

An Unusual Foreign Body in The Bladder

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Foreign bodies of the bladder can cause recurrent urinary infections, hematuria, urolithiasis and pelvic pain (1). Foreign bodies may exist in the bladder as follows: migration of the materials used for masturbation into the bladder, iatrogenic, or through migration from the structures close to the bladder.

We report a case in whom an intrauterine device (IUD) penetrated into the bladder from the uterus

Case report

A 36 years-old female who had been complaining from groin, lumbar pain and dysuria for nearly ten years presented to our clinic. IUD had been inserted 12 years ago. She reported an unexpected delivery 5 years after

placement of the IUD. She received treatment several times because of diagnosis of chronic cystitis but could not have a sufficient improvement.

While the urine analysis was normal, an IUD was determined on the X-ray examination (Figure 1) in the pelvic area. Ultrasonography (US) revealed a foreign body in the bladder.

In the cystoscopy performed under general anesthesia, "T" shaped part of the IUD was observed on the right side of the bladder. It was tried to be removed by a foreign body forceps (Figure 2), but the internal part of the IUD was broken leaving a residual piece behind. The remaining part of the IUD was removed by open surgical procedure. We observed that IUD was wrapped with a hard fibrotic tissue at the perivesical area. Perforated area of the bladder was sutured externally.



Figure 1. "T" shaped intrauterine device in the abnormal location on the DUSG



Figure 2. Cystoscopic appearance of incrustated intrauterine device in the bladder.

Discussion

Beginning with the usage of IUD as a contraception device, various complications of its use have been reported. The most important complications are infections, spontaneous abortion and uterine perforations (3).

A rare complication of IUD is its migration to the structures close to uterus, or into intraabdominal cavity. In a screening of the literature of the last 18 years, a total of 165 patients with migration of the IUD were revealed. Of these, 45 were localized in the omentum, 41 in retroperitoneal area, 23 in bladder, 8 in appendix, 2 in small bowel and one in the adnexial vein (4). Penetration of the IUD into the bladder is slow and presents with complaints of repeated cysticisms, hematuria and pelvic pain (3). IUD which had been placed 12 years ago and left after delivery caused cysticisms, groin and lumbar pain, in our case.

IUD in the bladder is usually removed endoscopically. We also preferred endoscopic procedure initially. But we had to try open surgery because it was broken while it was being drawn out by foreign body forceps.

In conclusion, patients with inadequately treated recurrent urinary tract infections should be questioned for missed IUD, and if suspected, it should be confirmed radiologically (X-ray, US) or even cystoscopically.

References

1. Tan LB, Chiang Huang CH: Foreign body in the urinary bladder. *Gaoxiong Yi Xue Za Zhi* 9: 604-609,1993.
2. Eckford SD, Persad RA, Brewster SF, Gingell JC: Intravesical foreign bodies: five year review. *Br J Urol* 69: 41-45, 1992.
3. Dietrich D, Issa M, Kabalia J, Barret J: Intravesical migration of intrauterine device. *J Urol* 147: 132-134, 1992.
4. Kassab B, Audra P: The migrating intrauterine device. Case report and review of the 165 cases. *Concept fertil Sex* 27: 696-700, 1999.
5. Yalçın V, Demirkesen O, Alıcı B, Önal B, Solok V: An unusual presentation of a foreign body in the urinary bladder: A migrant intrauterine device. *Urol Int* 61: 240-242, 1998.

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