

## Foreign Body (PENCIL) in the Urinary Bladder

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### How to cite this article:

G.D. Yadav, Vinay Kumar, Yashoda Yadav et al. Foreign Body (PENCIL) in the Urinary Bladder. *New Indian J Surg.* 2018;9(5):682-83.

### Abstract

Foreign bodies are an occasional entity in the urinary bladder. They may present in a different number of ways. In most cases, the cause is accidental and the foreign body can be removed via the transurethral approach. A 18-year-old female patient came to our hospital's outpatient department with complaints of lower urinary tract irritative symptoms and on investigating, was diagnosed to have a foreign body in her urinary bladder. We herein report a case of foreign body, about 8 cm long wooden pencil, in urinary bladder which was successfully removed using a cystoscope. Prompt surgical management of the condition prevented long term complications.

**Keywords:** Foreign Body; Urinary Bladder; Cystoscope.

### Introduction

Foreign bodies in urinary bladder can be of various origins ranging from iatrogenic to self-introduced. In most cases, the foreign body is introduced transurethrally [1]. Their nature can vary from metal rods to infusion sets to gold chains to copper wires and even fetal bone [2]. Usually they do not present as an emergency. Martinez-Valls et al. describes the condition as being exceptional [3]. The correct possible management should be initiated early to prevent significant morbidity. The objective of this case report is to highlight presentation of urinary bladder foreign bodies and its prompt management.

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Received on 07.07.2018, Accepted on 30.07.2018

### Case Presentation

A 18-year-old female patient visited our outpatient department with complaints of burning micturition from two months without history of any urethral instrumentation, urinary tract trauma or assault. Physical examination revealed nothing significant. We prescribed the patient oral symptomatic drugs and also advised a USG-KUB which reported a partially distended urinary bladder with lumen showing echogenic 80.0mm long foreign body with shadowing. We also had a digital radiograph done.

Consent was taken and cystoscopy performed which revealed a 8-10 cm long wooden pencil with the tip inserted into the superior wall of urinary bladder. No calcification or encrustation was visible.



Fig. 1: Digital radiograph KUB showing a foreign body in urinary bladder

The foreign body was gently removed with utmost patience and luckily, there was no bladder perforation. Patient was catheterized which was removed after one week. Now the patient has no complaints and is on regular follow-up.

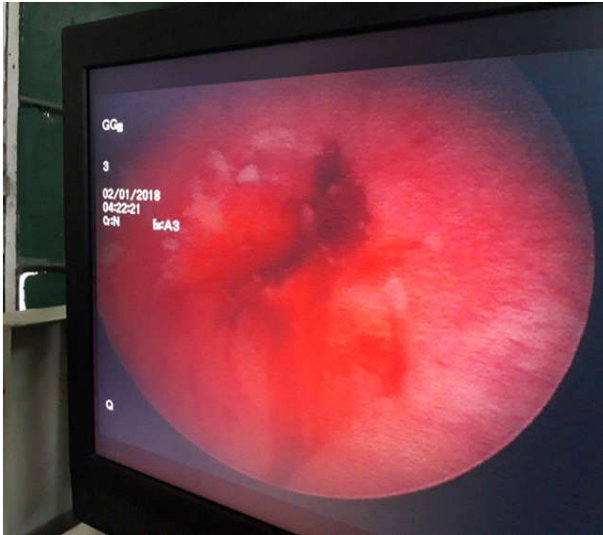


Fig. 2: Endoscopic image after removal



Fig. 3: Wooden pencil retrieved from urinary bladder

### Discussion

Foreign body in lower urinary tract can present as an emergency or can be discovered accidentally. Mostly it is self-induced where the patient resists

seeking medical advice until the symptoms hamper lifestyle. They cause recurrent UTI, hematuria, stone formation (4), rarely urinary bladder perforation and even renal insufficiency.(5) They can be diagnosed easily by a detailed history taking, physical examination, X-ray KUB and ultrasonography if required. Management whether endoscopic or surgical should be prompt. Nephroscope sheaths and even holmium laser has been used effectively in endoscopic management of urinary bladder foreign bodies. (6) One should be alert to this differential diagnosis when patient presents with antibiotic resistant UTI with a history of bladder irritation, though they may deny any self-introduction.

### Conclusion

The patient in our case did not give us a clue to the cause but such cases have to be diagnosed and managed early to prevent morbidity. As foreign bodies in urinary tract are more seen in adolescent and young adults group, parents must be more alert and more amiable with the growing minds to avoid any further complications.

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