Case Report

Expectant Management of a Self-Inserted Urethral Centipede

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Abstract
Numerous cases of self-inflicted foreign bodies in the male urethra have been reported. Due to the variety in character of the foreign body, caution must be exercised when extracting them. We present the first known case of a urethral foreign body in the form of a living centipede.

INTRODUCTION

While rare, numerous cases of self-inflicted foreign bodies in the male urethra have been reported [1]. Urethral foreign bodies have included a myriad of items such as AAA batteries, wire, pencils, pins, light bulbs, marbles, and more [1-5]. Most of these cases have been linked to psychiatric disorders, autoerotic stimulation, senility, or intoxication. However, it can often be difficult to ascertain the true motivating factor for insertion [1-2]. The presence of a urethral foreign body can manifest in numerous ways including infection, urethral stricture, urinary retention, hematuria, dysuria, and penile pain. Most of the literature includes reports of inanimate urethral foreign bodies. To our knowledge, we report the first case of a live arthropod that was intentionally self-inserted into the urethra.

CASE PRESENTATION

A 45-year-old man with no history of psychiatric disease reported to our emergency department with a five-hour history of urinary retention and sensation of a foreign body in his urethra. The patient disclosed that five hours prior to presentation, he inserted a live centipede into his urethra. The patient attempted extraction prior to presentation causing fracture of the centipede and proximal migration of the remaining segment. A review of systems was negative except for mild abdominal tenderness and a feeling of urinary retention. The patient denied any use of alcohol, drugs, or other psychoactive substances.

On physical exam, the patient was somewhat anxious. The genitourinary exam was negative for penile tenderness or swelling and no blood or discharge was evident from the urethral meatus. The testicles were non-tender bilaterally. The remainder of the exam was unremarkable. Bedside pelvic ultrasound was performed which demonstrated a decompressed bladder.

Given the results of the ultrasound, the patient was observed until he was able to void approximately 200 mL of clear urine in addition to a foreign body consistent with a centipede fragment. This fragment was enough to identify the centipede as Scutigera coleoptrata, a common house centipede (Figure 1) [6]. The patient noted subjective improvement of his symptoms and was discharged with instructions to follow-up for recurrent symptoms. Upon subsequent follow-up, there were no complications or morbidities associated with the episode.

DISCUSSION

To our knowledge, this represents the first case of a self-inserted, live arthropod as a urethral foreign body. While cases of leeches invading the genitourinary tract have been documented, these were occupational accidents [4]. Additionally, there have been cases of drain fly larva found in the urethra but these were also unintentional and likely due to poor sanitary conditions [5]. Presentation is usually delayed as patients are embarrassed to seek medical help [2]. The time delay can lead to complications observed until he was able to void approximately 200 mL of clear urine in addition to a foreign body consistent with a centipede fragment. This fragment was enough to identify the centipede as Scutigera coleoptrata, a common house centipede (Figure 1) [6]. The patient noted subjective improvement of his symptoms and was discharged with instructions to follow-up for recurrent symptoms. Upon subsequent follow-up, there were no complications or morbidities associated with the episode.

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Figure 1 A fragment of S. coleoptrata was voided from the patient’s urethra [6].
and increased symptomatology. However, this patient presented to our emergency department rather acutely after foreign body insertion, which may explain why he was relatively asymptomatic, and had minimal findings on exam.

Attempted blind removal of a urethral foreign body without direct visualization is not recommended as this can cause additional damage to the urethral mucosa [1]. Due to the patient’s negative ultrasound and lack of emergent symptoms, we decided on expectant management. While extremely limited, there are several cases indicating that some animate foreign bodies like leeches are usually voided spontaneously without the need for intervention [4]. It was also noted that leeches generally can’t survive the conditions of the genitourinary tract minimizing the threat for further navigation. While endoscopy is the preferred method for foreign body retrieval, our case demonstrates that there may be a role for expectant management in the care of acutely presenting patients whose condition is stable.

There have been numerous cases of self-inflicted foreign bodies in the male urethra. To our knowledge, this case represents the only report of an intentional centipede insertion into the urethra. While the motivation for insertion may vary, the challenge of determining how to manage the patient remains present. Although the majority of the literature demonstrates imaging and removal as the protocol, there are few cases in which an expectant management approach was used for acutely presenting patients in stable condition. This case provides support for the fact that a self-inflicted and living foreign body can be expectantly managed prior to initiating endoscopic extraction.

REFERENCES