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**Letter to the Editor**

**Multiple lead pellets in scalp**

Madam, In the case of gunshot wounds in which shotguns are fired at close range, a large number of lead pellets may be retained in different parts of the body. The impact of retained lead pellets depends not only on the number and size of the pellets but also on their location in the body. Solubilization of lead pellets or fragments lodged particularly within or close to joints or body cavity (body fluids capable of solubilizing lead) may increase after a considerable latency time. When pellets are in superficial location and multiple in number what should we do is a difficult question to answer as in the present case. This 70 years man was hit at close range by lead pellets from a shotgun in personnel rivalry. He presented 6 days after injury. At the time of incident he had transient loss of consciousness. There were no neurological deficits. His general and systemic examination was normal. Approximately 75 lead pellets were identified on X-ray in the bifrontal scalp region (Figure). All pellets were in superficial layer of the scalp. Patient was managed conservatively. No chelation therapy was given. The wounds healed uneventfully. The usual route of lead exposure is through ingestion, but lead toxicity secondary to retained bullet fragments has been well documented in the adult literature. If the number of lead pellets is large enough, dissolved lead from the pellets may cause adverse health effects as time passes. Symptoms of systemic lead poisoning after shooting incidents may appear after a latency period that varies from a couple of months to several decades. The potential for lead toxicity as a complication of a lead missile injury appears to be related to (1) the surface area of lead exposed for dissolution, (2) the location of the lead projectile, and (3) the length of time during which body tissues are exposed to absorbable lead. The diagnosis of lead toxicity is often difficult and delayed secondary to vague and transient symptoms. Symptomatic lead toxicity includes features of abdominal colic and haemolytic anaemia. In these cases other causes of abdominal pain and weakness such as diabetes mellitus, alcohol abuse, pancreatitis, and substance abuse should be ruled out. Appropriate planning of imaging and the surgical approach depends on two perpendicular projections of the injured area are essential. The primary management of patients with continued lead exposure is to remove the source of exposure. Interventions include...
therapy before surgical removal may be essential in preventing systemic toxicity. As in present case when removal of the bullet fragments is impractical, the potential risks of long-term chelation therapy must be weighed against the risks of lead toxicity. Patients with retained lead-based bullet fragments should be educated about the rare potential for plumbism due to partial bullet fragment resorption and that long-term observation for this disorder is recommended. In the present case patient had an extensive involvement of the scalp with multiple pellets and he is a potential candidate for lead toxicity. There is definite evidence that pellets located near to the joint or body cavity can cause lead toxicity. If the pellets are in a superficial location and in elderly people then they are not an immediate threat to life. The pellets in the present case, lead to a question, how do we manage and what will be the natural course of the retained pellets?

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References

Letter to the Editor

Prevalence and correlates of tobacco use among class 8 to 10 students in Islamabad and Lahore

Madam, Cigarette smoking and tobacco use is a global pandemic, and is responsible for some 5 million deaths annually, with half the deaths in developing countries like Pakistan. Studies on prevalence of tobacco use among class 8 to 10 students in Pakistan are rare and report from one major city i.e. Karachi, and in male students only. One study on the prevalence of smokeless tobacco among male high schools reported a prevalence rate of 16.1%, while another study reported a prevalence of current smoking as 13.7% among male adolescent student in Karachi.

To describe the association of gender, beliefs about quitting smoking after having started smoking, opinions about women who smoke, beliefs about smoking for a year or two and quitting afterwards, having been offered free cigarettes from the representative of cigarette manufacturers, and having seen advertisements for cigarettes on billboards with self-reported tobacco use in class 8 to 10 students in Islamabad and Lahore, and its prevalence; we used data from the Global Youth Tobacco Survey (GYTS) for Islamabad and Lahore, conducted in 2003. The GYTS is a collaborative project of the World Health Organization, Centers for Disease Control and Prevention, United States, and the Canadian Public