

(See page 56)

**Part  
one**

**Part  
two**

**Part  
three**

**Part  
four**

Q1 (a) (b) (d) (e) All of these are possibilities at this stage. Ulcer is unlikely because of her lack of history of abdominal pain, and gastritis would normally be associated with acute pain and vomiting.

Q2 (c) The large air-filled structure in the posterior mediastinum is typical of a large para-oesophageal hiatus hernia. The septum in the structure is the clue to gastric volvulus – the stomach has twisted over itself so that the septum is the edge of the stomach wall in the fold. Hydatid cysts are typically without septae: there are also no other pointers to hydatid disease.

Q3 (b) The stomach must be untwisted as soon as possible: in Mary's case it was done under laparoscopic surgery. Any delay might lead to the blood supply to the stomach being lost with fatal consequences. All other answers may lead to her death.

Q4 (a) (b) (c) (d) (e) All of these facts about Barrett's oesophagus are true, so that the diagnosis must be taken seriously. Mary must now take omeprazole for the rest of her life and have repeated follow-up care, including endoscopy, even though her hiatus hernia has been repaired.

Reference

Vinogradova Y, Coupland C, Hippisley-Cox J Exposure to bisphosphonates and risk of gastrointestinal cancers: series of nested case-control studies with QResearch and CPRD data. *BMJ* 2013; 346: f114.

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