

## Intravesical Self-introduced Foreign Body: Two Case Reports Amir F Y<sup>1</sup>, Ibnouf MAM<sup>2</sup>



Introduction of various objects into the Genito-urinary tract is fairly uncommon. Foreign bodies in the urethra and urinary bladder lead to avoidable morbidity. Considerable numbers are self introduced in people suffering from some form of mental disturbances. Here we report two cases of self- introduced foreign bodies in the urinary bladder (U.B).

### The first case:

A sixty years old man gardener presented to the casualty with severe urethral and perineal pain with inability to void prior to admission. He admitted to having accidentally introduced a metal object into his urethra.

On further interrogation the patient admitted to have urethral itch over the past one year. He used to insert a wooden object specifically sharpened to scratch his urethra; an action that gives him some relief.

On the day of the incident he forgot his wooden object at home. While gardening he felt the urethral itch. Looking around he found the screw-driver which looked very much like his wooden piece. He started rubbing his urethra while in squatting position. During this act he assumed an upright position and the object accidentally slipped into his urethra and urinary bladder. He claimed the metal object gave him better relief as he used to introduce its base first.

On physical examination: He appeared mentally and physically fit.

Examination of his cardiovascular, chest and central nervous system were normal. On abdominal examination his U.B was palpable. A hard object was felt in the bulbar urethra. Per-rectal examination showed no mass apart of normal sized prostate for his age.

### Investigations

Blood revealed normal counts and normal renal function tests.

Plain film of abdomen and pelvis showed a metal object lying along the bulbar urethra and the vertical length of the urinary bladder.

### Management

The object was removed surgically through urethrotomy incision in the perineum under general anaesthesia. Urethral catheter was left for five days. The object removed was examined and found to be a metallic part of a screw-driver measuring 13.5cm in length and 0.5 cm width. It has a broad base with side flanges measuring 0.8 cm and a sharp pointed tip.

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He made uneventful recovery following removal of urethral catheter. During follow up urethroscopy was performed, it showed normal urethra, normal prostate and urinary bladder.

On follow up later the itch subsided with treatment.

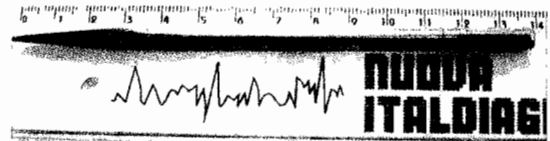


Fig: screw driver rod (13.5cm) removed from urinary bladder

### The second case:

A sixteen years old girl presented with severe continuous abdominal pain for two days before admission. She denied burning of micturition and vaginal discharge. Physical examination showed tenderness, guarding and rebound tenderness in the hypogastrium. Ultrasound reported 11 cm long thick object in the pelvis. Plain X-ray showed a pencil like structure in the pelvis. At laparotomy, the greater omentum was found adherent to the pelvis. Dissection revealed a tip of pencil emerging from the urinary bladder and penetrating a loop of small intestine. The pencil was removed, bladder closed in two layers and the penetrated part of the terminal ileum was resected. Foley's urinary catheter was removed one week later. In the ward the patient was not happy to speak out the details of her story probably because she belongs to a conservative family whose members were almost remaining

around in the hospital particularly her mother. She came once for follow up in good condition

### Discussion

Self introduced foreign bodies may remain as funny stories in the medical community<sup>1</sup> and get soon forgotten after the discharge of the affected patient. Yet, some of these patients may need a multidisciplinary system to care for them. This is because some suffer from overt or concealed symptoms of hypochondriacal psychosis<sup>2</sup> or part of self-mutilation<sup>3</sup>.

Van Ophoven A et al<sup>4</sup> reviewed 800 cases of foreign bodies in the lower part of the urinary tract being reported in the English literature from 1755 to 1999. However, in Japan Nakatani T et al<sup>5</sup>. found that there were 1,272 patients treated for symptoms related to foreign bodies in the bladder or urethra.

Foreign bodies in the urethra and urinary bladder may lead to acute or chronic morbidities like urine retention, urinary tract infection, and micro or macroscopic haematuria as others reported<sup>6</sup>. Furthermore, perforation, pelvic abscess, encrustations and stone formation may develop as consequences of foreign body in the urinary bladder. However, self- insertion is usually seen in patients suffering from psychological disorders and adolescents during masturbation. The latter group of patients feels embarrassed and may deny self introduction of these objects. Hence, they present only when their symptoms force them to do so.

Our second case is similar to that of Gunay N et al<sup>7</sup>, however the pencil in our case did not perforate the bladder only but the small intestine as well. Of course not all foreign bodies are self-introduced. Some of them are related to accidents as the bullet reported by Halkic N et al<sup>6</sup>. Also, surgeons might miss a fragment of the gauze used to tamponade bleeding at prostatectomy bed or part of a fractured needle at the same site or a broken Dormia a migrating from the ureterovesical junction as reported in literature<sup>8,9</sup>.

In the first case the foreign body was palpable. Similar findings were reported before<sup>10</sup>. This is explained by the fact that big foreign bodies located below the urogenital diaphragm may become palpable in thin patients<sup>10</sup>. However, radiological investigations may be of help for planning removal of these objects. Endoscopic retrieval is successful. However, big foreign bodies may require suprapubic cystostomy for removal. Follow up is important for early detection and visual internal urethrotomy to correct urethral stricture.

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