

CASE REPORT

Epicystoscopic approach in the treatment of foreign body in the urethra and urinary bladder

Weibl P, Lutter I, Pechan J, Ondris M, Karwandgar Matulliah

Department of Urology, University Hospital, Bratislava, Slovakia. pweibl@yahoo.com

Abstract

In most cases the foreign body can be removed transurethrally with a pair of grasping forceps. In some cases objects have to be cut or resected into small fragments, making it easier to extract the object or wash it out. An open surgical procedure via suprapubic transvesical approach is reserved for large-sized bodies or in cases when endoscopic methods are unsuccessful. The laparoscopic removal is one of further techniques that provide the opportunity to untie the knots (Fig. 6, Ref. 6).

Key words: foreign body, epicystoscopic approach.

Several reports have been published dealing with self-introduction of various foreign bodies into urethra and urinary bladder. The reasons are several – autoerotic stimulation, self-mutilation, psychiatric disorders, intoxication but sometimes no specific medical condition is found as the underlying cause (e.g. out of sheer curiosity). The most common symptoms are dysuria, lower abdominal and urethral pain, urgency or frequency, haematuria (1, 2, 3). The extraction of foreign body from the urethra or urinary bladder can be done by means of endoscopy or open operative procedure. We would like to demonstrate an epicystoscopic approach as a further alternative minimally invasive option apart from cystoscopy in the treatment of foreign body extraction from the urethra and urinary bladder.



Fig. 1. Self-introduced electric wire.

Case report

25-year-old male patient was admitted to our department after self-introduction of electric wire into his urethra (Fig. 1). The simple removal was unsuccessful. An X-ray of his pelvis showed the inserted electric wire with a complex knot in the prostatic urethra (Fig. 2). An attempt to extract the wire using cystoscopic extraction forceps has failed. Therefore the epicystoscopic approach was suggested. After the insertion of epicystoscopic port

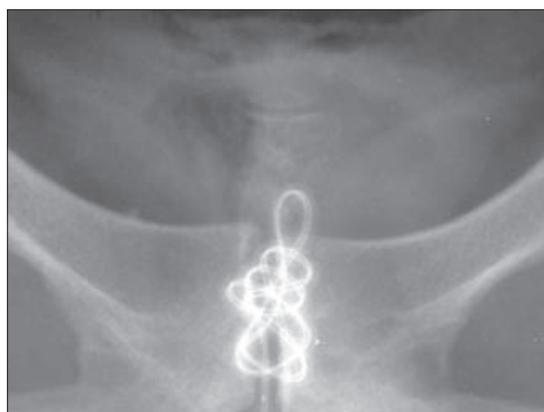


Fig. 2. Plain pelvic scan.

Department of Urology, University Hospital, Bratislava, and 2nd Department of Surgery, University Hospital, Bratislava, Slovakia

Address for correspondence: P. Weibl, MD, Dept of Urology, University Hospital Petržalka, Antolska 11, SK-851 07 Bratislava 5, Slovakia. Phone: +421.905690111



Fig. 3. Insertion of ureteroscope through the epicystoscopic port.



Fig. 4. Extraction of electric wire with the extraction forceps.



Fig. 5, 6. Extracted foreign body – electric wire.

under US vision, followed by the insertion of a rigid ureteroscope into the bladder, the knot of the wire in the area of bladder neck was visualized (Fig. 3). One end of the wire was successfully extracted using a pair of extraction forceps and the other part with the knot was gently extracted afterwards. It was also necessary to extract the port (Figs 4, 5, 6). The suprapubic and permanent catheters were left after the operation procedure for 5 and 7 days respectively. The patient underwent psychiatric evaluation, which has not revealed any specific disorder. Recovery was uneventful.

Discussion

In most cases the foreign body can be removed transurethrally with a pair of grasping forceps. In some cases objects have to be cut or resected into small fragments, making it easier to extract the object or wash it out (1, 4). An open surgical procedure via suprapubic transvesical approach is reserved for large-sized bodies or in cases when endoscopic methods are unsuccessful. The laparoscopic removal is one of further techniques that provide the opportunity to untie the knots (5). Epicystoscopic approach has been described in a female patient for the extraction of a non-resorbable suture in the urinary bladder left in after a gynecological operation (6).

Epicystoscopic approach is a safe, minimally invasive procedure for the extraction of foreign bodies from the bladder. In

cases of unsuccessful cystoscopic approach epicystoscopy is an attractive alternative method of choice. It offers a less invasive treatment and lowers the risk of morbidity when compared to open cystostomy. Radiological examination is important even when the diagnosis is clear because it allows the determination of the exact size, shape and location, the factors of which are important as for the establishing the therapeutic approach.

References

1. Mukerji G, Rao AR, Hussein A, Motiwala H. Self-introduction of foreign body into urinary bladder. *J Endourol* 2004; 181 (1): 123–125.
2. Rahman NU, Elliot SP, McAninch JW. Self-inflicted male urethral foreign body insertion: endoscopic management and complications. *Brit Med Urol* 2004; 94: 1051–1053.
3. Costa G, Di Tonno F, Capodiceci S, Laurini L, Casagrande R, Lavelli D. Self-introduction of foreign bodies into the urethra: a multidisciplinary problem. *Int Urol Nephrol* 1993; 25 (1): 77–81.
4. Georgius P. A novel method to remove an unusual intravesical foreign body (Blu-Tack). *Brit J Urol Int* 2000; 86: 749–750.
5. Ejstrud P, Poulsen J. Laparoscopic removal of an electric wire from the bladder. *Brit J Urol* 1997; 80: 338.
6. Lutter I, Daniel I, Weibl P, Ondris M. Epicystoscopy — expanding new horizons of transurethral surgery. *J Endourol* 2002; 16 (1): A88.

Received July 19, 2005.

Accepted October 27, 2005.