

Morning Report

March 24, 2009



Wake Forest University Baptist
MEDICAL CENTER®

MKSAP: Question #1

- A 36-year-old woman is evaluated for a 3-month history of loose stools. She has three to four bowel movements per day consisting of semi-formed stools, with occasional watery diarrhea. She also has occasional mucous in the stool but no blood. She has abdominal bloating two to three days a week, which is relieved by defecation. Her previous bowel pattern consisted of one formed bowel movement each morning without mucus or abdominal bloating. She has no abdominal pain, rectal urgency, or night awakening to move her bowels as well as no fever, weight loss, rash, or arthralgias. She has tried loperamide, which alleviates the diarrhea but worsens the bloating.

MKSAP: Question #1

- The patient was in Asia 4 months ago and had an episode of vomiting, diarrhea, and low-grade fever. She was evaluated at a local clinic, and was given ciprofloxacin for 5 days, which relieved her symptoms. No diagnostic studies were done at that time.
- On examination, the patient is afebrile, the blood pressure is 114/68 mm Hg, the pulse rate is 68/min, and the BMI is 18.1. The abdomen is not tender to palpation; there are no masses or organomegaly. The rectal examination is normal, with liquid brown stool present. Complete blood count is normal. Stool examination is negative for *Clostridium difficile*, *Giardia lamblia* antigen, and ova and parasites.

MKSAP: Question #1

Post-infectious Irritable Bowel Syndrome

- Which of the following is the most appropriate next step in the management of this patient?
 - A. Colonoscopy with biopsy
 - B. Reassurance with scheduled follow-up
 - C. CT enterography
 - D. Order antibodies for pANCA and ASCA
 - E. EGD w/small bowel biopsy and aspirates

MKSAP: Question #1

Post-infectious Irritable Bowel Syndrome

- A 36-year-old woman is evaluated for a **3-month history of loose stools**. She has **three to four bowel movements per day consisting of semi-formed stools, with occasional watery diarrhea**. She also has **occasional mucous** in the stool but **no blood**. She has **abdominal bloating** two to three days a week, which is **relieved by defecation**. Her previous bowel pattern consisted of one formed bowel movement each morning without mucus or abdominal bloating.
- **The patient was in Asia 4 months ago and had an episode of vomiting, diarrhea, and low-grade fever**. She was evaluated at a local clinic, and was given ciprofloxacin for 5 days, which relieved her symptoms. No diagnostic studies were done at that time.



MKSAP: Question #1

No red flags

- She has ***no abdominal pain, rectal urgency, or night awakening to move her bowels as well as no fever, weight loss, rash, or arthralgias.*** She has tried loperamide, which alleviates the diarrhea but worsens the bloating.
- On examination, the patient is afebrile, the blood pressure is 114/68 mm Hg, the pulse rate is 68/min, and the BMI is 18.1. The abdomen is not tender to palpation; there are no masses or organomegaly. The rectal examination is normal, with liquid brown stool present. ***Complete blood count is normal. Stool examination is negative for Clostridium difficile, Giardia lamblia antigen, and ova and parasites.***

MKSAP: Question

Post-infectious IBS:

- 10-25% of pts following acute gastroenteritis
- Clinical diagnosis

- Which of the following is the most appropriate management of this patient?
 - A. Colonoscopy with biopsy
 - IBD unlikely; no hematochezia, tenesmus, Ab pain, fever
 - B. Reassurance with scheduled follow-up
 - Likely IBS
 - C. CT enterography
 - IBD unlikely; no hematochezia, tenesmus, Ab pain, fever
 - D. Order antibodies for pANCA and ASCA
 - IBD serologies; Low pre-test probability of IBD
 - E. EGD w/small bowel biopsy and aspirates
 - Sxs more c/w IBS and not Celiac sprue (diarrhea, wt loss, and pain)

MKSAP: Question #2

- A 67-year-old woman is evaluated for a 6-week history of stiffness and pain, particularly around the shoulders and hips. She is unsure whether there are any exacerbating or alleviating factors or whether her pain worsens during certain times of the day but believes that it is worse in the morning. She does not have visual problems, scalp tenderness, temporal area pain, jaw claudication, or wrist or finger joint swelling.

MKSAP: Question #2

- On physical examination, she is afebrile. There are no rashes, and peripheral pulses are symmetrical and normal. There is no evidence of synovitis. On musculoskeletal examination, there is tenderness to palpation, particularly around the proximal upper and lower extremities, but muscle strength is normal. The remainder of the examination is unremarkable.
- On laboratory studies, hemoglobin is 11 g/dL (110 g/L) and erythrocyte sedimentation rate is 82 mm/h.

MKSAP: Question #2

- Which of the following is the most appropriate treatment for this patient?
 - A. Prednisolone, 15 mg/d
 - B. Prednisolone, 1 mg/kg/d
 - C. Methotrexate, 10 mg weekly
 - D. Etanercept, 25 mg subcutaneously
 - E. Hydroxychloroquine, 400 mg/d

MKSAP: Question #2

PMR (not GCA)

- A **67-year-old woman** is evaluated for a **6-week history of stiffness and pain**, particularly around the **shoulders and hips**. She is unsure whether there are any exacerbating or alleviating factors or whether her pain worsens during certain times of the day but believes that it is **worse in the morning**. She does **not have visual problems, scalp tenderness, temporal area pain, jaw claudication, or wrist or finger joint swelling**.

MKSAP: Question #2

PMR (not GCA)

- On physical examination, she is afebrile. There are no rashes, and peripheral pulses are symmetrical and normal. There ***is no evidence of synovitis***. On musculoskeletal examination, there is ***tenderness to palpation, particularly around the proximal upper and lower extremities, but muscle strength is normal***. The remainder of the examination is unremarkable.
- On laboratory studies, ***hemoglobin is 11 g/dL*** (110 g/L) and ***erythrocyte sedimentation rate is 82 mm/h***.

MKSAP: Question

- Which of the following is the best treatment for this patient?
 - A. Prednisolone, 15 mg/d
 - Appropriate therapy
 - B. Prednisolone, 1 mg/kg/d
 - Appropriate dose for GCA treatment
 - C. Methotrexate, 10 mg weekly
 - Seldom used in PMR w/o GCA b/c of side effects
 - D. Etanercept, 25 mg subcutaneously
 - Not 1st line therapy
 - E. Hydroxychloroquine, 400 mg/d
 - Rx for arthritis & photosensitivity from SLE

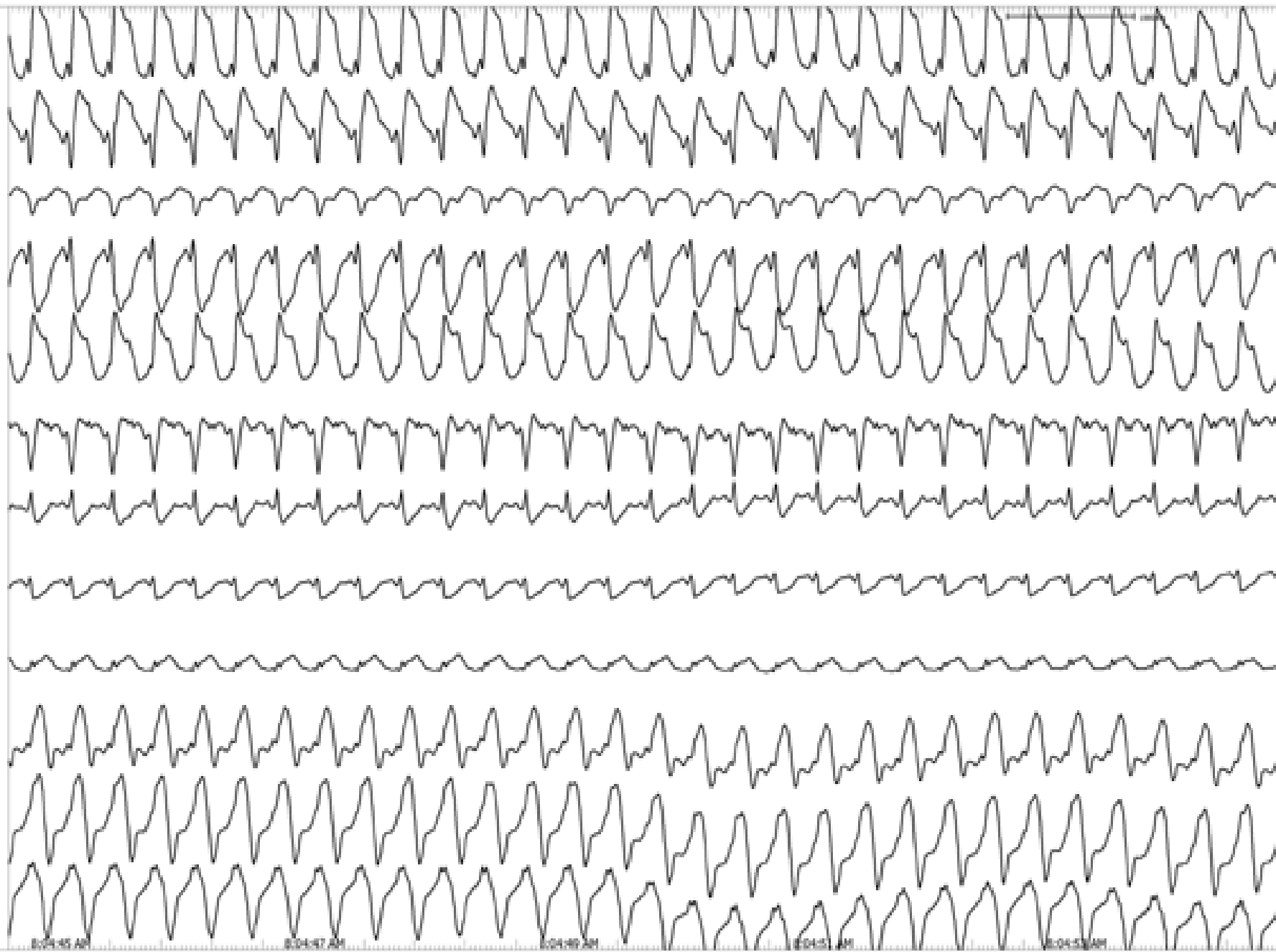
- Corticosteroids often resolve PMR sx's w/in 24 hours
- Mean duration of therapy is 2.4 years at an average prednisone dose of 9.6 mg/d.



MKSAP: Question #3

- A 63-year-old man is evaluated in the emergency department after calling 911 for chest pain and diaphoresis. He had an anterior myocardial infarction 5 years ago, after which he underwent coronary artery bypass grafting. He has a history of NYHA class I-II CHF, HTN, and HLD. His current medications include furosemide, potassium chloride, enalapril, digoxin, atorvastatin, a β -blocker, and aspirin.
- On examination he is diaphoretic and has a heart rate of 192/min and blood pressure of 85/43 mm Hg. He has jugular venous distention, and the cardiac examination reveals tachycardia with no murmurs. Crackles are heard at the bases of both lungs.

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6



MKSAP: Question #3

- The arrhythmia is terminated with a 50-Joule cardioversion. Coronary angiogram demonstrates patent grafts and a left ventricular ejection fraction of 38%.

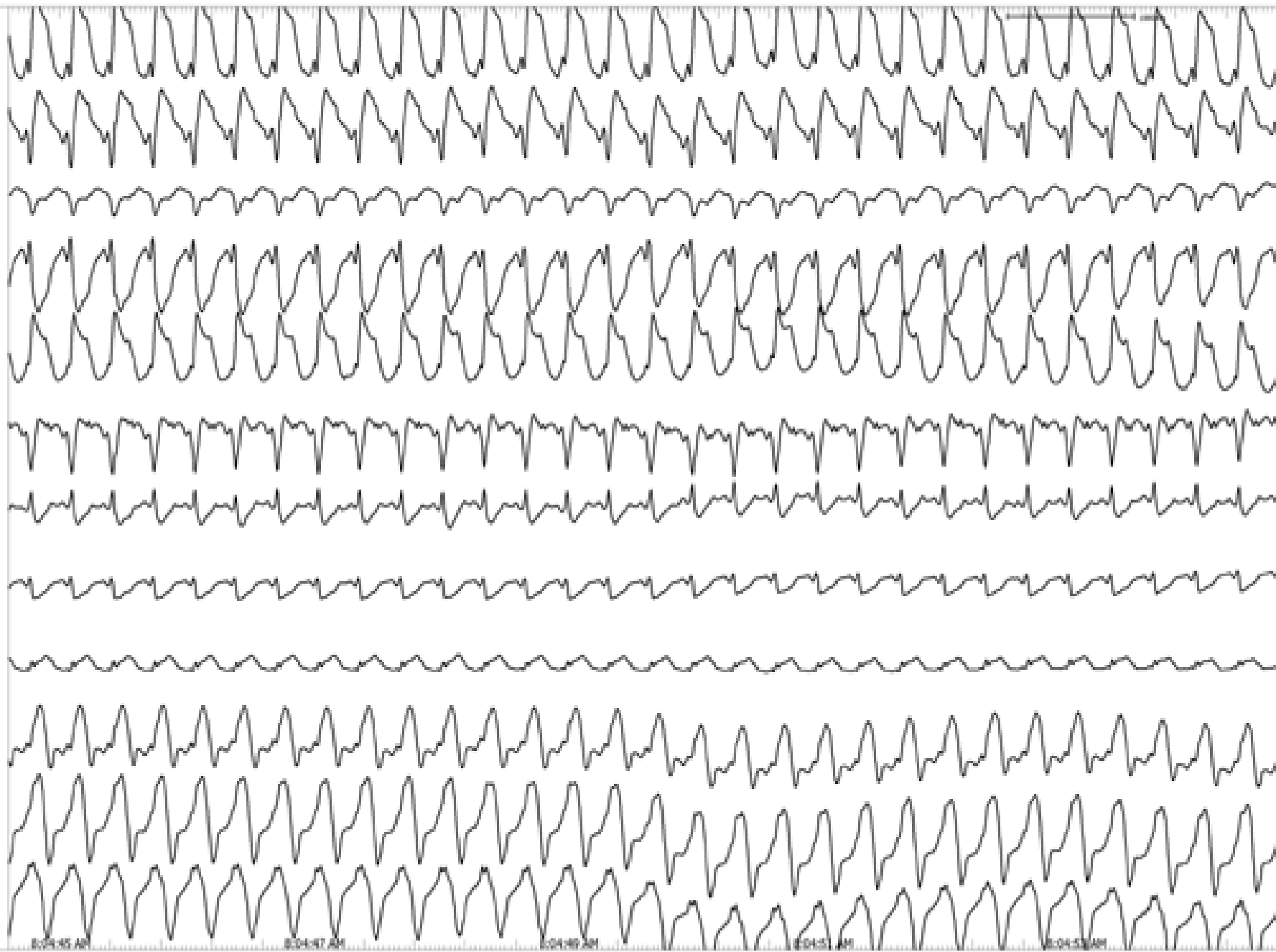
MKSAP: Question #3

- What is the best long-term treatment strategy to improve survival in this patient?
 - A. Amiodarone
 - B. Flecainide
 - C. Implantable cardioverter-defibrillator
 - D. Biventricular pacemaker

MKSAP: Question #3

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I
II
III
aVR
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V2
V3
V4
V5
V6



MKSAP: Question #3

- The *arrhythmia is terminated with a 50-Joule cardioversion*. Coronary angiogram demonstrates patent grafts and a *left ventricular ejection fraction of 38%*.

MKSAP: Question #3

- Wh
im

- Pts w/ symptomatic sustained VT in the setting of significant structural heart disease are at high risk of future recurrence with a high mortality rate (25% per year).

- An ICD improves survival in pts w/ hemodynamically important sustained VT and concomitant structural heart disease

fxn

- C. Implantable cardioverter-defibrillator

- D. Biventricular pacemaker

- NYHA III-IV and QRS >120msec

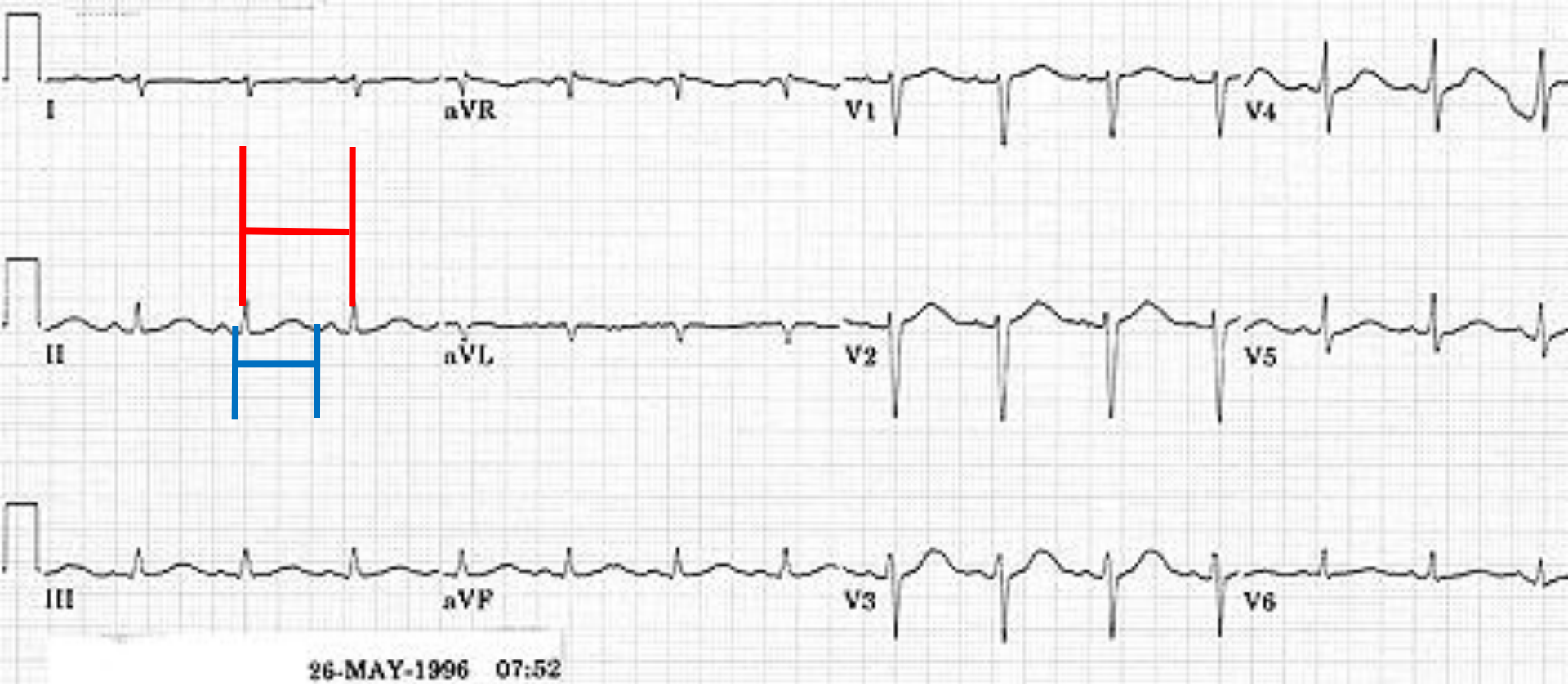
Question #4:

- Which team holds the record for the most NCAA Men's Division I Basketball Championships?
 - A. Duke
 - B. Indiana
 - C. Kentucky
 - D. UCLA
 - E. UNC

Question #4:

- Which team holds the record for the most NCAA Men's Division I Basketball Championships?
 - A. Duke - 3
 - B. Indiana - 5
 - C. Kentucky - 7
 - **D. UCLA - 11**
 - E. UNC - 4

Clinical Image of Long QT



Case Presentation



Dr. Jacob Coleman