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Editorial
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Not all that glitters is gold (Shakespeare)

## THE DISEASE BEHIND THE DISEASE

## T. A. Hamdan

F.R.C.S., Professor of Orthopaedic Surgery Dean - College of Medicine, University of Basrah

## **Editorial**

Achieving the accurate and pin point diagnosis is a clinical art, sadly it is not clearly understood by so many physicians, it is really a complex task starting by a comprehensive history and ending by the specified investigation which is chosen solely depending on the proper history and physical examination. Diagnostic problems are unfortunately skill existing in medical practice. Despite all the modern advances and achievements, still we feel on so many occasions that we are in the Dark Zone. What is becoming obvious nowadays is the shift to symptomatic treatment, or hitting only the obvious local pathology on the basis that this is the key for successful treatment. Certainly this policy should be rejected because symptomatic treatment may mask or even produce a change in the cardinal clinical features of so many pathological processes.

What is worse than this, is missing the hidden flame behind an obvious lesion. So clinical awareness remains as the best guide to land where the gold is located.

A good clinical example is latent diabetes which can give rise solely to a local pathology like plantar fascitis, frozen shoulder, trigger finger, and peripheral neuropathy.

Another example of systemic disease giving rise to a local pathology is sickle cell disease leading to bone avascular necrosis, septic arthritis, osteomyelitis, diffuse bone pain and more over gastro-intestinal disease.

Congenital anomalies like struther ligament in the humerus may simulate the cardinal clinical picture of carpal tunnel syndrome. I have seen three cases of foot drop, one because of head injury, the second because of carcinoma of pancreas and the third because of hydatid cyst located at the sacro-iliac region.

Shoulder pain may arise because of cardiac or biliary disease, retroperitoneal or intraperitoneal tumour may present with leg oedema to start with. So many drugs may lead to a localised pathology like intestinal polyposis or myocardinal infraction fallowing the ingestion of  $Cox_2$  inhibitor. Alkaptanuria may lead to a spontaneous

rupture of tendons. Pathological fracture may arise as a manifestation of a systemic or local disease.

The above mentioned is a few examples of a disease behind a disease or a hidden flame without obvious smoke. The story of two pathology or a double crush should not be forgotten. The hidden flame can be either organic or even functional in origin. The organic turbulence can be either locally or systemically located. So the Good physician is the one who always ask himself the questions, what is behind the apparent pathology? why this disease occurs? why complications arises? why recurrence occur? and finally why the definitive cure was not or incompletely achieved? What is palpable to the patient or the physician dose not always signify the real symptomatic pathology.

So a special consideration should be given to the following statement. "We should remember well that the pathological process is probably more than one, one is obvious but asymptomatic and the second is hidden but responsible for the symptom".

I do remember a lady present with neck pain and a palpable lipoma which was excised to relive the pain, but the real cause for her neck pain was tuberculosis of the cervical vertebrae.

Another example is a low back pain which is osteogenic in origin, but it was missed because of a palpable herniated pad of fat through the lumbar fascia.

The hidden Ischemia may sit behind or induce silently so many problems in the limb. Carcinomatous myopathy or neuropathy may lead to so many suffering which is located far away from the site of the malignant lesion.

To Sum up:

We should stop the policy of symptomatic treatment because it may induce harm if not confusion. A clear search and understanding of the underlying cause or even causes is always mandatory particularly when the clinical course or the presentation is a typical or unusual.

Finally we have to consider the target for the treatment is the underlying pathology or the hidden (occult) flame before the local or the palpable problem.

"Hopefully nothing new was mentioned except what was forgotten."