Weekly Calendar

1/16: Noon report: QI with Owen (NRR)
1/17: Noon report: Sabbah report (MSB 5051)
1/18: Grand rounds: Dr. Satwant Singh “Autosomal Dominant Adult Polycystic Kidney Disease” (MSB 5051)
1/19: AHD: Endocarditis; Senior Prep: Liquid tumors
1/20: Noon report: Yellow team (NRR)

The friendships you make in residency last a lifetime!

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
VA UPDATES

It is your responsibility to ensure that you are properly credentialed to work at the VA! Recall that this must be done before any shifts worked at the VA, including night shift coverage while on jeopardy or during clinic-NMT months. This is incredibly important! Email Thomas if you have questions.

Antihypertensives and Fracture risk?
Is HCTZ good for your patient’s bone mineral density? Thiazides decrease urinary calcium excretion. A post-hoc analysis of the ALLHAT trial compared rates of hip or pelvic fractures among patients treated with different anti-hypertensives including ACEi, CCBs, and thiazides. After 5 years, patients randomly assigned to thiazide diuretic had fewer hip or pelvic fractures compared to those on Lisinopril or amlodipine. They concluded “Thus, if monotherapy is appropriate in a patient with hypertension and osteoporosis, thiazide-like diuretics may have advantages over ACE inhibitors, angiotensin receptor blockers (ARBs), and calcium channel blockers.”

Clinic Corner

Medicare has stated that it has the right to deny payment on any charges they review if the charges are submitted more than 10 days after the date of service. This means that you need to finish your notes on time! If there is a missing level of service, the attending likely does NOT know this so please let them know ASAP. Please close your notes within 24-48 hours of having completed the visit.

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

Resident Luncheon: Tuesday, January 17, 2017 • 11:00 a.m. to 1:00 p.m. Back of Cafeteria
Q: A 65 year old male with a history of hypertension and COPD presents with a 5 day history of progressively worsening headache and nausea and vomiting. On exam, the patient is afebrile, blood pressure is 130/80 mmHg, and pulse is 78bpm. Respiratory rate is 16/min with O2 saturation of 90% on room air. Physical exam is notable for prolonged expiratory phase and decreased breath sounds in the right middle lung fields. The remainder of the exam is notable for mild nail clubbing. Neurological exam shows papilledema. CT scan of the head is shown. What is the most appropriate next step in management?

A. Whole brain radiation  
B. IV vancomycin and cefepime  
C. Intravenous dexamethasone  
D. ICP monitoring

A. The correct answer is C, intravenous dexamethasone. This patient with a strong smoking history and abnormal lung exam, including clubbing, likely has lung cancer with brain metastases, as seen on CT head. The CT head shows significant vasogenic edema, and with physical exam findings of papilledema and symptoms of increased intracranial pressure, this patient needs intravenous glucocorticoids. The first presenting symptoms in increased intracranial pressure, is followed by nausea and vomiting, and then alteration in mental status and focal neurological deficits ensue. Progression can lead brain injury and death if untreated. Steroids are the therapy of choice due to rapid anti-inflammatory effect that can decrease edema. Recommended doses are 8 to 10 mg q 6 hours.

Noon Report Round-up!

Takutsubo was first described in 1990 in Japan and is a syndrome which mimics ACS/STEMI, but in the absence of angiographic evidence of obstructive coronary artery disease. It is called stress cardiomyopathy, or broken heart disease. It results in transient left ventricular systolic dysfunction.

The pathogenesis is not well understood, but is believed to be related to catecholamine induced microvascular dysfunction leading to myocardial stunning.

Predisposing factors include patients with underlying psychiatric or neurologic disorders, and is more common in women than men, and occurs more often in older adults.

Figure 2: Pathophysiology of Takotsubo Cardiomyopathy

Takutsubo = Octopus trap. So named for the appearance on ventriculogram, with a fixed base and apical ballooning.

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The Stethoscope
**Weekend to-do!**

**Friday:** **Photo a La Carte,** 5-8 p.m., Taft Museum of Art, 316 Pike St., Downtown. Happy hour program for young professionals. See Picturing the West, share photos and create original art plus western-themed bites, drinks, music and more. Ages 21 and up. $20, $10. Reservations required. www.taftmuseum.org.

**Saturday:** **Barrel Aged Beer Bash,** 7-9:30 p.m., Jungle Jim’s International Market, 5440 Dixie Highway, Fairfield. Oscar Event Center. Sample over 80 beers including rare and hard-to-find beers. Ages 21 and up. $42.60. Reservations required. bit.ly/2gyDRt2.


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**SHOUT OUTS!!!**

- To **Kantha Medepalli** for helping out with senioring 6S due to a Chief scheduling snafu for CVICU...Thank you Kantha!
- To **Erin Connolly** for swooping in to save the day for some senior action while on jeopardy!
- To all the VA seniors **Avanti Jakatdar, Cody Lee, Kristine Dematta, Josh NeCamp, and Suchin Khanna** for being so adaptable with the changes in the VA admission process. You guys are the best!
- To **Danielle Clark,** for always volunteering to help out, cover, and be a senior resident and future-chief extraordinaire. We all appreciate you!

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

Guess the applicant Pictionary clue!

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**CONGRATS TO JOANNA MARCO FOR DIAGNOSING LYME DISEASE!**

There was a visible spirochete on this smear.