Case Report

Penile strangulation and amputation in schizophrenic patients: A reports of two cases

Issam Jandou, Adnan Ettanji, Adil Kbirou, Mustapha Rkik, Amine Moataz, Dakir Mohammed, Adil Debbagh, Rachid Aboutaieb

Department of Surgery, Ibn Rochd University Hospital Center, Casablanca, Morocco

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ABSTRACT

Strangulation or amputation of the penis is the preserve of psychotic patients in the majority of cases. This situation can be the cause of major complications both urinary and sexual. The management is multidisciplinary between urologist and psychiatrist. We report two observations of strangulation and amputation in schizophrenic patients.

1. Introduction

Self-harm of the penis is an unusual situation requiring urgent, multidisciplinary intervention. It occurs in the majority of cases in psychotic patients, rarely secondary to alcohol or drug abuse [1]. Different figures of self-transgression including castration, amputation, and strangulation by metallic or non-metallic objects. Treatment varies depending on the time to consultation, the severity of the lesions, and the psychological state. We present two cases of self-harm of the penis committed in a psychotic context, including 1 case of strangulation by a rubber band and 1 case of amputation. The interest of this work lies in its clinical and psychopathological context. [2]

2. Presentation case

2.1. Case 1

Mr. A.M, 22 years old, followed for 6 years for schizophrenia with two history of attempted suicide 4 years previously. Admitted to the emergency room for amputation of the penis at its root (Figs. 1 and 2). On admission, clinical examination found an agitated patient in hemorrhagic shock. He received emergency resuscitation treatment, psychiatric advice. After stabilization, the patient is referred to the emergency room where he underwent a reimplantation. The course was marked by a good clinical course. 4 days later, when he was released, the patient committed suicide with a knife.

2.2. Case 2

Mr. S.A, aged 42, followed for 13 years for schizophrenia. Taken by his family to the emergency room for acute urine retention. The clinical examination revealed a calm patient presenting an elastic object tightening the base of the penis with edema downstream of the annulus and significant maceration testifying to the chronicity of the lesions (Fig. 3). The patient underwent ring removal and emergency psychiatric advice. The follow-up was stopped by the normal resumption of diuresis, presence of sign of cutaneous suffering but without a sign of notable ischemia.

3. Discussion

Over time, self-harm was recorded in Greek mythology as much as an incest-related punishment. A myth relates to the story of Manu, author of a code of law cited by Lacan is one of the precepts "He who has committed incest with his mother will tear off the genitals and, carrying them in his hand, will go west where the sun is dying every evening. " (Quoted by Lacan, 1954, 1975, p. 221), [2, 17]. Monotheistic religions, Islam, Judaism, and Christianity all prohibit voluntary castration.

Psychoanalysts consider this phenomenon as a dramatization of the reactivation of the Oedipal situation, a shift of moral pain to the body, and a way to communicate psychological suffering to others. Self-harm of the male genitalia is rare and has been the subject of sporadic publications in the literature. Its incidence is not well known,
according to Lennon the majority of cases are not reported to the patient or the family. In 1979, Greilsheimer et al. published a series of 53 cases of self-amputation of the penis, noted that 83% of patients were psychotic, the most frequent pathology of which is schizophrenia. The existence of a drug addiction field is also cited in the literature. The seriousness of this clinical situation lies in its dilemma of choice of surgical technique and its functional urinary and sexual prognosis. [3]

Strangulation of the penis is often found in psychotic patients who sought to improve their sexual performance by prolonging the duration of erection or as part of autoerotic games. The patient can use several objects, whether they are non-metallic objects (adhesive tape, piping, hair, etc.), or metallic (ring, keyring, etc.).

The choice of technique depends on the type of object used, there are multiple methods for extracting the strangulating object such as the “string technique”, the surgical saw, the electric grinding wheel, the hacksaw or a simple chisel. [4]

Also, amputation is a very rare situation which affects voiding, sexual and fertility functions. Often in a context of self-injury, rarely following a bite by domestic animals and exceptionally secondary to an electric shock. In 1962 the penile surgery world experienced reimplantation, 15 years later Tamai and Cohen reported successful penile reimplantation through the use of microsurgical techniques.
The advantage of penile reconstruction is to have a phallus with an apical meatus and an adequate size to ensure satisfactory voiding and sexual function. The precocity of the treatment, the age of the patient, and the severity of the lesions will determine the functional results. [5]

4. Conclusion

Strangulation and amputation of the penis are often psychogenic in origin. A situation that can engage the urinary and sexual functional prognosis requiring management in the first hours. It poses a problem of therapeutic choice requiring multidisciplinary management between urologist and psychiatrist.

Ethical approval and consent to participate

The study committee of the Jura Sud hospital center approves the favorable opinion to publish this work.

Consent to publication

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

Availability of data and material

The datasets in this article are available in the repository of the urology database, Chu Ibn-Rochd Casablanca, upon request, from the corresponding author.

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Author’s contributions

Dr. LJ, Dr. AK, Dr. MR Dr. AM analysed and performed the literature research, Pr. MD, Pr. AD, Pr. RA performed the examination and performed the scientific validation of the manuscript. Issam Jandou was the major contributor to the writing of the manuscript. All authors read and approved the manuscript.

Guarantor

Dr. Jandou issam.

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The authors state that they do not have competing interests.

Appendix A. Supplementary data

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