The StethoSCOOP

Weekly Calendar

6/1: Senior Change Day
6/2: Intern Change Day
6/3: Medical Grand Rounds: Dr. Abu Jawdeh “The Treatment of Glomerulonephritis”
6/5: Intern Report: Miguel Situ

The Half-Day Games

Medicine interns play duck-duck-goose... Not really.

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
It’s A Bleeder!

Acquired Factor VIII Deficiency

Antibodies Neutralize Factor VIII
Associated w/: Autoimmune Disorder
- Pregnancy
- Respiratory Disorder
- Drug Rxn
- Malignancy

Bethesda Assay: Degree of inhibition

Treatment
- Overcome Inhibition: Give Factor VIII
- OR Bypass Intrinsic Pathway: Give Factor VII
- Eradicate Inhibitor: Steroids +/- Cyclophosphamide. Possibly Rituximab, IVIG.

On Monday Aaron, Rita, and Stacey presented a patient with recurrent GI bleeding. After looking deeper into the cause of the bleeding they discovered an elevated PTT. Coag mixing study didn’t correct to normal leading the team to evaluate for Factor VIII Inhibition!

P T T
APTT 106.3 x

Coagulation Cascade

Holey Moley

2 types of moles

<table>
<thead>
<tr>
<th>Complete</th>
<th>Partial</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fetal tissue</td>
<td>Yes fetal tissue</td>
</tr>
<tr>
<td>46 XX or 46 XY</td>
<td>69XXY or 69 XYY</td>
</tr>
<tr>
<td>15-20% risk of malignancy</td>
<td>1-5% risk of malignancy</td>
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On Friday, Sulsal and Keaton presented a case of molar pregnancy complicated by coagulopathy and acute renal failure.

Risk factors
- Prior molar pregnancy
- Extremes of maternal age (<15, >35)
- Prior spontaneous abortion/infertility

Symptoms
- Missed period with + pregnancy test
- Mod-severe early pregnancy complications: bleeding, pelvic pain, hyperemesis, enlarged uterus beyond gestational age, preeclampsia < 20 weeks, hyperthyroidism
- Should be considered in any reproductive age woman with abn vaginal bleeding
- HCG > 100,000 (complete) or > than expected for gestational age
- Transvaginal US: “Snowstorm” or swiss-cheese appearance in complete mole; partial moles may show growth-restricted fetus

Treatment:
- D+C (confirm diagnosis with pathology)
- Prophylactic chemo in high-risk groups (mtx)
- Rhogam if RH-
- Start birth control

Follow up:
- Must check HCG q week until undetectable for 3 weeks, then q month for 6 months. Then may attempt pregnancy again.
- If persistently elevated -> classified as Gestational Trophoblastic neoplasia; look for metastatic disease
WEDDING BELLS!

It’s wedding season, and we wanted to extend our congratulations to John Reid and Panki Shah...

...and Kristine DeMatta and Paul-Vincent Bas!!

Who’s next.....

CHIEFS TAKE CLEVELAND!

Chiefly bonding at a Cavs game! Maybe not quite front row.

Happy Birthday!

The Night Float Team throws Steve Gannon a birthday party!
BOARD REVIEW WITH DANA

Q: A patient is intubated and sedated in the ICU. Labs on day 3 are significant for new AKI, anion gap 22, potassium 6.2, lactic acidosis. UA shows 1+ blood, 1+ protein, 0 cells; CK is 1800. You suspect that one of his sedatives is responsible. What lab test will aid in your diagnosis?

A: Serum triglycerides: if elevated consistent with this picture of propofol-infusion syndrome. Prevalence = 1% of critically ill pts. Script is lactic acidosis, rhabdo, high TGs and myocardial abnormalities (J-point elevation) on EKG. Treatment = stop propofol and start supportive care.

Residency 3.1

At AHD Dr. Warm discussed the goals and objectives of the Residency 3.1 improvement projects that were developed based on your feedback. The main themes of these projects are to create a culture of safety and resilience, and to foster educational value. Here are a list of the projects, please contact those listed if you are interested in getting involved!

1. Improve Procedure Training, safety and competence determination: Dana Sall
2. Optimize Cardiology Education (project OCEAN): Stephen Evans
3. Create inpatient quality dashboard; use data to create improvement projects: Drs. Warm or Mathis
4. Expand VA programs - Electives, Creation of a 4th VA team: Li’ Rowley
5. Improve Resident Wellness and Resilience: Elise Henning and Rachel Bensman
6. Enhance Learning Pathways: Research: Dr. Schauer; Master Teacher Program: Dr. Kinnear; Vulnerable Populations: Dr. Caroline Lee
7. Inculcate EBM Into Curriculum: Stephen Evans, Rachel Bensman, Elise Henning, Li Rowley
8. Improve Faculty Assessment and Feedback: Matt Kelleher
The Weekend To-Do List: May 29nd-31st

1) Mud-Stash: 5/30 4-5 mile run/walk obstacle course. $40-80. Perfect North Slopes, Lawrenceburg.


3) Summerfair: 5/29-31 Coney Island. Artists and craftsmen from across the region exhibit and sell their works. Better yet, take the weekend to visit Coney Island and their Sunlight Pool—the largest flat surface swimming pool in North America. Summerfair: $10, Sunlight Pool: $12.50

4) Third Eye Blind + Dashboard Confessional: 5/31 8PM. PNC Pavillion

Medical Trivia

First responder to Dana with the diagnosis suggested by this peripheral smear gets a Starbucks card!

Congratulations to incoming R1 Matthew Lambert for quickly identifying aedes aegypti mosquito that transmits yellow fever, dengue, chikungunya, and West Nile Virus.

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

-Shout out to Marshall Weesner for covering the Orange Team and it’s admissions to help get our interns to academic half day!

-Shout out to Tim Reed—he’s been doing a tremendous job watching our patients and has done wonderful and thorough admissions to our team while on night float.

-Shout out to Brian May for winning his 4th grade spelling bee. Had great potential—could have gone to nationals...

-Shout out to Keaton and Sulsal for the awesome tag team senior report.