

**Guía para la presentación de casos médicos en inglés**

**Guide for the presentation of medical cases in English**

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**RESUMEN**

Las exigencias actuales que la sociedad impone a los profesionales de la medicina precisan de una sólida preparación en el idioma inglés, y el médico cubano no es una excepción. Por razones obvias este idioma se ha convertido en la lengua de la ciencia y la tecnología a nivel mundial y por tanto, de la comunicación internacional. La presentación de casos constituye una actividad de marcada importancia en el ejercicio de la medicina, posibilita intercambiar experiencias, emitir juicios, valoraciones, y hasta actualizarse en determinados aspectos de la profesión para lo que se requiere, entre otros, del conocimiento del inglés para enfrentar esta actividad en la docencia, eventos de carácter internacional y actividades de colaboración en países de habla inglesa. El presente trabajo brinda elementos que constituyen fórmulas lingüísticas imprescindibles para realizar una presentación de casos que reúna los requisitos de la comunicación científico-médica y ha sido empleado como material docente complementario, autodidacta y de consulta en la enseñanza del inglés con fines médicos en el ISCM-C.

**DeCS:** REGISTROS MÉDICOS.

## **ABSTRACT**

The current demands that society has imposed on the medical profession include, among others, the use of the English language and Cuban doctors are no exception. For obvious reasons, English has become the language of science and technology and thus the language of international communication. Case presentation is an activity of utmost importance in medical practice. It provides an opportunity for scientific discussion, and professional exchange through the discussion of problematic and/or interesting medical cases for which the use of English is necessary especially in teaching activities abroad, international events and conference presentations and in medical collaborations in English-speaking countries. The present paper provides linguistic formulas that constitute the core of a case presentation according to the requirements of the medical profession. This material has been used for teaching purposes both as a complementary booklet in TEMPs (Teaching English for Medical Purposes) lessons, and for self-study sessions in Camagüey Medical University.

**DeCS:** MEDICAL RECORDS

## **INTRODUCCIÓN**

La presentación de casos es un tipo de educación en el trabajo con la finalidad de desarrollar en los estudiantes de medicina las habilidades necesarias para integrar y evaluar los datos obtenidos durante el interrogatorio, el examen físico, las investigaciones y exámenes de laboratorio efectuados al paciente, que, unido a los conocimientos teóricos, les va a permitir llegar a una valoración diagnóstica que a su vez conduzca a la elaboración de un plan terapéutico, quirúrgico o de cuidados y a un juicio pronóstico acerca del caso que se trate. <sup>1</sup>

Los futuros médicos cubanos comienzan a familiarizarse con este tipo de actividad desde que se encuentran en el primer semestre del tercer año de la carrera y la comienzan a desarrollar con mayor rigor científico a partir del segundo semestre de ese mismo año, <sup>2</sup> entre otras cuestiones, ya que las discusiones diagnósticas van a estar avaladas por un mayor arsenal de conocimientos teóricos que hacen que la actividad tenga mayor solidez en la medida en que avanza la preparación del estudiante.

Esto nos lleva a deducir que el personal médico, una vez graduado, no debe tener dificultades en esta área de trabajo y en realidad es así, pero sucede que cuando se enfrenta a esta tarea en un idioma extranjero, el inglés en este caso, comienzan a surgir problemas por carecer del tecnolecto adecuado que les permita expresarse de forma inteligible.

Lo señalado anteriormente reviste singular importancia en los momentos actuales ya que los horizontes del personal médico cubano se han ampliado considerablemente y una de las tareas que están llamados a resolver es la de prestar asistencia y colaboración en una gran cantidad de países, la mayoría de habla inglesa.

La presentación y discusión de casos, por su parte, constituye uno de los ejercicios evaluativos fundamentales que debe desarrollar el profesional que aspira a prestar colaboración en el extranjero y en especial en Sudáfrica.

Esta limitación a la que se hizo referencia conduce a veces a una errónea interpretación de lo que realmente pueda ser capaz de demostrar el médico en términos de su competencia y desempeño al verse imposibilitado de comunicar todo lo que realmente es capaz, por carecer de recursos lingüísticos necesarios para ello.

El presente problema científico condujo a la búsqueda de soluciones que pudieran aliviar la presente situación. Por otra parte, uno de los objetivos que persigue el curso de postgrado de Inglés para médicos es precisamente la presentación y discusión de casos, y luego de desarrollar en clases este aspecto durante los últimos tres cursos académicos, la práctica pedagógica ha demostrado que lo que a continuación se propone constituye, si no una solución salomónica al problema que se plantea, sí una vía de abordarlo, que por demás contribuye en gran medida a que nuestros profesionales puedan expresarse debidamente en este idioma.

Sería oportuno extender la propuesta a pregrado, por lo que se sugiere implementarla en el cuarto año de la carrera que es cuando los alumnos mayormente entran en contacto con este tipo de actividad, tanto en las asignaturas directamente relacionadas con la práctica médica, como en el caso de la disciplina Inglés, específicamente en Inglés VII y VIII y a los textos que se emplean en la impartición de las mismas.<sup>3</sup>

La propuesta consiste en la utilización de elementos lingüísticos que corresponden a las diferentes secciones para la presentación de un caso. Atendiendo al nivel de idioma que tienen y a los alumnos a quienes este material va dirigido se entiende que la pronunciación, aunque no deja de ser un serio problema, no debe impedir la inteligibilidad en términos de comunicación. De esto se desprende que a pesar de que el material está diseñado para trabajar en clases con la ayuda del profesor, puede

constituir un material autodidáctico de estudio y consulta para los alumnos en su trabajo de autopreparación.

Por razones metodológicas la presentación de casos se ha subdividido siguiendo los datos que necesita el médico para proceder a la presentación de casos, y por lo general provienen del interrogatorio médico-paciente al que se hacía referencia en párrafos anteriores. El orden que se sugiere no tiene que ser rígido, obedece también a cuestiones metodológicas de carácter organizativo. La práctica médica ha demostrado que atendiendo al caso del que se trate se puede no sólo alterar el orden, sino hasta omitir algún aspecto.

Queda pues al personal médico determinar qué le es útil o no, y aportar los conocimientos teóricos necesarios que le permitan llegar al nivel abstracto consciente para poder establecer un juicio diagnóstico.

### **CASE PRESENTATION AND DISCUSSION: STEPS TO FOLLOW**

1. Identifying data
2. Main complaint
3. History of the present illness
4. Previous or past history
5. Family history
6. Social history
7. Habits and medication
8. Physical examination
9. Lab tests. Diagnostic procedures and investigations
10. Differential diagnosis. Discussion.
11. Diagnosis. Prognosis
12. Management

Los elementos que aparecen entre paréntesis sólo sirven para ejemplificar. El alumno tomará lo que se ajuste a sus necesidades y brindará nuevos datos que ilustren verdaderamente el caso que vaya a presentar. Es muy probable que muchos de los elementos lingüísticos que aparecen debajo de un acápite específico puedan ser empleados en otro contexto donde cumplan una función comunicativa diferente, pero son igualmente válidos.

Los ejemplos que se ofrecen han sido tomados y adaptados de fuentes originales: revistas médicas especializadas y textos de medicina en inglés original. Las adaptaciones sólo comprenden el plano lingüístico.

### **USEFUL LANGUAGE HINTS**

#### **1. Identifying data**

A (25) year old (Angolan female medical student)

A (Cuban male nurse) aged (40)

A (French male nurse) of (56)

This (Caucasian man had persistent proteinuria at the age of 9 in 1959. He was reviewed at the age of 44)

**Main complaint (A)**

presented to (his general practitioner/ family physician/ the emergency room/ the casualty department).

was admitted to hospital because (he had fallen from a tree).

was brought into (the emergency room/ the casualty department).

attended the (surgical outpatient clinic/ orthopedic clinic).

as sent/ referred to (me/ the eye doctor).

came to (me/ the clinician/ the neurologist).

**Main complaint (B)**

with a complaint of (severe abdominal pain).

complaining of (back pain).

because (he/she had fallen from a tree).

because of (increasing breathlessness).

after (having several episodes of hemoptysis).

with a history of (continuous wheezing and breathlessness for two days).

with a (two-week) history of (fever and arthralgia).

with no history of (recent travel).

with (shortness of breath).

**History of the present illness**

On this occasion/ On arrival/ At the time of admission/ On admission/ On direct questioning/ On closer questioning/ On further questioning:

he/she was (in obvious distress/ pale/ in pain/ having fits).

he/she said he/she had had (frequent attacks of asthma since childhood).

he/she admitted having experienced (a similar pain/ nausea and vomiting).

he/she reported (a sore throat three weeks previously).

**Past history**

Over the previous (three years/ months/ days/ hours).

One year/ week/ month/ before (he/she) had had (a nagging cough).

(One year) before (his/her) admission.

The only past history of note was ( a lump in her left breast one week before).

On further questioning he/she had been (in remarkably good health all his/her life).

(The pain) had been present (for several months).  
For the past (couple of months/ days/ hours/ years).  
He/she had (lost 8 kg in weight).  
He/she had complained of (left-sided abdominal pain).  
He had developed (renal failure two years before admission).  
He/she had had (several episodes of vomiting).

### **Family history**

His/her father/ mother was/is diabetic.  
His/her father/ mother complains of complained of/ died of/ had had.  
There was/ is no family history of (hypertension).  
Both his/ her parents/ children are (healthy).  
Other family members were also diagnosed as having.

### **Social history**

He/she has been on that job for years.  
He/she has changed jobs many times in the last couple of years.  
He/she has never taken any physical exercise.  
He/she has been happily married for (many years).  
His/her wife/husband passed away recently.  
He/she comes from a poor/ wealthy/ well-to-do family.

### **Habits and medication**

He/she admits to drinking (several bottles of brandy weekly).  
He/she smokes (30 cigarettes daily).  
He/she occasionally smokes (cigars).  
He/she has never drunk alcohol in excess.  
He/she is allergic to (penicillin).  
He/she has an allergy to (iodine).  
She's been on (the pill) for some time.  
He/she's taking (water pills) at present.  
He/she often takes (sedatives/ painkillers/ antacids).  
He/she used to smoke (20 cigarettes) daily but he quit (a few months ago).

### **Physical examination**

There were no significant findings on examination  
There was nothing remarkable/significant on examination.  
There were (no abnormal signs in the lung fields/ no localized neurological signs).  
There was (no evidence of heart failure/ no tenderness/ no ankle edema).  
There was mild rebound tenderness.

His/her general condition was satisfactory/ poor.

His/ her (BP was 100/60/ pulse).

His/her BP was well controlled.

His/her (abdomen was not distended).

His liver was palpable to (three) finger-breadths.

He/she had (a BP of 100/60/ a pulse of 90/minute/ a dry tongue).

BP (100/60) / Pulse).

No (palpable masses) were felt.

(Bowel sounds) were absent.

(In the lungs) there were.

Neither (liver, kidneys nor spleen) were palpable.

On examination he/ she was or was found to be/ shown to be/ observed to be (obese, pale, overweight, healthy, jaundiced, febrile).

Examination of the chest showed evidence of (emphysema).

Examination of the abdomen revealed (an enlarged liver).

On rectal examination there were ( no masses).

On bimanual examination (the uterus felt bulky).

On vaginal examination (her uterus was enlarged to 30 weeks size).

On (pelvic) examination she had (an ill-defined mass in the right adnexum).

### **Lab tests. Diagnostic procedures and investigations.**

Chest X-ray showed (pleural effusion/ a mass).

(Abdominal X-ray) suggested the presence of (intrapertitoneal fluid).

(Ultrasonogram (revealed).

(Endoscopy) showed.

Hemoglobin -Hg-) rose initially to (11 g/dl / decreased to 8 g/dl).

A follow-up (electrocardiography) revealed (resolution of the pericardial effusion).

(The findings on examination) reveal (a significant rise in the systemic venous pressure).

His/her erythrocyte sedimentation rate (ESR) was elevated at (62).

His total protein was just normal at (60).

His calcium was low at (1.96) with a (normal) phosphate and a (normal) magnesium.

(ESR) was considerably elevated.

(Plasma valine) decreased from (1500  $\mu\text{mol/l}$  to 721  $\mu\text{mol/l}$ ).

Cultures of (blood, bone marrow, urine and cerebrospinal fluid -CSF) were (negative).

(Cerebral magnetic resonance imaging -MRI-) showed.

(Nephrocalcinosis) was seen on plain radiographs.

Laboratory results are shown in the table.

### **Differential diagnosis. Discussion**

A variety of illnesses may mimic (myocardial infarction). The most common conditions are (acute pericarditis, myocarditis,).

Although no history of (trauma or seizures) were reported.

The possibility of (splenic rupture) should not be excluded.

(This disease) may present with (severe neurological manifestations).

It may be that (the gastroenteritis) contributed to the crisis in this patient.

(Vitamin B12) deficiency was found to be the cause.

(Splenomegaly) found in our patient is also a manifestation of.

In this case, patients may present with (heart failure).

This illness responds well to (antibiotic treatment).

(Tungsten) may cause (lung fibrosis or dermatitis) in.

Our patient did not develop (renal failure).

In this patient (clinical, hematological and histological) features were initially suggestive of.

The lack of a clinical response (with steroids) prompted us to think again.

His/her symptoms could be produced by (many different disease processes).

A striking feature of the history is (the absence of dyspnea).

(Blood loss from piles) may certainly be sufficient to cause anemia.

It is difficult to evaluate (the left chest pain).

(A number of points) must be considered in his personal history.

(He/she is a heavy smoker) which predisposes him to.

His/her alcohol intake is sufficient to cause significant tissue damage.

(Duodenal ulceration) has a tendency to recur.

His/her (anemia) may be due to (the bleeding from the duodenum rather than the piles).

It is impossible to exclude (this possibility) (without further barium studies).

(The firmness and lack of tenderness of the liver) suggest that.

(Many of the features of congestive heart failure) are present.

There is no history/ evidence of (chronic pulmonary disease).

The etiology was/ was assumed to be/ could be/.

The signs (in the chest) are (those of a pleural effusion).

(This) would not account for (his/her recent deterioration).



A diagnosis of (myocardial infarction) does not fit in with (the pattern of his previous illness).

(Pericardial tamponade) is a very likely diagnosis/ highly probable.

(Hypoproteinemia) might cause.

(A chest X-ray) may show/ reveal/ showed/ revealed.

(Endoscopy) confirmed the presence of.

It is probable that (the precipitation of left ventricular failure in this woman) was the result of (the intravenous infusion of Salbutamol).

(A number of factors) were undoubtedly contributory to (the onset of pulmonary edema).

(Dietary and alcoholic excesses) can also cause (an acute gastritis).

(Acute pancreatitis) can cause (pain of similar severity and radiation), but/ however/.

(A peptic ulcer) is a possible but unlikely diagnosis due to (the absence of).

(Absence of fever and of lower abdominal pain) make (appendicitis) very unlikely.

### **Diagnosis. Prognosis**

Features such as a (preference to be alone, a short attention span...) should alert the clinician to the diagnosis.

All the features of the history and examination are consistent with a diagnosis of (pain due to gallstones).

The history of. points to the diagnosis of.

This was confirmed (by histology) as being (an adenocarcinoma).

The diagnosis was not finally confirmed until (some months later) (when a lymph node finally appeared) (and we biopsied that and).

If the presumptive diagnosis of is supported by the investigations then.

A diagnosis of (sarcoidosis) was made.

He/she was diagnosed (as having) (hepatitis).

No diagnosis was made.

The prognosis is good/ poor/ guarded/ bad.

### **Management**

He/she was given (two units of packed red blood cells)

He was started on (Prednisolone).

He/she was prescribed (oral Ampicillin).

He/she was treated with (a course of antibiotics).

He was commenced on (triple therapy with).

He/she was transfused because of (his anemia).

He/she was sent home (on oral iron).  
He/she was referred to (the dermatologist).  
He/she was sent to (a reference center).  
The patient was hemodialyzed.  
He/she developed acute pulmonary edema.  
The patient's (fever) persisted.  
(Hydrolazine) was added to the treatment.  
The drug/medication was changed to.  
(Cephalexin) was continued.  
Treatment with (oral Sodium bicarbonate) was started.  
Vit B12 was started.  
An IV (Salbutamol) infusion was set up.  
(A digital examination) should be/ should have been made/ and (sigmoidoscopy) should be/ should have been/ performed as a routine.  
(An ultrasound examination) is essential in the assessment of.  
There is no need for (an emergency laparotomy) if there is no evidence of (peritonitis or).  
(Urine) should be tested for (bile pigments).  
(An ultrasound of the gallbladder) will show both (the presence of gallstones) and may reveal (additional information if inflammation and thickening of the gallbladder wall are seen).  
Peritoneal dialysis is often advocated for treatment.

#### **OTHER USEFUL PHRASES**

His/ her symptoms subsided.  
He/ she relapsed with identical symptoms.  
He/she had new/ different complaints/ signs/ symptoms.  
He/she was symptom-free.  
He was readmitted.  
He was discharged on.  
At outpatient review.  
At follow-up he continued to (lose weight).  
His/her general condition deteriorated.  
He/she improved very quickly.

## **CONCLUSIONES**

Las exigencias actuales que la sociedad impone a los profesionales del sector de la medicina precisan de una sólida preparación en una lengua extranjera, en este caso el idioma inglés, que por razones obvias se ha convertido en el idioma de la ciencia y la tecnología a nivel mundial y por tanto, de la comunicación internacional.

La presentación y discusión de casos es una actividad de marcada importancia en el ejercicio de la práctica médica en todas las latitudes. Para muchos constituye una actividad esencial por medio de la cual pueden intercambiar experiencias, emitir juicios y valoraciones de carácter científico, y hasta actualizarse en determinados aspectos de la profesión para lo que requieren, entre otros, del conocimiento del inglés.

De ahí que el dominio del idioma sea de vital importancia para los profesionales que deben enfrentar esta actividad, bien sea en la docencia, eventos de carácter internacional, actividades de colaboración, entre otras. La presente guía constituye un material docente complementario y de consulta que resulta de gran utilidad en la enseñanza del inglés con fines médicos, tanto para pregrado como postgrado, y demuestra, entre otras cuestiones, que la disciplina inglés no sólo desempeña un papel académico en el plan de estudios de la carrera de Medicina, sino que es un instrumento necesario para el trabajo profesional y la preparación científica del médico en Cuba.

En ningún momento se ha pretendido agotar el tema, de hecho, la propuesta es sólo una muestra de las expresiones, frases y enunciados que se utilizan en este tipo de actividad, que pueden y deben enriquecerse. De nuevo, todo queda a elección del usuario (el médico), que es en última instancia, el que debe valorar el material que se le ofrece como un instrumento al que dará el uso que corresponda según el caso.

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