

Case Reports

Foreign-Body Ingestion in Patients With Personality Disorders

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The medical care of patients who engage in repeated acts of deliberate self-harm can prove costly, both economically and in terms of the morale of their care-providers.¹⁻³ Accordingly, there has been a wealth of discussion in both the psychiatric and medical literature regarding the diagnostic, treatment, and fiscal questions that arise in caring for patients with severe personality disorders who cut, burn, or otherwise mutilate themselves. Much of that discussion has focused on psychiatric patients with personality disorders, particularly borderline and narcissistic personality disorders. In stark contrast, the literature offers comparatively little discussion of the unique problems inherent in treating patients who harm themselves by deliberately ingesting foreign bodies. In this article, we will review what is known about deliberate foreign-body ingestion, present several illustrative cases, and discuss some of the clinical problems they pose, with a particular focus on this behavior in patients with personality disorders.

There are many unique challenges in treating patients who engage in deliberate foreign-body ingestion as a method of self-harm. Whereas other forms of mutilation may be dangerous to patients and distressing to their treaters, foreign-body ingestion carries a sense of insidiousness in the lack of outward evidence that harm has been done and in the latent risk of further injury even after a diagnosis has been made. This danger persists until an ingested object is either passed or removed. Furthermore, although a patient's environment can be controlled for objects used for cutting or burning, it is nearly impossible to prevent access to all potentially ingestible objects.

The existing literature consists almost entirely of case reports detailing the medical and surgical aspects of this phenomenon, and scant reference is made to the psychiatric

care of such patients. It seems unlikely that the repeated ingestion of foreign bodies would not elicit psychiatric consultation, and it is thus surprising that psychological investigation of this phenomenon is so limited. Review of previous case reports in the psychiatric literature reveals that the population engaging in this behavior seems to separate into four distinct diagnostic subgroups: 1) malingering; 2) psychosis; 3) pica; and 4) personality disorders. We will briefly review the first three subgroups, and then focus the remaining discussion on patients with personality disorders.

Malingering

The ingestion of foreign bodies can be a form of malingering when the act benefits the individual in some obvious way. It most often seems to occur in prisons and psychiatric institutions, prompting transfer to the presumably more comfortable surroundings of a hospital.⁴ One study of patients presenting with foreign-body ingestion notes that 69.9% of cases were jail inmates at the time of ingestion, although psychiatric diagnoses are not specified.⁵ Reports include patients swallowing razor blades, screws, and nuts and bolts.^{4,6-8} One report even describes the ingestion of devices referred to as "gastrointestinal crosses," which are manufactured from broken paper clips, paper, and rubber bands.⁹ These are specifically designed to spring open during gastrointestinal transit, causing perforation of the bowel wall, thus obviating attempts at conservative management.

Psychosis

Psychotic patients may engage in foreign-body ingestion as a result of their delusional beliefs or in response to command hallucinations. In one series, 22.9% of the patients had some history of psychosis.⁵ Individual case reports of these patients are remarkable for the high numbers of objects swallowed. One article reports the case of a patient

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with schizophrenia who died as a result of the systemic effects of zinc intoxication after swallowing 461 coins.¹⁰ Another notes a patient, again with a diagnosis of schizophrenia, who required aggressive treatment for lead poisoning after the ingestion of 206 bullets.¹¹

Pica

Most often diagnosed in the pediatric population, pica has been reported to persist into adulthood. This literature is extremely limited, but one report does note that it is frequently associated with diagnoses of mental retardation and autism,¹² and another article remarks on a case of repeated foreign-body ingestion explained by the patient's being "mentally subnormal."⁶

Personality Disorders

Finally, this discussion will focus on the subgroup of patients with severe personality disorders who repeatedly engage in foreign-body ingestion as a form of provocative, parasuicidal behavior. It is in this group that the behavior most closely approximates other, more common methods of self-harm. The psychiatric literature regarding these patients suggests that their behavior tends to be recurrent and resists psychiatric treatment.^{3,6}

As previously mentioned, one distinctive feature of this method of self-harm is that it may not be immediately apparent to the physician. Whereas a patient who has engaged in cutting or burning can do little to hide the source of their injury, a patient who has ingested a foreign body may present with a variety of chief complaints, ranging from a straightforward report of the ingestion, to a vague account of abdominal pain or nausea. As with other forms of self-injury, the patient presents for care having completed the deliberate act, but in the case of foreign-body ingestion, this act initiates an ongoing injurious sequence, since the risk of "passive" injury from the foreign body remains. Thus, these patients actually present in the midst of their self-harming process. This evokes more frustration from their treaters who, if the object is not retrievable, are effectively "held hostage" and made to sit through the anxiety-provoking period until the object is safely passed.

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Case 1. "Ms. A" is a 28-year-old woman with an extensive psychiatric history including diagnoses of borderline

personality disorder, posttraumatic stress disorder (PTSD), and major depression, who was brought to the emergency department (ED) from an acute inpatient psychiatric facility after having ingested a ballpoint pen. According to the medical record, she was estimated to have had at least 100 previous inpatient psychiatric hospitalizations. She had been hospitalized 6 days earlier, having cut her forearm extensively, creating several deep lacerations requiring multiple sutures. By report, she had been stable on the inpatient unit until the day of presentation, when she had impulsively swallowed a plastic pen. She had hidden the pen in her room, intending to use it to cut herself, a technique she had successfully used during previous hospitalizations. She reported impulsively deciding to swallow the pen, instead, and described feeling momentary relief before experiencing pain in her chest and stomach.

Case 2. "Ms. B" is a 27-year-old woman with a history of posttraumatic stress disorder (PTSD) and borderline personality disorder and a long history of self-injurious behavior, suicide attempts, and multiple psychiatric hospitalizations. Her history was also notable for multiple presentations after swallowing foreign objects (typically pens and pencils), as well as for placing sharp objects (soda-can tops) in her vagina, leading to vaginal bleeding. During most of her presentations, the patient denied suicidal intent. Ms. B also had several presentations with frank suicidal ideation, but denied ingestion, only to have radiographic evidence confirm it. Her swallowing behavior began at age 22, then suddenly stopped at age 25, during a long-term hospitalization. The behaviors began again several months after discharge to a residential treatment program.

Case 3. "Mr. C" is a 31-year-old man with history of polysubstance dependence, major depression, antisocial personality disorder, multiple incarcerations, repeated psychiatric admissions, and suicide attempts, who was brought by ambulance to the ED after a bystander saw him ingesting razor blades while waiting for the bus. Upon admission, the patient reported that his original plan was to sedate himself with lorazepam and then kill himself in a specific, distant location he had chosen. When the bus failed to arrive on time, he decided to buy and ingest four razor blades, instead. He could give no specific reason for this behavior. Two uncapped razor blades were recovered endoscopically, and the patient spontaneously passed a third one. The fourth razor blade was never found.

The patient reported having attempted to kill himself in various ways (overdosing, cutting, hanging) since the age of 14. Since he began ingesting razor blades, 15 years ago, he has not used any other method of self-harm. He

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endorsed suicidal ideation in response to life stressors, noting that, each time, he would feel tension rising for a few hours, then impulsively ingest razor blades, with an immediate sense of relief, since he “had done something to hurt” himself. He then alerted others to the ingestion or came to the hospital. The patient claimed to have done so over 40 times, with no significant medical complications, and had never followed up with outpatient care.

Case 4. “Ms. D” is a 53-year-old woman with Kleinfelter’s syndrome, having had gender-change surgery 20 years ago. She had been diagnosed with borderline personality disorder and opioid dependence. She has had multiple previous presentations to the ED, having ingested sharp metal objects, resulting in multiple endoscopic procedures and subsequent psychiatric hospitalizations. Although she did have a history of suicidal ideation, her ingestions were not typically associated with suicidality. Usually, she presented to the ED complaining of perineal pain, which she claimed was related to her gender surgery. She often refused to have foreign objects removed from her gastrointestinal tract unless the physicians agreed to surgical intervention for her perineal pain.

Case 5. “Ms. E” is a 34-year-old woman with a history of bipolar disorder, borderline personality disorder, and cocaine dependence, with multiple suicide attempts and chronic self-injurious behavior (arm-cutting). She presented to the ED complaining of abdominal pain and suicidal ideation. When questioned about possible self-injury, she reported having swallowed four razor blades. Her history includes seven documented episodes of suicidal ideation associated with swallowing razor blades. She had multiple previous hospitalizations for endoscopic procedures, followed by psychiatric hospitalizations. The patient had been extremely resistant to any psychiatric follow-up or treatment after these hospitalizations.

Discussion

These cases highlight the infrequent but important phenomenon of intentional swallowing of foreign objects in patients with severe personality disorders. Despite the fact that many, if not most, emergency and consultation–liaison psychiatrists have seen this behavior (personal correspondences, 2004–2005), the literature is remarkably bereft of reports and discussion of the associated psychiatric aspects in the personality-disordered population. In fact, most reports on intentional swallowing do not appear in the psy-

chiatric literature; rather, they are found in the surgical and gastroenterological literature, and they focus on complication rates and surgical techniques for removing the object. They contain little to no commentary about patient intentions, psychological meaning, or psychopathology.

Self-injurious behavior is a fairly common phenomenon in psychiatric patients, particularly those with severe personality disorders,¹³ PTSD,^{14,15} and some psychotic disorders. Typically, these behaviors include superficial cutting, small burns, or excoriation. In patients with personality disorders, intentional ingestion can be viewed as a form of self-injury. In a significant percentage of patients, the behaviors are repetitive. These behaviors are usually regarded as nonsuicidal, or “parasuicidal,” in intent. Patients may report virtually no intent to die, but rather that the behavior helps to diminish other, more noxious psychological processes.

The literature on personality disorders covers a dazzling array of self-injurious behaviors, objects not just swallowed but inserted into the abdomen, the heart, the airway, the bladder, the breast, the ear, the legs, and arms, even into the cranium. Our case reports reflect the changing characteristics of these patients’ self-injurious and parasuicidal behaviors. Although there may be some unique characteristics of those who intentionally swallow sharp foreign objects, we suspect that they share many features in common with these other patients. Four of five of our patients are women, with the same proportion under age 34. All five began their pattern of ingestion before age 30. All of this is consistent with other reports on self-injurious patients with personality disorders.

Much has been written about the dynamics of such behavior. Associated features are intense anger and emotional lability. These patients often have histories of deprivation or childhood physical and/or sexual abuse.¹⁶ Internal feelings of emptiness and unbearable tension often precede the self-injurious behavior. The difficulty in the control and expression of aggression, often arising out of childhood traumatic experiences, may underlie the self-injurious behavior. The behavior thus becomes a vehicle for the management of aggression. Many observers have noted that suicidal and parasuicidal behaviors may be an expression of rage, whether conscious or unconscious. In addition to directing this rage toward themselves, such behaviors express rage at others—at those who have harmed them, those whom they may blame for their feeling of despair or rejection, or at those who failed to adequately love or protect them. The behavior of ingesting objects thus has

the combined function of self-punishment and the punishment of others, as well as forcing others to provide care.

Unlike other self-injurious behaviors, patients may be expressing an element of secretiveness and control with these ingestions. For example, one patient (#2: "Ms. B") hid the pen from care-providers and felt a sense of relief initially in ingesting it. It is virtually impossible to stop someone from ingesting an object, even with constant observation. Thus, they have considerable power to force certain behaviors on the part of medical providers. Once the ingestion is reported, X-rays are usually required, often followed by the medical necessity of retrieving the object. Patients who might otherwise be feeling powerless are suddenly able to exert enormous leverage. That process and struggle for power may be one of the unconscious motivations for the behavior. At the same time, the countertransference anger that doctors often feel in these situations speaks to their own sense of powerlessness and being controlled by the patient. The very process of frustrating and challenging doctors may also be a motivation.

Although cutting, burning, or other forms of physical mutilation may be dangerous to patients and distressing to their treaters, foreign-body ingestion carries a sense of insidiousness in the lack of outward evidence that harm has been done and in the latent risk of further injury. After a laceration has been sutured or a burn has been dressed, the risk of further danger from that injury is greatly diminished, but the ongoing risk of gastrointestinal perforation engendered by a foreign body persists until that object is either passed or removed. Whereas emergency physicians are often comfortable with the psychiatric recommendation to manage other self-injurious behaviors in an outpatient setting, they are usually reluctant to accept a similar recommendation for patients who swallow objects.

It is unclear whether the treatment issues and long-term outcomes of patients who swallow objects are differ-

ent from those of severe personality-disordered patients who engage in other acts of self-injury.

Currently, a variety of treatment approaches are being used in outpatient settings for the management of chronic parasuicidal behavior in patients with borderline personality disorder and PTSD.¹⁷ Numerous cognitive and behavioral approaches have been applied with some success, leading to decreased frequency and/or intensity of self-injurious acts. Dialectical Behavioral Therapy (DBT) has been shown in numerous studies¹⁸⁻²⁰ to decrease self-injury as well as hopelessness and depressive features in this population. It is notable that one of our patients ("Ms. B") did have an extended remission when she was hospitalized for several months on a unit utilizing DBT. Supportive therapy²¹ and other cognitive-behavior approaches^{22,23} have also shown some promise.

Several studies have demonstrated efficacy for pharmacological interventions. Naltrexone^{24,25} and clonidine²⁶ have led to decreases in both the impulsive drive to self-harm as well as the frequency of self-injury. However, there do not appear to be any studies looking specifically at the treatment of foreign-body ingestion in patients with borderline personality disorder. Although psychiatric providers may take an approach similar to the treatment of other self-injurious behavior, it is unclear whether there is a similar response to treatment. Long-term outcome may also be different for this population. Some reports suggest that swallowing-behavior may be more resistant to intervention than other acts of self-injury and may have a worse prognosis. If swallowing-behavior is, in fact, reflective of a greater severity of psychiatric illness, then this may help explain the difference in prognosis. Further prospective studies on this subset of individuals versus those patients with personality disorders or PTSD who exhibit other self-injurious behaviors will help in the future development of appropriate treatment and management approaches.

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