

FOR SHORT ANSWERS

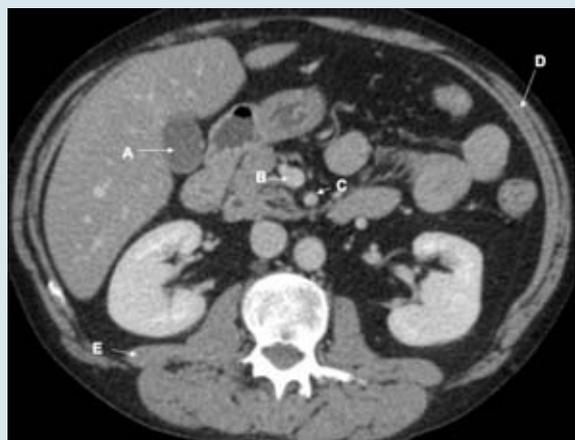
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FOR LONG ANSWERS

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ENDGAMES

We welcome contributions that would help doctors with postgraduate examinations
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ANATOMY QUIZ

Axial computed tomography of the abdomen

Identify the structures labelled A, B, C, D, and E in this axial computed tomography of the abdomen.

Submitted by A Nair

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CASE REPORT

A severe case of odynophagia

A 25 year old woman was referred to the gastroenterology team with severe difficulty and pain on swallowing, weight loss, and heartburn. The symptoms had been present for 14 days before she was admitted to hospital, where she had been for nine days because of dehydration. She described a constant retrosternal pain aggravated by solid and liquid ingestion. She had no fever, chills, haematemesis, nausea, or changes in bowel habits. During her hospital stay pantoprazole was given but did not improve her symptoms. Her medical and family history was unremarkable, and she was not taking any regular drugs. All physical examinations were unremarkable. Blood tests showed a C reactive protein concentration of 134 mg/L (normal <5) and lactate dehydrogenase concentration of 238 U/L (135-214). Blood count, electrolytes, and liver enzymes were all normal.

An endoscopy showed large confluent ulcerations located 20-30 cm from the upper incisors. Erosive oesophagitis was seen in the distal oesophagus. The stomach and duodenum appeared normal. Histological examination showed severe chronic ulcerative oesophagitis with lymphocytic infiltration.

- 1 What are the causes of oesophagitis or oesophageal ulceration?
- 2 What is the most likely diagnosis in this woman?
- 3 How would you confirm the diagnosis?
- 4 What is the treatment of choice?

Submitted by Jan B Kuhlmann, Hubert E Blum, Wolfgang Kreisel, and Richard Fischer
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ONEXAMINATION QUESTION

Intermenstrual bleeding

This week's question is on intermenstrual bleeding and is taken from the OnExamination revision questions for the MRCP Part 1 exam.

A 34 year old woman comes to the emergency general practitioner because of intermenstrual bleeding, particularly after sexual intercourse; pain on intercourse; and intermittent severe pain in the right iliac fossa.

During the past month she had been admitted to the emergency department with suspected appendicitis, but she was later discharged.

On examination she has a temperature of 37.9°C and bilateral lower abdominal tenderness. Speculum examination shows cervicitis and mucopurulent cervical discharge.

Which one of the following antibiotic regimens would be most appropriate?

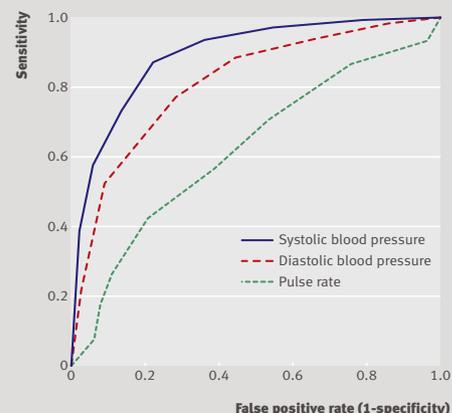
- A Cefalexin 500 mg twice daily and metronidazole 400 mg twice daily for 14 days
- B Ceftriaxone 250 mg intramuscularly, then doxycycline 100 mg twice daily and metronidazole 400 mg twice daily for 14 days
- C Metronidazole 400 mg twice daily for 7 days
- D Metronidazole 400 mg twice daily and ciprofloxacin 500 mg twice daily for 14 days
- E Ofloxacin 400 mg twice daily for 7 days

STATISTICAL QUESTION

Receiver operating characteristic curves

Researchers investigated the performance of vital signs as screening tests for identifying brain lesions in patients with impaired consciousness on arrival at an emergency department. A total of 529 consecutive patients presenting with impaired consciousness, as assessed by a score of less than 15 on the Glasgow coma scale, were included. The vital signs of systolic and diastolic blood pressure plus pulse rate were recorded on arrival. All patients were followed until discharge, and the final diagnosis of a brain lesion was determined after brain imaging and neurological examination were performed. In total, 312 patients were diagnosed with a brain lesion.

The performance of each vital sign as a screening tool for diagnosed brain lesions was evaluated separately. The measurement scale for each vital sign was categorised using equal sized strata. Each stratum for a vital sign was taken successively as the cut off between a "negative" and "positive" screening test result; all measurements with values greater than the categorised strata were considered a "positive" result, and all others were considered "negative." For each stratum of a vital sign unique sensitivity and specificity values



The receiver operating characteristic curves for each of the three vital signs as screening tools for diagnosed brain lesions

were derived, from which a receiver operating characteristic curve for each vital sign was derived (figure).

Which vital sign showed the greatest discrimination as a screening tool for diagnosed brain lesions?

- a) Diastolic blood pressure
- b) Pulse rate
- c) Systolic blood pressure

Submitted by Philip Sedgwick
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