

FOR SHORT ANSWERS

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FOR LONG ANSWERS

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PICTURE QUIZ Red in the face

A 76 year old woman with metastatic neuroendocrine carcinoma underwent laparotomy and ileocolic resection for small bowel obstruction. The postoperative course was complicated by an anastomotic leak so she returned to theatre for refashioning of the ileostomy. While recovering on the ward, she developed a grade IV sacral sore and the laparotomy wound became infected with methicillin resistant *Staphylococcus aureus* (MRSA).

The organism was found to be sensitive to doxycycline, which was therefore started orally. The laparotomy wound began to heal well after three weeks of treatment. The patient however, developed a burning tingling rash on the left side of her face, which was warm and tender to touch. She remained systemically well with no fever, facial swelling, or regional lymphadenopathy. She had no history of skin disease.

- 1 How would you describe the physical signs?
- 2 What is the differential diagnosis, and which is most likely in this patient?
- 3 How would you manage this condition?

Submitted by Juber Hafiji and Jonathan Batchelor

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CASE REPORT

A massive haematemesis

A 31 year old man was brought by ambulance to the emergency department of his local hospital having vomited several basins full of bright red blood. He had no medical history but admitted to a decade long history of excess alcohol intake, consuming 60-70 units a week. On examination he was pale, sweaty, and restless with a marked tremor. His pulse was 110 beats per minute and blood pressure was 90/50 mm Hg. He was not jaundiced, but his abdomen was distended with shifting dullness in the flanks. The liver could not be palpated, but the spleen was palpable 5 cm below the costal margin.

Blood results showed haemoglobin 80 g/l, international normalised ratio 1.8, platelets $45 \times 10^9/l$, bilirubin 14 $\mu\text{mol/l}$, creatinine 77 $\mu\text{mol/l}$.

While being assessed he had a further large haematemesis, vomiting more than a litre of fresh blood, and he became drowsy and uncooperative.

- 1 What is the most likely diagnosis?
- 2 How should he be managed initially?
- 3 What can be done to control the bleeding?
- 4 How could this episode have been prevented?
- 5 What determines his long term prognosis?

Submitted by Kathryn L Nash and Gideon M Hirschfield

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STATISTICAL QUESTION

Control groups

Researchers undertook a randomised controlled trial to assess the effect of zinc supplementation on the severity and duration of diarrhoea caused by cholera in children. Children were recruited if they had watery diarrhoea and dark field examination of stool was positive for *Vibrio cholerae* (confirmed by stool culture). Children were randomly allocated to zinc supplementation or placebo. Zinc supplementation was found to reduce the duration and severity of diarrhoea in children with cholera.

Which of the following statements, if any, are true?

- a) The control group comprised children without diarrhoea
- b) Placebo was the control treatment
- c) Placebo was a negative control treatment
- d) Placebo was a positive control treatment of a placebo facilitated blinding

Submitted by Philip Sedgwick

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ON EXAMINATION QUIZ Management of burns

The answers 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 the management of burns and is taken from the OnExamination revision questions for the MRCS exam.

In the initial management of burns in an adult in an accident and emergency department, are the following statements true or false?

- A Full thickness burns are painful, red, and blistered
- B The patient should be transferred to the burns unit only if the burn covers more than 40% of the total body surface area
- C Intravenous access should not be secured through burned skin
- D Cold water should be applied to extensive burns
- E Intravenous fluids are indicated only if the burn covers more than 20% of the total body surface area