Clinical Vistas

A case of painful elbow: What's your diagnosis?

DOI:10.1503/cmaj.051162

The Case: A 29-year-old male who had previously been healthy discovered, upon awakening, swelling and pain over the left olecranon. Despite numerous complaints to his wife, this condition was ignored for several hours. The pain increased steadily over this period, during which the left elbow developed a large golf-ball appearance, resulting in a large amount of self-pity.

The patient immediately sought the help of 2 family physicians. He was observed to favour the left arm rather dramatically and repeatedly entreat sympathetic responses from bystanders.

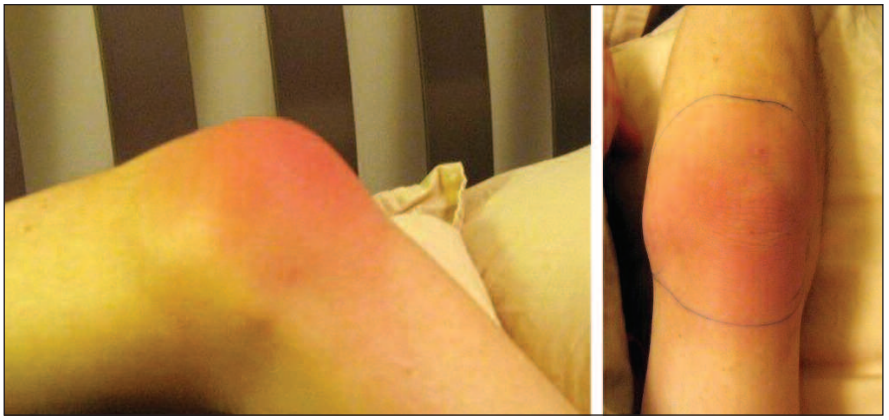

Fig. 1: Patient's right elbow.

The left elbow was erythematous and swollen, tender and warm to the touch. The area of erythema had spread to much of the soft tissue surrounding the olecranon (Fig. 1).

What is your diagnosis? What do you think caused the problem?

Answer on page 1446

"Playboy Rabbit" sign: What's your diagnosis?

DOI:10.1503/cmaj.050428

The Case: A 35-year-old, otherwise healthy woman arrived with complaints of shortness of breath and abdominal pain. Results of a physical examination, electro- and echocardiography, and chest radiography were all normal. An ultrasound scan of the liver was done (Fig. 1). What is your diagnosis?

Answer on page 1446

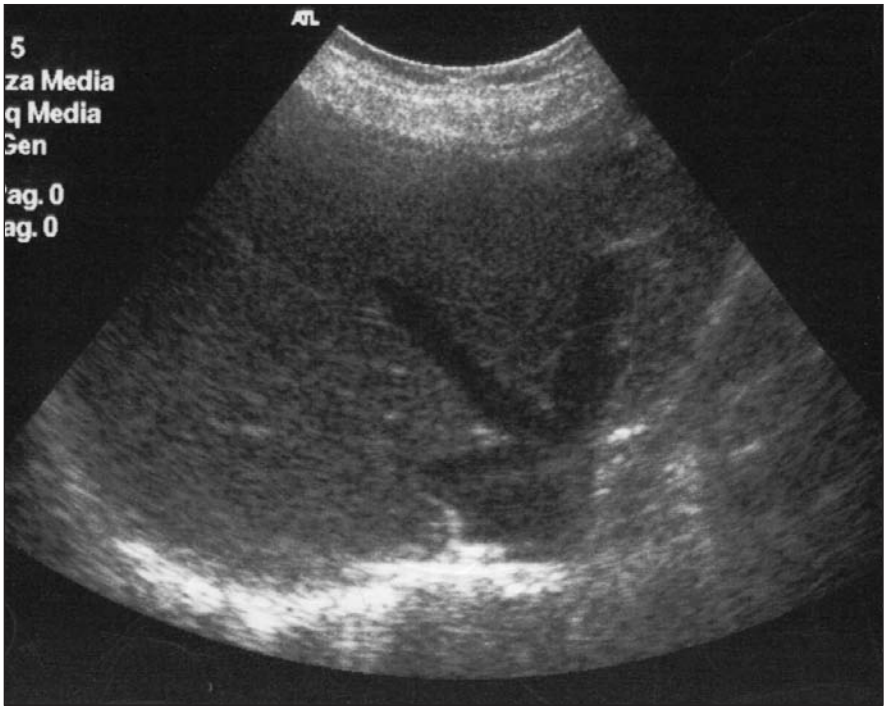

Fig. 1: Ultrasound image of the patient's liver.

Answer to Clinical Vistas:

A case of painful elbow

The Diagnosis: After considering the patient's primary occupation (Fig. 2), both examining clinicians (on separate occasions) diagnosed olecranon bursitis and prescribed cephalexin 500 mg QID and celecoxib 200 mg OD. Despite the certainty of these 2 physicians of their diagnosis, the patient sought the opinions of a rheumatologist, a rheumatology fellow, a nephrology fellow, a cardiology fellow, 3 endocrinologists, 3 internal medicine residents, a clinical clerk, a ward aide, and anyone else he ran into that day. After at least 14 concurring opinions, the patient accepted the diagnosis.

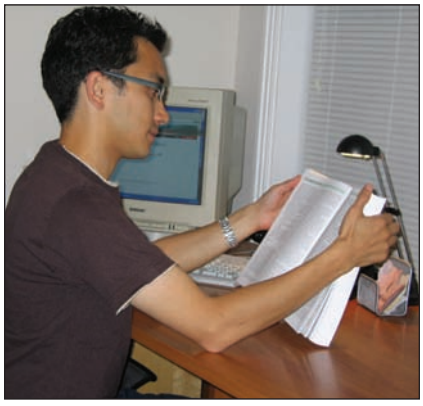

Fig. 2: The patient (D.H.S.) studying for his Royal College exams.

Over the next 48 hours, the patient's symptoms increased, and he began to show signs of a delusional state, babbling on about necrotizing fascitis devouring his left arm. He entered a panicky state, describing visions of trying to hold Harrison's or demonstrating physical examination techniques with one arm.

After 48 hours, the swelling began to stabilize and regress; and as the physical symptoms resolved, the patient's delusional state returned to normal. After receiving careful instruction not to lean on his elbows, the patient recovered sufficiently to continue his studying, although whining behaviour persisted for some weeks.

This case represents an underreported hazard of residency training. Much publicity has surrounded the effect of long hours on residents' health,[1–3] but the hazards of academic and licensing examinations have received little media attention. Although associated with increased stress, insomnia, weight gain and loss of social skills, studying for exams (sometimes called "cramming") has never before been reported as a cause of infectious complications. We, the authors, believe more attention should be given to this important area, as it may prevent future incidents and unnecessary clinical and spousal stress. Future Royal College prep sessions should include warnings about the dangers of Royal College bursitis, and the prophylactic possibilities of elbow pads.

David H. Shu
Division of Endocrinology
Queen Elizabeth II Health Sciences Centre
Abigail C. Shu
Family Practice Associates
Maggie Yuen
Division of Hematology
Charles Constantine
Division of Nephrology
Queen Elizabeth II Health Sciences Centre
Halifax, NS

Competing interests: None declared.

REFERENCES

1. Barger LK, Cade BE, Najib MS, et al. Extended work shifts and the risk of motor vehicle crashes among interns. *N Engl J Med* 2005;352:125-34.
2. Daugherty SR, Baldwin DC, Rowley BD. Learning, satisfaction, and mistreatment during medical internship. *JAMA* 1998;279:1194-9.
3. Thomas NK. Resident burnout. *JAMA* 2004;292: 2880-9.

Answer to Clinical Vistas:

"Playboy Rabbit" sign

The Diagnosis: The ultrasound scan showed a rabbit-shaped image caused by the confluence of the middle and right hepatic veins. The strongly suggestive image, also known as Mumoli's sign (named after the senior author), shows the hepatic veins joining together into the inferior vena cava. It is highly reproducible with a transverse subcostal view in deep inspiration during ultrasound scanning of the normal liver.

We were unable to find any previous report describing a rabbit-like sign.

The patient was given assurance that she had no physical abnormality and was discharged with a diagnosis of anxiety. Indeed, the woman returned immediately to her work as a waitress in a nightclub.

In the preface to the first edition of his *Principles of Internal Medicine*, Tinsley R. Harrison stated that physicians need "technical skill, scientific knowledge, and human understanding ... courage, humility, and wisdom."[1] Although these words have proven true many times, we believe that a little bit of curiosity and humour can help physicians to face their heavy duty to serve the suffering human being.

And sometimes, upon receiving the results of an imaging scan, one simply has to do a double-take.

Nicola Mumoli
Marco Cei
Department of Internal Medicine
Livorno Hospital
Livorno, Italy

Competing interests: None declared.