# **FOR SHORT ANSWERS**

See p 1177

FOR LONG ANSWERS

Go to the Education channel on bmj.com

# **ENDGAMES**

We welcome contributions that would help doctors with postgraduate examinations See bmj.com/endgames for details

### STATISTICAL OUESTION

# Random allocation I

A randomised single blind controlled trial investigated whether pelvic floor muscle training during pregnancy prevented urinary incontinence during and after pregnancy. The trial recruited healthy nulliparous women when they attended their first routine ultrasound. After giving informed consent, women were randomly allocated to the training group or control group.

Which one of the following statements defines the process of random allocation used above?

- a) For every woman allocated to the training group, a woman of the same age was allocated to the control group
- b) Women were allocated alternately to the training or control group
- c) Women were allocated to the clinician's group of choice
- d) Women had an equal probability of being allocated to the training group or control group

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Fig 1 Plain abdominal radiograph

# ON EXAMINATION QUIZ

#### Acute abdomen

The answers to this question, and more questions on this topic, are available from www.onexamination.com/endgames until midnight on Wednesday.

**Presentation 1** A 50 year old woman presents with a five day history of right upper quadrant pain. The pain has become constant and is associated with nausea. She has fever and tenderness in the right upper quadrant.

**Presentation 2** A 90 year old patient develops acute distension of the abdomen. He has a dense hemiplegia from a stroke two weeks previously. He is confused. His abdomen is grossly distended and he has not passed a stool or flatus for two days. A plain abdominal x ray shows dilated loops of large bowel.

**Presentation 3** A 35 year old woman has an appendicectomy for perforated appendicitis. Ten days later she becomes unwell with a swinging fever and a high white blood cell count.

**Presentation 4** Three days after a right hemicolectomy for carcinoma of the caecum, a 68 year old patient begins vomiting and has abdominal distension. The abdomen is not tender and there are no bowel sounds. Passage of a nasogastric tube produces large volumes of aspirate.

**Presentation 5** An 18 year old motorcyclist is brought to the accident and emergency department after being hit by a car. He has a tachycardia and hypotension. Abdominal examination shows left upper quadrant tenderness. A diagnostic peritoneal lavage is performed. The aspirate is blood stained.

For each of the above presentations, select the single most likely diagnosis. Each option may be used once, more than once, or not at all.

- A Perforated viscus
- **B** Acute appendicitis
- C Biliary peritonitis
- D Ruptured spleen
- **E** Pelvic abscess

- F Paralytic ileus
- **G** Colonic pseudo-obstruction
- H Large bowel obstruction
- I Small bowel obstruction
- J Acute cholecystitis



Fig 2 Computed tomography at the level of the right renal hilum

### PICTURE OUIZ

# An unusual cause of acute renal failure

A 46 year old woman with an uneventful medical history presented to her general practitioner with pain in her right loin and tiredness. Examination was unremarkable. Routine blood tests were within normal limits except for a urea of 20 mmol/l and creatinine of 604  $\mu$ mol/l. A renal ultrasound showed bilateral pelvi-calyceal dilation. She underwent abdominal radiography and computed tomography (figs 1 and 2).

- What interventions have been carried out and what can be deduced about the position of the ureters on the abdominal radiograph?
- 2 What does the computed tomogram show?
- 3 What is the aetiology of this condition and what other diagnostic options are available?
- 4 How should it be managed?

Submitted by Philip Dilks, Andrew Shawyer, and Thomas C Booth Cite this as: BMJ 2009;339:b4574

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