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## Rare foreign body: 2 magnet rods in the bladder

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### Abstract

**Background:** Urinary bladder is the most common site of foreign bodies in the urinary tract. Many types of foreign bodies have been reported in the urinary bladder. Mode of presentation and method of management differ according to type of foreign body.

**Aim:** To present a rare case of magnet rods in the bladder with method of management.

**Case Summary:** A 28-year-old male has presented with lower urinary tract symptoms (LUTS). Pelvic ultrasound revealed an echogenic mobile object in the bladder. Non-contrast computerized tomography (NCCT) revealed metallic foreign body in the bladder. Diagnostic cystoscopy was done which confirmed the presence of 2 cylinders of metal moving freely within the bladder. A trial of endoscopic removal failed, thus open removal was done.

**Keywords:** foreign body, magnet rods, bladder

### Introduction

Urinary bladder is the most common site of foreign bodies in the urinary tract. Intravesical or intraurethral foreign bodies usually found as a result of iatrogenic injuries, self-insertion, sexual abuse, assault, and migration from adjacent sites, although migration from adjacent sites is rare (1).

Many types of foreign bodies have been reported in the urinary bladder, including electrical wires, chicken bones, wooden sticks, thermometers, bullets, intrauterine contraceptive devices (IUCDs), encrusted sutures, surgical staples with stones, needles, pencils, household batteries, gauze, screws, pessaries, parts of Foley catheters, broken parts of endoscopic instruments, and candles (2).

Usually patients present with urinary retention, dysuria, frequent urination, decreased urine volume, nocturia, hematuria, urgency, urge-incontinence, painful erection, as well as suprapubic and pelvic pain.

### *sentation Case pre*

A 28-year-old male has presented with lower urinary tract symptoms (LUTS) in the form of increased day time frequency, urgency and nocturia for about 2 months. He reported swallowing of 2 pieces of magnet toy by fault 8 months ago which passed unnoticed with no abnormal GIT symptoms. He also has no hematuria. He is straight and married. Apart from this, the patient denied any attempt of introduction of any foreign body through his urethra. Abdominal and pelvic examination was normal. Moreover, mental and psychological assessment was free.

Regarding investigations, urinalysis and urine culture were within normal limits, as well as all other routine laboratory work up.

Pelvic ultrasound revealed an echogenic mobile object in the bladder. Non-contrast computerized tomography (NCCT) revealed metallic foreign body in the bladder (figure 1). Thus, diagnostic cystoscopy was done which confirmed the presence of 2 cylinders of metal moving freely within the bladder (figure 2). A trial of removal by dormia basket was done but it failed due to adherence of the 2 rods to each other (figure 3), so after exclusion of presence of abnormal urothelium or any opening or fistulous tract in the bladder, we decided open cystostomy to remove them. They were 2 magnet rods, 3x0.5 cm each and were adherent to each other (figure 4). Then bladder incision was closed in 2 layers and bladder water-tight closure was confirmed by methylene blue through the catheter.

### Discussion

A review of the literature revealed numerous case reports of bladder foreign bodies. Most of them were self-introduced for sexual pleasure. Iatrogenic cases were less commonly found, however migration from adjacent organs is very rare. The Mechanism by which foreign

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bodies migrate to the bladder is by erosion and perforation (3) which may be concealed and heal with time or by moving through a preformed fistulous tract. Most of these cases can be treated by cystoscopic extraction. Interestingly, magnet rods were not reported before as bladder foreign bodies.

**Conclusion**

A bladder foreign body should be put in mind in cases of chronic LUTS. Adequate history taking is essential in predicting the presence of it. Removal is mandatory either

by cystoscopy, suprapubic percutaneous extraction or by open surgery.

**Conflict of interest statement**

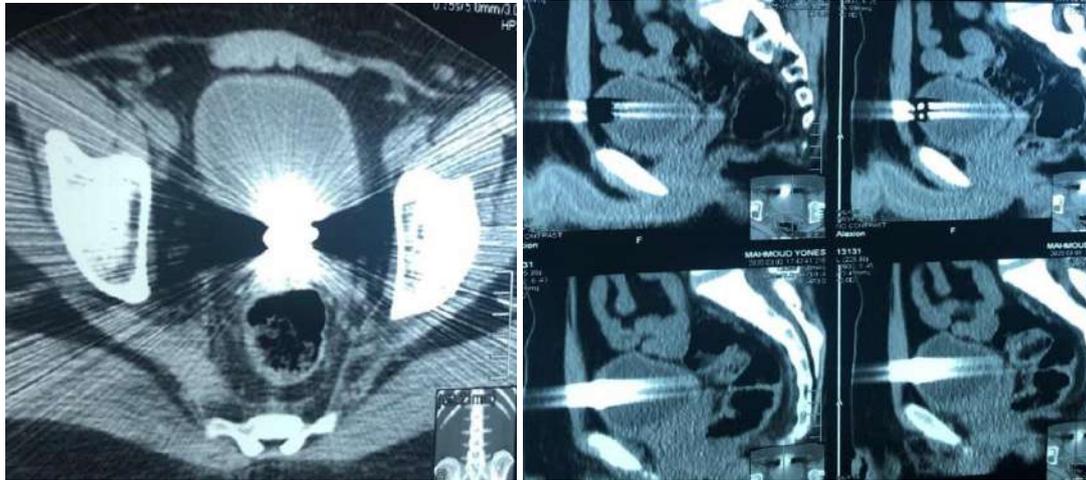
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**Fig 1:** NCCT revealed the metallic F.B in the bladder



**Fig 2:** diagnostic cystoscopy showing the freely mobile rods



**Fig 3:** trial of extrusion of F.B by dormia basket



**Fig 4:** after extrusion of 2 adherent magnet rods

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