

# Case Report

## Can We Call It “Stinky-finger Syndrome?”

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### ABSTRACT

Many accounts refer to insertion of finger into anus mostly for gratification from stimulation of prostate gland, but index case Mr. M. continued doing this to get rid of constipation that eventually led to feelings of guilt, stinky fingers, not able to defecate normally, and dysphoric emotions. Further research is needed to find out the phenomenology of this condition.

**Key words:** *Depression, smelly finger, stinky finger*

### INTRODUCTION

Many of us might have once tried to push finger from our rear end, but experiences vary from feeling pleasurable to disgust. Well many times, habit of same can lead to shame-ridden heart with all dysphoric emotions.

### CASE REPORT

Index patient Mr. M. 13 years of age, male, and belonging to middle socioeconomic status visited clinical psychologist with the complaints of sad mood, extreme guilt feelings, and anxiety. Above all, these symptoms seem to be secondary to his repeated act of inserting finger into his anus. The patient reported that he used to have constipation and that resulted in spending more time in toilet. Once he accidentally put his finger inside his anus and found that it helped him

easy defecating. Subsequently, it became his habit and he knew this was easy way out. However, soon this act started intruding his life. First, he started spending more time in washroom doing same. Second, his fingers would stink like shit even if he washes hands repeatedly with soap or apply mustard oil on hands. Many people including his family members commented on him that he was stinking and the patient used to cover his hands in front of others. Third, repeated insertion of finger led to bleeding heavily. He would feel sad and anxious most of the time along with the extreme feelings of guilt associated with the act. The duration of the condition was reported to be 3 months. Depression and anxiety symptoms were found to be subsyndromal rather waxing and waning around the thoughts of the act and guilt-ridden thoughts such as “why am I indulging into such act?” and “Is it that I can’t defecate normally now?.” Many times, the patient tried to stop this act,

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but he was not able to defecate and thus continued despite his sad mood and guilt feelings.

## DISCUSSION

Index case could not be explained on obsessions and compulsions or habit and impulse disorder as no intrusion of thoughts or compulsions or impulse to action was present.<sup>[1]</sup> Neither could this be explained by olfactory reference syndrome where only patient has sense that he or she is producing a foul smell (and not necessarily smell of feces) which is not the case in objective reality here.<sup>[2,3]</sup> Discussion regarding anal expulsive character described by Sigmund Freud from fixation at anal stage might be quite possible here. Research speaks about pleasure by touching one's prostate.<sup>[4]</sup> Apparently, the act does not seem to be the stimulation of prostate gland as patient was getting pleasure from not by inserting finger but when he defecates profusely till he would not pass any stool but only mucus and blood. He does it, so that he can defecate easily and pleasure is felt by defecation. However, still pleasurable feelings by touching prostate gland cannot be discounted and is a close differential. Searching the internet, we could not find anything related to this condition except one case that is very much like the index case.<sup>[5]</sup> That self-reported case also describes experiencing of symptoms such as shame, putting finger to defecate, sense of pleasure after defecation, smelly fingers, and disturbance in sociooccupational functioning. While history taking, index patient revealed that many times he found same

foul smell from his first cousin who is just 9 years of age but he could not enquire her/him. The statement, if speaks about the same condition, increases the possibility of role of genetics in the condition. However, this would be just speculation and premature conclusion thus needs further exploration. More research is warranted to explore the phenomenology of the condition.

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### Conflicts of interest

There are no conflicts of interest.

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