



Introduction:

Welcome to CUGH's bi-weekly clinical case-series, "Reasoning without Resources," by Prof. Gerald Paccione of the Albert Einstein College of Medicine. These teaching cases are based on Prof. Paccione's decades of teaching experience on the medical wards of Kisoro District Hospital in Uganda. They are designed for those practicing in low resource settings, Medicine and Family Medicine residents, and senior medical students interested in clinical global health. Each case is presented in two parts. First comes a case vignette (presenting symptoms, history, basic lab and physical exam findings) along with 6-10 discussion questions that direct clinical reasoning and/or highlight diagnostic issues. Two weeks later CUGH will post detailed instructors notes for the case along with a new case vignette. For a more detailed overview to this case-series and the teaching philosophy behind it, see [Introduction to "Reasoning without Resources"](#). Comments or question may be sent to Prof. Paccione at: gpaccion@montefiore.org

Note: If you would like to be notified when a new case is posted (along with instructor notes for the previous one), send your e-mail to Jillian Morgan at jmorgan@CUGH.org.

About the Author:

Dr. Gerald Paccione is a Professor of Clinical Medicine at the Albert Einstein College of Medicine in the Bronx, New York. His career has centered on medical education for the past 35 years – as a residency Program Director in Primary Care and Social Internal Medicine at Montefiore Hospital, and director of the Global Health Education Alliance at the school. He has served on the Boards of Directors of Doctors for Global Health, Doctors of the World USA, and the Global Health Education Consortium. Dr. Paccione spends about 3 months a year in Uganda working on the Medicine wards of Kisoro District Hospital where he draws examples for the case studies.

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1. What is the “frame” in this case (i.e. key clinical features the final diagnosis must be consistent with)?

2. What is the diagnostic significance of the various features of the history and physical exam of the back pain in this patient?

3. What is the differential diagnosis of the prolonged fever in this patient and what are the clinical “pros and cons” for each disease suggested?
What is the *most likely* diagnosis?

4. Which other diseases are the main sources of diagnostic confusion, and how do you distinguish between them?

5. Which data, *missing from the history in the vignette above*, are important in patients with chronic fever?

6. What is the gold standard of diagnosis for this disease, and how is the disease diagnosed in Africa?

7. a) What are the most common reasons for *missing* the diagnosis?
b) What are the most common reasons for *over-diagnosis* of the disease?

8. When should this disease be considered clinically?

9. a) How would you empirically treat the patient in the vignette, and why?
b) What are the therapeutic implications of the principle *alternative* diagnoses on the choice of empiric therapy?