Weekly Calendar

1/11:  Red Team Noon Report in NRR
1/12:  H/O Team Noon Report in MSB 5051 with applicants
1/13:  Grand Rounds: Prasad Devarajan, MD, "New Frontiers in Biomarkers of Acute Kidney Injury"
1/14:  Weesner Prep: Liver Disease with Elise
        AHD: Endocarditis with Li’ and Dr. Luckett
1/15:  Green Team Noon Report in MSB 6051 with applicants

Winter is coming has arrived

Happy new year! Although the cold and snow are finally here, we know the hospital is warm and bustling. Thanks to everyone for your continued high spirits through the winter.

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
**Autoimmune hepatitis**

- **Epidemiology:** All ethnic groups; any age but usually 40-50yrs; **Female:Male 3.6:1**
- **Symptoms:** fatigue, abdominal pain, pruritus, anorexia, myalgia, edema, confusion
- **Signs:** hepatomegaly, jaundice, splenomegaly, spider angiomata, ascites
- **Triggers:** viruses (Hep A, Hep C, hep E, measles, EBV, HSV), drugs (minocycline, nitrofurantoin, melatonin, diclofenac, PTU, statins)
- **Testing:** LFTS (hepatocellular, transaminases often >1000), Autoantibodies (ANA, ASMA, Anti-Actin, Anti-LKM1, Anti-LC1)
- **Diagnosis:** biopsy
- **Treatment:** steroids and azathioprine, other immunosuppressants in refractory cases, liver transplantation (can recur)

**Upcoming Residency Events**

**Vulnerable Populations**
Next dinner coming up Monday!
We will be discussing Module 2 in the Caring with Compassion online curriculum. Access here: [caringwithcompassion.org](http://caringwithcompassion.org)
**5:30pm December 11th**
Location: Mark Brown Library

**GRIT Meeting**
Anyone is welcome to help work on the resiliency initiative: Growth and Resilience in Training. Next meeting this Wednesday!
**5:30pm December 13th**
Location: UH 7104 (Noon Report Room)

**Residency Council & Town Hall**
We will be discussing some important issues and planning the Olympics! Help us help you keep making this program great!
**Time: 5:00pm December 20th** (next Wednesday)
Location: UH 7104 (Noon report room)

Various rashes may occur in 8-17% of people affected, including most commonly a pleomorphic maculopapular rash over the face, trunk, and upper arms, but also associated with psoriasis, vitiligo, urticaria, impetigo, acne, lichen planus, erythema nodosum, prurigo nodularis, pyoderma gangrenosum, and vasculitis
Valvular Heart Disease

Quick takeaway points:

- be on the lookout for severe stenosis/regurgitation plus symptoms: exertional angina, DOE, and presyncope/syncope --> this is the impetus to seek intervention: surgery or percutaneous approach
- TAVR: transcatheter aortic valve replacement. New. Just accomplished our first case at UCMC within the past month
- Patients with a history of cancer and radiation to the thorax are at an increased risk of aortic regurgitation
- Mitral stenosis: increased risk of atrial fibrillation
- No specific antihypertensive agent regimen for patients with aortic stenosis + HTN; be careful of diuretics, beta-blockers, and after load reduction
- No evidence to support statin therapy solely for prevention of hemodynamic progression of aortic stenosis
- Asymptomatic, severe, aortic stenosis patients should receive serial echocardiograms every 6-12 months.

Congratulations to all the UC IM top doctors recognized in this year’s Cincinnati Magazine, especially our own Educational Team’s Eric Warm, Brad Mathis, and Caroline Mueller!
Q: A 32yo woman is evaluated for 10 days of malaise, right upper quadrant discomfort, and progressive jaundice. She has had no recent travel outside of the US, does not drink alcohol, and has no recent ingestions of drugs, including acetaminophen or herbal remedies. Up until this time, she has been healthy. She has a history of type 1 diabetes mellitus for which she takes insulin glulisine and insulin detemir. She has no other medical problems.

On physical examination, temperature is 37.5 °C (99.5 °F), blood pressure is 106/68 mm Hg, pulse rate is 90/min, and respiration rate is 18/min. BMI is 24. Mental status is normal. Jaundice and scleral icterus are noted. There is hepatomegaly on abdominal examination. Abdominal ultrasound demonstrates hepatic enlargement with edema surrounding the gallbladder. There is no biliary ductal dilatation. The portal vein and spleen are normal.

What is the most likely diagnosis?

A: Acute Viral Hepatitis. The most likely diagnosis is acute viral hepatitis. This patient has marked hepatitis with jaundice and significant elevations of hepatic aminotransferases (greater than 15 times the upper limit of normal). In addition, the short duration of her symptoms suggests an acute onset. Elevation of aspartate aminotransferase and alanine aminotransferase to this severe degree is seen in acute viral hepatitis. Typically, the only other causes of this degree of liver chemistry test elevation are medication reactions/toxicity, autoimmune liver disease, ischemic hepatitis (referred to as "shock liver"), or acute bile duct obstruction.

PMID: 12360498

INR 0.9 (normal 0.8-1.2)
Albumin 3.8 g/dL (38 g/L)
Alkaline phosphatase 220 units/L
ALT 920 units/L
AST 850 units/L
Total bilirubin 14.4 mg/dL
Direct bilirubin 10.6 mg/dL

Mercury poisoning

- **Mechanism of toxicity:** free radical formation → DNA damage
- **Exposure:** welders, industrial exposure, silver dental amalgams, certain unregulated dietary supplements, and fish consumption (shark, swordfish, tuna)
- **Presentation:** variable, but predominantly neurologic (any neurologic deficit), neuropsychiatric, +/- renal failure
- **Sign:** acrodynia = desquamation of skin of toes/fingertips; clinical clue for heavy metal poisoning

**New-onset neuropsychiatric symptoms + renal failure should prompt consideration of mercury poisoning**

- **Treatment:** removal of exposure, supportive care, chelation if severely high levels
WINTER to-do!

Now that it’s finally winter, be sure to check out the local activities:

Skiing and Snowtubing at Perfect North Slopes (Through snow season (TBD)), Sunday-Thursday: 9:30am - 9:30pm (Tubing opens at 1:00pm), Friday & Saturday: 9:30am - 1:00am. 19074 Perfect Lane, Lawrenceburg, IN 47025. www.perfectnorth.com

Ice skating at the U.S. Bank Ice Rink (Through Feb 15th), noon-9 p.m. Friday-Sunday, Fountain Square, Fifth and Vine streets, Downtown. $6 admission, $4 skate rental. 513-381-0782; www.myfountainsquare.com.

Snowtubing at The Beach Mountain (Through March 6th), 4-10 p.m. Friday, 10 a.m.-10 p.m. Saturday-Sunday, The Beach Waterpark, 2590 Waterpark Drive, Mason. Snow tube down a 400-foot-long run and then ride moving carpet back to top. Sessions start at 2 hours each. Winter chalet to warm up and buy hot food and beverages. Snowy play area for small children. For ages 3 and up. $17-$25. 513-398-7946; www.thebeachmountain.com.

TRIVIA

In 1933, Dr. Albert Hyman presented this potentially lifesaving device to the medical community. It is unclear how successful it was... Name the device and the modern medical equipment later developed from the same concept.

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

No one won last issue’s trivia. We will revisit it later...keep an eye out.

SHOUT OUTS!!!

-to Peter Arrabal has been a rockstar with cross-coverage. He always goes to assess the patient and documents in the chart his thought process afterwards, which has been really helpful when we come back the next day!

-O’Neal Vaz was also noticed by a hospitalist for his excellent cross-coverage and documentation.

-Clay Turner for always having a positive attitude and taking extra time with patients and their families (even the tough ones) to make sure medical and psychosocial issues are addressed

-to Aditi Mulgund, Elliott Welford, Joe Cooley, Kantha Medepalli, and Javier Báez for responding to our last minute plea for residents to applicant dinner!

-to Ned Palmer for owning the noon report room like a red-bearded boss and to Caitlin Richter for her riveting patient portrayal.