



NEWS



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VA Saves the Day

With Sight Restored, Marine Focuses on Future



ROAD TRIP—In southern Iraq, on the road to Baghdad, Lewis' platoon, above, stopped for a break. He said the whole invasion was like a big road trip — only with a lot of fighting along the way. With Lewis, center, were Artillery Lt. Patacsil, left, and Cpl. Church. The trio was part of an amphibious assault vehicle team.

By KATHLEEN SMITH
Texas Medical Center News

For most people, the events that unfolded last Aug. 5 on a battlefield in Iraq would be a nightmare. For 27-year-old David Lewis, it was reality.

Fighting had erupted in Najaf between the U.S. Marines and a militant group of Iraqis, known as the al-Mahdi Army. The conflict took place around the Imam Ali shrine and the Wadi al-Salem cemetery. It was here that 1st Lt. Lewis, a Houstonian, was blinded in battle.

Lewis joined the U.S. Marine Corps Aug. 10, 2001. He enlisted after graduation from Texas A&M University, where he received a bachelor's in business management. He was commissioned as a second lieutenant.

Lewis was deployed to the Middle East twice. The first time was January to September of 2003. The second began last May.

Lewis said he and his platoon were more anxious on their second tour, but well trained and ready to fight.

"The situation seemed like it had changed since the first time, but

there was a mission to carry out. We knew what our job was and were prepared to do it," he said.

While on tour, Lewis kept Aggie and American flags, along with his Aggie ring and family pictures in his flack vest — the military's version of a bulletproof vest. The vest has Velcro pockets that hold armor plates. It was in the pockets that he also kept these "onboard" souvenirs.

THE BATTLE BEGINS

The platoon had been fighting all day. Sunset was upon them and the company began to prepare for the evening. About 8 p.m., platoon commander Lewis and his team of about 35 Marines entered the cemetery to clear it of the rebel fighters. As Lewis put his troops in order, he lifted the ballistic goggles he wore to wipe the sweat from his eyes — but only for a mere moment. Yet, just at that moment, a flash of light caught his left eye.

"I hadn't had those things off for maybe more than two minutes. I wore them religiously," Lewis said. "But I turned just in time to see a rocket-propelled grenade headed

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The Verdict is In

Evidence Confirms Stem Cells Heal Failing Hearts

By RONDA WENDLER
Texas Medical Center News

If seeing is believing, then local doctors have witnessed for the first time the benefits of a pioneering technique that is motivating millions of heart patients to hope and causing a stir among stem-cell scientists.

Three-and-a-half years ago, doctors from Houston's Texas Heart Institute began trekking to South America, where they used adult stem cells to treat Brazilian patients in the final stages of heart failure. The therapy was experimental, part of a clinical trial, but last month the doctors received proof-positive that their technique works.

Their evidence comes from examining the heart of a 55-year-old man with heart failure who enrolled in the Brazilian trial when it began in December 2001. The study's purpose was to determine whether stem cells taken from patients' own bone marrow, then implanted directly into their failing hearts, could help strengthen damaged heart muscle.

The trial — a collaborative effort between researchers at Pro-Cardiac Hospital in Rio de Janeiro and Texas Heart Institute in Houston — was going exceptionally well. Patients who had been near death with end-stage heart failure were bouncing back in a splendid show of resilience after doctors implanted stem cells in their hearts.

But almost a year after undergoing the procedure, the man in question died suddenly due to causes unrelated to his stem-cell therapy. His death afforded doctors their first-ever opportunity to examine a human heart involved in the study, and see first-hand the magnificent mending properties stem cells have on damaged hearts.

"We believe this is the first time in the world a human heart has been examined after stem cells were

removed from the patient's own bone marrow and injected directly into the heart," said James Willerson, M.D., medical director of the Texas Heart Institute at St. Luke's Episcopal Hospital.

Ultrasounds, X-rays and MRIs were revealing dramatic improvements in the hearts of patients enrolled in the study, but in the world of scientific research, seeing an actual organ first-hand is better than seeing an image of the organ, Willerson said.

"An autopsy of the deceased man's heart showed that stem cells injected into the heart not only improved blood flow and blood-vessel formation, but even grew new tissue," Willerson said.

And if seeing this medical metamorphosis wasn't enough, there was more. Substances named cytokines and angiokines were detected in the deceased patient's heart. These chemicals are credited with recruiting additional stem cells to the heart, thereby promoting new blood-vessel development and improved blood flow.

"This explains the amazing success the stem cells had in improving the hearts of our Brazilian patients," said

("Stem Cells" continued page 15)



SPECIAL DELIVERY—Emerson Perin, M.D., Ph.D., delivers stem cell therapy in the Cath lab at Texas Heart Institute. (Photo by Gus Salinas)

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our way from about 30 meters."

Unable to escape, there was only enough time for Lewis to quickly turn his head from the oncoming projectile. As the missile passed, it grazed the side of Lewis' helmet, spinning him around and exploding nearby.

As Lewis assessed his injuries, he determined that his faculties were about him and that he could move his hands and feet. But something else was amiss - he couldn't see.

"I was sitting there blinking, trying to open my eyes," he said. "I feared touching my face in case I didn't have one."

Yet the Marine kept his cool. "I knew I was still alive and morale is a contagious thing," he said. "It was important to set an example for the young Marines. For many, this was their first time away from home, let alone in combat. We had to focus on our mission and the enemy."

Soon after, Lewis was removed from the field by his platoon sergeant and taken to safety where field doctors first assessed his wounds. They determined that his injuries were much more grave than could be treated in the field, and Lewis was moved to Landstuhl Regional Medical Center in Germany.

When Lewis arrived at Landstuhl, nobody was willing to tell him just how severe his injuries were, just that they were "serious."

"Things weren't looking so good," he said. The next stop on his "tour" was the National Naval Medical Center in Bethesda, Md. However, Lewis ultimately chose to come home to Houston and receive care at the Michael E. DeBakey VA Medical Center where the quality of care was just as good, and allowed him to be closer to home.

All told, Lewis' injuries included shrapnel damage to his eyes and along the left side of his body, three cracked facial bones on the right side of his face, a punctured right sinus cavity, a blown right eardrum, and a shrapnel entry wound near the inside corner of his right eyebrow. However, it was the eye injuries that were the most severe.

POSITIVE ATTITUDE, POSITIVE MEDICINE

It wasn't until about Aug. 23 that Lewis arrived in Houston for treatment. He had to wait for the vitreous jelly in his eye to liquefy. Otherwise he might run the risk of a retina detaching before his first eye surgery.

Matthew Benz, M.D., director of the vitreal retinal section at the



SCHOOL SPIRIT—While on tour, Lewis kept his Texas A&M Aggie ring, like this one, in his flask vest - the military's version of a bulletproof vest.

Michael E. DeBakey VA Medical Center, was Lewis' primary ophthalmologist. Upon examining Lewis for the first time, Benz discovered multiple intraocular pieces of shrapnel imbedded in the retina and macula of both eyes.

These rocket remnants caused extensive damage to the retina of both eyes and to the lens of the left eye.

"His prognosis was always fair but somewhat unknown because he had an eye full of blood," Benz said. "These injuries were undoubtedly vision threatening, not life threatening."

Benz, who is also assistant professor of ophthalmology at Baylor College of Medicine and a Methodist Hospital staff member, said it was hard to believe that something so small could cause so much damage.

"The shrapnel particles were tiny, little pieces, probably the size of grains of salt," Benz said. "The pieces were removed with micro instruments; in some cases they had to be removed from the retina and macula using forceps or an intraocular magnet."

In addition to the perforations, the physician and his team discovered a retinal tear, vitreous hemorrhaging and a cataract that were brought on by a concussion Lewis received in the blast.

Benz said Lewis was very "with it" when they met.

"Lt. Lewis was understandably frightened at first, but always asked excellent, appropriate questions," Benz said. "He was well spoken and the kind of guy that makes you proud to know he's serving us."

Benz and a team of other ophthalmologists performed several surgical procedures. To date, Lewis has had one surgery on his right eye and three on his left, each surgery requiring multiple parts. The right eye required removal of the vitreous gel and reinforcing its walls to treat a retinal detachment, while the left

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eye required removal of a cataract and implantation of a new lens.

"We are fortunate that we got the one eye to do so well," Benz said. "He had a tremendous buildup of scar tissue inside of the eye. We discussed it and decided that at this point it's not worth it to remove it; the risks outweigh the benefits."

"Lt. Lewis always had the kind of attitude that was right and helpful for us," Benz continued. "I am sure this had a positive impact on his recovery. A positive attitude can do nothing but help."

A MOTHER'S POINT OF VIEW

"I received a call from a casualty officer at Camp Pendleton, which is near San Diego, just a few minutes before 5 p.m. Central Standard Time last Aug. 5," said Lewis' mother, Ora Chamiok. "The casualty list has just come in. My youngest (11 at the time) answered the phone and gave it to me saying, 'It's the U.S. Government,' which is what had come up on Caller ID."

Chamiok said the caller asked if she was, "Lt. Lewis' mother," then identified himself as a casualty assistance officer; he had a report on Lewis.



SEMPER FI—Short for "Semper Fidelis," the Marine Corp motto is Latin for "always faithful." Lewis knew from age 15 that he wanted a military career. He enlisted as an officer upon his graduation from Texas A&M University. This picture was taken shortly after, yet Lewis had already earned badges for mastering the use of a rifle and pistol.

"My two younger kids were in the room staring at me, so I couldn't fall apart," Chamiok said. "I knew since it was a call and not a knock at the door that Dave was still alive, but I had always associated 'casualty' with death—I had to verify it. Then I wanted confirmation on whether he was going to remain alive."

Chamiok got that confirmation and the officer informed her that Lt. Lewis had been injured only about two hours earlier.

"Even the casualty office remarked how quickly we got the information," Chamiok said.

"I did not understand the severity of Dave's injuries," she continued. "I was told Dave had

taken shrapnel to the entire left side of his body with his eyes being the most severely damaged. When I asked if he would lose his sight, the officer said they usually put a code down for loss of limb, loss of eye, etc. Dave did not have any of those codes so the officer assumed his eyes would be fine."

It wasn't until Lewis arrived in Bethesda that Chamiok grasped just how severely her son was hurt. She sought lodging at the base's Fisher House, where she said they were, "very helpful and supportive."

"The nurses started teaching me how to teach Dave to be blind," she said. "For example, how to describe the food on the plate like a clock and how to help him walk by leading him. I was told he would never see detail again. I knew that Dave couldn't see anything and that the light was very painful for him. I thought after his eyes rested some that they would be OK."

"My second day there, I just fell apart—but I couldn't let Dave know," Chamiok continued. "I had to be strong in front of him. Of course he couldn't see my face, so I

had to try to control my voice and sound cheery."

THE FUTURE LOOKS BRIGHT

Through all that has happened, Lewis remains humble.

"Always make the best of what you're given in life," he said. "Stay upbeat and positive. Don't get down on yourself... you're wasting your own time and everyone else's. But that's just my opinion."

And he has recovered far beyond his doctors' expectations. Though some shrapnel still remains lodged in Lewis' brain, he is fully functional and there is no brain damage; to remove the particles could risk causing some. Using a corrective lens he has 20/20 vision in the right eye, while in the left, he is legally blind. Even so, he can read, recognize faces and even drive.

Lewis last "saw" Benz for a checkup in April. While no other visits are required, he will check in every year or so, whenever he's in Houston.

"Dr. Benz is like extended family, now," Lewis said. "He's a great doctor—I'm living proof of that. I was blind for six weeks and he gave me my sight back."

(*"Saves the Day"* continued page 21)

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Of his combat experience, Lewis said he'd do it again, "without a doubt."

For his two tours of duty, he was decorated more than once. For his first deployment he received the Navy and Marine Corps Achievement Medal for Combat Valor. His second deployment earned him an additional Navy and Marine commendation, and of course, a Purple Heart.

During his enlistment, Lewis was promoted to the rank of first lieutenant. He is up for captain, but unfortunately may be discharged before the promotion is granted. His request for a medical discharge is wrapping up and should be complete in the next few weeks.

For now, he is supporting Marine operations, including facility training, and planning and scheduling at Camp Pendleton. However, if he can't do the job he'd been doing, he'd just as soon move onto something else.

"It's just not the same as being there," he said.

One of his many options after moving on from the Marines is possibly working as a civilian contractor for a company such as

Halibut that would allow him to travel back to the Middle East. He has also looked at government jobs in the Washington, D.C., area with the State Department or another federal agency. Or perhaps a civilian job in the Lone Star state is in his future.

"Right now I am exploring all of my options. I want to make the best decision that I can," he said.

In light of continued fighting in Iraq and Afghanistan, and news of recent vigils staged by families across the United States who have lost soldiers, Lewis said Iraq's problems can't be solved in a few months or years.

"It will be an ongoing process," he said. "I would much rather fight terrorists in Iraq than on our own soil. It is because of us that elections are starting to be held in many Middle Eastern countries. Seeing as how I've been there and seen the changes happen, I know we are doing the right thing and I still support our presence there."

"I try to encourage Dave to do whatever it is that will make him happy and satisfied with his life. Mostly, I wish him peace in his heart," Chamiok said of her son. "If he has this, all else will follow. Dave has a good heart and a good head on his shoulders (even though there is a little shrapnel in it now)! I know he will do well at whatever he pursues."

"I am thankful that he is able to be independent and live on his own," she continued. "I realize now what a total miracle it is that he can see at all and every day I thank God for the miracle of his life and sight." ■

"Firm Footing"

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involves transplanting tissue from one area of the body to another, using microvascular surgical techniques.

In Austin's surgery, Klebuc used an expendable muscle from the inner thigh to cover the complex foot wounds. The circulation of the transplanted muscle was re-established by uniting tiny blood vessels under an operating microscope with stitches finer than a hair.

"The success of this procedure really rides on the attachment of these minuscule blood vessels," Klebuc said.

The last step was to cover the open wounds with a skin graft from Austin's right thigh.

"They've done an incredible job," Warner said. "Aesthetically it's not too pleasing yet, but medically, it's just fabulous."

Austin will undergo one more procedure next spring to sculpt his foot to fit in a regular shoe. Until then, he wears a special boot.

"I'm happy they could fix my foot because I can walk and do things I

used to do," he said.

Warner and Klebuc have treated about 500 patients since they began the limb program two years ago at Methodist, one of the few hospitals in the nation with a team dedicated to restoring lower extremities.

"These are very complex problems that can't be solved by one person," Warner said. "It really takes a multidisciplinary team dedicated to using cutting-edge procedures to treat injuries and disorders in the lower limbs. We are successfully treating problems today that would have resulted in amputation less than 10 years ago."

Warner and Klebuc specialize in the care of patients with open or non-healing fractures, chronic bone infections (osteomyelitis), nerve injuries and complex wounds.

While most of the problems the doctors see are in lower extremities, some patients come in with upper-extremity injuries as well, in which case they are referred to another orthopedic surgeon at Methodist.

"When you work in a team fashion, the results are so much better," Klebuc said. "This really changes people's lives and protects quality of life." ■

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