

IMAGES OF PRISON HEALTH

Voluntary ingestion of a nail-clipper: follow-up using simple abdominal radiography

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Text received: 7/7/2011

Text accepted: 21/01/2012

CLINICAL CASE

Male 29 year old patient of Algerian origin sentenced to prison. The patient smokes tobacco and marijuana, states that he drank beer every day before entering prison, but denies taking other substances intravenously or via other routes.

He presented an impulse control disorder and continues to receive treatment with benzodiazepines and anti-anxiety medication

He has a record of violent behaviour, insulting medical staff and destroying furniture. There is also a background of different types of self-harm: hunger strikes, self-wounding, superficial wounds on the arms and legs, as well as swallowing razor blades and other foreign objects that were finally evacuated naturally with support from a fibre-rich diet.

On this occasion the patient claimed to have swallowed a nail-clipper and complained of stomach pains. At the same time he started a hunger strike, drinking water and infusions with sugar. Examination of the patient indicated a soft, palpable abdomen and the simple X-ray shows part of the nail-clipper in the small intestine (figure 1). Although the clinic discounted urgent



Figure 1.



Figure 2.



Figure 3.



Figure 4.

abdominal surgery, the fact that the patient continued to complain of intense pain led to his referral to the hospital casualty ward, where our diagnosis was confirmed and the patient was prescribed a fibre-rich diet and monitoring.

6 days after the first X-ray, a new one was taken showing the same piece described in the ascending colon, but the other part of the nail-clipper that was swallowed later can be seen in an upper section of the gastrointestinal tract (figure 2), 9 days after symptoms began, another X-ray was taken (figure 3) and this shows how both parts of the nail-clipper have reached the level of the descending colon. The patient stated that he had abandoned the hunger strike and a fibre-rich diet was started.

New X-rays of the abdomen showed that the foreign object did not advance from the transverse colon until an X-ray taken 30 days after the object was swallowed (figure 4) showed both parts of the nail-clipper in the final sections of the gastrointestinal tract, which were expelled the following day during defecation according to the patient himself.

DISCUSSION

Voluntary swallowing of foreign objects in the prison environment is a method of self-harming that presents with relative frequency and which has a clear element of protest (1) without suicide being the objective (2).

Inmates that practice self harm demand urgent medical attention from prison staff by claiming to have swallowed batteries, blades or other metal objects and complain of pains in the abdomen. These objects are easily visible in a simple abdominal X-ray.

To establish a prognosis, it useful to distinguish between blunt objects and those with points or sharp edges (3).

These objects are usually easily eliminated by natural means once the obstacles of the pylorus, the angle of Treitz and the ileocecal valve are passed (4). Progress can be encouraged with a fibre-rich diet while keeping alert for the appearance of hemorrhagic complications or perforations that might force surgical intervention (5).

CORRESPONDENCE

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