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## CASE REPORT

### A woman attending for routine review of her chronic obstructive pulmonary disease

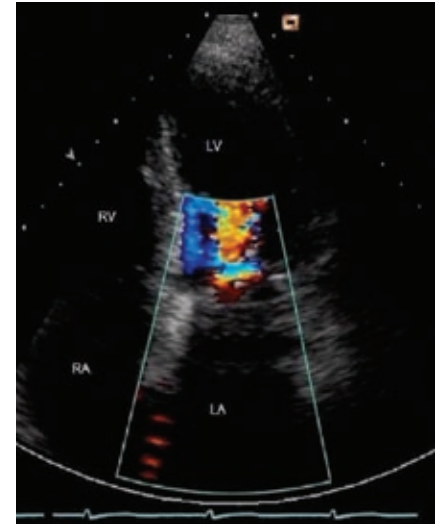
A 57 year old woman attended for routine review of her chronic obstructive pulmonary disease (COPD) complaining that she had recently been more breathless. She was a postal worker and was finding her daily "walk" delivering mail increasingly difficult. She had seen a locum in the practice a few weeks previously who had changed her salmeterol for a combination inhaler containing 100 µg fluticasone and 25 µg salmeterol. The new treatment had not improved her symptoms, and she was worried about the side effects after reading about steroids on the internet.

Her records showed that she requested her treatment regularly, and the nurse noticed that she had had two courses of antibiotics and steroids for exacerbations since the diagnosis had been confirmed five years ago. At the previous year's review she had been given a prescription for nicotine replacement to help her stop smoking. Post-bronchodilator spirometry showed a forced expiratory volume in one second (FEV<sub>1</sub>) of 1.18 litres (40% of predicted) with an FEV<sub>1</sub>/FVC ratio of 51%. Her MRC (Medical Research Council) dyspnoea score was 3.

- 1 How would you approach the problem of her increasing breathlessness?
- 2 What advice would you give her about her treatment?
- 3 What other options should you consider for her?

Submitted by Hilary Pinnock  
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## PICTURE QUIZ



### Progressive shortness of breath

A 74 year old man reported increasing shortness of breath, which had progressed over the previous 18 months. He had three pillow orthopnoea and increasing peripheral oedema. The history indicated episodic minute haemoptysis. These symptoms were accompanied by intermittent fast palpitations. His medical history was unremarkable except for childhood rheumatic fever. He denied weight loss and smoking.

Examination showed NYHA II functional status. He was in a hypervolaemic state with a venous pressure at 4 cm, bibasal crackles, and pitting oedema bilaterally to mid-shin. On cardiovascular examination he had a pulse radially of 88 beats per minute irregularly irregular, and a pronounced mid-diastolic murmur associated with an opening snap heard loudest at the apex.

- 1 What is the imaging technique and what views are shown?
- 2 What is the diagnosis?
- 3 What is the most likely cause?

Submitted by K Guha, S Piper, P D Collins  
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## STATISTICAL QUESTION

### Conditional probabilities

Mike has only two children, and they are called Pat and Alex, which could equally be boys' or girls' names. In fact, Pat is a girl.

What is the probability that Alex is a boy?

- a 50%
- b Slightly less than 50%
- c slightly more than 50%
- d Between 60% and 70%
- e Between 40% and 30%

Submitted by John Fletcher  
Cite this as: *BMJ* 2009;338:b113

## QUIZ: Haemoptysis

Here's one question from this week's quiz on haemoptysis taken from a range of examinations.

A patient who is listed for excision of his operable squamous cell lung cancer suffers a life threatening haemoptysis on the ward.

Which of the following is the most appropriate treatment?  
(Please select one option).

- Antibiotics
- Bronchial embolisation
- Conservative care
- Radiotherapy
- Tranexamic acid

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The answers will be available immediately.  
The quiz closes at midnight on Wednesday.