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## ANSWERS ARE ON BMJ.COM follow each question's citation FOR LINKS TO ENDGAMES go to bmj.com/channels/education.dtl

## **ENDGAMES**

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#### CASE REPORT

## A 3½ year old girl presenting with strabismus

This girl attended the paediatric eye clinic. Her mother had noticed she had been screwing her eyes up and blinking excessively. This occurred mainly when she was reading and towards the end of the day, and it had worsened over six months. The child was otherwise well, was taking no drugs, and had been born at full term by normal delivery at a weight of 3200 g. She had not had any previous eye treatment. Her mother and maternal grandfather had had strabismus from early childhood. Testing revealed a constant slight right convergent strabismus for near and distance fixation (near 12 prism dioptres; distance 8 prism dioptres). Unaided vision of the right and left eyes was 6/30 (0.7) and 6/7.5 (0.1). Depth perception was negative. Ophthalmoscopy was normal and cycloplegic refraction revealed bilateral moderate hypermetropia (long sightedness) with significant anisometropia (difference in refractive error between the two eyes; +5.00 dioptre spheres (DS) in the right eye and +3.50 (DS) in the left eye).

- 1 What is the diagnosis?
- 2 Which are the risk factors for strabismus?
- 3 What are the characteristic findings in this diagnosis?
- 4 How should this child be treated?

Submitted by Catherine E Stewart, Clare M Wilson, Alistair R Fielder Cite this as: *BMJ* 2009;338:b68

## STATISTICAL QUESTION

#### Measures of spread

Which, if any, of the following are measures of spread?

- a) Mode
- b) Interquartile range
- c) Skewness
- d) Variance

Submitted by John Fletcher

Cite this as: BMJ 2009;338:b230



### PICTURE QUIZ

## Sudden onset of pain in the eye and blurring of vision

A 64 year old man was admitted with sudden onset of pain in his right eye, blurred vision, and double vision on looking to the right. His medical history included hypertension, myocardial infarction, and a stroke from which there was no residual deficit.

Neurological examination identified intention tremor in both arms, horizontal nystagmus, and diplopia on looking to the right. He had no motor weakness, but the left plantar was extended. Examination of his face provided clues to the diagnosis.

- 1 What does the figure show and what is the likely diagnosis?
- 2 What is the differential diagnosis?
- 3 How would you localise the lesion in this patient?

Submitted by Neha R Chopra, Daniel A Jones, Narasinha Gadi, Farhad Huwez Cite this as: BMJ 2009;338:a3111

#### **QUIZ: Murmurs**

To enter the quiz, go to www.onexamination.com/endgames. The answers will be available immediately. The quiz closes at midnight on Wednesday.

Here's one question from this week's quiz on murmurs taken from a range of examinations.

#### Which of the following is true?

A continuous murmur in systole and diastole may be heard with:

- Atrial septal defect and ventricular septal defect
- Aortic stenosis and aortic incompetence
- Patent ductus arteriosus
- Mitral stenosis and aortic incompetence
- Pulmonary AV fistula

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