

JAK ZAPREZENTOWAĆ (SIĘ)

Czyli case report know-how

Izabela Nawrocka

Po co to wszystko?!

AN
ESSAY
ON THE
SHAKING PALSY.

BY
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Disseminated Kaposi's Sarcoma in Homosexual Men

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Nineteen cases from an epidemic of disseminated Kaposi's sarcoma in homosexual men were studied by clinical, virologic, immunologic, and genetic methods. The patients were all male homosexuals ranging in age from 29 to 52 years, with histories of multiple sexually transmitted diseases and exposure to both prescription and recreational drugs. Sites of disease included skin (16 of 19 patients), lymph nodes (13 patients), gastrointestinal tract (12 patients), spleen (three patients), and lung (one patient). Most patients had elevated levels of serum immunoglobulins, positive antibody titers to hepatitis A and B virus, cytomegalovirus and Epstein-Barr virus, and impairment of cell-mediated immunologic reactions. The frequency of HLA-DR5 in these patients was significantly elevated. Two of the 19 patients died. Although the precise cause of this epidemic is unknown, it is likely that a genetic predisposition, an acquired immunoregulatory defect, and one or more infectious agents and drugs may be involved.

UNTIL RECENTLY, Kaposi's sarcoma was a tumor rarely seen in North America or Europe, with a reported annual incidence of 0.02 to 0.06 per 100 000 (1, 2). The disease occurred most often in persons aged 50 years and older with a man to woman ratio of 10 to 1 (3). The classic form of the disease, first reported in 1872 by Kaposi (4), presents with a localized, nodular tumor, ranging in color from blue to purple, on a lower extremity. The tumor is relatively sensitive to radiation or chemotherapy and survival has been in the range of 8 to 13 years (3). A more disseminated, lymphadenopathic, and rapidly fatal form of Kaposi's sarcoma occurs in equatorial Africa, primarily in black boys and young men and, less frequently, in women (5, 6). Kaposi's sarcoma accounts for approximately 9% of all cancers in that region (3). Kaposi's

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sarcoma has also been reported in patients having renal transplants, in patients with lupus erythematosus receiving immunosuppressive therapy, and in patients treated with corticosteroids for other diseases (7-11).

In the 2-year period before January 1981, an epidemic involving 73 homosexual men with a disseminated type of Kaposi's sarcoma had been reported to the Centers for Disease Control. These patients had been seen primarily in New York and California (12, 13); the 19 patients we describe here were in this group. The clinical features, natural history, and mortality of the disease in homosexuals are similar to the lymphadenopathic form of Kaposi's sarcoma seen in Africa and in immunosuppressed renal transplant patients (14-16).

We report our findings, including clinical features, virologic, immunologic, and genetic studies on 19 previously undescribed cases of disseminated Kaposi's sarcoma in homosexual men. All of these patients were evaluated prospectively at New York University Medical Center between 1 May 1981 and 1 September 1981.

Materials and Methods

Complement fixing antibody titers for cytomegalovirus were ascertained using patients' sera as previously described (17); cytomegalovirus strain AD 169 was used. Serum antibodies to Epstein-Barr viral capsid antigens were quantitatively tested by the indirect immunofluorescence technique. Eight-well microscope slides containing the acetone-fixed Epstein-Barr viral capsid antigen positive T 3 HR 1K Burkitt's lymphoma cell line were used (Litton Biometrics Inc., Kensington, Maryland) (18-19). Hepatitis B surface antigen (HBsAg), hepatitis B IgG antibody (anti-HBs), and hepatitis A IgG antibody (anti-HAV) measurements were done by radioimmunoassay (20, 21). For comparison, the sera of non-homosexual patients with the classic, indolent form of Kaposi's sarcoma were used for cytomegalovirus and Epstein-Barr viral antibody studies.

Complement (C3 and C4) and immunoglobulin levels were measured using radial immunodiffusion kits (Kallestad Labs, Inc., Chaska, Minnesota; and Meloy Labs, Springfield, Virginia, respectively). Measurements of rheumatoid factor were done

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Case report...czyli co?



The image shows a screenshot of the Wikipedia article for "Case report". At the top right, it says "Not logged in" with links for "Talk", "Contributions", "Create account", and "Log in". Below this is a navigation bar with "Article" and "Talk" tabs, and buttons for "Read", "Edit", and "View history". A search box on the right contains the text "Search Wikipedia" and a magnifying glass icon. The article title "Case report" is prominently displayed in a large serif font. Below the title, it says "From Wikipedia, the free encyclopedia" and a button labeled "Visit the main page". The main text of the article begins with "In medicine, a **case report** is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence. Some case reports also contain a literature review of other reported cases. Case reports are professional narratives that provide feedback on clinical practice guidelines and offer a framework for early signals of effectiveness, adverse events, and cost. They can be shared for medical, scientific, or educational purposes."


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In medicine, a **case report** is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence. Some case reports also contain a literature review of other reported cases. Case reports are professional narratives that provide feedback on clinical practice guidelines and offer a framework for early signals of effectiveness, adverse events, and cost. They can be shared for medical, scientific, or educational purposes.

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A teraz zejźmy twardo na ziemię...

- A po co Wam to wszystko?

Założenia

- ⦿ Osoby słuchające nie widziały pacjenta
- ⦿ Informacje podajemy w odpowiedniej kolejności
- ⦿ Dawkujemy przyjemności
- ⦿ Informacja mówiona vs informacja pisana
- ⦿ Pokażcie jacy z Was klinicyści!

Prezentacja:

- (Wstęp)

⊙ Pacjent

- Wywiady
 - Wiek
 - Powód przyjęcia
 - Główne dolegliwości
 - Dotychczasowy przebieg choroby
 - Choroby współistniejące, dolegliwości z pozostałych układów
 - Wywiady rodzinne

⦿ Pacjent cd

- Badanie fizykalne
 - Stan ogólny
 - HR, RR
 - Głównie odchylenia

- Rozpoznanie wstępne + różnicowe

⦿ Pacjent cd.

- Badania dodatkowe
 - Badania laboratoryjne
 - Badania obrazowe
 - + konsultacje

- Postępowanie

⦿ Dyskusja

- (Rozpoznanie ostateczne)

- Kilka słów o chorobie

Prezentacja w liczbach

- ⦿ Czas – 10 - 15 min + komentarze
- ⦿ Liczba slajdów – 5 - 7
- ⦿ Liczba osób przygotowujących – 2

◎ Powodzenia!