CASE REPORT

Forensic implications in self-insertion of urethral foreign bodies

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A 54-year-old Caucasian male presented to our emergency department because he had self inserted a transparent plastic and flexible tube into the urethral meatus, during erotic games. A plain pelvic x-ray film and an abdominal ultrasound were executed to determine the size, shape, orientation and location of the foreign body, and any eventually associated visceral injuries or complications. As results, a long tube of about 50 cm was described entering the urethra and reaching the bladder cavity in which the tube was folded and wrapped, in absence of any visceral complication. The patient underwent an urgent urethrocystoscopy resulting in the retrieval of both the two recognized foreign bodies by an endoscopic basket extraction. To complete the therapeutic approach, we focused also on the possible psychiatric implications of the self insertion of a foreign body into the urethra, and the initial evaluation reached the diagnosis of depression. The self introduction of a foreign body into the urinary tract represents an index of potentially harmful "self-destructive" behaviors. If the self destructive and/or suicidal ideations are not recognized in the clinical setting and the patient subsequently self inflicts an injury or commits suicide, the urologist may face legal problems related to the lack of diagnosis and treatment, potentially interpretable as a medical error, and thus as a reckless conduct.

Key Words: foreign body, urethral, self insertion, psychiatry, urology

Case report

A 54-year-old Caucasian male presented to our emergency department because in the last 2 days, after erotic games not otherwise specified, he experienced the onset of incremental low urinary tract symptoms such as dysuria, frequency, and penile pain. On physical examination a partly transparent plastic and flexible tube of 0.5 cm in diameter surrounded by scant blood was observed coming out from the urethral meatus, Figure 1a. On subsequent questioning the patient related that he had self inserted the tube into the penile meatus in order to get more satisfaction from masturbation. He had an unremarkable previous medical and surgical history, did not take any medications or drugs, and referred to be married and regularly employed as a clerk in a public office.

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As first line imaging, a plain pelvic x-ray film and an abdominal ultrasound were executed revealing a radiolucent long tube of about 50 cm entering the urethra and reaching the bladder cavity in which the tube was folded and wrapped.

The patient underwent an urgent urethrocystoscopy resulting in the retrieval of the two recognized foreign bodies by an endoscopic basket extraction, Figure 1b, 1c. Contextually to the therapeutic procedure a direct evaluation of the urethral and vesical mucosae was performed, excluding any major urethral or bladder injuries deriving from the self insertion or the endoscopic extraction of the foreign body. A urethral catheter was placed into the bladder for 1 week, with the prescription of broad spectrum antibiotics.

To complete the therapeutic approach, we focused also on the possible psychiatric implications of the self insertion of a foreign body into the urethra, and the initial evaluation reached the diagnosis of depression. Therefore, the patient was persuaded to initiate a therapeutic treatment with antidepressants and periodical follow up visits by an office psychiatric counseling.

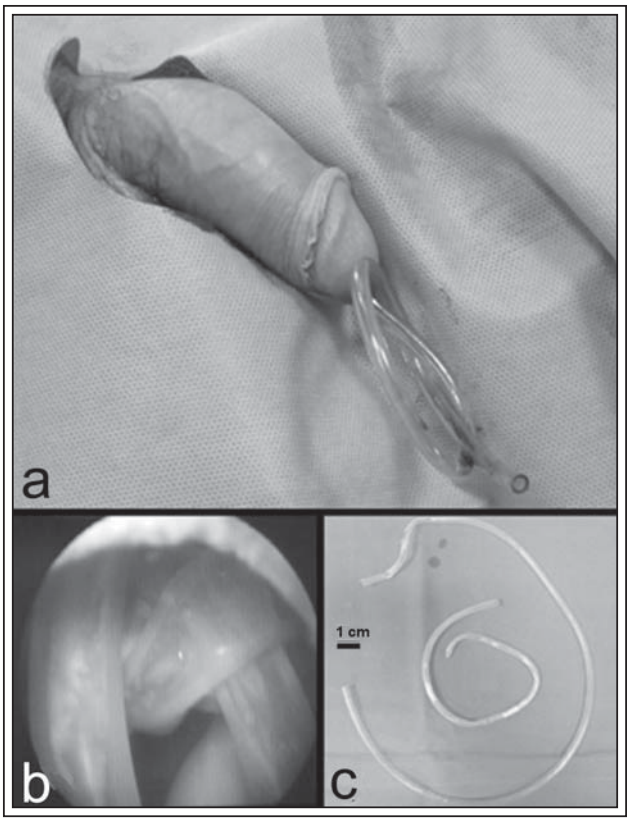

Figure 1. a) Note the plastic and flexible tube coming out from urethral meatus. **b)** Cystoscopy: the tube was folded and wrapped into the bladder. **c)** The extracted foreign body.

Discussion

Cases of foreign bodies in the genitourinary tract still remain of actual interest, and the knowledge of their management, possible complications, indirect or indirect forensic implications is fundamental for daily practice. In literature, it was never been reported the introduction of a foreign body of such a comparable length.[1]

Radiological assessment

The aim of basic radiological evaluation is to determine the size, shape, orientation and location of the foreign body, and any eventually associated visceral injuries or complications. Indeed, despite an initial introduction of the foreign body within the distal urethra, subsequent attempts to self retrieve it can lead to a further migration of the object into the proximal urethra or even into the bladder. This movement can cause early complications, such as mucosal tears, extraurethral extrusion, infections, urinary retention, gross hematuria, gangrene and septicemia or pelvic visceral lesions. About the late complications, abscess, extravasation, diverticuli, perforation, fistula, urethral strictures, priapism and stone formation are described.[2]

The aggressiveness of the approach depends on the clinical history, the reported symptoms and the general condition. A plain pelvic x-ray film and an abdominal ultrasound are generally adequate for a preliminary study of the patient. The advent of ultrasonography made the use of retrograde cystography of second choice, as radiolucent objects can be easily visualized by ultrasounds. Whenever visceral injuries, complex urethral lesions or the presence of deep multiple foreign bodies are suspected, a computed tomography (CT) scan is mandatory.[2]

Therapeutic approach

The choice of the most effective extraction procedure mainly depends on the size, shape, orientation and location of the foreign body, as well as on eventually associated visceral injuries or complications. In the majority of cases, endoscopic retrieval is the preferred procedure, but also the use of suprapubic epicystostomy placing, laparoscopic techniques, open surgery and surgical urethrotomy have been described.[2]

A comprehensive approach cannot be disjointed from a psychiatric evaluation. Typical psychoanalytical features predisposing to the self insertion of foreign bodies into the urinary tract have been described in the literature. These conditions are usually erotic impulses, mental illnesses, sexual curiosities or borderline personality disorders. In our experience, the patient was diagnosed to be affected by depression, and thence started a specific psychiatric treatment.

Indeed, the self introduction of a foreign body into the urinary tract represents an index of potentially harmful "self-destructive" behaviors, and indicates that the patient may express his depression in more unsafe forms. In such cases, if the self destructive and/or suicidal ideations are not recognized in the clinical setting and the patient subsequently self inflicts an injury or commits suicide, the urologist may face legal problems related to the lack of diagnosis and treatment, potentially interpretable as a medical error, and thus as a reckless conduct. □

References

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