生病的故事

從發病到就醫
的歷程
Symptoms-Dx
And Rx.
response

HOW TO MAKE A
MEDICAL CASE
PRESENTATION

PGY1必修課程--病例報告的技巧

CASE presentation,3.0 (2025)

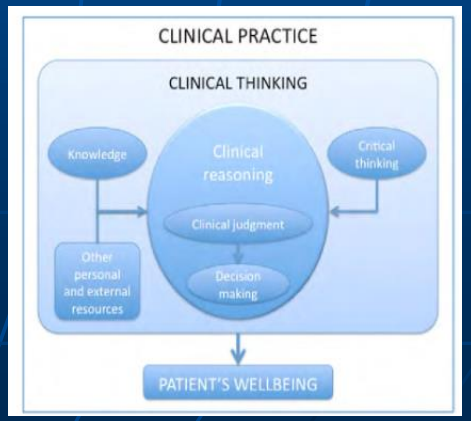
PICO
Problem
Intervention
Comparisons
OPutcome

Cheng-Yi WANG

2025.03.14

Problem list
Problem:RRSOAP

病人為中心
Patient-centered
care



Presentation與communication是一體的兩面

- Effective communication lies at the heart of healthcare services. Whether it's conveying complex medical information to patients, discussing treatment plans with families, or presenting a medical case to colleagues, the ability to deliver clear, concise, and engaging presentations is vital.
- A well-designed presentation template tailored for a Medical Case can significantly enhance the **effectiveness** of a medical case presentation, offering a structured format that aids comprehension and maintains audience engagement.
- **學會presentation就知道病情的重點→溝**

How to Prepare the Outline of a Medical Case Presentation?

1.Structuring Your Presentation

先確認要提出的內容,
內容必須切實.詳細.

1. Problems 是什么什麼?
2. Problem list
3. Problem analysis RRSOAP
4. Dx. Evidence
5. Treatment, choice, advantages and disadvantage, SDM
6. Treatment response.
7. Course and treatment
8. Final conclusion and take home message

How to structure a Case Study presentation?

- 1. Introduction
- 2. Explain the Problem in Question.
  說出案例的問題: through history taking
  problem list
- Problem presentation—RRSOAP
- R—roots
- R-risk factors
- SOAP

很多事實是不可以忽略的

- 1. Family history
- 2. Drug allergy/food allergy
- 3. Medication history: 為什麼在吃這個藥
- Ex. (history)
- (1).瀉藥是因為有便秘
- (2). 為什麼在吃plavix---因為冠動脈疾病(心臟病)置放支架所以吃Plavix
- (3). 為什麼吃阿斯匹林100mg/d.-預防中風

Detail the Solutions to Solve the Problem
如何解決問題

- 3,. Detail the Solutions to Solve the Problem.

  如何解決問題 (A+P),第一是確立診斷

- Assessment→ diagnosis
- raise three possible diagnosis
- 証據—診斷之依據
- Differential diagnosis診斷依據不夠時
- 確定其中之一個:敘明理由
- Decision making

Plan and action

- 4. **Management—plan**
- **Comparisons of different methods**
- **Effectiveness and side effects.**
- **Communication/shared decision making**
- Key Stakeholders Involved 爭執重點
- Severity and outcome predicted
- 5. **Start action/Orders**/Response to
- the treatment –
- describe in **Course and treatment**

Course and treatment

- 1. 敘述診斷的過程做了哪些檢查有了什麼證據.
- 2. orders and actions.—敘述病人之處理(治
- 療方針)
- 3. 是否變好—敘述治療之反應有無改善
- 訂下assessment parameters
- 是否有效
- 4. **病情有無變動**.如何處理.
- 5. 病人可否出院?
- 6. **Discharge planning**

Course and treatment

- 病人住院後的病情發展
- 1. 簡化診斷/病情複雜下仍要把握主診斷要
- 簡單化.
- 診斷形成依據.
- DD:要排除不成立的診斷
- 2.治療; according to the guidelines
- 3. Response: assessment parameters
- 4:風暴—changes and complications.
- 5. Final outcome

6. Discussion
這是presentation的重點

- Discuss the Key Results & Outcomes—1
- (1.)為什麼作這個診斷:必須寫出依據
- Why?
- From the history
- From the physical findings
- According to the laboratory findings
- Corresponding medical imaging findings
- Comparisons with some other common
- diagnosis

- (2.) Cause (s) of the problem
  Probable推斷原因--會比較難
  可能後果outcome
- (3) Explain the risk factors.
- 影響症狀預後

@@@, (1)(2)(3)三大項的次序可依 presenter 作彈性調整

Risk factors,

- 1. Old age,提供之資訊不足
- 2. 特別的一些病/特別用藥.
- 容易出血
- 易感染
- 濒臨疾病邊緣
- 營養不佳,缺少重要因素.
- 3. 有的疾病.
- 4. 不合作.

Dx. And Mx knowledge, experience /references

- (4). Include Visuals to Support Your Analysis
- 說明支持分析之依據或理由
- **引經據典,自圓其說**
- references不嫌多.
- **至少3篇**,也可以7~8篇

Course and treatment Recommendations and Next Step

- (5).Recommendations and Next Step
- 下一步要怎麼作呢?
- 1)More examinations更多的檢查, Dx.
- 2) Consultation—including second opinion
- 3) Follow up symptoms-clinical progress
- 4) Notify the parameters
- 5) Status related to Changing medications
- 6) Evaluate the clinical progress and change therapeutic plan.

住院后的風暴

- (6) Other problems or co-mobilities

逐一分析,提建議

EX. DM—治療效果不佳, HB A1c > 8.0
EX. Obesity：ＢＭＩ　> 30 for several YEARS
Ex. Severe anemia, <8.0 not corrected
EX. Heavy proteinuria resulted in hypoalbuminemia

風暴發生的原因
1. Procedures 發生問題
2. Medications problems—side effects and drug interaction.
3. New problem observed after admission—by lab. Radiology
4. Poor response to treatment
5. New occurrence of symptoms, high fever/tarry stool----
6. Accident.

Discussion -2病情變動如何因應

- 2. 臨床變化要及時因應,
- Decision making→會有遲疑hesitation

  左右為難-

  →最後決定的理由

多思考
問老師
Consultation

要即時處理

Discussion 3. 後續的問題

(1) 何時可以出院?

- (2) 是否要手術
- (3) Advanced cancer後續應如何治療
- (4) Post-operated stage 如何生活適應
- (5).Rehabilitation—復健復能
- (6).如何戒酒戒菸.如何增加運動,
- (7).生活照顧 –functional evaluation
- 有無能力獨立生活

7. Final remarks

- 結論=心得報告
- Take home message
- 謝謝指導者:
- VS, Residents, PGY-1,2
- Others
- @ diagnosis
- @ Interpretation of laboratory data
- @ Interpretation of medical imaging
- 問題:####看不出學習者與老師間的互動

表達感想與心得
形式上的Thanks,不需要

- 查書的樂趣--恍然大悟
- 同學之間討論後得到的心得
- 特別是與病人之互動
- 如果還有一些疑問---我要怎麼辦才好,請教在座各位

Main Discussion

- 1. 診斷的問題—gi bleeding,
- cause ?下一步
- FOU,
- Cancer of unkown origin—
- 3. Treatment 的難題--怎麼辦.
- Operation or medical
- 4.現在discharge適當嗎.
- 5. Others

- Case presentation不必一直review,像上課那樣.只要說出重點.
- @選擇診斷
- @選擇治療方式
- @提示outcome

看書要跟病人連結在一起

問題###最常利用Up to date--占時間.又偏離主題

- 找文獻,包括textbook and current
- literatures.

問題:與老師的互動不夠

- Attending VS是最好的Clinical teacher.
- **###presentation中很少說出老師指導的經過及內容.**
- **至少說說VS round時提出什麼意見**
- (這是最重要的每日互動)
- 我的方法:不得已(have to)一增加或提示VS comment:→要問問VS的看法,
- **Minimum-師生互動要2次,**
- **1)告知要present**
- **2)請老師comment--事實上也包括改protocol**
- (a)怎麼知道有效?
- (b)現在狀況不佳,要怎麼辦
- (c)何時要手術
- (d) XX怎麼跟病人說明/解釋
- --------

您也可以很專業地,像教授一般作好報告

How to Present

A Case Study Like a Pro

難得的cases,要作大.好好review也可以
您一生的第一次,獨挑大樑,是不是要認真一點
2年Medical students時期要作十次以上的presentations

時間分配:大約1小時的討論

- 特別演講—50-55分+5分提問
- Demonstration性質(special topic)
- 45分+10-15分討論
- 一般案例(Clinical case)
- 報告者是醫師(*R/VS)--35 ~40 min.
- **報告者是medical students**
- **30分+-5 min.**
- 25分以上 Discussion

- 在一定的時間內,暢快地(也很得意地)表露您的努力).
- 不要怕留時間太多,被電的時間越多.
- 討論時間越多,您收獲越多

可以利用protocol表露出您的企圖,描繪討論的內容.

Protocol 要怎麼寫

- 不是病歷的翻板.要注意個人隱私
- 把想法說出來,
- 可以套用標準模式--應有的內容

Personal data
Problem list and problem descriptions—RRSOAP
Diagnosis, and diagnostic evidence
    Why I Make this diagnosis
Treatment options and shared decision making
Clinical response—Course and treatment
 @@assessment parameters.
 @@ improved or deteriorated?
 @@ next steps—check data again, references
                ask instructors
                consultation
Future plan---discharge plan and home care
My learning from this case—take home message

沒有一定的模式或最好的模式.
把臨床推理的依據說出來就對了

Discussion中誰要發言?

- Attending VS—(VS comment)
- 病房CR
- 與會之每一個人都可以發言(這一部分的訓練不夠,要加強)
- 提問
- 發表意見
- 指出問題點或錯誤
- ----
- 同組同學提問或comment
- 主席的結語

Case conference

- 會,是大家的,出力越多的人收獲越多,
- 既然花時間參加,就要帶收獲回去
- **1.來自present的人—take heme**
- **message**
- **2.來自討論**
- **-意見不同處→怎麼決定**
- **3.來自主席或指導者 conclusive**
- **remarks.**

At the meeting,
您重點放在那一項?好好準備

疾病的歷史,(historical review of the disease)
病因想法改變 about pathogenesis
Differential diagnosis
治療改變 About treatment
Epidemiology?
Taiwan experience
Management guidelines
可參考較新的文獻 2021,2022, 2023.
告訴別人新的觀念

Stories of the disease 生病的故事
Ex.1, Upper GI bleeding

- 1. 故事裡的主角不同,原因各異,症狀也差異.
- 2.仔細問病史--找出症狀的原因(深入訪談)注意要量化癥狀
- 厲害嗎 ?—fainting, hypotension, shock?
- 量大嗎、半碗,普通飯,-一大碗100ml-250 ML-500 ml.
- 持續。多久一次,last attack? Estimated blood
- loss (EX. 250 mLX4=1,000 ml.)
- PH: same episode ? endoscopy, previous CBC,
- blood transfusion? Shock?
- 3. 併存疾病及用藥---影響出血及vital functions.
- CAD + stent, pacemaker+ anticoagulant
- Aspirin for prevention of stroke.

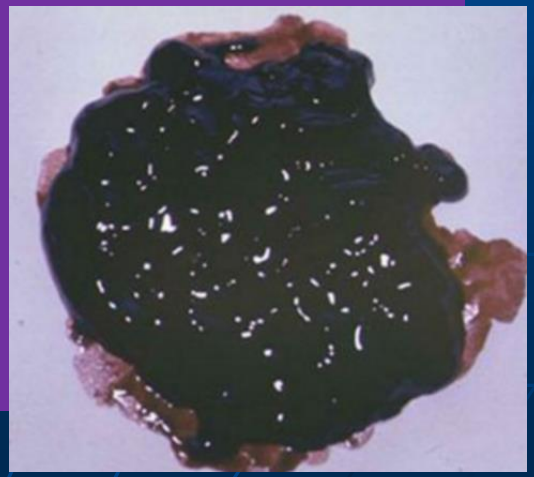
Endoscopy in upper GI bleeding

發展過程

- 1973 (52 years ago)
- ---my personal experience
- ---how to differentiate upper and lower GI bleeding (BUN/Cr ratio)
- Early endoscopy to find Bleeding lesions and underlying disease
- 1976-1980– how to stop bleeding—Do my best.
- **1980**-2010-practice makes perfect(3rd APCDE)
- Academic society, 1992(Endoscopy Society)
- 2010-2024 guidelines檢討
- emergent/urgent—early endoscopy(12-24 hours)
- aspirin/plavix
- 2021, ESGE newest guidelines

以証據醫學的觀點看消化道出血之診療-1

- 以証據醫學的觀點看--大便黑而且稀軟
- 1.眼見為真:看到出血.症狀
- Hematemesis--- due to ruptured varices(fresh blood vomiting)
- Tarry stool -→check stool 0B(++++)
- -→upper gi bleeding due to bleeding peptic ulcer
- Blood + gastric acid → hematin-→tarry
- Coffee ground vomiting

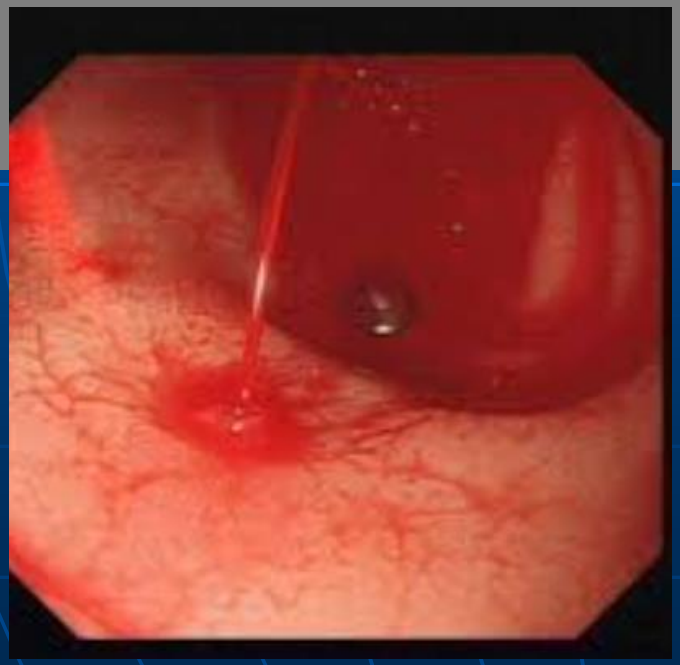


以証據醫學的觀點看消化道出血之診療-2

- 1. 眼見為真:看到出血.症狀
- 2.眼見為真,看到出血—endoscopy

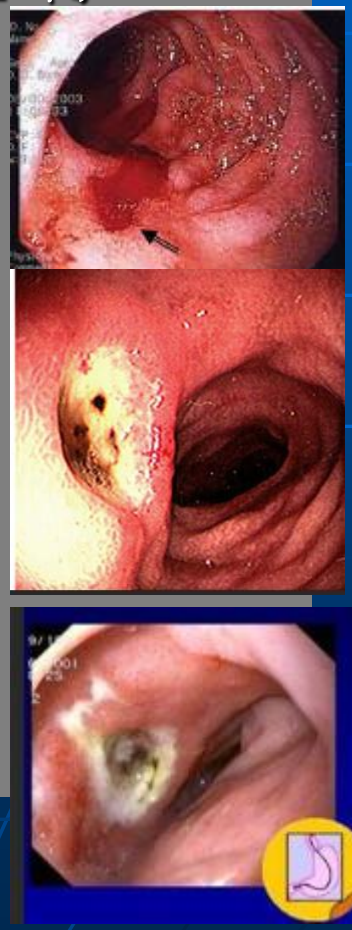
  正在噴血,是出血,而且是這一部位在出血.

  -→正確的判斷



以証據醫學的觀點看
消化道出血之診療-3, 止血的方法及效果

- 3. Endoscopic treatment現場止血.停止出血. 是真效果.
  Effective. 是好的治療方法
- by Bosmin injection
- Bosmin spray
- APC(laser)
- Hemoclips application
  Heater probe application.



得到結論: Endoscopy is useful----

- 1. 看到出血,又止血
- 住
- →endoscopy is useful in diagnosis and treatment of gi bleeding.
- 無庸置疑

- 2.何時作最好呢?
- 最安全,
- 最有效看到出血之部
- 位及原因
- 達到止血之效果

不同的報告不同的結果

- → large series
- National statistics.
- Meta-analysis結果
- Guidelines

Timing,很重要

- Within 6 hours
- 6-12 hours
- 12-24 hours
- 24-48 hours
- ------

多一分太慢,少一分太快,
要恰到好處
Current opinions.

2021觀點最大的改變

- 3, ESGE recommends that following hemodynamic resuscitation, early (≤24 hours)(12-24 hrs) upper gastrointestinal (GI) endoscopy should be performed.
- 4. ESGE **does not recommend** urgent (≤12 hours) upper GI endoscopy since as compared to early endoscopy, patient outcomes are not improved.
- @血壓穩定之後即可作Early endoscopy.
- @不建議在12小時以內作Urgent endoscopy

我一直思考Is there limitation of GI endoscopy?

- Scope of examination.—small bowel最難
- small bowel endoscopy
- Scope of technical development
- --total colonoscopy提升成功率→Olympus公司很努力
- --Dx ability by dye , and magnifying要學會
- Age limitation of endoscopists:
- 85 or 90 or---(從我開始,我最能感觸極限)
- Teaching limitation—personal experiences, electronic, videoendocopy.(自我体會,精益求精)

What Is a Clinical Case Study and presentation?

- A case study presentation involves a comprehensive examination of a specific subject, which could range from an individual, group, location, event, organization or phenomenon. This analysis is meticulously organized and presented interactively, with the goal of actively engaging the audience. Unlike a basic report or whitepaper, the purpose of a case study presentation is to stimulate critical thinking among the viewers.
- 清楚明白,前因後果,**時間次序不可倒置----要好好看,要下工夫**
- **-----前前後後至少五次到bedside請教病人**

寫成protocol or power point之注意事項

- 病情是個人隱私.

1.姓名,住址,出生年月日
2. Chart No. ID No.住址
3.職業,特殊地位,
4.個人的情感生活,性伴侶,婚外情
5.疾病(special disease)(HIV,VD, Cancer)

6. BW
7. Personal income
8. Rich or poor
9. Blood type

法規名稱：個人資料保護法 EN

修正日期：民國 112 年 05 月 31 日

生效狀態：※本法規部分或全部條文尚未生效，最後生效日期：未定 連結舊法規內容

本法 112.05.31 增訂之第 1-1 條條文，施行日期，由行政院定之。

56. 本法施行日期，由行政院定之

個人資料：指自然人之姓名、出生年月日、國民身分證統一編號、護照號碼、特徵、指紋、婚姻、家庭、教育、職業、病歷、醫療、基因、性生活、健康檢查、犯罪前科、聯絡方式、財務情況、社會活動及其他得以直接或間接方式識別該個人之資料。

病人隱私權-1

- 隱私權係屬保障個人生活私密領域免受他人侵擾之基本人權，病人之醫療過程多涉個人私密，因此，醫療法第72條明文規定，醫療機構及其人員因業務而知悉或持有病人病情或健康資訊，**不得無故洩漏**；刑法第315條之1對於無故以錄音、照相、錄影或電磁紀錄竊錄他人非公開之活動、言論、談話或身體隱私部位者，亦定有刑責。
  衛生福利部為落實執行病人隱私權之維護，已於98年訂定「門診醫療隱私維護規範」，為擴大醫療機構全院適用，爰公告修正「門診醫療隱私維護規範」為「醫療機構醫療隱私維護規範」，即無論門診、手術或住院皆納入上開規範。
  醫療隱私權係為病人之基本權益，為維護民眾就醫權益，衛生福利部呼籲醫療機構應遵守前述規定辦理，並將持續督導各縣市政府衛生局，加強管理轄下醫療機構，落實病人醫療隱私權之維護，違者將依醫療法第103條規定處新台幣5萬元以上25萬以下罰款，其觸犯刑事法律者，並移送司法機關辦理。

病人隱私權-2

- 衛生福利部向來極為重視病人隱私權維護，為充分保障病人隱私權，業於104年1月30日公告修正「醫療機構醫療隱私維護規範」，將醫療隱私權維護規範由「門診」擴大為「全院」適用，增加4大修正重點加強病人隱私權之維護，確保就醫民眾的醫療隱私權益，相關措施包含：

一、醫療機構應將各項隱私權保護，訂定具體規定，包括處理申訴程序及檢討改進機制，並應完備各種設施、設備或物品。

二、診療過程中，醫病任一方**如需錄音或錄影**，均應先徵得對方之同意。

三、進行檢查及處置之場所，應至少有布簾隔開，且視檢查及處置之種類，儘量設置個別房間。

四、診療過程中**呼喚病人**，應顧慮其權利及尊嚴。

以病為師:最真的事實-
不是瞎造的

- The primary objective of a **case study** is to provide an extensive and profound comprehension of the chosen topic. This is achieved through the incorporation of empirical data, expert insights and real-life instances.
- 清楚明白,前因後果,**時間次序不可倒置----要好好看,要下工夫**
- **-----**前前後後至少五次到**bedside**請教病人
-

Purpose of presenting a Case Study

- 案例研究對許多人來說可以作為社會證明。呈現案例研究的主要目的是提供全面的、基於證據的論點，以告知、說服和吸引觀眾。無論您是試圖說服您的客戶或顧客購買產品的產品經理，還是在學術界解釋您的研究結果的重要性，執行良好的案例研究都可以實現多個目標。
- 1. 首先，它可以讓你**深入研究特定問題**、挑戰或機會的複雜性，從不同的角度來檢視。這種深度探索有助於更全面地理解問題。
- 2.其次，它提供了一個結構化的平台來展**示您的分析能力和思考過程**。案例研究使您能夠展示如何得出結論，從而**提高決策過程的透明度及完整性**
- 3,展示案例研究讓您有機會以引人入勝的敘述方式將數據和現實世界場景聯繫起來。它有助於使你的論點更有相關性和可理解性，從而增加對聽眾的影響。

五年級醫學生最大的問題

- 只看病歷,不問病情是不可以的.
- 一般病歷上的記載:只重視診斷,不重視病情的細節及發展/變化.(很少提起思維的經過)
- 詳細知道病情,可以作為判定病情變化的參考-→並判定是否改善.(指標)
- 病歷最缺少的內容就是治療反應(therapeutic response), 病人有無改善.
- 要判定一依據

從小觀大,一以貫之
case presentation 的優點

- The information deduced from the case study can then be generalized to understand the behavior of the bigger population or demographics. If you want to understand how the mind of customers work, especially in the marketing field, using case study examples psychology to explain your ideas is a great way to get your stakeholders involved. By using case studies to generate data and information to be shared.

Stories of the disease.
-鍛練臨床推理的技巧

- 瞭解病情-problems
- 知道病因,(roots)
- 病人有無潛在之危險問題(risks)

UGI bleeding 原因:

1. Peptic ulcer, and life stress
2. Medicine, aspirin, NASID----
3. Food,nutrients
4. Alcohol-drinking
5. Procedure-biopsy
6. Others

1. Management of disease
2. Understand risk potential—risk evaluation
3. Expectation of clinical progress.
4. Explanation to the family

Assessment and planning

History taking from the patient and the family members.
Watch the expression of the patient—tachycardia, hypotension and consciousness---also frequency/amount of tarry stool passage
Review previous records and lab data, medications.

UGI bleeding的危險因素

- 1. age—有很多其它的疾病增加臨床的危險性
- 2.吃一些藥物看得到抗凝劑,抗血小板劑
- ---aspirin, Plavix, coumadin---
- 3.以前有沒有貧血
- 4.某種underlying disease沒有控制好(ex. DM)(COPD)
- 5.Nutritional status and immunological status

綜合判斷

RR-SOAP

- Present condition,
- Changes?
- Continuous bleeding or cease bleeding
- Blood transfusion
- Surgical consultation
- →Operation
- death

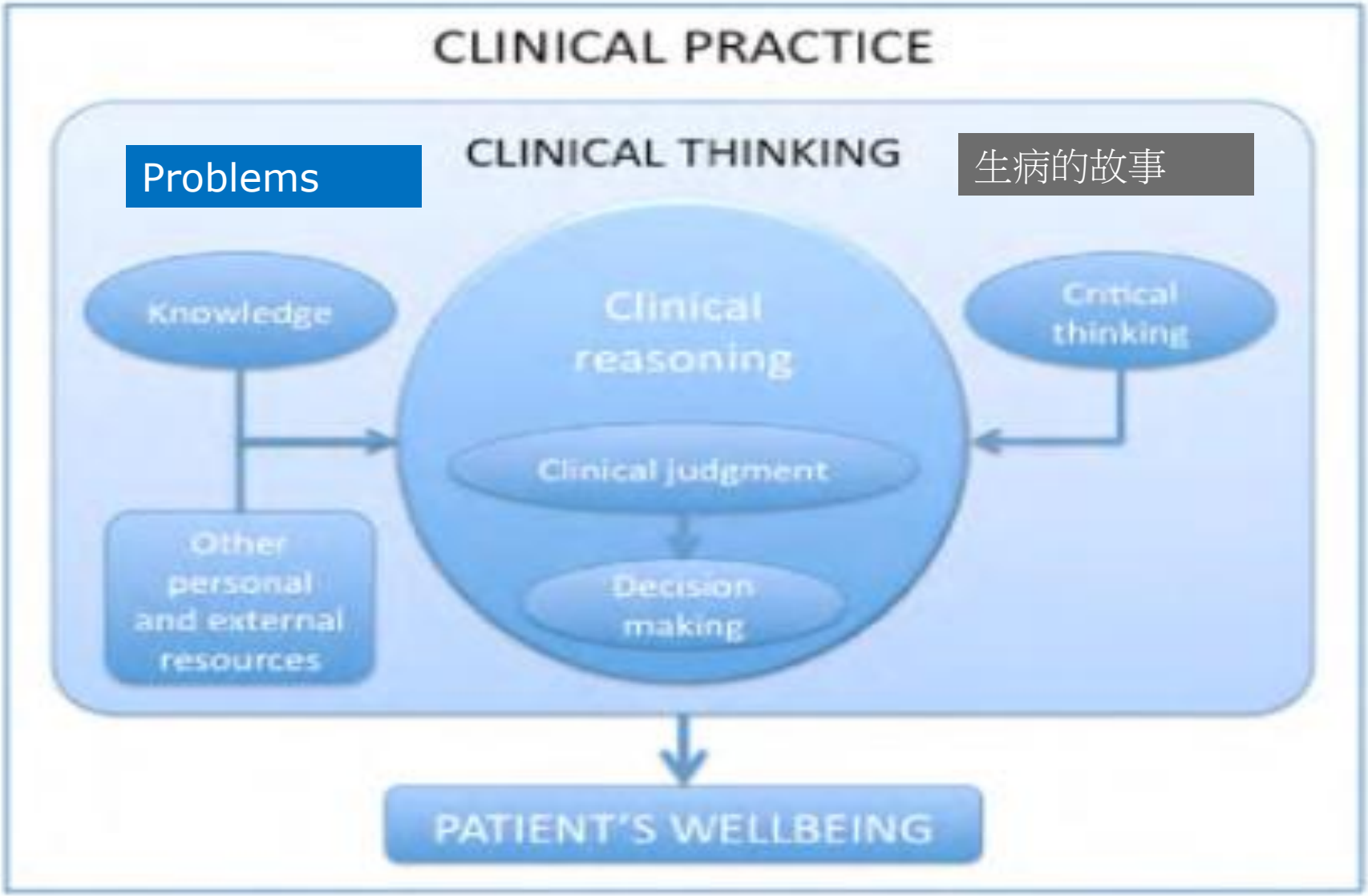
Rebleeding-Forrest classification

- Outcome-- prognosis

Follow up check

1. Symptoms: tarry stool or hematemesis--stop bleeding
2. Pulse and BP
   hypovolemia
   tachycardia >100/min.
   考慮輸血
3. Hospitalization—ICU
   Endoscopy to find the site of bleeding and to stop it.
4. Operative approach.

診療的過程


CLINICAL PRACTICE
CLINICAL THINKING
Problems
生病的故事
Knowledge
Clinical reasoning
Critical thinking
Clinical judgment
Other personal and external resources
Decision making
PATIENT'S WELLBEING

故事裡的主角不同,(原因各異,症狀也差異)結局也不一樣

- 從發病到就醫的歷程
- Symptoms-Dx And Rx.

1.清醒->自己決定(就醫〉
2.清醒, 但衰弱->家人協助送醫
3.昏迷不醒,一事->送醫急救-

@@@Time to Emergency,
半夜(11 -pm-5 am)
一定比較緊急及危險

- 某種原因 known or unknown
- Symptoms onset—time
- Feeling-experience
- Symptoms—distress
- 解決問題-自行用藥/忍耐-
- 就醫-就近診所,
- 熟習的醫院
- "大”醫院(Medical center)急診

1.Early consultation—early recovery+ early and adequate blood transfusion

2. Bleeding, repeatly and results in shock---controlled by operation, gastrectomy.

3, Chronic intermittent tarry stool—chronic and severe bleeding→ weakness and SOB on exertion—pallor of face was prominent

4. Fainting episode with traffic accident or fainting without others attention,-→death

- 臨床推理是要下工夫,好好想一想

1. VS　Round
2. Case conference—including morning meeting, (fresh case) (New problems)(critical care)

分組的概念與方法

- 1.病人與病情只有一個
- 2.分工也要合作
- 3.分組越多討論次數也要越多.這是很好的學習方法
- @單挑型-至少把老師(VS)列為共同工作者(Coworker)
- @@2人組--診斷+治療
- @@@3人組—Problem(history +PE)
- Lab, and images-→Dx.
- Treatment and response(Clinical course)
- @@@@ 4人組----批判組---本組工作的得與失(有點像小組的老師)
- +TAKE HOME MESSAGE
- @@@@@ 5人組----加文獻組

Before presentation:討論次數

- @單挑型-老師(VS)討論至少2次
- @@2人組--診斷+治療:至少2+1次
- @@@3人組一至少3+1次
- @@@@. And @@@@@
  四-五組,至少5次

從討論中真正學到東西

Presentation

- 1, Power point slides: 要另外下功夫寫
- 2. Direct download from Electronic
- medical records---revised

1. Patient personal information

- 1. Patient personal information
- age, sex., occupation**, marital status**
- previous health
- drug allergy
- _____

- A 27 year old female , primary school teacher,
- Generally good health
- No known drug allergy

2. Chief complaint

- 最容易表達,但要思考量化症狀及發病時間
- (1). Intermittent tarry stool passage for 4 days
- @@(2)Frequent passage of moderate amount of tarry stool from 8pm on 2023.10.17. Last episode of tarry stool passage occurred 3 hours before entry. Total amount of tarry stool was estimated to be about 1,200 ml. (He arrived at ES at 11pm on 2023.10.19)

3. Present illness

- 從發病到就醫,對病人的影響
- **Time of onset,要明確有日期時間最好.**
- **Roots of the problem,相關因素**
- **Changes of symptoms**
- **How to manage the problem—personally and by health care persons.如何處理又就診時醫師如何處理**
- **Previous episodes ?**
- 對病人的影響

至少要問

- 1. 是否尚有 active bleeding (一小時內有吐血或
- 解黑便都是), still active or remitted
- 2. 醫師說什麼原因呢?
- 3, CBC check?---Hb 多少,
- 4. 有沒有輸血.
- 5.有特別做些什麼交代?
- @有沒有Azotemia
- @從前有什麼特別疾病

4. Past medical history

- 1. **Roots of the problem,**
- **previous episodes**
- **risk factors—lab.**
- **symptoms, images**
- **co-mobilities**
- **altitude of the patient/family**
- **to the disease**
- **To get more information about**
- **the health of the patient**
-

5 Family history

- Family tendency—hereditary, genetic
- environmental factors
- contact and infected.
- Altitude to health care, man power, age factors and past experience
- herb?之使用.
- 醫療的態度: active treatment/對手術的接受度
- 還是相對對醫療冷漠.
- 大概與過去對醫療的觀念有關/ good or bad
- impression to the medical care

FH, 至少寫下

- 寫出三代 age, sex, 健康狀況
- 思考有沒有職業病的可能.家庭環境引發的問題, 唉唷遺傳性疾病.
- 第一部分請不要忽略.

Physical findings-1

- BW: 65 Kg,(present, 2024.10.16)
- **BMI: 22.5**
- 70 .2 Kg. (past reading,
- 2021.01)
- 68.1 Kg. (past reading, 2018.3)

Why?

1. Swallowing pain
2. Abdominal discomfort
3. Weakness and malaise
4. Dyspnea
5. Food? amount?
6. Depression/psychological

問出體重的變化還要知曉為何會如此

Problem list of this patient
summary of present illness

- P1(major one)
- P2
- P3
- P4
- P5
- ---

全人醫療的重心就要看
Problem list 完不完全
Active and inactive
problems,

Not a good example.
-有些講義就是這麼寫/不好

2022 Jan-Dec:10:23247096221117788.

- **Hemorrhagic Brain Metastasis as an Initial Presentation of Hepatocellular Carcinoma in a Patient With Alcohol-Related Liver Cirrhosis: A Case Report and Review of Literature.**
- Chan Thida[1] **et al :**
- J. Investigating High Impact Case Report 2022 Jan-Dec:10:23247096221117788

A 74-year-old male with a past medical history of heavy alcohol use with chronic liver disease (CLD), hypertension, diabetes, benign prostatic hyperplasia, dementia, coronary artery disease with coronary artery bypass graft (placed in 2004), C3-C7 laminectomy with posterior fusion presented to the emergency department with weakness of lower extremities and altered mental status.

1. 過去病史要有時間: 這問題多久了.
2. Heavy alcohol use 詳細內容, amount and years.
   有無肝硬化
3. Diabetes 詳細病史, treatment and control status, including (HBA1c and ac sugar--)

- He was able to walk and drive independently until 4 months before the presentation. Then he gradually began to **lose strength in all 4 extremities**. The patient stated that he had head trauma recently and had noticed significant unintentional weight loss.
- 1. head trauma recently –多久前的事
- 2. unintentional weight loss.幾公斤減到幾公斤.
- 3. 4肢乏力的狀態.
- 上肢:能提多重?
- 下肢: 才能走路嗎, 上下樓梯上下階梯?
- 左右一致嗎

- On initial physical examination, he was oriented only to self. The nervous system exam was significant for bilateral upper and lower extremity weakness with motor power in the left upper and lower extremities 0/5 and 1/5, respectively. The motor power of the right upper and lower extremities was 3/5. Other exams were unremarkable.

Orientation to time,place and to persons.
Upper and lower extremities--- weakness left >>>right

Laboratory tests:

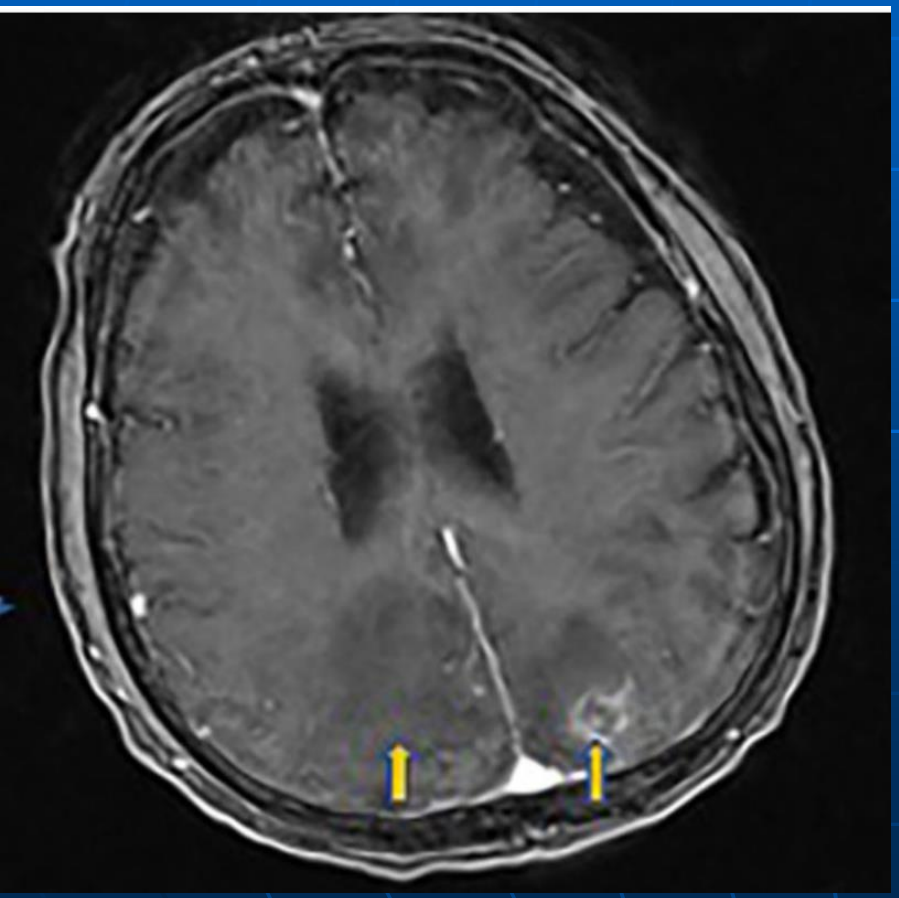
- Initial laboratory tests were significant for hemoglobin: 13.8 g/dl, hematocrit: 42.2%, white cell count: $8.3 \times 10^3/\mu l$, platelet count: $363 \times 10^3/\mu l$,
- aspartate aminotransferase: 221 U/L, alanine transaminase: 91 U/L, alkaline phosphatase: 430 U/L,
- total bilirubin: 1.3 mg/dl, direct bilirubin: 0.5 mg/dl, albumin: 4.4 g/dl, partial thromboplastin time: 34.8 seconds, prothrombin time: 11.6 seconds, international normalized ratio: 1.02. Serum electrolytes and kidney function were within the normal range.

如何解釋？**AST>>ALT**
Alb : 4.4 gm/dl
Pro- time 11.6

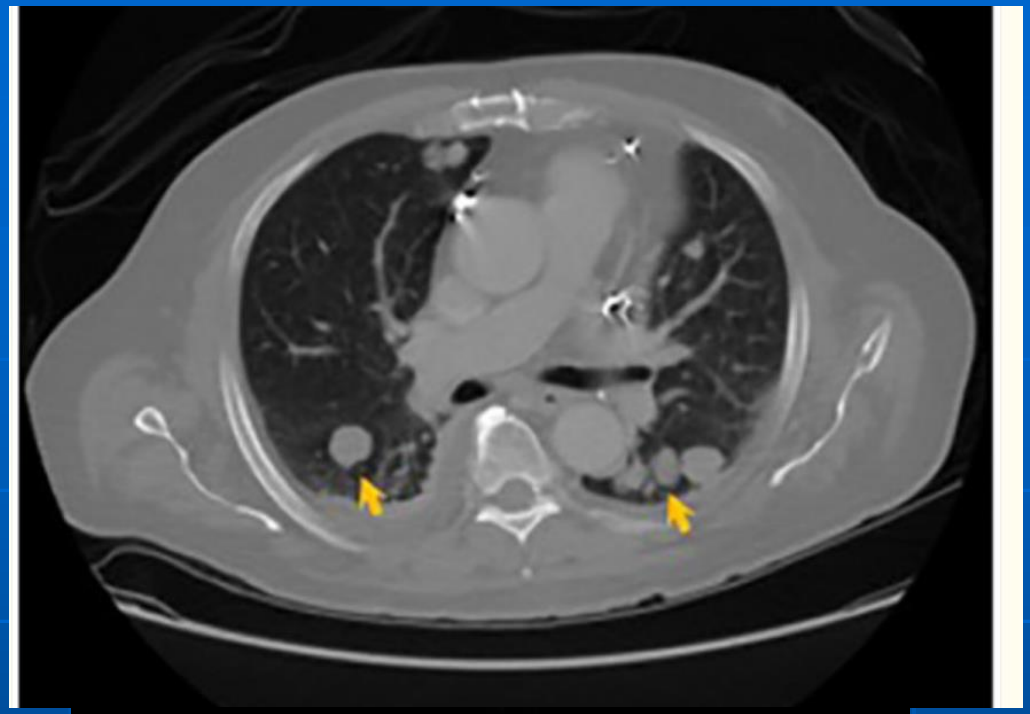
Cirrhosis ?嚴重嘛

Imaging

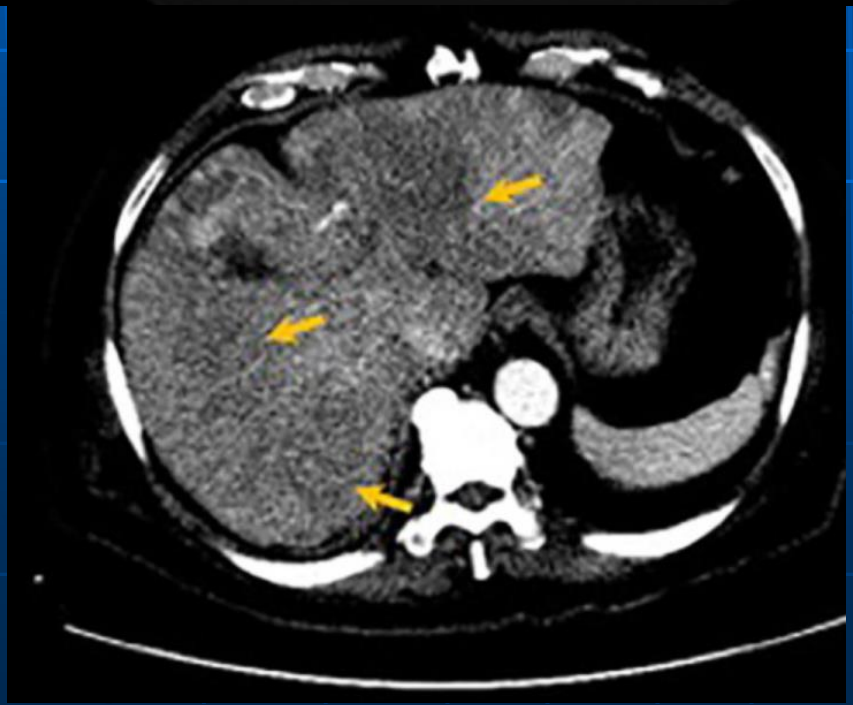
On imaging, magnetic resonance imaging (MRI) of the brain revealed a hemorrhagic, lobulated, heterogeneous mass with surrounding vasogenic edema measuring approximately 2.9 × 2.0 × 2.2 cm in posterior parietal lobes, while in the left mid posterior parietal lobe it measured 1.7 × 1.9 × 1.7 cm (Figure 1)



T1 post-contrast axial magnetic resonance imaging of the brain shows enhancing mass in (A) right posterior parietal lobe and (B) left posterior parietal lobe with surrounding vasogenic edema



Axial computed tomography image through the mid lung fields showing cannonball rounded lung lesions bilaterally consistent with metastases.



Axial computed tomography image through the liver showing heterogeneous attenuation of the liver parenchyma caused by multiple ill-defined hypodense liver lesions infiltrating both lobes.

multidisciplinary discussion

- Magnetic resonance imaging of the cervical, thoracic, and lumbar spine was negative for bone metastasis. After a multidisciplinary discussion, the decision was made to proceed with the right craniotomy and stereotactic resection of hemorrhagic brain mass. Pathology of the brain lesion was consistent with metastatic HCC. On immune-histochemistry, tumor cells expressed Arginase-1, Hepatocyte, and Glypican-3. Ki67 proliferation marker showed brisk mitotic activity (40-50%; Figure 4,5). Also, the alfa fetoprotein (AFP) level was elevated at 349 400 ng/ml. Carcinoembryonic antigen (CEA) was normal.

- Hepatitis B virus antigen and hepatitis C virus (HCV) antibody were negative. The patient was planned for stereotactic body radiotherapy followed by treatment with monoclonal antibody atezolizumab and vascular endothelial growth factor inhibitor bevacizumab. However, the patient developed status epilepticus on postoperative day 8 and had to be intubated for airway protection.

- His clinical course was further complicated by a progressive decline in neurological status and aspiration pneumonia. Given multiple comorbidities and poor prognosis, goals of care were discussed and code status was changed to do not resuscitate/do not intubate with comfort measures. He expired shortly after that.

Case Reports With Cerebral Metastasis as First Presentation of HCC.

Table 1. Case Reports With Cerebral Metastasis as First Presentation of HCC.

Author	Risk factor	Case presentation
Loo et al[13]	Hepatitis B virus infection	38-year-old previously healthy Chinese man with intracerebral hemorrhagic brain metastasis as initial presentation of HCC.
Loo et al[13]	Hepatitis B virus infection	71-year-old Chinese woman with good past health with intracerebral hemorrhagic brain metastasis as initial presentation of HCC.
Peres et al[16]	Alcohol	43-year-old white man presented with hemorrhagic cerebral metastasis as initial presentation of HCC. (Case reported in South America.)
Lee et al[14]	Unknown	58-year-old Chinese woman presented with progressive bulging mass over the high vertex of her head and progressive weakness of her right leg. She was found to have metastatic hemorrhagic intracranial carcinoma identical to hepatoma.
Lee et al[14]	Unknown	59-year-old Chinese man presented with weakness and numbness of his left upper arm, headache and vomiting followed by weakness in his left side and altered mentation. He was found to have extensive intracerebral hemorrhage in CT head. Biopsy showed metastatic carcinoma identical to hepatoma.

Abbreviations: HCC, hepatocellular carcinoma; CT, computed tomography.

Hepatocellular carcinoma presenting with brain metasta ses is rare, occurring only in around 0.2% to 2.2% of cases, and represents a critical stage. Hepatocellular carcinoma very rarely can even present as initial cerebral metastatic manifestations before the primary lesion itself.11,35 Table 1 shows previous case reports with cerebral metastasis as the first presentation of HCC.

- Unfortunately, the overall prognosis of patients with brain metastases from HCC is extremely poor, with the median survival time being only 8 weeks.

Choi HJ, Cho BC, Sohn JH, et al. Brain metastases from hepatocellular carcinoma: prognostic factors and outcome. *J Neurooncol.* 2008;91(3):307-313. doi:10.1007/S11060-008-9713-3.

Han JH, Kim DG, Park JC, Chung HT, Paek SH, Chung YS. Little response of cerebral metastasis from hepatocellular carcinoma to any treatments. *J Korean Neurosurg Soc.* 2010;47(5):325-331. doi:10.3340/JKNS.2010.47.5.325.

- There are no standard guidelines regarding treatment modalities specifically for brain metastases from HCC. Current treatment modalities include surgery, whole-brain radiation therapy (WBRT), stereotactic radiosurgery, chemotherapy, targeted agents, immunotherapy, and supportive measures.

- 本case presentation 的主要目的,
- Unusual presentation of brain metastases in HCC
- Initial manifestation.→rare cases.
- Alcoholic cirrhosis-→ HCC
- HBsAg (-) Anti HCV (-) Alcohol (+++)

- A case report done by Punia et al. showed multiple cranial nerve palsies (extrahepatic metastasis) as the initial presentation of HCC.

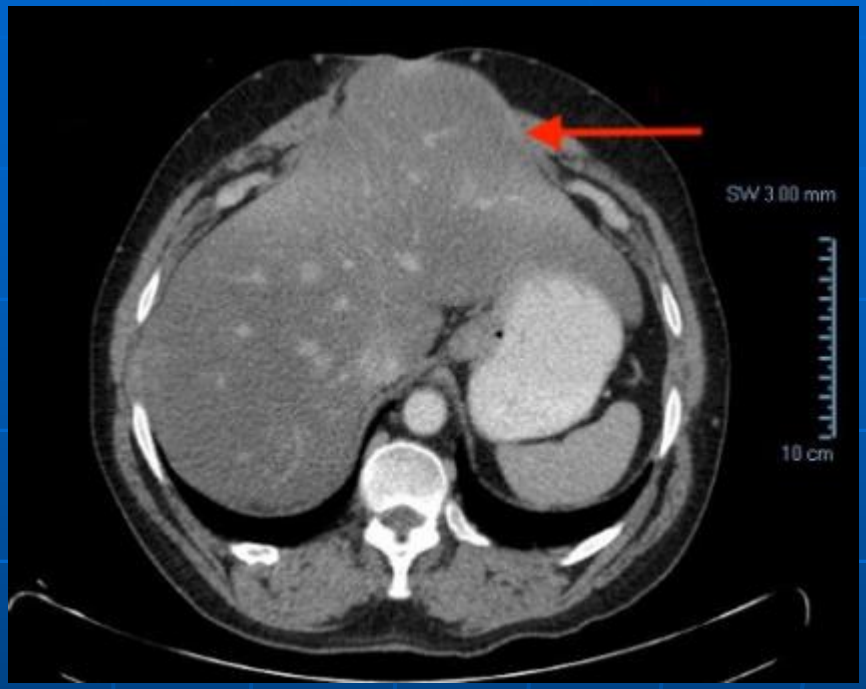
- Punia VS, Shetty A, Kurri N, Pratap N. A rare case of multi ple cranial nerve palsies as the first presentation of hepatocel lular carcinoma: a case report and review of literature. EMJ Neuro. 2022; https://doi.org/10.33590/emjneurol/21-00212

Medical images-1

- Abdominal CT
- Date examined: xxxx
- Major findings:

一定要寫出finding以及判斷

比較容易破裂



Anterior hepatic herniation.

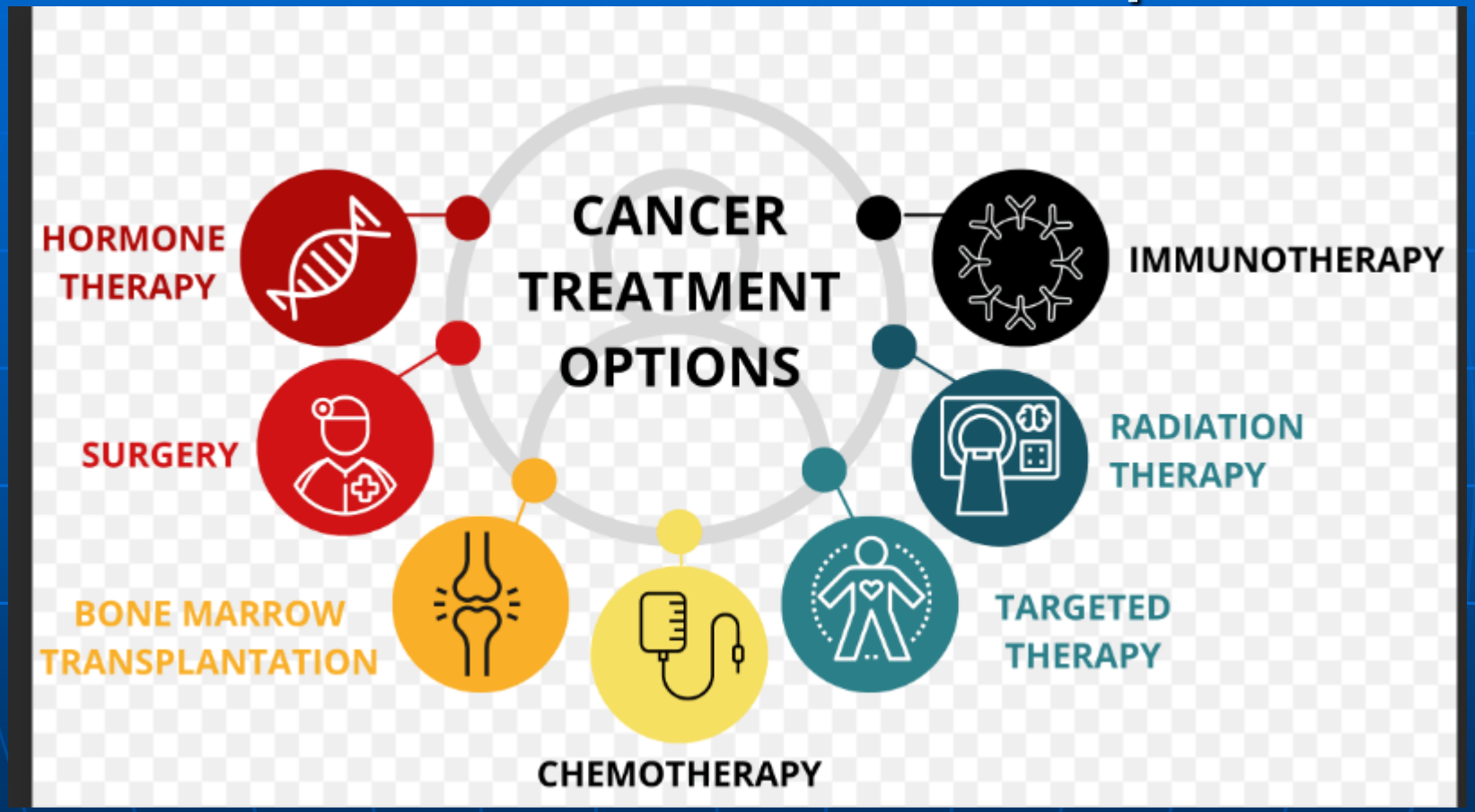
Then E O, John F, Ofosu A, et al. (February 13, 2019) Anterior Hepatic Herniation: An Unusual Presentation of Abdominal Incisional Hernia. Cureus 11(2): e4066. doi:10.7759/cureus.4066

-
- Diagnosis:
  Recommendations or suggestions by radiologist.:

Diagnosis made (changed)after clinical study

- Dx.確定一定要說理由.
- @@@診斷依據
- Change management too.
- 一定要說理由

Treatment done for the patient



@@@比較及選擇:不同方法有優點也有劣點

@@Comparison的工作相當難,但要作.

Response
dramatic improvement noticed

- Parameters Clinical response

- 1. Fever, subsided from Oct.16, 2023
- 2. Symptom-1
- epigastralgia much less from 2023.10.16
- almost no pain from 2023.10.18
- 3. Appetite improved much from 2023.10.17
- 4. Jaundice decreased on 2023.10.17 (from 6.5)
- (total bilirubin: 2.8 mg/dl)
- 5. Lab.
- Biliary enzyme reduced much on 2023.10.17
- GGT was 149 on 2023.10.17(from 438)
- 6. WBC : reduced much, from 16500 to 9800 on 2023.10.17
- 7. CRP reduced much from 12.3 to 3.8 on 2023.10.17

選parameters也難

- 1.靠深入瞭解病情,最重要
- symptoms/signs.
- 主要是看現在出現最明顯的變化/症狀
- 2.看書查報告/case report之敘述
- 3 previous experience
- 4. VS的意見.一定要多請教,多討論
- 5----學長的意見/護理師的看法

All problems listed should have recommendations.

- 1. active or inactive,
- 2, under treatment with xxxx, or no
- more treatment
- 3.門診醫師相同的治療
- 4.related diagnosis and personal altitude to the problems.
- DM-diet control,注意飲食
- Obesity-exercise, 真的好好運動/也節食

VS 常需要做decision making

- 自己的經驗,能力→常決定一病例選擇選擇

Conclusion from the clinical course

- About diagnosis
- Severity and outcome
- Effectiveness
- Complications
- Changes of symptoms, response
- And changes of management
- Warning signs and risk factors.

Discharge decision 另一個重要的決定

- 1. Symptomatic relief
  2. Diagnosis, confirmed
- 3. Evidence of therapeutic response.
- Lab. Data /images
- 4. Communication and education
- (life instruction) finished.
- 5. Family members : well prepared.
- 6. Discharge plan : set.

Treatment will be continued until he can be discharged when?

Case : gall stone with obstructive jaundice

- Present condition　　conditions to be discharged
- (2023.10.20)
- 　No fever　　〃
- 　No more pain　　〃
- Serum bilirubin
- 　2.8----------1.5 or less
- GGT　149　　60 or less

好好思考可以出院的條件

Another case--

Sudden onset of consciousness change.---

很多病史就沒有辦法文只好問他的家人還有過去的資料.
旁觀者的資料常常會有一些偏差.

- Conscious disturbance at pm 5:00 On 2005/07/26,
- Call 199
- Less responsive & **unable to talk**
- At 5:3 pm, he arrived at our ER
- At our ER, GCS: E3V1M5, pupil size: 3.0/3.0, light reflex (+) HR: 88/min, BP 178/118 mmHg **Eye deviated to left side** Muscle power: 1/5, **left sided hemiplegia (+)**
- Lab (BCS, CBC): almost normal EKG: normal sinus rhythm CXR: no active infiltration of lungs

http://dlweb01.tzuchi.com.tw › 8831101羅元豪, accessed on 2023.10.15.

- Arrange : Brain image
- 07/26, Brain CT
- 07/27, Brain MRI

- (PICO)
- **P**atient A man with acute ischemia stroke (pm 5:00 On 2005/07/26,)
- Intervention,
- Comparison Heparin, LMWH
- Outcome --Mortality
- Hemorrhage…

PICO

P	I	C	O
Population Patient Problem	Intervention Or Exposure	Comparison	Outcome
Who are the patients? What is the problem?	What do we do to them? What are they exposed to?	What do we compare the intervention with?	What happens? What is the outcome?

- PICO是一種在開始研究之前，形成臨床研究問題的模式。它是一個縮寫的註記符號，可用來發展良 好的臨床實驗問題架構，並用來幫助記憶，主要描述四個臨床前景問題。 (Yale University's Cushing/ Whitney 醫學圖書館)。 前景問題需確認欲研究的患者或族群，計畫要使用的診斷介入及治療模式或有哪些選擇方案（如果有 的話）及預期或欲避免的治療結果。
- PICO模式的四個要素：**Patient(病人或母群體) / Problem(問題)、Intervention(介入)、Comparison(對照)以及 Outcome(結果)。**
- PICO過程從設定的臨床情境開始，從臨床情境建構一個與案例相關的問題並以便於找到答案的方式表 達。只要制定出結構良好的問題，研究人員將能夠更好地在文獻中搜索能夠支持其原始PICO問題的證 據。

PICO

- Patient-problem
- Intervention
- Comparison
- Outcome

1. 形成PICO問題（Formulate the PICO Question）
2. 為PICO的每個元素下關鍵字（Identify Keywords for each PICO Element ）
3. 制定檢索策略（Plan the Search Strategy）
4. 執行檢索（Execute the Search）
5. 篩選搜尋結果（Refine the Results
6. 檢視文獻（Review the Literature
7. 評估證據的等級（Assess the Evidence）

1. Problem formulation

- 1. Problem formulation.
- From history taking—roots of disease
- risk factors
- symptoms details.
- Past facts
- + physical findings
- → Laboratory data
- + Medica images
- --→Problem list

2. Identify keywords.

- 1. Maim symptoms(problem)
- . Main signs-anemia. Jaundice, arrythmia, tachypnea, dyspnea, shock,--hepato-splenomegaly,
- Lymphadenopathy,
- Bleeding spots,
- Special skin manifestations.
- Motion disability

3.解決問題的方法不同
(1)找文獻
(2)問老師/consultations

Low-molecular-weight heparins or heparinoids versus standard unfractionated heparin for acute ischaemic stroke (Review)

Sandercock P, Counsell C, Stobbs SL

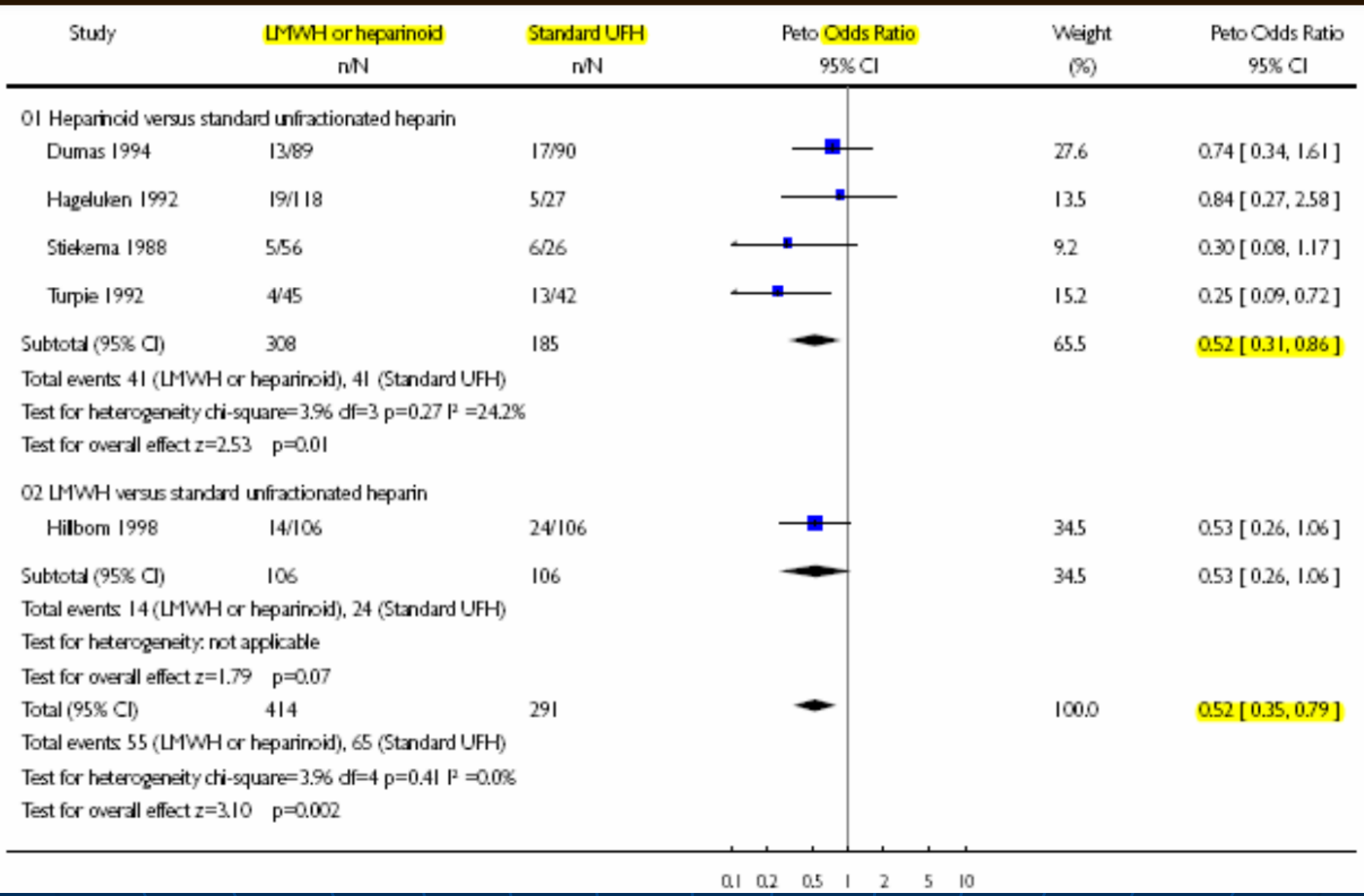
Cochrane Database of Systematic Reviews. 2005

看看專家怎麼找

- Selection criteria
- People with acute ischaemic stroke
- Heparinoids, LMWH vs Heparin Treatment started within 14 days of stroke onset
- Randomized trials

Main results

- 6 trials, 740 people were included.
- 4 trials heparinoid, 2 trial LMWH
- Results
  - Deep vein thrombosis: Odds ratio 0.52 (95% CI 0.56~0.79)
  - Others: data too small
    - Death
    - Intra-cranial or extra-cranial haemorrhage
    - pulmonary embolism…


Study
LMWH or heparinoid
n/N
Standard UFH
n/N
Peto Odds Ratio
95% CI
Weight
(%)
Peto Odds Ratio
95% CI
01 Heparincid versus standard unfractionated heparin
Dumas 1994 13/89 17/90 27.6 0.74 [0.34, 1.61]
Hageluken 1992 19/118 5/27 13.5 0.84 [0.27, 2.58]
Stiekema 1988 5/56 6/26 9.2 0.30 [0.08, 1.17]
Turpie 1992 4/45 13/42 15.2 0.25 [0.09, 0.72]
Subtotal (95% CI) 308 185 65.5 0.52 [0.31, 0.86]
Total events: 41 (LMWH or heparinoid), 41 (Standard UFH)
Test for heterogeneity chi-square=3.96 df=3 p=0.27 I² =24.2%
Test for overall effect z=2.53 p=0.01
02 LMWH versus standard unfractionated heparin
Hillbom 1998 14/106 24/106 34.5 0.53 [0.26, 1.06]
Subtotal (95% CI) 106 106 34.5 0.53 [0.26, 1.06]
Total events: 14 (LMWH or heparinoid), 24 (Standard UFH)
Test for heterogeneity: not applicable
Test for overall effect z=1.79 p=0.07
Total (95% CI) 414 291 100.0 0.52 [0.35, 0.79]
Total events: 55 (LMWH or heparinoid), 65 (Standard UFH)
Test for heterogeneity chi-square=3.96 df=4 p=0.41 I² =0.0%
Test for overall effect z=3.10 p=0.002
0.1 0.2 0.5 1 2 5 10

Mortality

Fig. 3. Comparison 01. LMWH/heparinoid versus standard unfractionated heparin in acute ischaemic stroke

01.03 Death from all causes during scheduled follow-up

Review: Low-molecular-weight heparins or heparinoids versus standard unfractionated heparin for acute ischaemic stroke

Comparison: 01 LMWH/heparinoid versus standard unfractionated heparin in acute ischaemic stroke

Outcome: 03 Death from all causes during scheduled follow-up

Study	LMWH or heparinoid n/N	Standard UFH n/N	Peto Odds Ratio 95% CI	Weight (%)	Peto Odds Ratio 95% CI
01 Heparinoid versus standard unfractionated heparin					
Dumas 1994	17/89	11/90		24.9	1.68 [0.75, 3.75]
Hagelukken 1992	18/118	6/27		12.8	0.61 [0.20, 1.86]
Stiekema 1988	7/56	2/26		7.4	1.63 [0.37, 7.13]
Turpie 1992	9/45	9/42		15.1	0.92 [0.33, 2.58]
Subtotal (95% CI)	308	185		60.3	1.16 [0.69, 1.94]
Total events: 51 (LMWH or heparinoid), 28 (Standard UFH)					
Test for heterogeneity chi-square=2.50 df=3 p=0.48 I^2 =0.0%					
Test for overall effect z=0.55 p=0.6					
02 LMWH versus standard unfractionated heparin					
Hillborn 1998	21/106	28/106		39.7	0.69 [0.37, 1.31]
Subtotal (95% CI)	106	106		39.7	0.69 [0.37, 1.31]
Total events: 21 (LMWH or heparinoid), 28 (Standard UFH)					
Test for heterogeneity: not applicable					
Test for overall effect z=1.14 p=0.3					
Total (95% CI)	414	291		100.0	0.94 [0.63, 1.41]

Authors' conclusions

- Deep vein thrombosis, after acute ischaemic stroke
  - LMWH > heparin
- Major outcomes (death, intracranial haemorrhage…)
  - Too few reliable data

My conclusion,…

- Back to the my patient…
  - Heparin vs LMWH: still undetermined
    - DVT
- Cochrane 實在是複雜又善變

Sandercock P. Counsell C. Stobbs SL. Low-molecular-weight heparins or heparinoids versus standard unfractionated heparin for acute ischaemic stroke.[update of Cochrane Database Syst Rev. 2001;(4):CD000119; P. [Review] [35 refs] [Journal Article. Review]

(L957)

@@Effective communication

- **Effective communication** lies at the heart of healthcare services. Whether it's conveying complex medical information to patients, discussing treatment plans with families, or presenting a medical case to colleagues, the ability to deliver clear, concise, and engaging presentations is vital.
- A well-designed presentation template tailored for a Medical Case can significantly enhance the effectiveness of a medical case presentation, offering a structured format that aids comprehension and maintains audience engagement.
- 問題是怎麼做, 提出什麼內容, 病家了解的程度,是否願意

準備報告需要多方去了解

- Understanding Medical Case Presentations
- Medical case presentations are a staple in the healthcare industry. They're used to share patient information, discuss differential diagnoses, and decide on the best course of action for treatment. They form a critical part of healthcare education and interdisciplinary communication, providing a platform for knowledge sharing, problem-solving, and clinical decision-making.

Who Creates Medical Case Presentations?
誰作報告?聽眾是誰?

- Medical Case presentations are often created by a wide range of healthcare professionals, including **doctors, medical students,** nurses, research scientists, and healthcare administrators.
- The context and audience can greatly influence the structure and style of the presentation. For instance, a presentation to a room full of medical colleagues may delve deeper into technical details and use more medical jargon, while a presentation to non-medical stakeholders would need to be

Key Components of a Medical Case Presentation

- **A typical medical case presentation includes the patient's information, presenting complaints, medical history, clinical findings, investigations, diagnosis, treatment, and follow-up.** The ability to succinctly present this information in a logical and structured manner is a valuable skill for healthcare professionals, enabling clear communication and efficient decision-making.

How to Prepare the Outline of a Medical Case Presentation? Structuring Your Presentation

- Just as with any story, your medical case presentation should have a clear beginning, middle, and end.
- Start by introducing the patient and their presenting complaints.
- Next, delve into the clinical findings, diagnosis process, and the chosen treatment plan.
- Conclude with the patient's response to treatment and the follow-up plan.
- Visual slides can be incredibly helpful, offering a quick and effective way to communicate complex information. This is where a good PowerPoint template can be invaluable, especially those created by professional presentation template designers, including metaphors, illustrations, infographics and a wide range of slide layouts for medical presentations.

Conclusion:重要的一部分

- Delivering an effective medical case presentation is no small feat, but with the right tools and strategies, it becomes much more manageable. Using a Medical Case PowerPoint template for your medical case presentations can save you time, enhance your professionalism, and boost clarity.
- With careful planning, a clear structure, and a strong PowerPoint template, you can transform your medical case presentations from good to great. Remember, the goal is not just to share information, but to do so in a way that engages your audience and promotes clear understanding. Happy presenting!

需要考慮的部分
Medications related problems

- Side effects, allergy
- Complications
- Drug interactions.
- Masked diseases—Acetaminophen/
- NSAID
- Steroid

Risk factors,
Underline diseases
Co-morbility

Major Risk Factors for Upper GI Clinical Events With NSAID Use

Risk Factor	Risk Increase
Prior upper GI clinical event	2.5- to 4-fold
Older age	2- to 3.5-fold (>65 years)
Anticoagulation (eg, warfarin)	3-fold
Corticosteroid therapy	2-fold
High-dose/multiple NSAIDs (eg, NSAID + low-dose aspirin)	2- to 4-fold (vs aspirin alone)

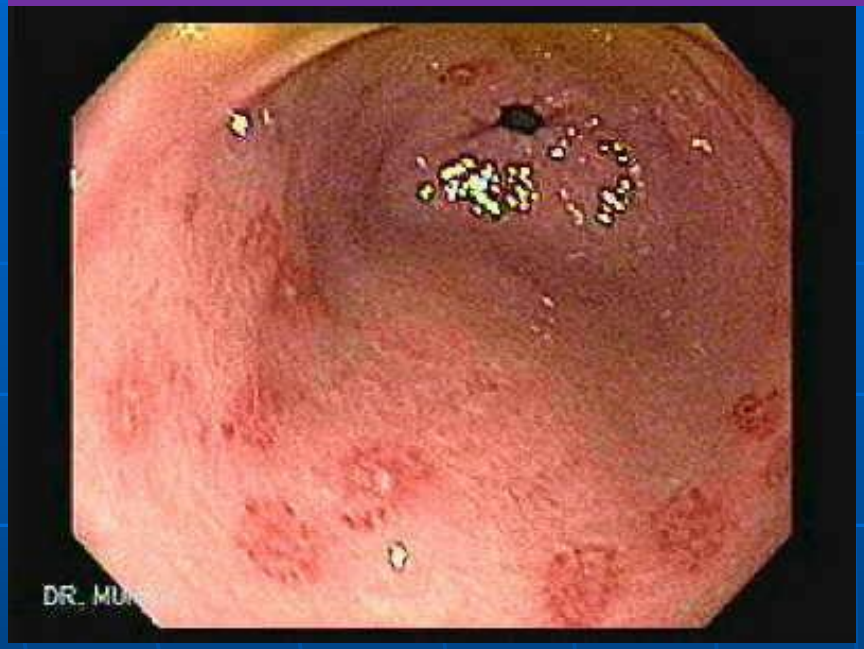
Laine L. *Rev Gastroente*

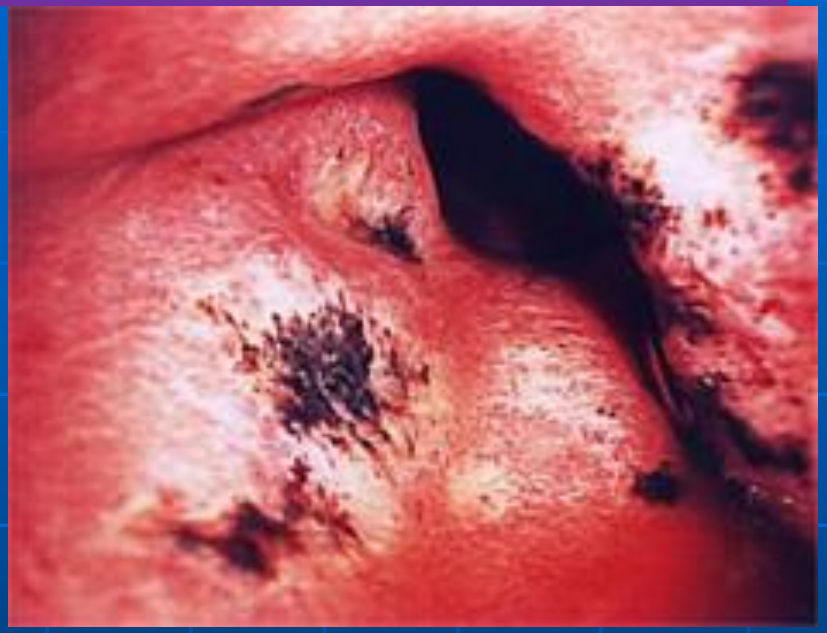
NASID GI toxicity

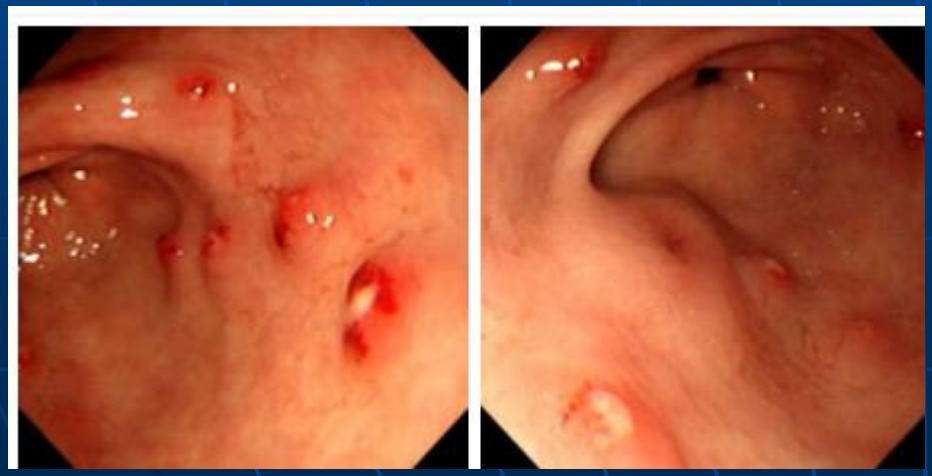
Patients at increased risk for NSAIDs GI toxicity

High risk	1. History of complicated ulcer especially recent 2. Multiple (> 2 risk factors)
Moderate risk (1 – 2 risk factors)	1. Age > 65 years 2. High dose NSAID therapy 3. Previous history of uncomplicated ulcer 4. Concurrent use of aspirin 5. Concurrent use of corticosteroids 6. Concurrent use of anticoagulants
Low risk	No risk factors

Erosive gastritis







Erosive Gastritis mit Hämatinauflagerungen

Chronic erosive gastritis of the antrum with nodules presenting a central erosion and hemorrhagic borders.

必需詢問:服用 NASID?
服用NSAID 的人很多,1/3-1/4 人口

Table 2: NSAID-related deaths and admissions to hospital

Event	UK	USA	Canada
Annual NSAID prescriptions	25 million	70 million	10 million
NSAID-related admissions	12,000	100,000	3,900
NSAID-related deaths	2,600	16,500	365

Pharmacoepidemiol Drug Saf. 2018 Nov;27(11):1223-1230. doi: 10.1002/pds.4663. Epub 2018 Sep 19.

Comparative safety of NSAIDs for gastrointestinal events in Asia-Pacific populations: A multi-database, international cohort study.

Lai EC[1,2,3], Shin JY[4], Kubota K[5], Man KKC[6], Park BJ[4,7], Pratt N[8], Roughead EE[8], Wong ICK[9], Kao Yang YH[1,9], Setoguchi S[3,10,11].

Author information

1 School of Pharmacy, Institute of Clinical Pharmacy and Pharmaceutical Sciences, National Cheng Kung University, Tainan, Taiwan.
2 Department of Pharmacy, National Cheng Kung University Hospital, Tainan, Taiwan.
3 Duke Clinical Research Institute, Duke University School of Medicine, Durham, NC, USA.
4 Department of Preventive Medicine, Seoul National University College of Medicine, Seoul, South Korea.
5 Department of Pharmacoepidemiology, University of Tokyo, Tokyo, Japan.

We identified 9879 patients in Japan, 70 492 in Taiwan, 263 741 in Korea, and 246 in Hong Kong who initiated an NSAID, and 44 013 patients in Australia, a predominantly Caucasian population. The incidence of gastrointestinal hospitalization was 25.6 per 1000 person-years in Japan, 32.8 in Taiwan**, 11.5 in Korea, 484.5 in Hong Kong, and 35.6 in Australia. Compared with diclofenac, the** risk of gastrointestinal events with loxoprofen was significantly lower in Korea (hazards ratio, 0.37; 95% CI, 0.25-0.54) but not in Japan (1.65; 95% CI, 0.47-5.78). The risk of gastrointestinal events with mefenamic acid was significantly lower in Taiwan (0.45; 95% CI, 0.26-0.78) and Korea (0.11; 95% CI, 0.05-0.27) but not Hong Kong (2.16; 95% CI, 0.28-16.87), compared with diclofenac.

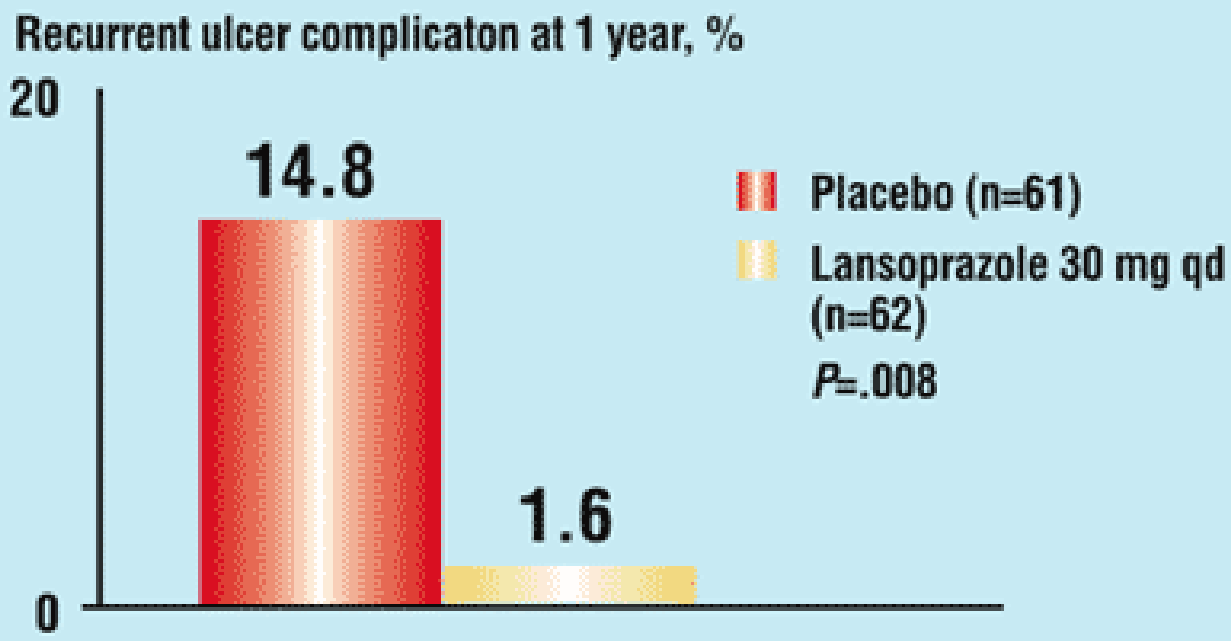
CONCLUSIONS:

Compared with diclofenac, loxoprofen was associated with a lower risk of gastrointestinal hospitalizations in Korea and mefenamic acid with a lower risk in Taiwan and Korea.

如果加 PPI→減少潰瘍的發生

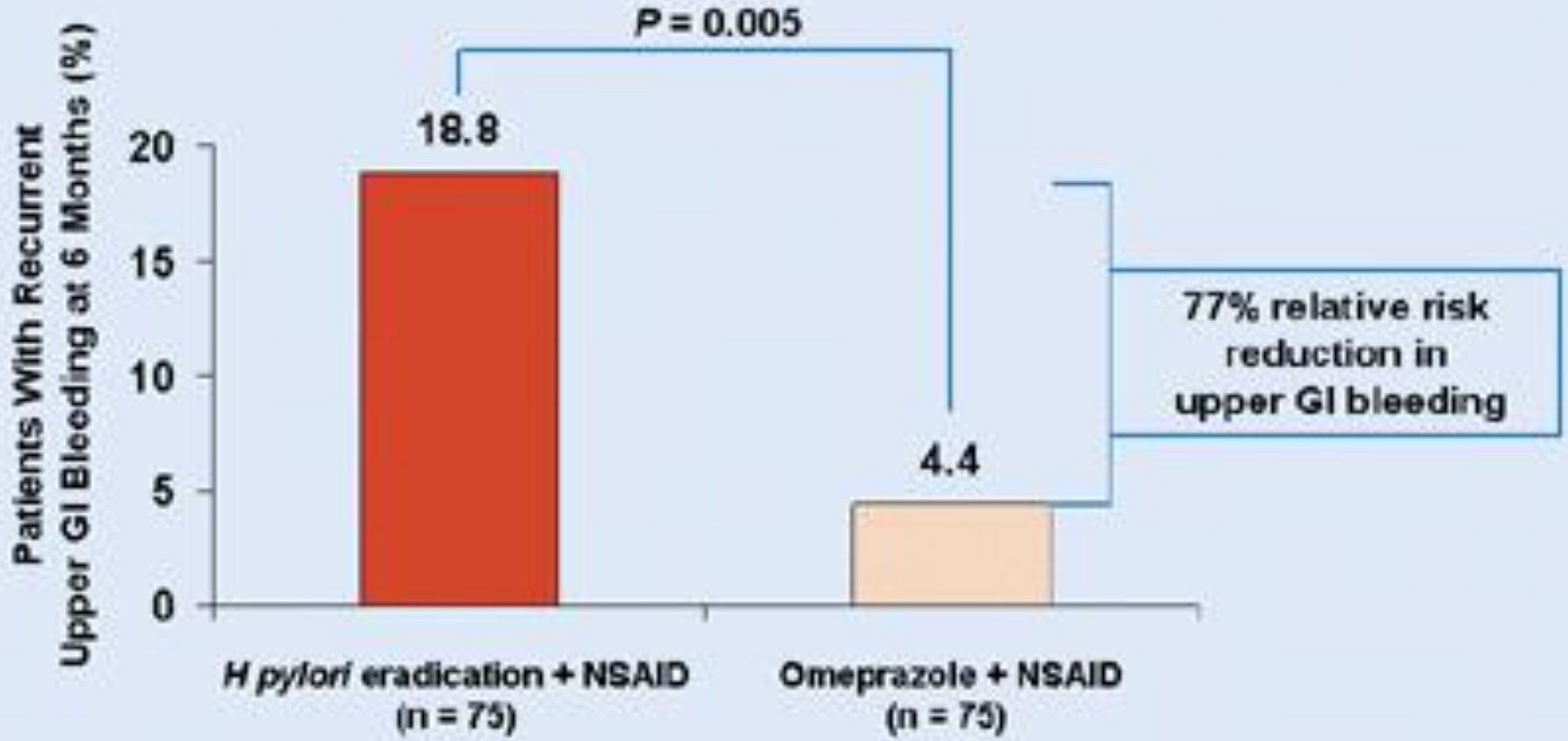
Figure 8. **PPIs Prevent ASA-Associated Ulcers**

- Patients with complicated ulcers on low-dose ASA
- *H pylori* treated; ASA restarted; randomized to lansoprazole/placebo

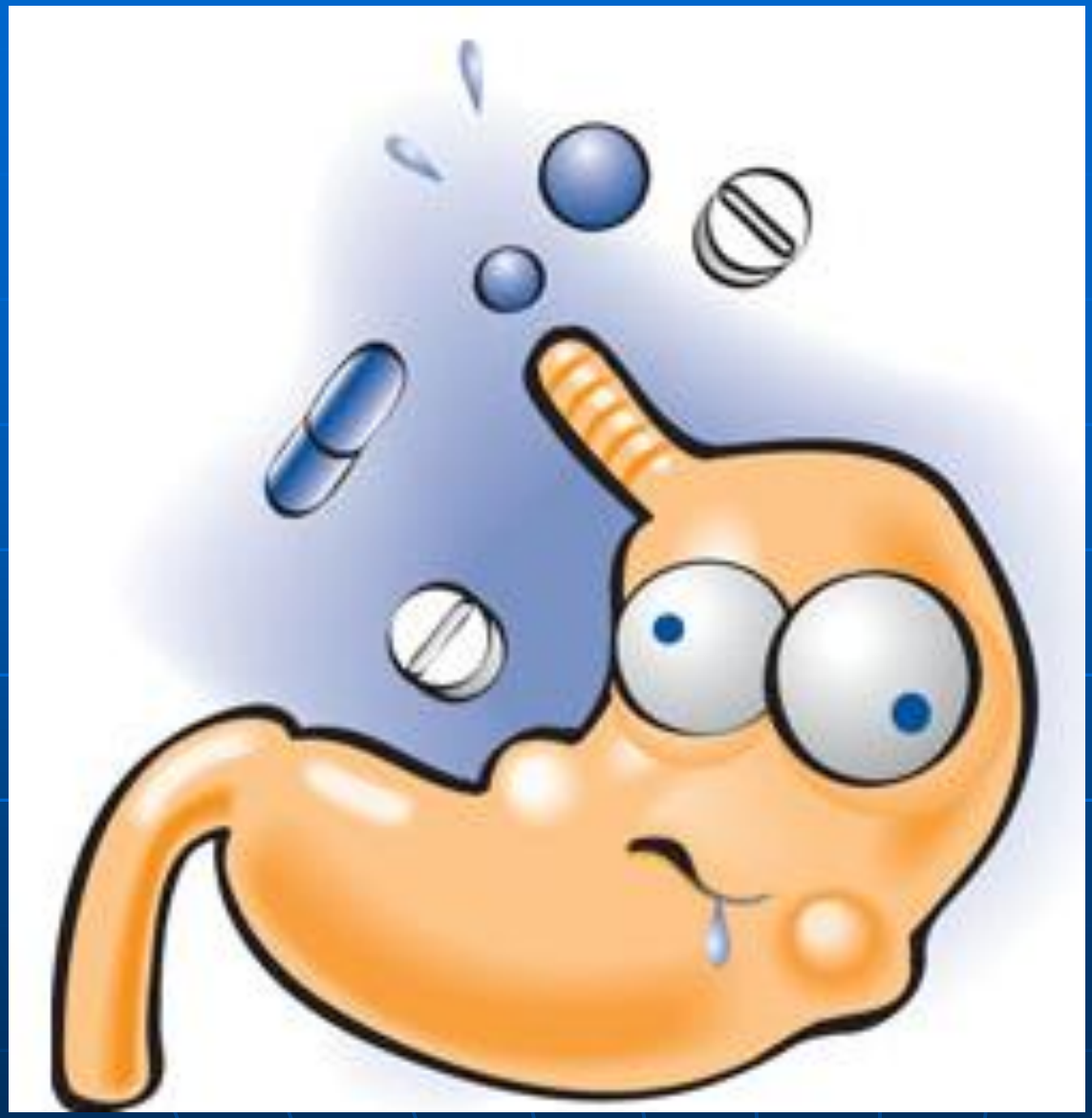


Source: Lai et al. *N Engl J Med*. 2002;346:2033.

PPI Prevents Recurrent Ulcer Bleeding in NSAID Users



Chan et al. *N Engl J Med*. 2001;344:967-973.



注意事項

- Taking NSAIDs with a meal will reduce the risk for NSAID

NSAID and aspirin users.

- **Epidemiology of non-steroidal anti-inflammatory drugs consumption in Spain. The MCC-Spain study.**
- Gómez-Acebo I[1,2], Dierssen-Sotos T[3,4], de Pedro M[4,5 et al:] BMC Public Health. 2018 Sep 21;18(1):1134.

Four thousand sixty participants were selected using a pseudorandom number list from Family Practice lists in 12 Spanish provinces.

1. Women consumed more non-aspirin NSAIDs (38.8% [36.7-41.0]) than men (22.3 [20.5-24.2]), but men consumed more aspirin (11.7% [10.3-13.2]) than women (5.2% [4.3-6.3]).

2. Consumption of non-aspirin **NSAIDs decrease with age** from **44.2%** (39.4-49.1) in younger than 45 to 21.1% (18.3-24.2) in older than 75, but the age-pattern for **aspirin usage was the opposite**.

Aspirin was reported by about 11% patients, as being twice as used in men (11.7%) than in women (5.2%); its consumption increased with age from 1.7% (< 45 years old) to 12.4% (≥75 years old). Aspirin was strongly associated with the presence of cardiovascular risk factors or established cardiovascular disease, reaching odds ratios of 15.2 (7.4-31.2) in women with acute coronary syndrome, 13.3 (6.2-28.3) in women with strokes and 11.1 (7.8-15.9) in men with acute coronary syndrome.

Upper GI bleeding:
儘快思考原因→ 確定→止血

- Complete history taking
- Consider various causes of ugi bleeding
- Ask administration of anticoagulant or anti-platelets,
- Check past history of diseases and examinations.
- Check records of previous bleeding
- **Arrange endoscopy(Upper** gi) as soon as possible after well preparation.
- Check local epidemiological characteristics and seasonal variations.

結論-1,(2025.03.10)

- 1.Clinical case presentation是醫學生在醫院實習非常重要的項目.要多練習.醫學生的生涯中至要十次以上.
- 2.Case presentation要用心準備,好好詢問病史,注意身體的表徵,分析檢驗數據,醫學影像異常之確認. 提出病人的各個問題(problem list)並就各個問題依據RRSOAP作說明.
- 3.確定診斷前應提出相關之証據

結論-2,(2025.03.10.)

- 4. 確定診斷後要給予治療.不同方法應作比較Comparisons並告知病家作清楚的溝通.再施行.共享決策是一貫的原則.
- 5.師生之互動,同組同學間之討論是
- presentation是否成功的關鍵因素.
- 6.Case presentation可以依據標準模式.重點則依病情個別選定.
- 7.Case presentation對學習至為重要.