

## Polyembolokoilamania: Self Insertion of an Unusual Foreign Body in Urethra : a Case Report



### Medical Science

KEYWORDS :

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### ABSTRACT

*Self-insertion of a foreign body in to the male urethra is an infrequent urologic emergency,anda weird variety of self-inserted foreign bodies have been reported. The reasons for self-inserting objects into the urethra may be as varied as the foreign bodies themselves and may include objects being used as an improvised 'itchstick' for itchy urethral conditions or for sexual gratification . Most of these are attributed to autoerotic stimulation, a consequence of mental illness or the result of drug intoxication. We report a case of 62-year-old indian man who presented to our emergency department with urethral bleeding and an indurated penile swelling since 7 days with a history of insertion of foreign body in urethra. The urologist's creative tendencies will often be required in safely removing these objects.*

### Introduction

The variety of foreign bodies inserted into or externally attached to the genitourinary tract defies imagination and includes all types of objectslike electricalwires, batteries, glass, pencils, chopsticks and telephonecables.1-6. It is part of a broad group of disorders referred to as polyembolokoilamania in which patients' inserts foreign bodies into body orifices for diverse reasons which may be psychopathological or otherwise. The more common reasons for self-insertion of these foreign bodies into the urethra are autoerotic stimulation, a consequence of mental illness or a result of drug intoxication.2-4.Our case highlights the importance of good history, clinical examination, relevant radiological investigations to diagnose and to solve the problem.

### Case report

A sixty two years old Indian male presented in emergency department with hard swelling ,bleeding from an ulcerated wound on the distal shaft of penis. However he admitted inserting some material into the urethra .The objectsubsequently migrated proximally out of reach. He made several unsuccessful attempts of self-retrieval prior to presentation and remarkably reported with no difficulty in voiding.His vitals were stable and examination of phallus revealed an indurated hard swelling on the distal penile shaft and chronic ulcer on the ventral aspect of corona sulcusand bilateral multiple inguinal lymphnodes largest being 2x2 cm.A nylon thread was seen tied around his distal penile shaft in the region corona sulcus.

FIGURE 1 : A nylon thread tied around coronal sulcus



CT scan of abdomen & pelvis along with inguinal region was taken which showed foreign body inside the urethra and bilateral enlarged lymphnodes.Under caudal regional block penile examination was done which showed nylon thread tied around coronal sulcus with bleeding indurated ulcer just

proximal to that on the ventral aspect.Nylon thread was released,urethrocystoscopy done which showed multiple sharp glass pieces and metal wires along with pieces of thread in the urethra .Glass pieces were partially removed intact and the remaining pieces were fragmented with pneumatic lithotripter. Metal pieces were pushed into the bladder and removed using Alligator forceps.

FIGURE 2: Slitting of glandular skin



Biopsy from the indurated ulcer was taken ,histopathology showed features suggestive of chronic ulcer . Postoperative period was uneventful

figure 3: Retrieved foreign bodies



## Discussion

Urethral foreign bodies include objects of various types, shapes, and sizes, and thus pose a challenge to the urologists.(7-12) These are usually self-inserted and the most common motive associated with the insertion of foreign bodies into the genitourinary tract is a sexual or erotic reason in nature(8).In adults, this is commonly caused by the insertion of objects used for masturbation and is frequently associated with mental health disorders.(9) The most frequent complications of urethral foreign bodies are urethritis,urethral tear with periurethral abscess and/or fistula, and hemorrhage.(7-12) Majority of the patients with UFB, are ashamed to admit self insertionand the history is often difficult to obtain. Once a UFB is suspected or palpated externally,evaluation should be done to know the exact size, location, and number of foreign bodies.(7) Plain x-ray ultrasonography usually provide sufficient information required to plan the intervention; computed tomography scan is being needed rarely.(8,12) . Most UFBs often require urgent interventions. The aim is to remove the UFB with minimal trauma to the urethra and avoid compromise of erectile function. The most effective technique to remove or retrieve a UFB depends on the size, type, location,and mobility of UFB. (7,8,10)Reporting their experience with self-inserted urethral foreign bodies in 17 men, Rahman and colleagues found that the most important cause was psychiatric disorder, followed by intoxication and erotic stimulation. The most frequent symptom was frequency with dysuria. Diagnosis was made by plain radiography in 14 patients while 3 needed computed tomography scan. Sixteen were treated successfully by endoscopic retrieval.(7) In an excellent review of published literature between 1755 and 1999, van Ophoven and deKernion found that sexual or erotic cause had been the most common etiology, and recommended that whenever possible, endoscopic techniques of retrieval should be used; however, surgical retrieval may be required if severe inflammation is present. They also concluded that the most suitable method of removing a UFB depends on the size and mobility of the object.(8)Various methods of removal described in the literature include meatotomy, cystoscopy, internal or external urethrotomy, suprapubiccystotomy, Fogarty catheterization, and injection of solvents.(7,8,10) Endoscopic removal of these foreign bodies is often considered the treatment of choice that may require a grasper, stone retrieval baskets, snares, or some modified instruments.(7,10).Needless to say that the patient should be referred for psychiatric evaluation.(11)

## SUMMARY

The reporting of urethral and bladder foreign bodies is increasing, although uncommon. In patients presenting with chronic lower urinary tract symptoms, the presence of foreign bodies should be kept in mind. Radiological tests are necessary to determine the exact size, number and nature of the foreign object. The best method for removal of the foreign objects depends largely on their nature and location, patients' size and age as well as surgical expertise and the available equipment. However, from the literature, it is evident that most foreign bodies can be retrieved using minimally-invasive endoscopic techniques. Open surgical removal is usually reserved for those in whom minimal-invasive techniques are unsuitable or have failed.Consider referral to outpatient psychiatric treatment (including psychotherapy)

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