

# MED PEDS CLINIC

| Newsletter Volume 2, Number 2 |

## Goal Zero

Please please please communicate any feedback to me at any time on this process.

One recent issue is the triage resident clicking on a staff message and leaving it "read" or result "read." If you click on it, manage it. If it requires a message to the attending or more information, mark as "unread."

## Face Shields

These are not the most fun to wear, but some good evidence suggesting it offers added protection *and* the community spread of COVID-19 is very high right now. I ask we all wear them for all patient encounters in clinic.

## Messaging Clerks

For urgent appointments, use the secure chat "Pena PC Front Desk"

For appointment request 3+ weeks out (or if you want to future date a message), send to "P Southwest Prim Care Front Desk"

## Itching for an Answer

Jessica Koontz, MD

### Case Report:

A 12 yo F presents for well child check. She was born at Denver Health, but then moved to Mexico at age 9, returning to the US in the last year. Only past medical problems include reported eczema that started about 2 years ago. In last 12 months, the rash on the arms worsened. She experiences significant pruritus and it can take 2-3 hours to fall asleep per night due to this symptom. She is endorsing depression symptoms largely tied to appearance of lesions and severity of daily symptoms.

Images



How would you characterize this rash? Think of a differential for the rash and what next steps would you take to work this up?

## COVID-19 Testing

At DH, we continue to only test symptomatic patients. If someone is asymptomatic or needs surveillance testing, here are some resources:  
<https://bit.ly/3jYaiO5>

Our testing booth at clinic now offers strep, flu/RSV and COVID-19 testing. Starting 11/9, we will be doing flu shots by appointment. Talk with attending/MA for questions or updates on this process

## Food Insecurity

At baseline, 1 in 6 children experience food insecurity according to the U.S.D.A. It is on the rise this winter. Consider routinely asking about this, rent challenges, electricity bills, etc. during visits. Dr. Frank always refers to Hunger Free Colorado  
<https://bit.ly/3k1oaXR>

A DH specific resource page:  
<https://bit.ly/2U6MywL>

## Down Syndrome Guidelines

Recent JAMA publication giving guidance on routine health screening for adults with Down syndrome. Dr. Martin was one of the contributing authors!  
<https://bit.ly/38kRMNX>

Given the location, we initially were thinking eczema versus fungal process. The sharp demarcation and the intense pruritus pointed more towards fungal process. On the differential also included eczema herpeticum, folliculitis/erysipelas/impetigo, and contact dermatitis. Length of symptoms made bacterial processes less likely. One could also consider mycobacterial infections, disseminated toxoplasmosis, and cutaneous leishmaniasis.

We messaged our pediatric dermatologist and Dr. Torres Zegarra offered a quick visual diagnosis of Majocchi's granuloma.

## Majocchi's Granuloma

This is a rare, fungal infection most often caused by the dermatophyte *Trichophyton rubrum* (>95% of cases). Risk factors include tropical environment, break in skin barrier typically from shaving, or exposure to higher risk carriers such as guinea pigs. Interestingly, there does not seem to be a major association with eczema leading to Majocchi's granuloma in the literature. In those who are immunocompromised, this infection tends to lead to nodular lesions. Non-immunocompromised patients tend to have more of a follicular/papular rash. There has been an increase rate of reporting this diagnosis and there is some speculation this could be related with increased use of powerful immunosuppressant and novel chemotherapy medications such as TNF inhibitors and BRAF inhibitors.

## Further Workup and Treatment

This infection is often found slightly deeper in the dermis. In a case review, 7/18 patients had a false negative KOH prep. Thus the diagnosis is often visual and can be confirmed if necessary with histologic studies. The treatment is oral antifungal medications for treatment duration of 1-6 months. We chose an oral terbinafine course in this patient.

### References:

Boral, H., Durdu, M., & Ilkit, M. (2018). Majocchi's granuloma: current perspectives. *Infection and drug resistance*, 11, 751-760.  
<https://doi.org/10.2147/IDR.S145027>

# COMMITTEE CITY

## QI Corner

1. Third year longitudinal QI project has been decided! They will establish a protocol for all opioid refills in resident clinic. The impetus for the idea comes from residents soon being able to fill controlled meds electronically without a second signature by attending in addition to some uncertainty regarding appropriateness for refills, amounts, etc. Pre/post metrics include morphine equivalents, naloxone rx/training, meeting with CAC yearly, routine urine monitoring, PDMP review, and pain contract.
2. Second years are off to a great start with their individual longitudinal *Public Health, Primary Care, and Population-Based Care* projects. Stay tuned for their individual quality metric plans.

## Advocacy Alley

1. Fill out the doodle poll in your inboxes for the November advocacy meeting!
2. Anti-Racist Discussion Group continues with movie screenings:

Watch *John Lewis: Good Trouble* and join us for a Med-Peds discussion group in late November (exact date TBD). Documentary available on [amazon.com](https://www.amazon.com).

Join the AAP's SOPT for a discussion of the documentary *13th* on November 21st, 1PM MST. Watch the movie ahead of time and register at <https://tinyurl.com/yygevyvg>

## Wellness Window

1. Thanks for filling out Julie's wellness survey! We'll be discussing ways to implement your great ideas at our next wellness meeting on 11/11—reach out if you think of more!
2. HAPPY HAPPY HAPPY BIRTHDAY to our November/December babies:
  - Jen 12/7
  - Helena 12/20
  - Sarah 12/27
3. Stay tuned for holiday-themed wellness events and food coming your way

## Diversity Drive

1. Join the Diversity in Pediatrics Committee (DIPC) for a Skills Session on Building Coalitions 11/11 at 6:30PM: <https://ucdenver.zoom.us/j/95780683136>
2. Congratulations to Mi and Helena for winning the NMPRA Community Service Grant! The aim of this resident-led project is to directly serve and support our refugee and immigrant patient population. The mission is to partner with local community members and liaisons to offer services aimed at addressing and advocating for the needs and health of our patients. We will work closely with our clinic social worker and community navigators to identify and remove barriers that currently limit our patients from accessing and securing healthcare, mental health support, nutrition, housing, and education.

# Match Day!

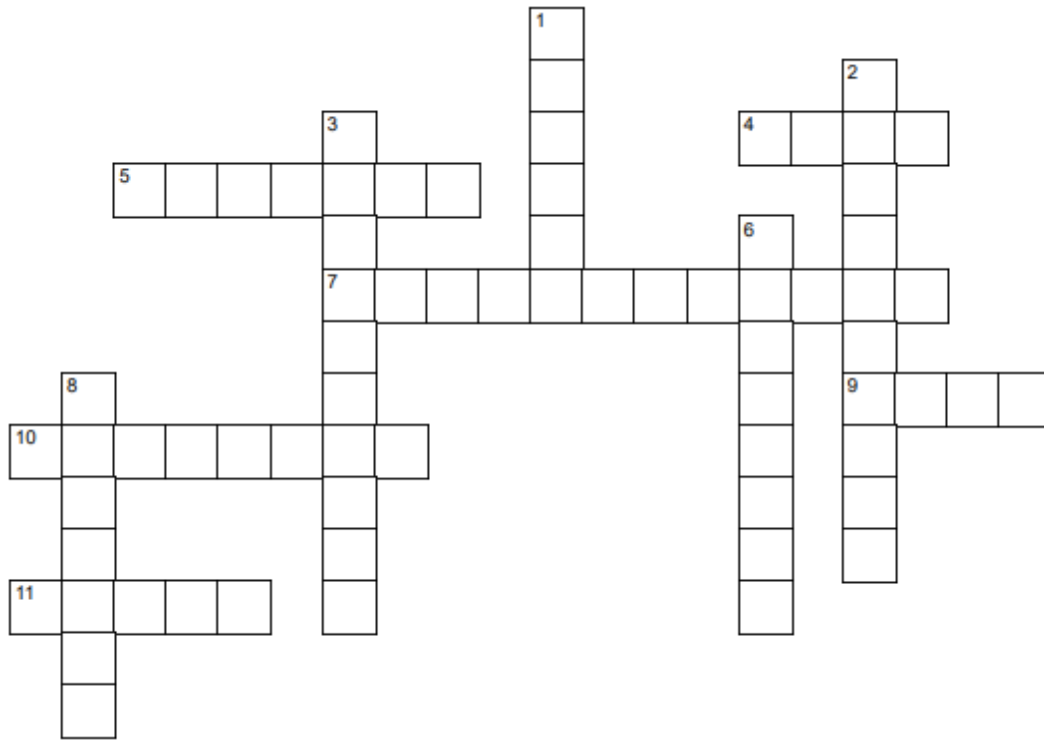
*Can you match the Med - Peds resident to their fun fact?!*

|                        |   |
|------------------------|---|
| 1. Bilaal Ahmed        | A. This resident's spirit animal is a loon  |
| 2. Oliver Bawmann      | B. If this resident had to insert him/herself into a book or TV show, it would be "The Phantom Tollbooth"   |
| 3. Erika Becerra-Ashby | C. If this resident could only eat one thing for the rest of his/her life, it would be green peas   |
| 4. Amy Beeson          | D. When asked if this resident was a hunter or a gatherer, he/she answered "I hunt to gather"   |
| 5. Rob Broadhurst      | E. This resident's medical hero is Patch Adams  |
| 6. Andrew Freddo       | F. If this resident were stuck on a desert island, he/she would bring a frisbee, kindle, and guitar   |
| 7. Sutton Higgins      | G. If this resident were a kitchen appliance, he/she would aspire to be a rice cooker: smart, straightforward, efficient, highly effective at its job |
| 8. Jessica Koontz      | H. The song that best describes this resident's personality is "She Works Hard For The Money"   |
| 9. Maggie Kuusinen     | I. If this resident were a tree, he/she would be Epiphyllum oxypetalum  |
| 10. Jennifer Le        | J. If this resident were an ice cream flavor, he/she would be Rocky Road--sweet but also a bit nutty!   |
| 11. Sarah Reingold     | K. If this resident were a kitchen appliance, he/she would be a sporkknife  |
| 12. Sam Robin          | L. If this resident's personality were a color, it would be coquelicot  |
| 13. Lynne Rosenberg    | M. This resident's best halloween costume was Rick Sanchez from "Rick and Morty"  |
| 14. David Scudder      | N. This resident originally identified as a Ravenclaw, but has since realized he/she is a Slytherin   |
| 15. Mi Tran            | O. If this resident had to insert him/herself into a book or TV show, it would be "The Great British Baking Show"                                     |
| 16. Helena Villalobos  | P. This resident has a dog named Yampa and could knit him the coolest sweater you've ever seen.   |

1. E, 2. L, 3. M, 4. G, 5. A, 6. J, 7. N, 8. H, 9. P, 10. I, 11. O, 12. C, 13. B, 14. F, 15. K, 16. D



# Colorado Med-Puzzle



## ACROSS

- 4 The number of hospitals at which we rotate
- 5 The number of brilliant, compassionate, fiery residents we have at our program
- 7 The number of days of sunshine per year in Denver
- 9 The EMR we are lucky to use at 3/4 hospitals and our continuity clinic
- 10 The committee that helps to organize our quarterly switch dinners and transition bootcamp
- 11 Our awesome new curriculum that teaches our residents about advocacy, community health, education, and race

## DOWN

- 1 The number of ski resorts within 2 hours of Denver
- 2 Our incredible program director!
- 3 We get this through our PD/APDs, assigned coaches, research PIs, and just in general from all our fantastic faculty
- 6 The committee that wrote our CATCH grant to provide access to healthy foods, leads our voter registration charge, and is currently working on a violence prevention initiative at our clinic
- 8 The best specialty ever, of course

Across  
4. Four, 5. Sixteen, 7. Three hundred, 9. Epic, 10. Wellness, 11. REACH  
Down  
1. Twelve, 2. Julie Venci, 3. Mentorship, 6. Advocacy, 8. Med Peds



November 5, 2020

# October/November Photo Highlights!

