



Eyeliner in Bladder: A Case Report

Mesanede Göz Kalemi: Bir Olgu Sunumu

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ABSTRACT

Intravesical foreign objects in bladder are really seen rarely. Most of the time, the reasons of insertions of the foreign body are self-autoerotism to iatrogenic urological procedures, migration from surrounding organs or trauma. It can damage the bladder and may result in several urogenital and bowel complications. Herein, we present a case in a 42-year-old female with an eyeliner pencil self-introduced into the urethra with successfully removal of eyeliner from bladder despite to the anamnesis given involuntarily due to embarrassment, guilt and humiliation.

Key words: Eyeliner, Bladder, Foreign Object

ÖZET

İntravezikal yabancı cisimler gerçekten nadir görülür. Mesaneye yabancı cisim uygulama nedenlerinden olan self-otoerotizm, üretradan iatrojenik olarak yabancı cismin migrasyonu olmaktadır. Bu durum, mesaneye ve mesane etrafındaki organlara zarar vererek ciddi bağırsak ve ürogenital komplikasyonlara neden olabilir. Olgu sunumumuzda, 42 yaşında self-otoerotizm için göz kalemini kullanan ve göz kalemini üretra aracılığıyla mesaneye penetre eden ve suçluluk duygusu nedeniyle yanlış anamnez veren bir kadın hastayı literatür eşliğinde sunuyoruz

Anahtar kelimeler: Göz kalemi, mesane, yabancı cisim.

INTRODUCTION

Intravesical foreign objects are rare entities which can sometimes be challenging for urologists, gynecologists and general surgeons. Although endoscopic approach is enough most of the time for extraction uneventfully, it may also lead some serious complications and injuries for the patient^{1,2}.

The causes vary from self-autoerotism to iatrogenic urological procedures, migration from surrounding organs or trauma; occasionally coexisting with other underlying problems such as drug abuse, intoxication, psychosocial and psychiatric disorders and cognitive disorders²⁻⁶. The kinds of the objects that have been taken out

from urinary system vary so much from retained urethral catheters and medical instruments to pens, cables, wires and any other objects beyond imagination⁷. In this case; we represent a female patient with self-inserted eyeliner in bladder.

CASE REPORT

A 42-year-old woman presented to our clinic with abdominal pain. In patient's history, she did not mention about urethral insertion of an object. She did not have any urinary symptoms or voiding difficulties. In physical examination, minimal tenderness was detected on suprapubic region by palpation. Transvaginal ultrasound revealed an echo of an object in front of the uterus, which was

probably situated in bladder. Urine test showed microscopic hematuria. When she was questioned in detailed, she told she was trying to induce abortion of an unintended pregnancy. The patient's serum b-hCG level was negative, no signs of pregnancy were visualized in the uterus and endometrium by ultrasound, and also no other signs like bleeding or injuries were detected on cervix through the speculum examination.

Cystoscopy was performed and an eyeliner pencil in the bladder was visualized (Figure 1). Fortunately, no mucosal injuries were present in the urethra and the bladder. The eyeliner pencil was taken out through the urethra endoscopically by a grasping forceps. No complications were detected on post-operative period and the patient was discharged.



Figure 1. View of the penetration of the eyeliner to the bladder mucosa

DISCUSSION

Reviewing the literature, most common motive of inserting a foreign object through the urethra is found to be autoerotism, sexual curiosity and gratification⁴. Male people had higher self-insertion rates than females (1.7/1)⁸. Self-insertion

and involuntary perineal muscle contractions cause the objects to get lost in urethra and bladder^{3,9}. In a retrospective analysis of 13 patients; 8 patients (61%) had sexual gratification history¹⁰. In another retrospective study consisting 20 patients with foreign objects in bladder, 16 (80%) of them had iatrogenic conditions, 2 patients (10%) had sexual history; in which, removal was

possible in 85% (n=17) of the cases by endoscopic procedures; while 15% (n=3) of the patients needed open surgery¹⁰.

The type of the objects are very variable also depending on the reason of insertion; as pencils, wires⁹, cables⁶, candles, batteries⁷ for sexual gratification and iatrogenic objects such as retained urethral catheters, broken stents, suture materials are reported.

Diagnosis can be delayed because of the anamnesis given involuntarily due to embarrassment, guilt and humiliation and the patient would present to seek medical help after self-removing attempts which might also increase urethral trauma^{7,9}.

Evaluation of the patient should start with physical examination, followed by radiologic methods as X-ray, USG, CT which can be helpful understanding the position of the object and its correlation with surrounding viscera^{2,4}. Cystoscopy is used as an invasive technique both to visualize the object clearly and the urethral and intravesical injuries, inflammation and necrosis if present, also for removal if possible⁷. Bladder catheterization may be necessary to resolve voiding difficulties⁷.

The patient may be completely asymptomatic or present with simple urethritis and cystitis symptoms such as pelvic pain, frequency, urgency, dysuria, strangury, microscopic or macroscopic, hematuria, purulent urethral discharge, fever or sometimes more serious like bladder perforation, ascending urinary tract infection and sepsis^{2-4,6,7}.

Most of the foreign bodies can be removed successfully by endoscopic management with grasping forceps, snares, and retrieval baskets on the first step⁷. When cystoscopy fails, open surgeries such as suprapubic cystostomy and percutaneous approach may be needed for removal⁹. Laparoscopic removal has also been reported. Factors that affect successful removing method are defined as location, size and the mobility of the object^{2,3,7}. Endoscopic methods are more likely to be successful on female patients due to shorter urethra. Fragmentation should be

considered for large objects¹¹. Recently Ho:YAG laser is used successfully for fragmentation of intravesical objects to facilitate the cystoscopic removal¹². During extraction, the aim is complete removal of the object avoiding urethral injury and migration of the object⁷.

Long term complications may occur; such as bladder calculus, urethritis, chronic and recurrent infection, obstructive uropathy, vesicovaginal fistula and incontinence. Urethral strictures are reported to be the most common late complication with a %5 incidence¹³.

Appropriate follow-up is essential for diagnosing further urethral strictures and obstruction. Broad spectrum antibiotic courses are advised to prevent the complications like infection and sepsis^{4,6,7}. Evaluation for underlying psychological problem is essential for preventing recurrences^{4,7}.

CONCLUSION

Patients with intravesical foreign bodies are not common in clinical practice but there are plenty of cases in the literature. In our case, the patient gave a misleading history on her first examination, afterwards an intravesical object was found coincidentally at investigations. A physician should always suspect in cases with unexplained or recurrent urinary symptoms, that unexpected cases may be present.

Conflict of Interest

The authors state they have no conflicts of interest

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