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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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healing and explaining how these take place based on latest neuroscience research.

He writes in the introduction:

"Neuroplastic approaches… require the active involvement of the whole patient in his or her own care: mind, brain and body. Such an approach recalls the heritage not only of the East but of Western medicine itself. The Father of scientific medicine, Hippocrates, saw the body as a major healer, and the physician and patient work together with nature to help the body activate its own healing capacities.

In this approach, the health professional not only focuses on the patient's deficits, important as they may be, but also searches for healthy brain areas that may be dormant, as well as for existing capacities that may aid recovery. This focus does not advocate naively replacing the neurological nihilism of the past with an equally extreme neurological utopianism – replacing false pessimism with false hope. To be valuable, discoveries of new ways of healing the brain do not have to guarantee that all patients can be helped all the time. And often, we simply don't know what will happen, until the person, with the guidance of a knowledgeable health professional, gives the new approaches a try."

I bought the book because a whole chapter was devoted to the work of Moshe Feldenkrais. Neuroscience research had finally caught up with what Feldenkrais intuitively developed decades ago and I gained a much greater understanding on how his exercises had healed me. The word heal comes from the Old English haelan and means not simply "to cure" but "to make whole"… What followed were stories of people who had "transformed their brains, recovered lost parts of themselves, or discovered capacities within that they never knew they had." I found that the common thread in them was that these were not miraculous healings which took place overnight. Novel approaches were required but a lot of hard work and persistence went into effecting the healing.

Moreover, having worked as a medical officer in Neurosurgery 17 years ago, this other passage in the book caught my eye:

"In the years before we realized that the brain is plastic, physicians would examine their stroke patients at six weeks to see what mental functions they still had. Since it was believed that the brain couldn't "rewire" itself or develop new connections, all the physician could do was wait and see what cognitive abilities remained after the shock wore off. They assumed that this represented 95 percent of the patient's eventual recovery. Perhaps the patient would make additional progress over the course of the next six months or year." (Page 86)

Relatives would always want to know the prognosis of the patient who had suffered a traumatic brain injury or intracranial bleed. In those days, we gave a prognosis by telling them that whatever function the patient regained by 3 months post injury/stroke would likely be 90 percent of whatever function he would ever regain. Now that we have learnt that the brain is neuroplastic, this is no longer the case.

I reflected that much has changed in medicine since the time I was a medical student. A great change has also come about in the practice landscape, as our health system undergoes yet another realignment exercise with the hope of streamlining services and ensuring better continuity and ownership of care. Even the norms of practice are changing, and some recent events are testament to that. No doubt it has created a degree of anxiety among doctors and also in our healthcare colleagues. But change is inevitable, and all of us would do well to be a little bit more "plastic". Fundamentally, the professional ethos has not changed; what has changed and is continuing to change is the compact between regulation and practice. What I do know is that if I want to continue practising medicine, which is something I love as much as running, the same hard work and persistence is required, as well as a dollop of openness. A fresh approach will be necessary for healing to take place in order to make whole again, for ourselves and for our patients.

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