Despite the presence of several possible causes for hematuria, adequate diagnostic investigation revealed that a urethral foreign body was the causative factor and allowed successful endoscopic management.

A 59-years-old oligophrenic male, with past history of an intermediate risk prostate cancer treated with external beam radiotherapy and a solid kidney nodule under radiologic surveillance, presented with hematuria during the previous week.

Evaluation with ambulatory computed tomography urography (Uro-CT) confirmed a solid 25 mm mass in the right kidney, normal ureters and bladder, and a metallic-density 20 mm foreign body in the proximal urethra (Fig. 1).

Flexible urethrocystoscopy under local anaesthesia identified two paper clips inside the proximal urethral lumen (Fig. 2), removed with endoscopic grasping forceps, without immediate complications. Subsequent urethrocystoscopy revealed superficial erosions on the proximal urethra, normal bladder mucosa and ureters emitting clear urine. No hematuria was detected thereafter.

Despite the presence of several possible causes for hematuria, adequate diagnostic investigation revealed that a urethral foreign body was the causative factor and allowed successful endoscopic management.1-3

REFERENCES