

## Beating Pulmonary Hypertension Day-by-Day

One-year-old Hannis Webb III is full of life and loves to play with his two sisters. A mere four months ago, Hannis suffered from such severe pulmonary hypertension (PH) that doctors in his former home state of Colorado feared he would not survive.

Hannis was living with his family in Grand Lake, a Colorado mountain town that boasts a 9,000-foot elevation, when he displayed what his mother, Karen Davis, thought was a common cold. A doctor's appointment confirmed he had RSV (respiratory syncytial virus), which can prove devastating to the underdeveloped lungs of infants like Hannis. The doctor advised a three-day hospital stay for the baby.

"After Hannis came home from the hospital, he was on oxygen for another month," Karen remembers, "but he still didn't seem to be getting enough air. The doctors finally diagnosed him with PH." Karen decided to take Hannis and her daughters to her parents' house in Fresno, California; a two-month stint in the sea-level city helped to normalize the infant's oxygen levels. The family then returned to Grand Lake, where Hannis seemed fine - until a routine follow-up examination revealed severe PH. Karen, her husband, and even the doctors were shocked: other than some slight irritability, Hannis appeared to be a happy baby. In reality, his strong new heart had been working overtime to compensate for his condition.

"When I asked the doctor what I could do for Hannis, he said, 'Pray,'" recalls Karen. "But we couldn't give up." The attending physician in the Denver PICU (pediatric intensive care unit) referred them to a PH specialist in Oakland, California, who in turn told Karen, "the place you want to be is the Vera Moulton Wall Center at Stanford."



"Dr. (Jeffrey) Feinstein and his colleagues at Stanford said while my son's condition was serious, there was still a really good chance he could get better, too," Karen says. This encouraging news sealed the deal for Karen and her husband: on November 17, 2002, they moved their entire family to Northern California. Hannis immediately entered the PICU at Lucile Packard Children's Hospital at Stanford University Medical Center and underwent nearly three weeks of intensive treatment by Dr. Feinstein and his team.

Karen admits the move was "overwhelming" but entirely worth it. Following his discharge from Packard on December 5, 2002, Hannis remains on the road to recovery. His pressures are still high, and he continues on IV Flolan, a drug that increases oxygen flow to the lungs by relaxing blood vessels. "But you look at him and you'd never even know," says Karen. "He's feeling good, and that's important."

As they build their new life in Northern California, Karen and her husband hope their story helps others with PH understand that routine check-ups are a must. The couple also remains optimistic that their son's health will continue to improve - due in large part to the efforts of the faculty and staff at the Vera Moulton Wall Center. "I have nothing but great things to say about Stanford," Karen notes. "It has been a real relief to have the hope they've given us."

### The Vera Moulton Wall Center for Pulmonary Vascular Disease at Stanford

Lucile Packard Children's Hospital and Stanford Hospital and Clinics are one of the few combined centers in the United States currently offering diagnostic and advanced therapeutic services to both adults and children with pulmonary hypertension. In the fall of 2000, through the generous gift of an anonymous donor, the Vera Moulton Wall Center for Pulmonary Vascular Disease at Stanford was established.

The Wall Center seeks to serve as a leader in both the clinical treatment and research of pulmonary vascular disease, while also providing advanced training opportunities for researchers and clinicians. Simultaneously we are committed to enhancing the lives of patients with pulmonary vascular disease by providing the highest level of clinical care and support services. The *Wall Center Update* is published biannually in the spring and fall.

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