

Clinical Case No. 1

Mr. S., 53, is seen for a fever of 38 ° C for two days, aches and runny nose. He also complains of a sore throat while swallowing, coughing, spitting yellow, and he took the opportunity to report tightness in the chest discomfort for several weeks. "Mr. S. is a cook in a restaurant. He is married and has three children. He measures 1.74 m for 84 kg.

The patient smoked 40 cigarettes per day from 16 to 37 years, then he stopped completely. His other antecedents are hypercholesterolemia (LDL unknown) and hypertriglyceridemia known since the age of 36, followed and treated since the age of 36 years by fibrates. There are no hypertension or diabetes known. Regarding alcohol consumption, he said to drink "like everyone else". He had a duodenal ulcer confirmed by endoscopy 10 years ago, treated with ranitidine. He has no family history of cardiovascular problems, but his father had colon cancer at age 70.

On examination, palpation rib is painless but the dorsal paravertebral region is painful.

Auscultation reveals bilateral bronchial rales. The pulse is 72 per minute and blood pressure 130/70 mmHg. The ECG is normal.

This patient has a nasopharyngitis and an acute bronchitis requiring symptomatic treatment (paracetamol 4 g / d). The nature of the tightness in the chest was suggestive of angina of effort. The nitroglycerin test is positive and the patient is sent to a hospital emergency department for further investigations (including ECG). The stress test is positive, with a significant shift to 110W, and Mr. S. is hospitalized. The report states that the coronarography shows a coronary stenosis of 90% on the right coronary artery, leading to perluminal dilation and stenting. The patient leaves hospital treatment with beta blockers, aspirin, clopidogrel and statin.

The patient re-consults his GP after discharge. He prescribes the following tests: LDL cholesterol and triglycerides, and transaminases. He insists on dietary precautions, the importance of regular physical activity, and recommends influenza and pneumococcal vaccination. He also mentions the need to perform a search of blood in the stool.

List of personal history before hospitalization

Label	Code CISP-2	Code CIM-10
Smoking	P17	F17
Duodenal ulcer	D85	K26

Family history

Label	Code CISP-2	Code CIM-10
Cancer colique paternel	D75	C18

List of current health problems before being hospitalized

Label	Code CISP-2	Code CIM-10
Nasopharyngitis	R74	J00
Acute bronchitis	R78	J20
Ischemic heart disease with angina	K74	I20
Overweight	T83	E66
Hyperlipidemia	T93	E78

List of personal history after hospitalization

Label	Code CISP-2	Code CIM-10
Smoking	P17	F17
Duodenal ulcer	D85	K26

List of current health problems after hospitalisation

Label	Code CISP-2	Code CIM-10
Ischemic heart disease with angina	K74	I20
Overweight	T83	E66
Hyperlipidemia	T93	E78

Clinical Case No. 2

Mr. T, aged 48, consults for a dry cough, paroxysmal, permanent, persisting for a month, preceded by a nasopharyngitis. He reports a similar episode two years ago. He is very worried. Its main antecedent is having been smoking 3 to 5 cigarettes per day for 20 years.

Respiratory tract and general clinical examinations are unremarkable. The peak flow is measured at 400 l / min. There is no notion of contagion. The doctor prescribed a chest x-ray and a serology for pertussis. A test treatment by inhaled corticosteroids (béclamétasone 250 mcg 2 puffs morning and evening) is prescribed for a period of 15 days in the case of a bronchial hyperreactivity. He evokes smoking cessation. Two weeks later, the patient returns consulting and says that his condition has not improved despite taking regular treatment, the pertussis serology was negative and he has not had the chest radiograph prescribed. The doctor then interrupts the corticosteroid treatment and prescribes a treatment of GOR (omeprazole 10 mg / d) for a month. The patient returns two months later, reports relief and requests a new omeprazole prescription in case of recurrence.

List of personal history at the first consultation

Label	Code CISP-2	Code CIM-10
Cough	R05	R05

Family history

Label	Code CISP-2	Code CIM-10

List of current health problems at the first consultation

Label	Code CISP-2	Code CIM-10
Cough	R05	R05
Smoking	P17	F17

List of personal history at the second consultation

Label	Code CISP-2	Code CIM-10
Cough	R05	R05

List of current health problems at the second consultation

Label	Code CISP-2	Code CIM-10
Cough	R05	R05
Smoking	P17	F17

List of personal history at the third consultation

Label	Code CISP-2	Code CIM-10
Cough	R05	R05

List of current health problems at the third consultation

Label	Code CISP-2	Code CIM-10
Gastroesophageal reflux	D84	K21
Smoking	P17	F17

Clinical Case No. 3

Mrs. A, 59 years, with type 2 diabetes treated since 1992, consults her treating doctor to show him results of laboratory tests and to have her treatment renewed. She is widowed and recently retired after working 35 years as a worker in metal.

His family history are the following: diabetic mother, died from his diabetes with end-stage renal failure; father died in a car accident; older sister obese, hypertensive and diabetic; younger sister in good health. His personal history: cholecystectomy at the age of 43 years, two deliveries without problem, menopause at 49 years. Her cardiovascular risk factors: hypertension known since 10 years, mixed dyslipidemia, smoking cessation for 10 years, overweight and type 2 diabetes. Current complications of diabetes: last ophtalmoscopy 4 months ago: early nonproliferative retinopathy; normal ECG 3 months ago, no peripheral arterial disease; early sensory neuropathy, no renal failure. Current treatments: metformin 850 3 cp / d; glibenclamide 5 mg 3 tab / d, enalapril 20 mg / d, pravastatin 40 mg / day in the evening. Vaccinations: TPolio last dose at 58 years, annual influenza vaccine done, vaccine Pneumo 23 done at 57 years. Screenings: normal mammogram at age 57; last pap smear done at 57 years. Hemoglobin A1C brought at the consultation is 8.2%. Blood pressure is measured at 135/70 mmHg.

The imbalance of diabetes seems favored by the lack of physical activity. The patient has not gained weight recently and has a priori a satisfactory adherence to treatment.

The doctor decided to introduce insulin (Lantus 10 IU / J, to adjust gradually) at bedtime, with the consent of the patient, already informed beforehand. The patient will precisely monitor glycaemia in the evening and morning, with a goal of 1,30 g / l for glycaemia, and of 6.5% for HbA1c. The doctor prescribes her educational assistance by a nurse.

List of personal history

Label	Code CISP-2	Code CIM-10
Cholecystectomy	?	?
Smoking	P17	F17

Family history

Label	Code CISP-2	Code CIM-10
Diabetes type 2 mother	T90	E11
Obesity sister	T82	E66
HTA siste	K86	I10
Diabetes sister	T90	E11

List of current health problems

Label	Code CISP-2	Code CIM-10
Diabetes type	T90	E11
Hypertension	K86	I10
Dyslipidemia	T93	E78
Overweight	T83	E66
Retinopathy	F83	H36
Peripheral neuropathy	N94	G63.2