

### Case Presentation Example:

Kyle Smith is a 4<sup>th</sup> year medical student based in Sparrow Hospital, Lansing, MI. He is presenting a case that he saw with assistance from his colleagues Dan Greyson, DO (EM-3 resident of the MSU EM Program) and Melanie Jenkins, DO, FACEP, FACOEP (chief of MSU EM Program). Kyle, Dan, and Melanie each had important roles in developing this case presentation, and are familiar with the case. The affiliations in this case would be:

Author 1 (Presenting Author) Name: Kyle Smith

Author 1 (Presenting Author) Title: OMS IV

Author 1 Affiliation 1: Michigan State University College of Osteopathic Medicine, East Lansing, MI

Author1 Affiliation 2: Sparrow Hospital (Base), Lansing, MI (*In this instance, the base hospital and location of case were the same, so an additional hospital affiliation is not required*)

Author 2 Name: Dan Greyson

Author 2 Title: DO, EM-3

Author 2 Affiliation 1: Michigan State University Emergency Medicine Residency Program, East Lansing, MI

Author 3 Name: Melanie Jenkins

Author 3 Title: DO, FACEP, FACOEP (*we do not require that board certifications be included in the title – some authors prefer to write only their degree, we leave this to the discretion of the authors*)

Author 3 Affiliation 1: Emergency Department, Sparrow Hospital, Lansing, MI

Example of what the abstract might look like in final form once the MOA publishes it for the Convention (title and abstract body used from the ACP's case example):

### **Ergotism Masquerading as Arteritis**

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Ergotism is a condition characterized by intense generalized vasoconstriction. The infrequency with which it is encountered makes ergot poisoning a formidable diagnostic challenge.

A 34-year-old woman consulted her doctor because of headaches, dyspnea, and burning leg pain. A clinical diagnosis of mitral stenosis was made. Within a month, she had a cardiac catheterization because of progressive dyspnea. At catheterization, severe mitral stenosis was confirmed and an elective mitral valve commissurotomy was scheduled. She presented to the hospital one day early because of increased burning in her feet and new onset right leg pain. In addition to mitral stenosis, the physical examination revealed a cool, pulseless right leg. An arteriogram showed subtotal stenosis and a pseudoaneurysm of the popliteal artery. At the time of the commissurotomy, a right femoral artery balloon dilation followed by patch graft repair of the stenosis was performed. On the fifth postoperative day, she experienced a return of the burning leg pain and the leg was again found to be cool and pulseless. An emergency arteriogram showed smooth segmental narrowing and bilateral vasospasm suggestive of severe, generalized large-vessel arteritis. Treatment was initiated with high-dose corticosteroids, anticoagulants, antiplatelet drugs, and vasodilators. Despite this, her condition worsened, with both legs becoming cool and pulseless. Additional history revealed that she had been abusing ergotamine preparations for a number of years to relieve chronic headache symptoms, and she continued to receive these medications during hospitalization. At this point, the ergotamine preparations were discontinued and an intravenous infusion of nitroprusside was begun, resulting in significant improvement within 2 hours and her symptoms completely resolved within 24 hours. The patient remained symptom-free after the nitroprusside was discontinued and was discharged from the hospital.

This case illustrates the potential for severe vascular ischemia with use of ergotamine and the value of a complete history. Although the ischemia seen in this patient is rare, it was a predictable side effect of ergotamine use. Recognition of this syndrome is critical to institution of appropriate therapy and prevention of ischemic necrosis of an extremity.

*Note that the abstract body (Background, Case Report, Conclusion) is within the 400 word limit. The title, authors, and affiliations do not count toward the 400 word limit. If any of the affiliations are the same between authors, they will be given the same number.*