



Fig. 1. Gastric trichobezoar with long oesophageal "tail" after extraction.

uneventful and the child was discharged on the 5th day of admission. Following discharge, the girl was referred for psychiatric consultation and investigation.

Gastric trichobezoars usually occur in young girls, frequently in those with psychiatric disorders. The "Rapunzel syndrome" is a special form of gastrointestinal obstruction, when the giant gastric trichobezoar has a long "tail" that can extend to or beyond the

ileocecal valve. The treatment of choice for this disorder is laparotomy with gastrotomy and bezoar extraction (1, 2). In our case, the gastric trichobezoar had extended along the entire oesophagus, an entity that has not been reported previously. Surprisingly, the child did not complain at all of swallowing disorders, abdominal pain or vomiting.

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Maltreatment histories and mental health problems are common among runaway adolescents in Spain

Sir,

A survey of the sociofamiliar characteristics and healthcare needs among runaway adolescents admitted to a short-term institutional foster-care facility in Zaragoza City (Spain) was carried out from 1992 to 2001. Within 72 h of admission, a psychosocial interview and a health screening examination were performed according to the published healthcare guidelines for runaway youth (1) to assess the sociofamiliar profile, risk behaviours and health needs and to identify acute or chronic illness. Health screening included a medical and social history, a complete physical and anthropometric examination, and a laboratory assessment with those tests indicated by historical or physical findings.

During the study period, 153 runaway adolescents were admitted to the juvenile facility (18.6% of the total admissions). However, only 100 of those admitted were assessed because 53 of them ran away from the centre within 72 h of admission, before the psychosocial interview and the medical screening could be done. Of the assessed youths, 60% were male and 40% were female, ages ranging between 11 and 17 y, with an average age of 15.2 y.

With regard to sociofamiliar characteristics, 43% of runaways left home after a disagreement with parents;

31% left home because of problems with parents or relatives, such as neglect, abuse, or serious conflicts; 20% left home because their parents or relatives had abandoned them, and asked them to leave, or subjected them to extreme levels of abuse or neglect; and 6% left private or public institutions or foster homes. Sixty percent of the interviewed adolescents were shown to have suffered some form of maltreatment by parents or relatives. Of these, 48% reported physical abuse; 41% neglect; 31% emotional abuse; and 11% sexual abuse. Thirty-two percent of runaways had come from homes where both parents were present; 27% from homes with only the mother present; 21% from homes with only the father present; 11% from homes with either parent and his/her partner present; and 9% from homes with no parent present. A total of 30% of the youth were from dysfunctional families with problems of alcohol/drug abuse (15%), delinquency (12%) and psychiatric illness (3%). As a means of survival, 20% of runaways reported involvement in illegal activities such as theft (11%), drug dealing (7%) and street prostitution (2%). Three adolescents were subjected to sexual or physical victimization by others persons.

With regard to healthcare needs, the most frequent health problems were mental (54%) [conduct-disor-

dered behaviours (23%), alcohol/drug abuse (14%), depression (5%), suicide attempts (4%), other psychiatric disorders (8%), dental (41%), visual (23%), dermatologic (18%), and nutritional (16%) [obesity (8%), malnutrition (6%), iron deficiency anaemia (2%)]. Less prevalent health problems included incomplete immunization status (10%); respiratory (10%); pregnancy (8%); growth delay (7%); orthopaedic (4%); otic (2%); hepatitis B/C infection (2%); and sexually transmitted diseases (1%).

In Spain, running away from home is a phenomenon that has been increasing during the 1990s. A majority of adolescents in this group return home within a few hours or days and are not placed in foster care. Generally, these youths leave home after a disagreement with their parents and come from non-dysfunctional families. Only the adolescents who do not return home are placed in foster care by court order. This youth group makes up the sample for this survey.

This study indicates that many runaway youths admitted to foster care in Spain run away from the centre within a few hours or days without having undertaken the medical screening and psychosocial interview (34.6% of this sample). Concerning the sociofamilial characteristics, several runaway youths come from monoparental and/or dysfunctional families, with a high incidence of abuse, neglect and abandonment. Concerning the health needs of these adolescents, the current and prior health problems were consistent with those documented in other developed countries, being that this population is especially in need of mental services (1). The levels of family violence and dysfunction, maltreatment, mental disorders and health problems in these youth are higher than those in the general adolescent population and as

severe as those reported among delinquent and maltreated adolescents under the care of Juvenile Protective and Correctional Systems in Spain (2, 3) and in other nations (4, 5). The time in foster care presents a unique opportunity to coordinate the physical and mental health, social, educational, vocational and legal service needs of this high-risk population (6).

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