CLINICAL CASES

Case Template

Patient Profile

- Gender: male/female
- Age: # years
- Occupation: Enter occupation
- Current symptoms: *Describe current symptoms*

Medical History

Comorbidities

• List comorbidities

Social and Work History

 Describe any relevant social and/or work history

Measurements

- BMI: **#** kg/m²
- BP: **#/#** mmHg
- List other notable results of physical examination and laboratory tests

Current medications

• List current medications

Discussion Questions

BASED ON THE CASE PRESENTATION, WHAT WOULD YOU CONSIDER IN YOUR DIFFERENTIAL DIAGNOSIS? WHAT FURTHER HISTORY WOULD YOU LIKE TO KNOW? WHAT TESTS OR EXAMINATIONS WOULD YOU CONDUCT?

Pain History

- Duration: When did pain begin?
- Frequency: *How frequent is pain?*
- Quality: List descriptors of pain
- Intensity: Using VAS or other tool
- Distribution and location of pain: *Where does it hurt?*
- Extent of interference with daily activities: *How does pain affect function?*

Clinical Examination

• List results of clinical examination

Results of Further Tests and Examinations

• List test results, if applicable

Discussion Question

WHAT WOULD BE YOUR DIAGNOSIS FOR THIS PATIENT?

Diagnosis

• Describe diagnosis

Discussion Question

WHAT TREATMENT STRATEGY WOULD YOU RECOMMEND?

Treatment Plan

 List both pharmacologic and non-pharmacologic components of management strategy

Follow-up and Response to Treatment(s)

 Describe pain, function, adverse effects, etc. at next visit

Case Template: Discussion Question

WOULD YOU MAKE ANY CHANGES TO THERAPY OR CONDUCT FURTHER INVESTIGATIONS?

Other Investigations

• List results of further investigations, if applicable

Changes to Treatment

• Outline changes to therapy, if applicable

Conclusion

 Describe pain, function, adverse effects, etc. at next visit

What If Scenarios

- How would your diagnosis/treatment strategy change if...
 - List what if scenarios

Case 1

Patient Profile

- Gender: female
- Age: 73 years
- Occupation: house wife
- **Current symptoms:** low back pain with radiation to the left foot

Medical History

Comorbidities

- Heavy smoker
- Obese
- Anxiety

Measurements

- BMI: 40 kg/m²
- BP: 130/90 mmHg
- Fever: 36⁰C

Social and Work History

- Divorced
- Not working

Current medications

• Acetaminophen 500 mg qid

Discussion Questions

- Based on the case presentation, what would you consider in your differential diagnosis?
- What further history would you like to know?
- What tests or examinations would you conduct?

Pain History

- **Duration:** for the last 8 months
- Frequency: whenever she bends forward
- **Distribution and location of pain:** low back area and left leg down to the foot
- Quality:
 - Pain the low back area described as squeezing and dull
 - However, pain radiating down to the left posterior leg and left foot is described as shooting pain and "like electric shocks"
 - She mentions frequent spontaneous burning pain in her left foot
- Intensity: 8/10 (on a scale of 0-10)
- Extent of interference with daily activities:
 - She cannot perform activities of daily living
 - She is fed up with this unbearable pain

Clinical Examination

- Patient is limping on the left
- Range of motion of the low back spine is limited, especially on lateral flexion to left and bending forward
- Lasègue sign is positive on left
- On neurological examination:
 - She has mild motor deficit (-5/5) on left foot dorsiflexion
 - She has left S1 dermatomal sensory deficit
 - Left achilles is hypoactive
 - There is brush allodynia and pinprick hyperalgesia on the left foot

Results of Further Tests and Examinations

- DN4 questionnaire score is 7/10 (score <u>></u>4/10 is positive for neuropathic pain)
- Routine blood tests are within normal limits
- ENMG: left S1 radiculopathy
- Lumbar MRI: herniated disc on left S1 nerve root

Discussion Question

• What would be your diagnosis for this patient?

Diagnosis

 Mixed type low back pain (nociceptive/inflammatory and neuropathic pain components)

Discussion Question

• What treatment strategy would you recommend?

Treatment Plan

- Pharmacological:
 - $-\alpha_2 \delta$ ligands
 - Antidepressants
 - nsNSAIDs/coxibs
- Non-pharmacological:
 - Advise mobilization, avoiding bed rest
 - Social support
 - Patient education

Coxib = COX-2 inhibitor; nsNSAID = non-specific non-steroidal anti-inflammatory drug

Follow-up and Response to Treatment(s)

- Patient is 80% satisfied with the treatment
- She reports no adverse events

What If Scenarios

- How would your diagnosis/treatment strategy change if...
 - The patient now reports red flags?
 - The patient reports side effects due to medications?
 - The pain relief is not satisfactory (less than 50%)
 - The patient has non-adherence?