



Decadent Summer Reading

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I am very pleased to introduce the next edition of the *Journal of Current Clinical Care*. In this edition, we offer some articles expanding on themes from recent issues, as well as new topics.

Doctors Kelly Murphy and Angela Troyer, from the Baycrest Centre in Toronto, describe an approach to the recognition of early dementia in clinical practice. They remind us that cognitive impairment is common, with approximately one in 11 older adults suffering some form of dementia. In the early state of the disease, where intervention has the most potential to reduce the disease burden on patients, families and society, the clues may be quite subtle. The authors review not only the current diagnostic criteria, but also practical early warnings signs of dementia and various screening tools available.

Also from the Baycrest Centre in Toronto, **Doctors Svoboda, Rowe, and Murphy** review the fact that different types of memory can be affected to a different extent in cognitive impairment. Episodic memory, the memory that allows us to remember events and details specific to a time and place are often affected early in the course of cognitive impairment, and procedural memory, the memory that underlies automatic or repeated skills is often preserved. They review their research into the use of devices, such as smart phones, which can be used as an external memory aid to overcome episodic memory impairment by using intact procedural memory, and thus and maintaining independence.

As a radiologist, I am frequently reminded that the incidence of small renal masses (SRMs) has risen steadily over time. The lesions are often incidentally detected on CT and ultrasound. **Drs. Yap, Alibhai, and Finelli** from the University Health Network in Toronto review a practical approach to the diagnosis and management of SMRs. Although SMRs are a heterogenous group, consisting of both benign and malignant diseases, approximately 80% of incidentally-detected lesions are still malignant—most often a subtype of renal cell carcinoma. Imaging has some limitations in the accurate characterization of lesions as benign or malig-

nant, and the increasing role of image-guided percutaneous renal biopsy has increased. Treatment of such lesions is now tailored to the individual patient, depending on disease characteristics, comorbidity, and patient preference. Various types of therapies available are reviewed, including surgery, ablative therapy, and active surveillance.

The potentially severe and even fatal complications of acute tonsillitis, if left untreated, are reviewed by Dr. Shenoy of the Campbellton Regional Hospital in New Brunswick. Tonsillitis is an inflammation of the tonsils most commonly caused by a viral or bacterial infection, although more unusual organisms are also reviewed. Most often, bacterial tonsillitis is treated with antibiotics on the basis of a positive throat culture, however, the reasons for a false negative result are reviewed. The treatment of the infection and reasons for treatment failure are also reviewed.

I hope you enjoy adding this edition of the Journal to your end of summer reading list. As always, your comments are welcomed.
