THE ART and SCIENCE of DIAGNOSIS – a rheumatologist’s emphasis

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History

• Most important step to diagnosis
  – Patient listening (for a while)
  – Value of “off target” questioning (social, work, general health etc)
  – Disallow use of diagnostic labels
  – Beware terms that mean different things to doctors compared to the rest of the world
    • Hip, shoulder, numbness...
Examination

- Starts in the waiting room
- Asymptomatic regions / side first
- Negative control essential for interpretation of provocative tests
Investigations

• Need to be interpreted in light of history & examination
  – Ideally the images should be described by the radiologist or nuclear physician etc
  – Clinical relevance should be determined by the clinician

• Prevalence of abnormal findings in asymptomatic people should be considered
A tennis injury?

• 78M “It started with a fracture....”
• Fell over playing tennis
• Developed groin pain
• 4 weeks later CT/SPECT = pubic ramus #
• Specialist → drug treatment for osteoporosis
• Progressive pain
History

• 78M
• Fell over playing tennis. *No pain.*
• 2 weeks later developed *bilateral* groin pain.
• 4 weeks later CT/SPECT = *unilateral* pubic ramus # *(on low resolution CT, no abnormal radionuclide uptake)*
• Specialist → drug treatment for osteoporosis
• Progressive pain *in both groins, both shoulders*