



Foreign Body in the Urethra

Üretrada Yabancı Cisim

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Abstract

Inserting foreign bodies into the male and female urethra, which occurs mostly due to psychiatric and urethral problems, is a rare condition. These patients can present with obstruction of the urethra due to these foreign bodies. These foreign bodies can reach into the bladder in women due to female urethra's short structure; observing foreign bodies in the urethra in men is therefore more uncommon.

While self-insertion of foreign bodies into the urethra in men is usually due to erotic stimulation, we present the case of an elderly male patient who had inserted a foreign object into the bladder to fix urine flow. In this study, we present the diagnosis and treatment of a 62-year-old male patient, who previously had difficulties in micturation and was admitted to the emergency room with acute urinary retention due to a foreign body detected in the urethra during evaluation.

Keywords: Urethra; Urinary Retention; Foreign Body.

Öz

Kadın ve erkeklerde üretraya yabancı cisim yerleştirilmesi sıklıkla altta yatan psikiyatrik veya mental bozukluk sonucu ortaya çıkan nadir bir durumdur. Erkek hastalarda üretranın uzun olmasından dolayı bu yabancı cisimler üretrada obstrüksiyona sebep olduğunda hastaneye başvurulabilmektedirler. Kadınlarda üretra boyunun erkeklere göre kısa olmasından dolayı bu yabancı cisimler mesaneye ulaşabilmektedirler.

Çoğunlukla erkeklerde kendi kendine üretraya yabancı cisim yerleştirme erotik uyarı amacı taşımaktayken, olgumuzda idrar akımını rahatlatmak maksadıyla yapılmıştır. Daha önceden idrar yapmada zorlanma hikayesi olan, akut gelişen idrar yapamama şikayeti nedeni ile acil servise başvurusu sonrasında yapılan değerlendirmesinde üretrasında yabancı cisim tespit edilen 62 yaşında erkek hastanın tanı ve tedavi süreçlerini sunmayı amaçlıyoruz.

Anahtar Kelimeler: Üretra; Üriner Retansiyon; Yabancı Cisim.

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INTRODUCTION

Detecting foreign bodies in the urethra is a rare condition. These foreign bodies may be seen following a urinary system related operation or can be placed by patients themselves. In the latter case, these foreign bodies are usually placed for erotic stimulation purposes (1) while patients with mental illnesses may also present with similar conditions (2). Due to the short length of the urethra in women, these bodies, once placed, move into the bladder. However, in men, who have longer urethra, such foreign objects stay within and cause obstruction.

CASE REPORT

A sixty-two-year-old male patient was admitted to the emergency room with inability to urinate. The general condition of the patient was good. We learnt from his medical story that the patient had inability to urinate earlier and was catheterised for this complaint. We also learnt that the patient had obtained and placed a probe by himself at home. Failing to urinate after his own catheter application, he related that tried to pull out the probe but it broke off. Physical examination revealed that the patient had urethrorrhagia. We observed palpable hardness close to the penis root which, at first, we guessed to be a foley balloon. Since the broken catheter could hold on with a clamp in the urethral meatus, we assumed that the foreign body could be a feeding probe. As the object could not be removed by pulling out, we decided to take it out surgically. Following the placement of cystofix under spinal anaesthesia, we started the surgery with the help of a cystourethroscope. We observed that anterior urethra was narrow and diffused. We had a visual of knotted object that looked like a feeding probe in the distal of the prostatic urethra (Figure 1).

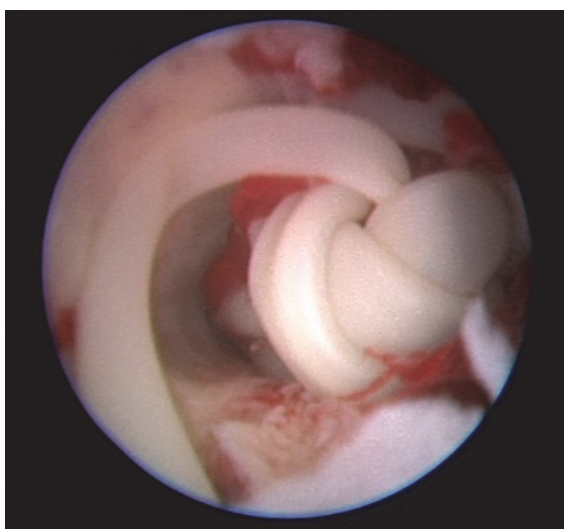


Figure 1. The endoscopic view of the foreign body in the urethra

Following the manipulation efforts, it was decided that the size of the object was too large for an endoscopic intervention. We sent a guide wire to the bladder in the lithotomy position and reached the urethra from under the scrotum through the perineal area with a vertical incision (Figure 2). Foreign body was removed from the urethra (Figure 3, 4).

By attaching a foley catheter to the guide wire, the urethra was repaired and the process was finalised. There were no complications in the postoperative period. Having learnt from his family that the patient previously had self-destructive tendencies, the patient was assessed psychiatrically and diagnosed with mild mental retardation and psychosis.

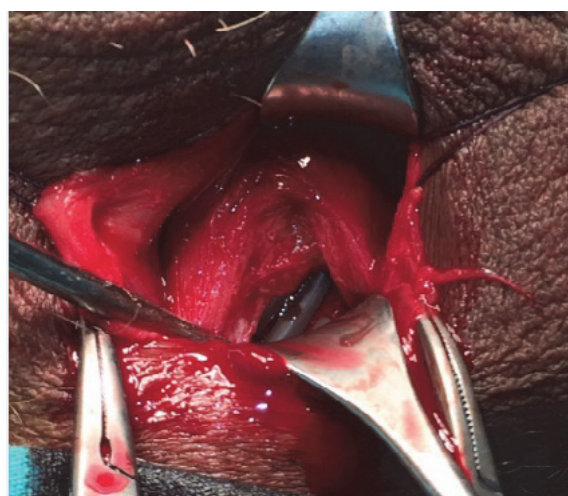


Figure 2. Reaching the foreign body in the urethra with perineal incision.

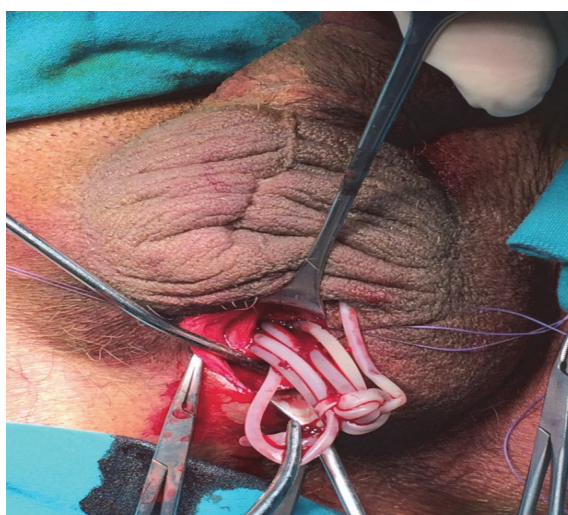


Figure 3. Removal of the foreign body from the incision.



Figure 4. The removed foreign body.

DISCUSSION

The insertion of foreign bodies into the urethra is usually a pathological phenomenon that can occur in patients with psychiatric disorders or during masturbation. However, psychiatrically normal patients who try to push foreign objects into the urethra in order to get rid of urinary retention have also been reported (3). Following a carefully obtained medical history, radiological assessment must be administered to determine the localisation, size and number of foreign bodies (4). Emergency treatment of urethral foreign bodies in early stages is important to eliminate potential chronic cystitis, urethritis, rectal abscess, periurethral abscess, urethral tears, or urethral stricture that can occur in patients who receive delayed treatment (5-8). Although insertion of foreign bodies into the urethra is not considered to be a fatal injury, there are reported cases of death due to foreign body related bladder perforation and abdominal bleeding (8). In cases with foreign bodies in the urethra, endoscopic intervention is suggested as the primary treatment modality (2). If the foreign body is located in the distal of the urethra, meatotomy, urethroscopy, or external urethrotomy could be preferred. If, however, the foreign body is placed in the proximal of the urethra, this may require interventions like urethrocystoscopy

and suprapubic cystostomy. In our case, we first preferred endoscopic procedures. However, because the object was stuck between the pre-prostatic urethra and urethral sphincter; because it was large and entangled; and due to the diffused and narrow anterior urethra, we were unable to remove the foreign body endoscopically. As it is probable that the patient, in his psychiatric and mental current state, may attempt to insert other objects into the urethra, we concluded that it was appropriate to conduct a thorough psychiatric evaluation of the patient. Despite the fact that there were no known mental or psychiatric disorders, the psychiatric evaluation revealed that the patient had mild mental retardation and psychosis for which a psychiatric treatment was initiated. As a result, practitioners should perform minimally invasive methods in removal of urethral foreign bodies. Nevertheless, it should also be kept in mind that more invasive options should be performed should endoscopic procedures be likely to fail to take these objects out. Besides, determining possible underlying psychiatric disorders should also be evaluated after surgical treatment to avoid the recurrence of such tendencies.

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