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General Medicine symposium: clinical cases & conundrums

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The General Medicine: clinical cases & conundrums symposium was held on 31 October 2014 at the Royal College of Physicians of Edinburgh

DECLARATION OF INTERESTS No conflict of interests declared.

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EDUCATION

INTRODUCTION

The 44th Annual Trainees and Members' Symposium was attended by over 175 delegates composed of students, trainees and consultants. In addition the symposium was webstreamed live to 16 international sites. All the sessions were interactive, with the speakers presenting clinical cases and the audience had the opportunity to answer questions with interactive keypads.

HOT TOPICS IN INTERNAL MEDICINE

Professor John Webster delivered an inspiring lecture on his experiences as a consultant general physician working at Aberdeen Royal Infirmary and the future of General Internal Medicine. He explained the role of the general physician in coordinating the care of complex medical patients. He reminded the audience about the importance of treating the individual by quoting Osler, 'it's better to know what patient has the disease, rather than knowing what disease the patient has'.

Dr Alistair Dorward (Royal Alexandra Hospital, Paisley) was next with his lecture entitled, 'Diagnostic Dilemmas at the Front Door'. He presented three interactive cases of systemic vasculitis. He reiterated Professor Webster's comments stating that management of vasculitis is complex and commonly involves multiple specialties, coordinated in the most part by the general physician.

Dr Tracy Ryan (Royal infirmary of Edinburgh) explained that delirium can be simply defined as an acute deterioration in cognitive function and can affect up to 20% of inpatients. She talked through the '4AT' score as a bedside tool to assess for delirium with a 90% sensitivity and 84% specificity.[1] Dr Ryan discussed the importance of maintaining the normal sleep- wake cycle in this group of patients, and the use of appropriate sedation to achieve this, recommending low dose oral haloperidol.

THE PATIENT WHO DOES NOT FIT THE PATHWAY

Dr James Shand (Altnagelvin Hospital, Londonderry) presented several cases of troponin elevation but not necessarily acute coronary syndrome. A key learning point was to interpret the highly sensitive troponin assay in the context of the history and examination. In addition, it is important to perform an echocardiogram to assess heart structure and function when the history is not in keeping with acute coronary syndrome.[2] However, the most important clinical lesson was that any patient who presents with typical cardiac chest pain at rest and who has a moderate to high risk of coronary artery disease but with normal serial troponins, should be investigated definitively as an inpatient.[3]

Dr John Reid (Borders General Hospital, Melrose) provided a humorous and interesting insight into the world of modern radiology. Due to the widespread use of diagnostic imaging to detect early pathology, he quoted an incidentaloma rate of 20–25%. Dr Reid also highlighted the differences between pneumonia and pulmonary oedema on chest x-ray – with the presence of lamellar effusions being pathognomonic of cardiogenic pulmonary oedema.

Dr Mark Strachan (Western General Hospital, Edinburgh) led us through a number of interesting endocrine cases. He stressed the point that someone presenting to A&E with a symptomatic spontaneous hypoglycaemic event must have blood insulin and c-peptide levels taken. Another key point was that a T3 hormone level is useful

in differentiating sick euthyroid syndrome from a thyroid storm in the unwell patient with an elevated Free T4 level.

Dr Helen Hopkinson (Victoria Infirmary, Glasgow) delivered the 41st Croom Lecture entitled 'Structured education in type 1 diabetes – can you eat it? Yes you can!' Dr Hopkinson presented the DAFNE (Dose Adjustment For Normal Eating) project as one of the most rewarding things she had been involved in. It enables the patient to have a 'free diet' by calculating their body's basal and bolus requirements of insulin based on their personal insulin sensitivity and knowledge of the glycaemic index of different foods. Dr Hopkinson described it as 'making the brain think like the pancreas'. Short videos of patients' experiences further highlighted the benefits of DAFNE, such as increasing freedom, improving glycaemic control and reducing hypoglycaemic attacks.[4,5]

LIMITED OR LIMITLESS CARE

The fourth session was a combined presentation from Dr Nazir Lone and Dr Joanna Bowden. Complex clinical and ethical issues surrounding the appropriateness of ICU admission and 'do not attempt resuscitation' policy were discussed using interactive cases. The take home message was that each case is individual. It takes time to talk to families and patients about these decisions and may require multiple conversations. Do not attempt resuscitation is a medical decision and resuscitation cannot be requested by the patient or family but it should be discussed with patients and families in the majority of cases. Where there is disagreement a second opinion should be sought.

CLINICAL LESSONS

There were six cases presented by medical students, foundation doctors and collegiate members. Dr Fariha Naeem won the student/foundation doctor prize for her presentation entitled 'Disease Mimicry'. Dr Naeem described how a paraneoplastic syndrome could mimic other disease processes. The example described was of Cushing's disease from ectopic ACTH production from a small pulmonary carcinoid tumour detected by PET CT.

The collegiate prize winner was Dr Liesbeth Van Look with her presentation entitled 'Unfortunate Pharmacotherapy'. Dr Van Look described a case of amiodarone induced hyperthyroidism that was treated with carbimazole therapy. The patient subsequently developed carbimazole associated agranulocytosis and very unfortunately died of bacterial septicaemia. It was a poignant reminder of drug side effects and she highlighted the importance of regular medication reviews.

The day was concluded with the presentation of the college journal prize to Dr Barry Quinn from the Chair of the Senior Fellows Club, Dr J Gordon Paterson.

CONCLUSIONS

The Trainees and Members' Committee Symposium was a great overview of general medicine. The many interactive cases presented by the speakers proved to be a great success with the attending delegates.

There were too many take home messages to list; however a common theme was that although doctors are increasingly reliant on scoring systems, blood tests and imaging to detect subtle or early pathology, we should first and foremost understand the patient through a thorough history and examination to focus our diagnostics and to decide on the most appropriate management.

EDUCATION

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