

2. 57-year-old female is admitted for severe right lower quadrant abdominal pain. Evaluation revealed a ruptured appendix. Past medical history is significant for CAD with PCI to the RCA with a DES four months ago, history of Type 2 Diabetes Mellitus on insulin, chronic kidney disease with a creatinine of 2.2 mg/dl. To manage the multiple comorbidities, medicine service is consulted for preoperative risk assessment. Your recommendation to the surgeon would be:

- a. Obtain stat echocardiogram
- b. Start heparin drip and proceed to surgery
- c. Proceed with surgery
- d. Antibiotics and defer surgery

3. 45 year old male with history of aortic valve replacement with a bi-leaflet mechanical valve on anti-coagulation with coumadin is admitted with abdominal pain and jaundice. Evaluation reveals obstructive jaundice with stone in the common bile duct. Acute cholangitis is diagnosed. ERCP is planned. He has no other medical conditions. INR is 2.2. Next step in the management:

- a. Stop Coumadin and bridge with UFH
- b. Stop Coumadin and bridge with LMWH
- c. Administer Vitamin K and proceed when INR <1.5
- d. No bridging needed, stop Coumadin and proceed when INR < 1.5

Answers on page 12

ID Corner

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The NEJM is running a series of review articles on Critical Care Medicine- here is one on sepsis:

Angus DC, T van der Poll. Severe sepsis and septic shock. N Engl J Med 2013;369: 840-851.

<http://www.nejm.org/doi/pdf/10.1056/NEJMra1208623>

ASK A PATHOLOGIST

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QUESTION: I took care of a patient with Disseminated Intravascular Coagulation (DIC), but the pathologist did not see schistocytes on the patient's peripheral blood smear. What is the role of peripheral smear in diagnosing DIC?