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Case Note

Intravesical foreign body: Case report

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Abstract
Foreign bodies of the urinary bladder may occur by self insertion or migration from the neighbouring organs. All the foreign bodies when left for long act as a nidus for calculus formation. The patient usually presents with dysuria, intermittent urinary tract infection or suprapubic pain. Here we report two cases of vesical foreign body which was removed by the cystoscopy.

Key words: Urinary bladder, Foreign body

The urinary bladder can be the site of various types of foreign bodies. They may find their way into the bladder by accident, deliberate introduction through the urethra or migration from the neighbouring organs[1]. A multitude of foreign bodies in the bladder have been reported in the literature, such as a needle, a bullet, a safety pin, an animal feather, pieces of candle, a thermometer, chewing gum, a tooth brush, a metal hook, a scalpel etc[2]. Here we report two interesting cases of self introduction of the foreign bodies in the bladder.

Case 1
A 45-year old man presented with complains of difficulty in urination, poor stream of urine since one year. He developed increased frequency, terminal dribbling and mild suprapubic pain for last two months. There was no fever, burning micturition or haematuria. On physical examination, patient's general condition was fair. Chest and abdominal examination was unremarkable. Urine examination showed pus cells>50/HPE and fresh RBC. No growth was found in urine culture.

Plain X-ray KUB showed an elongated opacity in the pelvis suggesting a vesical calculus of unusual shape (Fig 1). Ultrasound (USG) of the pelvis confirmed a vesical calculus and the bladder wall was thickened (Fig 2). Patient underwent cystolitholapexy. A foreign body (blue coloured pen cover) was found with surrounding stone formation. The foreign body was removed with cystoscopy. A course of antibiotics was given. On follow up the patient was doing well.

Case 2
A 20 year old unmarried female presented with complains of suprapubic pain and recurrent retention of urine. She gives the history of amenorrhea for 3 months and attempt for septic abortion 10 days back. For that she used a thin bamboo stick herself, which was accidentally introduced through the urethra and retained in the bladder. USG pelvis showed a long echogenic foreign body (7 cm long and 1.5 cm thick) in the bladder (Fig 4). A viable intrauterine foetus of 13 weeks gestational age was present.

Urine examination showed pus cells 10-15/HPE and fresh RBC. The foreign body (a thin log) was removed with cystoscopy without any complication (Fig5). Urinary tract infection was treated with broad spectrum antibiotics. After counselling she continued her pregnancy and on follow up she was doing fine.

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Fig 1: X-ray KUB demonstrates a radiopaque lesion of elongated shape in pelvis

Fig 2: UGS pelvis confirms a vesical calculus

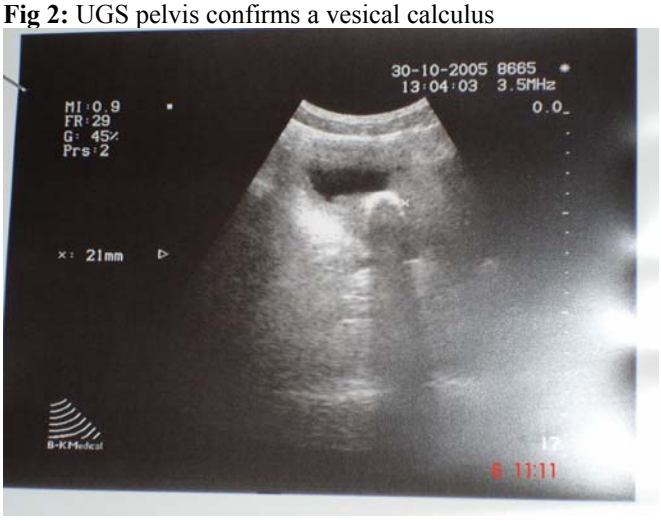

Fig 3: Cystoscopic image after litholapexy shows a blue coloured foreign body in the bladder

Fig 4: Photograph of the pen cover and the stones formed around it after cystoscopic removal

Fig 5: USG pelvis shows a foreign body in the bladder

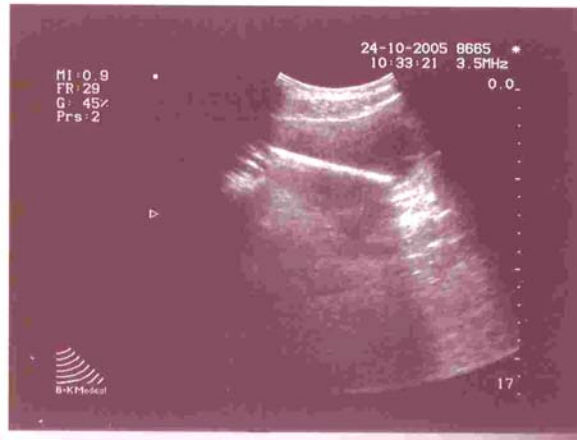

Fig. 6: Cystoscopic removal of foreign body (a log)

Discussion

In our clinical practice we come across many foreign bodies of different kinds, inserted in natural orifices. Foreign bodies may find their way into the bladder by accident, deliberate introduction through the urethra or migration from the neighbouring organs. To avoid embarrassment, patients tend to seek treatment late, often waiting until the problem becomes symptomatic. Usually the patients present with urethritis, cystitis, recurrent UTI, or haematuria [2,3].

X-ray and USG are sufficient to diagnose. Cystoscopic removal is ideal management of the bladder foreign bodies. When a stone has formed, it should be broken by litholapexy or intracorporeal lithotripsy together with the removal of the foreign bodies. Large foreign bodies may be removed by suprapubic cystotomy where endoscopic removal is not possible[1]. Rafique M reported vesical calculus formation on permanent sutures which were used previously in bladder surgery 5-years ago[4]. In our 1st case, foreign body was identified only after litholapexy with successful removal. In the second case, although there was associated 13 weeks gravid uterus, no difficulty was encountered for the removal of the foreign body.

References

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