



Phallicide a Rare Mode of Suicide: A Case Report

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Abstract

Suicide is one of the major health problems worldwide and suicide is frequently associated with psychiatric illness. Depression is one of the common psychiatric illnesses which is associated with suicide. Patients attempt suicide by various methods and genital self-mutilation or phallicide is a very rare method for attempting suicide. Hereby we are reporting a case of 63-year-old male a case of severe depression who attempted suicide by phallicide and who was managed in a multidisciplinary team for managing both psychiatric and surgical emergencies.

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INTRODUCTION

Suicide is one of the major health problems; around seven lakh people die every year by suicide.¹ Being the global phenomenon that occurs throughout the lifespan, in India, it kills around 16.3/100000 individuals between 50 to 69 years of age and 22.6/100000 beyond 70 years of age.² Recent National Crime Record Bureau data reports that 14541 (8%) of all suicides elderly committed suicide in India in the year 2021.³ Suicide or suicidal behavior is commonly found co-morbid in various psychiatric disorders like major depressive disorder, psychosis, and personality disorders. The psychiatric disorder accounts for the majority of suicidal attempts.⁴

Depression is a common psychiatric disorder in which suicidal thoughts are common and the prevalence of suicidal ideations is 53.1% and suicidal attempts is 31%.⁵ Various methods have been used for suicidal attempts, hanging (57%) being the most common and self-injury and firearm (0.3, and 0.2% respectively) being the least common method in India.³ Intention for suicide and lethality of the method used are important indicators for assessing suicidal ideations, which can help in the management of the patient. It is imperative to assess the patient's mental status and psychiatric history to prevent future attempts by the patient and ultimately save his life.

The actual prevalence of self-injuries behavior as a mode of suicide is difficult to ascertain as many cases go unreported and it is estimated that 6% of adults have self-injurious behaviour and 0.5 to 1.8% die by suicide.^{6,7} Some patients

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use uncommon and brutal methods for attempting suicide, like mutilation or amputation of genital organs, which is a rare form of self-injurious behavior, not many cases are reported in the literature and the first case of genital self-mutilation was reported in 1901.^{8,9} There is a dearth in the literature regarding the prevalence of genital self-mutilation as a method of suicide. Hereby we are reporting a rare case of attempted suicide by phallicide.

Case Presentation

A 63-year-old male presented to surgery emergency with an alleged history of self-inflicted complete penile amputation (Figure 1). While receiving treatment from urology, he was referred to the Psychiatry Department for evaluation. The patient had acute onset psychiatric symptoms for the last 1-month, characterized by low mood, anhedonia, decreased energy, sleep disturbance, decreased appetite, withdrawn behavior, crying spells, low self-esteem, forgetfulness, pessimistic thoughts about life and suicidal thoughts. In the last week, he continuously considered ending his life. One day at dawn, while his wife was asleep, he went outside of his house and with the help of an iron, cutting saw he amputated his penis with an intention to kill himself by causing maximum blood loss as fast as possible. Incidentally, some villagers were passing by his house and found him. They informed the patient's family members. There was no significant past medical/surgical/psychiatric history, with a history of poor social/family support and financial issues. He was kempt cooperative rapport established, his psychomotor activity was decreased, speech-rate/tone/volume was decreased, reaction time was increased, coherent and relevant, Affect-depressed, restricted, constricted, appropriate, thought flow-decreased content-hopelessness, worthlessness, helplessness, and suicidal Ideation, no delusions or hallucinations were established. Columbia-suicide severity rating Scale¹⁰ was used to assess the severity of suicidal thoughts. He had very severe suicide risk (Ideation intensity score 21), and his current attempt was of high lethality and intentionality. He never consulted any doctor regarding his symptomatology. With the villagers' help, the family members brought the patient to the hospital for emergency surgery.



Figure 1: Self inflicted genital injuries with severed part of penis

He was diagnosed as a case of severe depressive episode without psychotic symptoms and penile amputation. The psychiatry team and urology team jointly managed the patient, he was started on antidepressant medicines and regular supportive sessions were taken. The patient was surgically managed by scrotoplasty and stump closure with foleys *in-situ*.

DISCUSSION

Patients with moderate to severe depression often have suicidal thoughts and/or attempts. Suicidal attempts are included in self-harming behavior in which a person deliberately injures themselves with or without the intention to kill himself. Genital self-mutilation is a rare and severe form of self-injurious behavior; it includes phallicide when the intention is suicide and Klingsore syndrome when the patient intends not to commit suicide.⁸ The term 'Klingsor syndrome' is used when genital self-mutilation is because of religious delusions or command hallucinations without suicidal intentions and generally, they are seen in psychosis.¹¹ Extent of injury can vary from minor lacerations to complete amputation of male external genitalia. Minor to mild forms of self-mutilation is quite common and may be a part of cultural or religious practices which does not cause significant disability.¹¹ Major genital self-mutilation is rare and often results in permanent loss of an organ or its function and is usually associated with severe psychiatric disorders.¹¹ A recent review article found that the most common psychiatric disorder associated with genital self-mutilation is schizophrenia spectrum disorder (49.0%) in which

major symptoms leading to genital self-mutilation are delusions and hallucinations, followed by substance use disorder (18.5%), personality disorder (15.9%), gender dysphoric disorders (15.3%) and it was found to be rare in depression (8.9%) and bipolar disorder (1.3%).⁹

A similar case from Japan of 63 years old male with penile self-mutilation was reported by Nagoshi *et al.*¹², the patient was suffering from depression since last 20 years and he had psychogenic erectile dysfunction and he amputated his penile organ to end his life, Ozan *et al.*¹³ reported a case of 55 year old Turkish male who amputated his penis because of thought insertion by external agencies to cut his penis, he also had erectile dysfunction and he felt that he is not able to fulfill his male role. Mattoo *et al.*¹⁴ reported a case from India of 62 year old male of bipolar disorder from last 27 years with a current episode of depression who amputated his penis to end his life as he thought the penis is the organ of maximum energy and rich blood supply and cutting it will end his life, whereas in our case patient had depressive symptoms from last one month with no prior psychiatric history, he did not report any complaint regarding penile erection, he did not pre-planned the method of suicide and thought that cutting his penis will cause maximum blood loss which will end his life.

Our case is the rarest of rare cases as self-mutilation is an uncommon method for suicide in depression. Among various self-mutilation methods, genital self-mutilation is further rare. The index case was an elderly who did not have any prior history of sexual dysfunction.

CONCLUSION

Patients suffering from severe psychiatric illness can use rare methods for attempting suicide. Phallicide is an uncommon psychiatric and surgical emergency. It is a rare and uncommon method for attempting suicide. The management of such patients is best done in a multidisciplinary team.

REFERENCES

1. Suicide [Internet]. Geneva: World Health Organisation; 2023[cited 2023 May 10]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>

2. Dattani S, Rodés-Guirao L, Ritchie H, Roser M, Ortiz-Ospina E. Suicides [Internet]. Our World In Data; 2023 Apr 2 [cited 2023 Aug 18]. Available from: <https://ourworldindata.org/suicide>
3. Accidental deaths and suicides in India 2021 [Internet]. New Delhi: National Crime Records Bureau; 2022[cited 2023 Aug 18]. Available from: https://ncrb.gov.in/sites/default/files/ADSI-2021/adsi2021_Chapter-2-Suicides.pdf
4. Brådvik L. Suicide risk and mental disorders. *Int J Environ Res Public Health*. 2018 Sep 17;15(9):2028. Available from: doi.org/10.3390/ijerph15092028
5. Cai H, Xie XM, Zhang Q, Cui X, Lin JX, Sim K, et al. Prevalence of suicidality in major depressive disorder: A systematic review and meta-analysis of comparative studies. *Front Psychiatry*. 2021 Sep 16;12:690130. Available from: doi.org/10.3389/fpsy.2021.690130
6. Lorentzen E, Mors O, Kjaer JN. The prevalence of self-harm behavior in schizophrenia spectrum disorders: A systematic review and meta-analysis. *Eur Psychiatry*. 2022 Jan;65(S1):S766–S766. Available from: doi.org/10.1192/j.eurpsy.2022.1978
7. Krishnaram VD, Aravind VK, Vimala AR. Deliberate self-harm seen in a government licensed private psychiatric hospital and institute. *Indian J Psychol Med*. 2016;38(2):137–41. Available from: doi.org/10.4103/0253-7176.178808
8. Kipkemoi RD, Abila AW, Nditika ME, Lumadede ME. Self-penile amputation: A case of klingsor syndrome. *Urol Case Rep*. 2021 Sep;38:101667. Available from: doi.org/10.1016/j.eucr.2021.101667
9. Veeder TA, Leo RJ. Male genital self-mutilation: A systematic review of psychiatric disorders and psychosocial factors. *Gen Hosp Psychiatry*. 2017 Jan;44:43–50. Available from: doi.org/10.1016/j.genhosppsych.2016.09.003
10. Posner K, Brown GK, Stanley B, Brent DA, Yershova KV, Oquendo MA, et al. The Columbia–Suicide severity rating scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *Am J Psychiatry*. 2011 Dec;168(12):1266–77. Available from: doi.org/10.1176/appi.ajp.2011.10111704
11. Akash A, Shahi KS. Klingsor syndrome. *J Evol Med Dent Sci*. 2019 Oct 28;8(43):3282–4. Available from: doi.org/10.14260/jemds/2019/712
12. Nagoshi A, Kijima T, Suzuki I, Sakamoto K, Nozaki F, Fujisawa D, et al. A case of penile self-mutilation during a suicidal attempt successfully treated using a multidisciplinary approach. *IJU Case Rep*. 2022 May;5(3):165–7. Available from: doi.org/10.1002/iju5.12424
13. Ozan E, Deveci E, Oral M, Yazıcı E, Kırpınar İ. Male genital self-mutilation as a psychotic solution. *Isr J Psychiatry Relat Sci*. 2010;47(4):297–303.
14. Mattoo SK, Niraula A, Somani A. Penile self-amputation for suicidal attempt in an elderly depressed case. *Asian J Psychiatry*. 2018 Jan;31:41–2. Available from: doi.org/10.1016/j.ajp.2018.01.005

