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Genital self-mutilation: Report of two cases with review of literature

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Abstract: Genital self-mutilation is an extremely rare entity, usually found in psychotic disorders. Here we report two such cases, one of them was 37-year old man, mutilated his penis with suicidal intention due to alcohol withdrawal and the other one was a 62-year-old man who mutilated his penis to get relieve of severe pain due to periurethral abscess with mental depression .Here we discuss the incidence, predisposing factors, management and complications of self-mutilation of genitalia with review of the existing literatures on the subject.
Keywords: Genital self-mutilation, Schizophrenia, alcohol withdrawal, penile amputation.

INTRODUCTION

Genital self-mutilation (GSM) is a rare entity and found in psychiatric patients [1-3]. The phenomenon was recorded in ancient Greek mythology and was also practiced by priests in early Rome [1]. It has been described in schizophrenia, sexual conflicts, personality disorders, mental retardation, drug intoxication and suicidal intent. The religious influence of GSM was seen in early Roman times and the eponym 'Kingsor syndrome' denoted GSM resulting from religious delusions [1, 3]. The injury extends from simple lacerations of the external genitalia to complete amputation of penis, scrotum and testis presenting to great challenge to urologist and psychiatrist in managing such cases. Here we present two such cases of GSM due to psychiatric illness and their management.

CASE REPORT

Case No 1:

A 37-year-old man presented with severe hemorrhage from his penis due to self inflicted penile injury with a blade. He was alcoholic since last five years, but since last few days he could not consume any alcohol due to strict vigilance. His wife stated that since last two days he had an aggressive behavior with irrelevant talks. On that day after a quarrel with his wife he attempted suicide in the closed bathroom with a blade by cutting his penis. On examination, he was in hypovolemic shock and there was a deep cut wound in the ventral aspect of the penis exposing the major part of the urethra (Fig.-1).

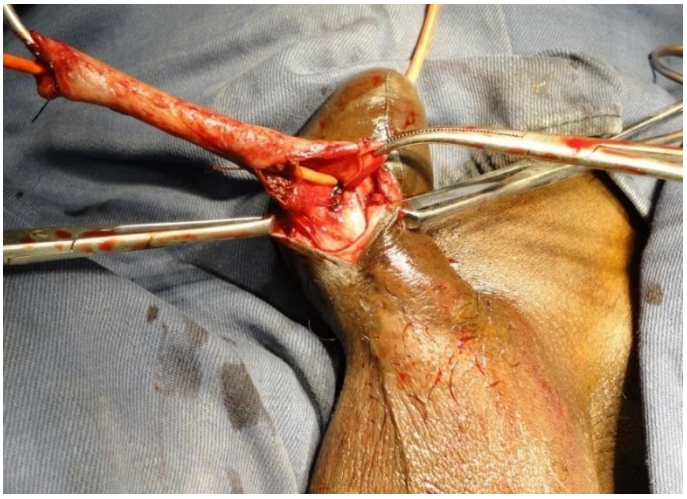

Fig 1: Cut injury in the ventral aspect of penis exposing the urethra with a rubber catheter in it.

After resuscitation, hemorrhage was controlled and the urethral anastomosis was done on a 16Fr catheter. Psychiatric evaluation suggested an alcohol withdrawal symptom and treated by chlordiazepoxide. Till one yeas follow up the patient having a good urinary flow and was completely abstinent from alcohol.

Case No 2:

A 62-year-old man presented to us with self inflicted cut injury in his penis 48 hours back. Initially he presented to a local hospital where pressure dressing on the wound with suprapubic cystostomy done for urinary retention. On examination there was minor bleeding from the wound with a deep circumferential cut in the proximal part of the penis including the major part of the both corpora cavernosa and the urethra and a periurethral abscess. The distal part was black and nonviable (Fig.-2).

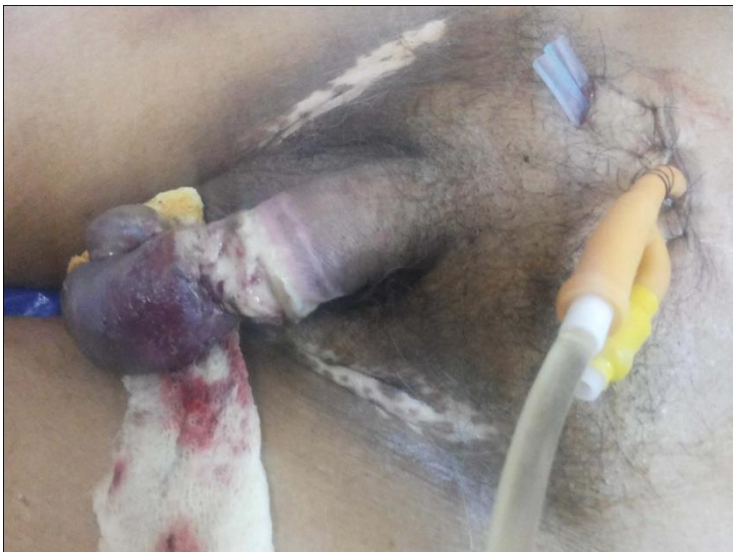

Fig 2: Circumferential cut injury in the penis with black distal part

On further interrogation he admitted that he did it for severe throbbing pain in the penis. Partial amputation of the nonviable distal part, drainage of periurethral abscess with debridement and suturing of the both corpora was done on a catheter. Psychiatric evaluation suggested a severe mental depression due to his mentally retarded son who was a liability to him. Antipsychotic drugs were started and had a good response on follow up at three months.

DISCUSSION:

Since the first reported case of genital self-mutilation (GSM) by Stock in 1901 the incidence appears to be increasing [1,3]. So far 123 cases has been reported in the English literature including both sexes [1]. The degree of mutilation varies from minor cut injuries to amputation of penis and total castration with scrotal loss [1,2]. The instruments used kitchen knives, razor blades, scissors, chainsaw, a soup can lid, and an axe [1,3]. The main predisposing factor of GSM is psychotic but non psychotic causes are also reported. Among the psychotic causes, hallucinations in schizophrenic patients, affective disorder with psychotic features and borderline personality disorder are important [2,6]. The non psychotic causes are ritual and religious practices like transsexuals trying to reassign their gender by themselves [3], secondary to drugs, cannabis or alcohol abuse [2,3] in depression with psychosocial stressors [5], sexual offences and conflicts associated with guilt feelings [6] and for reliving urinary symptoms [7]. In male 80% cases are due to psychosis but in females most of the cases are due to personality disorder [2].

Our first case committed it in delirium state due to alcohol withdrawal. Only one such case has been reported in the literature [2]. He was diagnosed as mental and behavioral disorders due to alcohol withdrawal, complicated with delirium as in our case. Our second case was suffering from severe depression with psychosocial stressor factor as he had a mentally retarded son and no one was there to look after him with a financial crisis due to his retirement from the job. Only one such case was reported in the literature [7].

Complications reported from GSM are erectile dysfunction, urethral structure, urinary fistula and sloughing of the distal penile skin [3]. About one tenth of these patients intended suicide, so close follow up of these patients is important to detect any overt psychotic tendency in future[1,4].

The identification of the risk factor and surgical management of those patients are challenging in practice. A multidisciplinary approach with the urological and psychiatric teams while managing cases

of GSM is required. The surgical aim should be timely control of hemorrhage, restoration of anatomical and functional outcome as much as possible of the affected part. A detailed psychiatric evaluation should be started as early as possible for proper psychiatric management and to reduce the incidence of repetition and further suicidal attempt.

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