South Campus Residents win big at Regional ACP

Five University of Arizona South Campus Internal Medicine Residents swept first place honors at the Arizona Chapter meeting of the American College of Physicians (ACP), Nov. 13-15, 2016 in Tucson. Also, one Intern placed third. The first place Residents will represent the UA—South and the state of Arizona at the National ACP Internal Medicine Meeting, May 5-7, 2016, in Washington, D.C.

Taking first place for Doctor’s Dilemma was the South Campus team of Drs. Balaji Natarajan, PGY1, Senthil Anand, PGY2 and Muhammad Husnain, PGY2.

With nine teams competing, the contest had three rounds. A high point, Dr. Husnain said, was “when one of my colleagues, Senthil, gave a very good reply for the gene for pulmonary hypertension. He was the only one who knew. The whole audience was very excited when he provided the answer — BMPR2.” Dr. Husnain is originally from Pakistan, where he graduated from King Edward Medical University in Lahore, and plans to go into cardiology.

PGY2 Resident Dr. Jessica August Saenz won the Oral Clinical Vignette competition. Her case involved someone acquiring an infection from Borrelia hermsii. She said the tick-borne condition usually causes relapsing fever but, in this particular case, was the first instance of a finding called neuroretinitis, which also involved a central vision deficit with headaches. “It was my first time presenting at ACP and it went really well,” said Dr. August Saenz, who is from Northern California and hopes to specialize in infectious diseases. “I had a lot of help from my program director, associate program director and chief resident, Dr. Jennifer Huang-Tsang, who gave me a lot of prep work so I really felt comfortable.”

Also first was Sridhar Reddy, MD, a PGY3, who won for best Research Poster for his theme, “A New Risk Factor to Consider in Patients with Severe Aortic Stenosis: Severe Pulmonary Hypertension Predicts Higher All Cause Mortality.” Dr. Reddy studied patients undergoing a transcatheter aortic valve replacement (TAVR) and how pulmonary hypertension affected mortality rates in the procedure. He found that heart patients with moderate-to-severe pulmonary hypertension were less likely to survive the surgery.

Third Place winner for PGY-1 Poster was Dr. Rui Wen Pang, (Pictured right) with her poster, “Pneumomediastinum After LMA Placement” (which involves air escaping from the lungs, airways or bowel into the chest cavity).
Residents Learn Teambuilding Skills

The PGY3s began their Retreat day with an informational talk given by Dr. Anil Potharaju on Financial Planning. University of Arizona Attorney Mary de Ranitz followed that discussion with advice on legal issues, RVUs and Medical Malpractice. The presentations ended with Amber Nabity discussing contract pitfalls and going from training to practice. It was then off to Rocks and Ropes Climbing Gym where everyone learned to work as a team so their partner could scale the wall and reach the top. One person acted as anchor and helped their classmates up, and then down the wall while others shouted encouraging words to inspire them and to calm their fears. The class was then able to try different walls and holds in an attempt to try to break out of the box and do something new.

At the PGY1 Retreat teamwork, morale, fatigue and time management were stressed. The class started with a Lunch and Learn by Dr. Gail Pritchard followed by discussions, questions and answers. After lunch the class met at the Low Ropes Course at the UofA Challenge Program site. Emphasis was put on navigating through different obstacles. The class was able to move from point A to point B using their teamwork skills. Besides learning from each other, they had a lot of fun.

Before embarking on the High Ropes Course the PGY2 class learned about financial planning from Dr. Anil Potharaju. Claire Montgomery then delivered the finer points of fellowship and job applications, preparing a CV and personal statement and surviving the interview process. The class could not wait to start the course. They used teamwork to help and encourage each other through the process. The class was rewarded at the end with a zip line down to the ground.
I know for a fact that I made the right choice in my decision to join the University of Arizona College of Medicine South Campus Residency Program. I am also honored to be the Chief of this wonderful program. We have a strong academic curriculum with morning report three times a week and then the weekly morning conference, which consists of journal clubs, morbidity and mortality conferences and grand rounds.

This year again South Campus did a wonderful job representing South Campus at the American College of Physician (ACP) meeting this November. We had a total of 23 poster presentations and we took home quite a few prizes that we are proud of. We are the Arizona Doctor’s Dilemma Champion of the Year 2015. We took first place in the oral clinical vignette, where there was a competition between 9 residency programs. For the poster sessions, we received first place in the research category and third place in the intern poster category.

We are proud and can’t be happier to say we have a 100% fellowship match this year. Four of the residents (one being myself) matched into cardiology. We also have residents that matched into critical care, sleep medicine and geriatrics.

One of our last year’s graduates matched into a gastroenterology fellowship. And then from the class of 2014, another cardiology match.

We recently had our Christmas party at the Program Director’s house with good food and company. Our program is small and it’s academically strong. I love the close-knit feeling and can’t be happier to be part of the South Campus family.
We present a case of Pickering Syndrome (Flash pulmonary edema and bilateral renal artery stenosis.) In 1988 Pickering et al. reported in the Lancet a series of 11 hypertensive patients with bilateral atheromatous renovascular disease who presented with a history of multiple episodes of pulmonary oedema. Successful revascularization of one or both renal arteries eliminated pulmonary oedema in 77% of those patients. The case we present shares that positive outcome after a complicated course, involving oliguric renal failure and dialysis.

Our Patient is a 75 year old female with past medical history of HFpEf 2/2 to valvular disease, COPD (not formally diagnosed), HLD, PAF (declined OAC) who presents with 1 week history of shortness of breath. She was brought by the EMS after being found hypoxic in the 40-45% in the field. Before this admission, she was hospitalized for an extended period of time in August of this year. Briefly, she was admitted to St. Mary’s for acute decompensated heart failure, managed with lasix infusion. In addition, she was noted to have significant MR, TR, AR, thought to be due to acute decompensation. This was suspected as she was transferred over to BUMC UC for CT surgery eval and her repeat TTE only showed mild TR. Since discharge she had gradual lower extremity edema. For 1 week she noticed worsening shortness of breath, productive cough (tea spoons of clear, non purulent, non blood sputum). Denies fevers, chills, rhinorrhea, sore throat. She had mild orthopnea. She stated compliance with medications. She was recently started on IM-DUR 30 and Losartan 50 as her BPs at home were too high as per patient. She denied a history of exertional chest pain.

When she arrived to the ED she was placed on BIPAP (Fi O2 100%). IV furosemide 40mg. Initial physical exam revealed diffuse crackles in both lung fields as well as JVD. Pitting symmetric peripheral edema in both LE. Vitals were significant for elevated BP (170/100) Labs within normal limits except for an elevated bmp. (1100). She was easily weaned off to nasal canula during the next few hours. However, the next morning she was short of breath again, requiring IV lasix and high flow oxygen. This happened again for two days in which she continued to receive IV lasix (80 mg daily). On the third day of admission, Her urine output started to decrease with an associated creatinine raise.

She eventually became olyguric and anuric. Nephrology was involved in the case, muddy brown crystals were seen on UA which pointed to ATN. Her breathing status was worse everyday. Given evident significant fluid overload and anuria, the patient was started on Hemodialysis. Due to persistent hypertension, flash pulmonary edema and worsening of kidney function, renal artery stenosis was considered. A duplex renal us showed bilateral RAS with an atrophic left kidney. The patient underwent stenting of the right renal artery with 7.0 x 18 mm Herculink Elite BMS. During the very same the day after the procedure, urine output was reestablished. The patient, who previously was dependent on oxygen and required Bipap every other day, was breathing normally on room air. After observation for a few days with complete improvement of renal function, she was discharged home.

In a literature review of 87 reported cases of bilateral RAS and FPO, (Flash pulmonary edema) 35% were treated with unilateral and 22% with bilateral angioplasty. Renal function improved in 81% of patients and the mean creatinine on follow-up was 1.6 mg/dL (141 µmol/L) after the procedure. Renal function was normal at baseline and after angioplasty in two patients only. Importantly, in 92% of all patients there was no further episode of FPO after revascularization. In the case we present, symptoms of pulmonary edema were particularly severe due to baseline diastolic dysfunction. Normally, the LV compensates for an increase in afterload by increasing end-diastolic volume. However, in patients with a stiff LV, this safety mechanism is rapidly exhausted and even small increases in LV end-diastolic volume may give rise to a marked elevation in end-diastolic pressure, left atrial, and pulmonary venous pressure. Given such a potential for improvement and dramatic positive responses seen with treatment, it is always important to consider RAS in a patient presenting with malignant hypertension, flash pulmo-

Congratulations! Felicitations!
Way to Go! Yay! Best Wishes!
Congratualtions to Residents who matched into Fellowship –

◊ Kareem Bannis, Geriatrics at Mayo Clinic in Scottsdale
◊ Rishi Bhargava, Cardiology at the University of Arizona
◊ Parinita Dherange, Cardiology at Louisiana State University
◊ Sarah Patel, Sleep Medicine at University of Washington
◊ Sridhar Reddy, Cardiology at the University of Arizona
◊ Kevin Sun, Critical Care Medicine at Mt Saini, New York

Chief Resident
◊ Jennifer Huang-Tsang, Cardiology at the University of Arizona

Past Graduates
◊ Krunal Patel, Gastroenterology, Louisiana State University
◊ Chirag Desai, Cardiology, Safford School of Medicine, South Dakota
Resident Spotlight—Dr. Sarah Patel

Sarah Patel is a born and raised a Phoenician. She grew up in Scottsdale, AZ and went to the University of Arizona for her undergraduate degree in general biology. She went on to the American University of the Caribbean to earn her Medical Degree. After living in Sint Maarten and then New York City, she returned to Tucson, AZ to complete her residency in Internal Medicine at University of Arizona College of Medicine at South Campus. Bear Down!! Sarah recently accepted a fellowship position at the University of Washington in Sleep Medicine. She is looking forward to learning more about the impact sleep disorders has on the different disease she learned about during residency.

She is definitely a foodie with a love for the outdoors. The majority of her free time is spent hosting dinner parties and exploring different cooking techniques. In the future, she wants to be a Sleep Doctor, further her cooking skills, and continue to travel the world. Even though her heart will always lie in Tucson, she cannot wait to start her new adventures in Seattle in July of 2016!

Faculty Spotlight—Anna Stepoczynski

We would like to welcome our newest Attending to the South Campus Internal Medicine Family, Dr. Anna Stepoczynski.

Dr. Stepoczynski was born and raised in Edmonton, Alberta, Canada and received her medical degree from the Royal College of Surgeons in Dublin, Ireland in 2010. She completed her residency and served as Chief Resident at Baystate Medical Center/Tufts University School of Medicine in Springfield, Massachusetts.

Currently an Assistant Professor within the Division of Geriatrics, General Internal Medicine and Palliative Care, Dr. Stepoczynski will focus on inpatient general medicine and resident teaching. She joined the division in 2014 and loves working with the residents.

Outside of the hospital she enjoys spending time with her family skiing and travelling. She married Dr. John Brooling in September of 2014. They welcomed baby Julia in 2015. Hiking in the beautiful mountains surrounding the city is Dr. Stepoczynski’s favorite thing about living in Tucson.
Welcome IM Babies!

Ethan William Assar
Seth and Colleen Assar greeted Ethan on September 20, 2015. He weighed 6 lbs. 7 oz. and was 19.5 inches.

Caleb Zuyao Tsang
Caleb came into the world on October 3, 2015. Born to Jennifer and Vincent Tsang, he weighed 8 lbs. and was 21.5 inches long.

Kirill Nicolas Anokhin
Maria and Vlad Anokhin welcomed Kirill on November 6, 2015. He weighed in at 7 lbs. and 5 oz. and was 20.5 inches long.

From the kitchen of Mamma Bannis...

Quinoa salad

- Organic tri-color quinoa
- 1 medium Cucumber
- 2 medium Tomatoes or one package of grape tomatoes cut in half
- 1/2 Onion
- 1 cup Parsley
- 10 Kale leaves
- Salt and pepper
- Cumin
- 2 tablespoons Lemon juice
- 3 tablespoons olive oil

1. Cook quinoa according to package directions
2. Dice cucumber, tomato, onion and parsley
3. Rough chop Kale into bite sized pieces
4. Mix all above ingredients in a large bowl
5. Add olive oil and lemon juice
6. Season to taste with salt, pepper, cumin
   - For more a protein packed meal, add salmon, beans or grilled chicken
   - Add black olives and feta cheese to give it a Mediterranean twist
   - Substitute cumin with fajita spice and add avocado for a Southwest treat.

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http://deptmedicine.arizona.edu/education/residency-south
Do you have any comments, questions, or interesting information for our newsletter?
Email Mary.Gosciminski@bannerhealth.com