THE KLINGSOR SYNDROME

Sir,

Self injurious behaviour (SIB) has been defined as repetitive, deliberate, direct physical harm without a conscious suicidal intent that does not lead to evidently life threatening wounds (Bennun, 1984; Favazza, 1989). General self mutilation is very rare. Klingsor syndrome (Schweizer, 1990) is the eponym suggested for the acts of genital self mutilation involving religious delusions.

A 22 years old, right handed, unmarried, hindi speaking muslim male, hailing from a lower socioeconomic status from U.P. was admitted in the urology department with self inflicted traumatic amputation of the penis (complete and proximal to the corona) and altered behaviour of 4-5 days duration prior to hospitalization. The altered behaviour was of sudden onset after the patient had visited a disturbed area in Mumbai for work purposes. At that time some muslim men accosted him and told him not to be seen in that locality again. After this incident the patient became fearful, started hearing voices belonging to the devil and Allah which would tell him that he was not a true muslim. The patient also started thinking that since he was not a true muslim his father would take him for circumcision again. The patient then cut off his penis on the night prior to admission. He felt no pain at that time. Next morning he was found in a pool of blood by his father who then brought him to the hospital.

Other features included poor sleep, appetite and neglect of self care. Symptoms suggestive of mood disorder, anxiety and OCD were not present. There was no evidence of organic features or any other physical illnesses

at present or in the recent past. There was no history of past psychiatric disturbance or substance abuse. The family history was insignificant.

The patient was a full term normal delivery and the youngest of 3 brothers and 3 sisters. He had normal milestones and average scholastic functioning. After finishing the 9th standard he left school and learnt wireman's work. Since the last few years the patient is in Mumbai and works with his father in their own barber's shop. He is hard working and regular at his work. He is described as a shy, introverted person and close to his eldest sister. There were plans to get him married just a few months prior to the onset of symptoms to which the patient had objected.

At the initial interview the patient was uncommunicative and rapport was difficult to establish. He had a perplexed affect. He would occasionally become agitated. Haloperidol 20 milligram per day in divided doses with an anticholinergic cover was started. As the patient gradually became more controlled delusions of persecution, reference and control were elicited along with thought insertion and broadcast. His concept formation was average and auditory hallucinations (2 voices belonging to the God and the devil talking amongst themselves and to him, saying derogatory things) were elicitable. These voices had initially commanded the patient to cut off his penis. His orientation and memory were intact. He had average intelligence, partial insight and mild impairment in social judgement.

A diagnosis of schizophreniform disorder was made. He was followed up in the outpatient section and after a period of 5 months followup he was in complete remission.

The risk factors for genital self mutilation include (Martin & Gattaz, 1991)- homosexual or transsexual tendencies; repudiation of male genitals; absence of a competent male for identification during childhood; feeling of guilt for sexual offences; self injury in the anamnesis; physical or sexual abuse; male sex, 20-29 years of age and single.

These patients cut the wrists, arms, thighs and legs most commonly. Aboseif et al. (1993) have reported a series of 19 such cases and they found that 65% of these patients were psychotics, 31% had repeated attempts and 55% gave history of alcohol or drug abuse. The severity of injuries varied from simple lacerations of penile or scrotal skin to actual amputation of the penis or testis. The therapy of such cases is lengthy and difficult (Sanger et al.,1992).

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MALAY DAVE, III Year , JAHNAVI APTE, IV Year, Residents. H.S. DHAVALE, Professor & Head. CHARLES PINTO, Hon. Associate Professor, Department of Psychiatry, B.Y.L. Nair Charitable Hospital and Topiwala National Medical College, Mumbai.