

INFANTILE MASTURBATION - EXCLUSION OF SEVERE DIAGNOSIS DOES NOT EXCLUDE PARENTAL DISTRESS - CASE REPORT

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INTRODUCTION

Masturbation is a quite common human behavior which occurs in 90-94% of males and 50-60% of females at a certain point in their lives (Leung & Robson 1993). Masturbation behavior is easily recognizable and in classical form it should not be diagnostically problematic. However, in early childhood it is not often recognizable because there is no genital manipulation (Bradley 1985, Leung & Robson 1993). In such cases health professionals are less familiar with different kinds of manifestations of this behavior. Regarding these circumstances it is obvious that infantile masturbation could be the cause of diagnostic issues. We report a case where "diagnosis" is established but still there were etiological questions and a need for some kind of intervention because of parental distress.

CASE REPORT

A 14-months old girl was referred to outpatient psychiatric facility by her pediatrician. She came with both of her parents. Father was 32 years old, with faculty education and he was employed. Mother was 28 years old with same level of education but unemployed by her own choice. They belong to a wealthy family in a little town with highly conservative background. The girl was born nine months after her older sister. The pregnancy was unexpected and unwanted. Both deliveries were artificial by cesarean section. Both girls were breastfed for a short time, presented girl less than one month. Parents denied any history of mental disorders. However, mother did experience some psychological disturbance after her first delivery. According to her she was in "low mood" for few weeks, overwhelmed with fear that something bad will happen. Also, she had urges for continuous checking and monitoring of the baby. She did not look for professional help and those disturbances vanished over time.

Presented girl had muscular hypertonus and she was under the supervision and treatment by the pediatrician neurologist and specialists of physical medicine in the first four months of her life. After that she had period of development without any significant issues.

Actual disturbances started nine months after she was born. At that time she was noted to have episodes in which she would usually sit on the floor with legs crossed over and with rhythmic contraction and relaxation of thigh muscles. This was usually accompanied by pelvis rocking movements. The trunk was in tonic extension and supported on extended hands. The parents also noticed facial flushing, grimacing, superficial and accelerated breathing and diaphoresis. According to parents, during such "attacks" she was staring and they could not attract her attention. These episodes had frequency up to 8 times daily and duration of 5-6 minutes and would occur in any situation. After three months girl and her sisters got "chicken pox" and these "attacks" vanished in the next four weeks but then reappeared again. Because disturbances were paroxysmal with suspected alteration of consciousness, girl was referred to pediatrician neurologist. General pediatric and neurological exams, which included routine laboratory testing and EEG, were normal. Diagnosis of infantile masturbation was established and parents got explanation about benign nature of behavior which represents overemphasized form of normal development. After that point they had no contacts with health services but the parents, especially mother, stayed in a state of major psychological distress and fear of stigmatization. This resulted in "self help" measures where she would hold the girls' legs during the attacks. As a consequence, girl would usually start to cry every time when her mother approached her. At this point parents were advised to seek psychiatric help.

During the two initial visits girl did not experience any attack. At the beginning she was sitting in her father's lap but then she started to explore the room. The parents, especially her mother, were extremely anxious. They expressed feelings of shame and embarrassment. They reported equal or even higher level of distress than during neurological and somatic evaluation of the child. According to parents' description it seemed they were too anxious and disturbed during this event. That apparently inhibited them in real attempts of distraction. Digital home recording was conducted after some advice on how to attract the girl's attention. Three attacks were taped and

showed behavior which is described above. It was obvious that after following the advice parents were able to attract her attention.

The therapeutic plan was conceived on two levels. First was the behavioral modification of the child. This was done by distraction of attention during attacks. The point was not to create some unwanted conditioned behavior like clinging to parents, so random spectrum of distraction strategies (playing with, carrying, offering different toys) was used in the combination with simply ignoring this behavior. The second goal was to diminish her mother's level of anxiety. In establishing this goal we used video records of child's behavior and psycho-education to explain and show the non-threatening nature and origin of child's behavior. After six sessions (one per week) these attacks diminished to the acceptable level and after four months they totally disappeared.

DISCUSSION

This paper presents a case of infantile masturbation or gratification disorder, the condition that is known for almost hundred years (Still 1909). Although benign and simply overemphasized form of normal development (Leung & Robson 1993), it still raises some questions. The major issue is differential diagnosis because unrecognized gratification disorder could mimic many severe disorders like epilepsy, dystonia, abdominal pain, colic or other medical problems (Fleisher & Morrison 1990, Mink & Neil 1995, Deda et al. 2001, Bodensteiner & Sheth 2006). This could result in extensive diagnostic work-up including different expensive and often invasive procedures such as magnetic resonance imaging (MR), electroencephalography (EEG), intravenous pyelography and bowel biopsy (Nechay et al 2004, Yang et al. 2005). Some of the children were even pharmacologically treated mainly with antiepileptic drugs.

This case illustrates some diagnostic issues that fortunately were resolved in reasonable time and without excessive invasive work-up although there were certain laboratory evaluations. Regarding some etiological considerations this case might support the hypothesis that gratification disorder happens more often in children who are deprived in tactile sensory domain (McCray 1978). In favor of this statement is the fact presented girl was breastfed for a short period of time. Also, signs of infantile masturbation disappeared

during four weeks in which she suffered from "chicken pox". In that period she was more frequently in contact with her mother because of treatment with potassium permanganate baths and consequently more tactically stimulated.

CONCLUSION

The main point of this case is that even situations which are excluded from medical diagnoses and need no further intervention could be a source of significant distress. "Benign and simply overemphasized form of normal development" resulted in severe disarrangement in mother-child relation and had to be a target of therapeutic intervention in which we used cognitive-behavioral techniques and also some technical advantages of the modern era like digital visual recording.

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