Oedipism: A rare case of an incomplete self-inflicted eye removal

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Abstract

Introduction: The term oedipism is derived from Greek mythology meaning self-enucleation. Oedipism is a rare but serious ophthalmologic and psychiatric emergency. Occurs in patients with severe mental disorders such as schizophrenia and can be life-threatening. Besides psychiatric illnesses, self-enucleation is also at times associated with alcohol/drug-related disorders.

Case report: We present a case of 32-year-old male who self-enucleated his right eye, Patient was well until 26/12/24 when he started having delusional thoughts that someone wanted to harm him. Noted to be bleeding from the little finger of his right hand. He was immediately rushed to a health center and first aid done and discharged. A few hours later lots of blood was noted coming from his right eye with luxation of the right globe. Patient denied history of trauma. Referred to Kenyatta National Hospital for further management.

Conclusion: Oedipism is a very rare condition though presents amidst our society. Mental health awareness, early treatment of persons with mental disorders can prevent this extreme self-harm.

Key words: Oedipism, auto enucleation, self-enucleation, ophthalmologic and psychiatric emergency.

Introduction

Oedipism simply means self -enucleation where one completely gorges his/her eye from the socket. The term oedipsm is derived from Greek mythology where it was first described in 1864. Oedipus king of Theban gouged his eye out after he learnt that he unwittingly killed his father and married his mother (Uzodimma Nnadozie, 2020). The guilt of patricide and incest pushed him to gorge his eye out to atone for his sins (Uzodimma Nnadozie, 2020). This condition is both an ophthalmology and psychiatric emergency that requires multidisciplinary management approach. The common psychiatric disorders associated with this condition include psychosis, bipolar disorder, schizoaffective disorder, depression and obsessive-compulsive disorder (Ramawat, et al., 2025). Besides psychiatric illnesses, self-enucleation is also at times associated with alcohol/drug-related disorders.

Case report

History of presenting illness

A 32-year-old male patient presented to the Accident and Emergency unit of Kenyatta National Hospital with an injured right eye. He was reported to have been found in his room with bleeding from his right little finger. He was taken to a health center where first aid was done and discharged home.

A few hours later, he was noted to be bleeding profusely from his right eye with proptosis of the right globe. The patient denied history of trauma but later confirmed that he attempted to self-enucleate his right eye. The patient was also reported to have had persecutory delusions as he believed someone wanted to harm him on the day of the incident. There was no mention of previous psychiatry review and treatment but reported use of alcohol occasionally.

Examination findings

On examination, the patient was in fair general condition, he seemed frightened and restless and looked fairly unkempt. The systemic review for the patient was normal. On ophthalmic examination the visual acuity of the right eye was nil perception to light, extra ocular motility was frozen. He was noted to be actively bleeding from the right eye with periorbital oedema. He had right eye luxated

globe with lids and lashes trapped behind displaced globe. The conjunctiva was injected; the cornea was clear with total hyphema in the anterior chamber. The rest of the right eye structures were not appreciated. Clots of blood noted in the medial canthus which was the point of the attempted self-enucleation with his digital finger. The left eye had no injuries and had normal anterior and posterior segment on examination. The patient had no other traumatic injuries on the head, neck or ears.

Figure 1: patient at initial presentation. (© Muyenzi Daryle)

Classification

Traumatic eyeball luxation of the right eye

Plan of management

An impression of luxated right globe and mental depressive disorder was made.

Emergency care

Plan to admit for medical and surgical management and psychiatric review was also made.

An axial 2 mm cut axial, sagittal and coronal CT scan was done suggestive of right eye prolapse with residual hematoma in the orbital cavity as shown in figure 2.

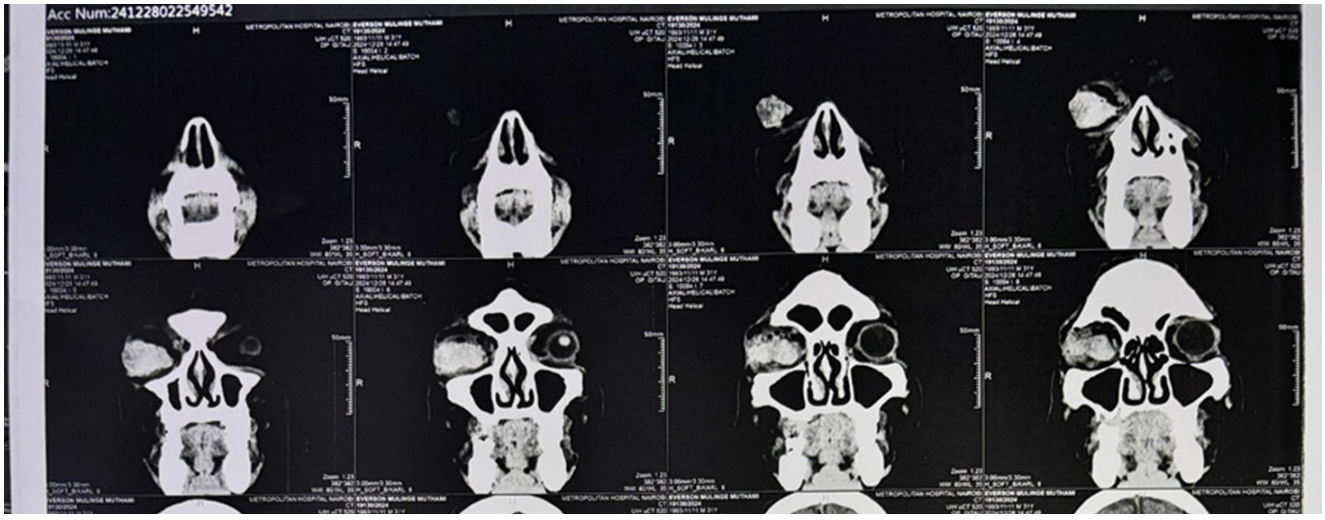

Figure 2: Coronal view of the CT scan. (@ Muyenzi Daryl)

The rest of the laboratory test including full hemogram, urea, electrolyte and creatinine came back normal.

Medical management

The patient stabilized and hemostasis achieved. Intravenous analgesia and antibiotics given for prophylaxis.

Surgical management

He was admitted to the ophthalmology ward and later taken to eye theatre where he underwent examination under anesthesia. He was noted to have a luxated right globe with medial rectus detachment as demonstrated in figure2. The right eye returned into the socket after canthotomy/ cantholysis was done and temporary tarsorrhaphy was performed.

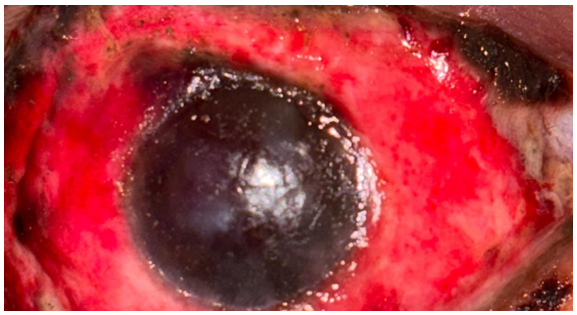

Figure 3: Patient in theatre for examination under anesthesia. (©Arafat Somow)

Follow up review

On follow up review the patient was noted to develop right phthysical eye 10 weeks post operation and plan for prosthesis fitting was made as shown in figure 4 and figure 5. In the subsequent ophthalmology clinic review prosthesis fitting was done that was cosmetically acceptable, and protective eyewear was prescribed.

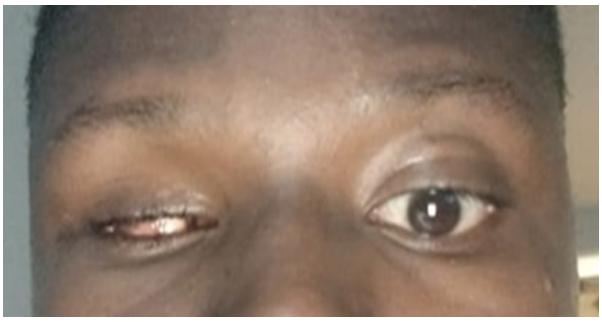

Figure 4: Patient at follow up visit in the eye clinic, right eye phthysical. (© Arafat Somow)

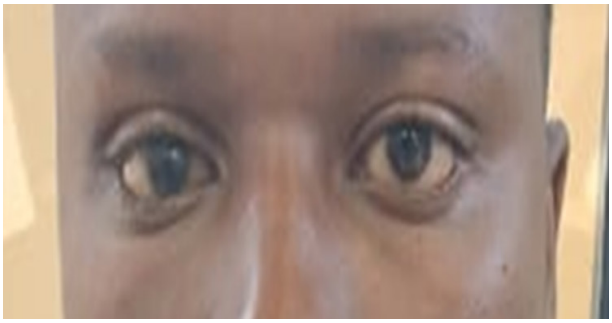

Figure 5: Patient after fitting prosthesis. (© Arafat Somow)

Psychiatric assessment

While in the ward, he was reviewed by a psychiatrist and he reported feeling overwhelmed over the Christmas season by financial obligations. The patient was assessed to have normal mood with speech rate and tone normal and an intact memory. He reported loneliness and occasional use of illicit substances. He did not report any auditory nor visual hallucinations. A diagnosis of major depressive disorder was made. The plan of management was to do sessions of cognitive behavioral therapy and would be followed up in the psychiatric clinic.

Discussion

Oedipism is the act of self-enucleation (Okafor, 2020). It is a both an ophthalmic and psychiatric emergency that requires a multi-disciplinary team approach from the time of admission and on long term follow up.

Our patient is a young male in his early 30s. He sighted having persecutory delusions prior to the incident. He reported feeling financially overwhelmed during a time when there are festivities. Although the incidence of self-enucleation is not well documented in Africa, cases have been reported. Nnadozie (2020), reported a case of bilateral Oedipism in a male patient in his 20s as a complication of his psychiatric illness in Nigeria. Majority of the patients tend to be male, young to middle aged. Most commonly the patient uses his own hands as seen in our case to inflict the injury (Tin Aung MB BS, 1996).

Some cases have been reported where some patients use bizarre and varied instruments such as hooks, hangers, scissors, nails, spoons and a knife (Tin Aung MB BS, 1996). In our case, the psychiatric evaluation clearly outlined that not only did our patient have major depressive disorder, but it was also complicated by psychotic features and the occasional use of illicit substances.

A multidisciplinary team approach is very crucial for the management of these patients. The ophthalmology team to manage the bleeding, pain, risk of infection and cosmesis. Well trained nursing team to monitor patient closely for suicide and even possible self-enucleation of the other eye. The psychiatric team to provide medical and cognitive behavioral therapy. Long term follow by the team is mandatory. Our patient continues to have follow up visits with both the eye unit and the mental health unit. This case was successfully managed as a team, and the patient fully recovered, and was able to go back to work due to multidisciplinary approach and cross consultation.

Conclusion

Oedipism is a rare but devastating ophthalmologic and psychiatric emergency that requires prompt and long term follow up by a multi-disciplinary team.

Results

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