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Case Report

Van Gogh Syndrome

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ABSTRACT

Self injury is the intentional and direct injury to self that include bite, burn, ulceration and head banging. These injuries are rarely fatal and are usually not suicidal in nature. This behavior is common among adolescents, psychiatric patients and in females. Bipolar disorder, drug abuse and metabolic syndromes like LeschNyhan and Munchausen's syndrome are often associated with this disorder. Repetitive self mutilation is termed the Van Gogh syndrome after the famous painter who cut off his ear and gave it to a prostitute. We describe two such cases of self mutilation in schizophrenic patients.

Keywords: bipolar disorder, psychiatry, self mutilation, Van Gogh syndrome

INTRODUCTION

Self injury is the intentional and direct injury to self that include bite, burn, ulceration and head banging. These injuries are rarely fatal and are usually not suicidal in nature. Extreme cases of genital mutilation, eye gorging, head drilling and other mutilation of the ear and tongue have also been reported.[1-4]In children 9-18 months self mutilation is a normal behavior in 10-15 % of cases and they are considered pathological above the age of three years.[5] This behavior is common among adolescents, psychiatric patients and in females. Bipolar disorder, drug abuse,Munchausen's syndrome and metabolic syndromes like LeschNyhanare often associated with this disorder.[6-7] Repetitive self mutilation is termed the Van Gogh syndrome after the famous painter who cut off his ear and gave it to a prostitute.[8] We describe two such cases of self mutilationin schizophrenic patients.

CASE REPORTS 1

A 35-year old malelaborerpresented in the emergency room with alleged history of self inflicted cut injuries over head, neck and dorsal part of right foot three days prior to presentation(Figure 1, 2). At the time of presentation, the patient was conscious with Glasgow Coma Scale (GCS) score of 15/15and vitals within normal limits. He was though irritable, but cooperative, shy, smiling and said that he injured himself with an axe over a dispute with his mother. He also had past history of repeatedly cutting himselfover different parts of the body with knives and blades.His personal history revealed he had been divorced, had three sons, presently living with his mother and has poor social relation with other neighbors.There was no history of mental illness in the family.Onlocal examination he had a lacerated wound on his scalp of 10X3 cm with infection and slough which was foul smelling,cut injury on his neck over an old scar of 4X2 cm and a cut injury on his right foot of 3X2 overan old healing wound (Figure 1). There was no active bleeding from any of the wounds.Psychiatric consultation was sought which revealed him to be suffering from bipolar disorder and he was started on antipsychotic medication. Local debridement was done and he is planned for secondary suturing of the wound with regular psychiatric follow up.Follow-up for the last three months is uneventful.

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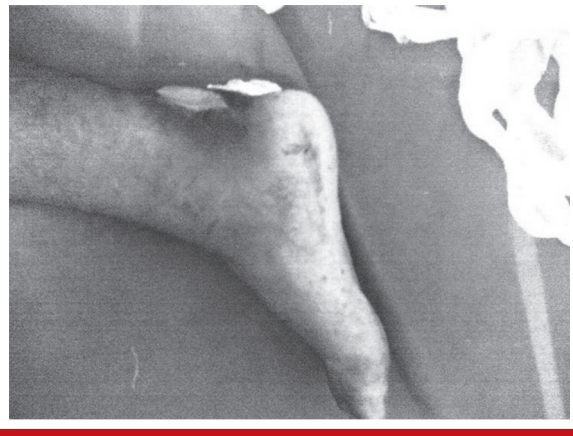

Figure 1. Cut injuries dorsal part of right foot.

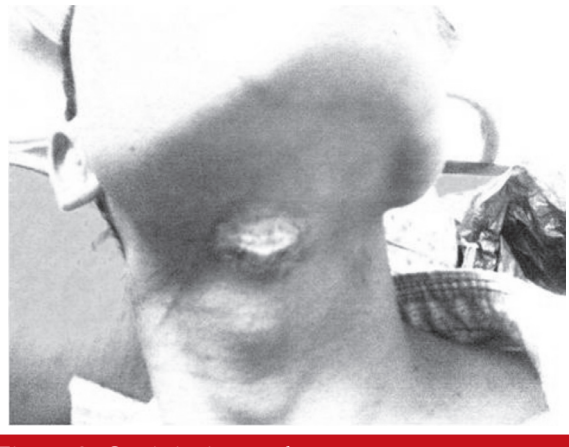

Figure 2. Cut injuries neck.

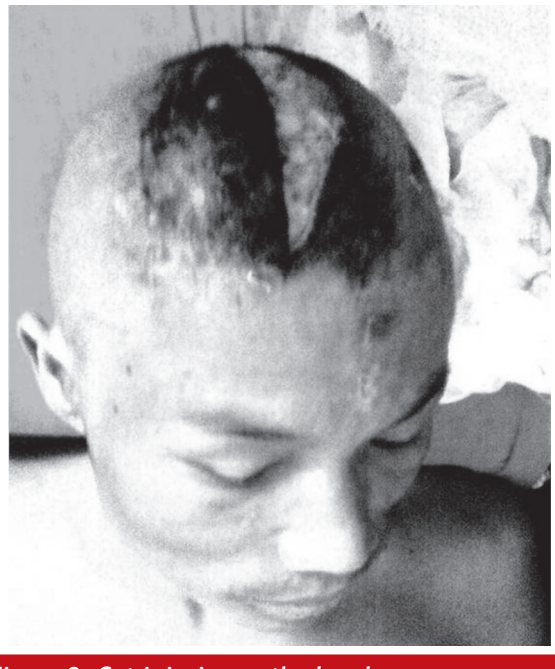

Figure 3. Cut injuries on the head.

CASE REPORTS 2

A 34-year old male presented to the emergency room with history of self inflicted injury to the head by a brick. He had history of similar self inflicted injury by rods and knives in the past (Figure 3). He was a diagnosed case of bipolar disorder on regular psychiatric medications for the last six months.There was no family history of psychiatric illness. On examination there was a 15X4 cm wound over the scalp with loss of tissue in the centre and active bleeding from the edges. The patient was conscious and cooperative with GCS score of 15/15. He seemed to be unaware of the injury and had no signs of anxiety or remorse. Immediate debridement and primary closure was done under general anesthesia with scalp flap undermining. Postoperatively he was continued on antipsychotic medication and antibiotics. Sutures were removed and he was discharged on the 10th day. Followup has been uneventful for the last four month.

None of these cases had history of childhood abuse or were suffering from any addictive behavior.

DISCUSSION

Self injury is the intentional and direct injury to self that may be minor like bites, burn, ulceration and head banging or may be extreme like bilateral oedipism, head drilling and mutilation of the ears, tongue and genital organs.[9] These injuries are rarely fatal and are usually non suicidal in nature.Self-mutilation is common in patients with borderline personality disorder and could be a method of coping with severe stress, anger or emotional anguish.[10]

High-impulsive is another behavior which has been associated with self mutilation. In a study of impulsivity in self-mutilators, suicide ideators and suicide attempters in 1265 males detained in Italian penitentiary institutions it was found that lifetime suicide ideation was found in 42%, attempted suicide in 13% and 17% were self-mutilators. Those patients with high-impulsive behavior were younger, drug abusers, single with prominent aggression and hostility. The classical syndrome associated with self mutilation is LeschNyan syndrome which is anX-linked recessive condition characterized bymental retardation, choreiformmovements, spasticity, hyperuricaemia, and self-injurious behaviour. The other syndrome is Delange where mental retardation is associated with self-injurious behaviour. Obsessive compulsive disorder with self-injurious behavior is a type of an ego alien state. This type of self mutilation is described underthe rubric of Impulse Control Disorder inDSM-IV.[11,12]

These two cases are the classical self mutilating behavior associated with bipolar disorder which is termed as the

Van Gogh syndrome, after VincentVan Gogh (1853-1890), the famous painter who, during one of hispsychotic episodes, cut off a portion of his ear.[8] The treatment of these cases involve the use of serotonergicagents such as fluoxetine, or clomipramineand narcotic antagonists like naltrexone, psychotherapy and behavioural treatment. Local management of the wound by antibiotics and debridement helps in speedy recovery.

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