- 16 **Khoury MJ**, Beaty TH, Boen BH. *Fundamentals of genetic epidemiology*. Oxford: Oxford University Press, 1993.
- 17 **Sullivan PF**, Eaves LJ. Evaluation of analyses of univariate discrete twin data. *Behav Genet* 2002;**32**:221–7.
- 18 **Dominicus A**, Skrandal A, Gjessing HK, *et al*. Likelihood ratio tests in behavioral genetics: problems and solutions. *Behav Genet* 2006;**11**:1–10.
- 19 **Neale MC**. *Mx: statistical modeling*, 5th edn. Richmond, VA: USA Department of Psychiatry, MCV, 1999.
- 20 **Osterberg E**, Blomquist L, Krakau I, *et al*. A population study on irritable bowel syndrome and mental health. *Scand J Gastroenterol* 2000;**35**:264–8.
- 21 **Hungin AP**, Chang L, Locke GR, *et al*. Irritable bowel syndrome in the United States: prevalence, symptom patterns and impact. *Aliment Pharmacol Ther* 2005;**21**:1365–75.
- 22 **Miller V**, Whitaker K, Morris JA, *et al*. Gender and irritable bowel syndrome. The male connection. *J Clin Gastroenterol* 2004;**38**:546–8.
- 23 **Berseth CL**. Gestational evolution of the small intestine motility in preterm and term infants. *J Pediatr* 1989;**115**:646–51.
- 24 **Cunningham C**, Taylor HG, Minich NM, *et al*. Constipation in very low birth weight children at 10–14 years of age. *J Pediatr Gastroenterol Nutr* 2001;**33**:23–7.
- 25 **Bronsteen R**, Goyert G, Bottoms S. Classification of twins and neonatal morbidity. *Obstet Gynecol* 1989;**74**:98–101.
- 26 **Patterson RM**, Wood RC. What is twin birthweight discordance? *Am J Perinat* 1990;**7**:217–19.
- 27 **Blickstein I**, Weissman A. Macrosomic twinning: a study of growth-promoted twins. *Obstet Gynecol* 1990;**76**:822–4.

EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of abdominal distension

Robin Spiller, editor

Clinical presentation

A 42-year-old man was admitted with severe epigastric and left hypochondrial abdominal pain associated with nausea and abdominal distension but no vomiting or constipation. He denied any history of weight loss or anorexia. He had had a laparotomy and excision of a fleshy mass 1 year earlier (fig 1). His vital signs were found to be normal. The abdomen was somewhat distended, with two incisional hernias in the upper part of the previous laparotomy scar—one of these was easily reducible, whereas the other was irreducible, with some tenderness but no guarding or rigidity. Fluid thrill and shifting dullness were negative. The bowel sounds were normal and his rectum was empty. After some initial investigations including computed tomography scan of the abdomen, exploratory laparotomy was carried out and another fleshy mucinous mass extending from the spleen along the transverse colon and behind the stomach was excised. He remained well at the 12-month follow-up, with no gastrointestinal symptoms.

Question

What is the diagnosis?

See page 1800 for answer

This case is submitted by:

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Figure 1 Computed tomography scan of the abdomen before the first operation.

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