

EDITOR'S NOTE

Dr Wolff is a board-certified family physician in private practice in Cornelius, North Carolina. He finished his family practice residency in 1997. He has graciously consented to share stories from the trenches of primary care. While his practice diary is taken from actual patient encounters, the reader should be aware that some medication references may represent off-label uses. Identifying details have been changed to protect patient confidentiality.

We at the *Companion* are certain that these vignettes will inform, entertain, challenge, and stimulate our readers in their effort to address behavioral issues in the everyday practice of medicine.

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I Can't Hear You—There Is a Banana in My Ear

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Monday

A cardiologist called on the telephone this morning to tell me about a mutual patient. This 35-year-old man self-referred to the cardiologist because of chest pain. The doctor tells me the patient's only cardiac risk factor is that his wife just left him for his own brother and is living in a house 4 blocks away.

If his stress echocardiogram is normal today, I have asked my friend the cardiologist to prescribe a small quantity of clonazepam and ask our patient to follow up with me. I know a good psychologist with whom he can speak.

Tuesday

BR is sitting on an examination table, holding a box of tissues. Three years ago, she was treated successfully for postpartum depression. At that time, I prescribed fluoxetine for her for a full year's worth of remission before we discontinued the medication.

Her first words today were, "You said it wouldn't come back." I explained that, although treatment of a first episode for a full year minimized chances of recurrence, there was still about a 1 in 3 chance that she would feel bad enough to take medication again sometime in the future. "Well, pull out that pad of yours and start writing," she responded, following with a description of a 6-month steady decline of her mood.

Wednesday

We have all had those, shall we say, "pushy" patients who have their diagnosis and treatment wrapped up before the appointment begins, right? FD is a middle-aged woman relocated from the northeastern United States who had called earlier for a magnetic resonance imaging (MRI) test. She was incensed that I suggested an office visit first. It seems that she experienced a sudden loss of hearing unilaterally on the left side, and 10 minutes on the Internet had definitively diagnosed her with an acoustic neuroma. She came armed with the name of a neurosurgeon at Memorial Sloan-Kettering Cancer Center in New York, NY.

A quick look in her ear canal shockingly revealed the lost mesh covering of her iPod earphone, now caked with cerumen. Cured! Hearing restored! Sadly, little gratitude was conveyed for having avoided a fun afternoon in the MRI "torpedo tube."

Thursday

I will certainly be very pleased once I don't have to continually explain the nuances of H1N1 and seasonal flu vaccination strategies. The added time per patient is killing my productivity and doing little to assuage fears of impending carnage.

Friday

CY is here for evaluation of ear pain. His is an interesting story. A few weeks ago, his wife called in advance of his appointment, saying she was frightened by

his behavior. He was apparently having paranoid delusions that she was plotting extramarital affairs on the telephone. When CY arrived, we had a pleasant chat, and he seemed as lucid and appropriate as any patient that day. Then he volunteered what his wife had called us about, adding that he knew it was the case, because he would get a specific signal in his ear whenever such a call was occurring. He followed that statement with, "I don't know if I am experiencing that in a dream or real life, but it sure seems real to me."

I was able to get him worked in with a local psychiatrist (who knows that if I call him for a work-in, it must be serious) and gave him a 7-day bottle of an atypical antipsychotic. The psychiatrist continued that medication, and today, CY thanks me for arranging the help he needed to address his problem but says that his ear is still bothering him. On inspection, he has a blistering case of otitis media. I guess his ear *was* bothering him, which reinforces for me that I should do the full examination even when I think I know the diagnosis beforehand. ♦