

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.

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"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.

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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.

They are in fact a hidden killer that can cause injuries and death to human beings during accidents. Due to, It can cause traumatic brain injury among paediatric population from the high impact of the air bag inflation. This was a atypical case that was managed by in the emergency department was where a traumatic brain injury in a 3 year old child that was caused by an inflated air bag. The details of this case is presented below.

CASE DESCRIPTION:

A 3 year old child was brought in to our emergency department as after being intubated from in a private hospital for traumatic brain injury. A 3 year old child in a car had an alleged MVA (car versus car) from the opposite direction head on collision with another car in a high velocity. Informed that The child was wearing seatbelt on at the passenger seat. After the collision, when the air bag from passenger seat inflated in high impact manner during the collision. but child was still remain seated on the passenger seat .The child's GCS upon arrival to the private hospital was 3/15 and therefore was intubated for airway protection and case was referred to ED HKL for further management. Upon review at In ED HKL, child was intubated, but not sedated, pupil 4mm fixed on right had side and noted hyphema on the left side of the eye, and there was ongoing ENT bleed. Primary survey was cleared and extended fast scan was done and no free fluid was seen. Child was attempted for ct brain however was not stable enough for transportation. due to his unstable vital signs. Noted that The child was experiencing hypotension hypotensive and tachycardic and was started on noradrenaline. Patient was then transferred to Peads ICU. and

currently the child is still at peads ICU HKL.

LESSON LEANT AND CONCLUSION:

Air bag is designed to prevent extensive high impact injury over the face, neck and chest. However these air bags are mostly designed for the adult population where similar amount of pressure that is if applied towards paediatric population might can be harmful. In this case as presented above, the seat belt was applied and child was remained seated at passenger seat. Based on further analysis of the case, traumatic brain injury might have happened due to high impact of the accelerations and decelerations of the airbag. However the bleeding from the ears and nose has not been concluded. There is high possibility for basal skull fracture could have been caused due to the high inflation velocity of the air bag directed to the child's face. Intubation is necessary if child is presented with low GCS which is below 8/15 as airway protection measurement. Early referral to the primary team is crucial for early interventions. There is limited study or literature has been conducted towards the air bag impact on children. Therefore we proudly presenting report this case for further evaluation of all the automobile companies for to ensure child safety.

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"OUCH, MY TUMMY HURTS AND IT'S NOT CONTRACTION PAIN"

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INTRODUCTION

Acute pancreatitis is an inflammatory condition of pancreas and