

PRISON HEALTH CARE IN IMAGES

Self-inflicted injury caused by puncture and self-embedding of a long object through the abdominal wall

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Fecha recepción: 04-09-2013

Fecha aceptación: 14-09-2013

We present the case of a 28 year old male confined in a correctional facility. Among his personal history we can find that he is a tobacco and cannabis smoker, as well as an ex-poly-drug user. He has been diagnosed with borderline personality disorder with paranoid symptoms and is being treated by the facility's psychiatrist. The patient is also hypochondriac and has constant digestive and cardiologic complaints. This has led him to be evaluated by the Digestive Services where a gastroscopy was carried out with no disease diagnosed and by the Cardiology Services where they diagnosed him of sinus tachycardia that does not need to be treated.

This patient pursued urgent assistance after self-embedding a long object in the periumbilical area (Figure 1) which, as it can be seen in the radiography (Figure 2), did not affect the peritoneum. Given the importance of the symptoms referred by the patient and his refusal to extract the object; he was taken to hospital where the object was extracted and the patient discharged for follow-up at our correctional facility.

This person has a record of several and repetitive self-inflicted injuries: cuts on forearms, ingestion of foreign bodies such as batteries, hunger strikes, self-embedding of objects through the abdominal wall known in prison slang as "missiles" and even he once sewed his own lips.



Fig. 1.

DISCUSSION

This is the case of a patient that persistently resorts to self-harm in various ways. This is compiled in the ICD-10 as Z91.5 personal history of self-harm¹.

Self-embedding of long objects is a self-harm form that requires special skills for not piercing the peritoneum and avoiding puncturing any organs. Therefore, they are self-inflicted injuries done by individuals with previous self-harm experience²⁻³.

The described case is very similar to the case presented by Dr Arroyo in a previous issue of *Prison Health Care in Images*⁴, both in relation to the age of the inmate, to the type of repetitive self-inflicted injuries, and to the personality disorder that this individual also suffered.

Self-inflicted injuries are voluntary and deliberate acts of a person against his/her own physical integrity, without wishing to cause serious or irreparable injury and that usually seeks getting attention². Although these sharp objects can normally be extracted in the correctional facility, it is most common to send them to the hospital where the objects are extracted and other possible injuries in organs are discarded³.

The evolution of these cases has a low mortality rate, and although it does not normally entail serious problems, it is important to be aware of possible complications such as intestinal perforation. On the other hand, in these cases of repetitive self-harm it is necessary to rule out both psychopathology and the risk of committing suicide⁵. The diagnosis of mental disorder and of substance abuse will require assistance by the primary care physician in collaboration with the psychiatrist and if any risk of committing suicide is detected the prevention protocol (SPP) of IIPP (Spanish Prison Department) with a multidisciplinary screening should be applied.

CORRESPONDENCIA

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Fig. 2.

BIBLIOGRAPHICAL REFERENCES

1. WHO. Classification of Mental and Behavioral Disorders (ICD-10). Madrid: WHO; 1992.
2. Martínez-Cordero A, Hinojal Fonseca R. Las autoagresiones: una patología reivindicativa en el medio penitenciario. *Rev. Esp. de Psiquiatría Forense, Psicología Forense y Criminología*, 1998; 5: 45-50.
3. Martínez-Cordero A, Hinojal Fonseca R. Autolesiones producidas por objetos punzantes a nivel abdominal. *Archivos de la Facultad de Medicina de Oviedo*, 1995; vol. V-1: 17-26.
4. Arroyo JM. Sanidad penitenciaria en imágenes: La conducta autoagresiva en el medio penitenciario. *Rev. Esp. De Sanid. Penit.* 1999; 1: 123.
5. Grupo de trabajo sobre salud mental en prisión (GSMP). Atención primaria de la patología dual en prisión. Zaragoza: AEN-SESP; 2006.