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Case Report

Foreign Body (Metallic Flashlight Cover) in the Urinary Bladder Mimicking Advanced Cancer of the Cervix: Case Report and Review of the Literature

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ABSTRACT

Foreign bodies in the urinary bladder are not uncommon, a great variety have been described, and most were self-inserted. We report the case of a 60-year-old widow who presented with irregular vaginal bleeding, urinary incontinence and terminal hematuria. On vaginal examination there was an irregular cervical mass with the appearance of invasive carcinoma of the cervix, as well as a vesico-vaginal fistula. A plain abdominopelvic X-ray and ultrasound scan revealed a ring-like metallic object with the shape of a flashlight cover inside the bladder. Histological examination of biopsies taken from the cervical mass revealed only granulation tissue. The foreign body was identified as a flashlight head which was removed from the bladder via cystotomy.

Key Words: Bladder, foreign body, vesico-vaginal fistula (VVF).

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INTRODUCTION

Foreign bodies in the urinary bladder are not uncommon. A great variety of objects have been inserted by patients for autoerotic, psychiatric, or therapeutic purposes, or for no apparent reason[1]. Most patients feel ashamed to admit that they have inserted an object and usually present late with complications such as hematuria, dysuria, fistulas and incontinence[1]. Though not fatal, a foreign body in the bladder may lead to serious complications, such as chronic cystitis, urolithiasis, or vesico-vaginal fistula (VVF)[2].

CASE REPORT

A 60-year-old widow was referred with a history of irregular vaginal bleeding, urinary incontinence and terminal hematuria of 10 months duration. She had given birth to three children (two were still alive) and was 10 years post-menopausal. She also reported passage of small metallic objects per urethram one year prior to presentation, but denied having introduced any object into her vagina for the purpose of spiritual, traditional, sexual or contraceptive purposes. She had lost her husband about 12 months prior to presentation due to a brief febrile illness, and there was no family history suggestive of mental health problems.

Vaginal examination showed an irregular cervical mass which bled on contact, as well as a juxta-cervical VVF approximately 1 x 2 cm in diameter. A tentative diagnosis of invasive cervical cancer, clinical stage IVa, was made. The patient was examined

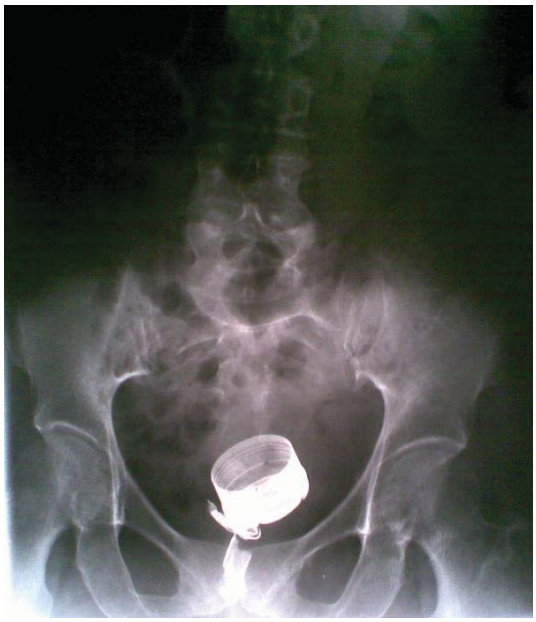

Fig. 1: Plain abdominopelvic X-ray revealing the presence of a ring-like metallic object similar to a flashlight cover, located inside the bladder.

under anesthesia. A gritty sensation was felt during bladder catheterization and a bladder calculus was suspected. A cold-cup biopsy of the cervical mass was taken.

Histopathological examination by two independent pathologists revealed mild to moderate dysplasia with areas of granulation tissue.

On plain abdominopelvic X-ray and ultrasound a ring-like metallic object, similar to a flashlight cover, was seen inside the bladder (Fig. 1). The uterus was atrophic and the adnexa were normal.

Urethrocystoscopy showed a normal urethra and a hyperemic bladder mucosa with a cup-shaped foreign body reflecting the light of the cystoscope. A bladder fistula at the trigone measuring 1 x 1 cm with exuberant granulation tissue (which was responsible for the wrong estimation of the fistula size at vaginal examination) was observed. The ureteric orifices were normal and the bladder neck appeared competent. Suprapubic cystotomy was performed. The foreign body

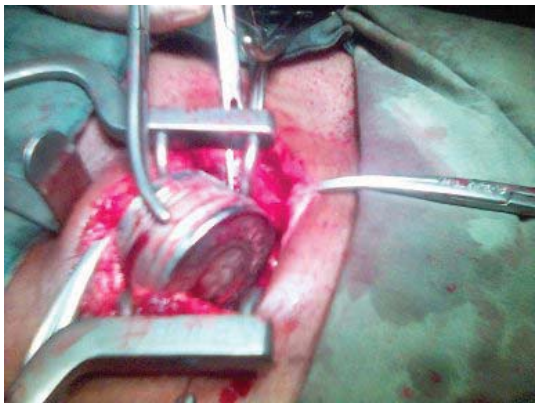

Fig. 2: Removal of the flashlight cover during bladder exploration.

(which proved to be a flashlight cover of 12 x 6 cm in size) was removed (Fig. 2) and a suprapubic cystostomy catheter was inserted.

Two weeks later, the patient still suffered from urinary incontinence, with no evidence of reduced urinary leakage. Definitive surgical repair of the VVF failed, and the patient opted for treatment abroad. Since then she has been lost to follow-up.

DISCUSSION

A variety of foreign bodies in the urinary bladder have been described[1,2]. The commonest reason for their insertion, as described in the literature, is sexual stimulation which probably was the cause in our patient. Another reason may be psychiatric problems, which were not found in our patient, or an attempt at traditional treatment[2]. Most of these patients present late, after the onset of complications, because they feel ashamed. This was also true for our patient who presented with a VVF. Following its long-term placement in the vagina, the foreign body had induced an inflammatory process affecting the vaginal wall, cervix and bladder, resulting in an irregular cervical mass with surrounding areas of hyperemia and juxta-cervical VVF and symptoms of irregular vaginal bleeding, hematuria and urinary incontinence.

Radiographic studies (plain abdominal X-ray and ultrasonography) with or without contrast medium and endoscopy are sufficient to diagnose this condition and to show the exact location, shape and orientation of the foreign body. Intravenous urography rarely provides additional information and is indicated only for the diagnosis of radiolucent objects[1,4]. In doubtful cases, urethrocystoscopy may be used to confirm the final diagnosis.

The choice of the method of treatment depends on the size of the object, its location and the length of the urethra. Endoscopy is the preferred method of treatment, but in complicated cases open surgical procedures may be required. In our case we had to perform a bladder exploration in order to remove the foreign body due to its large size. Bladder drainage was done via a suprapubic cystostomy with the aim of achieving spontaneous closure of the fistula.

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