

Book review “Clinical Cases in Laboratory Medicine”

Joseph B. Lopez

MAHSA University, Kuala Lumpur, Malaysia

REVIEWED BOOK

“Clinical Cases in Laboratory Medicine”

by Jane French, Beverly Harris
and William Marshall

Publisher: ACB Venture Publications, Oct 2014

(a publication of the Association
of Clinical Biochemists, UK)

194 pages

ISBN 978-0-902429-56-7

EAN 9780902429567

Corresponding author:

Joseph B. Lopez

MAHSA University

Kuala Lumpur, Malaysia

RECESSION

Traditionally, the laboratory has produced results with reference intervals to guide interpretation. The pathophysiological interpretation has been mostly left to the attending doctor and there is no mandatory requirement for comments on results, even for the abnormal ones. Increasingly, however, the laboratories now append a comment to results when it is felt that this would help. This practice adds value to the result. While there is some evidence that comments have an impact on patient-care (1,2), there have been very few studies of its value and clearly more are required.

It is important that comments should reflect accepted practice and current knowledge and guidelines. Often, they do not. Indeed, there is a perception that there is much room for improvement as seen from the responses in QA programmes on result commentary. It has been of concern that a large proportion of comments seen in these QAPs were considered to be inappropriate and even misleading (3).

Therefore, “Clinical Cases in Laboratory Medicine” is a book whose time has come since there are hardly any books purely dedicated to the interpretative commentary of results in clinical chemistry. It contains

80 cases largely drawn from the UK NEQAS for Interpretative Comments. A list of reference intervals for the common analytes (intervals for the uncommon analytes are given where appropriate in the individual cases) and references for each scenario are provided in the appendices.

While many of the cases are straightforward, some of them have esoteric diagnoses. The format of the book consists of a short scenario for each case, followed by a set of laboratory data. This follows a question or questions designed to encourage the reader to consider the information from the perspective of the requesting clinician and then provide comment on the appropriate course of action to take. One of the authors has previously said that a good comment, should aim to answer the enquiring doctor's stated or implied question, indicate the possible significance of the results and perhaps suggest a response such as further investigation or referral (4).

While each case in the book begins on a fresh page, it is often much less than a page in length. This format has meant that a lot of space is wasted on the page containing the case description. The case commentary is given on the reverse page. Presumably this is to discourage the reader from falling to the temptation of reading the discussion before trying to figure it out. The commentary contains issues raised by the case together with options for further investigations and management of the patient and key learning points, all squeezed into a single page. The

need to cram the commentary into a single page has resulted in a smaller sized font being used to accommodate it into a single page. It would have been better if the same font size was used throughout the book and the commentary simply followed the case presentation without any waste of space.

This book is yet again another contribution from that excellent series of publications of the ACB. Besides the practising clinical biochemist, it will be useful to anyone involved with clinical biochemistry, including undergraduate or postgraduate students. While a wide range of cases is presented, almost all are based on clinical problems. However, unusual results can sometimes occur due to problems in the pre-analytical phase of testing. It is hoped that the authors will present in future editions scenarios that address problems in this important part of laboratory investigation.

REFERENCES

1. Kilpatrick ES. Can the addition of interpretative comments to laboratory reports influence outcome? An example involving patients taking thyroxine. *Ann Clin Biochem* 2004; 41: 227–229.
2. Bell DA, Bender R, Hooper AJ, McMahon J, et al. Impact of interpretative commenting on lipid profiles in people at high risk of familial hypercholesterolaemia. *Clin Chim Acta* 2013; 422: 21–25.
3. Lim EM, Sikaris KA, Gill J, Calleja J, et al. Quality Assessment of Interpretative Commenting in Clinical Chemistry. *Clin Chem* 2004; 50:3 632–637.
4. Marshall W. Read the Question Carefully Before You Write Your Answer! *ACB News Issue* 576. April 2011.