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Case Report

Foreign body in the male urethra: case report

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ABSTRACT

Cases of self-inserted foreign bodies into the lower urinary tract are uncommon. They are associated with a mental illness called polyembolokoilomania. The site, size and nature of the foreign body determines both the symptomatology and complications. A case of self-inserted needle into the penile urethra by a 15-year-old boy is presented. A plain X-ray of the pelvis revealed the needle. The needle was successfully removed by cystoscopy. Plane X-ray imaging and CT scan are essential to locate the site, size, and nature of the foreign body. Endoscopic approach is preferred in majority cases. Psychiatric counselling in the post-operative period is required to prevent further episodes of reinsertion of such foreign bodies.

Keywords: Self-introduced, Foreign bodies, Urethra, Treatment

INTRODUCTION

Foreign body in the male urethra is an uncommon entity. Majority of cases of foreign body in the male urethra are self-inserted. Psychological conditions related to altered sexual perceptions are responsible for the same in majority of cases.[1] A case of a 15-year-old boy presenting with self-inserted needle into the urethra is presented.

CASE REPORT

A 15-year-old boy presented to the emergency surgical unit with history of dysuria following self-insertion of a needle into the urethra. There was no history of hematuria. Physical examination of the genitalia was done. However, the needle was not palpable in the penis. The patient was admitted to hospital and further investigated. A plane X-ray of the pelvis revealed a foreign body in the form of a needle in the shadow of the penis (Figure 1). The patient underwent cystoscopy. The needle tip was seen in the penile urethra. It was grasped with a grasper and gently removed (Figure 2). The foreign body removed was a needle (Figure 3). A Foley's catheter was placed for two days and removed. There were no urinary symptoms after removal of the catheter. Patient was passing normal urine without any associated symptoms.

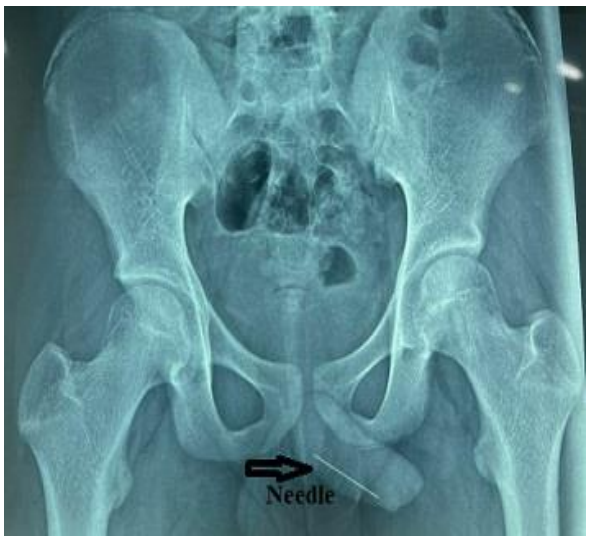

Figure 1: Plane x ray pelvis showing the needle (marked by the black arrow).

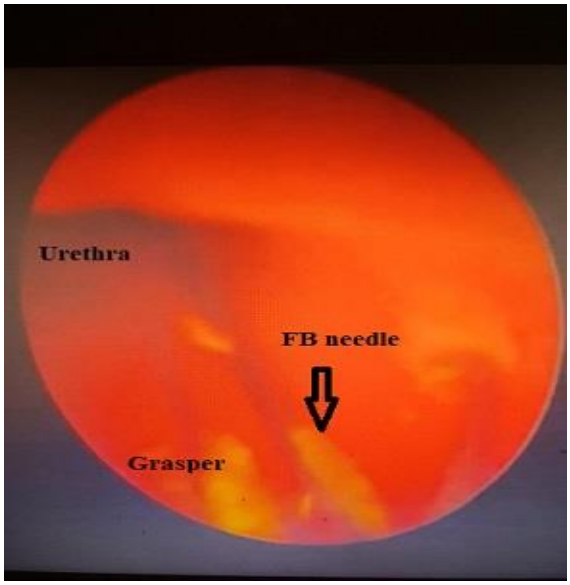

Figure 2: Cystoscopic view of the needle during removal.

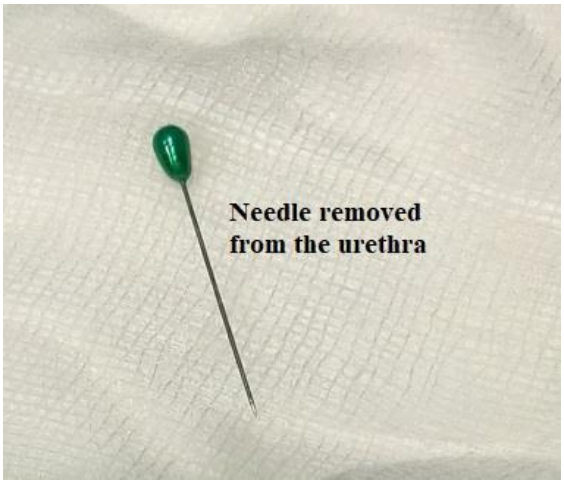

Figure 3: Foreign body (needle) removed.

DISCUSSION

A foreign body in the male urethra is quite uncommon. However, a self-inserted foreign body in the male urethra is usually seen in individuals suffering from personality disorders.[1] Polyembolokoilomania is commonly seen in these individuals.[1,2] It is a psychiatric illness associated with self-insertion of foreign bodies into natural body orifices for sexual gratification, delusional thoughts, and auto eroticism.[2,3] In minors, the most common purpose maybe self-exploration or self-inquisitiveness about the genitalia. Foreign bodies include plastic wires, pins, parts of nail cutters, safety pins, screws, and even small batteries, etc. Hence a wide range of foreign bodies have been reported in the urethra and bladder.[3] Diagnosis and the choice of surgical option continues to be the biggest challenge to the surgeon. The foreign body can cause a lot of harm to the lower urinary tract. The determinants of damage caused by foreign body are size, shape, location and the mobility of the foreign body.[3] If the foreign body is in the urinary tract for a longer duration, then it is associated with multiple urinary tract symptoms. These include dysuria, infection, and hematuria. Investigations include laboratory and imaging.[3] Routine urine microscopic examination will reveal infection and hematuria. Imaging includes a plane X-ray of the pelvis which will reveal radio opaque foreign bodies.[4] In the case presented, a plane X-ray of the pelvis revealed the presence of the needle. However, in case of non-radio opaque foreign bodies, a CT scan is necessary to locate the exact size, site, and shape of the foreign body.[5]

Surgical intervention is always necessary for removal of the foreign body. Once the details of the foreign body are ascertained by imaging, the surgical approach can be decided. Cystoscopy is the procedure of choice for visualizing the foreign body.[3-5] In majority of cases, cystoscopic removal is possible as was done in the case presented.[4,5] However, in cases where the foreign body is impacted or transmigrated into the wall of the lower urinary tract, an open surgical approach may be necessary. For urethral foreign bodies, an urethrotomy may have to be performed to remove the foreign body whereas an open suprapubic cystostomy may be necessary for removal of foreign bodies in the bladder.[2,5] Complications are usually seen in the open approach which include hematomas, infection, abscess, fistulas, strictures, incontinence, and occasionally erectile disfunction may follow.[5,6] Successful removal of foreign body should always be followed by psychiatric counselling to prevent further the insertion of foreign body in the future.[1,3]

CONCLUSION

Patients with self-inserted foreign bodies in the lower urinary tract invariably suffer from behavioral disorders. Imaging is necessary to locate the site, size, and shape of the foreign body. Endoscopic approach is most preferable and is applicable to majority of cases. Rarely an open approach may be required especially in cases where the foreign body has been in the urinary tract for a long duration and penetrated into the wall.

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