



TEXAS NEUROLOGICAL SOCIETY

# Broca's Area

Summer 1993

## Words from the President

Robert W. Fayle, MD

I am deeply honored to be chosen as president of the Texas Neurological Society for the upcoming year. While we are all aware of new and difficult challenges facing medicine in general and neurology in particular, the Texas Neurological Society has already begun to respond to some of these challenges. I think this will be an exciting time for the next several years. One of the most potentially useful things that has been started is this newsletter, *Broca's Area*. The newsletter promises to be a very useful organ for communication among Texas neurologists. There also seems to be a trend of increasing numbers of new members. We certainly hope to justify this confidence and respond to neurologists' needs in such a way that encourages even greater membership in our society.

For those of you who were at the Texas Neurological Society Annual Meeting on May 14, 1993, in Houston, it was a great pleasure to see everyone again this year. For those of you who were not able to attend, let me assure you that the program was indeed excellent. I anticipate that the meetings will continue to provide an excellent academic/

scientific review. The interest survey which was published in the first *Broca's Area* indicated that there is a strong interest among the membership for information and updates on legislative, state health and medical/legal issues. We are attempting to fill out the next year's meeting with talks addressing some of these issues in addition to the more traditional scientific neurological meeting.

I would like to echo Tom Hutton's message from the first president's address in which he called for unity among Texas neurologists. It is also important that we hear from you. Letters either to the executive committee, the president or perhaps to the editors of *Broca's Area* will be very helpful. Let us know about matters the Society should pursue and help us alert fellow neurologists to critical issues.

Reports from the officers will appear in future issues of the newsletter describing progress and problems, questions and answers which we come across over the next year. We hope that *Broca's Area* will provide the sort of information that helps Texas neurologists in our daily practice.

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## Annual Scientific Essay Award Winners Named

Each year the Texas Neurological Society presents a Scientific Essay Award for an original neuroscience research paper, either clinical or basic science, to a medical student, neurology resident or neuroscience graduate student. The award carries a cash prize. This year's first place winner is Britta Ostermeyer Shoab, MD, of the Department of Neurology, Baylor College of Medicine for her paper "Multiple Sclerosis-Like Syndrome Following Insertion of Silicone Breast Implants and Silicone Fluid Injections into Breast." Second prize went to William Pasteur, MD, Stroke Research Fellow in the Department of Neurology, University of Texas Health Science Center in Houston. The winning papers are abstracted below.

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### First Place Essay

#### A Multiple Sclerosis-Like Syndrome Following Insertion of Silicone Breast Implants and Silicone Fluid Injections into Breast

Britta Ostermeyer Shoab, MD and Bernard  
M. Patten, MD, FACP

Sixteen women developed a multiple sclerosis-like syndrome at an average age of 38 years (range 27-59 years) after receiving silicone breast implants (n=15) or silicone fluid injections into breasts (n=1). The average latency between breast augmentation and onset of symptoms was 5 years (range 3 months - 13 years). All patients had evidence of disseminated CNS lesions, but did not have remission and relapse. Eight patients also had findings of

peripheral neuropathy. Additional problems included myalgia (n=15), joint stiffness (n=15), Sicca complex (dry eyes and dry mouth) (n=10), arthralgia (n=10), Raynaud's phenomena (n=9), headache (n=9), joint swelling (n=7), hair loss (n=7), fever (n=6), allergies (n=6), rash and sensitivity to sunlight (n=5) and lymphadenopathy (n=4). MRI of the brain showed multiple white matter lesions in 15/16. Spinal tap revealed oligoclonal bands in 10/14. Visual evoked responses were delayed in 12/14. Autodirected antibodies were detected in 13/16. Sural nerve biopsy showed demyelination in 8/8 with inflammation and vasculitis in 4/8. Ten of 14 patients who underwent implant removal were found to have grossly ruptured implants.

Our patients appear to have a new syndrome resembling multiple sclerosis associated with silicone in tissue, and systemic symptoms and signs of rheumatological and neuromuscular disease. Patients with multiple sclerosis-like syndrome associated with foreign material can be recognized by the following criteria: 1. Symptoms developed after implantation or injection of a foreign material that could have adjuvant effects on the immune system. 2. No malignancy, infection or any other underlying disease that could cause central nervous system disease is present. 3. Presence of autoantibodies or chronic inflammatory reaction in tissue. 4. Findings of multifocal central nervous system disease. 5. Additional neuromuscular or rheumatological symptoms. (Continued page 3)

### Memorial List

Members of TNS who have been reported  
as deceased as of April 15, 1993:

*Frederick William Nelson, MD, Houston*  
*Claude Pollard, MD, Austin*



**Essay Awards** (continued from page 2)**Second Place Essay****Early Presentation of Hemispheric Intracerebral Hemorrhage: Prediction Outcome and Guidelines for Treatment Allocation**

William Pasteur, MD, Durodami Lisk, MD, Howard Rhoades, PhD, Russell D. Putnam and James C. Grotta, MD

Criteria for selection of patients for possible surgery in the management of intracerebral hemorrhage (ICH) are needed to plan a prospective therapeutic evaluation of surgical intervention. Previous studies have developed accurate models for outcome prediction. However, these models were developed from clinical assessments which were more than 30 hours from the ictus. This study specifically addressed patients seen in the emergency room within a few hours of the ictus, many of whom were still awake at the time of first assessment. Our particular aim was to be able to identify and subsequently exclude from any surgical procedure those expected to completely recover and those expected to die regardless of treatment.

We retrospectively studied the charts and CT scans for 75 patients evaluated at a mean time of 3 hours 37 minutes after hemispheric ICH to determine factors that would predict both good and poor outcomes at the time of discharge. Eighty percent of our patients presented within 6 hours of symptom onset. These patients were younger and had more severe lesions than those presenting later, yet most were still awake (mean admission Glasgow Coma Score GCS = 11).

Using multivariate regression, we created two models. The first model will predict independent outcome, i.e. Rankin 0 - 2, of all patients with a GCS greater than 9 on admis-

sion who do not undergo surgery. The significant factors in this model were hemorrhage diameter, intraventricular extension and age. The second model will predict poor outcome, i.e. Rankin 5 and death, of all patients. GCS, hemorrhage volume, age and gender were the important factors in this model.

We conclude that patients with ICH presenting early to the emergency room have more severe lesions radiologically though their initial clinical status may not be different from those seen late. Our models should identify and thus exclude those with very good and very poor prognosis from future randomized surgical trials.

**News of Our Members**

*(Editors' Note: This space has been reserved for news of our members' honors and achievements at the professional level and in their local communities. If you receive a special honor or know of a member who has, please contact the editors so the news can be shared with other TNS members. This will also help us to get to know our colleagues around the state.)*

**Shirley Molenich, MD**, Fort Worth, serves on the Texas Medical Association Interspecialty Society Committee as a representative from TNS.

**Mike Merren, MD**, San Antonio, has been appointed as a member of the Legislative Advisory Board for the Prevention of Disabilities and Injuries.

**Visit China**

The Citizen Ambassador Program is sponsoring a Parkinson's Disease Delegation to China, September 14-28, 1993. The delegation will be led by J. Thomas Hutton, MD. If you are interested in participating, contact The Citizen Ambassador Program, Dwight D. Eisenhower Building, Spokane, WA 99202, 509-534-0430.



## TNS Spring Meeting Report

Officers for 1993-94 were elected at the annual business meeting on May 14, 1993, held in conjunction with the Texas Medical Association annual session in Houston. Officers for the coming year will be Robert W. Fayle, MD, President; Blake B. O'Lavin, MD, President-Elect; David Sherman, MD, Vice President; James E. Garrison, MD, Secretary-Treasurer; and C. Jack Fraim, MD, Executive Committee Member at Large.

J. Thomas Hutton, MD, will continue to serve as newsletter editor and Michael Merren, MD, will continue to serve as associate editor.

Gage Van Horn III, MD, has agreed to serve as secretary to the TMA Section on Neurology for 1993-94. Dr. Van Horn will organize the scientific program for the Texas Neurological Society meeting in May 1994 in Austin.

The Executive Committee recommended that TNS dues be raised to \$75.00 per year to enable the TNS to have adequate income to publish its newsletter *Broca's Area*, to adequately respond to the many new issues facing the neurological community in the coming years, and to recruit new members. It was felt that TNS would be able to better serve its members if it were adequately funded. This is the first dues increase since the Texas Neurological Society was originally founded. The interest survey which was published in the Winter issue of *Broca's Area* reflected the agreement of the membership that the dues be raised to cover expenses.

Eleven new members were presented and approved. All current members are urged to recruit new members. TNS currently has 251 members. Increasing membership in the organization is a goal of the current board.

William Riley, MD of Houston reported that the Bylaws Committee is revising the TNS bylaws. The committee plans to present the revisions to the Executive Committee at the September meeting.

Shirley Molenich, MD serves on the Interspecialty Society Committee of the Texas Medical Association. She reported that she has been asked by the Executive Committee of TNS to bring before the Interspecialty Society Committee the concerns of the members that physical therapists are doing needle EMS's and chiropractors are doing surface electrode EMG's.

Phillip Leonard, MD and Michael Merren, MD are working on a brochure regarding driving and safety and the neurologist's role in assessing patients. It is hoped that TNS will be able to publish this booklet this year.

### **NOTE THIS CHANGE**

*According to the Texas Department of Public Safety the law regarding driving restrictions for patients who have suffered a seizure has set the seizure free interval for driving at 6 months.*

### **New TNS Members**

Sally S. Borucki, MD, Galveston  
 Paul F. Brown, MD, Lubbock  
 Albert C. Cuetter, MD, El Paso  
 Bill D. Davis, MD, New Braunfels  
 Todd A. Maraist, MD, Beaumont  
 Nancy A. Robinson, MD, Texas City  
 Susan D. Rountree, MD, Texarkana  
 John R. Seals, MD, San Antonio  
 Dennis Tobin, MD, Victoria  
 James W. Wheless, MD, Houston  
 Maureen Wooten, MD, Dallas



## EDITORIAL COMMENT

by Tom Hutton, MD

How appropriate that the newsletter of The Texas Neurological Society be named *Broca's Area*. Paul Broca published his famous paper in 1861 describing a patient who could understand language but could not speak. So it is that *Broca's Area* exists to facilitate communication among Texas neurologists. While many have insights, concerns and information important to the practice of neurology in Texas, the Texas Neurological Society and its organ *Broca's Area* can provide a medium for a healthy exchange of thought. Please let your officers and newsletter editors know of your thoughts. Your submissions will be welcomed.

The Texas Neurological Society is growing. Elsewhere in this issue is a list of new members. The growth stems from quality educational programs and improved recruitment efforts. The improved effectiveness of our recruitment largely stems from the efforts of the TMA Department of Specialty Societies Administration which serves as the TNS Administrative Office.

TNS will respond to queries from members. Richard Ulrich, MD wrote expressing concern that physical therapists were doing EMG studies and interpreting the results. He pointed out that this invasive procedure should be reserved for physicians. Fidel Exconde, MD another member, sent a copy of a letter he mailed to an insurance company complaining about their payment of fees to a chiropractor for a surface EMG which he pointed out had no clinical value. These member concerns were discussed at length by the Executive Committee. These concerns were forwarded to the Interspecialty Society Committee of the TMA where our representative is Shirley Molenich, MD. In this way, a stronger response to such incursions into the practice of neurology can be

mounted.

TMA was unusually successful during the last legislative session. Allied health groups including advanced nurse practitioners, psychologists and optometrists entered the session with ambitious legislative goals and left empty-handed. TMA pursued a strategy of across the board standards. According to Fred F. Castrow II, MD, who chairs the TMA Council on Legislation, the across the board standards had a chilling effect on the other health professions' ardor for expanded scope of practice. Chiropractors barely were able to pass their practice act and narrowly averted an effort to fire the current chiropractic board. The Board's rules were rolled back to 1989, and its authority to write rules relating to scope of practice was greatly curtailed. Psychologists dropped efforts to gain hospital admitting privileges. Optometrists also failed in efforts to gain hospital admitting privileges, to call themselves "optometric physicians" and to obtain a state mandate to serve as gatekeepers for eye care provided under health maintenance organizations. Nurse practitioners ultimately abandoned their attempt at prescriptive authority and independent practice.

Such success by TMA provides powerful evidence that through concerted efforts physicians can effectively protect the scope of practice of physicians. As the Texas Neurological Society grows in size and strength our collective efforts will become more formidable in representing members in legislative matters. Please continue to cultivate good working relationships with your representatives and senators and to keep your TNS aware of opportunities and concerns.

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# Hassle Factor Log



..... INSTRUCTIONS .....

Please complete each section of this form, including as much specific information as possible.

..... PLEASE PRINT .....

Physician Name \_\_\_\_\_ Specialty \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of hassler (insurance carrier, review firm, government agency, or managed care plan) \_\_\_\_\_

Is this hassle a:  first time problem  recurring problem?

..... CHECK ALL THAT APPLY .....

Subject of Hassle	<input checked="" type="checkbox"/>
Denial or reduction of payment	<input type="checkbox"/>
Repeat request for information about a patient	<input type="checkbox"/>
Medical necessity review	<input type="checkbox"/>
Recoding or downcoding of billed services	<input type="checkbox"/>
Precertification of services	<input type="checkbox"/>
Claim lost by carrier	<input type="checkbox"/>
Claim documentation	<input type="checkbox"/>
Length of stay dispute	<input type="checkbox"/>
Problem with managed care plan	<input type="checkbox"/>
Quality of care review	<input type="checkbox"/>
Prepayment review	<input type="checkbox"/>
Postpayment review	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>
	<input type="checkbox"/>

Actions Taken by Physician or Staff	<input checked="" type="checkbox"/>
Made telephone call(s) -- How many? _____	<input type="checkbox"/>
Write letter and/or narrative report	<input type="checkbox"/>
Resubmit claims	<input type="checkbox"/>
Review office medical records	<input type="checkbox"/>
Copy and send medical records	<input type="checkbox"/>
Seek outside assistance	<input type="checkbox"/>
Consult with colleagues	<input type="checkbox"/>
Retrieve, review, and send hospital medical records	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>
	<input type="checkbox"/>

..... ESTIMATE TIME .....

Estimate the hours spent on this hassle.

Staff Time (hours) \_\_\_\_\_ Physician Time (hours) \_\_\_\_\_

..... DESCRIPTION OF HASSLE .....

Add information you think would be helpful in documenting the nature of this hassle and/or its impact on your medical practice or patients. Include any relevant documents (copies only).

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## LEGISLATIVE UPDATE

by Mike Merren, MD

Several bills of special importance to Texas neurologists were dealt with during the recent 73rd legislative session.

(1) A bill to allow chiropractors to write an excuse to avoid the use of helmets while riding motorcycles died in committee.

(2) The Barratry (ambulance chaser's) bill passed, which prevents sending mail or contacting accident victims until at least 31 days following an accident.

(3) A bill to provide education regarding the importance of wearing a helmet while riding a bicycle passed.

(4) A bill to require the wearing of helmets while riding a bicycle died in committee. The bill will be resurrected for the next legislative session.

### HASSLED??

One of the concerns expressed in the TMA Interspecialty Society Committee was that of nonphysician fourth party reviewers telling physicians how to treat their patients-- what tests they need or don't need to order. This brought forth a general discussion of the time consuming telephone calls from these individuals requesting information and the need to verify that the callers are entitled to patient information. The Interspecialty Society Committee members were concerned, as we all are, about the time physicians and/or their staffs spend with this type of phone call. The TMA has requested that the *TMA Hassle Factor form* (appearing on page 6) be completed for these calls and forwarded to TMA. Photocopy a supply of forms and keep handy to use when appropriate. This will enable the TMA to have necessary data to combat this practice. The committee also endorsed a motion that TMA encourage the AMA to develop payment codes for consultations with insurance companies.

## Broca's Area

*A periodic newsletter of the  
Texas Neurological Society*

**Editor:** J. Thomas Hutton, MD, PhD

**Associate Editor:** Michael D. Merren, MD

*Inquiries about this newsletter or about TNS in general are welcome at the following address:*

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**New Members are Welcome  
and Encouraged**

The Texas Neurological Society is seeking and encouraging the membership of all neurologists in Texas. Dues for members are only \$75.00 per year. Life members and Residents are not charged dues. TNS provides the opportunity for Texas neurologists to work as one unit for the improvement of health care as it relates to neurology. It gives us the opportunity to work together to influence legislation such as motorcycle helmet law and bicycle safety.

**To join, contact the:**

**Texas Neurological Society  
401 West 15th Street  
Austin, Texas 78701-1680  
(512) 370-1532 Fax (512) 370-1635**

**and request a membership application to-  
day!**



**TMA Library Services  
Beneficial to TNS Members**

The Texas Medical Association Library has a vast store of resources available to help neurologists keep abreast of current information so critical in today's fast-paced world.

The library's CME Resource Center offers a CME course locator service to identify accredited continuing medical education opportunities in neurology across the United States and around the world. The library also offers self-paced CME materials including both audio and video tapes as well as interactive computer software.

Quick access to MEDLINE searches, books and over 900 medical journals are available through the library.

For assistance with any of these areas, contact the TMA Resource Librarian at the Texas Medical Association office at 401 West 15th, Austin, Texas 78701, (512) 370-1300 or fax (512) 370 - 1634.



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