Self-Orchiectomy in a Non-Psychotic Non-Binary Patient

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Background

- Self-orchiectomy (removal of one's own testicles) is a rare occurrence primarily documented in context of psychosis or substance intoxication.[1-3]
- For transgender or non-binary patients with limited access to full-spectrum gender-affirming healthcare, self-orchiectomy may feel like a last resort.
- We present a case of self-orchiectomy in a non-binary patient without acute psychosis who demonstrated capacity for refusing urological re-attachment of testicles.

Case Presentation

- Patient was a 34-year-old non-binary individual *(they/them)* assigned male sex at birth who presented to the Emergency Department after removing their scrotum one hour earlier.
- The patient applied Emla cream (lidocaine/prilocaine) as a topical anesthetic agent then used a zip tie as a tourniquet and a sterilized kitchen knife to remove the scrotum; however, they experienced more bleeding than they had anticipated and called 911. The discarded scrotum was transported to the hospital separately.
- Past medical history was non-contributory; psychiatric history was significant for gender dysphoria, anxiety and depression per patient. They were not on any psychotropics.
- Recommendation from urology was to attempt microsurgical re-anastamosis of testes, which patient declined. Given potential for adverse effects, psychiatry was consulted.

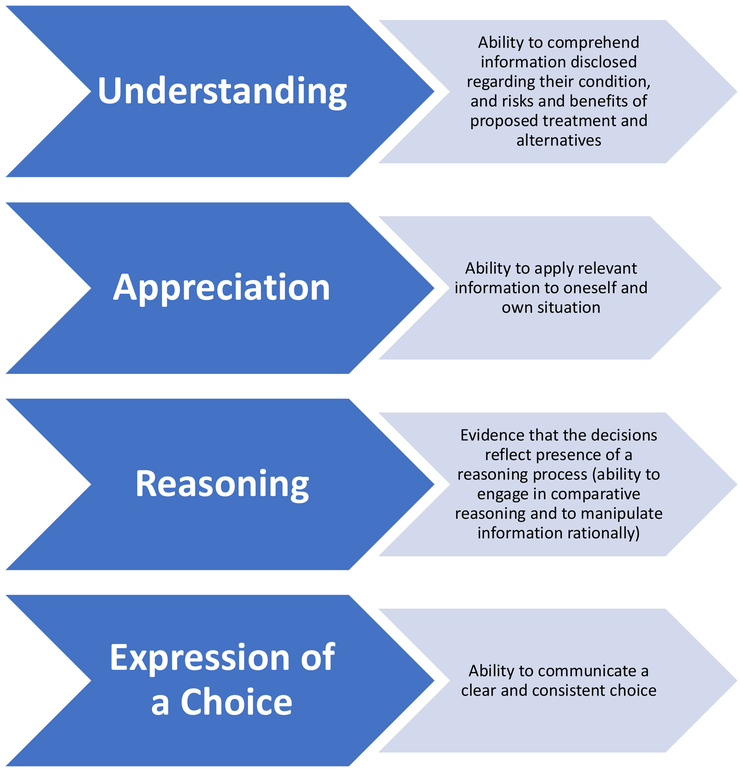
Consult Question: *Does the patient have capacity to refuse surgical re-attachment of their testicles?*

Work-up and Exam

- Urology exam was notable for stable vital signs, absent testes, and excision of 90% of scrotal skin.
- Mental status exam showed a fully oriented adult patient with euthymic affect, intact attention, organized and logical thought process, and no evidence of acute depression, suicidal ideation, psychosis, delusion, intoxication, or cognitive impairment.
- The patient reported identifying as non-binary for many years. They had been considering treatment options to suppress the sources of testosterone in their body for the past month due to concern it was contributing to unwanted masculine features, and possibly worsening irritability and mood symptoms.
- They had considered surgical bilateral orchiectomy but felt it would be cost-prohibitive. They did not consider a consultation for hormone blocking medications for fear of being stigmatized.
- With patient's permission, their mother was at bedside and corroborated their story.

Capacity Assessment

- Any physician can perform capacity assessment.
- In this case, neuropsychology was initially consulted but deferred assessment and recommended psychiatry consultation given concern for the "self-mutilating" nature of the patient's injury.
- The four essential components of capacity assessment include: Understanding, Appreciation, Reasoning, and Expression of a Choice.[4]
- On interview, our patient met all four criteria to demonstrate capacity to decline surgery. The patient accurately described the sequela of declining testicle re-attachment, specifically: sterility (patient reported no interest in parenting biological children), reduced muscle mass, changed tone of voice, reduced body hair (all viewed positively by patient).
- The patient declined fertility preservation via sperm banking.



Clinical Context

- In the summer of 2023, for the first time in history, the Human Rights Campaign declared a State of Emergency for LGBTQIA+ individuals in the United States in the wake of multiple restrictive legislative changes.
- In Wisconsin, there are transgender exclusions in state Medicaid coverage, bans on gender-affirming care for transgender youth, and laws restricting transgender individuals from using restrooms in certain public spaces.

Discussion

- Rare cases of self-orchiectomy have been previously reported in literature, often in context of acute psychosis, delusion, or substance use.[1-3]
- In our case, the patient performed a self-orchiectomy to remove the masculinizing effects of testosterone with intent to affirm their non-binary identity.
- While any physician can determine decision-making capacity, psychiatry was consulted given the nature of the injury.
- In stark contrast to the majority of existing literature, our patient was not acutely altered or intoxicated, and there was no evidence of suicidal or self-harming intent.
- The patient demonstrated all necessary criteria of decision-making capacity as it related to their scrotum. In fact, it was our assessment that re-attachment of patient's testicles would be more likely to cause psychological harm (patient stated, "then today would have been a waste").
- Urology performed a wound closure and patient was discharged the following day in stable condition. At urology follow-up 3 weeks later patient was noted to be well-healed and without suicidal ideation, depression, or hallucinations.
- While our patient recovered without complication, self-surgery is a dangerous endeavor and is not limited to cases of acutely altered mental status.
- This case emphasizes the critical importance of broad access to gender-affirming care, and the role that consultation-liaison psychiatrists may have in capacity assessments for underserved and vulnerable patients.

References
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