



Saving More than Sammy: Catherine Nicolaides, M.D., HU '84

Few pediatricians see a patient's illness make the national news, yet Catherine Nicolaides, M.D., HU '84, experienced this with Sammy Maloney, a young man suffering with pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, otherwise known as PANDAS. His highly publicized medical case was remarkable for many reasons – not the least of which was his medical treatment by Dr. Nicolaides, who insists that her fellow pediatricians must become more aware of this debilitating yet treatable disorder.

A native New Yorker, Nicolaides had always been interested in becoming a pediatrician. Her volunteer and employment experience prior to medical school fostered that ambition. It was at Hahnemann, though, that specializing in developmental pediatrics began to crystalize for her.

Nicolaides credits her many “outstanding” professors, including Drs. DePace, Kaplan, Sarfi, Haroian, and Baggott. As she rotated through clinicals, the “phenomenal” pediatric professors “were all mentors,” she says. These professors “validated that this was the field I wanted to go into.” Dr. Vanace, in particular, was a great influence. “Even then,” Nicolaides says, “he laid the foundation for the thought about going into developmental pediatrics.”

While Hahnemann was providing Nicolaides the academic theories and medical foundation to become a developmental pediatrician, a deep and personal engagement with the specialty was already there. She has a sibling with school-related learning challenges, and reveals that this family experience “really impacted me a great deal.” Meeting families in similar situations during her residency also evoked strong feelings in Nicolaides. “I was capable of taking care of sick kids, but not really the developmentally delayed kids,” she says. “I knew the parents in the clinic would come in and say, ‘My kid’s not doing this. My kid’s not doing that.’ I really had very little idea how I was going to respond to the parents.”

Nicolaides completed her fellowship in developmental pediatrics at Johns Hopkins University. Prior to this, her pediatric residency was at Bellevue Hospital/New York University School of Medicine. She wholeheartedly credits her experience at Bellevue as enriching her “knowledge and abilities as a practitioner.”

It was in her practice, based in New Jersey, that Nicolaides first met Sammy Maloney and his mother, Beth Alison Maloney, around 2001. Beth Maloney had been vigilantly pursuing possible



medical leads in the hope of diagnosing and treating her son, an otherwise healthy 12-year-old who had become debilitated overnight. Sammy's grandmother had heard of Nicolaides' work with the PANDAS disorder, and suggested the family make an appointment.

For Sammy, even leaving his house for the appointment was torture. "By the time I saw [Sammy]," Nicolaides says, "his symptoms were so significant and so severe that he couldn't even really get out of the van to come in to the office. From the office to the exam room was a pretty significant struggle. The struggle was in the compulsive behavior that he engaged in."

Sammy walked with eyes closed and a shuffling gait. He would not touch or step on certain things; instead, Nicolaides recalls that he was "raising his legs and thrusting them over what were invisible lines that he perceived to be coming out of electric sockets."

These symptoms had literally developed overnight. Previously, Sammy "was a young man who really excelled academically, specifically in math, and was a well child," Nicolaides relates. "Overnight he became really debilitated with severe obsessive-compulsive symptomatology. Overnight he was just not functioning." Doctors recommended he seek permanent at-home care.

No physician had been able to help Sammy. He had been diagnosed with obsessive-compulsive disorder, then Tourette's syndrome. Neither diagnosis – nor treatment – was correct. Maloney, through her own ceaseless investigations, had learned that Sammy's problems might be related to an untreated strep infection. Most of the medical community ignored this possibility. Nicolaides says, "I have to commend [Sammy's] mother. She was relentless. The journal she kept in terms of his illness really helped treatment significantly. Without her being such a great note-taker, I don't know that we would have been as successful as we were."

Because of Maloney's evidence, Nicolaides ultimately treated Sammy for PANDAS. Today he is healthy. He is a college student.

It is to Nicolaides' credit as a physician and as an individual that she listened to the Maloney family and accompanied them on their medical journey.

PANDAS, however, is considered controversial in the medical community. Much of the controversy is simply because PANDAS is a new diagnosis. Also, because the diagnosis is new, the patient population thought to have PANDAS has not been well studied. It is, therefore, a challenge to potentially diagnose someone with PANDAS, because the pathology is not well documented. Complicating matters is the presentation of symptoms similar to OCD and Tourette's. Nicolaides explains, "To distinguish [among diagnoses], or say that one is different from the other, or there's this subpopulation that may present differently, or subpopulation that responds to different forms of treatment, is sort of a new finding. It hasn't been well studied yet to establish that there may be two populations or a different etiology to the causes."

It is thought that PANDAS may originate in an untreated, wrongly treated, or undiagnosed strep infection. For a small population, strep antibodies begin to attack the brain. Nicolaides compares this to rheumatic fever, observing, "The body now develops these antibodies against the strep which then confuse – and may attack – areas of the brain which produce these symptoms, specifically in the basal ganglia." Nicolaides stresses that pediatricians – those "on the front line" – must be educated about the disorder. "By the time [patients] get to the psychiatrist with significant OCD symptoms, they may have already had symptoms for a while. We want it right when they present to the pediatrician."

Sammy's case is unique in that it has been highly publicized, but Dr. Nicolaides continues to see children in her practice who are not well-known, yet whose health and mental well-being are just as important.

Nicolaides appreciates that she was able to establish her private practice when her own children were young, and so she was able to have flexibility in her schedule and be more available to them. Despite the time and intensity required by her practice, she says, "I always had [family] dinner. We always sat down for dinner."

Today her college-age children are pursuing their own vocations. Her son has been accepted to and will soon be attending the College of Medicine. "Drexel now is doing a phenomenal job," Nicolaides says, applauding both the College's rich history and its current vision.

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