

Self-Insertion of Needles by a Patient of Schizophrenia

Sohail Ahmed¹, Munir Hamirani²

Abstract

Self-insertion of foreign bodies is a rare phenomenon, not commonly seen in clinical practice. We report a case of a young female who presented with pain and pricking sensation. On radiological investigations, self-insertion of multiple sewing needles in different parts of the body, under the effect of hallucinatory voices due to Schizophrenia, was found. Most of the needles were removed by surgical intervention but some are still there. The Schizophrenia is well settled by the initiation and compliance with antipsychotics and no subsequent act of self-insertion was reported. The patient is now being followed up in psychiatric outpatient clinic
Keywords: Schizophrenia, needles, foreign bodies, hallucination.

(ASH & KMDC 20(2):163;2015).

Introduction

Self-insertion of foreign bodies is quite rarely encountered in the clinical practice. Self-insertion of objects in body is mentioned in literature as self-embedding behaviour, which is a form of self-injury, in which people insert objects into their body parts to deliberately hurt themselves or mutilate their bodies without intending suicide. Although it is an unusual phenomenon but at the same time it can be very serious and life threatening for the patients, depending on the sites involved and the objects used. A number of cases of self-insertion of foreign bodies are reported in the literature including self-inserted needles in heart¹ & urethra² and self-insertion of intracranial hypodermic needles³. Such cases of self-insertion of foreign objects are also reported in the local literature⁴⁻⁶.

The act of self harm is not expected from a normal human being and insertion of foreign objects always raises the possibility of presence of a psychological disturbance in these patients, like that seen in most of the cases of self harm, in fact such cases are already reported in the literature^{3,7,8}. This kind of behaviour in a psychiatric patient is likely to be a result of delusional beliefs or in response to commanding hallucinatory voices occurring due to psychotic illness like schizophrenia^{9,10}. Few such cases are also reported in patients with other psychiatric illnesses like mood disorders and personality disorders¹¹⁻¹³. Cases of self-insertion of objects under the influence of psychiatric illness are rarely seen but are very important in terms of expected lethal consequences. Moreover, if untreated, this behavior is likely to be repeated with subsequent psychological and physical complications. Considering this background, such cases should be reported so that treating physicians can identify such patients at an early stage and appropriate treatment can be provided to prevent further complications.

¹⁻²Department of Psychiatry
Abbasi Shaheed Hospital
Karachi Medical & Dental College, Karachi

Correspondence: Dr. Sohail Ahmed
Department of Psychiatry
Abbasi Shaheed Hospital
Karachi Medical and Dental College, Karachi
E-mail: soha59@yahoo.com

Case Report

This is the case of 24 years old unmarried female, who was brought to our hospital with pain & pricking sensations in different parts of the body. The patient initially presented in the medical outpatient in the year 2012 with nonspecific somatic complaint and later on was referred to surgical OPD for pain in lower abdomen and pelvis. As she did not respond to prescribed medicines, investigations were advised. On radiological examination, it was found that there were multiple sewing needles in different parts of her body. Needles were clearly visible on radiological examination of pelvis & lower abdomen, Fig. 1. Chest radiograph was full of the needles, Fig. 2. Some more needles were found in thighs, arms, and legs, Fig. 3 & 4. She was referred to psychiatry department where detailed history was taken and mental state assessment was done. The history revealed that she had been treated as in-patient in a psychiatric hospital, about one year back for self talking, restlessness, agitated behavior with uncontrolled anger, irrelevant talk, hallucinations and inappropriate behavior including tearing off her clothes. She had a family history of psychiatric illness as her mother & grandmother were also suffering from psychotic illnesses. That episode was treated with antipsychotics and she was satisfactorily improved.

When asked about the reason, the patient said that "it all happened when she was out of senses" in the previous episode of psychiatric illness, one year back. Later on she recalled that she inserted needles in her body (which were already present at home and were in use by her brother who was a tailor) without telling anyone, under the influence of command hallucinatory voices asking her to do this.

Surgical opinion was taken and surgeons removed more than 100 needles from different parts of the body (mostly from arms, legs, chest and pelvis). Some needles are still present in the patients body, which are planned to be removed at a later stage.

To rule out the possibility of such happenings as a part of neurological disorders like psychomotor seizures or frontal lobe pathologies, an opinion from neurologist was taken and investigations were carried out. CT Scan Brain was unremarkable and EEG was found normal. Neurologist ruled out any neurological problem.

She was diagnosed as a case of Schizophrenia using the diagnostic criteria given in Diagnostic and Statistical Manual of Mental Disorders (DSM-5)¹⁴.

Discussion

Although self-insertion of foreign bodies is not extensively reported in literature and not commonly seen in clinical practice, self-harm behaviour has been seen in patients with psychiatric illnesses. Acts of self-harm are frequently seen in mood disorders especially in major depressive disorder¹² and bipolar disorder but it is also manifested as an attention seeking behavior in cases of deliberate self-harm due to personality disorder¹¹. In this case our patient had a different diagnosis as she inserted the needles in the body due to commanding hallucinatory voices secondary to Schizophrenia. The method adopted for self-harm is also important making cuts on forearms and other accessible parts of the body is the commonly seen pattern of self harm but self-insertion of foreign objects is



Fig.1. Needles in Lower Abdomen & Pelvis

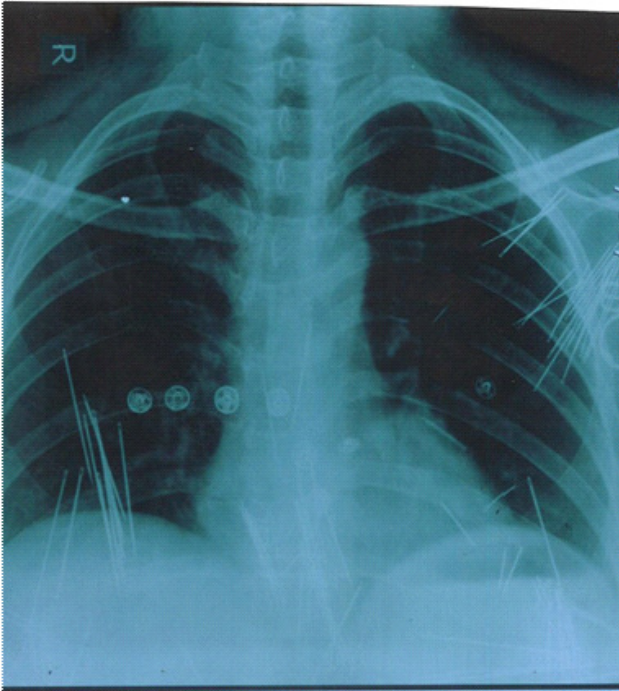


Fig. 2. Needles all over the Chest



Fig. 3. Needles in Pelvis & Thighs

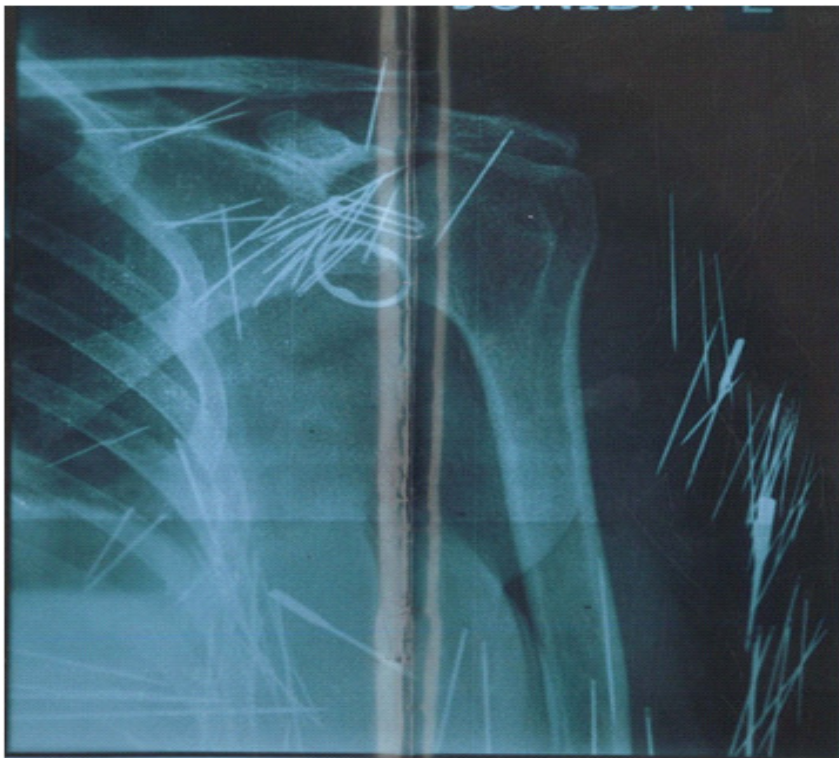


Fig. 4. Multiple needles in the Shoulder

quite uncommon. While in other reported cases the objects were inserted by patients in gastrointestinal or genital tracts^{2,4,7,8} an unusual phenomenon of insertion of needles in many parts of body was seen in this patient. Our patient inserted needles in almost all accessible parts of body including arms, chest, abdomen, pelvis and breast.

An important aspect, which needs consideration, is early & timely identification and effective management of cases of schizophrenia so that such lethal physical complications can be avoided. Management issues in such cases are also important as surgical removal of needles is only part of the management which was boldly accepted by the expert surgeon in this case as removal of multiple foreign bodies is always a difficult task. Other important aspect of management in such cases is the treatment of underlying psychiatric illness, which was effectively done in this case. This kind of approach requires effective liaison and close co-ordination between surgeon and psychiatrist, as happened in this case. Physical complications of psychiatric illnesses is a serious issue and psychiatrists, surgeons and physicians should be well aware of this kind of unexpected presentation in their clinical practice.

References

- Mochzuki Y, Sugita Y, Okamura Y, Lida H, Mori H, Shimada K. [A case report of recurrent self inserted needle in heart]. *Jpn J Thorac Cardiovasc Surg* 1998;46:473-7.
- Tahaoglu M, Ozturk s, Ozturkh. Self-insertion of needle as urethral foreign body after sexual gratification: An unusual case report. *PedUrol Case Rep* 2014;1:10-14. Available from: <http://pediatricurologycasereports.com/ojs/index.php/pucr/article/view/32>
- Chandran AS, Honeybul S. A case of psychosis induced self-insertion of intracranial hypodermic needles causing seizures. *J Surg Case Rep* 2015;2015.
- Shah S, Qureshi F, Rakhio S. Iatrogenic foreign body in the urinary bladder. *J Coll Physicians Surg Pak* 2015;25:304-5.
- Rafique M. Intravesical foreign bodies: review and current management strategies. *Urol J* 2008;5:223-31.
- Shafi M, Yousufani AH, Hussain SI. Foreign Bodies in External Auditory Canals : Experience of 653 Cases over 8 Years. *JLUMHS* 2010;09:70-5.
- Klein CA. Intentional Ingestion and Insertion of Foreign Objects: A Forensic Perspective *J Am Acad Psychiatry Law* 2012;40:119-26.
- Sukkarieh T, Smaldone M, Shah B. Multiple foreign bodies in the anterior and posterior urethra. *Int Braz J Urol* 2004;30:219-20.
- Melamed Y, Dalyahu Y, Vaiman R, Bzura G, Bleich A. Foreign objects in the vagina of a mentally ill woman: case series. *Gen Hosp Psychiatry* 2007;29:270-2.
- Abraham B, Alao AO. An unusual foreign body ingestion in a schizophrenic patient: case report. *Int J Psychiatry Med* 2005;35:313-8.
- Gitlin D, Caplan JP, Rogers MP, Avni-Barron O, Braun I, Barsky AJ. Foreign-body ingestion in patients with personality disorders. *Psychosomatics* 2007;48:162-6.
- Nadjem H, Weinmann W, Pollak S. Ingestion of pointed objects in a complex suicide . *Forensic Sci Int* 2007;171:e11-4.
- Tsai S-J. Foreign body ingestion in psychiatric inpatients. *Int Med J* 1997;4:309-11.
- American Psychiatric Association. Diagnostic & Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Association; 2013. Available from: <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>. Accessed on Nov 14, 2015.