Weekly Calendar

1/9: Noon report: QI with Owen (NRR)
1/10: Noon report: Red team (MSB 5051)
1/11: Grand rounds: MSB 5051
1/12: AHD: Neuro exam; Senior Prep: Endocarditis
1/13: Noon report: Blue team (MSB 5051)

Kudos to the Hoxworth Chronic Pain Group Visit, led here by Erin Connolly and Grace Escamilla!

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

Special Points of Interest:
- Chronic pain group visits!
- Limbic enceph-who?
- Don’t just scroll to the shout outs, you animals

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Q: A 36 year old white male with schizophrenia is brought in by his case worker for “looking yellow.” He mentions noticing dark urine for the past week or so, and being fatigued for “a while.” He has no significant past medical history other than his schizophrenia. He lives independently, denies drug use, drinks 2-3 beers nightly, and is a pack-per-day smoker. He is not currently sexually active, and last heterosexual activity was 6 weeks ago with a sex worker; he did not use barrier protection. His vital signs disclose a temperature of 100.1F, HR 112 bpm, BP 130/82 mmHg, respirations 14/min, and saturation of 95% on room air. Exam is notable for scleral icterus and right upper quadrant tenderness, as well as hepatomegaly. There is no ascites, no asterixis, and mental status is normal. Laboratory tests reveal an INR of 1.1, AST 1705 and ALT 1423. Bilirubin is 5.1. Viral serologies are: HAV IgG positive, HAV IgM negative, Hepatitis B surface antigen positive, hepatitis B core antigen negative, hepatitis B surface antibody negative, and HBV DNA with 58k copies. Ultrasound of the abdomen confirms no ascites, normal spleen size, and an enlarged liver with no masses seen. What is the most appropriate management?

A. Listing for liver transplant  
B. Serial liver enzymes  
C. Liver biopsy  
D. Entecavir

A. The correct answer is B, serial monitoring of liver enzymes. This patient has acute hepatitis B, which he acquired from unprotected sexual intercourse. In the US, sexual transmission and percutaneous (IVDU or needlesticks) are the most common means of transmittal, as opposed to perinatal or horizontal transmission in other parts of the world. His serologies indicate acute hepatitis B and his transaminases are significantly elevated to greater than 1000 (viral, toxic/acetaminophen, ischemic, and occasionally autoimmune hepatitis can cause this severe elevation in enzymes, and not many other etiologies). He notably does not have acute or fulminant liver failure, as evidenced by his normal mental status and normal INR. Most patients will recover; likelihood of liver failure from acute hepatitis B is less than 1% and chronic hepatitis B develops in less than 5%. In the case of fulminant hepatic failure, listing for transplant and entecavir should be pursued. Liver biopsy is unnecessary unless the diagnosis is unclear; it is not in this case.
Noon Report Round-up!
Cameron Ditty presented an interesting case of limbic encephalitis. Let’s talk about it!

The patient presented had a several month history of subacute, progressive cognitive dysfunction, mood changes and aggression, and short-term memory loss. He then presented with complex-partial seizures that were eventually diagnosed as faciobrachial seizures.

Limbic encephalitis commonly presents in the way described above. Hypothalamic dysfunction may also occur, with hyperthermia, somnolence, and endocrinologic disturbances.

MRI may show areas of hyperintensity in the medial temporal lobes.

There are multiple causes of limbic encephalitis; some are paraneoplastic (most frequent neoplasms associated are lung cancer, particularly SCLC, seminoma and other testicular tumors, thymoma, breast cancer, and Hodgkin lymphoma). Remember that the symptoms of the limbic encephalitis may precede the discovery of the tumor, and should prompt a search for malignancy with age-appropriate cancer screening in patient presenting with limbic encephalitis.

When a Teratoma Strikes!
This patient had LGI1 antibodies, which cause a limbic encephalitis with faciobrachial seizures and hyponatremia. This is not commonly a paraneoplastic syndrome.

There are multiple antibody-related syndromes, including Anti-NMDA receptor antibody syndrome, which is often more thought about. Prominent features in Anti-NMDA receptor encephalitis include psychiatric disturbances (can be mistaken for primary psychiatric disorder), seizures, cognitive impairment, and orofacial dyskinesia and chorea. Ovarian teratomas are found in 50% of female patients over the age of 18 with anti-NMDA receptor encephalitis! Treatment includes resection of the tumor, IVIG, steroids, and PLEX.
Weekend to-do!

Friday: **Cavalcade of Customs**, 3-10 p.m. Friday, 10 a.m.-10 p.m. Saturday, 10 a.m.-6 p.m. Sunday, Duke Energy Convention Center, 525 Elm St., Downtown. Custom car, classic car and hot rod show. More than 500 show cars on display, music and numerous celebrity appearances. $17, $6 ages 6-12, free ages 5 and under. www.koiautoparts.com.

Tribute to Nirvana, STP and Pearl Jam, 8 p.m., Bogart’s, 2621 Vine St., Corryville. $10. www.bogarts.com.


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TRIVIA

The patient who belongs to this smear presented to the hospital with a complaint of fevers. What is your diagnosis? What is your treatment?

No one guessed it! This applicant Pictionary clue was INR.

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SHOUT OUTS!!!

- To **Michael Jerkins** and **Emily Neaville**, for stepping up for some unanticipated coverage needs! Thanks guys!
- To **Ali Rai** and **Steve Bohinc** for the completion of their residencies! Congratulations guys!
- To **Cameron Ditty** and **Devon Carr** for their awesome noon reports this week. Thanks for being ready to come back to recruiting with a bang!
- To **Ashley Cattran** for astutely diagnosing acute AML while on VA night float this week...you rock! And another shout out to **Ashley**, “for caring for some really sick ICU veterans like a ‘critically’ acclaimed boss! Pun. Intended.”
- To Red team **Leslie Applegate** and **Stefanie Wolf** for being “an awesome team!” From a grateful Attending.
- To **Erin Connolly** and **Grace Escamilla** for “running a successful chronic pain group visit today like bosses! And to **Eric Cohen** and **Geoff Motz** for all their prep work!” Great work everyone!
- To **Don Quimby** for his gracious jeopardy coverage. Thaks!