To the Editor,

Knowledge of varied and sometimes unusual suicide methods is very important for the physicians in the emergency department when approaching a patient with suicidal attempt or decreased level of consciousness. The patient clinical manifestation depends on the method which is used to commit suicide. So, it is a priority for the physicians to be familiar with different medical and surgical presentations of suicidal methods.

In this brief article we want to discuss about a very rare and strange suicidal method: Plaster ingestion. If you review the literature, there are just a few case reports about this topic, one case report from Germany and two reports from Iran (1-3). We had five cases with this clinical presentation that for all of them surgical intervention selected due to delayed referral to our center. Therefore, we decided to share our experience and make an opportunity for physicians to be aware of this entity.

Plaster is a white to gray powder consisting of 98-100% calcium sulphate hemihydrate and when is ingested in combination with water in a liquid form, a paste forms

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**Figure 1.** Surgical removal of plaster which is seen as an opaque bezoar with gastric cast on plain abdominal radiography.

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which quickly hardens and forms a cast of the stomach (1). Actually, it acts as an acutely formed gastric bezoar and its clinical presentation is similar to gastric outlet obstruction. Plaster has no toxic or erosive effect on stomach (2) and the diagnosis is confirmed by performing a plain abdominal radiography which shows an opaque bezoar with gastric cast (Figure 1).

Treatment depends on the time interval from plaster ingestion to arrival at the emergency department. If this period is short, the patient can be treated by gastric irrigation or endoscopic intervention (3). Otherwise, surgical intervention consisting of gastrotomy and plaster removal should be done (Figure 1). A very important point is to perform a consultation with psychiatrist before discharge from the hospital.

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