

TWO CASE REPORTS OF SELF-MUTILATION OR VAN GOGH SYNDROME

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Abstract- Studies have shown that there are psychiatric patients who tend to aggressively mutilate themselves; they burn or in most cases attempt to burn themselves, attempt to severely damage their genital organs (especially amputate their penis), castrate themselves, extract their own eyes, amputate their own hands, or commit suicide. This report introduces two psychiatric men, aged 40 and 47, who had undergone surgical operations in Urology Department of Imam-Khomeini Hospital, Tabriz, Iran, because of self-amputating their penis and, on discharge from Urology Ward, were referred to Razi Psychiatric Center for psychiatric consultation. Our assessment revealed that one of these patients was affected with psychotic-type major depressive disorder and the other with borderline personality disorder. Such cases of self-mutilating behavior emphasize the significance of recognizing the alarming signs of self-mutilation.

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INTRODUCTION

The most common self-mutilating behavior is cutting one's own wrist which is usually committed by the adolescent or by the mentally retarded, whether for attention-seeking purposes, or for resolving tension, or as an epidemic behavior. Rarely, self-mutilation has a serious nature, in which the patient attempts to amputate his genital organ, castrate himself, extract his eye, or amputate his hand. Such cases are observed in schizophrenia or depression with sexual problems; however, it is sometimes difficult to diagnose the case, because such a behavior is usually the only presenting symptom of the psychiatric disorder.

The patient sometimes attempts self-mutilation under the influence of an ordering hallucination (1). This phenomenon is called "van Gogh syndrome", named after Vincent van Gogh, the impressionist painter who cut his ear to dedicate it to his beloved one (2,3). When there are repeated episodes of self-mutilation, the management of the patient may be very difficult. Self-mutilation may be attempted during war to avoid frontlines or battle. In some cultures, psychiatric patients aggressively commit self-mutilation because of various reasons, attempting

to burn, kill, or castrate them. Compulsive self-mutilation can be a symptom of Lesch-Nyhan syndrome (4,5). Self-mutilation is also called self-injury syndrome.

Studies have shown that about 4% of hospitalized psychiatric patients attempt to self-mutilation (6). Self-injury is also observed in patients with autism or mental retardation. This syndrome is also common in patients with bipolar mood disorder, borderline personality disorder, or Gilles de la Tourette's syndrome.

In this report we introduce two psychiatric patients who have committed genital self-mutilation.

CASE 1:

The patient was a 40-year-old man, married, with three children, whose wife had deceased. He and his children were living with his mother. He had been referred to Razi Psychiatric Center because of committing genital self-mutilation. During interview, he was speaking slowly. His mood was low; affect was appropriate to his mood. He told the interviewer he had wished death because he could not accept his life as it had been. He said he had often felt hopelessness, annoyance, anger, and tiredness; there had been nothing to enjoy. He had difficulties in sleeping and falling asleep. He said, "my wife died two and a half years ago because of cancer and I have been single since then. I loved her very much and since her death I have been hearing a voice that was ordering me to kill myself; I think it was her voice. Several times I decided to obey the voice but I refused

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for the sake of my children and finally I cut my penis to prove my loyalty to her love".

He had a history of depression, feeling himself guilty in his wife's death, blaming himself of not taking proper care of her. This feeling was with delusion. He had hearing hallucinations with delusions but no compulsive phenomenon was observable. His orientation was normal but he was suffering from attention deficit. His memory was poor. He had a relative insight to his illness but expressed no hope of improvement. Beck test revealed psychotic-type major depression. All laboratory investigations, including hemoglobin and hematocrit values, thyroid function tests, EEG, and brain CT-Scan, were reporting normal findings. Taking into account all these observations, we labeled him diagnostically as a case of psychotic-type major depression.

CASE 2:

The patient was a 46-year-old literate unemployed married man with one child, who had been led by police to Razi Psychiatric Center because of wandering about the town and living a homeless life. Prior to his arrest he had cut his penis with a blade in one of the crowded streets of Tabriz before the eyes of the public. In clinical evaluation, his appearance was untidy and messy; his behavior was abnormal; he was expressing indifference as if nothing unusual has happened to him. Verbal communication and eye contact were poor. His mood was unstable and his affect was superficial. Although he was married and had a child, he was not willing to see his wife and his child. His sleep and appetite were normal. He showed indifference to the fact that he had been arrested and brought to hospital by police. He had a history of alcohol and drug abuse. His thought contents were not showing delusion, his understanding was not disordered, he had no suicide attempt, and was fully oriented to time, place, and individuals around him. His concentration and attention were slightly impaired. Assessment with EEG and brain CT-Scan revealed normal findings. Personality tests reported personality disorder. Due to the mood instability, tense and unstable pattern of interpersonal relations, impulsive behavior (including alcohol and drug abuse), affective instability (including obvious shift of mood toward depression and inappropriate anger and episodes of violence and threats to others), self-amputation, untidy and bizarre appearance, having irresponsible friends, feeling of uselessness, impatience, lack of hallucination and delusion, and the

findings of personality tests, we labeled the patient diagnostically as a case of borderline personality disorder.

DISCUSSION

Previous studies have tried to show that some of the patients with psychotic disorders commit self-mutilation. Self-injury usually takes the form of cutting one's own wrist superficially, which is prevalent in the adolescent and among the mentally retarded; this is either an attention-seeking behavior, or to resolve stresses, or occurs as an epidemic phenomenon. Rarely, the patient attempt to amputate his genital organ (usually penis), or castrate himself by damaging his testes, extract his own eye, or even amputate his hand.

This study was the report of two cases of rare genital self-mutilation through cutting penis, which is usually observed in patients with severe psychotic disorders. Our first patient was a case of severe psychotic-type major depression whose illness had been aggravated by the death of his wife and had led to commit suicide by cutting his penis. As the rate of suicide in such patients is 15% and about 55% to 85% of such patients commit self-mutilation, hospitalization is crucial to take intensive care of them (8). The second patient, as was described above, was affected with borderline personality disorder. Because of the high prevalence of inappropriate and aggressive anger, suicidal or self-damaging behavior in these patients, here again hospitalization is considered of crucial importance in taking intensive care of such patients. As we have stated, owing to the high prevalence of self-mutilating attempts and difficulties in patient management (9), the risk factors involved in self-injury syndrome, including biologic, cultural, behavioral, and psychodynamic ones, should be fully recognized and such patients must be immediately hospitalized to manage their underlying psychotic disorders. Considering the available modalities, treatment of depressive disorder is easier than borderline personality disorder. Clozapine and Olanzapine have been considered to manage self-mutilation in patients with borderline personality disorder (8,9).

Finally we should add that due to the rarity of genital self-mutilation and infrequent reports of such cases, especially in Iran, this study could not be compared statistically with the results of other psychiatric care centers. Some papers and articles

only observe the clinical manifestations of such patients, and do not mention the prevalence rate of genital self-mutilation among patients with self-injury syndrome.

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