IMS Indianapolis Medical Society 1848

Volume XCVII • Number 8
April 2008 • Indianapolis, Indiana

Bulletin

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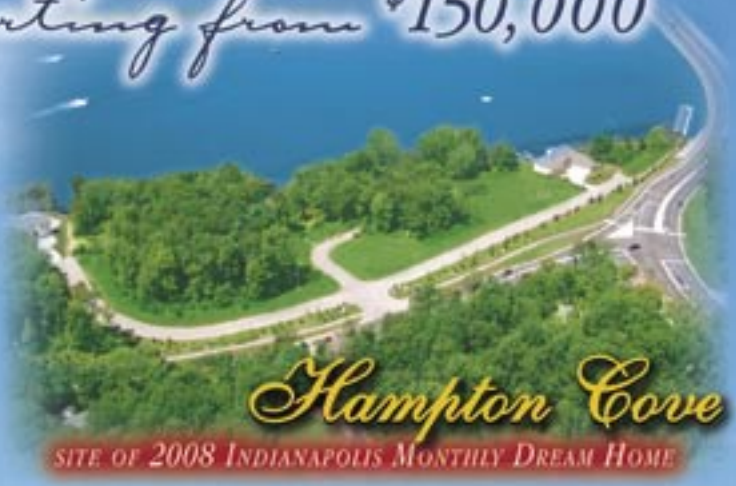

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The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. *(Contribution form included in this issue.)* Unless otherwise specified, your contribution will be directed toward medical scholarships.

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in this issue

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Departments

about our cover

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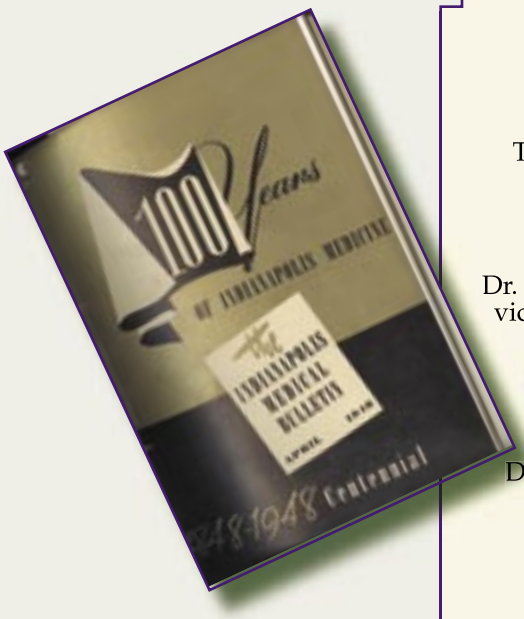
Back in the Day

Reprinted from the April 1948, IMS Bulletin

"The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community!"

A Century Down – One to Go



April, 1948, page 4
The Indianapolis Medical Society Bulletin

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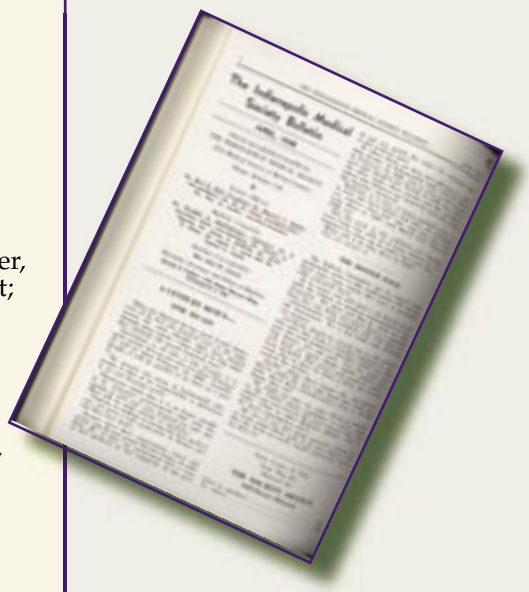

When the Medical Society made formal observance of its first one hundred years at the Athenaeum the same thought must have flashed through many minds – "what will it be like when they celebrate the second hundred years."

Speculation is all that is left, because it is quite certain that no one who was there February 24 will be there February 24, 2048. Actually, though, it will be possible to be there in a way, if –

The present day group of Indianapolis physicians is alive to its responsibility as physicians in an ever-changing world;

Physicians realize that it is no longer enough to be competent professionally – that with the passing of each year more demands for time and effort will be made outside of medicine;

Patients, in addition to having the best medical care, are given a full explanation of charges and why they were made;

Doctors keep their organizations intact and strong and do not permit fancied wrongs to split them off; if they can understand that a case of bad medicine or bad judgment on the part of one can muddy the water for everyone else in the medical pond.

If—those things done and adhered to; why, then doctors in Indianapolis today will be there on February 24, 2048, just as sure as the twenty men who founded the Society in 1848 were there the other night; those twenty and the countless others who followed and improved upon the paths the founders chartered.

Medicine, it is true, is being assailed today as it never has been before, but after all, problems are relative – they had 'em, and big ones too, back there in 1848 – and they'll have them in 2048, too.

But, the point is – the problems one hundred years from now will, to a large degree, be determined by what we do today, here and now.

What will it be like, then, in 2048?

You can answer it.

IMS

The President's Page will return with the May issue due to the death of
David A. Dunniway, 1934-2008
father of Heidi M. Dunniway, MD, IMS President

Special Feature

The Indiana University Family Violence Institute

Rose S. Fife, MD, MPH,
Antoinette Laskey, MD, MPH,
Kelly Haberkorn, M.P.H.
Indiana University School of Medicine
Indianapolis, Indiana

Introduction

Family violence, which includes child abuse, domestic or intimate partner violence, and elder abuse, is a growing epidemic in the United States. It knows no racial/ethnic, socioeconomic, age, or educational bounds. Women represent approximately 95% of domestic violence victims in heterosexual couples. Children who grow up in homes in which domestic violence occurs are more likely to be victims of child abuse, and the girls are more likely to grow up to be victims of intimate partner violence (IPV), while the boys are more likely to become abusers as adults.

The statistics are alarming. Four women are killed every day in the U.S. as the result of IPV. Four children die each day from child abuse. One-quarter of all women have experienced abuse during their lifetimes, and this is likely an underestimate, since all types of family violence are plagued by under-reporting. And society is suffering as much as the victims, especially when the costs are considered. IPV is responsible for over $8 billion in expenditures annually in the U.S., including medical and mental health costs, full-time equivalents lost from work, court and other legal costs, law enforcement costs, and so on. Family violence also can become workplace violence when it "spills over" into the workplace; it underlies many of the incidents of workplace violence that occur on a regular basis.

As a state, Indiana is no different from the rest of the country when it comes to the dramatic negative impacts of such abuse. In fact, Indiana actually leads the nation in annual *per capita* child abuse fatalities, according to 2003 data released by the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC). On average, one child in Indiana dies every week as the result of abuse. According to the Indiana Coalition Against Domestic Violence, in 2006-2007, the last year for which we currently have data, 75 adults were reported as killed because of domestic violence. Approximately 4500 adults and over 3700 children from homes in which domestic violence occurred were temporarily housed in shelters around the state. Additionally, one has only to read the newspaper or listen to the evening news in Indiana to discover that new cases of IPV occur regularly in our community. It is undeniable that we must institute change *now* to address these problems for the sake of our children, our families, and our communities.

The IU Family Violence Institute (FVI)

In order to begin an organized, targeted effort to reduce this public health epidemic, healthcare professionals, law enforcement professionals, the public, and anyone who might meet victims must be made aware of the various signs of family violence. All health care providers must be trained to recognize the effects of family violence on their patients, screen all patients for violence in their lives and know how to respond to it appropriately. As a step toward accomplishing this goal, the IU Family Violence Institute (FVI) was created in early 2007, with support from Indiana University Purdue University Indianapolis (IUPUI) and the Department of Pediatrics at the IU School of Medicine (IUSM), as a "Signature Center" on the IUPUI campus. FVI is a comprehensive collaboration of researchers, educators, clinicians, legal professionals, social workers, advocates, and lay people who work in all areas of family violence. Many individuals and organizations in Indianapolis and throughout Indiana are working diligently in this area and need to be able to network and find strength in alliance with similar groups. One of the main goals of FVI is to provide a multidisciplinary setting in which such individuals can come together with the common goal of the eradication of family violence.

Efforts to achieve this goal are based in FVI's dedication to service, research, and education regarding the causes and prevention of family violence. The problems of child abuse, intimate partner violence (IPV), and elder abuse in our communities are worsening, and there is no single program or agency working on a comprehensive approach to reversing this trend. Through FVI, key personnel engaged in family violence research and education will combine their efforts to:

- Use an evidence-based approach to develop and test prevention programs geared towards families and communities to lessen family violence in Indiana
- Use evidence-based knowledge to evaluate and design state and federal policies concerning family violence
- Develop a comprehensive, multidisciplinary research program in family violence
- Provide educational programs to all parties

Continued on page 26.

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– from Warren Buffett's Letter to Shareholders, February 28, 2006

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– from Warren Buffett, April 26, 2006

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– from Warren Buffett, May 30, 2006

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Bulletin Board

Henry Feuer, MD, Indianapolis Neurosurgical Group/Methodist Sports Medicine – The Orthopedic Specialists, has been appointed to Governor Daniel's Indiana Spinal Cord and Brain Injury Research Board and elected as vice chairman. He was also selected to the NFL Subcommittee on Spinal Injuries.

C. William Hanke, MD, was installed as President of the American Academy of Dermatology (AAD) at the 66th Annual Scientific Meeting in San Antonio, Texas, February 1-5, 2008. The AAD, established in 1938, is the largest dermatology organization in the world representing 16,000 dermatologists.

Dean D.T. Maglinte, MD, Professor of Radiology, IU School of Medicine was the recipient of the 2008 Walter Bradford Canon Medal awarded by the Society of Gastrointestinal Radiologists (SGR) for outstanding contributions to gastrointestinal radiology at ceremonies held at the Annual Abdominal Radiology Course in Rancho Mirage, California on February 20, 2008. Dr. Maglinte was also the recipient of the SGR Richard Marshak International Lecturer Award in 2006. He was awarded the gold medal by the Indiana Radiological Society in 2006.

Epilepsy, a condition characterized by frequent seizures, affects more than three million Americans. For the more than 30 percent of patients who cannot achieve freedom from seizures and a good quality of life with medication, there is a new alternative with a proven track record—and it's available here in Indianapolis, one of the first locations in the country offering this new device.

In 1997, the FDA first approved Vagus Nerve Stimulator (VNS) Therapy to treat refractory epilepsy. Ten years later, this device has been implanted in more than 45,000 patients, and now there is a new model available, providing both seizure reduction and a better quality of life for patients with epilepsy and their families.

The new model of the device has improved significantly and two local surgeons, **Malcolm B. Herring, MD,** and **Ronald L. Young, II, MD,** were the first physicians in the state to implant the new Demipulse Model 103 VNS Therapy. The new device is significantly smaller than previous models allowing for a much smaller implant site and alerting patients when the device's battery needs to be replaced. This feature allows patients to maintain the same level of seizure control and quality of life they have been able to achieve with VNS Therapy without disruption.

Rick C. Sasso, MD, Indiana Spine Group, was first author on an article published in the internationally peer reviewed journal, *Spine*, in February. The article is, "Prospective, Randomized Trial of Metal-On-Metal Artificial Lumbar Disc Replacement: Initial Results for Treatment of Discogenic Pain."

Dr. Sasso was also the first author in a clinical research paper, "Cervical Kinematics After Fusion and Bryan Disc Arthroplasty," published in February by the international peer review journal, *Journal of Spinal Disorders and Techniques*.

News for The Indiana Hand Center ...

William B. Kleinman, MD, recently presented the following talks at the American Society for Surgery of the Hand, Electives in Hand Surgery, in New Orleans, Louisiana.

- "Cubital Tunnel Syndrome/Primary and Recurrent."
- "Thumb Reconstruction."
- "Ulnar Wrist Anatomy, Biomechanics and Evaluation."

Henry Feuer, MD

Thomas J. Fischer, MD

Jeffrey A. Greenberg, MD

C. William Hanke, MD

Malcolm B. Herring, MD

William B. Kleinman, MD

Dean D.T. Maglinte, MD

Rick C. Sasso, MD

Ronald L. Young, II, MD

Dr. Kleinman was also a panelist for the Carpal Instability course and Moderator for Nerve Repair and Reconstruction Compressive Neuropathies.

Thomas J. Fischer, MD, attended the recent Synthes – 2008 Caribbean Trauma Update, Challenges & Solutions in Fracture Management, in Cancún México. Dr. Fischer presented the following:

- Lecture – Management of Hand Fractures
- Practical Exercise II: Volar Distal Radius Plating – (Volar Column Plate or Variable Angle Plate)
- Lecture – Forearm Axis Injuries: DRUJ & Proximal RUJ.

Jeffrey A. Greenberg, MD, recently traveled to Beaver Creek, Colorado, where he participated in the recent AO Synthes Upper Extremity Think Tank. His topic for discussion was "The Role of Biologic Fixation."

News from St. Francis ...

The St. Francis Palliative Medicine program will be the local host of a national teleconference focused on ways to help youngsters cope with grief and loss. The Hospice Foundation of America's 15th annual Living With Grief® Children and Adolescents is a live satellite and Webcast sponsored by the Foundation for End-of-Life Care. The conference's emphasis is on the experience of grieving children and adolescents and the ways parents, hospice and other medical professionals, social workers, counselors, clergy and funeral directors can support them. Locally, the conference will be from 1:30 p.m. to 4:30 p.m., Wednesday, April 16. It will be broadcast at the St. Francis Hospital auditorium, 1600 Albany St., Beech Grove. The program is free and the book, "Living With Grief: Children and Adolescents," will be available for sale to conference participants. To register or learn more about the conference, call 317-783-8930. IMS

Resident & Medical Student Abstracts

Your Indianapolis Medical Society is pleased to continue to present abstracts written by internal medicine residents and students for the 2007 Indiana ACP Abstract competition. The competition was judged by the separate categories with the top five in each category receiving awards. We want to thank the members of the ACP Associate Council for their help; in particular, Craig Wilson, MD, St. Vincent Internal Medicine Program Director; Lia Logio, MD, Indiana University Internal Medicine Program Director; Matthew Neal, MD, Ball State Internal Medicine Program Director; Robert Lubitz, MD, Governor, ACP Indiana Chapter and Brent M. Toney, DO, Chair, ACP Indiana Associates Council. *The Editor*

First-Place Research Abstract Overall:
William Graham Carlos, MD,
Alexa Henderson, MD, Joseph Fraiz, MD

The Role of Selenium in the Sepsis Cascade: an observational study

Introduction: Sepsis is the leading cause of mortality in the critically ill accounting for over 200,000 deaths annually. Recent studies emphasize early classification and treatment as paramount to improving mortality. Biomarkers are gaining interest as a means to accurately assess septic patients. This study aimed at examining the role of selenium as a biomarker in sepsis. Selenium is a trace element vital to the functioning of the intracellular enzyme glutathione peroxidase thus serving an important role in the reduction of oxidative stress that occurs in sepsis.

Methods: This observational study evaluated 30 consecutive patients admitted to the intensive care unit (ICU) with a diagnosis of sepsis, severe sepsis, or septic shock as defined by the ACCP/SCCM classification system. Enrollment was limited to within 12 hours of ICU admission. A signed informed consent and standard infection criteria (positive bacterial culture, pyuria, imaging evidence, clinical evidence of cellulites or wound infection) were also required. Exclusion criteria included: limitation of care, dialysis, pregnancy, gastrointestinal bleed, and previous episode of sepsis within 6 months. Following enrollment, selenium levels were drawn at time 0, 6, and 18 hours. Clinical tracking included: patient age, sepsis grade, vasopressor therapy, net fluid in and out, and nutritional therapy. Upon the day of discharge a final selenium level was drawn and the patients' total length of stay noted. Blood plasma was obtained from indwelling catheters and tested for selenium by inductively coupled plasma mass spectrometry.

Results: The mean age of included patients was 62. The average length of stay in ICU was 6.03 days. Diagnoses included: pneumonia (13), urosepsis (9), intra-abdominal infection (4), cellulitis (2), and surgical-site infection (2). The most common reasons for exclusion were limitation of care and gastrointestinal bleed. Lack of timely identification prohibited some enrollments. Admission stages, mean selenium levels (mcg/L), and 95%

Continued on page 24.

At the February 28th Board meeting the Board adopted LSA Document 07-842, the rule concerning Office Based Procedures using anesthesia. The process now allows the Attorney General's Office a period of time for legal review of the rule promulgation before it is sent to the Governor's office for signature.

The General Assembly mandate to promulgate rules in accordance with IC 25-22.5-2-7 establishing standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia. The Board has met with interested parties for the last two years regarding the details of the accreditation requirement. The rule will serve a public need by promoting public safety. The rule will require all physicians to perform procedures requiring moderate sedation/analgesia, deep sedation/analgesia, general anesthesia, or regional anesthesia in a facility that has received accreditation from a Board recognized organization.

Copies of these rules are now on file at the Indiana Government Center-South, 402 West Washington Street, Room W072 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Look for information in next month's issue regarding 2008 legislative action and Governor Daniels' newest appointees to the MLB.

Upcoming meeting dates:

April 24, 2008
May 22, 2008
June 26, 2008

For assistance with questions or comments please contact: Medical Licensing Board of Indiana, Michael Rinebold, Director, 402 West Washington Street, Indiana Government Center South, W072, Indianapolis, IN 46204, 317.234.2060/Fax: 317.233.4236 or email: group3@pla.in.gov.

IMS

Letter to the Editor

Healthcare: Outcome vs. Quality

Ted L. Grayson, MD

Healthcare has three major components: medical care by providers (doctors and hospitals), patient compliance and patient self-abuse. Outcome is about the only way to evaluate healthcare. Outcome is significantly affected by patient noncompliance and self-abuse. Some politicians and academics don't grasp this concept. In their publishing and speaking, they quote the World Health Organization (WHO), the Center for Disease Control (CDC) and the Center Intelligence Agency (CIA) statistics, which measure outcomes only. From these statistics, they infer that the quality of medical care available in the United States is inferior to some other world countries. No or minimal mention is made of patient noncompliance or self-abuse.

Approximately 50% of the health care dollars in the United States are spent treating illnesses related to patient self-abuse. These abuses include tobacco, lack of exercise, drugs and obesity. It is estimated that 60% of babies born in Indiana are born to unwed mothers. Some physicians never see a large number of these unwed mothers until they arrive for delivery. Wishard Hospital is a good example of this problem. Only about 50% of the students who enter high school in Marion County continue on to graduation. These statistics are examples of the failure of personal responsibility. The lack of personal responsibility results in patient noncompliance and patient self-abuse, which adversely affects healthcare outcomes. Ranking the quality of medical care based on outcome alone is not a fair measure of the quality of medical care. As stated above, some politicians and academics don't seem to understand this.

WHO recently ranked the world's health systems and they ranked the United States number 37. This infers that the quality of medical care available to patients in the United Sates is inferior to 36 other countries. These rankings, of course, were based on outcome alone and no consideration was given to patient noncompliance, self-abuse and waiting times, etc. This represents flawed metrics and inadequate data. Minimal or no mention of this flaw is found in the speaking and writing of some politicians and academics. I have visited 13 of these 36 countries and in my observations, the medical care available in all 13 is inferior to the medical care available in the United States.

It is time that we challenge politicians, academics or anyone else when they criticize the quality of medical care available in the United States and suggest that it is inferior to other world countries. They need to be made aware that quality is only one part of the measure of outcome. It is also time that we point out to these academics that some of their research efforts should be directed to developing a better measure of the quality of health care. They should not use outcome alone. In their writing, speaking and teaching, they should mention that there are factors other than quality, which significantly affect health care. They should also be advised to spend more research effort on patient noncompliance and patient self-abuse.

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-Shelly Paddack
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Harvard Medical School, 1977

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Just submit to: Editor, Indianapolis Medical Society Bulletin, 631 E. New York St., Indianapolis, IN 46202-3706 or email ims@imsonline.org.

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- Commissions & Committees . . .
  Commission on Professional Affairs, investigates charges made against individual members by patients or fellow members; efforts by this Commission generally result in resolution to the mutual satisfaction of everyone.
  Commission on Medical & Health Affairs, considers public health matters as well as legislative issues.
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In Memoriam

You are always encouraged to donate to the IMS Foundation to honor a deceased member

Alexander F. Craig, MD
1918 - 2008

Alexander F. Craig, MD, 89, died February 19, 2008 at Greenfield, Indiana. Dr. Craig was born in Gary, Indiana, May 28, 1918.

An anesthesiologist, Dr. Craig earned his pre-medical (1939) and medical (1942) degrees from Indiana University. He served his rotating internship at Indianapolis City Hospital and his Anesthesiology residency at Indiana University Medical Center from July 1848 until June 1950.

A veteran, Dr. Craig served as a Captain in the United States Army from 1943 to 1946 and 1950 until 1951.

Dr. Craig practiced in Knightstown and New Castle as well as Marion County. He was a member of the American Medical Association, the Indiana State Society of Anesthesiologists and the American Society of Anesthesiologists. He was honored as a member of the 50-Year Club in 1992.

John Edward Mackey, MD
1920 - 2008

John Edward Mackey, MD, 87, died in Bloomington, Indiana on Monday, February 18, 2008. Dr. Mackey was born in Marion, Kentucky, August 31, 1920.

Dr. Mackey was a graduate of Indiana University earning his undergraduate degree in 1942. He entered IU Medial School with honors and was elected to A.O.A. scholastic honorary. He received his MD in 1944. Dr. Mackey interned at Methodist Hospital in Indianapolis.

For two years, Dr. Mackey served in the Army Medical Corps with the rank of Captain from 1946-1948.

After a year in private practice in Rockport, Indiana, Dr. Mackey moved to Indianapolis to do his residency in OB/GYN at Marion County General Hospital. He was in private practice in Indianapolis for decades and was on the Medical Staff at Indiana University Hospital. After leaving private practice, Dr. Mackey became a member of the Indiana University medical School Department of OB/GYN faculty, seeing patients and teaching upper division seminars as a Clinical Professor of Obstetrics and Gynecology.

Dr. Mackey was a member of the American Medical Association, a Fellow of the American College of Obstetricians and Gynecologists and a Fellow of the American College of Surgeons.

In 1985, The Indiana Chapter of the American Academy of Pediatrics presented him with the Edwin L. Gresham Award in perinatal medicine for his outstanding service in the area of perinatal medicine, noting that his "dedication and high professional standards over the years have been an inspiration to many young physicians." In 2003, Indiana University School of Medicine renamed its Art of Medicine the "John E. Mackey Art of Medicine Award, citing "his education of countless students and his dedication to his patients, great professionalism, competence and kindness."

Don Ross Jardine, MD
1935 - 2008

Don Ross Jardine, MD, 72, of Carmel passed away on February 23, 2008 due to complications from a stroke. He was born in Princeton, Illinois June 14, 1935.

Dr. Jardine graduated from Wabash College in 1959. He earned his medical degree from Indiana University School of Medicine in 1965. He completed his internship at Marion County General Hospital 1965-1966.

During the Vietnam War, Dr. Jardine served in the U. S. Army Medical Corps with the rank of Captain. He earned a Bronze Star for his service in a combat zone.

Dr. Jardine was in general practice at the Indianapolis Industrial Clinic from 1968-1970. He then completed his Orthopaedic Residency at the Medical College of Wisconsin in Milwaukee. Dr. Jardine was trained under Dr. Kenneth Leatherman. This training led to Dr. Jardine being the first fellowship trained spine surgeon in the Midwest area. He was a pioneer in the development of several spine surgery techniques. Dr. Jardine also served as Chief of Orthopaedic Spine Service at Wishard Memorial Hospital, Clinical Assistant Professor of Orthopaedic Surgery at the IU School of Medicine and Orthopaedic Consultant at the Muscular Dystrophy Clinic at Methodist Hospital. Until his death, he served on the Anthem Medical Review Panel. He served on The Indianapolis Medical Society Professional Affairs Committee from 1985-1986.

Arnold Justus Bachmann, MD
1917 - 2008

Dr. Arnold Justus Bachmann 90, a retired obstetrician and gynecologist in Indianapolis, now of Zionsville, passed away Thursday morning, February 21, 2008.

Dr. Bachmann was born in Cambridge City, Indiana on June 10, 1917. He graduated from high school in 1935, earned his undergraduate degree from Indiana University and his medical degree from Indiana University School of Medicine in 1942. He interned and served his residency at Methodist Hospital in Indianapolis.

He served as a Captain in the Army 32nd Infantry Regiment Medical Detachment during World War II, seeing duty in the Philippines and Korea. He earned a Purple Heart during his service. Following his return, he practiced medicine for 31 years, retiring in 1978. Dr. Bachmann participated in the Washington Township Planning Committee in the 1950s. He was a member of Theta Chi Fraternity, the Paul Coble American Legion Post and a lifetime member of the Indiana University Alumni Association. He was honored by Methodist Hospital in 1960 with a "Distinguished Teacher's Award" and was President of the Staff at Methodist Hospital in 1966 and 1967. IMS

Honor your colleagues by making a generous contribution to the Indianapolis Medical Society Foundation in their honor. Call the Society at 639-3406.

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In Summary

Project MedSend Comes to Indianapolis

Project MedSend is a non-sectarian Christian humanitarian organization offering loan repayment grants to newly graduated resident physicians, nurses and dentists enabling them to work in medical mission settings in underserved parts of the World, both at home and abroad. An open invitation is extended to an informational banquet, Thursday, May 1, 2008, at 7:00 pm. The banquet will be held at The Marten House, 1801 W. 86th St., Indianapolis, IN. **There is no charge to attend the banquet and donations will not be solicited.**

Dr. Tracy Goen, a Project MedSend grant recipient, will describe his work among the Fulani Herdsmen of Southwest Nigeria, plus discuss healthcare delivery strategies in underserved cross-cultural settings. Project MedSend is not a sending organization, but considers grant applicants from 72 affiliate mission boards. Project MedSend has provided 345 grants since its inception in 1994. Medical students, resident physicians, nurses, physician assistants, dentists and those interested in medical missions and global health initiatives are encouraged to attend.

RSVP by Monday, April 28, to Dr. Joseph Bergeron, (317) 705-0909, Fax (317) 705-0910, or e-mail indymedsendbanquet@yahoo.com. IMS

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Project Health

Carrie Jackson Logsdon, Director

Thank you, Srinivas Vallapuri, MD

Srinivas Vallapuri, MD, Indiana Heart Associates, is Project Health's volunteer doctor for the month of April. Project Health did not actually send patients to him. These particular Project Health patients were taken to Community Hospital's emergency room and Dr. Vallapuri was working there at the time. He has taken on some very difficult cases and patients are alive today because they were in the right place at the right time.

Dr. Vallapuri is originally from Dornakal, India where his father is a family physician. The younger Vallapuri was fascinated by disease at an early age. He had many relatives who died early, and he regretted being unable to help them and all of the other people he saw suffering. His parents encouraged him to become a doctor. He graduated from Kakatiya Medical College in Warnagal, India and moved to Brooklyn, New York, where he completed his internship at the Interfaith Medical Center in 1994. "You can learn so much at the universities in India, but you can't 'do' a lot of things because they don't have the medicines or the technology that we have here," he said. "You can't do any of the testing. There is so much poverty there is just no money for the machines."

He did his residency in internal medicine at Wright State University in Dayton, followed by a fellowship in cardiology and interventional cardiology at West Virginia University in Morgantown. He is board certified in internal medicine and cardiovascular disease.

When asked why he left the bright lights of New York for the Midwest, he responded, "I lived in Dayton, Ohio for six years and had several friends in Indianapolis. I really liked the Midwest. It is not as busy and hectic as New York. The Midwest is much more family oriented, so we just stayed."

Dr. Vallapuri said he goes home to India once a year to see his family, especially since his father is getting older. He often sends medical supplies, equipment and catheters to India, because, "They are so grateful to get anything." In the future, he is planning on combining his annual family trip with a three-week mission.

Just like most of Project Health's other volunteer physicians, Dr. Vallapuri makes no distinction between Project Health patients and his regular patients. He treats everyone. He does appreciate having the Project Health interpreters, however, "because they are so much more knowledgeable than a person's relatives who happen to speak English. They know medical terminology and can explain it in layman's terms to the patients. Plus, I know that if I order a test, the interpreter will help the patient make the appointment and make certain it happens."

Dr. Vallapuri has two children, a boy, 13, who aspires to be a scientist and a 10-year old daughter who shows signs of wanting to be a doctor. Perhaps there will be three generations of doctors in the Vallapuri family. Project Health patients appreciate having just one of them!

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Abstracts

Continued from page 12.

confidence intervals were as follows: sepsis n=15, 92.4 (76-109), severe sepsis n=8, 97.1 (80-114), and septic shock n=7, 78.7 (62-96). Three out of eight patients (38%) admitted with selenium levels >100 mcg/L progressed to septic shock as did three out of eight patients (38%) with levels <60 mcg/L. From time 0-6 hours, 9 patients' selenium levels increased, 2 were unchanged, and 18 decreased. Nobody that increased progressed to severe sepsis or shock. Of the 18 that decreased: 38% (3/8) admitted with sepsis progressed to shock, 100% (5/5) admitted with severe sepsis progressed to shock, and 40% (2/5) admitted with shock died.

Conclusion: Patients presenting with septic shock had observed decreases in their plasma selenium levels although this study was underpowered to detect statistical significance. Assessment of selenium level trends may serve as a prognosticator of clinical deterioration in septic patients.

First-Place Clinical Vignette Abstract Overall: Tifinni Romero, MD

Endocarditis Secondary to a Nutritionally Variant Streptococcal Species

Introduction: Frenkel and Hirsch first described nutritionally variant streptococci (NVS) less than a half century ago in 1961. NVS are thought to be the causative agents in less than five percent of all cases of infective endocarditis. One should suspect NVS when cells can be seen on Gram stain, yet cultures remain negative. This is imperative because in order to confirm the diagnosis, pyrodoxical, a vitamin B6 analog must be

Continued on page 30.

Special Feature (*Contued from page 8)*

involved in the recognition, treatment, and prevention of family violence, including, but not limited to, health care professionals, law enforcement professionals and agencies, child protection agencies, social workers, teachers, and communities throughout Indiana

• Enhance clinical services offered to suspected victims of family violence throughout Indiana using evidence-based strategies developed through our research programs

Approaches to the Problem

The cornerstones of the Family Violence Institute encompass education, research, clinical care training that can be exported and duplicated at other sites. Programs of research, prevention, education, and clinical services on *all* types of family violence, including workplace incidents, will be strengthened by the consolidation and collaboration represented by FVI. IU already has the necessary expert pool for the success of such a goal, including clinicians, researchers, and educators in fields as diverse as Medicine, Pediatrics, Sociology, Law, Dentistry, Nursing, and Psychology. These individuals are committed to developing a unique, multi-disciplinary dialogue and educational agenda to tackle the problem of family violence. Additionally, these academicians have extensive ties to the law enforcement, legal, and social services communities outside the University. Community partnerships with the Indiana Department of Child Services, the Julian Center (a domestic abuse shelter and advocacy center, as well as a site of the Marion County prosecutor's team for domestic violence cases), the Indiana Coalition Against Domestic Violence (ICADV), the Indiana Latino Coalition Against Sexual Assault (INCASA), the Indiana Minority Health Coalition, and the Indianapolis Metropolitan Police Department, among others, are being expanded to enhance existing prevention and education efforts and to develop new programs and research projects. To the best of our knowledge, FVI is the first of its kind in the country. The program is led by IUSM faculty members, Rose S. Fife, M.D., M.P.H., Associate Dean for Research and Founding Director of the IU National Center of Excellence in Women's Health, and Antoinette Laskey, M.D., M.P.H., one of only three Child Abuse Pediatricians in Indiana.

The focus of FVI lends itself well to public and professional educational initiatives. Thus, we will:

1) significantly expand and improve public health efforts to reduce the known health and psychological harms of family violence;

2) assist the medical, social services, legal, and

Continued on page 36.

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Every Tuesday	Tumor Board (Case Presentations) Medical Staff Conf. Room, 12:00 - 1:00 p.m.
First Wednesday	Critical Care Conference Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Second Wednesday	Medical Grand Rounds Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth Thursday	Medical Grand Rounds Conf. Rooms A & B, 7:30 - 8:30 a.m.
3rd Wednesday	Tumor Board (Case Presentations) Conference Room A, 7:00 - 8:00 a.m.

Community Hospital North

Second Wednesday	Tumor Board (Case Presentations) Board Room, 12:00 - 1:00 p.m.
First Friday	North Forum Board Room; 12:00 - 1:00 p.m.

North Cancer Pavilion

3rd Wednesday	Case Presentations Melanoma Conference, 7:00 - 8:00 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

St. Vincent Hospital & Health Services

April 1	Pediatric Grand Rounds Credit: 1.0 Contact: Patty Thatcher, 338-8861 Schaefer Rooms A&B St. Vincent Hospital, Indianapolis
April 2	Spine Club Credit: .75 Contact: Tina Woods, 396-1306 POB St. Vincent Hospital, Indianapolis
April 15	Neonatology Grand Rounds Credit: 1.0 Contact: Dr. Vijay Menon, 415-7921 Classrooms A&B St. Vincent Women's Hospital, Indianapolis
April 15	General Surgery CME Meeting Credit: 1.0 Contact: Donna Carl, 338-6711 Schaefer Rooms C&D St. Vincent Hospital, Indianapolis
April 15-16	DSEK Advanced Cornea Course Credit: 14.0 Contact: Wendy Mickler, 814-2823 Price Vision Group 9002 N. Meridian Indianapolis, In
April 17	ematology Conference Credit: 1.0 Contact: Kolleen Spencer, 338-3819 Schaefer Room C St. Vincent Hospital, Indianapolis
April 24	St. John's Tumor Board Credit: 1.0 Contact: Nancy Hunt, 765-646-8459 Community Hospital
April 27-29	Physician Leadership Series Credit: 18.0 Contact: Linda Shambaugh, 583-3247 Westin Hotel Cincinnati, Oh
April 30	Cardiothoracic Surgery M&M Credit: 1.0 Contact: Jennifer Irlbeck, 583-7800 Cine Room St. Vincent Hospital, Indianapolis

Clarian Health Partners

IU – Methodist – Riley

April 17-18	2nd International Urolithiasis Research Symposium Westin Hotel, Downtown, Indianapolis
April 17	Pediatric Neurology for the Primary Care Physician Methodist Hospital Conference Center, Indianapolis
April 18-19	Symposia on Mild Cognitive Impairment Indiana History Center, Indianapolis
April 25	2008 Krannert Cardiovascular Update for Primary Care Physicians Krannert Institute for Cardiology, Indianapolis
May 2	11th Annual Gastroenterology/Hepatology Update Back to Basics University Place Conference Center, Indianapolis
May 21-22	43rd Annual Indiana Multidisciplinary Child Care Conference Sheraton Indianapolis City Centre, Indianapolis
May 31	Medical and Surgical Management of Epilepsy Ruth Lilly Learning Center Auditorium Indianapolis
June 8-14, June 15-21, June 21-28	Mini-Fellowship in the Management of Diabetes The Diabetes Youth Foundation Camp Noblesville, Indiana
June 12-13	32nd Annual Garceau-Wray Orthopaedic Lectures Union Station, Indianapolis
June 20	28th Annual J.K. Berman Essay Program and Bruce White Lecture Methodist Petticrew Auditorium, Indianapolis
June 27	2nd Annual Critical Care - 2008 Update Ruth Lilly Learning Center Auditorium Indianapolis
July 11	Review and Interpretation of the 2008 ASCO Meeting University Place Conference Center Indianapolis
July 14-22	93rd Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone Medical Science Building IUPUI Campus, Indianapolis

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-8353.

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Friday, May 16, 2008
Emergency Medicine Symposium
The Ritz Charles
Carmel, Indiana

Friday, October 3, 2008
Arrhythmia and Heart Failure Symposium
The Renaissance
Carmel, Indiana

Friday, December 5, 2008
Update in Cardiology and Richter Lecture
The Renaissance
Carmel, Indiana

Registration Open for Mild Cognitive Impairment 2-Day Workshop

The Indiana Alzheimer Disease Center is hosting the Symposia on Mild Cognitive Impairment April 18-19 at the Indiana Historical Society.

The first day, specialists from across the country will focus on "Mild Cognitive Impairment: An Evolving Concept in Research and Clinical Practice." This scientific program highlights current concepts in the diagnosis, genetics, imaging and therapy associated with mild cognitive impairment, a condition that affects one-fourth of Americans over the age of 65.

The second day's session is"Mild Cognitive Impairment: Impact on the Patient and Family." This is the Second Annual Martin Family Alzheimer Disease Symposium and is designed to inform the general public about the Indiana Alzheimer Disease Center and research in the area of mild cognitive impairment, as well as current best practice approaches to diagnosis, management and intervention.

The courses are free but enrollment is limited. Registration, which is required, can be made through the Indiana University School of Medicine Division of Continuing Medical Education. See cme.medicine.iu.edu or call 317-374-8353.

Domestic Violence: Educating, Understanding and Responding

Round Table Conference on Domestic Violence
The Role of the Faith Community
Friday, April 18, 8:30 a.m. - 3:15 p.m.
Christian Theological Seminary, 1000 West 42nd Street

Register by April 11, 2008, online at www.ippvid.org or call Lori Lovett, IPPVID, 317-278-0945. Meeting is free of charge and a hot lunch is provided. Advance registration is required. IMS

Resident & Medical Student Abstracts *Continued from page 24.*

added to the media to promote the growth of NVS. The following will describe such a case.

Case Description: A twenty-nine year old Caucasian female with a past medical history significant for bicuspid aortic valve and coarctation of the aorta which was repaired when she was five years old, presented to the ED complaining of a one week history of weakness, palpitations, cough and subjective fevers. Her physical examination was significant for bibasilar rales, splinter hemorrhages, a II/VI diastolic murmur best appreciated in the aortic area as well as a III/VI holosystolic murmur. Endocarditis was suspected and five sets of blood cultures were drawn. A transthoracic echocardiogram revealed moderate to severe aortic regurgitation with vegetations noted on the aortic valve, moderate tricuspid regurgitation with Grade II diastolic dysfunction and preserved systolic function. Chest X-Ray was ordered and there was evidence of right middle and bilateral lower lobe infiltrates or effusions. Her initial blood cultures revealed Gram positive cocci in chains and pairs, but after five days a specific organism still had not been isolated. She was placed on both Levaquin and Vancomycin pending her culture results. Pyrodixical was eventually added to the culture media and the patient was confirmed to have NVS in 3 out of the five blood cultures. Her antibiotic regimen was then switched to Pencillin G and Gentamycin. Her condition continued to deteriorate in the ensuing days secondary to congestive heart failure and she subsequently required emergent aortic valve replacement. Post-operatively, her status improved and she was released ten days later to continue antibiotics for a total of five weeks.

Discussion: Nutritionally variant streptococci are important etiologic agents of infective endocarditis. Without the addition of specific substances to the culture media, this strain can not be identified. An important implication is that the treatment regimen differs from that of other Streptococci and Staphylococci. The limited literature regarding this species recommends penicillin combined with an aminoglycoside. An earlier addition of pyrodixical could have identified NVS sooner and her antibiotic regimen may have been changed in a more timely fashion.

Second Place Research: Wissam Mattar, MD, Beth Juliar MA, MS, Irmina Gradus-Pizlo MD, Paul Kwo MD

Prevalence and risk factors for amiodarone hepatotoxicity: a single center retrospective review

Background: The anti-arrhythmic drug amiodarone (AD) is associated with varying degrees of hepatotoxicity, ranging from mild elevation of ALT and/or AST to steatohepatitis with cirrhosis and hepatic failure. Our aim was to determine the prevalence of hepatotoxicity in a cohort on chronic AD therapy and the factors that may predict AD hepatotoxicity requiring discontinuation of therapy.

Methods: Retrospective review of all patients who initiated AD therapy for ≥60 days from 1994 to 2005. Data abstracted included clinical, laboratory (ALT, bilirubin, and platelet counts) and radiological characteristics of the liver. All abnormal liver chemistries post AD administration were investigated and we adjusted for factors other than AD (cardiogenic shock, alcoholic hepatitis, metastases etc). Patients were categorized in 5 groups (0 lowest to 4 highest)

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Abstracts

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based on the total cumulative dose of AD. Laboratory values, subgroup comparisons based on risk factors for the metabolic syndrome (=>3/5 cardiovascular risk factors), and level of right ventricular function were compared using logistic regression analyses. Results: 419 (42%F, 56% Caucasian, mean age 62, range 21-96) patient records were reviewed. Mean duration of follow up was 601 days and mean cumulative dose of AD, 148.2 grams. No subjects developed clinical hepatitis, cirrhosis or death related to AD administration. Seven patients (1.7 %) developed AD induced hepatotoxicity with ALT ranging from 36 to 339 IU/L, with 4 patients requiring discontinuation and 3 requiring dose reduction with resolution in all cases. ALT levels were marginally higher (p=0.095), and bilirubin levels significantly higher (p=0.028) for those receiving the lowest amount of AD (group 0) compared to the other groups who received higher doses. Only bilirubin showed marginal (p=0.054) inverse correlation with the cumulative dose. There was no difference between patients with or without risk factors for the metabolic syndrome or with or without right ventricular or tricuspid dysfunction throughout the 5 groups.

Conclusion: Administration of AD was associated with a low (1.7%) incidence of hepatotoxicity that does not appear to be related to the cumulative dose. The presence of congestive hepatopathy or risk factors for the metabolic syndrome does not increase the incidence of AD hepatotoxicity. In this cohort, reduction or discontinuation of AD resulted in normalization of liver chemistries. IMS

The Bulletin will publish additional Abstracts as space permits. Please let us know, if you appreciate reading these and other articles.

Special Feature (*Contued from page 26)*

education sectors with enhanced knowledge and additional well-trained professionals in the multiple disciplines addressing family violence;

3) emphasize and fund research and training of professionals which will require careful evaluation of all specific methods and the maximal use of evidence-based practice for family maltreatment prevention, identification, and treatment;

4) "cross-train" health care professionals and legal professionals to recognize both child and adult instances of family violence, *e.g..,* teach pediatricians to recognize domestic violence in the parents of their patients and teach internists to identify the signs of child abuse in the offspring of their patients;

5) improve the processes of diagnosis, treatment, and prevention of all forms of family violence by developing new knowledge and integrating best practices;

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