

To the Editors:

The Koro syndrome

The Koro syndrome is a culture-bound psychiatric disorder characterised by acute anxiety symptoms with deep-seated fear of shrinkage of the penis into the abdomen followed by death. It is endemic in South East Asia and China, occurring in sporadic and epidemic forms. Sporadic cases have been reported in western countries. They are usually associated with underlying psychiatric disorders or organic disorders, mainly of the central nervous system (1). It has also been associated with depressive illness (2).

In the American classification system it has been described as an episode of sudden and intense anxiety that the penis (or in females, the vulva and nipples) will recede into the body, possibly causing death (3). It has also been shown that patients with Koro have low intellectual levels and strong acceptance of Koro related folk beliefs (4). In Sri Lanka, Koro syndrome is encountered occasionally.

A 19-year old schoolboy with below average school performance presented with attacks of palpitations, sweating and intense fears of death from shrinkage and retraction of his penis into the abdomen. The symptoms had started a month before, following a thought that his penis got injured while masturbating. Once he has applied oil and pulled it to prevent its retraction into the abdomen. He did not show any psychiatric symptoms other than mild depressive symptoms. He was a timid boy with a minimum knowledge of human sexuality.

He made a good recovery with anxiety management training and a low dose of *thioridazine*, given as an

anxiolytic. He was also educated regarding human sexuality in simple language.

The second patient was a married middle-east returnee aged 42 years, presenting with persistent anhedonia, early morning awakening and loss of appetite for several weeks. He also had fearful thoughts of shrinkage and retraction of his genitalia into the lower abdomen, in delusional intensity. He made a complete recovery with a course of imipramine combined with a small dose of trifluoperazine.

The first case was Koro syndrome not associated with another psychiatric or organic disorder, and the second case was associated with a depressive illness. Both "primary" and "secondary" Koro are encountered in Sri Lanka. It is worthwhile identifying this problem early to prevent patients harming their genitalia.

References

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