

known medical illness injected liquid silicon for sexual cosmetic purpose. Patient had 3 course of injection within 6 months time. Initially he has claimed his penis became bigger in size and did not encounter any abnormalities. However, after subsequent 2 months (8 months from first Silicon injection), he noticed his penis started to become granulomatous and hardened. He also experienced some skin changes surrounding penile area with on and off difficulty in urination (hesistancy) and retention. Upon examinations, the vital signs were within normal parameters. Genital examination showed a harden shaft of penis, with thickening of the surrounding skin. Patient was taken over by urology team and planned for operation (Skin Degloving and grafting)

### **DISCUSSION/CONCLUSION**

Penile enhancement therapy especially for cosmetic reason are uncommon in daily practice especially in Malaysia. Patient tend to make the wrong decision to get treatment from unrecognised practitioner which often resulted in unwanted outcome. For us medical practitioners, do consider obstructive uropathy symptoms which in these case hesistancy and on and off urinary retention as emergency condition. Early referral to urology unit will ensure better outcome.

## **PP 55**

### **CASE OF ELECTRONIC CIGARETTE INDUCED ANAPHYLAXIS**

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### **INTRODUCTION**

“Vaping”, the use of electronic cigarettes (e-cigarettes), has gained popularity especially among the younger population, worldwide. The vapor generated by e-cigarettes contains variable levels of nicotine and potentially harmful toxins, possibly triggering a life threatening anaphylaxis episode. Here we describe a case of anaphylaxis after using an e-cigarette.

### **CASE DESCRIPTION**

A 22 year old male presented to the emergency department with complaints of acute periorbital swelling, shortness of breath, chest tightness, and a foreign body sensation in his throat. He has underlying bronchial asthma and allergies to soy and peanuts. He had been using e-cigarettes with strawberry flavor for the past 1 year as a smoking substitute. However, he changed to a nut containing flavor the day prior to becoming unwell. Upon examination, he had bilateral periorbital oedema but no other significant mucosal swelling. He was not tachypnoeic and apart from reduced air entry bilaterally, his chest examination was unremarkable and his oxygen saturation on room air was 99 percent. His heart rate on presentation was 114 beats per minute but was normotensive. Chest x-ray was unremarkable. He was treated with intramuscular adrenaline plus intravenous corticosteroid and anti-histamine. Post treatment, his symptoms improved almost immediately and his heart rate dropped to 84 beats per minute. He was observed overnight in the ward and discharged well the next day.

### **DISCUSSION**

Most e-cigarette liquids (e-liquids) consist of various combinations

of nicotine, propylene glycol, glycerine, tobacco extracts, flavorants and/or adulterants which vaporize to an aerosol/vapor. A study has shown that long term exposure to propylene glycol has been found to exacerbate and/or induce multiple allergic symptoms in children. However, we have not been able to identify any other articles detailing a specific allergic or anaphylactic reaction secondary to ingredients in e-cigarette liquids. Further research is needed to characterize the potential adverse effects of exposure to e-liquids.

### **PP 56**

#### **"THE TOY STORY" – DILDO IN RECTUM**

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#### **INTRODUCTION**

Intra-abdominal foreign body is uncommon to be encountered in emergency setting especially usage of sex toys. We present such a case where patient presented with dildo stuck in the rectum.

#### **CASE DESCRIPTION**

27 years old RVD positive man who was not on any HAART therapy presented to our emergency department complaining of a sex toy (Dildo) got stuck in the anus since a night before presentation to emergency department. Patient was under recreational drug abuse upon during the incident. Patient was also complaining of abdominal pain and unable to pass out flatus. On examination, his vital signs were normal, the abdomen was not distended and bowel sounds were present. Digital rectal examination

revealed a foreign body. The case was referred to the surgical team for examination under anesthesia and removal was done under rigid sigmoidoscopy with no obvious mucosal injury/perforation noted. Patient was discharged well after 2 days hospitalization

#### **DISCUSSION/CONCLUSION**

Sex toy abuse is uncommon in daily practise especially in emergency department. However, the patient who is in high risk group (RVD Positive) was able to provide clear history, sex toy abuse should be considered. A systematic "package" of management including calming the patient, pharmacotherapy, radioimaging (abdominal x-ray) and counselling should be given to prepare patient before removal of the foreign body. We should be careful and precaution steps and proper systematic management needed to prevent the patient from becoming more agitated which will harm himself (possibilities for perforated viscus). Early referral to the surgical team will ensure the foreign body to can be removed as early as possible to prevent any obstructive symptoms. Upon discharge patient should be referred to psychology department for counselling to prevent recurrence in future.

### **PP 57**

#### **DEADLY AIRBAGS TOWARDS PAEDIATRIC POPULATION**

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#### **INTRODUCTION**

There is always been a myth that airbag has always been the saviour of life. Airbags are not cribs or babysitters.