



WELCOME TO CLINICAL DOJO

“

Please change your name to
Grade_Name (First name first)

for Observer,
Observer_Grade_Name



PLEASE

Supervisor and our Staff



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How session works?



One participant challenges oral presentation



Ask a patient (Dr.Nogi) a question
Take Physical Exam



Make problem representation using semantic qualifier



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Think of possible diagnosis (not only one but more than two!)



Lecture from Super Dr. Masayuki Nogi

Don't worry about taking notes! We will do the work for you

CC: A 71yo Philipino F (Maria)with cough and hemoptysis

having a cough for long time (duration year and half) with weight loss (5pounds, but gained back after stopping meds) Dry cough everytime and Yesterday hemoptysis. (once a month)- half of a cup (not the first time, but not as much), appearance of sputum: partially blood. sometimes yellowish. cough not related to time of day. occasional night sweats. breathing is fine, no fever. Seen Primary care month ago, on follow-up with primary care, pulmonary, infectious disease negatives : sleeping well, no joint / muscle pains, no swellings on extremities, Last two days lots of blood / no memory loss

Play pocker, Play Majyan(?)/No stresssesd (✿)

PMH:

Asthma on inhalers

diabetes on insulin

HTN on medication

from the 40s (for above 3)

Tuberculosis - sputum negative, CT not significant, Lung CA unlikely

Meds:

Vitamin C, flax seed oil, magnesium,

Insurin (8units)

Losartan (HT)

Inhalror (Asthma) fluticasone vilanterol

Azithromycin, Rifampin, Ethambutol - made her noxious so stopped (month ago)

TB treatment was Rifampin, Isoniazid, Pyrazinamide, Ethanbutol(RIPE)

Family His: no Hx of cancer

used to work in a hair saloon

just moved to hawaii 1.5 years ago - previously in Ph (2021 May). since then, no travel.

Alcohol -once in a while /Illicit Drugs?/Tabacco - never smoker, no cocaine

Not sexually active , no pets

Allergies : antihistamines in general (hives), shrimp allergy (rash) codeine (nausea)

COVID post-infected, vaccinated for Influenza

HIV negative (5yrs ago)

No joint muscle pain.

ROS: weight lost (-), tired (+ 1.5 years), exercise tolerance (-) SOB (-) Rash(-)

No chills, No dizziness, No headaches, No accident (surgery + C-section / laparoscopic /cholecystectomy /ovaries taken out back in 2000 lots of bleeding in the uterus/Hysterectomy/Negative in nose bleed and gum bleed / no nose block/ loss of smell / no loss of swelling / no chest pain/ no palpitation/no nausea/ no blood stool (no color change of stool)/ no-body in the family has TB/No vision change/No color change/No bleeding

Teaching pts: Always asks how sever the HT and DM
Ask about the bleeding issues problems/ ask about periods/ROS cardiovascular problem/ Ask about cancer screening/
lung symptoms: ask about the occupation and where she lived before?



Problem Representation using Semantic

Examples)

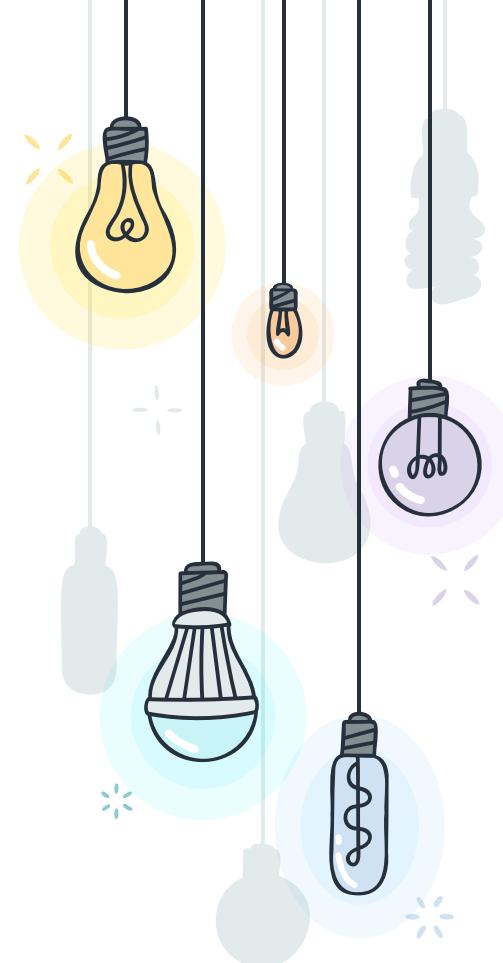
60 year-old post-menopausal Caucasian female presenting's with chronic progressive (6month) fatigue associated with subacute petechiae of lower extremities, with associated with gum bleeding, night sweats, and dyspnea on exertion. physical exams are notable for gingival hypertrophy, maxillary sinus tenderness, splenomegaly, symmetrical lower extremity petechiae / purpura.

Problem Representation

Who?	When?
<ul style="list-style-type: none">Pertinent demographicsRelevant epidemiologyRisk factors	The temporal pattern of illness <ul style="list-style-type: none">Duration (acute, chronic...)Tempo (stable, progressive...)
What?	Example
<ul style="list-style-type: none">The clinical syndromeKey signs, symptoms and other findings	VMR 176 A middle-aged male post-splenectomized presented with chronic progressive dyspnea and acute transient loss of consciousness.

List Diagnosis as much as you can;)

DDX	Diagnosis	Reasons For	Reasons Against
Most Likely			
Second Likely			
Best case (Easy to Cure)			
Worst case or red flags			
Zebra (Rare)			





Any Questions so FAR?



Abbreviations

What to ask

CC: Chief complaint 主訴

HPI: History of present illness 現病歴

PMH: Past medical history 既往歴

ME: Medications 薬剤

ALL: Allergies アレルギー

SH: Social history 社会生活歴

FH: Family history 家族歴



What to get by examination

ROS: Review of systems システムレビュー

→ To assess the function of all major body systems (次ページ参照!!)

VS: Vital signs バイタルサイン

PE: Physical examination 身体所見

CMP: Comprehensive metabolic panel 血液生化学検査

→ To measure electrolytes, liver & kidney function, protein, and glucose

CBC: Complete blood count 血算

→ Red & white blood cells, hemoglobin, hematocrit, and platelets

PT, PTT: Coagulation parameters 凝固検査

U&A : Urine analysis 尿検査

ECG: Electrocardiogram 心電図

CXR: Chest X-ray 胸部X線



Review of Systems

General

- Fever, chills, appetite, weight, fatigue

Skin

- Rash, hives, bruising, hair

HEENT/Neck

Head, Ears, Eyes, Nose, Throat

- Headache, vision, discharge, hearing, tinnitus, nosebleed, smell, dysphagia, odynophagia, voice, neck lump

Respiratory 呼吸器系

- Cough, dyspnea, sputum, hemoptysis, wheeze, orthopnea,

Breast 胸部

- Lump, discharge

Cardiovascular 心血管系

- Chest pain, palpitation, edema, claudication

Gastrointestinal 消化管系

- Abd pain, nausea, vomit, diarrhea, melena, hematochezia

Genitourinary 泌尿器・生殖器系

- Dysuria, nocturia, frequency, dysmenorrhea, dyspareunia, erection, lesions

Neurologic 神經系

- Syncope, numbness, weakness, tremor, speech, balance, seizure, memory

Psychiatric 精神

- Mood, hallucination, depression, anxiety, sleep

Musculoskeletal 筋骨格系

- Arthralgia, myalgia, deformity, bone pain

Endocrine 内分泌系

- Tremor, heat/cold intolerance, polydipsia, polyuria





Today's Goal :)

- Take a medical history carefully and thoughtfully.
 - → Make as many differential diagnoses (DDx) as possible.
 - → Organize your DDx by critical, common, and curable conditions.
-
- For observers – your comments and feedback are highly appreciated!

SEE IT, DO IT, AND TEACH IT.

ENJOY THE CASE!

TODAY'S CASE

52YO WOMAN WITH
NAUSEA/VOMITING FOR 1 WEEK



Basic Questions – OPQRST mnemonic

- Onset**

Suddenly or gradually? any events that preceded the symptoms?

- Palliative (Alleviating) & Provocative (Aggravating) factors**

“Is there anything that make the symptoms better or worse?”

- Quality**

Exertional vs. rest, positional?

“How would you describe the symptom?”

- Region and radiation**

“Where is the symptom? Does it move anywhere?”

- Symptoms & Severity**

“Any other symptoms?” “On a scale from 1 (no pain) to 10 (worst), how bad is it?”

- Time course**

Constant / Intermittent.

“How long does it last?” “Is there any particular time during the day that you notice it?”

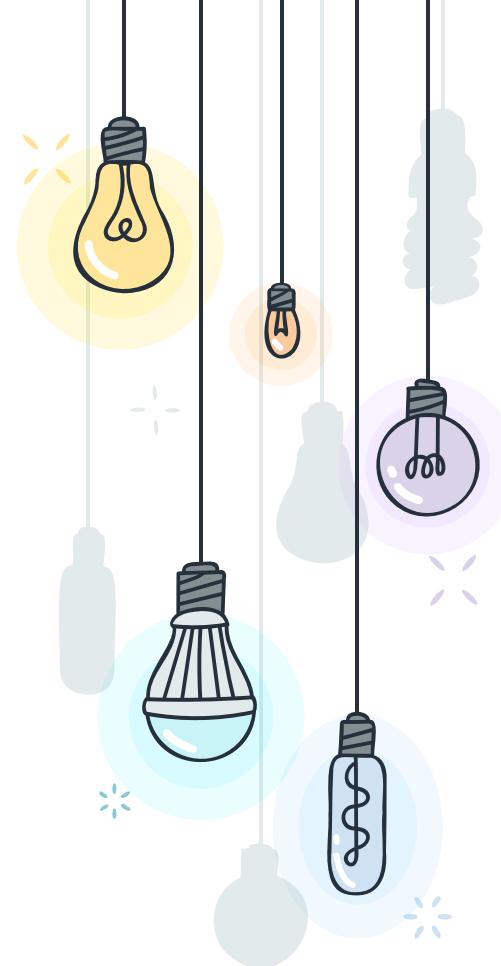
Nausea/vomiting

Nausea: the unpleasant sensation of the imminent need to vomit that may or may not ultimately lead to actual vomiting.

Vomiting: the forceful oral expulsion of gastric contents associated with contraction of the abdominal and chest wall musculature.

Chronic nausea and vomiting: the persistence of the symptoms for > 1 month

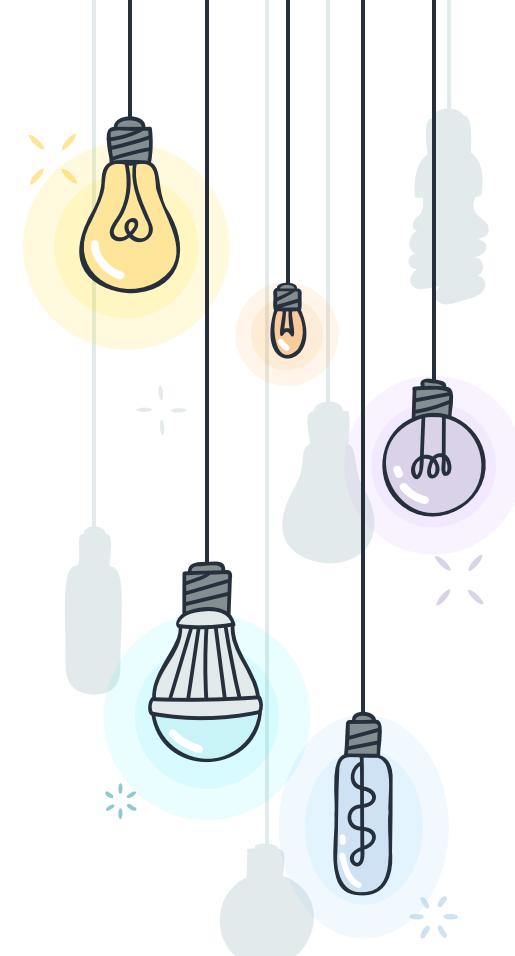
Recurrent vomiting: 3 or more episodes.



Differential Diagnosis

Percentage of Patients With Specific Diagnosis Who Have Nausea and Vomiting ^a	
Acute nausea and vomiting	
Gastrointestinal infections and toxins (gastroenteritis, hepatitis, food poisoning)	
Medications (chemotherapeutics, antibiotics, analgesics, etc)	Cancer patients receiving narcotics for pain control: 40%–70% ¹ Patients receiving cisplatin chemotherapy: 90% ¹ Post general anesthesia: 37% nausea, 23% vomiting ¹
Visceral pain (pancreatitis, appendicitis, biliary colic, acute small bowel obstruction, renal colic, intestinal ischemia, myocardial infarction)	
Conditions affecting central nervous system (CNS) (eg, labyrinthitis, motion/space sickness, head trauma, stroke, Reye syndrome, meningitis, increased intracranial pressure)	Skull fracture: 28% adults, 33% children ²
Metabolic (pregnancy, ketoacidosis, uremia)	First trimester of pregnancy: 70% ¹
Radiation	Radiation therapy to abdomen: 80% ¹
Chronic nausea and vomiting	
Gastric (mechanical obstruction or functional dysmotility; ie, gastroparesis, dyspepsia)	
Small intestinal dysmotility (pseudo-obstruction, scleroderma)	
Metabolic (pregnancy, hyperthyroidism, adrenal insufficiency)	
CNS (increased intracranial pressure due to tumor, pseudotumor cerebri, cerebral edema, or encephalopathy)	
Psychogenic (eating disorder)	
Cyclic vomiting syndrome	

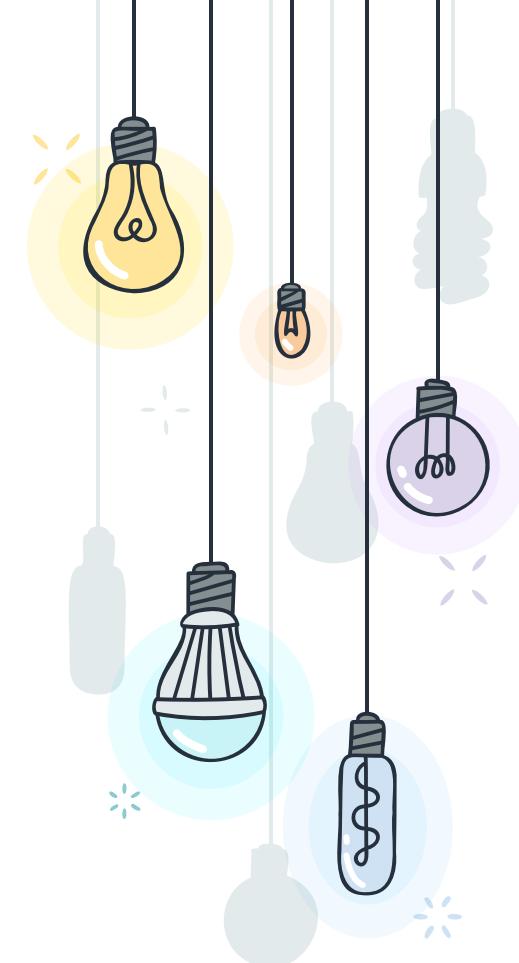
^aPrevalence is unknown when not indicated.



Serious Diagnosis

	Prevalence ^a
Hyperemesis gravidarum	0.3%–2.0% ³
Acute fatty liver of pregnancy (AFLP)	0.008% ³
HELLP syndrome (hemolytic anemia, elevated liver enzymes, low platelet count)	0.6% in pregnant women (5%–10% of women with preeclampsia) ³
Intra-abdominal emergency (obstruction, perforation, peritonitis)	
Acute myocardial infarction	
CNS disorder (skull fracture, infection, increased intracranial pressure, bleed)	
Toxic ingestion	
Upper gastrointestinal bleeding	

^aPrevalence is unknown when not indicated.



Serious Diagnosis

Alarm Symptoms	If Present, Consider Serious Causes	Positive Likelihood Ratio (LR+)	Possible Benign Causes
Large-volume hematemesis (grossly bloody or black, like coffee grounds)	Major upper gastrointestinal bleeding from peptic ulcer, varices, or Mallory-Weiss tear		
History of head trauma	Skull fracture	Adult, LR+ 4.17 Child, LR+ 2.82 ²	—Continued next page
Continued—Headache	Intracranial bleed, mass, or infection	Jolt accentuation of headache, LR+ 2.4 for meningitis ⁴	Migraine
Neck stiffness	Meningitis		
Altered mental status	Intracranial bleed, mass, infection, or encephalopathy		
Right lower quadrant pain	Acute appendicitis	LR+ 8.0 ⁵	
Migration of periumbilical pain to right lower quadrant	Acute appendicitis	LR+ 3.1 ⁵	
Abdominal pain before vomiting	Acute appendicitis	LR+ 2.76 ⁵	
Abdominal pain that worsens with jolting movements, such as going down stairs (peritoneal pain)	Peritonitis		

Upper abdominal pain: steady pain lasting > 30 minutes (biliary colic)	Acute cholecystitis		
Acute chest pain	Acute myocardial infarction	Pain radiation to left arm, LR+ 2.3 Pain radiation to both left and right arms, LR+ 7.1 ⁶	Gastroesophageal reflux disease
Postural symptoms, lethargy, unable to retain oral liquids for > 8 hours in a child (12 hours in an adult)	Hypovolemia and/or electrolyte imbalances requiring urgent treatment		
Paresthesias, blurred vision, dysphagia, muscle weakness	Food-borne toxins (botulinum, ciguatera, paralytic shellfish toxin)		



Diagnostic Approach

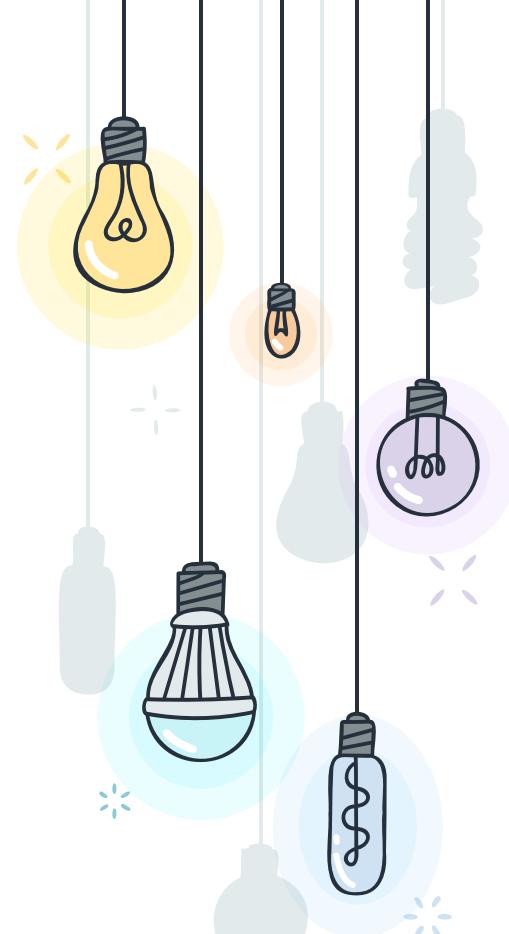
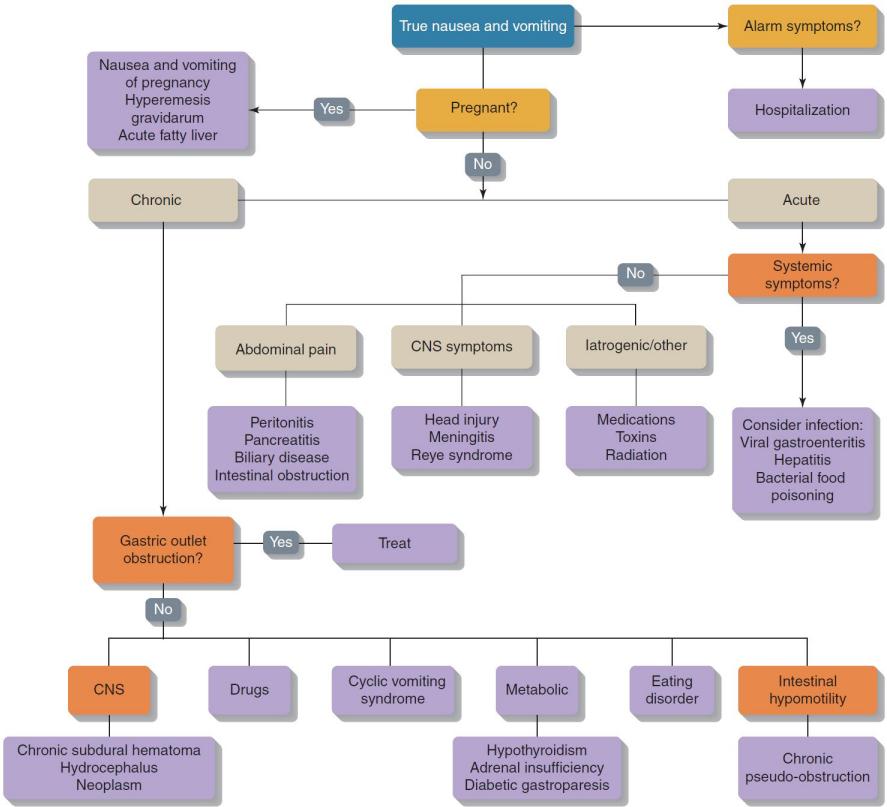
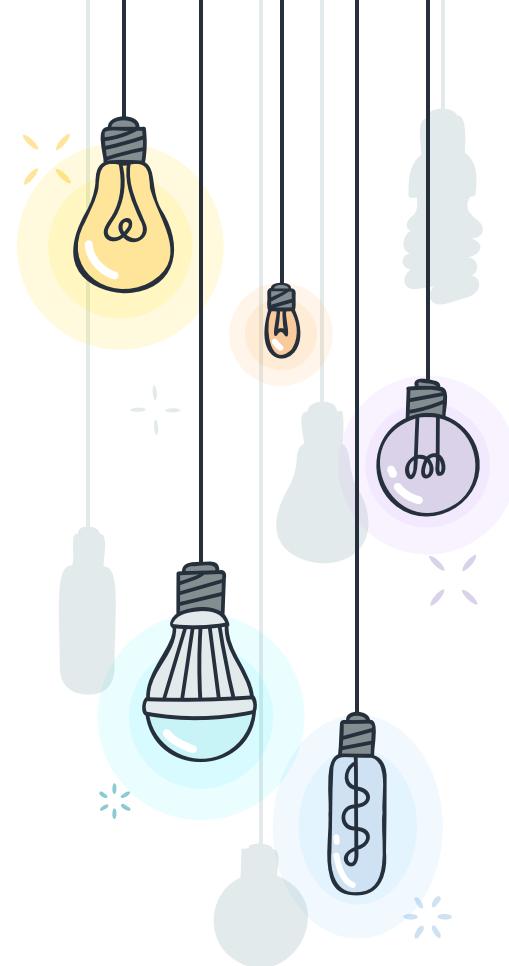


FIGURE 38-1 Diagnostic approach: Nausea and vomiting. CNS, central nervous system.

Open-ended Questions

Open-Ended Questions	Tips for Effective Interviewing
<p><i>Tell me about your nausea and vomiting.</i></p> <p><i>Tell me about the first time this happened.</i></p>	<p>Allow the patient to tell the story without interruption.</p>
<p><i>What do you think is the cause of your nausea and vomiting?</i></p> <p><i>Have you been able to establish a pattern?</i></p> <p><i>Think about your most recent episode of nausea and vomiting.</i></p> <p><i>What did you do that day, starting from when you woke up in the morning?</i></p>	<p>When the patient pauses, prompt for more information by asking “What else?”</p>



Focused Questions

QUESTIONS	THINK ABOUT...	
Do you also have diarrhea? Do others in your community (family, day care, cruise ship, summer camp) also have vomiting or diarrhea?	Viral gastroenteritis Food-borne illness	<i>Is anyone else who ate or drank the same thing also having nausea and vomiting?</i>
Do you have any symptoms of pregnancy, such as late menstrual period or breast swelling, tingling, or tenderness?	Early pregnancy (LR+ 2.70) ⁷	<i>Did the symptoms occur within a few hours after eating or drinking something?</i>
Are you pregnant (first trimester)?	Hyperemesis gravidarum	<i>Did you eat raw shellfish?</i>
Are you pregnant (second or third trimester)?	AFLP or HELLP syndrome	<i>Did you eat shellfish, and do you have numbness and tingling around your mouth?</i>
Does the room feel like it is moving? (vertigo)	Labyrinthitis (see Chapter 6)	<i>Did you eat home canned or preserved food? Do you have trouble swallowing? Is your mouth dry? Is your vision blurry?</i>
Have you been receiving chemotherapy for cancer?	Post chemotherapy nausea and vomiting	<i>Did you eat raw fish?</i>
Has your weight gone up and down (30–40 lb) this past year? Do you always vomit into the toilet and never on the floor or in public? Do you make yourself vomit?	Eating disorder (see Chapter 15)	<i>Did you drink liquids that were stored in a metal container? Do you also have a metallic taste?</i>
Do you vomit without retching? Do you rechew and/or reswallow your vomitus?	Rumination syndrome; not true vomiting	<i>Did the bumps in the car ride make your abdominal pain worse?</i>
Do you have a history of kidney disease or failure?	Uremia	<i>Do you have diabetes?</i>
Do you have a history of peptic ulcer? Have you been taking nonsteroidal anti-inflammatory drugs (NSAIDs) or aspirin?	Peptic ulcer or gastric outlet obstruction	<i>Did the child recently have the flu or a cold? Did the child receive aspirin?</i>
Do you feel full after eating just a small amount of food (early satiety)?	Gastric malignancy, gastric outlet obstruction	<i>Is there a family history of early childhood death?</i>
Do you chew on your hair?	Bezoar	
Do you have a history of heart disease?	Acute myocardial infarction, digoxin toxicity	
Have you had previous abdominal surgery?	Intestinal obstruction due to adhesions	
		Food poisoning
		Food poisoning due to <i>Staphylococcus aureus</i> or <i>Bacillus cereus</i> toxins
		Food poisoning due to <i>Vibrio vulnificus</i>
		Paralytic shellfish poisoning (saxitoxin)
		Botulism ⁸
		Anisakiasis
		Heavy metal ingestion (zinc, copper, tin, iron, cadmium)
		Peritonitis
		Diabetic ketoacidosis or gastroparesis
		Reye's syndrome
		Inherited metabolic disorders (urea cycle disorders, Wilson's disease)

—Continued next page



Focused Questions

Quality

Is the vomitus grossly bloody?	Peptic ulcer Esophageal varices Mallory-Weiss tear
Does the vomitus contain partially digested food?	Gastroparesis Gastric outlet obstruction
Is the vomitus bilious (containing green bile)?	Small bowel obstruction
Is it feculent?	Bowel obstruction
Does it contain undigested food regurgitated (not truly vomited)?	Achalasia Zenker diverticulum Esophageal stenosis
Do you have nausea without vomiting?	Pregnancy
Is vomiting projectile?	Pyloric stenosis Increased intracranial pressure

Time course

Do you vomit:	
• In the morning before breakfast?	Pregnancy Increased intracranial pressure
• ≥ 1 hour after eating?	Gastroparesis Gastric outlet obstruction
• During or soon after a meal?	Gastric ulcer Eating disorder
• Soon after taking medications?	Medication side effect
• In a recurrent but intermittent pattern?	Cyclic vomiting syndrome

Associated symptoms

Do you have:	
• Diarrhea, headache, myalgia, or fever?	Viral gastroenteritis
• Headache, neck stiffness, altered mentation, or photophobia?	Meningitis
• Low weight or weight loss?	Eating disorder Gastrointestinal malignancy
• Lack of concern regarding weight loss or vomiting?	Eating disorder
• Jaundice, dark urine, or light stools?	Hepatitis Choledocholithiasis
• Chest pain or cold sweats (diaphoresis)?	Myocardial infarction
• Crampy, colicky abdominal pain?	Bowel obstruction
• Upper abdominal pain (biliary colic)?	Cholecystitis or cholelithiasis

Modifying symptoms

Do you get sick:	
• Only as a passenger in a vehicle?	Motion sickness/sea sickness/space sickness
• Only during periods of stress?	Psychogenic

THANKS!

Any questions? Or need any assistance?

You can contact me at:

- + nitor.obstino.23787@gmail.com
- + Also if you would like to join the team, I will invite you to the slack so let us know ;)

