

Editorial

Case Essay: A New Clinical Feature in Forum

What is the most likely subject for dermatologists to discuss with colleagues in their spare time? A safe guess is that their talk often turns to patients with unusual manifestations of common diseases, rare diagnoses or diseases masquerading one another. Anyone who has been in the speciality long enough has heard proud colleagues describing their successful diagnoses of crusted scabies in a patient previously labelled as suffering from atopic dermatitis or bullous pemphigoid being treated for months under the diagnosis of chronic dermatitis before they changed it. The importance of this kind of case discussion is not to be taken lightly; it plays a major role in continuous clinical education by exposing potential pitfalls or reminding us of rare entities. We remember single cases more vividly than the best review articles or the results from the double-blind controlled studies. Taken collectively, these discussions are equally as important as the more formal education obtained from participation in courses and congresses. They represent post-graduate 'problem based learning' integrated into daily life.

The idea behind *Case Essays*, featured for the first time in this issue of *Forum*, stems from the desire to share our cases with a broader circle of dermatologists. *Forum* is a platform for the exchange of knowledge among clinicians and thus seems to be an ideal medium for this purpose. So what is a *Case Essay*? Ideally, it will reflect the intellectual adventure of a dermatologist faced with a non-trivial problem. Technically, it is constructed like the *Modified Essay Questions* (MEQ), where the objective clinical data about a real patient are revealed stepwise and interrupted by the response of the author. Its form lies somewhere in between the classic academic case presentation and the story told in the coffee room in the out-patient clinic. We are trying to take the best from both of these worlds: the coherence and order implied by the written form and the degree of subjectivity and vividness that are part of the daily work experience. The form of the MEQ is similar to the real clinical world and has already been implemented as a form of examination in some medical schools. The *N Engl J Med* was the first medical journal to use this new policy for case presentation in their section on clinical problem-solving. In *Forum* we call it a '*Case Essay*' to sharpen

the profile of the concept and distinguish it from the traditional case report.

What is the purpose of a *Case Essay*? It may have many purposes, but two are especially prominent: The first is to present current clinical thinking among dermatologists in Scandinavia. We could say it is the counterpart to the 'How do I treat' section and could call it 'How do I diagnose'. The *Case Essay* exposes the train of thought as evoked in a physician's mind when presented with a particular clinical problem. Secondly, by presenting especially interesting cases and possible pitfalls in the diagnostic process, the *Case Essays* will play an educational role.

We hope that you will enjoy reading *Case Essays* at least as much as we enjoyed preparing the idea for *Forum*. Whether this feature will be retained in the future depends on you. Please send us a vote of confidence by submitting your own essay, using the first essay presented in this number as a sample. We also welcome comments on the *Case Essays* published in this and coming issues.

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