

Genital Self-mutilation by Metallic Ring in the Penis

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Abstract: Self-mutilation is mainly a result of psychiatric disturbance or sexual perversions or delusions. Genital mutilation has been seen to be one of the predominant modes of self-mutilation. Though so many modes of genital self-mutilation in males has been reported, a rare but important modality is incarceration by rings encircled around root of penis leading to ischemia and necrosis of penile tissue leading to penile loss. Here we report two such cases of genital self mutilation by metallic rings with successful outcome.

Keywords: Genital self-mutilation, Penile ring, Penile incarceration, Penile compartment syndrome.

INTRODUCTION

Behaviours that involve damaging the body tissues without intending suicide are defined as self-mutilation. The most common types of self-mutilation are damaging the skin, eyes or genitals [1]. Some of the risk factors for this disorder are- religious delusions, command hallucinations, low self-esteem, feeling of guilt associated with sexual offences, depression and incestuous desires. Genital self-mutilation is usually carried out in a state of clear consciousness. It is seen more commonly in males than in females [2]. Male genital self-mutilation was recorded in Greek mythology- the God Eshmun castrated himself to evade the erotic advances of Goddess Astronae [3]. The motives of genital self-mutilation are usually mixed [4]. The term Klingsor syndrome has been suggested for self-mutilation associated with religious delusions [5]. The name Klingsor was based on a fictitious character in Wagner's opera, Parsifal who castrated himself because of his inability to remain chaste in order to be accepted into a religious brotherhood [6].

Penile self-mutilation is a common form of this disorder. There can be various methods of penile mutilation. Amputation of penis by sharp knife has been reported. Penile ring is a rare form of self-mutilation. Ring causes penile incarceration or strangulation. A man may place the object for erotic or autoerotic purpose [7], to increase sexual performance [8], as self-treatment of erectile dysfunction [9] and in cases of psychiatric disturbances [10]. Genital incarceration with encircling ring is a true emergency, requiring prompt decompression [16].

CASE REPORT

CASE 1

A 45-year-old male presented to emergency with a metallic ring around the root of his penis. The glans and shaft of penis were thickened, edematous and swollen (Fig. 1). It was slightly tender on touch. Patient gave history of having introduced the ring ten days back, and had not removed it since. Though he tried to remove it to remove it but it had got impacted more and could not remove it.

On psychiatric evaluation the patient was suffering depressions for some years. On examination of the genitalia, there was a ring at the root of penis, with a portion of skin beside it eroded and with abrasions. The glans and shaft were swollen. The ring was cut with metallic ring cutter and removed (Fig. 2).



Fig. 1: Penis with ring at root of penis



Fig. 2: Penis after ring removal.

Case 2

A 12-year-old boy presented to emergency with a thick metallic ball-bearing ring around the root of his penis (Fig. 3) with obstructed urinary flow. He introduced it 20 days back, and on questioning his parents, they said that he was irritated with psychiatric disturbances for past few months. On examination, the ring was thick, hard and the penis was edematous and tender with preputial edema. The ring was extracted under general anaesthesia after multiple punctures of penile edematous skin and corporal tissue and squeezing out the interstitial collected fluid (Fig. 4). A Foley's catheter was passed per urethra which was removed on the next day. After extraction of the ring, the penile skin gradually became thickened, ultimately healed with a scar.



Fig. 3: Penis with ball-bearing ring



Fig. 4: Penis after removal of ring, with catheter

DISCUSSION

Self-mutilation is listed in the DSM-IV text revision as a symptom of borderline personality disorder. However, patients with other diagnoses including those with depression, anxiety disorders, substance abuse, eating disorders, post-traumatic stress disorder, schizophrenia and several personality disorders [11] can also cause self-harm.

Genital self-mutilation involves mutilation to the penis, scrotum and testicles [12]. Penile ring encirclement is an uncommon phenomenon.

Strangulation of penis can cause ischemia and necrosis. The first step is to remove the material responsible for the strangulation. Depending on the constricting device, significant resourcefulness may be required from the physician. Apart from obvious necrosis of the initial part of the penis, the treatment should be done as conservative as possible, with an anti-inflammatory agent for reducing associated edema [12, 13].

Outcomes are usually good with device removal alone. However, the surgeon should be prepared to consider reconstructive techniques such as skin-grafting if the strangulation injury results in skin necrosis [12].

The placement of encircling metallic devices over the flaccid or partially erect penis causes inability to remove them secondary to edema because of prolonged period of genital entrapment, leading to potential penile compartment syndrome. It is associated with an initial obstruction to both venous and lymphatic outflow distal to device which is followed by arterial inflow obstruction that results in tissue ischemia and necrosis [14-16]. So, penile ring is a modality for self-mutilation and it can lead to serious complications if not treated urgently.

CONCLUSION

Penile self-mutilation can be done by several modalities. Penile ring is a rare but known modality. Penile incarceration by rings can be serious and can lead to devastating complications if not treated urgently. Along with surgical and medical management, a good psychiatric evaluation is also essential in these patients.

REFERENCES

1. Feldman MD; The challenge of self-mutilation: A review. *Compr Psychiatry*, 1988; 29: 252-269.
2. Schweitzer I, Genital self-mutilation and Klingsor Syndrome. *Aust N J Psychiatry*, 1990; 24: 566-569.
3. Kushner AW, Two cases of auto-castration due to religious delusions. *Br J Med Psychol*, 1967; 40: 293-298.

4. Conacher GN, Villeneuve D, Kane G; Penile self mutilation presenting as rational attempted suicide. *Can J Psychiatry*, 1991; 36: 682-685.
5. Ames D, Auto castration and biblical delusions in schizophrenia. *Br J Psychiatry*, 1986; 150: 407.
6. Siddiquee RA, Deshpande S; A case of genital self-mutilation in a patient with psychosis. *German J Psychiatry* 2007; 10: 25-28.
7. Darby JC, David M; Genital incarceration: an unusual case report. *Can Urol Assoc.* 2010;4(3):E76
8. Detweiler MB; Penile incarceration with metal objects: a review of procedure choice based on penile trauma grade. *Scand J Urol Nephrol.*, 2001; 35(3): 212–217.
9. Rana A, Sharma N; Masturbation using metal washers for the treatment of impotence: painful consequences. *Br J Urol.*, 1994; 73(6): 722.
10. Vahasarij VJ, Hellstorm PA, Serlo W, Kontturi MJ; Treatment of penile incarceration by the string method: 2 case reports. *J Urol.*, 1993; 149(2): 372–373.
11. Klonsky ED; The functions of deliberate self-injury: a review of the evidence. *Clin Psychol Rev.*, 2007, 27(2):226–239.
12. Kharbach Y, Amiroune D, Ahsaini M, Bout A, Riyach O, Stuurman-Wieringa RE *et al.*; Penile self-mutilation preceded by bizarre delusions: two case reports. *J Med Case Rep.*, 2014; 8: 246.
13. Aynaud O, Casanova JM; *Pathologies de la Verge*. Masson, Paris, 1998: 316.
14. Darby JC, David M; Genital incarceration: an unusual case report. *Can Urol Assoc.*, 2010; 4(3): E76.
15. Browning WH, Reed DC; A method of treatment for incarceration of penis. *J Urol.*, 1969; 101(2): 188–190.
16. Shukla P, Lal S, Shrivastava GP, Singh LM; Penile incarceration with encircling metallic objects: A study of successful removal. *J Clin Diagn Res.*, 2014; 8(6): NC01–NC05.