Finally Friday

Resident Newsletter
UH Department of Internal Medicine Residency Program

VACR Corner
By Alyson Michener

This weekend is your last chance to check out the Cleveland Flea for the year! For those of you who have not been to a flea yet, they happen the first Saturday of every month, April through October. They’re conveniently located between downtown and university circle and feature not only your typical vintage flea market finds but also crafts including jewelry and home décor from local artists. If nothing else, go for the specialty craft cocktails and food trucks! Weekend coverage this Saturday? Don’t worry, you can catch the Holiday Flea coming sometime in December. For more details check out http://www.theclevelandflea.com/october-2017/.

Cleveland Beer Week also kicks off this weekend. Starting Friday night, several parts of town will be hosting various events featuring…beer! Over 300 different tasting events are happening throughout the week. You can browse your options at the event’s website, www.clevelandbeerweek.org.
**CALENDAR LINKS**

**Electives**

Please send your elective selection to Barb. You can always contact the chiefs for any suggestions. **All reading electives must be approved by Dr. Armitage.**

Barb – barbarabonfiglio@uhhospitals.org

**UH HOUSEDOC moonlighting calendar**

Spots open up on a month-by-month basis. You will be notified by email from Kathy DeMarco when the monthly openings become available.

Please send your requests to uhousedocs@gmail.com

**MICU & CICU moonlighting calendar**

Spots open up on a month-by-month basis. You will be notified by email from the Quality Chief Resident when the monthly openings become available.

Please send your requests to micu.uh@gmail.com

**REMINDEERS**

1. For any call-offs, you **MUST** page the ambulatory chief at **31529**. The chiefs are not always available on short notice by phone or email, but they **ALWAYS** have the pager.

2. For two senior ward teams: senior resident weekend days off are arranged amongst the two seniors such that each receives two weekend days during a 14 day half block.

**CURRENT CHIEFS**

**AMBULATORY CHIEF**

Will Garner
Pager: 31529
Office: VA ext. 5034
Will.Garner@UHHospitals.org

**VA CHIEF**

Charlie Burns
Pager: 31533
Office: VA ext. 5034
Charles.Burns@UHHospitals.org

**QUALITY CHIEF**

Saurav Uppal
Pager: 36644
Office: UH ext. 43621
Saurav.Uppal@UHHospitals.org

**UH CHIEF**

Megan Chan
Pager: 31250
Office: UH ext. 43621
Megan.Chan@UHHospitals.org

**Resident of the Week Award**

*This week’s Resident(s) of the Week Award is awarded to:*

Nicole Mongilardi

She went above and beyond as swing being incredibly helpful when we got swamped with admissions! What could have been horrible for the long resident and NF, became very manageable! Thanks Nicole!

*Please remember to submit your nominations for Resident of the Week to casechiefs@gmail.com.*
ANNOUNCEMENTS
PLEASE REVIEW THE HOLIDAY COVERAGE SCHEDULE MAILED OUT RECENTLY.
PLEASE CHECK OUT THE INTERN BOOT CAMP LECTURES AT OUR WEBSITE
http://cwrumedicine.org/residency-program/residents/education/intern-boot-camp-lectures

Candy Rounds to return soon!

http://www.foodgatherers.org/?module=Page&slID=candybuyback
MKSAP QUESTION

A 47-year-old woman is evaluated in the emergency department for recurrent attacks of severe holocranial pain that began 2 days ago while she was gardening. She first experienced a rapidly progressive, global, explosive headache that lasted 30 minutes and was associated with photophobia and phonophobia. She had identical symptoms 6 hours ago and additionally had 30 minutes of visual blurring and numbness of the left face and left upper extremity. The patient has attention-deficit disorder for which dextroamphetamine was initiated 2 weeks ago. She has no significant headache history.

On physical examination, blood pressure is 130/90 mm Hg and pulse rate is 86/min. Left homonymous hemianopia is noted.

An MRI of the brain shows bilateral occipital areas of acute infarction. Cerebrospinal fluid analysis shows 10 erythrocytes, 4 leukocytes, and normal protein and glucose levels.

Four hours after entering the emergency department, the patient has a third abrupt-onset headache with worsening visual blurring. Blood pressure is now 190/115 mm Hg, but physical examination and neuroimaging findings are unchanged.

Which of the following is the most appropriate treatment?

A) Indomethacin  
B) Normalization of blood pressure  
C) Tissue plasminogen activator  
D) Warfarin
**UH CONFERENCE SCHEDULE**

**MONDAY, 10/16/17:**
Resident Morning Report 11:00 AM – 12:00 PM
Noon Conference: 12:00 - 1:00 PM

AKI
Dr. Levinia Negrea
Carpenter Room

**TUESDAY, 10/17/17:**
Intern Morning Report: 11:00 - 11:45 AM
Grand Rounds: 12:00 - 1:00 PM
In-Flight Medical Events
Dr. Alexandre Rotta
Kulas Auditorium

**WEDNESDAY, 10/18/17:**
Resident Morning Report: 11:00 AM - 12:00 PM
Noon Conference: 12:00 - 1:00 PM

Heuristics
Dr. Ismail Dreshaj
Carpenter Room

**THURSDAY, 10/19/17:**
Intern Morning Report: 11:00 AM – 12:00 PM
Noon Conference: 12:00 - 1:00 PM

Vascular Medicine
Dr. Teresa Carman
Carpenter Room

**FRIDAY, 10/20/17:**
Resident Journal Club: 11:00 AM – 12:00 PM
Morbidity & Mortality Conference: 12:00 – 1:00 PM

Morbidity and Mortality
Kulas Auditorium

**VA CONFERENCE SCHEDULE**

**MONDAY, 10/16/17:**
Noon Conference: 12:00 - 1:00 PM

Attending Rounds
K-119

**TUESDAY, 10/17/17:**
Resident Morning Report: 10:00 - 11:00 AM
Grand Rounds: 12:00 - 1:00 PM
In-Flight Medical Events
Dr. Alexandre Rotta
Kulas Auditorium

**WEDNESDAY, 10/18/17:**
Resident Morning Report: 10:00 - 11:00 AM
Morbidity & Mortality Conference: 12:00 - 1:00 PM

Morbidity and Mortality
K119

**THURSDAY, 10/19/17:**
Intern Morning Report: 10:00 - 11:00 AM
Noon Conference: 12:00 - 1:00 PM

Attending Rounds
K119

**FRIDAY, 10/20/17:**
Resident Morning Report: 10:00 – 11:00 AM
Noon Conference: 12:00 - 1:00 PM

Intro to Cardiology
Dr. Claire Sullivan
K-119

CONTACT THE CHIEFS IF YOU HAVE ANY QUESTIONS OR CONCERNS!
UH Weekend Coverage

**Carpenter:** Jude Khatib is covering her own team.

**Dworken:** Dan Karb is *off Sunday* and will be covered by **Racquel Wells**.

**Eckel:** Emily Nizialek and Matt Wright to arrange coverage amongst themselves.

**Hellerstein:** Vittal Hejjaji and Hussain Khalid to arrange coverage amongst themselves.

**Naff:** Dharani Guttikonda and Maria Luzuriaga to arrange coverage amongst themselves.

**Ratnoff:** Joe Wooley is *off Saturday* and will be covered by **Catherine Myers**.

**Wearn:** Keith Torrey and John Merriman to arrange coverage amongst themselves.

**Weisman:** Ali Al-Omari is *off both days* and will be covered by **Kashif Khan**.

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Friday, October 13th, 2017

**NACR:** **Nour Tashtish**

**NF Residents:** Dan Van Aartsen and Ed Pham

**NF Interns:** Daniel Emesiani, Andrew Hornick, Cameron Fausett

**MICU Moonlighter:** **Dan Kobe**

**CICU Moonlighter:** **Yasser Alsamman**

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Saturday, October 14th, 2017

**NACR:** **Michael Bond**

**NF Residents:** Dan Van Aartsen or Ed Pham

**NF Interns:** Daniel Emesiani, Andrew Hornick, Cameron Fausett

**UH Saturday NF Coverage:** **Steven Humphrey**

**MICU Moonlighter:** **William Longhurst**

**CICU Moonlighter:** **TBA**

**Admitting Coordinator:** **Yosra Moria**

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Sunday, October 15th, 2017

**NACR:** **Michael Bond**

**NF Residents:** Dan Van Aartsen or Ed Pham

**NF Interns:** Daniel Emesiani, Andrew Hornick, Cameron Fausett

**Admitting Coordinator:** **Yosra Moria**

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**Senior Weekend Jeopardy:** Scott Dawsey, Hisham Siddiqui, JP Lopes (Saturday only), Catherine Myers (Sunday only)

**Intern Weekend Jeopardy:** Prateek Thatikunta, Sultan AlSalem

**Intern Weekend Backup Jep:** Marwan Abdulaal, Tin-Yun Tang

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VA Weekend Coverage

**Saturday, Oct 14, 2017**

Lindsay Meurer on **Blue** is off and will be covered by **Damarys Hernandez**

David Tofovic on **White** is on long call and covers his own team.

Muhammad Husnain on **Green** is on medium call and covers his own team.

Kunal Patel on **Orange** is off and will be covered by **Claire Dolan**

VACR consults/service will be seen by **David Tofovic** and attending **Dr. Brook Watts**

VA MICU 24 hour resident is **Max Reback**

VA Sat PM Resident is **Asim Syed**

VA Sat PM Intern is **Dionysios Watson**

**Sunday, Oct 15, 2017**

Lindsay Meurer on **Blue** is off and will be covered by **Damarys Hernandez**

David Tofovic on **White** is on medium call and covers his own team.

Muhammad Husnain on **Green** is off and will be covered by **Claire Dolan**

Kunal Patel on **Orange** is on long call and covers his own team.

VACR consults will be seen **Kunal Patel** and attending **Dr. David Blumenthal**
Normalization of blood pressure is recommended for this patient with reversible cerebral vasoconstriction syndrome (RCVS). This condition most commonly presents with thunderclap headaches that recur over several days or weeks. Thunderclap attacks may occur spontaneously or be triggered by bathing, exertion, or Valsalva maneuvers. The headaches may be complicated by focal neurologic deficits with corresponding areas of stroke, parenchymal hemorrhage, or edema visible on neuroimaging studies. The cerebrospinal fluid is typically normal or near normal. Cerebral angiographic studies reveal multifocal areas of vasospasm without evidence of aneurysm. RCVS can occur without an identifiable cause or may be associated with preeclampsia or eclampsia, exposure to certain medications (sympathomimetic agents, ergots, triptans) or blood products (transfused erythrocytes, immune globulin), or catecholamine-secreting tumors. Medications or illicit drugs are associated in up to 40% of affected patients, and women with the syndrome outnumber men at a ratio of 6:1. Migraine may be a predisposing factor. Transient neurologic deficits occur in 30% of patients with RCVS, and 10% may experience persistent deficits from parenchymal damage caused by ischemic or hemorrhagic infarctions.

No clinical trial data are available on which to base therapeutic recommendations. Conservative management, supported by expert consensus, includes headache control with analgesics, careful monitoring of blood pressure to maintain normotensive goals, and serial neurologic examinations.

Primary stabbing headache is a form of benign abrupt-onset headache that may respond to indomethacin. This type of headache typically lasts seconds, not 30 minutes as with this patient. Primary stabbing headache also occurs without visual blurring, focal numbness, or other neurologic symptoms. Although indomethacin is appropriate for treating several additional primary headache syndromes, such as chronic paroxysmal hemicrania, evidence does not support its effectiveness in RCVS.

Because reversible vasoconstriction and not thrombosis is the responsible mechanism for RCVS, tissue plasminogen activator is not indicated in this patient. The use of calcium channel antagonists, such as nimodipine or verapamil, is more appropriate.

No evidence suggests that anticoagulants, such as warfarin, or antiplatelet agents, such as aspirin, affect stroke risk or outcomes in RCVS. The mechanism of cerebral infarction, when present, is likely related to cerebral artery vasospasm and not thrombosis. Given this pathophysiology and the relatively high rate of hemorrhagic infarction in RCVS, antiplatelet or antithrombotic therapy has no role in disease management.
MEET THE INTERNS

Name: Jimmy Schuster  
Home Town: Loveland, Ohio  
Medical School: University of Cincinnati  
Current Rotation: VA White

1. How have you changed your morning routine since starting as an intern? For better or worse.
   I recently have been waking up early to start notes at home if it's going to be a busy day (which most are), so I don't get home too late.

2. What is your favorite place you've been in Cleveland?
   Horseshoe Lake of Shaker Heights, which is within biking distance.

3. Favorite memory/vacation you think about on those long lonely call days.
   Honeymooning in Maui.

4. Favorite physical exam technique you’ve learned as an intern?
   Looking for clubbing of the extremities.

5. How are you preparing for the Cleveland winter? Winter is coming.
   Had a chimney sweep with lots of firewood ready to go for the cold days to come.