Self-inflicted needle in the urethra retrieved endoscopically from the bladder

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The urethra that normally serves as an exit passage for urine also served on rare occasions as an entrance passage for a wide variety of foreign bodies. The most commonly administered objects are different types of pins and pencils. More unusual objects included speaker wire, rocks, eye-wear rims, AAA battery, open safety pins, plastic caps, straws, a marble, a cotton-tipped swab and a metal screw. We reported a case of self-inflicted needle in the urethra that migrated to the prostatic urethra, and removed endoscopically from the bladder without causing significant complications.

A 38-year-old male presented to the Emergency Department with a weak urine stream and post-voiding spotting. These symptoms started after self introduction of a needle with a plastic knob at one end into the urethra. He introduced first the plastic nod for the purpose of scratching the urethral wall from an urethral itching sensation felt by the patient. Before introducing the needle, he bent its distal sharp tip to create a $30^\circ$ angle that would assist him manipulate the knob inside the urethral lumen. He carried out this procedure on frequent occasions for a period of 3 weeks. On one occasion, the distal tip of the needle accidentally slipped completely into the urethra making it impossible for him to retrieve it back. This incident was facilitated by simultaneous use of a herbal gel that was ejected urethrally through the urethral meatus to allow adequate lubrication for scrubbing of the needle hub against the urethral walls. Although, the needle disappeared completely inside the urethra, voiding was mildly affected. He experienced a weak stream with post-voiding spotting in the underwear. Local physical examination revealed mild perineal tenderness in the midline. No palpable mass was felt, and no abnormalities were noted by rectal digital examination. A scout x-ray film of the pelvis showed a rod-like radio-opaque shadow at the level of the prostate that matched with the needle described by the patient. The knob at its proximal end was radiolucent and did not appear in the film (Figure 1). The patient was transferred to the operating theater for cysto-urethroscopy under general anesthesia. The urethra appeared healthy, and we saw the needle floating in the bladder lumen. The needle migrated spontaneously from the penile urethra to the prostatic urethra. It was pushed back to the bladder during the introduction of the cystoscope. Fortunately, the sharp tip of the needle did not penetrate the urethral or bladder wall, nor did it cause any significant injury to these structures. The sharp end of the needle was grasped endoscopically with a forceps, and was extracted out from the urethra without difficulty. No indwelling catheter was required postoperatively, and he was discharged on the following day with uneventful recovery.

Foreign bodies in the urethra or bladder are usually self-inflicted by men who are mentally disturbed, intoxicated or for autoerotic stimulation. The patient involved in this case report was a man with sound mentality, and no sexual drive. He merely chose to use the needle as a means of alleviating the itching urethral sensation he experienced. It is not understood how such objects can migrate from the distal penile urethra back to the proximal urethra or even the bladder. In our case, the self-inflicted needle reached the prostatic urethra, and was endoscopically pushed back to the bladder before being retrieved. Although, significant complications can result from foreign bodies introduced in the urethra, our patient with the urethral needle had mild urinary symptoms. He reported to the Emergency Department only as he was very anxious to have this needle out. Neglected cases can cause complications as perforation and fistula formation. Most foreign bodies in the bladder can be endoscopically retrieved using grasping forceps and retrieval baskets. This was achieved in our patient without complications, and he was discharged from the hospital 24 hours later.

Figure 1 - Scout pelvic x-ray film showing a rod-like radio-opaque shadow in the area of the prostatic urethra.
Torsion of an epiploic appendix mimicking acute appendicitis

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Disorders of the epiploic appendages are rare, usually affecting the middle age group. They are rarely diagnosed preoperatively being commonly confused with diverticulitis of the sigmoid colon, and other causes of acute abdominal pain. Conservative treatment with antibiotics and pain relief is usually safe. We present a case of a young girl with acute epiploic appendagitis being diagnosed preoperatively as appendicitis, and we review the literature.

A 16-year-old girl presented to our Accident and Emergency Department with 2-day history of right iliac fossa pain, which she described as a continuous ache sometimes radiating to the back. She felt generally unwell, and her appetite was poor. There was no history of vomiting although, she was nauseated. Her bowels were regular and she denied any symptoms of urinary tract infection. Her history was not significant apart from the fact that she had irregular periods. On examination, she was comfortable at rest with a temperature of 36.7°C, a pulse of 94 beats/min, and a BP of 113/75. System examination revealed no abnormal findings, and examining her abdomen she was markedly tender in the right iliac fossa with rebound tenderness and some guarding. The rest of the abdomen was soft with normal bowel sounds. Per rectum examination was normal. Laboratory investigations showed a normal Hb, a white blood cell count of 6.5 cells/mm, a normal differential count, and normal urea and electrolytes. The urine tested positive for blood (patient was menstruating), but was negative for leukocyte, proteins and nitrites. In view of the history and the signs on abdominal examination, she was diagnosed as having acute appendicitis, and was taken to the theater for an appendicectomy. At operation, there was some serosanguineous fluid in the right iliac fossa. The appendix looked normal, but there was a gangrenous appendix epiploica on the surface of the cecum. The patient underwent an appendicectomy with excision of the gangrenous necrotic fat on the cecum. Her postoperative course was uneventful, and she went home 24 hours after the operation. The histology revealed a congested hemorrhagic, and partly necrotic adipose tissue, consistent with the clinical diagnosis of strangulated appendix epiploica. The appendix showed no significant histological abnormality. Epiploic appendages are pedunculated, fatty structures around 2.5 cm in diameter scattered all over the colon, and covered with peritoneum. They are bigger in size and more prominent on the left side of the colon compared with the right side. Epiploic appendagitis affects the sigmoid colon more than the cecum and ascending colon. Diseases of the epiploic appendages are difficult to diagnose clinically due to the lack of pathognomonic clinical features, but with the increasing use of CT scan for assessing cases of acute abdominal pain, their preoperative diagnosis is now more common. They affect the middle age group with a peak incidence at the age of 40 years. Necrosis of the epiploic appendages is commonly due to an ischemic event either secondary to torsion or spontaneous thrombosis, but can also be due to a non vascular event. One can often confuse the condition with diverticulitis of the sigmoid colon, but it can mimic acute appendicitis when it affects the cecum. Patients usually present with a sudden onset of sharp localized pain either in the left or right iliac fossa with minimal gastrointestinal symptoms. The temperature and white blood cell count can be normal or slightly elevated. We can use both ultrasound and CT scan for reaching the diagnosis of epiploic appendagitis. The infarcted appendix has a characteristic sonographic appearance. It shows as a hyperechoic non compressible ovoid structure near the colonic wall. The use of color Doppler demonstrates the absence of blood flow in these lesions. In addition to confirming the diagnosis in doubtful cases, CT scan is also useful in the follow up of patients treated conservatively.
Vazquez-Frias et al., used laparoscopy in diagnosing and successfully excising the infarcted appendix.

In conclusion, acute epiploic appendagitis is a rare condition that can cause a diagnostic dilemma in cases of acute abdominal pain. Conservative treatment with analgesia and antibiotics is usually safe, but in cases when we reach the diagnosis during operative exploration the treatment is ligation and excision of the necrotic tissue with seromuscular inversion. ¹

References


Public knowledge and attitudes towards passive smoking

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The adverse effect of passive smoking on health and the classification of environmental tobacco smoke (ETS) as a carcinogen has been repeatedly documented in the medical literature. Results of many population surveys indicate that the public is knowledgeable of the definition of passive smoking, and are aware of its health hazards with a substantial increase in this knowledge.¹ The gain in public knowledge and the mounting evidence on the harmful effects resulting from the exposure to tobacco smoke has resulted in legislative actions for protecting the public health in many countries.² Although, widespread public information on the harmful effects of passive smoking is essential for the success of tobacco control programs, it is not sufficient if not accompanied with strong negative attitudes towards involuntary smoking. Moreover, establishing nonsmoking as the norm and empowering nonsmokers particularly the young, to be more assertive in demanding their rights to a smoke free environment are vital elements in any smoking control program. Bahrain, similar to several other countries, acted to protect the public and reduce its exposure to ETS.³ Bahrain’s tobacco control efforts include restrictions on smoking in the work, and public places through legislation.⁴ The aim of this study was to determine the knowledge and attitudes of the Bahraini public towards passive smoking as such information would suggest tobacco control policies and implementation strategies.

The sample population included 506 Bahraini adults (18-60 years) who had attended the 4 selected health centers during summer 2001. The selected health centers were all those that opened during mornings, evenings and weekends. The excluded health centers were those health centers that opened mornings only or opened mornings and evenings but closed on weekends. We included all attendants of these health centers who satisfied the selection criteria in the study. We used an anonymous self-administered questionnaire, and based the questionnaire on that developed by Kurtz et al., modified, translated to Arabic and pilot tested. In addition to socio-demographic data, smoking status and exposure to passive smoking, the questionnaire included questions on knowledge of the adverse effects of ETS, attitude questions that assessed feelings and reactions towards ETS, and a section on preventive efforts, which included questions on measures taken when exposed to involuntary smoking. We used a 5-point Likert scale from strongly agree, agree, undecided, disagree, and strongly disagree. The data were entered and analyzed using SPSS version 11.0 for Windows. The scale for the knowledge and attitude statements was grouped whereby; “strongly agree” and “agree” indicated “agreement” and “strongly disagree” and “disagree” indicated “disagreement”. Education and occupation were both grouped into high, medium and low. “High” education included secondary and above, “middle”; intermediate, and “low” read and write and primary. We classified high and low professionals as “high”, skilled and semi skilled as “middle”, and unskilled and unemployed as “low” occupations. Ever smoking was defined as smoking 100 cigarettes or the equivalent amount of tobacco in lifetime and current smoking as smoking any type of tobacco, daily or occasionally, at the time of the survey. Other type of tobacco included the
agreement generally increased with the occupational
highly determined by the occupational level as
statements related to knowledge. Knowledge was
between educational level and agreement with the
direct association was consistently displayed
yielded statistical significance (p < 0.05). A positive
participants and differences in 8 of the statements
(>30-year-old) were less likely to agree with the
(92.2%) on dislike to breathing the smoke of others
cigarettes. However, 15% were undecided, and 15%
disagreed on having the right to ask people not to
smoke in their presence. Females, older, higher
attitude statements. Statistical significance was
noted for the statement "smoking should not be
permitted at work" by gender, age, educational
level, occupational level, and smoking status.
Having the right to ask people not to smoke in ones
presence had the least agreement. Nonsmokers and
ex-smokers showed similarities in their responses,
with the latter mostly having the highest agreement.

The majority of the Bahraini public had good
general knowledge on the hazards of involuntary
smoking. However, they were slightly more aware
of the harmful effects of cigarette than sheesha/
kadu smoking. There is a possibility that some of
cigarette smokers quit cigarette smoking, and
shifted to water pipe smoking due to their lack of
awareness of its hazards and their belief that is not
dangerous. The specific knowledge of the study
participants on the conditions associated with ETS
varied. They were less aware of the ill effects of
maternal smoking on the fetus, the risk of
developing lung cancer if living with a smoker for a
long time and of the dangerous content of tobacco
smoke. It is not surprising that women were
generally more knowledgeable than men of the
dangers of ETS as there were more nonsmokers

Table 1 - Percentage of agreeing to knowledge statements on passive smoking.

<table>
<thead>
<tr>
<th>Knowledge statements</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke from the cigarettes of smokers is harmful to other people around them</td>
<td>91.4</td>
<td>2.6</td>
<td>6</td>
</tr>
<tr>
<td>Smoke from the sheesha/kadu of smokers is harmful to other people around them</td>
<td>87.6</td>
<td>5.8</td>
<td>6.6</td>
</tr>
<tr>
<td>Living for a long time with a person who smokes may increase my risk of lung cancer</td>
<td>71.1</td>
<td>22.1</td>
<td>6.8</td>
</tr>
<tr>
<td>When a pregnant woman smokes, her child will be more likely to have a lower birth weight</td>
<td>77.9</td>
<td>16.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Regular long-term smoking by someone in the home can have a harmful effect on the mother’s unborn child</td>
<td>84.1</td>
<td>11.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Children of smoking parents have more respiratory ailments than do children of non-smoking parents</td>
<td>82.7</td>
<td>12.6</td>
<td>4.7</td>
</tr>
<tr>
<td>Smoke from a burning cigarette contains dangerous chemicals</td>
<td>79.1</td>
<td>15.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Smoke from a burning sheesha/kadu contains dangerous chemicals</td>
<td>75.2</td>
<td>18.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Smoke from cigarettes can cause eye irritation and cough</td>
<td>88.3</td>
<td>7.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Smoke from sheesha/kadu can cause eye irritation and cough</td>
<td>84.1</td>
<td>10.1</td>
<td>5.8</td>
</tr>
</tbody>
</table>
among them. Similar to other studies, current smokers were the least aware of the dangers of involuntary smoking. The higher proportions of ex-smokers who had specific knowledge of the dangers of smoking than nonsmokers could possibly be due to the fact that the former became aware of the dangers of active and passive smoking, and thus quit. The possibility that they had developed some signs and symptoms related to ETS smoking cannot be excluded. Although, the study population had negative attitudes towards passive smoking, they seemed to be not very assertive in asking people not to smoke in their presence. Having 15% undecided to whether they have a right to ask people not to smoke in their presence, and 15% denying them this right indicates that the community is still unaware of its rights with respect to ETS. Community involvement in facilitating tobacco control measures and public support to establish nonsmoking as the norm and encouraging self policing is needed. There was less agreement on knowledge and attitude statements among men and smokers in general, but it improved with age, educational and occupational levels. Greater attention should be given to these groups in tobacco related educational programs for the success of tobacco control policies and interventions.

In conclusion, this study provides baseline information on the knowledge and attitudes of the Bahraini public on ETS. Generally, there is widespread knowledge regarding the risks of ETS, and appropriate attitudes towards it. Tobacco control efforts should particularly focus on males, the young smokers and people with lower educational and occupational levels and should apply specific strategies for each population. Moreover, we should encourage the Bahraini public to object to breathing ETS, and impose their right to clean air. The young should be brought up and school children taught to defend their rights for a clean environment. Moreover, additional research is needed in this area, as the better the understanding of the knowledge and attitudes of the public, the higher the chance for successful planning and implementation of tobacco control policies and programs. As the knowledge and awareness of the public increases, the more would be the public demand towards imposing smoking restriction policies.

References


The evaluation of the internet and computer utilization by the fourth grade medical students

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As the case for the world, the use of computers and internet in the schools, workplaces and at homes are increasing in Turkey as well. The field of medicine is developing very rapidly and the use of computers and the internet in this field is widespread as well. The capability of the internet is to provide instant, and multiway communication accelerates the worldwide production and development of knowledge. Research data shows that computer technology supports learning, that it improves skills of critical thinking, analysis and scientific research. This study aimed to investigate at what frequency medical students made use of computers and internet, and for which purposes. We also aimed at delineating what types of opportunities were available and the factors linked to the use of internet.

We carried out this epidemiological study of descriptive nature in Hacettepe University Faculty of Medicine (HUFM), Turkey. The study covers 297 of fourth grade students (total of 374) HUFM. Mean age of the students was 21.78 ± 0.96 years, 40.1% of the mothers and 65.3% of the fathers of these students were university graduates, 53.8% of the mothers were housewives, 46.1% of the fathers were employed as administrative personnel. Nearly half of the students (47.4%) had their personal computers, 29.6% declared using the computer...
laboratory in the school, 31.4% stated that computers were available in the places they stayed, 35.6% said that they were using internet cafes, 60.2% of the personal computer owners (total 186) had internet access, 12.8% of the students stated that they did not know how to use computers, 50.8% of the students stated that they learned how to use the computers by themselves and 12.1% mentioned having received computer classes at school. When 2 most important purposes for using computers were questioned, 84.1% of the students stated internet access, 32.6% mentioned writing texts. Most of the students (90.9%) stated that they use internet. When the 2 most common reasons for using the internet were questioned, 63.6% talked regarding communication (chat, electronic mail, messages, and so forth), 49.1% were accessing medical sites.

Internet users among HUFM fourth grade students were using internet for 4.78 ± 5.82 hours/week on average (median=3 hours). The students using the internet were visiting medical sites for 1.14 ± 1.70 (median=0.5 hours) hours per week, 44.5% were using the internet for 1.01-5.00 hours per week, and 48.5% of the students were using the medical sites for 1.00-1.99 hours per week on average. When the internet users access the internet, they have a mean stay of 90 ± 63 minutes. Nearly half of the students (50.4%) stated not being able to use the internet at desired duration and frequency. The reasons behind this limited use of internet are: not being able to find time (28.3%), and limited numbers of computer facilities (23.9%). Financial constraints are being stated as the third most important reason behind not being able to use the internet at desired level (18%). Nearly half of the internet users could abide by the anticipated time of use when they access the internet (51.5%), 79.8% of the students stated using the internet for their courses, 29% mentioned decreased use when compared with the preclinical years while 35.3% talked regarding increased use, and 75.8% of the students found the number of computers available for their use insufficient, while 77.1% reported the offered time allocation being limited. There was no gender difference between the students regarding the rates of having personal computers, 47.2% of
the females, and 47.8% of the males had personal computers (p>0.05). The possibility of having a computer increased together with the increasing educational status of the mother, 38.8% of the students whose mothers are not university graduates, and 60.5% of the students whose mothers were university graduates had their own computers (p<0.01). Approximately 39.4% of the male students were using the internet for more than 5 hours per week while only 20% of the females were doing so (p<0.01). As regards to the time spent for medical site access, there was no difference between male and female students. The language of education does not create any difference in terms of duration of internet use, and duration of use of the medical sites. Together with the increases in the educational status of the mother, there was a statistically significant increase in the duration of internet use and duration of use of the medical sites (p<0.01). The duration of weekly internet use increased with the increases in the educational level of the father (p<0.05), however, the duration of use for the medical sites did not differ. Having very good or good computer skills, having their own computer and having internet access significantly increases the duration of weekly internet use and the duration of access to medical sites (p<0.01) (Table 1). Among those who were not using the internet for their courses there was an increase of use by 9.1% when compared with preclinical years whereas among those who were using the internet for their courses this increase was 41.9% (p<0.01).

Main influences on the use of internet are; educational status of the mothers, and whether they have their personal computers or not. Together with the increase in the level of the education of the mother, it is interesting to see a statistically significant increase in the level of computer and internet use by the students. As it is true for different fields of education, in the education of medical students or in the level of using educational opportunities, educational status of the mother, her having a profession; thus, the status of women in the society has an influential role. The main denominator in this case might be the increased possibility of having a personal computer together with the increase in the educational status of the mother. In a study conducted in 2003 in another medical school in Turkey [Gulhane Military Medical School (GMMS)] different measures were compared with the evaluate internet use, and similar conclusions were arrived at. In our study, 47.4% of the students had their personal computers whereas in GMMS only 8.9% of the students had this.4 This difference might be related to the fact that GMMS is a military school that students attend as a boarding school, and the school provides several opportunities for computer and internet use. Other study which presents preliminary results from the study to evaluate the Medical Informatics curriculum at the Rijeka University School of Medicine, Rijeka, Croatia proved that, from one generation to the next, students show more and more interest in Medical Informatics, more of them have their own computers and more of them use internet and e-mail communication.4

In HUFM, the computer facilities made available for use by the students had coverage of 75.8%, and the duration of use was 77.1%, which was found to be insufficient. Due to the inadequacy of computer facilities, 23.9% of the students could not use the internet for the duration and the frequency they desired. The number of computers available for use and the time allocated for use should be increased. Medical curricula should include education pertaining to the use of computers and the internet.

Received 18th June 2005. Accepted for publication in final form 23rd August 2005.

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