

DEPARTMENT OF INTERNAL MEDICINE

presents the

Sixteenth Annual RESEARCH DAY - 2002

Thursday, May 9, 2002

8:00 AM – 3:00 PM

Brody School of Medicine – Room 2W-40

The Department of Internal Medicine
Sixteenth Annual Research Day – 2002

is presented by

The Brody School of Medicine
East Carolina University
Department of Internal Medicine

Research Advisory Committee

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Funded by all Divisions of the Department of Internal Medicine

Ralph E. Whatley, MD

Chair

Department of Internal Medicine

Carlos A. Estrada, MD, MS

Vice Chair for Research

Department of Internal Medicine

**Department of Internal Medicine 16th Annual Research Day
May 9, 2002**

PRESENTATION SCHEDULE

7:30 AM	BREAKFAST		
8:20 AM	REMARKS		Carlos A. Estrada, M.D., M.S. Vice Chair of Research Department of Internal Medicine
	Session		<u>Session Moderators:</u> Gregory Pape, M.D. Hassan Alhosaini, M.D.
		<i>Abstract No.</i>	
8:30 AM	R. J. Tanenberg, M.D. Endocrinology	<i>A1</i>	Use of the Medtronic Minimed CGMS in the Diagnosis of Diabetic Gastroparesis
8:45 AM	I. Khurshid, M.D.* Pulmonary	<i>A2</i>	Reversal of Post-Obstructive Lobar Atelectasis Using Self-Expandable Metal Stents
9:00 AM	I. Khurshid, M.D.* Pulmonary	<i>A3</i>	Tumor Ablation After Self-Expandable Metal Stent Placement in Lung Cancer
9:15 AM	BREAK AND POSTERS		
	Session		<u>Session Moderators:</u> Mary Jane Barchman, M.D. George Sigounas, Ph.D.
9:45 AM	R. A. Henriksen, Ph.D. Allergy/Immunology & Rheumatology	<i>A4</i>	Tyrosine Kinase Inhibitors Genistein and SU6656 Inhibit Thrombin-Induced Thromboxane Production by Human Platelets
10:00 AM	M. Hames, M.D.* Nephrology	<i>A5</i>	Metalloproteinase Activity in Patients With Thrombotic Thrombocytopenic Purpura (TTP)
10:15 AM	C. A. Estrada, M.D., M.S. General Internal Medicine	<i>A6</i>	Mortality Risk Score in Coronary Artery Bypass Surgery (CABG) Can Be Used in Valve Surgery
10:30 AM	Shekar Kumar, MD* Cardiology	<i>A7</i>	Significance of Elevated Lung to Heart Ratio in Patients Undergoing Stress TC99M Sestamibi Myocardial Perfusion Imaging
10:45 AM	BREAK AND POSTERS		
11:00 AM	SPEAKER: Introduction by Jeff Engel, M.D. William L. Roper, M.D., M.P.H. Professor and Dean School of Public Health University of North Carolina at Chapel Hill "Public Health and Medicine - United We Stand"		
12:00 PM	LUNCH		
1:00 PM	POSTER QUESTIONS		

	Session		Session Moderators: Jeffrey Engel, M.D. Ruth Ann Henriksen, Ph.D.
		<i>Abstract No.</i>	
1:30 PM	C. A. Estrada, M.D., M.S. General Internal Medicine	A8	Low Literacy and Numeracy Skills Are Associated With Poor Anticoagulation Control
1:45 PM	P. Cook, M.D. Infectious Diseases	A9	Reduction in Incidence of Severe Hepatotoxicity by Frequent Monitoring of Liver Enzymes in Patients Receiving Pyrazinamide and Rifampin for Treatment of Latent Tuberculosis
2:00 PM	P. Cook, M.D. Infectious Diseases	A10	Association of Dilated Cardiomyopathy With Multiple Nucleoside Analogues for Treatment of HIV Infection
2:15 PM	R. L. Cathey+	A11	Regulated Mitochondrial Trafficking of O-Linked GLCNAC Transferase
2:30 PM	CLOSING REMARKS		Ralph Whatley, M.D., Chairman Department of Internal Medicine
	ADJOURNMENT		

* Fellow

+ Student

POSTERS

Presenter	Poster No.	Title
M. K. Atieh, M.D.* Cardiology	P1	Identification of Intrathoracic Lymph Nodes by Transesophageal Echocardiography - Expanding the Role of TEE
M. K. Atieh, M.D.* Cardiology	P2	Increase Diastolic Collapse of the Ascending Aorta Predicts the Presence of Severe Aortic Insufficiency
S. D. Brewington, M.D.* Cardiology	P3	Utility of Stress Myocardial Perfusion Imaging in Risk Stratification of Sudden Death
C. W. Lindsey+	P4	Safety of Exercise Radionuclide Myocardial Perfusion Study in Patients With Uncontrolled Hypertension
A. Rajeev, MD Cardiology	P5	A New Method for Evaluating the Severity of Mitral Regurgitation Using 3D Doppler
P. Ho Biology, Microbiology & Immunology	P6	Identification of Domains in the Human Chemokine Receptor, CCR3, Critical for HIV Entry into Human Cells
J. E. Mallette, M.D. /J. Santana, M.D. * Allergy/Immunology/Rheumatology - General Internal Medicine	P7	The Incidence of Allergic Fungal Sinusitis Before and After the Floods of Hurricane Floyd

P. R. Gayam, M.D.* Allergy/Immunology/Rheumatology	P8	Management of Patients Seen in Emergency Department With a Diagnosis of Insect Sting Hypersensitivity
S. Bao, M.D. + General Internal Medicine	P9	Idiopathic Pleural Pericarditis Resolved on Steroid Therapy: A Case Report
C. A. Estrada, M.D., M.S. General Internal Medicine	P10	Improving Anticoagulation Practices Using Electronic Medical Records
H. Singh, M.D. +/T. Evangelista, M.D. + General Internal Medicine	P11	Polymyositis, Anti-Jo-1 Antibody and Adult Respiratory Distress Syndrome
S. A. Waijen, M.D. + General Internal Medicine	P12	Severe Coagulopathy as a Consequence of Smoking Crack Cocaine Laced With Rodenticide
M. Bowling, M.D. +/S. Gerkin, M.D.* General Internal Medicine	P13	Chylous Ascites as a Complication of Mycobacterium Avium Complex in a Man With AIDS

* **Fellow**

+ **Student**

WILLIAM L. ROPER, MD, MPH

William L. Roper is Dean of the School of Public Health, The University of North Carolina at Chapel Hill (UNC). He also is Professor of Health Policy and Administration in the School of Public Health, and is Professor of Pediatrics in the School of Medicine at UNC.

Before joining UNC in July 1997, Dr. Roper was Senior Vice President of Prudential HealthCare. He joined Prudential in 1993 as President of the Prudential Center for Health Care Research. Before coming to Prudential, Dr. Roper was Director of the Centers for Disease Control and Prevention (CDC), served on the senior White House staff, and was administrator of the Health Care Financing Administration (responsible for Medicare and Medicaid).

He received his MD from the University of Alabama School of Medicine, and his MPH from the University of Alabama at Birmingham School of Public Health. He completed his residency in Pediatrics at the University of Colorado Medical Center.

Dr. Roper is a member of the Institute of Medicine of the National Academy of Sciences, and serves on the Institute of Medicine governing council. He is Chairman of the Board of Partnership for Prevention, Vice-Chairman of the Board of the National Quality Forum, a member of the Board of Trustees of the Robert Wood Johnson Foundation, a member of the Board of Directors of Luminex Corporation, a member of the Board of Directors of DaVita, Inc., and a member of the Board of Directors of the UNC Health Care System.

He lives with his wife Dr. Maryann Roper, a pediatric oncologist, and their son, Will, in Chapel Hill, North Carolina.

W. James Metzger, Jr., M.D. Award

The W. James Metzger, Jr., M.D. award is presented to the most outstanding presentation by a Junior Faculty in the Department of Internal Medicine. A peer-review process selects the winner. The recipient of the award receives a certificate and have his/her name engraved on a plaque that is displayed in the Department of Internal Medicine Library. He/She also receives recognition on the Department of Internal Medicine web site.

Dr. Metzger, a native of Pittsburgh, Pennsylvania, was a graduate of Stanford University and Northwestern University Medical School, Chicago, Illinois. He completed his residency and research fellowship in Allergy-Clinical Immunology at Northwestern University. After serving in the United States Air Force, he came to Greenville in 1984 to join the East Carolina University School of Medicine. During his tenure at East Carolina University Dr. Metzger rose to the rank of Professor of Medicine. He was Section Head of the Section of Allergy-Immunology and held the appointments of Vice Chairman of Research, Department of Internal Medicine; Executive Director, the Center for Asthma, Allergy, and Immunology; Assistant Vice Chancellor for Clinical Research; Assistant Dean for Clinical Research; and Director, Clinical Trials Office. He was the recipient of the East Carolina University Award for Excellence in Research and Creative Activity and the Distinguished Research Professor of Medicine. His research was published in the *New England Journal of Medicine*, *Nature*, and other journals. Dr. Metzger had mentored numerous faculty and fellows.

In August 2000 Dr. Metzger accepted a position as Professor of Allergy, Asthma, and Immunology at the National Jewish Medical and Research Center and was a faculty member at the University of Colorado Medical School, Denver, Colorado. He died on November 11, 2000 at the age of 55. Dr. Metzger represented excellence in research.

2001 Award Recipients

Carlos A. Estrada, MD, MS

Paul D. Mehlhop, MD

ABSTRACTS

Oral Presentations

<p>A1 – 8:30 am</p>	<p>USE OF THE MEDTRONIC MINIMED CGMS IN THE DIAGNOSIS OF DIABETIC GASTROPARESIS. R. J. Tanenberg, C. M. Scott, and M. A. Andrus</p> <p>BACKGROUND AND OBJECTIVES: Gastroparesis is one source of increased glucose lability in people with diabetes. In order to assess the utility of the Medtronic MiniMed Continuous Glucose Monitoring System (CGMS) as a screening tool for gastroparesis, three groups of individuals were evaluated:</p> <ul style="list-style-type: none"> • 8 non-diabetic individuals (NORM) • 6 diabetic individuals without gastroparesis (DM-NoGast) • 8 diabetic individuals with gastroparesis (DM-Gast) <p>METHODS: All subjects were evaluated with the CGMS before and during a period of 5 hours following a standardized meal. The presence or absence of gastroparesis was confirmed in patients with diabetes prior to testing via a scintigraphic gastric emptying test. All subjects were fasting and both diabetic groups received up to 0.15 units/kg of Lispro insulin before the meal.</p> <p>RESULTS:</p> <ul style="list-style-type: none"> • Both NORM and DM-NoGast showed a prompt rise in their glucose levels one hour after the meal, but this rise was greatly attenuated in the DM-Gast: NORM = +14+4mg/dl; DM-NoGast = +65+26mg/dl; DM-Gast = -5+19mg/dl, p< 0.01 (compared to DM-NoGast). • The change in glucose levels from baseline in DM-NoGast and DM-Gast were similar at 5 hours: NORM = -3+5mg/dl; DM-NoGast = +4+6mg/dl; DM-Gast= -2 +20mg/dl. • The difference in the change of the one hour glucose level minus the change in five hour glucose level was a good discriminator between the two groups of diabetic individuals: DM-NoGast = +61+26mg/dl; DM-Gast = +3+16mg/dl, p< 0.01. <p>CONCLUSIONS: The CGMS appears to offer a simple, relatively inexpensive, and clinically meaningful screening tool for the presence of gastroparesis in people with diabetes. This technology has the potential to enhance the glycemic management of patients with diabetic gastroparesis.</p> <p>NOTES:</p>
<p>A2 – 8:45 am</p>	<p>REVERSAL OF POST-OBSTRUCTIVE LOBAR ATELECTASIS USING SELF-EXPANDABLE METAL STENTS. I. Khurshid, L. C. Anderson, G. S. Pape, D. Landucci, G. H. Downie.</p> <p>Background and objective: Lung cancer patients often have endobronchial tumor causing significant morbidity in the form of dyspnea, cough, and hemoptysis. Luminal restoration using standard chemotherapy, radiation therapy, or interventional bronchoscopy can improve performance status and decrease symptoms. The ability of balloon dilation and stent deployment alone to reverse post-obstructive lobar was studied.</p> <p>Methods: 25 consecutive patients with chest x-ray evidence of atelectasis for up to 24 weeks were manipulated with balloon dilation and stent placement (Nitinol Accuflex stent, Boston Scientific Company, Waterstown, MA). Prior to stent placement airways were studied with chest x-ray, chest CT and selective bronchography. Patients demonstrating an intact bronchial tree pattern regardless of extrinsic or endobronchial tumor involvement received only balloon dilation and stent placement; no direct tumor ablation was used. Patients were evaluated at one week for radiographic evidence of re-expansion and a subjective improvement in dyspnea.</p> <p>Results: 20/25 (80%) patients had radiographic evidence of re-expansion of collapsed lobes at one week post-procedure. Re-expansion was seen independent of duration of atelectasis. All 20 patients with re-expansion had less dyspnea; the 5 patients without re-expansion had no change in dyspnea.</p> <p>Conclusions: Deployment of self-expandable metal stents within obstructive distal airways allowed a high rate of re-expansion regardless of duration of atelectasis. Correlation with improved objective physiologic parameter would suggest an expanded role for these procedures in patients with advanced stage lung cancer.</p> <p>Funding: none</p> <p>NOTES:</p>

<p>A3 – 9:00 am</p>	<p>TUMOR ABLATION AFTER SELF-EXPANDABLE METAL STENT PLACEMENT IN LUNG CANCER. I. Khurshid, R. R. Allison, R. E. Cuenca, G. H. Downie. Background and objective: Palliation for advanced stage lung cancer frequently employs stent placement for attenuation of symptoms and direct tumor ablation techniques i.e. cryotherapy, electrocautery, brachytherapy, Nd:YAG laser and photodynamic therapy (PDT) for tumor destruction. Recurrent disease refractory to radiation and chemotherapy can grow through metal stents and often requires further direct tumor ablation. Technical and safety concerns may limit the use of Nd:YAG laser, cryotherapy and electrocautery in this setting. Methods: We studied five consecutive patients with inoperable lung cancer, who had 1-3 self-expandable metal stents (Nitinol Accuflex stent, Boston Scientific Company, Waterstown, Massachusetts) placed for endobronchial disease. One to twelve months post-placement, refractory tumor required direct ablation. PDT at a median dose of 100 joules/cm² from a diode laser (Diomed Corporation, Andover, Massachusetts) was used. Follow-up bronchoscopies were performed for salvage and to assess tumor kill and stent integrity. Results: Serial bronchoscopies demonstrated uniform tumor ablation in all five patients. Random biopsies showed no viable tumor in any field, including tissue from behind metal. Examination of all eight stents revealed no displacement, fracture, deformity or occlusion of any stents. Conclusion: Initial data demonstrates PDT efficacy in the presence of metal stents, and the immunity of a PDT effect to the actual metal. PDT should be considered as a safe effective tumor ablation technique in patients with metal stents placement. Funding: none NOTES:</p>
<p>A4 – 9:45 am</p>	<p>TYROSINE KINASE INHIBITORS GENISTEIN AND SU6656 INHIBIT THROMBIN-INDUCED THROMBOXANE PRODUCTION BY HUMAN PLATELETS. R. A. Henriksen and V. K. Hanks. BACKGROUND AND OBJECTIVES. Thrombin stimulates thromboxane (Tx) release from human platelets through both protease activated receptor (PAR)-1 and PAR-4 mediated pathways. The objective of these studies was to determine whether the PAR-4 pathway was inhibited by genistein as previously reported for the PAR-1-independent pathway and to further refine these observations by using the selective src family inhibitor SU6656. METHODS. Platelets were isolated from citrated blood by differential centrifugation and washed in citrated HEPES-tyrodes buffer. The final platelet count was adjusted to 2.6–3.1 x 10⁸/mL. Agonists used were human thrombin, SFLLRN, or AYPGKF-NH₂. The latter are PAR-1 and PAR-4 agonist peptides, respectively. These were added to stirred platelets, adjusted to 1 mM Ca₂₊, at 37 C and preincubated with 60 μM genistein, 1 μM SU6656 or the respective vehicle. Stirring was continued for 1 minute after which platelets were removed by centrifugation. The supernatants were stored at –80 C prior to assay for Tx B₂ by ELISA (Neogen Corporation). Experiments were performed in duplicate or triplicate with different platelet donors and Tx produced by 100 nM thrombin was defined as 100 % Tx for each experiment. RESULTS. The dose response curves for all agonists were shifted to the right by genistein with the greatest inhibition observed for AYPGKF. Results obtained with SU6656 indicate that genistein is not acting as an inhibitor of the src family kinases. CONCLUSIONS. Inhibition of PAR-4-induced thromboxane production by genistein is consistent with the earlier report of inhibition of the PAR-1-independent pathway. The activation of src family kinases, known to occur early in platelet activation, does not contribute significantly to Tx production. NOTES:</p>
<p>A5 – 10:00 am</p>	<p>METALLOPROTEINASE ACTIVITY IN PATIENTS WITH THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP). M. Hames, P. Bolin, W. Bryant, and K. Parker. BACKGROUND AND OBJECTIVES. Despite dramatic improvements in mortality over the last 30 years with the institution of plasma exchange (PE), the therapeutic mechanism of PE and etiology of TTP remains unclear. In 1998 two groups identified an enzyme, VWF-cleaving metalloproteinase (MTP), that was missing in patients with congenital forms of the disease and blocked by an IgG inhibitor in the classic idiopathic form. Measurement of this enzyme system may prove clinically useful in predicting response to therapy. METHODS. 19 patients from the UHS TTP database were enrolled beginning April 2001. 7 had idiopathic disease, 6 had recurrent or relapsing disease and 6 had additional/alternative thrombocytopenic diagnoses. A fluorimetric assay was used to determine MTP activity levels. RESULTS. Preliminary data in idiopathic patients suggests a trend towards interpheresis increase in MTP activity levels with successive treatments. Intrapheresis activity increases when MTP is measured at the beginning, middle and end of individual plasma exchange treatments. A decline in MTP activity is observed from the end of one treatment to the beginning of the next treatment. Patients with additional/alternative thrombocytopenic diagnoses did not have significantly altered MTP activity. CONCLUSIONS. MTP activity is a potentially useful tool to study response to both classic and alternative therapies. Once a commercial kit is available, the clinical utility of MTP may extend to predicting recurrent disease. Further evaluation of the MTP enzyme system and subsequent measurement in TTP may further characterize this disease. NOTES:</p>

<p>A6 – 10:15 am</p>	<p>MORTALITY RISK SCORE IN CORONARY ARTERY BYPASS SURGERY (CABG) CAN BE USED IN VALVE SURGERY C. A. Estrada, J. A. Young, W. R. Chitwood, Jr.</p> <p>BACKGROUND AND OBJECTIVE: Mortality risk scores have been validated in patients undergoing CABG, less is known about risks in valve surgery. We compared the predictive ability of a mortality risk score between patients undergoing CABG or cardiac valve surgery.</p> <p>METHODS: Cohort study of patients who exclusively underwent CABG (1,574) or valve surgery (299). We used a risk score previously validated in CABG patients (included: age, sex, EF, urgency, prior cardiac surgery, vascular or renal or lung disease). We compared the areas under the receiver operating curves (AUROC) of both groups for 30-day mortality. An AUROC of 1 or 0.5 indicates perfect or no predictive ability, respectively.</p> <p>RESULTS: The 30-day mortality was 2.8% for the CABG group and 4% for the valve surgery group (P=0.3). The AUROC were similar for patients undergoing CABG (0.77; 95% CI 0.70 to 0.84) or valve surgery (0.84; 95% CI 0.75 to 0.94). Each point increase in the preoperative risk score was associated with an increase in 30-day mortality by 34% (OR 1.34, 95% CI 1.23 to 1.47; P<0.001) in the CABG group and by 43% (OR 1.43, 95% CI 1.21 to 1.70; P<0.001) in the valve surgery group.</p> <p>CONCLUSION: The pre-operative mortality risk assessment has the same predictive ability in patients undergoing CABG or cardiac valve surgery.</p> <p><small>CABG1 - Specificity1.00.75.50.250.00Sensitivity1.00.75.50.250.00Valve1 - Specificity1.00.75.50.250.00Sensitivity1.00.75.50.250.00</small></p> <p>NOTES:</p>
<p>A7 – 10:30 am</p>	<p>SIGNIFICANCE OF ELEVATED LUNG TO HEART RATIO IN PATIENTS UNDERGOING STRESS TC99M SESTAMIBI MYOCARDIAL PERFUSION IMAGING. S. Kumar, S. Brewington, A. Movahed.</p> <p>Background: Increased Lung to Heart Ratio (LHR) on stress thallium images is one of the predictors of adverse cardiac event and it identifies people with extensive coronary artery disease. The implications of increased lung uptake of patients undergoing stress tc99m sestamibi are developing. Our aim is to evaluate the significance of increased LHR in patients undergoing sestamibi myocardial perfusion studies.</p> <p>Methods: We studied 98 subjects, 46 males and 52 females with mean age of 59 years. Out of these 98 subjects, 48 had normal myocardial perfusion scans (no transient or fixed myocardial perfusion defect) and 50 had myocardial ischemia or myocardial ischemia with scar (transient or partially reversible myocardial perfusion defect). Patients who had fixed perfusion defects were not included. Forty-nine subjects underwent exercise and 49 had adenosine pharmacological tc99m sestamibi myocardial perfusion studies. We calculated LHR in all these subjects. Patients with abnormal scans underwent coronary angiography and the angiographic data were correlated with perfusion scans.</p> <p>Results: Twenty-eight subjects out of 50 who had transient or partially reversible myocardial perfusion defects had multivessel disease by coronary angiogram.</p> <p>Exercise Adenosine (mean LHR) (mean LHR) Normal scan 0.31 0.32 Scans with 0.37 (p:0.0004) 0.38 :0.0001) ischemia or ischemia with scar <u>Multivessel disease 0.38 (p:0.0003) 0.40 (p:0.01)</u></p> <p>. These data were directly compared with normal scans. Evaluation of the Lung to Heart Ratio in patients undergoing stress tc99m sestamibi myocardial perfusion imaging is useful in identifying patients with significant coronary artery disease.</p> <p>NOTES:</p>
<p>A8 – 1:30 pm</p>	<p>LOW LITERACY AND NUMERACY SKILLS ARE ASSOCIATED WITH POOR ANTICOAGULATION CONTROL. C. A. Estrada, C. R. Collins, M. M. Hryniewicz, B. T. Peek, J. C. Byrd.</p> <p>BACKGROUND: Patients on warfarin with low literacy (ability to use printed material to function in society) may have difficulties following instructions, therefore affecting their anticoagulation management.</p> <p>OBJECTIVES: To assess literacy and numeracy skills and their associations with anticoagulation management.</p> <p>METHODS: Cohort study of patients on warfarin. We measured literacy with a word recognition test (REALM) and numeracy with a modified Schwartz scale (maximum score=6, basic probability and mathematical concepts). During a 3-month follow-up period we calculated the variability of the International Normalized Ratio (INR) and calculated the time within therapeutic range, known variables clinically associated with bleeding risk and effectiveness.</p> <p>RESULTS: Of 143 patients, 26% were unable to read health-related words written at >=7th grade level. Self-reported grade completed was higher than the measured grade level (kappa =0.2). The INR variability was higher among patients with lower literacy (p=0.009) or lower numeracy skills (p=0.004), figures. Patients with lower numeracy level had a trend of less time spent within therapeutic range (p=0.07).</p> <p>CONCLUSIONS: Low literacy is prevalent among patients taking warfarin. Low literacy and numeracy are associated with poor anticoagulation control.</p> <p>Grade Level>87-8th4-6th<= 3rdINR variability.9.8.7.6.5.4Numeracy5-63-41-20.9.8.7.6.5.4</p> <p>NOTES:</p>

<p>A9 – 1:45 pm</p>	<p>REDUCTION IN INCIDENCE OF SEVERE HEPATOTOXICITY BY FREQUENT MONITORING OF LIVER ENZYMES IN PATIENTS RECEIVING PYRAZINAMIDE AND RIFAMPIN FOR TREATMENT OF LATENT TUBERCULOSIS. P.Cook, E. L. McNeill, M. Allen, and C. Estrada.</p> <p>BACKGROUND AND OBJECTIVES. American Thoracic Society guidelines recommend a 9-month course of therapy with isoniazid (INH) for treatment of persons with latent tuberculosis infection who are at high risk for reactivation of disease. Major liver injury has been reported with the alternative regimen, a two-month course of pyrazinamide and rifampin (PZA/RF). To evaluate the rate of completion and incidence of hepatotoxicity of a short regimen of pyrazinamide and rifampin for latent tuberculosis before and after instituting an intensive monitoring program.</p> <p>METHODS. Prospective cohort study of 224 patients in a community setting between 1999 and 2001. Daily PZA and RF for 2 months of daily INH for 6 months. Treatment completion, hepatotoxicity (4-fold increase of ALT), severe hepatotoxicity (40-fold increase in ALT).</p> <p>RESULTS. Treatment was completed by 71% (78/110) of patients in the PZA/RF group and by 59% (67/114) of patients in the INH group. Hepatotoxicity (ALT >160 U/L) was documented in 12.7% (14/110) of patients in the PZA/RIF group and in 4.3% (5/114) of patients in the INH group. Severe hepatotoxicity, (ALT >1600 U/L), occurred in two of forty-three patients (4.7%) receiving PZA/RIF prior to instituting intensive monitoring. Once more intensive monitoring of liver enzymes was implemented, no patients (0/67) have developed severe hepatotoxicity.</p> <p>CONCLUSION. The risk of hepatitis in patients receiving PZA/RF for prevention of latent tuberculosis is increased 3-fold as compared to patients receiving INH. However, when patients are monitored more intensively, the risk of developing severe hepatotoxicity appears to be minimized.</p> <p>NOTES:</p>
<p>A10 – 2:00 pm</p>	<p>ASSOCIATION OF DILATED CARDIOMYOPATHY WITH MULTIPLE NUCLEOSIDE ANALOGUES FOR TREATMENT OF HIV INFECTION. P.Cook.</p> <p>BACKGROUND AND OBJECTIVES. Nucleoside analogues that inhibit reverse transcriptase are an important component of effective therapy for human immunodeficiency virus (HIV) infection. These agents can also inhibit human DNA polymerase α, leading to depletion of mitochondrial DNA. Mitochondrial toxicity is at least partially responsible for such adverse effects as lactic acidosis, peripheral neuropathy, hepatic steatosis, myopathy, can cardiomyopathy. Four patients with HIV infection followed at our HIV clinic have developed dilated cardiomyopathies over the past 18 months. All four patients were Black. The age range of the patients was 32-59; three of the four patients were male. None of the patients had a history of alcohol use in the previous six months or more. The CD4 counts of the patients were >700 cells in three of the four patients. All of the patients had an HIV RNA <50 copies/ml of plasma for at least 7 months (range 7-48 months) prior to the diagnosis of cardiomyopathy.</p> <p>RESULTS. Three patients developed NYHA Class III disease, while the fourth patient presented with NYHA Class IV symptoms. All of the patients had been treated with a regimen that included three nucleoside analogues (zidovudine, lamivudine, and abacavir) for a mean of 32 months (range 7-42 months) prior to the development of clinical congestive heart failure. Following changing HIV medications to a regimen that did not contain a nucleoside analogue, one of the patients has had a dramatic improvement from NYHA Class IV to Class I.</p> <p>CONCLUSION. Cardiomyopathy is a well-recognized complication of HIV disease and may be related to treatment with nucleoside analogues. Drug regimens that contain multiple nucleoside analogues may be a risk factor for development of this disease.</p> <p>NOTES:</p>
<p>A11 – 2:15 pm</p>	<p>REGULATED MITOCHONDRIAL TRAFFICKING OF O-LINKED GLCNAC TRANSFERASE. R. L. Cathey, D. C. Love, S. H. Shin, and J. A. Hanover</p> <p>Background and Objective: O-GlcNAc transferase (OGT) is an essential enzyme that glycosylates both cytoplasmic and nuclear proteins at serine and threonine residues. Disregulation of OGT may have a role in several disease states including diabetes mellitus. Our goal is to characterize the localization of this enzyme in an attempt to reveal its regulation and function.</p> <p>Methods: To better understand the function and regulation of this enzyme, we localized endogenous and recombinant OGT in mammalian cells using immunofluorescence. Monoclonal antisera were used to pinpoint recombinant OGT and polyclonal antisera to identify endogenous OGT.</p> <p>Results: Immunofluorescence revealed both endogenous and recombinant OGT concentrating at the mitochondria.</p> <p>Conclusions: The striking localization of OGT at the mitochondria may represent an efficient mechanism for regulating the activity of this key enzyme. These observations may have an important implication for the role of OGT in growth control and programmed cell death.</p> <p>NOTES:</p>

ABSTRACTS

Poster Presentations

P1	<p>IDENTIFICATION OF INTRATHORACIC LYMPH NODES BY TRANSESOPHAGEAL ECHOCARDIOGRAPHY - EXPANDING THE ROLE OF TEE. M. K. Atieh, V. L. Sorrell.</p> <p>BACKGROUND: The proximity between the thoracic aorta and the esophagus allows superb visualization of the aorta by transesophageal echocardiography (TEE). In certain clinical circumstances this may be helpful in the diagnosis and prognosis of disease.</p> <p>CASE: A 45-year-old African American presented with shortness of breath, abdominal pain, and somnolence. Computed tomography of the chest and abdomen showed lymphadenopathy in the mediastinum. After pulmonary evaluation a final diagnosis of necrotizing pneumonia was made.</p> <p>A transesophageal echocardiogram was done to rule out endocarditis. Evaluation revealed a mass between the esophagus and descending aorta. Direct comparison with the CT finding was performed focusing specifically in this region. Because of coincidental air noted within the esophagus on the CT scan, the anatomic structures of interest were well identified and revealed a large mediastinal lymph node at this exact position.</p> <p>DISCUSSION: Transesophageal echocardiography may be a useful tool in evaluating intrathoracic neoplasms. TEE was able to identify the size, structure, anatomic relationship, and presence of metastatic lymph nodes. In general, TEE detects more adenopathy than CT scanning, but not in all mediastinal positions since some are limited by the presence of air. Lymph nodes located in the upper mediastinum and predominantly on the right side are usually missed by TEE. The areas most clearly visualized by TEE are the subcarinal, paraesophageal, tracheobronchial and hilar regions; also those located in the aortopulmonary window. Transesophageal echocardiography was superior to CT scanning in detecting lymph nodes in the left side of the mediastinum, and smaller lymph nodes.</p> <p>CONCLUSION: Transesophageal echocardiography is a valuable and safe complementary method of evaluating mediastinal masses. In our study, direct comparison with CT scanning is provided to further clarify anatomic relationships for the echocardiographer. Physicians who perform TEE should evaluate the para-aortic structures and recognize normal anatomic variations as well as clinical pathology, specifically lymphoproliferative diseases.</p> <p>NOTES:</p>
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<p>P2</p>	<p>INCREASE DIASTOLIC COLLAPSE OF THE ASCENDING AORTA PREDICTS THE PRESENCE OF SEVERE AORTIC INSUFFICIENCY. M. K. Atieh, A. D. Sumner, V. L. Sorrell, K. O'Brian.</p> <p>BACKGROUND: Current echocardiographic criteria used to identify presence of severe Aortic Insufficiency (AI) can be limited by the adequacy of color flow and spectral Doppler imaging. We hypothesized that increased diastolic collapse of the proximal aorta measured by 2-D imaging would accurately predict the presence of severe AI.</p> <p>METHODS: Aortic systolic and diastolic diameters in 16 patients with severe AI undergoing valve replacement were compared to measurements from 32 controls with trace to no AI. Measurements were made at the sinuses of valsalva and 3 cm above the sinotubular junction during transesophageal echocardiography (TEE). Indices of diastolic collapse were defined as the difference between the systolic and diastolic dimensions (S-D) and the ratio of the systolic to diastolic dimension (S/D).</p> <p>RESULTS: Adequate TEE images were obtained in all patients. There were no significant difference between the groups in regards to age, height, weight, and presence of cardiac risk factors. Clinical and echocardiographic data are recorded below.</p> <p>Criteria AI No AI P value Pulse Pressure (mm Hg) 80 ± 13 65 ± 22 P = 0.01 LVEF (%) 58 ± 9 61 ± 4 P = NS LVESD (mm) 44 ± 11 33 ± 8 P < 0.0001 S-D sov (mm) 2.5 ± 0.3 0.5 ± 0.1 P < 0.0001 S-D 3stj (mm) 2.9 ± 0.3 0.6 ± 0.3 P < 0.0001 S/D sov 1.07 ± 0.03 1.02 ± 0.02 P < 0.0001 S/D 3stj 1.10 ± 0.06 1.04 ± 0.07 P < 0.0001</p> <p>LVEF = Left Ventricular Ejection Fraction LVESD = Left Ventricular End Systolic Dimension sov = measurements at the sinuses of valsalva 3 stj = measurements 3 cm above the sinotubular junction</p> <p>CONCLUSIONS: Increased diastolic collapse of the ascending aorta accurately predicts the presence of severe AI. Further study is warranted to determine if this technique can be used to distinguish various degrees of AI.</p> <p>NOTES:</p>
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<p>P3</p>	<p>UTILITY OF STRESS MYOCARDIAL PERFUSION IMAGING IN RISK STRATIFICATION OF SUDDEN DEATH. S. D. Brewington, W. Lindsey, H. DeAntonio, A. Movahed</p> <p>Background: Myocardial ischemia or scar identified by Stress myocardial perfusion imaging (SMPI) may be the substrate for ventricular tachycardia (VT). We attempted to correlate the risk of VT using SMPI in patients undergoing EP testing.</p> <p>Methods: Stress MPI was performed using thallium-201 (34 patients) and technetium-99m sestamibi (41 patients). The left ventricular ejection fraction (LVEF) was determined by contrast ventriculography, echocardiography, or gated SPECT.</p> <p>Results: Of the 75 patients (53m, 22f, age 66), 48 had scar (17 with ischemia) and 22 (46%) of these had inducible VT. Nine of 27(33%, 5 with ischemia) without scar had inducible VT. There was a statistically insignificant trend toward the presence of inducible VT when scar or ischemia was present (OR 1.7, p=0.29). When ischemia was excluded, 53 patients were identified. Of these, 31 had scar and 22 did not. Fourteen (44%) of those with scar had inducible VT and 8 (36%) of those without scar had inducible VT. Even in the absence of ischemia, there was no statistically significant correlation between scar and inducible VT (OR 1.4, p=0.52). However, there was a statistically significant correlation irrespective of the presence of ischemia or scar between LVEF in patients with inducible VT (31.6%) and those without (40%) (P=0.03).</p> <p>Inducible VT</p> <p>No VT</p> <p>+ scar: 48 (+ ischemia: 17) 22 (46%) 26 (54%)</p> <p>- scar: 27 (+ ischemia: 5) 9 (33%) 18 (67%)</p> <p>+ scar, - ischemia: 31 14 (44%) 17 (56%)</p> <p>- scar, - ischemia: 22 8 (36%) 14 (64%)</p> <p>Conclusion: Myocardial scar or ischemia identified by SMPI is not a reliable indicator of inducible VT. However, in patients with a lower LVEF, there is a statistically significant correlation with inducibility of VT. Therefore, when stress MPI is used for risk stratification for CAD prior to an EP study, gated perfusion images for determination of LVEF should be utilized.</p> <p>NOTES:</p>
<p>P4</p>	<p>SAFETY OF EXERCISE RADIONUCLIDE MYOCARDIAL PERFUSION STUDY IN PATIENTS WITH UNCONTROLLED HYPERTENSION. C. W. Lindsey, S. Brewington, A. Movahed.</p> <p>Background: Current guidelines exclude patients from exercise stress testing if they have uncontrolled hypertension [systolic blood pressure (SBP) >200, diastolic blood pressure (DBP) >110]. As a tertiary medical center, we receive patients that have traveled long distances for evaluation of coronary artery disease (CAD) by exercise radionuclide myocardial perfusion study but have uncontrolled hypertension.</p> <p>Our institution has previously shown that it is safe to consider adenosine pharmacological stress testing in conjunction with radionuclide myocardial perfusion imaging as an alternative. In this study we investigated the safety of exercise radionuclide myocardial perfusion imaging in patients with uncontrolled hypertension.</p> <p>Methods: We reviewed 824 consecutive cases of patients referred for exercise radionuclide myocardial perfusion study and eighty-nine (35 female, 54 male, average age 59) had uncontrolled hypertension. The average resting SBP was 190mmHG (range 180-212) and the average resting DBP was 103mmHg (range 100-128). Eighty-one percent achieved target heart rate (85% of age predicted maximum) using the standard Bruce protocol and the average exercise time was six minutes and eighteen seconds.</p> <p>Results: No patients experience TIA, stroke, myocardial infarction, or death during exercise or recovery. Ten patients (11%) had a transient myocardial perfusion defect (ischemia) and twelve patients (13%) had a fixed myocardial perfusion defect (scar). Five patients had partially reversible myocardial perfusion defects (ischemia and scar).</p> <p>Conclusion: We strongly agree that exercise stress testing should be avoided in patients with severely uncontrolled hypertension. However, in our select group of patients with uncontrolled hypertension, exercise stress testing with careful monitoring in conjunction with radionuclide myocardial perfusion imaging was safe and provided useful clinical information.</p> <p>NOTES:</p>

<p>P5</p>	<p>A NEW METHOD FOR EVALUATING THE SEVERITY OF MITRAL REGURGITATION USING 3D DOPPLER. A. Rajeev, V. L. Sorrell.</p> <p>Background. Mitral regurgitation (MR) is the most common cause for valve surgery in the world. Patients are now being brought to the surgeon earlier in their disease – even before symptoms develop. It is vital that the severity of MR is accurately quantified and routine echo and Doppler has significant limitations. We propose a novel method for evaluating this pathology.</p> <p>Methods. We used 3D echo, obtained with a rotational TEE probe during Color Flow Doppler imaging, to acquire a volume of data points. These ‘voxels’ could then be processed off-line for a more complete interrogation of the MR. We used volume rendering algorithms and coupled these with advanced shading filters.</p> <p>Results. We were able to display the complete MR Doppler jet in multiple dimensions. We could eliminate the overlying, interfering tissue echoes and display only the interested origin of the MR jet. This allowed a more complete estimation of the PISA (Proximal Isovelocity Surface Area) as well as the Vena Contracta – established 2-D echo methods for quantifying the degree of MR.</p> <p>Conclusions. We were successful in our attempt to use 3D color-Doppler echo to quantify the degree of MR. (Our figure on Research Day will be a motion 4D-color Doppler image).</p> <p>NOTES:</p>
<p>P6</p>	<p>IMPROVING ANTICOAGULATION PRACTICES USING ELECTRONIC MEDICAL RECORDS. C. A. Estrada, C. R. Collins, M. M. Hryniewicz</p> <p>BACKGROUND: Under usual practice, management is less than optimal due to the frequent monitoring and dose adjustment. Anticoagulation Management Services (AMS), as an alternative to usual care, provides a model to deliver care and possibly improve outcomes.</p> <p>OBJECTIVES: To disseminate an Anticoagulation Management Service program by using an electronic medical record tracking system.</p> <p>PROGRAM: A multidisciplinary team developed templates for anticoagulation management in our electronic medical record system (Logician®, MedicaLogic, Inc.). Data were coded for electronic retrieval to monitor quality of care and for use in future research studies. Initial visit data included: indication for anticoagulation, desired target International Normalized Ratio (INR), expected duration of therapy, and bleeding risk index. Data gathered during subsequent visits: assessment of compliance, events, symptoms, current INR, and dosing instructions. Management guidelines were hot linked to our Internet site. Data obtained by the nurse in the anticoagulation clinic and other clinic locations were entered in the electronic medical record. The template was created, tested, and implemented.</p> <p>RESULTS: The template provides a systematic approach for patient care. Data were organized in sections: initial assessment, follow-up, assessment and plan, anticoagulation management resources, prior laboratory data, and others. Prior information is automatically displayed during patient follow-up. Management guidelines were linked to www.ecu.edu/anticoagulation (anticoagulation protocols, weekly dose equivalents of warfarin, 6th Consensus Conference on Antithrombotic Therapy guidelines, warfarin information, vitamin K content in food). Clinicians in our practice have ready access to current data on the 325 patients enrolled to date. The standardized templates are functional.</p> <p>LESSONS LEARNED: The program provides the infrastructure for nurses, pharmacists, and physicians to manage anticoagulation safely and consistently. Institutional support, readiness, and technical expertise were fundamental for success. Electronic accessibility of data will allow outcomes based evaluations.</p> <p>NOTES:</p>
<p>P7</p>	<p>IDENTIFICATION OF DOMAINS IN THE HUMAN CHEMOKINE RECEPTOR, CCR3, CRITICAL FOR HIV ENTRY INTO HUMAN CELLS. P. Ho, T. Green, and T. Ross.</p> <p>Background and Objective: The ability of CCR-3 to act as an HIV-1 co-receptor is hypothesized to reside in one of the four extracellular regions of CCR-3. Recently, it has been shown that rhesus macaque CCR-3 (RhCCR3) does not function as an HIV-1 coreceptor.</p> <p>Methods: In this study, I will attempt to identify the extracellular domain(s) that confer coreceptor function. To accomplish this goal, chimeras between the hCCR3 and RhCCR3 homologues will be generated. Ten CCR3 chimeras containing various extracellular regions from hCCR3 or RhCCR3 will be used to identify regions of CCR3 that are important for HIV-1 envelope mediated entry into cells. The SEAP Assay will be implemented to identify coreceptor function.</p> <p>Results: Extracellular domains one, three and four seem to exhibit functional redundancy for HIV-1 isolates, ADA, binding and entry. However, extracellular domain two is nonfunctional.</p> <p>Conclusion: The result of the SEAP Assay suggest that extracellular domains one and three are the most important in HIV-1 binding and entry.</p> <p>NOTES:</p>

<p>P8</p>	<p>SAFETY OF EXERCISE RADIONUCLIDE MYOCARDIAL PERFUSION STUDY IN PATIENTS WITH UNCONTROLLED HYPERTENSION. C. W. Lindsey, S. Brewington, A. Movahed.</p> <p>Background: Current guidelines exclude patients from exercise stress testing if they have uncontrolled hypertension [systolic blood pressure (SBP) >200, diastolic blood pressure (DBP) >110]. As a tertiary medical center, we receive patients that have traveled long distances for evaluation of coronary artery disease (CAD) by exercise radionuclide myocardial perfusion study but have uncontrolled hypertension.</p> <p>Our institution has previously shown that it is safe to consider adenosine pharmacological stress testing in conjunction with radionuclide myocardial perfusion imaging as an alternative. In this study we investigated the safety of exercise radionuclide myocardial perfusion imaging in patients with uncontrolled hypertension.</p> <p>Methods: We reviewed 824 consecutive cases of patients referred for exercise radionuclide myocardial perfusion study and eighty-nine (35 female, 54 male, average age 59) had uncontrolled hypertension. The average resting SBP was 190mmHG (range 180-212) and the average resting DBP was 103mmHg (range 100-128). Eighty-one percent achieved target heart rate (85% of age predicted maximum) using the standard Bruce protocol and the average exercise time was six minutes and eighteen seconds.</p> <p>Results: No patients experience TIA, stroke, myocardial infarction, or death during exercise or recovery. Ten patients (11%) had a transient myocardial perfusion defect (ischemia) and twelve patients (13%) had a fixed myocardial perfusion defect (scar). Five patients had partially reversible myocardial perfusion defects (ischemia and scar).</p> <p>Conclusion: We strongly agree that exercise stress testing should be avoided in patients with severely uncontrolled hypertension. However, in our select group of patients with uncontrolled hypertension, exercise stress testing with careful monitoring in conjunction with radionuclide myocardial perfusion imaging was safe and provided useful clinical information.</p> <p>NOTES:</p>
<p>P9</p>	<p>THE INCIDENCE OF ALLERGIC FUNGAL SINUSITIS BEFORE AND AFTER THE FLOODS OF HURRICANE FLOYD. J. E. Mallette, J. Santana, M. S. Albernaz, C. A. Estrada, R. A. Henriksen, and P. S. Gerber</p> <p>Background and Objective: On September 16, 1999, Hurricane Floyd made landfall at eastern North Carolina. Combined with the rainfall earlier in the month from Hurricane Dennis, the downpour caused severe flooding in Pitt County, North Carolina. Fungi are known to proliferate in a moist environment of such as that created by flooding. Our objective was to determine whether the incidence of allergic fungal sinusitis would increase after the floods.</p> <p>Methods: A retrospective chart review of patients with the diagnosis of chronic sinusitis undergoing maxillary antrotomy as well as anterior and posterior ethmoidectomy from September 16, 1998 to September 16, 1999. A comparison was made to all patients with chronic sinusitis undergoing these procedures from March 1, 2000 until February 30, 2001. The incidence of allergic fungal sinusitis was determined in both of these populations.</p> <p>Results: From September 1998 to September 1999 there were 202 procedures performed of which 12 were diagnosed with allergic fungal sinusitis for an incidence of 5.9%. 16 patients were found to have allergic fungal sinusitis of the 188 procedures performed from March 2000 thru February 2001 for an incidence of 8.5%, p = 0.38.</p> <p>Conclusion: The data presented possibly indicates an increase in the incidence of allergic fungal sinusitis after the floods caused by Hurricane Floyd and should be further studied by including patients from other surrounding flood counties. Allergic fungal sinusitis should be considered in all patients with chronic sinusitis, especially in cases where there have been an increase in mold exposure.</p> <p>NOTES:</p>
<p>P10</p>	<p>POLYMYOSITIS, ANTI-JO-1 ANTIBODY AND ADULT RESPIRATORY DISTRESS SYNDROME. H. Singh, T. Evangelista, G. H. Downie.</p> <p>Polymyositis (PM) is an idiopathic inflammatory myopathy characterized by proximal muscle weakness. Anti Jo-1 antibodies are a marker for PM and help predict the presence of associated interstitial lung disease (ILD). Anti Jo-1 antibodies have also been associated with the development of Adult Respiratory Distress Syndrome (ARDS) with a dismal prognosis. We present a case of a 40-year-old white male diagnosed with polymyositis, elevated anti-Jo-1 antibodies, who had an insidious onset of ILD complicated by ARDS. He was given high dose intravenous pulse methylprednisone and cyclophosphamide, and was maintained on corticosteroid therapy for 3 months. His hospital course was complicated by a necrotizing <i>Pseudomonas</i> pneumonia. This rare entity of anti-Jo-1 antibody positive PM associated with ARDS almost always progresses to death. Treatment with pulse dose steroids and cyclophosphamide and aggressive ICU support allowed survival in our case.</p> <p>NOTES:</p>

<p>P11</p>	<p>SEVERE COAGULOPATHY AS A CONSEQUENCE OF SMOKING CRACK COCAINE LACED WITH RODENTICIDE. S. A. Waien, D. Hayes, Jr., J. M. Leonardo, and R. E. Whatley.</p> <p>Adulteration of cocaine or “lacing” has been reported with a variety of substances. We present the development of a severe coagulopathy in a 37-year-old white male who smoked “crack” cocaine mixed with brodifacoum, a rodenticide. He presented to an emergency room with epistaxis of several hours’ duration. He had elevated prothrombin and activated partial-thromboplastin times and a normal platelet count. At the time of transfer to our facility, the patient reported no ingestion of warfarin or other anticoagulant compounds and no use of or exposure to rodenticides. Transfusion of fresh-frozen plasma and administration of vitamin K normalized the coagulation values and resolved the hemorrhage. A serum sample was sent to a reference laboratory for chromatographic measurement of warfarin and warfarin-like compounds; brodifacoum (D-Con®, Talon-G®) was present. Before these results were known, 50 mg of oral vitamin K per day was prescribed and the patient was discharged. He subsequently left the state and was lost to follow-up.</p> <p>The patient was readmitted several months later with a retroperitoneal hemorrhage and an elevated prothrombin and activated partial-thromboplastin times once again. He required a transfusion of packed red cells and administration of fresh-frozen plasma and vitamin K. He admitted to smoking crack cocaine laced with rat poison in an attempt to potentiate the effects of the cocaine.</p> <p>Rodenticides and insecticides containing organophosphate compounds have been ingested or mixed with cocaine in an effort to potentiate the actions of the drug. These compounds are cholinesterase inhibitors and presumably enhance cocaine by slowing its metabolism or intensifying its neurologic effects. Our case demonstrates superwarfarin toxicity as a consequence of smoking crack cocaine and represents yet another example of an adulterating agent potentiating the deadly effects of cocaine.</p> <p>NOTES:</p>
<p>P12</p>	<p>Management of patients seen in Emergency Department with a diagnosis of insect sting hypersensitivity. P. R. Gayam, E. P. Brestel, P. S. Gerber</p> <p>Introduction: Allergic reaction to insect stings causes about 50 deaths each year. The purpose of the study was to see if an emergency department follows the guidelines set forth by Joint Task Force on practice parameters on insect stings.</p> <p>Methods: A retrospective chart review covering year 2000 was performed on patients seen in emergency department at a tertiary medical center. There were 219 patients with the diagnosis of insect sting out of which 156 were due to fire ants and hymenoptera (vespids and apids). A series of items was used to determine the number of admissions, if EpiPen was dispensed and number of prior local and systemic reactions.</p> <p>Results: There were a total of 126 (82%) local and 27(18%) systemic reactions. One patient was referred to an allergist, whereas 99.4% were referred to a family doctor. EpiPen was dispensed to 8 patients out of 20 with systemic reaction. Nineteen patients had prior reaction to insect stings. Out of the 19 (8) had local, (10) had systemic reactions and (2) unknown reaction.</p> <p>Conclusion: This study reemphasizes the importance of educating emergency room, family physicians, and patients regarding the importance of referral to an allergist, efficacy of venom immunotherapy and dispensing of EpiPen. Previous published studies examining this issue have failed to alter the therapy of patients treated in emergency departments.</p> <p>NOTES:</p>
<p>P13</p>	<p>CHYLOUS ASCITES AS A COMPLICATION OF MYCOBACTERIUM AVIUM COMPLEX IN A MAN WITH AIDS. M. Bowling and S. Gerkin</p> <p>A forty-seven year old man with past medical history significant for AIDS, retroperitoneal lymphadenopathy secondary to MAC, Hepatitis B and C, and polysubstance abuse presented to the Emergency Department with a five-day history of increasing abdominal girth, pedal edema, and abdominal pain. Abdominal paracentesis revealed a peritoneal fluid that was milky in color and triglyceride levels of the fluid measured 943, which is consistent with chylous ascites.</p> <p>To date, there have been only four case reports in the literature of chylous ascites as a complication of MAC infection. It is thought to be due to obstruction of lymphatic flow in the para-aortic lymph nodes as a complication of MAC infection. All cases result in a high mortality rate despite the resolution of ascites with aggressive treatment of MAC. Any patient with retroperitoneal lymphadenopathy node secondary to MAC infection should be treated aggressively and monitored for the development of ascites.</p> <p>NOTES:</p>