SPECIAL POINTS OF INTEREST:

- Puppies.
- Dogs.
- Puppies.

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Thursday 2/1/18
10AM-3PM
Cincinnati Escape Room
2300 Montana Ave #420

Send us photos and fun info about the interns! We also want SUPERLATIVES for each intern as well! Seniors, help us out!

Please check your email for coverage plans. Lunch will be provided. Please email ASAP if you have any food restrictions.

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
Atrial myxomas are a type of rare benign primary cardiac neoplasm of primitive mesenchymal cells in subendocardial tissue, most often occurring in the left atrium. The incidence of cardiac myxoma was 0.09%, based on a retrospective cohort study of over 20,000 patients evaluated with echocardiography over 4 years. Most myxomas are sporadic/isolated, but about ~10% are familial syndromes. Genetic myxoma syndromes, include Carney syndrome (atrial, cutaneous and mammary myxoma, lentigines, blue nevi, endocrine disorders, and testicular tumors) or LAMB (lentigines, atrial myxomas, mucocutaneous myxomas, and blue nevi), like the trivia question from last week.

Signs and symptoms are widely variable from asymptomatic to arrhythmias, heart failure, murmurs varying with body positions, or systemic emboli. Patients can have arrhythmias or heart block from direct invasion of the myocardium. Heart failure may result from progressive valvular regurgitation. Physical obstruction of a cardiac chamber filling may result in dyspnea or frank pulmonary edema due to pulmonary venous hypertension. Interestingly, body position may influence the severity of symptoms due to the movement of tumor within the heart, and a characteristic early diastolic “tumor plop” may be heard on auscultation.

Cardiac myxoma may be an incidental finding on imaging for other indications in asymptomatic patients. Echocardiography, generally TTE, is initial imaging modality in patients with suspected cardiac myxoma. Presence of mobile mass attached to endocardial surface by stalk arising from fossa ovalis is considered diagnostic without further imaging. However, if a narrow stalk is not found on TTE then cardiac CT or MRI can be conclusive. Definitive diagnosis made with combination of macroscopic appearance and histopathology after surgical resection of myxoma.

Treatment is with urgent surgical excision, which is indicated to prevent systemic embolization and cardiovascular complications. Follow-up with echocardiography 3 months after myxoma excision, then annually to evaluate cardiac function and verify no regrowth of tumor.

Based on several retrospective cohort studies, recurrence rates in patients undergoing cardiac myxoma resection range from 4.3-5.7%. A retrospective cohort study of 95 patients demonstrated a 6-year mortality of 3% in patients after surgical excision of primary intracardiac myxoma.

**MICU QI Project**

Dr. Zafar and Khurram Khan are working on a project to minimize lab draws. Please help by doing the following:

1. **Discuss which labs** need to be checked for EVERY patient during rounds.

2. **Edit your MICU note template.** Add “Labs” section to your Daily Plan and state which labs will be followed and how frequently.

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**Annual Program Evaluation**

Let’s make Dr. Warm sing with joy by completing this survey! This is your opportunity to evaluate how the program is performing. Every year we use this data to develop our many improvement projects! You have until 2/1/18.

**Click HERE to complete it now!**
49yo F presents with new-onset anasarca and AKI. The following image is seen when a UA is shown under polarized light. What are the findings, and what is a possible diagnosis?

Medical Trivia

First correct answer wins a $5 Starbucks gift card!

49yo F presents with new-onset anasarca and AKI. The following image is seen when a UA is shown under polarized light. What are the findings, and what is a possible diagnosis?

Congrats to Max Cruz for being the first to identify atrial myxoma and Carney complex! Joanna Marco, Nikki Boschuetz, and Alex Niu were just a few minutes behind!

Special shout out to Dr. Amy Bunger for making this moment happen!!
Shout Outs!!!

- To Reza Ghoorkhanian for remaining upbeat despite being jeopardized.
- To Rita Schlanger for her “gutsy” (teehee) demonstration of toxic megacolon.
- To Erin Espinoza for helping out despite a busy AOD shift!
- To Akhil Kher for staying positive despite getting crushed during a night on jeopardy!
- To Brian Shaw & Geoff Motz for taking it easy on a rusty long blocker on nights. #Prevnar
- To Marc Guerini and Amar Doshi for not batting an eye when asked to help with coverage.
- To Suhas Devangam for offering to help out night float teams while on 6S nights. #teamwork
- To night float folks for their hard-work during the busy super-flu season, especially Brian "Black Cloud" Shaw. - from a grateful colleague
- To Matt Cortese for getting engaged! Grace said yes on New Year’s Day under the Supermoon—what a gorgeous photo!
- To Michael Jerkins for obtaining a color team long call no-hitter. And on his last long call at UC, no less!
- To Drs. Awosika and Katherine Clark for being the top team faculty DB11’ers, along with Red and Orange team members in December! Drs. Rose and Gummadi were the two hospitalists to DC the most patients by 11am in December!
- To the many residents who attended the Program Evaluation Committee meeting this week. Special thanks to Daniel Tim!