

## The Floating Hospital for Children

*A Lifespan Partner*

July 16, 2001



TUFTS UNIVERSITY  
SCHOOL OF MEDICINE

Lawrence C. Wolfe, MD  
*Chief*

Howard M. Grodman, MD  
*Director, Pediatric  
Bone Marrow Transplant*

Cynthia S. Kretschmar, MD  
*Specialist in Neuro-Oncology*

Cathy G. Rosenfield, MD  
*Specialist in Bleeding Disorders*

Maria Pelidis, MD  
*Hematologist/Oncologist*

Kathleen Marson, MSN, PNP  
Ann Marie Conroy, MSN, PNP

Cathy Downing, MSN, PNP

Mary Jo Gonzales, MSN, PNP

Linda Mazzola, RN, BSN

Christine McEleney, RN, BSN  
*Clinical Nurse Facilitator*

Heidi Shain Caruso  
*Medical Technologist*

Stacey Deveres  
*Pharmacist*

Carol Farwell  
*Child Life Specialist*

Jeanne Hampton  
*Child Life Specialist*

Katie Blake, LICSW  
*Social Worker*

Jill Fulginiti  
*Division Coordinator*

Michelle Cassidy  
*Medical Secretary*

Lorraine Haley  
*Data Manager*

Carolina Tavares  
*Clinic Coordinator*

██████████ has a Rhabdomyosarcoma of the left parapharyngeal area with metastases at the time of presentation spreading into neck lymph nodes. This came in October of 2000 after complaint of sore throat lead her to see a doctor. Apparently the community raised money for her to receive chemotherapy including cytoxan, vincristine, doxorubicin and carboplatin; a reasonable collection of drugs for rhabdomyosarcoma. In addition, ██████████ says she received a brief course of radiation therapy as well.

Apparently a fairly short time ago ██████████ began to develop pain in the right ankle. She claims that her right foot has always been a problem as a result of the mild discrepancy. She was limping and unable to wear anything than a sandal on her visit to see us. She has not had fevers or night sweats and her ankle pain does not keep her up at night at this point in time.

### Physical Exam

Vital signs: Temperature 36.6, respiratory rate 20, hear rate 100, blood pressure 100/60, weight 27.8 kilos, height 144.5 cm. ██████████ was in no acute distress but clearly her ankle was sore. HEENT exam revealed normal tympanic membranes, mouth has no mucositis, lesions, or other problems left over from her final chemotherapy and she apparently finished in April from her radiation therapy of which we have little detail. The neck was supple with a trachea midline. She had an easily palpable mass 4 x 5 cm under the left proximal mandible with extension into palpable lymph node mass just below that one 3 x 2 cm. There was no axillary adenopathy. Examination of the inguinal region revealed a 3 x 4 cm mass of matted nodes in the superficial inguinal region on the right side, the same side as the sore ankle. The left groin had shotty adenopathy. The chest was clear. The cor exam was normal. Abdomen was soft, nontender, nondistended with normal active bowel sounds, no hepatosplenomegaly and no mass. The right ankle was swollen, only partially from some 1+ pitting edema. There was a bony abnormality that seemed to be expanding the ankle and there was point of tenderness in the lateral aspect of the ankle itself. The left ankle was normal. There was good pulses and perfusion, no cyanosis, clubbing or other edema.

Department of Pediatric Hematology/Oncology

750 Washington Street, NEMC #14, Boston, MA 02111  
Tel 617 636-5535 Fax 617 636-7738