

Orthopedic Surgeon in the ER: The Importance of Remembering the Basics

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This month's E-publishing section, "A Night in the ER," features articles on penetrating trauma such as gunshots and knife wounds. These articles remind us that although some gunshot and stab wounds appear small and unimpressive on the surface, internal vital structures may have been damaged. Today, a great many orthopedic surgeons are specialized and tend to focus on their field of expertise. We occasionally fail to see the "big picture."

I remember a patient in the ER at Jefferson University Medical Center during my spine fellowship 20 years ago. This 39-year-old man had a history of some low-back pain but he presented with severe anterior thigh pain of 2 weeks' duration. Focusing on the spine, I made a provisional diagnosis of L3 radiculopathy



"[By being specialized,] we occasionally fail to see the 'big picture.'"

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and ordered lumbar magnetic resonance imaging scan. The MRI scan was unremarkable except for mild degenerative changes. I recommended some analgesics and anti-inflammatory medications and arranged for a follow-up with an attending physician. Follow-up x-ray of the femur showed obvious, albeit unusual, osteomyelitis changes of the distal femur. It was an embarrassment that I will never forget.

I share this story to remind myself and the readers that the patients that we see in the ER or orthopedic clinics frequently have conditions that fall outside the domain of our specialty. With every patient we see, we must be vigilant about formulating appropriate differential diagnoses before assuming a diagnosis common in our specialties. In the ER, remembering ABC (airway, breathing, circulation) and the other principles of trauma assessment and care is paramount before focusing on the orthopedic problem. I can share more cases of mine and others in which delayed or missed diagnoses in the clinics or ER resulted in suboptimal care or medicolegal conflicts. Making the correct diagnosis at the earliest possible time in the patient's care leads to better outcomes. We must strive to excel in our own specialties, but remembering the basics of medical, surgical, and trauma care is as important, if not more so. ■