

When Erotic Curiosity Goes Wrong: A Case Study of Urethral Foreign Body Insertion

Abstract

This article discusses a case report of a 44-year-old man who presented with acute retention of urine due to self-insertion of a nail in his urethra for erotic purposes. The diagnosis was confirmed by physical examination and imaging studies, and the nail was successfully extracted using endoscopic methods. The article also reviews the clinical presentation, diagnosis, and management of urethral foreign bodies, emphasizing the importance of prompt intervention and tailored treatment based on the size, nature, and mobility of the foreign body. The article concludes by highlighting the need for a high index of suspicion for underlying psychiatric illness in the management of such rare urological emergencies.

Keywords : Foreign Body ; Urological trauma; Endourology.

I. Introduction :

Self inserted male urethral foreign bodies are rare urological emergencies. The variety of foreign bodies inserted into urethra defies imagination and includes all types of objects. The usual causes can be sexual curiosity, autoerotic stimulation, during invasive procedures or most frequently associated to a psychiatric disease (1, 2). Foreign bodies used for the above mentioned purpose may include flexible or rigid and fragile or strong materials such as needles, bullets and pens, as well as candles, gauzes, etc. The presenting features usually include urinary tract infection, pain, urethrorrhagia, and sometimes acute retention of urine. In this paper, we report a unique case of a urethral introduction of a nail.

II. Case report :

A 44 year-old man, shoemaker, without any past medical history, presented in the emergency department with an acute retention of urine. The patient reports that he introduced a nail in his urethra for erotic experiences. There was no evidence of infection (chills, fever, or leucocytosis), or bleeding (urethrorrhagia or hematuria). Local examination revealed a normal penis, with a palpable nail in his penile urethra; no metal fragment was visible in the urethral meatus. X-ray pelvis (Figure 1) revealed a urethral nail. The ultrasound was normal. A

cystoscopy was performed, who finds a nail (Figure 2) 5 centimeters from the meatus, with a perforation of the lower wall. After extraction failure with Dormia baskets and endoscopic biopsy forceps, we uses a bengolea clamp to extract a metallic nail of 10 cm (Figure 3). A bladder catheterization was performed with a silicon catheter. The patient was treated with oral antibiotics for 4 weeks to prevent any infection and antitetanic serum.



Figure 1 X-ray Pelvis



Figure 1 Endoscopic Urethra View



Figure 3 The Metallic Nail

III. Discussion :

There are numerous reports in literature describing urethral foreign body insertion (2) with nearly all cases being in males; only 1 case has been reported in a female (3). The first recorded case of a foreign body being applied to the penis dates to 1755. Since this time, the variety of objects applied to or within the penis/urethra is diverse.

The clinical presentation of a penile urethral foreign body is varied, ranging from asymptomatic to acute retention of urine, penile pain, dysuria, pyuria, frequency, fever, and microscopic or macroscopic hematuria.

Diagnosis is most often confirmed on physical examination. A pelvic X-ray and computerized tomography of the pelvis can be useful in defining a foreign body's position, orientation and contact with surrounding viscera (4). However, the urethroscopy remains an excellent tool for the diagnosis of urethral foreign body.

The treatment should be aimed to remove the foreign object, avoiding complications, without compromising erectile function for male patients. The method of removing the foreign body

should be selected based on the size, nature and mobility of the object (5). The surgical procedure can be attempted under either regional or general anesthesia. If the surgeon thinks that the object can be removed without urethral damage, endoscopic methods should be attempted first (6). In case where endoscopic management failed or is not possible, open surgery is recommended 'external urethrotomy' (7).

IV. Conclusion :

The presence of a foreign body in the genitourinary tract represents a urologic challenge that often requires prompt intervention. The most suitable method of removing any urethral foreign body depends on the size and mobility of the object in the genitourinary tract.

Underlying psychiatric illness may be present and a high index of suspicion is required in the management

This case highlights several important management principles when faced with such a rare urological emergency.

V. Availability of data and material:

The datasets in this article are available in the repository of the urology database, CHU Ibn-Rochd Casablanca, upon request, from the corresponding author.

References:

1. Packard FR. III. An analysis of two hundred and twenty-one cases of foreign body introduced into the male bladder per urethram, with report of a recent case. *Ann Surg.* 1897;25(5):568-99. **PubMed | Google Scholar**
2. Van Ophoven A, deKernion JB. Clinical management of foreign bodies of the genitourinary tract. *J Urol* 2000;164(2):274-87. **Google Scholar**
3. Palmer CJ, Houlihan M, Psutka SP, Ellis KA, Vidal P, Hollowell CM. Urethral foreign bodies : clinical presentation and management . *Urology* .2016;97:257-260.
4. Bedi N, El-Husseiny T, Buchholz N, Masood J. 'Putting lead in your pencil': self-insertion of an unusual urethral foreign body for sexual gratification. *Journal of the Royal Society of Medicine Short Reports* 2010;1:18.
5. Dietrick DD, Issa MM, Kabalin JN, Bassett JB. Intravesical migration of intrauterine device. *J Urol.* 1992;147(1):132-4. **Google Scholar**
6. Rahman NU, Elliott SP, McAninch JW. Self-inflicted male urethral foreign body insertion: endoscopic management and complications. *BJU Int.* 2004;94(7):1051-3. **Google Scholar**
7. Stravodimos KG, Koritsiadis G, Koutalellis G. Electrical wire as a foreign body in a male urethra: a case report. *J Med Case Rep.* 2009;3:49. **PubMed | Google Scholar**