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

Primer	Sequences (5'-3')	Position	Polarity
rfmp181f	CCTATGGGAGTGGGtccaacTCAGGCCGTTTCTC CCTATGGGAGTGGGtccaacTCAGGCCGTTTCTC	637–666	Sense
rfmp181r	GAAAGCCAAACAGTGGGGGAA <u>ATC</u>	732–709	Antisense
rfmp236f	TTACCAATTTCTTTTGTtccaacTGGGTAAATATT TTACCAATTTCTTTTGTCTTtccaacGGTAAATATT	800–833	Sense
rfmp236r	TTACCAATTTCTTTTGTCTT <u>GtccaacGTAAATATT</u> TAGCCCCAACGTTTGGTTTATT	863–841	Antisense

Nucleotide sequence positions were numbered according to Ono and colleagues.¹²

A six nucleotide sequence (tccaac) embedded in the forward primer to introduce a *MmeI* site in amplicon is indicated by small letters.

Sequences modified to introduce *HaeIII*(ggcc) and *SspI* (aatatt) sites in forward primers are underlined.

EDITOR'S QUIZ: GI SNAPSHOT

A case of a "fragile" oesophagus

Robin Spiller, Editor

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

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Figure 1 A mucosal tear in the upper-mid oesophagus.

Figure 2 Histology demonstrated eosinophilic infiltration of the oesophagus with >40 eosinophils/high power field.