Table 1A Continued

Centre	Investigators	Contribution
Reggio Emilia Department of Internal Medicine and Gastroenterology, Arcispedale S Maria Nuova, Reggio Emilia, Italy	Giovanni Fornaciari Maria Grazia Mortilla	Scientific advisor, Collected data
Torino Divisione di Gastroenterologica, Largo Turati 62, Torin, Italy	Angelo Pera	Scientific advisor
Vigo Hospital Xeral de Vigo, Vigo, Spain	Juan Clofent, Mercedes Butron Victor Ruiz Ochoa	Collected data, Collected data Scientific advisor

EDITOR'S QUIZ: GI SNAPSHOT

An unusual chest infection

Clinical presentation

A 53 year old man fell down a flight of stairs. He presented to casualty complaining of shoulder and back pain. He was discharged with a diagnosis of musculoskeletal pain. Six weeks later he presented with pleuritic chest pain, dyspnoea, and indigestion. On examination he was tachypnoeic, tachycardic, febrile, and hypotensive. Chest *x* ray (fig 1) demonstrated right lower lobe consolidation and a pleural effusion. He was diagnosed with sepsis secondary to pneumonia and treated with antibiotics. A chest drain was inserted and drained purulent fluid which grew *Candida* and therefore fluconazole was commenced. Over the next few days his condition failed to improve. Further biochemical analysis of the pleural fluid indicated the presence of triglycerides and cholesterol, raising the suspicion of a chyle leak. Repeat chest radiograph showed re-accumulation of right pleural effusion. The chest drain was resited and it drained in excess of 4 litre over 24 hours.

Figure 1 Chest *x* ray showing right lower lobe consolidation and a pleural effusion.

Question

What was going on here? Was this a simple pneumonia?

See page 1164 for answer

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