

# Incidental Findings of Foreign Body in Bladder in 2 Cases

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**Abstract:** Foreign bodies get into the bladder by self insertion, migration or as a component of iatrogenic and penetrating injuries. Diagnosis and treatment pose great challenges to the urologist especially if they are radiolucent. A common pattern of presentation is with lower urinary tract symptoms. High index of suspicion is required in patient with lower urinary symptoms. We hereby report 2 cases of foreign bodies in the urinary bladder, iatrogenic as well as their successful management.

**Keywords:** foreign bodies, lower urinary tract infections, migration, self insertion, urinary bladder

## 1. Introduction

Foreign bodies in the urinary bladder pose urological challenges in terms of diagnosis and treatment. Ingress of foreign bodies into the urinary bladder may be by self insertion, iatrogenic, migration from adjacent organs and penetrating ballistic trauma.<sup>1,2</sup> The major route of entry is by self insertion through the urethra mainly for sexual gratification, or associated conditions like dementia, psychiatric disorders, drug intoxication and to procure abortion. There is a marked preponderance of male patients. A great diversity of objects has been found in the bladder as foreign objects.<sup>3</sup> These include electric wires, bullets, mobile phone charger cable, thermometer, eyelid pencils, pieces of foley catheter, intra uterine contraceptive devices (IUCD), light bulb, surgical gauzes (retained gauze pieces), chicken and fish bones, orthopedic screws, household batteries, hair ball, and broken parts of endoscopic instruments.<sup>4,5</sup> Those that insert foreign bodies to have sexual gratification present late due to guilt-feelings and embarrassment. Diagnosis is by detail clinical examination and appropriate investigations. Most of these patients may present with both irritative and obstructive lower urinary tract symptoms (urinary frequency, urgency, urinary retention), hematuria, urinary incontinence, and chronic pelvic pain. Radiopaque foreign bodies will be seen on plain radiographs while ultrasonography will identify others. Urethrocystoscopy will visualize the object and its position in the urinary bladder. Treatment in each case has to be individualized based on the nature, location, size of the foreign body and the age of the patient.<sup>6</sup>

We hereby report 2 cases of foreign body in bladder which was documented to be for 5-6 months in the bladder.

## 2. Case Study

### Case 1

A 63year old male, who was on indwelling suprapubic foley catheter since more than 6 months came to be operated for urethral stricture post trauma to the pelvis .

Patient was asymptomatic and as per patient history suprapubic catheter was changed regularly in a private hospital , last changed was 8 days before arrival to Bharati hospital. The blood parameters were within normal range, however the urine routine was suggestive of pus cells to be elevated indicating presence of urinary tract infection.

The retrograde urethrogram and ultrasonography did not detect any foreign body in bladder and patient was taken up for VIU (visual internal urethrotomy) after acquiring fitness for the same.

Post VIU proximal ureteroscopy revealed a stone in bladder, on fragmenting the stone with pneumatic lithotripter the tip of the foley's catheter was noted. The stone was fragmented and broken to retrieve the tip through existing suprapubic catheter tract.

Post op days were uneventful.



Figure 2



Figure 2



Figure 3

Figure 1 and 2 represent stone formation over tip of catheter. Figure 3 represents the retrieved tip of catheter.

### Case 2

A 36-year-old male, who is a previously operated case of pelvic fracture following a road traffic accident and was on a suprapubic catheter since 6-8 months, came to be operated for traumatic injury to the urethra.

The patient had no complaints, but gave a doubtful history suggestive of a broken end of catheter while changing the suprapubic catheter a couple of weeks ago in a private hospital.

Further ultrasonography mentioned an approx. 20mm sized calculus in the bladder. X-ray pelvis depicted a foreign body in the lower part of the bladder.

The blood parameters were within normal range, however the urine routine was suggestive of raised pus cells indicating urinary tract infection.

The patient was taken up for suprapubic extraction of the foreign body along with the end-to-end anastomosis.

On suprapubic cystoscopy, a tip of the Foley's catheter was visualized and retrieved. The patient was then operated for end-to-end anastomosis. Post-operative days were uneventful.



Figure 1 showing the foreign body in bladder on a X-ray pelvis.



Figure 2: showing the retrieved tip of catheter.

### 3. Conclusions

The balloon of the suprapubic catheter retained in these cases failed to deflate, maybe due to different reasons such as usage of normal saline, calcium deposits on the valves of the balloon or any infective debris. Here we are also not aware of the method which was used by the practitioner to remove the suprapubic catheter.

The bladder is the most common site of a foreign body in the urinary tract.

Presenting complaints in patients with a foreign body are urinary retention, dysuria, frequent urination, decreased

urine volume, nocturia, hematuria, painful erection, as well as pain in the urethra and pelvis.

Intravesical foreign bodies can be self-inflicted, iatrogenic, or migrate from adjacent organs. About 60% of foreign material in the urinary bladder can be transported from a foreign object inserted into the urethra.

Urethral self-insertion of a foreign body in adults is usually done for erotic stimulation or by the mentally retarded. Curiosity and inquisitiveness are the main reasons for inserting a foreign body into the urethra in children

Most intravesical foreign bodies can be removed via transurethral and with minimum access. The best mode of management depends on the nature of the foreign body, lodged site, expertise of the surgeon, and available instruments.

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