

Self-castration in a transsexual

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INTRODUCTION

Deliberate genital self-injury is rare, however, as the waiting times for sex reassignment surgery lengthens we may witness an increase in genital self-mutilation as transsexuals give vent to their frustration. The following case report details the immediate management of one such patient.

Key words: self-castration, self-mutilation, transsexual.

CASE REPORT

Patient P.F. was brought into the accident and emergency (A&E) department by ambulance after sustaining a self-inflicted wound to the groin. The ambulance personnel had noted a considerable amount of blood at the scene. On inspection the patient appeared to be a 30-year-old well-manicured lady, clutching a large blood soaked towel to the groin region.

On questioning P.F. said that he was a transsexual and had become 'tired of waiting for surgery, so he had cut off his testes and thrown them away'. He had a pulse of 90 and a blood pressure of 120/90. Examination of the groin region in the A&E department was difficult, however, it was apparent that there were lacerations to both hemi-scrotums. The patient was given a bolus of intravenous fluid and intravenous analgesia.

He was taken directly to theatre for exploration of the scrotum. At operation there were two large haematomas in each hemi-scrotum. There were large ragged lacerations to both hemi-scrotums, both spermatic cords had been divided 1 cm distal to the superficial inguinal ring and no testes were present in the scrotum. The spermatic cords were debrided and ligated with 2-0 vicryl, the haematomas were evacuated. The scrotal wounds were debrided and sutured. Drains were left *in-situ*. Intra-operatively it was noted that there were tentative

penile lacerations; however P.F. passed urine normally and there was no haematuria. The post-operative course was uneventful; the patient was discharged 2 days later but refused to attend for follow-up of the wounds.

P.F. had first seen a psychiatrist at age 17 and had thought from the age of 13 that he was a woman in a man's body. P.F. had been prescribed regular oestrogen and cyproterone acetate and had recently undergone breast augmentation surgery. P.F. had been living as a woman for 5 years with his mother who was supportive. He had been waiting for sex reassignment surgery (SRS) for 5 years.

DISCUSSION

Genital self-mutilation is extremely rare. Greilsheimer & Groves reported 14 cases of self castration before 1979.¹ Genital mutilation following paternal death or psychiatric illness has been reported² and there have been two recent case reports in the *British Journal of Urology*.² Rana *et al.* described a case of sequential self-castration and amputation of the penis in a transsexual patient and Gleeson *et al.* described self-castration in a patient as treatment for presumed alopecia.^{3,4}

Lundstrom *et al.* reported that neither psychotherapy nor hormone replacement was successful in the treatment of transsexuals.⁵ People who perform self-castration usually oppose surgical repair of their genitals. P.F. refused to give consent for repair and said that he had thrown them away to ensure that this could not be performed. This is not uncommon among transsexuals who carry out this procedure. The testicular artery is an end artery and although it may bleed extensively initially, vascular spasm usually prevents life-threatening haemorrhage developing. The immediate management of these individuals is fluid resuscitation, analgesia and early exploration of the genital region in theatre. Should there be deep lacerations to the

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penis then an ascending urogram is indicated. Most men who perform self-castration are thought to be psychotic at the time of the act and 20% have previously attempted self-mutilation.⁶ Early psychiatric consultation is advised, preferably with a specialist in psycho-sexual problems.

It is recommended that anyone presenting to their general practitioner or A&E department threatening genital self-mutilation should be taken seriously and referred urgently to a psychiatrist with a special interest in psycho-sexual disorders.

There have been no reported deaths from this procedure in the United Kingdom but should we wait until there are before we expedite definite surgery for those who are properly identified as primary transsexuals?

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