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Conclusion: Our study has shown that non-palpable Neplanon implants can be successfully removed under ultrasound localization and guidance in a teaching community health center under the direct supervision of an experienced healthcare provider without the need for specialty referral. It is fast, safe, practical, and cost-effective, provides accessibility and availability of expertise without heavy cost bearing to the patient, and increases overall patient satisfaction.

References:


A Cry-o for Hepatitis C Treatment: A Rare Case of Mixed Cryoglobulinemia Related to Untreated Hepatitis C

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Background: Cryoglobulinemia is characterized by nonspecific symptoms that can present with skin, renal, pulmonary, or cardiac involvement. Mixed cryoglobulinemia (Type II/III) is frequently associated with hepatitis C virus infection in about two third of cases.

Case Presentation: A 37-year-old African American female with chronic anemia, hypertension, hyperlipidemia, and depression presented with a five-day history of waning/fading fevers and erythema on her abdomen that began shortly after undergoing a liposculpture procedure involving J-Plasma technology. Cryoprecipitate was pulled over the sternum, flanks, abdomen, and lower back. Presence of a discoloration, warm, and tender area of induration with erythema in the right upper abdomen. Two surgical entry incisions were noted in the pelvis bilaterally, with one 2 cm irregularly shaped skin lesion noted in the mid back.

Further evaluation with computerized tomography (CT) scan demonstrated postoperative changes along the abdominal wall with increased fluid density/edema and a moderate amount of subcutaneous edems. She was started on intravenous ceftriaxone and vancomycin for suspected cellulitis but demonstrated clinical worsening of pain and erythema with persistently normal WBC and procalcitonin despite antibiotic therapy. Infectious disease and general surgery were consulted. A repeat CT scan excluded the development of an abscess or fluid collection. Differential diagnosis was expanded to include thermal injury, and antibiotics were subsequently de-escaled to levofloxacin and doxycycline. Topical treatment using silver sulfadiazine was added, and she was discharged with clinical improvement in her symptoms. By her six-month follow-up, she had received further outpatient treatments, including multiple rounds of infrared light therapy and lymphatic massage techniques, with significant clinical improvement but with some residual hyperpigmentation.

Discussion: Thermal injuries have been an extremely rare finding in patients undergoing cosmetic procedures. Treatments targeting skin laxity and rhydes may confer a higher risk for thermal injuries. It is important to note that presentations can mimick cellulitis or surgical site infection.

Conclusion: Early recognition and treatment are important to improve cosmetic outcomes. Our patient significantly improved her thermal injury with topical silver sulfadiazine, infrared light therapy, and lymphatic massage techniques. However, she did have some persistence in hyperpigmentation. We present this case to increase awareness of this rare complication.

References:

Impact of COVID-19 pandemic on non-COVId Related Lung Transplants

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Background: Since its onset, SARS-CoV-2 (COVID-19) has swept the nation with its profound impact on the medical community, prompting U.S. health officials to declare a mandatory quarantine period. While extensive research has been done on the pathology and disease process of COVID-19, a gap exists in understanding the impact the disease had on other pulmonary disorders. With limited resources and decreased hospital admittance, patients with critical pulmonary conditions may not have received the necessary care. To understand the impact of the disease on lung transplants, we analyzed waitlist additions and transplants performed.
Methods: We used the Organ Procurement and Transplantation Network (OPTN) data from 2017-2022. The years were split from pre-COVID (2017-2019) to COVID years (2020-2022), and averages were compared. The data was analyzed using the patient-listed diagnosis using Excel.

Results: In waitlist additions, lung transplants dropped 8.10%, and in transplants performed, there was a 1.25% drop. The top 3 diagnoses for waitlist additions in pre-COVID years were idiopathic pulmonary fibrosis, COPD/Emphysema, and cystic fibrosis; these three diagnoses made up 61% of all U.S. lung waitlist additions. During COVID years, cystic fibrosis waitlist additions dropped 79.2%, while COPD/Emphysema dropped 26.3%, both statistically significant. Idiopathic pulmonary fibrosis waitlist additions, however, remained virtually unchanged.

Conclusion: Percentages suggest COVID had a significant impact on waitlist addition for lung transplants rather than transplants performed (8.10% vs. 1.25%), indicating patients were not being added to the waitlist. The biggest drop in waitlist additions came from COPD/Emphysema and cystic fibrosis diagnoses.

Reference:

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Pilot Study: Barriers to HbA1c Testing at a Federally Qualified Health Center

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Background: COVID-19 has impacted healthcare globally, challenging the ability of diabetic patients to self-manage their condition. This observational study focuses on addressing the effect of the COVID-19 pandemic on HbA1c testing rates by investigating social determinants of health like health literacy (HL) and transportation barriers.

By February 2022, through the administration of a short ten-question survey, the study aimed to identify two barriers to HbA1c testing that hindered patients at the Omni Health Gettysburg Clinic in Fresno County from completing their required annual HbA1c testing. Identifying these barriers will provide areas for future interventions in patient education regimens and other procedures to increase HbA1c testing by 20% at Omni.

Methods: To identify patient barriers regarding diabetes management, we conducted a ten-question survey designed at the 5th-grade reading level and crafted it using a 5-point Likert scale. The impact of the COVID-19 pandemic was assessed using the number of missed appointments and missed medication doses (Questions 2, 4, 7). Effects of transportation on HbA1c testing were assessed by whether transportation played a role in missing appointments and mode of transportation (Questions 1, 3, 5).

HL was assessed using questions 8, 9, and 10. These questions were analyzed based on the numerical value assigned to the available answer choices. For questions 8 and 9, "All of the time" was given a numerical value of 1, and "None of the time" was given a value of 5. For question 10, "None of the time" was given a numerical value of 1, and "All of the time" was given a numerical value of 5. A lower value correlated to inadequacy/marginal HL with patients scoring 1 or 2 at the most risk of low HL. These questions were adapted from Chew et al.

Medical students surveyed patients over the phone at variable days and times of the week. Patients were asked to confirm their name and DOB and provide verbal informed consent before the survey. Patients who refused to take the survey were not contacted again. Patients who did not respond were called two more times (a total of three times) in an attempt to collect data.

Results: Our pilot study showed that transportation did not pose a barrier, but HL proved to be a cause of concern. Out of a sample size of 7:

- Survey Completion rate: 28%
- Six patients did not feel confident filling out health forms on their own
- Three patients had a family member/hospital worker help them fill out health forms.
- Five patients reported that they missed taking 1+ doses of their medications in the past month.
- No patients reported difficulty understanding written information.
- Patients reporting difficulty filling out forms independently and needing assistance scored 1 or 2 on questions 8 and 10. Two of the three patients who needed help filling out their forms also did not feel confident filling out these forms independently. As a result, 6 out of 7 patients surveyed fell within the inadequate/marginal HL category, with 2 of these patients displaying the lowest HL as they had low scores on both questions 8 and 9. Additionally, these six patients showed low adherence rates to HbA1c testing (did not schedule an appointment within the last six months), as well as abnormal HbA1c levels (≥7%)

Conclusion: HL was a major social determinant of health that impacted HbA1c testing rates. While the COVID-19 pandemic may have contributed to this finding, the study does not directly confirm this contribution. Additionally, results showed that transportation did not pose a barrier to HbA1c testing rates as the majority had access to their own transportation with their own vehicle.

The assessment of HL using this survey has its limitations. The questions and the scoring process are not validated tools for assessing HL. Thus, the accuracy of the stratification of patients into different HL levels through this survey should be considered. A potential improvement to this survey would be to have the patients undergo assessment through a validated tool like the Test of Functional Health Literacy in Adults (TOFHLA).

The authors acknowledge that the study has low power due to the small sample size (n=7). Additionally, the day of the week and the time of day at which survey collection was done could have substantially impacted the completion rate (i.e., calling on the weekend vs. weekday might have yielded a higher completion rate). These offer avenues for improvement in future iterations of the study.

For future interventions, the study may benefit from streamlining the time of surveying the patients involved in this study. Furthermore, patients who suffer from barriers to HL and transportation may benefit from educational material like HbA1c brochures and increased follow-up from the QHC.

References:

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