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Do we always listen well to our patients? Maybe today they're telling us a different story...

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Background & Aim: Attending chronic patients sometimes could lead us to misdiagnosis and consequently mistreatment, as they almost always have the same complaints and usually they don't say "something new".

Method: We will present a clinical case from our health care practice; all data were extracted from the patient's electronic medical records.

Results: 78-year old woman diagnosed with inflammatory bowel syndrome, essential tremor, glaucoma, osteoporosis and depression, in chronic treatment for her pathology. Motive of consultation: she came saying that all her health conditions got worse within the last two months: she experienced more diarrhoea and weight loss, more shortness of breath especially at exercise since then, more trembling and she couldn't take it anymore, her depression "went faster", she started to cry during the visit. Physical examination: rapid irregular heart sounds, no murmurs, no oedema of lower limbs, BP: 110/65 mm Hg, O2Sat: 98%. ECG: atrial fibrillation (AF) at 130 bpm. Blood tests: Haemoglobin 11.6 mg/dl, mild neutropenia, mild thrombocytosis, NT-pro-brain natriuretic peptide (NT-proBNP) 2,969 pg/mL (NV: <450), TSH<0.008, T4: 3.52.

Diagnosis: primary hyperthyroidism. She was referred to hospital. During hospitalization she was seen by endocrinologist (diffuse hyperfunctioning goiter, initial treatment tiamazol), cardiologist (AF, atrial hypertrophy, started treatment with propranolol 40 mg bd), haematologist (oral anticoagulation for AF - acenocumarol). What happened: patient's new condition - hyperthyroidism- triggered the development of AF and acute cardiac failure (shortness of breath), trembling, diarrhoea, weight loss and her depression also got worse.

Conclusions: We have to be very careful when attending chronic patients because although they almost always say the same words, they can experience new health conditions and we might misinterpret them.