About the Newsletter

Cardiology Newsletter published quarterly, is a great way to keep informed about what is going on within the Cardiology Division. The newsletter will contain news articles, updates and useful information about Faculty and Staff of our Division.

Categorical-Interventional Cardiovascular Fellow’s Graduation. Congratulations to our 2016 Graduates!

We had a wonderful celebration this year at the Banquet for the Graduation of the Fellows on Friday, June 17, 2016. Each Categorical Fellow has spent three years of intensive training while the Interventional Fellow has completed his program in one year. It gives us great pleasure to present the 2015/16 graduates of the Cardivascular Fellowship Program and to wish them the best in their next endeavors.

- Fahed Al Darazi, MD, will join a Cardiology practice at Cedar Rapids, Iowa;
- Oluwaseyi Bolorunduro, MD, will join the Interventional training at New York Presbyterian/Columbia P&S;
- Ritin Bomb, MD, will join a Cardiology practice in Jackson, TN;
- Michael C. Brown Jr., MD, is looking forward to joining a Cardiology practice in the Southeastern region;
- Adam Mizeracki, MD, will be a fellow in the Advanced Heart Failure program at UCSD.

The Interventional Cardiology graduate:
- Raza Aslari, MD, will join the UTHSC as an Assistant Professor of Medicine, Division of Cardiology.

Cardiology Program Graduates 2016. From left: Dr. Adam Mizeracki, Dr. Raza Askari (Interventional Fellow), Dr. Oluwaseyi Bolorunduro, Dr. Ritin Bomb, Dr. Michael Brown, and Dr. Fahed Al Darazi.
Division News

The NIH Medical Student Research Fellowship (MSRF) Program

The MSRF Program introduces students to biomedical research, careers in academic medicine, and provides an excellent opportunity for professional and academic growth. Students are awarded an MSRF after a competitive review of their research proposals. Proposed projects are intensely focused and expected to be completed within two to three months.

The Program is for UT medical students who have completed their first year of medical school, rising M2 in good standing. The selection is competitive as the research projects under the supervision of College of Medicine faculty investigators are personalized. The program covers both basic science and clinical science departments and is during the summer or off-quarters.

Syamal K. Bhattacharya, PhD, Professor of Medicine, Surgery, Neurology and Pharmaceutical Sciences, is the Executive Director of the MSRF program. He has trained and mentored more than 80 graduate and medical students, pre- and post-doctoral research fellows, medical residents and clinical fellows, as well as junior faculty members. Many of his trainees have distinguished themselves as outstanding clinicians, scientists and mentors. Professor Bhattacharya has dedicated his academic career on research and he firmly believes, as said by the NIH Director Francis S. Collins, MD, PhD, that “Medical discoveries of tomorrow depend on the students we train today”.

During this academic summer, four MSRF are supported by the American Heart Association funded Short-Term Medical Student’s Research Training Grant (PI: Dr. Guy Reed), 16 by the individual faculty mentors, most of whom are supporting these MSRF with their own NIH funding, and seven additional MSRF are generously funded through the UTHSC Department of Pediatrics and LBCH allocated research funds. Two will be involved in a research project at our Cardiology Division under the mentorship of Drs. Guy Reed, as well as Yao Sun and Syamal Bhattacharya.
Division News

Faculty Promotions and Tenure

Dr. Shadwan Alsafwah has been promoted to Associate Professor of Medicine. Dr. Alsafwah received his medical degree from the University of Damascus, Syria. He completed his residency in Internal Medicine at Mercy Hospital and Medical Center, University of Illinois, Chicago, IL, and his fellowship in Heart Failure/Cardiac Transplant at Yale University School of Medicine in New Haven, CT. Dr. Alsafwah then completed his Interventional Cardiology fellowship at Michigan State University/Borgess Medical Center in Kalamazoo, MI.

Dr. Uzoma Ibebuogu has been promoted to Associate Professor of Medicine. Dr. Ibebuogu earned his MD from the University of Ibadan in Nigeria. He completed his residency at Federal Medical Center Owerri in Imo, Nigeria. Upon arriving to the US, Dr. Ibebuogu completed his second residency and Cardiology fellowship at the Georgia Health Sciences University in Augusta, GA. Dr. Ibebuogu then completed his Interventional Cardiology at the UCLA/Cedars-Sinai Medical Center in Los Angeles, CA.

Dr. Rajesh Kabra was awarded Tenure at his current academic rank of Associate Professor of Medicine, in the Division of Cardiovascular Diseases. Dr. Kabra received his medical and surgery degrees from All India Institute of Medical Sciences (AIIMS) in New Delhi, India. He completed his residency in Internal Medicine at the University of Iowa Hospital and Clinics in Iowa City, IA and one more residency at St. Francis Hospital of Evaston, IL. Dr. Kabra then completed his fellowship in Cardiovascular Diseases at the University of Iowa Hospitals and Clinics in Iowa City.

Dr. Rami Khouzam was awarded Tenure at his current academic rank of Associate Professor of Medicine, in the Division of Cardiovascular Diseases. Dr. Khouzam earned his MD from Ain Shams University in Cairo, Egypt. He completed his residency in Internal Medicine at Tucson Hospitals Medical Education Program (THMEP), University of Arizona in Tucson, AZ. Dr. Khouzam then completed his fellowship in Invasive Cardiology at UTHSC in Memphis, TN, and his fellowship in Interventional Cardiology at Wintrop University in Mineola, NY.

Dr. Kevin Newman Retires

Kevin Newman, MD, is retiring from his position as Professor of Medicine at the Division of Cardiology in July. During a Special Fellow Seminar on Tuesday 7, Dr.
Newman was presented with a plaque by Dr. Reed, Interim Division Chief, honoring his contributions to the UT Graduate School of Medicine.

Also Dr. Weber and Dr. Ramanathan, Directors of the Fellowship Program, honored him with a plaque during a morning fellow seminar for his outstanding teaching contributions to the fellows. Dr. Newman came to Memphis in 1988 as an Assistant Professor of Medicine at UTHSC. During his outstanding academic career, he was awarded the Golden Apple Teaching Award and Excellence in Teaching Award several times. He served the Memphis community with dedicated care for 28 years. He fostered kindness and professional excellence through his academic teaching as well as his clinical practice. This led to his exceptional tenure as Professor of Medicine for Cardiology Division. He is retiring from his position as Professor of Medicine but will be still contributing as the Director of Heart Failure Service at the VA Medical Center in Memphis.

Societies Release Guideline Update for Heart Failure Therapies

The American College of Cardiology, the American Heart Association and the Heart Failure Society of America detail the groups’ recommendations for the use of two new heart failure medications.

This update to the 2013 ACCF/AHA Guideline for the Management of Heart Failure includes the addition of an angiotensin receptor-neprilysin inhibitor (ARNI) (valsartan/sacubitril), and a sinoatrial node modulator (ivabradine) to the list of treatment options for Stage C heart failure patients with a reduced ejection fraction. The previously determined drug options for these patients include angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), aldosterone antagonists, beta blockers, the combination of isosorbide dinitrate and hydralazine and diuretics. The goal of all of these medications is to relax blood vessels, reduce (biological) stress and improve the function of the heart.

According to the new recommendations, a therapeutic regimen of an ACE inhibitor or ARB or ARNI along with a beta blocker and an aldosterone antagonist is the new recommended therapy for patients with chronic symptomatic heart failure with reduced ejection fraction. ARNIs should replace ACE inhibitors (or ARBs) when stable patients with mild-to-moderate heart failure on these therapies have an adequate blood pressure and are otherwise tolerating standard therapies well. ARNIs, however, should not be used with an ACE inhibitor and should not be used by patients with a history of angioedema.

For more information:
J Am Coll Cardiol. 2016; doi: 10.1016/j.jacc.2016.05.011
http://us1.campaign-archive1.com/?u=5ff1983a6a01fc7ee4fab89d0e400d&id=85fe586e39
A Sampling of Recent Publications

Thrombolysis for Acute Ischemic Stroke after Recent Myocardial Infarction
Chang JJ, Khorchid Y, Gilbert RW, Woods T.
ISSN: 2330-4596 (Print) / 2330-460X (Online) 
http://www.researchpub.org/journal/jcvd/jcvd.html

Author Information

Timothy Woods, MD, is an Associate Professor of Medicine, Division of Cardiology, at UTHSC. Dr. Woods graduated from Northeastern Ohio Universities Colleges of Medicine and Pharmacy in 1992 and has been in practice for 24 years.

Abstract

Intravenous tissue plasminogen activator is currently the only FDA approved medical treatment for acute ischemic stroke with current relative contraindications that include recent myocardial infarction and elevated partial thromboplastin time. We report three cases where patients having subacute myocardial infarction received intravenous thrombolysis for acute ischemic strokes. Results varied from full recovery to cardiogenic shock and death. Notable differences between the patients with good and bad outcome included the presence of transmural myocardial infarction and the onset time from myocardial infarction to administration of intravenous thrombolysis. These cases highlight that when faced with the clinical dilemma of concomitant myocardial infarction and acute ischemic stroke, intravenous thrombolysis and stroke deficit must be balanced against perceived contraindications.

IMAGES from this publication:
A Sampling of Recent Publications

VASCULAR DISEASE MANAGEMENT 2016;13(4):E95-E100.
Atherectomy in the Occluded Forearm: A Case Presentation of Interosseous Ulnar Artery Treatment
Dwight Dishmon, MD

Author information

Dwight Dishmon, MD, is an Assistant Professor of Medicine, Division of Cardiology, at UTHSC. Dr. Dishmon received his medical degree from University of Tennessee College of Medicine and has been in practice between 11-20 years.

Abstract
Endovascular interventions in the arm can be essential in saving an affected limb. A difficult case of ulnar occlusion is described. Case Report: A 69-year-old male was referred to the clinic with gangrenous changes to the right first and second fingers. The patient had a variety of comorbidities and a recent history of mitral valve replacement. Angiography identified a total occlusion of the ulnar artery and limited flow to the hand. Atherectomy was performed using an orbital atherectomy system and a balloon was passed and inflated in the interosseous artery. Excellent flow was obtained into the hand; however, there was no flow in the gangrenous portion of the digits. The patient returned 10 days later for partial amputation of the fingers but has had no revascularization and no new wounds on the treated forearm. Conclusion: This case illustrates the benefit of endovascular intervention in patients with forearm and hand occlusions.

IMAGES from this publication:

Figure 1. The patient presented with a large occlusion in the ulnar artery (A) and flow to the hand was poor (B).

Figure 2. Orbital atherectomy was performed in the ulnar artery (A) and a balloon was passed distally into the interosseous ulnar artery (B).