

Morning Report

March 18, 2009



Wake Forest University Baptist
MEDICAL CENTER®

MKSAP: Question #1

- A 75-year-old man is evaluated for several lumps in both sides of his neck. He has not had fever, soaking night sweats, weight loss, or recent illness, and he states that he feels well.
- On physical examination, lymph nodes measuring 2 to 3 cm are palpable in both sides of the neck, axillae, and inguinal lymph node regions, and the spleen is palpable 8 cm below the left costal margin.

MKSAP: Question #1

- Laboratory studies, including complete blood count, comprehensive metabolic profile, and lactate dehydrogenase concentration, are normal. CT scans of the neck, chest, abdomen, and pelvis show splenomegaly and many 2- to 3-cm lymph nodes in the neck, axillae, mediastinum, mesentery, paraaortic, and inguinal lymph node regions. No hydronephrosis or biliary obstruction is noted. An excised lymph node reveals follicular small cleaved-cell lymphoma, an indolent, low-grade lymphoma. Bone marrow biopsy shows replacement of 80% of the bone marrow with lymphoma.

MKSAP: Question #1

Indications for treatment in small cell lymphoma?

- Which of the following is the most appropriate next step in the management of this patient?
 - A. No further therapy
 - B. Radiation therapy to the chest and abdomen
 - C. Rituximab and combination chemotherapy
 - D. Combination chemotherapy
 - E. Rituximab, combination chemotherapy, and radiation therapy

Follicular Small Cell Lymphoma

- Indolent, low-grade lymphoma
- Watchful waiting is appropriate for patients with advanced-stage follicular lymphoma unless the disease progresses rapidly or poses an imminent threat to well-being
- Although there is no current cure for patients with advanced-stage follicular lymphoma, the median survival ranges from 10 to 14 years.

Follicular Small Cell Lymphoma

- Indications for treatment:
 - Fever, soaking night sweats, weight loss (>10% baseline weight within 6 months)
 - Leukopenia
 - Thrombocytopenia
 - Severe anemia (refractory to growth factors)
 - Hydronephrosis
 - Biliary obstruction
 - Bulky (>10 cm) LAD causing discomfort

MKSAP: Question #1

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MKSAP: Question #1

Indications for treatment in small cell lymphoma?

- Which of the following is the most appropriate next step in the management of this patient?
 - A. No further therapy
 - Asymptomatic patient w/ indolent, low-grade lymphoma
 - B. Radiation therapy to the chest and abdomen
 - Treatment not indicated
 - C. Rituximab and combination chemotherapy
 - Treatment not indicated
 - D. Combination chemotherapy
 - Treatment not indicated
 - E. Rituximab, combination chemotherapy, and radiation therapy
 - Treatment not indicated

MKSAP: Question #2

- A 27-year-old woman is evaluated for palpitations and heat intolerance that develop 3 months after a successful pregnancy. She is breastfeeding. The patient's older sister has Graves' disease, but the patient herself has no history of thyroid disease.
- On physical examination, the blood pressure is 128/70 mm Hg, and the pulse rate is 104/min. Eye examination reveals stare and lid lag, but no proptosis. The thyroid gland is moderately enlarged and nontender. She has moist palms and brisk deep tendon reflexes. Serum free T_4 is 2.7 ng/dL (34.2 pmol/L), free T_3 46.22 ng/dL (7.1 pmol/L), and thyroid-stimulating hormone (TSH) is undetectable.

MKSAP: Question #2

- Which one of the following is the most appropriate next step in this patient's management?
 - A. Serum anti-thyroid peroxidase antibodies
 - B. Serum thyroglobulin level
 - C. Serum TSH immunoglobulins
 - D. An empiric trial of antithyroid drugs
 - E. Radioiodine (I-131) uptake and thyroid scan

Thyrotoxicosis after pregnancy:

- Graves' Disease
- Postpartum Thyroiditis (hyperthyroid phase)

- A **27-year-old woman** is evaluated for **palpitations and heat intolerance** that develop **3 months after a**

TSH-receptor autoantibodies can distinguish between these two diseases:

- Graves' Disease: (+) 90% of patients
- Postpartum thyroiditis: antibodies absent

mm Hg, and the pulse rate is 104/min. Eye examination reveals stare and lid lag, but no proptosis. **The thyroid gland is moderately enlarged and nontender.** She has **moist palms** and **brisk deep tendon reflexes**. Serum free T_4 is 2.7 ng/dL (34.2 pmol/L), free T_3 46.22 ng/dL (7.1 pmol/L), and thyroid-stimulating hormone (TSH) is undetectable.

MKSAP: Question

Graves' vs. Postpartum Thyroiditis

- Which one of the following is the most appropriate next step in this patient's management?
 - A. Serum anti-thyroid peroxidase antibodies
 - Can be elevated in both d/o
 - B. Serum thyroglobulin level
 - Can be elevated in both d/o
 - C. Serum TSH immunoglobulins
 - Present in >90% of pts w/ Graves' Disease
 - D. An empiric trial of antithyroid drugs
 - Reserved for Graves' disease once diagnosis is made
 - E. Radioiodine (I-131) uptake and thyroid scan
 - Contraindicated as patient is breastfeeding

MKSAP: Question #3

- A 55-year-old man with coronary artery disease is evaluated 2 weeks after having had a myocardial infarction. On discharge, his medications included aspirin, sustained-release metoprolol, isosorbide mononitrate, lisinopril, and atorvastatin. Echocardiogram at that time showed inferior and posterior wall akinesis and a left ventricular ejection fraction of 40%.

MKSAP: Question #3

- On examination, his heart rate is 60/min and his blood pressure is 130/70 mm Hg. Jugular venous pressure is normal and the chest is clear. Cardiac rhythm is regular, with normal S_1 and S_2 and no murmurs or extra heart sounds. Laboratory results from yesterday are potassium 5.7 meq/L (5.7 mmol/L), creatinine 1.0 mg/dL (88.42 μ mol/L), and LDL cholesterol 65 mg/dL (1.68 mmol/L). Lisinopril therapy is stopped.

MKSAP: Que

- Which of the following should be considered in patients with heart failure who develop hyperkalemia while taking an ACE inhibitor or an ARB?
 - A. Valsartan
 - B. Spironolactone
 - C. Amlodipine
 - D. Eplerenone
 - E. Hydralazine

Hydralazine/nitrate combination should be considered in patients with heart failure who develop hyperkalemia while taking an ACE inhibitor or an ARB.

MKSAP: Question #3

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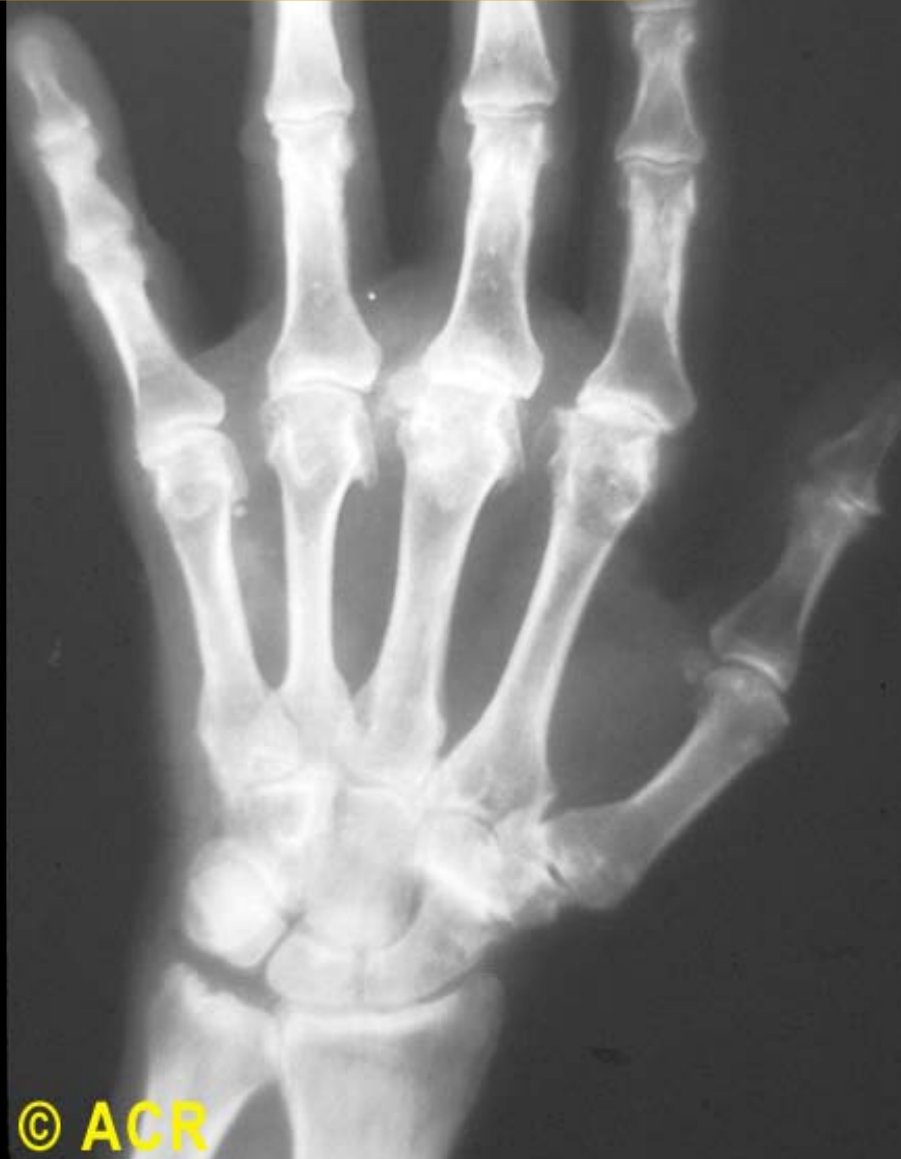
- Which of the following is most appropriate for this patient?
 - A. Valsartan
 - Contraindicated with hyperkalemia
 - B. Spironolactone
 - Contraindicated with hyperkalemia
 - C. Amlodipine
 - Neutral effect on morbidity and mortality in CHF
 - D. Eplerenone
 - Contraindicated with hyperkalemia
 - E. Hydralazine
 - Decreased mortality with hydralazine/ nitrate combo

Question #4:

- Yesterday, we found out that our program filled (no unmatched positions). How many Internal Medicine slots (nationwide) went unfilled?
 - A. 39
 - B. 69
 - C. 139
 - D. 169
 - E. 269

Hemochromatosis:

- Squared-off bone ends & hook-like osteophytes at MCPs (mainly 2nd & 3rd)



Case Presentation

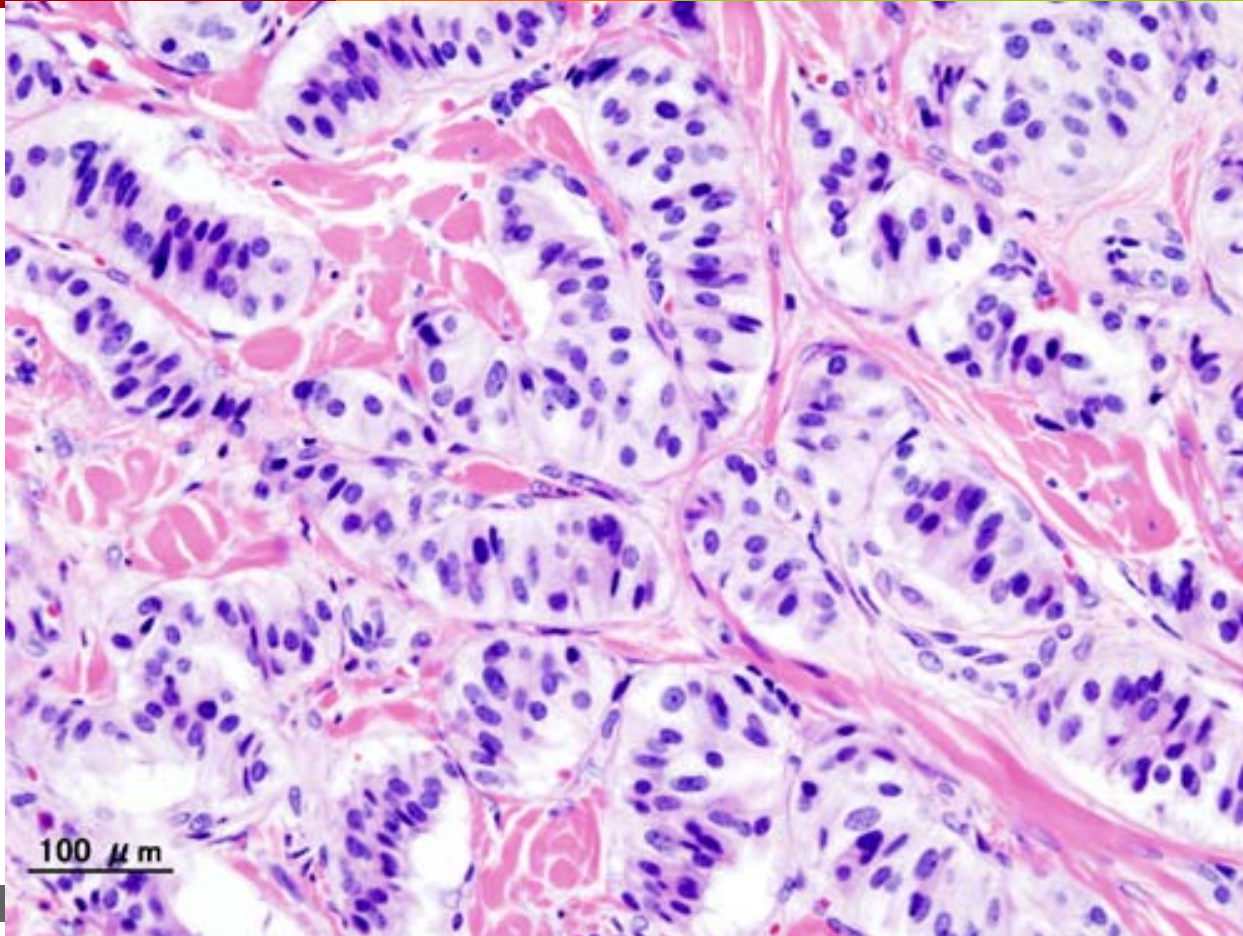


Dr. Kevin Lingle



Insulinoma

Kevin C. Lingle, MD



Clinical Features

- ***Fasting*** hypoglycemia
- Accompanied by
 - episodes of neuroglycopenic symptoms
 - stroke-like symptoms
 - confusion, visual change, and/or unusual behavior.
 - that may or may not be preceded by sympathoadrenal (autonomic) symptoms
 - palpitations, diaphoresis, and tremulousness

Epidemiology

- Incidence is about 0.4 per 100,000 person-years
- i.e. very rare
- Can be associated with MEN type 1
- Can be benign (94%) or malignant

Diagnosis

- demonstrating inappropriately high serum insulin concentrations during a spontaneous or induced episode of hypoglycemia
 - 72 hour fast
- Rule-out other cause of hypoglycemia with high insulin levels
 - Serendipitous insulin administration
 - C-peptide
 - Serendipitous sulfonylurea use
 - Sulfonylurea screen

Localization

- Spiral CT
- Arteriography
- Ultrasonography (transabdominal and endoscopic)
- ¹¹¹In-pentetreotide imaging
- Arterial stimulation with hepatic venous sampling
 - when an insulinoma cannot be localized by noninvasive means

Treatment

- Benign, solitary insulinoma,
 - Surgical excision of the tumor
- Multiple insulinoma (typically in the setting of MEN1)
 - Local excision of any tumors found in the head of the pancreas plus a distal subtotal pancreatectomy
- Persistent hypoglycemia after surgery with new solitary or multiple tumors detected
 - Repeat surgical excision
- Insulinoma cannot be located
 - Diazoxide (inhibits insulin release from pancreas)

Reference

➤ UpToDate