



## CHILDREN'S HOSPITAL

### CLINICAL GENETICS

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### CLINICS:

**NEW ORLEANS**  
Children's Hospital, ACC  
200 Henry Clay Avenue  
New Orleans, LA 70118

### METAIRIE

Children's Hospital Metairie Center  
3040 33rd Street, Metairie, LA 70001

### BATON ROUGE

Children's Hospital Outpatient Clinic  
720 Connell Park Lane  
Baton Rouge, LA 70806

### LAFAYETTE

Children's Hospital Outpatient Clinic  
Burdin Riehl ACC of LGMCC  
1211 Coolidge Blvd., 2nd Floor  
Lafayette, LA 70503

### Lake Charles State Clinic

3236 Kirkman St.  
Lake Charles, LA 70602  
Appt: (337) 478-6020

### Thibodaux State Clinic

2535 Veterans Blvd.  
Thibodaux, LA 70301  
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### SERVICES:

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Neurofibromatosis  
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**Genetic Counseling**

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Children's Hospital New Orleans

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May 11, 2015

Jaime Morales-Arias MD  
Children's Hospital Hematology/Oncology  
IN HOUSE – HAND DELIVER

Re: Bodin, Jeffrey

DOB: 5/22/97

Dear Dr. Morales-Arias:

Thank you very much for the referral of your patient, Jeffrey Bodin, who was seen along with his mother Linda in my Genetics Clinic at Children's Hospital on April 21, 2015.

As you know, Jeffrey is an almost 18-year-old white male referred by you because of a history of melanoma as he presents a stage III tumor over the left ankle with nodes in the left inguinal area. This is his major problem, but he recently was diagnosed with narcolepsy by Dr. Lysenko at Ochsner. He has a history of daily migraines and peripheral neuropathy diagnosed by Dr. Africk and attributed to the use of interferon. He also has bad allergies that are seasonal, being seen by Dr. Guillot on the Northshore. He also has had two episodes of seizures while being on interferon. I understand you referred him to see if we wanted to perform any other molecular testing besides the p53 or other that you are willing to request.

As this was our first evaluation, I tried to obtain a detailed family, prenatal, perinatal, and postnatal history, and we performed a detailed physical examination. Let me just summarize the positive antecedents and findings. Regarding the family history, I learned that the father Mark was 35 years old when Jeffrey was born. He is a lawyer. He only has high blood pressure. He has one brother who is 51 and one sister who is under 50. His mother has myrdriasis and Jeffrey has the same problem, according to the information provided by the mother. Mark's mother and Jeffrey are seen by Dr. Marilu O'Byrne, the ophthalmologist across the lake.

Jeffrey's mother Linda was 31 years old at the time of delivery. She is a housewife. She has one sister who has two normal daughters, although

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one has intellectual disability. Her mother died at age 54 of vaginal cancer. There is no consanguinity. The father is from Algiers and all his family is from Louisiana and the mother is from California.

Mom has had two pregnancies. The first one was with Jeffrey, the proband, and the second was with Stephanie, who is 15 years old and has a history of scoliosis. The pregnancy with Jeffrey was uneventful until the last one and a half months, when mom presented preeclampsia. For this reason, a C-section was performed. Jeffrey was born at 32 weeks gestational age with a birth weight of 4 pounds and 3 ounces or 1890 grams. The birth length, head circumference, and Apgar score were not recollected. Jeffrey at birth was in an incubator with oxygen and nasogastric tube for feeding for about one week. He was discharged after two weeks with a heart monitor, which was used for three months. He had some questionable sleep apnea.

Regarding postnatal history and growth, he has always had low growth, but at approximately age 9, this got worse. For that reason, he was seen by Dr. Pouw, the pediatric endocrinologist. Jeffrey discontinued his visits to Endocrinology because he developed cancer at age 10. Thereafter, he was seen by Dr. Pouw again, noticing that he was okay. At age 12, he had new testing by Dr. Pouw, showing low growth hormone. He did treat Jeffrey for four years with Nutropin. He stopped growing at age 17. From the developmental point of view, he had normal milestones. He is in the eleventh grade getting A's and B's and some honors. It was good to learn that he wants to be a doctor. His only surgeries were for a tonsillectomy and adenoidectomy at age 4 and appendectomy after the second surgery for melanoma.

On physical examination, his height was 170.4 cm, being on the 25<sup>th</sup> percentile. This corresponds to the 50<sup>th</sup> percentile for 15 years of age. His weight was 44.2 kg, being below the 5<sup>th</sup> percentile and corresponding to the 50<sup>th</sup> percentile for 13 years of age. He is certainly very thin and underweight. His head circumference measured 54.7 cm, being between the 2<sup>nd</sup> and 50<sup>th</sup> percentile. I noticed that he has prominent ears, but I was told that this is from the father. However, I had the opportunity to see some pictures of the whole family and to me the father seems to have normal ears. Jeffrey has a scar on the left inguinal area. He has redness of hands and feet. At the level of the elbows, he has prominent ulnas. In the hands, I noticed tendency to short fourth metacarpals, but this is seen in about 10% of the normal population. In the hands, I noticed normal proximal axial triradius and quite normal dermatoglyphics.

After my evaluation, I told Jeffrey and his mother that certainly with the history of melanoma, I do not think that it is related to any genetic syndrome. For that reason, I told them that you are certainly in the best position to request molecular testing. You can request the p53 as well as some other specific genes that may be of interest regarding the history of melanoma. I told Jeffrey and his mother that I was sorry that I could not help more. However, in the future, I would be happy to talk with them if necessary. Thanks again for allowing me to meet this very