Fall is here and for me that means pumpkin spice and everything nice! For those of you looking for some fall fun, consider taking a drive out to one of the region’s many farms now open for apple picking. Patterson Fruit Farm in Chesterland (11414 Caves Rd) is probably the closest and a popular choice. Other options include Bauman orchards in Rittman (161 Rittman Ave) and Hillcrest Orchards in Amherst (50366 Telegraph Rd). Some of them are a bit of a drive but trust me, your Instagram followers will thank you!

Looking for something slightly less #basic? Check out the Factory of Terror in Canton, which claims to be the largest indoor haunted house in the world. Walking through over a mile of scary sets is likely to get your heart racing faster than running to a code in Hanna House!
CALENDAR LINKS

Electives
Please send your elective selection to Barb. You can always contact the chiefs for any suggestions. **All reading electives must be approved by Dr. Armitage.**
Barb – barbara.bonfiglio@uhhospitals.org

**UH HOUSEDOC moonlighting calendar**
Spots open up on a month-by-month basis. You will be notified by email from Kathy DeMarco when the monthly openings become available.
Please send your requests to uhhousedocs@gmail.com

**MICU & CICU moonlighting calendar**
Spots open up on a month-by-month basis. You will be notified by email from the Quality Chief Resident when the monthly openings become available.
Please send your requests to micu.uh@gmail.com

REMINDERS
1. For any call-offs, you **MUST** page the ambulatory chief at **31529**. The chiefs are not always available on short notice by phone or email, but they **ALWAYS** have the pager.
2. For two senior ward teams: senior resident weekend days off are arranged amongst the two seniors such that each receives two weekend days during a 14 day half block.

CURRENT CHIEFS

**AMBULATORY CHIEF**
Will Garner
Pager: 31529
Office: VA ext. 5034
Will.Garner@UHHospitals.org

**VA CHIEF**
Charlie Burns
Pager: 31533
Office: VA ext. 5034
Charles.Burns@UHHospitals.org

**QUALITY CHIEF**
Saurav Uppal
Pager: 36644
Office: UH ext. 43621
Saurav.Uppal@UHHospitals.org

**UH CHIEF**
Megan Chan
Pager: 31250
Office: UH ext. 43621
Megan.Chan@UHHospitals.org

Resident of the Week Award

*This week’s Resident(s) of the Week Award is awarded to:*

Margaret Hammond

Her clinical event notes are phenomenal. She has managed events with our patients very well, given it is the beginning of the year she has been phenomenal. I just read the best transfer note ever on a very complicated patient. Great job Maggie!

*Please remember to submit your nominations for Resident of the Week to casechiefs@gmail.com.*
ANNOUNCEMENTS
PLEASE CHECK OUT THE INTERN BOOT CAMP LECTURES AT OUR WEBSITE
http://cwrumedicine.org/residency-program/residents/education/intern-boot-camp-lectures

UHCMC at OGS!
A 59-year-old man with a remote history of melanoma presented to the dermatology clinic. He presented with lingual papillomas for many years, as well as multiple trichilemmomas on the face and chest, acral keratosis on the hands and feet, and macrocephaly. He also had a history of gastrointestinal polyps and a multinodular goiter. What is the diagnosis?

A) Birt-Hogg Dube Syndrome  
B) Cowden Syndrome 
C) Tuberous Sclerosis 
D) Peutz-Jeghers Syndrome 
E) Hereditary Mixed Polyposis Syndrome

MKSAP QUESTION

A 43-year-old woman is evaluated for progressive weight gain over the past 2 years. Her previous weight was 72.6 kg (160 lb) but has steadily risen to her current weight of 106.6 kg (235 lb). She notes a slight increase in her appetite but minimal change in her lifestyle or activity level. She has tried to lose weight with increased exercise and nutritional counseling but without significant results. More recently she reports having trouble sleeping and decreased exercise tolerance with activities such as walking up steps. Medical history is significant for impaired fasting glucose, hypertension, and hyperlipidemia. Medications are hydrochlorothiazide and atorvastatin. She has not been prescribed glucocorticoids or had glucocorticoid joint injections.

On physical examination, temperature is 37.2 °C (99.0 °F), blood pressure is 136/86 mm Hg, pulse rate is 88/min, and respiration rate is 12/min. BMI is 38. She has rounded facies, thin hair, mild hirsutism, and prominent fat deposition in the dorsocervical and supraclavicular areas. Her skin is thin, and she bruises easily, although striae are not present. Her examination is otherwise unremarkable.

Laboratory studies are significant for a fasting plasma glucose level of 120 mg/dL (6.7 mmol/L) and normal thyroid-stimulating hormone level.

Which of the following is the most appropriate next step in evaluation?

A) Adrenocorticotropic hormone measurement  
B) 1-mg dexamethasone suppression test 
C) 8-mg dexamethasone suppression test 
D) Pituitary MRI  
E) Serum cortisol measurement
### UH Conference Schedule

**Monday, 10/9/17:**
- Resident Morning Report: 10:30 AM – 11:30 AM
- Noon Conference: 12:00 - 1:00 PM
  - TBA
  - Dr. Nate Stehouwer
  - Carpenter Room

**Tuesday, 10/10/17:**
- Intern Morning Report: 11:00 - 11:45 AM
- Grand Rounds: 12:00 - 1:00 PM
  - Update on Malaria
  - Dr. James Kazura
  - Kulas Auditorium

**Wednesday, 10/11/17:**
- Resident Morning Report: 11:00 AM - 12:00 PM
- Noon Conference: 12:00 - 1:00 PM
  - Limb Ischemia
  - Dr. Mehdi Shishehbor
  - Carpenter Room

**Thursday, 10/12/17:**
- Intern Morning Report: 11:00 AM – 12:00 PM
- Noon Conference: 12:00 - 1:00 PM
  - TBA
  - Dr. Claire Sullivan
  - Carpenter Room

**Friday, 10/13/17:**
- Resident Journal Club: 11:00 AM – 12:00 PM
- Morbidity & Mortality Conference: 12:00 – 1:00 PM
  - Morbidity and Mortality
  - Kulas Auditorium

### VA Conference Schedule

**Monday, 10/9/17:**
- Noon Conference: 12:00 - 1:00 PM
  - Cancelled
  - Columbus Day

**Tuesday, 10/10/17:**
- Resident Morning Report: 10:00 - 11:00 AM
- Grand Rounds: 12:00 - 1:00 PM
  - Update on Malaria
  - Dr. James Kazura
  - K-119

**Wednesday, 10/11/17:**
- Resident Morning Report: 10:00 - 11:00 AM
- Morbidity & Mortality Conference: 12:00 - 1:00 PM
  - Morbidity and Mortality
  - K119

**Thursday, 10/12/17:**
- Intern Morning Report: 10:00 - 11:00 AM
- Noon Conference: 12:00 - 1:00 PM
  - Attending Rounds
  - K119

**Friday, 10/13/17:**
- Resident Morning Report: 10:00 – 11:00 AM
- Noon Conference: 12:00 - 1:00 PM
  - Attending Rounds
  - K-119

CONTACT THE CHIEFS IF YOU HAVE ANY QUESTIONS OR CONCERNS!
**UH Weekend Coverage**

**Carpenter:** Jordan Moran is off Sunday and will be covered by Yvonne Okereke.

**Dworken:** Tom Ladas is off both days and will be covered by Hisham Siddiqui.

**Eckel:** Kashif Khan and JP Lopes to arrange coverage amongst themselves.

**Hellerstein:** Dan Kobe and Dan Karb to arrange coverage amongst themselves.

**Naff:** Kevin Okapal and Kerry Lyons to arrange coverage amongst themselves.

**Ratnoff:** Lei Lei is covering her own team.

**Wearn:** Fatima Fadlalla and Jumoke Ogundare to arrange coverage amongst themselves.

**Weisman:** Claire Dolan is off Saturday and will be covered by Talib Dosani.

**Friday, October 6th, 2017**

NACR: Abdullah Al Shahrani  
NF Residents: John Merriman, Emily Nizialek  
NF Interns: Dinah Chen, Ibrahim Hakim, David Brouch  
MICU Moonlighter: Anu Bommakanti  
CICU Moonlighter: Vittal Hejjaji

**Saturday, October 7th, 2017**

NACR: Abdullah Al Shahrani  
NF Residents: John Merriman or Emily Nizialek  
NF Interns: Dinah Chen, Ibrahim Hakim, David Brouch  
UH Saturday NF Coverage: Anu Bommakanti  
MICU Moonlighter: William Longhurst  
CICU Moonlighter: Muhammad Panhwar  
Admitting Coordinator: Catherine Myers

**Sunday, October 8th, 2017**

NACR: Dharani Guttikonda  
NF Residents: John Merriman or Emily Nizialek  
NF Interns: Dinah Chen, Ibrahim Hakim, David Brouch  
Admitting Coordinator: Timica Campbell

Senior Weekend Jeopardy: Ahmed Al Khathlan, Asim Syed, Yvonne Okereke (Saturday only), Talib Dosani (Sunday only)

Intern Weekend Jeopardy: Nelroy Jones, Petra Martin

Intern Weekend Backup Jep: Rayan Hamdan, William Jacoby

**VA Weekend Coverage**

**Saturday, Oct 7, 2017**

Ameen Al-Aghil on Blue is off and will be covered by Ben Alencherry  
Kristen Welch on White is on medium call and covers her own team.  
Naji Mallat on Green is off and will be covered by Scott Dawsey  
Akshata Pandit on Orange is on long call and covers her own team.  
VACR consults/service will be seen by Akshata Pandit and attending Dr. Susan Budnick

VA MICU 24 hour resident is Alyson Michener  
VA Sat PM Resident is Carolyn Chan  
VA Sat PM Intern is Jesse Felts

**Sunday, Oct 8, 2017**

Ameen Al-Aghil on Blue is on long call and covers his own team.  
Kristen Welch on White is off and will be covered by Ben Alencherry  
Naji Mallat on Green is off and will be covered by Scott Dawsey  
Akshata Pandit on Orange is on medium call and covers her own team.  
VACR consults/service will be seen by Ameen Al-Aghil and attending Dr. Amy Hise
MKSAP ANSWER

B – 1-mg dexamethasone suppression test

The most appropriate next diagnostic test for this patient is the 1-mg dexamethasone suppression test. She has the typical clinical features and findings of cortisol excess, or Cushing syndrome. The most common cause of Cushing syndrome is exogeneous glucocorticoid use; however, she has not received glucocorticoids. To evaluate for Cushing syndrome, biochemical evidence of hypercortisolism must be confirmed by use of several screening tests. Three screening tests are used for Cushing syndrome: the 1-mg dexamethasone suppression test (given late at night with assessment of cortisol suppression the next morning), 24-hour urine free cortisol excretion (to quantify total daily cortisol secretion), and measurement of evening salivary cortisol (which normally reaches a nadir at that time but remains elevated in patients with Cushing syndrome). At least two abnormal first-line screening tests are required for diagnosis. Only after establishing biochemical hypercortisolism should the source of excess cortisol production be sought.

Measurement of adrenocorticotropic hormone (ACTH) is not a screening test for Cushing syndrome. After documentation of excess cortisol production, ACTH levels may be useful in determining if hypercortisolism is ACTH-dependent or –independent; however, it is not an appropriate initial screening test.

An 8-mg dexamethasone suppression test is helpful in differentiating between Cushing disease (pituitary tumor–secreting ACTH) and ectopic ACTH production. However, it is not a screening test for Cushing syndrome and would be appropriate only in specific situations after Cushing syndrome is diagnosed.

A pituitary MRI should be ordered only after hypercortisolism and Cushing syndrome are diagnosed and a pituitary adenoma is suspected as a cause.

Measurement of serum cortisol levels lacks sensitivity and specificity for diagnosing Cushing syndrome, primarily due to the pulsatile nature of cortisol secretion, and is not used as a screening test.

NEJM IMAGE CHALLENGE

B – Cowden Syndrome

The Cowden syndrome is a rare, autosomal dominant disorder caused by a mutation in the gene encoding the tumor suppressor PTEN. This syndrome is characterized by the presence of hamartomatous tumors, which are disorganized growths that can manifest in different tissue types, and an increased risk of cancer.
MEET THE INTERNS

Name: Robert Adams
Home Town: Rolla, Missouri --- Population: 20,000
Medical School: Saint Louis University
Current Rotation: VA MICU

1. Favorite activity to do on your day off after a long week?
   Make a monster brunch: Belgian waffles, bacon, spicy potatoes, and over easy eggs. And eat that while I binge a show. I just finished West World, it lived up to the hype.

2. Best kept secret in Cleveland?
   Banter -> Poutine on the Detroit Shoreway.

3. Most enjoyable rotation so far and why?
   VA MICU! Procedures, interesting patients, 20 steps to the snack room, 20 steps to the patient rooms, awesome team.

4. Biggest area of personal improvement since intern year started?
   Not worrying about what admissions may come. Just rolling with them.

5. Will you take on 3 months of Weisman/Ratnoff? Asking for a friend…
   I would, but… it would probably be hard to switch the schedules… and I wouldn’t want to miss learning opportunities on other services… and… no.