Myoglobinuric renal failure after prolonged sponsored activity

Using various parts of his body, a fourth Dan Master of Tae Kwon Do broke 2035 boards in four hours to raise money for the Live Aid appeal. Eight hours later he developed back-ache and acute renal failure. Examination showed extensive bruising of the right forearm. Myoglobin was detected in the plasma, and his urine, although dipstick positive for blood, contained no erythrocytes. Creatine phosphokinase activity was 1600 IU/l. Spontaneous recovery occurred after four haemodialyses. Trauma and excessive physical activity¹ caused renal failure in this previously fit man. This case highlights the dangers of prolonged, severe physical exertion.—A R MORTON, S WALDEK, Hope Hospital, Salford M6 8HD.

1 Demos MA, Gitin EL, Kagen LJ. Exercise, myoglobinemia and acute exertional rhabdomyolysis. *Arch Intern Med* 1974;134(4): 669-73.

Injuries from tin cans in patients presenting to an accident and emergency department

Clinical impressions among the medical and nursing staff in this department were that a disproportionate number of injuries from tin cans were from corned beef cans. A prospective survey of all new patients with such injuries was therefore undertaken.

How injuries may happen: the partly opened lid may snap back into place, or fingers may be cut on the sharp edge of the tin.

Patients, methods, and results

All new patients presenting to the department with injuries from tin cans between 1 April and 30 June 1984 were surveyed using a simple questionnaire.

Of 15 308 new patients who presented to the department during this period, 137 (0.89%) had sustained injuries from tin cans. Corned beef cans were quoted in 102 (74.5%) cases and other types of can in 35 (25.5%), 34 cases from cylindrical cans. Of the 102 patients with injuries from corned beef cans, 67 were female, and 35 male ($p < 0.05$). Of the 35 others, 15 were female and 20 male (NS). The age range of the 137 injured patients was 7-82 (mean 39.6), and most (78) were aged 15-44. Differences in sex and age of the patients and the types of can were not significant.

Most injuries occurred between 1200 and 2000, the peak time being between 1600 and 1800 (45% of all injuries), and 82.5% of all patients presented within two hours of injury. Time of injury and delay in presentation were irrespective of the type of can and the age and sex of the patient.

All patients required one or more of the following treatments: dressings (66% of all patients), steristrips (48%), sutures (42%), antibiotics (16%), and antitetanus toxoid (15%). No severe injuries were recorded. Of the 102 injuries from corned beef cans, 15 dominant hands were injured on the palmar and 30 on the dorsal aspects, and 41 non-dominant hands were injured on the palmar and 16 on the dorsal aspects. Of the 35 injuries from other cans, 13 were on the palmar and 14 on the dorsal aspects of the dominant hand, while three were on the palmar and five on the dorsal aspects of the non-dominant hand.

Comment

Of the 137 patients presenting with injuries from tin cans during the period of study, nearly three quarters had injuries from corned beef cans. After puncturing the top of the can the subject holds it in the non-dominant hand while the dominant hand unwinds a metal strip below the lip of the can on to the key provided. As the strip winds around the key the lid separates from the base and can be sprung back by the non-dominant hand. The can is inverted by the non-dominant hand and the meat released by shaking the can or prising it loose with a knife. If all this is done correctly the common mechanism of injury are: the partly opened lid snaps back into place, its sharp edge injuring the dorsal aspects of the operator's