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- Q1 (a), (c), (d), (e). Although he and his wife seem reassuring about his alcohol problem, there is still a small doubt about the cause of liver disease in a recovering alcoholic. However, c) d) and e) are probably more relevant. Jaundice and liver enlargement arising anew in a man of his age should always lead to immediate hospital admission. The early peripheral neuropathy in his feet is a red flag sign in anaemia and indicates either vitamin B12 or folate deficiency.
- Q2 (c), (d), (e). There is no indication that this might be infectious. Iron deficiency anaemia is microcytic or normocytic, and aplastic anaemia involves all types of blood cell. Which leaves the three possibilities of c) d) and e).
- Q3 (a), (b), (e). With a seriously low serum cyanocobalamin level, and normal serum levels of ferritin and folic acid, the diagnosis is pernicious anaemia. Endoscopy is needed to confirm that there is atrophic gastritis and to estimate the possibility of premalignant metaplasia. Although there may also be H. pylori infection, this is not linked definitively to the onset of pernicious anaemia. The LDH level is very high, but further liver investigations are not needed unless the vitamin B12 treatment does not result in very fast recovery. Starting folic acid treatment is a bad mistake, as in the absence of vitamin B12 treatment it may exacerbate the neurological signs. Iron supplementation is unnecessary.
- Q4 (a), (f). There is a higher than normal risk of gastric cancer in patients with pernicious anaemia, so that John needs permanent follow-up with annual endoscopy to ensure that his gastric mucosal metaplasia (found at his initial endoscopy) does not develop further. After three months of treatment he is no longer anaemic, his erythrocytes are of normal volume, and he feels much better than he has for two or three years. He now realises that he had been ill for much longer than he had thought.

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