# LONG ELECTRIC WIRE IN URETHRA –AN UNUSUAL PARAPHILIA. CASE REPORT

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***LONG ELECTRIC WIRE IN URETHRA – AN UNUSUAL PARAPHILIA (ABSTRACT):*** Introduction:- Insertion of foreign body in urethra as a paraphilia is fraught with complications. Our objective was to highlight a case of long wire insertion in urethra and bladder along with its management and literature review to make emergency surgeons more aware of this type of cases. *Case report:* A 60 cm long wire introduced per urethra for sexual gratification got stuck inside and caused heamturia and pain. It was removed by open cystoscomy after cystoscopic removal failed. Patient also reqired psychiatric help with antidepressant to prevent any further similar episodes. *Conclusions* urethral foreign body insertion as paraphilia can cause major complications and emergency surgeons need to be aware of the problem and its management.

KEY WORDS: URETHRAL FOREIGN BODY, URINARY BLADDER, PARAPHILIA.

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## INTRODUCTION

The variety of foreign bodies inserted into or externally attached to the genitourinary tract defies imagination and includes all types of objects [1,2]. The most common motive is sexual or erotic in nature and is frequently associated with mental health disorders or drug intoxication [2].

Most self-inflicted foreign bodies of the urethra and bladder can be removed endoscopically [2,3]. The primary goal is extraction of the foreign body using minimally invasive techniques and preservation of urinary voiding and erectile functions. However, in some cases open surgery becomes necessary. We present a rare case where an electric wire inserted into the urethra could not be extracted per urethra due to a knot in the bladder, thereby requiring suprapubic cystostomy.

## CASE REPORT

A twenty-five year old male goldsmith presented in the emergency department with a history of bleeding and pain in the urethra and suprapubic region for a few hours following insertion of an electrical wire in his urethra.

He was also unable to control micturation. The malleable wire, almost 60 centimeter long and five millimeter in diameter was introduced for sexual gratification.

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However, later when he tried to remove it there was pain, bleeding from the urethra followed by incontinence. The wire could not be removed. The patient was not married and his socioeconomic status was of lower middle class. It was the first time he had ever self-inflicted a foreign body in his urethra and he had no history of drug addiction or psychiatric illness.

Examination revealed an electrical wire with one end protruding about eight cm out of the penis (Fig 1). The patient was dribbling urine. Abdomen was soft and elastic. Suprapubic swelling suggestive of distention of the urinary bladder was absent and there was mild suprapubic tenderness. There was no injury in the ano-scrotal region. During rectal and perineal region examination, the wire was palpable. Other physical examinations were normal.

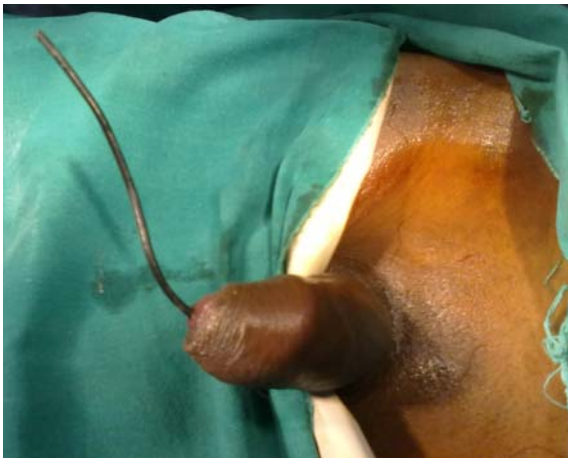

**Fig. 1** *Electrical wire protruding out of the penis*.

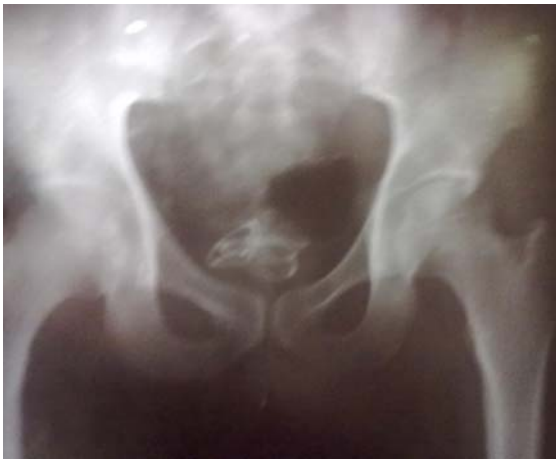

**Fig. 2** *X-ray showing coiled wire in the bladder.*

Initial attempts in the emergency department to remove the foreign body failed. A plain X-ray of the abdomen including pelvic region was advised anticipating surgical intervention which revealed a radio-opaque, smooth and coiled wire in the urethra and urinary bladder (Fig. 2).

Cystoscopic removal was unsuccessful as the protruded wire obstructed the pathway and suprapubic cystostomy had to be done (Fig. 3). The foreign body was removed intact followed by urethral catheterization (Fig. 4). Haematuria subsided within two days. The patient was discharged on the 7-th postoperative day and the urethral catheter was removed after two weeks. He was on intravenous antibiotics for five days and on oral regimen for another ten days.

Post operative recovery was uneventful. The patient reported no voiding problems or erectile dysfunction in further follow-up. No urethral stricture was seen by the urethrogram performed in the follow-up.

After discharge he was advised psychiatric consultation where he was diagnosed with depression and anxiety disorder for which he is receiving medication.

## DISCUSSION

A large number of self-inflicted foreign bodies in the urethra and urinary bladder have been reported by various studies, which include needle, pencil, wire, rubber tube, snakes, fish, cucumber, glue and cocaine [1-5]. It was reported that almost 100% of cases in males and 85% of those in females inserted objects for masturbation or sexual gratification [2,6]. Mental illness, drug intoxication or as an aid to voiding may also be the reasons [1,2]. In the majority of cases, the patient feels guilty and humiliated [1,2], therefore do not seek early medical help. In our case, the patient was regretting his action.

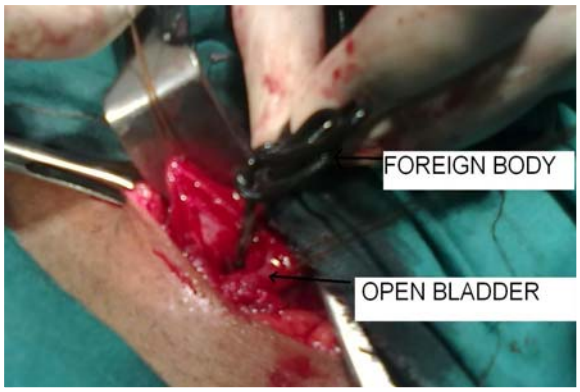


**Fig. 3** *Cystostomy with coiled wire inside.*

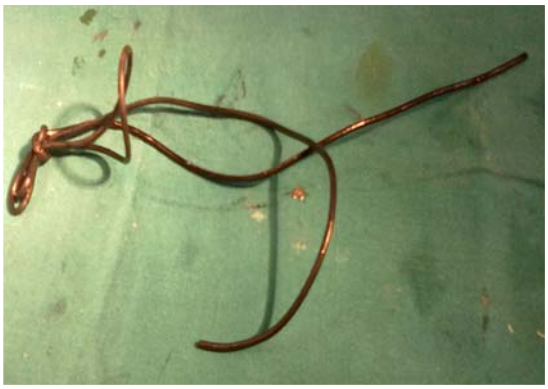

**Fig. 4** *Foreign body after removal.*

A few interesting psychoanalytic theories have been postulated. Kenney's theory states that the initiating event is the coincidentally discovered pleasurable sexual gratification obtained by urethral stimulation, followed by repetition of this action, driven by a particular psychological predisposition [2,7]. Urethral manipulations may be considered as a paraphilia combining sadomasochistic and fetishistic elements. It shows a regression to a urethral stage of erotism due to a traumatic event or a strong libidinal drive [2,8]. The necessity for psychiatric evaluation is controversial as many of these patients are normal, though some authors believe that such kind of acts are associated with impulsive behavior that may aggravate to suicide [1,2]. In our case, a psychological evaluation was performed revealing signs of depression and impulsive behavior. Patient was put on antidepressant.

Clinical presentation may vary from asymptomatic to microscopic or gross hematuria, acute urinary retention, urethral discharge, and fevers [1,2]. The long term complications include stricture, diverticulum and erectile dysfunction, none of which were present in this patient on six month follow up visit. Furthermore, because recurrence can be expected, it should be emphasized that it is the insertion of the foreign body, not its retrieval that is the primary risk factor for stricture disease. Plain pelvic radiographic imaging is usually sufficient to locate and identify these objects, CT or ultrasonography is useful as the next step.

Depending on the type of foreign body, its location and mobility, various methods of removal have been described. In this case due to the knot of electric wire in the bladder, pulling by holding distal end was not possible for removal of wire.

Endoscopic removal is the standard but was futile for this patient as the wire obstructed the pathway. Majority of the mobile objects inside the urethra can be removed utilizing forceps and snares, balloon-wires, and stone-retrieving baskets.

Nephroscopes, and magnetic retrievers for galvanic objects have been used [2]. The YAG laser has also been used lately [5]. In few cases as in this one, where endoscopic procedures are unsuccessful, open surgery such as external urethrotomy or suprapubic cystostomy is recommended [9].

## CONCLUSION

Urethral foreign body insertion as paraphilia can cause major complications and emergency surgeons need to be aware of the problem and its management. If cystoscopic removals fail then open procedure like cystostomy may be required. Psychiatric evaluation of the patient is important.

**REFERENCES**

1. Rahman NU, Elliott SP, McAninch JW. Self-inflicted male urethral foreign body insertion: endoscopic management and complications. *BJU Int* 2004; 94(7): 1051-1053.
2. Van Ophoven A, DeKernion JB. Clinical management of foreign bodies of the genitourinary tract. *J Urol* 2000; 164(2): 274-287.
3. Sukkarieh T, Smaldone M, Shah B. Multiple foreign bodies in the anterior and posterior urethra. *Int Braz J Urol* 2004; 30(3): 219-220.
4. Gonzalgo ML, Chan DY. Endoscopic basket extraction of a urethral foreign body. *Urology* 2003; 62(2): 352.
5. Wyatt J, Hammontree LN. Use of holmium YAG laser to facilitate removal of intravesical foreign bodies. *J Endourol* 2006; 20: 672-674.
6. Campbell RJ. *Psychiatric Dictionary* 5th ed. New York, Oxford University Press, 1981.
7. Kenney RD. Adolescent males who insert genitourinary foreign bodies: is psychiatric referral required? *Urology* 1988; 32(2): 127-129.
8. Wise TN. Urethral manipulation: an unusual paraphilia. *J Sex Marital Ther* 1982; 8(3): 222-227.
9. Lee JD, Jeng SY, Hsieh DS. Self-introduction of unusual foreign body into the urethra: a case report. *Zhonghua Yi Xue Za Zhi* 1995; 56(6): 440-442.