



# University of Pittsburgh

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To Whom It May Concern:

According to the received translated medical records, Ms. Elena Dimitrova is a 22 year old Bulgarian lady who is a victim of Gardner's syndrome with end-stage intestinal failure. In October of 2004, she underwent total abdominal colectomy with an ileorectal anastomosis for colonic familial polyposis. During the same operation, she underwent splenectomy and partial pancreatectomy, most probably due to associated desmoid tumor. In November of 2009, the abdominal imaging studies showed two soft tissue intra-abdominal tumors with features highly suggestive of desmoid tumor. The retained rectum also showed multiple polyposis. In January of 2010, she underwent an abdominal exploration with resection of the desmoid tumors. The postoperative course was complicated with extensive vascular necrosis of the intestine that resulted in the development of short gut syndrome and irreversible intestinal failure.

According to the above medical information, Ms. Dimitrova is suffering from an ultra short gut syndrome with the permanent need for total parenteral nutrition (TPN). She is definitely a potential candidate for intestinal transplantation particularly in the presence of:

1. Frequent episodes of dehydration with electrolyte imbalance and renal insufficiency due to the ultra short gut syndrome despite TPN therapy and intravenous fluid replacement.
2. TPN associated complications such as recurrent line infections, central venous thrombosis, and abnormal liver functions including elevated synthetic and canalicular hepatic enzymes.
3. Endoscopic and histopathologic evidence of duodenal adenomas with dysplastic changes.

If the patient has no duodenal adenomas, diabetes, or liver failure, she will be a candidate for an isolated intestinal transplantation. If duodenal adenomas are documented and she is diabetic with normal liver functions, she will require a modified multivisceral transplantation including the stomach, duodenum, pancreas, and intestine. If the patient is suffering from liver failure or significant irreversible liver damage, she will require a multivisceral transplantation including the stomach, duodenum, pancreas, intestine, and

liver. Based on the given histologic reports, Ms. Dimitrova showed no evidence of malignancy or any other contraindication for transplantation.

We will be glad to have Ms. Dimitrova come to Pittsburgh for further medical evaluation and possible transplantation. To the best of our knowledge and according to the sent medical records, Ms. Dimitrova may require intestinal transplantation alone. I am sending a copy of this letter to our international liaison office for further logistic and financial consideration. This letter addresses the medical necessity and acceptance of Ms. Dimitrova and the financial requirements will be handled by our international liaison office. If further information is needed, please do not hesitate to contact me. I can be reached at 412-647-4386 (office) or 41-584-5643 (cell phone).

Sincerely,



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Cc: Marie Teslovich  
Alex Kiderman