

# Common Medical Myths In Our Clinical Practice



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## Introduction

Despite the global rapid progressive development of medicine, ease of learn, updates in medical information, and expansion of medical practice skills enhanced by internet access facilities, reading articles from famous medical journals and attendance of medical conferences. Unfortunately, there are a lot of medical myths and medical mistakes significantly distributed in clinical practice through different parts of our country.

### **Probable Causes Precipitating Wrong Medical Information**

- 1-Iraq circumstances. Unstable since 1980 till now
- 2-Neuropsychiatric illness. Vs organic diseases
- 3- Wrong traditional medical approach in management of common diseases.
- 4-Labrtory personal and paramedical staff whom interfere with the job of physicians in management of common disease, given to patients wrong diagnosis, and prescribe improper medications.

5- Media and TV.

## **Who Is Responsible for Medical myths and mistakes?**

- 1-Population
- 2-Patient
- 3-Paramedical staff
- 4-Laboratory personnel
- 5-Physicians

**Unfortunately a lot of wrong medical conventional information established and difficult to be eliminated from the thoughts of:**

- Iraqi patients.
- Paramedical personnel and laboratory workers.
- Some of general practitioners and even some of specialists in different medical fields.

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## **Five Examples of The Most Common Medical Myths and Mistakes**

- 1-Widal Test Related to Headache and Typhoid
- 2-ESR and Rheumatoid Arthritis
- 3-HT and Headache
- 4- Mild increase in serum uric acid considered as gouty arthritis
- 5- New Surgical Procedures for Diabetic Mellitus

### **1-Widal Test Related to Headache and Typhoid**

— As we know, headache is a common complaint in a lot of patients, we should take good history ,proper examination and investigations to rule out serious causes of headache (S.O.L, S.A.H, C.V.A, Meningitis etc...) Most of headache patients come with tension headache which is correlated to psychosomatic illness .

## **Typhoid fever**

— Typhoid fever is an infectious disease caused by gram negative bacteria, *Salmonella typhi* and *paratyphi*, which transmitted through poor hygienic food and water.

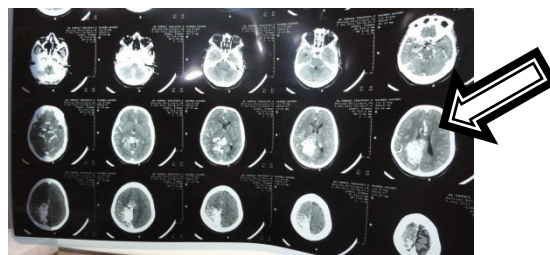
— Important signs and symptoms are fever, headache, abdominal pain and diarrhea. The patient looks ill not just complains from headache without fever. Other important signs as hepatomegaly, splenomegaly, relative bradycardia and rose spot

— Diagnosis confirmed with symptoms and signs, blood and stool Culture, leukopenia. Whereas, Widal test is nonspecific test for typhoid which might be +ve in other infections ..

— So the Widal test is not a cornerstone in diagnosis of typhoid fever.



**Middle Age female with chronic headache DX and RX as typhoid fever depend on widal test**



**Result of Brain C T Scan-Brain Tumor**

## 2-ESR and Rheumatoid Arthritis

— The erythrocyte sedimentation rate is a nonspecific marker of inflammation, so the test result must be used in conjunction with other medical information. If the ESR test result and clinical information match, the doctor may be able to make a diagnosis or rule out an incorrect diagnosis.

### Common Causes of high ESR in Clinical Practice are

- 1- T.B
- 2- Connective tissue disease as SLE, Vasculitis, and Rh.arthritis
- 3-Chronic Renal Failure
- 4-Sever anemia
- 5-Malignancy as multiple myeloma, leukemia, G.I.T., Renal and other malignancies.
- 6- Other causes as SBE, PMR, In our clinical practice any elevation in ESR focus on RA only and ignore other causes, which is absolutely wrong because RA has a specific criteria(ESR not a criteria of RA) it reflect the severity of disease and used as part of monitoring disease activity with other clinical and laboratory markers



**Middle age female with fever ,ESR=120mml/1hr(very high) Diagnosed as RA and incorrectly treated by Corticosteroids (C/S).**



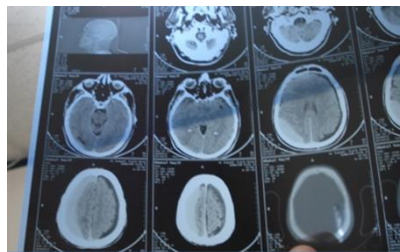
**Proper Medical Work Up :-  
G.U.E , Abd. US , CT Scan result big renal tumor**

### **3-H.T. and Headache**

- *Hypertension* has been termed the "silent killer," a chronic illness with a long asymptomatic phase that, if undetected and untreated, silently damages the heart, brain, and kidneys
- H.T. is a chronically elevated arterial pressure above normal upper limits (140/90 mmHg)
- Episodes of headaches do not correlate with mild hypertension, most of hypertensive patients are asymptomatic.
- Because blood pressure normally varies throughout a 24-hour period, multiple readings on more than one occasion are required to obtain a clear picture of a blood pressure. For this reason, *hypertension should never be diagnosed on the basis of a single elevated reading.*



**Middle age male patient HT. on RX complain from headache Dr. forget other cause of headache and insist on H.T. as cause of headache**



#### **BRAIN CT SCAN**

**Big Subdural hematoma---( Never Forget Proper Neurological Examination)**

#### **4- Mild increase in serum uric acid considered as gouty arthritis**

— **Allopurinol (Hyporic) misused.**

— Any medication has side effects that could be fatal,

— Next case died due to a sever form of Steven Johnson syndrome(T.E.N.),resulted from allopurinol (side effect) which is widely used in our clinical practice, and some times incorrectly prescribed in mild serum uric acid elevation.

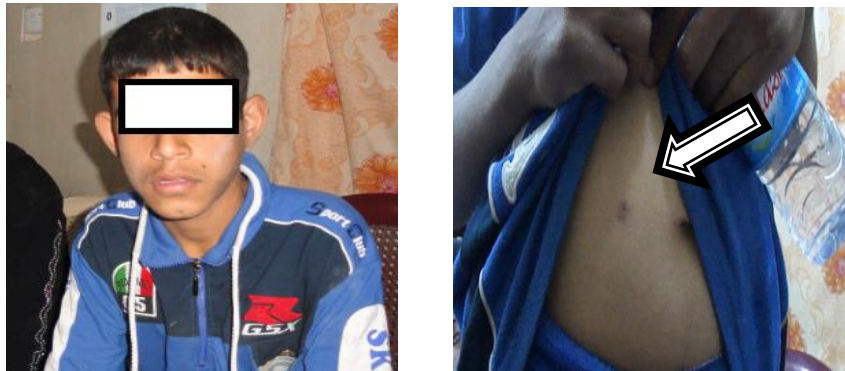
— Most cases are a symptomatic in spite serum uric acid is high



**Sever form of Steven Johnson syndrome**



## 5- New Surgical Procedures for Diabetic Mellitus Eradication(in Baghdad capital of IRAQ???)



D.M. type1 adolescent male patient treated surprisingly by small incision in abdomen ?????

### Recommendations

- 1- Distribute medical education and peer reviewed medical information between our medical staff from the top to the base (starting with specialists ,practitioners and the rest of medical staff).
- 2- Use all available types of media in order to refute those myths from our community .
- 3- Diagnose those medical mistakes (medical myths ) and kindly draw attention those who practice them . this will be done by the scientific committees in our medical centers and hospitals .
- 4- Activate the function of health control departments by the ministry of health in order to penalize who practice incorrectly which is not compatible with the foundations of medical treatments .
- 5- Urge the physicians to follow and monitor other medical myths which is not mentioned here in this presentation and present them in future conferences .