

Self inserted foreign body in the urethra due to autoerotism

Surendra Shah, Samir Shrestha, Jay N Shah
Patan Academy of Health Science

ABSTRACT

Most foreign bodies in the bladder are self inserted via urethra for autoerotic stimulation. Most of them are ashamed to admit they had introduced it for sexual gratification and diagnosis is made only when got into complication. We are reporting a case of young girl who has inserted broom stick into the urethra because of sexual curiosity and it was migrated to urinary bladder which was removed using cystoscopy. Post operative period was uneventful

Key words: Foreign bodies, cystoscopy, urinary bladder.

CORRESPONDENCE

Dr. Surendra Shah
Lecturer, Department of surgery
Patan Academy of Health Sciences
E-mail: surendrashah@live.com

INTRODUCTION

A Variety of foreign bodies have been inserted in the urinary bladder as a result of curiosity, autoerotic stimulation, or medical procedures. Symptoms vary from mild discomfort to severe pain, hematuria, urinary tract infection, stone formation and perforation.¹ Endoscopic retrieval of foreign bodies has always been a challenge and quite satisfying procedure if done properly.² In some cases an open surgery may be needed to remove the foreign bodies.³ We are presenting a case of young girl who has inserted foreign body by herself into urethra which was migrated to urinary bladder.

CASE REPORT

A young girl of 14 years old presented in the emergency with her parent with history of foreign body insertion into urethra accidentally when she felt down. On exploring the history from patient herself there was a bamboo-stick which was inserted partially into her urethra for sexual curiosity and pleasure which was slipped and migrated inside. She has pain in the urethra however, no hematuria, or abdominal pain. She was passing urine normally. General and systemic examination was normal. No obvious genital injuries were seen. Her X-ray pelvis shows about 15 cm elongated hypodense shadow lying obliquely in the pelvic region (Fig. 1). Ultrasound pelvis shows about 15 cm elongated hyper-echoic lesion within the intact urinary bladder (Fig. 2).

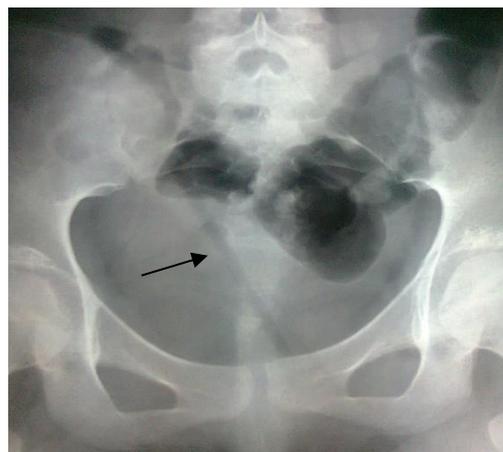


Figure 1: X-ray pelvis showing elongated radio-lucent structure in the pelvis.



Figure 2: Ultrasound pelvis showing hyper-echoic elongated structure in the urinary bladder

With the diagnosis of foreign body in the urinary bladder, cystoscopy and removal of foreign body under general anesthesia was completed without urethral or bladder injury. There was 15 cm long with the diameter of 0.7 cm broom stick in the urinary bladder (Fig. 3 & Fig. 4). Complete extraction and trauma in urinary bladder was confirmed by pancystoscopy after removal of foreign body. Post operative period was uneventful and she was discharge in the next morning.

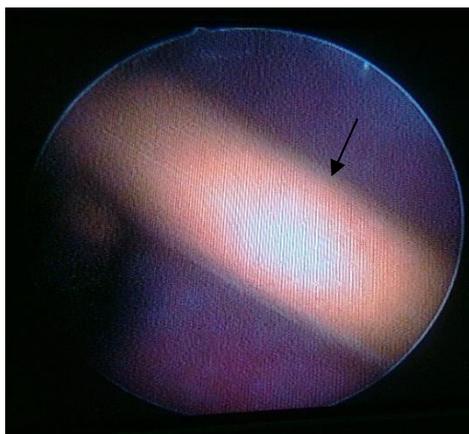


Figure 4: Cystoscopic view showing foreign body in the urinary bladder

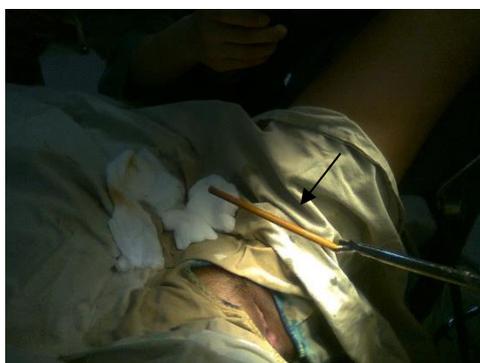


Figure 4: Foreign body after removing by cystoscopic forceps.

DISCUSSION

A wide range of foreign bodies in the lower urinary bladder have been reported in the literature. Almost any conceivable object has been found in urinary bladder, including sharp and lacerating objects (needles, pencils, ball point pens, pen lids, garden wire, copper wire, speaker wire, safety pins, Allen keys), wire-like objects (telephone cables, rubber tubes, feeding tubes, straws, string), toothbrushes, household batteries, light bulbs, marbles, cotton tip swabs, plastic cups, thermometers, plants and vegetables (carrot, cucumber, beans, hay, bamboo sticks, grass leaves), parts of animals

(leeches, bones), toys (toy frogs), pieces of latex gloves, blue tack, intrauterine contraceptive devices (IUCD), tampons, pessaries, powders (cocaine), and fluids (glue, hot wax). The incidence appears to be higher in men (1.7:1) than women.^{4,5,6}

The most common reason for self insertion of foreign body into lower urinary tract is of erotic or sexual nature, especially masturbation or sexual gratification. A mental illness or drug intoxication may also be the reason.⁷ In our case, she has introduced foreign body into urethra for sexual pleasure.

Clinical presentation may vary from asymptomatic to swelling of external genitalia, dysuria, stangury, lower abdominal and urethral pain, hematuria, poor urinary stream or retention, urethral discharge, and fever. Possible complications are urinary tract infection, calcification, stone formation, perforation, fistula, squamous cell carcinoma, and even fatality secondary to septicemia have been reported.⁸ They are too ashamed to admit they had introduced it for sexual gratification or perversion and were diagnosed only when got into complication. Most of the foreign bodies in urinary bladder are diagnosed by X-ray pelvis or ultrasound and sometimes picked up on cystoscopy.⁹ In our case, she has only pain in urethra and she discloses this event to her parent with the fear of further complication which was appreciable.

Management is aimed at providing complete extraction that should be tailored according to the nature of the foreign body with minimal trauma to the bladder and urethra. Though endoscopic retrieval has always

been a challenge, most foreign bodies can be removed transurethrally with cystoscopic grasping forceps and quite satisfying procedure if done properly. In some cases suprapubic cystotomy may be needed to remove the foreign bodies.^{2,4} We could remove foreign body successfully using cystoscopy.

Thus, it is better to keep in mind the possibility of foreign body as differential diagnosis in patients presenting with chronic dysuria or cystitis or hematuria not responding to chemotherapy.

REFERENCES

1. Moon SJ, Kim DH, Chung JH and Jo JK et al. Unusual Foreign Bodies in the Urinary Bladder and Urethra Due to Autoerotism: case report. *Int Neurourol J.*2010;14(3):31-5.
2. Hemal AK, Taneja R, Sharma RK and Wadhwa SN. Unusual foreign bodies in urinary bladder: point of technique for their retrieval. *Eastern Journal of Medicine.*1998;3(1):30-1.
3. Jani B, Aldujaily S and Katiyar N. Case Report of A Very Long Foreign Body in Urinary Bladder. *The Internet Journal of Urology* 2006;4(1).
4. Memon JM, Memon NA, Jilani KA and Naqvi SQH et al. An unusual foreign body in the urinary bladder. *Gomal Journal of Medical Sciences* 2006 Jan–June; 4(1).
5. Bedi N, Husseiny TE, Buchholz N and Masood J. 'Putting lead in your pencil': self insertion of an unusual urethral foreign body for sexual gratification. *J R Soc Med Sh Rep* 2010 July;1(2):18.
6. Vezhaventhan G and Jeyaraman R. Unusual Foreign Body in Urinary Bladder: A Case Report. *The Internet Journal of Urology* 2007;4(2).
7. Konstantinos GS, Georgios K and Georgios K. Electrical wire as a foreign body in a male urethra: a case report. *J Med Case Reports* 2009;3:49.
8. Mukherji G, Rao AR, Hussein A and Motiwala H. Self-Introduction of Foreign Body into Urinary Bladder. *J Endourol* 2004 Feb;18(1).
9. Shah I, Gupta R and Gupta CL. Different foreign bodies in the urinary bladder. *JK Pract* 2003 Jan-Mar;10(1):41-2.