

Entrapped Foreign Body in Bladder Due to Urethral Sounding for Sexual Gratification: Case Report

Cinsel Haz Maksatlı Üretraya Yerleştirilen Yabancı Cismin Mesane İçine Kaçması

Hikmet KÖSEOĞLU^a

^aDepartment of Urology,
Başkent University Faculty of Medicine,
İstanbul

Geliş Tarihi/Received: 23.04.2014
Kabul Tarihi/Accepted: 30.09.2014

Yazışma Adresi/Correspondence:
Hikmet KÖSEOĞLU
Başkent University Faculty of Medicine,
Department of Urology, İstanbul,
TÜRKİYE/TURKEY
hikmet.koseoglu@gmail.com

ABSTRACT Self-inserted foreign bodies into the penile urethra have been reported in males. In this report, case with entrapped foreign body in bladder during urethral sounding for sexual gratification is presented, together with related radiograph and pictures of foreign body. Thirty-one years old man admitted to the urology clinics for lower abdominal pain, severe urgency, haematuria and difficulty in voiding. Kidney-ureter-bladder radiograph showed entrapped foreign body twisted in bladder resembling urethral catheter. Cystoscopy failed to extract foreign body therefore open cystotomy was performed. It was a rigid long catheter-like smooth surfaced plastic item with blunt rounded ends without any cavity. This case report outlines an unusual mode of sexual behavior of urethral sounding of foreign bodies for sexual gratification in the male adults regardless of underlying psychiatric disease and related urological complication.

Key Words: Urinary bladder; foreign bodies; cystotomy; sexual behavior

ÖZET Literatürde pek çok vaka bildirisinde penil üretra içine sokulan yabancı cisimler bildirilmektedir. Bu vaka bildirisinde, cinsel haz için üretral sondalama sırasında mesane içine kaçmış yabancı cisim, ilgili radyolojik görüntüleri ve yabancı cisim fotoğrafları eşliğinde sunulmaktadır. Otuz bir yaşında erkek hasta alt karın ağrısı, şiddetli idrar sıklığı, hematüri ve işeme zorluğu nedeniyle üroloji kliniğine başvurdu. Direkt üriner sistem grafisinde mesane içinde bükülmüş üretral kateteri andıran yabancı cisim tanımlandı. Endoskopik olarak alınamayan yabancı cisim açık sistotomi ile çıkartıldı. Yabancı cisim turuncu renkte üretral kateteri andıran görünümde yüzeyi pürüzsüz içinde boşluk olmayan her iki ucu küt yuvarlak sert plastik olarak tanımlandı. Bu vaka bildirisinde, alta yatan psikiyatrik hastalıktan bağımsız olarak, yetişkin erkeklerde cinsel haz için yabancı cisimlerin üretraya yerleştirildiği alışılmadık bir cinsel davranış ve buna bağlı ürolojik bir komplikasyon ortaya konmaktadır.

Anahtar Kelimeler: Mesane; yabancı cisimler; sistotomi; cinsel davranış

Türkiye Klinikleri J Urology 2014;5(2):58-61

Self insertion of foreign bodies in to the penile urethra is rare among males of varying age groups. It has been reported in child, adolescent and adults as well.¹⁻⁹ All these cases may warrant any kind of psychological illness underlying this behavior. However, in the adult population, the reported cases mainly focus on urethral sounding for sexual gratification.³⁻⁹ In this case report, case with entrapped foreign body in bladder due to urethral sounding is presented, together with related radiograph and pictures of foreign body.

CASE REPORT

A thirty-one years old intellectual single man admitted to the urology clinics for lower abdominal pain, severe urgency, haematuria and difficulty in voiding. In the initial interview, the patient mentioned that he was catheterized because of being unable to void and that the catheter was left in. In the physical examination, only suprapubic tenderness was present and no sign of urethrorrhagia was present. His past medical history was uneventful and had no diagnosed psychiatric disease. Plain kidneys-ureters-bladder (KUB) radiograph showed an entrapped foreign body twisted in bladder resembling but not a urethral catheter (Figure 1). Urine analysis showed profound microscopic haematuria. After an informed consent was taken, he was prepared for operation and the cystoscopy showed a brownish to reddish circular elongated urethral like foreign body with round blunt ends embedded in mucosa where edematous appearance was present. The foreign body was tried to be caught with foreign body forceps but it was too stiff to be extracted endoscopically. Therefore, open cystotomy was performed with suprapubic midline incision to extract the foreign body. The foreign body was a rigid approximately 25 cm long catheter-like smooth surfaced plastic item with blunt rounded ends without any cavity (Figure 2). It has diameter close to 20F catheter. It had no brand name or any other label on it indicating the origin or manufacturer. In the cut view it is clearly seen that it has no within the body (Figure 3). In the interview with the patient after the operation, he mentioned that he performed urethral sounding for sexual pleasure and that it slipped in half the way penile urethra after he pushed in suddenly. When he had urinary retention, he pushed it with another sounding device causing it to be entrapped in bladder.

DISCUSSION

Self-inserted foreign bodies into the penile urethra have been reported in varying age groups of



FIGURE 1: Kidneys-ureters-bladder radiograph showing entrapped foreign body twisted in bladder.



FIGURE 2: Rigid long catheter-like foreign body with blunt rounded ends without any lumen within the body.

(See color figure at <http://www.turkiyeklinikleri.com/journal/uroloji-dergisi/1309-632X/>)

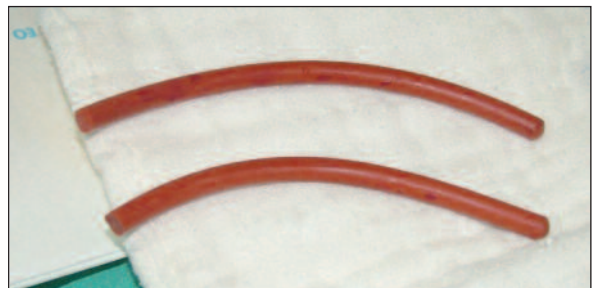


FIGURE 3: Cut view of foreign body showing no cavity within the body.

(See color figure at <http://www.turkiyeklinikleri.com/journal/uroloji-dergisi/1309-632X/>)

males.¹⁻⁸ The inserted foreign bodies that have been reported, seem to be anything only limited by imagination, varying from needle, magnetic beads, necklace made of stringed beads to telephone wire and metal dining fork.¹⁻⁹ It is to be noted that these cases may warrant some kind of underlying psychological illness.^{6,7} In the case of child inserting needle, just curiosity was accused.¹ However, in the adult population as well in adolescent, the reported cases mainly focus on urethral sounding for sexual gratification as well as this present study.²⁻⁹

The complaints related to these urethral foreign bodies vary from simple dysuria and difficulty to void to haematuria and urinary tract infection (UTI).¹⁻⁹ Another varying parameter related to these cases is the timing of admission to hospital. Mainly they admit in the acute period whereas sometimes it might take as long as a year.² The fear, embarrassment or any other emotional drives might be effective in timing as well as deceptive explanations related to their situations as in this case or refusing any clear explanation.⁸ Therefore, evaluation of clinical or demographical characteristics of these cases of urethral sounding alone might be misleading. As well, it is to be noted that these cases are just entrapped foreign bodies or just related medical complaints like bleeding due to urethral trauma that necessitate admission to hospital, like the tip of iceberg.¹⁻⁹ Setting anonymous conditions might provide better related epidemiology and demography as depicted by previous cross-sectional, web-based surveys.^{10,11}

Urethral sounding was reported to be approximately 11% in over two thousand men to have sex with men, in a cross-sectional, international, internet-based survey of the sexual practices.¹⁰ Other than psychological disease underlying if any, this activity itself seems to increase risk of lower urinary tract symptoms as well as sexual transmitted diseases as a result of its association of high risk sexual behavior.¹⁰ Also, in a comparative cross-sectional study with Web-based survey, among men with genital piercing habit, unusual genitourinary tract activities has been reported to be high as 24%.¹¹ Among these unusual genitourinary tract activities urethral sounding was high as 52% with potential complications of UTI and urethral bleeding.¹¹ If suitable, simple pull out of the foreign body from urethra under local or general anesthesia might work.^{3,4} For the extraction of the entrapped foreign body in urethra or bladder, cystoscopy is preferred is mainly and initially however sometimes cystoscopy might fail like in this present case. In such cases mainly open surgery or combined surgery (suprapubic cystotomy + cystoscopy) have been performed.^{2,6-9} Related to the nature of foreign body in some cases some intraoperative creative solutions like laparoscopic needle holder used endoscopically for needle extraction, seem to work.¹

This case report together with previous ones clearly outlines an unusual mode of sexual behavior of urethral sounding of foreign bodies for sexual gratification in the male adults regardless of underlying psychiatric disease.

REFERENCES

1. Park S, Moon KH, Kim SH, Kim DY, Cho YW, Cho SJ, et al. Needles as urethral foreign body in a child: successful removal using a new method with a laparoscopic needle holder. *Urology* 2013;81(1):188-90.
2. De Bernardis G, Haecker FM. Curious foreign body in the bladder of an adolescent. *J Pediatr Surg* 2012;47(12):e39-41.
3. Naidu K, Chung A, Mulcahy M. An unusual urethral foreign body. *Int J Surg Case Rep* 2013;4(11):1052-4.
4. Trehan RK, Haroon A, Memon S, Turner D. Successful removal of a telephone cable, a foreign body through the urethra into the bladder: a case report. *J Med Case Rep* 2007;1:153. doi:10.1186/1752-1947-1-153.
5. Kwong T, Lamer T. A rare and unusual case of urethral bleeding. *BMJ Case Rep* 2012 May 30;2012. doi: 10.1136/bcr-2012-6155.
6. Moslemi MK, Sorani M. Self-inflicted male bladder foreign body: its endoscopic removal using a rigid cystoscope and a suprapubic forceps. *Case Rep Urol* 2013;2013:729013. doi: 10.1155/2013/729013.
7. Levine MA, Evans H. Open removal as a first-line treatment of magnetic intravesical foreign bodies. *Can Urol Assoc J* 2013;7(1-2):E25-8.
8. Irekpita E, Imomoh P, Kesieme E, Onuora V. Intravesical foreign bodies: a case report and a review of the literature. *Int Med Case Rep J* 2011;4:35-9. doi: 10.2147/IMCRJ.S18857.
9. Oksay T, Özorak A, Ergün O, Hoşcan MB, Koşar A, Serel TA. Percutaneous removal of a very unusual foreign body from the bladder: case report and literature review. *JAEM* 2013; 12(4):231-3.
10. Breyer BN, Shindel AW. Recreational urethral sounding is associated with high risk sexual behaviour and sexually transmitted infections. *BJU Int* 2012;110(5):720-5.
11. Rinard K, Nelius T, Hogan L, Young C, Roberts AE, Armstrong ML. Cross-sectional study examining four types of male penile and urethral "play". *Urology* 2010;76(6):1326-33.