

ADVANCED MEDICAL ENGLISH

How is a case report organised? <https://pmc.ncbi.nlm.nih.gov/articles/PMC5129176>

Read the abstract and background of this clinical case, and analyse the function of each element. Match each highlighted excerpt with its main function (A–F).

Functions

- A. Highlights the significance of the case.
- B. Describes an intervention and an associated complication.
- C. Presents diagnostic evidence.
- D. Summarizes a subsequent management decision.
- E. Provides general background information about the condition.
- F. Reports the patient's initial presentation.

Atypical presentation of appendicitis

Abstract

A woman aged 64 years presented as an emergency with a mass in the right iliac fossa, clinically within the abdominal wall, but an otherwise soft abdomen. Systemically, she was quite well with normal vital signs. Blood tests revealed raised inflammatory markers, and an abdominal CT scan demonstrated a perforated appendix with associated large subcutaneous abscess. This represents a rare presentation of a common condition, demonstrating how appendicitis can still be a challenging problem for the clinician. The patient underwent incision and drainage of the abscess, resulting in the formation of an enterocutaneous fistula (ECF). This was managed with enteral nutritional support, wound dressings and antibiotics. Following normal CT imaging, an ileocaecal resection was planned in the expectation that the ECF would persist. The operation was postponed due to intercurrent illness, during which time her symptoms and the ECF fully resolved.

Background

Appendicitis is a common condition with a lifetime risk of 7–8%. It classically presents acutely, with right iliac fossa pain, requiring prompt diagnosis in order to facilitate early appendicectomy in most cases. This unusual presentation of appendiceal perforation, mass and then fistula represents an important differential diagnosis for a mass affecting the anterior abdominal wall.

The abstract also tells us that the planned operation was postponed and the fistula resolved. Why is this outcome important to include in the abstract?

- A. It explains why the patient initially presented with an abdominal mass and how the diagnosis was confirmed.
- B. It highlights the unexpected clinical outcome and shows how the patient's condition changed the original management plan.
- C. It demonstrates that surgery is unnecessary in patients who develop an enterocutaneous fistula.

What does each additional section contain?

Match each additional heading (1–8) with the description that best corresponds to its main function. Write the appropriate letter next to each heading.

- Case presentation
- Investigations
- Differential diagnosis
- Treatment
- Outcome and follow-up
- Discussion
- Footnotes
- References

A. Lists the sources cited in the report, allowing readers to locate and verify the original publications.

B. Explains the patient's progress after intervention, including recovery, complications, subsequent clinical status and any follow-up findings.

C. Presents the patient's history, symptoms, clinical examination and relevant events in chronological order.

D. Identifies and compares the possible conditions that could explain the patient's presentation before settling on the most likely diagnosis.

E. Describes the tests performed and their results, such as laboratory findings, imaging and other diagnostic procedures.

F. Provides supplementary publication information, acknowledgements, author contributions, competing interests or other declarations, depending on the journal's format.

G. Describes the management provided, including procedures, medication, supportive care and the rationale for treatment decisions.

H. Interprets the case in relation to existing medical knowledge, compares it with previous reports, explains its clinical significance and may identify lessons for practice.

Listening: Presenting a Clinical Case

Imagine you are attending a hospital clinical meeting. A doctor is presenting a recent case to colleagues. Listen and choose the correct option



1. The patient was a **58-year-old / 68-year-old** man who presented to the emergency department.
2. His symptoms had started **two days / four days** before admission.
3. On arrival, his temperature was **38.6°C / 36.8°C**, and he had a productive cough.
4. The patient had a history of **hypertension / COPD**.
5. The chest X-ray showed **right lower-lobe consolidation / bilateral pleural effusions**.
6. The initial blood tests revealed **raised inflammatory markers / a markedly reduced white blood cell count**.
7. The main alternative diagnosis considered was **pulmonary embolism / acute appendicitis**.
8. The patient was treated with **intravenous antibiotics and oxygen / oral antibiotics and bronchodilators**.
9. His clinical condition improved, and he was **discharged after four days / transferred to intensive care**.
10. The presenter concludes that the case highlights the importance of **combining clinical findings with imaging and laboratory results / relying on the chest X-ray alone**.

Listen a second time. Match each stage of the presentation (1–6) with its main function (A–F).

1. The opening sentences
 2. The description of the patient's symptoms and medical history
 3. The investigation results
 4. The discussion of the alternative diagnosis
 5. The description of treatment and recovery
 6. The final remarks
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- A. Explains the clinical significance of the case and identifies a lesson for practice.
 - B. Establishes the topic and introduces the patient.
 - C. Reports the evidence used to support the diagnosis.
 - D. Describes the patient's initial presentation and relevant clinical background.
 - E. Explains how the patient was managed and what happened afterwards.
 - F. Shows that other possible explanations were considered.