CASE REPORT

Glass ampoule in urinary bladder as a foreign body

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Abstract
A wide range of objects have been inserted into the urinary bladder and urethra. Most foreign bodies in the lower genitourinary tract are self-inserted via the urethra as the result of erotic impulses, psychometric problems, sexual curiosity, or sexual practice while intoxicated. Here we report the case of a 32-year-old female with alleged history of insertion of glass ampoule in the urethra by the husband in eroticism which was removed with open surgery. This is the first case of its kind as per the literature available.

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1. Introduction

Foreign bodies (FBs) in the bladder and urethra are uncommon, but several cases have been reported. A great variety of foreign bodies have been removed from the lower urinary tract. The insertion of metallic objects, electric wire, telephone cable, and little fish has been reported in the literature [1–3]. The presentation is however delayed owing to the fundamental emotion of embarrassment. Of those who seek medical attention, hematuria, dysuria, urinary frequency, strangury and urinary retention are the most common presenting features [4,5]. In most cases, minimally invasive procedures such as endoscopic removal are recommended to prevent bladder and urethral injuries. In some cases, however, surgical treatment should be done if the FBs cannot be removed by the endoscopic procedure or further injuries are expected as a result of the endoscopic procedures [6].

As per available literature on urinary bladder FBs, this is the only case in which glass ampoule was inserted in urinary bladder.

2. Case report

A 32-year-old female presented to the Emergency Department with complaints of pain in the lower abdomen following insertion of a glass ampoule into the urinary
bladder by the husband 1 h back. On evaluation the patient
gives history that husband inserted the glass ampoule into
the bladder through urethra in eroticism. No past history of
using such FB for erotic stimulation. Physical examination
was unremarkable. Per urethral catheter was put. Routine
blood parameters were within normal limits. Pelvic X-ray
showed ampoule in pelvis (Fig. 1A) and ultrasound lower
abdomen showed FB in urinary bladder (Fig. 1B).

Under the diagnostic impression of FB in the bladder,
removal was planned. Since the FB was a glass ampoule,
open surgical removal technique was preferred to avoid the
risk of break of the glass ampoule if tried endoscopically.
Under spinal anesthesia, cystoscopy was performed. A
transparent ampoule was noted floating in the bladder
cavity. To avoid the risk of bladder and urethral injury, a
cystostomy was planned. Urinary bladder was opened
through a lower abdominal midline incision. A 6 cm long and
1.2 cm diameter glass ampoule was removed through
suprapubic cystostomy (Fig. 2). The postoperative period
was unremarkable and the patient was discharged 7 days
after the operation. Follow-up was uneventful.

3. Discussion

FB in lower urinary tract is rare yet seldom encountered by
a practicing urologist. A wide array of self-inserted FBs in
the bladder have been reported in the literature like need-
dles, pencils, ball point pens, pen lids, wires, safety pins,
cables, toothbrushes, thermometers, plants and vegetables
(carrot, cucumber), toys, intrauterine contraceptive de-
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4. Conclusion

The main aim of our paper is to emphasize that endoscopic removal is not the panacea of FB-retrieval from urinary bladder especially if the FB is a glass ampoule. Psychiatric evaluation and treatment are necessary to obviate repeated cases.

Conflicts of interest

The authors declare no conflict of interest.

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