The Tulane Section of Pulmonary Diseases, Critical Care, and Environmental Medicine is pleased to send this update regarding section activities, growth and educational offerings. Our clinical and research faculty numbers and training opportunities for fellows are increasing with the opening of the University Medical Center this past August and the anticipated opening of the Veterans Administration Hospital in 2017.

Joseph A. Lasky, MD
Professor of Medicine
Deming Educational Fund Chair of Internal Medicine
Chief, Section of Pulmonary Diseases, Critical Care & Environmental Medicine

Comprehensive Pulmonary Hypertension Center (CPHC) at UMC New Orleans Receives National Accreditation

The CPHC at University Medical Center New Orleans has received accreditation from the Pulmonary Hypertension Association (PHA). The goals of the CPHC are early detection and appropriate treatment to decrease disability and mortality, education of the patient and physician community and to provide single-visit multi-specialty coordinated care.

The CPHC is a part of the New Orleans Scleroderma and Sarcoidosis Patient Care and Research Center Network (UMC, VA, Tulane), an internationally recognized center of excellence which is sponsored by Tulane Lung Center. The majority of patients are afflicted with complex autoimmune disease. The CPHC’s team comprises physicians who were established and recognized Pulmonary Hypertension clinicians prior to the creation of the Center: Dr. Lesley Ann Saketkoo, a Tulane rheumatologist; pulmonologists, Dr. Ben deBoisblanc (LSU), Dr. Matthew Lammi (LSU), and Dr. Shigeki Saito (Tulane); and cardiologists, Dr. Vijayendra Jaligam (LSU), Abhishek Jaiswal (Tulane) and Dr. Thierry Lejemtel (Tulane). To find out more information about the CPHC at University Medical Center please visit http://www.umcno.org/?id=1469&sid=8
Welcome Dr. Nathan Nielsen!

Dr. Nathan Nielsen earned his medical degree from the Duke University School of Medicine, and his M.Sc. in Control of Infectious Disease from the London School of Hygiene and Tropical Medicine. He completed his residency in Internal Medicine at Oregon Health Sciences University, where he also completed his fellowship in Critical Care Medicine. He initially was a member of the faculty of the Tulane University School of Medicine as an Assistant Professor from 2009-2013, at which time he departed to complete a second fellowship at the Harvard Joint Program in Transfusion Medicine. He rejoined the faculty of the Tulane School of Medicine in July of 2015.

Dr. Nielsen is board certified in Internal Medicine and Critical Care Medicine, and board eligible in Transfusion Medicine. He is a member of the Society for Critical Care Medicine and the European Society of Intensive Care Medicine, where he is an active member of the Sepsis and Inflammation Section.

Dr. Nielsen’s main research interests focus on the nexus between transfusion medicine and critical illness, and the behavior of the microcirculation under conditions of severe physiological stress, in particular interactions between endothelium and blood components. He also has an active research interest in complex coagulopathies and microvascular thromboses, and the viscoelastic tools for their assessment. He is a site liaison for the award-winning open-access Critical Care Project website project, and is the content director for the Tulane Critical Care Project website. In addition, he presently serves as one of the editors of the Concise Critical Appraisal section of the monthly Critical eConnections publication of the Society for Critical Care Medicine.

Dr. Nielsen treats critically ill patients at the University Medical Center of New Orleans, where he also serves as the Associate Medical Director of the Medical Intensive Care Unit. He is actively involved in administrative and quality improvement initiatives at UMCNO, presently focused on updating analgesia/sedation and nutrition protocols for the ICU.
Welcome Dr. Derek Pociask!

Dr. Derek Pociask received his Ph.D. from Louisiana State University Health Science Center, where he studied lipid changes and oxidative damage in atherosclerosis. He undertook his post-doctoral work under the mentorship of Dr. Arnold Brody at Tulane University. During this training he studied the effects of asbestos on epithelial injury and the contribution of specific growth factors and cytokines to asbestos induced fibrosis. It was during this time that he developed his interest in the interactions between the immune system and pulmonary epithelium. After Hurricane Katrina Dr. Pociask became a member of the faculty at the University of Pittsburgh, where he trained with Dr. Jay Kolls, studying the effects of Th17 immunity in the lung. There he investigated the roles of IL-17 and IL-22 in lung injury and repair. Dr. Pociask was recruited back to Tulane University School of Medicine as an Assistant Professor in August of 2015.

Dr. Pociask’s laboratory is focused on the interactions of the innate immune system with the pulmonary epithelium during chemical (bleomycin, asbestos, naphthalene) or infectious (k. pneumonia, influenza) injury as well as its role in epithelial repair. The lab is funded by the NHLBI to study IL-22 and how it is regulated during influenza infection to promote repair in the lung epithelium. The clinical focus of his research is to develop novel therapies centered around IL-22 that will help hospitalized patients recover from severe viral infection.
Assistant Professor Dr. Shigeki Saito was recently recognized as a Roadmap Scholar by the Louisiana Clinical and Translational Science (LA CaTS) Center.

The Roadmap Scholar Program is supported in part by the National Institute of General Medical Sciences of the National Institutes of Health which funds the Louisiana Clinical and Translational Science Center. This award recognizes early career clinical and translational research scientists for their work, and provides them with valuable support and mentoring to further develop their careers. During the two-year period of this career development program, Dr. Saito will be investigating the role of histone deacetylases (HDACs) in pulmonary fibrosis, under the mentorship of Dr. Joseph Lasky.

Dr. Saito received his medical degree from the University of Tokyo (Tokyo, Japan). He completed a residency in Internal Medicine at St. Luke’s-Roosevelt Hospital Center (New York, NY), a fellowship in Pulmonary and Critical Care Medicine at Tulane University, and another fellowship in Pulmonary Hypertension at Stanford University (Stanford, CA). He joined the faculty at Tulane University as an Assistant Professor of Medicine in the section of Pulmonary Diseases and Critical Care Medicine in 2013. He is a co-director of Comprehensive Pulmonary Hypertension Center (CPHC) at University Medical Center New Orleans, and a member of New Orleans Scleroderma and Sarcoidosis Patient Care and Research Center. He is board certified in Internal Medicine, Pulmonary Medicine, and Critical Care Medicine. Dr. Saito’s research interests include pulmonary fibrosis, pulmonary hypertension, and acute lung injury.
The Tulane Pulmonary Critical Care Medicine Fellowship program continues to recognize the great value of initiatives to enhance fellows’ research experience and patient safety.

Earlier this year our Tulane Clinical Research Certificate for Pulmonary and Critical Medicine Fellowship Trainees was highlighted in the *ATS 2015 Innovations in Fellowship Education Book*. This program was created to facilitate the entry of fellows interested in academic medicine into clinical research. Our program started supporting a certificate in clinical research through Tulane University School of Medicine in 2012. The curriculum is designed to provide Pulmonary and Critical Care Medicine trainees with some of the fundamentals of clinical research. It provides scholars with an introduction to research design, regulatory issues, statistical concepts and data management. The certificate curriculum is a one-year program offered during the second year of fellowship for fellows interested in pursuing an academic career. It consists of 5 courses covering basic biostatistics, epidemiological methods, ethics and responsible conduct of research, and protocol writing. This certificate program is modeled after the Clinical Research Training Courses offered by the National Institutes of Health (NIH) Clinical Center.

Early in July our first year fellows participated in a Procedural “Boot Camp” at MD Anderson Cancer Center. This regional workshop included training programs in the Houston/Galveston area as well as at Tulane University. Led by internationally recognized faculty from MD Anderson and with the participation of our Interventional Pulmonologist, Dr. Neil Ninan, this procedural “Boot Camp” served as an introductory course to familiarize incoming trainees with the procedural aspects of Pulmonary and Critical Care Medicine. Several didactic lectures in the topics of pleural procedures, anatomy of the mediastinum and tracheobronchial tree, moderate sedation and topical anesthesia, basic and advanced diagnostic bronchoscopic procedures and airway management were covered. In addition, hands on experience included mannequin and animal model stations in the areas of basic and advanced bronchoscopy, common pleural procedures (thoracentesis and chest tube), indwelling pleural catheters, airway management, percutaneous tracheostomy and central line placement. This experience provides effective training in a zero-risk environment aiming to insulate patients from the initial learning phase in procedural training and therefore enhancing patient safety.
Sarcoidosis CME/CEU and Patient National Conferences
Save the Date: February 26-27, 2016

Sarcoidosis is a complex multi-organ system disease that occurs in high prevalence and severity in greater New Orleans, as such there is a great educational need for both patients and physicians. The New Orleans Scleroderma and Sarcoidosis Patient Care and Research Center under the sponsorship of Tulane University Lung Center, the Foundation for Sarcoidosis Research (FSR), the World Association for Sarcoidosis and Other Granulomatous Disorders (WASOG) and ATS/ERS Sarcoidosis Task Force are joining forces to present a CME/CEU Clinical Conference in Sarcoidosis and a parallel Sarcoidosis Patient Conference.

Primary care physicians and specialists (cardiologists, pulmonologists, neurologists, rheumatologists, gastroenterologists, ophthalmologists and others) are required to make challenging decisions in the assessment and care, often without opportunity for advanced education in sarcoidosis. This February, recognized international thought-leaders in sarcoidosis across specialties will provide both general audience and specialty-dedicated tracts in cardiology, neurology, ophthalmology and pulmonary medicine. There will be opportunities to directly discuss challenging cases with speakers.

The patient conference will provide information sessions and panels presented by sarcoidosis experts and tailored to patient needs. This is a remarkable opportunity for patients and providers.

These conferences are open to national and international attendees. A hotel block will be provided. Registration includes CME/CEU for provider sessions, conference materials and meals.

Faculty activity director: Contact Lesley Ann Saketkoo, MD, MPH; lsaketk@tulane.edu for more information.

The New Orleans Sarcoidosis Support Group, is sponsored by the Tulane Lung Center, and meets on the 3rd Thursday of each month from 6:30 until 8:30 at The New Orleans Healing Center, 4th Floor Interfaith Center, 2372 St. Claude Ave, New Orleans, LA 70117. Contact: Ms. Melanie Goodman, nosarcoidosis@gmail.com, or Dr. Lesley Ann Saketkoo, lsaketk@tulane.edu for more information. Please have your patients join meet up for alerts at: www.meetup.com/New-Orleans-Sarcoidosis-Support-Group-Meetup/

Lesley Saketkoo, MD, MPH; received her postgraduate degrees from Tulane University and LSU. She has been an Associate Professor of Clinical Medicine in the Department of Medicine at Tulane University since January 2015. Dr. Saketkoo is an internationally recognized researcher, educator and clinician in scleroderma/systemic sclerosis (SSc), sarcoidosis, myositis, pulmonary hypertension (PH) and intestinal lung disease (ILD).

The Purple Tie Affair for the Sarcoidosis Awareness Foundation of Louisiana

Left to Right: Ms. Mary Ann Grossett (Executive Director of the Bernie Mack Foundation), Dr. Lesley Ann Saketkoo (Guest Speaker, Tulane University), Ms. Rhonda McCullough Gilmore (wife of Bernie Mack), Mr. Rodney Reese (President of the Sarcoidosis Awareness Foundation of Louisiana)
The Touro Infirmary Foundation announced that Jay M. Shames, MD, will receive the 2015 Judah Touro Society (JTS) Award at the Touro Infirmary Foundation Gala on November 14, 2015.

The JTS Award is the hospital's highest honor and is voted on by previous JTS award recipients. It is given annually to individuals who have made outstanding contributions to the welfare of the Touro Infirmary.

Dr. Shames graduated from Tulane Medical School, served as an intern at Jackson Memorial Hospital in Miami, Florida, and Internal Medicine residency at Tulane University/Touro Infirmary. He did his pulmonary fellowship at Tulane University with Drs. Ziskind and Weill. He was one of the founders of Internal Medicine Specialists, and was in the active practice of Internal Medicine and Pulmonary Diseases in uptown New Orleans until January 2008.

Dr. Shames has been on the teaching faculty of Tulane Medical School since completing his fellowship and has been a Clinical Professor since 1986. He is board certified in Internal Medicine and Pulmonary Diseases; He has served as Chief of Staff of Touro Infirmary and has been President of the Orleans Parish Medical Society and the Louisiana State Medical Society. He has also served on the Boards of Touro Infirmary, Kindred Hospital, Orleans Parish Medical Society and the Louisiana Chapter of the American College of Physicians Council. He currently serves on the Health Education Authority of the State of Louisiana. He is a Member of the American Medical Association and American Thoracic Society. He is a Fellow in the American College of Chest Physicians and Fellow and Laureate of the American College of Physicians.
A Case Report with Endobronchial Obstruction

by Dr. Anil Jotwani

A 65 year-old-man with no significant past medical history was referred because of an abnormal chest CT. He reported a persistent and worsening cough of one year’s duration. More recently he experienced scant hemoptysis two to three times per week. He was previously very active and denied weight loss, fever, dyspnea, or notable environment/occupations exposures. He denied tobacco use.

Physical Examination: Temp: 98.4°F, Blood Pressure 142/94 mmHg, HR 66 bpm, 98% saturation (RA), RR 18 bpm; healthy appearing man in no acute distress; decreased breath sounds in the left lung base; no lymphadenopathy; no jugulovenous distension or edema; no peripheral cyanosis or clubbing; unremarkable neurological exam.

Laboratory findings: CBC with differential and BMP were both normal. A CT scan of the chest showed a 1.5 cm left lower lobe mass with possible endobronchial extension. Several slightly enlarged mediastinal lymph nodes were identified. A diagnostic bronchoscopy was performed.

Diagnosis: Left lower lung lesion with endobronchial obstruction at the level of the left lower lobe bronchus.
Endobronchial Obstruction

(cont’d from page 8)

Discussion: Cryptococcus neoformans infections occur mostly in immunosuppressed patients, such as those with AIDS, organ transplantation, diabetes or taking chronic corticosteroid therapy. This encapsulated fungus is ubiquitous in soil and abundant in pigeon droppings. Localized Cryptococcal lesions appearing to be tumor like are referred to as Cryptococcomas. The lungs are usually the portal of entry, and the infecting propagules are acquired long before the diagnosis of Cryptococcosis is made. Presenting symptoms are nonspecific (dry cough, fever, chest pain) and patients may be asymptomatic. In a retrospective study that followed patients over a 7-year span 80% of the patients presented with cough and or fever. Of note, none of those study patients or those in additional case reports we reviewed, reported hemoptysis. Cryptococcal infections are more commonly identified in the CNS and symptomatic pulmonary infection is uncommon in the immunocompetent host. Pulmonary disease is believed to result from reactivation of a dormant infection. Imaging often reveals masses or nodules in an asymmetric, and predominately peripheral and lower zone distribution. Cavitation and consolidation are rare in the immunocompetent patient. Sputum cultures are not sensitive and serum titers are usually not elevated. In retrospective reports, all patients responded well to antifungal therapy or surgical resection. In all followed patients (including some who were observed without treatment), there was no documented treatment failure, relapse, dissemination or death.

Clinical Pearls:
1) Cryptococcosis may present on occasion in people that are not known to be immunodeficient.
2) The diagnosis is most commonly made on examination of a pathology specimen.
3) Afflicted immunocompetent patients are usually only mildly symptomatic, and their response to treatment with Fluconazole or resection is highly favorable.

References: