



“Belief of Splitting of Clitoris”: A Case Report of an Adolescent Girl with Body Dysmorphic Disorder

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Abstract

Body dysmorphic disorder (BDD) was first described centuries ago, but it is still unknown to many clinicians. Although onset of body dysmorphic disorder occurs in adolescent age, BDD has received very little attention in adolescent psychiatry literature. Here, we are discussing a case report of 14-year girl suffering from belief of splitting of her clitoris. She would watch it in mirror multiple times and feel disgust due to her malformed genital part. She would often become very distressed and force her family member for genital surgery. She was taken to gynaecologist. She was referred and treated successfully with the use of SSRI and cognitive behaviour therapy.

Introduction

Body dysmorphic disorder was first described by an Italian psychiatrist, Enrico Morselli, as “dysmorphophobia,” in 1891. The term was derived from the word “dysmorphia,” a Greek word meaning misshapeness or ugliness [1]. Body dysmorphic disorder (BDD) is a DSM-V disorder that is characterized by a distressing or preoccupation with slight or imagined defect(s) in one's physical appearance, repeated mirror checking of self and associated with significant psychosocial dysfunction. Person with body dysmorphic disorder often feels embarrassed, ashamed and anxious and prefer to avoid social situations. The insight associated with BDD varies from obsessive thought with good insight, and overvalued ideas to delusion where insight is absent [2]. The BDD starts usually in adolescence and become chronic due to delayed and inappropriate intervention.

Case Report

A 14-years-old female student, resident of Kalyan, Patiala, Punjab, reported that in August 2021, she watched an image of disfigured clitoris in media and out of curiosity examined her own clitoris, noticed a fine split mark on tip of it. Following this, she became preoccupied with belief that she had branched ugly clitoris, would repeatedly check it in to mirror. She would anticipate its growth and even uglier clitoris. She would feel distressed, disgusted and break into tears. She started pursuing family member for surgical removal of her clitoris. She would spend most of her time in checking her genitals, appear distressed, could not be able to focus in studies and also refused to appear in her 10th exam. Although family member were upset about her decision but her mother kept on supporting her psychologically and did not allowed others to pass any critical comments. After a month, she was taken to a gynecologist; genital examination was done and assured for normal shape of clitoris but did not get convinced. After next couple weeks, she revisited the same gynecologist then she was referred to us for management of behavioral problem. There is no past h/o any other mental illness and no family history of any mental illness. On mental state examination, she appeared tidy, well kempt, cooperative, affect was sad, was preoccupied with thought of splitting of clitoris. After initial assessment, a trained female nursing staff performed general physical examination and inspection of genital parts. She was started on cap. Fluoxetine (Selective serotonin reuptake inhibitor) 20 mg per day and over a week gradually increased to 60 mg per day along

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with T. Clonazepam 0.25 mg per day. She was also trained for thought stopping technique. She had significant improvement over a couple of months and stopped talking about splitting of clitoris. After remission, in January 2022, family member stopped giving her medicine. By April 2022, she relapsed again and started voicing the same. In May 2022, she was again brought to us restarted on same management protocol and improved over couple of months. She is regular on follow-ups and stable on medication. Similar findings are observed in a qualitative study of body dysmorphic disorder of female genitalia by Swiss obstetrician–gynecologist in which all patients shared their experience with BDD and reported that they all were influenced by social media, had distorted perception, shame, lacking insight, dissatisfaction toward their genital parts and visited to gynecologist for surgical correction [3].

Discussion

Body dysmorphic disorder (BDD) is a mental health condition that affects how an individual perceives their appearance. People with BDD often become preoccupied with their perceived physical flaws, which are either minor or nonexistent in reality. They may feel extremely anxious and distressed about these flaws and may engage in various rituals to try to hide or fix them. BDD can significantly impact an individual's quality of life, leading to social isolation, depression, and even suicide. In USA, the prevalence of BDD has been estimated to be 1–2% in the general population but more frequent among patients seeking cosmetic treatments and has been reported to be diagnosed in 6–15% of dermatologic and cosmetic surgery patients [4]. The exact causes of BDD are not known, but several factors may contribute to the development of the disorder. One of the primary factors is genetics, as BDD often runs in families. Additionally, some research suggests that mental trauma, and cultural pressures to maintain certain beauty standards may also contribute to the development of BDD. Body dysmorphic disorder affects people of all genders, ages, and backgrounds, but it is more common in adolescents and young females. People with BDD often also have other mental health conditions such as depression, anxiety, and obsessive–compulsive disorder. Treatment for BDD typically involves a combination of medication therapy, psychotherapy and lifestyle changes. Thought stopping therapy can help people with BDD learn to manage their thoughts and feelings and develop more realistic perceptions of their appearance. Lifestyle changes, such as avoiding triggers that exacerbate BDD symptoms and engaging in regular exercise and relaxation techniques, can also be helpful.

Conclusion

Body Dysmorphic Disorder (BDD) is a complex mental health condition that can significantly impact an individual's quality of life. Those with BDD often struggle with persistent, intrusive thoughts about perceived flaws in their physical appearance, which can cause them to engage in compulsive behaviors such as seeking reassurance, excessive grooming, or even seeking cosmetic surgical procedures. It is essential to raise awareness of BDD and promote understanding and compassion toward those affected by it. Overall, BDD is a serious condition that can have a profound impact on a person's life. It is crucial to recognize the signs and symptoms of BDD and seek appropriate help and support when necessary. With proper treatment, individuals with BDD can be managed effectively conservatively without any unnecessary surgical intervention.

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Declarations

Conflict of interest There is no conflict of interest.

Ethical approval This case report was conducted in compliance with the ethical guidelines of the Declaration of Helsinki and the International Committee of Medical Journal Editors (ICMJE).

Informed consent Informed consent was obtained from the patient, who was fully informed about the study's purpose, procedures, and potential risks. The patient's identity has been protected, and all identifying information has been removed or altered. We have made every effort to ensure the patient's privacy and confidentiality throughout this case report.

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