

Paddy Grain In Urinary Bladder- A Rare Entity

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Abstract: Introduction of intravesical foreign body through urethra is a rare but a serious urologic emergency in paediatric population. The most common motive being sexual gratification, psychiatric co morbidities, iatrogenic or simply curiosity. The urologic consequences can be significant and implications can be disastrous until death from sepsis. Here we outline a case of self insertion of paddy grain by 5 years old boy which was removed successfully.

Keywords: Urinary bladder, foreign body, urethra, cystoscopy

INTRODUCTION:

Intravesical foreign body are an important consideration in the differential diagnosis of lower urinary tract problems. Mostly they are self introduced but sometimes they may migrate from surrounding organs or get installed during penetrating injury. The variety of foreign body inserted into the bladder defies imagination & includes varied objects as pins, wires, ball point pens. The reasons for introduction of objects into the urinary tract could be psychiatric, accidental, sexual stimulation, curiosity especially among children, or therapeutic in cases of stricture. However child abuse should always be considered. Self insertion of foreign body into the urethra in children has been rather uncommon reported in the literature. It is more prevalent among the boys [1]. Generally, they are firstly observed at the start of puberty [2]. Prepubertal children usually have introduced objects out of normal childhood curiosity. Patients thereafter usually feel embarrassed and tend to avoid seeking immediate medical help. Urethro vesical foreign bodies rarely present in a clinic circumstances, rather, there are often suspicious stories of trauma or urinary complaints. Foreign bodies mostly become apparent as urinary tract infection resistant to antibiotic, dysuria, pollakiuria, hematuria, lower abdominal pain or may remain asymptomatic for long period to be discovered accidentally. In this case report we present a 5 year old boy with acute urinary retention in where after diagnostic procedures and cystoscopy, a paddy grain was found which had been self inserted.

CASE REPORT:

A-five-years- old boy referred from peripheral hospital to our department with chief complaints of

acute urinary retention. In the local hospital he was provided temporary relief from urinary retention by insertion of 8 Fr.Foley's Catheter. There was no history of hematuria. Physical examination revealed a normally built afebrile child. Abdominal examination revealed normal findings except slight suprapubic tenderness. Blood urea & creatinine levels were normal. Urine analysis revealed microscopic hematuria & pyuria but complete blood count and electrolytes profile was normal. Plain X ray of lower abdomen and pelvis was normal. Abdominal ultrasonography showed normal kidneys and 8 mm echogenic material without any posterior acoustic shadows with catheter bulb in situ. On repeated questioning he finally admitted that he had inserted a paddy grain through the meatus out of curiosity but could not remove it.

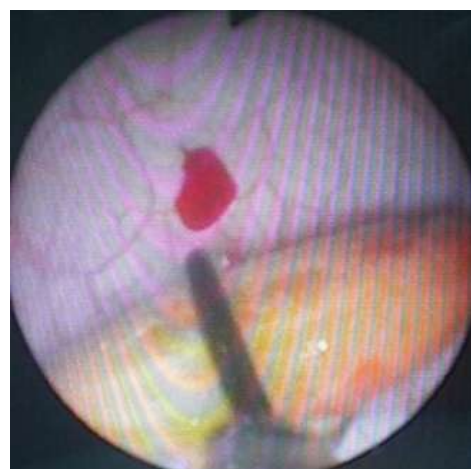


Fig.1: Paddy grain held with tripping forceps within urinary bladder.

For removal of the grain we arranged for cystoscopy under general anaesthesia which confirmed the diagnosis (Fig-1) and localised the site of the grain. Finally with tripong forceps the grain was removed in toto (Fig-2). Patient was discharged on next day. He was sent to the child guidance clinic for assessment of psychological evaluation which didn't reveal any abnormality.



Fig.2: Paddy grain removed from the urinary bladder.

DISCUSSION:

Human mind is apparently let alone creative. Foreign body in lower urinary tract but may appear as a topic of joke in urology & other disciplines of surgery but they may present as an emergency or could be discovered accidentally. The child introduces the foreign body through the urethra and when they lose the tip of the object they compress the glans and foreign body migrates superiorly towards the urinary bladder. The presentation is myriad including urinary tract infections, supra pubic pain, urinary retention or even nephritis. Occasionally it may present with no symptoms or complaints of minimal discomfort [3]. It often poses challenge to the surgeons and a high index suspicion is required for its diagnosis. Proper sexual history, previous surgical history involving bladder or genitalia or rectal examination may be relevant. Delay may lead to calcification or even bladder rupture.

In paediatric population self inserted foreign body in urethral meatus is mostly due to sexual misadventure or simply curiosity which patient often deliberately ignores during history taking to avoid awkward situation thus posing diagnostic dilemma to the surgeons.

Radiographic studies play cornerstone in early diagnosis and prompt management of such conditions. Radioopaque intravesical foreign body can be detected on KUB radiography. Intravenous urography or retrograde urethrography may provide additional

information about radiolucent organs. Presence of intravesical foreign body can be confirmed by cystoscopy. In addition it also identifies the type and location of the foreign body as well as it is the most adequate method for treatment[4]. In our case USG clinched to the diagnosis which was further confirmed by cystoscopy.

FB in the urethra can be above or below the urogenital diaphragm. Those placed below the urogenital diaphragm are palpable and can be easily removed endoscopically. Radiography with or without contrast may be required for diagnosis and treatment of objects placed above the urogenital diaphragm [5]. Some authors have advised cystourethroscopy after the removal of foreign body in all the cases to assess mucosal tears, bleeding and presence of additional foreign bodies [6]. Initial management of patient should consist of providing of pain relief and to control irritating voiding symptoms. Antibiotic may be required for control of UTI. Definite management of intravesical foreign body is aimed at providing complete removal of foreign body with minimal complications. Definite management consists of removal of the foreign body either endoscopically or open method. For removal of foreign body it is preferable to be minimally invasive. The limited size of child's urethra precludes endoscopic extraction. For intravesical foreign body that cannot be safely extracted transurethrally suprapubic cystotomy or percutaneous removal may be considered. Psychometric evaluation is advised in all cases of self introduction of foreign body into the urethra [7].

CONCLUSION:

Introduction of foreign body into the bladder may be through self insertion, iatrogenic or migration from adjacent organ. Extraction should be done according to the nature of foreign body. Possibility of an intravesical foreign body should be considered in any patient with unexplained lower urinary tract symptom.

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