

'Do I have a case ...?'

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In our clinical routine, we care for hundreds of cases a year and still we are repeatedly surprised by the complexity of human pathophysiology. With increasing clinical experience we are more and more aware that 'things are not always what they seem'. Hence, we would all unanimously underscore that 'the first appearance deceives many' as already coined by the ancient Roman fabulist Phaedrus. In this sense, we also have to admit that despite all our 'flight hours' we find ourselves among the 'many deceived' from time to time.

In the current issue, this confronting notion is supported by an intriguing case series meticulously described by Winia and colleagues.^[1] Herein, the diagnostic and prognostic challenges of absent brainstem reflexes upon clinical presentation are outlined and revisited, highlighting potential pitfalls of our clinical judgement.

I would dare to conclude that composing a case report is much in line with Phaedrus' thought that 'the intelligence of a few perceives what has been carefully hidden'. Although many high-impact medical journals do not stimulate the publication of case reports, the intrinsic value of this type of contribution remains well recognised.^[2-4] In addition, especially intensivists understand the fundamental shortcomings of evidence-based medicine. Tailoring daily critical care to the complexity of every individual case is of the essence in our clinical practice and often hardly met by the available scientific evidence. This complexity may go so far that it is emphatically required to 'think outside the box' in order to solve a seemingly refractory clinical problem in everyday practice.

The case report described by Gilleit and colleagues in this issue demonstrates the practical relevance of a 'thinking outside the box' strategy.^[5] Moreover, it exemplifies that it may even significantly add to systematic approaches of good clinical practice, in this case, to the well-appreciated systematic ABC of weaning failure analysis.^[5,6]

Therefore, we should foster the value of describing and mutually exchanging our clinical experience and anecdotes as we already do at the bedside every day. It serves to teach our students, residents and fellows, providing them with challenging

opportunities to publish and share their experience.^[7] The value and format of the genre of case reports may remain a matter of ongoing debate, but it should not be underappreciated that our daily cases have enhanced not only our individual professional knowledge and mechanistic insights, but also 'last but not least' promoted our clinical recognition, as the photo quiz of 'a cool ECG' by Van Bommel and Hoogeveen elegantly elicits.^[8]

So, clearly, if you wonder 'Do I have a case ...?' when you're 'struck' by an extraordinary clinical scenario as e.g. presented in the case reports by De Medts^[9] and Groenendijk^[10] you should consider to write it down, be it as a reflection of professional enthusiasm and a pleasure of lifelong learning.

Disclosures

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