

Gastroenterology Evaluation: Failure cases

In this survey you will review cases that were rejected by our automatic verifier model. The model assigns each rejection to one of seven error types. Whenever an essential item is involved, we provide a brief explanation.

For each MCQ you will see:

- the image(s)
- the original caption from the paper
- the paragraph in which the figure was cited ("Context")
- the generated MCQ and its proposed answer
- the essential item that triggered rejection and the verifier's explanation

Please keep in mind that the verifier model is imperfect and may be wrong. We ask you to judge whether you agree with the model's decision for each case and to provide your comments.

Because some context can be very long, we recommend you to skip this part for each question. You can refer to context part when necessary.

1. Caption: Normal esophagus

Context: Zenker's diverticulum may be perceptible in physical examination as a tumor in the neck. During palpation Boyce's sign may be triggered – a noise of splashing fluid accumulated in the diverticulum. The diagnosis is based on a radiogram with barite that reveals a diverticulum filled with contrast on the side of the esophagus [14].

Esophagogastroduodenoscopy may be useful in ZD and operation conditions assessment ([Figures 2](#)—[5](#)). Another valuable, but technically difficult examination is UES manometry. Manometry is not useful in the routine diagnostic approach due to, among others, catheter dislocation during examination impeding the proper analysis.). Another valuable, but technically difficult examination is UES manometry. Manometry is not useful in the routine diagnostic approach due to, among others, catheter dislocation during examination impeding the proper analysis.

Q: Which of the following best describes the endoscopic appearance of the structure shown?

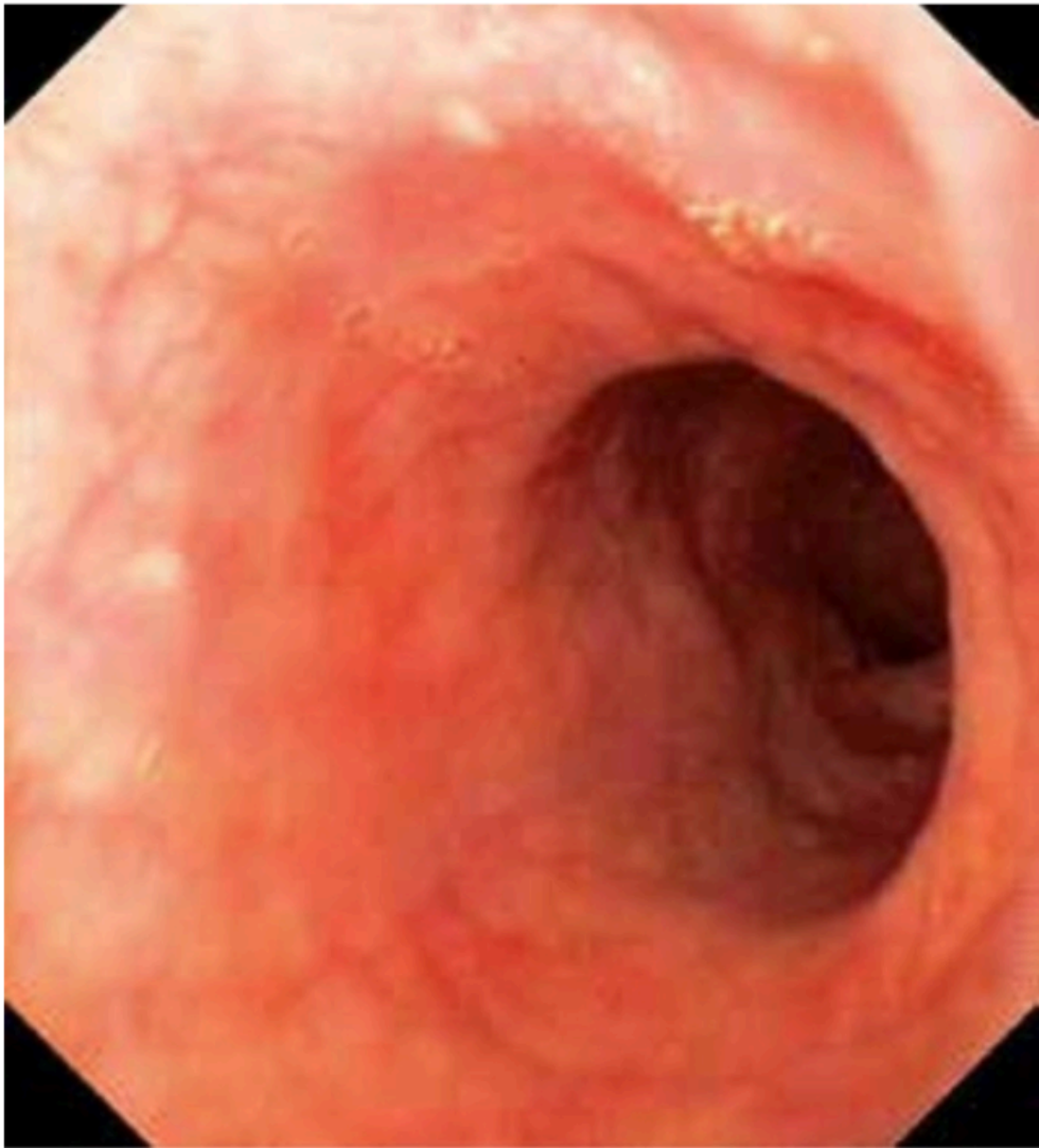
Options:

- A. Normal esophageal mucosa with no visible abnormalities
- B. Esophageal diverticulum with retained fluid
- C. Esophageal varices with tortuous vessels
- D. Esophageal stricture with luminal narrowing
- E. Esophageal ulceration with mucosal defect

Answer: A

Verifier Response: **Single Correct Option** NOT PASS: Option A is incorrect based on image. No correct option.

"Single Correct Option" means "only one option is correct".



Mark only one oval.

- ☐ Yes, I agree with verifier's idea.
- ☐ Other: _____

2. Caption: Cystoscopy showing the appendicular tip protruding through the bladder cavity.

Context: Because the patient was in a lot of pain, without any improvement after receiving multiple doses of analgesic, the patient was transferred to the operating room, where a cystoscopy was performed, observing a 4-cm fecalith on the right lateral wall of the bladder dome, which was completely adhered to the bladder's wall (<xref rid="ac-2020-00311-0044f2" ref-type="fig">Fig. 2</xref>). So the decision to perform a midline incision was made. The tip of the appendix was firmly adhered and eroded into the cavity of the bladder (). So the decision to perform a midline incision was made. The tip of the appendix was firmly adhered and eroded into the cavity of the bladder (<xref rid="ac-2020-00311-0044f3" ref-type="fig">Fig. 3</xref>). A partial cystectomy was performed, and while the tip of the appendix was being removed, the 4-cm fecalith was seen. The fistulous tract was resected, and the appendectomy was performed without complications. Finally, the bladder was repaired in 2 layers. A urine catheter was placed and was removed on postoperative day (POD) 14. The patient was discharged on POD 5 with oral antibiotics, and with clear urine. Histological examination of the appendix showed acute and chronic inflammatory changes with ulceration of the mucosa and transmural fibrosis.). A partial cystectomy was performed, and while the tip of the appendix was being removed, the 4-cm fecalith was seen. The fistulous tract was resected, and the appendectomy was performed without complications. Finally, the bladder was repaired in 2 layers. A urine catheter was placed and was removed on postoperative day (POD) 14. The patient was discharged on POD 5 with oral antibiotics, and with clear urine. Histological examination of the appendix showed acute and chronic inflammatory changes with ulceration of the mucosa and transmural fibrosis.

Q: Which abnormality is most likely present in the bladder based on the cystoscopy image?

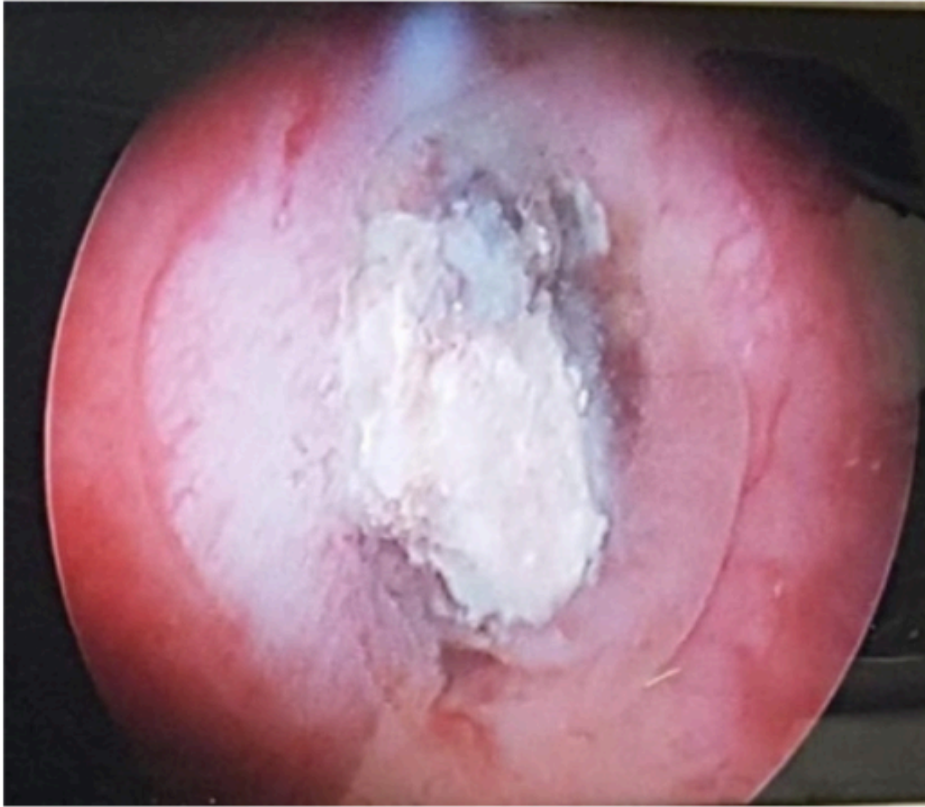
Options:

- A. A 4-cm fecalith adhered to the bladder wall
- B. A ureteral stone obstructing the ureteral orifice
- C. A bladder tumor with irregular borders
- D. A blood clot in the bladder cavity
- E. A foreign body embedded in the bladder mucosa

Answer: A

Clinical Validity NOT PASS: Option A is not supported by the image.

"**Clinical Validity**" means "Clinical correctness supported by sources, e.g., image, caption and context"



Mark only one oval.

☐ Yes, I agree with verifier's idea.

☐ Other: _____

3. Caption: Endoscopic image showing the resection site, with no evidence of perforation or bleeding.

Context: <none>

Generated VQA (from JSONL if available)

Q: Which of the following is the most likely clinical finding based on the endoscopic image of the resection site?

Options:

- A. Active bleeding requiring intervention
- B. Perforation of the gastrointestinal wall
- C. Intact mucosal layer with no complications
- D. Severe inflammation with ulceration
- E. Malignant tumor recurrence at the site

Answer: C

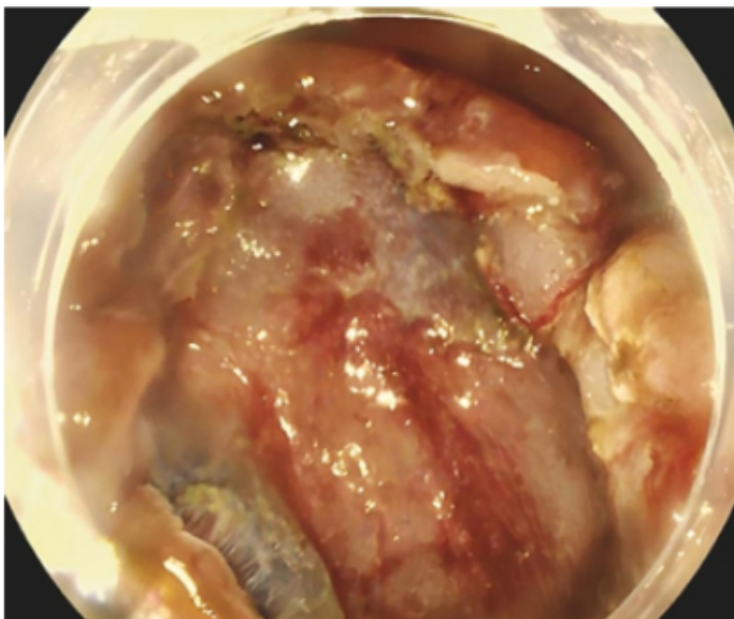
Verifier response:

Clinical Validity: Option C contradicts the image.

Image-Text Consistency: Image shows inflammation, not intact mucosa.

"**Clinical Validity**" means "Clinical correctness supported by sources, e.g., image, caption and context" ;

"**Image-Text Consistency**" means "Image and text align".



Mark only one oval.

☐ Yes, I agree with verifier's idea.

☐ Other: _____

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