Council of Resident/Fellow Members

TRANITIONS NEWSLETTER

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Check out the ACP Website for Resident & Medical Student Resources!

www.acponline.org/chapters/az

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Announcements

Save the Date
Annual Arizona ACP Chapter Meeting 2015!!
November 13-15, 2015
Doubletree, Tucson – Reid Park

- Join us to welcome our new AZ ACP Governor

Robert M. Aaronson, MD, FACP

- Yolanda Mercer, MD, Class of 2014 has been awarded the National Herbert S. Waxman Award for Outstanding Medical Student Educator for 2015!!

- Intern Meet & greet event- June 29th at 6:30 pm Watch your inbox for information!!

Please email Dixie Swan for any ACP questions you might have…
dswan@azmed.org
The members of ACP Residents/Fellows/Faculties from AZ Internal Medicine training programs met during the ACP annual Chapter Scientific Meeting. They met for some curry, fun & networking at Kabab Palace in Tempe, AZ on October 25th, 2014. The residents shared their experiences about their programs and got to know each other. Residents from St. Joseph’s and both campuses of Banner University Medical Center attended. It was an added fun to have Dr. Laura Meinke, Internal Medicine Program Director & Dr. Mayar Al Mohajer, Infectious Disease doctor from Banner University Medical Center.

Join us for social hour during the AZ ACP Chapter event at Tucson in November 2015. Email us (dswan@azmed.org) if you have suggestions with a taste of Tucson. Details to follow.
RESIDENT TALENT CORNER

We want to keep your priceless talents growing.

"Onion through the Ages"

Each box attempts depict an onion in a different age of art. From left to right: cave art, Greek art, Asian art, African art, Renaissance, Gothic, impressionistic, cubism, art nouveau, surrealism, Art Deco

Toral J. Parikh, MD. PGY-3
Banner UMC- Tucson campus

Echorazon

A clouded depiction of a heart in 2D, drawn with black ink on a stretch of blank paper amongst discarded notes

Susanna Tan, MD. PGY-2
Maricopa Integrated Health System, Phoenix
Primary Varicella Infection during Infliximab Treatment for Fistulizing Crohn’s Disease

Thu Pham, MD; Sasha Taleban, MD
1. Department of Internal Medicine, Banner UMC, Tucson
2. Department of Gastroenterology, Banner UMC, Tucson

Background: Anti-TNF therapies are important in the prevention and treatment of complications in moderate to severe Crohn’s disease. The risk of viral infections is increased in immunosuppressed patients. The herpes viruses are the most common viruses complicating immunosuppressed inflammatory bowel disease (IBD) patients (1, 2). Compared to the general population, the risk of varicella virus is increased in IBD (1, 2). Primary varicella virus is particularly important in immunosuppression as it can lead to disseminated disease and death. To our best knowledge, there have been very few reported cases of primary varicella infection in IBD patients while on anti-TNF therapy (2).

Case Description: We report a case of a 21-year-old female with a history of internal fistulizing Crohn’s disease of the colon that was diagnosed in 2006 who first presented to our clinic in 2014. She was first started on Infliximab in 2011 and was continued at 5 mg/kg every 8 weeks. Her recent colonoscopy and MRI enterography showed no evidence of active small bowel or colonic disease. Of note, she lives with her father who recently had active shingles. She presented to our clinic with vesicular eruptions on her back, abdomen, and trunk. Besides the vesicular rash, vital signs and physical exam on presentation were unremarkable. Her varicella vaccination status is unclear.

Clinical Outcome: Infectious disease was consulted and patient was started on oral Acyclovir. Due to endoscopic remission of her disease, Infliximab was held. She completed her course of antiviral and her varicella skin lesions healed. Varicella zoster vaccination is not routinely recommended for her age per USPSTF.

Discussion: Although varicella infection is generally a benign disease in children, it can pose serious threats to immunocompromised individuals. It is important that physicians ask patients with inflammatory bowel disease regarding their vaccination history and Varicella zoster virus (VZV) exposure during their early visits in the event they may require immunosuppressive therapy and may need appropriate vaccinations prior to commencing such therapy. Obtaining a history may not be adequate as a study done by Melmed et al revealed 11% of IBD patients did not reliably recall a history of chicken pox or varicella vaccination and 75% of seronegative patients were receiving immunosuppressive therapy (3). Hence, patients with no prior history of VZV exposure or a seronegative result should receive planned vaccination against VZV prior to immunosuppression therapy (4) (5).

Conclusion: Primary varicella infection appears to be a relatively uncommon occurrence in IBD patients. Patients should undergo serology testing for VZV IgG to determine the need for vaccination prior to initiating immunosuppressive therapy. If varicella infection occurs during therapy, prompt diagnosis and treatment with Acyclovir is important. With disseminated varicella infection, immunosuppressive therapy should be stopped. In varicella infection isolated to the skin, the decision to continue immune suppression should be made on a case-by-case basis.

References:
5. 5. IDSA Releases Recommendations on Vaccinations in Immunocompromised Patients IDSA [Rubin, 2014]).
An Unusual Case of Enteropathy

Syed Amer Hassan 1, MBBS; Jennifer Horsley – Silva 2 MD; Shannon Myers 2 RN, CNP Lucinda Harris 2 MD

1. Department of Internal Medicine, Mayo Clinic, Phoenix, Arizona
2. Department of Gastroenterology, Mayo Clinic, Phoenix, Arizona

Introduction. Olmesartan is an angiotensin II receptor antagonist commonly used in the treatment of hypertension. Olmesartan can be associated with a severe form of sprue like enteropathy. (1, 2, 3)

Case report. A 54 year-old Caucasian lady presented with 18 months of persistent non bloody diarrhea and significant malnutrition. She described up to 20 loose watery bowel movements a day and 50 pound weight loss. She had undergone an extensive work up at another institution including negative investigations for infectious causes. Her esophagogastroduodenoscopy (EGD) revealed subtle scalloping of proximal duodenum with biopsies revealing villous blunting. She was tested for celiac disease and was found to be positive for tissue transglutaminase antibodies, negative for endomysial antibody, and positive for HLA DQ2. A diagnosis of celiac disease was made based on these results and the patient was advised to follow a gluten free diet. Despite strict adherence to the diet, her symptoms continued to worsen. She was admitted to the hospital with severe intractable diarrhea and protein energy malnutrition that showed some improvement with IV solumedrol. She was thought to have refractory celiac disease. She was then switched to high dose oral prednisone. Her symptoms relapsed upon tapering steroids. She developed severe steroid induced myopathy. On further review of her medications, she was found to be on olmesartan for her hypertension. Olmesartan has been associated with enteropathy and therefore, she was advised to discontinue the medication. Within 12 weeks of discontinuation of olmesartan, her symptoms improved with complete resolution of her diarrhea with formed stools. She gained 10 pounds in the first 4 weeks. A repeat EGD was normal and small bowel biopsy revealed normal villi with no evidence of celiac disease further indicating that her enteropathy was olmesartan induced.

Discussion. Olmesartan-induced enteropathy can develop months to years after the initiation of therapy and in severe cases, can lead to hospitalization. The mechanism of enteropathy is unlikely to be an allergic type-1 hyper-sensitivity response due to the time lag between olmesartan initiation and symptom development. A possible mechanism is a cell-mediated immune response (4). Olmesartan or other Angiotensin receptor antagonists (ARAs) should be suspected and discontinued in patients presenting with severe diarrhea, even if these drugs have been used for several months or years. If undiagnosed, this unusual adverse effect can lead to significant investigations, hospitalization costs and serious clinical consequences.

References
The Arizona ACP Resident & Fellow Council is proud to report another successful Statewide ACP Club!

On the evening of **Monday, March 30th 2015**, the meeting was teleconferenced in 2 locations - St. Joseph in Phoenix and Banner University Medical Center in Tucson. The event was attended by medical students, residents, fellows and faculties. The agenda was as follows.

• Choosing Wisely Pearls *“The Fight against Lab Addiction”* - Ram Baalachandran MBBS (PGY-2 Internal Medicine- Resident at Banner University Medical Center, Tucson)
• An enthusiastic presentation on *“Management of Alcoholic Hepatitis”* by Amirali Kiyani, MD (PGY-1 at Maricopa Medical Center) & Shruti Mony MD (PGY-1 St Joseph’s Hospital).

**Overview of discussion:**
Ram discussed about mindful ordering of tests to prevent unnecessary costs and unwanted investigations. Amirali discussed the pathogenesis and his research in alcoholic hepatitis. Shruti discussed the approach to management of these patients. We discussed that the treatment of alcoholic hepatitis is challenged by the relapsing social behavior of drinking of these patients. We also discussed the need to invest on prevention programs as the prime importance in this preventable disease.

Finally, the following faculties led a lively discussion about the competitive fellowship application process and career in gastroenterology. The session was energized by the contributions of faculties Eugene Trowers MD, MPH, FACP & Shahid Habib MD (Banner University Medical Center); Abdul Nadir MD (Maricopa Medical Center) and Vikram B Singh MD (Arrowhead GI).

A very special thanks to our GI fellow Traci Murakami MD who mentored the residents to prepare for the event and for being an important part of the evening.

The participants’ reviews were very favorable regarding organizing this event.
FEATURED RESIDENTS FOR SPRING

Presenters of ACP GI CLUB 2015

Shruti Mony, MD, PGY-1 at St. Joseph’s Hospital and Medical Center. She grew up in Dubai, UAE and completed her Medicine training at Kasturba Medical College, Manipal, India. She is interested in gastroenterology and rheumatology. She is very actively involved in scholarly activities and an active member of ACP Resident Council. She presented at the state wide GI ACP Journal Club on “Recent Advances in the Treatment of Alcohol Hepatitis”. She also has a keen interest in community work and has participated in multiple volunteer campaigns. She will be the newsletter editor for the upcoming academic year.

Amirali Kiyani, MD, PGY-1 at Maricopa Medical Center. He was born and raised in Iran where he completed his medical school. He later came to the United States to participate in research and to start residency. His main interests are alcoholic liver disease and cirrhosis treatment, focusing on novel treatment such as toll-like receptors and interleukins. He started his research at UCSD, which he is currently continuing his research projects at Maricopa Integrated Health System.

Upcoming Chairs for 2015-2016 of Resident/Fellow Council

Ram Baalachandran, MBBS, PGY-2 at Banner University Medical Center. He went to medical school in southern India, where he also completed his residency training in anesthesiology. His career goals include pulmonary and critical care medicine. He is passionate about viral pneumonia which is also his research interest. Ram’s talk this spring at the ACP Resident/Fellows Council entitled “The Fight against Lab Addiction” was well received. Ram has demonstrated leadership within the ACP Resident/Fellow Council and will be the upcoming Chair of Resident/Fellow Council.

Libu Varughese, MD PGY-2 and Chief Resident 2015-2016 of the St Joseph’s Internal Medicine Residency Program. He hopes to pursue a fellowship in endocrinology. Libu has been instrumental in organizing the ACP Pulmonary and GI club for the Phoenix area, and for editing the Transition Newsletter. He has demonstrated leadership within the ACP Resident/Fellow Council, and will serve as the upcoming co-chair.
Banner University Medical Center (BUMC) is a level 1 Trauma Center and is affiliated with multiple Centers of Excellence.

The BUMC - Tucson Campus Internal Medicine Residency Program under the leadership of Laura Meinke, MD, FACP, FCCP focuses on three major goals which include education, clinical excellence and research. The residents rotate through the University hospital, VA and community hospital. Ram Balachandran, MBBS (PGY-2) has demonstrated leadership within the AZ ACP Resident/Fellow Council and will be one of the upcoming Chairs for 2014-2015.

The BUMC - South Campus Internal Medicine Residency Program under the leadership of Eugene Trowers, MD, MPH, FACP provides residents a unique experience in the care of urban, rural, and underserved populations. The program provides exceptional individualized training in part due to their high faculty-to-resident ratio. Residents rotate between the South Campus and the Tucson Campus.

Both campuses work together to provide exceptional humanitarian care for Tucson and beyond. A large percentage of the residents present papers, abstracts and posters at national meetings.

We want to express appreciation to our Gastroenterology faculties & fellows who attended and contributed to the GI Club event despite their busy schedules: Dr. Eugene Trowers, Dr. Shahid Habib and GI fellow Dr. Traci Murakami. We also want to appreciate the bio communication department – Ricks Collins & his colleagues have tirelessly worked hosting and telecasting didactic activity for the medical students and residents across Arizona for years.
**ACP Resident Fellow Member activities... *What it means to you***

*We are here to help you network with residents, fellows and faculties across programs in Arizona to make connections for your career and social life, as well as to create scholarly & leadership opportunities to build your CV through our Biannual events (Spring/Fall) and to acknowledge the talents you have.*

**ACP Club house (Biannual):** Educational events teleconferenced between programs twice a year. We offer subspecialty mentoring program for residents in early career. *We need resident volunteers* to present the most recent controversial topic or topic of interest in association with their faculty mentors.

**ACP Newsletter (Biannual):** We publish the resident’s newsletter entitled "Transitions" that allows our council to communicate the activities of the chapter and to recap the ACP Club house. We will be featuring ACP’s most active program and the residents who participate. *We will be accepting scholarly articles for fall 2015 Transitions.* Watch out for the fall theme. *Who has the talent* to be featured in the - Resident’s talent corner (painting, drawing, poetry etc.)?

**Networking:** We also have social hour of Internal medicine residents from various programs networking.

*Please email Dixie Swan ([dswan@azmed.org](mailto:dswan@azmed.org)) for details –if you would like to present for ACP Club or contribute articles for ACP newsletter.*

The Resident and Fellows Association – Here for you! The ACP Residents and Fellows Council includes members from all residency programs in Arizona with the goal to represent all resident and fellow members and to cater to your scholarly needs. *Please contact our current representatives within your program with any suggestions you may have to better our councils’ work. Dixie can supply you with email addresses or answer questions you may have.*

**ACKNOWLEDGEMENTS:**
We would like to acknowledge the contributions of newsletter coordinators Preethi William, Libu Varughese and Dixie Swan, as well as the residents, fellows & faculty members who keep this going!

Council members are listed below; fellow members are listed in **bold face** type.

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