Weekly Calendar

2/22:  Speed Walking: 1:30 start time at Parking Garage elevators
2/23:  **Residency Meeting** and Heads Up: 12pm, location TBD
2/24:  Grand Rounds: Sonya Phillips, MD: "HIV and Malignancy"
       Dress like your favorite attending: 1pm, MSB 5051 after MGR
2/25:  Bar Trivia: noon, location TBD
       Chubby Bunny: noon, location TBD
2/26:  MM&I: noon MSB 2351

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
Hyperthyroidism + NSTEMI?

On Tuesday: Orange Team presented a unique case of hyperthyroidism-associated coronary vasospasm with the presentation of atypical chest pain, symptomatic thyrotoxicosis, and a profoundly elevated troponin with a non-ischemic ECG, normal TTE, and LHC free of CAD.

### Case Report

Hyperthyroidism-associated coronary spasm: A case of non-ST segment elevation myocardial infarction with thyrotoxicosis

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**Abstract**

Hyperthyroidism is associated with many heart diseases. Thyrotoxic state has a relationship with coronary spasm. We present a case of a non-menopausal woman with hyperthyroidism who complained of chest pain. The diagnosis of coronary spasm was confirmed by coronary angiography (CAG). She is treated well with anti-thyrotoxicosis and anti-anginal medication. We recommend not use CAG as the first diagnostic choice among the patients with medication-uncontrolled hyperthyroidism and chest pain.


#### Thyrotoxicosis

<table>
<thead>
<tr>
<th>Test</th>
<th>Graves</th>
<th>Toxic Adenoma/MNG</th>
<th>Subacute Thyroiditis</th>
<th>Postpartum thyroiditis</th>
<th>Exogenous T4</th>
<th>Exogenous T3</th>
<th>TSH-secreting pituitary tumor</th>
<th>Reference</th>
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<tbody>
<tr>
<td>TSH</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>Normal or elevated</td>
<td>0.5-5.0 µU/mL</td>
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<tr>
<td>FT4</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>Normal/↑</td>
<td>0.9-2.4 ng/dL</td>
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<tr>
<td>FT3</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>Normal/↑</td>
<td>3.6-5.6 ng/dL</td>
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<tr>
<td>TPO Ab</td>
<td>+/-</td>
<td>+/-</td>
<td>+/−</td>
<td>+/−</td>
<td>+/−</td>
<td>+/−</td>
<td>&lt;35 units/mL</td>
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**Thyroid Stimulating Immunoglobulin** + <125%

**Thyrotropin binding inhibitory immunoglobulin** + <16%

**Radioactive iodine uptake scan** ↑ <5% <5% <5% <5% Normal/↑ 10%–30% at
2016 Residency Olympics have officially begun

If you missed the opening Ceremony, you can still catch the trailer here: https://uc.box.com/s/k2z60jssxnecn19voyf4f1nu24ssstm

Penny Wars are waging in the UH Chiefs office: pennies to your own team, silver pieces to your enemies

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<tr>
<td>Speed Walking</td>
<td>Heads Up ** Residency Presentation w/ Warm</td>
<td>Dress like your favorite attending</td>
<td>Trivia + Chubby Bunny</td>
<td>12p: MM&amp;I Baking Competition</td>
<td>Bowling tournament</td>
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</tr>
</tbody>
</table>

| 28  | 29  | 1   | 2   | 3   | 4   | 5   |
|     |     |     |     |     |     |     |
| Surgical Amphitheater Junior Mint Toss | Broken Pager curling | Art Competition + “Make a meme”/ “caption-this” due | Pentathlon | Lip Sync Battle and Closing Ceremony |     |     |
VA Update

Beginning February 22nd inpatient teams will be solely responsible for the admission order!

Benefits:
- Help prevent patients arriving to the floor without ED contacting admitting team
- Complete control of placing patients in observation vs inpatient
- Help notify attending early for inappropriate admissions (more to follow in the coming weeks)

Go to Admit order sets, click on Gen Admission & Observation Orders (at right)

Isopropyl Alcohol Intoxication

Clinical findings:
- Usually appear within 30 to 60 min after ingestion: Abdominal pain, nausea, vomiting, diarrhea, and changes in mentation
- Hypotension can be present in very high isopropanol levels

Laboratory Findings:
- Increase in the serum osmolality
- Metabolic acidosis is absent, unless hypotension is sufficient to produce lactic acidosis
- A major metabolites of isopropanol is acetone, so the nitroprusside reaction will be positive
- Triad: normal acid-base parameters, hyperosmolality, and a positive nitroprusside reaction of urine and/or blood
- Isopropanol levels will usually be elevated; obtain volatile EtOH screen
- Serum creatinine: if measured with the colorimetric method, can be elevated in the absence of renal failure as a result of the interference of acetone with the creatinine determination.

Treatment:
- Supportive measures are often sufficient if the patient is not comatose and/or hypotensive.
- If hypotension is present along with coma, then initiation of hemodialysis has been recommended
Q: A 49-year-old man is evaluated for a 10-year history of gout. He is currently asymptomatic but is interested in reducing the frequency of attacks. Previous attacks were rare, but for the past 3 years he has had four to five attacks per year. His father has a history of chronic tophaceous gout. The patient’s only medication is ibuprofen as needed for gout attacks.

On physical examination, temperature is 37.0 °C (98.6 °F), blood pressure is 118/80 mm Hg, pulse rate is 72/min, and respiration rate is 13/min. BMI is 29. The general physical examination is normal. There is no evidence of tophi, and the joint examination is unremarkable.

Which is the most appropriate initial treatment?

A: This patient has frequent, symptomatic gout attacks and requires initial treatment with colchicine concurrent with urate-lowering therapy such as allopurinol. Gout manifests as acute, intermittent attacks of severe pain, redness, and swelling of a joint accompanied by intracellular urate crystals seen on polarized light microscopy of the synovial fluid. NSAIDs, corticosteroids, and colchicine are appropriate management strategies for acute gout attacks; choice of treatment is based on relative efficacy and, most importantly, the side-effect profiles of the agents and the risk of toxicity in the individual patient.

Gout is associated with hyperuricemia, and patients with recurrent episodes (≥2 attacks in 1 year) require urate-lowering therapy to prevent both future attacks and occult urate deposition. However, the addition of urate-lowering therapy transiently increases the risk for acute gout attacks for at least 3 to 6 months; accordingly, prophylaxis with an anti-inflammatory agent such as colchicine, at least during that period, is indicated concurrent with urate-lowering therapy.

Along with this treatment regimen, management of risk factors can help to lower serum urate concentrations, including reducing purine and fructose and increasing dairy intake, within the limits of individual tolerance; weight loss; and reducing alcohol consumption. Medications that raise serum uric acid levels, including thiazide diuretics and low-dose salicylates, should be discontinued if alternative therapy is appropriate.

Master Teacher was a huge success this week with a great sharing of ideas and strategies to make group presentations effective and memorable. Thanks to everyone who participated!
Weekend to-do!: 60 Degrees in February Edition

Through Feb. 21: Cincinnati Auto Expo, 11 a.m.-8:30 p.m. Thursday, 11 a.m.-9 p.m. Friday, 10 a.m.-9 p.m. Saturday, 11 a.m.-5 p.m. Sunday, Duke Energy Convention Center, 525 Elm St., Downtown. ww.hartproductions.com.


TRIVIA

In the 17th century, a human received one of the very first blood transfusions; What was the donating source of blood?

SHOUT OUTS!!!

- John Reid for being an intrepid scavenger of clues.
- to Michael Jerkins and Hani Alkhatib for helping out a slammed short call team. You’re the best!
- all the R2s who covered for intern retreat: the chiefs and R1s thank you for support and coverage
- all the R1s for making a great intern retreat
- all the R2s who covered for intern retreat: the chiefs and R1s thank you for support and coverage
- all faculty and residents who attended the Master Teacher Pathway and indulged the chief resident presentation
- to our kick-ass AODs this month: Monique Jindal, Jeremy Sorkin, Robbie Bach, and Denada Palm- consulting like experts, running rapids and codes like bosses, and helping out where they can. You rock.