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Headache  275
Jack Gladstein

This article hopes to put the medical practitioner at ease when he or she is handed a chart with a chief complaint of headache. Headache is a broad topic, with multiple causes ranging from the most benign to life threatening. Severe pain, nausea, vomiting, photophobia, or phonophobia may be the result of a purely medical cause, but the patient may have serious psychologic issues that can act as triggers. Usually both are involved because headache can affect a patient’s home life, work environment, and social interactions. Although most headaches are not emergent, the discussion offers an approach to rapid diagnosis so that the true emergencies can be recognized and treated appropriately and expeditiously.

Diagnosis and Management of Dizziness and Vertigo  291
Nancy Chawla and Jonathan S. Olshaker

This article reviews the diagnostic approach to the dizzy patient, with emphasis on the differentiation of clinical emergencies. A thorough history and physical examination are often diagnostic in evaluating these patients. Peripheral causes of vertigo arise from abnormalities in the vestibular end organs and are usually benign. Central vertigo, on the other hand, requires more aggressive work-up and treatment. Other sources of dizziness without vertiginous symptoms are also reviewed.

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This article presents evaluation and treatment approaches to ophthalmologic conditions that are likely to be encountered in a
primary care office. These conditions can be organized by diagnostic category, symptoms, and location of complaint. By using one or a combination of these categories, the practitioner can provide appropriate, timely, and effective ophthalmologic evaluation and treatment. Acute conditions are categorized according to urgency of intervention.

Otolaryngologic Emergencies in the Outpatient Setting 329
Walter G. Belleza and Suzanne Kalman

Most patients who present with ear, nose, and throat diseases have self-limited diseases and are treated successfully on an outpatient basis, without complications. However, because of their anatomic location, complications may compromise airway, neurologic, and cardiovascular structures. The relative rarity, for example, of deep-space infections and intracranial complications may have clinical presentations that are unfamiliar to the physician, which may result in the misdiagnosis and delayed treatment of a potentially life-threatening condition among the elderly, the immunocompromised, alcoholics, and immigrants, who are more likely to have atypical presentations and are the least likely to seek regular medical care. This article familiarizes the physician with those potentially life-threatening pathologic processes that may present initially in an outpatient setting.

Orthopedic Trauma: Office Management of Major Joint Injury 355
Laura Pimentel

Orthopedic injuries are common reasons for visits to primary care physicians. Careful history and physical examination with intelligent use of imaging technology will arrive at the correct diagnosis in most patients. Many conditions may be definitively managed by the office internist. Others may be initially stabilized and referred to orthopedic surgeons for definitive care. Nondisplaced fractures, tendon injuries, sprains, and overuse syndromes are entities within the purview of the primary care internist. This review covers commonly encountered traumatic conditions of the major joints. Familiarity and confidence with diagnosis and management of these conditions in the internal medicine office is optimal for the care of the adult patient.

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