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DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA

Editors

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MEDICAL PRESENTATIONS

TIPS FOR PATIENT HISTORY TAKING

Volume 1

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PREFACE

The basis of a true medical history is good communication between the doctor and the patient.

It is important for doctors to acquire good consultation skills which go beyond prescriptive history taking learned as part of the comprehensive and systematic clerking process outlined in textbooks.

A good history is one which reveals the patient's ideas, concerns and expectations as well as any accompanying diagnosis. The doctor's agenda, incorporating lists of detailed questions, should not dominate the history taking. Listening is at the heart of good history taking. Without the patient's perspective, medical history is likely to be much less revealing and less useful to the doctor who is attempting to help the patient.

To obtain a true, representative account of what is troubling a patient and how it has evolved overtime, is not an easy task. It takes practice, patience, understanding and concentration. The purpose of our 1st volume of medical presentations is to guide the future doctors towards a detailed physical examination of the patient, in a logical, organized, respectful, and thorough manner, paying attention to the patient's general appearance, vital signs, and pertinent body regions.

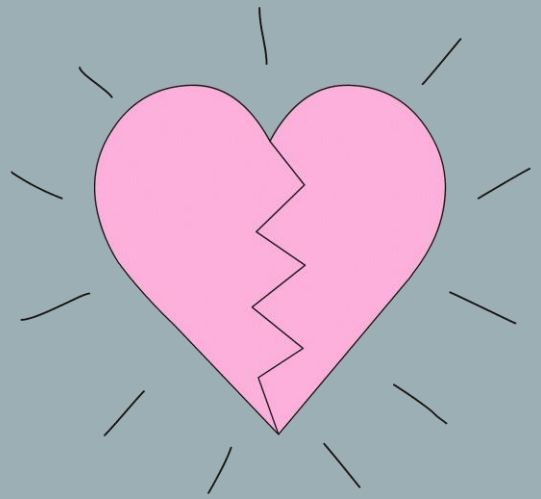
The following selected projects were presented during students' workshops which have been organized since 2016 by our language department in collaboration with other universities.

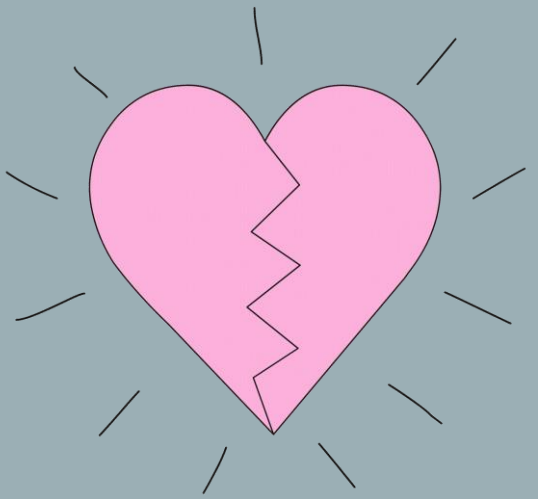
Associate Professor Ph.D. Simona Nicoleta STAICU

Associate Professor Ph.D. Iulia Cristina FRÎNCULESCU

HEART FAILURE

SORINA DACIANA BACIU





"Victor Babeș" University of Medicine and Pharmacy, Timișoara, Romania

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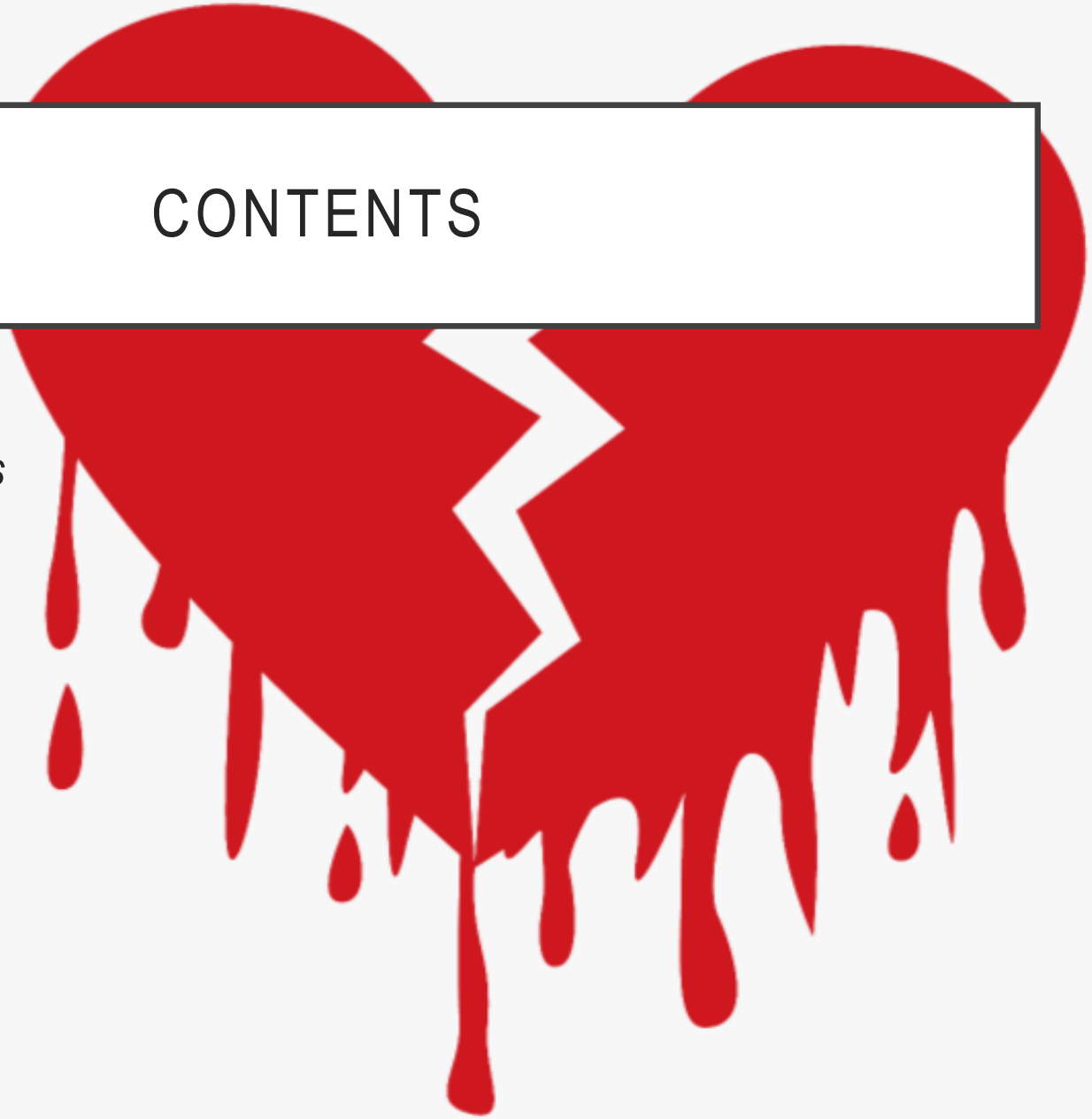
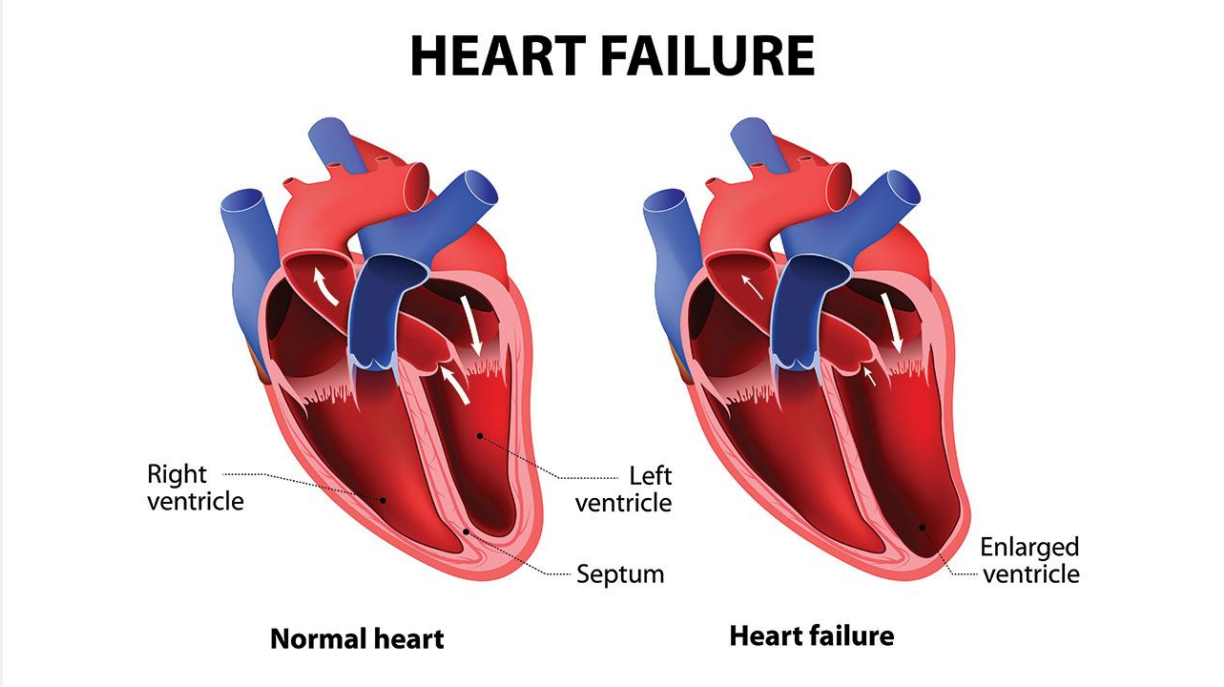


- *Heart failure and what it means*
- *Causes*
- *Symptoms*
- *When to see a doctor*
- *Diagnosis*
- *Treatment*
- *Patient record*
- *History Taking*

WHAT DOES HEART FAILURE MEANS?

♡ Heart failure, sometimes known as congestive heart failure, occurs when your heart muscle doesn't pump blood as well as it should. Certain conditions, such as narrowed arteries in your heart (coronary artery disease) or high blood pressure, gradually leave your heart too weak or stiff to fill and pump efficiently.

♡ Lifestyle changes – such as exercising, reducing sodium in your diet, managing stress and losing weight can improve your quality of life.

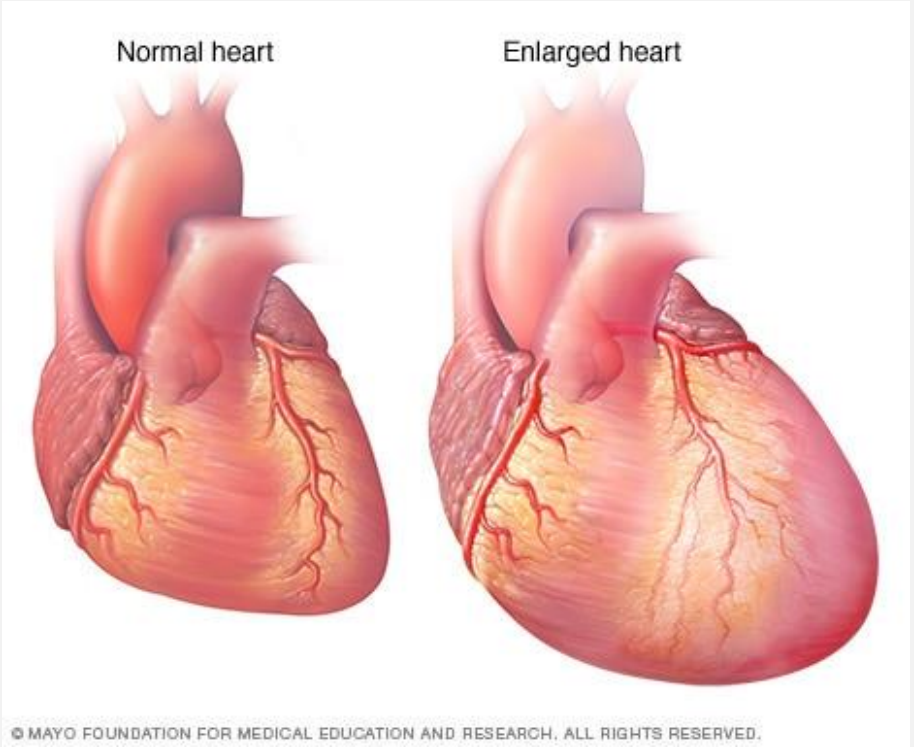


WHAT CAUSES THIS CONDITION?

- Heart failure often develops after other conditions have damaged or weakened your heart. However, the heart doesn't need to be weakened to cause heart failure. It can also occur if the heart becomes too stiff.

- In heart failure, the main pumping chambers of your heart (the ventricles) may become stiff and not fill properly between beats. In some cases of heart failure, your heart muscle may become damaged and weakened, and the ventricles stretch (dilate) to the point that the heart can't pump blood efficiently throughout your body.

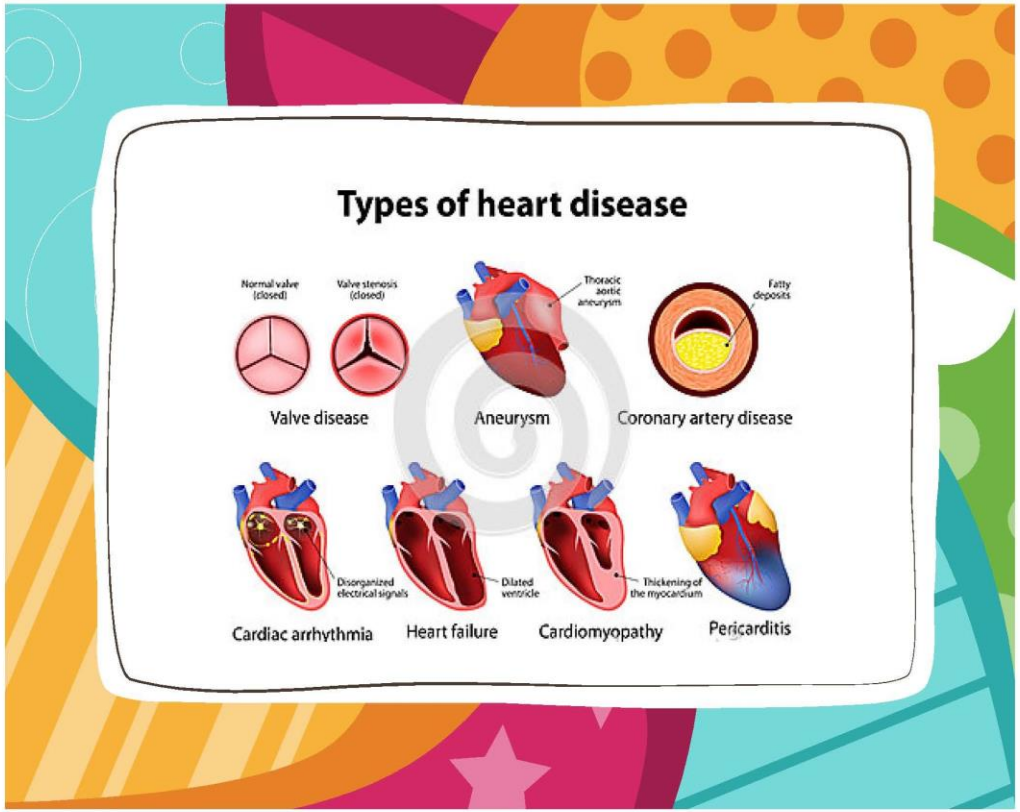
- Over time, the heart can no longer keep up with the normal demands placed on it to pump blood to the rest of your body.



CAUSES

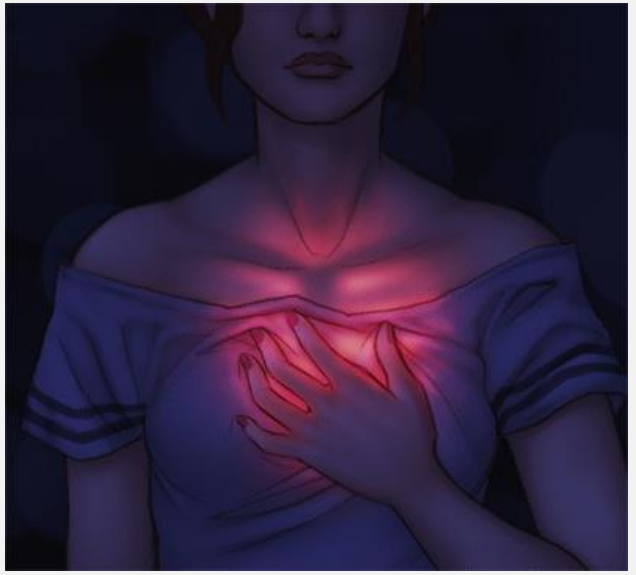
CONDITIONS THAT CAN CAUSE HEART FAILURE

- Coronary artery disease and heart attack
- High blood pressure (hypertension)
- Faulty heart valves
- Damage to the heart muscle (cardiomyopathy)
- Myocarditis
- Heart defects you're born with (congenital heart defects)
- Abnormal heart rhythms (heart arrhythmias)
- Other diseases – Chronic diseases – such as diabetes, HIV, hyperthyroidism, hypothyroidism, or a buildup of iron (hemochromatosis) or protein (amyloidosis) – also may contribute to heart failure.



SYMPTOMS

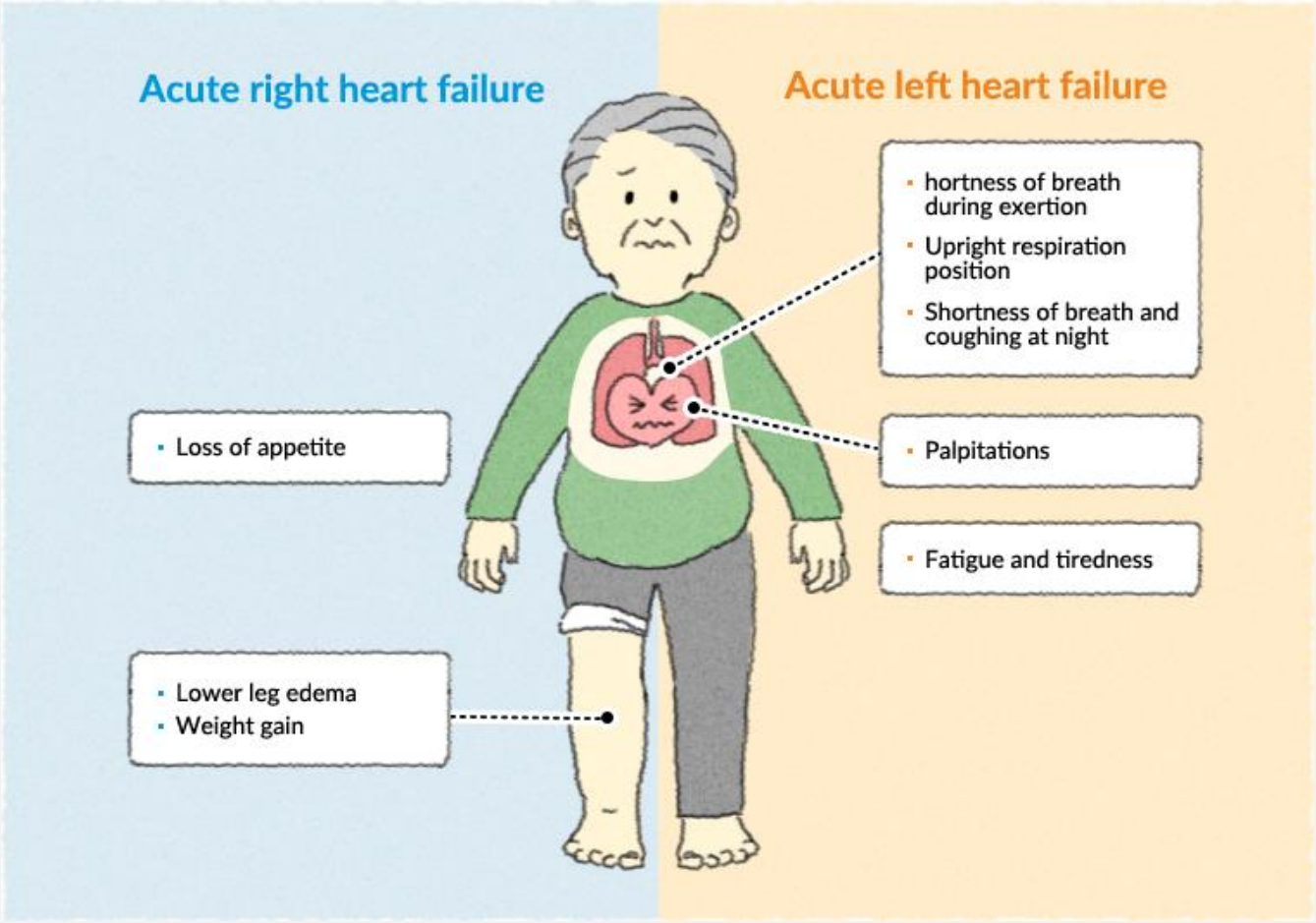
HEART FAILURE CAN BE ONGOING (CHRONIC), OR YOUR CONDITION MAY START SUDDENLY (ACUTE).

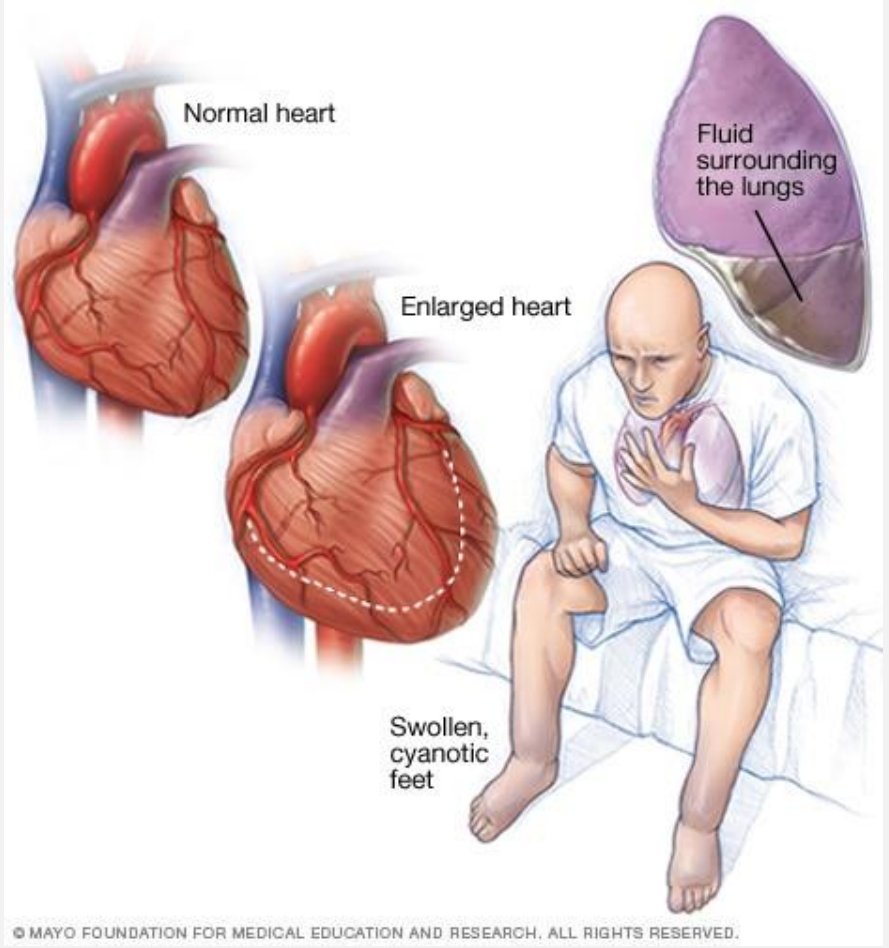


- Shortness of breath (dyspnea) when you exert yourself or when you lie down
- Fatigue and weakness
- Swelling (edema) in your legs, ankles and feet
- Rapid or irregular heartbeat
- Reduced ability to exercise
- Persistent cough or wheezing with white or pink blood-tinged phlegm
- Increased need to urinate at night
- Swelling of your abdomen (ascites)
- Very rapid weight gain from fluid retention
- Lack of appetite and nausea
- Difficulty concentrating or decreased alertness
- Sudden, severe shortness of breath and coughing up pink, foamy mucus
- Chest pain if your heart failure is caused by a heart attack

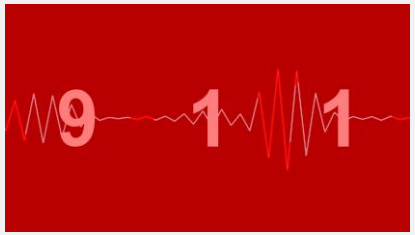
SYMPTOMS

HEART FAILURE CAN BE ONGOING (CHRONIC), OR YOUR CONDITION MAY START SUDDENLY (ACUTE).





WHEN TO SEE A DOCTOR



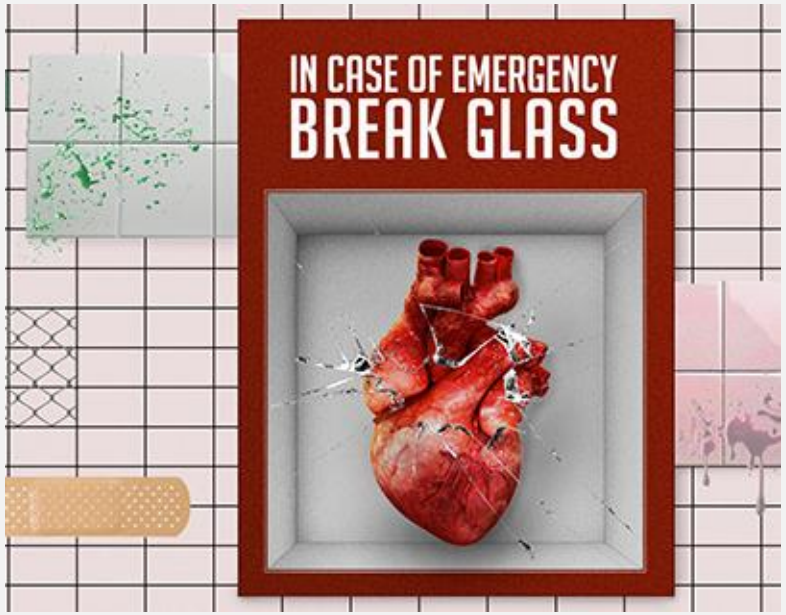
☎ See your doctor if you think you might be experiencing signs or symptoms of heart failure. Seek emergency treatment if you experience any of the following:

- ☞ Chest pain
- ☞ Fainting or severe weakness
- ☞ Rapid or irregular heartbeat associated with shortness of breath, chest pain or fainting
- ☞ Sudden, severe shortness of breath and coughing up pink, foamy mucus

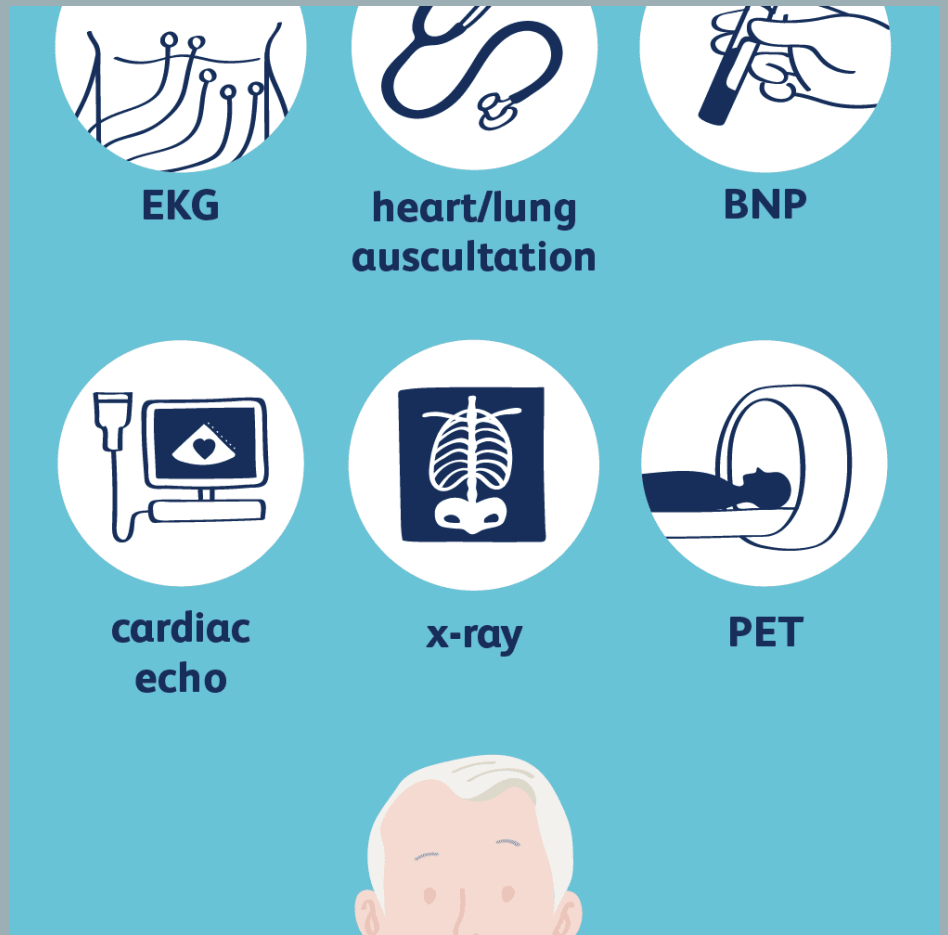
Although these signs and symptoms may be due to heart failure, there are many other possible causes, including other life-threatening heart and lung conditions.

Don't try to diagnose yourself !

☎ Call 911 or your local emergency number for immediate help !



DIAGNOSIS



- To diagnose heart failure, your doctor will take a careful medical history, review your symptoms and perform a physical examination. Your doctor will also check for the presence of risk factors, such as high blood pressure, coronary artery disease or diabetes.

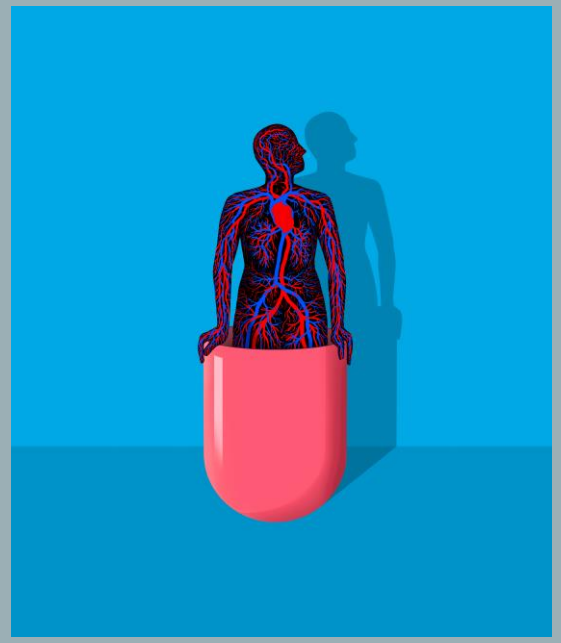
- Using a stethoscope, your doctor can listen to your lungs for signs of congestion. The stethoscope also picks up abnormal heart sounds that may suggest heart failure. The doctor may examine the veins in your neck and check for fluid buildup in your abdomen and legs.

After the physical exam, your doctor may also order some of these tests:

- **Blood tests**
- **Chest X-ray**
- **Electrocardiogram (ECG)**
- **Echocardiogram**
- **Stress test**
- **Cardiac computerized tomography (CT) scan**
- **Magnetic resonance imaging (MRI)**
- **Coronary angiogram**
- **Myocardial biopsy**

TREATMENT

Heart failure is a chronic disease needing lifelong management.



MEDICATION

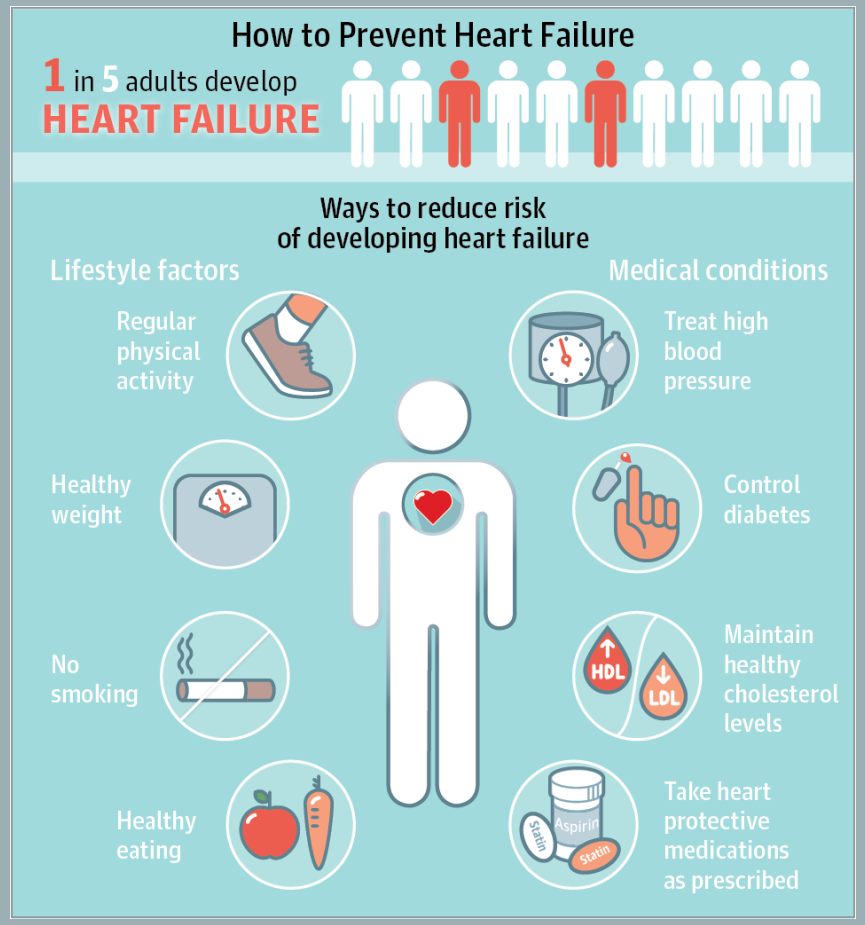
Doctors usually treat heart failure with a combination of medications. Depending on your symptoms, you might take one or more medications, including:

- Angiotensin-converting enzyme (ACE) inhibitors
- Angiotensin II receptor blockers
- Beta blockers
- Diuretics
- Aldosterone antagonists
- Inotropes
- Digoxin (Lanoxin)

SURGERY AND MEDICAL DEVICES:

- Coronary bypass surgery
- Heart valve repair or replacement
- Implantable cardioverter-defibrillators (ICDs)
- Cardiac resynchronization therapy (CRT), or biventricular pacing
- Ventricular assist devices (VADs)
- Heart transplant

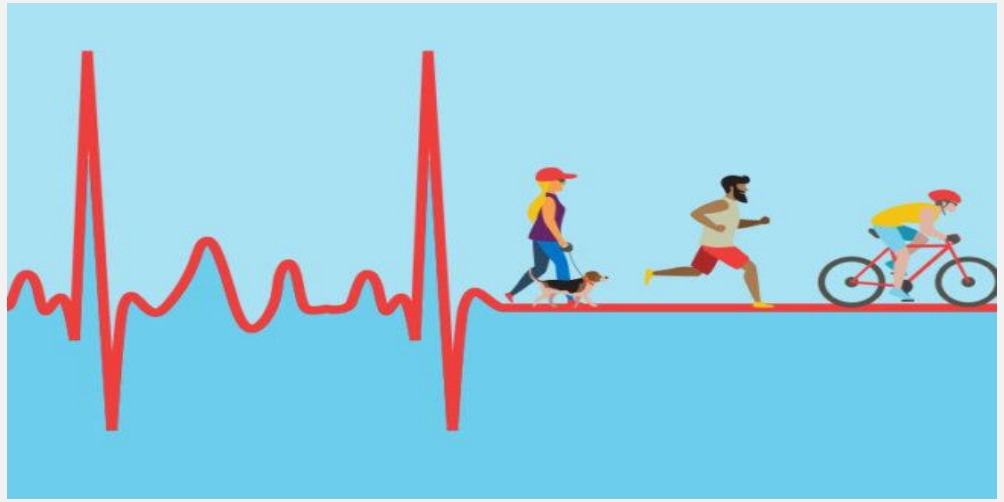
PREVENTION



The key to preventing heart failure is to reduce your risk factors.

Lifestyle changes you can make to help prevent heart failure include:

- Not smoking
- Controlling certain conditions, such as high blood pressure and diabetes
- Staying physically active
- Eating healthy food
- Maintaining a healthy weight
- Reducing and managing stress



PATIENT RECORD

- First Name: Mircea
- Last Name: Suciu
- Date of birth: 13.04.1967
- Age: 52 years old
- Weight: 98 kg
- Height: 178 cm
- Gender: male
- Marital status: married
- Occupation: truck driver
- Main complaint: chest pain, palpitations, fatigue and weakness

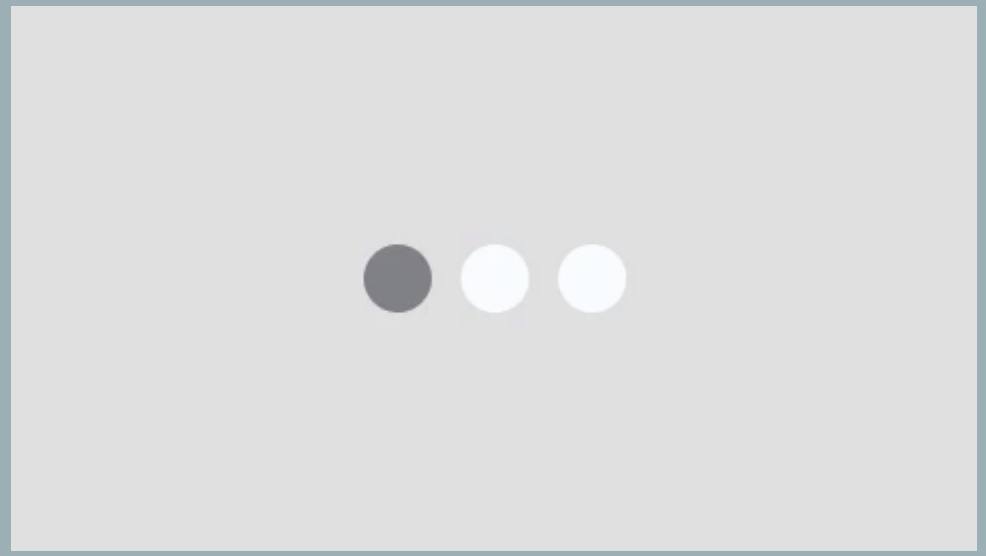
INTRODUCTION

- **Doctor**: Good morning, my name is dr. Bustea Cristiana. Please, take a sit.
- **Pacient**: Good morning doctor, nice to meet you. My name is Suciu Mircea.
- **D**: First of all, I am going to ask you some personal information, so that we can fill in your chart.
- **P**: Yes, of course, doctor.
- **D**: Tell me please your age, weight and height.
- **P**: I am 52 years old, I weigh 98 kg and my height is 178 cm.
- **D**: Ok, now your chart is almost complete.

MAIN COMPLAINT

- **D**: So tell me, what has been bothering you?
- **P**: Well doctor, I feel an ache in my chest and sometimes I feel like I can't breathe.
- **D**: How long have you felt the pain?
- **P**: I can't quite remember, I think it has been for a couple of days, it all started after my son asked me to join him for a football game.
- **D**: I see, how bad does it hurt and when does the pain begin?
- **P**: It's pretty bad and after I lie down a little, the pain starts to fade but the breathing problem doesn't.
- **D**: Does your pain intensify after exercising or making any effort?
- **P**: Yes, I get tired very quickly and I feel very weakened.

OTHER COMPLAINTS



- **D**: What about any other symptoms? Have you experienced any other pain?
- **P**: My back also hurts and sometimes I find it very hard to breathe.
- **D:** Does this happen often?
- **P**: It does. Every single day.
- **D**: Does it come and go or is it constant?
- **P**: It's not constant, it can occur at any moment of the day but it is the most intense when I make effort.
- **D**: Do you have other symptoms during the night? Do you sleep well?
- **P**: Not really, I have a cough that bothers me right before I go to sleep and again, in the morning as well.
- **D**: Are you taking any pills at the moment?
- **P**: No, I usually avoid taking any kind of pills.

PAST MEDICAL HISTORY

- **D**: Any other complaints you may remember from your past?
- **P**: Definitely not, I have always been a healthy man.
- **D**: What about another complications? Have you gone through any surgeries?
- **P**: No, I have never had health issues before.

FAMILY HISTORY

- **D**: Now I am going to ask you some questions about your family. Tell me, are you married?
- **P**: Yes, the beautiful woman that you met outside, that is my wife.
- **D**: Yes, I remember. Children, do you have any?
- **P**: Yes, I have a daughter and a son.
- **D**: Very nice. What about the other family members?
- **P:** My dad passed away 7 years ago, he was a smoker and he got sick because of that. My mother is still alive and healthy. I also have a sister who is perfectly healthy as well.
- **D**: Were they known to be suffering from any diseases during their life?
- **P**: Well, my father was having problems with the heart, he had ischemic cardiomyopathy and then he died of a heart attack.

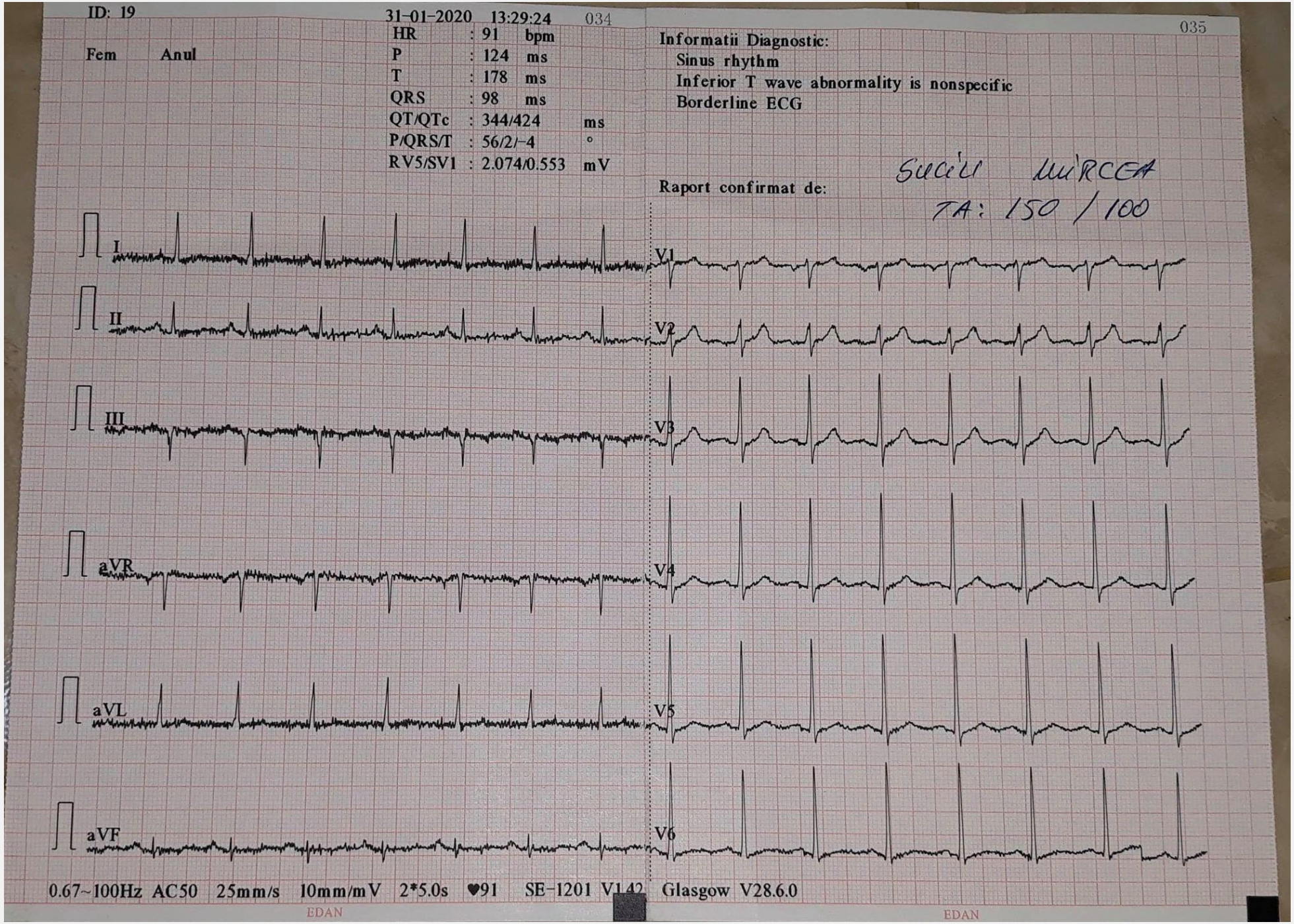
SOCIAL AND PERSONAL HISTORY

- **D**: It may be possible to be a genetic condition, which means you have inherited it from your father. We will do the investigations.
- **P**: Is it something bad?
- **D**: No, you have come before it has got worse so we will be able to treat it.
- **D**: Ok, now tell me more things about you. Where do you live and where do you work?
- **P**: I am a truck driver, it is a family business, I live in the countryside but most of the time I am gone with work.
- **D**: I see, so you could say you are pretty busy. Do you drink or do you smoke?
- **P**: Yes, I smoke a lot while I drive. I know it is a bad habit but I am trying to quit.
- **D**: Do you have a healthy diet? Do you eat salt?
- **P**: To be honest, I don't have a healthy diet. I'm always on the road, and it is easier for me to stop and eat on my way and most of the time I eat fast food. Also, I like salty and spicy food.

INVESTIGATIONS

- **D**: I understand, now I am going to consult you with my stethoscope and I am going to take your blood pressure. I also want to do a general inspection to see if you have any swelling.
- **P**: Yes, doctor.
- **D**: You seem to have your blood pressure pretty high but your lungs are fine. Do you take any medication for the blood pressure?
- **P**: No, I don't.
- **D**: Now we are going to run the investigations. I am going to send you to the lab for blood tests and I am going to ask you to make an EKG.
- **P**: Whatever you say, doctor.
- **D**: I am suspecting that you have heart failure, but we will know for sure after we have the results. We will let you know when we have the results and then you should come for a check-up.
- **P**: OK doctor, thank you and see you soon.

EKG:


ID: 19
31-01-2020 13:29:24
034
035
Fem Anul
HR : 91 bpm
P : 124 ms
T : 178 ms
QRS : 98 ms
QT/QTc : 344/424 ms
P/QRS/T : 56/21-4 °
RV5/SV1 : 2.074/0.553 mV
Informatii Diagnostic:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG
Raport confirmat de:
Sucili Mircea
TA: 150/100
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥91 SE-1201 V1.42
Glasgow V28.6.0
EDAN
EDAN

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ANALIZE MEDICALE

acreditat pentru
ANALIZE MEDICALE
SR EN ISO 15189:2013
CERTIFICAT DE ACREDITARE
LM 470

BULETIN DE ANALIZA NR. 20113O0300 din 13/01/2020

(00026)Bioclinica Beius, recoltat: 13/01/2020 11:09, lucrat: Bioclinica SRL, Laborator de analize medicale, Oradea, Str.Locomotivei, Nr. 40

SUCIU MIRCEA-EUGEN, 52 ani, M, BH, Vascau, Crisului, 46, CNP:1670413052145

		VAL.BIOL.REF.	ANTECEDENT	
Colesterol total...				
160	**mg/dL**	(< 200)	15/11/2019	197
4,14	**mmol/L**	(< 5,18)		5,10
Interpretare:				
Ideal :	<=200 mg/dL	<=5.18 mmol/L		
La limita:	200 - 240 mg/dL	5,18 - 6,22 mmol/L		
Crescut :	>=240 mg/dL	>=6,22 mmol/L		
(ser, Spectrofotometrie)				
Trigliceride...				
120	**mg/dL**	(< 150)	15/11/2019	153
1,36	**mmol/L**	(< 1,70)		1,73
Interval biologic de referinta:				
Ideal	: < 150 mg/dL	(< 1,70 mmol/L)		
La limita	: 150 - 200 mg/dL	(1,70 - 2,25 mmol/L)		
Crescut	: 200 - 500 mg/dL	(2,26 - 5,64 mmol/L)		
Foarte crescut:	> 500 mg/dL	(> 5,64 mmol/L)		
(ser, Spectrofotometrie)				
LDL colesterol direct...				
106	**mg/dL**	(< 100)	15/11/2019	155
2,75	**mmol/L**	(< 2,59)		4,01
Interval biologic de referinta:				
Ideal:	<100 mg/dL	(<2,59 mmol/L)		
La limita:	100 - 129 mg/dL	(2,59 - 3,34 mmol/L)		
Crescut la limita:	130 - 159 mg/dL	(3,37 - 4,12 mmol/L)		
Crescut:	160 - 189 mg/dL	(4,14 - 4,89 mmol/L)		
Foarte crescut:	>=190 mg/dL	(>4,92 mmol/L)		
(ser, Spectrofotometrie)				
HDL colesterol...				
46	**mg/dL**	(>= 60)	15/11/2019	47
1,19	**mmol/L**	(>= 1,55)		1,22
Interval de referinta:				
<40 mg/100mL - risc major pentru boli cardiovasculare				
>=60 mg/100mL - ideal				
(ser, Spectrofotometrie)				
TGO (ASAT)...				

Dr Mihaela Zdrincă
medic primar
medicină de laborator

BIOCLINICA
ANALIZE MEDICALE

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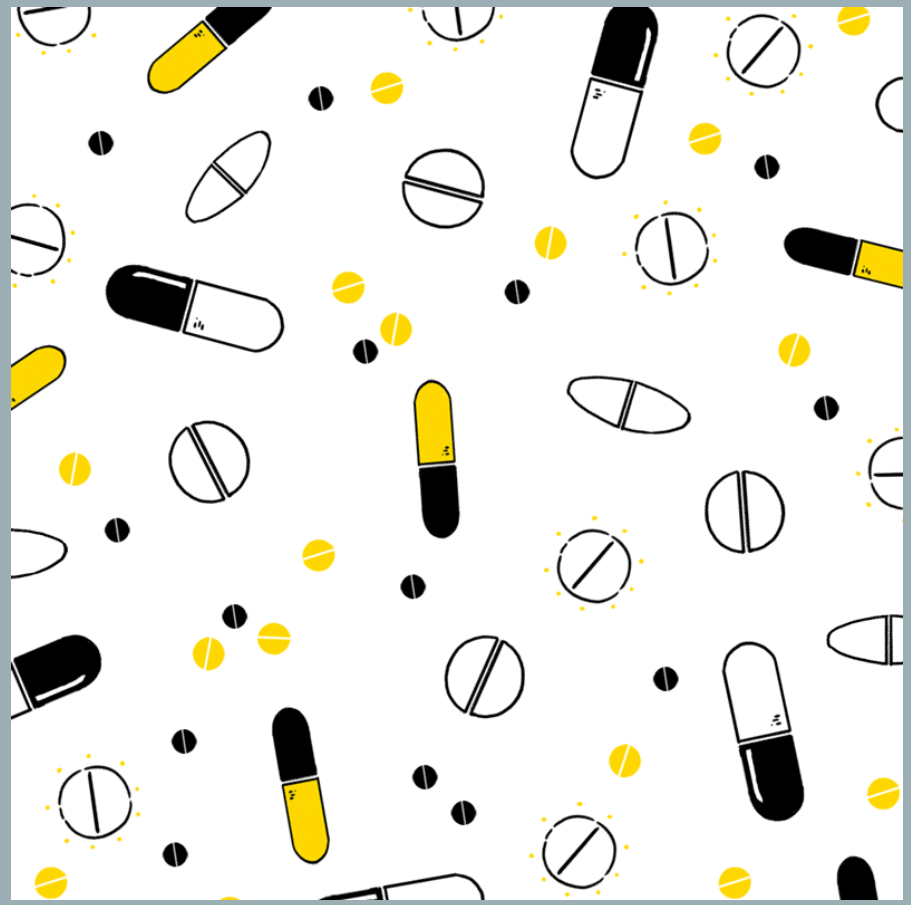
		VAL.BIOL.REF.	ANTECEDENT	
65	**U/L**	(15 - 40)	15/11/2019	67
(ser, Spectrofotometrie)				
TGP (ALAT)...				
96	**U/L**	(10 - 40)	15/11/2019	106
(ser, Spectrofotometrie)				
Hemoleucograma...				
Hematii.....	**6050000**	**/mm3**	(4300000 - 5750000)	
Hemoglobina...	**16,9**	**g/dL**	(13,5 - 17,2)	
Hematocrit....	**50,6**	**%**	(39,5 - 50,5)	
MCV.....	**83,6**	**fL**	(80,0 - 99,0)	
MCH.....	**27,9**	**pg**	(27,0 - 33,5)	
MCHC.....	**33,4**	**g/dL**	(31,5 - 36,0)	
RDW.....	**16,1**	**%**	(11,5 - 14,1)	
Trombocite....	**182000**	**/mm3**	(150000 - 370000)	
Leucocite.....	**7850**	**/mm3**	(3900 - 10200)	
FORMULA LEUCOCITARA:				
Neutrofile...	**61,50 %**	**4830 /mm3**	(42,00 - 77,00)	
Limfocite....	**30,60 %**	**2400 /mm3**	(20,00 - 44,00)	
Monocite.....	**4,50 %**	**350 /mm3**	(2,00 - 9,50)	
Eozinofile...	**2,90 %**	**230 /mm3**	(0,50 - 5,50)	
Bazofile.....	**0,50 %**	**40 /mm3**	(0,00 - 1,75)	

(sange integral EDTA, impedanta si citometrie de flux)

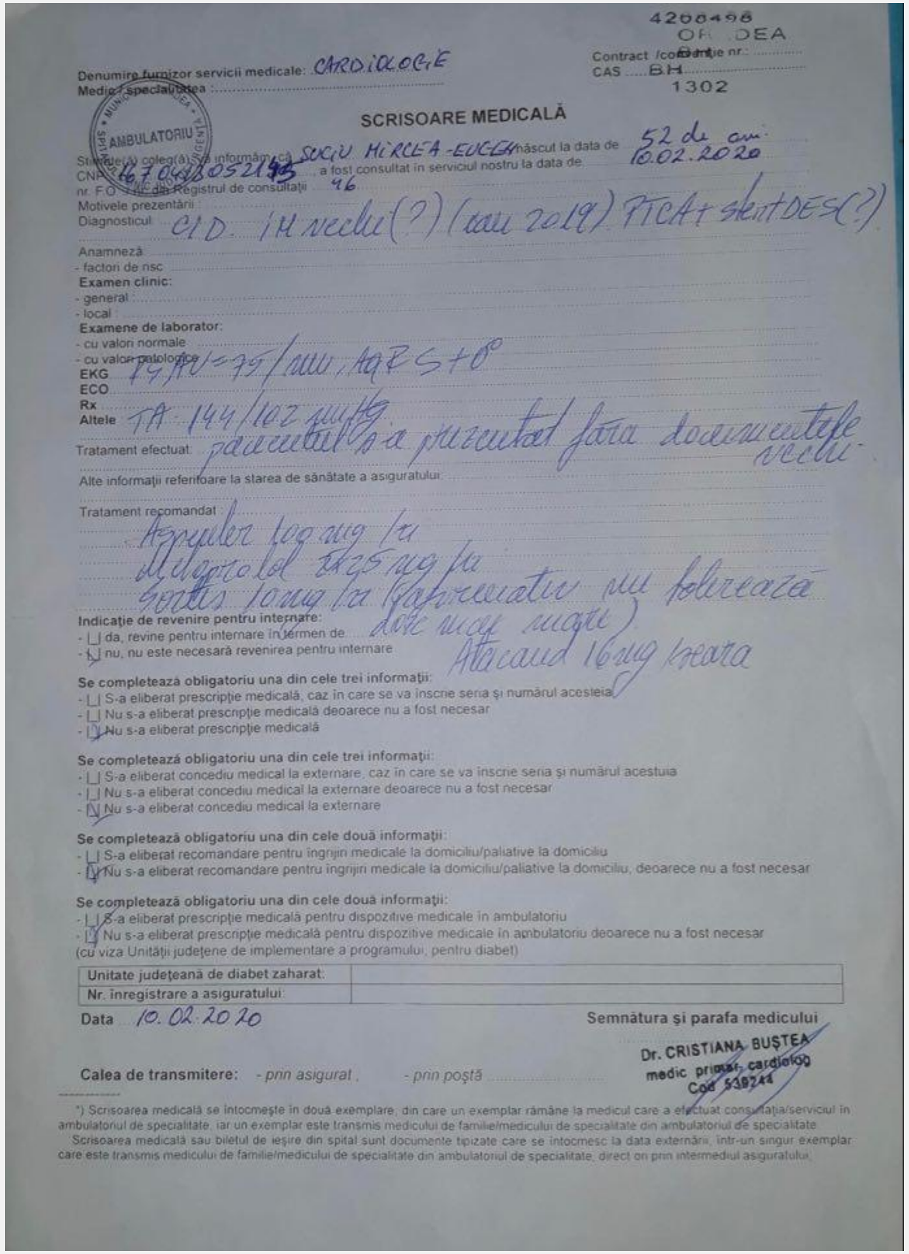
Analizele marcate (#) NU sunt acoperite de acreditare RENAR.
Pentru detalii suplimentare va rugam sa solicitati certificatul de acreditare la oradea@bioclinica.ro.
Opiniile si interpretarile nu sunt acoperite de acreditarea RENAR.

Dr Mihaela Zdrincă
medic primar
medicină de laborator

FINAL DIAGNOSIS



- **D**: Now that we received the results, it is indeed heart failure as I said. This means that your heart doesn't pump enough blood.
- **P**: That doesn't sound good, does it?
- **D**: No, but with the right treatment and a balanced lifestyle, everything will be just fine. Here is what we are going to do next: I am going to prescribe you the medication – Nebilet for the heartbeats, Sortis for hypercholesterolaemia, Diurex for hypertension and Brilique combined with Aspirin Cardio to prevent a heart attack.
- **P**: Yes, doctor.
- **D**: I am also going to ask you to make less effort and to try to have a healthy diet. Also try to quit smoking and avoid fats. You have to follow my advice in order to live a better life.
- **P**: Ok, I will try. Thank you doctor for everything.
- **D**: You're welcome. I'll be expecting you in a couple of months for another consultation.



4200498
OR DEA

Denumire furnizor servicii medicale: CARDIOLOGIE
Medic / specialitatea: ......

Contract / convenție nr.: ......
CAS BH
1302

AMBULATORIU

SCRISOARE MEDICALĂ

Stimate(ă) coleg(ă), vă informăm că SUCIU MIRCEA-EUGEN născut la data de 52 de ani
CNP 1670418052193 a fost consultat în serviciul nostru la data de 10.02.2020
nr. F.O. / nr. din Registrul de consultații 46
Motivele prezentării
Diagnosticul: CID. IM vechi (?) (iau 2019) PTCA + stent DES (?)

Anamneză
- factori de risc
Examen clinic:
- general
- local
Examene de laborator:
- cu valori normale
- cu valori patologice
EKG RS, AV=75/min, AQRS +0°
ECO
Rx
Altele TA 144/102 mmHg
Tratament efectuat: pacientul s-a prezentat fără documentele vechi
Alte informații referitoare la starea de sănătate a asiguratului:

Tratament recomandat:
Aspenter 100mg 1x1
Metoprolol 2x25mg 1x
Sortis 10mg 1x (Atorvastatin nu tolerează doze mai mari)
Atacand 16mg 1xseara

Indicație de revenire pentru internare:
- [ ] da, revine pentru internare în termen de
- [x] nu, nu este necesară revenirea pentru internare

Se completează obligatoriu una din cele trei informații:
- [ ] S-a eliberat prescripție medicală, caz în care se va înscrie seria și numărul acesteia
- [ ] Nu s-a eliberat prescripție medicală deoarece nu a fost necesar
- [x] Nu s-a eliberat prescripție medicală

Se completează obligatoriu una din cele trei informații:
- [ ] S-a eliberat concediu medical la externare, caz în care se va înscrie seria și numărul acestuia
- [ ] Nu s-a eliberat concediu medical la externare deoarece nu a fost necesar
- [x] Nu s-a eliberat concediu medical la externare

Se completează obligatoriu una din cele două informații:
- [ ] S-a eliberat recomandare pentru îngrijiri medicale la domiciliu/paliative la domiciliu
- [x] Nu s-a eliberat recomandare pentru îngrijiri medicale la domiciliu/paliative la domiciliu, deoarece nu a fost necesar

Se completează obligatoriu una din cele două informații:
- [ ] S-a eliberat prescripție medicală pentru dispozitive medicale în ambulatoriu
- [x] Nu s-a eliberat prescripție medicală pentru dispozitive medicale în ambulatoriu deoarece nu a fost necesar

(cu viza Unității județene de implementare a programului, pentru diabet)

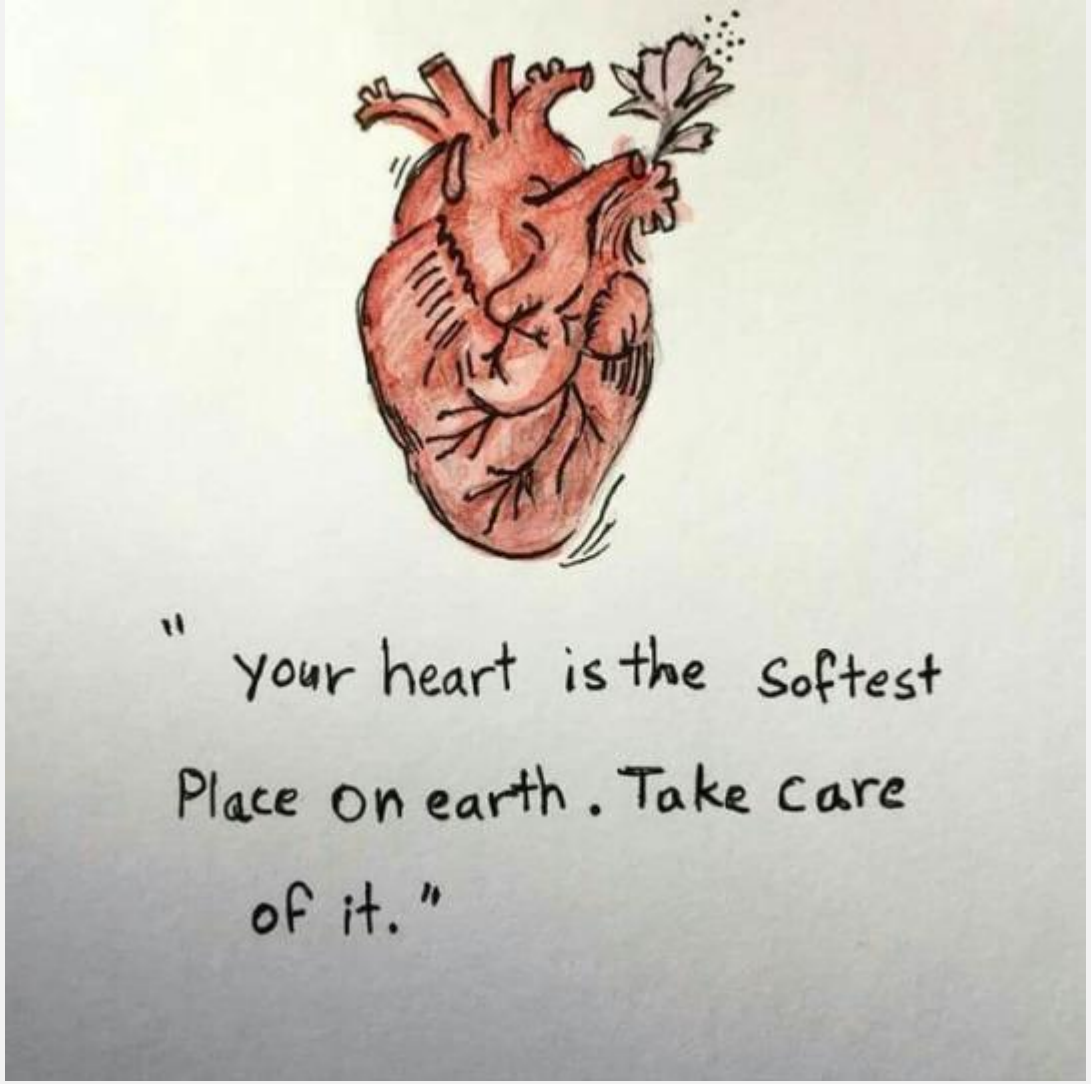
Unitate județeană de diabet zaharat:	
Nr. înregistrare a asiguratului:	

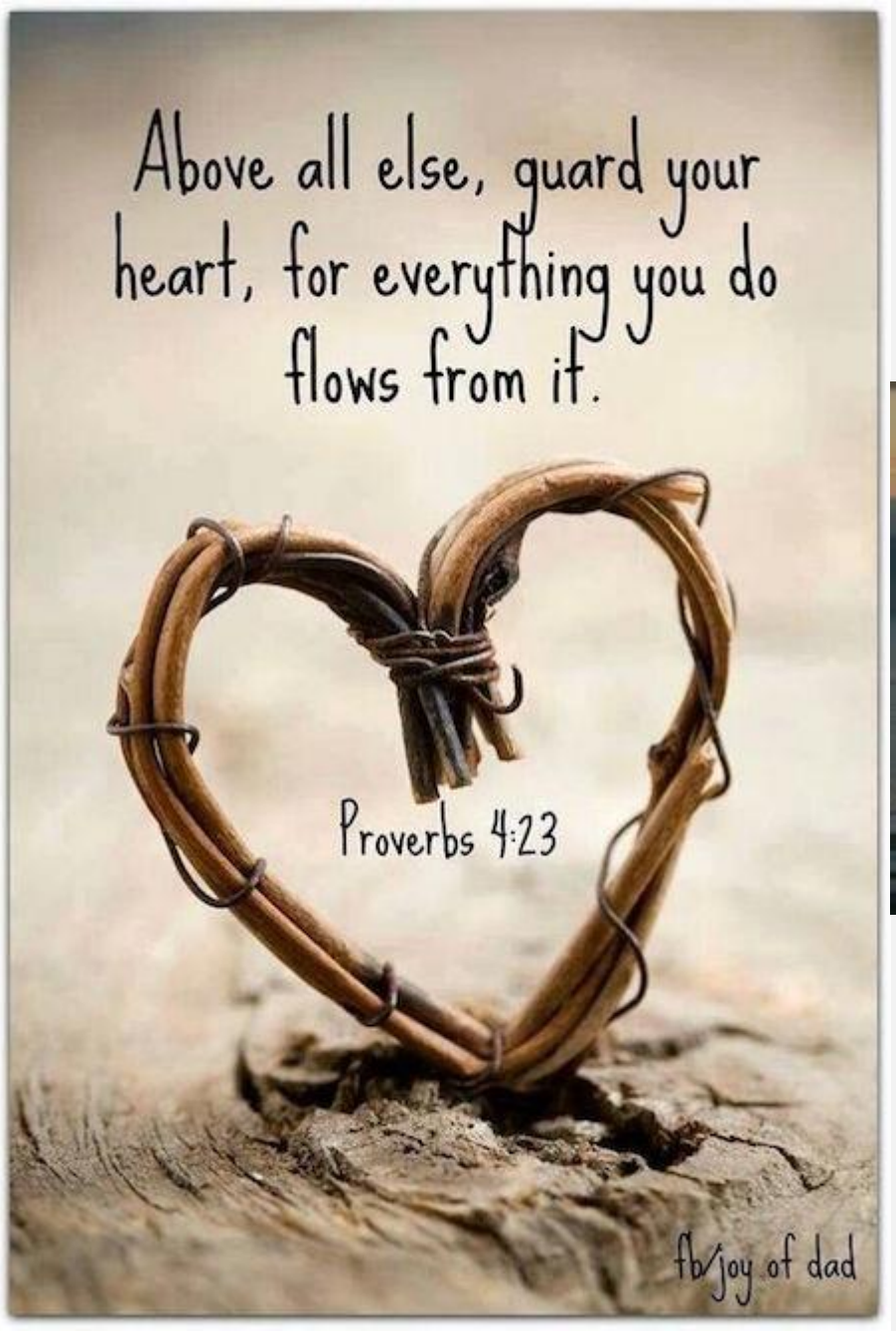
Data 10.02.2020

Semnătura și parafa medicului
Dr. CRISTIANA BUȘTEA
medic primar cardiolog
Cod 539244

Calea de transmitere: - prin asigurat ...... - prin poștă ......

*) Scrisoarea medicală se întocmește în două exemplare, din care un exemplar rămâne la medicul care a efectuat consultația/serviciul în ambulatoriul de specialitate, iar un exemplar este transmis medicului de familie/medicului de specialitate din ambulatoriul de specialitate.
Scrisoarea medicală sau biletul de ieșire din spital sunt documente tipizate care se întocmesc la data externării, într-un singur exemplar care este transmis medicului de familie/medicului de specialitate din ambulatoriul de specialitate, direct ori prin intermediul asiguratului.


" your heart is the softest
Place on earth . Take care
of it."


Above all else, guard your heart, for everything you do flows from it.
Proverbs 4:23
fb/joy of dad


Take care of your heart. Its the only beating that you want to last forever!
— Snigdha Morals
YourQuote.in

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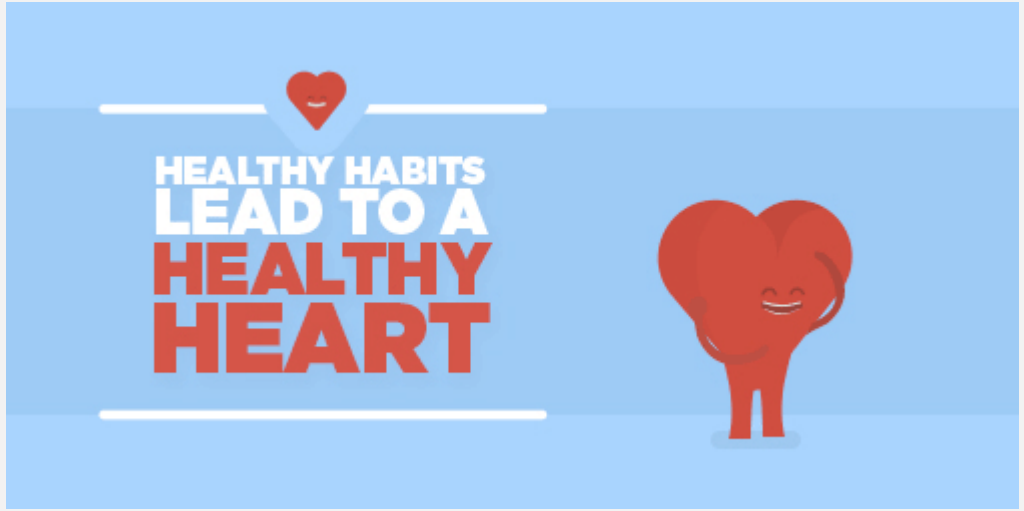

“Victor Babeș” University of Medicine and Pharmacy Timișoara, Romania

Tourette Syndrome

– when the body has a mind of its own –

Oana Cădărean

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Tourette Syndrome
– overview –

Tourette syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics. The disorder is named after Dr. Georges Gilles de la Tourette, the pioneering French neurologist who in 1885 first described the condition in an 86-year-old French noblewoman.

The early symptoms of Tourette are typically noticed first in childhood, with the average onset between the ages of 3 and 9 years. TS occurs in people from all ethnic groups; males are affected about three to four times more often than females.

Although TS can be a chronic condition with symptoms lasting a lifetime, most people with the condition experience their worst tic symptoms in their early teens, with improvement occurring in the late teens and continuing into adulthood.

Symptoms/tics
– and types of tics –

Tics are sudden twitches, movements, or sounds that people do repeatedly. People who have tics cannot stop their body from doing these things. For example, a person might keep blinking over and over again. Or, a person might make a grunting sound unwillingly.

Having tics is a little bit like having hiccups. Even though the patient might not want to hiccup, the body does it anyway. Sometimes people can stop themselves from doing a certain tic for a while, but it's hard. Eventually the person has to do the tic.

There are two types of tics – motor and vocal:

- *Motor Tics*

Motor tics are movements of the body. Examples of motor tics include blinking, shrugging the shoulders, or jerking an arm.

- *Vocal Tics*

Vocal tics are sounds that a person makes with his or her voice. Examples of vocal tics include humming, clearing the throat, or yelling out a word or phrase.

Furthermore, tics can be either simple or complex:

- *Simple Tics*

Simple tics involve just a few parts of the body. Examples of simple tics include squinting the eyes or sniffing.

- *Complex Tics*

Complex tics usually involve several different parts of the body and can have a pattern. An example of a complex tic is bobbing the head while jerking an arm, and then jumping up.

In addition, tics can:

- *vary in type, frequency and severity*
- *worsen if ill, stressed, anxious, tired or excited*
- *occur during sleep*
- *change over time*
- *worsen in the early teenage years and improve during the transition into adulthood*

Before the onset of motor or vocal tics, the patient will likely experience an uncomfortable bodily sensation (premonitory urge) such as an itch, a tingle or tension. Expression of the tic brings relief.

Examples of premonitory sensations include: a burning feeling in the eyes before blinking, a dry or sore throat before grunting, an itchy joint or muscle before jerking

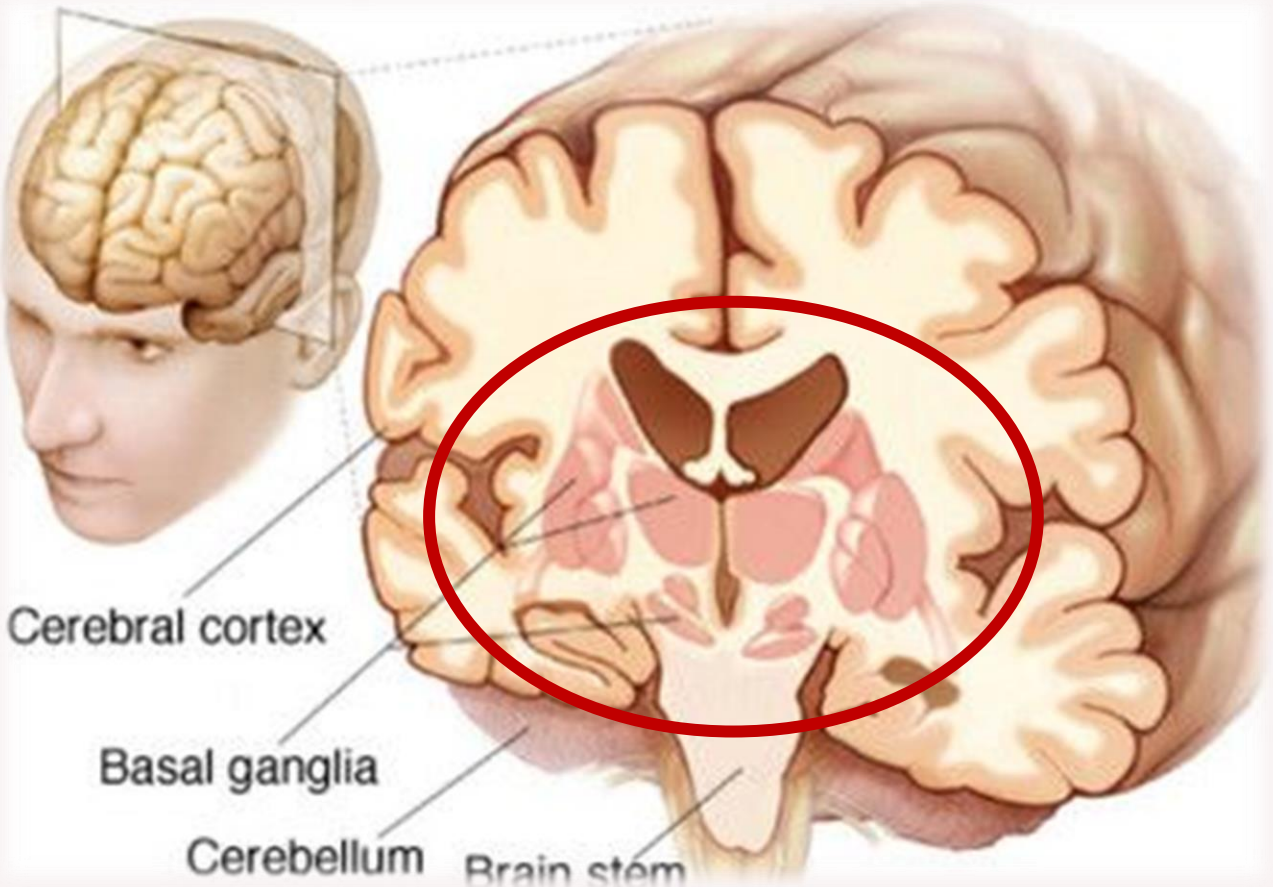
With great effort, some people with Tourette syndrome can temporarily stop or hold back a tic.

Causes

Tourette's has been linked to different parts of the brain, including an area called the basal ganglia, which helps control body movements. Differences there may affect nerve cells and the chemicals that carry messages between them. Researchers think the trouble in this brain network may play a role in Tourette's.

Doctors don't know exactly what causes these problems in the brain, but genes probably play a role. It's likely that there is more than one cause. It's a complex disorder likely caused by a combination of inherited (genetic) and environmental factors. Chemicals in the brain that transmit nerve impulses (neurotransmitters), including dopamine and serotonin, might play a role.

People who have family members with Tourette's are more likely to get it themselves. But people in the same family may have varying symptoms.



Basal ganglia

Complications

People with Tourette syndrome often lead healthy, active lives. However, Tourette syndrome frequently involves behavioral and social challenges that can harm the self-image.

Conditions often associated with Tourette syndrome include:

- *Attention-deficit/hyperactivity disorder (ADHD)*
- *Obsessive-compulsive disorder (OCD)*
- *Autism spectrum disorder*
- *Learning disabilities*
- *Sleep disorders*
- *Depression*
- *Anxiety disorders*
- *Pain related to tics, especially headaches*
- *Anger management problems*

Diagnosis

TS is a diagnosis that doctors make after verifying that the patient has had both motor and vocal tics for at least 1 year. The existence of other neurological or psychiatric conditions can also help doctors arrive at a diagnosis.

Common tics are not often misdiagnosed by knowledgeable clinicians. However, atypical symptoms or atypical presentations (for example, onset of symptoms in adulthood) may require specific specialty expertise for diagnosis.

There are no blood, laboratory, or imaging tests needed for diagnosis. In rare cases, neuroimaging studies, such as magnetic resonance imaging (MRI) or computerized tomography (CT), electroencephalogram (EEG) studies, or certain blood tests may be used to rule out other conditions that might be confused with TS when the history or clinical examination is atypical.

Treatment

Because tic symptoms often do not cause impairment, the majority of people with TS require no medication for tic suppression. However, effective medications are available for those whose symptoms interfere with functioning. Neuroleptics (drugs that may be used to treat psychotic and non-psychotic disorders) are the most consistently useful medications for tic suppression; a number are available but some are more effective than others (for example, haloperidol and pimozide).

Unfortunately, there is no one medication that is helpful to all people with TS, nor does any medication completely eliminate symptoms. In addition, all medications have side effects. Many neuroleptic side effects can be managed by starting treatment slowly and reducing the dose when side effects occur. The most common side effects of neuroleptics include sedation, weight gain, and cognitive dulling.

Neurological side effects such as tremor, dystonic reactions (twisting movements or postures), Parkinsonian-like symptoms, and other dyskinetic (involuntary) movements are less common and are readily managed with dose reduction.

About the patient

- *Name: Grace O’Connor*
- *Gender: female*
- *Age: 17 years old*
- *Weight: 60 kg*
- *Height: 170 cm*
- *Occupation: high schooler, aspiring Art student*
- *Primary symptoms: previous whistling (during middle school)*
  currently repeating word or phrases,
  jerking/twitching in right hand

First appointment

In the waiting room, neurology department

- *Doctor Morgan: "Grace O'Connor?"*
- *Patient: "Yes, yes! I'm here, I'm here!"*
- *Doctor: "Please, come in!"*

In the office

- *Doctor: I'm doctor Margaret Morgan, nice to meet you! I see this is your first Neurology appointment in our clinic.*
- *Patient: Actually, it is my first appointment ever. Also, thank you so much for agreeing to see me on such short notice.*
- *Doctor: You have nothing to thank me for! Please, tell me, what is the matter?*
- *Patient: Oh, I don't even know where to begin. Lately, I feel like my body has got a mind of its own, really a mind of its own! My right hand does this very, very weird and annoying twitch all the time, all the time! It happens when I sit, when I eat, when I brush my teeth, my hair, it happens all the time! But what's the most troublesome it's that it affects, it really affects my application to Art School. I have to submit a folder of paintings and drawings and I keep on messing everything, everything!*

Doctor: I see and understand your concerns. Do you remember when this hand twitching began?
Patient: "I would say … about a year ago, a year ago. But when it first started, it wasn't so bad at all, it wasn't! I started to use the gesture to relax my hand with which I draw, just to relax!
Doctor: To relax from what, exactly? Just from using your hand to work?
Patient: Well, yes, yes…. I guess. (after a moment of thinking) Actually, now that I think about it, one year ago was when I started to work for my folder…
Doctor: So you were shaking your hand to also release tension form school related stress, am I right?
Patient: Yes, yes! That's exactly it!
Doctor: Ok. Grace, is this the first time you are using such coping mechanisms for stress that you can recall?
Patient: Well, actually, no. Five years ago, when I was 12 year old my brother got into a car accident and suffered serious injuries. I was so scared for him that the only thing that could really, really calm me down was whistling a tune to myself. Something short, very short, just to remember to stay calm.

Doctor: I see you are not whistling anymore. Did you manage to grow out of it?

Patient: Yes, yes. I had to. When my whistling intensified, I got scolded at school for it. Also, the other kids were really, really mean to me because of it, they gave me some embarrassing nicknames, and they all avoided me. I was so ashamed of myself I promised I will never, never again whistle in public.

Doctor: So you never felt the urge to whistle since then? Or even before that?

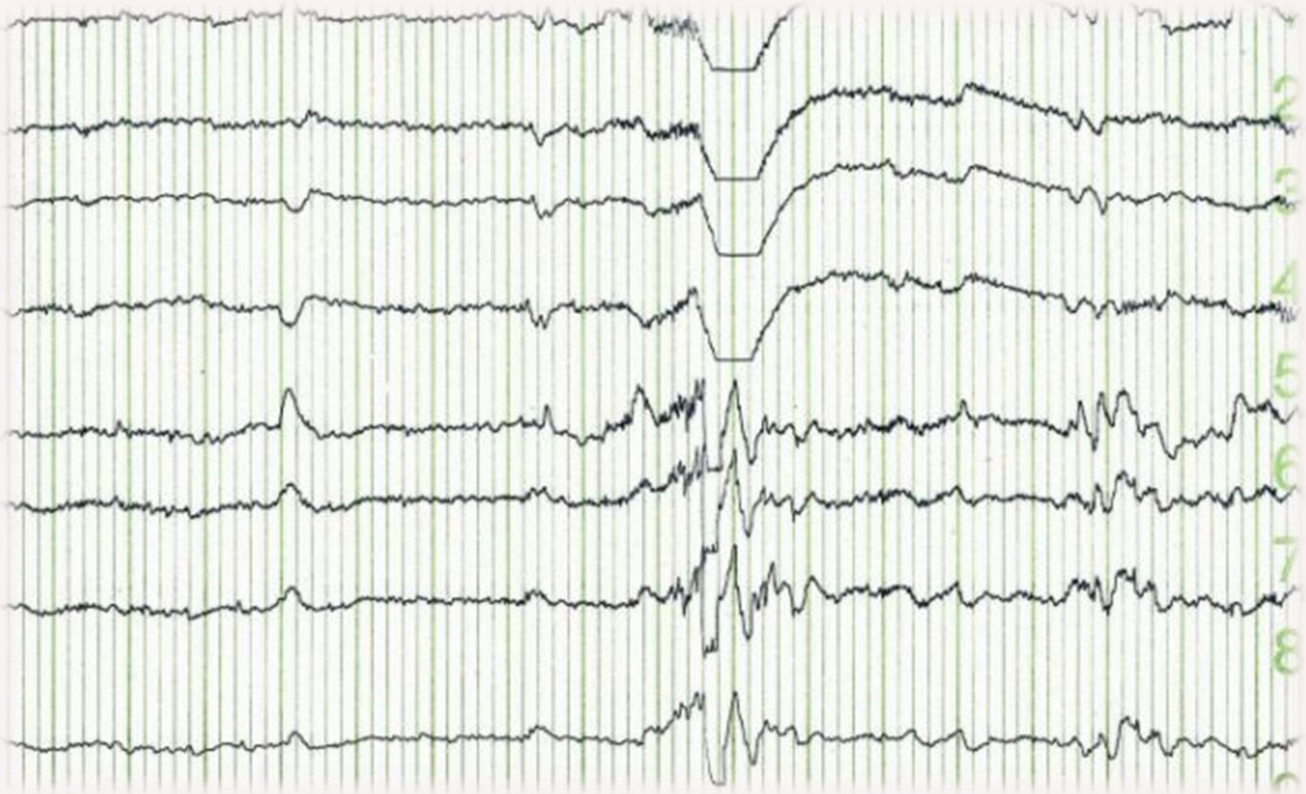
Patient: Well, actually, no. When I saw that I was ruining my artworks without being able to stop, and then when I stared to spill food while eating, and finally when I became aware of the fact that I no longer have control over my arm, I went back to whistling. I'm doing it only when I am completely alone. Also, my mother always says how I've been a hyperactive child. From all my restless siblings, I have always been the most agitated one. But what does the whistling have to do with the twitching?

Doctor: Form the tics that you are describing me, I suspect we are talking about Tourette Syndrome. Are you familiar with this term?
Patient: Isn't it that disease when people blurt out obscene words?"
Doctor : It is possible for this behavior to occur. It is called coprolalia and it is actually rare, but the most famous symptom among people diagnosed with TS, hence the condition is facing a lot of stigma. But as long as you don't feel the urge to use such words, there should be no worry. But I still need to ask you some more questions. First of all, I noticed you have this habit of repeating yourself. Is this something you have always done, or is it more of a recent behavior?
Patient: No, no. I have always talked like this. Is it also a symptom of Tourette?
Doctor: It could be. This symptom is called palilalia. Both your hand movements and the habit of repeating words you've said are the most obvious signs of the syndrome. They usually occur together, so this take us one step closer to the diagnosis. Now, do you have any siblings or other close relatives who are already diagnosed with Tourette?
Patient: Not from what I know, no.
Doctor: Have you been taking any drugs or have you ever consumed any kind of substances in the last year or more?
Patient: No.

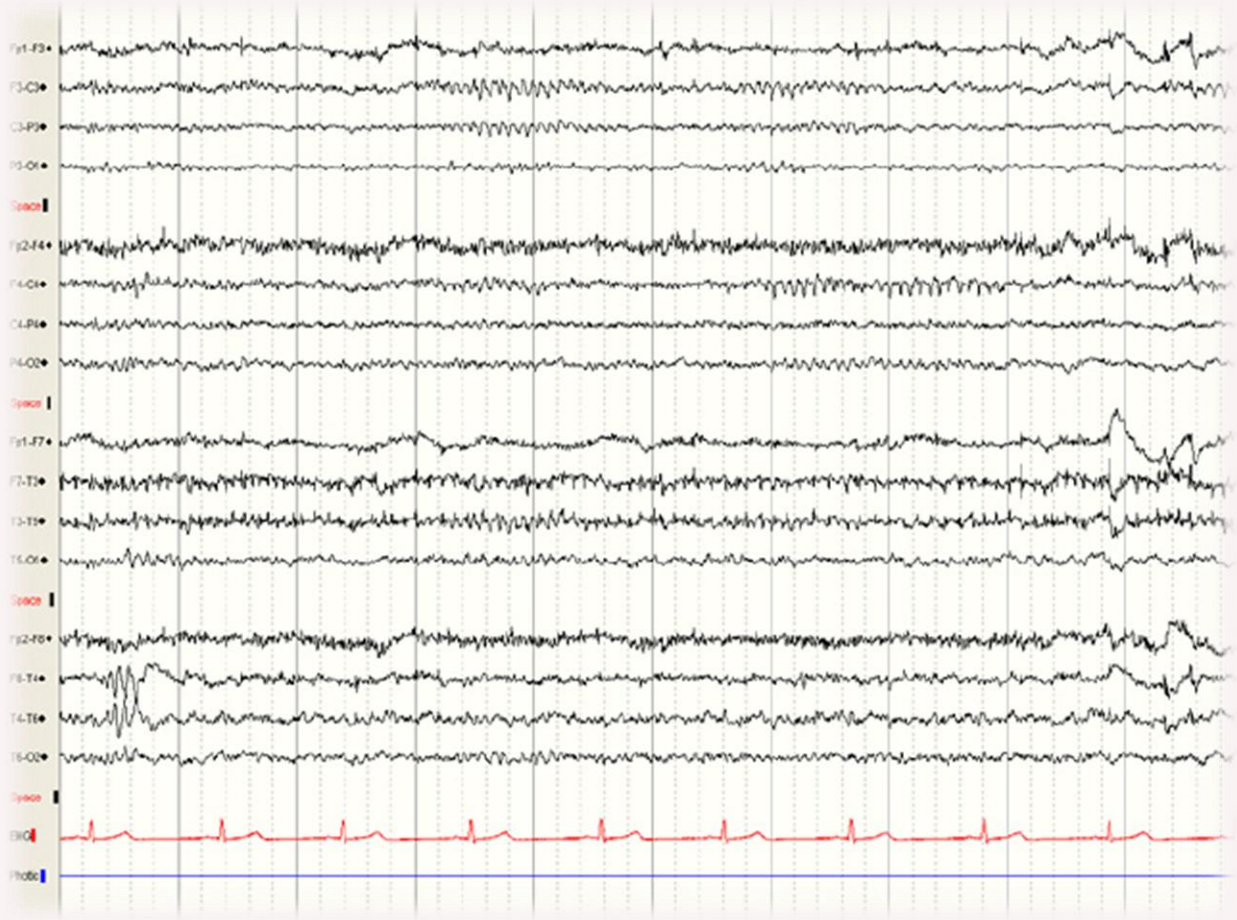
Doctor: Do you have relatives who have other diagnosis, like ADHD, obsessive-compulsive disorder (OCD), or hypothyroidism?
Patient: My mother was diagnosed with OCD a couple of years ago and my maternal grandmother had thyroid related issues, but I am not sure what kind.
Doctor: Very well. This is important for me to know, since patients who have symptoms such as yours usually present themselves with one of these conditions, or have them running in their family. However, Tourette Syndrome is, most times, hard to diagnose, because there are many factors that could trigger the tics, and the symptoms are not always representative. Also, TS is usually diagnosed in children, so you represent an atypical case. In this conditions, I need you to run some tests. We'll start with an electroencephalography or EEG to scan your brain activity. Then I will need you to take some blood tests for thyroid stimulating hormone in order to run out hypothyroidism; and finally a urine drug screen to run out any kind substance abuse, for they could trigger the tics. Here is a list of all the tests I referred you to.
As a final note, I need you to hold a "tics audit". You will have to write down every time you feel the urge to do a tic – that is every time you fell the need to whistle or shake your hand – or to write down every time it happens. This way, we will have a clearer picture of how often, and under what conditions your behavior is taking place. After we'll have all the results, we will discuss the diagnosis and the treatment.
Patient: I understand. Thank you so much, doctor!
Doctor: You have nothing to thank me for! See you at the next appointment! Have a nice day!
Patient: Goodbye! Have a nice day!

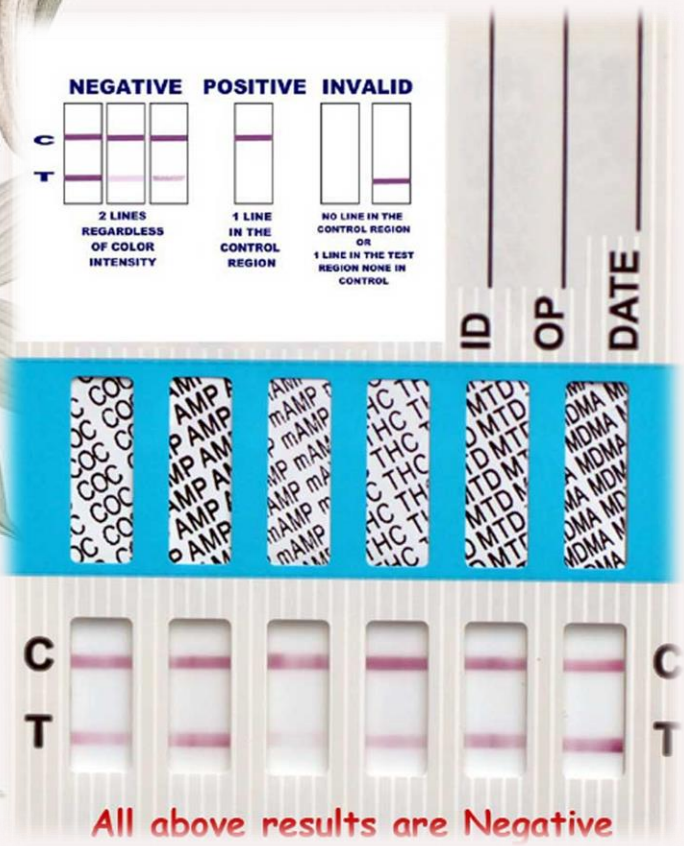
Results

Patient's EEG – Tourette Syndrome



Normal EEG





Negative urine drug screen

THYROID FUNCTION TESTS

Date
Time

Lab Id.		Units	Range
S Free T4	19.4	pmol/L	(11.0-21.0)
S Free T3	4.9	pmol/L	(3.1-6.0)
S TSH	1.3	mU/L	(0.5-5.0)

Normal hormonal levels

Second appointment

Doctor: Nice to see you again, Grace! Finally we have all the final results for the tests. I am glad to announce you that both the urine drug screen and the thyroid blood test came back negative! This means that substance abuse and hypothyroidism are off the list! However, the EEG presents itself with some particular aspects. There are signs of hyperactivity at random time intervals. This, together with both your movement and verbal tics, are strong indicators of Tourette Syndrome. Do you have your "tics audit" with you, so we can check one more time?

Patient: Yes, yes! Here it is!

Doctor: I see, your behavior is still the same. So we have previous whistling, word-repeating and hand twitching that you can't control and appear during periods of intense emotional stress. You have an OCD history in your family, never used drugs and have no thyroid related problems. The only diagnose left is Tourette Syndrome.

Patient: Oh, I see. I read more about it. Is there really no treatment for the disease?

Doctor: The treatment is usually not a traditional one, as in taking a certain medication. It can be used, to help with controlling the tics, but it won't make them go away. Usually, patients report more self control after attending sessions of behavioral therapy. I will refer you to the program we have at our clinic. It is held by dr. Joyce, she is a psychologist and I've got a feeling you two will get along very well!

Patient: But I'm still messing up the paintings I have to submit for Art School… will therapy help me manage my tics on time?
Doctor: No one can tell for sure, it is a process that happens over time, and every patient is different. But in such a case, I will prescribe you some medication. It is called Haloperidol, but in the pharmacy you'll find it as Haldol. It is in form of drops, oral administration. The starting dosage is 2 mg, twice a day, so that means one droplet in the morning and one in the evening.
Patient: How long do I have to take the medication?
Doctor: In this first phase of treatment, one month. After these 4 weeks, we'll see how your condition is progressing and decide whether to reduce or increase the dose.
Patient: Are there any side effects of Haldol?
Doctor: Yes. The most common one is weight gain. Another might be depressive episodes, so if you are experiencing any mood changes in this direction, you must call me immediately so I can change your medication as soon as possible.

Patient: And for the therapy sessions?
Doctor: This one is all on you. You have to take at least one session a week for a month before your next appointment. Since we have to see each other in 2 months, you can start now. The number of sessions can be higher than just one. Our clinic is holding three every week. You can join downstairs, at the reception. My personal recommendation is two sessions per week for the first month, and for the second one, one meeting a week is enough. There is one more thing I want to know. I've noticed you've got all tense when I said "behavioral therapy". Did I see well?
Patient: Yes, yes you did.
Doctor: Are you afraid to go into therapy?
Patient: Somehow. You remember I said I got scolded and bullied at school for whistling during classes. Well, I decided to never do this in public again, because one teacher yelled at me in front of class that, if I continued to do this, she would make sure to send me to therapy, together with other "crazy people". I got scared and since then, I have grown afraid not to end up in such a place. But now, I guess she was right…

Doctor: Thank you for sharing this with me. I am very sorry to hear that you had to go through such an episode, especially since it came from somebody who is supposed to be kind to children. Sadly, today, many patients are still stigmatized because of their psychiatric and neurological conditions, due to the fact they are not fully understood pathologies. The good news, however, is that accepting your tics and getting comfortable with Tourette is a big part of behavioral therapy. You will not only learn how to improve your capacity of controlling your tics, but you will also learn how to explain to others what is happening to you and teach them how they can help you. In this way, people will tense down and you won't have to put up with such hurtful comments.

Patient: This actually feels, very, very reassuring to know.

Doctor: Is there anything else you want to know?

Patient: Will I always have to live with Tourette?

Doctor: No. In time, and with treatment, your tics might disappear, but it might come back again during stressful times. Anyhow, you are only 17 years old, so by your early twenties, you might show no sign of the syndrome and learn how to control it, since you present a mild case.

Patient: Then I can't wait to start!

Doctor: I am very glad to hear this! Here is your prescription for Haldol and, as I said, don't forget to register for therapy at the reception. See you in two months!

Patient: Thank you so much! Have a good day!

Final appointment

– after two months –

Patient: Nice to see you again, dr. Morgan!
Doctor: Nice too see you too, Grace! How is the treatment going? Any improvements so far?
Patient: Yes! A lot! First, the medication was effective from the first two weeks, the urge to shake my hand became lesser and lesser. I did gain weight, but I had no depressive moods! As for the therapy session, I never believed I could ever eagerly want to go to one! The most helpful exercise for me is called habit-reversal training. It teaches how to recognize that a tic is coming and then move in a way that stops it. Before I knew, I could paint again without any trouble!
Doctor: So, am I talking to an Art School student now?
Patient: Please, believe me when I tell you "no"! During therapy, I remembered that I had started painting as a de-stressing method. I discovered that art is more of a hobby to me, something to help me escape. But when I met other people with similar issues as mine, and worked together with them, as well as working with dr. Joyce, I knew becoming a psychologist will make me more happy than being an artist.
Doctor: I always find it amazing how conditions that, at first, made patients feel suck in their tracks, later changed their lives for the better. I am grateful for getting to see you having such a joyous continuing to your story!
Patient: I am also grateful for having you help me navigate this chapter of my life!

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Thank you for your patience!

Polycystic Kidney Disease

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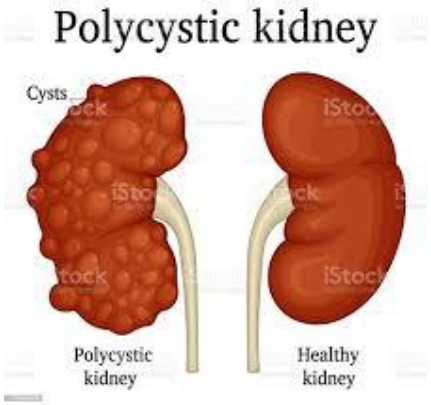
Definition of the disease

Polycystic kidney

Polycystic kidney disease (PKD) is an inherited disorder in which clusters of cysts develop primarily within your kidneys, causing your kidneys to enlarge and lose function over time. Cysts are noncancerous round sacs containing fluid. The cysts vary in size, and they can grow very large. Having many cysts or large cysts can damage your kidneys.

Polycystic kidney disease can also cause cysts to develop in your liver and elsewhere in your body. It may cause high blood pressure and eventually kidney failure.



Symptoms

- High blood pressure
- Back/side pain
- Blood in urine
- Feeling of fullness in the abdomen resulting the abdomen to increase in size
- Headaches
- Kidney stones
- Urinary tract or kidney infections
- Kidney failure

Causes and prevention

Abnormal genes, mutations in the PKD1, PKD2 and PKHD1 genes cause polycystic kidney disease. These genes provide instructions for making proteins whose functions are not fully understood. Researchers believe that they are involved in transmitting chemical signals from outside the cell to the cell's nucleus Mutations in the *PKD1* or *PKD2* gene lead to the formation of thousands of cysts, which disrupt the normal functions of the kidneys and eventually to other organs. PKD2 gene mutation have less severe form of the disease than PKD1 mutation.

What are cysts?

Cysts are sacs of fluid. Usually they grow inside the kidney making the kidney appear larger.

Can polycystic kidney disease be prevented?

There is no way to prevent this disease because of its mutation to the PKD genes If you have PKD, you may be able to keep your kidneys working longer by following a healthy lifestyle: healthy blood pressure, low sugar levels, healthy weight, low salt levels, limit alcohol, limited tobacco intake.

Patient’s data

Name: Olivia Clark

Sex: Female

Age: 48

Weight: 66 kg

Height: 1.63m

Problem: reported to the doctor a severe lower back pain, stingy sensation while urinating.

1st Doctor's appointment

- Doctor : Hello! I'm Doctor George Martinez. Please come in!
- Patient : Hello! My name is Olivia Clark. A pleasure to meet you, Doctor!
- Doctor : Please take a seat!
- Patient: Thank you doctor!
- Doctor: May I ask for your ID card so I can register you? Afterwards we can talk about your problem.
- Patient: Sure! *hands the ID card*
- Doctor: Alright! What brings you today Mrs. Clark? How may I help you?
- Patient: It all started like a week ago when I was cleaning the house. I started mopping the floors and then I moved to cleaning the windows…
- Doctor: Right…
- Patient: … While I was cleaning the windows, I stretched unusually and felt an agonizing pain in my lower back. Thinking I had just stretched a muscle I settled down for some days and didn't do any work. I was hoping that the pain would go away in a day or two but unfortunately this wasn't the case.

- Patient: After two days my pain became worse and worse and I suddenly couldn't lift myself from the bed. Scared, I called my physician who asked about the pain. She told me many causes to why I feel the pain in the lower back. She was talking about my uterus and my ovaries and also about my bladder and urinary tract but told me not to worry and to take some mild painkillers.
- Doctor: Ma'am if you don't mind … How old are you?
- Patient: I'm 48. My birthday was last month.
- Doctor: And have you experienced any menopause symptoms? Irregular menstrual cycles, random pain, nocturnal sweats, vaginal dryness …
- Patient: No doctor, nothing like that.
- Doctor: Please, do continue ...
- Patient: I waited for a couple more days hoping everything would be fine and then I started feeling a stingy pain while urinating. I called my physician again, told her about my new problem to which she said it's probably renal colic which means stones inside the kidney or the urinary tract.
- Doctor: That's correct! So, you came to me … well your physician may be right, you may have a case of renal colic and for that I'm going to prescribe you some meds that you will have to take twice a day, make sure to drink a lot of fluids and …

… don’t eat as much salt and sweets as you used to. You will experience some pain for some days because your kidneys and urinary tract are trying to push those stones that may vary in shape and form. Do not panic! Everything will be back to normal soon!

- Patient: Ok doctor! Thank you very much!
- Doctor: Alright. If anything happens, here is my number. Make sure to call me for any problem that you have at any time.
- Patient: Thank you very much doctor! Have a great day!
- Doctor: You are welcome! You too! Take care!

2nd Doctor's appointment

Two days later, during the day, Olivia did not feel well. She felt like vomiting, a sensation of fullness, a different kind of pulsating pain that went up from her urinary tract all the way to the diaphragm. She also experienced a very intense pain in the lower back especially in the kidney area. Because of that she called the doctor. The doctor has made an emergency appointment for Olivia.

- Doctor: Hello Olivia! I've heard you haven't been feeling well lately.
- Patient: Hello Doctor! That's right. I think the meds you've prescribed me worked because I felt well for a couple of days and it happened exactly as you said but then ... this ...
- Doctor: I understand. I can assure you everything will be fine. Let's proceed, shall we?
- Patient: Of course!
- Doctor: Well, because you called me yesterday and the situation seemed very serious, I'm going to send you to my colleague to perform for you an ultrasound to see what is going on with your lower back and abdomen and a blood test as well. After I receive the results I can reach a diagnosis and make another appointment as soon as possible. For now I will give you some stronger pain-killers to help you with the pain.

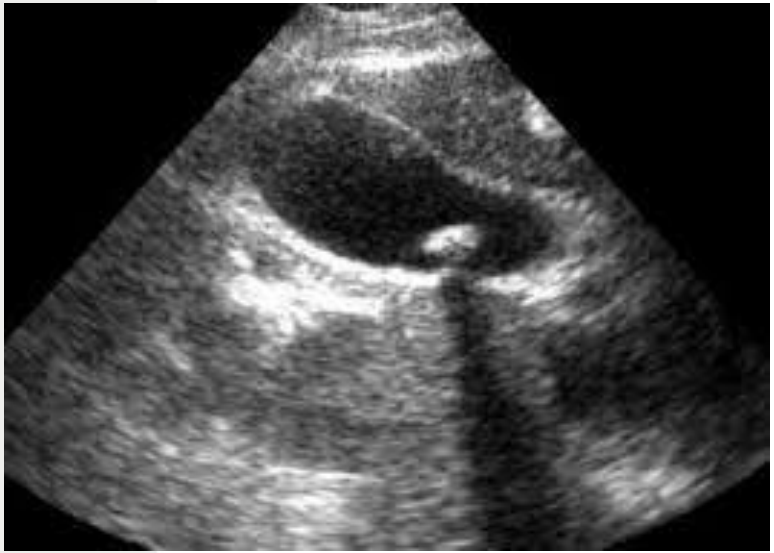
- Patient: Alright! I understand. I will do as you say. Is there anything I need to know about this scan? Is it dangerous?! Will the diagnosis be bad?
- Doctor: There is nothing you should be worried about. I can assure you of that. The scan is painless and it does not use radiation but ultrasounds that will show us how your kidneys look. If we need more information, we can request a more elaborate scan that does use radiation, we call it MRI, which is not harmful either.
- Patient: What a relief … Thank you doctor. I feel safer now.
- Doctor: By the way, you should be taking your meds as many times as you feel any type of pain, even if its mild, stingy, agonizing … but don't take more than 3 pills a day because you may have other side effects such as, nausea, vomiting, headaches and fatigue.
- Patient: I understand. Thank you doctor!
- Doctor: You are welcome. I will call you as soon as I have the results, and remember, call me if you have any problems.
- Patient: I will! Good bye doctor!
- Doctor: Good bye, Olivia.

3rd Doctor's appointment

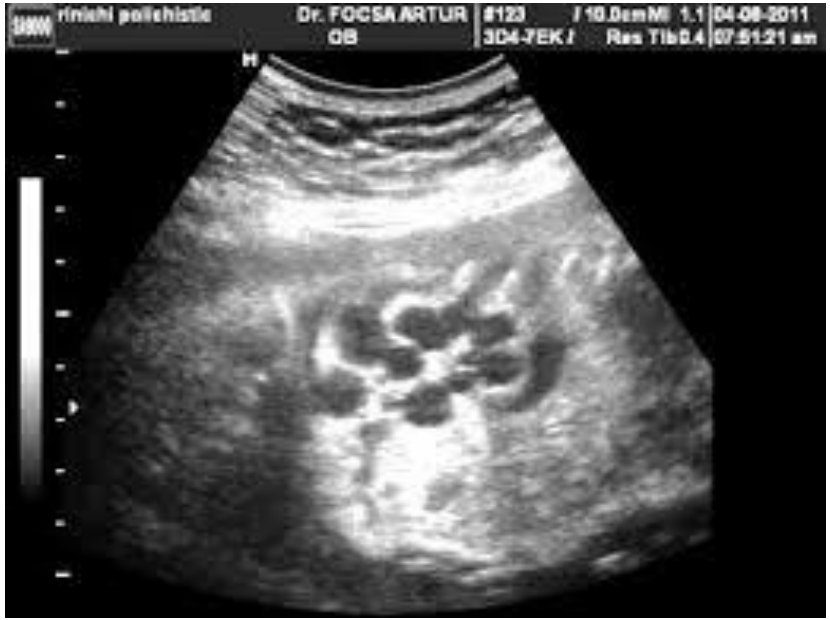
The next day, the doctor called. The results were not good but they weren't bad either. After all the tests, it resulted that Olivia had high blood pressure but her blood test was good. The final diagnosis given by the doctor after inspecting the ultrasound, was polycystic kidney disease. Even though it was a serious condition, he did not tell Olivia about this on the phone. He scheduled another appointment to discuss the treatment with her.

- Patient: Hello doctor!
- Doctor: Hello Olivia! Please come in! How are you feeling?
- Patient: I'm alright. Nothing changed. The sharp pain that I was feeling in the lower back is not as intense as it used to be, I have moments when I feel like vomiting but overall not as bad as it was.
- Doctor: I'm glad to hear that. So I guess you have been taking your meds?
- Patient: Exactly as you said doctor!
- Doctor: That's wonderful!

- Doctor: So, let’s move to your test results shall we?
- Patient: I’m very nervous but this is the right thing to do.
- Doctor: So, after I inspecting them thoroughly, it resulted that you have polycystic kidney disease …
- Patient: Is it bad? Is it curable? Will I die? What does that mean?
- Doctor: Everything is going to be alright! There are thousands of people in this world diagnosed with this disease. You will not die. Unfortunately it’s not curable but it can be kept under control with medication and diet at most. There are some cases when patients need dialysis or even kidney transplant but fortunately this is not the case. Besides the cysts, your kidneys look and work fine! I’m going to hand you the ultrasound ….



Polycystic Kidney



Normal Kidney

- Doctor: So Olivia, on the left you have an ultrasound of a healthy kidney and on the right it's yours. Every shadow that you see shows a small cyst.
- Patient: What is a cyst doctor?
- Doctor: Cysts are sacs of fluid. Usually they grow inside the kidney making the kidney appear larger. That's why you don't see the surface of the kidney smooth but made out of lumps and "bumps".
- Patient: What has caused this disease?
- Doctor: It's not your fault. It's because of a gene that these cysts develop. Do you know anyone in your family with this problem?
- Patient: My great-grandmother had problems with her kidneys but I don't recall her having cysts.
- Doctor: That could be the cause.
- Patient: And can I get healthy again? How can I make my kidney go back to normal?
- Doctor: Unfortunately you can't be fully cured of PKD but it can be treated so that you live a normal life. We need to help your kidneys because they are not working 100%.

- Patient: How can I do that?
- Doctor: Diet, it’s the most important thing. Secondly, proper medication. I may add that you should eat less salt, sweets. The medication will prevent the cysts to form in other organs such as liver, prevent a brain aneurysm and heart related problems. And that’s where your diet comes in. If you eat too much salt, your blood pressure will rise, putting more pressure on the kidneys and also raising the risk of any heart related problems. Too much protein is not good either. And don’t forget to drink a lot of water. You need to protect yourself from any powerful impacts and injuries.
- Patient: I understand. Is there anything more I need to know?
- Doctor: Yes. I suggest you come for a checkup every year to see how your disease is evolving and if the treatment works.
- Patient: Right. I will do that! Thank you very much doctor!
- Doctor: You’re welcome. I wish you the best! Good bye Mrs. Clark.
- Patient: Have a good day, Doctor!

4th appointment- after a month

- Patient: Hello doctor!
- Doctor: Olivia! Please come in! How are you feeling?
- Patient: I'm feeling very well doctor. Everything is back to normal now, as you told me it would be.
- Doctor: Are you feeling any more pain?
- Patient: Sometimes I have a bad day or two, but the pain is much more bearable than what I felt a month ago. I've been taking my meds, following a very strict diet and so far so good.
- Doctor: I'm very happy to hear that I could help you get past your problem!
- Patient: I don't know how to thank you enough doctor.
- Doctor: There is no need to thank me. We will have to perform another ultrasound to see how everything is and also a blood test.
- Patient: I understand doctor. I'll be waiting for your appointment.
- Doctor: I will call you! Have a good day Olivia!
- Patient: Good bye, doctor!

Thank you!

Sitography

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Allergic Rhinitis

Bogdana Cioacă

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INTRODUCTION

- An allergen is an otherwise harmless substance that causes an allergic reaction.

- **Allergic rhinitis**, or hay fever, is an allergic response to specific allergens.

- Pollen is the most common allergen in seasonal allergic rhinitis.

FIRST DESCRIPTION OF HAY FEVER

"… About the beginning or middle of June in every year …
… A sensation of heat and fullness is experienced in the eyes …
… To this succeeds irritation of the nose producing sneezing …
… To the sneezing are added a further sensation of tightness of the chest and a difficulty of breathing."

- John Bostock (1772–1846)

KEY LEARNING POINTS

Seasonal allergic rhinitis is one of the commonest disorders seen in primary care.

Allergic rhinitis is diagnosed by history and examination, supported by specific allergy tests.

Topical nasal corticosteroids are the treatment of choice for moderate to severe disease.

Combination therapy with intranasal corticosteroid plus intranasal antihistamine is more effective than either alone and provides second-line treatment for those with rhinitis poorly controlled with monotherapy.

Name: Alexandra Popescu

Age: 25

Gender: Female

Non-smoker

Location: Timișoara, Romania

ABOUT THE PATIENT

Case study

The patient is a 25-year-old, female, non-smoker who presented to the doctor on a sunny April day. She looked unwell. Her eyes were full of tears, there were dark shadows under them and she was constantly sniffing.

Doctor: Hello! I'm Dr. Daniel Ortega. Please, come in, miss ...
Patient: Hello, doctor Ortega! I'm Alexandra Popescu. Nice to meet you!
Doctor: Nice to meet you, too, miss Popescu! What brings you here today?
Patient: I'm not feeling very well, doctor.
Doctor: Please, tell me more about you ... What seems to be the trouble?
Patient: It all started one month ago ... at first I thought that it was just a mild cold but the symptoms persisted and I didn't know what to do ... I was feeling worse and worse and I couldn't sleep anymore so I googled my symptoms and after a few clicks I realised that I might have an allergy so I came here to see what's wrong with me. [sniff, sniff]

DISCUSSION

Doctor: Please, don't say that! Nothing is wrong with you. I'm sure we can figure it out together.
Patient: I really hope so because right now I am really worried. [sniff, sniff]
Doctor: You shouldn't be worried. I am here to help you!
Patient: Thank you, doctor! I have to admit that I am a little nervous, but now I'm starting to feel more at ease.
Doctor: That's good to hear, I'm glad! Now, let's see. How did the presumed cold start?
Patient: Well, it all began with a runny and itchy nose. Then after a few days, I had a few recurrent headaches and itchy eyes.
Doctor: Do you feel any worse when you go outside?
Patient: Yes, mostly then. A few days ago I went in the park with my dog and it was windy … very windy … and I began to sneeze a lot … I thought I was never going to stop sneezing!!! It was awful.

DISCUSSION

Doctor: Hmm … I see. It is very normal to react like that in this time of the year. In spring, there are so many allergens in the air. When your body comes into contact with an allergen, it releases histamine, which is a natural chemical that defends your body from the allergen. This chemical can cause some symptoms, including a runny nose, sneezing, and itchy eyes.
Patient: Oh … I see. It starts to make sense now.
Doctor: We have to take everything step by step to see if you really have an allergy and what you are allergic to. You said that you also have a dog. Do you have any other pets in your house?
Patient: No, there is only Bruno. I have had it since high school.
Doctor: OK … I must say that you look a bit tired … I couldn't help but notice that you have some small dark shadows under your eyes. Are you having trouble sleeping at night?
Patient: Yes, I am, I don't rest well enough. I am very tired and I barely drag myself to work. I have also noticed that I am more breathless than usual.

DISCUSSION

Doctor: I understand. Now, tell me, do you have any siblings with allergies?
Patient: Yes, I have one sibling with asthma and another with atopic dermatitis. They were the ones who really convinced me to come here to see if I have a serious allergy or not. They told me that with the right treatment, things will get better.
Doctor: Yes, they are right. It will be very easy for you once we find out what the problem is and how to solve it smoothly. You did a great thing coming here today. Please, tell me, do you have any "not so good" habits? Let's say smoking for example.
Patient: No, I don't smoke, but I'm surrounded by my co-workers, who smoke, but I don't.
Doctor: OK... That's good to hear.

DISCUSSION

Doctor: Now, let's see ... after our brief discussion, I really think that you are experiencing a strong episode of an allergic rhinitis. Allergic rhinitis is a disease with high prevalence all over the world and therefore needs to be thoroughly investigated and treated accordingly.
Patient: All right, doctor, but please tell me, will I be experiencing any new symptoms?
Doctor: Well, that's not necessary. Common symptoms of allergic rhinitis include: sneezing, a runny, stuffy or itchy nose, coughing, a sore or scratchy throat, itchy or watery eyes, dark circles under the eyes, frequent headaches and excessive fatigue. You'll usually feel one or more of these symptoms immediately after coming into contact with an allergen. Some symptoms, such as recurrent headaches and fatigue, may only happen after long-term exposure to allergens, but please don't worry. I am here to help you.

DIAGNOSIS

Patient: Thank you, doctor! Could you explain me why my allergy appeared now? Why do I have these symptoms now? Why didn't they start sooner?... I have so many questions.
Doctor: I am here to answer your questions and please, don't hesitate to ask me anything you want to know. I am here to help you. I'll try to explain everything to you bit by bit. Let's say that we don't know for sure if your allergy started now, this year, or a while ago ... you could have had this allergy, but with mild symptoms ... maybe, in the past, you thought it was just a cold and you didn't pay so much attention to it. This year it was different and you came here because you were experiencing almost every symptoms of an allergic rhinitis. Allergic rhinitis typically causes cold-like symptoms, such as sneezing, itchiness and a blocked or runny nose. These symptoms usually start soon after being exposed to an allergen and they are very hard to ignore.

DIAGNOSIS

Doctor: Some people only get allergic rhinitis for a few months at a time because they're sensitive to seasonal allergens, such as tree or grass pollen. Other people get allergic rhinitis all year round.
Patient: All year round?! Wow ... That sounds extreme ...
Doctor: Yes, but it may not be in your case. I see that you started to be more sensitive to seasonal allergens, such as tree or grass pollen. I think that the best thing to do now is to find out exactly what allergens you are more sensitive to. Common allergens that cause allergic rhinitis include pollen (this type of allergic rhinitis is known as hay fever, the one you are experiencing right now), as well as mould spores, house dust mites, and flakes of skin or droplets of urine or saliva from certain animals, that's why I asked about any other pets in your family. It's difficult to completely avoid potential allergens, but you can take steps to reduce exposure to a particular allergen (like spring pollen) you know or suspect is triggering your allergic rhinitis. This will help improve your symptoms.

DIAGNOSIS

Patient: I also noticed that when I'm outside it is very difficult to breathe normally, but a few minutes after I go back in the house, I start to feel better. I started using a nasal spray a couple of days ago … Is it ok, doctor?
Doctor: Yes, it is ok but I assume that it is not enough for you.
Patient: You are right … I feel better for one or maybe 2 hours but then I need the spray again.
Doctor: Yes … That might be a real problem, because we don't want to develop a nasal spray addiction … it may have serious side effects. I would like to start your treatment by giving you a soft medication. Let's start with some oral antihistamines (one pill of Xyzal in the morning and one of Montelukast in the evening, before you go to bed) and I would also like to prescribe you a nasal spray (Dymista) and an eye-drops-solution (Opatanol). You can use Dymista and Opatanol when you feel that the pills are not enough. I would like you to get this treatment and use it for 2 weeks and we'll see again then. Is it ok?

TREATMENT

Patient: Yes, I can't wait to feel better and to enjoy spring-time again ... but please tell me, how many times a day am I allowed to use the spray and the eye-drops-solution?
Doctor: It is better to use them maximum 3-4 times per day. Right now, this treatment is a basic one for allergic rhinitis because I want to monitor you and to see if this treatment is too much or too less for your allergy. That's why I want to see you again after 2 weeks and make some changes, if necessary, in our strategy to ease your symptoms. Things will only get better, you'll see. If you have any other questions, you can call me and ask me anything, but I would like to see how this treatment will work for you.
Patient: Thank you very much, doctor! I'll make an appointment and I'll be back in two weeks.
Doctor: It's my duty to help you. Here's the prescription, Miss Popescu.
Patient: Thank you! Good bye, doctor!
Doctor: Good bye!

TREATMENT

- Revisiting the doctor's office -
The patient returned in two weeks, looking much improved.

Doctor: Hello, Miss Popescu!
Patient: Hello, doctor!
Doctor: How have you been with your treatment? I must say that you look better … you don't have those dark shadows under your eyes anymore.
Patient: I am feeling significantly better. My medication was really effective and I started to feel human in about three days, when I started to have uninterrupted sleep. I can sleep better, I rest well, I don't wake up tired in the morning, I can walk my dog without sneezing so often. My symptoms are fewer now. Thank you! I was really worried at first, but now I am starting to feel better and better.
Doctor: I am glad to hear that. I am very happy for you. Please, tell me, how often did you use your spray?

PATIENT MONITORING

Patient: The spray was a great help, I think I used it a little bit too often ... I still feel my nose a bit itchy. I stopped taking my eye drops as the symptoms resolved, but i used Dymista twice a day.
Doctor: All right, that is normal. I would like you to continue with the medications until the end of May when the birch pollen season will be over. Until then, when we have to meet again, please don't ever hesitate to contact me if your symptoms reappear.
Patient: Thank you very much, doctor! I would also like to see if I am sensitive to any other allergens, besides spring pollen. What should I do?
Doctor: We can do a skin prick test which is one of the most common way to diagnose any other allergy.
Patient: OK, I heard about this kind of test but please, explain me exactly what it is.

PATIENT MONITORING

Doctor: You shouldn't be worried about this test. I will place several substances onto your skin to see how your body reacts to each one. The test is usually performed on the inside of your arm or on your back. We will have to wait 15 minutes to see what happens. If you're allergic to the substance, a reddish, elevated bump with a red ring around it will appear. This bump may be a bit itchy. The results will help me see exactly what allergens "bother" you.

Patient: OK, I understand. Do I need to prepare somehow before this test?

Doctor: You shouldn't take your medication (the antihistamines) before the test. You need to be off it for over a week's time. This includes cold or allergy medications containing an antihistamine combined with other substances. So before you come to my office again, please call me a week or two in advance to remind you to stop your medication and to make an appointment.

PATIENT MONITORING

Patient: All right! Thank you again!
Doctor: You're welcome! I'm glad that you are better! Good bye, miss Popescu!
Patient! Good bye, doctor!

PATIENT MONITORING

BEFORE TREATMENT

Red, itchy, and watery eyes

BEFORE TREATMENT

Itchy and stuffy nose

AFTER TREATMENT

1. NO HEADACHES
2. SLEEPING WELL AGAIN
3. NO RED, WATERY OR ITCHY EYES
4. SELDOM SNEEZING

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THANK YOU!

Ischemic cardiomyopathy

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- 2. Symptoms of ischemic CM
- 3. Causes
- 4. Treatment
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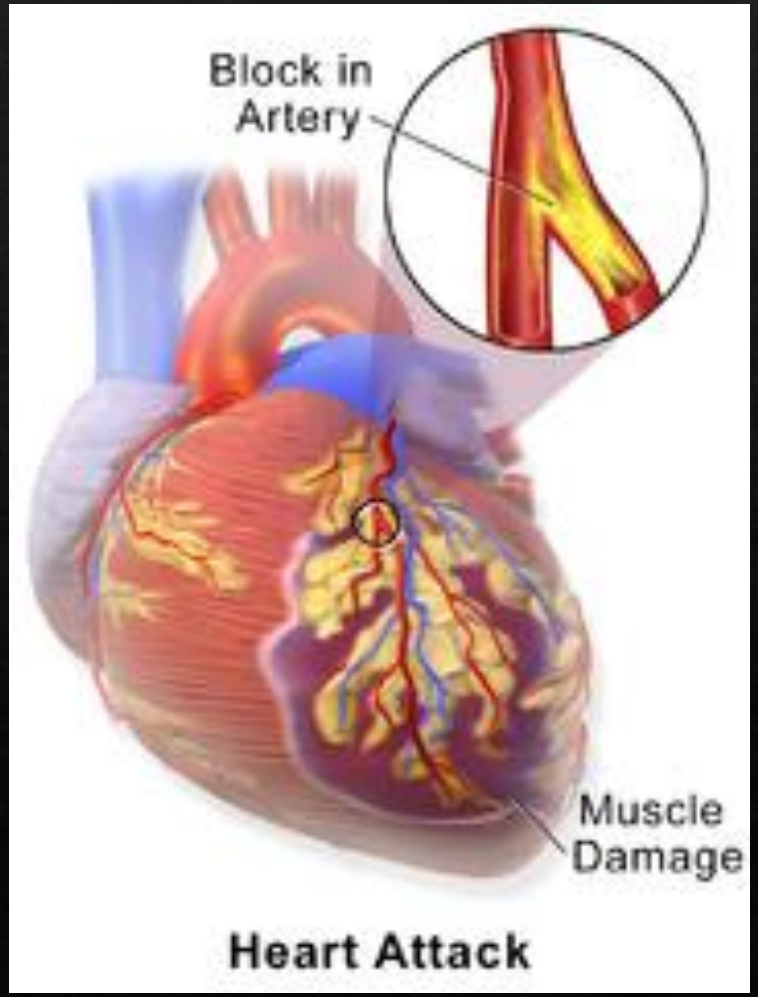
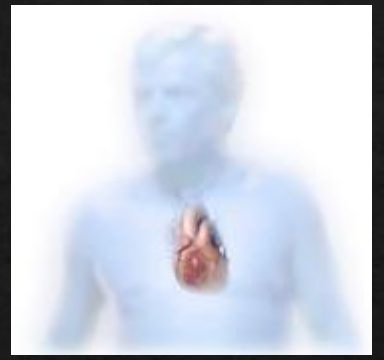
Ischemic cardiomyopathy

- Ischemic cardiomyopathy (CM) is the most common type of dilated cardiomyopathy. In Ischemic CM, the heart's ability to pump blood is decreased because the heart's main pumping chamber, the left ventricle, is enlarged, dilated and weak. This is caused by ischemia – a lack of blood supply to the heart muscle caused by coronary artery disease and heart attacks.



Symptoms of ischemic CM



- Shortness of breath
- Swelling of the legs and feet (edema)
- Fatigue (feeling extremely tired), inability to exercise, or carry out activities as usual
- Angina (chest pain or pressure that occurs with exercise or physical activity and can also occur with rest or after meals) is a less common symptom
- Weight gain, cough and congestion related to fluid retention
- Palpitations or fluttering in the chest due to abnormal heart rhythms (arrhythmia)
- Dizziness or light-headedness
- Fainting (caused by irregular heart rhythms, abnormal responses of the blood vessels during exercise, without apparent cause)

What causes ischemic CM?

- Coronary artery disease
- Heart attack
  - Major risk factors of heart disease, such as family history, high blood pressure, smoking, diabetes, high blood cholesterol, and obesity can also increase the risk for cardiovascular disease and ischemic cardiomyopathy.

Treatment

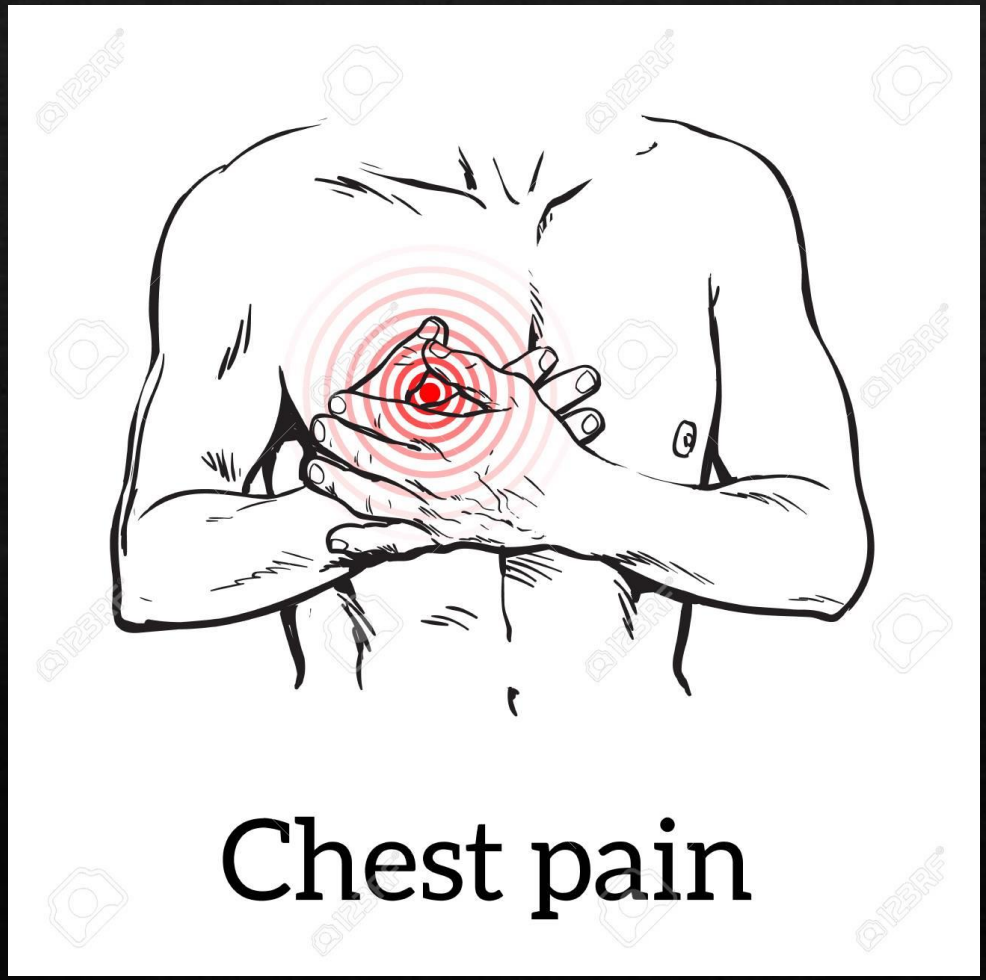
- You must first address the underlying cause of your IC in order to treat it. Most often the culprit is coronary artery disease. Doctors may recommend a combination of:
- lifestyle changes
- medications
- surgery or other procedures

Prevention

- A healthy, balanced diet
- Being physically active
- Keeping a healthy weight
- Giving up smoking
- Reducing your alcohol consumption
- Keep your blood pressure under control
- Keep your diabetes under control
- Take any prescribed medicine

PATIENT'S DATA

- Name: Danciu Cătălin
- Age:
  - First medical appointment (2015): 47
  - Second medical appointment (2020): 52
- Height: 170 cm
- Weight: 100 kg



05.02.2015

- Doctor: Good morning, sir! I am doctor Olivia, may I ask for your name?
- Patient: Good morning! Yes, of course, my name is Danciu Cătălin, a pleasure to meet you, doctor!
- Doctor: What made you come here? It is the first time you visit our clinic, is that right?
- Patient: Yes, an acquaintance of mine recommended me this place. I haven`t been really well these past years.
- Doctor: Years?
- Patient: Yes, I sometimes have a discomfort in my chest area, recently most of the time that discomfort turns into pain, and it has reached a point where I can no longer ignore it.
- Doctor: How old are you, Mr Danciu?
- Patient: I am 47 years old.
- Doctor: Can you show me where the pain is located? Point towards it.
- Patient: Here, in the middle of my chest, right where my heart is.
- Doctor: Does it hurt anywhere else? Do you feel it radiating?
- Patient: Yes, when the pain occurs I can feel it spread along my arms.
- Doctor: Can you discribe the pain? Does it feel like burnig? Or maybe a stabbing, piercing feeling?

- Patient: I feel my heart being … heavy.
- Doctor: Is it a throbbing pain?
- Patient: No, it is constant, and long lasting, sometimes up to even one hour.
- Doctor: When did it all start?
- Patient: About two years ago.
- Doctor: And did you seek any medical help?
- Patient: I did, but they said that the discomfort is self-induced and sent me to a psychiatrist who gave me some medication that would supposedly make me forget about the pain, or at least make it easier to bear.
- Doctor: What did he prescribe?
- Patient: Xanax and Coaxil. It did numb the pain at first and helped me fall asleep, but the heavy feeling never disappeared.

- Doctor: I see … Does it seem like something in particular triggers your pain? A moment of the day, maybe a certain action, exercise or after extended effort?
- Patient: Both day and night, I don`t have an exact period of time. It seems to appear whenever there is a sudden change in temperature, or when I make an effort.
- Doctor: Do you get tired, light-headed or disoriented when you make an effort?
- Patient: Just very tired, sometimes it feels hard to breathe.
- Doctor: And just how great does the effort have to be in order to trigger that sensation?
- Patient: These days I get tired while doing the most basic chores. Even walking or climbing the stairs leaves me breathless.
- Doctor: How long can you walk or how many floors can you climb before feeling the need for a break?
- Patient: Not very long. And it is enough for me to climb the stairs once to feel the discomfort.
- Doctor: Anything that helps to relieve the pain?
- Patient: No … I don`t know what to do. I can`t move, I can`t lie down, nothing helps.

- Doctor: Are you taking any medication? Other than what the psychiatrist prescribed.
- Patient: Yes, I have hypertension, so to keep it under control I take Atacand.
- Doctor: When was it that you were diagnosed with high blood pressure?
- Patient: I was around 36 years old.
- Doctor: Do you have any family member with similar medical conditions?
- Patient: Yes, my father and my mother, both had problems with the blood pressure which resulted in multiple strokes.
- Doctor: Do you work in a stressful environment?
- Patient: Yes, it can get quite stressful sometimes, as well as messing up with my sleep schedule.
- Doctor: Do you get in contact with any pathogens or toxic substances at your workplace?
- Patient: Not that I know of. But there is a lot of coal dust.
- Doctor: What about your day-to-day life? Are you smocking, drinking alcohol or indulging in an unhealthy diet?

- Patient: I smoked for about 18 years, but I quit when I found out about my hypertension. I don`t drink but I also don`t have a healthy and balanced diet.
- Doctor: Any other chronic diseases, known allergies or recurrent symptoms that bother you?
- Patient: I did get infected with HCV (hepatitis C virus) when I was 40 years old and followed an Interferon based treatment for one year. I was lucky and the treatment had good results. I don`t have any allergies and the thing that bothers me the most is that pain in my chest.
- Doctor: After this type of illness and harsh treatment, I imagine that your doctor recommended you to follow a strict diet.
- Patient: He did. But after some time I found it harder and harder to stick to it.
- Doctor: I am happy to hear that you managed to get better, it`s not an easy treatment.
- Patient: Thank you, doctor.

- Doctor: Did you take any blood tests upon coming here?
- Patient: Yes, I did, my family physician advised me to. Here they are.
- Doctor: Your cholesterol levels are not exactly right I would say, as well as the level of triglycerides and lipids. From what you have told me and your family history the best course of action is to take a cardiac exercise stress testing. Alongside this we are going to perform an electrocardiography, an echocardiography and a coronary angiography. Are you familiar with these procedures?
- Patient: No. Can you please explain what these procedures entail?
- Doctor: In the stress test, you will walk on a treadmill that makes your heart work progressively harder. An electrocardiogram (ECG) monitors your heart's electrical rhythm. I will also measure your blood pressure and monitor whether you have symptoms like chest discomfort or fatigue. Abnormalities in blood pressure, heart rate, or ECG or worsening physical symptoms could point to coronary artery disease (CAD), meaning there could be fatty deposits (plaques) that reduce the flow of oxygen-rich blood to the heart muscle.

- Patient: Okay.. What about the coronary angiography?
- Doctor: Angiography is an imaging test that uses X-rays to view your body's blood vessels. The X-rays provided by an angiography are called angiograms. This test is used to study narrow, blocked, enlarged, or malformed arteries or veins in many parts of your body, including your brain, heart, abdomen, and legs.

A coronary angiogram is an X-ray of the arteries in the heart. This shows the extent and severity of any heart disease, and can help you to figure out how well your heart is working.

With this information, we can talk through your treatment options. These may include angioplasty (stents), bypass graft surgery or medications.

- Patient : I understand. I will comply to your advice and run these tests.

- Doctor: Mr Danciu, according to these results, I can firmly say that the chest pain you were complaining about was not some self-induced pain. You suffer from a disorder called ischemic cardiomyopathy. Your heart's ability to pump blood is decreased because the heart's main pumping chamber, the left ventricle, is enlarged and weak. This is caused by ischemia - a lack of blood supply to the heart muscle caused by coronary artery disease and heart attacks. There is a fairly big possibility that your parents also suffered from this since it can be hereditary.

You see, the pain you constantly feel is due to the fact that your blood vessels have clogged. You also suffered two heart attacks which most probably occurred during sleep since you weren't aware of them.

- Patient: Wow ...
- Doctor: It is not often that someone your age comes across this problem, but due to your genetic inheritance, the coronary artery disease, you are a lot more prompt to encounter it.
- Patient: How bad is it? Is it life-threatening? Can I do anything?

- Doctor: Please, you don`t have to panic! Although these is not good news, the situation is not dire. But it requires a bypass graft surgery, a triple bypass to be more exact.
- Patient: So this is technically the last resort.
- Doctor: Yes. Under lighter circumstances we would have opted for a stent but in your case that is impossible since your coronary arteries are completely blocked.
- Patient: I understand.
- Doctor: Let me explain to you what this procedure is about.

- The coronary bypass surgery redirects blood around a section of a blocked or partially blocked artery in your heart to improve blood flow to your heart muscle. The procedure involves taking a healthy blood vessel from your leg, arm or chest and connecting it beyond the blocked arteries in your heart. Although coronary bypass surgery doesn't cure the heart disease that caused the blockages, it can ease symptoms, such as chest pain and shortness of breath.
- Patient: What about the risks?
- Doctor: Because coronary bypass surgery is an open-heart surgery, you might have complications during or after your procedure such as bleeding, heart rhythm irregularities (arrhythmias), infections of the chest, stroke or a heart attack, if a blood clot breaks loose soon after surgery.
- I know it`s not an easy decision to make given your medical history, but the consequences of not going through this procedure can be just as dreadful.
- Patient: Yes … I understand. In other words, the result may be the same whether I do undertake surgery or not. So I might as well take my chances now.
- Doctor: Then we will make preparations for your procedure.

- Doctor: Hello Mr Danciu. The operation went on pretty well. How are you feeling? Any trace of pain or discomfort?
- Patient: No, actually I am feeling great. Still a little bit tired though.
- Doctor: It's normal to still feel tired. What you now need to understand is that this surgery is not a magical cure. The pain might relapse if the blood vessels happen to block again, which in your case is very likely to happen since you have this genetic predisposition.
- Patient: Does this mean that I'll have go through this again?
- Doctor: Not necessarily. With a proper diet and treatment we can keep it under control and slow down the development of the disease.
- Patient: What do I have to do to prevent it from getting to this point again?

- Doctor: You need to have a good control of your blood pressure and plasma lipids. Cholesterol levels should be kept under 200 mg/dl. You are also prohibited from getting in contact with cigarette smoke. Passive smoking is not an exception.

Diet-wise, you must keep a moderate low-calorie diet, rich in vegetables, fruit, lean meat and low in animal fats and carbohydrates with high glycemic index.

I also recommend a progressive resumption of physical exertion up until reaching a normal exertion capacity. But for the next 2-3 months you have to pay attention to any movement that involves the sternum since it is not completely fixated.

- Patient: I will try my best to follow your instructions, doctor. What about my medication, do I just stick to my previous treatment?

- I am going to prescribe you some new meds. Concor 5 mg, one in the morning and a half in the evening, Crestor 10 mg one in the evening, Aspenter 75 mg, one in the morning, Prestarium 10 mg, one in the evening. This will be your daily routine, you mustn't forget about them. I will write these down for you.
- Patient: I have been taking hypertension medication since I was 36 years old, I can assure you I will follow you prescription without fail!
- Doctor: I'm happy to hear that! Now, I wanted to ask you, do you have any children?
- Patient: Yes, a boy and a girl. Are they in any danger of inheriting this disease?
- Doctor: As I previously told you, this kind of disease is genetically inherited. But it's predominant on the male line. So your daughter is unlikely to suffer from it. Your son on the other hand, is very likely to develop it up to ten years earlier than you did.

- Should he take the same test I did? Or maybe get some medication?
- Doctor: If he doesn't have any problems similar to yours at his age, then there is no need to. But you should keep an eye on his health.
- Patient: He smokes quite heavily. His lifestyle in general isn't as healthy as it should be.
- Doctor: He needs to rethink his choice, otherwise, he might face the same circumstances you did, sir.
- Patient: I'll talk to him about this and make sure he gets his priorities right. Do I need to come back for a revaluation?
- Doctor: Yes, in about 6 months you should come back to see if everything is alright. Also I recommend that once every 5 years you retake the coronary angiography, so that we keep an eye on your heart's blood vessels.
- Patient: I understand. Thank you so much, doctor!
- Doctor: With pleasure! Stay safe!

CLINICCO
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SECTIA CHIRURGIE CARDIOVASCULARA
Brasov, str. Scolii nr.8
Telefon: 0268- 401200, 0268- 401203
Fax: 0268- 401206

Gr.sanguina:0
RH: pozitiv
FO: 311/2015
Alergii: lizadon
Nr CAS: H 17/2015

BILET DE EXTERNARE / SCRISOARE MEDICALA

PACIENT: DANCIU CATALIN-COSTIN Varsta 47 ani (CNP [redacted])
Domiciliu: Jud. GORJ Loc. BRADET Nr. 126
Data internarii : 09.02.2015 Data externarii : 17.02.2015

DIAGNOSTIC: CARDIOPATIE ISCHEMICA. LEZIUNI TRICORONARIENE. ANGOR DE EFORT. HIPERTENSIUNE ARTERIALA ESENTIALA ST II RISC FOARTE INALT. DISLIPIDEMIE.

TIPUL INTERVENTIEI CHIRURGICALE: 11.02.2015 TRIPLU BY-PASS AORTO CORONARIAN CU ARTERA MAMARA INTERNA STANGA PE MARGINALA 2 ARTERA MAMARA INTERNA DREAPTA PE ARTERA DESCENDENTA ANTERIOARA SI GREFON VENOS PE RETROVENTRICULARA POSTERIOARA.

SUBIECTIV LA INTERNARE: dureri toracice anterioare la efort; test de efort neconcludent
OBIECTIV LA INTERNARE: zgomote cardiace ritmice, pulsuri periferice prezente simetric bilateral.

LABORATOR preoperator: Htc 32.6%; Hgb 11.2g%; L 16400/mmc; T 204000/mmc; Glicemie 94mg%; Na 141mmol/l; K 4.1mmol/l; TQ 14.5sec; INR 1.28; Proteina C reactiva mg/dl; APTT 27.8 sec;

ECOCARDIOGRAFIE PREOPERATOR (Dr. Cristina Pitis): Ao asc 26, AS 32, VD 21, SIV 13, PP 11, VS 44/28, FEJ 64%, VMI structural normala, flux trans Mi cu E>A, regurgitare mitrala grad II cu jet central, VAo tricuspa, competenta, nestenotica, VT normal inserata, IT gr I, psVD<20mmHg, VP normala, sept interatrial si sept interventricular intacte, VS nedilatat, usor hipertrofiat, cu cinetica globala buna, fara tulburari de cinetica segmentara in momentul examinarii, VD nedilatat, cu cinetica buna, fara colectie pericardica, VCi dimensiuni normale, variatii respiratorii > 50%. Concluzii: cavitati stangi si drepte de dimensiuni normale; HVS concentric usor, functie sistolica globala si segmentara buna; regurgitare mitrala usoara; HTP usoara.
EXPLORARE ANGIOCORONAROGRAFICA (05.02.2015): sistem coronarian dominant drept. Trunchi ACS cu placi ats. Calcificari coronariene difuze evidentiate scopic. ADA difuz infiltrata, cu stenoza lunga 75% seg II, periferia fara stenoze. Dg I vas important, cu emergenta din seg I ADA, cu stenoza 60% prima portiune. ACx cu stenoza 80% seg I, ocluzie la nivelul emergentei Mg I. Prin circulatie colaterala ipsi si contralaterala se incarca Mg I si Mg II, vase importante. Ocluzie scurta ACD I, stenoza 99% la marginea acuta. Flux competitiv distal. Periferia ACD se incarca din ACS.
ECO DOPPLER ARTERE CAROTIDE: DR+STG: ACC, ACI cu placi ats, fara stenoze semnificative, IR normal. Artere vertebrale permeabile, IR normal. Artera subclavie dr cu placi, Vmax 2.5m/sec, flux trifazic, fara stenoze semnificative. Artera subclavie stg cu flux trifazic, normal.
CONSULT PNEUMOLOGIC (10.02.2015): stetacustic normal, spirometrie: functie ventilatorie normala, VEMS=100%. Apt pentru interventie chirurgicala.

INTRAOPERATOR artere coronare sever calcificate proximal , artere mamare de calitate buna , vena calitate buna. se practica triplu by-pass aorto coronarian cu artera mamara interna stanga pe marginala 2, artera mamara interna dreapta pe artera descendenta anterioara si grefon venos pe retroventriculara posterioara.
ECOCARDIOGRAFIE POSTOPERATOR: VS nedilatat, cu cinetica globala buna, FEJ >50%, fara colectie pericardica/pleurala.
RADIOGRAFIE POSTOPERATOR: nimic activ pleuro-pulmonar
LABORATOR postoperator: Hgb 11.2g/dL; Htc 32.5%; Leucocite 11240/mmc; Trombocite 272000/mmc; Uree 45.4mg%; Creatinina 0.92mg%; Glicemie 96mg%; TGP 36.1u/l; Na 137mmol/l; K 3.5mmol/l; Fibrinogen 574mg/dl; TQ 13.4sec; INR 1.19; Proteina C reactiva 4.70mg/dl.

EPICRIZA: Pacient in varsta de 47 de ani, cu episoade de durere retrosternala la efort, cu TE neconcludent , evaluat coronarografic in serviciul nostru in urma cu cateva zile, cand s-au evidentiat leziuni tricoronariene cu indicatie de revascularizatie miocardica chirurgica, se interneaza pentru efectuarea acesteia.
Dupa o pregatire preoperatorie adecvata se intervine chirurgical si se practica triplu by-pass aorto coronarian cu artera mamara interna stanga pe marginala 2, artera mamara interna dreapta pe artera descendenta anterioara si grefon venos pe retroventriculara posterioara.Evolutia postoperatorie a fost favorabila, fara evenimente notabile, la externare pacient afebril, stabil clinic si hemodinamic, plaga vindecata chirurgical.

RECOMANDARI LA EXTERNARE:

1. Controlul bun al tensiunii arteriale si lipidelor plasmatice (colesterol tinta – sub 200 mg/dl)
2. Se interzice contactul cu fumul de tigara (inclusiv fumatul pasiv)
3. Regim alimentar moderat hipocaloric, bogat in legume, fructe, cereale integrale, carne slaba si sarac in grasimi animale si glucide cu indice glicemic mare
4. Reluarea progresiva a efortului fizic pana la atingerea unei capacitati de efort normale.
5. Atentie la miscarile care implica sternul – sternul se fixeaza complet in 2- 3 luni de la operatie.
6. Tratament:

	Dimineata	Pranz	Seara	
CONCOR 5mg	1	0	0	
ASPENTER 75mg	0	1	0	
CRESTOR 10mg	0	0	1	

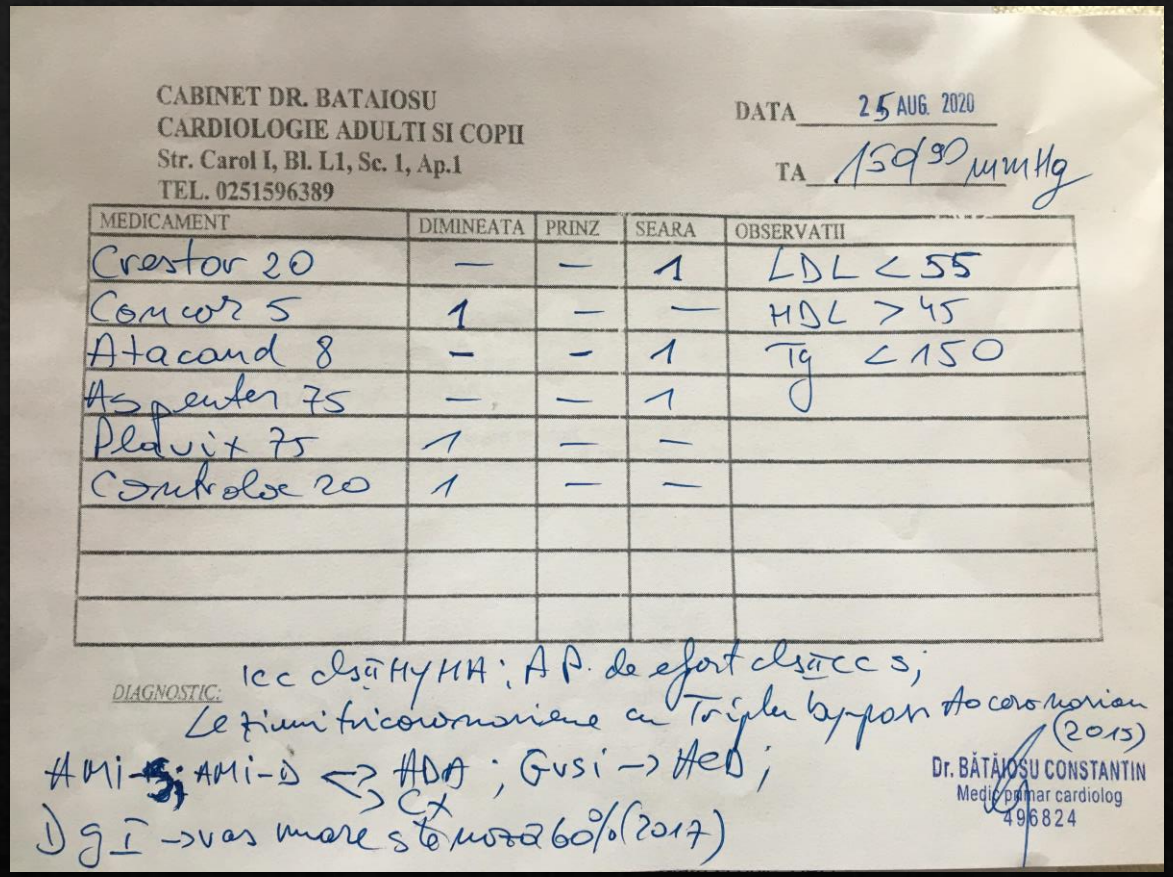
7. Dispensarizare cardiologica teritoriala.
8. Control peste 1 luna.

Concediu: zile acordate…….. ;serie…….. ; numar……..
Reteta: perioada acordare ……..; serie……..;numar……..

Dr . Mihai Ursu
Medic primar cardiologie
Sef sectie

Dr. Narcis Filipescu
Medic specialist chirurgie cardiovasculara

Dr. Fantana Cristina
Medic specialist ATI
Dr. Filipescu Manuela
Medic specialist ATI



CABINET DR. BATAIOSU
CARDIOLOGIE ADULTI SI COPII
Str. Carol I, Bl. L1, Sc. 1, Ap.1
TEL. 0251596389

DATA 25 AUG. 2020

TA 150/90 mm Hg

MEDICAMENT	DIMINEATA	PRINZ	SEARA	OBSERVATII
Crestor 20	—	—	1	LDL < 55
Concor 5	1	—	—	HDL > 45
Atacand 8	—	—	1	Tg < 150
Aspenter 75	—	—	1	
Pleduix 75	1	—	—	
Controloc 20	1	—	—	

DIAGNOSTIC: Icc clsIIHyHA; AP. de efort clsIICC S;
Le tiuni ficoronariene cu Triplu bypass Ao coronarian (2015)
AMi-S; AMi-D <=> HDA; Gusi -> HeD;
Ig I -> vas mare stenoza 60% (2017)

Dr. BĂTĂIOSU CONSTANTIN
Medic primar cardiolog
496824

- 5 years later, the patient retakes the coronary angiography, and contacts the doctor for further instructions and a possible diagnosis.

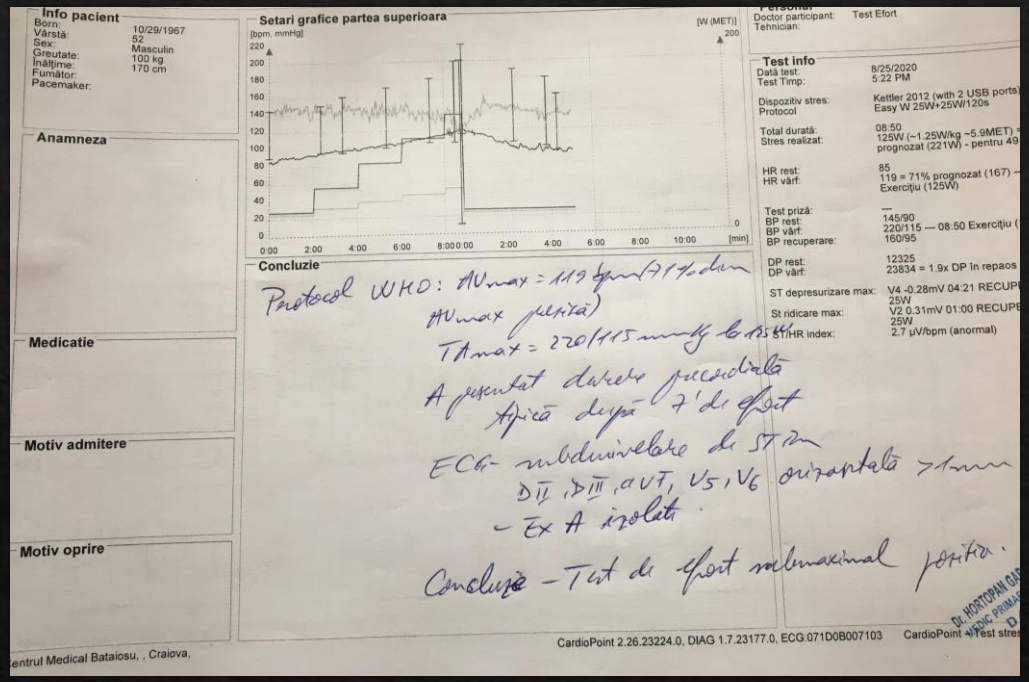
17.09.2020

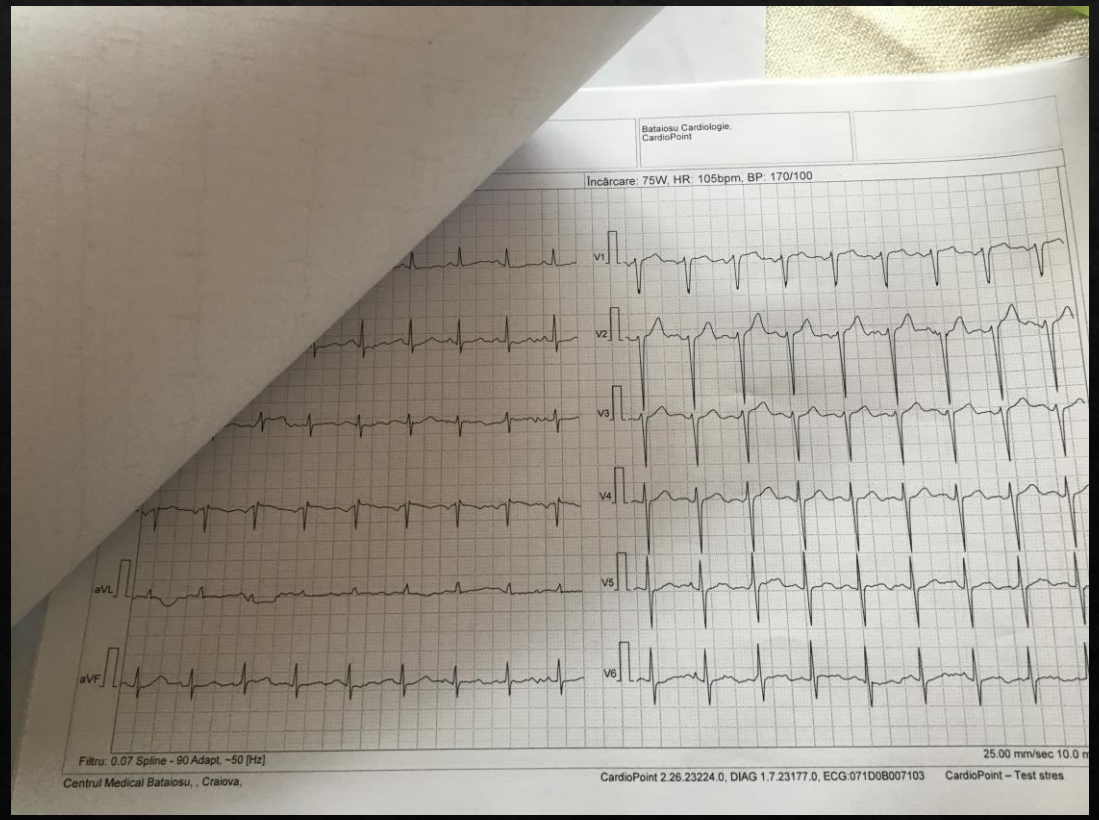
- Patient: Good afternoon doctor, I followed your instructions accordingly and retook the coronary angiography.
- Doctor: Good afternoon, Mr. Danciu! Let's see … How do you feel these days?
- Patient: Not so good … The old pain is back, it's not quite the same intensity as before, but I can see it's following the same pattern.
- Doctor: No wonder … Excepting those 3 bypasses, all of your heart's vessels are blocked. There isn't a single native coronary artery that works.
- Patient: … What does that mean?
- Doctor: It means the only reason why you are alive right now is because those 3 bypasses sustained your heart. The disease progressed at an alarming rate.
- Patient: Is there anything I can do? Maybe implanting a stent?

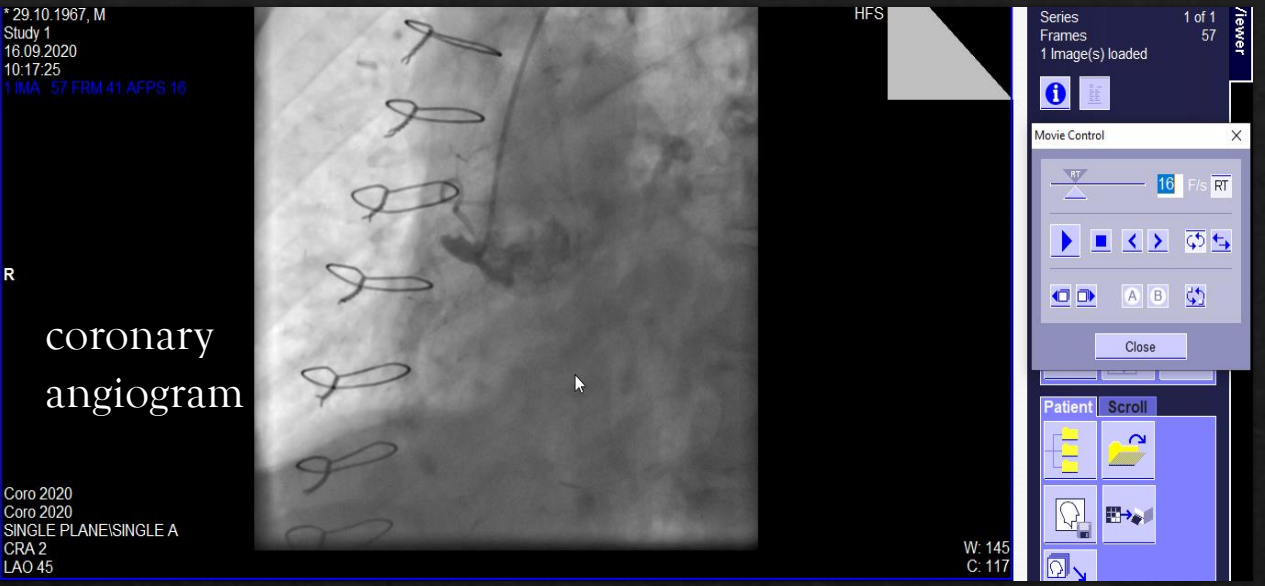
- Doctor: There is no way to do that. The only thing we can now do is make sure those bypasses work, and be ready to implant a stent on whichever collapses first. On those bypasses I used two mammary arteries and a venous graft. Based on my experience, the venous graft should be the first one to get blocked, meaning we need to keep a close eye on it. The mammary arteries shouldn't show any problem in the long run.
- Patient: … I don't know what to say … I guess I should have expected this because I didn't follow the diet and exercise plans …
- Doctor: It was not mainly the diet that got you in this situation. Ischemic cardiomyopathy is a ruthless disease that brings with itself these complications.
- Patient: I'm not in a very good place psychically speaking … But I managed to get through this with the help of my family up until now.
- Doctor: Mr Danciu, you won't die. These vessels are enough to help you maintain an approximately normal lifestyle. As long as they work, you live. And in order to keep them healthy you need to live like … A goat. You need a vegetarian-like diet, lose some weight and get some exercise so that the heart won't have to force itself too much. As for your medication you shall follow the original instructions.

- Patient: Yes … I understand.
- Doctor: There is no need to lose your hope, the situation is not as bad as it may seem to you. But you need to drastically change your way of living.
- Patient: Thank you for the advice doctor!
- Doctor: No problem, I wish you good health!

Cardiac exercise stress testing



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Coro 2020
Coro 2020
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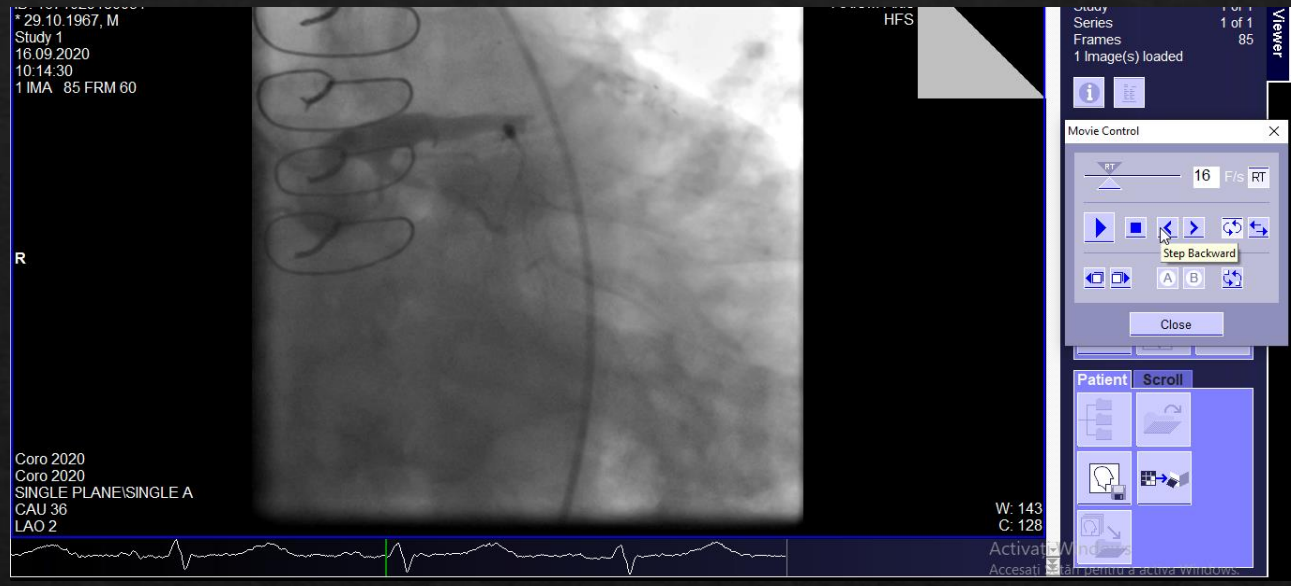
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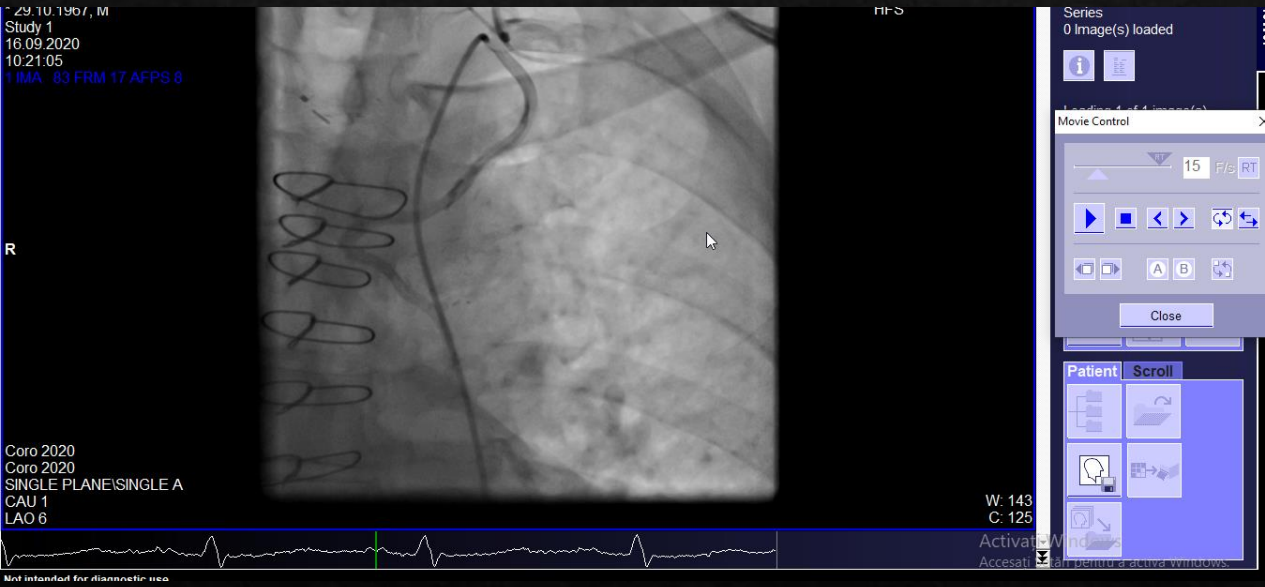
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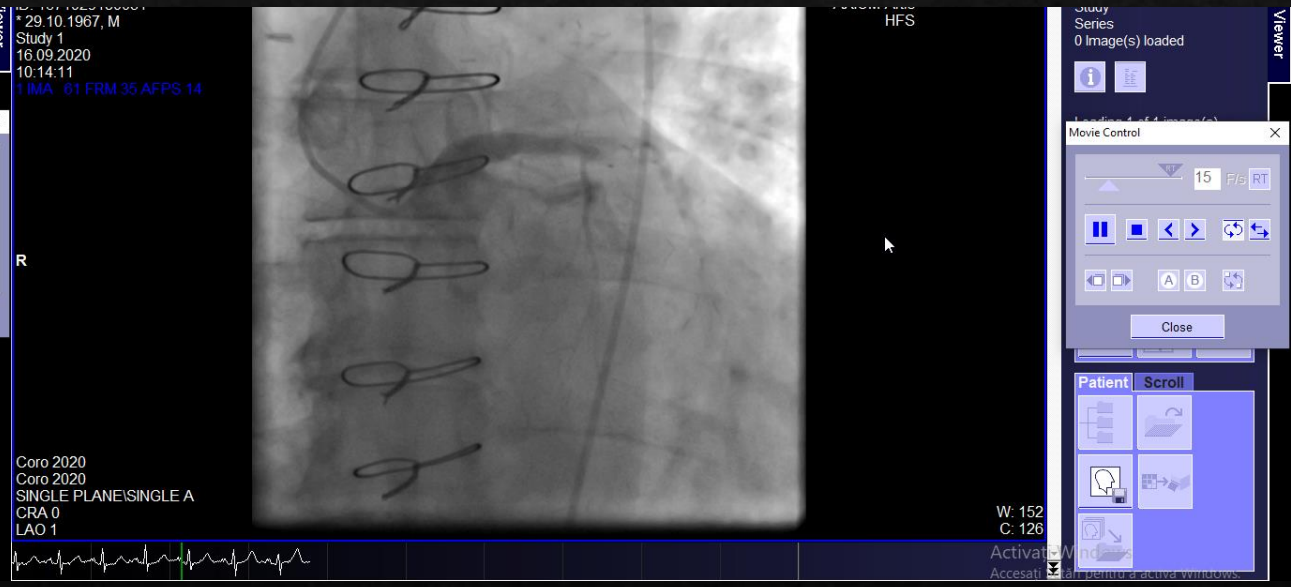
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15 F/s RT
A B
Close
Patient Scroll
Viewer

Epicrisis

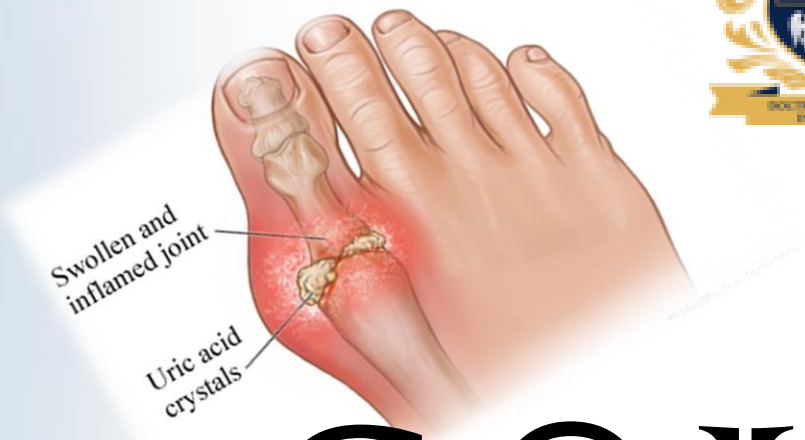
- 47-year-old patient, with episodes of retrosternal pain on exertion, evaluated coronary angiographically, where tricoronary lesions with indication of surgical myocardial revascularization were highlighted.
- After an adequate preoperative preparation, surgery is performed and a triple coronary aortic by-pass is performed with the left internal mammary artery on the marginal 2, the right internal mammary artery on the anterior descending artery and the venous graft on the posterior retroventricular.
- The postoperative evolution was favorable, without notable events, at discharge the patient was afebrile, clinically and hemodynamically stable, the wound was surgically healed.

Sitography

- https://www.heartfoundation.org.nz/your-heart/heart-tests/coronary-angiography
- https://my.clevelandclinic.org/health/diseases/17145-ischemic-cardiomyopathy
- https://www.health.harvard.edu/heart-disease-overview/cardiac-exercise-stress-testing-what-it-can-and-cannot-tell-you
- https://www.nhs.uk/conditions/coronary-heart-disease/prevention/

Stay safe and healthy

UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA



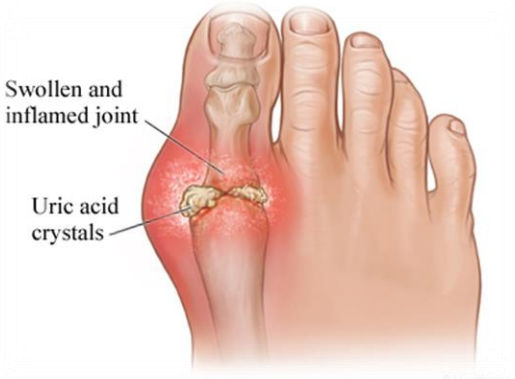
GOUT

FÎCEA CARMEN MIHAELA

DEFINITION:

Gout is a form of inflammatory arthritis characterized by recurrent attacks of a red, tender, hot, and swollen joint. Pain typically comes on rapidly, reaching maximal intensity in less than 12 hours. The joint at the base of the big toe is affected in about half of the cases. It may also result in tophi, kidney stones, or kidney damage. Gout is due to persistently elevated levels of uric acid in the blood.This occurs from a combination of diet, other health problems, and genetic factors. At high levels, uric acid crystallizes and the crystals deposit in joints, tendons, and surrounding tissues, resulting in an attack of gout. Gout occurs more commonly in those who regularly eat meat or seafood, drink beer, or are overweight.

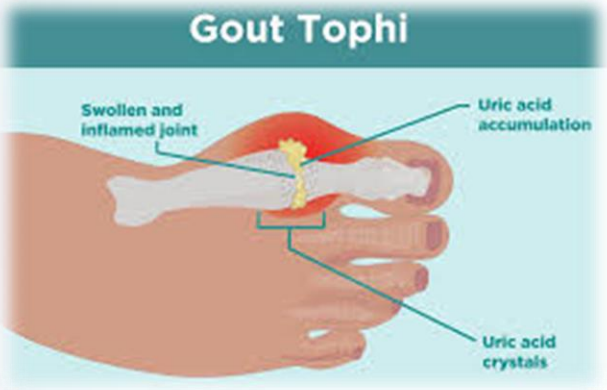
Gout affects about 1 to 2% of the Western population at some point in their lives. It has become more common in recent decades. This is believed to be due to increasing risk factors in the population, such as metabolic syndrome, longer life expectancy, and changes in diet. Older males are most commonly affected. Gout was historically known as "the disease of kings" or "rich man's disease". It has been recognized at least since the time of the ancient Egyptians.



SIGNS AND SYMPTOMS

Gout can occur in multiple ways, although the most common is a recurrent attack of acute inflammatory arthritis (a red, tender, hot, swollen joint). The metatarsal-phalangeal joint at the base of the big toe is affected most often, accounting for half of the cases. Other joints, such as the heels, knees, wrists, and fingers, may also be affected. Joint pain usually begins during the night and peaks within 24 hours of onset. Other symptoms may rarely occur along with the joint pain, including fatigue and a high fever.

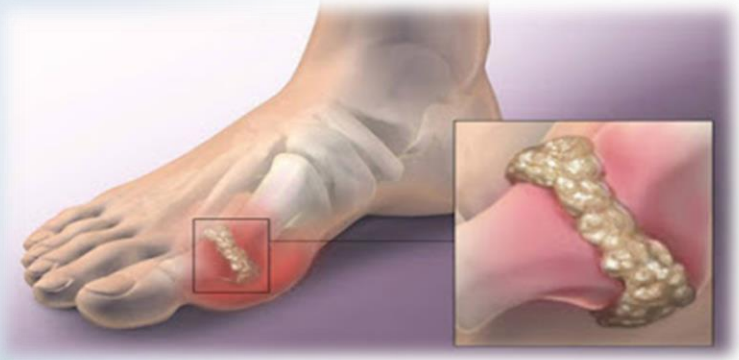
Long-standing elevated uric acid levels (hyperuricemia) may result in other symptoms, including hard, painless deposits of uric acid crystals known as tophi. Extensive tophi may lead to chronic arthritis due to bone erosion. Elevated levels of uric acid may also lead to crystals precipitating in the kidneys, resulting in stone formation and subsequent urate nephropathy.



CAUSES

The crystallization of uric acid, often related to relatively high levels in the blood, is the underlying cause of gout. This can occur because of diet, genetic predisposition, or underexcretion of urate, the salts of uric acid. Underexcretion of uric acid by the kidney is the primary cause of hyperuricemia.

- LIFESTYLE
- GENETICS
- MEDICAL CONDITIONS
- MEDICATION

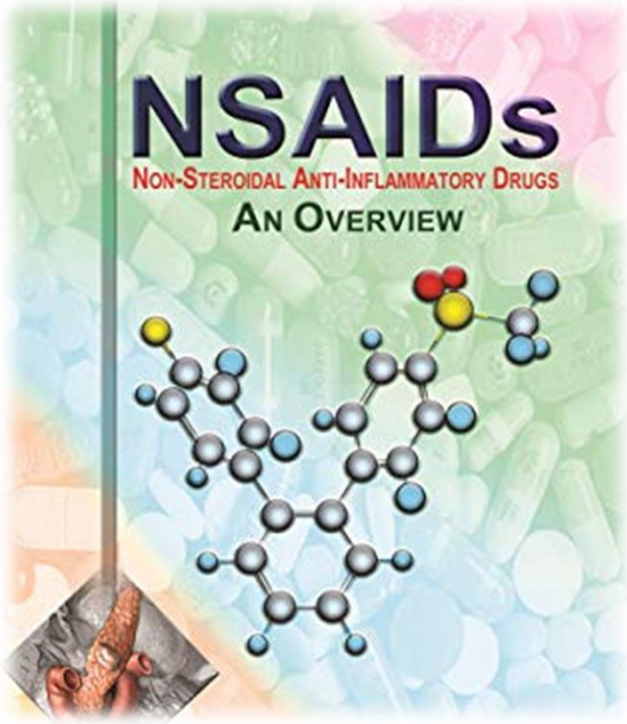


RISK FACTORS

Sustained hyperuricaemia is the single most important risk factor for the development of gout. Hyperuricaemia occurs secondarily to reduced fractional clearance of uric acid in > 90% of patients with gout. Age, male gender, menopausal status in females, impairment of renal function, hypertension and the co-morbidities that comprise the metabolic syndrome are all risk factors for incident gout associated with decreased excretion of uric acid, as are the use of diuretic and many anti-hypertensive drugs, ciclosporin, low-dose aspirin, alcohol consumption and lead exposure. Tophi and chronic arthritis, alcohol consumption and recent use of diuretic drugs are important risk factors for recurring flares.

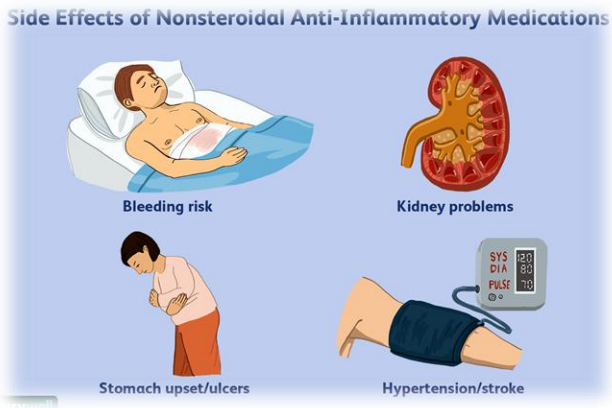
TREATMENTS AND DRUGS

The initial aim of treatment is to settle the symptoms of an acute attack.
Repeated attacks can be prevented by medications that reduce serum uric acid levels.
Tentative evidence supports the application of ice for 20 to 30 minutes several times a day to decrease pain. Options for acute treatment include nonsteroidal anti-inflammatory drugs (NSAIDs), colchicine, and steroids.
Options for prevention include allopurinol febuxostat, and probenecid.
Lowering uric acid levels can cure the disease.



DIAGNOSIS

Gout may be diagnosed and treated without further investigations in someone with hyperuricemia and the classic acute arthritis of the base of the great toe (known as podagra).



PATIENT PROFILE

NAME: Fîcea Vasile (X)

SEX: Male

AGE: 72

WEIGHT: 85 Kg

HEIGHT: 170 cm

OCCUPATION: Retired

MAIN SYMPTOMS:

- fever;
- red, tender, hot, swollen joint;
- severe pain.

DIALOGUE

INTRODUCTION

Good morning, Mr X. I am doctor Y and we will be discussing your case today.

Good morning, doctor Y. It is a pleasure to finally meet you.

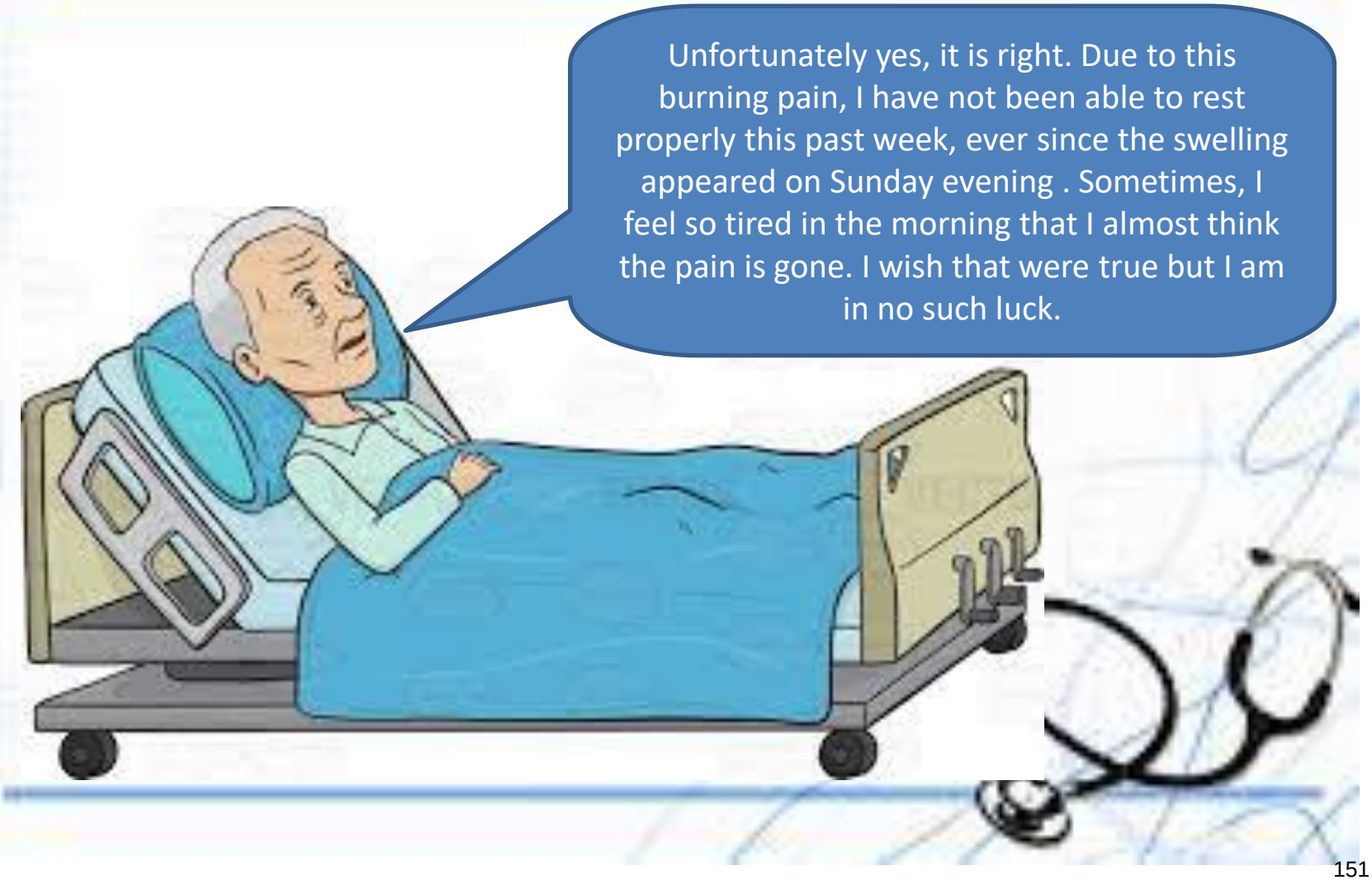
DIALOGUE

MAIN COMPLAINTS

So, it is written in your medical record that you have been experiencing high fever, joint inflammation in the right foot and severe pain that has been affecting your sleep. Is that correct or have you noticed any other symptoms?

DIALOGUE

MAIN COMPLAINTS



DIALOGUE

HISTORY OF PRESENT CONDITION

Oh, I see. So what you are trying to tell me is that the pain caused by the swollen joint is more disturbing during the night, right? Have you taken any analgesics to reduce it?

Actually, yes, I have taken analgesics for three days but the pain has persisted. I also tried to apply cold water compresses on my foot, but the inflammation wouldn't go away.

DIALOGUE

HISTORY OF PRESENT CONDITION

Do you have any idea what might have caused this inflammation? Did the pain start suddenly or after doing some physical effort?

Actually, if I recall correctly, it started about 48 h after taking a long walk with my nephews in the park. At that time I didn't consider walking to be such great physical effort but as we kept moving, I could feel an increasing pressure on my feet as well as a pulsing sensation.

DIALOGUE

HISTORY OF PRESENT CONDITION

Well, Mr X, considering your age and also the fact that you are a little overweight, long walks could be responsible for these types of articular inflammations. Do you mind my taking a look at your foot?

No, it might just take a while to remove my sock. It really bothers me and the pain gets stronger with every move I make.

DIALOGUE

HISTORY OF PRESENT CONDITION

Take your time, Mr X. There is no rush.

Well, you could look now, doctor. It seems to me that it is even redder than it was this morning.

Yes, it is indeed very red and swollen and it looks like the skin is exfoliating around this area. And I can see the joint at the base of the big toe is affected, too. Could you tell me if the pain is radiating to the leg or is it localized only at the level of the joint?

The pain goes from my big toe to the middle of my upper leg. It is almost unbearable.

DIALOGUE

HISTORY OF PRESENT CONDITION

Is it the first time you have experienced this kind of pain attack or has it happened before?

I have had articular discomfort before but it is the first time this has happened to me. I assumed these are just symptoms of rheumatism or maybe arthritis.

Well, arthritis is a common condition for people your age, but considering all the information I've gathered so far, I think you had a gout attack. **Gout** is a form of inflammatory arthritis characterized by recurrent attacks of a red, tender, hot, and swollen joint,which are exactly the symptoms you' ve had. Pain typically comes on rapidly, reaching maximal intensity in less than 12 hours and the joint at the base of the big toe is affected in about half of the cases. I can't reach a diagnosis right away. We'll have to wait for the lab results and see the level of uric acid in your blood.

DIALOGUE

FAMILY HISTORY AND PAST MEDICAL RECORD

Now, could you tell me if you are aware of any member of your family that has or had this condition? The reason I am asking is because gout can occur because of genetic predisposition,diet or other medical conditions.

I don't think anyone in my family has this kind of medical condition.

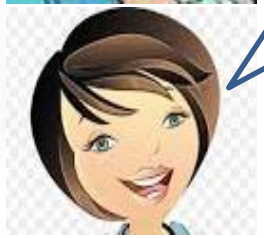
Do you have any other conditions that you are aware of?

Well, I am hypertensive, so, from time to time, I take some pills prescribed by my family doctor in order to reduce my arterial tension. I also had one of my kidneys removed 20 years ago and I am diagnosed with pulmonary fibrosis caused by work environment

FAMILY HISTORY AND PAST MEDICAL RECORD

Ok, I only have two more questions and then we are done for today. Do you normally eat food which is rich in purines such as meat, fish or fish roes?

I do, actually. I have to admit that at least one of my meals contains meat. Beef is my favourite.



I am afraid from now on you will have to cut down on the amount of meat you are eating, and start replacing it with healthier food in order to avoid the recurring attacks. And now, Mr X, my last question. Do you drink any type of alcohol?

I don't drink much, maybe a glass of wine or two on special occasions when we have family gatherings or on holidays but I don't drink alcohol on a daily basis.

Oh, this is a very good thing to hear. A glass of wine per day can lower the rate of heart disease onset, but I guess you already knew that.

DIALOGUE

FURTHER TESTING

Ok, as I was saying, we need to be sure that you had a gout attack so I suggest we run a blood and urine test in order to check the level of uric acid in the blood. The crystallization of uric acid, often related to relatively high levels in the blood, is the underlying cause of gout. Considering your other medical conditions, I think it would be a good idea to do an ultrasound of the abdomen and chest.

Ok, doctor. Could you tell me when I should come back for the results?

It shouldn't take more than a few days for the lab to run the tests. How about coming back on Monday?

It's perfect. And what can I do to alleviate the pain in the meantime?

DIALOGUE

FURTHER TESTING

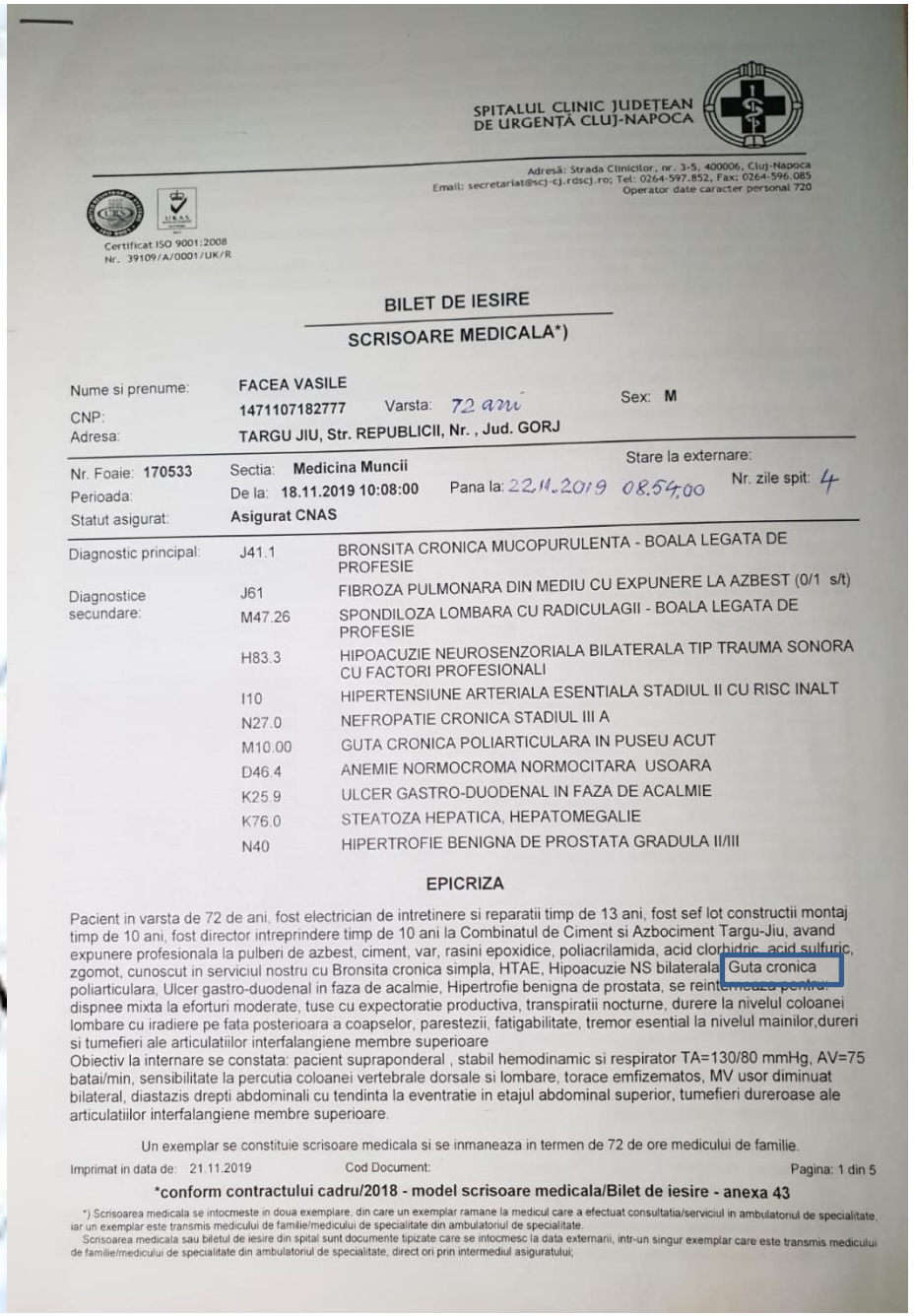
I am going to prescribe you an ointment which is supposed to reduce the swelling and you should keep applying cold water compresses. I am afraid there's nothing left to do in this situation. You have to wait for the attack to pass.

Thank you very much, doctor. I'll see you on Monday, then. Have a good day!

Goodbye, Mr X. I'll see you next week. Meanwhile, you should rest and not put pressure on your leg.

That is exactly what I am going to do.

RESULTS



SPITALUL CLINIC JUDETEAN
DE URGENTA CLUJ-NAPOCA

Adresă: Strada Clinicilor, nr. 3-5, 400006, Cluj-Napoca
Email: secretariat@scj-cj.rdscj.ro; Tel: 0264-597.852, Fax: 0264-596.085
Operator date caracter personal 720

Certificat ISO 9001:2008
Nr. 39109/A/0001/UK/R

BILET DE IESIRE

SCRISOARE MEDICALA*)

Nume si prenume:	FACEA VASILE		
CNP:	1471107182777	Varsta: 72 ani	Sex: M
Adresa:	TARGU JIU, Str. REPUBLICII, Nr. , Jud. GORJ		
Nr. Foaie: 170533	Sectia: Medicina Muncii		Stare la externare:
Perioada:	De la: 18.11.2019 10:08:00	Pana la: 22.11.2019 08.54.00	Nr. zile spit: 4
Statut asigurat:	Asigurat CNAS		

Diagnostic principal:	J41.1	BRONSITA CRONICA MUCOPURULENTA - BOALA LEGATA DE PROFESIE
Diagnostice secundare:	J61	FIBROZA PULMONARA DIN MEDIU CU EXPUNERE LA AZBEST (0/1 s/t)
	M47.26	SPONDILOZA LOMBARA CU RADICULAGII - BOALA LEGATA DE PROFESIE
	H83.3	HIPOACUZIE NEUROSENZORIALA BILATERALA TIP TRAUMA SONORA CU FACTORI PROFESIONALI
	I10	HIPERTENSIUNE ARTERIALA ESENTIALA STADIUL II CU RISC INALT
	N27.0	NEFROPATIE CRONICA STADIUL III A
	M10.00	GUTA CRONICA POLIARTICULARA IN PUSEU ACUT
	D46.4	ANEMIE NORMOCROMA NORMOCITARA USOARA
	K25.9	ULCER GASTRO-DUODENAL IN FAZA DE ACALMIE
	K76.0	STEATOZA HEPATICA, HEPATOMEGALIE
	N40	HIPERTROFIE BENIGNA DE PROSTATA GRADULA II/III

EPICRIZA

Pacient in varsta de 72 de ani, fost electrician de intretinere si reparatii timp de 13 ani, fost sef lot constructii montaj timp de 10 ani, fost director intreprindere timp de 10 ani la Combinatul de Ciment si Azbociment Targu-Jiu, avand expunere profesionala la pulberi de azbest, ciment, var, rasini epoxidice, poliacrilamida, acid clorhidric, acid sulfuric, zgomot, cunoscut in serviciul nostru cu Bronsita cronica simpla, HTAE, Hipoacuzie NS bilaterala, Guta cronica poliarticulara, Ulcer gastro-duodenal in faza de acalmie, Hipertrofie benigna de prostata, se reinternează pentru dispnee mixta la eforturi moderate, tuse cu expectoratie productiva, transpiratii nocturne, durere la nivelul coloanei lombare cu iradiere pe fata posterioara a coapselor, parestezii, fatigabilitate, tremor esential la nivelul mainilor,dureri si tumefieri ale articulatiilor interfalangiene membre superioare
Obiectiv la internare se constata: pacient supraponderal , stabil hemodinamic si respirator TA=130/80 mmHg, AV=75 batai/min, sensibilitate la percutia coloanei vertebrale dorsale si lombare, torace emfizematos, MV usor diminuat bilateral, diastazis drepti abdominali cu tendinta la eventratie in etajul abdominal superior, tumefieri dureroase ale articulatiilor interfalangiene membre superioare.

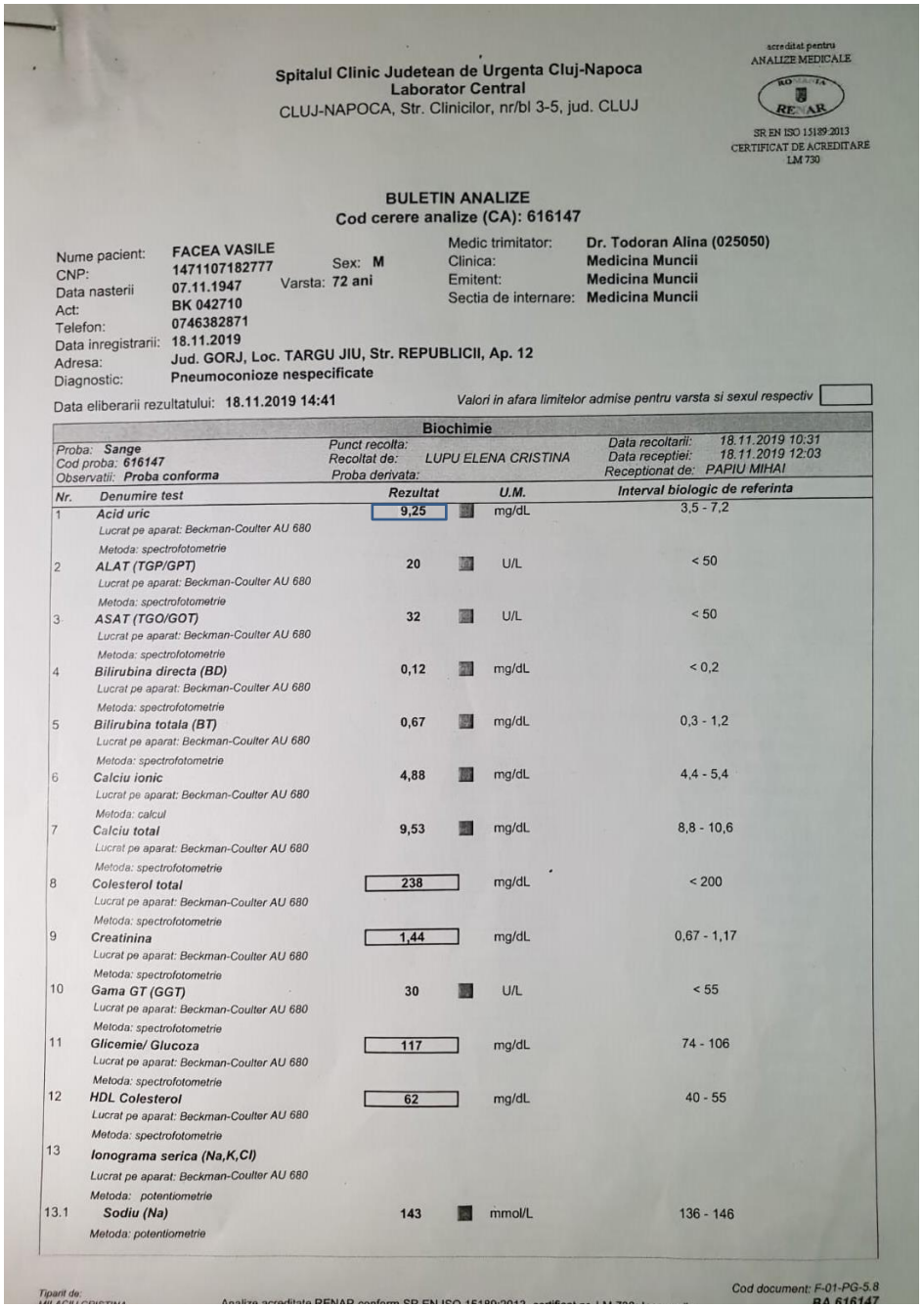
Un exemplar se constituie scrisoare medicala si se inmaneaza in termen de 72 de ore medicului de familie.

Imprimat in data de: 21.11.2019 Cod Document: Pagina: 1 din 5

***conform contractului cadru/2018 - model scrisoare medicala/Bilet de iesire - anexa 43**

*) Scrisoarea medicala se intocmeste in doua exemplare, din care un exemplar ramane la medicul care a efectuat consultatia/serviciul in ambulatoriul de specialitate, iar un exemplar este transmis medicului de familie/medicului de specialitate din ambulatoriul de specialitate.
Scrisoarea medicala sau biletul de iesire din spital sunt documente tipizate care se intocmesc la data externarii, intr-un singur exemplar care este transmis medicului de familie/medicului de specialitate din ambulatoriul de specialitate, direct ori prin intermediul asiguratului;

RESULTS



Spitalul Clinic Judetean de Urgenta Cluj-Napoca
Laborator Central
CLUJ-NAPOCA, Str. Clinicilor, nr/bl 3-5, jud. CLUJ

acreditat pentru ANALIZE MEDICALE
RENAR
SR EN ISO 15189:2013
CERTIFICAT DE ACREDITARE LM 730

BULETIN ANALIZE
Cod cerere analize (CA): 616147

Nume pacient:	FACEA VASILE	Medic trimitator:	Dr. Todoran Alina (025050)
CNP:	1471107182777 Sex: M	Clinica:	Medicina Muncii
Data nasterii	07.11.1947 Varsta: 72 ani	Emitent:	Medicina Muncii
Act:	BK 042710	Sectia de internare:	Medicina Muncii
Telefon:	0746382871		
Data inregistrarii:	18.11.2019		
Adresa:	Jud. GORJ, Loc. TARGU JIU, Str. REPUBLICII, Ap. 12		
Diagnostic:	Pneumoconioze nespecificate		

Data eliberarii rezultatului: **18.11.2019 14:41**

Valori in afara limitelor admise pentru varsta si sexul respectiv

Biochimie

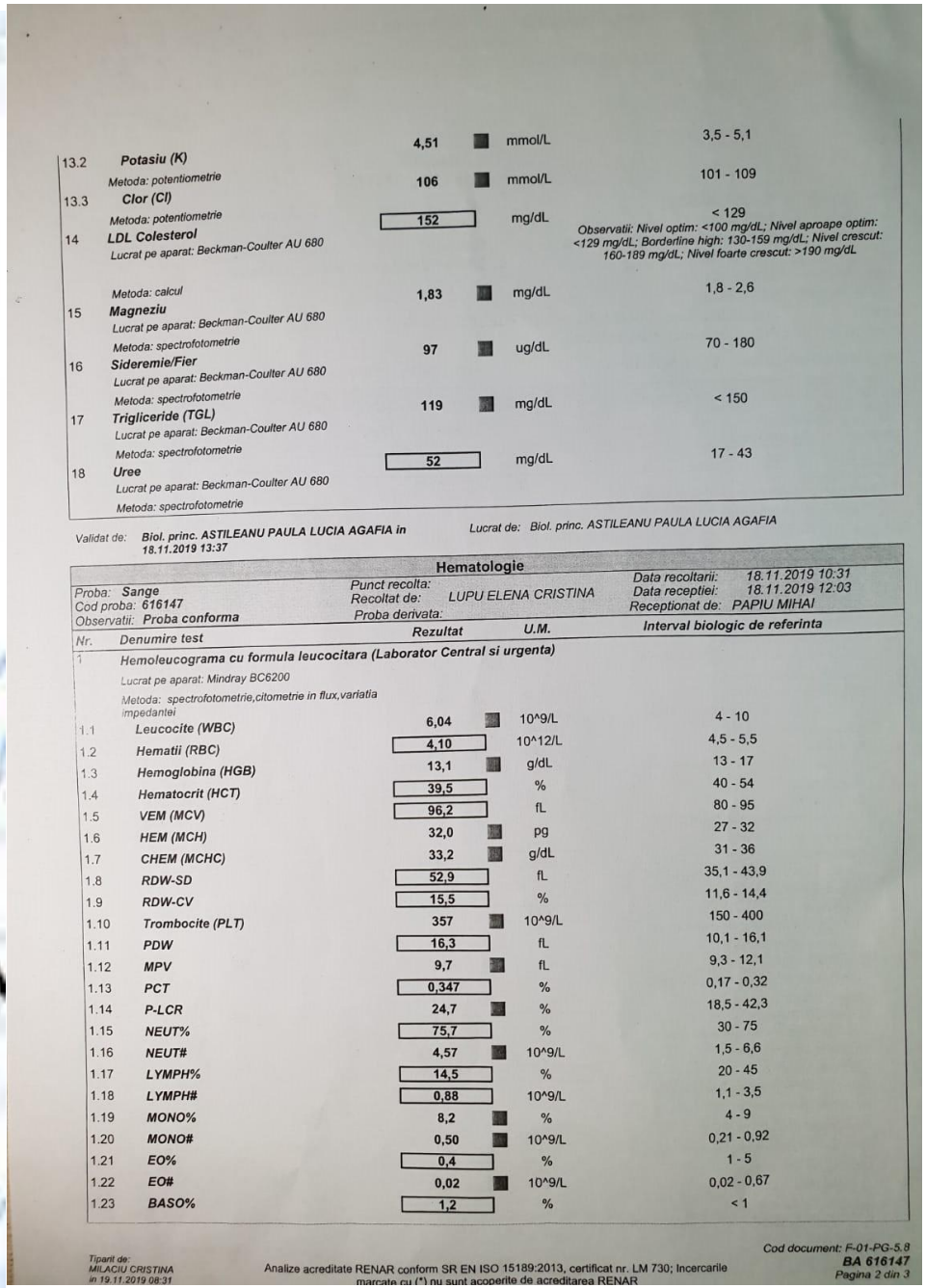
Proba: ***Sange*** *Punct recolta:* *Data recoltarii:* *18.11.2019 10:31*
Cod proba: ***616147*** *Recoltat de:* *LUPU ELENA CRISTINA* *Data receptiei:* *18.11.2019 12:03*
Observatii: ***Proba conforma*** *Proba derivata:* *Receptionat de:* *PAPIU MIHAI*

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	***Acid uric*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	9,25	mg/dL	3,5 - 7,2
2	***ALAT (TGP/GPT)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	20	U/L	< 50
3	***ASAT (TGO/GOT)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	32	U/L	< 50
4	***Bilirubina directa (BD)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	0,12	mg/dL	< 0,2
5	***Bilirubina totala (BT)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	0,67	mg/dL	0,3 - 1,2
6	***Calciu ionic*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: calcul*	4,88	mg/dL	4,4 - 5,4
7	***Calciu total*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	9,53	mg/dL	8,8 - 10,6
8	***Colesterol total*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	238	mg/dL	< 200
9	***Creatinina*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	1,44	mg/dL	0,67 - 1,17
10	***Gama GT (GGT)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	30	U/L	< 55
11	***Glicemie/ Glucoza*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	117	mg/dL	74 - 106
12	***HDL Colesterol*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: spectrofotometrie*	62	mg/dL	40 - 55
13	***Ionograma serica (Na,K,Cl)*** *Lucrat pe aparat: Beckman-Coulter AU 680* *Metoda: potentiometrie*			
13.1	***Sodiu (Na)*** *Metoda: potentiometrie*	143	mmol/L	136 - 146

Tiparit de:

Cod document: F-01-PG-5.8
RA 616147

RESULTS



Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
13.2	Potasiu (K)	4,51	mmol/L	3,5 - 5,1
	Metoda: potentiometrie			
13.3	Clor (Cl)	106	mmol/L	101 - 109
	Metoda: potentiometrie			
14	LDL Colesterol	152	mg/dL	< 129
	Lucrat pe aparat: Beckman-Coulter AU 680			Observatii: Nivel optim: <100 mg/dL; Nivel aproape optim: <129 mg/dL; Borderline high: 130-159 mg/dL; Nivel crescut: 160-189 mg/dL; Nivel foarte crescut: >190 mg/dL
	Metoda: calcul			
15	Magneziu	1,83	mg/dL	1,8 - 2,6
	Lucrat pe aparat: Beckman-Coulter AU 680			
	Metoda: spectrofotometrie			
16	Sideremie/Fier	97	ug/dL	70 - 180
	Lucrat pe aparat: Beckman-Coulter AU 680			
	Metoda: spectrofotometrie			
17	Trigliceride (TGL)	119	mg/dL	< 150
	Lucrat pe aparat: Beckman-Coulter AU 680			
	Metoda: spectrofotometrie			
18	Uree	52	mg/dL	17 - 43
	Lucrat pe aparat: Beckman-Coulter AU 680			
	Metoda: spectrofotometrie			

Validat de: Biol. princ. ASTILEANU PAULA LUCIA AGAFIA in 18.11.2019 13:37

Lucrat de: Biol. princ. ASTILEANU PAULA LUCIA AGAFIA

Hematologie

Proba: Sange
Cod proba: 616147
Observatii: Proba conforma

Punct recolta:
Recoltat de: LUPU ELENA CRISTINA
Proba derivata:

Data recoltarii: 18.11.2019 10:31
Data receptiei: 18.11.2019 12:03
Receptionat de: PAPIU MIHAI

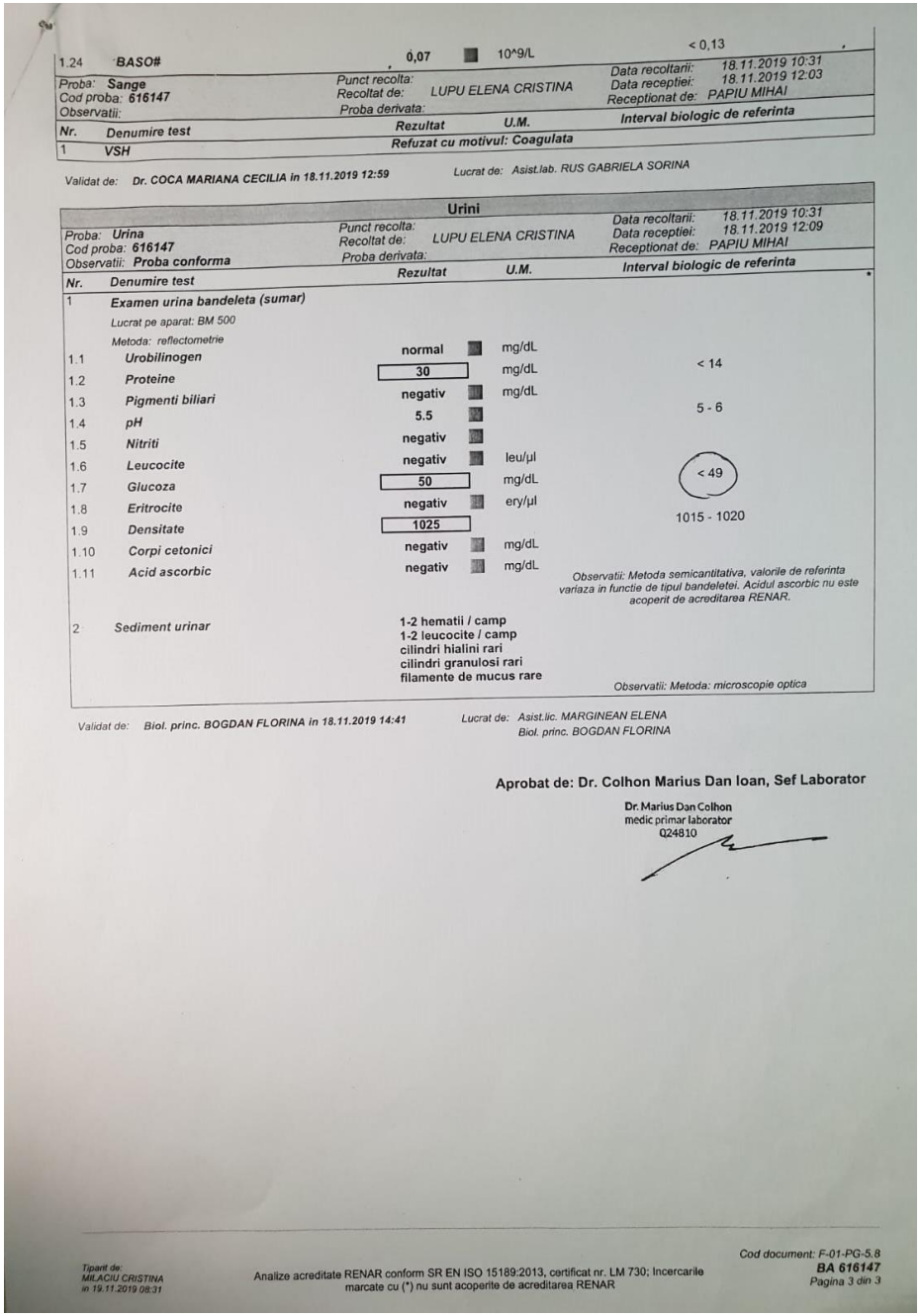
Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	Hemoleucograma cu formula leucocitara (Laborator Central si urgenta)			
	Lucrat pe aparat: Mindray BC6200			
	Metoda: spectrofotometrie,citometrie in flux,variatia impedantei			
1.1	Leucocite (WBC)	6,04	10^9/L	4 - 10
1.2	Hematii (RBC)	4,10	10^12/L	4,5 - 5,5
1.3	Hemoglobina (HGB)	13,1	g/dL	13 - 17
1.4	Hematocrit (HCT)	39,5	%	40 - 54
1.5	VEM (MCV)	96,2	fL	80 - 95
1.6	HEM (MCH)	32,0	pg	27 - 32
1.7	CHEM (MCHC)	33,2	g/dL	31 - 36
1.8	RDW-SD	52,9	fL	35,1 - 43,9
1.9	RDW-CV	15,5	%	11,6 - 14,4
1.10	Trombocite (PLT)	357	10^9/L	150 - 400
1.11	PDW	16,3	fL	10,1 - 16,1
1.12	MPV	9,7	fL	9,3 - 12,1
1.13	PCT	0,347	%	0,17 - 0,32
1.14	P-LCR	24,7	%	18,5 - 42,3
1.15	NEUT%	75,7	%	30 - 75
1.16	NEUT#	4,57	10^9/L	1,5 - 6,6
1.17	LYMPH%	14,5	%	20 - 45
1.18	LYMPH#	0,88	10^9/L	1,1 - 3,5
1.19	MONO%	8,2	%	4 - 9
1.20	MONO#	0,50	10^9/L	0,21 - 0,92
1.21	EO%	0,4	%	1 - 5
1.22	EO#	0,02	10^9/L	0,02 - 0,67
1.23	BASO%	1,2	%	< 1

Tiparit de: MILACIU CRISTINA in 19.11.2019 08:31

Analize acreditate RENAR conform SR EN ISO 15189:2013, certificat nr. LM 730; Incercarile marcate cu (*) nu sunt acoperite de acreditarea RENAR

Cod document: F-01-PG-5.8
BA 616147
Pagina 2 din 3

RESULTS



1.24	BASO#	0,07	10^9/L	< 0,13

Proba: Sange
Cod proba: 616147
Observatii:
Punct recolta:
Recoltat de: LUPU ELENA CRISTINA
Proba derivata:
Data recoltarii: 18.11.2019 10:31
Data receptiei: 18.11.2019 12:03
Receptionat de: PAPIU MIHAI

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	VSH	Refuzat cu motivul: Coagulata		

Validat de: Dr. COCA MARIANA CECILIA in 18.11.2019 12:59
Lucrat de: Asist.lab. RUS GABRIELA SORINA

Urini

Proba: Urina
Cod proba: 616147
Observatii: Proba conforma
Punct recolta:
Recoltat de: LUPU ELENA CRISTINA
Proba derivata:
Data recoltarii: 18.11.2019 10:31
Data receptiei: 18.11.2019 12:09
Receptionat de: PAPIU MIHAI

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	Examen urina bandeleta (sumar)			
	Lucrat pe aparat: BM 500			
	Metoda: reflectometrie			
1.1	Urobilinogen	normal	mg/dL	< 14
1.2	Proteine	30	mg/dL	
1.3	Pigmenti biliari	negativ	mg/dL	
1.4	pH	5.5		5 - 6
1.5	Nitriti	negativ		
1.6	Leucocite	negativ	leu/µl	< 49
1.7	Glucoza	50	mg/dL	
1.8	Eritrocite	negativ	ery/µl	
1.9	Densitate	1025		1015 - 1020
1.10	Corpi cetonici	negativ	mg/dL	
1.11	Acid ascorbic	negativ	mg/dL	
				Observatii: Metoda semicantitativa, valorile de referinta variaza in functie de tipul bandeletei. Acidul ascorbic nu este acoperit de acreditarea RENAR.
2	Sediment urinar	1-2 hematii / camp 1-2 leucocite / camp cilindri hialini rari cilindri granulosi rari filamente de mucus rare		
				Observatii: Metoda: microscopie optica

Validat de: Biol. princ. BOGDAN FLORINA in 18.11.2019 14:41
Lucrat de: Asist.lic. MARGINEAN ELENA
Biol. princ. BOGDAN FLORINA

Aprobat de: Dr. Colhon Marius Dan Ioan, Sef Laborator

Dr. Marius Dan Colhon
medic primar laborator
Q24810

Tiparit de:
MILACIU CRISTINA
in 19.11.2019 08:31

Analize acreditate RENAR conform SR EN ISO 15189:2013, certificat nr. LM 730; Incercarile marcate cu (*) nu sunt acoperite de acreditarea RENAR

Cod document: F-01-PG-5.8
BA 616147
Pagina 3 din 3

RESULTS

SPITALUL CLINIC JUDETEAN DE URGENTA
LABORATOR EXPLORARI FUNCTIONALE PULMONARE
400349 CLUJ - NAPOCA Str. Pasteur Nr.3-5: Tel.:0264/591942 int. [illegible]

Page 1

PULMONARY FUNCTION REPORT
(Pre- Summary)

ame: FACEA VASILE
ge: 71 Sex: M Height: 173 cm.
moking history: 0 pack-years
octor: Marius Baiescu
est set started: 11-20-2018 10:52:53
redicteds: ECCS
iagnosis: BRONSITA CRONICA
omments:
ara medicatie bronhodilatatoare in ultimele 48 de ore.

ID #: 99890
Weight: 83 kg.
Race: C
Tech:
Report printed: 11-20-2018 10:58:21
Report: Short Rpt PFT v2.12

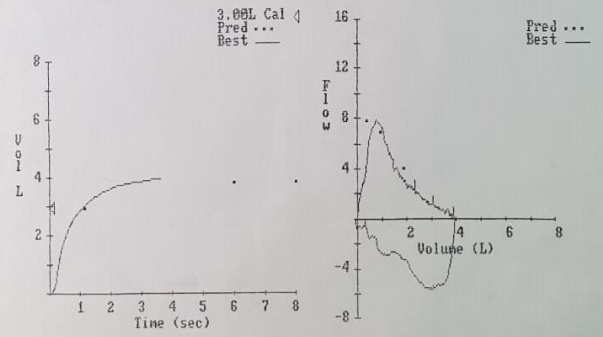
alibration: 3.00L expected, 2.95L measured. Performed 11-19-18.

FVC
Pre- : 11-20-2018 10:58:03)

		Pred	Best Meas	%Prd	Meas	%Prd	Meas	%Prd
VC	(L)	3.76	3.96	105%				
EV1	(L)	2.89	3.05	106%				
EV1/FVC		0.75	0.77	103%				
EFR	(L/s)	7.73	7.54	97%				
EF50%	(L/s)	4.01	2.54	63%				
EF25-75%	(L/s)	3.01	2.48	82%				
XP Test Time(s)			3.59					
IVC	(L)	3.77	4.04	107%				

Ratios

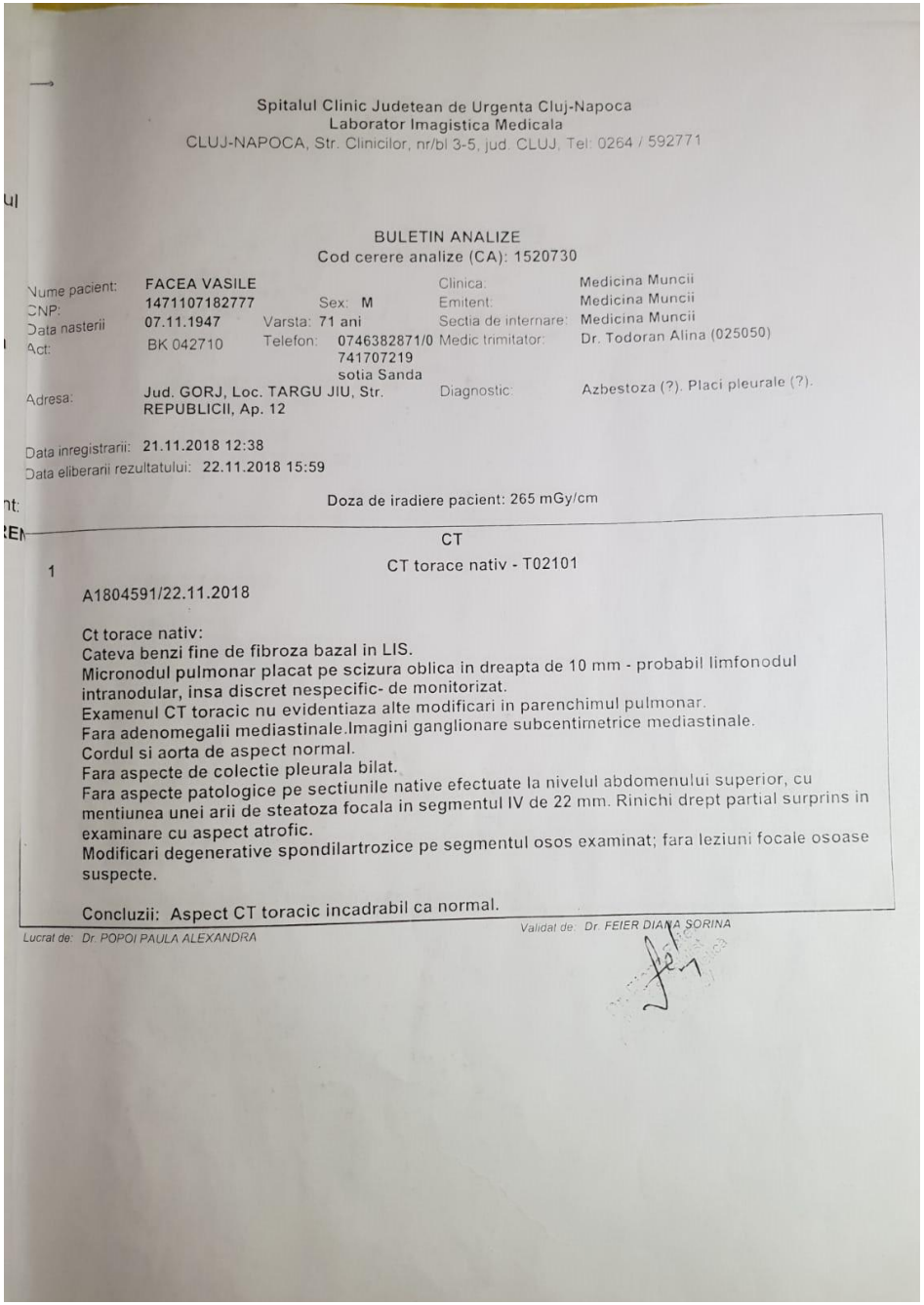
unction	Pred	Meas	%Prd
EF25-75%/FVC	0.80	0.63	78%



Concluzii:
VOLUME SI DEBITE PULMONARE IN LIMITELE FIZIOLOGICULUI.

Dr. BAIESCU MARIUS
Medic primar explorări funcționale

RESULTS



Spitalul Clinic Judetean de Urgenta Cluj-Napoca
Laborator Imagistica Medicala
CLUJ-NAPOCA, Str. Clinicilor, nr/bl 3-5, jud. CLUJ, Tel: 0264 / 592771

BULETIN ANALIZE
Cod cerere analize (CA): 1520730

Nume pacient:	FACEA VASILE			Clinica:	Medicina Muncii
CNP:	1471107182777		Sex: M	Emitent:	Medicina Muncii
Data nasterii	07.11.1947	Varsta:	71 ani	Sectia de internare:	Medicina Muncii
Act:	BK 042710	Telefon:	0746382871/0 741707219 sotia Sanda	Medic trimitator:	Dr. Todoran Alina (025050)
Adresa:	Jud. GORJ, Loc. TARGU JIU, Str. REPUBLICII, Ap. 12			Diagnostic:	Azbestoza (?). Placi pleurale (?).

Data inregistrarii: 21.11.2018 12:38
Data eliberarii rezultatului: 22.11.2018 15:59

Doza de iradiere pacient: 265 mGy/cm

CT

1 CT torace nativ - T02101

A1804591/22.11.2018

Ct torace nativ:
Cateva benzi fine de fibroza bazal in LIS.
Micronodul pulmonar placat pe scizura oblica in dreapta de 10 mm - probabil limfonodul intranodular, insa discret nespecific- de monitorizat.
Examenul CT toracic nu evidentiaza alte modificari in parenchimul pulmonar.
Fara adenomegalii mediastinale.Imagini ganglionare subcentimetrice mediastinale.
Cordul si aorta de aspect normal.
Fara aspecte de colectie pleurala bilat.
Fara aspecte patologice pe sectiunile native efectuate la nivelul abdomenului superior, cu mentiunea unei arii de steatoza focala in segmentul IV de 22 mm. Rinichi drept partial surprins in examinare cu aspect atrofic.
Modificari degenerative spondilartrozice pe segmentul osos examinat; fara leziuni focale osoase suspecte.

Concluzii: Aspect CT toracic incadrabil ca normal.

Lucrat de: Dr. POPOI PAULA ALEXANDRA

Validat de: Dr. FEIER DIANA SORINA

TREATMENT AND CONCLUSIONS

Your test results are here, Mr X and as I assumed the uric acid level in your blood was above the upper limit which indicates you had a gout attack. In order to reduce and maintain it in the normal parameters you will have to be very careful with your diet. Red meat such as beef, pork, lamb as well as fish are highly contraindicated because they contain a great amount of purines. There are also a few types of vegetables you should avoid, but I will give you a brochure that contains all the aspects of the diet you should follow in order to prevent future attacks. This new diet will also help with reducing the cholesterole levels which were a little bit high.
I will also prescribe you a regular treatment based on colchicine. It is called MILURIT and you should take one 100 mg pill per day until the next blood analysis. As for the ultrasounds, everything seemed to be ok.

Thank you, Dr Y. I will follow your advice. Have a good day!

Goodbye, Mr X !

SITOGRAPHY:

- ✓ https://www.wikihow.com/Write-a-Good-Medical-History
- ✓ https://www.niams.nih.gov/health-topics/gout#tab-overview
- ✓ https://www.niams.nih.gov/health-topics/gout#tab-symptoms
- ✓ https://www.niams.nih.gov/health-topics/gout#tab-causes
- ✓ https://www.niams.nih.gov/health-topics/gout#tab-treatment

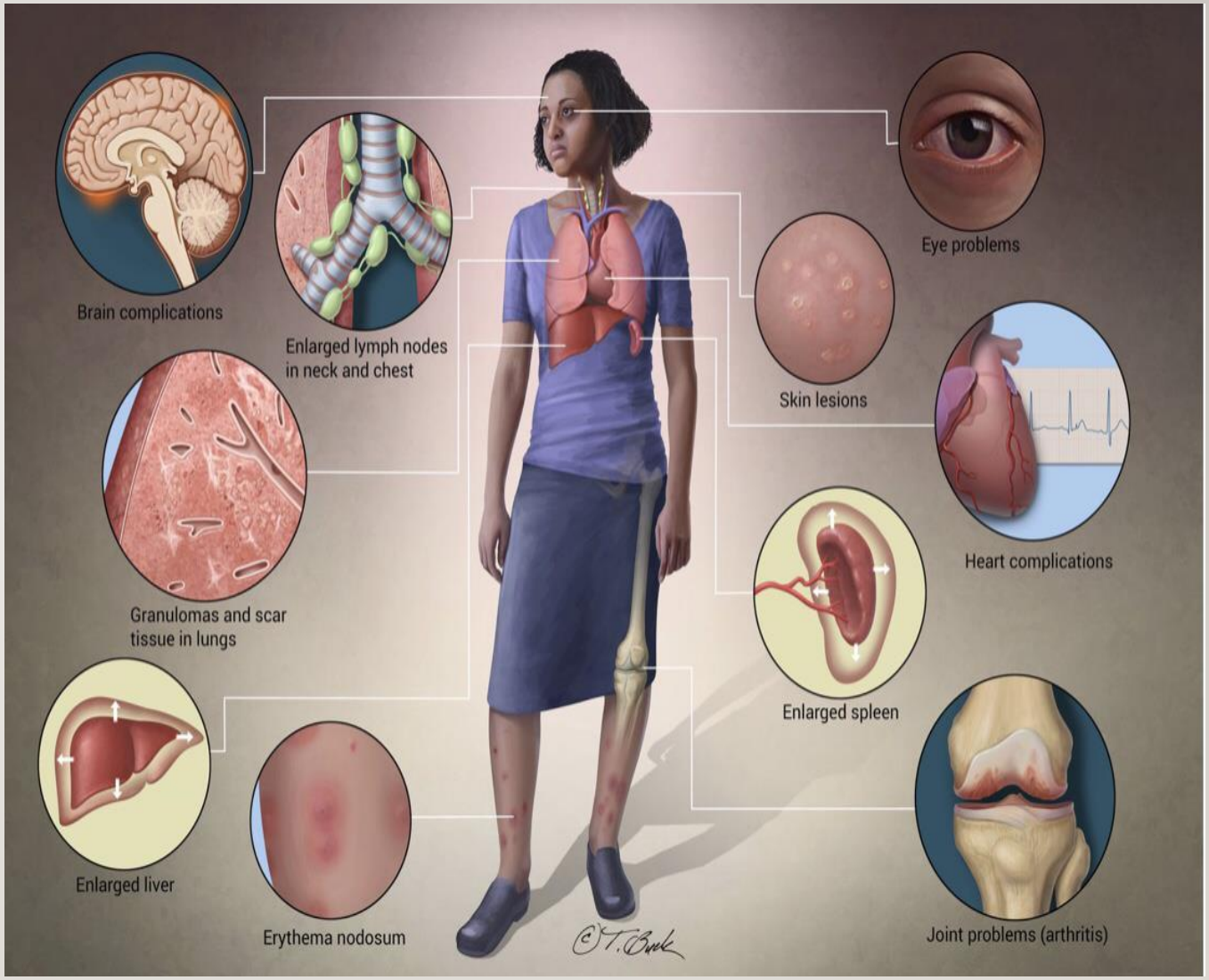
"Victor Babeș" University of Medicine and Pharmacy
Timișoara, Romania

SARCOIDOSIS

DEBORA FLOREA

WHAT IS SARCOIDOSIS?

Sarcoidosis is a rare condition that causes small patches of red and swollen tissue, called granulomas, to develop in the organs of the body. It usually affects the lungs and the skin.



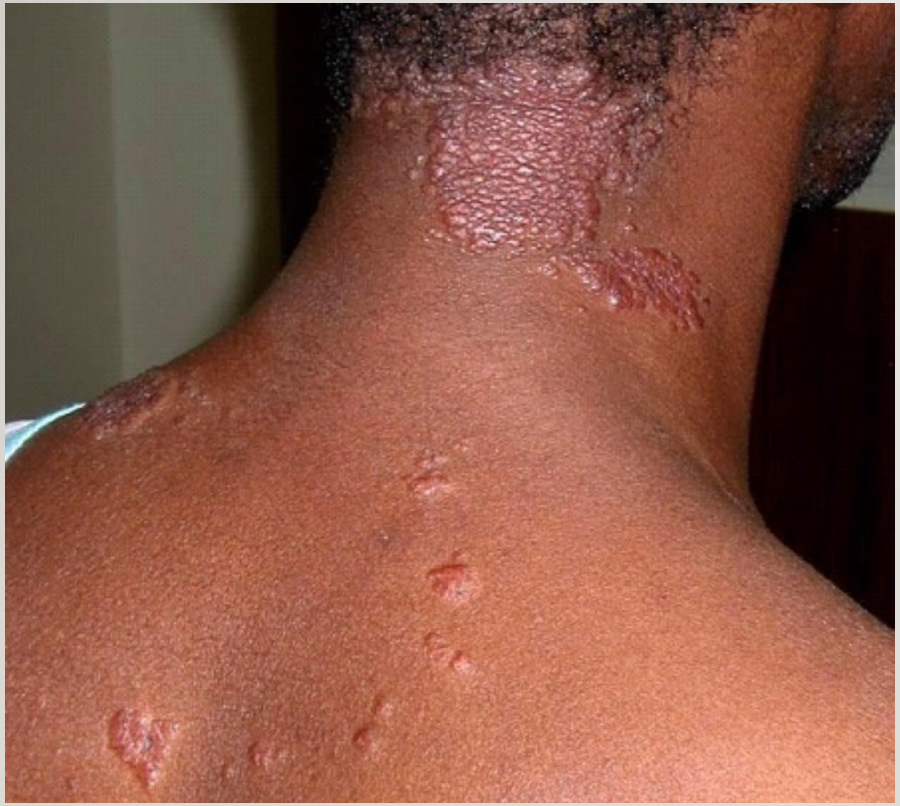
SYMPTOMS OF SARCOIDOSIS

Lung symptoms

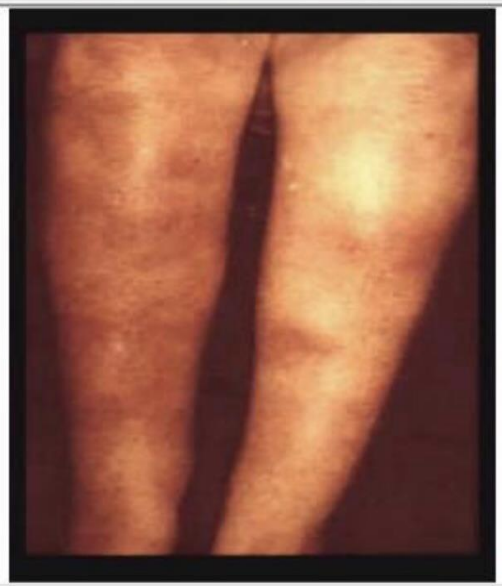
- The lungs are affected in about 90% of people with sarcoidosis. This is known as pulmonary sarcoidosis. The main symptoms are shortness of breath and a persistent dry cough. Some people with pulmonary sarcoidosis experience pain and discomfort in their chest, but this is uncommon.

Skin symptoms

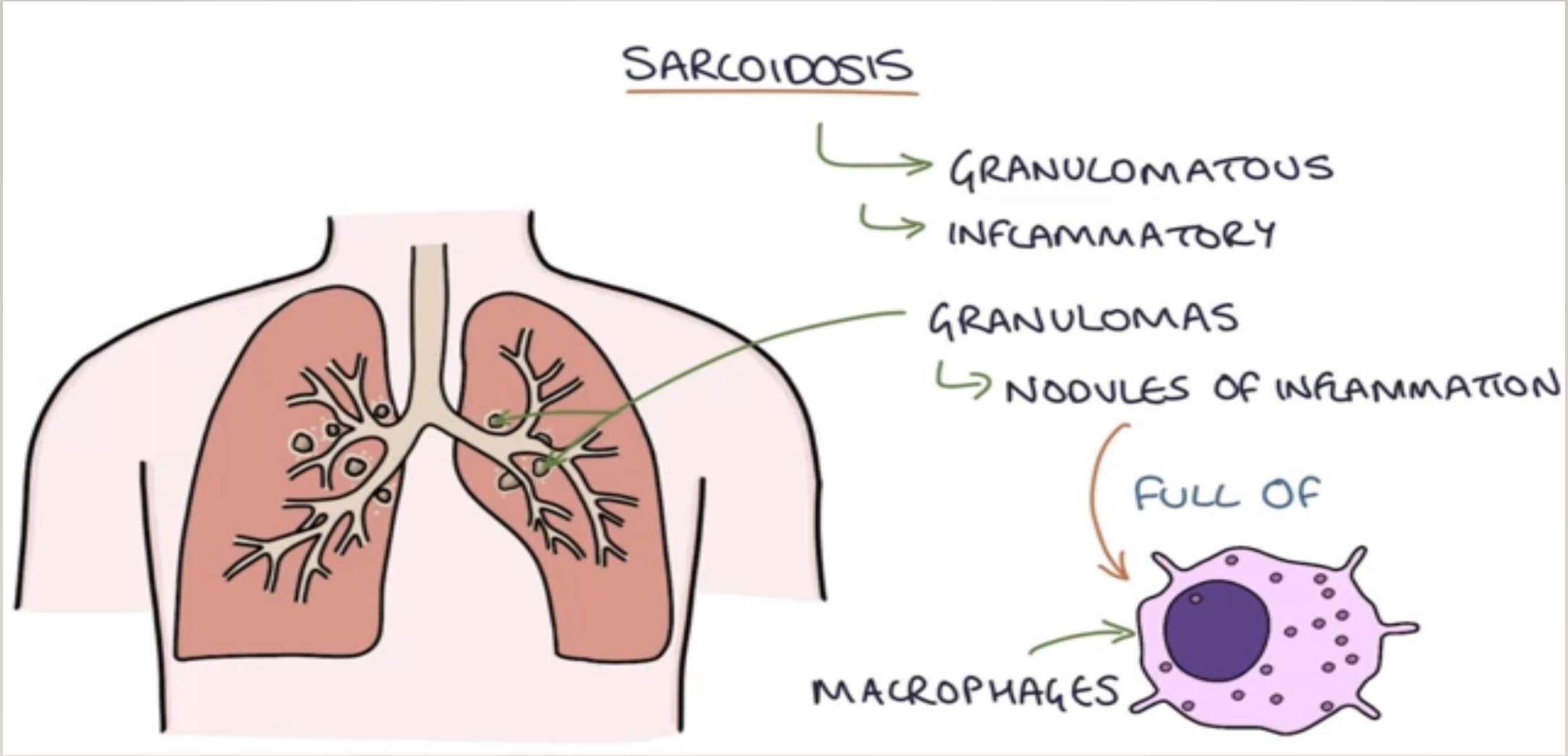
- The skin is also affected in many people with sarcoidosis. This can cause tender, red bumps or patches to develop on the skin (particularly the shins), as well as rashes on the upper body.



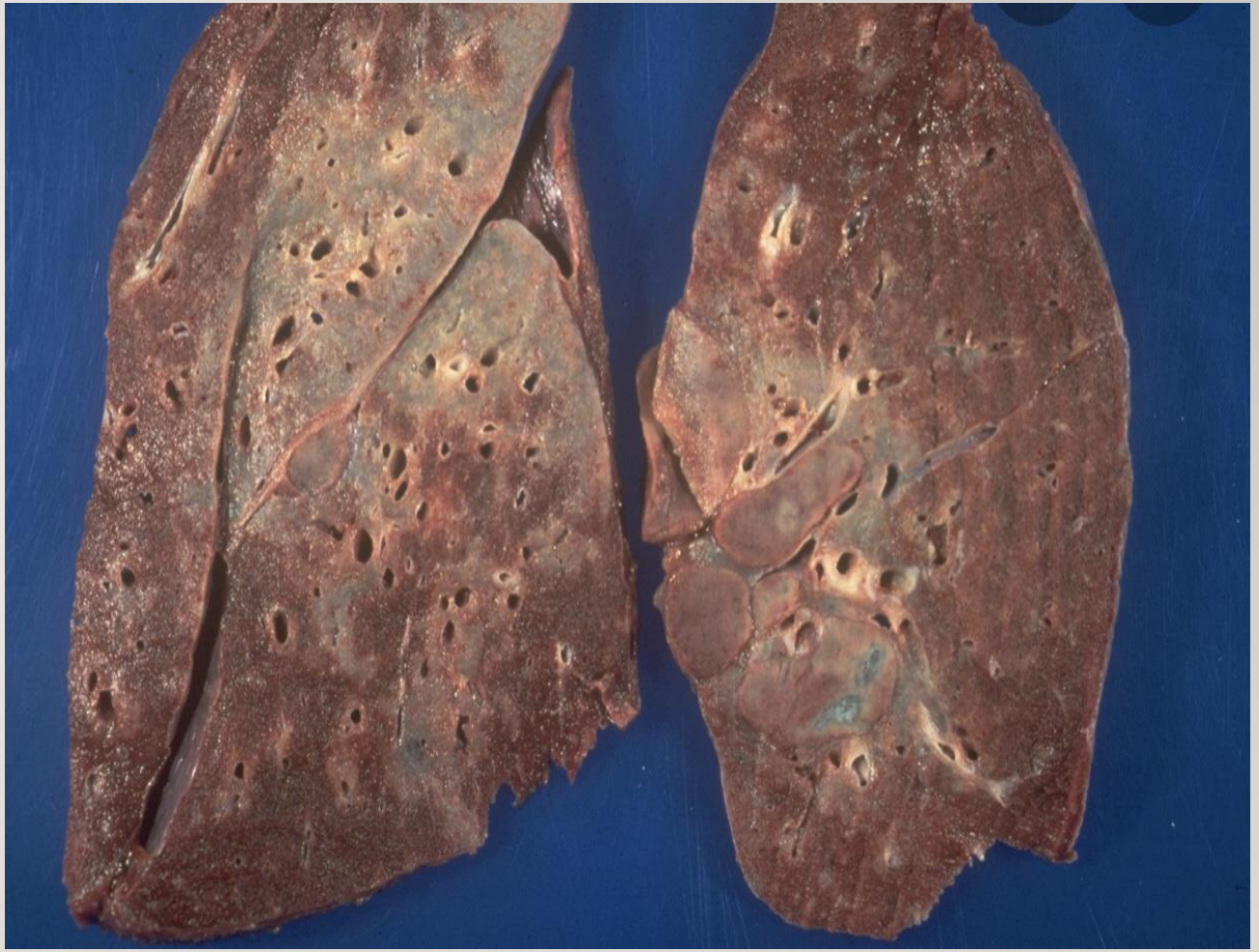
ERYTHEMA NODOSUM



These reddish raised lesions are common in sarcoidosis but also occur in other diseases. Lesions resolve spontaneously in weeks.


SARCOIDOSIS
GRANULOMATOUS
INFLAMMATORY
GRANULOMAS
NODULES OF INFLAMMATION
FULL OF
MACROPHAGES

LUNG GRANULOMAS



~ OTHER SYMPTOMS ~

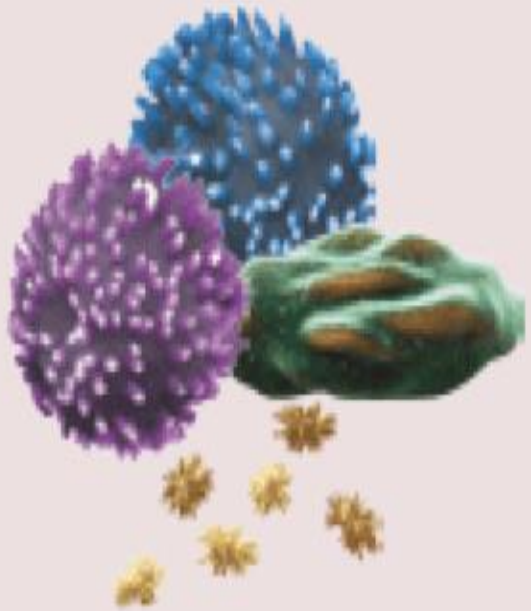
If other organs are affected, you may also have some of the following symptoms:

- tender and swollen glands in the face, neck, armpits or groin
- tiredness and a general feeling of being unwell
- painful joints
- red or sore eyes
- an abnormal heart rhythm
- a blocked or stuffy nose
- pain in the bones
- kidney stones
- headache

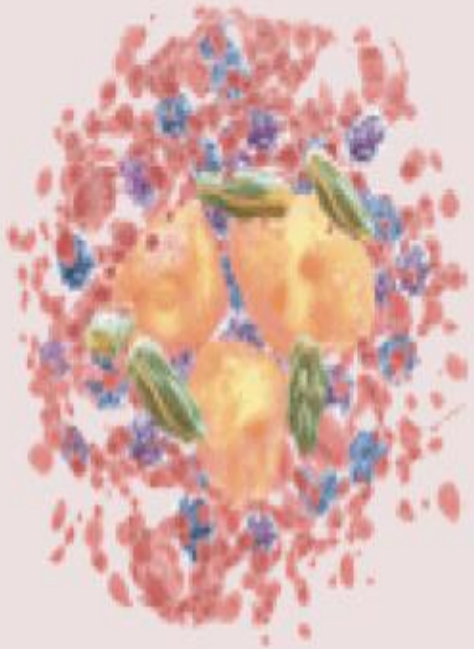
~ CAUSES OF SARCOIDOSIS ~

Doctors don't know the exact cause of sarcoidosis. Some people appear to have a genetic predisposition to develop the disease, which may be triggered by bacteria, viruses, dust or chemicals.These trigger an overreaction of your immune system, and immune cells begin to collect in a pattern of inflammation called granulomas. As granulomas build up in an organ, the function of that organ can be affected.

Abnormal activity of immune cells



Cells form clumps (granulomas)



May affect organ function leading to symptoms

~ RISCKS AND COMPLICATIONS ~

While anyone can develop sarcoidosis, factors that may increase your risk include:

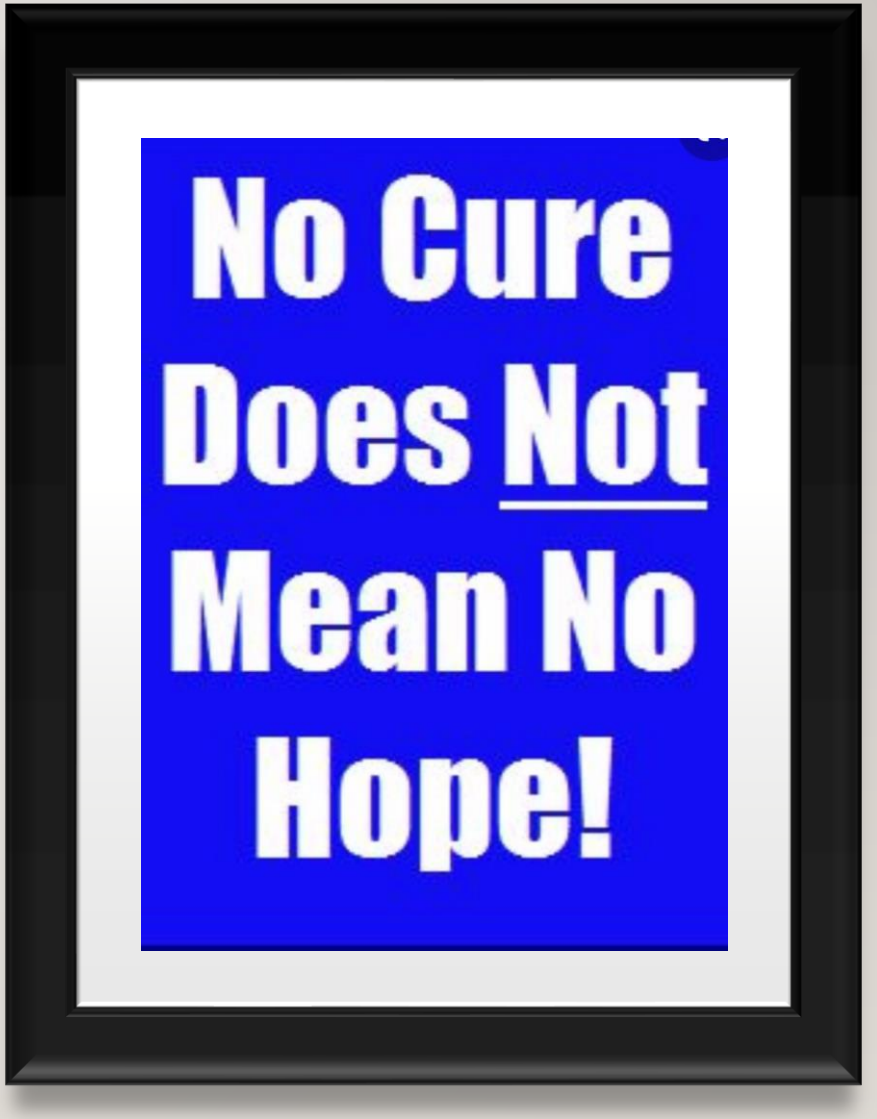
- ***Age and sex.*** *Sarcoidosis can occur at any age, but often occurs between the ages of 20 and 60 years. Women are slightly more likely to develop the disease.*
- ***Race.*** *People of African descent and those of Northern European descent have a higher incidence of sarcoidosis. African-Americans are more likely to have involvement of other organs along with the lungs.*
- ***Family history.*** *If someone in your family has had sarcoidosis, you're more likely to develop the disease.*

Sometimes sarcoidosis causes long-term problems.

- ***Lungs.*** *Untreated pulmonary sarcoidosis can lead to permanent scarring in your lungs (pulmonary fibrosis), making it difficult to breathe and sometimes causing pulmonary hypertension.*
- ***Eyes.*** *Inflammation can affect almost any part of your eye and may cause damage to the retina, which can eventually cause blindness.*
- ***Kidneys.*** *Sarcoidosis can affect how your body handles calcium, which can lead to kidney stones and reduce kidney function.*
- ***Heart.*** *Cardiac sarcoidosis results in granulomas in your heart that can disrupt heart rhythm, blood flow and normal heart function.*
- ***Nervous system.*** *A small number of people with sarcoidosis develop problems related to the central nervous system when granulomas form in the brain and spinal cord. Inflammation in the facial nerves, for example, can cause facial paralysis.*

TREATMENT

There's no cure for sarcoidosis, but in many cases, it goes away on its own. You may not even need treatment if you have no symptoms or only mild symptoms of the condition. The severity and extent of your condition will determine whether and what type of treatment is needed.



~ DIAGNOSIS ~

Sarcoidosis can be difficult to diagnose because the disease often produces few signs and symptoms in its early stages. When symptoms do occur, they may mimic those of other disorders. Your doctor may recommend tests such as:

- *Blood and urine tests to assess your overall health and how well your kidneys and liver are functioning*
- *Chest X-ray to check your lungs and heart*
- *Computerized tomography (CT) scan of the chest to check your lungs*
- *Lung (pulmonary) function tests to measure lung volume and how much oxygen your lungs deliver to your blood*
- *Electrocardiogram (ECG or EKG) to detect heart problems and monitor the heart's status*
- *Eye exam to check for vision problems that may be caused by sarcoidosis*
- *MRI if sarcoidosis seems to be affecting your heart or central nervous system*

MEDICATIONS

If your symptoms are severe or organ function is threatened, you will likely be treated with medications. These may include:

- ***Corticosteroids.*** *These powerful anti-inflammatory drugs are usually the first line treatment for sarcoidosis. In some cases, corticosteroids can be applied directly to an affected area — via a cream to a skin lesion or drops to the eyes.*
- ***Medications that suppress the immune system.*** *Medications such as methotrexate (Trexall) and azathioprine (Azasan, Imuran) reduce inflammation by suppressing the immune system.*
- ***Hydroxychloroquine.*** *Hydroxychloroquine (Plaquenil) may be helpful for skin lesions and elevated blood-calcium levels.*
- ***Tumor necrosis factor-alpha (TNF-alpha) inhibitors.*** *These medications are commonly used to treat the inflammation associated with rheumatoid arthritis. They can also be helpful in treating sarcoidosis that hasn't responded to other treatments.*

PATIENT PROFILE

- Name: *Pitariu Abel*
- Sex: *Male*
- Age: *39 years old*
- Weight: *67 kg*
- Height: *1,70 m*
- Ocuppation: *manager of a car company*
- Symptoms: *shortness of breath, fatigue*

~ HOW DID HE GET TO THE DOCTOR? ~

Doctor: *Hello! I am dr. Smith. Please have a seat. What brought you in my office today?*

Patient: *Hello. I am Abel. I think there is something wrong with my lungs.*

Doctor: *Why do you think that? Did you experience any pain?*

Patient: *Well, I guess you will say it is ridiculous but I have noticed that when I try to laugh I feel that I do not have enough air for real, like I can not breathe anymore.*

Doctor: *I understand. How long have you been feeling that? Are there any other symptoms?*

Patient: *A couple of weeks. Maybe I am just a little more tired than usual and I don't feel so active like before.*

~LET'S GO DEEP INTO THE PROBLEM~

Doctor: *Can you tell me if there is something that makes your symptoms worse?*

Patient: *Honestly, I don't know for sure, I just have these moments when I feel I do not breathe normally.*

Doctor: *Ok. Is it constant/intermittent, gradual/sudden?*

Patient: *I guess it is intermittent.*

Doctor: *Is there anything else associated with the pain, e.g. sweating, coughing?*

Patient: *Sometimes I need to chough in order to get more air in my lungs.*

~PRESENT HISTORY~

Doctor: *Have you had a fever recently? Have you lost weight recently?*

Patient: *No, I did not have fever but I have lost 2 kg in the last month.*

Doctor: *Do you limit the kinds of activities you do because of shortness of breath?*

Patient: *When I am at the office, I have to stop my work for a couple of minutes till I breathe normally again.*

Doctor: *Have you had any heart or lung disease before? Or any other diseases?*

Patient: *No, I've never had any health problem till now.*

Doctor: *Good. I will have some more questions for you because I want to know what is going on.*

~FAMILY AND PAST HISTORY~

Doctor: *Is there anyone in your family known with any illness?*

Patient: *Both my parents have diabetes.*

Doctor: *I understand ... Then, I would recommend you a blood sugar test. What about other habits: smoking, alcohol, and illicit drug use history?*

Patient: *I never smoked, drunk alcohol or used drugs.*

Doctor: *Glad to hear that. Do you have any allergies, or take any medication?*

Patient: *As far as I know, I am not allergic to anything and I don't take any medication.*

~PATIENT'S LIFESTYLE~

Doctor: *What sort of work do you do? Have you always done the same thing?*

Patient: *I have been a manager for 10 years now in a car company in my city. I work in the office 5 days a week and it is pretty stressful.*

Doctor: *Ok. Would you please tell me more about your lifestyle? How often do you practise sports? How many meals a day do you have?*

Patient: *To be honest, dr. Smith, I do not practise sports a lot, sometimes I walk. Usually I have 3 meals a day.*

~TESTS~

Doctor: *Ok, Abel. I understand your problem and I would like to run some tests and after that we can talk. What I can say to you right now is that you should make some changes in your lifestyle, for example you should start to practise sports, eat healthy, and be less stressed.*

Patient: *Do you think I have something serious? Should I worry?*

Doctor: *You should stay calm and we will see what the results say. You need to run the following tests:*

- *Blood and urine tests to assess your overall health and how well your kidneys and liver are functioning;*
- *Chest X-ray to check your lungs and heart;*
- *Computerized tomography (CT) scan of the chest to check your lungs;*
- *Lung (pulmonary) function tests to measure lung volume and how much oxygen your lungs deliver to your blood.*

~ RESULTS ~

Doctor: *Good morning, Abel. How have you been since our last meeting?*

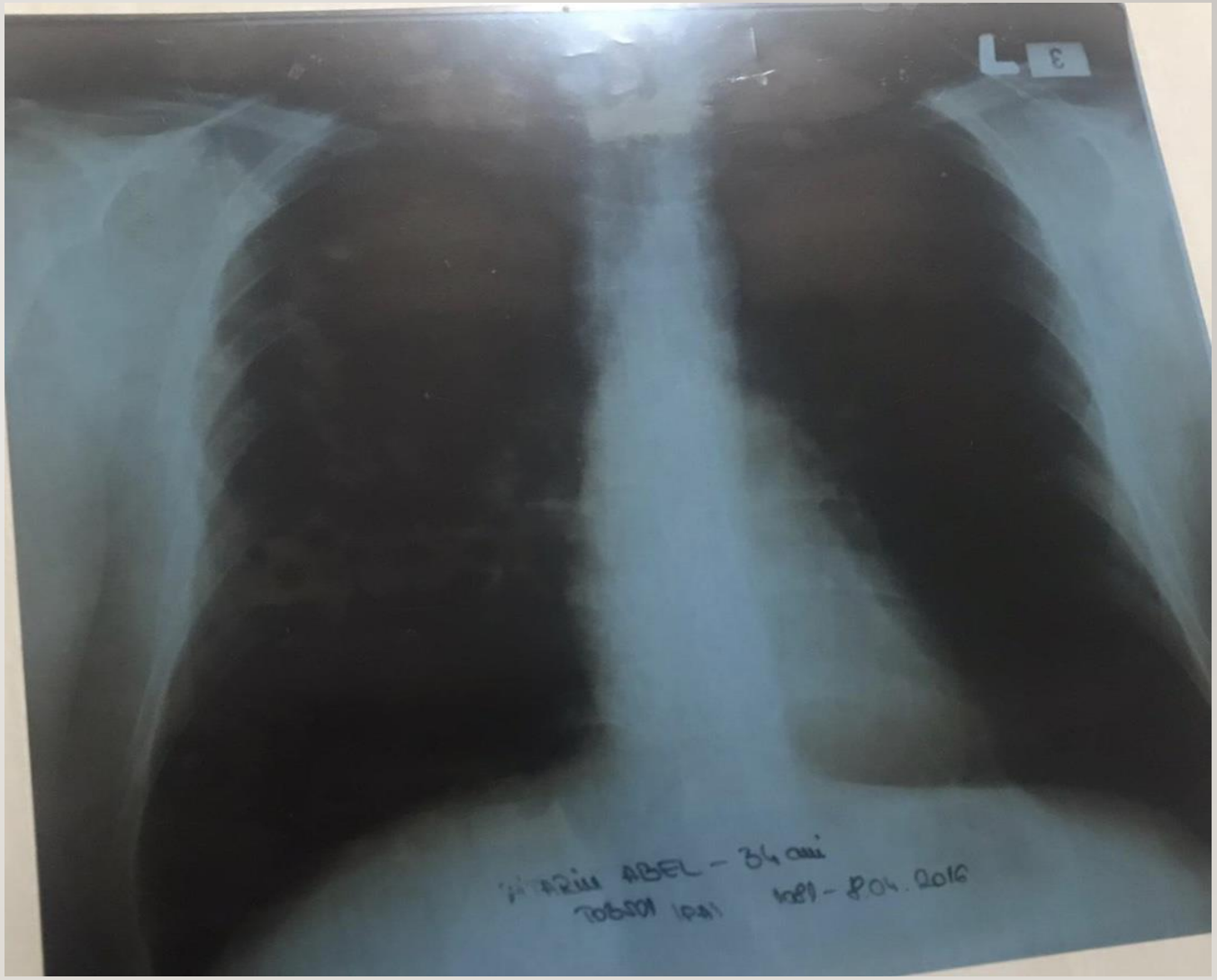
Patient: *Good morning, dr. Smith. I've been ok, very nervous about the results.*

Doctor: *Yes, I understand. There are some things we need to talk about. Your ACE (angiotensin converting enzyme) levels are higher and that happens usually if you have a condition called sarcoidosis. In sarcoidosis, small abnormal knots of immune cells called granulomas form in various parts of the body. The most common place is in the lungs. Your CT confirmed and showed a few pulmonary nodules. We have to monitor them every 2-3 months to see if they progress.*

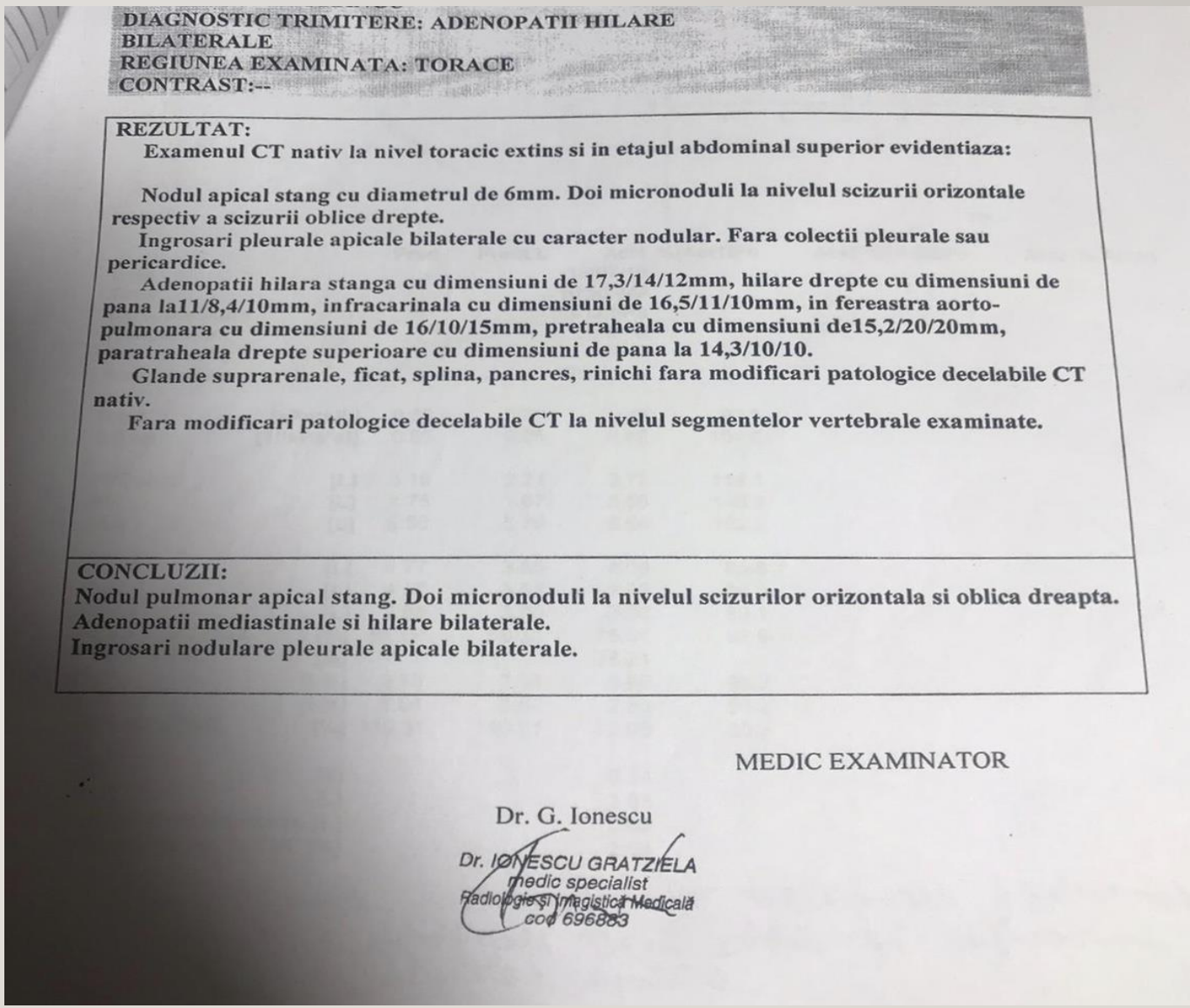
Patient: *Oh, that makes me a little bit sad. Are there any others problems I should know about?*

Doctor: *I have to say that your blood sugar level is a little bit higher than the superior limit, but at the moment it is nothing for you to worry about, we will keep it under observation and we will take other measures if necessary.*

CHEST X-RAY



CT RESULT



DIAGNOSTIC TRIMITERE: ADENOPATII HILARE BILATERALE
REGIUNEA EXAMINATA: TORACE
CONTRAST:--

REZULTAT:

Examenul CT nativ la nivel toracic extins si in etajul abdominal superior evidentiaza:

Nodul apical stang cu diametrul de 6mm. Doi micronoduli la nivelul scizurii orizontale respectiv a scizurii oblice drepte.

Ingrosari pleurale apicale bilaterale cu caracter nodular. Fara colectii pleurale sau pericardice.

Adenopatii hilara stanga cu dimensiuni de 17,3/14/12mm, hilare drepte cu dimensiuni de pana la11/8,4/10mm, infracarinala cu dimensiuni de 16,5/11/10mm, in fereastra aorto-pulmonara cu dimensiuni de 16/10/15mm, pretraheala cu dimensiuni de15,2/20/20mm, paratraheala drepte superioare cu dimensiuni de pana la 14,3/10/10.

Glande suprarenale, ficat, splina, pancres, rinichi fara modificari patologice decelabile CT nativ.

Fara modificari patologice decelabile CT la nivelul segmentelor vertebrale examinate.

CONCLUZII:

Nodul pulmonar apical stang. Doi micronoduli la nivelul scizurilor orizontala si oblica dreapta.
Adenopatii mediastinale si hilare bilaterale.
Ingrosari nodulare pleurale apicale bilaterale.

MEDIC EXAMINATOR

Dr. G. Ionescu

Dr. IONESCU GRATZIELA
medic specialist
Radiologie si Imagistica Medicala
cod 696883

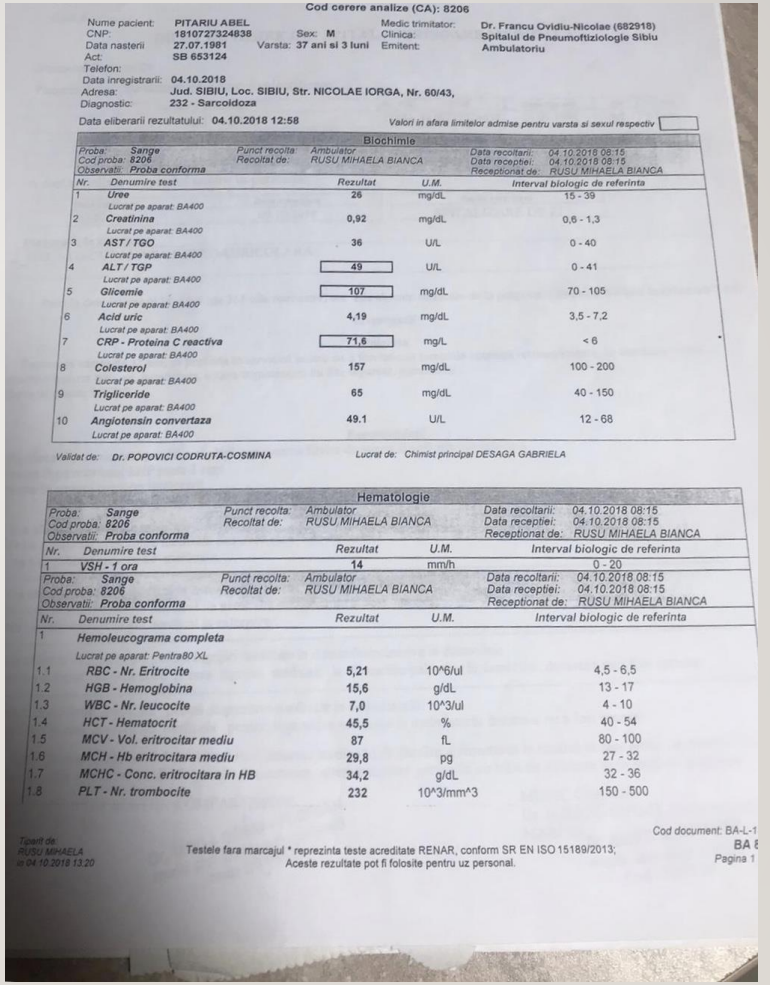
~ RESULTS AND QUESTIONS ~

Doctor: *Also I have to inform you that C-Reactive Protein test measures the level of C-Reactive Protein (CRP) in your blood. CRP is a protein made by your liver. It's sent into your bloodstream in response to inflammation, and because of the nodules in your lungs you have a higher CPR level in your blood.*

You also did an ALT/GTP test and it shows a little high ALT, it is not so dangerous right now, but we will repeat the test in 2 months and till then I recommend you to follow an adequate diet for the liver, which should be low in fats and giving preference to boiled food.

Patient: *All right, doctor. Thank you so much for explaining me this. What about my other tests?*

BLOOD TEST



Cod cerere analize (CA): 8206

Nume pacient: PITARIU ABEL
CNP: 1810727324838 Sex: M
Data nasterii 27.07.1981 Varsta: 37 ani si 3 luni
Act: SB 653124
Telefon:
Data inregistrarii: 04.10.2018
Adresa: Jud. SIBIU, Loc. SIBIU, Str. NICOLAE IORGA, Nr. 60/43,
Diagnostic: 232 - Sarcoidoza

Medic trimitator: Dr. Francu Ovidiu-Nicolae (682918)
Clinica: Spitalul de Pneumoftiziologie Sibiu
Emitent: Ambulatoriu

Data eliberarii rezultatului: 04.10.2018 12:58

Valori in afara limitelor admise pentru varsta si sexul respectiv

Biochimie

Proba: Sange — Punct recolta: Ambulator — Data recoltarii: 04.10.2018 08:15
Cod proba: 8206 — Recoltat de: RUSU MIHAELA BIANCA — Data receptiei: 04.10.2018 08:15
Observatii: Proba conforma — Receptionat de: RUSU MIHAELA BIANCA

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	Uree Lucrat pe aparat: BA400	26	mg/dL	15 - 39
2	Creatinina Lucrat pe aparat: BA400	0,92	mg/dL	0,6 - 1,3
3	AST / TGO Lucrat pe aparat: BA400	36	U/L	0 - 40
4	ALT / TGP Lucrat pe aparat: BA400	49	U/L	0 - 41
5	Glicemie Lucrat pe aparat: BA400	107	mg/dL	70 - 105
6	Acid uric Lucrat pe aparat: BA400	4,19	mg/dL	3,5 - 7,2
7	CRP - Proteina C reactiva Lucrat pe aparat: BA400	71,6	mg/L	< 6
8	Colesterol Lucrat pe aparat: BA400	157	mg/dL	100 - 200
9	Trigliceride Lucrat pe aparat: BA400	65	mg/dL	40 - 150
10	Angiotensin convertaza Lucrat pe aparat: BA400	49.1	U/L	12 - 68

Validat de: Dr. POPOVICI CODRUTA-COSMINA — Lucrat de: Chimist principal DESAGA GABRIELA

Hematologie

Proba: Sange — Punct recolta: Ambulator — Data recoltarii: 04.10.2018 08:15
Cod proba: 8206 — Recoltat de: RUSU MIHAELA BIANCA — Data receptiei: 04.10.2018 08:15
Observatii: Proba conforma — Receptionat de: RUSU MIHAELA BIANCA

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	VSH - 1 ora	14	mm/h	0 - 20

Proba: Sange — Punct recolta: Ambulator — Data recoltarii: 04.10.2018 08:15
Cod proba: 8206 — Recoltat de: RUSU MIHAELA BIANCA — Data receptiei: 04.10.2018 08:15
Observatii: Proba conforma — Receptionat de: RUSU MIHAELA BIANCA

Nr.	Denumire test	Rezultat	U.M.	Interval biologic de referinta
1	Hemoleucograma completa Lucrat pe aparat: Pentra80 XL			
1.1	RBC - Nr. Eritrocite	5,21	10^6/ul	4,5 - 6,5
1.2	HGB - Hemoglobina	15,6	g/dL	13 - 17
1.3	WBC - Nr. leucocite	7,0	10^3/ul	4 - 10
1.4	HCT - Hematocrit	45,5	%	40 - 54
1.5	MCV - Vol. eritrocitar mediu	87	fL	80 - 100
1.6	MCH - Hb eritrocitara mediu	29,8	pg	27 - 32
1.7	MCHC - Conc. eritrocitara in HB	34,2	g/dL	32 - 36
1.8	PLT - Nr. trombocite	232	10^3/mm^3	150 - 500

Tiparit de: RUSU MIHAELA la 04.10.2018 13:20

Testele fara marcajul * reprezinta teste acreditate RENAR, conform SR EN ISO 15189/2013;
Aceste rezultate pot fi folosite pentru uz personal.

Cod document: BA-L-1
BA
Pagina 1

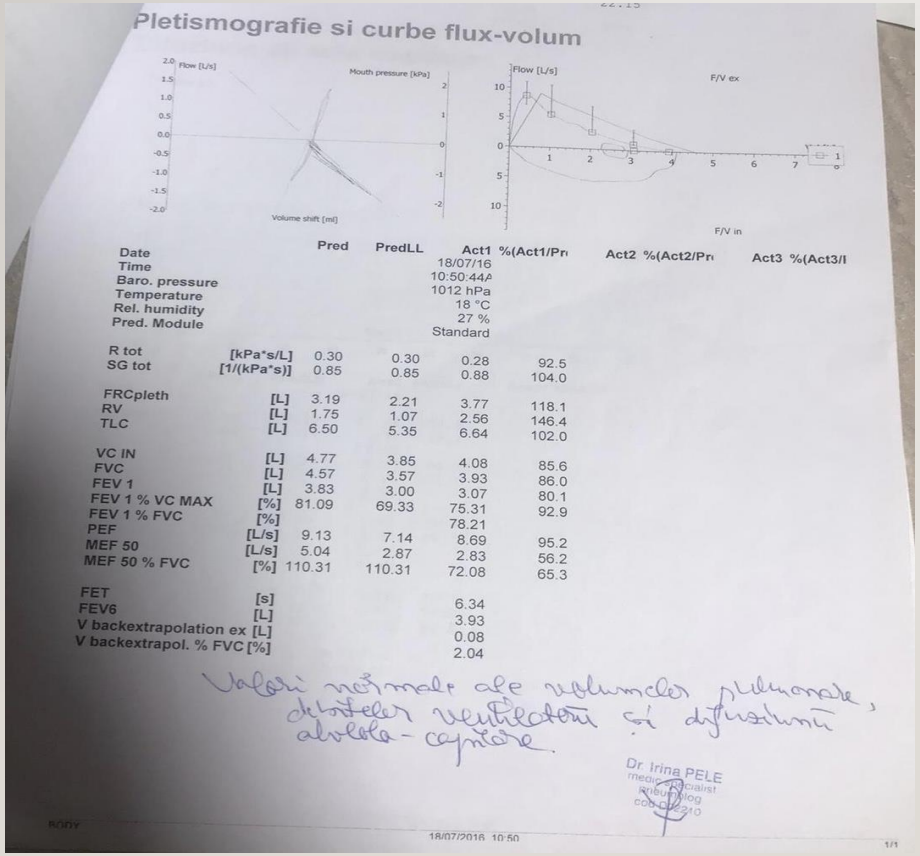
~ RESULTS AND QUESTIONS ~

Doctor: *The good thing is that your plethysmography and flow-volume curves were within the normal range and that is a very good start.*

Patient: *It is nice to hear that. I would like to know how serious is my disease and how it will affect my home and work life.*

Doctor: *Most people with sarcoidosis live normal lives. About 60% of people with sarcoidosis recover on their own without any treatment, 30% have persistent disease that may or may not require treatment, and up to 10% with progressive long-standing disease have serious damage to organs or tissues that can be fatal. Because you dont't have severe symptoms I will give you some medication to help you breathe easier.*

PLETHYSMOGRAPHY AND FLOW-VOLUME CURVES



Pletismografie si curbe flux-volum

Flow [L/s] | Mouth pressure [kPa] | Volume shift [ml] | Flow [L/s] | F/V ex | F/V in

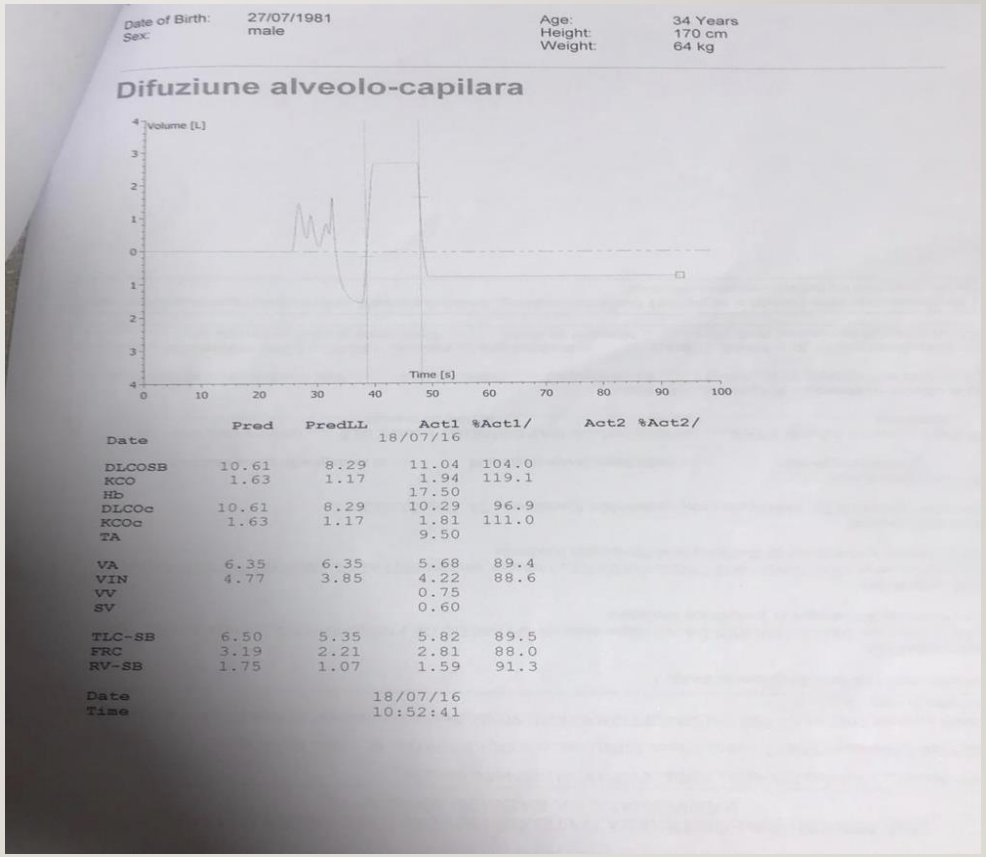
		Pred	PredLL	Act1 %(Act1/Pr	Act2 %(Act2/Pr	Act3 %(Act3/I
Date				18/07/16		
Time				10:50:44A		
Baro. pressure				1012 hPa		
Temperature				18 °C		
Rel. humidity				27 %		
Pred. Module				Standard		
R tot	[kPa*s/L]	0.30	0.30	0.28	92.5	
SG tot	[1/(kPa*s)]	0.85	0.85	0.88	104.0	
FRCpleth	[L]	3.19	2.21	3.77	118.1	
RV	[L]	1.75	1.07	2.56	146.4	
TLC	[L]	6.50	5.35	6.64	102.0	
VC IN	[L]	4.77	3.85	4.08	85.6	
FVC	[L]	4.57	3.57	3.93	86.0	
FEV 1	[L]	3.83	3.00	3.07	80.1	
FEV 1 % VC MAX	[%]	81.09	69.33	75.31	92.9	
FEV 1 % FVC	[%]			78.21		
PEF	[L/s]	9.13	7.14	8.69	95.2	
MEF 50	[L/s]	5.04	2.87	2.83	56.2	
MEF 50 % FVC	[%]	110.31	110.31	72.08	65.3	
FET	[s]			6.34		
FEV6	[L]			3.93		
V backextrapolation ex	[L]			0.08		
V backextrapol. % FVC	[%]			2.04		

Valori normale ale volumelor pulmonare, debitelor ventilatorii si difuziunii alveolo-capilare.

Dr. Irina PELE
medic specialist
pneumolog

18/07/2016 10:50

ALVEOLAR-CAPILLARY DIFFUSION



Date of Birth: 27/07/1981
Sex: male
Age: 34 Years
Height: 170 cm
Weight: 64 kg

Difuziune alveolo-capilara

Volume [L] | Time [s]

	Pred	PredLL	Act1 %Act1/	Act2 %Act2/
Date			18/07/16	
DLCOSB	10.61	8.29	11.04 104.0	
KCO	1.63	1.17	1.94 119.1	
Hb			17.50	
DLCOc	10.61	8.29	10.29 96.9	
KCOc	1.63	1.17	1.81 111.0	
TA			9.50	
VA	6.35	6.35	5.68 89.4	
VIN	4.77	3.85	4.22 88.6	
VV			0.75	
SV			0.60	
TLC-SB	6.50	5.35	5.82 89.5	
FRC	3.19	2.21	2.81 88.0	
RV-SB	1.75	1.07	1.59 91.3	
Date			18/07/16	
Time			10:52:41	

• LET ME KNOW MORE ABOUT SARCOIDOSIS •

Patient: *Is there any cure for sarcoidosis?*

Doctor: *There is no cure for sarcoidosis, but the disease may get better on its own over time or with drug therapy. Drug treatments are used to relieve symptoms, reduce the inflammation of the affected tissues, reduce the impact of granuloma development, and may prevent the development of lung fibrosis or other irreversible organ damage.*

Patient: *I have three kids at home. Can my family get sarcoidosis from me?*

Doctor: *Sarcoidosis is not contagious so your friends and family members won't catch the disease from you.*

~ WHAT IS NEXT? ~

Doctor: *What is very important right now, is to let me know when you notice any new symptom and please come every 2-3 months to do the check-ups and see how things are going.*

We will start to give you to inhale corticosteroids because for the moment you have mild symptoms (budesonide 0.8 to 1.2 mg/day). In case there is no response, we can consider oral steroids an option. If things are changing don't be shy to call me anytime.

Patient: *Thank you, doctor! I will keep in touch with you. Have a nice day.*

Doctor: *See you again, Abel!*

~ FACTS ABOUT SARCOIDOSIS ~

- *African Americans are affected more than whites, at a ratio of 8:1, and the prevalence is 40 cases per 100,000 in the US population.*
- *No veterinary equivalent for this disease has been found.*
- *Hypersensitivity to inhalation of pine pollen, peanut dust, clay soil, or talc has also been incriminated as a causative factor in different geographic areas.*
- *Whereas in the lung the T cells appear activated and increased in number, the opposite is true in peripheral blood, where the T cell numbers are decreased.*
- *A variant of sarcoid called Heerfordt's syndrome (uveoparotid fever) is characterized by fever, parotid enlargement, and uveitis.*

•SUPPORT SARCOIDOSIS•

IF YOU'VE BEEN DIAGNOSED WITH SARCOIDOSIS, YOU MIGHT FEEL ANXIOUS AND UNSURE ABOUT YOUR HEALTH OR HAVE SYMPTOMS THAT INTERFERE WITH YOUR DAILY ROUTINE. MANAGING SARCOIDOSIS IS EASIER WHEN YOU GET HELP FROM YOUR HEALTH-CARE PROVIDERS, YOUR FAMILY, AND YOUR FRIENDS. HEARING FROM THOSE WHO UNDERSTAND THE DISEASE CAN BE A VITAL RESOURCE FOR PEOPLE WITH A NEW DIAGNOSIS WHO DON'T KNOW WHAT TO EXPECT, AND RESOURCES EXIST TO HELP YOU FIND ANSWERS.

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"Victor Babeş" University of Medicine and Pharmacy
Timişoara, Romania

ISCHEMIC STROKE
- vascular investigation -

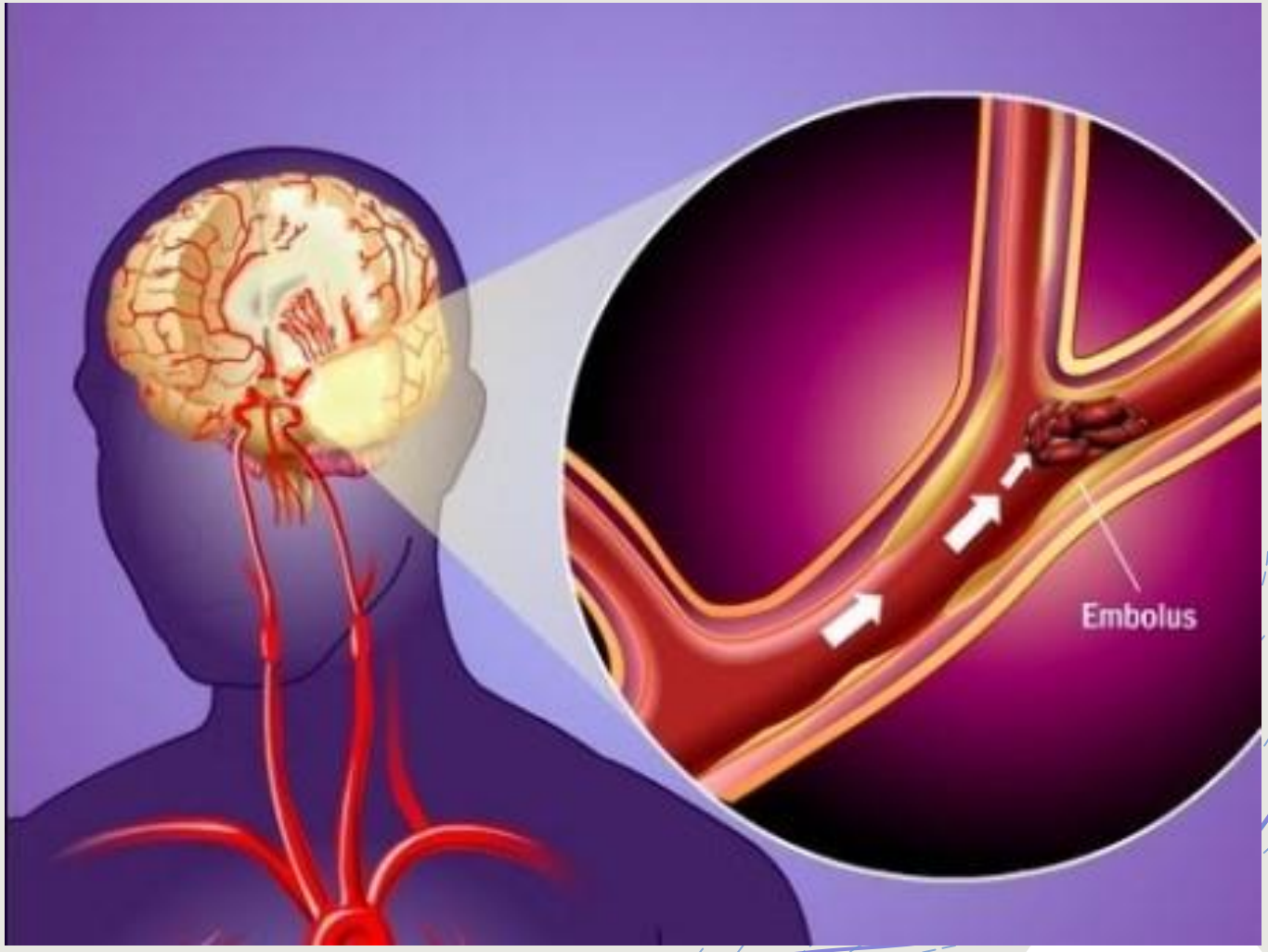
Roxana Lăcătuşu

Table of contents

- ❑ Definition
- ❑ Introducing the case (backstory, previous episodes, family history)
- ❑ Previous tests & consult
- ❑ Angiography & ECG
- ❑ Results & interpretation
- ❑ Treatment

What is a stroke ?

- A stroke occurs when the blood supply to part of your brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Thus, brains cells will begin to die within minutes.
- The underlying condition for this type of obstruction is the development of fatty deposits lining the vessel walls. This condition is called atherosclerosis.
- There are various types of strokes (hemorrhagic, transient) and the majority – 87% – is of ischemic nature.



PACIENT PROFILE

- Name : Dinca Eugen
- Sex : male
- Age : 39
- Height : 1,74m
- Weight : 67 kg

- Mr Dinca and his care-taker, his wife, present to the cardiologist's office for further investigation after a stent placement on his right internal carotid artery.

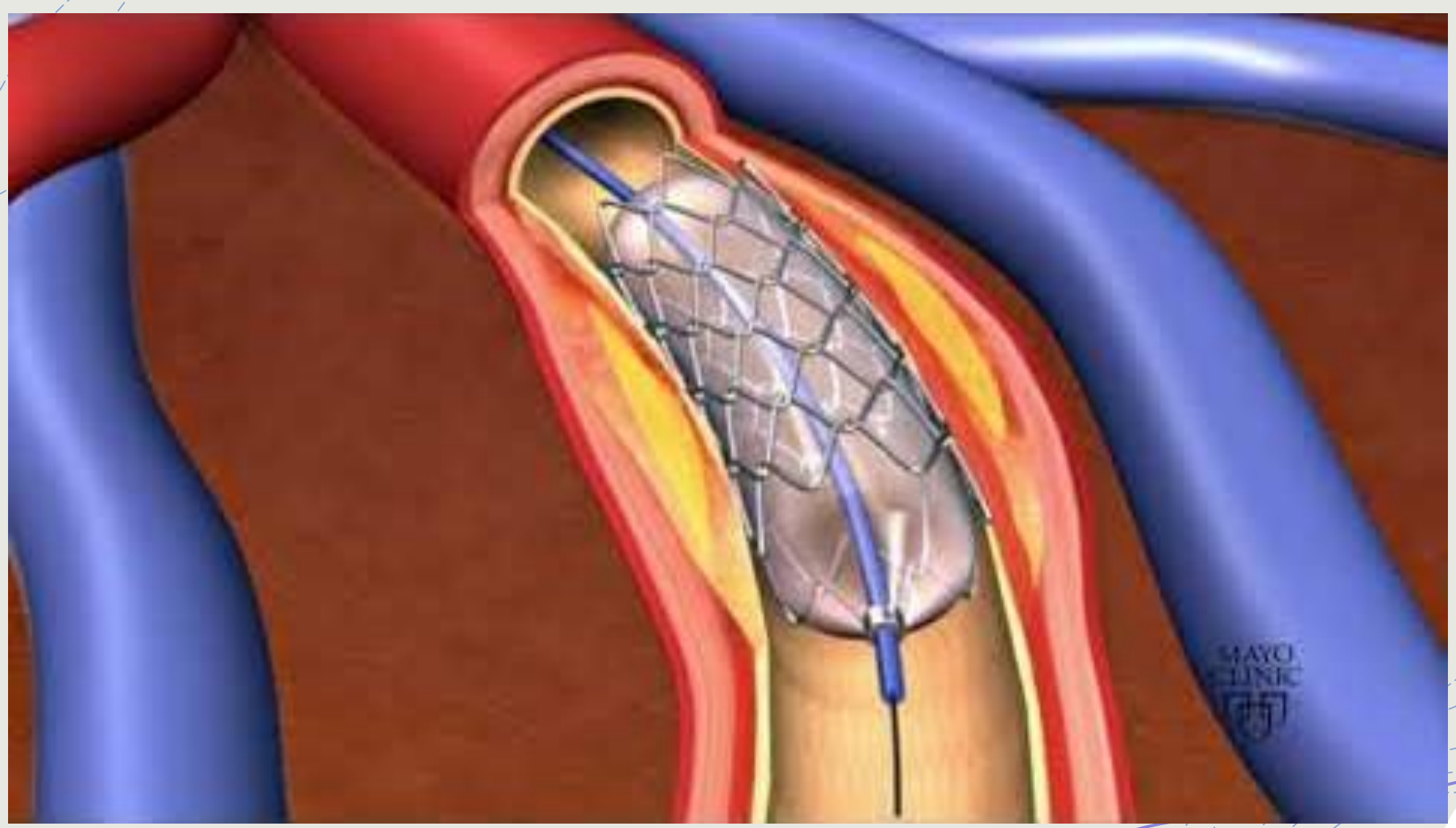
In the office…

+ Doctor : Quick, nurse, bring me a cup of water !
+ Nurse : There you go, doctor.
+ *door opening*
+ Doctor : Hello, I'm doctor Lee, nice to meet you ! Oh, I didn't realize there would be two patients …
+ Mrs D : I'm sorry, doctor, but I'm Mr Dinca's wife and care-taker. You see, he had a stroke a few months ago and his speech has been severely affected.
+ D : I'm sorry to hear that, you must have been through a lot. I imagine you must have been with him all the time. I understand this is your second time seeing a cardiologist.
+ Mrs D : Yes, the first cardiologist that we went to was recommended by the hospital, but I didn't like him, he showed a lack of soothing bedside manner. It's been quite exhausting, I have to admit. All these tests, the surgery and now we're back in a clinic.
+ D : Yes, but hopefully this would be the last time you have to come here. Maybe we'll see each other again for routine check-ups. Could you please tell me more about the first signs of the stroke ?
+ Mrs D : Oh, I remember clearly, it was a few days after the New Year…

A few months ago …

+ Mr Dinca was feeling a little bit dizzy, tired and was showing signs of flu. He decided to take some Paracetamol pills (without prescription) because it seemed the right thing to do. After a couple of days he woke up with an excruciating headache and a loss of balance. His wife called for an ambulance and took him to the hospital. Unfortunately, the hospital staff and equipment left a lot to be desired, and his situation quickly aggravated, leaving him almost paralyzed. He was urgently transferred to another hospital where neurological tests were run. The suspicion of a virus was excluded after checking for special antibodies in his cerebro-spinal fluid. Throughout his staying, he was given anti-coagulant treatment along with cerebral vasodilator and lipid lowering agents. His state improved significantly, recovering his motor functions almost entirely.
+ However, MRI scans showed lesions with ischemic etiology in the carotid territory (mostly in the left part) with effects on his left hemisphere. His speech showed signs of mixed aphasia.
+ On further investigations (Doppler echography and Angio CT on carotid territory), it was discovered that there was a low blood flow in both internal carotid arteries.
+ He underwent a stent placement surgery the same day.

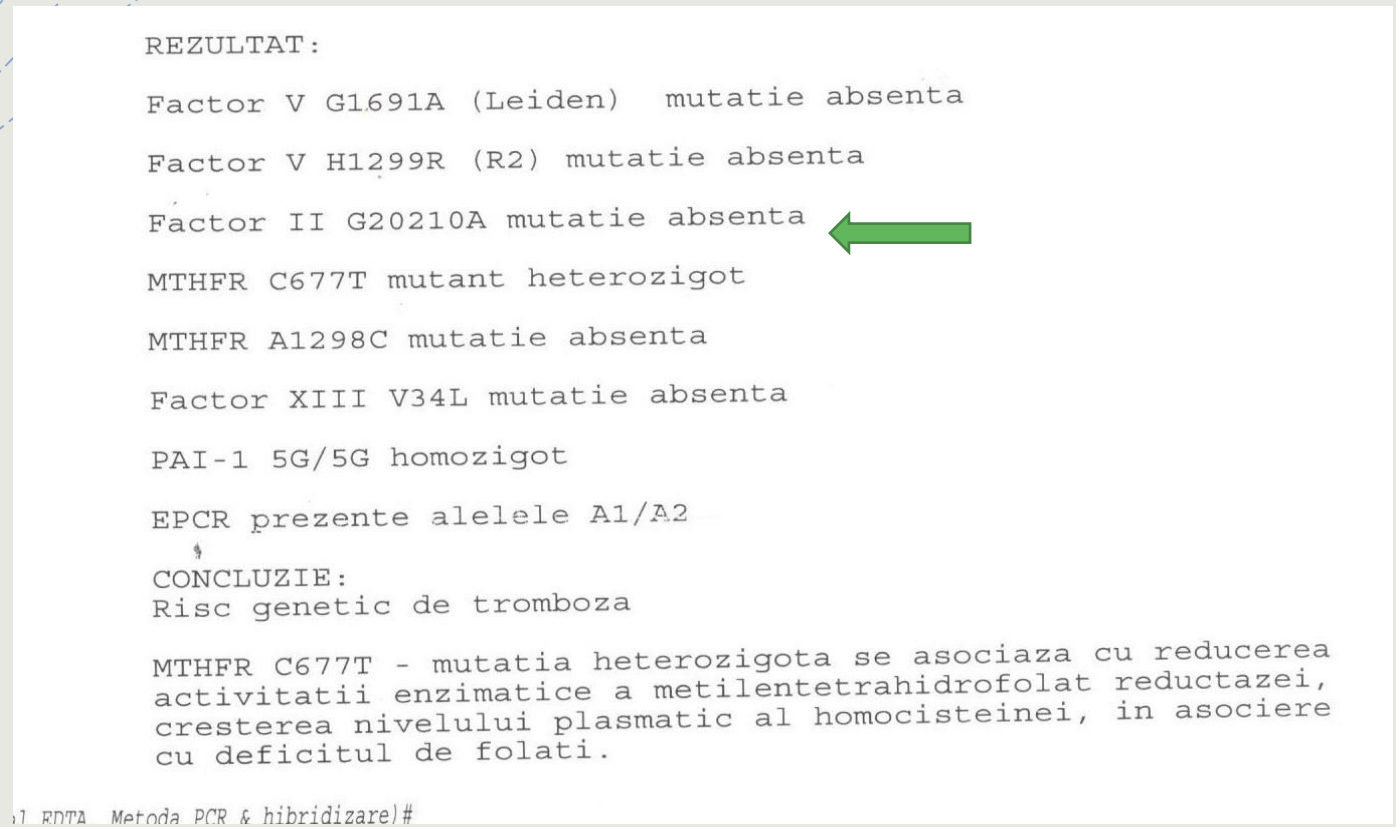
STENT PLACEMENT



Back in the office

+ D : Okay, I see, so this was at the begging of January.
+ Mrs D : 7th to be exact. A few days before we were enjoying a New Year's party with our friends and everything was just fine. That morning he woke up with a headache and could barely walk to the bathroom.
+ D : From what I gather, this was a transient stroke, a small stroke if you will. This is one of many first signs of an upcoming, stronger stroke. And most likely it was bilateral. Tell me, Mrs, did Mr Dinca have a stressful working environment?
+ Mrs D : He was an associate in a real estate agency. I would say that he was taking a lot of calls and running around the city with his clients. He barely had time to eat during the day and he always came home after 8 pm.
+ D : I understand. Would you say that Mr Dinca was being reckless with his diet? Was he eating a lot of carbohydrates and fats?
+ Mrs D : Not that I know of. I usually cook soups, vegetables and meat, I bake bread at home. I try to stay away from fast food. But I suppose he was eating fast food during the day.
+ D : What about working out? Was Mr. D an active person prior to the stroke?
+ Mrs D : We were occasionally taking long walks, mostly during the weekend, but otherwise no. However he was pretty restless, full of energy all the time.

D : Tell me, Mr D, have your parents ever suffered from any heart diseases ?
Mr D : No.
D : Maybe your grandparents ?
Mr. D : No.
D : I see … I was curious if maybe you had a favorable genetic background for the stroke.
Mrs D : Oh, but he took a genetic test. Actually, I have all the previous tests with me. Let me just take the file.
grabs the file from her bag
D : Thank you. I can see here that you have some blood tests too, but firstly I would like to see the genetic test.



REZULTAT:

Factor V G1691A (Leiden) mutatie absenta

Factor V H1299R (R2) mutatie absenta

Factor II G20210A mutatie absenta

MTHFR C677T mutant heterozigot

MTHFR A1298C mutatie absenta

Factor XIII V34L mutatie absenta

PAI-1 5G/5G homozigot

EPCR prezente alelele A1/A2

CONCLUZIE:
Risc genetic de tromboza

MTHFR C677T - mutatia heterozigota se asociaza cu reducerea activitatii enzimatice a metilentetrahidrofolat reductazei, cresterea nivelului plasmatic al homocisteinei, in asociere cu deficitul de folati.

)1 EDTA Metoda PCR & hibridizare)#

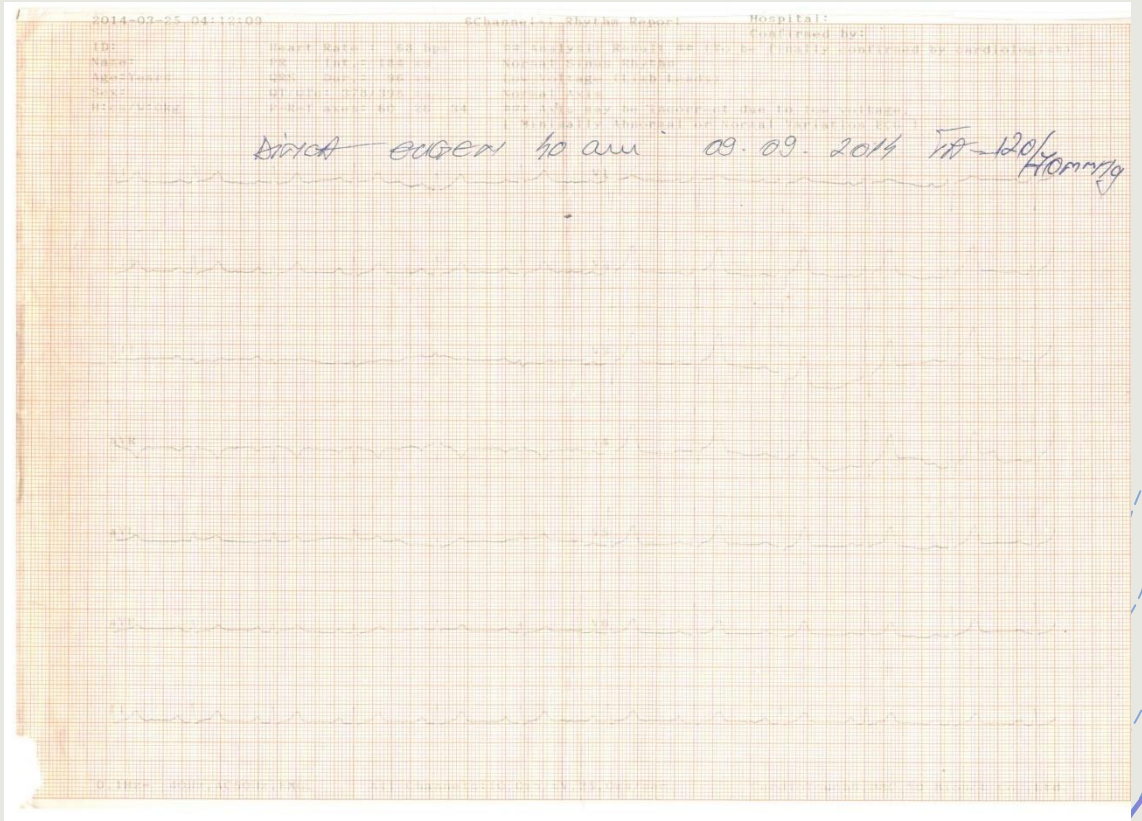
D : So it seems you were prone to thrombophilia, based on your genetic heritage.
Mrs D : What is thrombophilia ?
D : It's a condition in which the blood forms big clots – big enough to interrupt the blood flow in the major arteries.
Mrs D : But what about the other tests ?

Medicine	Breakfast	Lunch	Dinner
Plavix 75 mg	-	1	-
Aspenter 75 mg	1	-	-
Voredanin 40 mg	-	-	1
Nimpodipina	1	1	1
Medrol 16 mg	2	-	-
Rivotril 0.5 mg	1	-	1
Actovegin 200mg	1	-	1
Nexium 40 mg	1	-	-

- D : It seems that most of these meds are anti-coagulants and vasodilators. However one of them has fat lowering action. Tell me, Mr Dinca, did you use to smoke ?
- Mr D : Yes. One pack.
- D : One pack a day ? Ok, it seems you were a heavy smoker. Smoking is known to increase the cholesterol levels, so my guess is your lipid levels were high. Nurse, could you please bring me the blood tests ?
- N : Of course, there you go.
- D : Ah yes, just as I suspected, your cholesterol is a little bit over the limit, although you have been taking those meds. I have to admit, I'm not a big fan of prescribing so many meds, this could affect your digestive system as well as your liver. But I can see that the second time they prescribed only 5 meds.
- Anyway, I would like to run a few tests : ECG, an angiography and a MRI to see how your carotid arteries are functioning with the stent. Please follow me to the other room.

ECG Room

+ D : Mr. D please lie on your back and lift your shirt up on your left side. Great, now my nurse will place some electrodes on your ankles, wrists and your chest. This won't hurt a bit.

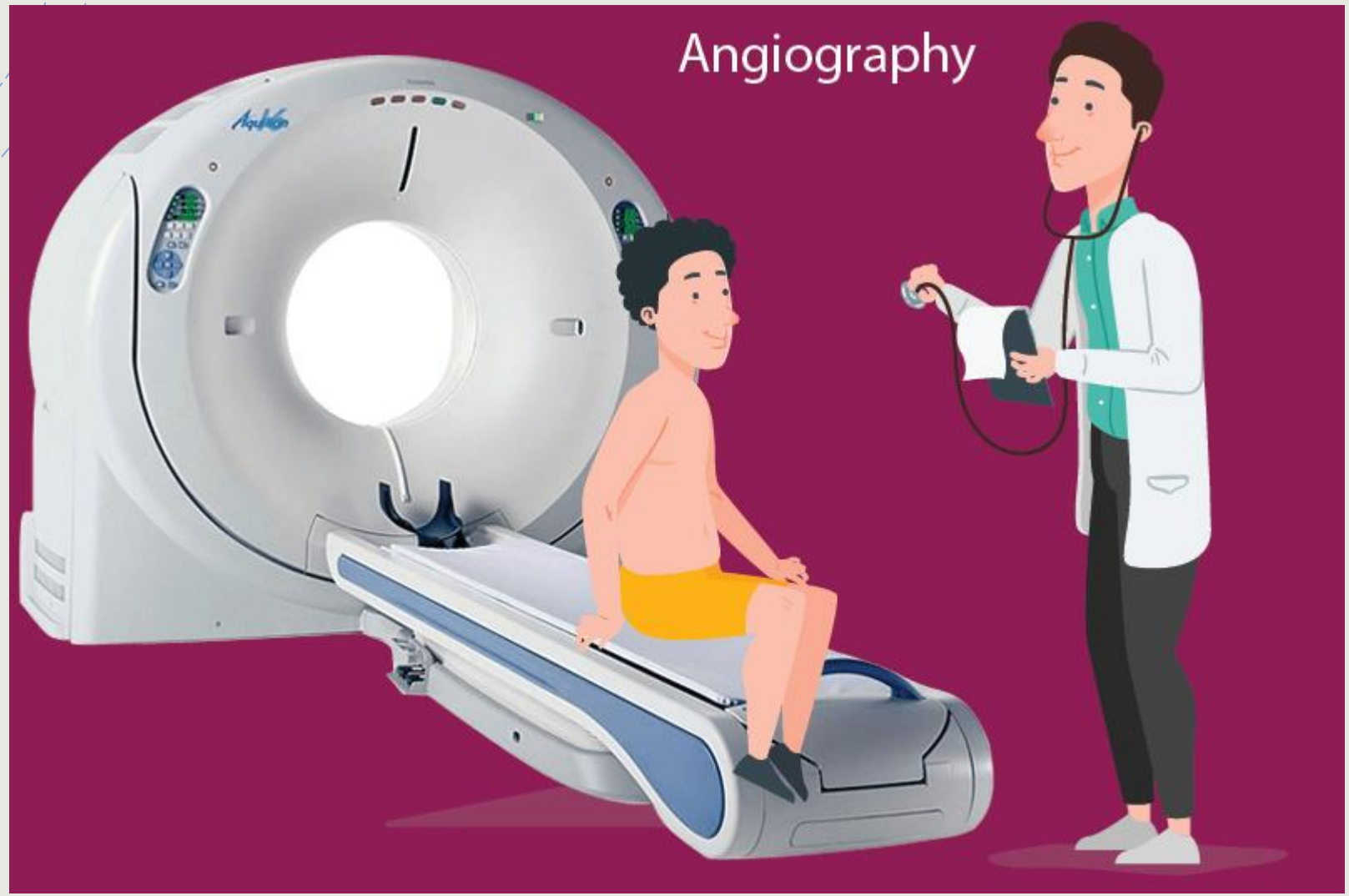


D : Nurse, please write down : sinus rhythm, 78 bpm, QRS normal.

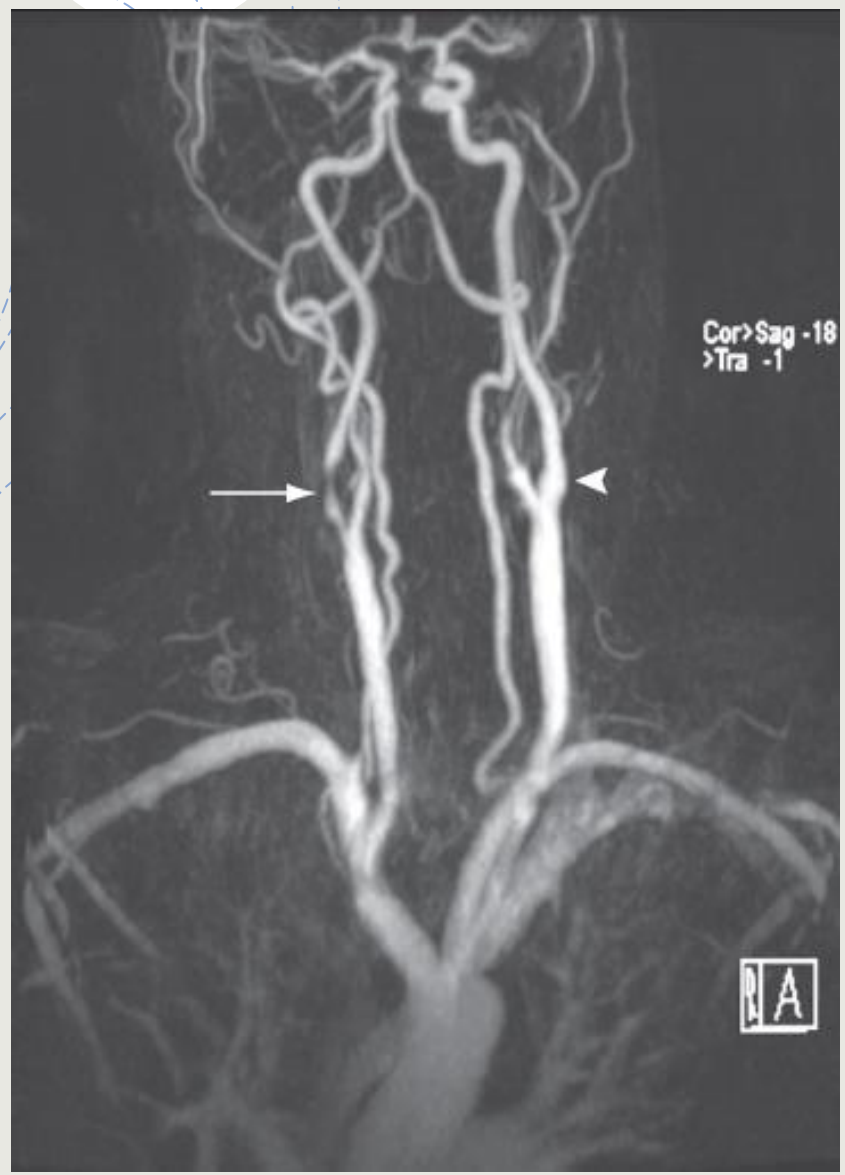
Mrs D : Is everything alright ?

D : Everything looks normal to me, from the heart rate to the electrical functions. Now let's get you ready for the MRI, Mr D !

… a few minutes later…



D : You’ re doing great, Mr D ! Now please lie on your back and think of something very relaxing. Please don’t mind the sound. I’ll be right next door. Should you feel uncomfortable in any way, please call for me.


Cor>Sag -18
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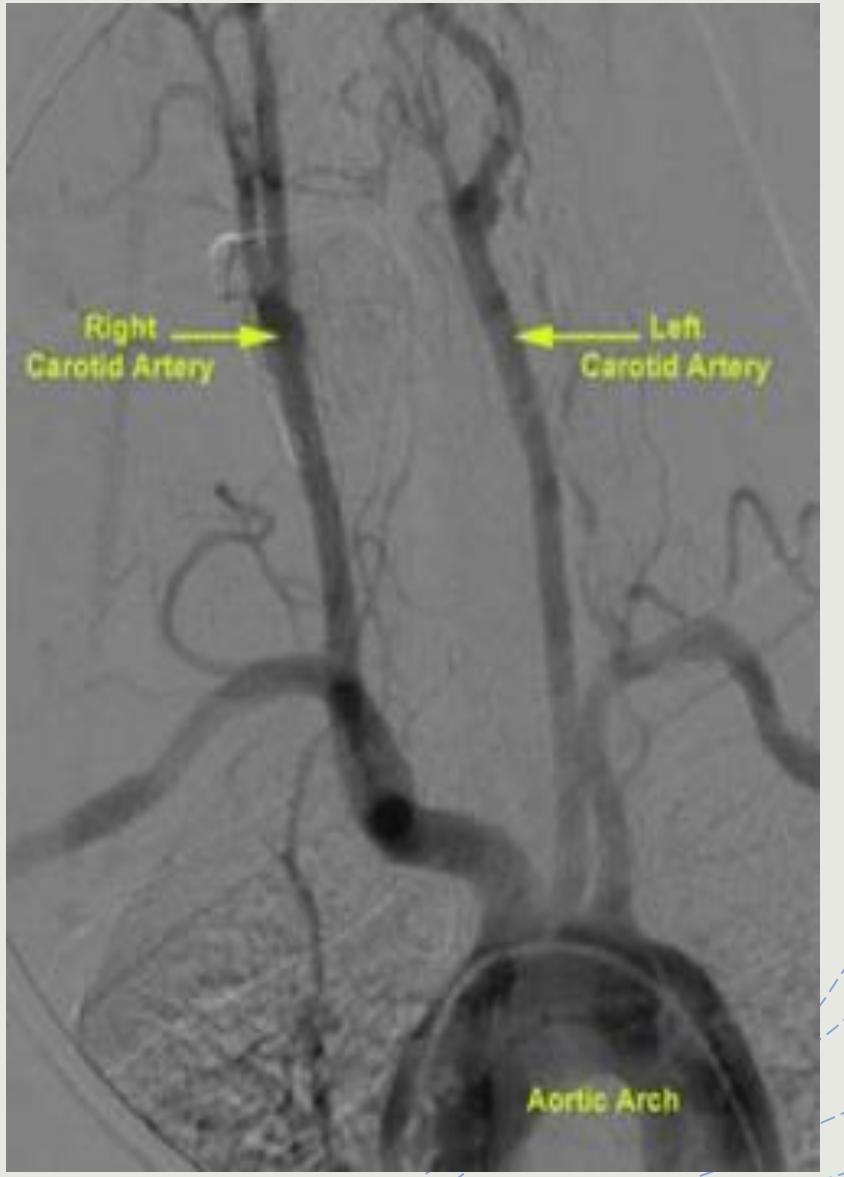

Right
Carotid Artery
Left
Carotid Artery
Aortic Arch

Results & interpretation – the next day

+ D : Hello again, Mr & Mrs Dinca. How are you today ?
+ Mrs D : Hello, doctor Lee. We're both a little bit anxious to hear the results.
+ Mr D : *smiles faintly*
+ D : Yes, of course. I have to admit, Mrs D, I was pleasantly surprised to see that the stenosis in the right carotid artery had reduced by 50-60% ! That is more than I expected.
+ Mrs D : That's great news ! Does this mean that he's no longer in danger ?
+ D : So it seems. If I may, Mrs D, I would like to add that whatever triggered his stroke (smoking or lifestyle) matters less. It is his genetic heritage that made him prone to this disease. I assume it could have been also triggered by a violent cough. You should keep in mind that the stroke could have been triggered in his youth or in his old age. I'm sorry that this happened at such a young age, only 39 … But you should look on the brighter side, he has recovered almost completely. I'm sure you' ve been told this a hundred times.
+ Mrs D : Thank you, doctor. It's been no bed of roses, I can tell you that. Fortunately I had my family around and they helped me a lot. The hardest part was taking him to physiotherapy and watching him struggle to do the easiest things, such as writing or opening a can.

Treatment

+ D : Alright, Mrs D, I'm sure you know that thrombophilia can only be treated, not cured. I can only prescribe anti-coagulant agents. However, it's the cholesterol that I would like you to keep at bay – with diet and medicine.
+ Mrs. D : What medicine will you prescribe ?
+ D : Nothing that Mr. D has taken before. With that being said, I would like you to interrupt your previous treatment. I will prescribe you fewer meds – only 4.
+ Mrs. D : What about the diet ?
+ D : You should keep a diet low in fats and salt – especially low in sodium. And I would like to meet you again in 3 months' time.
+ Mrs. D : Thank you so much doctor. I feel so relieved.

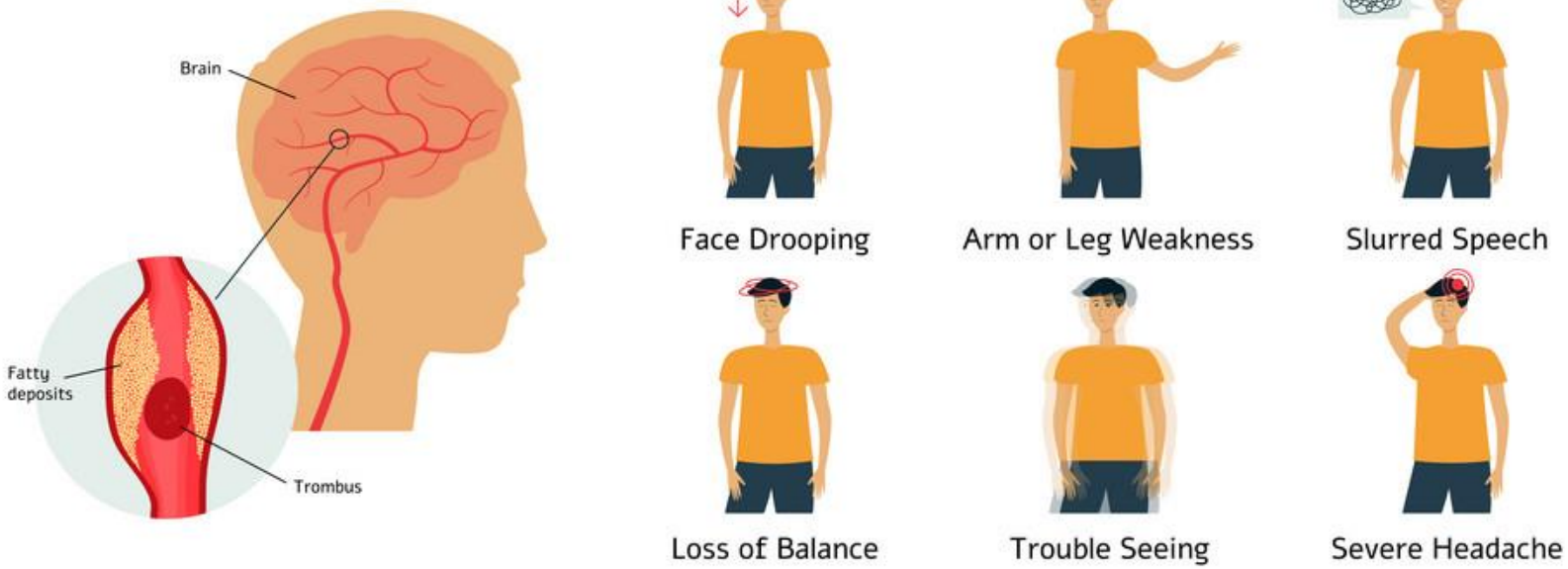
Medication

Medicine	Breakfast	Lunch	Dinner
Plavix 75 mg	1	-	-
Aspirin cardio 100mg	-	1	-
Zomen 7,5 mg	-	-	1
Crestor	-	-	2

D : Now most of these meds are fighting clot forming. If you have any questions, or should there be any change in Mr. D overall state please do no hesitate to call me.
Mrs. D : Thank you, doctor ! Good bye !
D : Goodbye !
Mr. D : Goodbye !

It’s been 7 years since Mr Dinca suffered the stroke and ever since his life has changed completely. Due to his right hemiparesis he is no longer able to drive, write or even type. His wife has been taking care of him with the help of both their families.
Although he went to many session of physiotherapy and speech therapy, he has minor trouble in walking but he can barely form a phrase. Sometimes it is unclear if he totally understands what people are saying, since he is answering with yes or no.

ISCHEMIC STROKE
signs and symptoms



Mr D showed 3 of the 6 signs : slurred speech, loss of balance, severe headache.

- Lower your blood pressure
- Keep your BMI to 25 or less – eat around 2000 calories/day
- Avoid alcohol abuse
- Treat atrial fibrillation
- Treat diabetes
- Identify stroke F A S T

Sitography

- https://www.health.harvard.edu/womens-health/8-things-you-can-do-to-prevent-a-stroke
- https://www.oregonsurgical.com/angiography/
- https://www.youtube.com/watch?v=I12PMiX5h3E

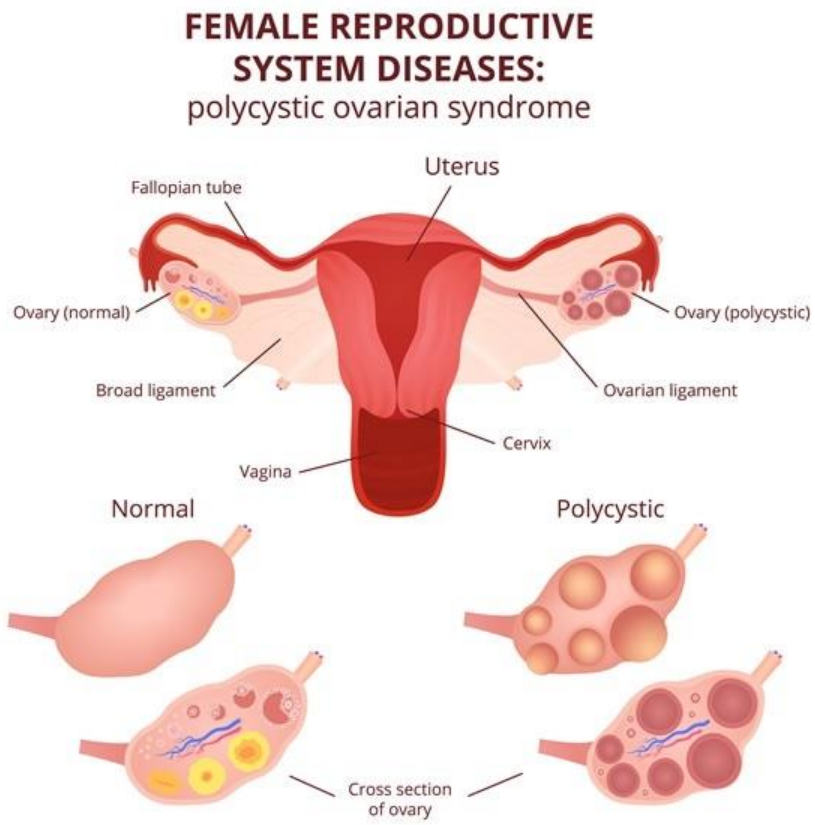
Thank you !

and quit smoking

UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA

POLYCYSTIC OVARY SYNDROME

Paula Markova



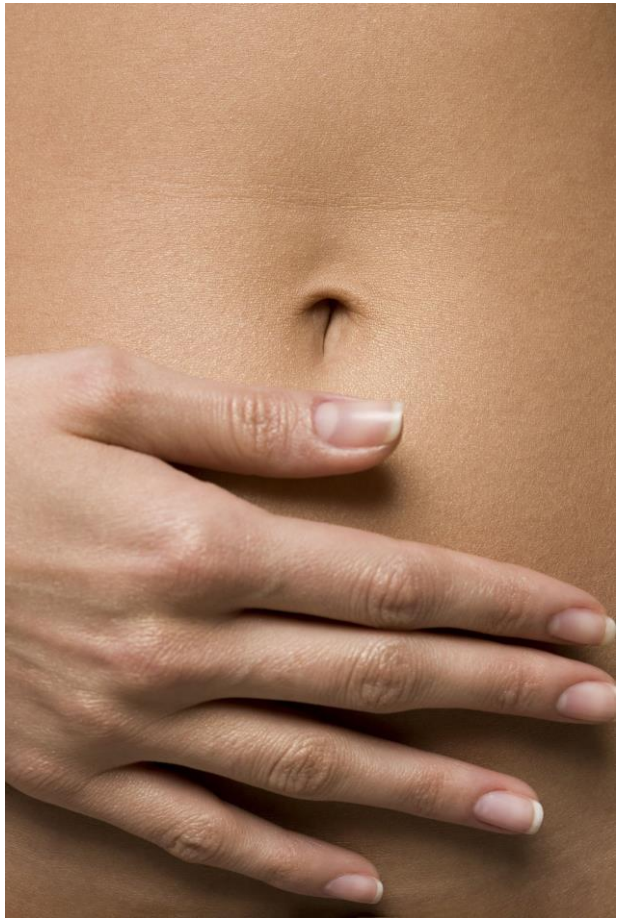
- Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels.
- The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs.

Introduction

Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age.

PATIENT'S DATA

- Name: Selia Sabelli
- Sex: Female
- Age: 20
- Height: 167 cm
- Weight: 53 kg



Case

Miss Selia Sabelli presents to the obstetrician/gynecologist (OB/GYN)'s office after an episode of severe abdominal cramps.

First doctor's appointment

- Doctor: Hello! I'm Doctor Victoria Nace, nice to meet you, Miss …
- Patient: Sabelli. Selia Sabelli. It's a pleasure to meet you, Dr. Nace.
- Doctor: All right, Miss Sabelli, this is the first time for you to visit our clinic.
- Patient: That's true, I've never been here before.
- Doctor: Have you ever seen an OB/GYN?
- Patient: Yes. I go for a routine check-up once a year, but something which requires immediate medical care happened a few days ago and my doctor wasn't available for the next 4 months. My physician recommended you.
- Doctor: I see. Miss Sabelli, may I ask for your ID so I can register you as our patient? After that, you can tell me all about what happened.
- Patient: Of course! Here it is!

… * Doctor Nace typing * …

- Doctor: Thank you, Miss Sabelli! I have just finished entering your data in the computer. Now I will carefully listen to your story. What brings you here?
- Patient: It all started on Sunday … today is Wednesday, so that means it started 3-4 days ago.
- Doctor: That's right.
- Patient: Around 11AM I was exercising at home. I was on the sports mattress, with my ankle weights on, doing mixed crunches, bringing each knee to touch the opposite elbow. After a few repetitions, all of a sudden I started to feel a sharp pain in my lower abdomen, on the left side. It felt pretty bad, so I decided to stop. I went and took a shower and then I lay on the bed, on my side.
- Doctor: Okay …
- Patient: The pain started again, I could feel my uterus, ovaries, fallopian tubes, everything. I thought I was about to start my period, but then the pain quickly expanded everywhere in my abdomen, from the pelvis to the diaphragm. It also rapidly became worse, it was excruciating! I have never ever experienced such a brutal pain in my life!
- Doctor: I can only imagine what you've been through …
- Patient: Yes, Doctor! I was in so much pain, I couldn't move, stand, lie on the bed, I couldn't do nothing and I couldn't control my screams.
- Doctor: You must've been terrified!
- Patient: Yes, I think I developed a panic attack! It was horrible!

Main complaints + History of present condition

- Doctor: Were you all alone during this traumatic event?
- Patient: Fortunately, I was not! If my boyfriend hadn't been there, I don't know if I would have survived this. He was panicked too, seeing me on the floor, crying and screaming in pain. He wanted to take me to the hospital, but I was too scared and I begged him not to! Eventually, he convinced me to go to the hospital, but we didn't know which one to go to, so I had him call my physician, since I wasn't able to speak. He explained everything and the doctor told me to take 2 types of pills, one was for the pain and the other one for relaxing the organ muscles in the abdomen. The doctor told me that if I had gone to any emergency room, they would have given me something for the pain and made me wait until I didn't have any visible symptom like bleeding for example. But she also guided us to go to the hospital if nothing changed after 2 hours. Also, she recommended an immediate specialty consult and gave me your name.
- Doctor: Miss Sabelli, you are very strong if you went through such an experience. Can you please tell me what happened next?
- Patient: Thank you. Of course, Doctor. I somehow got myself to lie on the bed and found a position in which the pain was bearable. My boyfriend never gave up on me, he took care of me, he even helped me tie my hair because every tiny movement felt like an earthquake. Eventually, the pain faded away as the days passed, but I still wanted to follow my physician's advice and come in for a consultation.
- Doctor: You made a good decision coming here. Even though the pain has been relieved, we have to find out what caused it in the first place.
- Patient: Yes, those are my thoughts as well.

- Doctor: All right then, Miss Sabelli, I'm going to ask you a few questions, if that's okay with you.
- Patient: Totally!
- Doctor: I understand you have a boyfriend. Are you sexually active?
- Patient: Yes, I am.
- Doctor: How long has he been your only partner?
- Patient: About a year.
- Doctor: Do you use any form of protection during intercourse?
- Patient: We use a condom.
- Doctor: That's very good. That helps you prevent unwanted pregnancies as well as protecting you from STDs and infections. Have you ever used other types of protection, birth control pills perhaps?
- Patient: I have never.
- Doctor: You have never. What age did you get your first period at?
- Patient: I was 13, doctor.
- Doctor: Are your cycles regular? That means your menstrual period occurs every 24 to 38 days.
- Patient: Well, they're not regular at all. I even missed periods 3 months in a row!
- Doctor: I see. That means they're irregular. Would you say you get more than 2 menstrual periods/year, Miss Sabelli?

Family history + Social life (work, bad habits, stress, life and lifestyle)

- Patient: I have this App called *Clue*, which helps me track my period, let me show you.
- Doctor: Of course, let's see.
- Patient: Look, I missed one back in March …
- Doctor: And one in July …
- Patient: And then nothing in October, November and December … Doctor Nace, should I be concerned?
- Doctor: Let's not panic, Miss Sabelli. For now, let's see what else we can find out, we'll get closer to a possible diagnosis.
- Patient: Oh, okay …
- Doctor: Don't worry, Miss Sabelli. Actually, it's very common for women to experience irregular menstrual cycles, especially women your age!
- Patient: Okay, now I feel more relaxed.
- Doctor: Shall we continue?
- Patient: Yes.
- Doctor: Miss Sabelli, are you aware of yourself or someone in your family suffering from any chronic condition? I'm referring to the female family members in particular.
- Patient: My grandmother has hyperthyroidism. Also, my mother is an asthmatic, but it's mostly triggered by allergies from what I know. As for myself, I don't suffer from anything that I know of.

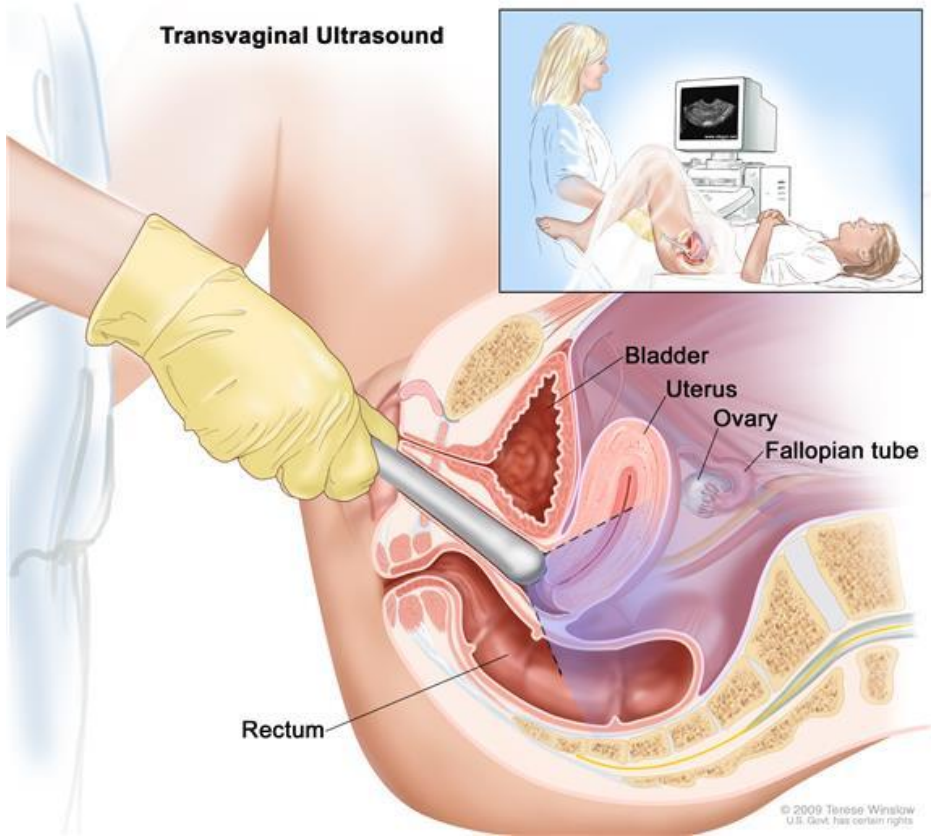
- Doctor: I understand. Miss Sabelli, I have noticed your answers are very detailed and accurate. May I ask you, what do you do for a living?
- Patient: Actually, I am a 2nd year Law student; and sometimes I work at my father's Law firm.
- Doctor: Congratulations for your studies and hard work.
- Patient: Thank you, Doctor.
- Doctor: Your field is one of the most difficult of all. You are a student and you have a part time job. How do you cope with the stress?
- Patient: Well, it can be stressful sometimes … okay, I admit, most of the time. But it's what I love and so I do it with pleasure. I'm sure you can relate with hectic days.
- Doctor: True. Would you say you've got any "not so good" habits? Let's say smoking for example.
- Patient: I'm surrounded by my classmates, who smoke, but I don't.
- Doctor: That's good to hear. Do you drink alcohol, Miss?
- Patient: Occasionally.
- Doctor: And what about your diet? How do you include eating in your schedule?
- Patient: I know this can be destructive for my body, but I don't have enough time to cook during the week … I pretty much eat junk food on working days. In the weekend though I go to my parent's house and my mother cooks hot meals for me.

- Doctor: I appreciate your honesty. Your diet, as well as your physical condition are very important factors that can influence your cycle. I recall you mentioned you were exercising when your painful episode happened. Is sporting activity part of your routine?
- Patient: I try to exercise 3 times/week, but I can't say I always reach my goal.
- Doctor: Okay. I've got a few more questions, and then we can go to the next step. Is there anything out of the ordinary going on, any other gynecological problem, besides the irregular periods?
- Patient: I'm not sure … could you be more specific please?
- Doctor: I'm sorry, of course. I'm talking, for example, if there has been any abnormal vaginal discharge, in terms of color, scent or quantity wise.
- Patient: I haven't noticed anything.
- Doctor: What about menstrual pain? How would you describe it, if there is some?
- Patient: It's very powerful the first 2 days, but not as dreadful as the one that I experienced on Sunday.
- Doctor: Miss Sabelli, what you're experiencing is called dysmenorrhea. Painful periods, like the ones you described are called this way. That is also common among young women, especially persons who haven't given birth before.
- Patient: Oh, okay. I haven't, so that makes me one of them.
- Doctor: That's right. If you'll allow me, I'll perform a pelvic exam, to check if everything is all right and I would also like to collect a sample for a Pap test.
- Patient: Yes, that's all right.
- Doctor: Ann, the nurse, will accompany you to the changing room so you can put on the hospital gown.

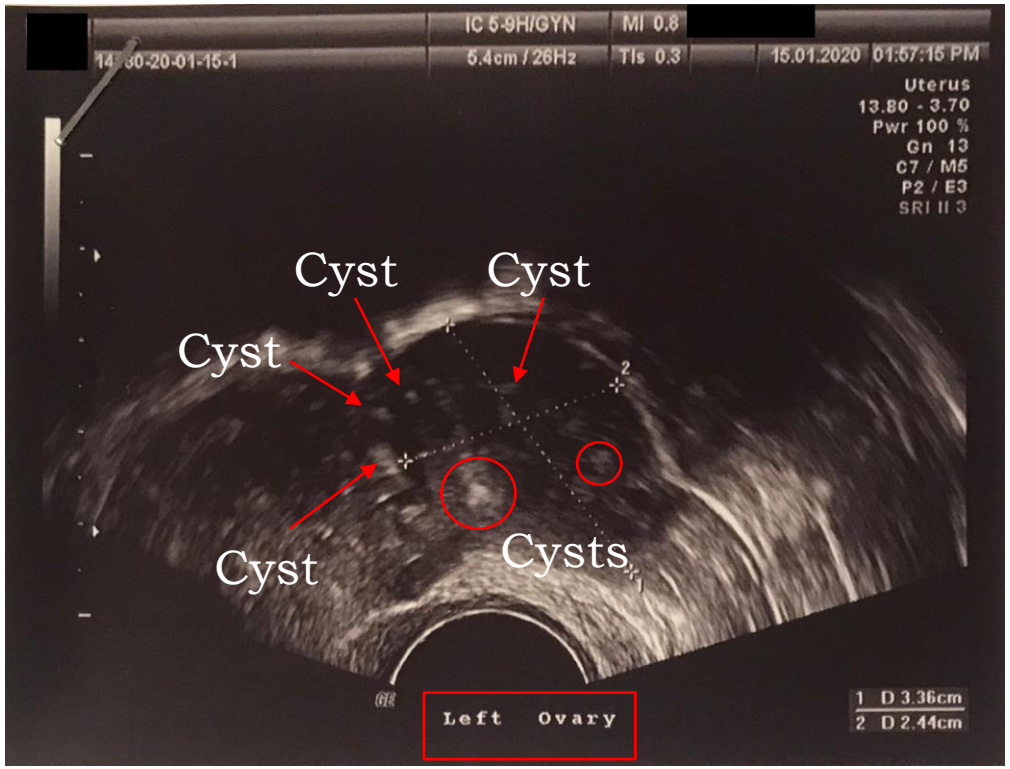
The actual consult

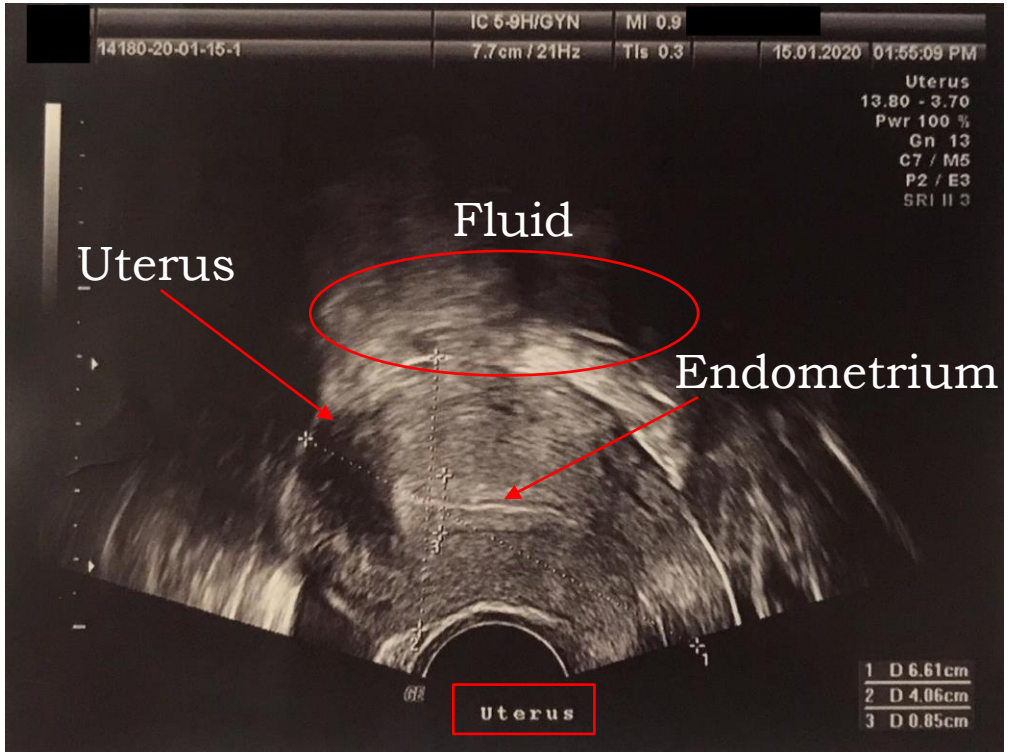
After the pelvic exam, Doctor Victoria Nace takes her patient to the other room, where she performs a transvaginal ultrasound.

- Doctor: Please lie on your back and bend your knees for me. You have to remain relaxed. Now I will perform the transvaginal ultrasound.
- Patient: Okay, I'm ready.
- Doctor: You can watch the monitor here and you'll see what I'm pointing at. The ultrasound shows there is some fluid around the uterus, you can see it right there.
- Patient: Oh my God, is that bad? Why is the fluid there?
- Doctor: Don't worry, it's normal for a small quantity of liquid to surround the uterus, even though this one is noticeably there. Let's take a closer look at your ovaries. There, this is the left one. I can see some follicles, which are normal, but they have a tendency to turn into cysts.
- Patient: I'm a little worried, doctor …
- Doctor: Let's keep our thoughts positive. We don't have a reason to worry yet. I'm looking at your uterus, the endometrium, which is the lining of the uterus, it looks healthy. What is the cycle day that you're on?
- Patient: I'm on day 42nd.
- Doctor: It looks like you're about to get your period, I can tell because the lining is pretty thick.
- Patient: That's calming to hear!



Gynecological Echography





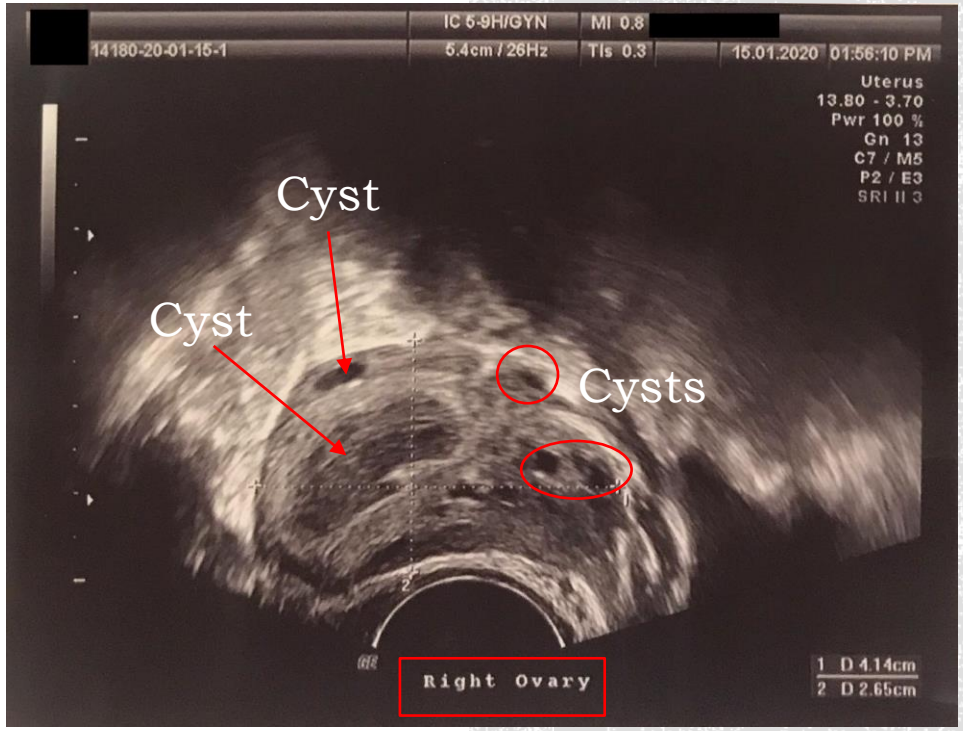
Further testing

After the ultrasound, Miss Selia Sabelli gets dressed and takes a seat, listening to what her doctor is saying:

- Doctor: Miss Sabelli, since I have found a few cysts on both of your ovaries, I believe the liquid surrounding your uterus is from one of them. That also explains the sudden pain you experienced. I think the effort you made while exercising caused one cyst to rupture, which is, indeed, very painful. Usually, the fluid has to be drained in the operating room, but you're one lucky girl, you don't need surgery.

- Patient: What a blessing! But what if it's going to happen again? I never want to experience something like this …

- Doctor: I believe you, Miss Sabelli. That's why I'm going to send you to take some blood tests, to check your hormone levels. Hopefully, after we see the results, we'll be able to find a solution to prevent similar accidents from happening.



- Patient: Thank you, doctor!
- Doctor: I'm going to write everything down for you, so don't worry, you don't have to memorize everything. The hormones that I want you to get tested are called Follicle-stimulating hormone (FSH), Luteinizing hormone (LH), your Estrogen levels, as well as Progesterone, Testosterone, Prolactin and the thyroid hormones (TSH, FreeT3, FreeT4). I'm going to explain at the same time as I'm writing. First you need to wait to get your period. On the 3rd to 5th day, the 1st one being the day you start to bleed, the analysis will be for FSH, LH, Estrogen, Testosterone, Prolactin, TSH, FT3 and FT4. Be careful though, for the Prolactin you have to be awake at least 2 hours before the blood is collected. On the 21st day of your cycle, we'll test the Progesterone, because that's the day in which the hormone level is the highest. After the arrival of the results, we'll schedule our next appointment. How is that, Miss Sabelli?
- Patient: Sounds good!
- Doctor: All right then! I also prescribed you some anti-inflammatory meds for the fluid to resorb. I will also send you the Pap Test results via E-mail and if you have questions, you can always call the clinic, we're at your service.
- Patient: Thank you so much, Dr. Nace! You are truly dedicated! I've never felt so safe and confident in a doctor's office!
- Doctor: Thank you for your kind words. That's lovely to hear!
- Patient: Have a nice day, Dr. Nace!
- Doctor: Thank you, have a nice day as well. See you next time, Miss Sabelli.

Second doctor's appointment

- Doctor: Welcome back, Miss Sabelli! How are you today?
- Patient: Hello, Dr. Nace! I'm good, I'm excited to see the results.
- Doctor: Let's see … it seems that your Progesterone levels are a little low, which is normal for the Polycystic Ovary Syndrome (PCOS).
- Patient: What is PCOS, doctor?
- Doctor: It's a condition in which you have cysts on your ovaries. Those cysts cause irregular periods and dysmenorrhea.
- Patient: Is it bad? Can this disease be treated? Is this the final diagnosis?
- Doctor: First you have to understand that this is a common condition that many women on this planet encounter. It can be treated, but it doesn't go away. To get a diagnosis, we need at least 2 out of 3 criteria. Your first is the clinical one: the irregular periods and dysmenorrhea. The second is the endocrinological one: the values of the hormone levels. The third one is shown through the echography, for the PCOS there should be a collection of at least 12 cysts/ovary. Even though in your case the last one isn't very clear, because I couldn't find that number of cyst, you have 2/3 fulfilled criteria. Your final diagnosis is Polycystic Ovary Syndrome.

Diagnosis + Explanations

The results are back!

- Patient: Thank you for the explanations, doctor! Now I understand that this is caused by the imbalanced hormone levels. But what can be done to have it under control?
- Doctor: That's right. As a treatment, there are 3 options. The first one is the more natural way to stimulate the production of progesterone, with Raspberry Leaf Tincture. It is under the form of drops and it has to be taken orally every day. If that doesn't work, then there's the second option, with Dydrogesterone, a one hormone therapy that has action on the second half of the cycle. The last option is the one that has control over the entire length of the cycle and it's also the most effective one. I'm talking about birth control or contraceptive pills. They will make your cycles regular and way less painful, if at all painful.
- Patient: How long does it take to figure out if the Raspberry one works?
- Doctor: It would require 6 months for you to take it to see if it's efficient.
- Patient: I would like to try this option, doctor.
- Doctor: All right, I'm going to write you a prescription for the Raspberry Leaf Tincture. There's one more thing that you have to be aware of regarding PCOS.

Treatment

- Patient: And what is that, doctor?
- Doctor: PCOS can also cause infertility problems, Miss Sabelli. You don't have to worry, though, I've had patients with 2 cycles/year who were able to conceive through natural ways.
- Patient: I'm not thinking about having babies anytime soon, but it's a relief to know I have that option if I change my mind. Thank you for telling me everything, Dr. Nace!
- Doctor: It's my duty to inform you. Here's the prescription, Miss Sabelli.
- Patient: Thank you! Good bye, doctor!
- Doctor: Good bye!

Revisiting the doctor's office

- Doctor: Hello, Miss Sabelli!
- Patient: Hello!
- Doctor: How have you been with your treatment?
- Patient: To be honest, I didn't see any difference …
- Doctor: Don't worry, as I told you before, there are other ways to keep PCOS under control.
- Patient: I remember. Also, I thought about it and I think I want to skip the Dydrogesterone and start taking birth control pills.
- Doctor: Birth control pills will prevent you from ovulating, which means new cysts won't be able to form and you'll have regular, painless periods.
- Patient: Yes, that's what I want.
- Doctor: You have to be rigorous with how you're taking your treatment. What I'm saying is you have to take it at the same time everyday so it can be effective. Also, you'll start it this way: you have to wait until you get your period. On the first day, when you start bleeding, that's when you also start taking the birth control, the active pills. You'll end with the placebo pills. During that time, you'll get your period again. After you took all the placebo pills, you have to start the next patch immediately and continue to take the pills.
- Patient: I understand. I will be very careful with my medication, doctor.
- Doctor: All right, I'll write you a prescription for the contraceptive pills and I'll see you in 3 months for a check-up.
- Patient: Thank you, doctor! See you next time!
- Doctor: Have a nice day!

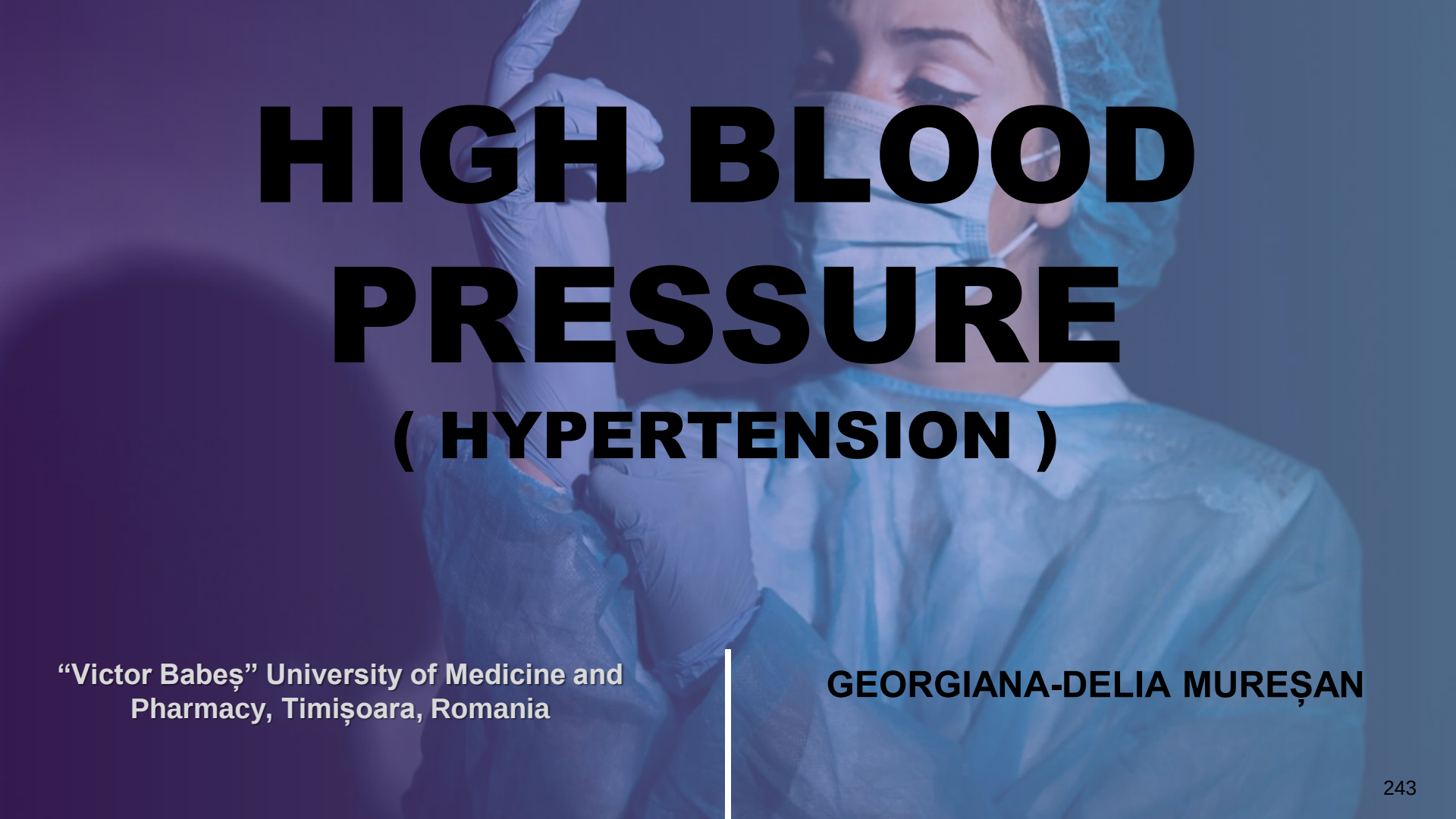
Check-up day

Patient Selia Sabelli is happy with her choice of treatment. She now has regular, painless menstrual cycles. The ultrasound at the check-up showed no cysts. Selia visits the OB/GYN once a year for a routine consult.

After 3 months …

Sitography

- www.Wikipedia.org
- www.jeanhailes.org
- www.johannasteven.com



HIGH BLOOD PRESSURE

(HYPERTENSION)

“Victor Babeș” University of Medicine and Pharmacy, Timișoara, Romania

GEORGIANA-DELIA MUREȘAN

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- Testing

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INTRODUCTION

01

- Overview
- Symptoms
- Causes

INTRODUCTION

Overview

- High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease.
- Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure.

Symptoms

- Most people with high blood pressure have no signs or symptoms, even if blood pressure readings reach dangerously high levels. A few people with high blood pressure may have headaches, shortness of breath or nose-bleeds, but these signs and symptoms aren't specific and usually don't occur until high blood pressure has reached a severe or life-threatening stage.

Causes

- **Primary (essential) hypertension:** For most adults, there's no identifiable cause of high blood pressure. This type of high blood pressure, called primary (essential) hypertension, tends to develop gradually over many years.
- **Secondary hypertension:** Some people have high blood pressure caused by an underlying condition. This type of high blood pressure, called secondary hypertension, tends to appear suddenly and cause higher blood pressure than does primary hypertension.

ABOUT THE PATIENT

- Medical history

02

PATIENT MEDICAL HISTORY

EDWARD MCCLAINE

AGE
49

GENDER
Male

LOCATION
Arad

ADDRESS

LEVEL OF EDUCATION
Higher education

PROFESSION
Engineer in a multinational company

HEALTH INSURANCE
Insured

PATIENT MEDICAL HISTORY

SMOKER
Former smoker, for 19 years, 1 pack/3 days

ALCOHOL
Occasional consumption

PSYCHOTROPIC SUBSTANCES
Denies consumption

COFFEE
1 cup/day

HEIGHT
1,70 m

WEIGHT
125 Kg

PATIENT'S MEDICAL HISTORY

Personal pathological history

Diagnosed with type II diabetes in 2005 – treatment : oral antidiabetic agents and insulin pen.

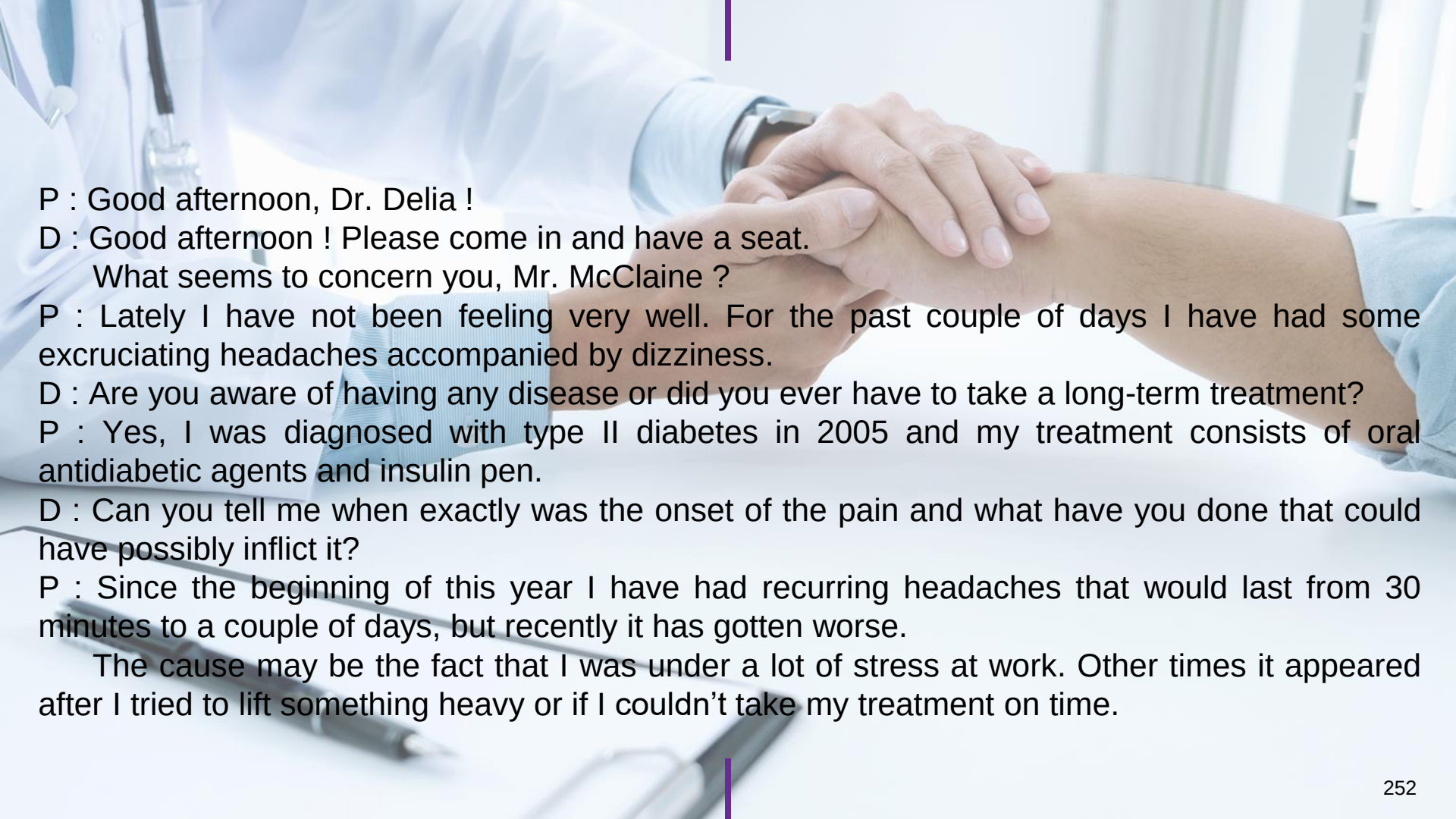
Familial pathological history

Mother : diagnosed with high blood pressure, ischemic cardiomyopathy and obesity.
Father : diagnosed with high blood pressure and ischemic cardiomyopathy.

MEDICAL CONSULTATION

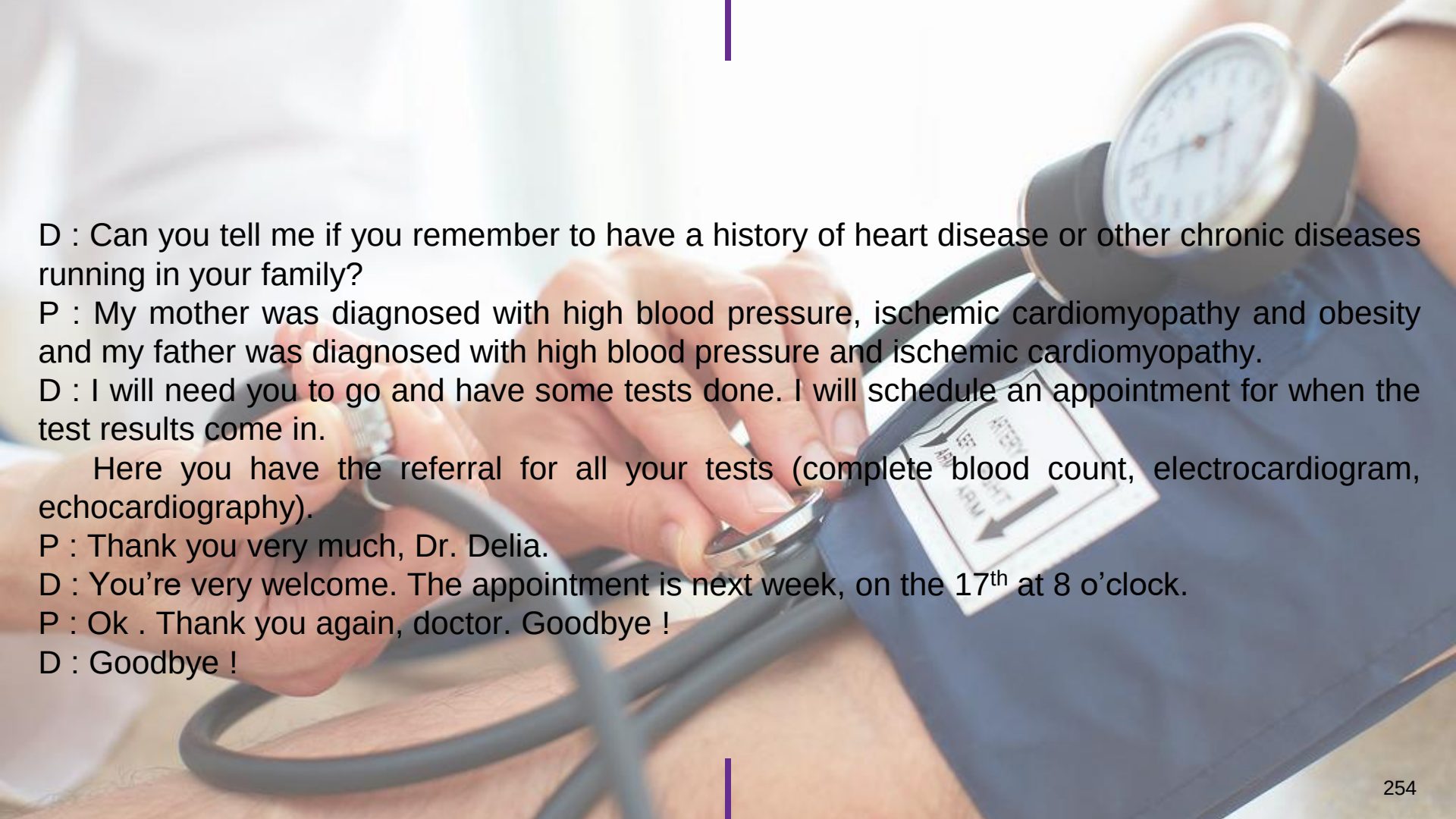
03

- Main complaints
- History of present condition
- Family history
- Testing



P : Good afternoon, Dr. Delia !
D : Good afternoon ! Please come in and have a seat.
What seems to concern you, Mr. McClaine ?
P : Lately I have not been feeling very well. For the past couple of days I have had some excruciating headaches accompanied by dizziness.
D : Are you aware of having any disease or did you ever have to take a long-term treatment?
P : Yes, I was diagnosed with type II diabetes in 2005 and my treatment consists of oral antidiabetic agents and insulin pen.
D : Can you tell me when exactly was the onset of the pain and what have you done that could have possibly inflict it?
P : Since the beginning of this year I have had recurring headaches that would last from 30 minutes to a couple of days, but recently it has gotten worse.
The cause may be the fact that I was under a lot of stress at work. Other times it appeared after I tried to lift something heavy or if I couldn’t take my treatment on time.

D: Could you describe the pain?
P : Yes, at first I used to feel as if I were wearing a hat that was too narrow – more like pressure than real pain; it tends to be bilateral and often radiates down my neck.
D : You said it has gotten worse, can you elaborate? And did you have any other symptoms?
P : That mild headache became a sharp drilling migraine associated with impaired vision, vertigo and severe retrosternal discomfort.
D : This sounds like it might be hypertension type cephalalgia so let’s measure your blood pressure.
D : Systolic blood pressure 170 mmHg with diastolic blood pressure 100 mmHg and heart rate of 82 beats per minute, which means you have hypertension.
P : What does that mean, doctor?
D : It means that your blood pressure in the arteries is persistently elevated. High blood pressure typically does not cause symptoms, however, long-term high blood pressure is a major risk factor for coronary artery disease, stroke, heart failure, atrial fibrillation, chronic kidney disease, vision loss and dementia.



D : Can you tell me if you remember to have a history of heart disease or other chronic diseases running in your family?
P : My mother was diagnosed with high blood pressure, ischemic cardiomyopathy and obesity and my father was diagnosed with high blood pressure and ischemic cardiomyopathy.
D : I will need you to go and have some tests done. I will schedule an appointment for when the test results come in.

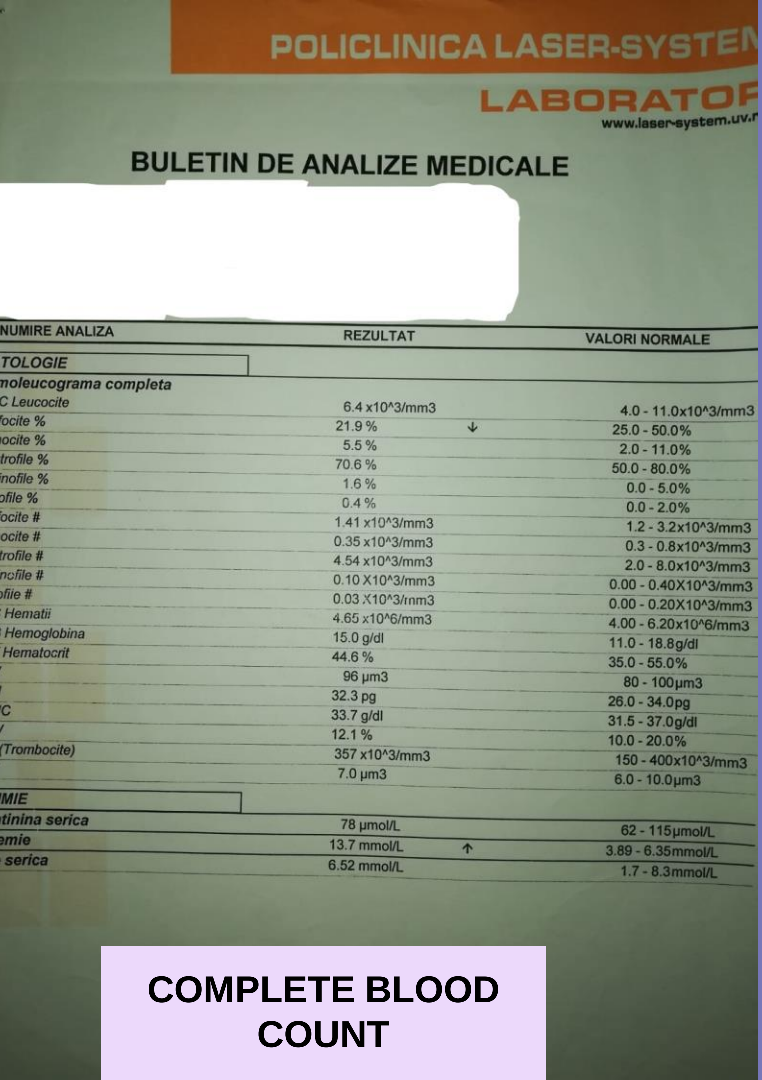
Here you have the referral for all your tests (complete blood count, electrocardiogram, echocardiography).

P : Thank you very much, Dr. Delia.
D : You're very welcome. The appointment is next week, on the 17th at 8 o'clock.
P : Ok . Thank you again, doctor. Goodbye !
D : Goodbye !

PATIENT MONITORING

04

- Results
- Diagnosis
- Treatment
- Conclusions



POLICLINICA LASER-SYSTEM

LABORATOR

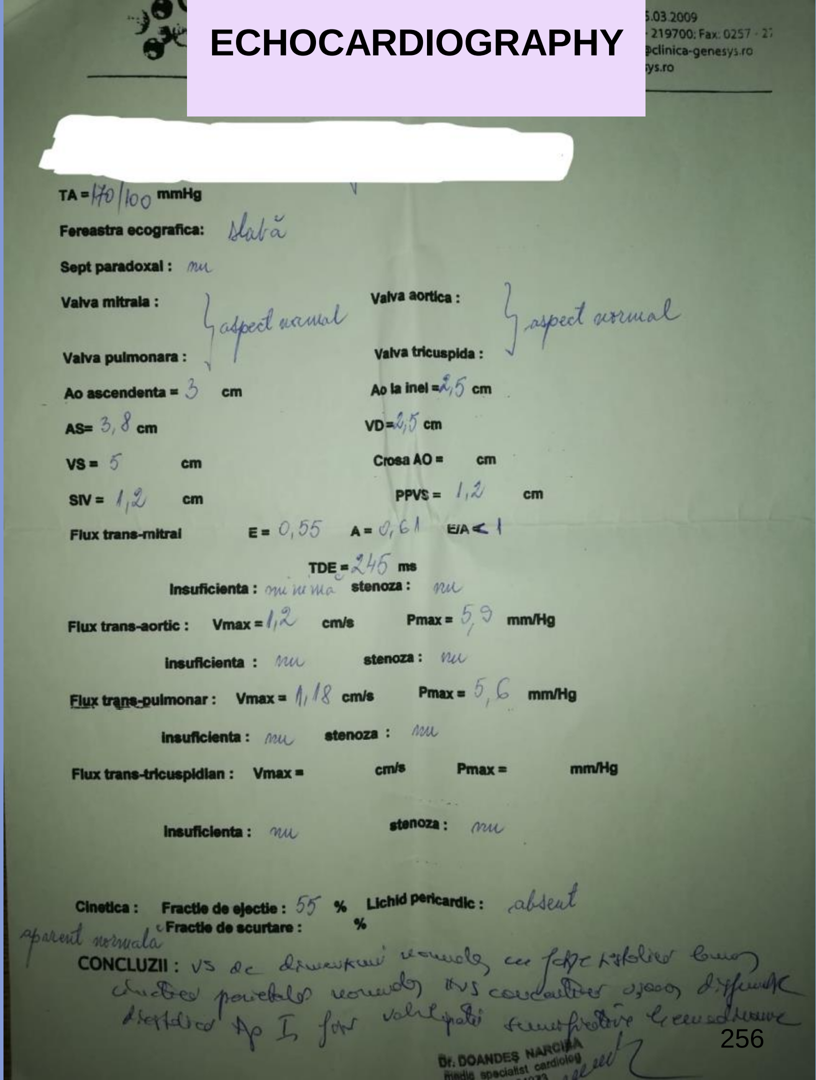
www.laser-system.uv.r

BULETIN DE ANALIZE MEDICALE

[redacted]

NUMIRE ANALIZA	REZULTAT		VALORI NORMALE
TOLOGIE			
moleucograma completa			
C Leucocite	6.4 x10^3/mm3		4.0 - 11.0x10^3/mm3
focite %	21.9 %	↓	25.0 - 50.0%
nocite %	5.5 %		2.0 - 11.0%
trofile %	70.6 %		50.0 - 80.0%
inofile %	1.6 %		0.0 - 5.0%
ofile %	0.4 %		0.0 - 2.0%
focite #	1.41 x10^3/mm3		1.2 - 3.2x10^3/mm3
ocite #	0.35 x10^3/mm3		0.3 - 0.8x10^3/mm3
trofile #	4.54 x10^3/mm3		2.0 - 8.0x10^3/mm3
nofile #	0.10 X10^3/mm3		0.00 - 0.40X10^3/mm3
ofile #	0.03 X10^3/mm3		0.00 - 0.20X10^3/mm3
Hematii	4.65 x10^6/mm3		4.00 - 6.20x10^6/mm3
Hemoglobina	15.0 g/dl		11.0 - 18.8g/dl
Hematocrit	44.6 %		35.0 - 55.0%
	96 µm3		80 - 100µm3
	32.3 pg		26.0 - 34.0pg
C	33.7 g/dl		31.5 - 37.0g/dl
	12.1 %		10.0 - 20.0%
(Trombocite)	357 x10^3/mm3		150 - 400x10^3/mm3
	7.0 µm3		6.0 - 10.0µm3
MIE			
tinina serica	78 µmol/L		62 - 115µmol/L
emie	13.7 mmol/L	↑	3.89 - 6.35mmol/L
serica	6.52 mmol/L		1.7 - 8.3mmol/L

COMPLETE BLOOD COUNT



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ECHOCARDIOGRAPHY

[redacted]

TA = 170/100 mmHg

Fereastra ecografica: slabă

Sept paradoxal : nu

Valva mitrala : } aspect normal

Valva pulmonara :

Valva aortica : } aspect normal

Valva tricuspida :

Ao ascendenta = 3 cm

Ao la inel = 2,5 cm

AS= 3,8 cm

VD= 2,5 cm

VS = 5 cm

Crosa AO = cm

SIV = 1,2 cm

PPVS = 1,2 cm

Flux trans-mitral E = 0,55 A = 0,61 E/A < 1

TDE = 245 ms

Insuficienta : minima stenoza : nu

Flux trans-aortic : Vmax = 1,2 cm/s Pmax = 5,9 mm/Hg

insuficienta : nu stenoza : nu

Flux trans-pulmonar : Vmax = 1,18 cm/s Pmax = 5,6 mm/Hg

insuficienta : nu stenoza : nu

Flux trans-tricuspidian : Vmax = cm/s Pmax = mm/Hg

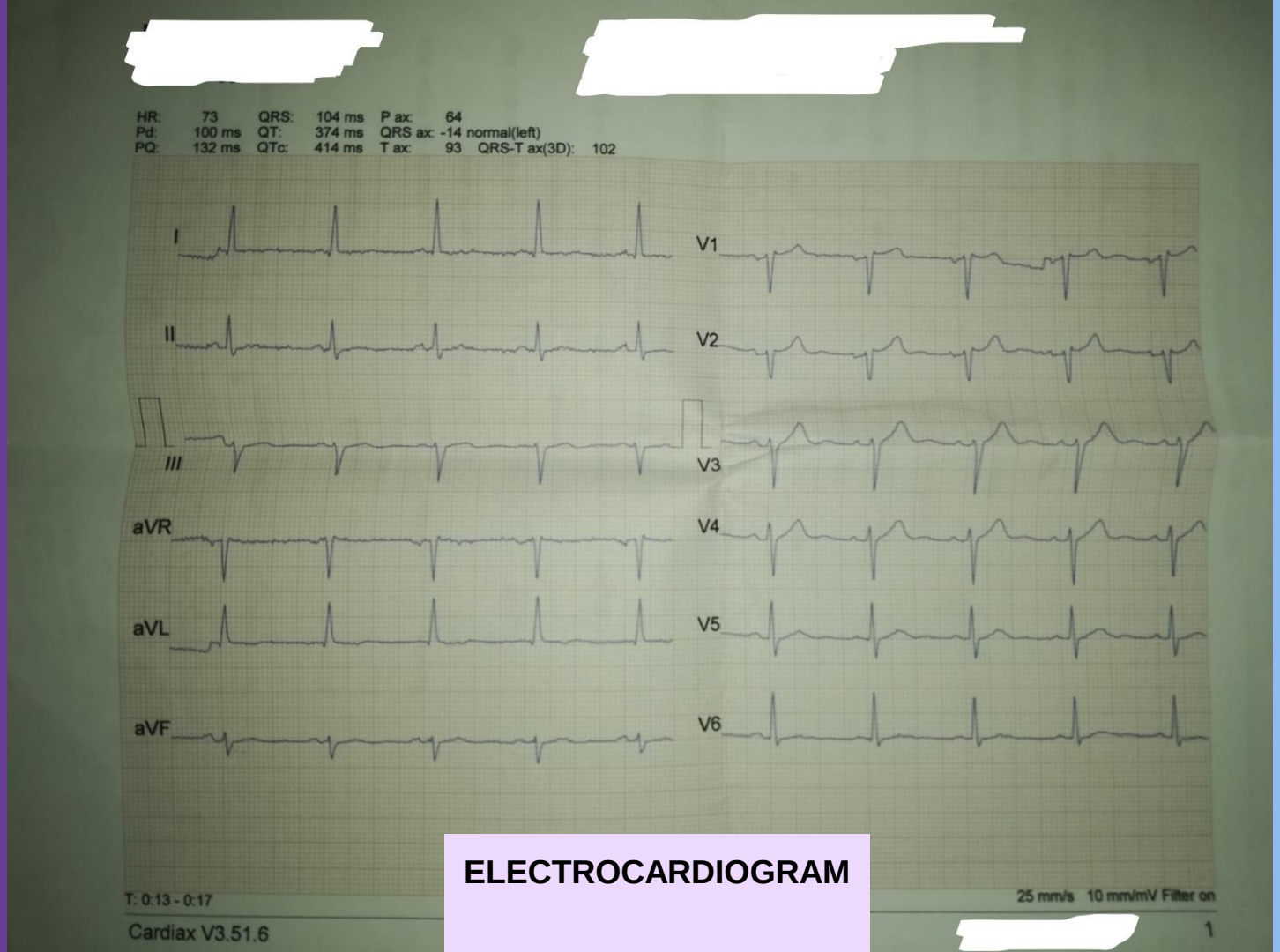
insuficienta : nu stenoza : nu

Cinetica : aparent normala Fractie de ejectie : 55 % Lichid pericardic : absent

Fractie de scurtare : %

CONCLUZII : [illegible]

Dr. DOANDEȘ NARCISA
Medic specialist cardiolog



ELECTROCARDIOGRAM

P : Good morning, Dr. Delia!
D : Good morning, Mr. McClaine! How do you feel?
P : Unfortunately the same.
D : I'm sorry to hear that but your test results came in so let's analyse them. The complete blood count shows that you have hypercholesterolaemia and hyperglycemia, in your electrocardiogram the QRS complex is deflected to the left and your echocardiography suggests that the left ventricle has a normal size with a good systolic function, normal parietal kinetic, mild left ventricular hypertrophy, diastolic dysfunction type I, without significant haemodynamic valvulopathy. Your diagnosis is hypertension due to your obesity.
P : And what am I supposed to do to improve my health?
D : I recommend a strict hypocaloric, low-fat, low-sugar, low-sodium diet accompanied by regular physical workouts for weight loss with monitoring of your blood pressure. And as a treatment scheme I prescribe : TRITACE 10 mg – one in the morning, TERTENSIF SR 1,5 mg – one in the morning and ASPENTER 75mg – one in the afternoon. You will also need to make regular medical examinations every 6 months.
P : Thank you very much doctor, I will make sure to follow all these recommendations. Goodbye Dr. Delia!
D : I hope you will feel better after the treatment. Goodbye!

SITOGRAPHY

https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410
https://www.healthline.com/health/high-blood-pressure-hypertension#symptoms-of-high-blood-pressure
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CHRONIC BACTERIAL GASTRITIS

(infection with Helicobacter Pylori)

Alicia Nicolaescu

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- Signs and symptoms
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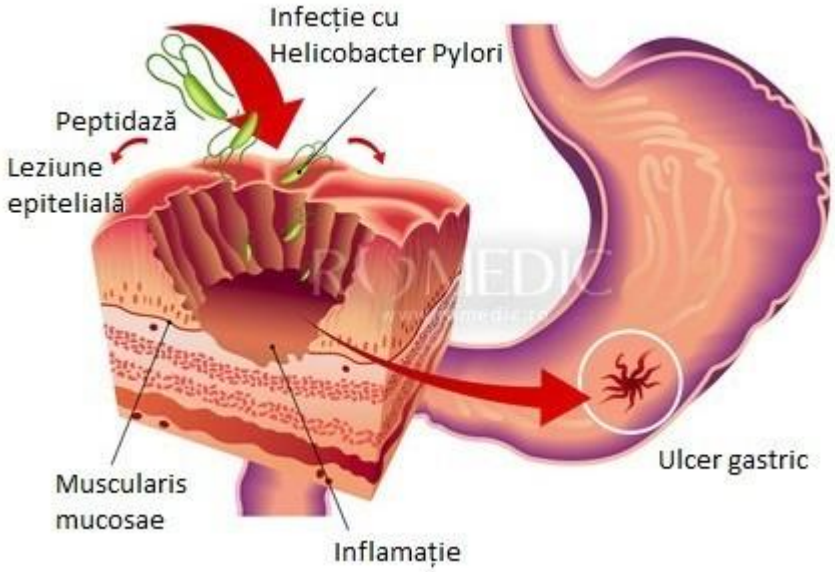
DEFINITION AND SOME CAUSES

- The stomach is an organ of major importance, which plays an important role in the digestion of ingested food, releasing various enzymes to enhance its functionality, while protecting the intestine from harmful agents that reach this level through the digestive tract. The secretory function of the stomach is closely correlated with its motor function both physiologically and pathologically.
- Chronic gastritis is a chronic inflammation of gastric mucosa with the restructuring of its structure and progressive atrophy, disorders of secretory, motor and endocrine functions, with different clinical manifestations.
- The causes of gastric disorders may include:
  - internal factors, such as impaired secretion of gastric acid, the setting of conditions of hyperacidity or hypoacidity, as well as delayed or too slow evacuation of gastric contents;
  - external factors such as stress, improper diet, excessive alcohol and tobacco use, certain medications, especially nonsteroidal anti-inflammatory drugs or various infections of bacterial etiology.

- CG is the most common disease among diseases of the digestive system. Its prevalence among adult population is 50-80%.

- Gastritis can be classified according to several criteria, such as the etiological agent (Helicobacter pylori, biliary reflux, nonsteroidal anti-inflammatory drugs, autoimmune mechanism, allergic response), histological criteria, endoscopic appearance and much more



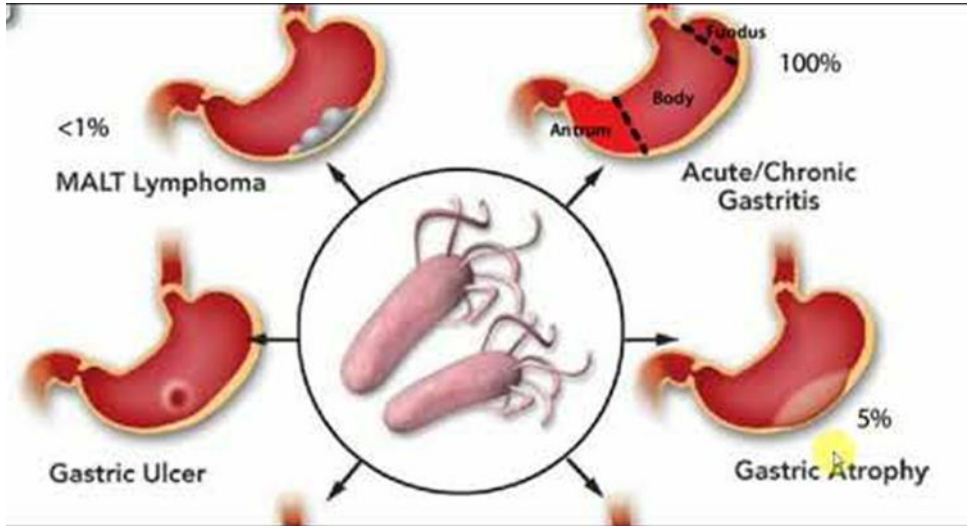
- The most common cause of chronic gastritis is the infection with bacillus Helicobacter pylori in 90% of cases. This gram negative bacterium has an amazing ability to infect and colonize the stomach. It can survive in the extremely acidic environment of the stomach, where the pH can reach the value of 1, and populates the gastric mucosa for an impressive period of time.

MORE ABOUT H. PYLORI

- The bacterium Helicobacter Pylori, which enters the body from the first years of life, lives without problems in the acidic environment of the digestive tract. Over time, this bacterium causes ulcers in the lining of the stomach or upper intestine. In the long run, these ulcers can cause stomach cancer.

- Helicobacter Pylori is a bacterium that adapts without problems to the acidic environment of the stomach, even managing to reduce the acidity of the environment in which it is, so that it can survive. Due to its spiral shape (hence the name Helicobacter – "helico" meaning spiral), this bacterium manages to penetrate the lining of the stomach, so that the cells of the immune system are not able to reach it and kill it.

- The morbidity and mortality associated with chronic gastritis depend on the cause. If Helicobacter pylori infection is incriminated in its appearance, the evolution may be asymptomatic or dyspeptic phenomena may be present which considerably decrease the patient's quality of life.



- Helicobacter infection is a risk factor for ulcer disease, gastric lymphoma and gastric carcinoma. Infection with this germ is contagious, and is most commonly caused by direct infectious contact through oral or oral-oral faces.

SIGNS AND SYMPTOMES

- In many cases, Helicobacter Pylori has no symptoms, which is why many patients discover the infection with this bacterium after being diagnosed with gastritis or peptic ulcer. When the bacterium has already caused damage to the stomach, symptoms such as:
  - Severe abdominal pain, especially on an empty stomach
  - Chronic fatigue
  - Ballooning
  - Nausea
  - Heartburn
  - Loss of appetite
  - Weight loss

TREATMENT

- Treatment for Helicobacter Pylori infection can be medicinal or natural, accompanied by a diet. In most cases, doctors recommend antibiotic treatment, sometimes in addition to natural treatments, their role being to increase the effectiveness of antibiotics.
- Examples of antibiotics that win in the fight against helicobacter pylori: Spasmomen, Controloc, Milgamma.
- Many people have a less strong body, and those who can not cope with antibiotic treatment, a difficult treatment, in fact, resort to natural, namely:
  - Licorice tea – effective for stomach ulcers;
  - Probiotics – are "good" bacteria, which are found in kefir, sauerkraut or pickles;
  - Propolis – contains many natural compounds, including amino acids and steroids, and propolis extract helps prevent the multiplication of bacteria.

- The diet is especially recommended for people (slightly) overweight or who have an irregular meal schedule, which contains unhealthy food. Even those with normal weight are advised to take care of the food they eat. Here are a number of beneficial food that help the mucosa to recover much faster:
  - Kefir
  - Fatty fish like salmon
  - Flax and chia seeds
  - Honey
  - Berries
  - Cruciferous vegetables such as broccoli
  - Boiled vegetables

- Food that should be avoided during this period as they may irritate the stomach lining are:
  - Spicy foods
  - Caffeine
  - Soft drinks
  - Alcohol

PREVENTION

- In order to prevent H. Pylori infection, it is important to follow hygiene rules and maintain a balanced diet. These are:
  - washing your hands as often as possible: after using the toilet, before eating
  - food must be kept in optimal conditions and cooked correctly
  - avoiding contact with infected or cold people

PATIENT'S PROFILE

- Name: Eliza Stan
- Sex: Female
- Age: 30
- Weight: 172 cm
- Height: 61 kg

CASE

- Miss Eliza Stan presents to the gastroenterologist's office after several constant abdominal pains.

INTRODUCTION: FIRST APPOINTMENT

- Doctor: Good morning! Welcome to our clinic! I'm Amira Karan, a gastroenterologist! Nice to meet you, Miss! Take a seat, please!
- Patient: Good morning! Nice to meet you too, Dr. Karan ! I was looking forward to this appointment following the recommendations received from family friends about your professionalism and the services of the clinic.
- Doctor: Thank you! We are glad to hear these beautiful words! You can be convinced that we give all our interest so that our patients will receive full attention and care! Before telling me about the problems you are facing, please give me some personal data in order to register you as a patient of the clinic …
- Patient, a little nervous: Sure…

MAIN COMPLAINT & HISTORY OF PRESENT CONDITION

- Doctor: Miss, I feel you are a little bit nervous, try to calm down because I am here to find the solution to your problems (doctor smiles friendly). So, what are the problems you have been facing lately?
- Patient: In the last week I have started to feel small pains in the abdominal area, which, at first, obviously I didn't notice … I attributed it to the fact that what I had eaten was not a successful combination. I had had such pain before, but it passed after a few hours or a day. But this time, the pain was very different.
- Doctor: How did you feel these pains? Much more intense?
- Patient: Yes, every day these short pains were repeated at a maximum interval of 20-30 minutes and became increasingly difficult to bear.
- Doctor: I understand ...

- Patient: Instead, in the last 3 days the unbearable abdominal pain has moved somewhere in the stomach, being more pronounced. I barely managed to get out of bed and even go to the kitchen to prepare lunch. Yesterday, however, I stayed in bed all day like a vegetable.

- Doctor: Well, have you noticed any other symptoms besides these pains?

- Patient: Unfortunately yes … for about a month at most I have noticed visible changes, even my family has noticed these. I feel extremely weak, dizzy … I eat a little because I have no appetite and yet I feel nausea and bloating after every meal. That's why I have probably lost 6 kg in the last month …

- Doctor: Hmm, quite a few kg without diet or sports. Are you tired often?

- Patient: Very often lately, I get tired even without making much effort, I had an active life before and I never felt tired …

LIFESTYLE

- Doctor: How busy was your schedule before?
- Patient: The job I have takes up quite a lot of time, I spend 6-8 hours standing every day, I also spend a lot of time with my family: we do many activities together that require energy and we do sports often.

- Doctor: Are you on a diet right now? What is your diet based on?

- Patient: No, I have never followed one and I could not … I have always been a gourmet person and the period in which I had no appetite was cruel. Generally, I eat absolutely anything. To be honest, I eat cooked food in general (fried often), but sometimes due to lack of time I resort to fast food or ordered food.

- Doctor: Do you have bad habits, such as smoking?
- Patient: I have never smoked, it really did not attract me, instead I am addicted to chocolate, coffee and carbonated drinks, although I know they are not healthy.
- Doctor: That's right, excessive amounts can affect your metabolism quite badly. Do you drink alcohol?
- Patient: Very rarely, on special occasions, like an event or an evening night out, I drink a glass of wine.
- Doctor: Okay. I would have a few more questions and then we can move on to the next step. You have specified that you are currently experiencing stomach pain. Have you experienced such pain in other abdominal areas in the past, for example?
- Patient: If I remember correctly, 2 years ago I think I had a pretty bad biliary crisis, and I felt really bad, but I took treatment and since then I haven't had any problems.

FAMILY HISTORY

- Doctor: Do you have family members who suffer from various pathologies?
- Patient: My mother has been suffering from acute hepatitis for several years and has frequent biliary crises. My sister also has hyperthyroidism and was recently diagnosed with bacterial gastritis.
- Doctor: All right, then.

FURTHER TESTING

- Doctor: Given the previous episodes and family history, we will do an abdominal ultrasound to see if there are any problems. Come on, please, lie on your back and lift your blouse so that the abdominal area remains free.
- Patient: Sure ...
- Doctor: From what I see on the monitor, pathologically speaking, all the organs are normal, the lobes of the liver have normal dimensions (12.5 cm the right one and the left 5 cm), the gallbladder is transsonic, the main bile duct and the pancreas are also normal, the 2 kidneys have a little sand, but there is nothing to worry about, and the spleen is homogeneous with a 10 cm long axis.

Diagnostic

Colon iritabil (K58.9)
+ Gusa incipienta (E04.0)
+ Hematurie (R31)
+ Tulburari de metabolism al proteinelor (E78.8)

Analize

VSH=8 mm/h ,HEMOGLOBINA=13,10 g/dl ,ERITROCITE=4,38x10^12/L, HEMATOCRIT=40% ,LEUCOCITE=4,50 x10^9/L, TROMBOCITE=267x10^9/L ,SIDEREMIE=70 ug/dl ,TGO=17 U/l ,TGP=14 U/l ,gamma GT=20 U/l ,FOSFATAZA ALCALINA=158 U/l ,BILIRUBINA TOTALA=0,56 mg/dl ,PROTEINE TOTALE=8,05 g/l ,TQ=16,2" ,AP=94% ,FIBRINOGEN=269 mg/dl ,CALCIU=9,54 mg/dl ,UREE=23,4 mg/dl ,CREATININA=0,77 mg/dl ,ACID URIC=3,6 mg/dl ,GLICEMIE=87 mg/dl ,COLESTEROL=175 mg/dl ,TRIGLICERIDE=51 mg/dl ,EXAMEN URINA: ACID ASCORBIC=0,2 g/l ,IN REST NORMAL, SEDIMENT: HEMATII RARE .

Investigatii

25.11.2013 /ENDOSCOPIE DIGESTIVA SUPERIOARA: ESOFAG NORMAL. MUCOASA GASTRICA ESTE DISCRET HIPEREMICA. BIOPSIE PENTRU HELICOBACTER PYLORI: NEGATIV. PILOR CENTRAL. D1: NORMAL.

26.11.2013 /ECOGRAFIE ABDOMINALA: FICAT CU LOB DREPT=12,5 cm ,LOB STG.=5 cm .VEZICULA BILIARA TRANSSONICA, SEPTATA INFUNDIBULAR. VENA PORTA, CALE BILIARA PRINCIPALA NORMALE. PANCREAS NORMAL. RINICHI DREPT AX LUNG=10 cm ,INDICE PARENCHIMATOS .SPLINA OMOGENA ,AX LUNG=10 cm .RINICHI STG.AX LUNG=10 cm ,INDICE PARENCHIMATOS PASTRAT ,SINUS REFLECTOGEN. VEZICA URINARA EVACUATA .

EXAMEN GINECOLOGIC: EXAMEN CLINIC + ECOGRAFC: COLPITA ACUTA. IN REST, NIMIC PATOLOGIC (DR.PLATON ELVIRA)

29.11.2013 /CONSULT ENDOCRINOLOGIC: Eco ty : LTyD=12 /13 /37 mm, VOL.=3,17 cc ,LTyS=12 /10 /35 mm ,VOL.=3,35 cc ,ECOSTRUCTURA OMOGENA ,REFLECTIVITATE NORMALA .ISTM ANTERO-POSTERIOR=3,3 mm ,VASCULARIZARE NORMALA. DG.: GUSA INCIPIENTA .CLINIC :EUTIROIDIE . PENTRU PRECIZARE DIAGNOSTIC RECOMANDAM DOZARE FT4 .TSH . (DR.TOMA ILEANA)

Epicriza

INTERNATA PENTRU DURERI ABDOMINALE DIFUZE ,BALONARE, INAPETENTA, .SLABIRE DIN GREUTATE 7 kg .
S-A STABILIT DIAGNOSTICUL ENUNTAT.
TRATAMENT: SPASMOMEN, CONTROLOC ,MILGAMMA .

Recomandari

REGIM ALIMENTAR .

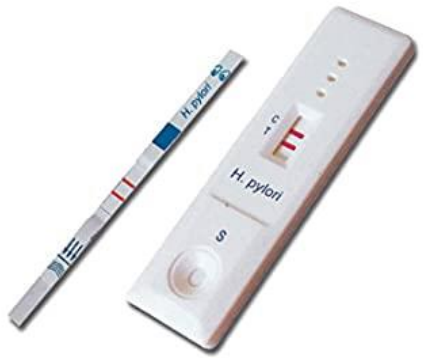
Consultatiile se fac in Policlinica, pe baza de programare la tel.0254-713820, interior 173, Cabinet 6+3+20
et....., cam.99, NUMAI in zilele 2-V **, orele** 9-10

Pentru consultatii aveti nevoie de:

- **Bilet de trimitere de la medicul de familie**
- **Adeverinta de la locul de munca / cupon de pensie / adev. somaj, care sa ateste calitatea de asigurat**
- **Concediul medical eliberat**
- **Alte documente medicale: bilete iesire din spital / scrisoare medicala / analize / Examinari CT / RMN radiografii / ecografii / EKG / s.a.**

Tratament

TESTING



Helicobacter Pylori test

- The doctor reaches the level of the stomach and after palpation the patient feels those pains.
- After getting dressed and sitting back in the chair, Ms. Stan listens to the doctor's instructions.
- Doctor: Ms. Stan, it seems that the stomach is really the problem and then, I will schedule you tomorrow for a digestive endoscopy to investigate it.
- Patient: All right, thank you very much! Goodbye!
- Doctor: Goodbye!

THE NEXT DAY

- Doctor: Good morning, Mrs. Stan! Go with my assistant to the other room to get dressed in the sterile robe and I will wait for you in the office for the consultation.
- Patient: Good morning, Dr. Karan! Thank you!
- Doctor: After the endoscopy, I noticed that the esophagus is normal, but the gastric mucosa is quite affected, it is discreetly hyperemic. I will also request the collection of the biopsy sample for the Helicobacter Pylori bacillus. After we have the results, in less than 24 hours, my nurse will contact you.
- Patient: I'm waiting for the phone then. Thank you! Have a good day!

RESULTS. DIAGNOSIS

THE NEXT DAY

- The patient is recommended to go to the clinic because the test was positive.
- Doctor: Hello, Mrs. Stan! We have found out the cause of your condition. The Helicobacter Pylori test came out positive as you were told, therefore you are diagnosed with chronic gastritis caused by this bacterium.
- Patient: I hope it's not very serious. Can you give me more details about this bacterium?
- Doctor: Please, calm down, Miss! You have no reason to worry too much, with the right treatment you will be able to destroy this bacterium. The bacterium Helicobacter Pylori usually occurs during childhood, and lives without problems in the acidic environment of the digestive tract. In some cases, this infection has symptoms, but in the long run it causes certain conditions such as peptic ulcer or gastritis, in your case.
- Patient: I understand.

TREATMENT

- Doctor: I will now suggest two types of treatments: one medicinal and one natural, along with a balanced diet. The drug consists in the administration of two different antibiotics, namely: Spasmomen and Controloc, which are very strong but eliminate the germ quickly. To increase their effectiveness, but also to relieve unpleasant symptoms, I recommend as a natural treatment, propolis, which has the ability to suppress the multiplication of Helicobacter Pylori bacteria and a cup of licorice tea every night until you finish the treatment. I will not prescribe a diet but I advise you to avoid spicy foods, caffeine and carbonated drinks for a while. Ms. Stan, after finishing the treatment, call the nurse for a new appointment to see how you feel. Speedy recovery!
- Patient: Thank you so much for all your services, Dr. Karan! Goodbye!
- Doctor: Goodbye!

CONCLUSIONS

- The patient follows the treatment given by the doctor and returns after 2 months and after a new digestive endoscopy she is bacterium free.

SITOGRAPHY

- Patient's profile: Eliza Stan (investigations)
- http://www.sfatulmedicului.ro/Ulcerul-gastroduodenal/gastrita-cronica_3925
- https://anatomie.romedic.ro/patologia-stomacului
- https://doc.ro/sanatate/totul-despre-helicobacter-pylori
- http://www.sfatulmedicului.ro/Boli-intestinale/simptome-manifestate-la-nivelul-stomacului-ce-afectiuni-pot-ascunde_8434

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Trichotillomania

Diana Nistor

Contents

- Definition
- Symptoms
- Patient
- Introduction
- Main Complaint
- Social Life
- History of the Present Condition
- Family History
- Testing & Diagnosis
- Treatment
- Prevention
- Conclusion (After a Month)
- Bibliography

Definition

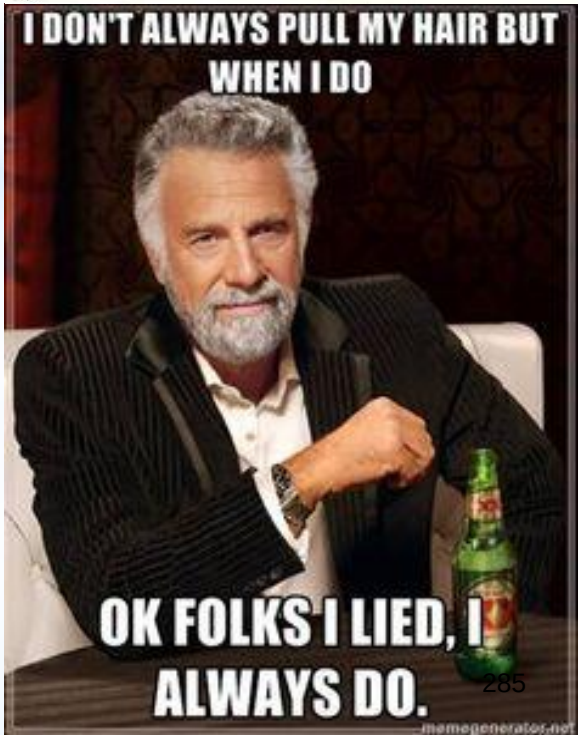
Trichotillomania (TTM), also known as hair pulling disorder or compulsive hair pulling, is a mental disorder characterized by a long-term urge that results in the pulling out of one's hair. This occurs to such a degree that hair loss can be seen. A brief positive feeling may occur as hair is removed. Efforts to stop pulling hair typically fail. Hair removal may occur anywhere; however, the *head* and *around the eyes* are most common.

It may also manifest in other uncontrollable habits like picking at skin, biting nails, or chewing lips, and can be triggered by both negative, stress-related emotions and more positive, satisfying ones.

Symptoms

Signs and symptoms of trichotillomania often include:

- Repeatedly pulling hair out, typically from scalp, eyebrows or eyelashes, but sometimes from other body areas, and sites may vary over time;
- An increasing sense of tension before pulling, or when they try to resist pulling;
- A sense of pleasure or relief after the hair is pulled;
- Noticeable hair loss, such as shortened hair or thinned or bald areas on the scalp or other areas of the body, including sparse or missing eyelashes or eyebrows;
- Preference for specific types of hair, rituals that accompany hair pulling or patterns of hair pulling;
- Biting, chewing or eating pulled-out hair;
- Playing with pulled-out hair or rubbing it across lips or face;
- Repeatedly trying to stop pulling out the hair or trying to do it less often without success;
- Significant distress or problems at work, school or in social situations related to pulling out hair.



Patient's Profile

Name: Karen Watson

Age: 22

Gender: F

Date of Birth: 15.05.1998

Address: 20 December 1989 Street, 20, Timisoara, Timis, Romania

Occupation : 3rd year medical student

Medical History: -

Introduction

Doctor: Hello, Karen, my name is Diana Nistor. I'm a psychiatrist. What can I do for you?

Karen: Hello, doctor. I kind of have a problem … uh … It's awkward to say it, but I'm dealing with an obsession. I pull out my own hair.

Doc: Karen, there is nothing to be ashamed of. You have a condition called trichotillomania. Have you ever heard of trichotillomania before?

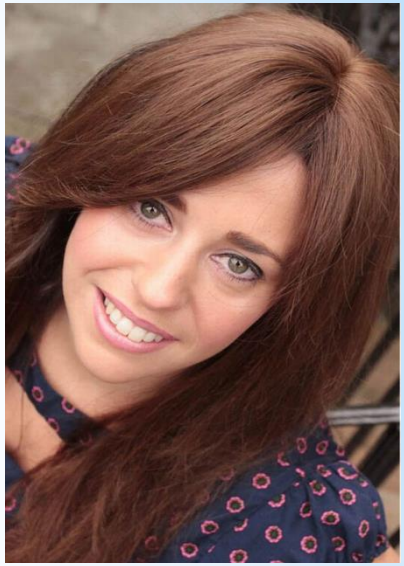
K: Yes. I've done some research myself and I was glad to find out that I'm not the only one who is dealing with this problem. The reason why I came here is because things got out of control …

The Main Complaint

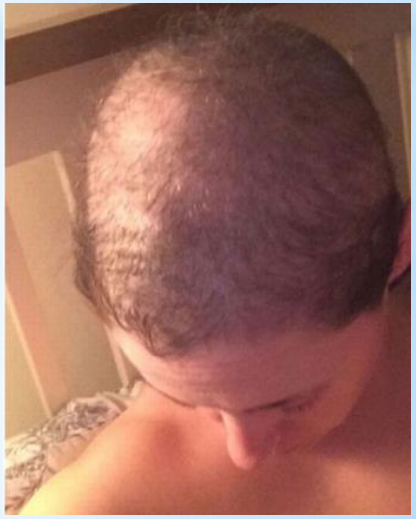
K: So … things got out of control a few months ago when I felt like I was a big disappointment for my family, my friends and my colleagues. But pulling out my hair gave me a feeling of relief and happiness. And I kept doing it more often than usual, but recently I've noticed a few bald spots on the scalp which are quite visible. I am afraid that the situation will get worse and that others will notice this. On the internet I saw the case of a woman diagnosed with TTM who lost the majority of her hair. I don't want that for me. I want to get better. I want to stop, but I can't … I need your help.

Doc: I understand your concerns. With the right treatment and therapy you will be able to have everything under control.

Before



After



Social Life

Doc: Tell me something about your social life. Is this condition stopping you from being with your friends and family?

K: Honestly, my social life is not affected. I go out pretty often, but before seeing someone, I have to make sure that my hair is perfect without any visible bald spots. Being surrounded by people helps me to “forget” for a few hours that I have TTM.

Doc: It is good to hear that you don’t let your condition take control over your life. You have to interact with your friends as much as you can because this is going to help you improve your mental health. Don’t forget that friends are the family we choose for ourselves.

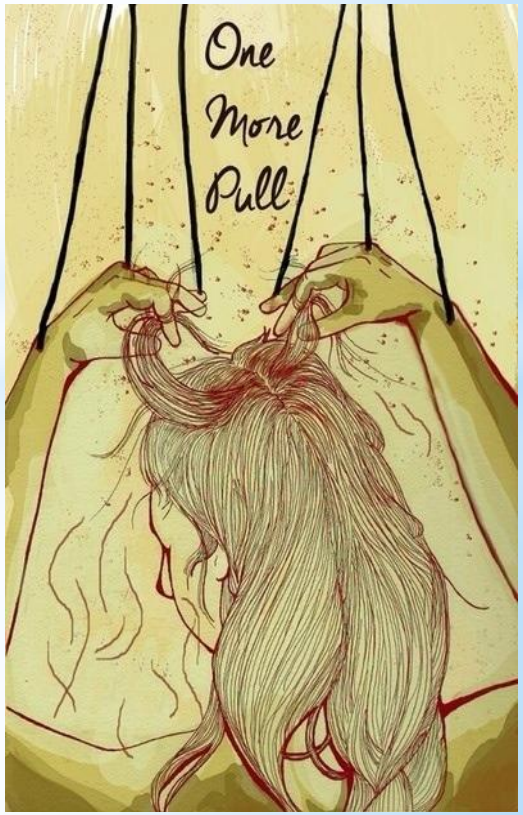
History of the Condition

Doc: Do you remember when this problem started?

K: Well … I was thinking about this a lot. It started when I was about 3 or 4 years old, but not the trichotillomania stuff, I used to bite my nails. I stopped doing that, but about a year later I began to pull out my hair.

Doc: So, you replaced the action of biting your nails with pulling your hair. Do you remember the first time when you pulled out your hair?

K: Actually, I remember. I was at a party with my classmates and I tried a new hairstyle. At home I was convinced that I would be the most beautiful because of it, but after the party was over, one of my friends sent me some photos and I was horrified. I looked awful. And I started to pull all the hair that I considered responsible for it.



History of the Condition

Doc: So that's how it all started. How do you feel after telling me about it? Have you ever told anyone about this?

K: Well … I feel frustrated. To be honest, if you were not a psychiatrist, I would never have shared my story with you. Plus, I need your help because things got out of control.

Doc: I understand that you feel uncomfortable to talk about it but I appreciate that you cooperate with me. Together we will find a solution.

K: Thank you, doctor.

Doc: All right, Karen. I have a few more questions to ask.

Family History

Doc: Are you the only one in your family with this condition?

K: Yes. I am the only one.

Doc: What about other mental illnesses? Do you have any family members who are under treatment?

K: No. No one.

Testing & Diagnosis

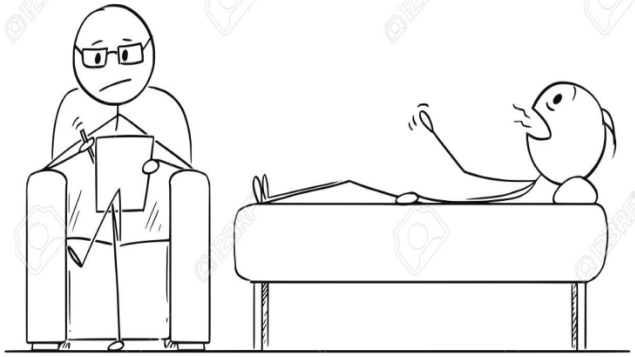
K: I have a question. Are you 100% sure that I have trichotillomania? I mean, is there any possibility it might be something else?

Doc: If symptoms are present, I have to begin a physical examination. There are no tests, such as X-rays or blood tests to diagnose trichotillomania. In order to be 100% sure we must perform a biopsy of the affected area. The histological examination will reveal the presence of normal and damaged hair follicles in the evaluated area. This procedure is performed in the case of patients who deny that they pull out their hair. This being said, you don't need this intervention, because you have admitted that you have trichotillomania.

K: Ok. I understand. What should I do next? Is there a cure?

Treatment

Doc: The main treatment approach for trichotillomania is a type of behavior therapy called habit reversal training. With this approach, you learn to identify when and where you have the urge to pull hair. This technique also teaches relaxation as a way to reduce some of the tension associated with the urge, and helps you develop a different behavior to use when the urge to pull hair occurs. In addition, medication might be used as part of the treatment program. A type of antidepressant medication called selective serotonin reuptake inhibitors (SSRIs) might be useful in helping to curb very intense urges.



Prevention

K: If I had been to therapy when the symptoms started to appear, would things have been different?

Doc: There isn't any known way to prevent trichotillomania. However, getting treatment as soon as symptoms appear might help decrease any possible disruption of any person's life, family and friendships.

Conclusion

After a month…

Doc: Hello Karen! How are you? I want to know how you've been after our last therapy session.

K: Hello! It's so good to see you. Well, I've been thinking a lot about our last conversation and I have decided to try that "habit reversal training". It worked. I have pulled out my hair only 3 times since then! That's a new record for me. I hope that I will cure that obsession once and for all.

Doc: I am glad to see you so positive today! I need to warn you that during this process there are going to be ups and downs, but as long as you stay focused, you will be satisfied with the results in the end.

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ACUTE RESPIRATORY DISTRESS SYNDROME

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Definition

The acute respiratory distress syndrome (ARDS) is an important cause of acute respiratory failure that is often associated with multiple organ failure. Several clinical disorders can precipitate ARDS, including pneumonia, sepsis, aspiration of gastric contents, and major trauma. Physiologically, ARDS is characterized by increased permeability pulmonary edema, severe arterial hypoxemia, and impaired carbon dioxide excretion.

Symptoms

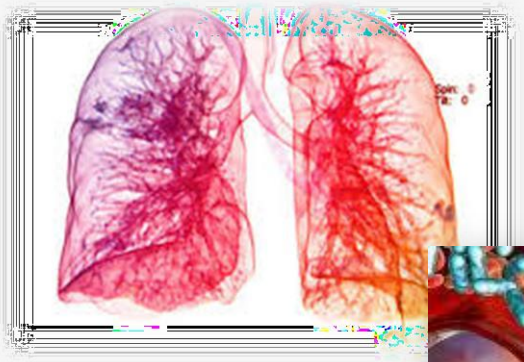
The symptoms of ARDS typically appear between one to three days after the injury or trauma.

Common symptoms and signs of ARDS include:

- labored and rapid breathing;
- muscle fatigue and general weakness;
- low blood pressure;
- discolored skin or nails;
- a dry, hacking cough;
- a fever;
- headaches;
- a fast pulse rate;
- mental confusion.

Risk factors

Multiple risk factors exist for ARDS. Approximately 20% of patients with ARDS have no identified risk factor. ARDS risk factors include direct lung injury (most commonly, aspiration of gastric contents), systemic illnesses, and injuries. The most common risk factor for ARDS is sepsis.



Patient profile

SURAME: Anderson

FIRST NAME: Robert

AGE: 42

SEX: M

MARITAL STATUS: M

OCUPATION: Engineer

HEIGHT: 184 cm.

WEIGHT: 68 kg

PRESENT COMPLAINT: Retrosternal chest pain last night radiating to neck and right arm, headache. Duration 20 mins. Accompanied by restlessness, a dry, hacking cough, difficulty to sleep and breathe.

MEDICAL HISTORY: Appenddicectomy at the age of 11, had whooping cough and wheezy bronchitis as a child.

Introduction

Monday, 10:15 a.m.
Dr Olivia Ross 's office ...

DOC: Good morning, Mr. Anderson! I am doctor Ross, we spoke on the phone earlier. Please come in and have a seat.

MR. A.: Good morning, doctor! Yes we did, thank you!

DOC: You told me that you couldn't sleep last night ... What seems to bother you?

The main complaints

MR. A.: I've not been feeling very well lately, doctor. But last night something happened to me. I felt this increasingly unusual pain in my chest at 23 o' clock, right after I fell asleep.
DOC: I see. Could you describe that pain for me, please?
MR A.: Sure doctor. It was like a knife stabbed me from the back, behind my breastbone. It woke me up. I was pressing my hands on the chest and I felt this unbareble desire to breathe, but I couldn't, the pain was drilling into my lungs, moreover, I started to cough. So I panicked.
DOC: I understand, it seems like you had an attack of chest pain. Did something else happen last night? Or was it just the chest pain?
MR. A.: Well, after 20-25 minutes of that pressing chest pain, I realised that my right arm was numb and heavy, also my neck hurt when I swallowed.
DOC: Have you ever had all these types of pain before, Mr. Anderson?
MR. A.: I have been suffering from this breathlessness for the past year, especially when I walk or climb stairs. As for the cough, I had wheezy bronchitis and whooping cough when I was a child. I can also say that I am generally ill several times a year. Oh ... and the headaches...

DOC: Headaches?
MR. A.: Yes doctor, it's a squeezing kind of pain.
DOC: How often do you feel this pain?
MR. A.: I have felt for the past three weeks on four occasions. Then I felt a tight pain in the middle of my chest. The pain did not always spread to my right arm. All of these happened when I was working in the garden. They lasted a few minutes. Sometimes my ankles felt puffy. I noticed that my shoes felt tight by the evening although this swelling went away after a night's rest. And the cough started to be more discomforting a few days ago.
DOC: So, you are suffering from this sharp chest pain, which sometimes radiates to your right arm, you are experiencing dry cough episodes, your muscle and head bother you and your neck is sore. Am I right?
MR. A.: Yes doctor, indeed.
DOC: Hmm ... Have you seen other doctors so far?
MR.A.: No, I have to admit that I am not the type of "going to the doctor" person. I thought that it would pass as fast as it started.

Family history

DOC: Are there any diseases that have been running in your family? Someone who experienced the same pains as you did?
MR. A.: As far as my family is concerned, my father died of a heart attack when he was 56, but my mother is in perfectly good health and still alive at the age of 80. I have one sister, she had tuberculosis when she was younger. I think that's all.
DOC: Very well, Mr. Anderson.
MR. A.: Is it bad, doctor? My wife and I, we are so terrified that it might be something serious after last night ...
DOC: I honestly understand your concerns, Mr. Anderson, but let's not think the worst right now. You came to me, this is a good start. We will do the best we can to get this right, together! Now, I have a few questions about your lifestyle.

Social life

DOC: How much do you sleep? Do you feel rested?
Mr. A.: I often feel drowsy and I don't really sleep well. I think this is because of the cough which wakes me up repeatedly. Then there is the lack of air I feel especially when I am lying down.
DOC: Have you ever had your blood pressure checked?
Mr. A.: My wife uses to check my blood pressure once a week because I keep complaining about headaches.
DOC: Have you noticed any changes in your daily routine lately? For example, your apetite, your state of mind?
Mr. A.: Now that you said it, I have felt exhausted most of the time recently. I can't say that I work a lot, but in the afternoon I feel completely washed out. I eat three meals a day, but I do it slow because if I hurry I feel like I can't breathe. My muscles are cramping and this is upsetting because it affects my work. I have also started to forget thinks, little information.
DOC: I see, do you smoke or drink alcohol Mr. Anderson?
Mr. A.: I smoke 20 to 30 cigarettes a day and I do not drink more than a glass of wine after dinner.
DOC: How old are you, mister?
Mr. A.: I'm 42.

Testing

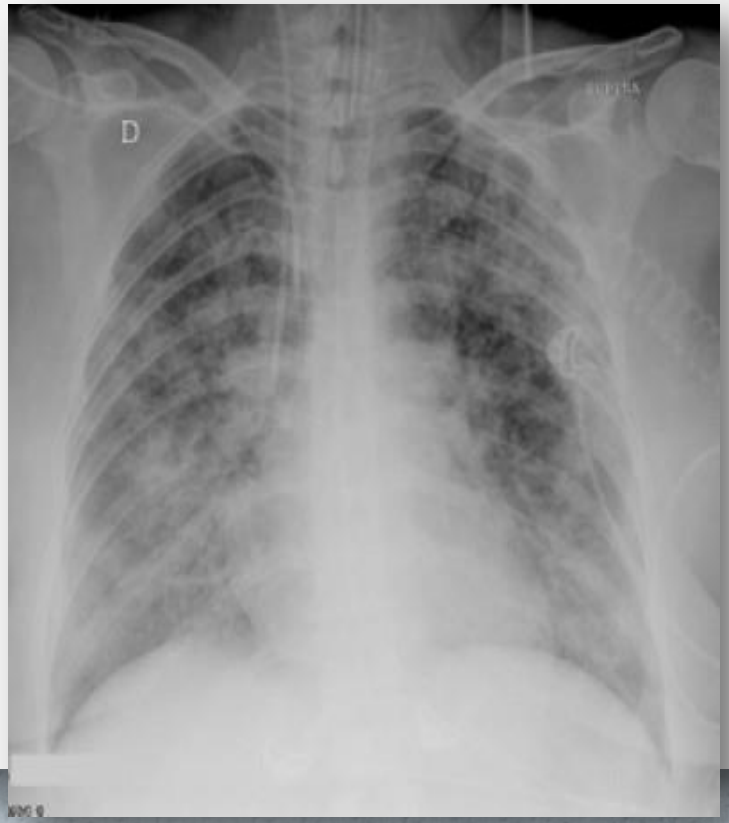
DOC: Thank you, Mr. Anderson. Now that I have all this information, we shall have to do some investigations to pursue to our final goal.
Mr. A.: What type of investigations, doctor?
DOC: You don' t need to be frightened. First of all, we are going to do some lab tests. After that we will do a chest X-ray and a CT scan for the chest area. We should also do an electrocardiogram and echocardiogram for your heart. We need to be sure that your pain does not come from that. Is that ok?
Mr. A.: As you say doctor. I'll do everything I can to put an end to this pain.
DOC: And I will do everything in my power to help you get through this. So it's settled, we'll do all these investigations and we will meet again with the results in one week. If the chest pain doesn't let you sleep this week, I'll prescribe you some pain killers and something for the cough as well. Is that ok?
Mr. A.: More than ok. Thank you, doctor! I'll see you next week. Have a great day! Good bye!
DOC: Thank you, Mr. Anderson! You too, good bye!

Results & Diagnosis

After a week…

DOC: Good morning Mr. Anderson! I have just have received your test results. Please take a seat and see what we have.
Mr. A.: Good morning, doctor! Thank you!

Chest X-ray result



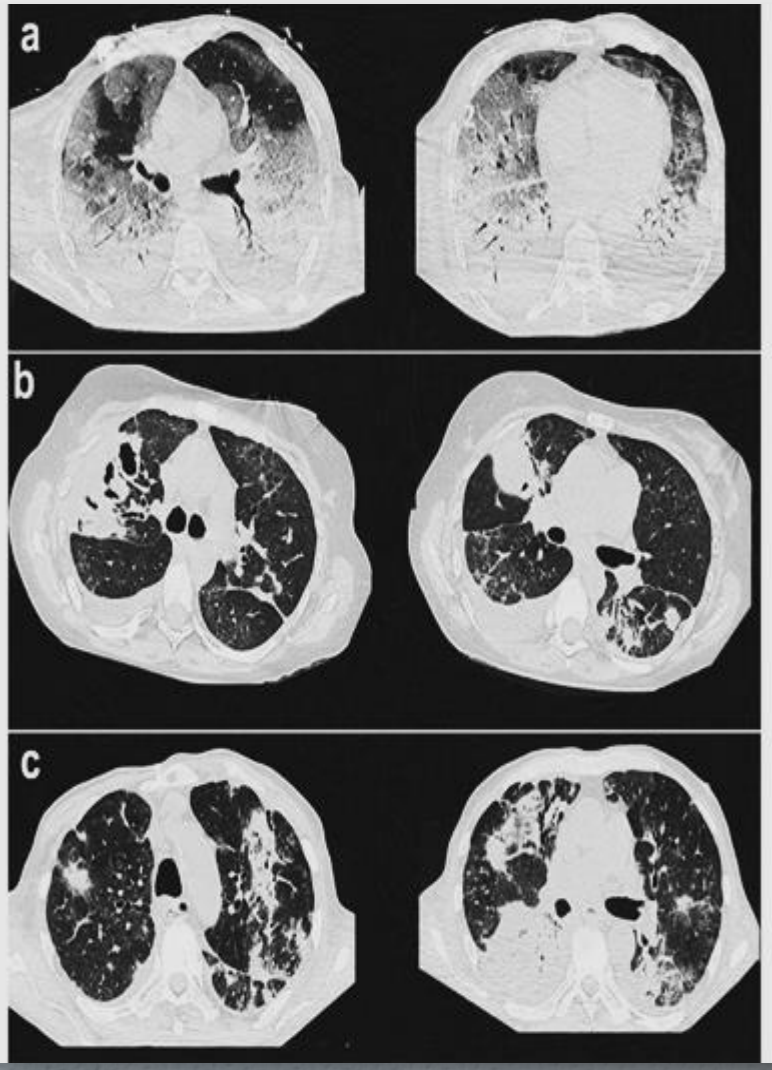
Lab analyses results

Variable	Supine Group (N=229)	Prone Group (N=237)
Tidal volume (ml)	381±66	384±63
Tidal volume (ml per kg of PBW)	6.1±0.6	6.1±0.6
Respiratory frequency (breaths per min)	27±5	27±5
PEEP (cm of water)	10±4	10±3
F_{IO_2}	0.79±0.16	0.79±0.16
$Pplat_{RS}$ (cm of water)	23±5	24±5
Cst_{RS} (ml per cm of water)	35±15	36±23
Pa_{O_2} (mm Hg)	80±18	80±19
Pa_{O_2}:F_{IO_2} (mm Hg)	100±20	100±30
Pa_{CO_2} (mm Hg)	52±32	50±14
Arterial pH	7.30±0.10	7.30±0.10
Plasma bicarbonate (mmol per liter)†	25±5	25±5

* Plus–minus values are means ±SD. Cst_{RS} denotes static compliance of the respiratory system, F_{IO_2} the fraction of inspired oxygen, Pa_{CO_2} partial pressure of arterial carbon dioxide, Pa_{O_2} partial pressure of arterial oxygen, PBW predicted body weight, PEEP positive end-expiratory pressure, and $Pplat_{RS}$ end-inspiratory plateau pressure of the respiratory system.
† Data are for 227 participants in the supine group and 236 participants in the prone group.

DOC: Let's start from the beginning: the laboratory test shows that you have metabolic acidosis which means that the partial pressure of oxygen in the arterial blood (PaO2) is divided by the fraction of oxygen in the air inspired (FiO2), the result is 300 or less. Your result is less than 300. That could explain why you have this shortness of breath. Your radiography shows bilateral pulmonary infiltrates which are substances denser than air, such as pus, blood or protein, which lingers within the parenchyma of your lungs. The fact that you are a smoker helped this condition to develop quickly.

Chest CT result



Mr. A.: Oh my ...
DOC: And this is not all ... I can see clearly in the CT these bilateral basal consolidations, together with ground-glass opacities. To sum up, Mr. Anderson, I am afraid you have what's called "acute respiratory distress syndrome", which is a severe lung condition. It occurs when fluid fills up the air sacs in your lungs. Too much fluid in your lungs can lower the amount of oxygen or increase the amount of carbon dioxide in your bloodstream. That explains all the symptoms that you have been feeling for the past weeks.
Mr. A.: Oh Gosh ... I knew that this is going to be bad ... My wife told me to see a doctor many times but I ... I'm so scared now.
DOC: I know that you feel overwhelmed by all of this but don't panic, we'll figure it out, together.

Treatment

Mr. A.: Thank you, doctor! What we are going to do now?
DOC: Now we are going to make you better! I am going to prescribe you pain medication to relieve discomfort, antibiotics to treat the infection and blood thinners to keep clots from forming in the lungs or legs. This is going to be a long way but it will be worth it in the end. I would like to put the cigarettes aside and stop smoking because that could make things worse. Moreover, you must follow the treatment scheme I am about to create for you. You should also have a proper diet in order not t o cause any damage to your digestive system. Do you understand?
Mr. A.: Yes doctor.
DOC: After the treatment, you may need pulmonary rehabilitation. This is a way to strengthen the respiratory system and increase lung capacity. Such programs can include exercise training, lifestyle classes, and support teams to aid in the recovery from ARDS. I will help you with that too.

Conclusion

DOC: But now, let's take it easy, step by step. Sounds good Mr. Anderson?
Mr. A.: Sounds perfect, doctor.
DOC: Very well! I am going to write down your treatment scheme with all the details. We will talk on the phone to see how you respond to medication. If everything goes well we will think about pulmonary rehabilitation.
Mr. A.: Thank you so much doctor, for everything! I will follow your scheme rigorously and I hope I will recover from this. I have faith! Thank you again!
DOC: No need to thank me. It is my pleasure and my job to help you. Remember that you are not alone, we will win this fight together. I promise!
Mr. A.: You are my hero doctor!

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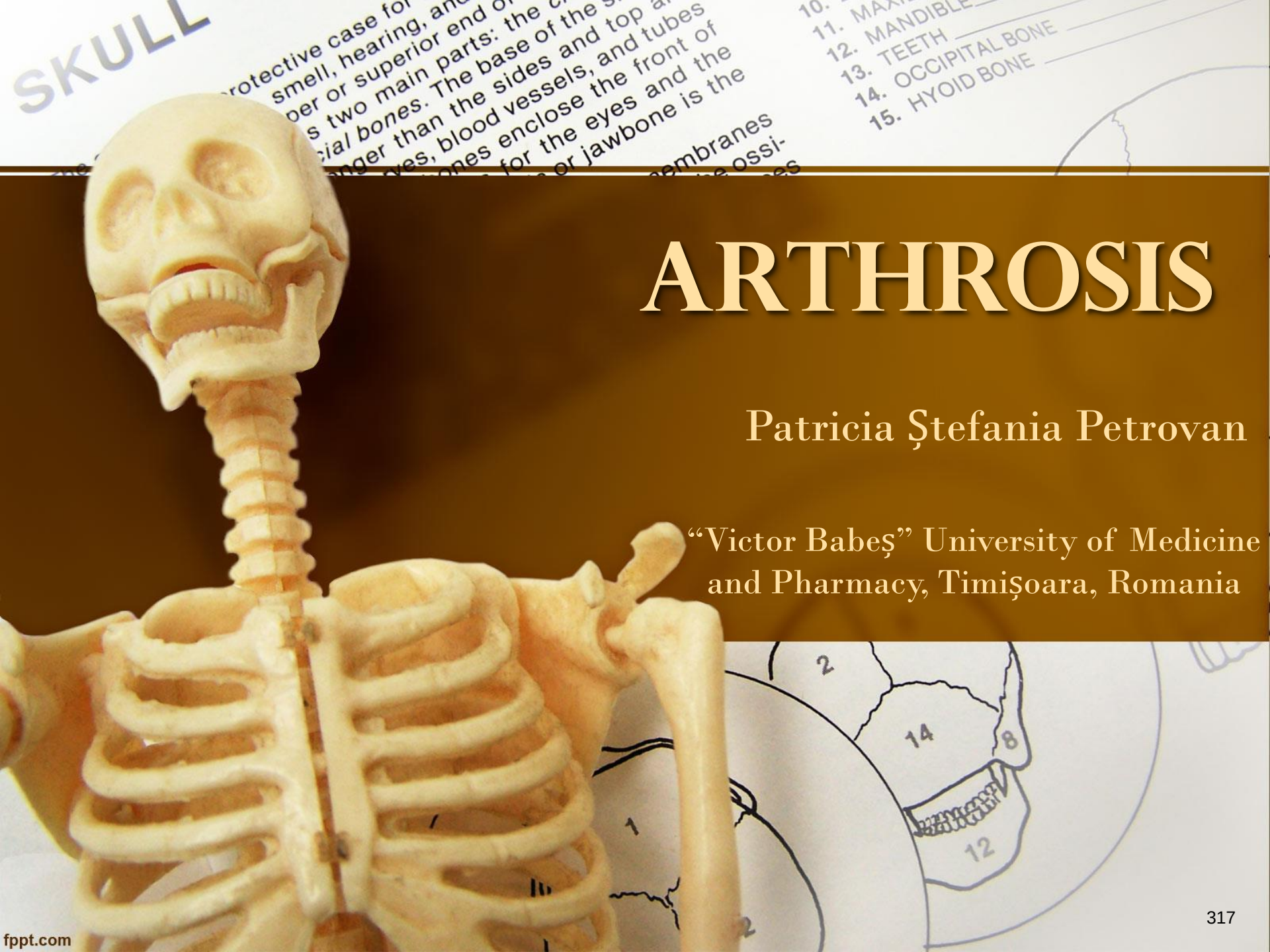

ARTHROSIS

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2. Patient profile
3. Introduction
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7. Family history
8. Early life and social behaviour
9. Blood tests
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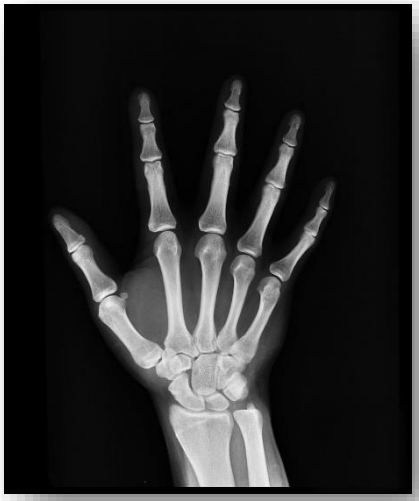
12. Conclusion
13. Diagnosis and treatment
14. Final check up

STEP 1: WHAT IS ARTHROSIS?

Commonly, **arthrosis/osteoarthritis** is a degenerative joint disease, meaning it is caused by normal wear and tear of your joints and cartilage. However, there are large gradations. They range from a mild, incipient osteoarthritis to a serious, advanced osteoarthritis, in which a large area of the articular surfaces is abraded. The development of this abrasion is often a lengthy process that can take years. Although osteoarthritis is not curable, its progression can be stabilized.



STEP 1: WHAT IS ARTHROSIS?

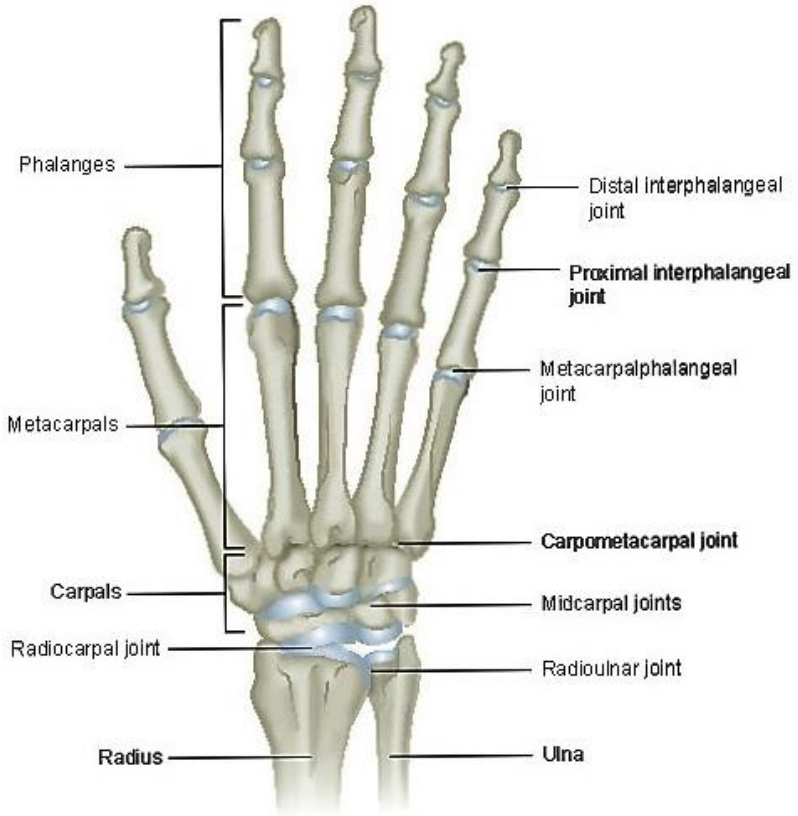
The joints of the human body have to withstand enormous stress. If during the course of time, degenerative arthritis occurs as a result of wear and tear, the chronic pain will affect the quality of the patient's life. It is therefore all the more important that an accurate diagnosis is ascertained and an appropriate treatment is started as early as possible.

A joint consists of two bones, a cartilage layer, covering the bones, stabilizing ligaments and a joint capsule surrounding the joint. A mucous membrane lining the joint capsule on the inside produces synovial fluid to reduce friction as joints move. Throughout life, it may come to a wearing down of the cartilage layers. The consequences are painful inflammations of the joints.

SYMPTOMS

Symptoms of arthrosis include:

- ✓ Pain
- ✓ Stiffness and limited mobility
- ✓ Joint sounds
- ✓ Weather sensibility
- ✓ Swelling



CAUSES AND RISK FACTORS

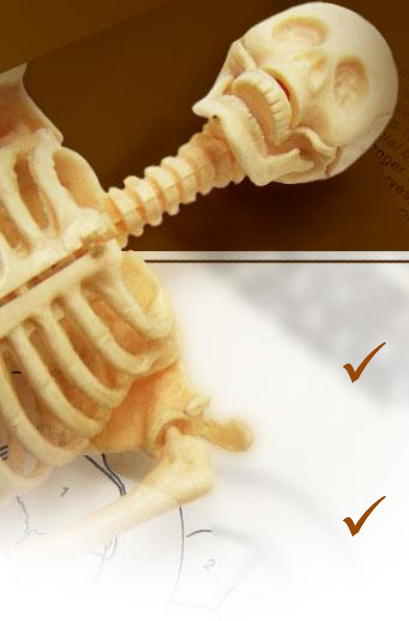
Causes

- ✓ Repetitive movements
- ✓ Intense physical activity
- ✓ Obesity
- ✓ Endocrine disorders

Risk factors

- ✓ Old age
- ✓ Gender (females have a higher risk)
- ✓ Previous joint injuries
- ✓ Joint deformities
- ✓ Genetics and family history

STEP 2: PATIENT PROFILE



- ✓ **NAME:** Danielle Collins
- ✓ **GENDER:** Female
- ✓ **AGE:** 50
- ✓ **HEIGHT:** 167 cm/ 5 feet and 6 inches
- ✓ **WEIGHT:** 95 kg/ 209 pounds
- ✓ **OCCUPATION:** Optometrist technician

- Patient presents to the reumathologist with finger pain and lack of mobility.

STEP 3: INTRODUCTION

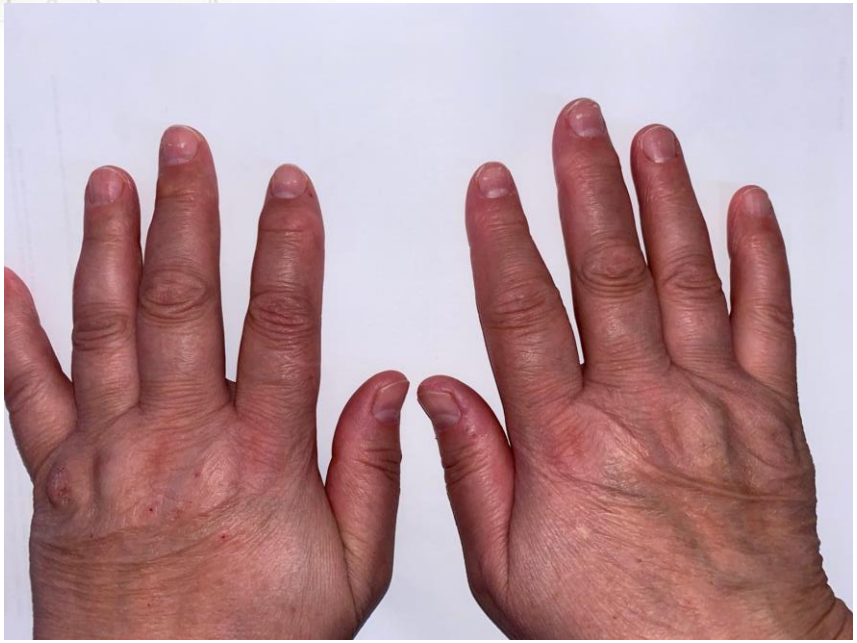
- **Doctor**: Good morning, Ms. Collins! My name is Dr. Natalie Manning, how are you feeling today?
- **Patient**: Good morning, doctor! Feeling good!
- **Doctor**: Glad to hear that. If you don't mind, I'll need some information to complete the records, and after that, we can begin.
- **Patient**: There is no problem, anything you need.
- **Doctor**: Your full name and age, first.
- **Patient**: Danielle Marry Collins, 50 years old.
- **Doctor**: And your height and weight?
- **Patient**: I am 5 feet and 6 inches, and I weigh 209 pounds.
- **Doctor**: Perfect, now let's see what the problem is and what we can do about it!

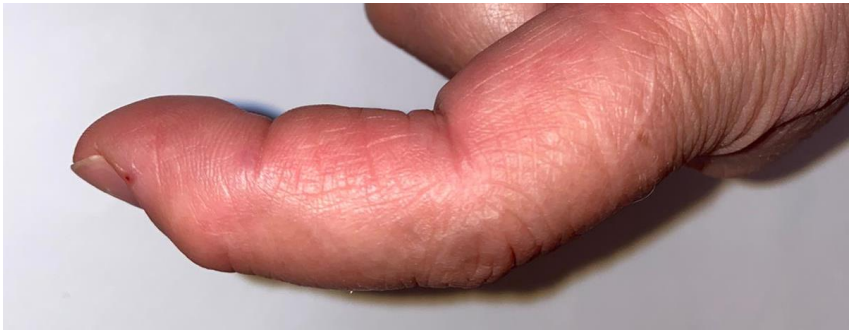
STEP 4: MAIN COMPLAINTS

- **Doctor:** Now that we have everything we need, can you tell me what the problem is?
- **Patient:** I have this pain in my index and third finger, I can't move them properly and it gets in the way of my work … I noticed a little bit of swelling, too. I don't know what to do about it.
- **Doctor:** I'm positive we will figure this out together. And in your everyday activity, how bad is the pain?
- **Patient:** It is worse in the morning, and when I wash dishes, but only when I use cold water … Sometimes I feel them so stiff and it really hurts when I try to move them.

STEP 5: PHYSICAL CONSULT

- **Doctor:** I can see some swelling in your left hand fingers and stiffness to touch … and a mass is visible in your left index finger. We should see exactly what it represents after a more in-depth examination.





STEP 6: HISTORY OF THE CONDITION

- **Doctor**: Can you tell me how long you have been feeling like this, Ms. Collins?
- **Patient**: It's been going like this for about a year and a half.
- **Doctor**: Is there a movement or position that reduces the pain?
- **Patient**: Clenching and unclenching my fingers helps to alleviate the pain.
- **Doctor**: Is the pain constant most of the time? It would help if you could describe it to me.
- **Patient**: It comes and goes, this winter I felt like it was the worst. I don't really know how to describe it, it feels like there is a pressure on my fingers, which becomes worse when I move them.

STEP 7: FAMILY HISTORY

- **Doctor:** What can you tell me about your family? Are you aware of any illnesses running in your family?
- **Patient:** My mother has type II diabetes, my grandmother had chronic venous insufficiency and my grandfather died of cancer. Other than these, I don't recall any illnesses.
- **Doctor:** What about your father? Does he suffer from any conditions?
- **Patient:** I'm not in contact with my father, he left when I was 10 years old.

STEP 8: EARLY LIFE AND SOCIAL BEHAVIOUR

- Doctor: Can you tell me if you work with your hands a lot, any demanding activities?
- Patient: Yes, I spend a lot of my time in the kitchen and the garden. I was born in the countryside and when I was very young I learned to do a lot around the house … Even now, the most demanding thing I need to do at my job is repair glasses, and that implies working with hard metal.

STEP 9: BLOOD TESTS

- **Doctor**: Based only on your description of the symptoms, I can't make any assumptions about your case. Your symptoms indicate rheumatoid arthritis, arthrosis, arthritis, and for that I'll have to think of some differential diagnosis. Before we know anything for sure, I would recommend doing some blood tests to figure out what has been going on, if that's alright with you.
- **Patient**: Anything you consider it's best!
- **Doctor**: On this paper there are all the blood tests you need to get. The important ones are CRP (C Reactive Protein), Vitamin D, two immunological antibodies and some endocrine parameters.
- **Patient**: Great!

STEP 10: PRELIMINARY RESULTS

- **Doctor:** I received your blood tests, and they show a double quantity of CRP, which indicates that there is a inflammation in your body.

Biochimie

Test	Rezultat	UM	Interval de referinta
TGO/AST *ser,metoda fotometrica, Architect ABBOTT*	11	U/L	5 - 34 U/L
TGP/ALT *ser,metoda fotometrica, Architect ABBOTT*	14	U/L	< 55 U/L
Factor reumatoid cantitativ *Ser, metoda imunoturbidimetrica, Architect ABBOTT*	< 20	UI/ml	<30 UI/ml
CRP cantitativ *Ser, metoda imunoturbidimetrica, Architect ABBOTT*	11.1	mg/l	0 - 5 mg/l

Validat de: Dr. Dancia Ramona

Imunologie-Markeri Endocrini

Test	Rezultat	UM	Interval de referinta
TSH *Ser, metoda CMIA, Architect ABBOTT*	2.96	µUI/mL	0.35- 4.94 µUI/mL Sarcina: trimestrul I: 0.06-2.5 µUI/mL trimestrul II: 0.20-2.79 µUI/mL trimestrul III: 0.31-2.90 µUI/mL
Free T4 *Ser, metoda CMIA, Architect ABBOTT*	0.87	ng/dL	0.7 - 1.48 ng/dL

- **Doctor:** The good news is that we are closer to the real problem, because your TSH (Thyroid-Stimulating Hormone) and T4 levels show that the problem is not endocrine.

STEP 10: PRELIMINARY RESULTS

- **Patient:** And the rest of the tests … what did they suggest?
- **Doctor:** You have a moderate Vitamin D deficiency and that might affect the normal functioning of your bones and joints.

BULETIN DE ANALIZA NR. 20224T0383 din 24/02/2020

(00131)Sf.Ap.Petru si Pavel, recoltat: 24/02/2020 09:11, lucrat: Bioclinica SA, Laborator de analize medicale, Timisoara, B-dul Cetatii, Nr.53B

Trimis de: medic spec. Si. ..

		VAL.BIOL.REF.	ANTECEDENT
25-hidroxi-vitamina D...			
	8,9 µg/L	(20,0 - 70,0)	
	22,1 nmol/L	(49,9 - 174,7)	

Interpretare:

	µg/L	(nmol/L)
Optim	20,0 - 70,0	(49,9 - 174,7)
Insuficient	10,0 - 19,9	(25,0 - 49,7)
Deficienta moderata	5,0 - 9,9	(12,5 - 24,7)
Deficienta severa	< 5,0	(< 12,5)
Toxicitate posibila	> 100,0	(> 249,6)

(ser, HPLC)#

STEP 10: PRELIMINARY RESULTS

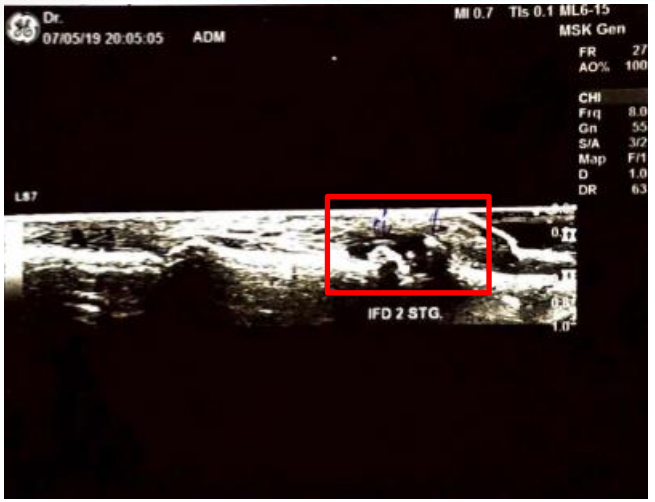
- **Doctor**: The absence of these two antibodies, specifically **Antinuclear Antibodies,** excludes the diagnosis of rheumatoid arthritis. It is an autoimmune disorder in which your immune system mistakenly attacks your own body's tissues. Unlike the wear-and-tear damage of osteoarthritis, this disease affects the lining of your joints, which causes a painful swelling that can eventually result in bone erosion and joint deformity.
- **Patient**: This is really good news! So what is the next step?
- **Doctor**: I recommend to go on with the testing and do an echography.

Imunologie-Autoimunitate

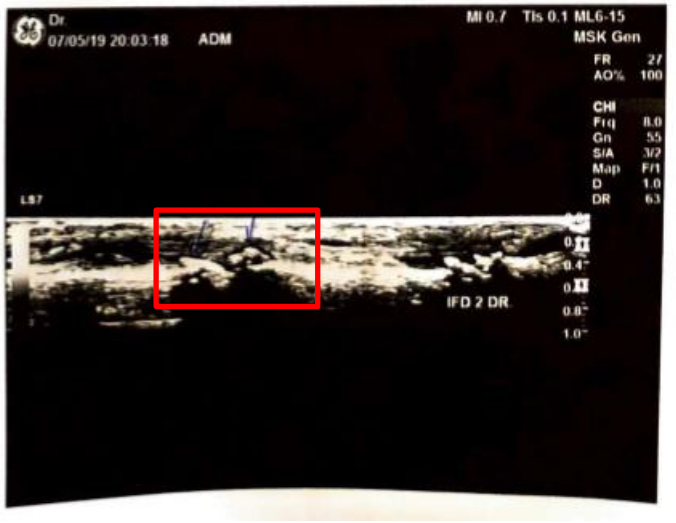
	Test	Rezultat	UM	Interval de referinta
v	**Ac Anti-CCP **** *Ser, metoda CMIA, Architect ABBOTT*	< 0.5	U/mL	Negativ:< 5 U/mL Pozitiv: >= 5 U/mL
v	**Ac Antinucleari (ANA) depistare si titrare **** *Ser,metoda IFI (imunofluorescenta indirecta)*	Negativ (titru< 1:100)		Titru < 1:100 Negativ Titru 1:100 - <1:320 Pozitiv slab Titru >/= 1:320 Pozitiv; sugestiv pentru afectiuni reumatice sistemice

STEP 11: MEDICAL IMAGING

- **Doctor:** The echography showed the presence of some nodes, namely Heberden's nodes, in your finger's interphalangeal joint- index and third finger. These represent an accumulation of osteophytes in the cartilage.



- **Patient:** And what does that mean?
- **Doctor:** Osteophytes are bony lumps or bone spurs that grow on the bones. They often form next to the joints affected by osteoarthritis, a condition that causes joints to become painful and stiff. Seeing these structures on your echography brings me closer to a conclusion.
- **Patient:** Well, that explains some of my problems.



STEP 12: CONCLUSION

- **Doctor**: Ms. Collins, I came to a conclusion about your condition!
- **Patient**: What can you tell me?
- **Doctor**: Based on your family history, my opinion is that you inherited it from your father, since you have no information about his medical past, and the fact that your age doesn't correspond with this condition (it appears in elderly people). That leads me to the conclusion that your condition has a genetical factor. During your physical examination, I noticed finger inflammation, which was later confirmed by your blood tests. Correlating all of your symptoms and blood results with the echography, which showed the presence of Heberden's nodes, I came to the conclusion that **Deformative Hand Arthrosis** is your final diagnosis, also sustained by the fact that your gender has a higher predisposition to it.

STEP 12: CONCLUSION

- **Patient:** I understand… And what can I do about it?
- **Doctor:** For now, I will prescribe you some intramuscular injections and some capsules that you will have to take. I recommend avoiding the cold, humidity, excessive effort and lifting any weights. I will schedule you to come back for another exam in 6 months, and we'll go from there!
- **Patient:** Thank you very much, Dr. Manning! I will see you then!

STEP 13: DIAGNOSIS AND TREATMENT

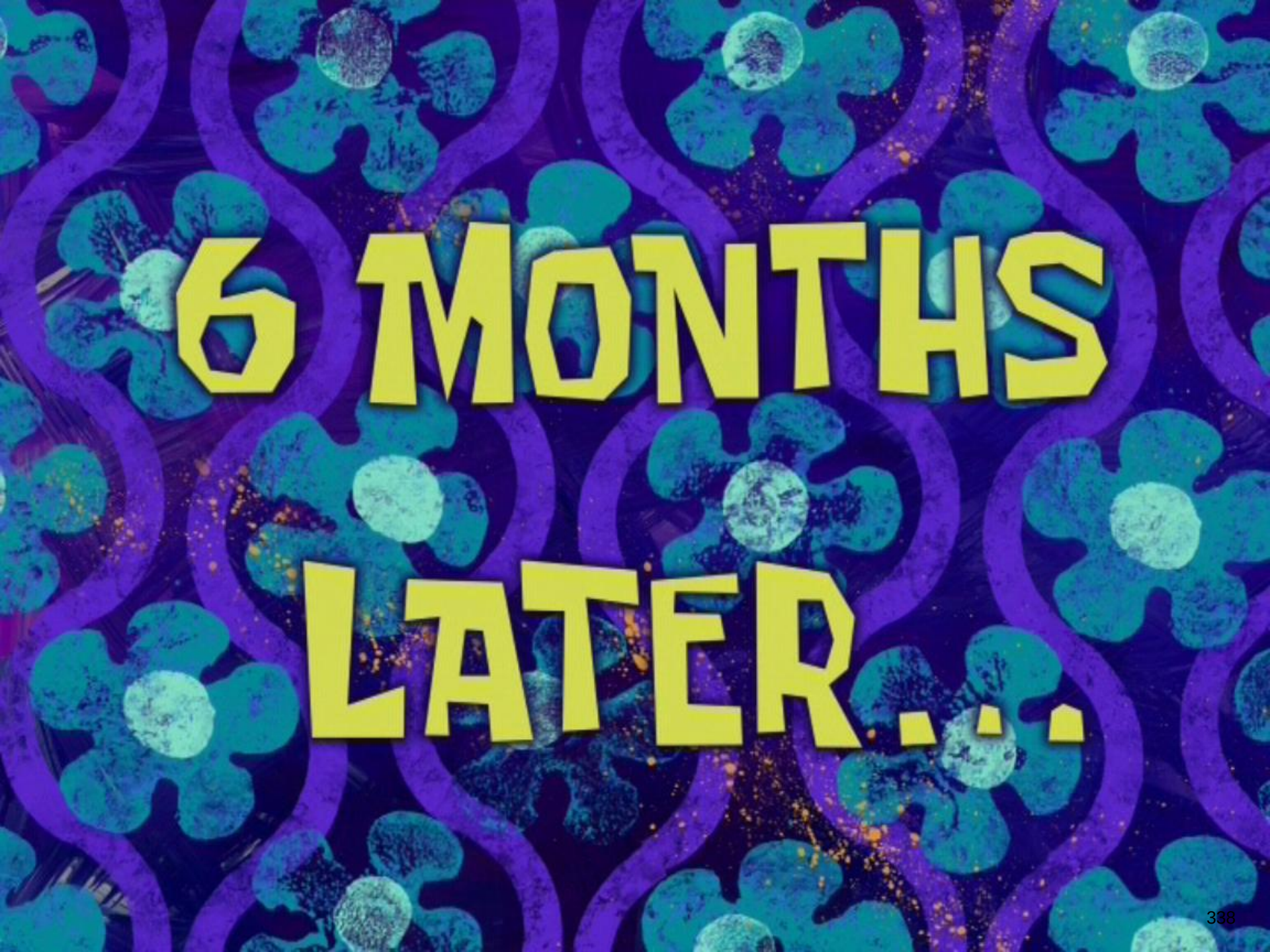
DIAGNOSIS

Definitive diagnosis: Deformative Hand Arthrosis, Bilateral Symmetric Polyarthralgia of the Fingers II and III

General Clinic Examination: Paresthesia of the fingers, Heberden's nodes

TREATMENT

Medicament	*Dimineaţa*	*Prânz*	*Seara*	*Observaţii*
ALFLUTOP f.	2	-	-	i.m. 10 zile, repeta cura peste 6 luni
MOVALIS f. 15mg	1	-	-	i.m. 10 zile, repeta cura peste 6 luni
VISCALGIC cps	1	-	-	oral, 3 luni cu 3 luni pauza


6 MONTHS
LATER...

STEP 14: RHEUMATHOLOGIC CHECK-UP

- **Patient**: Hello, Dr. Manning! I am back for my check-up, these last 6 months have passed by without me even noticing.
- **Doctor**: Hello, Ms. Collins! It's great to see you again! How are you feeling after the treatment?
- **Patient**: Sadly the inflammation and the swelling haven't really decreased, and the pain has been relatively the same.
- **Doctor**: I'm sorry to hear that! I suggest repeating the echography to see if any changes have occurred.

STEP 14: RHEUMATHOLOGIC CHECK-UP

- **Doctor:** Ms. Collins, no changes have appeared on the echography and sadly there is no improvement either. The treatment didn't seem to have the outcome I expected, so we'll have to take the next step into the treatment.
- **Patient:** I wasn't expecting that … I can assure you that I followed the indications that you gave me.
- **Doctor:** Don't worry, in some cases the basic treatment doesn't have the wanted effect, but that shouldn't bring you down. From now on in parallel with the already prescribed medication, we'll put you on physiotherapy: electrotherapy, laser and ultrasound therapy. I think that doing these procedures for another 6 months, might alleviate your symptoms.
- **Patient:** I hope for some improvement before seeing you again. Thank you for your patience, Dr. Manning!

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COXARTHROSIS

Isabel Răbonțu

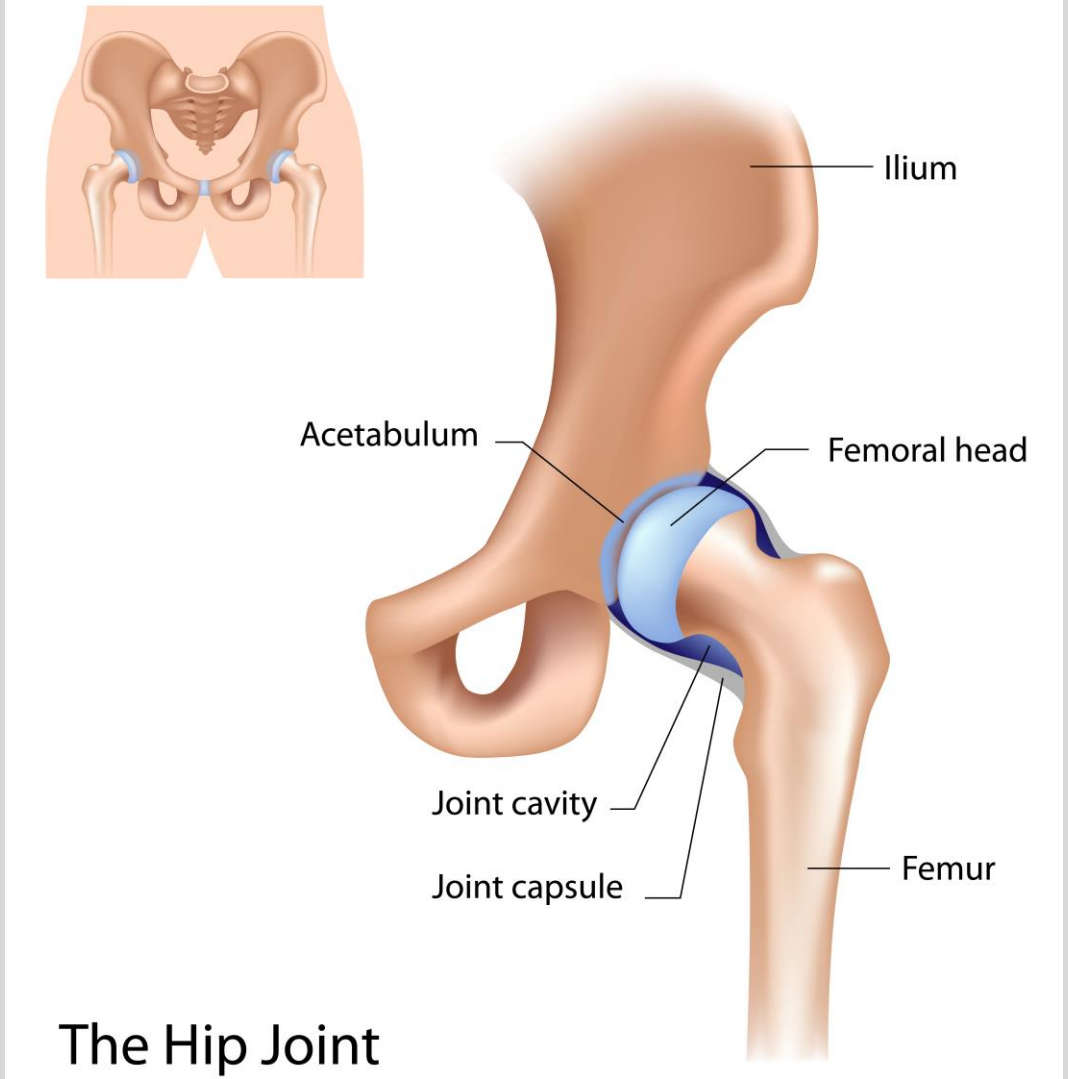
"Victor Babeş" University of Medicine and Pharmacy, Timişoara, Romania

Contents

- 1) What is coxarthrosis?
- 2) Patient profile
- 3) Introduction
- 4) Main complaints
- 5) History of present condition
- 6) Family history
- 7) Social life
- 8) Further testing
- 9) Results
- 10) Treatment
- 11) Conclusion
- 12) Sitography

1. What is Coxarthrosis?

- Coxarthrosis is a form of osteoarthrosis which affects the hip joints. It is the most common joint disease, of chronic nature and non-inflammatory origin, the underlying cause of which is primary degeneration. This condition affects patients of working age. According to data of WHO (the World Health Organization) for 2017, the percentage of affected male and female patients is approximately the same, the male patients being slightly in the majority at 56%.
- The hip joint has its anatomical and physiological specific features which make it susceptible to developing pathomorphological changes typical of osteoarthrosis. The etiology of the condition is associated with the processes of ageing; traumas to the joint, repetitive overstrain. The main degenerative changes affect the cartilage of the joint, capsular fibrosis is developed and osteophytes are formed along the periphery of the surface of the joints. Degenerative changes are established most often in the most burdened areas of the surfaces of the joint.



The Hip Joint

- Coxarthrosis, in rare cases, can be primary, idiopathic, but most often secondary, after a congenital luxation of the hip joint, Perthes disease, necrosis of the head of the femur, and post-traumatic following fractures of the acetabulum roof, etc.
- The causes for the scuffing of the hip joint are most often congenital dysplasia or acquired deformations of the joints, the reduction of bone density, slowing down or preventing the natural restoration processes of tissues in elderly age, overweight and obesity, excessive physical strain during work or sports, monotonous movements causing repetitive microtraumas, immobilization which restricts the flow of the synovial fluid and the transfer of nutrients to the cartilage making regeneration impossible, diseases such as diabetes, gout, inflammatory diseases etc.

2. Patient Profile

- NAME: Valentina Jojoba
- AGE: 67
- SEX: Female
- HEIGHT: 167 cm
- WEIGHT: 89,6 kg
- WORKPLACE: retired
- DATE AND TIME OF ADMISSION: 30/04/2020; 13:29

3. Introduction

- **Dr**: Good evening, miss Valentina! What happened? Is everything alright?
- **Patient**: Good evening, doc! I would've liked this to be just a courtesy visit, but I am afraid not. I have an acute pain in my leg, for a couple of weeks now. I thought it would dissapear, but it is just stubborn.
- **Dr**: I understand, please sit down. Come, let me help you.
- **Patient**: Oh, thank you, doc. I just feel like someone is stabbing me from time to time and I can not move properly because of that. I can not even cook, or wash the dishes because all I feel is pain. Please help me somehow.
- **Dr**: OK, miss Valentina. Please, just keep calm. We are going to find out what this is, and we will figure it out as soon as possible. Here, take this cup of tea, and let's talk.
- **Patient**: Doc, thank you, you always know how to calm me down.

4. Main complaints

- **Dr**: I understand that this leg pain has been bothering you for 2 weeks now.
- **Patient**: Yes, about 2 weeks and a half.
- **Dr**: Is the pain constant? Or does it come and go?
- **Patient**: When I go for a walk, at first I can feel it really annoying, but as I keep walking, it gets less intense.
- **Dr**: And when you lie down on the sofa or in bed? Does it bother you?
- **Patient**: If I stay in one place for a long time and then try to move, it gets really sharp.
- **Dr**: Do you feel any other pain? Can you show me exactly where it hurts?
- **Patient**: Usually I feel pain only in my leg, but sometimes, it is my lower back that hurts, or my hip, but mostly my knee joint annoys me.

5. History of present condition

- **Dr**: Do you recall any other episode of this kind of pain in your leg?
- **Patient**: Not that I can remember. That is the main reason I came here, I got a little scared.
- **Dr**: I see in your profile that you are now retired. Where did you use to work?
- **Patient**: I used to work at HardRock Cafe here in Bucharest.
- **Dr**: Oh, I love that place. What was your job there?
- **Patient**: I used to be a waiter, and also a bartender. I made the best cocktails that place had ever had.
- **Dr**: So you were mostly standing while working.
- **Patient**: Yes, I worked there for almost 40 years.

6. Family history

- **Dr**: Tell me, Miss Valentina, did your parents or grandparents have any kind of diseases that can be related to this particular type of pain ?
- **Patient**: My mother had diabetes.
- **Dr**: OK, did anyone from your family have any muscular pain or trouble with their legs or arms when doing something around the house?
- **Patient**: I can not recall any episode of that kind, but my grandparents died when I was really young and I can not really tell.
- **Dr**: And your father? Did he suffer from any diseases that you know about?
- **Patient**: I grew up with a step dad and I did not really ever met my real one. Wait a minute, I remember mom talking with her friends that he had a surgery at one of the legs and after that he needed someone to help him with everything. Oh my God! Do you think I need surgery too?
- **Dr**: I can not tell you anything for sure until we run some tests.

7. Social life

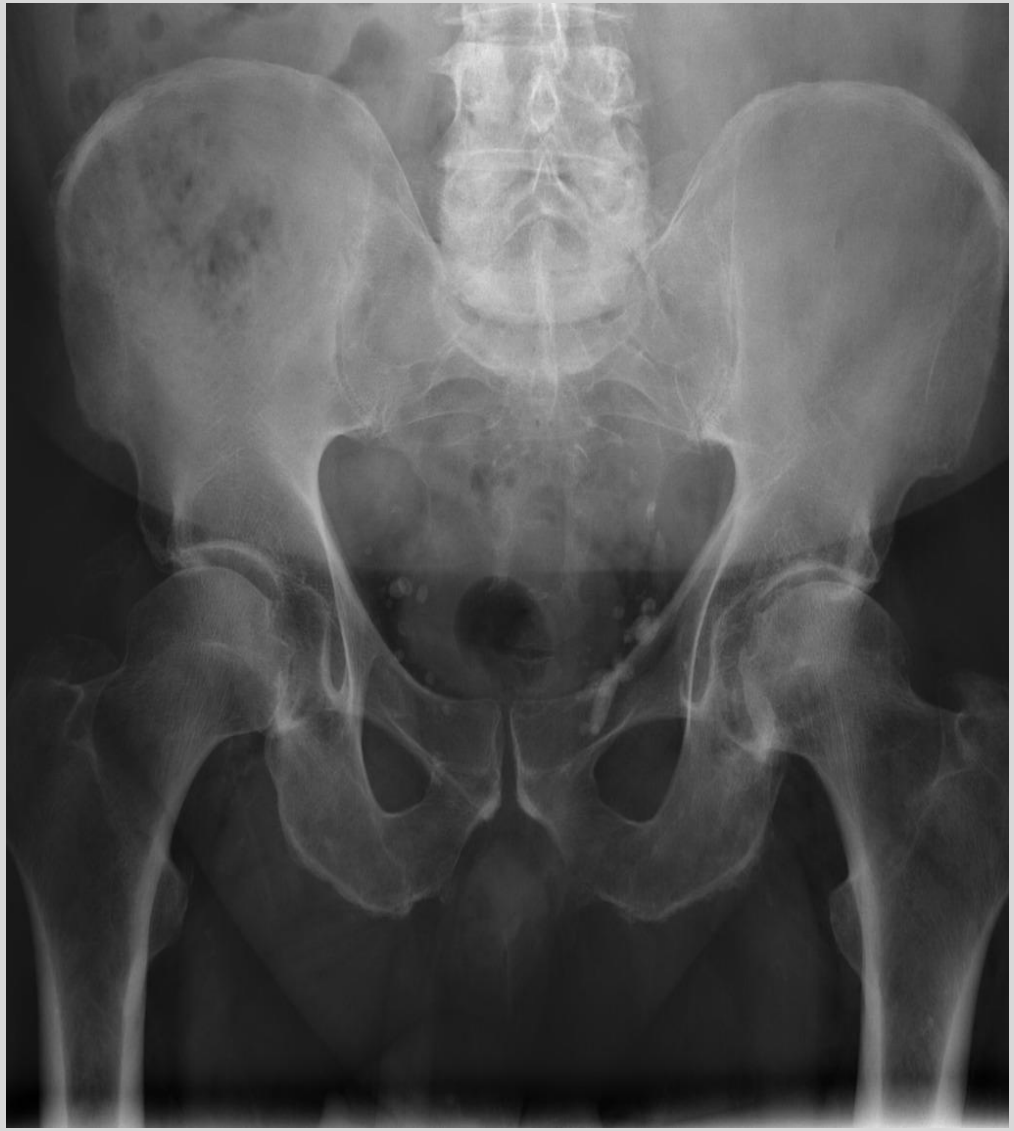
- **Dr**: Now tell me. I suppose since you said you worked as a waiter that your physical activity was very intense every day.
- **Patient**: Of course, but since I retired, I have gained 20 kg because all I do now is walk in the park and watch some good series on Netflix.
- **Dr**: I understand, miss Valentina. I think you were a catch back in those days.
- **Patient**: You bet, doc!

8. Further testing

- **Dr**: What we need to do now is to run some tests. I will call my nurse and she will take you to run some blood test and to get an X-ray of your legs.
- **Patient**: Blood tests? What for?
- **Dr**: We need to know if you have any low concentrations of minerals or vitamins in your body. Also, we have to exclude the possibility of an infection. I am going to request the glucose level as well, to make sure that you do not have the same problems your mother had.
- **Patient**: I understand, doc. Thank you.
- **Dr**: I will see you tomorrow. Try to rest and do not move more than you need to.
- **Patient**: Understood. See you tomorrow!

9. Results

- **Patient**: Good morning, doc! Are my results ready?
- **Dr**: Good morning! Yes, here they are. As I thought, you have a right hip joint problem named coxarthrosis. Let me explain it to you. Coxarthrosis is a chronic illness characterized by degeneration of the articular cartilage. That means that there is a thinning out of the cartilage layer in your hip joint, which leads to the friction of the joint surfaces of both bones against each another. As a result, the hip joint develops a secondary inflammation process called hip joint arthrosis. This process causes progressive pains and limits the mobility of the damaged joint. That is why you feel that sharp pain when you move.
- **Patient**: How bad is it, doc?
- **Dr**: Thanks to the fact that you reached me so fast after your symptoms had appeared, we discovered it in an early stage.
- **Patient**: That sounds really good. What should we do now?



10. Treatment

- **Dr**: Medication-based treatment of coxarthrosis can assist with alleviating the pain, but will not eliminate the causes of the illness, and cannot recover the damaged caused to the joint. What we need to do is surgery.
- **Patient**: Surgery? I do not want to have big scars!
- **Dr**: Do not worry, Miss Valentina. What we are going to do is an endoscopic surgery on the hip joint. It is a safe and effective method of treating coxarthrosis, one that does not require a large surgical incision or a long period of postoperative rehabilitation. During the endoscopic treatment of hip joint arthrosis, the damaged and strangulated portion of the articular surfaces of cartilage is removed and the functionality of the joint is restored. After that, you will feel much better!
- **Patient**: Oh, I understand, doc. It is what it is then. Thank you very much!
- **Dr**: This is my job, miss. You do not need to thank me. But what I need you to do after the operation and recovery is to go and see a diabetologist.

11. Conclusions

- As I thought, miss Valentina Jojoba has coxarthrosis. The main sign of developing coxarthrosis is progressive pain. Many people mistake a hip pain for a knee one and that's why our patient said that her knee is the one that hurts most of the times. At the beginning of the illness, the pains are only experienced during significant physical exertion or while carrying a heavy load. As the illness processes, the pain also starts to appear when the patient is at rest and does not subside even after prolonged rest. Painfulness significantly reduces the amplitude of movement in the joint. Prolonged physiological restraint leads to the development of irreversible anatomic changes. The chronic and progressive course of the illness has a negative influence on the quality of life and reduces work capacity, up to the development of disability. Orthopedists at HMC stress the importance of timely seeking medical help, which significantly increases the effectiveness of minimally invasive surgical procedures aimed at preserving the joint.

Sitography

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thank
you

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Iliofemoral Bypass in Treating Peripheral Artery Disease

Sergiu Sîrca

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VICTOR BABEȘ | TIMIȘOARA

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1. Description and technical aspects
2. Patient profile
3. The introduction
4. Main complaints
5. History of present condition
6. Family history and social life
7. Further testing
8. Results
9. Treatment
10. The operation
11. Conclusions

Description and technical aspects

!Definition: An iliofemoral bypass is a procedure that implies using your own superficial vein or an artificial vessel to regain the blood flow in that blood vessel.

In our case, we use an artificial artery to replace a portion of the iliac vessel where it flows into the femoral artery.

The procedure is used to treat Peripheral Artery Disease, because it restores the blood flow in the peripheral area by eliminating the obstacle in the iliofemoral artery.

Description and technical aspects

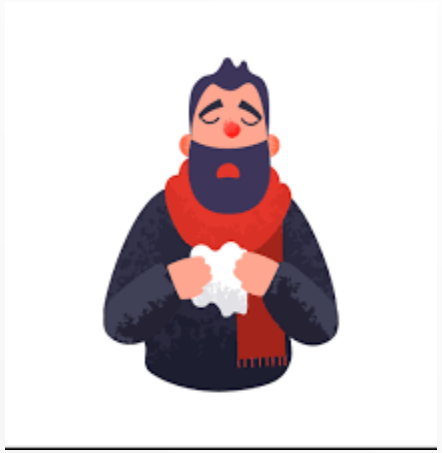
Peripheral Artery Disease – is a disease caused by an obstacle (usually a blood clot) in a major artery (e.g. the femoral artery) that reduces the blood flow and can even cause a stoppage in the peripheral and terminal arteries.

The procedure:

- We are going to:

- ❑ make incisions in the area that is going to be replaced
- ❑ clap the artery ends
- ❑ cut away the portion that has the blockage and remove any debris created by the blood clot
- ❑ prepare the artificial vessel
- ❑ attach the new vessel to the preexisting artery and suture it
- ❑ close the upper anatomical planes that we previously cut and suture the skin

Patient profile



Name: John Doe

Sex: Male

Age: 62 years old

Addictions:

- Smoker
- Alcohol user

Accused problem:

Stationary pain in the left leg area, blue colored fifth finger on the left leg, reduced walking distance, increasing pain by the day

The introduction

Our patient presented himself at the Vascular Surgery Clinic (branch of the “Pius Branzeu” Timis County Hospital) with an alarming problem, after identifying himself at the register desk, he comes into our ambulatory so we can examine him.

Doctor: Hello, mister Doe! My name is doctor Sergiu, how may I be at your service today?

Patient: Hello, doctor! I am in great pain.

Doctor: I can tell, but I would like you to tell me where the pain is located?

Patient: Usually my left foot hurts and I can’t feel it after a few steps.

Doctor: I see. Does this pain radiate?

Patient: Yes, sometimes it can spread even to my groin area or up to my abdomen.

Doctor: Okay, how much does it hurt on a scale from one to ten?

Patient: Oh, dear! I would say eleven.

Doctor: And when did this pain start?

Patient: About two months ago.

Doctor: Have you done anything unusual since the pain started? Like going to the gym, or working around the house too much?

Patient: No doctor, I have had the same routine for fifteen years now, wake up, take a sip of alcohol, start taking care of the farm, eat lunch, sleep and repeating it on and on.

The introduction

Doctor: And are you telling me that you often drink alcohol? Any other addictions?

Patient: Yes, I also smoke.

Doctor: How many packs of cigarettes do you smoke a day and how much do you drink?

Patient: I smoke about 3 packs a day, and drink a bottle a week.

Doctor: You do know that these addictions will aggravate your condition? My advice is to stop smoking and drinking alcohol. You will have to do this investigation called **CT angiography.** Unfortunately our hospital isn't able to help you with this but I will write you a prescription with some painkillers and I will send you to one of my colleagues in a private hospital that can do the investigation. I am so sorry that you have to pay for it but our government doesn't cover the cost of this procedure.

Patient: It isn't a problem, but after I do this, what do I have to do?

Doctor: After you have the results, please contact me immediately.

Patient: Sure thing, thank you!

Doctor: See you soon! And also, next time we see each other bring your medical record with you.

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Main Complains

Our patient's main complains are:

- Pain located in the left foot area
- Pain radiating to the groin and abdomen area
- Pain lasting for about two months
- Smoker and alcohol addict

Action plan:

- **CT angiography** possibly leading to a bypass procedure

History of present condition

After our first encounter our patient comes back with his medical history and the **CT angiography.**

Doctor: Hello sir, I am glad to see you again!

Patient: Hello doctor! I have the results. Can you give me a verdict?

Doctor: Please, let's not rush things up. I will look onto your medical history and the CT angiography and ask you more questions, then I shall reach a diagnosis, so we can be sure that our judgment is correct. Are you fine with that?

Patient: As long as this cures me, I am fine with it.

Doctor: Your medical history says that you have hypertension. Do you take anything for it?

Patient: No doctor.

Doctor: You also have mixed dyslipidemia. Any medication prescribed?

Patient: Yes, I have a treatment with Statin.

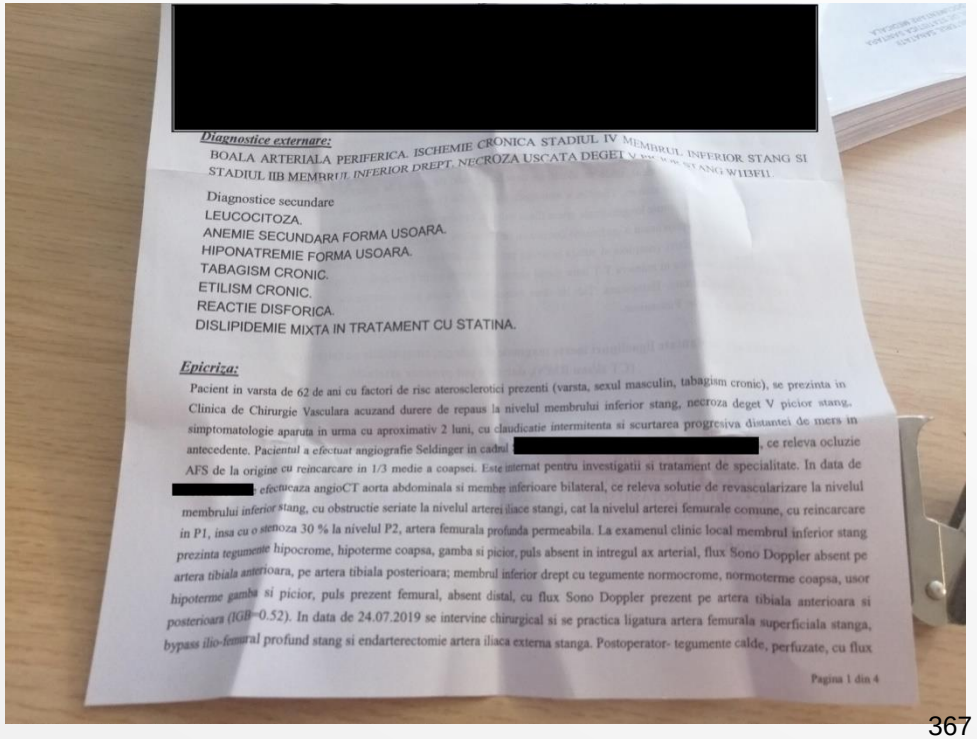
Family history and social life

Doctor: I would like to know if your family has any history of such diseases.

Patient: My father had hypertension and diabetes.

Doctor: Besides working on your Farm, do you work anywhere else that requires you to stand up for a long time?

Patient: No, I only have my farm.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Diagnostice externate:

BOALA ARTERIALA PERIFERICA. ISCHEMIE CRONICA STADIUL IV MEMBRUL INFERIOR STANG SI STADIUL IIB MEMBRUL INFERIOR DREPT. NECROZA USCATA DEGET V PICIOR STANG WIBFI.

Diagnostice secundare
LEUCOCITOZA.
ANEMIE SECUNDARA FORMA USOARA.
HIPONATREMIE FORMA USOARA.
TABAGISM CRONIC.
ETILISM CRONIC.
REACTIE DISFORICA.
DISLIPIDEMIE MIXTA IN TRATAMENT CU STATINA.

Epicriza:

Pacient in varsta de 62 de ani cu factori de risc aterosclerotici prezenti (varsta, sexul masculin, tabagism cronic), se prezinta in Clinica de Chirurgie Vasculara acuzand durere de repaus la nivelul membrului inferior stang, necroza deget V picior stang, simptomatologie aparuta in urma cu aproximativ 2 luni, cu claudicatie intermitenta si scurtarea progresiva distantei de mers in antecedente. Pacientul a efectuat angiografie Seldinger in cadrul [redacted], ce releva ocluzie AFS de la origine cu reincarcare in 1/3 medie a coapsei. Este internat pentru investigatii si tratament de specialitate. In data de [redacted] efectueaza angioCT aorta abdominala si membre inferioare bilateral, ce releva solutie de revascularizare la nivelul membrului inferior stang, cu obstructie seriate la nivelul arterei iliace stangi, cat la nivelul arterei femurale comune, cu reincarcare in P1, insa cu o stenoza 30 % la nivelul P2, artera femurala profunda permeabila. La examenul clinic local membrul inferior stang prezinta tegumente hipocrome, hipoterme coapsa, gamba si picior, puls absent in intregul ax arterial, flux Sono Doppler absent pe artera tibiala anterioara, pe artera tibiala posterioara; membrul inferior drept cu tegumente normocrome, normoterme coapsa, usor hipoterme gamba si picior, puls prezent femural, absent distal, cu flux Sono Doppler prezent pe artera tibiala anterioara si posterioara (IGB=0.52). In data de 24.07.2019 se intervine chirurgical si se practica ligatura artera femurala superficiala stanga, bypass ilio-femural profund stang si endarterectomie artera iliaca externa stanga. Postoperator- tegumente calde, perfuzate, cu flux

Pagina 1 din 4

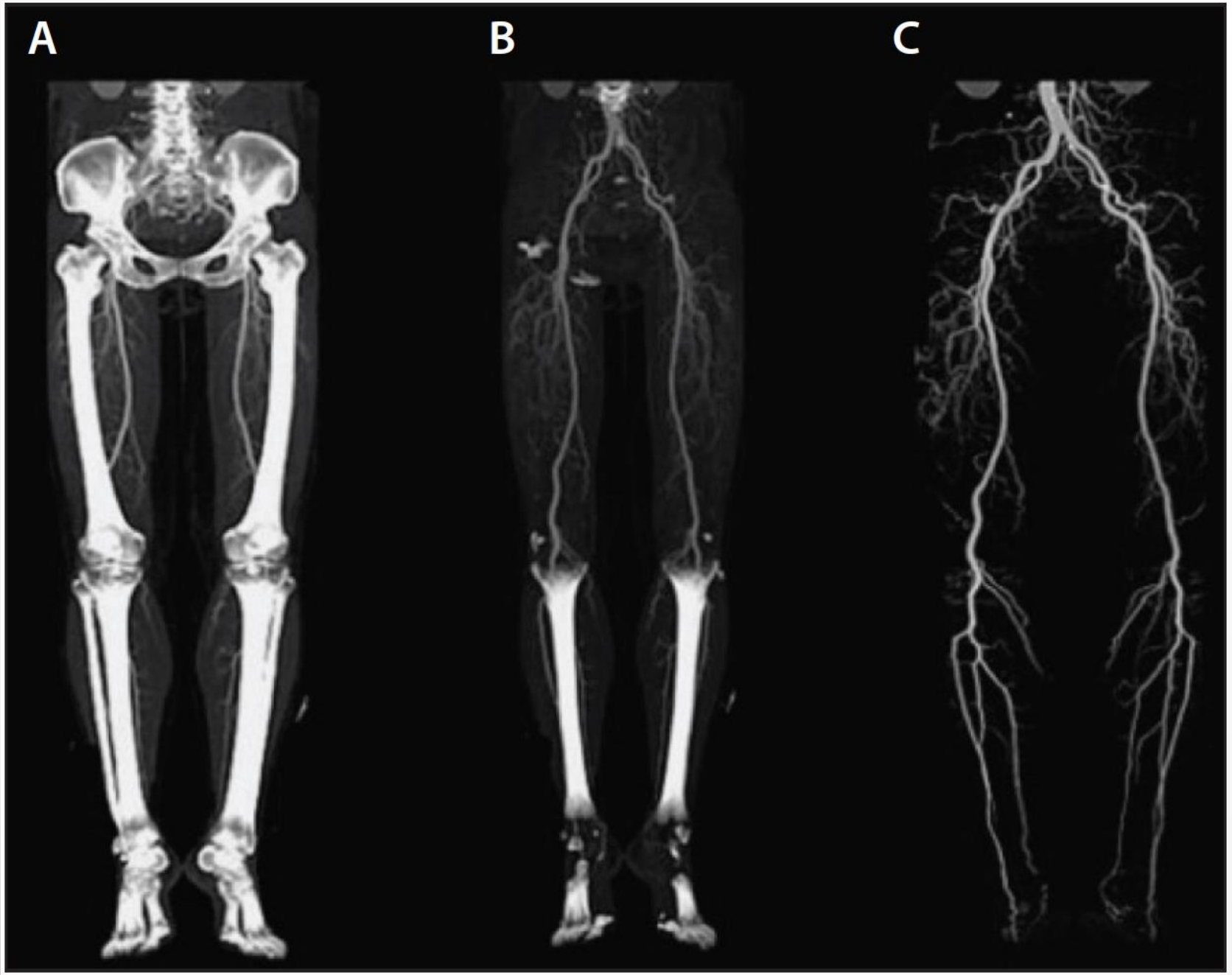
Further testing

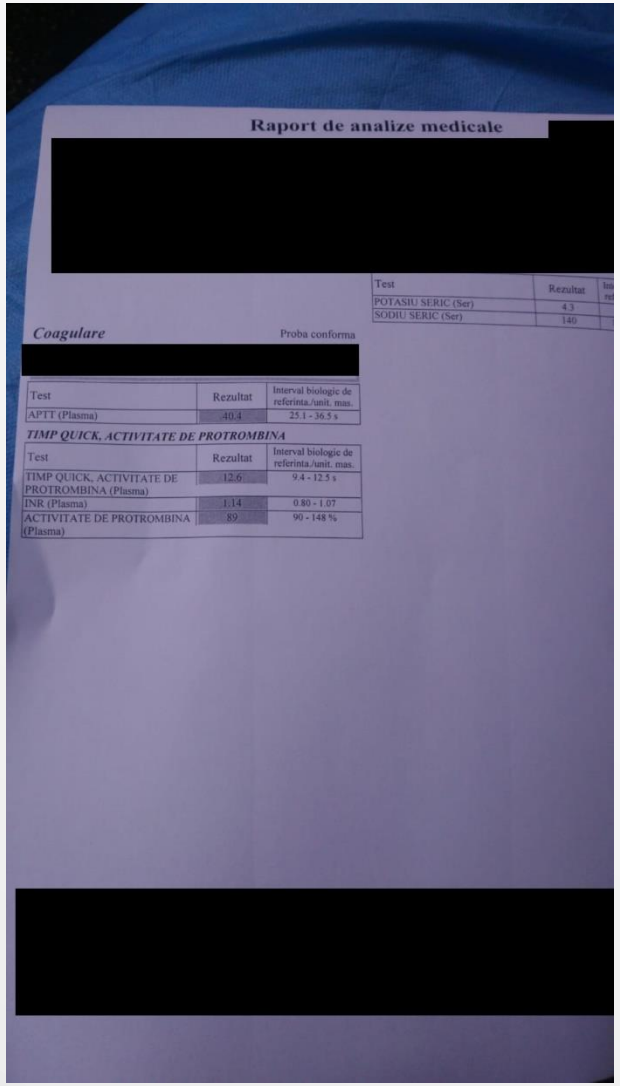
Doctor: Okay let's have a look at your angiography. Here you can see that your iliofemoral artery is blocked by some atheroma and I would like to do one more test so I can be sure. Is that ok?

Patient: Sure. What do I have to do?

Doctor: Lie down and I will do an ankle–brachial index for the assessment of peripheral arterial disease. I will also take some blood so I can run a blood test. Please stay still this might sting a bit.

The device is used for listening if there is any pulse in the distal arteries. The test result will be done until the procedure is finished.


A
B
C



Raport de analize medicale

[redacted]

Test	Rezultat	
POTASIU SERIC (Ser)	4.3	
SODIU SERIC (Ser)	140	

Coagulare Proba conforma

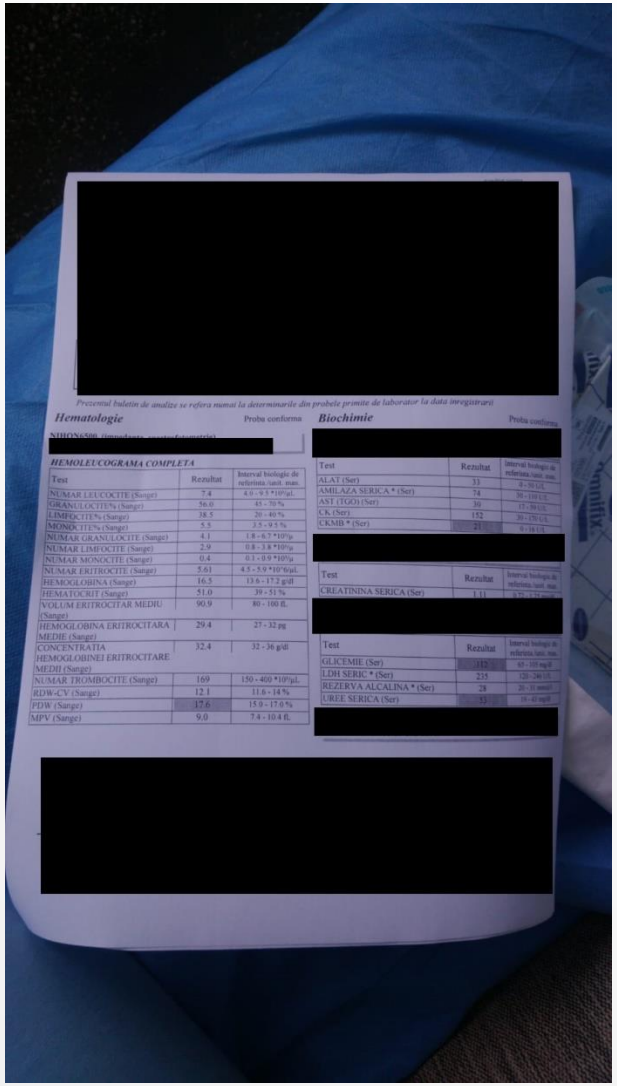
[redacted]

Test	Rezultat	Interval biologic de referinta./unit. mas.
APTT (Plasma)	40.4	25.1 - 36.5 s

TIMP QUICK, ACTIVITATE DE PROTROMBINA

Test	Rezultat	Interval biologic de referinta./unit. mas.
TIMP QUICK, ACTIVITATE DE PROTROMBINA (Plasma)	12.6	9.4 - 12.5 s
INR (Plasma)	1.14	0.80 - 1.07
ACTIVITATE DE PROTROMBINA (Plasma)	89	90 - 148 %

[redacted]



[redacted]

Prezentul buletin de analize se refera numai la determinarile din probele primite de laborator la data inregistrarii

Hematologie Proba conforma

[redacted]

HEMOLEUCOGRAMA COMPLETA

Test	Rezultat	Interval biologic de referinta /unit. mas.
NUMAR LEUCOCITE (Sange)	7.4	4.0 - 9.5 *10³/µL
GRANULOCITE% (Sange)	56.0	45 - 70 %
LIMFOCITE% (Sange)	38.5	20 - 40 %
MONOCITE% (Sange)	5.5	2.5 - 9.5 %
NUMAR GRANULOCITE (Sange)	4.1	1.8 - 6.7 *10³/µ
NUMAR LIMFOCITE (Sange)	2.9	0.8 - 3.8 *10³/µ
NUMAR MONOCITE (Sange)	0.4	0.1 - 0.9 *10³/µ
NUMAR ERITROCITE (Sange)	5.61	4.5 - 5.9 *10⁶/µL
HEMOGLOBINA (Sange)	16.5	13.6 - 17.2 g/dl
HEMATOCRIT (Sange)	51.0	39 - 51 %
VOLUM ERITROCITAR MEDIU (Sange)	90.9	80 - 100 fL
HEMOGLOBINA ERITROCITARA MEDIE (Sange)	29.4	27 - 32 pg
CONCENTRATIA HEMOGLOBINEI ERITROCITARE MEDII (Sange)	32.4	32 - 36 g/dl
NUMAR TROMBOCITE (Sange)	169	150 - 400 *10³/µL
RDW-CV (Sange)	12.1	11.6 - 14 %
PDW (Sange)	17.6	15.9 - 17.0 %
MPV (Sange)	9.0	7.8 - 10.4 fL

Biochimie Proba conforma

[redacted]

Test	Rezultat	Interval biologic de referinta./unit. mas.
ALAT (Ser)	33	4 - 36 U/L
AMILAZA SERICA * (Ser)	74	30 - 110 U/L
AST (TGO) (Ser)	30	15 - 39 U/L
CK (Ser)	152	30 - 170 U/L
CKMB * (Ser)	21	0 - 24 U/L

[redacted]

Test	Rezultat	Interval biologic de referinta./unit. mas.
CREATININA SERICA (Ser)	1.11	0.51 - 1.18 mg/dl

[redacted]

Test	Rezultat	Interval biologic de referinta./unit. mas.
GLICEMIE (Ser)	112	65 - 105 mg/dl
LDH SERIC * (Ser)	235	120 - 246 U/L
REZERVA ALCALINA * (Ser)	28	20 - 31 mmol/l
UREE SERICA (Ser)	52	19 - 43 mg/dl

[redacted]

[redacted]

Results

Doctor: Okay, after testing, I know that you have peripheral artery disease and we should deal with it immediately, so I will schedule you for a surgery called iliofemoral bypass for tomorrow. Please do not eat or drink anything from 8 p.m. today until tomorrow.

Patient: Will this procedure hurt?

Doctor: No sir, you will be under anesthesia, and the procedure consists in removing that part that is blocked and replacing it with a prosthesis and giving you treatment to make sure it doesn't block again.

Patient: Okay I will see you tomorrow then.

Doctor: Sure thing! I will make sure a nurse will prepare your bed. See you tomorrow.

Treatment

After deciding on our treatment, the day of the procedure has come. This will be our last talk with our patient before the procedure.

Doctor: So, are you ready?

Patient: The faster, the better.

Doctor: Did you make sure not to eat or drink anything after 8 p.m. yesterday?

Patient: Yes sir.

Doctor: Okay I will go and prepare the equipment, see you in the operating theatre.

Patient: Sure thing.

The operation

The nurse brings the patient.

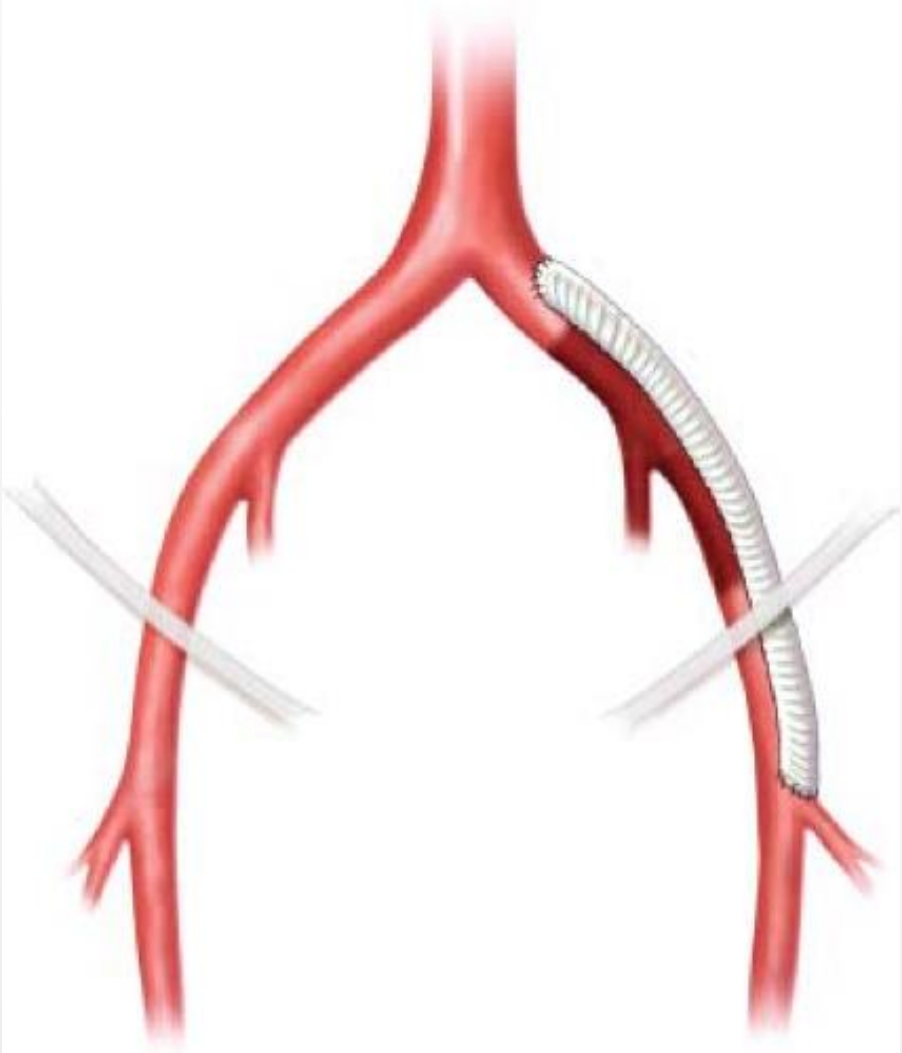
Doctor: My colleagues are going to administer anesthesia, please be still.

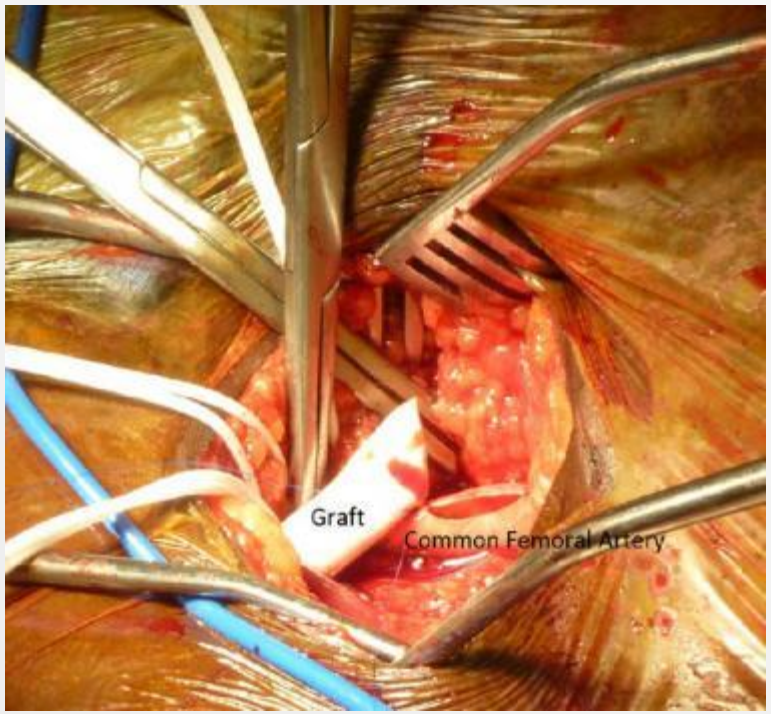
Patient: See you on the other side doctor!

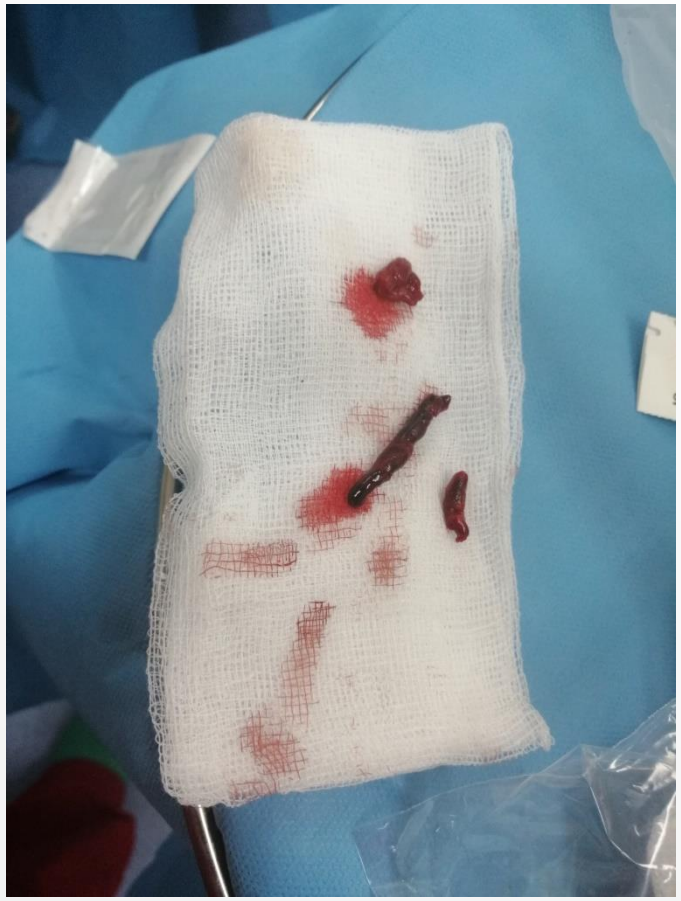
Doctor: Don’t worry, everything will be fine.

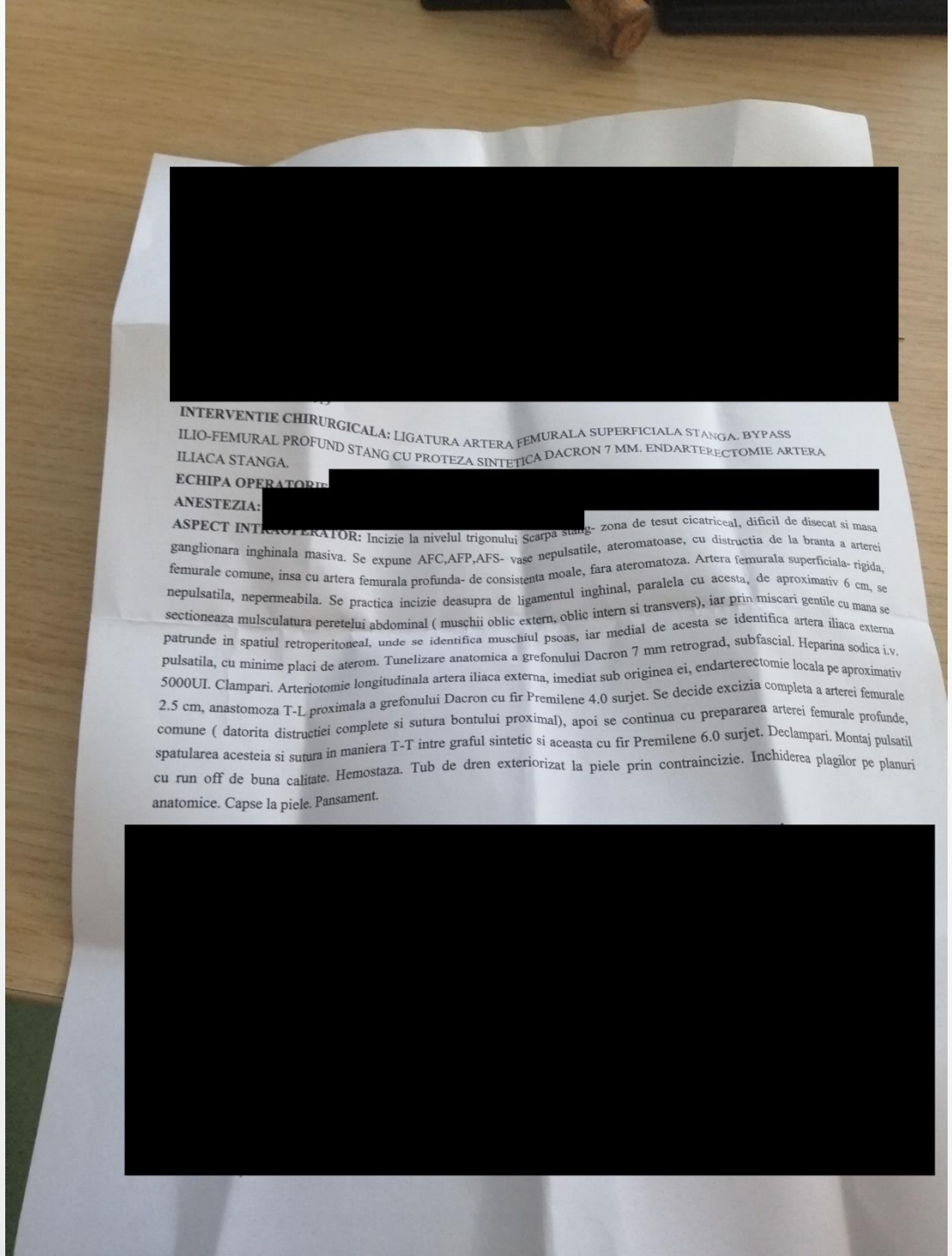
After the patient is under anesthesia, we begin the procedure, which has the following steps:

- Clean out the area that we are going to be operating on (in our case the abdominal and the left foot area)
- Cut the superficial tissue to expose the iliofemoral artery
- Analyze the consistency of the artery
- Block the artery with a forceps
- Cut down the part that is blocked and then remove all the scarred and necrotic tissue
- Endarterectomy and removing the atheroma




Graft
Common Femoral Artery

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INTERVENTIE CHIRURGICALA: LIGATURA ARTERA FEMURALA SUPERFICIALA STANGA. BYPASS ILIO-FEMURAL PROFUND STANG CU PROTEZA SINTETICA DACRON 7 MM. ENDARTERECTOMIE ARTERA ILIACA STANGA.

ECHIPA OPERATORIE: [redacted]

ANESTEZIA: [redacted]

ASPECT INTRAOPERATOR: Incizie la nivelul trigonului Scarpa stang- zona de tesut cicatriceal, dificil de disecat si masa ganglionara inghinala masiva. Se expune AFC,AFP,AFS- vase nepulsatile, ateromatoase, cu distructia de la branta a arterei femurale comune, insa cu artera femurala profunda- de consistenta moale, fara ateromatoza. Artera femurala superficiala- rigida, nepulsatila, nepermeabila. Se practica incizie deasupra de ligamentul inghinal, paralela cu acesta, de aproximativ 6 cm, se sectioneaza mulsculatura peretelui abdominal (muschii oblic extern, oblic intern si transvers), iar prin miscari gentile cu mana se patrunde in spatiul retroperitoneal, unde se identifica muschiul psoas, iar medial de acesta se identifica artera iliaca externa pulsatila, cu minime placi de aterom. Tunelizare anatomica a grefonului Dacron 7 mm retrograd, subfascial. Heparina sodica i.v. 5000UI. Clampari. Arteriotomie longitudinala artera iliaca externa, imediat sub originea ei, endarterectomie locala pe aproximativ 2.5 cm, anastomoza T-L proximala a grefonului Dacron cu fir Premilene 4.0 surjet. Se decide excizia completa a arterei femurale comune (datorita distructiei complete si sutura bontului proximal), apoi se continua cu prepararea arterei femurale profunde, spatularea acesteia si sutura in maniera T-T intre graful sintetic si aceasta cu fir Premilene 6.0 surjet. Declampari. Montaj pulsatil cu run off de buna calitate. Hemostaza. Tub de dren exteriorizat la piele prin contraincizie. Inchiderea plagilor pe planuri anatomice. Capse la piele. Pansament.

[redacted]

The operation

- Cut the Dacron 9 mm to the shape of the artery and then lock it down with Premilene 4.0 thread
- Unlock the artery by removing the forceps
- Administer Heparin 5000 UI to get the blood flowing
- Insert a drainage tube
- Suture the rest of the anatomical planes with thread and staple down the skin
- Apply some bandages and purify the area with Betadine

After the procedure our patient will follow a treatment at home, which consists in taking pills that help the blood flow as well as heart medication.

Conclusions

Our patient presents to our outpatient ward for his check up.

Patient: Hello, doctor! I am here so you can take out my drainage tube and my staples.

Doctor: Hello, John! Before I do that, how is your leg? Is it better? Does anything hurt?

Patient: Oh, no. It is way better than before, just some pain created by the staples but nothing more. I can even feel my foot warming up.

Doctor: That is normal. Moreover, due to no blood flow in the area and the releasing of the blockage, it will be swollen for some months. Well, let's take them out, shall we?

Patient: Sure.

The staples and the drainage tube are removed and the area is cleaned up and bandaged one more time.

Doctor: So, for now, please take the pills that I gave you and change your bandage, and have a regular check up.

Patient: Sure thing, thank you so much for saving my leg doctor.

Doctor: Don't worry about it, this is my duty. If anything feels wrong please contact me.

Patient: Sure. Have a good day!

Doctor: Good day to you too!

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- https://emedicine.medscape.com/article/1830298-technique

Thank you for reading my report

“Victor Babeș” University of Medicine and Pharmacy
Timișoara, Romania

HASHIMOTO’S DISEASE

Iuliana Stratan

TABLE OF CONTENS:

STEP I:

1. General characteristics
2. Etiology and pathophysiology
3. Clinical features
4. Laboratory findings
5. Treatment

STEP II:

1. First doctor’s appointment
2. Preparation for surgery
3. Final appointment
4. After 3 months

General characteristics

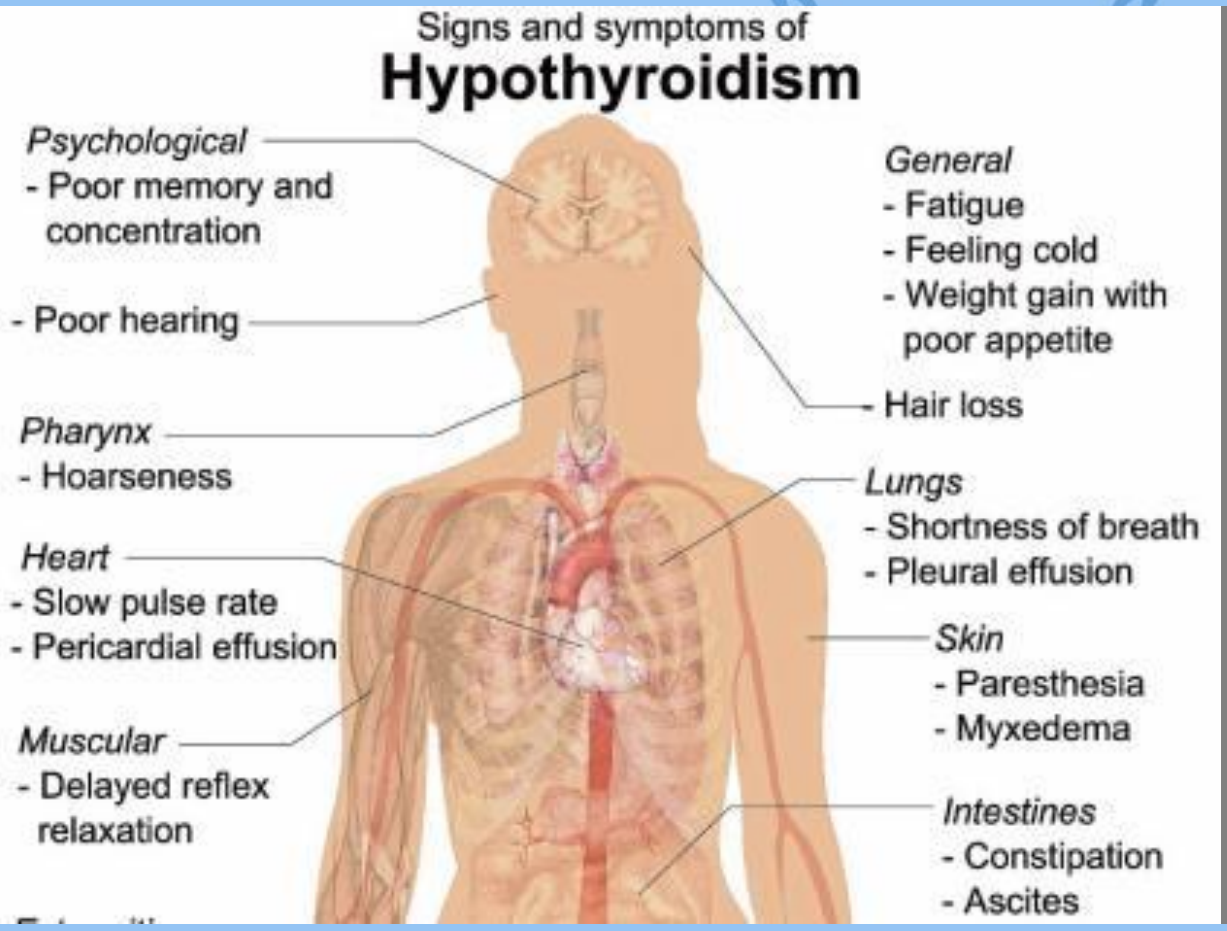
- Hashimoto's thyroiditis is an *autoimmune disease* in which antithyroid antibodies are produced;
- It results in *destruction of the thyroid gland* and gradual, *progressive thyroid failure*;
- It is also known as *chronic lymphocytic thyroiditis* – first description of the disease by Hashimoto in 1912;
- The disease primarily affects *women*, with a female predominance of 10:1 to 20:1;
- It typically begins *between ages of 45 and 65*.

ETIOLOGY AND PATHOPHYSIOLOGY

- It is thought to be due to a *combination of genetic and environmental factors*;
- Risk factors include: a *family history* of the condition; having another *autoimmune disease;*

Breakdown of peripheral tolerance to thyroid autoantigens - results in progressive autoimmune destruction of thyroid cells by infiltrating cytotoxic T cells, locally released cytokines, or by antibody-dependent cytotoxicity.

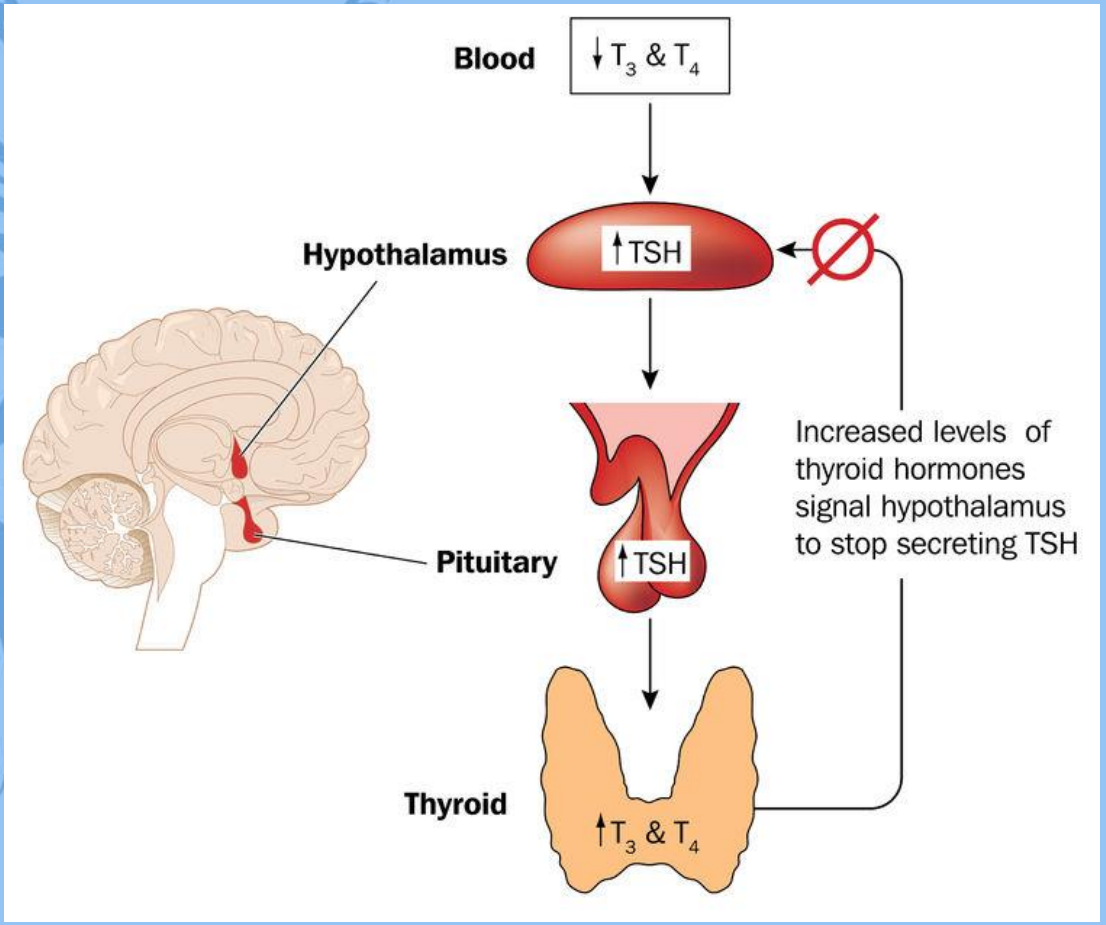
CLINICAL FEATURES



- Patients often report symptoms of *hypothyroidism*;
- Autoimmune damage leads to *thyroid fibrosis* and enlargement (*goiter*);
- Pain and tenderness of the gland;
- In some patients transient thyrotoxicosis may occur, caused by disruption of thyroid follicles (*hashitoxicosis*).

LABORATORY FINDINGS

- Antithyroid antibodies are present in serum (thyroid peroxidase antibodies/ antithyroglobulin antibodies);
- Serum T3 and T4 levels are decreased, and serum TSH level is increased if hypothyroidism occurs;
- During *hashitoxicosis*, free T4 and T3 levels are elevated, TSH is diminished, and radioactive iodine uptake is decreased



COMPLICATIONS

- Development of other autoimmune diseases both *endocrine* (type 1 diabetes, autoimmune adrenalitis) and *nonendocrine* (SLE, myasthenia gravis, Sjogren syndrome);
- Extranodal marginal zone B-cell lymphomas within the thyroid gland;
- Predisposition to papillary carcinomas

TREATMENT

Substitution therapy:

- *L-thyroxine* is necessary in the hypothyroid patient;
- *L-thyroxine* also decreases the size of the goiter, which makes this thyroid hormone useful therapy in the euthyroid patient who has thyroid enlargement;
- Lifelong thyroid hormone replacement;
- If the function of parathyroid glands is compromised then Calcium supplement is required.

PATIENT'S PROFILE

Name: Jessica Roberts

Gender: female

Age: 40

Weight: 78 kg

Height: 172 cm

Occupation: nurse

Primary symptoms: pain and tenderness in the anterior cervical region, difficulty in swallowing, anxiety, fatigue, weight gain.

FIRST DOCTOR'S APPOINTMENT

Doctor: Good morning, my name is Dr. Stevens, I am an endocrinologist and I will be your doctor.

Patient: Good morning doctor, I am Jessica Roberts.

Doctor: Please, sit down Jessica. Make yourself comfortable. I see that you are a little bit anxious. How can I help you today?

Patient: Yes, doctor. I am stressed out because progressively, I am getting more and more tired and it is very hard for me to concentrate. This bothers me because I work as a nurse and I cannot allow myself to be distracted.

Doctor: I see. Don't worry Jessica. I am sure we can find out what the cause of your fatigue is and I'll try to do my best in order to solve your problem!

Patient: I am pinning my hopes on you, doctor! Thank you!

Doctor: Jessica, please describe other changes in your body that you've noticed so far.

Patient: I have trouble breathing as well as swallowing solid food. It is a sensation like there is a lump in my neck. Also I have recorded hair loss lately, but the worst thing is that my capacity of memorizing is decreasing. I am like out of action!

Doctor: Is this lump that you describe painful?

Patient: It could be, especially if I am in hurry when taking my lunch.

Doctor: Tell me please, do you often have headaches?

Patient: Yes, and I sometimes feel very drowsy.

Doctor: Have you noticed any weight gain in the past few months?

Patient: Yes doctor, I am now 78 kg, even though my entire life from college days to adulthood I was about 65 kg. Along with this, in the evening I think I have oedema of the face, because of my puffy eyelids.

Doctor: Can you identify when these problems started?

Patient: I noticed them about 2 months ago, but now this issues have just become critical for me and my responsibilities. All in all, it is a bothering problem.

Doctor: Did these problems start slowly or did they come on quite suddenly?

Patient: Doctor, I think they all began long ago and gradually worsened, until this very moment, so they captured my attention in my very busy lifestyle.

Doctor: Have you taken any kind of medicine to fight these problems?

Patient: No, I haven't. I thought the problems are related to my stressful work and my incorrect diet.

Doctor: Do you have any current health issues, such as diabetes or high blood pressure?

Patient: No, doctor. I just have irregular periods.

Doctor: What's your average duration of your menstrual cycle ?

Patient: Usually, 30 – 32 days, but this month I had a delay of 10 days.

Doctor: Do you have kids, Jessica?

Patient: Yes, I have two boys and a girl.

Doctor: How was the delivery ? Without any complications?

Patient: Yes, all of them through natural childbirth.

Doctor: Did you have any abortion or miscarriages?

Patient: No, doctor. I have a very strict rule concerning this issue.

Doctor: I would like to ask you about your family. Do you have any siblings?

Patient: No, doctor. I am the only child.

Doctor: Do your relatives have any medical problems?

Patient: Yes, my mother and aunt had an operation of thyroid nodules – the diagnosis was goiter. My mother was diagnosed at the age of 40, when she was found with thyroid nodules. Therefore, several years ago she underwent an operation. My father is perfectly healthy. Do you think that I inherited the goiter from my mom ?

Doctor: It may be the case. That's why we will do some lab tests to identify whether there the thyroid gland is involved in your current state or not.

Doctor: Do you smoke?

Patient: No doctor.

Doctor: Do you have a habit of drinking alcohol?

Patient: Absolutely not. I refuse drinks even on holidays.

Doctor: Do you have any allergies?

Patient: No, as far as I know.

Doctor: Jessica, in the next few minutes I will be performing your physical examination: I will palpate the region of the neck and I will give you some indications. Don't feel scared, it is not painful.

Physical examination in process …

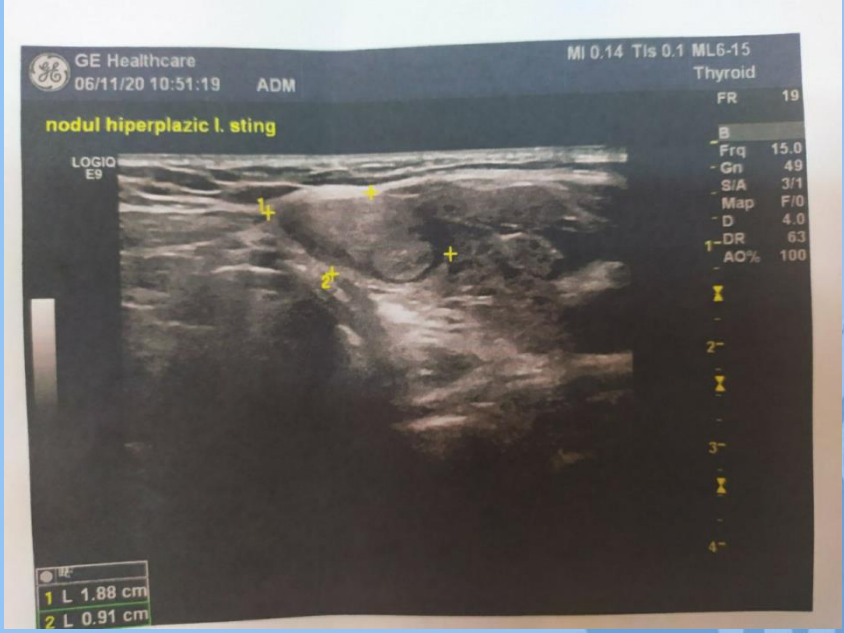
Doctor: Jessica, please swallow now.

Doctor: Now, I will measure your blood pressure.

Doctor: So Jessica, I suspect that you might have hypothyroidism, and I felt a nodule in your right lobe while palpating, that's why I asked you to swallow in order to feel its congruency to other tissues. To confirm my diagnosis, you should undergo some investigations: hormonal tests (T3,T4, TSH, thyroid antibodies), full blood count, thyroid ultrasound. I'll give you 3 referrals to the laboratories. Don't lose them. See you tomorrow.

Patient: Thank you doctor! I will come with the results tomorrow.

RESULTS



Sectorul CMF (CS) _____ Nr. fişei medicale _____
Участок ЦСВ (ЦЗ) № медицинской карты

Tipul probei recoltate: sânge ☑ plasmă ☐ urină ☐
Тип набранной пробы: кровь плазма моча

Denumirea analizei Наименование анализа	Rezultatul Результат	Valori de referinţă Референсные величины	Unităţi de măsură Единицы измерения	Metoda de testare Метод исследования
Triiodtironina totală T3 Трийодтиронин общий Т3	1,37	0,6-1,85	ng/dl	ELISA
Triiodtironina liberă T3 Свободный трийодтиронин Т3		1,4-4,2	pg/dl	ELISA
Tiroxina totală T4 Общий тироксин Т4	9,4	4,8-11,6	mg/dl	ELISA
Tiroxina liberă T4 Свободный тироксин Т4		0,8-2,0	ng/dl	ELISA
Tireotropina TSH Тиреотропный гормон (ТТГ)	0,3	0,4-6,0	mIU/ml	ELISA
Anticorpi TPO Антитела к тиреопероксидазе	617,47↑	<40	IU/ml	ELISA
Anticorpi TG Антитела к тиреоглобулину	314,91↑	<125	IU/ml	ELISA
Tireoglobulina Тиреоглобулин	4,3	3,5-56,0	ng/ml	ELISA

MARKERI ENDOCRINI

Denumirea	Metoda	Rezultat	Un. măsură	Interpretare	Interval de referinţă
Anti-TPO ser	CLIA	**1438.9**	UI/mL	↑	0-40
Anti-TG ser	CLIA	46.74	UI/mL		0-60

Comentarii:

Responsabil de analize: Iurceac Ana

Verificat şi validat: **SL Bordian Gabriela** **Data efectuării analizei:** *20.07.2020*

semnătura

REPUBLICA MOLDOVA MUN. CHIŞINĂU MD-2028 STR. GH. A... CENTRUL MEDICAL MedExpert

PREPARATION FOR SURGERY

Patient: Good morning doctor! I have brought the results!

Doctor: Let's see them, Jessica! So, the result of the ultrasound has shown that you have a lump in the right lobe of your thyroid gland. The hormonal test reveals T3,T4 reduced and TSH increased, and there are antithyroid antibodies present in the serum. These results unfortunately confirm the diagnosis of Hashimoto's disease. You shouldn't be worried, this is manageable and you can overcome this condition. My advice is surgical treatment (as the full blood count confirms that you don't have anaemia). There is no other alternative because there is a suspicion of cancer. Don't worry, after surgery you will pursue an adjuvant therapy that will normalize your condition. How do you feel about this?

Patient: I have mixed feelings about this. Certainly, I am feeling a bit scared, but I have to deal with it.

Doctor: Take your time, make up your mind! I can assure you that I will be by your side all along this difficult path.

Patient: Thank you! I think I don't have much of a choice, so let's do this.

Doctor: Let's sign here. You give your consent for the operation. The details related to your preparation for the intervention will be given by the nurse. So, if you have any questions, please don't hesitate.

Patient: Will my voice be affected after the surgery?

Doctor: The first period you will be a bit hoarse, but after the therapy everything will normalize.

Patient: Does the therapy include daily consumption of drugs?

Doctor: Unfortunately, yes, because we should compensate the loss of a part of the thyroid, but the drug is taken once in the morning.

Patient: Thank you very much doctor. You have my trust, I think everything will be fine!

Doctor: Before the surgery we need to take a sample from your nodule through fine needle aspiration for cytology examination in order to confirm or infirm neoplasia. It is a five minute painless manoeuver.

Patient: Sure, doc! I agree with everything that is necessary to be done.

Doctor: Now the nurse will explain the preparation for surgery. Then we will do the aspiration, thus we are ready for the intervention!

FINAL APPOINTMENT

After surgery …

Doctor: Good morning, Jessica! How do you feel?

Patient: I feel a little bit of discomfort in my neck, but it's manageable.

Doctor: Great news! Lets see the postoperative wound. It looks great, no complications, no oedema, no tissue reaction, the sutures look adequate without inflammation.

Patient: What a relief, doctor!

Doctor: Now, I will prescribe you substitution therapy for the next 3 months. The drug is named levothyroxine. It should be taken in the morning before your breakfast, 50 mg a day. Also, a supplement of calcium. Please check the wound daily at your local surgeon, and if there are any complications, please let me know. That's all Jessica!

Patient: Thank you doctor, I will keep in touch with you! See you in 3 months!

Doctor: Yes, see you in 3 months to see the response to the treatment and the results of the pathology test!

AFTER 3 MONTHS

Doctor: Good morning, Jessica! Glad to see you again! How are you? What do you think of the treatment?

Patient: Doctor, I am very happy. The pain is gone, the weakness too. I got back to work in great shape!

Doctor: That's wonderful! Did you follow all of my recomandations?

Patient: Yes, doc!

Doctor: Great, so your pathology test is ready. Papillary carcinoma is confirmed, stage one, non-invasive, no specific aditional treatment required. So, we were very cautious in performing the surgery and stopped it in time! Now you will have a normal life, just with a pill in the morning.

Patient: Should I be concerned about this result?

Doctor: So far, you should be doing annual tests to prevent any other associated conditions.

Patient: Thank you very much doctor! You have saved my life and my work!

Doctor: That's my job, Jessica, you're welcome! If any problems occur, let me know!

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