

## Telephonic Diagnosis against Bedside Diagnosis

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Very often the doctors have to make a diagnosis on the telephone. There is nothing wrong in giving 2-3 possibilities, but one should always end by saying that unless I see the patient, take the history and do clinical examination, I will not be able to give the final diagnosis.

Recently, I got a call from Dubai from a female patient around 45 years old, who was complaining of pain in the middle of the left thigh. She was a known case of rheumatic heart disease for which surgery had been done in the past. I asked the patient about the development of oedema of the same leg. The answer was 'No'. I asked her about any associated fever, for which she again replied in negative. The pain was of 2-3 weeks duration and would often start in the evening, after the patient travelled 4 hours by bus,

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which she did every day to attend her office. There was no tenderness. She was not menopausal. She denied of any pain in the knee joint. I advised her to get Doppler studies of the veins of the thighs to be done. The report was normal. Then, I advised her to get herself examined by a local Physician.

The specialist asked for an X- ray of the left femur, which was absolutely normal. The symptoms continued, with no diagnosis. She happened to come to Mumbai during this illness. When I examined her in my clinic, I diagnosed her to be suffering from neuralgia of the lateral cutaneous nerve.

Very often this is seen in patients like her, who have rapidly gained about 5/10 kgs of weight in 6 months.

Once more a lesson to learn is that the patient's clinical examination is much more important than all the investigations. Thus a bedside diagnosis is much more superior to telephonic diagnosis.

### **PROLONGED THERAPY OF ADVANCED CHRONIC HEPATITIS C WITH LOW-DOSE PEGINTERFERON**

Patients with chronic hepatitis C who did not have a sustained viral response to peginterferon and ribavirin were randomly assigned to receive low-dose peginterferon or no treatment for 3.5 years. The clinical and histologic outcomes were not better in patients treated with peginterferon. These findings do not support the use of long-term peginterferon in patients who do not have a sustained virologic response to initial therapy.

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