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Letters to the Editor

Improvement in Left Ventricular Systolic Function After Pericardiocentesis

To the Editor: The paper by Salem et al (Henry Ford Hosp Med J 1989;37:45-6) reports an interesting case, but I think it deserves a better title indicating that which might be new and informative. Because we already know that relief of pericardial tamponade improves left ventricular function, an appropriate title might be “Symptomatic Pericardial Effusion Complicating AIDS.” With the published title, the report might not be cross-indexed with AIDS.

A chest x-ray would have been convincing, but we can accept the statement that there was an enlarged cardiac silhouette. The echocardiogram in Fig 1 certainly shows the pericardial effusion, although the left ventricular cavity appears to be identical in diastole and systole.

The deleterious effects of pericardial tamponade are well known, especially to cardiac surgeons (1,2), but most of us would disagree that “Cardiac tamponade is a complex circulatory state which impairs left ventricular filling during diastole.” Instead of being complex, the physiologic result seems to be simple—there just isn’t enough room for the ventricle to expand in diastole. Surgeons have dealt not only with tamponade from fluid and blood clots, but with the fixed tamponade from constrictive pericarditis. Those in the operating room can witness the immediate improvement in cardiac action as the “peel” is removed from the heart chambers, allowing them to expand and receive their quota of blood.

On the other hand, I find it hard to believe that compression of the “epicardial coronary vessels” by a tense effusion is important.

Conrad R. Lam, MD
Consultant Emeritus
Henry Ford Hospital

References

The above letter was referred to the authors of the article in question who offered the following reply:

Although cardiac tamponade per se is a simple process, it creates complex circulatory changes (1-3). In spite of many known facts, we continue to learn more about cardiac tamponade. For example, we reported for the first time that pulmonary edema can occur after pericardiocentesis for cardiac tamponade (4).

The impact of the normal and abnormal pericardium on ventricular function is still imperfectly understood and warrants continued investigation.

Mihai Gheorghiade, MD
Division of Cardiovascular Medicine
Henry Ford Hospital

Osteoporosis as a Community Health Problem: Lessons Learned From Studying Hypertension

To the Editor: I wish to take issue with the language in the article “Osteoporosis as a Community Health Problem: Lessons Learned From Studying Hypertension” by Kleerekoper et al (Henry Ford Hosp Med J 1988;36:113-6).

I certainly agree with the authors that this is a community health problem which should be emphasized since in future generations osteoporosis may be preventable.

However, I dispute their use of the language “mortality from osteoporosis.” Osteoporosis is a complication of old age, and people do not die of osteoporosis; they die of the other complications of old age that are associated with it. People do not die of hip fractures; they die of multiple organ failure that accompanies senility.

Look to the death certificates from the state of Michigan, and see how infrequently osteoporosis is even mentioned.

We must educate people that the complications of old age can be avoided by good diet and exercise programs.

Perry W. Greene, Jr, MD
Blodgett Memorial Medical Center
Grand Rapids, MI

The above letter was referred to the authors of the article in question who offered the following reply:

Letters
To the Editor: We really have no major disagreement as to whether or not osteoporosis as the cause of death should appear as such on a death certificate. As Dr. Greene is well aware, there is an overall increased mortality (reported to be as high as 30%) in patients sustaining an osteoporotic fracture of the proximal femur. Studies that report this excess mortality have had appropriate age-related control populations to justify the statement. With this in mind, we discussed "mortality from osteoporosis."

Although we agree that we rarely see osteoporosis listed as a cause of death on a Michigan death certificate, we are not confident that its omission is appropriate.

We also agree that we should educate people that the complications of old age can be mitigated by good diet and exercise programs. In the prevention of osteoporosis, we must also consider hormone replacement therapy early in menopause, and those with osteoporosis should adopt activities that minimize the likelihood of falling.

Michael Kleerekoper, MD
Bone and Mineral Division
Henry Ford Hospital
Announcements

Future Meetings

Cardiology at Big Sky
February 19-23, 1990
Big Sky, Montana
Program Directors: Daniel Anbe, MD, Sidney Goldstein, MD, Philip Hill, MD, Howard Rosman, MD
This five-day program will present a comprehensive overview of current problems in cardiology combined with practical workshops in electrocardiography and echocardiography.

Sleep and Anxiety Disorders
March 1990
Independence, Ohio
Program Director: Thomas Roth, PhD

Bleeding and Thrombotic Issues in the Surgical Patient
March 31, 1990
Program Director: Maria Sawdyk, MD
This program will focus on the laboratory evaluation of patients preoperatively to prevent intraoperative bleeding problems. The prevention of thrombosis in general surgical patients and orthopedic patients as well as the management of surgical patients with coagulation inhibitors or component replacement therapy will be discussed.

Management of Terminal Illness: The Hospice Concept
April 18, 1990
Program Director: Josefina B. Magno, MD
This course will enable physicians and other caregivers to provide optimum quality of care for terminally ill patients. The philosophy and goals of hospice care, how to control pain and other symptoms in the terminally ill, and how to communicate more effectively with these patients and their families will be discussed.

Home Care—Geriatrics
April 20, 1990
Program Director: Mary Beth Tupper, MD
This program will present a multidisciplinary team approach to home care, describe methods to improve team communication, and discuss how improvements in discharge planning and coordination of the home care plan can reduce patient readmission for preventable problems.

Innovation & Entrepreneurship for Physicians
May 1-3, 1990
San Francisco, California
Program Director: Alan H. Pierrot, MD
This program will promote entrepreneurial activity, innovation, and creativity among physicians. Formal presentations and discussion workshops will be focused on various topics such as surgery and recovery care centers, imaging centers, industrial clinics, clinical laboratories, physician-owned hospitals and birthing centers, how to write a business plan, how to structure the venture and raise capital, and medicare fraud and abuse issues.

Midas Rex
June 1990
 Traverse City, Michigan
Program Director: Manuel Dujovny, MD
This program will emphasize acquisition of knowledge pertaining to bone surgery for improvement of patient care and provide demonstrations of bone work such as craniotomies and laminectomies.

For further information on these meetings, contact the Office of Medical Education, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202, at (313) 876-3073.

Anniversary Reunion

The reunion between staff and alumni to celebrate the 75th anniversary of Henry Ford Hospital will be held October 18-20, 1990. Drs. Edward Quinn and Joseph Ponka have accepted responsibility for the scientific program.

Referring Physician Office

Henry Ford Hospital's Referring Physician Office has a 24-Hour Consult Line (1-800-662-8242 in Michigan, 1-800-521-7946 in the US). Physicians can call toll-free to discuss patients' problems with a member of the senior medical staff, discuss a possible referral, arrange medically supervised transportation, or obtain general information about Henry Ford Hospital's wide range of services.
Medical Association Meeting

The first Henry Ford Hospital Medical Association and Alumni Reunion Meeting was held in May 1950 in conjunction with the 35th anniversary of Henry Ford Hospital. The Medical Association has held usually triannual meetings since 1950 and last met in 1985. To correspond with the 75th anniversary of Henry Ford Hospital, the next meeting of the Association will be held October 18-20, 1990.

Over 6,000 physicians currently belong to the Medical Association. Officers of the Association include: William S. Haubrich, MD, President; Susan Adelman, MD, Vice President; Jan Rival, MD, Secretary; and Gary B. Talpos, MD, Treasurer. The Executive Committee includes Susan Adelman, MD, Melvin A. Block, MD, J. David Carey, MD, Joseph P. Elliot, MD, William S. Haubrich, MD, Salvador Peron, MD, Edward L. Quinn, MD, Jan Rival, MD, Richmond W. Smith, Jr, MD, and Gary B. Talpos, MD, with Conrad R. Lam, MD, serving as Association Historian.

For more information on the 1990 Medical Association and Alumni Reunion Meeting, contact the Medical Association Office at (313) 876-7333.

Future Issues

Forthcoming issues of the Henry Ford Hospital Medical Journal will feature:

• Material presented at the Third International Workshop on the Multiple Endocrine Neoplasia Type 2 Syndrome, held September 28-30, 1989, in Heidelberg, West Germany;
• The Proceedings of the symposium “Urban Health Care: Solutions for the 1990s,” held November 5-7, 1989, in Detroit;
• Otolaryngology Case Studies and Review;
• Issues in Psychiatry.