Foreign bodies in the urinary bladder are common. A large variety have been described and majority of them are self inserted.

Multiple foreign bodies like needles, bullet, safety pins, animal feather, piece of candle, lead pencil, thermometers, chewing gum, Steinmann pin, tooth brush, metallic hook has been reported in the literature. A majority of them are self introduced to produce erotic sensation, sexual gratification, or there is underlying history of psychiatric illness. Here we report an interesting case of iatrogenic mistakenly lost piece of cutting resectoscope loop in the urinary bladder after transurethral resection of prostate gland.

A 60 years old man was referred with a history of suprapubic pain, painful micturition, perineal pain, and acute retention of urine followed by catheterization. On abdominal ultrasound, there was a metallic needle found in the urinary bladder which was confirmed on pelvis X-ray. The needle was found to be a metallic piece of a resectoscope cutting loop which was removed through cystourethroscopy.


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A 60 years old man was referred with a history of acute retention of urine with indwelling Foley’s catheter. The patient was alright 2 months back when he developed acute retention of urine followed by catheterization. He was diagnosed on ultrasound as having prostatic enlargement, for which he underwent Transurethral Resection of Prostate (TURP). Histopathology showed adenocarcinoma prostate with Gleason score 7 and patient was put on hormonal ablation therapy (Casodex) orally. Since that time onward, patient had symptoms of severe burning micturition, suprapubic pain during micturition and pain at perineal area. Patient had complaints of intermittency of urine and one episode of hematuria. His urinary complaints did not improve for 2 months. When he developed severe pain at urethra with acute retention of urine, then he was catheterized.

On clinical examination, patient had normal finding with prostate tender on digital rectal examination, but operated. On abdominal ultrasonography (Figure 1), urinary bladder had an echogenic foreign body lying transversely. On X-ray pelvis, a straight metallic needle with hooked end was lying at the level of lesser pelvis with one end close to the superior ischio pubic ramus (Figure 2).

The patient was admitted and underwent cystourethroscopy where it was found that the needle had moved toward prostatic fossa and one end was embedded within the prostate gland. The needle was grasped with foreign body forceps and was removed in toto. The needle was found to be a piece of cutting loop of resectoscope and cutting loop was missed in the urinary bladder during TURP (Figure 3). The inside of urethra especially prostatic area, trigone and bladder wall was showing punctate petechie with angry looking proximal

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**Iatrogenic Foreign Body in the Urinary Bladder**

Safdar Shah, Farhan Qureshi and Sain Rakhio

**ABSTRACT**

A 60 years old man presented with a history of suprapubic pain, painful micturition, perineal pain, and acute retention of urine followed by catheterization. On abdominal ultrasound, there was a metallic needle found in the urinary bladder which was confirmed on pelvis X-ray. The needle was found to be a metallic piece of a resectoscope cutting loop which was removed through cystourethroscopy.

**Key Words:** Urinary bladder. Metallic foreign body. Acute retention of urine. Resectoscope tip.
urethra. Foley’s catheter was retained for 24 hours and patient was discharged and postdischarge period was uneventful.

A variety of foreign bodies in the urinary bladder have been reported in literature. The commonest reason for insertion is autoerotic, psychiatric or therapeutic one. In this case, it was iatrogenic because it was lost during the resection of prostate gland. Radiological studies (plain abdominal X-ray) and ultrasonography with or without contrast media and endoscopy are sufficient investigations to diagnose the foreign bodies, with reference to its exact location, shape and orientation within the urinary bladder (Figure 4).

The choice of treatment depends on the size, location of the object and the length of urethra. At present, endoscopy is the preferred method of treatment but in more complicated cases open surgical operation is undertaken. In this case, the foreign body was successfully removed by cystourethroscopy with the help of foreign body forceps (grasping forceps).

**REFERENCES**