

FOR SHORT ANSWERS

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FOR LONG ANSWERS

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ENDGAMES

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PICTURE QUIZ

Immunocompromised patient with an ulcerated nasolabial skin lesion



An 83 year old man was referred to us from the department of haematology because he had an exophytic and ulcerated nasolabial skin lesion. The lesion had been present for six months and caused severe facial pain, itching, foul odour, and dry eyes. The patient's history included myelodysplastic syndrome, hypothyroidism, mild hypertension, mitral and aortic valve regurgitation, and paroxysmal atrial fibrillation.

Physical examination revealed an extensive reddish and crusted nasolabial facial lesion that extended to the nasal cruses, causing left eyelid swelling and severe ectropion. The lesion was accompanied by some smaller lesions on the right mandible and cheek. The patient also had severe stenosis of the left nasal valve, which made nasal endoscopy particularly difficult. No enlarged cervical lymph nodes or other pathological physical findings were noted.

Laboratory tests showed mild leucopenia (white blood cell count 3300 per μl), neutropenia (polymorphonuclear leukocyte count 900 per μl), and thrombopenia (platelet count 89 000 per μl), with normocytic and normochromic anaemia (haematocrit 27.3%, haemoglobin 8.3 g/dl,

red blood cell count 2.8×10^3 per μl).

Computed tomography revealed skin thickening of the anterior nose and maxilla, as well as opacity of the subcutaneous fat and increased iodine contrast intake, with no evidence of bone infiltration. The maxillary and ethmoid sinuses were congested by thick mucous secretions.

The patient had received high doses of antibiotics in the department of haematology to treat his myelodysplastic syndrome; therefore, the facial lesion could have a possible infectious origin. The smear cultures from the lesion and the patient's blood were negative for bacteria, parasites, and fungi.

- 1 What is the most likely diagnosis?
- 2 What are the differential diagnoses?
- 3 What further investigations should you perform?
- 4 What is the treatment of choice?

Submitted by Emmanuel P Prokopakis, Irene E Panagiotaki, Ioannis A Papadakis, Alexios S Vardouniotis, George M Lagoudianakis, and George A Velegrakis

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CASE REPORT

An agitated young man

A 23 year old Afro-Caribbean man was brought to the accident and emergency department by his mother. He had a known diagnosis of schizophrenia, which was managed with 10 mg olanzapine once a day, but he was taking no other drugs, had no allergies, and had no other medical history. His mother said that he was normally fully oriented, independent for activities of daily living, and enjoyed attending his part time IT skills course. He was usually amiable and calm, but she had noticed a change in his behaviour over the past 12 hours. She described him as being confused and agitated. He refused to leave the house the day before and had been reluctant to come to the hospital. She confirmed that he takes his daily drugs but said that he looked "a bit shaky."

On examination the patient was disoriented, was able to localise pain (Glasgow coma scale 13/15), and was sweating. He had a fever (38°C), tachycardia (100 beat/min), and a generalised increase in muscle tone. His urine drug screen was negative for all illicit substances and he had no history of alcohol intake. He had a raised white cell count and raised creatine kinase (2500 IU/l; normal range in men 25-195 IU/l). No clear focus of infection was evident, and he had not recently travelled abroad.

- 1 What "psychiatric emergency" matches this presentation?
- 2 How would you manage this patient?
- 3 What are the risks if the condition is left untreated?

Submitted by Farhana Mann and Anna Sobel

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STATISTICAL QUESTION

Internal and external validity

A randomised controlled trial assessed the efficacy of a psychological intervention in improving the mother-infant relationship and security of infant attachment postpartum. A consecutive series of 452 women in their last trimester of pregnancy who were living in poverty in a crowded South African settlement were identified. All the women were invited to take part in the study, three of whom refused. The remaining women were randomly assigned to receive the intervention ($n=220$) or to a control group ($n=229$) that received no therapeutic input.

An analysis was conducted with data from 18 months postpartum. A total of 55 women in the intervention group and 52 in the control group were excluded from the analysis because no information was available—the women had a miscarriage or stillbirth, moved away, disappeared, or withdrew consent.

Which of the following, if any, can be concluded about this study?

- a) Before randomisation, the trial participants were representative of the population
- b) At baseline, the two treatment groups were each representative of the population
- c) The treatment groups had similar baseline characteristics following randomisation
- d) The treatment groups were similar in composition at 18 months postpartum

Submitted by Philip Sedgwick

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ON EXAMINATION QUIZ Psychosis

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 psychosis and is taken from the OnExamination revision questions for the MRCPsych exam papers 1 and 2.

Which one of the following statements is correct regarding late onset psychosis?

- A It can be associated with blindness
- B It is often linked with a family history of schizophrenia
- C It is associated with smaller than average cerebral ventricles
- D It is commonly associated with lower social class
- E It is characterised by visual hallucinations