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## Case Report

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## Self-Insertion of Foreign Body in Male Urethra: A Rare Presentation and Review of Literature

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### Abstract

The authors present a rare case report of 16-year-old adolescent boy who presented to the emergency department with dysuria and perineal pain following self-insertion of a foreign body in the urethra. Diagnosis was confirmed on physical examination and pelvic X-ray. Foreign body was successfully extracted by urethrocystoscopy with baskets. The investigation found that the foreign body was inserted for masturbation purpose.

**Keywords:** Endoscopy; Foreign body; Urinary tract

### Introduction

Self-insertion of urethral foreign bodies is rare, although a known presentation to Urologists [1-12]. This practice occurs primarily in patients with psychiatric disorders, iatrogenic introductions during endoscopy or surgery [1-3]. The diagnosis is established on physical examination and radiographic [4]. We report one case of self-inserted male urethral foreign body in adolescent-boy. We describe the clinical presentation, evaluation and management followed by review of the literature.

### Case report

A 16-year-old boy presented to the emergency department with pain in the perineal urethra and dysuria but no other urinary symptoms. On questioning, he had inserted a foreign body in his urethra. There was no history of psychiatric disorders. Perineal examination revealed pain at the palpation of the perineal urethra. The pelvic X-ray found the radiopaque object corresponding to a needle (**Figure 1**).

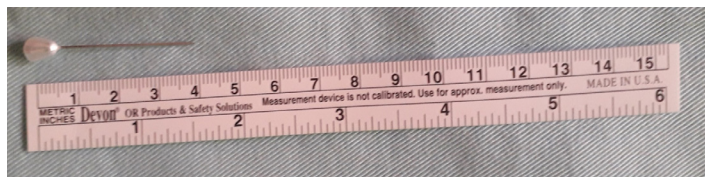


**Figure 1:** urethroscopy view hair peak on the urethral.

After obtaining patient informed consent for urethrocystoscopy, we used forceps, to push the foreign body in the bladder to separate the needle from the hair peak and extract it using a basket (**Figure 2**). Postoperative follow-up was uneventful. After 3 months, the patient had normal voiding. The etiology was

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imputed to an autoeroticism with masturbatory practices.



**Figure 2:** hair peak after endoscopic extraction.

## Discussion

Several cases of self-inserted foreign bodies in the male urinary tract have been reported in the literature [1-10]. Various self-inserted foreign bodies in the urethra have been described by the authors, mostly metallic objects: needles, tweezers, hairpin, bug, paper clip, wire, electric cable [9]. Others reported non-metallic objects (pebble, fishing line, thermometer, cotton swab) [2,6]. The commonest cases are associated with sexual curiosity, impulses and autoerotism, mental and cognitive disorders, personality disorders [2,4,6]. Iatrogenic and accidental urethral foreign bodies occur much more rarely [6].

In the literature, the clinical presentations are not specific. They depend on the nature, the position and size of the foreign bodies in the lower urinary tract. The clinical presentation varies ranging from asymptomatic to perineal urethral pain or penile pain, swelling of the glans or the body of the penis, microscopic or macro-hematuria, dysuria or urinary retention [4,6,12].

Positive diagnosis is usually often confirmed on interview, physical examination, pelvic X-ray and imaging of the pelvis can be useful to locate the foreign bodies [2,9]. Cystourethroscopy is essential for diagnostic confirmation and management [4,6,7,11].

Foreign bodies retrieval depends on orientation, size and morphology in the urethra. Most cases of urethral foreign bodies are extracted by minimally invasive endoscopic techniques [2,4,11]. Cystourethroscopy extraction of urethral foreign bodies using forceps, snares, and/or baskets is generally successful. However, open surgery may be necessary for large or long urethral foreign bodies [9]. In those cases, suprapubic cystostomy for posterior urethral foreign bodies, and external urethrotomy foreign bodies extraction can be performed [6,8].

The usual complications following these procedures are urinary retention, urinary tract infection, sepsis, urinary tract lithiasis, penile necrosis, scrotal abscess [5,8]. A psychiatric consultation to look for mental disorders is necessary in all cases.

## Conclusion

Urethral foreign bodies are rare in our current practice. Uretrocystoscopy is very important to establish the diagnosis and completely remove the foreign bodies. A psychiatric expertise is essential.

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