Self-inflicted Injury: An Attempt of Autoglossectomy!!!

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ABSTRACT

Teeth are considered as strongest, functional and unique organs of the body. In some situations, they act as injurious agents especially among the individuals with psychotic state. Oral self-mutilation is generally a diagnostic challenge for practitioners, since the incidence of oral self-mutilation in routine dental setups is uncommon. So, here we report a case of autoglossectomy in a 19-year-old male with behavioral problem.

Keywords: Self-mutilation, Splint, Psychogenic, Autoglossectomy.

INTRODUCTION

The face and mouth are special areas for a person, as face identifies one’s personality. The oral and circumoral tissues react to a variety of emotional/psychological status of an individual. Mental health problems are more prevalent and they could be substantial cause for morbidity and mortality among adolescents. Psychological problems may present with various features ranging from minor scratching, amputation of digits and limbs, to mutilation of oral tissues with gingival lesions even to the extent of autoglossectomy and autoextraction.

CASE REPORT

A 19-year-old male patient brought by mother to the Department of Oral Medicine and Maxillofacial Radiology, Darshan Dental College and Hospital, Udaipur, with a complaint of repeated injury to his tongue (Fig. 1). Patient was unable to communicate by himself because of poor speech. History revealed habitual biting of tongue 3 to 4 times a day from past 2 months and other self-injurious behavior in the form of picking the skin, banging the head since childhood, no medical consultation sought earlier and family history was insignificant.

On general examination the patient was of short stature, weighing 45 kg, uncoordinated movement, lack of attention, multiple scars at the extremities, otherwise cooperative with mild resistance.

Patient had a normal mouth opening with erosive lesions at the angle of mouth. He had full complement of permanent dentition with missing 31, 41 and 42 (Fig. 2), fractured 11 and 21 (Fig. 3). The dorsum of the tongue showed a loss of normal architecture with multiple lobules, deep cuts with ulceration. The anterior and posterior aspects of the lesion showed slough, depapillation was noticed on posterior part of the tongue with indentations on lateral borders (Fig. 4).

We came to the conclusion of self-inflicting injury due to psychotic illness and pronounced chronic atropic candidiasis at the angle of mouth.

Fig. 1: Patient with tongue lesion
Following differential diagnoses of the lesion were thought of Lesch-Nyhan syndrome, factitial (self) injury and mutilation for secondary gain.

The patient was treated with topical analgesic, antiseptic gel, followed by elimination of sharp edges of 11, 21 and soft splint for the upper arch. Further patient was referred to psychiatrist for psychological assessment and treatment. The soft splint was placed in an upper arch made of polyethylene of 1 mm thickness and instructed to wear throughout the day except while chewing food and during nights. After 15 days, the lesion showed signs toward healing. There was regression in the size of the ulcer and it was surrounded by fibrous scar after 2 months (Fig. 5).

Psychiatrist gave an impression of IQ: 23, mental age of 3.8 years of age and diagnosed as severe mental retardation with behavioral problem. Psychiatrist suggested the counseling of parents, behavior modification and training of patient. A posttreatment follow-up of the patient after 2 months showed moderate prognosis.

DISCUSSION

The mutilation of tissue is intentional infliction of bodily injury to oneself, without intent to die. Self-inflicted injuries are quite variable ranging from skin picking to a suicidal attempt among adolescents. Hawton K and James A (2005) state the prevalence could be ranging from 7 to 14% of adolescents at some time in their lifetime. Brian kirman (1987) quotes Oliver C et al (1985) that they identified 596 self-injuring behavior among mentally handicapped people. As such Altom RL et al (1989) state oral self-mutilation is probably more wide-spread than recognized and also reviewed that it associated with depressive disorders, schizophrenia and mental retardation. Oral mutilation is of two types as follows:

1. **Organic**: The person injures himself unknowingly, unintentionally and compulsively which includes hereditary diseases, such as genetic and biochemical or enzyme deficiency, such as Lesch-Nyhan syndrome, mental retardation with congenital toxoplasmosis, congenital indifference to pain, Tourette’s syndrome, multiple sclerosis and de Lange’s syndrome.

2. **Functional**: It is performed knowingly as a response to certain stimuli and may or may not serve a cognitive purpose. It has three subcategories as follows:
   a. Mutilation motivated by and sustained for secondary gains
   b. Factitial or neurotic self-excoriations
   c. Self-mutilation during a psychotic episode.
The self-inflicted injuries are usually due to profound emotional pain, they might release the feelings of self-hatred, anger, anxiety and provide a means of self-punishment or of taking control.\(^1\)

Oral manifestations have ranged from minor scratching of oral mucosa to horrific mutilations, such as autoextraction of teeth to a autoglossectomy as described by Paterson et al.\(^6\) Most commonly involves gingiva, oral mucosa/lips, depending upon cause and effect Stewart and Kernohan have putforth the criteria to diagnose gingival infliction. Tenzer (1970) reported two cases of traumatic autoglossectomy.\(^7\)

In the present case, a repeated attempts of autoglossectomy due to sharp margins of central incisors could have acted as traumatic injury of tongue tissue. The attempted autoglossectomy was mainly due to behavioral problem, which showed a moderate prognosis after dental and psychiatric intervention. The missing teeth noticed during intraoral examination could be because of congenital reasons, trauma, periodontitis or as a result of autoextraction, since there was no previous history of dental extraction.

**CONCLUSION**

Patients with history of inexplicable orofacial lesion might be because of self-injury behavior especially among mental retardation or individuals with behavioral problem, they require proper evaluation and management by the dentist and psychiatrist.

**ACKNOWLEDGMENTS**

We would like to thank, RNT Medical College, Udaipur, Rajasthan. Dr SK Sharma, Professor, Department of Psychiatry and Dr Prashanth Ramachandra, Senior Lecturer, Department of Oral Pathology and Microbiology, Dayananda Sagar College of Dental Sciences, Bengaluru, Karnataka, India.

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