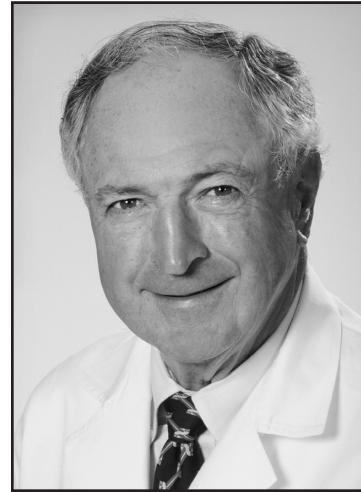


About Ochsner

Sandra Kemmerly, MD, Infectious Diseases, has been elected Governor of the Louisiana Chapter of the American College of Physicians - American Society of Internal Medicine.

George Pankey, MD, Director Infectious Diseases Research, has been elected to Mastership in the American College of Physicians - American Society of Internal Medicine. This honor was bestowed in recognition of his outstanding career accomplishments and his notable contribution to medicine.

Michael Sullivan, MD, Radiology, has been elected Chairman of the Board of Trustees of the Research & Education Foundation of the Radiological Society of North America. The RSNA Research & Education Foundation is the largest foundation in the world dedicated to radiological research.



John Ochsner, MD, Chairman Emeritus, Department of Surgery, received the Orleans Parish Medical Society Outstanding Physician Award for Academia and Research.

Case Study Answers

Medical (from page 118)

1. Hypothermia. This elderly homeless male, brought in on a winter night, had a core body temperature of 88 degrees Fahrenheit.
2. Osborne waves (also called J waves or "hypothermia hump") are a deflection that appears as a late delta wave following the QRS. Although effects of cooling on the heart were described as early as 1923, J.J. Osborne systematically studied them in dogs and thought they were related to acidosis, which was later disproved. Vector cardiography in hypothermia patients reveals the mean vector of the Osborne wave to be directed anterior, inferior, and leftward, making these waves appear prominent in leads II, III, and AVF and lateral leads. Possible mechanisms include altered myocardial repolarization rates during cooling or altered epicardial action potential morphology resulting in a voltage gradient across the ventricular wall.
3. Common EKG manifestations of hypothermia include:
 - Prolonged PR interval
 - Sinus bradycardia
 - Prolonged QT interval
 - Atrial fibrillation
4. This pattern of nonischemic ST segment elevation is also seen in the following conditions:
 - Normal variant early repolarization
 - Brugada syndrome
 - Arrhythmogenic RV dysplasia
 - Hypercalcemia
 - Subarachnoid hemorrhage

Surgical (from page 119)

1. Gardner's syndrome. The history of colon polyposis secondary to familial adenomatous polyposis (FAP) is a significant historical factor. This in conjunction with duodenal polyps as well as dental abnormalities, desmoid tumors of the abdominal wall and mesenteric, long bone abnormalities, and sebaceous cysts help make the diagnosis of Gardner's syndrome. Colon polyposis as well as the duodenal polyps are well known to have malignant potential. Patients with FAP are recommended to have total proctocolectomy with ileoanal anastomosis. These patients should be screened with upper endoscopy as well to rule out gastric or duodenal polyps. Although gastric polyps have a very low potential for malignant change, the polyps in the duodenum need annual surveillance and removal via endoscopy to prevent malignant degeneration.
2. The indicated therapy for this patient is pancreaticoduodenectomy or the Whipple procedure. The patient, despite being followed endoscopically, had developed a history of bleeding from the polyps as well as periampullary polyps that were unresectable by the endoscopy. The removal of the duodenum resolved these issues. If the patient could be treated fully with endoscopy this also be a therapeutic option.