CASE SERIES OF UNUSUAL INTRAVESICAL FOREIGN BODIES AND REVIEW OF LITERATURE

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ABSTRACT

Foreign bodies in urinary bladder are not uncommon. However, very little published series are available. Although, not being a fatal disease can lead to serious complications like acute or chronic cystitis, stone formation or fistula formation. We present 3 cases of different foreign bodies with different etiology which were removed successfully.

Key words: Foreign bodies, IUCDs, Bladder stones.

INTRODUCTION

Foreign bodies in urinary bladder are not rare.[1] Most of the foreign bodies find their way into the bladder by self insertion for sexual gratification, as cases of sexual assault, for therapeutic purposes or by migration from neighboring organs.[2] A large varieties of foreign bodies have been reported in literature.[3] We present a migrated Intrauterine Contraceptive Device (IUCD) with encrustated stone, a bladder wash syringe cap in the urinary bladder placed iatrogenically and a case of sexual assault with a telephone cable in urinary bladder introduced perurethera.

CASE REPORT NO. 1

A 35 year old female was seen in urology outdoor department with presenting complaints of dysuria, frequency, urgency and pyuria for the last two years. She had suprapubic tenderness on deep palpation. Her routine urine microscopy showed pus cells of 80-90 hpf with 10-12 RBC hpf. X-ray of KUB region showed a stone in the bladder area (Fig. I & Fig. II). Ultra sound confirmed the X-ray findings. Cystopanendoscopy showed a stone fixed to the posterior wall of urinary bladder. Suprapubic cystostomy was done and a foreign body with an enscrusted stone fixed to the posterior wall of the urinary bladder was found. The T limb of the copper T was stuck with enscrustations (Fig. III,IV). This limb was gently disected out and the rent in the wall of the urinary bladder was closed with vicryl 3. Patient was catheterized and she recovered uneventfully.

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CASE REPORT NO. 2

A 28 year old male patient presented with lower urinary tract symptoms and suprapubic pain. Patient gave history of cystolithotomy one month ago though no details of surgery were available with the patient. On examination, the patient had a suprapubic scar which was tender. His routine urine microscopy showed 20-30 pus cells/ hpf with 15-30 RBC/ hpf. X-ray of KUB region showed a cap of bladder wash syringe in the bladder area (Fig.V). Ultra sound confirmed the X-ray findings. Cystopanendoscopy was done and a bladder wash syringe was found. The cap could not be retrieved endoscopically with forceps because of its size, so suprapubic retrieval of bladder wash syringe cap was done. Patient was catheterized and he recovered uneventfully.

Figure: I

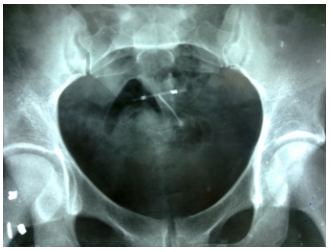


Figure: II

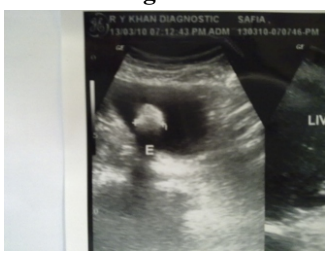


Figure: III

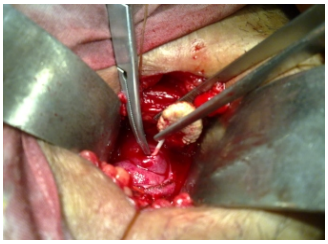


Figure: IV

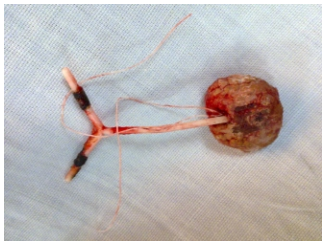
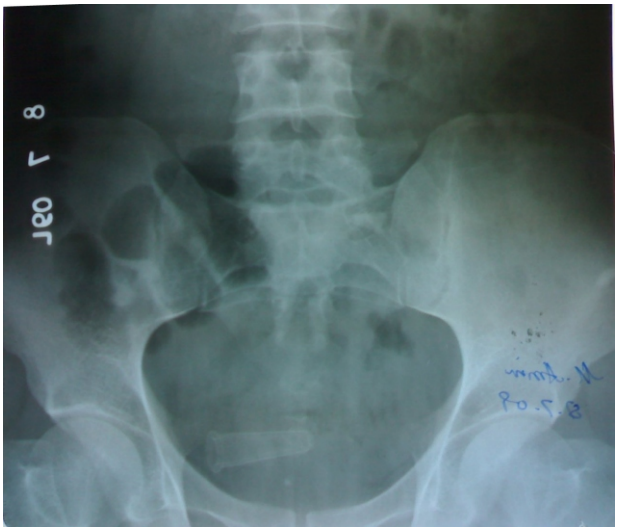


Figure :V



CASE REPORT NO 3

A 15 years old boy presented in the emergency department with a history of introduction of a telephone cable perurethera as a revenge of a case of sexual assault. On examination, a black telephone cable was seen with a knot at the external meatus. (Fig.VI). X-ray KUB showed this wire throughout the length of urethera and in the urinary bladder area. (Fig. VII). Suprapubic open cystostomy was done and the wire was retrieved (Fig. VIII). Patient recovered uneventfully.

Figure: VI

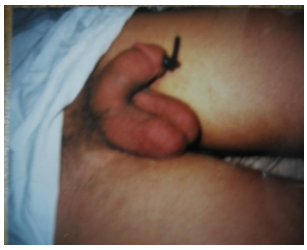


Figure : VII

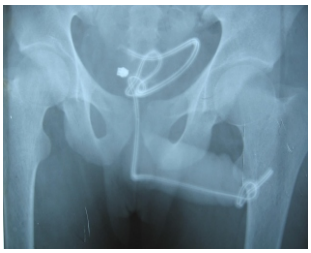


Figure:VIII

DISCUSSION

Many kinds of foreign bodies have been reported in the urinary bladder.[4] Foreign bodies may be introduced into the bladder iatrogenically, via migration from adjacent organs, by penetrating, injuries, by self-insertion, which is usually a result of eroticism, inquisitiveness or psychiatric illness or as a case of sexual assault. In cases of self-insertion, psychiatric evaluation has been suggested.[3] A multitude of foreign bodies, including intrauterine devices, medical sutures, hair, wires, artificial urinary sphincters, hair pin, neglected stents, sometime fractured foleys cather balloon has noticed to be the nidus for stone formation.[6] Migration of (IUCD) has been reported in literature as a case of faulty insertion or transmigration from urterus.[7] In our case IUCD was inserted by a traditional birth attendant. Cap of bladder wash syringe was an unusual case. The possibility seemed to be that a bladder wash syringe with a cap may be passed on by the nursing staff to the surgeon who forcibly pushed the plunger to wash the bladder whereas the cap slipped in and remained unnoticed by the surgeon. The electric cable in the bladder has been reported in the literature where a 12 year old girl self inserted the cable perurethra out of curiosity.[8]

Most of the foreign bodies in urinary bladder are diagnosed by X-ray pelvis or by ultrasound and sometime picked up on cystoscopy.[9] In most cases foreign bodies are removed endoscopically e.g; neglected stents, small wire pieces or fractured foley catheter balloon but sometime sharp objects or large objects if attempted endoscopically could cause more damage to urethra and bladder.[10] We tried to remove the foreign bodies endoscopically but the IUCD was stuck in the bladder wall and the bladder syringe cap was not grasped with the forceps due to its size, so both of these foreign bodies were removed suprapubically. Similarly, the wire cable with a knot in the urinary bladder was also removed suprapubically. On review of literature and clinical presentation of our cases, it is mandatory to keep in mind the possibility of foreign bodies as a differential diagnosis.

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"Concentration is the secret of strength."

Ralph Waldo Emerson