Students' Material

INFECTIOUS DISEASES CASE CONFERENCE

Ambulatory Component of the Internal Medicine Clerkship
Yale University School of Medicine

Prepared by
Andre N. Sofair, M.D., M.P.H.

"A desire to take medicine is, perhaps the great feature which differentiates man from animals" Sir William Osler, 1891

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I. GOALS AND OBJECTIVES FOR STUDENTS

By the end of the conference, students will be able to:

1. Describe the clinical presentation of acute bronchitis and define characteristics which may differentiate bronchitis from pneumonia.
2. List the pathogens which cause acute bronchitis.
3. Outline the appropriate treatment for acute bronchitis.
4. Describe the major causes of LFT abnormalities in the United States.
5. Describe the major risk factors for hepatitis C infection (HCV) and to understand the CDC screening recommendations for HCV.
6. List risk factors for progression of hepatitis C-induced chronic liver disease.
7. Describe the appropriate evaluation and treatment for common causes of liver disease.
8. Describe strategies for counseling patients with chronic liver disease regarding prognosis and strategies for preventing progression.

II. INSTRUCTIONS FOR STUDENTS

A. Before class, read the two papers provided (if you have not read them recently). The papers will help you discuss the patient descriptions. The papers are:

1. Knutson D, Braun C. Diagnosis and management of acute bronchitis. *American Family Physician* 2002;65:2039-44.
2. Poynard T, Yuen M-F, Lai CL. Viral hepatitis C. *Lancet.* 2003;362:2095-2100.

B. Before class, read the patient descriptions and formulate answers to the discussion questions. Identify other questions you have about the patient.

C. In class you will read and discuss each patient description with the faculty facilitator.

D. For patient # 2, the faculty facilitator will distribute handouts 1-3 in class. These describe the unfolding events in the case.

III. PATIENT DESCRIPTIONS

A. PATIENT #1 (Part I. Subsequent parts to be distributed in class.)

M.S. is a 48 year old man who is seen because of mild right upper quadrant abdominal discomfort. This discomfort is unrelated to meals and is unassociated with pruritis, reflux symptoms, constipation, diarrhea, melena, hematochezia, or change in weight.

PMH: significant for type 2 diabetes mellitus, mild obesity, and hyperlipidemia.

Medications: pioglitazone and atorvastatin

Social history: the patient reveals that he injected drugs beginning at 18 years of age and lasting for 2 years. He began drinking alcohol at the same time and continues to drink 3 beers per day.

PE: BP is 125/80, HR 80. His sclerae are anicteric, his lungs are clear, his heart examination is normal with a normal JVP and his abdominal exam shows no organomegaly with no evidence of ascites. His extremities show no edema.

Laboratory: Chem 7-normal AST 60 IU/L (0-45) ALT 82 IU/L (0-45) Alkaline phosphatase 110 (75-150) Total bilirubin 0.8 (0-1.2) Total cholesterol 220 mg/dl, HDL 29 mg/dl, LDL 148 mg/dl

Main discussion questions:

1. What are the three most common causes of liver disease in the United States?
2. What is the differential diagnosis for the patient's pattern of LFT abnormality? What risk factors does he possess for each cause on your list?
3. What, if any, laboratory, imaging, or other testing would you advise at this point?
4. How would you counsel the patient at this time? Include suggestions for behavioral change, changes in medications, or dietary modification.
5. When would you ask the patient to return to the office?

B. PATIENT #2

A 35 year-old-man presents in mid-January with a 4 day history of cough productive of yellow sputum. He has had myalgias and headache. At home, he measured his oral temperature at 100.8ºF. He denies dyspnea, wheezing, chest pain, arthralgias or exposure to exogenous allergens. He has no prior history of asthma or bronchitis. He does not smoke. On examination he is afebrile. His BP is 110/65, HR of 70, RR of 14 and O_2 saturation 99% on room air at rest and with exercise. His ears, nose, and oropharynx are normal. His lungs are clear and his cardiac examination is normal.

Potential Discussion Questions:

1. What are the differential diagnosis and most likely diagnosis?
2. Do you need to perform a sputum Gram's stain on this patient?
3. Do you need to obtain a chest x-ray for this patient?
4. Would you do any further diagnostic testing?
5. What is the natural history of this patient's condition? Is it affected by antimicrobial use?
6. Is any additional therapy warranted?
7. If this patient smoked cigarettes, would you manage him any differently?