COMMUNICATION AND DOCTORS — PERSONAL PERSPECTIVE

As a first step towards achieving a more pleasant work environment, the medical colleges should encourage debate on maintaining good manners and professionalism between their fellows.

After that, it's over to you and me!

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Competing interests

None identified.

References


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3 Fax from an endoscopist to a radiologist

Dear Dr [redacted]

Clinical details: Severe oesophageal pain and dysphagia. Acid reflux and heavy smoker.

Findings: The oesophagus shows uniform moderate severe stricture and presumed (barrett’s.) No oesophageal contractions were seen. Throughout the length of the oesophagus, there were innumerable deeply penetrating ulcer craters.

Thank you for referring.

Yours sincerely

After the suggested endoscopy, the endoscopist faxed back the radiologist’s report with this handwritten comment.

“Boomerang sign” in the splenium of the corpus callosum

A middle-aged man with type 2 diabetes was brought to hospital with a history of loss of consciousness for an unknown period of time. He had refractory hypotension and hypoglycaemia. A magnetic resonance imaging scan showed an infarct in the splenium of the corpus callosum (Figure). The splenial infarct resembled a “boomerang”, which is characteristic.1

Strokes involving the splenium of the corpus callosum are associated with hypoperfusion,2 and can be seen in association with metabolic changes such as hypoglycaemia, hyponatraemia, hypernatraemia, and renal failure.1

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SNAPSHOT

Magnetic resonance image: axial FLAIR (fluid-attenuated inversion recovery) sequence, showing boomerang-shaped signal hyperintensity in the splenium of the corpus callosum.