



Spirit of Service

Med+Peds Newsletter
October 2019

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Dear residents and applicants,

Welcome to interview season! The Spirit of Service is the Internal Medicine + Pediatrics Residency Program's annual newsletter. In this edition, you will find program updates, faculty spotlights, AAP cases, and new members of our family.



LAC+USC Medical Center



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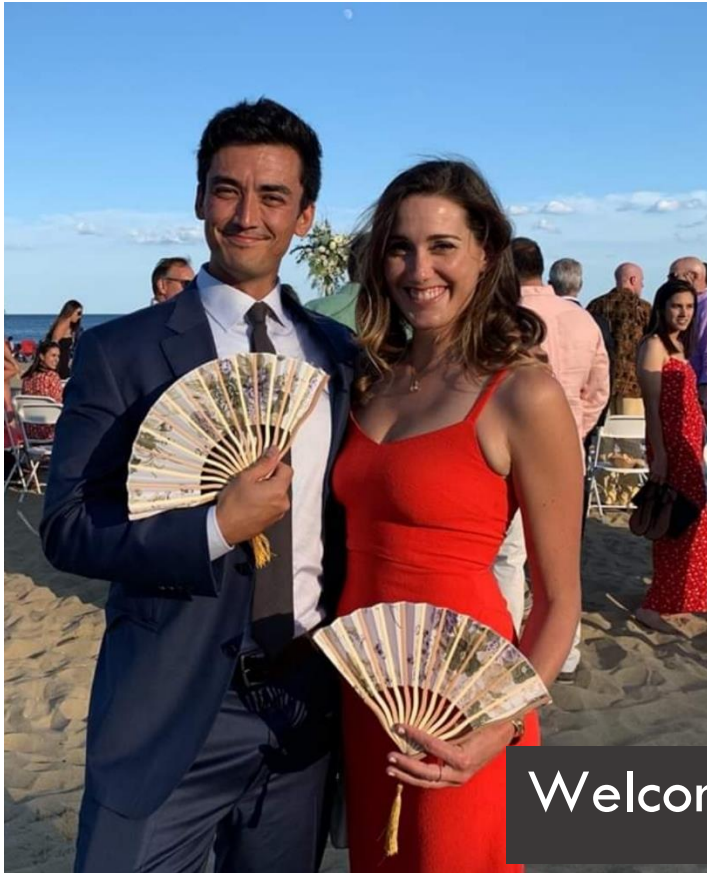


PD: brn@usc.edu

APD: tsamko@dhs.lacounty.gov



Program Updates



Nate Dalrymple from University of Illinois at Chicago will be joining us as a PGY-3 in July 2020. Originally from Phillipsburg, NJ, he attended Colgate University where he studied Molecular Biology and Native American Studies. After college, he served two years in the Peace Corps in Mozambique and then studied behavioral health in Columbia University research labs prior to attending Cooper Medical School of Rowan University. An avid Philadelphia sports fan and seasoned traveler, Nate joins our program with his wife Jackie and cat Tuna. His clinical interests include underserved medicine, Spanish-speaking populations, and global health.

Welcome, Nate!

Med+Peds class of 2019 graduates **David Chung** (Quality Improvement Fellow) and **John Nixon** (Chief Resident) are starting LAC+USC Mobile Clinic, which will launch this year at Wilson High School in El Sereno. The clinic's mission is to provide ambulatory care to high school students. PGY-1s **Eric Zúñiga** and **Sarah Soliman** were awarded the National Med-Peds Resident Association (NMPRA) Advocacy and Community Service grant to help with the project.



LAC+USC Mobile Clinic

Faculty Spotlight



Spencer Liebman, Med+Peds Chief Resident
Class of 2019

What would you like the LAC+USC Med+Peds community to know about you?

I grew up in Connecticut on a chicken farm. I had no physicians in my family. My parents were in the Peace Corps and did AmeriCorps. Medicine seemed like a usable skill in terms of service and societal changes. I did Community HealthCorps, working in an FQHC in Connecticut with migrant farm workers.

What was your childhood like?

I grew up in a small town with 5000 people in Eastern Connecticut, a farm town. We were out on our own a lot of the time. It was very bucolic, quiet, working class. My grandparents were farmers. My dad was a farmer. My parents were old hippies, Deadheads, Peace Corps people. I did undergrad in Philly, took a couple years off, and went to UVA for med school.

Why did you choose LAC+USC?

The service orientation and a big, urban, public hospital. The high-risk, varied, unique population. There is a strong service orientation here. Other programs were great but more purely academic.



Med+Peds at ACP 2019. Left to right: Michelle Banh (PGY2), Hannah Gwin (PGY3), Ammar Dahodwala (PGY2), Alda Huang (PGY2), Hannah Obasi (PGY2)

What is your favorite book?

East of Eden is up there, one of the best ever. I love Ken Kesey's writings, *Sometimes a Great Notion* and *One Flew Over the Cuckoo's Nest*. I think I read those when I was 20. I'm reading a book right now called *Gulag* about Soviet Russia.

What do you like to do for fun?

I try to run most days of the week. I play soccer; I played in college and high school. I like to hike, backpack, camp, and be outdoors. Going to the beach, to bars, seeing live music. I saw Kevin Morby, LCD sound system, and a Black Sabbath cover band a few weeks ago that was badass.

If you could choose, what vegetable would you be?

Maybe cauliflower. It's very versatile. You can have it raw, you can cook it, you can make a curry with it. It's like a blank slate. It's whatever you perceive it to be. Is it a side vegetable? Is it a meal? It can be either. Not a lot of things come from the ground purely white. Cauliflower's pulled it off.

How do you want to be remembered?

Being a good human being. Being kind, empathetic, compassionate, thoughtful, passionate, reliable.

Ebstein's anomaly in a 39-year-old

Nkansah, M, MD, Sussex, J, MD, Uzunyan, M, MD

A 39y/o M presented to the ED after referral from his PCP for chest pain of 1d, heart murmur, and abnormal labs. Chest pain began 4d prior to arrival, was constant, pressure-like, 6/10, lasted for 9h, located over L chest; non-radiating to back/jaw/arm, not pleuritic, non-positional, not associated with dyspnea. Pain resolved on its own after taking an unknown medication. Clinic labs were K 6.1, AST 173, Troponin 21.07, CK-MB 83.9. FHx remarkable for mother with HTN. On admission, EKG showed RBBB with Q waves in leads II, III, and aVF. Troponin was 1.2. TTE was consistent with PFO, preserved EF, enlarged R ventricle, dilated R atrium, septal leaflet consistent with Ebstein's anomaly. TEE confirmed atrialization of R ventricle with small PFO.

Coronary angiogram showed complete occlusion of the posterolateral branch of the RCA with collaterals from the left. Given the PFO and complete occlusion, suspected that occlusion was embolic, prompting starting of lovenox. Patient remains on Coumadin for anticoagulation and is currently undergoing eval for repair vs. replacement of tricuspid valve and PFO closure.

Conclusions: As pediatric cardiac conditions may present later in life, practitioners must remain vigilant in our assessments of patients, especially considering continually changing characteristics of our country's patient population. This patient immigrated to the U.S. recently and, apart from having challenges with health literacy, also experienced the effects of fragmented health care. This patient obtained a work-up for his chest pain which led to his underlying diagnosis of Ebstein's anomaly and he has started his process towards hopeful surgical correction.

Delgado, F, MD, Johnson, J, MD

9 mo old boy presented with NBNB emesis x 10d. In the ED, he had a benign abdominal exam and tolerated breastfeeding without emesis. He was given Zofran for a suspected viral syndrome. 5d later, he returned to the ED with recurrent emesis. Initially, he was minimally responsive, and then had a 1-minute seizure with apnea and was intubated. CT Head and CT Angio showed an aneurysm and massive intracranial hemorrhage. Emergent EVD was placed at bedside with opening pressure >30. He was taken to the OR for craniotomy with aneurysm clipping, which was complicated by aneurysmal arterial bleed and EBL 1.5L (2xTBV) within minutes. Massive transfusion protocol was initiated. He received Plasmalyte (55mL/kg), PRBCs (92 mL/kg), FFP (97 mL/kg), pheresis pack platelets (11.7 mL/kg), cryo (3.7 mL/kg), for a total of 2342 cc (3xTBV). The patient survived surgery. CT Angio showed large MCA territory ischemic injury. 3d later, he developed cytotoxic cerebral edema with refractory elevated intracranial pressures and underwent hemicraniectomy.

Catastrophic cerebral aneurysm rupture in a 9-month-old

He was hospitalized for 3 months and was discharged home at 12 months of age.

Conclusions: The presentation of a large cerebral aneurysm in this age group is rare. This case demonstrated the typical sex difference; boys are more commonly affected than girls. Approximately 20% of patients experience warning signs such as emesis weeks prior to onset of hemorrhage. This patient survived after losing more than 2xTBV during the aneurysm clipping. This case illustrates the feasibility and survivability of using a massive transfusion protocol in a young patient with an uncommon but catastrophic arterial bleed.

Welcome new faculty: Dr. Sahar Abdelrahman!



Hometown: Madison, Wisconsin.

Undergrad: University of Wisconsin Madison

Med school: University of Wisconsin Madison

What did you do after med school?

I went overseas to Sudan to my father's hometown on the border between Sudan and Eritrea and worked for International Rescue Committee, evaluating community health centers. After 5 months, I came back to University of Wisconsin Madison to get an MPH. My time in Sudan was invaluable doing groundwork and realizing that if I wanted to effect change it needed to be a more systems-based approach.

Why LAC+USC?

1. The people. It's a fun varied group of people that bring different experiences to the table, but also push each other to be the best they can, with support and camaraderie. Everyone seemed genuinely supportive and close and Breck and Paola created an atmosphere of comfort. Everyone

seemed like they really had each other backs. 2. The breadth of the things we are exposed to and what we get to see. 3. The patients. Seeing their challenges and understanding social determinants of health gave me a well-rounded experience.

What did you do after residency?

I did a chief year in categorical pediatrics. Then, I went back to Wisconsin and Sudan for a short time. I didn't go in the capacity of doing medical work, but I was still able to get an idea of infrastructure, or lack thereof, of the medical system. It reinforced my idea of how important infrastructure and sustainability is to international work. In February 2015, I started working at Umma Community Clinic in South LA, which was started by medical students around the time of the LA riots in 1992. I chose to work there because the mission of providing care to all irrespective of background or ability to pay resonated with me. My Med-Peds training helped me feel comfortable managing more complex conditions, particularly in informing specialty practice management. I returned to LAC+USC to work in the ACT clinic because I was ready for a change, to work with a new population of patients and continue to challenge myself, learn, and grow.

If you could go back in time, what advice would you give yourself as a resident?

It all works out and one way or another. You will find your path in this career and in life even if it is not how you initially imagined it to be.

What do you like to do for fun?

I like to go to concerts. My last favorite concert was Florence and the Machine. I have an eclectic taste in music and like a little bit of everything except maybe heavy metal. I enjoy kickboxing and hip-hop dance classes. I love to try new restaurants. My favorite go-to is Doghouse (hot dogs in Pasadena). I like the "Oh-So-California" with sweet potato fries. Shake Shack over In-N-Out – putting it out there so everyone knows – I get the double shack burger, cheese fries, and a cookies and cream shake. Also, Packers fan until the end!

New members of the family!

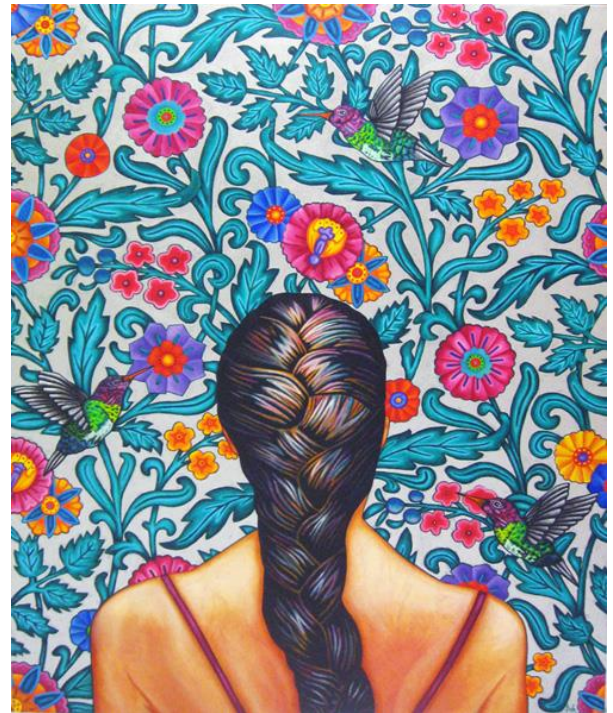


Roe Xavier Barrow
Born on September 5, 2019 to Margarita Ivanova (PGY-1) and Patrick Barrow

Congrats, Margarita and Patrick!

Welcome to the family, Jackson!

Jackson Chen
Born to Kevin Chen (Med+Peds Clinic Attending, class of 2017) and Erica Chen (Med+Peds class of 2017)



La Trenza 2
Artist: Pola Lopez
LAC+USC Medical Village and Ave 50 Studio

Med+Peds Newsletter Staff
Editors: Jonas Kwok and Sarah Soliman
Original Creator: Jose Silva Sepulveda

Contributors: Ammar Dahodwala, Eric Zúñiga, Spencer Liebman, Margaret Nkansah, Jena Sussex, Fernanda Delgado, Tracey Samko, Sahar Abdelrahman, Margarita Ivanova, Anna Torres-Lupercio, Neha Mahajan