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<u>SPONDYLITIS, ANKYLOSING</u>	<u>TONGUE INFLAMMATION</u>	
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<u>STREP THROAT</u>	<u>TOOTH GRINDING</u>	
<u>STYE</u>	<u>TORTICOLLIS</u>	

ACNE

(Acne Vulgaris)

BASIC INFORMATION

DESCRIPTION:

A chronic inflammatory skin condition common in adolescence, but occasionally occurring intermittently throughout life. It is characterized by skin eruptions on the face, chest and back and is more common in males than in females.

FREQUENT SIGNS AND SYMPTOMS:

Blackheads (black spots the size of a pinhead).
Whiteheads (white spots similar to blackheads).
Pustules (snug pus-filled lesions).
Redness and inflammation around eruptions.
If acne is severe, cysts (larger, firm swellings in the skin), and abscesses (swollen, inflamed, tender area of infection containing pus).

CAUSES:

Oil glands in the skin become plugged for unknown reasons, but sex-hormone changes during adolescence play a role. When oil backs up, it becomes infected by bacteria normally present in glands. Contrary to myth, acne is not caused by dirt, masturbation or foods. Cleanliness can lessen it, but sexual activity has no effect on it.

RISK INCREASES WITH:

Exposure to extremely hot or cold temperatures.
Stress.
Oily skin.
Endocrine disorders.
Use of drugs, such as cortisone, male hormones, or oral contraceptives.
Family history of acne.
Some cosmetics.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Most cases respond well to treatment, and the condition tends to disappear after adolescence.
Despite good treatment, acne will flare up from time to time.

POSSIBLE COMPLICATIONS:

Poor self-image and psychological stress.
Permanent facial scars or pitting of the skin.

TREATMENT:

GENERAL MEASURES-

If your skin is oily, cleanse it as follows:

Gently massage face with unscented soap for 3 to 5 minutes. Don't massage sorest places. Cleanse skin gently (rough scrubbing spreads infection).

TREATMENT CONT.

Rinse soap off for 1 to 2 minutes. Sometimes an antibacterial soap will help.

After cleansing, use an astringent, such as alcohol, to remove oil.

Use a fresh washcloth each day. Bacteria grow in damp, wet cloths.

Shampoo hair at least twice a week. Don't let hair hang over the face even at night. Hair spreads oil and bacteria. Use dandruff shampoo to treat or prevent dandruff. Avoid cream rinses.

After vigorous exercise, wash the sweat and oil off as soon as possible.

Avoid the heavier oil-based cosmetics and use the thinner, lotion style, water-based ones.

Avoid cream or moisturizers unless prescribed by doctor.

Don't squeeze, scratch, pick or rub the skin. Acne heals better without damage to the skin. Removal of comedones (blackheads) may be done by the doctor.

Don't rest your face on your hands while reading, studying or watching TV.

Exposure to ultraviolet light may be a recommended treatment.

Cosmetic surgery (dermabrasion) may be recommended to remove unsightly scars after acne heals.

MEDICATION:

Antibiotics to fight infection.

Cortisone injections into lesions.

Isotretinoin (don't use if pregnant).

5% or 10% benzyl peroxide may be helpful

Caution: If you are pregnant, don't take oral medications for acne.

ACTIVITY:

No restrictions.

DIET:

Foods don't cause acne, but some foods may make it worse.

Keep a record of the foods you eat. To discover any food sensitivities, eliminate foods from your diet that you suspect make your acne worse. Then reintroduce them one at a time. If acne flares up 2 or 3 days after a food is eaten, leave it out of your diet. If not, you may eat it. Acne usually improves in the summer, so some foods that cannot be eaten in the winter may be tolerated in the summer.

NOTIFY OUR OFFICE IF:

You or a family member has acne.

New, unexplained symptoms develop. Drugs used in

treatment may produce side effects.

ROSACEA

(Adult Acne)

BASIC INFORMATION

DESCRIPTION:

Chronic inflammation of skin of the face (usually cheeks and nose). It tends to arise between ages 30 and 50, and is more common in women, but more severe in men. Extensive nose involvement, mostly in men, is called rhinophyma.

FREQUENT SIGNS AND SYMPTOMS:

Unsightly red, thickened skin on the nose and cheeks. Small blood vessels are visible on the skin face.

Papules (small raised bumps) and pustules (small, white blisters with pus) on the affected skin (sometimes).

Persistent flushing of the nose, cheeks, and forehead.

Facial tenderness.

CAUSES:

Unknown. The condition is worsened by stress, warm drinks, hot or spicy foods, and alcohol.

RISK INCREASES WITH:

Overuse of corticosteroid creams in treatment of other skin disorders.

Nervousness and stress.

Fair complexion.

Excess alcohol consumption.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment. Acne rosacea is a disease of remissions with frequent flare-ups.

GENERAL MEASURES:

Psychological distress caused by an unsightly appearance.

Autoimmune eye disorders (rare).

TREATMENT:

GENERAL MEASURES-

Seek care early if you notice evidence of acne rosacea.

Don't use oil-based makeup. Use the water, water-based preparations.

Reduce stress.

Psychotherapy or counseling, if disfigurement causes distress.

Surgery to remove excess tissue (sometimes).

Additional information is available from the American Academy of Dermatology, 930 N. Meacham Rd., P.O. Box 4014, Schaumber, IL 60168, (708) 330-0230 or the National Rosacea Society, 220 S. Cook St., Suite 201, Barrington, IL 60010.

MEDICATION:

Antibiotics or topical medications may be prescribed. These are effective for unknown reasons.

Isotretinoin may be prescribed.

Don't use cortisone preparations, including non-prescription preparations (they may cause the condition to worsen).

ACTIVITY:

No restrictions.

DIET:

No special diet. Avoid spicy foods, alcohol or anything that causes the face to flush.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of acne rosacea.

Inflammation worsens despite treatment.

ALCOHOLISM

BASIC INFORMATION

DESCRIPTION:

A psychological and physiological dependence on alcohol, resulting in chronic disease and disruption of interpersonal, family and work relationships. It affects both sexes, but occurs more often in men than women. Rough estimates indicate that one in 50 of the USA population is alcohol-dependent. The incidence of Alcoholism in children is increasing,

FREQUENT SIGNS AND SYMPTOMS:

Early stages:

Increased tolerance to the effects of alcohol. Low tolerance for anxiety.

Need for alcohol at the beginning of the day, or at times of stress.

Insomnia; nightmares.

Habitual Monday-morning hangovers, and frequent absences from work.

Preoccupation with obtaining alcohol and hiding drinking from family and friends.

Guilt or irritability when others suggest drinking is excessive.

Late stages:

Frequent blackouts; memory loss; depression.

Delirium tremens (tremors, hallucinations, confusion, sweating, rapid heartbeat). These occur most often with alcohol withdrawal.

Liver disease (jaundice, internal bleeding, bloating),

Neurological impairment (numbness and tingling in hands and feet, declining sexual interest and potency, confusion, coma).

Congestive heart failure (shortness of breath, swelling of feet).

CAUSES:

Not fully understood, but include:

Personality factors, especially dependency, anger, mania, depression or introversion.

Family influences, especially alcoholic or divorced parents.

Social and cultural pressure to drink.

Abnormal metabolism of alcohol (perhaps).

RISK INCREASES WITH:

Genetic factors. Some ethnic groups have high alcoholism rates either for social or biological reasons.

Use of recreational drugs.

Crisis situations, including unemployment, frequent moves, or loss of friends or family.

Inadequate, insecure and immature personality types.

Environmental factors such as ready availability, affordability and social acceptance of alcohol in the culture group, work group or social group.

PREVENTIVE MEASURES:

Keep to safe amounts of alcohol intake as recommended by medical authorities.

Drink slowly, never gulp alcoholic drinks. Do not drink on an empty stomach.

Do not drink to relieve stress, anxiety, tension or depression.

Counseling for people at risk of alcoholism, such as a family history of the disorder.

Provide children with a loving, stable family environment.

Use alcohol in moderation if at all to provide a healthy role model.

Encourage a spouse, friend or co-worker to admit when an alcohol problem exists, and seek professional care.

EXPECTED OUTCOME:

Without treatment, alcoholism can lead to progressive brain and liver disease, job loss, divorce, possibly criminal behavior, premature death.

With abstinence (absence of alcohol or drugs), sobriety is a way of life. The change in lifestyle is difficult and relapses occur. If you are determined to give up alcohol, you can.

POSSIBLE COMPLICATIONS:

Chronic and progressive liver disease.

Gastric erosion with bleeding; stomach inflammation.

Neuritis, tremors, seizures and brain impairment.

Inflammation of the pancreas

Inflammation of the heart.

Mental and physical damage to the fetus if a woman drinks during pregnancy.

Family members of alcoholics may develop psychological symptoms requiring treatment and support groups such as Al-Anon.

TREATMENT:

GENERAL MEASURES-

For successful treatment, the alcoholic must recognize the existence of the problem and be willing to grapple with it.

No single form of treatment works for all alcoholics.

Psychological, social, and physical treatment may be combined.

May require detoxification (medical help in getting over the physical withdrawal symptoms when drinking is stopped).

Sometimes, inpatient care at a special treatment center.

Keep appointments with doctors and counselors.

Join a local Alcoholics Anonymous group or other support group and attend meetings regularly.

Reassess your lifestyle, friends, work, and family to identify and alter factors that encourage drinking.

MEDICATION:

Disulfiram (Antabuse), which causes several extremely unpleasant physical symptoms when alcohol is consumed, is recommended for some patients.

Other medications to help control withdrawal symptoms may be prescribed.

ACTIVITY:

Fully active.

DIET:

Normal, well-balanced diet. Vitamin supplements, such as thiamine and folic acid, are often necessary.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of alcoholism.

ALLERGY, FOOD

BASIC INFORMATION

DESCRIPTION:

Food allergy is an overreaction of the immune system to certain foods or substances that are otherwise harmless. These adverse reactions may be inborn or an acquired biochemical defect. Symptoms may occur within minutes or up to two hours after ingesting the food. In some instances, the symptoms may not appear until a day or two later.

FREQUENT SIGNS AND SYMPTOMS:

Diarrhea (common).
Abdominal pain (common).
Flatulence, mild bloating (common).
Skin rash.
Hives.
Itching.
Face swelling (especially lips).
Swelling of hands and feet.
Hay fever.
Nausea and vomiting.
Asthma.
Cough.
Migraine headache.
Fainting or near-fainting.

CAUSES:

Any food or swallowed substance can cause allergic reactions. Foods most often involved are cow's milk, egg whites, wheat, soybeans, peanut, shellfish, tree nuts (walnut and pecan), fish, melons, sesame seeds, sunflower seeds, chocolate.

RISK INCREASES WITH:

People who have other allergy problems.
Having family member, with a history of food allergy.

PREVENTIVE MEASURES:

Identify responsible foods and avoid them.
Breast-fed infants who are started on solid foods late tend to have fewer allergies.

EXPECTED OUTCOME:

Infants will usually outgrow food hypersensitivity by 24 years of age.

Adults with food hypersensitivity (particularly to Milk, fish, shellfish or nuts) are more likely to maintain their allergy for many years.

POSSIBLE COMPLICATIONS:

Anaphylaxis (difficulty in breathing, heart irregularities, blood pressure drop).
Hive-like reaction.
Bronchial asthma.
Bowel inflammation.
Eczema-like lesions.

TREATMENT:

GENERAL MEASURES-

Elimination of the suspected foods in your diet for two weeks (or until all symptoms disappear) and then eating the foods again one by one to see if the symptoms return.
Skin tests may help identify the offending food, but frequently give results indicating that you are allergic to certain foods when you aren't.
Patients with severe allergy hypersensitivity to a food should be extra cautious in their avoidance of that food.
Carry a kit with an adrenaline-containing syringe in case the offending food is eaten accidentally, and a subsequent immediate reaction develops.
Consider wearing a medical alert bracelet or neck pendant that indicates the specific allergy problem.

MEDICATION:

No medication is available to treat food allergy, but medications may be prescribed to relieve some of the symptoms.

ACTIVITY:

No restrictions

DIET:

Avoidance of the offending food, or limiting yourself to small amounts of it. Read food labels carefully.

NOTIFY OUR OFFICE IF:

You or a family member has mild to moderate symptoms of a food allergy.
Someone appears to have a severe reaction after eating. Call for emergency help immediately.

AMENORRHEA, PRIMARY

BASIC INFORMATION

DESCRIPTION:

Complete absence of menstruation in a young woman who is at least 16 years old, or at age 14 with a lack of normal growth or absence of secondary sexual development. It is a rare disorder as over 95% of girls have their first menstrual period by age 15.

FREQUENT SIGNS AND SYMPTOMS:

Lack of menstrual periods after puberty. Most girls begin menstruating by age 14, average age is 12 years and 8 months.

CAUSES:

Usually unknown. Possible causes include:

Delayed puberty.

Congenital abnormalities, such as the absence or abnormal formation of female organs (vagina, uterus, ovaries).

Intact hymen (membrane covering the vaginal opening) that has no opening to allow passage of menstrual flow.

Disorders (tumors, infections, or lack of maturation) of the endocrine system.

Chromosome disorders.

Systemic disease.

RISK INCREASES WITH:

Stress.

Use of drugs, including oral contraceptives, anticancer drugs, barbiturates, narcotics, cortisone drugs, chlordiazepoxide and reserpine.

Excessive exercise.

Family tendency to start menstruation late.

Excessive dieting or weight loss.

PREVENTIVE MEASURES:

Don't use drugs unless prescribed by doctor.

Reduce athletic activities if they are too strenuous.

Obtain medical treatment for all underlying disorders.

Maintain proper nutrition and body weight.

EXPECTED OUTCOME:

The absence of menstruation is not a health risk in itself, but the cause should be identified. If an ovarian cyst or tumor is the cause, it requires removal.

Amenorrhea is usually curable with hormone treatment or removal of the underlying cause. Treatment may be delayed to age 18 unless the cause can be identified and treated safely.

Causes which sometimes cannot be corrected include chromosome disorders and abnormalities of the reproductive system.

POSSIBLE COMPLICATIONS:

Psychological distress about sexual development.

Inability to conceive.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include a thorough physical examination, and a medical and personal history; laboratory studies of blood samples to check for hormone levels, plus thyroid and adrenal function studies.

Treatment usually involves hormone replacement therapy.

Treatment for amenorrhea not related to hormone deficiency depends on the cause.

Psychotherapy or counseling, if amenorrhea is stress-related or results from eating disorders.

Surgery (minor) to create an opening in the hymen, if necessary.

Surgery to correct abnormalities of the reproductive system (sometimes).

Don't use mood-altering, mind-altering, stimulant or sedative drugs.

MEDICATION:

You may be prescribed progesterone (hormone) treatment to induce bleeding. If bleeding begins when progesterone is withdrawn, the reproductive system is functioning. This also indicates that pituitary disease is unlikely. If progesterone withdrawal does not induce bleeding, gonad stimulants such as clomiphene or gonadotrophins may be used for the same purpose.

ACTIVITY:

No restrictions. Exercise regularly, but not to excess.

Sleep at least 8 hours every night.

DIET:

Eat 3 well-balanced meals a day.

If you are overweight or underweight, get medical advice about diets, Don't try to lose weight by crashdieting.

NOTIFY OUR OFFICE IF:

You are 16 years old and have never had a period.

Periods don't begin in 6 months, despite treatment.

AMENORRHEA, SECONDARY

BASIC INFORMATION

DESCRIPTION:

Cessation of menstruation for at least 3 months in a woman who has previously menstruated.

FREQUENT SIGNS AND SYMPTOMS:

Absence of menstrual periods for 3 or more months in a woman who has menstruated at least once.

CAUSES:

Pregnancy (if the woman has had sexual intercourse).
Breast-feeding an infant.
Discontinuing use of birth-control pills.
Menopause (if the woman is over 35 and not pregnant).
Emotional stress or psychological disorder.
Surgical removal of the ovaries or uterus.
Disorder of the endocrine system, including the pituitary, hypothalamus, thyroid, parathyroid, adrenal and ovarian glands.
Diabetes mellitus.
Tuberculosis.
Obesity, anorexia nervosa or bulimia.
Strenuous program of physical exercise, such as long-distance running.

RISK INCREASES WITH:

Stress.
Poor nutrition.
Use of certain drugs, such as narcotics, phenothiazines, reserpine or hormones.
Excessive exercise.

PREVENTIVE MEASURES:

If your amenorrhea is caused by an underlying disease, such as tuberculosis, diabetes or anorexia nervosa, obtain treatment for the primary disorder.
If the cause of your amenorrhea is unknown, there are no specific preventive measures.
Maintain proper nutrition and body weight.

EXPECTED OUTCOME:

Amenorrhea is not a threat to health. Whether it can be corrected varies with the underlying cause:
If from pregnancy or breast-feeding, menstruation will resume when these conditions cease.
If from discontinuing use of oral contraceptives, periods should begin in 2 months to 2 years.
If from menopause, periods will become less frequent or may never resume. Hysterectomy also ends menstruation permanently.
If from endocrine disorders, hormone replacement usually causes periods to resume.
If from eating disorders, successful treatment of the disorder is necessary for menstruation to resume.
If from diabetes or tuberculosis, menstruation may never resume.

If from strenuous exercise, periods usually resume when exercise decreases.

POSSIBLE COMPLICATIONS:

None expected if no serious underlying cause can be discovered.
May experience estrogen deficiency symptoms, such as hot flashes, vaginal dryness.
May affect fertility.

TREATMENT:

GENERAL MEASURES-

To aid in diagnosis, laboratory studies, such as a pregnancy test, blood studies of hormone levels and Pap smear; surgical diagnostic procedures, such as laparoscopy or hysteroscopy. Dilatation and curettage, often referred to as D & C (dilation of the cervix and a scraping out of the uterus with a curette) may be performed.
Treatment of underlying disorder if one is diagnosed.
Psychotherapy or counseling, if amenorrhea is stress-related.
Keep a record of menstrual cycles to aid in early detection of recurrent amenorrhea.

MEDICATION:

Therapeutic trial of progesterone and/or estrogen. If bleeding occurs after progesterone is withdrawn, the reproduction system is functional.
Other drugs to treat underlying disorder may be prescribed.

ACTIVITY:

No restrictions.

DIET:

Usually no special diets.
If overweight or underweight, a change in diet to correct the problem is recommended.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of amenorrhea.
Periods don't resume in 6 months, despite treatment.
New, unexplained symptoms develop. Hormones used in treatment may produce side effects.

ANAL FISSURE

BASIC INFORMATION

DESCRIPTION:

A laceration, tear, or crack in the lining of the anus. It affects all age groups, including infants.

FREQUENT SIGNS AND SYMPTOMS:

Sharp pain with passage of a hard or bulky stool. The pain may last up to an hour and returns with the next bowel movement.

Pain when sitting on a hard surface.

Streaks of blood on the toilet paper, underwear or diaper.

Itching around the rectum.

Children may refuse to have a bowel movement.

CAUSES:

The exact cause is unknown, but the symptoms usually occur after the stretching of the anus from a large, hard stool.

RISK INCREASES WITH:

Constipation.

Multiple pregnancies.

Leukemia.

Crohn's disease.

Immunodeficiency disorders.

PREVENTIVE MEASURES:

Avoid constipation by:

Drinking at least 8 glasses of water daily.

Eating a diet high in fiber.

Using stool softeners or other laxatives, if needed.

Don't strain at stool.

Avoid anal intercourse.

EXPECTED OUTCOME:

Most adults recover in 4 to 6 weeks with treatment, making surgery unnecessary. Most infants and young children recover after the stool is softened.

POSSIBLE COMPLICATIONS:

Permanent scarring that prevents normal bowel movements.

TREATMENT:

GENERAL MEASURES-

Examination of the anus and rectum with an anoscope or sigmoidoscope to rule out other causes of anal or rectal bleeding.

Gently clean the anus with soap and water after each bowel movement.

To relieve muscle spasms and pain around the anus, apply a warm towel to the area.

Sitz baths also relieve pain. Use 8 inches of warm water in the bathtub, 2 or 3 times a day for 10 to 20 minutes.

Surgery may be necessary, if conservative treatment is not successful, to remove the fissure or to alter the muscle that contracts and prevents normal healing.

MEDICATION:

For minor pain, the non-prescription drugs, such as acetaminophen or topical anesthetics.

Zinc oxide ointment or petroleum jelly applied to the anal opening may help prevent the burning sensation.

Bulk stool softeners will help to avoid the pain occurring with bowel movements.

Lidocaine ointment may be recommended.

ACTIVITY:

No restrictions. Physical activity reduces the likelihood of constipation.

DIET:

Encourage a high-fiber diet and extra fluids to prevent constipation.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of an anal fissure, especially pain that persists despite treatment.

ANAPHYLAXIS

(Allergic Shock)

BASIC INFORMATION

DESCRIPTION:

A life-threatening allergic response to medications and many other allergy-causing substances. Reactions that occur almost immediately tend to be the most severe.

FREQUENT SIGNS AND SYMPTOMS:

Any of the following may occur within seconds or a few minutes after exposure to a substance to which you are very allergic:

Tingling or numbness around the mouth.
Sneezing.
Coughing or wheezing.
Swelling around face or hands.
Feeling of anxiety.
Weak, rapid pulse.
Stomach cramps, vomiting, and diarrhea.
Itching all over, often accompanied by hives.
Watery eyes.
Tightness in the chest; difficult breathing.
Swelling or itching in the mouth or throat.
Pounding heart.
Faintness.
Loss of consciousness.
Not all symptoms occur. Seek immediate HELP for any.

CAUSES:

Eating or receiving injections of something to which you are sensitive. The allergic response to neutralize or get rid of the material results in a life-threatening overreaction. Things which cause reactions most often include:
Medication of all types, especially penicillin. Injections are much riskier than oral or eye drop medications.
Stings or bites from insects, such as bees, wasps, hornets, biting ants and some spiders.
Vaccines.
Pollen.
Injected chemicals used in some types of X-ray studies.
Foods, especially eggs, beans, seafood and fruit.
Exercise induced.

RISK INCREASES WITH:

A previous mild allergic response to things listed above.
Medical history of eczema, hay fever or asthma.

PREVENTIVE MEASURES:

If you have an allergic history:

Tell the doctor or dentist before accepting any medication. Before you are given a shot, ask what it is.
Keep an anaphylaxis kit, such as Ana-Kit, with you at all times. Be sure your family knows how to use the kit if you have a reaction.
If allergic to insect stings, wear protective clothing when outside.
Wear a medical alert type bracelet or pendant warning that you are allergic.

Always remain in the doctor's office 15 minutes after receiving any injection. Report any symptoms immediately.

EXPECTED OUTCOME:

Full recovery with prompt treatment.

GENERAL MEASURES:

Without prompt treatment, anaphylaxis can cause shock, cardiac arrest and death.

TREATMENT:

GENERAL MEASURES-

If you observe signs of anaphylaxis in someone and he or she stops breathing:
Call or have someone call 911 (emergency) or call 0 (operator) for an ambulance or medical help. (If the victim is a child, perform lifesaving measures for 1 minute before calling for emergency help.)
Begin mouth-to-mouth breathing immediately.
If there is no heartbeat, give external cardiac massage.
Don't stop CPR (cardiopulmonary resuscitation) until help arrives.
Be alert to the possibility of a reaction when taking any medicine, and be prepared to respond quickly if symptoms occur. If you have had a previous severe allergic reaction, always carry your anaphylaxis kit.
Long-term treatment involves desensitization therapy.

MEDICATION:

Epinephrine by injection is the only effective immediate treatment.
Aminophylline, cortisone drugs or antihistamines, given after the Adrenaline, help prevent the return of acute symptoms.

ACTIVITY:

Resume your normal activities as soon as symptoms improve after an attack. Stay under someone's observation for 24 hours in case symptoms return.

DIET:

Avoid foods to which you are allergic.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of anaphylaxis. THIS is an emergency! Get emergency help immediately.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

ANEMIA, IRON-DEFICIENCY

BASIC INFORMATION

DESCRIPTION:

A decreased number of circulating blood cells, or insufficient hemoglobin in the cells. Anemia is a symptom of other disorders. For proper treatment, the cause must be found. It decreases the oxygen-carrying capacity of the blood which affects all body cells.

FREQUENT SIGNS AND SYMPTOMS:

Initially there may be no symptoms.

Signs of pronounced anemia include:

Tiredness and weakness.
Paleness, especially in the hands and lining of the lower eyelids.
Less common signs include:
Tongue inflammation.
Fainting.
Breathlessness.
Rapid heartbeat.
Unusual quietness or withdrawal in a child.
Appetite loss.
Abdominal discomfort.
Cravings for ice, paint or dirt (pica).
Susceptibility to infection.

CAUSES:

Decreased absorption of iron or increased need for iron.
Causes in infants and children include:
Poor nutrition. Between 6 months and 2 years of age, children may consume large quantities of milk, to the exclusion of iron-containing foods.
Causes in adolescents and adults:
Rapid growth spurts
Heavy menstrual bleeding
Pregnancy
Malabsorption
Gastrointestinal diseases with bleeding, including cancer.

RISK INCREASES WITH:

Poverty
Adults over 60
Recent illness, such as an ulcer, diverticulitis, colitis, hemorrhoids or gastrointestinal tumors.

PREVENTIVE MEASURES:

Maintain an adequate iron intake through a well-balanced diet or iron supplements.
Provide iron-fortified formula for bottle-fed infants.

EXPECTED OUTCOME:

Usually curable with iron supplements if the underlying cause can be identified and cured.

POSSIBLE COMPLICATIONS:

Failure to diagnose a bleeding malignancy.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies of serum iron, total iron binding capacity and ferritin levels.
The most important part of the treatment for iron-deficiency anemia is to find the underlying cause. Iron deficiency can be treated well with iron supplements. Blood transfusion are sometimes prescribed, but they should be unnecessary except in rare instances.
Avoid risk of infection.

MEDICATION:

Iron Supplements:

Take iron on an empty stomach (at least ½ hour before meals) for best absorption. If it upsets your stomach, you may take it with a small amount of food (except milk).
If you take other medications, wait at least 2 hours after taking iron before taking them. Antacids and tetracyclines especially interfere with iron absorption.
Because liquid iron supplements may discolor the teeth, a child should use a liquid iron preparation through a straw. Iron supplements may also cause black bowel movements, diarrhea or constipation.
Continue iron supplements until 2 to 3 months after the blood tests return to normal.
Too much iron is dangerous. A bottle of iron tablets can poison a child. Keep iron supplements out of the reach of children.

ACTIVITY:

No restrictions. You may need to pace activities until symptoms of fatigue are gone.

DIET:

Adults should limit milk to half a pint a day. It interferes with iron absorption.
Eat protein and iron-containing foods, including meat, beans and leafy green vegetables.
Increase dietary fiber to prevent constipation.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of anemia.
Nausea, vomiting, fever, stomach pain, severe diarrhea or constipation occur during treatment.

ANIMAL BITES

BASIC INFORMATION

DESCRIPTION:

Bite wounds to humans from dogs, cats, or other animals including humans.

FREQUENT SIGNS AND SYMPTOMS:

Bite wounds can be tears, punctures, scratches, ripping, or crush injuries.

Dog bites usually involve the hands, face, or the lower extremities.

Cat bites usually involve the hands, followed by lower extremities, face and trunk.

CAUSES:

Most bite wounds are from a domestic pet known to the victim. Large dogs are the most common source.

Human bites are often the result of one person striking another in the mouth with a clenched fist.

RISK INCREASES WITH:

Exposure to domestic pets or wild animals. Dog bites rarely become infected. Cat bites and human bites frequently become infected.

PREVENTIVE MEASURES:

Education on how to avoid animal bites for children as well as adults.

Avoid stray animals.

EXPECTED OUTCOME:

Wounds should steadily improve and close over by 7-10 days.

POSSIBLE COMPLICATIONS:

Complications from bites can include infection, extensive soft tissue injuries with scarring, hemorrhage, rabies, and sometimes death.

TREATMENT:

GENERAL MEASURES-

Wound cleaning.

Surgical closure if needed.

Wound will usually be left open to heal to lessen risk of infection.

Splint hand if it is injured.

Human bite wounds on the hands should not be primarily closed due to the high risk of infection.

Elevation of the injured extremity to prevent swelling.

Contact the local health department and consult about the prevalence of rabies in the species of animal involved.

If possible the animal caused the bite should be held and checked for rabies.

MEDICATION:

Preventive antibiotic treatment may be prescribed.

Antitetanus injection may have to be given.

Sometimes, an antirabies vaccine or serum may have to be given.

ACTIVITY:

No restrictions, except those caused by the injury.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member suffers from an animal bite.

The bite does not begin to heal within 2-3 days.

New or unexplained symptoms develop.

Drugs used in treatment may produce side effects.

ANOREXIA NERVOSA

BASIC INFORMATION

DESCRIPTION:

A psychological eating disorder in which a person refuses to eat adequately in spite of hunger and loses enough weight to become emaciated. The person eats very little, and refuses to stop dieting after a reasonable weight loss. The body perception is distorted; person sees self as "fat" when she is at normal weight or emaciated. Anorexia nervosa primarily affects teenage and young adult females and occasionally young men.

FREQUENT SIGNS AND SYMPTOMS:

Weight loss of at least 25% of body weight without physical illness.
High energy level despite body wasting.
Intense fear of obesity.
Depression.
Appetite loss.
Constipation.
Cold intolerance.
Refusal to maintain a minimum standard weight for age and height.
Distorted body image. The person continues to feel fat even when emaciated.
Cessation of menstrual periods.

CAUSES:

Unknown. Suggested causes include family and internal conflicts (sexual conflicts); phobia about putting on weight; changes in fashion in USA (slimness is identified with beauty); a symptom of depression or personality disorder.

RISK INCREASES WITH:

Peer pressure to be slim.
History of slight overweight.
Perfectionist, compulsive or overachieving personalities.
Psychological stress.
Ballet dancers, models, cheerleaders, and athletes.

PREVENTIVE MEASURES:

Confront personal problems realistically. Try to correct or cope with problems with the help of counselors, therapists, family and friends.
Develop a rational attitude about weight.

EXPECTED OUTCOME:

Treatable if the patient recognizes the emotional disturbance, wants help and cooperates in treatment.
Without treatment, this can cause permanent disability and death. Persons with anorexia nervosa have a high rate of attempted suicide due to low self-esteem.

POSSIBLE COMPLICATIONS:

Chronic anorexia nervosa caused by patient's resistance to treatment.
Electrolyte disturbances or irregular heartbeat. These may be life-threatening.
Osteoporosis.
Suicide.

TREATMENT:

GENERAL MEASURE-

The goal of treatment is for the patient to establish healthy eating patterns so as to regain normal weight. The patient can accomplish this with behavior-modification training supervised by qualified professionals.
Treatment can usually be done on an outpatient basis. Psychotherapy or counseling for the patient and family.
Hospitalization during crises for intravenous or tube feeding to correct electrolyte imbalance, or if patient is suicidal.
Therapy may continue over several years. Relapses are common, especially when stressful situations occur.
Additional information available from Anorexia Nervosa & Related Eating Disorders, P.O. Box 5102, Eugene, OR 97405, (503)344-1144; or Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, IL 60035, (708)831-3438.

MEDICATION:

Lithium or other antidepressants, or antianxiety medications may be prescribed.

ACTIVITY:

Increased activity as weight is gained back.

DIET:

A controlled refeeding program will be established.
Vitamin and mineral supplements may be prescribed.

NOTIFY OUR OFFICE IF:

You have symptoms of anorexia nervosa or observe them in a family member.
Life-threatening symptoms occur, including rapid, irregular heartbeat; chest pain; or loss of consciousness. Call immediately. This is an emergency!
Weight loss continues, despite treatment.

ANXIETY

BASIC INFORMATION

DESCRIPTION:

A vague, uncomfortable feeling of fear, dread or danger from an unknown source. For some it may be an acute episode, while other persons become constantly anxious about everything. Several types of anxiety are recognized: Acute situational anxiety, adjustment disorder, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, phobias, obsessive-compulsive disorder.

FREQUENT SIGNS AND SYMPTOMS:

Feeling that something undesirable or harmful is about to happen.
Dry mouth; swallowing difficulty or hoarseness.
Rapid breathing and Heartbeat.
Twitching or trembling.
Muscle tension; headaches.
Sweating.
Nausea; diarrhea; weight loss.
Sleeplessness.
Irritability.
Fatigue.
Nightmares.
Memory problems.
Sexual impotence.
Dizziness or faintness.

CAUSES:

Activation of the body's defense mechanisms for fight or flight. Excess adrenaline is discharged from the adrenal glands, and adrenaline breakdown products (catecholamines) eventually affect various parts of the body.

RISK INCREASES WITH:

Stress from any source.
Family history of neurosis.
Fatigue or overwork.
Recurrence of situations that have been previously stressful or harmful.
A medical illness.
Lack of social support.

PREVENTIVE MEASURES:

Determine what stressful or potentially harmful situation is causing the anxiety. Deal directly with it.
Consider lifestyle changes to reduce stress.
Learn relaxation techniques.

EXPECTED OUTCOME:

Anxiety can usually be controlled with medical and/or psychological therapy. Overcoming anxiety often results in a richer, more satisfying life.

POSSIBLE COMPLICATIONS:

Untreated anxiety may lead to neuroses, such as phobias, compulsions or hypochondriasis.
A sudden increase in anxiety may lead to panic and violent escape behavior.
Dependence on drugs.
Heart arrhythmias.

TREATMENT:

GENERAL MEASURES-

Some laboratory studies may be done to rule out medical conditions that produce anxiety, such as hyperthyroidism. Laboratory tests are usually normal.
Obtain therapy to understand the specific but unconscious threat or source of stress.
Learn techniques, including biofeedback and relaxation therapy, to reduce muscle tension.
Follow a regular, energetic fitness-routine using aerobic exercise.
Additional information available from the National Institute of Mental Health (NIMH), National Anxiety Awareness Program, 9000 Rockville Pike, Bethesda, ND 20892., (800)64-PANIC.

MEDICATION:

Antianxiety drugs such as benzodiazepines may be prescribed on a short-term basis.
Antidepressants may be prescribed for panic disorders.
Clomiprmine may be prescribed for obsessive-compulsive disorder.

ACTIVITY:

Stay active. Physical exertion helps reduce anxiety.

DIET:

No special diet. Avoid caffeine and other stimulants and alcohol.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of anxiety and self-treatment has failed.
You have a sudden feeling of panic.
New, unexplained symptoms develop.
Drugs used in treatment may produce side effects.

APPENDICITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation of the vermiform appendix, a small intestinal pouch that extends from the cecum, the final part of the large intestine. The appendix has no known function, but it can become diseased. Appendicitis affects 1 in 500 people each year. Symptoms vary widely. Appendicitis should be considered in any person with undiagnosed abdominal pain. It affects all ages (men more than women), but is rare in children under 2. The incidence peaks between ages 15 and 24.

FREQUENT SIGNS AND SYMPTOMS:

Pain that begins close to the navel and migrates toward the right lower abdomen. Pain becomes persistent and well localized. It worsens with moving, breathing deeply, coughing, sneezing, walking or being touched. Nausea and sometimes vomiting. Constipation and inability to pass gas. Diarrhea (occasionally). Low fever, beginning after other symptoms. Tenderness in the right lower abdomen, usually about a third of the distance from the navel to the top of the hip bone. (This description applies only if the appendix is in its normal position. In some cases, the tip of the appendix is located elsewhere, making diagnosis difficult). Abdominal swelling late stages. Increased white-blood-cell count.

CAUSES:

Infection for unknown reason, usually with bacteria from the intestinal tract. The appendix may become obstructed from contents moving through intestinal tract, or by a constricting band of tissue. When infected, it becomes swollen, inflamed and filled with pus.

RISK INCREASES WITH:

Recent illness, especially a roundworm infestation or gastrointestinal virus infection.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

Usually curable with surgery. If totally untreated, a ruptured appendix is fatal.

POSSIBLE COMPLICATIONS:

Rupture of the appendix, abscess formation and peritonitis. This is more common in older persons. Misdiagnosis because of few or atypical symptoms especially in the very young or very old. Formation of an abscess.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies (show higher levels of white blood cells) and urinalysis to rule out a urinary-tract infection, which can mimic appendicitis. While diagnosis is uncertain, take a rectal temperature every 2 hours. Keep a record.

Surgery to remove the appendix (appendectomy). Because appendicitis can be hard to diagnose, surgery is often withheld until symptoms and signs progress enough to confirm the diagnosis.

If an abscess has formed, surgery may be delayed until the abscess is drained and has time to heal.

MEDICATION:

Don't take any laxatives, enemas or medicines for pain. Laxatives may cause rupture, and pain or fever reducers make diagnosis more difficult.

Pain medicine will be prescribed after surgery.

Antibiotics if infection is present.

Stool softeners to prevent constipation may be recommended.

ACTIVITY:

Rest in a bed or chair until surgery.

Resume normal activities gradually after surgery.

DIET:

Don't eat or drink anything until appendicitis has been diagnosed. Anesthesia for surgery, is much safer if the stomach is empty. If you are very thirsty, wash your mouth out with water.

A liquid diet, progressing to soft diet following surgery.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of appendicitis.

The following occur while surgery is pending or after surgery:

Fever of 102°F (38.9°C) or over.

Continued vomiting.

Increased pain in the abdomen.

Fainting.

Blood in the stool or vomit.

Dizziness or headache.

ASTHMA

BASIC INFORMATION

DESCRIPTION:

A chronic disorder with recurrent attacks of wheezing and shortness of breath, which affects all ages but 50% of the cases are in children under age 10 (boys with asthma outnumber girls). In adult onset asthma, women are more often affected than men.

FREQUENT SIGNS AND SYMPTOMS:

Chest tightness and shortness of breath.
Wheezing upon breathing out.
Coughing, especially at night, with little sputum.
Rapid, shallow breathing that is easier with sitting up.
Breathing difficulty
Neck muscles tighten.
Severe symptoms of acute attack:
Bluish skin.
Exhaustion.
Grunting respiration.
Inability to speak.
Mental changes, including restlessness or confusion.

CAUSES:

Overactivity and spasm of air passages (bronchi and bronchioles), followed by swelling of the passages and thickening of lung secretions (sputum), This decreases or closes off air to the lungs. These changes are caused by:
Allergens, such as pollen, dust, animal dander, mold and some foods.
Lung infections such as bronchitis.
Air irritants, such as smoke and odors.
Exposure to occupational chemicals or other materials.

RISK INCREASES WITH:

Other allergic conditions, such as eczema or hay fever.
Family history of asthma or allergies.
Exposure to air pollutants.
Smoking.
Use of some drugs such as aspirin.
Stresses (viral infection, exercise, emotional upset, noxious odors, tobacco smoke).

PREVENTIVE MEASURES:

Avoid known allergens and air pollutants.
Take prescribed preventive medicines regularly; don't omit them when you feel well.
Avoid aspirin.
Investigate and avoid triggering factors.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment and strict adherence to prevention measures.
Half the children will outgrow asthma.
Without treatment, severe attacks can be fatal.

POSSIBLE COMPLICATIONS:

Respiratory failure.
Pneumothorax.
Lung infection and chronic lung problems from recurrent attacks.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies, pulmonary-function tests and allergy testing, usually with skin tests.
Emergency-room care and hospitalization for severe attacks.
Psychotherapy or counseling, if asthma is stress-related.
Eliminate allergens and irritants at home and at work, if possible. Treatment for desensitizing to specific allergens.
Keep regular medications with you at all times.
Sit upright during attacks.
Stay indoors as much as possible during high allergen times.
Additional information available from the Asthma & Allergy Foundation of America, 1717 Massachusetts Ave., Suite 305, Washington, DC 20036. Telephone (800)7-ASTHMA.

MEDICATION:

Expectorants to loosen sputum.
Bronchodilators to open air passages.
Intravenous cortisone drugs (emergencies only) to decrease the body's allergic response.
Cortisone drugs by nebulizer, which have fewer adverse reactions than oral forms.
Antihistamines (cromolyn sodium or nedocromil) by nebulizer. These are preventive drugs.

ACTIVITY:

Stay active, but avoid sudden bursts of exercise. If an attack follows heavy exercise, sit and rest. Sip warm water.
Treatment with bronchodilators often prevents exercise-caused asthma.
Swimming is perhaps the best exercise for asthma patients.

DIET:

No special diet, but avoid foods to which you are sensitive.
Drink at least 3 quarts of water daily to keep secretions loose.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of asthma.
You have an asthma attack that doesn't respond to treatment.
This is an emergency!
New, unexplained symptoms develop.
Drugs used in treatment may produce side effects.

ATHEROSCLEROSIS

(Hardening of the Arteries)

BASIC INFORMATION

DESCRIPTION:

An extremely common form of hardening of the arteries in which plaque deposits form in the walls of the blood vessels that carry oxygen and other nutrients from the heart to other body parts. Atherosclerosis may lead to kidney damage, decreased circulation to the brain and extremities, and coronary-artery disease. Atherosclerosis is a major cause of strokes and heart attacks. Onset can be in the 30's, but up to age 45, atherosclerosis is more common in men. After menopause, women have the same incidence.

FREQUENT SIGNS AND SYMPTOMS:

Symptoms are often absent until atherosclerosis reaches advanced stages. Symptoms depend on what part of the body has a decreased blood flow, and the extent of disease. Muscle cramps if atherosclerosis involves vessels in the legs. Angina pectoris or heart attack if it involves blood vessels to the heart. Stroke or transient ischemic attack if it involves vessels to the neck and brain.

CAUSES:

Patches of fatty tissue that damage artery walls often collect at artery junctions. This collection may begin in early adulthood. At these points, the inner lining of the artery may trap fatty substances that circulate in the blood. As fatty deposits accumulate, they reduce the blood vessel's elasticity and narrow the passageway, interfering with blood flow.

RISK INCREASES WITH:

High blood pressure.
High cholesterol levels (high levels of the low density lipoprotein and low levels of the high density lipoprotein).
Adults over 60.
Male sex.
Stress.
Diabetes mellitus.
Obesity.
Smoking.
Sedentary lifestyle.
Poor nutrition (too much fat and cholesterol in the diet).
Family history of atherosclerosis.

PREVENTIVE MEASURES:

Don't smoke.
Follow suggestions under Diet. Children and young adults of parents with this condition may benefit from a low-fat diet.
Exercise regularly.
Reduce stress to a manageable level when possible.
If you have diabetes or high blood pressure, adhere strictly to your treatment program.

EXPECTED OUTCOME:

This condition is currently considered incurable. However, numerous reports now indicate that vigorous treatment of risk

factors can reverse some blockage. Complications are eventually fatal without treatment. Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS:

Heart attack.
Stroke.
Angina pectoris.
Kidney disease.
Congestive heart failure.
Heartbeat irregularity problems.
Sudden death.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory studies, ECG (electrocardiograph that measures electrical activity of the heart), exercise tolerance test, blood studies of cholesterol and high-density lipoproteins, blood-sugar tests, and x-rays of the chest and blood vessels.
Treatment for atherosclerosis is generally directed at its complications.
Counseling to learn to cope with stress is sometimes helpful.
Stop smoking.
Surgical treatment is available in some high-risk patients. Balloon angioplasty can open narrowed vessels; vein graft bypass can help restore blood to the heart; large arterial obstructions can be removed by endarterectomy; entire segments of diseased vessels can be replaced by woven plastic tube grafts.
Additional information available from the American Heart Association, local branch listed in telephone directory or call (800)242-8721.

MEDICATION:

Since the damage has already been done, there is no satisfactory medicine that can treat atherosclerosis. Recent studies show that lowering cholesterol levels in persons with high levels can increase life expectancy. If you have symptoms of a disorder caused by atherosclerosis and diet and exercise fail to reduce cholesterol, antihyperlipidemic drugs may be prescribed.
Other drugs may be necessary to treat symptoms of an associated problem (high blood pressure, heartbeat irregularities).
Some studies have indicated that aspirin and vitamin E may reduce the risk of heart attack. Get medical advice to see if they should be recommended for you.

ACTIVITY:

Usually no restrictions. Activity will depend on general state of health and any other illnesses present.
A routine exercise program is encouraged.

DIET:

Eat a diet that is low in fat and low in salt, and high in fiber. Increase your intake of grains, fresh fruits and vegetables.

NOTIFY OUR OFFICE IF:

You or a family member has high risk factors for atherosclerosis and want to become involved in a prevention program.

ATHLETE'S FOOT

(Tinea Pedis- Ringworm of the Feet)

BASIC INFORMATION

DESCRIPTION:

A common, contagious fungus infection of the skin on the feet, especially the soles and skin between toes (often the 4th and 5th toes). It usually affects adolescents and adults (rare in young children).

FREQUENT SIGNS AND SYMPTOMS:

Moist, soft, gray-white or red scales on feet, especially between toes.

Dead skin between toes.

Itching in inflamed areas.

Damp, musty foot odor.

Small blisters on the feet (sometimes).

CAUSES:

Infection by a *Trichophyton* fungus.

RISK INCREASES WITH:

Infrequent washing of the feet.

Infrequent changes of shoes or socks.

Use of locker room and public showers.

Hot, humid weather.

People who are immunosuppressed due to illness or medications.

Persistent moisture around the feet.

PREVENTIVE MEASURES:

Bathe feet daily.

Dry thoroughly between the toes and apply drying or dusting powder.

Wear rubber thongs or wooden sandals in public showers.

Go barefoot when possible.

Change socks daily and wear socks made of cotton, wool or other natural, absorbent fibers. Avoid synthetics.

EXPECTED OUTCOME:

Usually curable in 3 weeks with treatment, but recurrence is common.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection in the affected area.

Id reaction on hands and face (a rare skin rash).

GENERAL MEASURES:

After soaking or bathing, carefully remove scales and material between the toes daily.

Keep affected areas cool and dry.

Go barefoot or wear sandals during treatment.

MEDICATION:

Use non-prescription antifungal powders, creams or ointments after each bath.

For severe cases, you may be prescribed oral or more potent topical antifungal medications.

ACTIVITY:

No restrictions. Temporarily avoid activities that cause feet to sweat.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You have severe symptoms of athlete's foot that persist, despite self-treatment.

You develop fever or the infection seems to be spreading.

BACK PAIN, LOW

BASIC INFORMATION

DESCRIPTION:

Pain in the lower back usually caused by muscle strain. It is often accompanied by sciatica (pain that radiates from the back to the buttock and down into the leg), Onset of pain may be immediate or occur some hours after exertion or an injury. The symptoms get into a cycle, starting with a muscle spasm, the spasm then causes pain and the pain results in additional muscle spasm.

FREQUENT SIGNS AND SYMPTOMS:

Pain. It may be continuous, or only occur when you are in a certain position. The pain may be aggravated by coughing or sneezing, bending or twisting.
Stiffness.

CAUSES:

Exertion or lifting.
Severe blow or fall.
Back disorders.
Infections.
Ruptured lumbar disk.
Nerve dysfunction.
Osteoporosis.
Tumors.
Spondylosis (hardening and stiffening of the spinal column).
Congenital problem.
Childbirth.
Often there is no obvious cause.

RISK INCREASES WITH:

Biomechanical risk factors
Sedentary occupations.
Gardening and other yard work.
Sports and exercise participation, especially if infrequent.
Obesity.

PREVENTIVE MEASURES:

Exercises to strengthen lower back muscles.
Learn how to lift heavy objects.
Sit properly.
Back support in bed.
Lose weight, if obese.
Choose proper footwear.
Wear special back support devices.

EXPECTED OUTCOME:

Gradual recovery, but backaches tend to recur.

POSSIBLE COMPLICATIONS:

Chronic low back pain.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies to determine if there is an underlying disorder, X-rays of the spine, CT or MRI scan.

Bed rest for first 24 hours. Additional bed rest will be determined by severity of the problem. Recent medical studies indicate that staying more active is better for back disorders than prolonged bed rest.

Use a firm mattress (place a bed board under the mattress if needed).

TREATMENT CONT:

Ice pack or cold massage or heat applied to affected area with heating pad or hot water bottle.

Physical therapy.

Massage may help. Be sure person is well-trained or massage could cause more harm than help.

Wear a special back support device.

Other options are available depending on degree of injury, such as surgery (if disk damaged), electrical nerve stimulation, acupuncture, special shoes, etc.

Stress reduction techniques, if needed.

MEDICATION:

Mild pain medications such as aspirin or acetaminophen. Stronger pain medicine or a muscle relaxant may be prescribed.

Note: Medications do not hasten healing. They only help to reduce symptoms.

ACTIVITY:

Try to continue with daily work or school schedules to the extent possible. Use care in resuming normal activities.

Avoid strenuous activity for 6 weeks.

After healing, an exercise program will help prevent reinjury.

DIET:

No special diet. A weight reduction diet is recommended if obesity is a problem.

NOTIFY OUR OFFICE IF:

You or a family member has mild, low back pain that persists for 3 or 4 days after self-treatment.

Back pain is severe or recurrent.

New or unexplained symptoms appear.

Medications used in treatment may cause side effects.

BAROTITIS MEDIA

(Barotrauma)

BASIC INFORMATION

DESCRIPTION:

Damage to the middle ear caused by pressure changes. It affects the middle ear, eustachian tube and nerve endings in the ear.

FREQUENT SIGNS AND SYMPTOMS:

Hearing loss (to varying degrees).

A plugged feeling in the ear.

Mild to severe pain in the ears, or over the cheekbones and forehead.

Dizziness.

Ringing noises in the ear.

Crying in infants or young children.

CAUSES:

Damage caused by sudden, increased pressure in the surrounding air, such as occurs in the rapid descent of an airplane or while scuba diving.

In these activities, air moves from passages in the nose into the middle ear to maintain equal pressure on both sides of the eardrum.

If the tube leading from the nose to the ear (eustachian tube) doesn't function properly, pressure in the middle ear is less than outside pressure. The negative pressure in the middle ear sucks the eardrum inward. Blood and mucus may later appear in the middle ear.

This damage is more likely if you have a nose or throat infection when scuba diving or traveling by air.

Trauma to external or middle ear (boxing, water skiing, accidents, etc.)

RISK INCREASES WITH:

Recent respiratory-tract infection.

Airplane flight.

Scuba diving.

Sky diving.

High altitude mountain climbers.

High impact sports.

Infants and young children who have difficulty in dilating the eustachian tube (by swallowing).

PREVENTIVE MEASURES:

Don't fly or scuba-dive when you have an upper-respiratory infection. If you must fly anyway, use non-prescription decongestant tablets or sprays. Follow package instructions. During air travel, while ascending or descending, suck on hard candy or chew gum to force frequent swallowing. Take a moderate-size breath, hold the nose and try to force air into the eustachian tube by gently puffing out the cheeks with the mouth closed (Valsalva maneuver).

Give an infant a bottle of water or juice while ascending or descending.

EXPECTED OUTCOME:

With treatment, most cases of barotitis media are reversible without permanent damage or hearing loss.

POSSIBLE COMPLICATIONS:

Permanent hearing loss.

Ruptured ear drum.

Middle ear infection.

TREATMENT:

GENERAL MEASURES-

In most cases, no treatment is necessary and symptoms disappear in hours or days.

If fluid drains from the ear, place a small piece of cotton in the outer-ear canal to absorb it.

Rarely, surgery may be required to open the eardrum and release fluid trapped in the middle ear. A plastic tube may be inserted through the surgically perforated eardrum to keep it open and equalize pressure. The tube falls out spontaneously in 9 to 12 months.

MEDICATION:

For minor discomfort, you may use non-prescription decongestants and pain relievers, such as acetaminophen.

You may be prescribed stronger prescription decongestant nasal sprays or tablets. Use for at least 2 weeks after damage. Antibiotics, if infection is present.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of barotitis media .

The following occur during treatment:

Severe headache.

Fever.

Severe pain .

Dizziness.

New, unexplained symptoms develop.

Drugs used in treatment may produce side effects.

BLADDER INFECTION, FEMALE

(Cystitis in Women)

BASIC INFORMATION

DESCRIPTION:

Inflammation or infection of the urinary bladder.

FREQUENT SIGNS AND SYMPTOMS:

Burning and stinging on urination.
Frequent urination, although the urine amount may be small.
Increased urge to urinate.
Pain in the abdomen over the bladder.
Low back pain.
Blood in the urine.
Low fever.
Bad-smelling urine.
Painful sexual intercourse.
Lack of urinary control (sometimes).
Bed-wetting in a child.
Fever, irritability in an infant.

CAUSES:

Bacteria that reach the bladder from another part of the body through the bloodstream.
Bacteria that enter the urinary tract from skin around the genitals and anal area.
Injury to the urethra.
Use of a urinary catheter to empty the bladder, such as following childbirth or surgery.

RISK INCREASES WITH:

Increased sexual activity. In women, the cause is often aggravated by bruising of the urethra during intercourse.
Infection in other parts of the genitourinary system.
Stress.
Illness that has lowered resistance.
Excess alcohol consumption.
Wearing poorly ventilated underpants.
Sitting in bath water that contains bath salts or bubble bath product.
Loss of suspension of female organs.

PREVENTIVE MEASURES:

Drink a glass of water before sexual intercourse, and urinate within 15 minutes after intercourse.
Use a water-soluble lubricant such as K-Y Lubricating Jelly, during intercourse.
Use female-superior or lateral positions in sexual intercourse to protect the female urethra from injury.
Take showers instead of tub baths.
Drink 8 glasses of water every day.
Avoid caffeine, which irritates the bladder.
Avoid the use of catheters, if possible.
Obtain prompt medical treatment for urinary-tract infections.
Do not douche. Avoid feminine hygiene sprays or deodorants.
Clean the anal area thoroughly after bowel movements. Wipe from the front to the rear rather than rear to front to avoid spreading fecal bacteria to the genital area.

Use underwear and nylons that have cotton crotches.
Avoid postponing urination.

EXPECTED OUTCOME:

Curable in 2 weeks with prompt medical treatment.
Recurrence is common.

POSSIBLE COMPLICATIONS:

Inadequate treatment can cause chronic urinary-tract infections, leading to kidney failure.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include urinalysis, careful urine collection for bacterial culture, cystoscopy (examination of the bladder with a lighted optical instrument) and ultrasound.
Treatment is usually with antibiotics.
Warm baths may help relieve discomfort.
Pour a cup of warm water over genital area while urinating. It will help to relieve burning and stinging.

MEDICATION:

Antibiotics to fight infection.
Antispasmodics to relieve pain.
Occasionally, urinary-analgesics for pain.

ACTIVITY:

Avoid sexual intercourse until you have been free of symptoms for 2 weeks to allow inflammation to subside.

DIET:

Drink 6 to 8 glasses of water daily.
Avoid caffeine and alcohol during treatment.
Drink cranberry juice to acidify urine. Some drugs are more effective with acid urine.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cystitis.
Fever occurs.
Blood appears in the urine.
Discomfort and other symptoms don't improve in 1 week.
New, unexplained symptoms develop.
Drugs used in treatment may produce side effects.
Symptoms recur after treatment.

BLADDER INFECTION IN MEN

(Cystitis in Men)

BASIC INFORMATION

DESCRIPTION:

Inflammation or infection of the urinary bladder.

FREQUENT SIGNS AND SYMPTOMS:

Burning and stinging on urination
Frequent urination, although the urine amount may be small
Increased urge to urinate even when bladder is empty.
Pain in the pubic area
Penile discharge.
Low back pain.
Blood in the urine.
Low fever.
Bad-smelling urine.
Lack of urinary control (sometimes).

CAUSES:

Bacteria that reach the bladder from another part of the body through the bloodstream. .
Bacteria that enter the urinary tract from skin around the genitals and anal area.
Injury to the urethra.
Use of a urinary catheter to empty the bladder, such as following surgery.
Over-large prostate gland.
Structural defect in the urinary tract.

RISK INCREASES WITH:

Infection in other parts of the genitourinary system.
Illness that has lowered resistance.
Excess alcohol consumption.
Obstruction of urine in the urinary tract in men usually partial obstruction caused by an enlarged or inflamed prostate gland.
Trauma to the urethra.
Recent surgery with catheterization.

PREVENTIVE MEASURES:

Drink plenty of fluids, at least 8 glasses a day.
Use protection of a latex condom during anal sex to prevent spread of any infection.
Avoid the use of catheters, if possible.
Obtain prompt medical treatment for urinary-tract infections.

EXPECTED OUTCOME:

Usually curable with antibiotic therapy.
If due to underlying disease or obstruction, these will need to be resolved first.

POSSIBLE COMPLICATIONS:

Inadequate treatment can cause chronic urinary-tract infections, leading to kidney failure.

TREATMENT:

GENERAL MEASURES-

Medical tests to aid diagnosis may include urinalysis and careful urine collection for bacterial culture, cystoscopy (examination of the bladder with a lighted optical instrument) and ultrasound.

Treatment is usually with antibiotics.

Warm baths may provide relief from symptoms.

Additional information available from the National Kidney Foundation, 30 E. 33rd Street, Suite 1100, New York, NY 10016,(800)622-9010.

MEDICATION:

Antibiotics to fight infection.

Antispasmodics to relieve pain.

ACTIVITY:

Rest in bed during acute phase.

Avoid sexual intercourse until you have been free of symptoms for 2 weeks to allow inflammation to subside.

DIET:

Drink 6 to 8 glasses of water daily.

Avoid caffeine and alcohol during treatment.

Drink cranberry juice to acidify urine. Some drugs are more effective with acid urine.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cystitis.

Fever occurs.

Blood appears in the urine.

Discomfort and other symptoms don't improve in 1 week.

New, unexplained symptoms develop.

Drugs used in treatment may produce side effects.

Symptoms recur after treatment.

BLEPHARITIS

BASIC INFORMATION

DESCRIPTION:

Infection of the eyelid edges. It can involve the eyelids; eyelashes; meibomian glands (those which lubricate the lid); conjunctiva (white of the eye).

FREQUENT SIGNS AND SYMPTOMS:

Redness and greasy scales on the eyelid edges.

Eyelashes that fall out.

Small ulcers on the eyelid. If the lid edges ulcerate, crusts will form. If crusts are removed, lids will bleed.

Irritation of the eye if flakes from the lid fall into the eye.

A feeling that something is in the eye. This includes itching, burning, redness, swelling of the lid, sensitivity to bright light and tearing.

Discharge from the lids, which glues edges together during sleep.

Sensitivity to light.

CAUSES:

Bacterial infection, usually staphylococcal, of the eyelash follicles and the meibomian glands.

Allergic re-action (less serious inflammation only). Body lice (rare).

RISK INCREASES WITH:

Adults over 60.

Medical history of seborrheic dermatitis of the scalp and other body parts.

Exposure to chemical or environmental irritants.

Crowded or unsanitary living conditions.

Poor nutrition.

Immunosuppression due to illness or medication.

Diabetes mellitus.

Acne rosacea.

PREVENTIVE MEASURES:

Wash hands often, and dry with clean towels.

Avoid environments that contain dust or other irritating substances.

Use hypoallergenic eye makeup.

EXPECTED OUTCOME:

Blepharitis is stubbornly resistant to treatment, but it is sometimes curable in 8 to 12 months. Recurrence is common.

POSSIBLE COMPLICATIONS:

Loss of eyelashes.

Ulceration of the cornea (covering of the eye).

Scarred eyelids.

Stye.

Misdirected eyelash growth.

GENERAL MEASURES:

Use warm-water soaks to reduce inflammation and hasten healing. Apply soaks for 20 minutes, then rest at least 1 hour. Repeat as often as needed.

Remove scales from the lids each day.

Don't wear eye makeup until infection subsides.

Discontinue soft contact lenses until condition cleared.

MEDICATION:

Antibiotic ointment or eye drops, which may contain cortisone drugs may be prescribed.

Oral medication may be prescribed in severe cases such as with acne rosacea.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of blepharitis.

You have pain in the eye.

Your vision changes.

New, unexplained symptoms develop.

Drugs used in treatment may produce side effects.

BOILS

(Furuncles)

BASIC INFORMATION

DESCRIPTION:

A painful, deep, bacterial infection of a hair follicle. Boils are common and somewhat contagious. They can occur anywhere on the skin, but most often appear on the neck, face, buttocks, and breasts. Carbuncles are clusters of boils that occur when the infection spreads through small tunnels underneath the skin.

FREQUENT SIGNS AND SYMPTOMS:

A domed nodule that is painful, tender and red and has pus on the surface. Boils can appear suddenly and ripen in 24 hours. They are usually 1-1/2cm to 3cm in diameter; some are larger. Fever (rare). Swelling of the closest lymph glands.

CAUSES:

Infection, usually from *Staphylococcus* bacteria, that begins in the hair follicle and bores into the skin's deeper layers.

RISK INCREASES WITH:

Poor nutrition.
Illness that has lowered resistance.
Diabetes mellitus.
Use of immunosuppressive drugs.

PREVENTIVE MEASURES:

Keep the skin clean
If someone in the household has a boil, don't share towels or washcloths or clothing with that person.
If you have a chronic disease (such as diabetes mellitus), be sure to follow your medical regimen.

EXPECTED OUTCOME:

Without treatment, a boil will heal in 10 to 20 days. With treatment, the boil should heal in less time, symptoms will be less severe, and new boils should not appear. The pus that drains when a boil opens spontaneously may contaminate nearby skin, causing new boils.

POSSIBLE COMPLICATIONS:

The infection may enter the bloodstream and spread to other body parts.
Scarring.
Boils may recur.
Family members may need treatment.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually determined by the appearance of the red, inflamed swelling. A laboratory study may be made of the material from the boil.

Do not burst a boil as this may spread bacteria.

Taking showers instead of baths reduces chances of spreading infection.

Relieve pain with gentle heat from warm-water soaks. Use 3 or 4 times daily for 20 minutes.

Wash your hands carefully after touching the boil.

Prevent the spread of boils by using clean towels only once or using paper towels and discarding them.

Doctor's treatment may include incision and drainage of the boil.

MEDICATION:

Antibiotics may be prescribed if infection is severe.

Don't use non-prescription antibiotic creams or ointments on the boil's surface. They are ineffective.

ACTIVITY:

Decrease activity until the boil heals. Avoid sweating and avoid contact sports (such as wrestling) while lesions are present.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has a boil.

The following occur during treatment:

Symptoms don't improve in 3 to 4 days, despite treatment.

New boils appear. Fever develops.

Other family members develop boils

New, Unexplained symptoms develop. Drugs used in treatment may produce side effects.

BONE FRACTURE

BASIC INFORMATION

DESCRIPTION:

Complete or incomplete break in a bone usually caused by a fall. Following are the different types of fractures:

Complete fracture. The broken bone is completely separated.

Incomplete (greenstick) fracture. The broken bone is not completely separated.

Comminuted fracture. There are more than 2 bone fragments at the fracture site .

Open fracture (compound). The fractured bone has broken the skin.

Closed fracture (including stress fracture). The fractured bone has not broken the skin.

Compression fracture. The break occurs from extreme pressure on the bone.

Impacted fracture. The broken ends have been driven into each other.

Avulsion fracture. Force has been applied to a strong tendon, causing it to pull on and break off a portion of bone.

Pathologic fracture. A break that occurs from minor injury in bone weakened or destroyed by disease.

Stress fracture. A crack in a bone caused by repetitive and prolonged pressure on the bone, usually by intense exercise.

FREQUENT SIGNS AND SYMPTOMS:

Pain and swelling at the fracture site.

Tenderness close to the fracture.

Paleness and deformity (sometimes).

Loss of pulse below the fracture, usually in an extremity (this is an emergency).

Numbness, tingling or paralysis below the fracture (rare; this is an emergency).

Bleeding or bruising at the site.

Weakness and inability to bear weight.

CAUSES:

Injury.

RISK INCREASES WITH:

Osteoporosis.

Tumors of the bone or bone marrow.

Activities that carry the risk of injury.

Reckless behavior that increases the chance of accident.

Older adults (they tend to fall more and bones are fragile).

PREVENTIVE MEASURES:

Don't drink alcohol or use mind-altering drugs and drive.

Wear protective gear for sports.

The use of your auto seat belt.

If you have osteoporosis, adhere to your treatment program and avoid situations in which injury is likely.

Maintain a safe home environment (no slippery rugs, slick floors, loose railings, provide mats in bath tubs, etc.).

EXPECTED OUTCOME:

Usually curable with skillful first aid and aftercare. The broken bone should be manipulated, realigned and immobilized as soon as possible. Realignment is much more difficult after 6hours.

Healing time varies. Recovery is complete when there is no bone motion at the fracture site, and X-rays show complete healing.

POSSIBLE COMPLICATIONS:

Failure to heal (non-union).

Shock from blood loss.

Travel of a fat embolus (clump of fat cells) from the injury site to the lungs or brain.

Obstruction of nearby arteries.

TREATMENT:

GENERAL MEASURES-

First aid treatment for bleeding, cover any open wounds, move patient as little as possible. Then transport to hospital or other emergency facility.

Bone ends that have been displaced are maneuvered back into place (reduction).

Almost all fractures require immobilization with casts or splints.

Hospitalization for anesthesia and treatment of severe fractures.

Surgery, if the fracture must be repaired with rods, plates or screws.

Physical therapy for rehabilitation.

MEDICATION:

Pain relievers and muscle relaxants, if needed.

ACTIVITY:

Immobility of a bone for a long period can cause loss of muscle bulk, stiffness in nearby joints, and edema (accumulation of fluid in the tissues). It is important to begin to use the affected part as soon as is safely possible.

There may be physical therapy with special exercises to maintain flexibility of the joint and strength to the muscles.

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet. Take vitamin C and zinc supplements to promote bone healing.

NOTIFY OUR OFFICE IF:

You have symptoms of a bone fracture.

The following occur after immobilization or surgery:

Swelling above or below the fracture site.

Severe, persistent pain.

Blue or gray skin below the fracture site, especially under nails or numbness or loss of feeling below the fracture site.

Report any of the above signs immediately!

BREAST ABSCESS

BASIC INFORMATION

DESCRIPTION:

An infected area of breast tissue that becomes filled with pus when the body fights the infection. It involves breast tissue, nipple, milk glands, and milk ducts.

FREQUENT SIGNS AND SYMPTOMS:

Breast pain, tenderness, redness or hardness.
Fever and chills.
A general ill feeling.
Tender lymph glands in the underarm area.

CAUSES:

Bacteria that enter the breast through the nipple (usually a cracked nipple during the early days of breast-feeding).

RISK INCREASES WITH:

Postpartum pelvic infection.
Fatigue.
Diabetes mellitus.
Rheumatoid arthritis.
Use of steroid medications.
Heavy cigarette smoking.
Lumpectomy with radiation.
Silicone implants.

PREVENTIVE MEASURES:

Clean the nipples and breasts thoroughly before and after nursing.
Lubricate the nipples after nursing with lanolin or Vitamin A & D ointment.
Avoid clothing that irritates the breasts.
Don't allow a nursing infant to chew nipples.

EXPECTED OUTCOME:

Usually curable in 8 to 10 days with treatment. Draining the abscess is occasionally necessary to hasten healing.

POSSIBLE COMPLICATIONS:

It may be necessary to discontinue breast-feeding if the infection is severe enough to require extensive treatment with certain antibiotics (especially tetracycline) and pain relievers.
. Fistula (abnormal passage between two organs or between the body and the outside).

GENERAL MEASURES:

Use warm-water (or cold water if it is more comforting) soaks to relieve pain and hasten healing.
Discontinue nursing the baby from the infected breast until it heals. Use a breast pump to express milk regularly from the infected breast until you can resume nursing on that side.
Surgery to drain the abscess (infrequent).

MEDICATION:

Antibiotics to fight infection.
Pain relievers.
Nonsteroidal anti-inflammatory drugs.

ACTIVITY:

After treatment, resume normal activity as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a breast abscess.
Any of the following occur during treatment:
Fever.
Pain becomes unbearable.
Infection seems to be spreading, despite treatment.
Symptoms don't improve in 72 hours.
New, unexplained symptoms develop.
Drugs used in treatment may produce side effects.

BRONCHITIS, ACUTE

BASIC INFORMATION

DESCRIPTION:

Inflammation of the air passages (trachea; bronchi; bronchioles) of the lungs. Acute bronchitis is of sudden onset and short duration (chronic bronchitis is persistent over a long period and recurring over several years).

FREQUENT SIGNS AND SYMPTOMS:

Cough that produces little or no sputum initially, but does later on.

Low fever (usually less than 101°F or 38.3°C).

Burning chest discomfort or feeling of pressure behind the breastbone.

Wheezing or uncomfortable breathing (sometimes).

CAUSES:

Infection from one of many respiratory viruses. Most cases of acute bronchitis begin with a cold virus in the nose and throat that spreads to the airways. A secondary bacterial infection is common.

Lung inflammation from breathing air that contains irritants, such as chemical fumes (ammonia), acid fumes, dust or smoke.

RISK INCREASES WITH:

Chronic obstructive pulmonary disease (COPD).

Smoking.

Cold, humid weather.

Poor nutrition.

Recent illness that has lowered resistance.

Areas with high atmospheric pollution.

Elderly and very young age groups.

PREVENTIVE MEASURES:

Avoid close contact with persons who have bronchitis.

Don't smoke.

If you work with chemicals, dust or other lung irritants, wear an appropriate face mask.

EXPECTED OUTCOME:

Usually curable with treatment in 1 week. Cases with complications are usually curable in 2 weeks with medication.

POSSIBLE COMPLICATIONS:

Bacterial lung infection (various kinds of pneumonia).

Chronic bronchitis from recurrent episodes of acute bronchitis.

Cough may persist for several weeks after initial improvement.

Pleurisy (inflammation of the lining of the lungs) (rare).

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually based on the symptoms displayed, but sputum culture may be done to check for bacterial infection. Treatment is directed toward relieving the symptoms.

If you are a smoker, don't smoke during your illness.

This delays recovery and makes complications more likely.

Increase air moisture. Take frequent hot showers. Use a cool-mist, ultrasonic humidifier by your bed. Clean humidifier daily.

Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019, (800)586-4872,

MEDICATION:

For minor discomfort, you may use:

Acetaminophen to reduce fever.

Non-prescription cough suppressants. Use only if your cough is non-productive (without sputum). It may be dangerous to stop a cough entirely as this traps excess mucus and irritants in bronchial tubes, leading to pneumonia and poor oxygen exchange in the lungs.

Other drugs that may be prescribed:

Antibiotics to fight bacterial infections.

Expectorants to thin mucus so it can be coughed up more easily.

Cough suppressants.

ACTIVITY:

Rest in bed until temperature returns to normal. Then resume normal activity gradually as symptoms improve.

DIET:

No special diet. Drink at least 8 to 10 glasses of fluid each day to help thin mucus secretions so they can be coughed up more easily.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of bronchitis.

The following occur during the illness:

High fever and chills.

Chest pain.

Thickened, discolored or blood-streaked sputum.

Shortness of breath, even when the body is at rest.

Vomiting.

BRONCHITIS, CHRONIC

BASIC INFORMATION

DESCRIPTION:

Chronic inflammation and degeneration of the bronchial tubes, with or without active infection.

It is most commonly associated with cigarette smoking.

FREQUENT SIGNS AND SYMPTOMS:

Frequent cough or coughing spasms.

Shortness of breath.

Sputum that is thick and difficult to cough up. Sputum production varies according to whether infection is present.

CAUSES:

Repeated irritation or infection in the bronchial tubes, causing them to thicken, narrow and lose elasticity. Underlying irritants include allergens, air pollution and tobacco smoke.

RISK INCREASES WITH:

Smoking (the greatest risk factor).

Any lung illness that has lowered resistance.

Family history of tuberculosis or other disease of the respiratory tract.

Exposure to air pollutants.

Poor nutrition.

Obesity.

Crowded living conditions.

PREVENTIVE MEASURES:

Don't smoke. This is the most reversible risk.

Avoid irritating fumes in the environment.

Obtain prompt medical treatment for respiratory infections.

EXPECTED OUTCOME:

Chronic bronchitis is usually curable with treatment if you are a non-smoker and don't have an underlying chronic disease, such as congestive heart failure, bronchiectasis or tuberculosis.

Chronic bronchitis usually reduces life expectancy if you smoke and don't stop, or if you have an underlying chronic disease.

POSSIBLE COMPLICATIONS:

Recurrent pneumonia.

Chronic obstructive pulmonary disease (COPD) which is incurable. It is characterized by chronic shortness of breath, purple lips and nails and eventual necessity for oxygen supplement.

TREATMENT:

GENERAL MEASURES-

Many lung and heart disorders cause symptoms identical to those of chronic bronchitis. Medical tests will exclude these possibilities to make a diagnosis.

Treatment does not cure, but it can relieve symptoms and help prevent complications.

Stop smoking.

If you work or live in an area with heavy air pollution, do everything you can to avoid or reduce it. Consider changing jobs and installing air-conditioning with a filter and humidity control in your home.

Avoid sudden temperature changes or exposure to cold, wet weather.

Avoid shouting, laughing loudly, crying and exertion, if these trigger coughing episodes.

Practice bronchial drainage and deep-breathing techniques.

Your physician will provide instructions.

Sleep with 5-inch blocks under the foot of your bed.

Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019, (800)586-4872.

MEDICATION:

Don't take cough suppressants; they make chronic bronchitis worse.

Antibiotics to fight chronic or recurrent infection.

Expectorants to loosen secretions.

Bronchodilators to open bronchial tubes.

Drugs may be prescribed to treat severe depression or anxiety if they occur.

ACTIVITY:

No restrictions. A regular exercise routine is important as prolonged inactivity leads to excessive disability.

DIET:

No special diet. Increase fluid intake to 8 to 10 glasses a day to keep lung secretions thin.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of chronic bronchitis.

Fever or vomiting occurs.

Blood appears in the sputum.

Chest pain increases.

Shortness of breath occurs even when you are resting or not coughing-

Sputum thickens despite efforts to thin it.

BULIMIA

(Binge-Eating Syndrome)

BASIC INFORMATION

DESCRIPTION:

A psychological eating disorder characterized by abnormal perception of body image, constant craving for food and binge eating, followed by self-induced vomiting or laxative use. It affects adolescents or young adults, usually female.

FREQUENT SIGNS AND SYMPTOMS:

Recurrent episodes of binge eating (rapid consumption of a large amount of food in a short time, usually less than 2 hours), plus at least 3 of the following:
Preference for high-calorie, convenience foods during a binge.
Secretive eating during a binge. Patients are aware that the eating pattern is abnormal, and they fear being unable to stop eating.
Termination of an eating binge with purging measures, such as laxative use or self-induced vomiting.
Depression and guilt following an eating binge.
Repeated attempts to lose weight with severely restrictive diets, self-induced vomiting and use of laxatives or diuretics.
Frequent weight fluctuations greater than 10 pounds from alternately fasting and gorging.
No underlying physical disorder.

CAUSES:

Unknown; thought to be largely emotional.

RISK INCREASES WITH:

Strict, compulsive, perfectionistic family environment.
Anorexia nervosa.
Depression.
Stress, including lifestyle changes, such as moving or starting a new school or job.
Neurotic preoccupation with being physically attractive.

PREVENTIVE MEASURES:

Raise children in a wholesome family environment with emphasis on caring and good communication rather than on external appearances.
Encourage rational attitude about weight.
Avoid stress.

EXPECTED OUTCOME:

Outcome is variable; patients can learn to control the behavior with counseling, psychotherapy, biofeedback training and individual or group psychotherapy.

POSSIBLE COMPLICATIONS:

Fluid and electrolyte imbalance from vomiting; dental disease; stomach rupture (rare).
Without treatment, complications can be fatal.
Relapse.

TREATMENT:

GENERAL MEASURES-

Therapy will consist of assessing nutritional status, establishing target goals, identifying triggers, improving relationships, overall well-being, techniques to avoid stress, etc.

Treatment in an eating disorder facility may be recommended. Hospitalization in severe cases.

Psychotherapy or counseling that may include hypnosis or biofeedback training.

Additional information available from Anorexia Nervosa & Related Eating Disorders, P.O. Box 5102, Eugene, OR 97405, (503)344-1144; or Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, IL, 60035, (708)831-3438.

MEDICATION:

Antidepressants are sometimes helpful.

ACTIVITY:

No restrictions.

DIET:

If hospitalization is necessary, intravenous fluids may be prescribed. During recovery, vitamin and mineral supplements will be necessary until signs of deficiency happen and normal eating patterns are established.

For outpatient therapy, supervision and regulation of eating habits, a food diary may be maintained, feared foods will be reintroduced.

NOTIFY OUR OFFICE IF:

You have symptoms of bulimia or you suspect your child has bulimia.

The following occur during treatment:

Rapid, irregular heartbeat or chest pain.

Loss of consciousness.

Cessation of menstrual periods.

Repeated vomiting or diarrhea.

Continued weight loss, despite treatment.

BUNION

(Hallux Vaigus)

BASIC INFORMATION

DESCRIPTION:

A bony protrusion from the outside edge of the joint at the base of the big (first) toe. Three times as many women as men have the disorder.

FREQUENT SIGNS AND SYMPTOMS :

An inward-turned first toe that may overlap the second and sometimes the third toe.

Thickened skin over the bony protrusion at the base of the first toe (callus).

Fluid accumulation under the thickened skin (sometimes).

Foot pain and stiffness.

CAUSES:

Hallux valgus. The technical name for the big toe is hallux. If the big toe has grown or been forced into a position where it overlaps one or more of the other toes, that is called hallux valgus.

RISK INCREASES WITH:

Family history of foot abnormalities (inherited weakness in toe joints).

Arthritis.

Narrow-toed, high-heeled shoes that compress toes together.

PREVENTIVE MEASURES:

Exercise daily to keep muscles of the feet and legs in good condition.

Wear wide-toed shoes that fit well. Don't wear high heels or shoes without room for toes in their normal position.

EXPECTED OUTCOME:

Usually curable with treatment and preventive measures to guard against recurrence.

POSSIBLE COMPLICATIONS:

Infection of the bunion, especially in persons with diabetes mellitus.

Inflammation and arthritic changes in other joints caused by walking difficulty, which places abnormal stress on the foot, hip and spine.

TREATMENT:

GENERAL MEASURES-

Before bedtime, separate the first toe from the others with a foam-rubber pad.

Wear a thick, ring-shaped adhesive pad around and over the bunion.

Use arch supports to relieve pressure on the bunion. These are available in shoe-repair shops.

Surgery to remove the overgrown tissue (bunion) and correct the position of the bones.

MEDICATION:

Medicine usually is not necessary for this disorder unless infection develops.

ACTIVITY:

If surgery is necessary, resume your normal activities gradually afterward. Walk on your heels until the surgical site heals. Elevate the foot of the bed to reduce swelling.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has a bunion that is interfering with normal activities.

Signs of infection, such as fever, heat, tenderness or pain, develop after treatment or surgery.

BURNS

BASIC INFORMATION

DESCRIPTION:

Injury to the skin, and sometimes other organs, from contact with heat, radiation, electricity or chemicals. The risk of damage is greatest with infants and young children.

FREQUENT SIGNS AND SYMPTOMS:

Burns are of 3 types:

1st-degree burns are limited to the upper skin layer. They produce redness, tenderness, pain, swelling and slight fever.

2nd-degree burns affect deeper skin layers. Symptoms are more severe and usually include blisters.

3rd-degree burns involve all skin layers. Skin is white (appears cooked), and there may be no pain in the initial stages.

CAUSES:

Rise in skin temperature from heat sources, such as fire, steam or electricity. Open flame and hot liquid are most common causes.

Tissue injury caused by chemicals or radiation, including sunlight.

Lightning strikes can cause internal burns with minimal external signs.

RISK INCREASES WITH:

Stress, carelessness, smoking in bed or excess alcohol consumption, all of which make accidents more likely.

Occupations involving exposure to heat or radiation, such as fire fighting, police work or defense-factory work.

Faulty wiring.

Hot water heaters set too high.

PREVENTIVE MEASURES:

Wear sun-screen lotions outdoors.

Fireproof your home. Install smoke alarms, plan emergency exits and have regular fire drills.

Wear protective gear and observe safety precautions around heat or radiation.

Don't touch uncovered electric wires.

Teach children safety rules for matches, fires, electrical outlets, cords and stoves.

Discard extension cords with a pronged plug on one end, and a bulb socket on the other. These are hazardous.

If you have small children, put safety caps on unused outlets.

Discard frayed cords.

EXPECTED OUTCOME:

Most persons recover if the extent of burns (including 3rd-degree burns) is limited to 50% of the body surface.

For less-severe burns, skin usually repairs itself in 1 to 3 weeks.

POSSIBLE COMPLICATIONS:

Infection at the burn site.

Pneumonia.

Shock due to loss of fluids and electrolytes (severe burns).

Permanent scars.

Vision impairment, if eyes are injured.

Tetanus and other infections.

TREATMENT:

GENERAL MEASURES-

Therapy will be dependent on depth of burns and total body surface area affected.

For less-severe burns:

Apply non-prescription body lotion to cool 1st-degree burns.

Immerse small 2nd- or 3rd-degree burn areas in cold water for 10 minutes to reduce pain and swelling.

Keep the burn area clean. Soak in a tub or use lukewarm compresses once a day. You may add 2 tablespoons of powdered detergent to the tub to help soak off crusting areas.

Use plain water for compresses.

Prop the burn area higher than the rest of the body, if possible.

You may use dressings on the burn.

Hospitalization for all large 3rd-degree burns and some 2nd-degree burns. Special burn centers exist for the worst cases.

Surgery to graft skin over 3rd-degree burns.

Additional information available from the National Burn Victim Foundation, 32-34 Scotland Rd., Orange, NJ 07050, (201)676-7700.

MEDICATION:

To treat minor burns, you may use non-prescription antibiotic ointments, topical anesthetics and aspirin.

To treat severe burns, pain relievers, antibiotics and tetanus booster shots may be required.

ACTIVITY:

Depends on location and extent of the burn. Getting a burn patient up and moving as soon as possible after treatment begins is an important part of the recovery.

DIET:

No special diet for minor burns. More severe burns require intravenous feeding.

NOTIFY OUR OFFICE IF:

You or a family member has been burned. This can be an emergency.

An infant has a burn, even if it seems minor.

The following occur during treatment: No healing in 6 days; chills and fever; increased pain, redness, swelling or pus in the burn area.

BURSITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation of bursa, a soft fluid-filled sac that serves as a cushion between tendons and bones. Bursae usually affected are near the shoulders, elbows, knees, pelvis, hips or Achilles tendons.

FREQUENT SIGNS AND SYMPTOMS:

Pain, tenderness and limited movement in the affected area with radiation of pain into the neck, arm, fingertips.
Severe pain with movement of the arm.
Fever (sometimes).

CAUSES:

Injury to a joint.
Overuse of a joint.
Strenuous, unaccustomed exercise.
Calcium deposits in shoulder tendons with degeneration of the tendon.
Acute or chronic infection.
Arthritis.
Gout.
Unknown (frequently).

RISK INCREASES WITH:

People who are involved in vigorous and repetitive athletic training.
Exercise or sports participants who suddenly increase their activity levels ("weekend warriors").
improper or overstretching.

PREVENTIVE MEASURES:

Avoid injuries or overuse of muscles whenever possible.
Wear protective gear for contact sports.
Appropriate warm-up and cool-down.
Maintain a high fitness level.

EXPECTED OUTCOME:

This is a common, but not a serious problem. Symptoms usually subside in 7 to 14 days with treatment.

POSSIBLE COMPLICATIONS:

Frozen joint or permanent limitation of a joint's mobility.

TREATMENT:

GENERAL MEASURES-

RICE therapy (rest, ice, compression, and elevation of affected joint).
Apply ice packs to the affected area during a flare-up or after receiving injections in the joint.
After the acute stage, continued ice treatment (until inflammation subsides) or heat application may be recommended. If you use heat, take hot showers, use a heat lamp, apply hot compresses or a heating pad, or rub in deep-heating ointment.
Invasive therapy may include aspiration of the joint, or surgical excision.

MEDICATION:

Nonsteroidal anti-inflammatory drugs.
Cortisone injections into the bursa to reduce inflammation may be administered.
Pain relievers if necessary.

ACTIVITY:

Rest the inflamed area as much as possible. If you must resume normal activity immediately, wear a sling until the pain becomes more bearable. To prevent a frozen joint (especially in the shoulder), begin normal, slow joint movement as soon as possible.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of bursitis.
Pain increases, despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CANDIDIASIS OF SKIN (Moniliasis)

BASIC INFORMATION

DESCRIPTION:

A yeast infection in skin folds or areas of intertriginous (adjacent) skin that come in contact with each other, such as in the groin or under the breasts. This is mildly contagious from person to person and from place to place on the same person. It can affect the skin of the scrotum, vagina and vaginal lips; underarm area; spaces between fingers and toes; inner thighs; under the breasts; and over the base of the spine (sacrum).

FREQUENT SIGNS AND SYMPTOMS:

Plaques (patches or flat areas) with the following characteristics:

Bright red patches with poorly defined borders. They are often 6cm to 12cm in diameter or larger.

Some plaques are weeping or oozing.

Skin appears moist and crusted.

Itching is usually severe.

Smaller plaques (less than 1 mm in size) sometimes surround other plaques. They rarely form small pustules (small white blisters with pus inside).

CAUSES:

Yeast infection of the skin caused by candida fungus (usually *Candida albicans*). The spore form of this organism normally grows in the intestinal tract and the vagina. Skin signs do not begin until yeast changes from its spore form to another growth phase, the mycelial phase. Damaged skin, moisture and warmth are all necessary for the infection to take over. Inadequate immunity from disease or immunosuppressant drugs.

RISK INCREASES WITH:

Use of oral antibiotics.

Use of steroids (oral, injectable or topical).

Diabetes.

Obesity.

Poor nutrition.

Excessive sweating.

Crowded or unsanitary living conditions.

Use of birth control pills.

Douching.

PREVENTIVE MEASURES:

Take antibiotics only when prescribed.

Avoid excessive sweets.

Keep skin cool and dry.

Wear cotton underwear.

EXPECTED OUTCOME:

Usually curable in 2 weeks with treatment. Without treatment, healing may be slow (up to 4 to 5 years).

Recurrence is common.

POSSIBLE COMPLICATIONS:

Secondary bacterial infections (rare).

Id reactions (allergic response to a skin disorder) (rare).

Blood poisoning (rare).

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory study of a skin scraping or pus.

Treatment involves therapy for the disorder and the underlying condition that predisposes you to candidiasis.

Keep skin cool and dry. Expose affected areas to sunlight as much as possible.

Wear loose cotton clothing. Avoid synthetic or wool fabrics.

Protect skin from injury.

MEDICATION:

Antifungal topical medications are usually prescribed. Gently massage a small amount into the affected area as directed.

Use only enough to cover. Larger amounts don't help.

ACTIVITY:

No restrictions, except to avoid heat and sweating.

DIET:

No special diet. Eating yogurt, buttermilk or sour cream, or taking acidophilus tablets may help prevent yeast infections that may result as an adverse effect of the drugs.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of candidiasis.

The following occur during treatment:

Infection continues to spread, despite, treatment.

Signs of secondary bacterial infection develop (pain, tenderness, redness, warmth, oozing).

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CANKER SORES

(Aphthous Ulcers)

BASIC INFORMATION

DESCRIPTION:

Painful ulcers that occur in the lining of the mouth. Ulcers are not cancerous. They may be confused with herpes infections. Canker sores affect both sexes, but are more common in women.

FREQUENT SIGNS AND SYMPTOMS:

Mouth ulcers with the following characteristics:

Ulcers are small, very painful, shallow and covered by a gray membrane. Borders are surrounded by an intense red halo.

Ulcers appear on tips, gums, inner cheeks, tongue, palate and throat. 2 or 3 ulcers usually appear during an attack, but 10 to 15 ulcers are not uncommon.

Ulcers may be so painful during first 2 or 3 days that they interfere with eating or speaking.

Ulcers are preceded by tingling or burning for 24 hours (sometimes).

CAUSES:

Unknown, but following are the most likely causes.

Emotional or physical stress, anxiety or premenstrual tension. Injury to the mouth lining caused by rough dentures, hot food, toothbrushing or dental work.

Irritation from foods, such as chocolate, citrus, acid foods (vinegar, pickles), salted nuts or potato chips.

Virus infection.

RISK INCREASES WITH:

Recent dental treatment.

PREVENTIVE MEASURES:

Brush teeth at least twice a day and floss regularly to keep the mouth clean and healthy.

Avoid stress if possible.

Avoid intimate contact with infected persons.

Observe if canker sores develop after eating specific foods.

Don't eat foods that seem to trigger attacks.

EXPECTED OUTCOME:

Most ulcers heal without scarring in 2 weeks. Recurrent attacks are common. They vary from a single lesion 2 or 3 times a year to an uninterrupted succession of multiple lesions.

POSSIBLE COMPLICATIONS:

Dehydration in severe cases where eating and drinking are limited.

TREATMENT:

GENERAL MEASURES-

Laboratory culture of the sores may be recommended to distinguish from herpes infection or detect secondary bacterial infections.

Rinse the mouth 3 or more times a day with a salt solution (1/2 teaspoon salt to 8 oz. water) if this isn't painful.

Clean sores frequently with 2% hydrogen peroxide on a cotton applicator.

If a canker sore is caused by a rough tooth, braces or dentures, consult your dentist. The sore won't heal until the cause is eliminated.

MEDICATION:

Topical anesthetics to relieve pain.

Protective dental paste with a steroid derivative, such as Orabase with triamcinolone acetonide. If applied as soon as the ulcer begins, this prevents pain. . Keep medicine prescribed for the first attack. Use it immediately at the sign of a recurrent attack. The sooner treatment starts the milder the attack.

ACTIVITY:

No restrictions.

DIET:

No restrictions, except to avoid foods that aggravate ulcers.

Drink as many fluids and eat as well-balanced a diet as possible while healing.

To minimize pain, sip liquids through straws. Foods that cause the least pain are milk, liquid gelatin, yogurt, ice cream and custard.

NOTIFY OUR OFFICE IF:

Temperature rises to 102°F (38.9°C) or higher.

Ulcers don't improve in 3 days, despite treatment.

Pain is unbearable and isn't relieved by treatment.

A child with canker sores loses weight.

CARPAL TUNNEL SYNDROME

BASIC INFORMATION

DESCRIPTION:

A nerve disorder in the hand that causes pain and loss of feeling, frequently in the thumb and first three fingers. It involves the median and/or ulnar nerve at the wrist joint, and the blood vessels and tendons of the hand.

FREQUENT SIGNS AND SYMPTOMS:

Tingling or numbness in part of the hand.
Sharp pains that shoot from the wrist up the arm, especially at night.
Burning sensations in the fingers.
Morning stiffness or cramping of hands.
Thumb weakness.
Frequent dropping of objects.
Inability to make a fist.
Shiny, dry skin on the hand.

CAUSES:

Pressure on the nerves at the wrist caused by swollen, inflamed or scarred tissue. The sources of pressure include:
Inflammation of the tendon sheaths, frequently from arthritis.
Fracture of the forearm.
Sprain or dislocation of the wrist.

RISK INCREASES WITH:

Diabetes mellitus.
Hypothyroidism.
Menopause.
Raynaud's disease.
Pregnancy.
Rheumatoid arthritis and gout.
Ganglion cyst.
Work that requires repetitive hand or wrist action.

PREVENTIVE MEASURES:

Take a break at least once an hour when doing repetitive work involving hands.
Wear a wrist brace if your work involves doing repetitive work involving hands.

EXPECTED OUTCOME:

Usually curable, sometimes spontaneously, sometimes with surgery. Surgery usually needed if muscle wasting or nerve changes have developed.

POSSIBLE COMPLICATIONS:

Permanent numbness and a weak thumb or fingers in the affected hand.
Permanent paralysis of some of the hand and *finger* muscles.

GENERAL MEASURES:

Diagnostic studies may include electrophysiologic nerve tests (records electrical activity of muscles) and X-rays of the hand and wrist.

Conservative treatment is usually tried first.

Discomfort improves by shaking hands or dangling hands. If you awaken at night with pain in your hand, hang it over the side of the bed; rub or shake it.

Wearing a splint on the affected wrist may be recommended. For work at a computer terminal, be sure desk, keyboard and chair are at the proper height. Take a break once an hour.

Surgery to free the pinched nerve. Provides almost complete relief from all symptoms in 95% of patients. Procedure may be done as an outpatient. Allow 2 weeks for healing.

MEDICATION:

Anti-inflammatory drugs to reduce inflammation.

Cortisone injections at the wrist to reduce inflammation.

Vitamin B-6 (pyridoxine) may reduce symptoms; use only if prescribed for your disorder.

ACTIVITY:

Stay as active as your strength allows. If surgery has been necessary, allow time for recovery. Exercises may be prescribed for the hand.

DIET:

Eat a normal, well-balanced diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of carpal tunnel syndrome.

Symptoms of carpal tunnel syndrome don't lessen in 2 weeks after treatment.

CATARACT

BASIC INFORMATION

DESCRIPTION:

A clouding of the lens of the eye. The lens is a crystal-clear, flexible structure near the front of the eyeball. It helps to keep vision in focus, and screens and refracts light rays. The lens has no blood supply. It is nourished by the vitreous (watery substance that surrounds it). If hardening of the arteries prevents proper nourishment of the vitreous, as often occurs in aging, the lens loses its nourishment also. The lens may then become less transparent and flexible, and form cataracts. Cataracts may form in one or both eyes. If they form in both eyes, their growth rate may be very different. Cataracts are not cancerous.

FREQUENT SIGNS AND SYMPTOMS:

Blurred vision that may be worse in bright light. The blurring may first become apparent to one while driving at night, when lights seem to scatter or have halos.
Double vision (occasionally).
Opaque, milky-white pupil (advanced stages only).

CAUSES:

Natural aging:
Injury to the eye.
Illnesses associated with high blood sugar, such as diabetes mellitus.
Inflammation, such as uveitis (inflammation of the parts of the eyes that make up the iris).
Drugs, especially cortisone and its derivatives.
Exposure to X-rays, microwaves and infrared radiation.
Hereditary causes, including the effect of German measles on the unborn child of a mother who contracts the disease early in pregnancy.
Galatosemia (inherited disease of infants in which milk cannot be digested).

RISK INCREASES WITH:

Adults over 60.
Exposure to any causes listed above.

PREVENTIVE MEASURES:

Women of childbearing age should be vaccinated against German measles if they have not had the disease or been immunized.
The use of cortisone drugs or any others that affect the eye lens should be monitored carefully.
Eye disorders which may cause cataract formation, such as iritis and uveitis, should receive prompt medical treatment.
Wear effective sunglasses regularly.
Eat a diet high in vitamin A and beta-carotene.

EXPECTED OUTCOME:

Usually curable with surgery. Some cataracts never impair vision enough to require surgery. During the time cataracts are forming, frequent eyeglass changes may help vision.

POSSIBLE COMPLICATIONS:

Loss of vision.
Postoperative complications, including rupture of the eye, adhesions, infections and retinal detachment.

TREATMENT:

GENERAL MEASURES-

An eye examination with ophthalmoscopy confirms the diagnosis of cataracts.
Treatment is usually with surgery.
Eyeglasses that provide maximum benefit, if vision is not too badly affected.
Surgery to remove the lens if vision deteriorates or cataract causes inflammation and pressure in the eye. Many different methods are in use today for anesthesia, hospitalization, and correction of vision after surgery.
Surgery may be done on an inpatient or outpatient basis. Usually one eye is operated on at a time (if cataracts are in both eyes).

MEDICATION:

Medicine usually is not necessary for this disorder.

ACTIVITY:

No restrictions, except don't drive at night if your vision is poor.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cataracts.

CELLULITIS (Erysipelas)

BASIC INFORMATION

DESCRIPTION:

A non-contagious infection of connective tissue beneath the skin. It can affect skin anywhere on the body, but most likely on the face or lower legs. Erysipelas is the name of a severe cellulitis of the face.

FREQUENT SIGNS AND SYMPTOMS :

Sudden tenderness, swelling, and redness in an area of the skin. The area of cellulitis is initially 5cm to 20cm in diameter, and grows rapidly in the first 24 hours. A thin red line often extends from the middle of the cellulitis toward the heart. Cellulitis does not develop into a boil. Fever, sometimes accompanied by chills and sweats. General ill feeling. Swollen lymph glands nearest the cellulitis (sometimes).

CAUSES:

Infection from *Staphylococcus* or *Streptococcus* bacteria.

RISK INCREASES WITH:

Use of immunosuppressive or cortisone drugs.
Chronic illness, such as diabetes mellitus, or a recent infection that has lowered resistance.
Any injury that breaks the skin, or underlying skin lesion.
Intravenous drug use.
Bums.
Surgical wound.
Diabetes mellitus.
Immunosuppression due to illness or medications.

PREVENTIVE MEASURES:

Avoid skin damage. Use protective clothing or gear if you participate in strenuous work or sports.
Keep the skin clean.
Avoid swimming if you have a skin lesion.

EXPECTED OUTCOME:

Usually curable in 7 to 10 days with treatment, unless the patient has a chronic disease or is receiving immunosuppressive treatment. In that case, cellulitis may lead to blood poisoning **and** become life-threatening.

POSSIBLE COMPLICATIONS:

Blood poisoning, if bacteria enter the bloodstream.
Brain infection or meningitis, if cellulitis occurs on the central part of the face.

GENERAL MEASURES:

For diagnosis, laboratory studies or a skin biopsy may be recommended.
The usual treatment is with an antibiotic.
Use warm-water soaks to hasten healing and relieve pain and inflammation.
If excess fluid is lost from the skin, hospitalization may be necessary to provide adequate hydration.

Elevation and restricted movement of the affected area can help reduce swelling.

MEDICATION:

Antibiotics to fight infection. Finish the prescribed dose, even if symptoms disappear quickly.

ACTIVITY:

Rest in bed until fever disappears and other symptoms improve. Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cellulitis, especially on the face.
The following occur during treatment:
Fever.
Headache or vomiting.
Drowsiness and lethargy.
Blister over the area of cellulitis.
Red streaks that continue to extend, despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CERVICAL EROSION

BASIC INFORMATION

DESCRIPTION:

A condition in which the lining of the uterus spreads to cover the tip of the cervix. This abnormally placed tissue is more likely to become inflamed or infected. It is not cancerous.

FREQUENT SIGNS AND SYMPTOMS:

No symptoms (usually).
Increased mucus discharge from the vagina (sometimes).
Unexplained vaginal bleeding (sometimes).

CAUSES:

Usually unknown, but may accompany pregnancy, childbirth or the use of oral contraceptives.
Some women were born with cervical erosion and have no symptoms.

RISK INCREASES WITH:

Stress.
Repeated vaginal infections.
Obesity.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Disorder is usually curable with treatment. Allow 3 months for the cervix to return completely to normal. Cervical erosion frequently recurs.

POSSIBLE COMPLICATIONS:

None expected.

TREATMENT:

GENERAL MEASURES-

Minor surgery to cauterize or freeze the cervix (if a Pap smear is normal). Surgery is often done (without the need for anesthesia) in the doctor's office or an outpatient surgical facility.
Conization of the cervix or hysterectomy, if a Pap smear is not normal.
Don't douche unless instructed to do so.
Obtain medical treatment for any vaginal infection you may also have.
Use pads instead of tampons during menstruation.

MEDICATION:

Oral antibiotics or topical antibiotics (to apply to the cervix) may be prescribed.

ACTIVITY:

After treatment (except following a hysterectomy), normal activity and sexual relations may be resumed immediately.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You have symptoms of cervical erosion.
The following occur after treatment:
Increased discharge.
Pain with intercourse or bleeding afterward.
Vaginal bleeding between periods.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CERVICAL SPONDYLOSIS

(Cervical Musculoskeletal Discomfort; Cervical Radiculopathy)

BASIC INFORMATION

DESCRIPTION:

Degenerative changes of bones in the neck that place pressure on nerves that go to the arms, legs and bladder. More common in males after 40, increasing after age 60. It involves the 7 bones of the neck, disks between the bones and blood vessels to the head.

FREQUENT SIGNS AND SYMPTOMS:

Any of the following:

Pain in the neck, radiating to the shoulder blades, top of the shoulders, upper arms, hands or back of the head.

Crunching sounds with movement of the neck or shoulder muscles.

Numbness and tingling in the arms, hands and fingers; some loss of feeling in the hands; and impairment of reflexes.

Muscle weakness and deterioration; diminished reflexes.

Neck stiffness.

Headache.

Dizziness; unsteady gait.

With advanced disease, loss of bladder control and leg weakness.

CAUSES:

Arthritis (inflammation of a joint).

Injuries such as automobile accidents with "whiplash" injury, athletic injuries, sudden jerks on the arms, falls.

Osteoarthritis (wear and tear on joints that accompanies aging).

Outgrowths of bone that sometimes occur with aging.

RISK INCREASES WITH:

Adults over 60.

Neck injury.

PREVENTIVE MEASURES:

Avoid sitting in cramped positions.

Sleep without pillows. Use a soft fabric collar or towel to support the neck.

Avoid injury. Wear protective headgear for contact sports.

Use seat belts in vehicles and keep headrests at proper height.

EXPECTED OUTCOME:

Minor symptoms usually respond well to treatment and subside slowly. Severe symptoms may persist indefinitely.

POSSIBLE COMPLICATIONS:

Reduced neck flexibility after surgery or treatment.

If untreated, a spastic gait may result as the disease progresses.

TREATMENT:

GENERAL MEASURES-

X-rays or MRI scans or other diagnostic tests may be obtained to confirm the diagnosis .

Wear a soft fabric collar (Thomas collar) to prevent unexpected neck-muscle strain.

Apply moist heat. Take hot showers and let the water beat on neck and shoulders for 10 to 20 minutes twice a day. Between showers, apply hot soaks to neck. Soak towel or cloth in hot water, wring out and apply.

Gentle massage.

Improve your posture. Pull in the chin and abdomen when sitting or standing. Use a firm chair and sit with buttocks against the back.

Sleep without a pillow. Instead, use a cervical pillow, wear a soft fabric collar, or put a small rolled towel under the neck.

If numbness or pain affects the hands or arms, buy or rent a cervical-traction apparatus. To set it up, follow directions that accompany the apparatus.

Ultrasonic treatments maybe recommended.

Surgery (sometimes) to fuse neck bones, remove a damaged disk or enlarge the spinal-cord space.

MEDICATION:

For minor discomfort or disability, you may use aspirin or acetaminophen.

For serious discomfort, stronger pain medicine, muscle relaxants or tranquilizers may be prescribed.

ACTIVITY

Any activity that does not cause symptoms is recommended.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cervical spondylosis.

Symptoms persist or worsen despite treatment.

CERVICITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation or infection of the cervix. There are 2 types, and either may be contagious: Acute cervicitis which is usually a bacterial or viral infection with specific symptoms and chronic cervicitis which is a long-term infection that may not have symptoms.

FREQUENT SIGNS AND SYMPTOMS:

Acute cervicitis:

Thick, yellow vaginal discharge.

Chronic cervicitis:

Slight sometimes unnoticeable vaginal discharge.

Backache.

Discomfort with urination.

Discomfort with sexual intercourse.

Extensive chronic cervicitis:

Profuse vaginal discharge.

Bleeding between menstrual periods.

Spotting or bleeding after sexual intercourse.

CAUSES:

Acute cervicitis is usually caused by the organisms *N gonorrhoeae* or *C trachomatis*. Herpes virus can also be a cause.

Chronic cervicitis is caused by repeated episodes of acute cervicitis, or one episode that is not treated long enough to heal completely.

RISK INCREASES WITH:

Multiple sexual partners.

Diabetes mellitus.

Acute or recurrent vaginitis.

PREVENTIVE MEASURES

Have an annual pelvic examination and Pap smear.

Wear cotton underpants or pantyhose with a cotton crotch.

Avoid underpants made from non-ventilating materials.

Synthetic materials hold in vaginal wetness and warmth, which may trigger vaginal or cervical infections.

Avoid contracting sexually transmitted diseases by having your sexual partner wear a condom for intercourse.

If cervicitis is caused by a sexually transmitted infection, your sexual partner also needs treatment.

EXPECTED OUTCOME:

Mild cervicitis will heal without treatment.

Acute cervicitis caused by venereal disease is contagious through sexual intercourse and is curable with medication.

Most other cases of cervicitis can be cured with treatment. All women with cervicitis need regular checkups until the condition heals.

POSSIBLE COMPLICATIONS:

Cervical polyps.

Pelvic inflammatory disease.

Malignant change in cervix cells (rare).

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include a culture of the vaginal discharge and laboratory blood studies.

Use sanitary pads instead of tampons during treatment.

Don't douche unless it is recommended.

Treatment may involve destruction of abnormal cells with silver nitrate (chemical used for cauterization); cryosurgery (destruction of abnormal tissue by applying freezing temperatures, usually with liquid nitrogen); or electrocauterization (destruction of tissue by heat applied with a controlled electric current).

Surgery (hysterectomy) for widespread tissue destruction (rare).

MEDICATION:

Oral antibiotics if infectious cervicitis suspected.

Antiviral or antibiotic vaginal creams or suppositories to fight infection may be prescribed.

ACTIVITY:

No restrictions, except to avoid sexual relations until determination that the infection has healed.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cervicitis.

During treatment, discomfort persists longer than 1 week or symptoms worsen.

Unexplained vaginal bleeding or swelling develops during or after treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CHALAZION

BASIC INFORMATION

DESCRIPTION:

A mass on the eyelid resulting from chronic inflammation of meibomian gland (gland which lubricates the lid margins).

FREQUENT SIGNS AND SYMPTOMS:

A painless swelling on the eyelid, which at first may resemble a sty. The eyelid may swell, and the eye may feel irritated. After a few days, these early symptoms disappear, leaving a painless, slow-growing, firm lump in the eyelid. Skin over the lump can be moved loosely.

CAUSES:

Blockage of a duct leading to the surface of the eyelid from the meibomian gland. The blockage may be due to infection (usually staphylococcal) around the duct opening.

RISK INCREASES WITH:

Skin conditions such as acne rosacea or seborrheic dermatitis.

PREVENTIVE MEASURES:

If you have a tendency to get chalazions, wash eyelid area daily with water and baby shampoo applied with a cotton swab.

At the first sign of eyelid irritation, apply warm compresses several times a day.

EXPECTED OUTCOME:

A chalazion may heal spontaneously. If not, it is usually curable with surgical removal.

POSSIBLE COMPLICATIONS:

None expected.

TREATMENT:

GENERAL MEASURES-

Use warm-water soaks healing. Apply soaks for 20 minutes then rest at least 1 hour. Repeat as often as needed.

If the chalazion does not respond to warm soaks, surgical removal under local anesthesia in the doctor's office may be a recommended treatment.

MEDICATION:

Topical antibiotic ointments or creams, such as erythromycin or bacitracin may be prescribed. A heavy layer wastes medication and is no more effective than a thin layer. Antibiotic eye drops to prevent the spread of infection to other parts of the eye. Oral antibiotics or antibiotic injections usually are not needed.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a chalazion that last longer than 2 weeks.

Eye pain occurs.

Vision changes.

New unexplained symptoms develop. Drugs used in treatment may produce side effects.

CHICKENPOX (Varicella)

BASIC INFORMATION

DESCRIPTION:

A very contagious, mild disease caused by the herpes zoster virus. It can affect all ages, but most common in children.

FREQUENT SIGNS AND SYMPTOMS:

The following are usually mild in children, severe in adults: Fever.

Abdominal pain or a general ill feeling that lasts 1-2 days. Skin eruptions that appear almost anywhere on the body, including the scalp, penis, and inside the mouth, nose, throat or vagina. They may be scattered over large areas, and they occur least on the arms and legs. Blisters collapse within 24 hours and form scabs. New crops of blisters erupt every 3 to 4 days.

Adults have additional symptoms that resemble influenza.

CAUSES:

Infection with the herpes zoster virus. It is spread from person to person by airborne droplets or contact with a skin eruption on an infected person. Incubation after exposure is 7 to 21 days.

A newborn is protected for several months from chickenpox if the mother had the disease prior to or during pregnancy. The immunity diminishes in 4 to 12 months.

RISK INCREASES WITH:

Use of immunosuppressive drugs.

PREVENTIVE MEASURES:

Cannot be prevented at present. An immune globulin is available for high-risk persons, such as those who take anticancer or immunosuppressive drugs. Live attenuated (weakened) vaccines have recently been developed.

EXPECTED OUTCOME:

Spontaneous recovery. Children usually recover in 7 to 10 days. Adults take longer and are more likely to develop complications.

After recovery, a person has lifelong immunity against a recurrence of chickenpox.

After chickenpox has run its course, the virus sometimes remains dormant in the body (probably in the roots of nerves near the spinal cord). The same virus may later cause shingles.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection of chickenpox blisters.

Pneumonia.

Viral eye infection.

Encephalitis (rare).

Reye's syndrome.

Shingles many years later in adulthood (possibly).

Scarring, if blisters become infected (rare).

Myocarditis.

Arthritis (transient).

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually determined by the appearance of the skin eruptions and laboratory tests are not necessary.

Treatment is directed toward relieving symptoms.

Use cool-water soaks or cool-water compresses to reduce itching.

Keep the patient as quiet and cool as possible. Heat and sweat trigger itching.

Keep the nails short to discourage scratching, which can lead to secondary infection.

MEDICATION:

The following non-prescription medicines may decrease itching:

Topical anesthetics and topical antihistamines, which provide quick, short-term relief. Preparations containing lidocaine and pramoxine are least likely to cause allergic skin reactions.

Lotions that contain phenol, menthol and camphor (such as calamine lotion). Follow package instructions.

If you must reduce fever, use acetaminophen. Never use aspirin as it may contribute to the development of Reye's syndrome (a form of encephalitis) when given to children during a viral illness.

Acyclovir (brand name Zovirax), an antiviral medication may be prescribed.

ACTIVITY:

Bed rest is not necessary. Allow quiet activity in a cool environment. A child may play outdoors in the shade during nice weather.

Keep an ill child away from others, and away from school, until all blisters have crusted and there are no new ones.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of chickenpox.

Lethargy, headache or sensitivity to bright light develop.

Fever rises over 101°F (38.3°C).

Chickenpox lesions contain pus or otherwise appear infected.

A cough occurs during a chickenpox infection.

CHLAMYDIA INFECTION

BASIC INFORMATION

DESCRIPTION:

Chlamydia are intracellular parasites that have many of the same physical characteristics of viruses. They cause inflammation of the urethra (the tube that allows urine from the bladder to pass outside the body), vagina, cervix, uterus, fallopian tubes, anus, ovaries and epididymis. This is a common sexually transmitted disease. Chlamydia infection may also be transmitted to the eyes or lungs of a newborn infant. If chlamydia are found by microscopic exam and culture of discharge in any person who is sexually active, all sexual partners must be treated.

FREQUENT SIGNS AND SYMPTOMS:

Sometimes no symptoms during early stages.
Vaginal discharge (females).
Urethral discharge (males).
Anal swelling, pain or discharge.
Reddening of the vagina or tip of the penis.
Abdominal pain.
Fever.
Discomfort **on** urinating.
Genital discomfort or pain.

CAUSES:

Chlamydia trachomatis bacteria spread by:
Vaginal sexual intercourse.
Rectal sexual intercourse.
Oral-genital contact.
Vaginal infection during delivery of a newborn, which may infect the baby.

RISK INCREASES WITH:

Unprotected sexual activity, particularly in young females.
Diabetes mellitus.
General poor health
Hot weather, non-ventilating clothing (especially underwear), or any other condition that increases genital moisture, warmth and darkness. These foster the growth of germs.

PREVENTIVE MEASURES:

Use of condoms during sexual activity.
Treatment of all sexual partners of any infected person (usually 2 weeks of an oral antibiotic such as tetracycline).

EXPECTED OUTCOME:

Complete cure with adequate antibiotic treatment.

POSSIBLE COMPLICATIONS:

Sterility in female.
Infecting one's sexual partner.
Secondary bacterial infections in pelvic organs, genitals or *rectum*.
May complicate pregnancy.
Liver infection (perihepatitis)
Reiter's syndrome.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include vaginal smear, rectal smear and urethral smear for laboratory analysis.
Keep the genital area clean. Use plain unscented soap.
Take showers rather than tub baths.
Wear cotton underpants or pantyhose with a cotton crotch.
Avoid those made from non-ventilating materials, such as nylon.
Don't sit around in wet clothing, especially a wet bathing suit.
After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).
Lose weight if you are obese.
Avoid douches.
If you have diabetes, adhere strictly to your treatment program.
Avoid pants that are tight in the crotch and thighs.
Change tampons frequently.
If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out, or pour a cup of warm water over genital area while urinating.
A follow up medical examination is necessary after completing the prescribed treatment.
Testing for other sexually transmitted diseases is recommended.

MEDICATION:

Oral antibiotics, such as tetracycline, taken for 2 weeks.

ACTIVITY:

Avoid overexertion, heat and excessive sweating.
Delay sexual relations until treatment is completed and symptoms are gone.
Allow about 3 weeks for recovery.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of vaginitis.
Symptoms persist longer than 1 week or worsen despite treatment.
Unusual vaginal bleeding or swelling develops.

CHOLECYSITIS OR CHOLANGITIS

BASIC INFORMATION

DESCRIPTION:

Infection or inflammation of the gallbladder (cholecystitis) or the ducts (cholangitis) that drain bile from the gallbladder to the small intestine. May be confused with hepatitis, pancreatitis or duodenal ulcer. More common in women; may rarely occur in children or adolescents.

FREQUENT SIGNS AND SYMPTOMS :

Cramping pain in the upper right of the abdomen. Pain may also occur in the chest (imitating a heart attack), in the upper back or the right shoulder. These symptoms frequently follow a meal rich in fats.

Tenderness in the upper abdomen.

Nausea and vomiting.

Belching.

Slight fever- If high fever and chills occur, a bacterial infection is present.

Jaundice (sometimes).

Pale stools (sometimes).

Skin itching (sometimes).

CAUSES:

Inflammation or bacterial infection, which are usually caused by gallstone formation and blockage of bile ducts.

RISK INCREASES WITH:

Diet that is high in fat and low in fiber.

Chronic or acute pancreatitis.

Coronary-artery disease.

Family history of gallbladder disease.

Obesity.

Oral contraceptives.

Rapid weight loss.

Diabetes or cirrhosis.

Female, middle age (40 to 50)

Female with previous gallstones who takes estrogens.

PREVENTIVE MEASURES:

Avoid risk factors when possible.

EXPECTED OUTCOME:

Symptoms of some mild attacks subside spontaneously in 1 to 4 days, if no complications develop.

Most episodes require hospitalization and treatment.

Recurrences are common. Attacks will cease with surgery to remove the gallbladder.

POSSIBLE COMPLICATIONS:

Bladder rupture and peritonitis, or abscess.

Hepatitis.

Cancer.

Choledocholithiasis (stones pass from gallbladder into common bile duct obstructing flow of bile).

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies, X-rays of the gallbladder, ultrasonography of the gallbladder and bile ducts, radioisotope studies of liver and pancreas.

Specific treatment will depend on degree of severity, infection, size of stones, and your general health.

Non-surgical treatment methods include: Medication to dissolve the stones or extracorporeal shock wave lithotripsy that will shatter the stones.

Surgical treatment is usually a cholecystectomy done by laparoscopic technique.

Additional information available from the National Digestive Diseases Information Clearinghouse, Box NDDIC, Bethesda, MD 20892, (301)468-6344.

MEDICATION:

Analgesics, including narcotics, to relieve pain may be prescribed.

Ursodiol (brand name Actigall) to dissolve gallstones may be recommended. Will take about 2 years and works in 50 percent of patients.

Antibiotics may be prescribed in acute cases.

ACTIVITY:

Rest in bed until symptoms disappear or recovery from surgery is complete. While in bed, move your legs often to reduce the likelihood of deep-vein blood clotting.

Other limits on activity will be determined by treatment method.

DIET:

Because of nausea and vomiting, intravenous fluids are usually necessary during attacks. Begin taking clear liquids. Begin a low-fat diet as soon as you can tolerate solid foods.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cholecystitis or cholangitis. If symptoms are accompanied by shortness of breath, sweating and nausea, call immediately!

The following occur during an attack:

Fever.

Jaundice.

Recurrent vomiting.

Intolerable pain.

CHRONIC FATIGUE SYNDROME

BASIC INFORMATION

DESCRIPTION:

Chronic fatigue syndrome is characterized primarily by profound fatigue. There is usually an abrupt onset of symptoms that come and go for at least six months. It is unknown whether it represents one or many disorders. It is difficult to diagnose because there is no specific laboratory test, or a defined set of signs and symptoms. It is observed primarily in young adults between 20 and 40, and women outnumber the men about two to one.

The major criteria used to define cases currently are: 1) persistence of relapsing fatigue that does not resolve with bed rest and is severe enough to reduce average daily activity by at least 50% for at least 6 months, and 2) other chronic clinical conditions have been satisfactorily excluded, including preexisting psychiatric disease. Additional minor and physical criteria aid in the diagnosis.

FREQUENT SIGNS AND SYMPTOMS Fatigue:

Sore throat.
Mild fever.
Lymph node pain.
Muscle weakness, stiffness, and discomfort.
Headache.
Sleep disturbances.
Personality and psychological changes.
Vision changes.
Dry eyes, mouth.
Diarrhea.
Loss of appetite.

CAUSES:

Unknown. Immunological abnormalities may be involved. Many theories center on an infectious agent, but no such agent has been identified. Epstein-Barr and others have been implicated.

RISK INCREASES WITH:

Unknown.

PREVENTIVE MEASURES:

Unknown.

EXPECTED OUTCOME:

Generally very slow improvement over months or years.

POSSIBLE COMPLICATIONS:

None specific to the disorder. Symptoms are usually most severe during the *first* 6 months.

TREATMENT:

GENERAL MEASURES-

Basic management involves four areas: 1) validation of the diagnosis and education of the patient, 2) general therapeutic measures, 3) symptomatic therapy, 4) experimental therapy. Join a local or national support group.

Psychotherapy may be helpful for some patients.

Be patient.

Additional literature and information may be obtained from the Chronic Fatigue and Immune Dysfunction Syndrome (CFEDS) Association. P.O. Box 220398, Charlotte, NC 28222-0398, (800)442-3437.

MEDICATION:

Medications must be individually tailored, but may include pain medicine, local injections, antidepressants, etc.

Other experimental medication therapies are being studied.

ACTIVITY:

Exercise is important. Begin a gradual program that may be just 3-5 minutes a day to start with. Increase the activity by about 20% about every 2-3 weeks. Setbacks will occur, so don't be discouraged.

DIET

Try to maintain good nutrition, even if appetite is decreased.

NOTIFY OUR OFFICE IF:

You or a family member has signs and symptoms of chronic fatigue syndrome.

Symptoms worsen after treatment is started.

New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

BASIC INFORMATION

DESCRIPTION:

A term used to describe chronic airway obstruction that results from emphysema, chronic bronchitis, asthma, or any combination of these disorders. Most often, the combination involves bronchitis and emphysema. It affects about 17 million people in the U.S. and the incidence is rising. More men than women are affected (until recently, men were more likely to be the heavy smokers).

FREQUENT SIGNS AND SYMPTOMS:

Symptoms may not appear until middle-age even though COPD is thought to begin early in adult life.

Bronchitis.

Frequent cough or coughing spasms usually with sputum.

Shortness of breath.

Sputum that is thick and difficult to cough up. Sputum color and characteristics change according to whether infection is present.

Emphysema:

No symptoms in the early stages (often).

Shortness of breath that increases in severity over several years.

Occasional recurrent infections of the lungs or bronchial tubes.

Weight loss.

Minimal wheezing or coughing.

Scant sputum.

CAUSES:

Damage to the lung from inflammation and bronchial irritation caused by:

Cigarette smoking.

Air pollution.

Antitrypsin deficiency (an inherited form of emphysema).

Occupational exposure to irritants (e.g., firefighters).

Infection possibly (viral).

RISK INCREASES WITH:

Smoking.

Passive smoking (especially adults whose parents smoked).

Severe viral pneumonia early in life.

Aging.

Family history of allergies, respiratory or lung disorders.

PREVENTIVE MEASURES:

Avoidance of smoking is the most important measure.

Also avoidance of secondary (or passive) smoke, as it is now considered a risk factor.

Studies are underway to see if there is a method for early detection of COPD.

EXPECTED OUTCOME:

Gradual decline in lung function. However, treatment can reduce symptoms, help prevent infections, and permit you to lead a more active, productive life.

Median survival varies considerably. Younger patients may have a fairly good prognosis, while older patients leave a poorer prognosis, especially if there are other problems, such as tachycardia.

Patients who reside at an altitude above 3500 feet have reduced longevity.

POSSIBLE COMPLICATIONS:

Frequent infections; anxiety and/or depression.

Other complications include pulmonary hypertension, cor pulmonale, secondary polycythemia, bullous lung disease, and respiratory failure.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies, pulmonary functions studies, CT scan, bronchogram and chest X-ray.

Overall goals of treatment are to relieve symptoms, slow progression of the disorder and prevent complications.

Home treatment is usually adequate, but hospitalization may be required for infections or worsening of symptoms.

Stopping smoking is of primary importance; avoid secondary smoke; avoid other air irritants.

Installing air conditioning in the home with air filters may be helpful (HEPA filters are most effective).

Bronchial hygiene may be improved with inhalation of mist, postural drainage and chest physical therapy.

Get pneumovax vaccine and yearly influenza vaccines.

Supplemental oxygen may be required as the disease progresses.

Join a support group.

Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019.

Telephone

(212)586-4872.

MEDICATION:

Bronchodilators will be prescribed. A therapeutic trial is necessary and once it is evaluated, adjustments in dosage are made to minimize side effects.

Antibiotics for infections.

Corticosteroids may be beneficial for some patients.

Drugs for anxiety or depression may be recommended, but must be used with caution as increased sedation needs to be avoided.

Replacement therapy for antitrypsin deficiency.

ACTIVITY:

Prolonged inactivity leads to increased disability.

If there is no severe heart disease, it is important to maintain a regular exercise program (usually walking).

Occupational therapy, vocational rehabilitation, and physical therapy may be recommended.

Diet:

No special diet, but good nutrition is vital to help maintain your well-being. Drink at least 8 to 10 glasses of fluid each

day.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of COPD.
A fever develops or chest pain increases.
Blood appears in the sputum or sputum thickens.
Shortness of breath occurs even when you are resting or not coughing. Vomiting occurs.

COLD, COMMON

BASIC INFORMATION

DESCRIPTION:

A contagious viral infection of the upper-respiratory passages including the nose; throat; sinuses; ears; eustachian tubes; trachea; larynx; bronchial tubes.

FREQUENT SIGNS AND SYMPTOMS:

Runny or stuffy nose. Nasal discharge is watery at first, then becomes thick and yellow.
Sore throat.
Hoarseness.
Cough that produces little or no sputum.
Low fever.
Fatigue.
Watering eyes.
Appetite loss.

CAUSES:

Any of at least 100 viruses. Virus particles spread through the air or from person-to-person contact, especially handshaking.

RISK INCREASES WITH:

Winter (colds are most frequent in cold weather).
Children attending school or day care.
Household member who has cold.
Crowded or unsanitary living conditions.
Infection may be facilitated by stress, fatigue or allergic disorders.

PREVENTIVE MEASURES:

To prevent spreading a cold to others, avoid unnecessary contact during the contagious phase (first 2 to 4 days).
Wash hands frequently, especially after blowing your nose or before handling food.
Avoid crowded places when possible, especially during the winter.
Eating a well-balanced, healthy diet that includes plenty of citrus fruits and other sources of vitamin C.

EXPECTED OUTCOME:

Spontaneous recovery in 7 to 14 days.

POSSIBLE COMPLICATIONS:

Bacterial infections of the ear, throat, sinuses or lungs.

TREATMENT:

GENERAL MEASURES-

To relieve nasal congestion, use salt-water drops (1/2 teaspoon of salt to 1 cup of warm water).

Use a cool-mist, ultrasonic humidifier to increase air moisture. Clean humidifier daily.

For a baby too young to blow his nose, use an infant nasal aspirator. If mucus is thick and sticky, loosen it by putting 2 or 3 drops of salt solution (see above) into each nostril. Don't insert cotton swabs into a child's nostrils. Instead, catch the discharge outside the nostril on a tissue or swab, roll it around and pull the discharge out of the nose.

MEDICATION:

No medicine, including antibiotics, can cure the common cold. To relieve symptoms, you may use non-prescription drugs, such as acetaminophen, decongestants, nose drops or sprays, cough remedies and throat lozenges. Vitamin C in large doses (up to 1000 mg a day) may shorten duration.

ACTIVITY:

Bed rest is not necessary, but avoid vigorous activity. Rest often.

DIET:

Regular diet. Drink extra fluids, including water, fruit juice, tea and carbonated drinks.

NOTIFY OUR OFFICE IF

The following occur during the illness:
Increased throat pain, or white or yellow spots on the tonsils or other parts of the throat
Coughing episodes that last longer than intervals between coughing; cough that produces thick, yellow-green or gray sputum cough that lasts longer than 10 days; or difficult or labored breathing between coughing bouts.
You cannot distinguish a common cold from the flu.
Fever that lasts several days or fever over 101°F (38.3°C).
Shaking chills, chest pain or shortness of breath.
Earache or headache.
Skin rash; dusky blue or gray lips, skin or nail beds.
Pain in the teeth or over the sinuses.
Unusual lethargy or irritability.
Delirium.
Enlarged, tender glands in the neck.
Inability to bottle-feed or breast-feed in an infant.

COLD SORES

(Fever Blister; Herpes Simplex)

BASIC INFORMATION

DESCRIPTION:

A common, contagious virus (herpes simplex or HSV-1) infection. Cold sores are sometimes confused with impetigo. They usually involve the lips; gums and mouth area; cornea (rare); genitals (occasionally).

FREQUENT SIGNS AND SYMPTOMS:

Eruptions of very small, painful blisters usually around the mouth, but sometimes on the genitals. The blisters are grouped together and each surrounded by a red ring. They fill with fluid, then dry up and disappear. If the eye is infected: Eye pain and redness; feeling that something is in the eye; sensitivity to light and tearing.

CAUSES:

Infection with a Herpes virus that invades the skin, often remaining for months or years before causing active inflammation. Most persons develop antibodies that control the virus unless risk factors (below) develop. The virus is transmitted by person-to-person contact or by contact with saliva, stools, urine or discharge from an infected eye. The blisters and ulcers of herpes simplex are contagious until they heal, both in the first and in succeeding flare-ups.

RISK INCREASES WITH:

Newborns; children who have eczema.
Physical or emotional stress.
Illness that has lowered resistance, including a cold, minor gastrointestinal upset or fever from any cause.
Excess sun exposure,
Menstrual periods.
Dental treatment that stretches the mouth.
Use of immunosuppressive drugs.

PREVENTIVE MEASURES:

Avoid physical contact with others who have active lesions.
Wash your hands often during a flare-up to avoid spreading the virus.

EXPECTED OUTCOME:

Spontaneous recovery in a few days to a week, occasionally longer. Recurrence is common. The virus remains in the body for life, but it is usually dormant. Research continues in developing a vaccine.

POSSIBLE COMPLICATIONS:

Permanent vision impairment, if herpes eye infections are untreated.
Severe, widespread infection in patients with eczema.
Meningitis or encephalitis (rare).

TREATMENT:

GENERAL MEASURES-

The appearance of the typical lesion is usually diagnostic, however, a laboratory study may be done of fluid from the sore for confirmation.

Drink cool liquids or suck frozen juice bars to reduce discomfort.

Apply an ice cube for 1 hour during the first 24 hours after a lesion appears. This may make it heal more quickly.

Don't rub or scratch an infected eye.

To prevent flare-ups, use zinc oxide or sun-screen preparations on your lips when you spend much time outdoors.

MEDICATION:

Use acetaminophen to relieve minor pain. Don't use aspirin, especially for children and adolescents. The use of aspirin during some viral illnesses may lead to Reye's syndrome, a form of encephalitis.

Don't try to treat an infected eye especially with cortisone ointments or drops. Cortisone preparations promote growth of the herpes virus in the cornea.

Antiviral topical or oral medication, antibiotic ointment if lesions become infected with bacteria may be prescribed.

Oral medication may occasionally be recommended continuously to prevent frequent episodes.

ACTIVITY:

No restrictions, except to avoid close contact especially kissing or oral sex until lesions heal.

Avoid contact with newborns or patients who are taking immunosuppressant drugs (they are more susceptible to infection).

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

The following occur with a cold sore:

Signs of secondary bacterial infection, such as fever, pus instead of clear fluid in the lesions, headache and muscle aches.

Eruption of lesions on the genitals similar to those around the mouth.

New, unexplained symptoms.

Drugs used in treatment may produce side effects.

CONJUNCTIVITIS (Pink Eye)

BASIC INFORMATION

DESCRIPTION:

An infection of the eyelid's underside and white part of the eye. It is more common in children.

FREQUENT SIGNS AND SYMPTOMS:

The following symptoms may affect one or both eyes:
Clear, green or yellow discharge from the eye.
After sleeping, crusts on lashes that cause eyelids to stick together.
Eye pain.
Swollen eyelids.
Sensitivity to bright light.
Redness and gritty feeling in the eye.
Intense itching (allergic conjunctivitis only).

CAUSES:

Viral infection. Conjunctivitis may accompany colds or childhood diseases such as measles.
Bacterial infection.
Chemical irritation or wind, dust, smoke and other types of air pollution or home chemicals.
Allergies caused by cosmetics, pollen or other allergens.
A partially closed tear duct.
Intense light, such as from sunlamps, snow reflection or electric arcs in welding.

RISK INCREASES WITH:

Newborns of mothers who are carriers of gonorrhea or chlamydia.
Crowded or unsanitary living conditions.
Exposure to others in public places, such as day care centers and public schools.

PREVENTIVE MEASURES:

Wash hands frequently with soap and warm water.
Avoid exposure to eye irritants.
Newborns in hospital deliveries are routinely given antibiotic eye drops.

EXPECTED OUTCOME:

Allergic conjunctivitis can be cured if the allergen is removed. However, it is likely to recur. . Other forms are curable in 1 to 2 weeks (sometimes longer depending on the cause) with treatment.

POSSIBLE COMPLICATIONS:

If untreated, conjunctivitis may spread and damage the cornea permanently, impairing vision.

TREATMENT:

GENERAL MEASURES-

Treatment of conjunctivitis varies with the cause.
Wash hands often with antiseptic soap, and use paper towels to dry. Don't touch eyes. Gently wipe the discharge from the eye using disposable tissues.
Infections are frequently spread by contaminated fingers, towels, handkerchiefs or wash cloths that have touched the infected eye.
Use warm-water soaks or cold water to reduce discomfort.
Don't use eye makeup.
If the infection does not improve in 2 or 3 days, it may be caused by an insensitive bacteria, virus or allergy. At this point, an ophthalmologist may need to culture the conjunctivae or make special studies to determine the cause of the conjunctivitis.

MEDICATION:

Antibiotic or antiviral eye drops, sulfa eye drops, or ointment to fight infection. (Most eye care specialists believe steroid eye-drops should not be used until a diagnosis is definite. If the infection is caused by herpes simplex virus, steroids may spread it from the conjunctiva to the cornea, damaging the eye).
Oral antibiotics may be prescribed.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of conjunctivitis.
The infection does not improve in 48 hours, despite treatment.
Fever occurs.
Pain increases.
Vision is affected.

CONSTIPATION

BASIC INFORMATION

DESCRIPTION:

Difficult, uncomfortable, or infrequent bowel movements that are hard and dry. In most people, constipation is harmless, but it can indicate an underlying disorder.

FREQUENT SIGNS AND SYMPTOMS:

People vary widely in bowel activity. Any of the following may be a sign of constipation:

- Infrequent bowel movements, sometimes accompanied by abdominal swelling.
- Hard feces.
- Straining during bowel movements.
- Pain or bleeding with bowel movements.
- Sensation of continuing fullness after a bowel movement.

CAUSES:

- Inadequate fluid intake.
- Insufficient fiber in the diet. Fiber adds bulk, holds water and creates easily passed, soft feces.
- Inactivity; depression.
- Hypothyroidism; hypercalcemia.
- Anal fissure.
- Chronic kidney failure.
- Back pain.
- Colon or rectal cancer.
- Irritable bowel syndrome.

RISK INCREASES WITH:

- Stress.
- Illness requiring complete bed rest.
- Use of certain drugs, including: belladonna, calcium-channel blockers, beta-adrenergic blockers, tricyclic antidepressants, narcotics, atropine, iron, antacids.
- Sedentary life style.

PREVENTIVE MEASURES:

- Eat a well-balanced, high-fiber diet.
- Exercise regularly.
- Drink at least 8 glasses of water a day.

EXPECTED OUTCOME:

Usually curable with exercise, diet and adequate fluids.

POSSIBLE COMPLICATIONS:

- Hemorrhoids; laxative dependency.
- Hernia from excessive straining.
- Uterine or rectal prolapse.
- Spastic colitis; bowel obstruction.
- Chronic constipation.

TREATMENT:

GENERAL MEASURES-

Set aside a regular time each day for bowel movements. The best time is often within 1 hour after breakfast. Don't try to hurry. Sit at least 10 minutes, whether or not a bowel movement occurs.

Drinking hot water, tea or coffee may help stimulate bowel. If constipation persists for 3 or 4 days, use a non-prescription, disposable enema for temporary relief if you prefer not to use

a commercial enema preparation, you may give yourself an enema as follows:

Spread a bath mat on the bathroom floor or in the tub. Fill an enema bag with lukewarm water.

Hang the enema bag no higher than 30 inches from the floor.

Lie on your left side on the mat.

Insert the nozzle gently inside the rectum.

Let the water flow in slowly, a little at a time. If it hurts, stop the water flow until the pain subsides. Then start the flow again.

Use the entire quart of water.

Hold the fluid inside until you are uncomfortable. Then sit on the toilet for a bowel movement.

MEDICATION:

For occasional constipation, you may use stool softeners, mild non-prescription laxatives or enemas. Don't use laxatives or enemas regularly as this can cause dependency. Avoid harsh laxatives and cathartics, such as Epsom salts. The best laxatives are bulk-formers, such as bran, psyllium, polycarbophil and methylcellulose.

ACTIVITY:

Exercise and good physical fitness helps maintain healthy bowel patterns.

DIET:

Drink at least 8 glasses of water each day. Include bulk foods, such as bran and raw fruits and vegetables, in your diet.

Avoid refined cereals and breads, pastries and sugar.

NOTIFY OUR OFFICE IF:

Constipation persists, despite self-care especially if the constipation represents a change in your normal bowel patterns. (Changes in bowel patterns may be an early sign of cancer).

Constipation is accompanied by fever or severe abdominal pain.

CORN OR CALLUS

BASIC INFORMATION

DESCRIPTION:

A corn is a thickening (bump) of the outer skin layer, usually over bony areas such as toe joints.

A callus is a painless thickening of skin caused by repeated pressure or irritation. Corns affect toe joints and skin between toes while a callus can appear on any part of the body, especially hands, feet or knees, that endures repeated pressure or irritation.

FREQUENT SIGNS AND SYMPTOMS:

Corn: A small, tender, and painful raised bump on the side or over the joint of a toe. Corns are usually 3mm to 10mm in diameter and have a hard center.

Callus: A rough, thickened area of skin that appears after repeated pressure or irritation.

CAUSES:

Corns and calluses form to protect a skin area from injury caused by repeated irritation (rubbing or squeezing). Pressure causes cells in the irritated area to grow at a faster rate, leading to overgrowth.

RISK INCREASES WITH:

Shoes that fit poorly.

Those with occupations that involve pressure on the hands or knees, such as carpenters, writers, guitar players or tile layers.

PREVENTIVE MEASURES:

Don't wear shoes that fit poorly.

Avoid activities that create constant pressure on specific skin areas.

When possible, wear protective gear, such as gloves or knee pads.

EXPECTED OUTCOME:

Usually curable if the underlying cause can be removed.

Allow 3 weeks for recovery. Recurrence is likely even with treatment if the cause is not removed.

POSSIBLE COMPLICATIONS:

Back, hip, knee or ankle pain caused by a change in one's gait due to severe discomfort.

TREATMENT:

GENERAL MEASURES-

Remove the source of pressure, if possible. Discard ill-fitting shoes.

Use corn and callus pads to reduce pressure on irritated areas. Peel or rub the thickened area with a pumice stone to remove it. Don't cut it with a razor. Soak the area in warm water to soften it before peeling.

Ask the shoe rep to sew a metatarsal bar onto your shoe to use while a corn is healing.

Surgery is rarely used. It does not remove the cause and post-surgical scarring is painful and may complicate healing.

MEDICATION:

After peeling the upper layers of the corn once or twice a day, apply a non-prescription 5% or 10% salicylic ointment. Cover with adhesive tape.

A corn or callus may rarely be injected with cortisone medicine to suppress inflammation or pain.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has corns or calluses that persist, despite self-treatment.

Any signs of infection, such as redness, swelling, pain, heat or tenderness, develop around a corn or callus.

CORNEAL ABRASION AND ULCER

BASIC INFORMATION

DESCRIPTION:

An open sore in the thin transparent layers that cover the eye. It involves the cornea (covering); conjunctiva (white of the eye); iris (colored part of the eye); and aqueous humor (fluid in the eyeball).

FREQUENT SIGNS AND SYMPTOMS:

Eye pain, usually severe.
Sensitivity to bright light.
Eyelid spasm.
Tearing.
Blurred vision.
Redness in the white of the eye.
Discharge from the eye.

CAUSES:

Ill-fitting or prolonged use of contact lenses.
Injury to the cornea or the embedding in the cornea of a foreign body, such as a small piece of steel, sand or glass. A bacterial infection, usually pneumococcal, streptococcal or staphylococcal, may follow the injury.
Infection by the virus, herpes simplex, that produces cold sores on the mouth.
Infections of the eyelids and conjunctiva.
Defective closure of the lid.
All the above infections are contagious from person to person or from one part of the body to another, especially finger-to-eye contact after touching cold sores on the mouth.

RISK INCREASES WITH:

Recent infection or eye injury.
Smoking or other environmental eye irritants.
Contact lenses (especially soft lenses).

PREVENTIVE MEASURES:

Wash hands frequently.
Avoid injury. Wear safety goggles to protect eyes when exposed to flying wood shavings or splinters, or metal or stone bits.
Don't touch your eyes if you have cold sores.
Handle contact lenses properly

EXPECTED OUTCOME:

A corneal ulcer is a serious eye problem. It is usually curable in 2 to 3 weeks if treated.
If scars from previous corneal ulcers impair vision significantly, a corneal transplant (grafting a new cornea onto the eye) may make vision nearly normal.

POSSIBLE COMPLICATIONS:

Neglected corneal ulcers may penetrate the cornea, allowing infection to enter the eyeball. This can cause permanent vision loss.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests will include an eye examination, sometimes a visual acuity test, and a laboratory culture study of corneal scraping.

Treatment will involve removing any foreign body, and medications for the eye.

Apply cool-water compresses to the eye as often as they feel good.

MEDICATION:

Antibiotic eye drops, ointments or oral antibiotics for bacterial infections.

Medication for viral and fungus infections.

For minor pain, you may use non-prescription drugs such as acetaminophen.

ACTIVITY:

After treatment, resume normal activity as soon as possible.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a corneal ulcer.

The following occur during treatment:

Fever over 101°F (38.3°C).

Pain that is not relieved by acetaminophen.

Changed vision.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

CORONARY ARTERY DISEASE

(Coronary Atherosclerosis; Ischemic Heart Disease; Coronary Heart Disease)

BASIC INFORMATION

DESCRIPTION:

Hardening and narrowing of the coronary arteries, which provide the blood supply to the heart. There are three main coronary arteries. When any or all become narrowed, they can no longer provide adequate oxygen for heart cells. It affects adults, of both sexes over age 40. Coronary artery disease is uncommon in women before menopause.

FREQUENT SIGNS AND SYMPTOMS:

Early stages:

No symptoms (often).

Later stages:

Angina pectoris (burning, squeezing, heaviness, or tightness in the chest that may extend to the left arm, neck, jaw or shoulder blade).

Heart attack.

CAUSES:

Often unknown, except for association with risks listed.

In addition to the narrowing (due to hardening of the arteries), blood clots frequently form and block arteries.

RISK INCREASES WITH:

Smoking.

Family history of coronary artery disease, diabetes, high blood pressure or atherosclerosis.

Poor nutrition, especially too much fat in the diet.

Previous heart attack or stroke.

Lack of exercise.

Overweight.

Hypertension.

Hostile or impatient personality type.

Elevated cholesterol and/or low level of HDL (high-density lipoprotein).

PREVENTIVE MEASURES:

Don't smoke,

Eat a low-fat, low-salt, high-fiber diet.

Exercise regularly.

One aspirin a day (if doctor agrees).

Reduce stress to a manageable level when possible.

If you have diabetes or hypertension, adhere strictly to the treatment schedule, including diet restrictions.

Attain ideal body weight.

EXPECTED OUTCOME:

This condition is currently considered incurable. However, symptoms can usually be relieved or controlled. Treatment can prolong life and improve its quality. Evidence now suggests that aggressive treatment can reverse atherosclerosis to some degree.

Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS:

Life-threatening myocardial infarction (death of heart-muscle cells from inadequate blood supply).

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include electrocardiogram (measures electrical activity of the heart), echocardiogram (measures sound waves), exercise-tolerance test, thallium stress test, blood studies to measure total fat, cholesterol and lipoproteins, X-rays of the chest and coronary angiogram (cardiac catheterization).

Try to reduce as many risk factors as possible. Consider lifestyle changes.

Stop smoking.

Surgery to bypass coronary arteries (severe cases).

Balloon angioplasty (treatment for obstructed arteries, especially those supplying blood to the heart and brain. A small un-inflated balloon is passed up the artery to the obstruction, and then expanded to release the obstruction. Although these procedures may decrease or eliminate symptoms for a while, they do not control the underlying disease.

End-stage coronary artery disease, even when no simple procedures will help, can still be cured with a heart transplant in rare cases.

Additional information available from the American Heart Association, local branch listed in telephone directory or call (800) 242-8721.

MEDICATION:

Nitroglycerin, anticoagulants, calcium channel-blocker, ACE inhibitors or beta-adrenergic blockers for angina pectoris and blood-vessel spasms.

Vasodilator drugs to increase the blood supply to the heart muscle.

Injection of a blood clot dissolving medication may be necessary.

ACTIVITY:

Engage in a program of moderate, daily physical exercise.

Resume sexual activity once medical permission is given.

DIET:

Low-fat diet.

If you are overweight, begin a moderate reducing diet and stick to it.

NOTIFY OUR OFFICE IF:

You or a family member develops deep chest discomfort (aching or pressure) with radiation to the jaw, left arm or back. Call immediately. This may be an emergency!

You sweat and feel short of breath.

You have high risk factors and wish to become involved in a program of prevention.

After exertion, you develop chest, neck or jaw pain that goes away with rest.

Symptoms worsen or don't improve after treatment begins.

New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

COSTOCHONDRITIS

(Tietze's Syndrome)

BASIC INFORMATION

DESCRIPTION:

An inflammation of the cartilage of one or more ribs, most commonly the second or third ribs. The pain that results is often intensified by movements that change the position of the ribs, such as lying down, bending over, coughing or sneezing. Pain may mimic that of coronary artery disease. The disorder is more common in young adults, but can occur in any age group.

FREQUENT SIGNS AND SYMPTOMS:

Pain in the chest wall, usually sharp in nature.
Pain worsens with movement.
Pain may occur in more than one location and may radiate into the arm.
Tightness in the chest.
Affected area is sensitive to the touch.

CAUSES:

Inflammation of the cartilage that attaches ribs to the sternum.
Cause of the inflammation is often unknown.

RISK INCREASES WITH:

Trauma, such as a severe blow to the chest.
Unusual physical activity.
Upper respiratory infection.

PREVENTIVE MEASURES:

Avoidance of activities that may strain or cause trauma to the rib cage.

EXPECTED OUTCOME:

Complete healing. The disorder is benign and the course is usually of a short duration.

POSSIBLE COMPLICATIONS:

None likely.

TREATMENT:

GENERAL MEASURES-

Rest.
Heating pad or ice massage applied to the affected area.
Avoidance of sudden movements that will intensify the pain.

MEDICATION:

Mild pain medications, such as aspirin, acetaminophen or ibuprofen may help relieve discomfort.
Stronger pain medicines may be prescribed.
Steroid injections may be prescribed for some patients.

ACTIVITY:

As tolerated.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of costochondritis.
New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

DEHYDRATION

BASIC INFORMATION

DESCRIPTION:

Loss of water and essential body salts. Dehydration is most dangerous in newborns, infants and persons over 60. Water accounts for about 60% of a man's weight and 50% of a woman's weight and needs to be kept in fairly narrow limits to maintain cells and body tissue.

FREQUENT SIGNS AND SYMPTOMS:

Dry mouth and tongue.
Decreased or absent urination.
Sunken eyes.
Wrinkled skin.
Dizziness; confusion; coma.
Low blood pressure.
Severe thirst.
Increase in heart rate and breathing.

CAUSES:

Persistent vomiting or diarrhea from any cause.
Persistent high fever.
Heavy sweating.
Use of drugs that deplete fluids and electrolytes, such as diuretics ("water pills").
Overexposure to sun or heat.

RISK INCREASES WITH:

Newborns and infants.
Adults over 60.
Recent illness with high fever.
Diabetes mellitus.
Chronic kidney disease.

PREVENTIVE MEASURES:

Obtain medical treatment for underlying causes of dehydration.
If you are vomiting or have diarrhea, take small amounts of liquid with non-prescription electrolyte supplements or drinks such as Gator-ade every 30 to 60 minutes. . If you use diuretics, weigh daily. Report to the doctor a weight loss of more than 3 pounds in 1 day or 5 pounds in I week.

EXPECTED OUTCOME:

Curable with control of the underlying cause and replacement of necessary fluids.

POSSIBLE COMPLICATIONS:

Blood pressure drop, shock and death from prolonged, severe dehydration.

TREATMENT:

GENERAL MEASURES-

Laboratory blood studies, including blood counts and electrolyte measurement (minerals that are dissolved in the blood and all other body fluids. Electrolytes play an essential role in all body functions. The major electrolytes are: sodium, potassium, chloride, calcium, phosphorus, magnesium and carbon dioxide. Electrolytes come from food. They are regulated mostly by the kidneys and lungs).
Hospitalization for intravenous fluids (severe or prolonged illness only).

Weigh daily on an accurate home scale and record the weight so you can be aware of fluid loss.

If you have vomiting or diarrhea, keep a record of the number of episodes so you can estimate your fluid loss.

For minor dehydration, take frequent small amounts of clear liquids. Large amounts may trigger vomiting.

Drink electrolyte solutions. For adults, diluting commercial solutions such as Gatorade or Recharge with an equal amount of water may be adequate. For children, use special commercial products (Pedialyte or Ricelyte). Instructions are on the labels.

MEDICATION:

Intravenous fluids to replace lost water may be necessary.

ACTIVITY:

Rest in bed until you recover.

DIET:

Depends on the underlying disorder. Salty foods decrease the effect of dehydration.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of dehydration.

DEPRESSION

BASIC INFORMATION

DESCRIPTION:

A continuing feeling of sadness, despondency or hopelessness with accompanying symptoms. Major depression occurs in about 1 in 10 Americans. It affects both sexes, but is more common in women. It can be difficult to treat, but there is continued improvement in effectiveness of treatment.

FREQUENT SIGNS AND SYMPTOMS:

Loss of interest in life; boredom.
Listlessness and fatigue.
Insomnia; excessive or disturbed sleeping.
Social isolation.
Appetite loss or overeating.
Loss of sex drive.
Constipation.
Difficulty making decisions, concentration difficulty.
Unexplained crying bouts.
Intense guilt feelings over minor or imaginary misdeeds.
Irritability.
Various pains, such as Headache or chest pain, without evidence of disease.

CAUSES:

A truly depressive illness has no single obvious cause. Some biological factors can play a part, e.g., physical illness, hormonal disorders, certain drugs.
Social and psychological factors can play a part.
Inherited disorders may contribute (manic-depression runs in families).
May relate to the number of disturbing events in a person's life.

RISK INCREASES WITH:

Unexpressed anger or other emotion.
Compulsive, rigid, perfectionist or highly dependent personalities.
Family history of depression.
Alcoholism.
Failure in occupation, marriage or other interpersonal relationships.
Death or loss of a loved one.
Loss of something important (job, home, investments).
Job change or move to a new area.
Surgery, such as mastectomy for cancer.
Major illness or disability.
Passing from one life stage to another, such as menopause or retirement.
Use of some drugs, such as reserpine, beta-adrenergic blockers or benzodiazepines.
Withdrawal from mood-altering drugs, such as narcotics, amphetamines or caffeine.
Some diseases, including diabetes mellitus, cancer of the pancreas and hormonal abnormalities.

PREVENTIVE MEASURES:

Maintain good communication with family and close friends.

Raise children with love and reasonable expectations in school and home.

Anticipate and prepare for major life changes where possible.

EXPECTED OUTCOME:

Spontaneous recovery in many cases, but professional help can shorten the duration and help you learn to cope in the future. Recurrence is common. The recovery rate is high, despite one's pessimism while depressed.

POSSIBLE COMPLICATIONS:

Suicide. Warning signs include:
Withdrawal from family and friends.
Neglect of personal appearance.
Mention of wanting "to end it all" or being "a burden to others."
Evidence of a suicide plan (e.g., buying or cleaning a gun).
Sudden cheerfulness after prolonged despondency.
Hallucinations or psychotic behavior.
Manic behavior, characterized by inappropriate over-activity and comic or irresponsible behavior.

TREATMENT:

GENERAL MEASURES-

Psychotherapy or counseling along with drug treatment appears to obtain the best results. (Many different types of psychotherapy are available ranging from simple problem-solving type to behavioral therapy to psychoanalysis).
Hospitalization or inpatient at special treatment center may be required for severe depression.
Seek support groups. Contact social agencies for help. Call the National Mental Health Association (800) 969-6642, the National Foundation for Mental Illness (800) 239-1263 or the National Depressive and Manic Depressive Association (800) 826-3632.
Call your local suicide-prevention hot line if you feel suicidal.
Electroconvulsive therapy (use of electric shocks to produce a seizure) used in severe cases. It is effective and safe and may be life-saving.

MEDICATION:

Antidepressant drugs for some persons with prolonged or moderately severe depression.
Lithium for alternating mania and depression. Anti-anxiety drugs may be prescribed.
Sedatives may be prescribed temporarily for insomnia.

ACTIVITY:

No restrictions. Maintain daily activities and interests even if you don't feel like it. Attend social functions, concerts, athletic events, plays and movies. Keep in touch with friends and loved ones.
Engage in regular, strenuous exercise. This helps relieve depression.

DIET:

Eat a normal, well-balanced diet even if you have no appetite. Vitamin and mineral supplements may be necessary.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of depression.

You feel suicidal or hopeless.

DERMATITIS, ATOPIC

BASIC INFORMATION

DESCRIPTION:

A chronic inflammatory disease of the skin that is often associated with other allergic disorders that-affect the respiratory system, such as asthma or hay fever.

FREQUENT SIGNS AND SYMPTOMS:

Itching rash in areas where heat and moisture are retained, such as skin creases of elbows, knees, neck, face, hands, feet, groin, genitals and around the anus.
Dry, thickened skin in affected areas.
Uncontrolled scratching (frequently unconscious).
Chronic fatigue from loss of sleep due to severe itching.

CAUSES:

Unknown, but probably inherited and probably related to immune-system overactivity.

RISK INCREASES WITH:

Hay fever or asthma.
Food allergy.
Family history of atopic dermatitis or other allergic disorders.
Stress. The rash and itching increase during stressful periods.
Use of immunosuppressive drugs.
Irritating clothes and chemicals.

PREVENTIVE MEASURES

Decrease stress if possible.
Avoid agents that cause irritation (wool, perfumes, fabric softeners, harsh soaps, etc.).
Minimize sweating.
Lukewarm, not hot baths.
Lubricate skin frequently.

EXPECTED OUTCOME:

Unpredictable. Flare-ups and remissions may occur throughout life.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection in the affected area.
Increased susceptibility to adverse drug reactions.
Decreased resistance to fungal and viral infections.
Permanent scarring from scratching.
Cataracts are more common in people with atopic dermatitis.
Herpes simplex infections are more severe in people with atopic dermatitis.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually made by physical findings.
Effective treatment involves eliminating allergens, avoiding irritants and other precipitating factors and relieving itching and inflammation.
Use cool-water soaks for crusting, oozing lesions. These decrease itching and remove crusts.
Bathe in cool to warm water with cleansing agents other than soap.

Wear loose-fitting, cotton clothing (avoid wool and synthetics).

Avoid fabric softeners and anti-static laundry products.
Use petroleum- or lanolin-based ointments after bathing.
Reduce stress in your life, if possible.

MEDICATION:

To relieve minor itching, use non-prescription topical steroids or coal-tar preparations.
For severe itching, you may be prescribed:
More potent topical steroids.
Oral cortisone drugs (rarely, and for short periods only).
Antihistamines or mild tranquilizers.
Lubricating ointments for the hands.
Antibiotics (sometimes) to fight secondary infections.

ACTIVITY:

No restrictions except to keep cool. Avoid prolonged exposure to heat.

DIET:

An allergy diet diary maybe necessary, if food allergy is suspected.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of atopic dermatitis.
You develop fever or controlled itching during a flare-up.

DERMATITIS, CONTACT (Housewives' Eczema)

BASIC INFORMATION

DESCRIPTION:

Skin inflammation (especially of the hands, feet and groin) caused by contact with an irritating substance. Contact dermatitis is not contagious.

FREQUENT SIGNS AND SYMPTOMS:

Itching (sometimes).
Slight redness.
Cracks and fissures in the skin.
Bright red, weeping areas (severe cases).

CAUSES:

Contact with irritants, such as sprays, acids or solvents. The irritant removes the fatty layer of skin. This causes dehydration and shrinking of surface cells.
Some metals in jewelry.
Poison ivy.
Certain topical medications.
Chemicals in some cosmetics.

RISK INCREASES WITH:

Constant exposure to hot water, detergents, or any irritant that changes the moisture content of skin.
Bums from hot water or sunburn.
Occupations or hobbies that bring you in contact with irritants.

PREVENTIVE MEASURES:

Avoid contact with any irritant which has caused dermatitis in the past.
Wearing protective gloves may be helpful.
Protect skin from sunburn and other bums.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment and avoidance of the irritant. Recurrence is common, so treatment may be necessary for years.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection.
More generalized skin eruption.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually made by physical findings.
Effective treatment involves eliminating allergens, avoiding irritants and other precipitating factors and relieving itching and inflammation.
Avoid the chemical or material causing the skin eruption.
Use bath oil or glycerin-based soap instead of soap for bathing.
Pat skin dry rather than rubbing it.
Reduce water temperature to lukewarm for bathing or other uses.
Use only cream, lotion or ointment prescribed for the condition. Other commercial products may aggravate the

condition. Apply ointment or cream to hands 6 or 7 times a day. For other body parts, lubricate twice a day, especially after bathing.

Minimize the use of solvents, and wear heavy-duty, cotton-lined vinyl gloves to prevent contact with irritating substances such as: water; soap; detergent; metal scouring pads; scouring powder; paint; paint thinner; turpentine; and polish for cars, floors, shoes, furniture or metal.

Dry the insides of gloves after use. Discard gloves if they develop a hole.

Wear gloves when you peel or squeeze lemons, oranges, grapefruit, tomatoes or potatoes.

Wear leather or heavy-duty fabric gloves for housework or gardening.

Use a dishwasher (if available) to wash dishes or ask someone else to do it.

Remove rings before doing housework or washing hands.

MEDICATION:

Topical creams, ointments or lotions may be recommended. These may include steroid preparations to reduce inflammation or lubricants to preserve moisture.

ACTIVITY:

Resume your normal activities gradually as irritation subsides.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You develop fever,
Signs of infection (swelling, tenderness, redness, warmth) develop at the site of irritation.
Treatment does not relieve symptoms in 1 week

DERMATITIS, SEBORRHEIC

BASIC INFORMATION

DESCRIPTION:

A skin condition characterized by greasy or dry, white scales. Dandruff and cradle cap are both forms of seborrheic dermatitis. This is not contagious. It can involve the skin of the scalp, eyebrows, forehead, face, folds around the nose, behind ears, external ear canal or skin of the trunk, especially over the breastbone (sternum) or in skin folds.

FREQUENT SIGNS AND SYMPTOMS:

Flaking, white scales over reddish patches on the skin. Scales anchor to hair shafts. They may itch, but they are usually painless unless complicated by infection.

CAUSES:

Unknown. May be genetic and environmental factors.

RISK INCREASES WITH:

Stress.
Hot, humid weather or cold, dry weather.
Infrequent shampoos.
Oily skin.
Other skin disorders, such as acne rosacea, acne or psoriasis.
Obesity.
Parkinson's disease.
Use of drying lotions that contain Alcohol.
AIDS.

PREVENTIVE MEASURES

Cannot be prevented. To minimize severity or frequency of flare-tips:
Shampoo frequently.
Dry skin folds thoroughly after bathing.
Wear loose, ventilating clothing.

EXPECTED OUTCOME:

This is a chronic condition, but it is often characterized by long periods of inactivity. During active phases, symptoms can be controlled with treatment. It does not cause hair loss.

POSSIBLE COMPLICATIONS:

Embarrassment and social discomfort.
Secondary bacterial infection in affected areas.
Reactions to topical medications used in treatment.

TREATMENT:

GENERAL MEASURES-

Diagnosis is made by physical findings.
Shampoo vigorously and as often as once a day. The shampoo you use is not as important as the way you scrub your scalp. Loosen scales with your fingernails while shampooing, and scrub at least 5 minutes.

MEDICATION:

For minor dandruff, you may use non-prescription dandruff shampoos with selenium sulfide or zinc pyrithione and lubricating skin lotion.

For severe problems, shampoos that contain coal tar or scalp creams that contain cortisone may be prescribed. To apply medication to the scalp, part the hair a few strands at a time, and rub the ointment or lotion vigorously into the scalp. Topical steroids for other affected parts.

ACTIVITY:

No restrictions. Outdoor activities in summer may help.

DIET:

No special diet. Avoid foods that seem to worsen your condition.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of seborrheic dermatitis that don't respond to self-care.
Patches of seborrheic dermatitis ooze, form crusts or drain pus.

DIARRHEA, ACUTE

BASIC INFORMATION

DESCRIPTION:

The passage of many loose, watery or unformed bowel movements. This is a symptom, not a disease. Simple diarrhea is common among all age groups.

FREQUENT SIGNS AND SYMPTOMS:

Cramping abdominal pain.
Loose, watery or unformed bowel movements.
Lack of bowel control (sometimes).
Fever (sometimes).

CAUSES:

There are many causes including infections (viral, parasitic or bacterial).

RISK INCREASES WITH

Emotional upsets or acute stress.
Food poisoning.
Regional enteritis.
Malabsorption syndromes.
Disease or tumor of the pancreas (malignant or benign).
Diverticulitis.
Foods, such as prunes or beans.
Excess alcohol consumption.
Use of drugs, such as laxatives, antacids, antibiotics, quinine or anticancer drugs.
Food allergy.
Radiation treatments for cancer.
Recent illness.
Crowded or unsanitary living conditions.
Immunosuppression due to illness or drugs.
Travel to foreign country.
Ingestion of water from streams, springs or untested wells.

PREVENTIVE MEASURES:

If diarrhea is recurrent and a cause can be identified, treatment or avoidance of the cause should prevent recurrence. Everyone is likely to have bouts of diarrhea occasionally from insignificant causes which disappear and leave no lasting effects. Most cases of acute diarrhea last a short time and a search for the cause may not be necessary. Avoid undercooked or raw seafood, buffet or picnic foods left out several hours, and food served by street vendors.

EXPECTED OUTCOME:

Spontaneous recovery in 24 to 48 hours.

POSSIBLE COMPLICATIONS:

Dehydration if diarrhea is prolonged, especially in infants.

TREATMENT

GENERAL MEASURES-

Diagnostic tests may include a laboratory study of the stool. A detailed history about the symptoms, time and duration of diarrhea, the severity, and the patients general health can help determine a cause. If there is evidence of a more serious disorder, further medical tests may be conducted.

Diarrhea is a symptom. If possible, the underlying disorder should be treated.

If you think a prescription drug is causing the diarrhea, consult with the doctor before discontinuing it.

If cramps are present, place hot compresses, a hot-water bottle or an electric heating pad on the abdomen.

Maintain fluid intake. Severe diarrhea may require urgent fluid and electrolyte replacement to correct dehydration.

MEDICATION:

For minor discomfort, you may use non-prescription drugs such as Pepto-Bismol or loperamide (brand name Imodium). Other anti-diarrhea medications may be prescribed.

Antibiotic may be prescribed if a particular parasite or bacteria is identified.

ACTIVITY:

Decrease activity until diarrhea stops.

DIET:

If diarrhea is accompanied by nausea, suck ice chips only if you are not nauseated, drink small amounts of clear liquids only, such as herbal tea, ginger ale, broth or gelatin until diarrhea stops.

Avoid alcohol, caffeine, milk and dairy products..

After symptoms disappear, eat soft foods, such as cooked cereal, rice, eggs, custard, baked potato and yogurt for 1 or 2 days.

Resume a normal diet 2 or 3 days after the diarrhea stops.

Avoid fruit, alcohol and highly seasoned foods for several more days.

NOTIFY OUR OFFICE IF:

Diarrhea lasts more than 48 hours.

Mucus, blood or worms appear in the stool.

Fever rises to 101°F (38.3-C) or higher.

Severe pain develops in the abdomen or rectum.

Dehydration develops. Signs include dry mouth, wrinkled skin, excess thirst, little or no urination.

DISK, RUPTURED (Herniated Disk, Slipped Disk)

BASIC INFORMATION

DESCRIPTION:

Sudden or gradual break in the supportive ligaments surrounding a spinal disk (cushions separating bony spinal vertebrae). The disks of the neck or lower spine are most common sites.

FREQUENT SIGNS AND SYMPTOMS:

Lower back:

Severe pain in the low back or back of one leg, buttock or foot (sciatica). Pain usually affects one side and worsens with movement, coughing, sneezing, lifting or straining.

Weakness, numbness or muscular wasting of the affected leg.

Neck:

Pain in the neck, shoulder or down one arm. Pain worsens with movement.

Weakness, numbness or muscular wasting of the affected arm.

CAUSES:

Weakening and rupture of the disk material, creating pressure on nearby spinal nerves. Rupture of the disk is caused by sudden injury or chronic stress, such as from constant lifting or obesity.

RISK INCREASES WITH:

Heavy lifting.

Poor physical condition.

Twisting violently or jumping hard.

PREVENTIVE MEASURES:

Practice proper posture when lifting.

Exercise regularly to maintain good muscle tone.

EXPECTED OUTCOME:

Spontaneous recovery in many cases. At least 2 weeks in bed should be tried before considering other therapy, unless complications occur. When necessary, a ruptured disk is curable with surgery.

POSSIBLE COMPLICATIONS:

Loss of bladder and bowel function.

Paralysis.

Muscle wasting and weakness.

TREATMENT:

GENERAL MEASURES-

To confirm diagnosis, tests may include X-rays of the neck or lower spine, including myelogram (injection of dye, visible on X-ray, into the fluid around the spinal column), diskography (dye is injected into the disk), CT scan, or MRI.

Apply ice packs to the painful area during the first 72 hours and occasionally thereafter, if they provide relief. Alternately, try to relieve pain with a heat lamp, hot showers or baths, compresses or a heating pad.

Traction at home or in the hospital (sometimes).

Surgery to relieve nerve pressure if bed rest does not relieve symptoms.

Rehabilitation to strengthen muscles.

Psychotherapy or counseling to learn coping methods for enduring pain and frustration.

MEDICATION:

For minor discomfort, you may use non-prescription drugs such as acetaminophen or ibuprofen.

Additional medications that may be prescribed:

Pain relievers.

Muscle relaxants, such as diazepam or methocarbamol.

Non-steroidal anti-inflammatory drugs to reduce inflammation around the rupture.

Laxatives or stool softeners to prevent constipation.

ACTIVITY:

Rest in bed at least 2 weeks during the acute phase. Resume your normal activities, including sexual relations, when symptoms improve. Prolonged bed rest is not recommended.

DIET:

No special diet. Increase consumption of dietary fiber and drink at least 8 ounces of fluid a day to prevent constipation or fecal impaction.

NOTIFY OUR OFFICE IF:

You have symptoms of a ruptured disk.

The following occur during treatment:

Increased pain or weakness in the extremities.

Loss of bladder or bowel control.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

DISLOCATION OR SUBLUXATION

BASIC INFORMATION

DESCRIPTION:

Dislocation is injury to a joint so that adjoining bones no longer touch each other. Subluxation is a minor dislocation. Joint surfaces still touch, but not in normal relation to each other. Involved are the bones in joints, especially the jaw, shoulder, knee and spine. Some infants are born with a hip dislocation.

FREQUENT SIGNS AND SYMPTOMS:

Sudden joint pain, swelling or deformity after an injury.
Limited or absent movement around a joint.

CAUSES:

Injury that stretches or tears ligaments that surround a joint and hold the bones together.
Shallow or abnormally formed joint surfaces (congenital).
Rheumatoid arthritis or other diseases of ligaments and tissue around a joint.
In small children, jerking of an arm or a leg by an adult.

RISK INCREASES WITH:

Rheumatoid arthritis.
Family history of congenital hip dislocation.
Repeated injury of a joint.

PREVENTIVE MEASURES:

If you are involved in heavy work or strenuous sports, learn to protect the involved joints. Use protective devices, such as wrapped elastic bandages, tape wraps, knee or shoulder pads, and special support stockings.
Infants should be examined for congenital hip dislocation at birth and at "well-baby" check-ups.

EXPECTED OUTCOME:

Usually curable with prompt treatment. After the dislocation has been corrected, the joint may require immobilization with a cast or sling for 2 to 8 weeks.

POSSIBLE COMPLICATIONS:

Damage to nearby nerves or major blood vessels, causing numbness, coldness and paleness.

TREATMENT:

GENERAL MEASURES-

Immediately after injury:
Apply ice packs to the involved joint to prevent swelling.
A medically untrained person should not attempt to manipulate the joint back into position.
Use a splint or sling to prevent movement while transporting the injured person to the doctor.
Diagnostic tests may include X-rays of the joint and adjacent bones.
Treatment may include manipulating the joint to reposition the bones.
Surgery to restore the joint to its normal position (sometimes).

After manipulation or surgery, the joint is usually immobilized with a splint or a cast to allow it to heal without disturbance. Recurring dislocation may require surgical reconstruction or replacement of the joint.

MEDICATION:

General anesthesia or muscle relaxants to make joint manipulation possible.
Acetaminophen or aspirin to relieve moderate pain.
Narcotic pain relievers for severe pain.

ACTIVITY:

Resume your normal activities gradually after treatment.

DIET:

Drink only water before manipulation or surgery to correct the dislocation. Solid food makes general anesthesia more hazardous.

NOTIFY OUR OFFICE IF:

You have difficulty moving a joint after injury.
Any extremity becomes numb, pale or cold after injury.
This is an emergency!
Dislocations occur repeatedly that you can "pop" back into normal position.

DRUG ABUSE AND ADDICTION

BASIC INFORMATION

DESCRIPTION:

A compulsive and destructive use of mind-altering substances despite adverse medical, psychological and social consequences. It can affect the central nervous system, liver, kidneys and blood.

FREQUENT SIGNS AND SYMPTOMS:

Depends on the substance of abuse.

Most produce:

A temporary, pleasant mood.

Relief from anxiety.

False feelings of self-confidence.

Increased sensitivity to sights and sounds (including hallucinations).

Altered activity levels either stupor and sleeplike states or frenzies.

Unpleasant or painful symptoms when the abused substance is withdrawn.

CAUSES:

Substances of abuse may produce addiction (a physiological need) or dependence (a psychological need). The most common substances of abuse include:

Nicotine.

Alcohol.

Marijuana.

Amphetamines

Barbiturates.

Cocaine.

Opiates, including codeine, heroin, methadone, morphine and opium.

Psychedelic drugs, including PCP ("angel dust"), mescaline and LSD.

Volatile substances, such as glue, solvents and paints.

RISK INCREASES WITH:

Illness requiring prescription pain relievers or tranquilizers.

Family history of drug abuse.

Genetic factors (possibly).

Some persons may be more susceptible to addiction.

Excess alcohol consumption.

Fatigue or overwork.

Poverty.

Psychological problems, including depression, dependency or poor self-esteem.

Peer pressure.

PREVENTIVE MEASURES:

Don't socialize with persons who use and abuse drugs.

Seek counseling for mental-health problems, such as depression or chronic anxiety, before they lead to drug problems.

Develop wholesome interests and leisure activities.

After surgery, illness or injury, discontinue the use of prescription pain relievers and tranquilizers as soon as possible. Don't use more than you need.

EXPECTED OUTCOME:

Curable with strong motivation, good medical care and support from family and friends. However, relapses are common.

POSSIBLE COMPLICATIONS:

Sexually transmitted diseases, which are more frequent among addicts.

Severe infections, such as endocarditis (infection of the heart), hepatitis or blood poisoning from intravenous injections with non-sterile needles.

Malnutrition.

Accidental injury to oneself or others while in a drug-induced state.

Loss of job or family.

Irreversible damage to body organs.

Death caused by overdose.

Incarceration.

TREATMENT:

GENERAL MEASURES-

Admit you have a problem.

Seek professional help.

Be open and honest with your family and good friends, and ask their help.

Psychotherapy or counseling.

Hospitalization for drug-withdrawal symptoms.

Avoid friends who tempt you to resume your habit.

Join self-help groups.

Additional information available from Cocaine Abuse Hotline 1(800)COCAINE; or Do It Now Foundation, 6423 S. Ash Ave., Tempe, AZ 85283, (602)257-0797; or the Drug Abuse Clearinghouse, 11426 Rockville Pike, Suite 200, Rockville, MD 20852, (301)443-6500.

MEDICATION:

Disulfiram (Antabuse) for alcoholism. This drug produces severe reaction when alcohol is consumed.

Methadone for narcotic abuse. This drug is a less-potent narcotic used to decrease the severity of physical withdrawal symptoms.

ACTIVITY:

No restrictions. Exercise regularly and vigorously.

DIET:

Eat a normal, well-balanced diet that is high in protein.

Vitamin supplements may be necessary if you suffer from malnutrition.

NOTIFY OUR OFFICE IF:

You abuse or are addicted to drugs and want help.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

DRUG HYPERSENSITIVITY

BASIC INFORMATION

DESCRIPTION:

A variety of allergic responses caused by medications. These are not inherited or contagious.

FREQUENT SIGNS AND SYMPTOMS:

Rash, itching or hives.
Flushed skin.
Anxiety.
Serum sickness (fever, rash, joint pain and nerve damage).
Anaphylaxis (wheezing and breathing difficulty).
Various blood disorders, such as hemolytic anemia.
Peripheral neuropathy (nerve damage).
Vasculitis (blood vessel inflammation).
The following reactions to medications are usually not the result of allergy:
Vomiting or diarrhea.
Fever.
Photosensitivity (a skin reaction to sunlight).

CAUSES:

Medications are "foreign" materials. When injected or (less often) when taken orally the body develops antibodies to the medication. Subsequent exposure to the medication causes an allergic reaction in the body.

RISK INCREASES WITH:

Use of almost any drugs, but especially the following:
Penicillin and cephalosporin antibiotics.
Sulfa drugs.
Animal serum vaccines.
Local anesthetics.
Allergy extracts.
Iodine-containing compounds, such as those used in some X-rays.
Injected medications, especially in high doses.
Medical history of other allergies, such as hay fever, asthma or eczema.
Current infectious illness (probably because infection increases immune-system functions).

PREVENTIVE MEASURES:

Tell medical professionals about any drug reactions you have had.
Learn the name of any medication you are given. If it causes a reaction, you must avoid it in the future.
Don't take medication including non-prescription drugs unless necessary.

EXPECTED OUTCOME:

Most reactions disappear once the medication is permanently discontinued.

POSSIBLE COMPLICATIONS:

Death from severe anaphylaxis reactions.
Disability for many months from serum sickness.

TREATMENT:

GENERAL MEASURES-

Wear a medical alert type pendant or bracelet if you have drug hypersensitivity.
Keep an anaphylaxis kit at home, on your person, nearby at work and in your car for emergency use if anyone in the family has had a severe drug reaction.

MEDICATION:

Cortisone drugs to decrease the inflammatory reaction.
Antihistamines to decrease the body's allergic response.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You have symptoms of drug hypersensitivity or observe them in someone else.

DYSHIDROSIS

BASIC INFORMATION

DESCRIPTION:

A skin condition, characterized by small blisters on the hands or feet apparently related to stress. It can affect the tips and sides of the fingers, toes, palms and soles.

FREQUENT SIGNS AND SYMPTOMS:

Small blisters with the following characteristics:

Blisters are very small (*1mm* or less in diameter). They appear on the tips and sides of fingers, toes, palms and soles.

Blisters are opaque and deep-seated; they are either flush with the skin or slightly elevated. They don't break easily.

Eventually, small blisters come together and form large blisters.

Blisters may itch, cause pain or produce no symptoms. They worsen after contact with soap, water or irritating substances.

CAUSES:

Unknown, but they are probably related to periods of anxiety, stress and frustration in ambitious people who internalize their emotions. Persons with dyshidrosis have difficulty relaxing even during non-stressful periods.

Excessive sweating is not a cause of this problem, but is often associated with it.

RISK INCREASES WITH:

Stress and internalized frustration or irritation.

Obsessive-compulsive personalities.

PREVENTIVE MEASURES:

Control of emotional stress. Avoid excessive sweating.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment, but recurrence is common. Often heals spontaneously.

Persons with mild problems have occasional attacks, and the skin returns to normal between episodes.

Persons with severe problems have more severe symptoms sometimes with persistent peeling and fissuring of the involved skin.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection (sometimes).

TREATMENT:

GENERAL MEASURES-

Keep heat and moisture away from the affected areas whenever possible:

Wear cotton socks and leather-soled shoes. Don't wear tennis shoes or other footwear made of man-made materials.

Remove shoes and socks frequently to allow sweat to evaporate.

Wear heavy-duty, cotton-lined vinyl gloves to prevent contact with irritating substances such as: water; soap; detergent; metal scrubbing pads; scouring powders, and other chemicals.

Dry insides of gloves after use. Discard gloves if they develop a hole.

Wear gloves when you peel or squeeze acid fruits and vegetables.

Wear leather or heavy-duty fabric gloves for housework or gardening.

Use automatic dishwasher to wash dishes if possible. If not, ask someone else to wash them.

Avoid contact with irritating chemicals, such as: paint; paint thinner; and polish for cars, floors, shoes, furniture and metal.

Remove rings before doing housework or washing hands.

Use lukewarm water and very little mild soap to shower or bathe.

MEDICATION:

You may use non-prescription topical steroid preparations to reduce inflammation and decrease itching. Apply once or twice a day after bathing, unless directed otherwise. If these are not effective, stronger steroid preparations may be prescribed.

ACTIVITY:

Avoid activities or environments that lead to stress or excessive sweating. Sweating does not cause the disorder, but may aggravate it.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of dyshidrosis.

Signs of infection (swelling, redness, tenderness or warmth) appear around blisters.

Symptoms don't improve after 1 week, despite treatment.

Improvement begins, and then symptoms recur.

DYSMENORRHEA

(Menstrual Cramps)

BASIC INFORMATION

DESCRIPTION:

Severe, painful cramps during menstruation. Primary dysmenorrhea means pain has recurred regularly since periods began. Secondary dysmenorrhea means pain began years after periods started. Women with dysmenorrhea are generally fertile. Severity of symptoms varies greatly from woman to woman, and from one time to the next in the same woman. Dysmenorrhea usually is less severe after a woman has a baby.

FREQUENT SIGNS AND SYMPTOMS:

Cramping and sometimes sharp pains in the lower abdomen, lower back and thighs.
Nausea and vomiting (sometimes).
Diarrhea (occasionally).
Sweating.
Lack of energy.
Urinary frequency.
Irritability, nervousness, depression.

CAUSES:

Strong or prolonged contractions of the muscular wall of the uterus. These may be caused by concentration of prostaglandins (hormones manufactured by the body). Research shows that women with dysmenorrhea produce and excrete more prostaglandins than those who don't have as much discomfort.
Dilation of the cervix to allow passage of blood clots from the uterus to the vagina.
Other causes include:
Pelvic infections.
Endometriosis, especially if dysmenorrhea begins after age 20.
Benign tumors of the uterus.

RISK INCREASES WITH:

Use of caffeine.
Stress. The degree of dysmenorrhea may vary according to general health or mental state. While emotional or psychological factors don't cause the pain, they can worsen pain or cause some women to be less responsive to treatment.
Family history of dysmenorrhea.
Lack of exercise.

PREVENTIVE MEASURES:

Take female hormones that prevent ovulation, such as oral contraceptives.
Treatment of the underlying cause.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment.

POSSIBLE COMPLICATIONS:

Severe pain that regularly interferes with normal activity.

TREATMENT:

GENERAL MEASURES-

Pelvic exam and a patient history may help suggest the cause of dysmenorrhea.
Initial treatment aims are to relieve pain. Long term goals of treatment involve treating any underlying cause with medication, counseling or possibly surgery.
Heat helps relieve pain. Use a heating pad or hot-water bottle on the abdomen or back, or take hot baths. Sit in a tub of hot water for 10 to 15 minutes as often as necessary.
Transcutaneous electrical nerve stimulator (TENS) treatment may help relieve pain.
Psychotherapy or counseling, if dysmenorrhea is stress related.
Hypnosis therapy may help.
Treatment for the cause for secondary dysmenorrhea.

MEDICATION:

For minor discomfort, you may use non-prescription drugs such as acetaminophen or ibuprofen.
Other medications that may be prescribed: Anti-prostaglandins, including non-steroidal anti-inflammatory drugs (ibuprofen and others).
Oral contraceptives, which prohibit ovulation.

ACTIVITY:

No restrictions. When resting in bed, elevate your feet or bend your knees and be on your side.
Regular, vigorous exercise reduces discomfort of future periods.

DIET:

No special diet. You may be prescribed vitamin-B supplements. These help relieve symptoms in some persons. Some herbal teas can reduce symptoms of dysmenorrhea.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of dysmenorrhea that cannot be controlled.
Bleeding becomes excessive (you saturate a pad or tampon more frequently than once each hour).
Signs of infection develop, such as fever, a general ill feeling, headache, dizziness or muscle aches.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

DYSPAREUNIA

BASIC INFORMATION

DESCRIPTION:

Recurrent and persistent genital pain associated with sexual intercourse.

FREQUENT SIGNS AND SYMPTOMS:

Pain in the genital area during sexual activity, including foreplay, intercourse or attempted intercourse. Pain may be mild or severe, and it may vary with different intercourse positions.

CAUSES:

Physical causes include:

- Infection of the genitals, including herpes and others involving the vagina, cervix, fallopian tubes or ovaries.
 - Pressure against the vagina wall caused by scarring from operations or radiation treatment.
 - A tight episiotomy scar from vaginal repair after childbirth.
 - A fibroid or other uterine tumor.
 - Endometriosis.
 - A hymen that is torn or thicker than normal.
 - A bruised opening to the urethra.
 - Inadequate vaginal or condom lubrication.
 - Allergic reactions to diaphragms, condoms or contraceptive foams and jellies.
 - Dryness and thinness of the vaginal wall after menopause.
 - Pelvic inflammatory disease.
- Psychological and emotional causes include:
- Fear of pregnancy.
 - Fear of injury to the unborn child during pregnancy.
 - Lack of sexual arousal and vaginal lubrication caused by inadequate or insufficient sexual foreplay, aversion to a sexual partner, fatigue or anxiety.
 - Lack of sexual experience or information.
 - Past sexual injury or psychological trauma.
 - Temporary lack of desire for a particular sexual partner.

RISK INCREASES WITH:

- Stress, recent illness.
- Fatigue or overwork.
- Alcohol consumption.

PREVENTIVE MEASURES:

- Obtain prompt medical treatment if **you** have symptoms of infection of the reproductive organs.
- Discontinue use of contraceptive foams or jellies that produce allergic reactions.
- Obtain professional counseling to resolve feelings about past sexual trauma.
- Discuss the lack of sexual arousal with your partner, including ways to improve foreplay. Enlist your partner's support and patience to overcome the problem.
- Use a lubricant, if necessary.

EXPECTED OUTCOME:

Depends on the cause. Medical disorders are usually curable with treatment. Psychological problems can often be cured

with therapy, and interpersonal problems can improve with communication and patience.

POSSIBLE COMPLICATIONS:

Damage to personal relationships, permanent inability to enjoy sexual experiences and loss of self-esteem.

TREATMENT:

GENERAL MEASURES-

Laboratory studies, such as a pap-smear and culture of any vaginal discharge to determine any medical problem that can be treated.

Appropriate treatment will be directed to physical causes or psychological causes.

Sitz baths frequently relieve tenderness. Sit in a tub of hot water for 10 to 15 minutes. Repeat baths as often as 3 or 4 times a day.

Use a nonprescription lubricant, such as baby oil or K-Y Lubricating jelly, during sexual intercourse.

Instructions for exercises or techniques to dilate the vagina.

Try different positions for sexual intercourse to discover new ones that might reduce penile penetration and be painfree.

Treatment for psychological causes will vary depending on the needs of the patient. It can involve education about contraception, counseling to uncover hidden conflicts, sensate focus exercises and teaching of appropriate foreplay techniques.

MEDICATION:

Antibiotic, antiviral, or antifungal medications for underlying infection may be prescribed.

ACTIVITY:

No restrictions. Resume sexual relations as soon as possible.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

- You or a family member has symptoms of dyspareunia
- Pain worsens, despite treatment.
- Symptoms don't disappear after 3 months of treatment.

DYSPHAGIA

BASIC INFORMATION

DESCRIPTION:

Difficulty or pain in swallowing. It is a fairly common symptom with a wide variety of causes that can be benign or possibly malignant. Chances of a serious disorder are slight, but if it is a serious disorder, early diagnosis is essential.

FREQUENT SIGNS AND SYMPTOMS:

Pain associated with swallowing.
The feeling that food "gets stuck" on the way down.
The swallowing difficulty may progress over several weeks.
Choking.
Pressure sensation in mid chest.

CAUSES:

Foreign object lodging at back of throat.
A scratch in the throat lining caused by a foreign object.
Insufficient production of saliva.
Esophageal spasm.
Tumors (benign or cancer).
Stricture (narrowing of the passage).
Inflammation (esophagitis).
In children, may be caused by malformation, delayed maturation, cerebral palsy, muscular dystrophy.
Hernia of part of the esophagus through a weak area in the surrounding muscle.
Nervous system disorder (stroke, myasthenia gravis).
Outside pressure on the esophagus possibly caused by a goiter or aortic aneurysm.

RISK INCREASES WITH:

Older adults.
Smoking.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

Outcome will vary depending on the cause.

POSSIBLE COMPLICATIONS:

Complications will depend on underlying disorder.

TREATMENT:

GENERAL MEASURES-

Medical tests to determine the cause of the dysphagia. These may include endoscopy, esophageal manometry, barium X-ray examination, CT scan of the chest.

Treatment will be directed to the cause of the dysphagia. Hospitalization may be required for severe disorders. Surgery may be needed for some benign or malignant disorders.

MEDICATION:

Medication will be determined by the cause.

ACTIVITY:

Usually no restrictions apply, but will be determined by diagnosis and treatment.

DIET:

Can range from normal to total intravenous feeding depending on degree of obstruction.

NOTIFY OUR OFFICE IF:

If you or a family member develops difficulty or pain while swallowing. Do not delay calling as this is a major symptom of what could be a malignant disorder. Early diagnosis is essential.

New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

EAR INFECTION, MIDDLE

BASIC INFORMATION

DESCRIPTION:

Infection in the middle ear. This is not contagious from person to person, but the preceding respiratory infection causing it may be infectious. Involved is the middle-ear space where nerves and small bones connect to the eardrum on one side and the eustachian tube on the other side. Most common in infants and children age 3 months to 3 years.

FREQUENT SIGNS AND SYMPTOMS:

Irritability.
Earache.
Feeling of fullness in the ear.
Hearing loss.
Fever.
Discharge or leakage from the ear.
Diarrhea, vomiting (sometimes).
Tugging at the ear (small children).

CAUSES:

Viral or bacterial infection which spreads to the middle ear by way of the eustachian tube. These are usually upper respiratory viral infections in the nose or throat.
Sinus and eustachian-tube blockage caused by nasal allergies or enlarged adenoids.
A ruptured eardrum.

RISK INCREASES WITH:

Recent illness, such as a respiratory infection, that has lowered resistance.
Crowded or unsanitary living conditions.
Genetic factors. Some American Indians, especially the Navajo, seem more susceptible.
Cold climate.
Change in altitude, such as flying or driving up mountains.
Family history of ear infections.
Day care.
Smoking in household.

PREVENTIVE MEASURES:

Bottle-feed or breast-feed infants in a sitting position with head up, never lying down.
Breast-feeding decreases chances of child having ear infections.
No smoking in household.

EXPECTED OUTCOME:

Usually curable with treatment.

POSSIBLE COMPLICATIONS:

May recur.
Chronic otitis media (pus comes from perforation in eardrum).
Hearing impairment usually temporary, but sometimes permanent leading to delay of normal language development in children.
Enlarged adenoids in children from repeated middle ear infections, causing chronic middle ear infections.

Mastoiditis (infection of the mastoid [bony area just behind the ear]; rare).
Meningitis (rare).

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually made by examination of the ear. Fluid from the ear may be cultured.
Treatment usually involves medication and supportive care to relieve pain.
Apply heat to the area around the ears to relieve pain.
Swimming should be avoided until infection clears.
Surgery to insert plastic tubes through the eardrum to drain pus or fluid from the middle ear (rare); or surgery to remove the adenoids.
If the eardrum is bulging, a small cut, or myringotomy, may be made in it to relieve pressure and pain.

MEDICATION:

Use ear drops to relieve pain. You may use non-prescription drops or those prescribed for a previous infection. They will not cure the infection. Use non-prescription drugs, such as acetaminophen, to reduce pain and fever.
Antibiotics may be prescribed, if the infection appears to be bacterial rather than viral. Finish the medication. The infection may remain active for several days after symptoms disappear.

ACTIVITY:

Rest in bed or reduce activity until fever and pain subside.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of a middle-ear infection.
The following occur during treatment:
Fever.
Severe headache
Earache that persists longer than 2 days, despite treatment.
Swelling around the ear.
Convulsions.
Twitching of the face muscles.
Dizziness.

EAR INFECTION, OUTER (Otitis Externa; Swimmer's Ear)

BASIC INFORMATION

DESCRIPTION:

Inflammation or infection of the ear canal that extends from the eardrum to the outside.

FREQUENT SIGNS AND SYMPTOMS:

Ear pain that worsens when the earlobe is pulled.
Itching in the ear.
Slight fever (sometimes).
Discharge of pus from the ear.
Temporary loss of hearing on the affected side.

CAUSES:

Bacterial or fungal infection of the delicate skin lining of the ear canal.
Injury to the ear canal.

RISK INCREASES WITH:

Swimming in dirty, polluted water.
Excessive swimming in chlorinated pools. Chlorinated water dries out the ear canal, allowing bacteria or fungi to enter the skin.
Excess moisture from any cause.
Irritation from swabs; metal objects, such as bobby pins; or ear plugs, especially if they are left in a long time.
Inadequate production of protective ear wax (cerumen).
Previous ear infections.
Skin allergies.
Diabetes mellitus or other disorders that predispose to infection.
Use of hairspray or hair dye that may enter the ear canal.

PREVENTIVE MEASURES:

Don't clean your ears with any object or chemical.
After you have had otitis externa, keep the prescription ear drops on hand. If the ear canals get wet for any reason, such as swimming or shampooing, put drops in both ears at bedtime.

EXPECTED OUTCOME:

Usually curable with treatment in 7 to 10 days.

POSSIBLE COMPLICATIONS:

Severe pain.
Chronic infection that is difficult to cure.
A boil in the ear canal.
Cellulitis (deep-tissue infection).

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually made by examination of the ear. Fluid from the ear may be cultured.
Treatment usually involves medication and supportive care to relieve pain.
Gentle cleaning of the ear canal.

Warm compress over the ear may help relieve the pain. Keep the infected ear dry. Wear ear plugs or shower cap for showering.

MEDICATION:

You may use non-prescription drugs, such as acetaminophen or aspirin, for minor pain.
Ear drops that contain antibiotics and cortisone drugs to control inflammation and fight infection.
Topical creams or ointments for fungal or bacterial infections.
Oral antibiotics for severe infection.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.
Avoid getting water in the ears for 3 weeks after all symptoms disappear. Any moisture, even from showering or washing hair, can trigger a recurrence.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of otitis externa.
The following occur during treatment:
Pain persists, despite treatment.
You feel your ears need cleaning.
Remember that a small amount of ear wax helps protect against infection.

EARDRUM, RUPTURED (Tympanic-Membrane Perforation)

BASIC INFORMATION

DESCRIPTION:

A perforation of the thin membrane (tympanic membrane) that separates the inner ear from the outer ear.

FREQUENT SIGNS AND SYMPTOMS :

Sudden pain in the ear.

Partial hearing loss.

Bleeding or discharge from the ear. The discharge may resemble pus within 24 to 48 hours after rupture.

Ringing in the ear.

Dizziness.

CAUSES:

Perforation of the eardrum when a sharp object is inserted in the ear, such as: a cotton swab or paper clip to clean the ear or relieve an itch; an unseen twig on a tree.

Sudden inward pressure in the ear, such as with a slap, a swimming or diving accident, a nearby explosion.

Sudden outward pressure or suction, such as with a kiss over the ear.

Severe middle-ear infection.

RISK INCREASES WITH:

Recent middle ear infection. Head injury.

PREVENTIVE MEASURES:

Don't put any object into the ear canal.

Avoid injuries that may cause a rupture (see Causes).

Obtain prompt medical treatment for middle-ear infections.

EXPECTED OUTCOME:

If the ruptured eardrum does not become infected, it will usually repair itself in 2 months. If it becomes infected, the infection is curable with treatment, and hearing is usually not affected permanently.

If the perforation does not heal, surgery is needed.

POSSIBLE COMPLICATIONS:

Ear infection, with fever, vomiting and diarrhea.

Significant blood loss (rare).

Meningitis.

Mastoiditis (infection of the mastoid [bony area just behind the ear]),

Permanent hearing loss (rare).

TREATMENT:

GENERAL MEASURES-

Diagnosis is verified by otoscope examination of the ear. A culture of the fluid from the ear may be done also.

Treatment involves medication to prevent infection and supportive care for pain.

Don't blow your nose, if possible. If you must, blow gently

Keep the ear canal dry. Don't swim, take showers or get caught in the rain.

Microsurgery to repair the perforation if it doesn't heal spontaneously.

MEDICATION:

Antibiotics to prevent or treat infections.

Pain relievers. For minor pain, you may use non-prescription drugs such as acetaminophen.

ACTIVITY:

Resume your normal activities as soon as symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a ruptured eardrum, especially a pus-like discharge.

The following occur during treatment:

Fever.

Pain that persists, despite treatment.

Dizziness that continues longer than 12 to 24 hours.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

ECTOPIC PREGNANCY

BASIC INFORMATION

DESCRIPTION:

A pregnancy that develops outside the uterus. The most common site is in one of the narrow tubes that connect each ovary to the uterus (fallopian tube). Other sites include the ovary or outside the reproductive organs in the abdominal cavity or the cervix. About 1 in 100 pregnancies is ectopic.

FREQUENT SIGNS AND SYMPTOMS:

Early stages:

Missed menstrual period or a heavy, painful period.

Unexplained vaginal spotting or bleeding.

Lower abdominal pain and cramps.

Pain in the shoulder (rare).

Late stages:

Sudden, sharp, severe abdominal pain caused by rupture of the fallopian tube.

Dizziness, fainting and shock (paleness, rapid heartbeat, drop in blood pressure and cold sweats).

These may precede or accompany pain (sometimes).

CAUSES:

An egg from the ovary is fertilized and becomes implanted outside the uterus

Usually in the fallopian tube. As the fertilized egg enlarges, the fallopian tube stretches and ruptures, causing life-threatening internal bleeding.

RISK INCREASES WITH:

Use of an intrauterine device (IUD) for contraception.

Previous pelvic infections.

Adhesions (bands of scar tissue) from previous abdominal surgery.

Previous tubal pregnancy.

Previous tubal or uterine surgery.

History of endometritis.

PREVENTIVE MEASURES:

Use a contraceptive method other than IUD.

Obtain prompt treatment for any pelvic infection.

EXPECTED OUTCOME:

An ectopic pregnancy cannot progress to full term or produce a viable fetus. Rupture of an ectopic pregnancy is an emergency requiring immediate hospitalization and surgery.

Full recovery is likely with early diagnosis and surgery.

Subsequent pregnancies are usually normal in about 88% of patients.

POSSIBLE COMPLICATIONS:

Infection.

Diminished fertility.

Loss of reproductive organs after complicated surgery.

Shock and death from internal bleeding.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include serum pregnancy test, ultrasound, culdocentesis, laparoscopy, D & C (dilatation and curettage) and exploratory laparotomy.

May be evaluated and treated on an outpatient basis.

Hospitalization may be required for surgery and supportive care. Blood infusion may be necessary.

Surgery to remove the developing fetus, the placenta, and any damaged tissue. If the fallopian tube cannot be repaired, it is removed. Future non-tubal pregnancy is possible with one fallopian tube.

After surgery:

You may wash normally over the stitches in your incision.

Use heat to relieve pain. Apply a heating pad or hot-water bottle to the abdomen or back. Hot baths also relieve discomfort and relax muscles. Sit in a tub of hot water for 10 to 15 minutes. Repeat as often as needed.

MEDICATION:

Medicine usually is not necessary for this disorder.

ACTIVITY:

Resume your normal activities, including sexual relations, as soon as possible. Frequent, satisfying sexual activity helps you feel closer to your mate and promotes healing.

Attempt sexual intercourse soon, but provide adequate lubrication. Spend extra time touching, conversing intimately and caressing. During early encounters, the woman must decide how much penile penetration and vigorous thrusting is comfortable.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of ectopic pregnancy, especially a rupture. Call immediately. This is an emergency!

The following occur after surgery:

Excessive vaginal bleeding (soaking a pad or tampon every hour).

Signs of infection, such as fever, chills, headache, dizziness or muscle aches.

Increased urinary frequency that lasts longer than 1 month.

This may be a sign of bladder irritation or infection resulting from surgery.

ECTROPION

BASIC INFORMATION

DESCRIPTION:

A disorder of the eyelid in which it weakens and turns outward (inside out).

FREQUENT SIGNS AND SYMPTOMS:

Turning out of the eyelid (usually the lower), causing an unattractive facial appearance.

Inflammation (pain, redness and swelling) in the affected eyelid.

Inadequate eye lubrication, caused when lubricating tears run down the cheek instead of into the eye.

CAUSES:

Weakening of the muscles and tissues that normally support the lid against the eye.

Paralysis of the nerve that supplies the eyelid muscles.

Contraction of scar tissue (from burns, wounds or surgery) near the eye.

RISK INCREASES WITH:

Older adults.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Usually curable with surgery.

POSSIBLE COMPLICATIONS:

Cornea damage caused by dryness.

TREATMENT:

GENERAL MEASURES-

Treatment involves minor surgery to restore normal tension to the eyelid.

Apply warm compresses to the eyelids several times a day to relieve inflammation and discomfort. To prepare compresses:

Pour warm water in a clean bowl.

Soak a clean cloth in the water. Wring it out almost dry.

Apply the warm, moist cloth to the closed eye for 10 to 15 minutes.

Remoisten the cloth frequently.

Wear protective glasses or goggles if you are exposed to wind or pollutants.

MEDICATION:

Artificial tears until surgery can be performed.

Antibiotics if infection is present.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of ectropion.

The following occur after surgery:

Eye pain, redness and photosensitivity.

Vision changes in any way.

ECZEMA

BASIC INFORMATION

DESCRIPTION:

A chronic allergic skin disorder. It affects the skin, especially of the hands, scalp, face, back of the neck or skin creases of elbows and knees. May begin between ages 1 month and 1 year. It usually subsides somewhat by age 3, but it may flare again at any age. Types: Atopic eczema, occurs in people who have a tendency toward allergy and is common in babies; nummular eczema occurs in adults and the cause is unknown; hand eczema usually results from irritation by a substance.

FREQUENT SIGNS AND SYMPTOMS:

Skin affected by eczema has the following characteristics:
Itching (sometimes severe)
Small blisters with oozing.
Thickening and scaling from chronic inflammation.

CAUSES:

Often occurs for no known reason.
An allergic reaction to a wide variety of things, including:
Foods, such as eggs, wheat, milk or seafood.
Wool clothing.
Skin lotions and ointments.
Soaps, detergents cleansers.
Plants, tanning agents used for shoe leather, dyes, topical medications.

RISK INCREASES WITH:

Stress.
Medical history of other allergic conditions, such as hay fever, asthma or sensitivity to certain drugs.
Clothing made of synthetic fabric, which traps perspiration.
Weather extremes, including humidity, severe cold and severe heat (especially with increased sweating).

PREVENTIVE MEASURES:

Avoiding risk factors.
Wearing rubber gloves for household tasks.

EXPECTED OUTCOME:

Variable. Some children outgrow eczema. Others are resistant to treatment, and eczema may persist through puberty. However, symptoms can usually be controlled with treatment.
Skin irritation from any other cause can trigger a flare-up or aggravate existing eczema.

POSSIBLE COMPLICATIONS:

Bacterial infections caused by injury to the skin.

TREATMENT:

GENERAL MEASURES-

Treatment involves relieving the symptoms and identifying and eliminating the cause .
Wear loose cotton clothing to help absorb perspiration.
Minimize stress whenever possible.
Keep fingernails short and put soft gloves on at night to minimize scratching. Scratching worsens eczema.
Bathe less frequently to avoid excessive skin dryness. Soap and water may trigger flare-ups. When bathing, use special non-fat soaps and tepid water. Use no soap on inflamed areas.
Lubricate the skin after bathing.
Avoid extreme temperature changes.
Avoid anything that has previously worsened the condition.

MEDICATION:

Ointments containing coal tar or cortisone drugs to decrease inflammation. These may help more if used at night under occlusive plastic wrap.
Antihistamines to decrease itching.
Antibiotics for complicating infections, if they occur.
Sedatives or tranquilizers (rarely).

ACTIVITY:

No restrictions.

DIET:

No special diet. Eliminate any foods known to cause flare-ups of eczema.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of eczema.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

ENDOMETRIOSIS

BASIC INFORMATION

DESCRIPTION:

A disorder in which tissue resembling the inner lining of the uterus (endometrium) appears at unusual locations in the lower abdomen. This tissue may be found: on the ovary surfaces; behind the uterus, low in the pelvic cavity; on the intestinal wall; and rarely, at other sites far away. It can affect females between puberty and menopause, but most common between ages 20 and 30.

FREQUENT SIGNS AND SYMPTOMS:

The following symptoms may begin abruptly or develop over many years:

- Increased pelvic pain during menstrual periods, especially the last days.
- Pain with sexual intercourse.
- Blood in the urine.
- Back pain.
- Pain with intestinal contractions.
- Blood in the stool (sometimes).

CAUSES:

Unknown, but the following theory is most accepted among doctors:

Normally during ovulation, the uterus lining thickens to prepare for implantation of a fertilized egg. If this does not occur, the lining tissue peels away from the uterus and is expelled in the menstrual flow.

In some cases, this material builds up and passes backward out of the Fallopian tubes into the pelvic cavity. Here it floats freely and attaches itself to other tissues.

The transplanted tissue reacts each month as if it were still in the uterus, thickening and peeling away. New bits of peeled-off tissue create new implants. The growing endometrial tissue between pelvic organs may cause them to adhere together, producing pain and other symptoms.

RISK INCREASES WITH:

- Adult women who don't become pregnant.
- Family history of endometriosis.

PREVENTIVE MEASURES:

Have children while you are young. Pregnancy permanently cures some people with endometriosis.

EXPECTED OUTCOME:

Without treatment, endometriosis becomes increasingly severe. It subsides after menopause when estrogen production decreases.

Symptoms can be relieved with medication, and it is sometimes curable with surgery.

POSSIBLE COMPLICATIONS:

- Sterility from tissue implants that constrict the fallopian tubes.
- Disabling, but never life-threatening, pain.
- Bowel or bladder problems.
- Adhesions of pelvic organs.

TREATMENT:

GENERAL MEASURES-

Diagnosing the disorder may be difficult, requiring repeated examinations or surgical diagnostic procedures, such as laparoscopy (exploratory examination of the organs inside the abdominal cavity with a laparoscope, an optical instrument with a lighted tip). The laparoscope is inserted into the abdomen through a small incision. Visual examination can then be made of many abdominal organs. X-rays of the lower intestines (barium enema) may aid the diagnosis.

Treatment will vary depending on the stage of the disease and the patient's age and desire to have children.

If you want children, consider pregnancy as soon as possible. Pregnancy often cures the disorder. Delaying pregnancy may cause infertility.

Use sanitary napkins instead of tampons. Tampons may make backward menstrual flow more likely.

Use heat to relieve pain. Place a heating pad or hot-water bottle on your abdomen or back, or take warm baths to relax muscles and relieve discomfort.

Laser surgery to remove the abnormal growths.

Surgery to remove implants, or a hysterectomy to remove the uterus, fallopian tubes and ovaries in women who don't want to become pregnant.

Additional information available from the Endometriosis Association, 8585 N. 76th Place, Milwaukee, WI 53223, (800)992-ENDO.

MEDICATION:

You may use non-prescription drugs, such as acetaminophen, to relieve minor pain.

Stronger pain relievers may be prescribed.

Danazol, gonadotropin-releasing hormones, oral contraceptives or progestogens are commonly used drugs for treating endometriosis by suppressing ovarian function.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of endometriosis. The following occur during treatment:

Untolerable pain .

Unusual or excessive vaginal bleeding.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Symptoms recur after treatment.

ENTROPION

BASIC INFORMATION

DESCRIPTION:

A disorder of the eyelid (usually the lower) in which it curls inward toward the eye.

FREQUENT SIGNS AND SYMPTOMS:

Inflammation of the eye (swelling, redness, pain and excessive tears) caused when the inward-turning eyelid and lashes rub against the cornea.

CAUSES:

Several different factors may cause entropion:
Relaxation of the eyelid's supporting tissue, coupled with the inward pull of the eyelid muscles.
Chronic eye inflammation (including allergy), creating scar tissue in the eyelid.

RISK INCREASES WITH:

Aging.

PREVENTIVE MEASURES:

Obtain prompt medical attention for any eye infection.

EXPECTED OUTCOME:

Usually curable with surgery.

POSSIBLE COMPLICATIONS:

Ulceration of the cornea from eyelash and eyelid irritation.

TREATMENT:

GENERAL MEASURES-

Apply warm compresses to the eyelids several times a day to relieve inflammation and discomfort. To prepare compresses:

Pour warm water in a clean bowl.

Soak a clean cloth in the water. Wring it out almost dry.

Apply the warm, moist cloth to the closed eye for 10 to 15 minutes. Remoisten the cloth frequently.

Wear protective glasses or goggles if you are exposed to wind or pollutants.

Minor surgery (usually) to correct the condition.

MEDICATION:

Artificial tears until surgery can be performed.

Antibiotics if infection is present.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of entropion.

The following occur after surgery:

Eye pain, redness and photosensitivity.

Vision changes in any way.

EPIDIDYMITIS

BASIC INFORMATION

DESCRIPTION:

An inflammation and infection of the epididymis, an oblong structure attached to the upper part of each testis.

FREQUENT SIGNS AND SYMPTOMS:

Enlarged, hardened, painful testicle.

Fever.

Tender scrotal contents.

Tenderness of the second testicle (sometimes).

Acute urethritis (often).

CAUSES:

Usually a complication of a bacterial infection elsewhere in the body, such as gonococcal infection of the urethra; prostate infection; or bladder or kidney infection.

Epididymitis may also complicate an infection of the scrotum or be caused by scrotal injury.

RISK INCREASES WITH:

Recent illness, especially acute or chronic prostatitis, urethritis, or urinary-tract infection.

Urethral stricture.

Indwelling urethral catheter.

PREVENTIVE MEASURES:

Use rubber condoms during intercourse to protect from venereal disease. Don't engage in sexual activity with persons who have venereal disease.

Avoid urethral catheters if possible.

EXPECTED OUTCOME:

Usually curable with treatment.

Pain usually resolves in 1-3 days, but complete healing may take weeks or months.

POSSIBLE COMPLICATIONS:

Constipation (sometimes) because bowel movements aggravate pain

Sterility or narrowing and blockage of the urethra if the epididymitis involves both testicles. This requires surgery.

TREATMENT:

GENERAL MEASURES-

Laboratory studies, such as urinalysis and culture of prostate secretions to identify the germ responsible.

The goal of treatment is to combat infection, and reduce pain and swelling. Treatment can usually be done at home.

Support the weight of the scrotum and tender testicles. Roll a soft bath towel and place it between the legs under the inflamed area.

Apply an ice bag to the inflamed parts to help reduce swelling and relieve pain. Don't use heat.

Wear an athletic supporter or two pairs of athletic briefs when you resume normal activity.

An exploratory operation may be necessary to make a final diagnosis and save the testicle (rare).

Surgical procedure may be necessary for severe cases not responding to antibiotics.

MEDICATION:

Antibiotics to fight infection.

Ibuprofen or acetaminophen for mild pain; or stronger pain drugs can be prescribed for moderate to severe pain.

Stool softeners.

ACTIVITY:

Rest in bed until fever, pain and swelling improve. Don't engage in sexual intercourse wait at least 1 month after all symptoms disappear before resuming sexual relations.

DIET:

Don't drink alcohol, tea, coffee or carbonated beverages.

These irritate the urinary system.

Eat natural laxative foods, such as prunes, fresh fruit, whole-wheat cereals and nuts, to prevent constipation.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of epididymitis.

Pain is not relieved by measures outlined above.

You develop fever.

You become constipated.

Symptoms don't improve within 4 days after treatment begins.

GINGIVITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation or infection of the gums.

FREQUENT SIGNS AND SYMPTOMS:

Gums that are swollen, tender, red and soft around the teeth.

Gums that bleed easily

Bad breath.

Fever (rarely).

No pain.

CAUSES:

Poor nutrition, especially vitamin deficiencies that cause diseases such as scurvy or pellagra.

Plaque (food particles, germs and mucus at the base of the teeth).

Blood disorders, including leukemia.

Adverse reactions to drugs, such as anti-convulsants (primarily phenytoin and barbiturates).

Exposure to lead and bismuth.

RISK INCREASES WITH:

Diabetes.

Poor nutrition, especially vitamin deficiency.

Infections.

Pregnancy.

Poor dental hygiene.

PREVENTIVE MEASURES:

Practice good oral hygiene to prevent plaque formation. This must include daily flossing.

Have regular dental checkups twice a year.

Eat a well-balanced diet. Take vitamin supplements if you cannot eat well-balanced meals.

EXPECTED OUTCOME:

Prognosis is generally favorable with appropriate treatment.

POSSIBLE COMPLICATIONS:

Extensive involvement may require painful, prolonged gum surgery.

TREATMENT:

GENERAL MEASURES-

Brush your teeth properly. Scrub clear, sticky plaque off the teeth daily with a soft toothbrush. Place the brush at the gum line and gently rotate it, pointing bristles toward the gum.

Brush one section of teeth at a time. A soft brush is less likely to damage teeth and gums than a hard brush. Floss your teeth at least once a day. Use waxed or unwaxed dental floss.

Wind most of it around the middle finger of each hand. Use index fingers as guide to force the floss between the teeth gently. Gently clean adjacent tooth surfaces with a back-and-forth, sawing motion at the gum line. Floss between all lower teeth. Loosen floss and place it on the tops of the thumbs. Floss between all upper teeth, using the thumbs as guides.

Use a fluoride toothpaste.

Make regular appointments with your dentist for cleaning and treatment of cavities.

Surgery to remove infected gum tissue, if other treatment fails.

Avoid smoking.

Additional information available from the American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611, (800)621-8099.

MEDICATION:

Antibiotics to fight infection.

Fluoride mouthwash.

Vitamins, if you have a deficiency.

ACTIVITY:

No restrictions.

DIET:

No special diet. Avoid candy, sweet drinks or sweet snacks.

Sugar stimulates the production of acid, which attacks normal teeth. The best desserts are fruit and cheese, rather than ice cream or other high-sugar desserts.

NOTIFY OUR OFFICE OR CALL YOUR DENTIST IF:

You or a family member has symptoms of gingivitis.

The following occur after treatment:

Bleeding increases;

Pain becomes intolerable.

Temperature rises to 101°F (38.3°C) or higher.

Neck or face becomes swollen; swallowing becomes difficult.

GONORRHEA

BASIC INFORMATION

DESCRIPTION:

An infectious disease of the reproductive organs that is sexually transmitted (venereal disease). In males, it involves the urethra; in females, the urethra and reproductive system; and in both sexes the rectum, throat, joints, eyes (sometimes). It can affect all ages (even young children) who have sexual contact with infected persons. The peak incidence is between ages 20 and 30. Although readily treatable, this infection has reached epidemic levels in the USA. Incubation period is from 2-10 days.

FREQUENT SIGNS AND SYMPTOMS:

Burning urination.
Thick green-yellow discharge from the penis or vagina.
Little or no fever.
Pain or tenderness with sexual intercourse (sometimes).
Rectal discomfort and discharge (sometimes).
Joint pain.
Rash, especially on palms.
Mild sore throat (sometimes). Females often have few or no symptoms. Males usually have more pronounced symptoms.

CAUSES:

Infection from gonococcus bacteria that grow well on delicate, moist tissue. The bacteria is usually transmitted sexually, but some cases are of unknown origin. Sexual activity involving the rectum or mouth may transmit infection to those areas if either partner is infected.

RISK INCREASES WITH:

Many sexual partners, whether heterosexual or homosexual.
Prostitution.
Child sexual abuse.
Infant who passes through the infected birth canal of the mother.

PREVENTIVE MEASURES:

Avoid sexual partners whose health practices and status are uncertain.
Use a latex condom during sexual intercourse.
This condition must be reported to the local health department to prevent its spread. It sometimes occurs simultaneously with syphilis. Your cooperation is important, and your confidentiality will be maintained.

EXPECTED OUTCOME:

Usually curable in 1 to 2 weeks with treatment.

POSSIBLE COMPLICATIONS:

Gonococcal eye infection. This may cause blindness in children.
Blood poisoning (gonococcal septicemia).
Infectious arthritis.
Pelvic inflammatory disease.

Epididymitis.
Endocarditis.
Sexual impotence in men, if untreated (sometimes).

Infertility in women.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include blood studies; laboratory culture and microscopic analysis of the discharge from the reproductive organs, rectum or throat.
Treatment is with antibiotic medication. Follow up cultures will confirm cure.
Patient should be tested for other sexually transmitted diseases.
Use separate linens and disposable eating utensils during treatment.
Wash hands frequently especially after urination and bowel movements.
Don't touch eyes with hands.
Inform all sexual contacts so they can seek treatment.
Additional information available from the Sexually Transmitted Diseases Hotline (800) 227-8922.

MEDICATION:

Antibiotics to fight the infection.
You may take non-prescription drugs, such as acetaminophen or aspirin, to reduce discomfort but not in place of antibiotics. Home remedies or folk-medicine treatments are ineffective.

ACTIVITY:

No restrictions, except don't resume sexual activity until a follow-up culture shows the infection is cured. Treatment failures and resistance to antibiotics can occur.

DIET:

No special diet. Reduce consumption of caffeine and alcohol during treatment. These irritate the urethra.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of gonorrhea.
Chills, fever, abdominal pain, swelling of the testicles, genital sores or joint pain occur either before or during treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

GOUT

BASIC INFORMATION

DESCRIPTION:

Recurrent attacks of joint inflammation caused by deposits of uric-acid crystals in the joints, especially the base of the big toe. Gout may also involve the elbow, knee, hand, foot, ankle, arm or shoulder. It affects adults of both sexes, but 20 times more frequent in men than women.

FREQUENT SIGNS AND SYMPTOMS:

Sudden onset of severe pain in the inflamed joint, usually at the base of the big toe or larger joints.
Involved joints are red, hot, swollen, and very tender. Skin over the joint is red and shiny.
Fever (sometimes).

CAUSES:

A high level of uric acid in the blood due to increased production of uric acid or decreased elimination of uric acid by the kidneys.

RISK INCREASES WITH:

Use of diuretic drugs (water pills) such as furosemide and hydrochlorothiazide.
Use of some antibiotics.
Some blood diseases, such as polycythemia and leukemia.
Men over 60.
Family history of gout.
Obesity.
Many disorders including thyroid problems, kidney disease, anemia, hyperlipidemia, high blood pressure, diabetes, and vascular disease.
Trauma, surgery, radiation treatment.
Eating large amounts of anchovies, sardines, sweetbreads, kidney or liver.

PREVENTIVE MEASURES:

Avoidance of risk factors where possible

EXPECTED OUTCOME:

The first attack may last a few days, but recurrent attacks are common without treatment to reduce the uric-acid level in the blood. Symptoms can be eliminated with treatment.

POSSIBLE COMPLICATIONS:

If untreated, may cause:
Crippled, deformed joints.
Kidney stones.
Inflammation of bones, ligaments and tendons.

TREATMENT:

GENERAL MEASURES-

Laboratory studies such as blood levels of uric acid and studies of the fluid in the joint; X-ray (usually normal in the first year of the disease); bone scan (sometimes).
Goals of treatment are to control the symptoms and discover the underlying cause.
Use warm or cold compresses on painful joints.

Keep the weight of bedclothes off any painful joint by making a frame that raises sheets off the feet.

MEDICATION:

Nonsteroidal anti-inflammatory drugs to control inflammation in the painful joints.

Prescription medications such as colchicine, indomethacin or prednisolone may be used to control the pain of the acute attack.

For some patients, lifelong medication, such as allopurinol to decrease uric-acid production or probenecid to increase the kidneys' excretion of uric acid. These medications have significant side effects and adverse reactions. Obtain as much information as possible regarding their use.

ACTIVITY:

Acute attacks will end sooner with complete rest.

DIET:

Don't eat liver, sweetbreads, kidney, anchovies or sardines.
Drink 10 to 12 glasses of water daily. Large amounts of fluid keep the urine diluted (helps prevent kidney stones).
Don't drink alcoholic beverages, especially beer or red wine (they can worsen or trigger an attack).
If you are overweight, begin a medically approved weight loss diet. Do not go on a crash diet, as quick weight loss may bring on a gout attack.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of gout.
The following occur during treatment:
Fever of 101°F (38.3°C) or higher.
Skin rash, sore throat, red tongue or bleeding gums.
Marked swelling of feet or abrupt weight increase.
Diarrhea or vomiting.
Symptoms are not relieved in 3 days despite treatment.
New, unexplained symptoms develop that may indicate an adverse reaction of the drug or interactions between drugs.

HAY FEVER (ALLERGIC RHINITIS)

BASIC INFORMATION

DESCRIPTION:

An allergic response to airborne allergens that affects the eyes, nose, sinuses, throat, and bronchial tubes in the lungs. The name is confusing since hay does not cause an allergic reaction and there is no fever. Attacks flare up in pollen season and disappear when it is over.

FREQUENT SIGNS AND SYMPTOMS:

Itching, watery eyes.
Frequent sneezing; stuffy nose with a clear discharge.
Itching in the roof of the mouth.
Wheezing (sometimes).
Burning in the throat.

CAUSES:

The body's immune system produces allergic antibodies which release a chemical called histamine, which in turn produces swelling and irritation in sensitive areas (nose, sinuses, eyes). Airborne allergens causing an allergic sensitivity include:
Pollen from weeds, flowers, grasses and trees.
Mold.
Dust.
Mites.
Tobacco smoke and other air pollutants.

RISK INCREASES WITH:

Medical history of allergic reactions, such as eczema or asthma.
Smoking.
Spring and autumn. Most plants produce pollen during these seasons.
Family history of allergies.
Immunosuppression (due to drugs or illness).

PREVENTIVE MEASURES:

Follow suggestions in General Measures.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment, but condition persists over a lifetime. It is usually more troublesome than disabling.

POSSIBLE COMPLICATIONS:

Sleeping difficulty and chronic fatigue.
Susceptibility to other respiratory infections.
Ear infections.

TREATMENT:

GENERAL MEASURES-

Laboratory tests such as a blood count and allergy skin tests may be recommended, but are usually not required for diagnosis. Eliminate as many allergens in your environment as possible. Prepare your bedroom as follows:
Empty the room of furniture, rugs or carpet, and drapes or curtains.

Clean the walls, woodwork and floors with a damp mop. Wax the floor.

Cover the box springs, mattress and pillows with plastic covers. Use only rugs that can be washed once a week.

Use bedclothes that can be washed often, such as cotton sheets, washable mattress pads and synthetic fiber blankets.

Don't use chenille bedspreads, quilts or comforters.

Use wood or plastic chairs. Don't use stuffed chairs.

Use plastic curtains, if possible. Dust them daily.

Use a vacuum cleaner, damp rags, and a damp or oiled mop to clean the bedroom thoroughly once a week.

Other preventive measures:

Keep windows and doors closed as much as possible.

Don't handle objects that are very dusty, such as books or stored clothing.

Don't keep stuffed animals or toys in the house.

Remove all pets (except fish) from the house.

Wear a filter face mask during exposure to allergens, including during housecleaning.

Install an air-purification unit in your home's heating and air-conditioning system, preferably a high efficiency particulate (HEPA) filter.

Drive in air-conditioned car.

Have someone else mow the lawn.

MEDICATION:

To reduce the body's allergic response, you may be prescribed:

Antihistamines; decongestants; cortisone eye drops or nasal spray; cortisone tablets (severe cases only); cromolyn nasal spray, cromolyn nose drops. These medications relieve symptoms, but they don't cure hay fever.

Desensitization injections for known allergens for severe or year-round cases. Once allergens are known (through skin or blood tests), small amounts are injected periodically. This helps block the immune system from releasing the histamine. This process may take months or years for effective results.

ACTIVITY:

No restrictions.

DIET:

Avoid foods that cause allergic reactions.

NOTIFY OUR OFFICE IF:

You have severe symptoms of hay fever that are interfering with your normal activities.

Signs of infection, such as fever, headache, muscle aches, or thick, discolored nasal discharge, appear. A sinus infection may be complicating the allergy.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

HEAD INJURY

BASIC INFORMATION

DESCRIPTION:

Injury to the head, with or without unconsciousness or other visible signs. Head wounds may be "open" or "closed" depending on the nature of the injury.

FREQUENT SIGNS AND SYMPTOMS:

Depends on the extent of injury. The presence or absence of swelling at the injury site is not related to the seriousness of injury.

Signs and symptoms include any or all of the following:

Drowsiness or confusion.

Vomiting and nausea.

Blurred vision.

Pupils of different size.

Loss of consciousness either temporarily or for long periods.

Amnesia or memory lapses.

Irritability.

Headache.

Bleeding of the scalp, if the skin is broken.

CAUSES:

Injury. The worst injuries usually result from motor-vehicle accidents.

RISK INCREASES WITH:

Excess alcohol consumption.

Contact sports, especially football or boxing.

Seizure disorders.

Bicycle or motorcycle riding without a helmet.

PREVENTIVE MEASURES:

Don't drink or use mind-altering drugs and drive.

Wear protective headgear for contact sports and cycling.

Use your auto seat belt always. Place young children in approved safety car seats.

EXPECTED OUTCOME:

Usually curable with early recognition of danger signs and medical treatment. Complications can be life-threatening or cause permanent disability.

POSSIBLE COMPLICATIONS:

Bleeding under the skull (subdural hemorrhage and hematoma).

Bleeding into the brain.

TREATMENT:

GENERAL MEASURES-

Hospitalization for observation, if signs and symptoms are severe.

Diagnostic tests may include laboratory studies of blood and cerebrospinal fluid, X-rays of the skull and neck and CT scan of the head.

The extent of injury can be determined only with careful examination and observation. After a doctor's examination,

the injured person may be sent home, but a responsible person must stay with the person and watch for serious symptoms. The first 24 hours after injury are critical, although serious after-effects can appear later (up to 6 months after the injury). If you are watching the patient, awaken him or her every 2 hours for 24 hours or as recommended. Report to the doctor immediately if you can't awaken or arouse the person. Report also any of the following:

vomiting.

Inability to move arms and legs equally well on both sides.

Temperature above 100°F (37.8°C).

Stiff neck.

Pupils of unequal size or shape.

Convulsions.

Noticeable restlessness.

Severe headache that persists longer than 4 hours after injury.

Confusion or disorientation.

Additional information available from the National Head Injury Foundation, 333 Tumpike Rd., Southborough, MA 01772, (800) 444-6443.

MEDICATION:

Don't give any medicine including non-prescription acetaminophen or aspirin until the diagnosis is certain.

ACTIVITY:

The patient should rest in bed until the danger is over.

Normal activity may then be resumed as symptoms improve.

DIET:

Full liquid diet until the danger passes.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a head injury or observe them in someone else.

After an injury, you observe any of the symptoms discussed in General Measures.

HEADACHE, CLUSTER

BASIC INFORMATION

DESCRIPTION:

A very severe headache that typically causes pain on one side of the head, behind, or around one eye. The headaches tend to recur at the same time each day for several days or weeks. Approximately 90% of those affected are males.

FREQUENT SIGNS AND SYMPTOMS:

Sudden onset of headache often at night while sleeping.
Headache reaches crescendo within 15 minutes and lasts about 2 hours
Pain is unilateral around the eye.
Severe, piercing or boring pain.
Tearful eyes.
Infected conjunctiva.
Swollen and droopy eyelid.
Nasal congestion and runny nose.
Slow heartbeat.
Nausea.
Perspiration.
Restless, active, violent (sometimes).
Episodes of headache occur at same time on consecutive days, with clusters of these days, separated by attack-free weeks or months.

CAUSES:

Actual cause unknown. Some indication that a neurological disturbance of the body's circadian rhythm (biologic clock) may contribute to cluster headache.

RISK INCREASES WITH:

Male, age over 30.
Possible relationship to previous head injury or surgery.
Significantly higher incidence of peptic ulcer, coronary artery disease (males).
Prior history of migraine frequent (significant in females).

PREVENTIVE MEASURES:

Since the cause is unknown, no specific measures to prevent first episode.

EXPECTED OUTCOME:

No cure is available, but treatment can help control the pain and shorten the cluster period.
Prolonged remissions.

POSSIBLE COMPLICATIONS:

Self-injury during attack.
Side effects of drugs.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually determined by the patient's history of the headache patterns and symptoms.
Therapy may involve medications and lifestyle changes.
During cluster periods, avoid bright light or glare, alcohol,

excessive anger, stressful activity or excitement. These will precipitate attacks.

Avoid smoking, tobacco may make cluster unresponsive to drug treatment

Consider surgical treatments to trigeminal nerve if drug therapy is ineffective.

Additional information available from the National Headache Foundation, 5252 N. Western Ave., Chicago, IL, 60625, (800) 843-2256.

MEDICATION:

Sumatriptan (brand name Imitrex) subcutaneous (self-injected under the skin) may help during an acute attack. Follow all prescription instructions carefully.

Ergotamine aerosol may be used during an attack and also as a preventive. Follow prescription instructions carefully, especially if you take more than one medication.

Oxygen therapy for at home use may be recommended.

Caffeine containing medications (oral and suppository) can help during acute attack.

Local anesthetic, such as lidocaine may be recommended.

Phenylephrine for nasal stuffiness.

Several medications are available that can help suppress headaches during a cluster period (prednisone, lithium, ergotamine, verapamil, indomethacin and methysergide).

ACTIVITY:

Avoid any activities that could cause you to injure yourself during attacks.

Vigorous physical activity at first symptoms may abort attack.

DIET:

During clusters, avoid alcohol as it can precipitates attack.

Rarely, specific foods (chocolate, eggs, dairy products) trigger attacks.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of cluster headache.

Attacks continue after treatment is started.

HEADACHE, MIGRAINE

BASIC INFORMATION

DESCRIPTION:

An intense, incapacitating headache usually on one side of the head, accompanied by other symptoms such as nausea, vomiting and visual problems. They can last from 2 to 72 hours. Episodes of migraines can occur weekly in some people, while others may have less than one a year. Migraines affect both sexes, but are more common in females.

FREQUENT SIGNS AND SYMPTOMS:

The nature of attacks varies between persons and from time to time in the same person. Symptoms of a classic migraine attack appear in the following sequence:

An aura that precedes the headache. This may affect vision, hearing or smell.

The most common symptom is the inability to see clearly, followed by seeing bright spots and zigzag patterns. Visual disturbances may last several minutes or several hours, but they disappear once the headache begins.

Dull, boring pain in the temple that spreads to the entire side of the head. Pain becomes intense and throbbing.

Nausea and vomiting.

In other types of migraine attack, the above symptoms (vision disturbances, headache or vomiting) may be absent, or other symptoms may be present. Some persons become pale, with bloodshot eyes, and a runny nose or eyes.

CAUSES:

Constriction, then dilation and inflammation of blood vessels that go to the scalp and brain. Headache begins when they widen again. Attacks may be triggered by:

Tension. Emotional problems are probably the most common reason for migraine attacks, but headaches don't necessarily coincide with emotional upset. They often occur on weekends when stress is decreased.

Menstruation.

Use of oral contraceptive.

Fatigue.

Consumption of alcohol or certain foods.

Missing meals.

RISK INCREASES WITH:

Stress.

Family history of migraines.

Smoking.

Excess alcohol consumption.

Use of many prescription and non-prescription drugs.

PREVENTIVE MEASURES:

Reduce stress in your life where possible.

Some prescription drugs prevent attacks in some persons.

Avoid those factors that trigger attacks.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment.

Pattern of symptoms and frequency of attacks can change over time.

Restriction in severity and frequency as you get older.

POSSIBLE COMPLICATIONS:

Rare status migraine (lasts over 72 hours leading to dehydration, exhaustion and brain inflammation).

An addiction to the pain medicine used to control symptoms (rare).

TREATMENT:

GENERAL MEASURES-

Usually no diagnostic tests are required, however, laboratory blood studies or CT scan of the head may be performed only to rule out other disorders.

At the first sign of a migraine attack:

Apply a cold cloth or ice pack to your head, or splash your face with cold water.

Lie down in a quiet, dark room for several hours. Wedge pillows to support head. Relax and sleep if possible.

Minimize noise, light and odors (especially cooking odors and tobacco smoke).

Don't read.

Additional information available from the National Headache Foundation, 5252 N. Western Ave., Chicago, IL 60625, (800) 843-2256.

MEDICATION:

No single drug is preferable or effective. A wide variety of drugs can be prescribed for migraine symptoms and prevention. Follow all prescription instructions carefully. Ergotamines (contain caffeine) in oral form, suppository or inhaler.

Aspirin, acetaminophen or ibuprofen.

Drugs that combine acetaminophen and a narcotic (codeine).

Antihistamines to expand blood vessels.

Anti-emetics to decrease nausea and vomiting.

Vasoconstrictors to narrow blood vessels.

Sumatriptan (Imitrex) in self-administered subcutaneous (under the skin) injection, or oral tablet.

Beta-adrenergic or calcium channel blockers or tri-cyclic antidepressants to prevent attacks, if headaches are so frequent or severe that you can't function normally. These medications may leave undesirable side effects and may not help everyone.

ACTIVITY:

Rest during attacks. Between attacks, exercise to achieve maximum fitness.

Do not drive or use dangerous machinery during an attack.

DIET:

Because some attacks are caused by foods, such as cheese or chocolate, keep a record of what you ate before each **attack**.

Avoid foods that seem to trigger migraine attacks. Otherwise, no special diet is necessary.

NOTIFY OUR OFFICE IF:

You or a family member has a migraine attack that persists longer than 24 hours, despite treatment.

Frequent migraine attacks interfere with normal life.

HEADACHE, TENSION OR VASCULAR

BASIC INFORMATION

DESCRIPTION:

Simple tension or vascular headaches are of 3 types:
Pain from muscle strain in the scalp, neck and face.
Pain from constricted blood vessels in the head that cause pressure on blood-vessel walls.
Pain from dilated blood vessels in the brain.
These headaches can occur infrequently, such as one brought on by a stressful event, or they can occur on a chronic basis (sometimes every day).

FREQUENT SIGNS AND SYMPTOMS:

Any of the following:
Moderate pain in the front or back of the head, accompanied by tight muscles in the neck or scalp.
Constant pain over the temples, accompanied by the feeling that a vise is over the back of the head.
Throbbing pain all over the head.
Often present when you wake up.
Insomnia.

CAUSES:

Tension, producing strain on muscles of the neck, scalp, face and jaw.
Sleep disturbances.
Excessive eating or drinking.
Physically exhausting work.
Anxiety or depression.
Eye strain, including sun glare.
Use of drugs or alcohol.
Low blood sugar.
Hormone changes during the menstrual cycle.
Allergic reactions.

RISK INCREASES WITH:

Stress, either mental or physical.
Environments that are noisy, stuffy, hot, poorly lit, or have irritating odors.
Exposure to or consumption of nitrites, sulfites, monosodium glutamate or other food additives.
Maintaining a sitting position for long periods (typing).

PREVENTIVE MEASURES:

Get enough sleep (an average of 8 hours for men and 7 hours for women).
Don't skip meals, especially breakfast; don't overeat.
Exercise regularly to reduce tension and improve circulation.
Drink alcohol moderately no more than 1 or 2 drinks a day, if at all.
Don't smoke cigarettes, and avoid smoky environments.
Don't use mood-altering, mind-altering, stimulant or sedative drugs.
Avoid foods that contain nitrites or other additives to which you are sensitive.

EXPECTED OUTCOME:

Most tension or vascular headaches can be relieved with simple treatment.

POSSIBLE COMPLICATIONS:

None expected for a simple headache.

TREATMENT:

GENERAL MEASURES-

Laboratory studies, such as a CT scan for unremitting pain and to rule out other disorders.
If possible, stop what you are doing and try to relax: Massage shoulders, neck, jaw and scalp.
Take a hot bath or shower.
Lie down. Place a warm or cold cloth, whichever feels better, over the aching area.
Biofeedback training or counseling for chronic headaches caused by stress.
For jobs requiring long hours of sitting, be sure to get up and move around at least once an hour.
Additional information is available from the National Headache Foundation, 5252 N. Western Ave., Chicago, IL 60625, (800) 843-2256.

MEDICATION:

You may take acetaminophen or aspirin to relieve pain.
Non-steroidal anti-inflammatory medications may be prescribed.
Antidepressants may be prescribed for chronic tension headaches.

ACTIVITY:

Rest in a quiet room while you have the headache.
Participate in a regular physical fitness program. Focus on exercises that help muscles in the back, shoulders and neck.

DIET:

Most persons feel better if they don't eat, unless the headache is from low blood sugar.
Don't drink alcohol.

NOTIFY OUR OFFICE IF:

You or a family member has a headache and any of the following occur:
Fever.
Recent head injury.
Drowsiness.
Nausea or vomiting.
Pain in one eye.
Blurred vision.
High blood pressure.
Pain and tenderness around the eyes and cheekbones that worsens when you lean forward.
Vision disturbances and vomiting prior to the headache.
Persistent headache pain for longer than 24 hours without other symptoms.
You suspect a prescription or non-prescription drug caused the headache.

HEARTBEAT, RAPID (TACHYCARDIA)

BASIC INFORMATION

DESCRIPTION:

Heartbeat that is much more rapid than usual and is not caused by overexertion. Tachycardia ranges from 150 to 300 beats per minute. A person with no heart disease may exercise and increase the heartbeat to 160 or more. This is normal and is not a medical problem. Types of tachycardia include atrial fibrillation, sinus tachycardia, supraventricular tachycardia, and ventricular tachycardia.

FREQUENT SIGNS AND SYMPTOMS:

Heart pounding or palpitations. The pulse at the wrist or neck will be 100 to 180 beats per minute, which is much faster than normal.

Faintness or a feeling of impending death.

Chest pain.

Involuntary cough.

Breathlessness.

CAUSES:

Unknown. This can occur in young persons with no evidence of disease, but it may also occur in older patients who have coronary-artery disease.

RISK INCREASES WITH:

Heart disease.

Fever.

Hyperthyroidism.

Stress; anxiety.

Smoking.

Use of some drugs, such as caffeine, cocaine, ephedrine or other sympathomimetic drugs.

PREVENTIVE MEASURES:

Don't smoke.

Reduce stress in your life, if possible.

Avoid decongestants, appetite suppressants, excessive coffee, cola and other stimulants with or without caffeine, cocaine, amphetamines.

EXPECTED OUTCOME:

Most arrhythmias are temporary and benign. Rapid heartbeat can usually be controlled with treatment.

POSSIBLE COMPLICATIONS:

Uninterrupted tachycardia can lead to life-threatening congestive heart failure, heart attack or cardiac arrest.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include an ECG (electrocardiogram) that measures the electrical activity of the heart.

Hospitalization if the attack persists, despite treatment.

Cardioversion, a controlled electric shock (rarely necessary).

The following sometimes reduce heartbeat:

Hold your breath briefly.

Pinch the skin on your arm enough to cause pain.

Bathe your face in cold water, submerge your head briefly in a sink of cool water or take a cool shower and let the water beat on your head.

Hold your nostrils closed and blow gently through the nose, making the eardrums pop.

Massage the carotid area in the neck, if you have been taught to do this safely (obtain instructions from medical personnel).

Additional information available from the American Heart Association, local branch listed in telephone directory or call (800) 242-872 1.

MEDICATION:

For repeated attacks, one or more medications to control heart rhythm may be prescribed. These can include digitalis, quinidine, calcium-channel blockers, procainamide, and beta-adrenergic blockers.

ACTIVITY:

Lie down during an attack until your heartbeat returns to normal, then resume your activities. Between attacks, exercise regularly (with doctor's approval). Physical fitness helps prevent tachycardia.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has an episode of rapid, irregular heartbeat that does not end in 4 or 5 minutes.

Shortness of breath occurs.

Chest pain develops.

HEARTBURN

BASIC INFORMATION

DESCRIPTION:

Discomfort in the upper digestive tract. Heartburn (also known as acid indigestion) is a symptom, not a disease, and has nothing to do with the heart. It can affect all ages, but most common in adults over 60. The symptoms are often mistaken for a heart attack.

FREQUENT SIGNS AND SYMPTOMS:

Belching or slight regurgitation of stomach contents into the mouth, producing an acid taste.
Heavy, burning or uncomfortable sensation in the chest.
Swallowing difficulty.
Mild abdominal pain or bloated feeling.
Vomiting (rarely).

CAUSES:

Heartburn is not associated with a heart disorder. It is caused by a backflow of acid from the stomach into the esophagus. The muscles that close off the upper stomach become lax, allowing stomach juices to enter the esophagus and irritate its lining.

RISK INCREASES WITH:

Hiatal hernia (part of stomach protrudes into the chest).
Ulcers of the esophagus.
Stress.
Improper diet; overeating.
Obesity.
Smoking.
Excess alcohol consumption.
Use of drugs, such as aspirin, arthritis medicine or cortisone.

PREVENTIVE MEASURES:

Avoid smoking and overindulging in food or alcohol. Reduce the amount of fats, deep-fried foods, spices, coffee, tea, and tomato products in your diet.
Don't bend over, lie down or exercise immediately after eating.
Don't wear tight, restrictive clothing.
Elevate the head of the bed 4 to 6 inches with blocks.
Lose weight if you are overweight.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment, but recurrence is common.

POSSIBLE COMPLICATIONS:

Usually none expected.
Frequent heartburn over a long period of time may indicate other disorders, such as a peptic ulcer.
Irritating stomach acids can damage the esophagus.

TREATMENT:

GENERAL MEASURES-

Heartburn usually begins with about an hour after eating and may continue for several hours. Usually no medical care is

necessary. Self-treatment with antacids and taking preventive measures should control the symptoms.

MEDICATION:

For minor discomfort, you may use non-prescription liquid antacids. These preparations coat the inside of the esophagus and neutralize stomach acid. Follow instructions on the bottle. The usual dose is 1 tablespoon taken 1 hour after meals and at bedtime.

ACTIVITY:

Resume normal activities as soon as symptoms subside.

DIET:

Avoid foods and beverages that stimulate heavy stomach acid secretion, such as spicy dishes, coffee, acid fruit juice or alcohol. Avoid chocolate, and reduce your consumption of fatty foods.
Eat small, frequent meals.

NOTIFY OUR OFFICE IF:

Swallowing becomes more difficult.
You regurgitate blood when you have heartburn.
Heartburn continues despite self-care.
The following symptoms accompany heartburn; could mean a heart attack. Seek emergency help:
Shortness of breath.
Sweating.
Pain in the jaw, neck and arm
Nausea or vomiting.
Cold, clammy feeling.

HEARTBURN DURING PREGNANCY

BASIC INFORMATION

DESCRIPTION:

Burning pain in the chest and upper abdomen during pregnancy.

FREQUENT SIGNS AND SYMPTOMS:

Burning pain in the center of the chest and upper abdomen, frequently accompanied by an unpleasant taste in the mouth. Belching.

CAUSES:

Heartburn is not associated with a heart disorder. It is caused by a backflow of acid from the stomach into the esophagus. The muscles that close off the upper stomach become lax, allowing stomach juices to enter the esophagus and irritate its lining. During late pregnancy, the enlarged womb presses on the stomach and causes this.

RISK INCREASES WITH:

Overeating or eating before lying down.
Smoking.
Excess alcohol consumption.

PREVENTIVE MEASURES:

Avoid risk factors listed above.

EXPECTED OUTCOME:

Heartburn is an uncomfortable but harmless condition. It disappears after the baby is born unless its cause is not related to pregnancy.

POSSIBLE COMPLICATIONS:

Inflammation and ulcer in the lower esophagus (rare).

TREATMENT:

GENERAL MEASURES-

Avoid stooping, especially after eating.
Don't wear tight girdles or belts.
Place books or block under the head of your bed to raise it about 4 inches.
Don't smoke.

MEDICATION:

Medicine usually is not necessary for this disorder. Avoid all medicines while pregnant, if possible. As long as you can live with the symptoms, endure the discomfort without drugs or medicines.

ACTIVITY:

Stay active. Avoid abdominal exercises that require bending.

DIET:

Eat small, frequent meals.
Don't eat before bedtime.
Avoid highly seasoned food.
Don't drink alcohol.
Avoid very hot or very cold beverages.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of heartburn during pregnancy. This should be diagnosed.

The following occur after diagnosis:

Simple measures don't bring relief

You begin vomiting late in pregnancy.

You vomit material that has blood in it or looks like coffee grounds.

You have black or tarry stools.

HEATSTROKE OR HEAT EXHAUSTION (Sunstroke)

BASIC INFORMATION

DESCRIPTION:

Illness caused by prolonged exposure to hot temperatures, limited fluid intake, or failure of temperature regulation mechanisms in the brain. It can affect all ages, but is more common in the elderly.

FREQUENT SIGNS AND SYMPTOMS:

Heat exhaustion:

Dizziness, fatigue, faintness, headache.

Skin that is pale and clammy.

Pulse rapid and weak.

Breathing is fast and shallow. Muscle cramps.

Intense thirst.

Heatstroke:

Often preceded by heat exhaustion and its symptoms.

Skin that is hot, dry and flushed.

No sweating.

High body temperature.

Rapid heartbeat.

Confusion.

Loss of consciousness.

CAUSES:

Heat exhaustion is caused by insufficient water intake, insufficient salt intake, and a deficiency in the production of sweat. (Sweat evaporation is what helps to cool the body.)

Heat stroke is caused by overexposure to extreme heat and a breakdown in the body's heat-regulating mechanisms. The body becomes overheated to a dangerous degree (body temperature can reach 107°F).

RISK INCREASES WITH:

General effects of aging.

Alcohol or other drug abuse.

Chronic illness, such as diabetes or blood-vessel disease.

Recent illness involving fluid loss from vomiting or diarrhea.

Hot, humid weather.

Working in a hot environment.

Loss of body fluids from sweating and failure to drink enough replacement fluid.

Heavy, restrictive clothing.

Severe fever.

PREVENTIVE MEASURES:

Wear light, loose-fitting clothing in hot weather.

Drink water often, don't wait until thirsty.

Drink extra water if you sweat heavily. If urine output decreases, increase your water intake.

If you become overheated, improve your ventilation. Open a window or use a fan or air conditioner. This promotes sweat evaporation, which cools the skin.

Acclimate yourself to hot weather.

EXPECTED OUTCOME:

Prompt treatment usually brings full recovery in 1 to 2 days.

POSSIBLE COMPLICATIONS:

Can involve any major organ system (heart, lungs, kidneys, brain).

Related to duration and intensity of heat, and to speed and effectiveness of treatment.

TREATMENT:

GENERAL MEASURES-

If someone with symptoms is very hot and not sweating: Cool the person rapidly. Remove their clothing, use a cold-water bath, or wrap in wet sheets. Arrange for transportation to the nearest hospital. This is an emergency!

If someone is faint but sweating: Lie the person down in a cool place, give them cool liquids (water, soft drinks or fruit juice). Arrange for transportation to the hospital, except in mild cases. Get medical advice for proper care.

MEDICATION:

Medicine usually is not necessary for these disorders.

ACTIVITY:

Rest with legs elevated while symptoms are present.

Activity may be resumed after symptoms improve.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of heatstroke or heat exhaustion, or observe them in someone else. Call immediately! These conditions may be serious or fatal.

HEEL SPUR (Calcaneal Spur)

BASIC INFORMATION

DESCRIPTION:

A hard, bony growth in the tissue of the heel that causes pain and difficulty walking.

FREQUENT SIGNS AND SYMPTOMS:

No symptoms sometimes.
Pain and tenderness in the sole of the foot, under the heel bone.

CAUSES:

Stress or injury to the heel tissues, which causes inflammation and calcification of ligaments in the foot.

RISK INCREASES WITH:

Running or jogging. The condition is less likely with vigorous walking.
Prolonged standing.

PREVENTIVE MEASURES:

Avoid activities that put constant strain on the foot.
Wear a shoe with a rubber or felt heel cushion.

EXPECTED OUTCOME:

Usually curable with conservative treatment. If not, heel spurs are frequently curable with surgery.

POSSIBLE COMPLICATIONS:

Lower-back or knee disorders caused by constant limping.

TREATMENT:

GENERAL MEASURES-

Place a heel cup or felt insert in the shoe to relieve pressure on the heel.
Surgery to remove the spur
For acute pain, use a cold compress or ice pack 34 times a day for 10- 15 minutes each time.

MEDICATION:

To relieve minor pain, you may use non-prescription drugs, such as acetaminophen or aspirin.
Injection of steroids into the inflamed area to reduce inflammation.

ACTIVITY:

Stay off your feet as much as possible, especially at the beginning of treatment.

DIET:

No special diet, unless you are overweight. If so, lose weight to reduce stress on the foot.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a heel spur.
Pain or disability persists, despite treatment.

HEMORRHOIDS

BASIC INFORMATION

DESCRIPTION:

Dilated (varicose) veins of the rectum or anus. Hemorrhoids may be located at the beginning of the anal canal (internal hemorrhoids), or at the anal opening (external hemorrhoids). Hemorrhoids may be present for years, but go undetected until bleeding occurs.

FREQUENT SIGNS AND SYMPTOMS:

Rectal bleeding. Bright-red blood may appear as streaks on toilet paper adhering to fecal residue, or it may be a slow trickle for a short while following bowel movements. It almost always colors the toilet water.
Pain, itching or mucus discharge after bowel movements.
A lump that can be felt in the anus.
A sensation that the rectum has not emptied completely after a bowel movement (large hemorrhoids only).
Inflammation and swelling.

CAUSES:

Repeated pressure in the anal or rectal veins.

RISK INCREASES WITH:

Diet that lacks fiber; constipation.
Prolonged sitting (especially truck drivers and pilots) or prolonged standing.
Obesity.
Pregnancy,
Constipation.
Loss of muscle tone due to older age, rectal surgery or episiotomy.
Liver disease.
Anal intercourse.
Colon malignancy.
Portal hypertension.

PREVENTIVE MEASURES:

Don't try to hurry bowel movements, but avoid straining and prolonged sitting on the toilet.
Lose weight if you are overweight.
Include plenty of fiber in your diet.
Drink 8- 10 glasses of water a day.
Exercise regularly.

EXPECTED OUTCOME:

Hemorrhoids usually clear up with proper care, but symptoms may come and go (may flare up after a bout of constipation). Stubborn cases may require surgery.

POSSIBLE COMPLICATIONS:

Iron-deficiency anemia if blood loss is significant.
Severe pain caused by a blood clot in a hemorrhoid.
Infection or ulceration of a hemorrhoid.

TREATMENT:

GENERAL MEASURES-

Diagnosis may include an anoscopy (visual examination of the anus by means of a short tube called an anoscope, an optical instrument with lenses and a lighted tip), or proctoscopy (method of examining the rectum and lower part of the colon with a proctoscope, an optical instrument with a lighted tip).

Treatment is aimed at easing the symptoms.

Never strain to push stool out.

Lift feet on a low footstool to aid bowel movement.

Clean the anal area gently with soft, moist paper after each bowel movement.

To relieve pain, sit in 8 to 10 inches of warm water for 10 to 20 minutes several times a day.

To reduce pain and swelling of a blood clot or protruding hemorrhoid, stay in bed for 1 day and apply ice packs to the anal area.

Surgery may be required in stubborn cases. Procedures include ligation (tying off hemorrhoid with a rubber band to strangulate it); sclerotherapy (injection of chemical to induce scarring); cryosurgery (freezing the hemorrhoid with liquid nitrogen); coagulation (by infrared light or laser) or hemorrhoidectomy (surgical removal).

MEDICATION:

For minor pain, itching, or to reduce swelling, you may use non-prescription drugs that are formulated to relieve symptoms of hemorrhoids.

Stool softener, if a laxative is needed.

ACTIVITY:

No restrictions. Bowel function improves with good physical conditioning.

DIET:

To prevent constipation, eat a well-balanced diet that contains many high-fiber foods such as fresh fruit, bran muffins, beans, vegetables and whole-grain cereals.

Drink 8- 10 glasses of fluid daily.

NOTIFY OUR OFFICE IF:

A hard lump develops where a hemorrhoid has been.

Hemorrhoids cause severe pain that isn't relieved by treatment above.

Rectal bleeding is excessive (more than a trace or streak on toilet paper or stool). Rectal bleeding can be an early sign of cancer.

HEPATITIS, VIRAL

BASIC INFORMATION

DESCRIPTION:

Inflammation of the liver caused by a virus. Hepatitis has several forms. The most common are type A and type B. Other types include hepatitis C, D and E.

FREQUENT SIGNS AND SYMPTOMS:

Early stages-

Flu-like symptoms, such as fever, fatigue, nausea, vomiting, diarrhea and loss of appetite.

Several days later:

Jaundice (yellow eyes and skin) caused by a buildup of bile in the blood.

Dark urine from bile spilling over into the urine.

Light, "clay-colored" or whitish stools.

CAUSES:

Types A and E: The virus usually enters the body through water or food, especially raw shellfish, that has been contaminated by sewage (fecal-oral contact).

Type B: Usually sexually transmitted (contact with body fluids of an infected person), through blood transfusions contaminated with the virus, or from injections with non-sterile needles or syringes. An infected mother can pass it to her newborn. Some cases appear sporadically.

Type C: Usually transmitted through intravenous drug use, blood transfusions, and other exposures from contaminated blood or its products. In 40% of the cases, mode of transmission is unknown.

Type D: Always associated with an infection of hepatitis type B.

RISK INCREASES WITH:

Travel to areas with poor sanitation.

Oral-anal sexual practices.

Use of intravenous, mind-altering drugs.

Alcoholism.

Blood transfusions.

Hospital workers.

Day-care centers or residential programs.

Kidney dialysis treatment.

Poor nutrition.

Illness that has lowered resistance.

PREVENTIVE MEASURES:

Avoid risks listed above.

If you are exposed to someone with hepatitis, seek medical advice about receiving gamma-globulin injections to prevent or decrease the risk of Hepatitis.

If you are in a high-risk group, such as hospital workers, dentists, dental workers, male homosexuals, sexually promiscuous men and women, or intravenous drug abusers, consider vaccination for type-B hepatitis. Vaccines are under development for other forms.

Routine hepatitis B vaccination for all newborn infants.

EXPECTED OUTCOME:

Jaundice and other symptoms peak and then gradually disappear over 3 to 16 weeks. Most people in good general health recover fully in 1 to 4 months. A small percentage proceed to chronic hepatitis. Recovery from viral hepatitis usually provides permanent immunity against it.

POSSIBLE COMPLICATIONS:

Liver failure, cirrhosis of the liver, liver cancer, even death. Chronic hepatitis. These patients are carriers and potentially infectious to household and sexual contacts. These people may look and feel well and not know they are infected.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests include laboratory blood tests to identify infection, liver function studies, liver biopsy in severe or chronic cases.

Most persons with hepatitis can be cared for at home without undue risk. Strict isolation is not necessary, but the ill person should have separate eating and drinking utensils or use disposable ones.

If you have hepatitis or are caring for someone with it, wash your hands carefully and often, especially after bowel movements.

MEDICATION:

There is no specific medicine to treat hepatitis. Cortisone drugs may be prescribed for severe cases to reduce liver inflammation. Chronic hepatitis C may be treated with alpha-interferon.

ACTIVITY:

Bed rest is necessary until jaundice disappears and appetite returns. People differ widely in the rate at which they can return to normal activity.

DIET:

Despite poor appetite, small well-balanced meals help promote recovery. At least 8 glasses of water are necessary each day. Don't drink alcohol.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of hepatitis, or have been exposed to someone who has it.

The following occur during treatment:

Increasing loss of appetite.

Excessive drowsiness or mental confusion.

Vomiting, diarrhea or abdominal pain.

Deepening jaundice; skin rash or itching.

HERNIA

BASIC INFORMATION

DESCRIPTION:

Protrusion of an internal organ through a weakness or abnormal opening in the muscle around it. The most common types include:

Inguinal hernia and femoral hernia; (both involve connective tissue in the groin).

Incisional hernia (involves muscles at the site of previous surgery).

Umbilical hernia (in newborns, involves muscles around the navel).

Epigastric hernia (occurs in the upper abdomen, between breastbone and navel).

Peri-umbilical hernia (develops around the navel, more common in women).

FREQUENT SIGNS AND SYMPTOMS:

A swelling that usually returns to normal position with gentle pressure or by lying down.

Mild discomfort or pain at the site of the lump (sometimes).

Scrotal swelling, with or without pain.

Constipation, indigestion.

Vomiting (rare, dangerous).

CAUSES:

Weakness in connective tissue or a muscle wall. This may be present at birth or acquired later in life. Incisional hernias result from previous surgery.

RISK INCREASES WITH:

Premature infants.

Adults over 60.

Chronic cough.

Obesity.

Pregnancy.

Straining, as with chronic constipation.

PREVENTIVE MEASURES:

Most hernias cannot be avoided, but maintaining proper weight and regular exercise to keep muscles toned may prevent some types of hernias.

Seek medical help if constipation is a problem.

If chronic cough is present, seek appropriate medical care.

EXPECTED OUTCOME:

Umbilical hernias usually heal spontaneously by age 4 and rarely require surgery. Other hernias are usually curable with surgery.

POSSIBLE COMPLICATIONS:

If the hernia becomes strangulated (loses its blood supply), the protruding part may cause intestinal obstruction with fever, severe pain, vomiting and shock.

TREATMENT:

GENERAL MEASURES-

If hernia is causing only mild discomfort and can readily be pushed back, a supportive garment or truss may be recommended.

Surgery is usually advised to repair the opening caused by weakened muscle or connective tissue. Surgery is usually done on an outpatient basis.

MEDICATION:

For minor discomfort, you may use non-prescription drugs such as acetaminophen.

ACTIVITY:

Avoid heavy lifting either before or after surgery.

Speed of recovery will depend on general health and type of hernia repaired. Light activities can usually be resumed in a few days.

Don't return to exercise program until you have medical approval.

DIET:

Adjust diet to avoid constipation.

Maintain ideal weight.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a hernia.

If you have fever or severe pain, call immediately! This can be an emergency.

HERPES, GENITAL

BASIC INFORMATION

DESCRIPTION:

A virus infection of the genitals transmitted by sexual relations (intercourse or oral sex). Genital herpes may increase the risk of cervical cancer. It can involve the penis, vagina, cervix, thighs, buttocks (sometimes) and can affect both sexes, and all ages, of sexually active persons.

FREQUENT SIGNS AND SYMPTOMS:

Painful blisters, preceded by itching, burning or irritation on the vaginal lips or penis. In women, the blisters may extend into the vagina to the cervix and urethra. After a few days, the blisters rupture and leave painful, shallow ulcers which last 1 to 3 weeks.

Difficult, painful urination.

Enlarged lymph glands.

Fever and a general ill feeling.

CAUSES:

Herpes Type 2 virus (HSV-2). (Herpes Type I virus causes common cold sores, which appear around the mouth.)

Genital herpes is transmitted by a sexual partner who has active herpes lesions. Lesions may be on the genitals, hands, lips or mouth (including Type I virus). The virus lies dormant inside infected cells until conditions for multiplication are right; then the infected cells grow.

RISK INCREASES WITH:

Serious illness that has lowered resistance.

Use of immunosuppressive or anticancer drugs.

Stress (increases susceptibility to a primary infection or a recurrence). Stress may lead to diminished efficiency of the immune responses that usually suppress growth of the virus.

Other "triggers" that can cause a recurrence include genital trauma, menstruation, sunbathing, and existing infection of some other type.

PREVENTIVE MEASURES:

Avoid sexual intercourse if either partner has blisters or sores.

Use a rubber condom during intercourse if either sex partner has inactive genital herpes (especially important if the infected partner has frequent recurrences).

Avoid oral sex with a partner who has cold sores on the mouth.

If you are pregnant, tell your doctor if you have had herpes or any genital lesions in the past. Precautions should be taken to prevent infection of the baby.

Avoid stress where possible.

EXPECTED OUTCOME:

Genital herpes is currently considered incurable, but symptoms can be relieved with treatment.

During symptom-free periods, the virus returns to its dormant state. Symptoms recur when the virus is reactivated.

Recurrent symptoms are not new infections.

The discomfort varies from person to person and from time to time in the same person. The first herpes infection is much more uncomfortable than following ones.

POSSIBLE COMPLICATIONS:

Generalized disease and death in persons who must take anticancer drugs or immunosuppressive drugs.

Transmittal of life-threatening systemic herpes to a newborn infant from an infected mother.

Secondary bacterial infection.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually determined by the appearance of the lesions, however, confirmation may be made by a laboratory study of fluid from the lesion.

Treatment is directed toward relieving symptoms and preventing complications.

Women should wear cotton underpants or pantyhose with a cotton crotch.

To reduce pain during urination, women may urinate in a shower, or urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out or pour a cup of warm water over genitals while urinating.

Warm baths with a tablespoon of salt added can ease discomfort.

Consider life-style changes to avoid emotional stress.

Women should have an annual Pap smear and physical examination to rule out any complications.

Additional information available from the Herpes Resource Center, P.O. Box 13827, Research Triangle Park, NC 27709, (919) 361-8488.

MEDICATION:

Acyclovir (antiviral medication) in oral form for treatment of initial episodes and management of recurrent genital herpes.

For some patients, it may be prescribed for prevention purposes. A topical form of acyclovir is available, but is not as effective.

Use mild painkillers, such as acetaminophen.

ACTIVITY:

Avoid intercourse until symptoms disappear.

Appropriate rest if symptoms are present.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of genital herpes.

Symptoms don't improve in 1 week, despite treatment.

Symptoms worsen, despite treatment.

Unusual vaginal bleeding or swelling occurs.

Fever returns during treatment or you become generally ill.

HERPES ZOSTER (Shingles)

BASIC INFORMATION

DESCRIPTION:

A viral infection of the central nervous system. Herpes zoster is contagious to persons who have not had chickenpox and frequently to patients requiring immuno-suppressant drugs for any illness. It can affect all ages, but is most common in adults over age 50.

FREQUENT SIGNS AND SYMPTOMS:

Painful red blisters anywhere on the body. Blisters appear 4 to 5 days after early symptoms begin. The blisters appear on a broad streak of reddened skin along sensory-nerve routes to a particular area of skin. They occur most often on the chest, and spread only on one side of the body.

Mild chills and fever.

General ill feeling.

Mild nausea, abdominal cramps or diarrhea.

Chest pain, face pain, or burning pain in the skin of the abdomen, depending on the affected area.

CAUSES:

Herpes zoster is caused by the varicella-zoster virus, the same virus that causes chickenpox. It may lie dormant in the spinal cord until triggered by risk factors.

RISK INCREASES WITH:

Adults over 50.

Stress.

Hodgkin's disease.

Illness that has lowered resistance.

Use of immunosuppressive or anticancer drugs.

Spinal surgery or radiation.

Leukemia or lymphoma.

PREVENTIVE MEASURES:

Cannot be prevented at present. Varicella vaccines under investigation have not eliminated zoster. With rare exceptions, one attack of zoster confers lifelong immunity.

EXPECTED OUTCOME:

The rash usually clears in 14 to 21 days. The nerve pain may last for another month or longer. One attack usually provides immunity against herpes zoster, but a few persons have had more than one attack.

POSSIBLE COMPLICATIONS:

Secondary infection in the herpes zoster blisters.

Chronic pain, especially in the elderly, that persists for months or years in the sensory nerves where the blisters have been.

Corneal ulceration.

Central nervous system infection.

TREATMENT:

GENERAL MEASURES-

Diagnosis is usually not possible until rash appears. Before then, the symptoms may mimic appendicitis, pleurisy or other conditions. Diagnostic tests may include laboratory blood

tests and culture of fluid from blister, and skin biopsy (rare). Primary goal of treatment is to relieve the itching and pain as much as possible, usually with topical and oral medications. The nerve pain that lingers after the skin clears is the most difficult to treat, and unfortunately, there are no therapies to prevent it.

When bathing, wash blisters gently.

Don't bandage the sores.

Apply cool, moist compresses if this decreases the pain.

Soak in a tub of water to which cornstarch or colloidal oatmeal (Aveeno) has been added.

Other pain remedies have been advocated, but none has been shown to be consistently effective. These include skin stimulation by intermittent-rubbing, use of alternating electrical currents passed through the skin, local heat, cold spraying, and surgical cutting of the nerves.

MEDICATION:

Calamine lotion for the blisters.

For minor discomfort, you may use nonprescription drugs such as acetaminophen.

Stronger pain relievers if needed.

Tranquilizers for a short time.

Cortisone drugs to relieve pain in severe cases.

Acyclovir (an antiviral drug) may be prescribed.

Injections of nerve block may be recommended in severe cases.

ACTIVITY:

No restrictions. Avoid chilling drafts.

DIET:

No special diet. Maintain a nutritious diet. Use supplemental vitamins if recommended.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of herpes zoster.

Pain is intolerable, despite treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

HIATAL HERNIA

BASIC INFORMATION

DESCRIPTION:

A weakness or stretching of the hiatus (an opening for the esophagus) located in the diaphragm (the broad, thin muscle separating the chest cavity and abdominal cavity). When this opening becomes weakened, gastric (stomach) acid flows backward from the stomach into the esophagus, irritating the esophagus. The stomach may even protrude into the lower chest.

FREQUENT SIGNS AND SYMPTOMS:

The following symptoms usually develop within 1 hour or more after eating.

"Heartburn" (a burning sensation in the area of the heart and behind the breastbone). May be confused with heart attack symptoms.

Belching.

Swallowing difficulty (rare).

CAUSES:

Underlying cause is unknown.

RISK INCREASES WITH:

Congenital weakness in the muscular ring of the diaphragm through which the esophagus passes and empties into the stomach.

Abdominal injury, causing tremendous pressure that tears a hole in some part of the diaphragm.

Chronic constipation and straining during bowel movements.

Obesity.

Pregnancy.

Constant straining or lifting with tightening of the abdominal muscles.

Smoking.

Age over 50.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

Symptoms can usually be controlled. If symptoms cannot be controlled and it appears that irritation of the esophagus is causing scarring and ulceration, the condition can be corrected with surgery.

POSSIBLE COMPLICATIONS:

Bleeding from the esophagus. This can be excessive, leading to shock.

Misdiagnosis as a heart attack.

TREATMENT:

GENERAL MEASURES-

For diagnosis, an esogastrosocopy (passage of a viewing tube down the throat into the esophagus) may be performed. If cancer is suspected, a small amount of tissue may be removed

for a biopsy. Manometry (pressure measurement) may be performed to confirm the reduced pressure at the esophagogastric junction.

The primary goals of treatment are to relieve symptoms and to manage and prevent complications. Medical therapy is used first. Raise the head of your bed 4 to 6 inches. This allows gravity to keep stomach acid away from the hernia.

Don't smoke.

Don't wear tight pantyhose, girdles, belts or pants.

Don't strain during bowel movements, urination or lifting.

Surgery to close the weakness in the diaphragm and keep the stomach in its natural place (rare).

MEDICATION:

Antacids. These are most effective for some persons when they take them 1 hour before meals and at bedtime. Others find them more helpful 1 to 2 hours after meals and at bedtime. Try both ways to find the best schedule for you.

Stool softeners.

Drugs which hasten gastric emptying may be prescribed.

ACTIVITY:

Don't bend over or lie down immediately after a meal.

DIET:

Avoid large meals. Eat 4 or 5 small meals a day instead.

Don't eat anything for at least 2 hours before bedtime.

Lose weight, if you are overweight. Frequently symptoms may disappear below a specific weight.

Avoid alcoholic beverages, caffeine-containing beverages (coffee, tea, cocoa, cola drinks) and any other food, juice or spice that aggravates symptoms. Eat slowly.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a hiatal hernia, especially the sensation that food stops beneath the breastbone. Call immediately if pain is accompanied by shortness of breath, sweating or nausea.

You vomit blood or have recurrent vomiting.

Temperature rises over 100°F (37.8°C).

Symptoms don't improve in 1 month with treatment.

HICCUP (Hiccough; Singuitus)

BASIC INFORMATION

DESCRIPTION:

Repeated, involuntary spasmodic contractions of the diaphragm. Hiccups are a symptom, not a disease. Hiccups involve the diaphragm (large, thin muscle which separates the chest from the abdomen) and phrenic nerve (nerve that connects the diaphragm to the brain). Almost everybody gets hiccups, even a fetus in a mother's womb.

FREQUENT SIGNS AND SYMPTOMS:

A sharp, quick sound produced from the mouth by a spasm of the diaphragm. The spasm closes muscles in the back of the throat during inhalation.

CAUSES:

Irritation of nerves that control breathing muscles, especially the diaphragm. The cause of short hiccup episodes is usually unknown. Prolonged or recurrent hiccup episodes may be caused by:

Swallowing hot or irritating substances.

Diseases of the pleura (thin membrane layers that cover the lung).

Pneumonia.

Uremia.

Alcoholism.

Use of certain prescription or non-prescription drugs.

Disorders of the stomach, esophagus, bowel or pancreas.

Pregnancy.

Bladder irritation.

Hepatitis.

Spread of cancer from another part of the body to the liver or part of the pleura,

Recent surgery, especially abdominal surgery.

Emotional causes.

RISK INCREASES WITH:

Illness that has diminished health.

Recent abdominal surgery.

Use of drugs, especially those that irritate the stomach.

Full stomach.

Laughter or intense emotions.

Changes in temperature.

Alcohol consumption.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Short hiccup episodes usually don't indicate disease. They will subside on their own or often with the treatment discussed below. Continued hiccups can be debilitating and require medical attention to determine the cause.

POSSIBLE COMPLICATIONS:

None unless hiccups are prolonged, which may indicate serious disease.

TREATMENT:

GENERAL MEASURES-

These instructions are for short hiccup episodes. Prolonged hiccups require medical care. Try one or more methods to see which works best for you.

Hold your breath and count to 10.

Breathe into a paper bag, and rebreathe air in the bag. Don't use a plastic bag because it may cling to nostrils.

Insert your thumb between your teeth and upper lip; press the upper lip with your index finger just below the right nostril.

Press a forefinger into each ear for about 20 seconds.

Drink a glass of water rapidly.

Swallow dry bread or crushed ice.

Pull gently on the tongue.

Close eyelids and apply gentle pressure to the eyeballs.

Swallow a teaspoon of dry sugar.

MEDICATION:

Usually no medications are needed for this disorder.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

Hiccups persist longer than 8 hours.

You suspect a prescription drug may be causing hiccups.

HIV & AIDS

(Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome)

BASIC INFORMATION

DESCRIPTION:

A major failure of the body's immune system (immunodeficiency). This decreases the body's ability to fight infection and suppress multiplication of abnormal cells, such as cancer. It affects the immune system, including special blood cells (lymphocytes) and cells of the organs (bone marrow, spleen, liver and lymph glands). These cells manufacture antibodies to protect against disease and cancer. AIDS is a secondary immunodeficiency syndrome resulting from HIV infection.

FREQUENT SIGNS AND SYMPTOMS:

Initial infection with HIV may produce no symptoms.
Fatigue.
Unexplained weight loss.
Recurrent respiratory and skin infections.
Fever.
Swollen lymph glands throughout the body.
Genital changes.
Enlarged spleen.
Diarrhea.
Mouth sores.
Night sweats.

CAUSES:

HIV (human immunodeficiency virus), a virus (retrovirus) that invades and destroys cells of the immune system, resulting in lowered resistance to infections and some types of cancer.

The virus is transmitted by:

Sexual contact among infected persons.
Use of contaminated needles for intravenous drug use.
Transfusions of blood or blood products from a person with acquired immune deficiency syndrome (rare).
Children born to an HIV infected mother.

Note: Usual non-sexual contact does not transmit the disease, so a person with HIV infection is not a risk to the general population.

RISK INCREASES WITH:

Multiple homosexual male sexual partners.
Multiple heterosexual partners (less likely).
Exposure of Hospital workers and laboratory technicians to blood, feces and urine of HIV positive patients. Greatest risk is with an accidental needle injury.
Infants born to mothers with HIV infection.
Intravenous drug abuse.

PREVENTIVE MEASURES:

Avoid sexual contact with affected persons or known intravenous drug users.
Sexual activity should be restricted to partners whose sexual histories are known.

Use condoms for vaginal and anal intercourse (effectiveness is not proved, but their consistent use may reduce transmission). The risk of oral sex is not fully known. Ejaculation into the mouth should be avoided.

Avoid intravenous self-administered drugs. Do not share unsterilized needles.

Avoid unscreened blood products (some foreign countries may not test the blood as the USA does).

Infected people or those in risk groups are advised not to donate blood, sperm, organs or tissue.

EXPECTED OUTCOME:

This condition is currently considered incurable. However, symptoms can be relieved or controlled and scientific research into causes and treatment continues. AIDS may not develop for years following a positive HIV test. Once ill, survival averages 2-1/2 years, but may be shorter or longer.

POSSIBLE COMPLICATIONS:

Serious infection in various body systems.
Cancer.
Death.

TREATMENT:

GENERAL MEASURES-

Laboratory blood studies of blood cells and HIV antibodies test (may not become positive for 6 months after contact).
Psychotherapy or counseling to cope with anxiety and depression about having the disease and the likelihood of death.

Hospitalization. Medical schools may provide some free care if you are willing to participate in research.

Early diagnosis is helpful. If you are at risk, obtain a medical evaluation even if you feel well.

Contact social agencies in your area about AIDS support groups.

Avoid exposure to infections.

Additional information is available from the National AIDS Hotline (800) 342-2437; Spanish (800) 342-7432.

MEDICATION:

Drugs are currently not effective in curing HIV or AIDS. Antibiotics may be prescribed to prevent infections or control them as they develop.

Several antiviral drugs (e.g., zidovudine and acyclovir) are used for patients with HIV or AIDS and may slow the progression.

Research continues into new drugs, treatment methods, and possible vaccine against HIV.

ACTIVITY:

No restrictions on normal activity.

Get adequate rest, but an exercise routine is recommended.

DIET:

Maintain good nutrition. Malabsorption, altered metabolism and weight loss are common among patients.

Avoid raw eggs, unpasteurized milk or other potentially contaminated foods.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of HIV infection.
Infection occurs after diagnosis. Symptoms include fever,
cough, diarrhea.
New symptoms develop. Drugs used in treatment have many
side effects.

HIVES (Urticaria; Giant Urticaria)

BASIC INFORMATION

DESCRIPTION:

An allergic disorder characterized by a skin rash with raised areas, redness and itching. It can involve the skin anywhere, including the scalp, lips, palms and soles. Frequently, a specific cause cannot be identified.

FREQUENT SIGNS AND SYMPTOMS:

Itchy skin papules (small, red bumps) with the following characteristics:

They swell and produce pink or red lesions called wheals. Wheals have clearly defined edges and flat tops. They measure 1cm to 5cm in diameter.

Wheals join together quickly and form large, flat plaques (larger areas of raised, skin-colored lesions).

Wheals and plaques change shape, resolve and reappear in minutes or hours. This rapid change is unique to hives.

CAUSES:

Release of histamines, sometimes for unknown reason.

Following are the most common causes:

Medications. Nearly every drug causes hives in some persons, including aspirin.

Insect bites; viral infections; autoimmune disease; dysproteinemias

Exposure to cold, heat, water or sunlight.

Cancer, especially leukemia.

Exposure to animals, especially cats.

Eating eggs, fruits, nuts and shellfish. Other foods sometimes cause hives in infants, but not in adults.

Food dyes and preservatives (possibly).

Infection (bacterial, viral, fungal).

RISK INCREASES WITH

Stress.

Other allergies or a family history of allergies.

PREVENTIVE MEASURES:

If you have had hives and identified the cause, avoid the source.

Keep an anaphylaxis kit if you experience severe reactions.

EXPECTED OUTCOME:

Unpredictable, depending on the cause. If a medication or acute viral infection is responsible, hives usually disappear within hours or days. Some cases become chronic and last for months or years. Most eventually go into spontaneous remission even if the cause is not identified.

POSSIBLE COMPLICATIONS:

Swelling of the larynx and inability to breathe.

Hives may be the first sign of life-threatening anaphylaxis. If so, it will be followed by agitation, wheezing due to the blockage of the airway, numbness, palpitations, cold sweats and/or low blood pressure. Without prompt treatment, coma and cardiac arrest can occur.

TREATMENT:

GENERAL MEASURES-

Emergency-room care for life-threatening reactions.

Diagnostic tests may include laboratory blood studies, urinalysis, erythrocyte sedimentation rate and chest x-ray to rule out inflammatory infection.

Treatment aims are to prevent contact with the triggering factors.

Allergy skin tests and desensitization injections.

Don't take drugs (including aspirin, laxatives, sedatives, vitamins, antacids, pain killers or cough syrups) not prescribed for you.

Don't wear tight underwear or foundation garments. Any skin irritation may trigger new outbreaks.

Don't take hot baths or showers.

Apply cold-water compresses or soaks to relieve itching.

MEDICATION:

Antihistamines, ephedrine, terbutaline or cortisone drugs to relieve itching and rash.

Sedatives or tranquilizers for anxiety.

Epinephrine by injection for severe symptoms.

ACTIVITY:

Decrease activities until several days after hives disappear.

Avoid getting hot, sweaty or excited.

DIET:

If foods are suspected as a cause, keep a food diary to help identify the offending food.

Avoid alcohol and coffee or other caffeine-containing beverages if they appear to trigger outbreaks.

NOTIFY OUR OFFICE IF:

The following occur during an episode of hives:

Swollen lips.

Shortness of breath or wheezing

A tight or constricted feeling in the throat.

Any of the symptoms of anaphylaxis (see Possible Complications). This is an emergency!

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

HYPERHIDROSIS

BASIC INFORMATION

DESCRIPTION:

Excessive sweating. Sweating is a normal body function that helps maintain even body temperature. Excess sweat serves no purpose and often creates social embarrassment because of odor or stained clothes. In extreme cases, excess sweat can ruin clothes and shoes.

FREQUENT SIGNS AND SYMPTOMS:

Heavy perspiration from underarm area, soles and palms and to a larger degree, from other body parts.
Unpleasant odor, which is caused by bacteria in sweat.

CAUSES:

Genetic factors may contribute to development of hyperhidrosis.
Stress or chronic anxiety.
Fever and infection.
Malignancy, such as lymphoma.
Hyperthyroidism.
Heart attack.
Menopause.
Some drugs and medicines, such as narcotics.
Withdrawal from addicting drugs.
Unknown in some cases.

RISK INCREASES WITH:

Stress.
Strenuous activity.
Hot weather.

PREVENTIVE MEASURES:

Resolve tension-causing conditions.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment.

POSSIBLE COMPLICATIONS:

Psychological distress caused by social embarrassment.
Rashes from deodorants or antiperspirants.
Dehydration if water intake is insufficient to replace water lost in sweat (rare).

TREATMENT:

GENERAL MEASURES-

Treatment for underlying conditions.
Psychotherapy or counseling, if stress is a major factor.
Bathe frequently.
Change clothes frequently.
Wear loose-fitting clothes of natural fibers, such as cotton.
Use underarm sweat shields.
Use antiperspirants and deodorants.
Use drying powders

Wear cotton socks.

Wear leather shoes or sandals. Don't use man-made materials. Electrical devices that temporarily reduce sweating of palms, axilla or feet may be recommended.

Shave underarm hair.

Surgery to remove sweat glands or sever nerves to major sweat areas (rare).

MEDICATION:

Tranquilizers or anticholinergics to reduce activity of the central nervous system. Don't use these if you have glaucoma or prostate disease.

Special solutions to reduce sweating, such as topical applications of aluminum chloride.

Beta-adrenergic blockers may occasionally help.

ACTIVITY:

No restrictions.

DIET:

No special diet. Drink at least 8 glasses of water a day, more in hot weather.

NOTIFY OUR OFFICE IF:

Excessive sweating is causing you problems at work or in social situations.

HYPERLIPIDEMIA

(Hyperlipoproteinemia)

BASIC INFORMATION

DESCRIPTION:

Above-normal levels of fat in the blood. The types of hyperlipidemia (I, II, III, IV, V) are defined according to the levels of fatty substances in the blood, and how much above normal these levels are. It can affect all ages, but is most common in adults. Different types appear at different ages.

FREQUENT SIGNS AND SYMPTOMS :

Yellowish nodules of fat in the skin beneath eyes, elbows and knees, and in tendons.

Enlarged spleen and liver (some types).

Whitish ring around the eye pupil (some types).

CAUSES:

The blood contains a variety of fats (lipids) joined to blood proteins, forming lipoproteins. They provide energy and are "building blocks" for some tissues and hormones.

Lipoproteins include cholesterol and triglycerides. The cholesterol is made of fractions called high density lipoprotein (HDL), low density lipoprotein (LDL), and very low density lipoprotein (VLDL). The LDL will deposit onto artery walls (if it is excessive), causing atherosclerosis. The HDL is protective, by helping to prevent deposit of LDL.

Each type of hyperlipidemia may be inherited, or secondary to some other disorder.

RISK INCREASES WITH:

Improper diet that is high in saturated fat and cholesterol.

Family history of hyperlipidemia.

Use of oral contraceptives or estrogen.

Diabetes mellitus.

Hypothyroidism.

Nephrosis.

Alcoholism.

PREVENTIVE MEASURES:

Eat a diet that is low in fat.

If you have diabetes, adhere closely to your treatment program

Get a medical test to check your blood level of cholesterol and its fractions.

EXPECTED OUTCOME:

Usually treatable or controllable with lifelong dietary control and medication.

POSSIBLE COMPLICATIONS:

Atherosclerosis. This is a major cause of heart disease (coronary artery disease), strokes, kidney failure, and poor circulation.

Acute pancreatitis.

TREATMENT:

GENERAL MEASURES-

For diagnosis, a laboratory blood study to measure blood lipids.

For some patients, an altered diet may be sufficient for treatment, others may require medications to reduce blood lipids.

Stress increases the risk of heart disease, a major complication of hyperlipidemia. Look for ways to reduce stress in your life. Learn relaxation methods.

Stop smoking. Smoking accelerates the deposit of fats onto blood vessels

MEDICATION:

Many medications are now utilized to control blood lipids.

Work with your doctor to find effective treatment.

Medications to treat underlying diseases, such as diabetes or thyroid conditions.

Don't take oral contraceptives. Use other forms of birth control.

ACTIVITY:

No restrictions unless tendons are weakened by fat deposits or you have coronary artery disease.

A regular exercise program is helpful for reducing weight, controlling stress, and it might help in increasing the body's ability to clear fat from the blood after meals.

DIET:

Eat a diet that is low in fat (particularly saturated fat). Get medical advice on proper diet.

Lose weight if you are overweight. The more overweight you are, the more lipids your body produces.

Don't drink alcohol.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms or a family history of hyperlipidemia.

New, unexplained symptoms develop, Drugs used in treatment may produce side effects.

HYPERTENSION (High Blood Pressure)

BASIC INFORMATION

DESCRIPTION:

An increase in the force against arteries (blood vessels) as blood circulates through them. Hypertension is sometimes called "the silent killer" because it often has no symptoms until the late stages. Blood pressure normally goes up as a result of stress or physical activity, but a person with hypertension has high blood pressure at rest.

FREQUENT SIGNS AND SYMPTOMS:

Usually no symptoms unless disease is severe.
Following are symptoms of a hypertensive crisis:
Headache; drowsiness; confusion.
Numbness and tingling in the hands and feet.
Coughing blood; nosebleeds
Severe shortness of breath.

CAUSES:

Usually unknown. A small number of cases result from:
Chronic kidney disease.
Severe narrowing of the aorta (major artery of the heart).
Disorders of some endocrine glands.
Hardening of the arteries.

RISK INCREASES WITH

Adults over 60.
Obesity; smoking; stress.
Alcoholism.
Diet that is high in salt or saturated fat.
Sedentary lifestyle.
Genetic factors. Hypertension is most common among blacks.
Family history of hypertension, stroke, heart attack or kidney failure.
Use of contraceptive pills, steroids and some appetite suppressants or decongestants.

PREVENTIVE MEASURES:

Essential hypertension (from unknown causes) cannot be prevented at present. If you have a family history of hypertension, obtain frequent blood-pressure checks. If hypertension is detected early, treatment that includes diet, exercise, stress management, smoking cessation, alcohol reduction, and medication can usually prevent complications.

EXPECTED OUTCOME:

With treatment, complications are preventable (except for possible side effects of drugs). Life expectancy is near normal.
Without treatment, life expectancy is reduced because of the likelihood of heart attack or stroke.

POSSIBLE COMPLICATIONS:

Stroke.
Heart attack.
Congestive heart failure and pulmonary edema.
Kidney failure.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory studies of blood; ECG (electrocardiogram - method of diagnosing heart diseases by measuring electrical activity of the heart), angiography (study of arteries and veins by injecting material into them that x-rays can outline) and other x-rays.

Overall treatment goals will be individualized and may involve weight loss; smoking cessation; exercise program; reduction in alcohol consumption; and lifestyle changes to reduce stress.
Learn to take your own blood pressure and monitor it daily.

MEDICATION:

Antihypertensive medications can reduce blood pressure if more conservative measures don't work.
Don't take non-prescription cold and sinus remedies. These contain drugs, such as ephedrine and pseudoephedrine, that raise blood pressure.

ACTIVITY:

Normal activity with exercise program at least 3 times a week. This helps reduce stress and maintain normal body weight; it may lower blood pressure. Seek medical advice (your doctor or an exercise physiologist) about an exercise prescription.

DIET:

Low-salt diet.
Reducing diet if overweight.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a hypertensive crisis.
Chest pain occurs. This may be an emergency. Seek help immediately!
Symptoms of high-blood pressure continue despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

HYPERTHYROIDISM (Thyrotoxicosis, Toxic Goiter)

BASIC INFORMATION

DESCRIPTION:

Overactivity of the thyroid, an endocrine gland that regulates all body functions. The result is an overproduction of thyroid hormone. The most common form of hyperthyroidism is called Graves' disease. Hyperthyroidism affects adults between ages 20 and 50, mostly women.

FREQUENT SIGNS AND SYMPTOMS :

Hyperactivity.
Feeling warm or hot all the time.
Tremors.
Sweating.
Itching skin.
Pounding, rapid, irregular heartbeat.
Weight loss, despite overeating. Older persons may gain weight.
Marked anxiety and restlessness.
Sleeplessness.
Fatigue and weakness.
Protruding eyes (exophthalmos) and double vision (sometimes).
Diarrhea (sometimes).
Hair loss (sometimes).
Goiter (enlarged thyroid) (sometimes).

CAUSES:

Autoimmune disorder (body develops antibodies that stimulate excessive amounts of thyroid hormone).
Thyroid nodules or tumors.
Thyroiditis (inflammation of thyroid gland).

RISK INCREASES WITH:

Family history of hyperthyroidism.
Stress.
Female gender.
Other autoimmune disorders.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

Usually curable with medication or surgery. Allow 6 months of treatment for the condition to stabilize. Some forms, may return to normal without treatment.

POSSIBLE COMPLICATIONS:

Congestive heart failure.
Thyroid storm, a sudden worsening of all symptoms. This is a life-threatening emergency.
Misdiagnosis as a psychiatric anxiety reaction.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory blood studies and radioactive studies such as I131 uptake (measuring thyroid activity with radioactive iodine and radiation emission counters).

Appropriate treatment will depend on the size of the goiter, the causes, your age, and how long surgery may be delayed (if you are a candidate for it).

Medication controls the problem in most patients.

Surgery to remove part of the thyroid (thyroidectomy) recommended for some patients.

MEDICATION:

Anti-thyroid drugs to depress thyroid activity.

Beta-adrenergic blockers to decrease a rapid heartbeat.

Radioactive iodine, which selectively destroys thyroid cells.

ACTIVITY:

Limit activity as much as possible until the disorder is controlled. Modify activities according to disease severity.

DIET:

Eat a diet high in protein to replace tissue lost from thyroid over-activity.

Weight loss diet if you are overweight.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of hyperthyroidism.
Symptoms worsen suddenly, especially after surgery.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

HYPERVENTILATION (Panic Attack)

BASIC INFORMATION

DESCRIPTION:

Breathing so fast that carbon-dioxide levels in the blood are decreased, temporarily upsetting normal blood chemistry. Symptoms may make you feel like you are having a heart attack.

FREQUENT SIGNS AND SYMPTOMS :

Rapid breathing.
Numbness and tingling around the mouth, hands and feet.
Weakness or faintness.
Muscle spasm or contractions in the hands and feet.
Fainting (occasionally).
Chest pains.
Dizziness or lightheadedness.

CAUSES:

A change in the normal ratio of acid to other elements in the blood caused by breathing out too much carbon dioxide, usually caused by anxiety.
Rarely, hyperventilation can accompany fever, disease of the heart and lungs, or severe injury.

RISK INCREASES WITH:

Underlying emotional conflicts (fear or phobias).
Stress.
Feelings of guilt.
Fatigue or overwork.
Illness.
Smoking.
Excess alcohol consumption.

PREVENTIVE MEASURES:

Avoid anxiety-producing situations.
Reduce stress in your life (learn relaxation techniques, meditation, etc.).

EXPECTED OUTCOME:

Symptoms may be frightening, but usually last only a few minutes (though some can last hours) and cause no physical harm.
Psychotherapy or counseling may be recommended if hyperventilation occurs often and is caused by anxiety.

POSSIBLE COMPLICATIONS:

Hyperventilation is rarely associated with a serious physical illness, but may be a symptom of panic disorder (repeated panic attacks), agoraphobia (avoidance of certain situations) or other phobias.

TREATMENT:

GENERAL MEASURES-

During an attack, the following instructions will increase carbon dioxide in the blood and relieve symptoms:

Cover your mouth and nose completely with a paper bag, then breathe slowly into the bag and rebreathe the air. The air in the bag contains additional carbon dioxide. Breathe slowly in and out of the bag at least 1-3 minutes. Put the bag aside and breathe normally for a few minutes (one breath every 6 seconds). Repeat the process, if necessary, until the symptoms diminish or disappear. If symptoms return, repeat the process as often as needed. (You may want to carry a paper bag with you all the time as a preventive measure).
Don't smoke. Nicotine is a stimulant.

MEDICATION:

Medicine usually is not necessary for this disorder.

ACTIVITY:

After treatment, resume normal activity as soon as possible. Exercise helps reduce anxiety, and when exercising, breathing faster is fine.

DIET:

Reduce your use of caffeine (coffee, tea, cola, chocolate). It is a stimulant and could be a trigger for hyperventilation.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of hyperventilation that don't diminish with self-treatment.
The following occur during an attack:
Fainting.
Heartbeat irregularities.
Sudden fever.

HYPOGLYCEMIA, FUNCTIONAL

BASIC INFORMATION

DESCRIPTION:

Low blood sugar caused by excessive production of insulin by the pancreas. This is not a disease. Often misdiagnosed when based on symptoms alone. It is not a common medical condition (except in diabetic patients) as many would believe.

FREQUENT SIGNS AND SYMPTOMS:

The following vary greatly among people in frequency and severity:

- Weakness or faintness.
- Sweating.
- Excessive hunger.
- Nervousness and trembling hands.
- Headache.
- Confusion.
- Personality changes.
- Seizures (sometimes).
- Heartbeat irregularities
- Loss of consciousness (rare).

CAUSES:

Functional hypoglycemia probably results when the pancreas produces too much insulin in response to sugars and other carbohydrates, heavy exercise, pregnancy or unknown causes. The following drugs decrease blood-sugar levels in some persons: tobacco; caffeine; alcohol; aspirin; sulfonura medications; phenformin; haloperidol; propoxyphene; chlorpromazine, propranolol, pentamidine, disopyramide. Tumor in the pancreas
Chronic renal failure.

RISK INCREASES WITH:

- Stress.
- Improper diet.
- Smoking.
- Use of drugs, such as those listed above.
- Fatigue or overwork.

PREVENTIVE MEASURES:

- Follow instructions under Diet. Don't skip meals.
- Avoid stress.
- Don't smoke.
- Don't drink alcohol.
- Recognize early symptoms and take corrective action.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment.

POSSIBLE COMPLICATIONS:

Possibility of an attack while you are swimming, operating machinery, or driving a motor vehicle.

TREATMENT:

GENERAL MEASURES-

Laboratory studies may be recommended, such as blood sugar and glucose-tolerance tests.

Consider lifestyle changes.

Psychotherapy or counseling to learn to cope with stress.

MEDICATION:

Medicine usually is not necessary for this disorder.

ACTIVITY:

No restrictions.

DIET:

Eat 5 or 6 small meals a day that are low in simple carbohydrates, moderate in fats and high in protein. Don't skip meals. Between-meal snacks should include protein, such as chicken, eggs, cheese, nuts or skim milk, rather than carbohydrates. Avoid highly concentrated sweets, such as candy.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of functional hypoglycemia.

HYPOTHYROIDISM

BASIC INFORMATION

DESCRIPTION:

Underactive thyroid gland which causes an underproduction of thyroid hormone. The thyroid is a small butterfly shaped gland in the neck. Virtually all metabolic processes are affected by the thyroid hormone. It affects both sexes of adults, but is more common in women.

FREQUENT SIGNS AND SYMPTOMS:

It is unlikely one person will have all the following symptoms, but most will have several:

- Decreased tolerance for cold.
- Decreased sweating.
- Decreased appetite.
- Constipation,
- Chest pain.
- Coarse or slow-growing hair,
- Slow, rapid or irregular heartbeat.
- Weight gain or extreme thinness.
- Placidity or nervousness.
- Sleepiness or insomnia.
- Mental impairment, including depression, psychosis or poor memory.
- Fluid retention, especially around the eyes.
- Dull facial expression and droopy eyelids.
- Coarse skin.
- Decreased tolerance for medication.
- Decreased sex drive and infertility.
- Menstrual disorders.
- Anemia.
- Numbness and tingling of the hands and feet.
- Deepened or hoarse voice.

CAUSES:

Sometimes unknown. Most common causes include:
Autoimmune disease, in which the body's immune system functions abnormally and attacks the thyroid gland.
Radioactive iodine treatment.
Surgery for hyperthyroidism.
Iodine deficiency in the diet.
Decreased activity of the pituitary gland, which secretes a thyroid-stimulating hormone.
Use of drugs, such as lithium, that may depress thyroid function.

RISK INCREASES WITH:

- Adults over 60
- Obesity.
- Surgery for hyperthyroidism.
- X-ray treatments.

PREVENTIVE MEASURES:

No known measures to prevent primary hypothyroidism. Take replacement thyroid for life after thyroid surgery or destruction of the thyroid gland by radiation treatment.

EXPECTED OUTCOME:

Usually curable with careful thyroid-replacement therapy. The goal of treatment is to provide the body with enough thyroid substance for efficient body function. Medical evaluation may be necessary for several months to establish the correct dose of thyroid replacement. Relapses will occur if treatment is interrupted.

POSSIBLE COMPLICATIONS:

- Myxedema coma - life threatening complication of hypothyroidism.
- Increased susceptibility to infection.
- Adrenal crisis with vigorous treatment of hypothyroidism.
- Infertility.
- Over treatment over long periods can lead to bone demineralization.

TREATMENT:

GENERAL MEASURES-

Laboratory blood studies of thyroid hormones. Lab studies can confirm the diagnosis of hypothyroidism, but they cannot indicate how much replacement therapy is needed. Goals of treatment are long-term thyroid replacement and recognition of symptoms to avoid over- or under-dosing. You may require hospitalization if complicating emergencies occur, such as myxedema coma (extremely rare in warm climates, more common in cold climates).

MEDICATION:

Thyroid-replacement hormones will be prescribed. Dosage requirements will depend on age, weight, sex, capacity of thyroid function, other drugs you take, and intestinal function.

ACTIVITY:

No restrictions. Stay as active as possible.

DIET:

- No special diet for hypothyroidism. Avoid constipation by eating a high-fiber diet.
- Weight loss diet recommended if you are overweight.

NOTIFY OUR OFFICE IF:

- You or a family member has symptoms of hypothyroidism. Symptoms don't improve within 3 weeks after treatment begins.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
- Coma or seizures occur. Get emergency help immediately!

ID REACTION (Autoeczematization; Autosensitization)

BASIC INFORMATION

DESCRIPTION:

An allergic response to a primary skin infection of the feet, groin or other area, producing an itching rash somewhere else in the body.

FREQUENT SIGNS AND SYMPTOMS :

Itching (often severe).

Vesicles (fluid-filled, small blisters) of varying size on the skin.

CAUSES:

Unknown. An id reaction may be a disorder of the body's immunological response to the original ailment. It occurs most often with some forms of dermatitis, outer-ear infections and eczema of the hand or foot.

RISK INCREASES WITH:

Recent skin rash (especially diaper dermatitis, stasis dermatitis, external otitis, hand eczema, foot eczema).

Stress.

Medical history of allergies.

PREVENTIVE MEASURES:

Treat all skin disorders thoroughly until they disappear.

EXPECTED OUTCOME:

Usually curable in 2 weeks. Recurrence is rapid if treatment is discontinued before the id reaction and original disorder are completely gone.

POSSIBLE COMPLICATIONS:

Adverse reaction to medication used in treatment.

TREATMENT:

GENERAL MEASURES-

A laboratory culture of the original skin disorder may be recommended.

Treat the original skin disorder until it heals completely to prevent a recurrence of the id reaction.

Id reaction does not respond well to simple measures such as soaks.

Minimize stress, if possible.

MEDICATION:

Topical or oral cortisone drugs. Oral steroids quickly control the id reaction, but slow healing of the underlying disorder.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You have symptoms of an id reaction.

The following occur during treatment:

Fever higher than 101°F (38.3°C).

Heat, redness, pain or tenderness in any of the lesions.

This indicates infection.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

IMPETIGO (Pyoderma)

BASIC INFORMATION

DESCRIPTION:

A contagious, common bacterial skin infection that affects the superficial layers of the skin. It usually involves the skin of the face, arms and legs. Impetigo can affect all ages, but is most common in infants and children.

FREQUENT SIGNS AND SYMPTOMS:

A red rash with many small blisters. Some blisters contain pus, and yellow crusts form when they break. The blisters don't hurt, but they may itch. Slight fever (sometimes).

CAUSES:

Staphylococcal or streptococcal (or combination) bacteria growing in the upper skin layers.

RISK INCREASES WITH:

Skin that is sensitive to sun and irritants, such as soap and makeup.
Poor nutrition.
Illness that has lowered resistance.
Warm, moist weather.
Crowded or unsanitary living conditions.
Poor hygiene.

PREVENTIVE MEASURES:

Bathe daily with soap and water.
Keep fingernails short.
Don't scratch impetigo blisters.
If there is an outbreak in the family, urge all members to use antibacterial soap.
Use separate towels for each family member, or substitute paper towels temporarily.
Don't share razors with other people.

EXPECTED OUTCOME:

Curable in 7-10 days with treatment.

POSSIBLE COMPLICATIONS:

Penetration of the infection to deeper skin layers (ecthyma or cellulitis). This may cause scarring. Treatment is the same as for impetigo.
Acute glomerulonephritis (kidney disorder).

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory skin culture to identify the germ causing the infection.
Follow the suggestions listed under Preventive Measures.
Scrub lesions with gauze and antiseptic soap. Break any pustules. Remove all crusts, and expose and cleanse all lesions. If crusts are difficult to remove, soak them in warm soapy water and scrub gently.

Cover impetigo sores with gauze and tape to keep hands away from them.

Treat new lesions the same way, even if you are not sure they are impetigo.

Separate and boil bed linen, if possible, and towels, clothes and other items that have touched sores.

Men should shave around sores on the face, not over them. Use an aerosol shaving cream and change razor blades each day. Don't use a shaving brush; it may harbor germs.

MEDICATION:

Antibiotic ointments may be prescribed.
Oral antibiotics may be prescribed.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of impetigo.

Fever occurs.

The sores continue to spread or don't begin to heal in 3 days, despite treatment.

IMPOTENCE, MALE SEXUAL (Erectile Dysfunction)

BASIC INFORMATION

DESCRIPTION:

A consistent inability to achieve or maintain an erection of the penis necessary to have sexual intercourse. (The occasional periods of impotence that occur in just about all adult males is not considered dysfunctional.)

Impotence is not inevitable with aging. The capacity for erection is retained though a man may need more stimulation to achieve erection and more time between erections than in the past.

FREQUENT SIGNS AND SYMPTOMS:

Inability to achieve an erection.

Inability to maintain an erection for the normal duration of intercourse (erection may be too weak, too brief, or too painful).

CAUSES:

Psychological causes include:

Guilt feelings.

A poor relationship with the sexual partner.

Psychological disorders, including depression, anxiety, stress and psychosis.

Lack of sexual information, including an understanding of the emotional aspects of sexuality and information about female anatomy and physiology.

Physical causes include:

Diabetes mellitus.

Atherosclerosis (hardening of the arteries).

Use of some antihypertensive medications.

Disorders of the central nervous system, such as spinal-cord injury, multiple sclerosis, stroke or syphilis.

Endocrine disorders that involve the pituitary, thyroid, adrenal or sexual glands.

Alcoholism.

Drug abuse, especially of marijuana, cocaine, narcotics, tranquilizers, sedatives, hypnotics and hallucinogenics.

Decreased circulation to the penis from any cause.

Situational causes:

Presence of other people in the home (such as mother-in-law).

RISK INCREASES WITH:

Problems listed in Causes.

Recent illness that has lowered strength.

Recent major surgery, especially cardiovascular or prostate surgery

PREVENTIVE MEASURES:

Maintain good communication with your partner. Don't be hesitant about discussing the problem, exploring your needs and asking for help. Your partner's understanding is critical to solving the problem.

Don't drink more than 1 or 2 alcoholic drinks, if any, a day.

Don't use other drugs that can be abused.

If you have diabetes, adhere closely to your treatment program.

Maintain overall good health.

If any new medication you take changes your sexual function, talk to the doctor.

EXPECTED OUTCOME:

Spontaneous recovery or recovery after brief counseling in many cases with psychological origins.

For cases with physical origins, treatment of the underlying disorder or changes in a medication therapy may improve sexual performance.

Other medical methods to improve erectile function have greatly improved the outlook.

POSSIBLE COMPLICATIONS:

Depression and loss of self-esteem.

Marital problems or breakdown of close personal relationships.

TREATMENT:

GENERAL MEASURES-

Medical tests as needed for diagnosis of any underlying disorder. Diagnosis in a special center to measure nocturnal erections.

Psychotherapy or counseling (alone or with your partner) from a qualified, professional sex therapist.

If medication is the cause, a change in medication or changes in dosage amounts may be helpful.

Self-administered penile injection therapy may be prescribed. Use of vacuum erectile device may be recommended for some patients.

Surgery to implant an inflatable or non-inflatable penile prosthesis.

Additional information available from Recovery of Male Potency, (800) 835-7667.

MEDICATION:

Medication is not helpful for impotence caused by psychological factors.

Medication may be prescribed to treat the underlying medical condition.

Medication for self-administered penile injections may be prescribed.

ACTIVITY:

No restrictions. Resume sexual relations when potency returns or surgery heals.

DIET:

Eat a well-balanced diet, and take vitamin and mineral supplements.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of impotence, especially if you take medications or have disorders listed as causes.

INCONTINENCE, FUNCTIONAL

BASIC INFORMATION

DESCRIPTION:

Incontinence that occurs infrequently (transient) or there is failure to comprehend the need to urinate.(functional).

FREQUENT SIGNS AND SYMPTOMS :

Forgetting to urinate.
Urinating at inappropriate times or places.
Occasional problems in getting from bed to toilet in time.

CAUSES:

Dementia
Depression.
Mobility disorders.

RISK INCREASES WITH:

Urinary tract infection.
Diabetes.
Increasing age.
Female sex/estrogen deficiency.
Multiple births (female).
Spinal cord injury.
General debilitated condition.

PREVENTIVE MEASURES:

Eat a normal, well-balanced diet and exercise regularly to build and maintain muscle strength.
Females can learn and practice Kegel exercises before symptoms of stress incontinence begin.
Kegel exercises:
Females can learn to recognize, control and develop the muscles of the pelvic floor. These are the ones you use to interrupt urination in mid-stream. The following exercises strengthen these muscles so you can control or relax, them completely:
To identify, which muscles are involved, alternately start and stop urinating when using the toilet,
Practice tightening and releasing these muscles while sitting, standing, walking, driving, watching TV or listening to music.
Tighten the muscles a small amount at a time, "like an elevator going up to the 10th floor." Then release very slowly, "one floor at a time."
Tighten the muscles from front to back, including the anus, as in the previous exercise.
Practice exercises every morning, afternoon and evening.
Start with 5 times each, and gradually work up to 20 or 30 each time.

EXPECTED OUTCOME:

Most likely to continue unless underlying causes can be treated.

POSSIBLE COMPLICATIONS:

Urinary-tract infections.
Social isolation due to concern about embarrassment.

TREATMENT:

GENERAL MEASURES-

Following treatment of the underlying cause, it may be necessary to rely on external devices or super-absorbent pads. Specially trained nurses or therapists will help a patient learn how to cope with the problem, such as scheduled voiding, prompting, and habit training.

May require caregiver assistance for management.

Absorbent pads or diapers may be worn.

External catheters for some severely impaired men.

Learn and practice Kegel exercises. See instructions in Preventive Measures.

Additional information available from the Help for Incontinent People, P.O. Box 54, Union, SC 29379, (803)579-7900 or call Simon Foundation at (800) 23-SIMON.

MEDICATION:

Medicine usually is not necessary for this disorder, but antibiotics may be prescribed if you have a complicating urinary-tract infection.

ACTIVITY:

As tolerated by physical condition.

DIET:

No diet restrictions.

Lose weight if you are overweight.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of functional incontinence.

Any sign of infection develops, such as fever, pain on urination, frequent urination or a general ill feeling.

INCONTINENCE, STRESS

BASIC INFORMATION

DESCRIPTION:

An involuntary loss of urine that accompanies any action that suddenly increases pressure in the abdomen. It can affect both sexes (males rarely) and all ages. It is the most common type of incontinence in older women.

FREQUENT SIGNS AND SYMPTOMS:

Unintentional loss of urine with lifting, sneezing, singing, coughing, laughing, crying or straining to have a bowel movement.

CAUSES:

Females - shortening of the urethra and loss of the normal muscular support for the bladder and floor of the pelvis. These changes occur during pregnancy and after childbirth, particularly repeated childbirth. They may also occur as a natural consequence of aging.

Males - damage to the sphincter mechanism.

RISK INCREASES WITH:

Repeated childbirth.

Adults over 60.

Obesity

Chronic lung disease with a cough.

Surgery, cancer or radiation damage to the sphincter mechanism in males.

PREVENTIVE MEASURES:

Eat a normal, well-balanced diet and exercise regularly to build and maintain muscle strength.

Regular physical exams in males and females to detect any early problems.

Females can learn and practice Kegel exercises after childbirth, before symptoms of stress incontinence begin.

Kegel exercises:

Females can learn to recognize, control and develop the muscles of the pelvic floor. These are the ones you use to interrupt urination in midstream. The following exercises strengthen these muscles so you can control or relax them completely:

To identify which muscles are involved, alternately start and stop urinating when using the toilet.

Practice tightening and releasing these muscles while sitting, standing, walking, driving, watching TV or listening to music.

Tighten the muscles a small amount at a time, "like an elevator going up to the 10th floor." Then release very slowly, "one floor at a time."

Tighten the muscles from front to back, including the anus, as in the previous exercise.

Practice exercises every morning, afternoon and evening.

Start with 5 times each, and gradually work up to 20 or 30 each time.

EXPECTED OUTCOME:

If the stress incontinence is not severe enough to require surgery, exercise can improve the muscle function. If it is severe, it can be cured with surgery.

POSSIBLE COMPLICATIONS:

Complete loss of control. This requires surgery.

Urinary-tract infections.

Social isolation due to concern about embarrassment.

Kidney failure.

TREATMENT:

GENERAL MEASURES-

Urinalysis may be recommended to determine if a urinary-tract infection is causing the symptoms.

Treatment for any infections or tumors.

Weight loss, smoking cessation, cough suppression may be indicated.

Other therapy possibilities include biofeedback, electrical stimulation, or special weights for pelvic muscle strengthening.

Practice good genital hygiene.

Perform Kegel exercises daily. See Preventive Measures.

Wear absorbent underpants or incontinence pads.

Surgery to tighten relaxed or damaged muscles that support the bladder.

Additional information available from Help for Incontinent People, P.O. Box 54, Union, SC 29379, (803)579-7900 or call Simon Foundation at (800)23-SIMON.

MEDICATION:

Antibiotics for any complicating urinary-tract infections.

Sympathomimetic (alpha-adrenergic) drug therapy, which helps urethral muscles, may be prescribed.

Estrogen therapy may be prescribed.

ACTIVITY:

No restrictions.

DIET:

Lose weight if you are obese.

Decrease amount of caffeine and alcohol in your diet.

Avoid high volume of fluid intake in situations where access to bathroom facilities is limited (airplane trips).

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of stress incontinence.

Any sign of infection develops, such as fever, pain on urination, frequent urination or a general ill feeling.

Symptoms don't improve after 3 months of Kegel exercises, or symptoms become intolerable and you wish to consider surgery.

INCONTINENCE/URGE

BASIC INFORMATION

DESCRIPTION:

Inability to control the bladder once the urge to urinate occurs. It may occur alone or sometimes with stress incontinence (involuntary loss of urine on coughing, straining, sneezing, etc.). The prevalence of urinary incontinence increases with age and affects women more often than men.

FREQUENT SIGNS AND SYMPTOMS:

Involuntary loss of urine almost immediately after feeling a slight urge to urinate. The volume of lost urine may range from a few drops to complete bladder emptying.

CAUSES:

Overactive muscles that cause bladder to contract and empty. Stone, cancer, or obstruction in the urinary-tract.

RISK INCREASES WITH:

Central nervous system disorders (stroke, Parkinson's).
Obesity.
Surgery that may traumatize the urethra.
Injury of the urethra from any cause.

PREVENTIVE MEASURES:

Eat a normal, well-balanced diet and exercise regularly to build and maintain muscle strength.

Females can learn and practice Kegel exercises before symptoms of stress incontinence begin.

Kegel exercises:

Learn to recognize, control and develop the muscles of the pelvic floor. These are the ones you use to interrupt urination in mid-stream. The following exercises (Kegel exercises) strengthen these muscles so you can control or relax them completely:

To identify which muscles are involved, alternately start and stop urinating when using the toilet.

Practice tightening and releasing these muscles while sitting, standing, walking, driving, watching TV or listening to music. For a while, you may experience some pelvic pain.

Tighten the muscles a small amount at a time, "like an elevator going up to the 10th floor." Then release very slowly, "one floor at a time."

Tighten the muscles from front to back, including the anus, as in the previous exercise.

Practice exercises every morning, afternoon and evening. Start with 5 times each, and gradually work up to 20 or 30 each time.

EXPECTED OUTCOME:

There are several different forms of treatment available, some still experimental. If the first treatment techniques don't work, get medical advice about alternatives.

POSSIBLE COMPLICATIONS:

Urinary-tract infections.
Social isolation due to concern about embarrassment.
Skin problems.

TREATMENT:

GENERAL MEASURES-

Any underlying cause should be identified and treated. Treatment may involve bladder training techniques, medication, surgery, exercises and use of special aids to ease discomfort

Wear absorbent underpants or super-absorbent pads.

A planned schedule for emptying the bladder is helpful.

Prompting by a caregiver will help you remember.

Keep a daily diary of fluid intake and urination frequency.

This will help assess progress.

Learn and perform Kegel exercises daily. See Preventive Measures for instructions.

Use bedside commodes, urinals, and bedpans if necessary.

A pessary (support device) made of rubber or other material to fit inside the vagina to support the uterus and lower muscular layer of the bladder.

Surgery to tighten relaxed or damaged muscles that support the bladder.

Biofeedback/behavioral training may be recommended.

Additional information available from the Help for Incontinent People, P.O. Box 54, Union, SC 29379, (803) 579-7900 or call Simon Foundation at (800) 23-SIMON.

MEDICATION:

Anticholinergic drugs to stimulate muscle contractions may be prescribed.

Antibiotics may be prescribed if you have a complicating urinary-tract infection.

ACTIVITY:

No restrictions.

DIET:

Lose weight if you are overweight.

Fluid intake may need to be adjusted.

NOTIFY OUR OFFICE IF:

Any sign of infection develops, such as fever, pain on urination, frequent urination or a general ill feeling.

Symptoms don't improve after 3 months of Kegel exercises and medicines, or symptoms become intolerable and you wish to consider surgery.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

INDIGESTION (Dyspepsia)

BASIC INFORMATION

DESCRIPTION:

Vague chest or abdominal discomfort with no apparent organic cause that occurs during or soon after eating or drinking.

FREQUENT SIGNS AND SYMPTOMS:

Mild nausea.
Heartburn.
Upper abdominal pain.
Gas or belching.
Bloated or full feeling.
Acid taste.

CAUSES:

Symptoms seem related to eating, drinking, swallowing air while talking or chewing gum. They occur most often with: emotional upset while eating; excessive smoking; constipation; eating improperly cooked food; eating food with a high fat content; poor digestion of gas-forming foods such as beans, cucumbers, cabbage, turnips and onions; food allergy; or overindulgence in alcohol.

RISK INCREASES WITH:

Stress.
Smoking.
Excess alcohol consumption.
Use of drugs that may irritate the stomach.
Fatigue or overwork.

PREVENTIVE MEASURES:

Avoid foods you don't digest well, including carbonated beverages.
Don't smoke.
Relax after meals.
Avoid emotional situations during meals. Don't eat fast.
Persistent symptoms can indicate disease in the digestive tract or other body parts. Occasionally, symptoms occur in patients with no apparent disease. This indicates an abnormal function in a normal part of the body.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment, but recurrence is likely.

POSSIBLE COMPLICATIONS:

Indigestion may mimic signs of a heart attack or serious disease of the esophagus or stomach, causing the serious disorder to be ignored.

TREATMENT:

GENERAL MEASURES-

In chronic cases, medical tests may include X-rays of the upper digestive tract and gastroscopy (visual examination of the inside of the stomach by means of a gastroscope, an optical instrument with a lighted tip).

Treatment and prevention are similar:

Allow time for leisurely meals. Chew food carefully and thoroughly. Avoid conflicts during meals.
Don't smoke immediately before a meal.
Avoid excitement or exercise immediately after a meal.
Avoid situations that make you swallow air, such as chewing gum.
Avoid tight clothing.
Observe episodes of indigestion for changes in symptoms. If character, timing, frequency or severity changes, a more serious disorder may be responsible. These includes heartburn from irritation of the lower esophagus, gallbladder disease, ulcers or stomach cancer.

MEDICATION:

For minor discomfort, you may use non-prescription antacids. For serious discomfort, H-2 blockers, antispasmodics or tranquilizers to relieve tension may be prescribed.

ACTIVITY:

No restrictions. Regular exercise program is encouraged.

DIET:

No special diet. Avoid foods, especially those listed under causes, if they cause discomfort.

NOTIFY OUR OFFICE IF:

The pattern of indigestion symptoms changes markedly.
Any of the following occur:
Vomiting, weight loss or appetite loss.
Black, tarry stool or vomiting of blood.
Fever.
Severe pain in the upper right abdomen.
Discomfort that continues unrelated to meals, eating or chewing gum.
Indigestion is accompanied by:
Shortness of breath.
Sweating.
Pain radiating to the jaw, neck or arm.

INFLUENZA (Flu; Grippe)

BASIC INFORMATION

DESCRIPTION:

A common, contagious respiratory infection caused by a virus. Incubation after exposure is 24 to 48 hours. There are three main types of influenza (A, B, C), but they have the ability to mutate into different forms. Outbreaks of different forms occur almost every winter with varying degrees of severity. Influenza affects both sexes and all ages except infants.

FREQUENT SIGNS AND SYMPTOMS:

Chills and moderate to high fever.
Muscle aches, including backache.
Cough, usually with little or no sputum.
Sore throat.
Hoarseness.
Runny nose.
Headache.
Fatigue.

CAUSES:

Infection by viruses of the myxovirus class. The viruses spread by personal contact or indirect contact (use of a contaminated glass).

RISK INCREASES WITH

Stress.
Excessive fatigue.
Poor nutrition.
Recent illness that has lowered resistance.
Chronic illness, especially chronic lung or heart disease.
Pregnancy (3rd trimester).
Students.
People in semi-closed environments.
Immunosuppression from drugs or illness.
Crowded places during an epidemic.

PREVENTIVE MEASURES:

Avoid risks listed above.
Have a yearly influenza vaccine injection if you are over age 65 or have chronic heart or lung disease. The vaccine only protects against two or three specific strains of influenza A.
Avoid unnecessary contact with persons who have upper respiratory infections during the flu season (winter).
Use of drug amantadine for high-risk persons (that have not been vaccinated) or need additional control measures.

EXPECTED OUTCOME:

Spontaneous recovery in 7 to 14 days if no complications occur. If complications arise, treatment with antibiotics is usually necessary, and recovery may take 3 to 6 weeks.

POSSIBLE COMPLICATIONS:

Bacterial infections, including bronchitis or pneumonia. These can be especially dangerous for chronically ill persons or those over age 65.

TREATMENT:

GENERAL MEASURES-

Laboratory studies, such as blood tests and sputum culture; X-rays of the chest (only for complications).

To relieve nasal congestion, use salt-water drops (1 teaspoon of salt to 1 quart of water).

To relieve a sore throat, gargle often with warm or cold, double-strength tea or salt water.

Use a cool-mist humidifier to increase air moisture. This thins lung secretions so they can be coughed up more easily. Don't put medicine in the humidifier; it does not help. Clean humidifier daily.

To avoid spreading germs to others, wash your hands frequently, especially after blowing your nose or before handling food.

Use warm compresses or heating pad for aching muscles.

MEDICATION:

For minor discomfort, you may use non-prescription drugs, such as acetaminophen, cough syrups, nasal sprays or decongestants.

Do not take aspirin. Some research shows a link between the use of aspirin (especially in children) during a viral illness and the development of Reye's syndrome (a type of encephalitis). An antiviral drug, amantadine, for seriously ill persons or for those at greatest risk from complications may be prescribed.

ACTIVITY:

Rest is the best medicine. If you are in good general health, rest helps your body fight the virus.

DIET:

Appetite is usually lacking. You may just want liquids at first, then progress to small meals of bland starchy foods (dry toast, rice, pudding, cooked cereal, baked potatoes).

Drink at least 8 glasses a day (especially if you have a high fever). Extra fluids, including fruit juice, tea and non-carbonated drinks, also help thin lung secretions.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of influenza.

The following occur during treatment:

Increased fever or cough.

Blood in the sputum

Earache.

Shortness of breath or chest pain.

Thick discharge from the nose, sinuses or ears.

Sinus pain.

Neck pain or stiffness.

New, unexplained symptoms develop. Drugs in treatment may produce side effects.

INSECT BITES & STINGS

BASIC INFORMATION

DESCRIPTION:

Skin eruptions and other symptoms caused by insect bites or stings. The victim often doesn't remember being bitten or stung.

FREQUENT SIGNS AND SYMPTOMS :

Skin reactions:

Red lumps in the skin. The lumps usually appear within minutes after the bite or sting, but some don't appear for 6 to 12 hours.

A toxic reaction with pain, such as from bee stings. A toxic reaction with itching due to the body's release of histamine at the bite site, such as from mosquitoes.

Systemic reactions

Nausea or vomiting.

Headache.

Fever.

Dizziness; lightheadedness.

Swelling.

Convulsions

Allergic reactions:

Itching eyes.

Facial flushing.

Dry cough; wheezing.

Chest/throat constriction.

CAUSES:

Bites or stings from mosquitoes, fleas, chiggers, bedbugs, ants, spiders, bees, scorpions and other insects.

RISK INCREASES WITH:

Areas with heavy insect infestations.

Warm weather in spring and summer.

Lack of protective measures.

Perfumes, colognes.

Previous sensitization.

PREVENTIVE MEASURES:

After identifying the cause, remove it if possible. Treat animals for fleas and exterminate the house or kennel.

If you cannot avoid exposure, apply insect repellents

Wear protective clothing.

EXPECTED OUTCOME:

Most troublesome symptoms disappear in 2 to 3 days, but scratching may prolong symptoms for several weeks.

Treatment helps, but it doesn't cure quickly.

POSSIBLE COMPLICATIONS:

Secondary bacterial infection at the site of the bite. This may cause swollen lymph glands in the neck, armpit, groin or elbow.

Anaphylaxis (life-threatening allergic reaction) for hypersensitive persons).

Scarring.

TREATMENT:

GENERAL MEASURES-

First-aid measures and emergency services in severe reactions.

Remove stinger (scrape it out. Don't use tweezers).

For bee, wasp, yellow-jacket or hornet stings rub a paste of meat tenderizer and water into the site.

For ant bites rub bite with ammonia; repeat as often as necessary.

For spider or scorpion bites, capture the insect if possible, and seek medical attention.

For ticks and mites, apply a petroleum product until the insect withdraws.

Clean wound.

Apply ice pack.

Elevate and rest the affected body part.

Use immersion or wrapped soaks to relieve itching and hasten healing.

Warm-water soaks are usually more soothing for pain or inflammation. Cool-water soaks feel better for itching.

If you have had anaphylaxis (severe allergic reaction) following an insect bite, carry an anaphylaxis kit to treat it in the future.

MEDICATION:

For minor discomfort, you may use:

Non-prescription oral antihistamines to decrease itching.

Non-prescription topical steroid preparations to reduce inflammation and decrease itching. Use according to label directions. For face and groin, use only low-potency steroid products without fluorine.

For serious symptoms, you may be prescribed:

Stronger topical steroids or oral steroids if the reaction is severe.

Injection of epinephrine or cortisone to prevent or diminish anaphylaxis symptoms.

Tetanus prophylaxis if needed.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of anaphylaxis. This is an emergency!

Self-care does not relieve symptoms, or symptoms don't improve after 2 to 3 days of medical treatment.

A bitten area becomes red, swollen, warm and tender, indicating infection.

Temperature rises to 101°F (38.3°C)

INSOMNIA

BASIC INFORMATION

DESCRIPTION:

Sleep disturbance that includes difficulty in falling asleep, remaining asleep, intermittent wakefulness, early morning awakening or a combination of these. Insomnia affects all age groups, but is more common in the elderly. Insomnia may be transient due to a life crisis or lifestyle change; or chronic, due to medical or psychological problems or drug intake.

FREQUENT SIGNS AND SYMPTOMS:

Restlessness when trying to fall asleep.
Brief sleep followed by wakefulness.
Normal sleep until very early in the morning (3 a.m. or 4 a.m.), then wakefulness (often with frightening thoughts).
Periods of sleeplessness, alternating with periods of excessive sleep or sleepiness at inconvenient times.

CAUSES:

Depression. This is usually characterized by early-morning wakefulness.
Overactivity of the thyroid gland.
Anxiety caused by stress.
Sexual problems, such as impotence or lack of a sex partner.
Daytime napping.
Noisy environment (including a snoring partner).
Allergies and early morning wheezing.
Heart or lung conditions that cause shortness of breath when lying down.
Painful disorders, such as fibromyositis or arthritis.
Urinary or gastrointestinal problems that require urination or bowel movements during the night.
Consumption of stimulants, such as coffee, tea or cola drinks.
Use of some medications, including dextroamphetamines, cortisone drugs or decongestants.
Erratic work hours.
New environment or location. jet lag after travel.
Lack of physical exercise.
Alcoholism.
Drug abuse, including overuse of sleep-inducing drugs.
Withdrawal from addictive substances.

RISK INCREASES WITH:

Stress, obesity, smoking.

PREVENTIVE MEASURES:

Establish a lifestyle that fosters healthy sleep patterns (see General Measures). If unable to sleep, get up and do something. Avoid lengthy daytime napping.
Avoidance of all possible causes.

EXPECTED OUTCOME:

Most persons can establish good sleep patterns if the underlying cause of insomnia is treated or eliminated.

POSSIBLE COMPLICATIONS:

Transient insomnia becomes chronic.

Increased daytime sleepiness that can affect all aspects of your life.

TREATMENT:

GENERAL MEASURES-

Seek ways to minimize stress.
Learn and practice relaxation techniques.
Don't use stimulants for several hours before bedtime.
Treat any underlying drug use or medical cause.
Relax in a warm bath before bedtime.
Don't turn your bedroom into an office or a den. Create a comfortable sleep setting.
Turn off your mind. Focus on peaceful and relaxing thoughts.
Play soft music or relaxation tapes.
Set a rigid sleep schedule.
Use mechanical aids such as ear plugs, eye shades or electric blanket.
Psychotherapy or counseling, if the cause is psychological.

MEDICATION:

Sleep-inducing drugs may be prescribed for a short time if:
Temporary insomnia is interfering with your daily activities;
you have a medical disorder that regularly disturbs sleep; you need to establish regular sleep patterns.
Long-term use of sleep inducers may be counter-productive or addictive. Don't use sleeping pills given to you by friends, and don't take non-prescription sleeping pills.

ACTIVITY:

Exercise regularly to create healthy fatigue, but not within 2 hours of going to bed.
Have sexual relations, if they are fulfilling and satisfying, before going to sleep.

DIET:

No special diet, but don't eat within 3 hours of bedtime if indigestion has previously disturbed your sleep. Drinking a glass of warm milk before bedtime helps some people.

NOTIFY OUR OFFICE IF:

You or a family member has insomnia.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

IRITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation of the tissues that support the iris (the ring of colored tissue around the pupil of the eye). May sometimes be confused with pink eye (conjunctivitis).

FREQUENT SIGNS AND SYMPTOMS :

Acute iritis of sudden onset:
Severe eye pain.
Photophobia (sensitivity to light).
Eye redness.
Smaller pupil in the affected eye (sometimes).
Tears.
Blurred vision.
Iritis of gradual onset:
Eye pain.
Photophobia.
Floating spots in the field of vision.
Blurred vision.

CAUSES:

Infection that spreads to the eye from other body parts.
Common causes include:
Toxoplasmosis.
Tuberculosis.
Histoplasmosis.
Syphilis.
Sarcoidosis.
Viruses.
Injury to the eye.
Autoimmune reaction (possibly).
Unknown in many cases.

RISK INCREASES WITH:

Rheumatoid arthritis.
Ulcerative colitis.
Viral, bacterial, fungal or parasitic infection.
Other eye disease.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Vision can usually be preserved with prompt treatment.
Usually dependent on the underlying condition.

POSSIBLE COMPLICATIONS:

Glaucoma.
Cataracts.
Permanent or partial vision loss.

TREATMENT:

GENERAL MEASURES-

Special eye exam will confirm the diagnosis.
Wear dark glasses even indoors until treatment is complete.
Treatment for any underlying condition.

MEDICATION:

Eye drops (mydriatics) that dilate the pupil and prevent scarring. You may need to use eye drops for a long time.
Oral cortisone drugs or cortisone eye drops to reduce inflammation.

ACTIVITY:

Rest in bed until symptoms subside. Allow 1 to 2 weeks.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of iritis either sudden or gradual. Call immediately.
Vision changes in any way.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

IRRITABLE BOWEL SYNDROME

(Spastic Colon; Colitis)

BASIC INFORMATION

DESCRIPTION:

An irritative and inflammatory disorder of the intestine. It is not contagious, inherited or cancerous. It is twice as likely to affect women as men.

FREQUENT SIGNS AND SYMPTOMS:

The following symptoms usually begin in early adult life. Episodes may last for days, weeks or months. Cramp-like pain in the middle or to one side of the lower abdomen. Pain is usually relieved with bowel movements. Nausea. Bloating and gas. Headache. Rectal pain. Backache. Occasional appetite loss that may lead to weight loss. Diarrhea or constipation, usually alternating. Fatigue. Depression. Anxiety. Concentration difficulty.

CAUSES:

Unknown. May be related to stress and emotional conflict that results in anxiety or depression. Situations that often precede an attack include: obsessive worry about everyday problems; marital tension; fear or loss of a beloved person or object; death of a loved one. Symptoms may also be triggered by eating, though no specific food has been identified as responsible.

RISK INCREASES WITH:

Stress.
Improper diet.
Smoking.
Excess alcohol consumption.
Use of drugs.
Fatigue or overwork.
Poor physical fitness.
Other family members with similar bowel problems.

PREVENTIVE MEASURES:

Reduce stress or try to modify your response to it, and pay attention to good diet habits.

EXPECTED OUTCOME:

The condition is usually recurrent throughout life. Symptoms decrease or may disappear for periods of time. It is not life-threatening and doesn't progress to cancer or inflammatory disease.

POSSIBLE COMPLICATIONS:

Psychological fixation on bowel function, leading to psychologic disability.

TREATMENT:

GENERAL MEASURES-

Diagnostic tests may include laboratory studies, including stool studies, to exclude other disorders such as lactose

intolerance, ulcers, parasites, enzyme deficiency and ulcerative colitis; X-ray of the colon (barium enema) and sigmoidoscopy (method of examining the rectum and lower part of the colon with an optical instrument with a lighted tip). Warm heat to the abdomen (compresses, hot-water bottle, or heating pad) may help ease discomfort. Reduce stress in your life. Try various techniques that can help you relax (meditation, self-hypnosis, or biofeedback). Keep a stress diary so you know who or what may bring on symptoms. Medication may help, but it will not cure this disorder. Quit smoking. Nicotine may contribute to the problem. Additional information available from the National Digestive Diseases Information Clearinghouse, Box NDDIC, Bethesda, MD 20892, (301) 468-6344.

MEDICATION:

Antispasmodics to relieve severe abdominal cramps may be prescribed. Short-term use of tranquilizers to reduce anxiety. Other possibilities include bulk-producing agents, constipating agents, anticholinergics, antiflatulents and lactose for milk intolerance.

ACTIVITY:

No restrictions. Good physical fitness improves bowel function and helps reduce stress.

DIET:

Increase fiber in the diet to promote good bowel function. Add fiber to your diet slowly to give the body time to adjust. Don't eat foods or drinks that aggravate symptoms. Coffee or milk may be a major cause of symptoms in some people. Keep a food diary so you can find out which foods aggravate symptoms. Avoid gas-producing and spicy foods. Avoid large meals, but eat regularly. Limit alcohol consumption.

NOTIFY OUR OFFICE IF:

Fever develops.
Stool is black or tarry-looking.
Vomiting occurs.
Unexplained weight loss of 5 pounds or more occurs.
Symptoms don't improve despite treatment.

KELOIDS

BASIC INFORMATION

DESCRIPTION:

An overgrowth of fibrous tissue (scar) on the skin. Keloids can appear anywhere on the skin, but most commonly appear on the breastbone, upper back and shoulder. They usually arise in an area of injury (such as after a burn or from severe acne), but sometimes arise from a very minor scratch. Keloids are more frequent in black people than in white people.

FREQUENT SIGNS AND SYMPTOMS:

Firm, raised, hard scars that are slightly pink. Scars may itch, cause pain, or are tender to the touch. Scars may continue to grow and develop claw-like projections over a period of time.

CAUSES:

Keloids occur due to a defective healing process in which an excess of collagen forms at the site of a healing scar.

RISK INCREASES WITH:

Family history of keloids.

Dark skin pigment.

Surgical wound.

Acne.

Bum injury.

Ear piercing.

Vaccination.

Insect bite.

Folliculitis barbae (inflammation of a hair follicle).

PREVENTIVE MEASURES:

Avoidance of trauma to the skin.

Compressive pressure dressings for high-risk patients (burns).

For patients with known tendency to keloid formation, elective surgery should be avoided. If a procedure is necessary, special precautions should be implemented.

EXPECTED OUTCOME:

Scars gradually diminish following treatment. Keloids are generally considered harmless and noncancerous.

POSSIBLE COMPLICATIONS:

Recurrence, despite adequate treatment.

TREATMENT:

GENERAL MEASURES-

Injections (may be combined with surgical removal of the excess tissue) for some patients.

Other experimental therapies with drugs, lasers, topical medications currently undergoing study.

MEDICATION:

Injection of corticosteroid drugs directly into the keloid. May be repeated every three to four weeks until desired degree of flattening and softening has been achieved.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

If you or a family member has signs of keloids.

KERATITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation of the cornea (the clear central portion of the eye that covers the pupil).

FREQUENT SIGNS AND SYMPTOMS :

Eye pain.
Photophobia (sensitivity to light).
Tears.

CAUSES:

Bacterial, viral or fungal infections. The most common is herpes simplex virus, Type 1.
Drying of the eye caused by an eyelid disorder or insufficient tear formation.
Foreign object in the eye.
Intense light, such as from welding arcs or the reflection of intense sunlight from snow or water. (Symptoms may not appear for 24 hours after exposure.)
Vitamin-A deficiency (rare in normal diet).
Allergy or sensitivity to eye cosmetics, air pollution, airborne particles (pollen, dust, mold or yeasts) and other allergens.

RISK INCREASES WITH:

Poor nutrition, especially insufficient vitamin A.
Illness that has lowered resistance.
Crowded or unsanitary living conditions.
Viral infections elsewhere in the body, especially cold sores or genital herpes.

PREVENTIVE MEASURES:

Wear protective glasses, if your work involves eye hazards.
Eat a well-balanced diet that contains sufficient vitamin A or take multiple-vitamin supplements containing vitamin A.

EXPECTED OUTCOME:

Depends on the cause. With early treatment, most types of keratitis are curable.

POSSIBLE COMPLICATIONS:

Glaucoma.
Ulceration of the cornea.
Permanent scarring in the eye.
Vision loss.

TREATMENT:

GENERAL MEASURES

Special eye exam confirms keratitis. A vision test may be performed also.
Treatment usually involves eye medication.
A temporary eye patch is often necessary. It may limit your ability to take care of yourself.
Surgery to replace the cornea (severe cases only).

MEDICATION:

Antibiotic or antiviral eye drops and ointments.

Don't treat any eye infection without medical advice. Don't use non-prescription eye drops containing topical corticosteroids. These may worsen the condition or cause eyeball perforation.

ACTIVITY:

Eye patching will restrict activity. Resume your normal activities gradually.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of keratitis.
Your vision diminishes in any way.

KERATOSES, SEBORRHEIC

No restrictions.

BASIC INFORMATION

DESCRIPTION:

A non-contagious, inflammatory, scaling disease of the skin. It may involve the chest; back; face; arms and can affect adults of both sexes. By age 60, almost everyone has a few seborrheic keratoses.

FREQUENT SIGNS AND SYMPTOMS:

Papules (small, raised bumps) with the following characteristics:

Papules are flat-topped with well-defined borders. Young papules are relatively flat and light brown. More advanced papules are dark brown or black.

Papules are wider than tall, and they appear "stuck on."

Papules measure 5mm to 20mm in diameter. They are distributed on the chest, back, face and arms.

Papules don't itch or hurt.

There may be only 1 or 2 papules, or there may be up to 100.

CAUSES:

Unknown.

RISK INCREASES WITH:

Aging.

Family history of the disorder.

Excessive sun exposure or other skin injury.

PREVENTIVE MEASURES:

No specific preventive measures.

EXPECTED OUTCOME:

The number of lesions increases with time. Each lesion is permanent unless removed. Seborrheic keratoses are harmless and require no treatment, but most people want them removed (especially if they are unsightly or irritated by clothing).

POSSIBLE COMPLICATIONS:

Seborrheic keratoses on the eyelid borders may require special treatment.

TREATMENT:

GENERAL MEASURES

Removal of lesions if they are unsightly, are irritated by clothing or interfere with grooming. Removal methods include cryosurgery, chemocautery, light electrosurgery or shave biopsy.

After removal, a blister (sometimes with blood) will develop at the treatment site. The top of the blister will come off spontaneously in about 2 weeks. You should have little or no scarring. Wash and use makeup or cosmetics as usual. If clothing irritates the blister, cover it with a small adhesive bandage.

MEDICATION:

Medicine usually is not necessary for this disorder.

ACTIVITY:

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of seborrheic keratoses.

You want unsightly seborrheic keratoses removed.

Treated areas become infected, as evidenced by pain, tenderness, redness, swelling or heat.

Any lesion changes color or bleeds.

KERATOSIS, ACTINIC

BASIC INFORMATION

DESCRIPTION:

A small area of sun-damaged skin that is pre-cancerous. It involves skin of exposed areas, especially the scalp, face, ears, lips, arms and hands.

FREQUENT SIGNS AND SYMPTOMS:

Brownish or reddish scaly patches on exposed areas of skin. The patches are painless.

CAUSES:

Prolonged exposure to the sun's radiation (may develop years after the person's most intense sun-exposure).

RISK INCREASES WITH:

Outdoor occupations such as farming.
Outdoor sports.
Light complexioned persons who tan poorly.
Immunosuppression due to illness or medication.

PREVENTIVE MEASURES:

Protect yourself against direct sun exposure. When outdoors, wear a hat and protective clothing. Use sunscreen lotions and creams with rating of 15 or more.

EXPECTED OUTCOME:

An individual keratosis will disappear with treatment, but new lesions are likely to recur (particularly at the margins of the treated ones).

POSSIBLE COMPLICATIONS:

Skin damage.
Skin cancer (squamous-cell carcinoma).

TREATMENT:

GENERAL MEASURES

Minimize direct sun exposure.
Get medical checkups every 6 months to ensure early detection and treatment of skin cancers.

MEDICATION:

Liquid nitrogen to freeze the affected area.
Applications of 5-fluorouracil to the affected area. This causes uncomfortable inflammation, but it is very effective.
Vitamin A, which is still experimental.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has signs of actinic keratosis.

KIDNEY INFECTION, ACUTE (Acute Pyelonephritis)

BASIC INFORMATION

DESCRIPTION:

A non-contagious bacterial infection of the kidneys (kidneys filter waste material from the bloodstream and produce urine). It can affect both sexes, but more common in females of all ages. Acute kidney infections in males of any age may indicate a serious underlying disease, such as a tumor, obstruction or prostate disorder.

FREQUENT SIGNS AND SYMPTOMS :

Sudden onset of:

Fever and shaking chills.

Burning, frequent urination.

Cloudy urine or blood in the urine.

Aching (sometimes severe) in one or both sides of the lower back.

Abdominal pain.

Marked fatigue.

Note: Young children and the elderly may not have typical symptoms or signs.

CAUSES:

Bacteria (most commonly *Escherichia coli*) invade one or both kidneys. The infection may begin in the bladder. The most common sources of bacterial infection are:

Vigorous sexual activity in women, which allows bacteria to enter the urethra and bladder.

Infections elsewhere in the body that travel to the kidneys through the bloodstream or lymph glands.

Blockage or abnormality of the urinary system, caused by stones, obstructions, bladder dysfunction from nerve diseases, tumors or congenital abnormalities.

Catheters, tubes or surgical procedures used for other medical conditions.

RISK INCREASES WITH:

Diabetes mellitus.

Chronic urinary-bladder infection or tumor.

Sequent emptying of urinary bladder.

Paralysis from spinal-cord injury or tumor.

Pregnancy.

PREVENTIVE MEASURES:

No specific preventive measures for males.

For females:

After bowel movements, always wipe from the vaginal area toward the rectum (front to back).

Avoid prolonged moistness around the urethra, such as that caused by nylon underpants or wet swim suits.

Avoid sexual positions that irritate or hurt the urethra or bladder.

Urinate within 15 minutes after sexual intercourse.

Don't hold urine; when you have the urge to void, do so.

EXPECTED OUTCOME:

Usually curable in 10 to 14 days with treatment. Make a return doctor visit to assure complete cure.

POSSIBLE COMPLICATIONS:

Chronic kidney infection.

Hypertension.

TREATMENT:

GENERAL MEASURES

For diagnosis, urinalysis and urine culture; cystoscopy (visual examination of the inside of the bladder by means of a cystoscope, (a slender optical instrument with a lighted tip); ultrasound; intravenous pyelogram (IVP) (method of studying the kidneys and urinary tract by injecting a medication into the bloodstream that X-rays can detect). Other special test may be recommended.

Treatment centers on antibiotic therapy.

Avoid long periods without urinating (such as on a trip).

See the doctor for follow-up urine cultures to verify infection is cured.

Additional information available from the National Kidney & Urologic Diseases Information Clearinghouse, Box NKUDIC, Bethesda, MD 20893, (301) 468-6345 or can the National Kidney Fund, (800) 638-829.

MEDICATION:

Oral antibiotics. Take all the antibiotics prescribed, even if symptoms disappear.

Antibiotics (intravenous or by injection), if oral antibiotics don't cure the infection.

Urinary analgesics to relieve pain.

ACTIVITY:

Rest in bed until any fever and discomfort subside. Don't resume sexual relations until fever or urinary symptoms have cleared.

DIET:

No special diet. Drink at least 2 quarts of liquid daily; include cranberry juice or vitamin C to acidify the urine.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a kidney infection. The following occur during treatment:

Symptoms and fever persist after 48 hours of antibiotic treatment. Occasionally a different antibiotic is needed.

Symptoms return (especially if accompanied by fever) after antibiotic treatment.

New, unexplained symptoms develop. Drugs in treatment may produce side effects.

KIDNEY INFECTION, CHRONIC

(Chronic Pyelonephritis)

BASIC INFORMATION

DESCRIPTION:

Infection of the kidneys that develops slowly and lasts for months or years. It leads to scarring and eventual loss of kidney function. Kidneys filter waste material from the bloodstream and produce urine. Kidney failure can affect adults of both sexes, but is more common in women.

FREQUENT SIGNS AND SYMPTOMS:

Usually no signs or symptoms, unlike acute kidney infections. The following occur if chronic kidney failure develops:
Anemia.
Weakness.
Loss of appetite.
Hypertension.
Pain in one or both sides of the lower back.
Protein and blood in the urine.

CAUSES:

Frequent, acute bacterial kidney infections. Untreated lower urinary tract infections.

RISK INCREASES WITH:

History of diabetes mellitus.
Urinary obstruction, such as stones or tumors.
Long-term use of catheters.

PREVENTIVE MEASURES:

Obtain prompt medical treatment for acute kidney infections, including 2 or more weeks of antibiotic treatment. Don't discontinue prescribed medication even if symptoms disappear after a few days of treatment.
Obtain treatment for any abnormality of the urinary tract that causes infection.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment. If only one kidney is chronically infected and antibiotic treatment is unsuccessful, surgical removal of the affected kidney may prevent complications.
If chronic kidney failure develops in both kidneys, a kidney transplant or kidney dialysis can be life-saving.

POSSIBLE COMPLICATIONS:

Kidney-caused hypertension.
Chronic kidney failure.

TREATMENT:

GENERAL MEASURES

For diagnosis, urinalysis and urine culture; cystoscopy (visual examination of the inside of the urinary bladder by means of a cystoscope, a slender optical instrument with a lighted tip); ultrasound; intravenous pyelogram (IVP) (method of studying the kidneys and tract by injecting a medication into the bloodstream that X-rays can detect). Other special tests may be recommended.

Follow your treatment plan carefully. This may not be easy for an illness that causes few symptoms in the early stages. Surgery to relieve obstruction in the tract, if one exists. Additional information available from the National Kidney & Urologic Diseases Information Clearinghouse, Box NKUDIC, Bethesda, MD 20893, (301) 468-6345 or call the American Kidney Fund (800) 638-8299.

MEDICATION:

Antibiotics for months or years.
Drugs to keep the urine slightly acid.

ACTIVITY:

No restrictions.

DIET:

No special diet. Drink 2 quarts of liquid daily; include cranberry juice to acidify the urine.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of chronic kidney infection.

You or a family member has symptoms of an acute kidney infection, such as: urgent, frequent or burning urination; fever and chills; fatigue; cloudy urine.

KIDNEY STONES (Renal Calculi; Urinary Calculi)

BASIC INFORMATION

DESCRIPTION:

Small, solid particles that form in one or both kidneys and sometimes travel into the ureter (slender muscular tubes that carry urine from the kidneys to the bladder). Stones vary from the size of a grain of sand to a golf ball, and there may be one or several. Kidney stones usually affect adults over age 30, of both sexes, but more often occur in men.

FREQUENT SIGNS AND SYMPTOMS:

Episodes of severe, colicky (intermittent) pain every few minutes. The pain usually appears first in the back, just below the ribs. Over several hours or days, the pain follows the stone's course through the ureter toward the groin. Pain stops when the stone passes.

Frequent nausea.

Traces of blood in the urine.

Urine may appear cloudy or dark.

CAUSES:

Excess calcium in the urine caused by disturbance in the parathyroid gland, which upsets calcium metabolism; or excess calcium or vitamin-D intake.

Gout (uric-acid stones).

Blockage of urine from any cause.

RISK INCREASES WITH:

Decreased urine volume due to dehydration or hot, dry weather.

Improper diet (too much calcium).

Family history of kidney stones.

Hyperparathyroidism.

Excess alcohol consumption.

Bed confinement for any reason.

Geographical living area (southeastern U.S.)

PREVENTIVE MEASURES:

Drink 3 quarts of fluid, mostly purified water, every day.

Avoid milk and milk products if you have had a calcium or phosphorus kidney stone.

Avoid excessive sweating.

EXPECTED OUTCOME:

Large stones usually remain in the kidney without symptoms, although they can damage the kidney. Small stones pass easily into the ureter through the urine. Stones that are big enough to pass but not small enough to pass with ease cause excruciating pain. These usually pass in a few days. If the stone stops and blocks urine, it must be removed to prevent further kidney damage.

POSSIBLE COMPLICATIONS:

Urinary-tract infection.

Damage to the kidney, necessitating surgical removal.

Recurrence of stones.

TREATMENT:

GENERAL MEASURES

Strain all urine through filter paper or gauze to detect passage of the stone; or urinate into a glass jar, look for and recover any stone and discard the urine. Take stone to the doctor for composition analysis.

Diagnostic tests may include urinalysis and urine culture, X-ray of the abdomen, kidney ultrasound, CT scan, intravenous urography (method of studying the kidneys and urinary tract by injecting a medication into the bloodstream that X-rays can detect).

Small solitary stone, uncomplicated by obstruction or infection may need no specific treatment.

Treatment to remove larger stones, if they don't pass spontaneously, and are causing complications, infection or severe pain. Options include chemical dissolution, endourologic stone extraction, percutaneous nephrolithotomy, extracorporeal shock wave lithotripsy, and rarely, open surgery. Other, new approaches are also under development. Stones due to excess calcium in the body may require surgical removal of abnormal parathyroid tissue.

Additional information available from the National Kidney & Urologic Diseases Information Clearinghouse, Box NKTJDIC, Bethesda, MD 20893, (301) 468-6345 or call the American Kidney Fund, (800)638-8299.

MEDICATION:

Pain relievers.

Antispasmodics to relax the ureter muscles and help the stone pass.

Depending on the type of stone (calcium containing, struvite stones, cystine stones, uric acid or other composition), medication may be prescribed that will stop the growth of existing stones or new stones. This often involves a prolonged program and your compliance is important.

ACTIVITY:

If you know you have kidney stones, avoid situations in which a sudden pain might cause danger, such as climbing ladders or working on roofs or girders.

During a kidney-stone episode, stay as active as possible.

Don't go to bed. Activity may help the stone pass.

DIET:

If the stone proves to be calcium or phosphorus, avoid products made with milk, chocolate and nuts.

If the stone is a phosphate, an acid-ash diet will keep the urine slightly acid.

If the stone is a urate or cystine stone, an alkaline-ash diet will keep the urine slightly alkaline.

For all types of stones, drink at least 13 glasses of fluid daily.

Most of the fluid should be purified water.

Low-fat, high-fiber diet recommended.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of a kidney stone.
Temperature rises to 101°F (38.3°C).
Symptoms of a kidney infection develop (stinging, burning on urination or a frequent urge to urinate).
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

LABYRINTHITIS

BASIC INFORMATION

DESCRIPTION:

Inflammation of the semicircular canals in the inner ear. These are fluid-filled chambers that sense and help maintain balance.

FREQUENT SIGNS AND SYMPTOMS:

Vertigo (sensation that you or your surroundings are spinning around).
Extreme dizziness especially with head movement that begins gradually and peaks in 48 hours.
Involuntary eye movement.
Nausea and vomiting (sometimes).
Loss of balance, especially failing toward the affected side.
Temporary hearing loss (sometimes).
Ringing in the ear (tinnitus).

CAUSES:

Viral infection (usually) in the inner ear.
Bacterial infection in the inner ear (sometimes due to cholesteatoma, an infected collection of debris in the middle ear).
Head injury.

RISK INCREASES WITH:

Spread of a chronic middle-ear infection.
Ingestion of toxic drugs.
Stress.
Recent viral illness, especially respiratory infection.
Allergy or family history of allergies.
Smoking.
Excess alcohol consumption.
Use of some prescription or non-prescription drugs, especially aspirin.
Cardiovascular or cerebrovascular disease.

PREVENTIVE MEASURES:

Obtain prompt medical treatment for ear infections.
Don't take medication that has produced dizziness without getting medical advice.

EXPECTED OUTCOME:

Recovery either spontaneous or with treatment in 1 to 6 weeks.

POSSIBLE COMPLICATIONS:

Permanent hearing loss on the affected side (rare).

TREATMENT:

GENERAL MEASURES

Diagnostic tests may include hearing studies, culture of any purulent drainage, other studies as needed to determine any underlying disorder.
Treatment of any underlying disorder.
Treatment of symptoms (rest, medication).

Surgical removal of cholesteatoma (an infected collection of debris in the middle ear) and drainage of infected areas may be necessary if conservative measures fail.

MEDICATION:

Anti-nausea medications may be prescribed (oral or suppositories).
Tranquilizers to reduce dizziness (rarely).
Diuretics to decrease fluid accumulation in the inner ear.
Antibiotics if bacterial infection present.
Antihistamines to relieve symptoms.

ACTIVITY:

Keep the head as still as possible. Rest in bed until dizziness subsides. Then resume your normal activities gradually. Avoid hazardous activities, such as driving, climbing or working around dangerous machinery, until 1 week after symptoms disappear.

DIET:

No special diet, but decreasing salt and fluid intake may help.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of labyrinthitis.
The following occur during treatment:
Decreased hearing in either ear.
Persistent vomiting.
Convulsions.
Fainting.
Fever of 101°F (38.3°C) or higher.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

LACTOSE INTOLERANCE (Milk Intolerance; Lactose Deficiency)

BASIC INFORMATION

DESCRIPTION:

Difficulty digesting cow's milk. Lactose is the primary sugar in milk. Lactose intolerance occurs with varying severity in 75% of the black population, 90% of Orientals or American Indians, and less than 20% of Caucasians of northwest European origin. It is not contagious or cancerous.

FREQUENT SIGNS AND SYMPTOMS :

In children:

Foamy diarrhea with diaper rash.

Vomiting (sometimes).

Slow weight gain, growth and development.

In adults:

Rumbling abdominal sounds, abdominal cramps and diarrhea.

Gas and bloating.

Nausea.

CAUSES:

Deficiency or absence of the enzyme lactase. Lactase is necessary to digest all milk except mother's milk. Without it, sugars in milk absorb fluid and cause diarrhea. Although some infants are born with the disorder, lactose intolerance usually develops in adulthood.

Temporary lactose intolerance can occur in an infant after a severe bout of gastroenteritis that damages the intestinal lining.

RISK INCREASES WITH:

Family history of lactase enzyme deficiency.

PREVENTIVE MEASURES:

Cannot be prevented at present. If you are pregnant and there is a history of lactose intolerance in your family, consider breast-feeding your baby. If not, you may need an alternate non-milk formula.

EXPECTED OUTCOME:

This condition is currently considered incurable. However, symptoms can be relieved or controlled. Symptoms worsen at times for unexplained reasons.

POSSIBLE COMPLICATIONS:

Calcium deficiency (rare).

TREATMENT:

GENERAL MEASURES

Diagnostic tests may include culture of stool, lactose breath hydrogen test, lactose absorption test and rarely, small bowel biopsy.

Symptoms can be controlled by diet restrictions or use of lactase products.

MEDICATION:

A supplement to neutralize lactose in milk. The enzyme lactase is available without a prescription to be added to milk and milk products, or products are available that have the enzyme added already.

Calcium supplements may be recommended.

ACTIVITY:

No restrictions.

DIET:

If the condition is present at birth, an infant formula that contains little or no lactose, such as a soybean-based formula will be recommended.

If the lactose intolerance is temporary and caused by gastroenteritis, the substitute formula should be necessary for a short time only. Cow's milk can be introduced again later. Older persons with lactose intolerance should reduce or restrict milk and milk products, such as cheese and ice cream. Some patients tolerate whole milk or chocolate milk better than skim.

Yogurt and fermented products such as hard cheese are better tolerated than milk.

Read labels on food products. Milk-sugar is used in many and may cause symptoms.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of lactose intolerance.

Temperature rises to 101°F (38.3°C) or higher. Your infant fails to gain weight. Your infant refuses food or formula.

Vomiting or diarrhea reappears in a child who has previously had a temporary intolerance to milk or milk products

A milk-free diet doesn't relieve symptoms.

LARYNGITIS

BASIC INFORMATION

DESCRIPTION

A minor inflammation of the larynx (voice box) and surrounding tissues, causing temporary hoarseness. It is more common during epidemics of seasonal virus infections (late fall, winter, early spring).

FREQUENT SIGNS AND SYMPTOMS

Hoarseness or loss of voice.
Sore throat; tickling in the back of the throat.
Sensation of a lump in the throat.
Slight fever (sometimes).
Swallowing difficulty (rare).
Tiredness.

CAUSES

Inflammation of the vocal cords and surrounding area caused by:
Viruses (common).
Bacteria (rare).
Allergies.
Excessive use of the voice.
Electrolyte-balance disturbances, especially low potassium, that cause muscle weakness (sometimes).
Tumors (rare).

RISK INCREASES WITH

Exposure to irritants distributed by air-conditioning systems, such as mold, pollen and pollutants.
Extremely cold weather.
Smoking.
Excess alcohol consumption.
Recent respiratory illness, such as bronchitis or pneumonia.

PREVENTIVE MEASURES

Avoid yelling or straining your voice
Treat respiratory infections carefully.

EXPECTED OUTCOME

Spontaneous recovery for viral laryngitis in 10 to 14 days.
Bacterial infections are usually curable in 7 to 10 days with antibiotic treatment.

POSSIBLE COMPLICATIONS

Chronic hoarseness.

TREATMENT

GENERAL MEASURES

Diagnostic tests usually include laryngoscopy examination.
Don't use your voice. Whisper or write notes. For most cases, resting the voice for a few days is all that is needed.
Use a cool-mist, ultrasonic humidifier to increase air moisture and ease the constricted feeling in the throat. Clean humidifier daily.
Hot, steamy showers also help.
Avoid smoking and secondary cigarette smoke.

MEDICATION

For minor discomfort, you may use non-prescription drugs, such as acetaminophen, aspirin or cough syrup.

ACTIVITY

Rest more frequently.

DIET

No special diet. Increased fluid intake may be helpful.

NOTIFY OUR OFFICE IF

You or a family member has hoarseness or other symptoms of laryngitis that last longer than 2 weeks. This may be an early sign of cancer.

You feel very ill, have a high fever or breathing difficulty. If these symptoms develop in a child, call immediately.

LICE (Pediculosis; Head Lice; Body Lice; Crab Lice)

BASIC INFORMATION

DESCRIPTION:

Skin inflammation caused by tiny parasites (Lice) which live on the body or in clothing.

They affect hairy areas anywhere except the scalp, especially the eyebrows or genital area; skin, especially areas in which clothing is in close contact with the skin, such as the shoulders, waist, genital area or buttocks.

FREQUENT SIGNS AND SYMPTOMS:

Itching and scratching, sometimes intense and usually in hair-covered areas.

Eggs ("nits") on hair shafts.

Scalp irritation and matted hair.

Enlarged lymph glands at the back of the scalp or in the groin (sometimes).

Red bite marks and hives.

CAUSES:

Tiny (1mm to 3mm) parasites that bite through skin to obtain nourishment (blood). The bites cause itching and inflammation. Some lice live on skin, although they are difficult to see. Others live in clothing near skin. Eggs (nits) adhere to hairs.

RISK INCREASES WITH:

Crowded living conditions.

Family history of lice.

Sexual intercourse with an infected person.

Contact with an infected object such as combs, hats, clothing.

Contact with an infected person.

PREVENTIVE MEASURES:

Bathe and shampoo often.

Avoid wearing the same clothing more than a day or two.

Change bed linens often.

Don't share combs, brushes or hats with others.

Careful follow up in schools and day care centers where episodes have occurred.

EXPECTED OUTCOME:

Usually curable with medicated creams, lotions and shampoos. Allow 5 days after treatment for symptoms to disappear. Lice often recur.

POSSIBLE COMPLICATIONS:

Infection at the site of deep scratching.

TREATMENT:

GENERAL MEASURES

The following measures apply to all members of the household, and to any sexual partners of household members:

Use the prescribed medicated shampoo, cream or lotion.

Machine-wash all clothing and linen in hot water. Dry in the

dryer's hot-air cycle. Iron the clothing and linen, if possible. Washing removes the lice, and ironing destroys nits.

If you don't have a washing machine, iron the clothes and linen, or seal for 10 days in a plastic bag to kill lice and nits. Dry-clean non-washable items or seal in a plastic bag for 10 days.

Boil articles such as combs, curlers, hairbrushes and barrettes. Hair does not have to be shaved.

Spray (with Lysol or similar product) all furniture that comes in contact with infected body areas.

For more information, contact the National Pediculosis Assn., P.O. Box 149, Newton, MA 02161, (617) 449-NITS.

MEDICATION:

Anti-lice (pediculicide) cream, lotion or shampoo. Apply creams or lotions to infected body parts according to instructions. To use the shampoo:

Wet the hair. Apply 1 tablespoon of shampoo. Lather for 4 minutes, working the lather well into the scalp.

If shampoo gets in eyes, wash out right away with water.

Rinse hair thoroughly and towel dry. Don't use the towel again without laundering.

Comb the hair with a fine comb dipped in hot vinegar to remove the lice. The comb must run through the hair repeatedly from the scalp outward until the hair is completely free of nits.

A single application of shampoo is effective in more than 90% of cases. Don't use more frequently than recommended, because the shampoo may cause skin irritation or be absorbed into the body. A repeat application may be necessary in 10 to 14 days.

If the lice infect eyelashes, they must be removed carefully by the doctor. The prescribed medications should not go into the eye or on the eyelashes. You may apply petroleum jelly to the eyelashes for 7 or 8 days after removal.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You, your sexual partner, or anyone in your household has symptoms of lice or symptoms recur after treatment.

LICHEN PLANUS

BASIC INFORMATION

DESCRIPTION:

A chronic skin eruption that is not cancerous or contagious. It may involve the skin of the legs, trunk, arms, wrists, scalp or penis; lining of the mouth or vagina; toenails and fingernails (around or partially under the nailbed). It affects all ages, but is most common in adults over 40.

FREQUENT SIGNS AND SYMPTOMS :

Small, slightly raised bumps that itch. The bumps are purplish with a whitish surface.

An irregular whitish line inside the mouth or vagina.

Sudden hair loss in patches on the head.

CAUSES:

Unknown, but may be caused by a virus. In a few cases, lichen planus may be an adverse reaction to certain drugs.

RISK INCREASES WITH:

Stress.

Fatigue or overwork.

Exposure to drugs or chemicals.

PREVENTIVE MEASURES:

Cannot be prevented at present.

EXPECTED OUTCOME:

Symptoms can be controlled with treatment, but the disorder lasts months or years. Be patient and persist with your treatment, even if results are disappointing or slow.

POSSIBLE COMPLICATIONS:

Hair loss.

Nail destruction.

Chronic disease where new lesions appear as old lesions resolve.

TREATMENT:

GENERAL MEASURES

Biopsy (removal of a small amount of tissue for laboratory examination that aids in diagnosis) of questionable papules (raised bumps).

Goal of treatment is to relieve the symptoms, particularly, the itching.

Use cool-water soaks to relieve itching.

Reducing stress in your life may help prevent recurrences.

Learn relaxation techniques or obtain counseling if necessary.

If lichen planus is related to a medication, get medical advice about changing dosage or a substitute drug.

MEDICATION:

Antihistamines for their sedative effect to control itching.

Cortisone creams or ointments to reduce inflammation and decrease itching. Use only once or twice a day unless directed otherwise. Apply immediately after bathing for better spreading and penetration. For the face and groin, use only

low-potency steroid products without fluorine. Cortisone tablets for severe cases.

ACTIVITY:

No restrictions.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of lichen planus.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

LIPOMAS

BASIC INFORMATION

DESCRIPTION:

Benign tumors of fat cells. They may involve the trunk; neck; back; upper thighs; or arms. They affect both sexes, and all ages from puberty to elderly.

FREQUENT SIGNS AND SYMPTOMS:

Nodules grow under the skin (subcutaneous) with the following characteristics:
Nodules are dome-shaped and about 2cm to 10cm in diameter. Some grow larger.
Nodules feel "doughy," smooth and easily movable.
Only one or many lipomas may occur at one time.
Skin over the nodule is normal in appearance.
The nodules usually cause no symptoms such as itching or pain.

CAUSES:

Unknown, but the tendency is probably inherited. Minor injury may trigger growth

RISK INCREASES WITH:

Family history of lipomas.

PREVENTIVE MEASURES:

Cannot be prevented at present. If you are obese, you can reduce the size of lipomas by losing weight.

EXPECTED OUTCOME:

These tumors are benign and require no treatment, but they may be removed if they are unsightly or interfere with muscle function.

POSSIBLE COMPLICATIONS:

Large lipomas may interfere with muscle function.

TREATMENT:

GENERAL MEASURES

No treatment is needed for lesions that are stable in size. Surgical removal (if recommended) is usually done in a doctor's office. Lipomas can be surgically excised or removed by liposuction.

After surgical removal:

Apply rubbing alcohol to the scab twice a day.
Apply an adhesive bandage to the scab during the day.
Leave it uncovered at night.
Wash the wound as usual. Dry gently and completely after bathing or swimming.
If the scab cracks or oozes, apply non-prescription antibiotic ointment several times a day.

MEDICATION:

Medication usually is not necessary for this disorder.

ACTIVITY:

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF:

The following occur after surgery:

Fever.

Bleeding which does not respond to moderate pressure.
Signs of infection (warmth, swelling or redness) at the surgical site.

LYMPHOGRANULOMA VENEREUM (LGV; Lymphogranuloma Inguinale)

BASIC INFORMATION

DESCRIPTION:

A contagious venereal disease that involves the genitals and lymph glands. This disease is found mostly in tropical and subtropical areas. It is rare in North America. It can affect adults of both sexes, but is most common in men aged 20 to 40.

FREQUENT SIGNS AND SYMPTOMS:

The following begin 1 to 4 weeks after exposure and progress in order

A painless blister on the genitals which ulcerates and heals quickly.

Enlarged lymph glands in the groin that form large, red, tender masses.

Multiple areas of deep infection that discharge thick pus and blood-stained material.

Other symptoms include:

Fever.

Muscle aches and pain, including backache.

Headaches.

Joint pain.

Appetite loss.

Vomiting.

CAUSES:

The bacterium *Chlamydia*, which is transmitted by sexual activity. Incubation period is about 3-12 days.

RISK INCREASES WITH:

Travel to a country with a tropical or subtropical climate.

Anal intercourse.

Unprotected sexual activity with new partners.

PREVENTIVE MEASURES:

Use condoms during sexual intercourse with new partners.

Don't engage in sexual activity with an infected person.

EXPECTED OUTCOME:

Usually curable in 6 months if treatment is successful. If not, the disorder is incurable, although it does not reduce life expectancy.

POSSIBLE COMPLICATIONS:

Chronic infection.

Interference with bowel and bladder function.

Impotence (sometimes).

TREATMENT:

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as a blood test to rule out syphilis; culture of the discharge from lesions and antibody tests for the chlamydia organism.

Heat applied to affected area may help discomfort. Surgery to drain affected lymph glands or remove abscesses and fistulas.

Your sexual contacts should be examined also.

MEDICATION:

Antibiotics to fight infection, taken for 21 days.

For minor discomfort, you may use non-prescription drugs such as acetaminophen.

Stronger pain relievers may be prescribed.

ACTIVITY:

After treatment, resume normal activity as soon as symptoms improve. Don't resume sexual relations until completely healed.

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of lymphogranuloma venereum.

The following occur during treatment:

Fever spikes to 101°F (38.3°C) or higher.

Pain cannot be relieved with simple pain medicine.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

MASTITIS (Breast Infection)

BASIC INFORMATION

DESCRIPTION:

Inflammation and infection in the breast, usually of a woman who has recently given birth. It occurs in about 1% of new mothers and is more likely in women who are breast-feeding.

FREQUENT SIGNS AND SYMPTOMS:

Symptoms may occur anytime while nursing, but usually begin 3 to 4 weeks after delivery.

Common symptoms include:

Fever.

Tender, swollen, hard, hot breast(s).

CAUSES:

Infection from bacteria that enter the mother's breast from the nursing baby's nose or throat. The most common bacteria are *Staphylococcus aureus* and beta-hemolytic streptococci.

Infection with the mumps virus is another cause.

RISK INCREASES WITH:

Abrasion of the nipple.

Blocked milk ducts from wearing too-tight bras, sleeping on the stomach or waiting too long between feedings.

Use of an electric or manual breast pump.

PREVENTIVE MEASURES:

Wash nipples before nursing. Wash hands before touching breasts.

Wear a comfortable bra that is not too tight.

If a nipple cracks or fissures, apply lanolin cream or other topical medication recommended.

Don't sleep on your stomach.

EXPECTED OUTCOME:

Usually curable in 10 days with treatment.

POSSIBLE COMPLICATIONS:

Without treatment, may lead to breast abscess.

TREATMENT:

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies, Culture of pus or fluid, and occasionally, mammography and breast biopsy if something other than infection may be causing symptoms.

Apply an ice pack (ice in a plastic bag, covered with a thin towel) to the engorged breast 3 to 6 times a day. Use for 15 to 20 minutes at a time. Don't use ice packs within 1 hour of nursing, use warm compresses instead.

Wear an uplift bra during treatment.

Continue to breast-feed, even though breasts are infected.

Offer the affected breast first to promote complete emptying.

Massage nipples with cocoa butter or a cream recommended by the doctor.

If an abscess develops, stop breast-feeding on the affected side. Use a breast pump to empty the infected breast regularly, and continue breast-feeding on the unaffected side.

MEDICATION:

Antibiotics to fight infection. Finish the prescription, even if symptoms subside quickly.

Pain relievers. For minor discomfort, you may use nonprescription drugs such as acetaminophen.

ACTIVITY:

Rest in bed until fever and pain diminish.

DIET:

No special diet. Drink extra fluids while you have fever.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of mastitis.

The following occur during treatment:

Fever spikes to over 101°F (38.3°C).

Signs of a developing abscess (a localized area with increasing redness, pain, tenderness and fluctuance that feels like pushing on an inflated inner tube).

MEASLES (Red Measles; Rubeola)

BASIC INFORMATION

DESCRIPTION:

A viral illness that infects the respiratory tract and skin. This one of the most contagious diseases known. It can affect all ages, but is most common in children. Measles was once very common, but it is now less common due to immunization.

FREQUENT SIGNS AND SYMPTOMS:

Measles symptoms usually occur in the following sequence:

Fever, often high.

Fatigue.

Appetite loss.

Sneezing and runny nose.

Harsh, hacking cough

Red eyes and sensitivity to light.

Koplick spots (tiny white spots) in the mouth and throat.

Reddish rash on the forehead and around ears that spreads to the body.

CAUSES:

Measles is caused by a rubeola-virus infection that chiefly affects the skin and respiratory tract. The incubation period after exposure is 7 to 14 days.

RISK INCREASES WITH:

Crowded or unsanitary living conditions.

Population groups that are not immunized.

Measles epidemics. The disease becomes more virulent as it spreads.

PREVENTIVE MEASURES:

Immunize children against measles. Prevention is important because measles can have rare, but serious complications.

If a person has not been immunized against measles and is exposed to it, a gamma globulin (antibodies) injection may prevent or reduce the severity of the disease.

EXPECTED OUTCOME:

Symptoms usually subside after about 3 days.

A child who has been immunized against measles or has had the disease will probably never develop it. A person who has been passively immunized with gamma globulin is protected against measles for about 3 months.

POSSIBLE COMPLICATIONS:

Ear and chest infections.

Pneumonia.

Encephalitis or meningitis.

Strep throat.

TREATMENT:

GENERAL MEASURES

Diagnosis is usually determined by the appearance of the spots, however, laboratory studies may be required to rule out other disorders.

Treatment involves rest, relief of symptoms and isolation during the communicable period.

Don't read books or watch TV during the first days when the eyes are sensitive to light.

Use a cool-mist humidifier to soothe the cough and lung secretions so they can be coughed up more easily.

Clean humidifier daily.

Take morning and evening temperatures; keep a record. If the fever is 101° F (38-30C) or higher, reduce it.

MEDICATION:

Antibiotics are not prescribed for measles, which is a virus.

However, if complications arise, such as pneumonia or a middle-ear infection, antibiotics may be necessary.

Don't give aspirin to a person younger than 16. Use acetaminophen instead to relieve discomfort and reduce fever.

Some research shows a link between the use of aspirin in children during a viral illness and the development of Reye's syndrome.

ACTIVITY:

Rest until the fever and rash disappear. Encourage a child to rest, but don't force it. Light activities are acceptable once eyes are not painful. Children should not return to school until 7 to 10 days after the fever and rash disappear.

DIET:

No special diet. Drink extra fluids, including water, tea, lemonade, cola and fruit juice. Maintaining an adequate fluid intake is very important in keeping lung secretions thin and preventing lung complications.

NOTIFY OUR OFFICE IF:

You or your child has symptoms of measles.

The following occur during treatment:

High fever, accompanied by a sore throat.

Severe headache, even several weeks after infection.

Earache.

Convulsion.

Excessive lethargy or drowsiness.

Breathing rate above 35 breaths-per-minute or breathing difficulty

MELANOMA

BASIC INFORMATION

DESCRIPTION:

A skin cancer that spreads to other areas of the body, primarily the lymph nodes, liver, lungs and central nervous system. Most melanomas begin in a mole or other pre-existing skin lesion.

FREQUENT SIGNS AND SYMPTOMS:

A flat or slightly raised skin lesion that can be black, brown, blue, red, white or mixture of all colors. Its borders are often irregular and may bleed.

CAUSES:

Uncontrolled growth of cells that give skin its brownish color (melanocytes). When the cells grow down into deep skin layers, they invade blood vessels and lymph vessels and are spread to other body areas.

RISK INCREASES WITH:

Moles on the skin.

Occupations or activities involving excessive sun exposure, such as farming, construction work, athletics or sunbathing.
Pregnancy.

Genetic factors. This is most common in light-complexioned, blonde people. It is rare in black people.

Radiation treatment or excessive exposure to ultraviolet light, as with sun lamps.

Family history of melanoma.

Living in "sunbelt" areas of the U.S.

PREVENTIVE MEASURES:

Protect yourself from excessive sun exposure. Wear broad-rimmed hats and protective clothing. Use maximum protection sun-block preparations on exposed skin. This is especially important in the adolescent years.

Exam your skin, including soles of the feet, regularly for changes in pigmented areas. Ask a family member to examine your back. Get medical advice about any skin area (especially brown or black) that becomes multicolored, develops irregular edges or surfaces, bleeds or changes in any way.

Community provided, skin cancer screening clinics available in some areas.

EXPECTED OUTCOME:

Varies greatly. Early melanomas that have not grown downward are curable with surgical removal. Once the tumor has spread to distant organs, this condition is currently considered incurable and fatal in a short time. However, symptoms can be relieved or controlled.

Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS:

Fatal spread to lungs, liver, brain or other internal organs.

TREATMENT:

GENERAL MEASURES

Biopsy (removal of a small amount of tissue or fluid for laboratory examination that aids in diagnosis) of suspicious lesions. The melanoma's depth must be established to determine appropriate treatment.

Surgery to remove suspicious skin lesions or to remove nearby lymph glands, if the tumor has spread. Skin graft may be necessary to avoid an unsightly scar.

Once diagnosis is made, get frequent body examinations to check for other lesions.

Radiation treatment, if the tumor has spread.

Additional information available from the American Cancer Society, local branch listed in the telephone directory, or call (800) ACS-2345. Another source is the Cancer Information Clearinghouse at (800) 4-CANCER.

MEDICATION:

Anticancer (chemotherapy) drugs may be prescribed.

ACTIVITY:

No restrictions except those involving sun exposure (see Preventive Measures).

DIET:

No special diet.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of malignant melanoma.

During treatment, changes occur in another skin area. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

MENIERE'S DISEASE

BASIC INFORMATION

DESCRIPTION:

Increased fluid in the inner ear's semicircular canals, which help maintain balance. Excess fluid produces pressure in the inner ear, disturbing balance and sometimes reducing hearing. In 80-85% of cases, only one ear is involved. Meniere's usually affects adults between ages 30 and 60, and is slightly more common in women than men.

FREQUENT SIGNS AND SYMPTOMS:

The following occur with every acute attack:

Severe dizziness.

Vertigo (feeling that you are spinning or everything around you is spinning).

Noises in the affected ear, such as ringing or buzzing.

Hearing loss that increases with each attack.

Possible accompanying symptoms:

Vomiting.

Sweating.

Jerky eye movements.

Loss of balance.

CAUSES:

The exact cause is unknown. Suggested causes involve an inner ear response to a variety of injuries. There is an increase in the amount of fluid in the membranous labyrinth (the canals in the inner ear that control balance).

RISK INCREASES WITH:

Stress.

Allergy

Increased salt intake.

Noise.

PREVENTIVE MEASURES:

Avoid risk factors where possible.

EXPECTED OUTCOME

Attacks of Meniere's disease usually recur over many years.

Some symptoms can be controlled. The condition is frustrating but not life-threatening.

POSSIBLE COMPLICATIONS:

Permanent hearing loss.

Chronic noises in the ear.

TREATMENT:

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies to rule out other disorders, various hearing tests, MRI to rule out acoustic tumor.

Treatment usually consists of rest and medication to control the symptoms.

Avoid glaring light and don't read during attacks.

Surgical procedure on the affected labyrinth may be utilized in some patients with chronic Meniere's.

MEDICATION:

To treat an acute attack, intravenous atropine or diazepam, or scopolamine via a patch may be prescribed. Anti-nausea drugs may be useful for some patients.

Tranquilizers to reduce dizziness.

Antihistamines, which lessen symptoms in some persons.

Diuretics to decrease fluid in the inner ear.

ACTIVITY:

Rest quietly in bed until dizziness and nausea disappear.

Don't walk without assistance.

Avoid sudden changes in position.

Don't drive, climb ladders or work around dangerous machinery.

DIET:

Decrease salt intake.

Limit total intake during an attack because of nausea.

NOTIFY OUR OFFICE IF:

You or a family member has symptoms of Meniere's disease.

The following occur during treatment:

Decreased hearing in either ear.

Persistent vomiting.

Convulsions.

Fainting.

Fever of 101°F (38.3°C) or higher.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

MENINGITIS, ASEPTIC (Viral Meningitis)

BASIC INFORMATION

DESCRIPTION

Inflammation of the meninges (thin membranes that cover the brain and spinal cord). This is contagious.

FREQUENT SIGNS AND SYMPTOMS

Fever.
Headache.
Irritability.
Eyes that are sensitive to light.
Stiff neck.
Vomiting.
Confusion, lethargy and drowsiness.

CAUSES

Viruses of several types, including the polio virus.
Fungi, including yeasts.
A reaction, probably an auto-immune response following various viral illnesses, such as measles

RISK INCREASES WITH

Recent measles, rubella or various types of flu.
Immunosuppressive treatment, such as for cancer or following an organ transplant.
Poor nutrition.
Recent illness that has lowered resistance.
Meningitis epidemics. The disease sometimes becomes more severe as it spreads from person to person.

PREVENTIVE MEASURES

Keep immunizations up to date against all viruses for which vaccines are available.

EXPECTED OUTCOME

Most patients recover fully in 2-7 days from viral meningitis without specific therapy, unlike bacterial meningitis, in which antibiotics may be life-saving.

POSSIBLE COMPLICATIONS

Permanent brain damage (rare).
Muscle impairment or paralysis (uncommon).

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as blood-cell counts and examination of the cerebrospinal fluid obtained by lumbar puncture, CT scan or MRI of the brain.
Hospital care is usually necessary.
Treatment includes appropriate antibiotics and supportive care for control of symptoms, such as nausea and fever.

MEDICATION

If aseptic meningitis is caused by a virus, there is no medication for it. The body defenses will usually cure it (although a polio virus may leave permanent damage).
If meningitis is caused by a fungus, anti-fungal drugs, such as amphotericin B may be prescribed.
Avoid aspirin for pain; it may cause bleeding.
Anti-nausea drugs and stronger pain medications may be needed.

ACTIVITY

Rest in bed in a darkened room. Resume your normal activities as soon as symptoms improve.

DIET

No special diet. Drink 6 to 8 glasses of fluid daily, even if you don't feel like it.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of aseptic meningitis.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

MENINGITIS, BACTERIAL

BASIC INFORMATION

DESCRIPTION

Bacterial infection or inflammation of the meninges membranes that cover the brain and spinal cord). It can affect all ages, but is more severe in persons under age 2 or over age 60.

FREQUENT SIGNS AND SYMPTOMS

Fever, chills and sweating (may be absent in critically ill persons).
Headache.
Irritability.
Eyes sensitive to light; pupils may be of different size. Stiff neck.
Vomiting.
Red or purple skin rash (associated with one kind of bacteria).
Confusion, lethargy, drowsiness or unconsciousness.
Sore throat or other signs of respiratory illness may precede other symptoms.

CAUSES

Infection caused by bacteria, from the following sources:
Infection in another body part, such as the lung, ear, nose, throat or sinus, that spreads to the meninges.
Head injury, such as a fractured skull, that allows infection to enter.

RISK INCREASES WITH

Newborns and infants.
Adults over 60.
Illness that has lowered resistance.
Poor nutrition.
Use of drugs that decrease the body's immune responses, such as anticancer drugs.
Alcoholism.
Sinus infection or bacterial skin infections around eyes or nose.

PREVENTIVE MEASURES.

Get medical care for treatment of any infection in your body to prevent its spread.
Avoid contact with anyone who has meningitis (depending on bacterial type). Those who have had close contact with a person with meningitis may need preventive antibiotic treatment even if they have no symptoms.

EXPECTED OUTCOME

Full recovery is likely in 2 to 3 weeks with treatment, if no complications arise.

POSSIBLE COMPLICATIONS

Death or permanent brain damage including paralysis, hearing loss, speech difficulty and intellectual impairment if not treated quickly,

TREATMENT

GENERAL MEASURES

Diagnostic tests include laboratory studies, such as blood sugar tests and cultures of throat, blood, nose or other infection sites, lumbar puncture, CT scan, X-rays of chest and head.
Hospitalization, often in an Intensive Care Unit.
Constant nursing to ensure prompt recognition of any possible complications.
Treatment for any co-existing medical conditions.
Restrict visitors until determination is made that the disease is no longer contagious.

MEDICATION

Intravenous antibiotics. Dosage and type will depend on what bacteria is causing meningitis, patient's age and other health factors.
Corticosteroids may be prescribed.

ACTIVITY

While in the hospital, you will need bed rest in a darkened room. After a 2-3 week recovery, you should be as active as your strength allows.

DIET

You may be given intravenous nutrients in the hospital. At home, eat a normal, well-balanced diet. Vitamin and mineral supplements should not be necessary unless you have a deficiency or cannot eat normally.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of bacterial meningitis.
Temperature rises to 101°F (38.3°C) or higher during treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
You have had contact with someone who has meningitis.

MENOPAUSE

BASIC INFORMATION

DESCRIPTION

The permanent cessation of menstruation. This occurs as early as age 40 or as late as age 55 and usually spans 1 to 2 years. It is normally diagnosed in females after 1 year of absent periods. Menopause is only one event in the "climacteric," a biological change in all body tissue and body systems that occurs in both sexes between the mid-40's and mid-60's. Menopause occurring before age 40 is termed premature and may need medical evaluation for the cause.

FREQUENT SIGNS AND SYMPTOMS

Physical changes (directly associated with decreased blood levels of female hormones):

Menstrual irregularity.

Hot flashes or flushes (sensations of heat spreading from the waist or chest toward the neck, face and upper arms).

Headaches.

Dizziness.

Rapid or irregular heartbeat.

Vaginal itching, burning or discomfort during intercourse, beginning a few years after menopause.

Bloating in the upper abdomen.

Bladder Stability.

Breast tenderness.

Emotional changes (associated with lower hormone levels and conflicting feelings about aging and loss of fertility):

Mood changes.

Pronounced tension and anxiety.

Sleeping difficulty.

Depression or melancholy and fatigue.

CAUSES

A normal decline in ovary function, resulting in decreased levels of the female hormones, estrogen and progesterone.

Surgical removal of both ovaries.

RISK INCREASES WITH

Menopause is a natural part of the aging process for women.

Smoking is a risk for premature menopause.

PREVENTIVE MEASURES

Menopause cannot be avoided, but its effects may be controlled or moderated.

EXPECTED OUTCOME

Menopause is a normal process, not an illness. Most women make an easy transition without crisis.

POSSIBLE COMPLICATIONS

Increased irritability and susceptibility to infection in the urinary tract.

Decreased skin elasticity and vaginal moisture.

Increased risk of hardening of the arteries, heart disease, stroke and osteoporosis after menopause.

Changes in feelings of self-worth.

TREATMENT

GENERAL MEASURES

Psychotherapy or counseling, if emotional changes interfere with personal relationships or work.

Continue to use birth-control measures until 12 months after your last menstrual period.

Reduce stress in your life as much as possible.

If you take estrogen-replacement therapy, have a Pap smear annually or as recommended by your doctor.

Lifestyle changes may be brought about by menopause. Stay as healthy and happy as you can and live life to the fullest.

Additional information available from National Institute on Aging Information Center, (800) 222-2225.

MEDICATION

Estrogen replacement therapy (ERT) or may be referred to as HRT (Hormone replacement therapy). Because hormone treatment has benefits as well as risks, learn all you can about replacement therapy before deciding on treatment. ERT helps prevent osteoporosis and coronary heart disease, as well as being relief to symptoms of menopause (hot flashes, vaginal dryness).

Calcium supplements if your diet does not provide at least 1000 mg of calcium a day.

Vaginal creams may help dryness.

ACTIVITY

No restrictions. Active exercise is beneficial. Weight-bearing activities (such as walking) are helpful in maintaining bone strength.

DIET

No special diet. Increase calcium intake.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of menopause. Other causes should be ruled out.

You experience excessive bleeding, prolonged periods or spotting between your expected periods. These may be signs of other disorders.

Bleeding appears 6 months or more after your last period.

New unexplained symptoms develop. Hormones used in treatment may produce side effects.

Symptoms of menopause return while taking estrogen replacement therapy.

MENORRHAGIA

BASIC INFORMATION

DESCRIPTION

A fairly common disorder that is characterized by unusual heavy or prolonged period of menstrual flow. The average amount of blood loss during a normal menstrual period is about two ounces. With menorrhagia, a woman may lose three ounces or more. It rarely signifies a serious underlying disorder.

FREQUENT SIGNS AND SYMPTOMS

Excessive menstrual flow (varies greatly from woman to woman).

Menstrual period lasts for more than 7 days.

Large clots of blood may pass.

Paleness and fatigue (anemia).

CAUSES

Imbalance of female hormones (estrogen and progesterone).

Fibroids (benign uterine tumors).

Pelvic infection.

Endometrial disorder.

Intrauterine device (IUD).

Hypothyroidism.

RISK INCREASES WITH

Obesity.

Estrogen administration (without progestin).

Young women who have not established a regular ovulation cycle.

Women approaching menopause.

PREVENTIVE MEASURES

Annual pelvic examinations with a cervical smear test (Pap smear).

EXPECTED OUTCOME

Varies with cause of bleeding.

Patients with hormonal causes usually respond to treatment.

POSSIBLE COMPLICATIONS

Anemia due to excessive blood loss.

Surgery may be required.

TREATMENT

GENERAL MEASURES

Special medical diagnostic tests (e.g., pregnancy test, endometrial biopsy, blood test) to help determine cause of bleeding may be performed.

Treatment usually depends on age of woman, whether or not she wants children and on any underlying disorder.

Wear extra sanitary pads during excessive flow to prevent embarrassment.

If using an IUD, consider a change to another method of contraception.

Dilatation and curettage, often referred to as D & C (dilatation of the cervix and a scraping out of uterus with a curette) may be performed.

Hysterectomy may be considered in persistent cases where fertility is not desired.

MEDICATION

Hormone therapy to control bleeding may be prescribed.

If hormones cannot be taken for some reason, other

medications to control the bleeding may be recommended.

Iron replacement therapy may be prescribed for anemia.

ACTIVITY

Resting with feet up may be helpful.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has signs or symptoms of menorrhagia.

Symptoms worsen after treatment begins.

New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

MISCARRIAGE (Spontaneous Abortion)

BASIC INFORMATION

DESCRIPTION

Premature termination of a pregnancy before the fetus can survive outside the uterus. It occurs in about 30% of first pregnancies and frequently occurs so early that the woman is unaware that she is pregnant.

FREQUENT SIGNS AND SYMPTOMS

Uterine cramps.
Vaginal bleeding from slight to heavy.
Many miscarriages are only "threatened," and the pregnancy continues to term.
Symptoms may be the same for threatened miscarriages as for those in progress.

CAUSES

During the first 3 months (trimester):
An abnormal or defective fetus.
Uterine abnormalities that prevent the fertilized egg from growing normally.
During the second trimester:
Uterine abnormalities that cause detachment of the fetus and placenta.
Severe psychological stress (maybe).
Anytime:
Use of drugs that harm the fetus.
Infections, especially virus infections (rubella or influenza).

RISK INCREASES WITH

Stress.
Poor nutrition.
Illness that has lowered resistance.
Recent serious infection.
Medical history of endocrine diseases, such as diabetes mellitus or hypothyroidism.

PREVENTIVE MEASURES

During pregnancy.
Obtain regular medical checkups.
Eat a normal, well-balanced diet.
Don't drink alcohol, smoke cigarettes or use recreational drugs.
Don't use any medications, including non-prescription drugs, without medical advice.

EXPECTED OUTCOME

With treatment, a miscarriage is not a life-threatening condition. It does not affect a woman's ability to carry a healthy baby to term in the future.
Feelings of loss and grief are common. Feelings of grief may also be present. If these persist, seek emotional help.

POSSIBLE COMPLICATIONS

Uterine infection, signaled by fever, chills and aching.
Hemorrhaging from other body parts.

"Incomplete" abortion, in which some placenta or fetal tissue remains in the uterus, or missed abortion, in which the fetus dies but remains in the uterus.

TREATMENT

GENERAL MEASURES

Ultrasound examination and laboratory blood studies may be needed for diagnosis.
For a threatened miscarriage, follow doctor's orders. Bed rest at home is often enough to stabilize the pregnancy. If bleeding is severe, hospitalization and blood transfusion may be required.
After a miscarriage:
Expect a small amount of vaginal bleeding or spotting for 8 to 10 days. Don't use tampons for 2 to 4 weeks. Wait through 2 or 3 normal menstrual cycles before attempting to become pregnant.
Surgery (D & C - dilatation and curettage, or D & E - dilatation and evacuation) to remove any remaining tissue or a dead fetus (sometimes).
Psychotherapy or grief counseling for patient and her partner may be helpful.

MEDICATION

For a threatened miscarriage:
Medicine usually is not necessary. Don't take any medication without medical advice.
Oxytocin to control bleeding in some patients.
Pain medication may be prescribed.
After a miscarriage, antibiotics may be prescribed to fight infection.
Blood transfusions for severe blood loss.
Rh negative female may be given RhoD (immune globulin).

ACTIVITY

For a threatened miscarriage: Rest in bed until symptoms disappear. Avoid sexual intercourse until the outcome is known. After a miscarriage: Reduce activity and rest often during the next 48 hours.

DIET

For a threatened miscarriage: Drink fluids only, if bleeding and cramping are severe.
After a miscarriage: No special diet.

NOTIFY OUR OFFICE IF

Vaginal bleeding occurs during pregnancy.
Bleeding and cramps worsen during a threatened miscarriage or you pass tissue.
Fever and chills occur during a threatened miscarriage or following miscarriage.
Bleeding (other than vaginal) or unexplained bruising occurs after a miscarriage.
Infection develops while you are pregnant.

MOLLUSCUM CONTAGIOSUM

BASIC INFORMATION

DESCRIPTION

A contagious viral infection of the skin anywhere on the body. The virus usually occurs on the face in children. In adults, it usually occurs on the inner thighs, abdomen and genitals.

FREQUENT SIGNS AND SYMPTOMS

Papules (small, raised bumps on the skin) with the following characteristics:

Bumps are firm, smooth, domed with a central pit, and skin-colored or white. The overlying skin is transparent and thin.

Bumps are usually 2mm to 3mm in diameter. A few may be as large as 10mm.

Bumps cause eye irritation if they are on the eyelids. Bumps don't hurt or itch.

CAUSES

DNA virus of the pox group. This virus may be transmitted sexually. The incubation is 2 weeks to 6 months.

RISK INCREASES WITH

Previous allergies or family history of allergy.

Use of Immunosuppressive drugs.

PREVENTIVE MEASURES

To prevent spread to other parts of the body or to other people, don't scratch bumps.

EXPECTED OUTCOME

If untreated, a few papules may increase to 20 to 50 lesions in several weeks. They will disappear spontaneously in 10 to 24 months. However, they may be treated to prevent the spread to other persons.

POSSIBLE COMPLICATIONS

Scarring or disfigurement.

TREATMENT

GENERAL MEASURES

Medical treatment to remove the papules with liquid nitrogen (sometimes).

After treatment with liquid nitrogen, leave the blisters alone.

The tops will come off spontaneously in 7 to 14 days.

Keep blisters dry. Cover with small adhesive bandages any that may be irritated by clothing.

MEDICATION

Medicine usually is not necessary for this disorder. In some cases, cantharidin (Cantharone) or other topical medication to kill the virus may be prescribed.

ACTIVITY

No restrictions, except to avoid sexual relations until bumps disappear.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of molluscum contagiosum.

The following occur after treatment:

Fever.

Signs of infection (swelling, redness, pain, tenderness or warmth) at the treatment site.

MONONUCLEOSIS, INFECTIOUS

BASIC INFORMATION

DESCRIPTION

An infectious viral disease that affects the respiratory system, liver and lymphatic system. It usually affects adolescents and young adults (12 to 40 years).

FREQUENT SIGNS AND SYMPTOMS

Fever.
Sore throat (sometimes severe).
Appetite loss.
Fatigue.
Swollen lymph glands, usually in the neck, underarms or groin.
Enlarged spleen.
Enlarged liver.
Jaundice with yellow skin and eyes (sometimes).
Headache.
General aching.

CAUSES

A contagious virus (Epstein-Barr virus) transmitted from person to person by close contact, such as kissing, shared food or coughing.

RISK INCREASES WITH

Stress.
Illness that has lowered resistance.
Fatigue or overwork. The high incidence among college students and military recruits may result from inadequate rest and crowded living conditions.
High school or college student.

PREVENTIVE MEASURES

Avoid contact with persons having infectious mononucleosis. If you have mononucleosis, avoid contact with persons with immune deficiencies to prevent them from getting mononucleosis.

EXPECTED OUTCOME

Spontaneous recovery in 10 days to 6 months. Fatigue frequently persists for 3 to 6 weeks after other symptoms disappear. A few patients experience a chronic form in which symptoms persist for months or years.

POSSIBLE COMPLICATIONS

Ruptured spleen, resulting in emergency surgery.
In rare cases, the heart, lungs or central nervous system could become involved, and the disease may prove to be serious, even fatal.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies. No specific cure is available. Extra rest and healthy diet are important. No need for quarantine.

To relieve the sore throat, gargle frequently with double-strength tea or warm salt water (1 teaspoon of salt to 8 oz. of water).

Don't strain hard for bowel movements. This may injure an enlarged spleen.

In rare cases, the spleen may rupture, necessitating an emergency surgical operation.

MEDICATION

For minor discomfort, you may use non-prescription drugs such as acetaminophen. Don't take aspirin because of its suspected association with Reye's syndrome.

If symptoms are severe, you may be prescribed a short course of cortisone drugs.

ACTIVITY

Rest in bed, especially when you have fever. Resume activity gradually. Rest when you are fatigued.

Don't participate in contact sports until at least 1 month after complete recovery.

DIET

No special diet. You may not feel like eating while you are ill. Maintain an adequate fluid intake. Drink at least 8 glasses of water or juice a day or more during periods of high fever.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of infectious mononucleosis.

The following occur during treatment:

Fever over 102°F (38.9°C).

Constipation, which may cause straining.

Severe pain in the upper left abdomen (rupture of the spleen is a medical emergency)!

Yellowing of the skin

Swallowing or breathing difficulty from severe throat infection.

MORNING SICKNESS DURING PREGNANCY

BASIC INFORMATION

DESCRIPTION

Nausea during pregnancy. This usually occurs in the morning, but may occur at any time. Most pregnant women experience at least mild morning sickness.

FREQUENT SIGNS AND SYMPTOMS

Mild to severe nausea with or without vomiting usually during the first 12 to 14 weeks of pregnancy, but may continue throughout pregnancy.

CAUSES

Major hormone changes that take place to permit normal growth of the fetus. Progesterone and other hormones cause involuntary muscles to relax, probably slowing movement of food through the stomach and intestines. They may also affect the vomiting center in the brain.

In addition, blood sugar is lower during early pregnancy in many women, contributing to gastrointestinal upsets.

RISK INCREASES WITH

Unknown.

PREVENTIVE MEASURES

Do not let your stomach get empty; eat something every 2 hours if necessary.

EXPECTED OUTCOME

Usually stops after the first 3 to 4 months of pregnancy.

POSSIBLE COMPLICATIONS

Hyperemesis gravidarum, a condition of pregnancy characterized by severe nausea, vomiting, weight loss and electrolyte disturbance (rare).

TREATMENT

GENERAL MEASURES

Keep rooms well-ventilated to prevent accumulation of cooking odors or cigarette smoke.

Don't smoke cigarettes, and ask your family and friends not to smoke while you are experiencing morning sickness.

Keep a positive attitude. If you have conflicts that you cannot resolve, ask for help from family, friends or professional counselors.

Keep a daily record of your weight.

MEDICATION

Medicine is usually not necessary for this disorder. Don't take any medications during pregnancy without medical advice. A trial of vitamin B-6 may be recommended, which appears safe at the present.

ACTIVITY

No restrictions.

DIET

The following may help the nausea:

Place a small, quick-energy snack, such as soda crackers, at your bedside. Eat it before getting up in the morning.

Eat a small snack at bedtime and when you get up to go to the bathroom during the night.

Eat a snack as often as every hour or two during the day.

Avoid large meals. Snacks should consist of high-protein foods, such as: peanut butter on apple slices or celery, nuts; a quarter-sandwich; cheese and crackers; milk; cottage cheese; yogurt sprinkled with granola; and turkey or chicken slices.

Avoid foods that are high in fat and salt but low in nutrition.

NOTIFY OUR OFFICE IF

You have morning sickness that does not improve, despite the above measures.

You vomit blood or material that resembles coffee grounds.

You lose more than 1 or 2 Pounds .

MOTION SICKNESS

BASIC INFORMATION

DESCRIPTION

An unpleasant, temporary disturbance that occurs while traveling, characterized by dizziness and stomach upset. It involves the semicircular canals in the inner ear. These fluid-filled canals maintain balance.

FREQUENT SIGNS AND SYMPTOMS

Loss of appetite.
Nausea and vomiting.
Spinning sensation.
Weakness and unsteadiness.
Confusion.
Yawning.

CAUSES

Motion, especially airplane, boat or car; amusement park ride, swinging. Irregular motion causes fluid changes in the semicircular canals of the inner ear, which transmit signals to the brain's vomiting center.

RISK INCREASES WITH

Travel.
Stress.
Ear disorders.
Smoky environment or poor ventilation.
Excess alcohol consumption.
Visual stimuli (moving horizon).

PREVENTIVE MEASURES

Don't eat large meals or drink alcohol before and during travel.
Sit in areas of the airplane (usually over the wings) or boat with the least motion.
Recline in your seat, if possible.
Breathe slowly and deeply.
Avoid areas where others are smoking, if possible.
On an airplane or bus, turn on the overhead air vent to improve air circulation.
Don't read.
Take medication to prevent motion sickness before you travel.
Some airlines have developed behavior-modification techniques for those who are afraid to fly or have motion sickness. Contact the airline or your travel agent for information.
Psychological factors contribute to motion sickness. Try to resolve concerns about travel before leaving home. Maintain a positive attitude. Psychotherapy or counseling, if your occupation or lifestyle requires travel, and you usually develop motion sickness.
One preventive therapy technique involves desensitization (special training for using your eyes that may help avoid the symptoms of motion sickness).

EXPECTED OUTCOME

Recovery when the trip is over or soon thereafter, if symptoms linger.

POSSIBLE COMPLICATIONS

Dehydration from vomiting.
Falls and injuries from unsteadiness.

TREATMENT

GENERAL MEASURES

Once you have the symptoms, try to rest in a dark room with a cool cloth over the eyes and forehead.
Allowing yourself to vomit can help the nausea. Don't make yourself vomit.

MEDICATION

For minor discomfort, you may use non-prescription drugs, such as dimenhydrinate (Dramamine), before and during travel.
For travel, scopolamine patches to control symptoms may be prescribed. Remove promptly once trip is over; long term use is not recommended.

ACTIVITY

To minimize symptoms during travel, rest in a reclining position and fix your gaze on a distant object.

DIET

Eat lightly or not at all before and during brief trips. For longer trips, sip frequently on beverages (tea and juices) to maintain your fluid intake. Avoid alcohol, carbonated and extremely cold beverages.

NOTIFY OUR OFFICE IF

You plan to travel and have had disabling motion sickness in the past.

MUMPS

BASIC INFORMATION

DESCRIPTION

A mild, contagious viral disease that causes painful swelling of the parotid glands (salivary glands that lie between the ear and jaw). Other organs, including the testicles, ovaries, pancreas, breasts, brain and meninges (membranes that cover the brain) sometimes become involved. It can affect all ages, but most common in children (2 to 12 years). Approximately 10% of adults are susceptible to mumps.

FREQUENT SIGNS AND SYMPTOMS

Mumps without complications:

Inflammation, swelling and pain of the parotid glands. The glands feel firm, and pain increases with chewing or swallowing.

Fever.

Headache.

Sore throat.

Additional symptoms with complications:

Painful, swollen testicles.

Abdominal pain, if the ovaries or pancreas are involved.

Severe headache, if the brain or meninges are involved.

CAUSES

Person-to-person transmission of the mumps virus. The virus can be transmitted anytime from 48 hours before symptoms begin to 6 days after symptoms appear. Virus incubation is 14 to 24 days after contact; the average is 18 days.

RISK INCREASES WITH

Crowded living conditions.

Epidemics in a non-vaccinated population.

Lack of immunization.

PREVENTIVE MEASURES

Obtain mumps immunizations for children at the appropriate age.

If you have not had mumps or been vaccinated and a close family member has mumps, an anti-mumps globulin may be recommended. The injection may prevent the disease (it is not guaranteed) and it is expensive.

EXPECTED OUTCOME

Spontaneous recovery in about 10 days if no complications occur. After having the disease, a person has lifetime immunity to mumps.

POSSIBLE COMPLICATIONS

Infections of the brain or meninges (meningo-encephalitis), pancreas, ovaries, breasts or testicles. Sterility may occur if both testicles become infected (rare).

Temporary hearing loss in some adults.

TREATMENT

GENERAL MEASURES

Diagnosis is usually determined by the characteristic signs and symptoms. Laboratory blood studies can confirm the

diagnosis.

It is not necessary to isolate the infected person from the family. By the time symptoms appear, the disease has usually already spread.

Apply heat or ice, whichever feels better, intermittently to the swollen, painful glands (parotid or testicles). Use a hot-water bottle, hot towel or ice pack.

Stay out of school until no longer contagious (about 9 days after onset of pain).

MEDICATION

Once the disease begins, it must run its natural course. There is no safe, readily available medicine that can kill the virus or keep it from multiplying.

For minor pain, you may use non-prescription drugs such as acetaminophen. Don't use aspirin.

If testicles are involved, stronger pain relievers and cortisone drugs may be prescribed.

ACTIVITY

Bed rest is not essential and does not reduce the possibility of complications. Allow as much activity as strength and feeling of well-being allow. Patients are no longer contagious when swelling disappears.

DIET

No special diet, but increase daily fluid intake to at least 6 to 8 glasses of liquid, including ginger ale, cola, tea or water. Fruit juices or tart beverages may increase pain.

NOTIFY OUR OFFICE IF

Fever (oral) rises above 101°F (38.3°C).

The following occur during the illness:

Vomiting or abdominal pain.

Severe headache which is not relieved by acetaminophen.

Drowsiness or inability to stay awake.

Swelling or pain in the testicles.

Twitching of the face muscles.

Convulsion.

Discomfort or redness in the eyes.

NAILS, RINGWORM INFECTION OF (Onychomycosis; Tinea Unquium)

BASIC INFORMATION

DESCRIPTION

A fungus infection of the toenails or fingernails in which nails become pliable, opaque, white and thickened. This is contagious. It affects all ages, but most common in older adolescents and adults.

FREQUENT SIGNS AND SYMPTOMS

Begins with a small separation between the end of the nail and the nail bed.

Soft yellow material gradually builds up in the separation.

Nail becomes thickened and yellow.

The condition usually doesn't itch and is painless, unless the area is extensive and becomes infected.

Eventually the entire nail is separated, resulting in a partially destroyed, misshapen, yellow nail.

CAUSES

Infection with the *Trichophyton* fungus. Fingernail infection occurs only if the nail has been injured or the nail is affected by another skin disease on the hand. Toenail infections can occur with or without injury.

RISK INCREASES WITH

Exposure to occupational heat, wetness and humidity, such as with cooks, dishwashers and housewives.

Hot, humid weather.

Poor circulation.

Diabetes mellitus.

PREVENTIVE MEASURES

Keep hands and feet cool, dry and exposed to sunlight as much as possible.

Wear cotton or wool socks. Avoid footwear made from synthetic fibers.

Wear roomy shoes.

EXPECTED OUTCOME

Most fingernail infections are curable with 6 months of continuous treatment. Toenails require 12 to 24 months of treatment because of their slower growth rate. Most fingernail infections respond well to treatment, but toenail infections are more resistant to treatment. Recurrence is likely.

POSSIBLE COMPLICATIONS

Permanent nail loss or nail deformity.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory fungal cultures of the material under nails.

Dry feet and hands with extra care after bathing even after the infection clears.

Wear light footwear, such as sandals, to allow free air circulation. Don't wear socks or shoes made of synthetic material. During acute phases, go barefoot as much as

possible. Keep feet and hands cool, dry and exposed to sunlight.

For fingernail infections, wear cotton-lined latex or rubber gloves for dishwashing or other cleaning that requires immersion in water or chemicals.

Surgical removal of the nail may be necessary.

MEDICATION

Non-prescription anti-fungal ointments, creams and powders are available, but they are ineffective in curing these infections. Oral anti-fungal drugs to cure the infection may be prescribed, but therapy may be long and expensive.

ACTIVITY

No restrictions, but avoid heat and excess sweating.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You have a minor nail infection that becomes a problem. After 2 months of medication, symptoms fail to improve. Skin adjacent to nail becomes red, inflamed or drains pus.

NARCOLEPSY

BASIC INFORMATION

DESCRIPTION

Rare sleep disorder characterized by uncontrollable episodes of falling asleep at any place or time. After a 10 or 15 minute sleep attack, the person feels rested only briefly, then returns to an uncomfortable feeling of sleepiness. Attacks may occur while driving, talking or working. It begins in adolescence or young adulthood and continues throughout life.

FREQUENT SIGNS AND SYMPTOMS

Any of the following (10% of people with narcolepsy have all signs).

Sleep attacks that may occur up to 10 times a day. These can occur during conversations or other activities. An attack leaves the person feeling refreshed, but another may occur again quickly.

Vivid dreams, sounds or hallucinations at the beginning of a sleep attack or upon awakening.

Temporary paralysis (sudden loss of muscle strength) when falling asleep or just before complete awakening.

Momentary paralysis not related to sleep when feeling sudden emotion, such anger, fear or joy.

Irresistible drowsiness during the day.

CAUSES

Unknown. Possible involvement of the immune system. Occasionally, it follows brain infection or head injury.

RISK INCREASES WITH

Family history.

Either of the following may trigger an attack: Monotonous activity, prolonged laughter.

PREVENTIVE MEASURES

No known preventive measures.

EXPECTED OUTCOME

This disorder lasts throughout life, but it has no effect on life expectancy. Symptoms can worsen with aging. However, in women, symptoms can improve after menopause. Medication can decrease the frequency of sleep attacks.

POSSIBLE COMPLICATIONS

Accidental injury during a sudden sleep attack.

TREATMENT

GENERAL MEASURES

Studies in a sleep laboratory may be recommended.

Treatment usually involves regular naps along with medication to help control the drowsiness.

Wear a medical alert type bracelet or pendant to indicate you suffer from this disorder.

Additional information available from the Narcolepsy & Cataplexy Foundation of America (718)

920-6799.

MEDICATION

Stimulants that increase levels of daytime alertness may be prescribed.

Antidepressants for other symptoms (momentary paralysis) may be prescribed.

ACTIVITY

Don't engage in any activity that carries the risk of injury from a sudden sleep attack. These include activities such as driving long distances, climbing ladders or working around dangerous machinery.

Exercise can sometimes decrease the number of sleep attacks. Seek to achieve optimal physical fitness.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of narcolepsy. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

NASAL POLYPS

BASIC INFORMATION

DESCRIPTION

Non-malignant growths in the nasal cavities, usually in both sides of the nose. They sometimes grow large and numerous enough to cause nasal distension and enlargement of the bony framework. They are more common in adults than in children.

FREQUENT SIGNS AND SYMPTOMS

Obstruction of air through the nose (chronic "stuffy-nose" feeling).
Impaired sense of smell.
Feelings of fullness in the face.
Nasal discharge (sometimes).
Facial pain (sometimes).
Headaches (sometimes).

CAUSES

Chronic infection or allergy in the nose (allergic rhinitis) that causes the nasal mucous membranes to swell and produce excess fluid in the nasal cells.

RISK INCREASES WITH

Sinusitis or chronic nasal infection.

PREVENTIVE MEASURES

Obtain medical treatment for the underlying allergy. Seek medical advice about allergy testing and desensitizing procedures.

EXPECTED OUTCOME

Symptoms can be controlled with treatment (usually surgery).
Recurrence is common, even with surgical treatment.

POSSIBLE COMPLICATIONS

Repeated infections.
Nosebleeds.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include X-rays of the sinuses and examination with a nasal speculum.
Medication may reduce the polyps.
Surgery (a minor procedure) is often required to remove polyps (under local anesthesia).

MEDICATION

For minor pain, you may use acetaminophen. Avoid aspirin, which may increase the tendency to bleed and is associated with allergic reactions in persons with nasal polyps.
Cortisone drugs or cromolyn in nasal spray or oral form for a short period to attempt to shrink the polyps.
Caution: Don't use over-the-counter nasal sprays.

ACTIVITY

Resume your normal activities gradually after surgery.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of nasal polyps .
The following occur during treatment:
Nosebleeds that cannot be stopped.
Fever.
Pain that persists despite the use of acetaminophen.

NASAL SEPTUM, DEVIATED

BASIC INFORMATION

DESCRIPTION

Crookedness or other abnormality of the septum, the structure dividing the nose in 2 equal parts. The septum is made of cartilage (farther toward the tip) and bone (closer to the forehead).

FREQUENT SIGNS AND SYMPTOMS

An apparently crooked nose.
Obstruction of air through the nostrils.
Nasal discharge.
Often, there are no symptoms.

CAUSES

Rapid growth, especially at puberty.
Nose surgery.
Injury.

RISK INCREASES WITH

Those listed in Causes.

PREVENTIVE MEASURES

Protect yourself from nose injury. Wear protective headgear for contact sports or cycling. Buckle your auto seat belt.

EXPECTED OUTCOME

Usually curable with surgery. If symptoms are not troublesome, surgery is usually not necessary.

POSSIBLE COMPLICATIONS

Recurrent nosebleeds.
Recurrent nasal or sinus infections.

TREATMENT

GENERAL MEASURES

Diagnosis is made by inspection of the nose with a bright light and nasal speculum.

Surgery to correct the deviation (sometimes). The procedures are:

Submucosal removal, which relieves obstruction.
Rhinoplasty, which corrects anatomical deformity.
Septoplasty, which relieves nasal obstruction and improves appearance.

MEDICATION

For minor discomfort, you may use non-prescription drugs, such as decongestants, to decrease nasal secretions.

Antibiotics to fight infection, if necessary.

Caution: Avoid over-the-counter nasal sprays.

ACTIVITY

No restrictions unless surgery is necessary. If so, resume your normal activities gradually.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a deviated nasal septum, especially recurrent nosebleeds or nasal and sinus infections, and you want to consider corrective surgery.

NOSE FRACTURE

BASIC INFORMATION

DESCRIPTION

Fracture or damage to the bones and cartilage of the nose.
This often happens when other facial bones are also fractured.

FREQUENT SIGNS AND SYMPTOMS

Pain in the nose.
Nosebleed.
Swollen, discolored nose.
Inability to breathe through the nose.
Crooked or misshapen nose (sometimes).

CAUSES

Injury to the nose.

RISK INCREASES WITH

Previous nose injury.

PREVENTIVE MEASURES

Protect your nose from injury, whenever possible. Wear protective headgear for contact sports or when riding motorcycles or bicycles. Wear auto seat belts.

EXPECTED OUTCOME

Minor fractures with no deformity usually heal in 4 weeks. Major fractures can be repaired with surgery. If surgery is necessary, it should be done within 2 weeks or not until 6 months after injury.

POSSIBLE COMPLICATIONS

Infection of the nose and sinuses.
Shock from loss of blood (rare).
Permanent breathing difficulty.
Permanent change in appearance.
Deviated nasal septum.

TREATMENT

GENERAL MEASURES

Apply ice packs to the nose immediately after injury to minimize swelling.
If the nosebleed is heavy or cannot be stopped, obtain emergency medical treatment.
Surgery, if the nose is crooked or breathing is impaired.

MEDICATION

For minor discomfort, you may use non-prescription drugs such as acetaminophen.
Stronger pain relievers, if needed.
Antibiotics, if infection develops.

ACTIVITY

Rest until bleeding stops.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a fractured nose, especially bleeding that is heavy or cannot be stopped.

You have had a fractured nose and think surgery is needed.

NOSEBLEED (Epistaxis)

BASIC INFORMATION

DESCRIPTION

Bleeding from the nose. It involves blood vessels (arteries and veins) in the nose. Nosebleeds occur close to the nose opening or deeper in the nose. It can affect all ages, but is twice as common in children as in adults.

FREQUENT SIGNS AND SYMPTOMS

Blood oozing from the nostril. If the nosebleed is close to the nostril, the blood is bright red. If the nosebleed is deeper in the nose, the blood may be bright or dark red.
Lightheadedness from large amount of blood loss (rare).
Rapid heartbeat, shortness of breath and pallor (with significant blood loss only).
Black stool from swallowed blood.

CAUSES

Injury to the nose or nasal polyps (even simple injury caused by picking the nose).
Nasal or sinus infection.
A foreign body in the nose.
Scarlet fever, malaria or typhoid fever.
Dry mucous membranes in the nose from any cause, such as low humidity.
Atherosclerosis; high blood pressure.
Bleeding tendencies associated with aplastic anemia, leukemia, thrombocytopenia or liver disease.

RISK INCREASES WITH

Any disorder listed as a cause.
Hodgkin's disease; scurvy; rheumatic fever.
Blood disorders, including leukemia and hemophilia.
Use of certain drugs, such as anticoagulants, aspirin, or prolonged use of nose drops.
Exposure to irritating chemicals.
High altitude or dry climate.

PREVENTIVE MEASURES

Avoid injury if possible.
Obtain medical treatment for the underlying cause.
Humidify the air if you live in a dry climate or at high altitude.
Avoid picking at nose or vigorous nose blowing.
Avoid aspirin if you have frequent nosebleeds.

EXPECTED OUTCOME

Symptoms can be controlled with treatment. Severe bleeding requires hospitalization and usually is caused by an underlying disorder, such as liver disease, blood disease or hypertension. In these cases, the underlying disorder should be treated also.

POSSIBLE COMPLICATIONS

Bleeding severe enough to require transfusion.

TREATMENT

GENERAL MEASURES

Self-care:
Sit up with your head bent forward.

Clamp your nose closed with your fingers for 5 uninterrupted minutes. During this time, breathe through your mouth.

If bleeding stops and recurs, repeat, but pinch your nose firmly on both sides for 8 to 10 minutes. Holding your nose tightly closed allows the blood to clot and seal the damaged blood vessels.

You may apply cold compresses at the same time.

Don't blow your nose for 12 hours after bleeding stops to avoid dislodging the blood clot.

Don't swallow blood. It may upset your stomach or make you "gag," causing you to inhale blood.

Don't talk (also to avoid gagging).

Medical care:

Emergency-room treatment if self-care is unsuccessful.

Gauze packing may be inserted to absorb blood, stop dripping and exert pressure on the ruptured blood vessels. Continued or recurrent bleeding may require cauterization.

Surgery (for severe bleeding only) to tie off the artery feeding the bleeding area.

MEDICATION

Drugs to treat any underlying serious disorder.

ACTIVITY

Resume your normal activities as soon as symptoms improve.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has a nosebleed that won't stop with self-care described above.

After the nosebleed, you become nauseous or vomit.

After the nose has been packed, your temperature rises to 101°F (38.3°C) or higher.

OBESITY

BASIC INFORMATION

DESCRIPTION

A condition of excess body weight. May be defined as: Males over 20% body fat or females over 25% body fat are considered obese. The concept that obesity is a willpower or self-discipline problem is outmoded. However, there is no clear understanding of the biochemical defects that cause it.

FREQUENT SIGNS AND SYMPTOMS

Excessive body fat composition.
Emotional problems.
Poor exercise tolerance. Excess weight increases the heart's work.

CAUSES

Genetic factors.
Environmental factors: Diet and eating habits, activity levels, stress (emotional and physical), drugs, culture.
Metabolic and endocrine disorders.
Abnormal regulation of body weight to body fat.
Central nervous system lesions.

RISK INCREASES WITH

Those listed in Causes.

PREVENTIVE MEASURES

Life-long adherence to a program consisting of proper diet and nutrition, exercising, and behavior and lifestyle modification as needed.

EXPECTED OUTCOME

Obesity can be controlled if motivation stays high for life.
Long-term management of weight loss is extremely difficult.

POSSIBLE COMPLICATIONS

Obesity may contribute to the development of diabetes, high blood pressure, heart disease and gallbladder disease. It complicates treatment and decreases survival chances of patients with stroke, kidney disease and other disorders. Psychosocial complications (poor self-image, difficulty in getting jobs, lack of social contacts with opposite sex).

TREATMENT

GENERAL MEASURES

Medical assessment to determine the degree of health risk. The most accurate method of determining body composition remains underwater weighing and skinfold measurements of multiple sites. Also used are BMI (body mass index) and waist to hip ratio (WHR).
Many commercial and community programs are available that provide help in losing weight. Choose a program whose diet plans meet the RDA guidelines for nutrients, provides exercise and behavior counseling, and includes long-term maintenance support. Keep diaries for food intake, exercise activities and behavior changes. Review them with your weight loss advisor weekly.

Several techniques exist for behavioral modification. Determine the type that fits your needs (e.g., assertiveness, rewards, cognitive, substitution, imagery, and others). Surgical procedures to reduce weight, such as bypassing part of the intestine or stomach, cutting away fat, fat suctioning, or wiring the jaw shut, are desperate measures. They are used only in extreme circumstances.

MEDICATION

Drug therapy as an aid to weight loss may or may not be helpful. Drugs for obesity may be recommended for you on a trial basis to see if they might be effective. The effectiveness of all appetite suppressants diminishes after a few weeks. Amphetamine compounds are not recommended for treating obesity.

ACTIVITY

Increase your current level of activity. Daily exercise (bicycle riding, walking, swimming and others) helps you lose weight, feel better and control appetite.
30 minutes of activity, 5 times a week should be the goal.
Keep an activity diary to monitor your progress.

DIET

Many different diet plans are available to choose from. Diets that are not nutritionally balanced can cause more problems than the obesity. Crash diets and fad diets don't produce long-term results. Schemes which promise easy weight loss are usually unsuccessful.
During your diet and exercise program, there may be periods when you don't lose weight. This is normal; don't stop the program. Weight loss will begin again in a week or two. A realistic weight loss is 1 to 2-1/2 pounds a week. This may seem slow, but 1 pound of fat lost per week totals 52 pounds in 1 year!
Keep a food diary to record everything you eat.

NOTIFY OUR OFFICE IF

Obesity increases, despite measures taken to lose weight

OBSESSIVE COMPULSIVE DISORDER

BASIC INFORMATION

DESCRIPTION

A disorder characterized by recurrent, intrusive thoughts (obsessions) and repetitive, ritualistic behaviors (compulsions). The disorder usually begins in adolescence and waxes and wanes throughout life, never going completely away and sometimes becoming more severe. New cases after age 50 are rare. People who suffer from the disorder usually suffer from both obsessions and compulsions. Those people who are severely affected may not be able to do anything else with their lives.

FREQUENT SIGNS AND SYMPTOMS

Obsessions and/or compulsions that consume more than an hour a day and cause significant distress or impairment. Obsessions (thoughts) are recurrent and attempts to ignore or resist them are unsuccessful. Obsessions include:
Thoughts of violence.
Fear of infection (from germs, dirt, etc.).
Doubts (is the front door shut, locked; is the iron on).
Excessive orderliness or symmetry.
Constant brooding (over a word, phrase or unanswerable problem).
Compulsions (actions) are repetitive, purposeful behaviors in response to the thoughts (obsessions) in an attempt to neutralize the thought. Compulsions include:
Checking in response to doubt (locks, doors, windows).
Hand washing.
Collecting.
Hoarding.
Repeaters - such as dressing ritual.

CAUSES

Exact cause is unknown. Recent studies suggest it might be caused by a lesion in the basal ganglia, a critical region of the nervous system. Certain forms of brain damage (e.g., encephalitis) can result in obsessional symptoms.

RISK INCREASES WITH

Major depression.
Schizophrenia.
Organic brain syndrome.
Family history.

PREVENTIVE MEASURES

No specific prevention methods known.

EXPECTED OUTCOME

Effective and specific therapy is now available, and though it may not lead to a total cure, it can reduce disabling symptoms considerably.

POSSIBLE COMPLICATIONS

Incapacity to develop and maintain normal work and personal relationships.
Depression.
Anxiety and panic-like episodes associated with obsessions.
Psychosis.
Housebound and limited lifestyle due to indecision.

TREATMENT

GENERAL MEASURES

There are no medical tests to diagnose the disorder. Often the patient's description of the behavior offers the best clues to diagnosis. Treatment is aimed at reducing anxiety, resolving inner conflicts, relieving depression, learning ways of dealing with stress, building self-esteem and gaining an understanding of the compulsive behavior. Behavioral therapy (usually a process known as "exposure and response prevention") is used in treatment and is often combined with medications to achieve satisfactory results. Group therapy may be recommended for some patients. A patient who is very severely affected (and who does not respond to drug therapy), may benefit from precise, localized brain surgery (rare). Additional information available from the OCD Foundation, P.O. Box 9573, New Haven, CT 06535, (203) 772-0565, or Obsessive-Compulsive Anonymous, P.O. Box 215, New Hyde Park, NY 11 040, (516)741-490 1.

MEDICATION

Antidepressant, such as clomipramine or fluoxetine, may be prescribed. Complete benefits may not be seen for 10-12 weeks. About 10% of patients are unable to tolerate the side effects of the drugs, but an adverse response to one does not mean there will be problems with the other. Anti-anxiety or tranquilizer drugs may be prescribed.

ACTIVITY

No restrictions.

DIET

With use of some medications, a tyramine free diet may be necessary to prevent precipitation of hypertensive crisis. The doctor will advise you if this is necessary.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of obsessive compulsive disorder.
Symptoms continue or worsen after an adequate treatment time has elapsed.
New, unexplained symptoms appear. Drugs used in treatment may produce side effects.

OSGOOD-SCHLATTER DISEASE (Osteochondrosis)

BASIC INFORMATION

DESCRIPTION

A temporary condition of the leg at the knee, characterized by swelling, tenderness and pain. It involves the tibial tubercle, a prominence just below the kneecap attached to a large thigh muscle connecting the bone of the upper leg (femur) to the large bone in the lower leg (tibia). This disorder often involves both knees and affects adolescents of both sexes. It is uncommon after age 16.

FREQUENT SIGNS AND SYMPTOMS

A slightly swollen, warm and tender bump below the knee
Pain with activity, especially straightening the leg against force, as in stair-climbing, jumping or weight-lifting.

CAUSES

Probably results from stress or injury of the tibial tubercle (which is still developing during adolescence) and causes flare-up. Repeated stress or injury interferes with development, causing inflammation.

RISK INCREASES WITH

Overzealous conditioning routines, such as running, jumping or jogging
Overweight.
Male between 11 and 18.
Rapid skeletal growth.

PREVENTIVE MEASURES

Help an overweight child lose weight.
Encourage your child to exercise moderately, avoiding extremes.

EXPECTED OUTCOME

Usually resolves within 2 years after reaching full skeletal growth.

POSSIBLE COMPLICATIONS

Bone infection.
Recurrence of the condition in adulthood.
Persisting prominence below the kneecap.

TREATMENT

GENERAL MEASURES

X-ray of the knee for diagnosis. Sometimes a bone scan.
Use heat to relieve pain. Warm compresses, heating pads, warm whirlpool baths, heat lamps, diathermy or ultrasound are effective.
Initial treatment involves ice, medications (if needed) and decreased exercise.
Ice applications may help.
Use a cushioned knee pad.
The affected leg may be immobilized for 6-8 weeks (reinforced elastic knee support, plaster cast, or splint).
Surgery (rarely needed) if conservative measures fail.

Emotional support for the patient with assurances that symptoms will diminish with time.

MEDICATION

For minor discomfort, you may use non-prescription drugs such as aspirin.

Cortisone injections, if other treatment fails. Cortisone injections may weaken tendons, so it is better to give the condition more time to heal than to use them.

ACTIVITY

Resting the affected leg is the most important treatment. May require crutches, leg cast or splint, or an elastic knee brace that prevents the knee from bending fully. The child should not participate in sports during treatment. This is temporary, and normal activity can be resumed when inflammation subsides, but often requires 2 to 12 months treatment time. Avoid jumping activities and activities that cause pain to the leg.

DIET

No special diet, unless the child is overweight.

NOTIFY OUR OFFICE IF

Your child has symptoms of Osgood-Schlatter disease.
The following occur during treatment:
Pain increases.
Fever.

OSTEOARTHRITIS (Degenerative Joint Disease)

BASIC INFORMATION

DESCRIPTION

Degeneration of cartilage at a joint and growth of bone "spurs" that inflame surrounding tissue. It can involve all joints, but most common in fingers, feet, knees, hips and spine. It usually affects adults over 45.

FREQUENT SIGNS AND SYMPTOMS

Joint stiffness and pain, including backache, Weather changes, especially cold, damp, may increase aching.

Limited movement and loss of dexterity in affected joints.

No redness, heat or fever in affected joints (usually).

Swelling of affected joints (sometimes), especially finger joints.

Cracking or grating sounds with joint movement (sometimes).

CAUSES

Exact cause is unknown. Appears to be a combination or interaction of mechanical, biologic, biochemical, inflammatory and immunologic factors.

RISK INCREASES WITH

Obesity.

Persons with occupations that stress joints, such as dancers, football players, instrumental musicians or carpet layers.

Stress on the joints caused by activity and aging. Almost all people over age 50 have some osteoarthritis.

Injury to the joint lining.

PREVENTIVE MEASURES

Maintain a normal weight for your height and body structure.

Be physically active, but avoid activities that lead to joint injury, especially after age 40. Try regular stretching or yoga exercises.

EXPECRED OUTCOME

Symptoms can usually be relieved, but joint changes are permanent. Pain may begin as a minor irritant, but it can become severe enough to interfere with daily activities and sleep.

POSSIBLE COMPLICATIONS

Crippling (sometimes).

Muscles around affected joints may become smaller and weaker because of decreased use due to pain.

Tends to be progressive.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of joint fluid (to rule out inflammatory forms of arthritis) and X-rays of painful joints.

An overall treatment plan will involve understanding the disorder, rehabilitation, activities of daily living, and medications.

To relieve pain, apply heat to painful and stiff joints for 20 minutes 2 or 3 times a day. Use hot towels, hot tubs, infrared heat lamps, electric heating pads or deep-heating ointments or lotions. Swim often in a heated pool or move around in a whirlpool spa.

If osteoarthritis of the neck causes pain in the arms, wear a soft, immobilizing collar (Thomas collar). If this isn't helpful, buy or rent a neck-traction device for home use.

Massage the muscles around painful joints. Massaging the joint itself is not helpful.

If osteoarthritis affects the spine, sleep on your back on a very firm mattress or place 3/4-inch plywood between your box spring and mattress. Waterbeds help some people.

Avoid chilling. Wear thermal underwear or avoid outdoor activity in cold weather.

Keep a positive outlook on life. Don't think of yourself as an invalid. Remain active to prevent wasting of muscles.

Acupuncture (sometimes).

Surgery for osteoarthritis includes arthroplasty (joint replacement) and arthrodesis (immobilization of a joint).

Additional information available from the Arthritis

Foundation, local chapter, or contact them at 3400 Peachtree Rd. NE, Atlanta, GA 30326, 1(800)283-7800.

MEDICATION

Aspirin or other nonsteroidal anti-inflammatory drugs, or acetaminophen for pain and discomfort.

Cortisone injections into painful, stiff joints. These may provide temporary relief

Other medications may be prescribed as needed (muscle relaxants, stronger pain remedies, antidepressants, etc.)

ACTIVITY

Rest is important only during acute phases of the disease when joints are very painful. Resume normal activity as soon as symptoms improve.

Physical therapy for muscle and joint rehabilitation (severe cases only).

May need to protect joints from overuse (crutches, cane, walker, elastic knee support).

DIET

If you are overweight, lose weight.

NOTIFY OUR OFFICE IF

You or a family member has joint pain or stiffness.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

OSTEOMYELITIS

BASIC INFORMATION

DESCRIPTION

Infection of the bone and bone marrow. It can involve any bone in the body. In a child, the femur (upper-leg bone), tibia (lower-leg bone) or humerus or radius (bones in the arm) is usually affected. In an adult, the pelvis or spine is usually affected. It can affect both sexes and all ages, but is more common in rapidly growing children (5 to 14 years), especially males.

FREQUENT SIGNS AND SYMPTOMS

Fever. Sometimes this is the only symptom.

Pain, swelling, redness, warmth and tenderness in the area over the infected bone, especially when moving a nearby joint. Nearby joints, especially the knee, may also be red, warm and swollen.

If a child is too young to talk, signs of pain are: reluctance to move an arm or leg or refusal to walk; limping; or screaming when the limb is touched or moved.

Pus drainage through a skin abscess, without fever or severe pain (chronic osteomyelitis only).

General ill feeling.

CAUSES

Usually staphylococcal infection, but many other bacteria may be responsible. The bacteria may spread to the bone through the bloodstream from the following sources: Compound fracture or other injuries.

Boil, carbuncle or any break in the skin.

Middle-ear infection,

Pneumonia.

RISK INCREASES WITH

Illness that has lowered resistance.

Rapid growth during childhood.

Diabetes mellitus.

Implanted orthopedic device (artificial knee).

Intravenous drug use.

PREVENTIVE MEASURES

Obtain prompt medical treatment of any bacterial infection to prevent its spread to bone or other body parts.

EXPECTED OUTCOME

Usually curable with prompt and aggressive treatment.

POSSIBLE COMPLICATIONS

Abscess that breaks through the skin and won't heal until the underlying bone heals.

Permanent stiffness in a nearby joint (rare).

Fracture.

Loosening of implanted orthopedic device.

May require amputation if circulation blocked or severe gangrene infection occurs (rare).

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies and blood cultures to identify the bacteria, radionuclide bone scans, CT or MRI scans. X-rays often don't show changes until 2 to 3 weeks after the infection begins.

Treatment involves medications, rest and other supportive measures.

Keep the involved limb level or slightly elevated and immobilized with pillows. Don't let it dangle.

Keep unaffected parts of the body as active as possible to prevent pressure sores during required, prolonged bed rest.

Hospitalization may be necessary for surgery to remove pockets of infected bone, and/or to administer high doses of antibiotics sometimes intravenously.

A previously implanted orthopedic device (artificial knee) may need to be removed (sometimes a replacement can be implanted at the same time).

MEDICATION

Large doses of antibiotics. With powerful new antibiotics, intravenous administration, once a necessity, may no longer be needed. Antibiotics may be necessary, either orally or by injection for 8 to 10 weeks.

Pain relievers.

Laxatives, if constipation develops during prolonged bed rest.

ACTIVITY

Rest in bed until 2 to 3 weeks after symptoms disappear.

Resume your normal activities gradually.

DIET

No special diet. Eat a nutritionally balanced diet. Take vitamin and mineral supplements if needed.

NOTIFY OUR OFFICE IF

You or your child has symptoms of osteomyelitis.

The following occur during treatment:

An abscess forms over the infected bone, or drainage from an existing abscess increases.

Fever.

Pain becomes intolerable.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

OSTEOPOROSIS

BASIC INFORMATION

DESCRIPTION

Loss of normal bone density, and strength, leading to increased thinning and vulnerability to fracture. It most often affects women after menopause.

FREQUENT SIGNS AND SYMPTOMS

Early symptoms:

Backache.

No symptoms (often).

Late symptoms:

Sudden back pain with a cracking sound indicating fracture.

Deformed spinal column with humps.

Loss of height.

Fractures occurring with minor injury, especially of the hip or arm.

CAUSES

Loss of bony structure and strength. Factors include:

Prolonged lack of adequate calcium and protein in the diet.

Low estrogen levels after menopause.

Decreased activity with increased age.

Smoking (possibly).

Use of cortisone drugs.

Prolonged disease, including alcoholism.

Vitamin deficiency (especially of vitamin C).

Hyperthyroidism.

Cancer.

RISK INCREASES WITH

Surgery to remove the ovaries.

Radiation treatment for ovarian cancer.

Poor nutrition, especially inadequate calcium and protein.

Body type. Thin women with a small frame are more susceptible.

Family history of osteoporosis.

Smoking.

Heavy drinking of alcohol.

Long-term use of cortisone drugs.

PREVENTIVE MEASURES

Ensure an adequate calcium intake up to 1500mg a day with milk and milk products or calcium supplements.

Regular exercise, such as brisk walking, which is better for preventing osteoporosis than swimming.

Seek medical advice about taking estrogen, calcium and fluoride after menopause begins or the ovaries have been removed.

Avoid risk factors where possible.

EXPECTED OUTCOME

Diet, calcium and fluoride supplements, vitamin D, exercise, and estrogen can halt and may reverse bone deterioration.

Fractures will heal with standard treatment.

POSSIBLE COMPLICATIONS

Bone fracture, especially of the hip or spine, after a fall.

Sometimes a bone will break or collapse without injury or a fall.

Severe, disabling pain.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include X-rays of bones and bone density studies.

Treatment goals are directed to relieving pain and preventing any fractures.

Avoid all circumstances which may lead to injury. Stay off icy streets and wet or waxed floors. Hold banisters when using stairs, and make sure banisters are sturdy.

If estrogen is prescribed, get regular medical pelvic exams and Pap smears. Examine your breasts for lumps once a month, report any vaginal bleeding or discharge.

Use heat or ice in any form to ease pain.

Sleep on a firm mattress.

Use a back brace, if prescribed.

Use correct posture when lifting.

Avoid mind altering medication, such as sedatives or tranquilizers, which may cause falls and fractures.

Additional information available from the National Osteoporosis Foundation, 2100 M St. NW, Suite 602, Washington, DC 20037, (800)621-1773.

MEDICATION

For minor pain, you may use non-prescription drugs such as acetaminophen.

Calcium, vitamin D supplements, hormone replacement therapy (HRT) or fluoride may be prescribed.

ACTIVITY

Stay active, but avoid the risk of falls. Exercise, especially weight-bearing exercise, such as walking or running, to maintain bone strength.

DIET

Eat a normal, well-balanced diet high in protein, calcium and vitamin D.

Reducing diet if you are overweight.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of osteoporosis.

Pain develops, especially after injury.

New, unexplained symptoms develop, such as vaginal bleeding. Drugs used in treatment may produce side effects.

PARONYCHIA

BASIC INFORMATION

DESCRIPTION

Inflammation of tissue folds that surround the fingernail. The inflammation can be bacterial or fungal and is not contagious.

FREQUENT SIGNS AND SYMPTOMS

Bacterial paronychia:

Pain or tenderness, redness, warmth and swelling of tissue adjacent to the fingernail.

Central whitish area produced by pus.

Fungal paronychia:

Redness and swelling around the fingernail.

No pain, warmth, itching or pus.

CAUSES

Bacterial paronychia is preceded by injury, such as a torn hangnail. The infecting bacteria is usually *Staphylococcus*.

Fungal paronychia is caused by a fungus or yeast infection.

RISK INCREASES WITH

Injury around the fingernail.

Occupational exposure to constant wetness (dishwashers, bartenders, housewives).

Diabetes mellitus.

PREVENTIVE MEASURES

Protect hands from wetness.

Leave hangnails alone.

Avoid fingertip injury.

EXPECTED OUTCOME

Bacterial paronychia is curable with treatment in 2 weeks.

Fungal paronychia is chronic and may require 6 months to heal.

Recurrence is common with both forms.

POSSIBLE COMPLICATIONS

If untreated, may permanently damage the fingernail and nail bed, and the infection may enter bone or bloodstream.

TREATMENT

GENERAL MEASURES

Laboratory studies, such as culture of the discharge, to identify the germ.

Wear heavy-duty vinyl gloves to prevent contact with irritating substances, such as water, soap, detergent, metal scrubbing pads, scouring pads, scouring powder and other chemicals.

Dry the insides of gloves after use. Discard gloves if they develop a hole. A glove with a hole harms the hand more not wearing a glove.

Wear gloves when you peel or squeeze lemons, oranges, grapefruit, tomatoes or potatoes.

Wear leather or heavy-duty fabric gloves for housework or gardening.

Use a dishwashing machine or ask someone else to wash dishes.

Avoid contact with irritating chemicals, such as paint, paint thinner, turpentine, and polish for cars, floors, shoes, furniture or metal.

Use lukewarm water and very little mild soap to shower or bathe. All soaps are irritating. Expensive soaps offer no more protection against irritation than less-expensive ones.

For bacterial paronychia, apply warm soaks.

If abscesses present, may require incision and drainage

MEDICATION

For minor pain, you may use non-prescription drugs, such as aspirin or acetaminophen.

Antibiotics or antifungal medicine (depending on the type of infection) may be prescribed.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You have symptoms of Paronychia

Fever develops.

Pain is not relieved by treatment.

PELVIC INFLAMMATORY DISEASE (PID; Salpingitis)

BASIC INFORMATION

DESCRIPTION

Infection of the female internal reproductive organs. This is contagious if it is caused by a sexually transmitted organism. It can involve the fallopian tubes, cervix, uterus, ovaries, and bladder. It affects sexually active females after puberty. The peak incidence occurs in late teens and early 20's.

FREQUENT SIGNS AND SYMPTOMS

Early symptoms (up to 1 week):

Pain in the lower pelvis on one or both sides, especially during menstrual periods. Menstrual flow may be heavy.

Pain with intercourse.

Bad-smelling vaginal discharge.

General ill feeling.

Low fever.

Frequent, painful urination.

Later symptoms (1 to 3 weeks later):

Severe pain and tenderness in the lower abdomen.

High fever.

Increased bad-smelling, vaginal discharge.

CAUSES

Bacterial infection (chlamydial, gonorrheal or mycoplasmal) or a virus. This may be transmitted by an infected sexual partner.

Childbirth.

Abortion.

Pelvic surgery.

RISK INCREASES WITH

Many sexual partners.

Use of an intrauterine contraceptive device (IUD).

Previous history of PID or cervicitis.

PREVENTIVE MEASURES

Use rubber condoms, spermicidal creams or sponges to help prevent sexually transmitted infections.

Oral contraceptives appear to decrease the risk.

Seek routine medical check-ups for sexually transmitted diseases if you have multiple sexual partners.

Have your sexual partner evaluated and treated if necessary.

EXPECTED OUTCOME

Usually curable with early treatment and avoidance of further infection. The illness lasts from 1 to 6 weeks, depending on its severity. Poorer prognosis if treated late and unsafe lifestyle continues.

POSSIBLE COMPLICATIONS

Pelvic abscess and rupture. This can be life-threatening

Adhesions (bands of scar tissue) inside the pelvis.

Infertility.

Ectopic pregnancy.

Recurrence.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies and culture of the vaginal discharge; pelvic ultrasound; and surgical diagnostic procedures, such as laparoscopy or culdocentesis.

You may receive treatment as an outpatient if infection is mild. You must adhere to treatment and medication schedule. Close medical follow up care is necessary.

Use heat to relieve pain such as warm baths. This may reduce the bad odor of the vaginal discharge, as well as relax muscles and relieve discomfort. Sit in a tub of hot water for 10 to 15 minutes as often as needed.

Use sanitary pads to absorb the discharge or menstrual flow. Don't douche during treatment.

Hospitalization may be required for severe illness, further diagnostic studies, suspected abscess or appendicitis, failure to comply or failure to respond to outpatient therapy, or pregnancy.

Surgery to drain a pelvic abscess (sometimes).

Hysterectomy may be recommended for older patients who desire no more children.

Psychotherapy or counseling, if infertility occurs.

MEDICATION

Intravenous or intramuscular antibiotics to fight infection.

Early or mild PID may be treated with oral antibiotics.

Pain relievers.

ACTIVITY

Avoid sexual intercourse until you are well. Rest in bed until any fever subsides. Sit and lie in different positions until you find one that is comfortable for you. Allow several weeks for recovery.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pelvic inflammatory disease.

Symptoms recur after treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PERITONITIS

BASIC INFORMATION

DESCRIPTION

A serious infection or inflammation of part or all of the peritoneum, the covering of the intestinal tract.

FREQUENT SIGNS AND SYMPTOMS

Pain in one area or throughout the abdomen. Pain usually starts suddenly and becomes increasingly severe. Pain may be cramp-like at *first*, and then steady. The patient often prefers to lie quietly on the back because movement or pressure on the abdomen increases pain.
Shoulder pain (sometimes).
Chills and fever (often high)
Dizziness and weakness.
Rapid heartbeat.
Low blood pressure.

CAUSES

Intense inflammation of the peritoneum lining that occurs when foreign material enters the abdominal cavity. Foreign material includes bacteria or gastrointestinal contents, such as digestive juices, blood, partly digested food or feces. These material enter the abdomen following:
Rupture or perforation of any organ in the abdomen, such as an inflamed appendix, peptic ulcer, or infected diverticulum or gallbladder.
Injury to the abdominal wall, such as from a knife or bullet wound.
Pelvic inflammatory disease.
Rupture of an ectopic pregnancy.

RISK INCREASES WITH

Delay in treatment of causes listed above.
Recent abdominal surgery.
Corticosteroid therapy.
Advanced liver disease.

PREVENTIVE MEASURES

Obtain prompt medical treatment for underlying disorders.

EXPECTED OUTCOME

Usually curable with early diagnosis and treatment.
Treatment delay and complications can be fatal. Outcome dependent on age, duration of illness, cause, and any preexisting condition.

POSSIBLE COMPLICATIONS

Shock.
Blood poisoning (septicemia).
Intestinal obstruction caused by later adhesions (bands of scar tissue).
Kidney or liver failure.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory white-blood-cell count to detect infection, red-blood-cell count to detect bleeding; measurement of fluid and electrolyte levels; Surgical

diagnostic procedures such as passing a small needle into the abdomen to obtain fluid, blood or other material; CT scan and X-rays of the abdomen.

Hospitalization is usually necessary to treat this condition and any underlying problem. You may require therapy for dehydration, respiratory support, and blood transfusions. Surgery may be necessary to repair the organ damage or injury that allowed foreign material into the abdomen.

MEDICATION

Antibiotics to fight infection.
Pain relievers (sometimes) after diagnosis or surgery.

ACTIVITY

Rest in bed, after treatment, until symptoms disappear. If surgery is necessary, resume your activities gradually after surgery

DIET

Don't eat or drink anything (so the intestinal tract can rest) until the acute infection subsides. You will be given intravenous nourishment and fluids. Oral feedings will resume when your system can tolerate them.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of peritonitis. This is an emergency!
Early diagnosis and treatment of the underlying disorder, such as appendicitis, ulcer or ectopic pregnancy, are essential. If abdominal pain develops, don't waste valuable time with home treatments, especially laxative use. Laxatives may cause inflamed abdominal organs to rupture.
The following occur during treatment:
Constipation.
Signs of new infection, including fever, chills, muscle aches, dizziness, headache and increasing abdominal pain.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PHARYNGITIS

BASIC INFORMATION

DESCRIPTION

Inflammation and infection of the pharynx that can be caused by a variety of germs.

FREQUENT SIGNS AND SYMPTOMS

Sore throat.
Swallowing difficulty.
Tickle or "lump" in the throat.
Fever.
Swollen glands in the neck (sometimes).
Throat may be red or covered with a grayish membrane (sometimes).
Generalized aching.

CAUSES

Infection from bacteria, viruses or fungi. Following are the most common possibilities:
Bacteria-streptococci, gonococci, haemophilus, pneumococci or staphylococci.
Viruses-Epstein-Barr and many types of respiratory viruses.
Fungi-monialial.

RISK INCREASES WITH

Illness that has lowered resistance.
Fatigue or overwork.
Diabetes mellitus.
Immune deficiencies.
Smoking.
Excess alcohol consumption.
Oral sex.
Epidemics, during which all persons are at increased risk.
Close quarters, such as in military recruits, schools day care centers.

PREVENTIVE MEASURES

Avoid close contact with anyone with a sore throat.
Keep immunizations, including diphtheria, up to date.

EXPECTED OUTCOME

Spontaneous recovery for most cases of viral pharyngitis.
Other cases are curable with antibiotic or antifungal drugs.

POSSIBLE COMPLICATIONS

Epiglottitis, leading to complete breathing obstruction.
Pneumonia.
Rheumatic fever, scarlet fever or glomerulonephritis, if pharyngitis is caused by strep bacteria and does not receive adequate antibiotic treatment.
Ear infection.
Sinusitis or rhinitis.

TREATMENT

GENERAL MEASURES

Laboratory throat culture and blood count may be done to determine type of infection.
Home care is usually sufficient.

Hospitalization for pharyngitis caused by diphtheria or hemophilus bacteria.

Use gargles to relieve throat pain. Prepare double-strength tea, hot or cold, or a salt-water solution (1 teaspoon salt in 8 oz. warm water). Use to gargle as often as you wish.
Use a cool-mist, ultrasonic humidifier to increase air moisture. This will relieve the dry, tight feeling in the throat. Clean humidifier daily.

If the glands are large and tender, apply moist, warm soaks at least 4 times a day for 30 to 60 minutes. The compresses will be more effective if they are kept warm. Be careful not to burn the skin.

Replace your toothbrush. It may harbor germs.

Until infection is gone, use separate washcloths; don't share food.

MEDICATION

For minor discomfort, you may use non-prescription drugs such as acetaminophen. Don't give aspirin to a child for any viral illness. Studies link its use with the development of Reye's syndrome.

Non-prescription throat lozenges may help ease discomfort. Antibiotics or antifungal agents to fight bacterial or fungal infections. Be sure to finish entire course of prescribed antibiotics to avoid complications to heart or kidney.

ACTIVITY

Limited activity is necessary until symptoms disappear.

DIET

Extra fluids are necessary. Drink at least 8 glasses of fluid daily, more for high fevers. If swallowing solid food is painful, try a liquid or soft diet for a few days.

NOTIFY OUR OFFICE IF

You have symptoms of pharyngitis.

The following occur during treatment:

Breathing or swallowing difficulty.

Fever; severe headache.

Thick mucus drainage from the nose.

Cough that produces green, yellow, brown or bloody sputum.

Skin rash.

Dark urine.

Chest pain.

PICA

BASIC INFORMATION

DESCRIPTION

Craving or eating bizarre substances that have no food value. It usually affects children between ages 1 and 6, and pregnant women. Pica does not apply to infants and children up to about 18 months old who "put everything" in the mouth. That is normal.

FREQUENT SIGNS AND SYMPTOMS

Eating non-food substances, such as starch, clay, ice, plaster, paint, hair or gravel.
Abdominal pain (sometimes).

CAUSES

Instinctive need to replace minerals absent in the diet. This is especially true of eating clay for iron content.
Psychological factors that are not well-understood, related to substandard housing, low income or emotional deprivation.

RISK INCREASES WITH

Family history of pica.
Poor nutrition.
Poverty.
Mental retardation.
Anemia.

PREVENTIVE MEASURES

Remove substances from the reach of children.
Repaint homes in which lead-base paints have been used.
Don't use older baby cribs painted with lead-base paint.
Provide a well-balanced diet for yourself and your children.
Provide a loving, supportive home environment for your children.

EXPECTED OUTCOME

Pica during pregnancy usually ends with childbirth. Other forms can be controlled with treatment.

POSSIBLE COMPLICATIONS

Lead poisoning from paint or plaster.
Intestinal infections or parasites from soil.
Anemia.
Malnutrition.
Intestinal obstruction.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies to detect anemia and to measure fluids and electrolytes. X-rays of the abdomen may be recommended.
Childproof your home by removing substances the child is eating.
Examine your home environment and family interactions. If you feel they are not what they should be, seek ways to create a healthier atmosphere. Consult a counselor, if necessary.

MEDICATION

Medicine usually is not necessary for this disorder.

ACTIVITY

No restrictions.

DIET

Provide a well-balanced diet. Vitamin and mineral supplements may be necessary. If you need help planning meals, consult the home-extension service, a dietitian or a visiting nurse.

NOTIFY OUR OFFICE IF

Your child has symptoms of pica.
You are pregnant and have symptoms of pica.
Pica does not improve in 2 weeks, despite treatment.

PILONIDAL CYST

BASIC INFORMATION

DESCRIPTION

A small, hair-containing skin sac at the base of the spine. The cyst looks like a small opening, sometimes no more than a dimple with a few hairs protruding. It is prone to infection. Pilonidal cysts are uncommon in black people. It affects both sexes, but is more common in men. Cyst infections usually begin in young adulthood (ages 18 to 40).

FREQUENT SIGNS AND SYMPTOMS

No symptoms when not infected. When infected, it causes:
Pain, redness, tenderness and swelling in the area.
Fever and chills.
Discharge of pus.

CAUSES

The cyst is a minor abnormality that occurs during fetal development. Infection is usually caused by staphylococcal bacteria.

RISK INCREASES WITH

Heavy perspiration. Obesity increases perspiration.
Tight clothing.

PREVENTIVE MEASURES

Bathe or shower daily to keep the area clean. Hot tub baths seem more effective in preventing infection of the cyst.
Wear light, loose-fitting clothing.
Avoid overweight.

EXPECTED OUTCOME

Infection curable with antibiotic treatment and surgery.

POSSIBLE COMPLICATIONS

Spread of infection (rare).

TREATMENT

GENERAL MEASURES

Diagnosis may include a culture of the discharge from the cyst.
If the cyst is infected, take warm baths to relieve pain. Sit in a tub of warm water for 10 to 15 minutes as often as it feels good.
Treatment for infected cysts usually consists of incision and drainage of the abscess, or occasionally, surgical excision of the whole infected area. The surgical wound needs to heal from the inside out and may take several months.
A gauze pad should be worn over the wound to allow ventilation and prevent friction from clothing.

MEDICATION

Antibiotics to fight infection.

ACTIVITY

No restrictions, unless the cyst becomes infected. Then, limit activities until the infection is cured. Use a special doughnut cushion if sitting is uncomfortable.

DIET

Lose weight if you are overweight.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a pilonidal cyst.
It should be diagnosed.
After diagnosis, a cyst shows signs of infection.

PINWORMS (Enterobiasis; Sectworm; Threadworm; Oxyuriasis)

BASIC INFORMATION

DESCRIPTION

Infestation with intestinal parasites, a common occurrence in children. Pinworm infestations are more a nuisance than a major health problem. They involve the cecum (pouchlike beginning of the large intestine on the right side to which the appendix is attached), large intestine, anus and skin around the anus.

FREQUENT SIGNS AND SYMPTOMS

Skin irritation and painful itching around the anus, especially during sleep.

Restless sleep.

Vaginal discharge, itching and discomfort, if pinworms migrate into the vaginal opening.

Poor appetite and stomach pain (rare).

Paleness (sometimes).

CAUSES

Infestation of the cecum by a very small worm (*oxyurts*) that measures only 10mm in its adult form. Pinworms travel from the cecum to the rectum to lay eggs around the anus and buttocks. The tiny eggs are picked up on the fingers by scratching.

Eggs are transferred to others on toilet seats or by hand-to-hand or hand-to-mouth contact. They also drift in the air, where they are inhaled or swallowed. Eggs hatch in the small intestine. The larvae travel to the cecum, where they mature, mate and repeat the cycle.

RISK INCREASES WITH

Groups of children, as in schools or large families.

Poor personal hygiene.

Warm climate.

PREVENTIVE MEASURES

Wash hands carefully after using the toilet and before meals.

Keep the nails short and clean.

Wash the anus and genitals at least once a day. Rinse well, preferably under a shower.

Have children wear snug cotton underpants day and night, and change them daily.

Don't scratch the anus or put fingers near the nose or mouth.

Use very hot water to wash dishes.

EXPECTED OUTCOME

Usually curable in one treatment or two treatments at the most. Treatment should include all family members at once.

Recurrence is common.

If worms reappear soon after treatment, they usually represent a new infection, not treatment failure.

POSSIBLE COMPLICATIONS

No serious complications expected.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include microscopic study of the worms or eggs.

The following should be done on the day the family is treated with medicine:

Clean the house with extra care. Wash the sheets and clothing with extra bleach or ammonia, or boil them.

Scrub washable toys. Sterilize metal toys and similar objects in a hot oven.

Cut and clean fingernails.

Change towels.

Scrub toilet bowls.

Be very thorough in personal cleansing; take showers, not baths.

About 2 weeks after treatment, a medical check-up is recommended to be sure all parasites have been destroyed.

MEDICATION

Antihelmintic medicine. Follow directions carefully. Take the medicine on an empty stomach. Some medicine may cause nausea, vomiting and diarrhea. It is not absorbed by the stomach or intestines, so the bowel movement following treatment will probably be the color of the medicine. Non-prescription creams or lotions to relieve itching may be helpful.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

Anyone in your family has symptoms of pinworms.

Pinworms reappear after treatment.

You think medicine is causing side effects that don't disappear quickly.

PITYRIASIS ALBA

BASIC INFORMATION

DESCRIPTION

A benign disorder of the skin in which skin (usually cheeks and arms) temporarily loses pigmentation (coloring) in patches. Occurs most in children, but may appear in adults up to age 25.

FREQUENT SIGNS AND SYMPTOMS

Skin lesions with the following characteristics:

Lesions are small white patches with vague borders. They sometimes have pinpoint-sized white papules (small, raised bumps).

Patches are most apparent in summer because the lesions cannot tan, and tanning heightens the contrast between the areas.

One person may have 1 to 12 patches at a time.

Patches feel smooth.

Patches may itch occasionally, but they are not painful.

CAUSES

Unknown. The tendency may be inherited.

RISK INCREASES WITH

Family history of allergies of any kind.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

Patches may come and go for years. Between ages 20 and 30, they disappear completely.

POSSIBLE COMPLICATIONS

None expected.

TREATMENT

GENERAL MEASURES

No truly effective therapy available.

Use sunscreen or protective clothing to prevent sunburn in affected areas.

MEDICATION

Lubricating cream application may improve roughness or dryness, but does not improve the color.

Use of coal-tar preparations may be helpful.

Prescription or non-prescription topical steroid medicine to control itching and prevent papules (raised, discolored skin growths) may be recommended.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pityriasis alba. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PITYRIASIS ROSEA

BASIC INFORMATION

DESCRIPTION

A non-contagious, inflammatory skin disorder (especially of the chest and abdomen) with a faint rash that lasts 3 to 4 weeks. It affects all ages, but most common in adolescents and young adults.

FREQUENT SIGNS AND SYMPTOMS

A faint rash often found in skin creases of oval or round, pale-pink or light-brown areas. One liver patch (the "herald patch") may appear first. They may evolve into a Christmas tree pattern on the chest or back.

Mild fatigue.

Itching, usually mild.

Occasional slight fever and headache.

CAUSES

Unknown, but may be caused by a virus or autoimmune disorder.

RISK INCREASES WITH

Fall and spring seasons.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Pityriasis rosea usually runs its natural course in 5 weeks to 4 months. No medication or treatment is available to shorten its course, but itching and discomfort can be relieved.

The skin eruptions won't leave scars unless complicated by a secondary infection. New rash areas continue to break out for several weeks. Once over, one episode seems to confer lifelong immunity.

Although pityriasis is probably caused by an infectious agent, it is not contagious. Even close family contacts are unlikely to develop the disease.

POSSIBLE COMPLICATIONS

Secondary bacterial infection of the rash area.

TREATMENT

GENERAL MEASURES

Treatment is focused on relieving the itching.

Bathe as usual with a mild soap. Use warm water, as hot water may intensify the itching. Oatmeal baths may help.

You don't need to sterilize the tub or shower after bathing.

Expose the skin to moderate amounts of sunlight. This may decrease the rash.

MEDICATION

For minor discomfort, you may use non-prescription drugs, such as:

calamine lotion to decrease itching.

Steroid cream to control severe itching (a rare symptom).

Acetaminophen to reduce fever.

Other topical steroids and/or antihistamines may be prescribed.

ACTIVITY

Usually no restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pityriasis rosea.

The following occur during treatment:

Fever over 101°F (38.3°C).

Signs of infection (warmth, redness, tenderness, pain and swelling) in the rash area.

PLEURISY

BASIC INFORMATION

DESCRIPTION

Infection and irritation of the pleura, a thin, two-layered membrane that lines the lung and chest cavity. Pleurisy is not a disease, but may be a manifestation of many different diseases.

FREQUENT SIGNS AND SYMPTOMS

Sudden chest pain that worsens with breathing and coughing.

The pain varies from vague discomfort that occurs only with deep breathing or coughing to intense, stabbing pain. Pain is usually over the area of pleura inflammation, but it may also occur in the lower chest or abdomen.

Fever (sometimes).

Discomfort on moving the affected side.

Rapid, shallow breathing.

If fluid develops at the site of inflammation between the two membrane layers, the liquid is called pleural effusion. When this happens, the pleurisy pain usually subsides, but breathlessness worsens.

CAUSES

Complication of:

Lung or chest infections, such as pneumonia or tuberculosis.

Bronchiectasis.

Collapse of part of the lung.

Blood clot in the lung.

Injury to the chest or rib fracture.

Cancer in other parts of the body-

Collagen vascular disease, such as systemic lupus erythematosus or rheumatoid arthritis.

Congestive heart failure.

Kidney and liver disorders.

RISK INCREASES WITH

Obesity.

Smoking.

Use of immunosuppressive drugs.

PREVENTIVE MEASURES

Obtain medical treatment for the underlying disorder.

EXPECTED OUTCOME

Successful treatment of pleurisy depends on successful treatment of the disorder causing it. Often, symptoms without complications clear completely and spontaneously in 2 weeks.

POSSIBLE COMPLICATIONS

Pneumonia.

Lung compression or collapse and impaired breathing from leakage of pleural effusion.

Scarring and adhesions at the site of inflammation, restricting lung expansion.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies to detect infection or autoimmune disease, X-rays of the chest, biopsy (sometimes) and examination of pleural fluid.

Treatment is directed at the underlying cause .

For chest pain, wrap the entire chest loosely with 2 or 3 non-adhesive, 6-inch-wide elastic bandages.

For coughing, use a cool-mist, ultrasonic humidifier to help loosen bronchial secretions so they can be coughed up easily. Clean humidifier daily. Holding a pillow firmly against the chest wall helps facilitate coughing.

MEDICATION

Antibiotics, bronchodilators, or pain relievers after diagnosis of the underlying disorder.

You may take simple pain relievers, such as acetaminophen or aspirin, to relieve pain if no complicating disorders exist.

ACTIVITY

Reduce activity until pain and fever disappear. Then resume normal activities gradually.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pleurisy.

The following occur during treatment:

Fever.

Increased pain

Increased breathlessness.

Cough that is dry and non-productive.

Blue or dark fingernails, toenails or lips.

Blood in the sputum.

PNEUMONIA, BACTERIAL

BASIC INFORMATION

DESCRIPTION

Infection and inflammation of the lungs with bacterial germs. This is not usually contagious. It can affect all ages, but most severe in young children and adults over age 60.

FREQUENT SIGNS AND SYMPTOMS

High fever (over 102°F or 38.9°C) and chills.
Shortness of breath.
Cough with sputum that may contain blood or blood streaks.
Rapid breathing.
Chest pain that worsens with inhalations.
Abdominal pain.
Fatigue.
Bluish lips and nails (rare).

CAUSES

Infection with bacteria, such as pneumococci, haemophilus, streptococci or staphylococci.

RISK INCREASES WITH

Newborns and infants.
Adults over 60.
Use of anticancer drugs.
Smoking.
Illness that has lowered resistance, such as heart disease, cancer, tuberculosis, congestive heart failure, diabetes, or chronic lung disease.
Recent surgery.
Poor general health from any cause.
Crowded or unsanitary living conditions.
Immunosuppression due to illness or drugs.
Alcoholism.
Hospitalization.

PREVENTIVE MEASURES

Obtain prompt medical treatment for respiratory infections.
Arrange for pneumococcal and influenza immunizations of persons at risk.
Avoid risk factors where possible.

EXPECTED OUTCOME

Usually curable in 1 to 2 weeks with treatment, but may take longer for the very young or elderly.

POSSIBLE COMPLICATIONS

Pleurisy.
Pleural effusion (fluid between the membranes that cover the lung).
Spread of infection.
Pulmonary abscess.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as a sputum culture, blood culture and blood count; plus X rays of lungs and lung scan.

Hospitalization for moderate to severe cases. May need breathing support, intravenous fluids, suctioning of fluids from the lung and intravenous medications.

For mild cases, may be treated at home.

Use a cool-mist, ultrasonic humidifier to increase air moisture. Putting medicine in the humidifier probably will not help.

Clean humidifier daily.

Don't suppress the cough with medicine if the cough produces sputum or mucus. It is useful in ridding the body of lung secretions.

Suppress the cough with medicine if it is dry, non-productive and painful.

Use a heating pad or hot compresses to relieve chest pain.

Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019, (800)5864872.

MEDICATION

Antibiotics to fight infection.

You may use non-prescription drugs, such as acetaminophen, to relieve minor discomfort.

ACTIVITY

Rest in bed until fever declines and pain and shortness of breath disappear. After treatment, resume normal activity as soon as possible.

DIET

No special diet. Increase fluid intake; drink at least 1 glass of water or other beverage every hour. This fluid helps lung secretions so they are easier to cough up.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pneumonia.

The following occur during treatment:

Fever.

Pain not relieved by heat or prescribed medication.

Increased shortness of breath.

Dark or bluish fingernails, skin or toenails.

Blood in the sputum.

Nausea, vomiting or diarrhea.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PNEUMONIA, MYCOPLASMA (Atypical Pneumonia; “Walking Pneumonia”; Eaton-Agent Pneumonia)

BASIC INFORMATION

DESCRIPTION

Contagious lung inflammation caused by *Mycoplasma* bacteria. This germ can cause infection in other body parts. It can affect all ages, but is most common in children (1 to 12 years).

FREQUENT SIGNS AND SYMPTOMS

Cough (with or without sputum).

Fever.

Labored breathing.

Chest pain.

Abdominal pain (rare).

Bluish skin (severe cases).

CAUSES

Preceding mycoplasmal infection in the nose, throat or bronchial tubes.

RISK INCREASES WITH

Stress.

Illness that has lowered resistance.

Exposure to cold, harsh weather.

Unsanitary living conditions.

Close living conditions (military barracks, college dorms).

Immunosuppression due to illness or drugs.

PREVENTIVE MEASURES

Avoid exposure to persons who are ill with respiratory infections.

Don't get chilled or wet in cold weather.

EXPECTED OUTCOME

This form of pneumonia is characteristically slow to heal. It is usually curable in 4 to 6 weeks with treatment. Lungs should not have residual scars.

POSSIBLE COMPLICATIONS

Prolonged illness.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory culture of sputum and blood studies and chest X-rays.

Hospitalization may be necessary for seriously ill children.

For most patients, treatment can usually be done at home.

Use a cool-mist, ultrasonic humidifier to increase air moisture.

Putting medicine in the humidifier probably will not help.

Clean humidifier daily.

Don't suppress the cough with medicine if it produces sputum or mucus. Coughing is useful in ridding the body of lung secretions.

Suppress the cough with medicine if it is dry and non-productive and painful. Consult your doctor about a cough suppressant.

Use a heating pad on low heat or hot compresses to relieve chest pain.

Catch sneezes and coughs with disposable tissue

Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019, (800)586-4872.

MEDICATION

Antibiotics, such as erythromycin or tetracycline, to fight infection. They will shorten duration of fever and other symptoms, but you can carry the organism for weeks in spite of treatment.

Cough medicine to make the cough more tolerable

Nose drops, sprays or oral decongestants to reduce congestion in the upper-respiratory system.

ACTIVITY

Bed rest is necessary until fever subsides. Normal activities should be resumed gradually.

DIET

No special diet. Increase fluids to at least 1 glass of water or other beverage every hour. Extra fluid helps thin lung secretions so they can be coughed up more easily.

NOTIFY OUR OFFICE IF

You or your child has symptoms of mycoplasma pneumonia. The following occur during treatment:

Fever.

Pain that is not relieved by heat or prescribed medication.

Increased shortness of breath.

Dark or bluish fingernails, skin or toenails.

Blood in the sputum.

Nausea, vomiting or diarrhea.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PNEUMONIA, VIRAL

BASIC INFORMATION

DESCRIPTION

Lung infection caused by a virus. It can involve the lower respiratory tract (bronchial tubes, bronchioles and lungs) or upper respiratory tract (nose, throat, tonsils, sinuses, trachea and larynx).

FREQUENT SIGNS AND SYMPTOMS

Fever and chills.
Muscle aches and fatigue.
Cough, with or without sputum or "croup."
Rapid, labored (sometimes) breathing.
Chest pain.
Sore throat.
Loss of appetite.
Enlarged lymph glands in the neck.

CAUSES

Viral infections, including influenza, chickenpox and respiratory syncytial virus (RSV) (especially in adults), respiratory viruses, measles and cytomegalovirus (especially in infants).

RISK INCREASES WITH

Newborns and infants.
Adults over 60.
Asthma.
Cystic fibrosis.
Inhalation of a foreign body into the lung.
Smoking.
Crowded or unsanitary living conditions.

PREVENTIVE MEASURES

Annual flu vaccines recommended for high-risk people (heart or lung disease, other chronic diseases, medical personnel, and over age 65).
Measles vaccination for children.

EXPECTED OUTCOME

Usually curable in a few days to a week. Post-viral fatigue is common.

POSSIBLE COMPLICATIONS

Secondary bacterial infections of the lungs.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies, sputum culture and X-rays of the chest.
For most patients, this infection can be treated at home.
Use a cool-mist ultrasonic humidifier to increase air moisture.
Putting medicine in the vaporizer probably will not help.
Clean humidifier daily.
Use a heating pad or warm compresses on the chest to relieve chest pain.

Coughing and deep breathing is encouraged to help clear secretions. Dispose of secretions carefully.
Additional information available from the American Lung Association, 1740 Broadway, New York, NY 10019, (800)586-4872.

MEDICATION

Antiviral medication (amantadine) may be prescribed.
If herpes or varicella (chickenpox) infection, acyclovir may be prescribed.
For RSV, aerosolized ribavirin may be prescribed.
For minor pain and fever, you may use non-prescription drugs, such as acetaminophen or decongestant nose drops, nasal sprays or tablets.
Antibiotics to fight secondary bacterial infections.

ACTIVITY

Bed rest is necessary until fever, pain and shortness of breath have been gone at least 48 hours. Then normal activity may be resumed slowly. Many people are fatigued and weak for up to 6 weeks after recovery, so don't expect a quick return to normal strength

DIET

No special diet, but do everything possible to maintain a normal intake of nutritious foods and drinks. Drink at least 1 full glass of fluid each hour. This helps thin lung secretions so they are easier to cough up.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pneumonia.
The following occur during treatment:
Temperature spikes over 102°F (38.9°C).
Intolerable pain, despite medication and heat treatment.
Increasing shortness of breath.
Increasing blueness of nails and skin.
Blood in the sputum.
Nausea, vomiting, or diarrhea.

POLYCYSTIC OVARIAN SYNDROME(Stein-Leventhal Syndrome)

BASIC INFORMATION

DESCRIPTION

Ovary enlargement from many small cysts. The surface of the ovaries becomes too thick to allow ovulation (the monthly release of the egg from the ovary). Women with this problem cannot become pregnant without treatment.

FREQUENT SIGNS AND SYMPTOMS

Irregular menstrual bleeding, usually a lighter flow.
Increased time between periods, often up to several months.
Increased hair growth on the face, arms, legs and from pubic area to navel.
Enlarged clitoris.
Increased sex drive.
Higher energy level.
Obesity.
Acne.

CAUSES

An imbalance between the pituitary gonadotropin luteinizing hormone (LH) and follicle-stimulating hormone (FSH), resulting in a lack of ovulation and an increased testosterone production.

RISK INCREASES WITH

Endometrial hypoplasia or carcinoma
Obesity.
High-blood pressure.
Diabetes mellitus.
Breast cancer.

PREVENTIVE MEASURES

Cannot be prevented at present. Get appropriate cancer screening tests to reduce risk factors.

EXPECTED OUTCOME

Hormone therapy and surgery usually decrease masculine characteristics and often restore fertility. Some signs and symptoms may never disappear completely.

POSSIBLE COMPLICATIONS

Permanent hormone imbalance.
Infertility.
Increased likelihood of uterine cancer and breast cancer.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of blood hormone levels and pelvic ultrasound; endometrial biopsy to rule out hyperplasia or cancer.

No ideal medical treatment exists; drugs prescribed for the disorder will be determined by severity of symptoms and whether there is a desire for pregnancy.

Surgery to remove a small section from each ovary may be recommended in patients not helped by drugs.

You may need professional help if you want to remove excess hair from your face, arms and legs (techniques can include bleaching, electrolysis, plucking, waxing, and depilation).

MEDICATION

Progestin or oral contraceptives for patients not desiring pregnancy.
Clomiphene citrate, or other hormones for patients who desire pregnancy.
A few drugs have been tried for the excess hair (hirsutism), but the success rate is not high, and side-effects are numerous.

ACTIVITY

No restrictions on activity, including sexual intercourse.

DIET

No special diet. Weight loss recommended if you are overweight.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of polycystic ovarian syndrome.
Your periods become profuse or more frequent than usual.
You develop a lump or swelling in the breast.
Symptoms recur after treatment or surgery.
You want a referral to remove excess body hair.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

POSTPARTUM DEPRESSION

BASIC INFORMATION

DESCRIPTION

Depression beginning up to 6 weeks following childbirth.

FREQUENT SIGNS AND SYMPTOMS

Feelings of sadness, hopelessness or gloom.

Appetite and weight loss.

Sleep disturbances or frightening dreams.

Loss of energy; fatigue.

Slow speech and thought.

Frequent headaches and other physical discomfort.

Confusion about one's ability to improve life.

CAUSES

It's common for mothers to experience some degree of depression during the first weeks after birth. Pregnancy and birth are accompanied by sudden hormonal changes that affect emotions.

Additionally, the 24-hour responsibility for a newborn infant represents a major psychological and lifestyle adjustment for most mothers, even if it is not the first child.

These physical and emotional stresses are usually accompanied by inadequate rest until the baby's routine stabilizes, so fatigue and depression are not unusual.

RISK INCREASES WITH

Stress.

Lack of sleep.

Poor nutrition.

Lack of support from one's partner, family or friends.

Pre-existing neurosis or psychosis.

PREVENTIVE MEASURES

Cannot be prevented, but can be minimized with rest, an adequate diet and a strong emotional support system.

EXPECTED OUTCOME

With support from friends and family, mild postpartum depression usually disappears quickly. If depression becomes severe, a mother may not be able to care for herself and the baby, and hospitalization may be necessary (rare).

Medication, counseling and support from others usually cure even severe depression in 3 to 6 months.

POSSIBLE COMPLICATIONS

Lack of bonding between mother and infant, which is harmful to both.

Serious depression that may be accompanied by aggressive feelings toward the baby, a loss of pride in appearance and home, loss of appetite or compulsive eating, withdrawal from others or suicidal tendencies.

GENERAL MEASURES

Don't feel guilty if you have mixed feelings about motherhood. Adjustment and bonding take time.

Schedule frequent outings, such as walks and short visits with friends or family. These help prevent feelings of isolation.

Have your baby sleep in a separate room. You will sleep more restfully.

Ask for daytime help from family or friends who will shop for you or care for the baby while you rest.

If you feel depressed, share your feelings with your partner or a friend who is a good listener. Talking with other mothers can help you keep problems in perspective.

If depression becomes severe and hospitalization is necessary, choose a facility close enough to home so you can continue a close relationship with your baby.

Psychotherapy or counseling, if depression persists.

MEDICATION

Antidepressant drugs. These are often effective when used for 3 to 4 weeks. Any medication use must be carefully considered if you are breast-feeding.

ACTIVITY

No restrictions. Resume your normal activities as soon as possible.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You have postpartum depression and additional life changes occur, such as divorce, career change or moving.

Postpartum depression does not improve in 4 to 6 weeks.

You seriously consider suicide. This is an emergency!

PREMENSTRUAL SYNDROME

(Premenstrual Tension; PMS)

BASIC INFORMATION

DESCRIPTION

Symptoms that begin 7 to 14 days prior to a menstrual period and usually stop when menstruation begins. About half of all women experience PMS at some time, some very frequently. The peak incidence occurs between ages 25 and 40.

FREQUENT SIGNS AND SYMPTOMS

Nervousness and irritability.
Dizziness or fainting.
Emotional instability.
Increased or decreased sex drive.
Headaches.
Tender, swollen breasts.
Bloating, constipation, diarrhea or other digestive disturbances.
Fluid retention that causes puffiness in the ankles, hands and face.
Higher incidence of minor infections such as colds, acne outbreaks.
Decreased urination.

CAUSES

Unknown, but appears to be fluctuations in the circulating level of hormones (especially estrogen and progesterone). These fluctuations cause retention of sodium in the bloodstream, resulting in edema in body tissues including the brain. Increased levels of prostaglandin (a chemical) in the bloodstream may be a factor.

RISK INCREASES WITH

Stress may precipitate.
Caffeine and high fluid intake seem to worsen symptoms.
PMS increases with age.
PMS can occur with other disorders such as depression.

PREVENTIVE MEASURES

No specific preventive measures, but try to avoid stressful situations at expected time of PMS. Also share your feelings and needs with a close friend or spouse.

EXPECTED OUTCOME

Present treatments may or may not be effective. Medication can relieve some symptoms. However, many new treatments are in the experimental stage, offering hope for the future.

POSSIBLE COMPLICATIONS

Emotional stress caused by symptoms severe enough to disrupt a woman's life.

TREATMENT

GENERAL MEASURES

Treatment steps may involve diet, exercise, and lifestyle changes. There are no medications clearly indicated for PMS.

Reduce stress whenever possible. Learn relaxation techniques. Cut back on your schedule during these days if feasible.
Stop smoking.
Join a support group. Talking about your PMS problems with others can help.
Get individual or couple counseling.
Additional information available from PMS Access, (800)2224767 (in WI, (608)833-4767).

MEDICATION

These are used with varying degrees of success:
Tranquilizers or sedatives to relieve tension.
Nonsteroidal anti-inflammatory drugs to decrease prostaglandin levels.
Diuretics to reduce fluid retention.
Pain medications such as acetaminophen or ibuprofen.
Vitamin B-6, vitamin E, magnesium.
Bromocriptine for breast tenderness (rare).
Antianxiety drugs.
Danazol for total symptom complex.
Oral contraceptives may help.
Other medications are undergoing study and may be more effective.

ACTIVITY

Begin a regular, aerobic exercise program (walking, biking, etc.).
Get regular sleep.

DIET

Decrease salt intake during during premenstrual phase.
Eat a low-fat, high complex carbohydrate diet.
Eat frequent small meals.
Limit intake of caffeine (coffee, soft drinks, tea and chocolate). Abstain from alcohol.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of PMS that interfere with normal activities or relationships.
Symptoms don't improve, despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PRICKLY HEAT (Miliaria Rubra)

BASIC INFORMATION

DESCRIPTION

A skin disorder characterized by a non-inflammatory, itchy rash caused by obstructed sweat-gland ducts. It affects all ages, but is most common in infants.

FREQUENT SIGNS AND SYMPTOMS

Clusters of vesicles (small, fluid-filled skin blisters which may come and go within a matter of hours) or red rash without vesicles in areas of heavy perspiration.

CAUSES

Obstruction of sweat-gland ducts for unknown reasons.

RISK INCREASES WITH

Obesity.
Hot, humid weather.
Genetic factors, such as fair, sensitive skin.
Plastic under-sheets.

PREVENTIVE MEASURES

Avoid risk factors.

EXPECTED OUTCOME

Usually curable with treatment. Recurrence is common.

POSSIBLE COMPLICATIONS

Secondary skin infection.

TREATMENT

GENERAL MEASURES

Take frequent cool showers or tub baths.
Apply lubricating ointment or cream to skin 6 or 7 times a day.
Use cool-water soaks to relieve itching and hasten healing.
Pat skin dry, and dust with cornstarch after and between soaks.
Wear cotton socks and leather-soled footwear rather than shoes made of man-made materials.
Expose the affected skin to air as much as possible.
Don't use binding materials, such as adhesive tape, or wear tight clothing.
Change diapers on infants as soon as they are wet.
Avoid sunburn once you have had prickly heat. The body's inflammatory reaction to sunburn may trigger a new outbreak of prickly heat.
Provide cool, dry environment.

MEDICATION

Non-prescription steroid cream applied 2 or 3 times a day.
Oral antibiotics may be prescribed if there is a secondary bacterial infection.

ACTIVITY

Decrease activity during hot, humid weather or until skin heals.

DIET

No special diet.

NOTIFY OUR OFFICE IF

Prickly heat doesn't improve in 10 days, despite home care.

PROCTITIS

BASIC INFORMATION

DESCRIPTION

Inflammation of the rectum and tissues around the anus. It affects adolescents and adults of both sexes, but more common in males around age 30.

FREQUENT SIGNS AND SYMPTOMS

Rectal pain.
Constant urge to have a bowel movement, often when little or no stool is present.
Blood or mucus discharge from the rectum.
Cramping pain in the left lower abdomen.

CAUSES

Gonorrhea.
Syphilis (usually secondary).
Herpes simplex.
Candidiasis.
Chlamydia.
Papilloma virus.
Amebiasis.
Nonspecific sexually transmitted infection.

RISK INCREASES WITH

Male homosexual sexual activity.
Use of laxatives.
Rectal injury, rectal medications.
Radiation therapy.
Endocrine disorders.
Ulcerative colitis (early stages).
Chronic constipation.
Cancer of the rectum.
Food allergy.

PREVENTIVE MEASURES

Avoid anal intercourse.
Practice safe sex methods. Unsafe sexual activity may make you more at risk for HIV infection.
To prevent constipation, establish a regular pattern for bowel movements. Eat a diet high in fiber and drink many fluids.
Don't use laxatives regularly.
Don't eat foods to which you are sensitive.
Sexually transmitted diseases, such as gonorrhea and syphilis, must be reported to the local health department to prevent their spread. Information is kept confidential.

EXPECTED OUTCOME

The outcome of proctitis depends on the treatment of the underlying cause. Infections can usually be cured with antibiotics. Symptoms of other disorders can be relieved or controlled with treatment.

POSSIBLE COMPLICATIONS

Anal scarring and stricture (permanent narrowing of the anus).
Chronic Ulcerative colitis.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as: blood counts; tests for gonorrhea, syphilis, and other sexually transmitted diseases; and stool cultures. Surgical diagnostic procedures such as proctoscopy or sigmoidoscopy to rule out other disorders.

Treatment will depend on the cause.

Keep the anal area clean with frequent bathing.

Take sitz baths often to relieve pain. Sit in a tub of hot water for 10 to 15 minutes as often as necessary.

MEDICATION

You may use non-prescription topical anesthetics to relieve discomfort.

Antibiotics for sexually transmitted infections. If gonorrheal infection, may need intra-muscular medication.

Acyclovir if herpes simplex infection.

Steroid suppositories or rectal foam to reduce inflammation from other causes.

ACTIVITY

No restrictions.

DIET

Eat a high-fiber diet.

Drink at least 8 glasses of water a day-

Don't eat foods to which you are sensitive.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of proctitis, or symptoms recur after treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PROSTATITIS

BASIC INFORMATION

DESCRIPTION

Inflammation or infection of the prostate (the gland surrounding the neck of the bladder and urethra). Prostatitis is not contagious. It may rarely accompany cancer of the prostate.

FREQUENT SIGNS AND SYMPTOMS

Urgency to urinate.
Burning with urination.
Frequent urination; waking to urinate at night.
Difficulty starting urination and emptying the bladder completely.
Fever; chills.
Pain between the scrotum and anus. joint and muscle aches.
Blood in the urine (sometimes) or semen.
Low back pain.
Pain with a doctor's rectal examination.

CAUSES

Bacterial infection, usually from gram-negative germs such as those found in feces. These may reach the prostate through the bloodstream, the lymphatic system or directly from the urethra.
The cause of nonbacterial infections is unknown.

RISK INCREASES WITH

Recent urinary-tract infection.
Smoking.
Excess alcohol consumption.

PREVENTIVE MEASURES

Men who have never had prostatitis are less likely to develop it if they are sexually active. Men who have prostatitis at least once may decrease the likelihood of recurrence by increasing sexual activity.

EXPECTED OUTCOME

Usually curable with treatment (sometimes prolonged), but recurrence is common.

POSSIBLE COMPLICATIONS

If untreated, may lead to:
Blood poisoning.
Chronic bacterial or nonbacterial prostate infections. These have same symptoms, but they are more likely to recur and respond less readily to treatment.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as urinalysis and culture of secretions obtained at the time of the prostate exam.
Hospitalization for 3 to 4 days in serious cases if blood poisoning is suspected.
Treatment usually involves medications, rest, and adequate fluid intake.

Surgery to drain an abscess of the prostate (rare).
Sit in a tub with 6 or 8 inches of warm water (106°F or 41.1°C) for 15 minutes at least 3 times a day. Use a whirlpool bath, if possible.

MEDICATION

Antibiotics to fight infection (usually for at least 30 days).
Pain relievers.
Stool softeners to avoid constipation.
Drugs to reduce fever if needed.

ACTIVITY

Rest in bed until fever and pain subside. Then resume your normal activities gradually. The ability to be sexually active during acute prostatitis depends on the degree of disability.

DIET

No special diet, but don't drink alcohol, coffee or eat spicy foods. These irritate the urethra. Drink 8 to 10 glasses of water a day to ensure an adequate urine flow.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of prostatitis.
Symptoms worsen or you have fever during treatment.
Symptoms don't improve after 3 days of treatment.
Symptoms recur after treatment.

PRURITUS ANI

BASIC INFORMATION

DESCRIPTION

Itching or burning around the anus and genitals.

FREQUENT SIGNS AND SYMPTOMS

Itching, often intense and worse at night.

CAUSES

Yeast infection.

Pinworms, scabies, lice.

Contact dermatitis caused by soaps, contraceptive foam or jellies, perfumed toilet paper, deodorant sprays, douches or underwear made of synthetic fabric.

Various skin disorders, including psoriasis or seborrheic dermatitis.

Vaginal discharge or skin atrophy in women caused by low estrogen levels.

Chronic diarrhea.

Excessive coffee intake.

Unknown (often).

RISK INCREASES WITH

Stress.

Diabetes mellitus.

Excessive sweating.

Overweight.

PREVENTIVE MEASURES

Keep the body clean with regular showers or baths.

Cleanse carefully after bowel movements with moistened tissue.

Avoid contact with substances to which you are sensitive (see Causes).

Avoid tight underclothing made from synthetic material.

EXPECTED OUTCOME

Symptoms can be controlled with treatment, even if the cause cannot be determined.

POSSIBLE COMPLICATIONS

Skin damage, allowing secondary bacterial infection to develop.

Skin thickening and chronic inflammation.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as cultures for fungi, or microscopic examinations for pinworm eggs or scabies in skin burrows.

Treatment of any predisposing factors.

Keep showers or baths brief to minimize dryness and soap irritation. Use plain, unscented soap if any.

Keep the rectal area clean, dry and cool. Wear loose clothing and underclothing. Clean carefully after bowel movements, using moist tufts of cotton or plain soap and water.

Don't use irritants listed as causes.

Wear underwear with a cotton crotch or underwear made of cotton, rather than nylon or other synthetics.

Women may be more comfortable using tampons for menstrual periods, rather than sanitary napkins.

Wear soft mittens at night, if scratching while asleep.

MEDICATION

You may use non-prescription cortisone ointment or cream.

Apply 3 times a day, and rub in gently until it disappears.

Discontinue use once itching stops.

More potent topical cortisone drugs may be prescribed.

ACTIVITY

Avoid activities that cause excessive perspiration.

DIET

Avoid spicy or highly seasoned foods and coffee. These irritate mucous membranes of the anus.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pruritus ani that persist, despite self-care.

Fever occurs.

The irritated area seems infected.

PRURITUS VULVAE

BASIC INFORMATION

DESCRIPTION

An acute or chronic disorder of the skin around the vulva (the vaginal lips) and anus. This disorder is characterized by severe itching. It is not contagious. It affects female adolescents and adults, especially after menopause.

FREQUENT SIGNS AND SYMPTOMS

Intense itching, sensitivity and irritation in the genital area. The skin may be dry. Thin, white vaginal discharge (sometimes). Discomfort during sexual intercourse.

CAUSES

Skin disease, such as psoriasis or lichen planus.
Systemic disease, such as diabetes.
Atrophy and dryness caused by estrogen deficiency.
Skin reaction to irritants, such as toilet tissue, sanitary pads, soap, douches, deodorants, powders, perfume and fabric.
Systemic allergies, including food allergies.
Disorder of the vagina or rectum, such as vaginitis or hemorrhoids.

RISK INCREASES WITH

Stress.
Days prior to menstruation.
Hot, humid weather.
Diabetes mellitus
Lack of urinary control.

PREVENTIVE MEASURES

Wear cotton underpants rather than nylon.
Avoid contact with irritants listed in Causes.
Obtain medical treatment for underlying disorders.

EXPECTED OUTCOME

Treatment usually provides relief in 1-2 weeks.

POSSIBLE COMPLICATIONS

Secondary bacterial infection of the inflamed skin.
Chronic course.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory study of vaginal secretions, and if needed, a biopsy of the vulva (removal of a small amount of tissue for laboratory examination).
Treatment of any underlying cause.
Wear cotton underclothes.
Keep the area as dry and cool as possible.
Wear loose clothing.
Don't scratch the itchy area. Scratching will aggravate soreness and irritation.
Wash the genital area with water and unscented soap only once a day.
Use a lubricant, such as K-Y Lubricating jelly or baby oil, during intercourse.

After urinating or having a bowel movement, clean the genital area gently with absorbent cotton or antiseptic wipes. Wipe from front to back (vagina to anus).

During menstruation, use tampons rather than sanitary napkins until the disorder heals.

Sit in bathtub of warm water several times a day to help relieve itching.

MEDICATION

Treatment for any infectious cause found.
Use low-potency, non-prescription steroid creams or ointments.
More potent steroid creams or lotions to reduce inflammation. These require 24 to 36 hours to provide relief. Ointments that contain hormones.
Benzodiazepines or antihistamines at night to ensure rest.

ACTIVITY

Avoid overexertion, heat and excessive sweating.

DIET

No special diet, except to avoid foods to which you may be allergic. Avoid coffee or other caffeine beverages. Also avoid tomatoes and peanuts.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of pruritus vulvae.
Symptoms don't improve in 2 weeks, despite treatment.
Scratching leads to skin infection.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PSEUDOGOUT

BASIC INFORMATION

DESCRIPTION

An acute, inflammatory form of arthritis that usually involves the large joints of the body. Pseudogout, like gout, involves deposits of crystals in and around the joints. It primarily affects the elderly and is more common in men than women. It is usually characterized by acute attacks, but often the disease may progress without the attacks.

FREQUENT SIGNS AND SYMPTOMS

Acute attacks of swelling and pain in one or more of the joints.

Joints involved most often are the knee (50% of the time), ankle, wrist and shoulder.

Attacks may last for two or more days.

Freedom from pain or less severe pain between attacks.

Limitation of motion of a joint.

Fever.

CAUSES

Deposition of crystals formed of calcium pyrophosphate dehydrate (CPPD) in the synovial (joint fluid). Why the crystals form is unknown.

RISK INCREASES WITH

Trauma.

Aging.

Patients hospitalized for other medical or surgical illnesses.

Metabolic diseases (e.g., hypothyroidism, hyperthyroidism, gout, amyloidosis).

PREVENTIVE MEASURES

None known.

EXPECTED OUTCOME

Prognosis for relief in acute attacks is excellent.

POSSIBLE COMPLICATIONS

Recurrences of the attacks.

Permanent joint damage.

TREATMENT

GENERAL MEASURES

Diagnosis is made by microscopic examination of a sample of joint fluid. This will distinguish it from gout, which is caused by different urate crystals.

If appropriate, treatment for any underlying metabolic disorder.

Drainage of the inflamed joint if needed.

Moist, warm compresses applied to affected joint may be helpful.

MEDICATION

Nonsteroidal anti-inflammatory drugs often control acute attacks promptly.

Intravenous colchicine may be given (rare).

Pain medicine may be prescribed.

Corticosteroid injection into the joint may help relieve symptoms.

ACTIVITY

Avoid putting weight on affected joint during acute attack.

Once pain subsides, begin range of motion exercises or isometric exercises to maintain strength.

DIET

No special diet.

NOTIFY OUR OFFICE IF

If You or a family member has signs or symptoms of pseudogout.

Symptoms worsen after treatment begins.

New or unexplained symptoms develop. Drugs used in treatment may cause side effects.

Temperature goes over 101°F (38.3°C).

PSORIASIS

BASIC INFORMATION

DESCRIPTION

A chronic, scaly skin disorder characterized by frequent remissions and recurrences. It affects the skin of the scalp, elbows, knees, chest, back, arms, legs, toenails, fingernails and fold between the buttocks. Psoriasis begins in late childhood or young adulthood and continues throughout life.

FREQUENT SIGNS AND SYMPTOMS

Skin areas that are slightly raised, have red borders and are covered with large white or silver-white scales. The areas crack and become painful.

Itching (sometimes).

Joint pain.

CAUSES

Unknown, but probably caused by autoimmune disorder.

RISK INCREASES WITH

Family history of psoriasis.

Rheumatoid arthritis.

Local injury.

Infections (viral and bacterial) elsewhere in the body.

Stress.

Cold climates.

Genetic factors. Persons with psoriasis have HLA antigens, and the incidence is highest among Caucasians

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Symptoms can be controlled but not cured. The disease may have long periods of inactivity. In women, severity decreases during pregnancy.

POSSIBLE COMPLICATIONS

Secondary bacterial infection in the affected area.

Pustular psoriasis,

Psoriatic arthritis.

TREATMENT

GENERAL MEASURES

Diagnosis is usually determined by the appearance of the lesions, and if needed, the results of a skin biopsy.

No permanent cure exists. Steps in treatment depend on the type of psoriasis, extent of the disease, your response to it, and effect on your lifestyle.

Move to a warm climate, if possible. Severity increases during cold weather.

Maintain good skin hygiene with daily baths or showers.

Avoid skin injury, including harsh scrubbing, which can trigger new outbreaks.

Avoid skin dryness to decrease the frequency of recurrences.

To reduce scaling, use non-prescription waterless cleansers and hair preparations containing coal tar or cortisone.

Expose skin to moderate amounts of sunlight as often as possible.

Oatmeal baths may loosen scales. Use 1 cup of oatmeal to a tub of warm water.

Get counseling for any psychological problems caused by psoriasis.

Additional information available from the National Psoriasis Foundation, Suite 200, 6415 SW Canyon Court, Portland, OR 97221, (503)244-7404.

MEDICATION

You may be prescribed the following to decrease inflammation and scaling

Ointments containing coal tar.

Topical cortisone drugs to use under plastic dressings.

Immunosuppressive drugs (severest cases).

PUVA (combination of a medication and exposure to ultraviolet light-wavelength A).

Combination of tar baths with UVB (Ultraviolet therapy wavelength B).

Antihistamines to relieve itching.

If pustular psoriasis, etretinate, isotretinoin or oral methotrexate may be prescribed.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of psoriasis, or symptoms recur after treatment.

During an outbreak pustules erupt on the skin, accompanied by fever, muscle aches and fatigue.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PSORIATIC ARTHRITIS

BASIC INFORMATION

DESCRIPTION

Joint inflammation that accompanies psoriasis lesions in nearby nails and skin. It can affect joints in any part of the body, but most likely in finger joints, low-back and neck joints in the spine. The disorder is usually mild and tends to begin between ages 30 and 35, and continue intermittently throughout life.

FREQUENT SIGNS AND SYMPTOMS

Pain, swelling, restricted movement, tenderness and warmth in the affected joint.

Scaling skin.

Pitted, ridged, yellow nails.

Tiredness and fever (sometimes).

CAUSES

Predisposition to psoriatic arthritis may be hereditary.

Immunological response to a streptococcal infection.

Unknown (usually).

Physical or emotional trauma (rare).

RISK INCREASES WITH

Strep infections (rare).

Family history of rheumatoid arthritis or psoriasis.

PREVENTIVE MEASURES

Obtain prompt antibiotic treatment for strep infections.

EXPECTED OUTCOME

This condition is currently considered incurable. It is characterized by acute flare-ups and remissions. However, symptoms can be relieved or controlled, and medical literature cites a few instances of unexplained recovery.

Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS

Progression to chronic arthritis and severe crippling may occur (rare).

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies to detect a rheumatic factor and measure antinuclear antibodies (ANA) and X-ray.

Treatment is directed at control of skin lesions and joint inflammation.

Immobilize affected joints with splints

Use heat to relieve joint pain. Hot soaks, whirlpool treatments, heat lamps, ultrasound or diathermy are all effective.

Schedule periods for regular, moderate exposure to sunlight.

If heat does not help, try cold compresses.

PUVA therapy, high intensity ultraviolet light along with psoralen medication is effective for the skin lesions.

Additional information available from the Arthritis Foundation, 1314 Spring Street N.W., Atlanta, GA 30309, 1(800)283-7800.

MEDICATION

For minor discomfort, you may use non-prescription drugs such as aspirin.

To reduce joint inflammation, nonsteroidal antiinflammatory drugs, cortisone injections into affected joints (occasionally), immunosuppressive drugs such as methotrexate may be prescribed.

ACTIVITY

Rest inflamed joints during flare-ups, then resume your normal activities gradually. Try to increase outdoor activity in sunshine.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of psoriatic arthritis. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

PUERPERAL INFECTION (Puerperal Fever; Postpartum Infection)

BASIC INFORMATION

DESCRIPTION

Infection of the birth canal after the first 24 hours following delivery of a baby. It can affect the vagina, vulva, perineum (area between the vagina and rectum), cervix, uterus, peritoneum (membrane that covers abdominal organs).

FREQUENT SIGNS AND SYMPTOMS

Unexplained fever and chills for 2 or more days after the first postpartum day (first day after delivery).

Headache.

Muscle aches.

Appetite loss.

Rapid heartbeat.

Soft, large, tender uterus.

Vaginal discharge with an unpleasant odor.

Abdominal pain.

CAUSES

Infection by bacteria normally found in a healthy vagina.

These bacteria can infect the uterus, vagina, adjacent tissues and kidney, especially in conjunction with risk factors.

RISK INCREASES WITH

Insertion of a fetal scalp electrode during labor.

Anemia, either preexisting or from loss of blood during delivery.

Toxemia during pregnancy.

Long delay between rupture of the placental membranes and delivery (greater than 24 hours).

Prolonged labor.

Traumatic delivery.

Repeated vaginal examinations with nonsterile equipment during labor.

Retained fragments of placenta in the uterus.

Excessive bleeding after delivery.

PREVENTIVE MEASURES

Avoid anyone with an active infection for the last 2 weeks of pregnancy.

Notify your doctor as soon as placental membranes rupture (your "water breaks").

Don't have sexual intercourse after membranes rupture.

Wash the perineal area often during the first week after delivery.

Ask your prenatal care doctor for a culture for group D strep at 28-34 weeks of pregnancy for screening purposes.

EXPECTED OUTCOME

Usually curable in 7 to 10 days with intensive treatment.

Without treatment, complications can be fatal .

POSSIBLE COMPLICATIONS

Deep-vein blood clot in the pelvis.

Blood poisoning.

Shock.

Infection in your newborn infant.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies, blood culture and culture of the vaginal discharge. Hospitalization for intensive treatment.

Surgery to remove fragments of placenta (sometimes).

To relieve pain, place a heating pad or hot-water bottle on the abdomen or back.

Take frequent hot baths to relax muscles and relieve pain.

Use sanitary pads rather than tampons for the vaginal discharge.

If you plan to breast-feed, use a breast pump to express milk until the infection heals.

MEDICATION

Antibiotics in high doses intravenously, if necessary.

Codeine and acetaminophen to reduce fever and pain.

Anticoagulants to prevent blood-clot formation.

ACTIVITY

Rest in bed, except to use the bathroom, until fever and other signs of infection subside. You will probably be more comfortable if you lie on your left side.

Abstain from sexual relations until signs of infection have been gone at least 7 days.

DIET

Drink lots of fluids to prevent dehydration from high fever.

Vitamin and mineral supplements should not be necessary unless you are anemic.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a puerperal infection even several hours after delivery.

Faintness occurs.

Skin rash develops.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Symptoms of infection recur after treatment.

RAPE CRISIS SYNDROME

BASIC INFORMATION

DESCRIPTION

The physical and emotional aftereffects of rape. The term rape refers to forcible sexual intercourse with an unwilling partner. Rape involves varying degrees of physical and psychological trauma. In most cases the rapist is a man and the victim is a woman.

FREQUENT SIGNS AND SYMPTOMS

Immediately following rape:

Physical injuries such as cuts, bruises or other injuries, including vaginal and rectal tears.

Fear, anger, crying, or unusual behavior such as laughter. No outward emotional signs (sometimes).

Aftereffects (may be weeks to months):

Feelings of self-blame and guilt.

Depression and withdrawal, even from family and friends.

Mood swings; feelings of grief, shame, revenge.

Loss of appetite.

Fear of intercourse, fear of men.

Nightmares, sleep disorders.

Fear of being alone.

Anxiety.

CAUSES

Rape is extremely traumatizing. All rape victims suffer physical and psychological aftereffects.

RISK INCREASES WITH

Any victim of rape or attempted rape.

PREVENTIVE MEASURES

There is no prevention for rape crisis syndrome.

The scope of rape prevention is complex and involves individuals, society and government.

EXPECTED OUTCOME

Most victims take a long time to feel like they are normal again, some never do, and some say that they are a completely changed person.

POSSIBLE COMPLICATIONS

Pregnancy.

Sexually transmitted disease.

Emotional trauma that may last years.

TREATMENT

GENERAL MEASURES

Immediate care:

Emergency medical assessment and care will be provided for your physical injuries.

A general physical examination and pelvic examination will be conducted following specific medical guidelines. A report is normally made to local law enforcement personnel.

Ask for assistance from a Rape Crisis Center (or similar agency). They can provide immediate support and help you through the urgent medical, emotional, and legal necessities.

Medical personnel will discuss with you the risks of pregnancy, sexually transmitted diseases, HIV/AIDS, hepatitis B and other infections; what preventive measures there are available; and what follow-up tests may be required.

After effects care:

Arrange for counseling or psychological help. This is important for your emotional recovery. Don't just try to put the matter out of your mind and don't try to "go it alone."

Suppressing your feelings can increase distress.

Keeping a journal or diary about your feelings, thoughts and reactions may be helpful. Talk over your feelings with trusted friends and family.

Prepare yourself as much as possible for legal proceedings that force you to relive the trauma, and may cause additional emotional upsets.

MEDICATION

Antibiotics, if venereal infection is suspected or diagnosed.

Hormones to prevent pregnancy ("day-after pill") may be recommended.

Sedatives or tranquilizers for a short time to reduce anxiety.

Tetanus prophylaxis may be recommended.

ACTIVITY

Resume your normal life as quickly as possible.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or someone you know has been raped.

Emotional and/or physical problems worsen, or are not improved with treatment.

RINGWORM (Tinea)

BASIC INFORMATION

DESCRIPTION

Fungus (tinea) infection of the skin. This is transmitted by person-to-person contact or by contact with infected surfaces, such as towels, shoes or shower stalls. It is found almost everywhere. Ringworm can involve the scalp (tinea capitis); skin (tinea corporis); groin skin (tinea cruris); nails (tinea unguium); feet (tinea pedis); skin with beard (tinea barbae). It affects adolescents and adults and is more common in males than females.

FREQUENT SIGNS AND SYMPTOMS

Lesions that itch (sometimes) and have the following characteristics:

On the scalp - lesions cause patchy hair loss and scaling scalp.

On body skin - lesions are red, circular, flat, scaling and have well-defined borders.

On the bearded area of the face - lesions cause an itchy, scaling rash under the beard.

On the feet - in the skin between the toes, a macerated scaling occasionally blistered, itchy rash.

Of the nails - thickened, yellow dull nails with crusting at the free edge.

CAUSES

Fungus infection with one or more of 5 different fungi.

RISK INCREASES WITH

Crowded living conditions.

Contact with infected animals.

Day care centers or schools.

Immunosuppression due to illness or drugs.

Chronic moisture and chafing of the skin.

PREVENTIVE MEASURES

The fungi are so prevalent that total prevention is impossible.

To minimize risk:

Get treatment for pets that have skin problems.

Carefully dry feet after bathing in tub or shower or swimming.

Good personal hygiene.

Don't share headgear (hats, combs, brushes).

Avoid tight shoes or underwear that may rub or chafe the skin.

EXPECTED OUTCOME

Usually curable with treatment, but may take weeks to months depending on location. Recurrence is common and ringworm becomes chronic in 20% of cases.

POSSIBLE COMPLICATIONS

Secondary bacterial infection of ringworm lesions.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include microscopic exam of skin scrapings in potassium hydroxide solution, laboratory culture of skin scrapings, examination with ultraviolet light (Wood's lamp) for ringworm on the scalp.

Treatment is usually with topical medications; other specific care depends on location of infection.

For infection on the body: carefully launder all clothing, towels or bed linens that have touched the lesions.

Keep the skin dry. If the area is red, swollen and weeping, use compresses made of 1 teaspoon salt to 1 pint water. Apply 4 times a day for 2 to 3 days before starting the local antifungal medication.

For infection of the scalp, shampoo the hair every day. Have the hair cut short, but don't shave the scalp (wear clothing that can be sterilized). Repeat this procedure every 2 weeks, or whenever the hair grows back.

For infected feet, expose feet to air whenever possible, wear sandals or leather shoes, wear cotton socks, wash and dry feet at least twice a day.

For infected beard, let beard grow. If necessary to shave, use electric shaver and not a blade.

For nail infection, keep nails short.

MEDICATION

Topical antifungal drugs in the form of creams, lotions, or ointments. Treatment may continue after symptoms disappear to eradicate the fungi and prevent recurrence.

In widespread infections or nail infections, an oral antifungal (usually griseofulvin) may be prescribed.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of ringworm.

Ringworm lesions become redder, painful and ooze pus.

Symptoms don't improve in 3 or 4 weeks, despite treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

SCABIES

BASIC INFORMATION

DESCRIPTION

A disease of the skin caused by a mite (the "itch" mite) with a characteristic pattern of distribution. Scabies is contagious from person to person (by shared clothing or bed linen) and from one site to another in the same person. They usually infect the skin of the finger webs, and folds under the arms, breasts, elbows, genitals and buttocks.

FREQUENT SIGNS AND SYMPTOMS

Small, itchy blisters (usually in a thin line) in several parts of the body. The blisters break easily when scratched. Broken blisters leave scratch marks and thickened skin, crisscrossed by grooves and scaling.

CAUSES

A mite that burrows into deep skin layers, where the female mite deposits eggs. Eggs mature into adult mites in 3 weeks. Mites are 0.1 mm in diameter and can only be seen under a microscope. Scratching collects mites and eggs under the fingernails, so they spread to other parts of the body.

RISK INCREASES WITH

Crowded or unsanitary living conditions.
Contact with an infested person (usually by physical contact, but mites can pass by just standing close to infected person).

PREVENTIVE MEASURES

Avoid contact with persons or linen and clothing that you suspect may be infected with scabies.
Maintain personal cleanliness:
Bath daily, or at least 2 to 3 times a week.
Wash hands before eating.
Launder clothes often.

EXPECTED OUTCOME

Itching usually disappears quickly, and evidence of the disease is gone in 1 to 2 weeks with treatment. In 20% of cases, re-treatment is necessary in 20 days. If skin irritation persists longer than this, oral antihistamines or topical steroids may be necessary to break the itch-scratch cycle. Scabies may occur in a community in a 7-year cycle (the "seven-year itch").

POSSIBLE COMPLICATIONS

Secondary bacterial infection of mite-infested areas of inflammation.

TREATMENT

GENERAL MEASURES

Diagnosis is confirmed by discovering the mite, lifting it from its burrow and identifying it under a microscope.
Treatment is with topical medication.
Carefully wash all clothes, bedding and toys used prior to or during treatment. You don't need to clean furniture or floors with special care.

MEDICATION

An insecticide lotion such as permethrin, lindane, crotamiton, or 5% sulfur ointment will usually be prescribed. (Infants and pregnant women may need a pediculicide that is less toxic, such as a 6% solution of sulfur).

Bathe thoroughly before applying the prescribed medicine.

Apply from the neck down, and cover the entire body.

Wait 15 minutes before dressing.

Leave medicine on the skin for 2 hours before bathing.

Your family or other close contacts should be treated at the same time.

You may need to repeat in 1 week.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of scabies.

After treatment, the lesions show signs of infection (redness, pus, swelling or pain).

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

SCOLIOSIS (Curvature of the Spine)

BASIC INFORMATION

DESCRIPTION

A painless bending and twisting of the spinal column, which is sometimes progressive, and distorts the chest and back. It can involve the thoracic (middle spine) or the lumbar (lower spine). It most commonly affects adolescents and is more common in girls than boys.

FREQUENT SIGNS AND SYMPTOMS

Early stages:

No obvious symptoms or signs, but scoliosis can be detected by a doctor or school nurse with a simple screening test.

Later stages

Visible curving of the upper body. The spine becomes S-shaped.

Shoulders become uneven and rounded.

Sunken chest.

Swayback.

One side of the pelvis thrusts forward.

Back pain.

CAUSES

Usually unknown. Scoliosis is sometimes a result of.

Diseases of the central nervous system, such as polo or muscular dystrophy.

Congenital defects of the spine.

Uneven leg length.

RISK INCREASES WITH

Family history of scoliosis.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

When diagnosed early, scoliosis can usually be corrected completely. Often a back brace may be required and worn daily for several years.

POSSIBLE COMPLICATIONS

Severe distortion of the spine and ribs.

Social embarrassment.

Breathing difficulty.

Lung infection,

Congestive heart failure.

TREATMENT

GENERAL MEASURES

Diagnosis for scoliosis includes an X-ray and a physical exam of the back.

Many cases of scoliosis are minor and require little treatment except physical therapy aimed at strengthening back muscles and improving posture.

For children needing further treatment, it usually involves wearing a orthopedic back brace (sometimes for several years). Newer type braces are less visible and permit the person to wear regular clothes.

For adults needing treatment, exercises to strengthen back muscles are recommended (exercises will not correct the curvature). A brace is not effective in adults since the spine has stopped growing.

Surgery to correct the deformity (severe cases only).

If legs are of unequal length, a shoe lift for the shorter leg may be prescribed.

MEDICATION

Medicine doesn't correct this disorder. For minor discomfort from muscle imbalance or complications, you may use non-prescription drugs, such as aspirin or acetaminophen.

ACTIVITY

Special exercises may be part of therapy. If a brace is necessary, sports participation will be restricted. Some activities such as swimming and horseback riding may be recommended since they tone and strengthen the back.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You suspect your child is developing scoliosis.

SEASONAL AFFECTIVE DISORDER (SAD)

BASIC INFORMATION

DESCRIPTION

A seasonal disruption of mood that occurs during the winter months and ceases with the advent of spring. Symptoms usually began in September when days begin to shorten, and last through the winter into March when the days begin to lengthen again. Light plays a big part in its origin and in its' treatment. It can affect both adults and children and is more common in women. In rarer instances, the seasonal disorder symptoms occur in the summer months and may be caused by an intolerance to heat.

FREQUENT SIGNS AND SYMPTOMS

Experienced at the start of winter:

- Depression.
- Tiredness.
- Sluggishness.
- Increased appetite (especially for carbohydrates).
- Weight gain.
- Irritability.
- Needing more sleep.
- Feeling less cheerful.
- Socializing less.
- Difficulty in coping with life as a result of these changes.

CAUSES

The pineal gland (one of the body's clocks) in the brain releases a hormone called melatonin which can adversely affect our moods. Very little melatonin is secreted in light (daytime) and its peak production is usually at night, between 2 and 3 a.m. Winter months (with their longer nights) cause extra production of melatonin, so the level in the body is increased. The average nighttime illumination in homes or offices is not adequate to counteract this affect.

RISK INCREASES WITH

- Geographical location (people in northern latitudes more susceptible).
- Other depressive illness.

PREVENTIVE MEASURES

No measures known to prevent the disorder.

EXPECTED OUTCOME

With correct diagnosis and treatment, symptoms can be minimized.

POSSIBLE COMPLICATIONS

Continuation of the symptoms and lifestyle disruptions.

TREATMENT

GENERAL MEASURES

Diagnosing SAD can be difficult. The same symptoms can arise from other types of depression. Laboratory blood studies may be done to rule out other medical disorders. Diagnosis usually requires a three year mood disturbance

pattern, with the onset occurring in the autumn, and a remission in the spring.

Mild symptoms may be resolved with simple measures: keep drapes and blinds open in your house; sit near windows and gaze outside frequently; turn on bright lights on cloudy days; keep a diary or journal of your mood changes so that any changes or patterns can be evaluated; don't isolate yourself (visit friends, see shows, etc.). Read suggestions in Activity section.

Other therapies are still evolving, but they usually involve extending the day artificially in various ways with light therapy (phototherapy). Duration and intensities of the therapy may vary for individuals and they need to be worked out with you and your medical team. Even though these light sources are commercially available, it is recommended that they not be used without medical advice. Examples include: Sitting in a very bright light (equivalent to 10 100 watt bulbs or more) for an hour in the morning and evening. The term lux (Latin for light) is the unit of measure for the light therapy.

Installing a computerized system of lighting in a patient's bedroom that creates an artificial dawn. The light goes from very dim to bright like a sunrise.

Wearing a visor cap with small battery-powered lights that provide illumination falling directly on the eyes. For some patients the light therapy doesn't work and they may require other forms of treatment such as drugs or psychotherapy.

Additional information available from the National Organization for Seasonal Affective Disorder, P.O. Box 40133, Washington, DC 20016.

MEDICATION

Antidepressants may be prescribed for patients who do not respond to other forms of therapy.

ACTIVITY

Stay as active as your energy permits. Physical activity is usually always therapeutic for mood disorders. - Get outside as much as possible, especially in the early morning hot. Try to take a vacation in the winter months instead of the summer.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of seasonal affective disorder. I

Symptoms continue or worsen despite treatment.

SEBACEOUS CYST (Epidermoid Cyst, Wens)

BASIC INFORMATION

DESCRIPTION

A dome-shaped, benign cyst filled with semisolid material (keratin, sebum and skin debris). They usually involve the skin of the trunk, face, neck and scalp. They can affect all ages, but are most common in adolescents and adults.

FREQUENT SIGNS AND SYMPTOMS

A cyst with the following characteristics:

The cyst has sloped shoulders or a dome-shaped, nodular appearance and a smooth surface.

The cyst is whitish or skin-colored.

Cysts range from 1 cm to 4cm in diameter.

If the cyst becomes injured or infected, it may become bright red and painful.

CAUSES

Sebaceous cysts are caused by plugged ducts in malformed hair follicles. They may enlarge from hormonal stimulation or injury.

RISK INCREASES WITH

Skin injury.

Hormonal stimulation at puberty.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Cysts which cause no symptoms require no medical treatment.

Those that are unsightly, infected or are repeatedly injured can be removed.

POSSIBLE COMPLICATIONS

Infection of a cyst.

Injury to a cyst, causing rupture or inflammation.

TREATMENT

GENERAL MEASURES

Cysts can be removed through a simple incision in the skin lying over the cyst, the sac is removed and the incision is stitched with sutures. If the entire cyst wall is removed, recurrence is unlikely.

MEDICATION

Medicine usually is not necessary for this disorder. If a cyst becomes infected, antibiotics may be prescribed.

ACTIVITY

Resume your normal activities as soon as symptoms improve.

DIET

No special diet.

NOTIFY OUR OFFICE IF

After removal, signs of infection (pain, redness, warmth and increased tenderness) occur at the surgical site
Fever of 10 1'F (38.3'C) or higher develops.

The treated area does not appear to be healing well within 1 week.

You are taking antibiotics, and new, unexplained symptoms develop. Antibiotics may produce side effects.

SEXUAL DYSFUNCTION, FEMALE

BASIC INFORMATION

DESCRIPTION

Female sexual dysfunction may involve an inability to experience sexual pleasure (arousal dysfunction); or an inability to achieve orgasm (orgasmic dysfunction).

FREQUENT SIGNS AND SYMPTOMS

Lack of sexual desire.
Inability to enjoy sex.
Lack of vaginal lubrication.
Failure to achieve orgasm, even when sexually aroused.

CAUSES

Inadequate or ineffective foreplay.
Psychological problems, including depression, poor self-esteem, sexual abuse or incest.
Feelings of shame or guilt about sex.
Fear of pregnancy.
Stress and fatigue.
Acute illness or chronic illness, especially of the central nervous system or endocrine system, as with multiple sclerosis or hypothyroidism.
Inexperience or inadequate information about sexuality on the part of either partner.
Repressed anger toward the sexual partner that may result from feelings of being used as a sexual object, physical or emotional abuse, jealousy or fears of disloyalty, or lack of true intimacy.
Drug abuse including alcohol.
Gynecologic factors (infection or other disorders).

RISK INCREASES WITH

Use of some medications, such as MAO inhibitors, antidepressants, beta-adrenergic blockers.
Couple discrepancies in expectations and attitudes towards sex.
Proximity of other people in the home (children, mother-in-law).

PREVENTIVE MEASURES

Talk with your partner about your sexual needs and feelings.
Seek counseling to resolve feelings about past sexual trauma or abuse.

EXPECTED OUTCOME

Best predictors of positive outcome are the desire to change and an overall healthy relationship. Arousal dysfunction is more difficult to treat and outcome may vary. Admit the problem and try to establish open communication with your partner. Pretending that you are aroused or have orgasms leaves the problem unsolved.

POSSIBLE COMPLICATIONS

Permanent inability to enjoy sex.
Damage to interpersonal relationships.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood tests and other studies to rule out physical causes of arousal or orgasmic

dysfunction.

If no physical problems are found, a detailed sexual history is the most important tool for determining an appropriate treatment program.

Possible treatment methods:

For childhood sexual abuse problems - psychotherapy or counseling.

For arousal dysfunction - relaxation techniques, sensate focus exercises, counseling (usually with a sex therapist).

For orgasmic problems - self stimulation, new behavior patterns, and sexual homework with partner (usually in conjunction with treatment from a sex therapist).

For medication caused problems - change in dosage, discontinuing, or a change to a different medication.

Other problems - family therapy, sensate conditioning, referral to specialized sex therapist.

MEDICATION

Medication is not necessary unless the sexual problem is due to some underlying medical condition. There is no known aphrodisiac that is effective and safe.

ACTIVITY

No restrictions. Exercise regularly to reduce stress and improve your self-image. A healthy body and mind make enjoyable sex more likely.

DIET

Eat a well-balanced diet. Vitamin and mineral supplements may be helpful. Weight loss program may be recommended if either partner is overweight.

NOTIFY OUR OFFICE IF

You have sexual problems and you want help in resolving them.

SHOCK

BASIC INFORMATION

DESCRIPTION

Low blood pressure that is too low for the body to maintain vital functions. Shock does not include a person's reaction to emotional trauma, which is a totally different disorder.

FREQUENT SIGNS AND SYMPTOMS

Cold hands and feet.
Fast, weak pulse.
Disorientation or confusion.
Anxiety with feelings of impending doom.
Skin that is pale, moist and sweaty.
Shortness of breath and rapid breathing.
Lack of urination.
Low blood pressure. This may be so low that it cannot be measured by usual means.

CAUSES

Sudden loss of blood from injury or disorders, such as bleeding peptic ulcer, ruptured aneurysm or ruptured ectopic pregnancy (hypovolemic shock).
Fluid loss, such as occurs with severe burns, fluid and electrolyte imbalance, or peritonitis.
Impaired heart-pumping function from heart attack, heart rhythm irregularities, pericarditis or pulmonary embolism (cardiogenic shock).
Blood poisoning, which causes blood vessels to greatly expand, such as occurs with toxic shock syndrome or major infections (septic shock). Some endocrine diseases, such as Addison's disease or diabetes mellitus.

RISK INCREASES WITH

Recent serious injury; recent surgery.
Childbirth.
Anemia, infection, cancer.
Use of drugs that cause anaphylactic (allergic) shock as an adverse reaction, such as penicillin, local anesthetics and others.
Overdose of mind-altering drugs.
Excess alcohol consumption.

PREVENTIVE MEASURES

Avoid causes and risk factors when possible.

EXPECTED OUTCOME

Usually curable with early diagnosis and treatment. Without treatment, shock can be fatal.

POSSIBLE COMPLICATIONS

Cardiac arrest.
Respiratory arrest.
Permanent brain damage.

TREATMENT

GENERAL MEASURES

Hospitalization for intravenous fluids, medical breathing support and medications to raise blood pressure and treat the underlying cause.

Surgery to stop hemorrhaging.

If you observe signs of shock in someone, do the following until medical help arrives:

Stop external bleeding by applying pressure

Keep the victim lying down with legs elevated. Cover the victim for warmth.

Make sure the victim's airway is open to allow breathing. If breathing stops, give mouth-to-mouth resuscitation. If breathing and pulse stop, give cardiopulmonary resuscitation.

MEDICATION

Depends on the underlying disorder:

If shock is from blood or fluid loss, treatment includes blood transfusion or intravenous fluids.

If blood pressure is at a life-threatening low level, hypertensive drugs to raise blood pressure may be given.

If infection is present, antibiotics will be used.

ACTIVITY

Rest in bed until completely recovered. Move legs actively while in bed to decrease the likelihood of deep-vein blood clots.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of shock or observe them in someone else. Call immediately. This is a life-threatening emergency!

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

SICKLE-CELL ANEMIA AND SICKLE-CELL TRAIT

BASIC INFORMATION

DESCRIPTION

An inherited blood disorder that causes anemia, episodes of severe pain, low resistance to infection and chronic poor health. It is not cancerous. It involves the bone marrow, lymph glands, spleen, liver, and thymus. Usually begins around 6 months of age and lasts a lifetime.

FREQUENT SIGNS AND SYMPTOMS

Anemia with shortness of breath, rapid heartbeat, fatigue and jaundice.
Episodes of pain in joints, chest, abdomen and back.
Frequent infections, especially pneumonia.
Nerve impairment.
Delayed growth and development.
Skin ulcers, especially on the legs.

CAUSES

This disease is hereditary. The red blood cells contain an abnormal type of hemoglobin called hemoglobin S. Persons with the hemoglobin S n-may pass it on to their children. Red blood cells change from round to sickle shapes, which causes blockage in the capillaries. Low oxygen in the tissues is partly responsible for the changed shape. The change occurs in attacks that cause pain and disability (sickle crisis). The disease occurs mostly in black people.

RISK INCREASES WITH

Family history of sickle-cell anemia.
The following may aggravate symptoms:
Ascending to high altitude, as in driving up a mountain or flying.
Pregnancy
Surgery.
Injury.
Infection.

PREVENTIVE MEASURES

If you have a family history of sickle cell anemia, ask for testing. If the condition is present, obtain genetic counseling before starting a family. A less serious condition, sickle cell trait, may be present. It will not cause the disease, but genetic counseling is still desirable.
Tests in early pregnancy to determine if unborn child has inherited the double-dose gene (both parents are carriers).

EXPECTED OUTCOME

Sickle-cell anemia is incurable and life expectancy is reduced. However, life span has gradually increased to over 40 years with increasingly effective treatments. Most patients die prematurely of infection or stroke.

POSSIBLE COMPLICATIONS

Persons with sickle-cell trait may be at risk of sudden death while engaged in strenuous exercise.
Infections of lungs and bones.

Kidney failure.
Eye disease.
Stroke.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies, X-rays, MRI or CT scan of bones and lungs. Simple screening tests are also available. They may be done at birth if there is a family history of sickle-cell anemia.
If a child has the condition, a referral to a doctor with special knowledge of this condition may be recommended.
Treatment at home involves general health care maintenance and prompt treatment of sickle cell crises.
Hospitalization may be required at times of severe attacks for intravenous therapy and oxygen therapy and sometimes, blood transfusions.
During an attack, help patient stay warm. Apply warm compresses to painful areas.
Maintain immunization schedule, including a pneumonia vaccine.
Don't fly, even in pressurized planes, without oxygen. Check with your airline.
Wear a medical alert type bracelet or pendant to identify the medical disorder.
Psychotherapy or counseling may be helpful in adapting to this condition, especially for children.
Additional information available from the National Association for Sickle Cell Disease, 3345 Wilshire Blvd., Suite 1106, Los Angeles, CA 90010-1880, (800)421,8453.

MEDICATION

No medications are yet available to control this condition. For severe attacks, intravenous fluids, blood transfusions, antibiotics and pain relievers may be used. Prophylactic penicillin may be started in infancy.

ACTIVITY

Avoid strenuous exercise and exposure to cold temperatures.
Rest in bed during acute attacks.
Activity may be somewhat limited due to chronic anemia and poor muscular development.

DIET

Drink at least 8 glasses of water a day or more if there is a fever. This helps keep blood cells from collecting and blocking capillaries.

NOTIFY OUR OFFICE IF

Your child has signs and symptoms of sickle-cell anemia.
You want to know if you have the sickle-cell gene.
You have the disease, and symptoms recur after a period of remission or you develop fever or infection.

SINUS INFECTION (Sinusitis)

BASIC INFORMATION

DESCRIPTION

Inflammation of the sinuses (air-filled cavities) adjacent to the nose. Sinusitis commonly affects the ethmoidal sinuses, located between the eyes; and the maxillary sinuses, located in the cheekbone. Germs that cause sinusitis are contagious.

FREQUENT SIGNS AND SYMPTOMS

Early stages:

Nasal congestion with green-yellow (sometimes blood-tinged) discharge.

Feeling of pressure inside the head.

Eye pain.

Headache that is worse in the morning or when bending forward.

Cheek pain that may resemble a toothache.

Post-nasal drip.

Cough (sometimes) that is usually nonproductive.

Disturbed sleep (sometimes).

Fever (sometimes).

Late stages:

Complete blockage of the sinus openings, blocking the discharge and increasing pain.

CAUSES

Infection (usually initiated by a cold or other upper-respiratory infection). The infection may be complicated by a bacterial invasion of organisms that normally inhabit the nose and throat.

Irritation of the nasal passages from allergies, smoking, harsh sneezes with the mouth closed, chilling, swimming (especially jumping into the water without holding the nose) and fatigue.

RISK INCREASES WITH

Illness that has lowered resistance.

Smoking.

Exposure to cold, damp weather outdoors and dry heat indoors.

Exposure to others in public places.

Immunosuppression due to illness or drugs.

Swimming in contaminated water.

PREVENTIVE MEASURES

Prompt treatment of respiratory infections.

EXPECTED OUTCOME

Usually curable with intense treatment. Recurrence is common.

POSSIBLE COMPLICATIONS

Meningitis or brain abscess (rare).

Infection of bone or bone marrow (rare).

TREATMENT

GENERAL MEASURES

Diagnostic tests (depending on severity of infection and chronicity) may include laboratory blood studies, culture of mucus, endoscopy, X-rays or CT scan of the sinuses.

Treatment at home is aimed at improving drainage and control of infection.

Use a cool-mist, ultrasonic humidifier to help thin secretions so they will drain more easily. Clean humidifier daily.

For infants and young children who cannot blow the nose, use a nasal aspirator to suction each nostril gently before applying nose drops. Suction again 10 minutes after using nose drops.

Apply moist heat to relieve pain in the sinuses and nose.

Don't allow other persons to use your nose drops. They will be contaminated by the infection. Discard them after treatment.

Avoid non-prescription nose drops or sprays. Use prescribed drops only for the recommended time. They can interfere with normal nasal and sinus function and become addictive, causing a rebound phenomenon.

Sinusitis not responding to other treatment may require surgery to drain blocked sinuses. Numerous techniques are available depending on the site of the infection.

MEDICATION

Nasal sprays, nose drops or decongestant medicine to reduce congestion may be prescribed.

Antibiotics to fight infection.

For minor pain, you may use nonprescription drugs such as acetaminophen.

ACTIVITY

Resume your normal activities gradually. Exercise can help to clear your head.

DIET

No special diet, but drink extra fluids to help thin secretions.

NOTIFY OUR OFFICE

You or a family member has symptoms of sinusitis.

The following occur during treatment:

Fever; bleeding from the nose; severe headache.

Swelling of the face (forehead, eyes, side of the nose or cheek).

Blurred vision.

SLEEP APNEA

BASIC INFORMATION

DESCRIPTION

Episodes of cessation of breathing, during sleep, that last 10 seconds or longer. It can affect all ages, but is most common in adults over 60.

FREQUENT SIGNS AND SYMPTOMS

Long periods (up to 1 or 2 minutes) of not breathing while asleep. Sleep apnea must be observed by others. It is most reliably recorded in a sleep laboratory.

Choking while asleep caused by obstruction in the back of the throat from the uvula and other loose tissue. This causes cycles of sleep, choking, startled awakening, drowsiness and sleep. The cycles often continue throughout the day because poor sleep causes chronic sleepiness.

CAUSES

Unknown (often).

Airway obstruction, especially in obese patients.

Chronic respiratory-system disease

Central-nervous-system disorder, such as a brain tumor, viral brain infection or stroke.

RISK INCREASES WITH

Stress, including anxiety and depression.

Persons with high blood pressure, cardiovascular or arteriovascular disease.

Senility.

Obesity.

Smoking.

Excess alcohol consumption.

Use of mind-altering drugs.

Hypothyroidism.

PREVENTIVE MEASURES

If you have an underlying disease listed as a cause of sleep apnea, avoid as many risk factors as possible to decrease the chance of triggering the disorder.

EXPECTED OUTCOME

Treatment measures, other than surgery and weight loss in an obese patient, are directed at controlling the sleep apnea rather than curing it. Lifelong compliance to therapy is usually necessary.

POSSIBLE COMPLICATIONS

Excessive daytime sleepiness (EDS) due to lack of sleep, may lead to accidents, inattentiveness, and lowered work productivity.

Permanent brain damage caused by recurrent episodes of inadequate oxygen to the brain.

Heartbeat irregularities and congestive heart failure.

TREATMENT

GENERAL MEASURES

Observation of symptom by someone close to you is usually the first indication. Medical diagnostic tests may include laboratory studies to measure oxygen in blood, chest-wall

movement and air flow through nose; EEG (electroencephalography - studying the brain by measuring electric activity ["brain waves"]); and studies in a sleep laboratory.

Treatment choice will depend on severity of apnea, any health problems, and level of daytime functioning.

If sleep apnea occurs only when you sleep on your back, sew a ping-pong ball or tennis ball to the back of your pajamas.

This forces you to sleep on your side.

Steps should be taken to improve any underlying medical problems, such as heart or respiratory disorders.

Drugs such as sedatives, hypnotics, barbiturates, narcotics, and alcohol should be avoided. Get medical advice about withdrawing medications that may be causing sleep apnea.

Weight loss program for an overweight patient.

A special dental appliance may be prescribed.

Continuous positive airway pressure (CPAP) - patient wears a mask over nose and mouth during sleep while a small air-compressor forces air into the nasal passages keeping the airway open. It is an effective treatment for many patients.

Treatment can include surgery (tonsillectomy, uvulopalatopharyngoplasty or tracheostomy) (rare).

MEDICATION

Medicine usually is not necessary for this disorder, however, protriptyline may be helpful for a small number of patients to help control excessive daytime sleepiness.

Medroxyprogesterone may be used in obesity-hypoventilation syndrome.

ACTIVITY

No restrictions. Engage in regular physical exercise to become physically fit, but don't exercise vigorously before bedtime.

DIET

Lose weight if you are obese.

NOTIFY OUR OFFICE IF

You suspect you have sleep apnea.

You observe signs of sleep apnea in another family member.

Sleep apnea continues or worsens after treatment is initiated.

SPONDYLITIS, ANKYLOSING (Marie-Strumpell Disease; AS)

BASIC INFORMATION

DESCRIPTION

A chronic, progressive, rheumatic disease of the joints, accompanied by inflammation and stiffening. It is characterized by a "bent forward" posture caused by stiffening of the spine and support structures. It involves the sacroiliac region; hip joints; lumbar, thoracic and cervical spines. Within females, males and females are affected equally. In the general population, males are affected 4-5 times more frequently than females, and onset is usually late teens or early twenties.

FREQUENT SIGNS AND SYMPTOMS

Early stages:

Recurrent episodes of low backache. Pain can also occur along the sciatic nerve.

Stiffness that is worse in the morning.

Later stages:

Progressive worsening of symptoms. Pain often spreads from the low back to the middle back or higher in the neck. Joints in the arms, legs, feet and hands may be affected.

Anemia.

Muscle stiffness.

Fatigue.

Weight loss.

Iritis (in about 25% of patients).

CAUSES

Unknown, but it may be caused by genetic changes or autoimmune disorder.

RISK INCREASES WITH

Family history of ankylosing spondylitis. Occurs more frequently in North American Indian population and in white population of North America and Western Europe.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

This disease is currently considered incurable. Symptoms progress unpredictably with mild or moderate flares and periods of total remission. With treatment, symptoms can be relieved or controlled and most patients can lead normal, productive lives. Occasionally, the disease is severe and incapacitating due to deformities.

POSSIBLE COMPLICATIONS

Congestive heart failure.

Eye inflammation, rarely causing blindness.

Amyloidosis.

Heart-valve disease.

Gastrointestinal disease.

Lung disease.

Nerve compression causing numbness in arms or legs.

Permanent disability and immobilization.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies and X-rays of the spine.

Treatment goals are to delay further deformity, promote comfort and relieve other symptoms.

Therapy includes exercises for breathing techniques, maintaining proper posture and building up muscle groups (to oppose the direction of possible deformities). Patient compliance with therapy is important.

Psychological counseling may be recommended.

Sleep on your back on a firm mattress. Use a small pillow or none at all.

Take hot baths or use heat compresses before exercising or to relieve pain. Have regular massages, if possible.

Surgery to replace a damaged hip or to insert bone grafts in the spine (advanced stages only).

Radiotherapy to the spine (only when other treatment methods fail).

Additional information available from the Arthritis Foundation (800)283-7800.

MEDICATION

Nonsteroidal anti-inflammatory drugs help ease discomfort. Sulfasalazine, vitamin D and immunosuppressive therapy are potential options.

Stronger pain medications and muscle relaxants may be prescribed for short periods of time.

ACTIVITY

Stay as active as your strength allows.

Exercise to maintain good posture and retain as much upright carriage as possible.

Swim regularly, if possible. Your buoyancy in water will allow you to move stiff, painful areas more easily.

Avoid activity that puts stress on the back and avoid contact sports (too much risk of spinal injury).

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or your child has symptoms of ankylosing spondylitis. The following occur during treatment:

Fever. This may indicate the recurrence of an acute phase.

Increasing pain and disability, despite measures outlined above.

SPRAINS AND STRAINS

BASIC INFORMATION

DESCRIPTION

A strain is a stretched or torn muscle. A sprain is a stretched or torn ligament. Sprains occur most often in ankles, knees or fingers, although any joint can be sprained. Sprained joints can function, but only with pain.

FREQUENT SIGNS AND SYMPTOMS

Pain or tenderness in the area of injury; severity varies with the extent of injury.

Swelling of the affected joint.

Redness or bruising in the area of injury, either immediately or several hours after injury.

Loss of normal mobility in the injured joint.

CAUSES

Strains usually are associated with overuse injuries.

Sprains usually occur secondary to trauma (fall, twisting injury or automobile accident). The ankle is injured most often because of its anatomical weakness, its exposed position and the stress it sustains in athletic and recreational activities. It is difficult to differentiate sprains from strains.

RISK INCREASES WITH

Obesity.

Trauma.

Excessive exercise.

Poor conditioning.

Poor fitting shoes and high heeled shoes.

High risk activities (skateboarding), contact sports, ice and roller skating.

PREVENTIVE MEASURES

Maintain good level of physical fitness.

Avoid injury:

Wrap weak joints with support bandages before strenuous activity.

Stretch muscles before and after exercise.

Strengthen weak muscles with rehabilitative exercises to prevent a recurrence.

Accident-proof your home.

EXPECTED OUTCOME

With appropriate treatment and rest, 6-8 weeks for recovery.

May take longer depending on severity of the injury.

POSSIBLE COMPLICATIONS

Permanent weakness if the sprain is severe or if a joint is sprained repeatedly.

Arthritis.

TREATMENT

GENERAL MEASURES

Diagnostic test may include X-rays of the injured area, or CT scan or MRI.

RICE therapy - rest, ice, compression, elevation.

Apply ice to the injured joint during the first 24 hours. Place ice in a plastic bag and separate it from the skin with a thin towel. Hold it against the joint with your hand or an elastic

bandage. Keep the ice pack on the joint up to 2 hours at a time either constantly or intermittently depending on your ability to tolerate the cold. Continue the ice treatment at 2-hour intervals for 24 hours.

After 24 hours, may continue ice treatment or switch to heat.

To use heat, soak the joint in hot water or apply heat for 15 minutes every 2 hours or whenever possible. Don't apply heat during the first 24 hours. It may increase bleeding and swelling and prolong healing time.

Compression with an elastic (Ace) bandage.

Whenever possible, elevate the joint (especially while sleeping) so fluid can drain and diminish swelling.

Surgery may be necessary to repair badly torn ligaments. A cast may be necessary for severe sprains or following surgery. Following cast removal, you will wear support bandages for a while.

Air cast type devices are very effective. Learn how to use crutches, if needed.

MEDICATION

You may use non-prescription pain relievers such as acetaminophen or ibuprofen. If the sprain is severe, a stronger pain reliever may be prescribed. Avoid aspirin as it may increase the tendency to bleed.

ACTIVITY

Allow the joint to rest 1 or 2 days. Then begin exercising the joint gently, without putting weight on it.

Physical therapy may be recommended to regain strength and normal use of the joint.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has a sprained joint that won't bear weight or move normally.

Pain becomes intolerable.

Swelling or bruising increases, despite treatment.

STREP THROAT (Streptococcal Sore Throat)

BASIC INFORMATION

DESCRIPTION

Infection and inflammation of the pharynx by streptococcal bacteria. Strep throat is contagious. One out of 4 family members usually catches it within 2 to 7 days after exposure. It is most common in children. Infection can be present in individuals with no symptoms, but who can still spread the germs (carrier state).

FREQUENT SIGNS AND SYMPTOMS

Rapid onset of throat pain.
Throat pain that is worse when swallowing.
Appetite loss.
Headache.
Fever.
General ill feeling.
Ear pain when swallowing (sometimes).
Tender, swollen glands in the neck.
Bright-red tonsils that may have specks of pus.

CAUSES

Streptococcal bacteria. It is spread by person-to-person contact via drops of saliva or nasal secretions.

RISK INCREASES WITH

Recent strep infection in the household.
Smoking.
Fatigue.
Cold, wet weather.
Crowded living conditions.
Day care center or school.

PREVENTIVE MEASURES

Avoid contact with infected people.

EXPECTED OUTCOME

Usually curable in 10 to 12 days with antibiotic treatment.
Symptoms are usually better in 2-3 days of treatment.

POSSIBLE COMPLICATIONS

Ear infection.
Sinusitis.
Rheumatic fever.
Glomerulonephritis.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as a throat culture and blood count. A throat culture is the most accurate way to diagnose a strep throat infection.
For adults or children old enough to gargle, prepare a soothing tea gargle. Double the usual strength of tea, and gargle warm or cold as often as it feels good.
Use a cool-mist, ultrasonic humidifier to provide moisture. This relieves the dry, tight feeling in the throat. Clean humidifier daily.

Use warm soaks to relieve pain in swollen glands. Isolation techniques are unnecessary.

MEDICATION

Penicillin or another antibiotic to take orally or by injection. Finish the complete prescription, even if symptoms subside (helps prevent any complications or recurrence).
Non-prescription pain medicine, such as acetaminophen if needed.

ACTIVITY

After treatment, resume normal activity as symptoms improve. Children may return to school 5 days after beginning antibiotics and fever is normal for 24 hours.

DIET

A liquid diet may be necessary while the throat is sore. Drink as many fluids as possible, including milk shakes, soups, tea, carbonated drinks and iced coffee. Any type and amount of solid food is acceptable as long as it can be swallowed without too much pain.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a strep throat. The following occur during treatment:
Temperature is normal for 1 or 2 days, then fever develops.
New symptoms appear, such as nausea, vomiting, earache, cough, swollen glands, skin rash, severe headache, nasal drainage or shortness of breath.
Joints become red or painful.
Dark urine, rash, chest pain or fatigue (may occur up to 3 to 4 weeks later).

STYE (Hordeolum)

Pain occurs in the eye.
Vision changes.

BASIC INFORMATION

DESCRIPTION

A small, pus-filled abscess of hair-follicle glands in the eyelid.

FREQUENT SIGNS AND SYMPTOMS

Redness, swelling, warmth, tenderness or pain on the edge of the top or bottom eyelid. The head of the stye is usually on the outside, but it may be on the underside of the lid.

Increased tear production.

Sensitivity to bright light.

A gritty feeling in the eye.

CAUSES

Bacterial infection (usually staphylococcal). The infection may be limited to the eyelid or may have spread from somewhere else in the body.

RISK INCREASES WITH

Eye irritation from smoking.

Exposure to cosmetics, chemical or environmental irritants.

Blepharitis (infection of eyelid margin).

Contact lens wearer.

PREVENTIVE MEASURES

General good hygiene including a mild shampoo used on eyelashes when bathing or washing face.

EXPECTED OUTCOME

Usually curable once the stye discharges its pus. They frequently recur, even with treatment.

POSSIBLE COMPLICATIONS

Spread of infection to other glands in the eyelid.

TREATMENT

GENERAL MEASURES

Use warm-water soaks to relieve pain and inflammation and hasten healing. Apply soaks for 20 minutes, then rest at least 1 hour. Repeat as often as needed.

Surgery to drain the abscess (sometimes).

Don't squeeze the stye. It will soon open and release the pus, bringing relief from the pain.

MEDICATION

Topical antibiotic ointments or cream, such as erythromycin or bacitracin may be prescribed. Apply according to package instructions.

ACTIVITY

No restrictions

DIET

No special diet.

NOTIFY OUR OFFICE IF

A ripened stye does not drain spontaneously or after gentle removal of the affected eyelash.

SUBCONJUNCTIVAL HEMORRHAGE

BASIC INFORMATION

DESCRIPTION

Sudden appearance of blood in the white area of the eye. Although the bleeding may appear frightening, it is not painful or serious. The bleeding is under the conjunctiva, the transparent membrane that covers the white of the eye.

FREQUENT SIGNS AND SYMPTOMS

A small, painless collection of bright red blood over the white of the eye. Swelling may occur in the affected area of the conjunctiva. The blood changes color gradually to brown or green before disappearing. The condition doesn't interfere with vision.

CAUSES

Usually spontaneous bleeding with no known cause. It may follow coughing, sneezing, vomiting or direct injury to the eye. The blood vessels of the conjunctiva are fragile and frequently leak.

RISK INCREASES WITH

Use of mind-altering drugs.
Use of anticoagulant drugs.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

The blood should be absorbed in 2 or 3 weeks. It is very rarely that any scarring will occur.

POSSIBLE COMPLICATIONS

None expected.

TREATMENT

GENERAL MEASURES

No specific measures are necessary.
Compresses don't help or hasten the healing.

MEDICATION

Medicine is usually not necessary for this disorder.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of subconjunctival hemorrhage accompanied by eye pain or your vision changes.

SUN POISONING (Photosensitivity)

BASIC INFORMATION

DESCRIPTION

Reaction to overexposure to the sun. It involves the skin in areas most exposed to sunlight.

FREQUENT SIGNS AND SYMPTOMS

Red skin rash, sometimes with small blisters, in areas exposed to sunlight.

Scaling patches.

Fever.

Fatigue or dizziness.

Erythema (redness of the skin).

CAUSES

Sun poisoning is most likely to occur during hot seasons when ultraviolet light is strongest. It is triggered by exposure to the sun, usually in conjunction with sunburn.

It is especially likely in persons who take medications that cause photosensitivity (increased sensitivity to ultraviolet light). The most common drugs include tetracycline antibiotics, thiazide diuretics, sulfa drugs and oral contraceptives. Topical drugs and chemicals can also cause a reaction (phenothiazines, sulfonamides, coal tar, psoralens). Some cosmetics, including lipstick, perfume and soaps, can also cause a photosensitive reaction.

RISK INCREASES WITH

Underlying infection,

Previous episodes of sun poisoning.

Metabolic disorders, such as diabetes mellitus or thyroid disease.

Use of immunosuppressive drugs or any drugs listed under Causes.

Medical disorders such as discoid lupus erythematosus, systemic lupus erythematosus or porphyria.

PREVENTIVE MEASURES

Stay out of the sun when possible if you have a history of sun poisoning.

When exposed to the sun, use sunscreen lotions with a sun-protective factor (SPF) of 15 or more and wear protective clothing.

EXPECTED OUTCOME

Symptoms can be controlled with treatment if you stay out of the sun. Allow up to 1 week for recovery.

POSSIBLE COMPLICATIONS

Recurrence of the rash and other symptoms when exposed to the sun even for short periods especially in spring and summer.

TREATMENT

GENERAL MEASURES

Determine any underlying cause such as drugs, cosmetics or a medical disorder. Photopatch testing can be used to identify photoallergic causes.

Stay out of the sun during the hours of strongest ultraviolet light (10 a.m. to 2 p.m.).

If you must go out in the sun, wear protective clothing and the most protective sun-screen preparation available.

MEDICATION

Chloroquine prior to sun exposure to prevent a recurrence of symptoms may be recommended.

Topical steroids may be prescribed to reduce inflammation.

ACTIVITY

No restrictions, except to avoid prolonged sun exposure.

DIET

No special diet. Drink extra fluids to prevent dehydration.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of sun poisoning. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

SUNBURN

BASIC INFORMATION

DESCRIPTION

Inflammation of the skin that follows overexposure to the sun, sun lamps or occupational light sources.

FREQUENT SIGNS AND SYMPTOMS

Red, swollen, painful and sometimes blistered skin.
Fever (occasionally).
Nausea and vomiting (severe burns).
Delirium (severe, extensive burns).
Tanning or peeling of the skin after recovery, depending on severity of the burn

CAUSES

Excess exposure to ultraviolet (UV) light. This is not screened out by thin clouds on overcast days, but it is partially screened by smoke and smog. A great deal of ultraviolet light reflects from snow, water, sand and sidewalks.

RISK INCREASES WITH

Genetic factors, especially fair skin, blue eyes, and red or blonde hair.
Exposure to industrial light sources, such as welding arcs.
Use of drugs, including sulfa, tetracyclines, amoxicillin or oral contraceptives.

PREVENTIVE MEASURES

Avoid the sun from noon to 3 p.m.
Use a sun-block preparation for outdoor activity. Products with a sun-protective value of 15 or more protect almost totally. Those with lower values offer partial protection and allow minimal tanning. Some of these resist water and perspiration, but reapply them after swimming or after prolonged exposure. Baby oil, mineral oil or cocoa butter offer no protection from the sun.
For maximum protection, use a physical-barrier agent such as zinc-oxide ointment. Reapply after swimming and at frequent intervals during exposure. Barrier agents are especially helpful on skin areas that are most susceptible to burns, such as the nose, ears, backs of the legs and back of the neck.
If you rarely burn, use a sun-screen product that permits tanning and provides minimal protection.
Wear muted colors such as tan. Avoid bright colors and whites, which reflect the sun into your face.
If you insist on tanning, limit your sun exposure on the 1st day to 5 to 10 minutes on each side. Add 5 minutes per side each day.

EXPECTED OUTCOME

Spontaneous recovery in 3 days to 3 weeks, depending on the severity of the sunburn.

POSSIBLE COMPLICATIONS

Skin changes leading to skin cancer, including life-threatening malignant melanoma.
Keratosis, premalignant skin lesions.
Premature wrinkling and loss of skin elasticity

Temporary delirium in worst cases.

TREATMENT

GENERAL MEASURES

To reduce heat and pain, dip gauze or towels in cool water and lay these on the burned areas.
Apply cold cream or baby lotion.
For badly blistered skin, apply a light coating of petroleum jelly. This prevents anything from sticking to the blisters.
Soak in a tub of cool water to which colloidal oatmeal (Aveeno) or baking soda has been added. Pat skin dry, do not rub.

MEDICATION

Use non-prescription drugs, such as aspirin or acetaminophen, to relieve pain and reduce fever. Non-prescription burn remedies that contain local anesthetics, such as benzocaine or lidocaine, may be useful, but they produce allergic reactions in some.
Pain relievers or cortisone drugs to use briefly may be prescribed.

ACTIVITY

Rest in any comfortable position until fever and discomfort diminish. Cover yourself with an upside-down "cradle" or tent of cardboard or other material to keep bed linens off the burned skin.

DIET

No special diet. Increase fluid intake.

NOTIFY OUR OFFICE IF

The following occur after sunburn:
Oral temperature rises to 101°F (38.3°C).
Vomiting or diarrhea.
Delirium.
Pain and fever that persist longer than 48 hours.

SURGICAL WOUND INFECTION

BASIC INFORMATION

DESCRIPTION

Infection from bacterial contamination during or after a surgical procedure. Infections occur following surgery in 1.5/o to 30% of cases, depending on the type of procedure.

FREQUENT SIGNS AND SYMPTOMS

The following usually begin within 5 to 10 days after surgery, but in some cases, they begin weeks later:

Pain and redness around the surgical wound.

Pus and other collections of fluid around the incision, making the sutures tighter.

Fever (sometimes) .

CAUSES

Infection with bacteria, including streptococci, staphylococci or other germs. These sometimes cause infection, in spite of elaborate precautions against them, scrupulous surgical technique, and good postsurgical care.

RISK INCREASES WITH

Older persons.

Poor nutrition.

Any chronic illness, especially diabetes mellitus.

Gastrointestinal surgery.

Use of immunosuppressive drugs.

Obese patients.

Cancer patients.

PREVENTIVE MEASURES

Skillful surgical techniques and presurgical procedures that include the following:

Use of certain antibiotics, such as neomycin, before gastrointestinal surgery to sterilize the intestinal tract.

Meticulous cleansing of the skin before surgery.

Use of as few sutures as possible.

EXPECTED OUTCOME

Usually curable in most patients with drainage of pus and antibiotic treatment. Allow about 2 weeks for the surgical wound infection to heal.

POSSIBLE COMPLICATIONS

Peritonitis.

Blood poisoning.

Interference with normal incision healing after surgery, sometimes necessitating further surgery and repairs.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory culture of pus or blood from the infection site.

Relieve pain with heat. Use a heating pad or warm compress 3 or 4 times a day for 30 to 40 minutes.

Change dressings frequently if the wound oozes.

Surgery to incise and drain a wound abscess (sometimes).

MEDICATION

Antibiotics to fight infection.

Vitamin and mineral supplements to hasten healing.

Pain relievers. You may use non-prescription drugs, such as acetaminophen, to relieve minor pain.

ACTIVITY

Rest in bed until all signs of infection disappear.

DIET

Usually, no special diet required.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of a surgical wound infection.

High fever occurs and a general ill feeling, or infection seems to worsen after treatment. New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

SYPHILIS

BASIC INFORMATION

DESCRIPTION

A contagious, sexually-transmitted disease that causes widespread tissue destruction. Syphilis is known as the "great mimic," because its symptoms resemble those of many other diseases. It involves the genitals, skin, and central nervous system. Two types: Newborns (0 to 2 weeks) born to mothers with syphilis (congenital form); and the type that affects persons of all ages and both sexes who acquire it through sexual contact (contagious form).

FREQUENT SIGNS AND SYMPTOMS

First stage (contagious; appears 3 to 6 days after contact):
A painless, red sore (chancre) on the genitals, mouth or rectum. The sore usually affects the penis in males and vagina or cervix in females.
Second stage (contagious; begins 6 or more weeks after the chancre appears):
Enlarged lymph glands in the neck, armpit or groin.
Headache.
Rash on skin and mucous membranes of the penis, vagina or mouth. The rash has small, red, scaly bumps.
Fever (sometimes).
Third stage (non-contagious; may appear years after the first and second stages):
Mental deterioration.
Sexual impotence.
Loss of balance.
Loss of feeling or shooting pains in the legs.
Heart disease.

CAUSES

The infecting germ for both forms is *Treponemapallidum*.
The congenital form is spread to the fetus through the bloodstream.
The contagious form is spread by intimate sexual contact with someone who has syphilis in the first or second stages.

RISK INCREASES WITH

Many sexual partners.
Sexual activity between homosexual males.

PREVENTIVE MEASURES

Obtain blood serum test for syphilis early in pregnancy. If infected, get immediately for treatment.
Use rubber condoms during intercourse.
Avoid any sexual contact if you suspect a partner is infectious.

EXPECTED OUTCOME

Usually curable in 3 months with treatment. In spite of treatment, syphilis returns within 1 year in 10% of patients. If this happens, re-treatment is necessary.

POSSIBLE COMPLICATIONS

Widespread tissue destruction and death without treatment.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies, such as a blood serum test for syphilis, a microscopic exam of discharge

from the chancre, and a study of spinal fluid. Tests are repeated after treatment.

Ensure that all your sexual partners obtain treatment. The public health department will work with you to notify contacts confidentially and help them obtain treatment.

After treatment, have blood studies done each month for 6 months to check for recurrence. Then repeat blood studies every 3 months for 2 years. Additional information is available from the Sexually Transmitted Diseases Hotline (800)227-8922.

MEDICATION

Penicillin by injection unless you are allergic to it. If penicillin cannot be used, other antibiotics can be equally as effective. Topical medications as needed for skin symptoms.

ACTIVITY

Avoid sexual intercourse until cured. Then use rubber condom during sexual intercourse.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of syphilis.
The following occur during or after treatment:
Fever.
Skin rash, sore throat or swelling in any joint, such as the ankle or knee.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
You once had syphilis and have not had a medical checkup in the past year.
You have had sexual contact with someone who has syphilis.

TEMPOROMANDIBULAR JOINT SYNDROME (TMJ)

BASIC INFORMATION

DESCRIPTION

Pain and inflammation in the temporomandibular joint (the joint on either side of the jaw that opens and closes the mouth) and adjoining muscles. It affects adults of both sexes, but is more common in women.

FREQUENT SIGNS AND SYMPTOMS

Dull, aching pain on one side of the jaw (below the ear) that radiates to the temples, back of the head and along the jaw line.

Tenderness of the muscles used to chew.

"Clicking" or "popping" sounds when opening the mouth.

Inability to open the jaw completely.

Headache and toothache.

Aching back, shoulders or neck.

Pain brought on by yawning.

CAUSES

Faulty alignment ("bite") between the upper and lower jaws (disk derangement).

Displacement of the joint as a result of jaw, head, or neck injuries.

TMJ inflammation.

Myofascial pain dysfunction.

Hypermobility or hypomobility of the TMJ.

RISK INCREASES WITH

Grinding or clenching teeth.

Tension of the masticatory (chewing) muscles.

Stress.

Poorly aligned teeth.

Poorly fitting dentures.

Osteoarthritis or rheumatoid arthritis.

PREVENTIVE MEASURES

Don't grind your teeth. Learn techniques for relaxing muscles and relieving tension, such as biofeedback, meditation and exercise.

EXPECTED OUTCOME

With treatment, symptoms can be controlled, and behavior that produces symptoms can be modified. A jaw misalignment can also be corrected.

POSSIBLE COMPLICATIONS

Without treatment, bone in the temporomandibular joint may erode and deteriorate.

Secondary degenerative joint disease.

Depression and chronic pain syndrome.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include jaw range-of-motion studies, dental X-rays, arthroscopy and MRI.

Treatment program may involve correction of occlusal disorders, attainment of normal muscle function, pain control, stress management and behavior modification.

Psychotherapy or counseling, including biofeedback training, to learn new ways to cope with stress.

Ice and/or heat may be of slight benefit in relieving discomfort, but will not cure. Try one and then the other to see what works best for you.

Massage the TMJ muscle area.

Don't use a pillow for sleeping. Roll up a towel and place it under your neck. Sleep on your back.

Try to limit jaw movements and learn to relax the jaw. Block a yawn by putting your fist under your chin.

Correction of poorly aligned teeth with braces or other orthodontic device.

A dentist may manufacture, fit and install a night-guard prosthesis to prevent tooth-grinding while asleep. A nightguard prosthesis consists of removable splints that fit over the tops of the teeth to eliminate incorrect biting pressure.

Severe cases that do not respond to simpler measures may need surgery to reconstruct the joint (rare).

MEDICATION

Tranquilizers or muscle relaxants for a short time may be prescribed.

Nonsteroidal anti-inflammatory drugs may be recommended.

For minor pain, you may use non-prescription drugs, such as aspirin or acetaminophen.

ACTIVITY

No restrictions.

DIET

Eat a soft diet until symptoms subside. Avoid hard, chewy foods such as bagels.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of temporomandibular joint syndrome.

Symptoms do not improve or worsen after self-care treatment.

New unexplained symptoms develop. Drugs used in treatment may produce side effects.

TENDINITIS and TENOSYNOVITIS

BASIC INFORMATION

DESCRIPTION

Painful inflammation of a tendon (tendinitis) and the lining of the tendon sheath (tenosynovitis). They most often occur simultaneously. Normally, tendon fibers merge into muscle fibers. A typical skeletal muscle has a tendon on each end that attaches to bone. The force of a muscle contraction is transmitted through the tendon to produce movement.

FREQUENT SIGNS AND SYMPTOMS

Restricted movement, tenderness and swelling around the inflamed tendon. Common sites are the shoulder, elbow, Achilles' tendon or hamstring.
Weakness in the tendon caused by calcium deposits that often accompany tendinitis.

CAUSES

Injury, usually from strenuous athletic activity.
Musculoskeletal disorders, including congenital defects and rheumatism.
Poor posture.

RISK INCREASES WITH

Overuse of certain tendons and joints from participation in active, competitive sports.
Incorrect movement and strain during activity. For example, repeatedly holding and swinging a tennis racket incorrectly may cause tendinitis at the elbow (tennis elbow).

PREVENTIVE MEASURES

Precondition your body and build up strength gradually for a sport before beginning it on a regular, competitive basis.
Warm up before each workout.
Learn the proper techniques for any sport you intend to play regularly.

EXPECTED OUTCOME

Usually curable with treatment and rest of the tendon.
Allow 6 weeks for healing.

POSSIBLE COMPLICATIONS

Large deposits of calcium in the inflamed tendon, leading to permanent impairment ("frozen joint").

GENERAL MEASURES

Diagnostic tests usually unnecessary (X-rays do not visualize ligaments and tendons).
Treatment varies with the cause, severity and duration of the condition.
With severe pain, stiffness and tenderness, relax completely with the injured area resting on a pillow until pain becomes more bearable.
Apply ice packs to the affected area during the acute stage or after receiving injections.
When pain diminishes, you may temporarily want to use a sling or splint for upper extremity injury; and use crutches, canes or braces for lower extremity injury.

After the acute phase, apply heat. Take hot showers, soak in bath tub, apply hot compresses, use a heat lamp or heating pad.

Elastic bandages may help.

Chronic tendinitis may require lifestyle changes to prevent recurring joint irritation.

MEDICATION

Nonsteroidal anti-inflammatory drugs and pain relievers such as acetaminophen, ibuprofen or aspirin. Injections of local anesthetics may be recommended. Injections of cortisone into painful and calcified tendons.

This reduces pain and inflammation and allows movement, preventing a frozen joint.

ACTIVITY

Resume your normal activities as soon as symptoms improve.
Once pain is gone, begin range-of-motion exercises.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of tendinitis.
Pain and swelling increase, despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

TENNIS ELBOW (Epicondylitis)

BASIC INFORMATION

DESCRIPTION

Inflammation of bony areas of the elbow. This involves the elbow muscles, tendons and epicondyle (a bony prominence on the outside of the elbow where muscles of the forearm attach to the bone of the upper arm). Most often affects adults (20 to 40 years).

FREQUENT SIGNS AND SYMPTOMS

Pain and tenderness over the epicondyle.

Weak grip.

Pain when twisting the hand and arm, as in using a screwdriver or playing tennis.

CAUSES

Partial tear of the tendon and attached covering of the bone caused by:

Chronic stress on the tissues that attach the forearm muscles to the elbow area.

Sudden strain on the forearm.

RISK INCREASES WITH

Occupations that require strenuous or repetitive forearm movement, such as mechanics or carpentry.

Participation in sports that require strenuous or repetitive forearm movement, such as tennis.

Poor physical conditioning.

PREVENTIVE MEASURES

Don't play sports, such as tennis, for long periods until you are in excellent condition. Take frequent rest periods, Tennis racquets can aggravate tennis elbow. Choosing a different size or type (larger, more flexible, larger grip) may help.

Get professional help if you are just learning tennis.

Technique and conditioning are important in preventing injuries.

Do forearm conditioning exercises to build your strength gradually.

Warm up slowly and completely before participating in sports, especially before competition.

EXPECTED OUTCOME

Usually curable, but treatment may require 3 to 6 months.

POSSIBLE COMPLICATIONS

Complete ligament tear, requiring surgery to repair.

TREATMENT

GENERAL MEASURES

Diagnostic tests are usually not necessary (X-rays are usually always negative).

Treatment normally consists of medications and supportive care.

Use heat or ice to relieve pain. Use warm soaks, a heat lamp or soak in a whirlpool or use cold compresses or ice packs (whichever seems to help the most).

You may receive diathermy, ultrasound or massage treatments. These help bring quicker symptom relief and healing.

Massage therapy and manipulation.

You may need to wear a forearm splint to immobilize the elbow. Do the following exercise 3 or 4 times a day when wearing the splint: Stretch your arm, flex your wrist, then press the back of your hand against a wall. Hold for 1 minute.

If other methods of treatment fail, surgical release of the tendon at the epicondyle may be necessary.

Consider using a tennis-elbow strap when you resume normal activity after treatment.

MEDICATION

Nonsteroidal anti-inflammatory drugs to reduce inflammation. Injections of anesthetics or cortisone drugs. Cortisone reduces inflammation, and anesthetics temporarily relieve pain.

ACTIVITY

Don't repeat the activity that caused tennis elbow until symptoms disappear. Then resume your normal activities gradually after proper conditioning.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of tennis elbow. Symptoms don't improve in 2 weeks, despite treatment.

TESTICULAR CANCER

BASIC INFORMATION

DESCRIPTION

Uncontrolled growth of malignant cells in the testicle. There are several types of testicular cancer, some more dangerous than others. This is the most common form of cancer in young men. Affects all ages, but more often is found in men ages 20-40.

FREQUENT SIGNS AND SYMPTOMS

A firm swelling in one testicle discovered by accident or by self-examination.

No pain (usually)

Sense of fullness in the scrotum.

CAUSES

Unknown.

RISK INCREASES WITH

Undescended testicle(s) in infancy even if the testicle was surgically moved into the scrotum.

Caucasian race.

PREVENTIVE MEASURES

Males should examine testicles routinely at least once a month. Will not prevent the cancer, but may detect a tumor early enough to provide assurance of cure.

EXPECTED OUTCOME

Most types of testicular tumors are curable with surgery and other treatment. A few types are extremely malignant and have a high death rate unless discovered and treated early. Removal of one testicle does not interfere with normal sexual function or the ability to have children.

POSSIBLE COMPLICATIONS

Without treatment, some tumors may spread to other parts of the body.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include ultrasound, CT scan of scrotum and abdomen, chest X-ray, radioimmune assay (a special laboratory blood study), and pedal lymphangiography (X-ray of the lymph glands). Tests are to verify the diagnosis and to determine if cancer has spread.

Surgery to remove the cancerous testicle is the main form of treatment.

Radiation therapy or chemotherapy following surgery for some types of tumors.

Additional information available from the American Cancer Society, local branch listed in the telephone directory, or call 1(800)ACS-2345. Another source is the Cancer information Clearinghouse at 1(800)4-CANCER.

MEDICATION

Anticancer drugs (chemotherapy).

Pain medicine if needed.

ACTIVITY

Resume your normal activities as soon as possible. Radiation and chemotherapy may cause temporary fatigue requiring extra rest.

Resume sexual relations when you are able. Contraception may be necessary for 12 to 18 months because some forms of treatment cause temporary genetic damage to sperm in the remaining testicle.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You have a firm swelling or mass in the scrotum.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

TESTICLE TORSION

BASIC INFORMATION

DESCRIPTION

Twisting of the spermatic cord of the testicle, damaging the testicle sometimes irreversibly. Testicle torsion usually occurs on one side only. Prompt treatment is necessary to salvage the affected testicle. It affects males of all ages, but most common in adolescents (12 to 20 years).

FREQUENT SIGNS AND SYMPTOMS

Sudden pain in one testicle.
Swelling, redness and tenderness of the scrotum.
Nausea and vomiting.
Sweating.
Rapid heartbeat, if pain is severe.

CAUSES

Usually unknown. It is occasionally present at birth, or may rarely be caused by an injury or sudden, forceful contraction of muscles attached to the testicle and spermatic cord.

RISK INCREASES WITH

Unknown.

PREVENTIVE MEASURES

Wear an athletic supporter or cup when participating in contact sports to prevent genital injury.

EXPECTED OUTCOME

Sometimes the torsion will correct itself, symptoms will disappear and no treatment will be needed. However, the testicle is usually injured beyond repair unless surgery is done within 3 to 4 hours after symptoms begin. If one testicle must be removed, the remaining healthy testicle should provide enough hormones for normal male maturation, sex life and reproduction.

POSSIBLE COMPLICATIONS

Death of cells in the testicle caused by a diminished or blocked blood supply. This strangulation requires removal of the affected testicle and spermatic cord.

TREATMENT

GENERAL MEASURES

Diagnosis is usually made just from a physical examination, but a ultrasound scan may be done also.
Surgery to untangle the twisted spermatic cord, and to attach the affected testicle to the inside scrotal wall, which prevents recurrence. The surgeon will probably operate on the unaffected testicle also to prevent torsion.
After surgery, use ice packs to relieve pain and swelling. Wrap the ice in plastic. Apply it to the affected side, separating the ice from the skin with a cloth towel. Apply ice 5 to 10 minutes at a time. Repeat as often as necessary.

MEDICATION

After surgery, pain relievers may be prescribed.

ACTIVITY

Resume your normal activities gradually after surgery.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of testicular torsion. This is an emergency!
Signs of infection begin after surgery. These include fever, chills, muscle aches, headache, dizziness and a general ill feeling.
Excessive bleeding occurs at the surgical site.

THORACIC-OUTLET-OBSTRUCTION SYNDROME

(Cervical-Rib Syndrome)

BASIC INFORMATION

DESCRIPTION

Pain and weakness from compression of nerves in the neck that affect the shoulders, arms and hands. It affects adults between ages 35 and 55, usually women.

FREQUENT SIGNS AND SYMPTOMS

Pain, numbness and tingling in the neck, shoulders, arms and hands.

Weakness in the arms and hands.

Poor blood circulation, characterized by coldness, swelling and blueness in the hands and fingers (rare).

Absent pulse in the wrist when raising the arm and turning the head toward the opposite shoulder.

CAUSES

The nerves and blood vessels that supply the shoulder, arms and hands start in the neck and pass as a bundle near the cervical ribs and collarbone. Pressure on this nerve and blood-vessel bundle creates symptoms. Pressure may be caused by:

An extra rib in the lower neck or overdeveloped neck muscles.

Muscle weakness and drooping in the shoulder.

Injury from overextending the arm or shoulder.

Tumor that has spread to the head and neck area from another part of the body.

RISK INCREASES WITH

Fracture of clavicle or first rib.

Body building with muscle bulk in thoracic outlet area.

Rapid weight loss combined with vigorous physical exertion or exercise.

PREVENTIVE MEASURES

Avoid shoulder and neck injury whenever possible. Wear seat belts and use padded headrests in cars.

Don't use mind-altering drugs or drink excessive amounts of alcohol.

EXPECTED OUTCOME

Usually curable in most patients with physical therapy or surgery.

POSSIBLE COMPLICATIONS

Postoperative pain or abnormal sensation in arm and hand.

Recurrence of the disorder.

TREATMENT

GENERAL MEASURES

Diagnostic tests involve physical examination and special maneuvers of the head, neck, shoulders and arms. Additional tests may be conducted to rule out other disorders, X-ray, arteriogram, venogram (X-ray of a vein filled with contrast medium) and CT scan.

Treatment usually involves physical therapy and exercises unless there is an obvious bony abnormality.

Surgery to relieve pressure on the nerves and blood vessels. Use heat to relieve pain. Use a heating pad, heat lamp, hot showers or warm compresses.

MEDICATION

You may use non-prescription drugs, such as acetaminophen or aspirin, to relieve pain. Medication cannot correct the underlying condition.

Antispasmodics and muscle relaxants may be prescribed.

ACTIVITY

Physical therapy and exercises will be prescribed to promote shoulder muscle function and improve any posture faults.

These are usually recommended for 2 to 3 months.

Avoid straining or heavy activity for 3 months.

DIET

No special diet. If overweight, a weight-reducing diet is recommended.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of thoracic-outlet-obstruction syndrome.

Symptoms don't improve in 2 weeks despite treatment.

THROMBOPHLEBITIS, SUPERFICIAL (Phlebitis; Phlebothrombosis)

BASIC INFORMATION

DESCRIPTION

Inflammation and small blood clots in a superficial vein, usually in the legs, primarily caused by infection or injury. This type of inflammation seldom causes clots to break loose and flow in the bloodstream, as does deep-vein thrombosis. It affects all ages, but is most common in adults, and females more often than males.

FREQUENT SIGNS AND SYMPTOMS

Hardness of a superficial vein (feels like a cord).
Redness, tenderness and pain in the affected area.
Fever (sometimes).

CAUSES

Increased fibrin and clotting of red blood cells in a vein due to:
Injury to the vein's membrane lining from injection or intravenous infusion.
Spread of malignant blood cancer.
Pooling of blood following surgery or prolonged bed rest.

RISK INCREASES WITH

Illness with prolonged bed confinement.
Smoking.
Use of birth-control pills. The combination of birth-control pills and smoking greatly increases the risk.
Obesity
Varicose veins.
Surgery, trauma, burns, infections.
Pregnancy.
Intravenous drug abuse.
Blood vessel disorders.

PREVENTIVE MEASURES

Don't smoke if you take birth-control pills.
If confined to bed for any reason, move the legs as much as possible to prevent pooling of blood in the veins.
Don't use any drug intravenously, if you can avoid it.

EXPECTED OUTCOME

Usually curable in 2 weeks.

POSSIBLE COMPLICATIONS

May lead to deep vein thrombosis (clots within the deep veins).
If there is an infection and it remains untreated, it *could* lead to blood poisoning.

TREATMENT

GENERAL MEASURES

Diagnosis determined by physical appearance of the swelling and redness of the affected vein.
Treatment usually involves rest and elevation of the extremity, sometimes medications depending on the cause.

Wearing elastic stockings or using a wrapped elastic bandages may be recommended to hasten the blood flow through the veins, relieving discomfort and helping prevent further clot formation. Don't wear garters or knee-high hosiery.
To relieve pain, use wrapped soaks.
Stop smoking and stop taking birth-control pills. If you continue both, the next episode of vein clots may be a dangerous, deep-vein clot.

MEDICATION

Non-steroidal anti-inflammatory drugs, including aspirin to decrease inflammation and pain.
Antibiotics, if bacterial infection is suspected.
Topical ointments to relieve itching, if it is a problem.

ACTIVITY

Bed rest with the affected limb elevated may be helpful for 1 or 2 days. Move the feet, ankles and legs often. When the inflammation begins to subside, resume normal activity slowly. Rest often. Don't sit or stand for prolonged periods, and don't cross legs.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of superficial thrombophlebitis.
The following occur during treatment:
Fever of 102°F (38.9°C) or higher.
Intolerable pain.
Coughing blood.
Shortness of breath.
Chest pain.
Swelling of leg or foot.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects .

THROMBOSIS, DEEP VEIN

BASIC INFORMATION

DESCRIPTION

A blood clot that forms inside a vein. It may partially or completely block blood flow, or break off and travel to the lung. This is different from clots in superficial veins, where clots rarely break off. Usually involves lower legs (calves) or lower abdomen, but occasionally affects other veins in the body. Most common in persons over age 60.

FREQUENT SIGNS AND SYMPTOMS

Sometimes no symptoms.
Swelling and pain in the area drained by the vein, usually the ankle, calf or thigh. Swelling in the leg includes everything below the clot, extending to the toes.
Tenderness and redness of the affected parts.
Soreness or pain when walking. The soreness does not disappear with rest.
Pain when raising the leg and flexing the foot (sometimes).
Fever (sometimes).
Increased Heartbeat (sometimes).

CAUSES

Pooling of blood in the vein, which triggers blood-clotting mechanisms. The pooling may occur after prolonged bed rest following surgery, or from debilitating illness, such as heart attack, stroke or bone fracture.

RISK INCREASES WITH

Persons over 60.
Obesity.
Smoking.
Use of estrogen in oral contraceptives or for replacement after menopause. This is especially hazardous if estrogen use is combined with smoking.
Surgery, trauma.
Pregnancy.
Cancer.
Disorders such as heart failure, stroke and polycythemia.

PREVENTIVE MEASURES

Avoid prolonged bed rest during illnesses. Start moving the lower limbs as soon as possible after any surgical procedure or during any bed-confining illness.
On long auto or airplane trips, exercise your legs at least every 1 or 2 hours.
Stop smoking, especially if you take estrogen for any purpose.

EXPECTED OUTCOME

Usually curable with anticoagulant treatment, if pulmonary embolism can be avoided.

POSSIBLE COMPLICATIONS

Pulmonary embolism, in which the clot breaks away and travels to the lung. The lung's blood supply is blocked, causing affected lung tissue to die.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include venography (X-ray study of the vein), ultrasound, and plethysmography (measures the amount of blood passing through the limb).

If the clots are small, confined to the calf and the patient is mobile, no treatment may be necessary. The clots often break up spontaneously.

Hospitalization required for most patients for anticoagulant injections and observation for complications.

For certain patients, a surgical procedure to insert a filtering device ("umbrella") into the vena cava (main vein to lungs) to trap clots before they reach the lungs.

MEDICATION

Intravenous anticoagulant to prevent the extension of the clots.

Thrombolytic drugs which actively dissolve the clots may be prescribed.

To minimize the danger of pulmonary embolism, blood tests to monitor the anticoagulant level are mandatory. Oral anticoagulants may be necessary for 6 months or longer.

ACTIVITY

Rest in bed until all signs of inflammation have disappeared.

While resting, make it a habit to move leg muscles, bend ankles and wiggle toes.

Wear fitted elastic stockings or wrapped elastic bandages, but don't wear garters or knee-high hosiery.

Elevate the feet higher than the hips when sitting for long periods.

Elevate the foot of the bed.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of deep-vein thrombosis.

The following occur during treatment:

Unexpected bleeding anywhere

Chest pain.

Coughing up blood.

Shortness of breath.

Continued or increased swelling and pain, despite treatment.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

TINEA VERSICOLOR

BASIC INFORMATION

DESCRIPTION

A yeast infection of the skin that changes the color of skin it affects. Most often involves the skin of the chest, back, shoulders, upper arms, trunk or groin (rarely, the face). It most commonly affects adolescents and adults.

FREQUENT SIGNS AND SYMPTOMS

Lesions with the following characteristics:

Lesions on exposed skin are white; on covered areas, they are brown or brownish red.

Lesions are flat with clearly defined borders. They don't scale unless scraped.

Lesions begin at 3 to 4mm in diameter and spread. They often join together to form large patches.

CAUSES

A developing stage of the yeast, *Pityrosporum orbicularere*.

High heat and high humidity favor the growth of this yeast.

The infection is contagious, but how it spreads is unknown.

RISK INCREASES WITH

Environmental exposure to heat and high humidity.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

Untreated tinea versicolor persists indefinitely but seems to come and go at times. It frequently recurs, even with treatment. Following treatment, the white patches will remain for months after the yeast infection has been cured.

POSSIBLE COMPLICATIONS

Unlimited recurrence without treatment.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include microscopic examinations of scrapings of the lesions.

Numerous topical therapies are effective in clearing tinea versicolor.

Apply medicine with cotton ball to affected parts as prescribed. Rinse off in 30 minutes if you wish.

Expose affected skin to air as much as possible.

Repeat treatment prior to tanning season each *year*.

MEDICATION

Selenium sulfide shampoo, clotrimazole, miconazole or ketoconazole cream may be prescribed to apply to affected areas.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of tinea versicolor.

Infection doesn't improve despite treatment.

TINNITUS

BASIC INFORMATION

DESCRIPTION

A persistent sound heard in one or both ears when there is no environmental noise. Tinnitus can be an extremely common symptom of nearly all ear disorders as well as many other medical problems.

FREQUENT SIGNS AND SYMPTOMS

A noise, that may be ringing, buzzing, roaring, whistling or hissing sound, that is heard in one or both ears. The sound may be continuous, intermittent or synchronized with the heartbeat.

CAUSES

Normally the acoustic nerve transmits impulses to the brain as a result of vibrations produced by external sound waves. With tinnitus, for reasons not fully understood, the nerve transmits impulses that originate aside the head or within the ear itself.

RISK INCREASES WITH

Hearing loss.
Labyrinthitis.
Meniere's disease.
Otitis media or externa.
Otosclerosis.
Ototoxicity
Earwax blockage.
Aneurysm or tumor in the head (rare).
Foreign body in the ear.
Certain medications (antibiotics, diuretics and others).
High or low blood pressure.
Head trauma.
Anemia.
Hypothyroidism or hyperthyroidism.
Allergies.

PREVENTIVE MEASURES

No specific prevention known. Avoid the risk factors where possible.

EXPECTED OUTCOME

Treatment of an underlying disorder may help, but often there is no cure and learning to cope is the only therapy. Some people tolerate the condition much better than others.

POSSIBLE COMPLICATIONS

There are usually no medical complications. Psychological problems may develop due to feelings of distress for those who find the noise intolerable.

TREATMENT

GENERAL MEASURES

A thorough medical examination is conducted to be sure all possible causes have been sought out and corrected. If tinnitus continues, the treatment is basically finding methods that help you cope with the constant noise.

Try to ignore the sound by directing your attention to other things and activities.

Play music in the background during the day and while falling asleep.

Don't smoke. Get help with a cessation program if you need it.

A hearing aid for any associated deafness may help mask tinnitus.

Wear a tinnitus suppressor or masker, a device that fits in the ear like a hearing aid, and presents a more pleasant sound.

Electrical stimulation with cochlear implant may reduce tinnitus, but is appropriate for severe deafness only.

Additional information available from the American Tinnitus Association, P.O. Box 5, Portland, OR, (503)2489985.

MEDICATION

Medications do not help tinnitus.

ACTIVITY

Avoid getting overfatigued as it may worsen the tinnitus.

DIET

Cutting back on caffeine and chocolate may help some patients.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of tinnitus.
Feelings of distress about tinnitus worsen.

TOENAIL, INGROWN

BASIC INFORMATION

DESCRIPTION

A condition in which the sharp edge of a nail grows into the flesh of a toe, usually the great (big) toe.

FREQUENT SIGNS AND SYMPTOMS

Pain, tenderness, redness, swelling and heat in the toe where the sharp nail edge pierces the surrounding fold of tissue. Once tissue surrounding the nail becomes inflamed, infection usually develops in the injured area.

CAUSES

An ingrown toenail is likely to accompany one of the following conditions:
The nail formation is more curved than normal.
The toenail is clipped back too far, allowing tissue to grow up over it.
Shoes fit poorly, forcing the toe of the shoe against the nail and surrounding tissue.
The person participates in activities that require sudden stops ("toe jamming").

RISK INCREASES WITH

Any of the circumstances listed as causes.

PREVENTIVE MEASURES

Wear roomy, well-fitting shoes.
Cut toenails carefully. Persons with diabetes mellitus or peripheral vascular disease should be especially careful in trimming toenails. Foot injury is dangerous with these disorders because of impaired blood circulation to the feet.

EXPECTED OUTCOME

Curable with treatment. Oral antibiotics usually relieve symptoms of infection within 1 week. Then part or all of the toenail is removed surgically and the nail bed is scraped so the problem will not recur. The nail should grow back, but it probably won't look the same.

POSSIBLE COMPLICATIONS

Chronic infection that cannot be cured without surgery.

TREATMENT

GENERAL MEASURES

Surgery to remove the nail.
The following home treatment is appropriate either before or after surgery:
Use immersion soaks.
Lift the nail corners free of surrounding inflamed tissue by wedging a small piece of cotton under the nail around the edges. Protect the inflamed tissue from further injury.

MEDICATION

Antibiotics may be prescribed to fight infection.

ACTIVITY

Resume your normal activities as soon as symptoms improve. You may need to wear a shoe with the toe cut out until the toe heals.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of an ingrown toenail. The following occur during treatment or after surgery:
Fever.
Increased pain.
Signs of infection (pain, redness, tenderness, swelling or heat) in the toe.

TONGUE INFLAMMATION(Glossitis)

BASIC INFORMATION

DESCRIPTION

Acute or chronic inflammation of the tongue from a variety of causes. This is sometimes contagious, but not cancerous.

FREQUENT SIGNS AND SYMPTOMS

Any of the following:
Bright red, swollen tongue.
Ulcers an the tongue.
Hairy-looking tongue.
A tongue with red tip and edges.

CAUSES

Infections, including herpes.
Burns.
Injury from jagged teeth, ill-fitting dentures, mouthbreathing or repeated biting during convulsive seizures.
Excessive consumption of alcohol, tobacco, hot food or spices,
Poor dental health.
Allergy to toothpaste, mouthwash (especially mouthwash containing peroxide), candy, dye or material used in dental work.
Lack of B-vitamins, resulting in pellagra, B-12-deficiency anemia or iron-deficiency anemia.
Adverse reaction to antibiotic drugs.

RISK INCREASES WITH

Poor nutrition, especially vitamin deficiencies.
Smoking.
Chemical or environmental exposure to irritating or corrosive chemicals.
Alcoholism.
Anxiety or depression.

PREVENTIVE MEASURES

Practice good oral hygiene. Brush teeth and tongue at least twice a day, and floss teeth daily. Get regular dental checkups.
Don't smoke.
Prevent tongue injury by wearing protective headgear for contact sports or cycling.

EXPECTED OUTCOME

Usually curable in 2 weeks with treatment.

POSSIBLE COMPLICATIONS

Tongue inflammation can become chronic if not adequately treated.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies or biopsy to determine any underlying disorder.
Treatment will be directed at the underlying cause along with self-help measure.

Observe if there is an association between eating specific foods and tongue inflammation. Irritating foods may include chocolate, citrus, acid foods (vinegar, pickles), salted nuts or potato chips.

Rinse mouth 3 or more times a day with a salt solution (1/2 teaspoon salt to 8 oz. water).

If tongue inflammation is caused by a rough tooth or denture, consult your dentist. Inflammation won't heal until the cause is treated.

MEDICATION

For minor pain, you may use non-prescription drugs, such as anesthetic mouthwashes or acetaminophen.

For infection and pain, antibiotics or topical anesthetics may be prescribed.

ACTIVITY

No restrictions.

DIET

No special diet, except to avoid foods that aggravate inflammation. Drink as many fluids and eat as well-balanced a diet as possible while healing. To minimize pain, sip liquids through straws. Foods that cause the least pain are milk, liquid gelatin, yogurt, ice cream and custard.

NOTIFY OUR OFFICE IF

Fever develops.
Symptoms don't improve in 3 days despite treatment.
Pain is unbearable and isn't relieved by treatment.
Skin rash appears.
Weight loss occurs.
Tongue swells and interferes with swallowing.

TONSILLITIS

BASIC INFORMATION

DESCRIPTION

Inflammation of the tonsils (lymph glands located at the back of the throat). Tonsils are small at birth, enlarge during childhood, and become smaller at puberty. Tonsils normally help prevent infection in the sinuses, mouth and throat from spreading to other body parts. Tonsillitis is contagious. It affects all ages, but most common in children between ages 5 and 10.

FREQUENT SIGNS AND SYMPTOMS

Throat pain, either mild or severe.
Swallowing difficulty.
Chills and fever as high as 104°F (40°C) or more.
Swollen lymph glands on either side of the jaw.
Headache.
Ear pain.
Cough (sometimes).
Vomiting (sometimes).
Very young child refuses to eat.

CAUSES

Bacterial (usually streptococcal) or viral infection of the tonsils.

RISK INCREASES WITH

Crowded living conditions (military recruits).
Exposure to others in public places.

PREVENTIVE MEASURES

Avoid exposure to people with upper-respiratory infections.

EXPECTED OUTCOME

Usually spontaneous recovery. Symptoms generally begin to improve in 2 to 3 days, but treatment may last longer. If attacks of tonsillitis are so severe and frequent that they affect one's general health or interfere with schooling or breathing, surgery to remove the tonsils may be recommended. A tonsillectomy involves small risk, but the risk increases with age.

POSSIBLE COMPLICATIONS

Abscess of the tonsils and nearby throat area, requiring surgery to drain.
Chronic tonsillitis, with a recurrent sore throat and greatly enlarged tonsils, caused by repeated attacks.
Rheumatic fever, if the bacterial infection is streptococcal and it is not treated with antibiotics, or if antibiotics are discontinued before 10 days.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include throat culture. Family members should be cultured also, so that carriers can be treated at the same time.

Treatment is usually with antibiotics and self-care. Surgery to remove the tonsils for repeated acute tonsillitis, or for chronic tonsillitis.

Use a cool-mist, ultrasonic humidifier to relieve throat irritation and cough. Clean humidifier daily.
Prepare a soothing tea or other gargle. Double the usual strength of tea. This may be gargled warm or cold as often as is soothing.

MEDICATION

If the tonsillitis is caused by a streptococcal infection, take prescribed penicillin or other antibiotics for at least 10 days. To relieve pain, you may use acetaminophen.

ACTIVITY

Keep the patient away from others until fever, pain and other symptoms disappear.
Bed rest, except to use the bathroom, is necessary until fever subsides. Normal activity may be resumed when temperature has been normal for 2 or 3 days.

DIET

Increase all fluid intake. While the throat is very sore, use liquid nourishment, such as milk shakes, soups, and high protein fluids (diet or instant-breakfast milk drinks).

NOTIFY OUR OFFICE IF

You or a family member has symptoms of tonsillitis. If there is any difficulty breathing, call immediately.
Symptoms worsen or the following occur during treatment:
Temperature is normal for 1 or 2 days, then fever returns.
New symptoms begin, such as nausea, vomiting, skin rash, thick nasal drainage, chest pain, or shortness of breath.
There is a convulsion.
Joints become red or painful.
Cough produces a discolored (green, yellow, brown or bloody) sputum.

TOOTH GRINDING (Bruxism)

BASIC INFORMATION

DESCRIPTION

The habit of grinding teeth. Tooth-grinding is often done while asleep, but grinding or tapping teeth during the day is also common. Continual tooth-grinding may erode gums and supporting bones in the mouth.

FREQUENT SIGNS AND SYMPTOMS

Frequent contraction of muscles on the side of the face.
Annoying, tooth grinding noises at night. These may be loud enough to awaken others .
Damaged teeth, supporting gums and bone (apparent in a dental exam).
Headaches.

CAUSES

Anxiety.
Unconscious attempts to correct a faulty "bite" (contact between upper and lower teeth when jaws are closed).

RISK INCREASES WITH

Stress, anxiety or alcoholism.

PREVENTIVE MEASURES

Avoid stressful situations if possible.

EXPECTED OUTCOME

Usually curable in 6 months with treatment.

POSSIBLE COMPLICATIONS

Without treatment, teeth, bones and gums may erode or crack from the pressure of grinding.

TREATMENT

GENERAL MEASURES

Recognition of the problem by the patient and a conscious effort to overcome the habit.
Dentist's care. Your dentist may manufacture, fit and install a night-guard prosthesis to prevent tooth-grinding while asleep. A night-guard prosthesis consists of removable splints which fit over the tops of the teeth to eliminate incorrect biting pressure.
Biofeedback training (relaxation exercises) or counseling to team ways to cope more effectively with stress.
Avoid alcohol.

MEDICATION

Medicine usually is not necessary for this disorder.
Tranquilizer or a sedative for short-term treatment may help in certain cases.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You grind your teeth at night (or call your dentist).
You develop pain around the ears, dizziness or ringing in the ears.
You develop pain or clicking in the jaw.
You lose or break your night guard prosthesis.

TORTICOLLIS (Wryneck)

BASIC INFORMATION

DESCRIPTION

Shortened neck muscles or chronic neck-muscle spasm that causes the head to turn and bend. It more often affects adults age 30-60, or children under age 10. One form is congenital and affects newborns.

FREQUENT SIGNS AND SYMPTOMS

The following may be permanent or intermittent:

Head that turns sideways and bends down.

Neck-muscle spasm that is sometimes painful

CAUSES

Birth defect.

Injury to neck muscles or vertebrae at birth or later.

Neck-muscle inflammation.

Cervical spine injury.

Organic central nervous system disorder.

Tumor.

Stress and psychological conflict may cause intermittent torticollis.

RISK INCREASES WITH

Tumors in soft tissues or bones of the neck.

Traumatic delivery of newborn.

Psychiatric illness.

Trauma.

Medications (phenothazines, butyrophenones).

Family history of torticollis.

Hyperthyroidism.

Brain diseases or infections.

PREVENTIVE MEASURES

No specific prevention. Stress-related forms may be prevented with stress-reduction techniques, including biofeedback.

EXPECTED OUTCOME

Congenital torticollis can usually be corrected with muscle-stretching exercises or surgery.

Other forms will improve or heal with treatment. Healing time varies. Some cases require treatment for several years.

POSSIBLE COMPLICATIONS

Without treatment, the congenital form becomes permanent, causing an unattractive, abnormal appearance of the head and neck.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include X-rays, CT scan, or MRI to help rule out other disorders.

Congenital torticollis is initially treated with physical therapy including daily passive therapy for at least a year. If therapy is not successful, then surgery to lengthen neck muscles is performed.

For other forms of torticollis, various drug therapies are available that may help, along with physical therapy and massages.

Neck brace or collar may be recommended.

Relieve pain from neck spasms with heat or massage. Take hot showers or use hot compresses, deep-heating ointments or heat lamps.

Ultrasound therapy may be recommended.

Surgical procedure to denervate the neck muscles.

MEDICATION

Anticholinergics, benzodiazepines, muscle relaxants, or tricyclic antidepressants are drug possibilities that may be prescribed.

Multiple injections of botulinum toxin type A into the neck muscles may be prescribed.

ACTIVITY

Normal activities may be resumed as soon as symptoms improve.

DIET

No special diet.

NOTIFY OUR OFFICE IF

Your infant has symptoms of torticollis.

You have neck pain or spasms that persist longer than 1 week.

ULCER, PEPTIC (Duodenal Ulcer; Gastric Ulcer)

BASIC INFORMATION

DESCRIPTION

An ulcer is a small erosion in the gastrointestinal tract. The most common type, duodenal, occurs in the first 12 inches of small intestine beyond the stomach. Ulcers that form in the stomach are called gastric ulcers. An ulcer is not contagious or cancerous. They can affect all ages. Duodenal ulcers are almost always benign, while stomach ulcers may become malignant.

FREQUENT SIGNS AND SYMPTOMS

Pain that has the following characteristics:

A burning, boring or gnawing feeling that lasts 30 minutes to 3 hours. The pain is often interpreted as heartburn, indigestion or hunger.

Pain is usually in the upper abdomen, but occasionally below the breastbone.

Pain occurs in some persons immediately after eating; in others, it may not occur until hours later. It frequently awakens one at night.

Pain comes and goes. Weeks of intermittent pain may alternate with short pain-free periods.

Pain may be relieved by drinking milk, eating, resting or taking antacids.

Appetite and weight loss (with duodenal, may be weight gain, as person eats more to ease discomfort).

Recurrent vomiting.

Blood in the stool.

Anemia.

CAUSES

Unknown. An ulcer can develop wherever stomach acid comes in contact with the gastrointestinal lining, especially the lower end of the esophagus, the stomach and the duodenum.

An ulcer is more likely to develop in an anxious, tense or worried person. A person with an ulcer usually has an overactive stomach that manufactures too much hydrochloric acid. Sometimes there is a defect in the protective mechanisms of the intestinal lining.

RISK INCREASES WITH

Family history of ulcers

Smoking

Excess alcohol consumption (possibly)

Use of nonsteroidal anti-inflammatory drugs (e.g. aspirin)

Fatigue or overwork

Improper diet, irregular mealtimes and skipped meals.

Type O blood (for duodenal ulcers)

PREVENTIVE MEASURES

Avoid as many risk factors as possible.

EXPECTED OUTCOME

Sometimes curable with lifestyle changes and medical treatment, but relapses are frequent.

POSSIBLE COMPLICATIONS

Perforation (erosion of the ulcer through the intestinal wall) with consequent infection or bleeding into the abdomen.

Hemorrhage into the intestine.

Malignant change in an ulcer.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood and stool studies, endoscopy, X-ray studies with barium meal and sometimes, mucosal biopsy (to rule out cancer).

Hospitalization for complications such as bleeding ulcer or severe perforation or obstruction.

Home care for most patients with medication, rest and lifestyle changes.

Reduce your use of aspirin or nonsteroidal anti-inflammatory medications.

Don't smoke. Get help in finding a smoking cessation program if necessary.

Check your stool daily for bleeding. If the stool is black, remove it from the toilet and take a sample to the doctor's office for analysis.

Reduce stress in your life. Get counseling, if needed.

Surgery for some patients if there is sudden severe pain or other symptoms that suggest a perforation.

Additional information available from the National Digestive Diseases Information Clearinghouse, Box NDDIC, Bethesda, MD 20892, (301)468-6344.

MEDICATION

Antacids to help neutralize excess stomach acid.

H-2 blockers to reduce stomach acid (long-term therapy may be required for some patients).

Medications to coat the ulcer area.

Antibiotics may be prescribed.

A number of new medicines will likely be released soon.

ACTIVITY

Resume your normal activities as soon as symptoms improve.

DIET

Eat a balanced diet of 3 regularly scheduled meals a day.

Don't drink alcohol.

Avoid caffeine and any food that seems to make symptoms worse.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of an ulcer.

Vomiting begins that is bloody or looks like coffee grounds.

Stool is bloody, black or tarry-looking.

Diarrhea begins which may be caused by antacids.

Pain is severe, despite treatment.

You are unusually weak or pale.

URETHRITIS

BASIC INFORMATION

DESCRIPTION

Inflammation or infection of the urethra (the tube through which urine travels from the bladder to the outside). Urethritis is frequently accompanied by bladder infection or inflammation (cystitis). It can affect all ages and both sexes, but 10 times more common in females.

FREQUENT SIGNS AND SYMPTOMS

Painful or burning urination.
Discharge that may be cloudy, yellow-green mucus, or may be watery and white.
Frequent urge to urinate, even when there is not much urine in the bladder.
Painful sexual intercourse or temporary impotence in males.
Dribbling of urine in men over 50.

CAUSES

The same bacterial infection that causes gonorrhea causes gonococcal urethritis; nonspecific urethritis (also called nongonococcal urethritis) may be caused by a variety of organisms, including bacteria, yeast, and chlamydial infection. Other causes could be trauma from an injury or surgery, or from a chemical such as an antiseptic.
Bubble bath and bath oils have been known to cause a urethritis.

RISK INCREASES WITH

Bacterial infection that spreads and enters the urethra from the skin around the genitals and anal area.
Bruising during sexual intercourse.
Contact with an infected sexual partner.
Use of a urinary catheter.
Use of drugs to which bacteria causing infection have become resistant.
Multiple sexual partners.
Previous kidney stones, prostatitis, epididymitis or genital injury.
Previous sexually transmitted disease.

PREVENTIVE MEASURES

For causes related to sexual activity:
Drink a glass of water before sexual intercourse, and urinate within 15 minutes afterward.
Use a rubber condom.
Use a water-soluble lubricant e.g., K-Y Lubricating jelly.
Use varying sexual positions to decrease the chance of trauma to the female urethra.
For causes related only to women:
After bowel movements, wipe from front to back and wash with soap and water.
Take showers rather than tub baths.
For both sexes, drink 8 glasses of water every day.

EXPECTED OUTCOME

Urethritis is usually "low grade," seldom producing serious, long-term illness. Recurrence is common.

POSSIBLE COMPLICATIONS

Chronic urethritis and cystitis, if treatment is inadequate.
Spread of infection to ureters and kidneys.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood and discharge studies and urinalysis.
Home treatment is sufficient and involves medications for you and for sexual partner.
To relieve pain, take sitz baths by sitting in a tub of hot water for 15 minutes at least twice a day.
Men: Don't irritate the urethra by pulling the penis skin down to open it and see if the discharge is stiff present. The penis may be inspected, but don't squeeze it.
Keep the area around the genitals clean. Use unscented, plain soap.

MEDICATION

Antibiotics to fight infection. Be sure to finish the prescribed dose, even if symptoms subside sooner

ACTIVITY

No restrictions. Avoid sexual excitement and intercourse until you have been free of symptoms for 2 weeks.

DIET

Drink 8 glasses of water every day.
Avoid caffeine and alcohol during treatment.
Drink cranberry juice to acidify urine. Some drugs are more effective with acid urine.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of urethritis.
The following occur during treatment:
Oral temperature of 101°F (38.3°C) or higher.
Bleeding from the urethra or blood in urine.
No improvement in 1 week, despite treatment.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

UTERINE BLEEDING, DYSFUNCTIONAL (Premenopausal Abnormal Uterine Bleeding)

BASIC INFORMATION

DESCRIPTION

Bleeding that is not related to a woman's normal menstrual pattern, and is not associated with tumor, inflammation, or pregnancy. Most often occurs in women over 45 or in adolescents.

FREQUENT SIGNS AND SYMPTOMS

Bleeding between menstrual cycles. Blood flow may be irregular, prolonged and sometimes profuse.

CAUSES

Usually caused by an overgrowth of the endometrium (lining of the uterus) due to estrogen stimulation.

RISK INCREASES WITH

Polycystic ovary syndrome.

Obesity

Use of synthetic estrogen without added progestin.

PREVENTIVE MEASURES

Maintain proper weight.

Follow medical advice regarding any hormone therapy.

EXPECTED OUTCOME

Usually curable with treatment.

POSSIBLE COMPLICATIONS

Anemia.

Cancer (rare, but risk is higher if disorder is untreated).

TREATMENT

GENERAL MEASURES

Endometrial aspiration (insertion of a thin tube into the uterus to obtain a sample of the lining) to determine if bleeding is associated with ovulation. This will help determine how to evaluate the cause. Numerous diagnostic tests may have been done previously to rule out other causes of bleeding.

Dysfunctional uterine bleeding is the usual diagnosis for patients without discernible causes and is usually not ovulatory.

Treatment is usually with hormonal therapy and lifestyle changes if appropriate.

Stressful situations and emotional turmoil, or excessive use of drugs or alcohol can contribute to the problem. Try to resolve any conflicts in your life and get help in discontinuing abusive behaviors.

If hormonal therapy does not control the bleeding, a dilatation and curettage, often referred to as D & C (dilatation of the cervix and a scraping out of the uterus with a curette), may be performed to check for other problems.

MEDICATION

Hormones to correct a hormone unbalance.

Pain relievers if needed.

Tranquilizers to reduce anxiety (rarely required).

Avoid aspirin, especially if you are anemic.

ACTIVITY

Stay as active as possible, depending on the underlying condition.

Use heat to relieve pain: Place a heating pad or hot-water bottle on the abdomen or back. Take a hot bath for 10 to 15 minutes as often as needed.

DIET

No special diet. Iron supplements may be necessary for anemia.

NOTIFY OUR OFFICE IF

You or a family member has abnormal uterine bleeding.

The following occur during treatment:

Bleeding becomes excessive (saturating a pad or tampon more often than once an hour).

Signs of infection develop, such as fever, a generalized ill feeling, headache, dizziness or muscle aches.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

UTERINE BLEEDING, POSTMENPAUSAL

BASIC INFORMATION

DESCRIPTION

Unexpected, menstrual-like bleeding that begins 6 or more months after menopause.

FREQUENT SIGNS AND SYMPTOMS

Vaginal bleeding, which may be a light-brown discharge or heavy, red bleeding (with or without clots). Mucus may accompany the bleeding. Bleeding episodes vary in length. Pelvic pain (sometimes).

CAUSES

Cancer of the reproductive system.
Irritation, infection of lining of the membranes lining the vulva.
Injury or trauma to the vagina, associated with reduced estrogen levels.
Polyps or benign tumors of the cervix.
Polyps on the inner uterine lining, myomas.
Hormone therapy that stimulates the endometrium (uterine lining), causing sloughing similar to normal menstruation.
Estrogens (female hormones) taken irregularly are a common cause of this.
Disorders of the blood cells, lymphatic system or bone marrow.
High blood pressure.
Congestive heart failure.
Liver disorders.
Anticoagulant or aspirin-containing drugs.

RISK INCREASES WITH

Recent vaginal infection.
Adults over 60, due to fragile blood vessels and vaginal lining.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

Depends on the underlying cause and treatment chosen.

POSSIBLE COMPLICATIONS

Anemia.
If cancer is the cause, it may spread to other body parts and cause death.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory blood studies, Pap smear and endometrial aspiration (insertion of a thin tube into the uterus to obtain a sample of the lining).
Dilatation and curettage, referred to as D & C (dilatation of the cervix and a scraping out of the uterus with a curette) may be both diagnostic and relieve the bleeding.
Specific therapy, usually medications or surgery, is dependent on the cause.

Take frequent hot baths to relax muscles and relieve discomfort. Sit in a tub of hot water for 10 to 15 minutes as often as necessary.

Surgery (hysterectomy) to remove the uterus (sometimes).

MEDICATION

Hormones will usually be prescribed.
Medication to treat the underlying disorder, such as antihypertensives for high blood pressure.

ACTIVITY

Resume your normal activities as soon as symptoms improve.
Resume sexual relations as soon as possible after diagnosis and treatment.
Use heat to relieve pain. Place a heating pad or hot water bottle on the abdomen or back.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You have postmenopausal vaginal bleeding.
Bleeding persists for 1 week, despite treatment.
The bleeding becomes excessive (saturates a pad more frequently than once each hour).
Signs of infection develop fever, a general ill feeling, headache, dizziness and muscle aches.
New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

VAGINITIS, BACTERIAL (*Gardnerella* vaginitis; Nonspecific Vaginitis)

BASIC INFORMATION

DESCRIPTION

Vaginitis means infection or inflammation of the vagina. Nonspecific vaginitis implies that any of several infecting germs, including *Gardnerella*, *Escherichia coli*, *Mycoplasma*, streptococci, staphylococci, have caused the infection. These infections are contagious. Vaginitis can affect all ages, but most often occurs during reproductive years.

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies between women and from time to time in the same woman:

Vaginal discharge that has an unpleasant odor. Genital swelling, burning and itching.

Vaginal discomfort.

Change in vaginal color from pale pink to red. Discomfort during sexual intercourse.

CAUSES

The germs normally present in the vagina can multiply and cause infection when the pH and hormone balance of the vagina and surrounding tissue are disturbed.

E coli bacteria normally inhabit the rectum and can cause infection if spread to the vagina. The following conditions increase the likelihood of infections:

General poor health.

Hot weather, non-ventilating clothing especially underwear or any other condition that increases genital moisture, warmth and darkness. These foster the growth of germs.

Poor hygiene (sometimes).

RISK INCREASES WITH

Diabetes mellitus.

Menopause.

Illness that has lowered resistance.

PREVENTIVE MEASURES

Keep the genital area clean. Use unscented soap. Be sure sexual partner is clean.

Take showers rather than tub baths.

Wear cotton underpants or pantyhose with a cotton crotch.

Don't sit around in wet clothing, especially a wet bathing suit.

After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).

Lose weight if you are obese.

Avoid vaginal douches, deodorants and bubble baths.

If you have diabetes, adhere strictly to your treatment program.

Change tampons or pads frequently.

EXPECTED OUTCOME

Usually curable in 2 weeks with treatment.

POSSIBLE COMPLICATIONS

Discomfort and decreased pleasure with sexual activity.

May indicate an underlying disorder, such as diabetes.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of discharge, Pap smear and pelvic examination.

Drug therapy will be directed to the specific organism. Your sexual partner may need treatment also. It is best not to do self-treatment for the disorder until the specific cause is determined.

Don't douche unless prescribed for you.

If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out or pour a cup of warm water over genital area while you urinate.

MEDICATION

Antibiotics or antifungals to treat the infection.

Soothing vaginal creams or lotions for nonspecific forms of vaginitis.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until after treatment.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of vaginitis.

Symptoms persist longer than 1 week or worsen despite treatment.

Unusual vaginal bleeding or swelling develops.

VAGINITIS, MONILIA (Vaginal Yeast Infection; Vaginal Candidiasis)

BASIC INFORMATION

DESCRIPTION

Infection or inflammation of the vagina caused by a yeast-like fungus (Monilia or *Candida albicans*). Monilial vaginitis causes at least 50% of infections in the vagina

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies between women and from time to time in the same woman:

White, "curdy" vaginal discharge, (resembles lumps of cottage cheese). The odor may be unpleasant, but not foul.

Swollen, red, tender, itching vaginal lips (labia) and surrounding skin.

Burning on urination.

Change **in** vaginal color from pale pink to red.

CAUSES

Monilia (or *Candida*) live in small numbers in a healthy vagina, rectum and mouth. When the vagina's hormone and pH balance is disturbed, the organisms multiply and cause infections. Monilial vaginitis tends to appear before menstrual periods and improves as soon as the period begins. Factors that may disturb the vagina's balance include:

Pregnancy.

Diabetes mellitus.

Antibiotic treatment.

Oral contraceptives.

High carbohydrate intake, especially sugars and alcohol.

Hot weather or non-ventilating clothing, which increase moisture, warmth and darkness, fostering fungal growth.

Immunosuppression from drugs or disease.

RISK INCREASES WITH

Factors listed under Causes.

PREVENTIVE MEASURES

Keep the genital area clean. Use plain unscented soap.

Take showers rather than tub baths.

Wear cotton underpants or pantyhose with a cotton crotch.

Don't sit around in wet clothing, especially a wet bathing suit.

Avoid douches, vaginal deodorants and bubble baths.

Limit your intake of sweets and alcohol.

After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).

Lose weight if you are obese.

If you have diabetes, adhere strictly to your treatment program.

Avoid broad-spectrum antibiotics unless absolutely necessary.

EXPECTED OUTCOME

Usually curable with 2 weeks of treatment. Recurrence is common.

POSSIBLE COMPLICATIONS

Secondary bacterial infections of the vagina and other pelvic organs.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination

Drug therapy will be directed to the specific organisms Your sexual partner may need treatment also. It is best not to do self-treatment for the disorder until the specific cause is detected.

Don't douche unless prescribed for you.

If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out or pour a cup of warm water over genital area while you urinate.

MEDICATION

You may be prescribed antifungal drugs, either in oral form (rare) or in vaginal creams or suppositories (usually). Keep creams or suppositories in the refrigerator. After treatment, you may keep a refill of the medication so you can begin treatment quickly if the infection recurs. Follow the directions carefully. Non-prescription treatments (Gyne-Lotrimin, Mycelex, etc.) are effective.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until symptoms cease.

DIET

Increase consumption of yogurt, buttermilk or sour cream.

Reduce alcohol and sugars.

NOTIFY OUR OFFIC IF

You or a family member has symptoms of monilial vaginitis. Despite treatment, symptoms worsen or persist longer than 1 week.

Unusual vaginal bleeding or swelling develops.

After treatment, symptoms recur.

VAGINITIS, POSTMENOPAUSAL (Atrophic Vaginitis)

BASIC INFORMATION

DESCRIPTION

Infection or inflammation of the vagina caused by lowered estrogen levels that upset the vagina's normal hormone and pH balance. Postmenopausal vaginitis is not contagious

FREQUENT SIGNS AND SYMPTOMS

Severity of the following symptoms varies greatly between women and from time to time in the same woman .
Vaginal discharge that is usually thin, whitish and sometimes tinged with blood. It may have a strong odor.
Genital pain and itching.
Discomfort during sexual intercourse.
Change in vaginal color from pale pink to red.

CAUSES

Germs that inhibit the vagina cause infection when the normal physiology of the vagina is disturbed. After menopause, the estrogen level that helped maintain a normal vaginal environment decreases, leaving the vagina more vulnerable to infection. The following conditions increase the likelihood of postmenopausal vaginitis:
General poor health.
Hot weather, non-ventilating clothing, especially underwear, or any other condition that increases genital moisture, warmth and darkness. These foster the growth of germs.

RISK INCREASES WITH

Diabetes.
Illness that has lowered resistance.
More frequent sexual intercourse.

PREVENTIVE MEASURES

Keep the genital area clean. Use plain unscented soap. Take showers rather than tub baths.
Wear cotton panties or pantyhose with a cotton crotch. Don't sit around in wet clothing, especially a wet bathing suit.
After urination or bowel movements, cleanse by wiping or washing from front to back (vagina to anus).
Lose weight if you are obese.
Avoid douches, vaginal deodorants and bubble baths.
If you have diabetes, adhere strictly to your treatment program.
Seek medical advice about replacement estrogen.

EXPECTED OUTCOME

Usually curable in 10 days with treatment.

POSSIBLE COMPLICATIONS

Secondary bacterial infection in any pelvic organ.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear, pelvic examination and biopsy (to rule out cancer).

Drug therapy will be directed to the specific organisms. Your sexual partner may need treatment also. It is best not to do self-treatment for the disorder until the specific cause is determined.

Don't douche unless prescribed for you.

If urinating causes burning, urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out or pour a cup of warm water over genital area while you urinate.

MEDICATION

Topical or oral estrogen. If you use a cream or suppository, use a small sanitary pad to protect clothing. Keep creams or suppositories in the refrigerator. After treatment, you may want to keep a refill of the medication so you can begin treatment quickly if the infection recurs. Follow the prescription directions carefully.
Other creams, ointments or suppositories to suppress the organisms causing the infection.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until you are well.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of vaginitis.
Symptoms persist longer than 1 week or worsen, despite treatment.
Unusual vaginal bleeding or swelling develops.
After treatment, symptoms recur.

VAGINITIS, TRICHOMONAL (Trichomoniasis)

BASIC INFORMATION

DESCRIPTION

Infection or inflammation of the vagina caused by a parasite that lives in the lower genitourinary tract of males and females. This is very contagious between sexual partners. It involves the vagina, urethra and bladder in women; prostate gland and urethra in men.

FREQUENT SIGNS AND SYMPTOMS

Foul-smelling, frothy vaginal discharge that is most noticeable several days after a menstrual period.

Vaginal itching and pain.

Redness of the vaginal lips (labia) and vagina.

Painful urination, if urine touches inflamed tissue

The severity of discomfort varies greatly from woman to woman and from time to time in the same woman.

Infected men may have no symptoms.

CAUSES

Infection from a tiny parasite, *trichomonas vaginalis*. The parasite passes from person to person during sexual intercourse. It may live in its host for years without producing symptoms. Then, perhaps from altered resistance, it will suddenly multiply rapidly and cause distressing symptoms. Since it thrives in both the male and female, both sexual partners must receive treatment.

RISK INCREASES WITH

Number of sexual partners.

PREVENTIVE MEASURES

Use rubber condoms during sexual intercourse.

EXPECTED OUTCOME

Usually curable with treatment.

POSSIBLE COMPLICATIONS

Secondary bacterial infections.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include laboratory studies of vaginal discharge, Pap smear and pelvic examination.

Both sexual partners require simultaneous treatment.

Don't douche unless prescribed.

Wear cotton underpants or pantyhose with a cotton crotch.

Take showers instead of tub baths.

If urinating causes burning: urinate through a tubular device, such as a toilet-paper roll or plastic cup with the end cut out or pour a cup of warm water over genital area while you urinate.

Don't sit around in wet clothing, especially in a wet bathing suit.

MEDICATION

Metronidazole is usually prescribed for you and your sexual partner or partners. Follow directions carefully. Don't drink alcohol or use vinegar when you take metronidazole. Alcohol

or vinegar and metronidazole interact to cause a violent reaction with nausea, vomiting, sweating, weakness and other symptoms.

ACTIVITY

Avoid overexertion, heat and excessive sweating. Delay sexual relations until you are well. Allow about 10 days for recovery.

DIET

No special diet instructions except those involving alcohol and vinegar (see Medications).

NOTIFY OUR OFFICE IF

You or a family member has symptoms of trichomonal vaginitis

Symptoms persist longer than 1 week or worsen, despite treatment.

Unusual vaginal bleeding or swelling develops.

After treatment, symptoms recur.

VARICOSE VEIN

BASIC INFORMATION

DESCRIPTION

Veins, usually in the legs, that become permanently dilated and twisted. Most common in adults and can involve superficial veins, deep veins and veins that connect superficial and deep veins. Veins in the vaginal lips during pregnancy and those around the anus (hemorrhoids) also may become varicose.

FREQUENT SIGNS AND SYMPTOMS

Enlarged, disfiguring, snakelike, bluish veins that are visible under the skin upon standing. They appear most often in the back of the calf or on the inside of the leg from ankle to groin. Vague discomfort and aching in the legs, especially after standing.
Fatigue.

CAUSES

The veins of the legs contain one-way valves every few inches to help blood return against gravity to the heart. If the valves leak, blood pressure in the veins prevents blood from draining properly. Valves may fail because of previous vein disease, such as thrombophlebitis; prolonged standing; or pressure on veins in the pelvis from pregnancy, tumors or fluid in the abdomen.

RISK INCREASES WITH

Pregnancy.
Menstrual cycle. Symptoms worsen before and during menstruation.
Family history of varicose veins.
Occupations that require prolonged standing.

PREVENTIVE MEASURES

Exercise regularly, especially by walking, swimming or bicycling, to keep circulation healthy.

EXPECTED OUTCOME

Can be controlled with treatment or cured with surgery.

POSSIBLE COMPLICATIONS

Ulcer near the ankle (stasis dermatitis) caused by poor circulation to the skin. This may be slow to heal.
Deep-vein blood clot.
Bleeding under the skin or externally
Skin problems adjacent to the varicose veins that resemble eczema.

TREATMENT

GENERAL MEASURES

Conservative methods: Frequent rest periods with legs elevated; lightweight, elastic compression hosiery (best put on before getting out of bed); avoid girdles and other restrictive clothing; if itching occurs, use warm, wet dressings.
Surgical and other methods (if there is pain, recurrent phlebitis, skin changes, or for cosmetic improvement): ligation

and stripping of the saphenous vein, injection of sclerosing solution; stab evulsion phlebectomy (newer procedure with

shorter recovery time). For scars, excision of the entire area, followed by skin graft may be necessary.
Spider veins (idiopathic telangiectases) which may be extensive and unsightly: Intracapillary injections of 1% solution of sodium tetradecyl sulfate (or hypertonic saline 23.4%) using a fine-bore needle). Subsequent treatments may be required until optimal results attained.

MEDICATION

Medicine usually is not necessary for this disorder. However, may inject a chemical into small varicose veins to make them clot and scar (sometimes). Other veins will take over circulation in the area.

ACTIVITY

Avoid long periods of standing.
Appropriate exercise routine as part of conservative treatment.
Walking regiment after sclerotherapy is important to help promote healing.
Apply elastic stockings (if used) before lowering legs from the bed.

DIET

No special diet.
Weight loss diet recommended, if obesity a problem.

NOTIFY OUR OFFICE

You or a family member has varicose veins.
After diagnosis, varicose veins begin causing circulation problems in your feet.

VITILIGO

BASIC INFORMATION

DESCRIPTION

Loss of skin pigmentation in patches. This can affect persons of any race or ethnic group. Often occurs on the skin on the back of the hands, face and armpits. Most common in late childhood (9 to 12 years) to mid-adulthood.

FREQUENT SIGNS AND SYMPTOMS

Macules (small areas of different skin color) or patches with the following characteristics:

They are flat, white and can't be felt with fingers.

They spread to form very large, irregularly-shaped areas without pigmentation.

They are usually on both sides of the body in approximately the same place.

Their size varies from 2mm or 3mm to several centimeters in diameter.

They don't hurt or itch.

Disorder also causes premature graying of hair.

CAUSES

Probably autoimmune disease. The pigment-producing cells (melanocytes) don't function normally, allowing destruction of pigment. Once pigment has been destroyed, melanocytes can't produce more pigment.

RISK INCREASES WITH

Family history of vitiligo.

Thyroid or adrenal disease.

Diabetes mellitus.

Addison's disease.

Pernicious anemia.

Hyperthyroidism and hypothyroidism.

Myasthenia gravis

Unusual physical trauma.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Treatment is prolonged and often unsatisfactory. Complete and permanent repigmentation is rarely possible. Treatment consists of using an oral medication called psoralens. When discontinued, most of the regained pigmentation is usually lost. It is impossible to predict how much improvement will occur with treatment. Younger individuals (under 30) and those who obtain treatment early usually respond best. Allow 1 year to evaluate results.

POSSIBLE COMPLICATIONS

Disorder may never disappear completely, causing permanent disfigurement.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include microscopic examination of skin scraping along with the physical examination of the affected areas of the skin.

The disorder is benign and usually just a cosmetic problem. Some patients with limited disease may choose to use a make-up product.

Cover the lesions with waterproof, opaque makeup.

Apply sunscreen with sunscreen protective factor (SPF) of 15 or greater to protect areas without pigment from sun damage.

Skin grafting may be recommended for patients who do not benefit from other therapy.

MEDICATION

You may be prescribed psoralens along with exposure to ultraviolet A (UVA), which stimulates pigmentation from healthy pigment cells bordering damaged cells. The combination of psoralens and UVA is called PUVA. Results may be disappointing and adverse effects are frequent.

For extensive vitiligo, application of monobenzyl ether of hydroquinone may be prescribed.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of vitiligo.

New, unexplained symptoms develop. The drugs used in treatment may produce side effects.

WARTS (Verruca Vulgaris)

BASIC INFORMATION

DESCRIPTION

Benign tumors caused by a virus in the outer skin layer. Warts are not cancerous. They are mildly contagious from person to person, and from one area to another on the same person. They can appear anywhere on the skin, but most likely on the fingers, hands and arms. They are most common in children and young adults between ages 1 and 30, but may occur at any age.

FREQUENT SIGNS AND SYMPTOMS

A small, raised bump on the skin with the following characteristics:

- Warts begin very small (1 mm to 3mm) and grow larger.
- Warts have a rough surface and clearly defined borders. They are usually the same color as the skin, but sometimes darker.
- Warts often appear in clusters around a "mother wart."
- If you cut into the wart surface, it contains small black dots or bleeding points.
- Warts are painless and don't itch.
- Plantar warts appear on the soles of the feet.

CAUSES

Invasion of the outer skin layer (epidermis) by the papilloma virus. The virus stimulates some cells to grow more rapidly than normal. Warts are very common. By adulthood, 90% of all people have antibodies to the virus, indicating a history of at least one wart infection.

RISK INCREASES WITH

- Use of public showers.
- Skin trauma.
- Immunosuppression due to drugs or illness.

PREVENTIVE MEASURES

- To keep from spreading warts, don't scratch them. Warts spread readily to small cuts and scratches.
- Wear proper fitting shoes.

EXPECTED OUTCOME

20% of warts disappear spontaneously in 1 month. Without treatment, the remainder disappear in most children in 2 to 3 years.

POSSIBLE COMPLICATIONS

- Spread to other body parts
- Secondary infection of a wart.
- Warts recur after treatment.

TREATMENT

GENERAL MEASURES

Cryotherapy (freezing cells to destroy them). This is an office procedure that doesn't require anesthesia or cause bleeding. Freezing stings or hurts slightly during application, and pain may increase a bit after thawing. Two to five weekly treatments are sometimes necessary to destroy the wart. Electrosurgery (using heat to destroy the wart) treatment can

be completed in one office visit, but healing takes longer, and secondary bacterial infections and scarring are more common. If you have electrosurgery, keep the treatment site clean with soap and water. Cover with an adhesive bandage, if you wish. If you have cryotherapy, a blister (sometimes with blood) will develop at the treatment site. The roof of the blister will come off without further treatment in 10 to 14 days. You should have little or no scarring. Wash and use makeup or cosmetics as usual. If clothing irritates the blister, cover with a small adhesive bandage. If the blister breaks, the fluid may have active virus and spread to other areas; wash with hot water and soap, dry and cover the area. For plantar warts, insert pads or cushion in the shoe to make walking more comfortable.

MEDICATION

You may be prescribed topical drugs, such as mild salicylic acid, to destroy warts. If so, follow package instructions. Tretinoin (retinoic acid) or benzoyl peroxide may be prescribed to help in treating warts. Several new methods are also available for treatment.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or your child has warts and you want them removed. After removal by cryosurgery or electrocautery, signs of infection appear at the treatment site. After treatment, fever develops. Warts don't disappear completely after treatment. Other warts appear after treatment.

WARTS, VENEREAL(Condyломата Acuminata; Genital Warts; Moist Warts)

BASIC INFORMATION

DESCRIPTION

Warts in the genital area (includes the urethra, genitals and rectum). These are more contagious than other warts. Evidence suggests that the virus that causes venereal warts may also be associated with genital malignancies. They affect both sexes of sexually active adolescents and adults.

FREQUENT SIGNS AND SYMPTOMS

Venereal warts have the following characteristics:
They appear on moist surfaces, especially the penis, entrance to the vagina and entrance to the rectum.
They are thin, flexible, solid elevations of the skin, growing in stalks or clusters. They are taller than they are wide.
Each wart measures 1mm to 2mm in diameter, but clusters may be quite large.
They don't hurt or itch.

CAUSES

Venereal warts are caused by a subtype of the same virus that causes other warts, human papilloma virus (HPV), but they are more contagious. They spread easily on the skin of the infected person and pass easily to other people. They are usually transmitted sexually, often as a result of poor hygiene. They have an incubation of 1 to 6 months.

RISK INCREASES WITH

Poor nutrition.
Other venereal disease.
Multiple sexual partners.
Crowded or unsanitary living conditions.
Poor hygiene.
Not using condoms.
In children, warts may be a sign of sexual abuse.

PREVENTIVE MEASURES

To prevent spread of warts to other parts of the body or to other persons:
Don't scratch warts.
Avoid sexual activity until warts heal completely. Use rubber condoms during sexual intercourse.

EXPECTED OUTCOME

These small warts usually cause no symptoms. If untreated, they probably will disappear eventually. However, because the virus may be associated with genital malignancy, obtain medical treatment. Recurrence is common.

POSSIBLE COMPLICATIONS

Female cervical disorders, including cancer.
In males, urinary obstruction.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include biopsy of tissue, colposcopy, androscopy, anoscopy, and Pap smear.

Treatment will be determined by size and location of warts.

Small warts may be treated with topical applications. For smaller warts, application of liquid nitrogen to warts (cryotherapy). Some larger warts require laser treatment, electrocoagulation or surgical excision.

MEDICATION

May prescribe podophyllin, a topical medication. Apply it carefully to avoid damaging surrounding healthy tissue. Use petroleum jelly on surrounding tissue first. Don't apply to large areas at one time. Wash off after 4 hours. This may cause irritation or absorption of the drug. Keep podophyllin out of eyes.

ACTIVITY

No restrictions, except to avoid sexual relations until warts are completely gone.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has symptoms of venereal warts. The following occur after treatment:
The treated area becomes infected (red, swollen, painful or tender).
Fever.
Feeling generally ill.

WHIPLASH(Cervical Strain)

BASIC INFORMATION

DESCRIPTION

Injury to the neck caused when it is whipped backward forcefully usually in an accident. Areas involved are the muscles, tendons, disks and nerves in the neck.

FREQUENT SIGNS AND SYMPTOMS

Pain or stiffness in the front and back of the neck either immediately following or up to 24 hours after injury.

Dizziness.

Headache.

Nausea and vomiting (sometimes).

CAUSES

Injury, usually from contact sports or motor-vehicle accidents.

RISK INCREASES WITH

Osteoarthritis of the spine.

Situations that make accidents more likely, such as: driving in rainy, icy or snowy weather.

"Tail-gating" or other poor driving habits.

Driving after excess alcohol consumption or use of mind-altering drugs.

PREVENTIVE MEASURES

Use the padded headrests in your auto. These have decreased the frequency and severity of auto whiplash injuries. Drive carefully and defensively. Don't drink or use mind-altering drugs and drive.

EXPECTED OUTCOME

Usually curable in 1 week to 3 months with treatment.

POSSIBLE COMPLICATIONS

Temporary numbness and weakness in the arms, if nerve roots are injured. This may persist until recovery.

TREATMENT

GENERAL MEASURES

Diagnostic tests may include X-rays of the spine and neurological studies to rule out injury to the spine.

Treatment may involve medications, physical therapy and other supportive therapies.

Apply ice packs to the injured area for 10 to 20 minutes each hour during the first 24 hours.

After 24 hours, use ice packs or heat to relieve pain. Heat may include hot showers twice a day, in which the water beats on your neck and shoulders for 10 to 20 minutes. Between showers, apply hot soaks to the neck, or use a heat lamp several times a day for 10 to 15 minutes.

Try to improve your posture. Pull in your chin and abdomen when sitting or standing. Sit in a firm chair and force your buttocks to touch the chair's back.

If symptoms are severe, buy and wear a soft, padded, fabric collar (Thomas collar) until pain subsides.

Sleep without a pillow. Instead, roll a small towel to 2 inches in diameter, or use a cervical pillow or a Thomas collar. Poor sleeping positions delay healing.

If you have nerve-root pressure, with numbness and weakness in the hand or arm, a cervical-traction apparatus may be recommended. This can be hung over a doorway.

Diathermy or ultrasound treatments.

Surgery to remove an injured spine disk (rare).

MEDICATION

Pain relievers or muscle relaxants may be prescribed.

You may use non-prescription drugs, such as aspirin or acetaminophen, for minor pain.

ACTIVITY

Depends on the severity of symptoms. During the acute or severe stage, rest as much as possible. As symptoms improve, resume normal activity gradually.

Avoid lifting heavy objects.

DIET

No special diet. Avoid alcohol.

NOTIFY OUR OFFICE IF

You or a family member has a painful neck injury.

Pain, numbness, tingling or weakness develops in the arm or face.

New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

WINTER ITCH (Xerotic Eczema)

BASIC INFORMATION

DESCRIPTION

Severely chapped skin that becomes cracked, fissured and inflamed. The disorder is most common in winter. It is not contagious. Can appear on skin anywhere on the body, but most commonly on the legs.

FREQUENT SIGNS AND SYMPTOMS

Lesions with the following characteristics:

The lesions are round plaques (flat-topped patches), 2cm to 5cm in diameter. The plaques are sometimes piled like flat discs on top of each other. They usually have very definite borders.

The plaques itch, burn and sting.

Redness is most pronounced within the cracks and fissures which caress the plaque surface.

The plaques usually don't weep or become crusty.

CAUSES

Insufficient oil on the skin's surface, which allows evaporation of water through the skin. Skin cells shrink so much that islands of cells begin to separate, causing cracks and fissures. Oil in the skin decreases with aging, excessive bathing and excessive rubbing of the skin.

RISK INCREASES WITH

An environment with low humidity, especially in homes heated with hot-air fans in the winter.

PREVENTIVE MEASURES

Reduce water loss from the skin:

Shorten the frequency and duration of baths or showers; use cool water.

Use soap sparingly.

Pat skin dry rather than rubbing it.

Apply skin lubricants. (Lac-Hydrin, Eucerin, etc.) to dry skin before chapped areas become inflamed.

Use ultrasonic, cool-mist humidifiers in rooms with very dry air. Clean humidifier daily.

EXPECTED OUTCOME

Usually curable with treatment, but recurrence is common unless environmental conditions can be controlled.

POSSIBLE COMPLICATIONS

Secondary bacterial infection in the affected area.

TREATMENT

GENERAL MEASURES

Diagnostic tests are usually unnecessary.

The most important aspect of treatment is hydration and lubrication of the skin.

Apply lubricants. Use hand cream 4 to 8 times per day on the hands and twice daily on the trunk and extremities. When possible, apply immediately after bathing while the skin is wet to trap additional moisture before evaporation occurs.

Avoid the use of detergent soaps and don't use hot water for showering or bathing. Oil in bath water may help.

A humidifier in the bedroom or central home humidifier is helpful.

MEDICATION

For minor discomfort, you may use nonprescription skin lubricants, such as petroleum jelly, mineral oil, cold cream, Lac-Hydrin or Eucerin.

For serious discomfort, topical cortisone creams may be recommended.

ACTIVITY

No restrictions. Avoid long-term exposure to a drying environment.

DIET

No special diet.

NOTIFY OUR OFFICE IF

You or a family member has severely chapped skin, and self-care does not relieve symptoms in 1 week.

Chapped skin becomes inflamed.