

PRISON HEALTH IN PICTURES

Intracranial nail injury, a rare form of self-harm

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PRESENTATION

We report a rare case of self-injury occurred in January 2011 in a Romanian patient, male, aged 28, who has lived in Spain for the last three years and entered Barcelona men's prison in March 2010 charged with robbery by violence and intimidation. Upon admission, he declared having already been to prison in his country and smoking 20 cigarettes a day. He said he had no allergies to medicines and had no prior records of drug abuse or illnesses. Nevertheless, weeks later, he admitted to being a poly drug user.

During his stay in prison, the following health incidences were observed:

- in August 2010, he was treated of cranial, thoracic and abdominal injuries by the emergency unit of the prison after being assaulted by other inmates. The radiological and ultrasound study performed at the Clinical Hospital of Barcelona (HosClin) ruled out fractures or internal organ damage.
- On January 5th 2011, when suspicion of "body packing" existed after an intimate communication "vis a vis", a radiological study of his abdomen was performed. The study confirmed the presence of foreign bodies in the intestinal tract. The inmate was transferred to HosClin, and the surgery department removed 12 packages of drugs that are being analysed at the time of writing this text.
- In both the prison and the hospital, he was visited by the psychiatric services of both centres, which agreed on the following assessment: a) moderate patient cooperation; b) absence of psy-

chotic symptoms; and c) no features of suicidal ideation.

- On January 11th, the patient was again transferred to the emergency department of the hospital with intracranial nail injury (penetration by contusion-compression and then screwed in) in frontal region, without loss of consciousness, bleeding or neurological symptoms (Glasgow 15). The patient reported that it was an act of self-injury and a form of protest over "the loss of 20 Euros" he wanted to have back. The radiological study performed (Figures 1 and 2) showed bone involvement penetration of about 1.5 cm and probable compromise of brain tissue. The patient refused to be treated at the HosClin and asked for a voluntary discharge. A court order was then needed to carry out further examination. A CT scan of the head was performed which confirmed intracranial injury and tissue involvement. A craniotomy was performed and the patient was then admitted to the ICU. He was administered antibiotic prophylaxis with meropenem and linezolid for 48 hours, and dexamethasone and levetiracetam was prescribed to the patient who was sedated and intubated. Given the absence of complications (correct ICP controls and CT scan) the patient was transferred to the prison unit of Consorci de Terrassa Hospital, where he remained for an additional 72 hours. Back to prison, the inmate was transferred to the nursing department where his stitches were removed. He demanded to have his staples removed as well but since his demand was not granted, he removed them himself 48 hours later (Figure 3). Symptoms were associat-



Figure 1.



Figure 2.

ed with those of a personality disorder pending filiation and in order to obtain confirmation, in addition to a clinical interview, the questionnaire PDQ-4+ was distributed¹; such questionnaire had already been studied and used in prison population². Although the patients initially refused to cooperate, he later accepted and the questionnaire established a paranoid personality disorder which was verified in the clinical significance interview.



Figure 3.

COMMENTARY

Suicidal^{3,4} or non-suicidal⁵ self-injurious behaviours are more common in the prison population than in the non-incarcerated population⁶. The majority (more than 90 % in young Catalan inmates⁷) are due to querulous behaviours with manipulative or vindictive purposes, and are usually mild. Others, such as the one presented here, are less frequent and show diverse forms (ingestion of toxic substances, mutilations, throwing themselves off a high point, hanging, etc.). They can be severe and require hospitalization and even result in the patient's death. It has been suggested that these violent behaviours are often due to a disorder caused by maladjustment to prison, which some authors have called prisonisation. This maladjustment, which can cause real behavioural disorders⁸, is more common, as it occurs with other mental disorders^{9,10}, in patients with personality disorders, who show limitations in dealing with people, acting and coping with difficulties. In these cases, and in order to prevent and act more successfully, more research which provide data about potential vulnerabilities and risk indicators will probably be needed as some authors have already indicated.

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