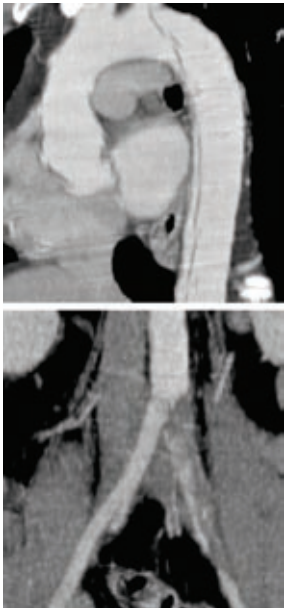


**ANSWERS ARE ON BMJ.COM**  
follow each question's citation

**FOR LINKS TO ENDGAMES**  
go to [bmj.com/channels/education.dtl](http://bmj.com/channels/education.dtl)

CONTRIBUTIONS FOR THIS PAGE SHOULD BE SENT TO  
<http://submit.bmj.com>



## PICTURE QUIZ

### A case of “tearing” back pain and acute limb ischaemia

A 50 year old man presented to his local accident and emergency department with sudden onset of severe “tearing” interscapular back pain and a cold white insensate left leg. At initial assessment he had pronounced hypertension, an ischaemic left leg, and an impalpable left femoral pulse. His medical history was unremarkable. An urgent computed tomography angiogram was obtained.

#### QUESTIONS

- 1 What is the diagnosis?
- 2 What is the most common classification system, and how would you classify this case?
- 3 What complication does the patient have?
- 4 What are the treatment options?

## STATISTICAL QUESTION

### Distribution

If a statistician tells you that your data are not normally distributed and the distribution has “fat tails,” which if any of the following will be true?

- a) Extreme values may be more frequent than in a normal distribution
- b) 95% confidence intervals cannot be computed
- c) Parametric statistics cannot be used
- d) 95% confidence intervals will be narrower than those suggested by a normal distribution.

Submitted by John Fletcher

Cite this as: *BMJ* 2009;338:b370

## CASE REPORT

### A chicken sandwich leading to intensive care

#### CASE STUDY

A 28 year old man presented to the accident and emergency department with central abdominal pain that had lasted just over a day and was “cramping” in nature. He had had bloody diarrhoea for three days, with increasing frequency and amount of blood. He had eaten a chicken sandwich purchased from a canteen the day before the onset of symptoms. There was no history of recent foreign travel or any important medical history.

On examination he was found to be warm and well perfused, and his abdomen was

soft, with mild generalised tenderness. On admission his full blood count, renal function and liver function tests were all within normal range.

Three days after admission he had persistent bloody diarrhoea; his haemoglobin concentration had dropped by 40 g/l to 126 g/l. Colonoscopy and biopsies showed acute indeterminate colitis. His white cell count was  $23.3 \times 10^9/l$ , neutrophils  $19.1 \times 10^6/l$ , platelets  $49 \times 10^9/l$ , international normalised ratio 1.0, APTT (activated partial thromboplastin time) 1.0, C reactive protein 256 mg/l, urea 19.7 mmol/l, creatinine 530

$\mu\text{mol/l}$ , potassium 4.8 mmol/l, serum lactate dehydrogenase 3452 U/l. He quickly became anuric.

#### QUESTIONS

- 1 What is the diagnosis?
- 2 What would you expect to find on culture of stool?
- 3 What would you expect to see on a blood film?
- 4 What is the differential diagnosis?
- 5 What two therapeutic procedures might this patient have?

Submitted by R Som, R Wynne-Simmons, J Islam, and S Lawman

Cite this as: *BMJ* 2009;338:b200

## QUIZ

### Anatomy

To enter the quiz, go to [www.onexamination.com/endgames](http://www.onexamination.com/endgames). The answers will be available immediately. The quiz closes at midnight on Wednesday.

Here's one question from this week's quiz on anatomy taken from the MRCS Part A papers 1 and 2.

#### WHICH OF THE FOLLOWING STATEMENTS ARE TRUE ABOUT THE PUDENDAL NERVE?

- Arises from S3,4,5
- Lies medial to the ischial spine
- Lies on the supraspinous ligament
- Leaves the pelvis through the greater sciatic foramen
- Enters the perineum through the lesser sciatic foramen.