

XXXIII

Congreso Sociedad Andaluza
de Medicina Interna (SADEMI)

IV Encuentro de Enfermería de
Medicina Interna de Andalucía

19:30-20:00 h

CONFERENCIA DE CLAUSURA

**¿SIGUE SIENDO LA HABILIDAD CLÍNICA LA MEJOR
TECNOLOGÍA PARA EL SIGLO XXI?**

Moderador:

Dr. Francisco Pérez Jiménez

Catedrático de Medicina

Jefe de Servicio de Medicina Interna

Hospital Universitario Reina Sofía. Córdoba

Ponente:

Dr. Juan Jiménez Alonso

Catedrático de Medicina Interna

Universidad de Granada

Conceptos básicos

SENTIDO DE LA MEDICINA

- Diagnóstico
- Tratamiento
 - Curar
 - Controlar
 - Mejorar
 - Aliviar
 - Consolar

Buen médico

Conocimientos
Sentido común
empatía

Diagnóstico

- HC y EF
- Pruebas complementarias
 - Imagen: Rx/RM/TC-E-Isótopos
 - BQs, inmunológicas, microbiológicas, genéticas, etc.
 - Biopsias/estudios AP

Presente

futuro a corto plazo

“El ‘big data’ conducirá a diagnósticos casi automáticos”

La Medicina ‘in vitro’ reemplazará a las pruebas de imagen como ‘estrella’ de la tecnología sanitaria

Martes, 17 de febrero de 2015, a las 19:00



Qué dice la literatura médica?

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- [Errors in Diagnosis of Spinal Epidural Abscesses in the Era of Electronic Health Records.](#)
 1. Bhise V, Meyer AND, Singh H, Wei L, Russo E, Al-Mutairi A, Murphy DR.
Am J Med. 2017 Mar 31. pii: S0002-9343(17)30323-6. doi: 10.1016/j.amjmed.2017.03.009. [Epub ahead of print]
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 2. Ly A, Nivison-Smith L, Zangerl B, Assaad N, Kalloniatis M.
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Semergen. 2017 Feb 27. pii: S1138-3593(17)30026-6. doi: 10.1016/j.semerg.2016.12.001. [Epub ahead of print]
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Errors in Diagnosis of Spinal Epidural Abscesses in the Era of Electronic Health Records.

Bhise V¹, Meyer AND¹, Singh H¹, Wei L¹, Russo E¹, Al-Mutairi A², Murphy DR³.

⊖ Author information

- 1 Houston Veterans Affairs Center for Innovations in Quality, Effectiveness and Safety, Michael E. DeBakey Veterans Affairs Medical Center, Houston, Tex; Department of Medicine, Baylor College of Medicine, Houston, Tex.
- 2 Department of Medicine, Baylor College of Medicine, Houston, Tex.
- 3 Houston Veterans Affairs Center for Innovations in Quality, Effectiveness and Safety, Michael E. DeBakey Veterans Affairs Medical Center, Houston, Tex; Department of Medicine, Baylor College of Medicine, Houston, Tex. Electronic address: drmurphy@bcm.edu.

Abstract

PURPOSE: With this study, we set out to identify missed opportunities in diagnosis of spinal epidural abscesses to outline areas for process improvement.

METHODS: Using a large national clinical data repository, we identified all patients with a new diagnosis of spinal epidural abscess in the Department of Veterans Affairs (VA) during 2013. Two physicians independently conducted retrospective chart reviews on 250 randomly selected patients and evaluated their records for red flags (eg, unexplained weight loss, neurological deficits, and fever) 90 days prior to diagnosis. Diagnostic errors were defined as missed opportunities to evaluate red flags in a timely or appropriate manner. Reviewers gathered information about process breakdowns related to patient factors, the patient-provider encounter, test performance and interpretation, test follow-up and tracking, and the referral process. Reviewers also determined harm and time lag between red flags and definitive diagnoses.

RESULTS: Of 250 patients, 119 had a new diagnosis of spinal epidural abscess, 66 (55.5%) of which experienced diagnostic error. Median time to diagnosis in error cases was 12 days, compared with 4 days in cases without error ($P < .01$). Red flags that were frequently not evaluated in error cases included unexplained fever ($n = 57$; 86.4%), focal neurological deficits with progressive or disabling symptoms ($n = 54$; 81.8%), and active infection ($n = 54$; 81.8%). Most errors involved breakdowns during the patient-provider encounter ($n = 60$; 90.1%), including failures in information gathering/integration, and were associated with temporary harm ($n = 43$; 65.2%).

CONCLUSION: Despite wide availability of clinical data, errors in diagnosis of spinal epidural abscesses are common and involve inadequate history, physical examination, and test ordering. Solutions should include renewed attention to basic clinical skills.



The Clinical anatomy of the physical examination of the abdomen: A comprehensive review.

Bilal M¹, Voin V², Topale N¹, Iwanaga J², Loukas M¹, Tubbs RS².

⊖ Author information

- 1 Department of Anatomical Sciences, St. George's University, Grenada.
- 2 Seattle Science Foundation, Seattle, WA.

Abstract

Physical examination of the abdomen is an essential skill. Knowledge of its clinical anatomy and application is vital for making diagnoses. Misinterpretation of anatomy during examination can have serious consequences. This review addresses understanding of the anatomy, methodology, and complications of abdominal physical examination. It includes particular reference to modern technology and investigations. Physical examination is performed for diagnostic purposes. However, the art of physical examination is declining as more and more clinicians rely on newer technology. This can have regrettable consequences: negligence, waste of time and resources, and deterioration of clinical skills. With a sound knowledge of clinical anatomy, and realization of the importance of physical examination of the abdomen, clinician, and patients alike can benefit. Clin. Anat. 30:352-356, 2017. © 2017 Wiley Periodicals, Inc.

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KEYWORDS: abdominal; anatomical; diagnosis; intervention; palpation; physician

Adv Med Educ Pract. 2016 Jul 13;7:381-7. doi: 10.2147/AMEP.S99740. eCollection 2016.

Ultrasound and stethoscope as tools in medical education and practice: considerations for the archives.

Fakoya FA¹, du Plessis M¹, Gbenimacho IB¹.

Author information

1 Department of Anatomical Sciences, St George's University School of Medicine, St George's University, Grenada, West Indies.

Abstract

OBJECTIVES: In recent years, the use and portability of ultrasound has threatened the utility of the stethoscope, with many debating and even advocating its replacement. The authors set out to assess opinions in this regard among faculty within a medical school and specifically within an anatomy department where ultrasound is incorporated into the curriculum from the first term.

METHODS: A debate was elicited during a biweekly Anatomy Journal Club session and was centered on three published papers presented. Several questions were raised regarding the possible replacement of stethoscope - the value of early exposure to students as well as how ultrasound and stethoscope should be considered by physicians, students, and teachers.

RESULTS: The general consensus was that the stethoscope should not be replaced but should be used in conjunction with emerging portable ultrasound. Caution was given that technology could "overcomplicate" diagnosis and lead to increased tests resulting in increased cost of care. In terms of exposing students to ultrasound, just as the stethoscope requires practice to use effectively, so does the ultrasound and should be introduced as early on as possible. As is the case with the stethoscope, students may not initially appreciate all the finer details on ultrasound; however, continual use would improve skill.

CONCLUSION: The stethoscope should always remain part of the physical examination and ultrasound should be used in addition to, not replacement of. As technology advances the need for apprenticeship, training increases and students of the medical profession should be exposed to these technologies as early as possible. Hence, it is not yet time to archive the stethoscope. Perhaps never.

KEYWORDS: clinical skills; gross anatomy; medical education; physical examination; stethoscope; ultrasound technology

El Real Madrid gana en Málaga y es campeón de Liga: es la número 33 de su historia



Los jugadores del Real Madrid celebran la consecución del título de Liga a la finalización del encuentro correspondiente a la última jornada de Primera División, que disputaron frente al Málaga en el estadio de la Rosaleda. (Daniel Pérez / EFE)

Prediction of Under-Detection of Paediatric Tuberculosis in the Democratic Republic of Congo: Experience of Six Years in the South-Kivu Province.

André E^{1,2}, Lufunqulo Bahati Y³, Mulume Musafiri E⁴, Bahati Rusumba O⁵, Van der Linden D², Zech F¹.

Author information

- 1 Institut de Recherche Expérimentale et Clinique, Université Catholique de Louvain, Brussels, Belgium.
- 2 Cliniques Universitaires Saint-Luc, Brussels, Belgium.
- 3 Hôpital Provincial Général de Référence de Bukavu, Bukavu, Democratic Republic of Congo.
- 4 Coordination Provinciale Lèpre et Tuberculose, Bukavu, Democratic Republic of Congo.
- 5 Ambassadeurs de Lutte contre la Tuberculose, Bukavu, Democratic Republic of Congo.

Abstract

INTRODUCTION: In the field of tuberculosis (TB), and particularly in regard to paediatric TB (PedTB), clinical skills of health professionals play an important role in determining quality of care. In an era where novel diagnostic technologies and efficient treatment regimens are being made available for the poorest, we must not divert our attention from the importance of clinical skills, as this deliverable remains the cornerstone of individualized patient care and ultimately the best assurance for optimal use of resources. The aim of our work was to study the epidemiology of PedTB and the determinants of PedTB under-detection in the South-Kivu Province of the Democratic Republic of Congo (DRC), a setting with nearly no technical resources allowing to support the clinical diagnosis of PedTB, i.e. chest X-rays, rapid molecular tests or culture laboratories.

METHODS: We collected TB notification data from 2010 to 2015 and analysed the space-time variations in notification for the different forms of TB among the 113 health facilities (HF) the South-Kivu Province, a region with a low HIV incidence. The different forms of TB notified were: smear positive pulmonary TB (SS+PTB), smear negative pulmonary TB (SS-PTB) and extra-pulmonary TB (EPTB). We further analysed the distribution of these different forms of the disease per age group and explored the possibility to predict the detection of PedTB.

RESULTS: Significant differences were observed between HF in regard to the proportion of paediatric TB and the proportion of SS-TB among adults. We found a strong correlation between the proportion of PedTB and three major factors: the proportion of TB cases with no bacteriological confirmation (SS-TB) among adults, the number of TB cases notified by the HF and the fact that the HF was supported or not by Médecins Sans Frontières (MSF). The proportion of SS-TB among adults was found to be a valid indicator for predicting the level of detection of PedTB at the same HF.

CONCLUSION: Our observations strongly suggest that under-detection of PedTB is associated with insufficient clinical skills and technical resources at the HF level which similarly affects other forms of the disease, in particular SS-TB. We demonstrated that, in the specific context of South-Kivu, under-detection of PedTB can be predicted by a low SS-TB/SS+PTB ratio in the adult population. In the context of severely under-resourced settings, this ratio could be used to rapidly identify HF that should benefit in priority from deeper evaluation, and eventually targeted interventions.

Dtsch Med Wochenschr. 2016 Oct;141(22):1636-1638. Epub 2016 Nov 4.

[The physical examination - a vanishing art?]

[Article in German]

Tönnemann E, Goltz D, Lewalter T, Welz A.

Abstract

This report describes the case of a 63-year-old female patient who presented with progressive dyspnea to a specialized internal medicine practice. Prior consultations with her primary care physician and a cardiologist followed by hospitalizations in an acute care hospital and in a specialist clinic for cardiology had not yielded a conclusive diagnosis. During the physical examination, significant bilateral lower extremity edema, as well as pronounced jugular venous distention was noted while in a seated position. This prompted further targeted diagnostic examination and testing and resulted in the final diagnosis of constrictive pericarditis of tuberculous origin. The establishment of the diagnosis is discussed in the context of increasingly technologized medical practice, where clinical skills and the significance of the patient history and physical examination are declining. In addition, we discuss the problem of less common diseases of the myo- and pericardium with primarily diastolic (constrictive or restrictive) dysfunction being overlooked in routine cardiological diagnostic procedures, with a focus on coronary heart disease, valve disorders and the impairment of systolic ventricular function ("ejection fraction").

Planteamiento personal



La nieve , cielo, nubes, serían la
astenia, adelgazamiento, fiebre,
anemia...
nódulo mama, proteinograma...

Núcleo del arte de la Ciencia Médica

Documento...

Médicos de los siglos

XIX o XXII

HC - EF

Atención

- No tener prisa...
- "*ametralladora*" y "*no refiere*"
- Evitar ser muy prolijos

En ocasiones una HC
puede ser tan difícil
como una IQ compleja

Examen Físico

- Completo
- Ordenado

Suelen faltar:

Fondo de ojo
Temporales
Mamas
Tacto rectal

Resumen

Juicio Clínico

Diagnóstico diferencial ordenado

Peticiones razonadas de EC, de < a >



El Hipotiroidismo

y

100 médicos

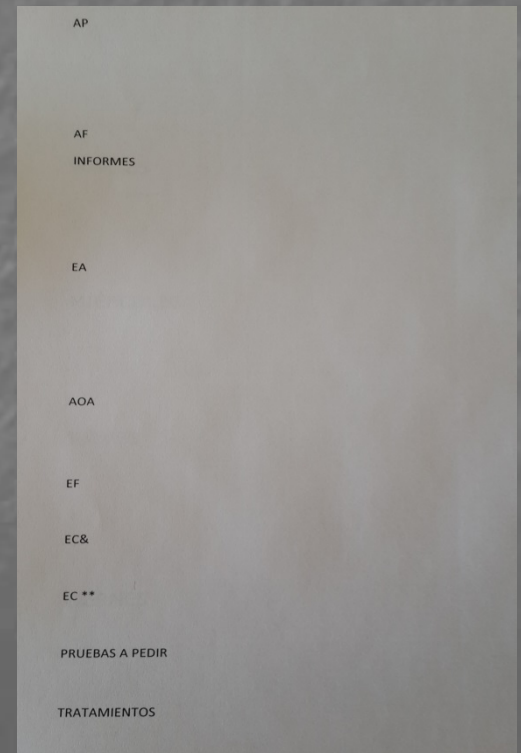
No todo son buenas noticias

- Enfermos mayores, pluripatológicos
- S XXI: grandes progresos y bienestar... en los más "*desarrollados*"
 - ansiedad
 - depresión
 - hipocondría
 - neurosis obsesivas
 - La astenia, el insomnio...

Refieren muchos síntomas que
dificultan su interpretación...

Enfermos psicósomáticos

- Prefiero HC más libres, dejarlos hablar...
- Incontinencia verbal muchas veces
- Hoja especial de recogida de datos



AP

AF

INFORMES

EA

AOA

EF

EC&

EC **

PRUEBAS A PEDIR

TRATAMIENTOS

Enfermedades frecuentes paucisintomáticas

- Aterosclerosis: asesina silenciosa
- Neoplasias silentes hasta estadios avanzados

Situación actual

- Tiempo para atender a los enfermos
- Demanda social / Educación sanitaria
- Protección legal / denuncias
- Historia Clínica/Examen Físico
- Pruebas complementarias

Se pide una prueba y se pone un fármaco!!!.

Período de MIR y Colaborador Docente

Granada, HCSC. 1974-1978.





D. Fermín Garrido Quintana





Residente 1974-1978

Muchas historias clínicas

Importancia de la Anamnesis en los cuadros de pérdida de conocimiento

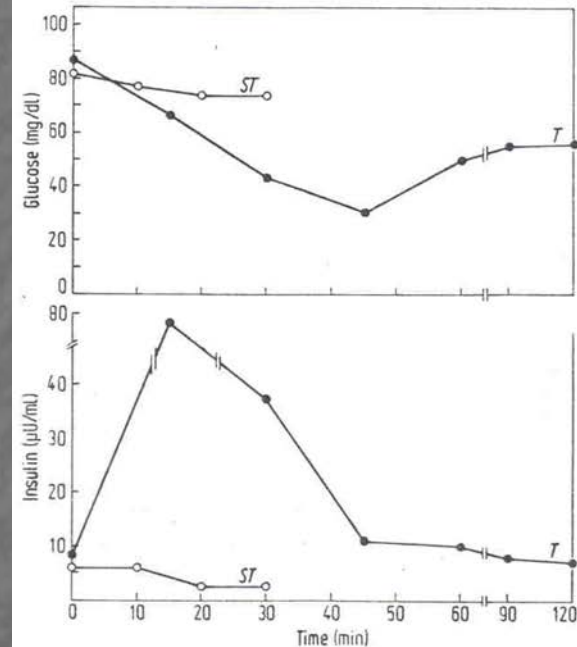
INSULINOMA

SOMATOSTATIN-TOLBUTAMIDE TEST IN HYPERINSULINISM DUE TO BETA-CELL HYPERPLASIA

STR.—In normal subjects somatostatin significantly inhibits insulin secretion after glucose, glucagon, and tolbutamide stimulation.² Lorenzi et al.³ studying four patients with hyperinsulinism (two adenomas, one carcinoma, and another undetermined) found that somatostatin did not inhibit insulin secretion induced by tolbutamide.

We have studied a patient with hyperinsulinism due to pancreatic beta-cell hyperplasia. Before pancreatectomy, a tolbutamide (1 g intravenously) stimulation test was done, before

1. Abel, R. M., Fischer, J. E., Mortimer, B. J., Barnett, G. O., Austen, W. G. *Archs Surg.* 1976, **111**, 45.
2. Efendic, S., Luft, R. Claro, A. *Acta endocr.* 1976, **81**, 743.
3. Lorenzi, M., Gerich, J. H., Karam, J. H. and Forsham, P. H. *J. clin. Endocr. Metab.* 1975, **40**, 1121.



Insulin and glucose response to tolbutamide stimulation before and after somatostatin infusion.

T=Tolbutamide only.
ST=Somatostatin-tolbutamide.
Tolbutamide give at 10 min, somatostatin (by infusion) over 0-40 min.



Hospital Universitario Reina Sofía
F. de Medicina, Córdoba. 1978 - 1985

Mujer de 16 años

- Ingresa por dolor de costado y disnea
- Dx: TEP
- Múltiples estudios normales...
- Evolución/Anamnesis por O y A:
 - Aftas orales
 - Aftas genitales

Enfermedad de Behçet

Enfermedad de Behçet

- Descrita por H. Behçet en 1937
- “*Ruta de la seda*”:
 - *Mediterráneo hasta este de Asia*
- 20-40 a. Mujeres y hombres



Infrecuente...Conocida por Hipócrates

Mujer de 14 años

Estando previamente bien, comienza con lesiones cutáneas en EEII



Tras bastantes días haciendo preguntas -...y pruebas...

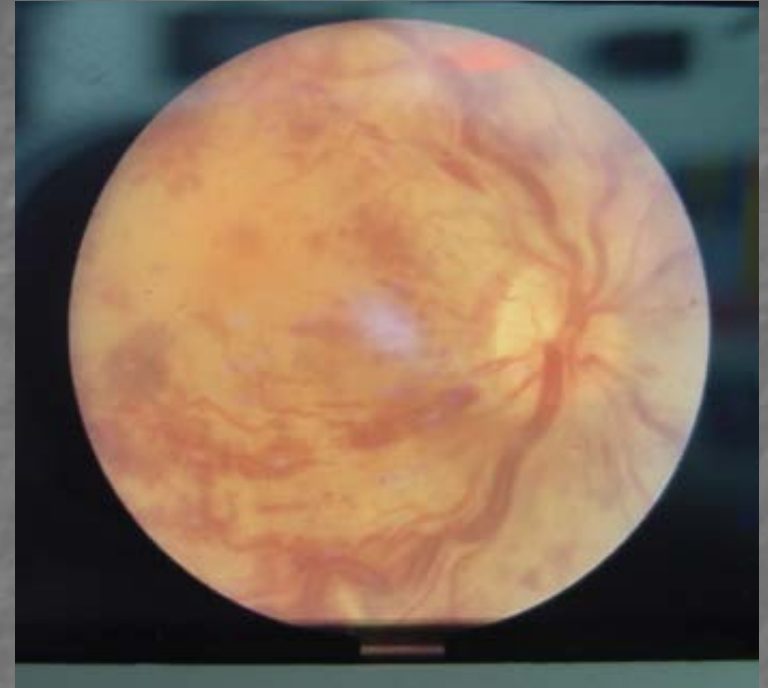
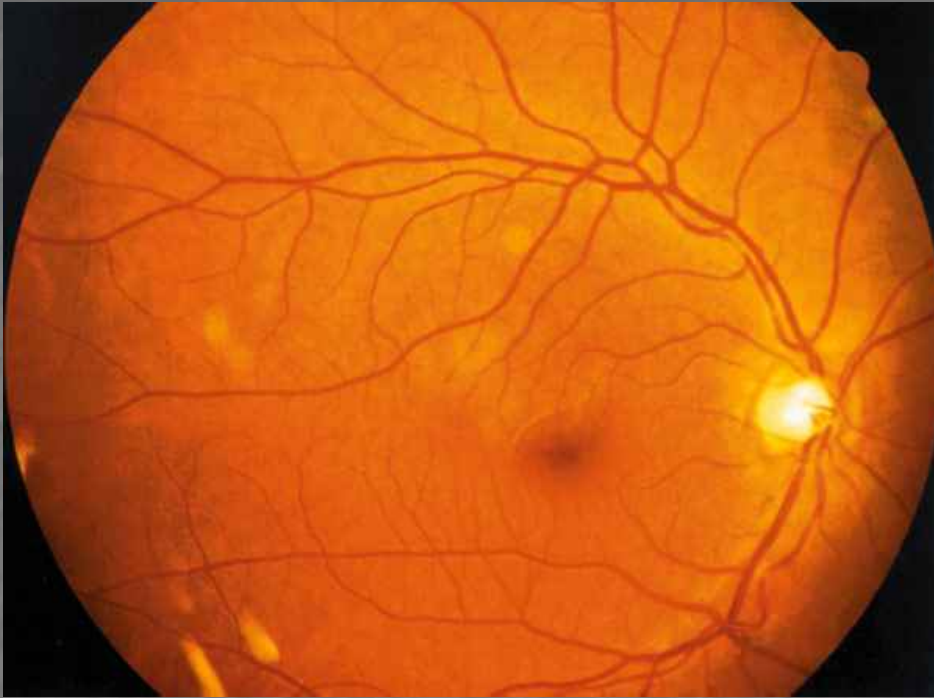
Antecedentes familiares:

cuando era pequeña dormía con una abuela, que tenía una "*enfermedad que se le caían las cejas*"... "*tenía una enfermedad rara*"... Estudio de exudado nasal

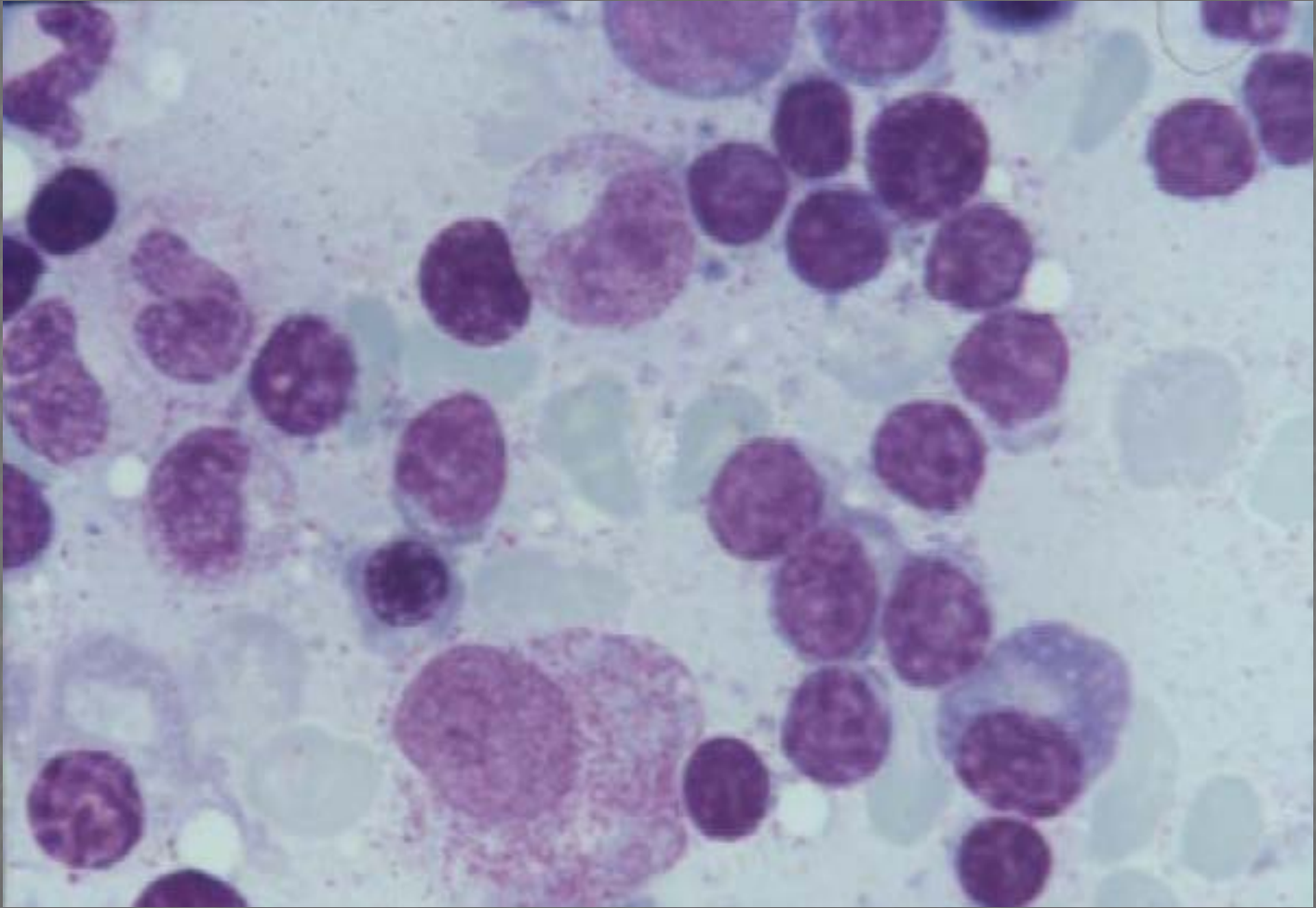
Lepra

Mujer de 68 años

- Desorientación progresiva de un mes de evolución
- No AF ni Personales relevantes
- Anamnesis por O y A: síntomas constitucionales

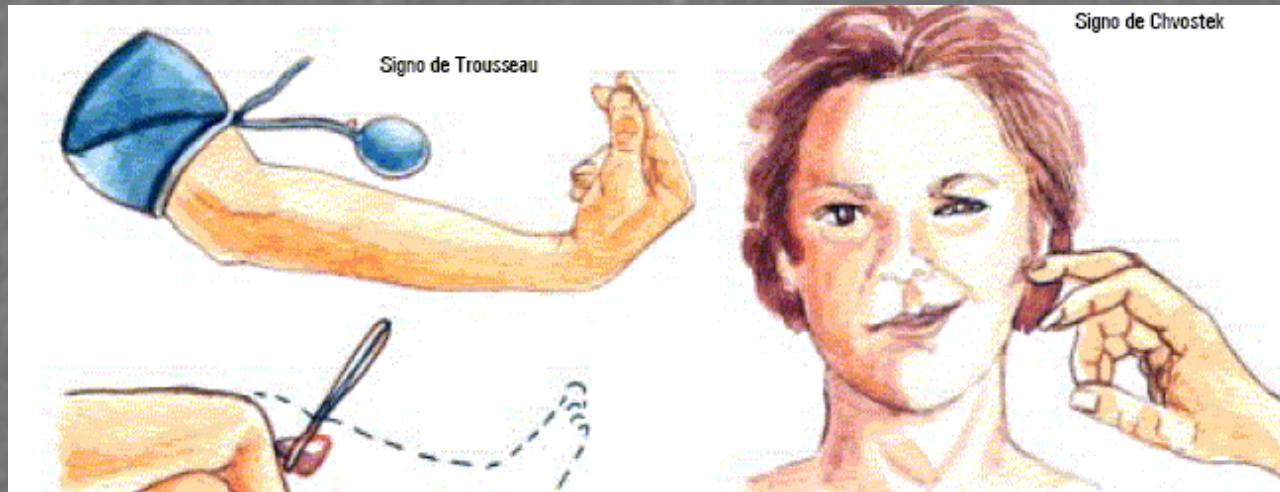


Macroglobulinemia de Waldenström



Mujer de 20 años

- Dx de Ansiedad desde hacía un año



Hipoparatiroidismo 1^a

Mujer de 42 años

- Crisis frecuentes de ansiedad
- Dx de "AVC psicógenos"
- Ingresa en MI por nuevo AVC
- Alumno/Antonio no encuentra pulsos...

Varón 85 a. lactancia materna, vacunado...

Enfermedad de Takayasu



Drug Intell Clin Pharm. 1985 Jun;19(6):477.

Cyclophosphamide failure in Takayasu's disease.

Jiménez-Alonso J, Nuño E, Muñoz-Avila J, Fuentes JL, Calvo de Mora A, Montero A, Jiménez-Perepérez JA.

Mujer de 35 a., ingresada en UCI

- Llamada en una guardia: ...3 días en coma, sin AP ni AF de interés.
- Decía la familia que estaba desganaada y tristona...
- Entrevista con familia, ...meticulosa:
 - Desde que nació el último hijo estaba tristona, incluso *"no le apeteció darle el pecho"*...

SINDROME DE SHEEHAN.



El concepto descrito por Harold Leeming Sheehan en 1937.



“SE CONOCE COMO UN PANHIPOPITUITARISMO QUE RESULTA DEL INFARTO DE LA GLÁNDULA PITUITARIA POR SCHOK HIPOVOLÉMICO O HEMORRAGIA SEVERA ASOCIADA AL PARTO.”

Jefe de Servicio y Profesor Vinculado

HU Virgen de las Nieves

Granada, 1985-2017



Los antecedentes personales

- “Caso ciego” , hace bastantes años
- Ponente R-4 magnífica de MI: “varón con fiebre”
- Muy buena HC y EF Completo DD: INF-Neos-Inflam-Misc.
- Muy razonadas las peticiones de EC
- ...14 hrs. 14.15..14.30...muchas pruebas y sin diagnóstico!!
- 15 hrs.: AP: viaje reciente África

Gota gruesa: Plasmodium

Seguimos con los Antecedentes Personales: Yatrogenia

[An Med Interna](#). 1992 May;9(5):259.

[Hemolytic anemia and acute renal failure caused by rifampicin].

[Article in Spanish]

[Mediavilla García JD](#), [López-Gómez M](#), [Arrebola Nacle JP](#), [Oyonarte S](#), [Jiménez-Alonso J](#).

[Arch Intern Med](#). 2000 Aug 14;28;160(15):2394.

Pyoderma gangrenosum induced by acupuncture in a patient with ulcerative colitis.

[Castro-Durán J](#), [Martín-Armada M](#), [Jiménez-Alonso J](#).

[Rev Esp Enferm Dig](#). 1993 Oct;84(4):277.

[Droxicam-induced hepatitis: a report of 2 cases].

[Article in Spanish]

[Omar M](#), [Mediavilla-García JD](#), [Corrales Torres AJ](#), [Guzmán M](#), [Jiménez-Alonso J](#).

[Indian J Dermatol](#). 2013 Sep-Oct; 58(5): 406.

PMCID: PMC3778797

doi: [10.4103/0019-5154.117332](https://doi.org/10.4103/0019-5154.117332)

Erythema Nodosum as Azathioprine Hypersensitivity Reaction in a Patient with Bullous Pemphigoid

[Jose Antonio Vargas-Hitos](#), [Jose Mario Sabio](#), [Jesús Tercedor](#),¹ [Nuria Navarrete-Navarrete](#), and [Juan Jiménez-Alonso](#)

[Author information](#) ► [Article notes](#) ► [Copyright and License information](#) ►

Abstract

A 65-year-old woman with bullous pemphigoid presented with fever and several red-purple nodular subcutaneous lesions on both lower legs 1 week after starting treatment with azathioprine (AZA). Biopsy of a skin nodule was compatible with erythema nodosum (EN) and hypersensitivity reaction to AZA was suspected. AZA was subsequently discontinued, observing complete remission of fever and EN within 2 weeks. This case highlights the importance of recognizing EN as a possible manifestation of hypersensitivity reaction to AZA.

Keywords: *Azathioprine, bullous pemphigoid, erythema nodosum, hypersensitivity syndrome*

Select item 15511405 [\[Intolerance to hydroxychloroquine marketed in Spain \(Dolquine\) in patients with autoimmune conditions\]](#).



2. Jiménez-Alonso J, Sabio JM, Carrillo-Alascio PL, Jiménez-Jáimez J, Ortego-Centeno N, Jiménez-Jáimez E, Hidalgo-Tenorio C, Guzmán-Ubeda M, Jáimez L, Cáliz R, García-Sánchez A, Gallego M, Caminal L, Callejas-Rubio JL, Cervera R, Font J; Grupo LUPUS Virgen de las Nieves. Rev Clin Esp. 2004 Nov;204(11):588-91. Spanish.

PMID: 15511405

[Similar articles](#)

Select item 11243651 [Antimalarial drugs and pruritus in patients with lupus erythematosus.](#)



3. Jiménez-Alonso J, Tercedor J, Reche I; Grupo Lupus Virgen de las Nieves. Acta Derm Venereol. 2000 Nov-Dec;80(6):458. No abstract available.

PMID: 11243651

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Select item 9550488 [Antimalarial drug-induced aquagenic-type pruritus in patients with lupus.](#)



4. Jiménez-Alonso J, Tercedor J, Jáimez L, García-Lora E. Arthritis Rheum. 1998 Apr;41(4):744-5. No abstract available.

Mujer 62 años

- Entra en la consulta desorientada. Refieren, entre ella y esposo, una historia con síntomas generales inespecíficos, parestesias, paresias.
- Aumento de área reflexógena
- Y disminución marcada de sensibilidad vibratoria

Sillas, papel y bolígrafo



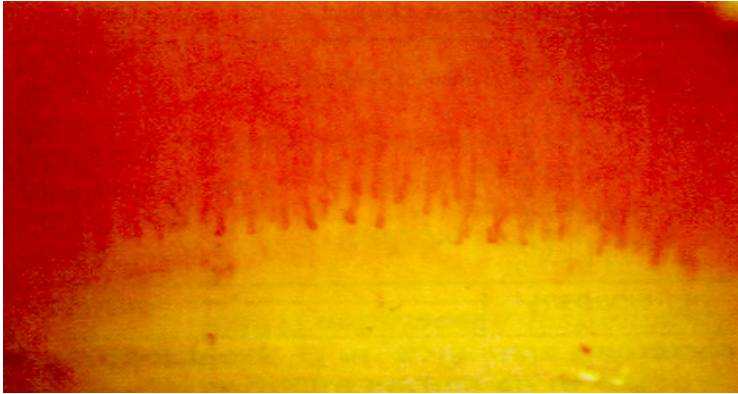
Y unos niveles de vitamina B12

Mujer de 14 años

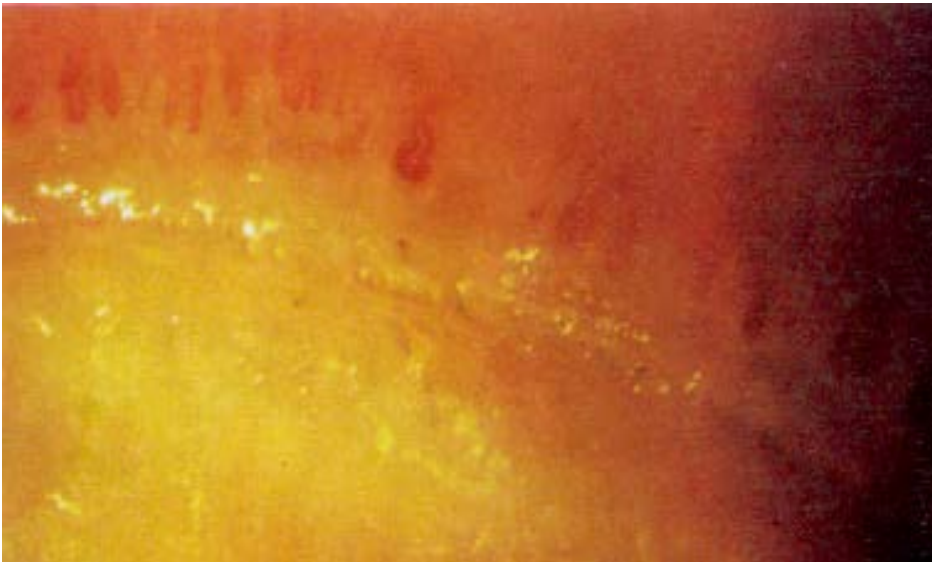
- Sin AP de interés
- Raynaud agresivo últimos 5 meses
- Endurecimiento de la piel
- Capilaroscopia muy patológica

Esclerosis sistémica difusa

Capilaroscopia

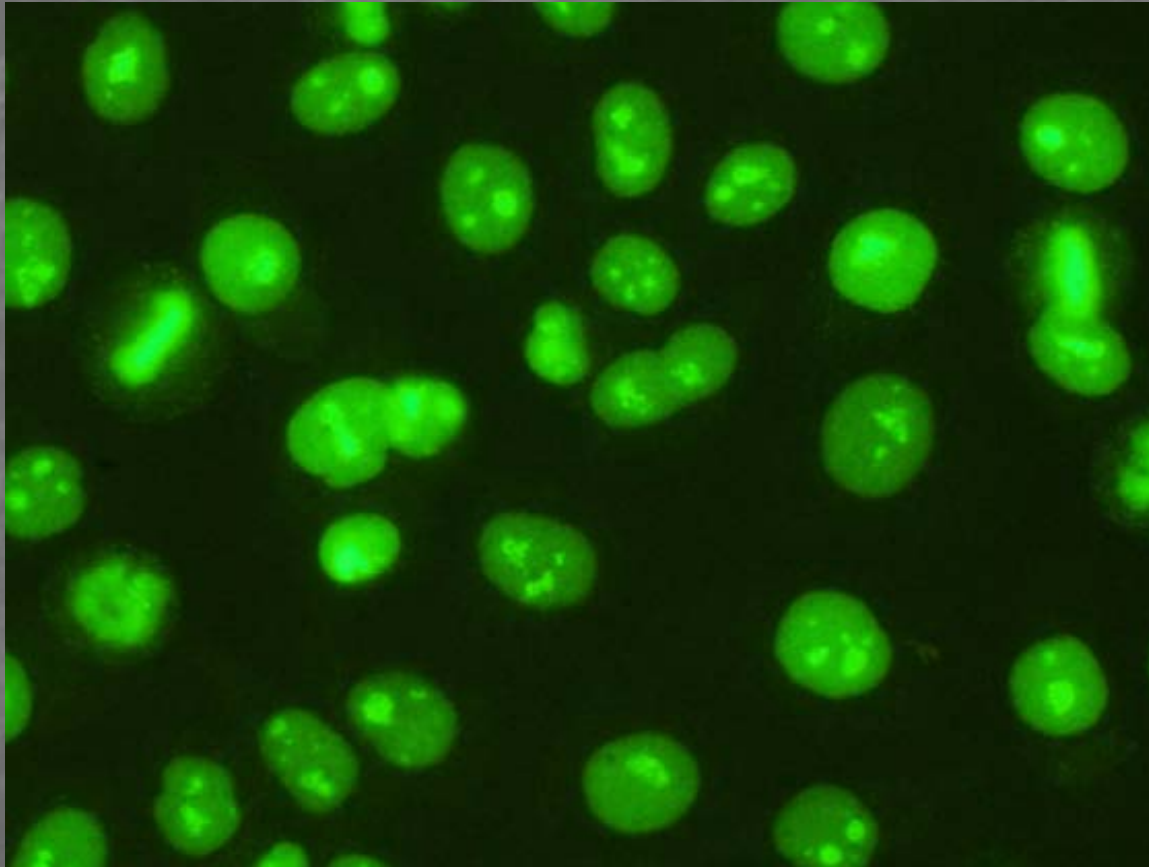


normal



Megacapilares
Zonas avasculares

Ac antiScl-70



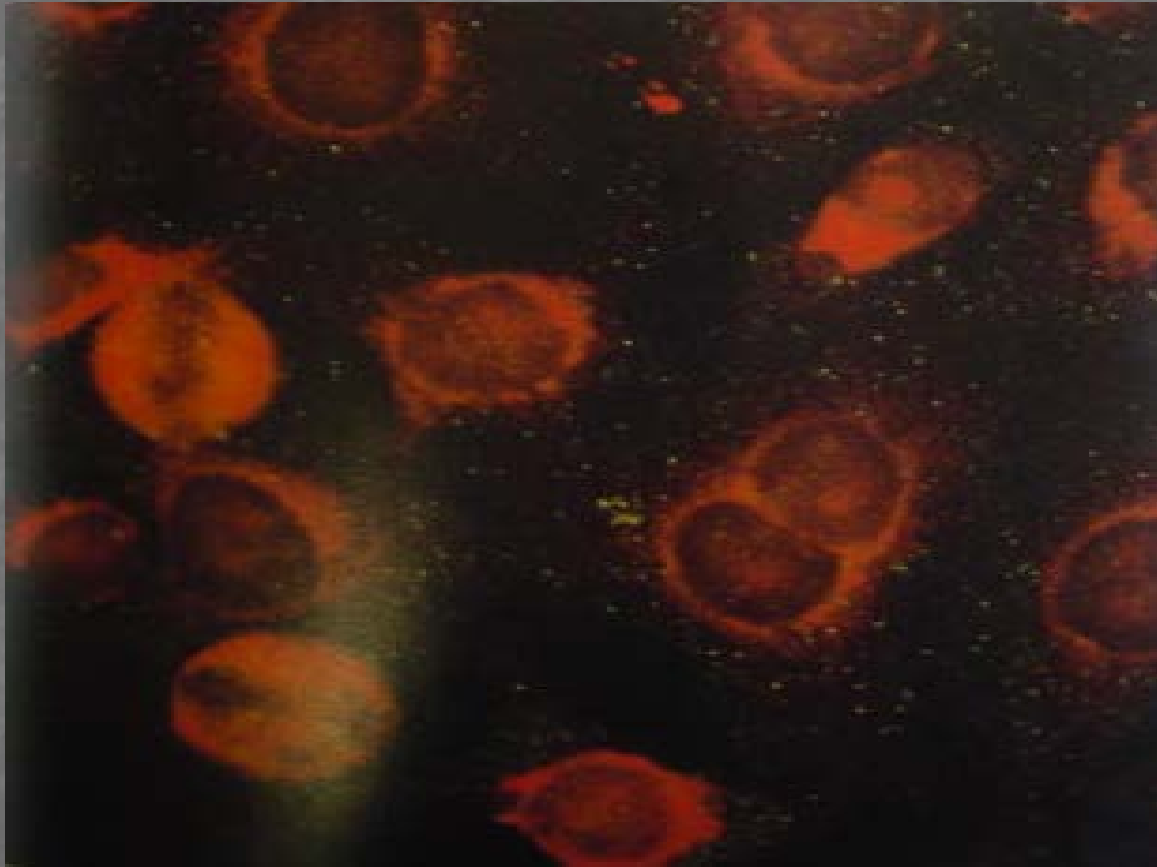
Mujer de 52 años

- Consulta por debilidad muscular y disnea de reciente comienzo
- Examen Físico:
 - Crepitantes bibasales pulmonares



Dermatomyositis – Síndrome antisintetasa

Ac anti Jo-1



Varón de 48 años

- Diagnosticado de depresión
- Recomendado viajes, distracción...

- Ingreso por vómitos y gran malestar general



Enfermedad de Addison

Varón 32 a.
dolor abdominal

desde 2007

Múltiples
pruebas
digestivas,
generales,
neuroológicas
urológicas...

NO DX

Apendicectomía

A screenshot of a medical file directory showing a list of folders and documents. The folders are organized by date and location, such as 'Urgencias Generales HSC (Hospital de...)' and 'Neurología General (Hospital de Espe...)'.

- 22/03/2015 / U / Urgencias Generales HSC (Hospital de...)
- 12/03/2015 / C / Neurofisiología Clínica General
- 05/08/2014 / U / Urgencias Generales HSC (Hospital de...)
- 04/08/2014 / U / Urgencias Generales HSC (Hospital de...)
- 15/07/2014 / C / Medicina Física y Rehabilitación Gene...
- 07/07/2014 / H / Neurología General (Hospital de Espe...)
- 07/07/2014 / U / Urgencias Generales HSC (Hospital de...)
- 07/07/2014 / C / Neurología General
- 04/11/2013 / U / Urgencias Generales HSC (Hospital de...)
- 26/05/2012 / U / Urgencias Generales HSC (Hospital de...)
- 18/05/2012 / U / Urgencias Generales HSC (Hospital de...)
- 12/04/2009 / U / Urgencias Generales HSC (Hospital de...)
- 23/10/2008 / H / Cirugía Ortopédica y Traumatología G...
- 11/09/2008 / U / Urgencias Generales HSC (Hospital de...)
- 14/07/2008 / H / Cirugía General y A. Digestiva Genera...
- 14/07/2008 / U / Urgencias Generales HSC (Hospital de...)
 - Prescripción Farmacéutica
 - Informes
 - Informe de Urgencia 14/07/2008
- 24/11/2007 / U / Urgencias Generales HSC (Hospital de...)
 - Prescripción Farmacéutica
 - Informes
 - Informe de Urgencia 24/11/2007
- 19/11/2007 / U / Urgencias Generales HSC (Hospital de...)
 - Prescripción Farmacéutica

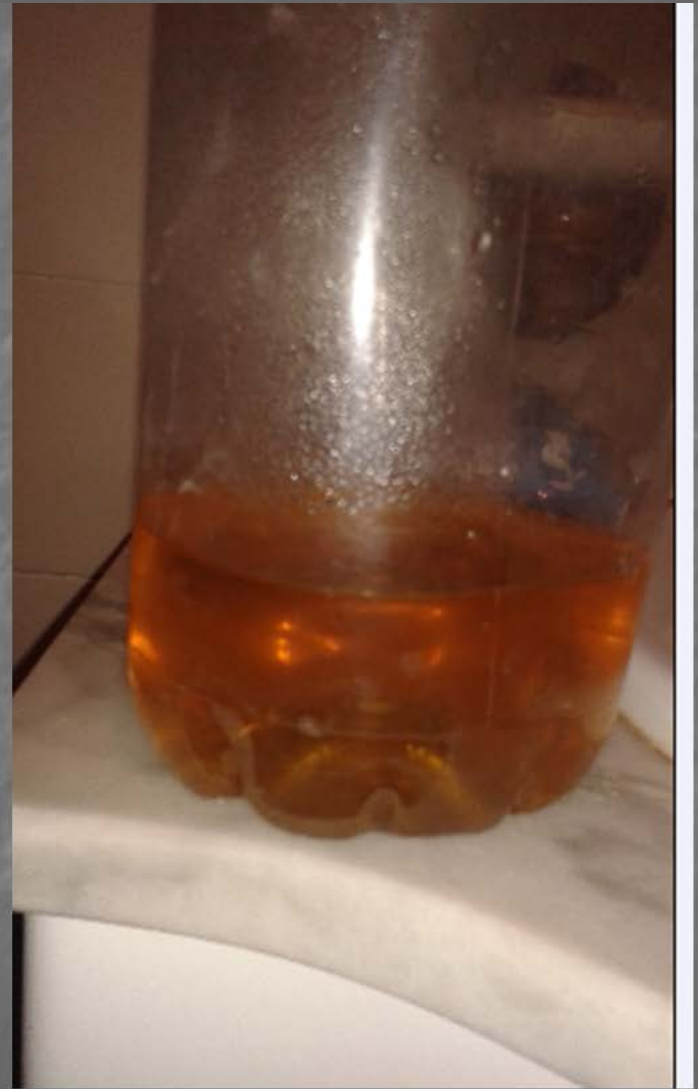
A red arrow points from the '14/07/2008 / U / Urgencias Generales HSC (Hospital de...)' folder to the 'Apendicectomía' box on the right.

Insistencia en la anamnesis

- HC Y EF muy detallados

Empeoramiento con
fármacos y cirugía
Color orina





Porfiria Aguda Intermitente



Agradecido a la HC y EF

- Aporta piezas valiosas al “puzzle”
- Humaniza relación Médico Paciente
- Hace más eficiente el acto médico
- Ahorra gastos innecesarios
- Evita yatrogenia
- ...y reclamaciones

Vigencia en el siglo XXI?







Jose Luis Ojea

XXXIII

Congreso Sociedad Andaluza
de Medicina Interna (SADEMI)

IV Encuentro de Enfermería de
Medicina Interna de Andalucía

19:30-20:00 h

CONFERENCIA DE CLAUSURA

**¿SIGUE SIENDO LA HABILIDAD CLÍNICA LA MEJOR
TECNOLOGÍA PARA EL SIGLO XXI?**

Moderador:

Dr. Francisco Pérez Jiménez

Catedrático de Medicina

Jefe de Servicio de Medicina Interna

Hospital Universitario Reina Sofía. Córdoba

Ponente:

Dr. Juan Jiménez Alonso

Catedrático de Medicina Interna

Universidad de Granada