Fish Bone Perforation of a Normal Jejunum

Sir,

Entrapment of foreign body leading to perforation of the jejunum is a rarity. The distal ileum is a recognized site for this pathology in the small intestine. Predisposing factors such as a Meckel’s diverticulum may also be present. Early recognition of the condition strengthens the indication for surgical intervention. Extensive surgical procedures are unnecessary because simple removal of the foreign body and excision of any localized abscess without a drain may be adequate treatment.

An 80-year-old man presented as an emergency with a 3-day history of central abdominal and epigastric pain. He had nausea but no vomiting. There were no other symptoms. During the preceding 2 years he had been treated for angina and hiatus hernia with oesophagitis. He was also on the urology waiting list for transurethral resection of the prostate gland.

Physical examination revealed local signs of peritonitis in the epigastrium and right lower abdomen. The chest and abdominal X-rays were normal.

Laparotomy revealed a localized small abscess in the jejunal mesentery, exuding greenish pus and from this area projected a sharp pointed object. The object was pulled out and found to be a fish bone measuring 2.5 cm in length. There was no obvious leakage of jejunal contents on squeezing the segment of gut and, therefore, no further action was considered necessary for the jejunum. However, the mesenteric abscess was excised taking care to preserve the blood supply to the gut. There was no other intestinal abnormality. The postoperative recovery was complicated by urinary retention and so he underwent the transurethral resection of the prostate gland.

In retrospect, the patient recalled that he had a meal of fish and chips about 48 hours before his symptoms started. He wore a set of upper and lower dentures.

Intestinal perforation due to swallowed foreign body is not as rare as it is sometimes thought to be, but even then this complication is better recognized in the narrow terminal ileum and Meckel’s diverticulum.

Four cases have been previously reported by various authors of perforation of jejunal diverticulum, but this report is the first involving the perforation of a normal jejunum with no predisposing abnormality.

However, as in this case, fish bone and other non-metallic foreign bodies of animal or vegetable origin are more prone to penetrate the gut wall, than their metallic counterparts. As suggested by Ginzberg and Beller, the fish bone in this patient was also sharp at both ends and must have merely penetrated straight through the jejunal wall, leading to leakage of gut contents into adjacent mesentery to form a localized abscess. Reduced sensation in the oral cavity is a recognized risk of swallowing foreign body in people who use dentures, as in this case. Also at risk are alcoholics and children.

References
1 Gunn A. Intestinal perforation due to swallowed fish or meat bone. Lancet 1966; i: 125–128.

Trichobezoar

Sir,

Trichobezoar is a fairly uncommon condition of which a few cases have been reported in the literature. This is to our knowledge the first reported case of trichobezoar in a Saudi female.

The word bezoar is used to describe large concretions in the human stomach; common ones contain hair (trichobezoar) and vegetable fibres (phytobezoar). A 20-year-old Saudi female was admitted on 8 August 1989 complaining of chronic diarrhoea, loss of appetite, pain and a lump in the abdomen which she had experienced for 6 years.

On examination the only significant finding was a freely mobile round lump 7 x 5 cm, firm in consistency situated in the epigastrium. A clinical diagnosis of foreign body or bezoar in the stomach was made. There was no evidence of any patch of alopecia.

Routine laboratory examinations were normal. A plain X-ray of the abdomen (anteroposterior and lateral views) suggested a round faintly opaque kidney-shaped foreign body in the upper abdomen, anterior to the vertebral bodies. Barium meal examination and upper gastro-intestinal endoscopy confirmed the diagnosis of trichobezoar.

Gastroscopy was performed and a trichobezoar removed. The postoperative period was uneventful.

Trichobezoars are usually found in emotionally deprived female children, between 3 and 12 years of age. The most common site is the stomach, but occasionally they extend the length of the small intestine.

Symptoms include a feeling of fullness in the stomach, vomiting, diarrhoea and weight loss. Rare presentations with intestinal obstruction are due to either the bezoar
alone or due to intertwining of the bezoar with a bolus of round worms, obstructive jaundice, protein losing enteropathy and Rapunzel syndrome may also occur.

Treatment includes gastrostomy and removal of the mass. Extraction by endoscopy has not been recorded but may be a possible approach for small bezoars.

References

Cephalometric Values for Saudi Arabian Patients

Sir,

I read with interest the excellent article by A. P. Toms in Saudi Med J 1991; 12(4): 314-320. This deals with the cephalometric norms for Saudi Arabian subjects and has been an interest of mine for some time since I first worked in the Riyadh Al Khair Hospital programme in 1984. At that time, an initial survey was carried out and reported to a dental symposium at the Riyadh Military Hospital in October 1984 and this survey did include cephalometric figures. In his article, Dr Toms seems to indicate that the paper involved did not use cephalometric analysis in its results and I would hasten to point out that this is not the case and would draw his attention to the article which he quotes in his references as No. 30: Jones WB. Malocclusion and facial types in a group of Saudi Arabian patients referred for orthodontic treatment; a preliminary study. Br J Orthod 1987; 14: 143-146. In this article cephalometric means were compared with those from Indonesia, England and China and values were given for a number of major cephalometric measurements.

Sir,

I would like to thank Bryan Jones for his kind comments on the paper Cephalometric Values for Saudi Arabian Patients recently published in this journal.

The initial survey he reported to the Dental Symposium in October 1984 was perhaps unfortunately never published in an international journal, and with the scarcity of cephalometric data on Middle Eastern populations would have been most welcome. Such unpublished data would only serve to expand the cephalometric data base recently established, enhancing the diagnosis and treatment planning of orthodontic and maxillofacial patients.

When quoting the articles containing cephalometric parameters, Dr Jones' article in Br J Orthod 1987; 14: 143-146, should have been noted, even though he only used seven standard cephalometric parameters in the study.

Dr W. B. Jones preliminary work provided significant data on Middle Eastern patients and should be acknowledged.

Organ Transplantation — An Islamic Perspective

Sir,

I read with great interest the leading article in a recent issue of Saudi Med J entitled Organ Transplantation—An Islamic Perspective, by Dr M. A. Albar (Saudi Med J 1991; 12(4): 280-284). It was most stimulating and enlightening but definitely one-sided in the sense that it highlighted only the positive aspects of organ transplantation well supported by historical religious facts and various jurists’ decrees. I have more queries which I am sure other readers, like me, would like to have answered.

1. When Zakaria Al Qazwini advocated the therapeutic use of porcine bongraft in human beings on certain grounds, what were the reactions of his contemporaries and Muslims at large? Regarding Islam what is the current status of porcine bongrafts in surgical practice around the world? More important, was he a devout Muslim?

2. What are the names of medicines in which porcine material is allowed to be used by jurists and are there reasons other than those mentioned in this article? This issue needs proper scrutiny as it is extremely sensitive and has a great potential to be abused on the simple pretext that if swine material is allowed to be used in medicines then one might use it in the production of certain foods and other items of daily use because these are also important for the sustenance of life. It is considered at the moment that the use of swine matter in medicines other than in life-saving drugs is against the religion and will threaten the basic code of Islam.

3. If some diseases are not related to supernatural spirits good or bad, then what is the concept of ‘possession’ by bad or good ‘jinns’ in psychiatry? As far as I understand current Islamic beliefs, Jinns by assuming animal forms, which could be bad or good, might contribute to psychiatric morbidity which would be a temporary state of abnormality. With the availability of various effective psychodynamic and therapeutic modalities the people so afflicted by “possession states” do not require any condemnation or punishment as was prevalent during earlier ages of human history (e.g. the Middle Ages).
4. Most important of all, on what grounds did Sheikh Shaarawi completely refuse all types of organ donation.

5. Similarly, the most prominent muftis from Asian countries rejected the idea of organ transplantation. A brief light on their negative views would definitely increase our knowledge of Islamic thinking about organ transplantation.

6. It is not explicit whether or not recipient and donor must belong to the same religion. Will it make any Islamic difference if an organ from a non-believer is transplanted into a strong believer in Islam?

At various Islamic Conferences, as mentioned, organ trafficking and commercialization was criticized and deplored while altruistic behaviour for donating organs was invoked. But in fact who cares about all of this? Organ transplantation is a luxurious treatment for wealthy, influential people and, with some exceptions, it is the poor and needy who are lured by unethical means to part with their organs. Through the media, we hear every so often about scandals involving organ trafficking, trading and malpractices. According to Islamic code, the trading of human organs is the ugliest part of the entire organ transplantation programme. I ask myself who can claim to be altruistic in this world? The behaviour of human beings is strongly motivated by self-serving interest. A handful of surgeons want world fame; a specialized class of people want better, longer, comfortable lives; and neglected, poor people need financial support. So the entire concept of altruism in the present day world appears to be questionable. I feel that Islam should have strong reservations about organ transplantation programmes. Besides the above points, organ transplantation is associated with graft rejection, potential infections, development and transmission of diseases and multiple psychological sequelae reported in both recipients and donors.

In conclusion, if scientific developments are applied without realizing the Islamic implications in their true sense, then what was prohibited yesterday, will be allowed to happen today; and what is prohibited today, will not be prohibited tomorrow. I feel that in this way Islam will lose its specific identity and that we as Muslims cannot tolerate this.

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Sir,

Dr Qureshi has raised many contentious questions that would take more than the space allotted to answer. The first group of questions which he raised were about using porcine material in medicine questioning the claim of Zakaria Al Qazwini (600–682/1203–1283 A.D) that porcine bone-grafts take better than other xenografts. Al Qazwini himself was a grand Qadi, and was a renowned author of many books including his famous book Ajayib Al Makhloqat (Wonders of Creatures). Muslim jurists throughout the ages accepted the use of ‘Najas’ i.e. dirt and filth in medicine provided it is prescribed by a competent Muslim physician proclaiming that it is necessary for treatment or that it will enhance a cure. Most jurists would even accept the advice of a non-Muslim physician, if he is competent and is known to be a man of integrity. The use of porcine material in food is a completely different subject. Porcine material is not allowed to be consumed unless in dire necessity when other food is not available.

The questions related to supernatural phenomena in causing disease need some explanation. The Holy Quran deplored the Jahiliya (pre-Islamic Arabs) people who sought refuge and protection from jinn by forwarding to them respect and rituals (Sura 72: 6). The Prophet Mohammed (PBUH) scorned them for their superstitious beliefs about the causes of disease. Al Bokhari narrated that the Prophet said: There is no Adwa (i.e. contagion except by the will of Allah), no Saif (Jahiliya Arabs believed that month of Safar can cause a malady), no ‘hama’ (i.e. the ghosts and souls of the dead that they believed hover around asking for vengeance). Islamic teachings were very pragmatic and realistic and the Prophet (PBUH) scorned them several times because of their belief in magic, sorcery, divination and astrology. It is considered as ‘Shirk’ i.e. blasphemy to believe in such things. The Muslim should have his faith in ‘Allah alone in whose reins lie the causes of health and disease, the life and death, in fact everything small or large.

Possession by ‘jinn’ can occur to the unwaried and those who do not recite the Holy Quran frequently. There are certain supplications taught by the Prophet (PBUH) that would protect the person from their ill effect.

The effect of jinn has been exaggerated by the ignorant and naive. The Al Mutazila school which flourished at the time of Abbasid Caliph Al Ma‘moom, refrained all ill effects of jinn on the human body or psyche. However, most Muslims believe that psychological disturbance might occur if a person becomes possessed by jinn. The remedy is to recite the Holy Quran and say some prophetic supplications.

Regarding Sheikh Shaarawi; his refusal for all types of organ transplantation is based on the following argument:

1. The human body is the property of ‘Allah’. It cannot be donated either by the person himself or his heirs.

2. Taking an organ from a living person does some harm to that person; and taking it from a cadaver is an act of mutilation.

Other jurists from India and Pakistan add the following points for refusing organ transplantation:

3. The results of organ transplantations are not encouraging, sometimes dismal.

4. The cost of such programmes is stupendous for both third world governments and the populace at large.

5. Profiteering is apt to occur. Many horrendous stories are published by the media. Commercialism in human organs and ‘spare parts’ is rampant in India and many other third world countries.

All these points were discussed fully in Islamic jurists’ conferences that discussed organ transplantation, and the following answers were forwarded:

1. It is true that man, as well as everything else is the property of ‘Allah’, but He himself entrusted man with many things as well as with his body. Man should use these things in the way prescribed by Him and His messenger. Transgressors will be punished on the day of judgement.

2. Donation from the living is not allowed if it is going to harm the donor. The minimal increased risk is
acceptable in view that kidney donation is going to save the life of the recipient. Donation from a cadaver is not mutilation, which is only done with malice or revenge.

3. Wealthy countries e.g. Saudi Arabia and other Gulf States can afford the presumed costly programmes of organ transplantation. The facts, however, show that organ transplantation is less costly than other modalities of treatment e.g. kidney transplantation vs haemodialysis. The type of life enjoyed by the patient after transplantation of a kidney, cornea or heart is more fruitful and productive and hence is an asset and not a liability.

4. The results of organ transplantation have shown great improvement in the last decade reaching more than 90% for 1-year graft survival.

5. Commercialism and profiteering is deplored and all measures should be taken to stop it. Encouraging cadaver donation and limiting living donors to close relatives, as practiced in Saudi Arabia, will curtail or completely prevent such horrendous acts.

Islamic teachings stress the importance of saving human lives. The Holy Quran proclaims that saving one life is like saving the whole of humanity (Sura 5: 32). Organ transplantation is a new modality of treatment that can save the life of many patients and improve their quality of life.

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