

## FOR SHORT ANSWERS

See p 373

## FOR LONG ANSWERS

Use advanced search at [bmj.com](http://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](http://resources.bmj.com/bmj/authors/types-of-article#endgames)

## CASE REPORT

### A complication after a previous caesarean section

A 38 year old woman booked for antenatal care in her second pregnancy. Her first baby had been delivered by emergency caesarean section after failed induction of labour. She had an uncomplicated antenatal course and hoped to achieve a vaginal delivery. At 39 weeks' gestation she presented in spontaneous labour with regular uterine contractions. The fetus was of average size and in a cephalic presentation, with two fifths of the head palpable abdominally. On vaginal examination, the cervix was 5 cm dilated and clear liquor was draining. She was reassessed after two hours and had progressed to 9 cm dilation with the vertex 2 cm above the ischial spines. The cardiotocograph at that time was reassuring.

The obstetric registrar was called to review the patient 20 minutes later because of deep late decelerations on the cardiotocograph and fresh vaginal bleeding. On abdominal examination, four fifths of the head was palpable but no scar tenderness was noted. Vaginal examination showed a high presenting part and findings otherwise unchanged from the previous examination.

A liveborn female infant weighing 4.1 kg was delivered by emergency caesarean section. Apgar scores were 5 at one minute and 8 at five minutes. The cord blood results were abnormal (pH artery 6.9, base excess -14.6; pH vein 7.0, base excess -12.4).

The mother was transferred to the high dependency unit after delivery for 24 hours and made a good recovery. She was discharged on day 6. The baby was discharged on day 12 with arrangements for neurodevelopmental follow-up.

- 1 How should a woman who has had a caesarean section be counselled about her next delivery?
- 2 What life threatening complication probably occurred?
- 3 How should this patient be managed?

Submitted by Niamh Barrett, Sharon R Sheehan, and Deirdre J Murphy

Cite this as: *BMJ* 2009;339:b2979

## PICTURE QUIZ

### An unusual cause of chest pain

A 66 year old woman presented to the accident and emergency department with severe chest pain radiating to the back following several episodes of vomiting after a meal.

On examination, she was unwell with tachycardia and tachypnoea. Her blood pressure was 150/80 mm Hg in the left arm and 138/80 mm Hg in the right arm. Her past medical history included asthma, hypertension, and a previous transient ischaemic attack.

On admission, she had a mildly raised white blood cell count ( $14.3 \times 10^9/l$ ) with neutrophilia ( $8.58 \times 10^9/l$ ) and normal haemoglobin (143 g/l). Serum lactate was raised (3.6 mmol/l), but urea and electrolytes were normal. Chest radiography was performed and showed a right sided pleural effusion. Aortic dissection was suspected, and she underwent computed tomography of the chest, abdomen, and pelvis using an aortic protocol. The scan showed a pneumomediastinum with an associated pneumothorax and a right sided pleural effusion. Further radiological investigation was performed.



- 1 What is meant by the term pneumomediastinum?
- 2 What radiological investigation has been performed and what does it show?
- 3 What is the diagnosis?
- 4 How would you manage this patient?

Submitted by Madhuchanda Bhattacharyya and Minaxi Dattani

Cite this as: *BMJ* 2009;339:b3004

## ON EXAMINATION QUIZ

### Basic psychology

The answer to this question and more questions on this topic are available from [www.onexamination.com/endgames](http://www.onexamination.com/endgames) until midnight on Wednesday.

This week's quiz is on basic psychology and is taken from the OnExamination revision questions for the MRCPsych exam.

In operant conditioning, the process of chaining involves gradually reinforcing closer and closer approximations of the desired behaviour.

Which of the following applies to the above statement?

- A True
- B False
- C Don't know

Cite this as: *BMJ* 2009;339:b3197