Weekly Calendar

3/14: Noon Report: Yellow Team
3/15: Noon Report: Red Team
3/16: Grand Rounds: Nooshin Hashemi, MD: “Head and Neck Cancer”
3/18: Match Day! (UC Match broadcast live in NRR)

Who’s exited for MATCH DAY?!

It’s got your chiefs reminiscing about their own Match Days...

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)
Key points in management:

**Ulcerative colitis:**
- If **distal only**: topicals are first line (mesalamine > steroids)
- If **extensive** (proximal to splenic flexure): in addition to topicals, orals are needed (aminosalicylate > steroids > 6-MP, azathioprine > biologics (infliximab, vedolizumab)
- Surgery for toxic megacolon, hemorrhage, refractory severe colitis, neoplasia

**Crohn’s Disease:**
- Mild to Moderate: oral mesalamine or sulfasalazine, 2° + metronidazole, budesonide
- Severe: prednisone, methotrexate, 6-MP, azathioprine
- Refractory or severe: biologics (infliximab, adalimumab, natalizumab, vedolizumab)

**Considerations prior to starting a biologic agent:**

**Counselling:**
- 4x increased risk of lymphoma although still small and lower risk than complications of IBD. Especially in males under the age of 30.
- Taking precautions to reduce risk of transmittable illness (routine handwashing, avoiding infectious contacts).
- Seek care in case of fever, illness.

**Screening:**
- TB test
- HBV, HCV

**Vaccination:**
- Contraindicated vaccines during treatment:
  - Live attenuated flu (intranasal)
  - Varicella zoster, MMR
  - Yellow fever, Typhoid live oral
  - Herpes zoster, Smallpox, BCG, anthrax
- Recommended per routine guidelines (regardless of immunosuppression)
  - Inactivated flu
  - HPV
- Meningococcus (At-risk individuals—college freshmen, military recruits, exposed microbiologists, and individuals who travel or reside in endemic areas—should receive a 1-time vaccination)
  - HBV and HAV
- Recommended before immunosuppression
  - Pneumococcus
  - Tdap (responses lower once immunosuppressed)

Remember extraintestinal manifestations and which ones are parallel or independent of intestinal disease activity.
Drug Eruptions

- Lichenoid drug eruption*
- Urticaria*
- Drug-induced vasculitis*
- Acute Generalized Exanthematous Pustulosis^*
- Stephens Johnson Syndrom/TEN*
- Lichenoid drug eruption*

^ = credit to ClinicalGate.com  * = credit to DermNetNZ.org
Drug Eruptions

- Morbilliform Drug Eruption
- Urticaria
- Erythema multiforme
- Erythoderma
- Fixed drug eruption

Photo credits to Medscape
Q: A 43-year-old man is evaluated in the emergency department for the “worst headache of my life.” It occurred suddenly without warning. He has had mild headaches that come and go over the past 3 years, but nothing this severe. Soon after the headache began, he lost vision in his left eye, and the vision in his right eye became blurry. He vomited twice in the emergency department. His medical history is significant for progressive erectile dysfunction and loss of libido over the past 3 years.

PE: AF, 156/92, 104, 16, BMI 28. He has loss of vision in his left eye and in the upper quadrants of his right eye. He also has left eye ptosis. Other cranial nerves are intact. Strength and sensation in all extremities are normal as are his speech and gait.

After administering high-dose glucocorticoids, which of the following is the most appropriate immediate management?

A: The patient has acute apoplexy caused by pituitary hemorrhage and requires urgent transsphenoidal decompression of the hemorrhage to preserve vision. Given his history of previous headache, loss of libido, and erectile dysfunction, he likely had a preexisting prolactinoma that acutely bled. Prolactinomas are almost always treated with dopamine agonists, but this patient requires urgent surgery to decrease pressure on the optic chiasm to save his vision. Transsphenoidal resection is the preferred method of pituitary surgery. He also requires urgent stress-dose glucocorticoids because of risk of secondary cortisol deficiency, which would be life-threatening.

The patient has appropriately received glucocorticoids for possible adrenocorticotrophic hormone deficiency. There is no indication to assess other pituitary function. In the next 2 to 4 weeks, thyroid function will need to be assessed, but thyroxine (T4) has a long half-life and does not need to be emergently measured or replaced. Treatment of hypogonadism or growth hormone deficiency is not urgent; surgical decompression is.

PMID: 20696692

CT of the head shows acute pituitary hemorrhage.
Pituitary MRI shows a 3.1 × 2.5 × 2.2-cm pituitary mass with central hemorrhage.
The mass compresses the optic chiasm and the left cavernous sinus.

UPCOMING RESIDENCY EVENTS

Vulnerable Populations
Next dinner coming up Monday! We will be discussing Module 3 (Delivery Systems) in the Caring with Compassion online curriculum. Access it here: caringwithcompassion.org
Even if you haven’t come before, all are welcome.
5:00pm March 14th
Location: Mark Brown Library

Finding Meaning in Medicine
Topic: Suffering
Anyone is welcome to be a part of our reflection and listening group. Please RSVP to Rachel so we can plan seating, drinks, and snacks!
6:00pm March 21st
Location: Dr. Brody’s house (email Elise or Rachel for directions)

CLER Visit
CLER is the Clinical Learning Environment Review by the ACGME. They will be visiting UCMC to review multiple aspects of our training environment, including handoffs and rounds. Please watch your email for further details and how to be a resident representative.
March 22nd-24th
Weekend to-do!: Beer, Beards, and the Circus


Saturday March 12th: Cincinnati Guitar Show, 10 a.m.-4 p.m., Sharonville Convention Center, 11355 Chester Road, Sharonville. New, used and vintage guitars, amps and related equipment. Buy, sell or trade old gear. Free appraisals with dealers from over 7 states. $8, free ages 10 and under. 513-503-1072; www.cincyguitarshow.com

Saturday March 12th: Cincinnati Rollergirls 2016 Home Opener, 6-9:30 p.m., Cincinnati Gardens, 2250 Seymour Ave., Bond Hill. $6-$17. 513-631-7793; cincinnatirollergirls.com/events.

TRIVIA

What do these 3 people have in common?

First correct answer wins a $5 Starbucks gift card

We will bring back memes later.

SHOUT OUTS!!!

-from the VA social workers: all of the residents have been hard-working with great attitudes this month. That’s Pankti Shah, Jane Neiheisel, Robin Wright, Medhavi Bole, Jessica Scott, Alicia Caldwell, and Nedhi Patel to be exact.

-to Caitlin Richter for gracefully handling a sticky patient situation

-to Sarma Singam for “being Sarma and thoroughly working up even cross cover patients at night and dropping notes left and right. I feel safe leaving my team in his hands at night.”

-to AOD DJ Sodeinde who “walked into 7 admission on night float like a boss calmly reassigning and hearing the story without an ounce of frustration or annoyance.”

-to Elliott Welford for being ever so flexible with scheduling.