Bladder calculus presenting as excessive masturbation

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Masturbation in childhood is a normal behaviour which most commonly begins at 2 months of age, and peaks at 4 years and in adolescence. However excessive masturbation causes anxiety in parents. We describe a boy with a bladder calculus presenting as excessive masturbation.

Case history

A 4-year old boy was brought a history of frequent masturbation of one year's duration. He was a product of non-consanguineous parents, born at term, weighing 3250 g, after an uneventful pregnancy.

At 10 months of age he was investigated for haematuria and diagnosed to have a urinary tract infection and had a normal abdomen ultrasound scan and micturating cystourethrogram.

The episodes of masturbation were first noticed by parents at the age of 3 years. They begin with the child touching, scratching and shaking the genitalia, followed by arching of the back, twisting of the neck and rhythmic pelvic movements. An episode lasts about 5 minutes and ends with generalised flushing of the body, profuse sweating and rapid breathing. The frequency of events has been 5–12 a day, most occurring at home in bed or in a room at pre-school.

His pre-school performance had deteriorated over the past 6 months with the child becoming shy, refusing to play and to participate in singing and dancing activities. The parents were reluctant to take the child to public places fearing that he would masturbate.

On examination the child was shy and kept holding his genitalia throughout consultation. He weighed 15 kg (10th centile), and his height was 92 cm (below 3rd centile). Examination of systems was normal apart from an itchy, papular rash suggestive of scabies in the scrotum and penis.

Direct observation in the ward excluded seizure, confirmed by a normal EEG performed immediately after an event.

Urine analysis and culture were normal, and ultrasound scan of the abdomen revealed a 1.5 cm calculus in the bladder, confirmed by an xray (Figure 1). Blood counts, blood urea, serum creatinine and electrolytes were normal.

Vesicolithototomy was performed and an egg shaped calculus weighing 1.37 g removed (Figure 2). The stone was composed of calcium oxalate, phosphate, ammonium and uric acid. Metabolic screen revealed a normal serum calcium, phosphate, and 24-hour urinary calcium and phosphate.

The frequency of masturbation declined dramatically following vesicolithotomy, and at 3 month follow up it was noted to be only once a month. The child appeared cheerful and he has begun to take part in all social activities at pre-school.

Discussion

Perineal skin irritation, genitourinary disorders, sexual abuse and emotional deprivation are causes of excessive masturbation in children [1,2]. Intravesical calculus is a recognised cause of perineal skin irritation and a single case of a bladder stone presenting as

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Excessive masturbation has been previously reported in a child [3].

Pain of a bladder calculus initiated by a stone impacting on the bladder neck is referred to the tip of the penis, scrotum and perineum [4]. The irritation causes frequent handling of his genitalia by the child, ending up in excessive masturbation. The marked reduction in the number of episodes of masturbation after removal of the stone confirms the idea that the cause of excessive masturbation in this child was the intravesical calculus. This case illustrates the importance of investigating a child with excessive masturbation for a genitourinary disorder.

References

Sudden unexpected death of an infant
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Abstract
In the sudden infant death syndrome (SIDS) a sleeping infant is discovered lifeless. SIDS is a recognized medical disorder in the International Classification of Deaths. However, the Annual Health Bulletin of Sri Lanka has not documented any death due to SIDS. A post-mortem examination was performed according to the SIDS Autopsy Protocol of the National SIDS Council of Australia, on an infant who had died unexpectedly. This case illustrates the importance of having a protocol of our own to diagnose SIDS.

Introduction
In the sudden infant death syndrome (SIDS) a sleeping infant is discovered lifeless. The cause of death remains elusive even after a thorough post-mortem examination and laboratory testing. The tendency to give a cause of death in every infant death to pacify the family and to satisfy legal requirements may be a reason for not reporting SIDS in Sri Lanka.

Case report
A post-mortem examination was performed on an 11-week old female infant who had died unexpectedly. She had been in apparent good health. She was born at full term and had a normal vaginal delivery in hospital. Her birth weight was 2.7 kg. The mother was a 31 years old asthmatic who occasionally takes bronchodilators. The child had been breastfed on demand, and weaned only once, with carrot juice, one week before the death. The BCG, DPT and polio vaccines had been given. The parents, an older sibling and the infant had slept in the same bed. The mother breastfed the baby around 1.00 a.m., and put her to sleep. She was found dead at 9.00 a.m. same day. The infant usually sleeps supine with one small pillow under her head, one on either side and one covering the abdomen and legs.

A post-mortem examination was done according to the SIDS Autopsy Protocol of the National SIDS Council of Australia. Pre-autopsy X-rays (skull and full body) and photography were performed. A visit to the scene of death did not reveal any suspicious circumstances or findings suggestive of an accident or homicide.

The body weighed 3.5 kg, the head circumference was 38 cm, and crown-rump length was 45 cm. The frenulum was intact; there was a small umbilical hernia but no other congenital abnormalities. A BCG scar was present. Minute superficial lesions, found on the skin were diagnosed as post-mortem ant bites. On internal examination the chest, abdominal organs and cranium were macroscopically normal and 20 ml of curdled milk were found in the stomach.

Routine histological examination of all internal organs was unremarkable. Relevant bacteriological and virological investigations were negative. Biochemical analyses were normal. Blood screening for HIV, hepatitis B, and benzodiazepines was also negative. The cause of death was established as SIDS.

Discussion
SIDS is defined as “sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, which includes performance of a complete autopsy, examination of the scene and review of

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