**Weekly Calendar**

10/24: Noon report: Yellow team
10/25: Noon report: Blue team
10/26: Grand Rounds: Vincent Martin, MD: “Migraine and Chronic Daily Headache” MSB 5051
10/27: AHD: Difficult Patient; Senior Prep: Shock and Sepsis
10/28: Morbidity, Mortality & Improvement

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**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)
Clinic Corner

Long Blockers shared an interesting case of a patient diagnosed with new onset atrial fibrillation that may have been related to a yet undiagnosed malignancy (small cell lung cancer was later diagnosed). Can cancer cause atrial fibrillation?

A large epidemiological study on 24,125 patients with newly diagnosed cancer showed the prevalence of AF at cancer diagnosis was 2.4% (baseline AF), whereas AF developed in another 1.8% of patients after the diagnosis of cancer (new-onset AF).

Correction!
The Annual Residency Party is going to be held on Friday, November 4th, at 7pm. The date from the last ‘Scoop was in fact the 2015 party date...Blame Thomas for this mistake.
Noon Report Round-up!

Heme/Onc interns presented a case of a patient with no known malignancy presenting with concerning back pain. Let’s talk about it!

This is an oncologic emergency! The single most important prognostic factor for regaining ambulation is the presence of deficits prior to treatment.

Treatment typically involves steroids. Do steroids help? A Cochrane meta-analysis concluded that there was insufficient evidence for the role of steroids, and also no agreement about the initial dose. These studies utilized high doses and found significant side effects. Common practice is to utilize low dose dexamethasone, with 10 mg given as a bolus and then 16 mg daily in divided doses.

Involve Radiation Oncology and Neurosurgery for possible surgical fixation (if spine unstable) followed by radiation therapy.

BOARD REVIEW WITH THE CHIEFS:

Q: A 32 year old female with history of AIDS presents with a complaint of abdominal pain, sweats, fever, and malaise for the past 3 weeks. Seven weeks ago she was diagnosed with AIDS and was started on antiretroviral therapy and appropriate prophylactic medications. Her CD4 count at that time was 25 and HIV viral load was >250k copies. Current medications are atripla (efavirenz, emtricitabine, and tenofovir), Bactrim, and azithromycin. On exam, temperature is 100.7F, BP 118/67, HR 86, and respiratory rate 15. Diffuse cervical, axillary, and inguinal lymphadenopathy is present. Lung and heart exam are normal. Abdominal exam discloses hepatosplenomegaly. Remainder of exam is normal. Labs show CD4 count of 67, HIV viral load of 7k, hemoglobin is 9.8, alkaline phosphatase is 450, and white count is 3.2. Abdominal imaging showed retroperitoneal lymphadenopathy with diffuse hepatic and splenic enlargement without focal lesions. Which of the following is the most likely diagnosis?

A. Disseminated MAC  
B. CMV  
C. Candida infection  
D. Tuberculosis

A. The answer is A, disseminated MAC with resultant Immune Reconstitution Inflammatory Syndrome. This patient has symptoms consistent with MAC with lymphadenopathy, hepatosplenomegaly, anemia, leukopenia, and elevated alkaline phosphatase. The patient was likely infected with MAC at the time of her AIDS diagnosis, when her CD4 count was in the 20s. The initiation of ART resulted in an unmasking of an already present infection, with now inflammatory symptoms. Although there is no agreed upon criteria for IRIS, this patient does have inflammatory signs and symptoms in the setting of improved immunological function and virologic response to ART. The diagnosis can be made by culture of the blood or from biopsy of an involved site (lymph node). The other answer choices are unlikely. Candida is more likely to cause mucocutaneous disease rather than disseminated disease in patients with HIV. CMV does occur in AIDS patients with low CD4 counts but typically presents with focal organ involvement (retinitis), and although tuberculosis is much more common in patients with HIV and can occur at any CD4 count, the disease script is not consistent with tuberculosis.
Time for a deep clean for the resident lounge and work room! Please remove your personal items and garbage so that the EVS team can spruce the place up and so Brenda doesn’t have to follow Quimby around with air freshener.

Night float will need to work in the other location so that our rooms can be effectively cleaned. **Clear out of the work room (7214) on the night of October 28th (next Friday), and stay out of the lounge (7300) on the night of Saturday, October 29th.** Thanks!

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**Resident Faculty Soccer Game!**  
**Sunday October 23 at 3pm**  
WHERE: Otto Armleder Park Field 6  
Call Ashley 540-532-8813 if you have any questions or trouble getting to the field!

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**7NW Discharge Huddle**

Every ward team must send a representative to the 3pm Discharge Huddle, held Monday through Friday in the noon report room, if your team has patients on 7NW!

This project came out of the 7NW Improvement meeting as a way to move up our patient discharge times. Studies have shown that patients who are admitted from the ED to the floor after 2pm have a 0.6 day longer length of stay than those patients admitted to the floor before 2pm. We never have beds on the floor until the afternoon, which results in probable longer LOS for our patients admitted, decreased satisfaction for patients waiting in the ED to get a room, decreased resident satisfaction (we know how difficult it can be to care for patients boarding in the ED), and the dreaded influx of OSH transfer patients that happens at 8pm.

This is not a huge time commitment (less than 15 minutes!) and the success of this depends on **YOU**!

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**OSMOSIS!**

Don’t forget that there are a ton of questions on Osmosis! The best way to learn is to test, test, test...please check out the HIV AHD module and quiz yourself for better longterm learning!
Congratulations to all the residents (and a couple of chiefs!) who have been hitting the conference circuit—several residents at ACG in Las Vegas this week, and we had a great showing at Ohio ACP! Thank you guys for all the work that you do!
### Weekend to-do!

**Friday:** **Streetcar Brewery Tasting Tour,** 1-4:30 p.m., Taft’s Ale House, 1429 Race St., Over-the-Rhine. Lobby at Taft’s Ale House. 
On this tour we utilize Cincinnati’s newest resource, Cincinnati Streetcar Connector to visit 3 local breweries. Tour, tasting, history and architecture. Ages 21 and up. $35. Registration recommended. www.cincybrewbus.com.

**Dent Schoolhouse,** 7:30 p.m.-midnight Friday-Saturday, 7:30-10 p.m. Sunday, 5963 Harrison Ave., Dent. Haunted attraction. 
Taking place in actual haunted school, attraction boasts movie quality sets and Hollywood animations. Come see where Caitlin went while she was in High School to be super scared with her friends. $40 front of line pass, $30 fast pass, $20 general. www.frightsitere.com.

**Saturday:** **Greater Cincinnati Orchid Society Show,** 11 a.m.-5 p.m. Saturday-Sunday, Krohn Conservatory, 1501 Eden Park Drive, Eden Park. Orchids from around world on display. Free. cincinnatiorchids.org.

**Taste the Streetcar,** 1-4 p.m., Findlay Market, 1801 Race St., Over-the-Rhine. Food, culture and history along 3.6 mile Cincinnati Bell Connector line from Findlay Market. Step on, step off streetcar to restaurants, bars, and delis. Stops vary, but 3-hour tour includes streetcar fare, at least 4 food samples, and 1 glass of beer or wine. $50. Reservations required. www.cincinnatifoodtours.com.

**Sunday:** **Taste of the Neighborhood,** noon-3 p.m., Purcell Marian High School, 2935 Hackberry St., East Walnut Hills. Food, Halloween crafts and trick or treating for kids, silent auction, raffles and entertainment. Free. www.mercynearhoodministries.org.

**USS Nightmare Lights-on Matinee,** 4-6 p.m., BB Riverboats, 101 Riverboat Row, Newport. Family friendly lights-on tour of America’s premiere haunted steamboat perfect for children or the faint of heart. $8, $7 advance online. www.ussnightmare.com.

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#### First correct answer wins a $5 Starbucks gift card!

What is your diagnosis?

What are your next steps in management?

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**Shout Outs!!!**

- To Medhavi Bole, Elliott Welford, Brendan Collins, and Rachel John for their all-star admitting skills while on VA night float this month! Thank you for taking good care of our Veterans!
- To our presenters at Resident Research Roundtable noon report this week, Aditi Mulgund, Michael Northcutt, and Sarma Singam! Thank you all for presenting your case reports and original projects to us!
- To AOD Rita Schlanger, from multiple Attendings and co-residents, for running a code “like a BOSS!”

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**Congrats to Elyse Harris for identifying Curschmann’s spirals; spiral shaped mucus plugs found in the sputum of asthmatics, smokers, and patients with bronchitis.**