Weekly Calendar

9/29: Senior Change Day—Orientation, State of the Senior

9/30: Intern Change Day—Orientation/Procedure Fair—PIV’s Demo, Dr. Weesner

Master Teacher Program, Noon Report Room 5-6:30

10/1: Medical Grand Rounds: Dr Finkleman “Suppressing Allergy in just 24 hours”

Intern/AI Wards Orientation 1:00, Noon Report Room

10/2: Academic Half Day—Diabetes Senior Prep—Neuro Evaluation

10/3: Intern Noon Report—TBD Senior Noon Report—TBD

~Telling It Like It Is~

Dr. Keaton Jones teaches the crowd at the resident research symposium.

“My music isn’t just music... It’s medicine”

— Kanye West

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://intmed.uc.edu/education/residency/feedback.aspx
Unprovoked Pulmonary Embolism

Dorothy Jung recently diagnosed an unprovoked pulmonary embolism that prompted the following question—how much testing should we do to evaluate for secondary cause of an unprovoked PE?

Arguments against screening:

- Screening is costly and usually does not change initial anticoagulation management (unless the patient has multiple inherited prothrombotic defects).
- The VTE recurrence rate in inherited defects is the same (or lower than) in patients without a prothrombotic defect.

Arguments for screening:

- 1-2% of patients presenting with initial idiopathic VTE have multiple prothrombotic defects.
- Family members who are on oral contraception and/or pregnancy involved are denied the benefits of knowing they are at high-risk for thrombotic event if the patient is not screened.

When not to screen:

- Recent major surgery, trauma, or immobilization
- Active malignancy
- Systemic lupus erythematosus
- Inflammatory bowel disease
- Myeloproliferative disorders
- Heparin-induced thrombocytopenia with thrombosis

Dortothy’s Take:

1. If there is a strong family hx of VTE, then screen for the 5 major inherited prothrombotic defects in both the patient and 1st degree family members
2. When to screen for protein C/S, antithrombin:
   - patients < 50 years old, family history of VTE or recurrent thrombosis, OCPs or pregnancy, patient history of unusual vascular beds (portal, hepatic, mesenteric, cerebral vein thrombosis), history of warfarin-induced skin necrosis
3. When to screen for Factor V Leiden, prothrombin, anti phospholipid: Caucasian pts < 50. all women on hormone therapy, non-Caucasians (<50?), then only screen for lupus anticoagulant/antiphospholipid antibody

Fitz-Hugh-Curtis

Nabeela Siddiqi and Megan McIntosh discussed a case of recurrent abdominal pain in a young sexually active female. After evaluating a tremendous differential, the patient was found to have chlamydia and Fitz-Hugh-Curtis syndrome which improved with treatment.

Fitz-Hugh-Curtis (a.k.a. perihepatitis) fast facts:

- Also a/w gonorrhea infection
- Presents as RUQ pain w pleuritic component, often with referred pain to R. shoulder
- Mostly infx of liver capsule so LFTs usually normal
- Tx = treat for PID (Ceftriaxone 250 mg IM x1 + doxycycline 100 mg PO BID x 14 d +/- Flagyl 500 mg PO BID x 14 days)

Perihepatic adhesions secondary to Fitz-Hugh-Curtis Syndrome

CHLAMYDIA
New Foodstuffs??

Rumor has it that the old Wall Street Deli location will now be featuring two new bistro’s! Look for ‘em October 9th.

Nature’s Table—Do I have to eat with wooden spoons? Is this where they’ve been collecting all of Tim William’s produce? Jury’s still out, but call me curious.

Copper Moon Café—Anything with caffeine is okay in my book. Do the barista’s always stand outside strutting? Time will tell!

Post Hospitalization Discharge Line

Did you know?

We have a IM discharge phone line. This is a new phone line developed by the inpatient clinical core governance committee to improve the care for our patients during the transition from inpatient to outpatient care. It is for all medicine patients and their care providers who may have questions related to the hospital stay. The line is answered by phone staff who are trained to answer basic questions and direct calls to the multidisciplinary team as needed.

Questions for a physician are directed to the attending of record.

1. Please let your patients know about 584-7474 printed on their AVS at discharge.

2. Calls for physicians go to the attendings. If it is mistriaged to you please let me know and redirect call center to attending. —Katie Parker
Winter is Coming. Summer must-do’s before the cold hits.

Kings Island: A Midwestern Marvel, Kings Island boasts the largest coasters in the world. Get the most bang for your buck and check out their Haunted Houses after a day on the rides during Fear Fest this October.

Cincinnati Zoo: Zoo Babies! We just got some baby orphan gorillas and guys in gorilla suits are acting like mama gorilla.

Geocaching: All that’s needed is a smartphone and you’re on an official treasure hunt. ANY nearby park is guaranteed to have hidden treasure! Check it out at geocaching.com. A must-do, especially with significant others or kids. Trust me on this one.

Morgan’s Canoe Rental: An easy float or a wild kayak tour, Little Miami River boasts some of the best canoe trips you’ve been on.

Loveland Bike Trail: A must-do wooded trail for biking and jogging.

Research Corner: A Slice of UC’s Cutting Edge

Mariam did a study called: Respiratory Symptoms and Self-reported Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) Are Specific But Not Sensitive For Airflow Limitation (AFL) Defined By Either Fixed Ratio (FR) or Lower Limit of Normal (LLN) Spirometric Thresholds

CONCLUSIONS: Veterans with AFL defined by FR or LLN have similar respiratory symptoms. COPD is both misdiagnosed and under diagnosed clinically because respiratory symptoms do not correlate with AFL. Spirometry is essential for making a diagnosis of COPD.

Congrats to Mariam Anis for winning first place for her poster at Research Day 2014!
The Weekend To-Do List—September 26th-28th

1) MidPoint Music Festival: 170 bands playing at over a dozen venues across Downtown and over the Rhine. Friday/Saturday

2) UC vs OSU Football Game 9/27 6PM Paul Brown Stadium

3) USS Nightmare Haunted House—Riverside

4) Cincinnati Street Truck Festival—9/27 11A-5P, Walnut Hills

5) Taste of the Levee, Newport, 12-7PM 9/27

6) Pumpkin Festival 9/27-28. Burger Farm, Newtown

Medical Trivia

First person to email Da- na, sallda@ucmail.uc.edu and correctly identify this EKG abnormality will win a Starbucks giftcard!

Congrats to Michael Northcutt for correctly identifying Airway Pressure Release Ventilation or APRV.

SHOUT OUTS!!! (Let us know who Rocks)

-Danny Peters from an attending for doing a great job on bedside rounds, especially while on night float!

-Two members of the department of internal medicine were inducted into AOA! Congratulations to Dr. Steven Gay and Dr. Prabir Roy-Chaudhury—well-deserved!!

-John Reid, Javier Baez and Robbie Bach for getting the ball rolling to design and organize our annual IM fleeces.

-Li Rowley, Richa Patel, Keaton Jones and Arek Manugian for doing a great job presenting at medical grand rounds this week!