African Journal of Urology
1110-5704

Vol. 15, No. 3, 2009
189-191

Case Report

Genital Self-Mutilation in Schizophrenic Patients. A Report of Two Cases

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ABSTRACT

Schizophrenia is a serious psychiatric disorder that requires long-term treatment. Poor adherence to medication can lead to serious and possibly life-threatening complications. Genital self-mutilation has been reported in some schizophrenic patients in response to delusions or command auditory hallucination. We report two patients with schizophrenia who carried out genital self-mutilation in response to delusional belief.

Key Words: Schizophrenia, genital, mutilation.

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Article Info : Date received: 29/8/2008 Date accepted (after revision): 24/5/2009

INTRODUCTION

Self-mutilation is described as the deliberate destruction of body tissue without conscious suicidal intent[1]. It is an uncommon occurrence but has been known to occur in patients with psychiatric disorders like schizophrenia, depression and personality disorders, in transsexuals and in cases of psychoactive substance abuse[2-5]. Various organs of the body can be involved, however the three most commonly affected organs are the skin, eyes and external genitalia[1]. In schizophrenia the common causes of genital self-mutilation are delusions and command auditory hallucinations[6-8]. The extent of injury in schizophrenic patients presenting with genital self-mutilation varies from simple skin laceration to complete amputation of the penis; rarely does it involve the penis and scrotum[5,9,10]. The instruments commonly involved are knives, blades and metal rings[3].

CASE REPORTS

Case No. 1

A 21-year-old man with a history of abnormal behavior characterized by dissociating himself from his surroundings, talking to himself and neglecting personal hygiene was noted to be restless and to have increased urinary frequency two days prior to presentation to the hospital. This prompted his mother to probe and she noticed that he had a metal ring round his penis. On examination of his mental state, he was disheveled, exhibiting auditory hallucinatory behavior and an abnormal belief (delusion) of dripping blood during micturition. He was reported to have been seen by a psychiatrist two years before, but he had to give up treatment due to financial constraints and had not been on medication since then. Physical examination revealed a normal-sized penis with a metal ring impacted proximal to the corona and a swollen glans. The metal ring had eroded and caused skin necrosis (Fig 1). A diagnosis of penile injury due to schizophrenia was made. The patient was scheduled for surgery to remove the metal ring. Following suprapubic cystostomy urinary diversion the metal ring was removed using the string method, and the wound was debrided and managed with daily dressings. The patient received an antibiotic and anti-psychotics. He did well and was discharged to the outpatient clinic for follow-

Fig. 1: Pre-operative photo showing the metal ring impacted proximal to the corona and swollen glans penis.

up. However, he was lost to follow-up after 3 months.

Case No. 2

A 48-year-old ex-soldier presented with a two-day history of pain and difficulty in micturition and amputation of the penis. Four months prior to presentation at our department he had been seen at the Accident and Emergency ward on account of a metal ring impacted around his penis. However, he had left the hospital while preparations were being made to take him to the operating room. The patient had been exhibiting abnormal behavior characterized by social isolation, auditory hallucination and delusions of bodily control and persecution during the past 24 years. On examination he was disheveled and had no insight into his problem. The main findings on physical examination were right-sided inguino-scrotal swelling, suprapubic tenderness, and an amputated penile stump with a stenosed meatus (Fig. 2). The diagnosis included schizophrenia, right inguinal hernia and amputation of the penis.

The patient was managed with meatoplasty, penile lengthening and suprapubic cystostomy urinary diversion. Penile lengthening was carried out by releasing the suspensory ligament and defatting the pubis to facilitate a longer protruding penile length. Meatoplasty was done by incising the meatus ventrally and suturing the edges of the urethral mucosa to the raised penile skin flap covering the stump (Fig. 3).

Fig. 2: Photo showing the amputated penis of case no. 2

Fig. 3: Post-operative view of case no. 2 after meatoplasty and penile lengthening.

The patient received antibiotics and anti-psychotics. He did well and was discharged to the outpatient clinic. He attended follow-up only twice and was then lost to follow-up.

DISCUSSION

The two cases reported fulfilled the diagnostic criteria for schizophrenia in

both ICD-10 and DSM-IV[11,12]. The ICD-10 diagnostic criteria for schizophrenia require the presence of bizarre delusions, hallucinations and overall behavioral changes lasting up to one month in the absence of general medical conditions that could explain the abnormal behavior. The DSM-IV criteria for diagnosis of schizophrenia require the presence of bizarre delusions, hallucinations, overall behavioral changes and deterioration of the patient's social, occupational and interpersonal relationships lasting up to six months.

Genital self-mutilation is usually seen in schizophrenia; as such these two patients fall into this category. Both carried out the act of genital self-mutilation in response to their delusions using objects commonly described in similar cases[3]. The two patients had had contact with a mental health facility prior to the act of genital self-mutilation. However, they could not continue with treatment due to financial constraints, which most likely was also the reason for not further attending follow-up after surgery. We assume that the act of mutilation may have been prevented with treatment.

Schizophrenia places an enormous burden on both the patient and the care giver[13]. In developing countries like Nigeria, the burden of care is solely borne by the patient's relatives. With the difficult economic situation and gradual disintegration of the traditional extended family system, a treatment is unaffordable for many. Therefore, there is an urgent need to provide additional supportive care for patients with chronic mental illnesses like schizophrenia. This support could be in the form of free medication and consultation for indigent patients. Additionally, it is necessary to increase funding for state-run hospitals in order to provide an adequate and efficient health-care service to the people.

In conclusion, self-mutilation in schizophrenia may be preventable with adequate care and support and free treatment should be offered to all indigent patients.

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