

REPORT OF UNUSUAL SELF-MUTILATION IN A PARANOID SCHIZOPHRENIC PATIENT

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ABSTRACT

Self-mutilation is defined as intentional damaging of the body without intent to die. This behavior is observed among groups of psychiatric patients particularly schizophrenics. In these patients, self-mutilative behavior may have unusual manifestations related to delusion and hallucination. In this article, an unusual form of self-mutilation of a paranoid schizophrenic patient is reported. The subject stuck multiple needles into various parts of his body including head, face, neck, chest wall and genitalia. He also injected aubergine juice into his right popliteal fossa and ingested two medical thermometers. The relationship between self-mutilative behavior and delusions and hallucinations is discussed.

Iran J Med Sci 2001; 26(3&4):160-163

Key Words • Schizophrenia • self mutilation • delusions

Introduction

Self-mutilative behavior is occasionally observed among groups of psychiatric patients. Self-mutilation is defined as intentional damaging to the body without an intent to die.¹ Such behavior is observed in borderline personality disorder, major depressive and bipolar mood disorder, schizophrenia, post-traumatic stress and dissociative disorders.¹⁻⁴ Such behavior may have unusual manifestations in schizophrenics; in one report a schizophrenic patient virtually maimed his entire face in a psychogenic analgesic state.⁵ Schizophrenic patients may perform acts of hand or genital self-amputation.⁶⁻⁸

In this article, we report on a schizophrenic

patient who stuck multiple needles into various parts of his body, injected aubergine juice into his right popliteal fossa and swallowed medical thermometers.

Case Presentation

Our reported case is a 30-year-old, single, primary-school-graduate male from Kerman. The patient was institutionalized in a psychiatric chronic ward 8 years previously. He was transferred to the general psychiatric ward 2 months prior to this report. At that time, the patient reported to the supervisor of the chronic ward that he had stuck multiple needles into his body during the past 10 years. In a delusional state, he believed that the connection between his neck and genitalia had been severed. He reported hearing commentary voices from different parts of his

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Figure 1: X-ray demonstrating needles in different parts of the skull.

body including ears, tongue, jaw, genitalia and extremities. At that time, he deluded that by sticking needles into these parts, he would be able to silence the voices and he believed this

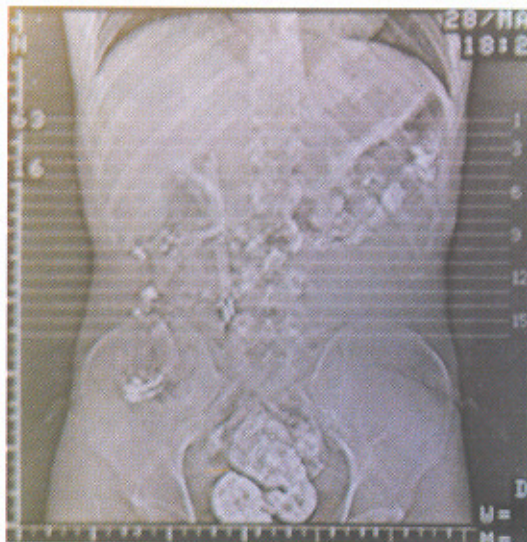


Figure 2: CT scan showing thermometers in the duodenum.

was a type of acupuncture.

The patient had pushed the pins and syringe needles deep inside his body using the base of a drinking glass. These acts allegedly did not cause him any pain. On radiographic evaluation, 30 needles were seen in different parts of his body, 7 in the pelvis and genitalia, 1 in the lumbar area, 1 in the chest, 13 in the neck and occipital areas, 1 in the ear, 4 in the lower jaw, 2 in the tongue, and 1 in the soft palate. A lateral X-ray of the face is shown in Figure 1.

Two medical thermometers were found incidentally in the right upper quadrant of the abdomen. CT scan revealed that they were in the second part of the duodenum (Fig. 2) and the patient was transferred to the surgical ward for further evaluation and treatment. He attributed this action to his secondary personality. About 4 years prior to his admission, when at home for a short visit, the patient had injected about 2 cc of aubergine juice into his right popliteal fossa which he believed would help him to grow taller. The remaining scar of the ensuing abscess is illustrated in Figure 3. There was no family history of mental disorders. In mental status evaluation, the patient had good verbal and eye contact with euthymic mood and normal psychomotor activity. Thought was delusional in content with loosening of association. The patient was oriented to time, place and person



Figure 3: Remain of scar tissue in popliteal fossa following aubergine juice injection.

but judgment and insight were impaired.

Discussion

Based on DSM IV criteria, this patient was diagnosed as paranoid schizophrenic.

Almost all reported cases of schizophrenia with self-mutilation have used a single method, but in this patient, several methods were employed. Few reports exist on self-mutilation with needles in psychiatric patients. One such case of a monosymptomatic hypochondriac psychotic, inserted knitting needle into his urethra.⁹ In another report, a neurotic woman had stuck five sewing needles into her left chest wall.¹⁰ At the autopsy of a schizophrenic patient who had committed suicide by asphyxiation with a plastic bag, several needles were detected in the chest which were surrounded by scar tissue. The reason for this patient's action remained unknown and it was not clear, whether the patient intended to commit suicide or these actions were secondary to psychotic symptoms.¹¹ Our patient, however, provided reasons for sticking needles into sensitive areas of his body, including face and genitalia.

Lack of impulse control, as a reason for self-mutilation in schizophrenic patients, has been reported.¹² However, the roles played by delusory and hallucinatory episodes in these patients are as important as in a schizophrenic patient who performs autocastration and autopenectomy.¹³ The role played by delusion and hallucination in our patient's self-mutilative behavior is obvious. He injected aubergine juice into his popliteal fossa secondary to his delusion of growing taller and stuck needles into different parts of his body to silence what he believed to be the source of hallucinatory voices. Guilt feeling may provide a background for self-mutilation. Our patient had self-mutilative behavior, which could be attributed to guilt feeling. A

schizophrenic patient who excised his genitalia and tongue to atone for masturbation, lustful thoughts, and the use of obscene language has also been reported.¹⁴ Our patient did not have complete control over his actions, and attributed the ingestion of thermometers in response to his secondary personality. This could be secondary to loss of ego boundaries, which may exist in schizophrenics. From a psychodynamic point of view, self-destructive behavior can be an attempt to reverse self-fragmentation.¹⁵ In comparison to normal individuals, schizophrenic patients are insensitive to physical pain associated with illness and injury,¹⁶ and this concept may account for our subject's actions of sticking multiple needles into his body. Many points about self-mutilation are obscure and require further clarification.

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The Dead Citadel of Bam, Bam, Kerman
(11th and 12th centuries).