

Self-Amputation of the Penis on Schizophrenia Field: About a Case

Walid Bai*, Mahdi Graiouid, Jandou Issam, Dakir Mohammed, Adil Debbagh and Rachid Aboutaieb

Urology Service, Ibn Rochd University Hospital Center Casablanca, Casablanca, Morocco

***Corresponding Author:** Walid Bai, Urology Service, Ibn Rochd University Hospital Center Casablanca, Casablanca, Morocco.

Received: May 27, 2019; **Published:** June 27, 2019

Abstract

We report a case of self-mutilation of the penis in a 25-year-old patient followed for schizophrenia. He was admitted to the Urology Emergency Department 20 hours after the accident. A meatoplasty was performed as well as a psychiatric treatment.

Keywords: *Penis; Auto Section; Schizophrenia*

Introduction

Rare trauma, penis amputations are most often found in the context of self-harm in patients with a psychiatric problem. They can be the cause of complications on the urinary, sexual as well as aesthetic [1]. The progress of microsurgery allows to have good functional and aesthetic results.

Case Report

Mr. A. J., 25 years old, was brought to the surgical emergency department of Ibn Rochd University Hospital by his family for genital mutilation of amputation of the penis and testicles. The patient had cut the penis with a knife 20 hours before, after the self-injury, the patient was taken to the hospital. The amputated penis was kept in a plastic box.

During the interrogation, a psychiatric history of schizophrenia, diagnosed five years earlier, was found. The treatment was based on neuroleptics with poor compliance and non-compliance with appointments with the psychiatrist.

Clinical examination revealed a complete section of the penis and testicles (Figure 1 and 2). The patient was hemodynamically and respiratory stable.



Figure 1 and 2: Clinical examination showing the penis and the two testicles.

Under spinal anesthesia, we performed a wide grooming with serum and Betadine and then proceeded with hemostasis cavernous corpus and spermatic cord and a meatoplasty on a urinary catheter (Figure 3). The patient received antitetanus, antibiotic and analgesic seroprevention and psychiatric care. The ablation of the urinary catheter was performed on the 15th postoperative day and the patient had resumed satisfactory urination, after a regular follow-up of 2 months, he was lost sight of.



Figure 3: Aspect after meatoplasty.

Discussion

Self-harm is a deliberate destruction of a part of the body, without any conscious intent to commit suicide. The amputation of the penis is a rare and serious phenomenon [2]. The most frequently implicated psychiatric pathology is schizophrenia [3]. Reilshimer and Groves [4], on a series of 53 cases of self-amputation of the penis, found that 83% of the patients were psychotic and 13% were transsexual or had character disorders. Risk factors are the presence of a psychiatric disorder, a feeling of guilt or self-esteem, and a rejection of the penis.

Self-injury can affect only the penis, but also the sacs around the testes and their content, as the case that we reported. It may be a simple laceration or removal of the penis and testicles [5]. Most patients see the same day of the procedure, but the delay may sometimes be long or may be revealed by a complication such as hemorrhagic shock or acute retention of urine [6].

The adequate surgical management of penis amputations involves not only the regularization and hemostasis of the stump to save the life of the victim but especially the “repositioning”. Therapeutic management is at the same time a good level of development of the technical platform but also the experience of the urologist or the surgeon in this field. The functional results depend on the speed of care. A maximum delay of 6 hours must not be exceeded in order to attempt a reimplantation, but thanks to the progress of microsurgery, reimplantation has been successful after 16 hours of ischemia [7]. If the reimplantation is not possible, hemostasis with cutaneous ureterostomy is performed [8]. This is the case of our patient who consulted after 20 hours of the incident. The existence of a chronic psychosis raises the problem of the interest of the reconstructive surgery in the event of body injury. Young and Feinsilver [9] propose that the reconstructive surgical act be supervised by psychiatric care to prevent a possible recurrence, it would be useless to carry out a reimplantation of the penis if the patient is not stable at the psychiatric level. The case we report confirms this prerequisite. Advances in microsurgery have improved the results of the re-implantation of the amputated penis. The repair must concern both the ureter and the vasculoneural and cavernous structures.

Conclusion

The self-amputations of the penis are rare phenomena occurring most often on the psychiatric field. The care must be multidisciplinary involving various specialists: urologist, andrologist, psychiatrist, surgeon beautician and plastic surgeon.

Bibliography

1. Kaboré FW, *et al.* "Auto-amputation récidivante du pénis sur terrain schizophrène: à propos d'un cas". *Andrologie* 18.3 (2008): 224-226.
2. MK Khan, *et al.* "A case of self-amputation of penis by cannabis induced psychosis". *Journal of Forensic and Legal Medicine* 19.6 (2012): 355-357.
3. Lima DS, *et al.* "Mutilacao genital epsicose". *Revista de Psiquiatria Clínica* 32.2 (2005): 88-90.
4. Greilsheiner H and Groves JE. "Male genital self-mutilation". *Archives of General Psychiatry* 36.4 (1979): 441-446.
5. Abseif S, *et al.* "Genital self-mutilation". *Journal of Urology* 150 (1993): 1143-1146.
6. Money J. "Genital self-surgery". *Journal of Urology* 124.2 (1980): 210.
7. Wei FC, *et al.* "Microsurgical replantation of a completely amputated penis". *Annals of Plastic Surgery* 10.4 (1983): 317-321.
8. A Sarr, *et al.* "Automutilation génitale masculine: à propos de 2 observations". *Sexologies* 24.2 (2014): 65-68.
9. Feinsilver DL. "Male genital self-mutilation: combined surgical and psychiatric care". *Psychosomatics* 27.7 (1986): 513-517.

Volume 2 Issue 4 July 2019

©All rights reserved by Walid Bai, *et al.*