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- Q1 (a), (b), (c), (d). Of course infection must be included as a cause, but bilious vomiting in an infant is a sign of obstruction until proven otherwise. Volvulus, like intussusception (the commonest cause of obstruction at this age) does not necessarily lead to obvious distress, and cannot be ruled out.
- Q2 (a), (b), (c), (d), (e) and (f). All are essential, with the proviso that none of the tests should delay the surgical opinion. The pH measurement is important in differentiating between sepsis (which causes acidosis) and pyloric stenosis (which leads to alkalosis). Abdominal ultrasound is preferred to X-ray studies with or without contrast media for the diagnosis of intussusception.
- Q3 (a), (b), (c), (d) and (e). Fluid balance must be maintained with great care to avoid over- and under- hydration. Antibiotics will be the choice of the usual hospital antibiotic regimen committee's decision. If intussusception is the diagnosis, the standard way to reduce it is by air enema: laparotomy however, may be the only answer.
- Q4 (f). The risk is very small, but live rotavirus immunisation has been linked with one case of intussusception in around 60 000 vaccinated infants. It is such a tiny extra number of cases that it verges on the insignificant, but it is wise to remember this when facing a child with bilious vomiting in the week after live rotavirus immunisation.

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