

ICR SYMPOSIUM / KENT BOENNINGHAUSEN / CASE COMPETITION

Dr. Darshana Kalangutkar

M.D Part -II

M.L.D.M.H.I (Palghar)

PRELIMINARY DATA-

Name-Mr. R.S.Y O.P.D- Reg. no. P/269719/09 Date-01/07/09
 Age- 46 yrs Sex- male Education- 10th std
 Occupation –worker in Lupin Company (Boisar)
 Status- married Religion –Hindu. Diet-Veg/n.v/egg=all
 Family Members- Father- Expired at the age of 65 yrs Uncle=60 yrs alive
 Mother- expired at the age of 45 yrs. Aunty=62 yrs expired in 1996
 Brother-1- age 30 yrs farmer
 Son- 5 -1=22 yrs worker in Lupin Company. Unmarried
 2=20 yrs labour work 3=18 yrs studying in 11th std.
 4=16 yrs studying in 10th std 5= 10yrs studying in 4th std.
 Address= Shivaji Nagar Boisar. Native –Bihar. Village- Baban gaon. Dist- Aara

CHIEF COMPLAINTS

LOCATION	SENSATIONS	MODALITIES	ACCOMPANIMENTS
1. SKIN All over body Since 20-25 yrs. Increased since 4-5 yrs Onset- sudden Duration-3-4hours Frequency –daily in winter.	Itching ³ Dryness ² minute cracks ² Feels as if body Becomes stiff Burning ³ No eruption/ bleeding/ swelling Diagnosis= Xerotic Eczema	A.F winter season <undressing ³ <cold weather ² <wind ² >Betnovet ointment. >summer season ,rainy season	Restlessness ¹ Shouting some times ¹

<p>2. Face skin Hand Rt index finger since 3 yrs. Size- small (initially) Gradually increasing. Used to reappear within 20 -25 days after removal.</p>	<p>Nodular eruption Hard rough Burning³ Itching ² No pain No discharge Black discoloration² at Cauterized marks. Diagnosis- Verrucae Vulgaris</p>	<p>> Betnovet ointment >cauterized it with aggarbatti by own.</p>	
<p>3. Blood Since 1 ½ yrs Duration-2-3 minutes. Non radiating pain.</p>	<p>Weakness² Dyspnea² Palpitation² Vague chest pain² Easy fatigue² No cough No expectoration No pedal oedema. Diagnosis= iron deficiency anemia</p>	<p>< climbing upstairs. >walking on flat surface. (Pt not affording for further investigation.)</p>	
<p>4. Teeth Left last molar Since 2 months. Increased since 10 days. Pain extends to rt temporal bone.</p>	<p>Pain² No discharge No smell No movement of tooth. L/E= caries of tooth.</p>		

LIFE SPACE

A 40 yrs male came from Boisar. He was sitting quietly in waiting room. He has wheatish complexion and average height. He is living here since last 6 months. Basically he is from a small village of Bihar. He is eldest sibling. Father was farmer and mother was housewife. He has one brother. They were living in joint family. Pts uncle was working in custom dept of Bihar. He was frequently transferred from place to place of custom office at interval of 5-6 yrs in Bihar. His uncle had no children. Pt was staying along with uncle and aunty at their place. Pt was staying along with them since 2-3 yrs of his age. Uncle and aunty treated him as if their own son. Pt was emotionally more attached to aunty. She used to take care of him as her own son. Patient used to tell everything to aunty. Aunty was mother for him.

He was average in study. He could pass easily up to 10th std. Patient was interested to take higher education. But couldn't take admission for 11th std, because father gave him a responsibility of court cases. There was conflict between father and his cousin brother regarding ancestral land. There were 3 cases going on in court regarding this issue. Patient's father was illiterate. So father decided that son will handle this issue very well, because he was literate. It was unexpected responsibility thrust on him. So he couldn't do whatever he wanted in his life.

He was attending court call regularly. His father and uncle were looking for family daily economical needs. Patient said that he was not strong enough to handling those court issues.

Comparatively opposite party was stronger than patient. Patient had original paper regarding that ancestral land which gave enough proof to win that case. Opposite people were always ready to fight with patient and his family. Patient didn't have quarrel with any one in family, village, or opposite party in land issue. He had fear of quarrel, he tried to avoid quarrels. He was under constant fear of opposite person in court case. But he used to tolerate this entire thing due to care for family. After 15 yrs, patient got success in court result.

Patient got married with a girl from near village. Wife was illiterate but understanding by nature. They had good understanding in between them. Patient started grocery shop in village and his brother started working in their farm.

Pt's mother expired in 1979 due to breast ca, but he was not much affected by mother's death.

His aunty expired in 1996 due to breast ca. He was much affected by death of aunty. He starts crying whenever he is reminding about aunty. It was difficult for him to come out of that sadness. He said that "I would not be feeling sad if my two sons died instead of my aunty. But I am feeling so sad about my aunt's death; she should have lived for long time. Still he cries for his aunty.

Patient's uncle became alone after death of aunty. His uncle used to remain alone. Uncle started interfering in patient's decisions, which patient doesn't like. Patient got failure in grocery shop. This failure was because of his own nature. He said that villagers are poor, they used to buy things but they could not return money on time. Patient was talking mildly with them. Patient was not forcing them to give money. He said that this is the condition of village people, so how can they return money to me. Patient took loan for running that shop, but due to failure in shop he could not return money. so his shop closed down. He avoided to take money from uncle. He decided to come to Boisar for any job. Patient came here before 6 months. Pt's family is staying in village and patient's uncle is looking after them. Patient is working as a worker in lupin company, from where he can get 1500/rs salary per month. Pt is collecting money to return it to persons from whom he took loan. He decided not to take help from uncle. Patient doesn't like to work here. He doesn't tolerate shout of his boss. But he cannot reply to anyone, he remains quiet and does his work. He is saying that he is tolerating all this due to his helplessness. He will collect money up to next 4-5 months, and then he will return to his village. He is adjusting a lot in daily requirements to save money. Some times he skips meal or unable to take nutritious diet, due to lack of money.

MENTAL STATE

Grief³, Brooding³, Sadness

Sympathetic³, Sentimental³

Fear lightening of³ Fear loud noise of train³ with palpitation

Fear sudden news from² Anxiety health about his own¹

CHARACTERISTIC OF PATIENT AS A PERSON-

Appearance - lean, fair complexion, tall

Skin- wound healing normal.

Discoloration spots (black) at the site of burnt warts

Perspiration- all over body, offensive

Appetite-normal Thirst- 3-4 liters /day

Desire-sweet³ Aversion- spicy food²

Stool- soft f-1/2 times /day satisfactory

Urine- 10-12 times/day, no polydipsia. No weakness.

No h/o D.M No burning urination.

Sex- normal

Sleep- sleeplessness since 2-3 yrs due to tension about money and loan

Dreams- not remembered

Thermals - chilly C₃H₂

Family history-

Mother & Aunty expired = Ca breast. Father expired = Convulsion.

Past history-

Pulmonary tuberculosis- pleural effusion. Before 8-10 yrs back. Received AKT.

Filarial- right leg.

Addictions= alcohol since 8-10 yrs occasionally drinking with friends.

Tobacco Gutkha=since 3yrs.

PHYSICAL EXAMINATION

General examination.

Temp- afebrile. Throat- NA Nose- NAD Ear- NAD Tongue- clear

Pulse= 64% RR-20/min B.P-110/70 mm of Hg

Conjunctiva-pallor + + + Nails- pallor Icterus -absent

Oedema= mild pitting on both leg. lymph nodes- not palpable

Weight-61 kg

Systemic examination

Respiratory examination- AEBE, CLEAR C.V.S= S1 S2 heard normal.

Per abdomen=non tender LOSOKO CNS= Reflexes normal.

INVESTIGATIONS-

Investigation	Normal value	18/7/09
HB	12-15 gm/dl	6.0gm/dl
WBC(Total)	4000-10000 / m ³	6200
N	40-80%	65
L	20-40%	18
E	0-6%	15
M	2-10%	02
B	0-2%	00
Platelet		Adequate on smear
E.S.R	0.-30 m / Hr.	16 mm/hr
Serum cholesterol	150-250 mg / dl.	150.4
LDL		82
HDL		43.8
VLDL		24
Chol:HDL		3.4
Triglycerides	70-200 mg/dl.	120.3
F.B.S	70-140 mg/dl	116.3
Urine examination		NAD
E.C.G		NAD
Peripheral smear		Microcytic, hypochromic

DIAGNOSIS-Xerotic eczema with verrucae vulgaris with ? iron deficiency anaemia.

FOLLOW UPS

Criteria/date	21/7/09	4/8/09	17/8/09	1/9/09	15/9/09
Weakness	sq	>1	>2	>3	absent
Sleep	sq	sq	improved	normal	normal
Fear	sq	sq	>2	>3	absent
Palpitation	sq	sq	>2	>3	absent
Dysponea	sq	>2	>2	absent	absent
Skin Itching	sq	>2	>2	absent	absent
Dryness	present	>2	>2	absent	absent
Wheals on Skin	absent	absent	absent	absent	absent
Dark Pigm	present	>2	sq	>2	>3
Burning at Site of Warts	present	sq	>1	>2	occ
New Warts	present	absent	absent	absent	absent
Itching on Skin	present	present	>1	>2	>3
Pallor	Present+++	Pallor++	Pallor+	Pallor+	Pallor>3