

Clinical Case Reports Dataset for Machine Reading

Simon Šuster*[◇] and Walter Daelemans*

*CLiPS, University of Antwerp; [◇]Antwerp University Hospital



On admission the patient was started on oxygen therapy and intravenous fluids for haemodynamic stabilisation, as well as empirical broad spectrum antibiotic treatment (piperacillin / tazobactam and ciprofloxacin). Because of the lack of clinical improvement and subsequent suspicion of systemic complications of the intravesical instillation of BCG, antituberculous treatment was added on the third day of hospitalisation (isoniazid 5 mg / kg / day, rifampicin 10 mg / kg / day, ethambutol 20 mg / kg / day and moxifloxacin 500 mg / day) as well as intravenous prednisolone (0.5 mg / kg / day). On histological confirmation of disseminated granulomatous disease, broad spectrum antibiotic treatment was terminated. A gradual improvement in clinical and laboratory status was achieved within 20 days of antituberculous treatment. The patient was then subjected to a thoracic CT scan that also showed significant radiological improvement (figure 1C). Thereafter, tapering of corticosteroids was initiated with no clinical relapse. The patient was discharged after being treated for a total of 30 days and continued receiving antituberculous therapy with no reported problems for a total of 6 months under the supervision of his hometown physicians.

If steroids are used, great caution should be exercised on their gradual tapering to avoid @placeholder.

relapse

Source:

BMJ Case Reports,
online collection of
cases describing
common and rare
conditions



12,300 cases

110,000 queries

168 million tokens

700,000 concepts

64%_{±11} human
accuracy