Welcome to our UC IM Family!

Lily Elaine Welch was born on 5/21/2018!

Congratulations!!

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
In general, kidney transplantation is the optimal form of renal replacement therapy (RRT) for patient survival, quality of life and cost-effectiveness. Paramount to graft survival and effectiveness are immunosuppression and ABO compatibility between donor and recipient. Unfortunately, because of these factors, complications arise.

Immunologic rejection is the major hazard to short-term success. Rejection may be hyperacute (immediate graft failure due to preformed antibodies in the recipient to donor antigens), acute (renal dysfunction within weeks to months), and chronic (progressive renal dysfunction leading to fibrotic changes). Hyperacute rejection requires removal of the graft. Treatment of acute rejection usually consists of burst steroids (methylprednisolone 500-1000mg/d x3 days). In refractory or severe cases, human T cell monoclonal antibodies may be given for 7-10 days.

Infection and neoplasm are also important complications. In the immediate post-operative state, bacterial infections predominate. After 1 month, opportunistic infection risk increases due to an immunosuppressed host, notably *Cytomegalovirus* and *Pneumocystis carinii*. Systemic CMV infection is of concern when a seropositive donor transplants to a seronegative recipient. These recipients should have routine oral prophylaxis with ganciclovir or valganciclovir. Daily prophylaxis with trimethoprim-sulfamethoxazole is effective at risk reduction for *Pneumocystis carinii*. Furthermore, Epstein–Barr virus infection is associated with an increased risk of post-transplantation lymphoproliferative disorder. Non-Hodgkin’s lymphoma and squamous cell carcinoma of the skin are also common.

For a wonderful review on the immunologic aspects of transplant please [CLICK HERE](https://doi.org/10.1136/bmj.g68)!
A 65yo male with PMHx of OLT 6mo prior is admitted for 3wks of malaise and mild diarrhea after outpatient workup is negative. Colonic biopsy is shown here. What finding is shown, and what is the diagnosis?

Congrats to Max Cruz—he was the first to identify arcus senilis seen with high cholesterol.
**Weekend To-Do!**

**Friday:** Over the Rhine Presents: Nowhere Else Festival, Friday-Sunday, Nowhere Else, 190 Townsend Road, Martinsville. Lineup of musicians, writers, photographers, painters, naturalists and foodies. $350 VIP 3-day, $135 2-day pass, $80 single day pass; nowhereelsefestival.com.

**Furry Friends Festival**, 6-10 p.m. Friday, noon-6 p.m. Saturday, Washington Park, 1230 Elm St., Over-the-Rhine. Dog-friendly festival with bluegrass music, food beer and pet vendors. Free. 513-352-4080; washingtonpark.org.

**May Festival: A Lush and Rhythmic Romance**, 8 p.m., Music Hall, 1241 Elm St., Over-the-Rhine.
Ravel's Daphnis et Chloé. $15-$104. 513-381-3300; mayfestival.com


**Saturday: Taste of Cincinnati USA**, 11 a.m.-11 p.m. Saturday-Sunday, 11 a.m.-9 p.m. Monday, May 28, Downtown Cincinnati. Fifth Street, between Main and Sentinel streets. Food from over 40 restaurants, continuous live entertainment featuring local and national recording stars performing on multiple stages throughout event.


**Sunday: Indianapolis 500**, gates open 6 a.m., Indianapolis Motor Speedway, 4790 W. 16th St. Green flag waves at 12:19 p.m. 317-492-8500; www.indianapolismotorspeedway.com


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**SHOUT OUTS!!!**

- To Greg Mott, Bo Franklin, Julie Windholz, Rhea Rubin, Chris Wood, Ian Bakk, Geoff Motz, and Weixia Guo for making it to Grand Rounds this week!
- To Harika Gorti for her understanding and positive attitude after she was jeopardized (even though she wasn’t on jeopardy)!
- To Betsy Larder for doing a great job with a complicated medical consult patient while on AOD!
- To Sig Hartnett for treating the night float team with Insomnia cookies!
- To Tim Reed for answering everyone’s questions despite being on vacation!
- To Matt Kurian for diagnosing malaria by independently identifying a gametocyte on a peripheral smear! #bada$$
- To Nikki Boschuetz for her awesome attitude about a VA transfer even though the patient immediately left AMA..
- To Chris Wood and Heepke Wendroth for helping out with paternity coverage!