

CASE REPORT

KORO-LIKE SYMPTOMS WITH ASSOCIATED ERECTILE DYSFUNCTION IN A ROHINGYA REFUGEE

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Abstract

This case report highlights Koro-like symptoms with erectile dysfunction. **Methods:** We report a case of a Rohingya refugee who presented with Koro-like symptoms associated with erectile dysfunction and severe religious guilt. **Results:** Sexual dysfunction, i.e. erectile dysfunction may be a predisposing factor for a Koro incidence. Religious issues complicated by superstitious beliefs pose a treatment challenge. **Conclusion:** Treating patient with sexual dysfunction should involve exploring and addressing patient's conflicts to avoid worsening of symptoms. As this case illustrates, severe anxiety can present with Koro-like symptoms. *ASEAN Journal of Psychiatry, Vol. 13 (1): July – December 2012: XX XX.*

Keywords: Koro, Erectile Dysfunction, Anxiety, Depression

Introduction

Koro has its origin from the Malay-Indonesian word “kura” which relates to the head of tortoise, symbolizing the male sexual organ. It is a disorder with different names in different localities [1] but the essence of it is the belief of genital shrinkage into the abdomen and death will ensue. The first koro-like description is found in ancient Chinese medical records and the first koro epidemic reported was in Southern China in 1865. Although koro is described as a culture bound syndrome, reported cases of genital shrinkage has been worldwide. There have been sporadic cases of koro in Western, Middle Eastern and African countries. The similarities that can be seen among the cases are the strong association of the symptoms and severe anxiety or fear. There are only a few reported cases of koro in relation to infertility or urogenital pathology [2,3]. Our case adds to this number and highlights the association of koro-like symptoms and erectile dysfunction with severe religious guilt.

Case Report

Mr. S is a 37 years old single Muslim Rohingya man who fled Myanmar in 1996 and now is a UNHCR refugee in Malaysia. He was diagnosed with Major Depressive Disorder with psychotic and anxiety symptoms secondary to erectile dysfunction a year ago. His erectile dysfunction began 2 years ago when he was not sexually aroused during foreplay with his girlfriend. The traditional healers told him it was a consequence of his sinful act of having premarital sex and that the spirit of his girlfriend had resided in his body. He was convinced this was a punishment and also a test from God. He believed that if he commits the sin again, disaster will happen and he will be totally impotent. He developed depressive symptoms, which later improved with medication given.

He did not continue with follow ups as he felt well. During that time, he visited a prostitute to test his sexual ability and was able to have sexual intercourse. After 8 months without

treatment, he came back to our clinic complaining of erectile dysfunction and depressive symptoms. He had partially started on his antidepressant when he was presented with the koro-like symptoms. He experienced a sudden onset of burning sensation on his penis and felt as if his penis was shrinking and retracting into his abdomen. He believed that the spirit of his girlfriend in his body was pulling his genital into the abdomen. This was associated with dizziness, feeling of burning sensation in his chest and difficulty in breathing. He believed that he had to drink a lot of water in a short time to relieve the burning sensation on his chest or he will die. The incident occurred for about 1 to 2 minutes. He drank enough water which finally alleviated the symptoms but he became very distressed about the incident. No physical measures were used to prevent retraction of penis into the abdomen. He described it as a near death experience.

He came from a poor socioeconomic background of paddy planters. His father remarried after his mother passed away. He was physically abused by his father during his adolescence, which made him escaped to Thailand and later to Malaysia. His family members are in Myanmar and he had minimal contact with them. In Malaysia, he is working at a furniture shop and renting a house with 4 other people of different nationality (Indonesian, Bangladeshi and Pakistani).

Mental status examination revealed him as a very anxious and distressed person who was crying throughout the initial interview. He had overvalued ideas regarding the etiology of his illness. He believed he was being punished for his sins. He had no psychotic features. Physical examination was normal and laboratory investigations revealed only slightly elevated triglycerides. He also described some urinary symptoms but it was not persistent and investigations revealed no abnormality. He was treated with antidepressant and benzodiazepine. The depressive symptoms and sexual function had slightly improved. He became more adhering to his religious practices. However, he still complained of occasional burning sensation on his penis when feeling anxious, which made

him to believe that the above incident of penile retraction could recur.

Discussion

There are a number of factors contributing to erectile dysfunction or poor arousal. However, this patient attributed it to God's punishment to him for having premarital sexual relationship. This belief was further reinforced by the traditional healers whom he met. The psychological stress and religious guilt due to the belief could have contributed to the development of depression and further worsened his erectile dysfunction. The patient's sexual function seemed to improve with treatment of depression. However, as he defaulted his medication, the strong anxiety symptoms with regards to religious guilt for his premarital sexual act seemed to trigger the occurrence of the koro-like symptoms. The association of koro-like symptoms and anxiety has long been reported in previous papers [4,5]. There was also question as to whether koro-like symptom is just one of the many manifestations of anxiety. In psychodynamic term, koro could also be explained as a result of a person's subconscious wish [6] or an emotional expression in bodily forms [7]. In this patient, the anxiety is about finally losing his genitals which would mean that he would lose his manhood.

The term culture bound may not be accurate for this genital shrinkage phenomenon. As this case illustrates, the patient had migrated from his country and had no prior knowledge of this syndrome. Interestingly, Garlipp (2008) reported more than a fifth of cases (1954-2006) come from patients who have migration background, as a result of poor socioeconomic status and acculturation stress [8]. Coming from a poor education background, these people are prone to superstitions and they have a high regard for the traditional healers cum religious man in their area. In 2010, there was a Koro epidemic in West Bengal in India and it was perceived as a miraculous phenomenon from God because of their wrongdoings. They preferred to seek the advice and treatment of these traditional healers [9].

Treatment for Koro is mainly targeting at the underlying psychiatric disease by pharmacological and also psychotherapeutic approach with variable results [8]. Our patient showed some improvement with treatment. However, addressing the religious issue and superstitious belief which was grounded in this patient was a challenge. Exploring patient's conflicts (sexual or religious) when they are present with erectile dysfunction could be beneficial in improving the symptoms and preventing worsening of the condition. Doctors especially psychiatrists need to be well versed with the diversity in religions and cultures to be able to address issues surrounding this area.

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