

## Urethroscopy evacuation of glue stick polyembolokoilomania: a case report

I Made Nugraha Gunamanta Sabudi, Muhammad Anwar Irzan, Tanaya Ghinorawa\*

Division of Urology, Department of Surgery, Dr. Sardjito General Hospital, Yogyakarta, Indonesia

<https://doi.org/10.22146/inajbcs.v57i1.17134>

### ABSTRACT

Submitted: 2024-10-22

Accepted : 2025-01-06

Insertion of a foreign body is an uncommon case in the urology emergency. It was reported one of the abnormal habits called polyembolokoilomania, which involves inserting strange things into the self-body orifice, especially the urethra in the urological case. A male 56 yo came with a history of inserting a glue stick on his external urethral orifice and complained of dysuria. By physical examination, palpated solid things 6 cm from the external urethral orifice. The patient then planned to undergo urethroscopy and found the glue stick along 27 cm. Urethroscopy successfully evacuated the whole glue stick, and a silicone catheter 18 Fr was applied to monitor the urine. The next 2 wk, the indwelling catheter was removed, and the patient could normally urinate. Glue stick insertion is one of the things that is commonly inserted by polyembolokoilomania, or the act of insertion a foreign body into a human orifice. Psychological and psychiatric aspects also need to be evaluated, because the patient could have mental health issues that need to be treated to prevent recurrent habits in the future. Physical examination of foreign bodies could be found when palpated along the penis. Further diagnostic tools like BNO could be conducted if there was no clear information from history taking (patient dishonest or unable to communicate) and in doubt by physical examination. The approach to evacuation could be varied, it could be evacuated by a milking procedure, endourology using a urethroscope, or open surgery. Insertion of strange things or polyembolokoilomania was an uncommon case in a urology emergency setting. The treatment focuses on evacuating the foreign body, and the patient can urinate normally. Psychological and psychiatric aspects also need to be followed up to prevent recurrent habits as a risk factor for repeated cases.

### ABSTRAK

Memasukkan benda asing ke dalam lubang tubuh yang tidak umum merupakan kasus yang jarang terjadi pada kegawatdaruratan urologi. Telah dilaporkan salah satu kebiasaan abnormal yang disebut poliembolokoilomania yaitu memasukkan benda asing ke dalam lubang tubuh sendiri, khususnya uretra pada kasus urologi. Seorang laki-laki berusia 56 tahun datang dengan riwayat memasukkan lem batangan pada lubang uretra dan mengeluh disuria. Pada pemeriksaan fisik teraba benda padat 6 cm dari orificium uretra eksternal. Pasien kemudian direncanakan untuk uretroskopi, ditemukan lem batangan sepanjang 27 cm. Uretroskopi berhasil mengeluarkan seluruh lem batangan dan kateter silikon 18 Fr dipasang untuk memantau urin. Tindak lanjut 2 minggu berikutnya, kateter dilepas, pasien dapat buang air kecil secara normal. Memasukkan batang isi lem tembak ke dalam lubang kelamin manusia disebut juga poliembolokoilomania atau tindakan memasukkan benda asing ke dalam lubang kelamin manusia. Pada kasus Poliembolokoilomania, aspek psikologis dan psikiatri juga perlu dievaluasi, karena pasien mungkin memiliki masalah kesehatan mental yang perlu diobati untuk mencegah kebiasaan tersebut berulang di kemudian hari. Pada pemeriksaan fisik, benda asing dapat ditemukan saat diraba di sepanjang penis. Pemeriksaan diagnostik lebih lanjut seperti BNO dapat dilakukan jika tidak ada informasi yang jelas dari anamnesis (pasien tidak jujur atau tidak dapat berkomunikasi) dan pemeriksaan fisik meragukan. Pendekatan evakuasi dapat bervariasi, dapat berupa evakuasi dengan prosedur milking, endourologi menggunakan uretroskop dan operasi terbuka. Memasukkan benda asing atau poliembolokoilomania merupakan kasus yang jarang terjadi di unit gawat darurat urologi. Penanganan difokuskan pada evakuasi benda asing dan pasien dapat buang air kecil secara normal. Aspek psikologis dan psikiatri juga perlu ditindaklanjuti untuk mencegah kebiasaan berulang sebagai faktor risiko kasus berulang.

### Keywords:

urethral foreign body;  
foreign body;  
urethroscopy evacuation;  
polyembolokoilomania;  
psychiatric

\*corresponding author: [yayakgembul@yahoo.com](mailto:yayakgembul@yahoo.com)

## INTRODUCTION

The insertion of things or foreign bodies is an abnormal habit in humans. This act refers to Polyembolokoilamania, which means an act of inserting a foreign body into human orifices, and the urethral external orifice urethra is one of them. In some cases, there are some reports of this pathologic behavior, such as inserting strange things into the urethra, such as parts of animals, plants, and vegetables, sharp and lacerating objects, wire-like objects, also fluid and powders. The motive associated with this behavior was to gain sexual pleasure. In the psychiatric aspect, the background could be based on the history of obsessive compulsive disorders (OCD) and sexual gratification habits. Evacuation of foreign bodies should be the definitive treatment of polyembolkoilomania.<sup>1-3</sup>

## CASE

A male, 56 yo, came to the ER complaining of dysuria. Twelve hours before hospital admission patient had a history of inserting a glue stick into his external urethral orifice. A history of flank pain, urinary retention, passing stones, fever, nausea, and vomiting was denied by the patient. The patient said he was motivated to do that act because of the long time absence of sexual intercourse with his wife. His wife has suffered and has not had any sexual intercourse for the past 6 mo.

From the physical examination,

palpated solid things suggested the foreign body was 6 cm from an external urethral orifice. Further investigation by the laboratory examination found no abnormality (TABLE 1).

TABLE 1. Laboratory test results

Laboratory	Value	Unit
Leucosite	14.79	10 <sup>3</sup> /μL
Hemoglobin	12.1	g/dL
Platelet	329	10 <sup>3</sup> /μL
Ureum	16.6	mg/dL
Creatinin	0.99	mg/dL
Natrium	138	mmol/dL
Kalium	3.79	mmol/dL
Chloride	103	mmol/dL
Albumin	3.15	g/dL
Glucose	147	mg/dL

The patient was diagnosed with a foreign body in the urethra with suspected depressive episodes with psychotic acute. The patient was planned to remove of intraluminal foreign body from the urethra without excision.<sup>4,5</sup>

During the operation, a Urethrocystoscope 19 Fr with a lens of 0-degree confirmed that glue was stuck to the foreign body. Then, it was evacuated using a biopsy forceps instrument by grasping the distal part through the tract of the urethra (FIGURE 1). After evacuation, the patient was then applied with a silicone urethral catheter 18 Fr for 2 wk. After 2 wk in the clinic, after removing the urethral catheter, the patient could urinate spontaneously.

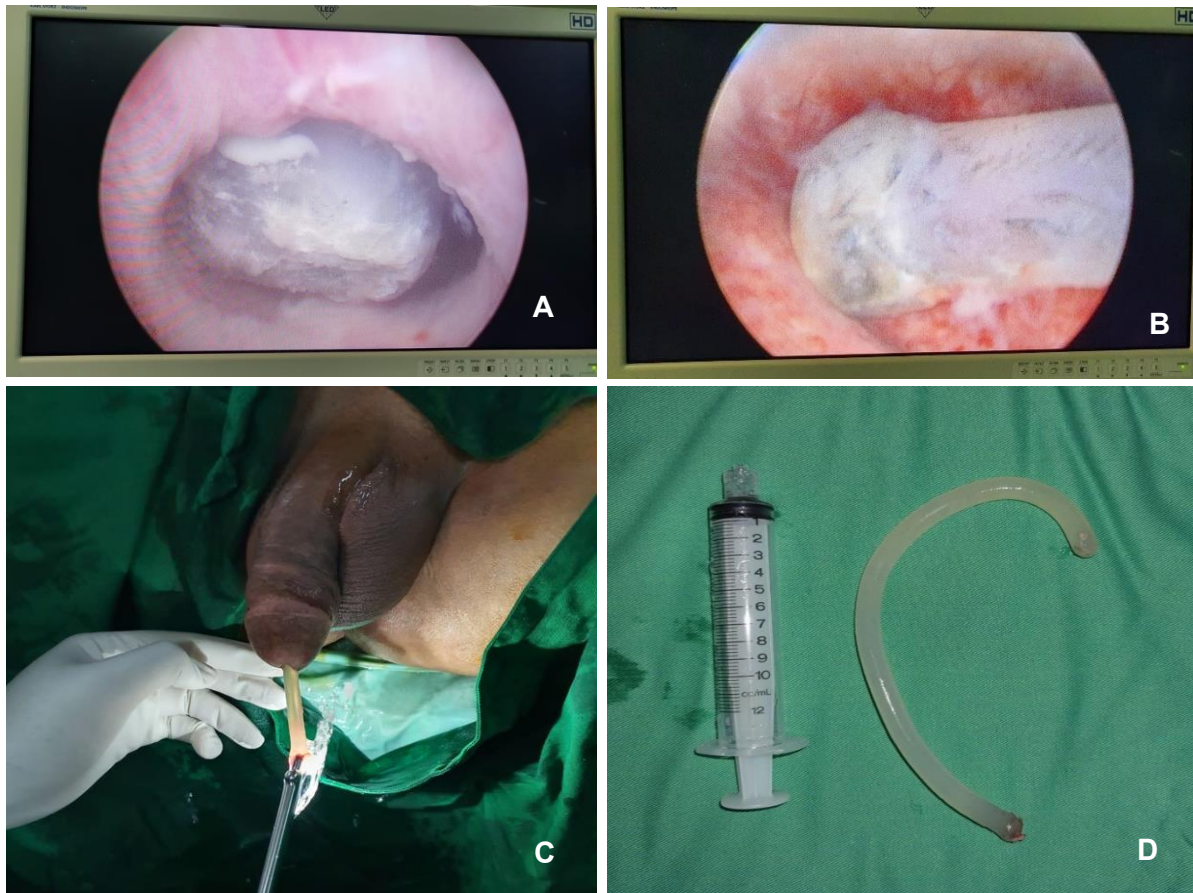


FIGURE 1. A and B) Glue stick viewed from urethroscopy. C) Evacuation process of glue stick. D) Glue stick after evacuation.

## DISCUSSION

Glue stick insertion is one of the things commonly inserted by polyembolokoilomania, or the act of insertion a foreign body into a human orifice. Some other things commonly used for abnormal, unfamiliar habits were electric wire, toothpicks, hairpins, eyeglasses, straws, pencils, paperclips, and many other things.<sup>6-8</sup> Christy *et al.*<sup>9</sup> reported that the foreign body inserted by their case was self-customised plastic tubing with plastic beads and silicone urethral instruments. Similar to John and Kesner that reported their case about the patient gain sexual satisfactions by inserting plastic knife to his penis.<sup>10</sup> Things as foreign bodies could be so varied in material. These things is an

abnormal when inserted into human orifices, or it could be a urological instrument such as silicon urethral instruments, but misused to gain sexual autoerotism.<sup>9,10</sup>

Physiological history, the patient in this case told he had an order to insert something into his urethra to gain good sexual experience after a long time had not had any sexual intercourse experience because of his wife's inability to have sexual intercourse. In this case, the patient was also referred to a psychiatrist and assessed as having abnormal behaviour, with underlying factors being OCD and sexual gratification problems. Other case reports have been found the same history, which the case motivated by any suspicion of mental health issues.<sup>10,11</sup>

Shafi *et al.*<sup>5</sup> in their case presentation explained polyembolokoilomania from a psychological aspect could be associated with underlying diseases such as delirium and dementia for most elderly. Further, it was explained that from a psychological aspect, it also relates to manifestation of the condition, including eating disorders, substance use disorders, psychosis, and factitious disorders.

Physical examination, found patient had history of dysuria with palpable glue stick along the penis (anterior urethra). The case was clear, palpated foreign body along penis with history of insertion of glue stick told by patient. There was no need for further imaging on this patient. It is planned to use urethroscopy for diagnostic and therapeutic purposes. Different with other cases, John and Kesner<sup>10</sup> explained his case found foreign bodies by swollen penis and palpation solid things on penis. In this case, the patient emphatically denied inserting any foreign body into his urethra, he came to the hospital complaining of difficulty urinating after recent sexual intercourse. In this case, to confirm the foreign body, a pelvic X-ray was performed and confirm a radioopaque foreign body.

The patient had an urgent condition, so the patient was scheduled to undergo evaluation and therapy for urethroscopy evacuation of a foreign body. Durante's operation found a glue stick without any trauma on the urethral lumen. The evacuation process was going well and continued with evaluation for any hematuria with insertion of a silicone catheter 18 fr for 2 wk. Bonatsos and Batura reported a similar case of a foreign body of a pencil on the urethra with an endourology approach.<sup>12</sup> It was performed the evacuation by urethroscopy using forceps to evacuate the pencil. Singh *et al.*<sup>13</sup> reported a different approach to evacuation in this case. In this approach, the foreign

body was evacuated by a small incision of Pfannenstiel and the flexible electric wire (foreign body) through the incision. Whereas, Smith *et al.*<sup>14</sup> used an endoscopy approach using an isiris device that is flexibly inserted into the urethra with the camera to evacuate foreign body in the bladder and urethra.

The approach to retrieve a foreign body depends on the type of case. It was an individual case and different from each case. The simplest intervention such as milking the urethra has been reported to have a high success rate for expulsion of foreign body if the foreign body exists on the distal penile urethra. In the other case, invasive procedures such as open cystostomy and perineal urethrostomy also reported on a larger foreign body, an encrusted and sharp object that failed to evacuate using endourology intervention.<sup>9,15</sup>

In the psychiatric aspect, the underlying mental health status also needs to be treated. In an outpatient setting, the patient came to another hospital and was assessed as having OCD with a sexual gratification problem at first treated with high dose of selective serotonin reuptake inhibitor (SSRI) of fluoxetine 80 mg once daily, psychotherapy after 1 wk, 1, 3, and 6 mo and then programmed cognitive behaviour therapy (CBT) after one session follow up of medication in 6 mo. This setting of treatment was similar to a study by Layek *et al.*<sup>16</sup> which had a patient with polyembolokoilomania treated with SSRI, tricyclic antidepressant (TCA), and antipsychotic of risperidone, but in our case, it started with only SSRI to look after the risk of side effects.

## CONCLUSION

Insertion of strange things or polyembolokoilomania, especially on the external orifice of the urethra, was an uncommon case in urology emergency urological setting. The treatment goal



of the case was to evacuate the foreign body, and the patient was able to pass the urine normally. Evacuation approach considering the location, type, and size of foreign body with the option of milking, endourology, and open surgery. Comprehensive treatment and psychological and psychiatric aspects also need to be assessed, looking for the cause and prevention of recurrent habits in the future, such as in this case based on OCD and sexual gratification problems.

## ACKNOWLEDGEMENTS

The authors would like to thank the Director of the Dr. Sardjito General Hospital and all the Emergency Team in the OR, and also the patient's family concern to making this case report prepared.

## REFERENCES

1. Van Ophoven A, DeKernion JB. Clinical management of foreign bodies of the genitourinary tract. *J Urol* 2000; 164:274-87.  
[https://doi.org/10.1016/S0022-5347\(05\)67342-9](https://doi.org/10.1016/S0022-5347(05)67342-9)
2. Parambang S, Agung Priyosantoso B. Urinary bladder foreign body: a case report. *JURI* 2023; 30(3):165-8.  
<https://doi.org/10.32421/juri.v30i3.828>
3. Lucerna A. Foreign body insertions: a review. *Emerg Med (N Y)* 2017; 49:315-9.  
<https://doi.org/10.12788/emed.2017.0040>
4. Galhenage J, Akuratiyage LY, Perera I, Senanayake SM. A case report on urethral polyembolokoilomania from Sri Lanka-psychiatric perspective. *Psychyatri Res Case Rep* 2023; 2:100158.  
<https://doi.org/10.1016/j.psycr.2023.100158>
5. Shafi RMA, Suarez L, Lapid MI. Urethral polyembolokoilomania: an unusual manifestation of behavioral and psychological symptoms of dementia (BPSD). *Case Rep Psychiatry* 2018; 2018.  
<https://doi.org/10.1155/2018/3018378>
6. Vagholkar K, Prajapat S, Hamdule A, Narang N, Bhatnagar I. Foreign body in the male urethra: case report. *ISJ* 2023; 10:804-6.  
<https://doi.org/10.18203/2349-2902.isj20231004>
7. Bello J, Badmus K, Babata A-L, Bello H. Polyembolokoilomania: self-insertion of transistor radio antenna in male urethra. *NMJ* 2013; 54:206.  
<https://doi.org/10.4103/0300-1652.114578>
8. Vardhan V, Mullapudi M, Rajashekar M, Malyam V. Polyembolokoilomania: a rare case report. *JMEDS* 2019; 5:75-6.  
<https://doi.org/10.5005/jp-journals-10045-00125>
9. Mak CW, Cho CL, Chan WK, Chu RW, Law IC. Per urethral insertion of foreign body for erotism: Case reports. *Hong Kong Med J* 2019; 25:320-2.  
<https://doi.org/10.12809/hkmj177044>
10. John J, Kesner K. Urethral polyembolokoilomania: not a bread-and-butter issue. *Ther Adv Urol* 2021; 13.  
<https://doi.org/10.1177/17562872211022866>
11. Strand KL, Krzak JM. Taking the temperature: a case of urethral polyembolokoilomania. *Scand J Urol* 2023; 58:28-9.  
<https://doi.org/10.2340/SJU.V58.7125>
12. Bonatsos V, Batura D. PENs in the PENis: a case report and brief review of the literature. *AFJU* 2021; 27.  
<https://doi.org/10.1186/s12301-021-00180-8>
13. Singh PR, Islam MS, Alim MA, Uddin A, Saha H. A foreign body in the male urethra and urinary bladder. *BJU* 2020; 16:63-4.  
<https://doi.org/10.3329/bju.v16i2.45943>
14. Smith PM, Harbias A, Robinson R, Palmer A, Grey BR. Isiris: a novel method of removing foreign bodies from the lower urinary tract to

- avoid unnecessary hospitalization and anesthesia. *J Endourol Case Rep* 2016; 2:144-7.  
<https://doi.org/10.1089/cren.2016.0086>
15. Crawford SB, Lowry D, Watts SH. Evaluation and management of urethral foreign bodies and description of a novel ultrasound-guided catheter-based extraction technique. *JACEP Open* 2021; 2.  
<https://doi.org/10.1002/emp2.12398>
16. Layek AK, Majumder U, Baidya I. Polyembolokoilamania with obsessive compulsive and related disorders: A case series. *Indian J Psychiatry* 2023; 65:484-6.  
[https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_834\\_22](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_834_22)