéine qui soit à même de déjouer le plan destructeur du virus. Dans le cas du virus, la protéine d’aspect épineux située sur sa membrane était alors cible idéale contre laquelle on allait reconfigurer la cellule humaine. Ainsi, à l’introduction du m-RNA Vaccin dans le corps d’un individu X donné, celui-ci rentre à l’intérieur de la cellule, se polymérisé en protéines qui sont semblables à celles du virus, et qui se positionnent ensuite sur la surface de la cellule, prêtes à combattre ou à s’opposer aux protéines du virus. Le m-RNA du vaccin efface donc et réarrange les données génétiques de la cellule de telle manière à la rendre semblable à celles du vaccin tout en la gardant saine et autrement bénéfique.

Une dernière question est de s’interroger sur ce qui arriverait au cas où le virus se mettrait à s’adapter de manière indefinie toutes les cellules de l’organisme ?

Conclusion :
Faut-il prendre ou faut-il ne pas prendre le vaccin ?Difficile de dire avec une certitude absolue si oui ou non il faut prendre le vaccin. Il faudra attendre bien des années avant de tout comprendre du nouveau vaccin type m-RNA et de pouvoir se prononcer là-dessus. Il faut dire cependant que si cette nouvelle technique devrait se consolider et s’étendre à d’autres maladies à base génétique et au cancer, cela ouvrirait une nouvelle sphère d’activités et de traitements avec des possibilités énormes pour la Science médicale. Tout n’est que d’attendre.
Mais le vaccin, au stade actuel peut faire plus de bien que de mal. Ses effets secondaires palissent en comparaison par rapport à l’acuité du problème actuel. Il serait imprudent, si les pré-requis médicaux ou autres conditions générales de vaccination sont remplies, de s’opposer à un tel vaccin. Les groupes à risque, surtout ceux en âge avancé et/ou souffrant de conditions débilitantes chroniques, ne devraient pas hésiter à se faire vacciner. La décision finale, après tout, reste personnelle.

Ronny Jean-Mary, M.D.
Coral Springs ,Florida,
Le 14 Février 2021

Reynald Alténa, MD

The Saturday July 25, 2020 edition of the Palm Beach Post in its front page mentioned the fact that a colleague of ours who had been on a ventilator for 87 days, left the hospital, a success story of Covid-19. Buried in the article was an interesting tidbit. The institution where he was hospitalized, Palm Beach Gardens Hospital, had used dornase alfa as a modality of treatment. At the time, it sounded like one more option that might or might not turn out to be as efficacious as promised. Now that we have used Remdesivir and have noticed that it has not lived up to its billing and the WHO has even gone so far as recommending that it be removed as a therapeutic intervention, other agents are being given a second look or are being sought. The hoopla of hydroxychloroquine has come and gone. Melatonin, Decadron have recently been reported as offering some help with the condition. Even colchicine seems to also help according to a recent but not yet published study from Canada.

Curious about this novel method, I contacted Dr. Darwich, an intensivist at the above hospital, who told me his center has the largest group of patients treated with Pulmozyme in the country. He has data submitted and accepted for publication in the near future. He states that treatment works best early on and it causes a breakup of mucous being formed in the alveoli; at the same time, it’s delivered in aerosolized form using an antiviral filter to prevent dissemination of the virus during the administration. The interest in the off-label use of the product began when a case report was published as a letter to the editor last year.

Dornase is approved for Cystic fibrosis. It is not a stretch to think that the pathogenesis of Covid-19 inflammation in the alveolus is similar and therefore it should in theory work in both situations.
A search on the site www.clinicaltrials.gov reveals that 1 trial on the use of dornase in Covid-19 was completed at the Feinstein Institute of Medical Research in Manhasset, one is actively recruiting patients at Brigham and Women and another one at University of South Alabama. Dornase’s effectiveness in improving pulmonary complications in Covid-19 is still awaiting publication of investigational data. However, it seems promising.

Reynald altéma, md

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**THE SLEUTH, PART II.**

*Reynald Altéma, MD*

HD knew he had the chops to undertake this task. For some reason and for a short period of time, he kept asking himself whether or not he could pull it off. As per his mantra, this moment of a weakness gave him the impetus to move forward to gather strength. He reached the phone and called the office secretary to make arrangements for the hearings in front of the full Council. It was set in 2 weeks. He gave himself a deadline of 2 weeks to move mountains. HD kept salivating at the opportunity to engage people and help modulate their decision. At the same time, he kept repeating to himself that “failure was not an option.”

HD did some additional search and of course discovered some more facts. For example, the Council President was the mayor. His town doubled as the county seat. Furthermore, the government office included a suite for the mayor and a different suite for the county employees. Just as important, his sleuthing dug the tidbit that the mayor, just like him, was a rabid fan of both the Celtics and the Patriots. The entry points were adding up, to his liking. He saw this as the low hanging fruit.

What HD didn’t know yet was that the mayor was a wily political animal. He was very cautious and always covered his tail. He knew of other pols who were caught with their pants at half-mast and he didn’t want to become embroiled in any setup. The next-door township had a scandal a few years back and some folks were caught in a bribery scheme. That cemented his resolve to avoid any underhanded activity.

HD became involved in a cat and mouse play. He descended on the township, 30 miles west of Boston, and was careful not to make any waves. He was staying at a local hotel, on the side of a local highway. The county office was a couple of miles away. He came to the office, a big log cabin construction, not uncommon in this region, with a Celtics sweater on as well as a shirt and tie and asked to speak to the county president. He received the info that he was in that office once a week and didn’t mingle city business with county affairs. HD’s mission encompassed both city and county interests. He made sure he smiled and remained polite. He left his business card. The appointment was the next day at 2PM.
He decided to go to the center of town and to look around. He couldn’t help but notice the mayor’s election headquarters. He went in, spoke with the receptionist and inquired about the campaign manager or treasurer and the next time the mayor would have a rally. It just so happened that the manager who was also the treasurer, Chippy, was inside. “I represent some deep-pocketed individuals interested about bringing economic development to this area. I am sure we can have a meeting of the minds,” he says to the manager while extending his hand for a handshake. “What exactly do you have in mind?” the man asked him and pointing to a chair for him to sit and closing the door behind him. HD took the time to explain the project, his role in it and the benefits for the region. He came up with some hard data about the jobs lost, the economic straits of the region, the unemployment rate and so on. He left no stone unturned. “And of course, being a pragmatic man, I wouldn’t mind contributing to the campaign.” He gave a check for fifteen hundred dollars. The conversation then veered to sports, his roots and so on. Being from the New England area, sporting a Celtics sweater became a focal point of the remainder of the conversation. Before he left, “Look, I will be frank with you. There is a possibility that there can be a meeting of the minds. Just remember that the final decision will rest on the narrative, and most importantly on the benefits to the area. I don’t want you to get the impression that the donation binds the mayor in any way, shape or form,” the man said in a somewhat loud manner as if to ensure others heard it and to make an obvious point. “Understood. All we ask is a chance to make our case and prove beyond any doubt that this is a win-win situation,” he responded. The man gave him a wink and patted his back. HD gave him his card and the man also gave him his. He was a gym teacher and coached the high school football team also. In fact, he was on his way to a practice session with the team. HD went and watched it for a while. All they did was talk about sports and nothing else. A bond was slowly establishing. This was late in November. Both local professional teams were playing. “I haven’t been to the Boston Garden in a while. I may look it up this coming week-end,” HD said. He wanted to offer a comp ticket but thought the better of it and didn’t want to sound too pushy and raise suspicion. To break the silence, HD turned the conversation around and redirected it toward the young players. After a while he left, and they slapped five.

The following day, HD went to the appointment 15 minutes early. “The man with good manners, girls!” The secretary exclaimed, an elegant middle-aged woman in a casual outfit, “The best pizza of the area. How did you know of its existence?” HD as a sleuth did sift this useful information from his available database. “I am from the Boston area, I know about it,” he politely responded, still smiling. “Nice courtesy gesture, I must say,” one plump employee mentioned while rubbing her belly and mimicking mastication. “This way, my friend, Marv will see you,” the secretary hugged him by the arm and brought him to the Council President’s office. “We got you covered,” she murmured.

“Are you making a lot of noise in no time and throwing your weight around. What is this all about? Why are you so generous?” an avuncular man with a gruff voice lobbed at him. “Don’t you for a minute think you can buy your way through bribe. I won’t allow it!” “This is the last thing on my mind. I just like to be nice with people I work with. I want good karma to come with any transaction I am involved with. And...” “Hold it buster! You maxed out on the contribution to my campaign. What’s your agenda?” HD carefully enumerated the purpose of his visit, his position, just like the day before with the campaign manager. He knew for fact they must have talked about him and everything he said. Marv’s response was almost a rote recitation, at least it had the look and feel of it. HD understood perfectly that some people’s sensibility can be frayed with the appearance of impropriety and he wanted to dissipate any doubt, ally any fear or suspicion and begin to establish some trust. The mayor gave him a hard way to go, even threatening to return the contribution rather than taint his reputation. HD thought he was either a good actor or overly cautious to the point of paranoia. Either way, he wanted to tread carefully because he couldn’t afford to return to Washington DC, empty-handed.

Just as suddenly, “So you are a Celtics fan?” he blurted out. “Word has it that you are also!” HD replied with the best smile he could corral with his torso relaxed in the chair. So, they talked about sports and agreed on the potential of their teams being perennial winners in an us-vs-them mode. The conversation ended with a handshake at the doorway, a gesture not lost on observers. “I think you have a fair chance of convincing people, good luck and do due diligence.” Words of wisdom given with clarity, openly, with a listening audience, knowing full well the word will spread that at least this is a credible party.
This noncommitment was far better than outright rejection. His campaign contribution could have been returned. It was Friday and HD went to the secretary who was all smiles. He inquired about the other members of the council and the best way to approach each individually. She gave him a sheet with each member’s name and office telephone number. “Thanks for lunch,” several of them said. “I call it good manners,” the secretary repeated, lightly touching the top of his hand.

He was about to leave the building when he felt someone touch his shoulder, “Hi, I am Kate. Let’s have a drink at the ‘Happy Hour’ at your hotel and I will tell you everything you need to know about this place.” She was a young chick in her twenties; she waived goodbye and, “See at six sharp.” HD was surprised a bit as he hadn’t even seen her before. A brazen invitation from a female was nothing new to him. He had this type of appeal to women. On his way home, he was debating if he needed to start calling the other members this late in the day on a Friday where more than likely none would be available or wait till Monday. It occurred to him that he ought to take the gambit and let Kate spill out some beans. There’s never a better source of info than from an insider, so-called humint (human intelligence) in his previous job, he knew as a rule of thumb. Having a mole drop on your lap sometime sounded too good to be true. He would need to be careful and do some background check on her. He was always careful not to become entangled with anybody with arrest record, drug habit, DUI and so on. As a matter of principles, he was against the use of recreational drugs. As an African-American, he always wanted to walk on a straight path to avoid trouble that could interfere with his livelihood.

Once he reached his hotel, using his own encrypted access to the internet, he dialed into his network at work and did the appropriate search. She had a speed ticket once but otherwise a clean sheet. Going over his progress, he felt somewhat comfortable. He made some inroads with the president and his election treasurer. He still had a steep hill to climb. He needed to have a town hall meeting to field questions from folks, have close-up meetings with each Council member. His plan needed to pass muster and the smell test. “Meeting of the minds” needs not be a shady reification. It’s the principal mechanism of economic growth where needs and resources find a way to establish a balance, rights and finance can coexist in harmony. He wants the project to be accepted on its own merit; the gestures offered should be taken as a goodwill matter, no more no less. Under no circumstances was he to make gestures and fail. As experienced as he was, he knew that hubris was always a danger leading one to myopia and to be blindsided. He wanted to remind himself of such on a daily basis. Past successes were no guarantee, he knew. Factoring in a bit of uncertainty about the outcome is a healthy habit.

HD went to the exercise room and spent a good 45 minutes of workout while listening to a local TV just to get acquainted with the regional mood. He had picked up a town paper and perused through it. The smallest detail may help in establishing the total picture. Happy Hour was posted to start at 6PM, in one hour. The workout did him some good both physically and mentally. He was looking forward to receiving tips about the goings-on of the Council and city politics. Having accurate intelligence was always an advantage in any endeavor. Knowing what the opposing party is thinking and planning makes it a bit easier to plot your entry points. He took a 15-minute nap to relax. He was becoming hungry and took a shower and came down at six PM. A well-made-up Kate was standing and waiting. He walked to her and they took a seat at the bar. They had a couple of drinks and afterwards went to the dining room. Soon her tongue loosened, “Gossip is the currency at the office. Everybody talks. When you first came in, it wasn’t long before we knew that a cute-looking fella was in town… Fornication is so common, you have no idea. The secretary is Marv’s girlfriend, never mind he is married. The two females in the council are polar opposites. Jenny, a Republican, is also fooling around with the other Republican member, Bob. Gaby an Independent is straight as an arrow and a pain in the ass. She is the one always to scrutinize every document, ask the most questions. She will be a piece of work. With her, make sure you have all your facts straight because she will do the research and can embarrass you. However, she will listen and can be convinced….”

“On the other hand, Jenny is easygoing. If you want to reach Bob, you need to go through her as they always vote together, and she more or less controls him. They are both divorced… As for Joey, the African-American member, he is my mom’s boyfriend, a real gem of a person… The other Independent, Roger, is the hardest to deal with; he is against any development project. The other Democrat, Ozzie, his daughter and me went to high school together and we hang out at times…” On and on she went, giving
minute details about the private lives of the members. She did say that Marv was impressed with him and this was well known now. After a couple of hours and many drinks later, “Can we go upstairs to your place?” she asked him while rubbing his thigh gently. He obliged and fireworks took place in his room that night. When she left in the wee hours of the morning, “No worry, I will be your eyes and ears,” she promised him.

HD had a trove of information and he had several entry points that he could start working on right away. The next person to target would be Joey who was on friendly terms with Kate, and also was in the midst of an electoral campaign. The next target should be Jenny who was known to be favorable to economic development. The following day, a Saturday, there would a local high school football game and that would be the social event of the week. For a small place, this would represent the appropriate time to meet major stakeholders. HD did go to the game and he met Joey who was greeting attendees, part of retail politics. Kate and her mom were also present, and both invited him to come to their home later to have a private meeting with Joey. Kate’s mom was his campaign treasurer. Jenny was also present and he took time to go to greet her and she received a briefing, succinct though it was but well condensed to pique her interest. She agreed to a meeting at her office the following Monday. He also met one of the two Independents, Roger, “So far I am concerned, your project is dead on arrival. A pristine area needs to remain as such. I am not going to change my mind.” Such ironclad opposition was an open and shut case. It only confirmed what he was very suspicious of: someone with cult-like conviction with no room to maneuver and a waste of time to try to convince otherwise. Gaby on the other hand was advertised. “I don’t conduct business when I am socializing. I take my job seriously. I will see you in my office and come prepared because I will,” in a firm, no-nonsense way. At least he had fair warning.

Later on, that day, HD did make it to Kate’s house. Joey was present and he gave him a thorough presentation. Joey’s girlfriend mentioned his generous donation to the Marv’s campaign in passing and HD got the hint and repeated the act. “You mean business, thanks,” she said. Over dinner, Kate continued her chattering and gave details about the splurging on the pizza by folks, including Marv. “Pizza and doughnut always win the day,” she let it be known. For the duration of HD’s stay, Kate could be counted on for information, ravenous appetite for food and sex.

HD visited his parents near Boston the following day and returned late to avoid giving Kate the habit of coming over every night. He had to prepare for the incoming hearings about the project. Posters with architectural renderings, flyers with Q&As, power point presentations to make a cohesive narrative had to work in a seamless manner. Testimony by the architect and an economist used as a paid consultant were also part of the presentation. Nothing was left to chance. Answers for every imaginable objection were found.

Over the next several days, HD had his hands full. His formal meeting with Gaby was a very significant hurdle. She listened very attentively and took copious notes and asked a lot of questions. In fact, HD would later say, “You would think I was defending a thesis.” That was the beginning. She insisted on him coming back after reviewing everything. The second time was even more tedious. She tested his resolve, challenged his patience and his wit. When he tried to avoid handwriting for the obvious reason, to his usual repartee about hieroglyphics, she responded, “So long as you don’t make cuneiform symbols, I am ok with it.” She would not take no for answer. HD had never come across a nerd like her before.

HD made the rounds with the remaining members and each time did a convincing performance, far easier than with Jenny. A paid ad in the form of an elegant presentation was published in the local paper, making the case for the project. Posters with architectural renderings, flyers with Q&As, power point presentations to make a cohesive narrative had to work in a seamless manner. Testimony by the architect and an economist used as a paid consultant were also part of the presentation. Nothing was left to chance. Answers for every imaginable objection were found.

The hearings were the final hurdle. Gaby asked the most questions. The emphasis on jobs creation carried a lot of pull and swayed citizens. Offering of composting in lieu of fertilizers to be used for shrubs and trees planted, the use of solar panels went a long way to change people’s minds. As HD was hoping, the Council approved the project in 5-1 vote. Afterwards, Gaby told him, “Good work.” That was the ultimate compliment she could bestow. HD was surprised by the gesture as drained as he was by her constant prodding. As a sign of good will, the day after the vote, he arranged for distribution of doughnuts and pizzas at the county office. This successful mission was a major feather in HD’s cap.

Reynald Altéma, MD
Up-to-date on Coronavirus.
Maxime Coles MD (February 2021)

The vaccines have been developed to protect against COVID-19 but it differs from the traditional vaccines because they do not inject a life or a deactivated part of the virus into the body of the recipient. The laboratories worked on a manufactured genetic material called messenger RNA (mRNA) to instruct the body cells for manufacturing spike proteins, the same protein found on the surface of the virus. As such, the vaccines are incapable of transmitting the disease.

More than 100,000 pregnant women have already received the COVID-19 vaccine. So far this has shown no serious side effects. The question whether a pregnant woman or a nursing mother was able to receive any actual mRNA vaccine has been answered. Again, these vaccines do not contain any live virus and as such can’t transmit the virus. There are only limited data about the administration of the vaccine mRNA to pregnant and lactating women. The Moderna vaccine appears to be the one the CDC favored for the women.

It has been reported recently that pregnant women infected with the coronavirus were found to have a higher chance of dying from the disease. Sanofi told us that their failure to produce a vaccine like the competitors was due to a faulty reactive agent. They will take at least six months prior to produce their vaccine. For such a big French company, it is embarrassing to see Pfizer-Bio-N-Tech, Moderna and Astra-Zeneca perform so well especially when researchers have found out that the vaccine was slowing down the transmission of the virus.

Indeed, there are some side-effects of any vaccine and we can’t put then aside. At the site of the vaccination, swelling or redness may be observed but it is expected to go away in a few days. There may be some systemic reactions as well like fever, chills, headache, nausea, vomiting, tiredness or muscle aches. These represents signs that the vaccine is working. It will be extremely rare to find an allergic reaction which can threat the life of the one receiving the vaccine. You may be allergic to latex or polyethylene glycol used as an ingredient to the actual vaccine. The CDC unequivocally recommend the vaccination. We should avoid painkillers around the time of the injection and let the vaccine stimulate your immune system.

I heard my patients asking if the vaccine were able to give any orthopedic problems. Since most vaccines are injected into the deltoid muscle, patients had questions about shoulder injuries which generally will rarely happen. A sub-acromial bursa can show signs of inflammation; a rotator tendonitis can be also a finding related to an injection perhaps ill performed. They rarely can become a consequence of the injection itself especially when our healthcare professionals are used to vaccinate people.

Meanwhile, CBS reported protests at a Los Angeles mass vaccination site. Protesters exhibited signs stating that COVID-19 was a scam while claiming the vaccine dangerous. The demonstrators were urging people to refuse to take the vaccine, stop wearing masks and avoid testing against the disease. Hopefully most of the people in the lined up, were eager to receive their first dose after having waited for weeks to see it happen. We know well how Los Angeles area has been hit with high number of new cases (5900), hospitalizations and deaths. The state of California has reported more than 3.2 million cases and near 41,000 deaths (1/1000 Californians). The contagious strain especially the British B.1.1.7 strain has been identified.

During the meantime, an Australian Company Ellume is ready to sell to the United States a new home virus testing kit for a 230 million deal. The FDA has already approved the deal last month. Although there are other kits available on the market but this test is the only one which does not require a prescription and the results can be available within 15 minutes via smart phone/Bluetooth.

These kits are being shipped as of the first of February 2021 until the company establishes a plant in the
USA. These kits use a sterile nasal swab, a pressuring fluid and a testing strip, connected to a smart phone at a cost of 30 dollars online or in drugstores. The question remains if the medical insurance will cover the cost.

The CDC continues to implement the wear of face masks in any public place for people older than 2 year-olds. We need to face the reality that many want to refute. Public places like trains and subways stations, airport, taxis, buses, stadium etc. need to keep our attention. People have to understand that such measures can allow us to safely travel and bring confidence to the workplace. It is encouraged to disembark any person not complying to the rules. More than 90,000 COVID-19 related deaths have been recorded during the month of January 2021 and 77,000 in December 2020 but in total, almost 26.5 million infected cases and more than 441,000 deaths in the USA while more than 104 million cases and more than 2.3 million of deaths have been recorded worldwide.

Let us stop pretending. Wear one or two masks if possible and stay 6 feet apart, avoid crowds and wash your hands as often as you can. Keep politics out of the equation. This virus SARS-CoV-2 is there to make us pay a heavy price. Let us encourage a wider vaccination campaign in the United States of America so we can reach that herd immunity or at least that state of protection against this pandemic.

This corona virus has surged in the US after almost every major holiday Memorial Day, Labor day, Thanksgiving, Christmas. Let us hope that the Super Bowl next Sunday will not follow the trend. The recent variant detected in the UK is already becoming the most dominant strain in many other countries included the United States of America. It is believed that at this rate more than half of the new infected cases may be due to the B.1.1.7 variant in the next two or three months.

At the beginning the clinical outcome of individual infected by this new UK strain were thought to be similar to the infected cases with the other strains, but clinicians have changed their opinions and believed that the B.1.1.7 victims may have a 30% increase in the death rate. This change in the picture will require dramatic changes against the COVID-19 new mutations.

Less than 1000 cases of this new variant have been already localized in more than 30 states since December 2020, according to the CDC. Unfortunately, a normal coronavirus test is not sophisticated enough to differentiate the variants because this can be done only through a genomic sequencing. One at the CDC is comparing this new strain B.1.1.7 infection to a category “5” storm.

Let us be ready because the worse is yet to come. What is encouraging for the country is the fact that the number of new US cases of COVID-19 for the first time, dropped below 100,000, especially after what we have witnessed after the post-Thanksgiving hospitalizations and death spike. 3,000 people are dying every day while 80,000 Are hospitalized and a recent article states that the number of cases is underestimated in the United States.

Maxime J-M Coles MD
Boca Raton FL (2-9-21)
Haitian Medical Association Abroad
MEDIA RELEASE – January 28, 2021

For immediate Release

Appeal to the Haitian Medical Community to promote access to the COVID-19 Vaccine

Brooklyn, New York: The Haitian Medical Association Abroad (AMHE), a professional Haitian-American organization created in New York in 1972, has been advocating for promotion of Health practices in the Haitian communities at home and abroad. Therefore, the AMHE encourages the Medical professionals in the USA to reach out to the Haitian communities that their practice serves to promote the availability and benefits of the COVID-19 vaccines. Many of our physicians have stepped up to receive their vaccines; we are thankful to the first vaxxers in our ranks. AMHE is deeply concerned and worried that a wave of misinformation may keep vulnerable members of the community from taking the vaccines. While AMHE cannot vouched that everyone taking the vaccine will have no undesirable side effects, we are confident that the benefits of taking the vaccine far outweigh the risks.

Consequently, AMHE is appealing to the communities throughout the country and to all its physicians members to reach out to their local communities to promote the availability of the vaccines. We reiterate AMHE’s steadfast interest in supporting medical research and science. The CDC remains the most authoritative source to stay up on COVID-19 and vaccine information.

AMHE continuously pursues activities aiming at improving life, the health and welfare of all its members and the communities at large. This is in keeping with the original mission and vision of the Association’s founding fathers.
Serge Raymond Dorsainvil DDS est peu connu de nous à la AMHE mais il a joué un rôle important à cote des fondateurs de notre association. Il a pris part aux toutes premières réunions qui ont donné structure à la AMHE a cote des Laine, Pierre-Philippe, Egel et Emmanuel Francois, Wesner Fleurant, Roger Dorcena et j’en passe. Il m’a peine de savoir que le 4 février 2021, il nous a quitter pour rejoindre son Créateur. Je remercie Mario St Laurent MD de nous avoir ramene sur la bonne voie en nous faisant part de son depart pour l’au-dela.

Serge Raymond Dorsainvil DDS, dentiste de profession, a fait ses etudes primaires à l’école Jean-Marie Guilloux comme il etait de tradition dans la famille Dorsainvil et a termine ses etudes secondaires au Lyce Petion. Comme son frere aine Hubert, il avait opte pour une carriere medicale mais il fait choix de la Medecine Dentaire. A sa sortie de la faculite, il se rend a Bennet pour les exigences de son service social puis il decide de pratiquer a Aquin dans le sud du pays.

Serge voulait certainement parfaire sa formation et decida de se rendre aux Etats Unis ou deja vivaient ses frere et soeur, alors medicins-residents a l’hopital de Harlem. Il en profite pour les rejoindre et travailla au service de laboratoire en attendant de sauter sur l’opportunité tant revee pour une specialization a l’école dentaire de l’ Universite de New-York.

Cette periode marque pour lui un tournant dans sa vie de medecin-dentist qui lui permettra de forger du temps pour participer aux premières reunions d’une association en fleur: La AMHE. Oui, Serge fait partie des membres fondateurs de notre association bien que nous avons peu connu de lui, au moins pour nous autres plus jeunes. Nous tenons donc a ramener a la lumiere, sa participation dans ce groupe que nous cherissons depuis pres de 48 annees.

Une fois sa formation terminee en terre etrangere, il devient avide de retourner dans sa terre natale pour pratiquer son art. Il a d’abord vecu a Ennery, pres de Gonaives et plus tard il fait le va- et viens entre Ennery et la zone de tabarre ou il gardait une autre residence. Il partageait son temps entre le travail et la faculte d’art dentaire ou il faisait partie du corps des enseignants-professeurs.


Bon voyage Sergo et que la terre te soit legere !...

Maxime Coles MD
AMHE Board Member
Édité par : Dr Jean ALOUIDOR

INFO GAZETTE MÉDICALE
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Rédaction et de l'Éditeur
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Maxime Coles, conseiller

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Et plus encore !

EDITORIAL

Lettre à nos lecteurs et lectrices

Nous voulons vous souhaiter une bonne et trés heureuse Année 2021. Ce souhait traditionnel a une résonance particulière cette année. Après une interminable année 2020, la plupart de nous serait contents d’avoir tout simplement une année normale. En un an, les stèmes en confrontation, distanciation sociale, réunions virtuelles, enseignement à distance ont pris leur place dans notre langue quotidien.

Commençons l’année avec une bonne prévision d’optimisme. Encouragés par votre réponse robuste au premier numéro d’Info-Gazette médicale, nous avons œuvré pour produire ce second numéro.

Dans Le pour vous (LPY) vous trouverez matière à réflexion sur des thèmes familiers à ceux d’entre nous qui ont eu une longue carrière. Ce que nous avons observé dans notre pratique médicale n’est pas permanent ou toujours scientifiquement prouvé. On se rappelle l’exemple de la théorie de l’origine de l’ulcère du estomac qui pendant plusieurs décades était attribué au stress. Nous savons maintenant que l’Helicobacter pylori est le coupable.

La rubrique Santé Publique (SU) offre des nouvelles encourageantes sur la promotion de la recherche, et un plan d’éradication de la fibrose lysématique.

Prenez avantage de cette mine de renseignements offerte dans les Informations Socio culturelles (ISC) et prenez le temps de partager l’hommage rendu à cette légende de la médecine botanique, le Dr Roger Valmé qui nous a quitté.

Le focus est sur l’hôpital Universitaire de Mirebalais (HUM) dans la rubrique Vie Intra Hospitalière (VIH).

Nous avons accueilli dans nos pages un article de nos confrères de la Floride, une démarche qui espérons-le, deviendra une tradition, attirant d’autres collaborations d’outremer.

L’année 2021 s’annonce bien. Souhaitons que les mots planés dans ce numéro trouvent leur place dans notre vocabulaire: accord, partenariat, coopération, soins palliatifs, mission chirurgicale, comité national de résidents.

Bon lecture.

Comité de rédaction et d’éditorial

Pensée du mois : " Le plus grand ennemi de la connaissance n’est pas l’ignorance, mais l’illusion de la connaissance. " - Stephen Hawking

Cliquer sur l’image pour voir la revue en entier
Dear Dr. & Mrs. Maxime Coles,

At this time when the news is dominated by the Coronavirus, we at MCH Coalition wanted to personally reach out and let you know that the health and safety of our volunteers and supporters have been and remain the top priority of our organization. Thankfully we are doing well.

As so many families are directly impacted by this pandemic, we know that our community of donors is especially vulnerable during this time. In the interest of long term welfare of us all it is necessary to make sacrifices, doing so in the knowledge that we can prevent further spread of the virus; thus we have come to the difficult decision to cancel our yearly Fundraising Luncheon. We will continue to keep you in our thoughts and prayers. Meanwhile we would like to advise you all to take the utmost care in terms of personal safety.

While we are extremely disappointed to miss seeing you, we know this is the most responsible decision for us all. It is our hope that someday soon perhaps next year we all can be together again. Our mission in Haiti, as you can imagine, has been severely impacted by the lack of funds. We hope that you will continue to do all that you can to support us in our mission by making a donation.

Thank you so much for your support and dedication to MCH Coalition during this time. Your efforts will make a difference for our children and their families, and now is as important of a time as ever.

MCH Coalition Inc.
If you want to know more about your sleep pattern, contact us!

If you:

- Are 60-75 Years Old
- Identify as African American, Black, or are of African ancestry

AND

- Can participate in home-based sleep/activity monitoring for 7 days
- Attend a short wellness visit

THEN...
Join our research study!

As compensation for your time and participation, you may receive up to $150.

For more information, contact us at:
646-450-2404
Janna.GarciaTorres@nyulangone.org
Anthony.Briggs@nyulangone.org

MOSAIC Study: If you want to know MORE about your sleep, contact us!

Contact at:
mosaic@nyulangone.org

Do you have questions about your sleep? Reach out if you are interested in participating in our study. Total compensation up to $150.00.

Eligibility:
- 60-75 years of age
- Black or African American
- Can participate in home-based sleep/activity monitoring for 7 days
- Attend a short wellness visit
pantry participants' cars to ensure they have food for their entire family, including
special snacks for children. Kellee keeps
bleeding bags in her car, and when she sees
homeless people's hands through the
owner of a 501(c)3 named Own Your Pretty.
Kellee plans to host and coordinate a
period supply drive in January-March 2021.

Black History Achievers Award

As a Black female physician, Jessica
believe it is critical to serve as a liaison
to communities traditionally
experience disparities in access to health
care; providing culturally competent
public health education and serving as a
resource for health. She has engaged
with her local church to provide guidance
to its predominantly African American
congregation during the COVID-19
pandemic, while also advising her
local pastor and the leadership
of her national church organization on
policies and procedures for responding
to the pandemic, including church
closure and distribution of public health
recommendations to church members.
Along with sharing her knowledge of
infectious diseases, Jessica has presented
to her church congregation on several
occasions to provide education about
topics such as vaccination and women's
health.

Jessica uses social media tools such as
Twitter to highlight issues around systemic
racism, health disparities, and diversity
and inclusion in medicine and science. In July
2020, she participated in a podcast episode
sponsored by the Infectious Diseases
Society of America titled, "COVID-19
Facies of Disparity: Addressing Systemic
Racism in the Midst of Pandemic."

Jessica values education as a key tool for
advancing equity for African Americans.
She strives to serve as a visible role model
for Black youth, and she has shown long
commitment to membership and
advocacy for underrepresented minorities,
particularly African Americans, incense
and medicine.

The strength Edwina demonstrated
throughout this year in and out of the
classroom exemplifies the integrity and
leadership declared as JHMH core values.

Black History Achievers Award

Volunteering her time and energy each
week to mentor African American and
other underrepresented undergraduate,
medical and graduate students, Jessica
has forged mentoring relationships
with three individuals with whom she
regularly meets to advise on career
advancement, coursework and application
to medical and graduate programs; she has
also facilitated clinical shadowing
experiences for these students. For the
past two years, Jessica has volunteered
as a facilitator for a Saturday Leadership
Program sponsored by the Greater
Baltimore Urban League; this is a monthly;
virtual mentorship program aimed at
preparing Baltimore high school students
for college and professional careers
by exposing them to interviewing,
networking, professional ethics, leadership,
skills and political engagement. Before
the COVID-19 pandemic, she additionally
served as a literacy tutor at a Baltimore
City elementary school.

Jessica exemplifies excellence in patient
care, scientific discovery, and promotion
of diversity and inclusion in science
and medicine. She is an outstanding leader
among her peers and respected and
well-liked colleague. Jessica is a dedicated
and enthusiastic physician-scientist who
has shown genuine longstanding commitment
in the promotion of diversity in her field
and advocating for equity and opportunity
for the Black community.

In an intense-pressure profession, Dany
Westebrand radiates life, compassion
and hope in and out of the trauma bay.
As the trauma director, Dany touches
the lives of trauma patients with the same
care and concern that the does with his
staff. The person on the stretcher is not
just a "trauma patient": they are human
with many concerns. He is meticulous in
all phases of care, even the time to
follow-up on nonsurgical issues such as
untreated hypertension and diabetes. He
is never too busy to help a staff member
in need, and serves as a role model for
the entire hospital. If a staff member is
struggling personally, Dany listens and
gives insight. He is a member of the Resilience
in Stressful Events (RISE) Team, which
supports victims who were emotionally
impacted by a stressful patient-related
or unanticipated event. Outside of his
responsibilities at Suburban, Dany has a
special interest to improve the lives of
those in the African American community,
often taking medical missions to Haiti
to perform surgery for that nation's
underprivileged.

When it comes to leadership and staff
education, Dany is known for doing the
right thing, always with the best interest
of the patient in mind while expecting
the same of his team. He embraces and
welcomes all staff and infuses them with
the confidence to be their best. He sits
on a number of hospital committees,
encourages excellence in every department
and mentors minority colleagues. Dany
exemplifies all the core values of Johns
Hopkins Medicine.
REZO SANTE AK SOLIDARITE
Lannou, konpasyon ak solidarite

REZO SANTE AK SOLIDARITE

C’est une plateforme autour de laquelle se réunissent des professionnels de la santé et des informaticiens en vue d’apporter leur solidarité à la population au cours de la crise sanitaire du COVID-19.

Contexte

Depuis Décembre 2019, le monde fait face à une crise sans précédent suite à la découverte d’une maladie respiratoire causée par une nouvelle souche de coronavirus (Sras-Cov-2) chez des patients en Chine. Les instances sanitaires mondiales sont en alerte; la progression de la maladie se fait de manière exponentielle. Le 11 mars 2020, les autorités de l’Organisation Mondiale de la Santé (OMS) ont déclaré que la maladie a atteint le stade de pandémie. En Haiti, suite à la notification des deux (2) premiers cas le 19 mars 2020, le président de la République a décrété l’état d’urgence sanitaire sur tout le territoire du pays. Depuis, un ensemble de mesures sont annoncées pour éviter la propagation de la maladie dans le pays.

Malgré tout, une grande panique s’est installée chez la population. En cause, le niveau d’organisation sanitaire du pays qui laisse à désirer. Dans d’autres circonstances, on pouvait compter sur la solidarité d’autres pays pour nous venir en aide, mais aujourd’hui, ils font face aux mêmes problèmes. D’ailleurs, malgré le niveau d’organisation de leurs systèmes sanitaires, ils n’arrivent pas à maîtriser le fléau qu’est le COVID-19. Ainsi, comprend-t-on que la meilleure façon de combattre ce que tout le monde appelle “l’ennemi invisible” est la solidarité.

Par contre, nous estimons que si toutes les mobilisations se font autour du COVID-19, nous ne devons nullement négliger les autres pathologies. Au contraire, nous devons continuer à prendre en charge les patients qui présentent certaines pathologies chroniques telles que diabète, HTA etc. et les patients qui présentent des urgences médicales (Traumatismes, ACV, etc.). C’est dans ce contexte qu’un groupe de professionnels haïtiens se sont mis d’accord pour apporter leur soutien autour d’une plateforme baptisée REZO SANTE AK SOLIDARITE. Cette plateforme entend aider les personnes qui ont des problèmes de santé qui ne concernent pas le COVID-19.

Objectifs:

1- Offrir une télé-consultation (téléphone ou vidéo-conférence) gratuite à tous ceux et toutes celles qui ont un problème de santé mais qui ne concerne pas le COVID-19

2- Mener des campagnes de sensibilisation pour la prévention du COVID-19

Cliquer sur l’image pour en savoir plus.
Guidelines in Cardiovascular diseases: Are they really Helpful?

Saturday March 6th 2021

AGENDA

12:50 to 12:59 Welcome
Alix Dufresne, MD, FACP, FACC, FESC

1:00 - 1:35 Cardiac Tamponade: Pathophysiology, Etiologic factors, Clinical Presentations and Management
Alain Vaval, MD, FACC

1:35 - 2:05 Acute pulmonary embolism: Risk factors, Pathophysiology and therapeutic approaches
Binav Shrestha, MD

2:10 to 2:50 Current Trends in the diagnosis and management of NSTEMI
Jean Georges, MD FACC

2:50 to 3:05 Questions and Answers

3:05 to 3:15 BREAK

3:15 to 3:50 Risk stratification to predict sudden cardiac death and management prevention
Asma Syed, MD FACC EP

3:50 to 4:25 Mechanical circulatory support devices in cardiogenic shock
Paul Saunders, MD CT Surgery

4:50 to 5:10 Questions and Answers
Dear Maxime,
Thanks again for relaying our Mission Report to the AMHE's audience.
Together, we definitely can do a lot more.
Cordially,
Charles