

CASE REPORT

SUICIDAL INTRODUCTION OF A DARNING NEEDLE IN URETHRA OF A MALE CHILD: A CASE REPORT

Prasenjit Bhattacharya¹, Himadri Sekhar Kar², Amalesh Barman³, Sudipta Chatterjee⁴, Anil Kumar Saha⁵

HOW TO CITE THIS ARTICLE:

Prasenjit Bhattacharya, Himadri Sekhar Kar, Amalesh Barman, Sudipta Chatterjee, Anil Kumar Saha. "Suicidal Introduction of a Darning Needle in Urethra of a Male Child: A Case Report". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 06, February 10; Page: 1542-1545, DOI: 10.14260/jemds/2014/2021

ABSTRACT: Foreign bodies of varied nature have been introduced into the urethra for autoerotic, psychiatric or therapeutic purposes found mostly in the adults. But in children self introduction of foreign body for suicidal purpose is extremely rare. We report a case of a long (eight cm.) darning needle impacted in the urethra of a 12 year old male patient in an attempt of suicide. As we work in a rural institution where endoscopic facility was unavailable and patient party was unable to move to a centre with endoscopic facility, the needle had to be removed via open surgery in an emergency basis. Follow-up was uneventful.

KEYWORDS: Darning needle, suicidal, male child, urethra.

KEYMESSAGES: Urethral foreign body insertion can cause major complications and emergency surgeons need to be aware of the problem and its management. If cystoscopic removal fails or facility is not available then open procedure may be required. Psychiatric evaluation of the patient is important.

INTRODUCTION: Self introduction of the foreign body (FB) into the urethra and bladder in children has been rarely reported in the literature¹. FBs were inserted or applied to the urethra for autoerotic, psychiatric, therapeutic purposes, or no definite reasons by the patient in 16 reported cases². Majority of such cases are adult men. There is a reported case of self introduction of darning needle in urethra in an adult male for autoerotic purpose³.

A case of self introduction of a darning needle in urethra of a 12 year old boy for suicidal purpose is not previously reported and hence exclusive.

CASE HISTORY: A 12 year old boy presented in the emergency department with pain, bleeding per urethra with normal passage of urine. The patient gave H/O self introduction of a needle into his urethra for suicidal purpose out of despair and frustration as he suffered from insecurity after his only caretaker, his grandfather had fallen sick. O/E a hard, long, slender FB was palpable at the perineum. On plain x-ray pelvis (AP) showed a long radio opaque FB in the urethral region (Fig no.1). In our emergency operative set up, cystoscope was not available and the patient party was unable to move to a higher centre where cystoscopic facility was available. So we decided for an open approach. Patient was put in lithotomy position under general anesthesia. A 2.5cm midline vertical incision was made in the perineal region over the FB, urethra exposed, incised in a vertical incision, the needle found and extracted (Fig no.2.1 & 2.2), a 14Fr Foley's catheter introduced, urethra closed with 4-0 polyglactin interrupted sutures. That FB was a darning needle and measured eight cm (Fig no. 3). Postoperatively, recovery was uneventful. Urine culture was sterile. Catheter kept for three weeks,

CASE REPORT

then removed. During that period patient was on antibiotics. After catheter removal, he was passing urine normally. On follow up of six month duration, patient was doing well.

DISCUSSION: FBs in the lower urinary tract may result from self-insertion, migration from adjacent sites, which may be iatrogenic or traumatic. 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 stricture⁴. Self-introduction before puberty is rare and that also for suicidal purpose is very rare⁵. The types of FBs include plastic caps, hooked wire, paper clips, and so forth. Multiple urethral FBs also have been described.⁴ Patients usually present with dysuria. Other presenting complaints include difficulty in voiding, hematuria, pain, swelling of genitalia, extravasations of urine, abscess formation, and purulent discharge.^{5, 6}

Evaluation of the patient focuses on ascertaining detailed information about the FB—particularly composition, size, and shape. A plain abdominal X-ray followed by cystoscopy usually suffices for the diagnosis of the presence and the location of the FB. Most urethral FBs are visible on the plain radiographs. Ultrasound has also been employed.⁷ In some cases for the diagnosis, it is also required to have a computed tomography.⁸ Occasionally, cystourethrography is needed. Definitive treatment is removal of FB which is usually performed via cystoscopy but may require open surgery.⁶ Even in infancy it is possible to extract FBs by transurethral approach. Nephroscopes and magnetic retrievers for galvanic objects have been used.⁹

The YAG laser has also been used lately.¹⁰ Open exploration is the most invasive but also the most successful technique in the form of external urethrotomy or suprapubic cystostomy.¹¹ Septic and mechanical complications including urinary tract infection, urethral perforation, calcification, bleeding, sepsis, and outflow obstruction may occur due to the urethral FBs¹². If treatment is delayed, a chronic condition develops such as urinary retention, squamous cell carcinoma, urethral stenosis, calcification of FB, and migration of FB and stone formation¹³. Psychiatric evaluation has been advised in all cases of self introduction of FB.

REFERENCES:

1. Moskalenko VZ, Litovka VK, Zhurilo IP, Mal'tsev VN, Latyshev KV. Foreign body of bladder in children. *Klinicheskaya Khirurgiya* 2002; No. 4:43–45.
2. Singla SL, Parshad S, Jindal O, Sharma S. Darning Needle Impacted in the Male Urethra. *African Journal of Urology* 2009; 15(2):114-116.
3. Ophoven van A, DeKernion JB. Clinical management of foreign bodies of the genitourinary tract. *Journal of Urology* 2000; 164(2):274–287.
4. Sukkarieh T, Smaldone M, Shah B. Multiple foreign bodies in the anterior and posterior urethra. *International Brazilian Journal of Urology* 2004; 30(3):219–220.
5. Rajesh L, Kader A, V. B. B. Unusual foreign body in the male urethra. *Indian Pediatrics* 2000; 37(4): 450–452.
6. Rafique M. Case report: an unusual intravesical foreign body: cause of recurrent urinary tract infections. *International Urology and Nephrology* 2002; 34(2):205–206.
7. Barzilai M, Cohen I, Stein A. Sonographic detection of a foreign body in the urethra and urinary bladder. *Urologia Internationalis* 2000; 64(3):178–180.

CASE REPORT

8. Rahman UN, Elliott SP, McAninch JW. Self-inflicted male urethral foreign body insertion: endoscopic management and complications. *British Journal of Urology International* 2004; 94(7):1051–1053.
9. Bulow H. Juvenile urologic foreign body extraction. *Fortschritte derMedizin* 1980; 98(18):687–689.
10. Wyatt J, Hammontree LN. Use of holmium YAG laser to facilitate removal of intravesical foreign bodies. *J Endourol* 2006; 20:672-674.
11. Lee JD, Jeng SY, Hsieh DS. Self-introduction of unusual foreign body into the urethra: a case report. *Zhonghua Yi XueZaZhi* 1995; 56(6):440-442.
12. Sivaloganathan S. Catheteroticum: Fatal late complication following autoerotic practice. *American Journal of Forensic Medicine and Pathology* 1985; 6(4):340–342.
13. Wyman A, Kinder RB. Squamous cell carcinoma of the bladder associated with intrapelvic foreign bodies. *British Journal of Urology*. 1988; 61(5):460,



Fig. No. 1: Pre-operative X-ray of the pelvis (AP View) showing radio-opaque shadow of the needle in the urethra



Fig. No. 2: Intra-operatively during extraction of needle from the urethra through an open approach

CASE REPORT

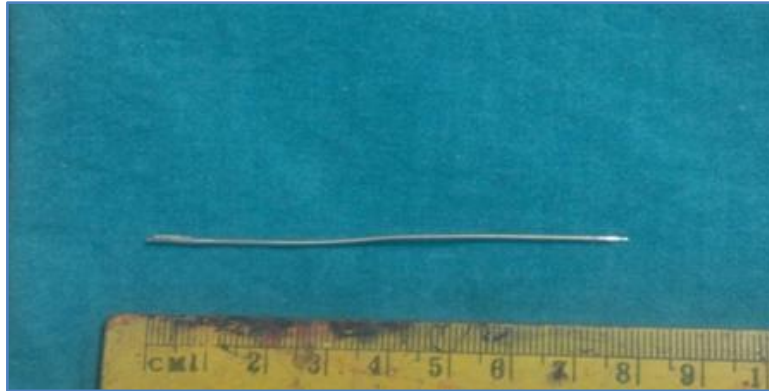


Fig. No. 2: Post operatively, extracted needle with its measurement

AUTHORS:

1. Prasenjit Bhattacharya
2. Himadri Sekhar Kar
3. Amalesh Barman
4. Sudipta Chatterjee
5. Anil Kumar Saha

PARTICULARS OF CONTRIBUTORS:

1. RMO-cum-Clinical Tutor, Department of General Surgery, Midnapore Medical College & Hospital.
2. Assistant Professor, Department of General Surgery, Midnapore Medical College & Hospital.
3. Associate Professor, Department of General Surgery, Midnapore Medical College & Hospital.

4. RMO-cum-Clinical Tutor, Department of General Surgery, Midnapore Medical College & Hospital.
5. Professor & HOD, Department of General Surgery, Midnapore Medical College & Hospital.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Prasenjit Bhattacharya,
57/9/1/1, Bhattacharjee Para Lane,
P.O. – Santragachi, Dist. – Howrah,
PIN – 711104.
E-mail: dr_prasenjit@hotmail.com

Date of Submission: 13/01/2014.
Date of Peer Review: 14/01/2014.
Date of Acceptance: 29/01/2014.
Date of Publishing: 10/02/2014.