

Per-anal discharge: A new face of Dhat syndrome

Sir,

Dhat syndrome is a culture-bound syndrome, commonly prevalent in South East Asia.^[1,2] The common manifestations of Dhat syndrome, being decline in sexual performance, depression, anxiety as well as vague somatic complaints which are attributed to semen loss mostly during “night falls” and “defecation.”^[3] Loss of semen is always a per-urethral phenomenon in an individual with intact anatomical integrity, it may occur during masturbation or sexual intercourse or nocturnal emission or during defecation. However, atypical presentations seldom challenge this anatomical fact.

A 26-year-old unmarried male, school teacher from a rural background presented with complaints of anxiety, generalized weakness, easy fatigability, nonspecific musculoskeletal pain, and burning sensation during urination for last 5 years. On detailed exploration, he had expressed his concerns about loss of semen through nocturnal emissions (which he used to describe as “night falls”), during urination, and per anally during defecation. He had also reported about constipation. Constipation used to increase his perceived semen loss per-anum and urethra, when he would strain during defecation. He had also reported about the use of paraffin-based laxatives for his problem of constipation and paradoxical worsening of semen discharge per-anum after laxative use. On detailed exploration, he depicted the “per-anal discharge” to be whitish to cream-colored, sticky, slimy discharge, and described it to be semen. He had attributed all the presenting complaints to semen loss. He was much worried about per-anal discharge and attributed low backache to it. His physical examinations and routine blood investigations including routine and microscopic examination of urine were within normal limits. Local pathology was ruled out after surgical opinion.

In this case, the patient had wrongly perceived the normal physiological, per-anal mucous discharge as semen and pathologically attributed it to his psychosomatic complaints. Such abnormal beliefs are unusual as reported earlier.^[4] Overstraining during defecation due to constipation and use of paraffin-based laxatives, increased mucous secretion

in our patient, which was wrongly perceived by him as semen. Poor knowledge about anatomy and physiology of genital system was responsible for such catastrophizing pathologic attribution. The focus of treatment in such cases of Dhat syndrome is to impart adequate knowledge about the genitourinary system, in addition to psychoeducation, relaxation therapy for stress reduction, and antidepressant medications for anxiety and depressive symptoms.

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Conflicts of interest

There are no conflicts of interest.

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