- 33 **Schenk M**, Schwartz AG, O'Neal E, *et al*. Familial risk of pancreatic cancer. *J Natl Cancer Inst* 2001;**93**:640–4.
- 34 **Brunet JS**, Ghadirian P, Rebbeck TR, *et al*. Effect of smoking on breast cancer in carriers of mutant BRCA1 or BRCA2 genes [see comment]. *J Natl Cancer Inst* 1998;**90**:761–6.
- 35 **Narod SA**. Hormonal prevention of hereditary breast cancer. *Ann N Y Acad Sci* 2001;**952**:36–43.
- 36 **Skinner HG**, Michaud DS, Colditz GA, *et al*. Parity, reproductive factors, and the risk of pancreatic cancer in women. *Cancer Epidemiol, Biomarkers Prev* 2003;**12**:433–8.
- 37 **Kreiger N**, Lacroix J, Sloan M. Hormonal factors and pancreatic cancer in women. *Ann Epidemiol* 2001;**11**:563–7.
- 38 **Duell EJ**, Holly EA. Reproductive and menstrual risk factors for pancreatic cancer: a population-based study of San Francisco Bay Area women. *Am J Epidemiol* 2005;**161**:741–7.
- 39 **Eisinger F**. Breast cancer screening for women with a strong familial risk. *Bull Cancer* 2005;**92**:874–84.
- 40 **Brand RE**, Lynch HT. Identification of high-risk pancreatic cancer-prone families. *Gastroenterol Clin N Am* 2004;**33**:907–18.

EDITOR'S QUIZ: GI SNAPSHOT

An unsuspected cause of chronic diarrhoea

Robin Spiller, *editor*

Clinical presentation

A 45-year-old Italian man, living in Italy, was admitted to our clinic with a 6-month history of chronic diarrhoea (soft stool, 3–4 times/day), iron-deficiency anaemia, recurrent abdominal pain, weight loss (10 kg over 6 months) and weakness. Examination was normal apart from moderate pallor and a soft but diffusely tender abdomen. He was not febrile: there was no pathological sign apart from increased bowel sounds. Other investigations showed haemoglobin 10.8 g/dl, mean corpuscular volume 72 fl, full blood count normal with relative hypereosinophilia (8.5%), platelets $230 \times 10^9/l$, erythrocyte sedimentation rate 60 mm/h, C reactive protein <1.0 mg/l, normal renal and hepatic biochemistry, albumin (30 g/l), serum iron 10 µg/l, total iron-binding capacity 330 µg/dl (normal: 240–480 µg/dl) and ferritin 7 ng/ml (20–200 ng/ml).

Parasitological stool examination was non-diagnostic, with normal stool pH. Coproparasitological study was negative; stool specimens for faecal leucocytes, bacterial culture, ova and parasites were all negative and pH was normal. Occult blood was found repeatedly in the stool.

Routine biochemical examinations including thyroid function test, protein electrophoresis and serum immunoglobulin levels were all normal, and anti-tigliadin antibodies (IgG, IgA) were negative. HIV-1 and HIV-2 were also negative.

Chest x ray and barium follow-through were all normal. Upper endoscopy with gastric and duodenal mucosal biopsies was unremarkable. Colonoscopy was difficult and performed only up to the mid-sigmoid colon because of poor luminal

distension due to perivisceral phenomena resulting from previous diverticulitis. Double-contrast barium enema was therefore used to evaluate the colon, but did not yield significant findings. Abdominal ultrasound showed widespread abnormalities with ileal loops and moderately dilated, fluid-filled jejunal loops with oedematous wall thickening (fig 1). A few small (12mm) peri-intestinal lymph nodes were detected. Localised peritoneal fluid was present in the right iliac fossa. Despite extensive investigations the diagnosis remained uncertain.

Question

How would you explain the clinical context and sonographic findings and what further diagnostic procedures you would like to perform?

See page 668 for answer

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Figure 1 The examination with a linear transducer shows bowel loops characterised by thickened ileal wall (transverse section, right; longitudinal section, left) and liquid endoluminal content.