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Self-Insertion of a Pencil into the Urethra in a 69-Year-Old Male: A Case Report

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Abstract **Case Report**

Self-insertion of foreign bodies into the urethra is an uncommon but significant clinical situation that urologists may encounter during their careers. It raises several questions, particularly regarding the mode of insertion. Such cases present a therapeutic challenge, as the removal of the object must be performed without causing trauma or injury to the bladder or urethra. Clinical examination, imaging studies, and, when necessary, psychosexual evaluation, are essential to establish an accurate diagnosis and offer the patient appropriate management. We report a 69-year-old male patient who self-inserted a pencil into his urethra and was managed in the urology department of the National Hospital Amirou Boubacar Diallo in Niamey.

Keywords: Foreign Body, Self-Insertion, Pencil, Urethral Injury, Case Report.

1. INTRODUCTION

Self-insertion of foreign bodies into the urethra is a rare but well-documented condition in the medical literature that any urologist may encounter [1]. It requires thorough investigations regarding their mode of penetration. The extraction process often presents a therapeutic challenge, as it must be carried out without causing trauma or injury to the bladder or urethra or other organs [2]. The causes of self-insertion of foreign bodies into the urethra are varied. In patients with a psychiatric history, it can be part of self-mutilation or the search for sexual stimulation. It can also be motivated by self-medication in front of SBAU or bladder retention.... The iatrogenic and firearm causes do not deserve to be mentioned here because they are not self-contained [3, 4].

Patients may present with a variety of symptoms such as dysuria, hematuria, or acute urinary retention. In some cases, the insertion is voluntary and may be associated with psychiatric disorders, drug intoxication, auto-erotic behavior, iatrogenic introduction during surgical or endoscopic procedures, or even rare accidental insertion in the context of ballistic injuries [3, 4].

Numerous objects have been reported in the literature as having been voluntarily inserted into the urethra, including screws, fragments of urinary catheters, pins, candles, wires, olive pits, ballpoint pens, intrauterine devices, retained surgical materials (textilomas), and thermometers [5, 6].

In such cases, patient history, physical examination, imagings, and sometimes psychological or psychosexual evaluation are crucial to establish an accurate diagnosis and guiding appropriate treatment.

Herein, we report a 69-year-old male patient who self-inserted a pencil into his urethra that we took care of in our urology department.

2. CASE PRESENTATION

A 69 years old male patient, married, a pastor by profession, with no known history of a chronic medical or surgical disease, admitted to our emergency department of the National Hospital Amirou Boubacar Diallo in Niamey for an accidental self-insertion of a pencil into his urethra. The patient reported a sudden sensation of the urethra stone, resulting in dysuria. Fearing that this could lead to complete bladder

retention, he decided to take action by removing the obstruction himself. He soaked a pencil in olive oil and inserted it into his urethra through his soft tip. As the pencil progressed easily, he continued to push until he felt a force completely suck the pencil out. Unable to extract the pencil, which was completely invisible, he went to 3 hours in the emergency department. Upon admission, he was anxious and complained of dysuria and lower pelvic pain but no hematuria or urethrorrhagia. His general condition was preserved, and he had no fever. Physical examination revealed tenderness in the perineal area, with palpation of an induration. The remainder of the physical examination was unremarkable.

A plain abdominal X-ray (kidney-ureter-bladder radiograph, KUB), was requested urgently, and which revealed an oblique linear opacity in the urethrovesical projection area. (Fig. 1). Urethrocystoscopy was performed to explore and, if possible, remove the foreign body using a grasping instrument. Urethroscopy revealed a perforation of the bulbar urethra through the lower end of the pencil, which was fixed in the perforation. The remainder of the pencil ascends towards the membranous urethra (Fig. 2). An attempt to extract the object during cystoscopy failed due to the thickness of the pencil, which exceeded the capacity of the foreign body forceps (Fig. 3). we indicated extraction by open surgery. Through a median sub-umbilical incision and cystostomy, we found the soft end of the pencil in the bladder, with no significant damage to the bladder neck. The rest of the exploration was unremarkable, with no bladder stones. The pencil was easily extracted (Fig. 4 and 5). After bladder lavage, we inserted a two-way CH 18 foley catheter, which passed easily into the bladder. The catheter was removed at ten days, and the patient had no further complaints. We asked for a psychiatric opinion and considered a urinary flowmetry and a control urethro-cystoscopy, but the patient was lost to follow-up.

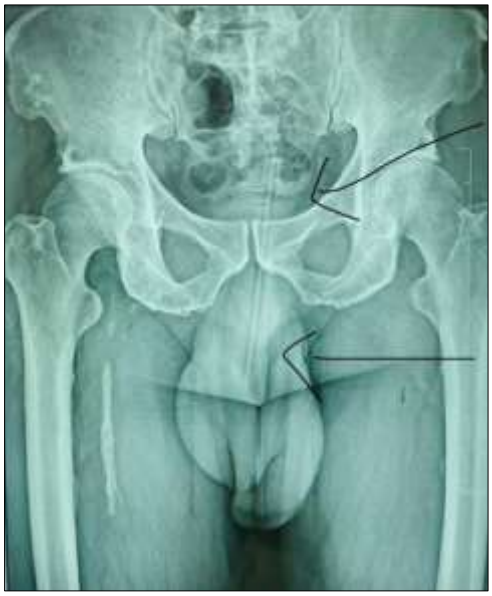

Figure 1: Pencil appearing as a linear

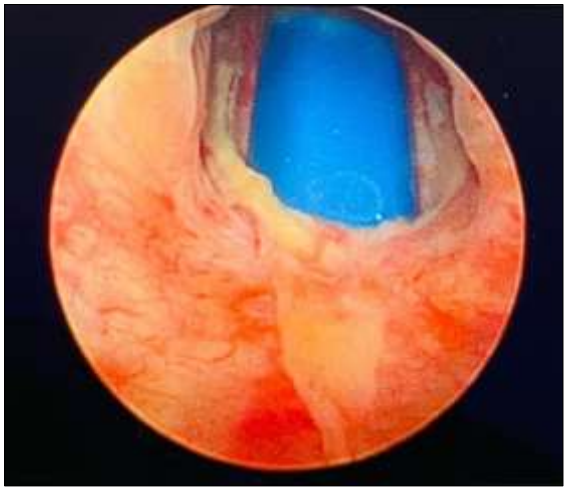

Figure 2: Cystoscopy showing the opacity in the bladder projection area pencil in the urethra

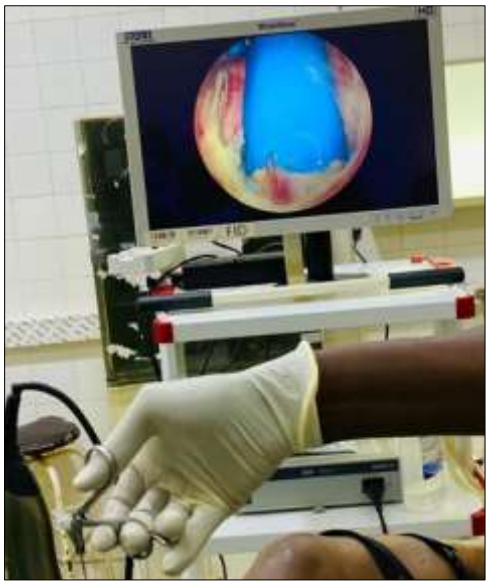

Figure 3: Attempted removal using forceps pencil through the urinary bladder

Figure 4: Intraoperative removal of the foreign body

Figure 5: Extraction of the pencil

3. DISCUSSION

Foreign bodies in the urethra pose a significant challenge for urologic surgeons in terms of management [1]. Most often, patients insert foreign bodies into their urethra for pleasure or erotic stimulation, and this seems to have a strong correlation with mental, psychological, and personality disorders [7-9]. Rahman *et al.*, found a series of 17 cases, where auto-erotic impulses and psychiatric disorders were the causes of foreign body self-insertion [10]. Furthermore, Trehan *et al*., reported patients without any psychiatric disorders who inserted telephone cables to stimulate their erections [11]. Additionally, Gonzalgo ML *et al.*, mentioned that some patients have inserted foreign substances through their urethra to relieve complete urinary retention and urethral itching [12]. In the vast majority of cases, patients feel guilty and humiliated, often delaying seeking medical help. The objects reported as inserted are highly varied: fragments of endoscopic instruments, inert jewelry, pens, pencils, fragments of calcified urinary catheters, batteries, lipstick tubes, intrauterine contraceptive devices, thermometers [13]. Literature suggests that the incidence of self-insertion is higher in men (1.7:1) than in women [14]. Sharma UK *et al.*, demonstrated that foreign bodies are inadvertently inserted into the female urethra for the purpose of voluntary pregnancy termination or to prevent conception [15].

The diagnosis of an intra-vesical foreign body is made during the medical interview and/or when the foreign body is associated with urinary disturbances. Most commonly, the condition is asymptomatic, but it can manifest through symptoms related to lower urinary tract irritation, such as: burning sensation during urination, frequent urination, urgency, microscopic or macroscopic hematuria, dysuria, and complete urinary retention [16, 17]. In our study, the discomfort and anxiety related to the presence of the foreign body were motivating factors for the patient to seek consultation within 5 hours of the foreign body insertion. Odoemene *et al.*, reported a consultation delay of 14 days in their series. In many cases, patients may deny inserting objects and claim that they were inserted accidentally. This is often due to feelings of guilt or embarrassment about admitting that their behavior was aimed at achieving sexual gratification, which often complicates obtaining precise information during the patient history [18]. Additionally, shame related to the act or taboos concerning genitalia may also contribute to delays in seeking consultation [17]. Certain psychiatric disorders should be explored, including substance abuse, paraphilias, dementia, and schizoid personalities [1]. In our study, the patient was referred to a psychiatrist for consultation. A plain radiograph confirms the diagnosis and is useful for determining the size, location, and number of foreign bodies, as well as identifying a radiopaque image. Our study is similar to that of M. Allassiangar *et al.*, who also highlighted a radiopaque foreign body [19].

Urethrocystoscopy allows both the diagnosis of uretro-vesical foreign bodies and their management [9]. According to Datta B *et al*., foreign body extraction can be performed endoscopically, provided that the extraction maneuvers are done with great care and precision, which can help reduce the duration of the procedure, postoperative stay, and complications [20]. However, in our case, the first attempt at endoscopic removal failed due to the size and volume of the foreign body, prompting us to proceed with its extraction via a suprapubic approach. Rarely, the foreign body can be spontaneously eliminated. This is more likely when the orientation of the foreign body aligns with the axis of the bladder neck during urination, aided by urinary flow and the short length of the female urethra [19]. The psychiatric status of the patient should be evaluated, and if there is any doubt, referral to a psychiatrist is necessary to differentiate between sexual fantasies, paraphilias, and an unknown psychiatric etiology, and to initiate appropriate management.

4. CONCLUSION

The presence of a foreign body in the urethra requires a thorough investigation into its mode of insertion. It presents a true therapeutic challenge for urologists, and it is crucial to assess the patient's motivations and psychosocial issues, referring them to a psychiatrist if necessary.

Conflict of Interest Statement: The authors declare no conflicts of interest related to this article

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