Letter to the Editor

Case Report: Self-Castration

Dear Editor:

Duggal and others recently reported a case of autocastration (1). These authors commented correctly that such cases are extremely rare. A case of self-castration in a correctional facility came recently to my attention, and I present a synopsis of this case.

Case History

Mr. A., aged 33 years, had been recently separated from his wife when he was charged with assaulting her. His family history included suicide and depression, and his parents had separated when he was 10 years old. At that age, Mr. A. recalled touching his younger sister sexually. As an adult, he told his sister that he would do anything to make it up to her.

Mr. A.'s medical history included epilepsy as a child. He had no known psychiatric history, but he consumed alcohol and used drugs, including cocaine. He had a criminal record. While married, Mr. A. had abused his wife, in particular, sexually. His wife filed divorce papers, after which Mr. A. went to her residence and physically assaulted her. In police custody, Mr. A. identified himself as "angel." He defecated in his cell and ate part of his feces. Later, blood and small fleshy objects were seen on the floor. Mr. A. started aligning the objects, his testicles, side by side. He was brought to hospital, where he indicated that he had torn off his testicles for his wife, to release the devil inside him and keep angels from killing him. There was no evidence of drug consumption. His incision was closed, he was given risperidone 2 mg daily, and he was civilly certified. Three days later, there was no evidence of delusional thinking, and no longer certifiable, he was arrested at the hospital.

At the detention centre, he showed no suicidal ideation, delusions or hallucinations. He was tentatively diagnosed with substance dependence, borderline personality disorder, borderline antisocial personality disorder and mood disorder with psychotic features. He remained on risperidone. Mr. A. was released, and further psychiatric assessment was arranged. He missed his appointment, and a few days later, he committed suicide.

Discussion

Risk factors have been identified for male genital self-mutilation. They include transsexuality, transvestism, personality disorders, psychosis, repudiation of the male genitals, feelings of guilt for sexual offences, previous self-injury, drug and alcohol intoxication, conflict with the male role, and some religious and cultural practices (2,3). In our case, Mr. A. had never sought psychiatric help. He had a significant history of substance abuse, although none was present at the time of the act. Possible risk factors included feelings of guilt regarding his childhood sexual involvement with his sister and, perhaps, regarding the sexual abuse of his wife. With his ex-wife seeking divorce, he self-castrated while in police custody and in a state of psychosis. Although he showed some clinical improvement with medication, he committed suicide shortly after having failed to attend psychiatric follow-up.

In conclusion, whenever a case of self-castration occurs, it is indicated that the patient, denials notwithstanding, cannot be trusted to refrain from further self-harm or suicide.

References

1. Duggal HS, Jagadheesan K, Nizamie SH. Acute onset of schizophrenia following autocastration. Can J Psychiatry 2002;47:283–4.
2. Martin T, Wagner FG. Psychiatric aspects of male genital self-mutilation. Psychopathology 1991;24:170–8.
3. Mora W, Drach GW. Self-emasculation and self-castration: immediate surgical management and ultimate psychological adjustment. J Urol 1980;124:208–9.

Isabelle Cote, MDCM, FRCPC
St Catharines, Ontario

The full text of this case report was previously printed in the CAPL Newsletter 2002;10(1):2–8.