

**UTAH CHAPTER
AMERICAN COLLEGE OF PHYSICIANS**

2016 ANNUAL ACP STUDENTS/RESIDENTS & FELLOWS CLINICAL VIGNETTE COMPETITION

DATE: Wednesday, September 20th, 2017*

LOCATION: Health Sciences Education Building, Alumni Hall, Room 2110

TIME:

SOCIAL:	5:30 P.M
CASE PRESENTATIONS:	6:00 to 7:00 P.M.
AWARDS AND CLOSING	7:00 P.M.

INVITED: ALL MEDICINE, PRELIMINARY AND TRANSITIONAL HOUSESTAFF, MEDICAL STUDENTS, AND FELLOWS IN DEPARTMENT OF MEDICINE, AND THEIR GUEST.

1. Please write an abstract of an internal medicine patient case that you would like to enter into the competition such as: an unusual presentation of a common disorder; or an uncommon disorder; or something you found very interesting.
2. Abstract: must be **less than 400 words**
3. Deadline: must **submit before 10:00 pm on August 28th, 2017**. Submit with the information requested below.
4. Send abstract by email to Kencee Graves, MD (Kencee.Graves@hsc.utah.edu) and Brittany Patterson (<mailto:Brittany.Patterson@hsc.utah.edu>).
5. After we receive your abstract, a copy of the abstract without your name will be reviewed by 3 internists.
6. Judging will be based on the interest and importance of the case as well as the clarity and originality of the presentation.
7. **Five** abstracts will be selected for presentation at the ACP Clinical Vignette Competition and Banquet on Wednesday, September 20th, 2017.
8. On **Tuesday September 5th, 2017**, we will contact the 5 individuals whose abstracts are selected, so they can prepare a 10-minutes or less presentation (PowerPoint) for the night of the banquet.
9. The final 5 presenters will have until **NOON September 16th, 2017** to send their **FINAL** presentation to Brittany.patterson@hsc.utah.edu and Kencee.Graves@hsc.utah.edu (Recommend 5-8 slides highlighting the case).
10. Three internal medicine physicians will judge the presentations at the banquet.
11. **All 5 who present at the Vignette Banquet will receive a cash prize.** The winning presenter will receive a trip to the ACP 2018 Internal Medicine Conference.
12. Format of abstract: **write your name; write an interesting abstract title, introduction; case presentation; and discussion.** A form to complete and an example abstract is attached below.

*Coverage for clinical duties may be available for selected finalists.

RETURN ABSTRACT TO:

BRITTANY PATTERSON, ACP Utah Chapter Staff
KENCEE GRAVES, MD, ACP Residents/Fellows Committee, Utah Chapter
eMAIL: Brittany.Patterson@hsc.utah.edu
eMAIL: Kencee.Graves@hsc.utah.edu

YOUR NAME: _____

E-Mail Address: _____

Your Phone #: _____

YEAR OF TRAINING (CIRCLE): MS3 MS4 RESIDENT R1 R2 R3 R4 FELLOW 1 F2 F3 F4

ACP Associates Clinical Vignette Abstract (400 Words Maximum)

Type an Interesting Title Here _____

Type Your Name Here _____

Identification:

Case Presentation:

Relevant Physical Exam:

Lab Results:

Differential Diagnosis:

Discussion:

Conclusion:

PLEASE SEE EXAMPLE ON NEXT PAGE

A Curiosity of Calcium

By Dr. XXX

CASE PRESENTATION: Pt is a 72 year old male with a history of hypertension and numerous skin malignancies who presented with acute worsening of lethargy, fatigue, and intermittent confusion. Over the prior three months he noticed that he had become too tired to get out of bed and continue daily activities. Over the two weeks prior to presentation he didn't have the energy to get out of bed and walk around the house. He had difficulty with recent memories and often felt confused when talking to friends. He was unable to walk even 50 yards when needed. He had no dyspnea. He did have a 15 pound weight loss over 2 months and history of night sweats that were a chronic issues. He also noted deep muscle and bone pain in his legs and arms for the week prior to presentation. He had significant worsening of bone pain over his spine for the past month and worsening of his chronic back pain. He had noticed a decrease in bowel movements as well over the past 2 weeks.

PHYSICAL EXAM: Pt was fully oriented though diffusely weak. He has severe pain to deep palpation of his legs, arms, and lower back. He also had moderate tenderness to deep abdominal palpation with no palpable stool

LAB RESULTS: Calcium of 12.8, iCa of 1.75, PTH: 5, 1,25 Vit D 188.0, SPEP/UPEP: negative, PTHrP: negative. Beta 2microglobulin: 4.8, TSH 4.12, flow cytometry: negative

DIFFERENTIAL DIAGNOSIS: On admission differential included primary parathyroid disease, malignancy associated hypercalcemia, endocrinopathy, and granulomatous disease.

DISCUSSION: This patient had an appropriately suppressed PTH with elevated calcium and concerning symptoms. His 1,25 Vit D level indicated an upregulation of 1 alpha hydroxylase activity. He had no symptoms of sarcoidosis, which is the primary etiology in this setting. He also did not have any risk factors for TB. Marrow biopsy revealed diffuse B cell lymphoma after a month of diagnostic workup that was stage IVB with diffuse retroperitoneal spread.

CONCLUSION: In patients with symptomatic hypercalcemia and suppressed PTH with significantly elevated 1,25 Vit D level an aggressive approach must be taken to look for lymphoma even without lymphadenopathy on exam or peripheral symptoms of disease. This process can be quite advanced without significant physical findings and only persistent hypercalcemia cardinal finding.