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EDITOR'S NOTE

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I am pleased to introduce the next issue of the Journal of Current Clinical Care.

Dr. Drew Bednar presents *Five Things to Know about Cauda Equina Syndrome*. Cauda Equina Syndrome (CES) is a rare progressive syndrome of pain and neurological deficits below the waist caused by massive central lumbar disc prolapse. The most common clinical presentation is highly variable with multifocal mixed polyradicular deficits. Loss of bladder and/or bowel control can be subtle and is frequently not the patient's chief complaint. These symptoms must be aggressively sought by the assessing physician. While delays of a few hours in the diagnosis and management may not be deleterious, definitive lumbar MRI imaging and (if positive) surgical care referral are emergent.

In their article, *Clearing Up Acne Treatment for the Primary Care Physician: A Review of Recent Guidelines on the Treatment of Adolescent Acne Vulgaris*, **Drs. Darcy Russell and Joseph M. Lam** from the University of British Columbia, examine acne vulgaris, a common skin condition encountered in family practice and can cause significant distress during adolescence. Treatment options discussed include topical benzyl peroxide, topical retinoids, oral and topical antibiotics, hormonal therapy, and isotretinoin. The article provides up-to-date recommendations for treating mild to severe pediatric acne.

Dr. Michael Gordon, from the Baycrest Centre for Geriatric Care in Toronto offers *Treating Patients as Real People, Not a Collection of Symptoms*. It's understandable that physicians and nurses are primarily concerned with the medical conditions they're responsible for treating. We develop language that help us identify these conditions, however, our shorthand can seem to turn a person with an illness and its attendant personal worries and concerns into an organ system with deficiencies that require repair. For good medical care, it is vital to develop a personal relationship between patient and doctor. Only after adequate time is taken to develop a personal rapport, the business of "medical science" can take place on a platform of personal identity and valued personhood.

I hope you enjoy this latest edition. Please consider commenting or submitting an article of your own.