

Dear Readers,



Evidence-based medicine is a gold standard for creating clinical practice guidelines. On the other hand, case-based reasoning may also be helpful in specific and rare clinical situations [1]. This issue of Advances in Palliative Medicine includes a few case reports which we believe you will find helpful in the everyday practice.

Primary lung adenocarcinomas, particularly bronchoalveolar carcinoma, may produce large amounts of bronchial excretion. Bronchorrhea may dramatically affect patient quality of life. There is no standard treatment to control this symptom, however a common empirical approach is the use of steroids. Furthermore, this subtype may be particularly sensitive to gefitinib and erlotinib — small molecule tyrosine kinase inhibitors. Indeed a few reports showing dramatic improvement with these compounds have recently been published [2, 3]. Zylicz Z reviews the literature addressing bronchorrhea and presents a case successfully treated with continuous subcutaneous infusion of a somatostatin analogue — octreotide. He also presents another rare entity — nostalgia paraesthetica, which is characterized by pain and itching in a dorsal area, usually at the level of Th2-6.

Janecki M and Janecka J describe advanced lung cancer patients referred to hospital, who developed cognitive failure and delirium, and discuss possible interventions.

Finally, Celso B et al. compare self-perceived attitudes, confidence and concerns in relation to palliative and end-of life care among residents in general surgery and family medicine. They conclude that in spite of similarities and differences between both groups, the importance of palliation as a competency should be formulated in a curriculum tailored to the specific requirements of a residency program.

Ewa Jassem
Department of Allergology
Medical University of Gdansk, Poland

1. Aamodt A., Plaza E. Case-Based Reasoning: Foundational Issues, Methodological Variations, and System Approaches. IOA Press 1994; 7: 39–54.
2. Kitazaki T., Fukuda M., Soda H., Kohno S. Novel effects of gefitinib on mucin production in bronchioloalveolar carcinoma; two case reports. Lung Cancer 2005; 49: 125–128.
3. Milton D.T., Kris M.G., Gomez J.E., Feinstein M.B. Prompt control of bronchorrhea in patients with bronchioloalveolar carcinoma treated with gefitinib (Iressa). Support Care Cancer 2005; 13: 70–72.
4. Hodgson C., Ntoumenopoulos G., Dawson H., Paratz J. The Mapleson-C circuit clears more secretions . Hyperinflation using pressure support ventilation improves secretions than the Laerdal circuit during manual hyperinflation in mechanically-ventilated patients: a randomized cross-over trial. Aust. J. Physiother. 2007; 53: 33–38.

