

LETTER TO THE EDITOR

Upper-extremity self-amputation in a case with schizophrenia

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Dear Sir

We present a case with schizophrenia who cut his left hand off while he was being treated with risperidone. While wrist cutting is commonplace in psychiatric practice, there have only been 13 reported cases of self-inflicted amputation of upper extremities [2].

A 29-year-old man with a 12-year history of chronic schizophrenia who was autistic and abulic for over 10 years changed his doctor. His new doctor tried to use nemonapride (a substituted benzamide available as a neuroleptic in Japan) at a dose of 60 mg daily in order to improve his abulia, but to no effect. Risperidone (4 mg daily) was then added to the nemonapride. One week after the initiation of risperidone, the patient began to leave his bed and became active helping his parents with the housework and the family business. He looked cheerful and expressive. Three weeks after the initiation of risperidone, however, he suddenly cut his left hand off with a fruit knife. The knife ripped the joint capsule of his wrist, leaving his left hand barely connected to the arm by the epidermis. He was conveyed to the Emergency Medical Service of Jichi Medical School Hospital. Replantation of his left hand was abandoned because the wrist joint capsule was severely destroyed, and an amputation was performed.

The next day, he was moved to the psychiatric ward. His recollection of the reasons leading to the accident

were vague; sometimes he said that he had wanted to die or that he had been told to die by hallucinatory voices. At other times, he did not know why he had cut his hand or said that he had wanted to cut off an excess part. He exhibited autism, abulia, compulsive laughing, auditory hallucinations and thought disturbances. Risperidone was discontinued, and timiperone (a butyrophenone derivative available in Japan) was administered at a dose of 30 mg daily, but to a limited effect. He was moved to a psychiatric hospital, and his severe negative symptoms and sporadic suicide ideas oblige him to spend his time there.

While wrist cutting usually aims at dying from loss of blood, the presented patient's behavior was too destructive for this aim. He had chronic schizophrenia with prominent negative symptoms. After treatment with nemonapride failed, risperidone treatment succeeded in improving the negative symptoms, and he became active in daily work. However, a violent self-destructive behavior was performed while in a possible abrupt delusional-hallucinatory state that the patient was later only able to recall ambiguously. This aimless behavior multifaciously implies suicide attempt, obedience to commanding voices, and cutting off an excess. Especially, the third cause seems to be one of the characteristics of schizophrenic self-mutilation [1].

It cannot be denied that risperidone had a certain influence on the self-amputation. Even so, the relationship between risperidone and self-amputation remains uncertain.

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