

## ***Symptoms and Sign/Obsolete/Evergreen/New*** **While History Taking do not Forget to Ask the Symptoms of Raynaud's Phenomenon**

**OP Kapoor**

**T**he other day I saw a very interesting case of a 55 year old lady, who had diabetes, hypertension, IHD, along with a problem, which could not be resolved by a number of specialists. She complained of joint pains, and had high ESR. The ANA was positive (1:360), but all the other tests for SLE were negative. Then, what was the cause of joint pains? No connective tissue disorder seen in the blood tests could explain.

While history taking, I asked the patient, whether her fingers became blue, when exposed to cold water (Raynaud's phenomenon). She revealed that in the

Ex. Hon. Physician, Jaslok Hospital and Bombay Hospital, Mumbai. Ex. Hon. Prof. of Medicine, Grant Medical College and JJ Hospital, Mumbai 400 008.

previous year, she had seen a few doctors for the same complaint. On examination, her lower eyelids could not be everted. I proceeded to see the skin on the dorsum of the fingers and again looked back at her face. She had the disease of CREST, which is a form of localised scleroderma. This disease can go on for a number of years, without giving much trouble, except mild symptoms e.g. joint pains which she had mentioned.

By the way, although Raynaud's phenomenon is often idiopathic, amongst connective tissue disorders, scleroderma is one of the commonest causes of Raynaud's phenomenon.

Next time do not forget to ask for history of Raynaud's especially in a patient having Musculo- skeletal symptoms.

### **Pre-referral Rectal Artesunate in Severe Malaria**

During the past decade, there have been substantial developments in malaria treatment. Antimalarial combination therapy is replacing the less effective single-drug treatments of uncomplicated malaria. In-hospital mortality from severe malaria in Asia and South America has fallen as a result of use of parenteral artesunate instead of parenteral quinine. About 40 earlier studies have shown the safety, efficacy, and pharmacokinetics of rectally administered artemisinin or one of its derivatives in small and diverse groups of patients.

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