

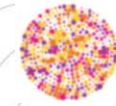
Sexual Masochism Disorder - Two colostomies too many

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Introduction

Paraphilic disorders are defined in DSM-V as persistent atypical sexual interests that cause personal distress to the individual regarding their interests or involves the psychological distress or injury of another individual¹. Paraphilic disorders are relevant in gynaecology and challenging to manage requiring complex and multidisciplinary care.

Case

A 47 year old female presented to the emergency department with heavy vaginal bleeding secondary to a self-inflicted penetrative wound to the vagina with a knife on the background of known paraphilia and sexual masochism disorder. She required a massive blood transfusion and underwent examination under anaesthesia and rigid sigmoidoscopy. She was found to have a vaginal wall laceration which was repaired in addition to an acute 5cm full thickness anterior rectal defect requiring a laparoscopic loop colostomy formation the following day. She had inpatient psychiatry review with no major comorbid mood disorder identified. Ongoing

complicated grief and bereavement psychotherapy was facilitated. She has presented to the emergency department 17 times over the course of 4 years, with 15 surgeries including examination under anaesthesia, vaginal wall repairs, one laparoscopy and a previous colostomy and reversal for rectovaginal fistula.

Discussion

Pathogenesis of paraphilic disorders is viewed in the context of development of sexual identity in childhood and is thought to be related to early childhood trauma which may affect psychosexual development, with atypical interests utilised as an unconscious defence against anxiety. The course of disease is often chronic and may be associated with comorbid disorders such as a mood disorder. They are divided into anomalous activity and anomalous target preferences and have several subcategories including sexual masochism disorder, fetishistic disorder and voyeuristic disorder among many others. Historically they have been difficult to define as sexual patterns and norms vary across time and different

cultural and geographical contexts thus making normal variation in sexual interests difficult to differentiate from disordered behaviour. Management comprises of psychotherapy². Medication can be useful with comorbid anxiety or depression, however psychotropic drugs and antiandrogens are mostly ineffective for paraphilia.² Education regarding the disorder is vital for gynaecologists to ensure opportunities for psychological engagement are not missed.

Contributors

Dr Dhusyanthy Kanagaretnam and Dr Araz Boghossian were equal and sole contributors

Conflict of interest

The authors have no conflict of interest to declare

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