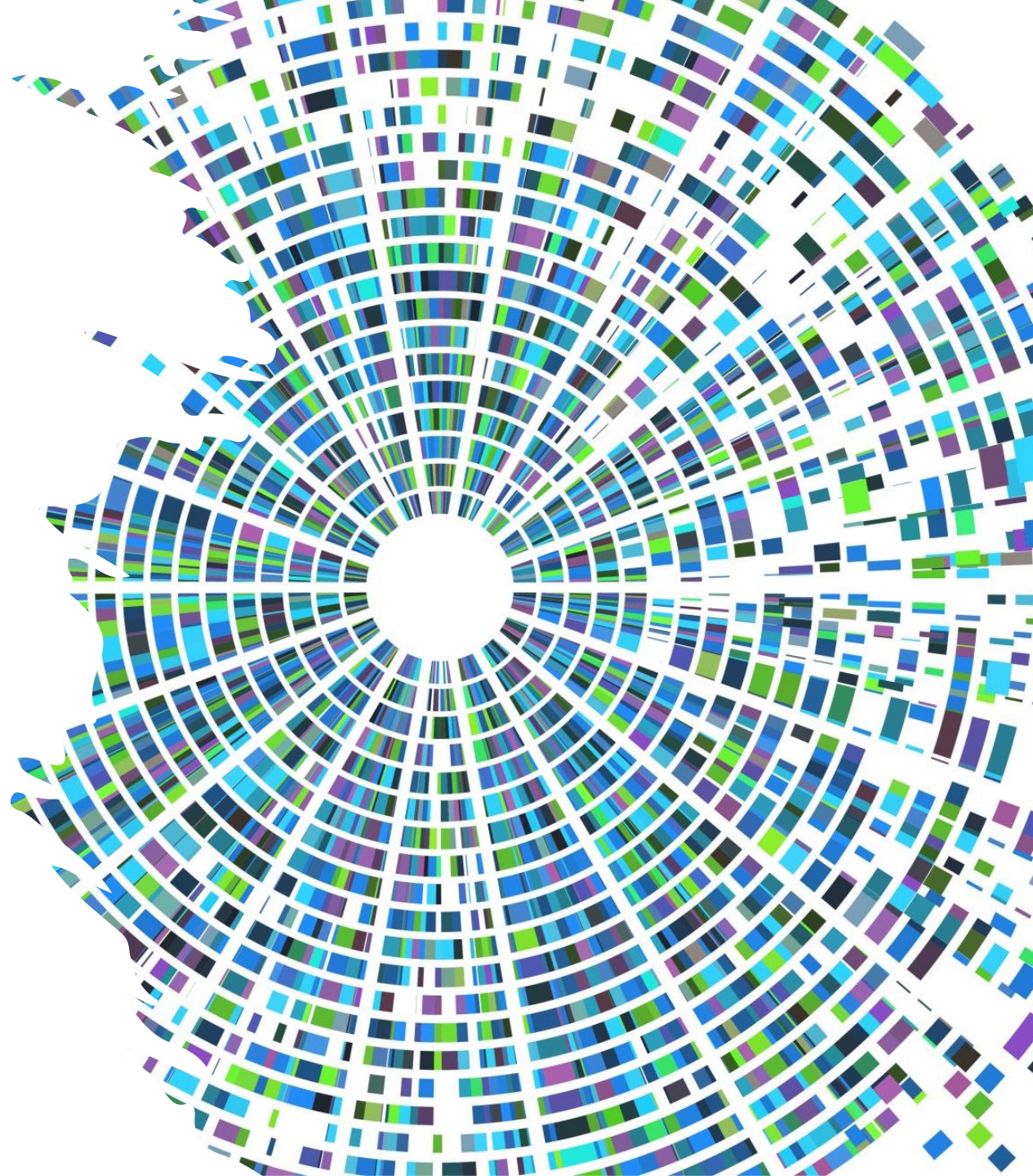


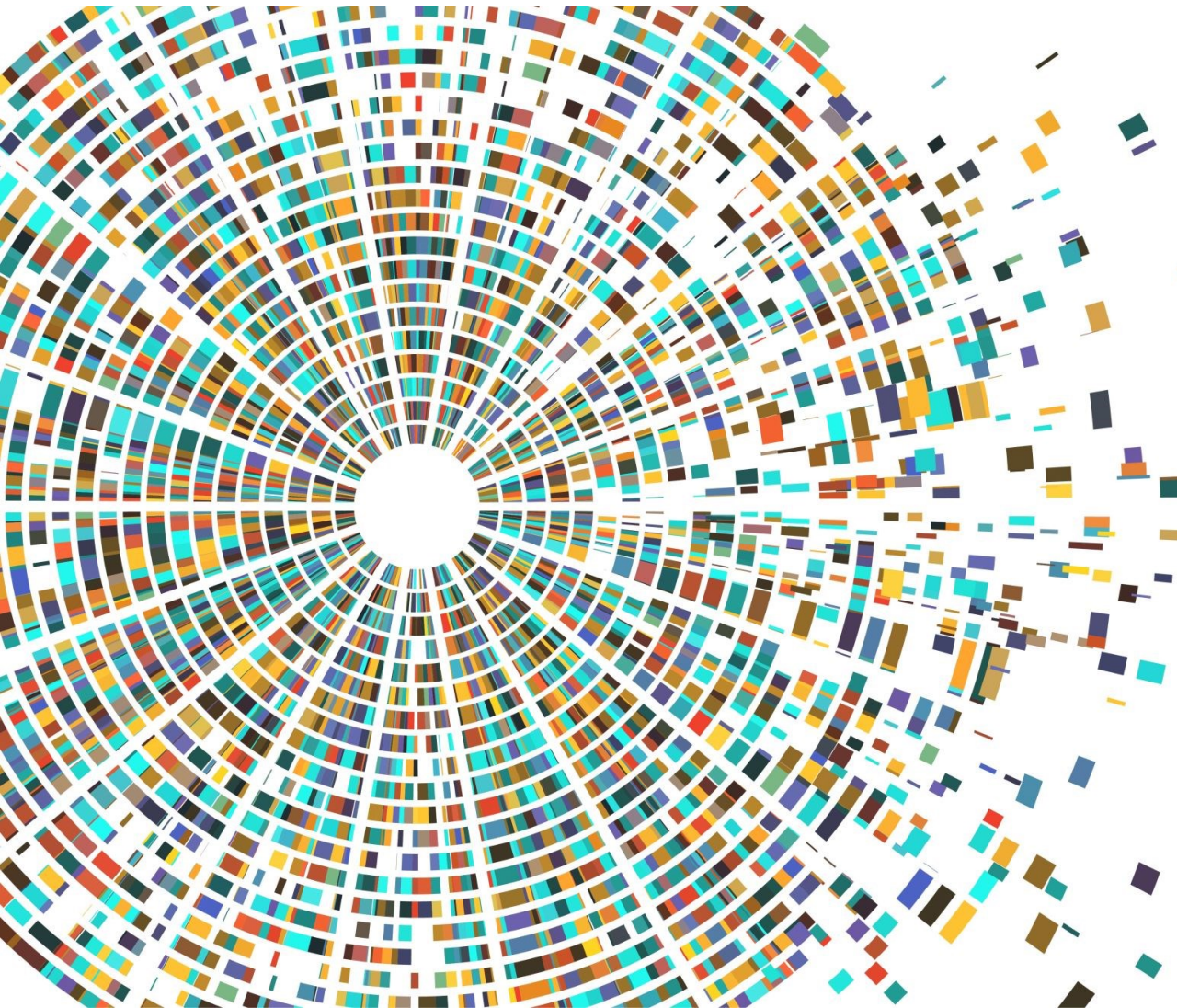
FREELY ACCESSIBLE CLINICAL CASES IN LSP TEACHING

Natália Gachallová

Týden CJV 2024



Synopsis



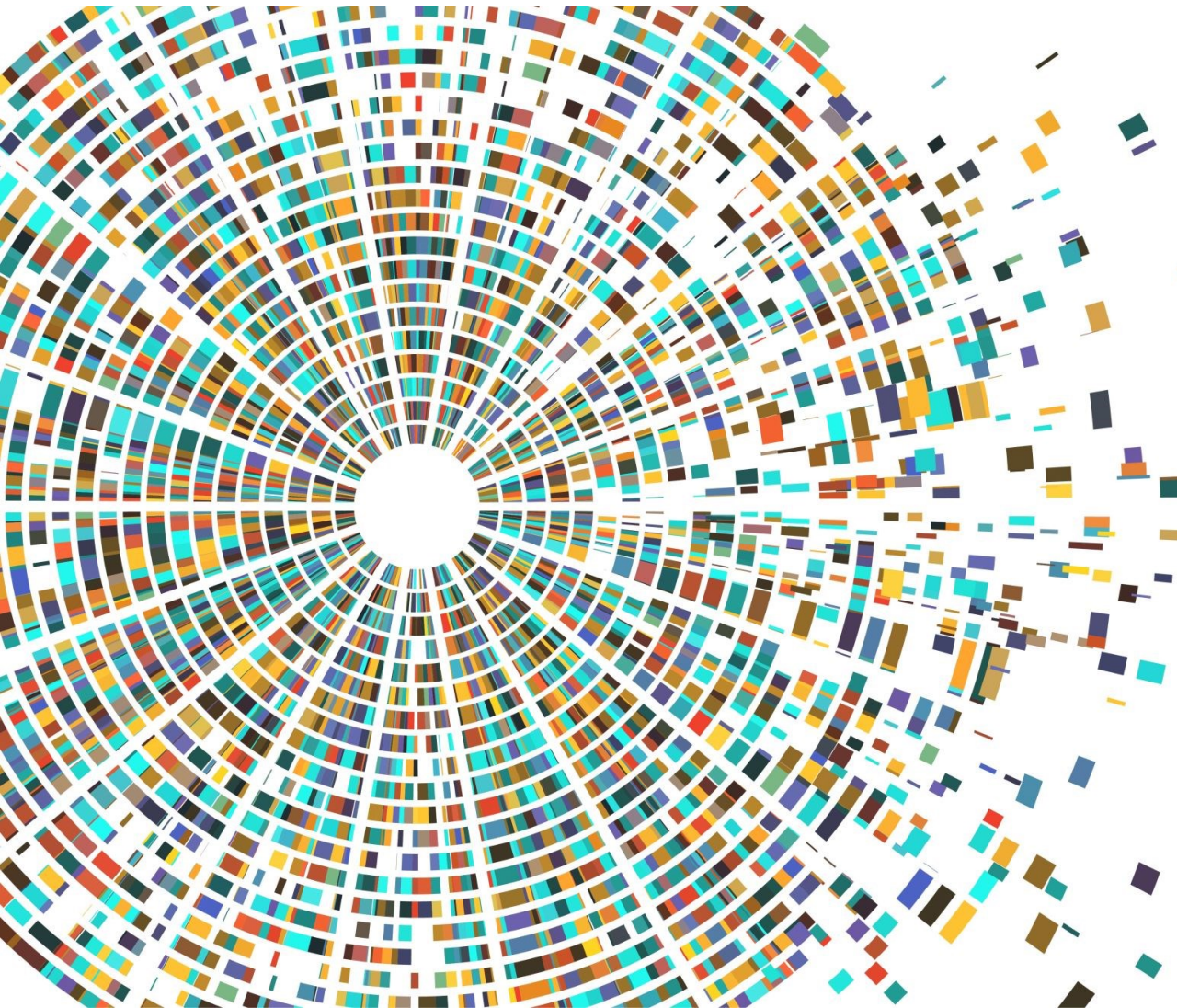
- Introduction & Context
- Three examples of implementation in my teaching practice
- Follow-up exercises
- Search options
- Conclusion

Context



- two-semester courses of Basic Medical Terminology for international students
- obligatory for the students of general medicine, dentistry, and physiotherapy
- mostly non-native speakers of the language of instruction, i.e. English
- diverse educational and language background
- aiming at language proficiency sufficient to comprehend (not only) Latin parts of medical documentation

Methodology



Elder (2015): "establishing authenticity is essential in measuring the language abilities and cognitive processes of language learners to predict their performance in future language use"

teaching materials **emphasizing closer contact with the real practice**

ethical concerns and implications impeding sharing of authentic medical documentation with students

search for **alternative sources of real case records**

ULTIMATE GOAL: students' ability to extract relevant/important information and pass these on in the form of a structured report

The New England Journal of Medicine

<https://www.nejm.org/>



- research articles, reviews
- wide variety of case records from all main specialties
- addressed to medical professionals, but adjustable for teaching needs
- keyword search
- images, test results, progress of disease, diagnostics
- **FREELY ACCESSIBLE**

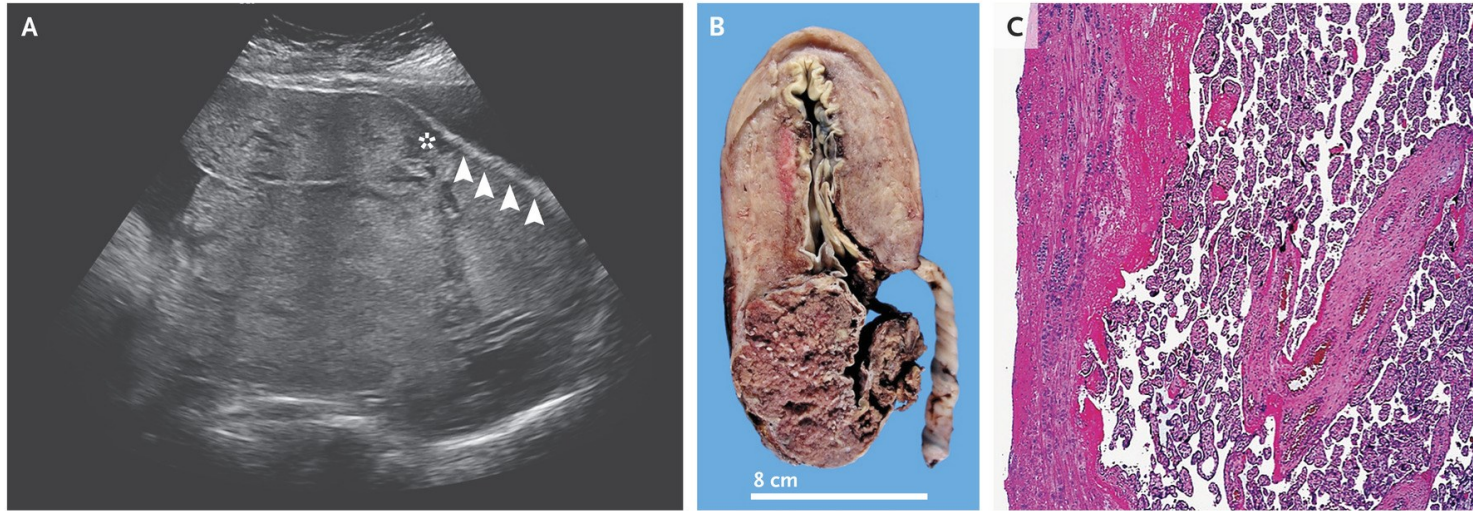
Isolated ulnar shaft fracture



<https://www.nejm.org/doi/full/10.1056/NEJMicm2211242>

A 60-year-old left-handed woman presented to the emergency department with **pain in her left forearm** after having been struck by a baseball bat by her partner. On physical examination, **the left forearm was swollen** and tender, especially with passive pronation and supination. The overlying skin was intact, and the results of neurovascular examination were normal. No other traumatic injuries were present. Radiographs of the left forearm showed an isolated **ulnar shaft fracture** (upper image, anteroposterior view; lower image, lateral view). Isolated ulnar shaft fractures, also called “nightstick fractures,” result from blunt force trauma to the forearm. The injury classically occurs when the upper arm is raised in self-defense against an attack to the head or torso, such as in intimate-partner violence, as occurred in this case. Comprehensive assessments of the safety and mental health of the patient were performed, and social services were offered. The patient underwent **open reduction and internal fixation of the fracture**, followed by splinting, although this type of injury may be managed nonoperatively in some cases. At follow-up 10 weeks later, the patient had regained full function of her arm; she had obtained a restraining order for protection and was receiving assistance from a social worker.

Placenta increta



Latin prefixes in clinical terms

| | |
|------|-----------------|
| AD- | accreta |
| IN- | increta |
| PER- | percreta |

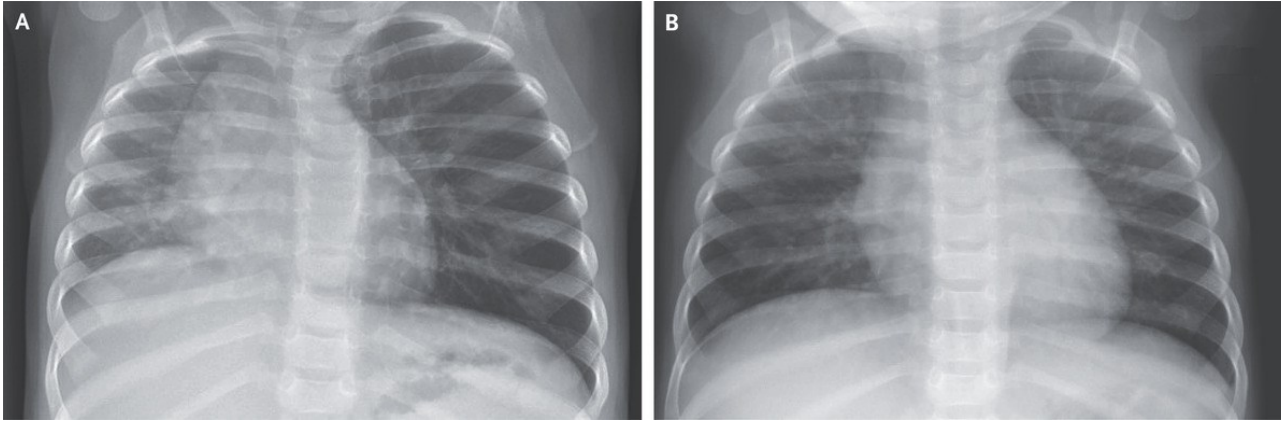
Sectio caesarea acuta

St.p. hysterectomiam totalem

A 38-year-old woman who had undergone three low-segment cesarean sections was admitted to the hospital in labor at 36 weeks of gestation. Antenatal ultrasonography suggested placenta accreta (Panel A), with the appearance of irregular vascular spaces (asterisk) and loss of retroplacental hypoechoic stripe (arrowheads), which suggested obliteration of the basal decidua. **She underwent an emergency cesarean section**, which confirmed the abnormal adherence of the placenta to the myometrium. The placenta was left in situ, and a cesarean **hysterectomy was performed** to decrease the risk of massive hemorrhage. Gross and histopathological examination (Panels B and C) confirmed the diagnosis of placenta increta, with trophoblastic invasion into the myometrium. **There is a spectrum of abnormal placentation: placenta accreta refers to the attachment of the chorionic villi to the myometrium, placenta increta to the invasion of the chorionic villi into the myometrium, and placenta percreta to invasion through the myometrium, with or without involvement of surrounding structures.** Abnormal placentation may be suspected on ultrasonography or magnetic resonance imaging but can be diagnosed definitively only on histopathological examination. The patient's postoperative course was uncomplicated. She was discharged home with her newborn on the fifth postoperative day, and both mother and child remained well at follow-up 12 months after delivery.

A child inhaling food

<https://www.nejm.org/doi/full/10.1056/NEJMicm2115363>



Corpus alienum bronchi lateris sinistri

Infans cum tussi et stridore

Status post bronchoscopiam in situ

Extractio corporis alieni

Suspicio obstructionis respiratoriae partialis bronchi lateris sinistri

A healthy **12-month-old girl** was brought to the emergency department with a 4-hour history of **coughing and stridor**. Four hours earlier, she had choked while eating. Her respiratory rate was 38 breaths per minute, and her oxygen saturation was 98% while she was breathing ambient air. On examination, she appeared well. No cough or stridor was observed. Crackles and wheezing were heard in the right lung, and the left lung was clear. A chest radiograph showed opacification and volume loss in the right lung, rightward shift of the mediastinum, and hyperinflation of the left lung (Panel A). Given the abnormal radiographic appearance of the right lung, there was **concern about right-airway obstruction**. However, during rigid **bronchoscopy, a foreign body was removed from the left mainstem bronchus**. Partial airway obstruction in the left mainstem bronchus had resulted in **hyperinflation** on that side, with passive **atelectasis** and opacification on the right side. **Foreign-body aspiration in children is potentially life-threatening**. It is important to note that chest radiographs may appear normal when radiolucent objects are aspirated. High clinical suspicion of foreign-body aspiration should prompt bronchoscopy in order to avoid acute and chronic complications. A repeat chest radiograph in this patient was normal (Panel B), but her course was complicated by pneumonia, which abated with antimicrobial treatment.

FOLLOW-UP EXERCISES

Corpus alienum bronchi l.sin. / infans cum obstructione

Infans cum tussi et stridore / tussis et stridor infantis

St.p. bronchoscopiam in situ

Extractio corporis alieni / st.p. extractionem

Obstructio respiratoria partialis bronchi lateris sinistri suspecta

- **ABBREVIATIONS AND SPECIAL PHRASES:** l.sin., susp. st.p., in situ
- **ANALOGIES** between English and Latin:
 - ion ~ io (obstruction, hyperinflation, extraction)
 - scopy ~ -scopia (= visual examination)
- **ALTERNATIVE WAYS** of conveying the same information:
 - an infant with v. ... of an infant
 - suspicion** of obstruction v. **suspected** obstruction
 - extraction > state after extraction
- **PREPOSITIONS AND CLASSIFICATION OF NOUNS** into correct declension:
 - post + Acc: bronchoscopiam
 - cum + Abl: tussi, stridore
- Explanation of new related **TERMS AND THEIR CLASSIFICATION:**
 - hyperinflation > -io, ionis, f pattern
 - atelectasis > -sis, sis, f pattern

Search

Keyword / phrase:
e.g. open fracture

Article Category:
clinical cases

Specialty:
e.g. surgery

<https://www.nejm.org/medical-search>

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Obstetrics/Gynecology By Article Type Past 5 Years

CME

IMAGES IN CLINICAL MEDICINE | VOL. 386 NO. 2, JAN 13, 2022

Vulvar Squamous-Cell Carcinoma

A. Selk | N Engl J Med 2022; 386:e3

A 45-year-old woman presented to the colposcopy clinic with vulvar pain, pruritus, and a wartlike lesion. A biopsy specimen showed vulvar squamous-cell carcinoma associated with human papillomavirus.

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IMAGES IN CLINICAL MEDICINE | VOL. 385 NO. 19, NOV 04, 2021

Thoracic Endometriosis

M.-L. Chen and C.-Y. Li | N Engl J Med 2021; 385:e65

A 26-year-old woman presented with intermittent small-volume hemoptysis coinciding with her menses. CT of the chest showed a cavitary nodule that was then resected. Histopathological analysis of the lesion revealed endometrial glands, consistent with a diagnosis of thoracic endometriosis.

[PDF](#) [Bookmark](#)

IMAGES IN CLINICAL MEDICINE | VOL. 385 NO. 12, SEP 16, 2021

Placenta Increta

C.A. Zapata-Caballero and V.H. Ramirez-Santes | N Engl J Med 2021; 385:1124-1124

A 26-year-old woman with two prior cesarean deliveries presented in preterm labor. Placental vessels were visualized on the uterine walls during surgery. Placenta increta was diagnosed by histopathological analysis.

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IMAGES IN CLINICAL MEDICINE | VOL. 385 NO. 10, SEP 02, 2021

Abdominopelvic Actinomycosis

N. Arakaki and Y. Oshiro | N Engl J Med 2021; 385:937-937

A 54-year-old woman presented with fevers, weight loss, and abdominal pain. Imaging showed an intrauterine device surrounded by multiple abdominopelvic abscesses. Actinomyces israelii was grown on culture.

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<https://www.nejm.org/medical-articles/clinical-cases?query=footer&date=past5Years>

Search results

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 21-2021: A 33-Year-Old Pregnant Woman with Fever, Abdominal Pain, and Headache

Andrea L. Ciaranello, M.D., M.P.H., Kathy M. Tran, M.D., Craig R. Audin, M.D., and Melis N. Anahtar, M.D., Ph.D.

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31 References 1 Citing Article

Presentation of Case

DR. KATHY M. TRAN: A 33-YEAR-OLD PREGNANT WOMAN WITH ULCERATIVE COLITIS was admitted to this hospital during the summer at 10 weeks of gestation because of fever, nausea, vomiting, abdominal pain and tenderness, and headache.

The patient had been in her usual state of health until 3 days before this admission, when fever, rigors, nausea, and vomiting developed. During the next 3 days, the symptoms worsened; the patient was unable to eat, drink, or take medications. She reported abdominal pain and cramping on the left side that she described as being similar to previous flares of ulcerative colitis; she also had nonbloody diarrhea. The patient called the obstetrics clinic and was instructed to seek evaluation in the emergency department of this hospital.

A review of systems was notable for fatigue, mild headache, neck pain, and photophobia. The patient reported no hematochezia, pelvic pain, vaginal bleeding, dysuria, or joint pain. Ulcerative colitis had been diagnosed 11 years earlier; at the time of the diagnosis, she began treatment with azathioprine but stopped after 1 year because of severe fatigue. The patient had taken mesalamine and sulfasalazine intermittently for disease flares but typically stopped after a few months of treatment. Exacerbations of ulcerative colitis occurred approximately every year and were associated with fevers, rigors, nausea, vomiting, abdominal pain, and bloody diarrhea.

Nine months before this admission, *Clostridioides difficile* colitis developed, and the patient was successfully treated with oral vancomycin. Three weeks before the current admission, she was admitted to this hospital for a flare of ulcerative colitis; intravenous methylprednisolone, hydromorphone, and ondansetron were administered, and mesalamine was restarted. Flexible sigmoidoscopy revealed mild

July 15, 2021
N Engl J Med 2021; 385:265-274
DOI: 10.1056/NEJMcp2107344

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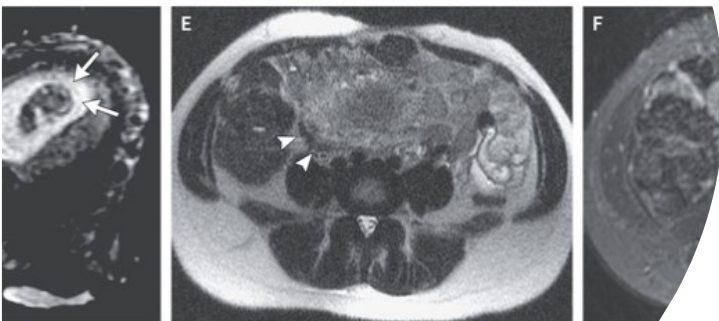
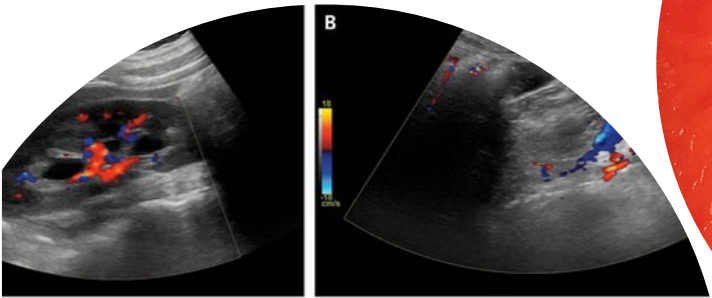
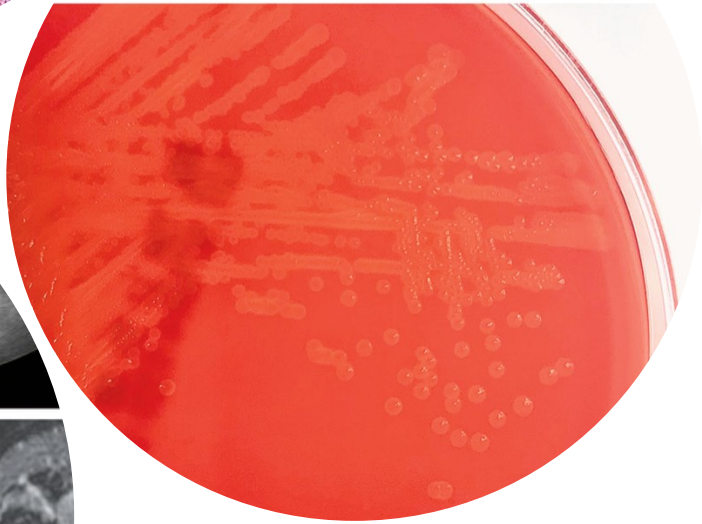
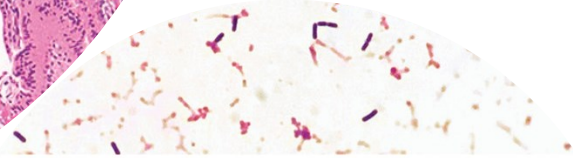
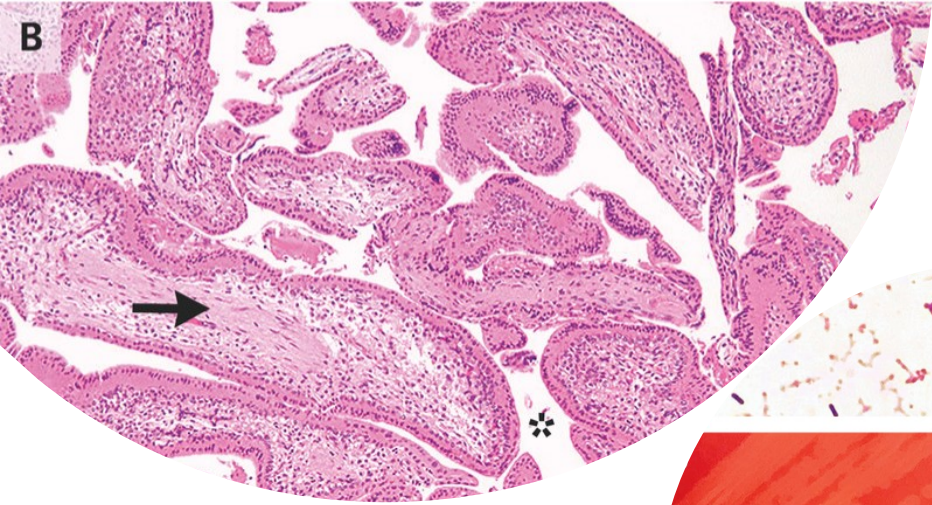
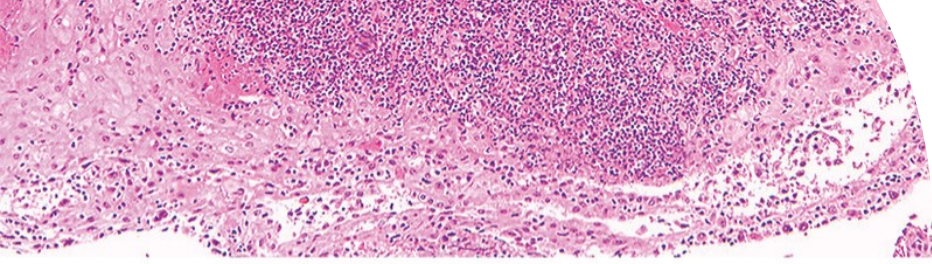
Surgery, Plastic

New York

Case 21-2021: A 33-Year-Old Pregnant Woman with Fever, Abdominal Pain, and Headache

<https://www.nejm.org/doi/full/10.1056/NEJMcp2107344>

Presentation of the case



A 33-year-old pregnant woman with ulcerative colitis was admitted to this hospital during the summer at 10 weeks of gestation because of fever, nausea, vomiting, abdominal pain and tenderness, and headache. A review of systems was notable for fatigue, mild headache, neck pain, and photophobia. The patient reported no hematochezia, pelvic pain, vaginal bleeding, dysuria, or joint pain. Ulcerative colitis had been diagnosed 11 years earlier [...] exacerbations of ulcerative colitis reoccurred approximately every year and were associated with fevers, rigors, nausea, vomiting, abdominal pain, and bloody diarrhea. Doppler ultrasonography of the abdomen revealed mild fullness in the pelvicalyceal system on the right side that is probably a physiologic finding in pregnancy. There was trace fluid in the right lower quadrant; however, the appendix was not visualized.

Implementation

- structure of a medical report
- what is relevant?
- different ways of reporting the same set of information
- specific formulae, eponyms, abbreviations
- vocabulary & word compounding
- contextualizing grammatical phenomena, identification, recognizing and correcting mistakes
- matching images with reports
- reconstructing context (e.g. male/female?)

gravida cum colitide ulcerosa recurrenti

colitis ulcerosa gestationis in anam.

colitis ulcerosa in grav. hebd. 10

VOCAB & WORD FORMATION

febris

nausea

pelvalgia

*cephalalgia
levis*

photophobia

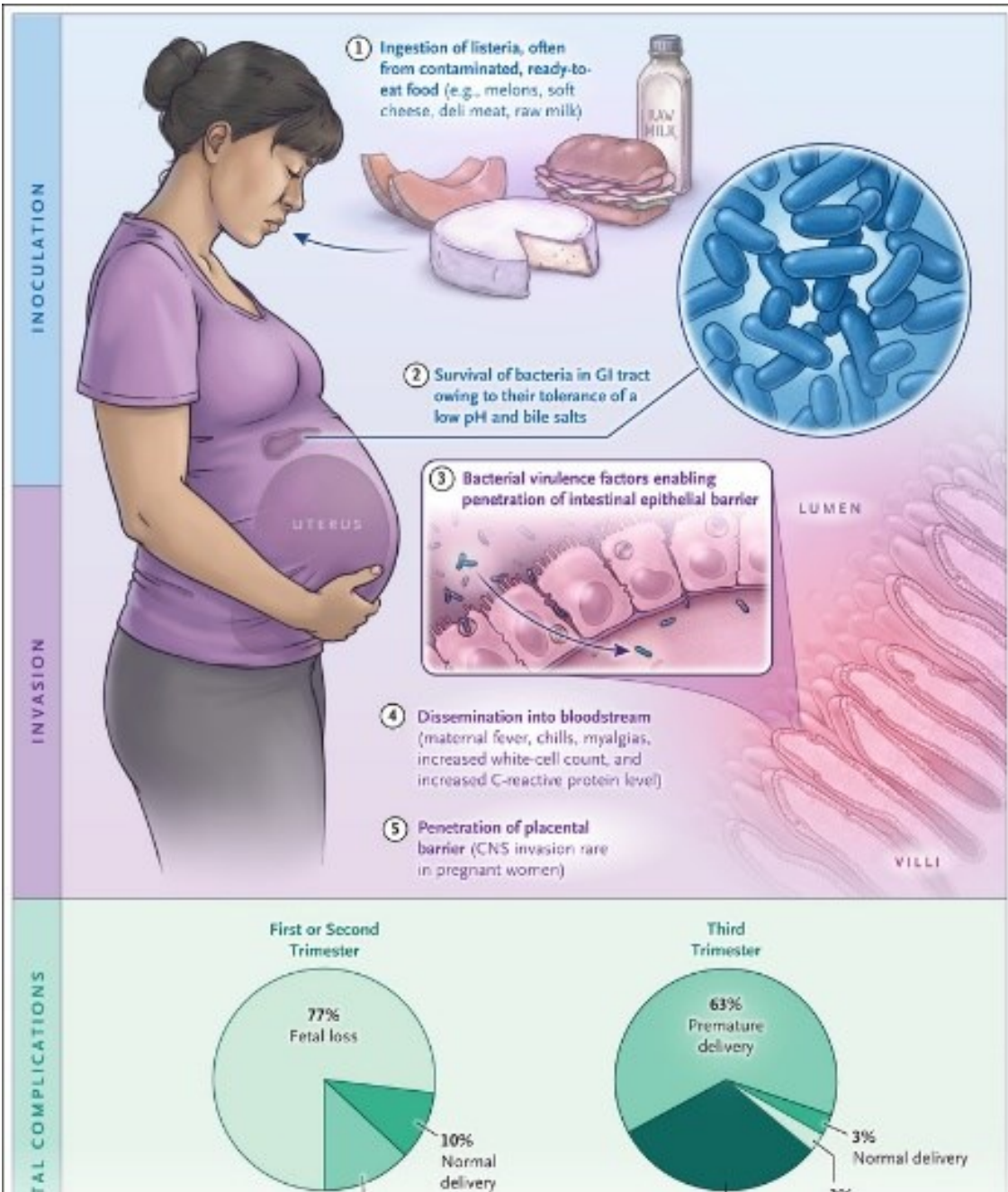
colporrhagia

hematochezia

colitis

exacerbans

recurrens



Follow-up context

This patient's presentation has several key features that are consistent with **listeria infection**. In an immunocompetent host, ingestion of food contaminated with listeria typically results in asymptomatic infection or mild febrile gastroenteritis. However, this patient is at increased risk for invasive listeria infection because she is pregnant, has an inflammatory bowel disease, and takes immunosuppressive therapy.

References

- J. Artimová and L. Švanda, "Latin as a Language for Specific Purposes: Its Development and Current Trends," *Humanising Language Teaching*, vol. 18, pp. 1–11, 2016.
- J. Artimová, L. Švanda, and K. Pořízková, "Podoby súčasného diagnostického záznamu" in *Dimenzie jazykového vzdelávania v nefilologických odboroch (Tradícia a súčasnosť) 1953-2013* (Anna Rollerová ed.), pp. 91–101, Bratislava: Ústav cudzích jazykov LF UK v Bratislave, 2013.
- L. F. Bachman and A. S. Palmer, *Language Testing in Practice: Designing and Developing Useful Language Tests*. Oxford, New York: Oxford University Press, 1996.
- C. Elder, "Exploring the Limits of Authenticity in LSP Testing: The Case of a Specific Purpose Language Test for Health Professionals," *Language Testing*, vol. 33, No. 2, pp. 147–152, 2015.
- K. Fogarasi and P. Schneider, "How the Incorrect Use of a Medical Genre Can Result in Erroneous Legal Judgements," *CASALC Review*, vol. 5, No. 1, pp. 121–133, 2015.
- K. Fujita, M. Akiyama, K. Park, E. N. Yamaguchi, and H. Furukawa, "Linguistic Analysis of Large-Scale Medical Incident Reports for Patient Safety," *Studies in Health Technology and Informatics*, vol. 180, pp. 250–4, 2012.
- B. Hemzal and M. Votava, *Zkratky používané v medicíně*. Brno: Neptun, 2005.
- D. Lippert, *Die lateinische Diagnose in der Unfallchirurgie und ihren Grenzgebieten*. Wien: Allgemeine Unfallversicherungsanstalt Wien, 2010.
- P. Nečas, "Empirický pohled na výuku latinské lékařské terminologie" in *Latinitas medica* (E. Marečková, H. Reichová, M. Severová, Dana Svobodová, and František Šimon, eds.), pp. 92–100, Brno: MuniPress, 2015.
- K. Pořízková, Jozefa Artimová, and Libor Švanda, "Latinská lékařská terminologie ve světle moderních výukových metod," *ACC Journal*, vol. 19, No. 3, pp. 134–139, 2013.
- K. Pořízková, "Corpus-Based Approaches to Teaching Medical Terminology" in *XVIIth CERCLES. The Future of Language Education in an Increasingly Digital World: Embracing Change*, Porto 15–17 September, 2022.
- K. Pořízková a M. Blahuš, "Korpus autentických klinických diagnóz v prostředí softwaru Sketch Engine" in *Latinitas medica* (E. Marečková, H. Reichová, M. Severová, Dana Svobodová, and František Šimon, eds.), pp. 31–42, Brno: MuniPress, 2015.
- K. Pořízková and R. Helán, "Using Tools of Corpus Linguistics for Investigating and Teaching Language for Medical Purposes" in *Language Studies at a Higher Education Institution*, Kaunas 2014.
- *The New England Journal of Medicine*, Accessed 12 November, 2022. Retrieved from <https://www.nejm.org/>