

## Case Report

# Ritual Male Genital Mutilation: A Report of Two Cases

**\*<sup>1</sup>Eziyi AK, Olajide AO<sup>1</sup>, Abidoye OE<sup>2</sup>, Oyeniya AG<sup>1</sup>, Ojewuyi OO<sup>1</sup>**

<sup>1</sup>Department of Surgery, LAUTECH teaching Hospital, Osogbo, Nigeria

<sup>2</sup>Department of Obstetrics & Gynecology, LAUTECH teaching Hospital, Osogbo, Nigeria

### Abstract

**Reports of genital injury and loss from attacks allegedly perpetrated for ritual purposes are often reported in the media and discussed in social circles in Nigeria, but such reports are rare in the medical literature. The menace is still being hidden because of the secretive nature of barbaric act and myth in this environment. We report two cases of genital injuries caused by attacks, allegedly for ritual purposes, so as to document the occurrence of such injuries and to stimulate interest in their prevention and medical management. The patterns of presentation and the problems of management in Nigeria are highlighted.**

**Keywords:** Male genital mutilation, Urogenital.

## INTRODUCTION

Male genital injury as a result of alleged ritual purposes are rampant in our environment but sparsely reported in medical literatures except in social media and management is challenging due to logistic reasons which can be easily addressed. The menace is still being hidden because of the secretive nature of act and myth surrounding this act.

### CASE 1

A twenty seven year old polytechnic student was brought to our accident and emergency unit on account of bleeding from the scrotal sac and medial part of upper right thigh following an alleged gun-shot in front of his hostel about 6 hours prior to presentation. He was said to have been standing in front of his hostel when he suddenly had gun shot from an unknown source. He was taken to private clinic where initial resuscitation and attempt at repair of wound was tried. The police was informed. He was brought by his friends; no relative came along with him.

At presentation, he was weak, conscious, afebrile, but pale, good hydration status, pulse rate was 130bpm, blood pressure was 80/40 mmHg, heart sound was

gallop rhythm, chest was clinically clear.

At presentation urogenital examination reveal heavily soaked bloody dressing over the scrotum and around the right medial upper thigh, there were multiple bruises on the penis. Figure 1.

Urgent packed cell volume was 21% which later dropped to 15%, 3 units of blood was grouped and cross-matched. Pelvic X-ray revealed no abnormality, no pellet and no fracture was seen. He was resuscitated and had wound exploration. At surgery we found multiple bruises and abrasion to the penile shaft and glans, there was a ragged right hemi scrotal sac with absent right testis and bleeding right testicular artery which was ligated. There was laceration in the upper medial upper right thigh with intact fascia lata. Figure 2.

No pellet was seen. Copious irrigation with normal saline was done. Right hemi scrotal sac was repaired and fascia lata wound closed. The post-operative period was uneventful. Figure 3.

The police officer in charge of the case was informed about our findings. He was lost to follow-up. We felt strongly that this is a case of ritual orchidectomy.

### CASE 2

A forty year old driver was assaulted while he was trying to urinate in public toilet. Two men came suddenly held him down and forcefully removed almost all the skin covering the penis with avulsion of part of the penile

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\*Corresponding Author Email: [eziyibest@yahoo.com](mailto:eziyibest@yahoo.com), [eziyibest@gmail.com](mailto:eziyibest@gmail.com); Tel: +2347033958606



**Figure 1.** Right hemiscrotal sac avulsion with blood soaked bandage on the right upper thigh, Arrow pointing to the urinary catheter.



**Figure 2.** There was laceration in the upper medial upper right thigh with intact fascia lata.



**Figure 3.** Fairly satisfactory wound healing post-operatively



**Figure 4.** Shows a picture of external genital at presentation with fresh blood

urethra. Thereafter they ran away when the man started shouting. He bled profusely with associated painful distress. The bleeding vessels were ligated (figure 4). Lack of fund made it difficult to evaluate and manage the patient properly. He was on regular dressing of the penile wound which was usually soiled with urine (figure 5). He was lost to follow-up and every effort made to reach him proved abortive.

## DISCUSSION

Male genital mutilation may occur by accident, as a result of an attack by assailant or by self-infliction (Gerald et al., 2012). Reports of genital mutilation from accidents abound worldwide while there are only few published cases of genital mutilation for ritual purposes (Orakwe et al., 2012); Eke et al., 1999). Cases of genital





**Figure 5.** picture taken during one of the days he came for wound dressing showing healthy granulation tissue

injuries being perpetuated for criminal and spiritual purposes is common in Nigeria especially for ritual purposes either for financial, economical or for power (Orakwe et al., 2012, 2005; Eke et al., 2000). These cases are reported in social media but medical documentation is still few. Reproductive organs are believed by Africans to be sacred and being used for financial prosperity (Orakwe et al., 2012). Attempts were being made to unravel the purpose of the criminal act but because of secretive manner and Oath of allegiance being made by the perpetrators, it is difficult to lay hand on the aims.

Cultism among our youth especially in the high institution of learning is a great concern. Cultist engaged in this barbaric act for gaining of spiritual power, to make money, popularly referred to as "Yahoo Plus" or as a revenge on attack to their opposition of other cults. This may explain the possible attack on case 1. Since the reproductive organs multiply and sustain the human race, the apparent belief is that they are effective when harnessed by the 'medicine man' to achieve financial prosperity (Orakwe et al., 2012)

Cases of accidental and self inflicted genital injuries in Nigeria and worldwide have been well documented but very few were fully followed up. (Orakwe et al., 2012, 2005; Eke et al., 1999, 2000; Salako et al., 2010). Management of genital injury is multi-disciplinary in approach which involve the medics such as surgeons, psychiatrists, medical psychologists, nurses and non-medics such as the police and the lawyers among

others. (Orakwe et al., 2005; Eke et al., 2000; Salako et al., 2010; Eugene, 2012).

In view of the challenges in the management of these cases, there is need for the provision of adequate blood supply, well equipped theatres also at the peripheral hospitals, also Grants and financial Aids to assist patient who have no relative around for immediate emergency health care should be instituted in all hospital and should be part of government responsibility.

These suggestions become necessary especially in a situation where the victims are abandoned following an attack as in cases 1 and 2. There is also need to activate the use of emergency voucher in the hospitals and the social welfare units to be pro-active too.

Finally, injury to genital structure has significant effect on the reproductive status of a person; therefore effort should be made to prevent further insult or injury either accidentally or intentionally to the organs. The patient who had ritual orchidectomy will have benefitted at follow – up clinic about further education on the potential challenges to the second testis. The government should also demystify the unwarranted search for financing propensity at the expense of our lives.

## CONCLUSION

The two cases highlight the presentation and management problems of genital injuries caused by

attacks for ritual purposes in our locality. The prevention and control of this public health problem should be multi-sectoral and multi-disciplinary in nature. Provision of basic life support, blood bank, well equipped theatre facilities should be available at peripheral hospital if possible, Grants and financial Aids to assist patient who has no relative around for immediate emergency health care should be instituted in all hospital and should be part of government responsibility.

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