
Self-inflicted bilateral orchidectomy precipitated by erotic bizarre delusions: a case report

Deliberate Self-harm (DSH) is defined as the intentional, direct injuring of the body tissue without suicidal intent.¹ The degree of harm or injury, be it isolated or repetitive, may vary from mild to very severe.² Deliberate self-harm is a behavior which may arise in a variety of psychiatric illnesses such as depression, schizophrenia, alcohol use disorders, and personality disorders. DSH patients with psychiatric illness have a high risk of committing repeated acts of DSH.³ The following is a report of a patient with schizophrenia, substance misuse and persistent ambivalence towards sexual activity who serially removed his testes, an act largely prompted by bizarre erotic delusions during psychotic relapses.

Mr. C, a 25 year- old male trader, presented at the emergency unit having removed his testis with a razor blade. After surgical repair by the urology team, he was referred to the psychiatric unit for further evaluation. Permission for publication of the case material was obtained from the Ekiti State University Teaching Hospital Ethics and Research Committee.

His reason for cutting through his scrotum with a razor blade and removing his right testis was that he observed a decline in his business fortunes whenever he ejaculated, following either masturbation or sexual intercourse. He believed ejaculating often weakened his supernatural power that enabled him to make any football club of his choice have a winning streak in the English Premiership League. He cited instances of drops in the ratings of his favourite clubs due to his uncontrollable sexual urge and associated ejaculation. He decided to remove his testes which he referred to as “the culprits”. He specifically

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pleaded to have his left testis removed as well to "fulfill all righteousness".

Twenty-one months earlier, he had voluntarily presented at the psychiatric unit requesting his testes to be removed because he was afraid of impregnating a woman. He admitted feelings of guilt following sexual contact with women but did not entertain suicidal thoughts in relation to the guilt feelings. He declined admission and was managed on an out-patient basis with antipsychotic medication (Haloperidol 7.5mg daily). In spite of the treatment, he was insistent and desirous of his "main request" to have his testes removed. He defaulted treatment after a few weeks of attending the out-patient clinic.

The patient is the eldest of five children and did not enjoy a cordial relationship with his parents due to his rebellious and aggressive nature. He had to drop out of secondary education due to poor performance and truancy. He had no regular friends and preferred doing things his own way.

At 18 years old he experienced feelings of guilt following his first sexual experience with a 15 year old girl. Subsequently, he frequently patronized commercial sex workers and masturbated when he could not visit brothels.

He started smoking marijuana at age 12 years. He took alcohol regularly with opioid analgesics which he claimed often relieved him of his sexual urges.

Mental state examination, following self-orchidectomy, revealed a sturdily built young man who was not in any obvious distress in spite of the self-inflicted wound. His speech was irrational, though coherent. He showed no concern at removing his own testis. He admitted hearing strange voices rebuking him for his act. He believed people had knowledge of his unspoken inner mind. His judgment and insight were impaired considering his earnest desire to have his other testis removed. He, however, had to be transferred to another psychiatric facility, on request by his parents, due to the proximity of the facility to the family's place of abode.

Mr. C, however, reappeared 7 months later. Antipsychotic medication was continued. He defaulted, again, for 7 weeks, and was brought into the accident and emergency unit of the hospital, once more, on account of having completed removal of the second testis.

The case of self castration by a young man, with apparent sexual guilt, is an unusual occurrence. Whilst a pre-morbid

personality disorder has been noted as a risk factor in genital self mutilation (GSM)⁴, the act of GSM has been associated with psychosis.⁵ Psychosis in this patient could have been drug-induced as indicated by his drug and alcohol history. Intoxication could have influenced the patient's self castration with associated lack of concern for his act.

The patient had no insight and was insensitive to the pain that might be associated with his act which is in keeping with Grossman.⁶

Aboseif et al observed psychotic patients were at risk of repeating their acts of self mutilation as occurred in this patient.⁷ Deliberate self-harm patients can be non-compliant and difficult to engage in therapy.⁸ Crawford and Wessely noted that willingness of patients to engage with interventions, following DSH, is a key issue, as those less willing to take up the offer of services are more likely to repeat self harm.⁹ Poor treatment compliance was an additional issue that could have precipitated the second act.

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