PUBLISHED VERSION

Aggarwal, Annu; Bhatt, Mohit Eye sign in an 18 year old man with psychosis, *BMJ*, 2009; 339:b3494.

Originally published by BMJ – http://www.bmj.com/content/339/bmj.b3494

© The Authors

This is an open-access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license. See: http://creativecommons.org/licenses/by-nc/2.0/ and http://creativecommons.org/licenses/by-nc/2.0/ legalcode.

PERMISSIONS

http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/copyright-open-access-and-permission-reuse

Thus authors may use their own articles for the following non commercial purposes without asking our permission (and subject only to acknowledging first publication in the *BMJ* and giving a full reference or web link, as appropriate).

 Posting a pdf of their own article on their own personal or institutional website for which no charge for access is made.

14th August 2013

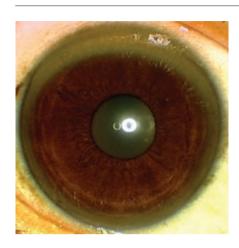
http://hdl.handle.net/2440/62240

FOR SHORT ANSWERS See p 605 FOR LONG ANSWERS Use advanced search at bmj.com and enter question details

ENDGAMES

We welcome contributions that would help doctors with postgraduate examinations

See resources.bmj.com/bmj/authors/types-of-article#endgames



PICTURE QUIZ

Eye sign in an 18 year old man with psychosis

An 18 year old man presented after developing progressive dysarthria and abnormal limb postures. From the age of 15 he had been increasingly irritable, belligerent, and difficult to discipline. He played truant from school, wandered aimlessly around the city claiming to be a dynamic entrepreneur, and heard voices plotting against him. Examination revealed psychosis, severe dysarthria, and generalised dystonia with prominent oromandibular involvement. A diagnostic eye sign was noted. Treatment for 18 months led to considerable clinical improvement and regression of the abnormality in the eye.

- 1 What is the eye sign shown?
- 2 What clinical features and investigations can support the diagnosis?
- 3 How can it be treated and what is the prognosis?

Submitted by Annu Aggarwal and Mohit Bhatt Cite this as: *BMJ* 2009;339:b3494

ON FXAMINATION OUIZ

Electrocardiogram abnormalities

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 electrocardiogram abnormalities and is taken from the OnExamination revision questions for the MRCPCH part 1 A and B exam

Which of the following statement(s) apply to disorders of cardiac conduction?

- A Deep S waves are found in leads I and V6 in right bundle branch block
- B Left anterior hemiblock causes right axis deviation
- C Left posterior hemiblock causes left axis deviation
- D Right bundle branch block and left axis deviation indicate bifascicular block
- E Right ventricular hypertrophy cannot be diagnosed in the presence of left bundle branch block

STATISTICAL OUESTION

Intention to treat analyses

A randomised double blind controlled trial compared the efficacy and tolerability of fluoxetine with paroxetine in patients with major depression. Owing to adverse effects, some patients in each treatment group changed medication during the study. Treatment groups were compared using the intention to treat principle.

Which one of the following statements best describes the principle of intention to treat?

- a) All patients compared received the treatment the recruiting clinician had originally intended prior to trial recruitment
- b) The two groups of patients were compared on the basis of the treatment they eventually received
- c) The two groups of patients were compared on the basis of the treatment regimen assigned at start of the trial
- d) Patients were only included in the analyses if they completed the treatment originally allocated

Submitted by Philip M Sedgwick Cite this as: *BMJ* 2009;339:b3603

CASE REPORT

Investigating infertility

A 23 year old woman was referred to the infertility clinic for subfertility and an ovarian tumour. She had been married for two years and reported having irregular periods every two or three months. She also had a history of mild dysmenorrhoea. She reported having gained 16 kg after marriage and developing excess growth of fine hair all over her body and face. She did not have galactorrhoea, acne, altered appetite, or thyroid symptoms. Apart from treatment for infertility (ovulation induction with clomifene citrate) her medical history was unremarkable. There was no family history of diabetes or hypertension.

On examination she was moderately built with a body mass of index of 26 and normal secondary sexual characters. She had a slight excess of fine hair on her face and abdomen. Examination of the breasts and

thyroid was normal. No masses were found on examination of the abdomen, and on bimanual examination the uterus was normal with no adnexal masses.

A routine transvaginal scan in the outpatient clinic showed bilateral polycystic ovaries with a 4 cm complex cystic lesion in the left ovary (possibly a dermoid cyst) and minimal free fluid in the pouch of Douglas.

- 1 How would you approach this consultation?
- 2 What imaging investigations would be useful?
- 3 Would metformin help improve her fertility?

Submitted by Vaidyanathan Gowri and Rajeev Jain Cite this as: *BMJ* 2009;339:b3390

BMJ | 12 SEPTEMBER 2009 | VOLUME 339