

Mixed Type Masturbation : A Case Report

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Rarely epilepsy and masturbation may coexist. As mixed type masturbation, a clinical presentation requires two different treatments at the same time, it has been stated that while diagnosing, one should be attentive. In this article, a 4-year-old girl with mixed type of masturbation was presented and, diagnosis and treatment have been discussed. [Journal of Turgut Özal Medical Center 1997;4(3):306-307]

Key Words: Masturbation, epilepsy, mixed type

Karışık tip masturbasyon : bir olgu sunumu

Epilepsi ve masturbasyon birarada bulunabilir. Çok nadir görülen bu tip klinik tablolarda mikst tip masturbasyon tanısı söz konusudur ve aynı anda farklı iki tedavinin uygulanması gerekir. Çalışmamızda mikst tip masturbasyon tanısı konulan dört yaşındaki bir kız çocukta, konulan tanı ve uygulanan tedavi tartışılmıştır. [Turgut Özal Tıp Merkezi Dergisi 1997;4(3):306-307]

Anahtar Kelimeler: Masturbasyon, epilepsi, karışık tip

Masturbation refers to the self-stimulation of the genitalia, often to achieve an orgasm (1). The term masturbation is derived from the Latin words manus, meaning "hand", and stupratio, meaning "defilement" (2). It has been determined in the studies that approximately 90% to 94% of males and 50% to 60% of females masturbate at some point in their lives (3). Masturbation is practiced at all ages and has been observed in utero (4). It is most common at about 4 years of age and again in adolescence (2). In young children, masturbation may be a symptom of anxiety, similar to thumb-sucking, nail-biting, nose-picking or trichotillomania (5). Another opinion; about the age of 3 to 4 years, the child learns that stimulation of the genitalia will consistently provide a pleasurable sensation (2). Masturbation may then continue as a life long pleasurable experience unless the individual is otherwise distracted or the activity is suppressed.

Masturbation is rarely observed during an epileptic seizure (6).

CASE REPORT

A 4-year-old girl whose father and mother are teachers. They got divorced three years before her recourse. She has been living with her grandparents as her mother has been working in another city. When alone or with other people, she has been masturbating approximately five or six times a day. It has been pointed out by her hands meanwhile breathing very often, sweating, being stimulated when doing this activity and continuing the same activity as if she hadn't heard their warnings.

In her background: When she was two months old, partial seizures continuing a few seconds were

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reported. She had breast feeding for only 40 days and she was enurectic till six months before.

In psychiatric estimation: Cooperation with her can be achieved though being defensive time to time. During the examination hyperkinetic behaviors and onychophagia were observed. Anxiety symptoms were found. IQ level was estimated as normal. In EEG study in both temporoparietal regions bioelectrical disorganisation was reported. Cranial CT was estimated as normal.

For the first two weeks, treatment was conducted under out-patient supervision and carbamazepine was prescribed, building up to a dose of 150 mg b.d. In the control after two weeks, it was reported that she had stopped doing masturbation among the people but she had gone on masturbating in private and she had reduced this activity into one or two times a day. In addition to the present treatment 9 mg b.i.d. thioridazine has been given and behavioral therapy has been applied. In the examination after a month it was reported that she had completely recovered from her illness.

DISCUSSION

Masturbatory activity in infancy and early childhood may be manifested as epileptic seizure (7,8). However, masturbatory activity in infancy and early childhood may be manifested as an active stereotyped movement, stiffening of the body, and staring appearance, followed by exhaustion and sleep. This activity was mistakenly attributed to abdominal pain (9) or seizures (6) and pumped unnecessary diagnostic tests. Another important point that epilepsy and masturbation may coexist (10). As a matter of fact as in the case we reported, spontaneous, abrupt, involuntary masturbation generally done in the crowd have been seen as well as another type of masturbation done alone and quitted with warnings of grand parents. In epilepsy, the onset is generally abrupt, spontaneous and involuntary, whereas with masturbation, the onset is volitional (6). With epilepsy, the child is unconscious, whereas with masturbation, there is no alteration of consciousness (2,6). Masturbation may be a symptom of emotional deprivation and may develop subsequent to parental absence or divorce (11,12). In our case, parents were separated and the patient had emotional deprivation.

An abnormal EEG in association with recurrent attacks of staring and stiffness of the body in the patient generated the diagnosis of an epileptic disorder (6). In our case, EEG disorder has been reported. For those reasons, the case was assessed as mixed type masturbation (epilepsy+masturbation secondary to anxiety). EEG disorder, the applied treatment and result of the treatment confirm the diagnosis. Thioridazine that was given to the patient can be discussed. It has been administered for the anxiety of the patient. In a previous report conducted in a child psychiatry clinic, thioridazine has been said to be the most selected drug for such cases (13).

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