



Bladder Color Pencil Introduced by the Urethra in a 19-Year-Old Girl

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ABSTRACT

We report case of a patient of 19 years who introduced a pencil in intra-bladder via the urethra. The urinary tract without preparation (AUSP) objectified and ultrasound had a strong allure foreign body. Cystoscopy diagnostic and therapeutic purpose was performed. Given the particular psychological profile of the patient, it came in psychiatry. This kind of disease is rare in the professional life of the urologist, he help of a literature review on its merits, its complications and its management.

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Introduction

Many articles in the medical literature report cases of foreign bodies introduced into the urogenital sector. Most reported cases are associated with psychiatric disorders, in cases of abuse, or for the purpose of sexual stimulation or to get relief from urinary complaints. The bladder seems to be a site inaccessible for the introduction of foreign body especially in humans. However a review of the literature shows that all conceivable objects were inserted into the bladder through the urethra and each has posed particular diagnostic and therapeutic problems. We report the case of a patient who submitted a crayon into the bladder via the urethra.

Observation

This is Y. H. 19 years old, unemployed emergency arose in the morning saying it was introduced it there's 7 days, in an erotic purpose crayon at the meatus. The patient was conscious, lucid, reported the questioning a notion of haematuria and hypogastric pain.

Clinical examination did not find the pencil at the meatus and showed no hematuria or abdominal contracture.

A urinary tract without preparation (AUSP) (Fig.1) and ultrasound (Fig.2) were requested in a working diagnosis purpose. Radiography objectified linear opacity recalling the shape of a pencil projecting on the bladder area, ultrasound bladder after bladder filling has regained bladder hyperéchogène intra-image.

Cystoscopy was performed in this patient for diagnostic and therapeutic purposes, it helped to see the pencil, to also witness the urethral and bladder integrity and remove the foreign body. The patient came to psychiatric consultation for advice and additional support



Figure 1. AUSP showing an opacity linear over the bladder area.

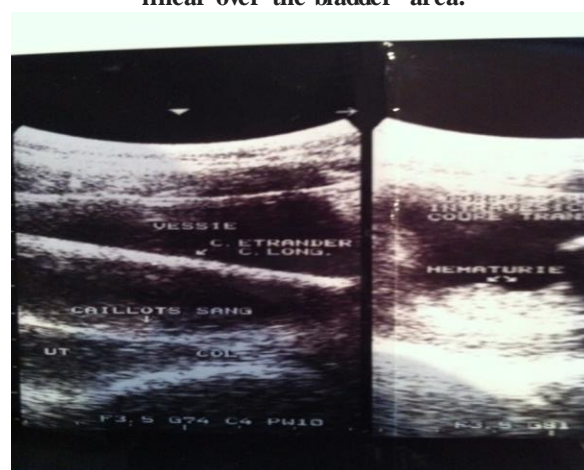


Figure 2. Ultrasound showing an intravesical linear hyperechoic picture.

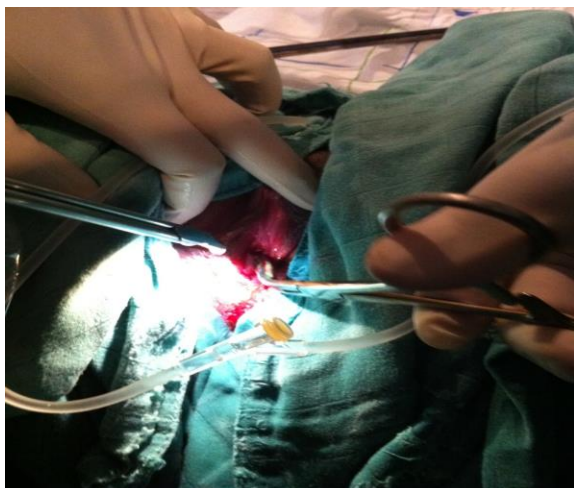


Figure 3. Extraction of the foreign body endoscopically.



Figure 4. Foreign body exposed after removal endoscopically.

Discussion

Self-introduction of a foreign body in the urogenital sector represents a real challenge to the urologist who must act promptly. [1] Some items are usually introduced in an erotic object or instinctively in children, or in senile or psychiatric conditions or under the influence of alcohol or drugs. [3] This condition is found both in men than in women and diagnostic difficulties are related to patients who can deny or hide the object insertion notion.

The urinary tract without preparation and cystoscopy are often sufficient to make the diagnosis. The urethra is the primary entry of foreign bodies in the urogenital industry and

a variety of objects have been reported in the literature: hair clip, electric cable, thermometer, toothbrush, candle. However a large number of publications have reported the passage of foreign bodies in intra vesical from neighboring organs by ulcerative phenomena (fish bones, IUDs)

Usually avoid embarrassment, the patient consult only later when they become symptomatic [5], in general they present with The goal of treatment is to remove the foreign body with minimal trauma to the bladder and urethra.

Most foreign bodies can be removed by forceps during a transurethral cystoscopy. A cystostomy is however sometimes necessary [6]. After removal of the foreign body, it is imperative to refer the patient to a psychiatric consultation to prevent recurrence with the risk involved of bladder perforation, abscess or fistula formation and action of chronic irritation that may be responsible for the genesis of a bladder squamous.

Conclusion

Intra- bladder foreign bodies are often the subject of jokes among urologists, however, although they are often easily diagnosed by plain radiography and cystoscopy, the fact that it is most frequently of late consultations, hazardous and diverse subject, their care can be a real challenge, in certain situations involving the use of expensive treatments

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