Indian Journal of Surgery
https://doi.org/10.1007/s12262-024-04066-1

CASE REPORT

Beyond the Norm: Prompting Extreme Measures for Acute Urinary Retention (Klingsor-Like Syndrome)

Dinesh Kumar[1] · **Md Sahil Reza**[1] · **Utpal De**[1]

Received: 9 February 2024 / Accepted: 24 March 2024

Abstract

We present a rare instance of an elderly male self-amputating his penis due to acute urinary retention from benign prostatic hyperplasia. While cases of genital self-amputation are documented globally, there is scarcity of such reports in Indian literature, with most resembling "Classical Klingsor" syndrome seen in psychiatric cases. Our case stands out as the first reported instance linked to a common cause prevalent in elderly males. Surgeons should be vigilant about this possibility and promptly address isolated elderly patients to mitigate such occurrences.

Keywords Amputation · Penis · Psychiatric illness · Penile reconstruction

Case Report

An octogenarian male patient was transferred to the emergency department from a district hospital due to a self-inflicted penile injury he sustained two days prior. He had a history of benign prostatic hyperplasia and experienced acute urinary retention. Enduring severe pain and discomfort, he attempted to alleviate his symptoms by cutting his penis with a blade. He was found in a severely bleeding state and was brought to a nearby hospital where he received blood transfusion and wound dressing before being referred to our facility for further care. The patient also had a medical history of COPD, hypertension, ischemic heart disease, and benign prostatic hyperplasia, with no reported psychiatric illness. Upon admission, he was conscious and co-operative, with pulse rate of 96 per minute and blood pressure 110/70 mm Hg. Examination revealed a significant cut injury to the penile shaft, with both erectile tissues divided, and a catheter inserted through the injured urethra. Bleeding was observed from the proximal part of the penis, while the distal part showed signs of gangrene. After careful assessment and considering the patient's age and the extent of tissue damage, a decision was made to perform a partial amputation of the penis under spinal anesthesia. The patient underwent the procedure successfully (Fig. 1), with subsequent uneventful recovery and discharge on the tenth day post-surgery, with a catheter in place. A pre-discharge psychiatric review was conducted, during which the psychiatrist counselled the patient but did not prescribe any medications. Follow-up care was recommended at the urology outpatient department for on-going management of benign prostatic hyperplasia. The patient is currently on Alpha 1 blocker.

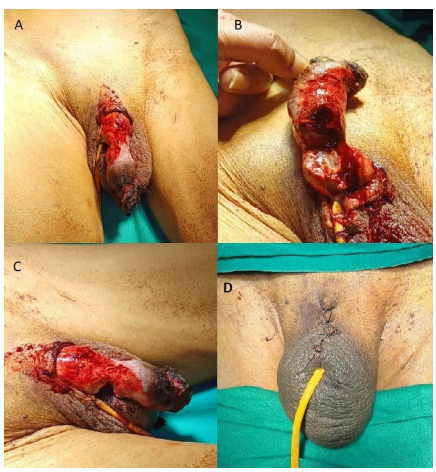

Fig. 1 **A**, **B**, **C** Mutilated penis—dorsal, ventral, and lateral views respectively showing near total transection of corpora cavernosa and complete transection of urethra

✉ Utpal De
utpalde9@gmail.com

[1] Department of General Surgery, NRS Medical College and Hospital, Kolkata, India

Published online: 03 April 2024

Table 1 Indian literature on "Klingsor" syndrome

Serial No	Author	Journal	Year	PMID
1	Master V, Santucci R	Urology	2003	14,665,370
2	Mukherjee S, Sinha RK, Ghosh N, Karmakar D	Ghana Med J	2012	23,661,844
3	Khan MK, Usmani MA, Hanif SA	J Forensic Leg Med	2012	22,847,056
4	Gyan S, Sushma S, Maneesh S, Rajesh S, Misra M	Indian J Urol	2013	21,116,370
5	Mukherjee S, Sinha RK, Ghosh N, Karmakar D	BMJ Case Rep. 2015	2015	26,055,582
6	Aggarwal G, Adhikary SD	Ulus Travma Acil Cerrahi Derg	2017	29,052,831
7	Mattoo SK, Niraula A, Somani A	Asian J Psychiatr	2018	29,414,385
8	De M, Dawar R	Ghana Med J	2022	35,919,783

Discussion

Self-inflicted injuries to the penis, a unique urological emergency, are categorized as phallicide for cases involving suicidal intent and "Klingsor syndrome" for those without suicidal intentions. [1] These conditions often affect young male individuals suffering from schizophrenia, transvestism, or religious and cultural conflicts. [2] The first recorded case dates back to Strock in 1901 [3].

The classic "Klingsor syndrome" is associated with self-mutilation of the genitalia driven by religious delusions. [1, 2] It draws its name from "Klingsor," a fictional character in Wagner's opera. [2] This concept expanded to encompass various factors, including the absence of a positive male role model during early development, overly controlling mothers fostering masochistic tendencies, pathological feminine traits in male children, rejection of body image, unresolved sexual conflicts, and feelings of anxiety, guilt, and the need for atonement. [4]

Similar patterns have been observed in patients with penile carcinoma, following surgery such as transurethral resection of posterior urethral valves in children, TURP in males and as a consequence of trauma. [5] The time elapsed from the incident to surgical intervention significantly influences the treatment approach. The preferred method involves microvascular replantation aimed at restoring a fully functional, erect penis without tissue loss. [6] However, non-microsurgical techniques have also shown favorable postoperative outcomes. Additional factors for successful outcome include viability of the amputated tissue, the condition of the recipient site, and the state of the remaining penile stump at the time of presentation. [6] Limited Indian literature on this subject (Table 1) highlights the uniqueness of our case, which is the first reported instance involving a patient with benign prostatic hyperplasia.

Author Contribution Conceptualization: Utpal.
Data collection: Dinesh, Sahil, Reyaz.
Writing: Utpal.
Review and editing: Dinesh, Sahil, Reyaz, Utpal.
All authors read and approved the final manuscript.

Data Availability All data pertaining to the patient are stored with the author and would be made available when required.

Declarations

Financial Interests The authors declare they have no financial interests.

Conflict of Interest The authors declare no competing interests.

References

1. Jezior JR, Brady JD, Schlossberg SM (2001) Management of penile amputation injuries. World J Surg 25:1602–1609
2. Blacker KH, Wong N (1963) Four cases of autocastration. Arch Gen Psychiatry 8:169–176
3. Eke N (2000) Genital self-mutilation: there is no method in this madness. BJU Int 85:295–298
4. Ozan E, Deveci E, Oral M, Yazici E, Kirpinar I (2010) Male genital self-mutilation as a psychotic solution. Isr J Psychiatry Relat Sci 47:297–303
5. Bhargava SC, Sethi S, Vohra AK (2001) Klingsor syndrome: a case report. Indian J Psychiatry 43:349–350
6. Ozturk A, Kilinc M, Guven S, Gormus N, Belviranli M, Kaynar M et al (2009) Penis replantation after self-mutilation. Int Urol Nephrol 41:109–111