

Letters to the Editor

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Is Childhood Sexual Abuse Related to Self-Injurious Behavior?

Original Article: Self-Injurious Behavior in an Adolescent [Curbside Consultation]

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TO THE EDITOR: In this informative Curbside Consultation, Drs. Bode and Roberts state that “In addition to high-risk sexual behaviors, higher rates of sexual abuse are found in patients with nonsuicidal self-injury.” I assume they mean that patients with nonsuicidal self-injury are more likely to have a history of sexual abuse. This would not appear to be the case, based on a review article and meta-analysis that found the relationship to be relatively small.¹ The meta-analysis concludes that “Theories that childhood sexual abuse has a central or causal role in the development of self-injurious behaviour are not supported by the available empirical evidence. Instead, it appears that the two are modestly related because they are correlated with the same psychiatric risk factors.”

Would the authors agree, in light of this information, that childhood sexual abuse does not have a causative and central role in nonsuicidal self-injury?

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1. Klonsky ED, Moyer A. Childhood sexual abuse and non-suicidal self-injury: meta-analysis. *Br J Psychiatry*. 2008;192(3):166-170.

IN REPLY: Thank you to Dr. Ewald for your contribution to the discussion of this difficult subject. Although we agree that the evidence may not support a causal relationship between a history of sexual abuse

and nonsuicidal self-injury, there is a statistically significant and clinically relevant association.¹ The prevalence of childhood sexual abuse in the general population is high (approximately 17 and 8 percent for adult women and men, respectively), and it is associated with other nonsuicidal self-injurious comorbidities (e.g., depression, eating disorders, substance abuse).² We encourage routine questioning about a history of sexual abuse in patients with nonsuicidal self-injury, because knowledge of abuse can help physicians manage patient safety and can influence future therapy. A biopsychosocial approach such as HEADSS (home life, education, activities, drugs, suicide, sex) provides a simple, commonly used framework to evaluate patients with nonsuicidal self-injury for associated comorbidities, including a history of sexual abuse.

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2. Putnam FW. Ten-year research update review: child sexual abuse. *J Am Acad Child Adolesc Psychiatry*. 2003;42(3):269-278.

Case Report: Bilateral PAES As Cause of Lower Leg Pain in Young Athlete

TO THE EDITOR: Popliteal artery entrapment syndrome (PAES) is an uncommon cause of leg pain. PAES usually affects young athletes with well-developed calf muscles, who lack risk factors for atherosclerosis. We present a case of an adolescent with bilateral PAES and ►

illustrate why early diagnosis and surgical treatment are important for a good clinical outcome in patients with this condition.

A 17-year-old male soccer player with no relevant medical history presented with progressive pain in his lower legs during training. The pain started about one year prior. He recalled no injury or infection. He described progressive sharp pain and cramps in his calves during training. However, these symptoms disappeared quickly after a moment of rest. His right leg was more affected than his left leg. He had no symptoms while resting or when walking at a normal pace.

Pulsations of the right dorsalis pedis artery and the right posterior tibial artery were not palpable on physical examination. Pulsations of the right popliteal artery were very weak. The ankle brachial indices for his right leg and left leg were 0.6 and 1.2, respectively. Magnetic resonance angiography (see accompanying figure) demonstrated an occlusion of the left popliteal artery and a significant stenosis of the right popliteal artery. Medial deviation of the popliteal artery around the normally placed medial head of the gastrocnemius muscle led to entrapment of the popliteal artery.

The patient decided to undergo bypass surgery to his left leg because of the extremely disabling symptoms. He had an uncomplicated postoperative course, and his left leg pain disappeared completely. He underwent successful surgery for his right leg six months later and was able to return to playing soccer at his previous level.

PAES was first described in 1879 by T.P. Anderson Stuart.¹ Entrapment of the popliteal artery is a syndrome related to an abnormal embryologic development. There is an abnormal relationship between the popliteal artery and the surrounding structures, which can cause unilateral or bilateral compression of the popliteal arteries.² The incidence of PAES in the general population is unknown.² It often affects young persons with well-developed leg muscles,

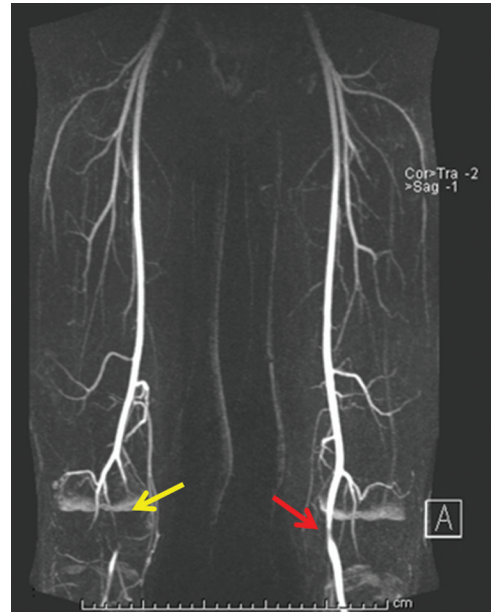


Figure. Magnetic resonance angiogram showing a total occlusion of the left popliteal artery (yellow arrow) and a significant stenosis (red arrow) of the right popliteal artery.

like athletes or soldiers. Although rare, if not recognized early, PAES can lead to critical ischemia and serious morbidity. This diagnosis should be considered in young active persons with symptoms of calf and foot claudication.

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