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Penile Pain and Urethral Mass Palpation in Adolescence: Foreign body in the urethra?

Ergenlikte Penil Ağrı ve Üretral Kitle Palpasyonu: Üretrada yabancı cisim mi var?

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Abstract: The incidence of foreign body insertions in the lower urinary tract is very low in the general population. The reasons for insertion are complex to understand and can often be the result of psychological problems, sexual urges, or curious behavior of individuals. Our case was a 13-year-old boy who presented to the emergency department with penile pain. He described difficulty in urination with penile pain. On examination, a foreign body was palpated posterior to the urethra. When a detailed history was taken, he said that he inserted a cotton swab through his urethra. It was removed by cystoscopy. In childhood, especially in adolescent cases, it is important to take an appropriate history, perform a thorough physical examination, and use appropriate imaging modalities for diagnosis. Treatment options may include endoscopic access or minimally invasive surgical procedures. In cases where the foreign body cannot be removed or where injuries to the urethra or bladder are expected, open surgery may be performed. We aimed to discuss our case with the literature to determine the appropriate method and strategy for pediatric patients with rare conditions.

Keywords: Cystoscopy, urethra, urethral foreign body.

Özet: Alt idrar yollarına yabancı cisim sokulma sıklığı genel popülasyonda çok düşüktür. Yerleştirme nedenlerinin anlaşılması karmaşıktır ve genellikle bireylerin psikolojik sorunları, cinsel dürtüleri veya meraklı davranışlarının bir sonucu olabilir. Bizim vakamız acil servise penis ağrısı ile başvuran 13 yaşında bir erkek çocuktur. Peniste ağrıyla beraber idrar yapmada güçlük tarif etti. Muayenede üretranın posteriorunda yabancı bir cisim palpe edildi. Ayrıntılı öykü alındığında, üretrasından bir kulak çubuğu soktuğunu söyledi. Üretra içindeki kulak çubuğu sistoskopi ile çıkarıldı. Çocukluk çağında, özellikle ergenlik çağındaki vakalarda, tanı için uygun bir öykü almak, kapsamlı bir fizik muayene yapmak ve uygun görüntüleme yöntemlerini kullanmak önemlidir. Tedavi seçenekleri arasında endoskopik erişim veya minimal invaziv cerrahi prosedürler yer alabilir. Yabancı cismin çıkarılmadığı veya üretra veya mesanede yaralanmaların beklendiği durumlarda açık cerrahi uygulanabilir. Biz olgumuzu literatür eşliğinde tartışarak bu tür nadir görülen durumları olan pediatrik hastalarda uygun yöntem ve stratejiyi belirlemeyi amaçladık.

Anahtar Kelimeler: Sistoskopi, üretra, üretrada yabancı cisim.

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1. Introduction

Lower urinary tract foreign bodies are not common. These bodies are usually placed secondary to curiosity, iatrogenic, or autoerotic stimulation (1). It can be inserted small needles, screws, pens, thermometers, straws, electric wires, dinner forks, metal bullets, and even larger objects such as telephone wires, nail clippers, iron bars, tongue cleaners, plastic pipes, wire, batteries, gel, screws, pens, and even snakes(2). However, self-insertion of foreign body is rarely reported in literature in the pediatric age group(3,4). Whether these theories hold in a pediatric child is a separate topic to discuss and debate. The patient may present late to the physician due to embarrassment (5,6). Inserted foreign body can cause extreme pain, urinary tract infections, and hematuria (7). The method used to remove foreign bodies should be as simple as possible and the body should be removed with minimal trauma to the urethra and bladder (1). The case we discuss here is rare as an entire cotton swab is located in the urethra.

2. Case

A 13-year-old male patient presented to the emergency department at night with complaints of penile pain and difficulty urinating since the morning. There was no history of abdominal pain, fever, discharge, hematuria, polyuria, pollakuria, or urinary retention. The patient initially did not disclose his problem due to embarrassment and concealment. On physical examination, no pathology was found in the external mea. On palpation of the penis, a foreign body was detected in the posterior urethra. When questioned in detail, it was learned that the patient inserted a cotton swab into the urethra in the morning. When asked about the reason, he said he did it out of curiosity. The cotton swab was palpable between the posterior urethra and bladder. No additional radiological study was performed based on the examination and anamnesis findings. Cystoscopy was planned for diagnosis and treatment.

Antibiotic treatment was given before cystoscopy. Under general anesthesia, the cotton swab seen between the posterior urethra and bladder with cystoscope number 11 was removed in one piece with foreign body forceps (Figure 1).

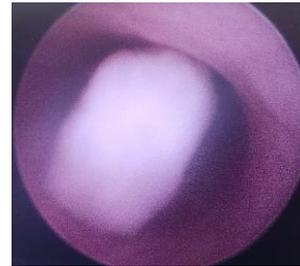


Figure 1. Cystoscopic image of the cotton swab in the urethra

On cystoscopic examination, there was no injury or tear in the bladder and no urethral injury, bilateral ureteric orifices and bladder neck were normal. With rapid diagnosis and correct management, removal of the lower urinary tract foreign body was successfully performed without complications. No urinary catheter was inserted after the procedure.



Figure 2. Image of the cotton swab after removal

After the cystoscopy, the patient was discharged on the same day after she was observed to micturate without any problems. He was referred to the pediatric psychiatry outpatient clinic. He was seen in the outpatient clinic ten days later. He did not describe voiding difficulties. Control cystoscopy was not required. Early follow-up was recommended in case of voiding difficulties.

3. Discussion

The causes of foreign bodies in the lower urinary tract can be psychological, iatrogenic procedures during urological procedures, trauma or through migration from other organs (8). Psychological factors may include exotic drive, mental illness, borderline personality disorder, and sexual curiosity. The most common cause of foreign body insertion into the lower urinary tract is sexual or erotic. It may be caused by masturbation or other forms of sexual gratification (2,9). Late presentation due to embarrassment is common in cases of autoerotism reported in the literature (6).

A variety of theories exist regarding the insertion of foreign bodies into the urethra, ranging from psychiatric disorders, intoxication, and sexual gratification, to attempts to relieve itching by inserting objects into the urethra (10).

Several psychoanalytic theories have been proposed, including Kenney's theory of impulsivity, Wise's sadomasochistic-fetishistic theory, and Dr. Poulet's manic masturbation hypothesis. The most common motivation identified is masturbation and autoeroticism (4).

A study by Alibadi et al. investigated the reasons for self-instrumentation in 15 patients and found that six patients exhibited autoeroticism, while two had psychiatric causes. However, no clear reason for self-insertion could be identified in three patients (11).

In contrast, accidental and iatrogenic foreign body insertions are much rarer (12).

Foreign bodies inserted into the urethra are often pushed into the bladder due to incorrect treatment and late presentation. Foreign bodies in the bladder are more difficult to diagnose and treat and have higher complication rates than those in the urethra. (13,14). Therefore, early diagnosis and treatment are

important. Various treatment options have been reported. Endoscopic, laparoscopic, percutaneous, and open surgery can be performed for the treatment of bladder foreign bodies. In some cases, a combination of techniques is necessary. During the extraction process or due to involuntary perineal muscle contraction, further entry into the urethra may occur, the physician performing the procedure should be careful in this regard. Self-insertion of foreign bodies into the urethra may cause the inserted object to migrate into the proximal urethra or bladder and may not be retrieved (14). Endoscopic treatment has high success rate. In cases where endoscopic removal is not possible, open procedures such as ureterotomy or suprapubic cystostomy become inevitable.

4. Conclusion

Diagnosing a foreign body in the urethra can be challenging, particularly in pediatric patients who may conceal it or feel embarrassed to report it. Initially, mild symptoms may be overlooked if this possibility is not considered. This can result in further injury to the urethra and bladder, potentially leading to life-threatening infections and delayed complications.

REFERENCES

1. Johnin K, Kushima M, Koizumi S, Okada Y: Percutaneous Transvesical Retrieval of Foreign Bodies Penetrating the Urethra. *J Urol.* 1999, 161:915-16.
2. Cho DS, Kim SJ, Choi JB: Foreign bodies in urethra and bladder by implements used during sex behavior. *Korean J Urol.* 2003, 44:1131-1134.
3. Tahaoglu M, Ozturk S, Ozturk H. Self-insertion of the needle as urethral foreign body after sexual gratification: an unusual case report. *Pediatric Urology Case Reports* 2014;1:10–14.
4. Bedi N, El-Husseiny T, Buchholz N, et al. 'Putting lead in your pencil': self-insertion of an unusual urethral foreign body for sexual gratification. *JRSM Short Rep* 2010;1:18.
5. Naidu K, Chung A, Mulcahy M: An unusual urethral foreign body. *Int J Surg Case Rep.* 2013, 4:1052-4.
6. Mustafa M, Al Zabadi H. Self-filling of the male urethra with Silicon Jell to achieve erection: A case report. *Urology Case Reports* 2023;48:102407.
7. Van Ophoven A, deKernion JB: Clinical management of foreign bodies of the genitourinary tract. *J Urol.* 2000, 164:274-87.
8. Moon SJ, Kim DH, Chung JH, Jo JK, Son YW, Choi HY, Moon HS: Unusual foreign bodies in the urinary bladder and urethra due to autoerotism. *Int Neurourol J.* 2010, 14:186-9.
9. Rahman NU, Elliott SP, McAninch JW: Self-inflicted male urethral foreign body insertion: endoscopic management and complications. *BJU Int.* 2004, 94:1051-3.
10. Sukkarieh T, Smaldone M, Shah B. Multiple foreign bodies in the anterior and posterior urethra. *Int Braz J Urol* 2004;30:219–20.
11. Aiabadi H, Cass AS, Gleich P, et al. Self-inflicted foreign bodies involving lower urinary tract and male genitals. *Urology* 1985;26:12–16.
12. Rieder J, Brusky J, ran V, et al. Review of intentionally self-inflicted, accidental, and iatrogenic foreign objects in the genitourinary tract. *Urol Int* 2010;84:471–5.

13. Shimokihara, K., Kawahara, T., Hayashi, Y., Tsutsumi, S., Takamoto, D., Mochizuki, T., Hattori, Y., Teranishi, J. I., Miyoshi, Y., Yumura, Y., Yao, M., & Uemura, H. (2017). Foreign body in the bladder: A case report. *International Journal of Surgery Case Reports*, 32, 22–24.
14. -Sunwoo HS, Kwon CH, Kim YS, Chung KS, Kim JC: Five cases of foreign bodies in the bladder. *Korean J Urol*. 1980, 21:82-85.