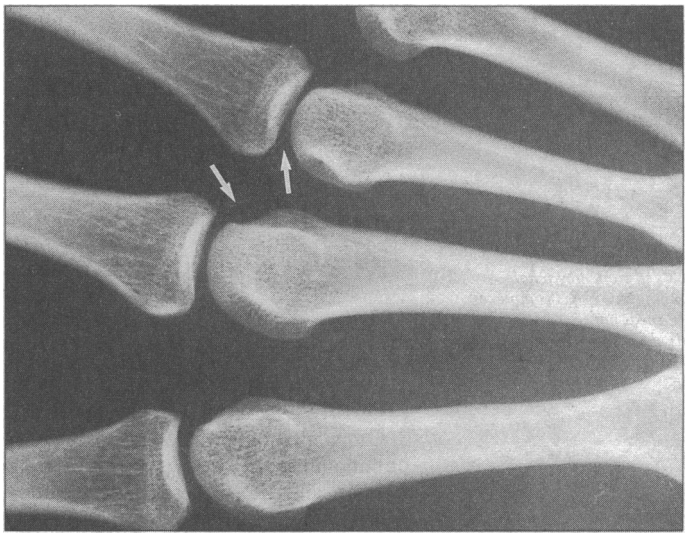
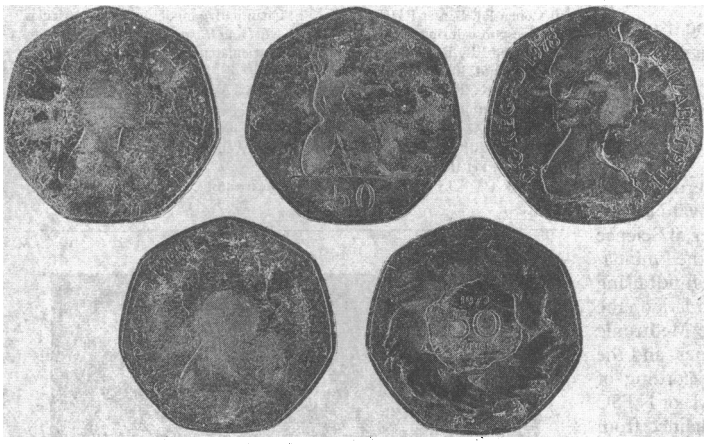
Habitual joint cracking and radiological damage

A 25 year old Malaysian man who habitually elicited cracking sounds from many of his joints was investigated during a study of joint cracking. He had no symptoms or obvious abnormalities of his joints, but a radiograph of his right hand showed ligamentous ossification on the ulnar side of his third metacarpophalangeal joint and chondrocalcinosis in the first and fourth metacarpophalangeal joints (figure). There was no evidence of osteoarthrosis.

Distraction of the articular surfaces during finger pulling lowers the pressure of the synovial fluid. When the vapour pressure is reached the fluid evaporates, giving a cracking sound and forming an intra-articular bubble. Previous studies have reached conflicting conclusions about the radiological changes found in habitual finger cracking,[1,2] but we suggest that excessive joint cracking may have caused the changes seen in this subject, who had no signs of any other underlying disease.—P WATSON, A HAMILTON, R MOLLAN, *department of orthopaedic surgery, Musgrave Park Hospital, Belfast BT9 7JB.*



1 Unsworth A, Dowson D, Wright V. Cracking joints. A bioengineering study of cavitation in the metacarpophalangeal joint. *Ann Rheum Dis* 1971;30:348-58. (M Ziff, discussion.)
2 Swezey RL, Swezey SE. The consequences of habitual knuckle cracking. *West J Med* 1975; 122:377-9.



Laparotomy for £2.50

A shopkeeper aged 58 presented with a four month history of epigastric pain and tenderness and loss of weight. Gastroscopy showed a gastric ulcer and a black object adhering to the pyloric antral mucosa. Attempts at removal were unsuccessful and results of biopsies unhelpful. An abdominal x ray picture showed an opacity in the pelvis, and a barium meal examination confirmed a filling defect in the stomach. Laparotomy showed a prepyloric pseudodiverticulum containing five 50p pieces (figure). He admitted to placing coins under his tongue occasionally while at work but denied having swallowed any.

Ingestion of foreign bodies is rare in adults and is usually precipitated by drunkenness or psychiatric illness, etc. Most foreign bodies pass through the gut, but large (>15 cm) or sharp objects require endoscopic or surgical removal. Objects should also be removed if gastrointestinal disease is present, which increases the risk of complications (obstruction, perforation, haemorrhage, and fistulisation). This case is unusual because coins had been ingested over a long period (possibly up to 15 years) and the patient presented only because of symptoms related to the gastric ulcer.—M DRAH, D BERRY, B CALCRAFT, *department of medicine, Royal Gwent Hospital, Newport, Gwent*

Successful treatment of subdural haematoma during anticoagulant treatment

A 66 year old woman taking warfarin as anticoagulation after receiving a Starr Edwards mitral valve prosthesis had developed disturbance of her memory and headaches over six weeks. Hospital admission was precipitated by increasing unsteadiness of gait, confusion, and somnolence over the preceding three days. She was drowsy and disoriented with a temperature of 37·5°C. An unenhanced computed tomogram (figure (left)) showed an extensive right frontoparietal subdural haematoma of mixed low and high density, with midline displacement and compression of the right lateral ventricle. Because of the risk of mitral valve thrombosis if warfarin was withdrawn and the risk of surgical evacuation with anticoagulation she was managed with dexamethasone and bed rest. Despite anticoagulation with warfarin being maintained there was progressive improvement in her mental state, and a repeat computed tomogram four months later showed complete resolution of the subdural haematoma (figure (right)).

Although there is no previous report of spontaneous resolution of a subdural haematoma while anticoagulation is maintained, we suggest that conservative treatment is possible in some closely monitored patients.—T J ANDERSON, I M DONALDSON, *departments of neurology and medicine, Christchurch Hospital, Christchurch, New Zealand*