

## November 2016 Arizona Thoracic Society Notes

The November 2016 Arizona Thoracic Society meeting was held on Wednesday, November 17, 2016 at the Scottsdale Shea Hospital beginning at 6:30 PM. This was a dinner meeting with case presentations. There were 14 in attendance representing the pulmonary, critical care, sleep, and radiology communities.

Two cases were presented:

1. Dr. Lewis Wesselius presented a case of a 29-year-old man from India on a work visa who complained of right pleuritic pain. Chest x-ray showed a large right pleural effusion. CT scan confirmed the presence of effusion with minimal lung parenchyma changes or mediastinal adenopathy. Gold quantiferon was positive and coccidioidomycosis serology was negative. Thoracentesis showed a lymphocytic predominant effusion and adenosine deaminase was borderline high. No acid-fast bacilli (AFB) were seen in the fluid. PCR for *M. tuberculosis* was negative. The pleural biopsy did show AFB and eventually grew *M. tuberculosis*. The patient was started on a 4 drug regimen. Dr. Wesselius gave a short presentation on the sensitivity of the various diagnostic tests for *M. tuberculosis*.
2. Dr. Richard Robbins presented the case of a 45-year-old Iraqi war veteran who was referred for COPD based on abnormal blood gases. The arterial blood gases showed a PaO<sub>2</sub> 40 mm Hg, PaCO<sub>2</sub> 82 mm Hg, pH 7.12, HCO<sub>3</sub> 34 mEq/L, and SaO<sub>2</sub> 76. The patient was diagnosed with hypoventilation probably secondary to narcotic abuse which he took for chronic back pain. He was admitted to the ICU but unfortunately administered high flow oxygen and was intubated. He was subsequently given naloxone but became awake and combative. After sedation and small doses of morphine, he was quickly liberated from mechanical ventilation, transferred to the floor and discharged. He did complain to the patient advocate on discharge about the smaller doses of narcotics he was given. A discussion followed regarding narcotic abuse, patient satisfaction, and mortality.

Dr. Parides has been approached regarding having the Arizona Thoracic Society meetings at Select Hospital in Scottsdale. In addition, he has been in contact with Dr. Rajeev Saggat at Banner University Medical Center Phoenix regarding having Arizona Thoracic Society meetings with a video link to Tucson.

Dr. Parides presented a plaque to Dr. Lewis Wesselius who is the Arizona Thoracic Society clinician of the year (Figure 1).



Figure 1. Dr. George Parides (left) presented a plaque to Dr. Lewis Wesselius as Arizona Thoracic Society Clinician of the Year.

A discussion was held regarding the recent American College of Graduate Medical Education (ACGME) decision to allow first year house officers to work 28 hours while on call rather than 16 (1). This is based on a study published in the *New England Journal of Medicine* in February, 2016 (2). After much discussion, a motion was made by Dr. Parides and seconded by Dr. Alp Umar to draft a letter to the ACGME during this public comment period favoring that ACGME decisions on resident work hours being made on data rather than emotion or politics.

There being no further business, the meeting was adjourned about 8 PM. The next meeting will be in Phoenix on Wednesday, January 25, 2016 at 6:30 PM location to be announced prior to the meeting.

Richard A. Robbins, MD  
Editor, SWJPCC

### ***References***

1. Robbins RA. ACGME proposes dropping the 16 hour resident shift limit. *Southwest J Pulm Crit Care*. 2016;13(5):216-7. [\[CrossRef\]](#)
2. Bilimoria KY, Chung JW, Hedges LV, et al. National cluster-randomized trial of duty-hour flexibility in surgical training. *N Engl J Med*. 2016 Feb 25;374(8):713-27. [\[CrossRef\]](#) [\[PubMed\]](#)