

Case Report**SELF-INDUCED INTRAVESICAL FOREIGN BODY: AN UNUSUAL CASE REPORT*****Amit Kumar Shah¹, Sumit Verma¹, Bashu Dev Baskota²**¹Department of Urology, ²Department of Surgery, B&C Medical College Teaching Hospital and Research Center, Birtamode, Jhapa, Nepal**Submitted: 30th-March-2025, Revised: 20th-April-2025, Accepted: 10th-May-2025****ABSTRACT**

Foreign bodies get into the bladder by self-insertion, migration, or as a part of iatrogenic and the penetrating injuries. Most common cause of self-insertion is for the masturbation pleasure. The diagnosis and the proper management can be difficult especially when the foreign body is radiolucent. Commonly patient can present with lower urinary tract symptoms. In very rare case patient comes and admits self-insertion of foreign body has been performed. The removal of the Intravesical foreign body still today remains a challenge for the urologist; removal of the foreign body without any injury to the bladder or the urethra gives good outcome.

Keywords: Foreign body, Urinary bladder, Self-insertion, Endoscopic**INTRODUCTION**

Foreign bodies are relatively rare in urology and among which the bladder being the commonest site. The etiologies can be iatrogenic, self-insertion, sexual assault, sexual pleasure, migration from adjacent structures and penetrating trauma. A wide range of foreign bodies have been reported like needles, pens, wooden sticks, thermometer, copper wire, parts of Foley's catheters, knotted suprapubic catheters and broken parts of endoscopic instruments¹. Diagnosis and treatment is of a great challenge to the urologist especially if foreign bodies are radiolucent as in our case. We hereby report our experience in successful management of foreign body in the urinary bladder.

CASE REPORT

The patient was a 19-year-old male with no history of any psychiatric disorder. He presented to urology outdoor with complaint of self-insertion of condom per urethra. On history patient explained that he has been inserting condom per urethra for his sexual pleasure and last night doing so the condom slipped per urethra. He attempted to hold it with small forceps at home but the condom slipped further inside and was unreachable from outside. He was physically examined and the patient did not report any abdominal pain but complained of lower urinary tract symptoms. He was taken to operation theater and cystoscopy was done. Condom was seen within the bladder and was successfully removed with the forceps. The procedure was



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simple but challenge was faced in holding by forceps due to slippery nature of condom.

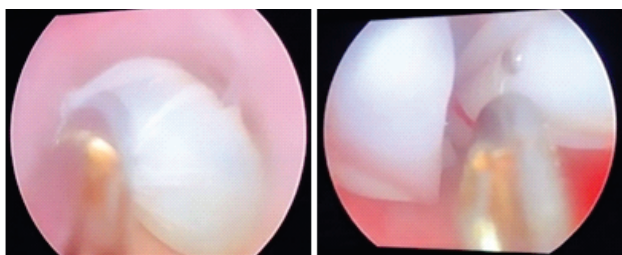


Figure: Condom in Bladder

DISCUSSION

Self-insertion is a major contributor to the incidence of foreign bodies in the urethra and the urinary bladder, and self-insertion is usually performed for sexual gratification. Some individuals may insert foreign bodies in order to relieve urinary retention or itching in the urethra². Presentation is usually late in many patients because they fear embarrassment. Obtaining an accurate history from patients with foreign body is difficult, especially for those patients who insert objects for sexual pleasure. Self-insertion of a foreign body during masturbation has been associated with dementia and psychiatric abnormality or drug intoxication³. Urinary tract infection, pain, and hematuria are the usual chief complaints^{4,5}. These patients often present with anxiety and pain. Confirmation can be made using a kidney-ureter-bladder radiograph in cases of radiopaque foreign bodies and by ultrasound imaging in cases of radiolucent objects^{6,7}. Computed tomography is rarely needed. Urethrocystoscopy is the most accurate method for diagnosing foreign bodies in the urinary bladder⁸.

The aim of treatment is to remove the foreign body and to prevent the complications. The method for removing

the foreign body depends on the size, shape, nature and the mobility of the foreign body. As in our case the condom was soft, elastic and slippery resulting hard to grab with forceps. Endoscopic management should be of priority that gives minimal trauma to the patient⁹. Hutton and Huddart have removed foreign bodies by percutaneous or laparoscopic approach to minimize the possibility of open surgery¹⁰. Open surgery is only indicated for large or sharp foreign bodies and in cases where endoscopic attempts have failed.

Recommendation is that psychiatric evaluation must be done in patients with foreign bodies in the urethra due to the high incidence of psychiatric disease, mental retardation, and dementia in such patients, although this practice has not been adopted everywhere¹¹. This can reduce the recurrence rate. Also, the recommendation is for the follow-up of these patients as they may develop urethral strictures in the future.

CONCLUSION

Intravesical foreign bodies can lead to various complications and often to the life-threatening complications as renal failure. The case presents a potentially serious complication of an accidentally introduced foreign body into the urinary bladder during masturbation. The most likely route of entry was self-insertion through the urethra into the bladder by the patient. Psychiatric evaluation should be done in patients with self-inflicted bladder foreign body.

DECLARATION OF PATIENT CONSENT

We certify that all appropriate patient consent has been obtained in a consent form. In the form the patient has given his consent for his images and other clinical information to be reported in the journal and clinical meetings. The patient understands that his name and identity will not be published but anonymity cannot be guaranteed.

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