Table A1  Primers used in amplification for restriction fragment mass polymorphism (RFMP) assays of rtA181V/T and rtN236T

<table>
<thead>
<tr>
<th>Primer</th>
<th>Sequences (5'-3')</th>
<th>Position</th>
<th>Polarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>rmp181f</td>
<td>CCTATGGGAGTGGGttccagaTCAGGCGTITTCTC</td>
<td>637–666</td>
<td>Sense</td>
</tr>
<tr>
<td>rmp181r</td>
<td>GAAAGCCCAAAGTGGGGAAAGC</td>
<td>732–709</td>
<td>Antisense</td>
</tr>
<tr>
<td>rmp236f</td>
<td>TTACCAATTTTTGTTCttccagaTGGGTA</td>
<td>800–833</td>
<td>Sense</td>
</tr>
<tr>
<td>rmp236r</td>
<td>TAGCCCCAACGTTTGGTTTTATT</td>
<td>863–841</td>
<td>Antisense</td>
</tr>
</tbody>
</table>

Nucleotide sequence positions were numbered according to Ono and colleagues. A six nucleotide sequence (tccaga) embedded in the forward primer to introduce a MmeI site in amplicon is indicated by small letters. Sequences modified to introduce Haellll(ggc) and SspI (aatatt) sites in forward primers are underlined.

EDITOR’S QUIZ: GI SNAPSHOT

A case of a “fragile” oesophagus

Clinical presentation

A 25 year old man with no allergic history underwent gastroscopy due to longstanding dysphagia. Six months previously he had an episode of food bolus obstruction. He had undergone gastroscopy which had shown no abnormal findings. pH/manometry studies were recommended and were also normal. During intubation and scope insertion, the macroscopic appearance of oesophagus was normal. No strictures were observed and there was no evidence of oesophagitis, Barrett’s oesophagus, or hiatus hernia. The rest of the endoscopy was also unremarkable. On withdrawing the endoscope, we noticed a large bleeding mucosal tear at 25 cm from the incisors (fig 1A). Biopsies were obtained from the oesophagogastric junction and mid-oesophagus (fig 1B).

Question

What is the diagnosis?

See page 1511 for answer

This case is submitted by:

G K Anagnostopoulos
T Shonde
P Kaye
K Ragunath

Wolfson Digestive Diseases Centre, University Hospital, Nottingham, UK

Correspondence to: Dr G K Anagnostopoulos, Wolfson Digestive Diseases Centre, University Hospital, Nottingham, UK; george.anagnostopoulos@nottingham.ac.uk

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