

Mobile Charger Cable in Urinary Bladder of a Patient with No History of Mental Disorder

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Abstract

Numerous reports have indicated a foreign body in the bladder. Various objects, or more precisely, everything in the human environment, have been found in the urinary bladder. In the current case study, the patient was a single 38-year-old woman who was referred to the emergency department with the complaints of lower urinary tract symptoms. The patient's history and radiological examination confirmed the presence of a foreign body (mobile phone charger cable) in the bladder. Since the patient was not mentally retarded and had no history of substance abuse, investigating other mental disorders and sexual abuse for her was recommended.

Keywords: Foreign body, bladder, mobile phone charger cable

Introduction

In the literature, many cases reported the insertion of foreign bodies in the bladder. The main causes may be either iatrogenic or self-inflicted for several reasons, such as sexual gratification, symptomatic self-medication, mental disorder, drug intoxication, and curiosity in children (1,2).

In this report, we intend to describe the presence of a rare foreign object (mobile phone charger cable) in the bladder and the possible causes of this issue.

Case Report

A young, 38-year-old unmarried woman with a history of surgical treatment of ovarian dermoid cyst presented to the emergency department with the complaints of dysuria, hematuria and suprapubic tenderness for the previous two weeks. According to her, the reason behind the delayed presentation was fear and embarrassment. The patient reported that to relieve lower urinary tract symptoms (LUTS) such as urinary frequency,

urgency, dysuria, and lower abdominal pain; she had inserted a foreign body (i.e., mobile phone charger cable) in her bladder. She had no psychiatric or drug addiction history. Despite the patient's claim of good mood, depressive symptoms were clear.

Urinalysis showed plenty of erythrocytes and urine culture was reported negative after 48 hours of incubation. Physical examination was unremarkable except for suprapubic tenderness; consequently, pelvic radiography (Figure 1) and spiral computed tomography scan (Figure 2) were requested for her. In resulting reports, the foreign body was seen as a strongly coiled up wire-like structure that had created a mass-like area with the dimensions of 37x74 mm. Furthermore, the presence of gas in the bladder wall and lumen as well as thickening bladder wall (emphysematous cystitis) were also visible.

The patient underwent general anesthesia, was placed in the lithotomy position and prepped and draped sterilely. Then, under a cystoscope, the urinary tract and bladder were checked. No lumps or stones were seen. The bladder contained a lot of debris, and its mucosa appeared normal. The foreign body, a

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mobile phone charger cable (Figure 3), was cystoscopically removed from the patient's bladder using a grasp. The surgical procedure was finalized by fully fixing the patient's direction and delivering her to the recovery room. She was discharged after being able to pass the urine normally.

The written informed consent was obtained from the patient. She was adequately informed about the purpose of this study, and she was also assured that her information and her anonymity would remain confidential.



Figure 1. Pelvic X-ray showing coiled up radiopaque wire in urinary bladder



Figure 2. Pelvic spiral CT scan showing coiled up radiopaque wire in urinary bladder

Discussion

Foreign bodies in the lower urinary tract represent a relatively unusual condition, and the bladder is one of the most common organs in the urinary tract where the presence of a foreign body has been reported (3). The symptoms of a foreign body in the bladder include urinary frequency, urgency, and retention, decreased urine volume, painful erection, enuresis, hematuria, dysuria, and pain in the urethra and pelvis (4,5).

Various reasons for the occurrence of foreign bodies in the pelvis have been mentioned, including iatrogenic causes (such as the surgical staples, encrusted sutures, sponges, swabs, catheter, intra uterine contraceptive devices, or surgical gauze) (6), eroticism (masturbation or sexual gratification) (7), sexual abuse (2), penetrating trauma (8) (such as bullets, bullet casings or pieces of patient clothing) (9), migration from neighboring organs (5) curiosity in children (10), and mental disorders (such as schizophrenia and borderline personality disorder) (11).

The existence of almost anything found in the human environment has been reported as a foreign body (6). This spectrum varies from pencils, pens, pins and needles and swabs (12), tampons, paper clips (13), thermometers (14) to edible grains such as beans (15) and telephone cords (16).

The anatomy of female urethra facilitates the entry of foreign objects in terms of its short length and absence of twisting or obstruction of the prostate, as it is in the case with males (17).

According to the literature, masturbation and mental disorders can be considered the main reasons for a self-inflicted foreign body in females (18). The presence of foreign bodies in the patient's bladder can be due to migration from nearby organs. The root cause may be either iatrogenic or accidentally after treating discharge disorders such as catheterization or endoscopic treatment (10).

In an exceptional study in 1915 by De Tarnowsky (19), it has been reported that a patient colleague pushed solid tar into his urinary tract.

After the clinical examination, psychiatric counseling was strongly recommended. During the counseling, mental retardation and autoerotic reasons were rejected, and as the patient had no particular psychiatric, medical history and previous drug addiction; psychiatric counseling to examine other mental disorders such as depression, bipolar disorder, schizophrenia, and borderline personality disorder as well as sexual abuse were suggested. In line with the above-mentioned recommendations, a physical examination for the virginity test was also requested.

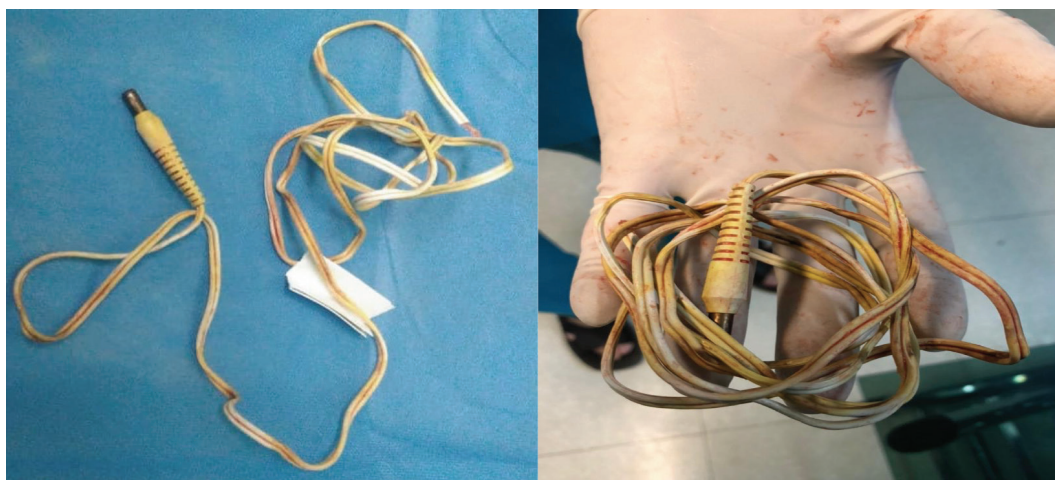


Figure 3. Retrieved mobile phone charger cable from the urinary bladder

Ethics

Informed Consent: The written informed consent was obtained from the patient.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: F.P., N.H., T.N., A.A., R.M., Concept: F.P., N.H., T.N., A.A., R.M., Design: F.P., N.H., T.N., A.A., R.M., Data Collection or Processing: F.P., N.H., T.N., A.A., R.M., Analysis or Interpretation: F.P., N.H., T.N., A.A., R.M., Literature Search: F.P., N.H., T.N., A.A., R.M., Writing: F.P., N.H., T.N., A.A., R.M.

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