Foreign body in the urinary bladder: a case report

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Abstract

Foreign bodies of the urinary bladder may occur by self insertion or migration from the neighboring organs. All the foreign bodies when left for long time act as a nidus for calculus formation. The patient usually presents with dysuria, Intermittent urinary tract infection or suprapubic pain. Here we report a case of vesical foreign body which was removed by the cystoscopy.

Introduction

The urinary bladder can be the site of various types of foreign bodies. They may find their way into the bladder by accident, deliberate introduction through the urethra or migration from the neighboring organs (1). A multitude of foreign bodies in the bladder have been reported in the literature, such as a needle, a bullet, a safety pin, an animal feather, pieces of candle, a thermometer, chewing gum, a tooth brush, a metal hook, a scalpel etc (2). Here we report one interesting case of self introduction of the foreign body in the bladder.

Case presentation

An eighteen years old unmarried female presented with dysuria and frequency to the private clinic of urology, with previous history of recurrent urinary tract infections. An ultrasound exam was done as first exam (fig.1) that showed a long double line echogenic shadows within urinary bladder, suggesting foreign body. X-ray AP view of the pelvis requested to confirm the diagnosis that reveals metallic radiopaque foreign body within the pelvis which was hair clip (fig. 2). Urine examination showed pus cells 10-15/HPE and fresh RBC.

On persistent questioning, she gave a history of introduction of a hair clip through the urethra into the bladder. Cystoscopy confirmed that a hair clip lay within the bladder. The foreign body (a thin log) was removed with cystoscopy without any complication under general anaesthesia. The postoperative period was uneventful. Urinary tract infection was treated with broad spectrum antibiotics.

Discussion

Introduction of foreign body into the bladder may be through self-insertion, iatrogenic means or migration from adjacent organs. Such objects are inserted usually for eroticism, inquisitiveness (particularly in children), as a consequence of psychiatric or senile states or under the influence of alcohol. There is a marked preponderance of male patients (3) and is probably due to their use of foreign bodies as masturbatory aids.

Difficulty in the diagnosis lies in patients who choose to ignore the insertion of the foreign body through embarrassment. Previous bladder procedures or surgery to adjacent organs may be relevant when considering the possibility of the presence of a long-standing foreign body. Ultrasound exam & plain abdominal X-ray followed by cystoscopy usually suffices for the diagnosis(4).

Management is aimed at providing complete extraction that should be tailored according to the nature of the foreign body with minimal trauma to the bladder and urethra. Most foreign bodies can be removed transurethral with cystoscopic grasping forceps, but ingenious modifications of conventional instruments have been described to tackle difficult foreign bodies (5). Open removal via suprapubic cystotomy is sometimes required.

After removal, psychiatric referral should be done to prevent repeat presentations with its complications like bladder perforation, abscess and fistula formation. Chronic irritation leading to squamous cell carcinoma of the bladder has also been described (6).
References

![Fig (1): Double line echogenic shadow within urinary bladder (arrows).](image1)

![Fig (2): Metallic radiopaque foreign body (hair clip) in the pelvis.](image2)