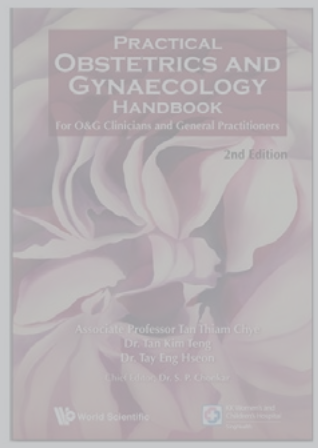
Practical Obstetrics and Gynaecology Handbook: for O&G Clinicians and General Practitioners 2nd Ed (2014)

by A/Prof Lee Kheng Hock, President, 25th Council, College of Family Physicians Singapore



"Practical Obstetrics and Gynaecology Handbook: for O&G Clinicians and General Practitioners 2nd Ed (2014)" is one of those books that residents love. It provides up-to-date, concise, comprehensive and information in a handy pocket size that you can carry everywhere for revision and quick reference.

This mini textbook has 74 very short chapters, each filled with succinct key points supplemented by flowcharts, algorithms, and practical vignette. The book sticks to fundamental principles and key management points and puts everything in a very readable format. Complex topics are distilled into practical bite size portions. It is ideal for quick read and goes straight to the important points.

The book is written specifically for family physicians and clinicians in the primary health care setting, focusing on problems that are likely to be encountered by family physicians. It also advises on first hand management, referral criteria guidelines and additional information on the probable actions by OBGYN after referral. Experienced obstetricians and gynaecologists might even find it useful to reaffirm and compare their practices with those advocated by the authors/contributors who are well known in their respective areas in O&G.

It is noteworthy that the book won the British Medical Award (BMA) Book Awards in 2015. Previous awardees included residents' favorites like Kumar and Clark's Clinical Medicine, Macleod's Clinical Diagnosis, Thalange's essentials of Paediatrics and Netter's Anatomy. So this book is in good company. Residents, especially those preparing for family medicine exams will probably find this book very helpful.

The authors include well-known local specialists such as A/Prof Tan Thiam Chye , Dr Tan Kim Teng, Dr Tay Eng-Hseon and Dr Sonali Chonkar. The content is therefore very practical and reflects local practice. Besides those who are preparing for family medicine exams, this book is also a good resource for practicing family doctors, medical students and even OBGYN specialists.

CM

Photo Quiz

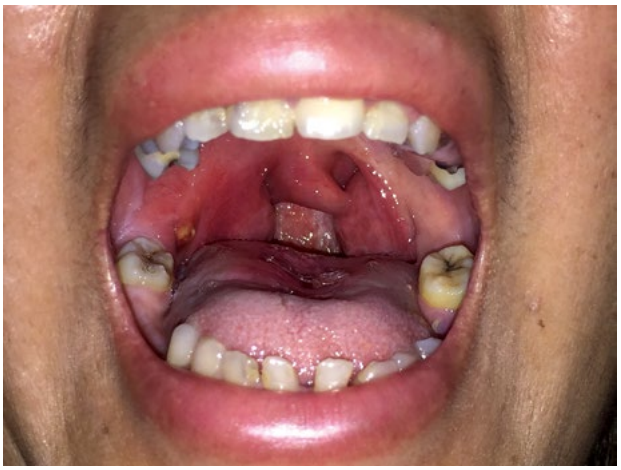
Contributed by Dr Nicholas Foo Siang Sern, Editorial Board Member

QUIZ #1

A 30-year-old lady presents with throat pain and fever of 2 days' duration. The pain is worse on the right.

QUESTION

Describe the findings seen on examination of her oral cavity/ oropharynx.

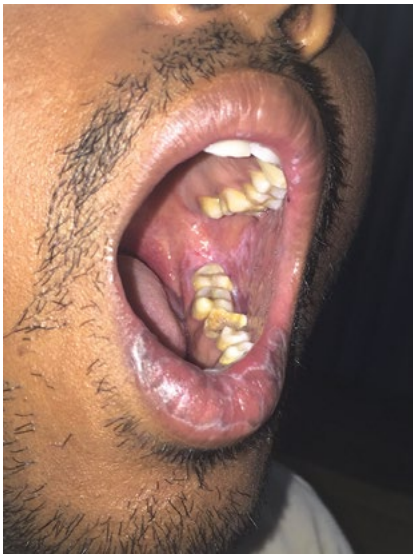


QUIZ #2

A 32-year-old man presents with a pruritic rash over his limbs of 3 months' duration. He has also noted some changes to his lips and buccal mucosa.

QUESTION

Describe the findings seen on examination of his oral cavity and limbs



◂ *Oral cavity*

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(continued from Page 19: Photo Quiz)

ANSWER

The following findings are seen:

- Asymmetrical appearance of the soft palate, with erythema and oedema on the right side
- Collection of pus at the right peritonsillar area
- Uvula is displaced to the left

WHAT IS THE DIAGNOSIS?

Right Peritonsillar Abscess

LEARNING POINTS

- A Peritonsillar abscess (PTA), or Quinsy, is a localised accumulation of pus in the peritonsillar tissues.

- The most widely accepted etiologic theory involves the progression of an episode of exudative tonsillitis first into peritonsillitis and then into frank abscess formation. PTA has also been documented to arise de novo without any prior history of recurrent or chronic tonsillitis.

- The nidus of infection is located between the capsule of the palatine tonsils and the constrictor muscles of the pharynx. The anterior and posterior pillars, torus tubarius (superior), and pyriform sinus (inferior) form the boundaries of this potential peritonsillar space. Because this area is composed of loose connective tissue, severe infection may rapidly lead to formation and accumulation of purulent material. Progressive inflammation and suppuration may extend to directly involve the soft palate, the lateral wall of the pharynx, and, occasionally, the base of the tongue.

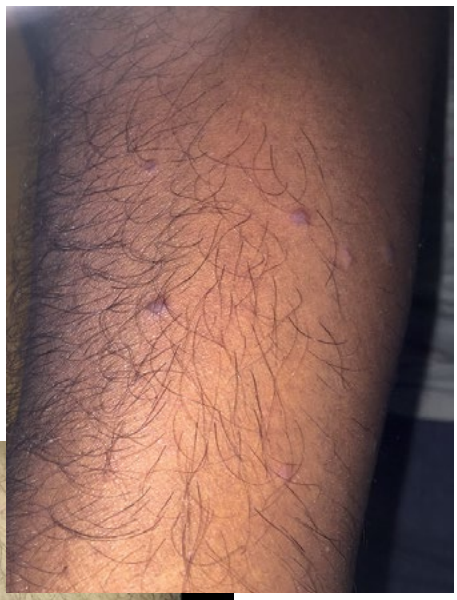
- Transoral incision and drainage (I&D) is recommended. This is usually done under local anaesthesia in adults.

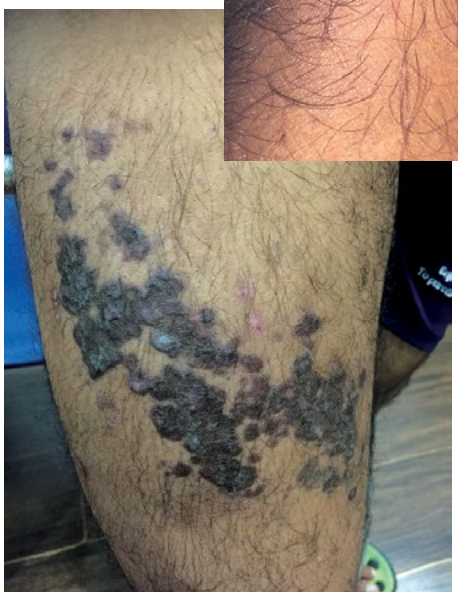
- Most patients treated with antibiotics and adequate drainage of their abscess cavity recover within a few days. A small number present with another abscess later, requiring tonsillectomy. If patients continue to report recurring or chronic sore throats after proper incision and drainage (I&D), a tonsillectomy may be indicated.

- Patients with peritonsillar cellultis or those who are still symptomatic after I&D can be admitted for intravenous antibiotics and hydration, particularly if oral intake is significantly hampered.

References:
1. Medscape
2. ENT for Family Practice
(Editor: Dr Luke Tan Kim Siang, 2005)

Flexor surface of right forearm ►





◄ Extensor surface of right leg

ANSWER

The following findings are seen:

- White striations forming a reticular pattern on the lips and white plaques on the buccal mucosa are present
- Violaceous, shiny and polygonal papules are seen on the forearm
- Violaceous, scaly, hyperkeratotic plaques are seen on the leg

WHAT IS THE DIAGNOSIS?

Lichen Planus

LEARNING POINTS

- Lichen Planus (LP) is a pruritic eruption

- The lesions are characteristically papular, purple (violaceous), polygonal and peripherally located (4Ps)

- LP may also affect the genitalia and mucous membranes

- It is a cell-mediated immune response of unknown origin

- It is commonly associated with Hepatits C and may be found with other conditions of altered immunity such as ulcerative colitis, alopecia areata, vitilogo, dermatomyositis, morphea, lichen sclerosis and myasthenia gravis

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- Lesions develop initially on flexural surfaces of limbs with maximal spreading within 2 to 16 weeks
- Pruritus is common in LP with hypertrophic lesions being extremely pruritic
- Oral lesions may be asymptomatic or have a burning sensation. They may be painful if erosions develop
- LP is a self-limited disease that usually resolves in 8 to 12 months. Mild cases may be treated with fluorinated topical steroids. More severe cases, especially if involving the scalp, nails and mucous membranes, may require more intensive therapy

References: Medscape

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College of
Family Physicians
Singapore

FAMILY MEDICINE
COMMENCEMENT
CEREMONY 2017

COLLEGE
46TH AGM

29 July 2017 (Saturday)
2.00pm

College of Medicine Building
Auditorium (Level 2)
16 College Road Singapore 169854

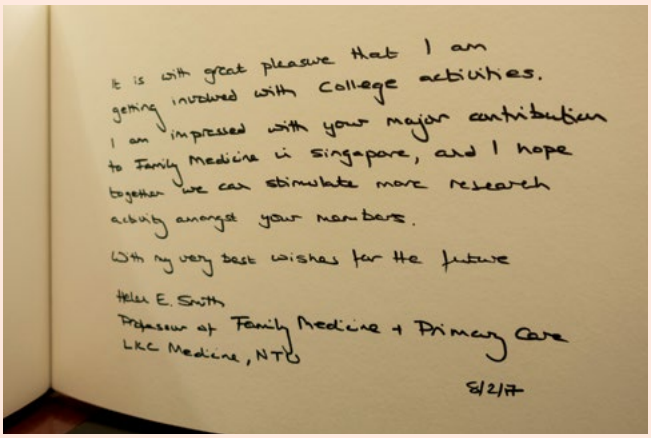
Family Medicine
Commencement Ceremony 2017
2.00 - 3.30pm ◆ Auditorium (Level 2)

Tea Reception
3.30 - 4.00pm ◆ Function Room (Level 1)

College 46th AGM
4.00 - 6.00pm ◆ Auditorium (Level 2)

Professor Helen Elizabeth Smith visits CFPS

~ *8 February 2017*



College of Family Physicians Singapore is honoured to have Professor Helen Elizabeth Smith visit us on 8 February 2017. Prof Smith is the Professor of Family Medicine and Primary Care in the Lee Kong Chian School of Medicine, Nanyang Technology University. Receiving Prof Smith were (above; from left) A/Prof Lee Kheng Hock, A/Prof Goh Lee Gan, A/Prof Tan Boon Yeow, Dr Tan Tze Lee and Dr Low Lian Leng.