Weekly Calendar

9/21: Noon Report: **EBM with Courtney**
Wellness and Resiliency Meeting at 5:30pm, UH 7104

Master Teacher Program at 5:00pm, UH 7104

9/23: Grand Rounds: **Resident Research and Poster Presentations**

9/24: Weesner Prep: **Meningitis with Li’**
Academic Half-Day: AHD Review and

9/25: Noon Report: **MM&I**

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**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)

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**Did you know???:**

Oktoberfest Zinzinnati is the largest Oktoberfest outside of Germany?

Oktoberfest Zinzinnati once set the World Record for the Largest Chicken Dance?

Oktoberfest Zinzinnati is happening THIS WEEKEND? Right downtown??!!

Food consumed at ONE prior Oktoberfest Zinzinnati. And that doesn’t include the beer...
Normal Pressure Hydrocephalus

NPH pathophysiology: consensus that the imbalance of CSF production and resorption in NPH is not due to overproduction, and that the resistance to CSF outflow is often elevated. The frequent combination of NPH with cerebrovascular disease and Alzheimer’s disease makes it attractive to consider models in which these three entities are causally related. This loss of elasticity may be either primary (e.g., due to atherosclerosis) or secondary, a consequence of low craniospinal compliance impeding the expansion of the arteries at the skull base. The result is higher compressive stress and greater shearing forces develop in the brain parenchyma with focal brain damage manifesting as ventriculomegaly.

What percentage of patients with idiopathic NPH also have vascular dementia or Alzheimer’s disease? 75%


What changes on imaging studies, CT or MRI, are the most characteristic of NPH? Enlargement of both inner and outer CSF spaces

What ancillary tests are often needed to confirm the indication for CSF shunting, especially in patients with iNPH? Specific psychometric testing after an infusion test
AHD focused on 2 critical causes of upper GI bleeding: PUD and varices. Learn the physiology to address the treatment.

**Varices:** portal hypertension → **TREAT bleeding** by mechanical closure (banding) and/or reducing portal pressure (TIPS, somatostatin analogues). **PREVENT** by interrupting the cycle at right with diuretics, and beta blockers.

**PUD:** inflammation (H. pylori, irritants, free radicals) → **TREAT bleeding** by PPI and mechanical closure (clips, sclerosing). **PREVENT** by eradicating H. pylori with triple therapy and removing other sources of inflammation (tobacco, alcohol, NSAIDs)

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**H. pylori** releases urease to break down urea into CO2 and ammonia, thus **elevating gastric pH** to toxic alkaline levels. G cells then **increase gastrin** production, **overstimulating parietal cell acid production**, thus leading to **chronic inflammation**, mucosal breakdown, gastric **atrophy**, ulcers, and tumors. **H. pylori is a Class II Carcinogen: remember to test for cure!**

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**Wellness and Resiliency**

You’ve heard the buzz and it’s finally here. If you want to be a part of the team creating the first ever Wellness and Resiliency Program within our residency and IM Department, come to our first planning and orientation meeting this **Monday 9/21 at 5:30pm** in the **Noon Report Room**, UH 7104.

Residents at Noon Report Friday got a peek into the happenings of MTP with technology in medicine. If you were inspired or intrigued, come to the next meeting of MTP, this **Tuesday 9/22 at 5pm** in the **Noon Report Room**, UH 7104. It will be a thought-provoking lesson and discussion about adult learning theory and learning styles with Dr. Jen O’Toole.
BOARD REVIEW WITH THE CHIEFS:
DUST OFF THOSE OLD STETHOSCOPES, FOLKS. IT’S TIME TO START GEARING UP FOR BOARDS.

Q: 80-year-old woman is evaluated for slowly progressive gait impairment. Over the past year, she has developed a slow shuffling gait and occasional hesitation or freezing when initiating steps that is more pronounced with turning in a tight space or moving through a doorway. Also developed urinary urgency and frequency, with two episodes of incontinence in the past 9 months. Friends have told her she seems less outgoing and much quieter in conversation than before. She believes that her cognition is normal, and she manages all her own affairs. She has no other neurologic PE” slightly stooped older woman. Vital signs are normal, as are speech and mental status. Gait assessment reveals a narrow-based gait with a tendency to hesitate on initiating the first step. On the pull test, she takes too many steps backward but recovers. What is the next step in evaluation?

A: Diagnose the cause of lower body parkinsonism. Next step = MRI of the brain. She has gait freezing, a shuffling walk, and mild postural instability (evidenced by the results of a pull test), all signs of parkinsonism involving the lower body. In addition, she has developed urinary urgency and a possible change in her mentation, manifesting as mild social withdrawal. Taken together, these symptoms could represent an early stage in the development of the normal pressure hydrocephalus (NPH) triad of gait impairment, urinary incontinence, and cognitive change. Identifying NPH, especially in its earliest stages, is essential because it may be reversible. The first diagnostic step for suspected NPH should be a brain imaging study (MRI) which can identify hydrocephalus by showing evidence of ventriculomegaly. Vascular disease causing periventricular ischemia can mimic the gait impairment of NPH and also can be readily identified on a brain MRI. If imaging reveals expanded lateral and third ventricles in the absence of obstruction, removal of a large volume of cerebrospinal fluid (CSF) by either serial lumbar punctures or continuous drainage can approximate the change in CSF dynamics that will occur with a shunt. However, a trial of CSF drainage should not be attempted in the absence of enlarged ventricles on brain MRI.

PMID: 20512347

FACULTY VS. RESIDENTS SOCCER GAME

Locate your shinguards. Start your training. It’s going down. It’s the annual faculty vs. resident soccer game classic! We expect to take the pitch on Sunday, October 25th.

MARK YOUR CALENDARS!

From last year (when the residents won 6-1)
Weekend To-Do:


Sept. 19-20: Old West Festival: Romance Weekend, 10 a.m.-6 p.m. Saturday-Sunday, Old West Festival, 1449 Greenbush Cobb Road, Williamsburg. Relive days of Wild West in unique entertainment experience. Re-enactments, trick shooting and roping, demonstrations, rides, food and music. Free parking. Rain or shine. Children’s wristband $5 allows kids unlimited train rides, panning for gold, slingshot, bow and arrow and lasso. Through Oct. 18. $12, $6 ages 6-12; free ages 5 and under. 513-304-0444; www.oldwestfestival.com.


This reducible non-erosive deformity, which can span the spectrum of swan necking, ulnar deviation, and Z deformities, is classically characteristic of rheumatic fever but can also be seen in SLE and other connective tissue disorders.

Congratulations to intern Joanna Marco for correctly identifying both phlegmasia cerulea dolens and DVT.

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

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

to Da-“Black Cloud”-peeka Chona, “Sapphire Diamond” Ruby Xia, Geoff “I’m not Greg” Motz, “Beta Blockin’” Betsy Larder, and Patricio “I’ve got a tee time” Alzamora—for being “the best crew who ever rolled into 6 South.”

to Wesley Dutton for taking such excellent care of a patient that her daughter emailed her PCP to ask how she could write a “letter of recommendation” to his supervisor about “how much [they] appreciated him as her doctor.” MD notified. Go Wes!

to Caitlin Richter, Darek Sanford, and Katie Donnelly for stepping up to cover clinics and to Rita Schlanger for coming in to cover a ward team while NOT on jeopardy! And to everyone for your patience and cooperation through the ITE scheduling/cover madness.

You residents are what makes this program awesome. We are so grateful and honored to be your chiefs!