Davidson’s

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Preface

Davidson’s Principles and Practice of Medicine, now in its 20th edition, has stood the test of time because it continues to reflect Sir Stanley Davidson’s determination to produce a book that was readable without ambiguity, uncertainty or wordiness. It is not a reference book and does not describe every rare disease or syndrome, but devotes most of its space to those disorders more commonly seen in practice. Inevitably, the content has changed considerably over the years, mirroring medical advances, and the approach over the last decade has become unashamedly problem-based, reflecting modern educational principles. Davidson’s Principles and Practice of Medicine attempts to provide an international perspective on disease, to reflect the huge success that the book has had in many parts of the world, especially in the Indian subcontinent.

Davidson’s Clinical Cases has been written in response to repeated suggestions from trainees that a companion case studies book would be well received. Patients do not appear in consulting rooms or hospitals with tags of ‘Disease of such or such a system’; instead they come with problems that may cross many systems and which may even disguise the nature of the primary pathological culprit. This is the real world in which doctors practise; impressive physicians are those who accumulate knowledge gleaned from different cases and who can recall such experiences when faced with a similar new problem. We have made every effort to ensure that Davidson’s Clinical Cases guides our reader, step by step, to follow the correct path in the maze between the presenting complaint of a patient and the final diagnosis. We emphasise the value of interpreting available clinical and investigative information in a logical way before considering a definitive diagnosis. Our selection of cases has not been arbitrary; it is based on the ‘Presenting Problems’ of the (20th) edition of Davidson’s Principles and Practice of Medicine and illnesses that reflect an international outlook. We are more than aware that, for epidemiological, economic and other reasons, the practice of medicine in the developing world and in low-resource settings may be different from that in more privileged places, and the section on ‘Global Issues’ at the end of each case study addresses many of these important differences.

We chose our contributors carefully; they are all senior doctors, from different parts of the world, with considerable teaching experience. We tried to persuade them to take us through their cases in a personal way and to avoid regurgitating long and all-embracing lists from larger textbooks. We focus on the common disorders that are described in Davidson’s Principles and Practice of Medicine and cross-references are included in every chapter. We have been strict in our editing in an effort to ensure uniformity in the layout and style of the many contributions. Inevitably, there is overlap between some of the cases and occasionally the approach of our contributors differs slightly from one to another. But this is medicine in diverse clinics.

Our editorial team works primarily in different specialties of medicine, though each of us has considerable experience of general internal medicine. In editing the text we have found it to be a most stimulating and effective method of
learning about conditions of which we knew too little! We trust that our readers will also find that knowledge imparted in this manner is both easy and painless to digest. Welcome to *Davidson’s Clinical Cases*!

M.W.J.S., S.K.S. and J.A.A.H.  
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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>ALT</td>
<td>Alanine aminotransferase</td>
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<tr>
<td>ANCA</td>
<td>Antineutrophil cytoplasmic antibodies</td>
</tr>
<tr>
<td>ANF</td>
<td>Antinuclear factor</td>
</tr>
<tr>
<td>APTT</td>
<td>Activated partial thromboplastin time</td>
</tr>
<tr>
<td>AST</td>
<td>Aspartate aminotransferase</td>
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<tr>
<td>CEA</td>
<td>Carcinoembryonic antigen</td>
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<tr>
<td>CRP</td>
<td>C-reactive protein</td>
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<tr>
<td>dsDNA</td>
<td>Double-stranded DNA</td>
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<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
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<td>ESR</td>
<td>Erythrocyte sedimentation rate</td>
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<td>GGT</td>
<td>Gamma-glutamyl transferase</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Hepatitis B surface antigen</td>
</tr>
<tr>
<td>HDL</td>
<td>High-density lipoprotein</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>LDH</td>
<td>Lactate dehydrogenase</td>
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<tr>
<td>LDL</td>
<td>Low-density lipoprotein</td>
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<tr>
<td>LFTs</td>
<td>Liver function tests</td>
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<td>Mean cell volume</td>
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<td>Packed cell volume</td>
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<td>Prothrombin time</td>
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<td>Red blood cells</td>
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<td>Urea and electrolytes</td>
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