



# NSW State Conference

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# 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*