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Case Report

A curious case of electric wire in urethra

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ABSTRACT

We present a case of discharging urethral fistula in a sexually active young male, who was found to have an impacted electrical wire in the urethra. Polyembolokoilamania is a condition, where one inserts foreign bodies via natural orifices, either for autoerotism, in inebriated states or due to psychological conditions. A wire was inserted into the patient's urethra and it remained impacted for a year, leading to pain, dysuria and discharging urethral fistula. The wire was removed and the fistulous tract was excised. Patients, if diagnosed with autoerotism needs follow up with psychiatrist to address the underlying condition.

Keywords: Polyembolokoilamania, Autoerotism, Urethral foreign body, Fistula

INTRODUCTION

Introducing foreign body into the body orifices, also called as polyembolokoilamania, a Greek derivative.[1] This phenomenon has been documented since early days of medical literature, as early as 16th century, by Haft and Benjamin.[2] The introduction of various foreign body into urethra, by both sexes, is usually because of autoerotic behaviour, and rarely because of substance abuse, psychiatric illness and due to sexual abuse or torture.[3] The foreign body often leaves a residual damage, and most of the time, the patients present with the complication, rather than the foreign body per se. The treatment is removal of the foreign body and addressing the complication that the foreign body created. We present a case of urethral foreign body insertion, with a vague history of sexual abuse in a young male, who had presented with discharging urethral fistula as a primary complaint.

CASE REPORT

A young sexually active young male presented to urology out-patient services with complaints of fever, urethral discharge, induration and pain arising from penoscrotal junction. On further questioning, he reluctantly disclosed that he was abused by someone, who had introduced an electrical wire into his urethra one year ago, the authenticity of which was questionable. On examination, there was a pus discharging sinus in the root of the penis. An ascending urethrogram was done which revealed a narrow radiopaque shadow in the urethra extending into the bladder proximally, which was consistent with patient's history. He was taken up for scrotal sinus exploration after getting anaesthesia clearance (Figure 1).

The sinus tract was excised along with indurated tissue and sent for histopathology and tissue culture. The electric wire end was found on exploring the sinus tract which was grasped and approximately a 25 cm wire was retrieved out, which was projecting out from the bulbar urethra (Figure 2).

The bulbar urethra was closed with 4-0 vicryl, cystoscopy was done and a suprapubic catheter was deployed and a 16 Fr (French gauge or FG) silicon per-urethral Foley was deployed. The patient was followed up as outpatient after three weeks. The patient was doing well at the time of writing this case report.

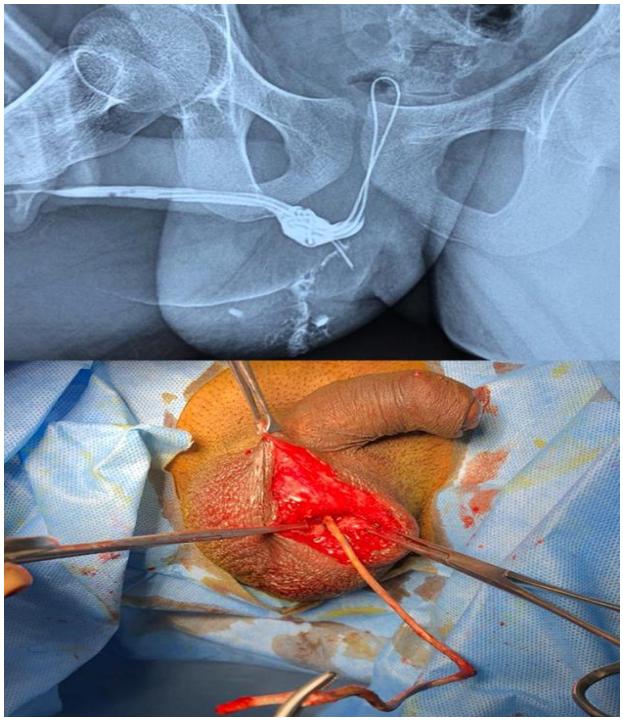

Figure 1: This image shows ascending urethrogram image of the electric wire within the urethra, extending proximally into bladder neck, with contrast extravasation in bulbar urethra, suggestive of urethral fistula. The intraoperative image shows the electric wire being retrieved out of the urethra.

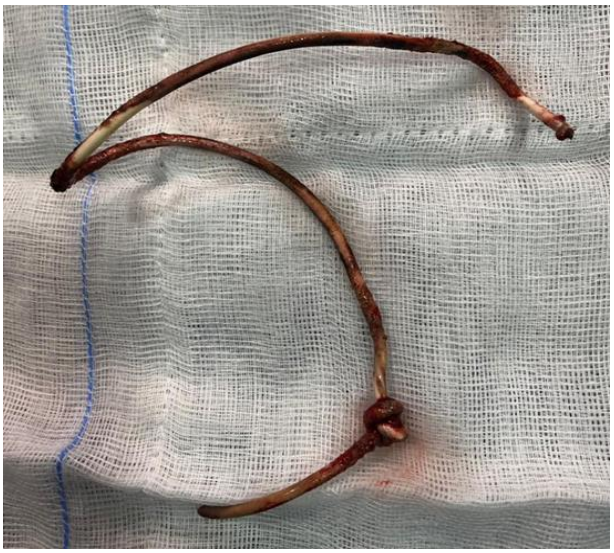

Figure 2: This image shows the retrieved electric wire with the knot in the wire.

DISCUSSION

Foreign bodies being inserted in body orifices is called as polyembolokoilamania. Varied foreign bodies have been inserted into urethra, for varied reasons, most common being autoerotism or sexual gratification.[3] There are reports of various objects that have been retrieved out such as candles, vegetables, pencils, ball pens, wires, needles, intra-uterine contraceptive devices, metallic tubes, bullet, broken part of Foley catheter, wooden pieces, etc. The other causes of foreign body insertion being sexual misadventures, under inebriated states, sexual abuses and tortures. The underlying psychiatric conditions associated with these foreign body insertions should also be assessed. Most patients, in fear of humiliation, seeks medical attention late, often after repeated attempts at self-removal and present with complications such as urethral stricture, migration of foreign body, urethral fistula and bladder calculus. Kenny postulates that the starting point of autoerotism is a pleasurable stimulation which was incidentally identified, on introduction of objects into urethra, which then becomes a routine.[4] The presentation depends on the type of foreign body and site of impaction in situ. X-ray of kidney, ureter and bladder (KUB) will be able to give information on size, shape, number and location and impacted site of foreign bodies in urethra or bladder. Ascending urethrogram will give additional data on the integrity of the urethral track. Very rarely further imaging in the form of ultrasound (USG), computed tomography (CT) or magnetic resonance imaging (MRI) are needed. It is imperative to get the details about the foreign body before embarking on surgery needed, surgical technique and modality to be opted to retrieve it and the anaesthesia to be used for the case. In our case, the patient came after almost one year after alleged history of sexual abuse and electric wire insertion. The patient was mentally sound. The fistula was explored and the wire was retrieved out. In cases where there is impacted foreign body, it is better to do an open retrieval, since endoscopic retrieval may cause further damage to urethra.[5] Even though endoscopic removal is often favoured, in our case, there was a wire which had a knot, which could injure the urethra on endoscopic retrieval, hence open removal was done along with urethral fistula excision. Many articles suggest psychological evaluation, since the habit of urethral foreign body insertion is considered as a self-hurting behaviour, and can borderline with suicidal tendencies, but most patients are psychologically sound.[4] Our patient refused to meet a psychiatrist for further evaluation. The usual methods of removal of foreign bodies include, use of cystoscope and nephoscope, lasers and dormia baskets depending on the nature and location of the foreign bodies.

CONCLUSION

The incidence of cases presenting with foreign bodies in urethra is not very rare, yet it need technical expertise on the urologist part, to retrieve the same in open method or endoscopic technique without causing further damage to urethra.[5]. The retrieval of the foreign bodies also depends on the object, location of the object, duration of impaction and the complications that have occurred due the foreign body. This case is presented to throw light on the fact that the treatment is tailored according to the individual case, demanding surgical skill and inquisitive adaptability of the surgeon to every individual situation.

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REFERENCES

1. Elsea, SH, Finucane B. Smith-Magenis Syndrome. In: Encyclopedia of Life Sciences (ELS). 2009. John Wiley & Sons, Ltd:Chichester.
2. Kurer MA, Davey C, Khan S, Chintapatla S. Colorectal foreign bodies: a systematic review. Colorectal Dis. 2010;12(9):851-61.
3. Ophoven AV, deKernion JB. Clinical management of foreign bodies of the genitourinary tract. J Urol. 2000;164(2):274-87.
4. Kenney RD. Adolescent males who insert genitourinary foreign bodies: is psychiatric referral required? Urol. 1988;32:127.
5. Levine MA, Evans H. Open removal as a first-line treatment of magnetic intravesical foreign bodies. Can Urol Assoc J. 2013;7:25-8.

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