



Recreational Urethral Sounding with a Telephone Wire: An Unusually Complicated Case Report

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Submitted October 23, 2012 - Accepted for Publication November 19, 2012

ABSTRACT

Introduction: Urethral sounding is defined as the insertion of an object or liquid into the urethra. The most common reason reported in the medical literature for deliberate urethral insertion is erotic gratification. The most unexpected complication of this practice is the inability to retrieve the object after it becomes lodged in the urethra or the bladder.

Methods and Results: The aim of this report is to describe a rare complication of this practice. We present the case of a middle-aged male who presented to our emergency department with a telephone wire stuck in his bladder after he had introduced it through his urethra with masturbatory intentions. Although the majority of foreign body extractions are managed endoscopically, we describe an unusual case of recreational urethral sounding that required open surgery. No evidence of a psychological disorder was found in our patient. A review of the literature on this issue was made.

Conclusion: Some reports claim that certain segments of society engage more readily in recreational sounding and that this practice can lead to complications. Clinicians must be aware of these practices so that they can provide proper care to such patients, apart from the mere resolution of the acute problem. For patients who have complications and seek medical care, a psychological evaluation and advice for safe sexual practices may be useful for better managing this rare clinical situation.

INTRODUCTION

Urethral sounding is defined as the insertion of an object or liquid into the urethra. Sounding is routinely used in urological procedures to dilate strictures or obtain access to the bladder. The most common reason reported in the medical literature for deliberate urethral insertion is erotic gratification [1], and the most unexpected complication of this practice is the inability to retrieve the object that becomes lodged in the urethra or the bladder. The majority of foreign body extractions are managed endoscopically or by performing various maneuvers under local or general anesthesia. We present an unusual case of recreational urethral sounding that required open surgery. The systematic psychiatric evaluation of these patients is controversial.

MATERIALS AND METHODS

A 49-year-old, single, heterosexual male presented to our Emergency Department with a telephone wire stuck in his bladder after he had introduced it through his urethra with masturbatory intentions. No sexual partner was involved. The patient reported previous sexual gratification using this practice. For no particular reason, he had started the practice 1 year prior to the current incident. He was single and had never been married. The patient had an unremarkable medical and psychological history. A physical examination was performed, and both ends of the wire were visible through the urethral opening (Figure 1). An abdominal X-ray showed that the wire had become twisted and formed a knot inside the bladder so that it could not be removed by manual extraction (Figure 2). The patient's only complaint was urinary incontinence owing

KEYWORDS: Recreational urethral sounding, sexual gratification, urethral foreign body, masturbation, sexual behavior

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CITATION: *UroToday Int J.* 2013 February;5(6):art 01. <http://dx.doi.org/10.3834/uij.1944-5784.2013.02.01>

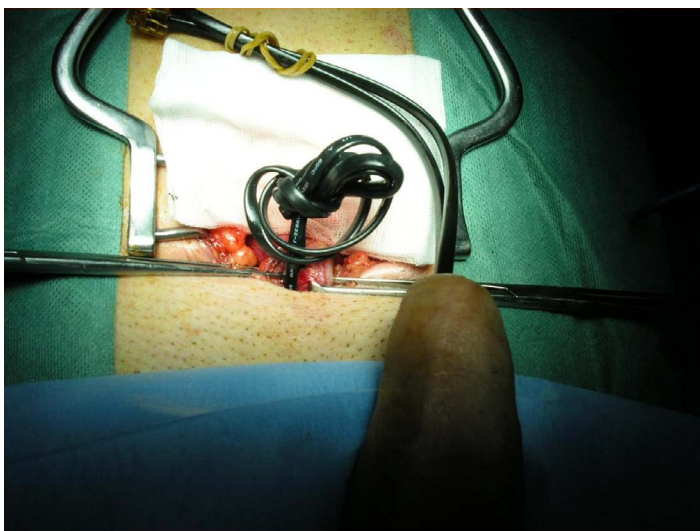
Figure 1. When the patient presented to the Emergency Department, both ends of the wire were visible through the urethral opening.



Figure 2. The abdominal X-ray showing the twisted wire inside the bladder



Figure 3. An open suprapubic cystotomy incision was needed to cut and remove the knotted part of the wire.



to the irritation caused by the urethrovesical foreign body. No hematuria, pain, or other symptoms were reported. Because of the impossibility of an endoscopic approach, an open suprapubic cystotomy was planned (Figure 3). The knotted portion of the wire was cut and removed via the incision, and the remaining wire was manually removed through the

urethra. No complications occurred after surgery. The patient was discharged the following day, and a urethral catheter was left in place for a week. A psychological evaluation was performed during his stay, but no evidence of a mental disorder was found.

DISCUSSION

Currently, a wide range of sexual toys for personal sexual gratification is commercially available. However, the use of ordinary, household objects for this purpose is still common. There is an ever-growing list of objects reportedly used for this purpose, such as clips, screws, pencils, wires, glue containers, or phallus-shaped fruits and vegetables [2,3]. When complications arise, the general approach is to present to the emergency room seeking medical care. The most common complaint is the inability to remove objects that become lodged in the different bodily orifices or genital cavities.

The insertion of foreign bodies into the bladder or genital cavities for sexual gratification rarely leads to major complications in individuals without mental disorders, as they promptly seek medical attention. However, decreased patient mental capacity or radiologically transparent objects can cause a foreign body to remain lodged for days, which can lead to the development of complications, such as urinary tract infections, perforation, fistulae, sepsis, or even penile necrosis [4,5]. Differentiating between patients with a known psychiatric history and those with no previous psychiatric issues is essential; whether a psychiatric evaluation should be performed on all patients

is still controversial. Likely, most of these patients would be psychologically normal. However, some authors recommend psychiatric consultation for patients who insert foreign bodies into their urethras so that a patient profile can be developed [6]. Nevertheless, no studies have been conducted on this issue.

It has also been suggested that systematic psychological assessment might be legitimate due to the forensic implications of the self-introduction of a foreign body into the urinary tract. This practice could represent an index of potentially harmful "self-destructive" behaviors. If the self-destructive ideations are not recognized in the clinical setting and the patient subsequently self-inflicts an injury or commits suicide, this outcome could be thought to follow from negligent clinical care, which may lead to legal problems for the clinician [7].

Urethral sounding for erotic or sexual purposes is a practice that is not commonly encountered by clinicians, but is not unusual among certain groups of people [1,8]. Most of the reports describing urethral sounding for sexual gratification refer solely to foreign body retrieval. However, little is known about the individuals who perform these practices but do not seek medical care. A recent cross-sectional, international, internet-based survey of 2 000 men who have sex with men highlights a small but significant incidence (10%) of recreational urethral sounding [8]. The study also noted that urethral sounding for sexual gratification is associated with high-risk sexual behaviors, such as multiple sexual partners, sex with strangers, and a higher rate of sexually transmitted infections. Another study showed an even higher incidence of recreational urethral sounding among 445 men wearing genital piercings [1]. Although obviously limited, these studies suggest that certain segments of society may engage more readily in recreational sounding, and also that this practice can lead to complications.

CONCLUSION

Clinicians must be aware of these practices so that they can provide proper care to such patients. We want to highlight that this practice may not be so rare among certain groups of apparently psychologically normal people. It would be useful to determine the actual prevalence of this practice in today's society. Although psychological evaluation was not helpful in our case, we believe that evaluating patients who experience complications and seek medical care would help to better understand this rare clinical scenario. We also believe that comprehensive care should include additional advice on safe sexual practices, recommendations for safer subsequent urethral soundings, and further psychological assistance if necessary, rather than the mere resolution of the infrequent acute complication.

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