**Pediatric Surgery**

**Bladder Stone Presenting as Excessive Masturbation**

N. Kesaree  
L. Umesh  
S. Kallinath  
Shaft  
N.K. Kadli  
Muganagowda  
C.R. Banapurmath

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.

**FromBapuji Child Health Institute and Research Centre, Davangere.**

Reprint requests: Dr. Nirmala Kesaree, Professor of Pediatrics, 191/1, 3rd Main, P.J. Extension, Davangere 577002, Karnataka.

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**Case Reports**

*Case 1:* A 5-year-old boy presented to us with excessive masturbation 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 11/2 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 21/2 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 sys-
totomy for removal of stones. Postoperati-
vously 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 in-
appropriate 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 occasional-
yly been associated with urinary tract infec-
tion(6). Prepuzial pulling has been reported
with bladder stone and is considered to be
due to trigonal irritation. Both of our pa-
tients 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 per-
formed with excessive masturbation.

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