SPECIAL POINTS OF INTEREST:

- Where in the world!
- Flashback Friday

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- Resident Life
- Holiday Fun
- Match List
- Weekend to-do
- Shout outs

UH Weekly Calendar

12/11: Ultrasound!
12/12: NR in 5051
12/13: MGR: Evaluation of Immunodeficiency in Adults
12/14: AHD: Osmosis/Resilience
12/15: NR in 5051

VA

Census Flip
Wound Care
Paracentesis

Congratulations R3/4s!

Thank you to those who came out to celebrate with the senior residents on Match Day! Check out page 4 to see where everyone is heading!

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
ITE Roundup w/the Co-chief: Constrictive Pericarditis

We recently received a full performance report on the ITE. Throughout the year in the Stethoscoop we will emphasize ITE objectives in which we have room for improvement. We will be using the trivia questions as a jumping point. Today, let’s focus on how to “diagnose constrictive pericarditis.”

Constrictive pericarditis (CP) is defined as a fibrotic pericardium impeding diastolic filling. The normal pericardium, comprised of a thin sac of fibro-elastic tissue, minimally impedes ventricular distension at normal cardiac volumes. In CP, fibrotic pericardial changes lead to stiffness thereby reducing compliance, which ultimately impairs ventricular relaxation causing high diastolic pressures in all chambers. Transient CP occurs in a subset of patients due to reversible inflammation; chronic or permanent CP is due to chronic inflammation and usually does not resolve with time.

Clinically, CP typically presents with signs and symptoms consistent with right-sided heart failure, such as dyspnea, exercise intolerance, and abdominal swelling. A patient’s dyspnea and decreased exercise tolerance (akin to the case presented by Michael Jerkins PGY-4 on 11/14/2017) results from elevation in pulmonary capillary wedge pressure and a decreased cardiac output response to exercise (given inadequate ventricular filling). Exam findings include JVD, peripheral edema, and ascites. Pericardial constraint leads to impaired right heart accommodation of inspiratory venous return, translating to an inspiratory increase in the JVP (Kussmaul’s sign). A history of cardiac surgery, chest wall radiation, or tuberculosis should heighten clinical suspicion in the presence of the above signs or symptoms.

Diagnosis of CP is a clinical assimilation of information as no single data point holds the key. Lab testing in CP is nonspecific. As an initial diagnostic, echocardiography may show pericardial thickening and/or calcification. Exaggerated ventricular interdependence and intrathoracic-intracardiac dissociation may also be seen. The pathognomonic finding is respirophasic septal shifting, detected by either M mode or 2D imaging. Doppler imaging may show hemodynamic signs of constriction. CXR can demonstrate pericardial calcification, a pathognomonic finding in the presence of clinical heart failure and elevated JVP. Unlike echocardiography, chest CT and cardiac MRI are not dependent upon patient habitus and can provide better cardiac visualization when echocardiographic imaging is inconclusive or suboptimal. Furthermore, respirophasic shifts in septal motion are also well demonstrated on both cardiac CT and MRI. Lastly, if non-invasive testing is inconclusive, cardiac catheterization remains the gold standard diagnostic test to assess for constrictive physiology, evaluate hemodynamic significance, and differentiate between CP and restrictive cardiomyopathy.

Treatment of CP varies based on etiology and duration. Medical treatment with diuresis is only partially effective. For transient CP, which may persist for 2-3 months due to pericardial inflammation, treatment of choice are NSAIDs for 2-3 weeks. If NSAIDs are ineffective and patients who do not have a causative pathogen, then treat with corticosteroids for 1-2 months with tapering over that period. For permanent CP, offer pericardiectomy. Total pericardiectomy is associated with higher survival compared to partial pericardiectomy. Cardiac pressures may take several months to normalize after pericardiectomy.

This article succinctly summarizes the pathophysiology of normal pericardium and constrictive.

Flashback Friday

Javy and Danielle had quite the déjà vu moment when two of their former chiefs, Micheal Hellman (Pulm/Crit fellow soon-to-be attending) and Dana Sall (Hospitalist, MedEd extraordinaire) stopped by!
Medical Pictionary: What is the Dx?

Resident Spotlight

Congrats to Nedhi Patel (again... I've lost count) for being the quickest to identify constrictive pericarditis s/p CABG, as well as the correct treatment! Read more in Javy’s corner! Don Quimby and Julie Gomez were just a few minutes behind!

Medical Trivia

First correct answer wins a $5 Starbucks gift card!

Holiday Events

Holiday Meal: Dec 14
Midnight to 2am
10:30am to 2pm
4:30pm-6:30pm
You MUST pick up your ticket from your mailbox in MSB! If you are unable to make it to the cafeteria on this date, the ticket can be used in the cafeteria at a later date (exp Dec 31).

Internal Medicine Holiday Party: Dec 15
6-9pm
Cincinnati Country Club
2348 Grandin Road

You MUST pick up your ticket from your mailbox in MSB! If you are unable to make it to the cafeteria on this date, the ticket can be used in the cafeteria at a later date (exp Dec 31).

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Internal Medicine Fellowship Match 2018

Cardiology
Patricio Alzamora  U of Cincinnati
Amar Doshi  Virginia Commonwealth U
Don Quimby  U South Florida
Daniel Tim  Beaumont - Detroit MI

Rheumatology
Joanna Marco  U of Washington Seattle
Greg Mott  U of Cincinnati

Infectious Diseases
Medhavi Bole  U of Washington Seattle

Nephrology
Megan Caroway  U of Cincinnati
Geoff Motz  U of Cincinnati

Pulmonology & Critical Care
Joe Cooley  U of Colorado
Scott Merriman  U of Alabama

Hematology & Oncology
Erin Espinoza  U of Cincinnati
Nikhil Shukla  Indiana U

Palliative
Sarah Ehrman  Ohio State U

Gastroenterology
Aditi Mulgund  Med Coll Wisconsin
Nedhi Patel  Med Coll Wisconsin
Weekend To-Do!

Friday: Purple People Bridge Christmas Walk, Purple People Bridge, Newport/Downtown. Walk across the bridge and take in 1,000 white and purple lights along with a lighted tree, projected lighting, seasonal music, wreaths, and scenic views of Cincinnati and Northern Kentucky. Lights stay on 24 hours. Free. 859-655-7700.

A Christmas Story, 7:30 p.m. Thursday, 8 p.m. Friday, 2 and 8 p.m. Saturday, 1 and 6:30 p.m. Sunday, Aronoff Center for the Arts, 650 Walnut St., Downtown. Musical of the cherished holiday movie. Through Dec. 10. Presented by Broadway in Cincinnati. $30 and up. 800-294-1816; cincinnati.broadway.com.

Holiday Pops, 8 p.m. Friday, 2 and 8 p.m. Saturday, 2 p.m. Sunday, Music Hall, 1241 Elm St., Over-the-Rhine. Blend of holiday favorites starring Tony-winning singer Laura Benanti along with Denzel Sinclaire, and dancers and singers from Classical Roots Choir and May Festival Chorus. 513-381-3300; cincinnatipops.org.

Winter Covington Night Bazaar, 6-10 p.m. Friday, 4-10 p.m. Saturday, Roebling Point Entertainment District, Court Avenue and E. Third Street, Covington. Shop gifts from local artists and makers and enjoy beer and spirits, food from local restaurants, and unique entertainment. Free. 859-261-7111; bit.ly/2zcm6GC.

Saturday: Cinderella, 2 p.m. Saturday, 2 and 5 p.m. Sunday, Taft Theatre, 317 E. Fifth St., Downtown. With plenty of audience participation, humor and outlandish characters, boys and girls will love this classic fairy tale set to pop music. Presented by The Children's Theatre of Cincinnati. $30, $25, $20, $15, $10, $1 (infant on lap). 513-569-8080, ext. 10; thechildrenstheatre.com.

Reindog Parade, noon-4 p.m., Mount Adams. Dress your pooch in a fun, festive costume and parade them through Mt. Adams and this parade that's fun for the whole family. All proceeds to go to SPCA. Benefits Society for the Prevention of Cruelty to Animals. Free, Fee to register to be in parade. 513-541-6100; spcacincinnati.com.

Cincinnati Santacon, noon-midnight, Jack Cincinnati Casino, 1000 Broadway St., Downtown. Santas meet downtown and then sing songs, make merry and spread good cheer through City of Cincinnati. Based around pub crawl. Donations made to the Cure Starts Now. Free. 513-252-0777; cincinnatisantacon.com.

Christmas Around the World, 2 p.m., Behringer-Crawford Museum, 1600 Montague Road, Covington. Learn about holiday customs of various immigrant groups that settled in this area. Listen to seasonal music from other lands. Craft holiday decoration and enjoy snack. Included with museum admission ($9, $8 ages 60 and up, $5 ages 3-17; free ages 2 and under) plus $5 craft fee. Registration required. 859-491-4003.

Sunday: Cincinnati Bengals Football, 1 p.m., Paul Brown Stadium, One Paul Brown Stadium, Downtown. vs Chicago Bears $52 and up, plus fees. 513-621-8383; bengals.com.

SHOUT OUTS!!!

- To Don Quimby for covering a coworker’s call without hesitation—and forgetting to mention it was the night before Step 3!!
- To Grace Escamilla for handling VA long call like a champ.. “She’s what every senior resident should strive to be—patient, kind, thorough, and tough in the busiest, most hectic circumstances!”
- To Greg Wigger for being in the ICU and simultaneously working on a paper submission and a separate QI handoff project.
- To Luke Lewis for his impeccable documentation!