

Mobile charger cable in bladder- A Case Report

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Abstract

Foreign bodies in lower urinary tract are becoming common and are well known for their sexual gratification and autoerotism. These cases have peculiar presentation and management. But foreign bodies in LUT (Lower urinary tract) for urinary retention are quite rare. Here we are presenting a case of F.B in LUT in an adolescent, who self-inserted it for urinary retention. The case was thoroughly investigated and managed surgically.

Keywords: Foreign body, Lower urinary tract, Urine retention.

1. Introduction

Foreign body in LUT i.e. urethra and bladder are commonly known for its autoerotism, drug intoxication and psychiatric illness.[1] However, presentation is usually delayed because of social embarrassment.[1] Males are most common victims with retained F.B in LUT although are commonly used by females for sexual gratification. Incidence is 1.7 times more in males than females.[2] Most cases are diagnosed by thorough history and physical examination. Treatment in males is mainly focused on complete extraction with minimal or no complications and to avoid erectile dysfunction.[2]

2. Case Report

A 15 year old boy presented to the surgical opd with complaints of painful dribbling of urine and fever. On further enquiry, he revealed insertion of mobile charger cable into his urethra one day ago for urinary retention. No history of hematuria was given. No similar episodes of retention anytime in the past. No history of psychiatric illness, drug intoxication or sexual gratification was found.

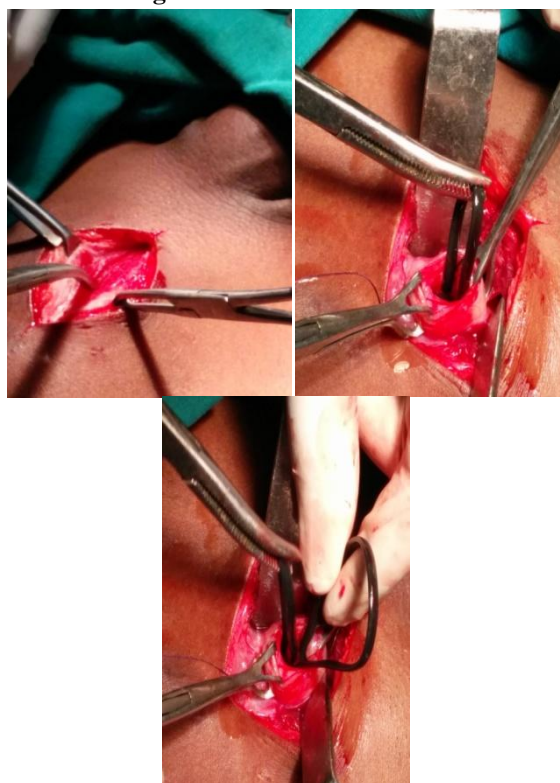
On clinical examination a black coloured smooth surfaced mobile charger cable was noted at urethra with around 8cm of it outside the meatus along with dribbling of urine. The cable was palpable at bulbar urethra. There was

no phimosis and no active bleed from the meatus. No external injuries were noted. On investigating, X-ray pelvis showed coils of cable in bladder region and cable along the course of urethra.

Figure 1: Shows coils of cable in bladder region and cable along the course of urethra



Initial trials with lubrication to extract the cable failed. The urethra was almost occupied by the F.B and because of the multiple coiling of the cable, endoscopic extraction was not preferred. Hence, patient was taken up for open surgery. With midline infraumbilical incision suprapubiccystostomy was done. The Cable was found in bladder with multiple knots and was extracted cautiously without causing injury to urethra or bladder. F.B [CABLE] extracted was a smooth surfaced mobile charger cable with multiple knots, upon uncoiling it measured about 50cms.

Figure 2: Removal of cable

After achieving complete hemostasis, bladder and abdomen closed in layers. Foley's catheterisation was done. Post operative period was uneventful. Catheter was removed on 3rd day. Patient was discharged on 7th day after undergoing complete psychiatric evaluation without any complications or erectile dysfunction.

Figure 3: X-ray showing Cable**Figure 4: Removed Cable**

3. Discussion

Cases of F.B insertion in LUT are ever increasing over last decade, more commonly in males. Co-morbidity reported in these patients includes autoerotism, psychiatric disorders, drug intoxication, mental confusion and sexual curiosity.[1] It is also noted in patient without any concomitant psychiatric illness to relieve urinary retention or itching.[3] Foreign bodies found in LUT are:[2]

- Sharp and lacerating objects (needles, pencil, ball pens, safety pin, copper wire)
- Wire like objects (Telephone cables, rubber tubes, straw)
- Vegetables (carrot, cucumber, bamboo sticks)
- Parts of animals (leeches, snake, bones)
- Fluid and powder(glue, wax, nasal mucus)
- Miscellaneous objects: house holds batteries, marbles, thermometer, IUCD, Tampons, hot wax, toys.

It is clear that almost any conceivable objects have been found in urethra and urinary bladder. Act of insertion invariably followed by multiple removal attempts which risks F.B migration and urethral injury.[1,4,5] Presentation is usually delayed because of social embarrassment. Symptoms are variable, ranging from asymptomatic to lower abdominal pain, penile pain, penile swelling, dysuria, dyspareunia, hematuria, pyuria, frequency, strangury, retention and fever.[1,4,6,7]

Diagnosis can be frequently made by detailed clinical history and careful examination. F.B located distal to urogenital diaphragm is readily palpable. X-ray, USG and CT scan of abdomen and pelvis are needed for exact position, orientation, relationship and its consequences to surrounding viscera.[1]

Treatment is focussed on complete extraction, diagnosing complications and avoiding erectile dysfunction. Immediate treatment consists of pain relief, control of voiding symptoms and antibiotics for sepsis.[8] Optimal techniques should be decided after consideration of size, location and nature of the object, associated urinary tract injuries, size of the patient and his condition. F.B located distal to urogenital diaphragm can be successfully extracted by endoscopic method with aid of forceps, snares, baskets.[1] Occasionally more invasive procedures like external urethrotomy, meatotomy, suprapubiccystostomy may be needed.[4,6] In females because of easy access to urinary bladder via urethra, F.B are readily removed endoscopically. Complications of F.B in LUT can be mild to severe such as stricture urethra, stone formation, diverticulum, erectile dysfunction.[1,6]

Due to high incidence of co-morbid psychiatric disease, mental retardation and dementia, it has been suggested that patients with F.B in LUT should undergo routine psychiatric evaluation.[1]

4. Conclusion

F.B insertion into LUT is common in young sexually curious, intoxicated and old psychiatric patients but less commonly inserted for urine retention. In patient presenting with urinary tract symptoms, the presence of F.B should be kept in mind. Even though most of the F.B now a day is retrieved endoscopically but still opens surgical procedures have their own place too. To reduce the risk of recurrence routine psychiatric counselling is needed.

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