

The Louisiana Chapter of the American College of Physicians is pleased to announce a **Call for Abstracts for our 2024 Resident and Student Meeting**. The **Resident and Student Meeting will be held Saturday, January 27, 2024 at the Center for Advanced Learning and Simulation (CALS Building) at LSU - New Orleans**.

The competition is open to all Residents, Fellows and Medical Students in the state of Louisiana. The abstract competition will have six categories: **Clinical Vignette, Basic Sciences Research, Clinical Research, High Value Care, Quality Improvement, and Healthcare Worker Well-Being**.

Each abstract should be relevant to Internal Medicine. Abstracts will be scored on scientific merit, clinical significance, and originality as well as quality and interest of the written presentation. We highly recommend your abstract be vetted through your program and your mentor. Abstract writers selected after the first round of reviews will be invited to present their work during the January 27th meeting. An abstract may be invited to be presented in person as an oral presentation, a poster presentation or a mystery case. If you are chosen to present a poster, posters are to be no larger than 44 inches in width and 42 inches in height. **Posters that exceed these specifications will be disqualified**. The first place mystery case presentation winner will be invited to present their work as a poster at the national competition held at **Internal Medicine 2024 in Boston (April)**. All other winners will receive cash prizes.

To submit your abstract, please utilize the electronic submission form, which can be found on the Chapter website (lchapter.acponline.org) and is linked in the email announcement.

The submission deadline is Wednesday, November 1, 2023 at 11:59 p.m. We highly encourage you to submit early to ensure your abstract is received as the form will close to submissions at that exact time. You will receive an e-mail notification once your abstract has been successfully submitted. **Abstracts submitted after this date for whatever reason will not be accepted.**

Abstracts are eligible if previously unpublished or if only the abstract has been previously published; however, abstracts based upon full papers that have already been published are not eligible. Presentation of original work at the ACP meeting may, however, jeopardize presentation before another society. Abstracts previously submitted to the National Meeting are not eligible and are subject to disqualification. Each abstract may only be submitted once, an abstract cannot be submitted to the Resident AND Student competition. Each first author is limited to 4 abstract submissions. **There is a 350-word limit for each abstract submission, excluding the title. Please see the attached sample for required format. Any submissions that do not comply with this format will not be accepted or reviewed.**

If you have any questions, please contact Sarah Wardrop at laacpchaptermeeting@gmail.com. We look forward to seeing your scholarly submission.

Sample Abstract Form

Short, descriptive, interesting title	Ergotism Masquerading as Arteritis
Author's name and affiliation	Amy Tarnower, Department of Medicine, MSU, East Lansing MI.
Short introduction that explains the relevance of the case	Ergotism is a condition characterized by intense generalized vasoconstriction. The infrequency with which it is encountered makes ergot poisoning a formidable diagnostic challenge.
Case description is sequenced in the order of history, physical, investigations, and course	<p>A 34-year-old woman consulted her doctor because of headaches, dyspnea, and burning leg pain. A clinical diagnosis of mitral stenosis was made. Within a month, she had a cardiac catheterization because of progressive dyspnea. At catheterization, severe mitral stenosis was confirmed and an elective mitral value commissurotomy was scheduled. She presented to the hospital one day early because of increased burning in her feet and new onset right leg pain. In addition to mitral stenosis, the physical examination revealed a cool, pulseless right leg. An arteriogram showed subtotal stenosis and a pseudoaneurysm of the popliteal artery. At the time of the commissurotomy, a right femoral artery balloon dilation followed by patch graft repair of the stenosis was performed. On the fifth postoperative day, she experienced a return of the burning leg pain and the leg was again found to be cool and pulseless. An emergency arteriogram showed smooth segmental narrowing and bilateral vasospasm suggestive of severe, generalized large-vessel arteritis. Treatment was initiated with high-dose corticosteroids, anticoagulants, antiplatelet drugs, and vasodilators. Despite this, her condition worsened, with both legs becoming cool and pulseless. Additional history revealed that she had been abusing ergotamine preparations for a number of years to relieve chronic headache symptoms, and she continued to receive these medications during hospitalization. At this point, the ergotamine preparations were discontinued and an intravenous infusion of nitroprusside was begun, resulting in significant improvement within 2 hours and her symptoms completely resolved within 24 hours. The patient remained symptom-free after the nitroprusside was discontinued and was discharged from the hospital.</p>
The discussion emphasizes the lessons of the case	This case illustrates the potential for severe vascular ischemia with use of ergotamine and the value of a complete history. Although the ischemia seen in this patient is rare, it was a predictable side effect of ergotamine use. Recognition of this syndrome is critical to institution of appropriate therapy and prevention of ischemic necrosis of an extremity.