Predicting Diagnostic Accuracy

To the Editor: The report by Nendaz et al.¹ on diagnostic accuracy highlighted the importance of previous exposure to similar cases and generating hypotheses early in the encounter. However, I was surprised the authors did not reference the descriptive article by Kassirer and Gorry² in which similar conclusions were reached. Kassirer served as the repository of data for a woman with salt losing nephritis. Four nephrologists, 1 gastroenterologist, and 1 cardiologist obtained the history of present illness and were required to provide a reason for asking each question. The nephrologists asked fewer total questions, they asked fewer questions to reach the point where a correct diagnosis was first offered, and asked fewer questions to arrive at a firm diagnosis. Despite the lack of study power and formal statistical analysis, Kassirer and Gorry were able to accurately describe the behaviors validated quantitatively by Nendaz et al. almost 30 years later.

David A. Nardone, MD, VHA Medical Center, 6714 NE Copper Beech Drive, Hillsboro, OR 97124, USA; (e-mail: danardone@verizon.net).

REFERENCES

1. **Nendaz MR, Gut AM, Perrier A, Louis-Simonet M, Blondon-Choa K, Herrmann, FR, Junod AF, Vu NV.** Brief report: beyond clinical experience: features of data collection and interpretation that contribute to diagnostic accuracy. *J Gen Intern Med.* 2006;21:1302–5.
2. **Kassirer JP, Gorry GA.** Clinical problem solving: a behavioral analysis. *Ann Intern Med.* 1978;89:245–55.

© 2007 Society of General Internal Medicine 2007;22:1064
DOI: 10.1007/s11606-007-0214-4
Published online April 26, 2007