Weekly Calendar

1/23: Morbidity, Mortality, & Improvement: Danielle Weber (MSB 3051)

1/24: Noon report: Yellow team (NRR)

1/25: Grand rounds: Deeptankar DeMazumder, MD, PhD: “Critical Health Assessment and Outcomes Study (CHAOS): A Multi-Center Strategy Trial” (MSB 5051)

1/26: AHD: Liquid Tumors; Senior Prep: Interleaving

1/27: Noon report: Orange team (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
“Hey Doc, I want to be tested for everything!”

Sexually active patients may request to be tested for all STIs, including genital herpes. Should we do this? NOPE. Genital herpes can be caused by either HSV strain, 1 or 2, and sexual transmission can occur even without the presence of symptoms. In asymptomatic patients, routine screening is not recommended for several reasons, including low specificity and high false positive rate, and the fact that genital herpes can be caused by HSV-1 or HSV-2. Additionally, since asymptomatic individuals do not require specific treatments for genital herpes, testing should be discouraged.

Reminders for your patients: In the United States, about one out of every six people aged 14 to 49 years have genital herpes, and while the use of condoms are not as effective as preventing herpes transmission (as opposed to other STIs), studies have shown that people who used condoms 100% of the time had a 30% lower risk of herpes infection.
Purple team presented an interesting case of viral hepatitis that was diagnosed, and managed, in the primary care setting. Let’s talk about it!

Noon Report Round-up!

We always forget about good ole’ Hep E, but remember that it is highly endemic in lots of parts of the world, and should be considered as a diagnosis for patients who have travelled and present with symptoms of viral hepatitis.

“Every year, there are an estimated 20 million HEV infections worldwide, leading to an estimated 3.3 million symptomatic cases of hepatitis E1, and 56 600 hepatitis E-related deaths.” (WHO)

The virus is transmitted via the fecal-oral route, principally via contaminated water.

Tips for travelers to highly endemic countries include avoiding drinking untreated water and eating undercooked or raw food.

Below is an electron micrograph of hepatitis E virus.

Hepatitis E can incubate for 15 to 60 days. Over 95% of patients who become infected with acute Hepatitis E have little to no symptoms, with the remainder of patients having varying degrees of clinical symptoms. Fulminant liver failure (elevated transaminases coupled with coagulopathy and encephalopathy) occurs in the small minority of patients, but is more likely to occur in pregnant woman, particularly when infected in the second and third trimesters. Additionally, chronic infection with hepatitis E is relatively rare, and all cases of chronic hepatitis E are from indigenous infection and not travel-related.

Clinical features include malaise, anorexia, nausea, vomiting, fever, abdominal pain, and hepatomegaly, and less commonly diarrhea and arthralgias. Labs will reveal elevated bilirubin and transaminases. Prolonged cholestasis can occur, with jaundice lasting over 3 months. Transaminases usually sharply rise well into the thousands, and then come down within one to six weeks after the onset of the illness (this is a “hold onto your butts” moment).

How to diagnose hepatitis E

First off, keep a high suspicion for patients presenting with symptoms of acute hepatitis who have traveled to endemic areas or areas with poor sanitation (remember, it is transmitted via fecal-oral route). Most patients with HEV will have detectable HEV IgM in the first two weeks of their illness and this may last for 5 months. HEV RNA PCR is also recommended for testing, however keep in mind that the duration of viremia isn’t that long (but can persist for up to 4 months), so the HEV RNA PCR can be negative even though the patient’s presentation is due to HEV. HEV can be detected in the stool of an infected person for one week before onset of illness, but can persist for two weeks after, so be sure to counsel patients about safe practices to ensure that they do not transmit the disease to close contacts.
BOARD REVIEW WITH THE CHIEFS:

Q: Which patient should receive prophylactic antibiotics?

A. A 50 year old man with a history of a mechanical aortic valve replacement for bicuspid aortic stenosis who is scheduled for his initial screening colonoscopy.

B. A 34 year old man with a history of prior endocarditis undergoing elective inguinal hernia repair.

C. A 50 year old man with a history of a mechanical aortic valve replacement for bicuspid aortic stenosis who is undergoing a root canal.

D. Duh, all of these people need prophylactic antibiotics.

A. The correct answer is C, a 50 year old man with a prosthetic valve who is undergoing a dental procedure. Prophylactic antibiotics are reserved for patients with cardiac conditions that carry the highest risk of a bad outcome from endocarditis, including a history of infective endocarditis, presence of prosthetic heart valves, including bioprosthetic valves, unrepaired cyanotic congenital heart disease (ask your Med-Peds colleagues what this entails), repaired congenital heart defects with prosthetic material during the first 6 months after the procedure, and valve regurgitation due to a structurally abnormal valve in a transplanted heart. The jury is still out on IE prophylaxis for patients with prosthetic material, like the MitraClip. Patients at high risk for adverse outcome from IE do not get prophylaxis for all procedures, but for procedures that are likely to result in bacteremia with an organism that can cause IE, like dental procedures, including routine dental cleaning. Other procedures that require prophylactic antibiotics against IE are respiratory procedures involving incision or biopsy, including tonsillectomy, bronchoscopy with biopsy, as well as surgeries for management of infected skin and soft tissues. Prophylactic antibiotics are not needed for procedures like inguinal hernia repair or colonoscopies, in the absence of infection. Oral regimens for IE prophylaxis include amoxicillin, or, if allergic to PCNs, cephalexin, clindamycin, or azithromycin.

Global Health Updates

Authentic Global Health: How do we walk the talk Friday, January 27 1:30-3pm, Swift Hall 708

Global Health Research Training Study

For trainees interested in global health who would like training on basic research skills in order to be prepared to partake in global health research studies, there are available online research modules which are free of charge through the Office of Global Health at UC. This is a study project, if you are interested in participating, contact Jason Blackard at 513-558-4389 or Jason.blackard@uc.edu

Coming Soon to a Hospital Near You…

Residency Olympics! Get ready for fun challenges to warm and lighten up these cold winter months! Activities to include HeadsUp, Dress like your Favorite Attending, Chubby Bunny, Surgical amphitheatre Junior Mint Toss, broken pager curling, and more!
**Weekend to-do!**

**Friday:** *Cincy Chic’s 10th Anniversary Celebration*, 6-9 p.m., Memorial Hall, 1225 Elm St., Over-the-Rhine. Light bites and refreshments, photo booth, over 20 pop-up shops of local businesses, runway fashion show and live music. $10. [www.cincychic.com/events](http://www.cincychic.com/events).

**Saturday:** *Blooms on the Bayou*, 10 a.m.-5 p.m. Tuesday-Sunday, starting Jan. 21, Krohn Conservatory. Blooms on the Bayou is inspired by the colorful culture of New Orleans which features both a fun, festive side of the ‘Big Easy’ as well as the eerie, yet enchanting, swampy southern bayou. $4, $2 ages 5-17, free ages 4 and under. Through March 12. [www.cincinnatiparks.com/krohn](http://www.cincinnatiparks.com/krohn).


**Sunday:** *Little Shop of Horrors*, 8 p.m. Saturday, 2 p.m. Sunday, Playhouse in the Park. Hilarious musical about power-hungry, fast-talking plant who vows to fulfill Seymour’s wildest dreams. There’s just one catch: plant thirsts for human blood. Through Feb. 19. $95, $30. [www.cincyplay.com](http://www.cincyplay.com).

---

**SHOUT OUTS!!!**

- To **Beverly Srinivasan**, for getting a champagne tap on an LP this week! And to Neurology resident **Russel Sawyer**, who brought Beverly some sparking grape juice to celebrate!
- To **Brendan Collins**, **Jack Shen**, and **Jen Leddon**, or “doing a great job with really sick GI patients!”
- To **Reza Ghoorkhanian**, who received a lovely shoutout (and a balloon and candy!) from a patient while on service! (see left)
- To all of you who came to interview dinners, talked to applicants in the afternoons in Mark Brown Library, participated in noon report, and prepared and gave amazing noon report presentations during this recruiting season!

---

**TRIVIA**

First correct answer wins a $5 Starbucks gift card!

Last applicant Pictionary clue of the season. What’s your guess?

Congrats to Nedhi Patel for correctly guessing “Duty Hours” for the above Applicant Pictionary clue!