

# Morning Report

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March 27, 2009



Wake Forest University Baptist  
MEDICAL CENTER®

# MKSAP: Question #1

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- A 36-year-old man is evaluated for erectile dysfunction. He is happily married but has noted a declining libido with difficulty attaining and maintaining an erection through intercourse.
- He has gained approximately 10 kg (22 lb) over the past 18 months and was diagnosed with impaired glucose tolerance last month. He also has wide violaceous striae. A 24-hour urine collection shows urine free cortisol three times the normal upper limit for daily excretion. Serum ACTH is <5 pg/mL.

# MKSAP: Question #1

## ACTH-Independent Cushing's Syndrome

- Which of the following is the most appropriate next test in this patient?
  - A. MRI of the head
  - B. Serum LH, prolactin, and testosterone
  - C. Hemoglobin A<sub>1c</sub>
  - D. CT of the adrenal glands
  - E. Testicular ultrasonography

# MKSAP: Question #1

## ACTH-Independent Cushing's Syndrome

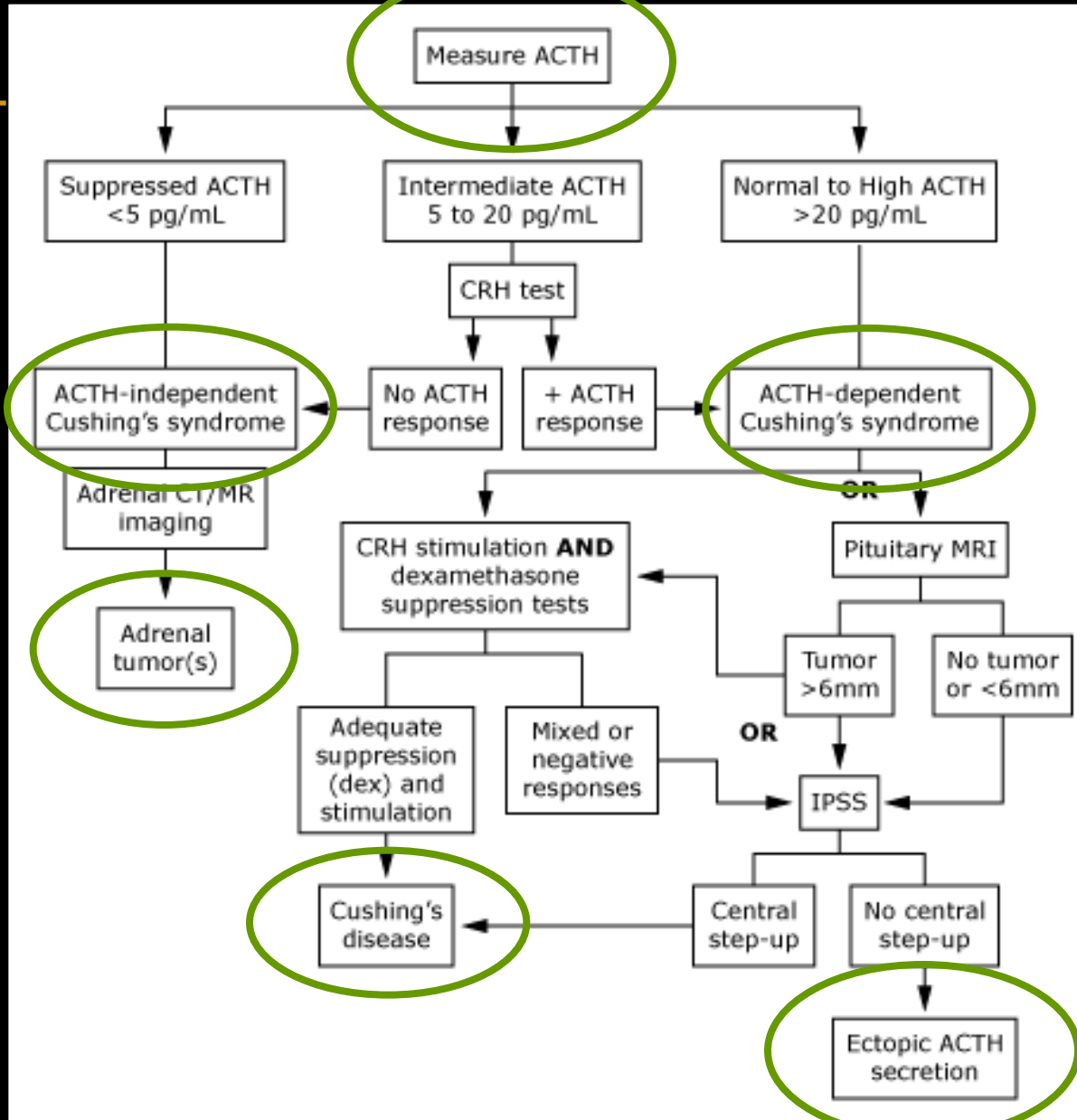
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## MKSAP:

Excessive production of glucocorticoids causes hypogonadotropic hypogonadism.

- A 36-year-old man is evaluated for **erectile dysfunction**. He is happily married but has noted a **declining libido with difficulty attaining and maintaining an erection through intercourse**.
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# Cushing's Syndrome: Etiology



# MKSAP: Question #1

## ACTH-Independent Cushing's Syndrome

- Which of the following is the most appropriate next test in this patient?
  - A. MRI of the head
    - Appropriate for ACTH-Dependent Cushing's
  - B. Serum LH, prolactin, and testosterone
    - Appropriate for hypogonadism w/u if normal cortisol
  - C. Hemoglobin A<sub>1c</sub>
    - Incorrect
  - D. CT of the adrenal glands
    - To r/o adrenal tumor or adenoma
  - E. Testicular ultrasonography
    - Not indicated

# MKSAP: Question #2

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- A 46-year-old black man is evaluated for hypertension. He was told several years previously at an employee health fair that his blood pressure was elevated. Therapy with an unknown antihypertensive agent was initiated at that time but was discontinued after 3 months because of negative side effects. He has since been checking his blood pressure at local grocery stores; his blood pressure typically is approximately 160/90 mm Hg. He currently takes no medications.
- On physical examination, pulse rate is 64/min and resting blood pressure is 158/88 mm Hg. Funduscopic examination reveals hypertensive retinopathy. There is 1+ lower-extremity edema.

# MKSAP: Question #2

- Renal ultrasound reveals a right kidney 9.2 cm in diameter and a left kidney 9.1 cm in diameter with two simple cysts.

Laboratory Studies	
Hemoglobin	11.8 g/dL (118 g/L)
Blood urea nitrogen	34 mg/dL (12.14 mmol/L)
Uric acid	8.2 mg/dL (0.49 mmol/L)
Creatinine	1.9 mg/dL (168 µmol/L)
Sodium	142 meq/L (142 mmol/L)
Potassium	3.9 meq/L (3.9 mmol/L)
Chloride	110 meq/L (110 mmol/L)
Bicarbonate	22 meq/L (22 mmol/L)
Calcium	10.1 mg/dL (2.52 mmol/L)
Phosphorus	4.0 mg/dL (1.29 mmol/L)
Urinalysis	2+ protein, no blood
Urinary protein-creatinine ratio	0.45 mg/g

## Hypertensive Nephrosclerosis:

- Longstanding uncontrolled HTN
- Bland urine sediment w/ non-nephrotic proteinuria
  - Renal U/S w/ small, echogenic kidneys
    - CRI

- A. Ramipril
- B. Metoprolol
- C. Amlodipine
- D. Terazosin

ACE-I & ARB are the agents of choice for the treatment HTN with CKD.

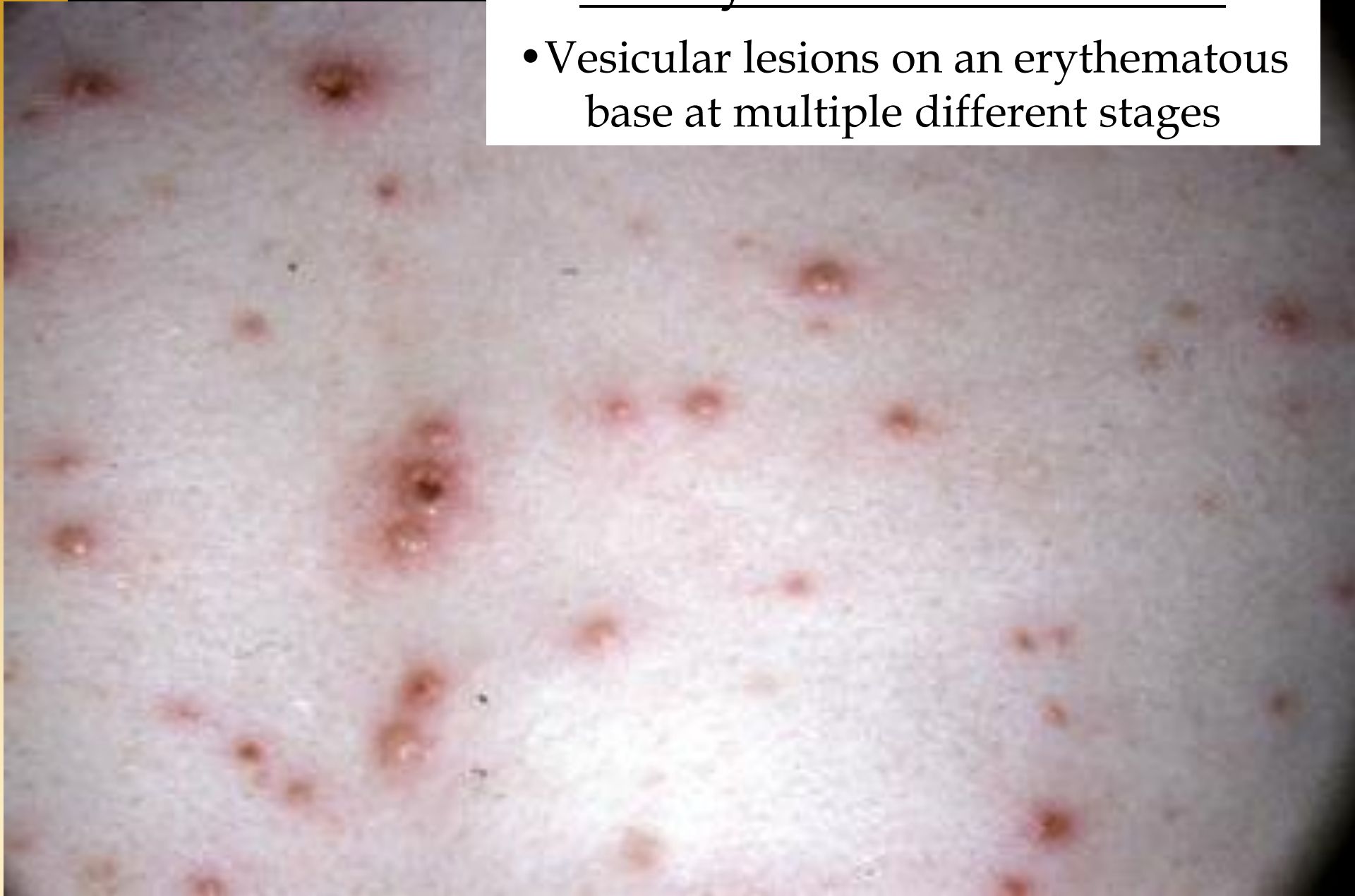
# Question #3: 18,446,744,073,709,551,616

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- The odds of randomly picking a perfect bracket (i.e., all games picked correctly) for March Madness are
  - 18.4 Million to 1
  - 18.4 Billion to 1
  - 18.4 Trillion to 1
  - 18.4 Quadrillion to 1
  - 18.4 Quintillion to 1

## Primary Varicella-Zoster Virus:

- Vesicular lesions on an erythematous base at multiple different stages



# Week in Review

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- Dementia syndrome associated with personality changes, loss of initiative, and slowing of thought, but with preservation of recent memory
  - **Frontotemporal Dementia**
- T/F: ANA testing is indicated in all patients with suspected fibromyalgia to rule out other rheumatologic conditions
  - **False**
- SAAG found in patients who have ascites that is NOT due to HTN
  - **SAAG < 1.1**
- With a SAAG <1.1, etiologies include
  - **Peritonitis, Peritoneal carcinomatosis, Pancreatitis**

# Week in Review

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- SAAG  $>1.1$  is c/w Portal HTN. What test differentiates between cirrhosis and cardiac ascites
  - Ascites fluid total protein
- SAAG  $>1.1$ , AFTP  $<2.5$ 
  - Cirrhosis
- SAAG  $>1.1$ , AFTP  $>2.5$ 
  - Cardiac ascites
- Diagnosis in elderly patients with hip & shoulder pain, normocytic anemia, and elevated ESR
  - Polymyalgia rheumatica
- Treatment for PMR
  - Steroids (prednisone 20 mg/day)

# Week in Review

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- Long term treatment strategy to improve survival in patients with structural heart disease and symptomatic VT
  - ICD
- Pacemaker implantation is indicated in patients with bradycardia when \_\_\_\_\_ are present
  - Symptoms
- Diarrheagenic organism associated w/ HUS
  - E. coli 0157:H7
- Diagnostic test of choice patients with suspected bony metastases
  - Bone Scan

# Week in Review

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- Cancers that commonly spread to the bone include
  - Prostate, breast, lung, thyroid, and RCC
- Possible etiologies for ACTH-dependent Cushing's syndrome
  - Cushing's disease (pituitary adenoma)
  - Ectopic ACTH secretion

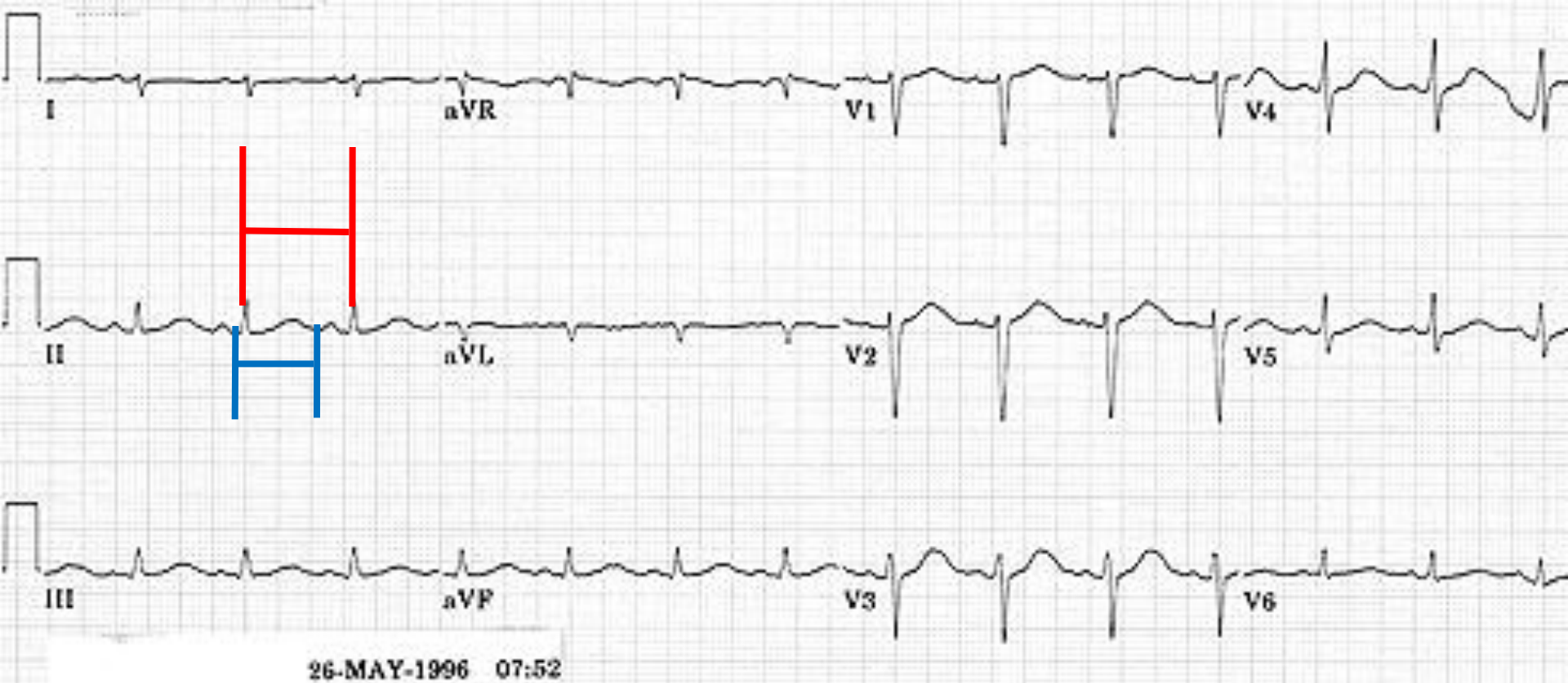
# Clinical Image of the Day



**Auer Rod: AML**

**Myeloblast, ↑N:C,  
cytoplasmic granules,  
rod-shaped inclusion**

# Clinical Image of Long QT



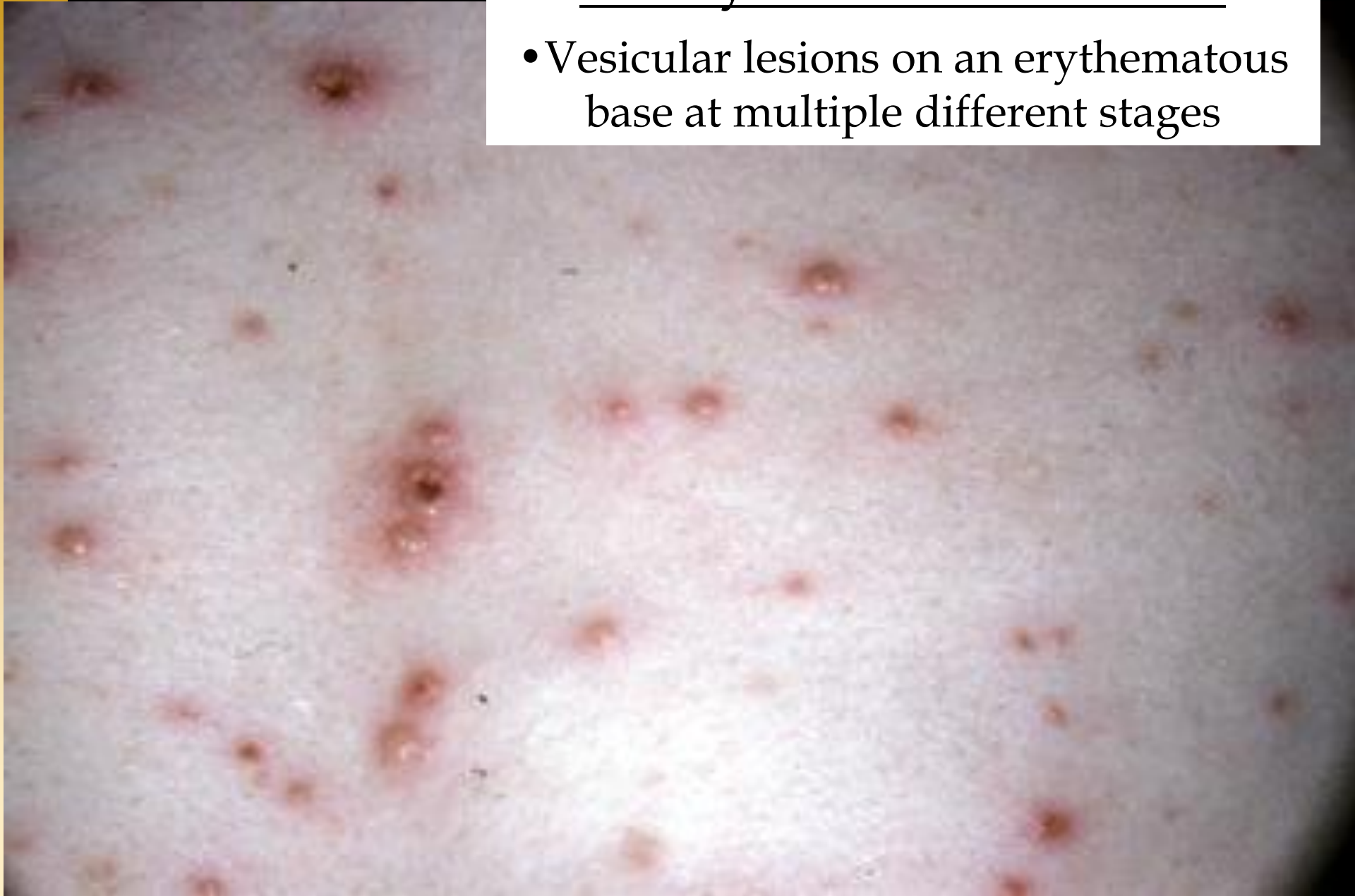
## Substernal Goiter:

- Tracheal deviation



## Primary Varicella-Zoster Virus:

- Vesicular lesions on an erythematous base at multiple different stages



# Case Presentation

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Dr. Ben Susco