

SELF - ENUCLEATION IN DEPRESSION: A CASE REPORT

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ABSTRACT

Self - enucleation is a rare and an extreme form of self - mutilation, most commonly reported in schizophrenia. Many forms of self - injuries have been described in depression. However severe form of self - mutilation without suicidal intention, especially self - enucleation is rarely reported. In the present case self - enucleation is described as an expression of aggression in a depressive patient threatened with inter-personal loss. Aggression turned inwards is one of the major psychodynamic explanations in depression. In depressive syndrome self - mutilation, whether mild or severe is an expression of loss of affective (aggression) control.

Key words : Self - enucleation depression

INTRODUCTION

Self - enucleation is a rare and an extreme form of self - mutilation described almost exclusively in schizophrenic patients.

Non - suicidal self destructive behaviour such as self - mutilation and unnecessary risk taking is commonly described in depressive syndromes (Yager Joel 1989). Patel et al (1988) has described a case of recurrent major depression with repetitive self - injurious behaviour. Lopez - Ibor et al (1985) delineated five patients who indulged in mild self - injury out of 21 major depressive patients who had exhibited self aggressive behaviour. Severe form of self - mutilation without suicidal intention, especially self - enucleation is rarely reported in major depression. The present case is one such rare case.

CASE REPORT :

A 20 year old Hindu male, was admitted in an ophthalmic emergency ward. His right eyeball was hanging out. His fingers were blood stained. History revealed that his father had died of cancer two weeks ago. Since then patient was dull, not interested in work, sleepless, anorexic and had diminished concentration. On further evaluation it was found that he had pulled out his eyeball the previous night. That night there was a heated argument between him and his elder brother, who was insisting on a larger share of property. He had gone

to bed distressed, depressed and frustrated. While ruminating about the incident he felt angry but helpless. At that time on an impulse he pulled his right eyeball out. During the interview patient was co - operative, responded to questions in monosyllables. He was retarded and depressed. He had no suicidal ideas. There were no delusions or hallucinations. There was no past history of mental or medical illness. There was history of suicide and affective illness in his siblings.

He was treated with amitriptyline and counselling. His eye was replaced by an artificial eye by an ophthalmologist. In a week's time there was remarkable improvement. Intensity of sadness had come down. He regretted his act and stated that he had impulsively pulled out his eye out of helplessness and anger.

After 10 weeks while on follow up he developed sleeplessness, elated and irritable mood, increased talk and activity. He was diagnosed to have mania and was treated with chlorpromazine and ECTs with which he improved.

DISCUSSION

Initially, diagnosis of Major Depressive Disorder was confirmed as per DSM III - R. On a subsequent visit the diagnosis was changed to bipolar disorder. However self enucleation had

occurred during the depressive phase.

Self - enucleation from early literature is explained on moral and religious grounds (Rogers and Pullen 1987). Psychoanalytically it has been linked to castration, failure to resolve Oedipus conflict, repressed impulses, self punishment (Maclean and Robertson 1976) and focal suicide (Menniger 1938, Rosen and Haffman 1972). Aggression turned inwards is one of the major psychodynamic explanations in depression (Podvoll 1969, Yager Joel 1989). Liebowitz and Klein (1979) emphasized the interpersonal loss preceding bouts of self - injurious behaviour. They compared this phenomenon to "rejection sensitivity" noted in hysteroid dysphoric form of atypical depression.

It is reasonable to consider that self enucleation in this case is an expression of aggression in a helpless and frustrated depressive patient who was threatened with interpersonal loss. As with this case, we speculate that in depressive syndrome self - mutilation whether mild or severe is an expression of loss of affective (aggression) control. Expression of severity of aggression might be determined by the degree of depression and underlying neurochemical changes (? serotonin depletion), that usually occurs in such type of depression. We are also in agreement with Rogers and Pullen (1987) and Singh (1988) that severe self - mutilation is not a single clinical entity and it occurs in various psychotic syndromes with corresponding psychopathology.

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