



INTRODUCTION

Lower urinary tract foreign bodies complicated with bladder injury are not commonly seen thus required high index of suspicion.



FIGURE 1 : BEDSIDE SCAN

CASE DESCRIPTION

A single man aged 30 came to emergency department complaining that he had suprapubic pain and dysuria. Detailed history revealed that he had self-inserted a pencil with the blunt end inwards about 2 hours prior for autoerotic stimulation with lower urinary tract symptoms. There was no formal history of any previous psychiatric disorder. The patient revealed that he had multiple episodes of doing the same act since last year for sexual pleasure, but able to slip. However, in this occasion, he unable to retract the object and causing pain to him.

On examination, he had minimal tenderness over suprapubic region. There was no bloody discharges nor extravasation of urine from the urethral orifice. Bedside scan showed foreign body penetrating the bladder with no free fluid. Pelvic imaging showed a pencil lying vertically in the pelvis behind the symphysis pubis and projecting into the abdomen.

In surgical ward, CT Abdo-pelvis was arranged, finding showed pencil is perforated along fundus of bladder and protruded onto the peritoneum. Laparotomy for foreign body removal and bladder repair was done. Postoperatively, he was put on urinary catheter until cystogram appointment. A psychiatric evaluation was advised upon discharge.

KEYWORDS

Bladder,
Urethra,
Pencil,
Emergency



FIGURE 2 : PELVIC X-RAY



DISCUSSION

A wide range of foreign bodies that were self-introduced in the urethra and bladder has been reported in both sexes. The insertion of objects such as eyebrow pencil, cable, rubber tube, electrical wire, cocaine, hair, ballpoint pen, or even cucumber has been reported in the literature. The clinical presentation varies from asymptomatic to swelling of the external genitalia, dysuria, poor urinary stream or retention, bloody or purulent urethral discharge, and ascending urinary tract infection. Ideally, cystoscopic removal is sufficient in most of cases. As pertaining to this case, laparotomy is required in view of bladder perforation.

CONCLUSION

Always do consider foreign body in bladder if patient come with atypical presentation. Clinicians need a holistic approach for definitive management and treatment as to protect the urethra and bladder, preventing infection and psychological evaluation to prevent recurrence.

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