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Case Report Open Access

Doctors Must Be Good Face Reader

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1. Abstract

1.1. Introduction

The health professionals are busy round the clock in keeping them updated by gaining knowledge in latest development and researches happening in scientific world. For this, they use different means like journals, books, internet, attending continuing medical education (CME) programs and conferences. There has been significant shift towards evidence-based medicine which is supported by biochemical and radiological investigations. In this change of attitude, we are forgetting importance of good history and clinical examination which include good face reading of patients because many diagnoses are written on face.

1.2. Case Report

We report two cases of a middle-aged female and male who presented with long standing history of non- ulcer dyspepsia and constipation. They took consultation from various local private practitioners who got routine investigations which were normal and ultrasound abdomen showed fatty liver. Both of them were treated symptomatically with proton pump inhibitors (PPI), Prokinetics and laxatives but for temporary and partial relief of symptoms. At this point of time, they reported to our department for consultation. Both of them have classical hypothyroid faces and hands. The complete thyroid profile was done which revealed clear pattern of hypothyroidism with raised TSH and decreased free T3 and T4 level. They were started on oral Eltroxin 100 ug and became symptom free within six weeks of starting of treatment, along with normalization of complete thyroid profile and are symptom free even after six months of follow up.

1.3. Conclusion

Certain diagnosis are written on the face of patients which can be easily picked up and confirmed on relevant simple biochemical investigations. The more the treating health professional are knowledgeable and good face readers, then proper and early diagnosis can be made.

Figure 1: Hypothyroid Face-Dry,Broad nose, oedematous skin, Madarosis.

Figure 2: Hypothyroid face- Dry, broad nose, oedematous skin.

Figure 3: Showing Hypothyroid hands which are swollen, dry with brittle nails.

2. Introduction

Health professionals can benefit from being skilled at analysing a patient's face, as the face serves as a "mirror" to internal physical and emotional health, with facial features often reflecting underlying health conditions. While this historically refers to ancient practices like Chinese face reading or physiognomy, modern medicine and AI are increasingly using facial analysis to detect, diagnose, and manage health conditions early. The health professionals are busy round the clock in keeping them updated by gaining knowledge in latest development and researches happening in scientific world. For this, they use different means like journals, books, internet, attending continuing medical education (CME) programs and conferences.

There has been significant shift towards evidence-based medicine which is supported by biochemical and radiological investigations. In this change of attitude, we are forgetting importance of good history and clinical examination which include good face reading of patients because many diagnoses are written on face. Specific facial changes can indicate underlying health issues like dry face, ptosis of eyes, with broad swollen nose and hands of hypothyroidism, sunken, gray cheeks might suggest lung issues, while certain discolorations, lines, or scars can signal internal imbalances. Facial diagnosis can be more efficient and cost-effective than traditional methods, particularly for identifying diseases with subtle clinical manifestations. A skilled professional can identify potential health issues (like signs of stress or nutritional imbalances) before they escalate, allowing for preventative care. AI-driven facial analysis is increasingly used to monitor conditions like Acromegaly and Cushing's syndrome, with studies finding that computers can achieve higher accuracy in identifying these diseases (up to 86%) compared to human clinicians in early stages. Face reading (or analysis) allows for a non-invasive, contactless assessment that can help monitor a patient's stress levels and pain, which is particularly valuable for patients who cannot communicate well, such as children.

3. Case Report

We report two cases of a middle-aged female and male who presented with long standing history of non- ulcer dyspepsia, constipation, lethargy and easy fatiguability. They had no history of any chronic illness and both were non-smoker and non- alcoholic. They took consultation from various local private practitioners who got routine investigations done which were found to be normal and ultrasound abdomen showed fatty liver. Both of them were treated symptomatically with proton pump inhibitors (PPI), Prokinetics and laxatives but for temporary and partial relief of symptoms.

At this point of time, they reported to our department for consultation. Both of them have classical hypothyroid faces and hands. The complete hemogram revealed mild normocytic normochromic anemia, liver and renal function tests, blood sugar, urine complete, ECG, Chest x-ray was normal. The viral screen was negative and complete lipid profile showed hypercholesteremia and raised levels of serum triglycerides. The complete thyroid profile was done which revealed clear pattern of hypothyroidism with raised TSH in both female and male patient (15 & 18 mIU/L respectively) and decreased free T3 and T4 level. They were started on oral Eltroxin 100 ug and became symptom free within six weeks of starting of treatment,

along with normalization of complete thyroid profile and are symptom free even after six months of follow up.

4. Discussion

Face reading, a practice as ancient as time, has been a cornerstone in various cultures. Originating from China over 3,000 years ago, this art has evolved into a science. It's not just about telling fortunes; it's a diagnostic tool that can reveal your health status and emotional well-being. Facial recognition technology (FRT) is a new and separate dimension which is transforming patient identification and medical record access by providing a secure and efficient authentication method [1]. Traditional patient verification processes rely on identification cards or manual data entry, both of which are susceptible to administrative errors and identity fraud. Facial recognition offers a contactless and biometric solution that enhances security while streamlining hospital workflows [2]. By linking patient facial scans with electronic health records (EHRs), healthcare providers can accurately retrieve patient information without relying on traditional identification methods, reducing errors caused by misidentification [3]. Hypothyroidism, caused by an underactive thyroid, frequently leads to distinct facial and hand changes stemming from slow metabolism and fluid buildup (myxoedema). Common signs include a puffy, pale, and dry face with drooping eyelids, thinned eyebrows, and a thickened nose or tongue. Hand manifestations include doughy swelling, numbness or tingling (carpal tunnel syndrome), and dry, brittle skin. Actions of thyroid hormone on the skin are mediated through thyroid hormones receptor (TR) i.e., present in epidermal keratinocytes, erector pili muscle, hair follicles, sebaceous gland cells, skin fibroblasts, vascular endothelial cells and Schwan cells. The epidermal homeostasis is regulated by thyroid hormones. Skin in hypothyroidism is rough, dry, and scaly over extensor surfaces [4,5]. Dermal changes include myxoedema (due to glucose-aminoglycan deposition in the skin), oedema of hands, face, eyelid and pallor. Generalized myxoedema is a classical sign of hypothyroidism [6]. Prominent yellowish hue of skin on palms, soles and nasolabial folds known as carotenemia which is secondary to increased dermal carotene deposition [7]. Nail changes are coarse dull brittle striated nails, slow nail growth, longitudinal and transverse striations and onycholysis. Dry skin(xerosis) and decreased sweating secondary to sweat gland changes are also observed. Other skin manifestations include intolerance to cold, purpura, upper eyelids drooping, nerve entrapment syndromes, puffy face, Palmo-planter keratoderma, xanthelasma palpebrum. It is also associated with livedo reticularis of extremities secondary to vasoconstriction and decreased sebaceous gland secretion. Decreased skin perfusion may lead to cold, pale skin which can be examined by nail fold capillaroscopy and laser doppler [6,8,9].

The treating health professional should be a good face reader and patient listener because many things about the illness can be grasped by the same. Many patients of irritable bowel syndrome and dyspepsia have anxiety and depressive features which can be easily judged by their behaviour. Thus, many of them require addition of anti-anxiety and anti-depressive medications which prove to be effective in controlling symptoms of base line illness. A good clinician should be able to make fifty percent of diagnosis by good history and clinical examination, hence good, gentle conversation with patients is must.

5. Conclusion

Certain diagnosis is written on the face of patients which can be easily picked up and confirmed on relevant simple biochemical investigations. The more the treating health professional are knowledgeable and good face readers, then proper and early diagnosis can be made.

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