

CASE REPORT**AN UNUSUAL INTRAVESICAL FOREIGN BODY**Mekonnen Hagos, MD^{1*}**ABSTRACT**

We present a case of intra-vesical foreign body in a 25 years old female patient admitted to Mekelle hospital on February 2, 2017 which was confirmed by cystoscopy. The clinical presentation; nature of the material and methods used to extract were discussed. Supra-pubiccystostomy was employed to retrieve it after a failed attempt for removal with endoscopy.

Keywords: *Intra-vesical foreign body , Mekele*

INTRODUCTION

A variety of foreign bodies have been reported to be lodged in the urinary bladder and the causes included self- insertion through the urethra by the patient out of curiosity or autoerotic stimulation, accidental migration via the urethra, iatrogenic insertions or as a complication of surgical procedures or instrumentation (1,2). Intra-vesical foreign body is a real challenge to the clinician as it may be due to variety of causes in different age groups (3, 4). Self-introduction of foreign body into the urethra and bladder in female patients has been rarely reported in the literature (5), meanwhile, foreign bodies in the bladder retained for long duration can be a diagnostic dilemma. From few reports available, different items have been removed from the urinary bladder, which included electric wire, safety pin and hair clips (5). Usually, patients appear for medical advice late after self-introduction of the foreign body into the bladder. In most of the cases the clinical presentation includes abdominal pain, hematuria and cystitis (1-3, 5). This report presents a case of young female patient who had intra-vesical foreign body with a month history. This case is reported for the diagnostic dilemma as it can present with recurrent unremitting lower abdominal pain, episodic hematuria, dysuria and pyuria.

CASE REPORT

A 25 years old woman presented with recurrent unremitting pelvic pain, recurrent pyuria, dysuria, and episodes of terminal hematuria of 28 days duration after self-insertion of foreign body into the urethra, during an act of masturbation for sexual gratification. Meanwhile the patient lost grip over during the manipulation and subsequently the foreign body migrated into the urinary bladder.

Physical examination: Digital rectal and gynecologic assessments revealed normal findings.

Investigations: Laboratory studies showed mild leukocytosis in blood count, pus and blood in urine and biochemical studies were all normal.

Imaging: Pelvic ultrasonography confirmed the presence of foreign body in the urinary bladder.

Cystoscopy: It confirmed the presence of foreign object in the bladder which was dark, wooden like material, both ends embedded into the lateral wall of the bladder. An attempt of grasping with forceps in a suitable position for extraction was unsuccessful during this procedure.

Treatment: A supra-pubiccystostomy was performed through a lower mid- abdominal incision on February 6; 2017. Finger inspection confirmed that the foreign body was intra-vesical and the ends of the foreign object were embedded into the lateral walls of the bladder which made retrieval very difficult. Successful removal was employed by careful fragmentation of the foreign item which was uneventful. In this case, the foreign item was eye linear pencil measuring 16cm and the patient was discharged following smooth post-operative course.

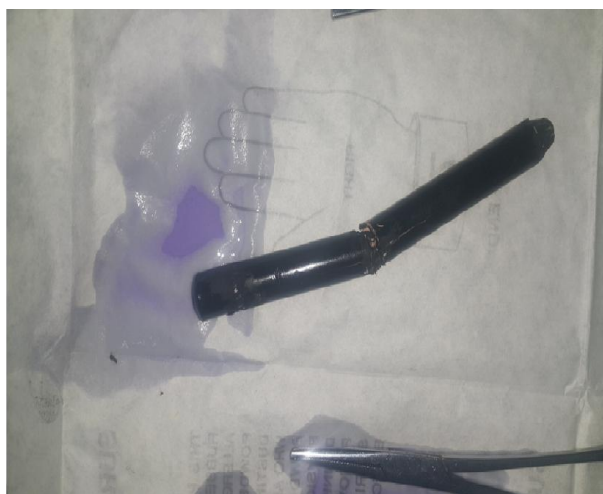


Figure1. Aneye liner pencil extracted from the bladder

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Figure 2. Intra-vesical foreign body removed by fragmentation

DISCUSSION

Foreign bodies in the bladder may result from self-insertion, migration from adjacent sites that may be iatrogenic or traumatic. The reasons for introduction of objects into the bladder via the urethra could be psychiatric, accidental, sexual stimulation, curiosity among children or therapeutic in cases of urethral strictures (1-4). Self-introduction of foreign body into the bladder is rarely seen. Generally, they are firstly observed at the start and at puberty as in our case. Urethro-vesical foreign bodies rarely present in clear clinical circumstances, rather these are often suspicious stories of urinary complaints (6,7). Most patients are too ashamed to admit that they had inserted or applied any object and they usually present to seek medical advice when a complication has occurred from the foreign body (3, 6-9). This is in accordance to this case.

Once in the bladder, foreign bodies are rarely seen to migrate further. Though the bladder tries to evacuate them per urethra with micturition, a contrary migration of an intra-vesical foreign object to vicinity organs is quite uncommon and there is only one such report in English literature, where a self-inflicted intra-vesical foreign body migrated into the retro-peritoneum (8). In this case, the patient presented with painful urination, terminal hematuria accompanied by voiding difficulties.

These symptoms are mostly underestimated, and the patients are usually treated for urinary tract infection without any further investigation being carried out (5). Only when symptoms assume series proportions, the patient undergoes further investigations (1-3, 5, 6).

Hence it would be prudent to carry out additional investigations like imaging modalities in patients who have

any positive history or having recurrent urinary symptoms. In this case, ultrasound imaging of the pelvis and cystoscopy were enough to confirm the foreign object in the bladder. Laboratory investigations will reveal leukocytosis in infected cases, while urine examination usually reveals either pus cells or microscopic or gross hematuria depending upon the severity of infection and the irritation caused by it (3, 7).

Surgery is the mainstay treatment, aimed at providing complete retrieval of the foreign object with minimal complications (1,9). It is safe practice to administer a course of antibiotics prior to surgical intervention. A preliminary cystoscopic examination was mandatory in our patient to chart the course of further intervention which is in agreement to other previous works (9). Most foreign bodies in the bladder may be removed either complete or after fragmentation via the endoscopic approach. However, the optimal technique is dictated by the patient's condition, associated urinary tract injuries and size and shape and nature of the foreign body (1, 9, 10).

In this case, the foreign body was too large to grasp during cystoscopic attempt for removal and supra-pubiccystostomy was carried out to extract it, as it allowed complete and safe removal of a relatively large and potentially injuring foreign item. Psychiatric evaluation was considered in this case, although this has not been universally agreed upon.

There are only a few reports of self-insertion of foreign items into the bladder via the urethra (11). Moreover, insertion of a pencil via the urethra into the bladder makes it even more unusual. In conclusion, self-inflicted intra-vesical foreign bodies are uncommon and being capacious, vascular and muscular bladder can re-

tain such foreign body for a long period without much significant symptoms. Thus, in patients with recurrent unremitting lower abdominal pain, episodic hematuria and dysuria and pyuria should alert the clinician to the possibility of retained foreign item in the urinary bladder. Cystoscopic removal is successful in most of the cases; however, sometimes supra-pubic cystostomy is required to accomplish this task.

Consent: Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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