

children is also much needed in the care of the elderly. Dealing with challenging customers previously in the swim school business has also honed my interaction skills and boosted my confidence in approaching and conducting delicate conversations with family members and patients.

A little courage definitely needs to be in place for a FTSAHM returning to medical practice after so long. However, it is not quite as daunting as it had seemed to be, and today I find myself thoroughly enjoying my work in my capacity as a homecare doctor. Indeed, the extra wisdom gained from my life experiences as a person in my years away from work have helped me to be a better doctor than when I had just left the workforce. 😊

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## FAMILY PRACTICE SKILLS COURSE

### Managing Complex Patients in Family Medicine Settings

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #70 on “Managing Complex Patients in Family Medicine Settings”, held on 22-23 July 2017.

#### Expert Panel:

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Dr Low Sher Guan Luke  
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Dr Pang Sze Kang Jonathan  
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## Photo Quiz

Contributed by Dr Nicholas Foo Siang Sern, Editorial Board Member

A 50-year-old gentleman, with no prior medical history, comes for a seemingly routine consultation with symptoms of an acute upper respiratory tract infection. However, the clinical findings on chest examination prompt the doctor to retake the history, examine the patient's hands and order a chest X-ray.

### QUESTION

Describe the findings seen on:



1. Examination of his hands



2. Chest X-Ray

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## ANSWER

The following findings are seen:

- Clubbing of the fingers
- Reticular infiltrates on bilateral lower zones of the Chest X-Ray

## WHAT IS THE DIAGNOSIS?

Diffuse Parenchymal Lung Disease (DPLD)

## LEARNING POINTS

- DPLD is a heterogeneous group of disorders, which may be idiopathic (Idiopathic Pulmonary Fibrosis - IPF) or related to occupational, environmental, drug, radiation exposure, as well as systematic illness such as collagen vascular disease.
- Other categories of DPLDs include granulomatous forms like Sarcoidosis, Hypersensitive Pneumonia, or very rare forms like Pulmonary Langerhans Cell Histiocytosis.
- It is thought that these disorders begin with acute injury to the pulmonary parenchyma, leading to chronic interstitial inflammation, fibroblast activation and proliferation, with progression to pulmonary fibrosis and tissue destruction.

- Dyspnoea is the most frequent symptom, followed by chronic cough, wheezing, haemoptysis and chest pain.
- Digital clubbing is common with some diagnosis (IPF, Sarcoidosis) and may be first noted by the patient. However, if clubbing develops in a patient with known interstitial lung disease, it usually indicates advanced fibrosis or may point to an underlying bronchogenic carcinoma.
- Fine end inspiratory rales (velcro rales) are a common physical finding.
- Reticular and nodular interstitial infiltrates are the hallmark findings on chest X-ray. Honeycombing is a late finding and correlates with severe histopathologic findings.
- Chest X-ray findings may be normal in 10% of patients with histologically proven disease. Other modalities for diagnosis include pulmonary function testing and high resolution chest computed tomography (HRCT).

## References

1. Medscape

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# Of Plastics and Practice

by Dr Nicholas Foo Siang Sern, Editorial Board Member

Four years ago, while browsing the shelves in the library, I came across a book which intrigued me. "Awareness through Movement" was written by Moshe Fekdenkrais in 1972, and promised "easy to do health exercises to improve posture, vision, imagination, and personal awareness".

At that time, I was facing some physical restrictions which impacted my health in a bad way. As a schoolboy, I had developed a love for running. Nearing my 40s, I could not run as much as I would have liked, having accepted that my limitations were here to stay. I had reached an uneasy truce with my body and was afraid to go beyond it.

I borrowed the book and started doing the exercises as instructed. As the months passed, I found myself getting much better and being able to run more; the pain which

troubled me soon disappeared. I'm in a much healthier state today, finally able to once again enjoy the sport which I have always loved.

The exercises described were something I had never come across and I could not understand how they worked to make me better. My scientific mind struggled to grasp the basis of these exercises; I would have easily dismissed them as hocus pocus on first reading. They were certainly imaginative but perhaps not all that easy as I had to put in quite a fair amount of time and effort.

I recently came across another book, titled "The Brain's Way of Healing" by Norman Doidge, a psychiatrist. It is a book about the neuroplasticity of the brain, describing stories of

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