Looking for something to do next week that involves comedy while also supporting addition awareness and mental health. I know what you're thinking, "What?" The Acting Out four day Arts Fest for Mental Health and Addition Awareness is taking place from September 13th-16th. The goal is to break down stigmas. There will be panel discussion, music, comedy, and more. Feel free to tell others. Check out actingoutcle.com for more info.
REMINDEERS
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.

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

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:

Dr. Yvonne Okereke

Yvonne was extremely helpful and reliable during a very busy service, taking care of not only her own patients but readily finding ways to address the needs of any patient on the team. It was also really amazing how she was super consistent with maintaining a high standard of patient care on a DAILY basis. Many thanks to Yvonne for her wonderful job!

Please remember to submit your nominations for Resident of the Week to casechiefs@gmail.com.
ANNOUNCEMENTS
ITE IS IN PROCESS REFER TO THE SCHEDULE FOR YOUR DATE!
PALLIATIVE CARE WEEK KICKS OFF ON MONDAY 09/11!
INTERN BOOT CAMPS WILL BE POSTED TO OUR WEBSITE
http://cwrumedicine.org/residency-program/residents/education/intern-boot-camp-lectures

Candy Rounds to Return Soon!

http://www.foodgatherers.org/?module=Page&slD=candybuyback
A 41-year-old man presented with progressive loss of vision in both eyes. Physical examination was notable for pectus excavatum and elongated digits. His uncorrected visual acuity was 6/200 in the right eye and 20/100 in the left eye. What is the diagnosis?

A) Pseudoexfoliation glaucoma
B) Retinal detachment
C) Ectopic lentis
D) Traumatic cataract
E) Iridocyclitis

MKSAP QUESTION

A 37-year-old woman is evaluated for a 6-month history of progressive shortness of breath. Although she remains physically active, she becomes dyspneic when walking up multiple flights of stairs or running to catch a bus. Medical history is significant for a diagnosis of a pulmonary embolism 2 years ago, which was associated with oral contraceptive use. She was initially treated with low-molecular-weight heparin followed by therapeutic warfarin for 3 months. She is a nonsmoker. Medical history is otherwise unremarkable, and she takes no medications.

On physical examination, she is afebrile, blood pressure is 128/76 mm Hg at rest, pulse rate is 72/min, and respiration rate is 15/min. Oxygen saturation is 98% breathing ambient air. Pulmonary examination reveals clear lungs. Cardiac examination is significant for a fixed, split S2, a holosystolic murmur at the left sternal border that increases on inspiration, and a heave. Trace lower extremity bilateral edema is present. The remainder of the examination is noncontributory.

Walking up stairs at the office at a moderate pace, she becomes short of breath after two flights of stairs, oxygen saturation decreases to 92%, and pulse rate increases to 145/min.

A chest radiograph is normal, showing no parenchymal abnormalities. Transthoracic echocardiography shows right atrial and ventricular dilation and moderate tricuspid regurgitation but no other valvular abnormalities.

Which of the following is the most appropriate diagnostic test to perform next?
A) Pulmonary CT angiography
B) Serum D-dimer test
C) Venous Doppler ultrasonography
D) Ventilation-perfusion (V/Q) lung scan
**UH CONFERENCE SCHEDULE**

**MONDAY, 9/11/17:**
Resident Morning Report: 10:30 AM – 11:30 AM  
Noon Conference: 12:00 - 1:00 PM

*Palliative Care Week*  
*Please refer to the schedule sent previously for topic and location*

**TUESDAY, 9/12/17:**
Intern Morning Report: 11:00 - 11:45 AM  
Noon Conference: 12:00 - 1:00 PM

*Palliative Care Week*  
*Please refer to the schedule sent previously for topic and location*

**WEDNESDAY, 9/13/17:**
Resident Morning Report: 11:00 AM - 12:00 PM  
Noon Conference: 12:00 - 1:00 PM

*Palliative Care Week*  
*Please refer to the schedule sent previously for topic and location*

**THURSDAY, 9/14/17:**
Intern Morning Report: 11:00 AM – 12:00 PM  
Noon Conference: 12:00 - 1:00 PM

*Palliative Care Week*  
*Please refer to the schedule sent previously for topic and location*

**FRIDAY, 9/15/17:**
Resident Journal Club: Cancelled for Palliative Care week

*Palliative Care Week*  
*Please refer to the schedule sent previously for topic and location*

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**VA CONFERENCE SCHEDULE**

**MONDAY, 9/11/17:**
Noon Conference: 12:00 - 1:00 PM

*Attending Rounds*  
*K119*

**TUESDAY, 9/12/17:**
Resident Morning Report: 10:00 - 11:00 AM  
Noon Conference: 12:00 - 1:00 PM

*Grand Rounds*  
*K119*

**WEDNESDAY, 9/13/17:**
Resident Morning Report: 10:00 - 11:00 AM  
Morbidity & Mortality Conference: 12:00 - 1:00 PM

*Morbidity and Mortality*  
*K119*

**THURSDAY, 9/14/17:**
Intern Morning Report: 10:00 - 11:00 AM  
Noon Conference: 12:00 - 1:00 PM

*Attending Rounds*  
*K119*

**FRIDAY, 9/15/17:**
Noon Conference: 12:00 - 1:00 PM

*EP*  
*Dr. Anselma Intini, MD*

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

**Friday, September 8th, 2017**
- **NACR:** Rouba Kortbawi
- **NF Residents:** Lei Lei and Matthew Wright
- **NF Interns:** Fatemeh Ardeshir-Larijanir, Stephen Brandt, Lindsey Adrian, Saad Yazdani
- **MICU Moonlighter:** Dharani Guttikonda
- **CICU Moonlighter:** Vittal Hejjaji
- **Admitting Coordinator:** Muhammed Panhwar

**Saturday, September 9th, 2017**
- **NACR:** Dharani Guttikonda
- **NF Residents:** Lei Lei or Matthew Wright
- **NF Interns:** Fatemeh Ardeshir-Larijanir, Stephen Brandt, Lindsey Adrian, Saad Yazdani
- **UH Saturday NF Coverage:** Jordan Moran
- **MICU Moonlighter:** Ahmed Alkhathlan
- **CICU Moonlighter:** Ramone Eldemire
- **Admitting Coordinator:** Timica Campbell

**Sunday, September 10th, 2017**
- **NACR:** Dharani Guttikonda
- **NF Resident:** Lei Lei or Matthew Wright
- **NF Interns:** Fatemeh Ardeshir-Larijanir, Stephen Brandt, Lindsey Adrian, Saad Yazdani
- **Admitting Coordinator:** Timica Campbell

**Senior Weekend Jeopardy:** Mohannad Abou Saleh, Max Reback, John Merriman (Sunday only)
**Intern Weekend Jeopardy:** Kaitlin Palmer, Matthew Lacey
**Intern Weekend Backup Jep:** Laura Coates, Israel Cofsky (Sunday only)

**VA Weekend Coverage**

**Saturday, Sept 9, 2017**
- **Geriatrics:** Hisham Siddiqui is off and will be covered by John Merriman
- **Carpenter:** Leben Tefera and Racquel Wells to arrange coverage amongst themselves.
- **Dworken:** Lindsay Meurer and Abbas Mandviwala to arrange coverage amongst themselves.
- **Eckel:** Andrew Harding and Ameen Al-Aghil to arrange coverage amongst themselves.
- **Hellerstein:** Scott Dawsey and Jessica Oh to arrange coverage amongst themselves.
- **Naff:** Erica Giraldi and Nicole Mongilardi to arrange coverage amongst themselves.
- **Ratnoff:** Konstantin German and Edward Pham to arrange coverage amongst themselves.
- **Wearn:** Damarys Hernandez and Lenche Kostadinova to arrange coverage amongst themselves.
- **Weisman:** Christina Guzman and Naji Mallat to arrange coverage amongst themselves

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**VA MICU 24 hour resident is Haytham Mously**
**VA Sat PM Resident is Rouba Kortbawi**
**VA Sat PM Intern is Cameron Faussett/David Lowry**

**Sunday, Sept 10, 2017**
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- **Carpenter:** Leben Tefera and Racquel Wells to arrange coverage amongst themselves.
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**NEJM IMAGE CHALLENGE**

**C – Ectopic lentis**

Ectopia lentis, the total or partial dislocation of the lens, is a characteristic sign in patients with Marfan's syndrome. Ectopia lentis is caused by dysfunction in zonular fibers, the suspensory strands of the lens, which are responsible for stabilizing the lens within the eye.

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**MKSAP ANSWER**

**D – Ventilation-perfusion (V/Q) scan**

A radionuclide ventilation-perfusion (V/Q) lung scan is the preferred and recommended initial study to evaluate for possible chronic thromboembolic pulmonary hypertension (CTEPH), which is likely in this patient. CTEPH is defined as a mean pulmonary artery pressure of greater than 25 mm Hg, with normal pulmonary capillary wedge pressure, left atrial pressure, and left ventricular end-diastolic pressure. It typically occurs within 2 years following a pulmonary embolism (PE), affecting 3.8% of patients, although only about 50% of these have a history of clinically detected PE. Patients with CTEPH often present with persistent shortness of breath or progressively worsening dyspnea, especially on exertion. For a patient in whom pulmonary hypertension is suspected, a V/Q scan can help determine if the patient's pulmonary hypertension is due to obstruction of medium-sized or larger pulmonary arteries (as is characteristic of CTEPH), because V/Q mismatches would be seen. In nonthromboembolic pulmonary hypertension, a V/Q scan would be normal. If the V/Q scan suggests CTEPH, confirmatory right heart catheterization with pulmonary artery pressure measurements and pulmonary arteriography is indicated.

Pulmonary CT angiography (CTA) is not sensitive for diagnosing chronic PE and often appears normal despite chronic perfusion defects, primarily because CTEPH involves chronic changes in the pulmonary vasculature owing to organization of thrombus and recanalization and is not associated with distinct intraluminal filling defects. V/Q scanning is more sensitive for detecting these changes, with a reported sensitivity of CTEPH detection of more than 96% compared with 51% with CTA.

Serum D-dimer testing is not a sensitive marker to detect CTEPH. The pulmonary changes associated with CTEPH involve organization of clots and are not clearly associated with active thrombosis. Therefore, D-dimer levels are unable to provide diagnostic information.

Similarly, venous Doppler ultrasonography would be helpful in evaluating for active thrombosis in the legs but would not provide helpful diagnostic information for evaluation of pulmonary hypertension.
MEET THE INTERNS

Name: Michael Osnard  
Home Town: Lake Grove, NY  
Medical School: University of Pittsburgh  
Current Rotation: VA Blue

1. What is the most adventurous thing you’ve done?  
Partying at one of the largest electronic dance floors in the world at Ibiza near Spain.

2. If you didn’t have to sleep what would you do with that extra time?  
Travel and see the world, there is so much out there waiting to be experienced!

3. What is your favorite holiday?  
Christmas spent with family; “it’s the most wonderful tome of the year”, like that song says!

4. What is the one restaurant you’ve been waiting to try in Cleveland?  
I enjoyed the Flying Fig the other day near West Side market, but since I like spicy food, I am still looking for the best Indian or Caribbean cuisine in town.

5. If you were on the front page of a newspaper what would the headline say?  
A Choco-holic’s Secret to Happiness: Eat More Chocolate!