

A RARE CASE REPORT OF SELF INTRODUCTION OF A CLINICAL THERMOMETER IN THE URINARY BLADDER

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INTRODUCTION

The male urinary bladder seems to be an inaccessible site for the introduction of foreign bodies as compared to females due to the long and curved urethra. However, the number of reports suggests that almost every conceivable object has been inserted into the bladder with most of the cases being associated with mental illness, senility, psychiatric problems or the desire for sexual gratification. Such cases present a challenge to the urologist regarding the diagnosis as well as the management. We herein report a case of a clinical thermometer inserted into the bladder per urethram.

CASE REPORT

A seventeen-year-old male presented to us with complaints of dysuria with no other significant history. Routine urine examination showed evidence of microscopic hematuria (RBCs 8 - 10/hpf) with no pus cells. A plain abdominal X-ray revealed a clinical thermometer located in the urinary bladder (Fig.1). When questioning the patient, the history of self-introduction of the thermometer into the urethra was revealed. The patient had tried to manipulate the thermometer to remove it which led to the distal displacement of the thermometer. The thermometer was removed intact from the bladder cystoscopically (Fig.2). The postoperative period was uneventful. Psychiatric consultation of the patient revealed that this was done for sexual

gratification, however there was no history of any previous episode of self introduction of any object per urethram.

DISCUSSION

Foreign bodies may be introduced into the bladder through self insertion, iatrogenic means or migration from adjacent organs¹. Although catheter balloons are the most common foreign bodies retained in the bladder, introduction of almost all conceivable objects has been reported in the literature. Such objects are usually inserted for eroticism, inquisitiveness or as a consequence of psychiatric disorder².

Vesical foreign bodies may cause various complications like urinary tract infection, stone formation and fistula formation into the adjacent organs or, rarely, intraperitoneal bladder rupture of the bladder into the peritoneal cavity may occur. Squamous cell carcinoma of the bladder due to foreign body has also been reported³.

To obtain a diagnosis from the history is difficult as the patients rarely provide the correct history in order to avoid social embarrassment. The diagnosis is therefore usually based on an abdominal X-ray. While most foreign bodies can be removed cystoscopically, suprapubic cystostomy may be required for some of the larger objects. Recently, laparoscopic cystostomy



Fig. 1: Plain X-ray abdomen with thermometer lying in the urinary bladder

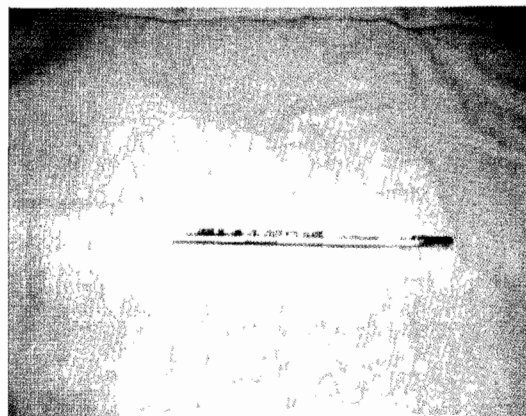


Fig. 2: The thermometer after its endoscopic retrieval

has become a viable option. In all cases psychiatric evaluation should be done to prevent a second incident.

REFERENCES

1. Eckford SD, Persad RA, Brewster SF, Gingell JC. Intravesical foreign bodies: five-year review. *Br.J.Urol.* 1992 Jan;69(1):41-45.
2. Sharma VP, Nobeebux Y, Patni J, Vashist PK. Unusual foreign body in the bladder. *Br.J.Urol.* 1987 Jan;59(1):92.
3. Wyman A, Kinder RB. Squamous cell carcinoma of the bladder associated with intrapelvic foreign bodies. *Br.J.Urol.* 1988 May;61(5):460.

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