Clinically Speaking

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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?

*Peutz-Jeghers syndrome (Hereditary intestinal fibromas). It is an autosomal dominant condition characterized by melanin pigmentation (lentigines) around the mouth and on the lips. The fibromas occur throughout the GIT. They may bleed minorly, making the stool black. The condition may manifest at any age.*

**answer**

**quiz 2**

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

*Hereditary Hemorrhagic Telangiectasis (Osler-REndu-Weber syndrome). The telangiectasis may occur in all parts of the body but are most noticeable in the mouth, the nose and the skin where they show up as tiny red spots that blanch on light digital pressure. Blood is initially red but soon turns black, whereas telangiectasia remains bright red. Superficial telangiectasia in the gut usually occur in the small bowel, but not in the colon. The telangiectasia may be so numerous in the gut that blood loss may be significant and lead to microcytic anaemia. Surgery can be hazardous in areas where postoperative haemostasis may be difficult, like tonsillectomy.*

**answer**