

BILATERAL SELF-ENUCLEATION IN THE FIRST PSYCHOSIS EPISODE IN A PERSON WITH DEPRIVED OF LIBERTY: CASE REPORT

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CASE REPORT

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ABSTRACT

Introduction – Self-mutilation is an uncommon manifestation of diverse mental disorders and is more frequent in the first psychotic episode. The ocular, genital, and limb regions are the main areas affected.

Methods – Presented the case of a 25-year-old male deprived of liberty who committed bilateral self-enucleation using a razor blade secondary to a first psychosis episode.

Results – Patient did the auto-mutilation associated with magical and religious delusions, but there was no clinical evidence to consider it an organic mental disorder.

Discuss – Self-mutilation during the first episode of psychosis is highly related to schizophrenia spectrum pathologies. Delusions, especially auditory delusions and substance abuse, should be a red flag of psychosis.

Conclusion – Knowledge about the consequences of psychiatric pathologies has a relevant impact on morbidity and mortality, especially in vulnerable populations. The case demonstrated the necessity of prompt treatment and psychiatric intervention to avert personal and non-personal injuries.

Keywords: self-enucleation, self-mutilation, psychosis, self-harm, case report.

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INTRODUCTION

Non-suicidal major self-mutilation (NSMSM) is an uncommon manifestation of severe mental disorders, but with enormous complications, it drastically limits the quality of life for patients considering the physical disability and the underlying mental problem.^{1,2} Frequently, schizophrenia spectrum psychosis is related to NSMSM,¹ and some of the risk factors associated are extreme religious hallucinations, command hallucinations, and a previous history of self-injury.² Although the medical literature about the NSMSM is limited, the ocular, genital, and limb regions are the main areas affected.¹ Additionally, self-injury seems to be more likely to occur in the first psychotic episode,³ especially in ocular injuries, where it has been described more frequently in the first episode of psychosis in comparison with previously treated psychosis.⁴

Prisoners are an at-risk population considering mental disorders related to deprivation of liberty, an unfriendly

atmosphere, and other inherent conditions like substance abuse. In response to stressful environments and feelings of hopelessness and helplessness, self-harm may be used as a maladaptive coping mechanism to provide relief. Research estimates that about 30% of incarcerated people engage in self-harm behaviors in comparison to 4% in the general population, and despite that, it is most common to engage in minor self-mutilation; on the other hand, major self-mutilation could indicate an important health disorder.^{4,5}

Among prisoners, personality disorders prevalence is around 40–70%, depression's prevalence is around 10–12%, and psychosis prevalence is 4%. All these mental disorders have an association with drug abuse, which is particularly high in prisoners, with a prevalence between 10 and 60%.⁶

METHOD

Presented the case of a 25-year-old male deprived of liberty in a prison without psychiatric history who committed bilateral

self-enucleation using a razor blade in the middle of extreme religious delusions. This study was approved by the hospital's research ethics committee (Hospital Regional de la Orinoquía,

Casanare, Colombia) with registration number 019 of June 12, 2023.

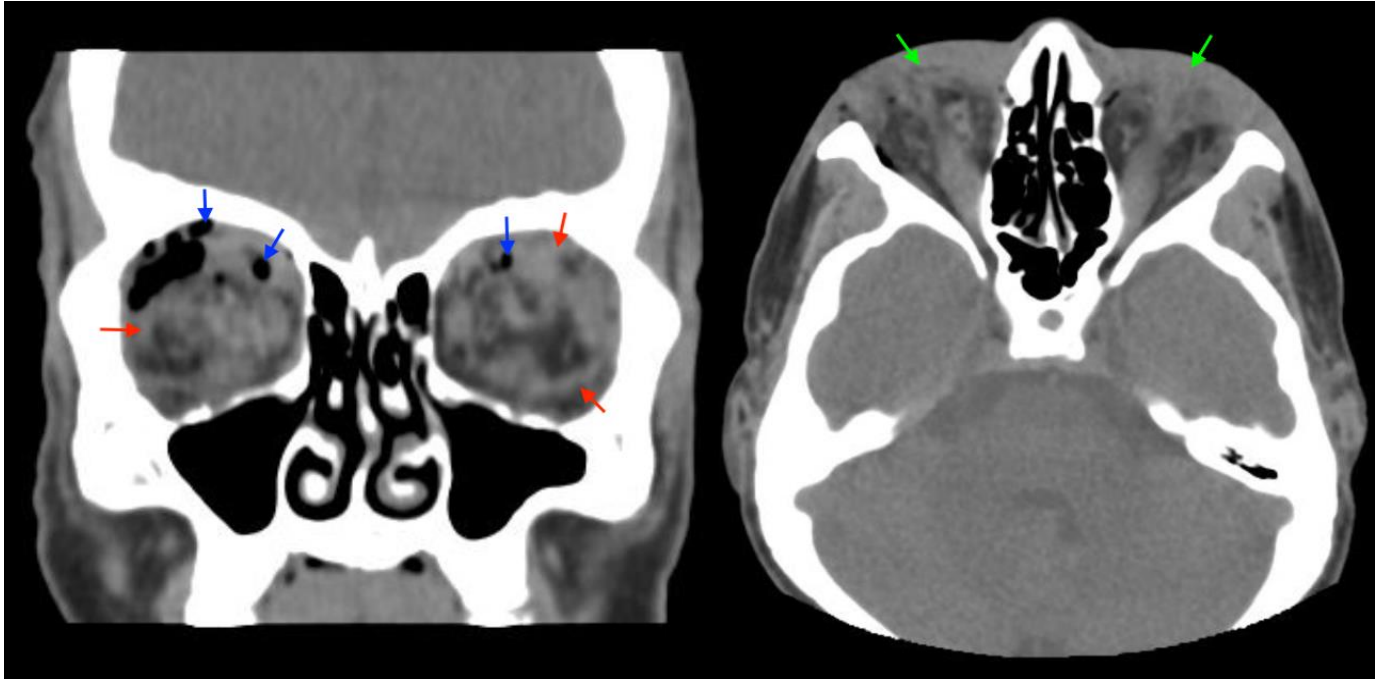


Figure 1. Non-contrast computed tomography of the orbits shows the absence of eyeballs (green arrows), edema (red arrows), and emphysema (blue arrows) in the orbital cavities.

CASE REPORT

A 25-year-old male deprived of liberty in prison sentenced for grand theft since August 2020 by the court without pathologic history who presented two weeks of changes in behavior, aggression, loss of contact with reality, and auditory and visual hallucinations without psychiatric intervention. The patient was brought to the emergency room by the penitentiary workers after committing self-ocular trauma with an apparent razor blade. Patient said *"The devil gouged out my eyes"*. Vital signs with blood pressure 140/90 mmHg, cardiac frequency 88 per minute, respiratory frequency 22 per minute, temperature 36 degrees Celsius, ophthalmology exam with bilateral palpebral edema with opening limitation, bilateral exposed ocular tissue, active bleeding, without light perception, and hypotension to digital pressure. A computed tomography (CT) scan of the orbits showed the absence of eyeballs, edema, and emphysema in the orbital cavities, as well as involvement of soft tissues, extraocular muscles, and optic nerves (Figure 1). The patient required bilateral ocular evisceration by the ophthalmologist due to the inability to save any eye.

Additionally, the laboratories revealed urine drug tests positive for opiates and tetrahydrocannabinol (THC), human immunodeficiency virus (HIV) test negative and treponemal test negative, creatinine slightly elevated (1.06 mg/dL), serum glucose elevated (142.3 mg/dL), and a complete blood count (CBC) reported leukocytosis (18.440 mm³), neutrophilia (89.2%), hemoglobin (11.4 g/dL), hematocrit (33.1%), and platelets (263.000 mm³).

The patient claimed that *"They sent me the devil to be blind," "They did witchcraft to me,"* and *"They smeared shit on me"* during the initial psychiatric examination. He refused to give a complete narrative or provide details. The mental sphere

showed mystical, magical, and paranoid delusions and poor introspection. The doctor started pharmacological treatment with clozapine 25 mg at night and clonazepam 0.5 mg every 12 hours after making the diagnosis of an acute psychotic episode. During the second psychiatric exam, the patient refused again to narrate the event; he said, *"I can't talk about it."* The mental sphere exam showed a patient without desire to talk, an evasive and suspicious attitude, bradypsychia, and mystical, magical, and paranoid delusions.

RESULT

The final assessment prior to referral showed a less evasive patient with laxity in mystical, magical, and paranoid delusions. Finally, the patient was referred to a mental health unit to continue management. The patient's drug test was positive for THC and opiates, even though it is impossible to say whether they were the direct cause of the psychotic event because the dose, previous consumption, exposure time, and age of first exposure are all unknown. In addition, urine drug tests were performed after initial pharmacological therapy, which included morphine administration. Drug use can lead to mental disorders such as schizophrenia. Even though the details of substance abuse are not fully established, drug use is clearly a risk factor for the development of mental disorders.

DISCUSS

Notice that some authors have been studying eye self-mutilation during the first episode of psychosis. Large et al. concluded that self-enucleation is usually unilateral and associated with religious delusions, particularly the right eye mutilation related to the gospel of Matthew, where the removal of the right eye is recommended if it is compromised to avoid

the whole-body commitment and prevent going to hell.⁴ Additionally, it is extremely rare to have bilateral self-enucleation and normally requires a high level of hallucinations.^{7,8} Other authors also considered these events the results of psychosexual conflicts like Freud's Oedipal Complex.^{9,10}

Considering that, psychosis must be suspected in cases of self-harm when the self-inflicted injuries are highly harmful with no lethal intention, entail cultural or religious symbolic content, or lack any instrumentalization content.¹¹ In the case presented, the patient did the auto-mutilation associated with magical and religious delusions, but there was no clinical evidence to consider it an organic mental disorder.

The psychosis spectrum is associated with multiple medical conditions like schizophrenia spectrum disorders or environmental factors like substance abuse, including cannabis, hallucinogens like lysergic acid diethylamide and phencyclidine, and stimulants, including amphetamine and cocaine.^{10,12} Capuzzi *et al.*, in a cross-sectional study, which included male prisoners, they found a higher frequency of cocaine and opioid consumption with psychotic symptoms in comparison with those without symptoms.¹³

Untreated psychosis secondary to schizophrenia has been primarily associated with eye self-mutilation, and more frequently in the first episode, this event is congruent with the clinical case presented. Additionally, the anamnesis showed that our patient had auditory delusions, which are highly related to schizophrenia.¹⁴ For these reasons, this case could perfectly be one of the different pathologies of the schizophrenia spectrum disorders that could be associated with psychosis. The distinction between them could be a challenge, but nonetheless, it is important to establish a prognosis and contribute to epidemiology statistics.¹⁵

CONCLUSION

Knowledge about the consequences of psychiatric pathologies has a relevant impact on morbidity and mortality, especially in vulnerable populations. The case demonstrated the necessity of prompt treatment and psychiatric intervention to avert personal and non-personal injuries.

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REFERENCES

1. Large M, Babidge N, Andrews D, Storey P, Nielssen O. Major Self-mutilation in the First Episode of Psychosis. *Schizophr Bull*; 2008. (35):1012–21.
2. Khanna A, Agustines D. A Rare and Complex Case of Non-suicidal Self-Mutilation in a Patient With Schizophrenia. *Cureus*; 2023. 15:e33269
3. Harvey SB, Dean K, Morgan C, Walsh E, Demjaha A, Dazzan P, Morgan K, et al. Self-harm in first-episode psychosis. *Br J Psychiatry*; 2008. 192: 178–84.
4. Large M, Andrews D, Babidge N, Hume F, Nielssen O. Self-Inflicted Eye Injuries in First-Episode and Previously Treated Psychosis. *Aust N Z J Psychiatry*; 2008. 42:183–91.
5. Winicov N. A systematic review of behavioral health interventions for suicidal and self-harming individuals in prisons and jails. *Heliyon*; 2019. 5(9):e02379.
6. Cooper J, Jarrett M, Forrester A, di Forti M, Murray RM, Huddy V, Roberts A, Phillip P, Campbell C, Byrne M, McGuire P, Craig T, Valmaggia L. Substance use and at-risk mental state for psychosis in 2102 prisoners: the case for early detection and early intervention in prison. *Early Interv Psychiatry*. 2018. 12(3):400–409.
7. Chechko N, Stormanns E, Podoll K, Stickel S, Neuner I. Self-enucleation of the right eye by a 38-year-old woman diagnosed with schizoaffective disorder: a case report. *BMC Psychiatry*; 2020. 20:563.
8. Nnadozie UU, Obayi ON, Ezeanosike E, Eze C, Maduba CC, Nnadozie FU, Joe-Akunne K, Anikwe CC. Bilateral oedipism: a case of extreme self-harm in an African society averse to self-mutilation. *Afr Health Sci*; 2020. 20:1828–1830.
9. Reichstein D, Esmaili N, Wells T, Kim JE. Attempted auto-enucleation in two incarcerated young men with psychosis. *Saudi J Ophthalmol*; 2015. 29:172–4.
10. Davis LE, Tripathi S. A Case of Self-Enucleation in an Incarcerated Patient: Case Report and Review of Literature. *J Forensic Sci*; 2018. 63:1908–10.
11. Arroyo-Cobo JM. A propósito de un caso de autolesión en un enfermo psicótico. *Rev. esp. sanid. penit.*; 2015. 17:33–4.
12. Shrivastava A, Johnston M, Terpstra K, Bureau Y. Cannabis and psychosis: Neurobiology. *Indian J Psychiatry*; 2014. 56:8–16.
13. Capuzzi, E., Caldiroli, A., Besana, F., Cova, F., Buoli, M., & Clerici, M. (2020). Factors associated with psychotic symptoms among a sample of male prisoners with substance use disorder: A cross-sectional study. *Journal of Substance Abuse Treatment*, 118, 108104.
14. Moskowitz A, Corstens D. Auditory Hallucinations: Psychotic Symptom or Dissociative Experience?. *Journal of Psychological Trauma*; 2007. 6:35–63.
15. Chan V. Schizophrenia and Psychosis: Diagnosis, Current Research Trends, and Model Treatment Approaches with Implications for Transitional Age Youth. *Child Adolesc Psychiatr Clin N Am*; 2017. 26(2):341–366.