Preface

"*Clinical Scenarios*" is directed toward trainees of rheumatology. Active learning by case studies on the way toward an established diagnosis based on a structured clinical knowledge and thinking – such is the concept of this training. It has arisen from the experience of practical clinical teaching.

How can I find a diagnosis for the pictures on the front matter page? Which two commonly confused diseases do the two hands represent? Which syndromes can be seen here: arthritis, osteoarthritis, or both? How can I find the correct diagnosis for diseases I am seeing for the very first time? How to get the ability to apply my knowledge about diseases from the basic books to a real patient?

The 73 clinical situations and 156 illustrations provide a realistic simulation of everyday medical practice – not as an illustration of the topic, but as a problem to be solved when seeking a diagnosis. Furthermore the case reports and pictures complete most part of the specific area of rheumatology and present the important basis of what every doctor should be able to identify and interpret correctly. Syndrome or disease? This lately important of questions is the key both to diagnosis and clinical training. During the training with this book you can reach a diagnosis for the first time on your own, using the morphological structured signs or syndromes (terminated as a stable combination of symptoms from the Greek *syn*. together, *dromos* passage) which, unlike the symptoms, clearly depict the similarities and distinctions of the individual diseases. The solutions to the images and associated clinical situations are offered not as a process of perception or visual diagnosis, but rather as a *flow* of thoughts (the Greek term for flow, *rheuma*, happens to fit perfectly here) and respectively the outcome of integrated morphological and pathophysiological reasoning.

The clinical situations and figures enclose the relatively comprehensive collection of rheumatologic leading symptoms and syndromes (Chap. 1). Certain clinical situations – also emergencies – are presented as "typical," "unusual," or "memorable." They are labeled with the combinations of symptoms and syndromes, documented in the images by means of various radiological and morphological methods; also included are the traditional and new therapeutic options (immunosuppressive, biologics, laser therapy, surgeries) partly with therapy outcomes in figures. The syndromes, especially on the images, should be recognized by the reader in the context of the clinical situation and then linked with the correct diagnosis. The exemplary solutions are presented, even in the case when comparing the classical nosological and here favorite syndromes principle (Chap. 1.2).

The reader is encouraged to enter his/her preliminary diagnosis of all figures and clinical situations in Chap. 3 as self-check and then compare his/her opinion with the diagnosis given in the Appendix. This table also serves as an index for all figures and clinical situations for a quick diagnosis. A critical review of each figure and clinical situation is presented and discussed in terms of specifics of the cases and its boundaries in the overall context with the individual treatment options (Chap. 2).

In *Clinical Scenarios* with the images and clinical cases is also presented the deductive key for their clearing. The standardized diagnostic program (diagnostic skills) achieves a solid structuring of the findings based on morphology and pathophysiology as well as the causal investigation and wide-ranging clinical examination. The Rheumatology Trees 1 and 2 (Tables 1 and 2) offer compact information as basics at a glance and as "shortcut" for the already experienced colleagues who want to fresh up their proficiency. All images were structured as syndrome-specific, non-disease-specific, or disease specific. *Rheumatology: Symptoms and Syndromes*, E. Benenson, Springer 2011, is a reference work for this book. Thus the clinical routine – from patient to information and back – is in the active learning completely modulated. The idea, how to get a diagnosis, can be applied to other areas of clinical medicine.

Training in rheumatology with these clinical cases could vary according to the individual objectives: as self-assessment (quiz) or study program (case-based learning) with the book as a well-structured guide to differential diagnosis (diagnostic Index of all syndromes and diseases in the Appendix), or package of individual therapeutic options with clear outcomes.

I wish my readers both enjoyment and success and to myself a broad discussion in the future about clinical training (efim@benenson-rheumatologie.de).

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