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SUMMARY

Paraphilia is considered any sexual expression not in conformity with societal norms. Society defines what is deviant and this may vary from regions and even change with time. The topic on paraphilias has remained controversial with an increasingly liberal approach to definition and common views. We share a strikingly unique case of a 23-year-old male who presented to our Urology Clinic as a referral thought to have multiple bladder stones on imaging. Surgery revealed a 105cm electric cord used for sexual pleasure and coiled in the bladder to resemble bladder stones. A review of literature and how it relates to this case is discussed.

INTRODUCTION

Human sexuality remains a topical issue with as many varied views as the people, culture and time of discussion. More than 500 paraphilias have been identified (1), largely due to the fluid shift in what is considered deviant or abnormal. With time, a more tolerant view on what is considered abnormal has emerged with a scientific and objective perspective (2). A divergent sexual expression may not necessarily be psychopathological (3). Distinction has to be drawn between what is an innocuous variation, what is illegal and what is a manifestation of a mental disorder.

Efforts have been made to distinguish paraphilias from mental disorders from the time the condition was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980 (4). Paraphilias only become a problem if they cause distress to the practitioner or involve victimization of others. They then become disorders to be treated (5).

CASE REPORT

B.A.E, a 23 years old male, presented as a referral to the Urology Clinic of Moi Teaching and Referral Hospital with six weeks' history of suprapubic pains, haematuria and dysuria. He reported worsening of symptoms over the preceding two weeks.

He had enjoyed a relatively healthy living with no chronic illnesses and no past admissions or surgeries. He is a 2nd born of 7 siblings and an itinerant labourer who had

worked in hair salons shaving or dying hair, briefly did painting of houses, was involved in welding fabrications and was jobless as of the time he fell ill.

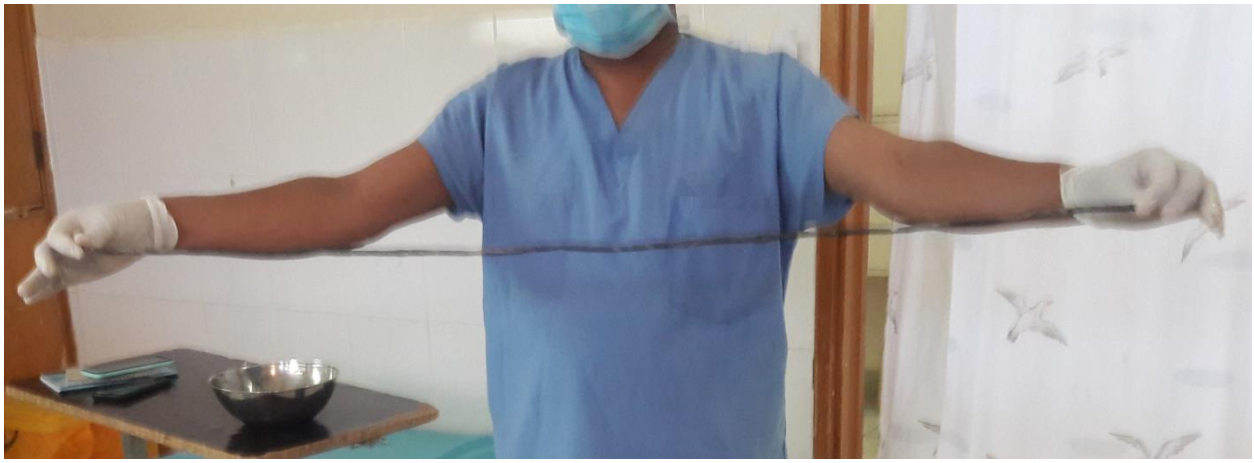
Physical examination revealed a patient in good general condition and normal vital signs. Key finding was suprapubic tenderness with no rebound or guarding. He had normal bowel sounds on auscultation. Investigations revealed the following:

- Full haemogramme: Leucocytosis of 13.15 (normal range 5.00-10.00) thousands per microlitre with elevation of neutrophils and basophils.
- Urinalysis: Gross examination revealed leucocytosis, proteins and blood while microscopy showed pus cells and red blood cells.
- Urea, Electrolytes and Creatinine: No derangements.
- Kidney, Ureter, Bladder (KUB) Ultrasound: Initially reported in the referring facility as a complex suprapubic mass of urinary bladder origin measuring 6.64cm x 6.76cm x 6.64cm, internal calcified thick septation and a wall 0.75cm thick. A second ultrasound done in the referral facility for clarity was reported to be a urinary bladder with a thickened wall of 1.0cm and containing multiple big calculi, the smallest about 5.2cm long.

A decision was made to do open cystolithotomy. The bladder was approached through a Pfannenstiel's incision and opened extraperitoneally. The team was surprised to find a black electric cord devoid of wires and coiled in the bladder as seen in figure 1 (a) and (b) below:

Figure 1(a): The coiled electric cord on retrieval from the bladder. *Informed consent was obtained from the patient.*

Figure 1 (b): The stretched cord



It measured 105cm in length and 0.5cm in diameter. Subsequent engagement of the patient after surgery revealed history that he had withheld. He had recently parted ways with his third girlfriend with whom they had related for about a year. That was about two months prior to his presentation at the referring facility. He confessed to masturbation and excessive use of alcohol and marijuana to a point of not recollecting some events during that period of separation. He recognized the cord but pleaded ignorance on how it got to his bladder. He suggested that it might have been during one of those moments he could not remember anything. The postoperative period was uneventful. B.A.E was discharged after removal of urethral catheter on the seventh postoperative day. During the stay in the ward, he had psychological counseling and was to attend other sessions as an outpatient.

DISCUSSION

There is no definite boundary between normal and deviant sexual activities since these vary with cultures and time frame (1). Some views suggest that we all might have some innocent drives that may be different from what others may consider normal or universally acceptable and expressed imperceptibly or in harmless ways (7).

Paraphilias are thought to be due to failure to secure social integration and manifest as an attempt at regaining a lost life of serenity (6). The exact cause is unknown but is thought to have a physical and psychological basis. They have their onset during adolescence, people may have multiple paraphelias either serially or concurrently and are likely during periods of stress or in response to dysphoric affects with needs to intensify arousal during sexual activity through such acts as pornography, masturbation or protracted promiscuity (7).

The various paraphilic activities may range from preoccupation with dressings; use of bugs, insects and nonliving objects; fantasies about partners such as infirmity, obesity or being in bed with strangers and such dicey activities as admiring fires or discrete masturbation in public (3). People with evident paraphilic activities have been noted to have preponderance of left-handedness, to come from a bigger pool of siblings, are thought to be conditioned early in life by an event that causes recurrent and long term

intense sexual arousal and seem to have difficulties forming lasting interpersonal relationships that might manifest in frequent change of partnerships and difficulty holding down a job (6).

Paraphilias are rarely seen in women (8-10). This is thought to be based not only on the role of androgens in sexual drive but also on prenatal development environment and traumatic postnatal events. The use of drugs can unmask paraphilias and thus make an otherwise hidden source of sexual arousal become manifest.

Due to a growing body of knowledge on human sexuality, a more tolerant approach has been advocated for by groups and minority activists (4). They consider paraphilia a misunderstood sexual diversity and even demand its removal from DSM due to the stigma of associating it with mental illness. There now are evident efforts at drawing a distinction between paraphilias and paraphilic disorders. The latter were first listed in the DSM-IV-TR as eight distinct conditions: exhibitionism, fetishism, paedophilia, frotteurism, sexual masochism, sexual sadism, voyeurism and transvestic fetishism. These have been retained in the DSM- 5 with the understanding that paraphilias need no psychiatric treatment in and of themselves while paraphilic disorders constitute distress and impairment to the individual or the satisfaction entails harm to self or others (3). Paraphilic disorders may and do veer into the realm of law and public order with some legal sanctions and judicial punishments (2). They are forensically important and relatively common. The paraphilic patient without any of the disorders might only need counseling as happened in this case to preempt the likely progression to disorders and need for mental health care.

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