Weekly Calendar


3/21: Noon Report: Purple Team

3/22: Grand rounds: Ajay Srivastava, MD: “Cardiovascular Effects of Kidney Disease” (MSB 7051)

3/23: AHD: Hyponatremia; Senior prep: Endocrine Emergencies

3/24: Morbidity, Mortality, & Improvement (MSB 3051)

A fun time was had by all during our Olympics Closing Ceremony Celebration at Tostado’s Karaoke night! There are some fabulous singers in this crew!

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
Soon-to-be-Cardiology-Fellow Kelly Laippy and Dr. Smith had fun and saved a life the other day when performing a bedside pericardiocentesis in the CVICU! Remember to log all your procedures into MedHub—these will all need to be documented before you graduate! Believe us, your future employers will want to know!

**Clinic Corner**

Did you know anything about Bow Hunter’s Syndrome? This is posterior circulation ischemia caused by rotational occlusion of the vertebral artery! See images to the left. Patients with this syndrome can have a range of symptoms, from transient vertigo with head turn, to posterior circulation stroke. Given that this is positional, it is not caused by atherosclerotic plaque like many other types of cerebral ischemia, but is a result of dynamic stenosis of the vertebral artery due to abnormal bony structures—from disc herniation, cervical spondylosis, or large osteophytes. To diagnose, you can pursue dopplers, CTA, or MR, but the gold standard is digital subtraction angiography with head rotation, that allows you to see the dynamic stenosis of the artery. This is rare, so there are no real guidelines for treatment, but typically a conservative approach is warranted, with avoidance of the motions that cause symptoms (even using a neck brace if needed) and sometimes proceeding to cervical fusion for refractory symptoms.

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**GLOBAL HEALTH!**

Categorical and Med Peds PGY1s— If you are interested in going abroad in 2018, please contact Caroline Lee at: leecn@ucmail.uc.edu.

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**7NW Interdisciplinary Improvement Team Huddle**

Come be part of improving patient care through interdisciplinary teamwork! **EVERY Tuesday at 2pm** Location: UH 7104 (NRR)

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**Finding Meaning in Medicine**

When: March 20th, 6-8pm
Where: Hosted by Leslie Applegate (email Caitlin for details and if you would like to be included in the email list)
Theme: Luck
Q. A 26 year old female with history of lupus on prednisone and methotrexate presents to the ED saying, “I think I have pneumonia.” She has developed shortness of breath and cough over the last 3 days, and today she coughed up a little bit of blood. She denies any chest pain. She thinks she has had fevers at home but has not taken her temperature. She says she is more fatigued than usual, but fatigue has been a predominant feature of her lupus. On exam, she is in distress. Her heart rate is 106 bpm, her BP 106/76 mmHg, her temperature is 38.3°C, respiratory rate is 22/min, and her O2 saturation on room air is 89%. On exam, she has diffuse crackles bilaterally. She has a malar rash noted. Chest radiograph shows bilateral diffuse infiltrates. Labs are notable for a hemoglobin of 8 (last measured in the office 2 weeks ago was 9.5), platelet count 90k, and white count of 4k. What is your next step?

A. Bronchoscopy with BAL  
B. CTPA  
C. Repeat CXR after antibiotics  
D. EGD

A. The correct answer is A, bronchoscopy with BAL. Diffuse alveolar hemorrhage is a rare, but serious, complication in SLE. Patients usually present with dyspnea, cough, hemoptysis, and may even have fever. It can be difficult to distinguish this lupus pneumonitis, which is a form of ARDS (which of course would present with hypoxia, shortness of breath, and bilateral infiltrates on CXR). Bronchoscopy should be performed with serial aliquots to determine is pulmonary hemorrhage is present (serial aliquots with increasing blood is characteristic of DAH). Treatment of this disease acutely includes focus on supporting oxygenation and ventilation, as well as management of anemia, if present, and initial high dose steroid treatment.
Red team presented an interesting case of a patient who was admitted with pancreatitis and then developed TTP. Let’s talk about it!

Remember the mechanism of disease in TTP—there is an absence of ADAMTS13. ADAMTS13 is responsible for cleaving the big strands of von Willebrand factor multimers. Without cleavage of those multimers, they are hyperadhesive and cause platelet aggregation, leading to thrombocytopenia. Additionally, in the microvasculature, these platelet thrombi result in shear stress and therefore microangiopathic anemia, as well as ischemia to tissues that are sensitive to microvascular thrombi, like the kidneys. Findings in MAHA include the presence of schistocytes, and other findings consistent with hemolytic anemia, including elevation of indirect bilirubin, decreased haptoglobin, and elevated LDH.

Reminder!
Completion of a scholarly project is a requirement in order to graduate residency. Submission to the Ohio ACP is a great way to fulfill this requirement! Submissions are due April 30th. If you have any questions about this, please email Dr. Schauer.

ACLS Training
Second years residents—please schedule your ACLS recertification classes! Notify Caitlin of when you are scheduled for prior to 3/22. This is required to be on service and you risk being pulled from service if you don’t recertify prior to June 30th.
IM Residency Match!!!

Welcome to our family! We are excited to have these residents join us in July!

INTERNAL MEDICINE-CATEGORICAL
Chandler Brobst Indiana University School of Medicine
Jennifer Cihlar Chicago College of Osteopathic Medicine of Midwestern University
Saavia Girgla Central Michigan University College of Medicine
Miles Hagner The University of Toledo College of Medicine
Joshua Jameson Ohio University Heritage College of Osteopathic Medicine
Akhil Kher The Commonwealth Medical College
David Klesattel Northeast Ohio Medical University
Matthew Kurian Northeast Ohio Medical University
Eunhee Lee Wake Forest School of Medicine
Molly McDonough University of Cincinnati College of Medicine
Cailey Miller Wayne State University School of Medicine
Cathleen Park University of Cincinnati College of Medicine
Logan Roof Medical University of South Carolina College of Medicine
Rhea Rubin State University of New York Upstate Medical University
Sydney Schacht Arizona College of Osteopathic Medicine of Midwestern University
Maria Seymour Lake Erie College of Osteopathic Medicine
Kelsey Sparks University of Arkansas for Medical Sciences College of Medicine
Catherine Strahle Michigan State University College of Osteopathic Medicine
Jillian Thompson Rocky Vista University College of Osteopathic Medicine
Anna Wehry University of Cincinnati College of Medicine
Andrew Welch Arizona College of Osteopathic Medicine of Midwestern University
Andrew Wells University of South Carolina School of Medicine
Hilary Whitsett Indiana University School of Medicine
Julie Windholz Creighton University School of Medicine
Zeyu Xu University of Pittsburgh School of Medicine

INTERNAL MEDICINE-CLINICAL SCIENTIST TRAINING PROGRAM (CSTP)
Sigurd Hartnett University of South Dakota, Sanford School of Medicine
Kamal Kassem American University of the Caribbean School of Medicine

INTERNAL MEDICINE-PEDIATRICS
Tony (Carlos) Casillas University of California LA, David Geffen School of Medicine
Theresa Caya University of Wisconsin School of Medicine & Public Health
Anjali Chadayammuri Baylor College of Medicine
Maximillan Cruz Cooper Medical School of Rowan University
Joshua Dajac University of Central Florida College of Medicine
Lisa Fioretti University of Louisville School of Medicine
Heepke Wendoth University of Cincinnati College of Medicine

PRELIMINARY INTERNAL MEDICINE
Ryan Aschenbrener University of Cincinnati College of Medicine
Neha Doshi Drexel University College of Medicine
Jiyoon Kang Lake Erie College of Osteopathic Medicine
Julia Kiernan University of Cincinnati College of Medicine
Luke Lewis University of Cincinnati College of Medicine
Adam Prasanphanich Emory University School of Medicine

The Ultrasound Elective crew was spotted outside the Chief’s office, checking out our list of awesome new interns! Welcome to the UCIM family!
**Weekend to-do!**

**Friday:** St. Patrick’s Day Celebration, 11 a.m.-11 p.m., Fountain Square. Irish food, music and celebrations. Free. www.myfountainsquare.com.


**Saturday:** Cincinnati Rollergirls Home Season Opener, 6-9 p.m., Schmidt Memorial Fieldhouse, Xavier University, 3900 Winding Way. Triple-header featuring all 3 Cincinnati roller derby teams. $15. cincinnatirollergirls.com.

Hoops and Hops, 6-11 p.m., Purcell Marian High School, 2935 Hackberry St., East Walnut Hills. NCAA games on multiple large screen televisions, food, beer, basketball contests, including $10,000 half-court shot contest. Ages 21 and up. $10. Reservations recommended. 513-751-2500, ext. 204.


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**SHOUT OUTS!!!**

- To **Akshita Sharma**, for “having multiple patients with demanding social problems and handling them with great poise, and resiliency.” Strong work Akshita!
- To **Ashley Cattran** for “baking cookies daily to keep the VA morale high!” Thanks for the goodies!
- To **Kelly Laipply** and **Beverly Srinivasan** for “incredible sign out and discharge summary, respectively, on a patient who has been here for 56 days!!!” from a thankful co-resident.
- To **Grace Escamilla** and **Jeff Miller** for “their hard work and diligence in covering green team on nights for the past two weeks. Their overnight plans were always spot on and I always felt like my team was in great hands when I left for the day!” from a thankful senior.
- To all the residents at the VA who had NO outstanding discharges last week! This is the second time this year and that is unprecedented! Thanks for your hard work, all!
- To everyone who helped out during recruiting season, check out the fruits of your labor with our match list on page 5!
- To all of our incoming interns! We don’t even know you yet, but we’re happy to have you!

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**TRIVIA**

First correct answer wins a $5 Starbucks gift card! Your patient presents with a complaint of diarrhea and poor glucose control despite adherence to medical therapy, as well as these skin lesions. What is your diagnosis?

Joe Cooley and Can Tim diagnosed septic arthritis caused by gonorrhea! Treatment is ceftriaxone and surgical washouts!