

Live chat replay: Hawkeye muscle ailment

Stephanie De Pasquale | The Quad-City Times | Posted: Thursday, January 27, 2011 | 9:50 am

Learn more about rhabdomyolysis, the rare muscle disorder with which more than a dozen University of Iowa Hawkeyes football players have been diagnosed. Dr. Jessica Ellis, who specializes in sports medicine at ORA Orthopedics, will explain what the disorder is, how serious it is and possible treatments in a live chat beginning at 10:30 a.m. Ellis also will answer reader questions about rhabdomyolysis. You can ask them live or leave them in the comments section at the bottom of this page.

10:21

Stephanie De Pasquale:

Hello all, Dr. Jessica Ellis will be with us shortly. If you have questions for her about rhabdomyolysis, please submit them as comments and I'll post them once she is available.

Thursday January 27, 2011

10:25

Dr. Ellis:

I am online.

Thursday January 27, 2011

10:25

Stephanie De Pasquale:

Welcome Dr. Ellis and thanks for being with us today.

Thursday January 27, 2011

10:25

Dr. Ellis:

Happy to be here.

Thursday January 27, 2011

10:26

Stephanie De Pasquale:

So what is rhabdomyolysis and how does it affect the body?

Thursday January 27, 2011

10:28

Dr. Ellis:

Rhabdomyolysis is a condition that can occur when the muscle cells breakdown and release byproducts into the blood stream that can then clog up the kidneys. If enough muscle damage occurs you can get compartment syndrome and in some cases it can cause death.

Thursday January 27, 2011

10:29

Stephanie De Pasquale:

This is a rare disorder, so what could cause so many players to come down with it at once?

Thursday January 27, 2011

10:30

Dr. Ellis:

In sports medicine it is not that rare - it is usually caused by excessive, novel exercise.

Thursday January 27, 2011

10:30

[Comment From Jan]

Just how difficult does a workout have to be in order to bring this on? Does the casual exerciser who wants to intensify a workout routine have much to worry about?

Thursday January 27, 2011

10:30

Dr. Ellis:

A minor case is like when you lift weights for the first time in a long time and your muscle get stiff and sore.

Thursday January 27, 2011

10:31

Dr. Ellis:

In the Iowa case, it is likely to be from an extreme workout.

Thursday January 27, 2011

10:32

Stephanie De Pasquale:

Some articles have suggested certain supplements can also lead to rhabdomyolysis. Is that true?

Thursday January 27, 2011

10:32

Dr. Ellis:

We see it every year in the Quad Cities associated with the Bix and heatstroke.

Thursday January 27, 2011

10:33

Dr. Ellis:

Supplements are a known risk factor - ephedra for example will allow an athlete push themselves through an extreme workout.

Thursday January 27, 2011

10:34

Stephanie De Pasquale:

Is that a common supplement athletes take to enhance performance?

Thursday January 27, 2011

10:35

Dr. Ellis:

It was widely used until it was banned a couple of years ago. There are similar products that are still on the market however. Ephedra was linked to several deaths associated with rhabdomyolysis.

Thursday January 27, 2011

10:36

Dr. Ellis:

Diuretics and other drugs used to mask steroid use are also linked.

Thursday January 27, 2011

10:37

Stephanie De Pasquale:

In your experience, how often is a case of rhabdomyolysis linked to supplement use?

Thursday January 27, 2011

10:38

Dr. Ellis:

Other risk factors are being unfit, dehydrated, illness like having a cold, heat stress, and sickle cell trait.

Thursday January 27, 2011

10:39

Dr. Ellis:

A lot of the high profile deaths have been linked to supplement use. 3 wrestlers died in 1997, Korey Stringer from the Vikings, and Steve Bechler from the Orioles.

Thursday January 27, 2011

10:39

Dr. Ellis:

Most of the team cases are linked to pure over exertion.

Thursday January 27, 2011

10:39

[Comment From Jan]

The community has many teens participating in sports. What should parents be looking for in terms of other symptoms?

Thursday January 27, 2011

10:40

Dr. Ellis:

This last summer half of a high school football team was treated for rhabdo in Oregon and that was purely from a too intense of a workout.

Thursday January 27, 2011

10:41

Dr. Ellis:

Muscle soreness, muscle stiffness, urine that is brown or red.

Thursday January 27, 2011

10:42

Dr. Ellis:

Lab tests would show elevated CK and liver function tests.

Thursday January 27, 2011

10:42

[Comment From go hawks]

So one should make sure you get plenty of water breaks? What ways can you prevent something like this if you are working out extremely hard?

Thursday January 27, 2011

10:44

Dr. Ellis:

Water / hydration is important. Being in a cooler environment will also help as heat stress will amplify the damage, but the biggest thing is using common sense with how much or how intense of a workout you do.

Thursday January 27, 2011

10:44

Stephanie De Pasquale:

In cases of rhabdo that require hospitalization, what does recovery look like and how long does it typically take?

Thursday January 27, 2011

10:45

Dr. Ellis:

For example with lifting - it would be unwise to do super sets of one muscle group over and over again at a high load. Too much muscle damage is bad, a little muscle damage is good and will make you stronger.

Thursday January 27, 2011

10:47

[Comment From go hawks]

We know there is a fine line about how hard you can push somebody do you think someone should be held responsible for this? Especailly someone that is considered a professional trainer?

Thursday January 27, 2011

10:47

Dr. Ellis:

The treatment is usually IV fluids to keep flushing out the kidneys so a byproduct called myoglobin does not cause kidney failure. If the kidney starts to fail then dialysis may be needed. CK levels are monitored and once they have peaked and then dropped to below 50,000 or so then the worst is hopefully over. Normal level for CK is around 200.

Thursday January 27, 2011

10:48

Dr. Ellis:

The strength coaches will have some questions to answer.

Thursday January 27, 2011

10:49

Stephanie De Pasquale:

Does that mean that reports of players responding well to treatment should mean that their kidneys have not started to fail?

Thursday January 27, 2011

10:49

Dr. Ellis:

Schools and coaches have been held responsible in past cases.

Thursday January 27, 2011

10:50

Dr. Ellis:

I is hard to know what that statement means. Some of the athletes could have had compartment syndrome and needed surgery to release pressure in muscle compartments.

Thursday January 27, 2011

10:50

Dr. Ellis:

But in general, most cases respond well to IV fluids.

Thursday January 27, 2011

10:51

Stephanie De Pasquale:

It's been a week since the intense workout that brought on the disorder, can cases get worse after that length of time or should the athletes continue to improve if they're responding to treatment at this time?

Thursday January 27, 2011

10:53

Dr. Ellis:

The peak damage is seen at 48-72 hours. The fact that athletes are still hospitalized a week later means there were some serious complications or very high levels of CK and myoglobin.

Thursday January 27, 2011

10:54

Dr. Ellis:

A loss of muscle strength can be a long term consequence.

Thursday January 27, 2011

10:55

Stephanie De Pasquale:

Are there any other possible long term consequences?

Thursday January 27, 2011

10:56

Dr. Ellis:

If their kidney function was impaired they may not recover fully. Some athletes who have suffered exertional rhabdo have required life long dialysis.

Thursday January 27, 2011

10:57

Stephanie De Pasquale:

This may be hard to predict, but can you offer a best or worst case scenario on how long it will take for athletes with rhabdo to recover enough to return to normal activities such as practice?

Thursday January 27, 2011

10:58

Dr. Ellis:

Typically, most should be recovered in 1-2 weeks. Worst case is never. I have to be off to clinic - any last questions?

Thursday January 27, 2011

10:58

Stephanie De Pasquale:

Are there any other aspects of rhabdo that we haven't discussed that you feel are important?

Thursday January 27, 2011

10:59

Dr. Ellis:

We covered the high points. The biggest thing from the Iowa case will be if we find out how "bad" of a workout it was or if supplements were involved.

Thursday January 27, 2011

11:00

Stephanie De Pasquale:

Thank you very much for taking time to chat with us today Dr. Ellis. This chat has been very informative.

Thursday January 27, 2011

11:00

Dr. Ellis:

You are welcome!

Thursday January 27, 2011

11:00



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