



An Unusual Case of Self Mutilation Ocular Injury by Scissor in a Young Adolescent Girl: Case Report

Case Report

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Shweta G*

Swami Dayanand Hospital, India

*Corresponding author: Shweta Gaur, Swami Dayanand Hospital, 131-B, pocket F, GTB Enclave Delhi-110093, India, Tel: 9999407529; E-mail: shwetagaur2008@gmail.com

Abstract

Self-injury is a complex behavior and symptom that results from a variety of factors. Adolescents who have difficulty talking about their feelings may show their emotional tension, physical discomfort, pain and low self-esteem with self-injurious behaviors. Here we report a case of self mutilation ocular injury in a young adolescent girl by scissor suffering from complex partial seizures with psycho non epileptic seizures.

Keywords: Self –inflicted; Ocular injury; Adolescent; Enucleation; Fluctuating consciousness

Introduction

Self-mutilation the deliberate destruction or alteration of body tissue without conscious suicidal intent occurs in a variety of psychiatric disorders [1]. Major self-mutilation includes eye enucleation, limb and genital injury. Minor self-mutilation includes self-cutting and self-biting. Self-mutilators usually have a motive. For some the goal is the internal relief of tension while for others the goal is external with an obvious secondary gain. Many mechanisms have been cited for self-inflicted eye injury including use of the fingers in self-enucleation, blunt and sharp instruments such as pens, knives and scissors [2].

Case Report

We report a case of female 14 year old suffering from complex partial seizures with psycho non epileptic seizures. Patient was alright 3 days back then she developed pain with redness in lower lid of her right eye. It was very painful. She took some local medication. But she did not get relieved. Then after two days she tried to cut it by scissor but was unsuccessful. But she told us that after doing that she got completely relieved. There is also history of attempt to cut her for-arm with knife one year back. There was no recent history of seizures, high-grade fever, head injury or fluctuating

consciousness suggestive of delirium. There was no stress at home.

On examination she was alert and her vital signs were stable. There was no neck stiffness. Her systemic examinations were unremarkable. She was oriented to time, place and person. She was attentive with ill-sustained concentration with delusional belief and impaired judgment. Psychiatric examination confirmed her as a patient of Complex Partial Seizure with Psycho non Epileptic Seizures.

On ocular examination she has visual acuity 20/20 in both eyes. There is two superficial cut marks in lower lid in right eye 2.5mm below the lash line associated with style. Size of one cut mark is 1.5 cm and other is 2.0cm associated with mild swelling. Both cut marks are semi lunar in shape and parallel to each other. Punctum not involved. Anterior segment is within normal limit. Pupil is round and reacting. Fundal red glow is present. Posterior segment is within normal limit. There is no injury to eyeball. She was given systemic antibiotic and diclofenac with serration peptidase for five days. Antibiotic ointment was given for application to wound site. Tetanus injection was given. After five days incision got healed and swelling is reduced. She is on tab carbazepam and clobazem. Then she referred back to psychiatry department for behavior therapy.



Figure 1: Image of right eye showing cut marks.



Figure 2: Image of both eyes.

Discussion

Self injury is a relatively common and pervasive yet often surreptitious phenomenon that may start in childhood and escalate in adolescence and young adulthood. Repeated self harm is linked to eventual suicide. Hawton, et al. found that Adolescent girls seem more vulnerable to this behavior than adolescent boys [3]. Key components of self injury behavior are negative emotion and saturnine self-derogation. Ross & Heath, et al. found higher rates of self injury among girls compared with boys.

Rudolph & Conley, et al. found specifically girls with lower quality peer communication were likely to engage in Non Suicidal Self Injury for social reinforcement when experiencing higher levels of peer victimization [4,5]. Self-injury can be prevented by timely

interventions it almost always occurs during florid psychosis [6].

One must rule out all possible organic causes before making the diagnosis of self-injury. Once concluded however prompt intervention by a multi-pronged approach of co-operation between doctors can help the patient. Psychiatric evaluation allows for diagnostic evaluation understanding of the drives and psychoses that have driven the patient to such extreme actions and the instigation of immediate treatment.

Conclusion

The main aim of this report to increase awareness, interaction, socialization and attention among adolescent. So that we can prevent timely self inflicted injuries in adolescent female.

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