An Electrical Wire as Foreign Body in Bladder-A Rare Presentation

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Abstract Foreign bodies in bladder being unusual in the clinical setting present as a diagnostic dilemma with the history being vague as highlighted by the present case of a 15 years old boy who was found to have long electrical wire coiled together in the bladder extending into whole urethra. Cystoscopic retrieval was not possible as the wire had formed a huge coiled mass with knotting. The wire was removed by a suprapubic cystostomy. Postoperative period was uneventful

Keywords Bladder · Electrical wire · Suprapubic cystostomy

Introduction

A multitude of foreign bodies, such as a needle, a bullet, a safety pin, an animal feather, pieces of candle, a thermometer, chewing gum, a Steinmann pin, a gauze pack, a toothbrush, a metal hook, and a scalpel blade, have been found in the urinary bladder as reported in the literature [1–3]. In most cases, they are either self-introduced to produce erotic sensations and sexual gratification or introduced by someone else to get relief from urinary complaints [2]. Here, we report an interesting case and its successful management.

Case Report

A 15-year-old boy presented with complaint of dysuria and suprapubic pain after insertion of electric wire in the urethra 1 day back. Physical examination showed that 1 cm wire was coming out of urethral meatus (Fig. 1). Manual removal was tried but it failed. X-ray pelvis showed a coiled-up radio-opaque shadow in the bladder region extending up to whole urethra (Fig. 2). Cystoscopy was done which was unsuccessful due to knotting of the wire inside the bladder (Fig. 3). Suprapubic cystostomy was done under spinal anesthesia and the wire was removed (Fig. 4). Length of wire was 103 cm (Fig. 5). Postoperative period was uneventful.

Discussion

Foreign bodies may find their ways into the urinary bladder by accident, deliberate introduction through the urethra, or migration from the neighboring organs [1–3]. When a wire is introduced through the urethra, some part of it remains in the urethra and the other part goes to the bladder cavity. At the time of micturation, the contracting bladder curls the part of the wire that has partly moved into the bladder from the urethra. Gradually the whole of the wire originally present in the urethra is pulled into the bladder [2]. To avoid embarrassment, patients tend to seek treatment late, often waiting until the problem becomes symptomatic [3]. Usually, the patients present with urethritis, cystitis, recurrent UTI, or hematuria [1–3]. X-rays are sufficient to diagnose such conditions. Intravenous urography rarely gives any additional information, and is indicated only to diagnose radio-lucent objects. Cystoscopy gives the final diagnosis in doubtful cases. Managing the situation seeks to remove the

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Fig. 1 Electrical wire coming out from urethral meatus

Fig. 2 X-ray pelvis showing coiled structure in the bladder region which extending into whole part of the penile urethra

Fig. 3 Cystoscopic view of the electrical wire. Due to knotting in the bladder cystoscopic removal of wire was failed

Fig. 4 Operative photography showing retrieval of electrical wire with knotting

Fig. 5 Wire length one hundred three centimeters

foreign body with minimum trauma, and cystoscopic removal is the appropriate approach. If a stone has formed, it should be broken by litholapaxy or intracorporeal lithotripsy together with the removal of the foreign body. Large foreign bodies may be removed by suprapubic cystostomy where endoscopic removal is not possible.

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