- 49 **Mirvish SS**, Shubik P, Wallcave L, *et al*. Ascorbate-nitrite reaction – possible means of blocking formation of carcinogenic *N*-nitroso compounds. *Science* 1972;177:65–8.
- 50 **Wink DA**, Mitchell JB. Chemical biology of nitric oxide: Insights into regulatory, cytotoxic, and cytoprotective mechanisms of nitric oxide. *Free Radic Biol Med* 1998;25:434–56.
- 51 **Garcia-Rio L**, Hervas P, Mejuto JC, *et al*. Comparative study of nitroso group transfer in colloidal aggregates: micelles, vesicles and microemulsions. *New J Chem* 2003;27:372–80.
- 52 **Challis BC**, Edwards A, Hunma RR, *et al*. Rapid formation of *N*-nitrosamines from nitrogen oxides under neutral and alkaline conditions. *IARC Sci Publ* 1978:127–42.

EDITOR'S QUIZ: GI SNAPSHOT

Haematemesis with mediastinal lymphadenopathy

Robin Spiller, editor

Clinical presentation

A 33-year-old previously well man presented with sudden haematemesis and mild epigastric tenderness. At endoscopy, bleeding from a "ragged" lesion at the gastro-oesophageal junction was noted and biopsy samples were taken. Follow-up gastroscopy showed a 3 cm submucosal mass (fig 1). A

Figure 1 Endoscopic appearance of gastro-oesophageal mass.

Figure 2 CT appearance of gastro-oesophageal mass.

Figure 3 Microscopic appearance of biopsy samples from the gastro-oesophageal junction.

computed tomography (CT) scan confirmed the presence of a soft tissue mass arising from the gastro-oesophageal junction extending into the gastric lumen and also showed hilar and mediastinal lymphadenopathy and bilateral, predominantly mid-zone, nodular shadowing (fig 2).

The patient later developed epigastric discomfort, nausea, exertional dyspnoea and cervical lymphadenopathy. Figure 3 shows the histopathology of the specimen taken from the gastro-oesophageal junction.

Questions

What was the cause of this patient's gastrointestinal bleed?

What is the diagnosis?

See page 1695 for answers

N Vaid, C E Butler

Department of Gastroenterology, West Middlesex University Hospital, Isleworth, Middlesex, UK

C S Miller

Department of Clinical Imaging, West Middlesex University Hospital, Isleworth, Middlesex, UK

S Karim

Department of Histopathology, West Middlesex University Hospital, Isleworth, Middlesex, UK

C E Collins

Department of Gastroenterology, West Middlesex University Hospital, Isleworth, Middlesex, UK

Correspondence to: Dr C E Collins, Department of Gastroenterology, West Middlesex University Hospital, Isleworth, Middlesex TW7 6AF, UK; carole.collins@wmuh.nhs.uk

doi: 10.1136/gut.2006.108472