

Symptoms/Sign/Obsolete/Evergreen/New

History Taking – Best Diagnostic Tool to Diagnose Angina Pectoris

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If angina pectoris is diagnosed only by history taking, the doctors should learn better methods of eliciting the history of anginal pain or discomfort.

The questions to be asked are not like the ones asked by the police officer in a police station to elicit the required information but are much more difficult and complicated. For example, if the patient is suspected to have angina pectoris it is not enough to ask, whether you have pain and discomfort on walking or exertion. The adjectives are more important, for example does he get it when he ‘hurries’ while walking. This ‘hurry’ can also be elicited in various other ways, for example ask the patient that if he has to run for a bus which he is going to miss or try to catch a train on a station, which is about to leave or is getting more discomfort while

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cycling than driving a two wheeler.

One very important point of ‘hurry’ in the history to be elicited is, whether the discomfort or pain comes during sex. I have very often seen doctors missing this history by asking this question very casually. Last time I asked this question to a patient in whom I was strongly suspecting angina pectoris, “Then do you have this discomfort during sex the patient said no and then I kept on looking in his eyes like that of a criminal and waited and did not proceed further. And when I asked again, ‘Are you sure’? The patient replied ‘Doctor I definitely donot have any problem in ‘singles’, but I have chest discomfort during ‘doubles’. Although such words have no clearcut meaning in the clinic of a doctor this language has to be understood because the patient has no other method of explaining. No doubt, a few years back when sexercise test was done by some doctors, the changes in the ECG were seen only while reaching the orgasm, when the motion is very rapid.

NEW DIAGNOSTIC STRATEGIES FOR PULMONARY EMBOLISM

Over the past few years, the thrombotic risk related to long-distance travel has been better characterized.

In the past few years, the role of helical CT in the diagnosis of pulmonary embolism has been established. In two studies, ultrasonography of the legs was incorporated in the diagnostic algorithm. However, the Christopher Study Investigators showed that combining pretest probability, D-dimer, and CT without ultrasonography effectively ruled out pulmonary embolism.

The Lancet, 2008; 371 : 1312-13.