

Olgu sunumu / Case report

A case who had deliberate self-harm by inserting needles to her body for 12 years

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ABSTRACT

Deliberate self-harm or self-injurious behaviors (SIB) defined as ‘the intentional, direct injuring of body tissue without suicidal intent’ in addition to this topic has generated mounting interest among mental health professionals, over the past years. Psychiatric disordered patients have the tendency to self-harm repeatedly. We report here, a case that was referred for SIB with deliberately inserted needles in her body, over the last 12 years. (Anatolian Journal of Psychiatry 2016; 17(Suppl.3):38-40)

Keywords: self-injurious behaviour, foreign body, stressful life events, impulsivity

On iki yıl boyunca iğne ile kendine zarar veren bir olgu

ÖZ

İntihar niyeti olmadan kasıtlı olarak kendi vücuduna doğrudan zarar verme olarak tanımlanan “kasıtlı olarak kendine zarar verme veya kendini yaralama davranışı”, son yıllarda ruh sağlığı profesyonelleri arasında giderek daha çok ilgi çekmektedir. Psikiyatrik bozukluğu olan hastaların tekrarlayan biçimde kendine zarar verme eğilimleri vardır. Biz burada yaklaşık 12 yıldır, kasıtlı olarak kendi vücuduna iğne yerleştirerek, kendini yaralama davranışı olan bir olguyu sunuyoruz. (Anadolu Psikiyatri Derg 2016; 17(Ek.3):38-40)

Anahtar sözcükler: Kendini yaralama davranışı, yabancı cisim, olumsuz yaşam olayları, dürtüsellik

CASE

The 28-years old female was brought to psychiatry outpatient clinic by her parents for recurrent deliberate self-harm, especially by the sharp objects including the sewing needle, toothpick, and injector needle. She had a mother who suffered from recurrent depressive illness, a schizophrenic father and a brother who death by committed suicide, for about 12 years ago. Although, results of the numerous detailed psychiatric interviews, we could not find any information about to family history of patient in terms of the self injurious behavior. According to her mother, she was brought up carefully with no serious problems, until the death of her brother. Firstly,

she injured herself at the region of neck with a sewing needle, also several self-inflicted body injuries followed. On examination, the head of the needle was palpable under the skin. A foreign body, which appeared to be similar to a needle, was found in the lower limb which embedded in the soft tissues, on lateral plain x-ray (Figure 1). Also, the surgical scar was detected on the right neck area, due to an operated thyroid granuloma which was self-embedding of the sewing needle (Figure 2).

On psychiatric examination, she was retarded and depressed. She appears to be restless, suspicious takes a long time to answer questions and her voice is soft. She is able to perform

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Figures of self-injurious behavior in our patient



Figure 1



Figure 2

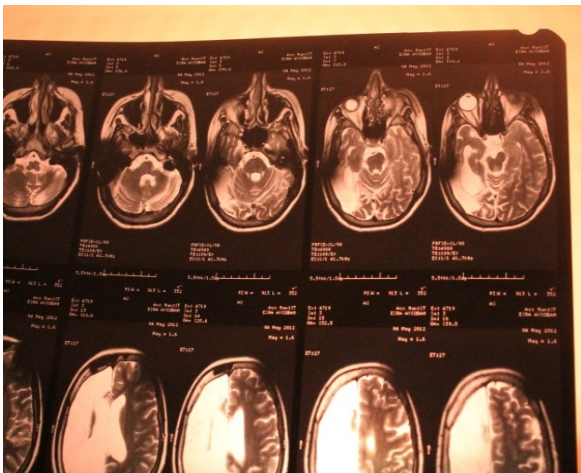


Figure 3a

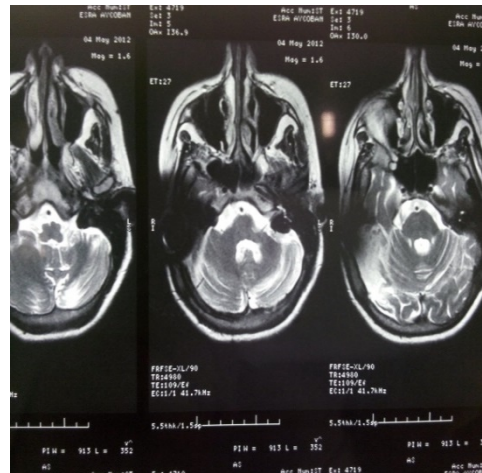


Figure 3b

simple arithmetical calculations. She had feelings of hopelessness, poor insight and lack of self-esteem. But, she had no delusions or hallucinations on evaluation. On attempting to get a history, she becomes more undesirous, in particular when talking about her scars.

The MRI (magnetic resonance imaging) of the brain and electroencephalogram (EEG) were performed, on the recommendation of neurologists. EEG revealed slowing but no seizure activity. MRI revealed the presence of a needle for about 2 cm in length, as well as metal artifacts

at the edge of cerebellum with the regional encephalomalacia of cerebrum (Figure 3a, 3b). In our case intracranial needles were found to be an incidental finding during evaluation of a patient for mood disorder. So far, we do not know the placement form or exact time of needle insertion. Given the result of all findings were consistent with 'major depressive disorder comorbid impulse control disorder'.

She was treated with carbamazepine in a dosage of up to 800 mg/day upon the advice of neurologists, additionally she was treated with

risperidone up to 4 mg/day and clonazepam up to 4 mg/day for the severe anxiety with aggressive behaviors, over a period of 6 weeks. Any side effects weren't noticed. On the 6th weeks of outpatient, she was still manifested many symptoms of aggressive behavior. Treatment with clonazepam was discontinued and replaced with paroxetine 20 mg/day (a selective serotonin reuptake inhibitor). Although, present therapy did not elicit considerable relief to her symptoms. Whereupon, valproic acid 1500 mg/day addition to carbamazepine were administered in order to reduce for aggressive behavior. The cognitive behavioral therapy (CBT) was added, for the cognitive restructuring. She was seen in follow-up every 4 weeks, in all 6-session CBT. At the end of 12th weeks, she showed remarkable improvement. After then, risperidone treatment which effective in reducing impulsive aggression of patient was stopped to gradually. Finally, she did not exhibit self-destructive behavior, over a follow-up period of 11 months. Our patient is still using the same medical treatment.

DISCUSSION

Many studies have indicated that low levels of serotonin or high levels of dopamine are associated with self-injury.¹⁻³ Self-injurious behavior can be a symptom of several psychiatric disorders, such as personality disorders, bipolar disorder, major depression, childhood abuse by witnessing violence, substance abuse, psy-

choses and impulse control disorder.^{3,4} Consistent with our results, numerous parents often report the child's self-injury is a result of frustration⁴ as well as childhood abuse can be seen 62% of the subjects.⁵ It is generally acknowledged by numerous researchers, presence of tendencies about to pathology of biological or behavioral structure elevates the probability of self-injurious behaviors, as well as deliberate self-injurious behavior may have associated with more symptoms and greater seriousness of psychopathology among this persons.¹⁻³

Consequently, our findings have important from several perspectives. Firstly, to the best of our knowledge this case is the first one in the literature, with the needle in brain remaining for long years whereupon it's known to have SIBs without knowledge by herself and her family. Secondly, most remarkable is the absence of adverse effects or neurological symptoms despite the presence of a metallic foreign body in her brain for over 12 years. It should be remembered, self-injurious behavior can usually be controlled in most situations. On the other important point, as in present case report, CBT could be allows most of patients understand and manage to their self-injurious behaviors and thoughts. A multi-disciplinary approach is needed for a successful treatment outcome and follow-up in these patients. Of course, further investigation of this issue is required.

Consent, informed consent was obtained from the patient with her parents for publication of this 'case report and any accompanying images'.

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