eConsult Case Examples

June 2019

eConsult BASE™
Ontario eConsult Centre
of Excellence

Chronic Pain

Day 1

PCP Question: Patient with ongoing neuropathic pain and leg spasms. Patient is currently using marijuana and fentanyl for pain management and is having issues with the fentanyl patch adhering. PCP requests suggestions for a different approach.

Day 5

Specialist Response: Specialist suggests switching from marijuana to an oral cannabinoid and suggests baclofen for spasms. Specialist refers to opioid guidelines, offers detailed advice on opioid rotation, and offers to continue dialogue as needed to guide PCP

Day 5

PCP accepts advice, closes case.

Cardiology

Day 1

Day 3

Day 5

PCP Question: Patient was recently diagnosed with ADHD. I'd like to start them on a stimulant. Patient was previously seen for [cardiovascular issues] (see report). Patient not been particularly symptomatic from this recently and was not started on any medication for this issue. I would like your opinion regarding use of stimulants in this patient - would it be considered safe? Is there any further investigation you would recommend first to rule out underlying heart disease? Any additional monitoring that would be required, besides the usual BP and HR monitoring? [PCP provides details on family history, medication]

Specialist Response: No concerns, Patient has been worked up with echo and has seen a cardiologist recently. The ECG is essentially unchanged since checkup, and QT is normal.

PCP accepts advice, closes case.

Dermatology

Day 1

Day 3

Day 5

PCP Question: Elderly patient has a persistent skin lesion for several months. A biopsy was done on September 11 which showed an Acitinic Keratosis (non-malignant) [report attached]. Unfortunately this has not yet completely resolved [attaches picture]. My question is how should I treat this for a full resolution? Should I use Cryotherapy or should I try Aldara cream and if so how often and for how long?

Specialist Response: The biopsy reported an Actinic Keratosis and this rules out a Chondrodermatitis Nodularis Helicis Chronicus that may have required a wedge resection. Therefore, I suggest you first proceed with Cryotherapy and reassess the patient in 3 to 4 weeks to see if a second or even third treatment is necessary.

PCP accepts advice, closes case

Endocrinology

Day 1

PCP Question: Seeking advice on how to manage a 51 year-old man with unusually high cortisol levels. The patient suffers from multiple conditions, including anxiety and chronic migraines, and is on several medications. I have included a list of symptoms and prescriptions.

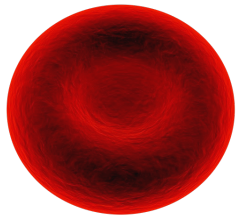
Day 3

Specialist Response: One of the prescribed medications causes high levels of cortisol binding and can affect test accuracy. Specialist advises an alternative method for testing cortisol that should be more accurate.

Day 5

PCP accepts advice, closes case

Hematology



Day 1

Day 2

Day 6

PCP Question: I have a patient with persistently mildly elevated ferritin for the past year. Interestingly TIBC is low which makes me wonder if this is really iron overload. CRP and ESR are negative. Patient has no family hx of hemochromatosis. Would you do any further testing for this patient? The patient doesn't take iron. How often would you monitor ferritin? yearly? Thanks! [PCP provides patient's medical history and list of prescriptions]

Specialist Response: The high ferritin is non specific, it could be due to any inflammatory process. It does not appear in this case to be due to iron overload, as the serum iron is actually low and percent sat is low. The upper limit of normal for ferritin at that lab is surprisingly low, the ferritin values of the patient don't seem very high at all. Perhaps you could ask the lab how they determine their reference ranges and why theirs is so low for ferritin.

PCP accepts advice, closes case

HIV

Day 1

PCP Question: Patient has HIV positive partner and has had multiple tests, all negative, and is looking for recommendations for prophylaxis and further viral testing. PCP includes patient's medical history and list of current medications.

Day 1

Specialist Response: Specialist reviews case and recommends condom use and HIV testing every 6 months. Specialist cites benefits of Truvada. Specialist provides details for referral if patient has further questions.

Day 5

PCP accepts advice, closes case.

Infectious Diseases

Day 1

Day 3

Day 5

PCP Question: Patient had a recent positive Syphillis screening test. The only symptom suggestive of secondary Syphilis is a history of past chest infections. My questions are 1) Since this is most likely latent or late Syphilis, is CSF testing required prior to initiating therapy? 2) Given the IM administration of Penicillin, should I be referring this patient to Infectious Diseases for appropriate management and follow up and how soon should they be scheduled to receive this treatment?

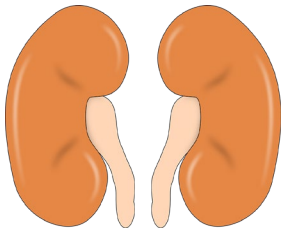
Specialist Response: With a positive RPR this is not late latent disease, it is secondary, and likely acquired in the last 18 months. LP is indicated only if there is HIV (or other immunocompromise) or signs/symptoms of neurologic disease, so I'd say you are safe without. Patient will need testing for other STI, based on sexual activities. Unless you are comfortable obtaining and administering Penicillin G Benzathine and Penicillin G Procaine and following the RPR titers over the next twelve months, then yes, I would refer to ID, or to a local sexual health center.

PCP Question: Other STI testing negative. Appropriate timeline for treatment?

Specialist Response: ASAP. Patient is likely contagious. Please notify Public Health, they will need to do contact tracing. I recommend giving the patient the heads up about that.

PCP accepts advice, closes case

Nephrology



Day 1

Day 3

Day 5

Day 5

PCP Question: Female with schizoaffective disorder/metabolic syndrome. Change in kidney function from 2016 to 2017. eGFR from 61 to 50/urate up to 370/Cr, 110/ACR + urinalysis + blood sugar + TSH within normal limits. US of kidneys show some cortical scarring but nil else. Lipids elevated, but BP controlled. Patient is not on ACE inhibitor. No gout or stones. Looks like asymptomatic hyperuricemia. Started patient on Allopurinol to see if that will decrease urate. Patient is very anxious as her mother had kidney failure and was on dialysis for a long time before she died. Any further investigations/management/medications indicated at this time? When to refer to Nephrology?

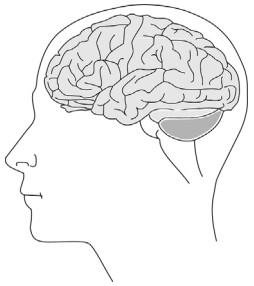
Specialist Response: Can you clarify how much proteinuria is present? What is the ACR value? Sounds like a situation where there will not be much proteinuria but I would like to know the number. Has the patient been on Lithium before? A very useful tool is the kidney failure risk equation (www.kidneyfailurerisk.com) to predict disease progression and you only need age, sex, GFR and urine ACR and it gives 2 and 5 year risk of progression. Specific to this patient, it is fair to treat the uric acid as you are doing. I definitely would add an ACE even if low dose but ideally replace an alternate BP medication with the ACR (or ARB). Further investigation are based on the proteinuria. If minimal ACR, then probably nothing other than risk factor modification, BP treatment lipids, etc. If significant proteinuria, then definitely renal evaluation and possible biopsy. I always look for SPEP and UPEP if proteinuria even in someone this young. As far as renal referral, my thoughts really are anyone less than GFR 60 with proteinuria, otherwise for sure less than 30. Additional considerations patient specific. If she is quite anxious based on family history, then that could be reason enough to refer. I can gladly reassess with the ACR.

PCP Question: ACR is 0.8 mg/mmol. No protein on random urinalysis. Patient was on Lithium in the past but not now. Patient now on Epival. She is very anxious. If she is interested, can I refer to you?

Specialist response: Seems like could be Lithium nephrotoxicity. Typically chronic interstitial disease with minimal if any proteinuria and should not be progressive (with any significant rate) once the lithium is discontinued. I would approach with BP and cholesterol control, avoid usual medications and follow serially. I can gladly see to assess her and hopefully reassure. If you want to send referral to my office, that would be fine. Phone xxxx or fax xxxx.

PCP accepts advice, closes case.

Neurology



Day 1

PCP Question: I have an epileptic male patient who has been on valproic acid for years with no seizures. I am concerned about his consistently high valproic acid levels but am unsure about adjusting his medications. Can you provide recommendations regarding the management of the valproic acid level?

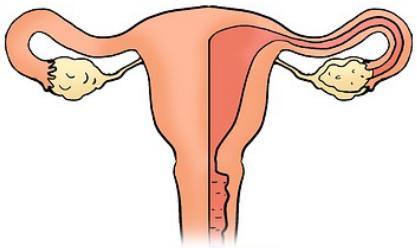
Day 3

Specialist Response: Do not worry about levels unless there is concern about adherence, toxicity, or breakthrough seizures or a new drug is introduced. I am providing some information on drug interactions.

Day 5

PCP accepts advice, closes case.

OBGYN



Day 1

PCP Question: Patient in her early 30s has a bicornuate uterus who is interested in getting an IUD. PCP asks specialist if patient would be a good candidate.

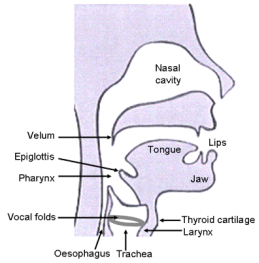
Day 6

Specialist Response: Specialist responds with recommendation that an IUD would not be appropriate for the patient.

Day 7

PCP accepts advice, closes case.

Otolaryngology



Day 1

PCP Question: Patient with intermittent trouble swallowing, PCP contacts specialist and asks for guidance in diagnosis/treatment.

Day 1

Specialist Response: Specialist asks whether the patient has experienced any changes to diet or weight loss resulting from the inability to swallow, and provides recommended course of action in either case.

Day 5

PCP accepts advice, closes case.

Pediatric Hematology

Day 1

PCP Question: Patient is newborn girl whose lab work revealed mega thrombocytes (large platelets). PCP provides summary of lab results and asks if further investigation is needed.

Day 1

Specialist Response: Specialist responds that platelet count is normal so no immediate follow-up is necessary. Specialist recommends repeating lab work in 2-3 months as a precaution.

Day 1

PCP accepts advice, closes case.

Pediatrics

Day 1

PCP Question: Patient with extensive warts to both feet (~20 per foot) that began several years ago with very slow improvement. Recent blood work shows a slight lymphopenia. PCP asks if they should be worried about immune compromise and attaches images and lab test results.

Day 2

Specialist Response: Specialist suggests possible tests, review by infectious disease/immunology, and treatment of warts via freezing or other methods that induce an inflammatory response. PCP could also consider administering the HPV vaccine to boost humoural immunity if patient has not already received it.

Day 2

PCP accepts advice, closes case.

Psychiatry

Day 1

PCP Question: Patient with depression who is currently using Effexor XR but continues to have acolition, low energy, excessive sleepiness, low self-image and craving for sweets. PCP requests suggestions for altering her medication treatment.

Day 1

Specialist Response: Specialist recommends increasing the dose of the current medication and adding Wellbutrin to the medication regime.

Day 6

PCP accepts advice, closes case.

Rheumatology

Day 1

PCP Question: Patient experiencing fatigue and pain with no history of inflamed joints and presents normal bloodwork. PCP suspects fibromyalgia and has prescribed lifestyle changes (reduced hours, more sleep, hydration) as well as pregabalin. PCP asks specialist for additional guidance and if referral is needed.

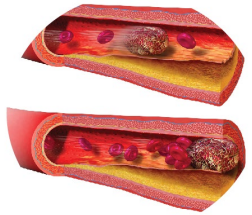
Day 2

Specialist Response: Specialist approves of PCP's diagnosis and treatment plan, and does not think further investigation is needed. Specialist encourages PCP to emphasize the importance of lifestyle changes versus medication, and recommends a group program that may be helpful.

Day 5

PCP accepts advice, closes case.

Thrombosis



Day 1

PCP Question: PCP seeks management advice for a patient with swelling in the left leg due to a blood clot. The right leg is clear, and the clot appears limited to a lower leg superficial vein. PCP asks if anticoagulants should be prescribed and what testing (if any) the patient needs.

Day 1

Specialist Response: Specialist suggests avoiding anticoagulants and prescribing a combination of anti-inflammatory medicine and compression stockings. Specialist recommends conducting ultrasounds at one and two weeks to make sure more clots do not form in other veins.

Day 2

PCP accepts advice, closes case.