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Coach: No one knew Wes Leonard had heart trouble

BY MATT HELMS DETROIT FREE PRESS STAFF WRITER



He collapsed, astonishingly, amid a moment of small-town bliss. Amid the bedlam following his game-winning shot, 16-year-old Wes Leonard's heart stopped, and rescuers could not get it to beat again.



Stunned fans look on as trainers and coaches try to revive Fennville High School basketball player Wes Leonard. The 16-year-old collapsed Thursday night after making the game-winning lay-up in overtime against Bridgman. Wes arrived at Holland Hospital about 9:20 p.m. in cardiac arrest, and doctors were unable to restart his heart, a hospital spokesman said. He was pronounced dead about 10:40 p.m.

The incident brings renewed focus on the safety of high school athletes -- whether students are adequately screened for cardiac problems, and the importance of proper medical equipment and people trained to use it in emergencies.

Wes' death also underscored the difficult nature of heart conditions that often strike fatally, with no warning. A medical examiner ruled the cause of death was cardiac arrest, brought on by dilated cardiomyopathy, a condition medical experts say is difficult to detect and often goes unnoticed.

Fennville varsity coach Ryan Klingler said no one had an inkling Wes' heart was sick.

When death seems to make no sense

West Michigan high school basketball star

Wes Leonard died of cardiac arrest from a heart condition he and his family may not have known he had, a medical examiner ruled Friday.

His death raised fresh urgency to concerns about cardiac dangers that often go undetected in otherwise healthy, even elite young athletes.

Dr. David Start, a forensic pathologist and chief medical examiner for Ottawa County, announced that Wes' collapse and heart stoppage was brought on by dilated cardiomyopathy, a condition that enlarges and weakens a heart's muscles, impeding its ability to pump blood.

Medical experts say the condition often goes undetected until a fatal attack.

The 16-year-old collapsed on the basketball court at Fennville High School on Thursday night soon after he scored an overtime lay-up that clinched a 57-55 win over Bridgman -- and a perfect season for the Holland-area school.

School officials said the player was tended to first by a parent EMT who happened to be at the game, and then by emergency personnel who arrived by ambulance.

Wes arrived at Holland Hospital about 9:20 p.m. in cardiac arrest, and doctors were unable to restart his heart, hospital spokesman Tim Breed said Friday. He was pronounced dead about 10:40 p.m.

One local news media report said Wes had been recovering from the flu. Another quoted his girlfriend as saying Wes was taking antibiotics for strep throat.

At an emotional news conference Friday afternoon, school officials said they responded quickly after Wes' collapse, using a defibrillator -- a device that applies electricity to jolt hearts in life-threatening conditions -- they had on hand at the school until ambulance medics arrived.

Fewer than 8% of victims survive sudden cardiac arrest outside hospitals, according to the American Heart Association. The group says that for every minute that passes without

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defibrillation following an attack, the likelihood of survival falls 7%-10%.

An increasing number of schools keep defibrillators on hand for emergencies not necessarily related to athletics, said Michigan High School Athletic Association spokesman John Johnson.

He said the devices are not required at schools by law or by regulation from the association, which has more than 760 public and private high schools statewide as members.

"But there are a number of schools which have secured portable equipment and sometimes aren't able to go to the next the step, and that is to have people trained to do it," Johnson said.

In the past decade, some health professionals and parents have lobbied to require schools to have defibrillators on hand following the deaths of athletes in competition from previously undetected heart ailments. Likewise, there has been a push to require young athletes to undergo more comprehensive cardiac testing as part of their sports physicals before they may compete.

Dr. Marc Lahiri, a cardiac electrophysiologist for Henry Ford Hospital in Detroit who specializes in heart rhythm disorders, said the two primary causes of sudden deaths from heart conditions -- in which there were no previous symptoms -- are cardiomyopathy and genetic conditions including long QT syndrome, a problem with the electrical regulation of the heart.

Less common are congenital abnormalities, Lahiri said.

It is highly uncommon for healthy young people to die from the flu, but "viral illnesses can cause cardiomyopathies for unknown reasons," Lahiri said. "They can weaken the heart. When the heart is weakened, there is an increased risk of sudden death. It's conceivable there could be a relationship."

Detecting underlying heart conditions can be difficult because they often do not present symptoms until a sudden, possibly fatal event, Lahiri said.

Lahiri said he and other doctors want schools to make heart testing such as electrocardiograms, or EKGs, routine during physicals for school athletes. But he said the idea has been controversial because the testing is costly and can lead to false-positives that mean unnecessary additional testing, and the initial tests miss a significant number of cases.

Johnson, of the state athletic association, said schools require routine physicals yearly.

But laws and regulations "make no requirement of how extensive such a physical is," Johnson said. "Having said that, we've been working with the Department of Community Health and have developed a new form for schools to use, if they choose, that could help them gather more health history about their young people who wish to play athletics."

Sudden cardiac deaths in young athletes -- while stunning and tragic -- are about as rare as lightning fatalities, according to a 27-year study of the issue released in 2009. The numbers are far below the death rates for young people from cancer, car crashes, homicides and other causes.

One publication -- Circulation: Journal of the American Heart Association -- reported that 1,866 U.S. athletes ages 8-39 died from sudden cardiac arrest nationwide from 1980-2006. Cardiovascular diseases, often symptom-free and undiagnosed, were blamed in more than half of those deaths.

The study estimated that screening efforts such as EKGs would not reliably identify 30% of cardiovascular abnormalities that lead to sudden cardiac arrests.

The agony of a young athlete's sudden death is one Randy Gillary knows all too well.

His daughter, Kimberly Anne Gillary, went into cardiac arrest while playing water polo for Troy Athens High School in April 2000. Gillary said his family has no known history of hypertrophic cardiomyopathy, the condition that went undetected -- even by EKGs -- in her childhood.

"We had no idea there was any problem," Gillary said.

The family set up the Kimberly Anne Gillary Foundation and has raised more than \$1.1 million and donated more than 550 defibrillators to high schools statewide. Gillary said most high schools in Michigan now have automated external defibrillators, or AEDs.

"Our focus is now on educational training and awareness, to make sure school staff members -- and ideally students, too -- know what to do when a student or parent or staff members goes down with sudden cardiac arrest," Gillary said Friday.

The group wants all Michigan schools to have mandatory training for students in CPR, including AED use, and mandatory AED drills with simulated cardiac arrest emergencies for practice.

"It's one thing to know what to do, it's another to practice and know how to do it," Gillary said. "Every minute you wait increases risk of death or serious complications including brain damage."

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