Case Report

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Male Genital Self Mutilation

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Abstract

To inflict injury upon one's own genitals is not easy and most of the times it is associated with psychotic disorders. In the absence of any psychiatric disorder the reason could be religious, cultural or suffering from gender identity disorder. Here I present case of married male, aged 35 years suffering from gender identity disorder who has strong belief that it would have been much better for him if he was female. He has dislike for his own genitalia. Sexual conflict with his wife led to genital mutilation by him to remove testes. Great majority of cases does not seek any medical help being from rural background, illiterate and unavailability of medical access at the local places. Psychological counselling and medical assistance at appropriate time would have helped him.

Keywords: Genitals; Gender identity disorder; Mutilation.

Introduction

Gender identity disorder is classified under ICD-10. Psychotic individuals may use edged weapons to mutilate either themselves or others. Mutilation usually involves the genitalia, ears, or nose. Non psychotic individuals may mutilate as a warning, in revenge, or to collect souvenirs (usually ears). Husbands occasionally mutilate the genitalia of cheating wives.[1] Some of the risk factors for this act are the presence of religious delusions, command hallucinations, low self-esteem, and feelings of guilt associated with sexual offences.[2] Three general patient groups are identified: psychotic individuals, nonpsychotic individuals with significant character pathology, and individuals influenced by socio cultural factors and religious beliefs.[3] In the early 1960s Blacker and Wong uncovered 40 cases worldwide since the turn of the century, and the number had increased to only 53 cases by 1979.[4,5]

Case Details

A 35-year-old farmer, graduated high school was admitted to casualty, with history of severing of his scrotal sac (Photograph 1) and removal of both testes (Photograph 2) with a knife 11 hours back. He was hemodynamically stable, conscious, oriented. He was accompanied by his wife who did not reveal any history. History was given by subject himself. The physical examination revealed an average built patient weighing 65 kg, height measuring 168 cm. Scrotum was sliced with sharp knife with both testes brought in a small polythene bag. He was intoxicated with alcohol and cannabis at the time of incident. He was married and has 3 children. Past history revealed no mental illness. He gave history of fight with his wife previous night as his wife blames him for unsatisfied sexual act daily. He felt himself helpless and felt of testis have now became useless as he cannot satisfy his wife. He has always felt disgusted about sexual organs.

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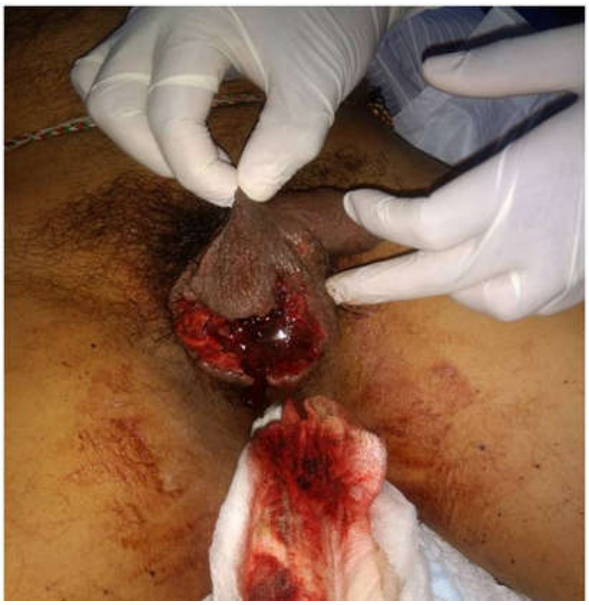
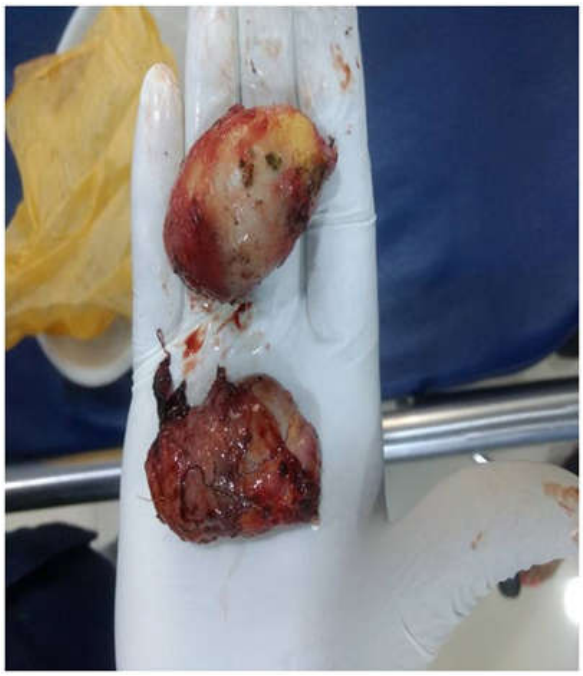
The patient expressed a long held desire to have his male genitalia removed secondary to belief that he was more female than male. He always wanted to be female and interested in female dress to put on. He himself felt being trapped in male body wrongly. He is uncomfortable in male dress but feels happy and elated when dressed as woman. He desired for sex change a decision which was structured in his mind at the age of 15. He had history of suicide attempt once in the recent past. He has not sought any medical help for the same. Psychological assessment by psychiatrist revealed the absence of psychosis.



Photograph 1: Severed scrotal sac.



Photograph 2: Removed testes.

Discussion

Genital self mutilation is an extremely rare entity observed by treating doctors. The present case signifies many hurdles associated with assessment and management of persons seeking sex change. These patients have immense difficulty in being properly assessed and this particular patient was no exception as he could not seek anybody's help for sex change being from rural background and lack of knowledge about it. Earlier investigators had assumed that these individuals were psychotic, given the nature of their acts. Later research showed that many of these individuals were not psychotic at the time of GSM. The condition occurs in both sexes but is under-reported.[6,7] Yearning for sympathy may occasionally be the motive in grief-stricken patients.[8] One patient was reported to have carried out bilateral orchidectomy to prevent alopecia.[9] GSM has also been associated with unresolved sexual conflicts.[10] A group of transsexuals amputated their genitals in anticipation of a change of policy on sexual reassignment surgery (SRS) in Canada.[11] Another impatient transsexual sequentially amputated his left testis, right testis and finally his penis over a period of 9 months in a vain effort to secure SRS.[12] Motives for GSM are usually mixed; in the presence of substance abuse, the definition of the main motive for GSM is difficult.[13,14] In one bizarre case, a 51-year-old German repeatedly practiced GSM and ate the mutilated parts of his body. On the last occasion, after bleeding to death, his penis was recovered from his colon at autopsy.[15,16] Some abnormality of mind leads the victim to mutilate his or her body. Those caused by mental aberration are bizarre in either multiplicity or their site. Paranoid schizophrenics often with strong religious flavors to their delusions are known to attack themselves in this manner.[17]

Conclusion

Unable to get medical help in obtaining sex assignment treatment seems to be the major stress factor for the auto castration. Untreated gender identity disorder with alcohol and cannabis addiction in the present case led to drastic behavior with significant consequences. Psychological counselling and medical assistance at appropriate time would have helped him.

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