## COMMENTS ON: FOREIGN BODIES IN THE URINARY BLADDER AND THEIR MANAGEMENT: A PAKISTANI EXPERIENCE

Dear Sir,

I read with great interest the recent article by Mannan et al.<sup>(1)</sup> The authors have presented an interesting and important retrospective study that assessed the nature, presentation, mode of insertion, diagnosis and management of foreign bodies in the urinary bladder.

The authors reported that the aetiology in 80% of their cases was iatrogenic.<sup>(1)</sup> However, we found this finding surprising, as during the study period, postoperative radiography and ultrasonography had already been made mandatory; hence, most of these iatrogenic errors could have been corrected immediately after the surgical procedures. In addition, although urethral insertion is encountered in both male and female patients, it is more common in the latter due to the presence of a shorter urethra. A variety of objects can be introduced via the urethral route into the bladder, and the aetiologies include psychiatric disorders, autoerotic stimulation and senility.<sup>(2)</sup> Foreign bodies may also reach the urinary bladder by one of the following modes: iatrogenic, perforation from adjacent organs, via the urethra or the traumatic route.<sup>(3)</sup> Sexual gratification or stimulation has been reported to be the most common cause of such behaviour.

The authors concluded that "the number of iatrogenic foreign bodies in the urinary bladder is alarming and extra care must be taken to avoid such occurrences". However, we feel that such considerations are already well understood, and foreign bodies in the urinary bladder due to iatrogenic causes are now greatly minimised with the application of mandatory postoperative radiography/ultrasonography at the end of surgical procedures. Therefore, any modern study should contribute definitive information that is of practical interest for clinicians.

Yours sincerely,

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