eConsult
Ontario eConsult Program

eConsult Use Case Examples

Dermatology

Day 1

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?

Day 3

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.

Day 5

PCP accepts advice, closes case

Hematology

Day 1

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]

Day 2

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.

Day 6

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 2

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 6

PCP accepts advice, closes case

Obstetrics & Gynecology

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 3

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

Day 5

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.

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.

Cardiology

Day 1

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]

Day 3

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.

Day 5

PCP accepts advice, closes case.