Weekly Calendar
4/10: Noon Report: Purple Team
4/11: Noon Report: Green Team
4/12: Grand rounds: Srinivas Rajsheker, MD: “Cardiac Resynchronization Therapy” (MSB 7051)
4/13: AHD: Antibiotics; Senior prep: none
4/14: Noon Report: Intern: Hosp 1; Senior: Renal

The rain kept residents away from Trivia Night at Myrtle’s, but a couple chiefs ran away with 3rd place!

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://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback
GRADUATING RESIDENTS:
If you plan on taking the ABIM Boards in August of 2017, the deadline to register is April 15 and the cost is $1,365. Sign up at: https://www.abim.org

GLOBAL HEALTH!
Categorical and Med Peds PGY1s—If you are interested in going abroad in 2018, please contact Caroline Lee at: leecn@ucmail.uc.edu.

Clinic Corner Diabetes Management Standards of Care from the ADA!

Check out this awesome algorithm for how to treat Diabetes based on current medications and A1c! Many of us don’t have a lot of comfort with anything other than metformin, glipizide, and insulin, so these guidelines are incredibly helpful!

For your knowledge: GLP-1 receptor agonists include exenatide (Byetta), lixisenatide (Adlyxin), liraglutide (Victoza), and other “glutides.” SGLT2 inhibitors include dapagliflozin (Farxiga), Canagliflozin (Invokana), and empagliflozin (Jardiance). DPP4 Inhibitors include the gliptins, sitagliptin, saxagliptin, linagliptin, and alogliptin, or Januvia, Onglyza, Trajenta, and Nesina, respectively. TZDs, or thiazolidinediones include rosiglitazone (Avandia) and pioglitazone (Actos).
Q. A 63 year old white male is seen in the office for worsening dyspnea on exertion. He has a history of well controlled diabetes, as well as a history of coronary artery disease s/p drug eluting stent 3 years ago to a single lesion in the LAD. He is on aspirin, metoprolol, atorvastatin, and metformin. He complains of feeling short of breath with exercise beyond what he thinks is normal for a man his age. He also had an event where he felt like he was going to pass out when he went for a brisk walk; he did not pass out. On exam, he is afebrile, blood pressure is 114/73 mmHg, pulse is 94/min, respirations 14/min. On exam, there was reduced intensity of the S2, and a 3/6 late peaking systolic murmur with radiation to the carotid. There is a delay in carotid upstroke. The remainder of the exam is within normal limits. Echo shows a calcified bicuspid aortic valve with severe aortic stenosis. What treatment option do you recommend?

A. Balloon valvuloplasty
B. Transcatheter aortic valve replacement
C. Aortic Valve repair
D. Aortic valve replacement

A. The correct answer is D, aortic valve replacement. This patient has symptomatic severe AS, is less than 70 years old, and has an expected survival beyond 1 year, and aortic valve replacement is likely to improve his symptoms and quality of life, so he should proceed to surgical replacement. In general, he has a low risk of mortality for the procedure using a risk calculator by the Society of Thoracic Surgeons given that his comorbidities are not severe. Additionally, he is not frail or have other life-limiting conditions that would preclude a surgical replacement of the valve. Surgical repair is not typically undergone for the aortic valve. Balloon valvuloplasty is limited to certain clinical scenarios, including as a bridge to definitive treatment with replacement with hemodynamic compromise, which this patient does not have. Transcatheter aortic valve replacement, or TAVR, is a consideration that is finding more and more of a role in aortic valve disease, however it is generally reserved for patients with symptomatic severe AS who have an elevated cardiothoracic surgical risk, which this patient does not have.

Residency Improvement Meetings
As you all know, we divided into work groups after reviewing the program survey results. The first meetings of many of these groups are occurring in the next weeks. Even if you didn’t sign up, please consider coming and making your voices heard about the particular issues that need improvement. We can’t rebuild residency processes and structures without YOU!

- VA Wards 4/10 from 5-6pm in the NRR
- Noon Report 4/13 from 5-6pm in the NRR
- Osmosis 4/13 from 11am-noon in MBL (MSB 6056)
- UH Wards 4/17 from 6-7pm in the NRR
- Feedback 4/17 from 3-4 pm in the NRR
- Procedure Training 4/21 from 1-2pm in the NRR

EPIC DOWNTIME!
Date: Sunday, April 9th, 2017
Time: Epic - and all interfaces are estimated to be unavailable between 2:00AM – 4:30AM, however Epic SRO (Maintenance Read Only) will be available during this!

Puppy Corner
Thomas’ dog Brisco and Owen’s dogs Philo and Chestnut: Suns out, tongues out!
Blue team presented a case of a patient with neurological symptoms and a cystic lesion on her brain MRI.

Let’s talk about it!

Recall that cysticercosis is caused by the parasite Taenia solium, which is endemic in areas in Asia, South and Central America, and Africa. The human is the definitive host, and taeniasis is the gut infection with the tapeworm. Pigs can also become infected with the parasite when they ingest eggs from human stool, and develop cysts in their muscle, then when humans ingest undercooked pig meat, they swallow the cysts and tapeworms develop in the human gut. There is a differentiation between the development of taeniasis (tapeworm) and cysticercosis (larval cysts of Taenia).

Taeniasis in humans develops from ingesting cysts from undercooked pig meat, but cysticercosis develops in humans when they swallow eggs via fecal-oral route from other humans with taeniasis, or by autoinfection in the setting of hygienic limitations. When the eggs are ingested, oncospheres hatch in the intestine, invade through the intestinal wall, migrate to muscle and nervous tissue, and result in cysticerci. Long story short, a human can develop neurocysticercosis from 1) eating undercooked pork and developing taeniasis, and then 2) autoinfecting themselves by then ingesting the eggs that they shed in their stool.

Neurocysticercosis can be parenchymal, or extraparenchymal. In extraparenchymal disease, cysts can be interventricular and result in symptoms related to intermittent obstruction, which can be acute or gradual in onset. Patients present with complaints of headaches, nausea, vomiting, altered mental status, or papilledema. Patients may also have Bruns’ syndrome, when episodes of loss of consciousness are related to head movements and resultant obstruction of the third or fourth ventricle from mobile cysticerci.

Treatment of neurocysticercosis includes treatment with corticosteroids for patients with parenchymal neurocysticercosis being treated with antiparastic therapy, in order to minimize the inflammation and resultant edema secondary to dying organisms. Additionally, steroids should be considered for patients with cerebral edema from multiple parenchymal cysticerci. Patients should be screened for TB and strongly for prior to receiving treatment with corticosteroids, as they are at risk for the presence of these diseases and steroid treatment would worsen these diseases. Surgery is usually required for patients with symptomatic hydrocephalus secondary to ventricular cysticerci, and it is important to note that antiparasite therapy should not be given prior to surgery, as it can weaken the cyst wall and result in diffuse inflammation if the cyst contents are spilled during surgery.
Weekend to-do!

**Friday:** Monster Jam, 7 p.m. Friday, 1 and 7 p.m. Saturday, U.S. Bank Arena. Monster truck racing. Through April 8. $15-40. www.usbankarena.com.

Covington Crawl 2: Crawl Harder Adult Scavenger Crawl, 7-9:30 p.m., MainStrasse Village, Main Street, Covington. Teams have 2 hours to complete challenges, visit Covington bars, find hidden objects and get to Braxton Brewing to win Golden Nunchucks and $300 prize basket. Benefits NKY Pride. $60 per team. www.usbankarena.com.

**Saturday:** Amadeus Live, 7:30 p.m., Greaves Concert Hall, Northern Kentucky University, Highland Heights. Midwest premiere of 1984 film with live orchestral, choral and piano accompaniment. $40, $24. www.kyso.org.

Sing for Justice: Lift Every Voice, 7 p.m. Saturday, 3 p.m. Sunday, Aronoff Center, Jarson-Kaplan Theater, 650 Walnut St., Downtown. Music to unite against oppression, from slavery to apartheid to Civil Rights movement. $25, $10. cincinnatiboychoir.org.

**Sunday:** The Original Italian Dinner, noon, Sacred Heart Church, 2733 Massachusetts Ave., Camp Washington. Dining room opens at noon and carryout begins at 10 a.m. Homemade ravioli, meatballs, sauce and spaghetti, plus bread, salad and dessert. $12, $5 children.

Jesus Christ Superstar Sing Along, 5-7:30 p.m., Esquire Theatre. Interactive showing of 1973 movie musical. $10. buy tickets in advance. www.esquiretheatre.com.

---

**SHOUT Outs!!!**

- **To Sarah Ehrman** and VA team 3, for admitting and discharging like crazy, and still getting to clinic on a post call day! We know the VA is a challenging place—we appreciate all of you for caring for our Veterans!
- **To Patricio Alzamora, Bo Franklin, Greg Wigger,** and yet again, **Scott Merriman,** for their help with jeopardy coverage. Thanks guys!
- **To Steve Cogorno,** for “being an incredibly helpful senior,” from a thankful intern. Great job team!
- **To Sarah Weiskittel,** for giving a co-intern a wheelchair ride to her car after she sprained her ankle during long call at the VA! The ankle is better but it “was SO above and beyond for her to help me out!!” Thank you Sarah!
- **To Geoff Motz** and **Danielle Clark,** who provided outstanding care to a very sick transfer patient. Thank you!

---

**TRIVIA**

A patient presented with this endoscopic finding. What is the classification (be specific), and what therapy do you recommend?

---

**First correct answer wins a $5 Starbucks gift card!**

Congrats to Aditi Mulgund for diagnosing diffuse esophageal spasm based on the corkscrew esophagus seen on barium swallow! Patients will complain of chest pain and dysphagia to solids and liquids.