

## Self insertion of male urethral foreign body. Its endoscopic management.

Muhammad Akram Malik\* Naveed Ashraf \* G.M. Subhani\* M. Tahir Bashir Malik\*  
Safdar Hassan Javed\* Zahid Iqbal\*

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### INTRODUCTION:

Numerous cases of self inflicted foreign bodies in Urethra has been reported [1,2,3]. Objects were fish hooks, metal rods, hair pins, pellets, screws, wires, wooden sticks/match sticks et. Most cases are associated with psychiatric disorders, senility, intoxication or autoerotic stimulation. Patients often present with dysuria, haematuria, pyuria, increased urinary frequency, urinary retention, penile swelling, perineal swelling, urethral fistulas [4]. Diagnosis is based largely on history and clinical examination, however radiological and cystoscopic studies are required to confirm diagnosis and plan management [5]. The management include extraction of foreign body and prevention of long term complication, in addition to assessment of patients motivation and psychiatrist help may be required [6,7].

In this report we present a typical case of self insertion of foreign body.

### CASE REPORT:

A 45 years old male presented to emergency department with a history of severe dysuria, pyuria, fever, followed by urinary retention. Attempt to catheterization at periphery caused of bleeding per urethra. Plain X-ray of pelvis showed two metallic objects, an safety pin in the bulbar urethra and a steel wire in the penile urethra. Safety pin was open and steel wire was bended on one end. Patient was referred to Urology Department Allied Hospital Faisalabad for evaluation and management. Under spinal anesthesia, cystoscopy by paediatric cystoscope revealed a metallic wire bend at end, which has penetrated in one of corpora and 2<sup>nd</sup> end in the urethra. Safety pin with bend towards the bladder was present in the bulbar urethra.

Meatotomy was performed and under cystoscopic vision, bended wire disengaged from the

corpora and removed by pulling the wire with artery forceps at the urethral meatus.

With rigid adult cystoscope and biopsy forceps safety pin was pushed into the bladder. Inside the bladder it was rotated and pulled with biopsy forcep not injuring the urethra. Patient was catheterized, and discharged on 2<sup>nd</sup> post-operative day. Catheter was removed after 07 days and patient voided without difficulty. On further enquiry he denied inserting the object by himself or by any other person. Patient was referred to psychiatry department for psychiatric management.

### DISCUSSION:

Self inserted foreign bodies when it migrates into proximal urethra or into bladder is not easily retrievable. Patients usually do not seek medical advice initially due to embarrassment and in an attempt of self removal may cause further damage. At presentation patients usually are anxious and painful. They may need to properly medicated and comforted during their preoperative evaluation and investigations. Attempt of urethral catheterization and manipulation of the object may cause further damage and complications, and it should be avoided until exact type, size, shape, location are determined. In most cases, pelvic radiographic imaging is sufficient to determine location size and shape of objects. Ultrasonography and CT is next choice of investigations. In the present case plain X-ray pelvis was helpful in locating the objects and determine their size and shape.

These patients are at high risk of infective complication so antibiotic cover should be given before and after manipulation.

Endoscopic retrieval is treatment of first choice. It is successful in most of cases and open surgery is rarely indicated. Aliabad etal and Nadeem

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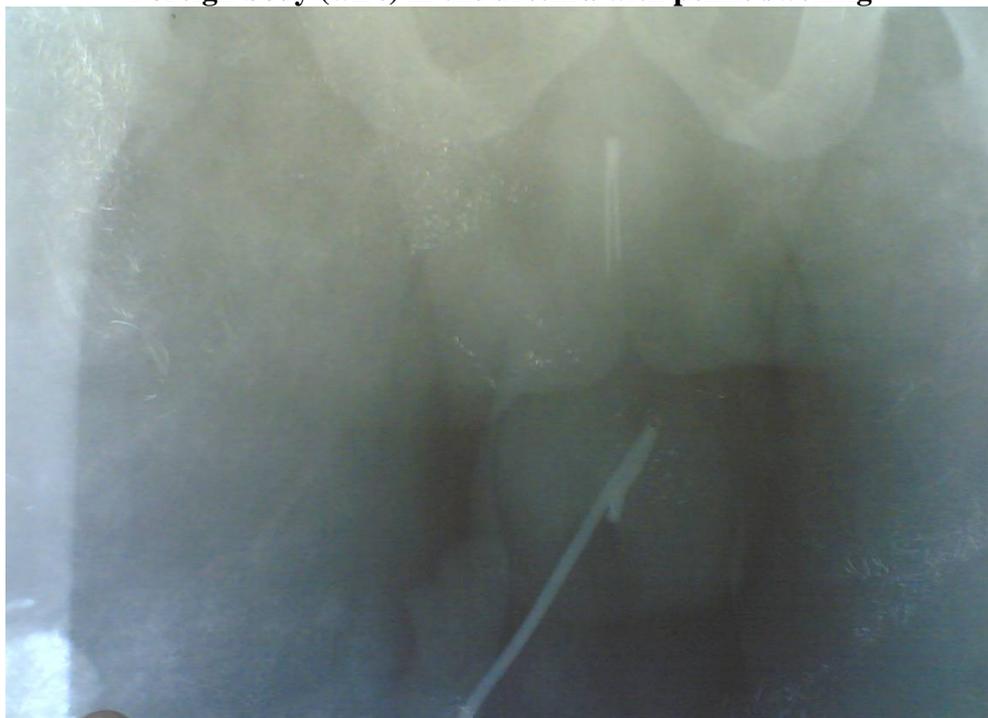
Ur-Rehman et al reported endoscopic removal of foreign bodies with high success rate.

Psychiatric evaluation of all patients is controversial as some will be psychologically normal.

However we consider that initial evaluation in these cases is necessary to identify and treat these with an underlying mental disorders.



**Foreign body (wire) in the urethra with penile swelling**



**X-ray pelvis showing two foreign bodies in the urethra**



**Metallic foreign bodies after removal**

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#### **AUTHORS:**

- **Dr. Muhammad Akram Malik**  
Senior Registrar of Urology,  
Allied Hospital, Faisalabad.
- **Dr. Naveed Ashraf Malik**  
Senior Registrar of Urology,  
Allied Hospital, Faisalabad.
- **Dr. G.M. Subhani**  
Registrar of Urology  
Allied Hospital, Faisalabad.
- **Dr. M. Tahir Bashir Malik**  
Medical Officer (Urology)  
Allied Hospital, Faisalabad.
- **Dr. Safdar Hassan Javed**  
Assistant Professor of Urology  
Allied Hospital, Faisalabad.
- **Dr. Zahid Iqbal**  
Professor & Head Department of  
Urology and Renal Transplantation,  
PMC/Allied Hospital, Faisalabad.