POTPOURRI I

Mrs. B came for her first visit at term, in labor, with a well-buried cerclage. We managed a healthy girl and she told us this story.

She'd flown to Vancouver with a history of recurrent 2nd trimester abortions. Her GP Dr. Brown had referred her to Dr. Jones, a gynecologist. Dr. Jones, after a physical and history told her "You have an incompetent os."

"Dr. Jones, she interrupted, "I found Dr. Brown to be very professional and quite competent. And he was kind enough to refer me to you, so why are you calling him names?"

Owrie Uptigrove MD

CLOSE CALL...

A patient I'd previously delivered was pregnant again and saw her family doctor who ordered an ultrasound and sent me a copy of the report...

The baby was fine and the bladder normal, but the kidneys weren't properly visualized. So I noted at the bottom of the report, "Suggest you repeat the ultrasound in 2 weeks (for CYA reasons)

His secretary called to inquire what CYA meant. With great difficulty, she pried "Cover Your Ass" out of my secretary...Twenty minutes later, the patient called and wanted to know the meaning of CYA.

I was too embarrassed to speak to the patient, so I asked my secretary to tell her not to worry—that it was too early for the ultrasound and it would be repeated in one or two weeks.

The patient was not satisfied and the exasperated secretary put her on hold and begged me to handle the situation.

The lights came on in my head...My secretary repeated my explanation viz “The ultrasound Cannot Yet Assess the kidneys” The patient was satisfied and hung up.

Michael Silver MD

CONFERENCE NOTES:

"New Data in the Management of Diabetic Peripheral Neuropathy and Post herpetic Neuralgia" VP Elise Winger, MD, Assoc. Prof. Neurology, UCLA School of Medicine. Fri. Oct. 10 QMC Kam Auditorium...

A. Neuropathic pain: Post herpetic and diabetic neuropathy...

Description: 1/2 to 1% of adult population have neuropathic pain described as "burning", electric shock, shooting, like ant crawling, paresthesias, paroxysmal etc... Puzzling with minimal physical evidence e.g. trigeminal neuralgia, phantom limb pain etc. EMG may be normal

Two types of pain viz nociceptive vs. neuropathic (e.g. post herpetic; diabetic neuropathy; reflex sympathetic dystrophy; radical pain without skin lesions esp. in chemotherapy patients...

Neuroanatomy of Pain Pathways:
- A Delta and C Fibers
- Spinothalamic tracts
- Spino-radicular tract: “Pain is ‘Ying’ and ‘Yang’ kind of thing.”

Neurotransmitters:
- Serotonin
- GABA
- Glutamate
- Substance P
- Epoide Peptides

***Drugs as treatment beefs up existing pathways...

- Mechanism of neuropathic Pain:
  ↓ firing = CI- ↑ firing = Na+ K+

B. Tricyclic Therapy: a. Amitryptiline: ↓ serotonin uptake; ↓ norepinephrine reuptake – "Analgentic effect are independent of anti-depressant properties...

C. Anticonvulsants: ↓ pain and ↓ epilepsy;
  Ca++, Na+, K+ ions flow in; CI- flow out...

- Phenytion: Not a powerful analgesic; less Na+ ingress; used in trigeminal neuralgia
- Valporate: Used in migraine and tics; blocks Na channel; ↑ GABA activity
- Lomotigrine: Na channel; GABA mediates
- Topiramate:...
- GABAPENTIN: Used in diabetic neuropathy; postherpetic neuropathy; Bipolar disorder trial: ↑ GABA; ↓ Na+

GABAPENTIN Trial (8 wks) Dose 2400 mg/d to 3600 mg/d for diabetic neuropathy & post herpetic neuralgia

Prior epilepsy: 1800 mg/d; start 300 mg/d → tid → qid
Study results: ↓ pain within 2 weeks
Side effects: Dizziness, Peripheral edema, Infection, Ataxia, Pain, convulsions
Research Studies for intractable Pain:
- Capsacian (Hot Pepper)
  Used long enough: ↓ substance p; ↓ glutamate
- Localized pain & arthralgia: Use lidocaine gel for 3d...

POTPOURRI II

A government worker found an old brass lamp in a filing cabinet. When he dusted it off, a genie appeared and granted him 3 wishes. "I’d love an ice cold beer right now!" he told the genie. Poof! A beer appeared.

Next the man said, “I wish to be on an island surrounded by beautiful and willing women.” Poof! He was on an island with gorgeous women fawning all over him.

“Oh man, this is the life, the guy thought, “I wish I never had to work again.” and poof! He was back at his desk in his government office.

The doctor tells his patient, “I have some good news and some bad news.”

“What’s the good news, Doc?”

The doctor says, “They’re going to name a disease after you.”

Three psychiatrists were taking a walk...

"People are always coming to us with their guls and fears,” one says, “but we have no one to go to with our own problems.”

"Since we are all professionals," another suggest "why don’t we hear each other out right now?” They agree that is a good idea.

The first psychiatrist confessed, "I’m a compulsive shopper and deeply in debt. So I over bill our patients as often as I can.”

The second admits, “I have a drug problem that’s out of control and I frequently pressure my patients into buying illegal drugs for me.”

The third psychiatrist says, "I know it’s wrong, but no matter how hard I try, I can’t keep a secret.”

Reader’s Digest Oct 99

CONFERENCE NOTES:

"Allergy for the Primary Care Physician" VP Theodore Chu, MD, Clinical Assistant Professor of Medicine, Stanford...GMC Fri AM Conference, Nov 5, 99

A. Clinical Management of Anaphylaxis: Sequence – Fatal Anaphylaxis: 10: Ithcy mouth, tight throat; 90°: Abdominal pain; 120°: enuresis; 135°: wheezing SOB; 130°: respiratory arrest; 135°: resuscitated by CRP; 165°: electroconvulsive Rx; 180°: declared dead

**Epinephrine must be given within 3” of a food induced anaphylaxis...

Steroids do not reverse


C. Rx Anaphylaxis: Epinephrine (drug of choice) subcutaneously (0.3-0.5 ml of 1:1000 dilution q10-20 min) Watch for biphasic anaphylaxis. Caution: avoid bolus of epinephrine For upper respiratory obstruction, besides epinephrine, give O2; extend neck, give antihistamines and insert oropharyngeal airway.

D. Prevention of Anaphylaxis: a. Immune against stinging insect venom in persons allergic; b. Persons with hx of allergy, asthma, cardiac disease or on beta blockers are more likely to have anaphylaxis from IV radiocontrast media and should be premedicated with diphenhydramine 50 mg IM one hour before procedure, prednisone 50 mg orally 13, 7, and 1 hour before the procedure. C. Patients at risk for anaphylaxis should be prescribed adrenalin for self administration (Epi-Pen or ANA-kid)
### Pharmacologic Treatment of Systemic Anaphylaxis in Adults. *

<table>
<thead>
<tr>
<th>Agents</th>
<th>Indications</th>
<th>Dosages</th>
<th>Goals</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Therapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Bronchospasm, laryngeal edema, urticaria, angioedema</td>
<td>0.3-0.5 ml of 1:1000 dilution (0.3-0.5 mg) subcutan. fluid q 10-20 min</td>
<td>Maintain airway patency, reduce extravagation and pruritus</td>
<td>Arrhythmias, hypertension, tremor</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Hypoxemia</td>
<td>40-100%</td>
<td>Maintain pO₂ ≥ 60 mm Hg</td>
<td>None</td>
</tr>
<tr>
<td>Albuterol</td>
<td>Bronchospasm</td>
<td>0.5 ml of 0.5% soln in 2.5 ml saline</td>
<td>Maintain airway patency</td>
<td>Same as for epinephrine</td>
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<tr>
<td><strong>Secondary therapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aminophylline</td>
<td>Bronchospasm</td>
<td>Loading dose: (6 mg/kg IV over 30 min; then maintain 0.3-0.9 mg/kg/hr IV 250 mg hydrocortisone or 50 mg methylprednisolone IV q6h for 2-4 doses</td>
<td>Maintain airway patency</td>
<td>Arrhythmias, nausea, vomiting, seizures</td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>Antiallergic</td>
<td></td>
<td>Block or reduce prolonged or late-phase reactions</td>
<td>Hyperglycemia, fluid retention</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Urticaria</td>
<td>25-50 mg hydroxyzine or diphenhydramine IM or PO q 6-8 h prn 300 mg of cimetidine slowly IV or po q6h</td>
<td>Reduce pruritus, antagonize H₁ effects of histamine</td>
<td>Drowsiness, use dry mouth, urinary retention</td>
</tr>
<tr>
<td><strong>Cardiovascular reactions</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Initial therapy</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Trendelenburg position</td>
<td>Hypotension</td>
<td>--</td>
<td>Maintain sys. BP ≥80-100 mm Hg</td>
<td>None</td>
</tr>
<tr>
<td>Intravenous fluids</td>
<td>Hypotension</td>
<td>1 liter q 20-30 min prn, titrate</td>
<td>Maintain sys. BP ≥80-100 mm Hg</td>
<td>Congestive heart failure, pulmonary edema</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Hypotension</td>
<td>1 ml of 1:1000 dilution in nervousness IV at 2 µg (1 ml) /min; titrate</td>
<td>Maintain sys. BP ≥80-100 mm Hg</td>
<td>Arrhythmias, hypertension tremor</td>
</tr>
<tr>
<td>500 ml of D5W</td>
<td></td>
<td></td>
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<tr>
<td>Secondary therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>Hypotension</td>
<td>4 mg in 1 liter of D5W IV at 8 µg (2 ml)/min same as above</td>
<td>Maintain sys. BP ≥80-100 mm Hg</td>
<td>Same as for epinephrine</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Hypotension</td>
<td></td>
<td>Antagonize H₁ and H₂ effects of histamine on myocardium and periph. vasc.</td>
<td>Drowsiness, dry mouth, urinary retention</td>
</tr>
<tr>
<td>(H₂ blocker use controversial)</td>
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<tr>
<td>Atropine</td>
<td>Re refractory hypotension, tachycardia</td>
<td>0.3-0.5 mg IV q5-10 min up to 2mg</td>
<td>Antagonize cholinergic effects</td>
<td>Drowsiness, dry mouth, urinary retention</td>
</tr>
<tr>
<td>Glucagon (use controversial)</td>
<td></td>
<td>1 mg in 1 L D5W IV 5-15µg (5-15 ml)/min</td>
<td>Increase heart rate and cardiac output</td>
<td>Nausea</td>
</tr>
</tbody>
</table>

*Adapted from Bochner and Sim refs. Dosages, choice of agents, efficacy and safety must be individualized. Lower doses of aminophylline for older patients, those taking meds that reduce metabolism, those with hepatic dysfunction and congestive heart failure.
A young Chinese couple, having made love one evening were lying in comfortable relaxation and the young man said, "What I would like now is some sixty nine..."

Whereupon the young wife said, "Are you crazy? Do you want me to get out of bed, get dressed and make you broccoli and rice?"

Mr. Ginsberg, age 83, went to the doctor for a complete physical. About halfway through, the doctor was called to the phone.

He said, "Mr. Ginsberg, this will take no more than a few minutes. Here's a jar. Go to the bathroom and place a semen sample in it for examination.

A minute later, the doctor, returned and there stood Mr. G with an empty jar.

"Doctor," said Mr. G. "I did my best. I tried with my right hand, I tried with my left hand. I even tried with both hands, but nothing happened."

The doctor said soothingly, "Now Mr. G. ...don't be embarrassed... It is quite common to be impotent."

Whereupon Mr. G, with towering indignation, "What do you mean impotent? I couldn't open the jar."

A few months ago, a large man about 40 came to my office. The symptoms that finally drove him there was an intolerable thirst. Additional questioning revealed that for several months he'd experienced polyuria and had lost 40 of his 300 lbs.

A few days later when the blood sugar was controlled and he was launched on an educational program, I told him I was puzzled why he did not seek medical help sooner. "Well, Doctor," I figured that with all that peeing, I must have prostate trouble. I knew what you guys do to check for that."

I prescribed some medication to a sweet, sometimes confused elderly patient and reviewed the instructions: "Take two pills every six hours."

"Are there any side effects?" she asked. "Drowsiness, but that occurs at higher doses." Next day, she called me in a panic. "Doctor, I ran out of pills.

"How can that be? The prescription was for seven days. Did you take them as I told you?"

"Oh, yes, Doctor. Exactly like you said, 'Six pills every two hours.'"

"No," I explained. "I said, 'two pills every 6 hours.' How are you feeling?"

"Actually very good, Doctor. Last night I had my best sleep in years. I think you cured my insomnia."
When You're Older: A study of 300 women (ages 21 to 84) found that sensitivity to the bitterness of such vegetables as broccoli and spinach wanes with age. The older women preferred sour fruits such as grapefruit and lemons and bitter beverages as coffee and tea.

Gene Blues: The Washington Post reported that half a dozen heart patients have died while undergoing gene therapy.

POTPOURRI IV
Disorder in Court:
Q: What is your date of birth?
A: July 15th...
Q: What year?
A: Every year...
Q: What gear were you in at the moment of impact?
A: Gucci sweater and Reeboks.
Q: This myasthenia gravis—does it affect your memory?
A: Yes
Q: And in what way does it affect your memory?
A: I forget
Q: You forget? Can you give me an example?
Q: How old is your son—the one living with you?
A: 38 or 35. I can’t remember which...
Q: How long has he lived with you?
A: 45 years

POTPOURRI V
Mary was on her death bed with her husband Sam at her side. He held her cold hands with tears streaming down his face...

"Sam," she said weakly... "Hush, dear."
"Sam," she whispered, "I have something to confess."
"There's nothing to confess," Sam soothed.
"It's all right. Everything is all right."
"No, no, I can't die in peace," Mary insisted. "I must die in peace."
"I must confess Sam, that I have been unfaithful."
Sam stroked her head, "Now, Mary don't be concerned. I know all about it."
"You do?" she gasped.
"Of course dear, why else would I have poisoned you."

Play Boy

Classified Notices
To place a classified notice: HMA members—Please send a signed and type-written ad to the HMA office. As a benefit of membership, HMA members may place a complimentary one-time classified ad in HMJ as space is available.

Nonmembers—Please call 536-7702 for a non-member form. Rates are $1.50 a word with a minimum of 20 words or $30. Not commissionable. Payment must accompany written order.

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Orthopedics
BS – Florida State University
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