

**IN THE STATE COURT OF DEKALB COUNTY  
STATE OF GEORGIA**

DAMIEN ROBINSON	)	
Plaintiff,	)	Civil Action
— <i>versus</i> —	)	
JAMES A. ARMSTRONG, MD,	)	File No. <u>19A76120</u>
ELIZABETH BLEAKLEY, PA,	)	
KENNESTONE HOSPITAL, INC	)	Jury Trial Demanded
doing business as “Wellstar	)	
Kennestone Hospital,” and	)	
John/Jane Doe 1-5,	)	
Defendants	)	

**PLAINTIFFS’ COMPLAINT FOR DAMAGES**

**Nature of the Action**

1. This is a medical malpractice action based upon allegations of professional negligence, arising out of medical care of Damien Robinson in March 2018, while a patient under the care of the Defendants identified above.

2. Pursuant to OCGA § 9-11-9.1, the Affidavit of Alexander E. Merkler, MD, is attached hereto as Exhibit 1. This Complaint incorporates the opinions and factual allegations contained in that affidavit.

3. As used in this Complaint, the phrase “standard of care” means that degree of care and skill ordinarily employed by the medical profession generally under similar conditions and like circumstances as pertained to the Defendant’s actions under discussion.

**Parties, Jurisdiction, and Venue**

4. Plaintiff, Damien Robinson, is a Georgia citizen residing in Paulding County and subject to the jurisdiction and venue of this Court.

5. DEFENDANT JAMES A. ARMSTRONG, MD, is a North Carolina citizen.

6. Dr. Armstrong works, and can be served, at Armstrong Neurology, P.A. at 1622 Tate Boulevard, SE, Hickory, NC 28602.

7. Dr. Armstrong resides, and can be served, at 3957 2nd Street Dr NW, Hickory, NC 28601.

8. Dr. Armstrong is subject to the jurisdiction of this Court, for any torts he may have committed in Georgia.

9. Dr. Armstrong is subject to venue in this Court, pursuant to OCGA 9-10-31, because Dr. Armstrong is a joint tortfeasor with Defendant Elizabeth Bleakley, PA, who resides in Fulton County.

10. DEFENDANT ELIZABETH BLEAKLEY, PA, is a Georgia citizen residing in DeKalb County, at 2956 Lowrance Drive, Decatur, GA 30033. She may be served with process there.

11. In their conduct relevant to this Complaint, both Dr. Armstrong and PA Bleakley acted as employees or agents of Kennestone Hospital, Inc. doing business as “Wellstar Kennestone Hospital.”

12. DEFENDANT KENNESTONE HOSPITAL, INC., doing business as “Wellstar Kennestone Hospital” (“Wellstar” or “Wellstar Kennestone”) is a Georgia corporation. Their principal office address and registered agent are in Cobb County.

13. Wellstar may be served through their registered agent, Leo E. Reichert, at 793 Sawyer Road, Marietta, GA, 30062.

14. Defendants John/Jane Doe 1-5 are those yet unidentified individuals and/or entities who may be liable, in whole or part, for the damages alleged herein. Once served with process, John/Jane Doe 1-5 are subject to the jurisdiction and venue of this Court.

15. This Court has subject matter jurisdiction, and venue is proper as to all Defendants in this Court.

### **Facts**

16. This Complaint incorporates and relies upon the information contained in the attached affidavit of Dr. Alexander Merkler.

17. Damien Robinson came to the Emergency Department at Wellstar Kennestone on March 6, 2108.

18. ED doctor Richard J Kleiman saw Robinson at 1:45 AM.

19. Robinson reported neurological symptoms beginning 6-12 hours earlier.
20. Robinson reported chest pain and numbness in his feet followed by weakness, including lower extremity weakness.
21. Robinson also reported sensory loss or numbness from the middle of his chest down and urinary retention.
22. The ED doctor ordered MRI scans of the full spine - cervical, thoracic, and lumbar - but without contrast.
23. Contrast was necessary in order to investigate potential causes of Robinson's weakness and numbness.
24. The ED doctor consulted with the neurology doctor on call who relayed the information for a consult to his associate neurologist, Dr. James Armstrong.
25. Elizabeth Bleakley, a neurology Physician Assistant, assisted Dr. Armstrong.
26. Dr. Armstrong knew that the MRI's had been done without contrast.
27. Since contrast was necessary for the MRI's to confirm or rule out potential causes of Robinson's symptoms, the standard of care required Dr. Armstrong and/or PA Bleakley to order MRI's of the full spine with contrast.
28. Neither Dr. Armstrong nor PA Bleakley ordered MRI's of the full spine with contrast.
29. Only a lumbar MRI scan was ordered.

30. For a patient with Robinson's history, characteristics and symptoms, transverse myelitis was one of the most likely of only a few potential causes of rapidly progressing neurological losses in an 18 year old previously healthy man.

31. The standard of care required Dr. Armstrong and PA Bleakley to investigate whether Robinson suffered from transverse myelitis and to treat him with high dose steroids in a timely fashion.

32. Neither Dr. Armstrong nor PA Bleakley considered whether Robinson suffered from transverse myelitis.

33. One rare and unlikely explanation for Robinson's symptoms might be conversion disorder.

34. Conversion disorder is a psychiatric problem whereby the brain manufactures what appear to be spinal, neurological symptoms but which do not arise from physical problems in the spinal cord.

35. Conversion disorder is a diagnosis of exclusion.

36. Conversion disorder can only be diagnosed when all physical causes have been ruled out.

37. Premature diagnosis of conversion disorder is dangerous, because it can lead medical providers to abandon investigation and treatment of physical causes.

38. If an incorrect conversion-disorder diagnosis is made, then a physical problem may remain untreated, leading to unnecessary harm to the patient.

39. That's what happened here.

40. The standard of care required Dr. Armstrong and PA Bleakley to rule out physical causes — including transverse myelitis — before diagnosing Robinson with conversion disorder.

41. Without ruling out physical neurological causes, PA Bleakley diagnosed Robinson with conversion disorder.

42. Without ruling out physical neurological causes, Dr. Armstrong diagnosed Robinson with conversion disorder.

43. PA Bleakley and Dr. Armstrong abandoned investigation of physical causes of Robinson's symptoms.

44. Robinson in fact had transverse myelitis.

45. Robinson's transverse myelitis went untreated for days.

46. The untreated transverse myelitis caused harm that would have been avoided by timely, diligent investigation and treatment of the transverse myelitis.

47. Because of Dr. Armstrong's and PA Bleakley's failure to treat Damien Robinson in accordance with the standard of care, Robinson suffers serious, permanent physical injuries.

### **Count 1: Professional Negligence by Defendants Armstrong & Bleakley**

48. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

49. Defendants Armstrong and Bleakley owed a duty to exercise reasonable care and skill in their treatment of Robinson.

50. Defendants Armstrong and Bleakley owed a duty to exercise that degree of care and skill ordinarily employed under similar conditions and like circumstances by similarly situated members of the medical profession generally (the “standard of care”).

51. As stated in Dr. Alexander Merkler’s affidavit, Dr. Armstrong and PA Bleakley each breached their duty to exercise reasonable care and skill in their treatment of Damien Robinson.

52. As a direct and proximate result of the negligence of Defendant Armstrong and of Defendant Bleakley, Damien Robinson suffered serious bodily injury.

53. Robinson is entitled to recover from Defendant Armstrong and from Defendant Bleakley for all damages suffered, including physical, emotional, and economic damages, as well as all other damages allowable under Georgia law.

### **Count 2: Vicarious Liability of Wellstar Kennestone**

54. Plaintiff incorporates by reference, as if fully set forth herein, all the preceding paragraphs of this Complaint.

55. At all times relevant to this Complaint, in their treatment of Damien Robinson, Defendants Armstrong and Bleakley acted in the course and scope of their employment or agency with Defendant Kennestone Hospital, Inc., doing business as Wellstar Kennestone Hospital (“Wellstar”).

56. Defendant Wellstar is vicariously liable for any negligence of Defendants Armstrong and Bleakley in their treatment of Robinson.

57. Robinson is entitled to recover from Defendant Wellstar for all damages suffered, including physical, emotional, and economic damages, as well as all other damages allowable under Georgia law, caused by the negligence of Defendant Armstrong or Defendant Bleakley.

### **Damages**

58. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

59. As a direct and proximate result of the Defendants' individual and collective conduct, Plaintiff is entitled to recover from Defendants reasonable compensatory damages in an amount exceeding \$10,000.00 to be determined by a fair and impartial jury for all damages Plaintiff suffered, including physical, emotional, and economic injuries.

60. WHEREFORE, Plaintiff demands a trial by jury and judgment against the Defendants as follows:

- a. Compensatory damages in an amount exceeding \$10,000.00 to be determined by a fair and impartial jury;
- b. All costs of this action; and
- c. Such other and further relief as the Court deems just and proper.



Respectfully submitted,

/s/ Lloyd N. Bell

Lloyd N. Bell

Georgia Bar No. 048800

Daniel E. Holloway

Georgia Bar No. 658026

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/s/ Lawrence B. Schlachter

Lawrence B. Schlachter M.D. J.D.

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Attorneys for Plaintiff

STATE COURT OF  
DEKALB COUNTY, GA.  
8/13/2019 1:48 PM  
E-FILED  
BY: Monica Gay

## **AFFIDAVIT OF ALEXANDER E. MERKLER, MD**

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, comes Alexander E. Merkler, MD who, after first being duly sworn, states as follows:

### **Limited Purpose of Affidavit**

1. I use the term “standard of care” to refer to that degree of care and skill ordinarily exercised by members of the medical profession generally under the same or similar circumstances and like surrounding conditions as pertained to the medical providers I discuss here.

2. I have been asked to provide this affidavit for purposes of Georgia statute OCGA § 9-11-9.1. I have been told that in order to file a medical malpractice lawsuit, the plaintiff must include an affidavit that identifies a single violation of a professional standard of care by the negligent medical provider named in the lawsuit. I have been asked to provide this affidavit for the sole, limited purpose of complying with the statute.

3. This affidavit does not attempt to state or summarize all my opinions. This affidavit does not attempt to identify every person who violated a standard of care. Nor does this affidavit attempt to identify every standard of care that a particular person violated.

4. The fact that I do not discuss this or that other person, or do not mention this or that other standard-of-care violation, means only that I have not been asked to address those persons or violations for the limited purpose of this affidavit.

5. Furthermore, I have been told that this case is only now beginning — that a lawsuit has not been filed yet. I’m told that attorneys cannot subpoena information until after a lawsuit has been filed. Therefore, I understand that a large amount of information may become available, which I don’t have today. As I gain more information, my opinions may change.

## Topic

6. This affidavit concerns medical services provided to Damien Robinson in March 2018, at Wellstar Kennestone Hospital in Marietta, Georgia.

7. Damien Robinson suffers neurological impairment because of medical negligence.

## Qualifications

8. I am more than 18 years old, suffer from no legal disabilities, and give this affidavit based upon my own personal knowledge and belief.

9. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under OCGA 24-7-702.

10. However, my Curriculum Vitae is attached hereto as Exhibit "A." My CV provides further detail about my qualifications. I incorporate and rely on that additional information here.

11. The acts or omissions at issue here occurred in March 2018.

12. I am qualified to provide expert testimony pursuant to OCGA 24-7-702. That is:

- a. In March 2018, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession.

Specifically, in March 2018 I was licensed by the State of New York to practice medicine. That's where I was practicing medicine in March 2018.

- b. In March 2018, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the area of:

- the assessment and treatment of patients with the new onset of neurological signs and symptoms.
- c. I had this knowledge and experience as the result of having been regularly engaged in the active practice of the foregoing areas of specialty of my profession for at least three of the five years prior to March 2018, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I completed my residency in Neurology in 2014 at the New York Presbyterian Hospital-Weill Cornell Medical College. I became Board Certified in Neurology in 2014 and in Neurocritical Care Medicine in 2017.

### **Summary of Opinion**

13. Dr. James A. Armstrong and Physician Assistant Liz Bleakley violated their applicable standards of care by (a) failing to obtain radiology imaging necessary to investigate Damien Robinson's symptoms, (b) failing to include transverse myelitis on the differential diagnosis for Mr. Robinson, (c) prematurely diagnosing Mr. Robinson with conversion disorder, before ruling out physical neurologic causes, and (d) abandoning further neurologic investigation and treatment.

14. These violations led to a delay in treatment of Mr. Robinson's transverse myelitis — his actual problem — and cost Mr. Robinson his chance of a normal or partial recovery.

### **Factual Basis for Opinion**

15. I have reviewed medical records from Wellstar Kennestone Hospital, for Mr. Robinson's treatment there in March 2018.

16. Damien Robinson came to the Emergency Department at Wellstar Kennestone on March 6, 2108. ED doctor Richard J Kleiman saw Robinson at 1:45 AM. Robinson reported neurological symptoms beginning 6-12 hours earlier.

Robinson reported chest pain and numbness in his feet followed by weakness, including lower extremity weakness. Robinson also reported sensory loss or numbness from the middle of his chest down and urinary retention.

17. The ED doctor ordered MRI scans of the full spine — cervical, thoracic, and lumbar — but without contrast.

18. Contrast was necessary in order to investigate potential causes of Robinson's weakness and numbness.

19. The ED doctor consulted with the neurology doctor on call who relayed the information for a consult to his associate neurologist, Dr. James Armstrong.

20. Liz Bleakley, a neurology Physician Assistant, assisted Dr. Armstrong.

21. Dr. Armstrong knew that the MRI's had been done without contrast.

22. Since contrast was necessary for the MRI's to confirm or rule out potential causes of Robinson's symptoms, the standard of care required Dr. Armstrong and/or PA Bleakley to order MRI's of the full spine with contrast.

23. Neither Dr. Armstrong nor PA Bleakley ordered MRI's of the full spine with contrast. Only a lumbar MRI scan was ordered.

24. For a patient with Robinson's history, characteristics and symptoms, transverse myelitis was one of the most likely of only a few potential causes of rapidly progressing neurological losses in an 18 year old previously healthy man. The standard of care required Dr. Armstrong and PA Bleakley to investigate whether Robinson suffered from transverse myelitis and to treat him with high dose steroids in a timely fashion.

25. Neither Dr. Armstrong nor PA Bleakley did consider whether Robinson suffered from transverse myelitis.

26. One rare and unlikely explanation for Robinson's symptoms might be conversion disorder — a psychiatric problem whereby the brain manufactures what appear to be spinal, neurological symptoms but which do not arise from physical problems in the spinal cord.

27. Conversion disorder is a diagnosis of exclusion. That is, it can only be diagnosed when all physical causes have been ruled out.

28. Premature diagnosis of conversion disorder is dangerous, because it can lead medical providers to abandon investigation and treatment of physical causes. If the conversion-disorder diagnosis is wrong, then a physical problem may remain untreated, leading to unnecessary harm to the patient.

29. That's what happened here.

30. The standard of care required Dr. Armstrong and PA Bleakley to rule out physical causes — including transverse myelitis — before diagnosing Robinson with conversion disorder.

31. Without ruling out physical neurological causes, PA Bleakley diagnosed Robinson with conversion disorder.

32. Without ruling out physical neurological causes, Dr. Armstrong diagnosed Robinson with conversion disorder.

33. PA Bleakley and Dr. Armstrong abandoned investigation of physical causes of Robinson's symptoms.

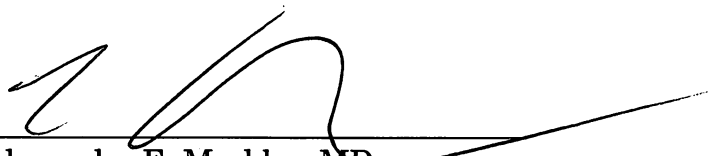
34. Robinson in fact had transverse myelitis.

35. Robinson's transverse myelitis went untreated for days, causing Robinson harm that would have been avoided by timely, diligent investigation and treatment of Robinson's transverse myelitis.

#### Miscellaneous

36. To repeat, this affidavit does not exhaust my current opinions.

37. I hold each opinion expressed in this affidavit to a reasonable degree of medical probability or certainty; that is, more likely than not.

  
Alexander E. Merkler, MD

SWORN TO AND SUBSCRIBED before me

Aug 6th, 2019

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**INNOKENTII PANTELEEV**  
Notary Public, State of New York  
No. 01PA6332924  
Qualified in Kings County  
Commission Expires 11/09/2019

## **CURRICULUM VITAE**

Date of preparation: February 15, 2018

Signature: 

### **A. GENERAL INFORMATION**

Name: First, Middle, Last	Alexander Eliot Merkle
Office address:	525 East 68 <sup>th</sup> Street. F610 New York, NY 10065
Office telephone:	212-746-0344
Office fax:	212-746-8735
Home address:	1735 York Avenue Apt 15B. New York, NY 10128
Home telephone:	917-373-8523
Cell phone:	917-373-8523
Work Email: Personal Email:	<a href="mailto:Alm9097@med.cornell.edu">Alm9097@med.cornell.edu</a> ; <a href="mailto:amerkle@gmail.com">amerkle@gmail.com</a>
Citizenship:	USA

### **B. EDUCATIONAL BACKGROUND**

#### 1. Academic Degrees:

Degree	Institution Name and Location	Dates attended	Year Awarded
BS	Brown University, Providence, RI	09/02-05/06	2006
MD	New York University School of Medicine, New York, NY	08/06-05/10	2010

#### 2. Post-doctoral training:

Title	Institution name and location	Dates held
Medical Intern	New York Presbyterian Hospital- Weill Cornell Medical College	06/10-06/11
Neurology Resident	Weill Cornell Medical College New York Presbyterian Hospital-	06/11-06/14
Chief Resident in Neurology	New York Presbyterian Hospital- Weill Cornell Medical College	06/13-06/14
Neurocritical Care Fellow	New York Presbyterian Hospital - Columbia University / Weill Cornell Medical College	07/14-06/16

### **C. LICENSURE, BOARD CERTIFICATION, MALPRACTICE**

#### 1. Licensure



Medical License	New York State License Expiration: 12/31/19
DEA	Expiration: 01/31/2020

2. Board Certification

Neurology	Board Certificate obtained: 9/25/14
Neurocritical Care	Board Certificate obtained: 12/31/17

3. Malpractice Insurance

Do you have Malpractice Insurance?	Yes
Name of Provider: Weill Cornell Medicine (MCIC Vermont)	
Premiums paid by: Weill Cornell Medicine	

**D. PROFESSIONAL POSITIONS AND EMPLOYMENT**

1. Academic positions

Title	Institution name and location	Dates held
Assistant Professor of Neurology	Department of Neurology, Weill Cornell Medicine	07/16-current

2. Hospital positions

Title	Institution name and location	Dates held
Assistant Attending Neurologist	New York Presbyterian Hospital/Weill Cornell Medicine	07/16-current

**E. EMPLOYMENT STATUS (current or anticipated)**

Full-time salaried by Weill Cornell Medicine
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**F. INSTITUTIONAL/HOSPITAL AFFILIATION**

New York Presbyterian Hospital/Weill Cornell Medicine	07/16-current
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**G. PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

CURRENT % EFFORT	(%)	Does the activity involve WCMC students/researchers? (Yes/No)
TEACHING	3%	Yes
CLINICAL	20%	Yes

ADMINISTRATIVE	2%	Yes
RESEARCH	75%	Yes
TOTAL	100%	

## **INSTITUTIONAL RESPONSIBILITIES**

### 1. Teaching

<b><u>Didactic teaching:</u></b>	
Recurrent Thromboembolic Events After Ischemic Stroke in Patients with Cancer. Department of Neurology Grand Rounds, Weill Cornell Medical Center. NY, NY.	May 2013
Readmission for Infective Endocarditis after Ischemic Stroke or Transient Ischemic Attack. Department of Neurology Grand Rounds, Weill Cornell Medical Center. NY, NY.	May 2014
Management of Subarachnoid Hemorrhage and Intracerebral Hemorrhage. Lecture for Neurology residents at Cornell University, New York Presbyterian Hospital, NY, NY.	June 2014
Bacterial Infections of the Nervous System. Lecture for Neurology residents at Columbia University, New York Presbyterian Hospital, NY, NY.	August 2014
Disorders of Cerebrovascular Dysregulation. Lecture for Neurocritical care attendings and fellows at Columbia University, New York Presbyterian Hospital, NY, NY.	January 2015
Intracranial Hemorrhage. Neuroscience Nursing Education Series 2015, New York Presbyterian Hospital, NY, NY.	April-May 2015
Viral Infections of the Nervous System. Lecture for Neurology residents at Columbia University, New York Presbyterian Hospital, NY, NY.	May 2015
Intracranial Hemorrhage. Neuroscience Nursing Education Series 2015, New York Presbyterian Hospital, NY, NY.	April-May 2016
Infectious Disease and the Central Nervous System. Critical Care Grand Rounds, Columbia University Medical Center. New York, NY.	June 2016
Neurological Emergencies. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	June 2016
Large Hemispheric Infarction. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	July 2016
Acute Stroke Treatment. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	July 2016

<p>Infective Endocarditis and Stroke. Department of Neurology Grand Rounds, New York Methodist Hospital. Brooklyn, NY.</p>	February 2017
<p>Neurological Emergencies. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.</p>	June 2017
<p>Myocardial Infarction and the Risk of Stroke. Department of Neurology Grand Rounds, New York Presbyterian Hospital / Weill Cornell Medical College. New York, NY.</p>	July 2017
<p>Update in Neurology. Department of Medicine Grand Rounds, New York Presbyterian Hospital / Weill Cornell Medical College. New York, NY.</p>	August 2017
<p>Acute Stroke Treatment. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.</p>	August 2017
<p>Large Hemispheric Infarction. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY. September 2017.</p>	September 2017
<p>Subarachnoid Hemorrhage. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.</p>	September 2017
<p>Coma. Lecture for Medicine Residents at Weill Cornell Medicine. New York, NY. December 2017</p>	December 2017
<b>Mentorship:</b>	
<p><b>Medical Student Mentor:</b> Weill Cornell Medicine Medical Students: Area of Concentration Program <b>Shobana L. Ramasamy.</b> Ventricular arrhythmias in patients with acute ischemic stroke. Current position: medical student MS3.</p>	January 2018-December 2018
<p><b>Resident Mentor:</b> Weill Cornell Medicine Neurology Residents <b>Setareh Salehi Omran.</b> Heart Failure and risk of Ischemic stroke. Current position: stroke fellow. <b>Darya Khazanova.</b> Risk of recurrent status epilepticus. Current position: neurology resident. <b>Ashwin Malhotra.</b> Risk of ischemic stroke after myocarditis. Current position: neurology resident.</p>	August 2017- March 2017- October 2017-
<p><b>Fellowship Mentor:</b> New York-Presbyterian Hospital/Weill Cornell Medicine/Columbia University Neurocritical Care Fellows <b>Ayham Alkhachroum.</b> Trends in Endotracheal intubation in patients with neurocritical care diseases. Current position: neuro-icu fellow.</p>	October 2017-
<b>Clinical teaching:</b>	
<p>Clinical supervision and teaching of fellows, residents, and medical students rotating in the neuroscience intensive care unit and inpatient stroke unit (12 weeks per year)</p>	July 2016-
<b>Administrative teaching leadership role:</b>	
<b>Neurocritical Care Fellowship Site Director:</b>	

New York-Presbyterian Hospital/Weill Cornell Medicine. I am the site director for the combined Neurocritical care fellowship program at Columbia University/Weill Cornell Medicine	July 2017-
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2. Clinical care

<b>Clinical Activity</b>	
Attending Physician, Neuroscience Intensive Care Unit (8 weeks per year)	July 2016-
Attending Physician, Inpatient Stroke Service (4 weeks per year)	July 2016-

3. Research

<b>Research Activity</b>
<p>I became committed to a career in health-oriented research during my neurology residency training at New York-Presbyterian Hospital/Weill Cornell (NYPH/Cornell). Through my clinical work, I became interested in improving our limited ability to accurately identify the mechanism of stroke. This knowledge gap meant that the etiology of ischemic stroke in many patients was unknown and, as a consequence, the appropriate treatment for secondary stroke prevention was uncertain. During residency and fellowship, I published studies evaluating the risk of ischemic stroke in relationship to clinically occult mechanisms such as subacute bacterial endocarditis and cancer. Since my appointment as a faculty member at NYPH/Cornell in 2016, I have remained dedicated to evaluating the relationship between occult cardiovascular disease and cryptogenic stroke because of the paucity of data on this important clinical topic. My preliminary data, gathered with support from an NIH KL2 mentored career development award, have led me to hypothesize that unrecognized myocardial infarction may be a novel stroke risk factor.</p>

4. Administrative Activities

Neurocritical Care Fellowship Site Director	July 2017-
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**H. RESEARCH SUPPORT**

	Dates
<p>Leon Levy Fellowship in Neuroscience Grant Merkler (PI) The goal of this grant is to elucidate the association between unrecognized myocardial infarction and ischemic stroke</p>	02/01/2018-
<p>KL2 Merkler (PI) NIH KL2-TR-002385 The goal of this study is to evaluate the association between unrecognized myocardial infarction and ischemic stroke</p>	09/05/2017-
<p>R01 HL109282-04 Devereux (PI) The goal of this randomized study is to evaluate the prognostic value of preclinical cardiovascular disease in American Indians Role: CoPI</p>	2016 - present

## **Current Research Support**

Source	NIH CTSC KL2-TR-002385
Amount	\$80,000
Duration	9/5/2017-06/30/2018
Principal Investigator	Alexander Merkler
Your Role in Project	PI
% Effort	75%

### **I. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

Invited Journal Reviewer	Dates
Ad Hoc Reviewer <i>Journal of the American College of Cardiology</i> ; Number of Reviews: 7 Ad Hoc Reviewer: <i>Circulation</i> ; Number of Reviews: 2 Ad Hoc Reviewer: <i>JAMA Neurology</i> ; Number of Reviews: 4 Ad Hoc Reviewer: <i>Journal of Neurology, Neurosurgery, and Psychiatry</i> ; Number of Reviews: 8 Ad Hoc Reviewer: <i>Stroke</i> ; Number of Reviews: 2 Ad Hoc Reviewer: <i>Hypertension</i> ; Number of Reviews: 3 Ad Hoc Reviewer: <i>Neurohospitalist</i> ; Number of Reviews: 10 Ad Hoc Reviewer <i>Expert Review of Cardiovascular Therapy</i> ; Number of Reviews: 1 Ad Hoc Reviewer: <i>Circulation Research</i> ; Number of Reviews: 1 Ad Hoc Reviewer: <i>PLoS ONE</i> ; Number of Reviews: 4 Ad Hoc Reviewer Neurological Research; Number of Reviews: 1	2015 - present
Biweekly Blogger for <i>Stroke</i> . Available at: <a href="http://strokeblog.strokeahajournal.org">http://strokeblog.strokeahajournal.org</a>	2015-2016

### **J. PROFESSIONAL MEMBERSHIPS**

Role	Organization	Dates
Member	American Academy of Neurology	2011 - present
Member	American Heart Association # 182553901	2012 - present
Member	Neurocritical Care Society	2014 - present
Member	Sigma Xi	2006 - present

### **K. HONORS AND AWARDS**

Name of award	Date
Leon Levy Fellowship in Neuroscience Award	2018
National Institute of Health KL2 Career Training Award given by the Weill Cornell	2017

Medical College Clinical & Translational Science Center Plum and Posner Annual Award for Best Neurology Faculty Teacher at Weill Cornell Medicine	2017
2016 International Stroke Conference New Investigator Travel Award	2016
2016 International Stroke Conference Stroke Rehabilitation and Recovery Travel Award	2016
American Academy of Neurology Annual Meeting Fellow Scholarship Award	2015
Neurology Resident Teaching Award, Cornell University	2014
American Academy of Neurology Annual Meeting Resident Scholarship Award	2014
Chief Resident in Neurology at Cornell	2013
Rosenbluth Foundation Travel Grant for research conducted in Peru through NYU School of Medicine	2011
Bachelor of Science, <i>magna cum laude</i> , Brown University	2006
Phi Beta Kappa, Brown University	2006

## L. BIBLIOGRAPHY

### *Peer Reviewed Publications:*

1. **Merkler AE**, Saini V, Kamel H, Stieg PE. Preoperative Steroid Use and the Risk of Infectious Complications After Neurosurgery. *Neurohospitalist* 2014;4:80-85.
2. **Merkler AE**, Marcus JR, Gupta A, Kishore SA, Leifer A, Patsalides A, DeAngelis LM, Navi, BB. Endovascular Therapy for Acute Stroke in Patients with Cancer. *Neurohospitalist* 2014;4:133-135.
3. Navi BB, Singer S, **Merkler AE**, Cheng NT, Stone, JB, Kamel H, Iadecola C, Mitchell E, DeAngelis LM. Recurrent Thromboembolic Events After Ischemic Stroke in Patients with Cancer. *Neurology* 2014;83:26-33.
4. Navi BB, Singer S, **Merkler AE**, Cheng NT, Stone, JB, Kamel H, Iadecola C, Mitchell E, DeAngelis LM. Cryptogenic Subtype Predicts Reduced Survival Among Cancer Patients with Ischemic Stroke. *Stroke* 2014;45:2292-7.
5. **Merkler AE**, Parlitsis G, Patel S. Infection of the Optic Apparatus and Hypothalamus by *Mycobacterium haemophilum*. *Neurology* 2014;83:659-660.
6. **Merkler AE**, Prasad M, Lavi E, Safdieh J. Hyperacusis as the Initial Presentation of Creutzfeldt-Jakob Disease. *Neurol Neuroimmunol Neuroinflammation* 2014;Sep 18;1:e2.
7. Wang E, Shirvalkar PR, Maciel CB, **Merkler AE**, Safdieh J, Gupta A. American neuroborreliosis presenting as cranial polyneuritis and radiculoneuritis. *Neurol Neuroimmunol Neuroinflammation* 2014;Sep 4;1:e30.
8. **Merkler AE**, Maciel CB, May AS, Vargas WS, Yohay K. Neuro-Behçet Disease in an African American Adolescent. *Neurohospitalist* 2015;5:43-44.
9. Parikh N, **Merkler AE**, Cheng NT, Baradaran H, White H, Leifer D. Clinical Reasoning: An unusual case of subacute encephalopathy. *Neurology* 2015;84:e33-37.
10. Chu S, **Merkler AE**, Cheng N, Kamel H. Readmission for Infective Endocarditis after Ischemic Stroke or Transient Ischemic Attack. *Neurohospitalist* 2015;5:55-58.

11. **Merkler AE**, Navi BB, Singer S, Cheng NT, Stone JB, Kamel H, Iadecola C, Elkind MS, DeAngelis LM. Diagnostic Yield of Echocardiography in Cancer Patients with Ischemic Stroke. *J Neurooncol* 2015;123:115-121.
12. **Merkler AE**, Parikh NS, Chaudhry S, Chait A, Allen NC, Navi BB, Kamel H. Hospital Revisit Rate after a Diagnosis of Conversion Disorder. *J Neurol Neurosurg Psychiatry* 2016;87:363-366.
13. Morris NA, **Merkler AE**, Parker WE, Claassen J, Connolly ES, Sheth KN, Kamel H. Adverse Outcomes After Initial Non-surgical Management of Subdural Hematoma: A Population-Based Study. *Neurocrit Care* 2016;24:226-232.
14. **Merkler AE**, Chu SY, Lerario MP, Navi BB, Kamel H. Temporal Relationship between Infective Endocarditis and Stroke. *Neurology* 2015;85:512-516.
15. Lahiri S, Navi BB, Mayer SA, Rosengart A, **Merkler AE**, Claassen J, Kamel H. Hospital Readmission Rates Among Mechanically Ventilated Patients With Stroke. *Stroke* 2015;46:2969-2971.
16. Kummer BR, Bhave PD, **Merkler AE**, Gialdini G, Okin PM, Kamel H. Demographic Differences in Catheter Ablation After Hospital Presentation with Symptomatic Atrial Fibrillation. *J Am Heart Assoc* 2015;4:e002097.
17. **Merkler AE**, Gaines N, Barandaran H, Schuetz AN, Lavi E, Simpson SA, Dinkin MJ. Direct Invasion of the Optic Nerves, Chiasm, and Tracts by *Cryptococcus neoformans* in an Immunocompetent Host. *Neurohospitalist* 2015;5:217-22.
18. Lerario MP, Gialdini G, Lapidus DM, Shaw MM, Navi BB, **Merkler AE**, Lip GY, Healey JS, Kamel H. Risk of Ischemic Stroke after Intracranial Hemorrhage in Patients with Atrial Fibrillation. *PLoS One* 2015 Dec 23;10(12):e0145579.
19. Lerario MP, **Merkler AE**, Gialdini G, Parikh NS, Navi BB, Kamel H. Risk of Stroke after the International Classification of Diseases-Ninth Revision Discharge Code Diagnosis of Hypertensive Encephalopathy. *Stroke* 2016;47:372-375.
20. Magid-Bernstein J, Al-Mufti F, **Merkler AE**, Roh D, Patel S, May TL, Agarwal S, Claassen J, Park S. Unexpected Rapid Improvement and Neurogenic Stunned Myocardium in a Patient With Acute Motor Axonal Neuropathy: A Case Report and Literature Review. *J Clin Neuromuscul Dis* 2016;17:135-141.
21. Roh D, **Merkler AE**, Al-Mufti F, Morris N, Agarwal S, Claassen J, Park S. Global cerebral edema from hypercapnic respiratory acidosis and response to hyperosmolar therapy. *Neurology* 2016;86:1556-1558.
22. Navi BB, Parikh NS, Lerario MP, **Merkler AE**, Lappin RI, Fahimi J, Iadecola C, Kamel H. Risk of Intracerebral Hemorrhage after Emergency Department Discharges for Hypertension. *J Stroke Cerebrovasc Dis* 2016;25:1683-1687.
23. Murthy SB, Moradiya Y, Shah J, **Merkler AE**, Mangat HS, Iadecola C, Hanley DF, Kamel H, Ziai WC. Nosocomial Infections and Outcomes after Intracerebral Hemorrhage: A Population-Based Study. *Neurocrit Care* 2016;25:178-84.
24. Murthy SB, Shastri A, **Merkler AE**, Hanley DF, Ziai WC, Fink ME, Iadecola C, Kamel H, Navi BB. Intracerebral Hemorrhage Outcomes in Patients with Cancer. *J Stroke Cerebrovasc Dis* 2016;25:2918-2924.
25. **Merkler AE**, Ch'ang J, Parker WE, Murthy SB, Kamel H. The rate of Complications after Ventriculoperitoneal Shunt Surgery. *World Neurosurg* 2017;98:654-658

26. Parikh NS, **Merkler AE**, Schneider Y, Navi BB, Kamel H. Discharge Disposition After Stroke in Patients with Liver Disease. *Stroke* 2017;48:476-478.
27. **Merkler AE**, Liberman AL, Gialdini G, Messe SR, Lerario MP, Murthy SB, Kamel H, Navi, BB. Risk of Pulmonary Embolism after Cerebral Venous Thrombosis. *Stroke* 2017;48:563-567.
28. Morris NA, **Merkler AE**, Gialdini G, Kamel H. Timing of Incident Stroke Risk After Cervical Artery Dissection Presenting Without Ischemia. *Stroke* 2017;48:551-555.
29. Sebasigari D, **Merkler AE**, Guo Y, Gialdini G, Kummer B, Hemendinger M, Song C, Chu A, Cutting S, Silver B, Elkind MSV, Kamel H, Furie KL, Yaghi S. Biomarker of Atrial Cardiopathy and Atrial Fibrillation Detection on Mobile Outpatient Continuous Telemetry After Embolic Stroke of Undetermined Source. *J Stroke Cerebrovasc Dis* 2017;26:1249-1253.
30. Najjar M, Taylor A, Agarwal S, Fojo T, **Merkler AE**, Rosenblum MK, Lennihan L, Kluger MD. Anti-Hu paraneoplastic brainstem encephalitis caused by a pancreatic neuroendocrine tumor presenting with central hypoventilation. *J Clin Neurosci* 2017;40:72-73.
31. **Merkler AE**, Reynolds AS, Gialdini G, Morris NA, Murthy SB, Thakur K, Kamel H. Neurological complications after tuberculous meningitis in a multi-state cohort in the United States. *J Neurol Sci* 2017;15:460-463.
32. Murthy SB, Gupta A, **Merkler AE**, Navi BB, Mandava P, Iadecola C, Sheth KN, Hanley DF, Ziai WC, Kamel H. Restarting Anticoagulant Therapy After Intracranial Haemorrhage: A Systemic Review and Meta-Analysis. *Stroke* 2017;48:1594-1600.
33. Murthy SB, **Merkler AE**, Omran SS, Gialdini G, Gusdon A, Hartley B, Roh D, Mangat HS, Iadecola C, Navi BB, Kamel H, Outcomes after intracerebral haemorrhage from arteriovenous malformations. *Neurology* 2017;16:1882-1888.
34. **Merkler AE**, Liberman AL, Navi BB. Response by Merkler et al to Letter Regarding Article, "Risk of Pulmonary Embolism After Cerebral Venous Thrombosis." *Stroke* 2017;48:e147.
35. Al-Mufti F, **Merkler AE**, Boehme AK, Dancour E, May T, Schmidt JM, Park S, Connolly ES, Lavine SD, Meyers PM, Claassen J, Agarwal S. Functional Outcomes and Delayed Cerebral Ischemia Following Nonperimesencephalic Angiogram-Negative Subarachnoid Hemorrhage Similar to Aneurysmal Subarachnoid Hemorrhage. *Neurosurgery* 2017 Epub ahead of print.
36. Morris NA, Cool J, **Merkler AE**, Kamel H. Subarachnoid Hemorrhage and Long-Term Stroke Risk After Traumatic Brain Injury. *Neurohospitalist* 2017;7:122-126.
37. Gialdini G, Parikh NS, Chatterjee A, Lerario MP, Kamel H, Schneider DB, Navi BB, Murthy SB, Iadecola C, **Merkler AE**. Rates of Spinal Cord Infarction After Repair of Aortic Aneurysm or Dissection. *Stroke*. 2017;48:2073-2077.
38. Montalvo M, Tadi P, **Merkler AE**, Gialdini G, Martin-Schild S, Navalkele D, Samai A, Nouh A, Houssain M, Goldblatt S, Hemendinger M, Chu A, Song C, Kamel H, Furie KL, Yaghi S. PR Interval Prolongation and Cryptogenic Stroke: A multicentre Retrospective Study. *J Stroke Cerebrovasc Dis*. 2017. Epub ahead of print.



39. **Merkler AE**, Salehi Omran S, Gialdini G, Lerario MP, Yaghi S, Elkind MSV, Navi BB. Safety Outcomes After Thrombolysis for Acute Ischemic Stroke in Patients With Recent Stroke. *Stroke*. 2017;48:2282-2284.
40. Gusdon AM, Gialdini G, Kone G, Baradaran H, **Merkler AE**, Mangat HS, Navi BB, Iadecola C, Gupta A, Kamel H, Murthy SB. *Stroke*. 2017;48:2589-2592.
41. Conroy MA, Finch T, Levin TT, **Merkler AE**, Safdieh J, Samuels S, Gordon Elliott JS. Chronic Schizophrenia Later Diagnosed with Anti-NMDA Receptor Encephalitis: Case Report and Review of the Literature. *Clin Schizophr Relat Psychoses*. 2017. Epub ahead of print.
42. **Merkler AE**, Iadecola C. Rollercoaster Blood Pressure: An Alzheimer Disease Risk Factor? *Circulation*. 2017;136:526-528.
43. Reznik ME, **Merkler AE**, Mahta A, Murthy SB, Claassen J, Kamel H. Long-term risk of seizures in adult survivors of sepsis. *Neurology*. 2017. Epub ahead of print.
44. **Merkler AE**, Gialdini G, Yaghi S, Okin PM, Iadecola C, Navi BB, Kamel H. Safety Outcomes after Transcutaneous Closure of Patent Foramen Ovale. *Stroke*. 2017. Epub ahead of print.
45. **Merkler AE**, Gialdini G, Murthy SB, Salehi Omran S, Moya A, Lerario MP, Chong J, Okin PM, Weinsaft JW, Safford MM, Fink ME, Navi BB, Iadecola C, Kamel H. Association between Troponin Levels and Embolic Stroke of Undetermined Source. *J Am Heart Assoc*. 2017. Epub ahead of print.

*Books, Book Chapters:*

1. **Merkler AE**, Safdieh J. "Neurological History and Examination" *Textbook of Internal Medicine – An Intensive Board Review with 1000 MCQs*. Blendon Miller 2013. In Press.

*Oral Abstracts:*

1. **Merkler AE**, Ch'ang JH, Kamel H. The Rate of Complications After Ventriculoperitoneal Shunt Surgery. Presented as an oral platform presentation at the 2015 Annual Meeting of the Neurocritical Care Society, Scottsdale, AZ.
2. **Merkler AE**, Dunn LE, Lerario MP et al. The long term risk of seizures after stroke. Presented as an oral abstract at the 2016 International Stroke Conference, Los Angeles, CA.
3. **Merkler AE**, Chatterjee A, Gialdini G, et al. Trends and Characteristics of Tuberculous Meningitis in the United States, 1993-2013. Presented as a platform presentation at the 2017 American Academy of Neurology Annual Meeting, Boston, MA.
4. **Merkler AE**, Gialdini G, Yaghi S et al. Long-term Risk of Complications after Percutaneous Transcatheter Closure of Patent Foramen Ovale Presented as a platform presentation at the 2017 American Academy of Neurology Annual Meeting, Boston, MA.