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#### Drug-induced koro in a non-Chinese man

SIR: Anderson (*Journal*, July 1990, **157**, 142–144) describes a case of koro in an elderly non-Chinese patient with post-stroke depression. Koro is a syndrome characterised by a belief that the penis is shrinking and will eventually disappear into the abdomen and result in death. In its classic form, koro has been described predominantly in Chinese patients in South-East Asia and has been considered to be a culture-bound syndrome of depersonalisation (Yap, 1965). In non-Chinese patients a small number of sporadic cases have been described and reviewed (Berrios & Morley, 1984). It was found that most patients have another primary psychiatric disturbance, with the koro complex grafted onto existing symptoms. The majority of non-Chinese cases in the literature are aged under 65 years. A further case of koro in an elderly Englishman is described.

*Case report.* A 69-year-old married, retired security officer was referred from a surgical ward following his admission with urethral trauma. He had inserted a knitting needle into his urethra in the belief that his penis was shrinking into his abdomen, thus causing obstruction to urine flow.

Born and brought up in Nottinghamshire, he had no known family history of psychiatric illness. During the war he served with the Army in Northern Europe and afterwards spent two years in India. He was married with two children. There was no history of sexual difficulties, or drug or alcohol abuse. He had no previous psychiatric contact.

About six months before presentation, idiopathic Parkinson's disease was diagnosed and L-dopa therapy initiated. Two months before presentation he developed a depressed mood with transient auditory and visual hallucinations. Gradually he developed a firm belief that his penis was shrinking into his abdomen. Several days before admission he reported a poor urinary stream and was convinced that the penile shrinkage was mechanically blocking his urine flow. He decided he must act before his urine flow stopped completely and inserted a knitting needle into his urethra.

On assessment, he was agitated but alert and fully orientated. He was preoccupied with the firm conviction that his penis was shrinking into the abdomen. There was no

associated fear of death. He described visual hallucinations and illusions (e.g. swimming eels in the bath), as well as a depressed mood with sleep and appetite disturbance. There was no evidence of cognitive impairment, and results of physical investigations were within normal limits.

Anti-Parkinsonian medication was withdrawn and he was treated with small doses of neuroleptics. His mental state gradually improved and the delusion of genital shrinkage subsided three days later. His Parkinsonian symptoms necessitated a limited reintroduction of L-dopa therapy which resulted in occasional episodes of visual hallucinations during which insight was retained. He had no recurrence of his delusion. His urinary symptoms improved after urological investigations, which revealed no evidence of prostatic hypertrophy.

This case of koro symptom complex in the context of an organic psychosis caused by L-dopa therapy adds to the small number of patients with koro in the context of organic disorder which are described in the literature. Descriptions of koro in elderly patients are rare. As with Anderson's patient, this patient also had a strong affective component in his presentation. Interestingly, in both patients urinary symptoms were prominent in presentation. Anderson's patient presented with acute retention of urine subsequent to his belief that penile shrinkage would lead to outflow obstruction. In both patients, therefore, delusions of penile shrinkage were followed by the idea that the passage of urine would become impossible once the shrinkage was complete. This idea is surprisingly rarely encountered in other cases described in the literature and may reflect a pathoplastic effect of age on the koro symptom complex.

Koro in non-Chinese patients is associated with a range of psychiatric conditions. Anderson points out the need for vigilance in order not to miss or misdiagnose the underlying disorder. In addition to awareness of any concurrent psychiatric symptoms, exploration into the nature of the fear associated with genital retraction may provide an important insight into the psychopathology of the patient.

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