John Murtagh 全科病案研究（一）
——多个不明症状的病人

John Murtagh（著），杨辉（译）

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John Murtagh简介


1 病例简介

患者，XY 太太，43 岁，家庭主妇，两个孩子的妈妈。前来就诊的问题：几个月来乏力和疲倦。其他问题：(1) 浑身肌肉疼痛；(2)原因不明的紧张性头痛；(3) 情绪烦躁；(4) 焦虑；(5) 双手麻痹样疼痛，特别是晚上；(6) 皮疹；(7) 胃和腹部疼痛；(8) 便秘；(9) 睡眠不好；(10) 轻度体重下降。查体：包括各种生命体征，如脉搏、体温、血压、尿常规，均属正常。在这一阶段没有要求进一步的检查。

2 讨论

我们的病人可能给我们类似“购物清单”那样的互不相干的主诉或不明确的症状。我们把这种情况叫做“不可识别的病症”。这个病案描述的就是这种情况。XY 太太的情况，在全科医学治疗中是极为少见的。这种病案让我们绞尽脑汁，在诊断和治疗上拿不定主意。病人是不是真的（或者很严重地）患有器质性疾病？还是心理疾病的躯体化表现？还是相似的某些功能失调？因此，要进一步地考虑病人的既往病史、家族史、精神病史以及用药史。

如果收集有关信息后仍然得不到初步诊断的话，可以使用“诊断程序模型”，通过这个逻辑过程，来帮助你解开谜团。对于这个特定病案来说，诊断程序包括了五个问题：

问题 1：可能的诊断是什么？
问题 2：必须不能忽略哪些严重的疾病？
问题 3：这种病症中经常忽略那些病症？
问题 4：病人是否带着“化妆面具”来看病？
问题 5：病人试图要告诉我们什么？

经过了多年的全科医学服务，我的经验告诉我，有些疾病是有伪装的，他们带着“化妆面具”来参加“化妆舞会”（注：这里指全科医学诊所），使医生不能识别疾病的真面目。我把这些带着“化妆面具”的疾病分成两类，每类有 7 种面具，其中第一类是比较常见的。

第一类“化妆面具”的 7 种疾病：(1) 肾结石；(2) 糖尿病；(3) 药物作用（因医生的诊断、态度和治疗产生的作用）；(4) 用药物（如嗜酒、服用麻醉剂）；(4) 贫血；(5) 甲状腺或其他内分泌失调；(6) 脊柱功能失调（疼痛症状）；(6) 尿路感染。

第二类“化妆面具”的 7 种疾病：(1) 难以医治的细菌感染，如结核病；(2) 难以医治的病毒（或其他病原体）感染，如 Epstein Barr 病（EBV）、禽流感病毒；(3) 艾滋病；(4) 慢性肾炎；(5) 肿瘤；(6) 结缔组织疾病，如系统性红斑狼疮（SLE）；(7) 神经系统疾病。
THE PATIENT WITH MULTIPLE VAGUE SYMPTOMS

John Murtagh

Preamble

The discipline of general medical practice is one of the most difficult and challenging of all the healing arts. General practitioners are at the front line of medicine and have to manage presenting problems as they appear at any time in our clinics. One ever present characteristic is the collection of presenting problems that does not fit the classic textbook presentation of a typical disease. Our patients may present with a 'shopping list' of seemingly unconnected complaints or vague symptoms that we may call 'the undifferentiated illness syndrome'. The following case history illustrates this condition.

Patient

Mrs. X Y, aged 43, housewife and mother of 2 children

Presenting problem

4 months tiredness and fatigue

Other problem list

generalized muscular aches and pains
vague headache
tension type
irritable mood
anxiety
sore hands with tingling especially at night
anorexia
hearthburn
constipation
sleep disorder
weight loss

Minor

Physical examination

This including the vital signs of pulse, temperature, blood pressure and dipstick of urine was normal. No investigations were ordered at this stage.

Discussion

The case of Mrs. XY is a very common scenario in general practice. It can make our heads spin as we wonder about the diagnosis and management. Is it a true, perhaps serious, organic problem or somatisation or similar functional disorder?

The next step is to consider is to look more closely at the past history, the family history, the psychiatric history and the drug history.

After collecting all the relevant information and the provisional diagnosis is not obvious the writer has developed a diagnostic strategy model to help work through the maze in a logical format.

The strategy of the ‘model’ is to ask 5 questions about this particular problem

Question 1. What is the probability diagnosis?  Question 2. What serious disorders must not be missed?  Question 3. What conditions are often missed in this situation?  Question 4. Could the patient have one of the ‘masquerades’ of medical practice?  Question 5. Is the patient trying to tell me something?

The masquerades

After many years of experience the writer has found that there are some disorders that can present as a masquerade (or disguise) for these undifferentiated illnesses. The have been divided into two groups of seven first line (more common) and second line masquerades.

The 7 first line masquerades are

- Depression
- Diabetes mellitus
- Drugs: iatrogenic
  - abuse of e.g. alcohol, narcotics
  - Anaemia
  - Thyroid and other endocrine disorders
  - Spinal dysfunction (pain syndromes)
  - Urinary tract infection

The 7 second line masquerades are

- Baffling bacterial infections e.g. TB
- Baffling viral (and protozoal) infections e.g. EBV, Avian influenza
- HIV/AIDS
- Chronic renal failure
- Malignant disease
- Connective tissue disorders e.g. SLE
- Neurological disorders

The case of Mrs. XY

This was in fact a diagnosis of depressive illness. There was no known precipitating cause. A useful rule is to consider depression as an illness that seriously dampen the five basic activities of human beings

- Energy for activity
- Sex drive
- Sleep
- Appetite
- Ability to cope with life

Depression has been estimated to be prevalent in 5% of the Australian community in any one year. The lifetime risk of being treated for depression is approximately 12% for men and 25% for women. Mrs. XY was treated with support and psychotherapy and did respond to this basic therapy. If she did not respond adequately she would have been prescribed medication – one of the selective serotonin reuptake inhibitors (SSRIs).

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