SOLO SE VIVE UNA VEZ (YOU ONLY LIVE ONCE): A CAMPAIGN TO IMPROVE HIV TESTING AMONG IMMIGRANT LATINX IN BALTIMORE

Purpose: Of the 263,000 Latinx with HIV in the U.S., one fifth is unaware of their infection. Consistent with national trends, Baltimore City Health Department (BCHD) data show that HIV-infected Latinx are more likely to be diagnosed late than any other racial/ethnic groups. In prior studies, we demonstrated barriers to HIV testing among Latinx in Baltimore include HIV stigma, cultural/linguistic discordance, uninsured status, and fear of deportation. From July to December 2018, we implemented the Solo Se Vive Una Vez (You Only Live Once) campaign partnering with BCHD to increase HIV testing among Latinx in Baltimore by addressing these barriers. The purpose of the present study was to assess reach of the campaign and its impact on people’s decision to get tested.

Methods: The campaign included a website (solovive.org) and advertisements on social media, buses, billboards, radio, events, and dating apps. We conducted cross sectional surveys of Latinx adults obtaining HIV testing at the BCHD clinic and outreach before (n = 78) and after (n = 315) the campaign launch. Surveys assessed demographics, HIV testing history, exposure to the campaign, and influence of the campaign on the decision to get tested. Sexual risk behaviors and PrEP information were obtained from BCHD medical records by trained research assistants. Characteristics of the population exposed to the campaign versus not exposed were compared using t-test and chi squared analyses.

Results: 34% of respondents surveyed after campaign launch reported exposure to the Solo Se Vive Una Vez campaign, compared to 0% in the baseline surveys. 86% of those exposed reported that the campaign positively influenced their decision to get tested. Respondents with campaign exposure had significantly higher numbers of sexual partners and rates of paying drugs/money for sex (p < 0.05). The website has had 9,899 visitors, and 130 users requested testing through the website. 89% of Latinx surveyed never heard of PrEP and received PrEP information. Conclusions: Solo Se Vive Una Vez is Baltimore’s first Spanish-language public health campaign promoting HIV screening. It achieved comparable exposure to other campaigns addressing HIV testing in Latinx. The campaign positively influenced the majority of testers exposed to it to get tested, including Latinx with high-risk sexual behaviors. BCHD data are currently being tabulated to measure change in testing rates.
PACED CORONARY VASOSPASM OCCURRING DURING INTRAVENOUS NITROGLYCERIN, George Kontogiannis, MD, National Capital Consortium, Bethesda MD

Introduction: Classically known as Prinzmetal’s angina, vasospastic angina is a rest angina that responds well to sublingual nitrates. The Coronary Vasomotion Disorders International Study group diagnostic criteria describe a nitrate responsive angina with transient ischemic ECG changes without another obvious cause, and angiographic evidence of coronary artery spasm. However, the absence of nitrate responsiveness does not completely exclude the diagnosis. Patients with Prinzmetal’s angina are often of Japanese descent and smoke. Case: We present a 45-year-old female with past medical history of right coronary artery vasospasm, associated with AV block status post dual chamber permanent pacemaker, who presented after ROSC from a syncopal episode. Her history of vasospasm was discovered a year prior when she had syncope secondary to an inferior STEMI and complete AV block. Cardiac catheterization showed no coronary artery disease but inducible spasm. Recurrent syncopal episodes led to a permanent pacemaker. In the ED, she was continued on her home isosorbide mononitrate and verapamil. She developed chest tightness with inferior ST elevations and ventricular pacing, was started on nitro drip, and her symptoms and ECG changes resolved after 10 min. She was admitted to the ICU and a few hours later had a recurrence, accompanied by symptomatic hypotension. Nitro was stopped and the patient was given a fluid bolus. Her symptoms resolved after 10 min. On history, the patient admitted to recently restarting tobacco abuse to cope with acute life stressors. She was started on Norvasc, and monitored with no recurrence.

Discussion: This case illustrates the diagnosis and treatment of refractory vasospasm with a unique consequence: complete heart block. It is refractory since it occurred while on a calcium channel blocker and a nitrate, as well as while on intravenous nitroglycerin. When such a patient presents, it is important to classify if they are a true non-responder, or if it is secondary to poor lifestyle adherence. Furthermore, the use of dual calcium channel blocker therapy is somewhat novel, having been described only in case reports. Her ECG is interesting as a learning point as well. When paced from an RV lead, the nidus of electrical impulse is inferior, and as such, the QRS waves should all be inferior. In her ECG however, the inferior leads were positively deflected, correlating with a right coronary vasospasm.
Evidence based medicine review
( ) Quality/Safety
( ) Clinical Research

Indicate your participation in research process (4 sentences or less):

First Author Information:
Name: Kiran Motwani, MD
Institution: University of Maryland Medical Center and Baltimore VA Medical Center
Co-Author(s) Associates:
Program Director’s Name: Susan D. Wolfsthal, MD (indicating review of abstract)

AMERICAN COLLEGE OF PHYSICIANS
MARYLAND REGION

RHODOCCUS FASCANS – A RARE CAUSE OF MENINGITIS IN A HUMAN HOST. Motwani K, MD. University of Maryland School of Medicine and VA Medical Center, Baltimore, MD. Rhodococcus species are obligate aerobes, gram-positive bacilli, and partially acid-fast because of their mycolic acid-containing cell wall. They are isolated from a variety of sources including soil, ground water, plants, and animals. The microbe is generally considered to have low pathogenicity, however has been known to cause disease in immunocompromised hosts. A 76-year-old male with a history of hypertension and alcohol abuse was admitted for altered mental status, which consisted of confusion, slurred speech, visual hallucinations, and ambulatory dysfunction. He had recently arrived from the Dominican Republic where he was exposed to poor living conditions. Magnetic resonance imaging (MRI) of the brain displayed mild meningeal enhancement and small embolic events. Further work-up revealed a ruptured pseudoaneurysm of his ascending aorta, and he underwent repair with a graft placement. The patient remained hemodynamically stable, however, 7 days post-operation there was no improvement in his mental status. Cerebrospinal fluid (CSF) studies revealed: glucose 28 mg/dL, protein 474 mg/dL, white blood cell count 260 mcL with 48% polymorphonuclear leukocytes, 47% lymphocytes, and 5% monocytes. Cytology, gram stain, and cultures were all negative. He was started on ampicillin, ceftriaxone, and doxycycline empirically. Repeat CSF analysis revealed an increase in leukocytosis, with persistently low glucose and elevated protein. MRI brain showed worsening interval meningitis versus ventriculitis. Given his lack of improvement, his treatment regimen was changed to rifampin, isoniazid, pyrazinamide, and ethambutol for suspicion for tuberculosis meningitis. Additionally, a trial of steroids for sarcoidosis was attempted, without improvement. The patient underwent a leptomeningeal biopsy, which displayed evidence of necrotizing granulomas and 16S rRNA cultures were positive for Rhodococcus fascians. R. fascians is a rare cause of meningitis and not easily identified with routine microbial testing. Treatment regimens are currently unknown due to the rarity of the disease. Recognizing lack of improvement in disease course in an immunocompromised patient should lead providers to consider alternate pathologies and seek further testing with 16S rRNA gene sequencing.

ANNUAL ASSOCIATES MEETING
9 May 2019

Please check one. First author is:
(X) RESIDENT

Please check only one. Abstract is submitted to.
(X) Poster
( ) Oral
( ) Either

General Classification:
(X) Clinical Vignette
( ) Research Competition
( ) Basic Science
( ) Evidence based medicine review
( ) Quality/Safety
( ) Clinical Research

Indicate your participation in research process (4 sentences or less):

First Author Information:
Name: Hana Haver, MD
Institution: UMMC Midtown Campus
Co-Author(s) Associates:
Sam Knecht, MD
Program Director’s Name: R. Dobbin Chow, MD (indicating review of abstract)

AMERICAN COLLEGE OF PHYSICIANS
MARYLAND REGION
ANNUAL ASSOCIATES MEETING
9 May 2019

BILATERAL OCCIPITAL LOBE INFARCT NEGLECT DEFICIT (BLIND) SYNDROME
Introduction: Cortical blindness is loss of vision due to dysfunction of the visual cortices. Patients who suffer from cortical blindness, usually due to bilateral ischemic infarcts of the occipital lobes, tend to lack insight of their visual deficit. This phenomenon of unawareness, or denial of vision loss, is called visual anosognosia. Further, patients often claim to be able to see and will confabulate visual perceptions despite their lack of sight. Historically, visual anosognosia in cortical blindness has carried the eponym, Anton syndrome, named after the Austrian neurologist and psychiatrist, Gabriel Anton (1858–1933), who first described the syndrome in 1899.

Case presentation: A 76-year-old man was traveling to visit his daughter during the holidays when he suddenly experienced blurred vision while driving his car. Subsequently, he stayed in his car for 3 days because his visual deficit prevented him from using his phone to call for assistance. The police eventually found him, and brought him to medical attention. The patient reported several weeks of increasingly frequent ‘lightning-like’ bright flashes of green and yellow in his right eye, but denied the presence of floaters, curtain loss of vision, or diplopia. He reported that his last eye examination was 1 year prior, at which time his visual acuity was 20/30 bilaterally. Physical examination was significant for irregular rhythm and tachycardia. EKG revealed atrial flutter with 2 to 1 block and pulse of 150 beats per minute. Ophthalmologic exam demonstrated significantly diminished visual acuity – less than 20/200 bilaterally with 360-degree constriction of confrontational visual fields. Pupillary reflexes and ocular movements remained intact bilaterally. Dilated fundus exam revealed no evidence of retinal, macular, or choroidal pathology to explain the visual loss. Therefore, the patient was deemed cortically blind, prompting further evaluation for suspected stroke. CT brain without contrast revealed bilateral subacute parieto-occipital infarcts with local sulcal effacement. MRI of the brain without contrast showed acute to subacute bilateral PCA territory infarcts and additional small subacute infarcts in the bilateral cerebellar hemispheres. MRA of the head/neck without contrast showed no evidence of intracranial occlusion, stenosis, or aneurysm.

Conclusion: Here, we propose using the term, Bilateral occipital Lobe Infarct Neglect Deficit (BLIND) syndrome, to replace Anton syndrome for patients who develop cortical blindness with visual anosognosia associated with bilateral occipital lobe ischemic infarcts. In addition, consider BLIND syndrome in patients who present with visual deficits and denial of blindness in the setting of cardioembolism due to new onset atrial arrhythmia.
disorder (OUD) are inconsistently initiated and discharged on opioid agonist therapy such as buprenorphine on internal medicine services at Johns Hopkins Hospital (JHH). This is a missed opportunity to save lives in the midst of the opioid overdose epidemic. Additionally, it contributes to patients leaving against medical advice and raises the risk for readmissions. Purpose: The primary aim of this quality improvement project is to increase the number of patients initiated on buprenorphine maintenance therapy (BMT). Secondary aims are to understand barriers to initiation of BMT, to decrease perceived barriers, and to increase the number of providers with Buprenorphine ‘X’-waivers.

Methods: We have conducted four interventions: 1) administered an 18-question survey to all IM residents regarding barriers to initiating BMT; 2) developed/disseminated a protocol for initiating BMT with follow-up; 3) presented a 1-hour educational conference; and 4) started the JHH Buprenorphine Bridge Team for ‘X’-waivered physicians to prescribe bridging scripts of buprenorphine from discharge to follow-up. We will administer a follow-up survey in May after two additional educational conferences.

Results: 89 of 152 residents (59%) completed the baseline survey prior to implementation and identified the greatest barriers to initiating BMT as ‘don’t know how’ (67%), ‘medical team chooses a taper’ (49%), ‘no discharge plan’ (47%), and ‘discomfort with dosing’(40%). Over the first 30 days since implementation, 11 patients were initiated on BMT, the Buprenorphine Bridge team was consulted 13 times, and 4 new attending physicians obtained their Buprenorphine ‘X’-waiver.

Conclusions: Inpatient admissions offer a crucial opportunity to start buprenorphine maintenance treatment for patients with OUD. Residents identified a lack of education and discharge planning as the most important barriers to initiating BMT. We addressed these barriers through resident education, a protocol for prescribing BMT, a novel Buprenorphine Bridge Team, and development of a system for follow-up in partnership with Care Coordination teams.
cannulation, and number of plasma transfusions. GI bleeding was associated with significant in-hospital mortality (3.30, p = 0.001). Of the 269 patients, 41 (15%) exhibited overt GI bleeding while receiving ECMO, most commonly as hematochezia (41%) and melena (37%). 19 underwent endoscopies. 79% of all bleeds were upper GI bleeds, with the most common source being gastroduodenitis without ulceration (47%) and esophagitis (42%). The most common source of lower GI bleeds was ischemic colitis (16%). Four endoscopies demonstrated lesions amenable to endoscopic or angiographic intervention, of which all were successful. **Discussion:** Overt GI bleeding is a common complication after initiation of ECMO. It is a strong predictor of in-hospital mortality, with the greatest risk factors for bleeding being age and post-cardiotomy shock. When clinically appropriate, all endoscopies were able to identify a source of bleeding. Hematochezia was the most common presentation, but the majority of bleeding sources lay within the upper GI tract with the most common being gastroduodenitis. Limitations of this study include the retrospective design, but it remains the most extensive investigation of GI bleeding in ECMO patients to date.