

Haiti Global Health



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NEWSLETTER

March 20th, 2017
Issue 1

WELCOME TO HAITI



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WHAT CAN I SAY?

-CASE OF THE WEEK-

TB or not TB?

(Sorry I couldn't help myself)

By Aly Kanji

On a balmy Saturday afternoon a young 24 year old man ambled in to the emergency room of St. Nicholas Hospital with a 4-6 week history of weight loss, fevers, and progressively worsening dyspnea. A physical exam revealed a sinus tachycardia (120) and a blood pressure of 110/80, muffled heart sounds and a barely palpable PMI. An EKG showed diffusely low voltages (the R wave was shorter than Stephanie). An x-ray revealed cardiomegaly (was it water bottle shaped?) and a splayed carina (doesn't that fit nicely into the song My Sharona?...splaaaaayed ca-ri-na...nevermind). An echo was done by Dr. Julius, our astute staff, which showed a happy little heart taking a break from the heat by bathing in a large bag of refreshing fluid.

On Monday we arrived and on rounds our fearless leader, Dr. Pilote, bent over to feel the patient's pulse and noticed that the finicky little thing disappeared on inspiration. A manual cuff was rushed to the bedside and a pulsus paradoxus was excitedly elicited by yours truly. A surgeon was called and that evening our poor patient underwent a percutaneous pericardiocentesis (try saying, or typing, that after a few 'Prestiges'). The question now was why did he develop this annoying little pocket of fluid?

Well we scratched our heads and we thought is it viral? Is it neoplasm? Is it toxin? Is it scorpion bite? Naaah just playing. We thought it was TB because apparently everything here is TB...like actually. His AFB on the fluid was negative, and his nucleic acid amplification test was negative. The yield on body fluid for both those things is not great...but his cell count. Ahhh his cell count, was more than 85% lymphocytes which in an endemic area has a very good positive predictive value for TB. So we started TB treatment and steroids to avoid constrictive pericarditis.

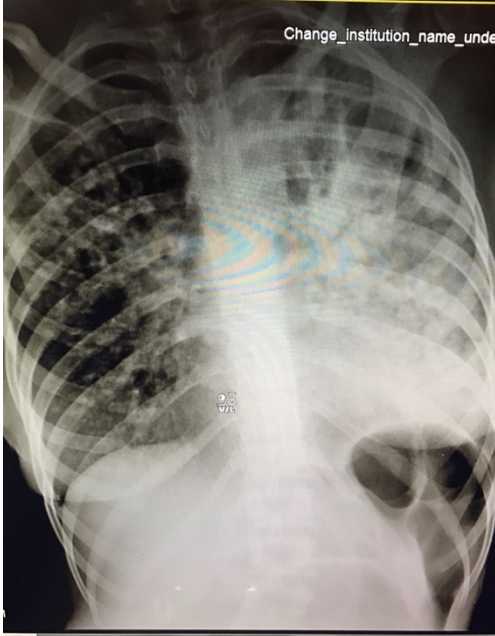
Was it TB? Maybe, his pulsus, which was still present after the pericardiocentesis, is gone but that could be the steroids... We probably will never know for sure but it's one for the case files. Until next time dear reader. Toodles.

Did you know...

How do you monitor INR? The nurse will draw the blood. Then, a family member will be ask to drive to Port-au-Prince which is 2h away from St-Marc and pay a private lab to run the test.

Une image vaut mille mots

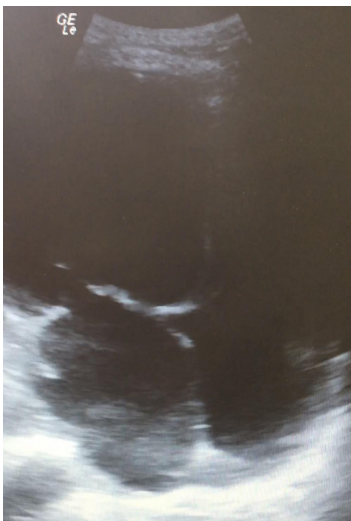
-Chest X-ray-



Suspected military TB

Young woman in her 20's presents with shortness of breath, cough and weight loss for the past few weeks. Workup still pending...

-Cardiac Echography-



30F previously healthy who presented with 1 month of worsening dyspnea on exertion, bilateral leg swelling and orthopnea. She was 20-months post-partum. She was also complaining of some dry cough a few months prior which is now resolved. She denies any cardiac history or family history. Upon arrival to the ER, her BP was 120/75. Her physical exam revealed bilateral pitting edema with

an elevated JVP. Her bedside echo showed a reduced ejection fraction with biventricular enlargement.

Post-partum cardiomyopathy, although uncommon in developed countries, occur as high as 1/300 in Haiti. The cause of PPCM is unknown and it is usually a diagnosis of exclusion. Some studies suggest possible cardiotropic virus causes, autoimmunity or nutrient deficiencies as possible contributors for the disease. Prognosis is good as improvement can be seen up to years after diagnosis with continued medical therapy. Subsequent pregnancy should be avoided when the LV function has not recovered or lower than 55%.

Our patient was discharged home on medical therapy, with ACE-inhibitor, beta-blocker and diuretics. Her BP remained well controlled during her stay on the ward. Her cause of heart failure was suspected to be post-partum, although she did not fit the 6 months-post partum period. It could also be due to long standing hypertension- induced cardiomyopathy.

- Where Is The Crash Cart? -

On our first day at St-Nicholas hospital, we came across a 30-year-old patient in the emergency room. The woman had sickle cell disease and was being treated for a pain crisis. She appeared comfortable and it didn't seem like we had anything to add to the case.

The next morning, we were surprised to find the woman in a different bed (a monitored bed!). After an anaphylactic reaction to a penicillin dose given overnight, requiring an epinephrine infusion (infused peripherally!), she still had great oxygen requirements. She was too unstable to obtain a chest radiograph (no portable imaging available!). The differential diagnosis revolved mostly around a delayed anaphylactic reaction, an acute chest syndrome, and an ARDS picture. We were very happy to see her improve after a dose of furosemide.

But before this improvement occurred, we found ourselves at the bedside of a young lady with acute life-threatening hypoxemia. This was very distressing and we needed to rapidly elaborate an action plan if she failed to improve. Given the differential diagnosis, the possible options included more diuresis, antibiotics (which didn't seem like a

great option at the time, given the allergic reaction just a few hours prior), and the possibility of doing exchange blood transfusions. In the absence of plasmapheresis capabilities, exchange transfusion would have had to be done by alternating phlebotomy sessions with transfusions of packed red blood cells.

Thinking about the practical next step and seeing the ventilator next to the bed, we all looked at each other and said "Where's the crash cart?". The resident happily showed us to the crash cart, which we proceeded to search thoroughly. Our search yielded a laryngoscope with a MAC 4 blade (and a functioning light!), endotracheal tubes (sizes 6.0 and 7.0), a 10cc syringe, and an Ambu-Bag. We even had the luxury to come across propofol, ketamine, fentanyl, and succinylcholine!

The patient improved with the diuresis, but we were all reassured that material (although limited) for a back-up plan was ready to go at bedside.



The awesome nurses from the IM floor; Josianne et Rosaline



Did you know...

How do you get a transfusion? A family member, ideally your parents, needs to go to the Red Cross to give blood. Then, in exchange, they will receive PRBCs that are compatible with your blood type. This will then need to be tested back in the lab for antibodies. This process can take up to multiple days.

-Home Visits-

Last week, Annie and I had the opportunity to accompany a family medicine resident and staff on a series of home visits. The Unite de Medecine Familiale follows many home care patients, most of whom are patients who used to come to clinic but are no longer able to move around easily. Visits take place all over St. Marc and are available to patients of any socioeconomic status - from those living in mud huts to those living in large compounds.

We were accompanied by the family medicine resident and staff, as well as a nurse, who brought a large box of medications and materials for simple interventions, such as vaccines. Five visits were originally planned, but we only made it through two before our car broke down (#haitiproblems). Both patients were glad to see their doctor and chatted for quite awhile! When we asked the family medicine staff about this, he said that most of the home visits are mainly social - they make sure the patients are doing okay, make sure they're taking their medications, and maybe do small medication adjustments. If a patient looks ill or needs a more thorough evaluation, they'll make an appointment at the hospital and the family will find a way to bring them in.

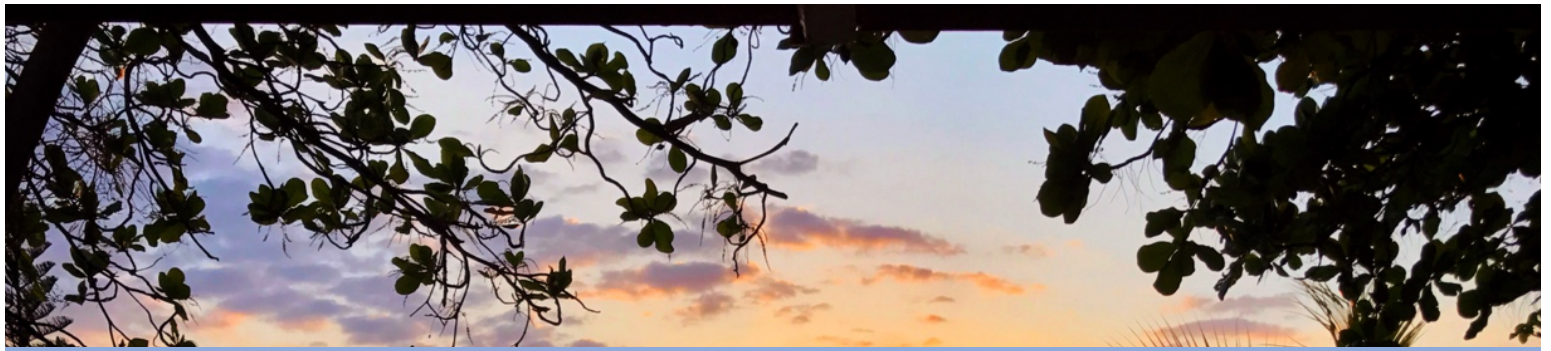
Home visits were a fascinating experience - not because of the medicine necessarily (although we did offer a few opinions on blood pressure and CHF management), but because of the opportunity to explore a little of St. Marc and see how the locals live. The wealth gap is quite striking, but the patients were universally grateful for the visits and the ongoing medical follow-up. Though the initiative is clearly time-consuming (two patients in one morning isn't exactly what we at McGill would consider efficient), it gives family doctors in St. Marc the ability to follow up patients who wouldn't otherwise be able to make it to the hospital on a regular basis. As for the patients, they seemed more than okay with the slower pace and mainly social agenda!

Marnie Wilson

Did you know...

The **original glass bottle coke** tastes better! It uses real cane sugar instead of corn syrup like the ones available in Canada and US. Ahhhh so refreshing!





-Life Outside of The Hospital-



There are few things more entertaining than watching Louise Pilote pull out her best imitation of Niccolo Machiavelli to win a game of Exploding Kittens against three poor residents and a woman who helps children for a living. Few things, that is, except watching her lose. Such was the case this last weekend as we tried to while away the hours of a Friday night. Don't worry though, she won the second round quite convincingly. We spent our time holed up at Wahoo Bay for two days, a short ride away from St. Marc where the hospital is located. Friday evening we packed only the essentials—no wait, I packed the essentials, the rest of the team packed every non-essential item they could think of and a few things they probably didn't know they had.



We piled into a car (7 plus the driver) and took a very uncomfortable 40 minute ride down to a resort. Along the way we got to know each other in ways I had no intention of doing and frankly hope never to do again. We arrived and one by one tumbled out of the car into the air conditioned rooms of the Wahoo Bay resort and gaped at the view.



Figure 1 How many MDs can you fit in a car?



Figure 2 Haiti's National Beer

Dr Pilote, a woman with an admirably infinite amount of energy, went swimming. I on the other hand, did what it is I do best, nothing. Well...nothing with a beer. We sat down, had an interesting discussion with our fellow housemates (a family medicine resident from California, and pediatric endocrinologist) before proceeding to get owned at 'Exploding Kittens' by our own staff. Just as an aside, the game's genius by the way.

The following day was a similar jumble of swimming, tennis, eating, obsessively reading chick lit (Annie), more tennis, more swimming and then the piece de resistance—a rum punch. Now for those of you who have never been to the Caribbean let me just explain the pleasures of a rum punch. It is a drink whose parts do not equal their sum. 10 parts rum and...I don't know...half a part juice and a TON of punch. This nectar of the gods pairs perfectly with ocean sounds, broad swirly sunsets and of course, good company. This particular rum punch was drained listening to, oddly enough, hip French music.



Figure 3 Fresh fruits at the market: 7\$, Best mangos

Now let me just take a short break from this narrative to explain the singular sense of displacement and honestly a little guilt at being able to pluck oneself out from the midst of pretty dire poverty and into a place of relative opulence. I feel it would be incomplete to end this piece without addressing this odd juxtaposition. The only way I can really think about it is that going to a place like that, is similar to going home. Home may not have amenities and rum punches, but it does have security, prosperity, social goods that are guaranteed, things that would be part of a paradise to the average Haitian if they could benefit from them here. I can't really change that I've grown up with those things and that they haven't, nor do I think not coming home or not indulging in a weekend at a resort would make anything better for anyone. But, that feeling, for me, should be paired with a sense of social responsibility. So long as there is nothing taken for granted, everything accepted with gratitude, and some effort to make something better, things will move in the right direction.



No earth shattering insights I know, but the best truisms are just that—true. And some things, I'm slowly learning, should be said whether they are already known or not.

Hope your rotations are going well!

Until next time, A pi ta!