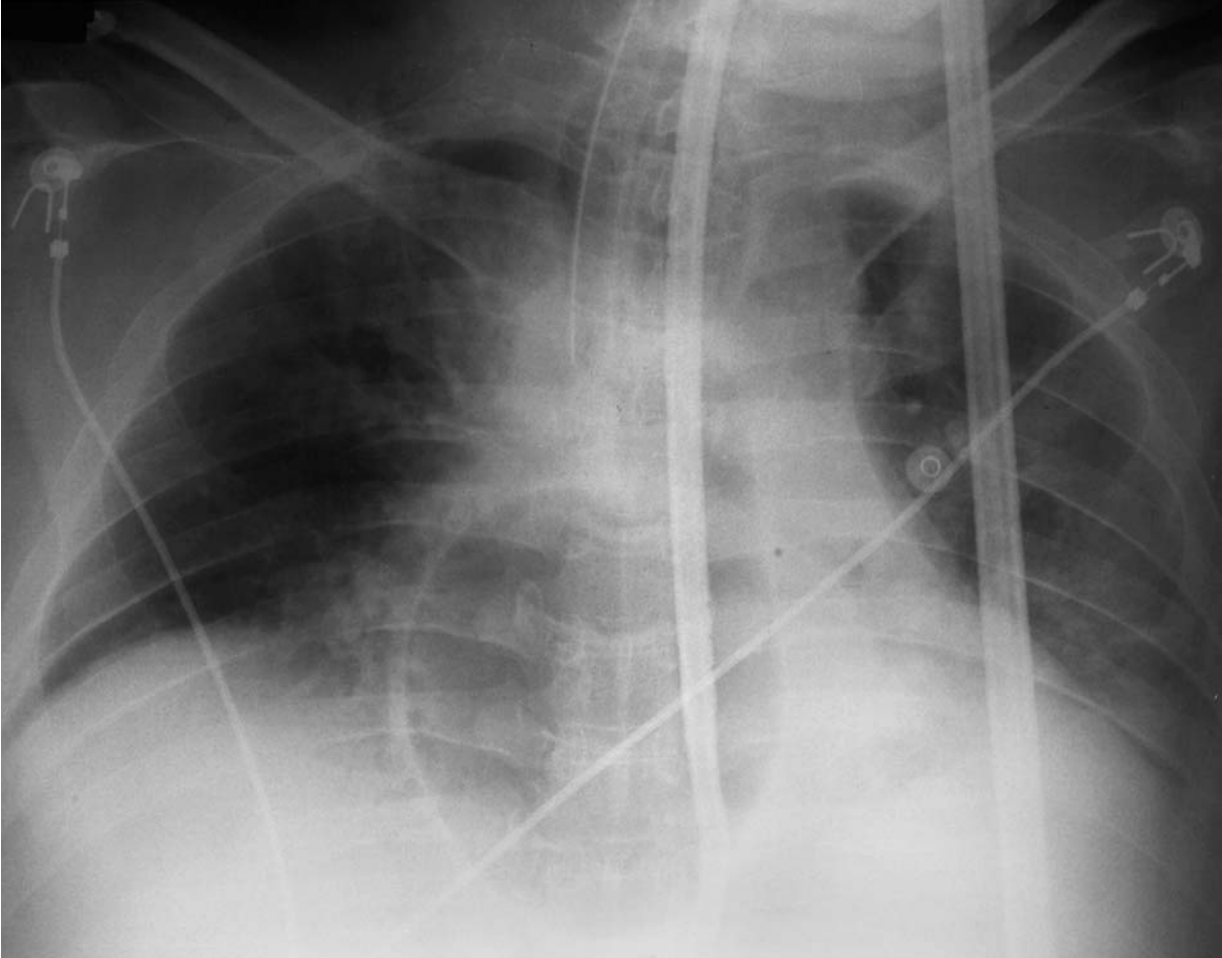


Clinical images



Case 1

A 56 year old man presented from the endoscopy suite, where he had just undergone an oesophagoscopy and gastroscopy for massive haematemesis. Large oesophageal varices, with several bleeding points were observed, in keeping with the patient's history of heavy alcohol consumption, cirrhosis and portal hypertension. On admission to the Intensive Care Unit the patient was confused and in respiratory distress. Above is the antero-posterior mobile chest X-ray (CXR) taken immediately post-intubation. What device-related complication has he suffered?



Case 2

Your resident has been to see a patient on the ward. The patient is a middle-aged man who is due to be admitted to the ICU the next day following resection of a liver tumour. The resident has been to see him in preparation for his planned post-operative stay in the ICU. The resident presents you with the patient's chest x ray (CXR) above. He also tells you that the patient has a cardiac murmur, which he can't define. You examine the CXR, tell him which cardiac valve is abnormal and then proceed to point out the features that support your diagnosis.

ANSWERS

Case 1

The Sengstaken-Blakemore tube, which had been hurriedly inserted in the endoscopy suite, was not correctly placed. The gastric balloon was inflated within the lumen of the oesophagus.

Once the tube malposition was recognised, both the oesophageal and gastric balloons were deflated. The tube was then advanced well into the stomach, before the gastric balloon only was inflated and pulled gently into position in the cardia. Mild traction was applied to the proximal end of the tube. This is often sufficient to stem the haematemesis in this clinical situation.

Case 2

The patient most probably has mixed mitral valve disease based on the following radiographic features –

- cardiomegaly
- straight left heart border
- splaying of the carina
- double density within the cardiac contour