

January 2011

OK, yes, there has been a bit of a gap between letters. It's been three years since our last letter, and we thought we'd update what's happened to us since then. This text is followed by some annotated pictures.

Here's the executive summary:

Judy and Dave have NOT retired and are busier than ever---Judy as a therapist, with a busy private practice, working with a local National Guard unit, doing weekly critical incident debriefings, and volunteering on two disaster teams (federal medical team and Red Cross). She also teaches disaster/mental health topics occasionally. She has resumed bread-baking and soft cheese-making, and she and Dave enjoy cooking the cuisines of different countries: those they have visited and those they would like to. She was also taking hula lessons, thinking about Zumba, still working on Dave to try tango. She is dallying on her 4th large knitting project in the last few years. Quilting took a rest for awhile, but two new projects are in the works. She still runs most every day and belongs to a book group.

Dave continues working at the USGS as a seismologist. He wouldn't let on, but he is one of the most often cited authors at the Survey, having written many papers. The past year has been particularly rewarding for Dave: at the annual meeting of the Seismological Society of America in Portland, Oregon, he received the Bruce A. Bolt medal for international contributions to seismic safety, and he caught 53 gophers in our yard (about 35 were caught in the 3 months before June of this year, but they keep coming; the last one was caught on December 29). You can keep up with Dave's professional activities on www.daveboore.com. For updated gopher data, contact the author directly. Breaking news: he is pursuing #54. Dave still graces our home with classical guitar playing, though arthritis has motivated revamped fingerings.

Jeff recently acquired a new job with an advertising firm in San Francisco, and he continues to surf. He married Victoria Mitchell at a beautiful ceremony in Yosemite Valley this summer. Victoria teaches at a high school in South San Francisco, and has started a Master's program in educational technology this fall. Jeff and Victoria bought a town house in Mountain View, only a 15 minute drive from us. They are happy to get away from the arctic summers in San Francisco;

we're thrilled that they are so close, and that they allow us to take care of their cat occasionally (our two kitties died a few years ago).

Stacy did well on her medical boards and is in her third year in med. school at Ohio State rotating through different specialties. She is still most interested in Emergency Room medicine and is planning a month of medical service in Africa or Latin America next year. She continues to rock climb at an unnervingly high standard, visiting the Red River Gorge in Kentucky most weekends, weather permitting, as well as in the Sierra during her rare visits home. She worked on the Yosemite Search and Rescue team for three summers, the first two in Tuolumne Meadows and the last in Yosemite Valley. She also designed a research project using data from Yosemite rescues, and spent this holiday analyzing the data for a presentation in or near Wash. D.C. this spring. Dave taught her to use a statistics program.

It seems that our long trips to Europe are in pause mode, at least for the moment. We've spent an average of two months a year out of the country the last six years, at various seismological research institutes (including four one-month visits to Thessaloniki, Greece, and two month-long visits to Pavia, Italy, where Dave co-taught a course in engineering seismology). We have met wonderful people on these trips, some we vacationed with, others we helped with their olive harvest, and we miss you all dearly. Maybe now Dave will take Judy on the long-promised, non-work-related trip to Paris, or bicycling through Southern France, or hiking in New Zealand. In the meantime, they are still very active doing Jazzercise six days a week and backpacking trips in the Sierra in summers when not cat-sitting. We finally did the unthinkable: spent 10 days on a non-work related vacation in Mexico with long-time friends. We also enjoy periodic visits with our wonderful relatives and friends in the Northwest.

We've managed several backpacking trips the last few years, including three last summer. We go for a week, usually with a friend, and include cross-country passes to less-populated regions of the Sierra. In 2009 Stacy dragged Dave up the classic SE Buttress route on Cathedral Peak (class 5.6), which brought back memories of Dave's previous climbs of Cathedral Peak, some 48 years earlier. It's Judy's turn this coming summer. We still yearn for another 3-week, 250-mile hike like the John Muir Trail in 2003 that Stacy proposed, but we'll make do with week-long hikes for now. That John Muir hike was perhaps the highlight of all of our backpacking trips in our lives, in spite of the grumbling, pain, fatigue, and blisters during the first two weeks. The third week we were in shape and it was great!

The orchard is still a source of work and peace, though not always fruit. Critters have ravaged the harvests lately (think raccoons, squirrels, birds, and possums). We are so glad we don't depend on farming for a living. At night we often make joint trips to the compost pile, armed with a broom, in case of mountain lions. In our childhoods mountain lions were considered so rare we never expected to see one. Now they are photographed in town regularly and like to dine on lone hikers. One was seen drinking out of a Los Altos swimming pool in the afternoon. The abundant rain all but destroyed the apricot crop this year, as in the previous two years, but the plums, pears, pomegranates, pluots, plumcots, tangerines, oranges, lemons, and avocados are adequate, and the persimmons from one tree are bountiful; the other tree was stripped by the wild life. The persimmons happen to be tasty when dried. The birds ate all the cherries before the tree could be netted. We have yet to get a cherry off that tree! Judy's roses have survived gopher attacks and her xeriscape garden is at least 3 years old now, and quite lovely, proving that water-wise plants can produce a beautiful garden. It's a Darwinian garden—survival of the fittest.

We shall try not to let so much time elapse between updates. Our children, family, and friends have become a growing priority along with increasingly gentle and time-consuming care for aging bodies. Thank you for being a cherished part of our lives. And we love hearing from you.

Judy and Dave



Jeff surfing at Ocean Beach, San Francisco



Stacy climbing at the Red River Gorge, Kentucky

Stacy starting med school (White Coat Day, Ohio State, 2008)



Think Fast: Adult Epiglottitis in a Multiple Myeloma Patient

Stacy Boore, BS, Megan Smith, RN MSN OCN CNP, & Don M. Benson, MD, PhD
The Ohio State University Medical Center, Department of Internal Medicine and Division of Hematology/Oncology

Introduction

Acute epiglottitis is most commonly caused by *Haemophilus influenzae* in children 1-5 years old. It is characterized by sudden onset of sore throat and fever, and can rapidly progress to fatal airway obstruction. Epiglottitis is rare in adults but carries a significantly higher mortality rate than in children.

Rare or unusual infections are often the presenting condition in a case of Multiple Myeloma. Multiple Myeloma is a disorder of clonal plasma cells secreting monoclonal antibodies, or "M" protein. Manifestations of the disease can include lytic bone lesions, hypercalcemia, anemia, hyperviscosity, bacterial infections, amyloidosis, and renal problems. Annually, there are 20,000 new cases of multiple myeloma in the US, and 700 in Ohio. The incidence is increasing as the population ages and as diagnosis is occurring in younger patients.



Case Description

A 59 year old male presented to the ED with fever and sore throat. He was tachycardic and tachypnic with an elevated white cell count. His oral pharynx was erythematous and exudates were observed on the posterior aspect. Epiglottitis was diagnosed with indirect laryngoscopy. The patient progressed and began to demonstrate stridor, increased respiratory effort, and subsequent oxygen desaturation. He underwent emergency tracheostomy in the ED, was treated with broad spectrum antibiotics, and was admitted to the ICU. Cultures grew *H. influenzae*. His workup additionally revealed pancytopeniae, acute renal failure, and hypercalcemia.

He later presented to The Ohio State University hematology / oncology clinic with an additional history of low back and pelvic pain. His history was significant for occasional chills and mild weight loss. His workup demonstrated a depression of normal immunoglobulins, but no monoclonal protein was found by traditional methods. Free light chain assay demonstrated elevated free serum kappa light chain, and a bone marrow biopsy confirmed multiple myeloma with 17% plasma cells. Skeletal survey showed diffuse osseous metastatic lesions and a few lucent lesions in the long bones. He was diagnosed with multiple myeloma with *de novo* 17p deletion and underwent 7 lines of therapy. He was in remission before his death 28 months before his death.

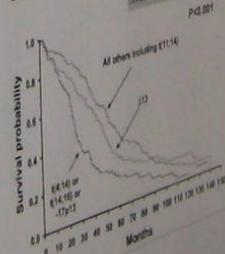


On the left, a lateral radiograph demonstrates the classic "thumb sign" of acute epiglottitis. On the right, epiglottitis is demonstrated by fiberoptic laryngoscopy.



Loss of the 17p arm, shown by interphase FISH cytogenetics on the right, occurs in 5-10% of MM cases and is rarely present at diagnosis.

The Del(17p) mutation restricts this type of MM to an aggressively aggressive, likely through the absence of the p53 tumor suppressor gene, as shown below in a graph comparing survival of MM patients with different recurring genetic abnormalities.



Discussion

Acute epiglottitis caused by *Haemophilus influenzae* infection is uncommon in the era of widespread vaccination and is especially rare in adults. Its presentation suggests the presence of an underlying immunocompromising condition.

Early recognition and immediate management, including appropriate cultures, antibiotic therapy and supportive care, including airway protection when indicated, are crucial to successful outcomes.

When *H. influenzae* or other rare infections are encountered in a previously healthy patient, the index of suspicion for multiple myeloma should be raised. Multiple myeloma is increasing in incidence due to the shifting age demographics of society and diagnosis in younger patients.

Patients with multiple myeloma often have humoral immune deficiency which can lead to unusual infections that herald the disease. A high index of suspicion is crucial to early recognition and management.

Conclusion

Multiple myeloma should be considered in previously healthy patients who present with acute infections. New treatments have been associated with extraordinary improvements in quality of life and overall survival. Therapy allowed our patient to make a complete remission and return to work, golfing and swimming before onset of refractory disease.

Stacy presenting a poster at a medical conference

Dave and Judy in the southern Sierra in 2008 (Mt. Langley, 14,042', in the background)





Dave and Judy enjoying the morning sun (Minaret traverse, 2010)

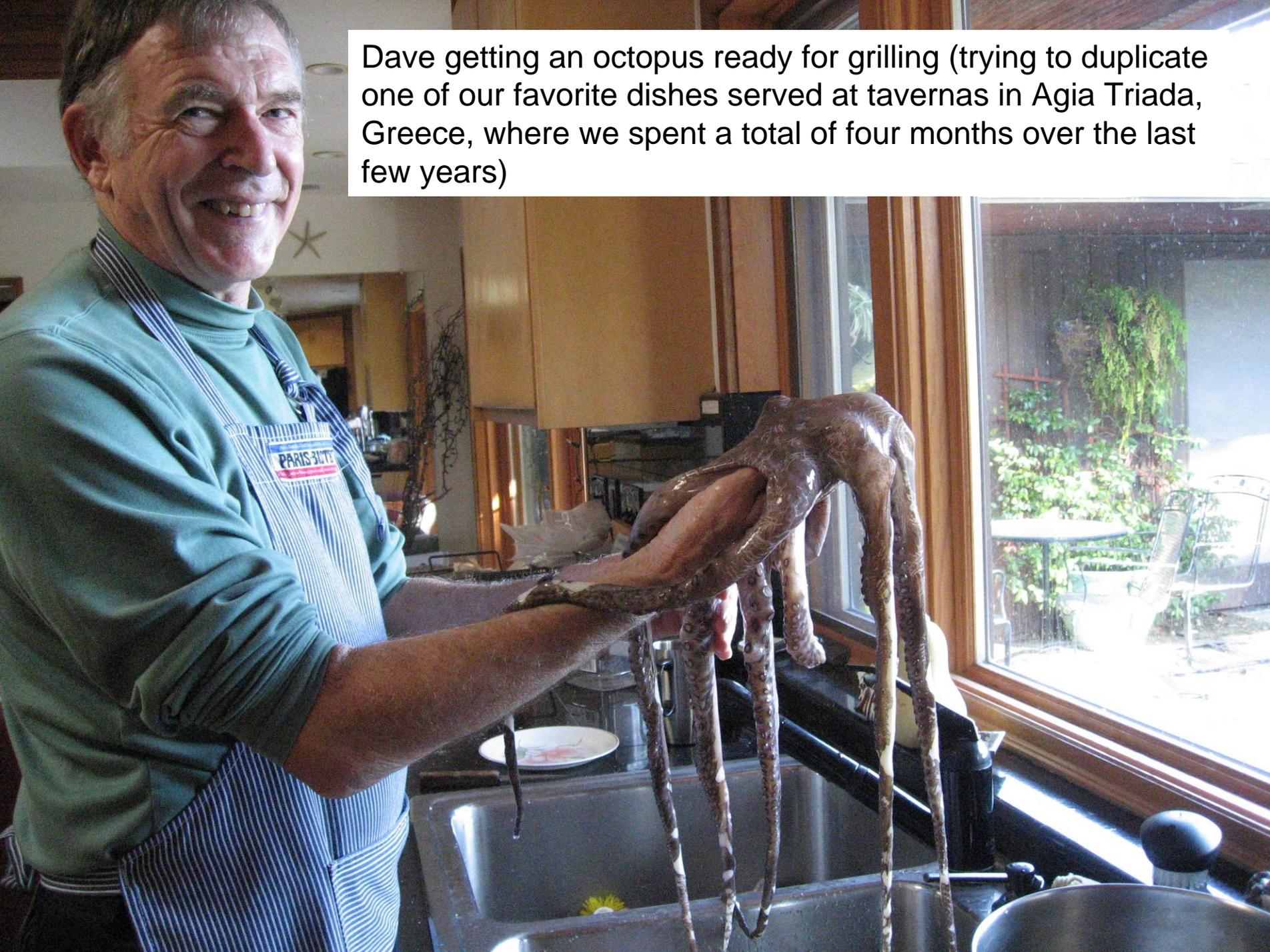


A glorious sunrise on Mt. Ritter (2010)—Judy is in the purple sleeping bag under the green tarp.



Judy waiting for her morning cocoa--
high camp under Mt. Ritter on the
Minaret traverse (2010).

Dave getting an octopus ready for grilling (trying to duplicate one of our favorite dishes served at tavernas in Agia Triada, Greece, where we spent a total of four months over the last few years)





Judy, Jeff, Victoria, Dave, and Stacy, after the wedding at the Ahwanee Hotel, Yosemite National Park



A somewhat less formal family portrait, with Jerome Flowers, our Jazzercise instructor (2008)