

Developing the

SUCCESSFUL

Clinical Abstract



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Goals



- Identify the elements of successful vignette abstracts
- Understand the role of the abstract in developing posters, presentations and papers

A Successful Abstract . . .

- Follows the written guidelines
- Is well-written
- Meets the stated goals of organization/ conference
- Basis for future work

Clinical Abstracts

	Clinical Research	Clinical Case (Vignette)
Data	Aggregated Clinical	N=1
Purpose	Describe clinical findings	Describe interesting case
Goal	Suggest systemic change	1. Potential Research 2. Future Differential Dx

Developing a Case Abstract

- Pick a significant case
- Include **EVERYONE** who worked on it!!!!
(at least ask!!!!)
- Research the case
- Review requirements
- First draft
- Have others review
- Rewrite, Rewrite, Rewrite

*"I'm sorry this letter is so long.
I didn't have time to be brief."*

Mark Twain

*Good writing takes time.
Don't put it off!!!!*

What Makes a Good Case?

- Rare
- Unusual presentation
- Unusual complication of a disease
- Unusual management
- Increases awareness of a condition
- Suggests a new diagnostic strategy
- Demonstrates a more cost-effective approach

Source: ACPOnline: Writing a Clinical Vignette Abstract

http://www.acponline.org/srf/abstracts/clinvin_abs.htm. Retrieved 2/4/08

Formatting the Abstract

Follow the guidelines!

Research Day Vignette Abstract Format:

- Introduction
- History
- Physical, Laboratory and/or X-ray
- Course
- Discussion

250 words

<http://www.med.uiuc.edu/sa/Events/Symposium/Callforpresentations.php>

1. Introduction:

Relevance of case (*one-three sentences*)

Title: *Ergotism Masquerading as Arteritis*

Ergotism is a condition characterized by intense generalized vasoconstriction. The infrequency with which it is encountered makes ergot poisoning a formidable diagnostic challenge.

2. History:

Major elements of patient's case

A 34-year-old woman consulted her doctor because of headaches, dyspnea, and burning leg pain. A clinical diagnosis of mitral stenosis was made. Within a month, she had a cardiac catheterization because of progressive dyspnea.

3. Physical, Laboratory and/ or X-ray

At catheterization, severe mitral stenosis was confirmed and an elective mitral valve commissurotomy was scheduled. She presented to the hospital one day early because of increased burning in her feet and new onset right leg pain.

In addition to mitral stenosis, the physical examination revealed a cool, pulseless right leg. An arteriogram showed subtotal stenosis and a pseudoaneurysm of the popliteal artery. At the time of the commissurotomy, a right femoral artery balloon dilation followed by patch graft repair of the stenosis was performed.

On the fifth postoperative day, she experienced a return of the burning leg pain and the leg was again found to be cool and pulseless. An emergency arteriogram showed smooth segmental narrowing and bilateral vasospasm suggestive of severe, generalized large-vessel arteritis.

4. Course of the Disease

Briefly describe what happened

Treatment was initiated with high-dose corticosteroids, anticoagulants, antiplatelet drugs, and vasodilators. Despite this, her condition worsened, with both legs becoming cool and pulseless. Additional history revealed that she had been abusing ergotamine preparations for a number of years to relieve chronic headache symptoms, and she continued to receive these medications during hospitalization.

At this point, the ergotamine preparations were discontinued and an intravenous infusion of nitroprusside was begun, resulting in significant improvement within 2 hours and her symptoms completely resolved within 24 hours. The patient remained symptom-free after the nitroprusside was discontinued and was discharged from the hospital.

5. Discussion

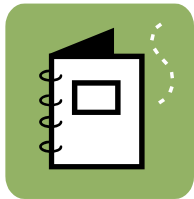
Teaching Points *(so what?)*

This case illustrates the potential for severe vascular ischemia with use of ergotamine and the value of a complete history. Although the ischemia seen in this patient is rare, it was a predictable side effect of ergotamine use.

Recognition of this syndrome is critical to institution of appropriate therapy and prevention of ischemic necrosis of an extremity.

The Abstract

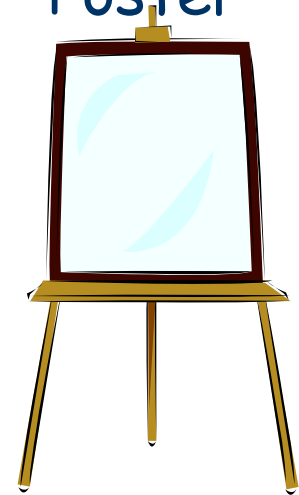
Report



Presentation



Poster



Resources

ACP Online: *Writing a Clinical Vignette Abstract*

http://www.acponline.org/residents_fellows/competitions/abstract/prepare/index.html

McCarthy, L.H. and Reilly, E.H. *How to write a case report*
Family Med 2000;32(3) 190-5.

<http://cweb/FamilyPracticeResidency/Research/WordDocuments/Case%20Report%20Summary.doc>

2008 University of Illinois Research Day. *Call for presentations.*

<http://www.med.uiuc.edu/sa/Events/Symposium/Callforpresentations.php>