Feigning major trauma leads to a time consuming and expensive response from the ambulance service and receiving hospital, and therefore it is vital that any such patients are identified and confronted to deter further similar episodes. In some patients, psychiatric referral may be useful. Our patient has not been seen here or elsewhere in the area for the seven months since he was confronted.

It cannot be emphasised too strongly, however, that the same care must be taken to rule out injury in suspected Munchausen syndrome cases as for any other patient, using ATLS guidelines, before confrontation. There are times when injury cannot be ruled out in such patients — for example to the cervical spine, if the patient persistently complains of pain and tenderness over the vertebrae — and such patients must be admitted for further investigation.

The current standard system for identification of these patients is a handwritten “black book”, consulted by staff once suspicions are aroused. We would recommend that all computerised A&E departments transfer these manual “hospital hopper” records onto computer so that staff are alerted automatically when such patients register. For previously unknown cases, it is essential that staff take the trouble to investigate and inform other hospitals in the area of their findings. Has the time come for a national register of patients with Munchausen syndrome?


Hair thread tourniquet syndrome

R Y L Liow, P Budny, P J Regan

Abstract

Tourniquet of hair and thread fibres may become tightly wrapped around a child's digit. The resultant ischaemia may lead to tissue necrosis and autoamputation. Experience with two patients is reported.

The need for prompt recognition and complete removal of all fibres is stressed.

The possibility of non-accidental injury should be born in mind.


Key terms: digit; hair thread tourniquet syndrome

Case reports

CASE 1

An 18 month old girl was referred to us with mild fever and swelling and redness in the left fourth toe (fig 1). She initially presented to the accident and emergency (A&E) department one month previously when a ring of hair was removed from the toe and the wound dressed. Further pieces of hair were removed by the general practitioner in the ensuing weeks.

Examination revealed a tight hair tourniquet proximal to the distal interphalangeal joint, with marked distal venous congestion. A knotted hair loop was removed surgically (figs 2

Figure 1 Constricting ring around the left fourth toe producing distal swelling and discoloration. There is no external sign of the causative hair.

Figure 2 Following the removal of the hair, a tight constricting fibrosis remains.
Weever fish stings: a report of two cases presenting to an accident and emergency department

R S Davies, R J Evans

Abstract

Two patients are described who suffered weever fish stings and presented to an accident and emergency department. The characteristic symptoms and treatment are described.


Key terms: weever fish; fish venom; bites and stings; poisonous fish

Weever fish are among the most venomous fish present in the temperate zone. They are found in European coastal waters (Baltic to North Africa), the eastern Atlantic Ocean, and
Hair thread tourniquet syndrome.

R Y Liow, P Budny and P J Regan

doi: 10.1136/emj.13.2.138

Updated information and services can be found at:
[http://emj.bmj.com/content/13/2/138](http://emj.bmj.com/content/13/2/138)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)