

Subtotal Self-Amputation of the Penis and Bilateral Self-Orchiectomy Followed by Suicide by Hanging: Case Report

Kendi Kendine Subtotal Penis Amputasyonu ve Bilateral Orşidektomiye Takiben Ası Yöntemiyle İntihar

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ABSTRACT We presented a case that had self-amputated his penis partly, performed bilateral self-orchiectomy and then committed suicide. The case was a 80-year-old male with a urinary catheter for the last year for an urologic problem, who was using alprazolam for a psychiatric disorder. He had history of attempted suicide, one year ago. The victim was found by his wife hanged to the balcony railing. Distal ½ part of his penis was amputated and the penis amputate was found beside the body, as well as both of his testicles. In the autopsy examination, macroscopic examination of the amputated items revealed penile ecchymosis around the cut side of the skin and benign prostate hypertrophy and chronic prostatitis was diagnosed with microscopic examination of the prostate gland. The paper discussed the characteristics of the victim and the manner of the presented case; a genital self-amputation case followed by suicide or a failed suicide case completed by hanging method (a complex suicide case).

Key Words: Self mutilation; amputation; orchiectomy

ÖZET Makalede, penisini subtotal olarak ampute edip her iki testisini çıkardıktan sonra ası yöntemi ile intihar eden bir olgu sunuldu. Olgu son bir yıldır ürolojik problemi nedeni ile idrar sondası taşıyan ve psikiyatrik rahatsızlığı nedeniyle alprazolam kullanan, bir yıl önce intihar girişimi öyküsü bulunan, 80 yaşında bir erkekti. Eşi tarafından balkon demirlerine asılı durumda bulunan olgunun olay yeri incelemesinde, penisinin distal ½ kısmının ampute olduğu ve ampute olan penis kısmının her iki testis ile birlikte cesedin yanında olduğu görüldü. Otopside, makroskopik olarak kesilen penis cildinin ve ampute edilen penis ve testislerin kenarında ekimoz, prostata ait histopatolojik incelemede ise benign prostat hipertrofisi ile kronik prostatit tespit edildi. Yazıda, olgunun nitelikleri ile olayın kökeni tartışıldı. Olgunun, intiharın takip ettiği bir kendi kendine genital amputasyon mu, yoksa kendi kendine genital amputasyon yöntemi ile gerçekleştirilen, ancak başarısız olması nedeniyle daha sonra ası yöntemi ile tamamlanan bir intihar girişimi (kompleks intihar olgusu) mi olduğu konusu irdelendi.

Anahtar Kelimeler: Kendini sakatlama; amputasyon; orşidektomi

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On rare occasions, males attempt orchiectomy, removal of one or both testicles. A small number of males resort to self-surgery in an attempt to control their sexual urges or due to gender identity disorder.¹⁻³ Self-surgery cases are seen rarely.^{4,5} However, some self-surgery / self-mutilation cases were reported in the literature.¹⁻⁹

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In this paper, we presented an elderly case of subtotal self-amputation of penis and bilateral self-orchietomy followed by completed suicide by hanging and a review of the relevant literature.

CASE REPORT

The victim was an 80-year-old male with a urinary catheter for the last year for his urologic problem and using alprazolam prescribed for his psychiatric disorder. He has been complaining about his disturbing condition and was willing to remove the catheter from his body permanently. Unfortunately, no information could be obtained about the exact diagnosis of his psychiatric disturbance and why there was a need for long-term urinary catheterization. He also had a history of attempted suicide one year ago with a similar attempt to hang himself on the balcony railing but fortunately, he was stuck on the railing. In the second attempt, he was found dead by his wife in the morning, hanged to the balcony railing.

There was incomplete suspension of the body, sitting in cross-legged position and the lower part of his body was naked (Figure 1). Distal ½ part of his penis was amputated and the amputated part of the penis, both testicles, urinary catheter attached to a urine bag and his walking stick were found beside the body (Figure 2). There was a wide blood lake on the floor of the balcony, a bloody knife was found on the balcony's concrete barrier nearby, and some blood droplets were also found scattered through the house. The noose was constructed from a nylon rope, and was found wrapped around his neck as a single loop. The other end of the rope was tied to the balcony railing, which was situated over the concrete barrier. There was no suicide note in the scene.

In the autopsy examination, a ligature mark was detected; the deepest point of the mark was on the right lateral neck region, slanting upwards above the anterior and posterior neck region; then it became superficial and ended on the left lateral neck region. There was intensive amount of blood around the proximal ½ of the penis. There was a major cut with ecchymosis around the stump and a few small cuts (1-2 mm) around it, as well as some

notches (Figure 3). Similarly, ecchymosis and some tentative cuts were observed around the cut side as well as a large (2.5 cm in length) and deep cut on the middle area of the amputated penis.

Histopathological examination of the sampled tissues revealed edema, emphysema, atelectasia, anthracosis, chronic fibrous pleuritis in the lungs; chronic hypoxic changes and multiple old infarction scar areas in the myocardium; hyperemia, atherosclerotic changes, meningeal thickening, and cortical thinning in the brain; slight fatty degeneration in the liver; atherosclerotic changes and glomerulosclerosis in the kidneys; normal morphological characteristics in the testicles; slight increase of connective tissue in the



FIGURE 1: The case was found hanged to the balcony railing. (See for colored form <http://tipbilimleri.turkiyeklinikleri.com/>)



FIGURE 2: Penis amputate, testicles, urinary catheter-urine bag and walking stick were found beside the body. (See for colored form <http://tipbilimleri.turkiyeklinikleri.com/>)



FIGURE 3: Appearance of the penile stump and the wounds on the torso. (See for colored form <http://tipbilimleri.turkiyeklinikleri.com/>)

urethra as well as benign prostate hypertrophy and chronic prostatitis in the prostate tissue. Systematic toxicologic analyses were negative. Death was due to hanging and neither penis cut nor bilateral orchiectomy showed lethal characteristics in the short run.

DISCUSSION

Genital self-mutilation, whether partial or complete, is a rare condition, which usually occurs in psychotic patients.¹⁰ Major self-mutilation (MSM) is a rare but catastrophic complication of severe mental illness. Most people who perform MSM have a psychotic disorder.¹¹ Similarly, self-castration usually occurs in transsexualism, serious personality disorders and psychosis.¹² Aboseif et al reported 14 patients with 19 self-inflicted genital injuries, 65% were psychotic while 35% were not. They mentioned that injuries varied from simple laceration of penile or scrotal skin to actual amputation of the penis or testicles. The severity of injury did not differ between the psychotic and non-psychotic patients.¹³ Although the exact psychiatric diagnosis was not found out, our case was on drug therapy (alprazolam) for a diagnosed psychiatric disorder and he had a previous suicide at-

tempt last year using the same method at the same place. This situation was in accordance with previous data.

Aboseif et al reported that repeated attempts of genital self-mutilation occurred in 31% of the cases, mainly in the psychotic group in the series of 14 patients with 19 self-inflicted genital injuries.¹³ Ristić et al stated that the majority of self-mutilation cases also dealt with a single episode of self-mutilation act.¹⁴ In the history of our case, there was no other reported self-mutilation attempt and the presented subtotal penile self-amputation and bilateral self-orchiectomy act was the first attempt.

Self-surgery may also be performed by the patient in order to avert any disturbance due to illness. Rajaian et al reported a penile auto-amputation case due to advanced penile carcinoma.¹⁵ Morton reported an interesting scrotum self-repair case.⁸ Psychiatrist Kalin reported a genital and abdominal self-surgery in two separate procedures performed by a psychiatric male patient.⁵ Molina et al. presented an unusual case of self-inflicted cesarean section with maternal and child survival.⁷ Moholkar et al. presented a case that had performed self-surgery to remove fracture fixation implants.⁴

The presented case was carrying a urine catheter for the last one year for his urologic problem and was complaining from this disturbing situation. He insisted on having his catheter removed. The scene investigation revealed some blood droplets scattered throughout the house. These blood droplets suggested that the attempt of removing the urinary catheter had started in the other rooms of the house. However, the wide blood lake on the floor under and nearby the corpse, and his walking stick, the urinary catheter attached to a urine bag, the bloody knife as well as the amputated items also found nearby the body indicate that the self-genital mutilation attempt was performed in the balcony. Following self-mutilation, he might have hung himself within a short time. Our opinion is that the case might have attempted to remove his catheter but due to

the inflated balloon, the catheter could not have been removed by pulling. Then he might have used a knife and performed subtotal penis amputation. Bilateral orchiectomy may have been performed inadvertently or as an act for retribution, because of the medical disturbance in his genital region. Then he might have planned to commit suicide to relieve his pain due to self-surgery.

Genital self-inflicted wounds are generally categorized as self-mutilating behavior or partial suicides, but are not considered as failed suicides.¹⁶ However, Tharoor et al presented a 72-year-old male case, admitted with a history of genital self-mutilation at home in an attempt to bleed and die. He firmly believed that amputation of his penis would result in his death. He felt justified in indulging in this act of self-mutilation because he thought that the source of life was related to the penis. He incompletely amputated his penis at its base and thereby expected to bleed himself to death. He was rescued and reconstructive surgery was performed. The patient had no depression or psychosis and his only reason for committing that act was a genuine wish to die.¹⁶ Similarly, Yang and Bullard presented three Chinese male cases with isolated penile amputation, where each patient's expectation had been death. Because they believed that in severing the penis, death was inevitable. These men expressed surprise and dismay at finding themselves still alive. The first case reamputated his penis after five months and completed suicide by jumping from the 7th floor

of the hospital. The second case attempted to jump from the 10th floor window after two weeks from penile amputation.¹⁹ Conacher et al reported a case in which penile self-mutilation was an attempt to commit suicide too.²⁰ A suicide case, realized by a 31-year-old man with multiple slashes and stab wounds including complete amputation of penis, scrotum and testicles was reported by Keil et al. They stated that despite serious loss of blood, the reported survival periods were remarkable and death from bleeding seemed to be rare.²¹

Therefore, the genital self-amputation act of our case may also be considered a failed suicide. He might have planned to commit suicide by cutting his penis and testicles off-the origin of his medical disturbance- and waited to bleed to death, but it seemed to be more time consuming and painful than he expected so he decided to commit suicide similar to his previous attempt and hanged himself. Thus, this course may turn out to be a lethal outcome complex suicide.

The authors agree that being an elderly (80-year-old) male, having a chronic urological disturbance, carrying a urinary catheter for a long time and having a psychiatric disorder, were the risks for genital self-amputation act followed by suicide by hanging method for this case. However, we will never be able to explain how the event exactly happened, whether the case was a complex suicide or a genital self-amputation followed by suicide.

REFERENCES

1. Lowy FH, Kolivakis TL. Autocastration by a male transsexual. *Can Psychiatr Assoc J* 1971;16(5): 399-405.
2. Money J, De Priest M. Three cases of genital self-surgery and their relationship to transsexualism. *J Sex Res* 1976;12(4):283-94.
3. Money J. Genital self-surgery. *J Urol* 1980; 124(2): 210.
4. Moholkar K, Krishnan J, Sampson B. Self-surgery: removal of ankle surgical implants-- A case report. *Med Gen Med* 2000;2(3):E41.
5. Kalin NH. Genital and abdominal self-surgery: a case report. *JAMA* 1979;241(20):2188-9.
6. Greilshheimer H, Groves JE. Male genital self-mutilation. *Arch Gen Psychiatr* 1979;36(4): 441-6.
7. Molina-Sosa A, Galvan-Espinosa H, Gabriel-Guzman J, Valle RF. Self-inflicted cesarean section with maternal and fetal survival. *Int J Gynecol Obstet* 2004;84(3):287-90.
8. Morton WA. Scrotum self-repair. *Med Aspects Human Sexuality* 1991;Jul:15. (<http://www.snopes.com/risque/penile/scrotum.asp#also>)
9. Stunell H, Power RE, Floyd M Jr, Quinlan DM. Genital self-mutilation. *Int J Urol* 2006;13(10): 1358-60.
10. Shirodkar SS, Hammad FT, Qureshi NA. Male genital self-amputation in the Middle East. A simple repair by anterior urethrostomy. *Saudi Med J* 2007;28(5):791-3.
11. Large M, Babidge N, Andrews D, Storey P, Nielssen O. Major self-mutilation in the first episode of psychosis. *Schizophr Bull* 2009;35(5): 1012-21.

12. Sirota P, Megged S, Stein D, Benatov R. [Self-castration]. *Harefuah* 1994;126(4):186-8, 240, 239.
13. Aboseif S, Gomez R, McAninch JW. Genital self-mutilation. *J Urol* 1993;150(4):1143-6.
14. Ristić DI, Petrović D, Cirić Z. Penile self-mutilation-two cases in one family. *Psychiatr Danub* 2008;20(3):332-6.
15. Rajaian S, Gopalakrishnan G, Kekre NS. Auto amputation of penis due to advanced penile carcinoma. *Urology* 2010;75(2):253-4.
16. Tharoor H. A case of genital self-mutilation in an elderly man. *J Clin Psychiatry* 2007; 9(5):396-7.
17. Greilsheimer H, Groves JE. Male genital self-mutilation. *Arch Gen Psychiatry* 1979;36(4): 441-6.
18. Farmer R. Assessing the epidemiology of suicide and parasuicide. *Br J Psychiatry* 1988; 153(1):16-20.
19. Yang JG, Bullard MJ. Failed suicide or successful male genital self-amputation? *Am J Psychiatry* 1993;150(2):350-1.
20. Conacher GN, Villeneuve D, Kane G. Penile self-mutilation presenting as rational attempted suicide. *Can J Psychiatry* 1991;36(9):682-5.
21. Keil W, Betz P, Penning R. [Self-castration with suicide]. *Arch Kriminol* 1994;194(1-2):8-14.