ANSWERS

1. **Cerebral toxoplasmosis with AIDS.**
   Multiple hypodense lesions in the deep regions of the brain are fairly typical of toxoplasmosis. The oral candidiasis had already suggested immunological incompetence. Failure to enhance with contrast is consistent with severe suppression of cellular immunity, confirmed by a very low CD4 count. The patient improved on treatment with a combination of antiretroviral drugs, sulphadiazine and pyrimethamine and could eventually return home.

   **Further Reading**

2. **Intoxication with anticholinergic drugs.**
   On further questioning it emerged that an older brother had been scheduled for a follow up appointment with an ophthalmologist - a bottle with eye drops to be administered before the repeat visit was kept in the fridge at home. A telephone call to the home, where grandmother kept an eye on the other children, revealed that the bottle contained atropine and that it was almost empty. The child was treated with physostigmine and completely recovered.

   **Further Reading**

3. **Assessment of thyroid function.**
   She was profoundly, biochemically, hypothyroid even though in retrospect she did not look hypothyroid. With thyroxine replacement her symptoms resolved and her serum cholesterol and creatine kinase levels fell back to normal. The main lessons are:
   - Hypothyroidism causes raised serum cholesterol and raised creatine kinase.
   - Occult hypothyroidism is a common cause of ‘idiopathic’ hyperkaemia.
   - Serum creatine kinase should be measured before starting a statin although this is not standard recommended practice in the UK.
   - Thyroid function should be assessed in all patients with hypercholesterolaemia.
   - Non-specific aches and pains are common in hypothyroidism.
   - Although muscle problems arise in less than 1% of patients taking a statin, their very widespread use (and note the proposal in the UK for their availability ‘over the counter’) means that numerically such problems are relatively common.

   **Further Reading**