

## Academic Advance

### English is Basic to Academic Advance

The KKU. Medical School Board Members have always been of the opinion that English is a medicine language. So far we were not successful in making our medical students good at English. There are many causes to this result, of course, from which we could not afford to be discouraged. No one is too old to learn, is it? Why don't we (old and young) start doing something now? It is better late than never, right? All right now: force yourself to read the "Cliniquiz" to follow. We hope to shoot many birds with just one stone, ha ha!

#### CLINQUIZ

(From : Asian J. Mod. Med. Vol. 11, 1975)

General Instruction : Practices make perfect!

1. Pronouncing English words is something to practise like learning to sing. It must be trained to be skilfull because it takes your speech center in the cortex to send down the impulse to the muscles in the larynx, tongue, and lips to pronounce a word like "chair." If you don't practise you will never be able to say the word that is understandable for all! Chair must be pronounced with the lips in a form of a smile.

2. The words with many syllables must be stressed on one syllable. Which one? Follow the dictionary? example, problem (เอ็ก-แซม-เปิ้ล, พร็อบ-เบิ้ล) Say it seven times!

3. Spelling is a showmanship of the language skill. Write the new word three times and more!

Enjoy the cliniquiz now!

We like to offer correct pronunciations as follows :

<u>separate</u>	(เซ็ป-พะ-เหรด)
<u>occasion</u>	(อ็อก-เคชั่น)
<u>recent</u>	(รี-เซนต์)
<u>middle</u>	(มิด-เดิล)
<u>attack</u>	(แอ็ด-แท็ค)

<u>sharp</u>	(ฉ๊าพ, ริมฝีปากทั้งสองห่อเป็นวงกลมในเวลาออกเสียง)
<u>lower</u>	(โลว์-เวอร์)
<u>quadrant</u>	(คว๊าด-แดรันท์)
<u>accompany</u>	(แอ็ก-ค้อม-ปะนี)
<u>episode</u>	(เอ็พ-ปี-โสด)
<u>diarrhoea</u>	(ได-อะ-ร็ออะ หรือ ได-อะเรีย)
<u>fever</u>	(ฟี-เวอร์, ตัว v ต้องออกเสียงด้วยการเอาฟันบนแตะริมฝีปากล่างแล้วเปล่งเสียงออก ว.)
<u>particularly</u>	(พะท็อค-กุลละลิ)
<u>severe</u>	(ซี-เวีย)
<u>dysuria</u>	(ดิส-ยู-เรีย)
<u>urethra</u>	(ยู-รี-ทรา)
<u>continue</u>	(คอน-ทึ-นิว)
<u>proctoscope</u>	(พร็อค-โต-สโคป)
<u>proctoscopic</u>	(พร็อค-ต็อส-สโคปะค)
<u>examination</u>	(เอ็ก-แซม-มิ-เนชั่น)
<u>rectal</u>	(เร็ค-ตอล)
<u>mucosa</u>	(มิว-ค็อ-ซ่า)
<u>normal</u>	(นอร์-มอล)
<u>barium</u>	(แบ้-เรียม)
<u>enema</u>	(เ็น-นิ-มา)

#### The problem

*On five separate occasions in recent months a middle-aged man had attacks of sharp pain in the left lower quadrant accompanied by brief*

*episodes of bloody diarrhoea and slight fever. One month ago the man had a particularly severe attack of pain in the same area. At that time he had a fever of 103°F; he also had dysuria and he passed gas from the urethra. The man was hospitalized because of continuing pain. A proctoscopic examination showed the rectal mucosa to be normal. Barium enema study is shown below*



1. The barium enema study is characteristic of :
  - A. Multiple polyposis of the colon
  - B. Chronic ulcerative colitis
  - C. Diffuse diverticulosis of the colon
  - D. Granulomatous colitis
2. Proctoscopic examination facilitates the diagnosis of diverticulosis of the colon.
  - A. True
  - B. False
3. Which of the following is known to exert an unfavourable influence on the prognosis of colonic diverticulitis?
  - A. Diabetes mellitus
  - B. Ulcerative colitis
  - C. Corticosteroid therapy
  - D. All of the above

4. Which of the following is not a complication of diverticular diseases of the colon?
  - A. Bleeding
  - B. Obstruction
  - C. Perforation
  - D. Malignancy
  - E. Pyogenic liver abscess
5. In diverticular disease of the colon complicated by haemorrhage, which of the following statements is correct?
  - A. The bleeding is usually massive and difficult to control. Surgery is the treatment of choice.
  - B. In 95 per cent of cases the bleeding stops spontaneously.
  - C. The bleeding site always develops in an area of diverticulitis.
6. What is the correct procedure in this patient?
  - A. Medical management
  - B. Surgical management

### Answers to Cliniquiz

#### 1. The answer is C.

A massive diverticulosis is evident in which multiple sacs filled or partially filled with barium are seen. Negative proctoscopic examination tends to rule out multiple polyposis of the colon or chronic ulcerative colitis.

#### 2. The answer is B.

It is rare to establish a diagnosis of diverticulosis of the colon by proctoscopic examination; diverticula ordinarily are not present within the view of the 25-cm sigmoidoscope. Even so, proctoscopy should be done in all patients with diverticulitis to exclude carcinoma. Also, when there is bleeding, proctoscopy is valuable to rule out polyps or internal hemorrhoids.

**3. The answer is D.**

The incidence of diabetes mellitus is higher in patients having diverticulitis than in the general population. The diverticulitis patient with diabetes is most likely to have bleeding and fistula formation and have a higher mortality from these complications. The association of chronic ulcerative colitis with diverticular disease indicates a grave prognosis with marked increase in morbidity and mortality. Prolonged steroid therapy in diverticular disease may be associated with sudden perforation without clinical evidence of acute diverticulitis and may be accompanied by spreading peritonitis and pneumoperitoneum.

**4. The answer is D.**

Carcinoma is not a complication of diverticular disease of the colon. Both lesions often occur in the same age group, however, and the sigmoid colon is the most common site for these two unrelated diseases. Hence, medical evaluation of diverticulitis should be accompanied by diagnostic procedures to rule out carcinoma.

**5. The answer is B.**

The likelihood of finding the bleeding site at laparotomy is small the mortality rate is high and the incidence of recurrent haemorrhage is not significantly reduced unless a subtotal colectomy is performed. Fortunately, the bleeding stops in most patients with conservative treatment.

**6. The answer is B.**

The presence of pneumaturia indicates that this patient probably has a colovesical fistula. In most instances, this complication is produced by diverticulitis of the colon. Occasionally, it can be due to a carcinoma of the colon or bladder. An adequate study of the urinary tract should be made prior to surgery. After adequate study and preparation, this patient had a proximal colostomy, draining of the abscess, and closure of the perforation. After the inflammation had subsided, the diseased sigmoid colon was resected. This colostomy was closed at a later date.

**GENERAL REFERENCES**

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