Gossypiboma: An Unusual Foreign Body of the Male Urethra

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Abstract We present a case of a fifty year old man who presented with multiple incisions in the peno-scrotal skin with extensive gangrenous changes. At debridement, a defect was identified in the bulbar urethra, through which two gauze pieces were removed. The post infective raw area was covered with a gracilis myocutaneous flap.

Keywords Metal catheterization · Complication · Fournier's gangrene · Foreign body · Urethra

Introduction

Foreign bodies in the urethra have been reported, but are uncommon. Most often they are self introduced. Iatrogenic foreign bodies are much less common. Unrecognised foreign bodies can result in disastrous complications particularly if they are associated with a urethral injury. We present a case of a foreign body in the urethra introduced in an attempt to control haematuria which resulted in extensive peno-scrotal gangrene.

Case Report

A 50-year old man presented to the casualty with complaints of pain and swelling of the scrotum of four days duration. Four days earlier he consulted a private practitioner for acute retention of urine. Attempts at catheterization using a

bladder catheter had been unsuccessful. Catheterization using a metal tube was tried and patient developed gross hematuria. He was referred to the district hospital where a supra pubic trocar cystostomy was done. He was reassured that his hematuria will stop in due course of time. Two days later he developed pain and swelling of his scrotum. He was admitted in a government general hospital and was treated with multiple incisions on the penis and scrotum.

On examination, he was febrile, was tachycardiac and was dehydrated. There were multiple surgical incisions on the scrotum and the shaft of penis. There was extensive necrosis of scrotal and penile skin.

A diagnosis of secondary scrotal gangrene was made. Debridement was carried out. At surgery, a 12×1 cm defect in the bulbar urethra was identified, through which a gauze piece was protruding (Fig. 1). Two gauze pieces were removed from the urethra. An indwelling bladder catheter was placed.

He required multiple debridements and appropriate antibiotics before his wound started to granulate. Once the wound was clean, the post infective raw area on the scrotum and ventral surface of the penis was closed with a gracilis myocutaneous flap. The flap pedicle was divided after three weeks. The dorsum of the penis was covered with the residual perineal skin. There was uneventful healing (Fig. 2).

A retrograde urethrogram was performed at the end of three weeks after removal of the urethral catheter. It showed no narrowing in the urethra. He had a good urinary stream.

Discussion

A variety of foreign bodies have been reported in the urethra and urinary bladder. These may be accidental, intentional

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Fig. 1 Gauze piece protruding through the defect in the bulbar urethra

Fig. 2 Three weeks follow up following gracilis myocutaneous flap reconstruction

(pediatric, psychiatric & sexual gratification) or iatrogenic. Among the iatrogenic foreign bodies, gauze pieces or a surgical pad tops the list for urinary bladder [1].

Intravesical gossypiboma has been well documented following transvesical prostatectomy [2], pelvic orthopedic surgeries [3], and abdominal hysterectomies [4]. In this patient, it is most likely that the gauze pieces were introduced per urethra in an attempt to control hematuria. Since a trocar cystostomy was done, it is unlikely that the gauze pieces were left behind in the bladder and subsequently found their way to the urethra.

26.3 % of Fournier's gangrene is due to urogenital causes, commonly following traumatic or prolonged catheterization [5]. In this case, it is likely that metal catheterization caused urethral injury and hematuria. Unwarranted gauze packing and subsequent extravasation of urine resulted in scrotal gangrene.

Extensive review of the literature failed to reveal a single case of a gauze piece in the urethra.

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