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Case report

Self-mutilating behaviour and deliberate ingestion of foreign bodies

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Ingestion of foreign bodies and self-mutilation by individuals with personality disorders and low intelligence are well documented in the literature. We describe a patient with these behaviour patterns and discuss aspects of diagnosis, surgical management and cost of treatment over a six year period.

CASE HISTORY. The patient is a thirty-seven year old single man of below normal intelligence (IQ = 74, Wechsler Adult Intelligence Scale). He has always lived at home with his parents and has never formed any lasting relationships outside his immediate family. He left school at the age of sixteen, and worked in unskilled jobs until six years later when he started to abuse alcohol, after which his work record deteriorated. He first presented to hospital aged 25 years in 1979 having taken an overdose of sleeping tablets. Not until 1982 did he begin coming regularly to the acute general hospitals in Belfast with ingestion of various foreign bodies, overdoses and superficial cutaneous injuries (Figs 1 and 2). Typically these episodes occurred in the context of an episode of family friction and alcohol consumption. He has been admitted to psychiatric hospitals on twenty-five occasions, and has been diagnosed as having a personality disorder with no evidence of mental illness. Throughout this time he has generally been uncooperative with any attempts at therapy or rehabilitation. During the period 1982 – 1988 he required admission to acute medical or surgical beds on more than sixty occasions following episodes of self harm or foreign-body ingestion (Table).

During this time he has had approximately 250 X-rays performed and has spent more than 170 days in general hospital beds. Abdominal surgery has been required twice, endoscopy on at least five occasions and a few minor operative procedures for removal of needles stuck in various parts of his body. The estimated cost of his acute general hospital admissions alone exceeds £26,000 based on the estimate that an NHS acute bed costs on average £130.00 for 24 hours and an X-ray £12.00 per unit, although costs in different hospitals vary (quotation for cost year 1988 – 89). This excludes theatre time, admissions to psychiatric units and attendances at accident and emergency departments.

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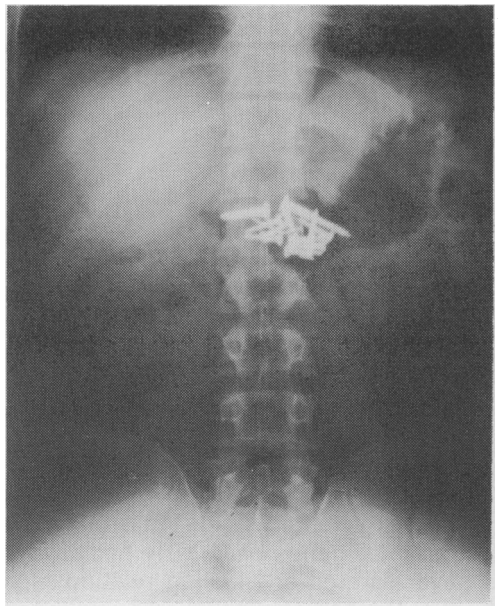

Fig 1. Screws ingested.

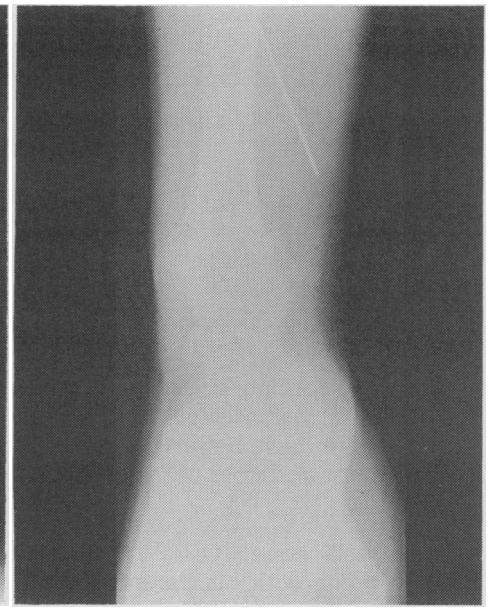

Fig 2. Needle inserted at wrist.

TABLE

Details of admissions to individual hospitals

	Number of admissions for			*Total*	*Days in hospital*	*X-rays taken*
	Overdose	*Self-mutilation*	*Foreign body ingestion*			
Belfast City Hospital	5	5	6	16	34	70
Royal Victoria Hospital	2	2	10	14	68	60
Mater Infirmorum Hospital	9	3	18	30	68	100
Ulster Hospital	2	—	—	2	2	10
Whiteabbey Hospital	1	—	—	1	1	3
Total				63	173	243

Despite the large number of foreign objects ingested over the six year period there have been few complications. His first operation was performed when he presented with generalised peritonitis after ingesting a cocktail fork. The fork was found at laporatomy to have perforated his caecum. The second operation was to retrieve a ten centimetre knife blade (Figs 3 and 4). Oseophagoscopy was performed on three occasions for removal of objects and once to assess the mucosal status after he had ingested ammonium liquid. Three small nails were removed from his lung by bronchoscopy on another occasion. Admissions for overdosage occurred on 19 occasions: these mostly followed the ingestion of household cleaning liquids but also included drug overdosage with antihistamines and hypnotics.

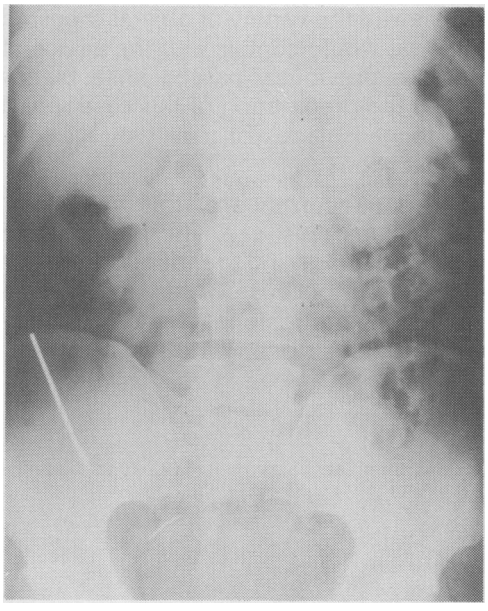

Fig 3. Cocktail fork which perforated the caecum.

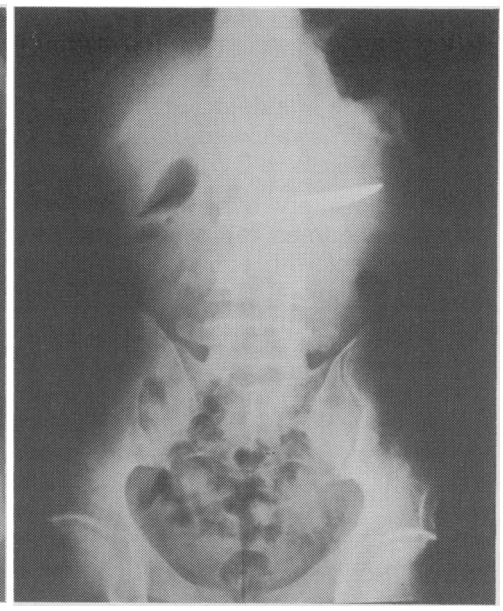

Fig 4. Knife blade in the stomach.

DISCUSSION

This patient has a personality disorder characterised by dependence, attention-seeking behaviour, and poor tolerance for stress in addition to low intelligence. The association between personality disorder, ingesting foreign objects and self-mutilation was first described by Carp.[1] Although this case has many similarities to Munchausen's syndrome, in that the patient presents himself frequently at hospitals, closer analysis reveals fundamental differences. Baron von Munchausen (1720–1797) was a retired German soldier who became well known as a raconteur of extraordinary tales about his life. It was this feature of "story-telling" which led Asher to ascribe the name to a group of patients who frequently presented at hospital with fictitious or simulated symptoms of illness.[2] Typical examples of such symptoms include haematuria, haematemesis and pyrexia of unknown origin, most of which usually require extensive investigations. When confronted, the patients often discharge themselves only to present at another hospital. Our patient's behaviour on the other hand, is impulsive and occurs during emotional crisis. He presents himself at hospital giving a true and accurate account of what he has done, and has no qualms about repeated presentations to the same hospital.

Conservative management is recommended for foreign body ingestion as more than 80 per cent of those reaching the stomach will pass through the bowel without complications.[1,3] Endoscopic removal is recommended for foreign bodies above the cricopharyngeal sphincter and in the upper oesophagus.[3,4,5] Previous abdominal surgery may predispose to impaction and perforation because of kinks in the bowel secondary to adhesions,[4] and in these cases endoscopic removal should be considered while the foreign object remains in the upper gastrointestinal tract. Surgery is indicated if definite signs of complications such as perforation, obstruction or haemorrhage occur or appear imminent in view of

the shape and size of the objects.[5] Having reviewed the variety of objects ingested and passed by this young man without harm we would concur with the advice of minimal surgical intervention. The patient has previously passed knife blades similar to the one depicted in Fig 4, and since the preparation of this case report he has even swallowed and passed the detached blades of a pair of scissors, measuring 8 cm × 3 cm each, without complications.

Psychiatric intervention does not often prevent recurrence of this behaviour, which sometimes can recur years after a previous episode.[6] The main aim of management with our patient has been to encourage independence from his family, but this approach has not been successful because of his own lack of commitment and the internal family dynamics. It is probable that he will continue to pose a surgical and psychiatric problem as well as running the risk of serious injury to himself.

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