



TIPS AND TRICKS OF MANAGEMENT OF KNOTTED CABLES IN LOWER URINARY TRACT: CASE SERIES

Urology

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ABSTRACT

Foreign body in urethra are uncommon entities in emergency. The foreign body is inserted in the urethra for self-arousal, curiosity, psychiatric condition, intoxication, substance abuse. Knotting of cable introduced in urethra and bladder is difficult to manage. We present our experience of management of knotted cables in lower urinary tract in our hospital.

KEYWORDS

Urethra, Knotted cable, Cystoscopy

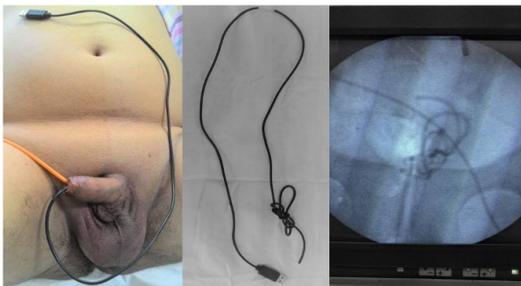
INTRODUCTION

Foreign body in the Lower urinary tract is not so common. The foreign body is inserted in the urethra for self-arousal, curiosity, psychiatric condition, intoxication, substance abuse. Those having inserted foreign body will present late due to neglect, embarrassment and due to the underlying condition. (1) Most of the patients present with hematuria, dysuria, urinary frequency, strangury, and urinary retention. In a series of 20 adult cases over 9 years, foreign body insertions into the lower urinary tract had a low incidence, with males 1.7 times more likely than females. The mean age of individuals was 35.8 ± 20.0 years. (2) The management of these foreign bodies involves minimally invasive i.e. endoscopic to open retrieval with the aim to minimize complications along with an evaluation of a person for psychiatric disorders. The rarity of the condition along with the absence of guidelines for foreign bodies' management prompted us to manage these cases in a systematic manner. Here we present our cases of foreign bodies' removal and further management.

Case Summary

Case 1

20 yrs patient presented with hematuria and penile swelling. On enquiring about past medical history, the patient was found to be a case of Schizophrenia on medications. Patient inserted data cable of the phone (Nokia) into urethral meatus. He neglected it for 2 days and on attempted withdrawal, hematuria occurred. On examination urethral bleeding, penile swelling and data cable were seen. The patient was started on antibiotics and psychiatric consultation was taken. X-Ray pelvis revealed Knotting of data cable in the bladder. Gentle Cystoscopic retrieval was attempted but was unsuccessful. In order to prevent further urethral injury open cystotomy was done and knotted cable removed. The postoperative course was uneventful. On follow up patient was asymptomatic. The patient was counseled by a psychiatrist and kept on a stricter follow-up.



Case 1. Knotted black data cable in urethra and bladder bladder

Case 2

28 years old patient presented with pain and difficulty in urination. On examination found to have red electric cable in the urethra. This patient had underwent exploratory laparotomy for blunt trauma abdomen and fracture pelvis one year back and subsequently developed obstructive

lower urinary tract symptoms. X-ray pelvis revealed knotted cable in the bladder region. X-ray also revealed presence of insitu nails used for treating fracture pelvis.

On cystoscopy multiple wooden pieces and knotted cable were found inside the urinary bladder. The urethra was dilated to 26 Fr and wooden pieces were removed. The knotted electric cable was broken into pieces with Maumayer's stone punch and all pieces were removed after thorough bladder wash. The postoperative recovery was uneventful. The patient was subsequent examinations was found to have neurogenic bladder due to previous pelvic trauma and was taught CIC.



Case 2. Knotted red wire in urethra and bladder

DISCUSSION

Curiosity and self-stimulation in a psychiatric patient are predominant factors for insertion of the urethral body. In our clinical practice, we have seen seeds, cables (data cable), pins, safety pin, and pens as foreign bodies in the urethra. In other series needles, pencils, ballpoint pens, pencils, Different wires, speaker wire, safety pins, keys, wire-like objects (telephone cables, rubber tubes, feeding tubes, straws, string), toothbrushes, batteries, light bulbs, marbles, cotton tip swabs, plastic cups, thermometers, plants and vegetables (carrot, cucumber, beans, hay, bamboo sticks, grass leaves), parts of animals (leeches, squirrel tail, snakes, bones), toys, pieces of latex gloves, blue tack, Intrauterine Contraceptive Devices (IUCD), tampons, pessaries, powders (cocaine), fluids (glue, hot wax) have been reported. (2, 3)

The presentation of these patients is usually delayed due to neglect and embarrassment. The usual modes of presentation are Urethral bleeding, penile swelling, difficulty in urination, lower abdominal pain, fever, dyspareunia or history of the foreign body itself. Sometimes removal of a foreign body is tried by the patient which leads to further aggravation of a urethral injury and bleeding.

Diagnosis is most often confirmed on physical examination. Foreign bodies which are distal to the urogenital diaphragm are usually palpable. A pelvic X-ray and computerized tomography of the abdomen and pelvis is useful in defining a foreign body's position, orientation, relationship and its ramification to surrounding viscera. (4, 5)

Management of foreign body depends upon morphology and physical attributes of a foreign body. Foreign bodies visible through urethral meatus may be removed gently after lubrication under antibiotic cover. Foreign bodies distal to sphincter may be removed cystoscopically with the aid of forceps, snares, and baskets. (6)

Failure of endoscopic means to remove foreign body may require meatotomy, Suprapubic cystotomy, and urethrotomy. Complications of foreign bodies include Retention of urine, stricture, fistula formation, diverticulum, and incontinence. After removal of foreign body cause of insertion of the foreign body need to be determined. Most common cause of insertion of foreign body is autoerotism. However other causes like mental and cognitive disorders, factitious disorders, personality disorders, sexual curiosity and practice under the influence of intoxicating substances need to be treated.2,4,10 Accidental and iatrogenic foreign bodies occur much more rarely.3,4,10

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