

MEDICAL DIAGNOSIS: MOVING FROM UNCERTAINTY TO CERTAINTY

“Once we realize that imperfect understanding is the human condition, there is no shame in being wrong, only in failing to correct our mistakes” – George Soros

One of the cardinal tenets in medicine is diagnosis before treatment. However, being sure of the existence of a particular disease is not always easy. According to William Osler, *“Medicine is a science of uncertainty and an art of probability.”* Even then, an orthodox practitioner should not normally treat a patient blindly. This realization has galvanised great research efforts over the centuries to improve the process and means of making diagnosis in order to increase the confidence of physicians when managing patients. The frustration experienced by physicians when treating patients due to inadequate information has therefore lessened over the decades.

This edition of the journal features interesting articles on how we can make better diagnosis when information obtained from the clinical scenarios is non-specific, inadequate or masked. In their review paper, Adewoyin and Nwogoh make a strong case for the use and relevancy of peripheral blood film (PBF) in aiding the diagnosis of several clinical conditions. This is one basic test that the advent of sophisticated machines and molecular studies has not been able to substitute. The authors beautifully brought out the role of trained Laboratory Technologists in carefully preparing slides and the role of physician haematopathologist in the interpretation and reporting of the findings, having taken into consideration the clinical symptoms and signs of the patient.

Patients with somatization disorder actually have a mental/emotional disorder but present with bizarre symptoms that may resemble genuine diseases. Here again, the doctor wants to be accurate in diagnosis; he wants to make sure that what the patient has is a non-organic illness and thereby save time and resources that otherwise could have been expended on unnecessary investigations and wrong treatment. Obimakinde *et al* surveyed somatization symptoms in 60 cases selected by consecutive sampling of 2668 patients who screened positive for somatising symptoms using validated instruments. Females were commoner than males as expected. The authors identified 5 symptoms of somatization, including crawling sensation and headache. Fifty four percent (54%) of this cohort also had comorbid diseases involving the cardiovascular system.

In their own work, Sekoni and Owoaje sought assessment of danger signs of obstetric complications in pregnancy, not from women but men who are decisions makers at homes. This is with the view to detect obstetric complications early and take needful steps of intervention. This is particularly relevant now in view of the fact that Nigeria has one of the highest rates of maternal mortality. Interestingly, over 90% of the men had poor knowledge about danger signs of pregnancy, implying the need to educate men on prompt recognition of these signs.

Change in weight is a very sensitive index of on-going disease especially in children. However direct measurement of weight may be impracticable in some clinical situations. Formulae are commonly used to estimate weight in children, especially when direct measurement is difficult. Omisanjo and co-workers, in a community study at Ibadan metropolis compared two formulae with actual weights of 2754 children aged 1-11 year old in order to ascertain the accuracy and usefulness of these formulae. Going by their findings, the accuracy and therefore usefulness of Nelson and Best Guess formulae was doubtful, hence the authors advocated development of new formulae or modifications of these formulae to enhance their usefulness in weight measurement of children and by implication, improve certainty of existence of disease.

Other interesting articles in this issue of the journal includes clinicopathological description of the two commonest types of periapical lesions of the jaw by Akinyamoju and co-workers, in which they underpinned the importance of subjecting tissue from jaw lesions to histological scrutiny in order to improve diagnosis. Ogun and Adediran also in a descriptive retrospective study of 159 cases of non-glaucomatous optic neuropathy identified diagnostic constraints in unraveling aetiologies of this major cause of visual disability among neuro-ophthalmic patients.

In all, this edition promises to enrich our understanding and improve our level of confidence in ascertainment of clinical conditions, thereby further moving medical practice from uncertainty to certainty.

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