

diverticulectomy was completed. The overlying tissue was closed in a pants-over-vest fashion after closure of the ostium at the urethra. Placement of a new mid-urethral sling was deferred. A Foley catheter was inserted and remained in place for 9 days. At the postoperative visit, the patient had a normal voiding trial and cessation of previous stress urinary incontinence.

This case illustrates the diagnostic challenge of a urethral diverticulum that does not present with the classic triad of dysuria, dyspareunia, and post-void dribbling. This patient instead presented with recurrent stress incontinence and the diverticulum was not appreciated until an examination under anesthetic was performed. During the diverticulectomy, the use of a 5 French open-ended soft-tip catheter passed through the diverticulum into the ostia and urethra greatly assisted in the dissection and the urethral diverticulum ostia closure. This technique may aid surgeons in delineating the urethral diverticulum ostia and diverticulectomy.

The development of urethral diverticulum after a mid-urethral sling has rarely been reported in the literature. Potential mechanisms include urethral injury or microtrauma at the time of sling placement. It remains necessary to maintain a high index of suspicion in patients with persistent or refractory urinary symptoms in order to avoid missing a diagnosis of urethral diverticulum.

CONFLICTS OF INTEREST

SR and QG have no conflicts of interest; SM is a speaker for Abbvie on endometriosis.

AUTHOR CONTRIBUTIONS

SR and QG contributed to the development and drafting of the manuscript. SM and SR contributed to the revision and finalization of the manuscript. All authors approved the final version of the manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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Suicide of women and girls during the COVID-19 pandemic

Saverio Bellizzi¹ | Liliana Lorettu² | Alessandra Nivoli² | Katherina Molek³

¹Independent Consultant, Geneva, Switzerland

²Department of Medical, Surgical and Experimental Sciences, University of Sassari, Sassari, Italy

³Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Frankfurt, Germany

Correspondence

Saverio Bellizzi, Avenue Appia 20, 1202 Geneva, Switzerland.

Email: saverio.bellizzi@gmail.com

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As reported by the Global Burden of Disease Study 2019 (GBD 2019)¹ and by the World Health Organization (WHO),² females are more susceptible to depression and anxiety disorders when compared to male counterparts. Specifically, the GBD 2019 estimated that suicide is a leading cause of deaths worldwide for girls and

women between the ages of 15–44.¹ The COVID-19 pandemic has exacerbated existing inequalities due to several factors which include increasing and intensifying violence against women and girls.³

While no evidence of any significant increase in suicide was detected in 12 different countries, such as Canada, Chile, Japan

and Germany, during the very first phase of the pandemic,⁴ death rates and suicide attempts increased in several settings in subsequent phases of the pandemic. A report issued by the British Journal of Psychiatry⁵ indicated that thoughts related to suicide increased during the first 6 weeks of lockdown in the United Kingdom, with women being the worst affected group. The experience of Japan showed that monthly suicide rates increased by 16% during the second wave, from July to October 2020, with a larger surge among women and girls (37%).⁶ Similarly, South Korea witnessed a 43% increase of suicides among women in their twenties in the first half of 2020, while suicide rates for men declined.⁶ Data from the CDC in the United States revealed that the average weekly hospitalizations for suicide attempts among adolescent girls surged by 51% between February 2021 and March 2021 compared to 2020.⁷ This is in line with data from the Philippines Statistic Authority claiming a 57.3% increase in suicide attempts from 2019 to 2020.⁸

Despite the fact that the vast majority of evidence stems from high-income countries, a systematic literature review in 2019⁹ concluded that three out of four of the world's suicides occur in low- and middle-income countries. Given such proportions, the issue of suicides among women and girls is likely under-estimated and more research is needed around suicidal ideation and behaviors in low-resourced settings. More emphasis on operational research is particularly needed to address the need of programs to target vulnerable groups and establish efficient safety nets at community level. Early identification to prevent self-injury and suicide is a critical component for such programmes. In line with the disappointing picture provided by the WHO, which highlighted a worldwide failure to provide people with mental health services in times of growing need for mental health support, more budgeting is needed to tackle this issue.¹⁰

Mental health problematics, including suicide, deserves openness, awareness, and advocacy in order to mitigate stigma and promote preparedness during emergencies. Understanding risk factors and warning signs are an important component for ensuring prompt actions and targeted approaches.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

AUTHOR CONTRIBUTIONS

SB, LL, AN, and KM equally contributed to the preparation of the manuscript. SB had primary responsibility for the final content. All authors read and approved the final version of the manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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