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# "Koro"-like Syndrome Affecting the Tongue – A Case Report

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## Summary

A 52-year-old man presented with a 2-year history of episodic retraction of his tongue into the throat with a belief that he will die if the retraction is complete. The presentation is similar to koro except that the tongue is involved instead of the penis. It appears that retraction taxon can involve other organs and may not necessarily be culture bound.

**Key Words:** Koro, Tongue, Retraction taxon

## Introduction

A taxon refers to groupings based on similarities without specifying its level of abstraction<sup>1</sup>. This term

is used to group the usually rare and so called 'culture bound' syndromes, though nowadays some of the conditions are not entirely regarded as culture bound. Simons has described seven taxa: startle matching

## CASE REPORTS

(latah), sleep paralysis, genital retraction (koro), sudden mass assault (amok), running (piblokto), fright illness (voodoo) and cannibalistic compulsion. We report a case of a man who had features of retraction and startle taxa but not involving the genitals.

### Case Report

The patient is a 52-year-old married Malay man who presented with a 2-year history of sudden retraction of the tongue. This occurred when he was about to fall asleep when he suddenly awoke with a startle and felt that his tongue was being retracted into the back of the mouth. There was intense anxiety and fear. He believed that, if the retraction was complete, he would choke and be suffocated to death. He had to grasp his tongue with his fingers and at times would even bite his tongue with his teeth. He had to hold on to it for 10 to 20 minutes until he felt sure that the retraction had subsided.

The first episode was preceded by stress in his work. There had been a crisis. He was the secretary of the mini bus association and at that time, there was a strike by the drivers. Subsequently he had episodic recurrences of retraction of his tongue, almost always when he was about to fall asleep. He also noticed that when he talked a lot the day before, the tongue retraction would occur. The belief that he would suffocate and die was shared by his wife. Both mentioned a similar occurrence in a relative. The episodes occurred once every few months but he had two attacks recently that prompted him to seek help. There was no change in his sleep pattern and his appetite was good.

There is no significant findings in the family history, no one had a history of latah or koro. As to his personal history, he is a self made man and now runs his own fleet of buses. He describes himself as hot tempered who flares up easily but does not take matters to heart. He is married and has four children. He does not smoke or drink alcohol and denies any extramarital affairs.

In his medical history he had been admitted in the seventies to hospital for abdominal pains. A laparotomy revealed tuberculosis of the intestines for which he was

treated and has remained well since. There has been no history of taking medications both from doctors and traditional healers in relation to the episodes of retraction of his tongue. He claims not to have heard of or know the condition called koro when first interviewed.

Mental state examination revealed a middle aged Malay man who was well dressed and co-operative. He was articulate and relevant. Mood was euthymic and he could relate the episodes of tongue retraction and demonstrated his techniques of holding his tongue when he had the attacks. Physical examination did not reveal any abnormalities.

### Discussion

This patient's symptomatology is similar to that of koro. In koro, there are three beliefs : (1) that the penis is shrinking (2) that it will disappear into the abdomen and (3) when complete it will result in death. The patient's belief was that his tongue was retracting and if it went into his throat and if completed he would die. The only difference was in the organ involved. We have not found any report on tongue retraction in the the medical literature and believe that this is the first reported case.

The syndrome of koro was initially described in Chinese and was believed to be 'culture bound' occurring in people originating from South China<sup>2</sup>. Sexual maladjustment was suggested as an aetiological factor. More recent papers on koro has reported the syndrome in Caucasians as well as a sequelae to stroke and affective disorder. These papers showed that genital retraction is not necessarily a 'culture bound' phenomena but can be related to an underlying psychiatric or physical disorder. Our patient had no history of sexual maladjustment or physical disorder. Besides he had not heard of koro before consultation and could not possibly be influenced by cultural belief. In South East Asia, previous epidemics of koro were predominantly confined to Chinese<sup>3</sup> while our patient is a Malay.

The possibility of dystonia involving the tongue was considered but there was no history of taking any medication. In particular the antipsychotics and antiemetics were considered.

There are elements of a startle response as it occurred as he was about to fall asleep but there was no echolalia or echopraxia as seen in latah (startle taxon). Simons<sup>1</sup> has regarded koro as a depersonalisation syndrome affecting the integrity of the body image in particular the genitals retracting into the abdomen.

This patient has a similar description, the only difference being the tongue rather than the penis was involved. There is no reason why retraction taxon cannot involve other organs and in this patient, there is a case for calling this a tongue retraction taxon, an addition to Simons' list of seven.

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# Laboratory Acquired Murine Typhus – A Case Report

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## Summary

A 34-year-old laboratory worker developed murine typhus after an accidental splashing of *Rickettsia typhi* over her right eye and lips. Indirect immunoperoxidase test showed a four-fold increase in titre to *Rickettsia typhi*. She responded well to doxycycline.

**Key Words:** Murine typhus, Laboratory acquired infection

## Introduction

Murine typhus otherwise known as endemic typhus is a zoonotic disease which has a worldwide distribution.

It is endemic in the tropical and subtropical countries especially in rat infested areas.

Microbiologists in the preantibiotic era often