

Non-Suicidal Self-Embedding Behavior as a Means of Socialization: A Case Report

Nurhak Aksüt¹, Yusuf Kantar² 

¹ Primary Health Care Corporation, Health Center, Doha, Qatar

² Department of Emergency Medicine, Faculty of Medicine, Erzincan Binali Yıldırım University, Erzincan, Türkiye

Received: 23 February 2026, Accepted: 3 April 2026, Published online: 30 April 2026

© Ordu University Faculty of Medicine, Türkiye, 2026

Abstract

Objective: Self-injurious behavior, which is frequently observed in the general population, also constitutes a significant proportion of emergency department presentations. Although it most commonly manifests as drug ingestion, another relatively frequent method involves the insertion of foreign bodies into the body. Particularly among incarcerated individuals, non-suicidal self-embedding behavior has been increasingly reported. This practice, often rooted in a “socialization concept,” may also serve as a means of secondary gain and lead to recurrent emergency department visits.

Case Report: This case presentation describes an interesting and rare non-suicidal method found by a 28-year-old male patient to get from prison to the hospital.

Conclusion: While medical and psychological interventions are critical in the management of such cases, it is essential not to overlook the social dimension of the issue. In particular, for incarcerated patients, prioritizing social rehabilitation over purely medical treatment may yield more comprehensive and sustainable outcomes.

Keywords: Self embedding; Self injurious; Foreign bodies; Psychiatric disorder; Emergency medicine

Sosyalleşme Biçimi Olarak İntihar Amacı Olmayan Kendine Yabancı Cisim Yerleştirme Davranışı: Olgu Sunumu Özet

Giriş: Genel popülasyonda sık gözlenen kendine zarar verme davranışı, acil servis başvurularının da önemli bir bölümünü oluşturmaktadır. En sık ilaç alımı şeklinde ortaya çıkmakla birlikte, görece sık görülen bir diğer yöntem vücuda yabancı cisim yerleştirilmesidir. Özellikle hükümlü bireylerde, intihar amacı taşımayan kendine yabancı cisim yerleştirme davranışının giderek daha fazla bildirildiği görülmektedir. Sıklıkla “sosyalleşme kavramı” temelinde ortaya çıkan bu uygulama, ikincil kazanç elde etme aracı olarak da kullanılabilen ve tekrarlayan acil servis başvurularına yol açabilmektedir.

Olgu Sunumu: Bu olgu sunumunda, 28 yaşında erkek bir mahkûmun cezaevinden hastaneye sevk edilmek amacıyla başvurduğu, intihar niyeti taşımayan ilginç ve nadir bir yöntem tanımlanmaktadır.

Sonuç: Bu tür olguların yönetiminde tıbbi ve psikolojik müdahaleler kritik öneme sahip olmakla birlikte, sorunun sosyal boyutunun göz ardı edilmemesi gerekmektedir. Özellikle hükümlü hastalarda, yalnızca medikal tedaviye odaklanmak yerine sosyal rehabilitasyonun önceliklendirilmesi, daha bütüncül ve sürdürülebilir sonuçlar sağlayabilir.

Anahtar kelimeler: Kendine yabancı cisim yerleştirme; yabancı cisimler; psikiyatrik bozukluk; acil tıp

Suggested Citation: Aksüt N and Kantar Y. Non-Suicidal Self-Embedding Behavior as a Means of Socialization: A Case Report. ODU Med J, 2026;13(1):44-44.

Copyright@Author(s) - Available online at <https://dergipark.org.tr/tr/pub/odutip>

Content of this journal is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).



Corresponding Author:

Yusuf Kantar

Department of Emergency Medicine, Faculty of Medicine, Erzincan Binali Yıldırım University, Erzincan, Türkiye

E-mail: dryusufkantar@gmail.com

INTRODUCTION

In a broad sense, self-injurious behavior is a prevalent phenomenon across societies. Although it

most commonly presents as ingestion of high doses of medications, various other forms and variants may also be encountered in numerous cases (1). Engaging in repetitive behaviors such as nail biting, hair pulling, or skin picking also constitutes a form of self-injurious behavior. Some individuals go a step further by engaging in self-injurious behavior through the insertion of foreign bodies into their own bodies. Such cases can be classified under two main categories. In some instances, foreign bodies are introduced through natural body orifices (such as the urethra, anus, vagina, or via oral ingestion), whereas

in others, the individuals create their own entry sites and subsequently insert the foreign object into these artificially created openings (2). This type of self-injurious behavior, defined as Self-Embedding Behavior (SEB), may be either suicidal or non-suicidal in nature (3). The underlying pathology of non-suicidal self-injurious behavior has not yet been clearly elucidated. It has been observed that even individuals without any established psychiatric diagnosis may occasionally exhibit this pattern of behavior (4). Different treatment protocols are applied regarding the removal of foreign bodies. While objects inserted through the anus are often expected to pass spontaneously, endoscopic or surgical interventions may be required for foreign bodies that have been ingested or inserted into the urethra or vagina (5). For foreign bodies placed subcutaneously or intramuscularly, simple excision procedures may be performed. However, before removal, the relationship between the foreign object and surrounding vital structures must be clearly established. Prior to the extraction process, anatomical location, bleeding risk, and infection status should be carefully considered. In addition to X-ray imaging, computed tomography (CT) or angiography may be performed if necessary (6). Individuals who do not utilize natural body orifices generally prefer sharp, pointed, or penetrating objects such as needles, fork tips, or metal fragments. These objects are typically radiopaque and are easier to detect compared to materials like plastic or wood (7). This case report aims to present the diagnostic and therapeutic process of a patient with no psychiatric diagnosis who inserted a foreign body into their body solely for the purpose of being transferred from prison to a hospital.

CASE REPORT

A 28-year-old male patient was brought to the emergency department under the supervision of

prison officers due to insertion of foreign bodies into his body. The patient was in good general condition, conscious, oriented, and cooperative, with a Glasgow Coma Scale score of 15. His medical history revealed no chronic illnesses. Vital signs were evaluated as follows: blood pressure 110/60 mmHg, pulse 78 beats per minute, temperature 36.7°C, and SpO₂ at 94%. Physical examination revealed two wounds on each side of the neck skin, suspected to be the entry sites of foreign bodies (Figure 1). There was no active bleeding. Other system examinations were unremarkable. The blood tests were completely normal. An X-ray was performed to detect the foreign bodies. The radiographic evaluation revealed two metallic foreign bodies, each a few centimeters in length, on both the right and left sides of the neck (Figure 2). A cervical CT scan was performed prior to foreign body removal to assess their relationship with adjacent vital anatomical structures. It was determined that the foreign bodies were located at the cutaneous level (Figure 2). The foreign bodies were removed under local anesthesia in the emergency intervention area (Figure 1). The extracted metallic objects were identified as the tips of a regular dining fork. No complications were observed following the procedure. Tetanus prophylaxis was administered in the emergency department. After completing medical treatment, the patient was consulted by a psychiatrist before discharge. The psychiatric consultant concluded that the patient might have a personality disorder during the emergency room evaluation, despite no previous diagnosis of a psychiatric disorder, and recommended that the patient be referred to the outpatient clinic for a detailed evaluation. Since it was a case of self-harm, a forensic report was prepared in the emergency room. The patient, who had no psychiatric diagnosis or history of regular medication use, was discharged with an antibiotic prescription for the wound site infection following the psychiatric evaluation.



Figure 1. Images of the foreign bodies on the neck at the skin level and after removal (black arrows)



Figure 2. X-ray and CT images of the foreign bodies in the neck (red arrows)

DISCUSSION

The method of self-harm through insertion of foreign bodies into the body is increasing day by day. Collaboration with specialties such as urology, otorhinolaryngology, gastroenterology, and gynecology may be required for the removal of foreign bodies introduced through natural body orifices (2). As in our case, foreign bodies without involvement of adjacent organs may be removed by emergency physicians. Patients who insert foreign bodies into self-determined sites rather than natural orifices most frequently prefer extremities such as the arms and legs (1). Rarely, as in the patient described in our case report, the neck region may be selected. Due to the vital structures it contains, this area requires extra caution in patient management. In cases where foreign bodies are deeply embedded, carotid artery injury or tracheal penetration may occur. In such cases, the primary goal should be to secure the airway and achieve hemorrhage control before attempting foreign body removal (8). Studies conducted in the United States have shown that 85% of SEB cases have an underlying psychiatric diagnosis, and 70% of these cases involve incarcerated populations. Among prisoners, this behavior is predominantly performed with non-suicidal intent, and it is believed that the primary motivation is to obtain secondary gain (4). In our case, it was observed that the patient's primary motivation was to be transferred from prison to the hospital, seeking a "change of environment" and to "see different faces." Patients exhibiting this non-suicidal form of behavior typically present to

emergency departments for treatment and tend to repeat such visits. Particularly among prisoners, even in the absence of a psychiatric disorder requiring regular treatment, underlying conditions such as post-traumatic stress disorder, eating disorders, or personality disorders may coexist (9). According to hospital data systems, the patient presented in our case report had multiple emergency department visits due to SEB. The prison administration was informed through law enforcement agencies that necessary measures should be taken regarding the patient who had submitted multiple applications for similar reasons in the system.

CONCLUSION

In conclusion, patients who engage in the behavior of inserting foreign bodies into their bodies, whether suicidal or not, primarily present to the emergency department. While there are important medical and psychological steps in the management of such cases, the social dimension of the issue should not be overlooked. Particularly for incarcerated patients, as in our case, social rehabilitation is more crucial than medical treatment. Through such rehabilitation, not only is patient health preserved, but recurrent hospital visits, security risks during prison-to-hospital transfers, and public costs can be minimized. When such cases are evaluated in the emergency department, the disruption of the working environment, the decrease in staff motivation, and the resulting difficulties in providing care to other patients also pose serious public health concerns.

Ethics Committee Approval

Ethics committee approval was not required for this case report. The manuscript does not include any personally identifiable patient information, and written informed consent was obtained from the patient.

Author Contributions

Conception - Yusuf Kantar; Design - Yusuf Kantar; Supervision - Yusuf Kantar; Data Collection and/or Processing - Nurhak Aksüt; Analysis and/or Interpretation - Yusuf Kantar; Literature Search - Nurhak Aksüt; Writing - Yusuf Kantar; Critical Review - Nurhak Aksüt.

Conflict of Interest

The author declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Financial Disclosure

The author received no financial support for the research, authorship, and/or publication of this article.

REFERENCES

1. Wraight WM, Belcher HJCR, Critchley HD. Deliberate self-harm by insertion of foreign bodies into the forearm. *J Plast Reconstr Aesthet Surg*. 2008;61(6):700-703.
2. Chaudhry JL, Yousafzai AW. Self-Embedding Behavior (SEB): A Case Report and Review of Literature. *Khyber Med Univ J*. 2016;8(1).
3. Nock MK. Why do people hurt themselves? New insights into the nature and functions of self-injury. *Curr Dir Psychol Sci*. 2009;18(2):78-83.
4. Brunner J, Russel M, Herr K, et al. Nonsuicidal self-injury-related foreign bodies in the emergency department. *Semin Ultrasound CT MR*. 2015;36(1):80-87.
5. Dalal PP, Otey AJ, McGonagle EA, et al. Intentional foreign object ingestions: need for endoscopy and surgery. *J Surg Res*. 2013;184(1):145-149.
6. Bukur M, Inaba K, Barmparas G, et al. Self-inflicted penetrating injuries at a Level I Trauma Center. *Injury*. 2011;42(5):474-477.
7. Guelfguat M, Kaplinskiy V, Reddy SH, DiPoce J. Clinical guidelines for imaging and reporting ingested foreign bodies. *AJR Am J Roentgenol*. 2014;203(1):37-53.
8. Dhiman D, Arora D. | Case report on anaesthetic Management of a patient with self embedding syndrome and difficult airway due to pins in and around trachea | *Journal of Anaesthesia and Critical Care Case Reports* | May-August 2021; 7(2): 10-13.
9. Poynter BA, Hunter JJ, Coverdale JH, Kempinsky CA. Hard to swallow: a systematic review of deliberate foreign body ingestion. *Gen Hosp Psychiatry*. 2011;33(5):518-524.