

LETTERS

Let patients explain things in their own words



Dear Editor

On the whole, I found the article 'Systematic approach needed to establish cause of vertigo' by Dr Ben Turner and Mr Nicholas Eynon-Lewis in the September issue (*Practitioner* 2010;254(1732):19-23) well set out and logical in its approach.

However, under the history section, I winced at the paragraph: 'Time is usually limited and the clinician should

take control of the consultation early.'

I have sometimes rushed in when behind in surgeries and resorted to closed questions but have found in the long run it doesn't speed things up at all.

It's often quicker to let the patients explain things in their own words as they usually give most of the information that is needed, as most GPs will realise.

I appreciate this article was written by two consultants but the readers are GPs. Maybe I am a little unhappy about being told how to take a history - it's something I feel as a GP should be my forte!

Nevertheless, I enjoyed reading the journal over Sunday breakfast and found it useful.

Thanks.

Dr Julia Visick
GP Partner, Shrewsbury

● **The author replies**

Thank you for your interesting letter concerning our article on vertigo.

We have found that with vertigo, as opposed to other conditions, a concise directed history can often point you to the diagnosis and is really the key to diagnosis.

This is not merely to save time, it will often help the patient to explain their symptoms clearly.

It is worth allowing the patient to describe their symptoms carefully with chronic vertigo particularly if they are having symptoms of 'visual vertigo' and we find that this is often brushed over in the history.

Anxiety is frequently associated with chronic vertigo and discussing this can be extremely helpful.

We would totally agree that listening to the patient carefully is vital and indeed therapeutic and would certainly not want to compromise our management because of time constraints.

Kind regards

Mr Nick Eynon-Lewis
Consultant ENT surgeon
Barts & The London NHS Trust and
The Homerton University Hospital

Photoguide: Ganglion or myxoid cyst?

Dear Editor

I enjoyed viewing Dr Nigel Stollery's excellent photographs in the November photoguide on fingers and toes (*Practitioner* 2010;254(1734):35-37) but wondered if the lesion on page 37 [shown here on the right] labelled ganglion might actually be a myxoid cyst?

Admittedly, it is not in the classical location for a myxoid cyst.

Regards

Dr Kevin Guinan
GP, Lache Health Centre, Chester

● **The author replies:**

Thank you for your comments. That is certainly a reasonable differential diagnosis as myxoid cysts and ganglions can look very similar.

In this case though it was the orthopaedic surgeon who excised the lesion who called it a ganglion in the discharge letter.

Best wishes

Dr Nigel Stollery
GP Kibworth, Leicestershire and
clinical assistant in dermatology,
Leicester Royal Infirmary



Ganglion: November photoguide on fingers and toes

Ganglions are the most common soft tissue tumours of the hands and wrist, and are thought to occur as an outpouching of synovium from an adjacent joint. They vary in size and in most cases are not painful. Treatment is usually requested because the swelling is in a very visible location. Options vary from compression to bursting the cyst (at one time performed by striking the swelling with the family Bible), simple aspiration, or full formal surgical excision.

Letters page: Tell us your views

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Letters may be edited.