Editor's Message

Dedicated Focus on the Everyday

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This month the articles in OFP range from the common to the rare but with a dedicated focus to a few common conditions we, as family physicians, see every day.

The review article on acute mechanical small bowel obstruction is an easy read. The diagnosis has not changed much over time but it is one of the few conditions for which plain films of the abdomen are still helpful and most patients go on to get a computerized tomographic (CT) scan of the abdomen and pelvis with and without contrast to precisely detect the location of the obstruction and possible underlying causes. It is a surgical condition even if the choice is observation; as such the surgeon should be the one observing.

The side effects of radiation therapy are reviewed and while most of our patients have not had radiation therapy, it is important to keep in mind for those patients who have had radiation treatment. Radiation therapy has changed over the years with the dose being delivered more precisely in both location and dose. Patients who have survived their cancers may present years later with radiation-induced problems. These may include: a secondary cancer, gastrointestinal problems, radiation pneumonitis, pulmonary fibrosis, radiation induced heart disease (RIHD) and radiation dermatitis. Radiation dermatitis is one of the most common side effects of radiation and may be acute and or chronic.

We present an article on a particular rare microbe, lactococcus garvieae, and a broader article on the very common topic of dysuria. Dysuria in non-pregnant females is often cystitis and can be diagnosed and treated symptomatically without urinalysis or culture but beyond that cultures become the tool for diagnosis and treatment. Dysuria may be simple, recurrent or chronic cystitis, pyelonephritis or some less common cause of this symptom not discussed in the article.

As our generally healthy patients flock to the quick clinics, the office seems to be filling with more geriatric patients and that means we will see more congestive heart failure (CHF) in family medicine. It is common in the elderly and sometimes an unlucky younger person will present with this problem. The article reminds us of the most common CHF presentations of shortness of breath on exertion, orthopnea, swelling of the legs and sleep problems. While this is a clinical diagnosis the following may help in the diagnosis and treatment of CHF: chest x-ray, the laboratory test, Brain Naturetic Peptide (BNP) and echocardiograms. The author discusses possible surgical treatments, medical treatments and the important hospital follow up. It is nicely put together and worth your time if you are in clinical practice and have not recently reviewed the topic. We need to reassess patients to see if they are on the most current recommended treatments when they have been our patients for a long time, especially if the severity of illness changes or as they get older.

Happy reading.