

A Case Report of Unusual Self - Mutilation in A Paranoid Schizophrenic Patient



General Surgery

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ABSTRACT

Self mutilation is defined as intentional damage of body without an intention to die³. This type of behaviour is observed in a group of patient particularly schizophrenics. In these patients self-mutilating behaviour may have unusual manifestation related to Hallucination or delusion. In this article an unusual and chronic form of self mutilation of a paranoid schizophrenic patient is reported. The subject inserted multiple sewing needle on his own neck, chest, abdomen, root of the penis, both upper limb and lower limb over a 3-4 month period.

INTRODUCTION:

Self-mutilation is a general term for a variety of forms of intentional self-harm without the wish to die³. The incidence of self-mutilation is highest among teenage females, patients diagnosed with borderline personality disorder, and patients diagnosed with one of the dissociative disorders and schizophrenia^{3,4}. In schizophrenics self mutilation usually occurs in response to command hallucinations, wherein voices instructing the person to hurt themselves and the patients do it because they feel compelled. Out of desperation just to get the "voices" to stop. It compelled out of desperation from the voices or, as with the borderline patient, it is a dysfunctional way of dealing with uncomfortable emotions. Here we present self mutilation behaviour of a schizophrenic patient who inserted sewing needles into his abdominal wall which had migrated intra-abdominally in addition to other parts of the body.

CASE PRESENTATION:

A 29 year male tailor from Nashik, on treatment for schizophrenia since 2000 presented with history of pain abdomen, distension of abdomen, vomiting following self-insertion of needles in his hands and abdomen 8 days ago.

His Vitals were Stable and on the abdomen there was redness just above the umbilicus and a tender 0.5x0.5 mass felt. No other abnormality was detected.

X ray and CT scan of the abdomen showed multiple intra peritoneal needles with no organ injury or fluid collection. In addition Xray of the chest and neck also revealed additional needles in the tracheoesophageal groove and nape of the neck.

Patient underwent an exploratory laparotomy on 9th march 2013 and 5 needles were removed from abdomen which were wrapped by omentum, no bowel/organ injury was present. Then the Neck region was explored to remove the above mentioned needles.

On further detailed examination, multiple needles were seen in both hands & feet on Xray and CT of both upper and lower limbs

Patient underwent a surgical removal of the same and a total of 17 needles were removed by the plastic surgery department at a later date.

Postoperative course was uneventful and patient discharged after a psychiatric clearance.

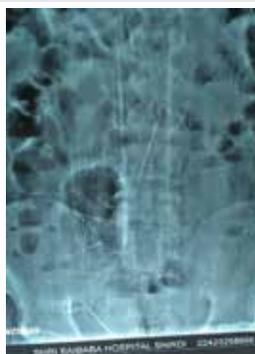


Fig 1.0 xray erect abdomen showing needles



Fig 1.1 xray chest showing needles in right tracheoesophageal groove



Fig 1.3 X rays of hand showing needles.



Fig 1.4 X rays of foot showing needles.



Fig 1.5 intra operative photograph showing retrieval of needle from abdomen



Fig 1.6 Retrieved intra abdominal needles



Fig 1.7 post op photograph



Fig 1.8:Postoperative hand x ray

DISCUSSION:
 Deliberate insertion of needles or other sharp metallic bodies in to the abdominal wall is a rare occurrence. Needles sometimes ingested accidentally by children may pass through stool or perforate the gut wall. Migration of such foreign bodies after perforating the bowel is rare¹ and is usually silent. Although these foreign bodies may migrate to almost any intra-abdominal organ, migration to the liver, mesentery or abdominal wall is extremely rare².

Based on DSM IV criteria, patients was diagnosed as paranoid schizophrenia. Few reports exists on self-mutilation with needles in psychiatric patients,one such case of monosymptomatic hypochondriac psychotic,inserted knitting needle into urethra⁵. In another case report a neurotic women had insertd five sewing needles into her left chest wall⁶.An unusual case of a self-inflicted intracardiac injury with a sewing needle caused a pneumothorax. Fewer than ten cases of needles in the heart have been reported in the recent medical literature; none of these cases was associated with presence of a pneumothorax⁷.

Lack of impulse control as a reason for self mutilation in a schizophrenic patients,has been reported⁸.However the roles played by delusionary and hallucinationary episodes in these patients are important.Guilt feeling may provide a background for self mutilation.our patient had self mutilating behaviour which could be attributed to guilt feeling.our patient did not have complete control over his action.

From a psychodynamic point of view,selfdestructive behaviour can be an attempt to reverse self fragmentation or breakdown secondary to feeling overwhelmed by unbearable affect⁹. In comparison to normal individuals schizophrenic patients are insensitive to physical pain associated with illness and injury¹⁰ and this concept could have accounted for our subject for inserting multiple needles into his body.Many points of self mutiation are obscure and require further clarification.

REFERENCE

1. Ashby b. s., hunter-craigi. d. Foreign body perforations of the gut. *Br J Surg*, 1967, 54 : 382-4. | 2. Harjai m. m., gill m., singh y., sharma a. Intra-abdominal needles : an enigma. *IntSurg*, 2000, 85 : 130-2. | 3. The challenge of self-mutilation: A review | Marc D. Feldman | 4. *Psychiatry Res*. 1991 Jul;38(1):77-87. | Relationship of depression and cognitive impairment to self-injury in borderline personality disorder, major depression, and schizophrenia. | Burgess JW. | 5. *Br J Psychiatry*. 1991 Aug;159:283-4. | An unusual monosymptomatchypochondriacal delusion presenting as self- | insertion of a foreign body into the urethra.Walter G. | 6. Nihon GekaGakkaiZasshi. 1994 Oct;95(10):790-3.[Surgical treatment of | needles in intracardiac cavity and chest wall—a case report and the review of cases removed under open-heart surgery in Japan],[Article in Japanese] Otani Y, Ishikawa S, Kawata K, Ohtaki A, Yoshida I, Morishita Y. | 7. Self-inflicted Intramyocardial Injury With a Sewing Needle* A Rare Cause of PneumothoraxFrancis P. Jamilla, MD; and Larry C. Casey, MD, PhD | 8. Herpertz S: self injurious behaviour | Psychopathological, nosological characteristics in subtype of self injuries. | 9. *Bull Menninger Clin*. 1991 Summer;55(3):363-74. | Affect integration in psychoanalysis: a clinical approach to self-destructive | behavior.Shapiro S. | 10. *Schizophr Bull*. 1994;20(2):235-48. | Pain insensitivity in schizophrenia: a neglected phenomenon and some | implications.Dworkin RH. |