Case report

Teasing-Induced Self-Circumcision in a Teenager: A Case Report

ABSTRACT

Aim: Male circumcision in traditionally circumcising communities is often performed by an experienced traditionalist or a surgeon. Transitioning through teenage years as an uncircumcised male in these communities can be challenging. This report highlights the psychosocial pressures of uncircumcised teenagers and the need for early formal circumcision to prevent self-injurious behavior.

Case Presentation:We present a 13-year-old male, who performed a self-circumcision using a kitchen knife after enduring repeated teasing episodes at annual sports camps. He was resuscitated and later had penile skin reconstruction done. He did not have an underlying psychological disorder.

Discussion: Self circumcision is rare and mostly reported amongst patients with underlying psychological disorders. Cases amongst teenagers with no underlying pathologies are ever rarer. Negative peer pressure in the form of teasing and push such patients to self-injurious behavior. Early appropriate surgical intervention following self-circumcision results in good clinical outcomes.

Conclusion: Uncircumcised teenagers in traditionally circumcising communities may suffer adverse psychological trauma from peers leading to self-harm. Parents of such children should seek early medical care to avert the risks of self-injurious behavior.

Keywords: Self- circumcision, teasing, teenager

1. INTRODUCTION

Male circumcision is an age old practice and performed for religious, cultural, medical and social reasons [1]. Though the number of circumcised males varies considerably for each country and territory, the global prevalence is estimated to be 38.7% [2]. Ghana is estimated to have a country-specific male circumcision prevalence of 91.6%.[2]
Male circumcision has from the past been performed by traditional ascribers to modern surgeons but not the individuals on themselves. [3–5]
A few cases of male circumcision using devices marketed over the counter or internet have been reported.[3,4,6,7] Even rarer are reports of self-circumcisions using basic tools such as knives and razor blades.[3]
In many African countries where male circumcision is performed on adolescents/teenagers, it is done as a rite of passage into manhood.[8]

Circumcising oneself due to pressure from peers may be a trigger to pay attention to the mental health of uncircumcised adolescents/teenagers living in traditionally poor-circumcising society. It is important to rule out possible underlying psychiatric causes and manage them in tandem with the complications of the self-circumcision.[9]
This case report highlights the dangers of peer pressure and the potential to induce self harm in the form of self-circumcision.

2. CASE PRESENTATION

Patient is a 13-year-old male athlete, who presented to the hospital 4 hours following self-circumcision (Figure 1). He complained of severe penile pain and bleeding. Patient admitted to using a home knife in an attempted circumcision.

Patient narrates he has had several teasing episodes at sports camps in relation to his uncircumcised phallus. His self-circumcision was an attempt to prevent further teasing at an upcoming sports camp.

He has no previous reports of abnormal behavior nor a family history of a psychiatric illness. He lives with both parents and is a junior high school student.

On examination, he was a young male, stable. No abnormalities were detected on systemic examination.

Initial mental assessment showed patient had a good memory and judgement. He had no evidence of psychosis.

Status localis – He had approximately 5cm of circumferential denuded penile skin, with minimal bleeding from the raw areas.

Figure 1 – Penis after self-circumcision

Interventions.

The patient was admitted, given intravenous analgesics and antibiotics. Tetanus prophylaxis was given, and penile wound dressed in sterile gauze. An appropriately sized urethral catheter was passed.

Informed consent was obtained from the patient and parents. An assent form was signed by the parents. Permission was sought and obtained from parents for clinical photography and use of clinical details for publication. The patient was optimized for surgical reconstruction the following day. Under spinal anesthesia, the wound was cleaned, and debridement done. Both outer and inner skin layers were cut from the attempted circumcision. The retracted skin was advanced to the corona with minimal tension. The skin was sutured using 2.0 interrupted Vicryl. (Figure 2).On post operative day (POD)-1, urethral catheter was removed,

patient was attended by clinical psychologists.On POD-2, the patient had psychological assessment and was not found to have any underlying psychological disorders. He was discharged home with a clear long term follow up plan, with urology and the clinical psychologists. On his last review 3 months following surgery, patient is doing well, has no complications.

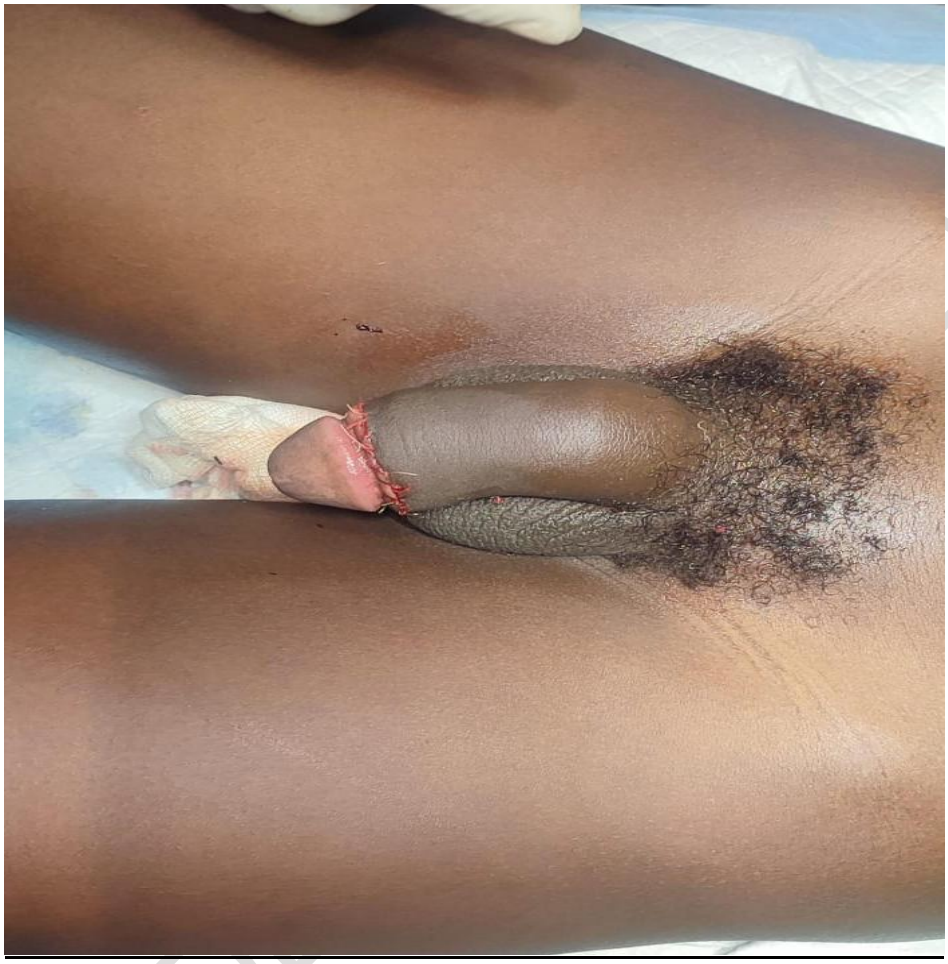

Figure 2 – Penis following reconstruction.

3. DISCUSSION

There are varied reasons behind self-circumcision.[10] Feelings of shame, rejection or feeling odd amongst peers, have been reported.[10] Some authors have suggested an obsessive compulsive behavior can be precipitated by stigma of not being circumcised.[3] Our patient admitted to the prolonged teasing from peers as the trigger to his attempt at self-circumcision. Though there was no family history or clinical evidence of psychiatric disorder at the time of presentation, it is necessary to have routine mental state assessment by a trained psychologist/psychiatrist.

Lwanga et al.[3] alluded to the indistinct line between self-circumcision as a form of self-treatment and self-genital mutilation. The former adopts simpler techniques and is organized, the latter is random, radical, and common in patients with psychosocial disorders or overt psychosis. [3,9]
Hemorrhage, urethral injury, extensive skin denudation, infection, delayed healing and chordae are all common documented complications associated with self-circumcision. [3,8,11]
The more severe complication of irreversible penile mutilation or amputation, penile necrosis and urethra-cutaneous fistulas are rare and often require sub-specialty referral.[1,11,12]
Our patient had a 5cm denudation of the penile skin. The proximal skin was adequate to cover the defect without tension. The urethra was intact, and the patient has not developed a urethro-cutaneous fistula. The defect was reconstructed by a general surgeon and patient did not require sub-specialty referral.

4. CONCLUSION

There is an emergence of cases of self-circumcision in circumcision-dominated regions. Several triggers to self-harm have been identified and teenagers may be at a particular risk from negative pressure. Parents and caretakers must be aware of the stigma attached to uncircumcision and readily support their children to access care.

Long term psychological counseling and follow-up is necessary to unearth sub-clinical disease and prevent further self-injury.

CONSENT (WHEREEVER APPLICABLE)

All authors declare that 'written informed consent was obtained from the patient (or other approved parties) for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal."

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