

HOW TO WORK THROUGH THE PATHOVIGNETTES

Step #1: READ the Pathovignette and circle, highlight, and underline any important signs, symptoms, epidemiological characteristics, risk factors etc. that you think are important. This will help you “diagnose” the patient. (a paper that is not marked up is not a good sign to the professor)

- choose your diagnosis and write it on your sheet
- ****HINT**** everything listed in the Pathovignette will lead you to the diagnosis- labs, presentation, signs, and symptoms have all been carefully chosen by your professor to get you to think 😊. The HIGH YIELD clue lead to your diagnosis or to your differential diagnosis. Let the fun begin !!

Step #2: WORKSHEET Fill-in the areas related to etiology, pathogenesis, epidemiology, classic presentation, risk factors and the differential diagnosis. This is an informal worksheet. APA for reference only.

IMPORTANT tidbits to understanding what "is important" include:

- Etiology:
 - What is the etiology ??– this is what causes the disease at the cellular level-so an example may be genetic, or environmental (if environmental, what might those insults be?), or it may be related to toxic exposure. (This is not the pathogenesis of the disease).
- Epidemiology:
 - Who, when and any regions have a preponderance to get the disease?
 - An example: F>M by 3:1 ratio, affects women of childbearing age 15-45 ages; racial gradient has African>> Asian>>Caucasian descent; it is more severe in AA then in Caucasian ancestry
- Classic Presentation:
 - What are the classic signs and symptoms of the disease? Here you should list ALL the classic symptomatology that would present for your chosen diagnosis. *Please delineate in order of most prominent at the top to least prominent.* For each positive symptom please use a different color, or highlight which is your positive or negative (example >>> red =positive- blue =negative)
 - So how do you get the positive and negative findings? REFER BACK TO YOUR PATHOVIGNETTE: **If the patient has the symptoms, then it is RED/positive; if the patient DOES NOT have the symptom then it is negative and blue.** Why does this matter?? When you start interviewing patients and developing a differential diagnosis you must understand ALL the potential signs and symptoms that a patient may present with- some will be present, others will not. Not all patients present with that “classic symptomatology” either, so you need to know all signs/

symptoms. This along with epidemiology (the who and when) of a patient presentation are a big help and may LEAD you to the diagnosis.

- DDX: Next, you will pick 3 top diagnoses for the differential diagnosis. These are 3 **other** diagnoses that you would consider when you are diagnosing the disease you chose. Where do you get the differential diagnosis from? My best recommendation is to use reputable medical sites. I am asking you refer to Emedicine (MEDSCAPE). This is the best (and Free) site to help with these sheets. THE DIFFERENTIAL IS KEY. Here I want to see how you could decide this is not the potential diagnosis. I need to see HOW you would rule it in or rule it out >>> this is by symptoms present on the pathovignette, lab work that would lean towards the differential, or by you rationalizing why it would be the less likely diagnosis.

Step 3: Develop a PATHO FLOW sheet

This is where you will make a flow sheet of the Pathogenesis. Here I want you to extrapolate the MAIN ideas- NO PARAGRAPH TYPE WILL BE ACCEPTED. THIS IS A FLOW SHEET >>> one issue will flow into another. You will start with etiology, can also show epidemiological characteristics, but focus is how does the cellular damage occur and what course does it follow. You can also show signs and symptoms, in addition to laboratory testing or imaging if it fits into the FLOW of the disease developing. CREATIVITY awarded w/ bonus points 😊

Good Luck in “diagnosing” the Pathovignette..... Any questions reach out via Email.

PROFESSOR JAIMALLEE 😊