

CASE PRESENTATION

Masturbation in Infants: A Case Report

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ABSTRACT

Masturbation is not uncommon in infants. This is a rare report of a 6 month old Saudi girl who masturbated from the age of 3 months following diaper dermatitis.

Masturbation, defined as body rhythmic activity secondary to rhythmic stimulation of the genitals, is not uncommon in infants^{1,2}. Pleasure sensations result from any touch to the genital region during infancy and childhood coupled with the ordinary desire for exploration of one's body produce a normal interest in masturbatory pleasure at this time^{3,4}. I hereby report the case of a 6 month old Saudi female who started masturbation at the age of 3 months.

THE CASE

The patient, a 6 month old Saudi girl, presented with a history of recurrent attacks of exhaustion and/or sleep following the occurrence of active movements of the pelvis and thighs. As reported by both parents separately and by self observation in the paediatric ward, the attacks usually started after lying the child on her back in bed, her body would then sway backward and forward with the

thighs crossed rigidly. This active phase lasted for few seconds and was accompanied by panting, the appearance of excitement and fixed gaze. The movements then ceased abruptly, followed by general relaxation and sweating. Sleep occurred following some attacks, from which she was easily aroused. When I tried to interrupt one of these attacks, the baby showed extreme annoyance and cried loudly.

These attacks occurred frequently all over the day, but not during holding her nor during sleeping, and first noticed by the parents at the age of 3 months. I used antispasmodics, as recommended by many physicians, but no improvement occurred.

History of diaper dermatitis occurred during the first few months of life. Normal developmental milestones were reported. Prenatal, natal and postnatal history of our case were non-contributory. No family history of similar condition had been noticed.

On examination, the baby was completely normal, active, alert with no apparent diaper rash. Laboratory investigations revealed normal results including stool and urine analyses. Blood levels of calcium (10.1 mg/dl),

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sodium (142 meq/l) and glucose (88 mg/dl) were all normal. EEG record was normal for the age.

DISCUSSION

Masturbation can be defined as rhythmic body activity secondary to rhythmic stimulation of the genitalia leading to sexual pleasure³⁻⁵. Non manual means of masturbation such as thigh friction may be used by infants even under one year of age². Masturbation in infancy has been observed in female infants much more often than males¹. The active movements, the glassy stare, the appearance of exhaustion, and the deep sleep which sometimes follows the episode may be falsely interpreted as convulsive attacks. Local vulval irritation from tight clothes or diaper, diaper dermatitis, vulvovaginitis or intestinal pinworms are regarded as likely aetiological factors by most authors¹. History of diaper dermatitis before the occurrence of this habit was given by the mother in our case. The habit usually starts as scratching and rubbing the genitalia to allay the itching discomfort as explained by Still⁶. This brings pleasure to the baby and so is repeated.

The masturbating infants, including our case, give the appearance of experiencing an orgasm inspite of non-functioning ovaries. It should be noted that females with oophorectomy may experience orgasm¹. Also, it should be remarked here, that the habit does not affect the general health development or psychological life of the baby. So, there is no reason to believe, as is often stated in the old literature that masturbation in infancy is associated with a neuropathic constitution or mental deficiency¹. Accordingly, the first step in the treatment beside early diagnosis is an explanation to parents of the innocuousness of the habit, and reassurance of its favourable out-

come and the absence of adverse effects on personality development and on physical or sexual health^{1,2}.

Folding the diaper in such a way as to keep the legs apart may be an effective treatment. Local causes of irritation such as tight clothing, or diaper dermatitis should receive attention. Providing the infant with more entertainment, in the form of brightly coloured ribbons on the crib and baby carriage, rattles, toys and more frequent picking-up, sometimes have a prompt effect in diminishing the frequency of the episodes or stopping them altogether².

I report this case to alert physicians to the possibility of occurrence of masturbation in infancy so that early diagnosis and treatment may be instituted before this habit becomes well established.

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