lack of education can result in severe injury and death from uncontrolled OR fires (3). Also, OR fire drills and simulation training can result in improved staff response to a fire (4). A telephone survey by Stuart and colleagues revealed that more than half of the safety awareness programmes surveyed did not involve all OR staff (5). In our questionnaire, we found only 22.9% of staff has ever participated in an internal fire drill and only 13.3% of staff knew exactly what to do in the event of an internal emergency. Regarding the emergency exit, 71% were aware but unfortunately, of them, 43.4% stated that they did not know how to access it. Only 9.6% of staff felt well prepared to manage an internal emergency. To conclude, we believe that safety questionnaire will reveal the facts about our preparedness for internal emergencies; the results of which can guide us for better planning.

Keywords: Emergencies, fire safety, operating room

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Fatal End-stage Renal Failure Aggravated by Recurrent Uterine Fibroids

The Editor,

Sir,

The patient was a 51-year old lady para²⁺⁰ who had a long history of diabetes and hypertension from 1993 at age 33 years. She underwent myomectomy for menorrhagia in 2000. By 2010, the fibroids had regrown to 18 weeks size. She, however, now had chronic renal failure and anaemia. She became very ill with a community acquired pneumonia and congestive cardiac failure. Blood tests done showed

negative human immunodeficiency virus (HIV) and Venereal Disease Research Laboratory (VDRL) test, troponin 7.7 ng/mL (normal < 1.0 ng/mL), creatine phosphokinase (CPK) 1920 U/L (normal 20–170 U/L), lactate dehydrogenase (LDH) 506 U/L (normal 105–200 U/L) and aspartate aminotransferase (AST) 106 U/L (normal 7–32 U/L).

Abdomino-pelvic ultrasound showed hyperechoic kidneys and both ultrasound and multi-detector row computed tomography (CT) urogram (Figs. 1a, 1b) showed left

Fig. 1a: Coronal non-contrast multiple detector computed tomography image demonstrating large calculus in the left renal pelvis and uterine fibroids.

Fig. 1b: Coronal non-contrast multiple detector computed tomography image demonstrating large uterine fibroids filling the bony pelvis.

hydronephrosis and hydroureter, obstructed at the pelvic brim by uterine fibroids with non-obstructing renal stones. She also had an echocardiogram which showed "left ventricular enlargement with decreased left ventricular function to 46%".

She was treated and improved and eventually discharged but was later found to be having worsening azotaemia. It was decided that she needed relief of the obstructive uropathy and had a failed attempt at stenting the ureter. It was then decided to do a hysterectomy to relieve the obstruction and an interim nephrostomy was inserted with some improvement of her renal function.

She was readmitted three months later for hysterectomy and sent for dialysis. This was uneventful; however, later that day she had a cardiac arrest and died. This patient had end-stage renal failure which could have resulted from low-output cardiac failure, renal disease from diabetes and hypertension, and post renal obstructive uropathy from uterine fibroids and renal calculi (1).

We have previously described cases of renal obstructive uropathy secondary to uterine fibroids (2). We found that in most cases, the renal obstruction, as occurred here, was unilateral and therefore unlikely to cause end-stage renal failure by itself. However, in the patient who has other causes for renal disease, the obstructive uropathy can tip the scale and result in end-stage renal failure with demise of the patient.

The renal calculi can occur if there is distal obstruction. They can also cause obstruction, but in the index case, they were non-obstructing (3). Relief of the obstruction by surgery could have helped her renal function. We therefore recommend that if obstructive uropathy is found from uterine fibroids, the fibroids need to be removed, especially in women with other co-morbidities which can lead to renal failure, as this may ultimately be life saving.

AUTHORS' NOTE

The authors report no conflicts of interest. Consent was received to publish this case report from the husband of the deceased. The authors alone are responsible for the content and writing of the paper. HF and JD managed the patient; MA-V did the imaging and reported on the findings. All three authors were responsible for the writing of the manuscript.

Keywords: Fatal end-stage renal failure, fibroids

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Isotretinoin and Psychotic Mania

The Editor,

Sir,

Isotretinoin is a synthetic oral retinoid, which is effective against severe, recalcitrant, nodulocystic acne. Since it entered the market, it has been associated with a variety of adverse psychiatric effects, including depression, psychosis, mood swings, violent behaviour, suicide and suicide attempts (1). In a retrospective review of 1743 patients, many side effects were reported. However, only 22 patients had mood swings (2).

Three cases with bipolar disorder, who experienced an untoward psychiatric side effect while receiving isotretinoin treatment, were reported. In that study, psychiatric side effects of isotretinoin were examined in a larger group of patients with bipolar disorder than in previous research (3).

In another review, isotretinoin (Roaccutane) ranks in the top 10 of the US Food and Drug Administration's database of drugs associated with reports of depression and suicidal attempts (4). However, this association is still controversial for the following reasons: (a) up to 5.6% of patients with moderate acne may have pre-existing suicidal ideations, (b) improvement of acne often reduces associated depression and (c) isotretinoin users are not more likely to have depression or commit suicide than those taking antibiotics for acne (4). There are many case reports and reviews about the relationship between depression, suicide and isotretinoin.

We suggest that there is a relationship between isotretinoin and manic psychosis. Further studies are required to strengthen our findings.

TA is a 19-year old female student in law school. She was brought in by her family with complaints of insomnia, nervousness, fear and extreme religious pursuits.