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Lesson of the year

The scene is still set in the bustling city of Rhinoceros, verdant and picturesque at the tip of the Potawatomi peninsula. Here we find an abundance of delivered health care, managed care, and even mismanaged care. Here it came to pass that a middle aged woman was sent up to the ward from the emergency room with a diagnosis of confusional state and fractured ribs.

Confusing indeed was the situation at the bedside, where occasional patients are still being evaluated without the aid of computer generated algorithms and even more rarely (or less interestingly) without the benefit of a multidisciplinary conference. But the woman was in great pain, drowsy from analgesics, the history difficult to disentangle. The intern presenting the case said that she had been brought to the hospital by the family because of dizziness and lightheadedness; the resident intervened to explain that she had suffered a syncopal attack and had fallen downstairs. There was also a story that six months earlier she had been found to have calcified (?) space occupying lesions in the occipital and frontal areas. According to the family she had become forgetful. A psychiatrist had thought that she was demented; a psychologist had apparently diagnosed depression.

On examination she had a homonymous haemianopia—also a slight hemiparesis, which resolved after a few days of corticosteroids given to reduce brain swelling. At first it was thought that she had disseminated carcinoma with spread to the brain and bones. But search for a tumor was negative; and even the fracture turned out to be traumatic rather than pathological.

An expert neuroradiologist now reviewed the computed tomogram and expounded at length on the differential diagnosis. He thought that the lesion was most likely a glioblastoma, but could not rule out arteriovenous malformations. The students wrote down everything he said in their little notebooks. The magnetic resonance imaging showed enhancement, calcification, and "gliosis"; the arteriogram a "blush"; and a multidisciplinary conference attended by some 25 people was inconclusive. Then the neurosurgeons insisted on doing a lumbar puncture. It was normal.

The issue of a brain biopsy now came up. The neurosurgical resident addressed the assembled extended family in a language that the ordinary citizens of Rhinoceros City do not understand. The medical resident translated into the vernacular, explaining that without tissue diagnosis she would not be a candidate for radiotherapy, so they reluctantly agreed to her having the procedure.

Two days went by. Then a neurosurgical chief resident phoned, saying that she could now be transferred back to a medical floor. They had found at surgery several non-caseating granulomas, he said, adding with some glee that his intern had weaseled out of her the fact that some years ago she had been treated for sarcoidosis.

She came back to the medical floor with a big scar on her head but in good spirits. On the rounds the medical resident produced a pathology report from an out of state hospital indicating that 20 years earlier she had had a mediastinal biopsy and was found to have sarcoidosis. The residents were preached at about the importance of taking a complete history, and how modern tests were

no substitute for careful bedside medicine. The residents in their turn asked the woman why she had not told them about the sarcoid. She replied that nobody had asked her, and that her memory for "recent events" had not been too good. But she did well on prednisone. She has stopped having dizziness, syncopal attacks, falls, memory loss, psychiatrists, radiological examinations, and even interdisciplinary conferences.