



Pediatrics

Case report: Removal of a big sewing needle from a boy's urethra from the skin for the first time

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ABSTRACT

Self-insertion of foreign bodies into the urethra is uncommon urologic emergency which is rarely reported in children. Based on the size and the location of the foreign body, different methods have been introduced for its removal. We removed a big sewing needle from the urethra through the skin without any complication for the first time.

Introduction

Different methods have been used for removing urethral foreign body based on the size and the site of the foreign body.¹ The most common method for distal urethral foreign body removal is manual extraction by milking through meatus.² Also using a rigid or flexible cystoscope and removing the foreign body via the urethra with a grasper has been introduced.³ Aforementioned methods are useful when the proximal end of foreign body is in the urethra, otherwise external urethrotomy⁴ should be used, that this method will increase the risk of urethral injury.

We removed a big needle from the urethra of a 10 y/o boy through the skin without urethrotomy manually for the first time without complication in 6 months follow-up.

Case report

A 10y/o boy, 3 hours after self-insertion of a large sewing needle in his urethra was admitted to the urology department. He had no history of mental and psychiatry disorder. He voided one time normally and needle didn't exit. In physical examination proximal end of needle touched in the mid shaft of penile urethra and the distal end in proximal bulbar urethra. Pelvic X-ray image, performed and a big sewing needle with 87 mm length was seen (Fig. 1).

X-ray image and physical examination revealed that the proximal end of needle penetrate the corpus spongiosum and it seems that any try for removing the needle through urethra increased the risk of urethral injury, so after local anesthesia, in lithotomy position, with pushing blunt end of needle by index finger, the tip of the needle was appeared

under the skin and removed with a very little incision that didn't need to repair skin. Foley catheter fixed for 5 days, and cefixime used for one week. Consulting with pediatric psychiatric before discharge was done and child abuse, and psychiatric disorders ruled out. At 6 months follow-up patient had normal voiding without any complication.

Discussion

Self-insertion of foreign bodies into the urethra is part of some disorders referred to as polyembolokoilamania in which patients' inserts foreign bodies into body orifices for diverse reasons which may be psychopathological or for other reasons include urological procedures, self-stimulation, erection enhancement, attention, curiosity and contraception.⁵ Many methods have been used for foreign body removal including manual extraction, endoscopic retrieval, open cystotomy, and voiding to expel the foreign body and the most common method of removing a foreign body in the distal urethra is manual extraction using external pressure into the urethra by milking and endoscopic methods have been used for extraction of foreign body in the proximal urethra. Endoscopic methods are useful when proximal tip of foreign body is accessible through urethra otherwise it increased risk of urethral injury.

In some cases, that foreign body penetrated urethral wall like our case, external urethrotomy was used with good success rate but many complications such as infection, urethral false passage, laceration and stricture were reported.

In our case because the foreign body penetrated the urethral wall and also was low caliber, we decided to remove it manually from skin without urethrotomy, which was successful and had no complication.

In conclusion; urologist can consider this method for removal of low

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Fig. 1. X-ray image of the kidney, ureter, and bladder. The needle was in reverse position, with the needle hole at the top.

caliber urethral foreign body because it is easy and safe method and can be done with local anesthesia.

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