

Bladder Stone Presenting as Excessive Masturbation

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Childhood masturbation involves genital manipulation and fondling. During the 2 to 6 years of life most children engage in temporary auto-erotic behavior. Usually these activities occur when the child is alone and may not be noticed by the adults at all(1). Excessive masturbatipn of childhood, which has been defined as open, compulsive masturbating activity in a young child, has been attributed to early tactile deprivation, birth of a new sibling, prolonged absence of parents or actual loss by death or divorce(2). We are reporting two cases of excessive masturbation due to bladder stones.

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Case Reports

Case 1: A 5-year-old boy presented to us with excessive maturbation of 1 year duration. It was of such severity as to cause grave parental concern and obtain this medical consultation. The child used to masturbate in open and used to rub his penis against the floor, trees, bed and mother's waist, when she carried him on her waist. Parents expressed that they would go insane unless some thing was done. Apart from this, the child had dysuria and irregular fever for 1^{1/2} months. Parents had related this to the rubbing of his penis. Physical examination was normal. The child was evaluated for urinary tract infection. Urine microscopy showed sheets of pus cells and 8 to 10 red cells per high power field. Ultrasonogram of abdomen showed one big irregular bladder stone and thickening of bladder wall. This large and spiky stone was removed by suprapubic cystotomy. Masturbation stopped abruptly after removal of the stone. This abrupt stopping of masturbation was initially attributed to pain following surgery but subsequent follow up after 3 and 6 months showed the child to be free of symptoms.

Case 2: A 2^{1/2} year male child was brought with a history of passing a stone about 8 days prior to admission. Parents gave a history of excessive masturbation for 1 year. He had continued to masturbate even after passing the stone. The child was normal in growth and his systemic examination was also normal. With the previous experience and with a history of passing a stone child was subjected to ultrasonography of abdomen which showed 3 stones in the bladder. X-ray abdomen confirmed

the stones. Child underwent suprapubic systotomy for removal of stones. Postoperatively masturbation stopped, which was again attributed to pain due to surgery. However, in subsequent visits parents reported that the child was free of masturbatory activity.

Discussion

Excessive masturbation and sexually inappropriate behavior has been explained on the basis of psychosocial hypothesis(3) and tactile deprivation(2). Masturbation has been mistaken for abdominal pain(4) and seizures(4,5) occasionally.

Excessive masturbation has occasionally been associated with urinary tract infection(6). Prepuce pulling has been reported with bladder stone and is considered to be due to trigonal irritation. Both of our patients presented for excessive masturbation and had bladder stone on investigation. After removal of the stones masturbation stopped suddenly and did not recur even after the healing of the surgical wound. There was no recurrence of masturbation at 3 and 6 months follow up.

There are no earlier reports with the association of bladder stone and excessive masturbation. Thus, we suggest that routine

urological investigation should be performed with excessive masturbation.

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