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CASE REPORT OPEN ACCESS

BENIGN IDIOPATHIC INFANTILE MASTURBATION: A CASE REPORT OF SEIZURE MIMICKING IN A 3-YEAR-OLD INFANT

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ABSTRACT

Background: Benign idiopathic infantile masturbation (infantile dyskinesia) or also known as gratification disorder is a rare abnormal paroxysmal movement disorder that occurs in children between 3 months and 3 years old. This disorder is characterized by self-stimulation of the genitalia and associated with unusual posturing and movements. Therefore, it could mimic as seizure.[2] The diagnosis of this disorder may be perplexing and scarcely reported.
Case Findings: We reported a 3 years old infant with abnormal behavior and posturing with rocking and thrusting movements accompanied by erection and clear secretion from his penis. The episodes were described as hip and knee flexion towards the abdomen, plantar flexion with flexion of the toes, extension of the elbows, clenched fists, and this behavior always occurred while lying in bed. Physical and neurological examination showed normal results. The electroencephalogram (EEG) was within normal limits hence done to exclude seizure as diagnosis. Parents were then educated and the child now does not show any previous behavior.
Conclusion: Benign infantile masturbation is a harmless behavior that is scarcely reported in journals and commonly mistaken as seizure. It presents with typical clinical characteristics and commonly found in females. However, our case report showed that this disorder may also be found in male with additional characteristics such as erection and clear secretion from the penis. To date, there is no exact treatment that could alleviate the symptom other than patient education.
Keywords: Gratification Disorder, Benign Infantile Masturbation.

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Introduction

Benign idiopathic infantile masturbation (self-gratification) or commonly known as gratification disorder is a rare abnormal paroxysmal movement disorder. Developmental studies have shown that it is common in infancy and occurs in children between 3 months and 3 years old.[1,2] It was first reported by Still in 1909 with the characterization of self-stimulation of the genital area accompanied with abnormal movements and posturing.[2] Currently there are very few cases being reported and most of the cases that were being reported are from Nigeria and Ethiopia.[2–5] The exact mechanism of this disorder is still poorly understood but it has been associated with the relief of self-tension, sexual pleasure, boredom, excitement, and genital infection.[6] This behavior started when the child is aware that certain manoeuvres can bring out the sensation of pleasant and comfort.[7] These abnormal behaviours are often mistaken as seizures, spasms, dystonia, dyskinesia, or abdominal pain therefore leading to incorrect treatment.[1] However, a thorough anamnesis and exclusion of other possible diagnosis can help us with early and precise diagnosis, leading to the suitable treatment.

Case Report

A 3-year-old male presented to the neurologic department with complaints from the patient's family about his abnormal behavior and posturing. The patient was a term infant born without any significant complications. His growth and development during these past years were unremarkable. The patient was brought to the clinic due to unusual behavior since a few weeks before admission. The episodes were described as hip and knee flexion towards the abdomen, plantar flexion with flexion of the toes, extension of the elbows, clenched fists, and this behavior always occurred while lying in bed (Figure 1). He would rock back and forth with this position creating a repetitive thrusting movement with occasional scissoring of the bilateral lower extremities. During the episodes, the family noted an erection with clear secretion flowing from his penis.

The episodes occurred 4-5 times a day with approximate duration about one minute. The family stated that the episodes appeared every time when he was unoccupied and seemed bored. He was fully awake during the entire episodes and would stop this behavior when being distracted. Physical and neurological examination showed normal results. The electroencephalogram (EEG) was done within normal limits hence done to exclude seizure as diagnosis.

We then educated the parents about the child's behavior and that they should view it as a harmless and non-painful habit. We suggested the parents to be supportive and not to scold the child regarding this behaviour. We also mentioned that distraction is very important and they should encourage the child to have interest in other activities or toys. The parents were asked to continue follow up and be referred to a child psychologist.

Figure 1. Image from the episode showing hip and knee flexion, plantar flexion with flexion of the toes, extension of the elbows, and clenched fists.

Discussion

Benign idiopathic infantile masturbation is a rare and poorly understood disease with a very few cases being reported. This disorder is considered as an abnormal paroxysmal movement disorder which commonly occurs in children between 3 months and 3 years old and is associated with the relief of self-tension, sexual pleasure, boredom, excitement, and genital infection.

However, few case reports and literature reviews showed similarities in patient's characteristics. Koul et al. And Yang et al. showed similar clinical features in their patients. Yang et al. stated that the mean age of onset is around 11 months old while Koul et al. stated 9 months old. However, the range of age started from 3 months old up to 36 months old.[1,7] Our patient's first onset was 3 years old and this showed consistency in the onset. The clinical features reported revolves around repetitive abnormal posture such as hip flexion, thigh abduction, plantar flexion, with leg scissoring, twisting, raising, accompanied with rocking or thrusting movements. They also reported abnormal arm posture such as twisting, extension, and clenched fists.[1,7] All of these clinical presentations matched perfectly with our patient's description. Multiple cases reported facial flushing, diaphoresis, neck twisting, and grunting.[7] Those descriptions were not found in our patient however, we did find an erection with clear secretion for his penis. The main characteristic of gratification disorder is that it's commonly happens when the patients are bored[1,2,7] and doing nothing and this is consistent with our patient's description. Like the other case reports, physical and neurological examination was reported as normal.

There were some differential diagnosis for this disorder and most of the diagnostic tests were reported as normal.[1–7] Rocking movements and thrusting can mimic and commonly mistaken as seizure, therefore we did an EEG to exclude the diagnosis of seizure. As predicted, the EEG result of this patient was normal. Some case reports also tested their patients for lumbar puncture, MRI, upper gastrointestinal series, and other extensive laboratory testing.[1] However, we didn't find any symptoms such as fever, diarrhoea, and vomiting that would indicate food poisoning, gastrointestinal infection, spasm, or other abnormal neurological findings that would indicate abnormalities in the brain therefore anamnesis and physical examination would be enough to exclude other possible diagnoses.

What made this case exceptional is that other case reports showed that gratification disorder is seen mostly in females[1] and we reported a male patient with erection and clear secretion as additional clinical characteristics that have never been reported before.

Some patients from other case reports were given antiepileptic drugs such as phenytoin, carbamazepine, lorazepam, sodium valproate, levetiracetam, vigabatrin, and dopamine agonist such as levodopa and carbidopa but none of them showed satisfactory result.[1–7] To date there is no exact treatment that should be given to patients with gratification disorder other than to educate the parents of the patient.[7] The parents of our patient stated improvements in frequency after educating and supporting their child. Thus, no medication was given to this patient. Parents should be noted that gratification behavior happens when child discovers that certain manoeuvres can bring out pleasant and comforting sensation. However, parents should view this as a normal, harmless, non-painful behavior that can be stopped with distraction of other activities or toys. Awareness among paediatricians will help in early diagnosis and prevents unnecessary investigation.[7,8]

Conclusion

Benign infantile masturbation is a harmless behavior that is scarcely reported in journals and commonly mistaken as seizure. It presents with typical clinical characteristics and commonly found in females. However, our case report showed that this disorder may also be found in male with additional characteristics such as erection and clear secretion from the penis. To date, there is no exact treatment that could alleviate the symptom other than patient education.

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Conflict of Interest

The authors declare that this manuscript was approved by all authors in its current form and that no competing interest exists.

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