Female foot fetishism disorder in childhood

Sir,

Fetishism, a paraphilic sexual disorder, is characterized by recurrent intense sexual urges and sexually arousing fantasies, involving specific objects over a period of at least 6 months.^[1]

The psychopathology of the fetishism is disputed. Dysfunction of the temporal lobe and its subcortical connections is currently a subject of extensive investigation.^[2] Fetishism almost always occurs in males.^[3] We present a case of female foot fetishism in a 3.5-year-old male child with problem of getting excited to see a female leg or stockings and trying to touch them by his mouth and genitalia since he was 3. His reactions included tachypnea, tachycardia, flushing, dilated pupils, and penile erection. He had no history of physical or mental disorders with any signs of child abuse in his examinations in spite of the apparent signs of neglect and low attention given by his parents. He was diagnosed with fetishism related to female leg, foot, and stocking which is a rare condition in early childhood. Risperidone tablet 0.5 mg/day orally was prescribed. The patient was followed-up to his 7th year and his symptoms diminished from the age of 6 and a 1/2. This suggested the efficacy of the treatment; however, the compliance with respect to taking his medicine was not acceptable.

A brief Internet search showed that it is not actually a very rare behavior in the children; however, most mothers find fetishism "cute" rather than neurotic. As was described in this case, early treatment can be helpful in treating childhood fetishism.^[4] Childhood foot fetishist is introduced from a developmental, psychodynamic point of view. Pre-Oedipal fixation is suggested for this condition. The patient focuses on a unit matter like women's wearing; therefore, autism can be a comorbidity or be considered as a differential diagnosis. In a report by Dozier *et al.*,^[5] a 36-year-old man who diagnosed with autism, engaged in bizarre sexual behavior in the presence of women wearing sandals. Therefore, there should be an effort to inform parents about this disorder and encourage them to visit a psychiatrist. It is necessary to train the parents about the identity of disorder that child is not guilty or crime and punishment is forbidden.

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