



(CASE REPORT)



A Tanzanian child with gratification disorder

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Abstract

Gratification Disorder, also known as “Benign Idiopathic Infantile Dyskinesia” or “Infantile Masturbation,” is a rare condition in young children characterized by self-stimulatory behaviors. It often presents with symptoms that can be mistaken for other medical issues, such as epilepsy, and may lead to unnecessary investigations and treatments. In this report, we present a case of a 3 year old girl from Kibaha, Tanzania, who was initially misdiagnosed with convulsions and treated with anticonvulsants, after she presented with a history of episodic rocking of the hip and scissoring of lower limbs. The diagnosis was later corrected to Gratification Disorder, and she received multidisciplinary care that resulted in significant improvements.

Key words: Benign Idiopathic Infantile Dyskinesia; Infantile Masturbation; Epilepsy; Convulsions

1. Introduction

Gratification Disorder also referred to as “Benign Idiopathic Infantile Dyskinesia” or “Infantile Masturbation,” is a rare behavioral condition in young children (10). It is characterized by self-stimulatory (masturbatory), repetitive behaviors in children, which may have an onset as early as in infancy (2). The stereotypic motor behaviour includes lower limbs scissoring posture and repetitive pelvic movements with rubbing of thighs together and rocking motion of genital region against the bed or other objects (3). The condition is commonly seen in children between 3 months and 6 years of age, with a median age at diagnosis of 24.5 months (4).

Due to the nature of its clinical presentation, Gratification Disorder can be mistaken for other medical conditions, such as epilepsy or movement disorders, leading to over-investigation and inappropriate treatments (5). Case reports have also highlighted that these children have many unwarranted investigations: blood analyses, metabolic screening, abdomen ultrasound screening, gastrointestinal radiography, cerebrospinal fluid examination, skull x-ray examination, brain scan, pyelography, and other investigations (4, 6).

This case report describes a 3-year-old girl diagnosed with Gratification Disorder at Tumbi Regional Referral Hospital in Kibaha, Tanzania. Due to its rarity, the case highlights the importance of including Gratification Disorder in the differential diagnosis of similar presentations to ensure accurate diagnosis, avoid unnecessary investigations and treatments, and ultimately improve patient outcomes.

2. Case

A 3-year-old female child from Kibaha, Pwani Region, Eastern Tanzania, was brought to Tumbi Regional Referral Hospital - Kibaha, with a history of repetitive, self-stimulatory behaviors, including limbs scissoring posture and

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repetitive pelvic movements with rubbing of thighs together and rocking motion of the pelvic region against the bed or other objects. The behaviors had been occurring intermittently for several months.

These abnormal movements were not associated with stool or urine incontinence, and the child they were not interfering with sleeping. The movement lasted for 3 to 5 minutes, at an average of 3 to 4 times a day. There was no significant family or medical history of note, and the child's growth and development were otherwise normal.

Previously, the child had been misdiagnosed with convulsions and treated with anticonvulsant medications (such as Phenobarbital and Carbamazepine) for several months without any improvement in symptoms. Given the nature of the behaviors, the child was referred to our centre for further evaluation.

The parents provided several video clips documenting the unusual behaviour, along with normal EEG and brain MRI reports. Additional baseline investigations conducted at our facility were all within normal ranges. On examination, the child appeared healthy with no physical abnormalities. Both neurological and developmental assessments were normal. The case was also discussed with a consultant Paediatric Neurologist by sending videos of the events. A diagnosis of Gratification Disorder was made after excluding other conditions such as epilepsy and paroxysmal movement disorders.

The parents received counselling and education about the condition. During the session, the movements were explained as benign and not harmful, and the family was reassured accordingly. They were advised to avoid drawing attention to the episodes and instead gently redirect the child's focus toward other enjoyable and engaging activities. By the 6th month follow-up, both parents reported noticeable improvement, with the episodes reducing to one per week. The child has since enrolled in school and continues to attend routine follow-up visits, with currently no recurrence of concerning symptoms.

3. Discussion

Although common in childhood, gratification disorder can pose a diagnostic challenge for clinicians who are not familiar with it. Unlike in adolescents or adults, there is no obvious genital manipulation, making it less apparent. Its clinical presentation is usually not specific, which may lead to misdiagnosis. In this case, the clinical features and the child's response to distraction helped distinguish the behavior from seizures.

In a review of 31 cases of masturbatory behaviour in children, Nechay et al. found that most patients were initially misdiagnosed as having seizure disorders (4). Similarly, Fleisher and Morrison reported that a movement disorder was the most frequent initial diagnosis (7).

Similarly to our case, Yang et al. found that the typical clinical features of gratification disorder in children include onset between 3 months and 3 years of age, stereotyped episodes of variable duration, vocalizations such as quiet grunting, facial flushing with diaphoresis, and pressure on the perineum accompanied by characteristic posturing of the lower extremities. As observed in our case, there is no alteration of consciousness, the episodes cease with distraction, and both physical examination and laboratory investigations are typically normal (8).

The condition is usually self-limiting and tends to resolve over time. However, during episodes, distracting the child through engaging activities can be helpful (9). Management also includes providing parents with psycho-education to help them understand that this behaviour is a normal part of child development, that children often outgrow it, and to reduce stigma through increased awareness (10).

4. Conclusion

Gratification Disorder is a rare but important condition in young children that often leads to misdiagnosis and unnecessary treatments. Early recognition, correct diagnosis, and a multidisciplinary approach are key to successful management. This case demonstrates that with proper intervention, children with Gratification Disorder can show significant improvements, and the behavior can be effectively managed through parental education and behavioral techniques.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no competing interests in this work.

Statement of informed consent

Written informed consent was obtained from the parents, confidentiality was guaranteed, and administrative permission to publish this case report was granted by Tumbi Referral Regional Hospital as per hospital management protocols.

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