Fame has only the span of the day, they say, but
to live in the hearts of people, that is worth some-
thing.—Ouida

A much-beloved giant of nephrology passed away in
his 76th year on April 25, 2012. Dimitrios G. Oreopoulos
had far-reaching influ
ee in his beloved subspecialty
and leaves behind a staggering body of work and a
staggering number of students, trainees, and patients
who grieve his loss.

Dimitrios was born in Alexandroupolis, Greece, and
was one of five brothers who grew up under impov-
erished circumstances. He said that as a very young
child his mother could serve only a plate of steamed
greens to his father every day for dinner. One day his
father, in frustration, threw the plate off the dinner
table onto the
door, and Dimitrios the toddler was
fascinated to note that the greens remained stuck to
the plate bouncing along the
floor.

Probably as a testament to his brilliance and
capacity for hard work, he was admitted to medical
school at the University of Athens, where he contin-
ued his internship and residency. He received his
specialist certifi-
cate in internal medicine (nephrology
was not yet recognized as a subspecialty) in 1963 and
completed his thesis MD the next year. The title of his
thesis was “On the Kinetics of Uremic Substances in
the Artificial Kidney.”

He left Greece and became a renal registrar at
Belfast City Hospital in Northern Ireland. Although
photographs show him to be exotically handsome
at that time, and he probably did not lack for
company, the sense of dislocation must have been
acute. This experience probably explains why he
was always so warm and welcoming to trainees
who came from other countries to Canada to work
with him or within our division. During his time in
Belfast he completed his PhD on the subject of
urolithiasis under the tutelage of Professor Molly
McGeown. Later on, when his academic output related
to dialysis exploded, he still continued to publish on
different aspects of stone, bone, and mineral metab-
olism (1–5).

After completing his studies in Belfast, he was
recruited by Dr. George deVeber to continue his
research in the Metabolic Renal Unit of the Toronto
Western Hospital. When Dimitrios first flew into
Canada on a sweltering day in July, he was
wearing a wool suit, a thick wool overcoat, and a
fur hat. Dr. deVeber’s first job was to take him di-
rectly from the airport to a men’s clothing store to get
him some outfits more appropriate to the weather.

In addition to working in the Metabolic Renal Unit,
Dr. Oreopoulos was charged with looking after a
fledgling peritoneal dialysis (PD) unit. This was in the
early 1970s; PD was then performed as an intermittent
procedure once or twice a week, and each session had
to begin with a fresh abdominal puncture and in-
sertion of a temporary PD catheter that was removed
at the end of the dialysis. His first publication on PD
was the experience with the Dean prosthesis, a device
that allowed for repeated entry into the peritoneal
cavity for patients needing long-term dialysis (6). Two
years later he published the experience with the Tenckhoff catheter, coauthored by two long-term col-
laborators, surgeon Raymond Mathews and nurse
Sharron Izatt (who remains nurse manager of the
Home Dialysis Program at the University Health
Network) (7).

On call one evening, he needed to summon the
nursing supervisor to open the medication cupboard.
He was taken aback by Nancy Hooker’s smile; they
soon married and had four children.

The late 1970s saw his reputation grow exponen-
tially for turning PD into a practical and useful
therapy to treat kidney failure, as did his publication
output. He entered into many successful collabora-
tions at that time. Gabor Zellerman was an engineer
and inventor who, with Dimitrios, devised many
devices to aid in the mechanics of PD. This included
catheter connection devices and the Toronto Western
catheter, designed to allow for better stabilization of
the catheter in the soft tissues of the abdominal wall.
and to discourage wrapping of omentum around the intraperitoneal portion of the catheter. Dimitrios was also instrumental in changing the manufacture of PD solutions to plastic bags instead of glass bottles, so the patient could infuse the solution, roll up the bag and carry it in a pouch, and then unroll it in order to drain out the used effluent. The change from glass to plastic allowed PD to become a truly ambulatory and home-based modality. Although there were cyclers to perform home PD, the pioneering publication by Moncrief and Popovich that continuous PD could allow for sufficient removal of urea allowed for more simplicity to the procedure, and made it even more feasible as a home-based modality (8). Stephan Vas, an immunologist and infectious disease specialist, moved from Montreal to the Toronto Western Hospital and became instrumental in devising approaches to PD-associated infectious complications, including peritonitis (9).

Nephrologists and nurses from around the world came to visit the Toronto Western Hospital to see how PD was being carried out. To maintain communication with the visitors after they had gone, in 1980 Dr. Oreopoulos founded the PD Bulletin, which published papers, letters, and literature updates related to the therapy. He was the editor for over two decades, including overseeing its renaming to Peritoneal Dialysis International. The journal became the official organ of the International Society of Peritoneal Dialysis.

In 1980, another coincidence: He was a visiting professor in Melbourne, Australia. At that time I was a medical resident in Melbourne, as part of a Toronto-Melbourne exchange program. The country was crippled by both a postal and a telephone strike. This was before the Internet, and no one back in Canada had heard from me in a very long time. Someone told me about a kidney doctor from Canada who was coming to lecture the next evening and suggested that I might write a letter he could bring back to Toronto. I was able to compose a long, newsy letter, reassuring my parents that my husband and I were still alive and well. The letter was passed to Dimitrios, who indeed brought it back to Toronto, where it was posted to my parents. Of course I wasn’t even a nephrologist yet and had no inkling that this ersatz letter-carrier would be my mentor and work partner for 27 years.

One of his proudest accomplishments was his mentoring of trainees from many different countries, most of them overseas. We used to joke that he had his Greek, Indian, and Asian waves of trainees. He spent many hours mentoring them, and most of them undertook research projects that he was able to bring along to completion and publication. However, he did not cruise on the backs of these trainees. He spent so many hours with them writing and re-writing the papers that I am certain he could have done it faster by himself. However, seeing that he was initially an outsider in Belfast and then in Toronto, he had great patience with and empathy for these visitors. He was also a soft touch for effusive reference letters for even the most hapless and hopeless of the lot.

In the last decade of his life, while he continued to care for PD patients and carry on research in PD, his interest in geriatric nephrology became more dominant. He was instrumental in encouraging the American Society of Nephrology (ASN) to recognize geriatric nephrology as an important part of curriculum training. Before he died he accepted an award from the ASN for his contributions to this burgeoning field. This was his second major award from the ASN, after the Belding Scribner award in 1998.

His other abiding interest concerned whether the decline of kidney function in patients with CKD could be slowed. Although he had some help from a local organizing committee, he essentially single-handedly put together the first Nephroprevention conference, officially called Prevention in Renal Disease, in 2002. This meeting had a combination of well known international speakers and excellent local speakers. It was successful and spawned nine more conferences that were regularly attended by many of the same registrants every year. He sat near the back of the audience and looked like a proud father at his daughter’s wedding. While I would drag myself home at the end of each day and go to sleep, he, two decades older than me, would take the speakers out for dinner, especially to show off what the Greek restaurants in Toronto had to offer.

Upon reviewing his career, it is clear that he was the consummate “doer.” His list of accomplishments is only partially discussed herein. In the end, however, it is clear that his eulogy isn’t just limited to his contributions to nephrology in general and PD in particular. The outpouring of genuine grief that I have witnessed shows that he lives on in the hearts of people, a legacy that he clearly deserves.

Disclosures
None.

References

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