

## Earphone in urinary bladder- A rare entity for sexual gratification

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### ABSTRACT

The incidence of foreign body insertion in urethra was rare, but there has been a gradual increment in such cases nowadays.. The most common cause is to get sexual gratification. The management of these cases is individualized according to size, type, and location. Here we present a unique case report of earphone in the urinary bladder. A 17-year old male was admitted to the hospital with earphone inserted in his urinary bladder. The boy was operated for the removal of the broken end of the earphone. Such cases are common and needs proper attention and care which should be coupled with psychiatric consultation.

**Keywords:** *Autoerotism, Cystoscopy, Foreign body, Psychiatric workup.*

The introduction of foreign bodies (FB) in the urethra is becoming common nowadays. The purpose of inserting foreign bodies is autoerotic, psychiatric, therapeutic, or no definite reasons by the patient [1]. A variety of foreign bodies are inserted for the above mentioned reasons. These include objects such as small metal rods, earphones, fish hooks, hairpins, wires, etc. Here, we report a case of an adolescent boy who was admitted having earphone inserted into the urinary bladder.

### CASE REPORT

A 17 year old male came in an outdoor clinic with complaints of suprapubic pain, intermittent hematuria, and dysuria since 15 days. The patient gave a history of insertion of earphones in the urethra and part of earphone remaining in the bladder. On examination, the vitals of the patient were stable and his external urethral meatus was normal. Urinalysis showed 4-5 RBCs per hpf. Xray of the kidney and urinary bladder (KUB) showed the broken end of earphone in the suprapubic region (Fig. 1). Ultrasonography confirmed the presence of FB in the urinary bladder.

Cystoscopy was done with 21 Fr cystoscope and the presence of a broken end of earphone was confirmed. The anterior and posterior urethra was normal. The broken end of earphone was removed using forceps under local anesthesia. (Fig. 2) It was the metallic end of the earphone along with around 3 cm of wire which was coiled. Post operatively, an 18 Fr per urethral catheter was placed and removed 7 days after surgery. Post operative period was uneventful and psychiatric workup has been done. The patient is being in regular follow-up and have no complications.

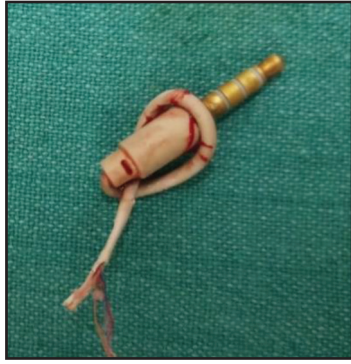
### DISCUSSION

There are various cases reported of FB inserted into the urethra, [2] but this is a very unusual case, where earphone has been inserted into the urethra and it has gone into the bladder. These types of cases usually occur in patients with some psychological disturbances, so psychiatric work up is absolutely necessary for these patients. The most common motive for FB insertion in the lower urinary tract is sexual or erotic in nature, such as masturbation or other forms of sexual variation or gratification [3,4]. Other causes of foreign body in urinary bladder are iatrogenic or traumatic.

Usually, in such cases, there is male preponderance which may be due to the use of foreign bodies as a masturbatory aid [5]. The cause for retrograde movement of the foreign body to the bladder is an involuntary contraction of perineal muscles. Usually, patients remain asymptomatic for a long time and they don't come to hospital due to fear of social insult. Majority of patients often delay asking for treatment because of guilt, social stigma,



Figure 1 : Xray showing foreign body in pelvis



**Figure 2 : Foreign body after removal**

and humiliation. Urethral self-insertion of foreign bodies may be complicated when the inserted object migrates to the proximal urethra or bladder and cannot be retrieved [4]. Later they present with lower urinary tract symptoms, hematuria or supra pubic pain [6]. Sometimes, there may be perforation of the urinary bladder, leading to peritonitis and injury to other intraperitoneal organs as well as endotoxic shock, especially during the process of extraction [7].

The FB can only be diagnosed on imaging such as X-ray and ultrasonography. An Xray of the pelvis and computed tomography of abdomen/pelvis can be useful in defining the exact location, orientation and relationship with surrounding viscera [8]. Management of these cases involves proper evaluation and removal according to the position of the FB. Generally, if a FB is found distal to the urogenital diaphragm in the urethra, cystoscopic removal is the first choice. If FB is bigger to be removed by cystoscopy, then open suprapubic route can be used for its removal. .

Rarely, more invasive FB extraction procedures are required – external urethrotomy (for pendulous urethral foreign bodies), suprapubic cystostomy (for posterior urethral foreign bodies), or meatotomy [9,10]. Broad-spectrum antibiotics such as third-generation cephalosporins and an aminoglycoside have to be given to the patient. The most common complication in cystoscopic removal is an injury to the urethra, but the advantage in cystoscopic removal is minimal postoperative complication, minimal hospital stay, and minimally invasive technique. Late

complications include stricture, fistula, and incontinence. So, proper follow up should be present after surgery.

## CONCLUSION

Foreign body in the urinary tract is common nowadays. These cases should be evaluated properly with history, clinical examination and radiological examination. The removal of these foreign bodies should be planned s according to location, type and size of foreign body. Proper follow up after surgery should be done and psychiatric evaluation of patients are vital to reduce the incidence of such cases.

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