



SPOT DIAGNOSIS IN INTERNAL MEDICINE

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Preface

One of missions of The Royal College of Physician of Thailand is to disseminate medical knowledge to members as well as other physicians. Regardless of advancement in technology, practicing medicine still requires comprehensive medical skills, competency and arts of appraisal. As physicians, our judgments should not just simply rely on results from scientific instrumentation alone, but should integrate all clinical data obtained and amalgamate into the most relevant conclusion for each patient.

I am pleased that Professor Piyamitr Sritara, Chair of the scientific committee of RCPT, and his colleagues have pioneered deliberately in gathering various bed-side issues and created a live-scenario textbook of what so-called “Spot Diagnosis in Internal Medicine”. This book consists of several chapters derived from many subspecialties in internal medicine. A few presentations are rare but unique entities, but many are for common practice. Above all, the wisdom of challenging and facilitating clinical competency by utilizing common medical knowledge is well-deserved.

I am confident that the book “Spot Diagnosis in Internal Medicine” will be of greatest value to medical profession at all levels. Not only for improving medical competence but also strengthening the quality of clinical care.

Professor Kriang Tungsanga, M.D.

President

The Royal College of Physicians of Thailand

Forword

It is with great pleasure to write a eulogy for this book entitled “Spot Diagnosis in Internal Medicine” endorsed by the Royal College of Physician of Thailand. The book was written by a congregation of academically distinguished internists of relevant fields from various training institutes. Typical symptoms, pathognomonic signs, and laboratory findings of various conditions and diseases have been collected systematically for knowledge competition of residents in Internal Medicine. Years of collection have resulted in a substantial pool of test questions originated by teaching Thai internists. Associate Professor Nakarin Sansanayudh and his colleagues have assembled, revised, further incorporated relevant references, and put together into a pocket textbook of attractive format, suitable for general practitioners and internal medicine residents in training alike. The Royal College of Physician Board Committee has reached a conclusion to support publication of this book in English in order to serve the interest of the ASEAN Economic Community (AEC). Associate Professor Nakarin Sansanayudh and his colleagues have made a great effort to assemble this manuscript portraying accumulated clinical experience over the years in patient management, which should be helpful in the study of internal medicine at an international level. I, therefore, commend this pocket textbook for it will be an invaluable asset to the ASEAN medical community.

Piyamitr Sritara, M.D.

*Chairman of the Scientific Committee
The Royal College of Physicians of Thailand*

Acknowledgement

I would like to thank Professor Sming Khaojaroen who welcomed the idea of making this book. The project was endorsed by the Royal College of Physicians of Thailand (RCPT) in 2011 when Professor Sming Kaojarern was the Chairman of the Scientific Committee of RCPT. However, the whole process of this book has taken place under the present Chairman of the Scientific Committee, Professor Piyamitr Sritara. Our editorial team has worked closely under the guidance of Professor Piyamitr Sritara who is very attentive and accessible. He provides us with invaluable suggestions. Furthermore, I am extremely grateful to Professor Kriang Tungsagna, the President of RCPT, who provides all the supports and resources needed for this project.

I would like to thank all the physicians who have submitted their valuable cases and photos to RCPT. I also would like to acknowledge our editorial board members, who are experts from all subspecialties, for their time and effort in order to make this book as concise and complete as possible.

This book project would not be accomplished without the great devotion and dedication from both of my deputy editors, Dr. Tomon Thongsri and Dr. Manop Pithukpakorn. Their comprehensive knowledge in internal medicine as well as extraordinary linguistic ability has proved to be very useful to the book.

Last but not least, I would like to thank Mrs. Wannaporn Loisawat and all the staff of RCPT secretariat, especially Ms. Suchitra Sangwan, for their great supports.

RCPT hopes that this book will serve to educate and stimulate the readers, and the knowledge obtained from this book will improve the quality of patient care in the field of internal medicine.

Col. Nakarin Sansanayudh, M.D.

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NOTICE

The authors, editors and publisher have made their best efforts to provide the most accurate information. However, the knowledge in the field of internal medicine is fast-growing and constantly changing. The authors, editors and publisher are not responsible for any errors, omissions or for any outcomes related to the use of content in this book.

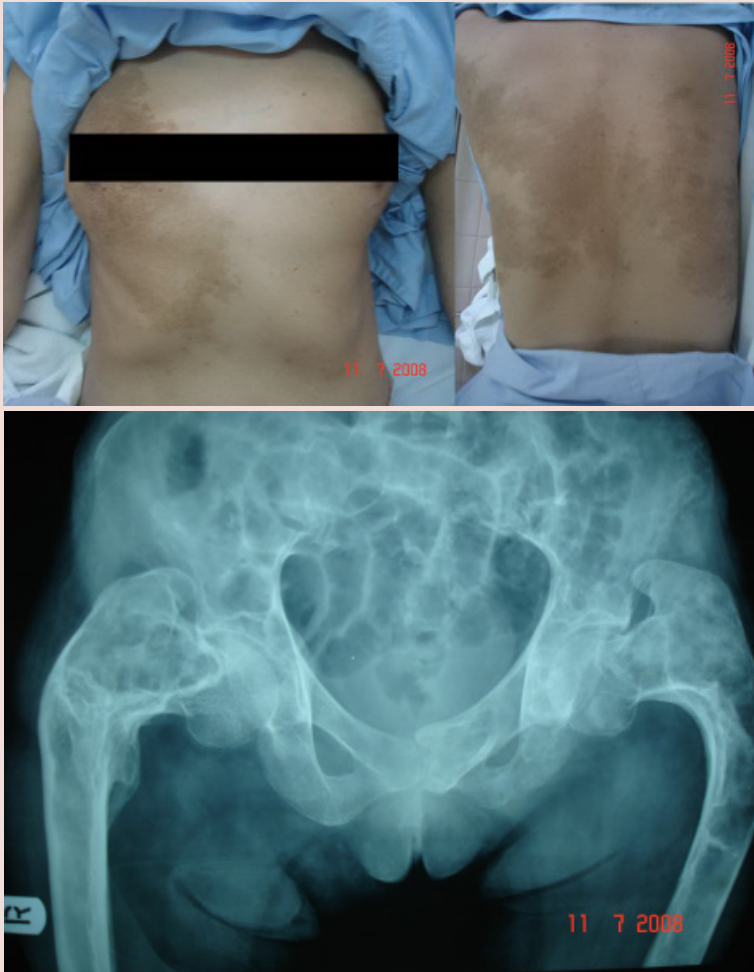
This book is not intended to be a reference textbook or to provide comprehensive information about any diseases. Furthermore, the treatments described in the book may not be applicable to every patient.

The physicians and readers are recommended to check with the standard recommendations, the most up-to-date guidelines as well as package inserts, and the local regulations of local Food and Drug Administration for the indications, contraindications, dosage and duration of any treatment.

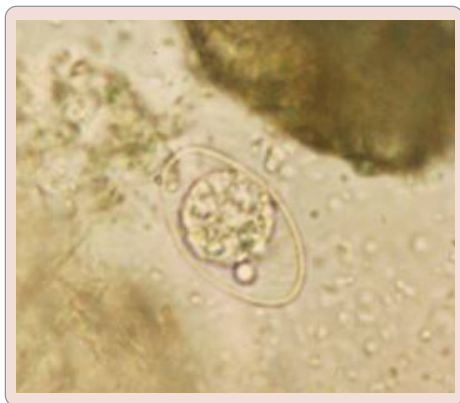
1

A 44-year-old woman complained about her limping gait and skin hyperpigmentation over her trunk. Her pelvic X-ray revealed deformities of the lower limbs.

What is the diagnosis?



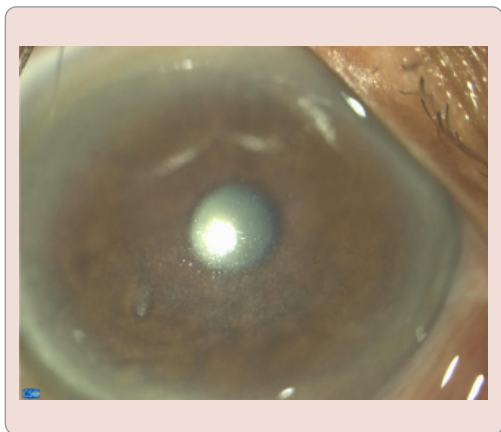
2



An HIV-infected patient presented with diarrhea and weight loss for 3 months. Physical examination revealed a cachexic man with moderate dehydration. Oral examination showed oral thrush. Stool examination identified the organisms as shown in the picture.

- a. What is the diagnosis?
- b. How to treat the patient?

3



A 39-year-old man came for a routine eye check-up.

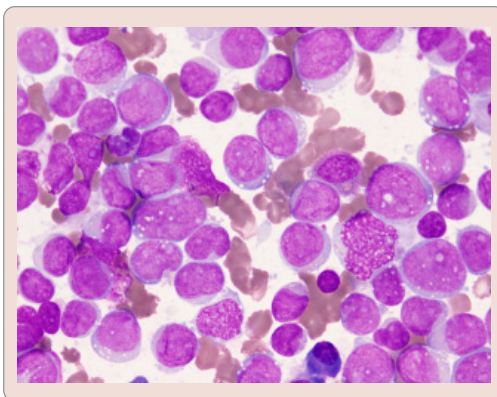
- a. What is the diagnosis?
- b. What is the proper investigation for this patient?

4

A 34-year-old woman presented with fever, progressive anemia and bleeding per gum for 1 month. CBC showed Hb 11.2 g/dL, WBC 202,000/ μ L and platelet 69,000/ μ L.

a. From bone marrow smear, what is the most likely diagnosis?

b. What is the most relevant investigation for this patient?



5

A 35-year-old woman presented with acute fever and painful lesions on her face for a week. Blood tests revealed leukocytosis with neutrophil pre-dominance. Hemoculture and tissue culture from lesion were negative.

a. Describe the abnormality.

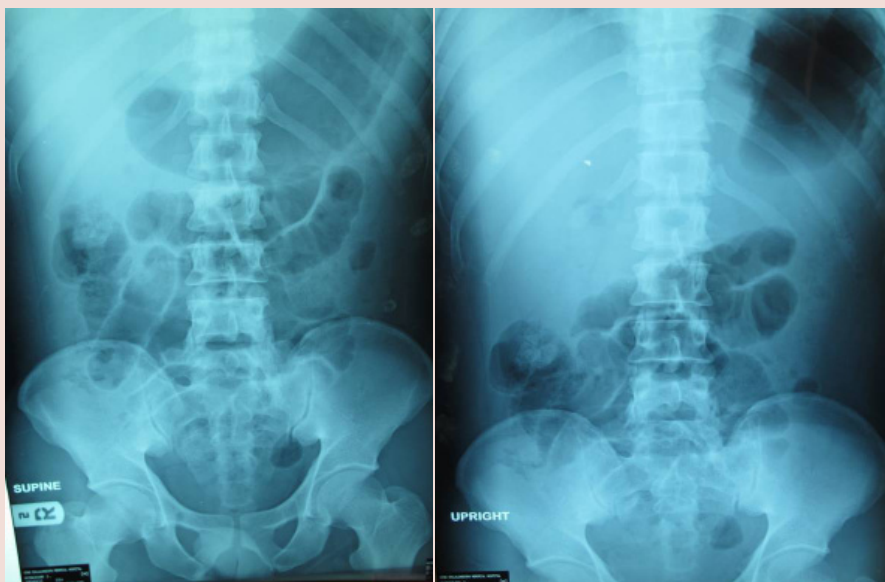
b. What is the most likely diagnosis?

c. What is the drug of choice for this condition?



A 35-year-old man presented with acute peri-umbilical and epigastric pain accompanying by fever and vomiting for 3 days. Physical examination showed fever, hypoactive bowel sound, and generalized abdominal tenderness. Acute abdomen series were done.

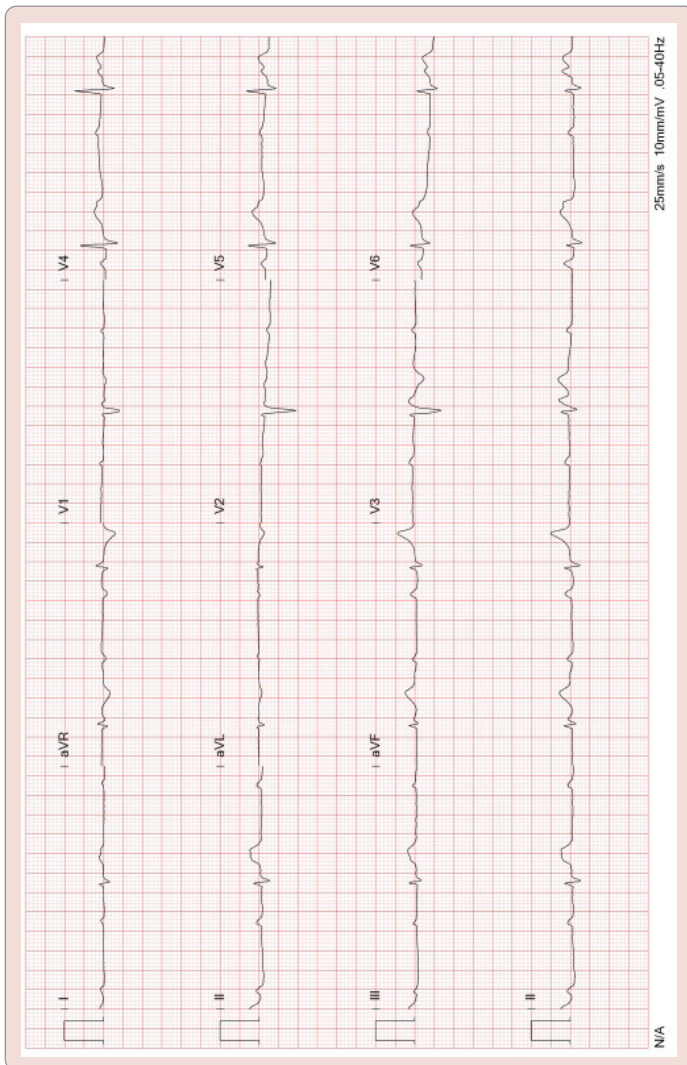
- Describe the findings.
- What are the 3 most likely differential diagnoses?



7

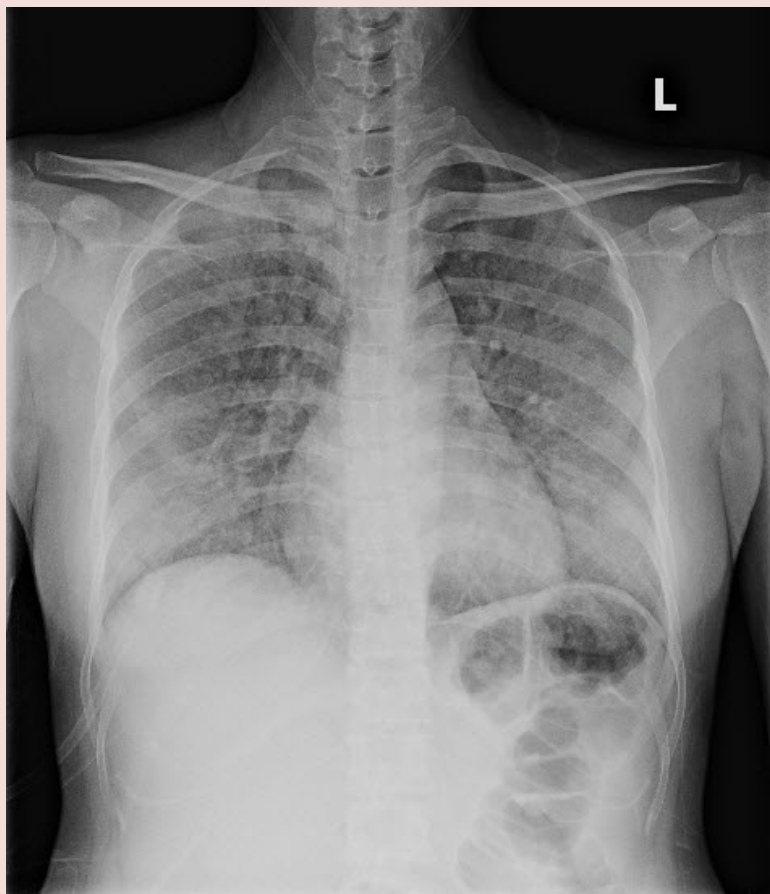
A 38-year-old woman with no known past medical history visited the clinic because of flu-like symptom. Physical examination revealed BP 110/70 mmHg, HR 37/min. Other physical examinations were normal. 12-lead ECG was performed (as picture).

- Describe ECG findings.
- What is the diagnosis?



A 30-year-old woman had a dry cough and progressive dyspnea for 2 weeks. Physical examination revealed fever, tachypnea, oral thrush, and fine crepitation at both lungs. Others were unremarkable. SpO₂ was 89% and chest X-ray was as shown.

- What is the most likely diagnosis?
- What is the gold standard test for diagnosis?
- What is the specific treatment?



9

A 40-year-old Thai man presented with generalized maculopapular rash for 2 days as picture.

What is the most likely diagnosis?

