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Case Report
Successful penile replantation following autoamputation: twice!

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Report on a psychiatric patient who performed self-emasculation twice in an interval of 10 y. The penis was replanted microsurgically in both cases. At 1-y follow-up examinations he reported on restored erectile function. Under optimized therapy of his psychiatric disease, the patient appreciated the restored body image.

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Case report

In June 1989 a 27-y-old man with an acute paranoic schizophrenia cut his penis with a kitchen knife 1 cm distal from the mons pubis. Immediately after the self-mutilation the amputated penis was kept in a clean plastic bag by the patient's brother. The patient presented at our institution 2 h later. We found a clear cut through all penile structures without major lacerations. There were diffuse bleedings from the cavernosal bodies and an arterial and venous bleeding from the dorsal vessels. Immediately a replantation of the amputated penis was attempted: we reanastomosed the urethra and the cavernosal bodies first. Then the dorsal penile artery was exposed, a coagulum was extracted and a microsurgical end-to-end anastomosis was performed. Immediately the penile glans showed a sufficient perfusion. As a last step the skin was readapted. A transurethral catheter was inserted for 21 days. Within the first 2 post-operative weeks the patient developed a mummification of the tip of the glans that had to be resected. More than 80% of the glans remained intact. Parts of the penile skin also became necrotic and had to be replaced by a mesh-graft. One-year later the patient reported on a regained erectile function. He appreciated his intact body image. Until November 1999 the patient was stable under medication and psychotherapy. Then he himself stopped the intake of the medication. Two weeks later he again cut his penis with a kitchen knife in a state of acute paranoia. Within 3 h the patient was presented at our institution. The cut was performed directly at the mons pubis, 1 cm proximal to the first cut (Figure 1). Immediately a replantation was performed: reanastomosis of the urethra and the cavernosal bodies was performed first, then the dorsal penile artery was exposed and a microsurgical end-to-end anastomosis was performed. Again the penile glans showed a perfect perfusion. A catheter was inserted. The skin was readapted but became completely necrotic within 5 days. Therefore the complete penile skin was resected. One week later granulation tissue had developed and a mesh-graft transplantation of skin taken from the forearm was performed.

Wound healing occurred without further problems. Six months later the patient again reported on normal erections.

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Discussion

Self-mutilations of the external genitals in psychiatric patients are also known as Klingsor syndrome.[1] These patients show a high tendency to repeating self-aggressive actions, especially when their pharmacotherapy is discontinued.[2,3] The literature shows at least 23 cases of penile autoamputation with successful microsurgical replantation since 1970. In many of these cases a restored erectile function and sensibility of the glans is stated within 1 y following the replantation.[4] To our knowledge this is not only the first reported case on a patient who performed self-emasculation twice but also the first report on two successful penile replantations in one patient. Stepwise complete self-emasculation and self-castration has been reported.[5] At least five

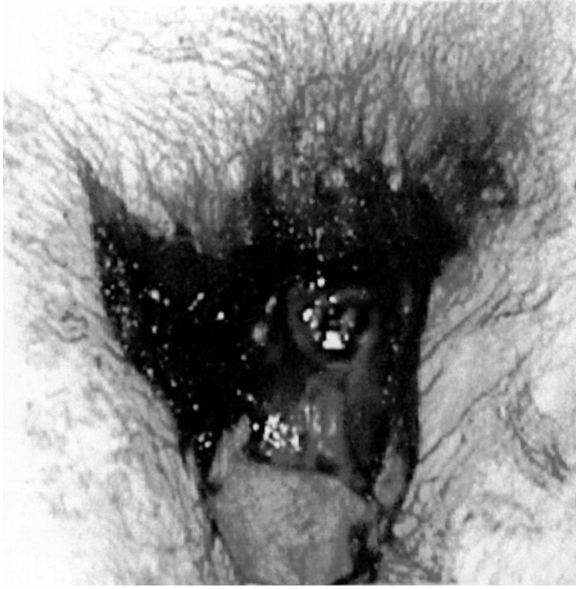

Figure 1 Clinical presentation at the time of the second admission after autoamputation of the penis: the penis is cut directly at the mons pubis. Avulsion of a smaller part of the scrotal skin.

cases of complete self-amputation of the external genitals[6] and one case of autophagia of the amputated penis[7] have been published. At least four patients with self-amputation died from hemorrhage.[8] In patients with self-emasculation it is sometimes difficult to answer the question, if it was a failed suicide or a successful male self-amputation.[9] As our case shows, auto-aggressive actions can be prevented by adequate psychopharmacotherapy. In the early postoperative course there remains an increased risk of self-mutilation of the replanted penis until the optimized therapy has been found. Harris *et al*, recommended the use of a subcutaneous tunnel created in the suprapubic area following the replantation of an amputated penis to protect the penis from reinjury.[10]

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