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Saving Tom Kadesch

A seemingly healthy man experiences terrifying chest pain—and two doctors at Suburban Hospital experience a horrific sense of déjà vu

By Ellen Ryan

By that Thursday night, Tom Kadesch had already put in more than 40 hours at DRS Technologies in Gaithersburg and was looking forward to having the next day off. He had been to the grocery store, putting the frozen foods in the garage freezer next to his 21-speed Schwinn. And now he was at the kitchen table in his home near Damascus.

But as he set up his "lazy man's Christmas tree"—a 3-footer from a box—something seemed off. Pressure was concentrating in his chest, just as it had during exams 16 years earlier at the University of Maryland, and later at George Washington University. It felt as if something was moving inside of him.

Kadesch, an engineer who designs intelligence equipment for military use, set down the tree base and walked slowly out to the porch for air, then back in to the sofa. There was a dull pain as he paced past his bass guitar and music stand, then returned to the open door. Sitting felt uncomfortable. Can't drive, he thought. Lights off at the neighbors'.

Kadesch's small family had always tended to handle problems on its own, so calling an ambulance didn't occur to him. Instead, he hunched over his cell phone, head swirling. Concentrate. Hit 4, hit 2...

In Kensington, Charles Kadesch was online in the basement, his wife, Bobbi, up knitting in front of the TV. Icing in Frederick, the news said. The phone rang. Caller ID showed it was their only child.

"Mom," said a weak voice.

"Tom, is that you?"

"Mom. Can you and Dad come up? Something—" he paused—"wrong in my chest."

Bobbi Kadesch yelled for her husband, grabbed her keys and ran into a torrential rain. It was Dec. 11, 2008, two weeks before Christmas.

In the emergency department at Bethesda's Suburban Hospital, then-32-year-old Dr. Matt Leonard of Arlington, Va., had the 11-to-7 overnight shift. While in med school at the University of Virginia, he had watched the television show ER "religiously" and become enthralled by emergency medicine. "You're a jack-of-all-trades," he says. "It's exciting because you see and treat every single thing."

In blue scrubs rather than the white coat some colleagues preferred, the 6-foot-4-inch specialist was revved up despite having worked an early shift the day before. The emergency room was quiet as the Kadesches drew near.

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Bobbi and Charles had driven about 25 miles to get their son and had brought him to their house before realizing he needed to get to a hospital. Wipers on maximum, Bobbi Kadesch had negotiated I-270 with her son in back, alternately alert and slumped over. "Mom, you're a good ambulance driver," he said once. Now Charles parked the car while Bobbi guided her son through the emergency room entrance.

Thirty-seven years old, she told the triage nurse. Chest pain. Never sick except two long-ago sinus surgeries. The nurse noted the time—1:10 a.m.—and the patient's appearance: sweaty; conscious but woozy. By the time his father hurried in, Kadesch was getting an EKG just steps from the entrance. The test indicated decreased cardiac output. Still, his blood pressure was 137 over 74, pulse 65.

The triage staff wanted him to lie down to have blood drawn and a saline IV hooked up in case it was needed later, but growing pain made Kadesch insist on standing. Hurry up, he thought.

Nurses noted his agitation. "Hey, this guy doesn't look right," one of them said, handing Leonard the chart outside the exam area. "Central chest pain...can't find a comfortable position...no shortness of breath," it read.

Kadesch was leaning on a gurney—I'm not going to make it, he thought—as Leonard entered the curtained-off area and began to examine him. While methodically asking questions, the doctor noted a weaker pulse in Kadesch's left arm than in his right. Leonard's eyebrows shot up. I can't believe this, he thought. Again?

The doctor ordered a spiral CT scan even before getting results from a chest X-ray taken by a portable machine. The IV in Kadesch's arm now held Dilaudid and esmolol to relieve pain, control his blood pressure and keep his heart from racing. A high-resolution CT scan of soft tissue and organs would show exactly what was wrong and where, Leonard explained. He calmly outlined the possibilities: It could be inflammation of the heart or, more dangerous, a pulmonary embolism or aortic dissection. Kadesch became calm himself as the drugs took effect.

As Kadesch was being prepped for the scan, Leonard assured his parents: "He's in the best place." Out of their hearing, he turned to a nurse: "This is crazy. I bet this guy has an aortic dissection. That would be the second one in a week for me." "You've got to be kidding," she said.

Leonard sat beside the CT tech, watching the black-and-white screen intently. The body's largest artery leaves the top of the heart, arches north like a candy cane, then comes down the back to feed the major organs. But this aorta, which should have looked like a garden hose where it exited the heart, looked instead like the double barrel of a shotgun. The aorta was split from the heart valve up through the arch and down along Kadesch's spinal cord. With every beat, blood flowed between layers of the artery wall.

At the control desk, the secretary turned at Leonard's approach. "I need Keith Horvath now," he said.

Dr. Keith Horvath, 52, chief of cardiothoracic surgery at the National Institutes of Health Heart Center at Suburban, was asleep six miles away in Washington, D.C. Heading back to the hospital is not automatic for a surgeon on call; he or she has to trust the ER physician's diagnosis and make a decision. "But I'd rather come in to confirm or deny it—and know we did the right thing—than stay home and wonder," Horvath says.

Leonard and Horvath both had been soccer players, and in Leonard's 10 months at Suburban the two had developed a rapport. Just days before, it was Leonard who had sent Horvath an acute aortic dissection. Over several weeks, a tear had developed in one layer of a Bethesda woman's aorta. Eventually, surging blood had ripped open the second layer and threatened a full rupture, which would have caused catastrophic internal bleeding. Leonard's diagnosis,

followed by Horvath's immediate five-hour surgery, had saved her life.

Having done between 100 and 200 of these operations over the course of 16 years, Horvath knew that aortic dissections are often misdiagnosed as everything from heart attack to heartburn, and most commonly found in autopsies. The mortality rate with surgery is 20 to 30 percent. Without surgery, it's close to 100 percent.

As Horvath drove in, the three Kadesches were getting an update from Leonard. An aortic dissection means leakage of blood, he said. Leakage means the blood isn't getting where it needs to go. Though an aortal tear beyond the arch or in the abdomen can be managed with medicine and lifestyle changes, a tear in the first several inches outside the heart requires surgery.

The condition is rare enough that a physician can go a lifetime without seeing a case, Leonard said. Causes include hypertension, diabetes and connective-tissue diseases, and the peak ages are 50 to 65. Kadesch didn't fit the profile, but his symptoms were classic for men. Women, on the other hand, tend to suffer fatigue, shortness of breath and nausea. In both cases, signs can mimic a heart attack or stroke. There may be no obvious symptoms until it's too late.

Remember the actor John Ritter? Leonard asked. Five years earlier he'd had the same condition: sudden chest and back pain and a split in the lead artery. Ritter died, Bobbi Kadesch knew, but "it was a good thing to say, like a reference point. It helped us put a finger on what this was."

Bobbi Kadesch felt nervous but confident. She'd had two knee surgeries and thyroid treatment at Suburban; her husband had had gallbladder surgery there. Both knew of the hospital's affiliation with Johns Hopkins Medicine and the NIH. Months earlier, Washington Consumers' Checkbook had named Suburban's emergency department one of the area's best, and its cardiothoracic staff had won a national nursing magazine's award for best nursing team.

Tom Kadesch barely registered the doctor's words. Having a mechanical bent—he and his engineer father once spent months dissecting a 1965 Volvo—he tried to follow the discussion of arteries and valves but found the situation surreal. Make me well, he was thinking. Fix this problem. Make me well.

Upstairs, a surgical team was assembling: a scrub nurse, circulating nurse, physician's assistant, anesthesiologist and a technician to run the cardiopulmonary bypass machine. Meanwhile, Horvath arrived and shook hands with Kadesch and his parents.

"Sorry to wake you in the middle of the night," Kadesch mumbled.

"All part of the deal," the surgeon replied. His father had died from a ruptured abdominal aneurysm—a condition very similar to his patient's.

The CT films clinched it for him: aortic dissection, just like a few days before. To avoid the risks of death, paraplegia, stroke or heart attack, Horvath would have to replace the first part of the aorta, up to the arch, with an artificial one. Kadesch's parents rode the elevator to the fifth floor with Horvath and their son. "See ya later," Kadesch told his folks before the doors to the operating rooms swung shut.

One of the OR's digital wall clocks read 3:52 a.m. as a second clock started counting off the minutes in large red numerals. Horvath was all but unrecognizable behind the blue gown, hair covering, white mask, gloves and black-rimmed glasses with a loupe. A camera and \$650 xenon headlight on a fiber-optic cord were affixed to a kind of stripped-down helmet.

The patient flinched as cool wraps were applied to his calves. Connected to a Venodyne machine, they would gently inflate and deflate throughout the operation to prevent blood clots. A blue grounding pad on his hip would allow the use of an electric cauterizing knife.

Around the gurney stood six medical personnel, a beeping anesthesia machine, a humming bypass machine as tall as the staff, the Venodyne machine, a warmer and ice machine for laparotomy sponges and a kick bucket for used sponges. Nearby were a stainless-steel instrument table and a computer station for the circulating nurse, who would track everything from scalpels to sutures.

Anesthesiologist Rojack Tan of Rockville inserted an echo probe down Kadesch's esophagus to check the condition of his heart and aortic valve.

Horvath made an incision along Kadesch's sternum. Using an oscillating saw, "like a saber saw you get at Strosniders," he split and spread the rib cage. The sac around the heart was bulging. "That gives you pause," Horvath says. By cutting it, "you may relieve whatever pressure is keeping things in place." Instead of bursting out, though, the surplus blood simply drained into suction devices, and Kadesch's blood pressure improved. They'd passed the first test.

Rather than off-white, as it should be, "the aorta looked like a big red sausage," Horvath says. It was also two to three times its usual width. As blood swirled behind the outermost section, the team clamped the artery and quickly shifted Kadesch's heart and lung functions to the bypass machine. Technician Sherian Brown of Montgomery Village checked that her machine's green balloon was "breathing" properly and the three drainage tubes were working.

With his iPod piping blues over the sound system, Horvath began replacing part of the aorta with a Dacron tube. He attached the tube to the aortic root above the valve—small strips of Teflon bolstered the nylon sutures—and refastened the aorta's layers with surgical glue.

Once the cross-clamp came off, Kadesch was weaned from the bypass machine. Blood filled his heart, and the repaired valve held. No suture lines were bleeding. Tubing was removed and drains put in for fluid that might collect later. Kadesch's sternum was held together with stainless-steel wire, and the soft tissue sewn up. It was 7:48 a.m. Nearly four hours had passed.

For the next three days, one or both of Kadesch's parents sat by his side. Relatives and neighbors put him on prayer lists. Gradually, catheters, tubes and wires came out, until all that remained was a 6-inch scar. A walk across the room became a walk around the building.

Almost two weeks recuperating with the folks, eating donated casseroles and receiving friends overlapped with a weeklong holiday shutdown at the office, so Kadesch lost few sick days. Coworkers fussed over him when he returned to work in early January. By contrast, home seemed oddly silent. The 3-foot tree's cord still dangled where he'd left it on the kitchen table. Kadesch sent notes of thanks to both physicians. Leonard attached his to the bulletin board that staffers scan while drinking coffee in the wee hours. "It's a good thing to see a rare case," he says. "It keeps you vigilant."

More than a year later, Kadesch remains grateful to Suburban Hospital—and to his health insurance, which picked up all but about \$3,000 of his \$51,000 adventure. "After you go through surgery like that, you realize life is short," he says. He has made some changes: Though never known to be hypertensive, he takes low-dose, blood-pressure medicine as a precaution. He makes a point of biking long distances and rocking out on his guitars. He has become closer to relatives and traveled more. So far, the steel in his chest hasn't set off any metal detectors.

The doctors attribute Kadesch's strong recovery to his age, general health, quick damage control and perhaps a laid-back attitude. "Not getting caught up in the rat race is a good approach," Horvath says. Kadesch thinks those are words to live by.

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