



Endoscopic Removal of a Self-Inserted Dropper Pipette into the Urinary Bladder: A Case Report

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ABSTRACT

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A 27-year-old male presented to the emergency department with a history of a retained glass dropper pipette in the urinary bladder. A 7.5 cm glass pipette was self-inserted in an attempt to relieve urethral itchiness by administering dissolved paracetamol directly into the urethra. Urethrocystoscopy was performed, and the object was successfully evacuated using grasping forceps. Bladder integrity was assessed by cystography. At 2-week follow-up, the patient voided spontaneously without symptoms. Upon psychiatric referral, the patient was diagnosed with Borderline Personality Disorder and managed with antipsychotic therapy.

KEYWORDS:

Cystoscopic extraction, Endoscopic removal, Self insertion of foreign body, Urinary bladder foreign body

INTRODUCTION

Self-insertion of foreign bodies into the urinary tract has been reported in numerous cases involving a wide range of objects, including electrical cables, pen components, nuts, and other items.¹ The motivations behind such behaviour may include sexual gratification, curiosity, or underlying psychological disorders.^{2,3} The clinical manifestations and complications may include pain, hematuria, increased urinary frequency, formation of a urethral false route, urethral stricture, fistula development, and persistent discomfort. The management strategies for each case were specific to the object, location, and related complications.

CASE PRESENTATION

A 27-year-old male presented to the emergency department with a 1-day history of a retained dropper pipette in the urethra. A 7.5 cm made of glass pipette dropper had been self-inserted in an attempt to relieve urethral itchiness by delivering dissolved paracetamol directly into the urethra. The patient reported that the dropper pipette was accidentally advanced too deeply and cannot be retrieved. At presentation, the patient

complained of dysuria, with no sign of hematuria or urinary retention.

We performed a urethrocystoscopy procedure using a 6 French 0-degree ureteroscope to evaluate the urethra and urinary bladder. The mucosal trauma was found in the posterior part of the urethra, suspected to be caused by the forced insertion of the dropper pipette. The dropper pipette was found inside the urinary bladder (Fig. 1A), with one end embedded (Fig. 1B) and damaged the superior mucosal bladder wall (Fig. 1C).

The 7.5 cm glass dropper pipette was evacuated using a grasping forceps and successfully retrieved in one piece (Fig. 1D). Bladder integrity was assessed by subsequent cystography. Cystography revealed no contrast extravasation at 250 mL of contrast (Fig. 1E). A 16-French urethral catheter was placed and maintained for two weeks to facilitate healing of the urethral mucosa (Fig. 1F).

Two weeks after the procedure, the patient reported no symptoms, and the catheter was removed. The patient voided spontaneously. The patient was also referred for psychiatric evaluation, diagnosed with Borderline Personality Disorder, and treated with antipsychotic medication.

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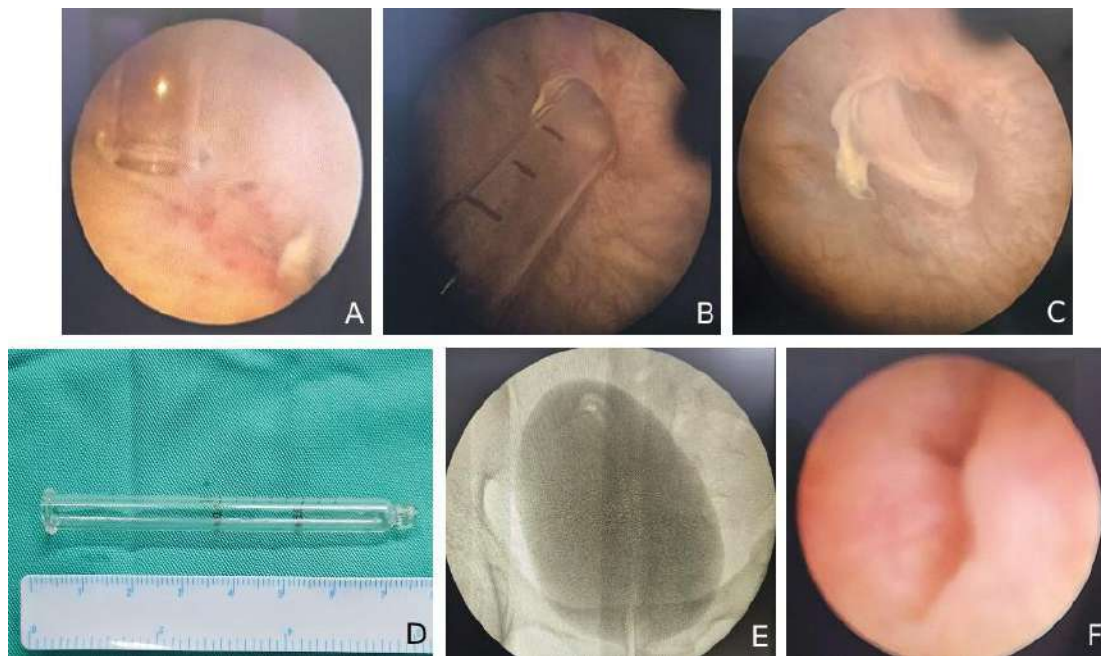


Figure 1. (A) Cystoscopy revealed the dropper pipette inside the urinary bladder. (B) The pointed tip of the dropper pipette punctures the bladder mucosa. (C) The damaged mucosa of the bladder. (D) The dropper pipette measured 7.5 cm in length. (E) Cystography demonstrated no contrast extravasation. (F) The mucosal trauma in the posterior part of the urethra.

DISCUSSION

Self-insertion of a foreign body into the urinary tract is rare. Various items have been reported in the literature, including electrical cables, pen components, nuts, needles, safety pins, toothbrushes, and batteries.¹ Foreign bodies were inserted as a result of curiosity, autoerotic stimulation, an underlying psychiatric condition, or a medical condition.^{2,3} Based on a review of the existing literature, no previous reports have documented a dropper pipette as a urethral foreign body.

A comprehensive history and physical examination are important for evaluation, as patients with urethral foreign bodies may present with a range of lower urinary tract symptoms, including dysuria, haematuria, urethral discharge, and others.⁴ The patients usually seek medical attention after the occurrence of complications or in the case of difficulty in retrieving the foreign objects.⁵ A detailed history-taking is essential, as the initial diagnosis may not accurately reflect the true condition or may be misleading because patients may sometimes conceal information due to embarrassment.^{6,7,8}

The diagnosis relies primarily on comprehensive history taking and physical examination, complemented by imaging modalities to identify and localize the foreign body. In these circumstances, as demonstrated in the present case, cystoscopy serves a dual benefit as both a diagnostic tool and a management

procedure, allowing direct visualization and removal of the foreign object.⁷ Although cystoscopic extraction is generally successful, its effectiveness may vary, with reported success rates ranging from 50% to 90%.⁹

In this report, we attempted to evacuate the dropper pipette using DJ stent forceps by grasping its inner lumen with the forceps' open jaws to orient it with the length of the urethra. The foreign body was then gently withdrawn through the urethra and was successfully removed intact. It is essential to evaluate the bladder, as the object is made of glass; shards may break off and remain on the bladder. In this case, the dropper pipette's pointed tip caused trauma to the bladder mucosa, we decided to perform cystography and urethrography to evaluate the integrity of the urinary tract lining. The results demonstrated no contrast extravasation, indicating that the bladder and urethral lining remained intact.

We conducted a review of studies on self-inserted foreign bodies in the urinary bladder. A summary of these findings is presented in Table 1. The reviewed cases suggest that management strategies were tailored according to the type, size, and nature of the foreign body, with cystoscopic removal representing the preferred minimally invasive approach in suitable cases, whereas open surgical removal was required for larger, more complex, or impacted objects.

Table 1. Summary of self-inserted foreign bodies in the urinary bladder and management

| Age | Sex | Foreign body | Removal technique | Hospital stay (days) | Complications |
|------------------|--------|----------------------------|---|----------------------|-----------------|
| 30 ¹⁰ | Male | Rubber band | Cystoscopic removal using forceps with prior cystolithotripsy of stone formed on the foreign object | 1 | No complication |
| 38 ¹¹ | Female | Sexual vibrator | Cystoscopic removal using forceps | 1 | No complication |
| 44 ¹² | Female | Eyeliner pencil | Cystoscopic removal using forceps with prior hydrodistension of bladder | 2 | No complication |
| 25 ⁴ | Female | Lip gloss | Removal of object using stent graspers and a large nephroscope | 2 | No complication |
| 14 ¹³ | Female | Steel nail | Laparotomy and open bladder incision to evacuate foreign object | 7 | No complication |
| 27 ¹⁴ | Male | Pen ink chamber | Open bladder removal of large bladder calculi formed on foreign object | 2 | No complication |
| 50 ¹⁵ | Male | Plastic chopstick | Failed endoscopic removal followed by open cystolithotomy with extraction of the object using forceps | 10 | No complication |
| 36 ¹⁶ | Male | Mobile phone charger cable | Failed endoscopic removal followed by open suprapubic cystostomy | 3 | No complication |
| 15 ¹⁷ | Female | Eyelid pencil | Open suprapubic cystostomy removal of object | 5 | No complication |
| 27 ¹⁸ | Male | Beans | Suprapubic incision and with cystoscopic removal of multiple objects | 4 | No complication |
| 43 ¹⁹ | Male | Foam Sealants | Laparotomy and open bladder incision to evacuate foreign object | 21 | No complication |

CONCLUSION

Self-inserted foreign bodies in the urinary tract are a rare urological challenge. We presented a case of self- insertion of a dropper pipette into the urethra, which subsequently migrated into and remained within the urinary bladder. The case was evaluated and treated endoscopically, and bladder integrity was evaluated by cystography.

This case highlights the importance of comprehensive management, including psychological evaluation, to address underlying behavioural factors.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

ETHICAL APPROVAL

The Ethics Committee of the Rumah Sakit Universitas Indonesia approved the study protocol (Approval No. S-34/UN2.RSP.KEP/PDP.02.02.01/2026)

INFORMED CONSENT

Written informed consent was obtained from the patient to publish this case report.

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Irham K. et al, Endoscopic Removal of a Self-Inserted Dropper Pipette into the Urinary Bladder: A Case Report

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