
CASE REPORT

AN UNUSUAL FOREIGN BODY IN THE URINARY BLADDER

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ABSTRACT

Foreign body in urinary bladder being unusual in clinical setting presents as a diagnostic dilemma with vague history. Bladder calculi are uncommon in adults and usually result either from obstruction or foreign bodies. The present case report describes a young girl presenting with cysticisism. Investigations revealed a bladder calculus encrusted on trans-urethrally inserted abortion stick in the urinary bladder that warranted surgery. Endoscopic manipulation was successful. Postoperative period was uneventful.

Key words: Urinary bladder, Foreign body, Abortion stick, Vesical calculus.

INTRODUCTION

Urinary bladder is considered the main site of foreign bodies in genitor-urinary tract. Many foreign bodies have been reported in the literature encompassing a bewildering array of objects available in the environment. Foreign bodies may enter the bladder by migration of material used for masturbation, iatrogenic or migration from surrounding structures like vagina, cervix, uterus or rectum.¹ Foreign bodies in bladder cause recurrent urinary tract infection, haematuria, urolithiasis and pelvic pain.² Bladder calculi are common in children in the developing countries but in adults they are uncommon and account for 5% of urinary calculi.³ We are reporting an interesting and unusual case of an abortion stick with secondary bladder stone formation, necessitating endoscopic manipulation.

CASE REPORT

A 25 year unmarried girl of poor socioeconomic strata presented to the Department of Urology, Peoples Medical College/Hospital, Nawabshah, Pakistan, with long standing complaints of frequency, burning micturition and fever with rigors. She was ill looking, embarrassed, apprehensive and uncooperative. She was febrile and her blood pressure was within normal limits. Abdominal examination was unremarkable Her haemoglobin was 11.0 g/dl and blood urea was 26 mg/dl. Urinalysis revealed the presence of pus cells and RBCs suggesting urinary tract infection. A urine culture grew *E. coli* sensitive to norfloxacin, ciprofloxacin, levofloxacin and gentamycin. A plain abdominal x-ray showed an elongated radio-opaque shadow lying transversely in the pelvis. (Figure-1)



Fig-1: X-ray abdomen showing vesical calculus encrusted on a foreign body.

Abdominal ultrasonography revealed 5.3 x 2.1 cm acoustic shadow of vesical calculus in the urinary bladder. On subsequent interrogation she gave a history of insertion of abortion stick by her boy friend five months back. Cystoscopy under general anesthesia confirmed a vesical calculus on a foreign body within the urinary bladder. Endoscopic manipulation with litholapaxy and retrieval of a foreign body was successful. Her postoperative period was uneventful. Chemical analysis of stone revealed calcium phosphate.

DISCUSSION

Foreign bodies in the genito-urinary tract occur with such a frequency that every urologist and practitioner may expect to treat it rationally. A wide range of foreign bodies in the bladder have been reported in the literature,⁴ like retained urethral catheter tip, tip of ureteric catheter, broken stent.⁵ Reports of trans-vesical migration or self inserted foreign bodies like surgical suture,⁶ metallic hip prosthesis,⁷ electric wires, pebbles, pencils, thermometers⁸ and intrauterine contraceptive device (IUCD).⁹ The presence of a foreign body in the urinary bladder acts as a nidus for crystal aggregation, proliferation, urinary tract infection (UTI) and stone formation.¹⁰ Difficulty in the diagnosis lies in patients who choose to ignore the insertion of foreign body through embarrassment.

Patients with intra-vesical foreign bodies present either with recurrent UTI or symptoms suggestive of bladder calculus (cysticium), like dysuria, interruption of urinary stream, haematuria and suprapubic pain. Management is aimed at providing complete extraction that should be tailored according to the nature of the foreign body with minimal trauma to the bladder and urethra.¹¹ Most foreign bodies can be removed transurethrally with cystoscopic grasping forceps but modifications of conventional instruments have been described to tackle difficult foreign bodies.¹² Open removal via suprapubic cystotomy is some times required.

We in our practice have come across many foreign bodies of different kinds inserted into the natural orifices. This however was the first case report of trans-urethral insertion of foreign body in the urinary bladder which acted as a nidus and a stone had formed after encrustation. The stone was crushed endoscopically with stone punch, stone fragments and abortion stick (nidus) was successfully removed.

CONCLUSION

Urinary bladder seems to be an accessible site for the introduction of a foreign body. Every conceivable object has been inserted into the bladder with a challenge of diagnosis and management to the urologists. Vesical calculi are uncommon in adult

women and their presence should raise the suspicion of the presence of a foreign body.

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