Abstract:

Report of a rare occurrence of koro-like symptoms as a part of transient post-ictal schizophrenia-like psychosis in a Jordanian patient. The etiology is reviewed in relation to the literature.

Introduction:

Koro is a culture bound syndrome reported mainly from Southeast Asia(1), the dominant feature of which is the conviction of penile retraction coupled with an intense fear of inevitable death upon its disappearance into the abdomen.

The evidence suggests that the koro syndrome is liable to occur amongst individuals of various cultural backgrounds(7) in a wide variety of illnesses.

Case Report:

A 32-year-old married male presented with a one-week history of a sudden onset of transient acute schizophrenia-like psychosis with prominent first rank schneiderian symptoms and koro-like symptoms. He was known to have been a case of temporal lobe epilepsy for the previous ten years and was fairly well maintained on Tegretol 400 mg/day. He had been free of fits for a year and had stopped his medication himself one month prior to his psychotic episode which had been preceded by two epileptic fits three days before.

His birth and early development had been uneventful. He had a poor scholastic record, was of low socioeconomic status with primary infertility and had been retired from the army one year previously. There had been no similar episodes in the past and there was no family history of epilepsy or psychiatric illness.

His mental examination was dominated by delusions of persecution, reference, second and third person auditory hallucinations (i.e. calling him a homosexual), somatic hallucination and thought broadcasting in addition to the koro like symptom. He felt that his penis was going to be retracted inside his abdomen and he kept touching it at intervals to reassure himself that it was still in place. He had no fear of death and there were no prominent affective symptoms or clouding of consciousness.

Physical examination and investigations, including brain CT scan, revealed no abnormality apart from an abnormal EEG that showed an epileptic focus over the left temporal area.

He was treated with neuroleptic medication (Haloperidol 15 mg/day) and the anti-epileptic drug (Tegretol 400 mg/day) was resumed. Surprisingly he showed almost complete recovery within a week. Consequently a diagnosis of transient post-ictal psychosis was reached on the basis of the short duration, precipitation by fits, absence of confusion or an abnormal EEG. The neuroleptic medication was continued for four months to prevent any relapse and he was followed for one year without any recurrence of the symptoms.

Discussion:

A culture-bound syndrome is a collection of signs and symptoms restricted to a limited number of cultures primarily because of their psychosocial features(2). Koro is one of these syndromes and it has been observed mostly amongst the Chinese where it can occur in both epidemic (3,4) and sporadic forms. However there have been many reports of its occurrence in non-Chinese subjects(5-7) which dilute its primary identity as a culture bound syndrome.

The exact etiology is not known but generally it is considered as a psychogenic disorder resulting from interaction of cultural, social and psychodynamic factors. For example Yap(1) saw it as a part of a depersonalisation syndrome affecting the integrity of the body image due to dissociative mechanism, whereas Chowdhury considered it a body image disturbance reflecting deep-rooted conflicts in the sphere of masculinity and sexuality(8).

A number of Koro cases have been described in functional psychosis (affective disorders & schizophrenia)(9) as well as in various organic conditions. For example it has been associated...
with non-dominant temporo-parietal dysfunction\(^{10}\), tumor of the corpus callosum\(^{11}\) and genital pain\(^{12}\). This indicates that sporadic cases of koro are not merely psychogenic in origin but should be investigated medically to rule out physical illness. The non-culture-bound occurrences (as in this case) are usually characterized by the absence of the complete syndrome e.g. penile shrinkage and not always is there an associated fear of death.

**Conclusion:**

Koro appears to be a universal symptom complex in which psychogenic as well as organic causes are contributing factors in the genesis of the symptom. The exact etiology is not known and needs further study and research.

**References:**