

## Self-amputation of testis: a case of compulsive masturbation

Testisin hastanın kendisi tarafından amputasyonu: Bir kompulsif mastürbasyon olgusu

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### Abstract

Self-harming behaviors include cutting, burning, needle sticking, and severe scratching. Self-mutilation usually serves a different purpose than attempting at killing one's self. Self-mutilators report that they do this behavior to escape from emotional pain, release anger, slow racing thoughts, end episodes of dissociation, or have a sense of control. Only 122 cases of genital self-mutilation have been reported till 2006. Herein, we report a case of self-amputation of right testis in an adolescent.

**Key words:** Self amputation; compulsive masturbation; testis.

### Özet

Kendine zarar verme davranışları kesme, yakma, iğne batırma ve şiddetli kaşınmayı kapsar. Kendini sakatlayanların genellikle kendini öldürmeye teşebbüsten farklı bir amacı vardır. Kendini sakatlayan kişiler bu davranışı, duygusal acıdan kaçmak, öfkeyi boşaltmak, yarışan fikirleri yavaşlatmak, disosiyasyon ataklarını sonlandırmak veya bir kontrol hissine sahip olmak için yaptıklarını bildirmektedir. Genital bölgeden kendini sakatladığı bildirilen olgu sayısı 2006 yılına dek yalnızca 122'dir. Burada, sağ testisini kendi ampute eden bir ergen olguyu bildiriyoruz.

**Anahtar sözcükler:** Kendini amputasyon; kompulsif mastürbasyon; testis.

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The term “self-mutilation” appeared in a study by Emerson in 1913<sup>[1]</sup> where he considered self-cutting a symbolic substitution of masturbation. The term reappeared in an article in 1935 and a book in 1938 when self-injury, self-harm or deliberate self-harm is deliberate infliction of tissue damage or alteration to oneself without suicidal intent.<sup>[2]</sup> It is often seen as only a symptom of an underlying disorder.<sup>[3]</sup> Self-mutilation is a non-fatal expression of an attenuated death wish and thus coined the term partial suicide, and categorized as eye or ear removal, genital self-mutilation and extreme amputation under psychotic behaviors.<sup>[4,5]</sup> About 40% of college students have engaged in self-mutilation at least once, and about 10% have engaged in self-mutilation 10 or more times.<sup>[4,5]</sup> People who have experienced maltreatment during their childhood (sexual abuse or neglect), or who were separated from a caregiver in childhood are at greater risk for self-mutilation than the general

population.<sup>[6]</sup> Substance abuse is considered a risk factor, as are some personal characteristics such as poor problem solving skills and impulsivity.<sup>[3]</sup>

### Case report

An 18-year-old boy from a broken family presented to the department of accident and emergency with avulsed scrotal skin along with amputated right testis, several hours after self-inflicted injury by a sharp utility knife (Fig. 1). The boy had cut flexor aspect of his left wrist without any injury to the tendons or major blood vessels. He declared that he had a strong compulsion for masturbation all the time with a component of self-guilt associated with it, and tried to destroy the parts involved in the compulsive act. He was oriented, and spoke with appropriate rate, rhythm, and spontaneity. He did not exhibit any abnormal mannerisms or gestures. His mood was fine and appeared active. There was no history of grandi-



**Figure 1** Avulsed scrotum with both testes exposed. Right testis is hanging only by a flimsy fibrous tissue.

osity, depression, hallucinations (auditory or visual), and suicidal or homicidal ideations. Furthermore, he did not present with ideas of reference, thought blocking, loosening of associations, or grossly catatonic or disorganized speech or behaviour. The child lived with his mother since his childhood and there was a history of cannabis intake for the last 5 years.

The right nonviable testis, which was hanging by a very thin fibrous tissue, was removed and the proximal end of severed major vessels was ligated. The wound was covered by a skin graft. The psychiatric illness was treated with medicine, and the patient went home on third day. On follow-up he was doing well and did not regret on the act.

## Discussion

We present a case of self-amputation of a testicle in a boy suffering from obsessive-compulsive disorder with sexual guilt and had a history of cannabis intake. Reported cases of genital self-mutilation are rare. As of 2006, Stunnele et al.<sup>[7]</sup> found that there were only 122 cases reported; they conclude that most cases occur during psychosis. Franke and Rush<sup>[8]</sup> in 2007 reported a case of autocastration and amputation of penis in a 20-year-old boy with delusion of sexual guilt.

Current research on self-harm suggests that the rates are much higher among young people with the average age of onset around 12 years old.<sup>[3]</sup> Many people who self-injure state that it allows them to

“go away” or dissociate, separating the mind from feelings that are causing anguish. The sexual organs may be deliberately hurt as a way to deal with unwanted feelings of sexuality, or as a means of punishing sexual organs that may be perceived as having responded in contravention to the person’s wellbeing.<sup>[9]</sup> Abuse during childhood is accepted as a primary social factor, as is bereavement, and troubled parental or partner relationships.<sup>[3]</sup> Waugh<sup>[10]</sup> further suggests that genital self-mutilation most commonly occurs in men with chronic paranoid schizophrenia and in persons with history of delusion that only castration will relieve them of the guilt for sexual wrongdoing.

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