Case of Metallic Vaginal Pessary- A Rarity

Shakya D
Postgraduate student, Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

Premi H K
Professor and Head of Department, Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

Dalmia K
Professor, Obstetrics and Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

ABSTRACT
Pessaries are the most commonly used non surgical treatment of genital prolapse. Although traditionally, these were reserved for women who are not surgical candidates, recent trends indicate that these are becoming again popular as the first line therapy. Forgotten, long term use of pessary may cause serious problems.

We are presenting an unusual case of metallic (iron) vaginal pessary inserted for the last 16 years.

Case Report:
A 53 years old postmenopausal patient presented herself in the OPD of Obstetrics and Gynaecology with the chief complaints of foul smelling discharge per vaginum for the last 1–2 years. On examination, her general physical examination was within normal limits. She was moderately built and nourished. Systemic examination was within normal limits. Inspection of external genitalia showed evidence of vulvitis. A per speculum examination revealed extensive vaginitis and cervicitis with foul smelling discharge collected on the concavity of the Sim’s speculum. The base of the ectocervix was encircled by a dark brown ring.

which had metallic feel on touch. Per vaginum examination showed a postmenopausal uterus with clear fornices. Per rectal examination was NAD.

further probing patient gave history of prolapse uterus for the last 16–17 years, for which she got locally made metallic pessary (made of iron) inserted by some nurse about 16 years ago. She was relieved of prolapsed symptoms and now presented to the hospital, when she had a foul smelling discharge per vaginum. After removal of the pessary there was protrusion of the uterus and vagina such as she was advised admission and after preoperative preparation was posted for vaginal hysterectomy and PFR (Ward Mayo’s operation). Patient stood the procedure well. Post operative period was uneventful and she was discharged on 8th post operative day.

Discussion:
In general pessary treatment for genital prolapse is technically easy and quick procedure. Most of the times pessary use is not associated with serious complications. Our case is unusual as in this the metal ring (iron) was locally made and it had not caused any serious morbidity inspite of long use. When the ring pessary gives symptomatic relief, women tend to forget it. Forgotten ring pessary can erode into the urinary bladder causing vesicovaginal fistula [1-2], urosepsis [3] and urinary symptoms like frequency and urge incontinence [4]. Forgotten ring pessary can also erode into the rectum causing rectovaginal fistula[5-6].

Conclusion:
It is important to explain to the patient that the pessary needs to be changed every three months or earlier if the patient gets irregular bleeding, excessive or foul smelling discharge or urinary symptoms after pessary insertion. Usually the pessary is well tolerated and does not cause serious morbidity but if the instructions are not followed or forgotten, it may lead to serious complications like ulcerations, fistula formation, urinary symptoms and urosepsis.

REFERENCES