



LETTER TO THE EDITOR

Unresolved pain in a middle-aged woman: an integrated family medicine approach

Orta yaşlı bir kadında çözülmemiş ağrı: entegre bir aile hekimliği yaklaşımı

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To the Editor,

Pain is a frequent concern encountered in the daily practice of family medicine. The core attributes of the "family medicine discipline," including patient-centeredness, a holistic approach, maintaining long-term relationships, effective problem management, resource coordination, and attentiveness to practice organization, are essential in addressing this issue¹.

This case study delves into the diagnostic path of a 47-year-old woman who exhibited vague symptoms, including fever, pain, and anosmia. Initially, she was suspected of having COVID-19, and she received prescribed treatment, which did not lead to complete symptom resolution. This article not only highlights the diagnostic insights but also underscores the significance of an integrated family medicine approach in handling intricate cases. The continuous involvement of a family physician throughout the journey facilitated comprehensive care, leveraging the expertise of various medical specialties and enhancing patient outcomes².

In addition to describing the diagnostic procedure and imaging outcomes, this case study emphasizes the synergistic relationship between family medicine and other specialist professions, highlighting the critical significance of a thorough and all-encompassing approach to patient treatment³.

The patient, grappling with enduring pain, sought additional medical assistance. A family physician, acting as the pivotal coordinator, orchestrated the patient's care and involved specialists in

rheumatology and gynecology. This collaborative strategy guaranteed a thorough assessment, encompassing various imaging modalities, including non-contrast MRI of the sacroiliac joint, contrast-enhanced pelvic magnetic resonance imaging (MRI), and suprapubic ultrasonography³. (Figure 1).

The initial non-contrast MRI revealed irregularity and narrowing of joint surfaces, focal bone marrow edema, and sacroiliitis activation. Subsequent imaging studies detected an 8 cm cystic lesion in the right adnexa, a Bartholin's cyst, and a calcified myoma uteri^{3,4}. (Figure 2)

The family medicine approach played a pivotal role in effectively managing this intricate case. The engagement of a family physician ensured the continuity of care, a thorough and all-encompassing evaluation, as well as the appropriate referrals to relevant specialties. Through the coordination of diverse medical perspectives, the team successfully identified and addressed the multiple factors contributing to the patient's symptoms^{3,4}.

Pain Management in Primary Care: Effective pain management stands as a critical cornerstone of primary care. Within this realm, family physicians assume a pivotal role in both evaluating and addressing pain utilizing a wide array of approaches, encompassing both pharmacological and non-pharmacological interventions. Thorough pain management serves to enhance the quality of life for patients and significantly bolsters the comprehensive nature of patient care⁵. The initial assessment entails

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comprehending the pain's nature, intensity, frequency, and the factors that worsen or alleviate it. In this process, the McGill Pain Questionnaire and the Visual Analog Scale (VAS) stand as common tools utilized for evaluating and tracking pain levels⁶.



Figure 1. The non-contrast, MRI of sacroiliac joint: “joint surfaces exhibit irregularity and narrowing. In the posterior, more prominent articular surfaces on the right in the fat-suppressed axial and coronary sequences, there is focal bone marrow edema and sacroiliitis activation. The right adnex within the sections showed an 8 cm cystic appearance. MRI and USG of the lower abdomen are advised.”

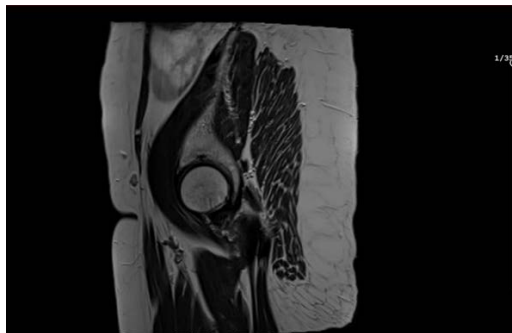


Figure 2. The iv drug injected MRI report was: “In TSE sequences, pre- and post-contrast multiplanar images were obtained. Not enough bladder is present to allow for examination. Bartholin's cyst, a 7 mm-diameter cyst, is seen on the right posterolateral wall distal to the vagina.”

Right ovarian lodge imaging reveals a homogeneous internal cyst measuring 36x27mm, a suspicious discontinuity in the lateral wall of the cyst, and significant free fluid levels surrounding the cyst. The results have important implications for cyst rupture. The left ovarian lodge had no obvious radiopathology. At the level of the uterine fundus, a solid lesion measuring 23x17mm and appearing T1-T2 hypointense is seen. In post-contrast series, there is peripheral enhancement (calcified myoma uteri). Signals from muscles,

other soft tissues, and bone structures are all normal.”

Community-Based Cancer Screening Program: Community-based cancer screening programs play a pivotal role in the early detection of cancer and enhancing patient outcomes. These initiatives strive to reach the intended population, offering accessible and affordable screening services. They encompass awareness campaigns, screening tests, and ongoing care. These programs have proven to be effective in reducing cancer mortality rates and advocating for timely interventions^{6,7}.

Community engagement is paramount in these programs, and various methods are employed to raise awareness, such as health talks, distributing brochures, utilizing digital media, and organizing screening camps⁷. These typically encompass cancer screening tests, such as mammograms for breast cancer, Pap smears for cervical cancer, and colonoscopy for colorectal cancer^{8,9}.

Post-screening follow-up care is equally vital. Individuals with positive screening tests are referred for confirmatory diagnostic tests and, if necessary, subsequent treatment. These programs have demonstrated a notable reduction in cancer mortality rates, particularly for breast and colorectal cancer, as a result of early detection and prompt treatment⁹.

The active participation of family medicine in such cases ensures a thorough evaluation, suitable referrals, and the continuity of care, ultimately leading to improved patient satisfaction and overall well-being^{2,3}. Family physicians also have a crucial role in pain management and community-based cancer screening programs, making significant contributions to the holistic care of patients^{4,6}.

This case study emphasizes the importance of a comprehensive family medicine approach in addressing complex cases involving unresolved pain. Through their role as a central point of contact, family physicians can foster effective collaboration among diverse specialists, ultimately leading to enhanced patient outcomes.

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