Weekly Calendar

12/26: Happy Holidays to our residency family!
12/27: Santa and his elves visited us!
12/28: Protean proteus
12/29: No AHD; Weesner Prep: Liver disease
12/30: Wards Orientation: NRR

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
7NW
Interdisciplinary
Improvement
Team Huddle
Come be part of
improving patient
care through
interdisciplinary
teamwork!
EVERY Tuesday
at 2pm Location:
UH 7104 (NRR)

VA UPDATES
Thomas and Owen have been working on improvements with the admission processes at the VA, all to give you guys more power and say over how the admission flow goes! The goal is to lessen the burden on long call teams, as it can be really tough to be the only team fielding the admissions in that 4-8pm time.
The calls from the ED will come through the short call senior or the long call senior, depending on time of day. Thomas will give you the details as you rotate through the VA.
Team 5 will be split into two different shifts, an AM rounding shift and a PM admitting shift, in order to increase admitting “person power” in the afternoon/evening when long call is admitting.
Our hope is that this will improve the flow and experience at the VA. As always, we rely on your feedback, so let us know how this is working out once it rolls out starting January 2nd!

BOARD REVIEW WITH THE CHIEFS:
Q: A 56 year old female is being evaluated for abnormal imaging. She has a history of stage II colon cancer treated 3 years ago with primary resection. On surveillance CT imaging, there were 2 lesions noted in the right lobe of the liver, all less than 5 cm in size, concerning for metastatic disease. There are no other abnormalities on CT imaging of the abdomen or chest, she is asymptomatic, and her vital signs, physical exam, and laboratory studies are within normal limits. What is the next step in management?
A. Liver biopsy of nodule  C. Palliative chemotherapy
B. AFP tumor marker  D. Surgical resection with right hepatectomy

A. The answer is D, surgical resection with right hepatectomy. This patient has limited metastases secondary to colon cancer, and the best treatment is surgical resection, as this could be potentially curative. It is important to note that the lesions are localized to one lobe of the liver. Biopsy is not needed due to the high likelihood that these lesions represent metastatic colon cancer, and so biopsy would not alter management. AFP tumor marker is used for hepatocellular carcinoma, though its sensitivity, specificity, and both positive and negative predictive values are rather low. This patient does not have a history of cirrhosis or hepatitis B (which would increase her risk for HCC) and she does have a history of colon cancer, so it is not likely that these lesions represent HCC. Additionally, HCC is not diagnosed with an AFP level, and can be diagnosed by imaging criteria using either biphasic CT imaging or MRI scan. Histopathologic examination is only necessary to diagnose HCC if the criteria are not met. Palliative chemotherapy is not indicated as this patient's metastatic disease is potentially curable with surgical resection.
Noon Report Round-up!

Last week, Red team, led by Bo Franklin, presented an interesting case of a psoas abscess. Let’s talk about it!

This patient was found to have an iliopsoas abscess...but why? It is most commonly from hematogenous or lymphatic spread (like we see in patients with IVDU and IE) but can also be from contiguous spread from adjacent tissues. The most common bacterial culprits are Staph aureus and E coli. This patient interestingly had Proteus mirabilis!

Proteus is a gram negative multilflagellate in the Enterobacteriaceae family that can swarm (see the appearance on blood agar to the left). It is a very common cause of CAUTIs due to its ability to swarm right up the catheter into the urinary tract. It is a leading etiology of pyelonephritis, urolithiasis, prostatitis, as well as CAUTIs...and in this case, the etiology of an iliopsoas abscess. But why?

There are quite a few case reports of patients developing ipsilateral iliopsoas abscesses after nephrectomy. The relationship is unclear, but it is postulated that stone fragments left behind after the surgery? In one case report, it was suggested that a patient has uretovesicular reflux into the ureteral stump and had a proteus UTI, which then resulted in contiguous iliopsoas abscess with proteus.

Interestingly, there are multiple case reports of late iliopsoas abscesses after multiple different infectious insults, including appendectomy (4 years later, the patient presented with IPA), cesarian section (10 years prior to development of IPA), and others.
Happy Holidays! We’ve enjoyed spending time with our Residents Family this holiday season. We love you!
Weekend to-do!

Friday: The Snowman with the Pops, 7:30 p.m., Taft Theatre, 317 E. Fifth St., Downtown. www.cincinnatipops.org.
Festival of Carols, 11 p.m., St. William Church, 4108 W. Eighth St., West Price Hill. Hour long carol program featuring 30 member choir and instrumental ensemble from the Cincinnati Metropolitan Orchestra. Followed by Midnight Mass. Free.
Sunday: Community Christmas Day Dinner, noon-1:30 p.m., St. Paul Lutheran Church, 5433 Madison Road, Madisonville. For any and all who would like to attend, especially anyone or any family alone or in need. Hot meal, Christmas caroling, toy raffle for children and gifts for everyone. Free. www.stpaulcinci.org.

SHOUT OUTS!!!

- To Don Quimby and Aditi Mulgund for covering a co-resident’s Epic and physical mailbox for a “whole month!” Thank you guys for being awesome!
- To all the Long Block residents for their amazing 101% refill rate! Great work guys—you are setting records left and right!
- To one of our graduates-turned-Rheumatology-fellows, Katie Donnelly, for going above and beyond and coordinating a massage for one of her patients she is consulted on. Katie, we are glad you are still around!
- To Hilary Miller, Kelly Grannan, Wes Dutton, Mike Sabbah, Anna Yan, and Bo Franklin for consistently coming to the 3pm Discharge Huddle on 7NW! You guys are integral to the success of this project and your commitment is much appreciated!
- To Syeda Ahmad for having “the best attitude ever, always with a smile and laugh.” Her fellow intern said “she makes it seem like it’s not even S.A.D. season.” Thanks Syeda!
- To Sean Maloney for matching into his Occupational Medicine residency, and to Kory Schrom for his research position for next year! Congratulations!