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Koro and Psychosis

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'Koro' has been described as a culture-bound syndrome with localised depersonalisation confined to the penis, occurring in the context of a panic state with fear of impending disaster (Yap 1965, 1969). Because ghosts are not thought to possess genitals, penile shrinkage is believed to be potentially fatal, with the risk that the victim will himself turn into a ghost. Until recently the syndrome was thought to be restricted to Southern Chinese emigres in Hong Kong and South East Asia. We wish to report two such cases, one in a West Indian and the other in a Greek Cypriot, admitted to Friern Hospital.

The Cases

Mr. A. A 24 year old West Indian immigrant was admitted in December, 1982, in a state of panic, with sweating, palpitations and elective mutism. He was grasping his penis. Apparently three days before admission, he had difficulty maintaining an erection when he masturbated. He developed the conviction that his penis was withdrawing into his abdomen and he feared that after that happened he would become a female. He was terrified by this prospect and on three occasions went to a casualty department from which he was referred to our hospital. He believed he was being influenced and controlled by two men who could insert and withdraw thoughts from his mind. In 1977, he was diagnosed as suffering from a schizophrenic illness and was successfully treated with phenothiazines. Two of his sisters also had a history of schizophrenic illness.

Mr. B. A 20 year old Greek Cypriot immigrant presented in September, 1978, with a depressed mood, elective mutism, abdominal pain and the conviction that his penis was shrinking into his abdomen. He too was in a panic state with a rapid pulse and sweating. A 'provisional diagnosis' (sic) of schizo-affective disorder was made on the basis of equivocal passivity phenomena. His condition improved on fluspirilene and amitriptyline. He was subsequently re-admitted in November, 1983 with hypomania and was successfully treated with chlorpromazine and lithium, having previously had a minor hypomanic episode treated as an out-patient in November 1979, with fluspirilene. He was re-admitted in January, 1984, with an endogenous depressive episode and successfully treated with amitriptyline. His father had suffered three episodes of depressive psychosis, some of which had been treated with ECT.

These two cases illustrate the Koro is not specific to a particular diagnostic category. It can be considered as a hyperacute anxiety coupled with a delusional belief occurring in a psychotic setting, whether that be affective or schizophrenic. It does not appear to be as culture-bound as was previously asserted (Yap 1965, 1969, Gwee 1963). Sporadic cases have been reported in North American (Marks and Lader 1973, Dow and Silver 1973) and European Caucasians (Barnett 1978, Constable 1979). We add our two cases to the few already reported.

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