

Common symptoms with an uncommon cause

Ng CJ

Editor in Chief

As GPs, we are constantly faced with patients presenting with acute symptoms. Often, it is a spot diagnosis e.g. a rash due to eczema or a migraine presenting with classical symptoms of unilateral headache with photophobia and aura. Occasionally, patients present with an uncommon symptom with a common cause or a common symptom with an uncommon cause. These pose a clinical challenge to GPs who have to come to a diagnosis and treatment plan within 10 minutes. This entails clinical acumen which can only be acquired through training and education and, more importantly, constant reflection and learning from the patients we see everyday.

In general practice, most of us make a diagnosis within the first few minutes of the consultation, simply by listening to patients' history.¹ We then developed a 'hypothesis' which we systematically rule in or rule out by gathering more information by taking a targeted history and performing a focused physical examination. We rarely need laboratory investigations or imaging (though this is changing),² sometimes to reassure patients rather than out of necessity. We then ask for 'red flags' to exclude dangerous causes.³ When the diagnosis is uncertain, which is not uncommon in general practice, we often use time as the tool and wait for the diagnosis to 'evolve'. However, this is only done after we have excluded dangerous causes and educated patients about the red flags and what to do when they occur (safety-netting).⁴ (Almond S 2009)

In this final issue of 2013, we have an array of interesting case reports which highlight the importance of accurate and timely diagnosis in general practice. We featured four patients presenting with common ENT problems (neck pain, swelling and mass and hearing loss) which have an uncommon cause. There are two case reports highlighting uncommon causes of acute abdomen – one patient who developed acute pancreatitis after adjustment of anti-epileptic drug; the other who developed acute kidney injury after a near-drowning incident. Finally, a young man who developed limb paralysis and visual loss after eating wild boar meat. There is a lesson to learn from all these case reports, i.e. the importance of meticulous history taking, physical examination and timely investigations and referral. We must go back to the basics.

As the year is coming to a close, on behalf of the MFP editorial board, I would like to thank you for your support and wish you a happy and fruitful 2014!

Chirk Jenn
Editor in Chief

References

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