

Genitourinary Foreign Bodies – A single-centre case series and outcomes

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Objective: The presentation of a foreign body in the lower urinary tract is a challenging urological emergency¹ with no clear consensus on the optimal approach, and minimal reported outcomes data. Foreign bodies may cause significant morbidity due to the potential for infection and inflammation, progressing to sepsis or even precipitating Fournier's gangrene.² Long term sequelae of foreign bodies can include urethral stricture and chronic infections. Several studies have also established a correlation between mental health disorders and foreign bodies in the genitourinary tract.³ We aimed to report the contemporary trends and retrieval procedures of genitourinary foreign bodies at our institution over the last twenty years.

Methods: A retrospective cohort study was undertaken identifying patients who presented with self-inserted genitourinary foreign body to our three adult tertiary centers from 2000 to 2022. Patient demographics, type of foreign body, psychiatric comorbidities, retrieval techniques, complications and readmission data were extracted.

Results: Twenty seven cases of genitourinary foreign body insertion were identified with mean age 46 years old. 23 (85%) were male and four (15%) were female. 10 patients (39%) had a concurrent psychiatric illness and seven (27%) reported illicit substance use. The most commonly inserted foreign bodies were plastic tubes (n=8, 31%). Most of the foreign bodies were retrieved endoscopically (n=19). Three patients (12%) required open cystotomy and one underwent a transperineal urethrotomy. The median length of stay was one day. Four patients (15%) re-presented after discharge. Causes of representation included abscess, fistula development, and urinary retention from urethral stricture. Two patients had repeat presentations for genitourinary foreign body insertion. A significant monotonic positive trend of foreign body presentations was identified (Mann Kendall tau =0.95, p = 0.043).

Conclusion: There is a trend of increasing presentations with foreign body insertions over the past two decades. Most cases can be managed endoscopically, however some may require open surgery.

References

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