Weekly Calendar

11/23: **MM&I** with Dr. Evans in **MSB 2351**
11/24: **Red Team Noon Report** with CANDIDATES in **MSB 5051**

***note location change for recruitment season***

11/25: NO Grand Rounds
11/26: **THANKSGIVING**
11/27: Apparently shopping or something?

**MEDICINE TAKES PEDS IN FLAG FOOTBALL!**

Impressive showings by all, especially international cross-sport athletes Patricio and Hani in their American Football debut!

The boys are not impressed by all the female toughness going on.

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)
Lung Cancer Screening

What makes lung cancer a good disease for screening?
- High morbidity and mortality with long pre-clinical phase
- High prevalence with known risk factors to target screening
- Evidence that therapy is more efficacious in earlier stages

Indications for screening annually with low-dose Chest CT:
- Age 55-80 with 30+ pack-year history, actively smoking or quit within 15 years
- PLUS: life expectancy of 10+ years and willing and fit to pursue medical and/or surgical treatment for potentially discovered cancer.

Benefits:
- Data from NLST: National Lung Cancer Screening Trial
- Relative Reduction in mortality from Lung Cancer of 20%
- Relative Reduction in all-cause mortality of 6.7%. NNT 217.

VA CORNER

Special Shout-outs to Javier Baez, Nikhil Shukla, and Matt Kottlove, who were recognized with ICARE awards from VA Director John Gennaro. In his words:

“Local I CARE recognition went to the following employees based on a letter from a Veteran who is the General Manager of the Government Business Auditing, GE Aviation. Here’s an excerpt from his letter; “I am writing to let you know about the exceptional care your team provided my father during a visit to the ER and subsequent hospitalization on 4 Oct. Everyone associated with his care was incredibly professional and clearly had his best interests in mind as they interacted with him, my wife, and me. From the time we entered the ER until he was transferred to the 6th floor for a two-day stay, we were kept informed and were involved in the development of treatment options.””

Long Block Twinsies: the Dapper Duo
Acute Chest Syndrome

**Diagnosis:** new radiodensity on CXR accompanied by fever and/or respiratory symptoms

**Presentation:** Chest pain, PaO2<60 mm Hg, >2% decrease in SpO2 from documented steady state, tachypnea, cough, wheezing, rales, intercostal retractions, nasal flaring, or use of accessory muscles

**Etiology:** infection, fat emboli, infarction, hypoventilation, asthma

<table>
<thead>
<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
<tr>
<td>Transcutaneous O2 saturation</td>
<td>&gt;90% on RA</td>
<td>&gt;85% on RA</td>
<td>&lt;85% on RA or &lt;90% on max supplemental O2</td>
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<tr>
<td>Segmental or lobar infiltrate/involvement</td>
<td>1 lobe</td>
<td>≤ 2 lobes</td>
<td>≥3 lobes</td>
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<tr>
<td>Transfusion requirement</td>
<td>≤ 2 U RBC’s</td>
<td>≥3 U RBCs</td>
<td>Transfusion or exchange of RBCs to achieve HgbA levels ≥70%</td>
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<tr>
<td>Requires Mechanical Ventilation</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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**Differential/complications:** pulmonary thromboembolism, pulmonary infarction, pneumonia, acute coronary syndrome, ARDS

**Management:**
- Pain control
- Fluid management
- Supplemental oxygen
- Incentive spirometry
- Blood transfusion (simple vs. exchange dependent on severity)
- Antibiotics (empiric for typical and atypical: 3rd gen cephalosporin + macrolide (cefotaxime + azithro) or 4th gen fluoroquinolone (moxifloxacin))
Q: A 54-year-old woman is evaluated for a 3 month history of SOB and 10-lb weight loss. She has a 35-pack-year smoking history. On PE: AF, BP 145/82, HR 108. Oxygen saturation is 92% on RA. No palpable lymphadenopathy is noted. The patient has clubbing of the fingertips. The lung fields are clear on the left, with diminished breath sounds and dullness to percussion over the lower half of the right lung. What is the next step in management?

A: Patients with non-small cell lung CA and a malignant pleural effusion have, by definition, metastatic disease, and the most appropriate therapy is palliative systemic chemotherapy. The 7th edition of the TNM staging system has reclassified malignant pleural effusion as a distant metastasis, automatically placing such patients into stage IV disease status. In patients with stage IV disease, the most appropriate treatment is chemotherapy. Because metastatic NSCLC is a systemic process, systemic chemotherapy is typically used as the primary treatment modality. Goals of therapy are symptom palliation and possible prolongation of survival.


CXR reveals a large right pleural effusion. Thoracentesis is performed and fluid is consistent with an exudate, with cytologic analysis indicating adenocarcinoma. A chest tube is placed, and talc pleurodesis is performed. CT scan reveals a 4-cm right peripheral lung mass with no obvious lymphadenopathy. Bone scan and a brain MRI are normal.
A LOT of season-long holiday affairs start this weekend:

Now-Jan. 2: PNC Festival of Lights, 5-10 p.m. Saturday, 5-9 p.m. Sunday, Cincinnati Zoo and Botanical Garden, 3400 Vine St., Avondale. Holiday lights, Madcap Puppets in black-light, New Wild Lights Show on Swan Lake, train rides, themed areas and more. $15, $11 ages 2-12 and ages 62 and up, free under age 2; parking not included. 513-281-4700.

Now-March 1: The Beach Mountain, 10 a.m.-10 p.m. Friday-Sunday, The Beach Waterpark, 2590 Waterpark Drive, Mason. Snow tube down snowy 400-foot-long run and then ride moving carpet back to top. Winter chalet to warm up and buy hot food and drinks. Play area for small children to make snowmen and angels. $17-25. 513-398-7946

Now-Jan. 2: Holiday in Lights, 5:30-10 p.m. Friday-Saturday, 6-9 p.m. Sunday, Sharon Woods, 11450 Lebanon Road, Sharonville. Drive-through lights and themed figures display. $13/car. 513-769-0393; www.holidayinlights.com.

Now-Jan. 6: An Antique Christmas, 11 a.m.-4 p.m. Friday, 11 a.m.-5 p.m. Saturday-Sunday, Taft Museum of Art, 316 Pike St., Downtown. Display of antique ornaments, toys and cards reviving Christmases of generations past and sharing the holiday’s beautiful decorations and festive traditions. Included with admission: $10, $8 seniors and students, $4 ages 12-17, free ages 11 and under; free for all on Sundays. 513-241-0343; www.taftmuseum.org.

TRIVIA

50 yo F with HTN and atrial fibrillation reports seeing halos around lights in both eyes for a few weeks. She has no history of ocular trauma or previous corneal surgery.

What is the diagnosis?

First correct answer to Stephen wins a $5 Copper Moon gift card!

Kelly Laipply won last week’s trivia, which was bilateral lens dislocation in Marfan’s Syndrome!

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

-to Hani Alkhatib for going above and beyond duty to assist a resident team in finding procedural supervision. And to former resident Caroline Lee for coming to the rescue!

-to Kalyn Jolivette from a co-resident for being an amazing team player!

-to Katie Donnelly and Malini Reddy for their leadership and problem solving through the 6S remodeling, and Travis McClain and Will Pittman for their flexibility and understanding through the process!

-to Megan Caroway for being the first intern ever to hold it down in the CVICU!

-to the 2017-2018 chiefs Javier Baez, Danielle Clark, Tim Reed, Rita Schlanger, and Monique Jindal for being hard-working, inspiring, compassionate leaders. We are very excited to see you in our footsteps and the titles are well-deserved by all!!!