Obtaining the correct drug history

Sir

Obtaining an accurate drug history from a patient admitted to hospital requires reliable information, including the general practitioner’s referral letter, the patient and their medicine bottles, relatives, or carers, and records held by general practitioners or community pharmacists. The accuracy of the information sources has been shown to be inaccurate, potentially resulting in incomplete drug histories. The pharmacist-acquired drug history is taken later and has been shown to be more complete, due possibly to the enhanced prior knowledge and availability of information sources. In our study, 40% of patients had at least one unintentional difference between the drugs prescribed for them in hospital and those prescribed by their general practitioner. Such inaccuracies can compromise patient care by hindering the identification of drug-related problems and further therapeutic management. Methods to improve drug history taking should involve improving information flow between primary and secondary care, and improving the skills of doctors or pharmacists taking the drug history. The clinical significance of the unintentional differences deserves further study.

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Incercaration of the penis by a metallic ring

Sir,

Incercaration or strangulation of the penis by an encircling object is an uncommon clinical event. This paper describes a case of long-standing penile incarceration by a metallic ring and its management.

A 35-year-old man presented in a distressed and embarrassed state with a heavy metal ring (outer diameter 3.2 cm, inner diameter 1.4 cm), encircling the penis at its root. The ring had been in place for a month, during which the patient had tried several manoeuvres to remove it, without success, although he was habituated to using a ring in this way. The patient had no urinary complaints. Movement of the ring was not possible and the penis distal to the ring was swollen, ulcerated and harbouring maggots (figure). Attempts to remove the ring using lubricants and by multiple punctures and aspiration of blood from the engorged penis failed. Division of the ring was not easy. Under spinal anaesthesia, the distal penis was degloved to the level of cavernous tissue and the iron ring was removed. Subsequent split-thickness skin grafting from the medial side of the right thigh on the denuded penis (5×3 cm) yielded good results.

A variety of constriction bands ('cockrings'), rubber bands, etc have been used to increase sexual gratification and prolong erections. Patients usually present at a late stage when the penis is grossly swollen and attempts to remove the objects have already failed. When these constriction bands are left in place for too long, the penile skin and shaft becomes oedematous, blood flow is compromised, and rupture of the urethra with extravasation may ensue. Browning et al described the use of string to compress the distal penis, making it elongated and narrow. However, other authors have reported 'degloving' the distal penis to the level of cavernous tissue before the foreign object could be removed. Sinha suggested that multiple punctures and aspiration of blood from the engorged penis is a simple and safe method and potentially dangerous and mutilating methods of removal of the constraining object should only be used if this treatment fails.

In the present case, penile degloving and subsequent skin grafting did not affect erectile power and the cosmetic appearance remained excellent. Even after long-standing penile incarceration, the patient did not have urethral stricture.

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