Weekly Calendar

10/17: Noon report: Red team
10/18: Noon report: Research Roundtable
10/19: Grand Rounds: David Perlmutter, MD: “Alpha-1 Antitrypsin Deficiency Liver Disease and Personalized Medicine in the 21st Century” MSB 5051
10/20: AHD: HIV; Senior Prep: Difficult patient
10/21: Noon report: Intern—H/O interns; Senior—Green

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](http://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback)
Recall that as we prepare to say Goodbye to Long Block 10 and Hello to Long Block 11, that you need to be preparing to sign out with your clinic partner! You must let Nabeela know when you’ve done this. This is essential for providing a smooth transition for you and your patients.

Clinic Corner

Dr. Warm and his family are hosting the tenth annual residency party, coming up Friday October 30th at 7pm! This is always a super good time, as you can see from the pictures to the right. There’s Dr. Mathis with a craft beer selection you just can’t miss (will he have it again this year, who knows!), and you can see Rita, Aditi, Matt, and Don singing their hearts out in the jam session portion of the night! You haven’t lived until you’ve heard Dr. Eckman play the guitar.

This is a celebration of the end of Long Block for some, and the start of it for others, as well as a kick-off to recruiting and a Fall Celebration of our awesome interns who’ve been kicking butt on the wards for a while, now. Friends, family, kids -- everyone is welcome! Please be sure to RSVP (it’s the polite thing to do!) Can’t wait to see you guys there! Word on the street is that Thomas will be performing 1-2 Gucci Mane songs.

10th Annual Residency Party!

SAVE THE DATE!

7NW Interdisciplinary Improvement Team Huddle
Come be part of improving patient care through interdisciplinary teamwork!
EVERY Tuesday at 2pm,
Location: UH 7104 (NRR)
Noon Report Round-up!

Green team presented a case of CMV in an immunocompetent host. Let’s talk about it!

CMV, or cytomegalovirus, is a double stranded herpes virus - its HHV5. We really get excited about it when it occurs in the immunocompromised host (transplant patients and patients with HIV), as it results in significant morbidity and mortality in those patients, but don’t forget that it can occur in immunocompetent patients, too!

### Presentations of Acute Cytomegalovirus Infection in a Normal Person

<table>
<thead>
<tr>
<th>COMMON</th>
<th>LESS COMMON</th>
<th>RARE</th>
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</thead>
<tbody>
<tr>
<td>Asymptomatic*</td>
<td>Exudative pharyngitis</td>
<td>Icteric hepatitis</td>
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<tr>
<td>Mononucleosis syndrome</td>
<td>Splenomegaly</td>
<td>Guillain-Barré syndrome</td>
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<tr>
<td>Fever</td>
<td>Cervical adenopathy</td>
<td>Encephalitis</td>
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<tr>
<td>Malaise</td>
<td>Nonspecific rash</td>
<td>Myocarditis</td>
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<tr>
<td>Sore throat</td>
<td>Anemia</td>
<td>Pneumonitis</td>
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<tr>
<td>Headache</td>
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<td></td>
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<tr>
<td>Increased levels on liver function tests</td>
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<tr>
<td>Lymphocytosis</td>
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<tr>
<td>Antibiotic rash</td>
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How do you get it? Close contact (shed in upper respiratory tract, urine, and can be found in the genital tract). It can also be transmitted following blood product transfusion. Don’t forget about perinatal exposure of the fetus or infant from maternal viremia, exposure during birth, or from breast milk! Remember that congenital CMV is bad news, resulting in low birth weight, microcephaly, seizures, and other complications.

I know they say “Owl’s eye nucleus” but that looks like a straight up alien.

The most common presentation of CMV disease in the immunocompetent adult is a mononucleosis syndrome with fevers, lymphocytosis (with atypical lymphocytes), lymphadenopathy, and feeling really crummy. LAD is less common in CMV mono than it is in EBV mono, and is also less likely to include pharyngitis. In addition to lymphocytosis, you can see thrombocytopenia, anemia, cold agglutinins, and mild transaminase elevations.

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**ACG Practical Gastroenterology Update**

**When:** Thursday November 3, 6 pm-9:15 pm

**Where:** The Summit Restaurant at the Midwest Culinary Institute

**What:** Discussion of developments in the areas of endoscopy, liver disease, IBD, and colorectal polyps and colonoscopy.

FREE to register, last day to register is October 28th.

Don’t miss this great opportunity! This is a great opportunity for learning, networking, and free dinner!

**Discharge Huddle!**

The Discharge Huddle on 7NW is aimed at moving up our discharge time and improving overall bed flow (which would decrease those night shift transfers…) as well as patient satisfaction. Seniors (interns also welcome!) are expected to attend if they have patients on 7NW who are discharging on that day or expected for the following day. We look forward to seeing you Monday through Friday at 3pm in the Noon Report Room!
Q: A 40 year old male with history of fistulizing Crohn’s disease on etanercept has been hospitalized for disseminated histoplasmosis. He has evidence of hepatic and lymph node involvement. He is currently in the ICU and is being treated with amphotericin. He has been improving until hospital day 4, when he developed hypotension and renal failure. There is no evidence of bacterial infection, with negative blood cultures, normal airways on bronchoscopy inspection with negative BAL, and his urinalysis does not show signs of infection. On exam, his BP is 70/50 mmHg, his heart rate is 106bpm, respirations 20/min, and O2 saturations 96% on room air. On exam, he appears fatigued, and is not oriented to place or time. He is complaining of abdominal pain but has a normal abdominal exam. Labs are notable for serum sodium of 127, potassium of 5.7, and BUN 38. He has also been hypoglycemic. You suspect adrenal insufficiency and order a morning cortisol, which returns as 3mcg/dL. What is the most likely etiology?

A. Addison’s disease  
B. Fungal adrenalitis  
C. Waterhouse-Friderichsen Syndrome  
D. Sepsis

A. The answer is B, fungal adrenalitis. Fungal adrenalitis is the most common cause of primary adrenal insufficiency worldwide, whereas in the US the most common cause is autoimmune adrenalitis, or Addison’s disease. This patient is at risk for fungal adrenalitis due to his disseminated histoplasmosis. On autopsy, adrenal involvement is found in 80-90% of patients with disseminated histo, and although overt adrenal insufficiency is found in about 10%, this is still an important diagnostic consideration. This patient does have overt adrenal insufficiency with hypotension, hypoglycemia, hyperkalemia, hyponatremia, and azotemia, and his AM cortisol (normal level is 10-20) and a level less than 3 has nearly 100 percent specificity. Other etiologies, including a relative adrenal insufficiency secondary to sepsis, adrenal hemorrhage (Waterhouse Friderichsen syndrome), and Addison’s disease, are all causes of adrenal insufficiency, but are much less likely in this case due to the patient’s underlying condition. Treatment includes hemodynamic stabilization of the patient (which in real life would have been done immediately without waiting for an AM cortisol to come back) with volume expansion and pressors as needed, and immediate steroids. Dexamethasone (4mg q12 hours) is preferred in patients in whom the diagnosis is suspected but not clear, as it does not interfere with the measurement of cortisol. Hydrocortisone may also be used, 100 mg q6 hours.

Sleep and Fatigue

Please ensure that you get your RiteKnowledge Sleep and Fatigue training module completed before 11/30/2016! Let Joan know once you’ve completed this. Failure to complete this can result in you being pulled off service; please don’t be in that position!

The link for the module may be found here: https://traininglogin.uchealth.com/.

Also, as another reminder, all photos of residents, embarrassing or otherwise, should be sent to a chief for our own amusement and enjoyment. We promise to use them wisely (see left).
**Weekend to-do!**

**Friday:**  LadyFest Cincinnati, 7 p.m.-2 a.m. Friday, 5 p.m.-2 a.m. Saturday, Northside. Multi-venue festival features music, film, visual art, public performance and educational workshops. Free. ladyfestcincinnati.com.

**Amelia BEERhart: Celebrating Women in the Craft Beer Industry,** 5-8 p.m., E8ht Ball Brewing, 18 Distillery Way, Newport. Exclusive flights from several breweries, meet women behind beer, auction of local art. Ages 21 and up. Benefits Women Helping Women. Free admission.

**Saturday:**  The Pandora Society Presents The Cincinnati Halloween Masquerade and Noir, 8 p.m., The Southgate House Revival, 111 E. Sixth St., Newport. Whole House. Costume optional but theme is Shadows of Knockturn Alley from Harry Potter. Loren the Black is MC. Music by Lovecrush 88, belly dance from Troupe Roja, DJ Dr. Martin and NOIR, drag queen Stixen Stones, cabaret, bands, costume contests, vendors, and more. $20, $15 advance. www.southgatehouse.com.

**Northern Kentucky Wine Festival,** 3-10 p.m., MainStrasse Village, Main Street, Covington. Sixth St. Promenade. Features Kentucky’s own wineries. Local food, artisans, live entertainment. Ages 21 and up. $15 includes souvenir wine glass and 4 sample tickets. www.mainstrasse.org.


**Sunday:**  Barks, Beer and Brunch, noon-2 p.m., Arnold’s Bar & Grill, 210 E. Eighth St., Downtown. Service dogs show skills, live and silent auctions, split-the-pot, live music and tapping of limited edition microbrew Hoppy Tails at 1 p.m. Benefits Circle Tail. $50. www.circletail.org. www.circletail.org.

**TRIVIA**

What are these called? What disease process do they indicate?

First correct answer wins a $5 Starbucks gift card!

Congrats to Steve Bohinc for recognizing Dahl’s sign, or the Thinker’s sign. This is found in patients with COPD and is a result of sitting in the tripod position.

**SHOUT OUTS!!!**

- To Michael Northcutt and Steve Bohinc for covering for ACP and ACG this weekend. You guys are great!
- To the amazing night medicine squad, Rita Schlanger, Tim Reed, Danielle Clark, Bri Riziz, Forrest Foster, and Alex Niu, for taking care of a bunch of transfers this week who were complicated patients!
- To superstar AOD Leila Borders for running (and running too!) 3 rapids in a very short period of time on Tuesday morning! Get it girl!
- To all the awesome ACP go-ers this week. Thank you for representing our residency!
- To our ACP Doctor’s Dilemma team Ned Palmer, Kelly Laipply, and Scott Merriman!