Introduction

Foreign bodies that are found in the bladder are unusual thing to see. The causes of urinary bladder foreign bodies (FB) are variable. The commonest one is the FB introduced through the urethra. However, there are some cases that have been reported in which FBs such as a pen and mobile charger have been found. Patient may present with different symptoms such as dripping, dysuria, hematuria or complication as hydronephrosis. In contrast some patients are asymptomatic. Moreover, physical examination was unremarkable and the age at which cases are reported vary between 11 and 68 years.

Case report

We present a 23 years old male who was presented with left flank pain on and off for a long time. On investigations he was found to have left ureteric stone and left ureterocele (Fig. 1).

Patient underwent transurethral resection of the ureterocele roof and left ureteroscopy for the ureteric stone. After correcting the ureterocele and removing the stone a double J stent was inserted. Patient was discharged and booked for removal of the double J stent.

After 1 month, he was taken to cystoscopy unit. Under local anesthesia, a disposable cystoscope with integrated forceps was introduced through the urethral opening. While inserting the cystoscope there was no abnormalities in the urethra. Upon reaching the bladder the double J stent was seen coming out from the left ureteric orifice. However, while trying to grasp the double J stent it was found that there is a missing metallic jaw from the grasper which is 18mm in length (Fig. 2). So, cystoscope was removed, examined and found to have only a single jaw and the other jaw was missing. However, a new cystoscope was used and double J stent was removed. After removing the stent, an abdominal X-ray was done to the patient (Fig. 3a). In which the missing part was seen. So, a reusable cystoscope was used to check for the missing part which was hiding under ureterocele flap and it was removed out (Fig. 3b).

Discussion

Most of foreign bodies that are found in the bladder are iatrogenic. However, two third of the cases are managed endoscopically while one third through open surgery.

This is the first case in which a missing metallic part of a defected grasper was found in the bladder of the patient, hiding in the resected part of the ureterocele.

Takenthebenefitofflexiblecystoscopemanyobjectslikepins,part of catheters and stents in the bladder can be located and removed. If these objects are left and not properly investigated, it can be missed. Moreover, these retained objects can be symptomatic or predispose to
serious complications like stones, perforations and cancers of the bladder. Persistent lower urinary tract symptoms like lower abdominal pain, hematuria and recurrent infections after cystoscopy must be investigated to rule out missing objects. Furthermore, in any patient who is booked for a procedure, a proper examination to the surgical instruments must be done before surgery to avoid any mistake that may occur.

Foreign bodies in the bladder can be detected by an X-ray, though CT or MRI are rarely needed. Nevertheless, cystoscopy is the standard method to evaluate foreign bodies inside the bladder.

Conclusion

It is always important to check the instruments that will be used in surgery before proceeding in any step. Many errors might occur while working in one procedure that will take us to another procedure that can be avoided if a proper examination was done.

Author disclosure statement

No conflict of interest.

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Fig. 2. The cystoscope integrated grasper with broken end.

Fig. 3. A: X-ray showing the broken part with magnification B. Broken part of the forceps after extraction.