



Self-castration: when surgeon is not enough

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Introduction

Genital self-mutilation (GSM)

Rare urological emergency ranging from mild forms of superficial cuts to genital region to serious and life-threatening conditions: castration and/or penile amputation.

- ◆ 1901, Stroch - 1st published case report of self-castration (♂ 27 y.o. cut off his testicles with razor)
- ◆ Up to date, < 200 cases reported; adolescent cases - solitary
- ◆ True incidence and prevalence: unknown (lack of epidemiological studies; mild cases - underreported)

~91% of GSM is associated with mental disorders and/or substance abuse:

- ◆ 49% schizophrenia
- ◆ 19% mental disorders due to substance abuse (cannabis, cocaine, amphetamine)
- ◆ 16% personality disorders
- ◆ 15% gender identity disorders
- ◆ 9% depression
- ◆ 1% bipolar disorder

9%–13% other reasons:

- ◆ sexual conflicts
- ◆ feeling guilty about sexual desires
- ◆ non-traditional sexual arousal forms
- ◆ religious beliefs

Castration historically

Eunuchs

Castrati

Religious beliefs:

- ◆ Origen of Alexandria (early Christian scholar, ascetic, theologian)
- ◆ Cathars /Albigensians (heretics, sect; XI-XIV, France)
- ◆ Skoptsy (orthodox sect; XVIII-XX, Russia)



The Mutilation of Uranus by Saturn, showing Cronus (Saturn) castrating his father Uranus, the Greek sky god before Zeus, oil on panel by Giorgio Vasari, 16th century.

Case Presentation

WHO: ♂ 17 y.o. with scrotal laceration and right testicle exterioration through the wound

HOW: At night patient tried to remove testicles by cutting them out with the knife

WHY: „to diminish harmful effects of testosterone“ - removing testicles will stop the process of masculinization, that frustrates the patient (dissatisfaction with body hairiness, prominent Adam's apple, voice change)

PHYSICAL EXAMINATION ON ADMISSION:

- ◆ Fully conscious, responsive
- ◆ General condition satisfactory, stable
- ◆ On palpation - soft painless abdomen
- ◆ SCROTUM:
 - ⇒ sluggish peripheral bleeding
 - ⇒ exteriorated right testicle on the swollen spermatic cord
 - ⇒ left testicle located in the scrotum, normal
- ◆ Penis - not affected
- ◆ Bloodwork: Leu $10,20 \cdot 10^9/l$; Neu 90,8%; Er $4,78 \cdot 10^{12}/l$, Hb 145 g/l - no signs of haemorrhage

SURGEONS TASK seems to be clear:

- ◆ Stop bleeding
- ◆ Revision of testicle and spermatic cord
- ◆ Testicular laceration → restore integrity and bring testicle back to scrotum
- ◆ If testicle is not viable → orchiectomy
- ◆ Primary surgical repair of scrotal wound



HOWEVER PATIENT HAD OTHER PLANS

During interview and examination the young man demanded to remove both of his testicles. Otherwise youngster threatened to commit suicide.

PSYCHIATRIC CONSULTING was arranged before surgical treatment. After the successful surgery (testicle was viable and placed back into the scrotum) further treatment was continued in specialized department.

At that point neither body integrity dysphoria nor transsexualism was diagnosed.

After reaching adulthood the patient was diagnosed with transsexualism. Young man was followed-up by psychiatrists as he **continued to demand the removal of his testicles** although he did not comply with the prescribed endocrinological treatment.

MULTIDISCIPLINARY TEAM was convened to clarify the diagnosis and provide recommendations for further monitoring and treatment:

- ◆ Doubts about patients transsexualism
- ◆ Patients demands (orchiectomy) do not comply with any medical indications
- ◆ Thus any unreversible medical interventions are not recommended
- ◆ It is not possible to exclude that dissatisfaction with gender is not due to any other underlying psychiatric disorder
- ◆ Psychiatric diagnosis should be clarified and treated
- ◆ Possibility of re-evaluation in the future

Conclusions

GSM treatment is challenging due to associated mental disorders and underlying causes. These patients require multidisciplinary approach not only in terms of surgical specialists, but also other professionals with psychiatrists being fundamental. After executing surgical treatment, it is important to ensure long-term follow-up and psychological therapy for these patients.

