

Case report

Unusual Foreign Body in Urinary Bladder: A Case Report

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Abstract

In the urinary tract, foreign body is most commonly found in the urinary bladder. It is commonly self-inflicted but can rarely be introduced by other person. Various types of foreign bodies have been reported, which includes infusion set, aluminium rod, gold chain, pearl, fish, pencil etc. Here we report a case of a 28-year young man who gave the history of forceful introduction of a long wire of mobile charger into the bladder by another person. It could not be removed by himself and by the local doctors. Then he was referred to Enam Medical College & Hospital and subsequently was removed by suprapubic cystostomy.

Key words: Foreign body, Urinary bladder, Suprapubic cystostomy

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Introduction

A great variety of self-inflicted foreign bodies have been removed from the lower urinary tract.¹ These foreign bodies were inserted or applied for autoerotic, psychiatric, therapeutic, or without any definite reasons by the patient.² Most patients were too ashamed to admit that they had inserted or applied any object and presented when a complication occurred from the foreign body such as difficulty in voiding, hematuria, pain, abscess or extravasation of urine. This case is a peculiar one. No such foreign body in urinary bladder has been reported so far in the literature.

Case Report

A 28-years young man came to us with complaints of pain in suprapubic area, difficulty in voiding with dribbling of urine for 3 days. On further



questioning, he admitted that while he was violating the chastity of a woman, 3-4 female persons came to the scene and forcefully introduced a wire of mobile charger through the urethra. He tried to remove it but failed. There was no history of per urethral bleeding and retention of urine. On examination, there was a part of wire of mobile charger coming out from

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external urethral orifice. It could not be pulled out. Plain X-ray KUB showed radio-opaque coiled wire in the bladder and a straight part in the urethra. Abdominal ultrasonogram showed normal kidneys, and an echogenic coiled object within the bladder. Under spinal anesthesia with 19F cystoscopic sheath and 30 degree telescope, cystourethroscopy was done by the side of the wire. His urethra was normal. There was huge amount of knotted wire which was impossible to remove through urethra and then it was removed through suprapubic route by cystostomy.

Discussion

Introduction of foreign body into the bladder may be through self-insertion, iatrogenic or migration from adjacent organs. Such objects are inserted usually for eroticism, inquisitiveness (particularly in children), as a consequence of psychiatric or senile states or under the influence of alcohol. There is a marked preponderance of male patients and is probably due to their use of foreign bodies as a masturbatory aid.¹

Difficulty in the diagnosis lies in patients who choose to ignore the insertion of the foreign body through embarrassment. Previous bladder procedures



or surgery to adjacent organs may be relevant when considering the possibility of the presence of a long-standing foreign body. A plain abdominal X-ray followed by cystoscopy usually suffice for the diagnosis.

Management is aimed at providing complete extraction that should be tailored according to the nature of the foreign body with minimal trauma to the bladder and urethra. Most foreign bodies can be removed transurethrally with cystoscopic grasping forceps. Open removal via suprapubic cystostomy is sometimes required. After removal, psychiatric referral should be done to prevent repeat presentations with its complications like bladder perforation, abscess and fistula formation. Chronic irritation leading to squamous cell carcinoma of the bladder has also been described.³

Conclusion

Extraction should be tailored according to the nature of the foreign body and should minimise bladder and urethral trauma. Complete extraction should also be confirmed by panendoscopy at the end of the extraction procedure. The possibility of an intravesical foreign body should be considered in any patient with chronic unexplained lower urinary tract symptoms.

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