

Morning Report

Friday, February 20, 2009



Wake Forest University Baptist
MEDICAL CENTER®

MKSAP: Question #1

- A 32-year-old woman is evaluated for a 2-week history of weakness of the right arm and left leg. The initial symptom was acute right wrist drop associated with sensory loss in a radial nerve distribution and severe pain. One week later, she developed similar symptoms in the left peroneal nerve distribution. The patient has systemic lupus erythematosus, and her medications include prednisone and hydroxychloroquine.

MKSAP: Question #1

- Which of the following is the most likely diagnosis?
 - A. Guillain-Barré syndrome
 - B. Toxic neuropathy
 - C. Motor neuron disease
 - D. Vasculitic neuropathy
 - E. Lyme disease

PNS vasculitis usually presents with asymmetric weakness & sensory loss in specific nerve distributions.

Multiple Mononeuropathies:

- SLE
- DM

- A 32-year-old female with a **2-week history of weakness** of the right arm and left leg. The initial symptom was **acute right wrist drop associated with sensory loss** in a radial nerve distribution and **severe pain**. One week later, she developed similar symptoms in the left peroneal nerve distribution. The patient has **systemic lupus erythematosus**, and her medications include prednisone and hydroxychloroquine.



MKSAP: Question #1

- Which of the following is the most likely diagnosis?
 - A. Guillain-Barré syndrome
 - Typically have symmetric weakness & sensory loss
 - B. Toxic neuropathy
 - Typically have symmetric weakness & sensory loss
 - C. Motor neuron disease
 - Doesn't explain sensory (and pain) findings
 - D. Vasculitic neuropathy
 - Pt w/ history of SLE; fits clinical scenario
 - E. Lyme disease
 - Doesn't fit clinical scenario

MKSAP: Question #2

- A 44-year-old man was recently found to have abnormal serologic test results for viral hepatitis when he attempted to donate blood. The patient is asymptomatic. He used injection drugs and drank alcohol excessively for 2 years 25 years ago but has not used either drugs or alcohol since. Medical history is otherwise unremarkable, and he takes no medications.
- Physical examination discloses a BMI of 23, no stigmata of chronic liver disease, and a normal-sized liver.

MKSAP: Question #2

- Abdominal ultrasonography is normal.

Laboratory Studies

Serum aspartate aminotransferase	53 U/L
Serum alanine aminotransferase	64 U/L
Serum alkaline phosphatase	89 U/L
Serum total bilirubin	0.9 mg/dL (15.39 μ mol/L)

Hepatitis B surface antigen (HbsAg)	Negative
Antibody to hepatitis B surface antigen (anti-HBs)	Positive
IgG antibody to hepatitis B core antigen (IgG anti-HBc)	Positive
IgM antibody to hepatitis B core antigen (IgM anti-HBc)	Negative
Antibody to hepatitis C virus (anti-HCV)	Positive

MKSAP: Question #2

- Which of the following diagnostic studies should be done next?
 - A. Hepatitis B e antigen (HBeAg)
 - B. Hepatitis B virus DNA (HBV DNA)
 - C. Hepatitis C virus RNA (HCV RNA)
 - D. IgM antibody to hepatitis A virus (IgM anti-HAV)

Route of Transmission:

- HAV: fecal-oral route
- HBV: sexual >> percutaneous
- HCV: percutaneous >> sexual

- A 44-year-old male with **abnormal serologic test results for viral hepatitis** when he attempted to donate blood. The patient is asymptomatic. He **used injection drugs** and drank alcohol excessively **for 2 years 25 years ago** but has not used either drugs or alcohol since. Medical history is otherwise unremarkable, and he takes no medications.
- Physical examination discloses a BMI of 23, **no stigmata of chronic liver disease, and a normal-sized liver.**

IVDA

Immunity from prior HBV infection:

hepatitis C

- (+) anti-HbsAg
- (+) IgG anti-Hbc
- (-) HbsAg

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IgG antibody to hepatitis B core antigen (IgG anti-HBc)	Positive
IgM antibody to hepatitis B core antigen (IgM anti-HBc)	Negative
Antibody to hepatitis C virus (anti-HCV)	Positive

MKSAP: Question #2

- Which of the following diagnostic studies should be done next?
 - A. Hepatitis B e antigen (HBeAg)
 - Unnecessary as pt w/ immunity from prior infection
 - Obtain if considering Rx for chronic HBV
 - B. Hepatitis B virus DNA (HBV DNA)
 - Unnecessary as pt w/ immunity from prior infection
 - C. Hepatitis C virus RNA (HCV RNA)
 - To confirm presence of viremia (i.e., chronic HCV)
 - D. IgM antibody to hepatitis A virus (IgM anti-HAV)
 - Hx inconsistent w/ acute HAV (systemic symptoms, jaundice, ↑ LFTs)

MKSAP: Question #3

- A 20-year-old woman has a 1-week history of jaundice and somnolence. She has no history of liver disease. The patient traveled to Nicaragua 4 weeks ago.
- On physical examination, she is somnolent but is arousable and oriented. Vital signs are normal. Jaundice and asterixis are present. Abdominal examination is normal. There are no focal neurologic findings.
- Abdominal ultrasonography shows a normal-appearing liver and no ascites.

MKSAP: Question #3

Laboratory Studies

Complete blood count	Normal
Serum aspartate aminotransferase	3936 U/L
Serum alanine aminotransferase	4183 U/L
Serum alkaline phosphatase	284 U/L
Serum total bilirubin	10.2 mg/dL (174.42 μ mol/L)
INR	2.3

Serum ammonia	253 μ g/dL (148.56 μ mol/L)
IgM antibody to hepatitis A virus (IgM anti-HAV)	Positive
Hepatitis B surface antigen (HBsAg)	Negative
IgM antibody to hepatitis B core antigen (IgM anti-HBc)	Negative



MM

Fulminant Hepatic Failure:

- ALF + encephalopathy + coagulopathy
 - Immediate evaluation for transplant
- Which of the following is the most appropriate next step in managing this patient?
 - A. Evaluation for liver transplantation
 - B. CT scan of the head
 - C. CT scan of the abdomen
 - D. Doppler ultrasonography of the hepatic veins
 - E. Liver biopsy

MKSAP: Question

Acute HAV: Fulminant Hepatic Failure

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- On physical examination, she is **somnolent** but is arousable and oriented. Vital signs are normal. **Jaundice and asterixis are present**. Abdominal examination is normal. There are **no focal neurologic findings**.
- Abdominal ultrasonography shows a normal-appearing liver and **no ascites**.

MKSAP: Question

Acute HAV: Fulminant Hepatic Failure

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IgM antibody to hepatitis A virus (IgM anti-HAV)	Positive
Hepatitis B surface antigen (HBsAg)	Negative
IgM antibody to hepatitis B core antigen (IgM anti-HBc)	Negative

MKSAP: Question #3

- Which of the following is the most appropriate next step in managing this patient?
 - **A. Evaluation for liver transplantation**
 - Patient w/ fulminant hepatic failure
 - B. CT scan of the head
 - No focal deficits
 - C. CT scan of the abdomen
 - Unlikely to add to U/S findings
 - D. Doppler ultrasonography of the hepatic veins
 - Unlikely Budd-Chiari as no ascites
 - E. Liver biopsy
 - Not indicated

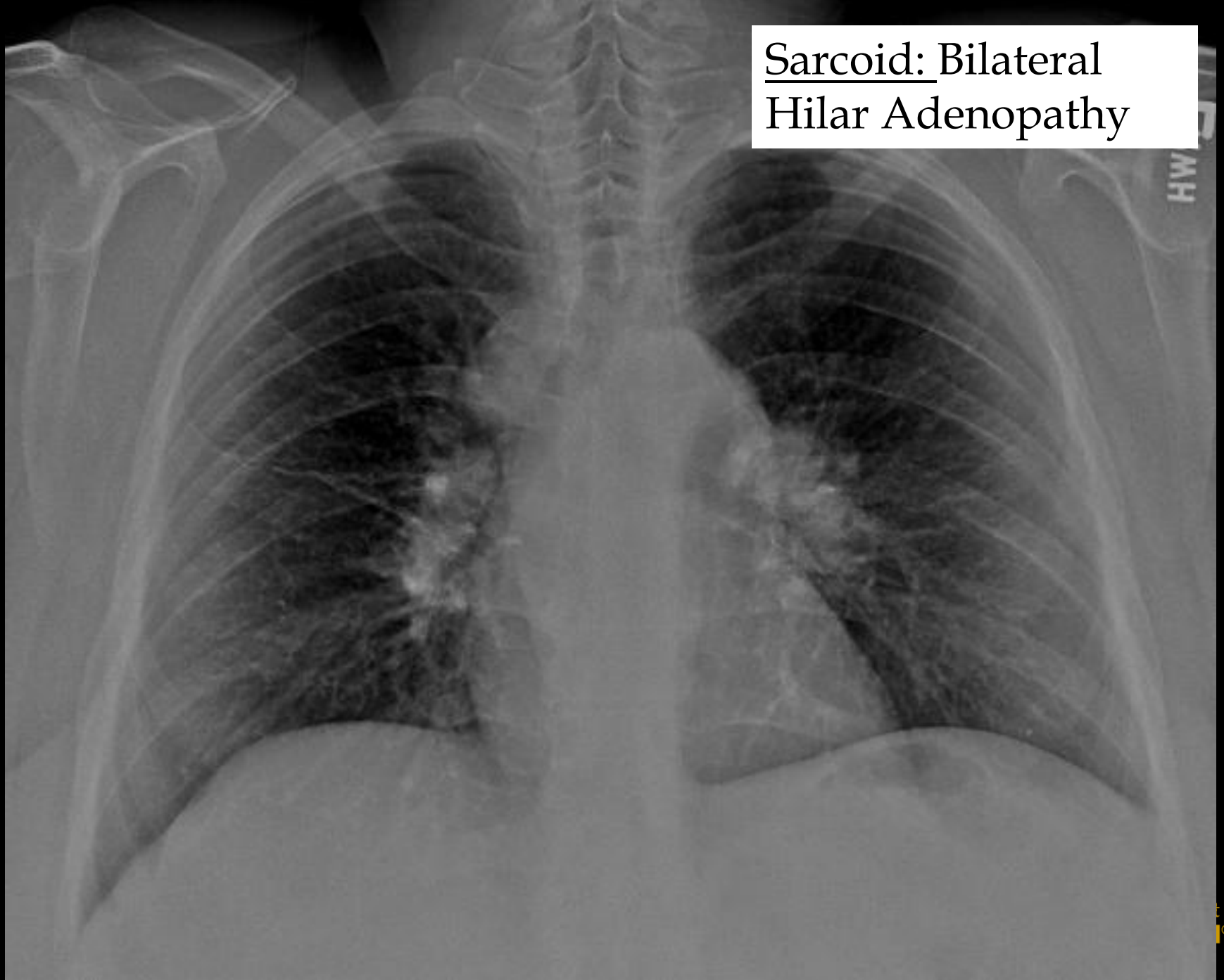
On this day in history...

- On February 20, 1962 aboard Friendship 7, this astronaut became the first American to orbit the earth:
 - A. Yuri Gagarin
 - B. Alan Shepard
 - C. John Glenn
 - D. Sally Ride
 - E. Neil Armstrong

On this day in history...

- A. Yuri Gagarin - 1st human in space (Russia); made 1 orbit around earth 4/12/61
- B. Alan Shepard - 2nd human in space (1st American) 5/5/61
- C. John Glenn - 1st American orbital flight
- D. Sally Ride - 1st American woman in space 6/18/83
- E. Neil Armstrong - 1st human to walk on the moon 7/20/69

Sarcoid: Bilateral
Hilar Adenopathy



Week in Review

- _____ presents with HTN, radial-femoral delay, figure 3 sign on CXR, and rib notching
 - Coarctation
- Valvular abnormality in >50% of pts w/ coarctation
 - Bicuspid aortic valve
- In patients with amenorrhea, appropriate test to differentiate between anatomic defect (uterine outflow obstruction) vs. chronic anovulation
 - Progestin Challenge
- T/F: Fundic gland polyps require repeat EGD for surveillance
 - False

Week in Review

- This PNA presents with “watery sputum” and mortality rate approaching 100% if not treated with streptomycin
 - Pneumonic plague (*Yersinia pestis*)
- Test of choice to (definitively) diagnose Pulmonary HTN
 - PA catheterization (RHC)
- Empiric Rx for disseminated gonococcal dz
 - Ceftriaxone
- Renal manifestations in sarcoid
 - Interstitial nephritis, nephrocalcinosis, hypercalciuria
- Duration of ABX in non-psuedomononal VAP
 - 8 Days

JAMA: Nov 2003

Comparison of 8 vs 15 Days of Antibiotic Therapy for Ventilator-Associated Pneumonia in Adults

A Randomized Trial

Conclusions Among patients who had received appropriate initial empirical therapy, with the possible exception of those developing nonfermenting gram-negative bacillus infections, comparable clinical effectiveness against VAP was obtained with the 8- and 15-day treatment regimens. The 8-day group had less antibiotic use.

JAMA. 2003;290:2588-2598

www.jama.com

Case Presentation

