Selection of abstracts from Baylor Scott & White Health Central Texas Scholars Day

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ABSTRACT

Baylor Scott & White Health Central Texas displayed the diversity and growth of scholarly pursuits during Scholars Day, which debuted online on May 7, 2021. Residents and fellows, medical students, nurses, and research staff were among those showcasing their scholarly activity in areas such as medical innovation, clinical vignettes, research, and quality improvement. A selection of Scholar Day abstracts is presented here.

KEYWORDS Fellowships; internship; medical students; residency; scholarships

For the Baylor Scott & White Health Central Texas 2021 Scholars Day, held on May 7, 2021, a selection committee chose 22 abstracts: 11 select podium and 11 rapid-fire. In addition, 46 abstracts were included as electronic poster presentations. Residency and fellowship program directors nominated presentations for the Excellence Awards. The Scholarship Committee chose four to receive travel awards to support the presentation of each project at a national meeting. Excellence Awards were granted to Ryan Beaver, DO; Emma L. Frank, MD; Riley J. Hedin, DO, MPH; and Alireza Nathani, DO. Four abstracts are presented here.

HILUS CELL HETEROTOPIA: AN INSTITUTIONAL REVIEW WITH CLINICOPATHOLOGIC CORRELATION

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Ovarian hilus cells are found in the ovarian hilum. Of the few reported cases of hilus cells occurring outside the ovarian hilum, all have been incidental findings associated with other gynecological abnormalities. The objective was to describe the clinicopathologic characteristics of patients with hilus cell heterotopia (HCH) at our institution between 2003 and 2020. Eight cases were identified. Patient age

ranged from 43 to 70 years. Three patients had postmenopausal bleeding, two had pelvic pain, two had asymptomatic ovarian cysts, two had elevated preoperative CA-125, one had uterine prolapse, and one had Turner syndrome. HCH was an incidental finding in all cases. One or more other abnormalities occurred in seven of eight cases: adenomyosis (four cases); leiomyomata, endometrial endometrioid adenocarcinoma, and ovarian serous cystadenomas (three cases each); and ovarian fibroma, ovarian serous borderline tumor, Brenner tumor, and adenomatoid tumor (one case each). All patients were disease free throughout follow-up. HCH is a rare incidental finding sometimes present in gynecologic surgical pathology specimens, usually the fallopian tube. This study showed that other gynecological abnormalities were identified alongside HCH in most cases. Additional study is needed to determine whether HCH can have clinically significant hormonal effects or display neoplastic potential.

HEMOGLOBIN WAYNE: A CASE OF FALSELY ELEVATED HEMOGLOBIN A1C

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Hemoglobin (Hb) A1c is an important tool for diagnosis and management of diabetes mellitus. However, Hb variants can interfere with laboratory assays and lead to inaccurate results. This study describes a case of a patient being managed for type 2 diabetes mellitus who was found to have erroneous HbA1c values secondary to Hb Wayne, a rare Hb variant. HbA1c measurement was conducted by Biorad Variant II high-performance liquid chromatography and Siemens DCA point-of-care immunoassay. Additional investigation was completed by fructosamine analysis, chromatography, electrophoresis cascade (Mayo Clinical Laboratories), and mass spectrometry (Mayo Clinical Laboratories). Analysis of HbA1c throughout the previous 3 years via immunoassay with Biorad Variant II yielded results of 9.7% to 10.6%, which were inconsistent with point-of-care testing with Siemens DCA analyzer of 5% to 6% and fasting blood glucose readings of 80 to 95. Fructosamine was within the normal range, at 233 to 251. Hb electrophoresis cascade and mass spectrometry confirmed the presence of Hb Wayne variant. Although Hb Wayne is often clinically silent, falsely elevated HbA1c results could lead to unnecessary medical interventions that could cause patient harm. This variation in results highlights the importance of utilizing additional measurements such as glucose readings and evaluating for Hb variants when results are discordant.

AN UNCOMMON CASE OF IMMUNE-MEDIATED RENAL FAILURE

Kim Minh Le, DO*, Elena Slavcheva, MD, and Angelina Castillo, PharmD (*KimMinh.Le@BSWHealth.org)

Hydralazine is known to be associated with drug-induced lupus, but it can also cause drug-induced anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis, which is more severe and frequently involves the kidneys. An 83-year-old woman presented with arthralgias, weakness, and a 20-pound weight loss over 3 months. Labs revealed a creatinine of 4.56 mg/dL. Immunological workup showed low C3 and positivity for ANA with a high titer, as well as for anti-dsDNA, p-ANCA, myeloperoxidase antibody, proteinase 3 antibody, and anti-histone antibody. Positive antibodies raised concern for a secondary cause of the immune process. Hydralazine was discontinued and the patient's arthralgias

resolved. She was treated with steroids and initiated on dialysis. Final renal biopsy revealed renal vasculitis, including crescentic glomerulonephritis that was pauci-immune with one glomerulus containing a segmental area of fibrin. Currently, the patient is off steroids and remains on dialysis with plans for transition to peritoneal dialysis. Although drug cessation is the mainstay of therapy for hydralazine-induced ANCA-associated vasculitis, many patients do not recover renal function, even if additional immunosuppressive agents are utilized. Reports have shown a slight predominance in the elderly and women. Hydralazine should be used with caution, especially in this patient population, and after other therapies have been trialed.

RARE CUTANEOUS METASTASIS OF A CHONDROSARCOMA

Shaili Tapiavala, BS*, Allie Preston, MD, and Palak Parekh, MD (*TapiavalaShaili@TAMU.edu)

Cutaneous metastases of chondrosarcoma are very uncommon. We present a case of a 72-year-old man presenting with a suspicious lesion on his left upper back for 1 month. The patient had a 12-year history of right hip chondrosarcoma with metastasis to lungs. On physical exam, the lesion appeared as a tender 1.5-cm erythematous nodule. A punch biopsy was performed and histology confirmed an atypical cartilaginous neoplasm, consistent with metastatic chondrosarcoma. Despite the relative frequency of chondrosarcomas, metastases to the skin are very unusual, accounting for <3% of all cutaneous metastases. Though this case presents an uncommon pattern of metastases, it is important to consider metastatic cutaneous chondrosarcoma in a patient with new cutaneous lesions and a prior history of chondrosarcoma.

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