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Re: Yong Sun Harvill, A35-173-532

To Whom It May Concern:

I am an Oncologist, Hematologist and Internist practicing in Miami-Dade County, Florida. I am Board Certified by the American Board of Internal Medicine in both Medical Oncology and Internal Medicine.

I was requested to review some medical records regarding Mrs. Yong Sun Harvill (DOB: 3/6/56) by Mrs. Harvill's attorney, Kelleen Corrigan of the Florida Immigrant Advocacy Center. I have reviewed Mrs. Harvill's available medical records.

The information from the records from the H. Lee Moffit Cancer Center is remarkable:

- In 1995-96, the patient had a history of desmoid tumor (apparently since the 1980s) to the left lower abdomen and quadrant, deep vein thrombosis and cellulitis of the left leg, fracture of her femur in 1995, osteomyelitis of the left femur with displaced screw.
- In 2001, the patient had a history of desmoid tumor of the left thigh area and left knee, recurrent fibromatosis, a tumor in the left proximal tibia, and she was treated with surgery and radiation therapy with significant chronic lymphedema and chronic pain.
- In 2002-2003, the patient was treated for chronic pain in the left lower extremity, chronic lymphedema of her left lower extremity requiring high doses of narcotics for pain control, recurrent depression, panic disorder and adjustment disorder. She was also followed in the sarcoma clinic for her tumor history.

From the Palm Beach County Jail records (from March 2007 – May 2007), I note the following:

- The patient had a persistent complaint of pain and swelling in the left lower extremity, but was only treated with Motrin.
- Also the patient had a history of mental illness, bipolar disorder, anxiety, depression, panic disorder, and adjustment disorder.
- A history of rash in the left groin area, treated with Hydrocortisone since March 27, 2007. On May 7, 2007, the patient was given Amoxil 500 mg 3x a day without documented infection in the Left lower extremity.

Finally, the Pinal County Jail records (June – July 2007), indicate:

- In June 2007, patient was given Lithium Carbonate 600 mg at bedtime, per Dr. Fleming's order.
- Patient appears to have been diagnosed with Hepatitis-C.
- Patient suffering from GERD (Gastro Esophageal Reflux Disease) and Gastritis, treated with Omeprazole,
- Patient complains of nose bleeds.
- On June 18, 2007, patient was given Tylenol 3 for her pain.
- On June 29, 2007, the notes reflect a review of a Hematology Oncology evaluation held June 26, 2007 and a CT scan of left upper leg and pelvis were requested.

After review of those records, it is my professional opinion that Mrs. Yong Harvill should undergo evaluation of her lymphedema by a lymphedema specialist. The inadequate management of this condition will predispose this patient to frequent infections of soft tissues (Cellulitis), infected ulcers in the limb and even bone infections (Osteomyelitis). Those chronic infections might cause her to need prolonged antibiotic therapy and even eventually require debridement surgeries or an amputation.

The patient is also reported in these records to be suffering from Hepatitis-C infection. This condition is usually incurable and can cause liver cirrhosis, liver failure, coagulation abnormalities and even hepatic or biliary cancers. She should be evaluated and followed by a Hepatology doctor. Possible treatment options that she might qualify for include Ribavirin, Interferon or PEG INTRON. Those therapies need to be performed by Doctors experienced in the use of those toxic medications. She should have ultrasounds, scans or MRIs of the liver every three months to exclude development of liver tumors. Also, periodic evaluation of her liver enzymes, viral loads and tumor proteins such as Alpha Feto Protein, Carcino Embrionary Antigen and CA-19.9 are to be followed.

In regard to her recurrent sarcomatous tumors, MRI studies of her abdomen, pelvis and upper and lower extremities would be much better than a regular CT scan. In her situation, where prior surgeries and radiation therapy have been used, the definition of normal, malignant versus scar tissue is fundamental to define best planning of care. An oncologist specialized in sarcoma should be evaluating her condition, especially considering the recurring and multifaceted nature of her disease.

Her pain should be evaluated by a pain specialist for proper management and control. The multiple visits and complaints in those records show that her recent pain management has been sub optimal.

The left groin rash might be related to a fungal infection, prior radiation therapy effect with chronic dermatitis or bacterial infection. Hydrocortisone might even worsen fungal or bacterial infectious condition. If not improving with empiric therapy, a dermatology evaluation should be done.

It is unclear if she does have bipolar disorder or if she suffers from anxiety, depression, panic disorder, and adjustment disorder, as those diagnoses were well documented in the older records from H. Lee Moffit Cancer Center. No psychological or psychiatric evaluation is present in the provided recent records. The management would be very distinct for those different diagnoses and Lithium Carbonate might be inadequate. The presence and care of loving family and friends often makes a big difference in psychologic and psychiatric disorders.

The consequences of incomplete care could include chronic infections, disability, recurrence of tumors that could lead to her death. Please assist her in getting the proper care.

Sincerely,

Gotardo A. Rodrigues, M.D.