

Case Report

Self gratification in Sudanese children: indisputable but implausible. Case Reports and Literature Review

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Abstract

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Self Gratification (SG) in children or Infantile masturbation, is a self genital stimulation to gratify one's self, it affects both sexes but more in males (90 – 94% versus 50 -60%). It occurs many times per week and lasts for several minutes. Onset ranges from 3 months to 5 years. Paediatricians are aware of the presence of the condition in infants and preadolescents, but are less aware of its display spectrum. Most episodes in children lack direct hand stimulation of genitalia and manifested as dystonic posturing of lower extremities, or rocking on floor or a chair, allowing pressure on genitalia / perineum, a fact that makes the diagnosis difficult to recognise. It has been mistaken for epilepsy, abdominal pain, and paroxysmal dystonia or dyskinesia, and children undergone unwarranted investigations and unwarranted treatment. Luckily, SG can be stopped by distraction and this is providing a potential diagnostic clue. Key management, is to reassure parents that this is a normal developmental behaviour, needs no specific treatment apart from distraction and elimination of the stressful cause if recognised. SG in children is present in our community but is unrecognised, and is being misdiagnosed. We report on 11 Sudanese children ranging 10 mo to 8 years old, with SG behaviour, and show the manifestation spectrum.

Key words: Self gratification in children, infantile masturbation, manifestation spectrum, misdiagnosis, unwarranted investigation, unwarranted treatment.

INTRODUCTION

Self gratification (SG) in children, also called Infantile Masturbation (IM), is a self genital stimulatory behaviour to gratify one's self, it affects children of both sexes but more in male children (90 – 94% versus 50 -60%) (Nechay et al., 2004). It occurs many times per week and lasts for several minutes 2 . Age at onset ranges from 3 months to 5 years (mean 12.5 months) (Fung and Wong, 2012), but can occur at any age, even in utero (Meizner, 1987). Worldwide, Paediatricians are aware of the presence of the condition in infants and preadolescents, but are less

aware of its display spectrum (Fleisher and Morrison, 1990). Most episodes in children lack direct hand stimulation of genitalia and manifests as dystonic posturing of lower extremities, or rocking on floor or a chair, allowing pressure on genitalia / perineum, and may associates with facial flushing and diaphoresis, grunting, or feeling of delightment, a fact that makes the diagnosis difficult to recognise (Fleisher and Morrison, 1990). It has been mistaken for epilepsy (Mink and Neil, 1995; Wulff et al., 1992) abdominal pain, and paroxysmal dystonia or dyskinesia

(Fung and Wong, 2012; Livingston et al., 1975; Couper and Huynh, 2002) and children undergone unwarranted investigations included blood analysis, metabolic screening, abdominal ultrasound scanning, GIT radiography, CSF analysis, brain scan, pyelography, and even Cystoscopy, vaginoscopy and proctoscopy under general anaesthesia 3, and unwarranted treatment with antiepileptics and antibiotics on several occasions (Meizner, 1987; Mink and Neil, 199; Livingston et al., 1975). luckily, unlike other paroxysmal episodes in children, SG can be stopped by distraction, and this is providing a potential diagnostic clue (Nechay et al., 2004). The key in counselling parents, is to reassure them that this is a normal developmental behaviour (Nechay et al., 2004; Fung and Wong, 2012) needs no specific treatment apart from distraction and elimination of the stressful cause if recognised. SG was not recognised in our society before, but, at present it is emerging significantly and constituting a major parental anxiety and is being unaware of by the paediatricians. To the best of my knowledge, there is no any published data on self gratification in Sudanese children. Eleven children were seen between 1st Jan. 2011 and 31st Dec. 2012, no one is diagnosed before. Those who had been seen, were treated with an antiepileptics or an antibiotics as epilepsy or UTI and abdominal pain respectively. This report is to explicit the condition, as, though it is significantly present in our community now, yet, is totally unaware of, and being misdiagnosed, by paediatricians as epilepsy, abdominal pain, urinary tract infection (UTI) and other paediatric medical problems.

Case Reports

11 cases (6 males-54.5 %) were seen at an outpatient paediatric clinic in Port Sudan/ Red Sea State / Sudan, between 1st Jan / 2011 – 31/ Dec/ 2012. All cases (except one) have had come with other medical problems and then, one or the other parent – mostly the mother – declared the concern and showed the anxiety on a (mysterious) behaviour of her /his child. Age range was 10 mo to 8 years. Mean age at onset of the condition was 38.9 month. The median age at onset was 3 yrs (range 10 mo to 6 yrs). The median age at presentation was 6 yrs (range 1 to 8 yrs). In one case, the home video (by mobile phone) allowed the definite diagnosis. In 9 out of 11 cases (81.8 %) there was a predisposing factor(s):

Parental aggression (1 child –9.1 %), feeling of boredom due to nuclear family living separate in their own house away from the large family, a previously uncommon in the Sudanese culture (3 children – 27.3%), working mother and presence of a house maid/ baby

sitter (2 children – 18.2%), event related to sleep in 2 (twins) boys (18.2%), and, family disharmony (1 child – 9.1%).

Manifestation

1. Direct genital manipulation in 3 of them (27.3%), the diagnosis of self gratification was clear where a 6 years cousins: boy scratching the genitalia of the girl with a stone with feeling of amusement in both, and another boy used to manipulate himself.

2. Intermittent dystonic posturing of the crossed legs while supine in 4 of them (all are females), with feeling of delightment or flushing and sweating. one of them (25%) misdiagnosed as epilepsy and received antiepileptic treatment for 2.5 years. Another one diagnosed as a UTI (25%) that was not confirmed by urine analysis, urine culture and renal system sonography, nor responded to treatment for many months. The remaining 2, (50%), did not seek medical advice before for this behaviour.

3/ Rocking in prone position with flushing of the face, when asleep or bored, (4 males, 36.4%). The parents here also did not seek medical advice before for this behaviour though they have had a major concern and anxiety for the (mysterious) behaviour long time before they declare it to the treating doctor (author).

DISCUSSION

SG in children is leaping in our society now due to many recently emerging factors like nuclear families, increasing numbers of working mothers, school / educational pressures on children, increasing stresses on the parents and the over demanding contemporary life. All these factors, contribute directly to family disharmony, pressures and stresses that reflect directly on children. The age at onset in Sudanese children is older than westerner ones¹, and males predominate, matching with what was reported (Fung and Wong, 2012). In Sudanese children, like what was reported in the literature, direct hand manipulation is not common and most of them gratify themselves either with rocking on their genitalia or by pressing on the perineum by crossing their legs tightly. Absence of reporting on Sudanese children reflects the unawareness of paediatricians (and parents) on the presence of this behaviour and its manifestation in children, and reflects the many misdiagnoses given to the affected children and the building parental concern and anxiety. Reporting on such cases will increase the awareness of paediatricians on such behaviour among children, and will avoid children unwarranted investigation and medication for a normal

developmental behaviour which can be precipitated by stress, and needs only distraction and reassurance of parents.

CONCLUSION

Self gratification in children is a rising concern in our society. So paediatricians should be aware of it. The new life styles of the small families and increasing stresses on both parents and children contributed to its leap. It should be considered in the differential diagnosis of epilepsy and other paroxysmal events in children. Video recording avoids the unnecessary investigations and cuts short the parental anxiety.

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Competing interest

None.

Abbreviations

I M: Infantile Masturbation
S G: Self Gratification
UTI: Urinary Tract Infection

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