



## A Rare Case of Self-Inflicted Deep Penile Laceration in a Young Male Without Psychiatric History

Ahmed H\*

Department of Urology, St. Anna University Hospital, Varna, Bulgaria

### Abstract

Self-inflicted genital injuries are rare clinical presentations and are most commonly associated with underlying psychiatric disorders, substance abuse, or severe emotional distress. We report a rare case of a young male who presented with a deep self-inflicted penile laceration in the absence of any documented psychiatric history. The patient arrived at the emergency department with significant bleeding and a full-thickness laceration involving the penile shaft. Immediate surgical evaluation was performed, followed by prompt operative management including wound exploration, hemostasis, and layered reconstruction of the penile tissues. Postoperative recovery was uneventful, with preservation of urinary and erectile function. Psychiatric consultation revealed no evidence of psychosis, mood disorder, or suicidal ideation. This case highlights the importance of rapid surgical intervention, careful functional reconstruction, and multidisciplinary assessment in managing unusual genital injuries. Additionally, it emphasizes that severe self-inflicted genital trauma may occur even in individuals without a prior psychiatric diagnosis, underscoring the need for individualized clinical evaluation and follow-up.

**Keywords:** Urology; Psychiatric; Genital injuries

### Introduction

Penile self-mutilation or self-inflicted injuries are rare, with most cases linked to psychiatric disorders, psychosis, or sexual paraphilias. However, isolated cases without underlying psychiatric illness have been described. These injuries vary from superficial cuts to complete amputation and require immediate surgical attention to prevent functional and cosmetic complications.

### Case Presentation

A 55-year-old male presented to the emergency department after sustaining a self-inflicted penile laceration at home with a razor blade. The patient reported that the act was driven by sexual frustration due to lack of sexual activity for five years. He denied any suicidal intent, hallucinations, or psychiatric disorders. Clinical examination revealed a deep transverse laceration of the glans penis extending to the urethral meatus, with partial disruption of the corpus spongiosum (Figure 1) (Figure 2).

Under spinal anesthesia, the wound was carefully irrigated and debrided. The urethral mucosa was identified and repaired using 5-0 absorbable sutures in a non-continuous fashion, followed by meticulous reconstruction of the glans (glanuloplasty) and meatoplasty to restore the meatus [1]. Hemostasis was achieved, and a urethral catheter was placed for urinary drainage [2] (Figure 3).

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#### \*Correspondence:

Ahmed H, Department of Urology,  
St. Anna University Hospital, Varna,  
Bulgaria,

E-mail: [hasanozkan97@gmail.com](mailto:hasanozkan97@gmail.com)

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**Figure 1:** Deep transverse laceration of the glans penis.



**Figure 2:** Deep transverse laceration of the glans penis extending to urethral meatus.



**Figure 5:** >25 days follow-up.



**Figure 3:** Sutures of glans penis with 5-0 absorbable sutures, noncontinuous.



**Figure 4:** Postoperative recovery.

Postoperative recovery was uneventful. The catheter was removed on day 7, and the patient was able to void normally (Figure 4). At 1-month follow-up, the functional and cosmetic outcomes remained satisfactory without evidence of urethral stricture or infection [3] (Figure 5).

## Discussion

Penile self-inflicted injuries are usually described in association with severe mental disorders or autoerotic behaviors. However, in

rare instances, they may occur in psychologically stable individuals as a response to prolonged sexual deprivation or as a form of fetishistic behavior. Surgical repair requires an individualized approach, focusing on restoration of both function and cosmesis. Early intervention minimizes the risk of infection, meatal stenosis, and erectile dysfunction [4].

In this case, prompt surgical exploration and layered closure provided an excellent outcome. The integrity of the urethra must always be assessed, and meatoplasty should be considered to prevent postoperative stenosis.

## Conclusion

Self-inflicted penile injuries can occur even in the absence of psychiatric pathology. Proper surgical management, including glanuloplasty and meatoplasty when necessary, ensures restoration of urinary and sexual function with good aesthetic results.

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