



Bow Garden Club
presents...

**Impressions
from Nature**


Monet's Garden
presented by
Jane Oneail



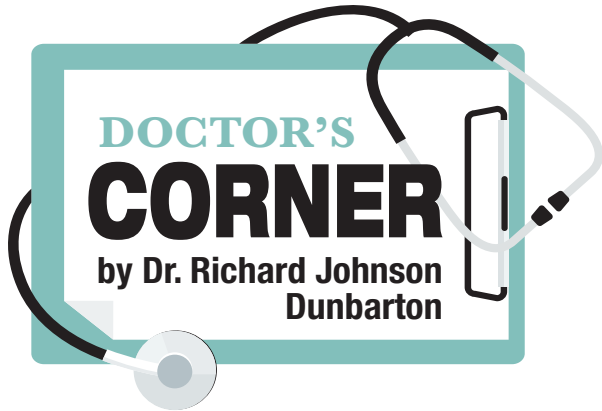
Monday, June 9th
Bow Old Town Hall
6:00pm light dinner
6:30 program begins




Claude Monet was the founder of French Impressionism, a style that involves working outside on sketchy paintings to capture momentary effects of light and shadow. Monet's career included his beloved series on the water lilies in his garden in Giverny, France. This program traces the artist's life and career and includes many of his most beloved works, focusing on his gardens. Our speaker, Jane Oneail, delivers art appreciation programs to audiences throughout New England.



THIS EVENT IS FREE AND OPEN TO THE PUBLIC, BUT REGISTRATION IS REQUIRED. PLEASE EMAIL REGISTER@BOWGARDENCLUB.ORG



**DOCTOR'S
CORNER**
by Dr. Richard Johnson
Dunbarton



EHLERS-DANLOS SYNDROMES

You may not have been aware, as I was also not aware, that May is the month that focuses our attention on the Ehlers-Danlos Syndromes (EDS). In fact, you may not have ever heard of EDS. There have been descriptions of people with lax joints in the writings of Hippocrates, but the syndrome was coined in 1936 and derives its name from the work of Edvard Ehlers, a Danish dermatologist, and Henri-Alexandre Danlos, a French physician who in the early 1900s delineated the features of this group of inherited disorders.

All 13 of the inheritable different types of EDS share the features of loose and fragile skin, poor wound healing and severe bruising and scaring. Each type of EDS has, however, its own distinct features. The most common is Hypermobile EDS (1 in 3 to 5 thousand) and Clas-sical EDS (1 in 20 to 40 thousand). Most of the other types are rarer (1 in 1 million). In my surgical practice I was privileged to care for a young person with the Classical EDS manifested by very fragile and stretchy skin with a velvety texture. This child was easily injured with the skin simply falling apart when sustaining the most minimal trauma. By adolescence the child's legs were covered with scars. There was no integrity to the skin, so every suture placed would easily pull through the skin with minimal tension. Care required a slow and very compas-sionate approach, letting the child make many of the decisions. As the child grew and gained confidence in my care, we developed a trusting and exclusive patient-physician relationship. Caring for this patient into adulthood was a wonderful privilege.

These syndromes are an inherited genetic abnormality, some are autosomal dominant and some autosomal recessive. The result is there are 13 different presentations depending on the resultant col-lagen abnormality. Heart valves can be affected, foot deformities, craniofacial abnormalities, hip dislocations, muscle weakness, hypo-tonia, gum disease and tooth loss, organ fragility & rupture, chron-ic pain, joint instability, and arterial fragility with secondary an-eurysm or dissection and rupture. Each type of EDS has its own diagnostic criteria and if the person meets the diagnostic criteria a genetic test should be done to confirm the diagnosis, but not all the EDS types have genetic tests available. Since there is not one specif-ic treatment for EDS, each person's symptoms are managed as they present resulting in multiple health care professionals being involved in each person's care.

You may have heard of hypermobility spectrum disorders (HSD). By definition, when a condition is causing any issues or pain, it is consid-ered a disorder. Although HSD is not considered EDS, there may exist a spectrum of these conditions. More genetic work needs to be done before we can make a definitive diagnosis in every case. Speak to your primary care physician if you suspect or are worried about the possi-bility of having either EDS or HSD. Genetic testing might be helpful in sorting out difficult symptoms and physical findings.



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