A Major Event of Self-mutilation in a Patient with Fetal Alcohol Syndrome

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Abstract
We describe a young adult male with fetal alcohol syndrome (FAS) who presented with a non-repetitive, major, genital self-mutilation necessitating urological intervention. On formal psychiatric evaluation, he did not have psychosis or suicidality. Most commonly, self-injury in developmental disability is less severe and more stereotypic; major-class self-mutilation is confined, generally, to psychosis. It is this discrepancy that is the unusual feature of our case.

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Cause of Fetal Alcohol Syndrome. Alcohol Consumption During Pregnancy. Fetal Alcohol Syndrome Topic Guide. Their report in a French pediatric journal drew little attention. Focus on FAS only came after it was independently re-described in 1973 by K.L. Jones and colleagues from Seattle (U.S.) in eight children of mothers with chronic alcoholism. Their report in the British medical journal The Lancet triggered an avalanche of reports of FAS. Alcohol is capable of causing birth defects. This capability classifies it medically as a teratogen. Complete fetal alcohol syndrome is the consequence of chronic alcoholism while pregnant, whereas fetal alcohol effects may only happen with binge drinking or occasional drinking. Since alcohol effortlessly passes through the placental barrier and the fetus is less prepared to get rid of alcohol compared to its mother, the fetus is apt to have a higher alcohol concentration, which remains longer compared to when it is in the woman’s body. Women who take alcohol during their first trimester will give birth to children who have the most serious problems since that is when brain development happen.