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Case Report

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Foreign body induced vesical stone

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ABSTRACT

Urinary bladder stone formation due to foreign body is not well understood. But insertion of foreign body in urethra for sexual gratification is increasing and most commonly encountered in psychiatric patient. Various types of foreign body has been reported for self-insertion into urinary bladder.in this study fishing threads were used for insertion into the urinary bladder that leads to stone formation for which open cystolithotomy was performed.

Keywords: Fishing threads, Foreign bodies, Vesical stone

INTRODUCTION

The urinary bladder seems to be most easily accessible site for foreign bodies in the genitourinary tract. Mostly due to sexual gratification, autoeroticism, or psychiatric illness and the most common symptoms are urinary tract infection (UTI), haematuria, urolithiasis and pelvic pain.[1] Here we report an interesting case of foreign body with stone in the bladder.in females, due to intravesical migrations of intrauterine devices is also reported.[2] Most patients avoid medical attention due to embarrassment and later presented with complications due to the foreign body e.g. haematuria, voiding difficulty, pain or swelling, extravasation of urine.

CASE REPORT

A 45 years old male admitted in surgical emergency with complain of hematuria since evening. Further history taken from attendant because already patient had some psychiatric illness for 20 years and taking medication irregularly from local ayurveda practitioner. Patient also visited to local practitioner for lower abdomen pain 6 months back and relieved by giving IV analgesics. No h/o dribbling of urine, frequent urination, fever, trauma.

General assessment was vital normal, patient was not oriented to time place and person and looking ill. Pallor was present only. On local examination lower abdomen distended, blood was present at meatus, penile shaft, prepuce glans penis was normal. On digital rectal examination, prostrate normal no abnormality present.

On investigation, X-ray KUB suggested bladder stone (Figure 1) but shape was not clear looking irregular then USG done for any mass lesion and prostrate abnormality. USG also suggest urinary bladder stone with unusual shape and size (Figure 2).

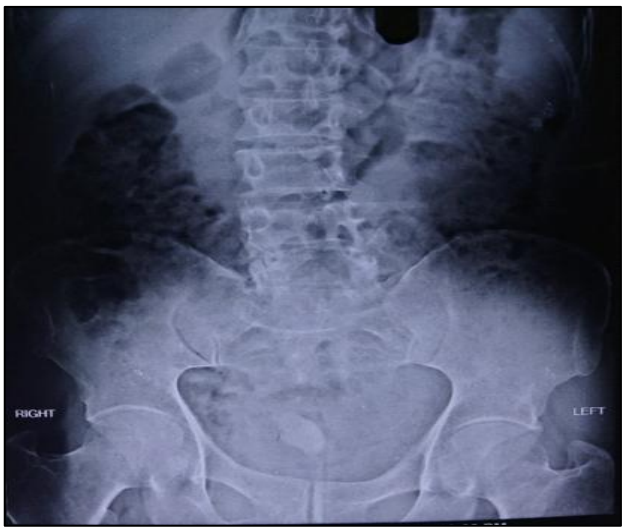

Figure 1: X-ray KUB.

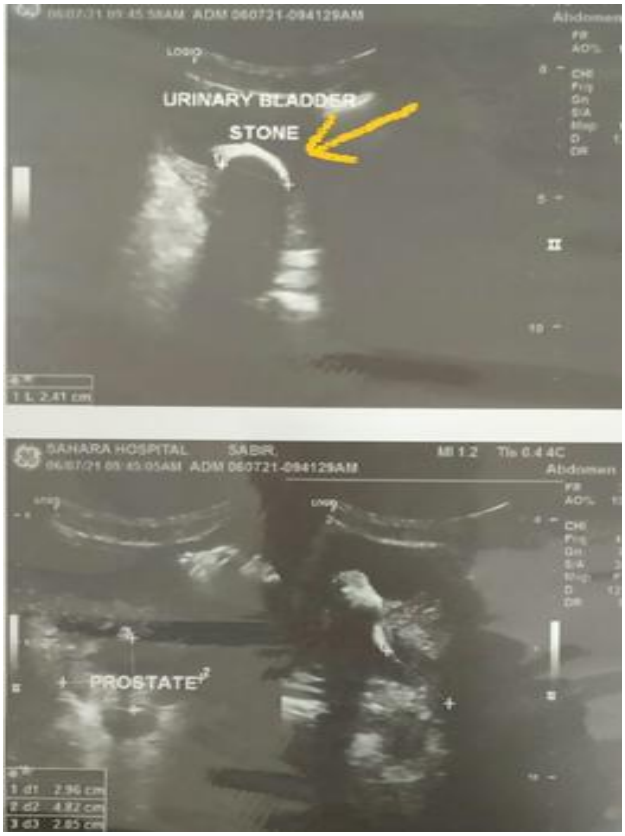

Figure 2: USG abdomen crescent shaped calculi.

Treatment history

After admission, fluid resuscitation and catheterization was done. Patient was planned for open cystolithotomy after preoperative assessment. Intraoperative irregular shape yellow colour large stone retrieved (Figure 3). Postoperative image of stone (Figure 4) depicts multiple thin plastic threads of same size and at one end large yellow color stone were present.

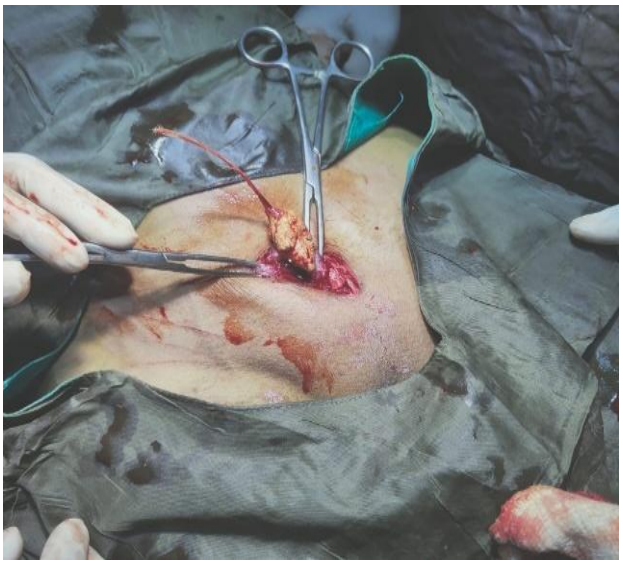

Figure 3: Intra-operative vesicular stone image.

Figure 4: Post-operative image.

DISCUSSION

Foreign bodies insertion usually happened in psychiatric patients but sometimes voluntarily in sexually active person.[2] In most of them diagnose intra-operatively. Every surgeon and radiologist faces these problems regularly. A wide range of foreign bodies has been reported, such as a retained catheter tip, the tip of a ureteric catheter, or broken stents.[3] There are reports of transvesical migration or self-inserted foreign bodies, such as thermometers, and intrauterine contraceptive devices (IUCD).[4,5] The presence of a foreign body usually acts as a nidus for encrustation, crystal aggregation, proliferation, UTI, and leads to stone formation.

Due to ignorance in history towards foreign body insertion diagnosis is not made easily. Usually, radiologist is not able to comment on type of foreign bodies neither in sonography nor in x-ray. Management is to providing complete extraction of stone with foreign body either endoscopic or open procedure.

CONCLUSION

The urinary bladder seems to be an accessible site for the introduction of a foreign body. Mostly patients have psychiatric problems. Any conceivable things may be inserted into the bladder. Variety of foreign body, that resulted in challenges regarding diagnosis and management. Endoscopic management is better than open unless contraindicated.

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