The Medical Bulletin

In Critical Care

1. With lost avulsed teeth, consider aspiration and obtain chest and/or abdominal x-rays.
2. Consider atypical infections, specifically Mycobacterium tuberculosis, in patients presenting with respiratory symptoms that are immune-compromised or have recently traveled to endemic areas.
3. The electrocardiogram (EKG or ECG) is the most important diagnostic tool in evaluating a patient with chest pain, but it only captures a moment in time and therefore may not be enough to rule out cardiac disease in patients with moderate to high-risk chest pain.
4. Be wary of the elderly patient with nonspecific abdominal pain, especially if it is described as a tearing/shearing pain with radiation to the back, or blood is present in the stool or urine. You should maintain a high index of suspicion for abdominal aortic aneurysm (AAA).
5. When evaluating right lower quadrant (RLQ) pain in a female, it is important to perform a bimanual exam to help differentiate between abdominal and pelvic origins of the pain as the imaging choices will vary.
6. Asymptomatic viral shedding is extremely common the first year after initial outbreak of genital herpes.
7. Fever occurs with acute pyelonephritis only about half of the time.
8. Nonbacterial prostatitis/chronic pelvic pain syndrome occurs in about 90% of cases of chronic prostatitis.
9. Of untreated gonococcal (most common cause in urban areas)/chlamydial (most common cause in college students) cervicitis, 10%–20% may progress to pelvic inflammatory disease (PID).
10. Patient older than 40 years of age who present with Bartholin abscess should be referred to a gynecologist to rule out Bartholin gland cancer.

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