

"REMEMBER THERE ARE HIDDEN FLAMES IN SURGICAL PRACTICE"

Thamer A Hamdan

MBChB, FRCS, FRCP, FICS, FACS, Professor of Orthopaedic Surgery, Dean of Basrah College of Medicine, Basrah, Iraq.

Surgeons should be fully aware of the expected and even the unexpected issues in surgical practice. They should never forget, that diseases may simulate each other to the extent that sometimes present with identical clinical features. Gratitude is addressed to the modern and advanced facilities which helped very much in clarifying difficult, confusing or even perplexing situations.

The rare or serious disease may hide itself under the umbrella of a common disease which is usually diagnosed as a routine common problem.

Also, we have to be fully aware of the underlying cause or causes of apparent pathology (the disease behind the disease). A good example is diabetes mellitus, which can lead to so many complications because of its effect on immunity.

Sadly, thousands of our patients are diabetic but they never know or they don't want to know this bitter reality. So, they present with chronic infection, discharging sinuses, delayed healing or impotence.

A silent peripheral neuropathy with unknown cause may lead to persistent infection, ulceration or delayed union.

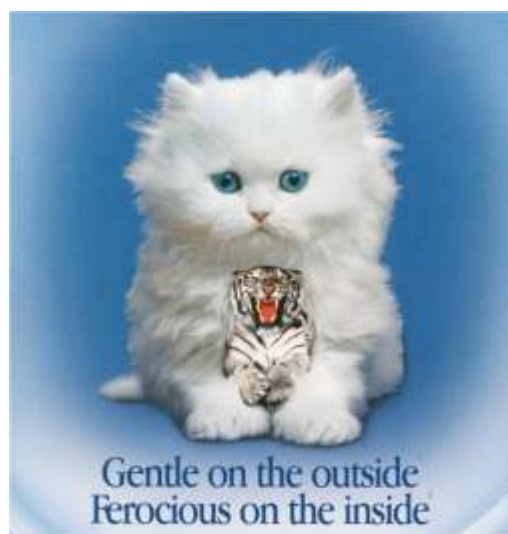
More than one pathology may be behind the patient suffering. Curing one may impair the healing process and lead to prolonged suffering. Moreover, the patient may be labeled neurotic, because he did not respond to the ideal treatment which was indeed a half way treatment.

A benign tumour may hide nidus of malignant transformation somewhere in the bottom of the tumour.

A non spondylogenic low back pain may be related to pathology in an anatomical structure far away from the back like, stomach, duodenum, pancreas, abdominal aorta, the urogenital system or a retroperitoneal structure. But what is apparent to the patient and his physician is the back, so it is for him a back pathology.

A systemic disease may lead to pathological processes in different anatomical regions, or may present solely in one area, though it is a systemic disease. A very good example is viral diseases like influenza which may present only as a local back pain.

Sickle cell disease is a systemic problem; a type of haemoglobinopathy, which may lead to a variety of pathologies commonly avascular necrosis of the femoral head or even acute abdomen.



The anaesthesiologist should be aware of silent cervical instability when he intubates patients with rheumatoid arthritis or after trauma; the sequel of this is a disastrous quadriplegia.

Silent osteoporosis is a frequent problem after age of sixty, but it may hide itself under the cover of common spinal pathology like spinal stenosis or spondylolisthesis.

Non discogenic sciatica syndrome may be related to gynecological or other abdominal problems like aneurysm of the abdominal aorta or internal iliac artery.

Psychiatric disorders will not give immunity against organic disease. I have seen a patient with schizophrenia and lumbar disc prolapsed. Congenital anomalies of the ribs or vertebral column may interfere with localization at the time of surgery for spinal pathology.

Pregnancy as a physiological process may lead to the appearance of so many pathological processes like muscle cramps, carpal tunnel syndrome, back pain or pelvic pain.

I do remember one lady who had excision of midline cervical lipoma, thinking it was behind her cervicogenic pain, but a hidden symptomatic pathology was cervical tuberculosis.

Because herniated pad of fat through lumbar fascia is palpable, it was blamed as a cause for low back pain which is really related to herniated intervertebral disc.

More than one malignancy may be seen in one patient at the same time or at different intervals.

Medical co-morbidities should always stay close to our mind. Osteoporosis may appear with or produced by a malignant lesion.

The non metastatic manifestations of malignancy may appear as a musculoskeletal condition like neuropathy or myopathy or vague musculoskeletal manifestation which is usually seen in association with bronchogenic carcinoma.

Pathological fracture is usually related to malignant lesions far away from the bone involved.

A hidden foreign body may lead to chronic discharging sinus or sinuses.

Neuromuscular disorders may lead to congenital dislocation of the hip. Ehler Danlis syndrome, India rubber man or hypermobility of the joints may be associated with dislocation of the joints.

Fractures and dislocations whether far apart or at a close proximity may appear at the same time and may lead to confusion by masking the clinical features of each other.

One pathology may lead to the development of a second pathology or two lesions may appear at the same time or later on. A good example is diabetes and tuberculosis, another example the adjacent segment disease in the spine after spinal fusion.

Infection in general, usually persists because of underlying cause or causes. During investigation for a well known pathology, accidental findings may appear which is sometimes more serious than the target itself.

To avoid falling in the trap of missing a hidden flame, we have to perform a proper standard physical examination associated with high index of suspicion and a wide range of thinking followed by laboratory and radiological screening.

The outcome of missing a hidden flame is disastrous on so many occasions, least to say is the late presentation which may lead to medico-legal sequences.

Finally, we have to be fully aware of surprise and the unexpected storm. Hopefully believing the philosophy of two brains are much better than one will make our carrier smooth, quiet and trouble free. This will keep us away from the half way treatment which is reflected badly on the moral of our dear patients or keep the treating physician on the blame which leads to suing.