Weekly Calendar

6/19: Noon Report: Community Health and Advocacy
6/20: Noon Report: Research Round Table
6/22: Noon Report: Green Team

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
Q. A 46 year old female is being evaluated in clinic for progressive dyspnea. Her past medical history is remarkable for history of a remote DVT/PE thought to be related to oral contraceptive pills, for which she was anticoagulated for 6 months. She had a recent knee arthroscopy 9 months ago and her post-operative course was unremarkable, however she then developed dyspnea on exertion that has progressively worsened. She was previously active and walked in her neighborhood nightly after dinner, but has stopped doing that due to shortness of breath. She has recently felt dyspnea even with limited activity. Her physical exam and vital signs are normal, including resting and exertional spO2 monitoring, and she is not on any medications. Her symptoms have not improved with albuterol inhaler. PFTs were obtained which were unremarkable except for a reduction in DLCO. A chest x-ray was obtained which showed enlarged pulmonary arteries, so an echo was obtained which showed elevated pulmonary arterial pressures. V/Q scanning is performed and is notable for several areas of segmental ventilation and perfusion mismatches. What is your next step in management?

A. Referral for pulmonary thromboendarterectomy     C. Supplemental oxygen
B. Furosemide                                      D. Trepostinil

A. The correct answer is A, referral for pulmonary thromboendarterectomy, or PTE. This patient has a diagnosis of CTEPH, or chronic thromboembolic pulmonary hypertension, WHO group IV of PH. Patients with CTEPH may or may not have a documented history of VTE in the past, though this patient does, and often may have a procedure from which they never fully recovered that probably represents another VTE/PE event, like this patient. Patients who are active are likely to be diagnosed earlier than those who live a sedentary lifestyle, as they will complain of the progressive dyspnea that is the hallmark of this disease. Some patients may not present until there are signs of RV failure, like lower extremity edema, chest pain, or pre-syncope. CTEPH is the only group of PH that is potentially curable by treatment with PTE, and in addition to anticoagulation, all patients with CTEPH should be evaluated for a possible PTE. This should be considered even when the symptoms and hemodynamic impairments are mild, as this can prevent irreversible vasculopathy. Diuretics should be used cautiously in the setting of volume overload or right heart failure, but this patient does not have presence of those symptoms. Supplemental oxygen should be used in the setting of hypoxia, as hypoxia further worsens pulmonary hypertension and right heart strain, however this patient does not have that. Prostaglandins like remodulin, or trepostinil are advanced therapies that are only approved for WHO I PH, though they may be used in other etiologies, however this would not be the next step for this patient.

Thank you all for the amazing experience of being your chiefs this past year. We appreciate all of the support and guidance from Dr. Warm and the program leadership and the endless help from Joan, Liz, Jillian, Matt, and Kelly. Most of all, we are extremely thankful for the opportunity to work with the best residents around! You guys never ceased to amaze us with your grit and resilience, your humor, your kindness to your patients and colleagues, and your determination to make our residency the best it can be. We hope that you all had a great year; we certainly did!
Weekend to-do!

Friday: MainStrasse Village Original Goettafest, 5-11:30 p.m. Friday, noon-11:30 p.m. Saturday, noon-9 p.m. Sunday, MainStrasse Village. Goetta, arts and crafts, live music, entertainment, children’s activities. Free admission. www.mainstrasse.org.


First correct answer wins a $5 Starbucks gift card!

Your patient has a fever, abdominal pain and distension, and this biopsy. What is your diagnosis? What do you use to determine treatment and what do you treat with?

TRIVIA

SHOUT OUTS!!!

- To Geoff Motz for having a great attitude about a direct admission!
- To Betsy Larder and Matt Doers for an excellent noon report this week!
- To Joe Cooley, Grace Escamilla, and Dan Tim for providing coverage for the R3 graduation!
- To Josh NeCamp for an amazing Graduation Roast!!!
- To Brendan Collins for his understanding with a chief-in-training’s mistake!
- To Danny Peters, Connie Fu, Tarun Aurora, Sarah Weiskittel, Leila Borders, Matt Doers, Reza Ghoorkhanian, Grace Escamilla, and Andrew Hartshorn for attending an awesome MGR!