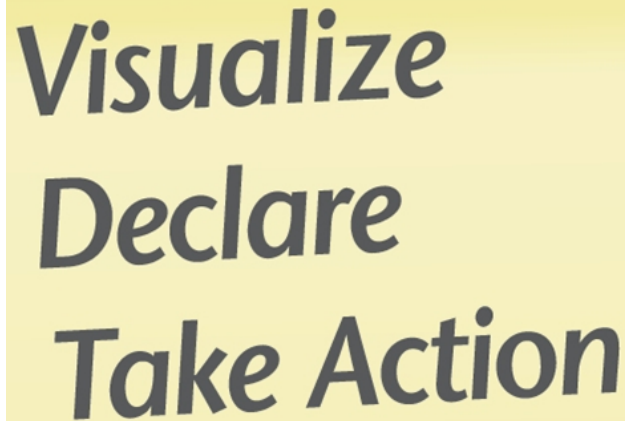


SEE IT, SAY IT, AND SORT IT.

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**Visualize
Declare
Take Action**

The patient's complaint should be considered seriously as the father of medicine Hippocrates says; Listen to the patient, he is the one concerned, listen to the patient; he is telling you the diagnosis. This is very true, provided that the patient is capable of expressing his symptoms and suffering.

We have faced some patients with misleading history, some magnify their symptoms and some underestimate the seriousness of the pathology in their body. The patient usually insist on the painful pathology and ignore the asymptomatic lesion, some physicians also concentrate on the symptoms and rush for symptomatic treatment, and by doing so, they forget the fact that human body is one block and its parts are closely related to each other and reflects on each other. A good example is painful knee but the pathology is located in the hip. Another example is renal osteodystrophy, probably the best example is the nonmetastatic manifestation of hidden malignancy in the body. I remember two examples; one patient came with multiple cutaneous nodules as a presentation of rhabdomyosarcoma in the thigh and the second presented with foot drop, discovered later as pancreatic tumor. So listening is to be followed by proper physical examination from hair to toes irrespective to the patient's complains. By doing so, other pathology may be discovered which is some times more serious than the patient's complaint which he is not aware about. Patient may feel a nodule in the lower part of his back which is totally asymptomatic herniated pad of fat through lumbar fascia but he relates his radicular pain which is secondary to disc prolapse because he felt the nodule.

Physical examination is usually followed by investigations and imaging, again by doing so, new lesion may appear incidentally like congenital anomalies which are not related to the patient's symptoms. I call this condition as "a hidden symptomatic pathology and obvious asymptomatic pathology". It is our job as a physician to discover what is far away from the patient thinking and even far away from his suffering. Some of what we discover is serious, in that case, we have to be very gentle in telling the patient the fact, otherwise he may collapse in the clinic. If what we have discovered is not serious and even not significant like some congenital anomalies in the spine, in that case probably better not to tell the patient about it, or tell him the truth and insist on the fact that it is never significant neither today nor in the future because telling them the truth may change them to a complainer even about a silent lesion.

It is not enough to discover a hidden lesion but this should be followed by finding a solution, we have to sort out what we have discovered. According to this, a clear understanding from the patient's side is mandatory, and preferably written particularly in low IQ patients, we may have the solution which is within our specialty or refer the patient to the specialist concerned, urgent treatment may be required for the serious pathology such as hidden malignancy.

Finally, we have to think beyond the patient's complaints and to avoid the symptomatic treatment as much as possible. When we discover a hidden pathology, we may inform the patient about it not simply ignores it, and this discovery should be followed by a reasonable solution. Sometimes what we noticed is much more serious than what brought the patient to medical consultation.

