CASE REPORT

GRATIFICATION DISORDER (INFANTILE/CHILDHOOD MASTURBATION WITH POSTURING) IN A 5 YEAR OLD FEMALE CHILD

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ABSTRACT

Childhood masturbation or gratification disorder may mimic true epileptic seizures. It is considered as one of the paroxysmal non-epileptic disorders (PNEDs) in infants and children, which incorporate several potential diagnoses. Infants and children mostly present with unusual postures and movements with no impairment of awareness which could be mistaken for seizures or movement disorders like dystonia. Older children may have associated self -stimulation of the genitalia. If not recognized on time, childhood masturbation could pose diagnostic difficulties, unnecessary investigative spending, unnecessary treatments, and considerable parental anxiety. The aim of this case report is to discuss a 5 years old female child who presented with abnormal posturing and movement since the age of 6 months.

Key words: *Gratification, Masturbation, Infantile, Childhood, Posturing, Ethiopia*

INTRODUCTION

The term masturbation is derived from the Latin words manus meaning hand and stupratio meaning defilement. Developmental studies have shown that masturbation (self-gratification) is common in infancy and childhood, and was first reported by Still in 1909. Masturbation is a normal part of human sexual behavior. Masturbation or self-stimulation of the genitalia occurs in 90-94% of males and 50-60% of females at some time in their life (1).

Diagnosis is made by detailed history; direct observation of the events or watching video recordings of the events. Treatment with antiepileptic medications has been given on several occasions (1).

Masturbatory activity in infants and young children is difficult to recognize because it often doesn't involve manual stimulation of the genitalia at all (1). It has been mistaken for epilepsy, abdominal pain, and paroxysmal dystonia. It has been practiced at all ages and also observed in utero (2).

Paroxysmal non-epileptic disorders (PNEDs) can occur in infants and children. The differentiation of a seizure mimic like masturbation from an epileptic seizure relies solely on a proper history and review of video recordings (3, 4). Misdiagnosis of epilepsy is common (5).

CASE REPORT

This is a 5 years old female child who presented with repetitive rhythmic movement of left lower extremity with adduction of the thigh, grunting, diaphoresis, flushing without loss of consciousness and stops these activities with distraction since the age of 6 months.

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She does this by holding sitting material or other material to support. She continued playing after stopping the movement and does this one to two times per week and each episode stays about 5 to 10 minutes in average. For the above complaints she was taken to different health institutions without specific diagnosis and for the last 2 years she was taking Carbamazepine 100 mg po bid after she was diagnosed as a case of focal aware seizures at a private clinic. But, the parents were worrying because there was no improvement. Finally, she was referred to our hospital for better investigation and management. She was born to a 23 years old mother whose pregnancy, labor and delivery were uneventful. Her growth and development is comparable to her peers. She is the only child of the family. Physical examination was normal. Basic investigations and EEG are normal. Finally, a diagnosis of childhood masturbation (gratification disorder) was made and Carbamezepine was discontinued after tapering. Parents were counseled and appointed for follow up.

DISCUSSION

Masturbation in children is commonly recognized to be a variant of normal behavior. Parents prefer the term gratification to infantile masturbation as there is less social stigma attached to these terms (1).

Misdiagnosis seems to be more likely when direct stimulation of genitalia with the hands is absent as in our case. Masturbation may be confused with epileptic seizures. Sodium Valproate, Ethosuximide, Phenobarbitone, Vigabatrin, and ranitidine have been given (1).

A Nechay et al showed that only one child with masturbation had been treated with carbamazepine before referral, although 69% of all the children were referred with ‘‘seizures’’ (1).

In our patient, she was treated by Carbamazepine before referral for two years as focal seizure.

In a study by Omran M.S. et al, symptoms of masturbation started at 2, 3 and 8 months of age with contraction and extension of lower extremities, scissoring of legs, perspiration, changing face color (3).

Child may be stopped during gratification if distracted and also shows anger and annoyance when interrupted. An early and timely diagnosis and proper parental counseling helps avoiding unnecessary investigations, treatment and alleviates parental anxiety (1, 4).

Apakama O. et al demonstrated that simultaneous video (closed circuit television [CCTV]) and EEG recordings are important in the differentiation of epileptic and non-epileptic paroxysmal episodes (6).

Meizner I. reported on Sonographic observation of in utero fetal ‘‘masturbation’’ (7).

Reassurance to parents that spontaneous resolution is the expected outcome and that

most of them will grow out of this habit within few years is very important (2). However, in our case, these abnormal posturing and movements persisted till the age of 5 years. Couper RT et al showed that female masturbation could masquerade as abdominal pain (8).

CONCLUSION

There is need for high index of suspicion in order to diagnose cases of childhood masturbation which are commonly misdiagnosed as 'seizures' or movement disorders. Home video-recording of the events, detailed history, and direct observation of the events are very helpful in making timely diagnosis, so that unnecessary investigations and treatment are avoided. Parent counseling is very important to alleviate their anxiety.

ACKNOWLEDGEMENT

We would like to thank the parents of the child for their cooperation and also the residents and nurses in the pediatric neurology clinic of the department of Pediatrics and Child Health, Addis Ababa University who participated in the care of this child.

CONFLICT OF INTEREST: Authors have no conflict of interest to declare.

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