Introducing Foreign Body in Vagina Presenting as Chronic Vaginal Discharge: A Rare Case Report

Case Report
A 5-year-old girl who lived in a joint family with her parents and uncle's family reported to gynaec OPD with complaints of pain lower abdomen and foul smelling discharge per vaginum for 6 months. She underwent many private consultations and took several courses of antibiotics but got no relief. She was examined per vaginally under general anaesthesia and a broken groundnut shell was found in posterior fornix which was removed with an artery forceps. Pus culture was sent and antibiotics were started and she was discharged within a week in a week.

Discussion
Foreign body in vagina in children is uncommon. Foreign body can present as foul smelling discharge, pain lower abdomen, dysuria, urgency, frequency or it can stay there for long periods without producing any symptoms and ultimately landing in to sequelae. In children lack of protective effect of estrogens can make them prone to infection caused by intestinal commensals and adding to that is poor hygienic status. Purulent discharge not responding to antibiotics raises suspicion of intravaginal foreign body. Vaginoscopy or per vaginal examination under general anaesthesia can be both diagnostic and therapeutic. Thus vaginal discharge in children should not be ignored and promptly evaluated.

Conclusion
Children who present with vaginal discharge should never be ignored and foreign body should be suspected when discharge is not responding to hygienic measures and antibiotics. Currently vaginoscopy is the ideal method for diagnosing if not available per vaginum examination under general anaesthesia is preferred. Plain radiographs and USG also helps in diagnosing radiopaque items, MRI is considered best for detecting foreign bodies in vagina but is usually not required.

Keywords: Vaginal discharge; Estrogens; Dysuria; Foreign body
The incidence of intravaginal foreign bodies in girls less than 13 years with genitourinary complaints has been reported to be 4% (6). The children should also be evaluated psychologically as it could be the result of masturbation and the child could be emotionally or psychologically disturbed.

In our case the 5 year old girl gave history of something introduced in her vagina by his 7 year old cousin while playing together and per vaginal examination showed a ground nut shell, which was taken out by artery forceps. Our case scenario is important for the fact that

**CONCLUSION**

Vaginal foreign body is an uncommon condition and should be suspected when a young girl presents with purulent vaginal discharge. This should be emphasised that any vaginal discharge in children should be evaluated and should not be ignored. Vaginoscopy should be preferred and in settings where facility is not available direct per vaginal examination under general anaesthesia should be done as it is both diagnostic and therapeutic.

**REFERENCE**