**Anonymous Feedback**

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: [http://intmed.uc.edu/education/residency/feedback.aspx](http://intmed.uc.edu/education/residency/feedback.aspx)
A Painful Puzzle

Diabetic Myonecrosis

What is this rare condition??
Arterial + Capillary occlusion with fibrin deposition, muscle necrosis + edema.
Acute onset painful swelling of the thigh (calf less common) in patients with longstanding poorly controlled DM.
Progresses over days to weeks.

Diagnosis
Exclude other Dx: Pyomyositis, VTE, hematoma/bleeding, calciphylaxis, neoplasm, necrotizing fasciitis, clostridial myonecrosis
Dx often w/ clinical presentation and imaging, MRI. Muscle Bx may be necessary.

On Tuesday Elise Henning presented a patient who presented with unilateral thigh pain and swelling. After a thorough evaluation at an outside hospital, they were transferred to UCMC where they were diagnosed with diabetic myonecrosis.

Treatement
- Some need surgical eval.
- Rest, Pain control
- Aspirin, NSAIDS: Often unable to use due to other DM complications (nephropathy, etc.)
- Glucose Control

Solve The Salt

When should I give hypertonic saline?

- Emergent:
  - Severe sx (obtundation, seizure)
  - Acute hyponatremia with mild sx (N/V, confusion, weakness)
  - Asymptomatic hyperacute hyponatremia 2/2 self-induced water intoxication

- Nonemergent:
  - Chronic, severe (<120) hyponatremia with mild sx
  - Acute, asymptomatic hyponatremia

How do I give hypertonic saline?

- Ideally through central line, unless emergency
- If seizure/obtundated: 50-100 cc bolus. Can repeat 1-2x at 10 min intervals
- Otherwise calculate estimated change in sodium and determine rate so as not to increase sodium more than 10 mEq/L in first 24 hours.

On Monday, Cory Lucas and John Muriithi presented a case of hyponatremia with unclear etiology. Here’s what we discussed:

How do I distinguish beer potomania and SIADH?

- Both euvolemic hyponatremia
- Key is in the urine studies:
  - SIADH: Urine sodium > 20, Urine Osms > 100
  - Beer potomania: Urine sodium < 10, Urine Osms < 10

Symptomatic hyponatremia.

It’s confusing, I know.
Mystery Academic Half Day

Academic Half Day this coming week is going to be a Warm Surprise. His lips are shut about what the topic may be, but make sure to come with an open mind and ready to go. Residents from any class are welcome—an entertaining academic half day has been guaranteed!

Babies on the Prowl!

The children chiefly enjoy their first camp.

Patient Update:

Did you hear about the guy who lost his whole left side? Things went well, he’s all right now.

Happy Birthday

University Hospital just turned 100 years old. Here’s a look at UCMC back in the day... Can you find which buildings are still here?

I’m Sorry Mr. Count

But your days are numbered
The Cardiology of Tomorrow

The Residency 3.1 movement has identified improvement areas throughout all of the medicine services. Stephen Evans, Rachel Bensman, and Dr. Warm are working with the cardiology department to make our cards experience a national leader in resident education. We have your ideas and input and will be discussing the moving & shaking with you in the coming weeks.

Medication Reconsideration

Steve Cogorno did a great job presenting at this week’s Morbidity, Mortality & Improvement regarding the medication reconciliation process. He did a 2-week QI elective tracking med rec errors on the 6S team and is working on a second trial of utilization of a med rec consult pharmacist. Please contact Steve with ideas for med rec improvement! You can also join the med rec committee which meets on Tuesday afternoons.

Q: What is the disease script for Eisenmenger Syndrome?

A: Cyanotic congenital heart disease
Clubbing
L→ R shunt that eventually reverses
Right Ventricular Hypertrophy, increased P2, pulmonary vascular enlargement

The Cardiology of Tomorrow

The Residency 3.1 movement has identified improvement areas throughout all of the medicine services. Stephen Evans, Rachel Bensman, and Dr. Warm are working with the cardiology department to make our cards experience a national leader in resident education. We have your ideas and input and will be discussing the moving & shaking with you in the coming weeks.

Medication Reconsideration

Steve Cogorno did a great job presenting at this week’s Morbidity, Mortality & Improvement regarding the medication reconciliation process. He did a 2-week QI elective tracking med rec errors on the 6S team and is working on a second trial of utilization of a med rec consult pharmacist. Please contact Steve with ideas for med rec improvement! You can also join the med rec committee which meets on Tuesday afternoons.

Q: What is the disease script for Eisenmenger Syndrome?

A: Cyanotic congenital heart disease
Clubbing
L→ R shunt that eventually reverses
Right Ventricular Hypertrophy, increased P2, pulmonary vascular enlargement
The Weekend To-Do List: May 22nd-25th

1) **Taste of Cincinnati**: 5/23-24 11A-Midnight. Downtown Cincinnati blocks off Fifth Street and Fountain Square for over 40 classic Cincinnati food joints with live music and drinks. This is a must do. Free.

2) **Friday Night Lightz**: 5/22 6PM. Heads up car and motorcycle drag racing. $15 to attend. Additional $10 to enter the drag racing in your Camry. Edgewater Sports Park, Cleves OH.

3) **Memorial Day Parade**: 5/25 10:15-12:15. Many parades around town, Blue Ash parade ends at Blue Ash Towne Square with a ceremony and Pops Symphony Orchestra later that night from 6-8PM. Free.

4) **Cincinnati Reds**: 5/25 1:10 PM vs Colorado Rockies. $5 and up.

---

Medical Trivia

First responder to Dana with the diseases this Aedes Mosquito likes to transmit gets a Starbucks card!

Congratulations to Kelly Laipply for identifying flecainide as unmasking agent for Brugada Syndrome. Hats off to incoming intern Matthew Lambert for being seconds behind.

---

**SHOUT OUTS!!! (Let us know who Rocks)**

-Shout out to **Stephen Rudick** for great senior leadership while on 6-South –Dr. Harris

-Shout out to **Sarma Singam**: “I thought I had lost my night float intern (disaster!) only to find out he was in the ED lobby gathering more HPI from a patient’s family member which solved the case! Intern was returned safely. Keep that energy going!”

-Shout out to **Matthew Kotlove** for doing outstanding work on Hospitalist Medicine.

-Shout out to **Steve Cogorno** for the great work he’s done with the medication reconciliation committee and helping to plan our patient safety improvement projects.