
Short Communication

Deliberate self-poisoning: Experience at a Medical Unit
Muhammad Khurram, Najia Mahmood.
Rawalpindi Medical College, Rawalpindi.

Abstract

To share our experience of managing acute DSP patients, a cross sectional, observational study was conducted for one year. Patients with acute DSP, defined as "ingestion of a poison or excessive dose of a medicine for self-harm" were included. Patient demographics (gender, age, educational, and marital status etc), intention, substance used, and outcome were noted. Eighty patients (47 female, and 33 male) were managed. Mean patient age was 24.35±7.69 years. Most of the patients were educated up to 10th grade, were unmarried, resident of urban area, occupation wise household related, and belonged to middle class. Majority (55%) of patients wanted to commit suicide. Benzodiazepines (31.3%) and organophosphate (OP) compounds (21.3%) were commonly used for DSP. 2.5% (n=2) patients expired. DSP with OP compounds was significantly associated with suicidal intention.

Introduction

Self-harming behavior has been noticed since ancient times.1 Its nature and causes vary with various religious, socioeconomic, ethnic, and cultural factors. Deliberate self-harm syndrome (DSH) is the term used to categorize this kind of behaviour. In it, persons with apparent consciousness and willful intent perform painful, destructive, and injurious acts upon their own bodies.2 In terms of intent, persons who commit deliberate self-harm can be divided into those who die, and those who harm themselves.3 Deliberate self-poisoning (DSP) and self-injury are main types of DSH.

DSP is an important health problem throughout the world especially in developing countries.4 It is a major cause of more than 500000 deaths per year attributed to DSH in Asia Pacific region.3 DSP is commonest mode of DSH in Pakistan.5,6 It is an important health issue in context to adolescents and younger Pakistani population.5,6

Reported incidence of DSP in Pakistan is about 8 per 100,000 in men and women.5 This estimate has limitations because of the fact that DSP evaluation in Pakistani settings is difficult. It is a criminal offence as Islam prohibits suicide in any form. Management of DSP patients at public hospitals includes involvement of Police, from whom every body in this country want to stay away. Patients and attendants may thus ascribe DSP to accidental poisoning.1 DSP is thus underreported.

Young, married females constitute majority of persons attempting DSP.5,6 Commonest compound used for DSP vary at different places. In developing countries like Pakistan, benzodiazepines and OP pesticides are used commonly in urban and rural areas respectively.5,6

Persons attempting DSP may have various intentions of which manipulative/threatening, and suicidal are most important.1 Majority of the persons attempting DSP don't want to commit suicide.7 They do so as they are depressed, have anger, jealousy, or desire for attention.1 OP compounds are generally used for DSP with suicidal intention because of their well known fatality index.4

In Western countries DSP related mortality is low, about 0.3%.3 Overall fatality in India, China, and Sri Lanka is >10%,4 whereas mortality noted in Pakistani studies
Mental disorders and previous attempts of DSH are associated with poor outcome.1

Although deliberate self-harm comes under the domain of Psychiatry, patients with DSP are managed initially at medical units. At a tertiary care medical unit, we frequently manage poisoning patients. DSP patients constitute an important fraction of these. From the medical point of view, it is important to know the substances used for DSP and its outcome. This context has not been much explored in related Pakistani studies conducted by Psychiatrists. This study shares our experience of managing acute DSP patients with focus on patient demographics, intention, substance used, and outcome.

Methods and Results

This cross-sectional, observational study was conducted at the Medical Unit of Rawalpindi Medical College, Rawalpindi from January to December 2006. Adult (>13 year old) patients presenting to Emergency Department with definite history of acute DSP were included. DSP was defined as ingestion of a poison or excessive dose of a medicine for self-harm. Informed consent was obtained from each patient or first of kin if patient was unconscious. Patients with accidental or homicidal poisoning were not included.

Patient details regarding age, gender, occupation, educational level, urban or rural address, socioeconomic class, marital status, history of previous attempts, poison used, intention, and outcome (death or discharge) were collected. Municipal Corporation, town committee, or cantonment board areas were defined as urban and the rest as rural. Upper, middle, and lower socioeconomic classes were defined on basis of occupation, place of residence and monthly income.10 Farmers, street vendors, drivers and whitewashers were categorized in lower class; school teachers, small business men, accountants and welfare workers in middle class; army officers, doctors, pilots and civil servants in upper class.10 Educational status was categorized into; uneducated, educated up to 10th grade, and college/university.

Statistical analysis was performed with Statistical Package for Social Sciences (SPSS) version 10. Chi2, Fisher exact, and t tests were used to note statistically significant associations wherever appropriate. P-value <0.05 was considered significant.

Eighty patients with DSP were managed during the study period. Majority (58.8%) of these were female. Mean patient age was 24.35±7.69 years. Mean age of females was 23.77±7.64, and of males was 25.18±7.79 years. Most of the patients were educated up to 10th grade, were unmarried, and had urban residence. Details of other patient demographics are given in Table 1.

Benzodiazepines (31.3%) and organophosphate (OP) compounds (21.3%) were commonly used for DSP. Details regarding various substances/compounds used for DSP are given in Table 2. Of all, 55% (n=44) patients had suicidal intentions, while 45% (n=36) wanted to gain attention, express distress, or get revenge.

Outcome wise, 2.5% (n=2) patients expired while the rest (97.5%, n=78) were discharged healthy. Two
patients who expired were suffering from schizophrenia. One was a medical student who used benzodiazepine for DSP. The other was a 35 years old female who used OP. It was her second attempt; previously she unsuccessfully tried to cut her throat with a knife.

Of the 17 patients who used OP for DSP, 88.23% (n=15) had suicidal intention, (p=0.004). No other statistically significant association was noted between various patient characteristics and intention for DSP.

Conclusion
In our experience DSP was common in young females. Majority of DSP patients were educated up to 10th grade, were unmarried, resident of urban area, occupation wise household related, belonged to middle class, and had suicidal intention. Benzodiazepines and OP were commonly used for DSP. DSP with OP compounds was significantly associated with suicidal intention. Patients with poor outcome suffered from mental disorders.

References

Case Report

A case of Histoplasmosis Mimicking Tuberculosis
Asim Qureshi
Department of Pathology & Microbiology, Aga Khan University, Hospital, Karachi.

Abstract
Drug resistance to Tuberculosis is an emerging problem but proper exhaustive workup needs to be done before confirming the diagnosis. The case of a 5 year old male child who presented with low grade fever and lymphadenopathy and was being treated with anti TB drugs with no satisfactory response is presented. A detail workup including a biopsy gave the diagnosis of histoplasmosis.

Introduction
Histoplasmosis is not commonly seen in our region. It is frequently encountered in people who come in contact with domestic birds and fowl. In Pakistan, the cases usually belong to the rural areas. The presentation is upper respiratory symptoms of cough and fever. There may be associated lymphadenopathy. The patients are commonly diagnosed as tuberculosis as even if a biopsy is done it would give the findings of chronic granulomatous inflammation. Appropriate cultures and fungal stains should be done to establish the diagnosis.1

Case Report
A five year old male was referred to Aga Khan Medical University with history of fever and weight loss for the past five months. The patient was being treated for tuberculosis since 3 months and was not responding to therapy. Physical examination revealed a pale anxious child. No lymph nodes were palpable. Ultra-sonography and computed tomography of the abdomen was done which showed enlarged mediastinal and abdominal lymph nodes. Multiple Para-aortic and mesenteric lymph nodes were reported on CT scans. CT guided biopsy of abdominal lymph node was performed and cultures and PCR for mycobacterium was requested.

Histological examination revealed tissue showing loose aggregates of epithelioid histiocytes forming granulomas. Some of the histiocytes contained intra cytoplasmic vacuoles. There were large areas of necrosis. No abnormal lymphoid infiltrate was seen. Fungal stains with / PAS and diastase showed numerous fungal yeast forms which were both intra and extra cellular. The spores were variable sized ranging from 3 to 5 microns. A pseudo capsule was also identified. There was thin based budding and the morphology was also evaluated by microbiologist who conurred with the diagnosis of histoplasmosis.

Discussion
Histoplasma capsulatum infection is acquired by inhalation of dust particles from soil contaminated by bird.