Self insertion of urethral foreign bodies

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The insertion of foreign bodies into the urethra is an unusual, though well documented, practice in which a wide variety of objects has been implicated.[1–3] The activity principally occurs during pathological masturbation, intoxication, or as a consequence of psychiatric disturbance. The foreign body may disappear into the urethra or remain visible at the meatus. In the latter instance, we feel simple removal by traction is likely to be unsuccessful, if not harmful, as illustrated by the following two cases.

A 36 year old man attended the accident and emergency (A&E) department complaining of dysuria and frequency of micturition. He stated that two days previously, while at a stag party, his friends had inserted an unknown length of tennis wire into his penis, and he had subsequently been unable to remove it. Examination revealed the presence of a length of coiled nylon wire, 2–3 mm in diameter, protruding from the urethra. Attempts to remove the wire using gentle traction failed and the patient was admitted for cystoscopy. This revealed a knotted coil of wire filling the bladder, which was removed through a suprapubic cystotomy.

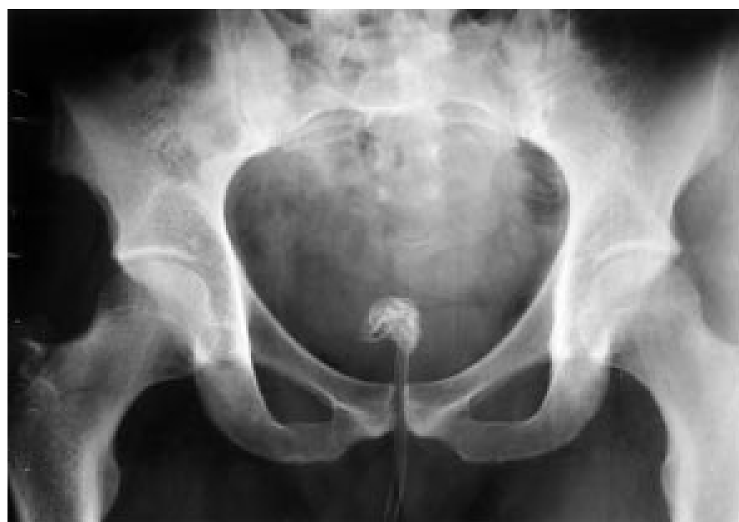

Figure 1 Plain radiograph of the lower genitourinary tract showing urethral foreign body coiled in the bladder.

A 36 year old man attended the A&E department complaining of a problem with his penis and dysuria. He had inserted the outer plastic sheath of a cable into his penis "for kicks" some two hours previously, and was now unable to remove it. He was unsure what length he had inserted. Examination revealed a length of hollow plastic tubing approximately 4–5 mm in diameter protruding from the urethra. Attempts to remove the cable using gentle traction proved unsuccessful. Radiography of the lower genitourinary tract revealed a knot of cable within the bladder (fig 1). The foreign body was subsequently removed at cystoscopy.

The clinical presentation of urethral foreign bodies is variable. If the object has disappeared into the urethra, urinary frequency, dysuria, poor stream, haematuria, and urinary retention are the usual symptoms.[4] Many of these cases present to urology outpatients. If the possibility of a retained urethral foreign body is raised in A&E, plain radiography of the genitourinary tract often provides the answer.[5]

If the foreign body remains protruding from the urethral meatus, though the diagnosis is obvious, the management is less straightforward than it would initially appear. Long, flexible foreign bodies tend to knot in the bladder, and this bar to removal may be visible on plain radiography. While it is tempting to attempt removal by traction in these cases, thought should be given to establishing what is concealed to prevent urethral trauma on removal. Urological referral for operative removal and follow up is usually required.

1 Wenderoth U, Jonas U. Curiosity in urology? Masturbation injuries. *Eur Urol* 1980;**6**:312–3.
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3 Costa G, Di Tonnio F, Capodieci S, *et al*. Self introduction of foreign bodies into the urethra: a multidisciplinary problem. *Int Urol Nephrol* 1993;**25**:77–81.
4 Aliabadi H, Cass AS, Gleich P, *et al*. Self-inflicted foreign bodies involving lower urinary tract and male genitals. *Urology* 1985;**26**:12–16.
5 Eckford SD, Persad RA, Brewster SF, *et al*. Intravesical foreign bodies: five year review. *Br J Urol* 1992;**69**:41–5.