



Tongue cleaner, an unusual foreign body in the urethra: A case report

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CASE REPORT

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Abstract

Introduction

Various cases of self-inflicted foreign body insertion into the urethra have been reported in adult males. The most common motive for such acts has been postulated as autoerotic stimulation, psychiatric illness or intoxication.

Case presentation

A 40-year-old male presented with a partially inserted tongue cleaner in his urethra with one end projecting from the urethral meatus and with a history of bleeding and pain. After a gentle attempt of removal using local anaesthetic gel the patient was scheduled for its surgical removal under anaesthesia.

Conclusion

Large complex foreign bodies may be not amenable to endoscopic removal and may warrant open surgical procedure. Urethral stricture should be suspected in such patients. A psychiatric visit should be recommended for all adult males with self-inflicted foreign body in the urethra.

Key Words

Urethral foreign body, tongue cleaner, urethral trauma, unusual foreign body

Implications for Practice:

1. What is known about this subject?

Treatment of choice for removal of urethral foreign body is endoscopic removal.

2. What is the key finding in this case report?

The complexity in the architecture of the foreign body inserted into the urethra and the difference in approaches for its removal.

3. What are the implications for future practice?

Foreign bodies such as a tongue cleaner need to be approached differently. Stricture should be suspected because the most common motive for a foreign body insertion is autoeroticism.

Introduction

A foreign body in the lower urinary tract in males is rather uncommon but several cases of insertion of foreign bodies such as pins, wires, screws or ball point pens have been reported.¹⁻⁵ The most common causes of such incidents are psychiatric illness or intoxication, and autoerotic stimulation.^{1,2} Most cases occur in adult males. We report a single case of a patient who inserted a metallic tongue cleaner, a long and complex foreign body in his urethra.

Case presentation

A 40-year-old male presented to our surgical emergency with a tongue cleaner inserted in his urethra with one end projecting from the urethral meatus. The patient gave a history of self-insertion of the instrument for the first time in response to a persistent burning sensation for the last two to three days. There was a history of bleeding and pain in the urethra with the normal passage of urine and no incontinence. There was no past history suggestive of urinary obstruction or narrow stream.

An examination revealed a metallic tongue cleaner with one end inside the urethra and other end projecting outside the meatus. A radiographic image was taken (Figure 1). An initial gentle attempt was made in the emergency department after per urethral injection of copious local anaesthetic gel but was soon aborted upon failure to remove the foreign body.

Figure 1: Radiograph of pelvis and upper thigh depicting the foreign body with approximately half of its length inside the urethra and a loop at the inserted end



After informed consent was given, the patient underwent an emergency procedure in the lithotomy position under spinal anaesthesia. The inserted end of the tongue cleaner was palpated posterior to the scrotum and a vertical incision was made over the perineum. Vertical urethrostomy was made and the twisted end of the tongue cleaner was found penetrating through the mucosal layer of the bulbar urethra (Figure 2). The twisted inserted end was straightened and delivered through the meatus. A self-retaining Foley's catheter was inserted into the anterior urethra until urethrostomy. Upon further guiding the catheter into the proximal urethra, resistance was felt suspected to be a stricture. Dilation of the proximal tract was undertaken and the Foley's catheter was further advanced into the bladder. Suprapubic Cystostomy (SPC) was further undertaken for alternative drainage. The patient was discharged on the third postoperative day. On the tenth postoperative day, the Foley's catheter was removed and the SPC was clamped; the SPC was removed after observing adequate urinary stream in the third postoperative week. The patient was recommended for psychiatric consultation and a postoperative retrograde urethrogram but the patient did not follow-up.

Figure 2: An intra-operative image depicting the vertical perineal incision and the looped inserted end (Black Arrow) perforating through bulbar part of urethra and the other end of the tongue cleaner (White Arrow)



Figure 3: Shows the architecture of the foreign body the metallic tongue cleaner. The black arrow marks the end that was outside the urethra and the white arrow marks the inserted end of the foreign body which had to be straightened to facilitate removal





Discussion

Various self-inflicted foreign bodies have been reported in the male urethra.¹ Various objects like wires, screws, nuts and pens have been described but no cases with a metallic tongue cleaner have been reported. The complexity of the instrument in terms of its architecture i.e. the presence of twisted ends and gradation in the width of instrument (Figure 3) adds to the uniqueness of the mode of injury and the difference in the approach to managing it. Due to the partial insertion and large size of the instrument, no endoscopic procedure was feasible even though it is recommended as a first-line therapy for removing more common foreign bodies such as wires, pins, screws, pens etc. from urethra.^{1,2,6} The twisted ends of the tongue cleaner and its metallic sharp edges added to the complexity of the removal because the inserted end, after perforating the mucosal lining of the bulbar urethra, could not be removed without straightening the tip as it would have led to further injury of the distal urethra. Many reports, have previously reported the open perineal or bladder approach for foreign body removal from the posterior part of urethra but no previous account of such complex foreign body removal from the anterior bulbar urethra is available in literature. Indeed, an open perineal approach with adequate incision length should be recommended for large foreign bodies in the urethra.

The most common motive for foreign body insertion in the lower urinary tract is sexual or erotic in nature,^{2,6} which patients are ashamed to admit and would give some irrelevant history. Such patients have a history of repetitive foreign body insertion, which may lead to the formation of stricture. In all such cases an associated urethral stricture should be suspected pre-operatively. Therefore, insertion of a SPC catheter as an alternative diversion during the corrective procedure renders no harm and may prove beneficial.

Conclusion

The primary goal of treatment should be the removal of the foreign body with as little damage to the urethra as possible. Definitive treatment for the removal of foreign bodies from the urethra is usually endoscopic but open surgery may be required in some cases especially for complex large foreign bodies such as a metallic tongue cleaner, pens or keys. Stricture is commonly associated in such patients or may be seen as a delayed complication.

Finally, keeping in mind the most likely motive of foreign body insertion in such patients, a recommendation should be made for psychiatric consultation.

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

PATIENT CONSENT

The authors, Anant Dinesh, Aradhna Singh, Sushanto Neogi, declare that:

1. They have obtained written, informed consent for the publication of the details relating to the patient(s) in this report.
2. All possible steps have been taken to safeguard the identity of the patient(s).
3. This submission is compliant with the requirements of local research ethics committees.