

# Glass Ampoule in Urinary Bladder as an Unfamiliar Body

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## Introduction

Foreign bodies (FBs) in the bladder and urethra are uncommon, but several cases have been reported. A great variety of foreign bodies have been removed from the lower urinary tract. The insertion of metallic objects, electric wire, telephone cable, and little fish has been reported in the literature [1]. The presentation is however delayed owing to the fundamental emotion of embarrassment. Of those who seek medical attention, hematuria, dysuria, urinary frequency, strangury and urinary retention are the most common presenting features. In most cases, minimally invasive procedures such as endoscopic removal are recommended to prevent bladder and urethral injuries. In some cases, however, surgical treatment should be done if the FBs cannot be removed by the endoscopic procedure or further injuries are expected as a result of the endoscopic procedures [2].

## Description

As per available literature on urinary bladder FBs, this is the only case in which glass ampoule was inserted in urinary bladder [3]. A 32-year-old female presented to the Emergency Department with complaints of pain in the lower abdomen following insertion of a glass ampoule into the urinary bladder by the husband 1 h back. On evaluation the patient gives history that husband inserted the glass ampoule into the bladder through urethra in eroticism. No past history of using such FB for erotic stimulation. Physical examination was unremarkable. Per urethral catheter was put. Routine blood parameters were within normal limits. Pelvic X-ray showed ampoule in pelvis and ultrasound lower abdomen showed FB in urinary bladder.

Under the diagnostic impression of FB in the bladder, removal was planned. Since the FB was a glass ampoule, open surgical removal technique was preferred to avoid the risk of break of the glass ampoule if tried endoscopically. Under spinal anesthesia, cystoscopy was performed. A transparent ampoule was noted floating in the bladder cavity. To avoid the risk of bladder and urethral injury, a cystostomy was planned. Urinary bladder was opened through a lower abdominal midline incision. A 6 cm long and 1.2 cm diameter glass ampoule was removed through suprapubic cystostomy. The postoperative period was unremarkable and the patient was discharged 7 days after the operation [4]. Follow-up was uneventful.

FB in lower urinary tract is rare yet seldom encountered by a practicing urologist. A wide array of self-inserted FBs in the bladder have been reported in the literature like needles, pencils, ball point pens, pen lids, wires, safety

pins, cables, toothbrushes, thermometers, plants and vegetables (carrot, cucumber), toys, intrauterine contraceptive devices [5]. Causes of FBs in lower urinary track include psychological, iatrogenic, migration from other organs. In psychological aspect, various circumstances including erotic impulse, mental illness, borderline personality disorder, sexual curiosity, and sexual practice while intoxication. Among these, the most common motive for FB insertion in the lower urinary tract is sexual or erotic in nature, such as masturbation or other forms of sexual variation or gratification.

## Conclusion

A delayed presentation is common owing to embarrassment the main symptoms reported in the literature are pollakiuria, dysuria, hematuria, urinary retention, abdominal or pelvic pain, and recurrent urinary tract infection. Clinical history and radiographics are usually enough for the diagnosis of FBs in the urinary tract. The diagnosis of some foreign objects should be done by ultrasonography, cystography, and computed tomography. Certain suspected cases require advanced investigation such as cystoscopy for diagnosis. Most FBs can be removed transurethrally with cystoscopic grasping forceps but open removal via suprapubic cystostomy is sometimes required.

## Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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