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A Kidney for Christmas

Stephen Scholand, MD, Resident Department of Internal Medicine 1998-2001

When Asmar Lawrence first walked into the small examining room in the Jefferson Hospital Ambulatory Practice (JHAP) Clinic, we both had no idea what the future would hold. It was July, 1998 and I was fresh from medical school. Each week, I looked forward to the JHAP experience to develop my clinical skills and follow patients longitudinally. No longer was my learning prescribed from a textbook, this was the 'real world' of medicine where anything could happen and I was supposed to be in control of it. The long white coat probably helped perpetuate some of that illusion. Fortunately our seasoned faculty mentors provided us residents with reassurance and guidance. What I was about to learn from this young man and his family, however, were lessons of love and compassion which no text, syllabus or mentor could provide. It was, and remains, something which is best "experienced."

Asmar's chart indicated that he had been diagnosed with sarcoidosis, a little-understood systemic disease which often affected the lungs. Today, however, he was complaining of a rash. To me, it looked like atopic dermatitis or eczema– although some features seemed atypical. His skin was darkened in the characteristic antecubetal areas with an accompanying raised, maculopapular rash. The itching, however, seemed to involve more areas than just the distribution of the rash. Strangely, the area that bothered him most was in the front of his abdomen along the belt-line. There the rash had a shiny plaque-like appearance, which I attributed to perhaps some scarring from incessant scratching. At age 19, atopic dermatitis seemed like a reasonable working diagnosis. I reminded myself of the axiom "common things are common" before reporting the case to my preceptor[1], the wizened Dr. Mark Graham. No matter that he thought the rash was something else, I still thought I was correct in diagnosing AD. At least we agreed that a steroid cream would be most helpful and sent him home.

Voila! A few weeks later, Asmar returned with an improvement in the rash, which just seemed to have melted. The itching problem remained however, and actually seemed to be worsening, interfering with every aspect of his life, including sleep. We tried empiric treatments: Benadryl and various other antihistamines all without much relief. Somewhere in between, we obtained a Chemistry 7 Panel and I was surprised by the high creatinine of 5.6mg/dL. Asmar already had some damage to his kidneys from sarcoidosis, but this represented a distinct worsening. Previous kidney biopsies had shown fibrosis with non-caseating granulomas, a characteristic pathological feature of the disease, which were gradually replacing the normal cellular architecture of his kidneys. Now, it seemed, the sarcoidosis was continuing its relentless progression. The thought of renal failure in such a young man was troubling. However, it provided an explanation for his itching problem, as it can be a sign of chronic renal failure. Hopefully dialysis would improve Asmar's condition, although the prospect of life tethered to a dialysis machine didn't seem very consoling. In hindsight, the steroid responsive rash must have been due to a flare of sarcoidosis. Typically the rash of sarcoidosis is non-pruritic, but his coincidental renal failure with generalized itching had confounded the picture.

Asmar managed for almost a year to stave off the inevitable. Finally, though, in July of that next year, he had to undergo[2] surgery for dialysis access. Unfortunately, a complication arose the night after the procedure: he developed shortness of breath. His kidneys by this time were so weakened, that they could not handle the volume shifts accompanying surgery. He was literally drowning from excess fluid that had built up in his lungs. Asmar required intubation so that a ventilator could support his breathing. His creatinine by this time had climbed to an all time high of 16.9 mg/dL. Dialysis was initiated and the excess fluid was removed. This restored the ability of his lungs to extract oxygen from the air and he could once again breathe on his own. The ventilator was discontinued and Asmar improved rapidly. He went home a few days later to continue dialysis 3 times a week.

Because of his young age, Asmar seemed like a good candidate for a renal transplant. The problem, however, was finding a kidney. Nationwide there is a shortage of kidneys, as is true for practically any organ. Most kidney transplant patients have to wait years for a suitable match. Asmar, however, was lucky to have a very supportive family. They themselves initiated a search for a living related donor, contacting relatives far and wide to undergo testing. Several

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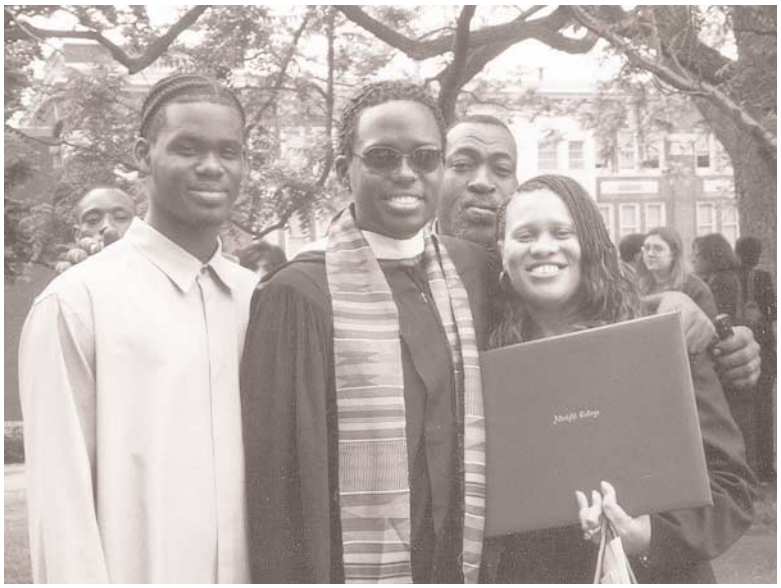
months went by before the perfect match was found: Asmar's brother, Jamar. The only problem, though, was that at age 17 he was still considered a minor. Everyone had to wait until Jamar celebrated his birthday later that Fall. I asked Jamar if he had any reservations prior to the procedure. He said unflinchingly, "No way, he's my brother." A simple answer, but one which demonstrated for me the profound compassion that this family had for one another.

Things moved along and Asmar's surgery was finally scheduled for late December with Dr. John Radomski. Asmar and Jamar came into Jefferson a few days after Christmas, not knowing fully what to expect. Finally on December 29th, the surgery went ahead. The rest of the family had gathered in the waiting room, sweating nervously until the good news came that the transplant operation was complete and the boys were doing fine. Everyone was relieved.

Over the next few days, the boys made a quick recovery. For Asmar, his urine output increased dramatically from virtually nothing to several liters in the first day: an assurance that the newly transplanted kidney was working. His creatinine level plummeted from 12 to 7 to 3 to a normal value of 1.1 mg/dL within 48 hours as the new kidney cleared up the toxins only partially removed by dialysis. Miraculously also, Asmar's itching resolved. At last we had a cure! Jamar, who was not used to hospitals and medical treatments, took slightly longer to regain his old self. Not to be outdone by his brother, Jamar insisted on going home the same day as his brother, although I could see he still looked rather uncomfortable.

Later, I reflected on what an incredible gift this was. Asmar regained so much quality of life which had been denied to him as a result of his terrible disease. No more tubes, no more IV lines, no more painful procedures, no more visits to the dialysis center. Now he could actually also resume his studies at Albright College, which had been suspended due to his poor health. Asmar went on to graduate in May 2001 with a major in psychology. It was a special honor for me to be invited by the family to attend his graduation. To see him walk across the stage and receive his diploma from the Dean represented an enormous victory for this patient and his family. It truly seemed to me a Christmas miracle.



Asmar's Graduation. (Asmar Lawrence is in the middle, with brother Jamar on the right, and mom and dad to the left.)
Photo: Stephen Scholand, MD