

## CASE REPORT

### A Rare Case of Male-to-Eunuch Gender Dysphoria

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#### ABSTRACT

**Aim.** The aim of this case report is to improve the awareness of this gender dysphoria both for the single patient interest as well as for the community.

**Methods.** This is a single-patient case report. Literature search and Internet browsing for forum concerning this subject were performed.

**Conclusion.** Healthcare professionals must be aware of this group of patients as they have a greater risk of self-harm in order to self-castrate, which could be acute and life threatening if not performed in the right way. **Hermann M and Thorstenson A. A rare case of male-to-eunuch gender dysphoria. Sex Med 2015;3:331–333.**

**Key Words.** Eunuch; Genital Mutilation; Self-Castration; Self-Injuries

#### Introduction

This report describes a patient with male-to-eunuch gender dysphoria [1]. Men with this condition have a strong urge to live without testicles and have large difficulties in obtaining professional medical help [2–4]. This may result in dangerous attempts of self-surgery or the injection of toxins in the testicles. A greater awareness of male-to-eunuch dysphoria in the health-care community is beneficial for all parts concerned.

#### Case Report

A healthy, single, 40-year-old academic man with heterosexual preferences and no history of sexual abuse presented to his primary care unit with abnormalities in his testicles, severe scrotal pain, erectile dysfunction, and lowered semen production. After an initial examination at the primary care unit, he was referred to a urology department for further investigation.

At the first consultation with a urologist, the testicles were examined, and several small lumps were found bilaterally. The lab results showed low testosterone (3.2 nmol/L) and normal markers for testicular carcinoma. Several ultrasounds and one MRI were performed.

The testicular lumps were bilateral so it was decided to do open ultrasound-guided bilateral testicular biopsies with a scrotal approach in order to rule out malignancy. The histopathology showed no sign of testicular carcinoma.

The patient continued to experience scrotal pain postoperatively. He now told the urologist that he had been injecting alcohol in his testicles for a year hoping that the testicles would be so damaged that a urologist would remove them. If the urologist would not do so, he said that he was prepared to do it himself. He was then referred to the Department of Andrology for a psychiatric evaluation and was scheduled for a new appointment at the urology office. During that time, the

urologist planned to investigate if it was legal to remove healthy gonads. The patient accepted this and agreed to wait for the answer from the authorities before he would self-inflict himself.

The patient was declared psychiatric sane, but before the urologist got an answer from the health authorities, the patient arrived to the emergency unit within a few weeks after the latest appointment with the urologist. He had self-administered local anesthesia in the scrotum and removed both of his testicles at home. He had secured the vessels on both sides with vascular clamps, but had a large bleeding wound in the scrotum. He was immediately taken to the operating room, and the vas deferens and testicular vessels were properly sealed with ligatures. The next day, a psychiatric evaluation declared the patient mentally sane and with no need for further psychiatric contact.

The patient was eager to have a normal sexual function and was therefore again referred to the Department of Andrology for testosterone substitution with cutaneous testosterone gel. He is now content with his situation and has undergone corrective surgery to remove the surplus scrotal skin.

## Discussion

Eunuchs are biological males who have undergone voluntary castration for reasons other than male-to-female transsexualism. These men have a strong desire to be “some alternative gender different from their assigned gender,” although not female according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-4) [1]. Due to embarrassment or fear of rejection, many “eunuch wannabes” do not consult the traditional health-care system. Instead, they commonly resort to self-castration, castration by nonmedical professionals (“cutters”), or self-inflicted testicular damage by the injection of toxic substances such as ethanol [2,4]. The purpose of injecting toxins is to damage the testicles so badly that a urologist will agree to remove them safely.

However uncommon, there is a growing community of eunuchs and “eunuch wannabes” which the urologic community should be aware of. There is an internet site on the subject (The Eunuch Archive) [5] that is regularly frequented and has approximately 12,000 active and registered members [6].

Men with male-to-eunuch dysphoria have large difficulties with obtaining orchiectomy performed by a urologist and are therefore likely to resort to

unsafe self-surgery, seek help of nonprofessional “cutters” found online, or inject toxins. Risks include haemorrhage, infection, nerve damage, and urinary fistulae [2].

There are some studies on eunuchs and eunuchs wannabes, which mainly focus on identifying men who are at risk for genital mutilation [6,7]. These men show a higher desire to lose the sexual ability, change the looks of their genitalia, and transfer from the male gender into something else. The underlying psychiatric condition will always be a challenge for the urologist to fully comprehend, why collaboration with a psychiatrist is strongly recommended.

The described patient had a wish before his self-harm to resituate his testosterone levels. Therefore, there was a concern of him buying nonmedical androgen replacement products. Because of this and also due to the health benefits of testosterone, he was prescribed replacement therapy with testosterone. He now regularly undergoes examinations of his testosterone levels.

Most countries have laws that prohibit a licensed surgeon to remove the gonads if there is no underlying somatic disease or unless the health authorities have given their permission after a transgender investigation. Some bioethicists have argued that, provided that the person is legally sane, he should be allowed to have healthy tissue amputated by a trained surgeon [6]. However, legal scholars debate the basis for any right to an action resulting in self-harm [8]. Bergelson argues that although some forms of self-harm are prohibited, others are clearly permitted [9]. What is permissible also changes over time; one example is body piercing that has gained a wider acceptance over the last years [2].

The authors' opinion is that it is important for health care professionals to be aware of this patient group. Further, it can be discussed if this patient group should be entitled to undergo similar investigations before gender-changing surgery, and if the criteria are fully met, the surgery can be safely performed by a urologist.

## Conclusion

Health-care professionals should be aware of the group of patients that wish to become eunuchs. In order to avoid life-threatening self-castration, an open discussion with the patient is necessary. Collaboration with psychiatric expertise is strongly recommended.

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*Conflict of Interest:* The author(s) report no conflicts of interest.

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