Retained Foreign Body in Urinary Bladder: A case report

Himalayan Institute of Medical Sciences
Swami Rama Himalayan University, Post Jollygrant, District Dehradun, Uttarakhand, India

Abstract: Various foreign bodies have been reported in the literature. The diagnosis of a foreign body in the bladder is often incidentally established through imaging techniques, or during cystoscopy. Long-term neglected catheter may result in many complications and, therefore, physicians who involve managing urinary catheters should not ignore the possible existence of remnant segment after accidental removal of the urethral catheter. Here we report a case of retained amputated stump of the Foley’s catheter, discovered incidentally while doing TURP.

Introduction:
Endoscopic retrieval of foreign bodies has always been a challenge and quite satisfying procedure if done properly. Iatrogenic foreign bodies include retained urethral catheter tip, tip of ureteric catheter, broken stent, beak of cystoscope, filiform guide, thermometer tip, retained gauze piece, and suture material (1). The main goal of treatment is to remove the foreign body completely with the least or no harm to the bladder, urethra, and other organs. For this aim, endoscopic approaches are commonly preferred. Here we report an unusual case of tip of Foley’s catheter retained in the bladder, discovered incidentally while cystoscopy.

Case Report:
We are presenting the case of a 84 year old male patient, who presented to us with complaints of refractory retention of urine since 9 months and has an indwelling catheter since then which has been changed regularly. He was managed by regular change of catheter after every month by physician. Patient was referred to us with an indwelling catheter for further management and was investigated for the same. Pt was evaluated and found to have BPH with BOO and was planned for TURP at a later date. Urinalysis showed full field white blood cells and S. creatinine, was within normal limits. Outside USG was suggestive of benign prostatic enlargement and prostate was of volume of 68 cc. Patient was then planned for surgery after 2 weeks. Patient then again landed up in emergency after 10 days with complaint accidentally pulling out the catheter 2 days back and then had retention of urine. On detailed assessment, patient also had previous history of pulling out the catheter twice in last 6 months. Patient was then catheterized and was then taken up for TURP. Intraoperatively during cystoscopy, we found an amputated stump of Foley’s catheter of around 5 cms, without any encrustations or stone formation (Fig 1 and 2). The stump was removed endoscopically and then TURP was done. Post operative period was uneventful and then catheter was removed on POD 3. Patient voided well and came on follow up after a month and has no complaints.

Fig 1: Cystoscopically visible amputated stump of Foley’s Catheter
Fig 2: Shows injuries in the urethra which were
Discussion:

Bendana et al showed a case of a straight catheter lost in the urethra and forgotten for 20 years and its safe surgical removal. In their report, the urethral catheter with stone formation was removed through a perineal urethrotomy and incision at the meatus and fossa navicularis (2). Residues from catheter balloons in the bladder can also lead to intravesical foreign bodies. These residues generally occur due to rupture of the catheter balloon, and they can cause many potential complications (3). There is a wide variety of objects reported in the literature, and their unimaginable character makes the diagnosis and treatment as a challenge for any physician. The best technique is decided by considering the condition of the patient, the presence of any urinary system injury, and the size, shape and features of the foreign body. Endoscopic techniques can be performed transurethrally or percutaneously. In the literature, open surgeries are also preferred in cases with large foreign bodies, such as lithified metal wires and aluminum sticks (1). Kunzman et al. (4) has even used ESWL to fragment the stone-like encrustation over the retained Foley catheter balloon. Catheter-induced urinary bladder fistula is a rare and serious complication mostly due to a prolonged use of indwelling urethral catheter in the literature (5). Long-term neglected catheter may result in many complications and, therefore, physicians who involve managing urinary catheters should not ignore the possible existence of remnant segment after accidental removal of the urethral catheter. The interesting aspect of our case is that the retained Foley catheter balloon had not presented any symptoms, and it was incidentally detected while doing TURP.

Conclusion:

With this report, we want to conclude that such cases are reported frequently but are not thoroughly investigated and henceforth we don’t have much in literature on the management of such cases. This case is important as a neglected or a lost catheter in the bladder is very rare because it might result from the physician’s mistake and so a keep observation is need in such cases and the possibility of existence of the catheter stump should not be ignored. The number of foreign bodies found in the lower tract is alarming. Extra care must be taken to avoid such occurrences. Urologists, surgeon and paramedical staff must be vigilant while performing procedures. It is always wise to examine the tip of foley’s catheter after removal. Most lower urinary tract foreign bodies can be retrieved with endoscopy and minimally invasive techniques without resorting to open surgeries.

References:


