A 69 year old woman with no relevant past medical history was admitted with dysphagia. She reported difficulty swallowing both solids and liquids and that it had been gradually worsening over a 10 year period. She denied pain on swallowing and there was no history of regurgitation, heartburn, corrosive ingestion, or weight loss. There was a 25 year history of intermittent attacks of pallor, pain, and redness of the digits.

QUESTIONS

(1) Comment on the appearance of her tongue (fig 1), face (figs 3 and 4), and hands (fig 5).

(2) Comment on the appearance of her barium swallow (fig 2) and suggest a unifying diagnosis.

(3) Examination of her left elbow revealed a hard nodule over the extensor aspect. What does the radiograph (fig 6) show?

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Postgrad Med J 2002;78:102–103
A previously healthy 47 year old driver presented with a six week history of headache, vomiting, tiredness, and unsteadiness of feet. Examination revealed marked pallor, the pulse was regular at 97 beats/min, blood pressure was raised at 180/116 mm Hg, and the minimental test score was 6/10. The cranial nerves were normal, as was his power in all four limbs. Bulk and tone were normal, but all the deep tendon reflexes were brisk. Sensation were intact. The finger, nose, and heel shin test were normal. Gait was wide based. Cardiovascular examination revealed a short ejection systolic murmur at the mitral area. The rest of the clinical examination was unremarkable.

Investigations on admission revealed a normochromic, normocytic anaemia with a haemoglobin of 86 g/l, and a normal white cell and platelet count. His erythrocyte sedimentation rate was raised at 38 mm in the first hour. The patient had a normal sodium concentration of 138

**An unusual case of chronic renal failure**

**A L Manoj, A Dhaygude**

**Answers on p 110.**
A 70 year old woman was referred to the accident and emergency department by her general practitioner with a three month history of weight loss of two stone (13 kg) and progressive dysphagia for solids. This had worsened to the extent that over the week before presentation, she had difficulty swallowing soft food and fluids. She also reported recent onset of cough productive of purulent sputum, and cough on attempted swallowing. She had a past history of resection of a

**Cough and dysphagia**

**A case of cough and dysphagia**

**C M Smyth, C C Evans**

*Answers on p 111.*
An elderly lady with collapse

F U Huwez, U Umasankar, D Aggarwal

Answers on p 111.

A 78 year old woman was admitted to hospital with collapse and sudden onset left sided hemiplegia and a right sided ptosis. On admission she was drowsy. She had a left hemiplegia and right ptosis. When the right upper eyelid was passively raised, there was a fixed outward deviation of the right eye. Both pupils were of equal size and reacting to light. No diplopia or sensory signs were noted at presentation.

QUESTIONS
(1) What are the findings in figs 1 and 2?
(2) What is the diagnosis?

Postgrad Med J 2002;78:105

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Submitted 19 January 2001
Accepted 27 March 2001

Figure 1 Patient with arms raised (reproduced with patient’s permission).

Figure 2 Patient’s face showing clinical signs (reproduced with patient’s permission).
A case of cough and dysphagia

C M Smyth and C C Evans

Postgrad Med J 2002 78: 104-105
doi: 10.1136/pmj.78.916.104

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