

## FOR SHORT ANSWERS

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## FOR LONG ANSWERS

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# ENDGAMES

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## PICTURE QUIZ

### A surgical emergency

A 91 year old man presented with acute onset right sided abdominal pain that radiated to his right groin. He reported having had an urge to urinate and had subsequently collapsed on his way to the toilet. He had no back pain or incontinence of urine or faeces. His medical history included controlled hypertension, but he was otherwise fit and well and living independently.

On examination, the patient had a normal temperature but was tachycardic, with a pulse rate of 110 beats/min. His blood pressure was 85/50 mm Hg, which improved to 110/70 mm Hg after fluid resuscitation with 2 l of crystalloid solution. His chest was clear. Examination of his abdomen revealed a tender and non-pulsatile 15×10 cm mass in the right iliac fossa that extended to the groin. There were strong femoral pulses bilaterally.

Chest radiograph did not show any evidence of free intraperitoneal air,

suggestive of perforation. Blood tests showed a normal white blood cell count and a haemoglobin level of 9.1 g/dl. Urea, creatinine, electrolytes, and amylase concentrations were all in the normal range. An urgent computed tomogram with intravenous contrast was performed on the abdomen and pelvis (figs 1 and 2).

- 1 What do the axial and coronal abdominal computed tomograms show?
- 2 Do these findings usually occur in isolation or are there other specific features that should be looked for?
- 3 What are the initial priorities in treating this condition in the resuscitation area?
- 4 What are the definitive treatment options?

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Fig 1 Abdominal computed tomogram of the abdomen and pelvis; axial view



Fig 2 Abdominal computed tomogram of the abdomen and pelvis; coronal view

## ON EXAMINATION QUIZ

### Genitourinary problems in general practice

The answers to these and more questions on this topic are available from [www.onexamination.com/endgames](http://www.onexamination.com/endgames) until midnight on Wednesday.

This week's quiz is on genitourinary problems in general practice and is taken from the OnExamination revision questions for the MRCGP exam.

A 55 year old man presents with a two day history of a gradual onset painful, unilateral, red, tender testicle. He is not in a new relationship. Which one of the following statements is true?

- A Chlamydia or gonorrhoea is the most likely infective organism in epididymo-orchitis in this case
- B Common urinary tract organisms are the most likely cause of infection in this case
- C He should be referred for urgent ultrasound
- D The most likely diagnosis is testicular torsion not epididymo-orchitis
- E Treatment should be delayed to await culture results

A 28 year woman presents with a vaginal discharge. The discharge is clear, intermittent, and has been present for several months. She has no other symptoms and is in a stable relationship.

With respect to the discharge which one of the following answers is true?

- A The most likely cause is a physiological discharge
- B The most likely cause is bacterial vaginosis
- C The most likely cause is candidiasis
- D She should be screened for a sexually transmitted infection
- E With these symptoms a speculum and cervical swab is indicated

## STATISTICAL QUESTION

### Risk

In a prospective cohort study, researchers reported that the risk of fatal coronary heart disease was increased for women with diagnosed diabetes compared with women without (relative risk adjusted for age 3.50, 95% confidence interval 2.70 to 4.53). Which of the following statements accurately describes the reported risk of fatal coronary heart disease?

- a) For women with diagnosed diabetes, the risk of having fatal coronary heart disease is 3.5 times that of women without diagnosed diabetes
- b) The reported risk of fatal coronary heart disease is statistically significant at the 5% level
- c) In women, diabetes causes fatal coronary heart disease
- d) 95% of women with diabetes have an increased risk of fatal coronary heart disease between 2.70 and 4.53 times that of women without diabetes

Submitted by Philip Sedgwick  
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