

# Koro Like Syndrome with Genital Retraction Fear in Two Nepalese Men: A Case Series

Yojana Shakya<sup>1</sup>, Abdulla Nazim<sup>2</sup>, Devavrat Joshi<sup>3</sup>

1. Resident, Department of Psychiatry, NAMS, Bir Hospital, Kathmandu, Nepal
2. Junior Resident, Department of Psychiatry, NAMS, Bir Hospital, Kathmandu, Nepal
3. Associate Professor, Department of Psychiatry, NAMS, Bir Hospital, Kathmandu, Nepal

## Abstract

### INTRODUCTION

Koro is a culture bound syndrome exclusive to the South Chinese and Malay Archipelago, although similar cases have been reported outside its boundaries. The hallmark of the classic koro syndrome entails grave fear of penile shrinkage along with its disappearance into the abdomen by retracting inwards and inevitable death upon complete retraction. Absence of this triad of symptoms, or if the syndrome is encountered outside the geographical confines of South-East Asia or China, it is referred to as "koro-like" or "atypical koro". Here, we report two cases with features of Koro, who presented to the Lagankhel Mental Hospital OPD.

### KEYWORDS

Anxiety disorder; Culture bound syndrome; Genital retraction; Koro.

### \*Corresponding Author

Yojana Shakya

Senior Resident

Department of Psychiatry, NAMS, Bir Hospital, Kathmandu, Nepal

Email: yozanashakya@gmail.com

### INTRODUCTION

The term koro is thought to be derived from the Malay word "kura" which means "tortoise" which gives symbolic meaning, viz. the retraction of the penis is compared with the retraction of the head of the tortoise into its shell.<sup>1</sup> It is a culture-bound psychogenic illness characterized by fear of genital hyper-involution and imminent death that follows it. The condition is probably a result of complex interaction of cultural, social and psychodynamic factors in vulnerable personalities.<sup>2</sup>

Van Brero first defined this disorder as a peculiar manifestation of obsessional-compulsive illness. Subsequently, it has been classified under many categories, such as anxiety neurosis, conversion disorder, depersonalization disorder, atypical psychotic disorder and body-image disorder.<sup>3</sup>

The cultural specificity of the syndrome has also been questioned by several studies, whether the genital retraction is one of the many symptoms of anxiety rather than a specific symptom of the culture-bound koro syndrome.<sup>4</sup> Some authors consider anxiety as the primary disorder and consider the fear of genital retraction syndrome to be secondary. There are many other definitions of koro, which consider it as a form of atypical psychosis, atypical somato form disorder, panic disorder, sexual disorder not otherwise specified and conversion reaction'.<sup>5</sup>

In lieu with these arguments, we present two cases of koro-like syndrome diagnosed in the background of an anxiety disorder not otherwise specified. Both patients had never heard of this disorder, and thus we question the cultural specificity of the fears of genital retraction.

## CASE REPORTS

### Case One

Mr. X, a 39 years old married construction worker from Gorkha, who presented to Lagankhel Mental Hospital, with complaints of sudden onset of immense fear that his penis was contracting inward and will retract completely into abdomen, without any obvious reasons for its occurrence, due to which he had to rush to bathroom and keep pulling and holding his organ with associated palpitation, profuse sweating and hyperventilation till the episode lasted. Since then for the past month, he developed an odd belief that his penis was gradually shrinking and a fear that it was going to disappear completely. Since the onset of the symptoms, he has been socially withdrawn and has refrained from intimate relations with his wife due to shame and fear that she might leave him, which in turn lead her to believe that he was having an extra-marital affair. There was no history of local trauma or significant prior medical illnesses, or prior psychiatric illness, no history of dependence to any psychoactive substances. Psychosexual history revealed that he had frequent nocturnal emissions during his teenage and had no sexual contact prior to marriage but he did not have any misconceptions regarding normal sexual physiology. According to the informant, Mr. X is a quiet natured person, who doesn't express himself openly and has few friends. On general examination, his vitals were stable with normal findings in systemic examination and no gross abnormalities on local examination of genitals. Mental status examination revealed a tearful facial expression, avoidance of eye contact, low mood, a strong belief that his penis will shrink and disappear into his abdomen, and subsequent ruminations.

### CASE TWO

Mr. Y is a 38 years old married businessman from Nuwakot, was referred to Lagankhel Mental Hospital by a surgeon for evaluation as he constantly kept visiting the surgeon insisting for surgery of his genitals. According to Mr. Y, for the past year, he has been overly concerned about the shape and size of his penis when it was erect, even though there was no decline in his performance compared to before. Two weeks prior, while masturbating, he developed the sudden sensation and intense fear that his penis was being pulled into his abdomen, due to which he kept holding onto it until the sensation subsided. Since then, he started having frequent genital discomfort along with persistent fearfulness that his penis might retract into his abdomen. He has no history of trauma, significant past medical or psychiatric history or family history of psychiatric illness, or dependence to any psychoactive substances. Psychosexual history revealed that he masturbated frequently since teenage, had frequent sexual contact prior to marriage and had transient distress of losing excessive energy, as he felt extremely weak after every

emission and heard that it happens to people who masturbate frequently. According to the informant, Mr. Y was an outgoing person who had a boisterous nature, often being the center of attention with his friends. On general examination, his vitals were stable with no significant findings in systemic examination. Local examination of the genitals revealed no significant findings. Mental status examination revealed worried facial expression, anxious affect, preoccupation regarding how his penis appeared when erect and a strong belief that his penis was going to retract and disappear into his abdomen.

## DISCUSSION

Koro is characterized by three main manifestations: the belief that the penis is shrinking into abdomen, anxiety about its disappearance and fear of the resulting death.<sup>6</sup> Koro may be primary (in either sporadic/epidemic form), in which genital shrinking is the only presenting complaint, and secondary, in which the presentation is comorbid with another psychiatric disorder (anxiety disorder, schizophrenia, depression), diseases of the central nervous system such as brain tumors and epilepsy, chronic abuse of amphetamine, cannabis and alcohol.<sup>7</sup> The comorbidity of Koro with other psychiatric disorders including schizophrenia, depression, body dysmorphic disorder and depersonalization has also been reported.<sup>8</sup>

In most cases described in the literature, patients have experienced considerable stress and anxiety before developing the syndrome.<sup>9</sup> Both of our patients were experiencing many stressful situations in their lives that preceded the onset of symptoms (lack of close friends, introverted nature with inability to express oneself and low self-esteem in Case one, and inadequate knowledge and misconceptions about sexual matters and masturbation, pre occupation with perceived defect in appearance of genital organ prior to appearance of koro symptom and being involved in sexual promiscuity in Case two).

Compared to previously reported Koro symptoms, both of our patients had all features of Koro, except for the fear of death with an additional feature in the second case attributed to another culture-bound syndrome called "Dhat", which is characterized by excessive weakness associated with loss of seminal fluid. Loss of semen, as either a precious bodily fluid or a psychobiological marker of masculinity is a frequent attribution in koro patients as well. The syndrome, originally reported in India, is characterized by severe anxiety associated with semen-loss with fatigue, weakness, palpitation, and insomnia.<sup>7</sup> Similar features were also seen in another case from Nepal and Iran.<sup>9,5</sup> These cases were found to be a variant of Koro.

As compared to case one, case two was also concerned about the shape and size of his penis similar to that seen in case of body dysmorphic disorder. This disorder is characterized by preoccupation with a perceived defect in appearance leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning. But various features favoring koro, like the

acute onset and severity of the symptoms, patients being from south-east Asian culture, form of perceived defect and the systematization of the conflict around genital made us think about the possibility of Koro, similar to that seen in a koro case of young Indian female with features of BDD.<sup>1</sup>

Also the restrictive sexual morality which prevails in south east-Asian culture, seems to contribute to the patient's feelings of guilt and anxiety. Violation of societal sex norms (pre- or extramarital intercourse, sexual promiscuity) is regarded as morally and religiously sinful and punishable behavior even in Nepali culture. Case one had refrained from intimate relations with his wife due to shame and fear that she might leave him, which in turn lead her to believe that he was having an extra-marital affair. This had add-on effect to his anxiety level. Case two attributed some amount of his symptoms to his sexual deeds like excessive masturbation and sexual promiscuity before his marriage. This was similar to a case reported in Nepal.<sup>9</sup>

In both of our cases, fear of genital retraction was not culture-bound nor did it occur in the context of an epidemic. So, in both of our cases we ruled out any possibility of other psychiatric or medical disorder, other than anxiety disorder, on the basis of following features: 1. Intact orientation 2. Physical and neurological examinations and laboratory testing revealed no sign of medical or surgical disorder 3.

There were no bizarre thoughts or behaviors, except for their genital retraction fears 4. There were no perceptual disturbances 5. Judgment and insight were intact, 6. The most prevailing characteristic of their clinical pictures was a sudden and severe feeling of anxiety.

## CONCLUSION

Understanding the complexity of culture-bound syndromes like koro as expressions of distress requires comprehensive research, even though similar symptoms may be manifestations of other disorders like body dysmorphic disorder, anxiety disorders such as panic disorder, substance use disorders, psychotic disorders and occasionally neurological conditions. Further research in this area will help to integrate cultural and clinical knowledge and provide insights into issues of diagnostic universality and cultural specificity.

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Non

## CONFLICT OF INTEREST

None

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