

Case Report

Case Report: Accidental Insertion of a tampon into the bladder.

P.M. Nthumba MMed (Surgery)

Consultant General Surgeon. A.I.C. Kijabe Hospital, P.O. Box 20 Kijabe.

Email: nthumba@kijabe.net

An 18-year old girl, paraplegic since the age 10 years and had been having normal menstrual bleeding since she was 15 years old, presented with a history of having inserted a tampon into what she believed was her vagina two days prior to coming to hospital. Despite that, she had noted that her vaginal bleeding had continued unabated, at which point she alerted the nurse at the home she lived in. She reported a small degree of urinary and bowel 'continence' when awake, but soiled her bed at night.

A visit to a doctor revealed a missing tampon, and attempts at blind retrieval failed, the piece of string that normally holds the cotton wool broke.

She was then referred to A.I.C. Kijabe Hospital, where the cotton was sighted in the bladder on cystoscopy and retrieved.

The diameter of the cotton wool was about 2 centimeters, suggesting remarkable distension by her urethra, most likely contributed to by the absence of sensation in her urethra. Although she denied the history, there exists the chance that she has dilated her urethra in the past with tampons which did not complicate. Her history did not reveal any tendency to sexual pervasion or any other psychiatric disorder.

Her post-operative care was unremarkable, and she was allowed back to the Nursing Home after 48 hours, on antibiotics.

Figure 1



Figure 1: The initial part of the cotton wool is pulled out of the urethra (top arrow). The lower arrow shows the position of the vagina. The telescope has been removed from the area to allow for the photograph to be taken

Figure 2.

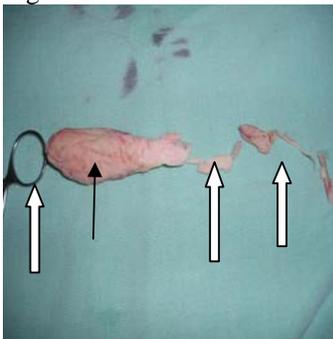
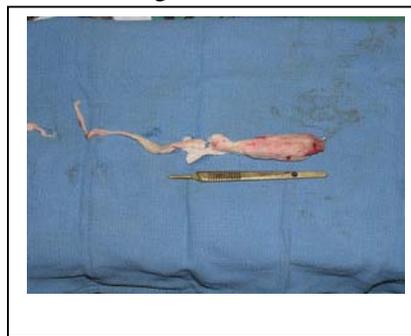


Figure 3.



Figures 2 and 3: The 3 bits of the cotton wool finally pulled out. The second arrow (Figure 2) points at the widest part of the tampon.

Discussion

Foreign bodies have been reported in the urethra and bladder of a variety of patients. These may be iatrogenic, accidental or intentional. Urethral and urinary bladder foreign bodies have included: ballpoint pen migrated intra-uterine devices, parts of catheters, chewing gum, bullets, batteries and many other reported things¹⁻⁵. In this patient, a very unlikely intravesical foreign body is reported. Although the use of tampons is universal, a search of English literature did not show a previous reported case of an intravesical tampon.

All manner of foreign bodies have been reported to have been found and extracted from the bladders and urethras of psychiatric patients, sexual perverts, including masturbation, adventurous children and patients in whom parts of medical equipment were found². Previous reports have emphasized on the importance of managing the underlying condition(s) at the same time as the foreign body is extracted. In our case, a maternity pad was suggested as an alternative to the tampons that she was used to.

A short and a relatively dilated, lax urethra enabled easy extraction of the foreign body. Cystoscopic visualization and extraction was a crucial part of the management, for absence or failure to so remove it would

have forced us to proceed to open surgery. There was evidence of urethral trauma from attempted blind extraction, and this is to be discouraged. This case is proof that though endoscopic equipment is not widely available outside Nairobi, where available, it is safe and can be employed, obviating the longer and more invasive open surgical techniques.

References

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