CASE REPORT

Unusual Vesical Calculus: A Rare Consequence Of Self-inserted Foreign Body Per-urethra For Sexual Gratification

Tela UM[1], Abubakar A[2], Ahmed M[3], Abubakar BM[4], Jidda MS[5]

ABSTRACT

Background: Self insertion of foreign body into the urethra to achieve orgasm is a rare secretive sexual practice, patients usually presents in the hospital with complications of the act. Vesical calculus encasing the foreign body is a rare complication.
Objectives: To report a case of vesical stone as a sequel of a rare sexual practice
Case: We report the case of 21-year-old male student who presented with progressive lower urinary tract symptoms and background history of self-insertion of foreign body into the urethra and got retained in the bladder for long. He had cystolithotomy done with findings of doughnut-like calculus encasing a coiled cable. Post-operative outcome was satisfactory.
Conclusion: Sexual gratification derived by inserting foreign body into the urethra is rare. Public health enlightenment will discourage this act and its potential complications.

KEYWORDS: Calculus, Foreign body, Sexual gratification, Urethra, Urinary bladder

Introduction

Deliberate self- insertion of foreign body into the urethra with or without reaching the urinary bladder are done by adults for multiple reasons, which include initiation of sexual arousal to get sexual gratification, background psychiatric disorders, drugs intoxication, curiosity or an act to relief urethral symptom.[1,2] Presentation of these cases is uncommon in urological practice. Initiation of sexual arousal remains the commonest reason for this secretive practice. This form of auto-erotic stimulation could result in orgasm and ejaculation that give sexual gratification to the doer.

An embarrassing situation occurs when the foreign body gets stuck in the urethra, this necessitates the patient to seek medical attention[3]. Likewise, in other situations the foreign body may migrate and get retained in the bladder, presentation at hospital is delayed or avoided due to shame as in our index case.

Case Report

A 21-year-old single male student who presented with progressive Lower Urinary Tract Symptoms (LUTS), mainly irritative with strangury and occasional painful terminal haematuria of 2 years duration.

This was preceded by habitual practice of masturbation to achieve orgasm with the help of self –insertion and withdrawal of an ear-

[1]Division of Urology, Department of Surgery, University of Maiduguri Teaching Hospital, Borno State, Nigeria.
[2]Urology unit, Department of Surgery, Aminu Kano Teaching Hospital, Kano state, Nigeria.
[3]Division of urology, Department of Surgery, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria.
[4]Department of Surgery, Federal Medical Centre, Nguru, Yobe state, Nigeria
[5]Department of Mental Health, College of Medical Sciences, University of Maiduguri, Borno state, Nigeria.

Correspondence to:
DR. USMAN M. TELA,
Division of Urology, Department of Surgery, University of Maiduguri Teaching Hospital, Borno State, Nigeria.
eMail: - umtela@yahoo.com
Tel:- +2347033733312

piece cord of a mobile phone into the urethra over a period of 23 months. The last attempt resulted in upward complete migration of the cable in to the bladder and retained for 2 years with progressive LUTS. There was no urine retention or facial swelling. Patient kept the information to himself to avoid embarrassment and resorted to self-treatment with oral antibiotics and analgesics, hoping to achieve spontaneous expulsion, which was abortive. He later decided and presented at our hospital due to unbearable worsening LUTS for 3 days before presentation. He is not a known psychiatric patient and no childhood history of mental retardation. On examination he was anxious but fit looking, not pale, afebrile, anicteric and not dehydrated. Pulse rate was 74/min and blood pressure was 100/70mmHg.

Abdomen was full with mild suprapubic tenderness, no palpable mass, kidneys, liver and spleen were not enlarged, other findings were normal. Cardiovascular and respiratory systems were normal. An initial diagnosis of cystitis secondary to foreign body in the urinary bladder was made.

Abdominal ultrasound scan revealed radio-opaque mass in the bladder casting a posterior acoustic shadow in keeping with bladder stone, the kidneys and other organs were normal. Both abdominal and pelvic X-rays revealed radiopaque object in the region of the bladder, however no opacity in the region of the kidneys and ureters as shown in figure 1. Urine culture grew Klebsiella species sensitive to ciprofloxacin.

The patient was then treated with 500 milligrams of ciprofloxacin tablets 12 hourly for a period of 10 days. The full blood count and electrolytes, urea and creatinine were normal.

Patient consented for open cystolithotomy and the preoperative anaesthetic assessment was satisfactory. Operative findings revealed dough-nut like vesical stone measuring 4 by 3cm as shown in figures 2 and 3. Post-operative condition was satisfactory.

The crushed stone revealed coiled cord of ear piece as shown in figures 4 and 5. Following a discharge from our unit, the patient was evaluated by the psychiatrists and an assessment of Paraphilic disorder (Fetishism) was made.

He then had cognitive behavioural therapy and was advised to get married with the hope of discouraging him from continuing with the fetishist activities. We saw him after 2 years during follow up, he was happily married and had a child, with no relapse of fetishist behaviour and no new complaints.

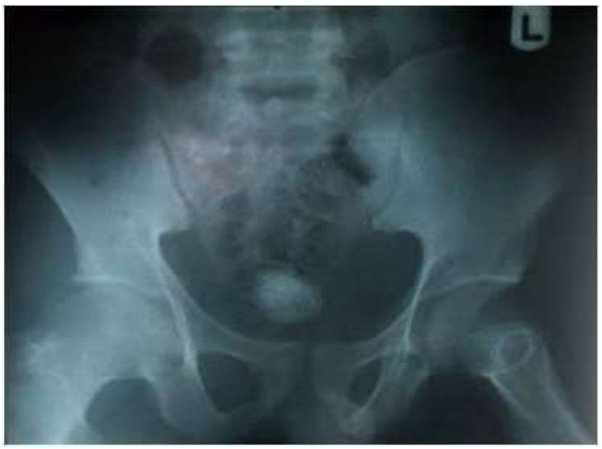

Figure 1: Vesical calculus on Pelvic X-ray

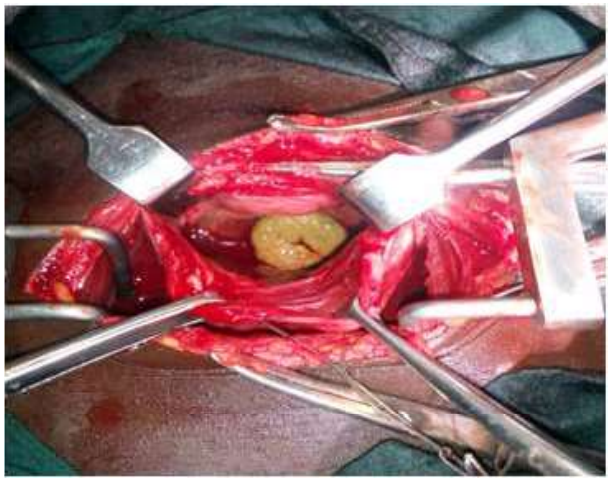

Figure 2: Intra-operative picture of bladder stone

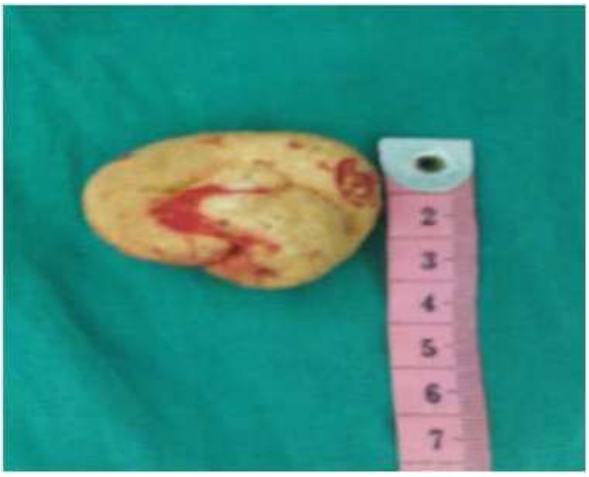

Figure 3: Size of stone

Figure 4: Crushed stone revealed a coiled cable

Figure 5: Ear piece cord measuring 48cm long.

Discussion

Self-insertion of foreign body in to the urethra to achieve orgasm is a secret act by those who practice it. It usually becomes known to the clinicians when the patients develop complications from the urethral manipulation. Most of the reported cases were among males[3]. The most common motive for urethral manipulation is to get sexual gratification, particularly during masturbation, other motives include sexual curiosity and background mental illness[4]. A common feature of most disorders of sexual preference is ending the act with masturbation, for instance Voyeurism, the practice of gaining sexual pleasure from watching others when they are naked or engaged in sexual activity, usually ends with the sufferer masturbating and the extreme nature of masturbation suggests a compulsive tendency[5]. Our patient's motive was to get sexual gratification and we also referred him to psychiatrists after we discharged him from our primary management. According to Kenney's theory[6], as it relates to self-urethral manipulation, the initiating event is an accidentally discovered pleasurable stimulation of the urethra, which is followed by repetition of this action using objects of unknown danger, driven by a particular psychological predisposition to sexual gratification.

Cases of self-insertion of different types of foreign bodies per-urethra have been reported, which comprised of pencils, pens, copper wire, speaker wire, household batteries, telephone cables, rubber tubes, feeding tubes, cotton tip swabs, thermometers and vegetables likes carrots and beans among others[7]. Our index case has been using the cord of an ear piece per-urethra as shown in figure 5, During the patient's last attempt the cord inadvertently migrated into the bladder and settled there until stone formed over it. Foreign body migration similar to this has been described in another study[2]

Clinical presentation in these patients is with variable lower urinary tract symptoms depending on the type of foreign body used duration of the problem and associated complication. Some of these patients may present with associated urethral injuries which may later result in urethral stricture as seen in 6% of cases in previous studies[8]. Because of the embarrassing situation and shame that can occur when the urethral foreign body gets trapped during masturbation patients present late, but when there is acute worsening LUTS, unbearable pain, or haematuria, hospital presentation is early. Our patient was on self-medication and presented to us after retaining the foreign body in the bladder for 2years with stone formation around the nidus. Diagnosis of these cases are usually clinical supported by basic imaging investigations such as plain radiography of the abdomen to include the regions of the kidney, ureters and bladder (KUB), x-ray of penile shaft, abdomino-pelvic ultrasound scan and even Retrograde Urethrogram when stricture is suspected. Advanced imaging such as Computerized Tomography and Magnetic Resonance Imaging may be required in difficult cases.

Treatment ranges from minimally invasive to open surgeries. Urethrocystoscopy is both diagnostic and therapeutic in retrieval of the foreign bodies. Where there is difficulty in removing the foreign body by cystoscopy due its size and potential morbidity, open surgical procedures are done. Urethroplasty should be considered when there is urethral stricture. Our patient had open cystolithotomy done similar to previous reports[9,10]. Psychiatric evaluation is important in the management of these patients.

Conclusion

Self-insertion of foreign body into the urethra to achieve orgasm is an uncommon practice. Clinicians usually come across it when such patients present to them with complications requiring intervention. There is need for high index of suspicion, because bladder stone encasing the retained foreign body can present as a complication of this sexual practice. Public health enlightenment is crucial to discourage this act.

References

1. Van Ophoven A, de Kernion JB Clinical management of foreign bodies of the genitourinary tract. J Urol 2000;164:274–87
2. Rahman NU, Elliott SP, Mc Aninch J Self-inflicted male urethral foreign body insertion; endoscopic management and complications. BJU Int 2004;94:1051–3
3. Mark Griffiths. A lowdown on the urethra (frankly): Urethral manipulation uncovered. View at https://drmarkgriffiths.wordpress.com/2012/05/15/a-lowdown-on-the-urethra-frankly-urethral-manipulation-uncovered/
4. Cho DS, Kim SJ, Choi JB. Foreign bodies in urethra and bladder by

implements used during sex behaviour. Korean J Urol. 2003; 44:1131–1134
5. Smith RS. Voyeurism: A review of literature. Arch Sex Behav, 1976; 5(6): 585–608
6. Kenney RD. Adolescent males who insert genitourinary foreign bodies; is psychiatric referral required? Urology 1988;32:127–9
7. Mannan A, Anwar S, Qayyum A, Tasneem RA. Foreign bodies in the urinary bladder and their management: a Pakistani experience. Singapore Medical Journal2011; 52(1):24–8.2
8. Ku JH, Lee CS, Jeon YS, Kim ME, Lee NK. A Foreign body in the urethra: a case report. Korean J Urol. 1997;38:219–221
9. _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(3): 186–189
10. Bedi N, El-Husseiny T, Buchholz N. Masood J. 'Putting lead in your pencil': self-insertion of an unusual urethral foreign body for sexual gratification . *J R Soc Med Sh Rep. 2010;1:18*

Cite this article as: Tela UM, Abubakar A, Ahmed M, Abubakar BM, Jidda MS. Unusual Vesical Calculus: A Rare Consequence Of Self-Inserted Foreign Body Per-Urethra For Sexual Gratification Bo Med J 2017; 14(1): 103-107. **Source of Support:** Nil, **Conflict of Interest:** None declared.