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CASE REPORT

Safety pins and broken incense sticks inside the urethra of a young male: A case report

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Abstract

The incidence of Lower urinary tract foreign body insertions is low. The motives for such insertion of a variety of objects are difficult to comprehend. We report a case of a 20-year-old male with multiple safety pins and broken incense sticks embedded inside his urethra which were successfully removed cystoscopically.

Keywords: foreign body, urethra, penile

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Introduction

The incidence of Lower urinary tract foreign body insertions is low. The motives for such insertion of a variety of objects are difficult to comprehend. We report a case of a 20-year-old male with multiple safety pins and broken incense sticks embedded inside his urethra.

Case report

A 20-year-old male was referred for recurrent scrotal infections, and obstructive lower urinary tracts symptoms gradually increasing in severity since last 6 months. Patient had undergone incision and

drainage twice for scrotal abscess in last 4 months. Patient was obese with BMI of 29.4, normal secondary sexual characteristics with mental retardation. No history was given by the patient or informant of autoerotic or any other inappropriate behavior. Perineal and per rectal examination were normal.

Patient's hemogram was normal, creatinine was 0.7mg%. Urine showed 20-25 pus cells but culture was sterile. Retrograde urethrogram (RGU) was done. Scout film revealed irregular ROS over pubic symphysis (Figure 1).



Figure 1. Scout Film Xray showing multiple foreign bodies in the penile urethra.

Retrograde urethrogram revealed irregular filling defect in the penile urethra. Patient underwent Cystourethroscopy which revealed multiple metal-nonmetal foreign bodies (safety pins, hairpins, earbud, plastic stick, incense stick,

vegetable twigs) embedded within penile with surrounding mucosal edema. All the foreign bodies, 18 in total were removed cystoscopically using grasper using a 21Fr cystoscopy sheath (Figure 2).



Figure 2. Postoperative image showing all the 18 foreign bodies removed successfully from the patient's penile urethra.

Per urethral Foley catheter was removed after 7 days. Patient voided well after catheter removal. Patient was then referred for psychiatric evaluation and rehabilitation.

Discussion

The wide array of self-inserted foreign bodies include needles, pencils, ball point pens, pen lids, garden wire, copper wire, speaker wire, safety pins, Allen keys, wire-like objects (telephone cables, rubber tubes, feeding tubes, straws, string), toothbrushes, household 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) [1,2].

The most prevalent motivation of foreign body insertion is autoerotism [2-4]. Some cases are associated with mental and cognitive disorders, factitious disorders, personality disorders, sexual curiosity and practice under the influence of intoxicating substances.^{2,4,5} Accidental and iatrogenic foreign bodies occur much more rarely [4,5]. Polyembolokoilomania is a term used for broad group of disorders characterized by self-insertion of objects into body orifices.

Presentation of urethral foreign bodies can range from asymptomatic to dysuria, obstructive lower urinary tract symptoms, haematuria, perineal pain, fever sepsis. Delayed presentation can be due to embarrassment or in mentally disabled patients, like in the case presented. Self-attempts of removal can result in urethral

injuries and strictures. Diagnosis can be with perineal and per rectal examination, x-ray pelvis and cross-sectional imaging. Meatotomy, cystoscopic removal, internal or external urethrotomy, suprapubic cystostomy, and injection of solvents, various such methods have been described. Sometimes a combination of the modalities may be needed. Young Hwii Ko et al. have described removal of foreign bodies in urinary bladder using single laparoscopic port under pneumovesicum [6]. Patients with urethral foreign bodies may need psychiatric evaluation, counselling and rehabilitation to prevent recurrences.

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Ethics declarations

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Conflict of interest

The authors declare that they have no competing interests.

Ethics approval, Consent to participate, Consent to publish, Availability of data and material, Code availability

Not applicable.