



## UAMS' ENT SPECIALISTS ARE HELPING PEOPLE 'LIVE A BETTER LIFE'

Ear, nose, and throat specialists at the University of Arkansas for Medical Sciences (UAMS) are determined to help people breathe better, hear better, look better, swallow well, and “essentially live a better life,” by eliminating sinus and ear infections, removing cancer, and improving people’s voices, said **Gresham Richter, M.D.**, the new chair of the Department of Otolaryngology-Head and Neck Surgery.

“We manage the most common conditions that affect the senses, right?” he said. “You know, through hearing restoration, smell and taste by the treatment of congestion and sinus disease, visual appearance, and tumors that affect the skin, neck and throat. Essentially, issues that affect people’s daily lives at all ages.”

Richter is proud to lead nationally recognized board-certified, fellowship-trained subspecialists in otolaryngology available in multiple areas of the state, including on the main UAMS campus as well as the Little Rock campuses of Baptist Health, Arkansas Children’s Hospital (ACH) and the Central Arkansas Veterans Healthcare System; in Springdale at Arkansas Children’s Northwest; in Conway at the UAMS Health Ear, Nose and Throat Clinic; and in Rogers at Highlands Oncology and the Mercy Clinic Ear, Nose & Throat.

“But we venture down into smaller towns within the state as well,” he said. “Our goal is to advance ear, nose, and throat care across the entire state. We’re trying to expand our access, while continuing to be innovative, provide cutting-edge treatment and educate the next generation. Because we treat the most difficult cases in the region, who else would you want to treat your more common ENT issues?”



*Gresham Richter, M.D.*

“More importantly, we have a multidisciplinary approach to managing patients, so they get the full breadth of medical input that they need to make a decision about their ear, nose, and throat health,” said Richter, who became chair on Dec. 1, 2025, following the retirement of **John Dornhoffer, M.D.** “It could be a speech pathologist, an audiologist, or a specialist in another medical discipline who sees the patient the same day with the otolaryngologist in order to make sure that their decision on the next step of their care is really an agreement or collaboration amongst all the disciplines, the patient, and the family.”

Richter, vice chair of the department since 2017, is a nationally recognized expert in pediatric otolaryngology who spent nearly 10 years as chief of Pediatric Otolaryngology at UAMS and ACH.

The department was ranked among the top 50 ENT departments nationwide for three consecutive years by U.S. News & World Report and has received international recognition for treating vascular anomalies, head and neck cancer, ear disease, voice problems, and pediatric care.

To name just a few team members: **Robert Saadi, M.D.**, an expert in pediatric ear surgery, directs its Division of Otology and Neurotology, and is an internationally known expert in cochlear implants and tumors in the middle ear.

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*Cover story continued*

**Jennings Boyette, M.D.**, is an expert in nasal, facial plastics, and cosmetic reconstruction of the nose, while **Susan Emmett, M.D., MPH**, is the founder and director of the UAMS Center for Hearing Health Equity, the only one of its kind in the world, and is the primary investigator in several large clinical trials examining hearing loss in underserved populations.

**Tyler Merrill, M.D.** is the only fellowship-trained rhinologist in the state, while pediatric otolaryngologist **Andrew Wineland, M.D.**, is an expert in airway surgery, and **Adrian Williamson IV, M.D.**, is a nationally known expert in sleep surgery for children. **Patrick Fraley, M.D.**, is a sleep apnea specialist for adults, including those who cannot use a CPAP machine.

**Mauricio Moreno, M.D.**, and **James Suen, M.D.**, are world-renowned experts in complex head and neck cancers, vascular lesions of the head and neck, facial pain and diseases of the larynx. **Ozlem Tulunay, M.D.**, is an expert at voice and swallowing restoration using outpatient and operative procedures.

“The thing is,” Richter said, “we have people that are publishing what they know, that are providing cutting-edge treatments, that are presenting nationally and internationally on these topics. You know, these aren’t people who just happen to practice. They’re the experts. These are the people that are known for these subspecialties across the country.”

“We in the ENT Department are about improving quality of life by improving hearing, voice, and facial cosmesis,” Richter said. “We aim to help people’s allergies and sinus disease, let them breathe better and focus on surgical management of the airway and sleep apnea.”

The department operates an allergy clinic and a head and neck cancer clinic.

“Head and neck cancer is a real problem in Arkansas,” Richter said, “and we at UAMS have the leading experts on managing that. This includes skin cancer of the head and neck, to laryngeal or throat cancer, to tongue cancer and skull-based cancer.”

*To refer a patient to the UAMS ENT team, call 501-686-5878.*

## SPRING 2026 Message from Dr. Krause

As we sneeze, sniff and rub our eyes through another spring, it’s worth noting some recent breakthroughs in allergy treatments that your patients may be thrilled to learn about:

- **Xolair (omalizumab)**, which was recently approved by the FDA for reducing allergic reactions (anaphylaxis) to multiple foods, such as peanuts, milk, eggs, and cashews, in adults and in children 1 year and older. It is administered via injection every 2 to 4 weeks.
- Promising **mRNA vaccine technology** that targets allergen tolerance. Similar to COVID-19 vaccines, the technology “teaches” the immune system to tolerate allergens, potentially offering a curative approach for hay fever or cat allergies.
- **Sublingual immunotherapy (SLIT)** drops for daily symptom management of allergies such as pollen, dust mites, and pet dander. It acts similarly to allergy shots, often reducing medication reliance over 3 to 5 years.
- **Epicutaneous immunotherapy (EPIT) patches**, a “skin patch” method that is being studied to desensitize patients to food allergens by applying tiny doses of the allergen through the skin.

- **Intralymphatic Immunotherapy (ILIT)**, a fast-tracked, three-shot treatment given directly into the lymph nodes to provide faster relief from environmental allergies.
- **SAAT (Soliman Acupuncture Allergy Treatment)**, a specialized, noninvasive auricular (ear) acupuncture technique aimed at modifying the body’s response to allergies.
- **Monoclonal Antibodies:** New, more precise antibody treatments are under development to treat severe allergy symptoms when antihistamines fail.
- **Palforzia** is an approved oral immunotherapy designed for peanut allergies, helping to desensitize individuals.

Happy spring!

*Michelle W Krause*



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## **Sondos Alkhatib, M.D., Brings Gynecologic, Breast Cancer Expertise to UAMS**

Fellowship-trained, board-certified radiation oncologist Sondos Alkhatib, M.D., offers treatment for gynecologic and breast cancers at the UAMS Radiation Oncology Center on the main campus in Little Rock.

Alkhatib earned her medical degree from the University of Jordan School of Medicine in Amman, Jordan. She completed her residency in radiation oncology at Henry Ford Health System in Detroit, where she was chief resident, after earlier completing a residency in radiation oncology at King Hussein Center in Amman.

She completed a specialized gynecologic brachytherapy fellowship at Baylor Health System in Houston, and has received multiple honors for her clinical, research and global health contributions, including the Global Health Scholar Award from the American Society of Radiation Oncology.

She is certified by the American Board of Radiology and the Jordanian Board of Radiation Oncology.

She is accepting new patients. To refer a patient to her, call 501-296-1200.

## **UAMS Comprehensive Cardiology Services Now Available in Fort Smith**

The UAMS Health Heart Center is now offering comprehensive cardiology services at the UAMS Health Family Medical Center at 1301 South E St. in Fort Smith.

The services are provided by cardiologists Subodh R. Devabhaktuni, M.D. and Risheek Kaul, M.D., both of whom specialize in the treatment of heart rhythm disorders such as atrial fibrillation, supraventricular tachycardia and ventricular tachycardia; and Paul Mounsey, M.D., Ph.D., a nationally recognized leader in electrophysiology.

The team is equipped to handle pacemakers (both transvenous and leadless) and cardiac defibrillators. Appointments are available by calling 479-785-2431.



## **Cardiologist Srikanth Vallurupalli, M.D., Named UAMS Director of Cardiovascular Medicine**

Srikanth Vallurupalli, M.D., a nationally recognized cardiologist and multimodality cardiac imager, became the new director of the Division of Cardiovascular Medicine at UAMS and associate director of UAMS' cardiovascular clinical services on March 1.

Vallurupalli is an associate professor in the division, which is part of UAMS College of Medicine Department of Internal Medicine. Since 2020, he has directed the cardiovascular medicine fellowship program and the UAMS noninvasive cardiac laboratory, and since joining UAMS as a fellow in 2015, has made transformative contributions across clinical care, education, research, and community engagement.

"He understands the needs of the community and will help elevate cardiovascular medicine in Arkansas," said Jorge Saucedo, M.D., chair of the department.

## **UAMS Now Offering Healthy Heart Screening Program**

For a one-time fee of \$99, patients between the ages of 40 and 75 without an existing heart disease diagnosis can sign up for UAMS' Healthy Heart screening program, to identify cardiovascular risk factors. The evaluations take place in the UAMS Health Imaging Suite at the Premier Medical Plaza at 10915 Rodney Parham Road, Suite H, in Little Rock.

The assessment includes a blood pressure and BMI check, a non-invasive CT heart scan that can quickly reveal all stages of heart disease, a resting electrocardiogram (EKG), a lipid panel, basic glucose screening, screening for urine protein, and a risk assessment score for developing heart disease and stroke. Anyone with abnormal findings or an elevated risk of cardiovascular disease can then schedule expedited appointments with a cardiologist or other specialists at UAMS.

*To schedule an appointment, call 501-603-1222. For more information, see: [UAMS.Health/HealthyHeart](https://www.uams.edu/Health/HealthyHeart).*

## **C. Lowry Barnes, M.D., Named New UAMS Chancellor**

The Board of Trustees of the University of Arkansas on Feb. 5 approved C. Lowry Barnes, M.D., professor and chair of the Department of Orthopaedic Surgery and Rehabilitation at UAMS, as the new chancellor of the state's only academic health sciences center.

Barnes, founding director of The Orthopaedic and Spine Hospital, which opened on UAMS' Little Rock campus in 2023, became interim chancellor in July and was selected as one of four finalists in a national search for the position in December 2025.

Barnes is a fellowship-trained, board-certified orthopaedic surgeon specializing in joint reconstruction and replacement surgery of the hip and knee. He joined UAMS in 2014 after earlier earning his medical degree at UAMS, then staying for his internship and residency. He then completed two fellowships, one in adult reconstructive surgery and arthritis surgery at Brigham & Women's Hospital/Harvard Medical School in Boston, and the other a traveling adult orthopaedics fellowship out of Switzerland, and oversaw Arkansas Specialty Orthopaedics for more than a decade before rejoining UAMS.

The next Chair of the UAMS Department of Orthopaedic Surgery and Rehabilitation will be chosen through a national search.



# MEDICAL CASE STUDY: RADICAL NEPHRECTOMY AND INFERIOR VENA CAVA THROMBECTOMY WITH CARDIOPULMONARY BYPASS AND OPEN-HEART SURGERY

## Initial Contact & Assessment

In mid-December 2025, a 55-year-old man with a past medical history significant for hypertension, hyperlipidemia, chronic kidney disease stage 3, and Type 2 diabetes mellitus was referred to the University of Arkansas for Medical Sciences (UAMS) for renal evaluation, after declining kidney function was noted by his primary care physician.

Renal ultrasound ordered by nephrologist **Srilakshmi Ravula, M.D.**, revealed a large exophytic mixed solid and cystic mass arising from the inferior pole of the right kidney, measuring approximately 21.9 cm x 12.5 cm.

Despite the concerning imaging findings, the patient reported being functionally active, working daily, and feeling well at baseline. He denied constitutional symptoms, shortness of breath, chest pain, palpitations, hematuria, dysuria, or flank pain. His hypertension and diabetes were well controlled.

Given his underlying renal dysfunction, an MRI of the abdomen was obtained, which demonstrated near-complete replacement of the right kidney by a heterogeneous, enhancing, partially necrotic renal mass measuring up to 17.7 cm, with tumor thrombus extending into the inferior vena cava up to the base of the right atrium, consistent with advanced tumor thrombus. Prominent capsular neovascularity was present, without evidence of lymphadenopathy, distant organ invasion, or metastatic deposits. The left kidney demonstrated benign cysts only.

Due to the complexity and life-threatening nature of the findings, the patient was admitted to UAMS for comprehensive preoperative evaluation and multidisciplinary surgical planning.

## Multidisciplinary Planning

Given the extent of tumor thrombus and the patient's comorbidities, a multidisciplinary approach was essential. Urologic oncology, cardiac surgery, anesthesia, cardiology, and critical care teams collaborated closely to optimize the patient and coordinate operative strategy.

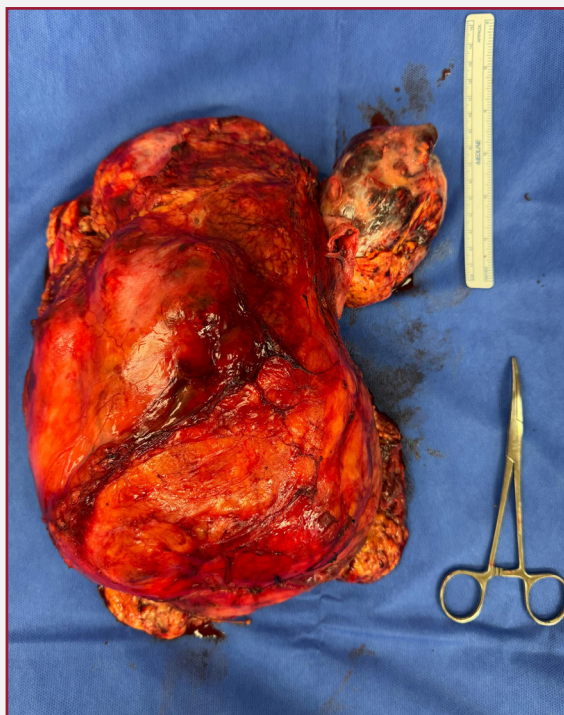
The patient was admitted Dec. 15 for preoperative optimization. Cardiology consultation and transesophageal echocardiography (TEE) confirmed tumor thrombus extending to the IVC-atrial junction, necessitating cardiac surgical involvement.

## Procedures

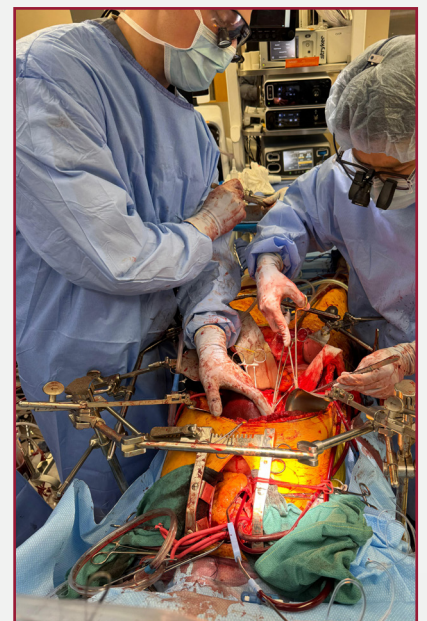
On Dec. 19, the patient underwent a right radical nephrectomy with inferior vena cava thrombectomy, performed jointly by the urologic oncology team led by Marcelo Bigarella, M.D., and the cardiac surgery team, along with hepatobiliary surgeon Tsukasa Nakamura, M.D., Ph.D.

The open surgery required precise coordination between teams to safely control the renal hilum, mobilize the kidney, liver and vena cava, and manage the intravascular tumor thrombus. At the same time, cardiac surgery placed the patient on beating extracorporeal bypass to allow opening the right atrium, which in turn allowed right atrium and vena cava tumor extraction along with the kidney specimen, which measured more than 30 cm.

"This case highlights how complex renal tumors with vascular involvement can be managed safely using a multidisciplinary and technologically advanced approach," Bigarella said. "The collaboration between urology, liver, and cardiac surgeons was critical to achieving a successful outcome."



*The right kidney tumor with renal vein and inferior vena cava tumor thrombus removed en bloc.*



*Marcelo Bigarella, M.D., left, and Tsukasa Nakamura, M.D., Ph.D., work on the abdominal area after the patient's chest was opened and he was placed on bypass.*

## Postoperative Course

Following surgery, the patient was admitted to the UAMS Intensive Care Unit for close monitoring and was extubated on postoperative day (POD) 1. He was transferred out of the surgical ICU on POD 2, with return of bowel function and advancement to a regular diet the same day. The patient continued to recover steadily throughout his hospital stay. Cardiothoracic surgery followed him postoperatively and recommended initiation of apixaban 5 mg twice daily at discharge for anticoagulation. He remained hemodynamically stable, without infectious complications, and demonstrated progressive improvement in mobility and functional status.

## Discharge and Follow-up

After an 11-day hospital stay, the patient was discharged home in stable condition. At the time of discharge, he was ambulating independently, tolerating a regular diet, voiding spontaneously, and had well-controlled pain on oral medications. Laboratory values, including electrolytes and blood counts, were stable and appropriately managed during hospitalization.

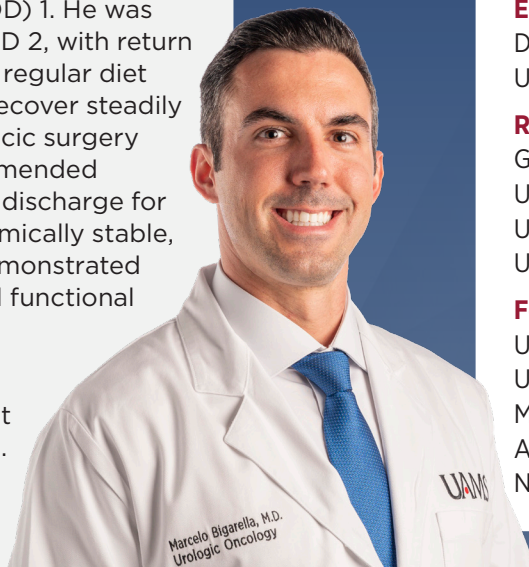
The patient was advised to follow closely with the UAMS surgical teams, with coordinated outpatient follow-up arranged by the specialty nursing staff. Ongoing surveillance and oncologic management will be guided by final pathology and multidisciplinary recommendations.

## Discussion

This case underscores the strength of UAMS as a regional referral center for the management of complex kidney cancers with major vascular involvement. The successful use of a combined abdomen-chest approach with cardiac surgical expertise demonstrates how advanced technology and multidisciplinary collaboration can expand treatment options while maintaining patient safety.

“Cases like this exemplify what is possible when specialists across disciplines work seamlessly together,” Bigarella said. “Our goal is always to deliver the most effective and least morbid treatment possible, even in the most challenging scenarios.”

Through such coordinated, high-stakes care, the UAMS team continues to push the boundaries of complex oncologic surgery, providing patients with access to world-class treatment close to home.



## Marcelo Bigarella, M.D.

**Assistant Professor, Urologic Oncology**  
**Department of Urology**  
**UAMS College of Medicine**  
**Urology Oncology Clinic,**  
**Winthrop P. Rockefeller Cancer Institute**

### Education

Doctor of Medicine,  
University of Sao Paulo, Brazil

### Residency

General Surgery,  
University of Sao Paulo  
Urology and Kidney Transplant,  
University of Sao Paulo

### Fellowships

Urologic Oncology,  
University of Wisconsin-Madison  
Minimally invasive surgery,  
Albert Einstein Medical Center  
New York City



## Srilakshmi Ravula, M.D.

**Associate Professor,**  
**Division of Nephrology**  
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### Education

Doctor of Medicine,  
PSI Medical College, India

### Residency

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Nephrology, UAMS

## UAMS Offers New Minimally Invasive Treatment for Gastroparesis

The University of Arkansas for Medical Sciences (UAMS) is offering a new treatment designed to relieve chronic nausea, vomiting, and abdominal discomfort due to gastroparesis, a medical condition that causes food to digest more slowly than normal.

The minimally invasive procedure lasting one to two hours involves an implanted gastric stimulator. A small neurostimulator is implanted just under the skin, usually in the lower abdominal region, while the patient is under general anesthesia. The neurostimulator gently stimulates the stomach muscles by sending mild electrical pulses through two attached wires that connect the neurostimulator to the stomach muscles.

In a healthy digestive system, strong muscular contractions move food from the stomach through the digestive tract. But with gastroparesis, the stomach muscles work poorly or not at all, preventing the stomach from emptying properly. The Enterra device also interrupts signals to the brain that cause repeated nausea and vomiting.

After implantation, most patients can go home the same day, but some go home within one to two days.

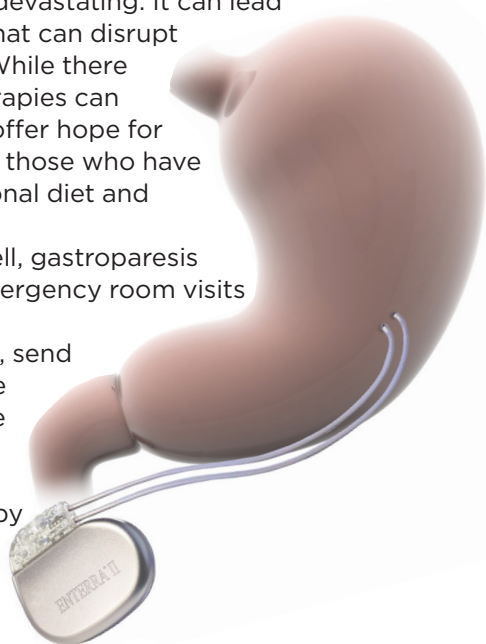
A physician can noninvasively adjust the implanted device using a handheld external programming device to find the right level of stimulation for each patient. The device uses a battery that lasts for five to seven years and is replaceable. It doesn't interfere with a patient's anatomy, allowing it to be paused or removed without leaving any damage behind.

"We are excited to offer this novel treatment to our patients," said **Meer Akbar Ali, M.D.**, a gastroenterologist at UAMS who specializes in interactions between the nervous system and the digestive system. "Chronic nausea and vomiting caused by gastroparesis can be devastating. It can lead to constant discomfort that can disrupt work and relationships. While there is no cure, advanced therapies can improve symptoms and offer hope for a better quality of life for those who have not responded to traditional diet and medication treatments."

When not managed well, gastroparesis can result in frequent emergency room visits and hospitalizations.

To refer a patient to Ali, send a fax to 501-603-1539. He determines if patients are appropriate candidates, and if they are, the procedure is performed by UAMS surgeon

**Lexie Vaughn, M.D.**



*A small medical device called a neurostimulator is implanted under the skin, usually in the lower abdominal region. Two insulated wires called leads are implanted in the stomach wall muscle and then connected to the neurostimulator.*

## PHYSICIAN PROFILE



### **LISA BAZZETT-MATABELE, M.D.**

Associate Professor  
Division of Gynecologic Oncology  
Department of Obstetrics and  
Gynecology  
UAMS College of Medicine

#### **What inspired you to become a doctor?**

I have no doctors in my immediate family, so I didn't have any first-hand knowledge of what being a doctor was all about. I just really enjoyed learning about the human body and caring for people. I loved school, so the extended study required was appealing to me.

#### **What do you like most about your specialty?**

I like the relationships I develop with my patients and their families. In gynecologic oncology, we perform surgery and administer chemotherapy when needed, allowing us to fully support our patients through their treatment journey and form relationships with them and their families.

#### **What makes you unique among your peers?**

I've been fortunate to live my dream of teaching and providing care in limited-resource areas. My family and I lived 10 years in Rwanda and Botswana where I taught and provided gynecologic oncology services. That provided me with a unique perspective on equitable care for women, whether in a limited-resource setting or here in the United States. It has also given me a deeper appreciation for the resources we have available.

#### **Why did you come to UAMS?**

After working abroad in countries with limited resources, I wanted to work with an underserved population where I could make an impact. Arkansas has some of the highest rates in the country for cervical cancer, which is almost 100% preventable with vaccination and screening. I wanted to improve screening and lower the rate. And I love the South!

#### **What do you like about working at UAMS?**

The gynecologic oncology team is a very special group of experienced physicians and APRNs. I also enjoy working closely with other specialties to give our patients the best possible care. And I love that everyone puts the patients first.

#### **What do you like to do outside of work?**

I love spending time with my family. We enjoy traveling and attending live music and theatre, and appreciate the amazing talent in Little Rock!

#### **How can doctors make a referral to you?**

They can call 501-296-1200 or fax a referral to 501-603-1550.

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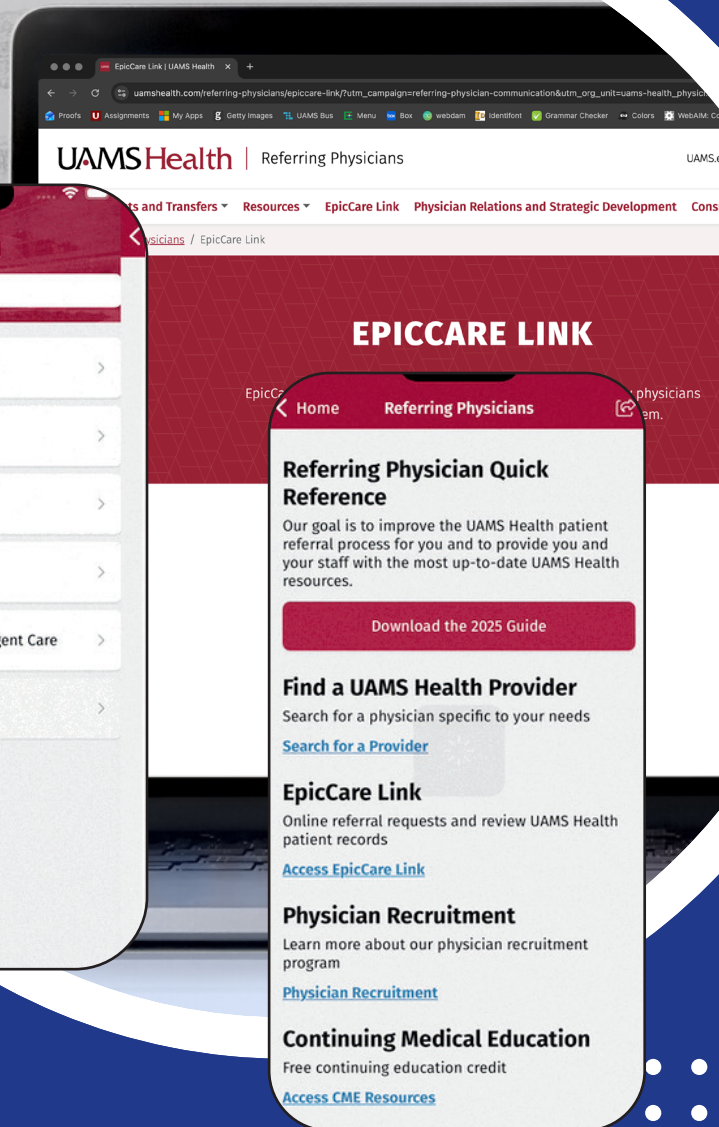
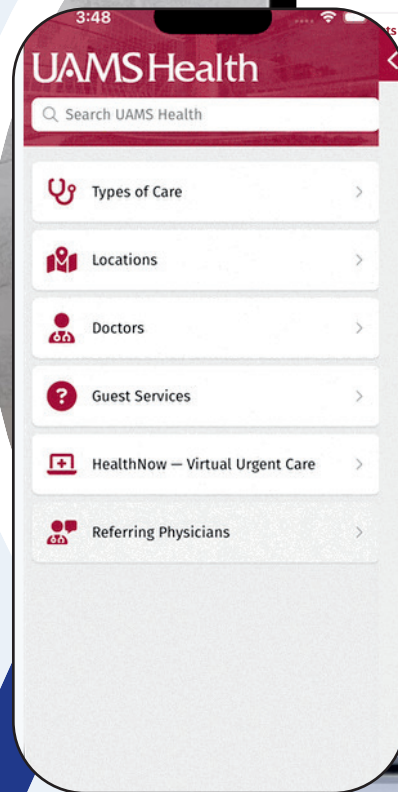
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