



PADDY, A FOREIGN BODY IN THE VAGINA OF CHILDREN IN RURAL BENGAL : A TRAGIC EVENT

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ABSTRACT

Paddy as a foreign body in the vagina is seen in rural Bengal as the girl child are mostly playing in the paddy fields without any under garments. Study conducted in BMCH, Burdwan and observed that paddy insertion was complaint by the mother but no paddy was identified. Moreover iatrogenic vaginal lacerations was done by untrained personnel. So awareness of parent is needed to avoid the hazards of paddy and other foreign body insertion in the vagina of their kids and its future complications.

KEYWORDS : Foreign Body, Paddy, Vagina, Children.

INTRODUCTION :

Vaginal foreign bodies are more commonly seen in children than in adolescent or adult women. Symptoms secondary to foreign body are 4% of paediatric gynecologic outpatients visit 1. Children are unable to supply proper history. So their parents especially mothers give history. Foreign body as a paddy in the vagina is very rare in world literature. But it is often seen in rural Bengal as are mostly playing in the paddy fields without any undergarments specially in labourer family during collection of paddy.

METHODS:

This is an observational study conducted in the Gynaecology Department of Burdwan Medical College & Hospital, Burdwan, from December 2015 to November 2016. Eight girl child upto 8 years were included in the cohort. After history taking from the mothers general physical examination was done gently. Then we planned these cases to evaluate under anaesthesia on emergency basis. After anaesthesia we gently separating labia majora and labia minora by a Thudicum speculum. Sometimes small nontooth desecting forceps may be used. Vaginal examination was done with good light then irrigation was done with normal saline and povidine iodine solution. The protocol and technique was approved by ethics committee of the institution.

RESULTS:

TABLE-1. Age wise distribution of cases

Age group (years)	No of cases	Percentage
0-4	6	75
5-8	2	25
>8	0	0

TABLE-2. Percentage of paddy identified.

Paddy	No of cases	Percentage
Absent	7	85.5
Present	1	12.5

TABLE-3. Presence of lacerations in the vaginal wall.

Lacerations	No of cases	Percentage
Present	5	62.5
Absent	3	32.5

In our study 8 cases were included as cohort. Majority were in the age group of >5 years. Interesting finding was in 7 cases no paddy had been identified. In one case paddy was seen in the undergarment of the girl.

Moreover most of the cases (5/8) lacerations of the vaginal wall was seen. In those cases patients were repeatedly examined by many personnel starting from family members to quack.

DISCUSSION:

It has been reported that 4% of prepubertal girls with genital

complaints will have vaginal foreignbody¹. Vaginal purulent discharge that may relapsing or resistance to therapy is seen a gynecologic reason specially foreignbody². The common object identified is a wad of toilet paper, which found 80% of cases³. But this is found in higher socioeconomic group. Children insertion the object like hairpin, toys, jam, sweet etc in the vagina mainly out of curiosity or specially in mentally retarded children³. Accidental insertion of foreign body in vagina mostly rare⁴. Moreover history is rarely helpful because the insertion is frequently not witnessed by adult nor does the child usually disclosed¹. Foreign body has been reported to be inserted, as genital area may be pruritic and the children may be exploring their bodies as its a behavior related to sexual abuses^{3,7}.

But paddy as a foreign body in vagina is a rare entity. Although we have faced such cases in our emergency complaint by the mother. Paddy may be placed within the vagina accidentally during playing in the area where paddy has been collected. But anatomically vagina is a potentially closed tubular organ. As paddy itself has fibrous cover. So it is usually do not go deep inside itself. That's why there is least possibility of insertion of paddy within the vagina.

Common symptoms of vaginal foreign body in acute cases are vaginal bleeding mainly light bleeding, itching, dysuria etc⁴. It may cause vaginal wall aceration. In longstanding cases, vaginal discharge usually foul smelling and yellowish, pinkish or brownies in nature. Vulval discomfort due to vaginal discharge³. Swelling of the vulva is also observed. In chronic cases, vaginal perforation may occur⁴. It may go inside the peritoneal cavity leading to abdominal pain, fever, even sepsis may develop Fistula and Vaginitis or vascovaginal fistula^{4,5}.

Vaginocopy is indicated for recurrent vulvovaginitis unresponsive to therapy ask for suspicion of foreign body, neoplasm or congenital anomaly⁴. Smith et al suggested⁶ procedures such as continuous flow vaginoscopy with 4mm hysteroscope under general anaesthesia or irrigation with normal saline are very much useful. MRI is the best technique for evaluation of it⁸. However deeper invagination of paddy and lacerations of vaginal wall may occur due to manhandling by untrained personnel like family members, neighbours, quack practitioners. In our series 3 cases out of 8 where no vaginal injury was seen as no attempt had been taken for removal. Attempt for removal of paddy without anaesthesia may produce fear in mind of children. This may cause severe psychological trauma and may hamper their sexual life in future. So it is becoming imperative in most centers to organise a special gynaecology clinic for prepubertal girl in order to develop special knowledge and skills needed in paediatric gynaecology⁷.

CONCLUSIONS:

Introduction of paddy in the vagina of girl child may cause vaginal trauma mainly by iatrogenic not due to paddy itself. Parents are to be aware about the importance of undergarments. Whenever suspected

paddy in the vagina of girl child, parents should be attended by a medical personal in nearby healthcentre or hospital. Don't bring the girl children to a quack practitioners and a nonmedical personnel or neighbours for removal. Awareness program from all sector for the parents is needed to avoid the hazards of paddy and other foreign bodies insertion in the vagina of their kids and its future complications.

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