FOR SHORT ANSWERS See p 1202

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

ANATOMY QUIZ

Computed tomography of the heart

Name the structures (A to E) on this computed tomography section of the heart.

Submitted by Jonathan Colledge and Shaun Quigley Cite this as: *BMJ* 2011;342:d2753



STATISTICAL QUESTION

Absence of evidence is not evidence of absence

Last week's question described a trial that assessed the effectiveness of topical intranasal corticosteroids in children aged 4-11 years who had bilateral otitis media with effusion. A randomised double blind, placebo controlled superiority trial was performed. The primary end point was proportion of children cured of bilateral otitis media with effusion in one or both ears at one month. In total, 105 children were allocated to receive nasal mometasone furoate 50 µg, given once daily into each nostril for three months, and 112 to placebo spray.

At one month, 40.6% of the topical steroid group and 44.9% of the placebo group were cured. The difference between the steroid and placebo groups in proportion cured was not statistically significant (difference favouring placebo 4.3%, 95% confidence interval –9.3% to 18.1%; P=0.55).

Which one of the following statements best describes the result of the statistical hypothesis test for comparison of steroid spray with placebo in the primary end point for the population of children studied?

- a) No evidence exists of a difference in cure rates between the steroid and placebo sprays
- b) The steroid spray was statistically inferior to the placebo spray
- c) There is no difference in cure rates between the steroid and placebo sprays
- d) The placebo spray was statistically superior to the steroid spray

Submitted by Philip Sedgwick Cite this as: *BMJ* 2011;342:d3126

CASE REPORT

An elusive cause of black stool

A 29 year old man presented with black stools to the emergency department while in Germany in 2000. He was otherwise asymptomatic at the time, and a gastroscopy and colonoscopy were normal. His bowel habit normalised, so he was discharged and advised to contact his general practitioner when he returned to England. Eight years later, aged 37, he presented to our institution with a similar episode. During this admission his haemoglobin remained normal and a repeat gastroscopy and colonoscopy were normal. He was again discharged. In 2010 he presented again to the surgical department with another episode of black stools. This time, on admission his haemoglobin was noted to be 80 g/L (reference range 130-180). All his other blood test results were normal. He underwent a blood transfusion and a repeat gastroscopy, which was again unremarkable.

A nuclear medicine scan raised the suspicion of the likely diagnosis, which was confirmed at laparoscopy.

- 1 What is the diagnosis?
- 2 Which nuclear medicine scan would have been used and what other radiological investigations might aid the diagnosis?
- 3 What are the complications of this condition?
- 4 How is this condition managed?

Submitted by Ben R Hornung and Srinivasan Ravi Cite this as: *BMJ* 2011;342:d1541

ON EXAMINATION QUIZ

Assessments used in cardiology

This week's question is on assessments used in cardiology and is taken from the onExamination revision questions for the FRCS General Surgery examination.

For each of the following questions select the most appropriate cardiac assessment.

Questions

- 1 Parameter that relates the cardiac output to body surface area
- 2 Very sensitive and specific indicator of myocardial damage
- 3 An indirect measure of myocardial blood flow during physical exercise

Cardiac assessment

- A Cardiac catheterisation
- **B** Cardiac index
- C Cardiac mapping
- D Cardiac nuclear scanning
- E Cardiac output
- F Cardiac stress testing
- G Cardiac specific troponin l
- H Creatine kinase