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URETHRAL FOREIGN BODY: A PROBABLE CASE OF KORO SYNDROME

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INTRODUCTION

Urethral foreign bodies are a relatively rare condition, with a few cases reports in the literature. Psychiatric diseases, autoeroticism, intoxication, and contraception purposes have been reported as motivation for inserting a foreign body into the urethra (Naidu et al. 2013).

Koro syndrome is one of the types of culture-bound syndrome. There is concern that the penis, scrotum in male patients, and the vulva and nipple in female patients will retract into the abdomen, shrink, disappear, and eventually die. Until the 1980s, this disease was thought to occur only in the Asian male population. However, later case reports from Africa, the Middle East, and the West suggested that the disease may have a universal natüre (Atalay 2007).

There is no underlying organic cause in primary koro syndrome cases. However, the secondary koro is mentioned in the case of other underlying psychiatric diseases, brain tumors, epilepsy, urological diseases, and substance deprivation. Koro syndrome has often been associated with dissociative disorders. Intense anxiety dominates the clinical picture in patients with Koro syndrome. The patient's mental state examination and routine examination may not reveal any additional findings (Chowdhury 1998). In this article, a possible chorus case is presented after a foreign body insertion into the penis of a Syrian migrant patient without a psychiatric treatment history, and subsequent body image disorder was noticed.

CASE REPORT

A 38-year-old Syrian refugee male patient presented to the emergency department with complaints of dysuria and inability to urinate for about 8 hours. There was no abnormality in the patient's hemogram and biochemistry analysis. Erythrocyte 3+ and leukocyte 3+ were detected in the complete urinalysis of the patient. Suprapubic and scrotal USG was performed after the patient described intense pain in the suprapubic and perineal regions. Abdominal CT was performed on the patient because of the suspicion of a foreign body resulting from USG. In the abdominal CT imaging of the patient, an opacity of approximately 10 cm in length was observed starting from the distal prostatic urethra and extending to the anterior urethra.

Thereupon, the foreign body was extracted by cystoscopy by general anesthesia (Figure 1). The patient was consulted to the neurology unit, and the neurological examination of the patient was normal. The patient was consulted with psychiatry for cognitive evaluation. According to the postoperative mental state examination of the patient, it was learned that he was married and had four children but had been working away from his family for six years and was a vegetable porter.

Figure 1. Cystoscopy by general anesthesia

The patient had no previous psychiatric treatment history. According to the mental status evaluation of the patient, it has not been observed that a mental status is compatible with mental retardation. The self-care of the patient was consistent with his socioeconomic level. The affect of the patient was intensely anxious. Spontaneous speech and associations of the patient were normal. There were no perceptional abnormalities such as hallucinations or illusions on his psychiatric evaluation. There was a persecutory delusion in the content of thought of the patient. The patient said his penis would be lost in his body and that the object might have been placed on his penis by someone else. It was learned that the patient did not have an active sexual life for eight months.

The treatment of the patient was started on risperidone 2 mg/day and lorazepam 2 mg/day. Risperidone was increased to 4 mg/day at the end of the second week of the treatment. At the end of the fourth week of the treatment, the severity of the patient's delusion was reduced.

DISCUSSION

Some neuropsychiatric disorders such as mental retardation, psychotic disorders, dementia, and borderline personality disorder may present with urethral foreign bodies in the emergency department. On the other hand, urethral foreign bodies may be observed in culture-bound syndromes rarely reported. As a culture-bound syndrome, Koro (genital retraction syndrome) can cause urogenital traumatic injuries due to fear of shrinking the penis or other genital organs (Yap 1965).

It may occur due to the interaction of psychodynamic, cultural, and social factors in people with a predisposition to Koro syndrome. It has been associated psychoanalytically with castration anxiety (Stip et al. 2021). Sexually, culturally specific conflicts can cause this situation. It is thought that the seminal losses related to sexual overindulgence may be associated with this situation. It has been suggested that stressful life events may be predisposing (Okechukwu 2021).

Mental retardation, delusional disorder, and schizophrenia were considered for differential diagnosis of the patient's clinical presentation. The consultant psychiatrist excluded mental retardation because of the patient's educational status and functioning. Although delusional thought and disorganized behavior were observed in the mental status examination of the patient, acute presentation of the case was not suitable with the diagnoses of psychotic disorders. Additionally, lack of negative symptoms and a prodromal episode were ruled out of schizophrenia diagnosis.

The patient had stressful life events such as being away from his family, working in an unfamiliar place for a long time. He was displaced to Turkey from Syria because of Syrian conflicts in 2014. In addition to these sociocultural risk factors, intense anxiety, the thoughts on the disappearance of the penis in the body, and rapid onset of the symptoms were compatible with Koro syndrome.

CONCLUSION

Although culture-bound syndromes are rarely reported, Koro syndrome should be considered in patients admitted to the emergency department with urogenital injuries. Further studies may help to understand sociocultural risk factors in patients with Koro syndrome.

Written informed consent has been taken from the patient for publication of article and photo of the surgical procedure with scientific purposes.

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Contribution of individual authors:

Yaşar Kapici: study conception and design, acquisition of case history, analysis and interpretation of data.
Atilla Tekin: study conception and design, drafting and revision of the manuscript.
Bulut Güc: study conception and design, acquisition of case history.
Olga Bayar Kapici: analysis and interpretation of data, drafting and revision of the manuscript.
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References

1. *Atalay H: Two cases of koro syndrome. Turkish J Psychiatry 2007; 18:282-285*
2. *Chowdhury AN: Hundred years of Koro the history of a culture-bound syndrome. Int J Soc Psychiatr 1998; 44:181-188*
3. *Naidu K, Chung A & Mulchary M: An unusual urethral foreign body. Int j surg case rep 2013; 4:1052-1054*
4. *Okechukwu CE: Shrinking and psychological disappearance of the penis: A salient psychocultural issue in Nigeria. Curr Med Issues 2021; 19:117*
5. *Stip E, Nguyen J, Bertulies-Esposito B, Tempier A, Bedard MJ, Paradis A, et al.: Classical Koro and Koro-Like Symptoms: Illustration from Canada. J Psychosexual Health 2021; 3:222-235*
6. *Yap PM: Koro-a culture-bound depersonalization syndrome. Br J Psychiatry 1965; 111:43-50*

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