A clinical quiz that turns heads

Prof DS Rossouw, MBChB, MMed(Int), D Phil
Prof J H Retief MBChB, MMed(Int), MSc(Clin Epid)
Department of Internal Medicine, Kalafong Hospital, Faculty of Health Sciences, University of Pretoria
Correspondence to authors: jhretief@kalafong.up.ac.za
Contributions to this column: E-mail: douw@medpharm.co.za, Fax (012) 664 6276 or P.O. Box 14804, Lyttelton Manor 1057.

This column is aimed at developing your clinical acumen. A clinical quiz will alternate with a short discussion of a clinical sign. You are invited to send us requests for future topics and to provide photographs of clinical signs for the quiz section. Kindly send a fax or e-mail with your requests and mail high gloss photographs or a disk with high resolution (**300dpi**) **jpeg** files to us. (See contact details above) Photographs may include clinical signs, photographs of poisonous insects, plants, snakes, contaminated water or anything that may cause sickness or disease in South Africa. Kindly provide a short clinical synopsis of 100-200 words from which a quiz can be formulated.

quiz 1

This patient suffers from a persistent microcytic anaemia in spite of iron supplements. What is the most likely diagnosis?

answer

Peutz-Jegers syndrome (Hereditary intestinal fibromas). It is an autosomal dominant condition characterized by lentigenes (pigmented freckles) around the mouth and on the lips. The intestinal fibromas occur through the full length of the GIT. They often give rise to minor (not noticeable) bleeding and eventually anaemia. In contrast to Gardner's syndrome, these lesions seldom become malignant, whereas in Gardner's hereditary polyposis almost 100% turn malignant before 50 years of age.

quiz 2

This patient also suffers from a persistent microcytic anaemia in spite of iron supplements. What is the most likely diagnosis?

answer

Hereditary Hemorrhagic Telangiectasis (Osler-Rendu-Weber syndrome). The telangiectasis may occur in all parts of the body but are most noticeable under the nail beds, the tongue and the skin where they look like tiny red spots that blanch on light digital pressure. This is in contrast to purpura where the blood leaks into the tissues and will not blanch on pressure. Blood in the tissue is initially red but soon turns black, whereas telangiectasis remains bright red. Superficial telangiectasis in the gastro intestinal tract are exposed to wear and tear and may thus bleed.

Continued blood loss manifests as microcitic anaemia. Multiple lesions in the lung may lead to significant A-V shunting. Surgery can be hazardous in areas where postoperative haemostasis may be difficult, like tonsillectomy.