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Gratification Disorder(Infantile Masturbation) in a 31 Month Old Male Child-A Case Report

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Abstract: *Gratification disorder in children or infantile masturbation is a self genital stimulation to gratify one's self affecting both sexes commonly male. Onset ranges from 3 months to 5 years and in adolescents. Most episode in children lake direct hand stimulation of genitalia and manifest as dystonic posturing of lower limbs or rocking on floor or a chair, allowing pressure on genitalia/perineum a fact that make a diagnosis difficult to recognize. It has been mistaken for epilepsy, abdominal colic and paroxysmal dystonia or dyskinesia and children undergo unwarranted investigations and unwarranted treatment. Pediatricians are aware of the presence of the condition in infants and preadolescents but less aware of its display pattern.Key management is to reassure parents that this is a normal developmental behavior, needs no specific treatment apart from distraction and elimination of the stressful cause if recognized.Here, we report a case of a 31 month old boy with gratification disorder because this sort of case is rarely diagnosed in the district level hospitals in Bangladesh.Reporting of this case is important to upgrade knowledge of pediatrician working in the rural areas regarding the diagnosis, counseling, management and appropriate referral.*

Key words: *Gratification disorder, Infantile masturbation*

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I. Introduction

The term masturbation is derived from the Latin words manus, meaning ''hand'' and stupratio, meaning ''defile-ment''. One presumes historically therefore that it was a practice thought to be unclean. It is accepted now that masturbation is a normal part of human sexual behaviour[1].Masturbation, or self-stimulation of the genitaliasaid to occur in 90–94% of males and 50–60% of females at some time in their lives[1]. The concept of childhood masturbation was recognizedasearlyas1909 byStill[2]. Masturbation typically begins at 2 months of age, although in utero masturbatory behavior has been reported also[2]. Incidence of this behavior typically peaks at 4 years of age and again in adolescence[2]. However, in early childhood it is not often recognizable because there is no genital manipulation (Bradley 1985, Leung & Robson 1993)[3].

Pediatricians are in general aware of the fact that infantile and pre-adolescent masturbatory activity occurs, but are perhaps less aware of the spectrum of different behavior patterns these children may display[1]. The etiology of childhood masturbation and its predisposing factors are still controversial and poorly understood. Childhood masturbation has been linked to emotional deprivation, which may, in turn, lead to more self-stimulation[4]. Perineal discomfort such as that caused by vulvovaginitis, urinary tract infections, or dermatitis may exacerbate the behavior but may also be the result of the behavior[4]. In these patients, a thorough genital examination should be performed, and in the case of need medical therapy should be performed[4].

Masturbatory behavior has been mistaken for epilepsy, abdominal pain, and paroxysmal dystonia or dyskinesia[1,5]. Case reports have also highlighted that these children have many unwarranted investigations: blood analyses, metabolic screening, abdomen ultrasound screening, gastrointestinal radiography, cerebrospinal fluid examination, skull x-ray examination, brain scan, pyelography, and cystoscopy-vaginoscopy-proctoscopy under general anaesthesia[1,5]. Treatment with antiepileptic medications has been given on several occasions[1,5].

II. Case Report

Mahdi a 31 month old healthy male child only issue of his parents came to the pediatrics outpatient department of 250 Bedded District Hospital, Moulvibazar, Sylhet with his mother and maternal aunt with the complaints of some sort of abnormal behavior and body movement for last 2 months. On query mother mentioned with a feeling of anxiety and shame that her son used to rub his genitalia only during micturition 2 months back. His mother ignored considering it to be a childish behavior. His mother further noticed the same pattern of behavior every time during micturition which provoked erection of penis. Over time, it increased in frequency and for the last two months it happened not only during micturition but also any other time the boy remains alone. His father who lived in abroad followed this stereotyped behavior after coming home on vacation and compelled his mother to contact pediatrician to get relief of their anxiety and to avoid social embarrassment. For the last one month his parents noticed that their son used to lie on bed in prone position, rubbed on the bed with forward-backward and side to side body movement while keeping the leg tightly adhered with bed in scissoring posture. Initially this happened while he remained alone but now a days in front of anybody, 3-4 times a day. Each episode persisted for 5 to 10 minutes if not interrupted by anyone. The episode could be terminated by making loud sound, calling him by name or holding him. Parents were requested to take video clips of the episode to overcome the wrong descriptive terminology for the postural features. There was no history of disharmony between parents, stress or emotional deprivation and sexual abuse. He belonged to a nuclear family. His psychosocial development and intelligence were normal. He was not suffering from any organic illness so far evaluated by history and clinical examination. No investigation was done. Diagnosis was made upon the history and the video clips(not uploaded due to lack of parental consent). Parents were counseled regarding the benign nature of the problem and advised behavioral therapy. The child was referred to the pediatric psychiatrist for further management and follow up.

III. Discussion

Similar physiological changes that occur during masturbation in adults are also noticed in children. In a study of normal sexual behavior in children, sexual behavior that appeared most frequently included self-stimulating behavior and peaked at 5 years of age for both boys and girls, dropping off over the next 7 years[6]. A study in Sudan[7] revealed that 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. In this case report similar behavioral pattern was noticed at the age of 31 months along with genital manipulation.

Misdiagnosis seems to be more likely when direct stimulation of genitalia with the hands is absent[1]. Gratification disorder could be wrongly diagnosed as epilepsy, nonepileptic paroxysmal movement disorder, or even gastrointestinal disorder like gastroesophageal reflux disease[8]. Nechay et al[1] in their review of 31 cases of masturbatory behavior in children found that majority of the patients were initially misdiagnosed with seizure disorder; while Fleisher and Morrison[9] in their case series, reported movement disorder as the commonest initial diagnosis. Careful interrogation appears to be one of the keys to diagnosis. One of the most important symptoms is that the child may be stopped during gratification if distracted and also shows anger and annoyance when interrupted[1]. Video recording of events has been documented to be of most help in understanding the nature of the episodes[1]. Our index case was initially diagnosed based on history, pattern of behavior observed in video clipping.

IV. Conclusion

Once the diagnosis of gratification disorder is made, history related to the sexual abuse, family bondage, family pattern, psychosocial and emotional deprivation, childhood stress related issues must be carefully evaluated. Normal physical and neurologic examinations are quite enough to avoid additional diagnostic investigations. Video clipping plays a pivotal role in establishing the correct diagnosis. Counseling regarding the nature future and prognosis of the disease, cognitive behavioral therapy and psychiatric consultation constitute the mainstay of management.

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