

# Overcoming Obstacles

by Leah Fleming

Kenyeon Lloyd is described by his parents as a vibrant and lively 19-month-old boy who loves nothing better than to run around and get into everything he can. His ear-to-ear grin lights up a room, especially when he is playing with his big sister “Mo.”

Kenyeon was a completely different child six months ago, when he suffered a near fatal case of Respiratory Syncytial Virus, or RSV.

It was the last weekend in November of 2008. Lynda Ham noticed her son was not his usual energetic, happy self. She sought medical care, and Kenyeon was given an RSV test, which was

positive for the condition.

RSV is a virus that results in lung infections for babies and small children. RSV, a common cause of breathing problems in children two years of age and younger, usually occurs during annual winter breakouts. Most cases are seen between October and April. The signs and symptoms of RSV are similar to those of the cold or flu. These include fever, runny nose, coughing, and wheezing.

Lynda went home with breathing treatments prescribed for Kenyeon. After administering the treatments at regular intervals, by Friday, December 5, Kenyeon’s breathing and fever had still not improved.

“Kenyeon is such an active child, but all he wanted to do was sleep.

He was breathing as if he had just ran 30 miles,” Lynda recalled.

Lynda took her son back to the pediatrician’s office that day.

Tests showed the young child’s oxygen levels were dangerously low. Kenyeon was admitted to the McLeod Children’s Hospital for more intensive treatment of his RSV.

During the evening, breathing treatments still did not result in any improvement for Kenyeon. McLeod Children’s Hospital staff performed a physical examination, and a chest x-ray was ordered, both of which confirmed that Kenyeon was suffering from more than RSV – he had developed pneumonia in his left lung.

Pneumonia is an inflammation of the lungs that is usually caused by a bacterial infection, and sometimes develops after a viral upper respiratory infection such as RSV, because the immune system is compromised. Worldwide, pneumonia is the leading cause of death in children.

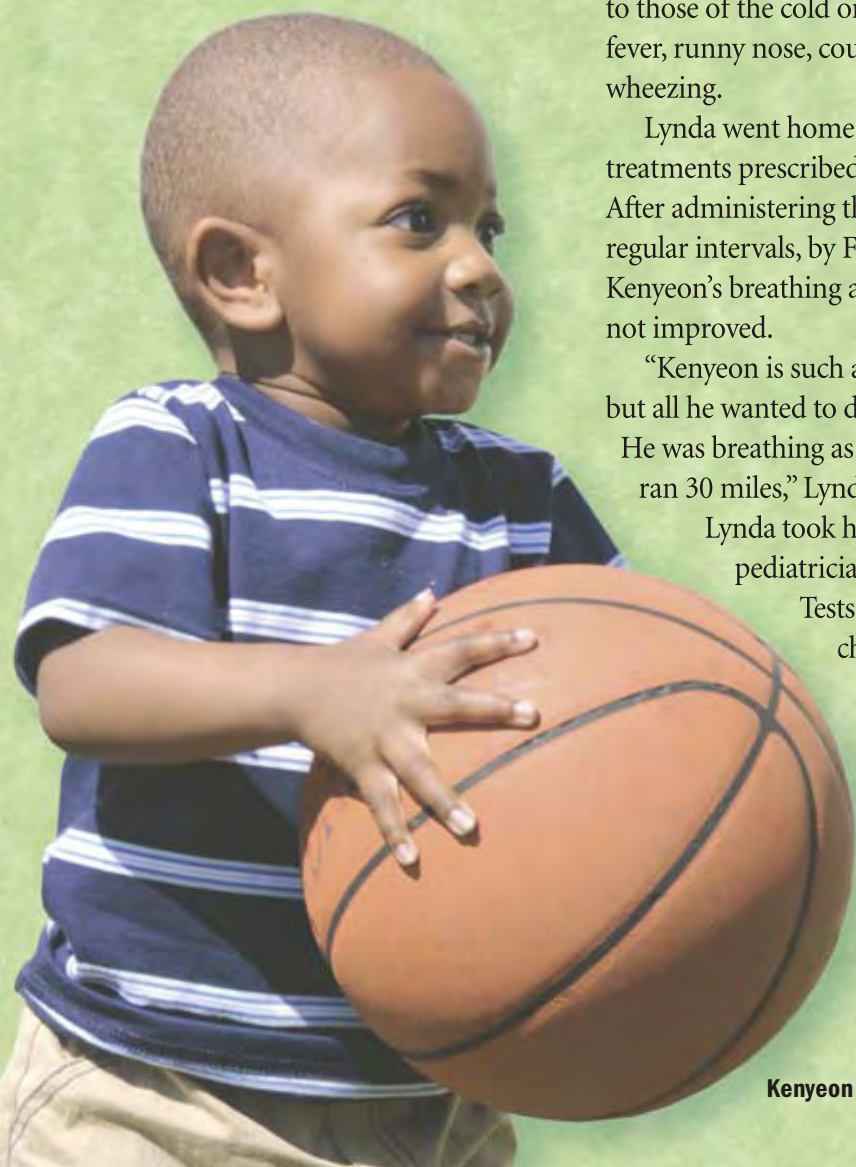
A chest computed tomography (CT) scan was also ordered to further examine Kenyeon’s increasingly serious condition. The CT images indicated that Kenyeon had fluid that had accumulated in the space surrounding his lungs, known as pleural effusion.



Carl Chelen, MD

“Most cases of pneumonia can be treated with oral antibiotics,” explained Dr. Carl Chelen, Medical Director of the Pediatric Intensive Care Unit (PICU).

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Kenyeon Lloyd

“However, in Kenyeon’s case, the infection spread beyond his lung tissue and into the space between his lungs and rib cage. There is no blood supply to this area, so the antibiotics do not work well in this space, known as the pleural space.”

That same night, Kenyeon was moved from the McLeod Children’s Hospital general pediatric floor to the PICU for treatment of the pneumonia and pleural effusion.

“I knew that being in ICU was not a good thing,” said Lynda. “I had heard of RSV, but didn’t know that it could cause pneumonia. When Kenyeon moved to the PICU, I knew that something was terribly wrong.”

Kenya Lloyd, Kenyeon’s father, is required to travel often for his work as a truck driver. When Lynda called to tell him of their son’s condition, Kenya started back for Florence. “That drive was so hard,” Kenya remembered. “All I could do was keep calling my family and asking them to pray with me.”

On Monday, Kenyeon required tracheal intubation (the placement of a flexible plastic tube into the trachea) which was attached to a ventilator to assist with his breathing. The pneumonia and pleural effusion had made it difficult for Kenyeon to breathe. A draining tube was inserted between Kenyeon’s ribs to the pleural space to remove the fluid around his lungs.

If bacteria enters the lungs, the body attempts to fight off the infection. In some cases, the pleural space can fill up with fluid. When bacteria gets in this fluid, one develops the first stage of

Empyema. In the second stage of this condition, the fluid begins to thicken, and in the final stage, the lungs become encased with a covering of fibrous material. Kenyeon’s condition had progressed to the final stage of Empyema, and the draining tube was unable to completely remove all of the thick fluid and tissue that had accumulated around Kenyeon’s lungs.

Empyema can be a life-threatening



**Kenyeon Lloyd smiles proudly while having his picture taken.**

condition if not treated. The infected areas can develop into large collections of pus that can rupture the airway or spread to tissues surrounding the heart. It can also spread to the brain through the bloodstream. Additionally, the layer of tissue surrounding the lungs is inflexible and restricts lung expansion. The infection can also leave scar tissue, which decreases lung capacity.



**Gregory Jones, MD**

Dr. Chelen requested that a Cardiothoracic Surgeon evaluate Kenyeon’s condition. Dr. Gregory Jones of McLeod Cardiothoracic

and Vascular Surgical Associates was consulted. Dr. Jones determined that he would need to remove the tissue surrounding Kenyeon’s lungs in a procedure known as decortication.

The surgery was scheduled for Tuesday, but Kenyeon’s hemoglobin levels were very low due to the infection. Kenyeon required a blood transfusion to adequately prepare his body for the surgery.

Kenyeon was taken to the Operating Room on Wednesday for surgery. Dr. Jones made an incision into Kenyeon’s chest wall to remove the membrane around his lungs. A chest tube was inserted to drain the remaining thickened fluid. After surgery, Kenyeon required a two-week recovery period in the PICU.

“I never thought in a million years I would see my child going through all of this,” remarked Kenya. “It is always somebody else’s child that you see on TV in such a condition.”

“This procedure required a special surgeon, as well as a special place for care afterwards not found in community hospitals,” said Dr. Chelen.

“The PICU Pediatric Subspecialists, Dr. Chelen and Dr. Judith Ugale, and the PICU nurses were excellent. I was at the hospital all day, but I knew I needed rest.



**Lynda Ham and Kenya Lloyd are happy to have their little boy, Kenyeon, back at home after a lengthy hospitalization. Also pictured is his big sister, Mo.**

When I had to leave, I felt at peace knowing they were taking care of Kenyeon,” said Lynda. “It was also convenient to have the McLeod Children’s Hospital right here in Florence. We could go home to Effingham to see our daughter or get a change of clothes.”



**Judith Ugale, MD**

“Kenyeon had an amazing recovery considering the many obstacles that he had to overcome,” said Dr. Ugale. Kenyeon was finally moved out of the PICU three weeks after being admitted. The Children’s Hospital staff began to prepare him for his discharge home.

Prior to discharge, Kenyeon began having difficulty breathing again. The Children’s Hospital staff were able to relieve his breathing by suctioning the top of his throat and delivering medications. Within 48 hours, the

symptoms had progressed further and were not responding to treatment. A chest x-ray was performed, but it did not indicate any new disease in Kenyeon’s lungs.

Dr. Chelen contacted Dr. Dan Hopla of Ear, Nose, & Throat Associates of Florence to evaluate Kenyeon’s airway. Dr. Hopla placed a flexible bronchoscope through Kenyeon’s airway, known as a bronchoscopy procedure. At first, everything seemed normal, but once the lighted tube was passed below Kenyeon’s vocal chords, Dr. Hopla discovered tracheal stenosis, or narrowing of the trachea.



**Dan Hopla, MD**

“The trachea is the main tube going from the vocal chords to the lung. It is the part of the body everyone breathes through. If it gets blocked, and there is not enough airway available for breathing, you would die.

“In Kenyeon’s case, his airway was markedly narrowed. This was related to his infection and his need for tracheal intubation,” explained Dr. Hopla.

Dr. Hopla consulted with the Pediatric Ear Nose and Throat Specialists at the Medical University of South Carolina. Dr. Hopla and the MUSC physicians agreed that Kenyeon required a pediatric airway specialist only available at MUSC.

Dr. Chelen and Dr. Hopla prepared Kenyeon for transport by helicopter to Charleston. They inserted an endotracheal tube, bypassing the narrowing, so Kenyeon could be safely transferred to MUSC.

“Because the McLeod Children’s Hospital staff is so highly skilled, Kenyeon’s tracheal stenosis was discovered before he was sent home. We were also able to stabilize him before transporting him for this specific treatment,” said Dr. Hopla.

At MUSC, Kenyeon required surgery to remove a section of his trachea and weekly dilation treatments to expand his trachea. He may still require another surgery.

Today, Kenyeon’s parents have big dreams for their son. “As smart as he is, I hope that he will grow up, finish school, go to college and become a doctor or a lawyer,” said Kenya.

“Kenyeon is our miracle child. He battled all of these serious medical conditions, and with the support of our medical specialists, managed to overcome them all,” added Lynda.