

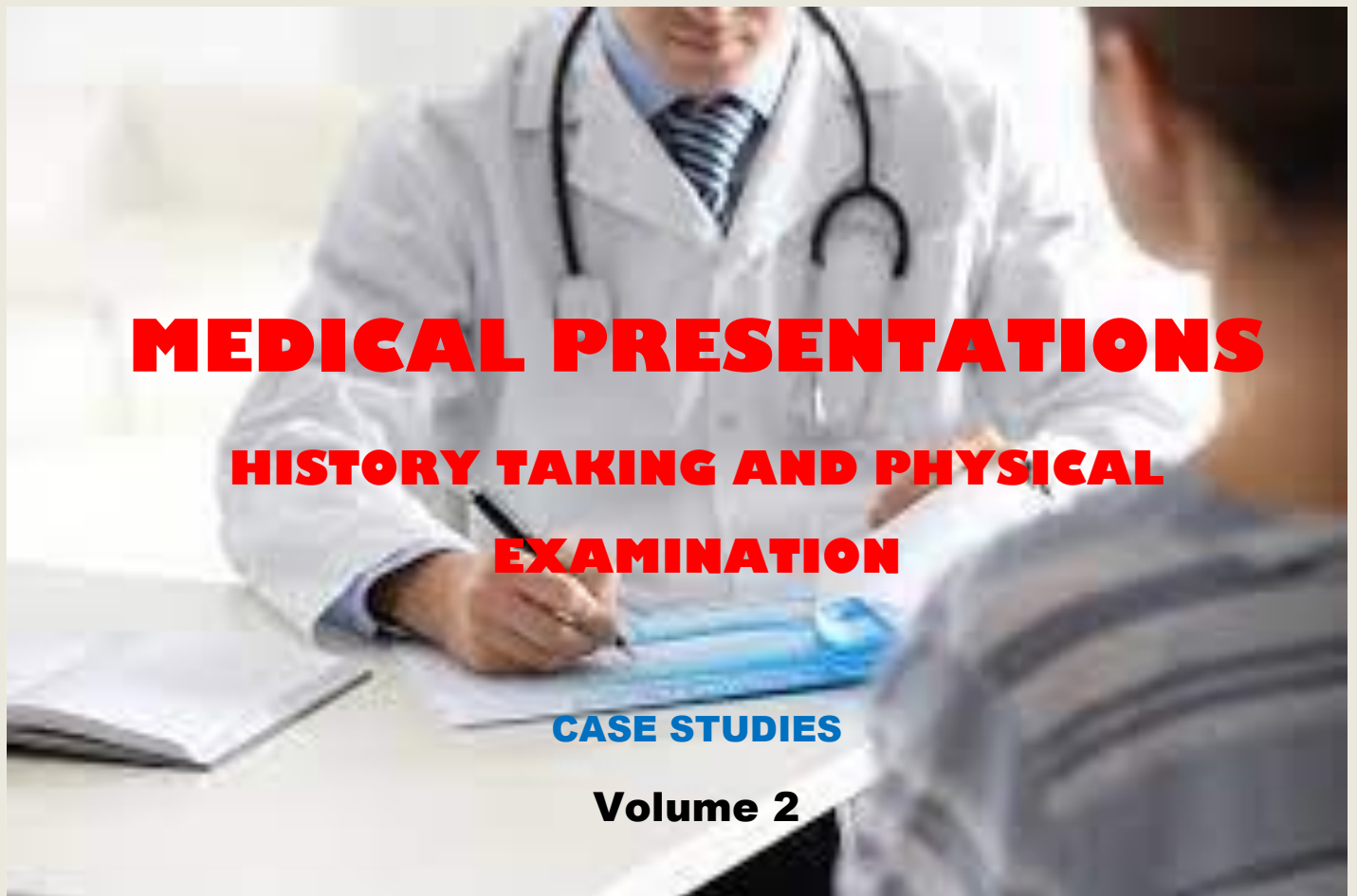


UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
„VICTOR BABEȘ” DIN TIMIȘOARA

Editors

SIMONA NICOLETA STAICU

IULIA CRISTINA FRÎNCULESCU



**MEDICAL PRESENTATIONS
HISTORY TAKING AND PHYSICAL
EXAMINATION**

CASE STUDIES

Volume 2



Editura „Victor Babeș”

Timișoara

2023

Editura „Victor Babeș”

Piața Eftimie Murgu Nr. 2, cam. 316, 300041 Timișoara

Tel./ Fax 0256 495 210

e-mail: evb@umft.ro

www.umft.ro/editura

Director general: Prof. univ. emerit dr. Dan V. Poenaru

Colecția: HIPPOCRATE

Coordonator colecție: Prof. univ. dr. Andrei Motoc

Referenți științifici: Prof. univ. emerit dr. Dan V. Poenaru

Prof univ. dr. Marius Raica

Indicativ CNCSIS: 324

ISBN general: 978-606-786-250-8

ISBN Vol. 2: 978-606-786-319-2

© 2023 Toate drepturile asupra acestei ediții sunt rezervate.

Reproducerea parțială sau integrală a textului, pe orice suport, fără acordul scris al autorilor este interzisă și se va sancționa conform legilor în vigoare.

CONTENTS

Preface	4
Alexandru-Mihail CATANĂ, <i>Root Fracture</i>	5
Sara GOGEA-BAGIU, <i>Chronic Kidney Disease</i>	33
Flavia-Marina GRIGORAȘ, <i>Pityriasis Rosea</i>	57
Victoria IANCONI, <i>Hashimoto's Disease</i>	80
Rareș-Cristian IANCU, <i>Rheumatoid Polyarthrititis</i>	102
Andreea IGAȘ, <i>Ischemic Stroke</i>	127
Patricia Cristiana IORGA, <i>Mitral Valve Regurgitation</i>	141
Teodora-Georgiana JELER, <i>Tapeworm Infection</i>	163
Gabriela LUCACIU, <i>Dental Caries</i>	184
Maria LUȚ, <i>Dental Bridges</i>	201
Teodora MARIN, <i>Allergic Asthma</i>	217
Raul-Andrei MIHOC, <i>Periapical Abscess</i>	238
Anamaria MIHUȚ, <i>Urinary Bladder Cancer</i>	257
Vlad MULCUȚAN-CHIȘ, <i>Peptic Ulcer</i>	279
Miriam MUNTEAN, <i>Borderline Personality Disorder</i>	299
Nicolas OLAR, <i>Multiple Sclerosis</i>	319
Antonia Cristina OLARU, <i>Coronary Artery Disease</i>	336
Dorottya RÁK RÉKA, <i>Tuberculosis</i>	356

PREFACE

The ability to obtain an accurate medical history and carefully perform a physical examination is fundamental to providing comprehensive care to patients.

For medical students as future doctors, no matter which area they specialize in, taking a history from a patient is a necessary skill for examinations. It tests both their communication skills as well as their knowledge about what to ask.

Each student should be able to describe the significant attributes of a symptom, including location and radiation, intensity, quality, temporal sequence (onset, duration, frequency), alleviating factors, aggravating factors, setting, associated symptoms, functional impairment, and the patient's interpretation of the symptom. Students have to obtain a patient's history in a logical, organized, and thorough manner, covering the history of present illness, past medical history (including usual source of and access to health care, childhood and adult illnesses, injuries, surgical procedures, hospitalizations, transfusions, medication, tobacco and alcohol use, and drug allergies), preventive health measures, social, family, and occupational history, and review of systems.

This 2nd volume is highly recommended for medical students (studying General Medicine and Dental Medicine) and junior doctors wanting a practical, quick reference to aid confidence and develop excellent clinical consultation skills.

The following selected projects (real clinical case studies) were presented during students' workshops, which have been organized since 2016 at our language department by the coordinators of this volume in collaboration with other universities.

Associate Professor Ph.D. Simona Nicoleta STAICU

Associate Professor Ph.D. Iulia Cristina FRÎNCULESCU



UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA

Root Fracture



Alexandru-Mihail Catană

Dental Medicine Student

Table of Contents

<i>Root Fracture.....</i>	<i>7</i>
<i>About the Patient.....</i>	<i>12</i>
<i>Opening the Consultation.....</i>	<i>13</i>
<i>Presenting Complaint.....</i>	<i>15</i>
<i>History of Present Complaint.....</i>	<i>17</i>
<i>Medical History.....</i>	<i>19</i>
<i>Social History.....</i>	<i>23</i>
<i>Dental History.....</i>	<i>25</i>
<i>Conclusion.....</i>	<i>27</i>
<i>Bibliography.....</i>	<i>30</i>

Root Fracture

- DEFINITION
- TYPES

Tooth fractures (crown or root fractures) are commonly encountered emergencies in a dental clinic.

Root fractures are defined as fractures involving the dentine, cementum and pulp. They are broadly classified as horizontal and vertical root fractures.

Treatment of root fractures depends on a number of factors, such as position of fracture line, mobility of tooth and pulpal status. Thus clinicians must have thorough knowledge and adequate clinical experience to treat them properly.

Horizontal root fracture is when the fracture line is perpendicular or oblique to the long axis of the tooth. It can occur in the apical, middle or coronal portion of the root. Horizontal root fractures can often be identified by taking a peri-apical radiography. Now, with the introduction of cone beam computed tomography (CBCT), it is possible to view root fractures three-dimensionally.

The treatment of horizontally root-fractured teeth involves re-positioning, stabilisation and occlusion adjustment, with a good chance of survival. The exception to this is when the horizontal fracture affects the coronal third of the root, in which case extraction is necessary in 80% of cases. In the case of pulpal necrosis (which occurs in 20-44% of root fracture cases) it can be treated through root canal treatment or endodontic surgery. When the coronal fragment of the tooth is stable, then splinting is unnecessary. However, in the case that the fracture affects the coronal third of the root, it is in close-proximity to the cemento-enamel junction, and it is almost impossible to prevent the contents of the oral cavity getting into contact with the fracture, then splinting for at least 2 months is required.

Vertical Root Fractures are longitudinally orientated fractures of the root. They extend from the root canal to the periodontium.

The symptoms and clinical signs of vertical root fracture (VRF) may be very easily confused with endodontic failure or periodontal disease. Just like with VRF, endodontic and periodontal pathology may have symptoms that include tenderness to percussion, palpation and pain upon chewing. Clinical signs can also be present as fistula, swelling, abscess and a deep probing depth. Radiographic features such as vertical bone loss may be also compatible to several diagnoses. A correct treatment approach is dependent upon a correct diagnosis.

The diagnosis of a VRF may be challenging because it is difficult to visualize, especially in teeth with crowns. This creates difficulties when a practitioner wants to formulate a treatment plan and there is some doubt of a VRF. It is of increased importance for one to understand that the most predictable treatment plan for the VRF is tooth extraction. The VRF has a prevalence of 13% of the extracted endodontically treated teeth. A clinician should remember that whilst a root fracture remains, bone around the tooth is continuing to be lost, compromising the success of any future potential implants. Anterior teeth with a vertical root fracture have a very poor prognosis and treatment is mainly extraction. Multi-rooted teeth can be successfully treated by removing the fractured root, either by root amputation or hemisection.

About the patient

- *Name: Anthony Holder*
- *Gender: Male*
- *Age: 50*
- *Weight: 80 Kg*
- *Height: 1.8 m*
- *Occupation: Construction Worker*
- *Children: 1*
- *Moved to another city about 8 months ago*

The patient has noticed swelling next to his mandible first left premolar and his mandible first right premolar is showing similar symptoms and clinical signs (teeth that had an endodontic treatment performed on them two years prior to this visit) and decided to go to his new dentist. He was also diagnosed with heavy bruxism. Anthony has no idea what's happened to him and he is about to find out soon that his teeth suffered a vertical root fracture.

Opening the Consultation

- PATIENT HISTORY TAKING

Doctor: Good morning, sir! I'm doctor Aaron Hines. You must be Anthony Holder. Is that right?

Patient: Good morning! Yes that's my name.

Doctor: Please take a seat, Anthony. Make yourself comfortable. I'd like to ask you a few questions. Are you happy to continue?

Patient: That's alright with me.

Doctor: From what I can see this is the first time you visit our clinic, is that right?

Patient: Yes, it's been a while since I've seen a dentist. I moved to this city some 7 or 8 months ago and work prevented me from doing anything else.

Doctor: I see, so you're new in these parts. How old are you Mr. Anthony and what do you do for living?

Patient: I'm 50 years old and I'm a construction worker.

Doctor: Sounds like a difficult job at your age.

Patient: It is, but I've been taking it a bit easier in the last year and I need to make a living.

Doctor: Any children or family members around?

Patient: I have a daughter and it's just me here.

Doctor: Back in your previous city how often did you visit your dentist?

Patient: Not that often, but I'd like to change that.

Doctor: I'm glad to hear it. This change will be good for you in the long term. I'd like to help you out and I hope you will play an active part.

Patient: I'll do my best.

Presenting Complaint

• SYMPTOMS

Doctor: Now that I've gotten to know a few thing things about you, please tell me what's been bothering you.

Patient: I've noticed a swelling next to two of my inferior teeth and I can sometimes feel some pain. It's been like this for quite some time.

Doctor: Swelling and pain? Is there anything else associated with these symptoms?

Patient: Nothing I can think of, sir.

Doctor: Very well then. Let's proceed in that case.

History of Present Complaint

- SYMPTOMS
- PAIN
- TRIGGERING FACTORS

Doctor: You've mentioned swelling. Can you show me where the swollen areas are?

Patient: Of course!

Doctor: (Looking at the patient's mouth) That's right. There is a swelling next to your mandible first left premolar and a buccally located periodontal pocket. I can see a similar defect next to your mandible first right premolar. How about the pain? What can you tell me about it?

Patient: It's mild, but it comes and goes.

Doctor: What triggers the pain?

Patient: I feel it when I chew solid foods and every time I wake up.

Doctor: What makes the pain go away?

Patient: I try not to think about it. It always goes away but once I eat or drink something cold or hot it comes back again. it's like a never-ending cycle.

Doctor: Do you feel any pain in other parts?

Patient: Luckily no.

Doctor: The pain's always been mild or do you feel a more intense pain?

Patient: Mild. Always.

Doctor: Good. So, Anthony, you've done well so far and before we go on I'd like to know what is it that you expect from this meeting?

Patient: I would like to feel better again. This pain is annoying and it sort of gets in the way. I hope to get rid of it soon.

Doctor: Thank you for being honest.

Medical History

- PREVIOUS PROCEDURES

Doctor: So far we've talked about your symptoms, now I'd like to discuss your medical history. Do you currently have any medical conditions?

Patient: Now that you're mentioning it doctor, I was diagnosed with heavy bruxism some years back.

Doctor: It's a very important thing you've told me. I must be correct to assume that you're using a mouthguard, am I right?

Patient: Regarding that. My previous doctor told me to wear one, however I haven't used it that much.

Doctor: I see there are some areas where we need to work. That's not good at all, but there's always room for improvement. How would you describe your working environment?

Patient: Very, very stressful. I'm not working as hard as I used to but it still takes a toll on me. And having to move to another city is a lot of work and it's adding up.

Doctor: I get it. You must be exhausted. Has bruxism been a part of your life for a long time?

Patient: Yes, but I used to be able to manage it a lot better in past, however as time passes things change.

Doctor: Can you please tell me if you have ever previously undergone any operations and procedures?

Patient: Two years ago endodontic treatments were performed on some of my teeth. I believe it's the teeth in question.

Doctor: Any allergies?

Patient: None that I'm aware of.

Doctor: How's your back?

Patient: It hurts from time to time.

Doctor: Did you experience any loss in appetite?

Patient: I find it difficult to eat considering the discomfort, but I still eat as much food as always.

Doctor: How about fatigue?

Patient: I'm not as strong at my age, but it's nothing I consider out of the ordinary considering my age and working conditions.

Doctor: Loss of taste, smell or coughs?

Patient: No.

Doctor: Are you vaccinated against COVID-19?

Patient: Yes, I am vaccinated.

Doctor: Is your stomach bothering you?

Patient: No, it's fine.

Doctor: Any heart conditions?

Patient: I have high blood pressure.

Doctor: Are you taking medication for it?

Patient: I do.

Doctor: Is there any chest pain?

Patient: Fortunately no.

Doctor: Are you experiencing headaches?

Patient: Sometimes I do.

Doctor: At what time of the day?

Patient: In the morning, but they go away rather fast.

Doctor: This is happening for some time or is it something recent?

Patient: It's a bit recent.

Doctor: How about coordination problems?

Patient: I have no troubles. I guess I'm accustomed when it comes to complex tasks because of what I do at work.

Doctor: Do you feel any joint pains?

Patient: After a day at work I can feel some pain that goes away if I relax.

Social History

• EATING HABITS

Doctor: Do you mind if I ask you a few personal questions?

Patient: Not at all.

Doctor: How would you describe your relationship with your family, friends and daughter. If you are not comfortable you can stop at any moment.

Patient: That's ok doctor. I'd say I have a good relationships with them. My daughter is not living close but we keep in touch.

Doctor: How about her mother?

Patient: I'm divorced.

Doctor: I see. Mind telling me if you drink coffee, alcohol or smoke?

Patient: I drink coffee every morning, I almost never touch alcohol and I used to be an heavy smoker, but I managed to quit about 14-15 years ago.

Doctor: What sort of food do you eat?

Patient: I'm eating a bit too much meat and not as many vegetables. I do enjoy fruits, but not on a regular basis. I don't eat that many sweets anymore, however there are days when I feel like a snack or two won't hurt.

Doctor: Do you find it difficult living on your own? How's your financial status?

Patient: I'm used to being on my own and I don't have a tone of money, but enough that I don't have to worry about the next month.

Dental History

• ORAL HYGENE

Doctor: You've mentioned you don't visit your dentist that often if I recall correctly? Any particular reason?

Patient: Yes, I'm usually a bit afraid of going to any doctor.

Doctor: I assure you there is nothing real to be afraid of. If anything, going to your doctor can help prevent further health conditions. Me and my staff are here to aid you.

Patient: I know. Thanks for reassuring me.

Doctor: Tell me, Anthony, how do you look after your teeth at the moment?

Patient: I brush them daily twice a day. I might forget sometimes, but I try to remember.

Doctor: How long do you brush your teeth?

Patient: For less than two minutes.

Doctor: Does it hurt when you brush them?

Patient: A bit lately, ever since my swollen areas.

Doctor: Got it. Do you floss regularly?

Patient: No, I don't.

Doctor: Did you have any dental issues in the past?

Patient: A plaque build-up on my mandibular front teeth but I'm all good now thanks to my previous dentist, and there were a few cavities present which were taken care of.

Conclusion

- MEDICAL ADVICE

Doctor: Very well, Anthony. I believe we are almost done. Let's see. You complained about swelling next to your mandible first left premolar and mandible right premolar and there is some mild pain when you apply force, there were endodontic treatments performed on both of your teeth two years ago and you were diagnosed with heavy bruxism as well. Is that correct?

Patient: That's right.

Doctor: Good. Now I'm going to have you take an X-ray. You will return in a couple of days and we'll see what needs to be done. Until then I want you to start eating healthier and brush your teeth more often for at least two minutes twice a day but don't apply too much force. Do you understand what you have to do? Can you please repeat?

Patient: Yes, an X-ray, healthier diet and brushing my teeth twice a day for two minutes.

Doctor: In that case Anthony, It's been a pleasure. We'll meet again in a few days. Good bye!

Patient: Good bye, sir!

A few days later Anthony returned to the clinic with his X-ray.

Mandible first left premolar: The radiography analysis was able to show a vertical bone loss of the mesial face of the root. Based on the symptoms, clinical and radiographic signs a diagnosis of vertical root fracture was concluded. Extraction of his tooth was proposed and accepted. After the extraction it was possible to visualize the fracture.

Mandible first right premolar: It was having symptoms and clinical signs similar to his mandible first left premolar, the radiographic analysis was able to show a halo lesion surrounding the root. Similar diagnosis and treatment were presented to the patient, and it was possible to confirm the diagnosis after the extraction.

Bibliography



• SITES

https://en.wikipedia.org/wiki/Root_fracture

<https://www.researchgate.net/publication/221741932> A review of root fractures Diagnosis treatment and prognosis

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3467119/>

<https://unsplash.com/@dentistozkanguner>

<https://unsplash.com/@matmacq>

**Thank
You**



CHRONIC KIDNEY DISEASE

— In hemodialysis program —

Sara Gogea-Bagiu
General Medicine Student

Real clinical case study

Name: Dumitru Constantin

Age: 35

Gender: Male

Story: The patient presented at the nephrology department within the County Emergency Hospital of Timisoara accusing lower back pain and blood in the urine.

Timisoara, 1987

Contents

1. 1st appointment
2. 2nd appointment
3. 3rd appointment
4. 4th appointment-surgery department
5. 5th appointment (august 2012)
6. 6th appointment-vascular surgery department
7. 7th appointment (january 2018)
8. CT scans
9. 8th appointment-Nephrology Clinical Hospital Dr. Carol Davila Bucharest
10. X-ray results
11. 9th appointment
12. Bibliography

1st visit to the doctor

Doctor: Hello! I'm Doctor Popescu Sorin. Please, have a seat!

Patient: Hello! I am Dumitru Constantin. A pleasure to meet you, Doctor!

Doctor: Now, may I have your ID card so i can register you while you tell me what is it that's bothering you?

Patient: Yes, of course. It's been a few days now since my lower back pain appeared and blood started showing up in the urine.

Doctor: I see ... Now please tell me, have you been feeling unusually tired lately?

Patient: I guess I've been feeling pretty tired lately.

Doctor: You told me that you've been urinating with blood and that makes me think of a urinary tract infection. Could you please describe the back pain?

Patient: I get a feeling of stiffness at the lumbar level. And I also get this intense pain in both sides of my trunk.

Doctor: I see. Is it maybe possible that you have a family history of kidney disease?

Patient: Nothing that I am aware of, my mom is feeling alright, she was deported from Basarabia here in Banat when she was just a child and my dad died when I was only 20 years old so I don't really know much about family health history.

Doctor: It's ok, we're going to have to run some tests and we're going to figure it out. We will have to check you into the hospital for further investigations.

Patient: Ok, doctor. Thank you!

The patient was hospitalized for investigations in the Nephrology Department for almost 2 weeks and he was diagnosed with polycystic kidney disease.

Doctor: Hello, Mr. Dumitru! How are you feeling today?

Patient: Hello, Dr. Popescu. I feel better now, my back pain has improved so I guess the analgesics that you've been prescribing me are working, but I still urinate with blood.

Doctor: I came back with your test results. It seems that your kidneys are not doing very well. Unfortunately you have a disease called polycystic kidney disease. This is a genetic disease, so it means that you have a dominant gene that has expressed and determined the disease and its symptoms such as back pain and blood in the urine.

Patient: Oh my God ... This is terrible. Is there a way to treat it?

Doctor: For now I am going to prescribe you a treatment and you're going to have to do check-ups periodically.

Patient: Thank you so much Doctor. Can I go home now?

Doctor: Yes, I am going to write your discharge from the hospital and then you are free to go. Take care!

Patient: Thanks Doctor, you too!

He got some treatment and he was retired for illness so he wasn't able to work anymore.

2nd visit to the doctor

Patient: Dumitru Constantin

Age: 40

Gender: Male

The patient was not feeling well, the treatment the doctor prescribed to him wasn't good enough anymore, the kidneys started to develop bigger and bigger cysts and the function of the kidney was diminished so after 5 years he started dialysis treatment twice a week for 5 years.

Doctor: Hello Mr. Dumitru. You are not feeling so good I see.

Patient: Hello Dr. Popescu. No ... I am not. I think my treatment is not working anymore. And I also get headaches, my blood pressure is quite high.

Doctor: Yes, that's because your kidneys are developing cysts and the kidney's functions are diminished. That may also be the cause of hypertension. It's time to put you on hemodialysis treatment to make sure your blood is filtered correctly and it doesn't affect other organs.

Patient: Is it going to get worse?

Doctor: It can develop into chronic renal failure but let's not think about the worst for now.

In the 5 years of hemodialysis, the patient came in contact with hepatitis C virus (HCV) because of the poorly sterilised medical equipment.

After 5 years, the patient went on peritoneal dialysis followed by peritonitis.

3d visit to the doctor

Patient: Hello Doctor!

Doctor: Hello Mr. Dumitru. You seem nervous, what seem to be the problem?

Patient: Doctor, I am feeling horrible, I am in great pain, I have been throwing up all day yesterday and I have fever.

Doctor: It seems that you could have an infection. I am going to check you into the hospital and do some investigations.

A few hours later ...

Doctor: Mr. Dumitru, it seems that you have peritonitis and we're going to have to take you to the operation room. I am going to walk you through the procedure and if you give us your consent we're operating you tonight.

Patient: Yes Doctor, of course, just help me please.

The patient was operated for peritonitis and a few days later he started feeling better. Then he went on hemodialysis with central venous catheter.

A few years later, the patient was diagnosed with chronic renal failure.

4th visit to the doctor – surgery department

Patient's age: 60 years old

Diagnosis: Chronic renal failure treated with dialysis, secondary hypertension, hepatitis with HCV, secondary hyperparathyroidism, anemia

Conclusion: In surgery, the surgeons discovered some blood clots in the catheter and the obstruction of the brachiocephalic trunk so they are going to replace the old catheter with a new one.

5th visit to the doctor (August 2012)

Patient: Hello, Doctor! It seems like you can't get rid of me! *laughs*

Doctor: Hello, Mr. Dumitru. How are feeling today?

Patient: Not great doc, my catheter is not working again. I think you have to change it again.

Doctor: I'm sorry to hear that. We're going to do some tests and then we will check up on you.

Patient: Ok, great.

Diagnosis: chronic renal failure in the uremic stage in the program of chronic hemodialysis on the central venous catheter, CVC on the right common iliac vein, anemia, secondary hypertension, hypertensive cardiomyopathy, hepatitis with HCV.

Conclusion: Check in with nonfunctional CVC and severe hyperkalemia followed by replacement of the CVC. The CVC was implanted in the right common iliac vein after a few trials. During hospitalization he performs hemodialysis and is treated with antibiotics, gastric protectors, hypotensive medication, blood transfusions.

6th visit to the doctor – vascular surgery department

Mr. Dumitru presented at the hospital 5 years later (December 2017) with left peripheral edema and left joint pain.

Diagnosis: Peripheral arterial disease with PLD graft in the left leg.

Treatment: Aspenter 75 mg, lipid, glycemic profile and cardiological reassessment, walking exercising.

7th visit to the doctor (January 2018)

Diagnosis: central venous permanent catheter, translumbar malfunctional

Investigation: CT abdomen angiography, laboratory tests

Conclusions: dialysis catheter in the right common iliac vein and inferior vena cava. Inferior vena cava "molded" on the catheter with fibrous appearance abdominal aorta and emergent branches of it diffusely atheromatous, permeable, without significant stenosis.

8th visit to the doctor – Nephrology Clinical Hospital Bucharest

Doctor: Mr. Dumitru, we have tried again and again to replace the catheter over the years to help you continue with hemodialysis, but unfortunately there is nothing else we can do. Although, there might be a chance in Bucharest where they have a special catheter and they can try to make it work for a while.

Patient: Ok Doctor, I understand.

The patient checked in at the Nephrology Hospital in Bucharest for 2 weeks.

Diagnosis: renal disease in the final stage dependent on renal dialysis, hepatitis with HCV, primary arterial hypertension, anemia.

Conclusion: patient with chronic kidney disease in hemodialysis for 25 years, with multiple vascular approach procedures, in hemodialysis by common iliac CVC inserted in 2012, accuses its dysfunction, the reason why he asks for replacing the CVC. Pre-operation after an HD session the patient develops left leg hematoma (evacuation puncture is performed ~150ml blood).

Surgery is performed and the right common iliac CVC is changed (from 32 cm to 54 cm). The postoperative evolution is slowly favorable, the patient requiring 2 isogroup blood transfusions.

9th visit to the doctor – 8.04.2019

The patient has checked in at the hospital for almost a month.

Diagnosis: chronic renal disease with CVC on right common iliac vein partially functional, cvc obstruction solved pharmacologically by thrombolysis, anemia, bone mineral disease associated with chronic kidney disease, hypertensive cardiomyopathy, chronic hepatitis with HCV, heart failure.

Conclusion: 67-year-old patient with chronic kidney disease in renal replacement program by hemodialysis for about 27 years, on right iliac CVC with transabdominal approach, with multiple vascular problems presents with dysfunctional HD CVC and showing episodes of chills during dialysis.

CVC contamination is suspected and vancomycin is administered. There is a low flow at the CVC level with total obstruction of the catheter without the possibility of performing HD.

An attempt is made to re-perform an approach, but intraoperatively the stenotic inferior vena cava is detected around the CVC without the possibility of an alternative approach or the current CVC extraction, the surgical wound closes and is healing with the extraction of the drain tube. Considering the impossibility of re-performing a new vascular approach, thrombolysis is attempted from the existing CVC level, using alteplase it is possible to unclog both lumens of the CVC, the patient performs HD in satisfactory parameters.

Bibliography

- Medical file of the patient Dumitru Constantin (the name has been changed for privacy): medical tests, CT scans.

**In memory of my grandfather who lived 27
years with hemodialysis and died in
October 2019**

Pityriasis Rosea

Flavia-Marina Grigoraş

General Medicine Student

TABLE OF CONTENTS



01

Definition of the disease



02

About the patient



03

1st doctor's appointment:
family doctor



04

2nd doctor's appointment:
infectious disease doctor



05

3rd doctor's appointment:
dermatologist



06

4th doctor's appointment:
dermatologist

01

Definition of the disease

- Pityriasis rosea is a relatively mild skin disorder characterized by a salmon or pink colored, scaly rash. It often affects children and young adults.
- In many individuals with pityriasis rosea, the characteristic rash develops after vague, nonspecific symptoms that resemble those associated with an upper respiratory infection.
- The rash is usually located on the back, chest and stomach and resolves on its own within one to three months. Certain treatments may reduce the duration of the rash. Researchers believe that pityriasis rosea is caused by an infectious pathogen, but they have been unable to isolate and identify such a pathogen.



02

ABOUT THE PATIENT

Name: Flavia Grigoraş

Sex : Female

Date of birth: 06.08.2001

Age: 11 years old

Weight : 40 kg

Height : 1.50 m

Problem: itchy rash on her trunk



22.02.2013

03

1st doctor's appointment: family doctor

Doctor: Hello, Flavia! Please come in and take a seat!

Patient: Hello, doctor!

Doctor: What brings you here today? How may I help you?

Patient: It all started with a small rash 3 days ago, but it extended all over my torso during these last days.

Doctor: Let me have a look at your rash. Could you please remove your shirt?

Patient: Sure, in a moment.



Doctor: Do you experience itchiness?

Patient: Yes, it's very hard for me to control my scratching.

Doctor: What about other symptoms, like fever, headache and tiredness?

Patient: No, I haven't experienced any of them.

Doctor: Have you ever had chickenpox?

Patient: I have never had chickenpox before.

Doctor: Has any of your colleagues had it recently?

Patient: Not that I am aware of.

Doctor: I suspect that it is the cause of your rash. I will send you to an infectious disease specialist to confirm the diagnosis.

Patient: Thank you doctor, have a good day!

Doctor: Goodbye!



04

**2nd doctor's
appointment:
infectious disease
doctor**

23.02.2013

Doctor: Good morning, I'm dr. Doina Romanescu! Please, do come in, have a seat and make yourself comfortable, miss

Patient: Good morning dr. Romanescu! My name is Flavia Grigoraş. Thank you for seeing me at such short notice.

Doctor: Don't worry! Your physician contacted me about your case. She suspects that you have chickenpox. I would like to have a look at you, but first can you tell me what kind of symptoms have you experienced so far?

Patient: Other than this itchy rash, I haven't had anything.

Doctor: Hmm ... let me have a look at your rash.

(the doctor is examining the rash)

Doctor: From what I see you don't have chickenpox. The pattern of your spots suggest that you have pityriasis rosea. I recommend you go to a dermatologist to find a treatment that suits you. You don't have to worry, what you have is not infectious and is treatable.

Patient: Thank you, doctor, goodbye!



24.02.2013

05

**3rd doctor's
appointment:
dermatologist**

Doctor: Hello, I'm dr. Popescu Livia! Please come in, Flavia!

Patient: Hello, doctor!

Doctor: I see from your history file that you are suspected to have a skin disorder named pityriasis rosea. I also see that last year you were diagnosed with asthma. Have you suffered an asthma attack recently?

Patient: I recently had a cold, but not an asthma attack.

Doctor: And how is it at school? I see that you are in the 5th grade, are you more stressed?

Patient: I have just finished my semester exams, so I am not so exhausted anymore, but for the last weeks I have been very stressed-out.

Doctor: I would like to do a physical examination now.
(the doctor is checking the rash)

Doctor: You do have pityriasis rosea. The causes for this disease are not fully known, but there is a link between your skin disorder and your previous cold. The stress you've been experiencing lately has also had an influence.

Patient: What should I do to alleviate my situation?

Doctor: I will prescribe a cream for you to apply on your rash. Call me or set another appointment if your condition worsens.

Patient: Thank you, doctor! Goodbye!



06

**4th doctor's
appointment:
dermatologist**

28.02.2013

Patient: Hello, doctor!

Doctor: Hello, Flavia! Please come in! How are you feeling?

Patient: I am not my best. My rash has extended all over my abdomen, arms and legs. The spots are bigger and redder and the itchiness has grown more intense.

Doctor: Can you take off your shirt so I can inspect your spots?
(the doctor inspects the rash)



Doctor: Hmm ... I will change your treatment. This time I will give you a list of ingredients for a cream that your pharmacist will have to prepare for you. You will also continue to take the pills that I prescribed for you last time. That should make you feel better.

Patient: Is there anything else that I have to look after?

Doctor: I would like you to avoid any sort of chocolate products.

Patient: Thank you so much for your help! Goodbye!



The evolution of the skin disorder



22.02.2013



28.02.2013



3.04.2013



REFERENCES

- <https://ro.pinterest.com/pin/44895327512652244/>
- <https://www.reginamaria.ro/utile/dictionar-de-afectiuni/pitiriazis-rozat-gilbert>
- <https://www.pixtastock.com/illustration/59356759>
- <https://slidesgo.com/medical>
- Dosar medical cu teste si analize, investigatii, imagini din arhiva personala a pacientului





Thank you!

Hypothyroidism (Hashimoto's Disease)

Victoria Ianconi
General Medicine Student



UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA



Table of Contents



01

About the patient

04

Treatment



02

Discussion



05

**Patient
Monitoring**

03

Diagnosis



06

**Before and after
treatment**



REAL CLINICAL CASE STUDY

Introduction

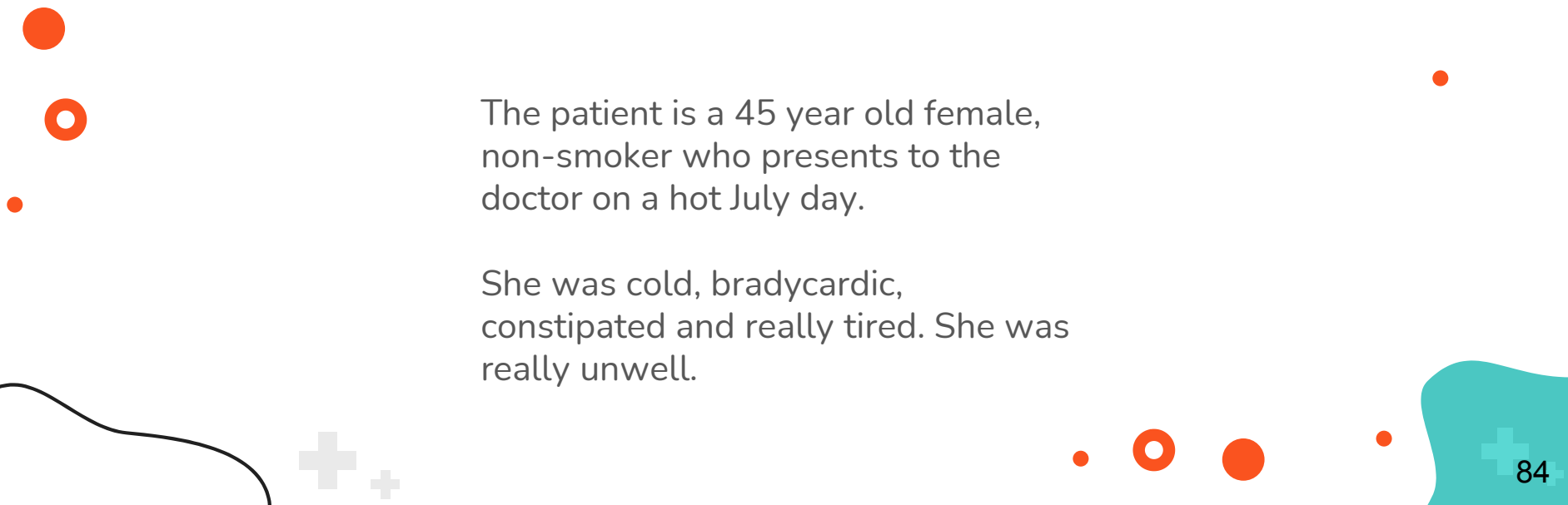

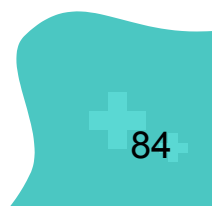






Hashimoto's disease is an autoimmune disorder that can cause hypothyroidism, or underactive thyroid.



01

About the patient



Name: Iancu Claudia
Age: 45 yrs old
Gender: Female
Non-smoker
Weight: 74 kg
Height: 1.53 m

The patient is a 45 year old female, non-smoker who presents to the doctor on a hot July day.

She was cold, bradycardic, constipated and really tired. She was really unwell.



02

Discussion

Doctor: Good morning and welcome to our clinic! I`m Dr. Adriana Georgescu. Nice to meet you!

Patient: Good morning, doctor Georgescu! I am Iancu Claudia. Nice to meet you too.

Doctor: All right Miss Iancu. It`s your first visit to our clinic, am I right?

Patient: It is not. I have been here before but to a different doctor.

Doctor: Well, in that case, may I ask you for your ID, your Health Insurance Card and your medical note from your family doctor?

Patient: Yes, sure. I will give them to you in just a second ... here they are.

Doctor: Thank you, Miss Iancu. Now, I will need some more personal details such as weight, height and your occupation.

Patient: I`m 1.54 m and I have 74 kg. I am a nurse.

Doctor: Okay, I finished entering the data. Now, tell me what has brought you to see me today?

Patient: Lately, I have not been feeling well, doctor.

Doctor: Please, let me know more about you. What seems to be the trouble?

Patient: It started a few years ago ... at first I thought I was always tired because I was always working and my body was adjusting to the amount of workload I must do, but the symptoms persisted and I did not know what to do ... so I searched my symptoms on google and that is the point when I got scared. Soon after that I decided to visit my family doctor.

Doctor: And what happened next?

Patient: Well, she took my blood pressure and I was shocked to find out that my systolic pressure is 58mmHg. She also noticed that I'm really tired and cold. After then she sent me to you.

Doctor: That is some valuable information you gave me. Everything will be alright and we will figure this out.

Patient: Thank god! I really hope so because right now I am really worried.

Doctor: You do not have to be worried. I am here to help you!

Doctor: Do you have any other symptoms besides constipation?

Patient: Yes, recently I have been gaining weight really fast.

Doctor: Have there been any changes in your diet? Have you started eating more fattier food?

Patient: No, my diet is the same. Even if I don't eat, I gain weight.

Doctor: That is odd. When did this start?

Patient: About one year ago.

Doctor: Have you had any spells of dizziness?

Patient: Not that I can remember.

Doctor: Hmm ... Interesting. What about your concentration level, how is it?

Patient: Honestly for the last 4 months it hasn't been so good. I have to take a few minutes to get on track.

Doctor: We will take care of you and soon after you will be able to spend more time with your family.

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: I could not help but notice that you seem kind of aggitated. Are you having trouble regarding your patience level?

Patient: Since the weight gain started I have started being short-tempered and have less patience, but I have no idea why.

Doctor: I understand.

Doctor: Have you had your blood pressure checked?

Patient: Not for a while.

Doctor: Can I take it?

Patient: Yes, of course.

Doctor: It seems that it is a bit slow. May I palpate your neck?

Patient: Absolutely!

Doctor: I guess this is not good ... It seems that your neck is a bit bigger but I will need some tests in order to reach a diagnosis.



Doctor: Now let`s talk about your family medical history for a while if you do not mind.

Patient: Not at all.

Doctor: Are there any diseases that have been running in your family?

Patient: My parents are healthier than me.

Doctor: Do you have any brothers and sisters?

Patient: Yes, I have two sisters. The oldest has hypothyroidism.

Doctor: What about your grandparents?

Patient: My grandmother and grandfather used to have hypertension and gout.

Doctor: Hmm ... that is interesting.





Doctor: Do you have any hobbies or interests?

Patient: Yes, I used to go jogging every morning and cycle every evening but since I started feeling unwell, I haven't been so active.

Doctor: What kind of house do you live in?

Patient: I live in a small house, in the village with my family. It is a really nice area full of kids.

Doctor: Do you smoke?

Patient: I do not smoke, nor drink.

Doctor: Given the previous episodes and your family history, we will do an electrocardiogram and a thyroid ultrasound.

Patient: Alright!





03

Diagnosis

Doctor: Now, let`s see ... After our brief discussion and the tests that I made to monitor your heart, I really think that you have Hashimoto`s disease or hypothyroidism.

Patient: What does that mean?

Doctor: Hypothyroidism is a common condition where the thyroid doesn't create and release enough thyroid hormone into your bloodstream. This makes your metabolism slow down. Also called underactive thyroid, hypothyroidism can make you feel tired, gain weight and be unable to tolerate cold temperatures.

Patient: What should I do next?

Doctor: I would like you to do some blood tests. Tomorrow in the morning please come back without eating or drinking in the morning, so that my colleague can take some blood samples.

Patient: Alright! At what time?

Doctor: At 8 o`clock.

Patient: Thank you so much!

Doctor: I will call you when I get the results! Have a nice day!

Patient: You too!

Doctor: Melissa, I would like you to draw blood from Miss Iancu tomorrow at 8 o'clock. I will tell my colleagues from the lab that I want to know more about the Thyroid-stimulating hormone (TSH), T4: thyroxine, FT4: Free T4 or free thyroxin, T3: triiodothyronine, FT3: Free T3 or free triiodothyronine, TPO antibodies.

Nurse Melissa: Can you tell me the name of the patient?

Doctor: Iancu Claudia, the lady that was here a few minutes ago.

Nurse Melissa: Alright Doc!

Doctor: Thank you so much!

The next day

Doctor: Hello, Miss Iancu! I am doctor Adriana Georgescu.

Patient: Hello, Doctor.

Doctor: I just got your results from the lab and I would like to come here and talk about the treatment.

Patient: At what time?

Doctor: Can you come here at 12 o'clock?

Patient: Yes!

Doctor: See you then! Goodbye!



04

Treatment



Patient: Hello again, doctor! How are the results?

Doctor: Hello, Miss Iancu. They are quite good, but there are some changes you should make to improve your lifestyle. Your hormones are quite imbalanced.

Patient: What should I do to change that?

Doctor: I will now suggest you a low-calorie diet, daily hydration and please repeat the lipidic profile, and the complete blood count.

Patient: Which medicine should I take?

Doctor: Standard treatment for hypothyroidism involves daily use of the synthetic thyroid hormone levothyroxine (Levo-T, Synthroid, others). This oral medication restores adequate hormone levels, reversing the signs and symptoms of hypothyroidism. You'll likely start to feel better soon after you start the treatment. You should come back in 6 months.

Patient: Thank you so much, doctor! See you in 6 months! Goodbye!

Doctor: If you have any questions, you can call me and ask me anything, but I would like to see how this treatment will work for you. Goodbye!

MARKERI ENDOCRINI

Denumirea	Metoda	Rezultat	Un. măsură	Interpretare	Interval de referință
TSH ser	RIA	4.74	mUI/L	↑	0,17-4,05 In sarcină: trimestrul I: 0,33-4,59 trimestrul II: 0,35-4,10 trimestrul III: 0,21-3,15
T4 total ser	RIA	168.62	nmol/L	↑	60-160 In sarcină: trimestrul I: 94,4-191 trimestrul II: 102-208 trimestrul III: 89,5-208
Anti-TPO ser	RIA	60.6	UI/mL	↑	0-40

Blood tests from the patient's medical file

MARKERI ENDOCRINI

Denumirea	Metoda	Rezultat	Un. măsură	Interpretare	Interval de referință
TSH ser	RIA	1.12	mUI/L		0,17-4,05 In sarcină: trimestrul I: 0,33-4,59 trimestrul II: 0,35-4,10 trimestrul III: 0,21-3,15
T4 liber ser	RIA	24.68	pmol/L	↑	11-23
Anti-TPO ser	RIA	296.19	UI/mL	↑	0-40



05

Patient Monitoring



Doctor: Hello, Miss Iancu!

Patient: Hello, doctor!

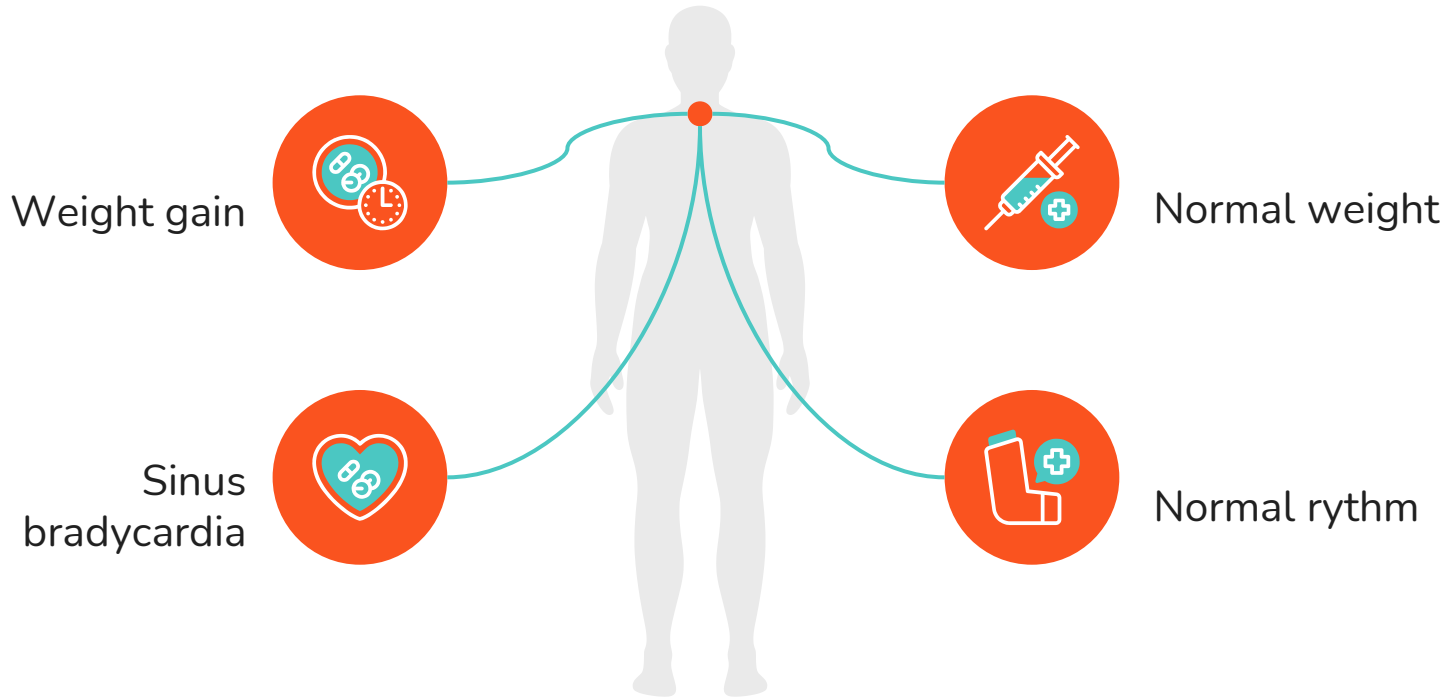
Doctor: How have you been with your treatment? I must say that you look way better.

Patient: I am feeling way better. My medication is really effective and I am able to spend more time with my family. I can finally enjoy my life without being tired all the time. Thank you!

Doctor: I am glad to hear that and I am happy for you. I will do another thyroid ultrasound to see how your thyroid is and after that I will give you the prescription.

Patient: Alright!

BEFORE AND AFTER TREATMENT



Bibliography

CLINICAL CASE STUDY

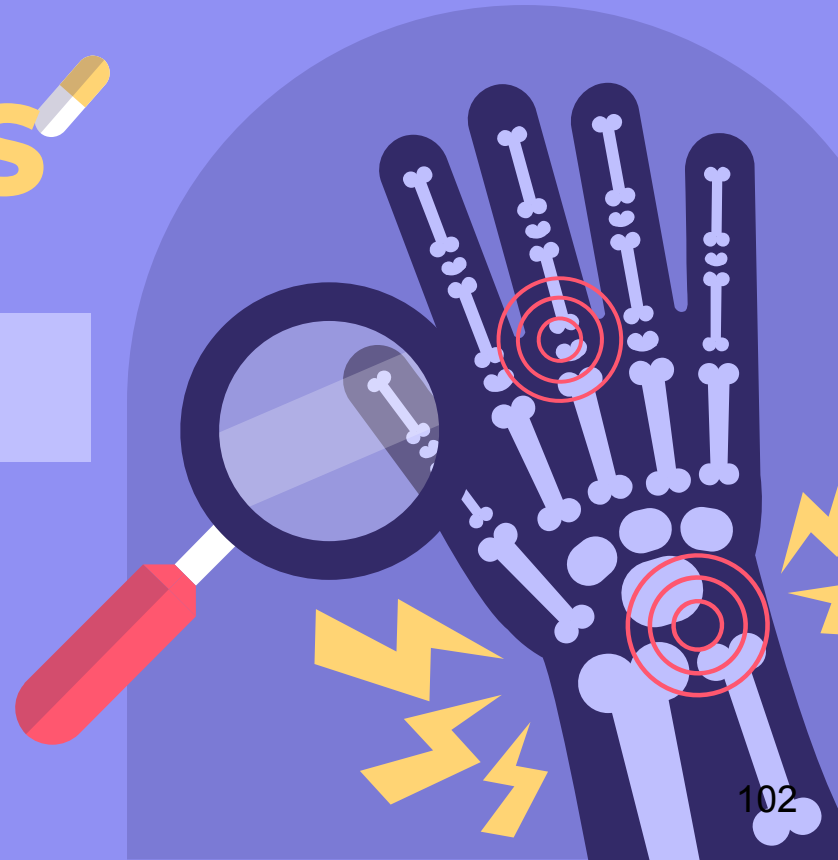
1. <https://www.mayoclinic.org/diseases-conditions/hypothyroidism/symptoms-causes/syc-20350284>
2. <https://www.niddk.nih.gov/health-information/endocrine-diseases/hashimotos-disease>
3. https://www.wikidoc.org/index.php/File:Sinus_bradycardia_.jpg
4. <https://www.thyroidcancer.com/hashimotos-thyroiditis>
5. Blood tests from the patient's medical file

RHEUMATOID POLYARTHRITIS

Rareş-Cristian Iancu
General Medicine Student



UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA



A person is shown from the side, wearing a brown t-shirt, holding their right hand with their left hand. The wrist area is highlighted with a red glow, indicating pain or inflammation. The background is a solid blue color with several floating pills of different colors (red, white, yellow, and orange) scattered around. The text is overlaid on the left side of the image.

**“THE PAIN OF RHEUMATOID
ARTHRITIS CAN ONLY BE
UNDERTSTOOD BY THOSE
WHO HAVE WITHSTOOD IT”**

TABLE OF CONTENTS

01. ABOUT THE PATIENT

Introduction, patient's lifestyle, how it all began

04. TREATMENT

Initial treatment plan: 1st type of biological therapy.

02. 1st DOCTOR'S APPOINTMENT (2012)

Anamnesis, patient's data, symptoms, possible condition, 1st tests

05. MONITORING. ALTERNATIVE TREATMENT PLAN (2016)

Test results, change of treatment: 2nd type of biological therapy

03. DIAGNOSIS

What does the term "autoimmune disease" refer to? What is rheumatoid polyarthritis? What could I have done differently to prevent this from happening? How will living with this condition affect my lifestyle?

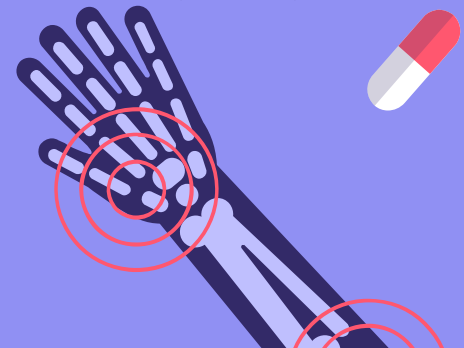


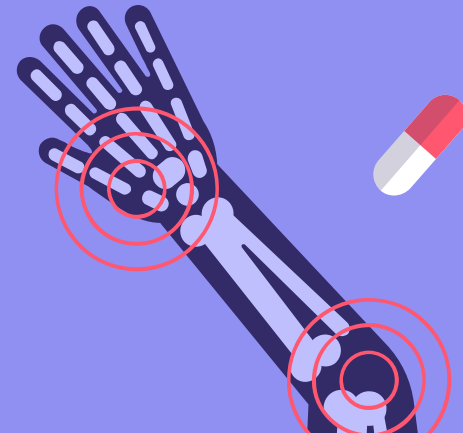
TABLE OF CONTENTS

06. AN UNEXPECTED CHANGE (2018)

Conditions for access to biological treatment have changed. What should I do now ?

07. CONCLUSIONS (2022) 08. BIBLIOGRAPHY

Current lifestyle. Hard work always pays off.












01.

ABOUT THE PATIENT

Introduction, patient's lifestyle, how it all began.



Living her whole life in the countryside, in a small village near Arad county, Elvira Popescu had been working everyday for the past 46 years, running the village shop. Besides her work in the commerce industry, she also had a farm and a family to look after: a husband and two daughters. As time passed, things couldn't help but change: some for the better and some for the worse. Those that took a turn for the worse, made Elvira find herself with no other choice but to consult a doctor.




Two days later, in Timișoara, she was standing before a cold, immaculate white door, and as she opened it, she noticed a small piece of metal being stuck on the door. It said: "Claudiu Stroescu, MD, Rheumatology".



02.

1st DOCTOR'S APPOINTMENT (2012)

Anamnesis, patient's data, symptoms,
possible condition, 1st tests



D: Hello ! My name is Claudiu Stroescu and today I am going to be your doctor. Please come in and make yourself comfortable !

P: Hello doctor ! It is a pleasure to meet you. My name is Elvira Popescu.

D: Would you be so kind to give me your ID so I could register you ? Afterwards, we will talk about what's bothering you.

P: Of course !

D: Thank you ! Now, please tell me, what seems to be the problem ?

P: Lately I've been having trouble moving. I feel stiffness in my shoulders and elbows: sometimes, I can barely move them anymore. I know that I'm not young anymore, but I've never had any sort of problems like that.

D: I see. Do your shoulders and elbows hurt too, or are they just stiff ?

P: I can also feel pain in my joints, not only stiffness. Pain is something I can handle, but it's got to the point where it prevents me from doing my daily activities and that can't happen, not now.

D: I understand. Please, tell me more about your lifestyle. What do you usually do in a day?


P: Well, let's see. I normally get up at 5 a.m. to feed the animals, then I go to check the temperature and irrigation system of the greenhouse. Afterwards I eat breakfast, then I cook something for my daughters, then leave. I have to open the store at 8 o'clock. The store remains open until 22 o'clock. After I close the shop, I head home to milk the cows and feed the cattle once again. Then I go to sleep, and the next morning I get up and start all over again.

D: You have quite a busy schedule. Do you lift or carry heavy things as well ?

P: Yes, I have to do it all by myself since my husband passed away. Nobody expected it. Although I don't like to admit it, I'm afraid it might have taken a toll on my health.

D: My condolences, I am sorry to hear that. When did this pain first begin ?

P: About a week after the funeral. I was in the barn, stacking some hay, and I suddenly couldn't even budge another haystack, let alone lift one. It was like I had this stabbing pain all over my shoulders.



D: I see. Did you notice anything else besides the pain and stiffness in your shoulders and elbow joints ? Did you experience weight loss, swelling of the joints, fever, or anything else worth mentioning ?

P: Now that I think about it, a lot of my clients have been telling me that I lost some weight, but I didn't pay too much attention about it. Also, lately I've been waking up at night without my blanket on, and one time, when I got out of bed to go to the bathroom, I took a look at myself in the mirror: my cheeks were really red and I felt quite hot, but the next morning everything was fine.

D: Could you tell me your age and step on the scale over here so I can measure your height and weight please ?

P: Of course. I am 65 years old.

D: As far as you know, has anyone in your family ever had the same type of pain as you ?

P: No, all the people in our family barely have had any medical problems at all. We have strong genes !

D: Thank you Mrs. Popescu ! We will run some tests and once we get the results, I will let you know. Meanwhile, I am going to prescribe you something to help with the pain and I strongly suggest you avoid difficult movements, such as lifting or carrying heavy things. Try not to put too much additional pressure on your joints. That will be all for today.

P: Thank you, doctor ! Have a nice day !

After the door closed, Dr. Stroescu took one final look at his notes before ordering the tests and closing the patient's file:

Name: Elvira Popescu

Age: 65

Sex: Female



Weight: 65 kg

Height: 1,62m


Symptoms:

- pain and stiffness in more than one joint (shoulders, elbows)
- episodes of fever
- weight loss

Observations: emotional shock - the loss of a family member




The next day, as he looked over the test results, the doctor noticed that some of the blood tests stood out. His suspicions were true. He scheduled an appointment for Mrs. Popescu.




→ **ESR (erythrocyte sedimentation rate) = VSH (viteza de sedimentare a hematiilor):** test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. Normally, red blood cells settle relatively slowly. A faster-than-normal rate may indicate inflammation in the body.

→ **CRP (C-Reactive protein) Test = Proteina C Reactivă:** 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. Inflammation is your body's way of protecting your tissues if you've been injured or have an infection.




→ **RF (Rheumatoid Factor) Test = Factor Reumatoid:** measures the amount of rheumatoid factor (RF) in your blood. Rheumatoid factors are proteins produced by the immune system. Normally, the immune system attacks disease-causing substances like viruses and bacteria. Rheumatoid factors attack healthy joints, glands, or other normal cells by mistake.





03. DIAGNOSIS

What does the term “autoimmune disease” refer to ? What is rheumatoid polyarthritis ? What could I have done differently to prevent this from happening ? How will living with this condition affect my lifestyle?



Opening the same lifeless yet now familiar door, Mrs. Popescu greeted the doctor and sat down, listening patiently to what the doctor had to say:



D: Mrs. Popescu, the tests came back. After a thorough examination of all the information, I have come to the following conclusion: you have rheumatoid polyarthritis.

P: Rheumatoid polyarthritis? I certainly heard about it but I don't really know anything else about it. Can you explain what it means and how can we treat it please?

D: Of course. First, you need to know that rheumatoid polyarthritis is an **autoimmune disease**, which means that your immune system attacks healthy cells in your body by mistake, causing inflammation in the affected parts. When it comes to **rheumatoid polyarthritis**, the immune system attacks the joints, usually many joints at once. The **signs and symptoms** of rheumatoid polyarthritis include:

- pain or aching in more than one joint
- stiffness in more than one joint
- tenderness and swelling in more than one joint
- the same symptoms on both sides of the body
- weight loss
- fever
- fatigue or tiredness
- weakness

If you pay attention to this diagram, you can notice the difference between a healthy joint, and a joint with rheumatoid arthritis. The prefix “poly” in “polyarthritis” refers to the number of joints affected by this condition.



P: What do you think caused this, doctor? Is there anything else I could've done to prevent this from happening?

D: The specific causes of rheumatoid polyarthritis are unknown, but there are some **factors that can increase the risk** of developing the disease, such as:

- age: the likelihood increased with age. The onset of rheumatoid polyarthritis is highest among adults in their sixties
- sex: new cases are typically two-to-three times higher in women than men
- smoking
- obesity



There are also genetic factors included. Emotional traumatic experiences, such as losing a beloved one, can also weaken the immune system and even trigger the development of a certain condition.

P: I understand. How do we treat it?

D: Unfortunately, autoimmune disorders in general cannot be cured, but the condition can be kept under control in most of the cases. I am going to suggest you start a biological therapy which should keep things under control, and help you live a normal life.

P: Thank you doctor! When do we start?

D: Unfortunately, because the biological therapy is available only under certain circumstances, before we start, you'll have to submit your file to the National Health Insurance House. Besides that, living with this condition means that you are going to have to make some changes to your lifestyle to make sure that the situation doesn't aggravate.



P: I see. What are those changes, doctor ?

D: Well, I thoroughly suggest that you:

- keep moving: avoid holding one position for too long. For example, don't sit behind the counter too much. Get up from time to time, even if it's just for a short walk outside the shop.

- avoid stress: avoid positions or movements that put additional stress on joints. That means that you shouldn't be stacking the hay all by yourself anymore. Avoid even doing simple activities, like opening a jar, if that makes your joints ache.

- discover your strength: try to use your strongest joints and muscles as much as possible.

- ask for help: hire a farmhand to help you. I know you are used to doing everything by yourself, but you mustn't overtire yourself anymore.

P: Do you think you could write these down for me please ?

D: Of course. Here you go. After we hear back from the National Health Insurance House, with your consent, we will start the treatment.



P: Thank you doctor !






04.TREATMENT


Initial treatment plan: 1st type of biological therapy.



D: Hello Mrs. Popescu ! I have some good news for you: our request with the National Health Insurance House has been admitted. Here is the biological treatment plan we are going to use:



Etanercept, sold under the brand name **Enbrel** among others, is a biologic medical product that is used to treat autoimmune diseases, such as rheumatoid polyarthritis, by interfering with tumor necrosis factor (TNF), acting as a TNF inhibitor. Enbrel is indicated for reducing signs and symptoms, keeping joint damage from getting worse, and improving physical function in patients with moderately to severely active rheumatoid arthritis.



I am going to prescribe you 1 injection/week. Please contact me if you have any further questions and don't hesitate to make an appointment if you notice anything out of order.

P: I understand. Thank you !






05.

MONITORING. ALTERNATIVE TREATMENT PLAN (2016)

Test results, change of treatment: 2nd type of biological therapy



As time passed, Elvira started to feel better. The treatment worked. She had adjusted to the new changes in her life. The years started to pass seamlessly, until one day, when a bitter feeling of déjà vu commenced as her symptoms started to reappear. She found herself again, in front of the same white door, with the same metal plaque, same engraved letters, wishing for the same thing: a normal life.

D: Looking at the latest test results I have to inform you that the initial treatment doesn't work out as expected. We have to try a different approach. I am going to prescribe you another type of biological treatment:

Rituximab (Rituxan and **MabThera**) is a drug used to treat rheumatoid arthritis that has not improved with other types of medications, including TNF inhibitors, such as Enbrel. It works by turning off a part of the immune system that is not working properly in autoimmune diseases. I am going to prescribe you 2 infusions/6 months.

P: I hope that we are going to get to the bottom of this.

D: In situations like these all we can do is monitor you thoroughly and hope for progress.







P: I understand. Thank you for all of your help !

D: You are welcome. We'll keep in touch, Mrs. Popescu.



06. AN UNEXPECTED CHANGE (2018)

conditions for access to biological treatment have changed. What should I do now ?



After adopting the second biological treatment plan, Elvira started feeling better and could once again reaccommodate to the new lifestyle she had made for herself. Years passed, and every 6 months Elvira would have to take blood tests in order to prove herself eligible for receiving the biological treatment, but soon all would change. Because of a change in the evaluation criteria, in order to keep receiving the treatment, Elvira now had to submit blood tests monthly along with her file, to the National Health Insurance House. What would this change mean? Could it affect her life? After submitting all the required paperwork, tired and scared of the unknown, Elvira found herself back again in the doctor's office, waiting for an answer:

D: Hello, Mrs. Popescu. I'm afraid there's been a change within the National Health Insurance House policy.

P: What does it mean? Will I be able to continue following this treatment? This can't be real!

D: Don't worry. If we submit monthly blood tests which prove that you still need to take this medication, everything will be ok. This adjustment was made to ensure that people who are using this type of treatment are actually in need of it.







P: I understand. I see now that I might have overreacted.

D: We will wait for the blood results and go from there. In this case, they should indicate that you still need to continue the treatment. After that, we will restart the therapy and everything should fit back into place.

The next day, the results were back. Finally, Elvira could continue her treatment. As she entered the doctor's, practice she could notice something was troubling Dr. Stroescu as he looked over some sheets of paper, that were without a doubt, the test results:

P: Hello, doctor. Is everything in order?

D: I have to say that the blood tests are more than surprising. It seems that your state has not remained the same because it has actually improved. The blood results indicate that without the biological treatment you've been taking, you have actually started to recover. In my 30 years of practice, I've never seen an autoimmune disease, such as rheumatoid polyarthritis, manifesting improvement when being taken off the biological treatment. It is quite remarkable.




In this case, we no longer meet the requirements or need the biological treatment. I am going to prescribe you something to help ease your symptoms and prevent damage to your organs and joints. The drug will work by interrupting the process that causes rheumatoid polyarthritis inflammation, which would've damaged your joints and organs over time. It is considered to be a "DMARD", which stands for "disease-modifying antirheumatic drug". As for the blood tests, I suggest we keep things under close observation for a while to see how your body accommodates to the new situation.

Elvira couldn't believe her ears; doesn't she need the biological treatment anymore ? What was happening ?

P: I can't believe it. It is such a relief. Thank you, doctor, for all of the patience and dedication !

D: You are welcome. Taking care o people like you is why I became a doctor. I am very glad you are feeling better !





06.

CONCLUSIONS (2022)

Current lifestyle. Hard work always pays off.



2012

1st doctor's
appointment,
diagnosis, initial
treatment plan

2016

Alternative
treatment plan

2018

3rd type of
treatment

2022

Current
situation:
under control,
living a normal
healthy life

Four years later, sitting on the bench outside the store, Elvira took a deep breath and thought about all the things that have happened since she was first diagnosed with rheumatoid polyarthritis. She was grateful for being able to live life to the fullest, even when the sun didn't always shine on her street and she never forgot the team of people that helped her do that.

BIBLIOGRAPHY

- <https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html>
- <https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/>
- <https://medlineplus.gov/lab-tests/c-reactive-protein-crp-test/#:~:text=A%20c%2Dreactive%20protein%20test,injured%20or%20have%20an%20infection.>
- <https://www.everydayhealth.com/rheumatoid-arthritis/symptoms/rheumatoid-arthritis-progression/>
- <https://www.mims.com/thailand/drug/info/enbrel?type=full>
- <https://be-healthy.ro/mabthera/>
- <https://www.bendo.ro/tag/mabthera/>
- <https://www.health.harvard.edu/healthbeat/7-ways-to-live-better-with-arthritis>
- <https://www.enbrel.com/rheumatoid-arthritis>
- <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Treatments/Rituximab-Rituxan-MabThera>
- <https://slidesgo.com/theme/arthritis-clinical-case#search-rheumatoid+arthritis&position-3&results-5&rs=search>
- **THE PATIENT'S PERSONAL MEDICAL FILE**



THANK YOU !

Ischemic stroke

A stylized illustration of a human head profile in yellow outline, facing right. The brain area is filled with a cluster of blue and teal dots and shapes of various sizes, representing neural activity or a stroke. The background features abstract shapes in shades of teal, grey, and white.

Andreea Igaş

General Medicine Student

Table of contents

01

ABOUT STROKE

DEFINITION, SYMPTOMS,
CAUSES

03

AT THE HOSPITAL

MEDICAL HISTORY,
RESULTS

02

CASE PRESENTATION

EVENTS BEFORE
HOSPITALIZATION

04

TREATMENT



01

What is ischemic stroke?

- Ischemic stroke is one of three types of stroke. It's also referred to as brain ischemia and cerebral ischemia.
- This type of stroke is caused by a blockage in an artery that supplies blood to the brain. The blockage reduces the blood flow and oxygen to the brain, leading to damage or death of brain cells. If circulation isn't restored quickly, brain damage can be permanent.

What are the signs of stroke?

NUMBNESS

in the face, arm, or leg,
especially on one side
of the body

CONFUSION

trouble speaking, or
difficulty
understanding speech

TROUBLE SEEING

in one or both eyes

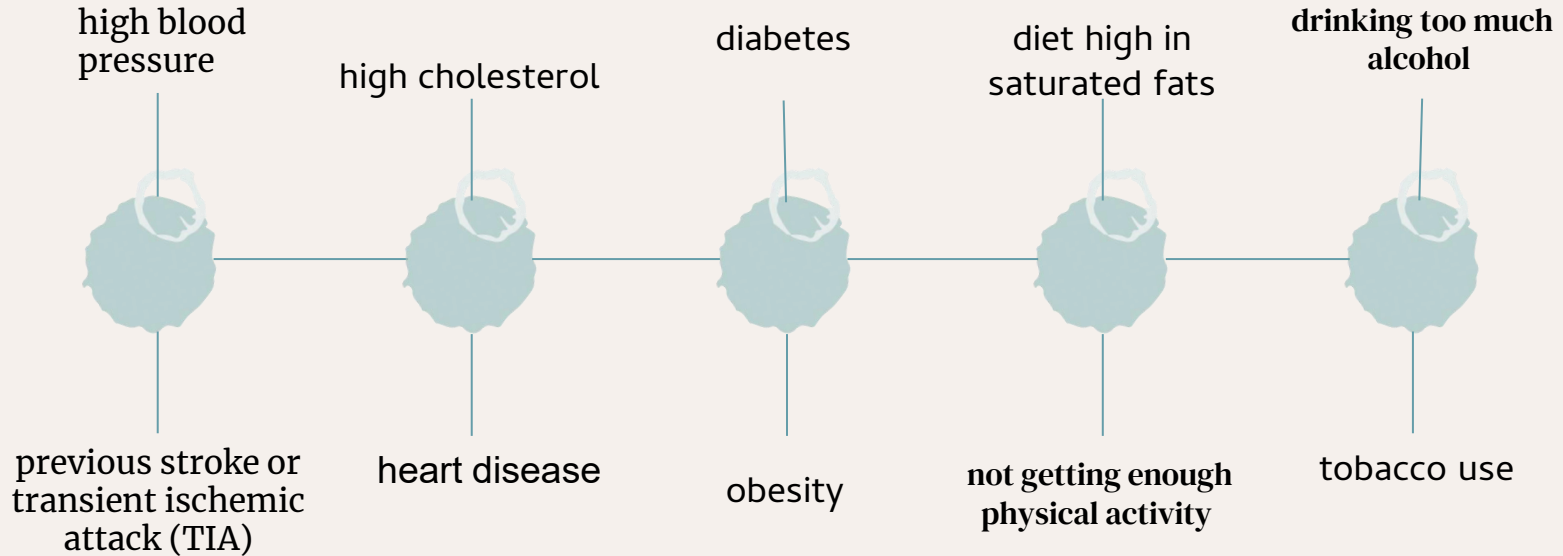
TROUBLE WALKING

dizziness, loss of
balance, or lack of
coordination

SEVERE HEADACHE

with no known cause

Causes





02 A BRIEF STORY

I was 10 years old playing in my grandma's yard and I was talking to her and suddenly her tongue stumbled and I was laughing at her, not knowing what was happening. Her right hand also got numb. My aunt came and called the ambulance. When they arrived they jumped quickly to the conclusion that she was having a stroke and treated her as fast as possible. She had a little trouble speaking and her hand was paralyzed but she was fine.

Ten years passed by and something happened again. One evening my grandma wasn't able to move her leg. My grandfather called the ambulance and my grandma was again diagnosed with ischemic stroke, but unfortunately this time having more severe consequences due to late treatment.



CASE PRESENTATION

NAME: CONSTANTIN MARIA

SEX: FEMALE

AGE: 77 YEARS OLD

WEIGHT: 75 KG

HEIGHT: 1.63 M

OCCUPATION: RETIRED

Symptoms: NUMBNESS IN HER LEG

02

AT THE HOSPITAL

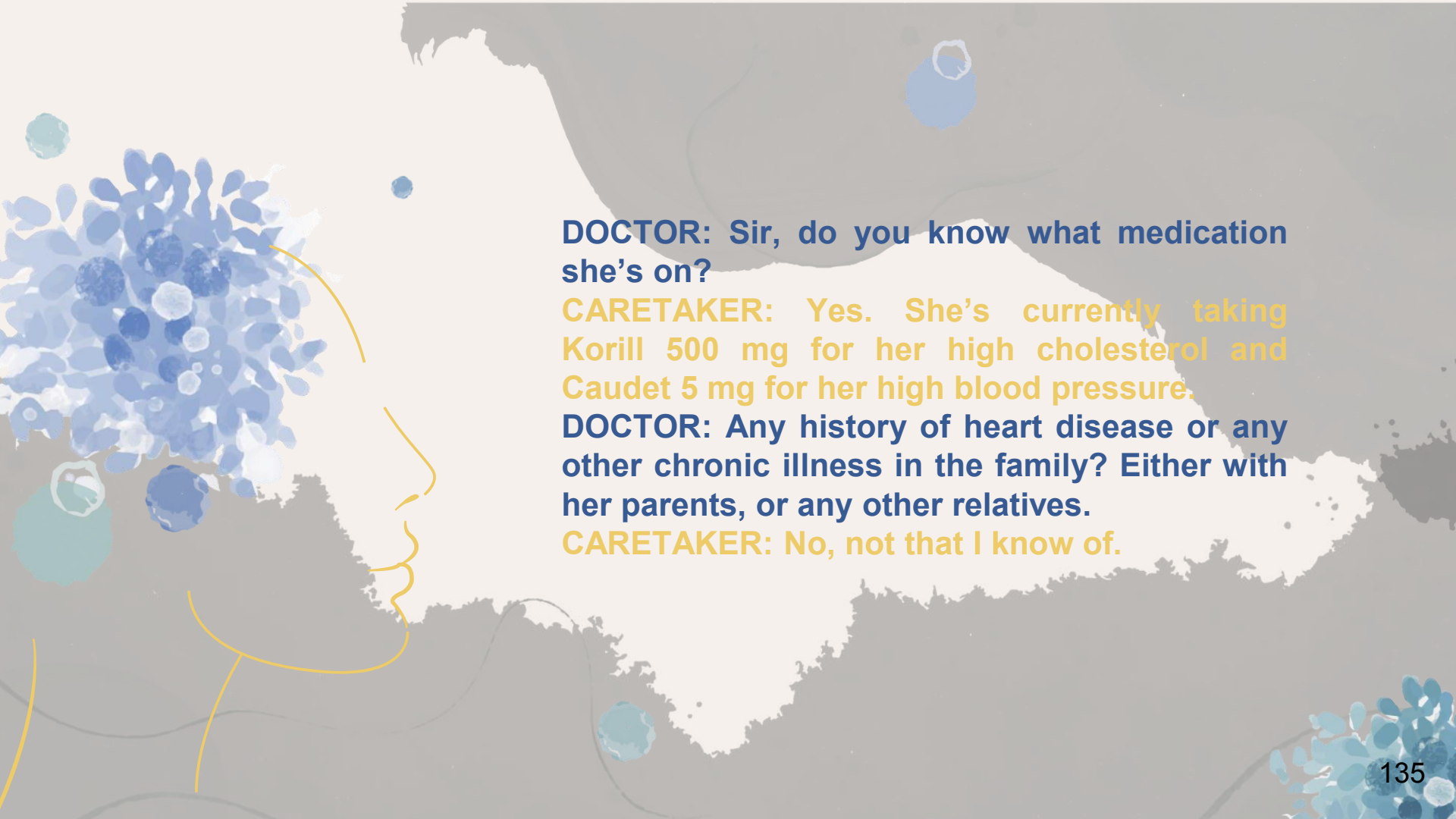
CARETAKER: This is my mother, I found out she was transported to the hospital. Is she gonna be alright?

DOCTOR: We are doing the best we can to help your mother. She seems to be having a stroke, but we have to run some tests to be sure. In the meantime, can you help us with some information about her as she is unable to speak?

CARETAKER: I'm the one who takes care of her. She has some health issues.

DOCTOR: Could you give us a quick history?

CARETAKER: She has stage two high blood pressure, she has high cholesterol and she has had bypass surgery on the heart.



DOCTOR: Sir, do you know what medication she's on?

CARETAKER: Yes. She's currently taking Korill 500 mg for her high cholesterol and Caudet 5 mg for her high blood pressure.

DOCTOR: Any history of heart disease or any other chronic illness in the family? Either with her parents, or any other relatives.

CARETAKER: No, not that I know of.



BLOOD TEST RESULTS

DOCTOR: Alright. Her blood tests results came and her lymphocytes level is a little low and her mean platelet volume is a little high but there is nothing worrying about that.

CARETAKER: That is really good to know.

DOCTOR: I have also noticed that she is keeping her cholesterol levels under control. We are going to take her for a CT scan now and an MRI.



DOCTOR: The CT scan and MRI results are here.

CARETAKER: What do they say?

DOCTOR: You can take a look for yourself. We've got some ischemic lesions, which makes it clear that she has suffered from an ischemic stroke. Feel free to read through the results and I'll explain everything in detail in a few minutes and answer any questions you might have.

CARETAKER: Thank you very much, doctor.

AFTER 2 WEEKS

CARETAKER: How's my mother feeling?

DOCTOR: Things are a bit better now. Blood tests show that her levels of creatinine are a little low, but besides that everything seems to be normal.

CARETAKER: That is really good to know. Does that mean you can discharge her now?

DOCTOR: Yes, she seems ready to go home. She is conscious, cooperative, she can sit down and she has no swallowing disorders, but unfortunately she has mixed aphasia, which means she will not speak unless spoken to, and their verbal output is almost entirely limited to what has been offered by the examiner. Her leg will also need a lot of work in order to be able to walk again.

CARETAKER: Oh, I see ... What should we do?

04

TREATMENT

DOCTOR: Here is the treatment plan I recommend for your mother. You will find all of the medication that your mother needs to take, as well as the dosages and times at which they must be taken.

CARETAKER: I understand, I will buy them for her and make sure she will always take them.

DOCTOR: I also recommend massages and physical therapy for her leg. It is important for your mother to lead a healthy lifestyle and a set of general rules that will help prevent future strokes. She should have a healthy diet and avoid unhealthy habits such as smoking.

CARETAKER: I will take care of that. Thank you, doctor.

DOCTOR: Now she can get discharged, but she should come back in 3 weeks for a consultation. We will see you then.

CARETAKER: Yes, of course.

Tratament recomandat

ELIQUIS 5mg : 2X1/ZI u.t. x 30 zile

Medicament	Dimineața	Prânz	Seara	Comentarii
NORVASC 10MG	0	0	1	
NEFRIX 25MG	1	0	0	
CARVEDILOL 6,25MG	1	0	1	
ATACAND 32MG	1	0	0	
ELIQUIS 5MG	1	0	1	
PRAMISTAR 600MG	1	0	1	
CAVINTON 10MG	1	0	1	
NEUROVERT FIOLE BUVABILE	1	0	0	TIP DE 15 ZILE
SORTIS 20MG	0	0	1	

Bibliography

This presentation template was created by **Slidesgo**, including icons by **Flaticon** and infographics & images by **Freepik**

- **Medical file of the patient**
- <https://www.healthline.com/health/stroke/cerebral-ischemia> Medium shot sad woman indoors
- https://www.cdc.gov/stroke/signs_symptoms.htm
- <https://www.caduet.com>



MITRAL VALVE REGURGITATION

Patricia Cristiana Iorga
General Medicine Student

TABLE OF CONTENTS



ABOUT THE PATIENT



TREATMENT



DISCUSSION



**PATIENT
MONITORING**



DIAGNOSIS



**BEFORE AND
AFTER TREATMENT**

INTRODUCTION

MR is caused by retrograde flow of blood => **SISTOLIC
MURMUR**

The most common valvular abnormality worldwide, affecting over 2% of the total population and has a prevalence that increases with age



01

ABOUT THE PATIENT

Name: Stoescu Daniela
Age: 40 years old
Gender: Female
Non-smoker
Weight: 90 kg
Height: 1.76m
Location: Timișoara, Romania

The patient is a 40-year-old female, non-smoker who presents to the doctor on a hot August day. She had dark circles under her eyes and she was breathing heavily. She looked unwell.

02

DISCUSSION

Doctor: Good morning and welcome to our clinic! I'm Dr. Alina Florescu. Nice to meet you!

Patient: Good morning, doctor Florescu! I am Daniela Stoescu. Nice to meet you too.

Doctor: All right, Mrs Stoescu. It's your first visit to our clinic, am I right?

Patient: Yes. I have never been here before.

Doctor: Well, in that case, may I ask you for your ID, your Health Insurance Card and your medical note from your family doctor?

Patient: Yes, sure. I will give them to you in just a second... here they go.

Doctor: Thank you, Mrs Stoescu. Now, I will need some more personal details such as weight, height and your occupation.

Patient: I'm 1.76 m and I have 90 kg. I am a kindergarden teacher.

Doctor: Okay, I finished entering the data. Now, tell me what has brought you to see me today?

Patient: Lately, I was not feeling well, doc.

Doctor: Please, let me know more about you. What seems to be the trouble?

Patient: It started a few months ago ... at first I thought I was always tired because I gave birth recently and my body had gone through some changes, but the symptoms persisted and I did not know what to do ... so I searched my symptoms on google and that is the point when I got scared. Soon after that I decided to visit my family doctor, Maria Ionescu.

Doctor: And what happened next?

Patient: Well, she took my blood pressure and I was shocked to find out that my systolic blood pressure is 135 mmHg and my diastolic one 86 mmHg. After that she sent me to you. I want to know what is wrong with me.

Doctor: Please do not say that. There is nothing wrong with you. We will figure it out soon and you will be able to spend more time with your baby.

Patient: Thank god! I really hope so because right now I am really worried.

Doctor: You do not have to be worried. I am here to help you!

Doctor: Did you have any other symptoms besides fatigue?

Patient: Yes, recently I have been having respiratory problems. I feel like I am unable to breathe enough.

Doctor: Did you find it harder to breathe when you lie down?

Patient: No, I do not think so.

Doctor: That is good. When did the fatigue start?

Patient: After giving birth.

Doctor: Have you had any spells of dizziness?

Patient: Not that I can remember.

Doctor: Hmm ... Interesting. What about your appetite, how is it?

Patient: Honestly since my last visit to the doctor I have not been able to eat much because I have been worried that I might not see my baby grow.

Doctor: We will take care of you and soon after that you will be able to spend more time with your little one.

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: I must say that you look a bit tired ... I could not help but notice that you have some dark shadows under your eyes. Are you having trouble sleeping at night?

Patient: Since the baby came, it is harder to sleep. My husband does not help me with him so I have to do it all by myself.

Doctor: I understand. Now, tell me, have you had any skin infections recently?

Patient: No, I have never had problems like that.

Doctor: Have you had your blood pressure checked?

Patient: Not for a while.

Doctor: Can I take it?

Patient: Yes, of course.

Blood pressure

Systolic

138mmHg

88 mmHg

Diastolic

**Stage 1
hypertension**

Patient: I guess this is not good ...

Doctor: Have you been diagnosed with high cholesterol or triglycerides?

Patient: I have to confess that I do not have a healthy lifestyle, but I am trying to change that. Three years ago I did some blood tests, but everything was normal.

Doctor: Good to know that. Do you have any existing health issues?

Patient: No.

Doctor: Have you taken any medicine recently?

Patient: No, I am completely against taking medicine without prescription. But, I took some vitamins and propolis.

Doctor: How many times a day?

Patient: Three times a day. I really thought that they could help me with my fatigue.

Doctor: Have you been hospitalized?

Patient: No, never.

Doctor: Now let`s talk about your family medical history for a while if you do not mind.

Patient: Not at all.

Doctor: Are there any diseases that have been running in your family?

Patient: My parents are are healthier than me. They help me and my family a lot. I do not know what I would do without them.

Doctor: Do you have any brothers or sisters?

Patient: No, I am the only child.

Doctor: What about your grandparents?

Patient: I have never met them, but my mom used to say that my grandma died because of a heart problem.

Doctor: Have your parents said anything more about your grandmother?

Patient: No, because she died when my mom was just a child.

Doctor: I am sorry. Let`s talk a little bit about you. From what I understood you are married and you have kids, am I right?

Patient: Yes! I really love my family. My elder, Patricia, is 13 years old and my younger, Patrick, is 6 months old.

Doctor: Are you in maternity leave?

Patient: Of course. The best decision I have ever made.

Doctor: Do you have any hobbies or interests?

Patient: Yes, I used to go jogging every morning, but since Patrick was born I have not had enough time. I really miss those days.

Doctor: What kind of house do you live in?

Patient: I live in a small house, in a residential neighbourhood with my family. It is a really nice area full of kids.

Doctor: Do you smoke?

Patient: I do not smoke, nor drink.

Doctor: Given the previous episodes and your family history, we will do an electrocardiogram and an echocardiogram.

Patient: Alright!

Doctor: I will put these colored electrodes on your skin and I will record the electrical signals in your heart. It will not hurt you.

Patient: Okay.

Doctor: Please hold your breath for a few seconds. 1...2 ...3 DONE

Patient: Already ... Amazing!



Doctor: Now, please come with me to this medical device called echocardiogram.

Patient: What does it do?

Doctor: It allows me to see your heart beating and pumping blood.

Patient: Do I have to take off my shirt?

Doctor: Yes, please!

03

DIAGNOSIS

Doctor: Now, let`s see.. After our brief discussion and the tests that I made to monitor your heart, I really think that you have *second degree mitral regurgitation due to anterior mitral valvular prolapse and a stage 1 hypertension.*

Patient: What does that mean?

Doctor: Mitral regurgitation is caused by the retrograde flow of blood from the left ventricle into the left atrium through the mitral valve.

Patient: What should I do next?

Doctor: : I would like you to do some blood tests. Tomorrow in the morning please come back without eating or drinking in the morning, so that my colleague can take some blood samples.

Patient: Alright! At what time?

Doctor: At 8 o`clock.

Patient: Thank you so much!

Doctor: I will call you when I get the results! Have a nice day!

Patient: You too!

Doctor: Amelia, I would like you to draw blood from Mrs Stoescu tomorrow at 8 o'clock. I will tell my colleagues from the lab that I want to know more about the complete blood count (CBC), Glycated hemoglobine (HbA1c), serum creatinine, ALAT, ASAT, serum potassium, TSH, total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, uric acid serum, ESR and sodium serum.

Nurse Amelia: Can you tell me the name of the patient?

Doctor: S.D., the lady that was here a few minutes ago.

Nurse Amelia: I will take care of her personally.

Doctor: Thank you so much!



The next day

Doctor: Hello, Miss Stoescu! I am doctor Alina Florescu.

Patient: Hello, Doctor.

Doctor: I have just got your results from the lab and I would like you to come here and talk about the treatment.

Patient: At what time?

Doctor: Can you come here at 2 o'clock?

Patient: Yes!

Doctor: See you then! Goodbye!

Patient: Goodbye!



05

PATIENT MONITORING

Doctor: Hello, Mrs Stoescu!

Patient: Hello, doctor!

Doctor: How have you been with your treatment? I must say that you look way better ... you do not have those dark shadows under your eyes anymore.

Patient: I am feeling way better. My medication is really effective and I am able to spend more time with my family. I can finally enjoy my life without being tired all the time. 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 and I am happy for you. I will do another ECG and echocardiogram to see how your heart is and after that I will give you the prescription, Mrs S ...

Patient: Alright!

Conclusions:

The patient follows the treatment given by the doctor and returns after 6 months feeling better.

Bibliography:

- Heart anatomy Netter by kairi410 on DeviantArt
- <https://img.freepik.com/free-photo/top-view-paper-heart-with-heartbeat-stethoscope-heart-day-23-2148635245.jpg?w=1060&t=st=1662892494~exp=1662893094~hmac=b5567377ec99c8615151f4770dded35cc93c0e18dd7c0ebc49fa9786dcf117cc>
- https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2016/10/11/18/07/mcdc7_electrocardiogram-8col.jpg
- https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/08/26/10/33/my00095_im04430_mcdc7_echocardiogramthu.jpg.jpg
- <https://oaepublishstorage.blob.core.windows.net/a0c41572-4790-4a08-9e85-a2bcacf66427f/3595.fig.1.jpg>
- <https://www.researchgate.net/publication/280057741/figure/fig1/AS:601699756568626@1520467809837/Mitral-Valve-Anatomy-and-Carpentier-Classification-of-Mitral-Regurgitation.png>
- <https://i.simpalsmedia.com/marketplace/products/original/3bc04ef994249fd072c13478675d3201.jpg>
- https://cdn.contentspeed.ro/pfarma.websales.ro/cs-content/cs-photos/products/original/co-prenessa-4mg125-mg-x-30-compr-4mg125mg-krk_159670_1_1525689782.jpg
- <https://emedicine.medscape.com/article/155618-overview>
- <https://www.ncbi.nlm.nih.gov/books/NBK553135/>
- https://www.youtube.com/watch?v=Hk3K5_Zyawc&ab_channel=LastSecondMedicine
- <https://i.pinimg.com/474x/f6/29/98/f62998e33b1bc4d1c59a6c2e7d4dcc0f--natural-headache-remedies-migraine.jpg>
- https://randraesthetics.com/wp-content/uploads/sites/4/2019/07/RR_Condition_eye_circles.jpg
- **Patient's personal medical file**



"Victor Babeș" University of Medicine and Pharmacy

TAPEWORM INFECTION

Teodora-Georgiana Jeler
General Medicine Student



01. INTRODUCTION

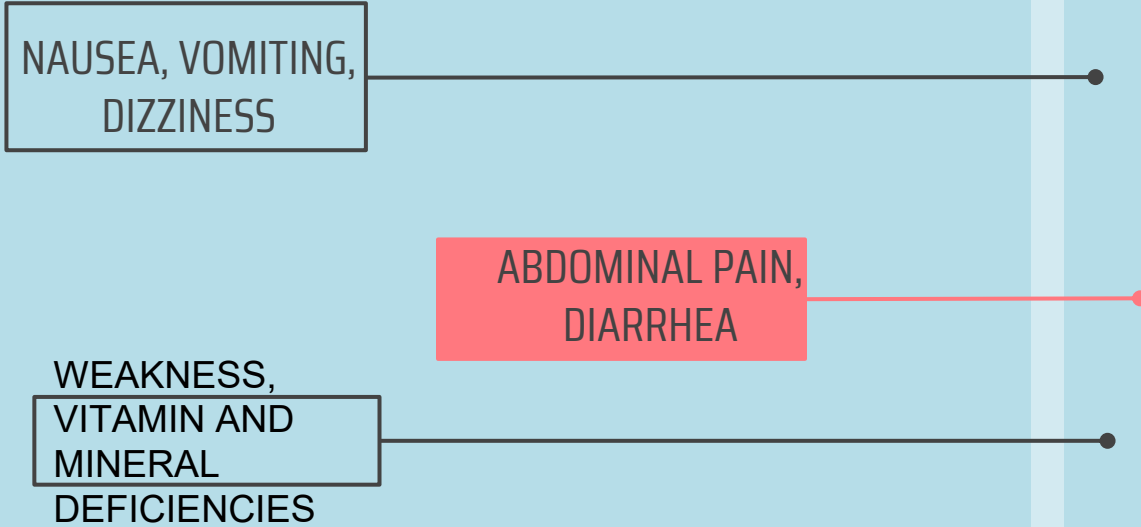
- ◀ 1.1. Definition
- ◀ Tapeworm is a **parasitic infection** caused by the ingestion of intestinal worm larvae found in contaminated water or food, especially undercooked beef or pork.
- ◀ It is also possible to contract pork tapeworms from foods prepared by an infected person. Because tapeworm eggs are passed with bowel movements, a person who doesn't wash hands well after wiping and then prepares food can contaminate the food.
- ◀ (<https://www.webmd.com/digestive-disorders/tapeworms-in-humans>)

01. INTRODUCTION

- The eggs of the pork tapeworm can cause a serious complication called **cysticercosis**. A person infected with the pork tapeworm passes eggs in their stool. After going to the bathroom, eggs may get on the infected person's hands and **then be transmitted to food, water, or surfaces**. A person eating or drinking something with eggs on it may also become infected.
- The pork tapeworm eggs hatch and grow into the larval stage, they can leave the intestinal tract and go into other areas of the body, causing cysts. Cysts may occur in **the muscles, eyes, brain, under the skin, or other organs**.
- When cysts form in the central nervous system, such as in the brain or the spinal cord, they can cause a complication called **neurocysticercosis**.
- ◀ (<https://www.mayoclinic.org/diseases-conditions/tapeworm/symptoms-causes/syc-20378174>)

01. INTRODUCTION

1.2. Signs and symptoms



01. INTRODUCTION

1.3. Causes

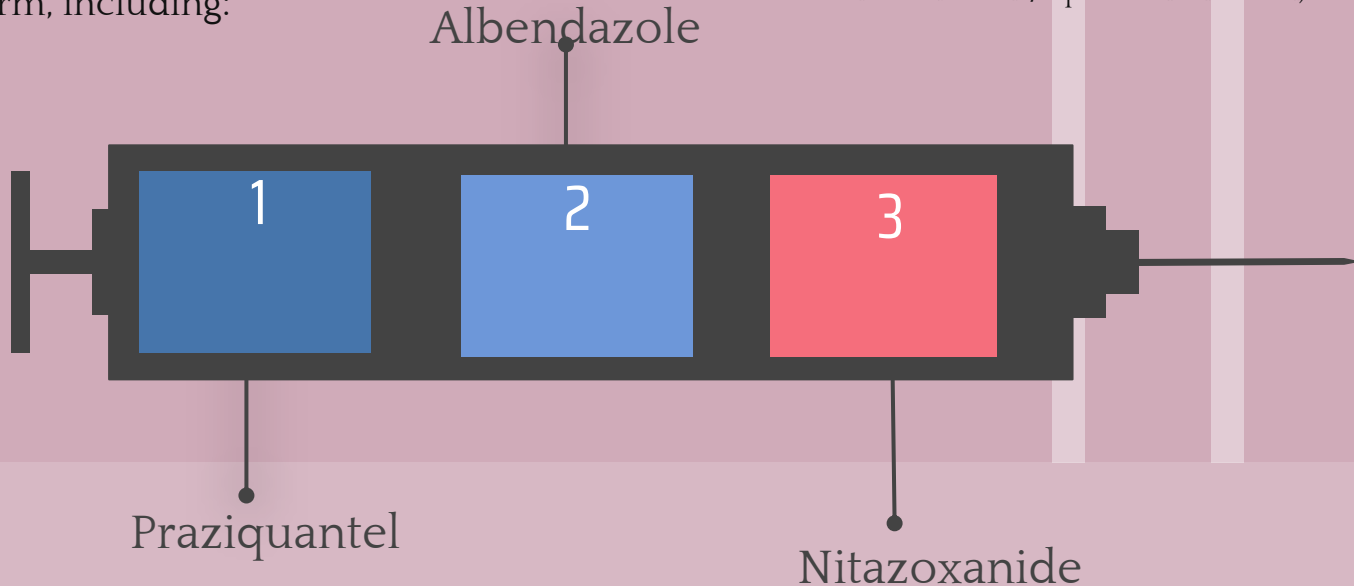
- The main cause of tapeworm is **the consumption of undercooked pork or undercooked beef**. Therefore, cooking at high temperatures is indicated to prevent a parasitic infection.
- **Inadequate hygiene** is another cause of tapeworm. Infected people can be re-infected if they do not wash their hands after going to the toilet, therefore they can become a danger to those around them.



01. INTRODUCTION

1.4. Treatment

The most common treatment for tapeworm infection involves oral medication that is toxic to the adult tapeworm, including:



Successful treatment means that patient's stool is free of tapeworm eggs, larvae or proglottids – is most likely if the person receives appropriate treatment for the type of tapeworm causing their infection.

(<https://middlesexhealth.org/learning-center/diseases-and-conditions/tapeworm-infection>)

01. INTRODUCTION

1.5. Prevention

What does the prevention consist of?

The usual methods employed for control are:

- **Treatment of infected persons**
- **Meat inspection**
- **Health education**
- **Adequate sewage treatment and disposal**
- **Early detection and early treatment of *T. solium* is essential to prevent human cysticercosis.**

Effective drugs are available for treatment. Adequate cooking of meat destroys the tapeworm larvae and will prevent infection by tapeworm. Good hygiene and hand washing after using the toilet will prevent self-infection in a person already infected with tapeworms. Improvement of living conditions, especially safe treatment of sewage used for farming should be aimed at.

CASE PRESENTATION

A 35-year old woman is brought to the emergency room by an ambulance after fainting at her brother's house. She is having a severe headache, diarrhea, nausea and dizziness.



02. PATIENT'S DATA

Name: Adela Popescu
Sex: Female
Age: 35
Weight: 172 cm
Height: 60 kg
Allergic: No
Health insurance: yes
Occupation: game programmer
Symptoms: severe
headache, weakness, diarrhea, nausea



03. FIRST APPOINTMENT. MAIN COMPLAINT

Doctor: Good afternoon, Mrs. Popescu! I am doctor Jeler Teodora and you are in the emergency room, you were brought by an ambulance. Do you remember what happened?

Patient: Good afternoon, doctor! I do not remember very well, I was at my brother's house and I was having a terrible headache when everything got blurred and I woke up here.

Doctor: I understand, let's try to remember how you felt before you came to the hospital. And please, tell me, what are the problems you have been facing lately?

Patient: For 3 weeks I've been feeling weak and for a week now I think I've got a sunburn.

Doctor: How do you know you got sunburn? I'm sorry to let you know, but usually the sunburn doesn't last more than 2 or 3 days.

Patient: I was at the beach with my family and I played a lot with my nephew not wearing a hat and staying in the sun. I've had this headache ever since and also, I am facing diarrhea and nausea.

04. LIFESTYLE

Patient: I'm a little bit nervous. What do you think the reason of my headache can be ?

Doctor: It can make you feel anxious but we'll find out. I am here to find the solution to your problems, let's keep calm. What do you do for a living?

Patient: I am a game programmer. I work from home but I spend lots of hours in front of my computer. Could this be a reason for my headache?

Doctor: Maybe, it could be an ophthalmic problem but we'll do some tests before making a diagnosis. Do you suffer from other ailments? Maybe hypertension?

Patient: No, I do not. I haven't had any health issues in years.

04. LIFESTYLE

Doctor: Please, tell me, Mrs. Popescu, what about bad habits, do you smoke? Or do you drink alcohol frequently? What about practicing any kind of sports?

Patient: I used to smoke but I quit about 5 or 6 years ago. And about drinking alcohol... I don't drink frequently. Rarely I like to have a glass of wine at dinner. I usually run every morning and sometimes I even go to yoga.

04. LIFESTYLE

Doctor: What about medication? Do you take any?

Patient: I don't take medication, but I often take minerals and nutritional supplements.

Doctor: I understand, these things do not affect your condition. But did you take medication for your headache or diarrhea?

Patient: Yes, I took Aspirin and Loperamide. But I don't feel like Aspirin helped me with my headache like it used to.

Doctor: Are you allergic to any medications?

Patient: No, I am not.

05. FAMILY HISTORY

Doctor: You mentioned something about your brother, I would like to ask more about your family. Do you have knowledge of another member of your family having health issues?

Patient: Not very serious. My brother is allergic to pollen. Besides him, there isn't anyone else I know of. My parents were always careful about their health condition.

Doctor: This is a very important thing.

FURTHER TESTING

Doctor: Alright, Mrs. Popescu, now we will do some tests to discover what your health problem is. We will do some blood tests, a CT scan and we will take a coproparasitological examination. After that, we will let you rest.

Patient: I hope it won't hurt. I already feel awful.

Doctor: It won't hurt. You may feel a slight sting on blood tests, otherwise everything will be fine.

06. DIAGNOSIS

After a couple of hours

Doctor: Hello again, Mrs. Popescu! I came back with the results of your tests. Unfortunately, I don't have good news for you, but we will try to find out a solution. You are infected with a tapeworm.

Patient: I don't understand ... how is this possible? How did it get into my body?

Doctor: The main cause of this infection is the consumption of raw or undercooked pork and also, improperly washed food such as fruits and vegetables. I found out from the CT scan result that there is a cysticercus inside your brain.

Patient: In my brain? I'm sorry doctor, but are you sure?

Doctor: Sadly, yes. It is caused by a tapeworm called *Taenia solium*. But this infection can be treated.

07.TREATMENT

Doctor: I suggest to start treatment with a dose of antibiotics.

Patient: Is there no natural treatment?

Doctor: Oral treatment like this kind of antibiotics is usually most helpful for these infections. Unhappily there isn't a natural treatment that will be efficient.

Patient: I understand.

Doctor: Therefore, you will take one tablet of Albendazole of 400 mg 3 consecutive days. If the coproparasitological examination performed at 3 weeks after treatment is positive, a second course of treatment is performed. And also, I did some research and found out that the Aspirin you took only made your headache worse.

Patient: Alright then. Thank you, doctor! I will come back in 3 weeks.

Doctor: If you still feel bad, you should come to the hospital again or call me anytime. Please, contact me before taking other medication. I hope you'll get better soon!

08. SECOND APPOINTMENT

After 3 weeks

Patient: Good morning, doctor! I'm back for the post-treatment consultation.

Doctor: Good morning, Mrs. Popescu! Please take a seat. I will need your ID card and the most recent tests. It's the basic procedure. If you do not have the tests is fine, we will look for them in the database.

Patient: Here they are. I hope these are all of them.

Doctor: Alright, thank you. Now tell me, how you felt during the treatment? How do you feel now?

Patient: I feel better, it seems that the treatment alleviated my headaches.

Doctor: I'm glad to hear this. What about symptoms of diarrhea or vomiting?

Patient: None of them, everything was fine.

Doctor: This can be a good sign. Now we will redo the tests we did last time, excepting the CT scan.

08. SECOND APPOINTMENT

Doctor: The results of your tests have come, Mrs. Popescu. As the they show, you are out of any danger.

Patient: So everything went back to normal? Am I healthy now?

Doctor: Yes, everything is fine.

Patient: Thank you, doctor!

Doctor: But I would like to ask you to be more careful about what you consume.

Patient: I understand. The meat must be well cooked and the food washed properly.

Doctor: Exactly. Also, it would be appropriate to repeat your test periodically to make sure everything is fine .

Patient: I will do that for sure. Thank you for everything!

Doctor: You have nothing to thank me for. I just did my job.

WEBOGRAPHY



- <https://www.verywellhealth.com/tapeworm-infection-signs-symptoms-and-complications-4163853>
- <https://www.healthdirect.gov.au/tapeworm>
- <https://www.who.int/news-room/fact-sheets/detail/taeniasis-cysticercosis>
- <https://doctor.ndtv.com/diseases/taeniasis-tapeworm-infection>
- <https://www.mayoclinic.org/diseases-conditions/tapeworm/symptoms-causes/syc-20378174>
- <https://www.webmd.com/digestive-disorders/tapeworms-in-humans>
- <https://middlesexhealth.org/learning-center/diseases-and-conditions/tapeworm-infection>

THANK YOU
FOR
YOUR TIME!





DENTAL CARIES

Gabriela Lucaciu

Dental Medicine Student

TABLE OF CONTENTS

- **1. Dental Caries**
- **2. Patient File**
- **3. Opening the Consultation**
- **4. Presenting Complaint**
- **5. History of Main Complaint**
- **6. Ideas, Concerns and Expectations**
- **7. Medical History**
- **8. Social History**
- **9. Dental History**
- **10. Conclusion and Treatment**
- **11. Sitography**

I. DENTAL CARIES

- **Dental caries, also known as tooth decay or cavities, is a disease that means the damaging of the outer layer of the tooth, the enamel (in the crown part of the tooth) or cementum (in the root part of the tooth), or in more severe cases, dentin (the second layer of the tooth) due to acids produced by bacteria found in dental plaque**
- **Bacteria produce acids when they break down food debris or sugars on the tooth surface**

2. PATIENT FILE

- **Name:** Alexa Brown
- **Age:** 26 (11.01.1995)
- **Sex:** F
- **Weight:** 50 kg
- **Height:** 165 cm
- **Occupation:** sales associate
- **Main complaint:** toothache of the first upper right molar
- **Presenting recent X-ray** (more recent than 6 months)
- **Coming in the dental office** after making an appointment
- **Symptoms:** toothache when eating in general, when drinking beverages that are too cold or too hot

3. OPENING THE CONSULTATION

- **D: Good morning! My name is Lucaciu Gabriela and I'll be your dentist today. You are Alexa Brown and your date of birth is 11.01.1995, right?**
- **P: Hello doctor, yes that is correct!**
- **D: Please take a seat and make yourself comfortable.**
- **P: Thank you!**
- **- the patient takes a seat -**
- **D: I am going to ask you several questions to better understand why you are here today and what you hope to achieve from this appointment. Is that okay with you?**
- **P: Yes, doctor. Sure.**

4. PRESENTING COMPLAINT

- **D: Okay, so please tell me about the issue that you've been experiencing and that has brought you in today to see me.**
- **P: I've been dealing with a very bothersome toothache lately.**
- **D: Is that the only problem? Or are there any separate issues?**
- **P: That would be the only problem. And also I thought it would be good to go and see a dentist because it's been a while since the last time I've been to the dentist.**
- **D: How long has it been, if you don't mind me asking?**
- **P: I think it has been around 6 months.**

5. HISTORY OF MAIN COMPLAINT

- **D: Can you tell me where the pain is located?**
- **P: It is my right upper first molar.**
- **D: Okay. And can you tell me when the pain started?**
- **P: I think about a week – a week and a half ago.**
- **D: Aha. How would you describe the pain? Is it constant or transitory?**
- **P: I would say it's sharp and it is more transitory.**
- **D: Does it radiate?**
- **P: No, it doesn't.**
- **D: Do you have any other symptoms that are related to the pain? Like fever, numbness, bad taste?**
- **P: No, doctor.**
- **D: Has the pain changed over time and if yes, how has it changed?**
- **P: Yes, it has. It has increased in severity I think.**
- **D: Okay. Does anything make the pain worse or better?**
- **P: Eating makes it worse, cold drinks and hot drinks also make it worse. And after I finish eating it disappears.**
- **D: I understand. On a scale from 0 to 10 how severe is the pain? 0 means no pain and 10 means the worst pain you've ever experienced.**
- **P: I would probably give it a 7.**
- **D: Okay, thank you.**

6. IDEAS, CONCERNS AND EXPECTATIONS

- **D:** Is there anything in particular that is worrying you?
- **P:** Not necessarily, no.
- **D:** What do you hope to achieve today?
- **P:** I really hope that by the time I walk out the door, I won't be feeling any pain any more.
- **D:** Okay. Perfect. So you are here today because you've been feeling some pain in your first upper molar on the right side, that is not radiating, it is quite strong and is triggered by eating in general and hot and cold drinks, is that correct?
- **P:** Yes doctor, that is correct. Thank you.
- **D:** Okay, so we've discussed your main issue. Now I am going to ask you a few questions about your medical history and also your current medications if you are taking any. How does that sound?
- **P:** That sound perfect, doctor!
- **D:** All right. Let's proceed.

7. MEDICAL HISTORY

- **D: Do you have any medical conditions?**
- **P: Yes, I have type I diabetes.**
- **D: Okay. Do you take anything for your diabetes?**
- **P: Yes. I take insulin shots daily.**
- **D: Good. I hope you know that because of your diabetes, you are predisposed to a lot of dental issues such as gingivitis, periodontal disease and also your tissues heal a lot slower, that's why it is important to take good care of your teeth.**
- **P: Yes, I know, but thank you for reminding me.**
- **D: Are you allergic to anything? And more importantly, are you allergic to anesthesia?**
- **P: No, as far as I know, I don't have any allergies.**
- **D: So you've been administered local anesthesia before at the dentist without any issues, right?**
- **P: That's right, doctor.**
- **D: Good. Are you pregnant?**
- **P: No doctor.**
- **D: Are you currently taking any other medication besides your medication for diabetes?**
- **P: No, I am not.**

MEDICAL HISTORY

- **D: Are you taking any over-the-counter remedy?**
- **P: Yes, I am taking some vitamins but that's it.**
- **D: Have you recently had symptoms such as fever, weight loss, fatigue, skin rashes, bleeding or bruising, new lumps or swellings?**
- **P: No, I have not.**
- **D: Do you have any cardiovascular problems, such as chest pains, palpitations?**
- **P: No.**
- **D: Or any respiratory or gastrointestinal issues, like dyspnea, wheezing, nausea or vomiting, difficulty in swallowing?**
- **P: No, I don't think so.**
- **D: Great. Have you noticed any of the following symptoms: confusion, headaches, joint swellings or pains?**
- **P: No doctor.**

8. SOCIAL HISTORY

- **D:** Next I would like to talk about your social history, if that is okay with you.
- **P:** Sure, doctor, no problem.
- **D:** Are you married?
- **P:** No, I am not.
- **D:** I would also like to know if you smoke, drink alcohol and if you do, how much?
- **P:** I don't smoke anymore, I used to but I still drink a glass of red wine from time to time.
- **D:** And what can you tell me about your diet?
- **P:** I eat pretty healthy. I barely eat meat so my diet is mostly plant based with some dairy products here and there.
- **D:** Okay, thank you. Going forward, I am going to ask you about your dental history.
- **P:** Okay.

9. DENTAL HISTORY

- **D: When was the last time you visited a dentist?**
- **P: I think I last saw a dentist around 6 months ago.**
- **D: Do you go to the dentist regularly?**
- **P: Yes, I try to. Every 6 months I make sure I go in for a dental check up.**
- **D: How do you feel about going to the dentist? Do you experience any anxiety or fear?**
- **P: I don't really. I am a bit nervous in the very beginning, like the first 5 minutes but then I get comfortable.**
- **D: Can you tell me a bit about how you look after your teeth at the moment?**
- **P: I brush my teeth at least 2 times a day, in the morning and in the evening, and sometimes a third time during the day and I always use mouth wash after brushing and dental floss in the evening.**
- **D: Great. It sounds like you have a pretty good routine.**

10. CONCLUSION AND TREATMENT

- **D:** Do you have a recent **X-ray** that I can use?
- **P:** Yes, I got an **X-ray** done yesterday.
- **D:** Perfect.
- - the doctor examines the **X-ray** -
- **D:** Good. Now I am going to examine you and see what the problem is and what we can do about it.
- - the doctor examines the patient -
- **D:** It looks like you have a small dental caries or tooth decay. It is nothing too concerning and the treatment is going to be very easy. Other than that, your teeth look amazing. It really shows that you are taking good care of them. Great job! Keep up the good work.
- **P:** Thank you, doctor!
- **D:** You're welcome.

DENTAL EXAMINATION KIT



personal image

DENTAL COMPOSITE



II. REFERENCES

- https://en.wikipedia.org/wiki/Tooth_decay#Classification
- https://en.wikipedia.org/wiki/Tooth_decay#/media/File:GV-BLACK.JPG
- https://www.google.com/search?hl=en-RO&tbs=simg:CAQSkwIj52uj9oD9WjwahwILELCMpwwgaOgo4CAQSFLcUjB-9Pvcr9hThENwH2QmrHtwfGhqvlQWlun6IMWuO12EjGCHdIIIITm45u9DzEuyAFMAQMCxCOrv4IGgoKCAgBEgQv3TlvDAsQne3BCRqnAQoWCgNkb3TapYj2AwsKCS9tLzAyN2N0ZwodCgpkZWNvcmF0aXZI2qWI9gMLCgkvYS8zZm4zZnkKIAoNZWxlcGhhbnQgaHlkZdqliPYDCwojL2EvY2xwenN6CiIKD2luZGIhbiBlbGVwaGFudNqliPYDCwojL20vMGRmbHB5CigKFWFmcmljYW4gYnVzaCBlbGVwaGFudNqliPYDCwojL20vMDFkZjMlIDA&sxsrf=APq-WBvoDlIdLeBueJCGKjtXau0_2QyIKg:1650315619026&q=tooth+background+pattern&tbm=isch&sa=X&ved=2ahUKEwjp2vThwJ73AhVkmYsKHajhCZEQwg4oAHoECAEQMw&biw=767&bih=712&dpr=1.25#imgsrc=rYUwgCNRUOjvhM
- https://www.google.com/search?q=tooth+wallpaper+hd+cute&tbm=isch&ved=2ahUKEwil2NGlwZ73AhUByaQKHVWhDR8Q2-cCegQIABAA&oq=tooth+wallpaper+hd+cute&gs_lcp=CgNpbWcQAzoHCCMQ7wMQJzoGCAAQBxAeOgY1ABAIEB46BAgAEB46BggAEAUQHICLAlimB2CWCWgAcAB4AIABbogBkQSSAQMI LjGYAQCgAAQGqAQtdn3Mtd2I6LWltZ8ABAQ&sclient=img&ei=8dFdYsibA4GskwXVwrb4AQ&bih=712&biw=767&hl=en-RO#imgsrc=92RFnUMUoWNRjM&imgdii=HHHb5z04n6ZkCM
- real images

THANK YOU!





UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA

DENTAL BRIDGES

Maria Luț
DENTAL MEDICINE STUDENT

CONTENTS

1. What is a dental bridge and why it is a must
2. Types of dental bridges
3. Patient identification
4. Opening the consultation
5. Main complaint and history of present complaint
6. Other ideas, concerns
7. Summarizing and signposting
8. Medical history
9. Social history
10. Dental history and conclusion

1. WHAT IS A DENTAL BRIDGE...

A bridge is a *fixed dental prosthesis* used to close the gap caused by a missing tooth or teeth. A bridge is generally attached to healthy adjacent teeth, which need to be filed down in preparation for the procedure.

... AND WHY IS IT A MUST?

A couple of serious issues can be prevented this way:

1) **HORIZONTAL DRIFTING:** a dental prosthesis will support the *adjacent* teeth and prevent them from shifting towards the gap.

!!! Because our teeth work together, when a tooth is missing, nearby teeth have the tendency to move into the empty space. The teeth in your opposite jaw can also move up or down toward the space!!!

- 2) **VERTICAL DRIFTING:** a dental prosthesis will also provide pressure stimulus for the tooth counterpart in the *opposite* arch. This prevents what is known as extrusion, i.e. the gradual hyper eruption of the opposite tooth from the socket.
- 3) **AESTHETIC ISSUES:** a dental prosthesis restores the aesthetics of an untreated and unattractive gap in your teeth.

2. TYPES OF DENTAL BRIDGES



TRADITIONAL DENTAL BRIDGE...

... consists of a false tooth or teeth being held in place by dental crowns that have been cemented onto *each of the abutment teeth* and can be used when you have natural teeth on both sides of the gap created by your missing tooth.



MARYLAND DENTAL BRIDGE...

... uses a *framework of either metal or porcelain* that is bonded onto the backs of the abutment teeth, instead of traditional dental crowns.



CANTILEVER DENTAL BRIDGE...

... although similar to a traditional bridge, has the pontic held in place by a dental crown that is cemented to *only one abutment tooth*.



IMPLANT SUPPORTED DENTAL BRIDGE...

... consists of one implant that is surgically placed for every missing tooth, holding the bridge in position. If one implant for each missing tooth isn't possible, the bridge may have a *pontic suspended between two implant-supported crowns*.

- **Name: Francesca Davis**
- **Age: 30 (23.03.1992)**
- **Sex: F**
- **Weight: 60 kg**
- **Height: 166 cm**
- **Occupation: teacher**
- **Main complaint: gap from missing lateral upper left incisive
→ aesthetic reasons**
- **Not presenting with recent X-ray:**

3. PATIENT IDENTIFICATION

... patient entering the dental practice...

D: Good morning! My name is Lutz Maria and I will be your dentist today. You are Francesca Davis and your date of birth is 23.03.1992, is that right?

F: Good morning doctor! Yes, that is correct. Nice to meet you!

D: Nice to meet you too, Francesca! Please, take a seat and make yourself comfortable.

F: Thank you. (the patient takes a seat)

D: If you don't mind, I'll begin by asking you some questions that will help me understand why are you here today, as well as find the best treatment for your problem.

F: Of course, I agree.

4. OPENING THE CONSULTATION

D: Wonderful. So tell me a little bit about the issue you've been experiencing.

F: I am struggling with an aesthetic type of issue which is causing me a lot of insecurity for some time now... I lost my lateral upper left incisor due to bad hygiene and untreated cavities and didn't do anything about that gap for a couple of months. But now I really want to solve this issue, especially because my job implies some aesthetic requirements.

D: I see... it's totally understandable to feel this way about it (takes a closer look at the patient's situation). Also, it was a very wise decision not to wait any longer. When it comes to a missing tooth, the ones left on both upper and lower dental arch, have this tendency of closing the empty space, by moving from their physiological place towards the gap. But don't worry, you've come at the right time and we can still do much about it.

FD: Oh, I'm so relieved to hear this! Thank you for explaining me the current situation.

5. PRESENTING COMPLAINT AND HISTORY OF PRESENT COMPLAINT

D: Of course. Now that we know the main issue, I would like you to tell me if you prefer a certain plan of treatment in this case.

F: So I thought maybe a ceramic dental bridge would be a good solution for me. I would be really satisfied with this type of procedure.

D: A dental bridge is a really good option. I'm glad to hear this suggestion. Is there anything in particular that's worrying you about this possible plan of treatment?

F: Yes, actually there is something I'm worried about... how do I manage to keep a dental prosthesis functional for as long as possible?

D: You have pointed out a really important aspect. Once you have a dental prosthesis, your oral hygiene must be really thorough. But you shouldn't worry about that, I will show you how to achieve and keep a better oral hygiene from now on.

F: Thank you so much, I promise I'll try my best to do so.

6. OTHER CONCERNS AND EXPECTATIONS

D: I'm glad to hear that and I'm also sure there will be results to match in the end. OK, just to sum it all up, I understand that you've been dealing with a gap from a missing lateral incisor, which causes a serious aesthetic issue for your job. To close the gap, you'd prefer a ceramic dental bridge. Also, you are determined to maintain a better oral hygiene in the near future in order to achieve successful treatment results. Am I right?

F: That's right, yes!

D: All right. Now that we've talked about your main dental problem and your concerns regarding it, I'd like to discuss a little bit your past medical history and any medication you take at the moment. Can we proceed?

7. SUMMARIZING AND SIGNPOSTING



8. MEDICAL HISTORY

F: Yes, no problem!

D: OK. First of all, do you have any medical conditions?

F: Yes, I have non-allergic asthma. According to all the investigations I've gone through, it seems that my asthma attacks are triggered in conditions of intense stress.

D: I see... that is a very important aspect for me to know of. And I guess you are receiving a treatment for your condition as well?

F: Indeed. I was prescribed a Foster inhaler right after I received my diagnosis, and I have used it twice a day since then. It really helps me a lot.

D: Very good. Thank you for letting me know. Have you ever previously undergone any surgical intervention or other type of procedure?

F: No, I have never.

D: Alright. What about any allergies?

F: No, I'm quite sure I don't have any.

D: Great. Is there a case of pregnancy at the moment?

F: No, it's not the case.

8. MEDICAL HISTORY

D: Ok. Now just to make sure we don't miss any important details, I'll point out quickly some other common symptoms. For instance, have you experienced fever, swelling, weight loss or reduced appetite lately?

F: Fortunately, no. I haven't.

D: What about chest pain or palpitations?

F: Well, I sometimes get mild pectoral angina or short lasting palpitations on stressful days, but I went for my cardiology routine appointment and there's nothing serious going on.

D: I understand. Any symptoms such as nausea or vomiting, indigestion or difficulty in swallowing?

F: No, nothing like that.

D: And finally, any symptoms associated with the neurological or musculoskeletal system?

F: Also no, not any that I'm aware of.

9. SOCIAL HISTORY

D: Great. Do you mind if we spend a couple minutes talking about some social habits, such as smoking, drinking or snacking?

F: Sure, no problem. I have never smoked and I drink alcohol only occasionally, at events. Snacking was a habit of mine when I was in college, but I got rid of it once I started working. Unfortunately, my job causes me a lot of day to day stress, that's why I didn't pay enough attention to my oral hygiene and also why I got to develop stress asthma.

D: I can tell it all makes sense now, Francesca. Stress is a really harmful factor for our whole system. You need to learn how to control it as much as you can.

10. DENTAL HISTORY AND CONCLUSION

D: One last thing I want to clarify with you is how often you visit the dentist.

F: Oh, not quite often. I would say twice a year maybe. But I'm trying to make more time for dental visits.

D: Alright. I think I got all the information I needed. Thank you for your cooperation, Francesca. As for the treatment plan, I still consider a dental bridge to be an optimal solution for your case, but only with the condition of impeccable dental hygiene from now on.

F: I totally agree with you, doctor. Thank you so much for your patience and I can't wait to get started!

BIBLIOGRAPHY...



Information from:

- <https://www.smilin.de/en/dental-prosthesis/bridge-or-implant.html>
- <https://www.healthline.com/health/dental-bridge#types>

Images:

- <https://www.umft.ro/wp-content/uploads/2021/02/cropped-Logo650px-624x144.png>



THANK YOU!





ALLERGIC ASTHMA

(OCCUPATIONAL DISEASE)

Teodora Marin
General Medicine Student

TABLE OF CONTENTS

01. WHAT IS ALLERGIC ASTHMA?

- Overview
- Symptoms
- Causes

03. MEDICAL CONSULTATION

- Presenting complaint
- Other complaints
- Medicine history
- Family history
- Investigation – medical tests

02. ABOUT THE PATIENT

- Medical history

04. PATIENT MONITORING

- Results
- Diagnosis
- Treatment

01.

WHAT IS ALLERGIC ASTHMA?

Overview
Symptoms
Causes

Allergic asthma is a respiratory disease in which the airways narrow due to the inhalation of allergens. Common allergens include **pollen**, **dander**, and **mold spores**.

This disease **causes** your airways to:

- Become swollen or irritated (called inflammation) specifically in the airway linings.
- Produce large amounts of mucus that is thicker than normal.
- Narrow because the muscles around the airways tighten.

Symptoms of allergic asthma can include **shortness of breath, coughing, wheezing, sneezing, stuffy nose, rash, itchy eyes and nose**.

<http://www.medexpert.sg/en/medical-specialities/pulmonology/allergic-asthma/>

Your provider may do a blood or skin test to pinpoint allergies.

Tests to **diagnose** asthma can include **SPIROMETRY** and **BRONCHOPROVOCATION TEST**.

<https://www.urmc.rochester.edu/mary-parkes/programs-and-services/asthma-obstructive-lung-disease/asthma-general-information.aspx>



02.

ABOUT THE PATIENT

Medical history

PATIENT MEDICAL HISTORY

- Name: A.M.
- Age: 56 years
- Gender: Female
- Residence: Timisoara
- Profession: Baker, currently a retiree
- Former smoker
- Weight: 85 kg
- Height: 1,55 m
- Presenting complaint: dyspnea, wheezing, fatigue, chest pain

Past medical history :

- 1993: Allergic Asthma
- 2012: Type 2 Diabetes

Family History: Grandmother with Type 2 Diabetes

03.

MEDICAL CONSULTATION

Presenting complaint
Other complaints
Family history
Investigation – medical tests

- Doctor: Good morning! You must be Mrs. A.M. I'm doctor Jackson. What brought you here today?
- Patient: Hello, doctor! I'm in poor health and I need your help! (sneezing)
- D: Can you describe how you are feeling?
- P: I feel like I am not getting enough air and I can't breathe properly. I think I'm having an asthma attack again.
- D: What happened?
- P: I woke up this morning feeling tired, sneezing and coughing, with itchy eyes and a runny nose. As you can see... I'm still having these problems... Yesterday I cleaned my house and I think I triggered my ancient asthma with dust and cleaning substances.
- D: Please, tell me, did you interrupt your asthma treatment?
- P: Unfortunately, I missed some doses from my treatment because I felt well this week, but this morning I took my drugs and still I don't feel better!
- D: Do you remember your last asthma attack?
- P: Yes, it was three months ago when I tried to make an apple pie. I felt shortness of breath, chest tightness, and pain. I was coughing a lot.
- D: Did you start to feel the same this morning?
- P: Yes, and I was very anxious. I rushed to you as fast as I could. I believe my old treatment is not working anymore...
- D: Well, let's see, maybe it is something else, a chest infection, gastric reflux, or a bad cold!

- P: All I know is that I don't feel well, but I don't have a fever and all these symptoms started suddenly. I'm nervous...
- D: Oh, don't be. I'll help you feel better soon. Besides asthma, do you have any other health problems?
- P: Yes, I was diagnosed ten years ago with Type 2 Diabetes.
- D: What is your medication for diabetes?
- P: I take Glucobay 100 mg and Siofor 1000 mg twice a day. Once a day I self-administer Lantus Insulin with a pen.
- D: I see, your medication is good. Is there anything about these drugs that bothers you?
- P: No, I feel good and my blood sugar is normal most of the time.
- D: Then we don't need to change this diabetes treatment. Please, tell me, what is your treatment for allergic asthma?
- P: Twice a day I take Seretide spray, 1 tablet of Alerius 5mg, and Teotard 350mg daily.
- D: I will recommend you another type of antiallergic drug and maybe another spray to use when having asthma attacks, but first we need to run some tests and I need you to answer some questions.

- D: What about your family? Are your parents or grandparents suffering from any disease?
- P: As far as I know, my grandmother had type 2 diabetes. My parents passed away a long time ago. The rest of my family is fine.
- D: Are you married? Do you have children?
- P: Yes, I'm married and I have 2 children. My daughters are 32 and 37 years old. I also have 3 grandchildren.
- D: Do you exercise?
- P: I like to walk for 30 minutes every day to get my groceries from the market.
- D: That's good but you need to walk more so you can lose weight. Do you think you can walk for an hour?
- P: I'll do as you say, doctor.
- D: Do you smoke? Do you drink alcohol?
- P: I used to smoke when I was working, I quit smoking 6 years ago. I don't drink alcohol.
- D: That's great news.

- D: Please tell me, do you think you can perform spirometry?
- P: I will try my best to do it.
- D: Great! As you already know, I need to introduce your name, age, weight, and height to this device. Can you help me fill in this data?
- P: Of course! My name is A.M., I'm 56 years old, my weight is 85 kg and I'm 155 cm.
- D: What's your job?
- P: I was a baker but I retired in 2018 because I was allergic to flour. I wasn't able to work anymore because of my frequent asthma attacks. I have had this occupational disease for 30 years!
- D: Please, take a deep breath and blow it in this device as fast and as powerful as you can!
- P: ...PFFUUU... coughing...
- D: Let me see... Hmm, just as I expected, you have narrowing airways. Your spirometry shows that your vital capacity is below normal volume, also your airway permeability is small... Now I'll administer 2 puffs of Salbutamol and we will wait 15 minutes. After that, you will repeat the spirometry.

04.

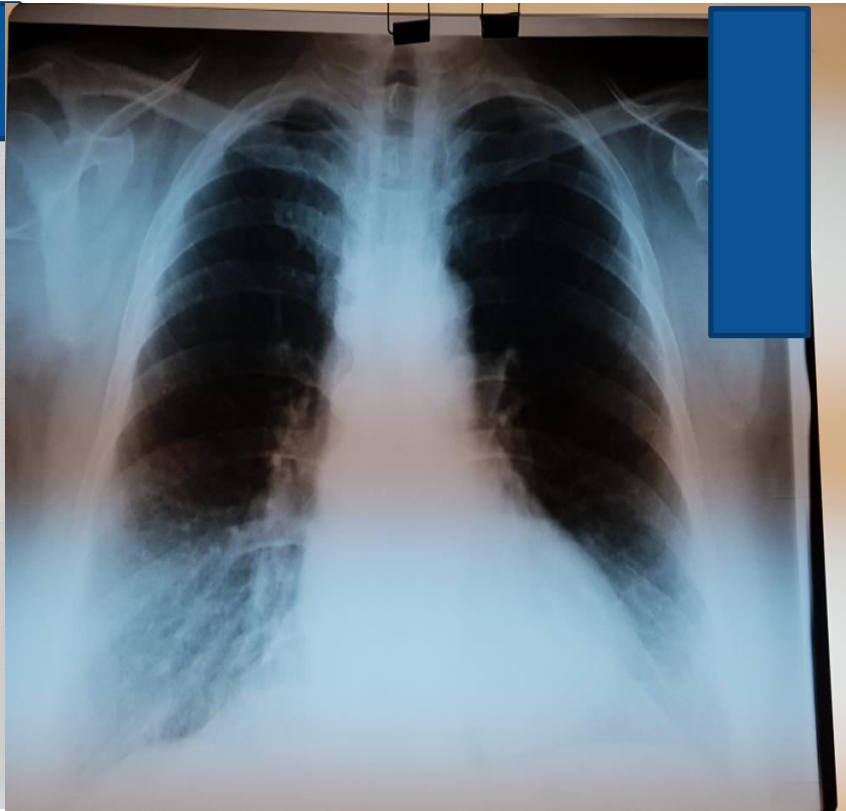
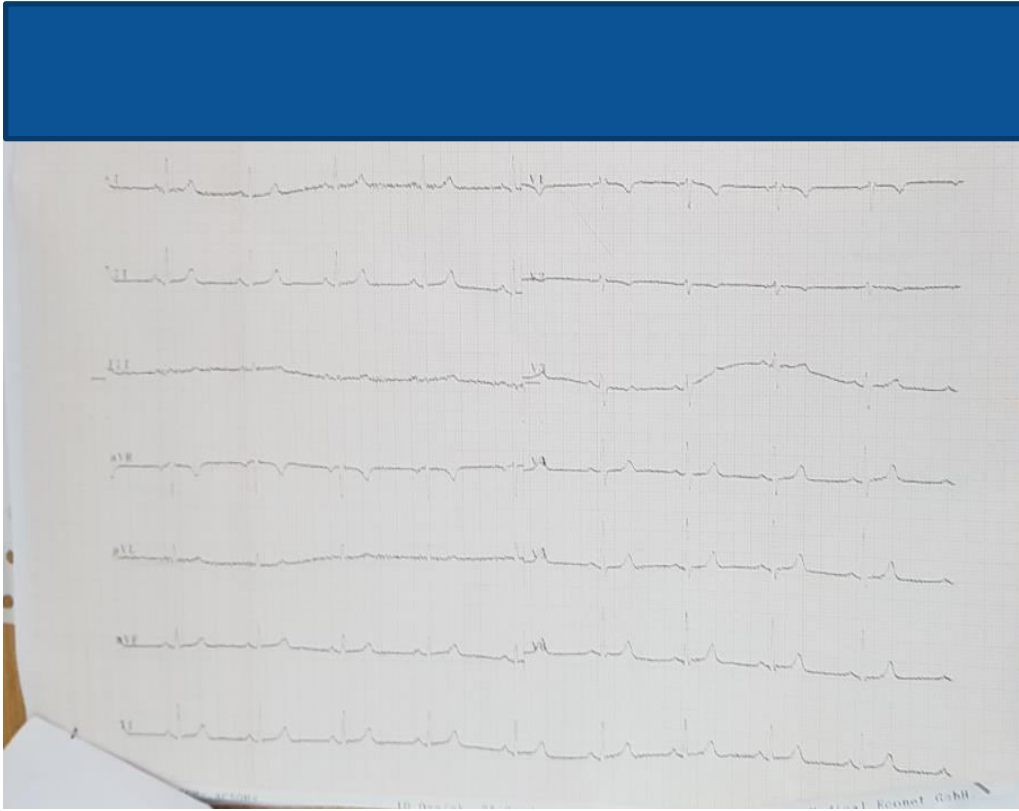
PATIENT MONITORING

Results
Diagnosis
Treatment

Results of spirometry (before and after bronchodilator)

Parameter	Normal values	Spirometry 1	Spirometry 2
FVC	≥80%	78%	80%
FEV1	≥80%	75%	78%
BPI	≥67%	65%	69%
PEF	≥80%	76%	77%
FEF _{25-75%}	≥65%	49%	55%

- D: After using Salbutamol (bronchodilator) your airways started to dilate. How do you feel now?
- P: Thank you, doctor! I feel an improvement and I can breathe better now.
- D: I'm glad to hear that! We still need to run some tests such as blood tests, EKG, and chest X-ray. We will discuss your treatment next week when we have all the results. See you next week?
- P: I'll be back next week with all my analyses done.



HEMOLEUCOGRAMA COMPLETA

Analizele validate de:

Citometrie de flux si
impedanta electrica

Test	Rezultat	Interv. biol. de ref./uni
Leucocite (WBC)	10.78	4.0 - 10.0 / *10 ⁹ /μL
Eritrocite (RBC)	4.37	3.8 - 4.8 / *100 ⁹ /μL
Hemoglobina (HGB)	13.3	12.0 - 15.0 / g/dl
Hematoerit (HCT)	40.9	36.0 - 46.0 / %
Volum eritocitar mediu (MCV)	93.6	83.0 - 101.0 / fL
Hemoglobina eritocitara medie (MCH)	30.4	27.0 - 32.0 / pg
Conc. de hemoglobina eritocitara medie MCHC	32.5	31.5 - 34.5 / g/dl
Trombocite(PLT)	262	150 - 410 / *10 ⁹ /μL
Limfocite%	25.5	20.0 - 40.0 / %
Monocite%	8.5	2.0 - 10.0 / %
Neutrofile%	62.1	40 - 80 / %
Eozinofile%	3.1	0.0 - 6.0 / %
Bazofile%	0.8	0.0 - 2.0 / %
Limfocite#	2.75	1.0 - 3.0 / *10 ⁹ /μL
Monocite#	0.92	0.2 - 1.0 / *10 ⁹ /μL
Neutrofile#	6.69	2.0 - 7.0 / *10 ⁹ /μL
Eozinofile#	0.33	0.02 - 0.5 / *10 ⁹ /μL
Bazofile#	0.09	0.02 - 0.10 / *10 ⁹ /μL
Distributia volumelor eritocitare - SD (RDW-SD)	49.2	39.0 - 46.0 / fL
Distributia volumelor eritocitare- CV (RDW-CV)	14.3	11.6 - 14.00 / fL
Distributia volumelor trombocitare - (PDW)	18.0	9.0 - 17.0 / fL
Volum trombocitar mediu (MPV)	13.1	6.0 - 10.0 / fL
P-LCR*	48.4	13.0 - 43.0 / %
PCT	0.34	0.17 - 0.35 / fL

Proba primara a fost corespunzatoare la primire

BIOCHIMIE

Analizele validate de:

Potentiometrica ISE

Test	Rezultat	Interv. biol. de ref./uni
SODIU	137	135 - 150 / mEq/l
POTASIU	4.3	3.5 - 5.1 / mEq/l

Analizele validate de:

Spectrofotometric

Test	Rezultat	Interv. biol. de ref./uni
Azot ureic (BUN)	13	7 - 25 / mg/dl
ALAT	35	14 - 59 / U/L
ASAT	28	8 - 37 / U/L
TRIGLICERIDE	102	30 - 150 / mg/dl
COLESTEROL	210	100 - 200 / mg/dl
HDL COLESTEROL	70	40 - 100 / mg/dl
LIPIDE TOTALE	664.5	450.0 - 740.0 / mg/dl
CREATININA	0.83	0.55 - 1.02 / mg/dl
GLUCOZA	117	74 - 106 / mg/dl
LDL COLESTEROL	119.6	30.0 - 120.0 / mg/dl
ACID URIC	6.3	2.6 - 6.0 / mg/dl

Proba primara a fost corespunzatoare la primire

Analizele au fost lucrate pe aparate astfel:

DIMENSION : ACID
URIC,ALAT,ASAT,COLESTEROL,CREATININA,GLUCOZA,HDL
COLESTEROL,POTASIU,SODIU,TRIGLICERIDE,Uree (BUN)
MANUAL BIO- LDL COLESTEROL,LIPIDE TOTALE

Probele au fost lucrate din:

Plasma: ACID
URIC,ALAT,ASAT,COLESTEROL,CREATININA,GLUCOZA,HDL
COLESTEROL,LDL
COLESTEROL,POTASIU,SODIU,TRIGLICERIDE,Uree (BUN)
Sange: LIPIDE TOTALE

Probele au fost lucrate de:

Data ultimei validari 12.1

P: Hello, doctor! I'm back with my investigations done. What do you think?

D: Hello, I'm glad that you succeeded in doing them all. Are you feeling better?

P: I still have shortness of breath, but I accept it, I know that nothing will be like when I was young!

D: Your chest X-ray shows that you have lung emphysema, and on EKG I see an incomplete block of the right branch but your heart rate is normal, 60 beats/minute. I think that you should also see a cardiologist.

P: I will if you say so. But my blood pressure is normal.

D: Let's see the lab results: Oh, as I suspected, you also have a respiratory infection, and your leucocytes are increased. Probably due to this infection, your blood sugar is higher than normal now. You have hypercholesterolemia and the value of uric acid is high. Well, the diagnoses are Professional Allergic Asthma, Pulmonary Emphysema, Respiratory Infection, Type 2 Diabetes, Right Branch Block, Hypercholesterolemia, and Hyperuricemia. For all this, I will recommend medication but promise me that you will visit a cardiologist.

TREATMENT



Treatment

Allergic Asthma

Seretide twice a day
Ventolin 2 puffs in an asthma
attack
Montelukast for allergies, 1
tablet in the evening

Hyperuricemia

Alopurinol 300 mg, 1
tablet per day

Hypercholesterolemia

Sortis 20mg 1 tablet per day






Respiratory infection

Augmentin 1g per day (7 days)

Diabetes

Glucobay 100 mg
Siofor 1,000 mg twice a day
once a day Lantus Insulin with a pen

RECOMMENDATIONS

Weight loss!	
Low calorie, hypoglycemic, hypolipidemic	
Avoid unprotected exposure to allergens, respiratory irritants, cold, humidity, and dust. Prophylaxis of respiratory infections!	
Physical treatment and physical therapy within the limits of the respiratory functional possibilities	
Physical effort within tolerance, avoid lifting and carrying weights	

THANKS!

REFERENCES

<https://my.clevelandclinic.org/health/diseases/21461-allergic-asthma>

Dosar medical cu teste și analize aparținând pacientului A.M.

<http://www.medexpert.sg/en/medical-specialities/pulmonology/allergic-asthma/>

<https://www.urmc.rochester.edu/mary-parkes/programs-and-services/asthma-obstructive-lung-disease/asthma-general-information.aspx>

<https://elmedbm.ro/produs/spirometru-portabil-model-spirolab-iv-produs-de-mir-italia/>



Periapical Abscess

exploring Endodontics, a stomatological paradox *saving a
tooth
by "killing" it*

Raul-Andrei Mihoc
Dental Medicine Student

Understanding Basic Endodontics



1*: Endodontics is the branch of dentistry concerning dental pulp and tissues surrounding the roots of a tooth. "Endo" is the Greek word for "inside" and "odont" is Greek for "tooth". Endodontic treatment, or root canal treatment treats the soft pulp tissue inside the tooth.

Usually, the endodontic treatments are undergone to remove inflamed and infected pulp tissue but they can also be done in preventive cases such as preprosthetic treatments. There are the so-called retreatments of endodontic treated teeth, which are usually done after the reinfection of a particular tooth.



Fig 1.1. Access cavity into an upper first incisor

⋮ Instruments in Endodontics



Fig 1.2. Rotary endodontic files



Fig 1.4. Solutions used to clean and disinfect canals

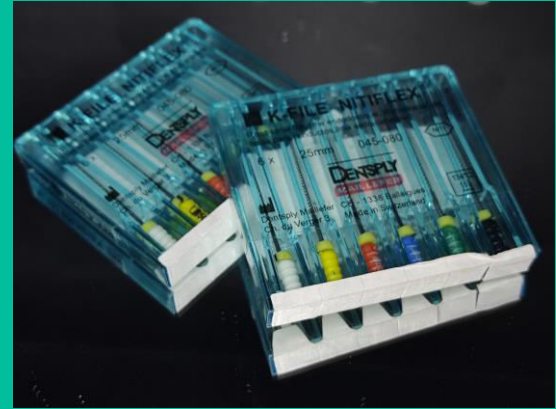


Fig 1.3. Manual endodontic files (Handfiles)



Fig 1.5. Guttapercha Points and Absobant papers

Instruments in Endodontics




Fig 1.8. Apex Locator, used to determine the exact working length (the length of the canal)



Fig 1.6. Root Canal Sealer (used with the Guttapercha Points to fill the newly cleaned root canal)



Fig 1.7. Gutta-Cutter used to cut the excess guttapercha after being adapted



What does periapical abscess really mean?

The abscess is a cavity formed inside a tissue (periapical abscess: alveolar bone) full of pus caused by an infection with a microorganism. The content of the cavity is named pus and it's made out of: different cells, plasma, microorganisms etc.

∴ Patient Identification

Name: Duțescu Claudiu

Age: 42

Date of birth: 06.03.1980

Sex: M

Weight: 89 kg

Height: 187 cm

Occupation: Food deliverer

Main complaint: Pain located in the upper left premolar-molar area

Not presenting recent X-rays

Coming into Urgent Care Section of the clinic



∴ Introduction



(inviting him to take a seat in the dental chair) (after a few seconds): Good afternoon Sir, my name is Mihoc Raul and I will be your on-call dentist for today.

DC: Hello doctor, I'm glad you're here. My name is Duțescu Claudiu, it's really nice to see you!

MR: I'm going to make your patient's file, so I'm going to need some of your personal information, if that is okay with you.

DC : Sure doctor, no problem.

MR: Can you tell me your date of birth and your age?

DC : Sure, I am 42 years old and my date of birth is 06.03.1980.

MR: Can you also tell me your height and weight?

DC : I'm 187 cm tall and I weigh 89 kg.

MR: Great. Can you tell me what your occupation is?

DC : Of course, I do food delivery for a small company.

MR: That's great, thanks a lot!



Main Complaint and Its History

MR: So Mister Duțescu, can you tell me what is bothering you?

DC : Well, I feel a pain somewhere on my upper left teeth, I can't say exactly what kind of pain I feel. I also can't eat properly, so I think I've got some swelling in that area.

MR: Could you maybe describe the intensity of your pain?

DC : Sure, on a scale of 1 – 10, I would say it's around 6.

MR: Oh, so it's not that bad, right? You've experienced an even higher pain with the starting point being your dental issues?

DC : Yes, but this pain is really annoying...

MR: So you said you can't exactly locate your issue.

DC : That's right sir. But I can for sure say it's somewhere on my left upper teeth maybe in the back side, by the molars.

MR: Okay, no problem. Tell me Mister Duțescu, when did your pain start? Did it come gradually or suddenly?

DC: To be honest, some time ago. It started to hurt really bad but I had no time to visit any dentist. After some time, it stopped. But in the last 3 days it reappeared... And started hurting pretty bad.

MR: Could you describe your pain?

DC: It's pretty vague, I feel a pulsating pain. But as I said, it's not hurting me that bad, it's just annoying me really hard.

MR: Could you maybe associate any other symptoms with your dental pain?

DC: I sometimes have a weird taste in my mouth and there is a lot of salivation going. I don't really know if that may be in any connection with my dental issue.



Main Complaint and Its History

MR: I understand. Tell me, do you feel the pain radiating? And by that I mean can you feel that sometimes your pain will locate to a different side of mouth, even other part of you face?

DC: Oh yeah, I can feel it radiating to my ear.

MR: Oh, okay. And did you take any tablet to help you alleviate the pain?

DC: I took anti-inflammatory tablets, but it stopped helping.

MR: Oh, I see.

Medical History

MR: I will now ask you some questions about your overall health and medical conditions. Hope that is okay with you.

DC: Sure doctor, there is no problem with that!

MR: Okay, could you tell me if you have any medical condition?

DC: I am diagnosed with epilepsy.

MR: And how well is your epilepsy controlled? Does your treatment work?

DC: Yes, of course. It's really mild I would say.

MR: And how many epileptic episodes do you usually have, say in a year?

DC: It depends, because last year I had only one episode but last year I also changed the medication to the current one, which I find better than the last one. Two years ago I would say I had around 5 or 6 such episodes.

MR: And have you ever had such an epileptic episode during a dental treatment? Do the lights we use or even the sounds of our handpieces provoke an episode?

DC: No doctor, you are all safe with me, I won't have one.

MR: Pffew, that's so good to hear. Tell me, any allergies I should be aware of?

DC: None.

MR: Have you undergone any surgery?

DC: Yes, I had a cholecystectomy three years ago. It went without any problems.



Systems Review

MR: Oh, it's really good you've mentioned that. I'm going to make a systems review now, just to make sure we have all the information we need. So tell me, do you have any cardiovascular issues?

DC: Yes, lately I've discovered that I suffer from high blood pressure. Other than that, nothing.

MR: Any respiratory problems?

DC: No, none.

MR: Other than your cholecystectomy, have you experienced other gastrointestinal problems?

DC: No.

MR: And other than the epilepsy, are you aware of any neurological or musculoskeletal issues?

DC: No doctor.



Social History

MR: All good, Mister Duțescu. Let's talk about your daily life. Could you tell me if you smoke?

DC: Yes doctor, around 7 cigarettes a day.

MR: Oh, I see. And do you mind if I ask about alcohol intake? Do you consume it regularly?

DC: No, I usually drink a glass of wine on the weekends, but that's pretty much it.

MR: And how about your diet? Do you have certain types of food you avoid?

DC: Yes, I am a vegetarian. That means I don't eat any type of meat but I eat a lot of vegetables. My eating schedule is like this: around 9 am I eat breakfast, around 2 pm I have lunch and around 8 pm dinner.

MR: Oh, that's really impressive. Good job for doing that!

Dental History



MR: Alright. Let's talk about your dental history. Do you recall any treatments you've had with your last dentists?

DC: To be honest, I can't recall all of them, only most of them. I had some teeth extractions on my lower jaw. I even had a root canal on my upper left, somewhere around my molars. Maybe premolars. I had some fillings and some scaling done.

MR: Good. Do you own any recent radiographs that I can help myself with when establishing the diagnosis and treatment plan?

DC: I am afraid I don't... I am sorry.

MR: That's no problem. We actually have a radiograph machine right here. First let's take a look and see what we can observe. Please open your mouth. Thank you. Aha I can see your premolar on your upper left might have been endodontically treated. To be sure, before I can do anything, we must take an X-ray and see what's going on there, okay?

DC: Sure.

.: Dental Procedure and Conclusion

MR: Here is your X-ray mister Duțescu. Here you can see, around the root of the premolar, right here, a black zone. That is a periapical abscess that we need to treat. This tooth has already been treated but it got reinfected. Since you've got no nerve already, you haven't felt anything until the infection got into the bone, at that point it started to hurt. Don't worry, it's completely treatable but it will take some time.

DC: Thank you a lot, doctor.

MR: The treatment will take place over the course of two appointments, if everything goes the right way. Should we get started? Do you have anything else to ask?

DC: No doctor, we can start. Thank you so much.

Dental Procedure on the 1st Appointment

MR: So, we're going to start by applying this rubber dam. This is a silicone membrane that will help me isolate your tooth from the rest of the mouth, so that my irrigants and other substances won't get into your mouth.

DC: Alright.

MR: I'm going to do an access cavity into your tooth and find your canals, after that we're going to also clean them. Because you have an abscess, for today I'm going to leave a Calcium-paste on the canal, that I will clean in the next appointment. That being said, let's start the treatment.

(AFTER ONE HOUR AND A HALF)

MR: All good mister Duțescu, today's appointment it's over. This paste will expand on your canals, so that might hurt two or three days. If anything happens, you could take an anti-inflammatory tablet and everything should be okay. Do you have any questions Mister Duțescu?

DC: No doctor, thanks a lot!

MR: All good. I will see you next time on the 2nd of September. Have a good day!

DC: Thanks a lot doctor. See you next time!

Dental Procedure on the 2nd Appointment

MR: Hello Mister Duțescu! I'm happy to see you! How's your tooth? Did you have any problems with it?

DC: Hello doctor, glad to see you too! I had no problem with the tooth. Maybe a bit of discomfort on the second day, but that was it.

MR: Alright. I'm glad to hear that. So if everything is alright, we are going to close your tooth today. After that, we should probably prep your tooth for a crown, it's the best option to keep it safe from further infections. Sounds good?

DC: I would like to keep the tooth in my mouth, so definitely!

MR: Sounds good, let's take a look and see how your tooth is doing. Could you open your mouth please? Aha, everything looks fine! So, today we are going to put the gutta-percha points, these orange cones that will fit into your canals.



Fig. 2.2 The end the of endodontic treatment

Conclusions after the Second Appointment

Ending the Endodontic Treatment

MR: Alright mister Duțescu. You are done for today! We will keep in touch if anything bad happens, okay?

DC: Thanks a lot doctor! Should I make another appointment for the dental crown?

MR: Yes, of course. You can talk with the receptionist and together you should be able to find a date that suits you best. Okay?

DC: Sure, thanks a lot Doctor! We'll see each other next time!

MR: Sure! Also, if you feel any discomfort, please call me, ok?

DC: Sure doctor, have a great day!

MR: You too!

References



1*:

<https://en.wikipedia.org/wiki/Endodontics>

Personal photos file: Fig 1.1., 1.2., 1.3.,
1.4., 1.5, 1.6., 1.7., 1.8., 2.2.

THANKS!

Do you have any questions?

All the images were taken during summer dentistry
practice

CREDITS: This presentation template was created by **Slidesgo**, including
icons by **Flaticon** and infographics & images by **Freepik**

URINARY BLADDER CANCER

How a nosocomial infection set a suffering beautiful soul free

ANAMARIA MIHUȚ

General Medicine Student

In the loving memory of my grandmother

- Hi, my name is Ana and this presentation is made in the loving memory of the person who raised me up and built who I am today and my whole existence (with my dear parents too, of course). She meant the world to me, and she was the most beautiful soul I have ever met in my entire life. I owe her everything and I will never be able to thank her for all the things that she has done for me. This is the story of a wound that will never completely heal in my and my parents' hearts. This will stay forever. It's a pain that will never go away.

Table of contents:

- 1. Th visits to the GP
- 2. The prescription
- 3. Visiting the urologist
- 4. The actual diagnosis and surgery
- 5. Histopathological results
- 6. The infection shows up
- 7. The sad ending

1. The visits to the GP

- G: Hello, doctor!
- D: Good morning, grandma. I haven't seen you in a while. How are you doing?
- G: Not that well, actually. You know that I only come here when there is something bad going on.
- D: I know! What happened?
- G: I started urinating small amounts of blood.
- D: Did you bring a urine sample with you?
- G: Yes!
- ~ the doctor performs a macroscopic exam on the urine ~

A. MAIN COMPLAINT

- D: Yes, I see there is some blood in there. Do you feel any discomfort when you urinate?
- G: No! I do not feel anything. The point is that I looked in the toilet after urinating and I noticed that it was quite orange or maybe even redish. I got scared. Later that day when I went to the toilet, the same thing happened again. Then I decided that it's time to collect it and show it to you.
- D: When did you start having this problem?
- G: Honestly, I don't really know. I only noticed it yesterday.
- D: Are you sure that you do not feel any pain in the lower abdomen, or in your back where the kidneys are located?
- G: No! There is no pain. It doesn't even itch me when I urinate. It feels really normal.
- D: Hmmm, have you taken Vitamin C in the last few days?
- G: No, I do not take any supplements.
- D: How about juices? Do you drink juice?
- G: No, I only drink water. Come on, dear, you know that I take care of myself and try to stay as healthy as possible.

B. PRIMARY DIAGNOSIS

- D: I know, but I just have to make sure that this is really blood and it's not a coloured substance from something that you have ingested. I will send it to the lab and I will get it tested as soon as possible. Also, I need to take some blood samples too.
- G: Alright!
- ~ The GP did what she said and besides that, she also measured her temperature, but she had no fever. She palpated her abdomen, inspected her teguments, performed both pulmonary and cardiac auscultation, but it was all normal. My grandma left, two days passed and the results came back. She was diagnosed with urinary infection ~
- D: Hello, it's good to see you again, granny! How are you doing?
- G: Hey, my dear. It's good to see you too, again, but I wish it was in different circumstances. My situation is still the same. Still urinating orange to red.
- D: Yes, I was already expecting this answer. I got your lab results and your blood samples say that there is an infection going on in your body, and they also found something in your urine. You have an urinary infection. I will give you some antibiotics and anti-inflammatory pills, which will solve this problem.
- G: Alright! Can you write me the prescription and tell me how to administer them?

C. PRIMARY TREATMENT

- D: Yes! You have to take Amoxiclav two times a day for one week, after you eat something. Make sure you take it right on the hour, every 12h. One time a day, at breakfast time, you have to take one pill of Nurofen. I wrote the prescription with the exact number of mg for each pill. Make sure the pharmacist gives you the right dosage!
- G: Alright, thank you. Should I come back for a check up?
- D: If the urine looks normal by the end of the treatment, no! Just call me and tell me that it is all good.
- G: Good! Thank you! Have a great day!
- D: You too! Bye!

2. The prescription

- To make this part of the long story short: Everything was fine after the treatment. However, a few months later, she started having this issue again. The GP stated again that she had urinary infection. Things were cool again, but the problem happened again. Same results, same treatment. Over and over again for many years. However, the last time it happened, it was bad. Her urine was intensely bloody. That's when the GP finally decided to send her to the urologist.

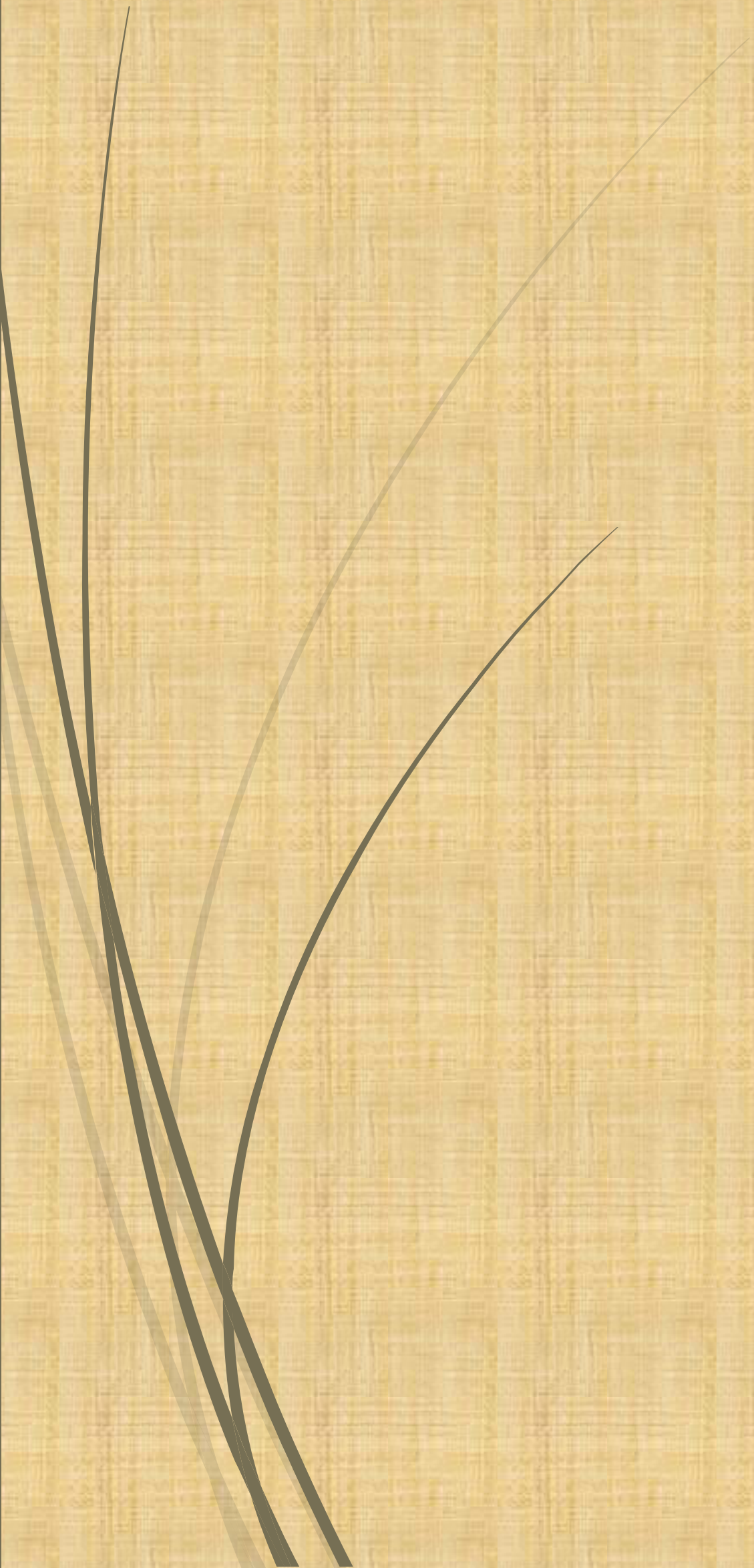
3. Visiting the urologist

- D: Good morning, madame! You must be Florica, right?
- G: Good morning, doctor! Yes!
- D: I am doctor Ben, nice to meet you! What seems to be the problem?
- G: I have been urinating blood for many years. The GP kept on telling me that I have urinary infections. After the treatment, things were good, but after a few months I would start over again! This time it was really bad, because my urine is really red.
- D: Okay, I understand. What medicines did you take for the infection?
- G: Amoxiclav or something like that.
- D: Every year?
- G: Every year, yeah!
- D: For how long?
- G: I don't know. Between 3 and 5 years.

- D: Oh, my God! Ok, let me ask you some questions. When is your birthday?
- G: I was born on the 6th of April 1949.
- D: Alright, are you retired or do you still work?
- G: I am retired.
- D: What did you do for a living?
- G: I used to work in a furniture factory. I glued up woods and placed them together to create beautiful furniture.
- D: Oh, so you worked your whole life with polyvinyl acetate?
- G: Yes, and I know that it is toxic.

- D: Indeed. Do you have any siblings?
- G: Yes, I had a sister. She passed away a couple of years ago because of pancreas cancer. Terrible fight that she had to go through.
- D: I understand, I am really sorry for your loss. How old was she?
- G: She was 65 years old. May she rest in peace.
- D: Rest in peace! How about your parents?
- G: My mother died at the young yage of 45. She suffered from kidney cancer and my father passed away because he fell from the roof of our house, so he had horrible organs damage.

- D: I understand. I am sorry to hear these sad stories. Do you suffer from any known issues?
- G: I only suffer from arterial hypertension. Besides this, nothing that I know about.
- D: What pills do you take?
- G: Diurex when it gets really high, and daily I'm taking Atenolol.
- D: Got it. Do you smoke?
- G: No. I quit 5 years ago.
- D: How much did you use to smoke?
- G: One pack a day, to be honest. That's why I decided that it's enough, especially after 40 years!
- D: Mhm... alright. It was a good choice!

- 
- D: How much water do you drink daily?
 - G: Over 2L.
 - D: Okay. Well, let's go to the examination bed. Can you lie down, please? I am going to perform an echography, to see how your kidneys are doing and your whole urinary system.
 - G: Ok!

4. The actual diagnosis and surgery

- ~ The doctor noticed that her kidneys are fine, her ureters are fine, but there was a small tumour in her urinary bladder. To fast forward things again, he recommended a full cystectomy. Obviously, she refused because she could not imagine living with a pouch attached to her abdomen for the rest of her life, so she chose the easier options. That meant that she went through several cystoscopies to get the tumours out, which kept growing back. Also, she went through local chemo therapy. However, the last histopathological result was devastating. She had stage 3 cancer. Therefore, she had to get her urinary bladder, uterus, ovaries out.
- She finally accepted to get the surgery done. One month later she was in hospital. Then, she came back home. She started feeling better and better. A week after she came back home, we even went for a walk. We were not even expecting the nightmare that would come.

The results came back. It was horrible.

- The doctor saw the result and came to her house for the daily wound check up, but also to discuss this issue.
- D: Good evening, everyone, I am sorry for being a little bit late today. How are you doing, grandma?
- G: I am feeling better, doctor. I am getting stronger and stronger every day.
- D: How is your wound healing? Do you feel any discomfort?
- G: I feel some sort of discomfort, not going to lie. Whenever I try to stand up, I feel like it is going to explode in the lower part of the abdomen.
- D: Let me see!
- ~ the doctor checks the wound and it does not really look good. It doesn't want to close up in the lower part of the abdomen, even though the upper part looks perfect. He starts taking off the stitches and sew her up again, a bit tighter. He cleaned up the pus from the wound and sew her. He started having some second thoughts. ~

- D: Ok, grandma. I sewed you up tighter and I will give you some more antibiotic, in order to get rid of the local infection. If you start feeling bad, please call me and I will be here as fast as I can. If you have fever, pain, whatever, just contact me.
- G: Okay, but let's talk about the result after the surgery! What does it say?
- D: It says that the tumour already started invading other tissues than its original ones. When I performed the surgery, I did not see any tumours in other parts of the abdomen. I will decide on a chemotherapy for you and in March, we will do a CT scan in order to see what's going on.
- G: Alright. So the result just says that the tumour was deeper in the bladder, but nothing more.
- D: Yes. I need to talk to your family for a second.
- Mom: Yes? Tell me.
- D: The tumour was deeply anchored in the bladder. She might get some metastasis. I'm really sorry, but we will do some chemo and maybe there is a chance.

6. The infection shows up

- Days passed. She started feeling bad. Day by day, she was worsening. She started to have really bad bones pain and she would throw up everything she'd eat. We knew. At one point, she couldn't even get out of her bed anymore. She was crying, she was in horrible pains. The doctor gave us some strong IV fluids for the pain to make it easier. I would place that IV in with all the meds every day. That was for one month and a bit. In this whole time, her surgery wound started looking weirder and weirder.

- The doctor decided to take a sample from the wound, to see why it looks so bad and doesn't heal, and send it to the lab. The results came back. She was diagnosed with a nosocomial bacteria resistant to 11 antibiotics, and only sensible to two of them. He decided to admit her back to the hospital as soon as possible, because those antibiotics can only be taken under medical attention and through IV.

2. Urocultura	>100000 UFC/ML B,KLEBSIELLA
3. Antibiograma	
Amoxicilina + Acid clavulanic	REZISTENT
Cefaclor	REZISTENT
Ceftriaxona	REZISTENT
Ciprofloxacina	REZISTENT
Gentamicina	REZISTENT
Levofloxacina	REZISTENT
<u>Meropenem</u>	SENSIBIL <i>MERREM i.v., perfuzii</i>
Acid Nalidixic	REZISTENT
Norfloxacină	REZISTENT
Ofloxacină	REZISTENT
Pefloxacină	REZISTENT

Pagina 1 / 2 (Con...

ANALIZE DE URINA (cont.)	
3. Antibiograma (cont.)	
Tazobactam + Piperacilina	<u>SENSIBIL</u> <i>Zosyn</i>
Trimetoprim	REZISTENT

NOTA *: Analizele marcate (*) nu sunt acoperite de acreditare RENAR. Opiniile si interpretarile continute de prezentul document nu sunt acoperite de acrditarea RENAR.

7. The sad ending

- At home, however, she was a disaster. She also started having semi-coma episodes. We took her to the hospital, as the doctor said. They tried to save her life by giving her the antibiotics. She did not respond. The infection was worse and worse every day. Also, her bones were really fragile and painful. She could not eat anything because she would literally vomit everything. Then, she got in a coma. She passed away two weeks after staying in hospital and three days in the ICU. We required an autopsy. She was full of metastases and she was in horrible pains. She had a very rare form of aggressive cancer (in 3 months she got full of metastases). The infection was the one which helped her pass away faster. If it wasn't for that infection, maybe she would have lived a couple more months but in horrible pain because of the aggressive cancer. The infection shut down her whole body and her heart in the end. In the last month of her life she had many episodes of semi coma because of the infection attacking her body and in the final stage she was in coma. I know she suffered, but the unresponsive to antibiotics nosocomial bacteria shortened her suffering. She had no chance. It was too late. Some decisions should have been taken earlier to prevent the whole situation from happening. It was all too late. Everything was too late.

Thank you for your attention!

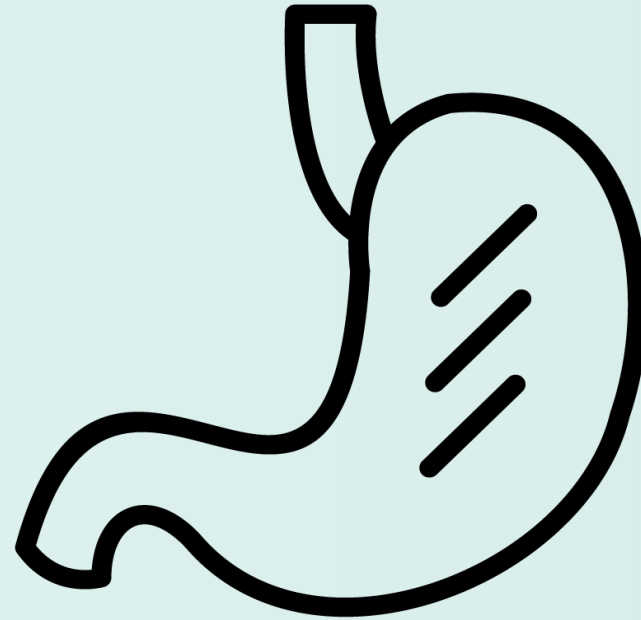
I HOPE THAT YOU UNDERSTOOD MY MESSAGES. JUST TO BE SURE THAT I DID, I
AM GOING TO SAY THEM OUT LOUD: NOW.

BUNI, YOU WILL ALWAYS BE MISSED AND WE'RE SORRY BECAUSE WE DID NOT
MAKE THE RIGHT DECISIONS EARLIER.



BIBLIOGRAPHY: ALL PHOTOS AND INFORMATION ARE TAKEN FROM
HER REAL MEDICAL FILE.

Peptic Ulcer



Vlad Mulcuțan-Chiș
General Medicine Student

Table of contents

- ❖ Introduction. Definition;
- ❖ Symptoms and Causes;
- ❖ Patient's personal details;
- ❖ Main complaints;
- ❖ Medical history;
- ❖ Family medical record;
- ❖ Social history;
- ❖ Medical tests;
- ❖ Diagnosis;
- ❖ Treatment;
- ❖ Conclusion;
- ❖ Bibliography;

What peptic ulcer is, its symptoms and causes

Peptic ulcers are open sores that develop on the inside lining of the stomach and on the upper portion of the small intestine.

The medical condition mentioned above can be split into two categories:

- **Gastric ulcer** - occurs on the inside of the stomach;
- **Duodenal ulcer** - occurs on the inside of the upper portion of the small intestine.

Symptoms

- Burning stomach pain;
- Feeling of fullness, bloating or eructation;
- Intolerance to fatty foods;
- Heartburn;
- Nausea.

The most common peptic ulcer symptom is **burning stomach pain**. The gastric acid might make the pain worse, as does having an empty stomach. The pain can often be relieved by eating certain foods that buffer stomach acid or by taking an acid-reducing medication. The pain may be worse between meals and at night.

Most commonly, a large number of people with peptic ulcers don't even have symptoms.

Less often, ulcers may develop severe symptoms such as:

- Vomiting or vomiting blood, which may appear red or black;
- Melena;
- Dyspnea;
- Loss of consciousness;
- Nausea;
- Unexplained weight loss;
- Appetite changes.

Causes

The most common causes of peptic ulcers are the infection with bacterium *Helicobacter pylori* (*H. pylori*) and long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil, Nurofen) and naproxen sodium (Naproxen). Stress and spicy foods do not cause peptic ulcers. However, they can make your symptoms worse.

The patient's personal file

(the patient presented in the medical emergency department)

Departament: GASTROENTEROLOGIE	SECTIA	<i>Grupa sangvina:</i>	<i>Rh:</i>
Telefon:	GASTROENTEROLOGIE	<i>Alergic la:</i>	
<i>Nr. foaie internare:</i>		<i>Nume si prenume</i>	CHIS LENUTA
<i>Cod prezentare:</i>		<i>Sex:</i>	Feminin
<i>Vârsta:</i>		<i>CNP</i>	
<i>Localitate:</i>	SATU MARE	<i>Judet/Sector:</i>	SATU MARE
<i>Adresa:</i>		<i>Telefon:</i>	
<i>Data internarii:</i>	28.02.2019 06:37	<i>Data externarii:</i>	06.03.2019 09:42

Medical file of the patient Moga Andreea

Main complaints

D: Good evening, Mrs. Moga. Please tell me exactly what happened and what your emergency is.

P: Good evening, doctor. Unfortunately, I can barely speak or move. My nephew drove me to the hospital's emergency department at 1:30 AM. I have had stomach pain and abundant gastroesophageal reflux for 3 days, but tonight I have started to feel even worse. Vomiting, dizziness and heartburn.

D: Should I understand that until 3 days ago you did not have such digestive problems?

P: I had symptoms before, but when I took a Dicarbocalm pill, they decreased in intensity or were even relieved, so I did not consider that I should see the GP.

D: (palpates the patient) Please tell me if you can feel pain in this area and if so, does it radiate to the entire abdomen? Also, please let me know if you feel any burn or need to vomit while your stomach is depressed.

P: Yes! I feel all of these.

Medical and medication history

D: Please tell me what other diseases you suffer from and especially what drugs you have been taking in the past month.

P: I do not suffer from anything else. I'm perfectly healthy, that's why I didn't go to the doctor too often.

D: Are you sure?

P: Well, no... I was recently administered an antifungal treatment recommended by a dermatologist, but I couldn't tell you the name of the pills. I received a homeopathic treatment from a cardiologist for blood circulation and the diabetologist recommended me to follow a diet because my glucose tolerance decreased, but, you know, my nephew is a medical student in Timisoara and I usually cook food and cakes for him from time to time. (smiling)

D: Madam, it seems that you are not as healthy as you may think, but I can surely appreciate the optimism.

P: I'll do anything to stop the pain.

D: Of course! Rest assured that you are in good hands. I have to ask you a few more questions to figure out what investigations are necessary.

Family medical record

D: Please let me know if anyone in your family has ever had a stomach ulcer or gastric hyperacidity. I am referring to severe cases, involving medication.

P: Yes, my mother suffered from all the possible complications associated with stomach disorder and, unfortunately, she passed away of gastric cancer.

D: And that's all?

P: No. If I'm not wrong, my sister suffers from reflux esophagitis. And, in my youth, I suffered a cholecystectomy. I should have started with this...

D: And the doctor who treated you did not recommend any digestive enzymes as a dietary supplement?

P: Yes, he did recommend those supplements, but I noticed that I was feeling very well without those pills, so I decided not to take them anymore.

Social history

D: All right. Let's move on. Please tell me a few words about your job, your lifestyle, your favorite food recipes and what your meal schedule is.

P: I was a seamstress for 42 years, that was my first and only job. I became a widow at the age of 28, and since then I have dedicated my entire life to my family. For my daughter, I had to be both a mother and a father, and my grandchildren, whom I love with all my heart, I pamper every time I can. When I was working, I did a lot of exercise because I walked to work. And now, since I'm retired, my physical activity has diminished. However, I am active, every day I think about what culinary specialty to surprise my family with. I usually cook traditionally, but I like to experiment sometimes when I make cakes.

D: So I understand that you also eat less healthier food and you didn't really follow the diabetes doctor's recommendation to follow a diet.

P: Yes.

Medical investigations

D: All right, Mrs. Moga. You will have to do a set of investigations. Depending on the results, we will start the therapy and in a few hours you will feel better.

P: Ok, doctor. Thank you!

D: We will have to do some blood tests, an abdominal ultrasound, a CT scan, an endoscopy and a stool test. I will be waiting for you here.

Diagnosis

D: Ok, Mrs. Moga, your test results came back and they confirmed exactly what I suspected. All the modified parameters lead us to believe that you suffer from peptic ulcer associated with GERD (gastroesophageal reflux disease), those being the result of an older H. Pylori infection correlated with the abuse of NSAID.

P: It sounds concerning. Please tell me how bad is it?

D: You don't have to worry. You arrived at us just in time, but just to be sure that your condition won't aggravate, we will have to admit you for a few days.

P: Thank you so much, doctor! I appreciate your care!

Treatment

Recommendation:

1. **Diet:**

- to follow a well balanced meal plan (3 main meals and 2 snacks);
- last meal no later than 6 PM;
- not to lie in bed immediately after the meal;
- quantitative reduction of food;
- weight loss: 3 kg/week by avoiding bread, pasta, sweets, white meat, processed meat products, grills, high-fat food

Treatment

2. Pharmaceutical treatment

- NOLIPREL 5 /1.25 mg, 1-0-0 if BP> 140/90 mm Hg
- DETRALEX, 1-0-1 tb/day;
- TORVACARD, 10 mg, 0-0-1 tb / day;
- CONTROLOC, 40 mg, 1-0-1 tb / day 30 minutes before meals, for one month;
- AMOXICILLIN, 500 mg, 2-0-2 tb/day, 2 hours after food for, 10 days;
- LEVOFLOXACINE, 500 mg, 1-0-1 tb / day 2 hours after food, 10 days;
- ZIRCOMBI, 1 sachet / day, 30 minutes after dinner with water, for a month;
- IBUTIN, 300 mg, 1-0-1 U / bz, for 2 weeks then 1 tb / day, another 2 weeks;
- URSOFALK, 500 mg, 0-1-1 tb/day, for one month
- ESSENTIAL FORTE, 1-1-1 tb/day, for a month
- NORMIX, 200 mg, 2-0-2 tb/day, starting April, 7 days / month, 6 months

Treatment

3. Medical recommendations:

- 2 months after stopping the antibiotic treatment, repeat the fecal Ag Helicobacter Pylori and MUST return to the doctor with the result (stool test);
- Ultrasound/mammography consultation;
- Endoscopic and biological investigation.

Complications of peptic ulcer

Left untreated, peptic ulcers can result in:

- **Internal bleeding.** Bleeding can occur as slow blood loss that leads to anemia or as severe blood loss that may require hospitalization or a blood transfusion. Severe blood loss may cause black or bloody vomit.
- **A perforation** in the stomach wall. Peptic ulcers can perforate the wall of the stomach or small intestine, creating the risk of peritonitis.
- **Obstruction.** Peptic ulcers can block the passage of food through the digestive tract, causing bloating, vomiting or severe weight loss.
- People infected with *H. pylori* have an increased risk of gastric cancer.

Conclusion

The peptic ulcer disease is an uncommon disorder, sometimes with non specific clinical features. With the help of an effective treatment and by eradicating *Helicobacter pylori*, medical improvement and even complete healing of the ulcer appear successfully.

Regarding our patient, my grandmother, starting with the first days of treatment, both the patient's state of mind and health improved noticeably. The blood tests showed values much closer to the physiological ones, the gastric hyperacidity and abdominal pressure disappeared and the pain caused by the ulcer decreased considerably.

After the entire treatment scheme was administered, the patient felt very well. Imaging investigations, the endoscopy, but also the clinical examination and blood tests could confirm the complete healing of the patient. In this case, the only warnings she has to take into account are those related to food.

Unfortunately, an ulcer leaves certain disadvantages and precautions for the rest of the life.

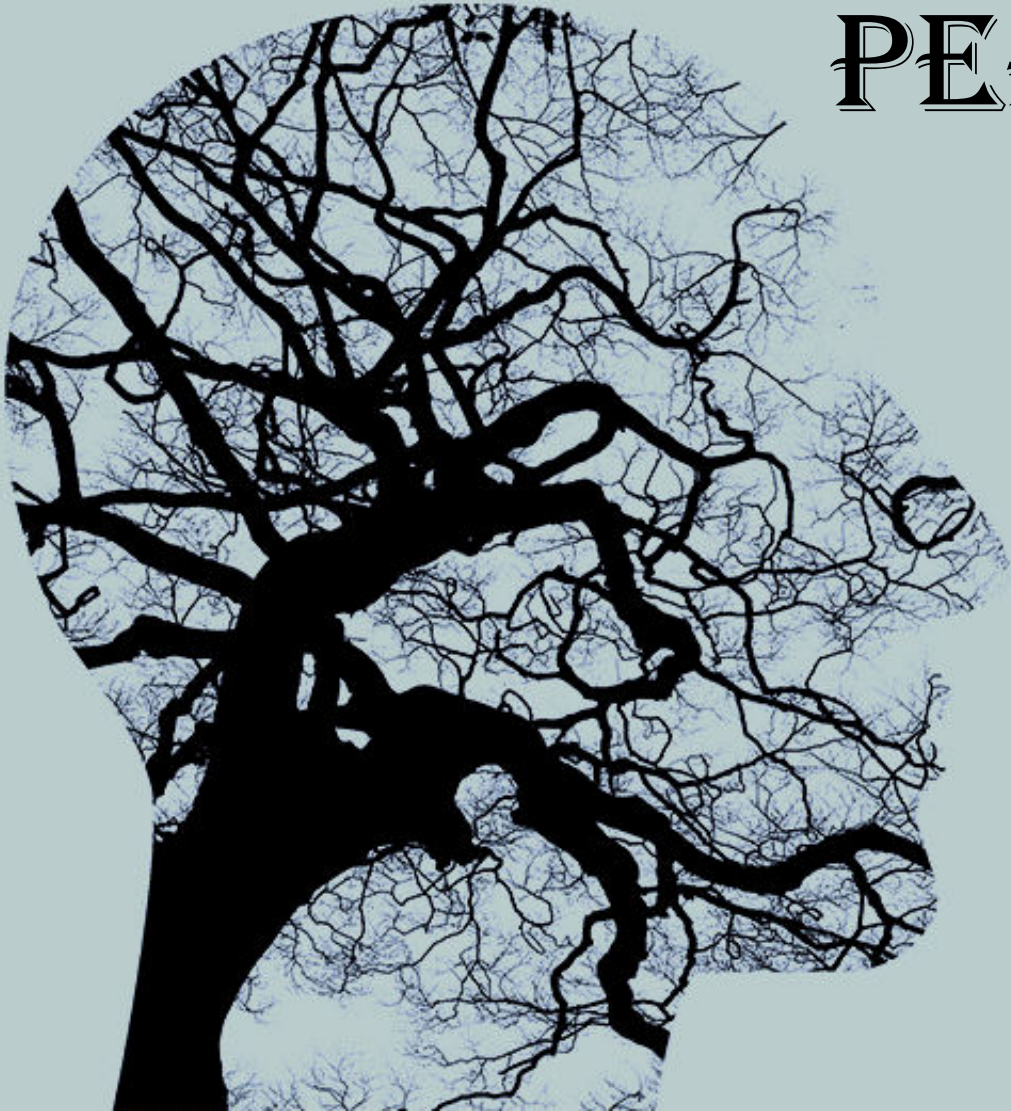
Bibliography

- <https://www.mayoclinic.org/diseases-conditions/peptic-ulcer/symptoms-causes/syc-20354223>;
- Medical file of the patient: analyses, tests, endoscopy;
- Gastroenterology course book from Victor Babes University of Medicine and Pharmacy- Timisoara” Curs de gastroenterologie și hepatologie/Ioan Sporea, Adrian Goldiș;
- Image sources:
- https://pngtree.com/freepng/vector-stomach-icon_4187421.html?sce=sol_pin
- https://in.pinterest.com/pin/778559854343138533/?nic_v3=1a7bHMDoJ

Thank you!



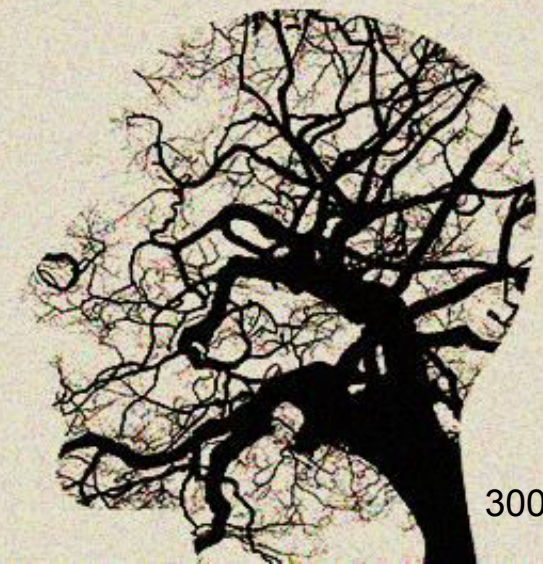
BORDERLINE PERSONALITY DISORDER



Miriam Muntean
General Medicine Student

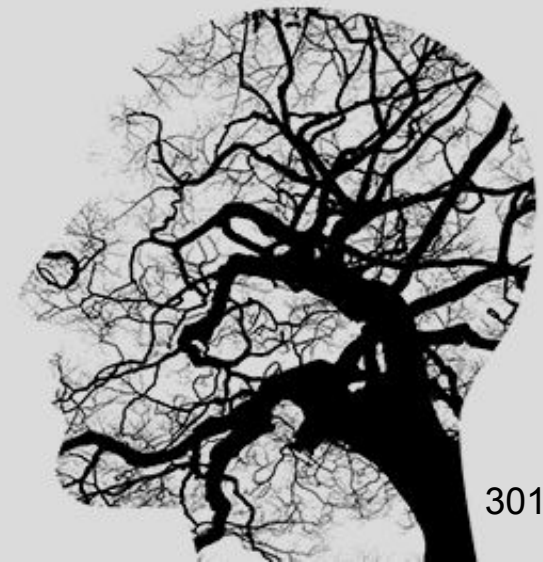
TABLE OF CONTENTS

- ❖ DEFINITION
- ❖ SYMPTOMS
- ❖ CAUSES
- ❖ PATIENT'S DATA
- ❖ THE CASE STUDY OF FELIX CESSO
 - ❖ DOCTOR- PATIENT DIALOGUE
 - ❖ INTRODUCTION
 - ❖ MAIN COMPLAINT
 - ❖ SOCIAL AND FAMILY LIFE
 - ❖ FAMILY HISTORY
 - ❖ PAST MEDICAL HISTORY
 - ❖ DIAGNOSIS AND MEDICATION
- ❖ HOW TO HAVE A SUCCESSFUL CAREER WITH BPD?



DEFINITION

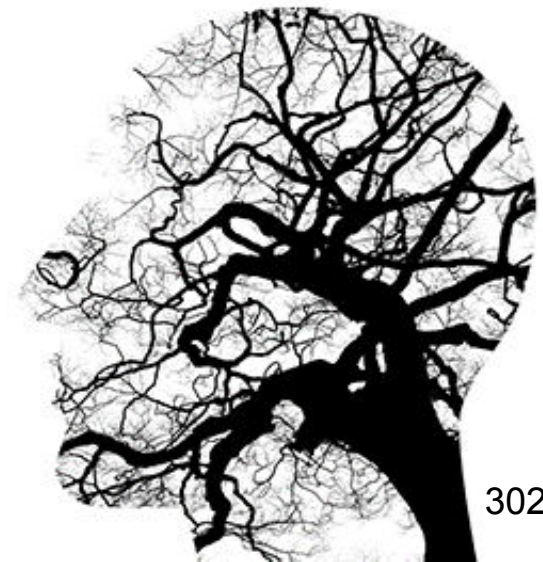
- ❖ **Borderline Personality Disorder (BPD)** is a condition characterized by difficulties in regulating emotions. This means that people who experienced BPD feel emotions intensely and for extended periods of time, and it is harder for them to return to a steady baseline after an emotionally triggering event. (<https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder>)



SYMPTOMS

- ❖ Borderline personality disorder (BPD) can cause a wide range of symptoms, which can be broadly grouped into 4 main areas.
 - ✓ emotional instability – the psychological term for this is "affective dysregulation"
 - ✓ disturbed patterns of thinking or perception – "cognitive distortions" or "perceptual distortions"
 - ✓ impulsive behavior
 - ✓ intense but unstable relationships with others

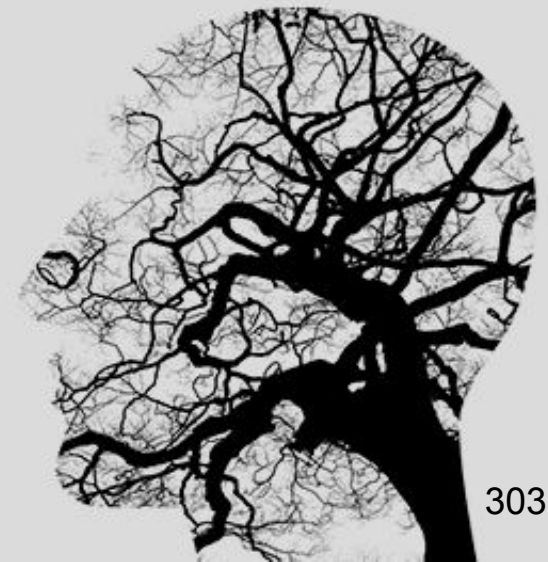
<https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/symptoms/>



CAUSES

- being a victim of emotional, physical or sexual abuse.
- being exposed to long-term fear or distress as a child.
- being neglected by 1 or both parents.
- growing up with another family member who had a serious mental health condition, such as bipolar disorder, a drinking or drug addiction problem

[\(https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes/\)](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes/)



PATIENT'S DATA

NAME: FELIX CESSO

GENDER: MALE

AGE: 21

WEIGHT: 59 KG

HEIGHT: 1.71 M

LOCATION: TIMISOARA, ROMANIA

THE CASE STUDY OF FELIX CESSO

- ❖ The patient is a 21 years old male, living alone. He was brought last night, unconscious, to the psychiatric hospital due to self-mutilation with a sharp fragment of glass from a broken mirror. The neighbors reported horrendous roars of pain and a sudden loud noise of broken glass coming from his apartment.



DOCTOR- PATIENT DIALOGUE

INTRODUCTION

- ❖ Doctor: Hello, I'm doctor Daniela Marcu, pleased to meet you, Felix, how did you sleep last night in our facility? How are you currently feeling?
- ❖ Patient: Good morning, doctor... Last night was terrible, after I gained my consciousness, I remember myself waking up in this room, having this uncomfortable perfusion on my arm! Thank God I'm feeling better, the nurse took great care of me.

- ❖ Doctor: Pleased to hear. Do you remember the reason why you were brought here?
- ❖ Patient: I try to think of last night but my head is aching me. From my experience I'm sure this was one of my crisis. I'm actually a very impulsive and short-tempered person, I had a fight with my girlfriend yesterday and I've been extremely down. It was more like a feeling of deadly intense sadness that was devouring my whole being from inside-out.
- ❖ Doctor: What did you quarrel about?
- ❖ Patient: It was just my fault, it is always me that hurts everyone. Sometimes I feel like I shouldn't exist any longer.
- ❖ Doctor: But what happened?
- ❖ Patient: Nothing to worry about.
- ❖ Doctor: She came to the hospital in the morning and told me that you lost your mind because she told you that she's investing in you a lot of her time to make you feel happy. Is that right? Then you started misinterpreting her words and assuming the worst.
- ❖ Patient: Yes and no. She proved to me once again what a low being I am for her... She's just always like that, always criticizing me and making me feel low, I know now that I'm just a bad investment for her, more like a burden that she has to carry on her back, yeah, it was always like that. That's what I've been my whole life.
- ❖ Doctor: Why did you harm yourself last night? Was it because of her?
- ❖ Patient: I don't know. I just wanted to stop that self-devouring pain I felt. I know she hates me, deep inside, and that she will abandon me like everyone else in the end, I can't stand the feeling of being abandoned again. I feel very much ... everything on an extreme level, and sometimes it is hard to cope with everything.

- ❖ Doctor: Is the pain gone now?
- ❖ Patient: Not just gone, I feel like I have nothing left on the inside, like a monster fed on with my entire self. I feel empty... Sometimes I harm myself when I get this bare feeling, I feel like nothing, like I'm not even existing and it is just this physical pain that can make me feel something again. It is not just me, everything feels so unreal, people, trees, the whole world is so blurred and filled with emptiness.
- ❖ Doctor: How do you feel about your girlfriend?
- ❖ Patient: I don't understand myself; it is just that sometimes she's a blessing from God in my life, while sometimes she's the worst monster I was cursed to encounter. I really love her; then why do I hate her so much that I simply can't stand seeing her sometimes?! My mood tends to change quickly from hour to hour and it feels impossible to control it.

SOCIAL AND FAMILY LIFE

- ❖ Doctor: How about telling me now about your relationship with your family? How was your childhood, is there anything traumatic that you remember you've been through?
- ❖ Patient: My parents were most of the time busy with their jobs, I have very few memories of them from my childhood. I remember they sent me away when I was 7 to a boarding school. Those times were a real hell for me, I used to be sexually abused there over and over again. I was just a kid; I didn't really know what to do and what was going on, so I lived like that, but in a way, I know how severely it damaged me. I've been on my own most of my life, that is the truth.
- ❖ Doctor: Do you ever feel like you don't know who you are, and that you have an unclear image about yourself?
- ❖ Patient: My opinion about myself keeps on shifting, I'm not quite sure anymore about who I am. Sometimes I question my own sexuality, I want to know who I am or what I am but I feel like I'm not part of any category sometimes or maybe I'm a blend of everything but nothing concrete at all.

- ❖ Doctor: It was brought to my attention that you started to have an abusive behavior with people around you, especially with the female gender, am I right?
- ❖ Patient: I have long term obsessions that I can't get over, either on words or actions, I know I am hurting everyone and I hate myself for that but I simply can't stop. My mind is raging and I'm feeling so low about myself, but it is nothing I can do. I've destroyed a few people's lives, I did. I hope I will die soon, everyone will be happier without me around.
- ❖ Doctor: What about your current occupation? Are you a student now? How are you handling your social life?
- ❖ Patient: Yes, I'm currently a student, one more year till I get my IT degree. I'm not getting involved with people that much, maybe I am either too shy or paralyzed by my social anxiety, I'd rather avoid stressful moments. College life is quite exhausting, I find it very hard to study and focus.

FAMILY HISTORY

- ❖ Doctor: I would like to know more about your family. Is anyone in your family suffering from any illness?
- ❖ Patient: No, to be honest, I have no idea, we were never that close, as well, I have never had the curiosity to ask. I never check on my parents unless they call me but I never call them
- ❖ Doctor: How do you feel about your parents?
- ❖ Patient: I do really respect them, they've done so much for me. Never in my life, there wasn't anything that I wanted and couldn't get it. From a financial point of view, I was always fulfilled.

PAST MEDICAL HISTORY

- ❖ Doctor: Is this the first time you get into a psychiatric hospital?
- ❖ Patient: Yes, but it was not my first crisis or suicidal attempt. I had been doing psychological therapy and meditation until a few months ago. It didn't help me much, but it taught me a sense of self control until a point. I always feel that I need someone to tell me when the things I do are good or bad, either when I push the limits or if I am on the right path, without shouting at me or making me feel bad about myself or guilty of any kind.
- ❖ Doctor: Do you take any kind of medication, smoke or use illegal substances?
- ❖ Patient: No, I don't smoke or use drugs, I don't even drink alcohol, at all. For the medication I take, I have usually a very poor diet so I'm also taking supplements and vitamins as an addition.

DIAGNOSIS AND MEDICATION

- ❖ Doctor: You seem very anxious, relax Felix, I am your friend here, thank you for talking to me, I appreciate it a lot. I can clearly see that you're troubled. You have *PTSD*¹ and *OCD*² due to your trauma and you also developed a very severe mental illness called *BPD*³. According to *DSM – 5*⁴, "borderline personality disorder is described as a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning in early adulthood and present in a variety of contexts." (<https://onlinelibrary.wiley.com/doi/abs/10.1002/9780470479216.corpsy/0136>)

We can see that easily due to your specific symptoms such as the sudden mood swings that last a few minutes to an hour, your extreme feelings of emptiness and abandonment, your impulsive and risky actions underlining your antisocial behavior, as well as your black and white thinking that makes you see the world and people only in extremes, making it hard for you when it comes to emphasizing and understanding shades of words and situations for what they truly are. You tend to distort the reality when you're put in a stressful situation, especially in close relationships, you tend to misinterpret or amplify what other people feel or think about you.

- ❖ Doctor: I will prescribe you fluoxetine which is an antidepressant that will help you reduce the moments of peak in your life, as well as an antipsychotic with ziprasidone that will temper your anxiety, paranoid thinking, anger or hostility, and impulsivity. Not the least a mood stabilizer with lithium that will treat your rapid emotional changes.

Footnotes

1. PTSD- Post-Traumatic Stress Disorder; 2. OCD- Obsessive-Compulsive Disorder; 3. BPD- Borderline Personality Disorder;
4. DSM-5- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

- ❖ Doctor: You have a severe form of BPD. You must take the medication I'm prescribing to you, and from today on a weekly basis, you'll be following the therapy at the clinic. We will work together on helping you heal yourself and understand the risks and the attitude you have to take in order to be able to master your mind. Be aware of how important it is in your journey to respect the medication and the therapy, if not, you won't only hurt yourself but the people that care about you as well. If you skip the therapy do know that the medication won't be enough, and you won't be able to reach the inner peace you are looking for.
- ❖ Patient: Thank you doctor, I will try my best considering everything you said.
- ❖ Doctor: I advise you to develop a meditation routine, as well as try journaling everything that is in your head and then read everything out loud. This might help you realize how you really feel, as you perceive the information differently from another angle. Try to communicate more with your family and spend time in the nature as soon as you get the chance. You need your family support in order to pass through this hard time, as long as you talk to them and tell them how you feel I am sure that they will understand you and be by your side.
- ❖ Patient: I will see what I can do, thank you for everything doctor and I will see you next week.
- ❖ Doctor: Make sure to reach to me if anything goes wrong or if you have questions, I will be happy to answer you as soon as I can.
- ❖ Patient: I definitely will, good bye, doctor.

How to Have a Successful Career with BPD?

- ✓
- ✓
- ✓
- ✓
- ✓

[https://www.verywellmind.com/thmb/BBtzule8fLnMIELIVESSEK3UXI=/1500x844/smart/filters:no_upscale\(\)/bpd-and-career-choices-425401-FINAL-bf8576fb3e204f789e6aa33579791b32.png](https://www.verywellmind.com/thmb/BBtzule8fLnMIELIVESSEK3UXI=/1500x844/smart/filters:no_upscale()/bpd-and-career-choices-425401-FINAL-bf8576fb3e204f789e6aa33579791b32.png)

BIBLIOGRAPHY

- <https://www.borderlinepersonalitydisorder.org/pearls-from-beyond-borderline-the-experience-of-receiving-the-diagnosis-of-bpd-part-3-of-11/>
- <https://abstartups.com.br/wp-content/uploads/2020/10/minimizando-os-impactos-da-vida-profissional-na-saude-mental-scaled.jpg>
- https://media.springernature.com/lw685/springer-static/image/art%3A10.1007%2Fs11920-018-0934-7/MediaObjects/11920_2018_934_Fig1_HTML.png
- https://gumlet.assettype.com/whiteswan-english%2Fimport%2Fstatic%2F2019%2F12%2F03%2F01_1.png
- https://m.blog.naver.com/congguksu/220581446735?view=img_3
- <https://www.optimumperformanceinstitute.com/wp-content/uploads/2018/08/BPD-Splitting-copy-2@2x.png>
- <http://mielabichigeanu.ro/wp-content/uploads/2014/06/borderline-personality-disorder.png>
- <https://images.everydayhealth.com/images/emotional-health/borderline-personality-disorder/borderline-personality-disorder-are-your-genes-to-blame-rm-722x406.jpg?w=1110>
- <https://www.borderlinepersonalitytreatment.com/wp-content/uploads/2012/10/BPD-Treatment-Creativity.jpg>
- <https://cdn.stocksnap.io/img-thumbs/960w/72WQ5FUMQD.jpg>
- https://www.uf1.es/sites/default/files/blog/images/neurociencia-educacion_1.jpg
- https://i.guim.co.uk/img/media/6111ee9dee1290193ecca2f20c040e8f7dd28ac0/12_0_2954_1773/master/2954.jpg?width=1140&quality=45&fit=max&dpr=2&s=8706aa89490e0b631b5ffe051ec1ec2e
- https://miro.medium.com/max/1000/1*gKGTenC1RtKmuBYcv4jLhw.png
- <https://cdn2.tala.ir/content/thumb/tumbnail800x450/content/post-img/202109/96937-968274.jpg>
- <https://prezentr.com/templates/mental-health-powerpoint-template/attachment/mental-health-powerpoint-template-potx/?amp=1>
- <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder>
- <https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/symptoms/>
- <https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes/>
- [https://www.verywellmind.com/thmb/BBtqzule8fLnMIELIVESSEK3UXI=/1500x844/smart/filters:no_upscale\(\)/bpd-and-career-choices-425401-FINAL-f8576fb3e204f789e6aa33579791b32.png](https://www.verywellmind.com/thmb/BBtqzule8fLnMIELIVESSEK3UXI=/1500x844/smart/filters:no_upscale()/bpd-and-career-choices-425401-FINAL-f8576fb3e204f789e6aa33579791b32.png)
- <https://onlinelibrary.wiley.com/doi/abs/10.1002/9780470479216.corpsy0136>

**“IT IS IMPORTANT TO APPRECIATE THAT ONCE IN
HELL, IT IS POSSIBLE TO CLIMB OUT OF IT.”**

Marsha Linehan

Multiple sclerosis

Nicolas Olar
General Medicine Student

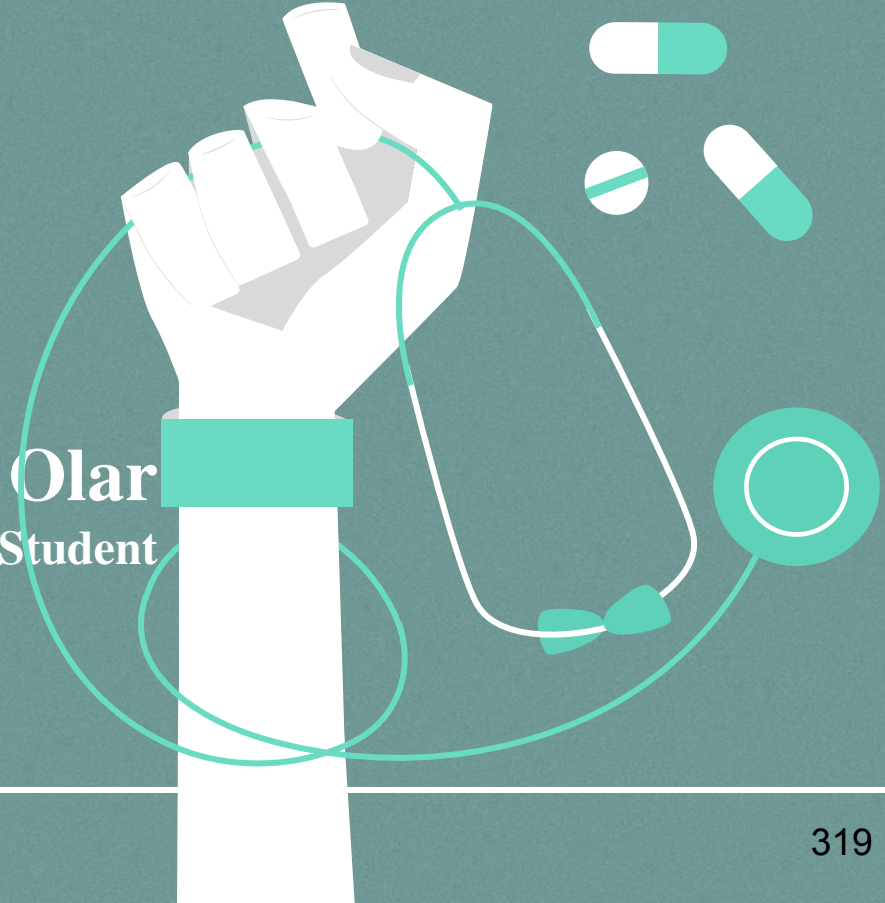




TABLE OF CONTENTS

1. **Definition of the disease**
2. **Symptoms**
3. **Causes**
4. **Treatment**
5. **Patient profile - clinical case study**
6. **First doctor's appointment - main complaint and testing**
7. **Family history/Drug history and testing**
8. **Second doctor's appointment - results, diagnosis and treatment**
9. **Third doctor's appointment - check up**

1. About the disease

- Multiple sclerosis is an autoimmune condition which can affect the brain and the spinal cord, causing a wide range of symptoms.
- It's a lifelong condition that can sometimes cause serious disability, although it can occasionally be mild.





2. Symptoms

- The symptoms of multiple sclerosis vary widely from person to person and can affect any part of the body.
- The main symptoms include:
 - fatigue
 - difficulty walking
 - vision problems, such as blurred vision
 - problems controlling the bladder
 - numbness or tingling in different parts of the body
 - muscle stiffness and spasms
 - problems with balance and coordination
 - problems with thinking and learning
- These manifestations may come and go in phases or get steadily worse over time.



3. Causes

- This disease being an autoimmune type, shows that the immune system mistakenly attacks a healthy part of the body (in this case the brain and spinal cord).
- In multiple sclerosis, the immune system harms the myelin sheath of the nerves.
- Exactly what causes the immune system to act in this way is unclear, but most experts think that a combination of genetic and environmental factors are involved.



4. Treatment

- Unfortunately there's currently no cure for multiple sclerosis, but a number of treatments can help control the condition and ease the symptoms.
 - treating relapses with short courses of steroid medicine to speed up recovery
 - specific treatments for individual multiple sclerosis symptoms
 - treatment to reduce the number of relapses using medicines called disease-modifying therapies





5. Patient PROFILE

CLINICAL CASE STUDY

Patient's file

Name: Chris Wilberg



Sex: Male

Date of birth: May 13th 1972

Weight: 90 kg

Height: 186 cm

Problem: Reported to the doctor with upper limb numbness and lack of balance and coordination



6. First doctor's appointment - main complaint and testing

6. First doctor's appointment - main complaint and testing

- Doctor: Hello! I am Dr. Mark Evans. Please, come in!
- Patient: Hello! My name is Chris Wilberg.
- Doctor: Please, take a seat.
- Patient: Thank you doctor!
- Doctor: I will need your ID card to register you. Afterwards we can discuss your problem.
- Patient: Ok!
- Doctor: Alright, what brings you today, Mr. Wilberg? How can I help you?
- Patient: Three days ago, when I woke up, I couldn't feel my second and third finger. At the moment I thought that the feeling would go away, but it got worse. My whole upper limb went numb.
- Doctor: Have you had any other symptoms?
- Patient: Yes, two days ago, I had troubles maintaining my balance and walking.
- Doctor: I understand. How are you feeling today? Is there any improvement since you had these problems?
- Patient: Well, I feel better, my arm is back to normal, but I still can't sustain my posture as usual.



- **MAIN COMPLAINT**



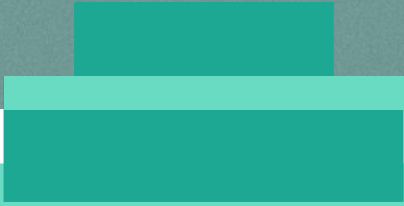




7. FAMILY HISTORY/ DRUG HISTORY AND TESTING

- Doctor: Have you had any cranial or spinal cord traumatism or other injury which involved these two components?
- Patient: When I was a child, I broke my skull, but until now, I have never felt this way.
- Doctor: Alright. Now tell me, do you know of any sibling that happened to suffer from these symptoms?
- Patient: I talked to my mother about this, but she knows nothing about any sibling to be affected by these manifestations.
- Doctor: I understand. Did you take any medicine before your affected state?
- Patient: No, I didn't.
- Doctor: Ok. Now, what I would like you to do is to perform the following analyses: peripheral blood smear, spinal fluid test (only IgG), contrast radiography of the skull and the cervical spine. I will also prescribe you these drugs: Tialin 300 mg (2x1), Milgamma N (3x1), Medrol 16 mg (5 cp in the morning) and Omeran 20 mg (1 in the morning) .
- Patient: Alright doctor.
- Doctor: In 7 days I would like to reevaluate your status, with the analyses done.
- Patient: Ok. Thank you very much doctor!
- Doctor: Thank you! Have a good day! Goodbye Mr. Wilberg.
- Patient: Goodbye. Have a great day!





8. Second doctor's appointment - results, diagnosis and treatment

8. Second doctor's appointment - the results


- *After 7 days, someone knocks at the door*
- Doctor: Yes? Enter please!
- Patient: Good evening, doctor!
- Doctor: Good evening, Mr. Wilberg! How are you feeling?
- Patient: Not so good doctor. The numbness appeared at my foot as well, it was hard to walk these days.
- Doctor: I am really sorry to hear that Mr. Wilberg, I will try my best to help you. Have you brought the results of analyses?
- Patient: Yes. Here they are!
- Doctor: Alright, let's see. The blood smear is normal, so is the spinal fluid test, but unfortunately, the radiography indicates some irregularities.
- Patient: What is it doctor?
- Doctor: It shows that a lot of your myelin sheaths, which covers the nerves helping in a better conduction of the impulses, are damaged.
- Patient: And what does that mean?

- **THE RESULTS**
- **DIAGNOSIS**



8. DIAGNOSIS AND TREATMENT

- Doctor: Unfortunately, this means that the disease you are dealing with is called multiple sclerosis.
- Patient: I heard of this illness, it is very bad, isn't it doctor?
- Doctor: This sickness has different manifestations and different intensities which vary from person to person. In your case, it affects your mobility.
- Patient: Does it have any treatment?
- Doctor: I will prescribe you the medication, but drugs will only help control the disease, because a drug which cures multiple sclerosis isn't yet invented.
- Patient: So I will never be able to walk properly again, am I, doctor?
- Doctor: I am really sorry Mr. Wilberg, but I am certain that your family will support you in every way, and I will try to help monitoring your evolution and prescribing the best treatment.
- Patient: Thank you so much doctor!
- Doctor: I will write down the treatment, but firstly, I need your confirmation, signing this form for using this drug, because it is a biologic treatment.
- Patient: Yes, I would like to try this new medication.
- Doctor: Alright. The solution is called Tysabri 300 mg and it will be administrated in perfusions, one per month. You'll need to come every 6 months for analysis to monitor the evolution of this treatment.
- Patient: Ok doctor. Thank you! Goodbye, have a nice evening!
- Doctor: Thank you, you too! Goodbye!



9. Third doctor's
appointment -
check up



9. Third doctor's appointment - check up

- Six months passed...
- Doctor: Yes? You can come in!
- Patient (entering the room using a medical walking stick): Good morning doctor!
- Doctor: Good morning! I see that you are using a walking stick now, how long have you started walking with it?
- Patient: Two months after our previous appointment.
- Doctor: I understand. Any other effects since then?
- Patient: No, only my ability to walk has got worse. I hope that it would not affect my other leg as well.
- Doctor: I hope so as well. Have you brought the latest analyses?
- Patient: Of course doctor, here they are.
- Doctor: Alright, from the looks of it, they don't show any more destroyed myelin sheaths, which means that the medication might help in maintaining your condition as it is, and not letting the illness evolve in a bad way.
- Patient: I see. I am glad that it will not get any worse.
- Doctor: I really hope that it wouldn't affect any other parts of your body, from the looks of it, it shouldn't. Alright Mr. Wilberg, I want you to keep taking the medication and we'll see each other in 6 months. Have a great weekend!
- Patient: Sure, thank you doctor, have a nice weekend! Goodbye!



Bibliography

- <https://www.nhs.uk/conditions/multiple-sclerosis/>
- **The patient's personal medical file. Real medical case.**

Coronary Artery Disease

Antonia Cristina Olaru

General Medicine Student



UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
VICTOR BABEȘ | TIMIȘOARA



Table of contents

Definition

Patient's profile

911 call

Emergency room consult (backstory, previous episodes, history taking)

Tests & consultation

Results & diagnosis

Surgery preparations

Surgery outcomes

8 months after surgery consult

Coronary artery disease is the buildup of plaque in the arteries that supply oxygen-rich blood to your heart. Plaque causes a narrowing or blockage that could result in a heart attack. Symptoms include chest pain or discomfort and shortness of breath. Treatments include lifestyle changes and medications that target your risk factors and/or possibly surgery.

Artery blockages can cut off blood flow, causing heart attacks or heart attack-like symptoms. CABG restores blood flow by using blood vessels from other parts of your body to create a detour around blockages.


Coronary Artery Disease



➤ Patient's profile



- Name : Pop Maria
- Sex : female
- Age : 66
- Height : 1,65 m
- Weight : 64 kg



Pop Maria's daughter calls 911 due to her mother's quite unpleasant symptoms



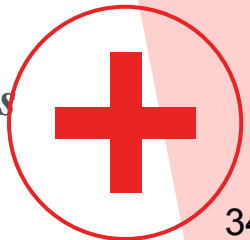
Paramedic: Good evening! The 911 call was made from here?

Daughter: Yes, It's my mom, I think she is having signs of a heart attack!

Paramedic: Ok! Let's put her on this stretcher and take her to the hospital to run some tests. So what are the exact symptoms that she had before you called 911?

Daughter: She was having chest pain and trouble breathing and also I've noticed that she was dizzy.

The ride was short but the paramedic managed to get some personal data and also some crucial information about allergies and personal history while she was having her vitals and blood pressure checked.



➤ Doctor introduction

arriving at the emergency room

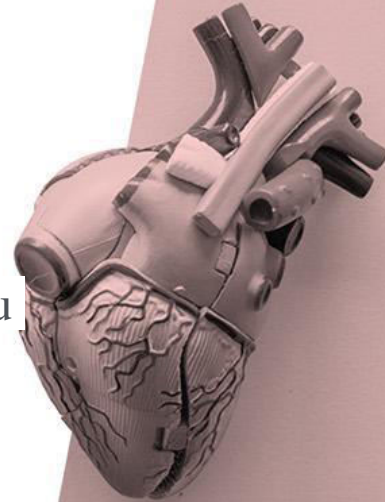
Paramedic: We've got a 66 years old woman presenting chest pain, hypertension, increased heart rate and trouble breathing!

Nurse, please page Dr. Suciu!

Dr. : Good evening! I'm doctor Suciu cardiothoracic surgery specialist and I will take care of you from now on. So, I've heard about your main complaints but I need you to answer a few questions so we can get a more clear view about what you might have and what tests we should run.

Ms. Pop: Sure doc!

Dr. : I know the problem that we have is quite unpleasant for you so I already caught up with your personal profile and I will skip this part for now until you are stable. When was the first time you felt chest pain?



➤ **Main complaint**

Ms Pop: For two weeks I have had a diffuse pain in this area but I thought it was due to the fact that I am going through an emotionally demanding period and I ignored it.

➤ **History of the present illness**



➤ **Family history**

Dr. : Have you ever needed to see a cardiologist? Either you or somebody from your family?

Ms Pop: I have never had problems like this, but in our family we have faced this kind of situation quite often.

➤ **Drug history**

Dr. : Do you take any medication at the moment?

Ms Pop: No, I don't.

Dr: Okay Ms. Pop I recommend we go get an ECG, an Echocardiogram, and some blood tests .

These tests will help us see in detail everything that is happening to your heart. Don't worry, these procedures are very easy and I will be alongside you during those tests and I will explain to you step by step all that we need to do. Do you agree?

Ms Pop: That sounds great!

➤ *Tests results*

1h later in Dr. Suciu's office

Dr: Quick, nurse, bring me a cup of coffe !



Nurse: There you go, doctor.

door opening

Dr: Please come in Ms Pop! I know you are tired after all these tests, sit down for a bit and I will tell you about the results.

Ms Pop: I'm very worried, Doctor!

Dr: You don't have to, my dear, the tests confirmed the diagnosis I made and now I'm sure about the problem that bothers you. Such cases are exactly what I have trained for in my entire medical career and all my patients lead an excellent life after helping them to be treated.

➤ *Summary of history*

Ms Pop: Oh, that's very good news!



Dr: Your heart works 24/7, supplying your entire body with blood. To do its job, your heart also needs blood flow, which it gets through a network of supply arteries that wrap around it. When tissues in your body aren't getting enough blood flow, this causes a problem called ischemia. Coronary arteries are the blood vessels that supply oxygen-rich blood to your heart muscle to keep it pumping.

Coronary artery disease is caused by atherosclerosis. Atherosclerosis is the buildup of plaque inside your arteries. Plaque consists of cholesterol, fatty substances, waste products, calcium and the clot-making substance fibrin. As plaque continues to collect on your artery walls, your arteries narrow and stiffen. Plaque can clog or damage your arteries, which limits or stops blood flow to your heart muscle. If your heart does not get enough blood, it can't get the oxygen and nutrients it needs to work properly.

Ms Pop: So this is the reason for my chest pain?

Dr: Exactly! Not getting enough blood supply to your heart muscle can lead to chest discomfort or chest pain called angina. It also puts you at risk for a heart attack.

Ms Pop: Doctor, I'm even more stressed now! What can we do about this?

Dr: I assure you that you will not be anymore in a few minutes when I explain the whole treatment plan. I have to let you know that this also involves surgery, but fortunately this is one of the most common open heart surgeries performed in the world so it has been studied over a long period of time and the results are incredible!

Ms Pop: I have great confidence in you, Doctor, and that makes me very strong. Who would have thought that I would accept to do a surgery when I can't even look at a needle?!

Dr: The procedure is called Coronary Artery Bypass Grafting (CABG). It is a surgery that restores blood flow to areas of your heart that aren't getting enough blood. This surgery can improve your heart function and how you feel, especially when you've just had a heart attack or there's an increased risk for you to have one in the near future.

Before you can undergo CABG, there are several tests needed to see if it's safe for you to have this surgery but we already made them, because as I've told you I have anticipated the diagnosis.

Ms Pop: I agree to do the operation as soon as possible if you think this is the right thing to do, even if I am very scared!

Dr: I will give you information and resources about how you can prepare for the procedure. This includes knowing what kind of help you'll need at home, what you can and can't eat after the procedure, necessities you'll need to have at home and more. It also includes how to bathe, which includes special soap, and how to groom yourself before the procedure.



Ms Pop: That's a very good doc! When I'm planning in advance my things that I have to do I am more confident.

Dr: I would also like to plan this intervention together and I was thinking of suggesting to do it tomorrow morning at 7 am to be as effective as possible considering that you do not have medication that could prevent us from doing this operation.

Ms Pop: Sure! I will be ready tomorrow morning.

Dr: I also asked my nurse to give you pills to relieve your symptoms.

Ms Pop: Thanks doc!





surgery day

Dr: Good morning, Ms Pop! What a beautiful day to save lives, isn't it?

Ms Pop: Absolutely doc, let's start with mine!

Dr: I'm glad that our discussion made you feel this confident. This is the first and most important step in recovering from any disease!

We will prepare your sterile field and you will have lie down on the operating table to administer your dose of anesthetic. When you wake up your life will be changed and we can start preparing you for the athletics event with such a perfect heart!

Ms Pop: Let's do this!

surgery went exactly as planned and it could not be otherwise with a doctor as skilled as Dr. Suciu



A few hours later

Dr: Ms Pop everything went well, congrats! Your heart works better than ever!

Ms Pop: Thank you, doctor! I still feel a little dizzy and numb but I will rest a little.

Dr: That's the only thing that you have to do now. I will talk to your daughter about all the pills that you have to take and your new lifestyle so don't worry. I will let her visit you in a couple of hours after you get some sleep.

8 months after surgery

Dr Suciu's office

knock knock



Dr: Yes please! Come in!

Ms Pop: Hello doctor, what a beautiful day to save lives, isn't it?

Dr: Oh Ms Pop, always a pleasure to see you! Come sit down and let's talk about you. How have you been feeling lately?

Ms Pop: Doc, I am so happy ...all my problems are gone, the treatment that you gave me suits me perfectly, I had no problems taking the medication. And about the symptoms that I had?? I already forgot about all the pain that I had before coming to you! I am no longer dizzy or numb, I regained the energy I had in my 30s, I feel better than ever!

Dr: I am glad to hear that!

Even though we will do some more tests to see if everything is fine on the inside, we will also ask you to keep this habit of seeing us at an annual consultation so that we can be sure that everything is going according to plan.

Ms Pop: Sure doctor, I just started to get used to it ... maybe it's not too late to start medical school too!

Dr: Time is not wasted! Let's run the tests first !

Ms Pop: Ok!

ECG Room



Dr: Ms Pop 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.

Dr: Nurse, please write down : sinusal rhythm, 78 bpm, QRS normal.

Ms Pop: Is everything alright ?

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



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

Results of the tests



Dr: I have extremely good news for you madam, the tests do not show any change, everything goes perfectly and it seems that the recovery was extraordinarily good. However, you will need to avoid stress and emotionally demanding situations and maintain a prescribed diet, you will also need to take the pills every day for a longer period of time and we will see each other every two months to adjust the dose. From my point of view I am very satisfied with your evolution and I can say that your heart is perfect.

Ms Pop: I am fully grateful doc for everything that you have done for me!

Dr: No problem Ms. That's what we do, we save lives!

References



Scientific information related to the presented pathology:

https://www.cdc.gov/heartdisease/coronary_ad.htm

https://en.wikipedia.org/wiki/Coronary_artery_disease

<https://www.ncbi.nlm.nih.gov/books/NBK564304/>

<https://medlineplus.gov/coronaryarterydisease.html>

PowerPoint template & animations :

<https://slidesgo.com/theme/heart-clinical-case#search-coronary&position-4&results-23&rs=search>

Images & animations:

<https://www.templehealth.org/about/blog/heart-attack-symptoms-men-women-differences>

<https://suckhoe123.vn/suc-khoe/11-loai-thuc-pham-it-chat-beo-nen-an-khi-muon-giam-can-2431.html>

<https://www.healthline.com/nutrition/is-ultra-low-fat-healthy>

<https://www.drugs.com/cg/vegetarian-diet.html>

<https://theheartgroup.co.nz/patient-info/diagnostic-tests/ct-coronary-angiography/>

<https://www.aedsuperstore.com/resources/ekg-quick-reference-guide/>

<https://tenor.com/view/derek-shepherd-greys-anatomy-saving-lives-surgeon-gif-5190870>

<https://gfycat.com/untriedrevolvingelephantbeetle>

TUBERCULOSIS

A REAL CASE STUDY

DOROTTYA RÁK RÉKA

TABLE OF CONTENTS

- Definition of the disease
- Types
- Symptoms
- Diagnosis
- Treatment and Prevention
- Patient's data
- History Taking
- Results and diagnosis
- Treatment

DEFINITION OF THE DISEASE

Tuberculosis (TB) is a contagious disease caused by infection with *Mycobacterium tuberculosis*, which is transmitted through contaminated secretions eliminated during sneezing, coughing or airborne speech, called droplets (Pfluger drops). These droplets contain tubercle bacilli and can remain suspended in the air currents in the room for several hours, increasing the chance of spreading.

Contact with fomites (eg contaminated surfaces, clothing, food, and patients' respirators) does not appear to facilitate spread and Pflugge's drops appear to be too large to reach the deep alveoli of the lungs.

Less than 10% of the contacts of a contagious patient develop active tuberculosis during their lifetime, but the risk increases in the case of immunodeficient people (autoimmune diseases, neoplasms, HIV).

TYPES

Tuberculosis has two forms - pulmonary and extrapulmonary (Lymphadenopathy is the most common extrapulmonary manifestation;

Other manifestations are osteo-articular TB, urogenital TB, pericarditis TB, gastrointestinal TB, laryngitis TB, ocular TB).

Also, depending on the stage of the disease, there is latent tuberculosis and active tuberculosis. Latent tuberculosis occurs when you are infected with the bacterium *M. tuberculosis*, but there are no symptoms and the disease is not contagious. If it turns into an active form, treatment is essential to prevent the spread of the infection. It is estimated that globally, about two billion people have latent tuberculosis.

SYMPTOMS

- inappetence with unintentional weight loss
- fever
- profuse, cold night sweats, the patient wakes up covered in excessive sweat
- increased fatigue
- persistent cough for more than 3 weeks; mucopulent or bloody sputum
- chest pain or pain that occurs when breathing or coughing
- difficulty breathing

DIAGNOSIS

For a correct diagnosis, first of all, a physical examination performed by a specialist doctor is necessary. The doctor will check the lymph nodes to see if they are swollen and will use a stethoscope to listen to the sounds made by the lungs while breathing. Often, however, to confirm or see what type of tuberculosis it is, the doctor will also recommend a series of investigations:

- Skin test
- Blood test
- Imaging tests – X-rays or CT scans

Microscopic examination and culture of a sputum sample – for this test it is necessary to bring for analysis 2 sputum products that will be harvested in sterile containers by a coughing effort, after rinsing the mouth beforehand.

The containers will reach the microbacteriology laboratory where several analyzes will be performed:

- microscopic examination to see if there are acid-resistant bacilli
- microbial culture on liquid media (with final result in max 21 days) and on solid media (Lowenstein-Jensen with final result at 60 days)

TREATMENT

First of all, it is necessary to isolate the patients in order to stop the spread of the disease. The treatment can be done both at home in mild cases and in hospital conditions, depending on the stage of the disease and the patient's condition.

Antibiotics are prescribed in the treatment of tuberculosis to kill bacteria. The duration of treatment depends on your health, age and the location of the infection.

For cases of **latent tuberculosis**, 1-2 drugs are usually recommended, while **active tuberculosis** or resistant forms require several drugs at the same time. Among those recommended for patients with tuberculosis are isoniazid, rifampicin, ethambutol or pyrazinamide in combination, with daily administration for a period of 2 months. The next 4 months of treatment involve the administration of isoniazid and rifampicin 3 days a week in higher doses than the initial ones.

In very severe cases, thoracoplasty is used to remove a rib or portion of the ribs to rest the diseased lung, or even remove the entire lung.

PREVENTION

The most effective way to prevent tuberculosis is to get vaccinated with BCG vaccine.

The next step is to avoid crowded and unsanitary areas, wash your hands and avoid infected people.

PATIENT'S DATA

- **Name:** George Scot
- **Gender:** male
- **Age:** 45
- **Weight:** 65 kg
- **Height:** 177 cm
- **Allergies:** none
- **Occupation:** builder
- **Primary symptoms:** sweating at night, cough with yellow sputum, fever, fatigue

PRESENTING COMPLAINT

Doctor: Hello! I'm Doctor Robert Wilson. Please come in!

Patient: Hello! My name is George Scot, it's a pleasure to meet you.

Doctor: Likewise. Please, take a seat!

Patient: Thank you, doctor!

Doctor: I see that you are not registered, may I ask for your ID card so I can register you? Afterwards we can talk about your problem.

Patient: Yes, of course. *hands in the ID card*

Doctor: Alright! Now, please tell me what brings you here, Mr. Scot? How may I help you?

Patient: Well, about 2 weeks ago I started having these moments when I find it difficult to breathe properly and I also cough quite a lot. I feel chest pain. The pain occurs while breathing or coughing. The cough is accompanied by green or yellow mucus, which has turned red since yesterday. My assumption is that it is blood. I was quite scared when I saw that and I rushed to see you. I don't normally like to see the doctor, but now it is necessary.

Doctor: You did the right thing. What else have you noticed? Have you taken your temperature?

Patient: Some days I have a prolonged or intermittent fever, about 37-38 degrees, it happens especially in the evening. I also have profuse, cold night sweats, when I would wake up covered in sweat... it is quite unpleasant.

Doctor: I'm sure it is... Has there been any change in your appetite? Have you had any weight loss or gain?

Patient: Yes, I have lost my appetite together with 3 kg.

Doctor: Have you ever had anything like this before?

Patient: No, never. I am a bit scared. I have waited for a couple of days hoping everything will be fine, but it just got worse. Ah, and I almost forgot. I am constantly tired. I can't go to work because if I do any exercise I get quite exhausted, so I took some time off from work.

Doctor: Ok. So, let me check: you sweat a lot, especially at night, you cough with green or yellow mucus usually, but yesterday it was red. You have difficulty breathing, fever and you are tired.

Patient: Yes, that's it.

PAST MEDICAL HISTORY

Doctor: Now I'm going to ask you questions about your general health. Do you suffer from other diseases?

Patient: I have had high blood pressure for the past year and I have to take 2 drugs to keep it constant.

Doctor: What are the names of the drugs?

Patient: I take Noliprel in the morning and Leridip in the evening.

Doctor: Do you take any vitamins or other supplements?

Patient: My wife gives me Vitamin C, a supplement containing Vitamin D3 and Zinc, every day.

PERSONAL HISTORY

Doctor: Do you have any allergies?

Patient: No.

Doctor: Do you smoke? Does your family smoke?

Patient: Unfortunately, yes. I have been smoking for the past 20 years. My father also used to smoke when I was a baby, but he quit smoking when I was around 5 or 6 years old.

Doctor: How many cigarettes a day? Have you tried to give up?

Patient: I smoke about one pack of cigarettes a day. I have tried to give up with nicotine patches, but without success.

Doctor: What about alcohol? Do you drink? Wine, beer?

Patient: I drink 1 beer every evening.

Doctor: I undersand. You should try to drink less.

Patient: Ok, doctor.

FAMILY HISTORY

Doctor: You mentioned that you have a wife. Do you have any children?

Patient: Yes, I have a girl. She is 16.

Doctor: Do your wife or your daughter suffer from any disorders?

Patient: No.

Doctor: Are all your close relatives healthy?

Patient: Yes, everyone is very well. My mother has back pain, but she was at the doctor last week and he prescribed some drugs for her.

Doctor: What is your occupation?

Patient: I work at a construction company, I inspect things so that everything goes smoothly. It is a little hard, but I really like my job. Since I have this cough, I can't do my job.

Doctor: I understand... We will solve the problem. I guarantee. Everything we talked about is confidential.

Patient: Thank you, doctor.

INVESTIGATION: MEDICAL TESTS

Doctor: You probably think that there are some insignificant questions, but for me they are very useful.

Patient: Do you know what my problem is?

Doctor: I suspect you have tuberculosis, but you need to do some tests to be sure of that.

Patient: Tuberculosis? I've heard of this, but can you explain what it is?

Doctor: Yes, of course. Tuberculosis is a contagious disease caused by infection with *Mycobacterium tuberculosis*, which is transmitted through contaminated secretions eliminated during sneezing and coughing. It usually affects the lungs, this is probably the cause of hemoptysis. The symptoms you told me are specific to this disease. First of all, you will do a skin test.

Patient: What does that mean?

Doctor: It is a very simple procedure: a substance will be injected in the arm. The substance is called tuberculin-PPD, and after 48 hours, you will be examined for swelling at the injection site. A solid red swelling means you have tuberculosis. It is important that both your wife and your daughter take this test, because tuberculosis can be contagious.

Patient: Sure, doctor.

Doctor: After that, you will do a blood test that measures the reaction of the immune system to the bacterium. A single test is enough if you have higher risk of infection or if the skin test is negative. And to be sure whether or not you have tuberculosis, you should do imaging tests, X-rays or CT scans, to see if there are some white spots on the lungs or certain lung changes. It is recommended if the skin test is positive. It would be good for you to do a spirometry test, to see the flow-volume curve and the time-volume curve to assess the capacity of the lungs.

Patient: I understand. I am very frightened. Do you think everything will be ok?

Doctor: After the results, I will be able to say more. Please do your tests as soon as possible and come back with the results of the analysis.

Patient: Thank you, doctor! Have a nice day! Goodbye!

Doctor: Thank you! Goodbye!

DIAGNOSIS

After a couple of days...

Patient: Good morning, doctor! I have the results of the tests that you recommended.

Doctor: Good morning! That's good news! Let's see them!... Well, according to these tests and your symptoms you do have tuberculosis.

Patient: Oh no...

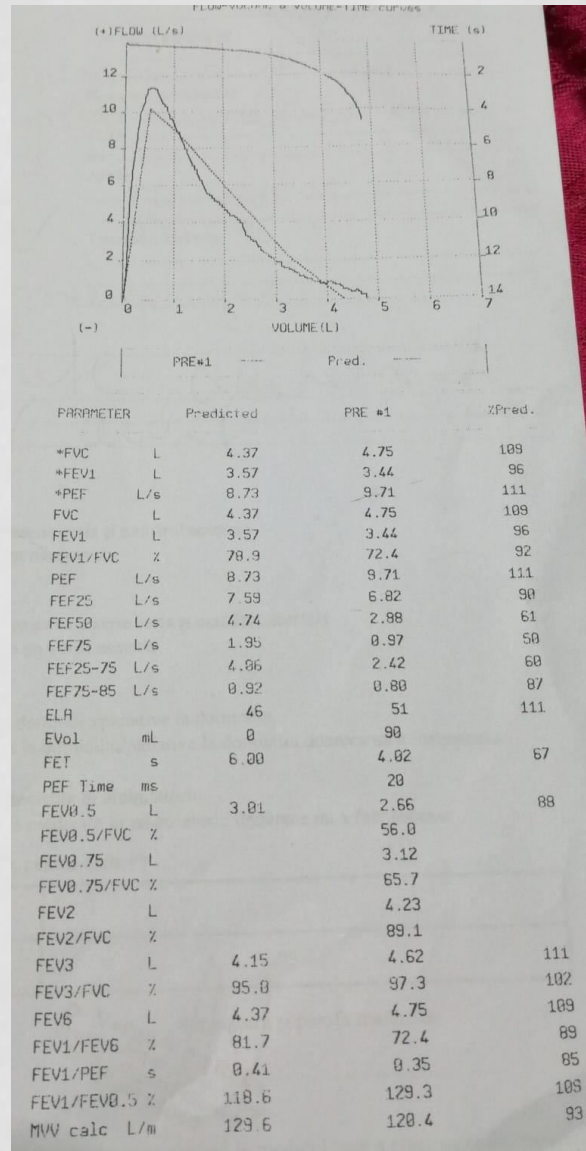
Doctor: But the good news is that your wife and daughter are healthy. Please don't panic. It will be fine. You have to do as I tell you and everything will be alright.

Patient: Thank you, doctor! So what should I do?

Rezultatele analizelor de laborator:

Hemoleucograma completa I-6600, hbg-14.6 g/dl,ht-43.5 %,plt-188.000; VSH 8/16 mm/h; VSH 2-4 mm/h; VSH 2-4 mm/h; Uree serica 22,8 mg/dl; Uree serica 30,2 mg/dl; Uree serica 37.6 mg/dl; Creatinina serica 0.77 mg/dl; Creatinina serica 0,96 g/dl; Creatinina serica 0,81 mg/dl; Glicemie 78 mg/dl; Glicemie 87 mg/dl; Glicemie 79.7 mg/dl; Colesterol seric total 113.0 mg/dl; Trigliceride serice 177.3 mg/dl; TGO 40.9 u/l; TGO 31,9 u/l; TGO 25,9 u/l; TGO 26.3 u/l; TGP 31.2 u/l; TGP 25,6 u/l; TGP 54,5 u/l; TGP 61.0 u/l; Lactatdehidrogenaza (LDH) 633.0 u/l; Serologie sifilis (VDRL si TPHA) 1142-neg; Proteina C reactiva 0,8 mg/l; Proteina C reactiva 25.3 mg/l; Examen complet de urina (sumar + sediment) d-1030, ph-6.0,a,z,p,pig,ubg,nit,blo-neg, sed-rar leucocite, cep,rar hematii, crist. oxalat de calciu; Examen complet de urina (sumar + sediment) d 1030, ph 6,a,p,z,ubg,pig-negativ sed rar leucocite,rar hematii,cep; Bilirubina totala 0,54 mg/dl; Bilirubina totala 0,59 mg/dl; Bilirubina totala 0.75 mg/dl; Bilirubina totala 0.52 mg/dl; Hemoleucograma I.8900, ht.48,6%, hgb.16,1 g/dl, plt.200.000; Hemoleucograma I 9.800 ht 50,1% hgb 16,7 g/dl plt 228.000; Sumar urina d 1030 ph 6 leu,nit,ket,pro,uro,blo,glu- negativ sediment rar placardede leucocite,6-7 hematii ; Anti HIV (test rapid) nr. 34-neg; Proteina C reactiva (CRP) cantitativ 1,3 mg/l; Cultura BK sputa ; Cultura BK sputa 2153/1- in lucru; Microscopie BK sputa 2153/2- negativ; Microscopie BK sputa ; Microscopie BK sputa 2153/2- negativ; Radiografie pulmonara ; Radiografie pulmonara ; Radiografie pulmonara ; Radiografie pulmonara ; Radiografie pulmonara ; Radiografie pulmonara ; Radiografie pulmonara ;

Spirometry test



TREATMENT

Doctor: So... You have active tuberculosis. This means that you can spread the infection, so it is necessary to isolate you. It is recommended to isolate you at the hospital for at least one month because we can take care of you much easier. The treatment includes the administration of 4 antibiotics: isoniazid, rifampicin, pyrazinamide and ethambutol in combination with daily administration for a period of 2 months, in doses calculated according to your weight. I will give you a sick leave for 1 month.

Patient: I understand.

After 2 months of hospitalization...

Patient: I'm so happy that I can finally go home! I'm so excited!

Doctor: Yes, you are very brave! You can go home, but in the next 4 months you need to take isoniazid and rifampicin 3 days a week in higher doses than the initial ones. It is recommended to avoid cold, humidity, bad weather and toxins.

Patient: I will do what you told me, doctor!

Doctor: Take care of yourself! I would like to see you each month to know that everything is alright. Have a good day!

Patient: Thank you! Have a nice day! Goodbye!

Doctor: Goodbye!

Recomandari la externare:

--continuarea tratamentului tuberculostatic conform reg 3/7 cu :HIN100mg-600mg, RMP150mg-600mg pînă la

--control radio-bacteriologic i

--evitarea frigului , a umezelii , a intemperiilor.

--evitarea noxelor .

REFERENCES

- <https://en.wikipedia.org/wiki/Tuberculosis>
- <https://www.nhs.uk/conditions/tuberculosis-tb/>
- <https://www.medicover.ro/despre-sanatate/tuberculoza-simtome-investigatii-metode-de-tratament,526,n,295>
- <https://www.reginamaria.ro/utile/dictionar-de-afectiuni/tuberculoza-tbc>
- <https://bioclinica.ro/pentru-pacienti/boli-infectioase/tuberculoza-factori-de-risc-diagnostic-tratament-preventie>
- The patient's medical file: real medical tests and investigations

THANK YOU!