

FACING THE FUTURE

Charity Begins at the Workplace

City and federal employees as well as military personnel can support Foundation for Faces of Children through annual charity drives at their workplaces. Both the City of Boston Employees Campaign (COBEC) and the Eastern Massachusetts Combined Federal Campaign (CFC) recognize FFC as an approved charity.

If you are employed by the City of Boston or the federal government, please consider contributing to FFC through these year-end charitable giving campaigns. A single contribution or a monthly or bimonthly payroll deduction can help provide educational information to families of children with cleft lip/palate and craniofacial conditions.

To designate that you want your donation to go to FFC, use the following identification numbers: 2530 for the COBEC program and 5037 for the Eastern Massachusetts CFC.

For more information, consult COBEC and CFC materials distributed to employees or contact your human resources department.



Find Walkathon Photos inside!



Otolaryngologist Mark Volk, MD

Relief from Ear Infections

New research suggests that taking a “wait-and-see” approach to the treatment of ear infections may be best. A recent study, published in the *Journal of the American Medical Association*, found that 62%, or nearly two-thirds, of children diagnosed with a middle ear

infection got better on their own—without antibiotics—within 48 hours.

Ear infections are currently the most common use of antibiotics in children. But like all drugs, antibiotics pose risks, including allergic reactions, severe diarrhea, which may result in dehydration, and antibiotic resistance.

The study did not specifically address children with cleft palate and/or craniofacial conditions, who often suffer from middle ear infection, known medically as acute otitis media.

“Otitis media is more frequent and more prolonged in kids with cleft palate and craniofacial conditions compared with the general population,” says Mark Volk, MD, DMD, an otolaryngologist or ear-nose-and-throat doctor at Children’s Hospital

Boston. “But they have no greater complications or more severe symptoms.”

Symptoms that may indicate a middle ear infection are: pain, irritability, poor appetite, and difficulty sleeping. Tugging at the ears and fever may also be signs of infection.

Most middle ear infections are associated with colds. “The average child will get six to eight colds per year,” says Dr. Volk, “so that’s a lot of opportunity. And since the immune system is still maturing, it’s not equipped as well to fight off those infections.”

Ear infections result from fluid buildup in the middle ear, the space behind the eardrum. Doctors theorize that fluid forms because of a problem with the Eustachian tubes, the narrow tubes that connect the middle ear to the back of the nose. Normally, the Eustachian tube acts as a pressure-equalizing valve, opening every time you yawn or swallow. But if the tube doesn’t work properly, negative air pressure can develop in the ear. (You may feel this uncomfortable sensation during airplane takeoffs and landings when the ears are subject to pressure changes.)

Fluid eventually fills this void, causing the ears to feel stuffy and muffling sounds. If bacteria from the nose or bloodstream sneaks into the fluid, it can become infected.

The risk of infection is greater for children with cleft palate. When the palate is clefted or split, the

continued on page 2

Face-to-FaceSM Walkathon

Nearly 100 family members and supporters helped celebrate the tenth anniversary of the FFC Walkathon on September 10. Sunny skies prevailed as participants, many with babies in strollers, walked the three miles around Lake Quannapowitt in Wakefield, Mass., to raise funds for the Foundation’s educational services.

The Face-to-FaceSM Walkathon also gave families an opportunity to meet and share experiences.

Two big cats were on hand to entertain the children—“Tigger the Tiger” and “Leona the Lion” of *Between the Lions*, courtesy of WGBH Boston.

The day kicked off with coffee, donuts, muffins, and bagels donated by Erik Lania of Watermark Donuts, a Dunkin’ Donut franchise. After the walk, participants were rewarded with a delicious barbecue provided by Synthes Corporation (a surgical implant manufacturer) and prepared by Blue Ribbon Barbecue of Arlington, Mass. Joe Carroll of our Advisory Board contributed beverages.

“The First Parish Church of Wakefield was wonderful,” says Paula Woodman, event coordinator. “We had lunch in the church hall, and they provided all the tables and chairs.”

continued on page 2

Relief from Ear Infections continued from page 1

small rubber band-like muscles that insert through the palate and control the opening of the Eustachian tubes don't work very well. Often, but not always, their function is at least partially restored when the cleft is repaired. Craniofacial disorders can also increase the chance of ear infection. "One theory is that abnormalities in the back of the nose cause air turbulence, which leads to inflammation of the surface of the Eustachian tube," says Dr. Volk.

"Another is that the [facial] configuration of some people can create a reservoir for bacteria to set up shop."

Children with fluid in their ears or frequent ear infections can experience


hearing loss, language delays, and speech problems. The ability to hear well is especially important at eight to nine months of age, because that's when the brain begins to make connections critical to speech development.

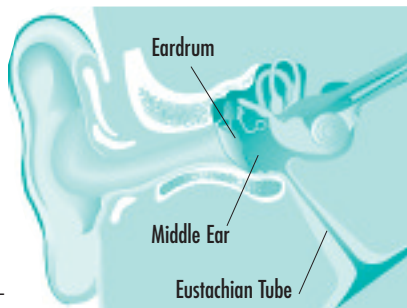
"If a child has fluid in the ear, hearing fluctuates," says Dr. Volk. "It's very tough for parents to pick up on this. They'll say, 'One day I'll be whispering to Johnny, and he hears everything. But the next, I'll be speaking loudly, and he doesn't pay attention.'"

"This is the worst kind of hearing loss, because words sound different every day. Compared to kids with low-level permanent hearing loss, kids with fluid don't do as well with language acquisition."

If parents or the physician are concerned about a child's speech/language development, an evaluation by a speech and language specialist is generally recommended.

Middle ear infections may decrease with the removal of the adenoid glands—whether enlarged or not—which lie close to the Eustachian tubes. The child may also outgrow the problem as the Eustachian tubes grow in size and the immune system matures.

But if a speech delay occurs or if antibiotics do not effectively control infections, the child probably needs ear tubes. These tiny tubes, about the size of a very small bead, can drain fluid from behind the eardrum. Tubes may be inserted at the time that a cleft palate is repaired. Depending on their design, tubes last about 6 to 18 months. The entire insertion procedure, which requires general anesthesia, takes only 15 minutes from start to finish. Once in place, tubes need to be checked by a medical professional every three to six months. 



PAIN PREVENTION

Middle ear infections are most prevalent during the winter months when colds typically occur. To help prevent them, Dr. Volk recommends:


1. Encourage adults and children to wash away germs from their hands with soap and water.
2. Try to isolate children with colds from other children.
3. Humidify the air in your house in the winter to prevent nasal irritation.

If an ear infection occurs, your health provider may recommend using acetaminophen for pain for 24 to 48 hours and to see if the body's immune system can clear up the problem. If symptoms are not better or become worse in 48 hours, antibiotics may be needed.

Face-to-Face™ Walkathon

continued from page 1

For the third year, Wal-Mart was a major sponsor of the walk, giving generous financial support. FFC also received discount rates from Sean Kane Party Tent Rentals, which supplied two tents, and Handy House of Foxborough, which provided portable toilets.

We greatly appreciate the continued support of our walkers, volunteers, sponsors, and the town of Wakefield. 



Children's Hospital staff joined FFC Co-President Jane McDaid (right) for the walk.



A Mitzvah



Jared Popkin was only three months old when his cleft lip was repaired, so he has no memory of the procedure. But he's seen before and after photos, and he visits Dr. Mulliken at Children's Hospital regularly for check-ups. So last year when his third-grade teacher asked him to write an essay on what makes him special, he wrote about his cleft lip. "He's proud of it," says his mother, Bari, "because that's who he is."

This year Jared, now 9, was eager to take part in the FFC Walkathon. He sent e-mails to friends, neighbors, and relatives asking them to sponsor him. "This organization is important to me," he wrote, "because the Foundation for Faces helped me when I was a baby and was born with a cleft lip."

The response was tremendous—he collected \$757. "He really took this walk to heart," says his mother. "Every time a letter would come in the mail, he'd get so excited. You would have thought people were sending the money to him for his own use! And at the walk, he enjoyed seeing Dr. Mulliken and Dotty (nurse Dorothy MacDonald), and he felt like a celebrity."

A resident of Needham, Jared attends the Solomon Schechter Day School in Newton, which stresses performing mitzvahs or charitable acts. The walk was something he wanted to do, his mother says, and FFC is grateful for his efforts.

Thanks, Jared! ■

FFC ELECTS NEW TREASURER

The Foundation for Faces of Children welcomes Ron Parkinson, chief financial officer of Ames Textile Corporation of Lowell, Mass., as our new treasurer. He replaces Bill Pratt, a CPA, who held the position for nearly a decade. We offer our sincere thanks to Bill for his years of dedicated service.

Mike Souza and his daughter Catherine celebrate the 10th anniversary of the walkathon.



"Team Lacey" gathers at Lake Quannapowitt. Front left are Lacey Clericuzio and her dad. At the far right is her mother.



Lily Toth, pictured with her proud grandparents, had her cleft repaired just three days prior to the walk. She was the youngest participant.



Jared Popkin and his mom, Bari, with Drs. Arin Greene (left) and John Mulliken.



Tigger gives a high-five to a fan while Leona looks on.




Meet the 2006–2007 Fellow

Arin Greene, MD, MMSc, grew up in a “cleft family”—his youngest brother had a cleft lip and palate. This inspired him to pursue a career as a plastic surgeon. To help attain his goal, he is completing a year-long fellowship (July through June) in craniofacial/pediatric plastic surgery at Children’s Hospital Boston.

A native of Chicago, Dr. Greene graduated with a BA from the University of Chicago and earned his medical degree at the University of Illinois. He became a resident in general surgery at Boston’s Beth Israel Deaconess Medical Center.

From 2000 to 2003, he worked as a research fellow studying angiogenesis, or blood-vessel formation, with Dr. Judah Folkman at Children’s Hospital Boston. At the same time, he completed a master’s of medical science program, which focuses on research methodology, at Harvard University. Following that, he became a resident and then the chief resident in the Harvard Plastic Surgery Training Program.

Now, as the craniofacial/pediatric plastic surgery fellow at Children’s Hospital, Dr. Greene is conducting numerous research projects in addition to clinical work. Among them, he is studying the angiogenetic basis of vascular malformations and how to minimize recurrence after surgical removal. He is also investigating the unique features of cleft lip/palate in patients with Van der Woude’s syndrome and developing new surgical techniques for cranioplasty procedures.

Dr. Greene and his wife Sarah, whom he met while working at Children’s, have two young sons, Albert and Mac. 



The Foundation for Faces of Children is dedicated to improving the lives of children with craniofacial conditions, including cleft lip, cleft palate, and other head and facial differences. We concentrate our efforts on education, training, family support systems, and the dissemination of accurate and timely information. We also fund targeted research about the causes, treatments, and outcomes of these congenital conditions. The goals and strategies of the Foundation for Faces of Children are to...

- Provide leadership and advocacy through research and education.
- Distribute accurate and timely information as quickly and widely as possible to children, families, medical professionals, and the community at large.
- Endorse the team approach to treatment of craniofacial conditions; we believe that the best outcomes result from collaborative treatment by an experienced group of specialists.
- Partner with organizations that have similar goals and values.

We are a 501(c)3 not-for-profit organization supported entirely by private donations, grants, and fund-raising initiatives. We receive no government funding. If you are interested in having a board member speak to your group about our organization, or if you wish to participate in or sponsor a fundraising event, please write to **Foundation for Faces of Children, 258 Harvard Street, #367, Brookline, MA 02446** or call us at **617-355-8299**.



Foundation for Faces of Children

258 Harvard Street, #367
Brookline, MA 02446

Board of Directors

Jane C. McDaid,
Co-President

Johanna (Joey) Smith, Esq.,
Co-President

Ron Parkinson,
Treasurer

Alfred C. Frawley, Esq.,
Clerk

Anne-Marie Gagnon, MSW

Mary Lania, RN

John B. Mulliken, MD

Advisory Board

Joe Carroll

Patricia Connery

Kristin DeKuiper, Esq.

Ellen Kelly

Dorothy M. MacDonald,
RN, BSN

Sheryl Rosner, Esq.

Beth Tomasello, Esq.

Paula Woodman

Facing the Future Editorial Staff

Anne-Marie Gagnon, *Editor* Cindy Shields, *Designer*

Nancy Knoblock Hunton, *Writer*

617-355-8299 | www.facesofchildren.org

E-mail: info@facesofchildren.org