



## **University of Groningen**

## Self-disembowelment

van den Bergh, Walter M.; van Westerloo, David J.; de Jong, Vincent M.

Published in: Critical Care

DOI:

10.1186/cc11878

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version Publisher's PDF, also known as Version of record

Publication date:

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA): van den Bergh, W. M., van Westerloo, D. J., & de Jong, V. M. (2013). Self-disembowelment. Critical Care, 17(1), [403]. https://doi.org/10.1186/cc11878

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 22-05-2019



## LETTER

# Self-disembowelment

Walter M van den Bergh\*<sup>1,2</sup>, David J van Westerloo<sup>2,3</sup> and Vincent M de Jong<sup>4</sup>

A case of self-disembowelment is presented with an overview of self-disembowelment as a cultural entity.

A 26-year-old Chinese woman was found by alarmed paramedics outside her house while attempting to remove her bowels through a self-affected cut in her stomach with a 30 cm kitchen knife. Vital parameters were intact and there were no traumatic findings apart from a small left paramedian cut of approximately 5 cm in her upper abdomen. She was confused, and even in the shock room the patient proceeded with her attempts to remove her bowels.

The most striking finding at computed tomography scan was the total absence of the small bowel, later confirmed during surgery (Figure 1). The police were contacted to see whether they could trace the missing bowels, and indeed several pieces of bowel, cut into pieces during the removal procedure, were found in the surroundings of the patient's house. The missing pieces were brought to the hospital but unfortunately were not found to be viable and replacement was considered futile (Figure 2).

Notorious is the Japanese ritual suicide known as harakiri (spoken term) or seppuku (written term), which literally means 'cutting the belly' - the honorable method of taking one's own life practiced by men of the samurai (military) class in feudal Japan [1].

The ancient Egyptians believed that toxins formed as a result of decomposition within the intestines. This perception still exists, as evidenced by the plethora of advertisements for colon cleansing. In combination with the tough image of samurai committing seppuku, this leads to phenomena such as the Australian death metal band Disembowelment and songs such as 'Self Disembowelment' by Devourment, with lyrics such as 'I must release these vile insects from inside of me' - although the lyrics as a whole are quite difficult to follow [2].

Rare examples of self-disembowelment include the report of a New Jersey man who allegedly cut out his

<sup>\*</sup>Correspondence: w.m.van.den.bergh@umcg.nl Department of Intensive Care, Room BA.49, University Medical Center Groningen, PO BOX 30.001, 9700 RB Groningen, the Netherlands Full list of author information is available at the end of the article





Figure 1. Abdominal computed tomography image showing the total absence of the small bowel.



Figure 2. Pieces of bowel, cut into pieces during removal. Several pieces of bowel, cut into pieces during the removal procedure, were found by the police in the surroundings of the patient's house.

entrails in front of police and then threw bits of his intestines at them [3]. Also, a case is mentioned in the 1968 edition of the *Atlas of Legal Medicine* [4].

As a result of her self-inflicted injury, our patient developed a short bowel syndrome for which intestinal transplantation has been advocated. However, survival rates and quality of life are better in patients on chronic parenteral nutrition [5]. Owing to ongoing mental problems, transplantation would be unfeasible and the expectation is that she will be dependent on lifelong parenteral feeding.

### **Competing interests**

The authors declare that they have no competing interests.

#### Acknowledgements

The study complies with the Declaration of Helsinki and good clinical practice guidelines. The patient gave permission to publish this manuscript.

#### **Author details**

<sup>1</sup>Department of Intensive Care, Room BA.49, University Medical Center Groningen, PO BOX 30.001, 9700 RB Groningen, the Netherlands. <sup>2</sup>Department of Intensive Care, Room C03.423, Academic Medical Center, PO BOX 22660, 100 DD Amsterdam, the Netherlands. <sup>3</sup>Department of Intensive Care Medicine, B4-57, Leiden University Medical Center, PO BOX 9600, 2300 RC Leiden, the Netherlands. <sup>4</sup>Trauma Unit, Academic Medical Center, Surgical Department, PO BOX 22660, 100 DD Amsterdam, the Netherlands.

Published: 9 January 2013

#### References

- 1. Osumi M: Seppuku no rekishi [History of seppuku]. Tokyo: Yusankaku; 1973.
- Devourment Self Disembowelment [http://www.youtube.com/ watch?v=ovo5-Lh9mFc]
- Wayne Carter Threw Intestines at Officers after Stabbing Himself, Police Say [http://www.huffingtonpost.com/2012/05/29/wayne-carter-threw-intestines-at-officers-stabbed-self-new-jersey\_n\_1554126.html]
- Watanabe T: Atlas of Legal Medicine. Philadelphia: J.B. Lippincott Company; 1968
- Abu-Elmagd KM, Kosmach-Park B, Costa G, Zenati M, Martin L, Koritsky DA, Emerling M, Murase N, Bond GJ, Soltys K, Sogawa H, Lunz J, Al Samman M, Shaefer N, Sindhi R, Mazariegos G: Long-term survival, nutritional autonomy, and quality of life after intestinal and multivisceral transplantation. *Ann Surg* 2012, 256:494.

#### doi:10.1186/cc11878

Cite this article as: van den Bergh WM, et al.: Self-disembowelment. Critical Care 2013. 17:403.