

## **Medical Trainees Conference 2024 – Slido Responses**

### **Myeloproliferative disorders in the elderly, Dr Christopher Tiplady**

*Q: Clinically with routine bloods, are they simple pointers on differentiating myelofibrosis from MDS?*

A: The best answer here is to request a blood film with some helpful clinical details.

MDS -typical history – anaemia, tiredness.

Blood film - macrocytosis frequent, hypogranular neutrophils, often low platelets

MF – typical history – weight loss, abdo pain, tiredness

Blood film – tear drop poikilocytosis, nucleated red cells, immature white cells (myelocytes and occasional blasts) , thrombocytopenia

### **Is my headache serious? Dr William Sedley**

*Q: Is there a key clue from your experience on spotting CVST?*

A: CVST often has other features besides the headache, such as seizures, papilloedema or focal neurological deficits. However, sometimes it is just a severe new or much worse headache, typically with migraine features, which is generally persistent. I have only once seen it as a purely episodic headache. A lot of it is about considering which patients are high risk for it (post-partum, or significant recent illness or dehydration, previous thromboses), but we get a number with no clear risk factors either. The key thing is just always keep it in mind for a new and unexplained headache which persists.