

ENDGAMES

We welcome contributions that would help doctors with postgraduate examinations

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FOR SHORT ANSWERS

See p 1537

FOR LONG ANSWERS

Use advanced search at bmj.com and enter question details

STATISTICAL QUESTION

Number needed to treat

Two weeks after entry to a trial of antibiotics to treat symptoms of chest infection, 25% of people receiving placebo and 15% of people receiving antibiotics still had symptoms. What is the number needed to treat in this trial for antibiotics to cure symptoms at two weeks?

- a) 10
- b) 1.18
- c) 10%
- d) 4
- e) 6.7

Submitted by John Fletcher

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PICTURE QUIZ

A woman with tuberous sclerosis and acute onset right sided abdominal pain

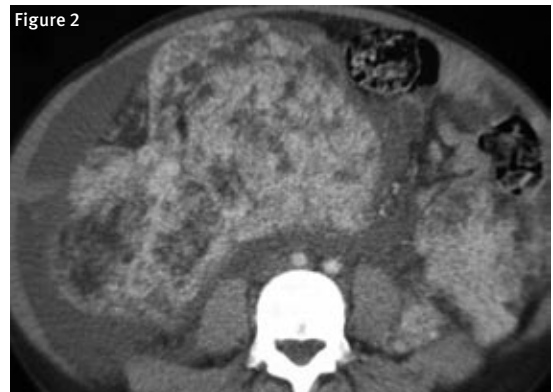
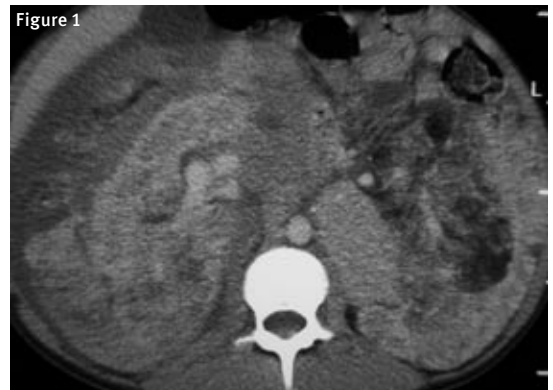
A 40 year old woman with a history of tuberous sclerosis presented to the accident and emergency department with severe, acute onset right sided abdominal pain. On clinical examination she looked pale, had poor capillary refill, and was tachycardic and hypotensive. Her abdomen was distended, with bilaterally tender, palpable flank masses. Her haemoglobin measured 80 g/l. After aggressive resuscitation with intravenous fluids, she was deemed stable enough to undergo computed tomography, as an intra-abdominal source of acute haemorrhage was suspected.

Figures 1 and 2 are computed tomograms of the mid-abdomen and lower abdomen, respectively.

- 1 What is the likely cause of the masses seen in the figures?
- 2 What is the cause of the patient's symptoms in this clinical scenario?
- 3 What are the management options for the patient?

Submitted by Anu Balan and David Kessel

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CASE REPORT

A case of secondary amenorrhoea

A 28 year old woman was referred by her general practitioner with secondary amenorrhoea. She had had an uneventful pregnancy with the normal delivery of a baby girl 18 months previously. She was readmitted to hospital shortly after delivery because of postpartum haemorrhage and underwent evacuation of retained products of conception. The patient was taking the progesterone only contraceptive pill after delivery, but treatment was stopped after 10 months because of an absence of any menstruation. Since discontinuing oral contraception, she had not menstruated for a further 9 months. Otherwise, she had no relevant medical history and no family or drug history. Her menstrual cycle was normal before pregnancy and her body mass index was 22.5. Examination showed no evidence of galactorrhoea or abdominal mass. The vagina and cervix were normal on speculum examination. On palpation, the uterus was of normal size and anteverted, with no adnexal masses. These findings were confirmed by transvaginal ultrasound, which also showed that the texture of the myometrium was slightly heterogeneous in places with irregular endometrial thickness (up to 6 mm in isolated pockets). Biochemical investigations showed normal thyroid function and normal serum levels of prolactin. Serial hormone tests over 3 weeks—including serum concentration of luteinising hormone, follicle stimulating hormone, oestradiol, and progesterone—indicated normal cyclical ovarian activity.

- 1 What is the likely clinical diagnosis given the patient's history and the findings on investigation?
- 2 What other investigations would you carry out in addition to those mentioned above?
- 3 How would you treat this patient?

Submitted by J Cheung and R Shaw

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ON EXAMINATION QUIZ

Fertility

The answer to this question and more questions on this topic are available from www.onexamination.com/endgames until midnight on Wednesday. This week's quiz is on fertility and is taken from the OnExamination revision questions for part 2 of the MRCOG examination.

Which of the following statements regarding tubal occlusion are correct?

- A A pregnancy test should be performed preoperatively only if there is a missed period
- B In women using a Mirena, the device should be removed at least 7 days after the operation
- C Routine curettage at the time of sterilisation is recommended to prevent luteal phase pregnancies
- D The failure rate is higher if the procedure is performed at the same time as termination of pregnancy
- E The progesterone only pill can be stopped on the day of surgery