



UNUSUAL INTRA VAGINAL FOREIGN BODY IN A CHILD- A CASE REPORT

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ABSTRACT

Intravaginal foreign body in children is not a rare event. Early detection and removal prevent complications related to retention for long duration. Children insert variety of objects such as toys, safety pins, hair grips, pencils, small jam jars, sweets, hairpins, and toilet paper into the vagina out of the curiosity. We present a case where hemisected groundnut shell was inserted by a 4-year girl. It is important to exclude sexual abuse in such Cases. Several prospective studies on association between Vaginal Foreign Bodies and sexual abuse suggest routine evaluation for possible sexual abuse in each and every case.

KEYWORDS :**SUMMARY:-**

Intravaginal foreign body in children is not a rare event. Early detection and removal prevent complications related to retention for long duration. Children insert variety of objects such as toys, safety pins, hair grips, pencils, small jam jars, sweets, hairpins, and toilet paper into the vagina out of the curiosity. We present a case where hemisected groundnut shell was inserted by a 4-year girl. It is important to exclude sexual abuse in such Cases. Several prospective studies on association between Vaginal Foreign Bodies and sexual abuse suggest routine evaluation for possible sexual abuse in each and every case.

Ethical statement

"Author certify that he has no commercial associations (e.g., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted work."

"Compliance with Ethical Standards"

- Conflict of Interest: The author declare that they have no conflicts of interest.
- This article does not contain any studies involving animals performed by any of the author.
- All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.
- Informed consent was obtained from Parent of the patient involved in the study.

Case Presentation:

A 4 years old girl attended the OBGYN clinic Bolangir, Odisha with her mother, with the complain of severe dysuria and perineal itching for 8 days followed by Blood stained discharge for last 2 days. Initially She was shown to a local pediatrician who advised some antibiotics and antimicrobial lotion. The condition didn't improve. Her mother noticed bloody discharge from vagina for 2 days for which she consulted us. On further interrogation, we couldn't find any clue to think of sexual abuse. On physical examination she was afebrile and other findings were also normal. There was erythema of the labia majora and a scanty non-odorous sanguineous vaginal discharge. Ultrasonography demonstrated a small boat shaped Foreign body in the mid vagina. She was shifted to Operation room. She was placed in supine frog-leg position. Under IV Ketamine labia were separated gently, the vagina was visualized with insertion of a small Thudichum (Goldsmith) Nasal Speculum, vaginal wall was found inflamed, a dark foreign body was seen in the mid-vagina, which was removed at the same sitting with a small artery forceps. It was found to be a hemisected groundnut shell. Postoperative period was uneventful. She was discharged with a course of antibiotics and was re-examined after 7 days and was found free of symptoms.

DISCUSSION:

On review of literatures we found that children insert several objects like safety pins, hair grips, pencils, toys, sweets, hairpins, beads, paper clips, plastic stopper and toilet paper into the vagina mainly out of the curiosity as they explore with other orifices also. (1)

Retained vaginal foreign bodies are seen more commonly in children than in adolescent or adult women. Children may not be able to provide the history of an object placed in the vagina; however, few will say that they had put an object in their vagina. It is also appropriate at this time to ask questions related to sexual or physical abuse. One should perform a physical examination and investigation keeping such possibility in mind.

Diagnosing Intra Vaginal Foreign Body (IVFB) in prepubertal children is challenging for clinicians. Children with IVFB often seek advice from Pediatricians, Gynecologists, Dermatologists due it's myriads of symptoms. Young children tend to explore all orifices and thus often place a variety of small objects in the vagina and forget about it. The condition may also occur accidentally from leech entering vagina. Mentally retarded children are more susceptible. It may not be possible to ascertain the actual cause as the child may not be able to narrate the history properly. However, a few intelligent children can describe the incident if counselled properly. Symptoms of IVFB depends on the nature and size of the IVFB, duration of retention and association of sexual abuse. The most common symptom is foul-smelling vaginal discharge when it is detected after a long time. [2] Many presents with pain and discomfort due to sharp and irregular edges of the FB and associated infections. Long-standing presence of an IVFB may cause vesicovaginal fistula, urinary incontinence, systemic infection, and rarely, perforation through the vagina into the abdominal cavity. [3] An adolescent patient may easily have a foreign body removed from the vagina in the outpatient setting, but in very young children sedation with proper positioning such as supine frog-leg or prone knee chest will ease the procedure. Visualization of the foreign body using a small Thudichum (Goldsmith) Nasal Speculum and removal with forceps may be the most efficient treatment. In maximum cases examination Under Anesthesia reveals the presence of a foreign body but some imaging techniques may also be helpful. These may include an Ultrasonography, an abdominal X-ray or CT (computerized tomography). Ultrasonography may also assist in the location of a foreign body in the vagina or pelvis. Most of the time USG and X-ray are not much helpful and It is discovered during Examination.

CONCLUSION:

Vaginal foreign body can present with diverse symptoms. It should be considered in a young female patient presenting with persistent or recurrent vaginal discharge. Persistent or recurrent foul smelling and/or serosanguineous vaginal discharge, not responsive to medical therapy in most cases, might be caused by a missed vaginal foreign body retained for prolonged period. Important underlying

etiologies like sexual abuse, trauma, endocrinological abnormality or vaginal tumors must be kept in mind. Although imaging modalities are useful at times, Simple visual inspection can establish diagnosis. vaginoscopy or hysteroscopy will be sufficient in almost all the cases for the diagnosis and removal.

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Conflict of Interest: None to declare.

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