

CASE REPORT

DISTINCTION BETWEEN WORK ACCIDENT AND OCCUPATIONAL DISEASE

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INTRODUCTION

Assessment of a health injury being a result of a work accident or an occupational disease in terms of medicine in a number of cases can be made only after a detailed exploration of the circumstances leading to the development of the ill-health. The distinction is important first of all in terms of the different procedures, procedural acts and their time requirements based on the assessment result rather than the social insurance consequences (e.g. entitlement to social security benefits) of the established accident at work or occupational disease. The Act LXXXIII of 1997 on the compulsory health insurance system services defines both accident at work and work-related disease as work accident. The law furthermore stipulates that a work accident is an accident that is occurring during or in connection with the occupation of the insured person.

Before presenting the case it is worth mentioning the definitions of the Act XCIII of 1993 on the occupational safety and health according to accident, accident at work and occupational disease, as well as the provisions of the law for the occurrence of the two types of health injury at work.

Accident: A single external effect on the human body that occurs suddenly or in a relatively short time irrespective of the injured will and causes injury, poisoning or other (physical or mental) ill-health or death.

Work accident: an accident that is occurring during or in connection with an organized work, regardless of its location or time slot and of the extent of the (injured) worker's involvement in the accident.

Occupational disease: acute and chronic ill-health that develops during or after the exercise of the occupation as the result of exposition to physical, chemical, biological, ergonomic and psychosocial factors arising from work and work environment or to non-optimal job strain.

Important difference between the procedures that if an accident at work occurs, the employer is obliged to report, investigate and register the accident. In case of an occupational disease, the before-mentioned obligations are to be fulfilled by the bodies and persons specified by law (e.g. the reporting by the physician who considered the occupational origin of the disease, and the investigation by the labour inspectorate authority).

THE CASE

Significant past surgeries in the patient's medical history: abdominal plastic surgery in 2000, herniotomy for umbilical hernia in 2000, and a Caesarean section in 2013. According to the medical documentation available the patient has been working as a nurse for about 10 years at an oncology department of a hospital where she was moving the in-patients. This work task of hers is proved as a difficult physical job. The excessive physical stress due to the repeated manual patient loading over long period of time can be associated with the development of her recurrent umbilical hernia. She was exposed to excessive physical strain also on 01.07.2017. This day she had provided nursing care for 21 in-patients. While lifting one of the patients she was experiencing abdominal discomfort. A few hours later, after having bended she had a sharp, stinging pain in her stomach. She underwent a medical examination that revealed a strangulated hernia in the umbilical region. Bending down at the drug cabinet can not be considered as a working activity that can result in significant increase of abdominal pressure. The strangulation can be regarded as a complication of the existing – presumably asymptomatic – umbilical hernia.

Most umbilical hernias in adults are acquired. The factors that can contribute to developing an umbilical hernia include:

- being overweight or obese,
- chronic straining,
- having a persistent heavy cough,
- having a pregnancy (particularly multiple pregnancies such as twins or triplets)
- ascites (excess fluid in the space between the tissues lining the abdomen and abdominal organs),

According to literature data, umbilical hernias may imply higher risk of strangulation in comparison to other hernias. Any process or activity that increases the intra-abdominal pressure increases also the pressure on the abdominal organs. This can reach a degree when the wall of the abdomen can no longer withstand the increased intra-abdominal pressure, and the visceral organs are pushed through the weakness in the muscle or surrounding tissue wall, and the hernia occurs. Growth of the abdominal perimeter (e.g. overweight) places pressure on the muscles around the umbilicus leading to their relaxation. At this state a minor increase of the intra-abdominal pressure can result in developing hernia.

Development and strangulation of the umbilical hernia might be considered as a consequence of a one-off physical activity if the intra-abdominal pressure increases suddenly. Such a significant and immediate increase may be the result of e.g. obstipation, forced heavy cough, sneezing, giving birth, or heavy weight lifting.

Due to the reasons above, developing and strangulation of the umbilical hernia in the presented case could not be considered as an accident for exposure to factors that immediately had increased the intra-abdominal pressure. However, it could be considered and accepted as a work-related disease.

It is notable for mentioning that the risk for development or recurrence of the umbilical hernia presumably could have been reduced by wearing abdominal belt.

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