

The Monitor



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

INTERNAL MEDICINE RESIDENT NEWSLETTER

September 2009, Vol. 10, No. 9

Quote of the Month

"Not everything that can be counted counts, and not everything that counts can be counted."

Albert Einstein
(1879-1955)

Trivia Question:

What is Crowe's sign?

Did You Know?

September 6th is "Fight Procrastination Day". Pull out your "to do" list and get something done!

Case of the Month

In the fall of 2009 a 17 year old male presents with sore throat, fever, headache, and diarrhea for 2 days. He is a college freshman and works in a fast food restaurant. His history is remarkable for asthma with the need for systemic steroid treatment once or twice each year since age ten. His most recent exacerbation was 3 weeks ago. On examination he has a fever of 101, respiratory rate 22, a normal cardiac exam aside from tachycardia, and bilateral expiratory wheezing. Abdomen is soft and non-tender. There are no skin rashes. CXR has bilateral patchy infiltrates. Labs show leukocytosis with a predominance of lymphocytes.

What is your differential diagnosis and what is your advice for this patient?.

History of Medicine

The word "cataract" comes from Latin, when it was thought liquid was flowing from the brain into the eyes (the same word can be used to describe a large waterfall). Early Egyptians treated cataracts with a mixture of tortoise brain and honey. Surgical intervention was first used in Alexandria during the Ptolomies' era (31st dynasty).

An Innovative Idea?

From a dictated report for an MVH patient, the following statement was transcribed in the chart:

The patient was transferred by embolus to Ohio State University.

September Birthdays

Prentice Bowman	R1	9/13
Ross Dodge	R2	9/13
Sayuri Cheruvu	R1	9/25
James Cox	R3	9/30
Soundari Gurusamy	R3	9/20
Celina LaBrec-Salmons (Med Peds)	R1	9/19
Senthuran Siva	R3	9/05

Answer to Trivia Question

The presence of axillary freckles as one of the distinguishing features of neurofibromatosis.

Answer To Case

The differential diagnosis is broad, including multiple viral infections, fungal diseases, common community acquired bacterial pneumonias, and atypical pneumonias such as mycoplasma or Legionella. But a strong consideration with this presentation and these findings in 2009 must be H1N1 influenza. Given his high-risk status (asthma requiring recent steroid treatment), this patient should be treated with oseltamivir (zanamivir being contraindicated in asthma or COPD). Again because of the high-risk status, it is reasonable to test this patient with an upper respiratory swab to confirm the diagnosis. (For a low risk previously healthy individual, no testing or specific treatment is indicated unless the patient appears seriously ill).

Positive Feedback

From Robin Arthur, RN and Dr. John Hughes in the Medical Surgical Health Center at MVH:

“Thanks so much Dr. [Muddassir] Mehmood. ...went that extra mile by taking on this patient at the last minute. This did not turn out to be a simple visit ... “

From a patient in the Wright-Patterson Medical Center clinic:

...”first time with this provider, Dr. Jonathan Maxham took time talking, going over records, consulting with other doctors...” It was reported he efficiently arranged for patient testing and allowed a very productive visit.

We appreciate the extra efforts of all residents on behalf of their patients in the clinics. Keep up the great work!

Have you joined the American College of Physicians?

Here a just a few of the benefits:

- access to clinical and professional resources including The Physicians' Information and Education Resource (PIER), clinical skills programs, patient education resources, clinical practice guidelines, quality of care initiatives, and ethics policies.
- publications including Annals of Internal Medicine with ACP Journal Club; ACP Internist; ACP Hospitalist; and many clinical, educational and special interest book titles
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