

heuristic should not be relied upon at the expense of an accurate diagnosis.

Type II reasoning was required to unify this case.

INTRODUCTION:

- Clinical reasoning research suggests that **physicians apply heuristics**, or mental shortcuts, to simplify complex information (e.g., pattern recognition or Type I reasoning).
- The **representativeness heuristic** allows physicians to *recognize a typical case of a specific diagnosis*.
- This **heuristic fails** when there is an atypical presentation, *particularly when the pathology is rare and the symptoms ambiguous*.

CASE REPORT

- **61-year-old female** with Crohn's disease
- **Presents with dysphagia and 16kg weight loss**
- Review of systems is notable for dysuria, polyuria and abrupt cessation of chronic diarrhea
- **Afebrile** and hemodynamically stable

White Blood Cell Count	16.9 x 100/L
Hemoglobin	6.7 g/L
C-Reactive Protein	190 mg/L

- **Urinalysis** is consistent with **cystitis**
- **Empiric antibiotic** therapy is initiated
- Upper endoscopy/colonoscopy unremarkable
- On day 3, the patient remains hospitalized **without a unifying diagnosis** to explain her *constellation of indolent symptoms*
- Given her 5-day history of constipation in the setting of chronic diarrhea, a **plain film of the kidneys, ureters and bladder (KUB)** is ordered



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